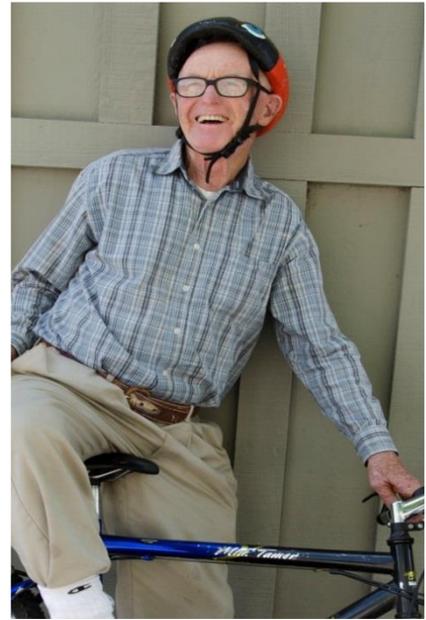


AREA PLAN UPDATE

Fiscal Year
2017/2018

**AREA
AGENCY
ON AGING**



LIVE LONG
LIVE WELL 
MARIN COUNTY AGING AND ADULT SERVICES

Marin County Aging and Adult Services

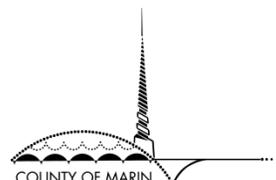
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APPROVED

AREA PLAN UPDATE (APU) CHECKLIST

Check one: FY 17-18 FY 18-19 FY 19-20

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included	
	➤ <i>Update/ Submit A) through I) <u>ANNUALLY</u>:</i>		
n/a	A) Transmittal Letter- (requires <i>hard copy</i> with original ink signatures or official signature stamp- no photocopies)	<input checked="" type="checkbox"/>	
n/a	B) APU- (submit entire APU electronically only)	<input checked="" type="checkbox"/>	
2, 3, or 4	C) Estimate- of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>	
7	D) Public Hearings- that will be conducted	<input checked="" type="checkbox"/>	
n/a	E) Annual Budget	<input type="checkbox"/>	
9	F) Title IIIB/VIIA Long-Term Care Ombudsman Objectives	<input checked="" type="checkbox"/>	
9	G) Title VIIA Elder Abuse Prevention Objectives	<input checked="" type="checkbox"/>	
10	H) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes	<input checked="" type="checkbox"/>	
18	I) Legal Assistance	<input checked="" type="checkbox"/>	
	➤ <i>Update/ Submit the following only if there has been a CHANGE or the section was not included in the 2016-2020 Area Plan:</i>	Mark Changed/Not Changed (C or N/C) <input type="checkbox"/> C <input type="checkbox"/> N/C	
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Needs Assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	AP Narrative Objectives:		
9	• System-Building and Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Funded Programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIC-1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIC-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIID	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20	• Title IIIE-Family Caregiver Support Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title V-SCSEP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Organizational Chart(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TRANSMITTAL LETTER

2016-2020 Four Year Area Plan

Check one: FY 16-20 FY 17-18 FY 18-19 FY 19-20

AAA Name: County of Marin Aging and Adult Services

PSA 5

This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director actively support the planning and development of community-based systems of care and will ensure compliance with the assurances set forth in this Area Plan. The undersigned recognize the responsibility within each community to establish systems in order to address the care needs of older individuals and their family caregivers in this planning and service area.

1. Judy Arnold

Signature: Governing Board Chair ¹

Date

2. Teri Dowling

Signature: Advisory Council Chair

Date

3. Lee Pullen

Signature: Area Agency Director

Date

¹ Original signatures or official signature stamps are required.

EXECUTIVE SUMMARY

The *Live Long, Live Well: Marin County Area Plan for Aging 2016–2020* is the current four-year plan for the Marin County Area Agency on Aging (AAA). This *Fiscal Year 2017 – 2018 Update* is the first update of the four year planning cycle, as determined by the Older Americans Act. The Older Americans Act requires Area Agencies on Aging (AAAs) to submit an Area Plan every four years, with subsequent annual updates, which reflect strategies and activities to best serve the needs of older adults and family caregivers in their designated Planning and Service Area (PSA).

The Marin County Department of Social Services, Aging and Adult Services, is designated as one of 33 Planning Service Areas (PSAs) in the state of California. The Marin County Board of Supervisors has the official designation as the Governing Board of the Area Agency on Aging for Marin County, which covers PSA #5. The Marin County Commission on Aging (MCCOA) is its federally mandated advisory council and is comprised of 23 persons representing Marin County's towns, cities, and districts. The Office of Aging and Adult Services, housed within the Division of Social Services, is responsible for planning, coordinating, administering, and monitoring programs and services for older adults in Marin County.

The planning process, including a needs assessment, undertaken in 2016 to develop this four-year plan identified priority areas and established goals for the AAA and the Commission on Aging. These are:

1. Enhance quality of life, safety, and security for older adults.
2. Support and promote local efforts to create livable communities for all.
3. Improve visibility and usability of information, services, and resources.
4. Encourage innovative approaches to policy and services through community collaboration and advocacy.

The Area Plan and its subsequent updates outline current demographics and strategies to effectively address and respond to the needs of older adults in Marin County. In this update, new projects, collaborations, and objectives have been established by the AAA and the MCCOA to continue advancing the goals in the four-year plan. This document also highlights accomplishments of the past year, including the work of the MCCOA Commissioners and committees, strategies towards addressing elder abuse, and changes in the meal programs administered by the AAA.

The four-year plan and this update can assist in informing policy makers, funders, service providers, and members of the community about the needs of older adults in Marin County while engendering opportunities to improve their quality of life and sustain their independence.

DESCRIPTION OF THE AAA AND PSA

As the administrator of the Area Agency on Aging (AAA) in Marin County, it is the mission of Aging and Adult Services to promote and protect the health, well-being, self-sufficiency, and safety of people in Marin so that they can live long and live well. The AAA has been designated as a one-county Planning and Service Area (PSA) by the Board of Supervisors, with Health and Human Services as the County's administrator of the Area Agency on Aging. The AAA is part of the Office of Aging and Adult Services, which includes Adult Protective Services, In-Home Supportive Services, Information & Assistance, Long-Term Care Ombudsman, and Transition Care Programs.

The work of the AAA is guided by the Marin County Commission on Aging (MCCOA), a 23-member federally mandated advisory council to the AAA and its governing body, the Marin County Board of Supervisors. The Commission works closely with Aging and Adult Services on behalf of Marin's older adults. Commissioners are appointed to three-year terms by either the Board of Supervisors or the 11 incorporated Cities and Towns in Marin. In addition, Marin County's Senior Assembly Member and Senior Senator, representatives of the California Senior Legislature (CSL), also serve as ex-officio members for a four-year term. Members of the MCCOA are actively involved in different committees and task forces through their work on the Commission, including Health and Nutrition, Housing and Transportation, Planning, and Legislation.

The Area Agency on Aging is committed to finding ways to create a robust service infrastructure to meet the needs of older persons, adults with disabilities, and family caregivers in Marin County. To create a well-coordinated, community-based system of care in Marin County, the AAA contracts with a network of private and non-profit agencies serving older adults and family caregivers in the community. The AAA receives approximately \$1,000,000 annually in Older Americans Act monies to fund critical services for older adults, family caregivers, and adults with disabilities in Marin. Over two-thirds of these funds are contracted to community-based agencies.

AREA AGENCY ON AGING PROGRAMS	
Programs provided through Community Based Organizations (AAA funded and monitored)	Programs directly administered by the AAA
<ul style="list-style-type: none"> • Assisted transportation • Case Management–Central Marin • Case Management–Rural Marin • Chore (heavy housework) • Congregate Meal Program • Family Caregiver Support Programs • Home Delivered Meal Program • Legal Assistance • Outreach • Caregiver Registry • Senior Center Activities–Central Marin • Senior Center Activities–Rural Marin • Multicultural Senior Center Activities • Senior Community Service Employment Program • Visiting–Central Marin • Visiting–Rural Marin 	<ul style="list-style-type: none"> • Elder Abuse Prevention • Health Insurance Counseling and Advocacy Program (administered as a consortium by the Sonoma County Aging and Adult Services) • Health Promotion and Disease Prevention • Information, Assistance, and Referral • Long-Term Care Ombudsman • Nutrition Education • Aging and Disability Resource Connection

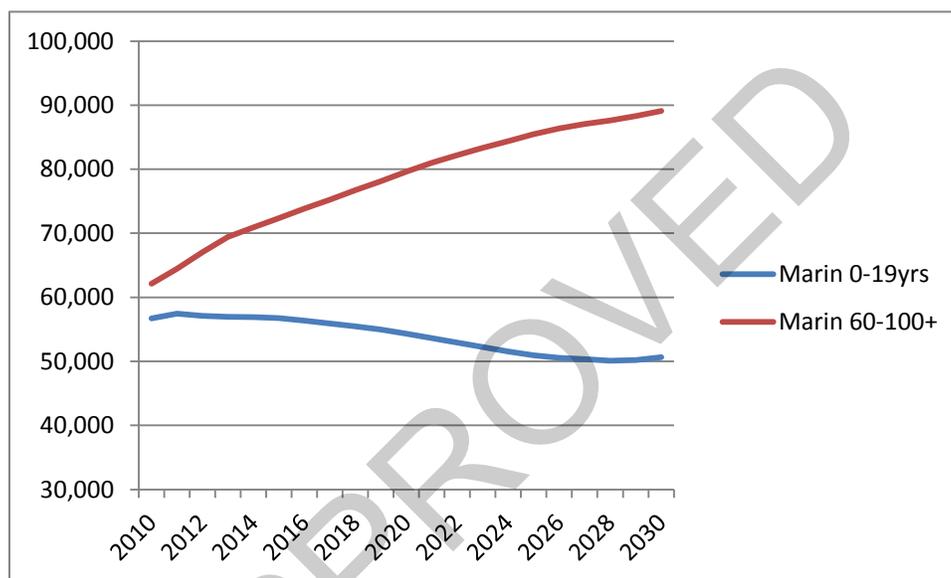
The State of California is divided into thirty-three “Planning and Service Areas” for the administration of the Older Americans Act and the Older Californians Act. In each area, a single agency has been designated as its Area Agency on Aging and is charged with the responsibility of fulfilling the statutory mandates contained in both Acts. Marin County is designated as Planning and Service Area 5 (PSA 5) in California.

Marin’s neighboring counties are Sonoma, San Francisco, and Alameda. The Pacific Ocean runs along the county’s span on the west. Marin’s urban corridors fall on either side of Highway 101, which extends in a north-south direction through the county’s eleven incorporated cities. The area west of Highway 101 is mostly open space. Marin County covers 520 square miles, most of which (approximately 85%), has been preserved as parks, tidelands and agricultural areas. Among them are the Point Reyes National Seashore, Mount Tamalpais State Park and Game Refuge, and the Samuel P. Taylor State Park. Separated from the county’s urban core by a ridge of coastal hills is West Marin. This more rural setting, with its scattered small towns and large dairy farms, is reminiscent of the early history of Marin County and presents unique opportunities and challenges for older adult programming, resulting in specific rural contracts for services as delineated above.

Marin County Demographics

Marin County has an estimated population of 258,349 people and has a substantial and growing number of older adult residents.² Persons over the age of 60 number 68,817, which comprises 27% of the County's total population.³ Statewide, persons over 60 account for 18% of the population.⁴ The number of older adults in Marin is projected to continue to increase until 2030, when they are estimated to account for 34% of the population, as opposed to residents aged 19 and younger who are projected to decrease in number.⁵

DEPARTMENT OF FINANCE POPULATION PROJECTIONS BY AGE GROUPING



In regards to race, a majority of Marin County's adults age 60 and older are White (91%), a rate higher than California as a whole, which is 72% White.⁶ African Americans or Blacks, American Indians, Asians, Pacific Islanders and other races account for approximately 8% of Marin's older adults; 1% of Marin's older adults identify as being two or more races. In regards to ethnicity, approximately 3,000 (4%) of all Marin's older adults identify as being Latino. Statewide, 11% of older adults are below 100% of the Federal Poverty Level

² American Community Survey 5 year Estimates (2011-2015). Population 60 Years and over in the United States, Marin County (S0102). Retrieved from: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml. Accessed 2/21/2017.

³ American Community Survey 5 year Estimates (2011-2015). Population 60 Years and over in the United States, Marin County (S0102). Retrieved from: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml. Accessed 2/21/2017.

⁴ American Community Survey 5 year Estimates (2011-2015). Population 60 Years and over in the United States, California (S0102). Retrieved from: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml. Accessed 2/21/2017.

⁵ Ibid.

⁶ American Community Survey 5 year Estimates (2011-2015). Population 60 Years and over in the United States, Marin County (S0102). Retrieved from: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml. Accessed 2/21/2017.

(FPL)⁷, compared to 6% in Marin County.⁸ The Federal Poverty Level, as a measure of income insecurity, fails to capture a large swath of Marin's older adult population who have incomes higher than the FPL but who are economically insecure.

HIGHLIGHTS OF FISCAL YEAR 2016/2017

The work and advocacy conducted by the Area Agency on Aging (AAA) relies not only on staff, but directly upon the members of the Marin County Commission on Aging (MCCOA).

Each of the Commissioners who serve on the Commission on Aging actively promotes the needs of older adults in their communities. Their many endeavors include serving on one or more committees and taskforces of the Commission, coordinating a home delivered grocery program, advocating for affordable senior housing, assuming community advisory board membership, and volunteering at local organizations. As part of their work through the Commission, they have led community based presentations pertaining to End of Life issues and planning, worked to educate older adults about financial security, and aided in the creation of media campaigns.

Commissioners from the cities of Novato, Fairfax, Corte Madera, and Sausalito have been instrumental in attaining Age Friendly status from the World Health Organization. To achieve this designation, they have presented data gathered by the AAA at their local city and town councils and also surveyed the needs of older adults within their communities. Those who have achieved such designation meet monthly to mentor others interested in doing so.

Many commissioners also volunteer and serve as advisory members of their local Villages. The Village movement is a grassroots effort dedicated to helping older adults stay active and connected in their communities. Commissioners work directly with the Sausalito Village and Marin Villages to expand programming, create local Villages, and recruit volunteers.

In 2016, the AAA conducted a community-wide needs assessment, gathering and analyzing survey results from 3,000 older adults. These surveys were distributed at senior centers, food banks, senior housing, and online. Much credit goes to the members of the Commission on Aging for their hard work in ensuring a wide distribution of the survey throughout Marin. The data generated from the needs assessment as well as

⁷ American Community Survey 5 year Estimates (2011-2015). Population 60 Years and over in the United States, California (S0102). Retrieved from: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml. Accessed 2/21/2017.

⁸ American Community Survey 5 year Estimates (2011-2015). Population 60 Years and over in the United States, Marin County (S0102). Retrieved from: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml. Accessed 2/21/2017.

the community engagement process that ensued led to the development of the Area Plan goals to guide the work of the AAA and MCCOA until the year 2020.

The AAA Older Adult Needs Assessment identified six top concerns among respondents, including: falls, dementia, economic security, elder abuse, end of life planning, and feeling isolated or depressed. Much of the work of the Commission and AAA staff have addressed these concerns in the past year and will continue to do so in FY 17/18. MCCOA presentations were given on these topics, including fall prevention and End of Life planning. The Chair of the MCCOA worked closely with the AAA Director and outside groups to work on issues pertaining to economic security. In FY 17/18, the MCCOA committees will work to address the remaining top concerns of dementia, elder abuse, and feeling isolated or depressed.

Some of the accomplishments of both AAA staff and the Commissioners, including community presentations and the development of programming, are highlighted below. These activities are each directly connected with the goals as laid out in the *Live Long, Live Well: Marin County Area Plan for Aging 2016–2020*, focusing on the safety, security, and quality of life of Marin’s older adult population through collaborations, local efforts, and advocacy.

Addressing Elder Abuse

Elder abuse is a nationwide issue that directly impacts the quality of life, safety and, security of older adults. In the United States, it is estimated that 5 million older persons are abused, neglected, and exploited each year.⁹ Financial abuse and exploitation of older adults cause them a cumulative loss of \$2.6 billion annually, money which could be spent on housing and basic expenses.¹⁰ Financial abuse was identified as a top concern among respondents to the 2016 Older Adult Needs Assessment and the AAA has been working to address this issue for the past several years.

Efforts to combat financial abuse and exploitation of older adults in Marin County ramped up in 2010 when the Marin County Office of Aging and Adult Services reestablished the Financial Abuse Specialist Team (FAST) to investigate and research cases of alleged financial abuse. FAST also conducts community presentations to educate the older adult community about frauds and scams. The team is made up of volunteer experts from various fields, including banking, law, and investments and is chaired by the manager of Adult Protective Services. Each year, this team, which includes two Commissioners from the MCCOA, conducts approximately ten one-hour trainings to community groups and distributes approximately 2,000 written materials (Objective 1m). Presentations are given to groups such as schools, residential care facilities, and Rotary and other fraternal clubs. These trainings alert members of the public about the latest scams and methods of financial exploitation and how to avoid them.

⁹ Administration for Community Living, World Elder Abuse Day. Retrieved from : <https://acl.gov/newsroom/observances/WEAAD/About.aspx>. Accessed 2/21/17

¹⁰ Ibid.

World Elder Abuse Day (WEAAD) was created in 2006 with the goal of promoting a better understanding of abuse and neglect of older persons by raising awareness of the cultural, social, economic and demographic processes which may be contributing factors.¹¹

In 2016, the California Association of Area Agencies on Aging (C4A) created campaign materials and championed awareness of elder abuse. Partnership is essential to the campaign's success, and the C4A developed a toolkit in partnership with elder and dependent adult advocates across the state. The toolkit documents can be customized based on local/regional partnerships and events. This year, the AAA is hosting a half-day conference to be held on World Elder Abuse Day, June 15, 2017 (Objective 1d).¹²

Aging Action Initiative

The AAA works in collaboration with several community partners and local efforts to promote livable communities for all, and enhance the quality of life, safety, and security of its older residents. One such example is the Aging Action Initiative (AAI), a group of community-wide stakeholders that joined together in FY 14/15 under the leadership of Marin County's Office of Aging and Adult Services. The collaborative effort brought together key aging service providers to plan for Marin's current and expected demand for older adult services. The AAI process was guided by a twelve-person steering committee of community leaders, including members of the Commission on Aging. To date, it has had over 65 organizations and 400 people participating in workgroups and convenings to look at the following key areas: 1. older adult mental health and well-being; 2. dementia; 3. economic self-sufficiency of those who are ineligible for government services but lack the resources to meet their needs without support; 4. food security and access to nutrition; and 5. care and system coordination. The first three of these topics were echoed as top concerns in the older adult needs assessment conducted by the AAA.

The AAI workgroups hosted a number of workshops and classes and created materials to educate the community about the initiative's key target issues and inform participants of available resources. Fiscal Year 16/17 activities included the Detect and Connect workshops and the Inform and Connect trainings, in which community organizations were invited to learn about and share resources pertaining to older adults. The AAA and Commission on Aging continued their Aging Action Initiative Economic Security Workgroup partnerships with the Marin Women's Commission and organizations such as the YWCA and Community Action Marin/SparkPoint. This group launched a successful Money Matters campaign, created a website (<http://www.moneymattersmarin.org>) that provides a comprehensive guide to local and national resources, and hosted free workshops and events, in partnership with Dominican University (Objective 1e).

In the spirit of collaboration and with intent to maximize collective impact, the main oversight of the project moved to the steering committee, with Aging and Adult Services becoming a member of the steering committee and serving in an advisory capacity. In the coming year, AAI 2.0 will focus on bringing the aging

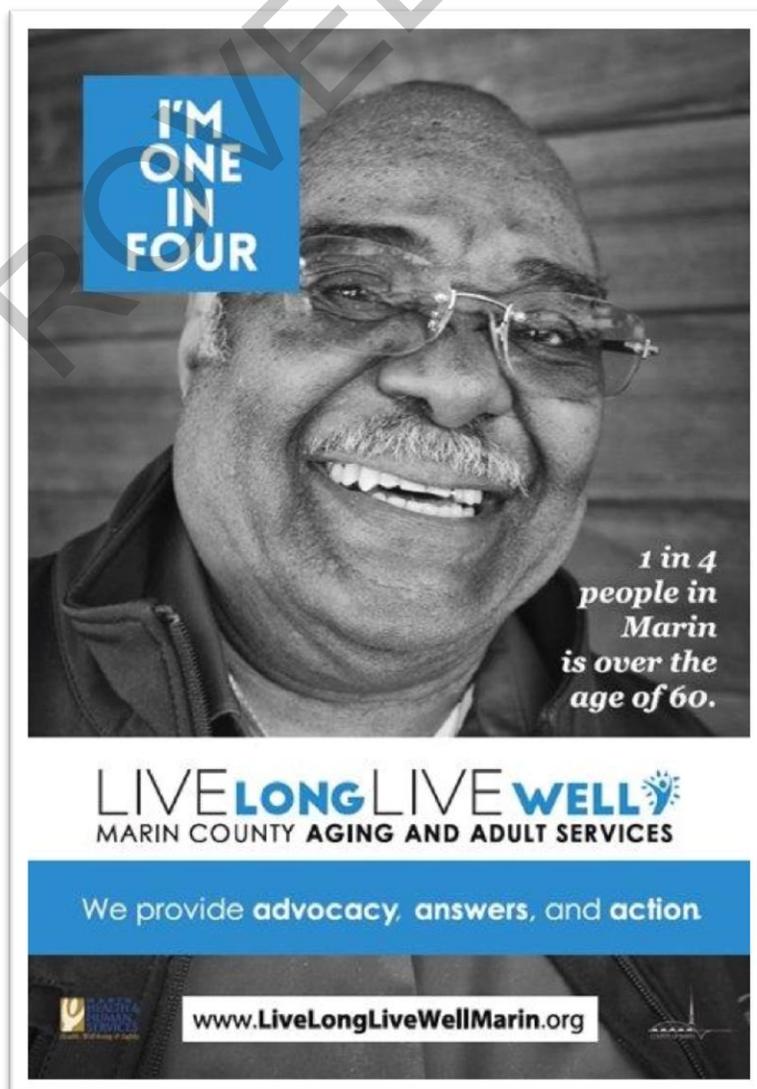
¹¹ Ibid.

lens to every community issue. AAI participants will co-create joint outreach, educational awareness and involvement, and set and track system-wide collective impact objectives. The goal is to unite and strengthen existing initiatives and services to address the growing aging population in Marin. Through continued support from the Marin Board of Supervisors, a Project Director was brought on to provide support and guidance through this process. Information on upcoming events and work of the Aging Action Initiative can be found on its website at <http://www.agingactioninitiative.org>.

Media and Presentations

While new programs may be needed, the AAA and MCCOA also recognize that available information needs to be appropriately promoted and usable to constituents. A variety of efforts were accomplished this past year to raise the profile of older adults in Marin County and to inform the community of the important work of the AAA and the Commission on Aging. In the Fall of 2016, with input from the MCCOA, the County of Marin Health and Human Services Media Team launched a public service campaign by placing ads in local bus stops in select highly dense areas. Poster-sized photographs taken by a Commissioner highlight the diversity of older adults living in Marin County. They included the tagline, “I am 1 in 4,” signifying that older adults currently make up 25% of Marin County’s population. The campaign is meant to raise the visibility of older adults in this community and to educate the public about the contribution of this dynamic and vibrant group to society.

Eleven months of the year, the MCCOA hosts an educational presentation featuring expert speakers on topics identified by its committees with support from AAA staff. In an effort to make these presentations available to the general public and reach a wider audience that would otherwise not be able to attend the meetings, the AAA now records and broadcasts the videos on a public access channel over the subsequent weekend.



These recordings are available on youtube and archived on the site www.livelonglivewellmarin.org. This past year, these presentations addressed some of the major concerns of Marin's aging population as identified in the 2016 older adult needs assessment, including: Financial Security, Fall Prevention, and End of Life Planning. Presentations in FY 17/18 will include identified top concerns such as Dementia/ Cognition and Feeling Isolated/ Depressed (Objectives 3j; 1l).

The Commission's Health and Nutrition Committee has continued to offer a series of End of Life presentations in collaboration with Hospice by the Bay. In 2015, the Committee developed a toolkit, consisting of instructions on how to create a bucket list and Advanced Care Planning. They have since been conducting joint presentations with other leaders and experts in the area. In FY 16/17, they conducted two presentations and distributed 100 toolkits. They continue to receive requests for presentations from community groups and will continue this work in Fiscal Year 17/18 (Objective 1b).

In FY 16/17, AAA staff spoke at national conferences regarding the initiatives taken by PSA 5. Ana Bagtas, AAA Program Manager and Lee Pullen, AAA Director, partnered with Marin Transit representatives and presented at the National Association of Area Agencies on Aging Conference. The National Aging and Disability Resource Center subsequently invited the AAA and Marin Transit to present this information as a webinar curriculum to inform professionals and community-based programs of lessons learned and unique opportunities for coordination and collaboration between AAAs and regional transit authorities. Amy Dietz, the AAA Planner, presented at the American Public Health Association Conference with her colleague from the Marin County Department of Epidemiology, Haylea Hannah. The two participated in a panel of speakers discussing older adult nutrition and presented the findings from the older adult needs assessment conducted in 2016 and featured in the *Live Long, Live Well: Marin County Area Plan for Aging 2016–2020*.

Meal Programs

Approximately half of the funding received by the AAA through the Older Americans Act is allocated to nutrition programs. In FY 15/16, the AAA provided approximately 79,000 home delivered meals to 560 clients and approximately 15,500 congregate meals to 982 clients. Both programs support the security and quality of life of those who utilize them. To enhance the visibility and usability of these programs, they are actively promoted through various community presentations to stakeholder serving the older adult community. Home-Delivered Meals (HDM) allow frail individuals 60 years and older to age in place by providing nutritious meals and allowing for social contact with volunteer drivers. Following Requests for Proposals (RFPs) released in 2016, the AAA will continue serving chilled and fresh meals from the Sonoma Council on Aging that will be delivered by Whistlestop and West Marin Senior Services. It is a collaborative model of local organizations.

Feedback received from participants and community stakeholders expressed a need for a vegetarian meal option. There were reports of vegetarian clients in need of home-delivered meals that declined services because this option was not available. Current participants were also reported discarding the meat included

in the meal, therefore risking not meeting the protein requirement in their diet. To respond to this identified need, in January 2017, the AAA began offering a vegetarian menu to new and existing clients.

Home delivered meals are provided to those who are isolated and frail. may have additional needs pertaining to emergency preparedness and ensuring they have enough food in the event of a disaster. In the Spring of 2016, the California Commission on Aging and the Executive Director of the California Association of Area Agencies on Aging successfully advocated for an increase of funding to older adult nutrition programs from the California Legislature. They requested \$5.2 million and, statewide, received \$2 million in One-Time-Only funding increase for FY 16/17, earmarked for the Home-Delivered Meal program and increasing the number of meals and/ or older adults served in PSA 5.

Winter storms that hit California at the start of the 2017 year caused power outages and road closures across the state, including Marin County. Like many counties in California, Marin lies on the San Andreas fault line, and there is a high probability that a large magnitude earthquake will happen within the next thirty years.¹³ To assist participants in preparing for a disaster, the AAA will utilize its FY 16/17 One-Time-Only funding increase to provide homebound Home-Delivered Meal clients shelf-stable emergency meals in addition to providing emergency preparedness educational materials.

The Congregate Meal program serves meals to Marin residents in different locations five days a week. As a result of the congregate meal program Request for Proposal released in 2016, the AAA changed the administrative structure of this program and assumed the contracting responsibility for the Congregate Meal Program in Central Marin. Two additional contracts were awarded to San Geronimo Valley Community Center (SGVCC) and West Marin Senior Services (WMSS) to serve congregate meals in the rural communities. Good Earth Natural Foods, which has provided the meals for the Congregate programs across the County for the last three years will continue to prepare the meals for all congregate sites in Marin, including the rural areas of West Marin and San Geronimo Valley. These meals have continuously received high levels of satisfaction ratings from participants over the last three years.

Dementia

In California, the projected number of people with Alzheimer's, the most common form of dementia, was approximately 610,000 in 2013 and is expected to rise to 840,000 by 2025; increasing by 37.7% within a span of 12 years.¹⁴ In the older adult needs assessment conducted by the Marin County Area Agency on Aging, approximately 60% of the almost 3,000 people who responded stated that memory/ cognition loss was a concern, making this issue the second highest concern expressed by survey respondents.

¹³ Aagaard, B.T., Blair, J.L., Boatwright, J., Garcia, S.H., Harris, R.A., Michael, A.J., Schwartz, D.P., and DiLeo, J.S., 2016, "Earthquake outlook for the San Francisco Bay region 2014–2043". Retrieved from: <http://dx.doi.org/10.3133/fs20163020>. Accessed 2/21/17.

¹⁴Alzheimer's Association, 2016 Facts and Figures. Retrieved from: <http://www.alz.org/facts/>. Accessed 2/21/17.

In Fiscal Year 2017/18, the Area Agency on Aging will delve deeper into the issue of dementia in the planning and service area. As a primer to understanding the scope and magnitude of the problem, local data are needed to examine the current state, analyze trends, and establish trajectories of Alzheimer's and dementia among residents of Marin County. Germane to this conversation is an exploration of the network that provides care for people with the condition and the concomitant support system available for families and care partners thrust in caregiving situations.

In the coming year, the AAA, depending upon local funding availability, will endeavor to better understand the issue of dementia and caregiving in Marin County by supporting a study that will examine the situation through a data-driven lens. Best practices, model programs, and evidence-based approaches to enrich the lives of people with dementia and the people that care for them will also be assessed. Exploring the feasibility of implementing program models that support grassroots efforts that engage all sectors of a community to be informed, safe, and respectful of those living with dementia and their care partners is in keeping with all four goals of the Area Plan. This approach will foster older adults and caregivers to live long and live well, create livable communities for all, engender a more informed and connected population, and encourage innovation through advocacy and collaboration.

Marin Community Foundation: Healthy Eating/ Active Living

The Marin Community Foundation (MCF), through its discretionary grant-making program, works closely with community organizations and the Area Agency on Aging (AAA) to improve service delivery towards the betterment of older adults in Marin County. MCF and the AAA work closely to see how direct programmatic services complement policy and systems change solutions. In the last fiscal year, The Marin Community Foundation partnered with the AAA in assessing the nutritional needs of older adults. Their commissioned Healthy Eating/ Active Living (HE/AL) report utilized qualitative data gathered through a series of focus groups throughout the County and also relied on the data collected through the Older Adult Needs Assessment survey. The goal of the HE/AL strategic initiative is to improve the health of older adult Marin County residents experiencing inequities related to good nutrition and physical activity. Recognizing that diet and physical activity are key factors that influence overall health, and in many cases, the risks associated with poor diet and inactivity are modifiable through changes in policies, practices, and environments, MCF issued grant proposals to community organizations seeking to implement Policy and Systems and Environmental (PSE) changes to improve food insecurity and access to physical activity. Each of the programs awarded present opportunities for partnership and/ or strengthening existing efforts with the AAA (Objective 4e). The information gathered will continue to create more opportunities for the AAA and MCF to jointly address food security in Marin.

Aging and Disability Resource Connection

Over the past decade, public agencies and non-profit organizations have engaged in a nationwide effort to restructure services and supports for older adults and younger persons with disabilities. The initiative, Aging

and Disability Resource Connection (ADRC), complements other long term care system change activities designed to enhance access to community living, safety, security, and quality of life. The goal of the ADRC is to provide a “no wrong door” entry to access timely, accurate, and comprehensive information and assistance to services and resources for older adults and persons with disability.

In 2014, the Marin Center for Independent Living (MCIL) and the Marin County Area Agency on Aging formed a partnership to develop a local ADRC. As core partners, MCIL and the AAA have spent the past few years developing, formalizing, and testing policies, procedures, and protocols to implement an ADRC in Marin County. Trainings were held for staff from both organizations to implement the Enhanced Information and Assistance, Care Transitions, and Short-Term Care Coordination services of the ADRC. Staff from both organizations completed Options Counseling training conducted by the State in 2015. Approximately 20 staff members from both organizations have been trained to provide general ADRC services. A Short Term Service Coordinator was hired using joint funding from MCIL and the AAA (Objective 3g). In the coming fiscal year, the AAA and MCIL will examine the possibility of expanding the partnership to include other community-based agencies to collaborate in the ADRC. Management and staff from both organizations are eagerly anticipating California Department of Aging-supported Options Counseling training resuming for ADRCs.

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PUBLIC HEARINGS

At least one public hearing must be held each year of the four-year planning cycle.

CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, OAA 2006 306(a)

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ¹⁵	Was hearing held at a Long-Term Care Facility? ¹⁶
2016-17	April 7, 2016	San Rafael Community Center	56	No	No
2017-18	April 6, 2017	San Rafael Community Center	48	No	No
2018-19					
2019-20					

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

- Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.
 - Service providers serving target populations received Public Hearing announcements, which were posted for client viewing.
 - All SNFs and RCFEs were mailed copies of the Area Plan Update 2017/2018 to place in common areas.
 - A public notice was published in the *Marin Independent Journal*, the largest newspaper in the county. Every effort was made to reach caregivers and residents of long-term care facilities.

¹⁵ A translator is not required unless the AAA determines a significant number of attendees require translation services.

¹⁶ AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?
- Yes. Go to question #3
- Not applicable, PD and/or C funds are not used. Go to question #4
3. Summarize the comments received concerning proposed expenditures for PD and/or C
4. Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services
- Yes. Go to question #5
- No, Explain:
5. Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.
1. List any other issues discussed or raised:
- a. At the public hearing:
- A community member questioned whether there were things listed in Area Plan 2017/2018 Update that were not yet achieved and/ or had not made sufficient progress and what, if anything, the AAA planned to do to address these.
 - The Chair of Age Friendly Corte Madera requested information as to what Marin County was doing to further a county-wide Age Friendly movement.
 - The Planner for Senior Transportation and Mobility at Marin Transit expressed gratitude that the MCCOA Housing and Transportation Committee offered continued support and outreach around travel training programs and had included an Objective pertaining to a new initiative for volunteer driving programs in the County.
 - The Program Director of the Aging Action Initiative expressed that the survey results from the 2015 Older Adult Needs Assessment were impressive and were used to inform the Area Plan 2017/2018 Update. She felt that the four goals were strong and that the AAA and the MCCOA plays a pivotal role in the programs they are involved in. She looks forward to seeing the implementation of the Area Plan 2017/2018 Update.
 - A Commissioner questioned Pg. 17 of the Area Plan 2017/2018 Update regarding dementia. He expressed that it only referred to support for the custodial approach and that it did not contain anything regarding the support or recognition of new research around approaches to forestalling the onset Alzheimer's disease, specifically the work being conducted by the Buck Institute.

- A Commissioner expressed that she was pleased with how the Area Plan 2017/2018 Update had developed over the year, specifically that it included additional information beyond how the County was spending Older Americans Act monies. Some examples were the Age Friendly movement and other grass roots efforts to change and support the way aging is viewed in the community. She stated that the Area Plan 2017/2018 Update goes beyond mentioning services and support and that she is pleased with the integrative approaches mentioned.
 - A Commissioner also thanked the AAA Director and all AAA staff for helping and guiding the Legislative Committee.
- b. Email:
- The Program Director of the Aging Action Initiative wrote that there was a mistake in a sentence Pg. 13 of the Area Plan 2017/2018 Update. She suggested changing the verbiage from, “Recognizing that financial security was one of the top concerns identified in the 2016 older adult needs assessment, the AAA partnered with the Marin Women’s Commission and organizations such as the YWCA and Community Action Marin/SparkPoint to create an Economic Security Workgroup,” to the following, “Recognizing that financial security was one of the top concerns identified in the 2016 older adult needs assessment, the AAI partnered with the Marin Women’s Commission and organizations such as the YWCA and Community Action Marin/SparkPoint to create an Economic Security Workgroup.”
2. Note any changes to the Area Plan which were a result of input by attendees.
- In response to email from the Program Director of the Aging Action Initiative, the related sentence on Pg. 13 was changed to, “The AAA and Commission on Aging continued their Aging Action Initiative Economic Security Workgroup partnerships with the Marin Women’s Commission and organizations such as the YWCA and Community Action Marin/SparkPoint.”

GOALS AND OBJECTIVES

Goal 1: Enhance quality of life, safety, and security for older adults.

Rationale: Needs assessment findings indicate that older adults, especially those that wish to age in place, require support in maintaining and improving their security and safety, in issues ranging from financial abuse to physical, emotional, and mental well-being.

Objectives	Projected Start and End Dates	Title III B Funded PD or C ¹⁷	Update Status ¹⁸
1a. The Marin County Commission on Aging (MCCOA) Health and Nutrition Committee will work with the AAA Registered Dietician to develop at least two community nutrition presentations related to meal preparation.	July 1, 2016 – June 30, 2017		Completed
1b. The MCCOA Health and Nutrition Committee, in collaboration with community partners, will distribute at least 100 End of Life Decision making toolkits during at least two community presentations, featuring films or guest speakers, pertaining to Advanced Care Planning.	July 1, 2016 – June 30, 2017		Completed
	July 1, 2017 – June 30, 2018		Continued
1c. In September 2016 and February 2017, the MCCOA Executive Committee will review the other MCCOA committees' objectives and offer support as needed.	July 1, 2016 – June 30, 2017		Completed
1d. In collaboration with Marin County Adult Protective Services (APS), the Area Agency on Aging (AAA) staff will sponsor a public awareness event and media event to coincide with World Elder Abuse Awareness Day in June 2017.	July 1, 2016 – June 30, 2017		Completed

¹⁷ Indicate if Program Development (PD) **or** Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

¹⁸ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

<p>1e. AAA staff and the MCCOA, in partnership with the Marin Women's Commission and community organizations, shall develop awareness and resource tools to give attention to economic security issues of older adults and shall hold one or more community workshops which will connect persons with economic resources.</p>	<p>July 1, 2016 – June 30, 2017</p>		<p>Completed</p>
<p><i>Revised</i> AAA staff and the MCCOA, in collaboration with the Aging Action Initiative and its steering committee will give attention to economic security issues of older adults and shall hold one or more community meetings/ workshops which will connect persons with economic resources.</p>	<p>July 1, 2017 – June 30, 2018</p>		<p>Revised</p>
<p>1f. AAA staff will actively participate in the Marin County Department of Health and Human Services' development of its 5-Year Strategic Plan to ensure the creation of "upstream" community prevention approaches that address one or more of the top 5 areas of concern (dementia, end-of-life planning, falls, financial security, and isolation and depression) expressed by older adults in the AAA's needs assessment.</p>	<p>July 1, 2016 – June 30, 2017</p>		<p>Completed</p>
	<p>July 1, 2017 – June 30, 2018</p>		<p>Continued</p>
<p>1g. The Long-Term Care Ombudsman Program will organize four forums for volunteers that include trainings on topics that will increase their skills and competencies in carrying out their role. At least 50% of volunteers will report an increase in their knowledge of the topic in a post-training evaluation.</p>	<p>July 1, 2016 – June 30, 2017</p>		<p>Completed</p>
	<p>July 1, 2017 – June 30, 2018</p>		<p>Continued</p>
<p>1h. The Long-Term Care Ombudsman Program will increase understanding of transfer, discharge, and eviction procedures and responsibilities for nursing home residents by conducting at least two trainings targeting hospital and skilled-nursing facility discharge planners and case managers.</p>	<p>July 1, 2016 – June 30, 2017</p>		<p>Completed</p>

<p><i>Revised:</i> The Long-Term Care Ombudsman Program will increase understanding of transfer, discharge, and eviction procedures and responsibilities for nursing home residents by engaging in one or more of the following activities targeting hospital and skilled-nursing discharge planners and case managers: conduct at least two trainings, provide at least two consultation/technical assistance, or distribute education materials on topics that will improve the quality of life and quality of care for residents in long-term care facilities.</p>	July 1, 2017 – June 30, 2018		Revised
1i. Staff of the Long-Term Care Ombudsman Program will conduct at least two trainings on mandated reporting to staff of hospital and long-term care settings to ensure timely, accurate, and responsive reporting of abuse of residents.	July 1, 2016 – June 30, 2017		Completed
1j. Through the Title IIID Health Promotion Disease Prevention program, the AAA will work with the Project Independence team staff to deliver the Care Transition Intervention (Coleman Model) to 50 patients transitioning from hospital-to-home or from skilled-nursing-to-home identified as appropriate for this evidence-based intervention using a risk stratification tool.	July 1, 2016 – June 30, 2017		Completed
<p><i>Revised</i> Through the Title IIID Health Promotion Disease Prevention program, the AAA will work with the Project Independence team staff to deliver the Care Transition Intervention (Coleman Model) or the Transition Care Model (Naylor Model) to 40 patients transitioning from hospital-to-home or from skilled-nursing-to-home identified as appropriate for this evidence-based intervention using a risk stratification tool.</p>	July 1, 2017 – June 30, 2018		Revised
	July 1, 2017 – June 30, 2018		Revised

1k. The MCCOA Legislative Task Force will sponsor a Commission on Aging presentation by Legal Aid Marin regarding important senior legal issues when “Aging in Place.”	July 1, 2017 – June 30, 2018		New
1l. The MCCOA Planning Committee focus on the topic of depression and social isolation in a community presentation, distribution of printed materials, and A Great Age news article.	July 1, 2017 – June 30, 2018		New
1m. Staff from Aging and Adult Services will coordinate elder abuse prevention activities including the Marin Financial Abuse Specialist Team (FAST) community quarterly trainings, case assistance to FAST partners as needed, outreach at at least two community fairs, and FAST volunteer education and training.	July 1, 2017 – June 30, 2018		New

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Goal 2: Support and promote local efforts to create livable communities for all.

Rationale: Community and locally based endeavors are often most effective in meeting the needs of specific communities, defined by geography, language, ethnicity, age, and sexuality. Cohesive and collaborative approaches across sectors are needed to increase livability for all residents of Marin County.

Objectives	Projected Start and End Dates	Title III B Funded PD or C ¹⁹	Update Status ²⁰
2a. The Marin County Commission on Aging (MCCOA) Housing and Transportation Committee will encourage usage of fixed route public transportation to at least two community meetings and facilitated outings.	July 1, 2016 – June 30, 2017		Completed
2b. The MCCOA Planning Committee will facilitate a regular meeting that supports Age Friendly initiatives in Marin County cities and towns and will host one community presentation on Age Friendly activities.	July 1, 2016 – June 30, 2017		Completed
2c. In partnership with community organizations, including MarinTransit, the MCCOA Housing and Transportation Committee will educate the community regarding volunteer driver programs and opportunities through a Great Age newsletter article, local electronic newsletters, and at least one community presentation.	July 1, 2017 – June 30, 2018		New
2d. By September 31, 2017, the MCCOA Executive Committee will take responsibility for working with the Commission's committees and task forces to determine the topic and the location for the monthly Commission meetings from January 2018 through June 2018.	July 1, 2017 – June 30, 2018		New
2e. By October 31, 2017, the MCCOA Legislative Task Force will review the 2018 Draft of the <i>County of Marin 2017 Federal and State Legislative Programs and Legislative Policy Guidelines</i> and suggest changes and modifications to the County Administrator via the AAA Director.	July 1, 2017 – June 30, 2018		New

¹⁹ Indicate if Program Development (PD) **or** Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

²⁰ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

Goal 3: Improve visibility and usability of information, services, and resources.

Rationale: Efforts to reach target populations and disseminate information about resources remains a priority as evidenced by needs assessment findings. New and innovative ways to reach the client population must be explored, developed, and implemented.

Objectives	Projected Start and End Dates	Title III B Funded PD or C ²¹	Update Status ²²
3a. The Marin County Commission on Aging (MCCOA) Health and Nutrition Committee will develop a presentation for a Commission meeting and write an article in the Great Age Newsletter pertaining to fall prevention.	July 1, 2016 – June 30, 2017		Completed
3b. By 10/31/16, the MCCOA Legislative Task Force will review and provide comment at the November Commission meeting on the County of Marin 2017 Federal and State Legislative Programs and Legislative Policy Guides.	July 1, 2016 – June 30, 2017		Completed
3c. The MCCOA Legislative Task Force will sponsor a Commission on Aging presentation regarding key policy and legislative issues.	July 1, 2016 – June 30, 2017		Completed
	July 1, 2017 – June 30, 2018		Continued
3d. By October 1, 2016, the MCCOA Executive Committee will develop a PowerPoint presentation and handout describing the MCCOA's mission and activities to be used by commission members when they meet with appointing bodies and community partners.	July 1, 2016 – June 30, 2017		Completed
3e. The MCCOA Editorial Board will determine and create content for the publication of 3 Great Age Newsletters.	July 1, 2016 – June 30, 2017		Completed
	July 1, 2017 – June 30, 2018		Continued

²¹ Indicate if Program Development (PD) **or** Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

²² Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

3f. The MCCOA Planning Committee will support AAA staff and work with partner agencies to gather information and collect public input at least once a year to understand the needs of older adults in Marin County.	July 1, 2016 – June 30, 2017		Completed
3g. Subject to California Department of Aging's final development of curriculum and approval of course instruction, the Area Agency on Aging (AAA) and its Aging and Disability Resource Connection (ADRC) partner, Marin Center for Independent Living (MCIL), will hold one Options Counseling training for AAA and MCIL staff.	July 1, 2016 – June 30, 2017		Completed
3h. AAA staff will work with Marin County H&HS Epidemiology staff and the Marin Community Foundation (MCF) to streamline data collection methods and sources.	July 1, 2016 – June 30, 2017		Completed
	July 1, 2017 – June 30, 2018		Continued
3i. The AAA Information and Assistance (I & A) Unit staff will do four trainings for H&HS line staff and reception staff to increase visibility and usability of I & A services. <i>Revised</i> The AAA Information and Assistance Team will present information about Aging and Adult Services, including AAA programs, through four presentations to community based organizations that serve those with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement.	July 1, 2016 – June 30, 2017		Completed
	July 1, 2017 – June 30, 2018		Revised
3j. The MCCOA Health and Nutrition Committee will develop a presentation for a Commission meeting and write an article in the Great Age pertaining to Dementia/ cognitive impairment.	July 1, 2017 – June 30, 2018		New
3k. By December 31, 2017, the MCCOA Legislative Task Force will have a policy discussion with at least two of the three State and Federal Legislators representing Marin County.	July 1, 2017 – June 30, 2018		New

3l. The MCCOA Planning Committee will make recommendations to the MCCOA and AAA staff for the purpose and design of the next Older Adult Needs Assessment and Family Caregiver Needs Assessment.	July 1, 2017 – June 30, 2018		New
3m. At the October, 2017 and March, 2018 MCCOA Executive Committee meetings, committee and task force chairs will provide an update on progress towards meeting their 2017-18 objective.	July 1, 2017 – June 30, 2018		New
3n. The Long-Term Care Ombudsman Program will raise awareness about resident rights, elder abuse, long-term care options, and Ombudsman services, among other topics, by participating in at least 3 community outreach events during the fiscal year.	July 1, 2017 – June 30, 2018		New

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Goal 4: Encourage innovative approaches to policy and services through community collaboration and advocacy.

Rationale: Innovative and new ideas and projects are required to meet the needs of a growing older adult population in Marin County. Exploring and creating collaborative approaches across a wide network that includes home- and community-based providers, faith-based entities, families, neighbors and informal groups, philanthropic organizations, the private sector, and public agencies, are necessary to create effective and evidence based strategies.

Objectives	Projected Start and End Dates	Title III B Funded PD or C ²³	Update Status ²⁴
<p>4a. The Marin County Commission on Aging (MCCOA) Housing and Transportation Committee will collaborate with community partners, including Episcopal Senior Communities, to promote housing knowledge through distribution of updated printed material, at least two community meetings or presentations, a Great Age article, and a presentation at a Marin Commission on Aging Meeting.</p>	<p>July 1, 2016 – June 30, 2017</p>		<p>Completed</p>
<p><i>Revised</i> The Marin County Commission on Aging (MCCOA) Housing and Transportation Committee will collaborate with community partners, including Episcopal Senior Communities and the Green and Heathy Homes Initiative , to promote housing knowledge through distribution of updated printed material at at least two community meetings or presentations, a Great Age article, and a presentation at a Marin Commission on Aging Meeting.</p>	<p>July 1, 2017 – June 30, 2018</p>		<p>Revised</p>

²³ Indicate if Program Development (PD) **or** Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

²⁴ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

<p>4b. By the May 2017 Commission meeting, the MCCOA Legislative Task Force will recommend a formal position and provide advocacy regarding at least seven assembly or senate bills currently before the California Legislature and/ or US Congress during its 2016-2017 session.</p> <p><i>Revised</i> By the May 2018 Commission meeting, the MCCOA Legislative Task Force will recommend a formal position and provide advocacy regarding at least seven assembly or senate bills currently before the California Legislature and/ or US Congress during its 2017-2018 session.</p>	July 1, 2016 – June 30, 2017		Completed
4c. The MCCOA Legislative Task Force will recruit and retain at least two new members from the public to advocate for legislation affecting older adults and the disabled.	July 1, 2017 – June 30, 2018		Revised
4d. By September 2016, the MCCOA Executive Committee will host a full day retreat of the commission to improve the advocacy and information skills of its members and enhance the skills of working well with each other.	July 1, 2016 – June 30, 2017		Completed
4e. Area Agency on Aging (AAA) staff, in collaboration with Marin Community Foundation (MCF), will utilize results from complimentary Nutrition Needs Assessments to ascertain how direct programming services complement policy and systems change, resulting in at least one community presentation.	July 1, 2017 – June 30, 2018		Continued
4f. By April 2018, the MCCOA Executive Committee will survey commissioners to determine if they were able to make a presentation about the work of the Marin Commission on Aging to their appointing town/city/supervisor and to assess what worked and was needed by commissioners to support future presentations.	July 1, 2016 – June 30, 2017		Completed
	July 1, 2017-2018		New

PROGRAMS AND SERVICE UNIT PLAN (SUP) 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 \(NORS\) Instructions](#).

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

1. Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	N/A		
2017-2018	N/A		
2018-2019			
2019-2020			

2. Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	N/A		
2017-2018	N/A		

2018-2019			
2019-2020			

3. Chore (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	400	1	
2017-2018	400	1	
2018-2019			
2019-2020			

4. Home-Delivered Meal

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	80,112	1	
2017-2018	80,112	1	
2018-2019			
2019-2020			

5. Adult Day/ Health Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	N/A		
2017-2018	N/A		
2018-2019			
2019-2020			

6. Case Management (Access)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	950	1	
2017-2018	950	1	
2018-2019			
2019-2020			

7. Assisted Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	556	1	

2017-2018	556	1	
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	16,610	1	
2017-2018	16,610	1	
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	N/A		
2017-2018	N/A		
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	N/A		
2017-2018	N/A		
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	1,607	1	
2017-2018	1,607	1	
2018-2019			
2019-2020			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	1,250	1	

2017-2018	1,250	1	
2018-2019			
2019-2020			

13. Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	3,000	3	
2017-2018	3,000	3	
2018-2019			
2019-2020			

14. Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	1,000	1	
2017-2018	1,000	1	
2018-2019			
2019-2020			

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

- Each **Title IIIB** “Other” service must be an approved NAPIS Program 15 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 IIIB** services to be funded that were not reported in NAPIS categories 1–14 and 16. (Identify the specific activity under the Other Supportive Service Category on the “Units of Service” line when applicable.)

Title IIIB, Other Priority and Non-Priority Supportive Services

For all Title IIIB “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.

Other Supportive Service Category: *Visiting*

Unit of Service: Hours

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	1,600	1	
2017-2018	1,600	1	
2018-2019			
2019-2020			

Other Supportive Service Category: *Registry***Unit of Service: Hours**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	1,000	1	
2017-2018	1,000	1	
2018-2019			
2019-2020			

Other Supportive Service Category: *Senior Center Activities***Unit of Service: Hours**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	5,700	1	
2017-2018	5,700	1	
2018-2019			
2019-2020			

16. Title IIID/ Disease Prevention and Health Promotion

Instructions for Title IIID Disease Prevention and Health Promotion: Enter the proposed units of service and the Program Goal and Objective number(s) that provides a narrative description of the program and explains how the service activity meets the criteria for evidence-based programs described in PM 15-10.

Unit of Service = 1 contact

Service Activities: PSA 5 will implement the evidence-based Care Transitions Intervention (CTI) model. CTI relies on a Transition Coach to help empower patients and caregivers to take a more active and informed role in their transition from one care setting to another.

Title IID/ Disease Prevention and Health Promotion: Enter required program goal and objective numbers in the Title III D Service Plan Objective Table below:

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	50	1	1j
2017-2018	40	1	1j
2018-2019			
2019-2020			

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TITLE IIIB and Title VIIA: Long-Term Care (LTC) Ombudsman Program Outcomes

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%.

1. FY 2014-2015 Baseline Resolution Rate:

Number of complaints resolved **196** + Number of partially resolved complaints **180**

divided by the Total Number of Complaints Received **552**= Baseline Resolution Rate **68%**

FY 2016-17 Target Resolution Rate **70%**

2. FY 2015-2016 Baseline Resolution Rate:

Number of complaints resolved **172** + Number of partially resolved complaints **95** divided by the Total Number of Complaints Received **427** = Baseline Resolution Rate **63%**

FY 2017-18 Target Resolution Rate 65%
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 _____%

4. FY 2017-2018 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2019-20 Target Resolution Rate _____%
Program Goals and Objective Numbers: _____

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

1. FY 2014-2015 Baseline: number of Resident Council meetings attended 17 FY 2016-2017 Target: 17
2. FY 2015-2016 Baseline: number of Resident Council meetings attended 22 FY 2017-2018 Target: 22
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: _____

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

1. FY 2014-2015 Baseline number of Family Council meetings attended 1 FY 2016-2017 Target: 3
2. FY 2015-2016 Baseline number of Family Council meetings attended <u>12</u> FY 2017-2018 Target: <u>12</u>
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: _____

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 144 FY 2016-2017 Target: 150
2. FY 2015-2016 Baseline: number of consultations <u>236</u> FY 2017-2018 Target: <u>236</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: 1h
--

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 358
--

FY 2016-2017 Target: 380

2. FY 2015-2016 Baseline: number of consultations 877
--

FY 2017-2018 Target: 800

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: _____
--

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 13
--

FY 2016-2017 Target: 15

2. FY 2015-2016 Baseline: number of sessions 6

FY 2017-2018 Target: 6

<p>3. FY 2016-2017 Baseline: number of sessions _____</p> <p>FY 2018-2019 Target: _____</p>
<p>4. FY 2017-2018 Baseline: number of sessions _____</p> <p>FY 2019-2020 Target: _____</p>
<p>Program Goals and Objective Numbers: <u>1h; 1i</u></p>

G. Systems Advocacy

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

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

Enter information in the box below.

<p>Systemic Advocacy Effort(s) for fiscal year 2017/2018</p> <p>The Marin County Long-Term Care Ombudsman Program will participate in the Northern California Elder Justice Work Group, coordinated by the U.S. Attorney's Office. The Marin County LTCOP will participate in quarterly meetings and other Work Group activities. The goal of the Northern California Elder Justice Work Group is to provide an informal environment where different county, state, and federal agencies that are involved with elder abuse cases can explore ways to work together to best serve this vulnerable population.</p> <p>The Marin County Long-Term Care Ombudsman Program will develop a non-complaint visit assessment tool to help guide staff and volunteers conduct a more systematic and meaningful review of the facility, improve documentation of the visit, and identify targeted areas for improvement that may be used by the Ombudsman to provide technical assistance and education to facility staff and administration.</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.

<p>1. FY 2014-2015 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 12 divided by the total number of Nursing Facilities 12 Baseline = 100%</p> <p>FY 2016-2017 Target: 100%</p>
<p>2. FY 2015-2016 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 13 divided by the total number of Nursing Facilities 13 = Baseline 100%</p> <p>FY 2017-2018 Target: 100%</p>
<p>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 _____%</p> <p>FY 2018-2019 Target: _____%</p>
<p>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 _____%</p> <p>FY 2019-2020 Target: _____%</p>
<p>Program Goals and Objective Numbers: _____</p>

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 43 divided by the total number of RCFEs 44 = Baseline 98% FY 2016-2017 Target: 100%
2. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 47 divided by the total number of RCFEs 47 = Baseline 100% FY 2017-2018 Target: 100%
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: _____

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

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

1. FY 2014-2015 Baseline: 2.56 FTEs FY 2016-2017 Target: 2.5 FTEs
2. FY 2015-2016 Baseline: 2.7 FTEs

FY 2017-2018 Target: 3.0 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: _____

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

1. FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers 13 FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers 10
2. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers 7 FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers 7
3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: _____

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

Staff and volunteers of the Marin County Long-Term Care Ombudsman Program will continue regular attendance at the NORS Consistency Training Provided by the OSLTCO. Staff team leaders will also review volunteer team members' ODIN cases and use group meetings to provide training and technical assistance to ensure data quality. The Ombudsman Coordinator will review staff's ODIN cases for quality assurance.

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TITLE VIIA Elder Abuse Prevention Service Unit Objectives

Units of Service: AAA must complete at least one category from the Units of Service below.

Units of Service categories include public education sessions, training sessions for professionals, training sessions for caregivers served by a Title III E Family Caregiver Support Program, educational materials distributed, and hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

When developing targets for each fiscal year, refer to data reported on the Elder Abuse Prevention Quarterly Activity Reports. Set realistic goals based upon the prior year's numbers and the resources available. Activities reported for the Title VII Elder Abuse Prevention Program must be distinct from activities reported for the LTC Ombudsman Program. No activity can be reported for both programs.

AAAs must provide one or more of the service categories below.

NOTE: The number of sessions refers to the number of presentations and not the number of attendees

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. OAA 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

Number of Individuals Served –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

The agency receiving Title VIIA Elder Abuse Prevention funding is: Marin County Area Agency on Aging

Fiscal Year	Total # of Public Education Sessions
2016-2017	4
2017-2018	4
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Professionals
2016-2017	5
2017-2018	5
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2016-2017	N/A
2017-2018	N/A
2018-2019	
2019-2020	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	100
2017-2018	100
2018-2019	
2019-2020	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2016-2017	300	Elder Abuse Resources Protect Yourself from Fraud Prevent Fraud Scams and Identity Theft
2017-2018	300	Elder Abuse Resources Protect Yourself from Fraud Prevent Fraud Scams and Identity Theft
2018-2019		
2019-2020		

Fiscal Year	Total Number of Individuals Served
2016-2017	300
2017-2018	300
2018-2019	
2019-2020	

TITLE III E Service Unit Plan Objectives

CCR Article 3, Section 7300(d)

2012–2016 Four-Year Planning Period

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

DIRECT AND/OR CONTRACTED III E SERVICES

Family Caregiver Services Caring for Elderly	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2016-2017	# of activities: N/A Total est. audience for above:		
2017-2018	# of activities: N/A Total est. audience for above:		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2016-2017	450	3	
2017-2018	450	3	
2018-2019			
2019-2020			

Support Services	Total hours		
2016-2017	1001	4	
2017-2018	1001	4	
2018-2019			
2019-2020			
Respite Care	Total hours		
2016-2017	2200	4	
2017-2018	2200	4	
2018-2019			
2019-2020			
Supplemental Services	Total occurrences		
2016-2017	N/A		
2017-2018	N/A		
2018-2019			
2019-2020			

DIRECT AND/OR CONTRACTED IIIIE SERVICES

Grand parent Services Carin for Childe	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2016-2017	# of activities: N/A Total est. audience for above:		
2017-2018	# of activities: N/A Total est. audience for above:		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		

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Grandparent Services Caring for Children	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Access Assistance	Total contacts		
2016-2017	N/A		
2017-2018	N/A		
2018-2019			
2019-2020			
Support Services	Total hours		
2016-2017	N/A		
2017-2018	N/A		
2018-2019			
2019-2020			
Respite Care	Total hours		
2016-2017	N/A		
2017-2018	N/A		
2018-2019			
2019-2020			

Supplemental Services	Total occurrences		
2016-2017	N/A		
2017-2018	N/A		
2018-2019			
2019-2020			

Direct and/or Contracted IIIIE Services

Grandparent Services Caring for Children	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2016-2017	# of activities: N/A Total est. audience for above:		
2017-2018	# of activities: N/A Total est. audience for above:		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		

Senior Community Employment Program (SCSEP) ²⁵

List all SCSEP monitor sites (contract or direct) where the AAA provides SCSEP enrollment services within the PSA (Do not list host agencies)

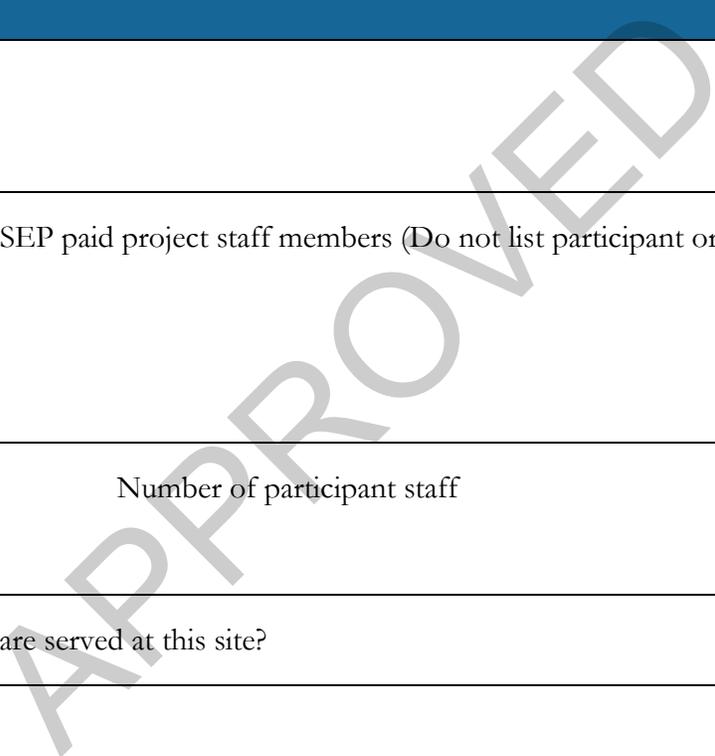
Enrollment Location/Name (AAA office, One Stop, Agency, etc.): Marin Employment Connection
Street Address: 120 North Redwood, San Rafael, Ca 94903
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names): Frances Trujillo, SER-Jobs for Progress Inc. Project Coordinator; Celeste Barbic, SER Jobs for Progress Inc, Case Manager.
Number of paid staff: 2 Number of participant staff : 0
How many participants are served at this site? Up to 15

Enrollment Location/Name (AAA office, One Stop, Agency, etc.): TBD
Street Address:
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names):
Number of paid staff Number of participant staff

²⁵ If not providing a Title V program, then enter PSA number followed by “Not providing”.

How many participants are served at this site?

Enrollment Location/Name (AAA office, One Stop, Agency, etc.):		
Street Address:		
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names):		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Number of paid staff</td> <td style="width: 50%; border: none;">Number of participant staff</td> </tr> </table>	Number of paid staff	Number of participant staff
Number of paid staff	Number of participant staff	
How many participants are served at this site?		



Health Insurance Counseling and Advocacy Program (HICAP)

SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)

This section will be completed following receipt of benchmarks from California Department of Aging

MULTIPLE PSA HICAPs: If you are a part of a multiple-PSA HICAP where two or more AAAs enter into an agreement with one “Managing AAA,” to deliver HICAP services on their behalf to eligible persons in their AAA, then each AAA must enter State and federal performance target numbers in each AAA’s respective SUP. Please do this in cooperation with the Managing AAA. The Managing AAA is responsible for providing HICAP services in the covered PSAs a way that is agreed upon and equitable among the participating parties.

HICAP PAID LEGAL SERVICES: Complete Section 3 if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services.

STATE & FEDERAL PERFORMANCE TARGETS: In FY 2014, the State Health Insurance Assistance Program (SHIP) was transferred from the Centers for Medicare & Medicaid Services (CMS) to the Administration for Community Living (ACL). ACL has continued CMS’ policy requiring all SHIPs to meet established performance measures. Based on ACL guidelines and to assist AAAs in completing the Service Unit Plan, CDA provides State (1.1 and 1.2), and federal (2.1 through 2.7) performance measures (PM) annually. To download these measures and view definitions, visit <https://www.aging.ca.gov/ProgramsProviders/AAA/Planning/>

SECTION 1. STATE PERFORMANCE MEASURES

Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2016-2017	342	
2017-2018	342	
2018-2019		
2019-2020		

Fiscal Year	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers

(FY)		
2016-2017	21	
2017-2018	21	
2018-2019		
2019-2020		

SECTION 2: FEDERAL PERFORMANCE MEASURES

Fiscal Year (FY)	PM 2.1 Total Client Contacts (Estimated)	Goal Numbers
2016-2017	2,284	
2017-2018	2,284	
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.2 Persons Reached at PAM Events (Estimated)	Goal Numbers
2016-2017	1,929	
2017-2018	1,929	

2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.3 Contacts with Medicare Beneficiaries Due to Disability (Estimated)	Goal Numbers
2016-2017	145	
2017-2018	145	
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.4 Low-income Medicare Beneficiary Contacts (Estimated)	Goal Numbers
2016-2017	1,272	
2017-2018	1,272	
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.5 Contacts with One or More Qualifying Enrollment Topics (Estimated)	Goal Numbers
2016-2017	1,948	
2017-2018	1,948	
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.6 Total Part D Enrollment/Assistance Contacts (Estimated)	Goal Numbers
2016-2017	1,049	
2017-2018	1,049	
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.7 Total Counseling Hours (Estimated)	Goal Numbers
2016-2017	1,155	

2017-2018	1,155	
2018-2019		
2019-2020		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE) ²⁶

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2016-2017		
2017-2018		
2018-2019		
2019-2020		

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²⁶ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2016-2017		
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2016-2017		
2017-2018		
2018-2019		
2019-2020		

PRIORITY SERVICES

2016-2020 Four-Year Planning Cycle

Funding for Access, In-Home Services, and Legal Assistance

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds²⁷ listed below have been identified for annual expenditure throughout the four-year planning period.

These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2016-17 through FY 2019-20

ACCESS

Transportation, Assisted Transportation, Case Management, Information and Assistance, Outreach, Comprehensive Assessment, Health, Mental Health, and Public Information

2016-17	33%	17-18	33%	18-19	%	19-20	%
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IN-HOME SERVICES

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer’s, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting

2016-17	19%	17-18	19%	18-19	%	19-20	%
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LEGAL ASSISTANCE REQUIRED ACTIVITIES²⁸

Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar

2016-17	11%	17-18	11%	18-19	%	19-20	%
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²⁷ Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

²⁸ Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

CCR Article 3, Section 7320 (a)(b) and 42 USC Section 3027(a)(8)(C)

If an AAA plans to directly provide any of the following services, it is required to provide a description of the methods that will be used to assure that target populations throughout the PSA will be served.

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

Check applicable direct services

Check each applicable Fiscal Year

	Title IIIB	16-17	17-18	18-19	19-20
X	Information and Assistance	X	X		
	Case Management				
	Outreach				
	Program Development				
	Coordination				
X	Long-Term Care Ombudsman	X	X		

	Title IIID	16-17	17-18	18-19	19-20
X	Disease Prevention and Health Promotion	X	X		

	Title IIIE ²⁹	16-17	17-18	18-19	19-20
	Information Services				
	Access Assistance				
	Support Services				

	Title VIIA	16-17	17-18	18-19	19-20
X	Long-Term Care Ombudsman	X	X		

	Title VII	16-17	17-18	18-19	19-20
X	Prevention of Elder Abuse, Neglect, and	X	X		

²⁹ Refer to PM 11-11 for definitions of Title III E categories.

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

The AAA will conduct targeted outreach by working with partner organizations, community agencies, and other groups. Materials will be translated into Spanish, Vietnamese, and other languages, as appropriate. The AAA will collaborate with community base organizations to reach underserved communities.

APPROVED

REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICE

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

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

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

IDENTIFY SERVICE CATEGORY: NUTRITION EDUCATION

Check applicable funding source:³⁰

IIIB IIIC-1 IIIC-2 Nutrition Education
 IIIE VIIA HICAP

Request for Approval Justification:

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

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

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

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service³¹:

Nutrition education is provided directly by the AAA through its Registered Dietician (RD). Nutrition Education is a part of the RD scope of work and is more cost effective than hiring or outsourcing the service separately or to another vendor.

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

Request for Approval to Provide Direct Service

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

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

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

IDENTIFY SERVICE CATEGORY: HOME DELIVERED MEALS - ORDERING, INTAKE, ASSESSMENT, DATA

Check applicable funding source:³²

IIIB IIIC-1 IIIC-2 Nutrition Education
 IIIE VIIA HICAP

Request for Approval Justification:

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

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

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

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service³³ :

The AAA will maintain its role in Central Marin for ordering of meals, intakes, assessments, and managing data. In the last 4 year contract cycle, the AAA streamlined cost-effective methodology and procedures for these activities. All potential clients are directed to one intake line: 415-457-INFO, where they are screened for eligibility for various programs, including Home Delivered Meals. The AAA has dedicated staff and volunteers to perform quarterly assessments, maintain data, and order meals. The AAA has contracts with a service provider for delivery and a vendor for meal production in Central Marin.

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

The AAA will assume the responsibility of initial intakes and screening of clients in West Marin. Potential clients in West Marin will be directed to call 415-457-INFO, where they are screened for eligibility for various programs, including Home Delivered Meals. The AAA has contracts with a service provider that will perform quarterly assessments, delivery, ordering, and data management and also with a vendor for meal production in West Marin.

APPROVED

Request for Approval to Provide Direct Service

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

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

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

IDENTIFY SERVICE CATEGORY: CONGREGATE MEALS – CENTRAL MARIN

Check applicable funding source:³⁴

IIIB IIIC-1 IIIC-2 Nutrition Education

IIIE VIIA HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

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

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service³⁵:

The AAA released Requests for Proposals (RFPs) for Congregate Meal Services in 2016. There were two contracts awarded for individual sites. There was no successful bid for Congregate Meal Services at existing meal sites in Central Marin. Under the guidance of CDA, the AAA released an Invitation for Bid (IFB) for vendor services to produce and deliver meals to sites. The AAA will assume the responsibility of the contracting agency.

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

GOVERNING BOARD

CCR Article 3, Section 7302(a)(11)

Total Number of Board Members: 5

Name and Title of Officers	Office Term Expires
Supervisor Judy Arnold, President	1/19
Supervisor Damon Connolly, Vice-President	1/19
Supervisor Kathrin Sears, 2nd Vice-President	1/21

Name and Title of All Members	Board Term Expires
Supervisor Judy Arnold, President	1/19
Supervisor Damon Connolly, Vice-President	1/19
Supervisor Kathrin Sears, 2nd Vice-President	1/21
Supervisor Katie Rice	1/21
Supervisor Dennis Rodini	1/21

ADVISORY COUNCIL

ADVISORY COUNCIL MEMBERSHIP

2016-2020 Four-Year Planning Cycle

OAA 2006 306(a)(6)(D)

45 CFR, Section 1321.57

CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies) 23

Number of Council Members over age 60 20

Race/ Ethnic Composition	% of PSA's 60+ Population ³⁶	% on Advisory Council ³⁷
White	91%	89%
Hispanic	4%	5%
Black	2%	11%
Asian/ Pacific Islander	5%	0%
Native American/ Alaskan Native	0.2%	5%
Other	1%	0%
Two or more races	1%	0%

Name and Title of Officers	Office Term Expires
Teri Dowling, President	6/18
Salamah Locks, Vice President	6/18
Ralph Marchese, Secretary	6/17

³⁶ American Community Survey 5 year Estimates (2011-2015). Population 60 Years and over in the United States, Marin County (S0102). Retrieved from: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml. Accessed 2/21/2017.

³⁷ Number equals greater than 100% as respondents could choose more than one option.

Name and Title of All Members	Office Term Expires
Chrisula Asimos, Ph.D.	6/18
Francie Bedinger	6/19
Elli Bloch (California Senior Legislature)	6/18
Allan Bortel (California Senior Legislature)	6/18
Sybil Boutilier	6/17
Girija Brilliant	6/17
Teri Dowling	6/18
Marianne Gontarz York	6/17
Michael Hagerty	6/19
Judi Kirshbaum	6/18
Suellen Lamorte	6/17
Beth Livoti	6/19
Salamah Locks	6/18
Diana López	6/17
Ralph Marchese	6/17
James Mitchell	6/19

James Monson	6/19
Fred Silverman	6/19
Jody Timms	6/18
Carol Zeller	6/17

Indicate if member(s) represent each of the "Other Representation" categories listed below.	Yes	No
Low Income Representative		X
Disabled Representative	X	
Supportive Services Provider Representative	X	
Health Care Provider Representative	X	
Family Caregiver Representative	X	
Local Elected Officials	X	
Individuals with Leadership Experience in Private and Voluntary Sectors	X	

Explain any "No" answer(s): No recent applicant to the Commission on Aging have reported being low income. The Commission will continue to do outreach to target populations, including those who are low income.

Briefly describe the local governing board's process to appoint Advisory Council members:

Commission on Aging members are appointed by the City Council of each incorporated town in Marin (11); each County Supervisor appoints two appointees from his/her district (10); and both representatives on the California Senior Legislature (CSL) have a seat on Commission (2).

LEGAL ASSISTANCE

2016-2020 Four-Year Area Planning Cycle

This section must be completed and submitted with the Four-Year Area Plan.

Any changes to this Section must be documented on this form and remitted with Area Plan Updates.³⁸

This section will be completed pending award of Legal Aid Contract.

1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement?

Statement must include Title IIIB requirements:

The mission of Aging and Adult Services is to “promote and protect the health, well-being, self-sufficiency and safety of people in Marin County to live long and live well.” Mission statements are typically broad and do not address specific programs. However, legal services, as a specific program of the AAA, advances this mission by providing legal advice, counseling, representation, and education to older adults. Through this service, the health, wellbeing, self-sufficiency, and safety of our constituents are promoted by ensuring that their rights are maintained, abuse is prevented, and access to various entitlements and programs are sustained.

2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services?

12%. Title IIIB funding for legal services increased from 5% in last Area Plan cycle to 12% given increased costs associated.

3. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years).

No.

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.

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. 1. Housing; 2. Evictions; 3. Estate planning; 4. Benefits.

³⁸ For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or chisorom.okwuosa@aging.ca.gov

6. **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? Discussion:**

The targeted community for legal services are low-income older adults, with an emphasis on those who are minority or rural. Residents of long-term care and senior housing facilities area also targeted and on-going effort to reach them is a priority

7. **Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discussion:**

The targeted community for legal services are low-income older adults, with an emphasis on those who are minority or rural. Provider provides legal clinics at different sites throughout the county to reduce transportation as a barrier to access.

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:**

Staff attorney with expertise in wills, trust, and advance health care directives conducts onsite legal clinics at Whistlestop, a local paratransit and aging service provider, and at other community centers. Community presentations on scams and investment fraud targeting older persons are also conducted. Stories, fact sheets and other awareness information are published in the provider's newsletter.

Legal Aid of Marin provides free consultations to older adults at its offices in San Rafael and assists them with employment, housing, family law, contracts and bankruptcy matters. Legal Aid of Marin also recruits a significant number of pro bono attorneys to assist in matters outside its area of expertise. Legal Aid of Marin partners with the Marin Superior Court to staff a Community Court onsite at St. Vincent de Paul Dining Room to assist homeless individuals with legal issues. Many of those assisted are older adults.

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

Fiscal Year	Name of Provider	Geographic Region covered
2016-2017	a. Legal Aid of Marin b. c.	a. Marin County b. c.
2017-2018	a. Legal Aid of Marin b. c.	a. Marin County b. c.
2018-2019	a. b. c.	a. b. c.
2019-2020	a. b. c.	a. b. c.

12. Discuss how older adults access Legal Services in your PSA:

Consumers access legal services by calling the Information and Assistance line. Staff make subsequent referrals to the legal services provider. Clients may also call the provider directly, make appointments, or access clinics hours.

13. 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):

Major legal issues pertaining to economic security, primarily centered on housing issues, have been observed. This includes eviction problems and foreclosures. Other legal disputes regarding driver's license, automobile accidents, end of life planning, powers of attorney, financial disputes with families and caregivers, hoarding, claims, and disability have been observed. Elder abuse is another major problem and the Legal Service Provider is a member of Marin FAST and often collaborates with the team on prevention presentations.

14. In the past four years, has there been a change in the types of legal issues handled by the Title IIIB legal provider(s) in your PSA? Discuss:

No.

15. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss:

Transportation is a major barrier for people to access legal assistance services in PSA 5. Systems fragmentation is another barrier to accessing legal services. Organizations working with older adults may not have the wherewithal to determine situations that call for legal action, and therefore miss and opportunity to refer a client to legal services. To address this issue, partnerships are brokered with local community clinics throughout the County, including rural areas, to conduct coordinated intakes. Patients affected by mold in a senior housing facility, for example, may be referred to the provider to investigate the problem and provide representation.

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

The provider conducts various outreach activities by partnering with aging service organizations throughout Marin, especially those that target low-income, minority and rural older adults. This includes the Canal Alliance, Novato Human Needs Center, Marguerita Johnson Senior Center, West Marin Senior Services, the Marin Superior Court, and St. Vincent de Paul Dining Room.

FAMILY CAREGIVER SUPPORT

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services

Older Americans Act Section 373(a) and (b)

2016–2020 Four-Year Planning Cycle

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

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

FAMILY CAREGIVER SERVICES

Category	2016-2017	2017-2018	2018-2019	2019-2020
Family Caregiver Information Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

Family Caregiver Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

*Refer to PM 11-11 for definitions for the above Title III E categories.

APPROVED

Grandparent Services

Category	2016-2017	2017-2018	2018-2019	2019-2020
Grandparent Information Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Access Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Support Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Respite Care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

*Refer to PM 11-11 for definitions for the above Title III E categories.

Justification as to why AAA will not provide services marked “No.”

FAMILY CAREGIVER SERVICES

Information Services: Public Information on Caregiving

- *Provider name and address of agency:* Marin County Aging and Adult Services; Intake, Assistance and Referral Unit. 10 N. San Pedro, San Rafael, Ca 94901.
- *Description of the service:* Information services are available through online community resource guide and by calling 415-457-INFO (4636), which is staffed by bilingual social workers.
- *Where the service is provided (entire PSA, certain counties, etc.):* Entire PSA.
- *Information that influenced the decision not to provide the service:* This was not a priority as identified in Family Caregiver Needs Assessment and is currently being provided by Information, Assistance, and Referral team.
- *How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds:* The Information, Assistance, and Referral program is fully funded by County General Funds and is considered by the County as an essential program.

Supplemental Services: Home Adaptations for Caregiving

- *Provider name and address of agency:* Marin Center for Independent Living. 710 4th St, San Rafael, CA 9490.
- *Description of the service:* Provides resources to conduct home modifications, including the installation of a ramp or grab bars.
- *Where the service is provided (entire PSA, certain counties, etc.):* Entire PSA.
- *Information that influenced the decision not to provide the service:* This was not a priority as identified in the Family Caregiver Needs Assessment, and the service is provided by another community-based agency.
- *How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds:* The AAA works directly with the Marin Center for Independent Living as its core partner of the Aging Disability Resource Connection for Marin County.

GRANDPARENT SERVICES

Information Services: Public Information on Caregiving

- *Provider name and address of agency:* Marin County Aging and Adult Services; Intake, Assistance and Referral Unit. 10 N. San Pedro, San Rafael, Ca 94901.
- *Description of the service:* Information services are available through online community resource guide and by calling 415-457-INFO (4636), which is staffed by bilingual social workers.
- *Where the service is provided (entire PSA, certain counties, etc.):* Entire PSA.

Information that influenced the decision not to provide the service: This was not a priority as identified in Family Caregiver Needs Assessment and is currently being provided by Information, Assistance, and Referral team.

- *How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds:* The Information, Assistance, and Referral program is fully funded by County General Funds and is considered by the County as an essential program.

Access Assistance: Caregiver Legal Resources

- *Provider name and address of agency:* Family and Children's Law Center. 30 North San Pedro Road #245, San Rafael, CA 94901.
- *Description of the Service:* The Family and Children's Law Center enables children and families to enjoy a more successful future by helping them to navigate the legal system and providing attorneys, when needed, on a sliding scale based on need. They are advocates for the needs and rights of children and serve all forms of families.
- *Where the service is provided (entire PSA, certain counties, etc.):* Entire PSA.
- *Information that influenced the decision not to provide the service:* This was not a priority as identified in the Family Caregiver Needs Assessment, and the service is provided by another community-based agency.
- *How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds:* Should there not be resources available through the Family and Children's Law Center, clients can be referred for services through Legal Aid of Marin.

Support Services: Caregiver Counseling

- *Name and address of agency:* Family Service Agency of Marin (FSA); **555 Northgate Dr. San Rafael, CA 94903.**
- *Description of the service:* FSA therapists provide resources and support for parents/ caregivers who have concerns or questions about their child's development; FSA therapists provide a number of different services to help parents/ caregivers address problems like separation anxiety, inattention at school, eating or sleeping issues, language delay and distractibility. FSA also provides case management and assistance in the process of fostering and adopting a child.
- *Where the service is provided (entire PSA, certain counties, etc.):* Entire PSA.
- *Information that influenced the decision not to provide the service:* This was not a priority as identified in the Family Caregiver Needs Assessment, and the service is provided by another community-based agency.
- *How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds:* Jewish Family Children's Services also provides caregiver counseling and parental support on a sliding scale, based on need. The Information, Assistance, and Referral Unit works closely with community agencies to ascertain gaps in services and other potential resources for referral.

Respite Care: Homemaker Assistance and In-Home Personal Care

- *Provider name and address of agency:* Marin County Aging and Adult Services. 10 N. San Pedro, San Rafael, Ca 94901.

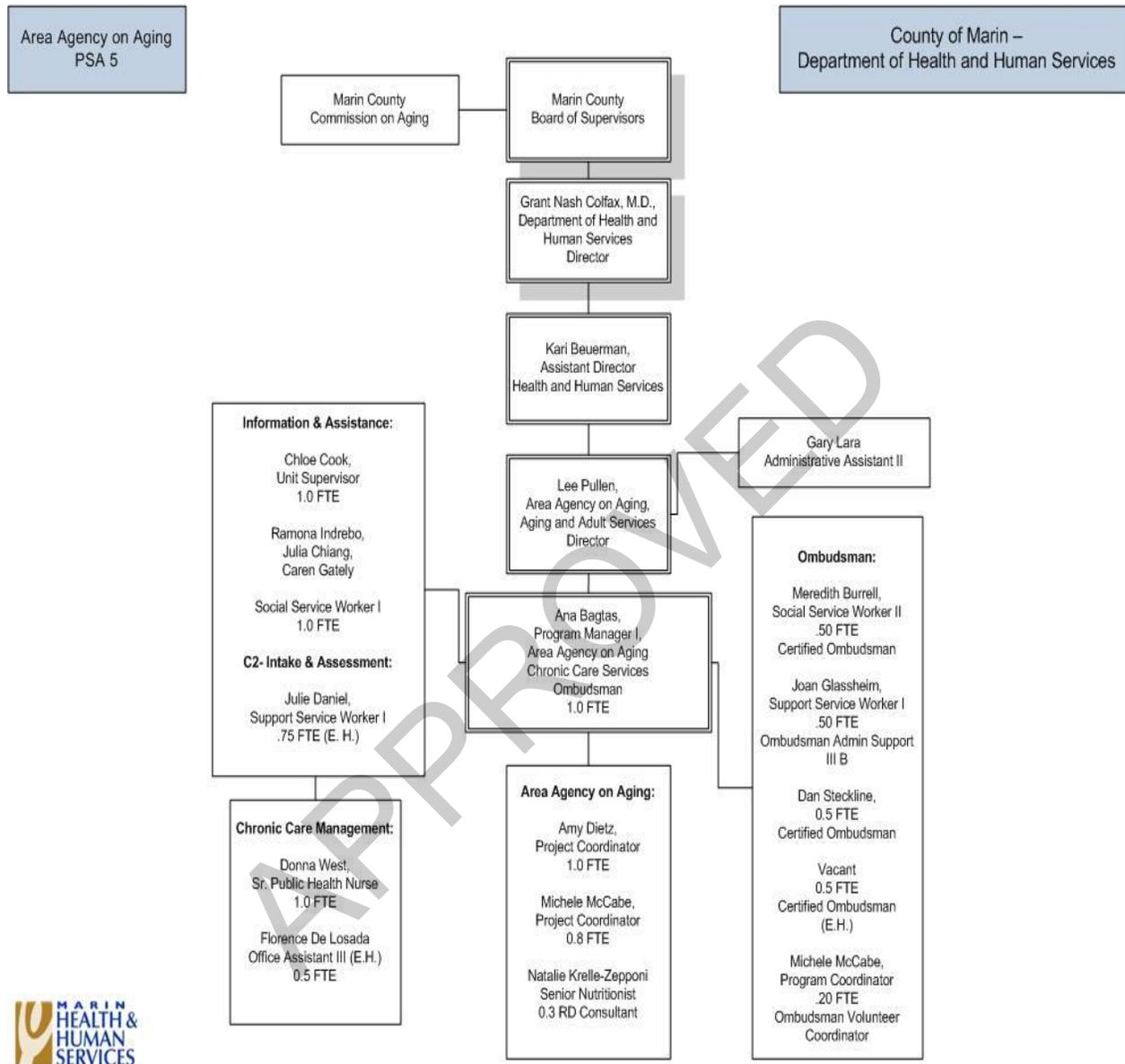
- *Description of the service:* Marin County Aging and Adult Services contracts with outside agencies to provide Personal Care and Homemaker services to clients, including grandparents caring for children, through self-referral and referral by outside agencies.
- *Where the service is provided (entire PSA, certain counties, etc.):* Entire PSA.
How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds: The Personal Care and Homemaker programs are fully funded by County General Funds. Jewish Family Children's Services also provides Personal Care and Homemaker services on a sliding scale.

Supplemental Services: Home Adaptations for Caregiving

- *Provider name and address of agency:* Marin Center for Independent Living. 710 4th St, San Rafael, CA 9490.
- *Description of the service:* Provides resources to conduct home modifications, including the installation of a ramp or grab bars.
- *Where the service is provided (entire PSA, certain counties, etc.):* Entire PSA.
- *Information that influenced the decision not to provide the service:* This was not a priority as identified in the Family Caregiver Needs Assessment, and the service is provided by another community-based agency.
- *How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds:* The AAA works directly with the Marin Center for Independent Living as its core partner of the Aging Disability Resource Connection for Marin County.

APPROVED

ORGANIZATIONAL CHART



ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Use outreach efforts that —

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement; and

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

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

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

7. OAA 306(a)(5)

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

8. OAA 306(a)(9)

Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

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

(B) disclose to the Assistant Secretary and the State agency—

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

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

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

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

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

11. 306(a)(14)

Not give preference in receiving services to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

Funds received under this title will be used—

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

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

B. Additional Assurances

Requirement: OAA 305(c)(5)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Requirement: OAA 307(a)(15)

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

- (A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.
- (B) To designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:
 - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
 - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

Requirement: OAA 307(a)(18)

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

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

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

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

Requirement: OAA 307(a)(26)

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

Requirement: OAA 307(a)(27)

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

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

CFR [1321.53(a)(b)]

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

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

(1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;

(2) Provide a range of options:

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.61(b)(4)]

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

CFR [1321.61(d)]

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

CFR [1321.69(a)]

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

APPROVED