

AREA PLAN FOR AGING 2016-2020

Fiscal Year
2018/2019
Update

**AREA
AGENCY
ON AGING**

**LIVE LONG
LIVE WELL** 
MARIN COUNTY AGING AND ADULT SERVICES





Marin County Aging and Adult Services

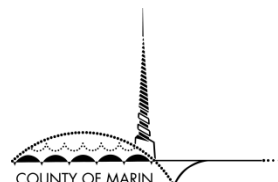
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TRANSMITTAL LETTER

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 to address the care needs of older individuals and their family caregivers in this planning and service area.

1. Damon Connolly

Signature: Governing Board Chair ¹

Date

2. Salamah Locks

Signature: Advisory Council Chair

Date

3. Lee Pullen

Signature: Area Agency Director

Date

¹ Original signatures or official signature stamps are required.

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 <u>hard copy</u> with original ink signatures or official signature stamp- <u>no photocopies</u>)	<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 checked="" type="checkbox"/>	<input 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
9	• HICAP Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input checked="" type="checkbox"/>	<input 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"/>

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 2018 – 2019 Update* is the second 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 reflects 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 Office of 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 the Board of Supervisors' federally mandated advisory council and is comprised of 23 persons representing the county's towns, cities, and districts. The Office of Aging and Adult Services, housed within the Marin County Health and Human Services Department, is responsible for planning, coordinating, administering, and monitoring programs and services for older adults in Marin County.

In 2016, the AAA conducted a communitywide needs assessment, gathering and analyzing survey results from 3,000 respondents. The data generated from the needs assessment as well as the community engagement process that ensued led to the development of the Area Plan goals to guide the work of the AAA and MCCOA through the year 2020. The planning process undertaken in 2016 to develop this four-year plan resulted in identifying four goals:

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, including the six top concerns as identified in the needs assessment: falls, dementia, economic security, elder abuse, end-of-life planning, and feeling isolated or depressed.

In this update, new projects, collaborations, and objectives have been established by the AAA and the MCCOA to continue work towards achieving the goals in the four-year plan. This document also highlights accomplishments and collaborations of the past year.

DESCRIPTION OF THE AAA AND PSA

As the administrator of the Area Agency on Aging (AAA) in Marin County, it is the mission of the Office 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 the Health and Human Services Department (HHS) as the County's administrator of the AAA. The AAA is part of the Office of Aging and Adult Services, which also includes Adult Protective Services, In-Home Supportive Services, Information & Assistance, and the Long-Term Care Ombudsman 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 AAA 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 federal 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–Rural Marin • Chore (heavy housework) • Congregate Meal Program • Family Caregiver Support Programs • Health Promotion and Disease Prevention • 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–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) • Information, Assistance, and Referral • Long-Term Care Ombudsman • Nutrition Education • Aging and Disability Resource Connection

The State of California is divided into 33 Planning and Service Areas (PSAs) that administer the Older Americans Act and the Older Californians Act. In each PSA, 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 PSA 5.

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. The area west of Highway 101 is mostly open space. Marin County covers 520 square miles, approximately 85% of which, 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 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 259,358 people and has a substantial and growing number of older adult residents.² Persons over the age of 60 are estimated to number 70,631, comprising 27% of the County's total population;³ by 2030, persons over 60 will account for at least 33% of the population.⁴ Statewide, persons over 60 account for 18% of the population.⁵

Regarding race, a majority of Marin County's adults age 60 and older are White (91%) in comparison to the general population of Marin, which is 79% White.⁶ African Americans or Black, American Indians, Asians, Pacific Islanders and other races collectively account for approximately 8% of Marin's older adults; 2% of Marin's older adults identify as being of two or more races. Regarding ethnicity, approximately 5% of all Marin's older adults identify as being Latino. A more detailed breakdown of Marin's older adult race and ethnicity demographics can be found on pg. 74.

Statewide, 11% of older adults are below 100% of the Federal Poverty Level (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 despite incomes higher than the FPL are economically insecure.

HIGHLIGHTS OF FISCAL YEAR 2018/2019

With a growing aging population statewide and in Marin County, local officials and communities have begun paying increased attention to the needs and priorities of older adults. The 2016 Marin County Area Agency on Aging (AAA) Older Adult Needs Assessment identified six top concerns among respondents: falls, dementia, economic security, elder abuse, end-of-life planning, and feeling isolated or depressed. Over the past year, the Commission and AAA staff have worked to address these concerns and will continue to do so

² American Community Survey 5 year Estimates (2012-2016). 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 2/21/2018.

³ Ibid.

⁴ California Department of Finance: County Projections. Available at : <http://www.dof.ca.gov/Forecasting/Demographics/Projections/>. Accessed 3/3/18.

⁵ American Community Survey 5 year Estimates (2012-2016). 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 2/21/2018.

⁶ American Community Survey 5 year Estimates (2012-2016). 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 2/21/2018.

⁷ American Community Survey 5 year Estimates (2012-2016). 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 2/21/2018.

⁸ American Community Survey 5 year Estimates (2012-2016). 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.

in FY 18/19. The Commissioners of the Marin County Commission on Aging (MCCOA) remain leaders in their respective communities, throughout the county, and the State of California. The mission of the Commission on Aging is education and advocacy. This past year, Commissioners have worked diligently and successfully in both areas.

In addition, members of the Commission regularly present to their appointing bodies and at regional and state forums, including the 2017 Bay Area Senior Health Policy Forum, on topics such as livable communities in Marin County. Eleven months of the year, the MCCOA hosts an educational presentation supported by AAA staff and featuring expert speakers on topics identified by its committees. 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 dementia and social isolation/depression. The two-part Dimensions of Dementia series was among the best attended educational meetings of the past two years.

Commissioners acted as a voice for the needs of older adults at the local, state, and federal levels with noted successes in the past year. Members of the Commission successfully advocated for an older adult representative on the Mental Health Services Act Board, following meetings with the Department of Health and Human Services (HHS) staff and a series of letters by the Chair and other Committee members. Likewise, the members of the Commission actively advocated for the housing needs of older adults, including the Victory Village Senior Housing project in Fairfax, through regular presence at meetings and writing letters. Commissioners meet regularly with state and federal elected representatives to inform them of policy priorities and discuss how best to advocate for the rights and needs of older adults.

Some of the accomplishments of both AAA staff and the Commissioners, including collaborative projects and distribution of new funding, 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*:

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

These goals were derived following the 2016 Older Adult Needs Assessment and continue to inform the work done by the AAA. The initiatives, projects, and activities mentioned below align with these goals and reflect only a portion of the ongoing work conducted by the AAA and MCCOA in helping Marin's older adults to live long and live well.

Fall Prevention (Goal: Enhancing quality of life, safety, and security)

Falling was the number one concern among respondents to the Older Adult Needs Assessment conducted by the Marin AAA in 2016. In the United States each year, millions of older adults over 65 fall.⁹ The Centers for Disease Control estimates that one out of every four older people falls each year, but less than half tell their doctor. One out of every five falls causes a serious injury, such as broken bones or a head injury. In 2015, the total medical costs for falls totaled more than \$50 billion,¹⁰ with the average hospital cost for a fall injury being \$30,000.¹¹ With the growth in the aging population, the number of falls and costs associated are likely to rise.

In addition to the physical and economic effects of a fall, there are mental and emotional implications. After a person has fallen, even if they are not injured, they may become afraid of falling. This fear can adversely affect social connections and lead a person to cut down on daily activities, such as exercising and running errands.¹² Decreased social activity can lead to social isolation and depression, another one of the top concerns as identified by respondents to the 2016 Older Adult Needs Assessment. Falls are a concern for the entire community of providers serving older adults, including hospitals, housing agencies, and more.

To help address this concern, the Area Agency on Aging is partnering with Marin General Hospital to implement a fall prevention program. Matter of Balance is an evidence-based program that focuses on fall prevention.¹³ It is an eight-week structured group intervention that emphasizes practical strategies to reduce fear of falling and increase activity levels. Through these classes, participants learn to view falls and fear of falling as controllable, set individual goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength and balance.

In FY 17/18, the AAA contracted with Marin General Hospital to offer Matter of Balance classes in different community-based settings throughout Marin using Older Americans Act Health Promotion/ Disease Prevention funding. The classes are led by volunteers trained in the curriculum by a Master Trainer. This funding will continue next year and classes will be taught in low-income senior housing facilities as well as other locations.

⁹ Centers for Disease Control. "Important Facts About Falls." Available at: <https://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>. Accessed 3/12/18.

¹⁰ Florence CS, Bergen G, Atherly A, Burns ER, Stevens JA, Drake C. "Medical Costs of Fatal and Nonfatal Falls in Older Adults." *Journal of the American Geriatrics Society*, March 2018.

¹¹ Burns EB, Stevens JA, Lee RL. "The direct costs of fatal and non-fatal falls among older adults—United States." *Journal of Safety Research*, September 2016.

¹² Centers for Disease Control. "Important Facts About Falls." Available at: <https://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>. Accessed 3/12/18.

¹³ National Council on Aging. "Highest Tier Evidence Based Health Promotion/ Disease Prevention Programs." Available at: <https://www.ncoa.org/resources/ebpchart/>. Accessed 3/15/18.

Year of the Older Adult (Goal: Encourage innovative approaches to policy and services through community collaboration and advocacy)

The Marin County Board of Supervisors declared 2018 as the Year of the Older Adult, quoting Betty Friedan, “Aging is not lost youth but a new stage of opportunity and strength”. The Board Resolution, passed in January 2018, recognized that Marin’s older adults are a vital source of experience, wisdom, energy and know-how, contributing immeasurably to helping Marin reach for and achieve the high quality of life it seeks for all residents (*See Appendix 1*). The Year of the Older Adult has five goals:

1. Promote Marin as a great place to grow old
2. Bring all ages together to understand and celebrate the social, cultural and economic contributions of Marin’s older adults
3. Raise community awareness of ageism affecting the opportunities that an older population bring to Marin
4. Align and showcase collaborations between and among neighbors, businesses, government, education and community organizations to expand opportunities for older adults
5. Identify new strategies, programs, and resources to support and address the needs of Marin’s older population.



These goals align with those of the *Live Long, Live Well: Marin County Area Plan for Aging 2016–2020*. The Area Agency on Aging, working collaboratively with other community partners will promote activities and events throughout the year that focus on the needs and priorities of older adults. Also supporting the Year of the Older Adult is the Aging Action Initiative, which promotes a countywide age-friendly environment, especially for those in need, collectively created by a strong network of service providers through education, policy advocacy, and service coordination. Each month will feature an aspect of the diverse world of being older in Marin, with special events conducted by multiple collaborative partners, including the Marin Interfaith Council and Marin County Parks. Some of the monthly themes include Civic Engagement, Disaster Preparedness, and Being Older Today. This year’s Marin County Fair theme, “All for One; Fun for All,” will feature activities and rest locations focusing on older adult attendees. The program will also explore new policies and resources to promote an age-friendly Marin County.

Age-Friendly Marin (Goal: Support and promote livable communities for all)

The World Health Organization (WHO) defines an age-friendly community as one that is inclusive, accessible and promotes active aging. Such a community is one that works for residents of every age and ability and pays attention to the elements that make for a livable community. These eight elements are: adequate housing, transportation, safe outdoor spaces and buildings, opportunities for social participation, respect and social inclusion, access to health and social services, and opportunities for civic engagement and participation, with inclusion and respect for all. The American Association of Retired Persons (AARP) Network of Age-Friendly Communities is an affiliate of the WHO's Global Network of Age-Friendly Cities and Communities, encouraging commitment to giving older residents the opportunity to live rewarding, productive, and safe lives.

Many cities and towns in Marin, with participation and leadership from members of the Commission on Aging, have been accepted into one or both networks. Membership represents a commitment to working on the local level to make cities and communities more livable for people of all ages.

Prior to each monthly Commission meeting, the Age-Friendly Marin Network representing cities and towns throughout the county meets to collaborate on efforts and discuss opportunities, challenges and best practices. Cities and towns in Marin which have already joined the WHO and/or AARP age-friendly networks are Sausalito, Corte Madera, Fairfax, Novato, San Rafael, and Mill Valley. This grassroots movement, spurred by many of the Commissioners, has fueled county interest in becoming age-friendly with support from the Marin County Board of Supervisors.

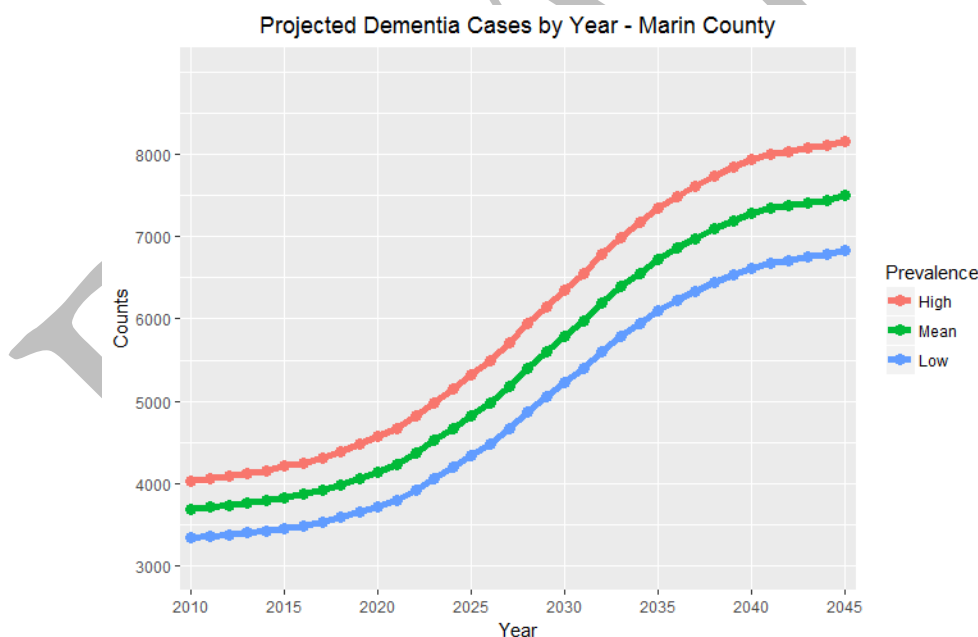
In 2017, the County of Marin Office of Aging and Adult Services, in collaboration with the Aging Action Initiative, conducted a competitive bid process to select an age-friendly project manager. The purpose of Aging Action Initiative is to promote a countywide age-friendly environment, especially for those in need, collectively created by a strong network of service providers through education, policy advocacy, and service coordination.¹⁴ The age-friendly project manager's role is to work with county departments and Marin's unincorporated cities and communities to foster age-friendly practices, procedures, and activities. The manager also represents the county on the Age-Friendly Marin Network. This countywide effort is supported by the Board of Supervisors who recognize the need to support Marin's older adults and to work to make the county more livable for all generations.

¹⁴ Marin Aging Action Initiative. Available at: <http://aginginmarin.org/a-a-i/>. Accessed 3/12/18.

Dementia, New Data and Programs (Goal: *Encourage innovative approaches to policy and services through community collaboration and advocacy*)

Dementia is a broad term with no set clinical definition, but encompasses specific conditions including Alzheimer's, frontotemporal disorders, Lewy Body Dementia, and vascular dementia. Alzheimer's is the most common form of clinical dementia, with approximately 5 million patients diagnosed in the United States in 2015. In California, the projected number of people with Alzheimer's was approximately 610,000 in 2013 and is expected to rise to 840,000 by 2025.¹⁵ This represents a 37.7 % increase during this period.

Although it is currently not possible to obtain an accurate count of cases in Marin County, the AAA commissioned the Marin County Dementia Report to provide estimates, projections, and recommendations. While older adults will account for at least 33% of the population by 2030¹⁶ the cases of dementia will peak in 2045 as this population ages.¹⁷ The primary risk factor for dementia is age. Based on current projections, there are approximately 4,000 cases of dementia in Marin County. In 2045, that number is projected to nearly double to approximately 7,500. This time lag is important in planning for the needs of persons with dementia and their family caregivers. The full Marin County Dementia Report is available at www.healthymarin.org. This website also contains several key data indicators for older adults.



¹⁵ Alzheimer's Association, 2017 *Alzheimer's Disease Facts and Figures*. Available at: <https://www.alz.org/facts/>. Accessed 3/1/18.

¹⁶ California Department of Finance: County Projections. Available at: <http://www.dof.ca.gov/Forecasting/Demographics/Projections/>. Accessed 3/31/18.

¹⁷ Marin County Dementia Assessment. Available at: www.healthymarin.org. Accessed 3/15/18.

In addition to age, other risk factors for dementia include cardiovascular health, diabetes, depression, and social isolation. Both dementia and social isolation/depression were identified as top concerns in the 2016 Older Adult Needs Assessment, reaffirming the need to address these issues both separately and, possibly, together. Due to improvements in cardiovascular health in the United States, there is evidence that the prevalence of dementia has actually declined in the older adult population. Marin County is currently ranked as being the second healthiest county in California¹⁸, with a generally active population. Women in Marin County have a life expectancy of 85 years and men have a life expectancy of 80 years, ranking within the top 15 counties in the U.S. ¹⁹ Collaborative strategies will be paramount in meeting the various needs of this population and those that serve them.

Recognizing the need for collaborative strategies, the AAA released a Request for Proposal in 2018 seeking an individual organization or partnership that would focus on bridging the gap between medical care and social and community services to support patients' well-being and ability to live in the community. In FY 18/19, the winning organization or partnership will begin implementing strategies and programming to better coordinate medical and social and community services for persons living with dementia, their families, and caregivers. The AAA will seek to learn more about the priorities and needs of people with dementia in the four-year needs assessment it will conduct next fiscal year.

Sexual Orientation and Gender Identity: (Goal: Improve visibility and usability of information, services, and resources)

Disparities exist in health and social outcomes across various demographic groups. Collecting and analyzing data helps to identify possible disparities and find ways to address them. Statewide, AAA intake forms include questions pertaining to age, race, ethnicity, income, and rural vs. urban geography. This confidential information helps to measure whether people in certain demographic groups are accessing services and what their individual needs may be at the local, state, and federal level. Historically, persons identifying as Lesbian, Gay, Bisexual, Transgender, Queer and other (LGBTQ+) have been marginalized and may experience disparities in accessing services and care received.

In 2016, California passed AB-959, the Lesbian, Gay, Bisexual, And Transgender Disabilities Reduction Act, which requires four state departments, including the California Department of Aging, to collect voluntary self-identified information pertaining to sexual orientation and gender identity. ²⁰ The Bill states that various studies have found health disparities impacting LGBTQ+ persons include higher risks for cancer, mental illness, and other diseases. Likewise, LGBTQ+ communities face disproportionately higher rates of poverty

¹⁸ County Health Ranking and Roadmaps. Available at: www.countyhealthrankings.org. Accessed 3/1/18.

¹⁹ The University of Washington Institute for Health Metrics and Evaluation. Available at : http://www.healthdata.org/sites/default/files/files/county_profiles/US/2015/County_Report_Marin_County_California.pdf Accessed 3/1/18.

²⁰ California Legislative Information, Bill text AB-959, Available at: <http://leginfo.ca.gov>. Accessed 3/1/18.

and isolation and other factors, which are especially prevalent in older adults. The spirit of the Bill is to “respect, embrace, and understand the full diversity of (California) residents and to collect accurate data to effectively implement and deliver critical state services and programs.” This information will be kept confidential, with all other demographic information compiled via intakes. Working in collaboration, the 33 different Planning and Service Areas throughout California drafted three questions that will be asked of all older adults participating in registered services funded by the Older Americans Act. These are:

1. What is your gender? (Check only one)
 - a. Male
 - b. Female
 - c. Transgender Female to Male
 - d. Transgender Male to Female
 - e. Genderqueer/Gender Non-binary
 - f. Not listed, please specify: _____
 - g. Declined/not stated
2. What was your sex at birth? (Check only one)
 - a. Male
 - b. Female
 - c. Declined/not stated
3. How do you describe your sexual orientation or sexual identity? (Check only one)
 - a. Straight/Heterosexual
 - b. Bisexual
 - c. Gay/Lesbian/Same-Gender Loving
 - d. Questioning/Unsure
 - e. Not Listed. Please specify: _____
 - f. Declined/not stated

The Marin County AAA, and all AAAs, recognize that these questions may be sensitive, confusing, or considered stigmatizing to some of the clients served. As such, the California Department of Aging will be organizing a training around LGBTQ+ cultural competency, how to ask the questions, and the meanings of the responses. This Spring, the Marin AAA will train all service providers and internal staff about the importance of asking these questions and how to do so in an appropriate and sensitive manner.

The next section of this Annual Update outlines how this report will be presented to the public. Following that, the final two sections provide information on the goals and objectives for the coming fiscal year, and the various contracted services funded by the Older Americans Act that are provided throughout the county.

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? ²¹	Was hearing held at a Long-Term Care Facility? ²²
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	April 5, 2018	San Rafael Community Center	38	No	No
2019-20					

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

1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.
 - 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 2018/2019 to place in common areas.

²¹ A translator is not required unless the AAA determines a significant number of attendees require translation services.

²² AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

- 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.

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.

None.

1. List any other issues discussed or raised:

- At the public hearing:
 - AAA Planner Amy Dietz stated that the chart on pg. 9 of the Area Plan, which reflected the increase in the older adult population using recent data from the California Department of Finance, should be removed pending further information as to the methodology of data analysis used.
 - Carol Reyes, who identified herself as a devil's advocate, was happy to hear about the *Year of the Older Adult*. She stated: "I have a lot of complaints. There are various problems which need to be addressed. I need to know who my representative is."
 - Jane Ireland, supervisor of the Behavioral Health HOPE program asked for clarification on the Dementia Care Grant. AAA Program Manager Jenay Cottrell explained that it is a pilot demonstration project, which combines a health provider with a social services agency. It is hoped that the unique collaboration will result in a program that can be replicated. The Dementia Report, referenced in the update on pgs. 14-15, can be found at: www.healthymarin.org
- Email:
 - N/A.

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

- The chart on page 9 was removed.

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 ²³	Update Status ²⁴
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		Completed
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

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>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><i>Revised</i></p> <p>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>	July 1, 2016 – June 30, 2017		Completed
	July 1, 2017 – June 30, 2018		Completed
<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 6 areas of concern (dementia, end-of-life planning, falls, financial security, elder abuse, and isolation and depression) expressed by older adults in the AAA's needs assessment.</p>	July 1, 2016 – June 30, 2017		Completed
	July 1, 2017 – June 30, 2018		Discontinued
<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>	July 1, 2016 – June 30, 2017		Completed
	July 1, 2017 – June 30, 2018		Completed
	July 1, 2018 – June 30, 2019		Continued
<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>	July 1, 2016 – June 30, 2017		Completed

<p><i>Revised:</i></p> <p>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		Completed
	July 1, 2018 – June 30, 2019		Continued
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></p> <p>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, 2018 – June 30, 2019		Revised
<p><i>Revised</i></p> <p>Through the Title IIID Health Promotion Disease Prevention program, the AAA will contract with Marin General Hospital to deliver the evidence-based fall prevention program “Matter of Balance” to 80 clients.</p>			
<p>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.”</p>	July 1, 2017 – June 30, 2018		Completed
<p><i>Revised</i></p> <p>The MCCOA Legislative Task Force will sponsor a Commission on Aging presentation by Legal Service Providers regarding important senior legal issues.</p>	July 1, 2018 – June 30, 2019		Revised
<p>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.</p>	July 1, 2017 – June 30, 2018		Completed
<p>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</p>	July 1, 2017 – June 30, 2018		Completed

needed, outreach at least two community fairs, and FAST volunteer education and training.	July 1, 2017 – June 30, 2018		Continued
1n. The MCCOA Health and Nutrition Committee will develop a presentation for a Commission meeting and write an article in the Great Age Newsletter pertaining to intergenerational activities and their potential impact on social isolation and connection.	July 1, 2018 – June 30, 2019		New
1o. Staff of the Long-Term Care Ombudsman Program will conduct at least one training for the staff and/or management of long-term care settings on the benefits of incorporating person-centered care into their policies and procedures and direct care practices.	July 1, 2018 – June 30, 2019		New

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 ²⁵	Update Status ²⁶
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 Marin Transit, 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		Completed
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		Completed

²⁵ 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.

²⁶ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

<p><i>Revised</i></p> <p>By September 30, 2018, the MCCOA Executive Committee will take responsibility for working with the Commission's committees to determine the topic and locations for the monthly Commission meetings from July 2018 – June 2019.</p>	July 1, 2018 – June 30, 2019		Revised
<p>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.</p> <p><i>Revised</i></p> <p>By October 31, 2018, the MCCOA Legislative Task Force will review the 2019 Draft of the <i>County of Marin 2018 Federal and State Legislative Programs and Legislative Policy Guidelines</i> and suggest changes and modifications to the County Administrator via the AAA Director.</p>	<p>July 1, 2017 – June 30, 2018</p> <p>July 1, 2018 – June 30, 2019</p>		<p>Completed</p> <p>Revised</p>
<p>2g. In partnership with community organizations, including Marin Transit, the MCCOA Housing and Transportation Committee will educate the community regarding transportation ballot measures through a Great Age newsletter article, local electronic newsletters, and at least one community presentation.</p>	July 1, 2018 – June 30, 2019		New

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 ²⁷	Update Status ²⁸
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 October 31, 2016, 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		Completed
	July 1, 2018 – June 30, 2019		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

²⁷ 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.

²⁸ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

	July 1, 2017 – June 30, 2018		Completed
	July 1, 2018 – June 30, 2019		Continued
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 HHS 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		Completed
	July 1, 2018 – June 30, 2019		Continued
3i. The AAA Information and Assistance (I & A) Unit staff will do four trainings for HHS line staff and reception staff to increase visibility and usability of I & A services.	July 1, 2016 – June 30, 2017		Completed
<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, 2017 – June 30, 2018		Completed
	July 1, 2018 – June 30, 2019		Continued

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		Completed
3k. By December 31, 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		Completed
	July 1, 2018 – June 30, 2019		Continued
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		Completed
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. <i>Revised</i> At the October 2018 and March 2019 MCCOA Executive Committee meetings, committee chairs will provide an update on progress towards meeting their 2018-19 objective.	July 1, 2017 – June 30, 2018		Completed
	July 1, 2018 – June 30, 2019		Revised

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 three community outreach events during the fiscal year.	July 1, 2017 – June 30, 2018		Completed
	July 1, 2018 – June 30, 2019		Continued
3o. The Planning Committee will develop a community presentation and write an article for the Great Age newsletter in the topic of Lifecare Planning, including financial and healthcare, for the “young old” (aged 60-75).	July 1, 2018 – June 30, 2019		New
3p. The Planning Committee will plan and implement an Older Adult Needs Assessment and Family Caregiver Needs Assessment to inform the 2021-2025 Area Plan.	July 1, 2018 – June 30, 2019		New
3q. The MCCOA Health and Nutrition Committee will promote CalFresh and matters of food security in older adults by distributing materials at two community events and participating in at least one community presentation.	July 1, 2018 – June 30, 2019		New
3r. The MCCOA Health and Nutrition Committee will look at the medical and emotional impacts on family caregivers when caring for someone with dementia or cognitive memory loss, through end of life, with a general presentation and an article in the Great Age newsletter.	July 1, 2018 – June 30, 2019		New

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 ²⁹	Update Status ³⁰
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.	July 1, 2016 – June 30, 2017		Completed
<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 least two community meetings or presentations, a Great Age article, and a presentation at a Marin Commission on Aging Meeting.	July 1, 2017 – June 30, 2018		Revised

²⁹ 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.

³⁰ 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></p> <p>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> <p><i>Revised</i></p> <p>By the May 2019 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 2018-2019 session.</p>	July 1, 2016 – June 30, 2017		Completed
	July 1, 2017 – June 30, 2018		In process
	July 1, 2018 – June 30, 2019		Revised
<p>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.</p> <p><i>Revised</i></p> <p>The MCCOA Legislative Task Force will recruit and retain at least one new member from the public to advocate for legislation affecting older adults and the disabled.</p>	July 1, 2016 – June 30, 2017		Completed
	July 1, 2017 – June 30, 2018		Partially Completed
	July 1, 2018 – June 30, 2019		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, 2016 – June 30, 2017		Completed

<p>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.</p> <p><i>Revised</i></p> <p>By April 2019, 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.</p>	July 1, 2017- June 30, 2018		In process
	July 1, 2017- June 30, 2018		Revised

Pages 34 – 67 of this report list the specific programs and contracted units funded through the Older Americans Act.

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	N/A		
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	N/A		
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	400	1	
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	80,112	1	

2019-2020			
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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	N/A		
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	500	1	
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	556	1	
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	16,610	1	
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	N/A		
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	N/A		
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	1,607	1	
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	1,250	1	
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	3,000	3	
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	1,000	1	
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	600	1	
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	1,000	1	
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	5,700	1	
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: The AAA will contract with Marin General Hospital to deliver the evidence-based fall prevention program “Matter of Balance” to 80 clients. “Matter of Balance” is an 8-week structured group intervention that emphasizes practical strategies to reduce fear of falling and increase activity levels. Classes will be taught by trained volunteers at low income senior housing and other facilities.

Title IIID/ 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	640	1	1j
2019-2020			

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 OSLTCO 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%
<p>3. FY 2016-2017 Baseline Resolution Rate:</p> <p>Number of complaints resolved 192 + Number of partially resolved complaints 87 divided by the Total Number of Complaints Received 421 _____ = Baseline Resolution Rate 66%</p> <p>FY 2018-19 Target Resolution Rate 68%</p>
<p>4. FY 2017-2018 Baseline Resolution Rate:</p> <p>Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____ %</p> <p>FY 2019-20 Target Resolution Rate _____ %</p>
Program Goals and Objective Numbers:

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

<p>1. FY 2014-2015 Baseline: number of Resident Council meetings attended 17</p> <p>FY 2016-2017 Target: 17</p>
<p>2. FY 2015-2016 Baseline: number of Resident Council meetings attended 22</p> <p>FY 2017-2018 Target: 22</p>
<p>3. FY 2016-2017 Baseline: number of Resident Council meetings attended 28</p> <p>FY 2018-2019 Target: 28</p>
<p>4. FY 2017-2018 Baseline: number of Resident Council meetings attended _____</p> <p>FY 2019-2020 Target: _____</p>
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 <u>2</u> FY 2018-2019 Target: <u>2</u>
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 <u>138</u> FY 2018-2019 Target: <u>175</u>
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 309 FY 2018-2019 Target: 650
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

3. FY 2016-2017 Baseline: number of sessions <u>19</u> FY 2018-2019 Target: <u>6</u>
4. FY 2017-2018 Baseline: number of sessions _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>1h; 1i</u>

G. Systems Advocacy

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

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

Enter information in the box below.

Systemic Advocacy Effort(s) for fiscal year 2018/2019 In FY 2017-2018, the Marin County Long-Term Care Ombudsman Program initiated training for ombudsman staff and volunteers on long-term care culture change and person-centered care and how it can be applied to their daily advocacy work. One goal for FY 2018-2019 is to continue Ombudsman staff and volunteer training on how to incorporate culture change and person-centered care into their daily work at bi-monthly trainings and with ongoing technical assistance. Another goal for FY 2018-2019 is to work with the state ombudsman to provide trainings and or training material for other California local long-term care ombudsman programs to incorporate culture change and person-centered care into their daily advocacy efforts. A final goal for FY 2018-2019 is to provide at least one training for Marin County assisted living and or nursing home management on benefits of incorporating person-centered care into their policies and procedures and direct care practices.

OUTCOME 2. RESIDENTS HAVE REGULAR ACCESS TO AN OMBUDSMAN. [(OAA SECTION 712(A)(3)(D), (5)(B)(II)]

Measures and Targets:

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

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

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

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 45 divided by the total number of RCFEs 45 = Baseline 100% FY 2018-2019 Target: 100%
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 hours per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

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

FY 2017-2018 Target: <u>3.0</u> FTEs
3. FY 2016-2017 Baseline: <u>2.7</u> FTEs FY 2018-2019 Target: <u>2.7</u> FTEs
4. FY 2017-2018 Baseline: _____ FTEs FY 2019-2020 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 <u>13</u> FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers <u>10</u>
2. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers <u>7</u> FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers <u>7</u>
3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers <u>8</u> FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers <u>8</u>
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.

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 IIIIE 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 IIIIE** –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	4
2019-2020	

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

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	100
2017-2018	100
2018-2019	100
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	300	Elder Abuse Resources Protect Yourself from Fraud Prevent Fraud Scams and Identity Theft
2019-2020		

Fiscal Year	Total Number of Individuals Served
2016-2017	300
2017-2018	300
2018-2019	300
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: N/A		
2019-2020	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2016-2017	450	3	
2017-2018	450	3	
2018-2019	450	3	
2019-2020			

Support Services	Total hours		
2016-2017	1001	4	
2017-2018	1001	4	
2018-2019	1001	4	
2019-2020			
Respite Care	Total hours		
2016-2017	2200	4	
2017-2018	2200	4	
2018-2019	2200	4	
2019-2020			
Supplemental Services	Total occurrences		
2016-2017	N/A		
2017-2018	N/A		
2018-2019	N/A		
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: N/A Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		

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	N/A		
2019-2020			
Support Services	Total hours		
2016-2017	N/A		
2017-2018	N/A		
2018-2019	N/A		
2019-2020			
Respite Care	Total hours		
2016-2017	N/A		
2017-2018	N/A		
2018-2019	N/A		
2019-2020			

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

Direct and/or Contracted IIIE 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: N/A Total est. audience for above:		
2019-2020	# of activities:		

	Total est. audience for above:		
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DRAFT

Senior Community Employment Program (SCSEP) ³¹

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): Esteban Gonzalez, Program Manager, Frances Trujillo, SER-Jobs for Progress Inc. Project Coordinator; Celeste Barbic, SER Jobs for Progress Inc, Case Manager.
Number of paid staff: 3 Number of participant staff: 0
How many participants are served at this site? Up to 7

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):

³¹ If not providing a Title V program, then enter PSA number followed by “Not providing”.

Number of paid staff	Number of participant staff
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):	
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)

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 is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

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

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

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

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

- PM 1.1 Clients Counseled ~ Number of finalized Intakes for clients/ beneficiaries that received HICAP services
- PM 1.2 Public and Media Events (PAM) ~ Number of completed PAM forms categorized as “interactive” events
- PM 2.1 Client Contacts ~ Percentage of one-on-one interactions with any Medicare beneficiaries
- PM 2.2 PAM Outreach Contacts ~ Percentage of persons reached through events categorized as “interactive”
- PM 2.3 Medicare Beneficiaries Under 65 ~ Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65
- PM 2.4 Hard-to-Reach Contacts ~ Percentage of one-on-one interactions with “hard-to-reach” Medicare beneficiaries designated as:
 - PM 2.4a Low-income (LIS)
 - PM 2.4b Rural

- PM 2.4c English Second Language (ESL)
- PM 2.5 Enrollment Contacts ~ Percentage of contacts with one or more qualifying enrollment topics discussed

AAAs should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at: <https://www.aging.ca.gov/ProgramsProviders/AAA/Planning/>.

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

HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE) ³²

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

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2016-2017	N/A	

³² Requires a contract for using HICAP funds to pay for HICAP Legal Services.

2017-2018	N/A	
2018-2019	N/A	
2019-2020		

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2016-2017	N/A	
2017-2018	N/A	
2018-2019	N/A	
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 funds³³ 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 33%	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%	19-20	%
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LEGAL ASSISTANCE REQUIRED ACTIVITIES³⁴

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

2016-17 11%	17-18 11%	18-19 11%	19-20	%
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³³ 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.

³⁴ 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	X	
	Case Management				
	Outreach				
	Program Development				
	Coordination				
X	Long-Term Care Ombudsman	X	X	X	

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

	Title IIIE ³⁵	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	X	

³⁵ Refer to PM 11-11 for definitions of Title III E categories.

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

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, such as West Marin Senior Services and San Geronimo Valley Community Center to reach those older adults who live in rural areas. Likewise, the AAA will work closely with Pickleweed through its Multicultural Senior Center Activities program to serve those who are monolingual Spanish and Vietnamese speakers. The AAA will contract with Marin General Hospital to provide Matter of Balance classes at low income senior housing units. The Financial Abuse Specialist Team (FAST) presents throughout the county with interpreters, when needed. Materials will be translated into Spanish, Vietnamese, and other languages, as appropriate.

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:³⁶

☐ 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 service³⁷ :

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:³⁸

☐ 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 service³⁹ :

The AAA will maintain its role in Central Marin for ordering of meals, intakes, assessments, and managing data. In the last four-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.

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:⁴⁰

☐ 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 service⁴¹ :

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.

⁴¹ Section 15 does not apply to Title V (SCSEP).

⁴² 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 Damon Connolly, President	1/19
Supervisor Kathrin Sears, Vice-President	1/19
Supervisor Katie Rice, 2nd Vice-President	1/21

Name and Title of All Members	Board Term Expires
Supervisor Judy Arnold	1/19
Supervisor Damon Connolly, President	1/19
Supervisor Kathrin Sears, Vice-President	1/21
Supervisor Katie Rice, 2nd Vice-President	1/21
Supervisor Dennis Rodoni	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 23

Race Composition	% of PSA's 60+ Population ⁴²	% on Advisory Council ⁴³
White	91%	91%
Black	2%	9%
Asian/ Pacific Islander	5%	0%
Native American/ Alaskan Native	0.2%	4%
Other	1%	0%
Two or more races	2%	0%
Ethnic Composition	% of PSA's 60+ Population ⁴⁴	% on Advisory Council ⁴⁵
Hispanic	5%	9%

⁴² American Community Survey 5 year Estimates (2012-2016). 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 3/15/18.

⁴³ Number equals greater than 100% as respondents could choose more than one option.

⁴⁴ American Community Survey 5 year Estimates (2012-2016). 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 3/15/18.

Name and Title of Officers	Term Expires
Salamah Locks, President	6/18
Ralph Marchese, Vice President	6/18
Francie Bedinger, Secretary	6/19

Name and Title of All Members	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	6/20
Diana Bradley	6/19
Girija Brilliant	6/20
Teri Dowling	6/18
Marianne Gontarz York	6/20
Michael Hagerty	6/19
Kathleen Sue Kwentus	6/20
Suellen Lamorte	6/20

Beth Livoti	6/19
Salamah Locks	6/18
Diana López	6/20
Ralph Marchese	6/20
Lenore McDonald	6/18
James Monson	6/19
Judith Saffran	6/18
Fred Silverman	6/19
Jody Timms	6/18
Sharon Turner	6/19
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 has reported being low income or a locally elected official. 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).

DRAFT

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.⁴⁶

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?

11%. Title IIIB funding for legal services increased from 5% in last Area Plan cycle to 11% 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.

⁴⁶ 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	1
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. Legal Aid of Marin b. c.	a. Marin County 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 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
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 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
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 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

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 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
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 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

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

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 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
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 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
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 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
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 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
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 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

*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 partially 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 IIIIE 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 IIIIE 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 IIIIE 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

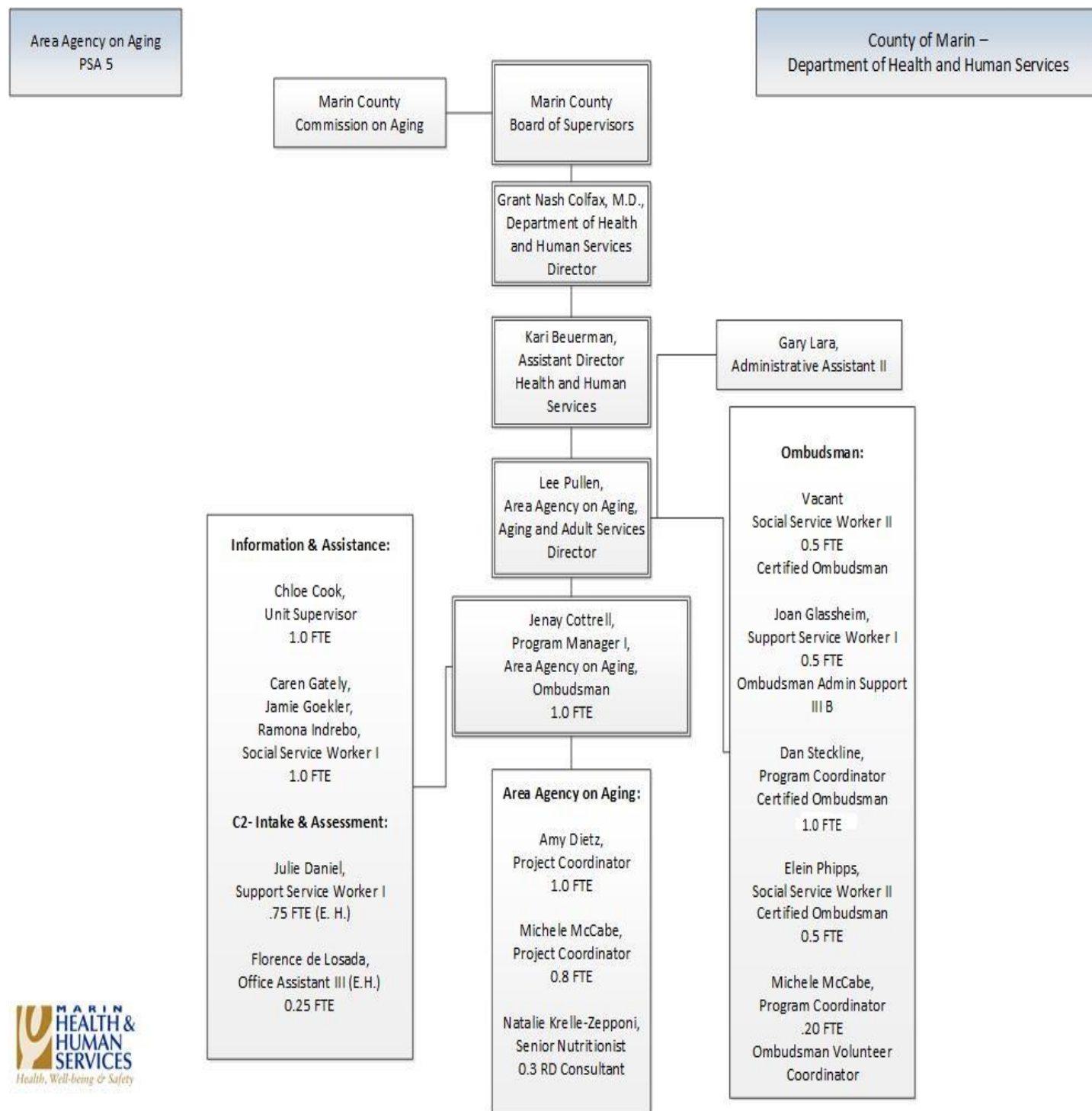
- *Provider name and address of agency:* Marin County Aging and Adult Services. 10 N. San Pedro, San Rafael, Ca 94901.

- *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.

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.

DRAFT

Appendix 1: Marin Year of the Older Adult Resolution

RESOLUTION of THE BOARD OF SUPERVISORS MARIN COUNTY

PROCLAIMING 2018 AS YEAR OF THE OLDER ADULT

WHEREAS, as the author and feminist leader Betty Friedan, taught us, "Aging is not lost youth but a new stage of opportunity and strength." And yet, as the screen legend Bette Davis famously remarked, "old age is no place for sissies." Guided by this spirit of optimism and acknowledgement, the County of Marin proclaims 2018 as the Year of the Older Adult to highlight the ways older adults in Marin create a welcoming place to age, learn, share and grow, while recognizing the concerns and challenges aging may bring; and

WHEREAS, Marin's older residents are valued, honored and celebrated for the many ways in which they contribute to, strengthen and add vitality to the lively social and cultural fabric of life in Marin. People and cultures throughout history have looked to elders for their deeper understanding, sharing their stories and lore, and seeking their wisdom and sage advice, leavened by changing times, circumstances and hard-won experience; and

WHEREAS, with 27 percent of its total population of 256,349 residents age 60 or older, Marin is the oldest county in the San Francisco Bay Area and one of the oldest in California. The number of older adults in Marin County will increase proportionately until 2030 when this cohort will account for 34 percent of Marin's population, a rate of increase surpassing the national average; and

WHEREAS, older adults in Marin are a vital source of experience, wisdom, energy and know-how, contributing immeasurably to helping Marin reach for and achieve the high quality of life it seeks for all residents; and

WHEREAS, older adults are active in Marin's civic life. Drawing on years of professional and life experience, older people serve as volunteers and consultants in groups such as Experience Corps, the Financial Abuse Specialist Team, the Long-Term Care Ombudsman Program, the Marin Medical Reserve Corps, and the Aging and Disability Resource Connection, to name just a few; and

WHEREAS, the growing population of adults 60 and older presents challenges for individuals, families, communities and local government, all of which must plan immediately and in the future for how best to serve increasing numbers of people with varied needs, financial circumstances, and living situations; and

WHEREAS, the Marin County Area on Aging's 2016 Community Needs Assessment identified falls, memory loss, financial security, crime/financial abuse, end-of-life plans, isolation and depression as the top concerns of residents polled; and

WHEREAS, with one in four older adults in Marin County living below economic self-sufficiency, as measured by the Elder Economic Security Index, financial security is a pervasive, widely-shared concern of older adults in Marin, regardless of income; and

WHEREAS, supporting residents to Live Long and Live Well is a priority Marin set in 2014 with programs and services to provide opportunities for older adults to thrive. Today, more than 125 agencies and service providers are collaborating for an age-friendly Marin through the Aging Action Initiative. In 2018, the Aging Action Initiative highlights four issues areas important for older adults: housing (a place to live), Aging in Community (at-home resources, social isolation and mental health), economic security, and transportation; and

WHEREAS, throughout Marin, jurisdictions are working hard to gain the World Health Organization's "Age Friendly" designation, setting them on a path to make communities great places to grow up and grow old.

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Marin hereby proclaims 2018, as "The Year of the Older Adult" and invites everyone to join this year-long celebration by attending the many social and educational events featured throughout the year.

BE IT FURTHER RESOLVED that as we go about this year, let us each resolve to take the time to see and acknowledge the older adults living here, and to pause and say hello or share a kind word of encouragement and appreciation. Being seen and honored will make the Year of the Older Adult a true community celebration.

PASSED AND ADOPTED at a regular meeting of the Board of Supervisors of the County of Marin held this 23rd day of January 2018.


DAMON CONNOLLY - SUPERVISOR, DISTRICT 1 - PRESIDENT


KATHRIN SEARS - SUPERVISOR, DISTRICT 3


DENNIS RODONI - SUPERVISOR, DISTRICT 4

