

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

WHO ARE WE?

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

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

WHOM DO WE SERVE?

We provide services to:

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

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

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

Of these 216,313 individuals:

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

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

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

OUR GOALS ARE SIMPLE

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

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

OUR PRIORITIES

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

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

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

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

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

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	Info services: public information activities and community education (events)	10	5,000	Title III E	Same
	Support services: caregiver assessment, case management, support groups and training (hours)	20	10	Title III E	Same
	Supplemental services	20	10	Title III E	Same
	Respite services – out of home	20	10	Title III E	Same
5	Maintaining Independence – Providing access to programs and services that foster independence and help older adults remain at home				
	Case management for older adults (hours)	1,250	220	Title III B	Same
	Long-term case management for other specialized populations	N/A	600	Medi-Cal, MHSA, ACL	Same
	Personal Care (hours)	709	25	Title III B	Same
	Disaster Preparedness	20	20	Title III B	Decrease
	Homemaker services (hours)	980	45	Title III B	Same
	Chore services (hours)	660	30	Title III B	Same
	Residential repairs/modifications	78	78	Title III B	Same
	Personal/home safety	24	20	Title III B	Same
	Material aid	2,200	2,200	Title III B	Same
	Mental Health Counseling	86	86	Title III B	Same
	Subsidized employment training through the Senior Community Services Employment Program (SCSEP)	N/A	8	Title V	Increase
6	Socialization/Prevention of loneliness and isolation – providing services to reduce isolation and provide a human connection for older adults with few or no connections in the community, to alleviate depression and health concerns of those living alone and to provide a check in on older adults at-risk of losing their independence.				
	Peer counseling (hours)	700	616	Title III B	Same
	Telephone reassurance (contacts)	3,000	800	Title III B	Same
7	Prevention of Abuse and Protection of Rights of Older Adults – provide programs and services that protect the rights and property of older adults and protect them from abuse.				
	Legal assistance regarding public benefits, landlord-tenant disputes, housing rights, elder abuse, powers of attorney, consumer finance, and creditor harassment, and consumer fraud and warranties	1,400	800	Title III B, CHA/SMP	Same
	Community education events on rights and benefits	4	125	Title III B	Same
	Elder Abuse Case Management	100	25	DA/VOCA	Same
	Financial Abuse Specialist Team (FAST) to provide training to professionals	20	150	Title VI B	Same

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

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

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

2022 PUBLIC HEARING

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

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

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

1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and disabled older individuals.
 Notice of the public hearing published in the Ventura Star, the newspaper with the largest circulation in Ventura County, on the VCAAA website and through targeted emails. The legal notice and emails included instructions on how to submit written testimony (as well as how to testify at the public hearing).
2. Were proposed expenditures for Program Development (PD) and Coordination (C) discussed?
 - Yes. Go to question #3
 - Not applicable, PD and C funds will not be used. Go to question #4
3. Summarize the comments received concerning proposed expenditures for PD and C.
 Not applicable.
4. Attendees were provided the opportunity to testify regarding setting of minimum percentages of Title III-B program funds to meet the adequate proportion funding for Priority Services.
 - Yes. Go to question #5
 - No, Explain:
5. Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services.
 TBD
6. List any other issues discussed or raised at the public hearing.
 TBD.
7. Note any changes to the Area Plan which were a result of input by attendees.
 TBD

SERVICE UNIT PLAN OBJECTIVES

**TITLE III/VIIA SERVICE UNIT PLAN OBJECTIVES
CCR Article 3, Section 7300(d)**

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

For services not defined in NAPIS, refer to the [Service Categories and Data Dictionary and the National Ombudsman Reporting System \(NORS\) Instruction](#)

1. Report the units of service to be provided with **ALL funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VIIA. Only report services provided; others may be deleted.

Personal Care (In-Home)

Unit of Service = 1 hour

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

Homemaker (In-Home)

Unit of Service = 1 hour

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

Chore (In-Home)

Unit of Service = 1 hour

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

Home-Delivered Meal

Unit of Service = 1 meal

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

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2023-2024			
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Case Management (Access)

Unit of Service = 1 hour

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

Congregate Meals

Unit of Service = 1 meal

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

Nutrition Counseling

Unit of Service = 1 session per participant

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

Transportation (Access)

Unit of Service = 1 one-way trip

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

Legal Assistance

Unit of Service = 1 hour

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

Nutrition Education

Unit of Service = 1 session per participant

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

Information and Assistance (Access)

Unit of Service = 1 contact

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

Outreach (Access)

Unit of Service = 1 contact

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

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

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

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

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

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

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

NAPIS Service Category – “Other” Title III Services

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Service Category: Cash/Material Aid

Unit of Service = 1 assistance

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

Service Category: Peer Counseling

Unit of Service = 1 hour

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

Service Category: Personal/Home Security

Unit of Service = 1

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

Service Category: Residential Repairs/Modifications

Unit of Service = 1

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

Service Category: Telephone Reassurance

Unit of Service = 1 contact

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

Service Category: Mental Health

Unit of Service = 1 hour

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

Service Category: Disaster Preparedness

Unit of Service = 1 product

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

3. Title IIID/Health Promotion—Evidence Based

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

Unit of Service = 1 contact

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

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

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

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

2020-2024 Four-Year Planning Cycle

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

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

Complete all Measures and Targets for Outcomes 1-3;

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

Measures and Targets:

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

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

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

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

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

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

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

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

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

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

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

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

1. FY 2018-2019 Baseline: Number of Sessions: 83 FY 2020-2021 Target: 83

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

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

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

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

Enter information in the relevant box below.

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

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

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

FY 2022-2023

Outcome of FY 2021-2022 Efforts:

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

FY 2023-2024

Outcome of 2022-2023 Efforts:

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

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

Measures and Targets:

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

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

2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint divided by the total number of Nursing Facilities = Baseline 0%
FY 2021-2022 Target: 100%

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

4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint divided by the total number of Nursing Facilities = Baseline %
 FY 2023-2024 Target: %

Program Goals and Objective Numbers: 1.7

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

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 210 divided by the total number of RCFEs 212 = Baseline 99%
 FY 2020-2021 Target: 99%

2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint divided by the total number of RCFEs 222 = Baseline %
 FY 2021-2022 Target: 100%

3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 7 divided by the total number of RCFEs 222 = Baseline 3.2%
 FY 2022-2023 Target: 100%

4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint divided by the total number of RCFEs = Baseline %
 FY 2023-2024 Target: %

Program Goals and Objective Numbers: 1.7

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

1. FY 2018-2019 Baseline: 5.13 FTEs
 FY 2020-2021 Target: 5.13 FTEs

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

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

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

Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2016, Section 712(c)]

Measures and Targets:

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

Some examples could include:

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

FY 2020-2021 - Ombudsman program staff and volunteers will attend, as needed, appropriate training on accuracy, consistency, and timeliness of the reporting of data pertinent to the Ombudsman program.

FY 2021-2022 - Ombudsman program staff and volunteers will attend, as needed, appropriate training on accuracy, consistency, and timeliness of the reporting of data pertinent to the Ombudsman program

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TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

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

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

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

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

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

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

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

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

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2023-2024		
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Fiscal Year	Total Number of Individuals Served
2020-2021	40
2021-2022	40
2022-2023	40
2023-2024	

TITLE III E SERVICE UNIT PLAN OBJECTIVES

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

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

Direct and/or Contracted III E Services

CATEGORIES	1	2	3
Caregivers of Older adults	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2020-2021	# of activities: 20 Total est. audience for above: 800,000	1	4
2021-2022	# of activities: 20 Total est. audience for above: 800,000	1	4
2022-2023	# of activities: 20 Total est. audience for above: 800,000	1	4
2023-2024	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2020-2021	5,000	1	4
2021-2022	5,000	1	4
2022-2023	5,000	1	4
2023-2024			
Support Services	Total hours		
2020-2021	1,693	1	4
2021-2022	1,693	1	4
2022-2023	1,693	1	4
2023-2024			

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

Direct and/or Contracted III E Services

Older Elderly Relative	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2020-2021	# of activities: 10 Total est. audience for above: 5,000	1	4
2021-2022	# of activities: 10 Total est. audience for above: 5,000	1	4
2022-2023	# of activities: 10 Total est. audience for above: 5,000	1	4
2023-2024	# of activities: Total est. audience for above:		

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

2021-2022	20	1	4
2022-2023	20	1	4
2023-2024			
Supplemental Services	Total occurrences		
2020-2021	20	1	4
2021-2022	20	1	4
2022-2023	20	1	4
2023-2024			

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

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

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

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

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

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

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

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

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

HICAP Legal Services Units of Service (if applicable)¹

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

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

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

¹ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

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

LEGAL ASSISTANCE

2020-2024 Four-Year Area Planning Cycle

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

1. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? **Discuss:** At a minimum, 5% of Title IIIB funding.

2. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years). **Yes/No, Discuss:** The local needs have remained the same over the past four years. Funding for legal services is extremely limited. LSP would like to be able to setup a litigation fund for low-income seniors.

3. Specific to Legal Services, does the AAA’s contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Yes/No, Discuss:** Yes. The contract between AAA and the LSP specifies that LSPs are expected to use the California Statewide Guidelines. Said guidelines are “Exhibit C” of the contract.

4. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA? **Yes/No, Discuss:** Yes, at a minimum, the LSP and AAA annually review together the LSP’s service priorities with the LSP providing critical input. The top four priority legal issues in PSA 18 are:
 - Consumer: debt and collections, harassment by creditors and consumer fraud

² For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or chisorom.okwuosa@aging.ca.gov

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

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

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

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

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

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

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

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

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

8. What methods of outreach are Legal Services providers using? **Discuss:** Outreach campaigns are conducted throughout the year via the news media (print and broadcast), regular presentations to nonprofit community-based organizations (e.g., hospice groups, etc.), community fairs, and regularly scheduled days each month at senior centers. This is continually being expanded to reach individuals isolated due to language or cultural barriers. Working with the AAA and its Aging and Disability Resource Center (ADRC) to keep abreast of needs, statistics and new and ongoing opportunities for outreach (such as to LGBT seniors). Distributing LSP’s brochures in English and Spanish at senior centers, public speaking events, and outreach event. Public service announcements. Encouraging word-of-mouth among seniors to advertise the program. Legal services are advertised in newsletters and press releases, including those published by local senior/community centers (focal points). LSP’s website. Working/ communicating with maintaining positive relationships with the long-term care Ombudsman, the local Bar Association, Adult Protective Services, Superior Court’s Self-Help Center, local senior centers and community centers, local law enforcement, the FBI, the three family caregiver centers that receive Title III-E funds from the AAA (including the newer center that targets monolingual-Spanish speakers), and the Independent Learning Resource Center and making sure availability of services is known among the entire aging services network in PSA 18.

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

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

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

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

provider(s) in your PSA. Discuss (please include new trends of legal problems in your area): **Discuss:** Credit card debt has been and continues to be a major legal problem for many older adults. They can carry the debt when they are working and when they cannot work anymore (due to retirement or illness, etc.), they are unable to pay off their debt. Consumer debt has completely overtaken all other areas of legal services and represents over one-third of Grey Law's annual senior consultations and volunteer hours. Other major issues and/or new trends include reverse mortgage issues, elder abuse, health care directives, decision-making choices, durable power of attorney, Social Security, Medicare, Medi-Cal, nursing homes, and consumer fraud.

12. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. **Discuss:** Barriers to access include (1) people wanting more legal representation than what funding can provide; (2) language and cultural barriers, which can cause seniors not to seek services; and (3) lack of transportation to and from the sites where services are provided. This problem has improved over the past few years as more seniors learn about transportation resources. Strategies for overcoming these barriers include the need for increased funding from the Older Americans Act to provide legal services; continued recruitment and retention of more volunteers (who must be attorneys or law students); working with local churches to identify and reach non-mainstream seniors who could benefit from legal services, and volunteers who would be willing to provide transportation to/from appointments.

13. What other organizations or groups does your legal service provider coordinate services with? **Discuss:**

The LSP coordinates services with these organizations:

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

SECTION 22 - ASSURANCES

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

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

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

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

1. OAA 306(a)(2)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

III (III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.

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

Use outreach efforts that —

(i) identify individuals eligible for assistance under this Act, with special emphasis on— (I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

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

7. OAA 306(a)(5)

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

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

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

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

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

9. OAA 306(a)(11)

Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

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

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

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

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency— (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

11. 306(a)(14)

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

12. 306(a)(15)

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

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

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

13. OAA 305(c)(5)

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

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

(B)

i (i) no individual (appointed or otherwise) involved in the designation of the State agency or an Area Agency on Aging, or in the designation of the head of any subdivision of the State agency or of an Area Agency on Aging, is subject to a conflict of interest prohibited under this Act;

ii (ii) no officer, employee, or other representative of the State agency or an Area Agency on Aging is subject to a conflict of interest prohibited under this Act; and

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

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

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

ii (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

iii (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

16. OAA 307(a)(11)(B)

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

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

To the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal 54

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

assistance for older individuals; and

18. OAA 307(a)(11)(E)

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

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

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

20. OAA 307(a)(15)

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

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

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

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences. (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

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

21. OAA 307(a)(18)

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

22. OAA 307(a)(26)

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

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

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

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

(b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall: (1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;

(2) Provide a range of options:

(3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;

(4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;

(5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;

(6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;

(7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;

(8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;

(9) Have a unique character which is tailored to the specific nature of the community;

(10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

24. CFR [1321.53(c)]

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

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)] 56

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

CFR [1321.53(c)]

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

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

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

29. CFR [1321.61(d)]

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

30. CFR [1321.69(a)]

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