



UPDATE FOR FY 2017-2018

VCAAA Master Strategic Plan 2016-2020

Year 2 of Four-Year Plan



NOT JUST ABOUT AGING, BUT AGING WELL!

VCAAA MOTTO

“Serve. To Guide. To Envision.”

MISSION STATEMENT*

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

- *Providing leadership in addressing issues that relate to older Californians, adults with disabilities, and their caregivers;*
- *Developing and maintaining community-based systems of care that provide services, which support independence within California’s interdependent society, and which protect the quality of life of older persons and persons with functional impairments;*
- *Enhancing and supporting existing community-based service providers systems of care and long-term services and supports;*
and
- *Promoting citizen involvement in the planning and delivery of services for Ventura County’s older population, adults with disabilities, and their caregivers.*

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

VCAAA VISION

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

*A significant portion of the mission statement contains language mandated by the California Department of Aging in compliance with the California Code of Regulations *Title 22, Article 3, Section 7302(a)(3) and 45 CFR Section 1321.53.*

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VCAAA SENIOR CHARTER

Quality of Living Strategy For Ventura County Seniors – Adopted May 20, 2012

Purpose

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

Guiding Principles of the Charter

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

INTRODUCTION TO YEAR 2 – FY 2017-2018 OF VCAAA'S MASTER STRATEGIC PLAN 2016-2020

The purpose of this document is to provide an annual update to the VCAAA Master Strategic Plan 2016-2020 (Year 1, FY 2016-2017) which was approved by the Ventura County Board of Supervisors in May 2016; and was later approved by the California Department of Aging. To fully understand the scope of what the VCAAA plans to accomplish in FY 2017-2018, the reader is encouraged to read the 2016-2017 master plan, which is available online on the VCAAA website at <http://www.ventura.org/vcaaa> -or- by calling (805) 477-7305 to request an email copy.

The delivery of programs and services in FY 2017-2018 is contingent upon the availability of funds from all sources (federal, State and County). As of March, 2017, when this document was readied for review and approval by the Board of Supervisors, the California Department of Aging had not yet released planning (funding) estimates for FY 2017-2018. These estimates specify the funding source and dollar amount of federal and some state funds to be available next fiscal year. Hence, the projected programs and service units contained in this plan are subject to revision.

Regulations require VCAAA to hold at least one public hearing to allow interested parties the opportunity to give written or oral testimony regarding proposed goals and objectives, designated Program Development (PD) and Coordination (C) activities, and changes to Title III B Priority Services funding.

VCAAA held its annual public hearing on March 8, 2017. At the hearing, staff provided an overview of the 2017-2018 plan; emphasized that VCAAA will not provide any PD or C activities in the year ahead; and there are no changes to Title 3B Priority Services funding allocations.

The format is dictated by the California Department of Aging (CDA), which requires the creation and submission of the annual update on or before May 1, 2017.

The formatting and contents of this update are strictly dictated by the California Department of Aging; and are meant to replace and update parts of the FY 2016-2020 (Year 1, 2016-2017) Master Strategic Plan.

UPDATE OF SECTION 2 • DEMOGRAPHICS

INTRODUCTION – IMPORTANT!

The statistics contained in this section are an update of *some* demographics found in Section 2 of the VCAA Master Strategic Plan 2016-2020, Year 1, 2016-2017. The reader is encouraged to review that edition of the plan for a better understanding of the demographics. It is viewable on the VCAA website at <http://www.ventura.org/vcaa> -or- by calling (805) 477-7305 to request an email copy.

POPULATION – GENERAL UPDATE*

According to Ventura County Public Health, the current population of Ventura County is 856,455. This number represents an increase of 10,277 or .012% compared to the 2015 American Community Survey that was in the Master Strategic Plan 2016-2020 (Year 1, 2016-2017).

Total population 2016	856, 455
Population aged 65 and older	119, 598 or 14% of total population
Population growth 2010-2014	4%
Percent of population Hispanic/Latino	364, 495 or 42.6%
Percent of population non-Hispanic/Latino	491, 960 or 57.4%

*Source: www.healthmattersinvc.org Percentages rounded to next whole number.

ETHNICITY AND RACE – TOTAL POPULATION*

Race/Ethnicity	Total Persons	Percentage of Population Rounded to Nearest Whole Number
American Indian/Alaska Native	8, 839	1%
Asian	60, 959	7%
Black/African American	16, 250	2%
Native Hawaiian/Pacific Islander	1,728	Trace
Other Race/Hispanic	154, 046	18%
Two or more races	40, 741	5%
White	573, 892	67%
TOTAL	856,455	100%%

*Source: www.healthmattersinvc.org Percentages rounded to next whole number.

ETHNICITY AND RACE - AGED 65 AND OLDER POPULATION*

NOTE: For demographics applying to persons aged 60 and older, please refer to the Master Strategic Plan 2016-2020, Year 1, 2016-2017. This table below reflects the *most recent* data available for persons aged 65 and older.

Race/Ethnic Category	Ages 65-84	Age 85 and older
White	98,362	13,672
Male	43,925	4,843
Female	54,437	8,829
Black/African American	1,760	155
Male	801	47
Female	959	108
American Indian/Alaska Native	712	62
Male	355	24
Female	357	38
Asian	8,863	784
Male	3,645	263
Female	5,038	521
Hispanic/Latino	24,744	2,343
Male	10,946	896
Female	13,798	1,447
Non-Hispanic Other	147	16
Male	57	7
Female	90	9
Some Other	7,812	715
Male	3,555	285
Female	4,257	430
Two or More Races	2,122	192
Male	948	80
Female	1,174	112

*Source: www.healthmattersincv.org

MEDIAN HOUSEHOLD INCOME FOR 2016*

- Ventura County: \$81,785
- California: \$63,566

*Source: www.healthmattersincv.org

POPULATION PROJECTIONS 2020 to 2040

Total Estimated and Projected Population for California Counties: July 1, 2010 to July 1, 2040 in 5-year Increments (March 2017)							
	ESTIMATES		PROJECTIONS				
AGE GROUP	2010	2015	2020	2025	2030	2035	2040
All Ages	824,467	852,013	871,960	893,731	922,001	944,298	961,828
PRE-SENIORS – Ages 50 to 59							
50-54	61,230	61,699	55,981	52,269	51,089	54,352	53,861
55-59	51,544	60,124	60,048	54,761	51,378	50,304	53,564
TOTAL:	112,774	121,823	116,029	107,030	102,467	104,656	107,425
SENIORS – Ages 60 and Older							
60-64	42,917	50,159	57,953	58,300	53,452	50,299	49,297
65-69	30,146	41,220	47,840	55,891	56,522	52,088	49,169
70-74	21,778	28,374	38,535	45,299	53,498	54,382	50,411
75-79	17,396	19,721	25,539	35,363	42,094	50,050	51,330
80-84	13,594	14,718	16,710	22,084	30,924	37,437	45,039
85-89	9,255	10,088	11,217	13,022	17,619	24,870	30,686
90-94	3,799	4,763	5,512	6,334	7,755	10,469	15,141
95-99	951	973	1,526	1,804	2,130	2,645	3,706
100+	141	113	177	307	355	469	595
TOTAL:	139,977	170,129	205,009	238,404	264,349	282,709	295,374
SENIORS' Percent of Total Population	17%	20%	24%	27%	29%	30%	31%

Source: California Department of Finance, March 8, 2017

FALL PREVENTION STATISTICS*

These statistics are in conjunction with Objective 1.3

- In 24 months (2014-2015), there were over 12,000 recorded falls in Ventura County residents ages 65+
- 99% of fall victim sustained injuries requiring treatment
- 65% of all falls occurred at home

**Source: VCAAA/Fall Prevention Coalition*

ALZHEIMER'S DISEASE - These statistics are in conjunction with Objective 3.1

- In Ventura County*, **:
 - ◆ 4th leading cause of death in older adults
 - ◆ Number of deaths 2012-2014: 291
 - ◆ Average age 88.2 years; Age range 53 to 106 years
 - ◆ 85.3 % Caucasian or white; 2% Other race; 12.7% Hispanic; 84% were born in USA
 - ◆ 25.3 % served in Armed Forces
- In California**:
 - ◆ 5th leading cause of death; 186% increase in Alzheimer's death since 2000
 - ◆ Number of people in hospice with a primary diagnosis of dementia: 26,443
 - ◆ Percent of people in hospice with a primary diagnosis of dementia: 22%
- In the United States**:
 - ◆ 6th leading cause of death
 - ◆ 1 in 3 seniors dies with Alzheimer's or another dementia
 - ◆ Since 2000, Alzheimer's deaths have increased by 89%
 - ◆ Alzheimer's kills more than breast cancer and prostate cancer combined
 - ◆ Women in the United States***:
 - At age 65, women have a one in six chance of developing Alzheimer's, compared to a one in eleven chance for men.
 - Of the five million people living with Alzheimer's in the United States, 3.2 million or 64 percent are women.
 - ◆ Older African-Americans are twice as likely to have Alzheimer's and other dementias as older whites.
 - ◆ Hispanics are one and one-half times as likely to have Alzheimer's and other dementias as older whites.

Source:

**Ventura County Health Status Profile 2016 & Ventura County Public Health 2016*

***Alzheimer's Association 2017*

****Alzheimers.net*

2017 FEDERAL POVERTY GUIDELINES EXCLUDING HAWAII AND ALASKA

Persons in Family/Household	Poverty Guideline (Maximum Annual Income)
1	\$12,060
2	\$16,240
3	\$20,420
4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320
For families/households with more than eight persons	Add \$4,180 for each additional person.

Source: <https://aspe.hhs.gov/poverty-guidelines>

MINORITY AND INCOME OF AGED 60+

Non-minority persons aged 60+	117,599 *	Estimated low income non-minority aged 60+	10,134**
Minority persons aged 60+	56,938 *	Estimated low income minority aged 60+	4,906**
Total Persons aged 60+	174,537 *	Total low income persons aged 60+	15,040 *

Source: *CDA 2016 Intrastate Funding Formula **Staff Estimates based on formula

UPDATE OF SECTION 6 • TARGETING PRIORITIES

Potential Barriers to Accessing Existing Services

In addition to the barriers listed in the Master Strategic Plan 2016-2020, Year 1 of the Four Year Plan, it is important to add that given the current political climate, future funding of VCAAA programs unclear. VCAAA relies on funding from the County of Ventura, State of California and federal government (primarily through the Older Americans Act). If funding becomes reduced in one or more of these areas then VCAAA will be forced to reduce its level of service either in contracted services or direct services or both (depending upon what funding streams are involved).

With the increase in the senior population over recent years, the demand for VCAAA funded services exceeded capacity a few years ago. The agency has been in “triage” mode to provide services to those individuals who are in the greatest need due to their health or living arrangements. VCAAA will continue to strive to provide the highest level of service for older adults and persons with disabilities.

SECTION 7 • 2017 PUBLIC HEARING

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

FOR FISCAL YEAR	DATE	LOCATION	NUMBER OF ATTENDEES	PRESENTED IN LANGUAGES OTHER THAN ENGLISH?	HELD AT LONG-TERM CARE FACILITY?
2016-2017	March 9, 2016	646 County Square Drive, Ventura, CA	54	Offered	No
2017-2018	March 8, 2017	646 County Square Drive, Ventura, CA	45	Offered	No

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. An initial e-mail blast announcing the public hearing was sent to “all interested parties” via VCAAA’s Senior Network distribution list comprised of approximately 400 persons, including all VCAAA staff, volunteers, grantees, contractors (including VCAAA’s registered dietitians), and vendors; individuals active in the aging services network, Dementia Friendly Ventura County and the LGBT Coalition on Aging of Ventura County; VCAAA Advisory Council members; representatives of senior centers and focal points, the Ventura County Board of Supervisors and local government, and other stakeholders. Multiple reminders about the public hearing were emailed to all interested parties. The legal notice and email blasts 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.

No comments received regarding the Title III B minimum percentages.

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

Issues raised and comments received during the public hearing *shown below*.

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

The Advisory Council approved the addition of three objectives to the plan, *as identified below*.

PUBLIC HEARING – MARCH 8, 2016

TESTIMONY FROM REPRESENTATIVES OF PROVIDERS IN THE AGING SERVICES NETWORK

**THE ADVISORY COUNCIL MADE THREE CHANGES
IN THE PLAN AS A DIRECT RESULT OF TESTIMONY DESCRIBED BELOW**

VICKI TRIPOLI

Advisory Council representative from Moorpark, CA

► **Testimony refers to this section in this document:**

3.3 STRATEGIES FOR LIVABLE COMMUNITIES

Before the public hearing, Ms. Tripoli contacted VCAAA staff to request the inclusion of a Universal Design component in Section 3.3 for consideration by the Advisory Council at the public hearing.

Following discussion the Advisory Council approved the following addition to Section 3.3 STRATEGIES FOR LIVABLE COMMUNITIES of the Strategic Plan Update for 2017-2018:

Actively encourage the cities and the County to create a multigenerational environment incorporating Universal design and all future housing developments thereby enabling seniors to age in place while meeting the needs of all residents regardless of their abilities.

VENTURA COUNTY HOSPITAL TO HOME ALLIANCE
Bonnie Subira, Community Memorial Health System
Sally Grove, Dignity Health (St. John's Regional Medical Center & Pleasant Valley Hospital)

► **Testimony refers to these sections in this document:**

- 3.1 STRATEGIES FOR COLLABORATIONS AND CAPACITY BUILDING**
- 3.2 STRATEGIES FOR EMERGING NEEDS**
- 3.7 HEALTH STRATEGIES**

The Ventura County Hospital to Home Alliance is comprised of the health organization serving Ventura County as listed below:

► **Hospitals:**

1. Community Memorial Health System
2. Dignity Health, Pleasant Valley Hospital
3. Dignity Health, St. Johns' Regional Medical Center
4. Ventura County Medical Center

► **Skilled Nursing Facilities:**

1. Camarillo Health Care Center
2. Shoreline Care Center
3. Coastal View Health Care Center
4. Glenwood Care Center
5. Ojai Valley Care Center
6. Ventura Post Acute
7. Victoria Care Center

► **Home Health Agencies:**

1. Access TLC Home Health and Hospice
2. Allied Home Health
3. Assisted Home Health and Hospice
4. BuenaVista Home Health and Hospice
5. Healthwise Home Health
6. Las Posas Home Health
7. Livingston Memorial Visiting Nurses Assn
8. Los Robles Home Health
9. Mission Home Health
10. Summit Home Health

► **Independent Physicians Organization: SeaView Medical Group**

► **Community Based Organization: Camarillo Health Care District**

The mission of the **Ventura County Hospital to Home Alliance** is to improve the quality of health and life for Ventura County residents by transforming care across the continuum through a comprehensive community effort. The vision of the Alliance is to develop and implement a shared model of care to provide the safest and highest quality healthcare for community members. As an alliance, we actively focus on improving the quality of the healthcare of our community.

As has been noted by the Institute of Medicine and the American Society of Aging, the nation faces an impending health care crisis as the number of older patients with more complex health needs increasingly outpaces the number of health care providers with knowledge and skills to adequately care for them. Per the California Department of Aging statistics, the elderly age group in Ventura County is expected to have an overall increase of 100-149percent during the period from 1990 to 2020. The oldest-old age group will increase at even a faster rate than the elderly in California, and is estimated to increase at 150-199percent for Ventura County during the period from 1990 to 2020. All California counties can expect to experience even higher growth rates after 2020.

Fundamental changes in the health care system must take place and greater financial resources must be committed to provide the high-quality care these older adults need. Right now, the nation, California, and more specifically, Ventura County, are not prepared to meet the social and health care needs of this population.

The Ventura County Hospital to Home Alliance believes, in our collective experience across the health care continuum, that the following areas need increased funding and programs, including training and education dedicated to the older adult population:

1. Increased need for mental health and substance abuse programs geared to the older adult population with staff training in geriatrics

Per the National Institute of Health, substance abuse, particularly of alcohol and prescription drugs, among adults 60 and older is one of the fastest growing health problems. Per the Centers for Disease Control, we know that about 80 percent of older adults have at least one chronic health condition, and 50 percent have two or more. Depression is more common in people who also have other illnesses (such as heart disease or cancer) or whose function

becomes limited. Even as the number of older adults suffering from these disorders climbs, the situation remains underestimated, under identified, underdiagnosed, and undertreated. The incredible number and the interconnectedness of older adults' physical and mental health problems make diagnosis and treatment of their substance abuse more complex than for other populations. There are also the barriers of ageism, lack of awareness, clinician behavior and co-morbidities that contribute to ineffective treatment. Other barriers to treatment in this older population are lack of transportation, smaller social support network, financial constraints and lack of expertise as programs have few geriatric specialists, and staff do not meet geriatric competencies.

In Ventura County, there are no inpatient mental health/substance abuse facilities that treat the geriatric population, and the behavioral health outpatient services geared to this elderly demographic are lacking. The Ventura County Hospital to Home Alliance is already seeing the increase in this demographic across our continuum and is advocating for funding and programs that will adequately diagnose and treat our older adult population, with staff proficient in geriatric competencies.

2. Increase in funding for long-term care support and services in Ventura County

Due to the demographic disruption of aging America, there has never been a greater need for new ideas and innovations to help older adults age successfully in their homes and communities. The Ventura County Hospital to Home Alliance appreciates the value that long-term services and supports (LTSS) provide in addressing the social determinants of health. Social Security, Medicare, and Medicaid will account for 73.3 percent of the growth in federal spending over the next decade. People with multiple chronic conditions, representing five percent of the population, account for 66 percent of total health care spending. Studies have demonstrated the value of the integration of LTSS services into the health care continuum and specifically the value of care coordination in the community.

Inadequate long-term services and supports (LTSS) financing now leaves most Americans and their families at risk of impoverishment, due to a protracted need for care in their older years. We can do better! The Ventura County Hospital to Home Alliance is advocating for the identification of resources and partnerships that create greater opportunity for LTSS integration into the health care continuum, resulting in better care, improved outcomes, and at a lower cost.

3. Increase in funding for dementia-friendly communities due to the incredible rise in dementia coming

Nationwide, over five million Americans - one in eight age 65 and older, and one in three age 85 and older - are living with dementia. The number of Ventura County residents, aged 65 and older, living with dementia in 2015 was estimated to be at least 13,555. By 2030, this number is projected to be upwards of 37,000 persons - **an approximate increase of 171.5 percent in our county.** This will impact not only these residents and their caregivers, but the community at large.

A dementia-friendly community is one where those living with cognitive impairments and their partners feel respected, supported and included in everyday community life, and where employees at local shops, restaurants, government entities, banks, theaters, churches, grocery stores as well as the health care community receive dementia awareness education and specialized training.

The Ventura County Hospital to Home Alliance advocates for an increase in funding and a focus on dementia-friendly communities, so that while there may currently not be a cure, we can certainly enhance the quality of life and positive outcomes for people living with dementia in Ventura County.

In response to the testimony provided by the Ventura County Hospital to Home Alliance, the Advisory Council approved the addition of the following text in Section 3.7 HEALTH STRATEGIES of the Strategic Plan Update for 2017-2018:

Collaborate and advocate with Ventura County Hospital to Home Association and other community-based organizations to address needs for mental health and substance abuse programs geared to older adult programs with staff training in geriatrics.

VENTURA COUNTY AREA AGENCY ON AGING
Christine Voth, Manager of Business Strategy and Strategic Planning

► **Testimony refers to this section in this document:**

3.3 STRATEGIES FOR LIVABLE COMMUNITIES: HOMELESS OLDER ADULTS

I am testifying about section 3.3, and specifically about the issue of homeless seniors, including homeless veterans. Homelessness is a political issue, a funding issue, and a housing issue, a mental health issue, and a social issue. It has become a personal issue as I witness homeless elderly adults seeking night-time refuge from the cold and rain on the grounds and on the steps of my church. Some are Vietnam veterans. All of them appear to have a cognitive impairment and are in poor health and/or have a disability. These individuals belong in a board and care facility, not on the streets or in jail. Many do not have the cognitive ability to make a phone call (or to access a phone) to seek help. They likely need intensive and specialized case management.

I, along with some persons at my church, would like to help these people and not have them camping on the church grounds. To that end, we have made several inquiries to various agencies and have encountered a lot of walls and shrugged shoulders. It appears that help is available if a homeless person meets a specific profile. If the person cannot meet the profile, there is no help. Thus, in a rainstorm with no shelter or cover, these frail elders huddle under shrubs at the church.

So, I ask the Advisory Council to add under section 3.3, as an emerging need and current need: To encourage 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. Thank you.

In response to the testimony provided by Christine Voth, the Advisory Council approved the addition of the following text in Section 3.3 STRATEGIES FOR LIVABLE COMMUNITIES of the Strategic Plan Update for 2017-2018:

Encourage and 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.

TESTIMONY RECEIVED FROM SERVICE PROVIDERS

ALZHEIMER'S ASSOCIATION-CENTRAL COAST CHAPTER Monica Schrader, Director of Outreach and Education, Thousand Oaks Office

► **Testimony refers to these sections in this document:**

3.1 STRATEGIES FOR COLLABORATIONS AND CAPACITY BUILDING

3.2 STRATEGIES FOR EMERGING NEEDS

3.7 HEALTH STRATEGIES

Good morning. First, I would like to express gratitude VCAAA, its Advisory Council and all of the community partners for all of the work you do. It is incredible what all of you do when looking at its entirety, and it's all necessary.

Alzheimer's disease kills more people in our country than breast cancer and prostate cancer combined. In Ventura County, it is the fourth leading cause of death. Over 14,000 folks are living with Alzheimer's or another form of dementia -- and these are only the ones that we know about. In 2025, that number is expected to grow by 33 percent. So, we respectfully request that you continue to support all programs that serve those living with Alzheimer's or another form of dementia along with the folks caring for these individuals.

Alzheimer's disease is the biggest culprit of dementia and caring for someone with that disease is very complex. The complexities are well known to the medical community and family caregivers. We know that 70 percent of persons living with Alzheimer's or another form of dementia also suffer from at least one chronic illness further complicating matters.

We are thrilled with Dementia Friendly Ventura County and ask that we all continue to support those efforts. Further, we would like you to consider Senate Bill 177 to increase respite funding for Caregiver Resource Centers [throughout the state]. We also ask your support for any opportunity to increase funding for respite for family caregivers in Ventura County, including day care respite; and to support education, especially increased dementia training for certified nursing aides. We know that there are many other priorities but we feel these pieces are the most critical. We appreciate your efforts and thank you.

SENIOR CONCERNS

Martha Shapiro, Senior Concerns, Director of Programs, Thousand Oaks, CA

► **Testimony refers to these sections in this document:**

1.4 FAMILY CAREGIVER

1.5 MAINTAINING INDEPENDENCE/BEING ABLE TO LIVE AT HOME/AGING-IN-PLACE

1.6 SOCIALIZATION / PREVENTION OF LONELINESS AND ISOLATION

1.7 PREVENTION OF ABUSE / PROTECTION OF RIGHTS OF OLDER ADULTS

3.2 STRATEGIES FOR EMERGING NEEDS

I would like to recommend that funding and service advocacy adult day care programs be implemented and increased. We know that dementia is the fourth leading cause of death in Ventura County and that 80 percent of people with dementia are cared for in the community. Adult day programs offer a safe, licensed, reliable alternative to in-home care and to institutionalization for people with dementia. *Yet there is no funding to pay for these services.* People who do not qualify for Medi-Cal, and therefore Adult Day Health Care Services, are left with no option for care without the family paying privately. Small nonprofits must fundraise and provide subsidies for families who need the services but cannot afford them. However, adult daycare is less expensive than private in-home care agencies and has the added benefit of reducing isolation, increasing family support and providing nutrition and engagement.

While the grant for out-of-home respite offered through VCAA does offer adult day program funding for families that qualify, this is limited in scope and does not offer sustainable funding for the program to run and thrive in a community where it is much needed.

Looking forward to a truly dementia friendly Ventura County. I urge that services such as adult day programs be looked to as a valuable and necessary resource for families.

I also would like to provide a presentation on adult day programs and what they offer at a future Senior Networking Meeting. Thank you so much for everything!

VENTURA COUNTY AREA AGENCY ON AGING
Donna Caskey, Information & Assistance Specialist and former MSSP case manager

► **Testimony refers to these sections in this document:**

2.1 INFORMATION AND RESOURCES

3.2 STRATEGIES FOR EMERGING NEEDS

As we know, we have an increasing [older adult] population and with that and increasing population of persons with dementia. I see that listed as an emerging need and, in my experience, it is also an unmet need. I will give you some recent anecdotes that came across my work. We have had people complain to the Board of Supervisors that they did not get a call back from VCAAA though we have it well-documented that we talked to these individuals but they forgot that we talked to them. Or, people leave me a message and when I call them back, they do not remember calling our agency. Déjà vu, these phone calls repeat and again. It shows there are a lot of people in our community living alone.

We also have an increasing call volume -- but more than volume -- it is the complexity of the call and the length of some of these calls. It's not as simple as giving them the phone number of the Alzheimer's Association and sending them on their way. Many calls are often lengthy calls such as from family caregivers who were stuck in the middle who are working and caring for both children and older family members with dementia. Again, it is a déjà vu experience. You can change the city, age, and the names, and the scenario is the same. Seniors with dementia are living alone, they are still driving, or perhaps they've had their license taken away and the family caregiver does not know what to do. The family desperately needs some intervention and they are calling us to provide it.

There is a copy in the handouts of Assembly Bill 614. That bill may be a way to address some of these emerging and unmet needs for the growing population of persons with dementia and their caregivers. For these people it becomes a safety issue. I end up filing several adult protection reports as a result of these phone calls. The people are living by themselves and are inadvertently self-neglecting and trying to maintain their independence, and refusing intervention. So these are some of the many things I see and wanted to bring to your attention for consideration.

VENTURA COUNTY AREA AGENCY ON AGING
Monica Neece, Program Manager, Multipurpose Senior Services Program (MSSP)
(Oral and written testimony)

► **Testimony refers to these sections in this document:**

- 1.5 MAINTAINING INDEPENDENCE / BEING ABLE TO LIVE AT HOME / AGING-IN-PLACE**
- 3.2 EMERGING NEEDS**

My name is Monica Neece and I am a Program Manager for the Ventura County Area Agency on Aging (VCAAA). Based on my caregiving experiences with my grandparents, in-laws, and now parents, I am providing testimony today as both a private citizen and an agency representative, re: the need for more care management services. Families are often spread across the country, leaving more seniors to struggle with managing complex medical conditions and activities of daily living alone. *Between 2016 and 2050, the national senior population is predicted to increase by 106 percent, the poverty level by 180 percent and the number of Americans living with Alzheimer's will skyrocket from five million to 16 million.*

Care management is the “backbone service” to keep people safe at home instead of in nursing homes. Care management programs arrange for, and monitor the use of, community services to help frail seniors and/or adults with disabilities avoid or delay nursing home placement while fostering independent living. Care management may be needed when an individual is released from the hospital after an illness or a family caregiver is feeling overwhelmed or because an individual would like to plan for future long-term care needs. At VCAAA care management services are provided in the *Multipurpose Senior Services Program (MSSP), California Community Transitions Project, Fall Prevention Program, and Housing+ Program.*

MSSP care management helps the frailest, chronically ill and low-income seniors remain living safe at home instead of a more costly nursing home. All MSSP clients must be age 65+, need assistance with activities of daily living, reside in the catchment area, receive Medi-Cal with no Share-of-Cost and be certified to live in a nursing home but prefer to remain at home in the community with the help of MSSP.

The average MSSP client is over the age of 80, lives alone, has no social supports in place, does not drive and has three or more chronic medical conditions. Often clients have been diagnosed with dementia and/or a mental illness and the majority of referrals come from Adult Protective

Services. These seniors and adults with disabilities require ongoing care management to avoid becoming costly “frequent flyers.”

Many of the VCAAA care management programs have long waiting lists – MSSP for example has 100 people on average, waiting six months or more, because MSSP is currently capped at only 160 clients. Now that VCAAA houses the *Aging and Disability Resource Center*, there are more calls for care management to assist younger adults with disabilities. Unfortunately, there are very few free or sliding scale programs for this population. Private pay care management programs are often costly and out of reach for many middle-income seniors and younger adults with disabilities. *Since care management is an unregulated industry, folks need to be very thorough when hiring private care managers.*

VCAAA hosts a quarterly Case Management Network for care managers where they can discuss resources and brainstorm complex cases. Thank goodness agencies such as OASIS, Senior Concerns, Caregivers Assisting the Elderly, County Behavioral Health, Camarillo Health Care District and others provide care management services; however, given the “boomer tsunami”, it’s not enough. *All these agencies also have waiting lists, eligibility criteria and limited funding.*

MSSP is a cost-effective alternative to a nursing home. The annual MSSP cost is \$5,142 versus a nursing home cost of \$83,364. Rather than capping the program, it would make financial sense to expand it!

Years ago, VCAAA had Linkages Program that provided free care management services to adults with disabilities aged 18 and older. Linkages was unique as it was the only program of its kind in Ventura County with no income requirements. While still in State statute, the program closed in 2009 after the State eliminated all funding. Since Linkages closed, no other care management program has been created to fill this void. If possible, it would be beneficial to resurrect such a program, perhaps via cost sharing.

VENTURA COUNTY AREA AGENCY ON AGING
Victor Espinosa, Case Manager, Multipurpose Senior Services Program (MSSP)

► **Testimony refers to these sections in this document:**

1.5 MAINTAINING INDEPENDENCE / BEING ABLE TO LIVE AT HOME / AGING-IN-PLACE

3.2 EMERGING NEEDS

I am commenting as case management staff for MSSP. I would like to present a client profile to highlight the Multipurpose Senior Services Program (MSSP) for your consideration of the Area Plan Update.

Esteban Soto is 88 years old, a Mexican migrant, and a naturalized citizen. Like many aging migrant workers, he spent his working career in agricultural labor. After becoming permanently disabled on the job, the employer-owned property on which Esteban lived was no longer offered by his employer, and Esteban was forced to look elsewhere for housing. Mr. Soto then developed long-term health effects related to agricultural work (fumigant exposure has been connected to cancer and diabetes, both of which have affected Mr. Soto). "Esteban is widowed and has no children or immediate family nearby. He lives below federal poverty level and receives Supplemental Security Income (SSI).

Before his wife Maximina Soto's death in 2015, Maximina had frequent hospitalizations due to neglect of chronic medical issues. Maximina had poorly managed diabetes and no reliable caregiver. Her apartment was cluttered and had inadequate heating. Poor physical mobility, insufficient adaptive equipment, and poorly managed medications contributed to the couple's frequent falls and poor health outcomes. Esteban could not provide the level of care that his wife needed, and Maximina's caregiver was frequently absent while fraudulently claiming caregiver hours. Maximina was initially afraid to come forward about her caregiver, until MSSP intervened in finding a replacement caregiver who provided excellent care for the remainder of Maximina's life.

After consistent MSSP interventions since 2014, Esteban now has a reliable caregiver, Patricia Llamas, who ensures a safe, clean, and habitable environment and has dedicated her own time to improving Esteban's quality of life. Mr. Soto attends congregational meals at the apartment building where he resides. Within the past year, Esteban survived cancer thanks in part to coordination of health management between his caregiver Patricia, medical providers, and MSSP. He has adequate safety equipment at home and has been free of falls over the past year. I am convinced that the MSSP, VCAAA, the range of social

services, and the dedicated work of his caregiver Patricia, have resulted in an immense improvement to Esteban's quality of life. While the details of his case are unique, the socio-economic conditions that largely determine our clients' quality of life are widespread through an aging migrant and farmworker population.

During a recent visit, Esteban indicated an increased anxiety over the outcomes of the 2016 presidential election. Esteban is a naturalized U.S. citizen, having contributed labor and health to Ventura's agricultural industry. He is worried about how he will "prove" his U.S. citizenship to authorities, should it be called into question. Despite our efforts to allay his worries (a task made more difficult due to his cognitive challenges), Esteban is made to feel like a non-citizen due to the current political climate. Beyond any unsettling political rhetoric, are broader economic and political trends toward withdraw and privatization of social services that create limiting challenges to the quality and quantity of service that we can deliver.

As social workers, our code of ethics affirms the inherent worth of every individual, and the responsibility to advocate in the decision-making realm to increase the quality of life of our clients. Latinos and communities of color are over-represented in poor health outcomes. Social research suggests that this is the result of social and economic policy, rather than cultural deficiency or individual will on the part of clients. With this in mind, I am grateful for your consideration in the following suggestions:

- 1) ***Continue to advocate at various policy levels for ample program funding*** to avoid the effect of placing clients in the precarious position in which clients must compete with each other or negotiate with case managers for limited resources.
- 2) ***Build and strengthen alliances among client-caregiver-case management staff*** by providing material support for their overall wellness needs. A recognition of outstanding client and caregiver partnerships, though not solicited by clients, would set the agency apart from others.
- 3) Continue to advocate a diversity framework within the agency with the goal of providing ***culturally appropriate services*** and undoing structural discrimination. ***Recognize the value of peoples' distinct cultural understandings of health.*** Seek input from community organizations that serve the unique challenges of diverse ethnic groups and histories represented in Ventura County.

Thank you for your consideration and your dedication to elders, and look forward to continuing to serve our elder community.

ROADRUNNER SHUTTLE (VCAAA grantee)
Valerie White

► **Testimony refers to this section in this document:**

1.1 TRANSPORTATION

It has been a privilege contracting with the Ventura Area Agency on Aging and providing safe and reliable service to those most in need of transportation to their non-emergency medical appointments. We truly are your partner in promoting wellness and enhancing the quality of life for the residents of Ventura County.

In our agreement with the VCAAA we can track a variety of funding sources such as ElderHelp, MSSP and the grants that make the service possible. As a result, we have a better understanding of the service needs and use.

Roadrunner drivers are specially trained to provide the highest level of service to the senior community from your most active to your most frail, from door-to-door service or through the door service. Each driver employed by Roadrunner must pass an extensive pre-employment background check that includes driving record screening, fingerprinting and drug testing. Roadrunner drivers are subject to random testing if there is reasonable suspicion and post accidents for the presence of alcohol, illegal drugs and controlled substances.

At Roadrunner, we recognize the importance of protecting seniors. Drivers and other employees who have contact with their families, must be of high moral character. Roadrunner has the highest standards of behavior for its employees and does not tolerate any impropriety in words or conduct. Also, our drivers are well groomed. They wear Roadrunner uniforms and have an ID badge. During driver training, they participate in VCAAA's security awareness training module. They have the highest regard for confidentiality [TAPE SKIPPED SOME WORDS HERE]. These are some of the ways that Roadrunner adds value to your transportation program and these are key differences between Roadrunner and other services like taxis, Uber and Lyft.

So we are here today to ensure that you at VCAAA [TAPE SKIPPED SOME WORDS HERE] are satisfied. It is the intent of Roadrunner Shuttle to be your partner and providing high quality and safe transportation for your seniors.

**TESTIMONY FROM PRIVATE CITIZENS
WRITTEN SUBMISSIONS**

ROBERT JENKS, Simi Valley, CA

► **Testimony refers to this section in the document:**

2.1 INFORMATION AND RESOURCES

I have been trying for over a year to help my mother Barbara Jenks (79), recover a large sum of money appropriated from her by her grandson. I have spent hours and hours researching on the Internet not being able to apply what I find. I have talked to Adult Protective Services, Simi Valley Police Department and the Office of the District Attorney on more than one occasion to no avail. Then I came across the Ventura County Area Agency on Aging (VCAAA), which I had never heard of. Someone mentioned VCAAA in a comment so I decided see if they could help me with my mother's problem.

After explaining our situation, I received more information and guidance from VCAAA than all the other agencies combined. They were professional, friendly, understanding and most helpful with the resources available to us for help. I was told I would receive a follow-up call in two weeks to check back on how things were going, and I received that call two weeks later.

The thing that surprises me is that it took over a year of researching on the Internet before I came across this agency's name and the resources available. I believe this source of information and help (VCAAA) needs to be wider known than it currently is.

HARRY JONES*, Ventura, CA

► **Testimony refers to this section in the document:**

**1.7 PREVENTION OF ABUSE / PROTECTION OF RIGHTS OF OLDER ADULTS:
LEGAL ASSISTANCE**

I want to thank VCAAA and Mike Williams [Grey Law of Ventura County, a VCAAA grantee] for helping me with legal advice and information on different services at the Housing Authority. Thank you.

VERLA LORRAINE (LORI) LEWIS*, Oxnard, CA 93036

► **Testimony refers to this section in this document:**

1.9 HOUSING: HOMESHARE

I was helped by HomeShare to find Mr. Schockow. It has been a wonderful experience!! I have been treated very well and have enjoyed my time here. I am only leaving due to a relative who

needs me! I will miss him and hope he can get someone honest and patient, and who likes to laugh and go places often.

ROBERT C. SCHOCKOW*, Oxnard, CA 93036

► **Testimony refers to this section in this document:**

1.9 HOUSING: HOMESHARE

I appreciate the help from HomeShare. I needed help and they provided a good match. I had a very good time with Lori and the match that HomeShare brought to me was good. They followed up to make sure everything was going well. I will miss Lori and hope you will send me another good match! The help from HomeShare is a godsend! Keep up the good work!

STARLA BURGER*, class participant (February 2017)

► **Testimony refers to this section in this document:**

1.3 HEALTH, FITNESS AND FALL PREVENTION: WALK WITH EASE

The class, Walk with Ease, has helped me a lot to be more balanced, to stretch a lot before and after walking, and to breathe and walk slow to pace myself. I have arthritis in an injury that happened. It's been so helpful to read and learn about how to be more aware of my body and to be on a schedule. Thank you so much. Aaron Glover is a very good class leader. He is very thorough, on time and friendly.

CAROLYN SPROWLS*, class participant (February 2017)

► **Testimony refers to this section in this document:**

1.3 HEALTH, FITNESS AND FALL PREVENTION: WALK WITH EASE

The first chapter of my Guide to Walking for Better Health tells me to gather tips, strategies and resources that will help me to stick with it: warming up before stretching; cooling down at the end of my walk with proper exercise; including strengthening exercises; breathing through my nose and out my mouth is making a big difference with my daily fatigue; the importance of picking a walking path each time we walk dictates the success of our walk with ease. There is value in walking in a group effort. I feel part of the team!

NANCY GONZALEZ*, class participant, February 2017

► **Testimony refers to this section of the document:**

1.3 HEALTH, FITNESS AND FALL PREVENTION: MATTER OF BALANCE

I learned how to take my time when getting up. I used to rush. My uncle and I have learned to check on each other daily to make sure we are both doing okay. This program is helped me to be

more aware of my health I now have the strength to walk, garden and do things around the house. I am no longer afraid.

DANNY RAMOS*, class participant, March 2017

► **Testimony refers to this section of the document:**

1.3 HEALTH, FITNESS AND FALL PREVENTION: MATTER OF BALANCE

I participated in your “Matter of Balance Class,” part of your Ventura County Fall Prevention Program. I would like to express my appreciation. It is hard to say what part of the class was my favorite but if I only have one choice, I would have to say it was the instruction, particularly since so much attention was given to personal needs for each and every student. I found the class has given me an awareness that may help prevent potential fall hazards in the future. I believe your class could be helpful for anyone that makes it to old age.

LOUISE CATHCART*, class participant, March 2017

► **Testimony refers to this section of the document:**

1.3 HEALTH, FITNESS AND FALL PREVENTION: MATTER OF BALANCE

I agree with everything Danny Ramos said and more.

EDNA CONROY*, class participant, March 2017

► **Testimony refers to this section of the document:**

1.3 HEALTH, FITNESS AND FALL PREVENTION: MATTER OF BALANCE

I also agree with everything Danny Ramos said. Dina is the best! [Dina Ontiveras, Instructor]

BARBARA L. LANGE*, Ventura, CA

► **Testimony refers to this section of the document:**

1.1 TRANSPORTATION

While I was awaiting surgery, I was on the list for senior nutrition and Meals on Wheels. The waiting list was too long and I never had the opportunity for meals. I was housebound for six months and cooking was painful for me. Last June, I had my surgery and am recuperating well. I was told about the availability of minivans (medical transportation). I look forward to using this means of transportation as soon as I am able to get strong enough.

*Person providing testimony as a private citizen is aged 60 or older.

2017-2018 UPDATE OF SECTION 9A • NARRATIVE OF GOALS AND OBJECTIVES

Important Notes

► **PROJECTED START AND END DATES:**

All activities will begin on July 1, 2017, and end on June 30, 2018.

► **TITLE III B FUNDED PD OR C ACTIVITIES:**

There are NO program development (PD) or coordination (C) activities.

► **UPDATE STATUS:**

All activities are CONTINUING from FY 2016-2017 unless indicated otherwise.

► **PROVISION OF SERVICES IS CONTINGENT UPON FUNDING:**

The delivery of programs and services in FY 2017-2018 is contingent upon the availability of funds from all sources (federal, State and County). As of March, 2017, when this document was being readied for review and approval by the Board of Supervisors, the California Department of Aging had not yet released planning (funding) estimates for FY 2017-2018. These estimates specify the funding source and dollar amount of federal and some state funds to be available next fiscal year. Hence, the projected programs and service units contained in this plan are subject to revision.

► **SHADED AREAS INDICATE CHANGE FROM PRIOR FISCAL YEAR.**

UPDATE OF SECTION 9A • NARRATIVE OF GOALS AND OBJECTIVES

GOAL 1: PROVIDE RESOURCES AND SERVICES

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

RATIONALE: No change from prior fiscal year (2016-2017).

▶ **SHADED AREAS INDICATE CHANGE FROM PRIOR FISCAL YEAR.**

1.1 TRANSPORTATION

For persons aged 60 and older, VCAAA will provide transportation to/from congregate meal sites.

Measurement:

1. VCAAA will contract to provide 9,316 one-way trips for congregate meals.

2. VCAAA's *ElderHelp Transportation* program provides Dial-A-Ride Tickets (i.e. paratransit or Access) and/or *Fixed Route Bus Tickets* for non-emergency medical appointments, shopping, visiting family, etc. Limited, free transportation to medical appointments for low income and frail seniors, and/or disabled adults unable to use the bus (for example clients requiring gurney transportation).

Measurement:

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

1.2 FOOD

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

Measurement:

- **71,020** congregate meals and **134,016** home delivered meals will be provided.
- VCAAA's Registered Dietitian will provide 20,000 sessions of evidence-based nutrition education and 67 sessions of evidence-based nutrition counseling.
- VCAAA's Registered Dietitians will encourage the reduction of consuming unhealthy beverages and promote physical activity via the Supplemental Nutrition Assistance Program Education (SNAP-Ed), serving approximately 340 unduplicated seniors.

- VCAAA will distribute coupons to low-income seniors to purchase fresh produce at seven Certified Farmers' Markets.
- VCAAA will supplement its meal program by planting and harvesting fresh produce in VCAAA's Senior Nutrition Garden.
- VCAAA will provide emergency food/meals for eligible homebound seniors experiencing a food crisis and adults with disabilities upon discharge from the hospital experiencing a food crisis. An estimated 100 persons will be served.

1.3 HEALTH, FITNESS AND FALL PREVENTION

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

Measurement:

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

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

2. VCAAA's Fall Prevention Program provides short-term case management of individuals age 65 and older who have fallen. (This program is NOT funded using OAA Title III D funds.) Referrals come from emergency response and emergency department staff in a pilot project area. VCAAA reaches out to these individuals (and/or their families) to provide services to prevent a fall or to prevent another fall through participation in the short-term case management program and the individual's participation in evidence-based classes such as Stepping On and A Matter of Balance: Managing Concerns about Falls.

Measurement:

VCAAA's Fall Prevention Case Management Program will serve 150 individuals.

1.4 FAMILY CAREGIVER SERVICES

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

Measurement – Caring for Elderly:

For unpaid caregivers who meet the OAA definition of Title III E Family Caregiver-Caring for Elderly, VCAAA will contract and provide as a direct service the following:

- **Access Assistance: 1,708 contacts of information and assistance and 2,912 contacts of caregiver outreach.**
- **Information Services: 12** public information activities will serve **330,000** unduplicated clients; and **60** community education activities.
- **Support Services: 120** hours of caregiver assessment; **120** hours of caregiver case management; **52** hours of caregiver support groups; 100 hours of caregiver training; and 150 hours of caregiver counseling (pre-placement) will serve 140 unduplicated clients.
- **Respite Services: 1,672** hours of respite in-home supervision; **948** hours of out-of-home day care (adult day care).
- **Supplemental Services: 122** occurrences of caregiver adaptations and **100** occurrences of assistive devices.

Measurement – Caring for Child (Grandparents Raising Grandchildren):

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

- **Support Services: 140** hours of caregiver assessment, **140** hours of caregiver case management, **120** hours of caregiver support groups; and **240** hours of caregiver training.
- **NEW: Access Services: 120** units of information and assistance; **480** units of outreach.
- **NEW: Information Services: 16** public information activities and **16** community education activities.

1.5 MAINTAINING INDEPENDENCE / BEING ABLE TO LIVE AT HOME / AGING-IN-PLACE

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

Measurement:

- For persons aged 60 and older, VCAAA will contract to provide **1,000** hours of community-based social-model case management for 180 people.
- For persons aged 65 and older and who meet the criteria for VCAAA's Multipurpose Senior Services program, MSSP staff will make a minimum of 640 in-home visits to clients and will conduct 180 annual comprehensive health and psychosocial reassessments of clients.
- VCAAA will provide case management services through its Housing+ (Plus) Program for older individuals living in public housing in the city of Ventura.

- **California Community Transitions (CCT) program is a Money Follows the Person Program and works to transition eligible no “Share-Of-Cost” Medi-Cal recipients from the Skilled Nursing Facility (SNF) back into the community.**
- VCAAA’s ElderHelp Program will provide:
 - 709 hours of in-home personal care
 - 500 hours of homemaker services
 - 150 hours of in-home chore services
 - 76 units of residential repairs/modifications and
 - 20 units (products) of personal/home safety
 - 100 units material aid
- VCAAA will contract to provide the Title V Senior Community Services Employment Program (SCSEP).
- VCAAA will provide 24 educational classes/activities/about financial management to aid older adults who are in or are trying to avoid financial distress and who may be at risk of losing their home.

1.6 SOCIALIZATION / PREVENTION OF LONELINESS AND ISOLATION

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

Measurement:

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

1.7 PREVENTION OF ABUSE / PROTECTION OF RIGHTS OF OLDER ADULTS

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

Measurement:

- VCAAA will contract to provide 1,400 hours of legal assistance regarding public benefits, landlord-tenant disputes, housing rights, elder abuse, powers of attorney, consumer finance, and creditor harassment, and consumer fraud and warranties. 800 unduplicated seniors will be served.
- At least eight community education activities will be presented on rights and benefits. 208 unduplicated clients will be served.
- VCAAA will contract for the Financial Abuse Specialist Team (FAST) to provide a minimum of eight training sessions for professionals, who bring cases to the FAST team meetings. Attendees provide input on the cases and the outcome goes back to the originator who submitted the case. Many of these cases are forwarded to

the District Attorney's office, or the submitting agency is advised what agency would give them the most help.

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

1.8 PROTECTING OLDER ADULTS IN LONG-TERM CARE FACILITIES

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

FY 2017-2018 Objective for Ombudsman: The Long-Term Care Ombudsman will advocate with local government, facilities and the medical community about the dangers of overprescribing antipsychotic drugs for persons with dementia.

Measurement: Shown below are requirements for FY 2017-2018.

- 92 percent will be the complaint resolution rate;
- 334 resident council meetings will be attended;
- No family council meetings will be attended;
- 2,065 consultations to facilities will occur;
- 5,079 information and consultations to individuals will occur;
- 81 community education sessions will occur;
- 100 percent of the skilled nursing facilities will be visited quarterly;
- 98 percent of all board and care facilities will be visited quarterly;
- Ombudsman will maintain the equivalent of at least four (4) full-time staff;
- Ombudsman will maintain an average of 53 certified long-term care Ombudsman volunteers.

1.9 HOUSING

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

Measurement: VCAAA will make:

- 300 referrals. In HomeShare, a referral is any connection to supportive services, within or outside of VCAAA that will help to stabilize the client's living situation, financial, physical and/or mental condition.
- 80 matches of home providers and home seekers.

GOAL 2: INCREASE AWARENESS OF PROGRAMS AND SERVICES

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

RATIONALE: No change from prior fiscal year (2016-2017).

► SHADED AREAS INDICATE CHANGE FROM PRIOR FISCAL YEAR.

2.1 INFORMATION AND RESOURCES

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

Measurement – Title III Services (provided as a direct service):

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

2.2 HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP) & BENEFIT ENROLLMENT

The Health Insurance Counseling & Advocacy Program (HICAP) registered counselors provide free unbiased counseling to persons who are pre-Medicare, contemplating retirement, new to Medicare, on Medicare, Medicare Disabled, or on any Medicare products, including Medicare A hospital, Part B outpatient, Part C HMO's, Part D Prescription Drugs, Medigap, Employer Group, Retiree, and Long Term Care Services. Counselors assist with long-term care billing problems, help with appeals, and advise on healthcare insurance options for persons with disabilities.

The Benefits Enrollment Center (BEC) provides individual counseling for screening and completing applications to help low-income individuals throughout Ventura County. The BEC Center completes applications for the following programs: Low-Income Subsidy (for prescription drugs), Medi-Cal, Cal Fresh, SSI, SSDI, utilities and prescriptions through pharmaceutical assistance plans. All counselors are registered HICAP counselors.

VCAAA's HICAP will use state and federal Minimum Attainment Threshold ("MAT") performance measures specified in the California Department of Aging. **VCAAA is awaiting requirements from CDA FY 2017-18.** Shown below are performance measures for 2016-17.

Measurement:

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

GOAL 3: STRATEGIES TO ADDRESS NEEDS

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

RATIONALE: No change from prior fiscal year (2016-2017).

► SHADED AREAS INDICATE CHANGE FROM PRIOR FISCAL YEAR.

3.1 STRATEGIES FOR COLLABORATIONS & CAPACITY BUILDING

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

Measurement/Actions:

- VCAAA will coordinate/facilitate the Senior Network, which consists of community-based service providers (nonprofit, for-profit and government agencies) who represent the interests of older adults and persons with disabilities in Ventura County. VCAAA will work with Senior Network members to identify gaps in service, promote community awareness of the needs of seniors and persons with disabilities, encourage coordination and integration of services, create opportunities for collaborations and problem sharing, and provide leading-edge information and education. VCAAA will convene quarterly meetings of the Senior Network.
- VCAAA will create a Business Leadership Committee to develop alternative funding resources for the agency. VCAAA will have a visible presence on the Work Force Development Board to advocate for employment, training and job placement needs of older adults. VCAAA will collaborate with public agencies and other stakeholders on a strategy for disaster planning and health emergencies.
- VCAAA will identify and collaborate with stakeholders to identify and address the increasing prevalence of dementia. This activity will include, but not be limited to, working with the Alzheimer's Association, the Alzheimer's Foundation, the National Association of Area Agencies on Aging's **Friendly Dementia America (DFA)** Initiative and its partners. **VCAAA formed Dementia Friendly Ventura County (DFVC) in 2016, and is one of 80 DFA partners nationwide. Working with DFVC Core Leadership Team (comprised of key stakeholder organizations), VCAAA will formally launch Dementia Friendly Ventura County in June 2017. Activities will continue into FY 2017-2018.**

3.2 STRATEGIES FOR EMERGING NEEDS

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

Measurement/Actions:

- VCAAA will work with older adults who identify as being 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.
- VCAAA will participate on the **LGBT Aging Coalition (formerly called the Committee on LGBTQ Aging)** spearheaded by Senior Concerns. The committee includes representatives from Senior Concerns, **COMPASS**, Camarillo Hospice, Congress of California Seniors, the Diversity Collective, the Fenway Institute and SAGE.
- VCAAA staff will identify and monitor the growth of the non-English speaking communities, and develop resource materials to serve those individuals.
- VCAAA will work with its service providers to ensure that non-English speaking individuals are aware of VCAAA services.

- VCAAA will work with community-based organizations to revise and update an inventory of service providers who speak and provide services in languages other than English, and the AAA will disseminate this information to service providers.
- VCAAA will develop tools to aid its future clients (persons turning aged 55 to 59) to make informed decisions about retirement.
- Regarding the increasing prevalence of dementia and Alzheimer's disease, VCAAA will develop 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. **(Please refer to Section 3.1.)**

3.3 STRATEGIES FOR LIVABLE COMMUNITIES

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

Measurement/Activities:

VCAAA staff will work with its Livable Communities Committee to:

- Encourage communication among transportation service providers.
- Encourage the establishment of a neutral entity to receive complaints about operators.
- Support the development of and amend land-use strategies that will provide convenient access to public transportation.
- Help to educate seniors and persons with disabilities about how to use public and private transportation.
- Provide safety information about driving, seatbelts, pedestrians and bicyclists.
- Publish information about transportation-related activities on the VCAAA website.
- Research and recommend practical and affordable solutions for seniors and adults with disabilities who cannot afford public transit.
- Encourage development of technology to improve scheduling and coordination of public transportation.
- Encourage the establishment of a transportation call center to include a link for volunteer drivers.
- Explore the use of alternate transportation modes such as driverless cars, Uber advance at senior centers.
- VCAAA staff will attend the Citizens Transportation Advisory Committee and the Ventura County Transportation Commission's Americans with Disabilities Task Force.
- **NEW** Actively encourage the cities and the County to create a multi-generational environment incorporating Universal Design in all future housing developments thereby enabling seniors to age-in-place while meeting the needs of all residents regardless of their abilities.
- **NEW** Encourage and 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.

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

3.4 OPTIMAL AGING STRATEGIES

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

Measurement/Activities:

- Create an Optimal Aging link on the VCAAA website that will provide information and resources on successful aging.
- Create a deck of 52 spiral-bound cards that contain information and inspirational tips on how to age successfully.
- Hold an annual story **or photo** contest focusing on successful aging. The contest may involve intergenerational activities.
- Pursue funding for optimal aging projects.
- **NEW** Implement an award program, VCAAA Optimal Aging Champions, to recognize organizations and individuals who have made a significant contribution or are outstanding role models for successful aging.

3.5 LEGISLATION STRATEGIES

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

Measurement/Activities:

VCAAA's Legislative Committee will work with VCAAA staff to:

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

3.6 OUTREACH STRATEGIES

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

Measurement/Activities:

- VCAAA will have a visible presence on social media sites, including Facebook, Instagram, Twitter and other social media venues.

- Working with its Outreach Committee, VCAAA will:
 - Develop a speakers' bureau.
 - Create a video about all services offered by the VCAAA.
 - Create a calendar for communication piece.
 - Coordinate committee activities, as needed, with other subcommittees of the Advisory Council.

3.7 HEALTH STRATEGIES

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

Measurement/Activities:

- Provide evidence-based fitness classes for older adults throughout Ventura County.
- Sponsor and collaborate with other organizations to present one or more health-related educational events.
- Encourage the presentation of and coordinate sponsorship of classes for nursing professionals on the topic of Caregiver/Second Patient Syndrome.
- Distribute tips for taking care of yourself to be provided to home patients and caregivers.
- Encourage medical and social/case management programming to low-income residents in senior housing communities to facilitate optimal aging in place.
- Identify best practices that address emerging health and wellness needs.
- Work with FOOD Share and other organizations to develop potential collaborations and opportunities for participation in outreach events.
- Continue the development and distribution of the Senior Nutrition Program healthy living placemats to be distributed at congregate meal sites, with home delivered meals and other entities.
- Collaborate with the Ventura County Evidence-Based Health Promotion Coalition.
- Collaborate with the Fall Prevention Coalition.
- Collaborate with the Alzheimer's Association and the Alzheimer's Foundation to promote awareness of this disease, dementia and memory screening.
- VCAAA staff will attend Behavioral Health Advisory Board Adult Services Committee meetings.
- VCAAA staff will collaborate with the Ventura County Behavioral Health Older Adult Mobile Team.
- VCAAA staff will collaborate with the Gold Coast Health Plan.
- **NEW** 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.

UPDATE OF SECTION 10A – 2017-2018

**SERVICE UNIT PLAN (SUP) OBJECTIVES – TITLES III B, III C AND III D
 FOR NAPIS CATEGORIES 1 THROUGH 16**

1. Personal Care (In-Home)

Unit of Service = 1 hour

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

2. Homemaker

Unit of Service = 1 hour

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

3. Chore

Unit of Service = 1 hour

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

4. Home-Delivered Meal

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	121,662	1	1.2
2017-2018	134,016	1	1.2
2018-2019		1	1.2
2019-2020		1	1.2

5. Adult Day Care/Adult Day Health

Unit of Service = 1 hour

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

6. Case Management

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	1,587	1	1.5
2017-2018	1,640	1	1.5
2018-2019		1	1.5
2019-2020		1	1.5

7. Assisted Transportation

Unit of Service = 1 one-way trip

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

8. Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	67,295	1	1.2
2017-2018	71,020	1	1.2
2018-2019		1	1.2
2019-2020		1	1.2

9. Nutrition Counseling*

Unit of Service = 1 session per participant

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

10. Transportation

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	21,863	1	1.1
2017-2018	31,179	1	1.1
2018-2019		1	1.1
2019-2020		1	1.1

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

Unit of Service = 1 hour

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

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

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

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

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

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

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

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

Service Category: Cash/Material Aid **Unit of Service = 1 assistance**

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

Service Category: Peer Counseling **Unit of Service = 1 hour**

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

Service Category: Personal/Home Security **Unit of Service = 1 product**

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	76	1	1.5
2017-2018	76	1	1.5
2018-2019		1	1.5
2019-2020		1	1.5

Service Category: Telephone Reassurance Unit of Service = 1 contact

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

16. TITLE III D HEALTH PROMOTION

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

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

Required Title III D Health Promotion Objective / Activities:

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

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

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

*January 10, 2017: Per CDA, the current definitions of nutrition education and nutrition counseling in CDA's Data Dictionary created in 2011 do not meet the newer *evidence-based* criteria. Thus, Title IIID is eliminated as a funding source for these services.

UPDATE OF SECTION 10B – 2017-2018

**PROGRAM OUTCOMES FOR LONG-TERM CARE (LTC) OMBUDSMAN,
 TITLE IIIB AND TITLE VIIA**

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

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

MEASURES AND TARGETS

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

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

<p>1. FY 2014-2015 Baseline Resolution Rate: Number of complaints resolved <u>749</u> + Number of partially resolved complaints <u>56</u> divided by the Total Number of Complaints Received <u>877</u> = Baseline Resolution Rate <u>92%</u> % FY 2016-17 Target Resolution Rate <u>89</u> %</p>
<p>2. FY 2015-2016 Baseline Resolution Rate: Number of complaints resolved <u>563</u> + Number of partially resolved complaints <u>15</u> divided by the Total Number of Complaints Received <u>626</u> = Baseline Resolution Rate <u>92%</u> % FY 2017-18 Target Resolution Rate <u>92%</u></p>
<p>3. FY 2016-2017 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____ % FY 2018-19 Target Resolution Rate _____ %</p>
<p>4. FY 2017-2018 Baseline Resolution Rate: Number of complaints Page 42 resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____ % FY 2019-20 Target Resolution Rate _____ %</p>
<p>PROGRAM GOALS AND OBJECTIVE NUMBERS: <u>1.8</u></p>

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

1. FY 2014-2015 Baseline: number of Resident Council meetings attended <u>343</u> FY 2016-2017 Target: <u>314</u>
2. FY 2015-2016 Baseline: number of Resident Council meetings attended <u>346</u> FY 2017-2018 Target: <u>334</u>
3. FY 2016-2017 Baseline: number of Resident Council meetings attended _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of Resident Council meetings attended _____ FY 2019-2020 Target: _____
PROGRAM GOALS AND OBJECTIVE NUMBERS: <u>1.8</u>

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

1. FY 2014-2015 Baseline number of Family Council meetings attended <u>29</u> FY 2016-2017 Target: 23
2. FY 2015-2016 Baseline number of Family Council meetings attended: <u>4</u> FY 2017-2018 Target: <u>0</u> – Due to lack of interest.
3. FY 2016-2017 Baseline number of Family Council meetings attended _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline number of Family Council meetings attended _____ FY 2019-2020 Target: _____
PROGRAM GOALS AND OBJECTIVE NUMBERS: <u>1.8</u>

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

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

1. FY 2014-2015 Baseline: number of consultations <u>1303</u> FY 2016-2017 Target: <u>1500</u>
2. FY 2015-2016 Baseline: number of consultations <u>2826</u> FY 2017-2018 Target: <u>2065</u>
3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
PROGRAM GOALS AND OBJECTIVE NUMBERS: <u>1.8</u>

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

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

1. FY 2014-2015 Baseline: number of consultations <u>5027</u> FY 2016-2017 Target: <u>4059</u>
2. FY 2015-2016 Baseline: number of consultations <u>5131</u> FY 2017-2018 Target: <u>5079</u>

3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
PROGRAM GOALS AND OBJECTIVE NUMBERS: <u>1.8</u>

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

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

1. FY 2014-2015 Baseline: number of sessions <u>82</u> FY 2016-2017 Target: <u>68</u>
2. FY 2015-2016 Baseline: number of sessions <u>79</u> FY 2017-2018 Target: <u>81</u>
3. FY 2016-2017 Baseline: number of sessions _____ FY 2018-2019 Target: _____
1. FY 2017-2018 Baseline: number of sessions _____ FY 2019-2020 Target: _____
PROGRAM GOALS AND OBJECTIVE NUMBERS: <u>1.8</u>

G. Systems Advocacy

In the box below, in narrative format, provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. If the systemic advocacy effort is a multi-year initiative, provide a systemic advocacy objective that explains the progress made in the initiative during the prior fiscal year and identifies specific steps to be taken during the upcoming fiscal year. A new effort or a statement of progress made and goals for the upcoming year must be entered each year of the four-year cycle. Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, State-wide, or even national in scope. (Examples: Work with LTC facilities to promote person-centered care and reduce the use of anti-psychotic medications, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc. Enter information in the box below.

<p>Systemic Advocacy Effort(s) for FY <u>2017-2018</u></p> <p>To enable nursing home residents to remain as independent and self-sufficient as possible, free from chemical and physical restraints and to enable them to have the highest quality of life and care possible, the long-term care ombudsman will continue to educate and promote awareness to the community at large and nursing home residents and families, specifically about the dangers of off-label use of antipsychotic drugs for persons with dementia.</p>

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

MEASURES AND TARGETS:

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

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

1. FY 2014-2015 Baseline: Number of Nursing Facilities visited at least once a quarter, not in response to a complaint <u>20</u> divided by the total number of Nursing Facilities <u>20</u> = Baseline <u>100</u> % FY 2016-2017 Target: <u>100</u> %
2. FY 2015-2016 Baseline: Number of Nursing Facilities visited at least once a quarter, not in response to a complaint <u>19</u> divided by the total number of Nursing Facilities <u>19</u> = Baseline <u>100</u> % FY 2017-2018 Target: <u>100</u> %
3. FY 2016-2017 Baseline: Number of Nursing Facilities visited at least once a quarter, not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2018-2019 Target: _____ %
4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter, not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2019-2020 Target: _____ %
PROGRAM GOALS AND OBJECTIVE NUMBERS: <u>1.8</u>

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

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

1. FY 2014-2015 Baseline: Number of RCFEs visited at least once a quarter, not in response to a complaint 204 divided by the total number of RCFEs 209 = Baseline 98 % FY 2016-2017 Target: 98 %
2. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter, not in response to a complaint <u>201</u> divided by the total number of RCFEs <u>210</u> = Baseline <u>98</u> % FY 2017-2018 Target: <u>98</u> %

3. FY 2016-2017 Baseline: Number of RCFEs visited at least once a quarter, not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2018-2019 Target: _____%
4. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter, not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2019-2020 Target: _____%
PROGRAM GOALS AND OBJECTIVE NUMBERS: <u>1.8</u>

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

This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hours per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

1. FY 2014-2015 Baseline: <u>4.45</u> FTEs FY 2016-2017 Target: <u>4</u> FTEs
2. FY 2015-2016 Baseline: <u>4.45</u> FTEs FY 2017-2018 Target: <u>4.45</u> FTEs
3. FY 2010-2011 Baseline: _____ FTEs FY 2013-2014 Target: _____ FTEs
4. FY 2010-2011 Baseline: _____ FTEs FY 2014-2015 Target: _____ FTEs
PROGRAM GOALS AND OBJECTIVE NUMBERS: <u>1.8</u>

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

1. FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers <u>58</u> FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers <u>62</u>
2. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers <u>53</u> FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers <u>53</u>
3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers _____
5. FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers _____
PROGRAM GOALS AND OBJECTIVE NUMBERS: <u>1.8</u>

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

MEASURES AND TARGETS:

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

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

Ombudsman program staff and volunteers will attend, as needed, appropriate training on accuracy, consistency, and timeliness of the reporting of data pertinent to the Ombudsman program.

UPDATE OF SECTION 10C – 2017-2018

SERVICE UNIT PLAN (SUP) OBJECTIVES – TITLE VIIB ELDER ABUSE PREVENTION

Fiscal Year	Total # of Public Education Sessions	Fiscal Year	Total # of Training Sessions for Professionals
2016-2017	8	2016-2017	8
2017-2018	8	2017-2018	8
2018-2019		2018-2019	
2019-2020		2019-2020	
Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E	Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	0	2016-2017	200
2017-2018	0	2017-2018	200
2018-2019		2018-2019	
2019-2020		2019-2020	
Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials	
2016-2017	300	300 Legal Information for Elders (LIFE) guides will be printed	
2017-2018	300	300 Legal Information for Elders (LIFE) guides will be printed	
2018-2019			
2019-2020			
Fiscal Year	Total Number of Individuals Served	Agencies receiving Title VIIA Elder Abuse Prevention funding	
2016-2017	300	<ul style="list-style-type: none"> • Ventura County Area Agency on Aging • Grey Law of Ventura County (provider of legal services) 	
2017-2018	300		
2018-2019			
2019-2020			

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

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

UPDATE OF SECTION 10D – 2017-2018

TITLE III E FAMILY CAREGIVER - SERVICE UNIT PLAN OBJECTIVES FOR DIRECT AND/OR CONTRACTED SERVICES

CARING FOR ELDERLY			
CATEGORIES	1	2	3
Caring for Elderly	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2016-2017	# of activities: 80 Total est. audience for above: 131,200	2	2.1
2017-2018	# of activities: 44 Total est. audience for above: 330,000	2	2.1
2018-2019	# of activities: Total est. audience for above:	2	2.1
2019-2020	# of activities: Total est. audience for above:	2	2.1
Access Assistance	Total contacts		
2016-2017	1,800	2	2.1
2017-2018	1,800	2	2.1
2018-2019		2	2.1
2019-2020		2	2.1
Support Services	Total hours		
2016-2017	970	1	1.4
2017-2018	240	1	1.4
2018-2019		1	1.4
2019-2020		1	1.4
Respite Care	Total hours		
2016-2017	2,000	1	1.4
2017-2018	2,578	1	1.4
2018-2019		1	1.4
2019-2020		1	1.4
Supplemental Services	Total occurrences		
2016-2017	88	1	1.4
2017-2018	115	1	1.4
2018-2019		1	1.4
2019-2020		1	1.4

GRANDPARENT SERVICES CARING FOR CHILD

CATEGORIES	1	2	3
Caring for Child	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2016-2017	# of activities: 13 Total est. audience for above: 3,060	2	2.1
2017-2018	# of activities: 16 Total est. audience for above: 3,060	2	2.1
2018-2019	# of activities: Total est. audience for above:	2	2.1
2019-2020	# of activities: Total est. audience for above:	2	2.1
Access Assistance	Total contacts		
2016-2017	150	2	2.1
2017-2018	150	2	2.1
2018-2019		2	2.1
2019-2020		2	2.1
Support Services	Total hours		
2016-2017	225	1	1.4
2017-2018	160	1	1.4
2018-2019		1	1.4
2019-2020		1	1.4
Respite Care	Total hours		
2016-2017	0	N/A	N/A
2017-2018	0	N/A	N/A
2018-2019	0	N/A	N/A
2019-2020	0	N/A	N/A
Supplemental Services	Total occurrences		
2016-2017	0	N/A	N/A
2017-2018	0	N/A	N/A
2018-2019	0	N/A	N/A
2019-2020	0	N/A	N/A

UPDATE OF SECTION 10E – 2017-2018

TITLE V SENIOR COMMUNITY SERVICES EMPLOYMENT PROGRAM OBJECTIVES

Subcontractor Name	SER-Jobs for Progress, Inc.
Location	Ventura County Job and Career Center
Street Address	4651 Telephone Road, Suite 201, Ventura, CA 93003
Name and title of all paid SCSEP staff members	One paid staff person (part-time): Maria Lopez, Site Coordinator, employed by the subcontractor, SER Jobs for Progress
How many participants are served at this site?	9 Allocated Positions (<i>modified</i>)
Goal/Objective Number	1.5

Note: The future of this program is unknown. It has been recommended for elimination per the below-shown excerpt from *America First: A Budget Blueprint to Make America Great Again* published March 2017 by the Office of Management and Budget. Department of Labor, page 31.

The President’s 2018 Budget

“Expands Reemployment and Eligibility Assessments, an evidence-based activity that saves an average of \$536 per claimant in unemployment insurance benefit costs by reducing improper payments and getting claimants back to work more quickly and at higher wages.

“Reduces funding for ineffective, duplicative, and peripheral job training grants. As part of this, eliminates the Senior Community Service Employment Program (SCSEP), for a savings of \$434 million from the 2017 annualized CR level. SCSEP is ineffective in meeting its purpose of transitioning low-income unemployed seniors into unsubsidized jobs. As many as one-third of participants fail to complete the program and of those who do, only half successfully transition to unsubsidized employment.”

UPDATE OF SECTION 10F – 2017-2018
HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)
SERVICE UNIT PLAN

***VCAAA is awaiting performance measures from the California Department of Aging that specify the Minimum Attainment Thresholds (MAT) for 2017-2018.**

Section 1. State Performance Measures

Fiscal Year	1.1 Number of Unduplicated Clients Counseled.	Goal Numbers
2016-2017	2,399	2.2
2017-2018	*	
2018-2019		
2019-2020		
Fiscal Year	1.2 Number of Public and Media (PAM) Events	Goal Numbers
2016-2017	250	2.2
2017-2018	*	
2018-2019		
2019-2020		

Section 2: Federal Performance Benchmark Measures

Fiscal Year	2.1 Total Number of Client Contacts	Goal Numbers
2016-2017	5,834	2.2
2017-2018	*	
2018-2019		
2019-2020		

Ventura County Area Agency on Aging PSA 18
 Master Strategic Plan 2016-2020 Update | Year 2 FY 2017-2018

Fiscal Year	2.2 Number of Persons Reached at Public and Media (PAM) Events	Goal Numbers
2016-2017	6,422	2.2
2017-2018	*	
2018-2019		
2019-2020		
Fiscal Year	2.3 Contacts with Medicare Beneficiaries due to Disability	Goal Numbers
2016-2017	685	2.2
2017-2018	*	
2018-2019		
2019-2020		
Fiscal Year	2.4 Number of Contacts with Low-Income Beneficiaries	Goal Numbers
2016-2017	3,228	2.2
2017-2018	*	
2018-2019		
2019-2020		
Fiscal Year	2.5 Contacts with One or More Qualifying Enrollment Topics	Goal Numbers
2016-2017	5,464	2.2
2017-2018	*	
2018-2019		
2019-2020		
Fiscal Year	2.6 Contacts with One or More Qualifying Part D Enrollment Topics	Goal Numbers
2016-2017	3,577	2.2
2017-2018	*	
2018-2019		
2019-2020		
Fiscal Year	2.7 Total Counseling Hours	Goal Numbers
2016-2017	3,441	2.2
2017-2018	*	
2018-2019		
2019-2020		

Section 3: HICAP Legal Services Units of Service

Fiscal Year	3.1 Estimated Number of Clients Represented Per Unit of Service	Goal Numbers
2016-2017	3	2.2
2017-2018	*	
2018-2019		
2019-2020		
Fiscal Year	3.2 Estimated Number of Legal Representation Hours Per Unit of Service	Goal Numbers
2016-2017	3	2.2
2017-2018	*	
2018-2019		
2019-2020		
Fiscal Year	3.3 Estimated Number of Program Consultation Hours Per Unit of Service	Goal Numbers
2016-2017	5	2.2
2017-2018	*	
2018-2019		
2019-2020		

SECTION 11. VENTURA COUNTY FOCAL POINTS*

	Focal Point*	Street Address	City, ZIP, & Phone (Area code 805)
1	Pleasant Valley Senior Center Managed by Pleasant Valley Park & Recreation District	1605 E. Burnley Street	Camarillo, 93010, 482-4881
2	Fillmore Active Adult Center Managed by City of Fillmore	535 Santa Clara Avenue	Fillmore, 93015, 524-3030
3	Moorpark Active Adult Center Managed by City of Moorpark	799 Moorpark Avenue	Moorpark, 93021, 517-6261
4	HELP of Ojai/Little House A nonprofit organization	Send ALL mail to: P.O. Box 621, Ojai, 93024: 111 W. Santa Ana Street	Ojai, 93023, 646-5122
5	Wilson Senior Center Managed by City of Oxnard	350 North C Street	Oxnard, 93030, 385-8028
6	South Oxnard Senior Center Managed by City of Oxnard	200 E. Bard Road	Oxnard, 93033, 385-8042
7	Palm Vista Senior Center	801 South C Street	Oxnard, 93030, 385-8163
8	Port Hueneme Senior Center Managed by City of Port Hueneme	<i>Aka Orvene S. Carpenter Community Center</i> 550 Park Avenue	Port Hueneme, 93041, 986-6542
9	Santa Paula Senior Center Managed by City of Santa Paula	530 West Main Street	Santa Paula, 93060, 933-4226
10	Simi Valley Senior Center Managed by City of Simi Valley	3900 Avenida Simi	Simi Valley, 93065, 583-6363
11	Goebel Adult Community Center	A collaboration of City of Thousand Oaks & Conejo Recreation & Park District: 1385 E. Janss Road	Thousand Oaks, 91362, 381-2744
12	Ventura Avenue Adult Center Managed by City of Ventura	550 N. Ventura Avenue	Ventura, 93001, 648-3035
13	Ventura County Area Agency on Aging	646 County Square Drive	Ventura, 93003, 477-7300
SITE PROVIDES SOME FORM OF SERVICE(S) TO SENIORS BUT IS NOT A FOCAL POINT*			
1	HELP of Ojai Congregate Meal Site	370 Baldwin Road	Ojai, 93022, 649-8018
SITES PROVIDING TITLE III E ELIGIBLE FAMILY CAREGIVERS BUT ARE NOT FOCAL POINTS*			
1	Wellness & Caregiver Center of Ventura County Operated by Camarillo Health Care District	3687 E. Las Posas Road, #188 (Bldg. H)	Camarillo, 93020, 1-800-900-8582
2	Conejo Valley Senior Concerns A nonprofit organization	401 Hodencamp Road	Thousand Oaks, 91360, 497-0189
3	Catholic Charities OASIS (new FCSP center) A nonprofit organization	201 South 10 th Street, Unit D	Santa Paula, 93060, 420-9608

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

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

***DEFINITION OF A FOCAL POINT:**

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

DEFINITION OF A SENIOR CENTER:

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

SECTION 14– 2017-2018

ORGANIZATIONAL CHART

To develop the organization chart, VCAAA must know the amount of funding that will be available from Federal and State funding sources for the fiscal year 2017-2018. This information is provided to VCAAA by the California Department of Aging (CDA) via documents called “planning estimates. As of March 24, 2017, the planning estimates had not been received.

Thus, the organization chart will be submitted under separate cover by VCAAA’s Fiscal Officer, **Brian Murphy** (when he submits VCAAA’s budget to CDA), after receipt of the planning estimates. Contact: Brian.Murphy@ventura.org. Phone: 805-477-7300.

**UPDATE OF SECTION 16 – 2017-2018
GOVERNING BOARD FOR 2017**

VENTURA COUNTY BOARD OF SUPERVISORS – FIVE SUPERVISORIAL DISTRICTS



District 1 - Supervisor Steve Bennett
Term expires January 2021

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



District 2 - Supervisor Linda Parks
Term expires January 2019

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



District 3 – Supervisor Kelly Long,
Term expires January 2021

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



District 4 - Supervisor Peter C. Foy, VICE CHAIR 2017
Term Expires January 2019

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



District 5 - Supervisor John C. Zaragoza, CHAIR 2017
Term expires January 2021

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

UPDATE OF SECTION 17– 2017-2018
VCAAA ADVISORY COUNCIL MEMBERSHIP
(as of March 31, 2017)

Total Council Membership including vacancies: 37

Total Council Membership excluding vacancies: 30

Number of Council Members Aged 60 or Older: 26 out of 30 or 87 percent

Current Officers:

Antoinette Olson, Chair

Suz Montgomery, Vice Chair

Nancy Healy, Secretary

	Representative of:	Name:	Current Term Expires:
1	Board of Supervisors, District 1	Rose Gossom (Ventura)	6/30/17
2	Board of Supervisors, District 2	David Birenbaum (Thousand Oaks)	12/31/17
3	Board of Supervisors, District 3	William Cunneen (Camarillo)	12/31/19
4	Board of Supervisors, District 4	Smita Dandekar (Simi Valley)	6/30/18
5	Board of Supervisors, District 5	Marty Kaplan (Oxnard)	6/30/18
6	Board of Supervisors, At-Large	Vacant	
7	City of Camarillo	Robert Taylor	6/01/17
8	City of Camarillo	Jay Evans	6/30/18
9	City of Fillmore	Vacant	
10	City of Fillmore	Vacant	
11	City of Moorpark	Vicki Tripoli	6/30/18
12	City of Moorpark	Sandra Fide	6/30/18
13	City of Ojai	Ginny Rockefeller	6/30/17
14	City of Ojai	Deirdre Daly	6/30/18
15	City of Oxnard	Alice Sweetland	6/30/17
16	City of Oxnard	Clark Owens	6/30/18
17	City of Port Hueneme	Vacant	
18	City of Port Hueneme	Vacant	
19	City of Santa Paula	Vacant	
20	City of Santa Paula	Vacant	
21	City of Simi Valley	Antoinette M. Olson	6/30/17
22	City of Simi Valley	Neil Spector	6/30/18
23	City of Thousand Oaks	Nancy Healy	6/30/18
24	City of Thousand Oaks	Karen Gorback	6/30/18
25	City of Ventura	Lori Harasta	6/30/17

	Representative of:	Name:	Current Term Expires:
26	City of Ventura	Suz Montgomery	6/30/18
27	California Senior Legislature	Larry Hartmann, Senator	6/30/18
28	California Senior Legislature	June Glasmeier, Assembly Member	6/30/18
29	California Senior Legislature	William Witt, Assembly Member	6/30/18
30	Immediate Past Chair	Nick Fotheringham (Thousand Oaks)	6/30/17
31	Service Provider Representative	Rosemary Flores-Gordon	6/30/17
32	Service Provider Representative	Sylvia Taylor Stein	6/30/18
	Focused Populations:		
33	• Behavioral Health	Cleo Anderson	6/30/17
34	• Family Caregivers	Sue Tatangelo	6/30/17
35	• Lesbian, Gay, Bisexual, Transgender (LGBT)	Marcy Sherbok	6/30/17
36	• Persons with Disabilities	Danielle Anderson	6/30/17
37	• Veterans	Donald Todd	6/30/17

Race/Ethnic Composition:

Race/Ethnicity	Percent of PSAs Aged 60+ Population 2014 Estimates*	Percent of Aged 60+ Population on Advisory Council as of 3/31/17
White Race Alone	46.5%	90.00%
Hispanic or Latino, Any Race	42.0%	0.33%
Black or African American	1.6%	0.33%
American Indian and Alaska Native	0.9%	0
Asian	7.1%	0
Native Hawaiian/Pacific Islander	0.2%	0
Other Race/Multiple Races	5.4%	0.33%

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

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

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

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

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

Appointing Agency	Number of Members
Two representatives are appointed from each of the ten (10) cities in the county via the local councils on aging (of which members are typically appointed by the respective City Councils).	20
Appointments by the Ventura County Board of Supervisors	6
VCAAA invites applications to fill the two service provider slots, and Advisory Council members vote for their choices. The two applicants with the highest number of votes are elected.	2
Three (3) local representatives of the California Senior Legislature represent Ventura County: 2 Assembly Members 1 Senator	3
Immediate past chair of the Advisory Council remains on the Council for the year following his/her term of office.	1
One representative from each of these five (5) focused populations: Family Caregiver Persons with Disabilities Mental Health Lesbian, Gay, Bisexual, Transgender (LGBT) Veterans	5
TOTAL:	37

UPDATE OF SECTION 18– 2017-2018

LEGAL ASSISTANCE

Any changes to this Section must be documented on this form and remitted with Area Plan Updates.

Changes from last fiscal year are Items #8 and #11, shown below and highlighted in yellow

- 1. Specific to Legal Services, what is your AAA’s Mission Statement or Purpose Statement? Statement must include Title III B requirements:** The VCAAA’s Legal Services mission is: To ensure justice, dignity, health, security, maximum autonomy and independence to older Californians by protecting and enforcing the legal rights of individuals and by promoting social change through broad elder rights advocacy. The purpose of the Legal Services Program is to deliver quality, cost-effective services designed to address the unmet legal needs of vulnerable Ventura county seniors.
- 2. Based on your local needs assessment, what percentage of Title III B funding is allocated to Legal Services?** At a minimum, 5% of Title IIIB funding.
- 3. Specific to legal services, has there been a change in your local needs in the past four years?** 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.
- 4. 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. 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.
- 5. 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, 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:
 - 1) **Consumer:** debt and/or collections, harassment by creditors and consumer fraud
 - 2) **Abuse/Neglect/Exploitation:** elder abuse/exploitation cases, financial abuse
 - 3) **Planning/Personal Autonomy:** advance directives, powers of attorney
 - 4) **Housing:** reverse mortgage foreclosures, landlord disputes, predatory lending
- 6. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA?** 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/or economic need;
- Are homebound, socially isolated, or living alone with no support;
- Are experiencing physical and/or 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/or 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.

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

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

Fiscal Year	# of Legal Assistance Services Providers
2016-2017	1
2017-2018	1
2018-2019	
2019-2020	

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

10. 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/or 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). LSPs 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.

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

Fiscal Year	Name of Provider	Geographic Region Covered
2016-2017	Grey Law of Ventura, Inc.	Entire County
2017-2018	Grey Law of Ventura, Inc.	Entire County
2018-2019		
2019-2020		

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

13. Identify the major types of legal issues that are handled by the Title III-B legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area): Credit card debt has 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.

14. In the past four years, has there been a change in the types of legal issues handled by the Title III-B legal provider(s) in your PSA? The types of legal issues remain consistent.

15. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Barriers to access include: (1) people wanting more legal representation than what funding can provide; (2) language and/or cultural barriers, which can cause seniors to not seek services; and (3) lack of transportation to and from the sites where services are provided. This problem has improved over the past few years as more seniors learn about transportation resources. Strategies for overcoming these barriers include 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.

16. What other organizations or groups does your legal service provider coordinate services with? Discuss: The LSP coordinates services with these organizations:

- Adult Protective Services
- 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)
- 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)

GLOSSARY OF TERMS

AAAs	Area Agencies on Aging. There are 33 AAAs in California (one for each PSA).
ACL	Administration for Community Living (federal-Administration on Aging)
ADRC	Aging and Disability Resource Center
BEC	Benefit Enrollment Center
Baby Boomer	Persons born between 1946 and 1964. In 2006, the first wave of Boomers turned age 60 and became eligible for VCAAA services. This wave will continue through 2024.
c4a	California Association of Area Agencies on Aging
CBSP	Community-Based Service Programs
CCT	California Community Transitions Program
CDA	California Department of Aging, a State agency
CSL	California Senior Legislature. See: http://www.4csl.org
DFA	Dementia Friendly America
DFVC	Dementia Friendly Ventura County
EB	Evidence-Based
FAST	Financial Abuse Specialist Team (elder abuse related)
FCSP	Family Caregiver Service Program (OAA Title III E for Family Caregivers)
FPL	Federal Poverty Level
HICAP	Health Insurance Counseling and Advocacy Program
“I and A”	Information and Assistance
LGBT	Lesbian, Gay, Bisexual, Transgender
LTC	Long-term care
LTSS	Long-Term Services and Supports
MSSP	Multipurpose Senior Services Program
n4a	National Association of Area Agencies on Aging
NAPIS	National Aging Program Information System (for data and performance tracking)
NORS	National Ombudsman Reporting System (for data and performance tracking)
OAA	Older Americans Act, federal funding. See: http://www.aoa.gov
OCA	Older Californians Act, state funding. See: http://www.aging.ca.gov
OTO	One-time only funds
PSA	OAA Planning and Service Area (There are 33 aging network PSA’s in California.)
“Q”	Q CareAccess (Database used by VCAAA to provide data to CARS)
RURAL	For targeting purposes, Ventura County rural zip codes = 91307, 93040 and 93066
SCSEP	Senior Community Services Employment Program (OAA – Title V)
SNAP	Supplemental Nutrition Assistance Program (Food Stamps/Cal-Fresh Program)
SNAP-Ed	SNAP Nutrition Education and Obesity Prevention
SNP	Senior Nutrition Program
Title III B	OAA Support Services Programs (3B)
Title III C	OAA Senior Nutrition: Congregate Meals (C1) and Home-Delivered Meals (C2)
Title III D	OAA Health and Wellness Programs (3D)
Title III E	OAA Family Caregiver Service Programs (FCSP)
Title V	OAA Senior Community Services Employment Program (“SCSEP”)
Title VII	OAA Elder Abuse Prevention Programs – Ombudsman (VII A) & Legal Services (VII B)
VCAAA	Ventura County Area Agency on Aging

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VCAA Master Strategic Plan 2016-2020

**UPDATE FOR FY 2017-18
Year 2 of Four-Year Plan**

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