

# AREA PLAN

2020 - 2024

Fiscal Year  
2023/2024 Update



AREA AGENCY ON AGING

Marin County Aging and Adult Services

10 N. San Pedro Rd.

San Rafael, CA 94903

(415) 473-INFO

[www.LiveLongLiveWellMarin.org](http://www.LiveLongLiveWellMarin.org)



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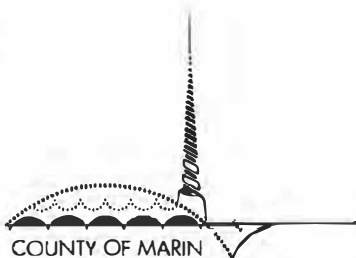
# AREA PLAN UPDATE (APU) CHECKLIST PSA 5

Check one: ☐ FY21-22 ☐ FY 22-23 ☒ FY 23-24

Use for APUs only

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included
	➤ <b>Update/Submit A) through I) ANNUALLY:</b>	
n/a	<b>A) Transmittal Letter-</b> (requires <i>hard copy</i> with original ink signatures or official signature stamp- <b>no photocopies</b> )	<input checked="" type="checkbox"/>
n/a	<b>B) APU-</b> (submit entire APU electronically only)	<input checked="" type="checkbox"/>
2, 3, or 4	<b>C) Estimate-</b> of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>
7	<b>D) Public Hearings-</b> that will be conducted	<input checked="" type="checkbox"/>
n/a	<b>E) Annual Budget</b>	<input type="checkbox"/>
10	<b>F) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes</b>	<input checked="" type="checkbox"/>
18	<b>G) Legal Assistance</b>	<input checked="" type="checkbox"/>
	➤ <b>Update/Submit the following only if there has been a CHANGE or the section was not included in the 2020-2024</b>	Mark Changed/Not Changed (C or N/C)
	➤ <b>Area Plan:</b>	C N/C
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/> <input checked="" type="checkbox"/>
5	Needs Assessment	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	AP Narrative Objectives:	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• System-Building and Administration	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	• Title IIIB-Funded Programs	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• Title IIIB-Transportation	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	• Title IIIC-1	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• Title IIIC-2	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• Title IIID	<input checked="" type="checkbox"/> <input type="checkbox"/>
20	• Title IIIE-Family Caregiver Support Program	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/> <input checked="" type="checkbox"/>
12	Disaster Preparedness	<input type="checkbox"/> <input checked="" type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/> <input checked="" type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input type="checkbox"/> <input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/> <input type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/> <input type="checkbox"/>
21	Organizational Chart(s)	<input checked="" type="checkbox"/> <input type="checkbox"/>
22	Assurances	<input checked="" type="checkbox"/> <input type="checkbox"/>





DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.



Benito McLorin, FACHE  
DIRECTOR

**Transmittal Letter**  
**Area Plan 2020-2024, Fiscal Year Update 2023-2024**

20 North San Pedro Road  
Suite 2002  
San Rafael, CA 94903  
415 473 6924 T  
415 473 3344 TTY  
[www.marincounty.org/hhs](http://www.marincounty.org/hhs)

**AAA Name:** Marin County Aging and Adult Services

**PSA Number** 5

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

1. Stephanie Moulton-Peters

President, Marin County Board of Supervisors

4/18/23

Date

2. Diana López

Chair, Marin County Commission on Aging

6 April 2023

Date

3. Lee Pullen

Director, Marin County Aging and Adult Services

4-6-2023

Date

## EXECUTIVE SUMMARY

The Marin County Office of Aging and Adult Services (AAS) acts as the Area Agency on Aging (AAA) for Marin County under a framework and funding put forth in the Older Americans and Older Californians Acts. The AAA is the leading planner, administrator and funder of services for older adults, adults with disabilities, unpaid family caregivers and residents in long-term care facilities. *The Live Long, Live Well: Marin County Area Plan for Aging 2020 – 2024* is the current four-year plan for the Marin County AAA. This Fiscal Year 2023 – 2024 Update is the third update of the four-year planning cycle, as determined by the Older Americans Act. The Older Americans Act requires AAAs to submit an Area Plan every four years, with subsequent annual updates, which reflects strategies and activities to best serve the needs of older adults and family caregivers in their designated Planning and Service Area (PSA).

The AAA and the Marin County Commission on Aging (MCCOA), the AAA's federally mandated advisory council, were guided by the following four goals identified by the *2019 AAA Older Adults Needs Assessment*<sup>2</sup> that informed the 2020-2024 Area Plan. These goals will continue to steer the AAA and MCCOA's work for the next two years:

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.

In this update, new projects and funding have been established by the AAA and the MCCOA to continue work towards achieving the goals of the four-year plan. This document also outlines current demographics and strategies to effectively address and respond to the needs of older adults in Marin County, and in keeping with the [County's Race Equity Action Plan](#), will have with a focus on racial equity.

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<sup>2</sup> 2019 Area Agency on Aging Older Adults Needs Assessment, accessed March 2, 2021, [https://www.marinbhs.org/sites/default/files/files/servicepages/2020\\_01/olderadultneedsassessment.1.3.20.pdf](https://www.marinbhs.org/sites/default/files/files/servicepages/2020_01/olderadultneedsassessment.1.3.20.pdf)

## DESCRIPTION OF AREA AGENCY ON AGING AND PLANNING AND SERVICE AREA

### *Demographic Characteristics Update*

The Marin County Area Agency on Aging (AAA) is governed by the Older Americans Act, a federal law that promotes the well-being of Americans 60 years old and above through services and programs designed to meet the specific needs of older citizens. In 2021, the total population of Marin County was estimated at 262,000, with approximately 77,000 persons 60 and older, representing nearly 30% of the population. Statewide, 20% of the population is age 60 or older.<sup>3</sup>

A majority of people 60 and older in Marin are White(88%) versus statewide (63%).<sup>5</sup> In Marin, Black/African Americans age 60 and older comprise 2% of the population, Asians 6%, American Indian/Alaska Natives 0.1%, Native Hawaiian and Other Pacific Islander 0.1%, Other 2%, and two or more races 3%. Six percent of the older adult population identify as being Hispanic or Latino (not exclusive of these other races) compared to 22% of the California population.<sup>4</sup> Some 6% of adults over 60 in Marin County speak English less than very well, compared to 23% of adults over 60 in California overall.<sup>5</sup> Marin County older adults tend to be more formally educated than those across the state, with 58% having attained a Bachelor's degree or higher compared to 32% in California. Statewide, 11% of older adults fall at or below the Federal Poverty Level (FPL) whereas in Marin that number is 7%.<sup>6</sup>

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<sup>3</sup> American Community Survey 5-year Estimates (2017-2021)Population 60 Years and over in the United States, Marin County. Available at: [data.census.gov](https://data.census.gov). Table S0102. Accessed 2/23.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

## AREA AGENCY ON AGING PROGRAMS

### Older Americans Act Monies

Programs provided through Community Based Organizations (AAA funded and monitored)	Programs directly administered by AAA
<ul style="list-style-type: none"> <li>• Assisted transportation</li> <li>• Caregiver registry</li> <li>• Employment services</li> <li>• Family caregiver support programs</li> <li>• Health Insurance Counseling and Advocacy Program for Medicare (administered as a consortium by Sonoma County Adult and Aging Services)</li> <li>• Health promotion and disease prevention</li> <li>• Legal assistance</li> <li>• Outreach</li> <li>• Rural case management</li> <li>• Rural home-delivered meal program</li> <li>• Rural senior center activities</li> <li>• Rural visiting</li> <li>• Senior center activities</li> </ul>	<ul style="list-style-type: none"> <li>• Home-delivered meal program: assessment and ordering</li> <li>• Congregate meal program</li> <li>• Elder abuse prevention</li> <li>• Information and assistance</li> <li>• Aging and Disability Resource Connection (One Door)</li> <li>• Nutrition education</li> <li>• Long-Term Care Ombudsman Program</li> </ul>



## New Funding and Programs

The widespread impact of COVID-19 on the populations in the United States, California and Marin has perhaps affected none more than older adults. The federal and state governments recognized the ongoing toll by issuing a combined total of \$3 million in one-time Federal American Recovery Program Act (ARPA), State Older Americans Rescue and Recovery Act (OARR) and Home and Community-Based Services (HCBS) funds, formally known as OARR, to the AAA in fiscal year 2021 – 2022 to address prolonged



effects of the pandemic on older adults. Some funds are to be expended by December 2023 and some by December 2024.

To determine how to best allocate this one-time funding, the AAA looked to its 2019 needs assessment, input from the Marin County Commission on Aging (MCCOA), and the types of services callers to its Information and Assistance line inquired about

most frequently. The AAA then conducted competitive bid processes to select local community-based organizations with experience delivering services that address such issues as social isolation, health promotion, mental health, food insecurity, housing, fall risk, and home modifications and repairs. Reflecting the [County Race Equity Plan](#), each contract has a focus on equity and the need to serve diverse populations.

As older adults begin to gather again, some services are helping to target social isolation and increase connection. For example, Bingocise, an evidenced-based program that strategically combines the social game of bingo, exercise and/or health education, has become a popular program at Vivalon, a community partner that serves older adults and other vulnerable populations. Through a competitive bid process, funding has been secured by the Marin City Community Services District, which serves a low-income community of color, for intergenerational programming.

One-time funding is also helping to boost programs that provide food to those who are food insecure or are at nutritional risk. Recognizing such older adults may not be able to physically go to food pantries, the AAA

is funding the San Francisco-Marin Food Bank's grocery bag delivery program that delivers bags including protein, whole grains and fresh produce. Additionally, through the California Department of Aging's one-time nutrition infrastructure grant program, the AAA is providing 12 meal and food providers and delivery organizations the opportunity to purchase much needed equipment and supplies, including refrigerated trucks, refrigerators, freezers, stoves, computer software, dishes and tables, to help them maintain or build capacity to serve the community. Among the organizations being provided the opportunity for these funds are Council on Aging, the AAA's home-delivered meal vendor, Community Action Marin, the AAA's congregate meal vendor, Ceres Community Project, which prepares home-delivered meals for people who are too sick to shop or cook for themselves, and Extra Food, which rescues fresh extra food and immediately delivers it to those facing food insecurity.

With Older Americans Act monies, the AAA expanded its targeted services for LGBT older adults. Many LGBT older adults face disparities and have lived through discrimination, social stigma and violence. These effects can include: social isolation, depression and anxiety, poverty, chronic illness, delayed care seeking, poor nutrition and premature mortality. In addition to poor health outcomes, research also suggests that LGBT older adults are less likely than heterosexual and/or cisgender older adults to access mainstream aging services, senior centers, meal programs and other services because they fear discrimination or harassment.<sup>7</sup> This past year, the AAA initiated a contract with the Spahr Center, which is dedicated to supporting the health and well-being of LGBT and HIV+ community members, to fund outreach and senior center activities programs that, while open to all older adults, specifically aim to serve the LGBT population.

## Nutrition Programs

Congregate meals give older adults the chance to enjoy meals they may not want to or be able to prepare themselves with others. Having a varied, interesting diet is not only healthy, but it can also enrich overall well-being. Access to safe, nutritious, high quality food is essential for achieving and maintaining good health, reducing the risk of illness and improving management of chronic diseases and conditions.<sup>8</sup> Social isolation can lead to loneliness and depression as well as higher blood pressure and early-onset dementia. Attending congregate meals on a regular basis gives older adults the chance to meet new people, nurture

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<sup>7</sup> National Resource Center on LGBT Aging. "Inclusive Questions for Older Adults." Available at: [lgbtagingcenter.org](http://lgbtagingcenter.org)

<sup>8</sup> Healthy People 2020. Available at: [Social Determinants of Health | Healthy People 2020](https://www.healthypeople.gov/2020/data/trends/social-determinants-of-health)

lasting friendships and build a solid support network. It can provide a foundation for a thriving social life that makes it easier to live independently.<sup>9</sup> Across the United States, 54% of congregate meal participants said the program increased their social opportunities and 80% stated that a congregate meal program improved their health.<sup>10</sup> In fiscal year 2019-2020, at the start of the Covid-19 pandemic, all congregate meal sites were shut down and the AAA pivoted to distributing Grab and Go meals at many of those sites, where older adults picked up fresh meals to be eaten at home.

In the past year, the AAA phased out its Grab and Go meal program and has been reestablishing congregate meals. After a competitive bidding process seeking a meal vendor, a contract was awarded to Community Action Marin, a local nonprofit with a mission of eliminating social inequities and a proven history of meeting federal nutrition requirements. As of this writing, six sites have re-opened in-person dining programs and people are returning to dine together once again. Participants are returning to sites slowly but are reporting they love the food and the opportunity to come together with friends and make new acquaintances.



## Ombudsman

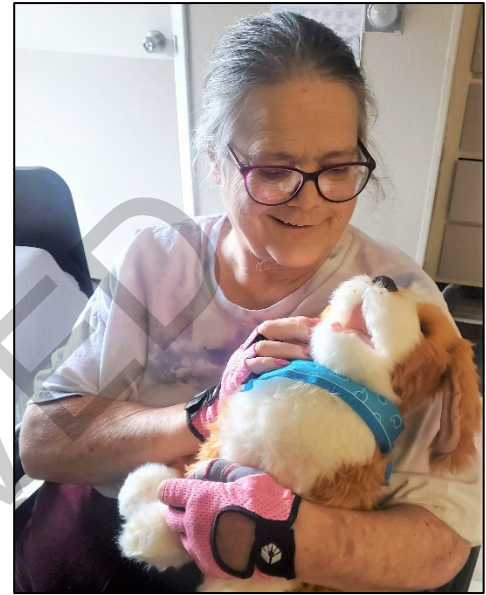
The AAA receives Older American Act monies to directly fund the Long-Term Care Ombudsman Program, whose mission is to seek resolutions of problems and advocate for the rights of residents in licensed assisted living and skilled nursing facilities. The goal is to ensure residents' dignity, quality of life and quality of care. There are 50 assisted living and 12 skilled nursing facilities in the county, each of which is visited on a regular basis by an Ombudsman. The program is made up of four staff and nine volunteers - each of whom volunteer a minimum of 10 hours per month after 46 hours of training. In the height of the pandemic,

<sup>9</sup> <https://ncoa.org/article/what-is-a-congregate-meal-how-do-they-benefit-older-adults>

<sup>10</sup> <https://acl.gov/sites/default/files/programs/2019-03/MealProgramValueProposition.pdf>

many of the Covid-19 outbreaks and deaths occurred in congregate living facilities. The Ombudsman program partnered with Marin County's Public Health Division in communicating with and establishing protocols in facilities and other congregate living settings. This collaboration continues today with bi-weekly COVID-19 meetings. Representatives from the California Department of Social Services, Community Care Licensing Division and the California Department of Public Health frequently attend these meetings along with Marin County Healthcare Preparedness Program and Office of Emergency Services team members.

This past year, the Ombudsman program received funding from the California Department of Aging to purchase 108 robotic companion pets that were distributed to residents in skilled nursing facilities who had been identified as experiencing loneliness or depression. Robotic pets are designed to bring joy, comfort and companionship to their owners, while at the same time helping them to relax and feel calm. Use of these pets has also been shown to help prevent loneliness, reduce depression and improve socialization abilities.<sup>11</sup> Reactions from those receiving the pets ranged from expressing gratitude to shedding tears of joy. "People in long-term care facilities are in a position where everybody provides care to them. . . and to be in the role where you are nurturing something else is very comforting . . . they're the person who's giving love and compassion and it's responding."<sup>12</sup>



## Age Forward: Becoming an Age-Friendly Community

In 2018, Marin County was accepted into the World Health Organization's (WHO) Global Network of Age-Friendly Cities and Communities and AARP's Network of Age-Friendly States and Communities, committing to a five-year cycle of improvement established by these organizations to make communities more livable as people age. In 2020, the Marin County Board of Supervisors adopted [Age Forward](#), a framework for an age-friendly County of Marin, kicking off a three-year implementation phase. The framework emphasizes equity and aligns with the [County Race Equity Plan of 2022](#). Age-friendly cities, counties and states are dedicated to advancing efforts to help people live easily and comfortably in their

<sup>11</sup> <https://healthcare.utah.edu/publicaffairs/news/2022/07/robotic-cat.php>

<sup>12</sup> Ibid



homes and communities across the age span. There is a common guiding philosophy: to make neighborhoods, towns, cities and rural areas inclusive and accessible for people of all ages - through safe and walkable streets, age-friendly housing and transportation options, access to needed services and opportunities for every resident to participate in community life. This coming year, the final year of the five-year cycle, will involve assessing the plan's impact, evaluating progress and identifying remaining gaps and opportunities for County departments to advance age-forward solutions into the future.

To date, Age Forward has encouraged County departments to make improvements in policies, programs and service delivery in areas including housing, social participation, and communication and information. For instance, the recently completed [Community Development Agency Housing Element](#) and local municipal housing element plans will increase housing availability and address rental challenges for older adults on fixed incomes. This focus on older adults resulted thanks in part to advocacy organized by the AAA's age-friendly coordinator, who brought community members and community-based organizations to the table to develop joint messaging around what is needed for older adults. The County's Housing Element will foster home sharing and also bring in more multi-family housing and accessory dwelling units (ADUs). The AAA's age-friendly coordinator also partnered with the County's Information Services and Technology team to promote the rebuilding of County websites to increase accessibility and navigation of County services and resources. Likewise, the coordinator advocated for the continuation and expansion of the County's Free Library hybrid technology classes and programming for rebuilding social connections and accessing telehealth. Recognizing the need to bring people back together for their social well-being, the libraries expanded in-person programming with drop-in-knitting and a topical educational series.

A final Age Forward report and presentation will be made to the Board of Supervisors in the third quarter of calendar year 2023 seeking its approval before submitting the report to the WHO and AARP. The report will highlight work several County departments have done or are planning to do to develop an age-friendly environment for all persons in Marin. The report will also advocate for the continuation and expansion of such efforts and will offer recommendations for how the County could adopt for future age-friendly planning and actions.



## Commission on Aging

The MCCOA is the advisory council to the AAA and the Marin County Board of Supervisors with a mission to promote the dignity, independence and quality of life of older persons through advocacy, information, programs and services. Eleven months of the year, the MCCOA hosts an educational presentation, supported by AAA staff, that takes place just prior to its monthly business meeting. From April 2020 to February 2023, all meetings took place exclusively online. This past March marked the first



meeting in three years that the commission met in-person and some commissioners saw each other for the first time outside of video conferencing. Each of the commissioners are active members of one or more sub-committees that include Planning, Housing and Transportation, Health and Nutrition, Legislative Advocacy, and Equity, Outreach and Advocacy, as well as ad-hoc Digital Inclusion and Communications committees.

This past year, the Health and Nutrition committee was active in advising staff on effective promotion of the newly re-opened congregate meal sites. The committee also invited guest speakers to many of its meetings to speak on matters ranging from food insecurity to water shortages and rationing in San Quentin State Prison, located in Marin. One of the guest speakers was former commissioner Michael Haggarty, who spoke about the California Death with Dignity Law and showed a poignant video highlighting the passing of former commissioner Marianne Gontarz-York. To encourage usage of public transportation, the Housing and Transportation Committee sponsored a trip to Santa Rosa via the SMART Train (Sonoma Marin Area Rail Train) for commissioners and others. One of the issues the Housing and Transportation Committee is examining is the shortage of needed caregivers in Marin. The committee is looking at the possibility of advocating for subsidizing transportation for caregivers with a special low fare on the SMART Train. Using the lens of equity to focus on indigenous communities, the Equity, Outreach and Advocacy Committee worked with the Coast Miwok to develop a land acknowledgement to be read at the beginning of MCCOA

meetings. The Planning Committee, serving as the advisory committee of Age Forward, advocated to address the mental health needs of older adults, including social isolation and



depression. It guided the MCCOA in the development of messaging and invited community members to speak on behalf of the need for enhanced programming for older adults in the Mental Health Services Act community planning process. This advocacy also included creation or expansion of mental health services for older adult persons of color and monolingual immigrants.

This past year, an ad-hoc committee of Digital Inclusion, consisting of four commissioners and one community member, was formed to address the “digital divide.” The idea of the “digital divide” refers to the growing gap between the underprivileged of society, especially those who are older adults, are low-income, live in rural areas, or have disabilities who do not have access to computers or the internet; contrasted with wealthy, middle class, and young Americans living in urban and suburban areas who do.<sup>13</sup> Lower use rates of computers and the internet among older adults have important social and economic ramifications in regard to going without goods and services that are now primarily available online. As the internet becomes more integrated into everyday life, people who do not use the internet are more likely to become more disenfranchised and disadvantaged.<sup>14</sup> The purpose of the committee was to examine what resources currently exist in Marin and what is needed to bridge the digital divide. The committee worked to create a resource list highlighting opportunities for older adults to obtain low-cost hardware, digital training, device training and how to access broadband coverage. Members of the committee participated in coalitions at the state and Bay Area level to advocate for the digital needs of older adults. The California Department of Aging directly addressed these needs in issuing \$530,088 in Home and Community-Based Services funds to the AAA for Access to Technology (ATT). This committee assisted staff in drafting a request for

<sup>13</sup> [The Digital Divide \(stanford.edu\)](https://stanford.edu/~dlee/winter06/the-digital-divide/)

<sup>14</sup> <https://www.heraldoopenaccess.us/openaccess/the-effect-of-ageism-on-the-digital-divide-among-older-adults>

proposal and a member sat on the panel to review applications and recommend the top-scoring applicant. The ATT grant went to Vivalon in partnership with Marin Center for Independent Living, which will spend the coming year working with community partners on delivering several services to help participants learn how to use devices and the internet. Offerings include group classes held in locations around the county, one-on-one tutoring and technical assistance, and in-home training for individuals who are isolated.

## Looking Ahead

This is the final year of the 2020-2024 Area Plan cycle, which had many unforeseen challenges and opportunities to expand services due to the pandemic. This coming fiscal year, AAAs across the state will conduct a four-year needs assessment to better understand the current needs and concerns of older adults within their area. From this data, and with input from the MCCOA, the AAA will develop new goals and objectives that will help strategically plan for the next four years ahead.

APPROVED

## PUBLIC HEARINGS

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? <sup>15</sup>	Was hearing held at a Long-Term Care Facility? <sup>16</sup>
2020-21	April 2, 2020	Web-based	64	N/A	No
2021-22	April 1, 2021	Web-based	49	N/A	No
2022-23	April 4, 2022	Web-based	45	N/A	No
2023-24	April 6, 2023	Margaret Todd Senior Center	48	N/A	N/A

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

1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound and/or disabled older individuals.
2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?
  - ☐ Yes. Go to question #3
  - ☒ Not applicable, PD and/or C funds are not used. Go to question #4
3. Summarize the comments received concerning proposed expenditures for PD and/or C

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

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

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

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

**Members of the public:**

**Linda Jackson** – We are going to comment through the lens of aging equity here in Marin. The Area Plan was done in Marin three years ago and provided the framework, following a needs assessment, in order to wisely spend the money that came in from the Federal government. The plan is to advocate, inform, acknowledge and understand and address the social determinants of health, so it's delightful to hear the show today and hear about how that's worked. If it wasn't for the AAA and the Commission on Aging, it would be crickets at the County about these issues and needs. You can see that in several areas of the county, the AAA is the source of information about older adults and there are 77,000 of them. That number keeps going up. I'm 68 and I'm actually enjoying this time. I think everybody in this room is. We want that for everybody else in this county. The food, the programs in Marin City, the work for LGBTQ, the robotic pets...I'm glad you did that...the Age-Friendly Plan. If it wasn't for the Age-Friendly Plan and the AAA, the County would not be doing this good work and would not see us. I'm very excited that through our advocacy, the Board of Supervisors is looking at funding the renewal and the continuance of this planning. And if you look at the models in the world for Age Friendly planning, their plans have been ongoing because the needs change, and once you fix one thing you see something else. I want to recognize the work that the Commission on Aging did to lift up digital work in the county. We now have funding and programs to address the digital divide for older adults in Marin County. Finally, in looking ahead, we need to address the needs of older immigrants. We are lifting up their voices and we are saying you need to learn and to hear, to survey and to serve. The next one is caregiving. We hear a lot of Marin organizing committees doing a lot on this front and we are right there with them. The last thing is having agency about aging. The Aging Action Initiative is proud to be a partner in the good work being done.

**Gerrie Kunin** – My first request is that in the near future the County of Marin provide the Marin Commission on Aging with appropriate audio and video equipment so that you can record the presentations and meeting so that we pass it on. There are absolutely resources available in this



county and you deserve to have that opportunity to share it with more of us. We need to be seen and heard, we need for you all to be seen and heard. Thanks.

**Commissioner Comments:**

**Diana López** – I'd like to make a comment about congregate meals and the importance of commissioners participating in congregate meals. Commissioner Lee Notowich, who represents District 2, has been very active in participating in congregate meals – it's so important to get out there, to meet people, to find out what people in the community are really thinking about the process of aging and what's going on. The other thing that I want to comment on is Age Friendly. The work that the County is doing is excellent and cities and towns are also working with Age Friendly. I work with Age-Friendly San Rafael. And while the County's positions are funded, the age-friendly efforts from cities and towns are grass-roots efforts, which are wonderful, but we'll always have difficulty doing what we need to do in order to really participate fully in the process of becoming age-friendly communities. I want to thank you and I want to thank the AAA for all the fabulous work that you do.

**Salamah Locks** – I am the Commission on Aging representative from the City of San Rafael. I just want to say this plan comprehensive and excellent. I noticed that some of the dates of the terms of various individuals need to be reviewed before sending this draft out. On pgs. 50 and 51, review those dates and update when needed. Thank you.

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

The term limits of commissioners were updated, where appropriate.

## 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 <sup>17</sup>	Update Status <sup>18</sup>
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No new objectives for FY 23-24.

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

**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 <sup>19</sup>	Update Status <sup>20</sup>
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No new objectives for FY 23-24.

<sup>17</sup> 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.

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

<sup>19</sup> 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.

<sup>20</sup> 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 <sup>21</sup>	Update Status <sup>22</sup>
3a. 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.	July 1, 2021 – June 30, 2022		Completed
	July 1, 2022 – June 30, 2023		Completed
	July 1, 2023 – June 30, 2024		Continued
3b. 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, family caregiver access assistance and family caregiver support services.	July 1, 2021 – June 30, 2022		Completed
	July 1, 2022 – June 30, 2023		Completed
	July 1, 2023 – June 30, 2024		Continued

### 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 <sup>23</sup>	Update Status <sup>24</sup>
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No new objectives for FY 23-24.

<sup>21</sup> 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.

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

<sup>23</sup> 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.

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

## 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 (OAAPS) Categories and units of service. They are defined in the [OAAPS State Program Report \(SPR\)](#)

For services not defined in OAAPS, 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	90,500	3	
2022-2023	117,650	3	
2023-2024	117,650	3	

#### 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	735	3	

2022-2023	735	3	
2023-2024	735	3	

**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	801	3	
2022-2023	801	3	
2023-2024	801	3	

**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	35,224	3	
2022-2023	46,965	3	
2023-2024	11,025	3	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	1,621	2	



2021-2022	1,621	2	
2022-2023	1,621	2	
2023-2024	1,621	2	

**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	1,300	3	
2022-2023	3,500	3	
2023-2024	3,500	3	

**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	3,000	2	
2022-2023	3,000	2	
2023-2024	3,000	2	

**OAAPS Service Category – “Other” Title III Services**

- Each **Title IIIB** “Other” service must be an approved OAAPS 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 OAAPS 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	400	1	
2022-2023	400	1	
2023-2024	400	1	

#### Other Supportive Service Category: *Outreach*

Unit of Service: Hours

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021			
2021-2022			
2022-2023	640	1	

2023-2024	768	1	
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**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	991	1	
2022-2023	991	1	
2023-2024	991	1	

**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	6,809	1	
2021-2022	5,488	1	
2022-2023	5,768	1	
2023-2024	6,104	1	

**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	589	1	

2022-2023	589	1	
2023-2024	589	1	

### 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.

**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	667	3	d
2022-2023	667	3	d
2023-2024	667	3	d

## 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 285 divided by the total number of complaints received 384 = Baseline Resolution Rate 74%  
FY 2021-2022 Target Resolution Rate 74%



3. FY 2020 - 2021 Baseline Resolution Rate:  
 Number of complaints partially or fully resolved 359 divided by the total number of complaints received 440 = Baseline Resolution Rate 82 %  
 FY 2022-2023 Target Resolution Rate 70 %

4. FY 2022-2023 Baseline Resolution Rate:  
 Number of complaints partially or fully resolved 197 divided by the total number of complaints received 293 = Baseline Resolution Rate 67 %  
 FY 2023-2024 Target Resolution Rate 70 %

**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 <u>14</u> FY 2021-2022 Target: <u>28</u>
3. FY 2020-2021 Baseline: Number of Resident Council meetings attended <u>29</u> FY 2022-2023 Target: <u>29</u>
4. FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>39</u> FY 2023-2024 Target: <u>35</u>

**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 <u>1</u> FY 2021-2022 Target: <u>2</u>
3. FY 2020-2021 Baseline: Number of Family Council meetings attended <u>2</u> FY 2022-2023 Target: <u>2</u>
4. FY 2022-2023 Baseline: Number of Family Council meetings attended <u>5</u> FY 2023-2024 Target: <u>5</u>

**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 <u>451</u> FY 2021-2022 Target: <u>300</u>

3. FY 2020-2021 Baseline: Number of Instance <u>412</u> FY 2022-2023 Target: <u>300</u>
4. FY 2022-2023 Baseline: Number of Instances <u>334</u> FY 2023-2024 Target: <u>330</u>

**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 <u>1,086</u> FY 2021-2022 Target: <u>850</u>
3. FY 2020-2021 Baseline: Number of Instances <u>1,364</u> FY 2022-2023 Target: <u>1000</u>
4. FY 2022-2023 Baseline: Number of Instances <u>1539</u> FY 2023-2024 Target: <u>1300</u>

**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 <u>3</u> FY 2021-2022 Target: <u>3</u>
3. FY 2020-2021 Baseline: Number of Sessions <u>11</u> FY 2022-2023 Target: <u>3</u>
4. FY 2022-2023 Baseline: Number of Sessions <u>1</u> FY 2023-2024 Target: <u>3</u>

**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><b>FY 2020-2021 Systems Advocacy Effort(s):</b> 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><b>FY 2021-2022 Systems Advocacy Effort(s):</b> Lack of effective communication by assisted living and skilled nursing facilities with residents, family members, or responsible parties during the COVID-19 pandemic was identified by the Ombudsman program as an area in need of improvement and systems advocacy. The goal for FY 2021-2022 is to develop and provide one 1 ½ hour in-person or Zoom training for assisted living and skilled nursing facility management and staff on Communication Best Practices. Invitations will be sent to all skilled nursing (13) and assisted living (48) facility administrators in Marin County. Training will include a variety of strategies to effectively communicate information about infectious disease outbreaks, power outages, facility construction projects, holiday or special events, or ongoing monthly updates. Training will also include information about applicable regulations and licensing requirements regarding communication that apply to assisted living and skilled nursing facilities. Handouts and reference material will be sent electronically to all attendees as well as to all assisted living and skilled nursing facility administrators in Marin County. In-service trainings on communication best practices and reference material will be offered to facilities with staff unable to attend in-person or Zoom training. Outcomes from this systems advocacy effort will be measured by number of assisted living and skilled nursing facilities with representatives that attended training, total number of facility staff that attended training, and total number of facilities that received handouts and reference material.</p>

**FY 2022-2023**

**Outcome of FY 2021-2022 Efforts:** Outcomes not available as of 3/1/2022

**FY 2022-2023 Systems Advocacy Effort(s):** Frequent management turnover in skilled nursing facilities continues to negatively impact the services and support provided to residents in these facilities. For this reason, the Systems Advocacy goal for FY 2022-2023 is to update all sections of the Skilled Nursing Facility Resource Guide created in FY 2020-2021 and add a new section for Communication Best Practices which will be created from the information obtained as part of the Improved Communications Systems Advocacy Goal for FY 2021-2022. New Resource Guides will be provided to all skilled nursing facilities in Marin County along with an in-person training on contents of the revised Resource Guide by an Ombudsman representative. Skilled Nursing Facility Resource Guides will also be provided to all Ombudsman representatives who provide advocacy for residents in skilled nursing facilities.

**FY 2023-2024**

**Outcome of 2022-2023 Efforts:** Systems Advocacy efforts for 2022-2023 are currently in progress. Outcome of 2022-2023 efforts will be available by 9/30/2023.

**FY 2023-2024 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)  
The Systems Advocacy goal for FY 2023-2024 is to update all sections of the Skilled Nursing Facility Resource Guide created in FY 2020-2021. Updated Resource Guides will be provided to all skilled nursing facilities in Marin County along with an in-person training on contents of the updated Resource Guide by an Ombudsman representative. Skilled Nursing Facility Resource Guides will also be provided to all Ombudsman representatives who provide advocacy for residents in skilled nursing facilities.

**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 13 divided by the total number of Nursing Facilities 13 = Baseline 100%  
FY 2020-2021 Target: 100%

2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>0</u> divided by the total number of Nursing Facilities <u>13</u> = Baseline <u>0%</u> FY 2021-2022 Target: <u>100%</u>
3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>2</u> divided by the total number of Nursing Facilities <u>13</u> = Baseline <u>69%</u> FY 2022-2023 Target: <u>100%</u>
4. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>12</u> divided by the total number of Nursing Facilities <u>13</u> = Baseline <u>92%</u> FY 2023-2024 Target: <u>100%</u>

**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: <u>100%</u>
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>0</u> divided by the total number of RCFEs <u>49</u> = Baseline <u>0%</u> FY 2021-2022 Target: <u>100%</u>
3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>6</u> divided by the total number of RCFEs <u>50</u> = Baseline <u>12%</u> FY 2022-2023 Target: <u>100%</u>
4. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>46</u> divided by the total number of RCFEs <u>51</u> = Baseline <u>90%</u> FY 2023-2024 Target: <u>100%</u>

**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: <u>3.5</u> FTEs FY 2021-2022 Target: <u>3.5</u> FTEs
3. FY 2020-2021 Baseline: <u>3.5</u> FTEs FY 2022-2023 Target: <u>3.5</u> FTEs
4. FY 2022-2023 Baseline: <u>3.5</u> FTEs FY 2023-2024 Target: <u>3.5</u> 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 <u>6</u> FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers <u>6</u>
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers <u>5</u> FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers <u>8</u>
4. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>9</u> FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers <u>9</u>

**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 using training modules recorded and made available by the Office of the State Long-Term Care Ombudsman office will be offered to Ombudsman staff and volunteers annually.



Ombudsman representative attendance will be documented and applied towards their 18 hours of continuing education requirements to maintain Ombudsman certification.

All NORS data submitted by Ombudsman representatives such as completed activity logs or case information entered in the Ombudsman database will be reviewed by the program coordinator or assigned staff person for accuracy, timeliness, and compliance to program standards. Technical assistance and training will be provided as needed to ensure consistent application of NORS rules.

The Case Review Checklist and Training Tool created in FY 2022-2023 will continue to be used as a reference and training tool for entering and reviewing case information in the Ombudsman Data Integrated Network (ODIN) to help ensure the consistency and accuracy of data entered and reviewed.

APPROVED

## TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT OBJECTIVES

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

Units of Service categories include public education sessions, training sessions for professionals, training sessions for caregivers served by a Title III E Family Caregiver Support Program, 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.

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

☐ Ombudsman Program

☐ Legal Services Provider

☐ Adult Protective Services

☒ Other (explain/list): Area Agency on Aging. Staff from Area Agency on Aging coordinate elder abuse prevention activities including the Marin Financial Abuse Specialist Team (FAST) community quarterly trainings, case assistance to FAST partners as needed, outreach at least two community fairs and FAST volunteer education and training.

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention and treatment of elder abuse, neglect and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention and treatment of elder abuse, neglect and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention and treatment of elder abuse, neglect and exploitation. OAA 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers and other agencies involved in the protection of elder and dependent adults from abuse, neglect and exploitation.
- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals and caregivers (this may include materials that have been developed by others) to help in the identification, prevention and treatment of elder abuse, neglect and exploitation.

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

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

Fiscal Year	Total # of Public Education Sessions
2020-2021	16
2021-2022	16
2022-2023	16
2023-2024	16

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

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

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020-2021	175
2021-2022	120
2022-2023	120
2023-2024	150

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	0	Elder Abuse Resources Protect Yourself from Fraud Prevent Fraud Scams and Identity Theft
2022-2023	0	Elder Abuse Resources Protect Yourself from Fraud Prevent Fraud Scams and Identity Theft
2023-2024	100	FAST Brochures FAST Business Cards 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	300
2022-2023	300
2023-2024	300

## TITLE IIIIE 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 IIIIE SERVICES

Family Caregiver Services Caregivers for Older Adults	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2020-2021	# of activities: N/A Total est. audience for above:		
2021-2022	# of activities: N/A Total est. audience for above:		
2022-2023	# of activities: N/A Total est. audience for above:		
2023-2024	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2020-2021	N/A		
2021-2022	N/A		
2022-2023	N/A		
2023-2024	115		
Support Services	Total hours		
2020-2021	1,012	3	

2021-2022	1005	3	
2022-2023	1005	3	
2023-2024	1,372	3	
Respite Care	Total hours		
2020-2021	4,473	3	
2021-2022	4,487	3	
2022-2023	4,487	3	
2023-2024	4,879		
Supplemental Services	Total occurrences		
2020-2021	N/A		
2021-2022	N/A		
2022-2023	N/A		
2023-2024	N/A		

#### DIRECT AND/OR CONTRACTED HIE SERVICES

Grandparent and Other Older Relative Serving 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	N/A		
2022-2023	N/A		



2023-2024	N/A		
<b>Grandparent and Other Older Relative Serving Children</b>	<b>Proposed Units of Service</b>	<b>Required Goal #(s)</b>	<b>Optional Objective #(s)</b>
<b>Access Assistance</b>	<b>Total contacts</b>		
2020-2021	N/A		
2021-2022	N/A		
2022-2023	N/A		
2023-2024	N/A		
<b>Support Services</b>	<b>Total hours</b>		
2020-2021	N/A		
2021-2022	N/A		
2022-2023	N/A		
2023-2024	N/A		
<b>Respite Care</b>	<b>Total hours</b>		
2020-2021	N/A		
2021-2022	N/A		
2022-2023	N/A		
2023-2024	N/A		
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2020-2021	N/A		
2021-2022	N/A		
2022-2023	N/A		

2023-2024	N/A		
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**Direct and/or Contracted IIIE Services**

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

# HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)

## 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/Planning/](https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/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)<sup>25</sup>

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2020-2021	N/A	
2021-2022	N/A	
2022-2023	N/A	
2023-2024	N/A	
Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021	N/A	
2021-2022	N/A	
2022-2023	N/A	
2023-2024	N/A	
Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021	N/A	
2021-2022	N/A	
2022-2023	N/A	
2023-2024	N/A	

<sup>25</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services.

## 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 funds<sup>26</sup> 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 46% percent 22-23 46% 23-24 36%

#### 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 8% percent 22-23 8% 23-24 7%

#### LEGAL ASSISTANCE REQUIRED ACTIVITIES<sup>27</sup>

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

2020-21 11% 21-22 11% percent 22-23 11% 23-24 10%

<sup>26</sup> 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.

<sup>27</sup> Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

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

The 2019 AAA *Older Adult Needs Assessment* results were used to formulate funding priorities for supportive services, including priority services. Under Access, the AAA will fund assisted transportation, case management and Information & Assistance. One of the current gaps for 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. Older adults may require someone who can assist them in advocating for their needs and accessing services. The AAA will fund Case Management services in rural Marin to assist individuals by assessing needs, developing care plans, coordinating services and providing follow-up assessments. Some older adults are unaware of or do not think they would qualify for services and resources that would help them remain independent and/ or enhance their quality of life. The AAA will fund outreach services to help increase awareness about services and resources, promoting participation. The AAA also continues to provide Information & Assistance directly to help inform and refer older adults, persons with disabilities and caregivers to the range of available services and resources for their individual needs. Under In-Home Services, the AAA will be funding Visiting services in 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. Under Legal Assistance, the AAA will fund the local Legal Aid provider to provide legal advice, representation, assistance to the Ombudsman and involvement in the Private Bar.



# NOTICE OF INTENT TO PROVIDE DIRECT SERVICES PSA 5

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

If a 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

<b>Title IIIB</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Long Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Title IID</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input type="checkbox"/> Disease Prevention and Health Promo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title IIIE<sup>28</sup></b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input type="checkbox"/> Information Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VIIA</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>

<sup>28</sup> Refer to PM 11-11 for definitions of Title IIIE categories.

<input checked="" type="checkbox"/> Long Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Title VII</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input checked="" type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

***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-based organizations to reach underserved communities.

APPROVED

## REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 5

Older Americans Act Reauthorization Act of 2016 Section  
307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

### CONGREGATE MEALS

Check applicable funding source:

☐ IIIB ☒ IIIC-1 ☐ IIIC-2 ☐ IIID ☐ 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.

☒ FY 20-21 ☒ FY 21-22 ☒ FY 22-23 ☒ FY 23-24

**Justification:** Provide documentation below that substantiates this request for direct delivery of the above stated service<sup>29</sup>:

In 2020, the AAA put the Congregate Meal program on hold because of the COVID-19 pandemic restrictions and for three years distributed meals through a Grab and Go program. In FY 22-23, the AAA resumed in-person dining and contracted with a vendor to produce and deliver meals to host dining sites. The AAA continues to assume responsibility of the contracting agency and conduct all intakes and adhere to data entry requirements.

### HOME-DELIVERED MEALS CENTRAL MARIN

Check applicable funding source:

☐ IIIB ☐ IIIC-1 ☒ IIIC-2 ☐ IIID ☐ 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.

<sup>29</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement

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

☒ FY 20-21 ☒ FY 21-22 ☒ FY 22-23 ☒ FY 23-24

**Justification:** Provide documentation below that substantiates this request for direct delivery of the above stated service<sup>30</sup>:

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 an intake line, 415-473-INFO (4636). Staff screen callers for eligibility for various programs and services, including Home-Delivered Meals. The AAA has dedicated staff to perform quarterly assessments, maintain data and order meals. The AAA has contracts with two community-based organizations for delivery and a vendor contract with another organization for meal production in Central Marin.

## NUTRITION EDUCATION

Check applicable funding source:

☐ IIIB ☒ IIIC-1 ☒ IIIC-2 ☐ IIID ☐ 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.

☒ FY 20-21 ☒ FY 21-22 ☒ FY 22-23 ☒ FY 23-24

**Justification:** Provide documentation below that substantiates this request for direct delivery of the above stated service:

Nutrition education is provided directly by the AAA's Registered Dietitian (RD). Nutrition Education is part of the RD's ongoing responsibilities, an arrangement that is more cost effective than contracting out this function.

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<sup>30</sup> Section 15 does not apply to Title V (SCSEP).

## GOVERNING BOARD

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

**Total Number of Board Members: 5**

Name and Title of Officers	Office Term Expires
Stephanie Moulton-Peters, President	1/25
Dennis Rodoni, Vice President	1/25
Mary Sackett, 2 <sup>nd</sup> Vice President	1/27

Name and Title of All Members	Board Term Expires
Stephanie Moulton-Peters, President	1/25
Dennis Rodoni, Vice President	1/25
Mary Sackett, 2 <sup>nd</sup> Vice President	1/27
Supervisor Katie Rice	1/25
Supervisor Eric Lucan	1/27

## 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:** 18

Number of respondents: 19 out of 19 active council members (at time of completion).

Race Composition	percent of PSA's 60+ Population	percent on Advisory Council
White	88 percent	79 percent
Black	2 percent	5 percent
Asian/ Pacific Islander	6 percent	16 percent
American Indian/ Alaskan Native	0.1 percent	0 percent
Native Hawaiian and Other Pacific Islander:	0.1 percent	0 percent
Two or More Races	3 percent	0 percent
Other	2 percent	0 percent
Prefer Not to Answer	0 percent	0 percent
Ethnic Composition	percent of PSA's 60+ Population	percent on Advisory Council
Hispanic/ Latino	6 percent	10 percent
Not Hispanic/ Latino	94 percent	90 percent

Name and Title of Officers	Office Term Expires
Diana López, President	6/23
Sylvia Barry, Vice President	6/24
VACANT, Secretary	

Name and Title of All Members	Term Expires
Chrisula Asimos, Ph.D. (District 1)	6/24
Sylvia Barry (District 5)	6/24
Pravnav Bhanushali (City of Novato)	6/25
Larry Binkley	6/25
Matt Boland (City of Corte Madera)	6/23
Sybil Boutilier (City of Sausalito)	6/23
Everett Brandon (District 3)	6/25
Girija Brilliant (City of Mill Valley)	6/23
Teri Dowling (Town of Ross)	6/24
Jane Gould (Town of Tiburon)	6/23
Jean Gunn (District 5)	6/23
Salamah Locks (City of San Rafael)	6/24
Diana López (District 1)	6/23
Ralph Marchese (District 4)	6/23
Gene Ng (City of San Anselmo)	6/23
Lee Notowich (District 2)	6/24
Suzanne Sadowsky (District 4)	6/25
Judith Saffran (City of Larkspur)	6/24
Fred Silverman (District 3)	6/25
Vacant (Town of Fairfax)	
Vacant (District 2)	
Vacant (CSL)	
Vacant (CSL)	



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

**Explain any "No" answer(s):** No recent applicants to the Commission on Aging have reported being Low Income or Local Elected Officials. The Commission will continue to do outreach to these and other target populations.

**Explain any expiring terms – have they been replaced, renewed, or other?**

Advisory council members may serve up to three consecutive one-year terms. Their appointments are renewed or replaced as their terms expire, and this is a continuous process.

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

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

## LEGAL ASSISTANCE

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

11 percent.

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

LAM's current Executive Director has served in this role for one year as of August 1, 2023, and so cannot comment from an organizational perspective on changes in local needs prior to August 1, 2022. That being said, COVID-19 exposed what Legal Aid of Marin witnesses daily - an overwhelming need for holistic civil legal services that cannot be met fully by the only qualified civil legal services provider with offices in Marin. Marin County is a legal desert, and so while inequity became more visible and services increased in some areas during the height of the pandemic (for example: providing assistance to workers seeking unemployment benefits when made available by the government), the communities that LAM serves experience persistent poverty and therefore have always needed increased access to holistic legal services focused on narrowing the justice gap in areas including, but not limited to, housing, employment, fines and fees alleviation, estate planning, and consumer law. LAM continues to face a need for holistic legal services that far outpaces our ability to meet it, however we are determined to continue to grow and help as many people as possible. Our funding through AAA has not increased between 2022 and 2023, however LAM continues to make an impact serving Marin seniors in large part due to this funding. LAM is fortunate to have such strong support from AAA and remains committed to meeting the needs of seniors in Marin County.

**3. Specific to Legal Services, does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services?**

Yes.

**4. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so, what are the top four (4) priority legal issues in your PSA?**

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

5. **Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA AND what mechanism is used for reaching the target population? Discussion:**

Yes, the AAA collaborates with the Legal Services 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.

6. **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.

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

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

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

Legal Aid of Marin provides no-cost intake consultations to older adults at its offices in San Rafael and renders legal assistance in the areas of employment, housing, small claims, estate planning, and consumer protection matters. 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 via Zoom and in-person.

Legal Aid of Marin conducts weekly off-site outreach in the Canal neighborhood of San Rafael, Novato, and Marin City. The organization currently conducts monthly outreach in Point Reyes Station in rural Marin and will be increasing that frequency with LAM's expansion to West Marin.

Legal Aid of Marin conducts various presentations across the county and in partnership with trusted community-based organizations in areas of tenants' rights, tenant organizing, workers' rights, estate planning, consumer protection, and public benefits.

**9. 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. Legal Aid of Marin b. c.	a. Marin County b. c.
2022-2023	a. Legal Aid of Marin b. c.	a. Marin County b. c.
2023-2024	a. Legal Aid of Marin b. c.	a. Marin County b. c.

**10. 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.

**11. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area):**

Major legal issues pertaining to economic security, primarily centered on housing issues, have been observed. This includes eviction problems and other housing disputes. Other legal disputes regarding seniors' employment legal rights, 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.

**12. 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, as well as by telephone and video conference where doing so increases access.

**13. 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 Vivalon, Canal Alliance, Community Action Marin, North Marin Community Services (formerly Novato Human Needs), West Marin Senior Services, the Marin Superior Court, Phoenix Project, St. Vincent de Paul Dining Room and Marin County Ombudsman.

## 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: CAREGIVERS OF OLDER ADULTS

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 checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
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 checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

### Older Relative Caregivers

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

Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Direct <input type="checkbox"/> Contract

\*Refer to PM 11-11 for definitions for the above Title IIIIE 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. 415-473-4636
- *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. 415-473-4636
- *Description of the service:* Information services are available through online community resource guide and by calling 415-473-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 III E funds:* The AAA works directly with the Marin Center for Independent Living as its core partner of the ADRC.

## GRANDPARENT SERVICES

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### 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. 415-473-4636
- *Description of the service:* Information services are available through online community resource guide and by calling 415-473-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) 473-6964
- *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 5<sup>th</sup> 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.

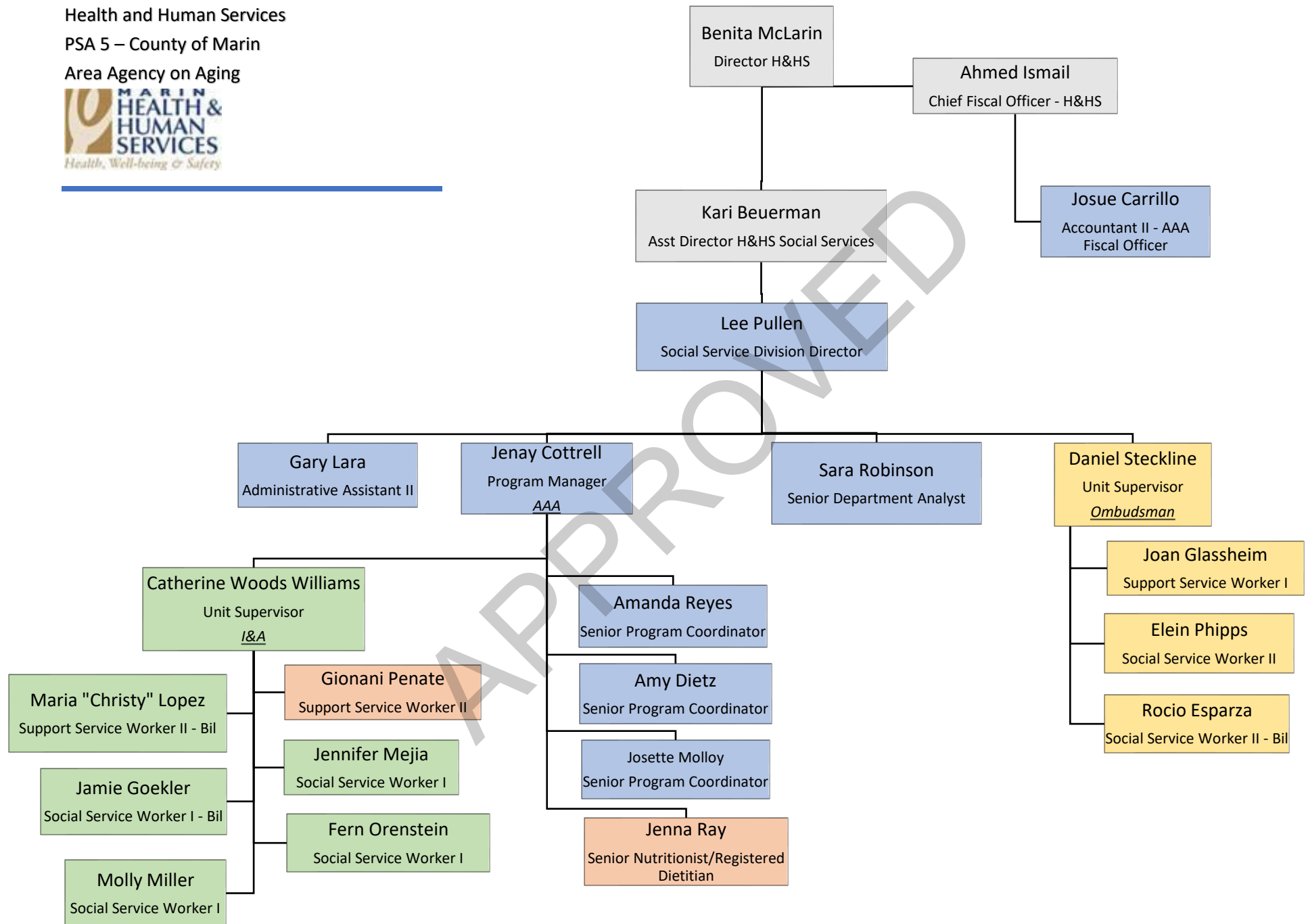
### **Supplemental Services: Home Adaptations for Caregiving**

- *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.

Health and Human Services

PSA 5 – County of Marin

Area Agency on Aging



## Percentages & Allocation Methodology

AAA Admin		
Employee Name	Position Name	Percentage & Allocation Method
Josue Carrillo	Accountant II	100% AAA Admin
Lee Pullen	Social Service Division Director	25% - via quarterly time study
Gary Lara	Administrative Assistant II	25% - via quarterly time study
Jenay Cottrell	Program Manager	100% AAA Admin
Amanda Reyes	Senior Program Coordinator	100% AAA Admin
Amy Dietz	Senior Program Coordinator	100% AAA Admin
Josette Molloy	Senior Program Coordinator	37% ATT Grant & 63% OARR Grant
Sara Robinson	Senior Department Analyst	100% County General Funds

AAA C1/C2 Program Support		
Employee Name	Position Name	Percentage & Allocation Method
Gionani Penate	Support Service Worker I	50% - C1 & 50% - C2
Jenna Ray	Senior Nutritionist	50% - C1 & 50% - C2

Ombudsman		
Employee Name	Position Name	Percentage & Allocation Method
Daniel Steckline	Unit Supervisor	78.8% - IIIB Omb & 21.2% - VII Omb
Joan Glassheim	Support Service Worker I	78.8% - IIIB Omb & 21.2% - VII Omb
Elein Phipps	Social Service Worker II	78.8% - IIIB Omb & 21.2% - VII Omb
Rocio Esparza	Socia Service Worker II - Bil	78.8% - IIIB Omb & 21.2% - VII Omb

I&A Team		
Employee Name	Position Name	Percentage & Allocation Method
Catherine Woods Williams	Unit Supervisor	Quarterly time study actuals
Maria "Christy" Lopez	Support Service Worker II - Bil	Quarterly time study actuals
Jennifer Mejia	Social Services Worker I	Quarterly time study actuals
Jamie Goekler	Social Service Worker I - Bil	Quarterly time study actuals
Fern Orenstein	Social Service Worker I	Quarterly time study actuals
Molly Miller	Social Service Worker I	Quarterly time study actuals

## ASSURANCES

### SECTION 22 - ASSURANCES

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

#### A. Assurances

##### 1. OAA 306(a)(2)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Use outreach efforts that —

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

(I) older individuals residing in rural areas;

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

- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
- (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

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

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

7. OAA 306(a)(5)

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

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

(A) Provide assurances that the Area Agency on Aging, in carrying out the State Long-Term Care Ombudsman program under 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

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

9. OAA 306(a)(11)

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

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

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

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

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

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

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

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

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

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

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

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

11. 306(a)(14)

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

12. 306(a)(15)

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

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

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

13: OAA 305(c)(5)

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

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

(B)

(i) 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)

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

- (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)

Area Agencies on Aging will 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: 23. CFR [1321.53(a)(b)]

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

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

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



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

24. CFR [1321.53(c)]

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

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)]

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