

AREA PLAN 2020-2024



AREA AGENCY ON AGING

Marin County Aging and Adult Services

10 N. San Pedro Rd.

San Rafael, CA 94903

(415) 457-INFO

www.LiveLongLiveWellMarin.org



All County publications are available in alternative formats (Braille, Large Print, or CD), upon request. Requests for accommodations may be made by calling (415) 473-4381 (voice), 711 (TTY) or e-mailing disabilityaccess@marincounty.org.

CONTENTS

2020-2024 4-Year Area Plan Required Components Checklist.....	4
Transmittal Letter	5
Executive Summary.....	6
Section 1: Mission Statements	7
Section 2: Description of the Planning and Service Area.....	8
Local Community Programs and Partnerships.....	11
AAA Services.....	17
Section 3: Description of the Area Agency on Aging.....	19
Section 4: Planning Process and Establishing Priorities	21
Section 5: AAA Area Plan 2020-2024 Needs Assessment	22
Section 7: Public Hearings.....	32
Section 8: Identification of Priorities.....	36
Section 9: 2020– 2024 Area Planning Cycle	37
Section 10: Service Unit Plan (SUP) Objectives	41
Section 11: Focal Points.....	65
Section 12: Disaster Preparedness.....	66
Section 13: Priority Services	69
Section 14: Notice of Intent to Provide Direct Services	71
Section 15: Request for Approval to Provide Direct Service.....	73
Section 16: Governing Board.....	76
Section 17: Advisory Council.....	77
Section 18: Legal Assistance.....	80
Section 19: Multipurpose Senior Center Acquisition or Construction Review	84
Section 20: Family Caregiver Support	85

Section 21: Organizational Chart.....	91
Section 22: Assurances.....	92

APPROVED

2020-2024 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

To ensure all required components are included, “X” mark the far-right column boxes.

Enclose a copy of the checklist with your Area Plan; *submit this form with the Area Plan due 5/1/20 only*

Section	Four-Year Area Plan Components	4-Year Plan
	Transmittal Letter – must have original, ink signatures or official signature stamps- no photocopies	<input checked="" type="checkbox"/>
1	Mission Statements	<input checked="" type="checkbox"/>
2	Description of the Planning and Service Area (PSA)	<input checked="" type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)	<input checked="" type="checkbox"/>
4	Planning Process / Establishing Priorities	<input checked="" type="checkbox"/>
5	Needs Assessment	<input checked="" type="checkbox"/>
6	Targeting	<input checked="" type="checkbox"/>
7	Public Hearings	<input checked="" type="checkbox"/>
8	Identification of Priorities	<input checked="" type="checkbox"/>
9	Area Plan Narrative Goals and Objectives:	<input checked="" type="checkbox"/>
9	Title IIIB Funded Program Development (PD) Objectives	<input checked="" type="checkbox"/>
9	Title IIIB Funded Coordination (C) Objectives	<input checked="" type="checkbox"/>
9	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
9	Title IIIB/VII A Long-Term Care Ombudsman Objectives	<input checked="" type="checkbox"/>
9	Title VII Elder Abuse Prevention Objectives	<input checked="" type="checkbox"/>
10	Service Unit Plan (SUP) Objectives and Long-Term Care Ombudsman Outcomes	<input checked="" type="checkbox"/>
11	Focal Points	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Priority Services	<input checked="" type="checkbox"/>
14	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
15	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>
18	Legal Assistance	<input checked="" type="checkbox"/>
19	Multipurpose Senior Center Acquisition or Construction Compliance Review	<input checked="" type="checkbox"/>
20	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
21	Organization Chart	<input checked="" type="checkbox"/>
22	Assurances	<input checked="" type="checkbox"/>

TRANSMITTAL LETTER

2020-2024 Four Year Area Plan

Check one: ☒ FY 20-24 ☐ FY 21-22 ☐ FY 22-23 ☐ FY 23-24**AAA Name:** County of Marin Aging and Adult Services**PSA 5**

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

1.
Katie Rice

Signature: Governing Board Chair ¹

Date

2.
Ralph Marchese

Signature: Advisory Council Chair

Date

3.
Lee Pullen

Signature: Area Agency Director

Date

¹ Original signatures or official signature stamps are required.

EXECUTIVE SUMMARY

Area Agencies on Aging (AAAs) across the nation are required to submit an Area Plan, typically every four years, that reflects future activities of the AAA to best serve the needs identified by older adults, adults with disabilities and caregivers in their designated Planning and Service Area (PSA). In Marin County, the Department of Health and Human Services, Aging and Adult Services, has been designated by the Board of Supervisors to administer the AAA that covers Planning and Service Area 5 (PSA 5). The agency is responsible for planning, coordinating, administering and monitoring AAA programs and services locally that are funded through the Older Americans Act.

The AAA and the Marin County Commission on Aging (MCCOA) conducted an extensive needs assessment of older adults in the past year. Data was gathered from several sources, the foremost being a randomized needs assessment survey of older adults conducted in 2019. Results have provided significant and extensive information, which has informed the planning process. An analysis of these results, along with other data sources, revealed that there were differences in the health status, food security and isolation along income, racial, gender and age lines.

Data and the work of community stakeholders are presented in this plan, along with the strategies the AAA and the Marin County Commission on Aging (MCCOA) will be executing to meet the needs of the communities served. To this end, the AAA's goals during the next four years are:

1. Actively advocate for the needs of older adults at local, state and federal level.
2. Pursue opportunities to improve access to information, assistance and resources in order to achieve greater equity among older adults in Marin.
3. Reinforce the important role of the social determinants which factor into the health and well-being of older adults.
4. Promote and lead efforts that create and maintain age-friendly, livable communities in Marin.

The Area Agency on Aging Area Plan: 2020–2024 is the roadmap that will guide the work of the AAA and is rooted in supporting Marin residents to Live Long and Live Well. This four-year plan can assist in informing policy makers, funders, service providers and members of the community about the needs of older adults in Marin County while engendering opportunities to improve their quality of life and sustain their independence.

SECTION 1: MISSION STATEMENTS

The core mission of the Area Agency on Aging (AAA) as chartered by the Older Americans Act and Older Californians Act is as follows: provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.



Aging and Adult Services

As the administrator of the AAA in Marin County, it is the mission of Aging and Adult Services to:

Promote and protect the health, well-being, self-sufficiency and safety of people in Marin so that they can Live Long and Live Well.

Marin County Commission on Aging

As the advisory council to the AAA, it is the mission of the Marin County Commission on Aging to:

Promote the dignity, independence and quality of life of older persons through advocacy, information, programs and services.

SECTION 2: DESCRIPTION OF THE PLANNING AND SERVICE AREA

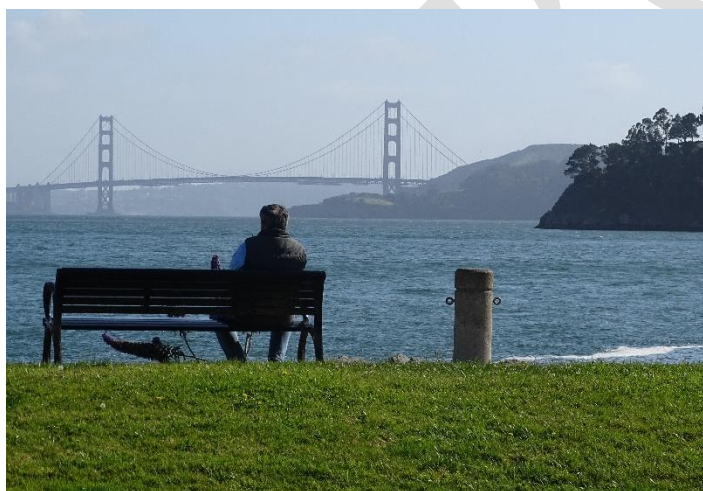
Physical and Demographic Characteristics

The natural beauty of Marin County is breathtaking, from the peaks of Mount Tamalpais and its redwoods to the Pacific Coastline. Marin's neighboring counties are Sonoma and San Francisco. 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 county's eleven incorporated cities and towns fall on either side of this major thoroughfare. Highway 101 is a critical route, prone to congestion in high traffic times, which occur on most weekdays

Marin County covers 520 square miles, much 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 agricultural and dairy farms, is reminiscent of the early history of Marin County and presents unique opportunities and challenges for older adult programming.

In 2019, for the ninth time in ten years, Marin was ranked the healthiest county in the state of California by the Robert Wood Johnson Foundation.² Marin County has a total population of approximately 260,000 people and has a substantial and growing number of older adult residents. Persons over the age of 60



currently comprise 29 percent of the total population, making Marin County one of the oldest counties in the Bay Area.³ Statewide, persons over 60 account for 19 percent of the population.⁴ A majority of Marin County's older adults age 60 and older are White (90.1 percent), a rate higher than California as a whole, which is 70 percent white.⁵ In Marin, Black/African Americans age 60 and older comprise 1.5 percent of the population, Asians 4.9 percent American Indian/Alaska Natives 0.2 percent, Native Hawaiian and Other Pacific Islander 0.2 percent, Other 1.6 percent and Two or more race 1.5

²County Health Rankings. Available at:

<https://www.countyhealthrankings.org/app/california/2019/rankings/marin/county/outcomes/overall/snapshot>

³ American Community Survey 5-year Estimates (2013-2018). Population 60 Years and over in the United States, Marin County. Available at: data.census.gov. Accessed 2/21/20

⁴ American Community Survey 5-year Estimates (2013-2018). Population 60 Years and over in California.

⁵ American Community Survey 5-year Estimates (2013-2018). Population 60 Years and over in the United States, Marin County. Available at: data.census.gov. Accessed 2/21/20.

percent. Five percent of the older adult population identify as being Hispanic or Latino.⁶ Three percent of adults over 60 in Marin County speak English less than very well, compared to 16 percent of adults over 60 in California overall.⁷ Marin County older adults tend to be more educated than those across the state, with 58 percent having attained a Bachelor's degree or higher compared to 31 percent in California. Statewide, 11 percent of older adults fall at or below the Federal Poverty Level (FPL), whereas in Marin that number is 6 percent. The number of older adults in Marin will proportionally continue to increase until 2030, when they are estimated to account for 38 percent.⁸

It is worth noting that Marin County has one of the highest costs of living in California.⁹ The Federal Poverty Level, as a measure of income insecurity, therefore, fails to capture a large swath of Marin's older adult population who have incomes higher than the FPL but who are economically insecure. An older adult's cost of living is different than that of an 18-year-old. The Elder Index, developed by UCLA Center for Health Policy Research, accounts for the financial needs of older adults by examining how much it would take to live in each county in California when accounting for housing, food, healthcare,



transportation and other miscellaneous expenses. The basic cost of living for a single older adult renter in Marin is approximately 27 percent higher than the state average and one of the highest in the state.¹⁰ Using calculations based on the Elder Index, last released in 2015, the AAA determined that older adults who fall below 300 percent of the FPL are financially insecure. In 2020, the FPL was \$12,760, meaning that a single older adult in Marin needs to have a threshold income of \$38,280 to make ends meet. Over 25 percent of all Marin's older adults fell at or below this threshold, needing to make monthly decisions as to whether they can pay for rent,

electricity, food, medications and other life expenses.¹¹ It is hard not to glaze over when reading statistics and to forget that percentages are people. Yet one quarter of all persons over 60 in Marin make choices every day about accessing necessary services, including the ability to afford medications. This is a concern of older adults as revealed in the *AAA Adult Needs Assessment*.

⁶ Ibid.

⁷ Ibid.

⁸ 2019 California Department of Aging Population Demographic Projections by County and PSA. California Department of Finance, Demographic Research Unit.

⁹ California Budget and Policy Center. "Making Ends Meet: How Much Does It Cost to Support a Family in California?" Available at: <https://calbudgetcenter.org/resources/making-ends-meet-much-cost-support-family-california/> Accessed 3/6/20.

¹⁰ County Health Rankings 2019. Available at: <https://www.countyhealthrankings.org/app/california/2019/rankings/marin/county/outcomes/overall/snapshot>. Accessed 2/24/20

¹¹ Steven Ruggles, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas and Matthew Sobek. IPUMS USA: Version 9.0 [dataset]. Minneapolis, MN: IPUMS, 2020. <https://doi.org/10.18128/D010.V9.0>

Many older adults in Marin hope to age in place, remaining in their homes and communities.¹² Creating and supporting safe and hospitable housing and neighborhoods will enable older adults to remain in their homes and communities preventing institutionalization and its high costs.¹³ A lack of affordable and qualified caregivers and increasing housing costs are preventing some from doing so. This can be increasingly difficult in rural areas where health and social services are limited. As the cost of living and the cost of services increase, the ability of older consumers and their families to pay for needed care is strained. Other older adults experience geographic isolation that creates challenges for the older adult service delivery system in Marin County.

The AAA works collaboratively with many statewide and local organizations and political representatives to advocate for and fund the needs and services of the growing and vibrant population of older adults in Marin.

Statewide Efforts

California Master Plan for Aging

Recognizing that California's over-65 population is projected to grow to 8.6 million by 2030, Governor Gavin Newsom issued an executive order calling for the development of creation of a Master Plan for Aging.¹⁴ This Master Plan is meant to serve as a blueprint that can be used by state government, local communities, private organizations and philanthropy to build environments that promote an age-friendly California. The mission of this plan is to advance a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence.

Governor Newsom has called for stakeholders and legislators to address challenges older adults face including system fragmentation, financing, lack of access and a shortage of workforce needed to address the needs of the growing older adult population. The California Department of Aging hosts the "Wednesday Webinar" series <https://www.engageca.org/master-plan-get-engaged> to discuss and gather input on a range of issues that will impact and inform the plan. Members of the Marin County Commission on Aging regularly participate.

To further inform the plan and fully address the needs and concerns of older adults, the SCAN Foundation has performed background research, estimating that more than half of long-term care spending is out-of-pocket. Over 4.5 million unpaid family caregivers, representing most of the long-term care workforce,

¹² *Age Forward: a Framework for an Age-Friendly County of Marin*. January 2020. Available at :

https://www.marinhhhs.org/sites/default/files/files/servicepages/2020_03/cc_af_com_plan_final.pdf. Accessed 3/6/20.

¹³ "Aging and Urbanization: Principles for Creating Sustainable, Growth Oriented and Age-Friendly Cities." McGraw Hill Financial Global Institute. January 2016. Available at : http://media.mhfi.com/documents/AgingUrbanization_1+15.pdf

¹⁴ Executive Order: California Master Plan on Aging. Available at : <https://www.gov.ca.gov/wp-content/uploads/2019/06/6.10.19-Master-Plan-for-Aging-EO.pdf>. Accessed 2/20/20.

provide \$63 billion worth of care in California per year.¹⁵ System fragmentation, in regard to funding and accessing services, makes it difficult for older adults to navigate a complex system of medical and social supports.

The goals of the person-centered framework are:¹⁶

1. Services and Supports: We will be able to live where we choose as we age and have the help we and our families need to do so.
2. Livable Communities and Purpose: We will live in and be engaged in communities that are age-friendly, dementia-friendly and disability-friendly.
3. Health and Well-Being: We will maintain our health and well-being as we age.
4. Economic Security and Safety: We will have economic security and be safe from abuse, neglect and exploitation throughout our lives.

The work of the California Department of Aging and all the State's AAAs will be directly impacted by this plan and its recommendations. The AAA's partnerships and leadership in creating a no-wrong-door system for accessing services and the development of an Age-Friendly Plan for the County of Marin¹⁷ have created a framework for adopting recommendations and policies as they emerge.

Local Community Programs and Partnerships

Collaborative solutions are needed to engage older adults and develop service delivery approaches that appeal to this cohort. As Marin County's population shifts to comprise a larger percentage of older adults, there will be increased demand for services and supports. Marin County has a robust system of collaborative community organizations serving the needs of older adults. The Area Agency on Aging (AAA) actively leads and participates in these cooperative efforts and development of policies.

Aging Action Initiative

In 2014, the AAA received support from the Board of Supervisors to convene the community to address the needs and issues of older adults in Marin County. This led to the creation of the Aging Action Initiative (AAI), tasked with promoting a countywide age-friendly environment, especially for those in need, collectively created by a strong network of service providers and funders through public education, policy, advocacy and service innovation. Six years after its inception, the AAI network now includes 250 organizations. The purpose of AAI is to bring the lens of aging equity to every community issue, create new

¹⁵ Unpaid caregiving valued at \$450 billion per year; Lynn Feinberg, Susan C. Reinhard, Ari Houser and Rita Choula, "Valuing the Invaluable, 2011 Update," <http://assets.aarp.org/rgcenter/ppi/ltc/i51-caregiving.pdf> and Lynn Feinberg, Testimony to the Long-Term Care Commission, Populations in Need of LTSS and Service Delivery Issues, July 27, 2013

¹⁶ "Master Plan for Aging." The SCAN Foundation. Available at: <https://www.thescanfoundation.org/publication-cat/master-plan-for-aging/> Accessed 2/19/20.

¹⁷ *Age Forward: a Framework for an Age-Friendly County of Marin*. January 2020. Available at : https://www.marinhhs.org/sites/default/files/files/servicepages/2020_03/cc_af_com_plan_final.pdf. Accessed 3/6/20.

collaborations and build relationships for advocacy and education. The AAI serves the community and its providers by offering a series of free learning workshops. Inform & Connect is an annual academy of classes about resources for front line information, assistance, resource referral and caregiver staff. Detect & Connect, funded through a Mental Health Services Act innovation grant from the County, helps employees, volunteers and community members detect concerning behavior in older adults, including those experiencing cognitive, behavioral and mental health issues. It teaches skills in connecting with the adult through compassionate communication and to appropriate resources. AAA staff are regular presenters at these workshops and their expertise is utilized in AAI planning and events. This past year, the AAI created a new working group, the Advocacy Alliance. This Alliance is responsible for providing a unified voice and strong and consistent advocacy on issues that affect the health, economic security, housing and transportation of older people living in Marin. Members of the Commission on Aging and AAA staff sit on the steering committee of the organization and are actively involved in its work.

Marin Community Foundation

The Marin Community Foundation (MCF), through its discretionary grant making program, works closely with community organizations and the AAA to improve service delivery towards the betterment of older adults in Marin County.



Rollin Root Mobile Farmers Market

The Foundation is currently focused on a number of aging initiatives, including a grant program to assist community-based organizations serving older adults, many of which also work directly with the AAA, in improving their business acumen in order to prepare these organizations for health care partnering opportunities. A second initiative focuses on addressing economic security of low-income older adults. This initiative includes grants to support comprehensive financial coaching services and finding employment. Related to this initiative, MCF, in partnership with the AAA and other stakeholders, hosted a convening attended by 170 community leaders and services providers to raise awareness of the economic challenges

facing Marin's older population. MCF also funds projects related to affordable housing and provides construction grants, advocacy funding and loans to increase affordable housing options, including senior housing.

MCF has issued a series of "Healthy Eating Active Living" grants focused on Policy, Systems and Environmental change. Among the projects funded is the Rollin Root, a mobile Farmers Market Van, which is operated by the Agricultural Institute of Marin. Recognizing that food deserts exist in rural areas where

older adults face transportation challenges, MCF is now funding an expansion of the Rolling Root to three areas in West Marin: Point Reyes Station, the San Geronimo Valley Community Center and Tomales Bay. Organic fruits and vegetables are offered at below-market rates and older adults are encouraged to use Cal Fresh benefits and senior farmer's market coupons, which are administered by the AAA. MCF is also working with the County and with the AAA to increase the enrollment of older adults in public benefit programs, including the recent Cal-Fresh expansion project. Those enrolled are able to use their Electronic Benefits Transfer cards, a system used for public assistance benefits, at the Rollin Root and other Farmers Markets, where they can receive 50 percent off their purchases through Market Match and can also use "bonus bucks," a program funded by MCF. There has also been an increased focus on disaster preparedness as it pertains to Marin's community, especially for older adults. A Marin Disaster Interagency Collaborative was long in effect but lacked program staff. MCF funding has provided an infrastructure for the group, which has led to increased participation and concrete action.

Emergency Planning

The need and desire for emergency preparedness was evident in needs assessments administered by the AAA and the Age Forward: Age-Friendly County of Marin Initiative. (See [Section 5: Needs Assessment](#)). The Federal Emergency Management Administration (also known as FEMA) endorses a Whole Community approach to emergency management, one that many communities have used for years with great success and one which has been gathering strength in jurisdictions across the U.S. As a concept, "Whole Community" is a means by which residents, emergency management practitioners, community leaders and government officials can collectively understand and assess the needs of their respective communities. They then determine the best ways to organize and strengthen their assets, capacities and interests.¹⁸ The Marin Voluntary Organizations Active in Disaster (VOAD), formerly known as the Marin Interagency Disaster Coalition, embodies this approach. Its mission is to foster effective service delivery to those affected by disasters through the collaboration of community agencies throughout the disaster cycle – preparedness, response and recovery. Marin County Health and Human Services, as well as other County Departments, are active partners in cross-departmental and cross-agency planning.

This last year, Marin County residents went without power, first for three days and then five days due to PG&E Power Safety Shutoffs. The County is working with community partners to develop community emergency response and recovery plans. During the power shutoffs, there was uncoordinated and inconsistent outreach to Marin County's vulnerable populations. Increasing individual and neighborhood readiness and integrating access and functional needs considerations into emergency response plans are important strategies to build community resilience. Notably, Marin Medical Reserve Corps, a volunteer

¹⁸ "A Whole Community Approach to Emergency Management: Principles, Themes and Pathways for Action." Federal Emergency Management Agency. Available at: https://www.fema.gov/media-library-data/20130726-1813-25045-0649/whole_community_dec2011_2.pdf. Accessed 2/19/20.

health care emergency response unit comprised primarily of older adults, will support targeted outreach to these vulnerable populations.

In 2020, Marin County, in partnership with Marin Center for Independent Living, is launching the Disability Access and Functional Needs workgroup. The workgroup will reach out to other stakeholders and community partners that serve people with disabilities and access and functional needs and recruit them to be an integral part of the planning process and execution of training and exercises involving disaster response and recovery. Staff of the AAA will be active partners in the planning and implementation of revised emergency response plans to address the needs of these populations.

Adult Disability and Resource Connection (ADRC)

In California, Aging and Disability Resource Connections or Centers (ADRCs) are each comprised of a core partnership between an Area Agency on Aging and an Independent Living Center that together serve older adults and persons with disabilities. ADRCs provide “no-wrong-door” access to comprehensive, trusted and objective information, counseling and assistance that empowers individuals to consider all options, make informed decisions, and access community supports that help them meet their personal goals for independence.

In 2014, the Marin AAA and the Marin Center for Independent Living (MCIL) recognized the need for coordinated, person-centered services in Marin County and established an emerging ADRC to serve our community’s needs. In 2019, the Marin ADRC became formally designated by the State of California. Marin’s ADRC has built upon the AAA’s robust Information & Assistance (I&A) services and is staffed by both I&A and MCIL personnel. The Marin ADRC provides four key services: short-term resource coordination, benefits counseling, hospital-to-home transitions, and options planning. Marin’s ADRC directly addresses a key point in California Governor Gavin Newsom’s Executive Order for a Master Plan for Aging: that older adults and persons with disabilities should be able to remain in their community and have access to a broad range of public and private programs, resources and supports, including health, homecare, food and nutrition, human services, housing and transportation.

In 2019, the AAA contracted with MCIL to provide services under the umbrella of the ADRC to inform and educate newly eligible individuals about Cal Fresh food benefits which became available to many older adults and persons with disabilities who receive SSI/SSP benefits.

In the next year, with funding provided by the California State General Fund ADRC Infrastructure Grants program for designated ADRCs, Marin’s ADRC will be able to provide services to more individuals. Marin’s ADRC will build capacity by hiring more ADRC navigators to provide the four key services, most notably options counseling, an independent decision-support process. With options counseling individuals and their family members/significant others are supported in their deliberations to determine care choices based on their needs, preferences, values and individual situations.



County of Marin: Health and Human Services Strategic Plan

In 2019, the County of Marin's Health and Human Services (HHS) created a strategic plan, the *Strategic Plan to Achieve Health and Wellness Equity (HHS Equity Plan)*.¹⁹ The Board of Supervisors, which adopted the plan, has defined equity as, "just and fair inclusion in the county where all can participate, prosper and reach their full potential. Equity efforts seek to rectify historic patterns of exclusion."

The HHS Equity Plan centers on four focus areas—client, community, conditions and quality. The strategies and actions outlined in the plan are aimed at advancing equity, leading with racial equity. It aims to make HHS more responsive to communities by co-designing and collaboratively implementing services. In focusing on conditions, HHS is taking action to improve livability in communities of color. The needs assessment survey conducted by the AAA in the past year found that disparities exist among people of color and their white counterparts. AAA staff are working within department-wide collaborations to address the inequities experienced by older persons of color and to develop culturally appropriate programming.

The HHS Equity Plan endorses the concepts of social determinants of health, namely, that social and physical environments directly impact one's physical and mental health. Social determinants of health are conditions in the environment where people are born, live, work, worship and age that affect a wide range of health, functioning and quality of life outcomes and risks.²⁰ The conditions in which an individual lives, including access to healthy food and the ability to socialize within a community, impact one's sense of security and well-being. Resources that enhance quality of life, such as safe and affordable housing, can have a significant influence on population health outcomes.

Age Forward: a Framework for an Age-Friendly County of Marin²¹

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. In 2006, the World Health Organization (WHO) launched the Global Network of Age-Friendly Cities and Communities to help communities around the world prepare for dramatic increases in older adult populations.²² Six years later, the American Association of Retired Persons (AARP) partnered with the WHO to advance age-friendly communities' advocacy in the

¹⁹ County of Marin Health and Human Services, "Strategic Plan to Achieve Health and Wellness Equity. Available at: https://drive.google.com/file/d/1e7Wmcl-Y8816l3B_KXk7tnhImO83-fii/view. Accessed 2/24/20.

²⁰ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. "Healthy People 2020." Available at <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>. Accessed 2/19/20.

²¹ *Age Forward: a Framework for an Age-Friendly County of Marin*. January 2020. Available at : https://www.marinhhs.org/sites/default/files/files/servicepages/2020_03/cc_af_com_plan_final.pdf

²² AARP Livable Communities: Introducing the Age-Friendly Network. (2014). Available at: <https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/anintroduction>. Html. Accessed 2/19/20.



United States, through AARP Livable Communities. There are currently over 400 WHO/AARP designated age-friendly/livable communities in the US,²³ 10 of them, including the County of Marin, are in Marin County.

The Age-Friendly Marin Network is an alliance of local professionals, residents and community groups who support the development and advancement of age-friendly communities across Marin County by promoting active aging, good health and quality of life with inclusion and respect for all. As of October 2019, nine of the 11 incorporated cities and towns in Marin County have joined the WHO/AARP Age-Friendly Network and are part of the Age-Friendly Marin Network, demonstrating overwhelming public and private advocacy and support for making Marin's communities more responsive to and inclusive

of older adults.

In 2018, the Board of Supervisors approved the County's application to join the WHO/AARP Network of Age-Friendly Communities, launching a five-year commitment to identify needs and explore changes to help make the County of Marin more age friendly. The County of Marin's age-friendly plan, *Age Forward: A Framework for an Age-Friendly County of Marin (Age-Forward)*, examines how County departments can incorporate these approaches into their work, including Libraries, Public Works and emergency personnel. *Age Forward* also looks at the needs of the unincorporated areas of Marin. It uses an age-forward approach into daily and long-range work to help the County advance a more equitable community across the lifespan of its residents. This is the first time an aging related County level plan has been developed that incorporates county departments alongside local organizations, groups and residents. The Plan also shines a lens on equity, recognizing that inequities compound with age. Viable solutions are those that improve the lives of residents who are the most vulnerable, experience the greatest barriers and are hardest to reach. Following a robust needs assessment ([Section 5: Needs Assessment](#)), six focus areas were identified.:

1. *Housing*. Goal: Affordable and accessible housing options are available to all residents.
2. *Mobility options*. Goal: Mobility needs are met by a more flexible and responsive public and private system.
3. *Community services*. Goal: Design, target and deliver community-based services to maximize efficiency and impact.
4. *Disaster preparedness*. Goal: Older adults are prepared for and safe during natural disasters and emergencies.
5. *Social connection*. Goal: Older adults are actively and passively connected to the people, places and services around them.

²³ World Health Organization: AARP Network of Age-Friendly Communities. (2012). Available at: <https://extranet.who.int/agefriendlyworld/network/aarp-network-of-age-friendly-communities-2/> Accessed 2/19/20.

6. *Unincorporated areas.* Goal: Older adults in unincorporated areas have the services and supports necessary to safely and contentedly age in place; West Marin is an incubator for age-friendly activities in unincorporated areas

County leadership recognized that Aging and Adult Services, which houses the AAA and the Marin County Commission on Aging (MCCOA) have the expertise, connections and passion to carry out the work of the Age-Forward Plan. A new coordinator will carry the age-friendly action items forward, monitor progress, evaluate equity and serve as a liaison with complimentary age-friendly initiatives. A new committee of the Marin County Commission on Aging (MCCOA) will function as a regular advisory oversight and monitoring body, which will work with a newly developed Board committee, comprised of two County supervisors and leaders representing County departments and the community. This Board committee will review the Plan's progress, approve new action items and identify areas that may require Board attention.

AAA Services

The AAA is committed to finding new ways to create a robust service infrastructure to meet the needs of older persons, adults with disabilities and family caregivers in Marin County. Increased collaboration, both with internal and external partners and effective coordination of resources is vital to ensuring that older and disabled adults have access to critical services.

To create a well-coordinated, community-based system of care in Marin County, the AAA subcontracts with a network of private, non-profit agencies serving older adults and family caregivers in the community. The AAA receives approximately \$1,730,000 annually in Older Americans Act monies to fund critical services for older adults, family caregivers and adults with disabilities in Marin and distributes over two-thirds of these monies to contractors. Federal grants allow for the funding of a variety of critical supportive, nutrition and family caregiver services. This last year, AAA programs served approximately 5,500 people, not including those who attended presentations or received written materials. Every four years, the Marin County AAA conducts a needs assessment (see [Section 5: Needs Assessment](#)) to ascertain the current needs of older adults and family caregivers in Marin. The County of Marin Age-Friendly Initiative also conducted a wholistic needs assessment ascertaining age-friendliness in the county, through surveys, focus groups and key informant interviews. The results of these assessments, with subsequent input from community members and providers, are used to determine funding priorities and service delivery goals. In the last four-year cycle, the AAA funded Chore and Outreach services. These did not come up as priorities in the most recent needs assessment and will not be funded this cycle.

The table below describes the programs and services provided by the AAA to respond to the needs of its client population.

AREA AGENCY ON AGING PROGRAMS

Programs provided through Community Based Organizations (AAA funded and monitored)	Programs directly administered by AAA
<ul style="list-style-type: none"> • Assisted transportation and rural assisted transportation • Caregiver registry • Cash/ Material aid • Congregate meal program • Employment services • Family caregiver support programs • Health promotion and disease prevention • Home delivered meal program • Legal assistance • Rural case management • Senior center activities and rural senior center activities • Visiting and rural visiting 	<ul style="list-style-type: none"> • Home-delivered meal program: assessment and ordering • Congregate meal program • Elder abuse prevention • Health Insurance Counseling and Advocacy Program (administered as a consortium by the Sonoma County Aging and Adult Services) • Information and assistance • Nutrition education • Ombudsman

SECTION 3: DESCRIPTION OF THE AREA AGENCY ON AGING

The Marin County Area Agency on Aging (AAA) was designated as a one-county Planning and Service Area (PSA) by the Board of Supervisors in the late 1970s. At that time, the Board designated the Department of Health and Human Services (HHS) as the County's administrator of the AAA. The AAA's oversight is under the auspices of the HHS, Division of Social Services, Office of Aging and Adult Services, which also houses In Home Supportive Services and Adult Protective Services. Aging and Adult Services has a staff with diverse professional, cultural and linguistic backgrounds. As part of HHS, the AAA is able to collaborate directly with other programs and units within the department, including Public Health, Behavioral Health and Recovery Services and Social Services. The AAA is a leader in the community serving the needs of older adults in Marin County and collaborates with programs and services within the County as well as with the external aging services network.

To this end, the AAA undertakes the following activities:

- Develops and implements a comprehensive, multi-year PSA Area Plan that guides the activities of the AAA and the Marin County Commission on Aging (MCCOA).
- Administers Older Americans Act and Older Californians Act programs by developing and coordinating a comprehensive home and community-based service network to meet the needs of older adults, persons with disabilities and family caregivers.
- Ensures a fair contracting process in accordance with the procurement standards set forth by the County of Marin and the mandates of the Older Americans Act and the Older Californians Act.
- Monitors and evaluates contracted service providers.
- Provides technical assistance and training to contractors and other aging service providers.
- Determines the need for health, social and other supportive services for older adults, with special attention to those in greatest economic and/or social need.
- Makes information about resources, services and issues critical to older adults available to the community.
- Coordinates and advocates for the improvement of access and utilization of services by older adults.
- Advocates and educates service providers, elected officials, civic leaders, groups and the community-at-large on the needs and concerns of older adults.
- Analyzes current aging research, trends and demographics pertinent to program planning in order to effectively serve older adults.
- Utilizes evidence-based programs that enhance the lives and promote the independence of older adults.
- Partners with the Marin Center of Independent (MCIL) to operate an Aging and Disability Resource Connection (ADRC), connecting community members to services and supports.

The Marin County Commission on Aging (MCCOA) is a 23-member federally mandated advisory council to the Marin County Board of Supervisors and the AAA. The Commission works closely with Aging and Adult Services on behalf of Marin's older adults. Commissioners are appointed to three-year terms by the Board of Supervisors and the councils of 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, including Legislative, Health and Nutrition, Planning, Housing and Transportation, and Executive, through their work on the Commission. With the support of AAA staff, Commissioners plan an education program for the public at its monthly meetings on topics including Medicare updates, fall prevention and emergency preparedness. Topics for these presentations are the result of community interest and those brought to the forefront by needs assessments (See [Section 5: Needs Assessment](#)). The Commission fulfills this mission by performing the following functions:

- Provides information about the attitudes, needs and opinions of older adults to the Board of Supervisors and the AAA staff.
- Advises on the development of the Area Plan and its subsequent updates.
- Provides a forum for the public to provide feedback and get involved.
- Advocates for the issues that matter to older adults.
- Holds public meetings on the Area Plan and makes funding recommendations.
- Advises the Board of Supervisors on funding allocations, legislation, policies, current issues and other activities pertinent to older adults.
- Raises awareness on aging topics and issues through community education.
- Actively works with the offices of local, state and federal elected officials to inform policymakers of the needs and interests of their constituents.
- Consults and maintains contact with special groups that have responsibilities related to the older American population.



SECTION 4: PLANNING PROCESS AND ESTABLISHING PRIORITIES

AAA Older Adult Needs Assessment²⁴

An oversight committee from the Area Agency on Aging's (AAA) advisory council, the Marin County Commission on Aging (MCCOA), was delegated to steer the planning process and activities of the AAA Older Adult Needs Assessment. The Planning Committee, a standing committee of the MCCOA assumes this responsibility. The committee represents the populations the AAA is mandated to serve. When creating and finalizing the Older Adult Needs Assessment survey, AAA staff solicited feedback, in person and via email, from a broad range of community organizations and stakeholders including county government and philanthropic organizations. Questions were also taken from federal, state and local surveys to better compare results across areas. The AAA held two public forums in which data results were presented and feedback was collected. AAA staff also met regularly with other groups in the process of conducting their own needs assessments, namely the Age-Friendly County of Marin assessment.

Age Forward: Age-Friendly Community Assessment²⁵

The County of Marin undertook a community needs assessment to assess the age-friendliness of departments and unincorporated areas. Surveys were available via paper and online for residents to complete. Key informant interviews were conducted with County leadership and personnel. Focus groups and guided discussions with older adults, local aging service organizations and community leaders and groups were also conducted.

Related data informed the formulation of goals, objectives and funding priorities of the AAA for the next four years.

Further information can be found in the next section, Needs Assessment.



²⁴ AAA Older Adult Needs Assessment 2019 Available at: <https://www.marinhhs.org/area-agency-aging>

²⁵ Age Forward: a Framework for an Age-Friendly County of Marin. January 2020. Available at : https://www.marinhhs.org/sites/default/files/files/servicepages/2020_03/cc_af_com_plan_final.pdf

SECTION 5: AAA AREA PLAN 2020-2024 NEEDS ASSESSMENT

The Older Americans Act requires Area Agencies on Aging (AAAs) across the nation to submit an Area Plan that reflects future activities to address the needs of older persons, adults with disabilities and family caregivers in the service area. In developing the plan, the AAA's client population must be engaged in a process that determines the extent of the need for services as well as evaluates the effectiveness of resources in meeting these needs. Efforts must also include lesbian, gay, bisexual and transgender (LGBT) older adults in this process. The Marin County AAA's needs assessment process adheres to these state and federal planning guidelines to reach a cross-section of the older adult, disabled and family caregiver population in the service area. The Age-Friendly Community Assessment likewise adhered to these regulations, asking different questions with similar themes. In general, the results of the two assessments were similar, though they used different methodologies.

Methodology

***Age Forward: a Framework for an Age-Friendly County of Marin*²⁶**

In 2018, the County of Marin created an advisory committee to lead the development, implementation and assessment of a community needs assessment to assess the age-friendliness of departments and unincorporated areas. Surveys were available via paper and online for residents to complete (N=1,903). Key informant interviews were conducted with County leadership and personnel. Focus groups and guided discussions with older adults, local aging service organizations and community leaders and groups were also conducted, including in unincorporated areas. One focus group was conducted in Spanish. Results from this assessment have helped inform the four-year area plan document.

***AAA Older Adult Needs Assessment Survey*²⁷**

The AAA contracted with Davis Research to conduct a needs assessment of Marin's older adult residents (60+) to better understand their current needs and concerns utilizing a randomized telephone assessment. Questions were developed by the Marin County Commission on Aging, AAA staff, the Federal Emergency Management Agency (FEMA), the US Department of Agriculture (USDA) and the California Department of Aging, with input from community partners and Davis Research. Four hundred, a number commonly accepted as the gold standard for research purposes, telephone surveys were completed between Aug. 14 – Sept. 5, 2019; 202 conducted via a landline and 198 conducted via mobile telephone. The average interview length was 17 minutes. Persons receiving calls were randomly selected from the older adult population (age 60+), meaning that the results of this assessment provide generalizable results of their needs and concerns. Using data from the American Community Survey for demographic baseline purposes, Davis Research

²⁶ *Age Forward: a Framework for an Age-Friendly County of Marin*. January 2020. Available at : https://www.marinhhs.org/sites/default/files/files/servicepages/2020_03/cc_af_com_plan_final.pdf

²⁷ *AAA Older Adult Needs Assessment*. 2019. Available at: <https://www.marinhhs.org/area-agency-aging>. Accessed 2/25/20.

sampling includes a representative sample of gender, race, ethnicity and income levels. In the cases of race and income, weighting was used in analysis when needed. There was no existing demographic baseline information on sexual orientation and gender identity. Significance testing was performed at a 95 percent confidence interval.

The results of this survey use the following definitions:

- Low-income: Three hundred percent of the Federal Poverty Level (in 2019, \$37,470 for one person; \$50,730 for a couple). Twenty-five percent of adults 60+ fall in this category.
- People of Color (POC): Includes all races not White.
- Frail: Indicating needing “some” or “a lot” of help in three or more Activities of Daily Living (ADLs). ADLs include needing help with shopping, cooking, showering, housework, etc.
- Food security: The USDA defines food insecurity as “limited access to adequate food for an active, healthy life due to a lack of money or other resources.” To determine the food insecurity of older adults, the AAA utilized the two validated Hunger Vital Sign screening questions. A person needed to answer “some of the time” or “all of the time” to at least one of the following:
 - Within the past 12 months, I was worried whether our food would run out before I got money to buy more.
 - Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more.

Results

Demographics of respondents matched those available in the American Community Survey (ACS 2013-2017)²⁸ and Integrated Public Use Microdata Series (IPUMS).²⁹ Other notable results found that: six percent of older adults are frail and two percent qualify for the AAA’s home delivered meal program. Four percent identify as being LGBTQ+. Sixty-three percent of older adults in Marin say that their health is very good or excellent and 69 percent rate their quality of life as being very good or excellent.

Topics

Concerns: Respondents were asked their potential level of concern on 17 issues, ranging from affording housing to being isolated. The five most frequently indicated concerns were relatively consistent across age, race and income levels: 1. Climate change; 2. Disasters such as fire, flood or earthquake; 3. Affording healthcare; 4. Losing memory/ cognition; and 5. Financial security. Among those 75 years or older, their third most frequently indicated concern was crime, financial abuse and/or scams.

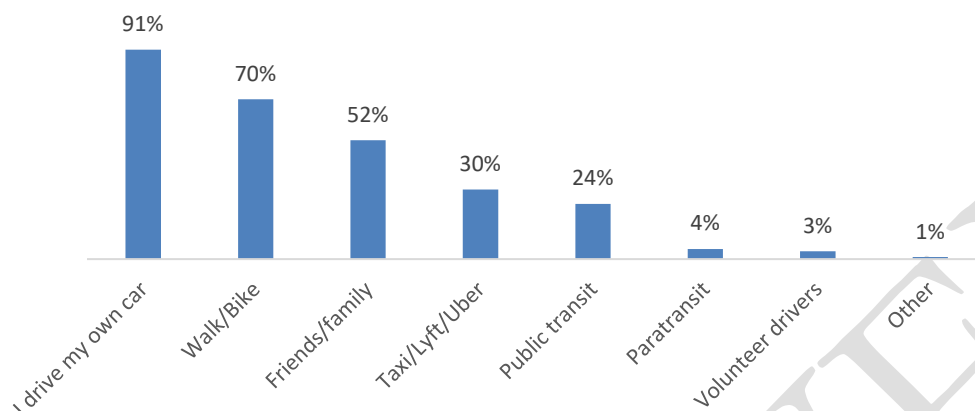
Transportation: Ninety-two percent reported having the transportation that they needed all the time. Six percent of older adults surveyed reported transportation as being a concern.

²⁸ American Community Survey 2013-2017. Available at: <http://factfinder.census.gov/>

²⁹ Steven Ruggles, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas and Matthew Sobek. IPUMS USA: Version 9.0 [dataset]. Minneapolis, MN: IPUMS, 2020. <https://doi.org/10.18128/D010.V9.0>

Ninety-three percent of all of those surveyed still drive. This percentage decreases depending on age; 77 percent of those 85+ are driving.

How do you usually get around when you need to get places?



Falls: In the United States, one in four older adults experiences a fall every year, but less than half tell their doctor.³⁰ Among those age 65 and older, falls are the leading cause of injury related deaths and the age-adjusted rate of fall death is increasing.³¹ One out of five falls causes a serious injury such as a broken bone or a head injury.³² Many people who fall, even if they're not injured, become afraid of falling. Injuries that result from falls and an increased fear of falling can prevent older adults from participating in daily activities such as cooking, cleaning and even going for walks. As a result, some older adults develop sedentary behavior, depression and ultimately a decreased quality of life.³³

The survey results of the *AAA Older Adult Needs Assessment* revealed that although nine percent indicated that falling was a concern, a full one-third reported falling in the past year. Of these, 7 percent called 911 as a result of their fall and 20 percent reported going to the emergency room.

Emergency Preparedness: Disaster preparedness was the second most frequently indicated concern among older adults (25 percent). Approximately 50 percent have prepared a disaster bag for their home and 38 percent said they have prepared a kit that can be easily transported, like a go bag. The majority of older adults (59 percent) stated that they did not have a specific communication plan if they were separated from their family or caregiver during an emergency.

The need for emergency preparedness was also reflected in the Age-Friendly Needs Assessment.

³⁰ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Available at : <https://www.cdc.gov/injury/wisqars/>. Accessed 2/25/20.

³¹ Ibid.

³² Ibid.

³³ Centers for Disease Control Important Facts About Falls. Available at : <https://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html>. Accessed 2/25/20.

Nutrition: Food insecurity, defined as "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways,"³⁴ is known to exacerbate chronic health conditions and is also associated with increased rates of diabetes, hypertension, congestive heart failure and depression.³⁵ In the United States, ten percent of older adults are food insecure or very food insecure.³⁶ Of these persons, over two-thirds are white and have incomes that fall above the poverty line.³⁷

In Marin County, ten percent of all older adults are food insecure. Twenty-five percent of Marin's older adults are at risk of food insecurity as they are low-income (below 300 percent FPL). The Elder Index was developed to assess the threshold income for older adults to afford all aspects of daily living, including food, healthcare, housing, transportation, etc. Those who are low-income must make choices as to what they are able to purchase with their given income to be self-sufficient, including food. Making these choices daily is an indicator of being at risk for being food insecure.

Eating regular balanced meals is only part of healthy nutrition practices. In the *AAA Older Adult Needs Assessment*, 15 percent of all respondents ate alone all of the time. This has implications not only on the physical health of older adults, but also their emotional and mental well-being.

Women were three times as likely to eat alone all of the time than men (21 percent vs. 7 percent). More than a third of low-income older adults reported eating alone all the time. Those who are over the age of 75 are significantly more likely to report that they eat alone.

Caregiving: Eighty-three percent of the help provided to older adults in the United States comes from family members, friends or other unpaid caregivers.³⁸ Nearly half of all caregivers (48 percent) who provide help to older adults do so for someone with Alzheimer's or another dementia. In 2018, caregivers of people with Alzheimer's or other dementias provided an estimated 18.5 billion hours of informal (that is, unpaid) assistance, a contribution to the nation valued at \$233.9 billion.³⁹

The three primary reasons caregivers provide care and assistance to a person with Alzheimer's or another dementia are 1. the desire to keep a family member or friend at home (65 percent), 2. proximity to the person with dementia (48 percent) and 3. the caregiver's perceived obligation to the person with dementia (38 percent). Individuals with dementia living in the community are more likely than older adults without dementia to rely on multiple unpaid caregivers (often family members); 30 percent of older adults with

³⁴ United States Department of Agriculture definition.

³⁵ Lloyd, JL, Wellman NS. (2015). "Older Americans Act Nutrition Programs: A Community-Based Nutrition Program Helping Older Adults Remain at Home." *Journal of Nutrition in Gerontology and Geriatrics*. 34:2, 90-109.

³⁶ Zilak, J, Gunderson, C. (2019). The State of Senior Hunger in America in 2017. Available at :

[https://www.feedingamerica.org/sites/default/files/2019-](https://www.feedingamerica.org/sites/default/files/2019-06/Thepercent20Statepercent20ofpercent20Seniorpercent20Hungerpercent20inpercent202017_F2.pdf)

[06/Thepercent20Statepercent20ofpercent20Seniorpercent20Hungerpercent20inpercent202017_F2.pdf](https://www.feedingamerica.org/sites/default/files/2019-06/Thepercent20Statepercent20ofpercent20Seniorpercent20Hungerpercent20inpercent202017_F2.pdf). Accessed 2/25/20.

³⁷ Ibid.

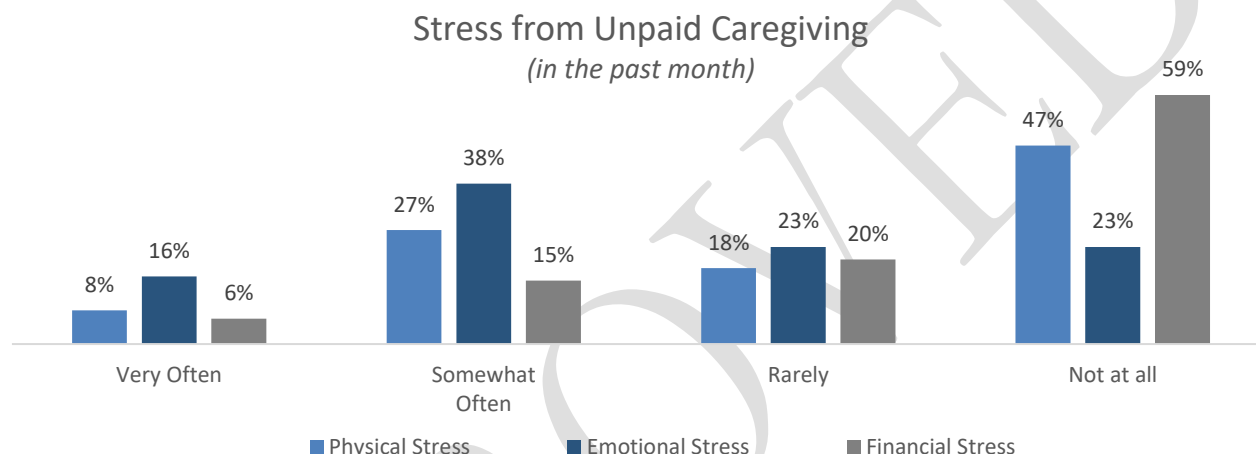
³⁸ Friedman EM, Shih RA, Langa KM, Hurd MD. U.S. prevalence and predictors of informal caregiving for dementia. *Health Aff* 2015;34(10):1637-41

³⁹ 2019 Alzheimer's Disease Facts and Figures. Alzheimer's Association. Available at :

<https://www.alz.org/media/Documents/alzheimers-facts-and-figures-2019-r.pdf>. Accessed 2/25/20.

dementia rely on three or more unpaid caregivers, whereas 23 percent of older adults without dementia rely on three or more unpaid caregivers.⁴⁰

In the *AAA Older Adult Needs Assessment*, twenty percent of respondents reported being an unpaid caregiver to an older adult or an adult with a disability. Of these, men and women were equally likely to report being a caregiver. Older adults of mid to high income were significantly more likely to report being a caregiver (26 percent vs. 9 percent). Fifty percent reported providing daily care to a family member or friend. Thirty-five percent reported feeling physical stress associated with caregiving, 54 percent reported feeling emotional stress and 21 percent reported feeling financial stress.



Differences among populations

Race: People of color (POC) were more than twice as likely to be food insecure in comparison to white adults (21 percent vs. 8 percent). Nineteen percent felt that they were not respected as members of their community compared to three percent of white adults. Of those who are unpaid caregivers, POC are almost twice as likely to provide daily care versus their white counterparts (88 percent vs. 45 percent). Approximately half (50 percent) of POC are still employed for pay vs. 38 percent of their white counterparts and 19 percent have looked for employment in the past year without finding a job - almost five times more than older white adults at four percent.

Gender: Women state that they have sometimes or often felt excluded or devalued because of their age (since turning 60) significantly more than men (29 percent vs. 17 percent). While their frequently indicted concerns rank the same as men, they express a significantly higher rate of concern on most of the listed issues. Men report receiving more help for daily tasks from their spouses than women (33

⁴⁰ Kasper JD, Freedman VA, Spillman BC, Wolff JL. "The disproportionate impact of dementia on family and unpaid caregiving to older adults." *Health Affairs*. 2015;34(10):1642-49.

percent vs. 9 percent) in Activities of Daily Living (ADLs). ADLs include needing help with shopping, cooking, showering, housework, etc. They receive more help from other family members and friends. Women are three times as likely to eat alone all the time than men (21 percent vs. 7 percent).

Income: Those who are low-income reported that their quality of life and health were poorer than those who were mid to high income (health: 26 percent vs. 7 percent; quality of life 27 percent vs. 4 percent). Fourteen percent reside in low-income housing. Affording housing and affording healthcare is twice as concerning for those who are low-income compared to those mid to high income (27 percent vs 11 percent; 14 percent vs. 8 percent). Over half of low-income adults are living alone (57 percent)—two times more than mid to high income adults. They have less frequent face-to-face interaction than mid to high income adults and are more likely to report that they eat alone all of the time (33 percent vs. 7 percent). They are more likely to state that they don't feel respected as a member of the community as those mid to high income.

Age: Marin County residents over the age of 75 tend to live more isolated lives. They are more likely to live alone, eat alone and have less daily social interactions. Eighty-two percent of those aged 75 and higher cite Social Security as a source of income, while only 25 percent of those 60-64 and 63 percent of those 65-74 state the same.

Differences Among Age Groups

	percent (60-64)	percent (65-74)	percent (75+)
Live alone	36 %	30 %	41%
Eat alone all the time	10 %	11 %	27%
Daily face-to-face social interaction	69 %	70 %	51%
Widowed	11 %	9 %	24%
Still driving	98 %	96%	84%
Had needed transportation all the time in the last month	95 %	94%	86%
Have prepared a disaster supply kit	55 %	53%	40%
Provide unpaid care to others	25 %	24%	13
Source of Income: Social Security	25 %	63%	82%
Source of Income: Work	62 %	47%	18%
Own a home without a mortgage	25 %	32%	49%

Discussion

After summarizing and analyzing the data, the Marin County Commission on Aging (MCCOA) Planning Committee, AAA staff and the MCCOA Chair met to discuss the themes which emerged. One of the primary purposes of these meetings was to formalize the goals of the AAA for the coming four years

Based on the information gathered, the 2020-2024 Area Plan goals will be to:

1. Actively advocate for the needs of older adults at local, state and federal level.
2. Pursue opportunities to improve access to information, assistance and resources in order to achieve greater equity among older adults in Marin.
3. Reinforce the important role of the social determinants which factor into the health and well-being of older adults.
4. Promote and lead efforts that create and maintain age-friendly livable communities in Marin.

Staff and committees from the MCCOA have committed to programs and objectives in the coming year which reflect these goals and the issues brought up in the AAA needs assessment. Specifically, MCCOA committees will present on topics reflecting the most frequently cited concerns of Marin's older adults, including aspects of climate change and disaster preparedness.

Embracing the changing populations and appreciating the needs and strengths of older adults requires partnerships across the community. To meet the needs of its growing older adult population, the AAA along with organizations serving older adults in Marin County, will continue to take collaborative and community-based approaches to programming in the coming four years.

Funding and Collaboration

Based on findings from the Age-Friendly Assessment Survey, 83 percent of Marin's older adults plan to remain in their homes as they age. "Aging in Community" is a concept of supporting individuals to live in their own home and community safely, independently and comfortably, regardless of age, income, or ability level.⁴¹ Seventy four percent of Marin's older adults own their homes. Among renters, 57 percent spend more than 30 percent of their total income on rent. Homeowners may find the upkeep of their properties prohibitive and costly modifications to make the home safe and adaptable to the aging person may not be feasible. In 2020, the AAA received \$144,000 to issue a Request for Proposal for a Dignity at Home Fall Prevention Program. These funds are to provide fall and injury prevention information, referral services, equipment, assessments, services materials and labor costs to those older adults and persons with disabilities. Nearly half of Age-Friendly Assessment Survey⁴² respondents said that they planned on adding bathroom modifications, such as grab bars, as they age. These funds can be used to help older adults and persons with disabilities at risk for falling to do so. More information about the contract will be available in the Area Plan Update FY 21/22. The *Age-Forward* Plan includes action items on the topic, which will be monitored by the newly established MCCOA subcommittee.

⁴¹ Centers for Disease Control. Available at: <http://www.cdc.gov/healthyplaces/terminology.htm>. Accessed 2/25/20.

⁴² *Age Forward: a Framework for an Age-Friendly County of Marin*. January 2020. Available at : https://www.marinhhs.org/sites/default/files/files/servicepages/2020_03/cc_af_com_plan_final.pdf

Nutrition

Proper nutrition is key to leading a healthy functional life and mitigating chronic health conditions. The AAA's Congregate Meal and Home-Delivered Meal programs funded through the Older Americans Act (OAA) provide a vital link to maintaining the health and independence of the aging population in the county. Congregate meals provide not only food, but an opportunity for social engagement, educational and wellness activities and meaningful volunteer roles. This service is especially important for those who tend to eat and live alone. The Home Delivered Meal Program is critical not just in providing meals to homebound clients but interaction with the drivers can be one of the few social contacts a frail, isolated senior has during the week, the majority of whom are volunteers, provide informal safety checks and often help to decrease feelings of isolation. This year, the AAA received an additional \$250,000 in nutrition



funding. These monies will be used to expand both the Home-Delivered and Congregate Meal programs, including opening new sites and increasing menu options.

The PG&E Public Safety Power Shutoffs of the past year revealed the need for emergency food supplies among AAA clients. Lack of refrigeration at both the delivery center and in clients' homes, as well as constraints of the meal vendor, placed challenges on program continuation. Because of these circumstances, the AAA will use some of the allotted nutrition monies to purchase shelf-stable emergency meal boxes to help clients prepare for future power outages or other disaster-related

emergencies. Each box will contain five meals that meet the nutrition requirements of the Older Americans Act (OAA) programs.

The need for older adult nutritional programs exceeds that which is directly fundable by the AAA.⁴³ Research indicates that the increasing numbers of older adults, their increasing diversity, rising food insecurity, growing caregiver burden and escalating health and long-term care costs will affect older adult nutrition.⁴⁴ There are those who truly value and utilize the AAA nutrition programs. There are others who may be better served in different avenues. Research indicates that to help older adults remain in their homes, health, nutrition and social service professionals need to coordinate nutrition related community-based services.⁴⁵

⁴³ Jean L. Lloyd MS, RD & Nancy S. Wellman PhD, RD, FAND (2015) "Older Americans Act Nutrition Programs: A Community-Based Nutrition Program Helping Older Adults Remain at Home," *Journal of Nutrition in Gerontology and Geriatrics*, 34:2, 90-109.

⁴⁴ Ibid.

⁴⁵ Ibid.

Supportive Services

The *AAA Older Adult Needs Assessment* results were used to formulate funding priorities for supportive services, including case management, caregiver registry service, visiting, senior center activities and assisted transportation. The OAA emphasizes services to older individuals with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas. In addition, monies must be allocated to three priority services: In-Home; Access; and Legal Services. Identifying and coordinating resources is a consistent challenge for many older adults, especially those who are low-income and reside in rural settings. Older adults may require someone who can assist them in advocating for their needs and accessing services. The AAA is funding Case Management services in rural Marin to assist individuals by assessing needs, developing care plans, coordinating services and providing follow-up assessments. And, because there may be a lack of knowledge in how to access caregiver services, the AAA will fund a Registry service for listing caregivers and matching clients. The AAA will also be funding Visiting services in both central and rural Marin. Visiting services allow volunteers to meet with people in their homes, where they may be most comfortable and/or confined. Visiting addresses mental well-being, which is often bolstered through regular human contact, impacts one's physical health and corresponding longevity. To also encourage socialization, the AAA will fund Senior Center Activities in central and rural Marin.

The needs assessment revealed women and people of color were more likely to be actively looking for a job but unable to find employment. The AAA will be funding activities to help individuals maintain and find employment and/or assist in selection and entering into a new career.

One of the current gaps for central and rural Marin transportation services is low-cost Assisted Transportation, in which an older adult is transported from their home to a specialized van to a doctor's appointment. Additionally, this service is one of few that can provide transportation to San Francisco for specialized medical appointments.

The monies received and distributed by the AAA for Supportive Services and Family Caregiver Services do not meet the current and growing demand. It is important that together organizations address the need for access to caregiving services. The results of this and other needs assessments should be used by other organizations serving older adults to strategize evidence-based and collaborative solutions to meeting the needs of older adults in Marin County.

SECTION 6: TARGETING

The Older Americans Act seeks to ensure that all older adults have equal access to services. The Act emphasizes services to older individuals with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas.⁴⁶ Targeting is one of the critical methods necessary to achieve this very important goal.

To this end, the AAA works to create an integrated and affordable community-based system of care which effectively responds to the needs of these targeted populations. Those who face disproportionate barriers to accessing services in Marin include the economically needy, limited English-speaking persons and rural area residents.

Through providing services directly, contracting with local aging services organizations, collaborating with the MCCOA on various projects and participating in coalitions, the AAA works to break down barriers to services that our targeted populations need and utilize.

Some recent AAA efforts to meet the needs of targeted populations include the following:

- Contracting with one-stop service delivery agencies for older adults in rural Marin.
- Focusing on the needs of those whose income falls at or below 300 percent of the Federal Poverty Level through various collaborative endeavors.
- Including language in all contracts requiring our contractors to serve minorities in the same proportion that they are represented in Marin's older adult population.
- The ongoing involvement of the AAA with transit and Paratransit planning organizations in the county allows service focus for low-income, frail and disabled older adults in need of assisted transportation.
- Continuing congregate meal sites in targeted communities where low-income minority older adults live. Low-income Vietnamese and Hispanic/Latino older adults actively attend a congregate site in the Canal area of San Rafael. A new site is in planning to potentially open in FY 20/21 that will serve culturally appropriate food for the Vietnamese community.
- The Information and Assistance office links callers who prefer to communicate in a non-English language to in-house bi-lingual staff or to interpreters to assist with connections to community resources.

⁴⁶ Older Americans Act. Sec 306 (a)(1)

SECTION 7: 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? ⁴⁷	Was hearing held at a Long-Term Care Facility? ⁴⁸
2020-21	April 2, 2020	Web-based	64	N/A	No
2021-22					
2022-23					
2023-24					

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

- Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound and/or disabled older individuals.
 - Needs assessment was conducted via randomized telephone sampling, including older adults who were institutionalized, homebound, and/or disabled.
 - A public notice was published in the *Marin Independent Journal*, the largest newspaper in the county.
- Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?

☐ Yes. Go to question #3

⁴⁷ A translator is not required unless the AAA determines a significant number of attendees require translation services.

⁴⁸ AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

☒ 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.

N/A

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

Members of the public:

- **Linda Jackson:** Would like to see the county use advocacy, the coordination of resources and age-friendly communities in working with the local jurisdictions.
- **Terri Graham:** Would like helping seniors become employed added to any planning and for the county to find some way of not just trying to advocate for seniors being hired but also ending the invisible barriers that might be in a physical requirement or requiring full-time work when seniors can only handle part-time and so on. Maybe look back to 30 years ago where there was job sharing and other accommodations that would make it easier for public and private entities to hire seniors.
- **Bob Kahn:** Would like to know how the performance of the Area Plan goals will be measured over the years?
- **Lindsay Carpenter (YWCA):** Would like to see focus, supports and systems that create more employability and pathways for seniors, particularly in the county. Thank you for the work you've done. We are delighted to be a partner in that work and employability as we support women over the age of 50 looking for work. I just really want to encourage you to think about how to make that so explicit in the way in which this plan roles out.
- **Gloria Dunn:** Would also like to echo the employability of people from 60 to 90 with skills, talents and creative abilities that they have nurtured all these years. I would like to see a program that helps employers understand the value of the people in this age group. Employers complain that there are not enough workers who live here. Yet, there are people who live here that don't have to find a new rental or home and they are already skilled and

talented. I'd love to see some way that employers can understand the value that is right here in Marin that they could use to fill their need for employees.

- **Laura Griffith:** I echo everyone's sentiments about age discrimination in the workplace and that when you're talking to other seniors you're preaching to the choir. We all know that the employers don't get it. I've been involved in the YWCA's program, which is great, but it is focused to women. So, I think we need to find something for the men out there and that's a really critical population that I think is hit even harder by unemployment. The second comment I have is that I don't know if there's opportunities to volunteer to participate in some of the work but I'm raising my hand to volunteer and help lend a hand.
- **Anita Renzetti:** A quick thing for older adults with needing to look for work in Marin, there's a wonderful group called Marin Professionals. I went to both the YWCA women's 50+ group and also this Marin Professionals group which meets every Monday (marinprofessionals.org). They are meeting virtually now to continue to support people who are older and who are looking for work. It's just a really wonderful group and they do all kinds of classes. If we can get more people involved with some of these programs, we would be able to lift up the economic status of our older adults and it just makes sense, so I wanted to share that.
- **Cheryl:** I'm with Marin Villages and I just want to talk about the food insecurity issue. This issue is not just an economic issue, it's also related to isolation and the fact that people will just eat Oreos. It's not just about delivery of food for people who are economically insecure; it's also about understanding nutrition as you age and making it easier for people to stay healthy at home. Affordability isn't always the issue. My other comment is looking for new ways to help reduce isolation in other ways than physical contact. I feel it's important to have contact through technology. A lot of seniors can use iPhones and iPads and I think we need to help them become more comfortable with technology.
- **Lisa Brinkmann:** Just a quick comment, the priorities were listed may just need a second glance given the virus and the economic situation that a lot of people of have been put into in the last month. I think during the last survey people in Marin were in pretty good situations. Their perception of isolation and economic well-being and everything else might be much different after this last month and a half so things like disaster recovery especially related to the isolation and the ability to do things could be much different going forward.
- **Maya Gladstern:** I want to speak about loss. As you get older, there's more and more losses in people's lives and it's a real challenge and a lot of times it leads to being unable to deal with clutter in the house. People just can't give away or get rid of stuff that has memories and I think it would be really nice to look into having a program, something similar to IHSS or something like that, with people coming into the houses where older people are living and helping them discard things because clutter and hoarding can be a real challenge as you get older.

- **Terri:** On the topic of senior housing complexes, these were really hard hit during the power outage and I think similar things are happening now. One thought that I've had is to create a concierge service that older Marin residents could call or access online to find out all of the services available and make it very simple. Kind of like the 511 when you're calling for transit. So that we're not having to pick through many different websites of nonprofits, the county and so on. I don't know how that would be done, In Boulder, Co., a lot of times they would just get a really simple URL.

Commissioner Comment:

- **Allan Bortel:** Question: Were pandemics listed as one of the top indicated concerns under disasters? Answer: It was not.

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

SECTION 8: IDENTIFICATION OF PRIORITIES

The limits of resources compel deliberate and diligent planning. This is done through conscientious prioritization of needs identified by the populations the Area Agency on Aging is mandated to serve.

Results from the needs assessment were synthesized to formulate four goals:

1. Actively advocate for the needs of older adults at local, state and federal level.
2. Pursue opportunities to improve access to information, assistance and resources in order to achieve greater equity among older adults in Marin.
3. Reinforce the important role of the social determinants which factor into the health and well-being of older adults.
4. Promote and lead efforts that create and maintain age-friendly livable communities in Marin.

Additional information and funding prioritization can be found in [Section 5: Needs Assessment](#).



SECTION 9: 2020– 2024 AREA PLANNING CYCLE

Goal 1: Actively advocate for the needs of older adults at local, state and federal level.

Rationale: Encourage policies and legislation that helps older adults have the support they need to live well in their communities.

Objectives	Projected Start and End Dates	Title III B Funded PD or C ⁴⁹	Update Status ⁵⁰
1a. By September 30, 2020, the MCCOA Legislative Committee will review the 2020 Draft of the County of Marin 2019 Federal and State Legislative Programs and Legislative Policy Guidelines and suggest changes and modifications to the County Administrator via the AAA Director.	July 1, 2020 – June 30, 2021		
1b. The MCCOA Legislative Committee will recommend a formal position on bills and proposals, provide advocacy and write letters for the Board of Supervisors to approve, sign and send to the legislature. In addition, the committee will advocate, write letters and/or testify for other high priority bills currently before the California Legislature and/or US Congress, along with advocating for general policy issues affecting older adults and adults with disabilities.	July 1, 2020 – June 30, 2021		
1c. The MCCOA Legislative Committee will sponsor at least one Commission on Aging presentation. This will be with a state or federal elected official. If the schedule allows for a second presentation, it will be on legal or legislative issues affecting older adults.	July 1, 2020 – June 30, 2021		
1d. The MCCOA Legislative Committee members will have had a policy discussion with at least two of the three state and federal legislators representing Marin County.	July 1, 2020 – June 30, 2021		
1e. The MCCOA Legislative Committee will monitor and participate as appropriate the California Master Plan for	July 1, 2020 – June 30, 2021		

⁴⁹ 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.

⁵⁰ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

Aging and keep the Commission on Aging and other entities informed.			
---	--	--	--

Goal 2: Pursue opportunities to improve access to information, assistance and resources in order to achieve greater equity among older adults in Marin.

Rationale:
Ensure there is just and fair inclusion and access for older adults.

Objectives	Projected Start and End Dates	Title III B Funded PD or C ⁵¹	Update Status ⁵²
2a. The MCCOA Housing and Transportation Committee will educate the community about transportation options for older adults who can no longer drive or choose not to drive through a Great Age newsletter article, local electronic newsletters and at least one community presentation.	July 1, 2020 – June 30, 2021		
2b. The MCCOA Housing and Transportation Committee will gather information about which cities/towns and/or age-friendly task forces, including the county's, are identifying locations of isolated older adults for use in disaster preparedness and response. The committee will share its findings via a presentation and/or Great Age newsletter.	July 1, 2020 – June 30, 2021		

⁵¹ 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.

⁵² Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

Goal 3: Reinforce the important role of the social determinants which factor into the health and well-being of older adults and family caregivers.

Rationale: Long-term services and supports improve the health, well-being and quality of life for older adults.

Objectives	Projected Start and End Dates	Title III B Funded PD or C ⁵³	Update Status ⁵⁴
3a. The MCCOA Housing and Transportation Committee will collaborate with community partners, which may include the Women's Commission, Green and Healthy Homes, fire departments and/ or other organizations, to promote safety in homes for older adults via at least one community meeting or presentation.	July 1, 2020 – June 30, 2021		
3b. The MCCOA Health and Nutrition committee will educate the public about food safety and food security, especially during emergencies and power outages, through a Great Age newsletter and a community presentation with distribution of materials.	July 1, 2020 – June 30, 2021		
3c. The MCCOA Health and Nutrition Committee will educate the public on medication safety and how to access resources to afford medications by writing an article in the Great Age newsletter and a community presentation.	July 1, 2020 – June 30, 2021		
3d. Through the Title IIID Health Promotion Disease Prevention Program, the AAA will contract with the City of Sausalito to deliver the evidence-based "Tai Chi for Arthritis" program to 50 clients.	October 1, 2020 – June 30, 2021		
3e. Through the Title IIIE Family Caregiver Support Program, the AAA will contract with Jewish Children and Family Services of San Francisco, the Peninsula Marin and Sonoma Counties to deliver family caregiver respite and family caregiver support services.	October 1, 2020 – June 30, 2021		

⁵³ 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.

⁵⁴ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

Goal 4: Promote and lead efforts that create and maintain age-friendly livable communities in Marin.

Rationale: Cities, towns and communities that adopt an age-friendly framework for policies and programs become more equitable for residents across their lifespan.

Objectives	Projected Start and End Dates	Title III B Funded PD or C ⁵⁵	Update Status ⁵⁶
4a. The MCCOA Planning Committee will educate the public about climate change and its impact on older adults through a community presentation and a Great Age newsletter.	July 1, 2020 – June 30, 2021		

⁵⁵ 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.

⁵⁶ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

SECTION 10: 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](#).

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

Home-Delivered Meal

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	93,180	3	
2021-2022			
2022-2023			
2023-2024			

Case Management (Access)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	735	3	

2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	801	3	
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	46,965	3	
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	1621	2	
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	3,500	3	
2021-2022			
2022-2023			
2023-2024			

Information and Assistance (Access)**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	3,000	2	
2021-2022			
2022-2023			
2023-2024			

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: *Employment***Unit of Service: Activities**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	40	1	
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	991	1	
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	6809	1	

2021-2022			
2022-2023			
2023-2024			

Other Supportive Service Category: *Visiting*

Unit of Service: Hours

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	983	1	
2021-2022			
2022-2023			
2023-2024			

Title IIID/ Disease Prevention and Health Promotion

Instructions for Title IIID Disease Prevention and Health Promotion: Enter the name of the proposed program to be implemented, proposed units of service and the Program Goal and Objective number(s) that provide a narrative description of the program, and explain how the service activity meets the criteria for evidence-based programs described in PM 15-10 if not ACL approved.

UNIT OF SERVICE = 1 CONTACT

Service Activities: The AAA will contract with the City of Sausalito to deliver the evidence-based program “Tai Chi for Arthritis,” to be conducted via Zoom or in-person per state and local public health orders. The program is designed to improve the mobility and balance of older adults and prevent falls.

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

Unit of Service = 1 contact

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)
2020-2021	500	3	d
2021-2022			
2022-2023			
2023-2024			

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

2020-2024 Four-Year Planning Cycle

As mandated by the Older Americans Act Reauthorization Act of 2016, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of ensuring their dignity, quality of life, and quality of care.

Each year during the four-year cycle, analysts from the Office of the State Long-Term Care Ombudsman (OSLTCO) will forward baseline numbers to the AAA from the prior fiscal year National Ombudsman Reporting System (NORS) data as entered into the Statewide Ombudsman Program database by the local LTC Ombudsman Program and reported by the OSTLCO in the State Annual Report to the Administration on Aging (AoA).

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

COMPLETE ALL MEASURES AND TARGETS FOR OUTCOMES 1-3;

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

Measures and Targets:

A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition).

The average California complaint resolution rate for FY 2017-2018 was 73%.

1. FY 2018-2019 Baseline Resolution Rate:

Number of complaints resolved 286 + number of partially resolved complaints 76 divided by the total number of complaints received 513 = Baseline Resolution Rate 71 % FY 2020-2021 Target Resolution Rate 70 %

2. FY 2019-2020 Baseline Resolution Rate:

Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ %
FY 2021-2022 Target Resolution Rate _____ %

<p>3. FY 2020 - 2021 Baseline Resolution Rate: Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ % FY 2022-2023 Target Resolution Rate _____ %</p>
<p>4. FY 2021-2022 Baseline Resolution Rate: Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ % FY 2023-2024 Target Resolution Rate _____</p>

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

1. FY 2018-2019 Baseline: Number of Resident Council meetings attended <u>45</u> FY 2020-2021 Target: <u>35</u>
2. FY 2019-2020 Baseline: Number of Resident Council meetings attended _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Resident Council meetings attended _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Resident Council meetings attended _____ FY 2023-2024 Target: _____

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

1. FY 2018-2019 Baseline: Number of Family Council meetings attended <u>1</u> FY 2020-2021 Target: <u>1</u>
2. FY 2019-2020 Baseline: Number of Family Council meetings attended _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Family Council meetings attended _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Family Council meetings attended _____ FY 2023-2024 Target: _____

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

1. FY 2018-2019 Baseline: Number of Instances <u>213</u> FY 2020-2021 Target: <u>200</u>
2. FY 2019-2020 Baseline: Number of Instances _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Instances _____ FY 2022-2023 Target: _____

- | |
|---|
| 4. FY 2021-2022 Baseline: Number of Instances _____
FY 2023-2024 Target: _____ |
|---|

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

- | |
|--|
| 1. FY 2018-2019 Baseline: Number of Instances <u>1,065</u> FY 2020-2021 Target: <u>850</u> |
| 2. FY 2019-2020 Baseline: Number of Instances _____
FY 2021-2022 Target: _____ |
| 3. FY 2020-2021 Baseline: Number of Instances _____
FY 2022-2023 Target: _____ |
| 4. FY 2021-2022 Baseline: Number of Instances _____
FY 2023-2024 Target: _____ |

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

- | |
|---|
| 1. FY 2018-2019 Baseline: Number of Sessions <u>7</u> FY 2020-2021 Target: <u>7</u> |
| 2. FY 2019-2020 Baseline: Number of Sessions _____
FY 2021-2022 Target: _____ |
| 3. FY 2020-2021 Baseline: Number of Sessions _____
FY 2022-2023 Target: _____ |
| 4. FY 2021-2022 Baseline: Number of Sessions _____
FY 2023-2024 Target: _____ |

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

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

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, state-wide, or even national in scope. (Examples: Work with LTC facilities to improve pain relief or

increase access to oral health care, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.) Be specific about the actions planned by the local LTC Ombudsman Program.

Enter information in the relevant box below.

FY 2020-2021
<p>FY 2020-2021 Systems Advocacy Effort(s): The Marin County Ombudsman program has identified frequent turnover of nursing home social workers and lack of knowledge about local community resources by newly hired social workers as a systems advocacy issue that negatively impacts nursing home residents. To improve outcomes in this area, the Ombudsman program intends to create a Marin County Skilled Nursing Facility Social Services Reference Manual that contains information useful in providing services and support for short and long-term nursing home residents. Examples of information to be included in manual are: Benefits of Culture Change and Person-Centered Care; Mandated Reporting Requirements; Advance Health Care Directives; Community Resources; LGBTQ and Cultural Competency; and Discharge Regulations and Planning. Upon completion of reference manual, the Ombudsman program will facilitate a meeting with nursing home management and staff to review and provide copies of the reference manual. Manuals and in-service trainings will be provided at facilities not able to attend meeting. Reference manual will be updated periodically, and in-service trainings provided as necessary when staffing changes occur.</p>
FY 2021-2022
<p>Outcome of FY 2020-2021 Efforts:</p> <p>FY 2021-2022 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>
FY 2022-2023
<p>Outcome of FY 2021-2022 Efforts:</p> <p>FY 2022-2023 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>
FY 2023-2024

Outcome of 2022-2023 Efforts:**FY 2023-2024 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)**Outcome 2. Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2016), Section 712(a)(3)(D), (5)(B)(ii)]****Measures and Targets:**

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

- | |
|--|
| 1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>13</u> divided by the total number of Nursing Facilities <u>13</u> = Baseline <u>100</u> %
FY 2020-2021 Target: 100% |
| 2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint divided by the total number of Nursing Facilities = Baseline _____ %
FY 2021-2022 Target: _____ % |
| 3. FY 2020-2021 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 2022-2023 Target: _____ % |
| 4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint divided by the total number of Nursing Facilities = Baseline _____ %
FY 2023-2024 Target: _____ % |

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

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>49</u> divided by the total number of RCFEs <u>50</u> = Baseline <u>98%</u> FY 2020-2021 Target: 100%
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2021-2022 Target: _____ %
3. FY 2020-2021 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 2022-2023 Target: _____ %
4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2023-2024 Target: _____ %

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

1. FY 2018-2019 Baseline: <u>3</u> FTEs FY 2020-2021 Target: <u>3.5</u> FTEs
2. FY 2019-2020 Baseline: _____ FTEs FY 2021-2022 Target: _____ FTEs
3. FY 2020-2021 Baseline: _____ FTEs FY 2022-2023 Target: _____ FTEs
4. FY 2021-2022 Baseline: _____ FTEs FY 2023-2024 Target: _____ FTEs

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers <u>8</u> FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers <u>8</u>
--

2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers _____

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

Measures and Targets:

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

Some examples could include:

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

LTCOP Narrative statement about improving NORS Coding and ODIN Reporting:

NORS Consistency Trainings can be accessed in three ways: live statewide webinars scheduled by the State Ombudsman, live trainings provided by local program staff, and the option to complete online “on demand” training modules that accommodates the trainee’s own schedule. The program will document each ombudsman’s attendance and monitor completion of trainings.

Staff team leaders will be responsible for quality assurance reviews of their team members’ NORS case documentation and for providing any technical assistance needed to the representative prior to a case being closed in ODIN. The Ombudsman Coordinator will review staff team leaders’ NORS coding and case documentation to ensure consistent application of current NORS rules.

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, number of 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
2020-2021	16
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	4
2021-2022	
2022-2023	
2023-2024	

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

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020-2021	175
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020-2021	2000	Elder Abuse Resources Protect Yourself from Fraud Prevent Fraud Scams and Identity Theft
2021-2022		Elder Abuse Resources Protect Yourself from Fraud Prevent Fraud Scams and Identity Theft
2022-2023		Elder Abuse Resources Protect Yourself from Fraud Prevent Fraud Scams and Identity Theft
2023-2024		Elder Abuse Resources Protect Yourself from Fraud Prevent Fraud Scams and Identity Theft

Fiscal Year	Total Number of Individuals Served
2020-2021	300
2021-2022	
2022-2023	
2023-2024	

TITLE III E Service Unit Plan Objectives

CCR Article 3, Section 7300(d)

2020-2024 Four-Year Planning Period

This Service Unit Plan (SUP) uses the five broad federally-mandated service categories. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 1, 2018 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

DIRECT AND/OR CONTRACTED III E SERVICES

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		
2020-2021	# of activities: N/A Total est. audience for above:		
2021-2022	# of activities: Total est. audience for above:		
2022-2023	# of activities: Total est. audience for above:		
2023-2024	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2020-2021	N/A		
2021-2022			
2022-2023			
2023-2024			

Support Services	Total hours		
2020-2021	1012	3	
2021-2022			
2022-2023			
2023-2024			
Respite Care	Total hours		
2020-2021	4457	3	
2021-2022			
2022-2023			
2023-2024			
Supplemental Services	Total occurrences		
2020-2021	N/A		
2021-2022			
2022-2023			
2023-2024			

DIRECT AND/OR CONTRACTED IIIIE SERVICES

Grandparent Services	Proposed	Required	Optional
Caring for Children	Units of Service	Goal #(s)	Objective #(s)
Information Services	# of activities and Total est. audience for above		
2020-2021	N/A		
2021-2022			
2022-2023			
2023-2024			

Grandparent Services	Proposed	Required	Optional
Caring for Children	Units of Service	Goal #(s)	Objective #(s)
Access Assistance	Total contacts		
2020-2021	N/A		
2021-2022			
2022-2023			
2023-2024			
Support Services	Total hours		
2020-2021	N/A		
2021-2022			
2022-2023			
2023-2024			
Respite Care	Total hours		
2020-2021	N/A		
2021-2022			
2022-2023			
2023-2024			

Supplemental Services	Total occurrences		
2020-2021	N/A		
2021-2022			
2022-2023			
2023-2024			

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		
2020-2021	N/A		
2021-2022			
2022-2023			
2023-2024			

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

AAA’s should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance*

Measures tool located online at:

https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/#pp-planning.

(Reference CDA PM 17-11 for further discussion, including current HICAP Performance Measures and Definitions).

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

HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE) ⁶

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

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

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021	N/A	
2021-2022		
2022-2023		

2023-2024		
-----------	--	--

² Requires a contract for using HICAP funds to pay for HICAP Legal Services.

SECTION 11: FOCAL POINTS

COMMUNITY FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), OAA 2006 306(a)

In the form below, provide the current list of designated community focal points and their addresses. This information must match the total number of focal points reported in the National Aging Program Information System (NAPIS) State Program Report (SPR), i.e., California Aging Reporting System, NAPISCare, Section III.D.

Marin County Health and Human Services

Aging and Adult Services

10 North San Pedro San Rafael, Ca

94903

415-457-4636 (Phone)

415-473-7042 (Fax)

www.marinhhs.org/aging

SECTION 12: DISASTER PREPAREDNESS

Disaster Preparation Planning Conducted for the 2020-2024 Planning Cycle OAA Title III, Sec. 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

- 1. Describe how the AAA coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310:**

The Marin Department of Health and Human Services (HHS) has been working closely with County of Marin to develop Continuity of Operations Plans (COOP) for its divisions, including the Office of Aging and Adult Services (AAS), which houses the AAA. AAS has also been engaged in increasing preparedness and developing emergency response plans for vulnerable populations. In Home Support Services (IHSS) is collaborating with Marin Medical Reserve Corps (MMRC) to pilot disaster preparedness home visits for IHSS clients. The vision is expanding this pilot to serve older adults across Marin County.

Marin HHS also participates in the executive committee of Marin Voluntary Organizations Active in Disaster (VOAD). The VOAD has prioritized strategies to increase preparedness among older adults in partnership with Neighborhood Response Groups. Two commissioners of the Marin County Commission on Aging are active participants.

In 2020, Marin County, in partnership with Marin Center for Independent Living (MCIL), is launching the Disability Access and Functional Needs (DAFN) workgroup. The DAFN workgroup will inform updates to the Operational Area AFN Planning Guidance (2011) and update county emergency plans. It will also create a “Whole Community” DAFN Emergency Preparedness and Community Outreach Plan (this includes pre-event mitigation and post-event response plan).

AAA staff, as employees of the County of Marin, are designated disaster workers. AAA staff will work under the direction of the Marin County Emergency Operations Center (EOC) in the event of an emergency or disaster, staffing shelters, working in the EOC and/or providing other necessary services.

- 2. Identify each of the local Office of Emergency Services (OES) contact person(s) within the PSA that the AAA will coordinate with in the event of a disaster (add additional information as needed for each OES within the PSA):**

Name	Title	Telephone	email
Lisa Santora	Deputy Health Officer	Office: 415-473-4163 Cell: 415-299-4970	lsantora@marincounty.org

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Jenay Cottrell	AAA Program Manager	Office: 415-473-6947 Cell: 415-720-7058	jcottrell@marincounty.org

4. List critical services the AAA will continue to provide after a disaster and describe how these services will be delivered:

Critical Services	How Delivered
Ombudsman	Ombudsman staff and certified volunteers are available to provide information and assistance and complaint investigation and resolution for residents in assisted living and skilled nursing facilities in Marin County. The Ombudsman program collaborates with facility licensing agencies and the County of Marin Public Health Preparedness team to support resident-centered problem resolution during and after a disaster/emergency.
Information and Assistance	Information and Assistance staff will answer the 473-INFO line from 8:30 a.m. – 4:30 p.m. during and after a disaster, from office or remotely. They will continue to provide critical direction, assess community and county resources as they become available or change, and provide ongoing information to individuals seeking help and support.

5. List any agencies with which the AAA has formal emergency preparation or response agreements.

As a part of the County of Marin Health and Human Services Department, the AAA staff will work directly with the Emergency Operations Center, which has multiple crucial Memorandums of Understanding in place.

6. Describe how the AAA will:

Identify vulnerable populations.

Aging and Adults Services is collaborating with HHS' Community Epidemiology to identify and share databases c/w federal, state, and local law. HHS also receives empower <https://empowermap.hhs.gov/>, which identifies electric dependent Medicare beneficiaries. Marin HHS is also collaborating with the County's Healthcare Preparedness Program (HPP) <https://www.marinhhs.org/healthcare-preparedness-program> to align efforts to reach out to vulnerable populations before, during and after emergencies. The Ombudsman program maintains a list of all licensed long-term care facilities in Marin County which is available to County of Marin Public Health Preparedness team upon request.

Follow-up with these vulnerable populations after a disaster event.

The Ombudsman program is currently working with the Department of Social Services, Community Care Licensing division (CCL) on best practices for Ombudsman and CCL response to disasters/emergencies affecting CCL licensed facilities.

SECTION 13: PRIORITY SERVICES

2020-2024 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 funds⁵⁷ 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 through FY 2020-21

ACCESS

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

2020-21	39 %	21-22	percent	22-23	percent	23-24	percent
---------	------	-------	---------	-------	---------	-------	---------

IN-HOME SERVICES

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

2020-21	11 %	21-22	percent	22-23	percent	23-24	percent
---------	------	-------	---------	-------	---------	-------	---------

LEGAL ASSISTANCE REQUIRED ACTIVITIES⁵⁸

⁵⁷ 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.

⁵⁸ Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

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

2020-21 11% 21-22 percent 22-23 percent 23-24 percent

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA.

See [Section 5: Needs Assessment: Supportive Services.](#)

APPROVED

SECTION 14: 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	20-21	21-22	22-23	23-24
X	Information and Assistance	X			
	Case Management				
	Outreach				
	Program Development				
	Coordination				
X	Long-Term Care Ombudsman	X			

	Title IIID	20-21	21-22	22-23	23-24
	Disease Prevention and Health Promotion				

	Title IIIE ⁵⁹	20-21	21-22	22-23	23-24
	Information Services				
	Access Assistance				
	Support Services				

	Title VIIA	20-21	21-22	22-23	23-24
X	Long-Term Care Ombudsman	X			

	Title VII	20-21	21-22	22-23	23-24
X	Prevention of Elder Abuse, Neglect and Exploitation	X			

⁵⁹ Refer to PM 11-11 for definitions of Title III E categories.

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

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

APPROVED

SECTION 15: 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:⁶⁰

☐ 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.

☒ 2020-21 ☐ 2021-22 ☐ 2022-23 ☐ 2023-24

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service⁶¹ :

Nutrition education is provided directly by the AAA through its contracted 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:⁶²

☐ 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.

☒ 2020-21 ☐ 2021-22 ☐ 2022-23 ☐ 2023-24

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service⁶³ :

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 by having all potential clients be directed to one intake line, 415-457-INFO (4636), 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 two service providers 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:⁶⁴

☐ 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.

☒ 2020-21 ☐ 2021-22 ☐ 2022-23 ☐ 2023-24

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service⁶⁵ :

In 2016, under the guidance of CDA, the AAA released an Invitation for Bid (IFB) for vendor services to produce and deliver meals to sites and the AAA will assume the responsibility of the contracting agency. After developing and implementing policies and procedures for this process, the AAA will maintain this role in the coming four-year cycle.

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.

SECTION 16: GOVERNING BOARD

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

Total Number of Board Members: 5

Name and Title of Officers	Office Term Expires
Supervisor Katie Rice, President	1/21
Supervisor Dennis Rodoni, Vice President	1/19
Supervisor Judy Arnold, 2nd Vice President	1/23

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

SECTION 17: ADVISORY COUNCIL

ADVISORY COUNCIL MEMBERSHIP

2020-2024 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 22

Race Composition	percent of PSA's 60+ Population	percent on Advisory Council
White	90.1 percent	77.3 percent
Black	1.5 percent	9.1 percent
Asian/ Pacific Islander	4.9 percent	4.6 percent
American Indian/ Alaskan Native	0.2 percent	0 percent
Native Hawaiian and Other Pacific Islander:	0.2 percent	0 percent
Two or More Races	1.5	4.6 percent
Other	1.6	0 percent
Prefer Not to Answer	0 percent	4.6 percent
Ethnic Composition	percent of PSA's 60+ Population	percent on Advisory Council
Hispanic/ Latino	5 percent	5 percent
Not Hispanic/ Latino	95 percent	95 percent

Name and Title of Officers	Office Term Expires
Ralph Marchese, President	6/20
Diana Lopez, Vice President	6/20
Kathleen Sue Kwentus, Secretary	6/20

Name and Title of All Members	Office Term Expires
Chrisula Asimos, Ph.D.	6/21
Sylvia Barry	6/21
Allan Bortel (California Senior Legislature)	6/22
Sybil Boutilier	6/20
Diana Bradley	6/22
Girija Brilliant	6/20
Teri Dowling	6/21
Jasmina Etemovic	6/22
Jean Gunn	6/20
Kathleen Sue Kwentus	6/20
Suellen Lamorte	6/20
Salamah Locks	6/21
Diana Lopez	6/20
Ralph Marchese	6/20
Wendy Nuessle	6/22
Judith Saffran	6/21
Fred Silverman	6/22
Jody Timms	6/21

Sharon Turner	6/22
Lauren Vreeland Long	6/22
Woody Weingaten	6/21
Carol Zeller	6/20
VACANT	

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): N/A

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).

SECTION 18: LEGAL ASSISTANCE

2020-2024 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.

- 1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title IIIB requirements:**

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

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

12 percent.

- 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.

- 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:**

Yes, the AAA collaborates with the Legal Servicios Provider. The targeted community for legal services is low-income older adults, with an emphasis on those who are minority or rural. Please see #7 for mechanisms used for reaching the target population.

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 comprises low-income older adults, with an emphasis on those who are minority or rural. Provider delivers 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
2020-2021	1
2021-2022	
2022-2023	
2023-2024	

9. Does your PSA have a hotline for legal services?

No

10. What methods of outreach are Legal Services providers using? Discuss:

Volunteer attorneys with expertise in wills, trust, powers of attorney and advance health care directives conduct individual legal consultations 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.

Legal Aid of Marin provides free consultations to older adults at its offices in San Rafael and assists them with employment, housing, small claims and homelessness issues/debt relief. Legal Aid of Marin also recruits a significant number of pro bono attorneys to assist in matters outside its area of expertise,

including bankruptcy and workers compensation referrals, insurance coverage, personal injury and auto collisions. 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. Legal Aid notes that many of those assisted are older adults. Legal Aid of Marin also reaches out to senior community centers to assess legal needs and respond with workshops and speakers.

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

Fiscal Year	Name of Provider	Geographic Region covered
2020-2021	a. Legal Aid of Marin b. c.	a. Marin County b. c.
2021-2022	a. b. c.	a. b. c.
2022-2023	a. b. c.	a. b. c.
2023-2024	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, as well as elder abuse.

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:

Because transportation and access are challenging for some older adults, legal services are provided through appointments at locations around PSA 5.

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, Community Action Marin, North Marin Community Services (formerly Novato Human Needs), Marguerita Johnson Senior Center, West Marin Senior Services, the Marin Superior Court, St. Vincent de Paul Dining Room, San Geronimo Valley Community Center, San Rafael Community Center and YWCA.

SECTION 19: MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW ⁶⁶

CCR Title 22, Article 3, Section 7302(a)(15)

20-year tracking requirement

☒ No. Title IIIB funds not used for Acquisition or Construction.

☐ Yes. Title IIIB funds used for Acquisition or Construction.

Complete the chart below.

Title III Grantee and/or Senior Center	Type Acq/Const	IIIB Funds Awarded	percent of Total Cost	Recapture Period MM/DD/YY		Compliance Verification (State Use Only)
				Begin	Ends	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

⁶⁶ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

SECTION 20: FAMILY CAREGIVER SUPPORT

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

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

2020–2024 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	2020-2021	2021-2022	2022-2023	2023-2024
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 type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Access Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<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 type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

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

Grandparent Services

Category	2020-2021	2021-2022	2022-2023	2023-2024
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 type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Access Assistance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Support Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Respite Care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

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

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

FAMILY CAREGIVER SERVICES

Access Services: Caregiving Information and Assistance

- *Provider name, address and phone number:* Marin County Aging and Disability Resource Connection (ADRC). 710 4th St, San Rafael, CA 9490. 415-457-4636
- *Description of the service:* Provides caregivers with information on services available within the community, including caregiving information related to assisted technology and caring for older individuals at risk for institutional placement. Links caregivers to other services and opportunities that are available within the communities and establishes adequate follow-up procedures.
- *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 AAA Older Adult Needs Assessment and is currently being provided by the ADRC.
How the AAA ensures the service continues to be provided in the PSA without the use of Title IIIIE funds: The ADRC is funded through County general funds and grants.

Information Services: Public Information on Caregiving

- *Provider name, address and phone number:* Marin County Aging and Adult Services; Information and Assistance Unit. 10 N. San Pedro, San Rafael, Ca 94901. 415-457-4636
- *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 the AAA Older Adult Needs Assessment and is currently being provided by Information and Assistance team.
- *How the AAA ensures the service continues to be provided in the PSA without the use of Title IIIIE funds:* The Information and Assistance program is fully funded by County general funds and is considered by the County as an essential program.

Supplemental Services: Home Adaptations for Caregiving

- *Provider name, address and phone number:* Marin Center for Independent Living. 710 4th St, San Rafael, CA 9490. (415) 459-6245
- *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 IIIIE funds:* The AAA works directly with the Marin Center for Independent Living as its core partner of the ADRC.

GRANDPARENT SERVICES

Information Services: Public Information on Caregiving

- *Provider name, address and phone number:* Marin County Aging and Adult Services; Information and Assistance Unit. 10 N. San Pedro, San Rafael, Ca. 94901. 415-457-4636
- *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 the AAA Older Adult Needs Assessment and is currently being provided by Information and Assistance Unit.
- *How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds:* The Information and Assistance 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, address and phone number:* Family and Children's Law Center. 1401 Los Gatos Dr., Suite 200, San Rafael, Ca. 94901. (415) 492-9230
- *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 AAA Older Adult Needs Assessment and the service is provided by another community-based agency.
- *How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds:* Should there not be resources available through the Family and Children's Law Center, clients can be referred for services through Legal Aid of Marin.

Support Services: Caregiver Counseling

- *Provider name, address and phone number:* Buckelew Counseling Services, 1401 Los Gatos Dr., Suite 240, San Rafael, Ca 94903. (415) 457-6964
- *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 AAA Older Adult Needs Assessment and the service is provided by another community-based agency.
- *How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds:* Jewish Family and Children's Services also provides caregiver counseling and parental support on a sliding scale, based on need. The Information and Assistance Unit works closely with community agencies to ascertain gaps in services and other potential resources for referral.

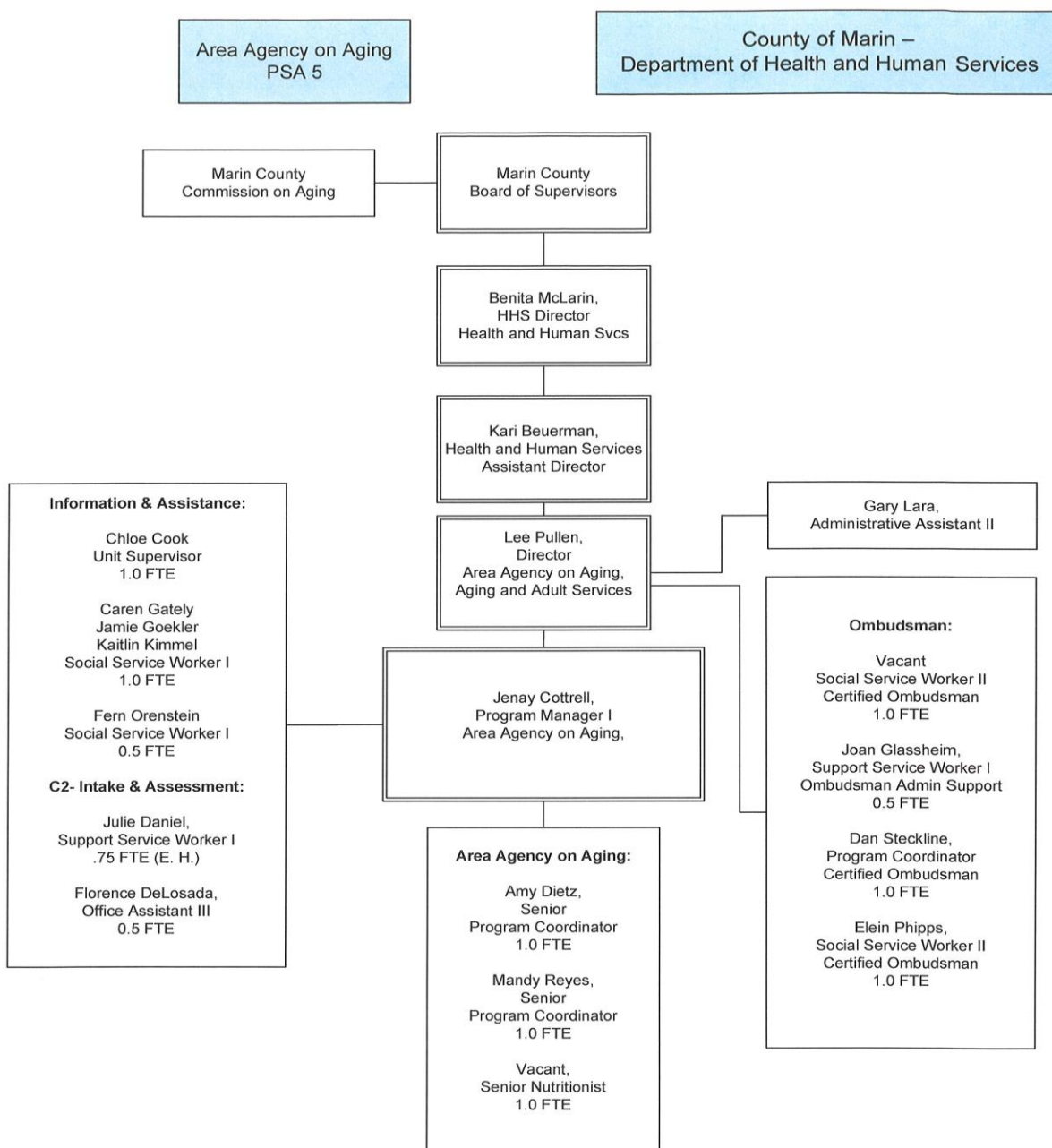
Respite Care: Homemaker Assistance and In-Home Personal Care

- *Provider name, address and phone number:* Jewish Family and Children's Services. 600 5th Ave., San Rafael, Ca. 94901. (415) 491-7960
- *Description of the service:* Jewish Family and Children's Services provides Personal Care and Homemaker services on a sliding scale.
- *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 AAA Older Adult Needs Assessment and the service is provided by another community-based agency.
- *How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds:* Jewish Family and Children's Services provides Personal Care and Homemaker services on a sliding scale.

Supplemental Services: Home Adaptations for Caregiving

- *Provider name, address and phone number:* Marin Center for Independent Living. 710 4th St, San Rafael, CA 9490. (415) 459-6245
- *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 AAA Older Adult 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 ADRC.

SECTION 21: ORGANIZATIONAL CHART



SECTION 22: ASSURANCES

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

A. Assurances

. OAA 306(a)(2)

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

- (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,

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)

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

7. OAA 306(a)(5)

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

institutional placement with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(9)

Provide assurances that the Area Agency on Aging will carry out the State Long-Term Care Ombudsman program under 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 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) An assurance that the Area Agency on Aging will to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) An assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

- (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
- (B) disclose to the Assistant Secretary and the State agency—
 - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (ii) the nature of such contract or such relationship;
- (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
- (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
- (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

11. 306(a)(14)

Provide assurances that preference in receiving services under this Title shall not be given to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

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

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in Older Americans Act Reauthorization Act of 2016, Section 306(a)(4)(A)(i); and
- (B) in compliance with the assurances specified in Older Americans Act Reauthorization act of 2016, Section 306(a)(13) and the limitations specified in Older Americans Act Reauthorization Act of 2016, Section 212;

13: 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.

14. 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.

15. 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.

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

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

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

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

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

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

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

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.

20. OAA 307(a)(15)

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

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

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

- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

21. OAA 307(a)(18)

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

- (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.

22. 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.

23. OAA 307(a)(27)

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

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

24. 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.

25. 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.

26. 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.

27. 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.

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

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

29. CFR [1321.61(d)]

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

30. CFR [1321.69(a)]

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

APPROVED