



AREA PLAN

2024 - 2028

FOUR-YEAR PLAN
FOR MARIN COUNTY
OLDER ADULTS

Marin County Aging and Adult Services
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San Rafael, CA 94903
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[Area Agency on Aging | Marin Health
and Human Services](#)



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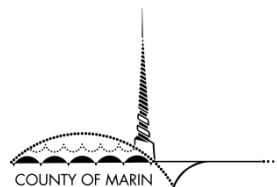


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ACKNOWLEDGMENTS

The Marin Area Agency on Aging (AAA) relies on the skills, expertise and services of its dedicated contracted service providers and other community organizations and leaders in the local Marin aging network. The entire AAA team extends its gratitude for all its collaborative and positive community partnerships. The data-driven planning, goals, and services the AAA provides would not be possible without the knowledge, creativity, participation, advocacy, and support of these community organizations. Each brings unique perspectives, skills and services and provides the AAA with an ongoing opportunity to better understand the needs of older adults, people with disabilities, and family caregivers. The AAA will continue to nurture these partnerships and is excited to plan, build, create, and innovate together in the years ahead.

Our current 2024-2025 contracted service providers include City of Sausalito, Community Action Marin (CAM), Council on Aging, Front Porch, Jewish Family and Children's Services (JFCS), Legal Aid of Marin, LITA (Love is the Answer), Marin Center for Independent Living (MCIL), San Francisco- Marin Food Bank, San Geronimo Valley Community Center (SGVCC), Vivalon, West Marin Senior Services (WMSS), and the YWCA. The AAA's seven congregate meal sites include Albert J. Boro Community Center in the Canal neighborhood of San Rafael, San Rafael Community Center in downtown San Rafael, Dance Palace Community & Cultural Center in Point Reyes Station, Episcopal Senior Communities (the Hilarita) in Tiburon, Margaret Todd Senior Center in Novato, Corte Madera Recreation Center, and San Geronimo Valley Community Center.



AREA PLAN UPDATE (APU) CHECKLIST

Check one: FY25-26 FY 26-27 FY 27-28

Use for APUs only

AP Guidance Section	Required Annual Update Sections	Check Updated
n/a	A) Transmittal Letter- <i>(submit by email with electronic or scanned original signatures)</i>	<input type="checkbox"/>
n/a	B) APU- <i>(submit entire APU electronically only)</i>	<input type="checkbox"/>
2, 3, or 4	C) Estimate- of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>
6	D) Priority Services and Public Hearings	<input checked="" type="checkbox"/>
n/a	E) Annual Area Plan Budget (send to finance@aging.ca.gov)	<input type="checkbox"/>
8	F) Service Unit Plan (SUP) and LTC Ombudsman Program Outcomes	<input checked="" type="checkbox"/>
11	G) Legal Assistance	<input checked="" type="checkbox"/>
AP Guidance Section	If there has been a change to another section, check the “Mark Changed” box AND include the “AAA Area Plan Summary of Changes” Attachment A:	Mark Changed
1	Mission Statement	<input type="checkbox"/>
5	Needs Assessment/Targeting	<input type="checkbox"/>
7	AP Narrative Objectives:	<input checked="" type="checkbox"/>
7	• System-Building and Administration	<input type="checkbox"/>
7	• Title IIIB-Funded Programs	<input checked="" type="checkbox"/>
7	• Title IIIB-Program Development/Coordination (PD or C)	<input type="checkbox"/>
7	• Title IIIC-1 or Title IIIC-2	<input checked="" type="checkbox"/>
7	• Title IIID-Evidence Based	<input checked="" type="checkbox"/>
7	• HICAP Program	<input type="checkbox"/>
9	Senior Centers and Focal Points	<input type="checkbox"/>
10	Title IIIE-Family Caregiver Support Program	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Notice of Intent to Provide Direct Services	<input type="checkbox"/>
14	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
15	Governing Board	<input checked="" type="checkbox"/>
16	Advisory Council	<input checked="" type="checkbox"/>
17	Multipurpose Senior Center Acquisition or Construction	<input type="checkbox"/>
18	Organizational Chart(s) (Must match Budget)	<input checked="" type="checkbox"/>
19	Assurances	<input checked="" type="checkbox"/>
Atch. A	AAA Area Plan Summary of Changes	<input type="checkbox"/>
Atch. B	OCA Modernization Supplemental Summary	<input type="checkbox"/>
Atch. C	Local Master Plan for Aging Supplemental Summary	<input type="checkbox"/>

TRANSMITTAL LETTER

2024-2028 Four Year Area Plan/Annual Update
Check one: [] FY 24-25 [x] FY 25-26 [] FY 26-27 [] FY 27-28

AAA Name: County of Marin Aging and Adult Services

PSA 5

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

1. _____
(Type Name)

Signature: Governing Board Chair¹

Date

2. _____
(Type Name)

Signature: Advisory Council Chair

Date

3. _____
(Type Name)

Signature: Area Agency Director

Date

¹ Original signatures or electronic signatures are required.

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 by the Older Americans and Older Californians Acts. In Marin County, the Department of Health and Human Services' Office of Aging and Adult Services, has been designated by the Board of Supervisors to administer the AAA that covers Planning and Service Area 5 (PSA 5). The 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 Older Americans Act (OAA) requires AAAs to submit an Area Plan every four years, with subsequent annual updates, which serve as a roadmap to guide the AAA in planning and reflect strategies and future activities that will best serve the needs of older adults and family caregivers in their designated Planning and Service Areas (PSA). "The Marin County Area Plan for Aging 2024-2028" is the current four-year plan for the Marin County AAA and this Fiscal Year 2025-2026 update is the first update of the four-year planning cycle, as determined by the Older Americans Act. The AAA and the Marin County Commission on Aging (MCCOA), the AAA's federally mandated advisory council, were guided by the following four goals developed by examining the results of the 2023 AAA Older Adults Assessment that informed both the 2024-2028 Area Plan and 2025-2026 Area Plan Update, and will continue to steer the AAA and MCCOA's work for the next three years:

1. Actively advocate for the critical needs of older adults and caregivers as identified in the 2023 Marin County Needs Assessment study at the local, state, and federal level.
2. Increase awareness, visibility, and access to services and resources for older adults and caregivers with consideration of those with greater social and economic needs, particularly Black and Latino populations.
3. Partner with community organizations to address the financial security of Marin's older adults and caregivers.
4. Increase opportunities for social engagement for older adults and caregivers.

This update describes innovative new projects the AAA established, using OAA, one-time American Rescue Plan Act (ARPA) and one-time Modernizing Californians Act (MOCA) funding, to continue working towards achieving its goals. Specific emphasis on caregiver support, financial security, fall prevention, social isolation, nutrition, and access to resources are highlighted. This update also outlines

current demographics, and the strategies utilized for meeting needs and implementing services. In keeping with 2025-2028 [Marin Health and Human Services Strategic Plan](#) and the County's [Race Equity Action Plan](#), the AAA continues its commitment to prioritizing, planning and providing services with a race equity focus.

At the start of a new fiscal year, with remaining one-time funding coming to an end, and additional rising concerns around potential cuts to OAA baseline funds, it is essential for the AAA and MCCOA to look to the 2023 Needs Assessment as the guiding light. Doing so will ensure a data-driven approach to making and prioritizing decisions for future critical services. Potential shifts in the funding landscape will also require the AAA to prioritize, nurture, and grow new and existing collaborative opportunities and partnerships with community-based organizations and other stakeholders as well as to strategize together on finding creative and innovative ways to continue to address and respond to the needs of older adults, people with disabilities and unpaid family caregivers in Marin County.

APPROVED

SECTION 1: MISSION STATEMENT

The core mission of the Area Agency on Aging (AAA) as chartered by the federal Older Americans Act and Older Californians Act is to: 1) provide leadership in addressing issues that relate to older Californians; 2) develop community-based systems of care that provide services which support independence within California's interdependent society and which protect the quality of life of older persons and persons with functional impairments; and 3) promote citizen involvement in the planning and delivery of services.

Aging and Adult Services

As the administrator of the AAA in Marin County, it is the mission of the Office of Aging and Adult Services to promote and protect the health, well-being, self-sufficiency and safety of people in Marin so that they can Live Long and Live Well.

Marin County Commission on Aging

As the federally mandated advisory council to the AAA, the Commission strives to promote the dignity, independence, and quality of life of older adults and their caregivers through education and advocacy. It promotes understanding and positive change in Marin County through the values of diversity, equity, inclusion, respect, and collaboration.

SECTION 2: DESCRIPTION OF THE PLANNING AND SERVICE AREA

Demographic Characteristics

Marin County has a total population of approximately 258,765 people with a substantial number of older adult residents. Persons over the age of 60 currently comprise 30% of the total population, compared to 21% statewide. A majority of Marin’s older adults are White (84.8%), compared to 57% in all of California. In Marin, Black/African Americans over 60 account for 1.7% of the population, Alaskan/Native



American Indians 0.2%, Asian 5.3%, Native Hawaiian/Pacific Islander 0.1%, other race 2.4%; and two or more races make up 5.4%. Seven-point two percent of Marin’s older adults identify as being Hispanic/Latino. ² Of those 65 and older, 4% speak Spanish, 3% speak an Asian or Pacific Island language, and 6% speak other Indo-European languages, including Russian. ³ There is no baseline census measure to determine the percentage of

those who are LGBT. Using the randomized *AAA Older Adult Needs Assessment*, 4% of Marin’s older adults identify as being Bisexual, Gay, Lesbian, or Same Gender Loving and less than 1% identify as non-binary.⁴

Marin’s older adults tend to be well educated, with 60% having a bachelor’s or higher degree, which is double that of the statewide average.

In Marin, 7% of Marin’s older adults fall at or below the [Federal Poverty Level \(FPL\)](#) with annual incomes of \$15,650 or less for an individual or \$21,150 for a couple.⁵ Due to the high cost of living in Marin and using the Economic Index developed by the UCLA Center for Health Policy Research as a baseline measure, low-income in Marin for older adults is classified as being 300% of the FPL. Three hundred percent of the Federal Poverty Level in 2025 was \$46,950 for one person and \$63,450 for a couple. Nearly

² American Community Survey. Dataset: ACSST5Y2023. Table S0102. Available at: data.census.gov. Accessed 2/13/25.

³ American Community Survey. Dataset ACSDT5Y2023. Table B16004. Available at: data.census.gov. Accessed 2/13/25.

⁴ [2024 Marin Older Adult Needs Assessment](#)

⁵ American Community Survey. Dataset: ACSST5Y2023. Table S0102. Available at: data.census.gov. Accessed 2/13/25.



25% of all Marin’s older adults fell at or below this threshold and need to make monthly decisions as to whether to pay for rent, electricity, food, medications and other essential expenses.⁶ It is hard not to glaze over when reading statistics and to remember that percentages are people. Yet one in four people of those over 60 in Marin make choices every day about accessing necessary services, including the ability to afford medications.

The AAA works collaboratively with many statewide and local organizations and elected officials to advocate for and fund the needs and services of Marin’s vibrant older adult population.

Statewide and County Efforts

California Master Plan for Aging and California 2025-2026 Initiatives

The Master Plan for Aging (MPA) is a 10-year blueprint that reflects California’s future vision of and commitment to an age and ability-forward state. Every two years, the MPA Cabinet Workgroup and state MPA partners recommit to a new set of initiatives that focus on meeting the priority needs of California’s older adults, people with disabilities, and caregivers. As explained in the [MPA’s Fourth Annual Report](#), California will advance 81 MPA initiatives in 2025-26 across its five bold goals, building upon the work that began in January 2021 when the MPA was launched. The Marin Area Agency on Aging (AAA) continues to refresh its work to address the MPA’s goals: 1) Housing for All Ages and Stages, 2) Health Reimagined, 3) Inclusion and Equity, Not Isolation, 4) Caregiving that Works, and 5) Affording Aging. These goals are closely aligned with the four-year goals of the AAA and its work responding to the most frequently cited needs identified in the AAA’s [2023 Older Adult Needs Assessment](#).

⁶ [2024 Marin Older Adult Needs Assessment](#)

California Department of Aging's CDA Strategic Plan for 2025-2028

The AAA's work also corresponds with [the California Department of Aging's \(CDA's\) Strategic Plan for 2025 – 2028](#). CDA's plan and the AAA's Area Plan include shared visions, including advocating and advancing equitable access to resources for aging well. Both plans also contain common goals such as improving availability, access, and awareness of programs and services. The AAA actively participates in [the California Association of Area Agencies on Aging \(C4A\)](#),



which educates the public, elected officials, and other government leaders about aging and disability-related policy and funding issues, while also advocating for solutions to those issues. It serves as a forum through which AAAs collaborate and share practices for delivering services to adults aged 60 and older, persons with disabilities, and unpaid family caregivers.

Future Forward: Marin Health & Human Services' Strategic Plan 2025 - 2028

The Area Agency on Aging (AAA) is housed within the County of Marin's Health and Human Services (HHS) Department. This year, HHS released its 2025-2028 Strategic Plan, [“Future Forward: Redefining Health and Wellness for Marin County.”](#) Grounded in the principles of Reflect, Reconnect, and Re-engage, this plan aims to break down barriers to services, ensuring all communities have the opportunity to thrive. Following data collection, focus groups and key informant interviews, which included members of the Marin County Commission on Aging (MCCOA), the plan has five key priorities: 1) Advancing racial equity, 2) Improving Community Conditions and Services, 3) Fostering Community Partnerships, 4) Optimizing Workforce, and 5) Boosting Data Collection and Analysis. It recognizes the growth of the aging and disability populations and states the County must integrate services so older adults and people with disabilities have access, while remaining an integral part of the community. Among the goals and objectives that focus on older adults are:

- Working with 1) Aging and Older Adults; 2) Children and Families; and 3) Disability stakeholders design and implement local initiatives that address the needs of these populations.
- Increasing awareness of the impact of aging and living with disabilities to service delivery by the HHS team.
- Through an intersectional lens, increase awareness of the impact of aging and living with disabilities to service delivery by the HHS team

AAA staff and members of the MCCOA look forward to collaborating with internal and external

stakeholders to advance work on these goals while also continuing to advocate within the County for specific needs, celebrating achievements, and recognizing the expertise of older adults and persons with disabilities.

Area Agency on Aging

Food Insecurity

HHS has launched a renewed CalFresh Awareness campaign throughout Marin, emphasizing people of color with the goal of increasing enrollment. In 2023, there were approximately 4,000 persons 60 or older on CalFresh,⁷ representing approximately half of the older adults who are eligible for the program. HHS is committed to addressing food insecurity in Marin by partnering with community-based organizations to help improve program access throughout Marin for the older adult and minority populations. HHS staff participate in outreach events held by community partners that routinely connect with the older adult population and people of color residing in Marin. They provide program information resources at these events and offer on-the-spot eligibility services to reduce transportation barriers.



Among older adults, some of the barriers to accessing these services include stigma, a belief that by enrolling they are depriving others, and lack of information about eligibility criteria for those over 60, especially medical deductions. The AAA is partnering with HHS’ Public Assistance Office to develop multi-language promotional materials specifically targeted to older adults that will be distributed through a variety of ways including through Aging and Adult Services field social workers, at community events and to the AAA’s home-delivered and congregate meal participants. Recognizing some older adults may not be able to physically go to food pantries, the AAA is funding the San Francisco-Marín Food Bank’s grocery bag delivery program that delivers bags including protein, whole grains and fresh produce. These bags will include the CalFresh information tailored to older adults and home-delivered meal promotional materials. Since Covid-19 emergency orders were lifted, the AAA has worked with community partners to reopen seven congregate meal sites throughout Marin. Pre-pandemic, one of the most popular sites was in Point

⁷ [CDSS CalFresh Data Dashboard](#)



Reyes Station in West Marin. West Marin is the largest rural area of the county, where older adults may be more isolated and in need of connection and healthy food. In March 2025, this site re-opened with meals provided by the local Palace Market. The first day was a success with 45 people dining.

Programs and Contracts

The AAA engages in multiple collaborative efforts with agencies, communities, and individuals working with older adults in Marin County through direct funding or other collaborations. Every four years, the AAA issues requests for proposals for each of its funded programs, based on the results of the Older Adult Needs Assessment. Using Older Americans Act, the last of its American Rescue Plan Act (ARPA), and Modernization of California Act (MOCA) monies, the AAA funded several programs that were new or had demonstrated success in prior years. The AAA invested much of its remaining ARPA and most of its MOCA funds to address two major issues affecting older adults: the perennial issue of falling and the growing concern about financial security. Injury from falling affects older adults' health and ability to remain mobile and independent. Financial security affects older adults' ability to afford rent, mortgage, food, utilities, healthcare, and other needed expenses.

Fall Prevention Classes and Residential Repairs and Modifications

Falls are the leading cause of fatal and non-fatal injuries among older adults.⁸ In Marin, almost one-third of older adults had at least one fall in the past year and a third of those individuals who experienced a fall sought out medical attention.⁹

The AAA spurred expansion of and increased access to evidenced-based fall prevention classes and residential repairs and home modifications, including repairing stairs and floors and installing railings, ramps, grab bars, raised toilet seats, and more. The fall prevention classes include Tai Chi for Arthritis and Falls Prevention, A Matter of Balance, Qi Gong, Senior Planet Fitness, and Ballet Concepts for Strength and Balance. To help advance equity, Tai Chi for Arthritis and Falls Prevention is now offered in Spanish and Vietnamese and several of the other classes are offered in Spanish. To further reduce barriers to access, classes take place at locations throughout the county – including in the San Geronimo Valley area

⁸ <https://www.cdc.gov/falls/data-research/index.html>

⁹ 2023 Older Adult Needs Assessment

of rural West Marin or are offered on Zoom for those who prefer or need to take classes from home. Residential repairs and modifications are also offered throughout the county.

Addressing Financial Insecurity

Regarding financial health, the 2023 AAA needs assessment identified financial insecurity as one of the top concerns of older adults with 29% of respondents indicating it as a concern, up 16% from what the 2019 assessment revealed. This jump from 13% to 29% represents the biggest increase for any concern measured. Approximately 25% of Marin’s older adults live at or below economic self-sufficiency or 300% Federal Poverty Level, making daily decisions on paying for food, medications, transportation, rent or mortgage, and other necessities.

Addressing heightened concerns about financial insecurity, the AAA is funding two programs to help older adults secure and maintain housing and three financial education programs to help older adults improve their financial well-being, learn to objectively evaluate their own financial positions, be prepared to make informed choices to build wealth and financial security, and protect their money.

Around housing, first is a home match program that carefully pairs older adult homeowners with older adult renters. Second, for qualifying older adult home match homeowners, there are PG&E utility subsidy payments available, which help stabilize both home match homeowners and renters.

The three financial education programs are: 1) credit coaching, 2) financial coaching, and 3) scam abuse prevention education. Likewise, the AAA staffs the Marin County [Financial Abuse Specialist Team \(FAST\)](#), a multidisciplinary team of public and private sector professionals from the financial services, legal, accounting, banking, and other related fields. FAST was formed in 2005 to provide expert forensic assistance in the investigation of complex cases of suspected elder financial abuse. FAST also works to raise public awareness and provide community education through presentations and discussions. Financial abuse is only one form of elder abuse, which is a proliferating issue for all older adults, including those in Marin County.



Elder Abuse

Elder Abuse is a serious issue, creating significant health, legal, social, and economic costs for individuals and the community. Over 200,000 older and dependent abuse cases are reported in California each year. These numbers are the tip of the iceberg, and elder abuse remains hidden and unreported, with estimates that one in 10 older adults will experience some sort of abuse. As the older adult population continues to grow, so does abuse, making it more important than ever to educate the public about preventing it. Awareness is the first step in addressing this complicated issue. In June 2024, Marin County Aging & Adult Services in recognition of Elder Abuse Awareness Month, conducted an Elder Abuse Awareness Campaign. Using bilingual and evergreen materials, the campaign included bus ads, radio, public TV, social media posts, posters, videos, and presentations. Marin's AAA, in collaboration with Aging & Adult Services and the FAST team, and with support from the Marin County Commission on Aging plans to re-launch the campaign in June 2025 during Elder Abuse Awareness Month.

Long-Term Care Ombudsman

The Long-Term Care Ombudsman's program staff are frequently sought after to speak at statewide conferences. In 2025, the Supervisor and Coordinator spoke at the annual New Ombudsman Coordinator training on management best practices (facility coverage, monthly in-service, certification training), sustaining a community presence, volunteer support and recognition, complaints against the Ombudsman program, and data entry. Ombudsman staff also provide quarterly reports to the Commission's Health and Nutrition Committee, which serves as the Ombudsman's advisory committee.

Addressing Social Isolation

The AAA is contracting with a community-based organization to provide friendly visiting services that foster social connection with isolated older adults, so they feel seen, heard, and cared about. Research shows that social isolation and loneliness are major factors contributing to a decline in cognition and well-being and an increase in other health issues. The 2023 Older Adult Needs Assessment showed older adults were significantly more concerned with socializing than in 2019. The study also revealed that 25% of respondents feel isolated from others some of the time and 29% feel they sometimes lack companionship. Individuals who are food secure and/or low income are more than twice as likely to feel they often lack companionship.

Addressing Equity



The Health and Human Services Department's Strategic Plan invites departments and the community to examine and address disparities and advance racial equity. The AAA strives to have all its work with community partners conducted within an equity framework. For example, there are now several fall prevention classes being offered in Spanish and Vietnamese, as well as a congregate meal program catering to native Spanish and Vietnamese speakers. Recognizing the importance of addressing the unique needs and backgrounds of Marin's Latino/a/e communities, an AAA staff member is participating in a Latino/a/e Training Academy and sharing lessons learned with internal and external stakeholders and colleagues to inform culturally appropriate service delivery planning. AAA staff also participated in an all-day Immigrant Rights and Advocacy training to learn the rights of and support Marin's immigrant communities.

The Information & Assistance (I&A) Unit includes bilingual/bicultural staff in Spanish and Vietnamese. The team conducts regular outreach in Marin City in collaboration with other HHS divisions, including with the Public Assistance and Employment and Training Office. These outreach efforts aim to increase awareness of services, resources, and public benefits available within Marin County to community members in areas with a higher percentage of Black and Latino/e/a, Russian and Persian residents among other racial, ethnic and culturally diverse individuals

Some HHS staff persons of color, including the I&A supervisor, shared their experience as County HHS professionals at a Marin City elementary school. They shared their desire to promote Diversity, Equity, and Inclusion (DEI) within the county, while serving those in the community to ensure that everyone, especially persons from diverse backgrounds, receive equitable service. The students represented a diverse population, and the hope is that they will consider working in positions of service to the community, including working with older adults, persons with disabilities, and family caregivers. The I&A Unit is also responsive to feedback from the community. For example, members of the Marin County Commission on Aging's Health and Nutrition Committee let the team know they found the voice mail greeting to be long and somewhat unclear, thereby creating a barrier to enrolling in the congregate meal program. Based on the committee's suggestions, the team made the greeting shorter and clearer.

Marin County 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 adults and family caregivers through advocacy, information, programs, and services. It promotes understanding and positive change in Marin County through the values of diversity, equity, inclusion, respect, and collaboration. The MCCOA hosts a monthly



educational presentation, supported by AAA staff, that takes place just prior to its monthly business meeting. 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 another former commissioner Marianne Gontarz-York. Amy Gotwals, Chief of Public Policy and External Affairs at USAging, the national association of AAAs, provided an overview of the federal landscape and future funding for the Older Americans Act. Each commissioner is an active member of one or more committees that include Equity and Inclusion, Health and Nutrition, Housing and Transportation, Legislative Advocacy, and Planning and Communications. Some committee activities included the Health and Nutrition Committee touring the local Food Bank and organizing a volunteer day for commissioners to pack bags and learn more about how the Food Bank distributes food. A representative from that committee also advocates for the needs of older adults served on the Mental Health Services Board Policy Steering Committee, among others, to advocate for older adult's housing and transportation needs.

The Equity and Inclusion Committee is working with internal and external partners to develop a resolution on ageism to highlight it as a serious issue and encourage greater County commitment to address its negative impacts.

The Planning and Communications Committee developed a digitally accessible PowerPoint deck and talking points that commissioners can use when talking to their appointing towns, cities, or County supervisorial districts. It includes information from the 2023 Older Adult Needs Assessment, demographic data, and leaves space for commissioners to insert facts about their own area. The Legislative Advocacy Committee supported innovative legislation addressing affordable housing and successfully incorporated ageism and ableism into the 2024 County of Marin Legislative Platform. The Housing and Transportation Committee actively works with the Homeless Policy Steering Committee, Transportation Authority of Marin, Marin Transit and its Paratransit Oversight Council and Marin Mobility Consortium, among others,

to educate themselves and the community.

In addition to committee work, several commissioners act within their jurisdictions to make improvements for older adults. For example, the commissioners representing neighboring cities Belvedere and Tiburon

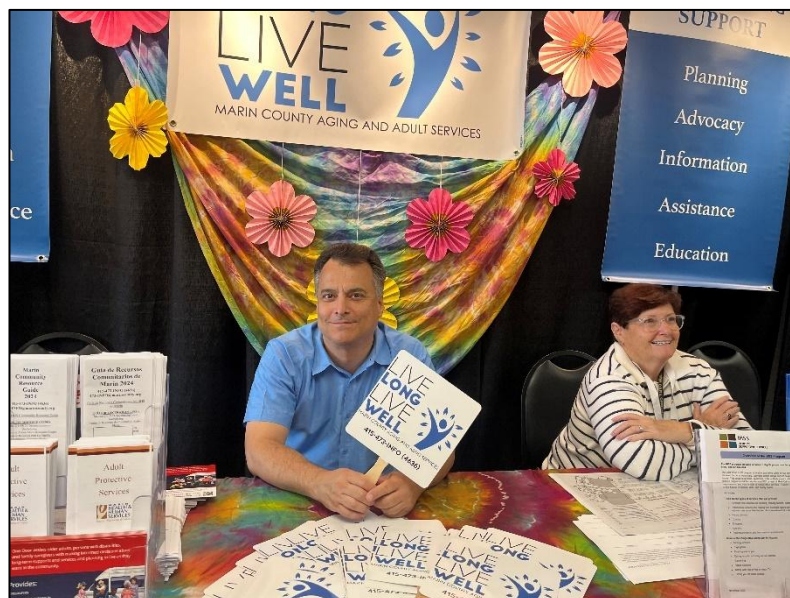


met with the directors of the Tiburon-Belvedere Library and the joint recreation center, called the Ranch, to develop a successful senior expo and encourage more activities and programming for older adults at both locations. As a result of the commissioners' joint advocacy, offerings now range from computer help, talks on current topics, to music and the arts. Additionally, there are now regular clubs and discussion groups that meet.

APPROVED

SECTION 3: DESCRIPTION OF THE AREA AGENCY ON AGING (AAA)

The Marin County Area Agency on Aging (AAA) was designated as a one-county Planning and Service Area (PSA) by the Board of Supervisors (BOS) in the late 1970s. At that time, the Board designated the Department of Health and Human Services (HHS) as the County's administrator of the AAA. The AAA's oversight is under the auspices of the HHS, Division of Social Services, Office of Aging and Adult Services (AAS), which also houses In-Home



Supportive Services and Adult Protective Services and has staff with diverse racial, ethnic, professional, cultural, and linguistic backgrounds. The AAA collaborates directly with other HHS programs, including Public Health, Behavioral Health and Recovery Services and other offices within Social Services. The AAA is a leader in the community serving the needs of older adults in Marin County and collaborating with programs and services within other parts of the County as well as with the external aging services network.

To this end, the AAA undertakes the following key activities:

- Develops and implements a comprehensive, multi-year PSA Area Plan that guides the activities of the AAA and the Marin County Commission on Aging (MCCOA).
- Determines the need for health, social and other supportive services for older adults, with special attention to those in greatest economic and/or social need.
- Analyzes current aging research, trends and demographics pertinent to program planning in order to effectively serve older adults.
- Administers Older Americans Act and Older Californians Act programs by developing, funding and coordinating a comprehensive home and community-based service network to meet the needs of older adults, persons with disabilities and family caregivers.
- Provides technical assistance and training to contractors and other aging service providers.
- Makes information about resources, services and issues critical to older adults available to the community.

The Marin County Commission on Aging (MCCOA)

The MCCOA is a 23-member federally mandated advisory council to the Marin County Board of Supervisors and the AAA. The Commission works closely with the AAA on behalf of Marin's older adults. Commissioners are appointed to three-year terms by the Board of Supervisors (BOS) and the councils of the 11 incorporated cities and towns in Marin. In addition, Marin County's Senior Assembly Member and Senior Senator, members of the California Senior Legislature (CSL), also serve as ex-officio MCCOA members for a four-year term. Members of the MCCOA are actively involved in committees, including Legislative Advocacy; Equity and Inclusion; Health and Nutrition; Planning; Housing and Transportation; and Executive. With the support of AAA staff, Commissioners plan and present an educational program for the public at monthly meetings on topics of special interest to older adults. The monthly presentation is hosted the hour before the monthly business meeting. The MCCOA:

- Provides information about the attitudes, needs and opinions of older adults to the Board of Supervisors and the AAA staff.
- Advises the AAA on development of the four-year Area Plan and its subsequent yearly updates.
- Provides a forum for the public to provide feedback and get involved.
- Advocates for the issues that matter to older adults.
- Advises the Board of Supervisors and appointing bodies on funding allocations, legislation, policies and current issues pertinent to older adults.
- Raise awareness on aging topics and issues through community education.
- Actively works with the offices of local, state and federal elected officials to inform policymakers of the needs and interests of their constituents.

AAA Services 2024-2025

Programs administered by Community Based Organizations (CBOs)	Programs administered by AAA
<p>Older Americans Act Monies (ongoing)</p> <ul style="list-style-type: none"> • Assisted transportation • Caregiver registry • Employment services • Family caregiver support programs • Health Insurance Education, Counseling and Advocacy Program for Medicare (HICAP) • Health promotion and disease prevention- Fall prevention • Home-delivered meals: delivery • Home match services • Legal assistance • Rural case management, congregate & home delivered meal programs and senior center activities • Senior center activities • Visiting <p>Modernizing Older Californians Act (MOCA) Monies (Two-year state funds)</p> <ul style="list-style-type: none"> • Credit coaching, financial coaching, and scam prevention education • Payment of PG&E bills for qualifying homeowners • Home modifications & repairs • Fall prevention classes • Rural volunteer driver program development • Grocery bag delivery 	<ul style="list-style-type: none"> • Aging and Disability Resource Connection (One Door) • Congregate meal program • Elder abuse prevention advocacy and education • Home-delivered meal program: enrollment, assessment and ordering • Information and Assistance (473-INFO) • Long-term Care Ombudsman Program • Nutrition education

The AAA is committed to finding new and innovative ways to fund local programs, close gaps and create a robust service infrastructure to meet the needs of older persons, adults with disabilities and family caregivers in Marin County. Increased collaboration, both with internal and external partners and effective coordination of resources is vital to ensuring older and disabled adults have access to critical services. To create a well-coordinated, community-based system of care in Marin County, the AAA provides six services directly as noted above. As also detailed above, the AAA contracts out other services to a network of community-based organizations serving older adults, adults with disabilities and unpaid family caregivers in the community.

Taking a data-informed approach based on results of the 2023 Older Adult Needs Assessment, the AAA conducted a competitive bidding process to procure services in early fall 2024, and entered into new contracts with the following agencies: Community Action Marin (CAM), Council on Aging, Front Porch, Jewish Family and Children's Services (JFCS), Legal Aid of Marin, LITA (Love is the Answer), Marin Center of Independent Living (MCIL), San Francisco- Marin Food Bank, San Geronimo Valley Community Center (SGVCC), Vivalon, West Marin Senior Services (WMSS) and the YWCA.

During Fiscal Year 24/25, the AAA used Federal American Rescue Plan Act (ARPA) funds to support a grocery bag delivery program, intergenerational programming, evidenced-based fall prevention classes and education, home modifications and repairs, digital literacy classes, a home match program for older adults, and intergenerational nutrition programs, which included cooking classes, scavenger hunts and intergenerational teas. The AAA employed one-time state nutrition infrastructure dollars of \$642,000 to purchase equipment and supplies needed by community-based organizations (CBOs) serving the nutrition needs of older adults. With these funds, the AAA supported 12 CBOs in obtaining a long list of critical items, such as a refrigerated van to deliver meals, commercial production kitchen appliances and equipment (e.g., refrigerator, freezer, tilt-skillet, dishwasher) to produce and store meals, and computers to manage and administer food programs.

Remaining ARPA funding, set to end in September 2025, is being utilized to supplement and enhance existing programs, such as Title VII Elder Abuse Prevention and Title III Family Caregiver Support in addition to boosting other fall prevention and emergency preparedness projects that address issues identified in the 2023 Older Adults Needs Assessment but currently aren't supported by OAA funds. At the writing of this report, the AAA has plans to use remaining ARPA funds to distribute emergency preparedness kits and batteries to older adults and people with disabilities focusing on the most vulnerable and isolated people living in the community as well as those facing racial disparities.

The federal Covid-19 emergency act declaration allowed PSAs to meet the needs of a growing older adult population with increased flexibility. The California Department of Aging (CDA) has allowed some flexibilities to remain after the declaration ended. Statewide, there was a 75% increase in the demand for services.¹⁰ The one-time ARPA funding provided nutrition and supportive services to many people in need who had not been reached prior to the pandemic. In recognition of the meaningful impact of this funding, the need for ongoing support and, in alignment with the mission of CDA to help older adults maintain their independence with dignity, the California Association for Area Agencies on Aging (C4A), among other organizations, successfully advocated for one-time Modernizing the Older Californians Act (MOCA) funding of \$53.4 million with the goal of maintaining and enhancing this level of service.

The Marin AAA received approximately \$545,000 in MOCA funds over a two-year period for supportive services and an additional \$1.3 million in MOCA funds for nutrition services over a four-year period. MOCA first-year funds expired on March 31, 2025. Year-two funds at lower levels will span April 1, 2025, to March 31, 2026.

Baseline OAA funding will remain consistent at \$2 million in FY 25/26. Federal emergency monies were used to supplement baseline funding to meet the increased need for nutrition programs. Likewise, using MOCA funds through March 31, 2026, the AAA will continue serving home-delivered meal clients at the current level without the possible need for a waiting list or being forced to reduce through attrition the number of people served. MOCA funds will also supplement other important services, including rural case management and rural senior center activities; continue critical programming, such as home modification and repairs and fall prevention classes, as well as financial educational services and PG&E subsidies; which address the growing concerns about financial security highlighted in the 2023 Older Adults Needs Assessment. Lastly, in its first year, MOCA allowed innovative one-time funding for the startup of a rural volunteer driver program plus a one-month renewal of grocery bag delivery.

¹⁰ Older Americans Act Modernization. Available at: <https://aging.ca.gov/download.ashx?IE0rcNUV0zaD0JcOgEtlkw%3D%3D>. Accessed 3/1/2024

SECTION 4: PRIORITY SERVICES & PUBLIC HEARINGS

2024-2028 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 funds¹¹ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2024-25 through FY 2027-2028

Access:

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

2024-25 32 % 25-26 36.5 % 26-27 _____ % 27-28 _____ %

In-Home Services:

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer’s Day Care Services, Residential Repairs/Modifications, Visiting

2024-25 7 % 25-26 4 % 26-27 _____ % 27-28 _____ %

Legal Assistance Required Activities:¹²

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

2024-25 11 % 25-26 13 % 26-27 _____ % 27-28 _____ %

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

- Allocations were determined based on the needs identified in the 2023 Needs Assessment.
- MOCA funds were utilized to meet needs associated with In-Home Services.

¹¹ 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.

¹² Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

PUBLIC HEARING: At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act Reauthorization Act of 2020, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ¹³ Yes or No	Was the hearing held at a Long- Term Care Facility? ¹⁴ Yes or No
2024-2025	4/8/24	Marin Wildfire Prevention Authority - 1600 Los Gamos Rd., Ste. 335, San Rafael	42	No	No
2025-2026	4/14/25	Marin Wildfire Prevention Authority - 1600 Los Gamos Rd., Ste. 335, San Rafael	39	No	No
2026-2027					
2027-2028					

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.
 - A public notice was published in the *Marin Independent Journal*, the largest newspaper in the county.
 - Public Hearing presented in a hybrid format.
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
N/A
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

¹³ A translator is not required unless the AAA determines a significant number of attendees require translation services.

¹⁴ AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

adequate proportion of funding for priority services.

N/A

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

Susan Windman, Member of the Public. Commented that she is very appreciative of the attention to this area plan. In terms of places for senior activities, she would also like to mention libraries. The library system has activities and are places where seniors can congregate.

Stephanie McNally, Vivalon. Stated this is a very well written report. She read it cover to cover before the meeting and has notes. It is great to see the diversity of programming and that the partners have expanded since the last round of funding. She finds the results of the needs assessment really helpful in the work that Vivalon does every day. She really appreciates the effort behind that and presenting the results and not only using them in this plan but making the data available to community partners to use in their own programming.

Anne Pera, Community Nurse. Noted that Jenay is a friend for 40 plus years and she is happy to be here to support all of the work Jenay has been doing in her career. She noted that nurses in her age group are mostly older Americans, that they are in the community and quite invisible. There are nurses who are retired and looking for ways to get more active in the community and this is one way. As a chapter leader of the American Holistic Nurses Association in Marin County, she is looking for a way to serve our vulnerable populations. It seems like there's tremendous infrastructure already in place. So, congratulations and thank you for all you do.

Sybil Boutilier, Chair, Age-Friendly Sausalito. Expressed Age-Friendly Sausalito is always happy and excited to do fall prevention programs in the community and help fulfill the efforts to reduce the number of falls among older adults thanks to the Area Agency on Aging. This is very important as we see from the needs assessment, it is a major concern and health issue. She echoes Stephanie's comments about how useful the needs assessment data has been. They have been able to share the data with other people in the Marin community that are looking to provide services through the faith communities. They found it very helpful in being able to find funding for the nutrition programs they have been doing as well. One of the Tai Chi classes is serving monolingual Spanish speakers with the help of the translation of services in order to include these folks. So, I just want to say great work that you are doing and happy to be part of it. Thank you.

Lauren Elkin, Member of the Public. Stated an overarching concern in the number of assessments as well as the final documents that come out; and believes that a key element is not addressed effectively. The fact that all organizations as well as individuals are neither licensed nor compliant with the appropriate California laws. Often times there's organizations that have lost their nonprofit status for a period of time and there is no way to quickly identify that and remove them from the list of potential candidates. More importantly, he is concerned about the growing number of people who are creating organizations without the necessary certifications and that is something that we need to address. This should be a requirement for the needs assessment document that they have to comply with California federal laws, they have to be licensed, they have to have

insurance and pay worker's compensation for employees, which is not taking place in some cases.

Kristi Denton Cohen, Chair, Commission on Aging. Said thank you for putting together a comprehensive presentation. She has been on the commission for almost two years and is still learning and grateful to learn what all of you are doing and making our job easier.

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

APPROVED

SECTION 5: AREA PLAN NARRATIVE GOALS & OBJECTIVES

Goals and Objectives are required per California Code of Regulations Title 22 Section 7300 (c)

Goals are statements of ideal conditions that the AAA wishes to achieve through its planned efforts.

Objectives are measurable statements of action to meet the goals. Objectives indicate all of the following:

- (1) The nature of the action.
- (2) The party responsible for the action.
- (3) How the action will be accomplished.
- (4) The anticipated outcome of that action.
- (5) How the outcome of the action will be measured.
- (6) The projected dates for starting and completing the action.
- (7) Any program development and coordination activities, as specified in Section 9400, Welfare and Institutions Code, that are associated with the objective.

Goal 1: Actively advocate for the critical needs of older adults and caregivers as identified in the 2023 Marin County Needs Assessment study at the local, state, and federal level.

Rationale: Encourage policies and legislation that help older adults, adults with disabilities, and caregivers to have the support they need to live well in the community.

List Objective Number(s) and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source⁶	Update Status⁷
1a. Staff will actively participate in one or more legislative and policy initiatives lead by the USAging (the national Association of Area Agencies on Aging), the California Association of Area Agencies on Aging, and/or the Marin Aging Action Initiative Advocacy Alliance.	July 1, 2024 – June 30, 2025		Completed
	July 1, 2025 – June 30, 2026		Continued
1b. Through the Long-Term Care Ombudsman program, we will seek to resolve problems, provide information and assistance, educate and advocate for the rights of residents in assisted living and skilled nursing facilities with the goal of ensuring their dignity, quality of life, and quality of care.	July 1, 2024 – June 30, 2025		Completed
	July 1, 2025 – June 30, 2026		Continued
1c. Legal Assistance: The AAA will contract with a legal services provider to provide 467 hours of legal assistance each fiscal year to protect older adults from physical and financial abuse, unlawful evictions, unfair business and debt collection practices, and other issues affecting their rights.	July 1, 2024 – June 30, 2025		Completed
	July 1, 2025 – June 30, 2026		Continued

Goal 2: Increase awareness, visibility, and access to services and resources for older adults and caregivers with consideration of those with greater social and economic needs, particularly Black and Hispanic/ Latino populations.

Rationale: The 2023 Marin Older Adult Needs Assessment revealed that older residents need assistance with accessing information and available resources. Older African Americans and Latinos in Marin experience increased barriers in accessing resources.

List Objective Number(s) and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
2a. 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. Special outreach efforts will be conducted to reach Black and Latino older adults.	July 1, 2024 – June 30, 2025	✓	Completed
2b. 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 48 clients. Special outreach efforts will be conducted to reach Black and Latino older adults.	July 1, 2025 – June 30, 2026		
2c. Home-delivered meals: Ensure good nutrition for older adults who are frail and homebound through the provision of 140,000 home-delivered meals. Special outreach efforts will be conducted to reach Black and Latino older adults.	July 1, 2024 – June 30, 2025		Completed
2d. Home-delivered meals: Ensure good nutrition for older adults who are frail and homebound through the provision of 136,515 home-delivered meals. Special outreach efforts will be conducted to reach black and Latino older adults.	July 1, 2025 – June 30, 2026		
2e. Information and Assistance: Each month in FY 24-25, I&A staff will conduct a Point-in-Time survey with every aged, disabled, or family-caregiver who contacts I&A to determine if they would like an Options Counseling session (a service of the Marin ADRC) to identify resources, information, and/or services to make informed decisions to promote their well-being and improve their quality of lives, then provide such resources, information, and/or connect them to identified needed services. Special outreach efforts will be conducted to reach Black and Latino older adults.	July 1, 2024 – June 30, 2025		Revised Objective Completed
	July 1, 2025 – June 30, 2026		Revised Objective Continued

Revised:

Information and Assistance: I&A staff will ask every aged, disabled, or family-caregiver who contacts I&A via phone if they would like an Options Counseling session to identify needs and provide those who want Options Counseling with resources, information, and/or connection to services and public benefits to mitigate those needs and improve their well-being and quality of life. Special outreach efforts will be conducted to reach Black and Latino older adults.			
2f. Nutrition Education: The AAA Registered Dietitian will provide educational materials on at least 12 topics to home-delivered meals clients and offer at least four educational sessions to congregate meal diners.	July 1, 2024 – June 30, 2025		Completed
	July 1, 2025 – June 30, 2026		Continued
2g. Rural Case Management: The AAA will contract with a service provider to provide 734 hours in rural parts of the county to enable functionally impaired older persons to obtain services which promote and maintain the optimum level of functioning to remain safely independent in their own homes. Special outreach efforts will be conducted to reach Black and Latino older adults.	July 1, 2024 – June 30, 2025		Completed
	July 1, 2025 – June 30, 2026		Continued
2h. Assisted Transportation: The AAA will contract with a service provider to provide transportation services totaling 800 one-way trips to older persons in Marin County who need special assistance. Special outreach efforts will be conducted to reach Black and Latino older adults.	July 1, 2024 – June 30, 2025		Completed
2i. Assisted Transportation: The AAA will contract with a service provider to provide transportation services totaling 605 one-way trips to older persons in Marin County who need special assistance. Special outreach efforts will be conducted to reach Black and Latino older adults.	July 1, 2025 – June 30, 2026		
2j. Registry: The AAA will contract with a service provider to provide 1,000 hours of caregiving to assist functionally impaired older adults to remain safely independent in their own homes by recruiting workers, maintaining a current list of qualified workers, referring workers to clients or clients to workers, and following up to assure that service was received. Special outreach efforts will be conducted to reach Black and Latino older adults.	July 1, 2024 – June 30, 2025		Completed
	July 1, 2025 – June 30, 2026		Continued
2k. Family Caregiver Support Program: The AAA will contract with a serviced provider to offer a comprehensive system of family caregiver support services which meet the needs of a diverse caregiver population. Special outreach efforts will be conducted to reach Black and Latino older adults.	July 1, 2024 – June 30, 2025		Completed
	July 1, 2025 – June 30, 2026		Continued

Goal 3: Partner with community organizations to address the financial security of Marin’s older adults and caregivers.

Rationale: The 2023 Marin Older Adult Needs Assessment revealed that one in three older residents reported concerns about financial security, including affording housing, groceries, utilities, other related household expenses as well as affording healthcare and assisted living or care at home.

List Objective Number(s) and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
3a. The AAA will engage in a competitive bidding process for financial and credit education, and coaching, managing money, avoiding scams, and connecting older residents with financial assistance and benefits programs.	July 1, 2024 – June 30, 2025		Completed
3b. Employment: The AAA will contract with a service provider to provide 400 activities for individuals that prepare older job seekers to find and secure stable employment, while minimizing the amount of time clients are unemployed.	July 1, 2024 – June 30, 2025		Completed
3c. Employment: The AAA will contract with a service provider to provide 373 activities for individuals that prepare older job seekers to find and secure stable employment, while minimizing the amount of time clients are unemployed.	July 1, 2025 – June 30, 2026		

Goal 4: Increase opportunities for social engagement for older adults and caregivers.

Rationale: The 2023 Marin Older Adult Needs Assessment revealed that one in three older residents report feeling isolated or lonely at least some of the time. Loneliness and isolation are associated with negative health outcomes.

List Objective Number(s) and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source ¹⁵	Update Status ¹⁶
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¹⁵ Indicate if the objective is Administration (Admin,) Program Development (PD) or Coordination (C). If a PD objective is not completed in the timeline required and is continuing in the following year, provide an update with additional tasks. For program specific goals and objectives please identify service category where applicable.

¹⁶ Use for the Area Plan Updates to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

4a. Congregate meals: The AAA will contract with sites to provide 12,600 congregate meals that meet contractual dietary guidelines.	July 1, 2024 – June 30, 2025		Completed
4b. Congregate meals: The AAA will contract with sites to provide 8,120 congregate meals that meet contractual dietary guidelines.	July 1, 2025 – June 30, 2026		
4c. Congregate meals: The AAA will contract with sites to provide congregate meals that meet contractual dietary guidelines.	July 1, 2024 – June 30, 2025		Completed
	July 1, 2025 – June 30, 2026		Continued
4d. Congregate meals: The AAA will establish a new congregate meal site in West Marin to better serve the targeted rural population.	July 1, 2024 – June 30, 2025		Completed
4e. Senior Center Activities: The AAA will contract with one or more service providers to arrange or provide 5,333 hours, in both Central and Rural Marin, of organized art, educational, health, recreational, social and volunteer opportunities for persons 60 years and older in order to promote their wellness, increase social connections and enhance their quality of life.	July 1, 2024 – June 30, 2025		Completed
4f. Senior Center Activities: The AAA will contract with one or more service providers to arrange or provide 8,355 hours, in both Central and Rural Marin, of organized art, educational, health, recreational, social and volunteer opportunities for persons 60 years and older in order to promote their wellness, increase social connections and enhance their quality of life.	July 1, 2025 – June 30, 2026		
4g. Visiting: The AAA will contract with a service provider to provide 590 visiting hours to reduce isolation, assure safety, and provide socialization opportunities for older adults, who are frail, homebound and/or isolated.	July 1, 2024 – June 30, 2025		Completed
	July 1, 2025 – June 30, 2026		

SECTION 6: SERVICE UNIT PLAN (SUP)

TITLE III/VII SERVICE UNIT PLAN CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) uses the Older Americans Act Performance 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](#).

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

Case Management (Access)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	734	2	2g
2025-2026	734	2	2g
2026-2027			
2027-2028			

Assisted Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	800	2	2h
2025-2026	605	2	2i
2026-2027			
2027-2028			

Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	1080	2	2e
2025-2026	4000	2	2e
2026-2027			
2027-2028			

Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	467	1	1c
2025-2026	467	1	1c
2026-2027			
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	12,600	4	4a
2025-2026	8,120	4	4b
2026-2027			
2027-2028			

Home-Delivered Meals**Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	145,000	2	2c
2025-2026	136,515	2	2d
2026-2027			
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	16	2	2f
2025-2026	16	2	2f
2026-2027			
2027-2028			

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

- Each **Title IIIB** “Other” service must be an approved OAAPS Program service listed on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.
- Identify **Title IIIB** services to be funded that were not reported in OAAPS categories. (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 Device, Registry, Senior Center Activities, and Senior Center Staffing

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

Employment**Unit of Service = 1 activity**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	400	3	3b
2025-2026	373	3	3c
2026-2027			
2027-2028			

Registry**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	1,000	2	2j
2025-2026	1,000	2	2j
2026-2027			
2027-2028			

Senior Center Activities**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	5,333	4	4e
2025-2026	8,355	4	4f
2026-2027			
2027-2028			

Visiting**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	590	4	4g
2025-2026	590	4	4g
2026-2027			
2027-2028			

3. Title IID/Health Promotion—Evidence-Based

- Provide the specific name of each proposed evidence-based program. *Add additional lines if needed.*

Evidence-Based Program Name(s): Tai Chi for Arthritis**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	667	2	2a
2025-2026	408	2	2b
2026-2027			
2027-2028			

TITLE IIIB AND TITLE VII: LONG-TERM CARE (LTC)
OMBUDSMAN PROGRAM OUTCOMES
2024-2028 Four-Year Planning Cycle

As mandated by the Older Americans Act Reauthorization Act of 2020, 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 2020, 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%.

Fiscal Year Baseline Resolution Rate	+ # of partially resolved or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	237	285	83%	75 % 2024-2025
2023-2024	173	202	86%	80 % 2025-2026
2024-2025				__ % 2026-2027
2025-2026				__ % 2027-2028

Program Goals and Objective Numbers: Goal 1; Objective 1b

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended 34 FY 2024-2025 Target: 30
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended 39 FY 2025-2026 Target: 30
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended _____ FY 2026-2027 Target: _____

4. FY 2025-2026 Baseline: Number of Resident Council meetings attended FY 2027-2028 Target: _____
Program Goals and Objective Numbers: Goal 1; Objective 1b

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

1. FY 2022-2023 Baseline: Number of Family Council meetings attended <u>5</u> FY 2024-2025 Target: <u>5</u>
2. FY 2023-2024 Baseline: Number of Family Council meetings attended <u>3</u> FY 2025-2026 Target: <u>4</u>
3. FY 2024-2025 Baseline: Number of Family Council meetings attended _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Family Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: Goal 1; Objective 1b

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 2022-2023 Baseline: Number of Instances: <u>343</u> FY 2024-2025 Target: <u>340</u>
2. FY 2024-2025 Baseline: Number of Instances: <u>369</u> FY 2026-2027 Target: <u>320</u>
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: Goal 1; Objective 1b

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 2023-2024 Baseline: Number of Instances: <u>1446</u> FY 2025-2026 Target: <u>1440</u>
2. FY 2023-2024 Baseline: Number of Instances: <u>1400</u> FY 2025-2026 Target: <u>1400</u>
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: Goal 1; Objective 1b

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 2022-2023 Baseline: Number of Sessions: <u>6</u> FY 2024-2025 Target: <u>4</u>
2. FY 2023-2024 Baseline: Number of Sessions: <u>11</u> FY 2025-2026 Target: <u>6</u>
3. FY 2024-2025 Baseline: Number of Sessions _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Sessions _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: Goal 1; Objective 1b

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 2024-2025
FY 2024-2025 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)
The goal for FY 2024-2025 is for the Ombudsman program coordinator to meet with local law enforcement agencies to share information about our roles, responsibilities, and approaches to investigate and cross-report allegations of abuse involving residents in licensed care facilities within Ombudsman jurisdiction. The goal for the meetings is to increase knowledge and awareness of each other’s roles and responsibilities and increase collaboration when possible and improve abuse investigation responses and outcomes for residents in licensed care facilities. The plan is to schedule at least one meeting with two local law enforcement agencies and discuss the possibility of meeting regularly and creating an MOU between the Ombudsman program and each agency.

FY 2025-2026
<p>Outcome of FY 2024-2025 Efforts: The FY 2024-2025 Systems Advocacy goals have not been completed as of 2/28/2025 but will be completed before the end of FY 2024-2025.</p> <p>FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p> <p>The Systems Advocacy Goal for FY 2025-2026 is to create a 1–2-page handout that includes information about the Ombudsman program and resident rights that apply short-term skilled nursing facility stays covered by Medicare. Resident right topics to include information about care planning regulations, Medicare coverage timeline including the Notice of Medicare Non-Coverage and the Medicare ending appeal process, Discharge Notice regulations, and residents’ right to transition to from a short-term stay covered by Medicare to a long-term stay covered by Medi-Cal without having to leave the facility. Printed documents will be distributed throughout FY 2025-2026 to recently admitted residents during Ombudsman Routine Access visits to 9 of 12 skilled nursing facilities in Marin County that accept Medicare admissions and are not part of a Continuing Care Retirement Community. Electronic copies of the handout will be offered to resident representatives if a resident is unable to understand the information provided in the handout. The desired outcome of this advocacy effort is to provide time-sensitive information that would be helpful to someone navigating a short-term skilled nursing facility stay.</p>
FY 2026-2027
<p>Outcome of FY 2025-2026 Efforts:</p> <p>FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>
FY 2027-2028
<p>Outcome of 2026-2027 Efforts:</p> <p>FY 2027-2028 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>

Outcome 2.

Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2020), 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.

<p>1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 12 divided by the total number of Nursing Facilities 12 = Baseline 100% FY 2024-2025 Target: 100%</p>
<p>2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 12 divided by the total number of Nursing Facilities 12 = Baseline 100% FY 2025-2026 Target: 100%</p>
<p>3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2026-2027 Target: _____</p>
<p>4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2027-2028 Target: _____</p>
<p>Program Goals and Objective Numbers: Goal 1; Objective 1b</p>

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.

<p>1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 46 divided by the total number of RCFEs 48 = Baseline 96% FY 2024-2025 Target: 100%</p>
<p>2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 42 divided by the total number of RCFEs 50 = Baseline 84% FY 2025-2026 Target: 100%</p>
<p>3. FY 2024-2025 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ % FY 2026-2027 Target: _____</p>
<p>4. FY 2025-2026 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ % FY 2027-2028 Target: _____</p>
<p>Program Goals and Objective Numbers: Goal 1; Objective 1b</p>

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 hours per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

1. FY 2022-2023 Baseline: 3.5 FTEs FY 2024-2025 Target: 3.5 FTEs
2. FY 2023-2024 Baseline: 3.5 FTEs FY 2025-2026 Target: 3.5 FTEs
3. FY 2024-2025 Baseline: _____ FTEs FY 2026-2027 Target: _____ FTEs
4. FY 2025-2026 Baseline: _____ FTEs FY 2027-2028 Target: _____ FTEs
Program Goals and Objective Numbers: Goal 1; Objective 1b

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers: 6 FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers: 6
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers: 6 FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers: 6
3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers: _____ FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers: _____
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers: _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers: _____
Program Goals and Objective Numbers: Goal 1; Objective 1b

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 2020, Section 712(c)]

Measures and Targets:

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.

Fiscal Year 2024-25

NORS Consistency Trainings 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, non-complaint SOC 341s, 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 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 database to help ensure the consistency and accuracy of data entered.

Fiscal Year 2025-2026

State Ombudsman Trainings will continue to be offered to Ombudsman staff and volunteers when made available. 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, non-complaint SOC 341s, 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 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 database to help ensure the consistency and accuracy of data entered.

Fiscal Year 2026-2027

Fiscal Year 2027-2028

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

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

<input type="checkbox"/>	Ombudsman Program
<input type="checkbox"/>	Legal Services Provider
<input type="checkbox"/>	Adult Protective Services
<input checked="" type="checkbox"/>	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.

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

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

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

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title IIIIE** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title IIIIE of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2020, Section 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 VII Elder Abuse Prevention funding is Marin County Area Agency on Aging.

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	675	767		
Public Education Sessions	18	15		
Training Sessions for Professionals	2	0		
Training Sessions for Caregivers served by Title III E	N/A	N/A		
Hours Spent Developing a Coordinated System	175	165		

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	2,300	Elder Abuse Resources, Money Smart, FAST brochure, Protect Yourself from Fraud, Prevent Fraud Scams and Identity Theft
2025-2026	2,000	FAST brochure in English and Spanish, FTC brochures on phone scams and preventing fraud, FINRA brochure on investment scams, Elder Abuse Resources, Money Smart
2026-2027		
2027-2028		

TITLE III E SERVICE UNIT PLAN
CCR Article 3, Section 7300(d)
2024-2028 Four-Year Planning Period

This Service Unit Plan (SUP) uses the five federally mandated service categories that encompass 16 subcategories. Refer to the [CDA Service Categories and Data Dictionary](#) for eligible activities and service unit measures. Specify proposed audience size or units of **service for ALL** budgeted funds.

Providing a goal with associated objectives is mandatory for services provided. The goal states the big picture, and the objectives are the road map (specific and measurable activities) for achieving the big picture goal.

For example: **Goal 3:** Provide services to family caregivers that will support them in their caregiving role, thereby allowing the care receiver to maintain a healthy, safe lifestyle in the home setting.

- Objective 3.1: Contract for the delivery of virtual self-paced caregiver training modules. Review data monthly to strategize how to increase caregiver engagement in these modules.
- Objective 3.2: Facilitate a monthly in person support group for caregivers where they can share success stories and challenges, share information regarding experiences with HCBS. Respite day care will be available for their loved one if needed.

- Objective 3.3: Do caregiver assessments every 6 months to stay connected to the caregiver and knowledgeable about their needs.

DIRECT AND/OR CONTRACTED IIE SERVICES

CATEGORIES (16 total)	1	2	3
Family Caregivers - Caregivers of Older Adults and Adults who are caring for an individual of any age with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
Access Assistance - Caregiver Case Management	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	277	2	2k
2025-2026	282	2	2k
2026-2027			
2027-2028			
Access Assistance - Caregiver Information & Assistance	Total Contacts	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	220	2	2k
2025-2026	461	2	2k
2026-2027			
2027-2028			
Information Services - Caregiver Information Services	# Of activities and Total est. audience (contacts) for above:	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Respite Care - Caregiver Respite In-Home	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	2,615	2	2k
2025-2026	1,789	2	2k
2026-2027			
2027-2028			

Respite Care - Caregiver Respite Other	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Respite Care - Caregiver Respite Out-of-Home Day Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	800	2	2k
2025-2026	678	2	2k
2026-2027			
2027-2028			
Respite Care - Caregiver Respite Out-of-Home Overnight Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	267	2	2k
2025-2026	92	2	2k
2026-2027			
2027-2028			
Supplemental Services - Caregiver Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Supplemental Services - Caregiver Assessment	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Supplemental Services - Caregiver Registry	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			

Supplemental Services - Consumable Supplies	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Supplemental Services - Home Modifications	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Supplemental Services - Legal Consultation	Total contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Support Services - Caregiver Support Groups	Total sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Support Services - Caregiver Training	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Support Services - Caregiver Counseling	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			

DIRECT AND/OR CONTRACTED IIIE SERVICES - OLDER RELATIVE CAREGIVERS

CATEGORIES (16 total)	1	2	3
Older Relative Caregivers	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	Required Objective #(s)
Access Assistance - Caregiver Case	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Access Assistance - Caregiver Information &	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Information Services - Caregiver Information Services	# Of activities and Total est. audience (contacts) for above	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027	# Of activities: Total est. audience for above:		
2027-2028	# Of activities: Total est. audience for above:		
Respite Care - Caregiver Respite In-Home	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Respite Care - Caregiver Respite	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			

Respite Care - Caregiver Respite Out-of-Home Day Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Respite Care - Caregiver Respite Out-of-Home Overnight Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Supplemental Services - Caregiver Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Supplemental Services - Caregiver Assessment	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Supplemental Services - Caregiver Registry	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Supplemental Services - Consumable Supplies	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			

Supplemental Services - Home Modifications	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Supplemental Services - Legal Consultation	Total contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Support Services - Caregiver	Total sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Support Services - Caregiver Training	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			
Support Services - Caregiver Counseling	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027			
2027-2028			

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)
SERVICE UNIT PLAN
CCR Article 3, Section 7300(d)
WIC § 9535(b)**

MULTIPLE PLANNING AND SERVICE AREA HICAPs (multi-PSA HICAP): Area Agencies on Aging (AAA) that are represented by a multi-PSA, HICAPs must coordinate with their “Managing” AAA to complete their respective PSA’s HICAP Service Unit Plan.

CDA contracts with 26 AAAs to locally manage and provide HICAP services in all 58 counties. Four AAAs are contracted to provide HICAP services in multiple Planning and Service Areas (PSAs). The “Managing” AAA is responsible for providing HICAP services in a way that is equitable among the covered service areas.

HICAP PAID LEGAL SERVICES: Complete this section if HICAP Legal Services are included in the approved HICAP budget.

STATE & FEDERAL PERFORMANCE TARGETS: The HICAP is assessed based on State and Federal Performance Measures. AAAs should set targets in the service unit plan that meet or improve on each PM displayed 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/

HICAP PMs are calculated from county-level data for all 33 PSAs. HICAP State and Federal PMs, include:

- 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

HICAP service-level data are reported in CDA’s Statewide HICAP Automated Reporting Program (SHARP) system per reporting requirements.

SECTION 1: STATE PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	N/A	N/A
2025-2026	N/A	N/A
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	N/A	N/A
2025-2026	N/A	N/A
2026-2027		
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	N/A	N/A
2025-2026	N/A	N/A
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	N/A	N/A
2025-2026	N/A	N/A
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	N/A	N/A
2025-2026	N/A	N/A
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	N/A	N/A	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A	N/A	N/A
2026-2027					
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	N/A	N/A
2025-2026	N/A	N/A
2026-2027		
2027-2028		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)¹⁷

HICAP Fiscal Year (FY)	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2024-2025	N/A	N/A
2025-2026	N/A	N/A
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	N/A	N/A
2025-2026	N/A	N/A
2026-2027		
2027-2028		

¹⁷ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

HICAP Fiscal Year (FY)	PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	N/A	N/A
2025-2026	N/A	N/A
2026-2027		
2027-2028		

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SECTION 7: SENIOR CENTERS & FOCAL POINTS

COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), Older Americans Act Reauthorization Act of 2020, Section 306(a) and 102(21)(36)

In the form below, provide the current list of designated community senior centers and focal points with addresses. This information must match the total number of senior centers and focal points reported in the Older Americans Act Performance System (OAAPS) State Performance Report (SPR) module of the California Aging Reporting System.

Designated Community Focal Point	Address
Marin County Aging and Adult Services	10 N. San Pedro Rd., Suite 1023, San Rafael, CA 94903
Jewish Family and Children's Services	600 Fifth Ave, San Rafael, CA 94901
San Geronimo Valley Community Center	6350 Sir Francis Drake Blvd, San Geronimo, CA 94963
West Marin Senior Services	11435 State Route 1 N, Point Reyes Station, CA 94956

Senior Center	Address
Vivalon Healthy Aging Campus	999 3 rd Street, San Rafael, CA 94901
Marguerita C. Johnson Senior Center	640 Drake Ave. Marin City, CA 94965
Margaret Todd Senior Center	1560 Hill Rd., Novato, CA 94947

SECTION 8: FAMILY CAREGIVER SUPPORT PROGRAM

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services Older Americans Act Reauthorization Act of 2020, Section 373(a) and (b) 2024-2028 Four-Year Planning Cycle

Based on the AAA's needs assessment and subsequent review of current support needs and services for **family caregivers**, indicate what services the AAA **intends** to provide using Title III-E and/or matching FCSP funds for both.

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 at least one service subcategory for each of the five main categories, a justification for services not provided is required in the space below.**

Family Caregiver Services

Category	2024-2025	2025-2026	2026-2027	2027-2028
Caregiver Access Assistance <input checked="" type="checkbox"/> Case Management <input checked="" type="checkbox"/> Information and Assistance	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Information Services <input type="checkbox"/> Information Services	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Support Services <input type="checkbox"/> Training <input type="checkbox"/> Support Groups <input type="checkbox"/> Counseling	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Respite Care <input checked="" type="checkbox"/> In Home <input checked="" type="checkbox"/> Out of Home (Day) <input checked="" type="checkbox"/> Out of Home (Overnight) <input type="checkbox"/> Other:	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Supplemental Services <input type="checkbox"/> Legal Consultation <input type="checkbox"/> Consumable Supplies <input type="checkbox"/> Home Modifications <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other (Assessment) <input type="checkbox"/> Other (Registry)	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No

Older Relative Caregiver Services

Category	2024-2025	2025-2026	2026-2027	2027-2028
Caregiver Access Assistance <input type="checkbox"/> Case Management <input type="checkbox"/> Information and Assistance	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Information Services <input type="checkbox"/> Information Services	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Support Services <input type="checkbox"/> Training <input type="checkbox"/> Support Groups <input type="checkbox"/> Counseling	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Respite Care <input type="checkbox"/> In Home <input type="checkbox"/> Out of Home (Day) <input type="checkbox"/> Out of Home (Overnight) <input type="checkbox"/> Other:	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Supplemental Services <input type="checkbox"/> Legal Consultation <input type="checkbox"/> Consumable Supplies <input type="checkbox"/> Home Modifications <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other (Assessment) <input type="checkbox"/> Other (Registry)	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No

Justification: If any of the five main categories are **NOT** being provided, please explain how the need is already being met in the PSA. If the justification information is the same, multiple service categories can be grouped in the justification statement. The justification must include the following:

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

FAMILY CAREGIVER SERVICES

Caregiver 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 & Assistance 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 III E funds:* The Information and Assistance staff and call center is fully funded by a combination of State Adult Social Services funds, County general funds, and Older Americans Act funds and is considered by the County as an essential program. Contributions will supplement the program expansions.

Caregiver Support Services: Training, Support Groups, Counseling

- *Provider name, address and phone number:* Jewish Family and Children's Services. 600 Fifth Ave., San Rafael, CA 94901 (415) 491-7059
- *Description of the service:* Training - Learning with JFCS each year through trainings that include seminars on the issues of aging and caregiving. Support Groups and Counseling - Sharing experiences and challenges while receiving emotional support, information, and resources.
- *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 JFCS as its core partner of FCSP.

Caregiver Supplemental Services: Legal Consultation, Consumable Supplies, Home Modifications, Assistive Technology, Assessment, Registry

Legal Consultation:

- *Provider name, address and phone number:* Legal Aid of Marin. 1401 Los Gamos Dr., Unit 101, San Rafael, CA 94903 (415) 492-0230
- *Description of the service:* Legal Advice, counseling and/or representation by an attorney or other person acting under the supervision of an attorney.
- *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 Legal Aid of Marin as its core partner of the ADRC.

Consumable Supplies:

The AAA does not provide or contract for Older Relative Caregiver Services. Due to the capacity of our current providers and the amount of funding received, PSA 5 is unable to do so.

Home Modifications:

- *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.

Assistive Technology:

- *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:* Recruit workers, maintain a current list of qualified workers, refer workers to clients or clients to workers, and follow-up to ensure that service was received in order to assist functionally impaired older adults to remain safely independent in their own homes.
- *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.

Registry:

- *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:* Recruit workers, maintain a current list of qualified workers, refer workers to clients or clients to workers, and follow-up to ensure that service was received in order to assist functionally impaired older adults to remain safely independent in their own homes.
- *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.

OLDER RELATIVE CAREGIVER SERVICES

The AAA does not provide or contract for Older Relative Caregiver Services. Due to the capacity of the current providers and the amount of funding received, PSA 5 is unable to do so. People in need of these services are referred to Kinship Resources: <https://www.cdss.ca.gov/inforesources/foster-care/kinship-care>.

SECTION 9: LEGAL ASSISTANCE

2024-2028 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)].¹⁸ CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg

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

11%.

2. How have your local needs changed in the past year(s)? Please identify any changes (include whether the change affected the level of funding and the difference in funding levels in the past four years).

In some ways, local needs have changed while staying the same. The core issues remain consistent - Marin County is a legal desert, and the communities that Legal Aid of Marin (LAM) serves experience persistent poverty and therefore have always lacked access to holistic legal services focused on narrowing the justice gap in areas including, but not limited to, housing, employment, fines and fees alleviation, and other areas of law. LAM continues to face a need for legal services that far outpaces our ability to meet it, however, we are determined to continue to grow to meet that need. Each year, about 30% of LAM's clients are older adults aged 60+ and we make an impact serving Marin seniors in large part due to funding and support from AAA. LAM is fortunate to have such strong support from AAA and remains committed to meeting the needs of seniors in Marin County.

Since November 2024, LAM has experienced an overwhelming demand for immigration legal assistance. While LAM does not currently provide immigration legal services, we need to adapt to the unique local needs presented by the communities we serve. We plan to expand into the immigration legal services space in 2025 and are working to add to Marin's very limited immigration legal services infrastructure.

Additionally, the housing crisis remains to be acutely felt by older adults in Marin. LAM has seen an increase in older adults experiencing eviction, displacement, and homelessness. We will continue to work toward a Marin that everyone can call home, especially our beloved elders.

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

In the LSPs scope of work, Item 11h, Program Specific Requirements, states the following: Provider must be in compliance with the statewide standards for legal assistance as promulgated by the California Department of Aging.

¹⁸ For Information related to Legal Services, contact Jeremy A. Avila at 916 419-7500 or Jeremy.Avila@aging.ca.gov

4. How does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priority issues for legal services? What are the top four (4) priority legal issues in your PSA?

The AAA collaborates with the provider to establish priority issues for legal services during the RFP and contract award process. The top four priority legal issues are: 1. Housing; 2. Evictions; 3. Estate planning; 4. Benefits.

5. How does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? What is the targeted senior population and mechanism for reaching targeted groups in your PSA?

The AAA and the LSP determine the targeted community for legal services based on the countywide needs assessment. This community is comprised of low-income older adults, with an emphasis on those who are a minority or rural. The LSP delivers legal clinics at different sites throughout the county to reduce transportation as a barrier to access. Roughly 30% of the provider’s clients are older adults aged 60 and older.

6. How many legal assistance service providers are in your PSA? Complete the table below.

Fiscal Year	# of Legal Assistance Services Providers	Did the number of service providers change? If so, please explain
2024-2025	1	No
2025-2026	1	No
2026-2027		
2027-2028		

7. What methods of outreach are Legal Services Providers using?

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, and poverty alleviation. Legal Aid of Marin conducts off-site outreach events weekly at community touchpoints and in partnership with trusted community-based partner organizations in Marin City, Novato, the Canal, and West Marin. Legal Aid of Marin also recruits pro bono attorneys to support our Marin Community Court Program (poverty alleviation) and Unlawful Detainer Mandatory Settlement Conference programs (eviction settlement conferences). Legal Aid of Marin partners with the Marin Superior Court to staff Community Court onsite at St. Vincent de Paul’s Dining Room to assist unhoused and otherwise severely marginalized individuals facing life defining legal issues. Legal Aid of Marin also partners with West Marin Community Services to reach isolated communities living in rural West Marin.

8. What geographic regions are covered by each provider? Complete the table below:

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	a. Legal Aid of Marin b. c.	a. Marin County b. c.

2025-2026	a. Legal Aid of Marin b. c.	a. Marin County b. c.
2026-2027	a. b. c.	a. b. c.
2027-2028	a. b. c.	a. b. c.

9. Discuss how older adults access Legal Services in your PSA and whether they can receive assistance remotely (e.g., virtual legal clinics, phone, U.S. Mail, etc.).

Older adults access legal services by calling the AAA’s Information and Assistance line. Staff make subsequent referrals to the legal services provider. Potential clients may also call the provider directly, make appointments or access our weekly clinic and outreach events.

Older adults can receive assistance remotely and Legal Aid of Marin accommodates requests for meetings via phone or Zoom. Many proceedings for Marin Superior Court are still conducted via Zoom, so Legal Aid of Marin can facilitate participation for clients who need to appear for Court proceedings remotely, for example eviction settlement conferences.

Legal Aid of Marin also hosts older adults if they need to use a laptop or iPad to access remote proceedings. We can also arrange for transportation using ride share vouchers or request transportation from Vivalon where appropriate.

10. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA (please include new legal problem trends in your area).

Legal Aid of Marin handles eviction defense and homelessness prevention (housing law) services for tenants, workers’ rights and wage claims (employment law), and poverty alleviation (Marin Community Court). Legal Aid of Marin will expand to provide immigration legal services (primarily removal proceedings and family preparedness) in 2025.

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

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.

Communities can also experience fear and stigma when accessing our services, which is why outreach to community touchpoints where clients live, work, and gather in partnership with trusted social services providers are critical to our service delivery model.

12. What other organizations or groups does your legal service provider coordinate services with?

The provider conducts various outreach and advocacy activities by partnering with aging service organizations and agencies across Marin, especially those that target low-income, minority and rural

older adults. This includes Vivalon, Canal Alliance, Community Action Marin, Ritter Center, North Marin Community Services, West Marin Senior Services, the Marin Superior Court, Phoenix Project, St. Vincent de Paul, the Marin County Public Defender’s Office, and the Marin County Ombudsman.

The provider, Legal Aid of Marin (LAM), coordinates with the regional Legal Services Corporation (LSC) provider (Bay Area Legal Aid) by making warm referrals, collaborating at statewide convenings of other legal services providers, and occasional projects. For example, in 2022, the provider and Bay Area Legal Aid collaborated in partnership with Community Action Marin to train Community Action Marin’s success coaches on consumer law basics and hosted a consumer law clinic with pro bono attorneys who provided brief legal advice to eligible Marin residents on a variety of consumer matters. Legal Aid of Marin also refers public benefits matters to Bay Area Legal Aid.

APPROVED

SECTION 10: DISASTER PREPAREDNESS

Disaster Preparation Planning Conducted for the 2024-2028 Planning Cycle Older Americans Act Reauthorization Act of 2020, Section 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

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

In 2023, the County of Marin renamed its Office of Emergency Services to the Office of Emergency Management (OEM) and moved the office from the Sheriff's Office to the Fire Department in part because climate change is driving more emergencies. Also in 2023, the County also hired a new director for the OEM who is working to provide equitable access to emergency services with efforts that include translation functionality on its website to help people who don't have email or cell phones to get emergency notifications. This is an important point for many older adults who don't have such technology or who live in rural areas where cell phone service is limited.

The Marin Department of Health and Human Services (HHS) has developed Continuity of Operations Plans (COOP) for its divisions, including the Office of Aging and Adult Services (AAS), which houses the AAA. AAS has also been engaged in increasing preparedness and developing emergency response plans for vulnerable populations, including In-Home Supportive Services (IHSS) clients.

Marin HHS participates in the executive committee of Marin Voluntary Organizations Active in Disaster (VOAD). The VOAD has prioritized strategies to increase preparedness among older adults in partnership with Neighborhood Response Groups.

Over the past year, several offices within the Health and Human Services Department – including Aging and Adult Services/the AAA -- were tapped to provide input into development of Marin's first Multi-Agency Disaster Feeding Plan led by the Marin County Office of Emergency Management and the AAA is now represented on a Disaster Feeding Task Force to more fully develop a countywide implementation plan. This plan is bringing together local government agencies and community-based organizations to strengthen coordination among those involved in disaster food and feeding. A key tenant of the plan will be the sharing of resources across agencies and organizations to ensure availability, sourcing, production and distribution of food. For example, if the AAA's meal delivery contractor is unable to deliver home-delivered meals, the AAA would notify the Office of Emergency Management that it needs to secure another delivery method. Likewise, the AAA is offering to make its Registered Dietitian available to help plan and ensure for the safe handling, production and distribution of food that various agencies will produce, transport, and distribute during a disaster.

Additionally, the Marin Center for Independent Living, (Marin CIL) the AAA's Aging and Disability Resource Connection Partner (ADRC), continues to operate its Powered & Prepared program that helps to ensure the readiness and safety of older adults and people with disabilities in the event of emergencies. Individuals who rely on powered medical devices, such as oxygen regulators, mobile scooters, or CPAP

machines and who may need assistance purchasing critical or emergency supplies, can apply for durable portable batteries or financial support. Resources are provided depending on both need and availability.

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

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

Name	Title	Telephone	Email
Lisa Santora	Deputy Public Health Officer	Office: 415-473-6265 Cell: 415-299-4970	lisa.santora@marincounty.gov

- Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Camille Jolly	AAA Program Manager	Office: 415-473-7130 Cell: 415-261-8628	Camille.Jolly@marincounty.gov

- List critical services the AAA will continue to provide to the participants after a disaster and describe how these services will be delivered (i.e., Wellness Checks, Information, Nutrition programs):

Critical Services	How Delivered?
A Long-Term Care Ombudsman	Ombudsman staff and certified volunteers are available to provide information and assistance and complaint investigation and resolution for residents in assisted living and skilled nursing facilities in Marin County. The Ombudsman program collaborates with facility licensing agencies, the State Ombudsman, and the County of Marin Public Health Preparedness team to support resident-centered problem resolution during and after a disaster/emergency.
B Information & Assistance	Information and Assistance staff will answer the 473-INFO line from 8:30 a.m. – 4 p.m. during and after a disaster, from the office or remotely. They will continue to provide critical direction, assess community and county resources as they become available or change, and provide ongoing information to individuals seeking help and support.
C Home-Delivered Meals	The AAA’s contracted meal vendor and contracted meal delivery providers have emergency service plans that include morphing to self-stable meals if needed and continuing to deliver meals as long as roads are open and passable.

- List critical services the AAA will provide to its operations after a disaster and describe how these services will be delivered (i.e., Cyber Attack, Fire at your building, Evacuation of site, Employee needs)

Critical Services	How Delivered?
A Computer, phone, internet and cloud-based application access	County's Information Services Department
B Physical Office Space, Furniture, Supplies	County Health & Human Services Department's Facilities Division
C Site Evacuations	Follow each County building's evacuation plan
D Employee needs	Information & resources provided by the County of Marin's HR Department

6. List critical resources the AAA needs to continue operations.
 - Meal production
 - Delivery services
 - Access to computers and phones, internet services and county shared computer folders and cloud-based computer services
 - Office of Emergency Management Support (EMS) in obtaining food and coordinating deliveries if the AAA's contracted providers are unable to
 - Information and support from the County's EMS
 - Information and support from Pacific Gas & Electric during power outages; local fire and police/sheriff during PSPS and other emergencies
 - Information from AAA contracted service providers about their capabilities during PSPS and other emergencies

7. List any agencies or private/non-government organizations with which the AAA has formal or nonformal emergency preparation or response agreements. (contractual or MOU)
 - All AAA contracted service providers
 - The AAA's ADRC partner, Marin Center for Independent Living

8. Describe how the AAA will:
 - Identify vulnerable populations: AAA's home-delivered meal clients, ADRC clients, Ombudsman clients, those calling Information & Assistance, information from the County's Public Health Division, neighborhood response groups, through the County's Disaster Food and Feeding Plan.
 - Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, ETC): Shelf-stable foods, go kits, stay kits, generators, flashlights and lanterns, blankets, emergency preparedness materials and training, neighborhood response groups
 - Follow up with vulnerable populations after a disaster event. Call and email home-delivered meal clients, ADRC clients, check on Ombudsman clients, follow up with those calling Information & Assistance

9. How is disaster preparedness training provided?
 - AAA to participants and caregivers: The AAA provides information about preparedness training as asked about to callers to it Information & Assistance services which the AAA provides directly. The AAA's ADRC partner Marin Center for Independent Living conducts outreach and education to connect people of all abilities and income levels with readiness planning and resources — from emergency housing and transportation to portable batteries and preparedness kits. The Ombudsman works with facilities to ensure their emergency plans.

- To staff and subcontractors: Through County of Marin trainings for employees and community partners. Through the Volunteer Organization Active in Disaster group for subcontractors. Having a disaster response plan is a contract requirement for all subcontractors and many include training for their staffs as part of their plans.

APPROVED

SECTION 11: NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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			
Title IIIB	24-25	25-26	26-27	27-28
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>
Title IIID	24-25	25-26	26-27	27-28
<input type="checkbox"/> Health Promotion – Evidenced-Based	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIIE	24-25	25-26	26-27	27-28
<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"/>
Title VII	24-25	25-26	26-27	27-28
<input checked="" type="checkbox"/> Long Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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

SECTION 12: REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. The request for approval may include multiple funding sources for a specific service.

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

Identify Service Category: Nutrition Education

Check applicable funding source:

IIIIB

IIIC-1

IIIC-2

IIIE

VII

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 24-25 FY 25-26 FY 26-27 FY 27-28

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

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

Identify Service Category: Home Delivered Meals - Ordering, Intake, Assessment, Data

Check applicable funding source:

- IIIIB
- IIIC-1
- IIIC-2
- IIIE
- VII
- 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 24-25 FY 25-26 FY 26-27 FY 27-28

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

The AAA will maintain its role in Central Marin for ordering of meals, conducting intakes and assessments and managing data. In the last four-year contract cycle, the AAA streamlined cost-effective methodology and procedures for these activities by having all potential clients be directed to one intake line, 415-473-INFO (4636), where they are screened for eligibility for various programs, including Home-Delivered Meals. The AAA has dedicated staff and volunteers to perform quarterly assessments, maintain data and order meals. The AAA has contracts with two service providers for delivery and a vendor for meal production in Central Marin.

Identify Service Category: Congregate Meals – Central Marin

Check applicable funding source:

- IIIIB
- IIIC-1
- IIIC-2
- IIIE
- VII
- 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 24-25 FY 25-26 FY 26-27 FY 27-28

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

In 2024 under the guidance of CDA, the AAA released an Invitation for Bid (IFB) for vendor services to produce and deliver meals to sites and the AAA will assume the responsibility of the contracting agency. After developing and implementing policies and procedures for this process, the AAA will maintain this role in the coming four-year cycle.

SECTION 13: GOVERNING BOARD

GOVERNING BOARD MEMBERSHIP
2024-2028 Four-Year Area Plan Cycle

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

Total Number of Board Members: 5

Name and Title of Officers:	Office Term Expires:
Supervisor Mary Sackett, President	1/27
Supervisor Eric Lucan, 1 st Vice President	1/27
Supervisor Stephanie Moulton-Peters, 2 nd Vice President	1/29

Names and Titles of All Members:	Board Term Expires:
Supervisor Mary Sackett (District 1)	1/27
Supervisor Brian Colbert (District 2)	1/29
Supervisor Stephanie Moulton-Peters (District 3)	1/29
Supervisor Dennis Rodoni (District 4)	1/29
Supervisor Eric Lucan (District 5)	1/27

Explain any expiring terms – have they been replaced, renewed, or other? N/A

SECTION 14: ADVISORY COUNCIL

ADVISORY COUNCIL MEMBERSHIP
2024-2028 Four-Year Planning Cycle

Older Americans Act Reauthorization Act of 2020 Section 306(a)(6)(D)
45 CFR, Section 1321.57 CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies): 23

Number and Percent of Council Members over age 60: 16

84.2% Council 60+

Race/Ethnic Composition	% Of PSA's	% on
	<u>60+Population</u>	<u>Advisory Council</u>
White	84.8 percent	73.6 percent
Hispanic	7.2 percent	5.3 percent
Black	1.7 percent	5.3 percent
Asian/Pacific Islander	5.3 percent	21.1 percent
Native American/Alaskan Native	0.1 percent	0 percent
Two or more races	5.4 percent	0 percent
Other	2.4 percent	0 percent
Prefer not to answer	N/A	0 percent

Name and Title of Officers:	Office Term Expires:
Kristi Denton Cohen, President	6/26
Gene Ng, Vice President	6/26
Suzanne Sadowsky, Secretary	6/25

Name and Title of other members:	Office Term Expires:
Kristin Amlie (Town of Fairfax)	6/27
Sylvia Barry (District 5)	6/27
Pranav Bhanushali (City of Novato)	6/25
Larry Binkley (Town of Belvedere)	6/25
Allan Bortel (CSL)	6/26
Everett Brandon (District 3)	6/25
Rhea Brown (District 4)	6/26
Joan Clemmons (City of San Rafael)	6/27
Diane Doodha (Town of Ross)	6/27
Jane Gould, Ph.D. (Town of Tiburon)	6/26

Diana López (District 1)	6/26
Lee Notowich (District 2)	6/27
Barry Phegan (City of Larkspur)	6/27
Peter Rubens (District 5)	6/26
Edward Schultz (City of Sausalito)	6/26
Claudia Wilson (City of Corte Madera)	6/26
Kay Winer (District 1)	6/27
Vacant (District 2)	
Vacant (District 3)	
Vacant (CSL)	

Indicate which member(s) represent each of the “Other Representation” categories listed below.

Yes No

- Representative with Low Income
- Representative with a Disability
- Supportive Services Provider
- Health Care Provider
- Local Elected Officials
- Persons with Leadership Experience in Private and Voluntary Sectors

Yes No Additional Other (Optional)

- Family Caregiver, including older relative caregiver
- Tribal Representative
- LGBTQ Identification
- Veteran Status
- Other _____

Explain any “No” answer(s):

No recent applicants to the Commission on Aging have been reported to be Supportive Services Provider or Local Elected Officials. The Commission will continue to do outreach to these and other target populations. Blank answers were not asked in this year’s demographic survey of commissioners.

Explain what happens when term expires, for example, are the members permitted to remain in their positions until reappointments are secured? 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).

SECTION 15: MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW²⁰

**CCR Title 22, Article 3, Section 7302(a)(15)
20-year tracking requirement**

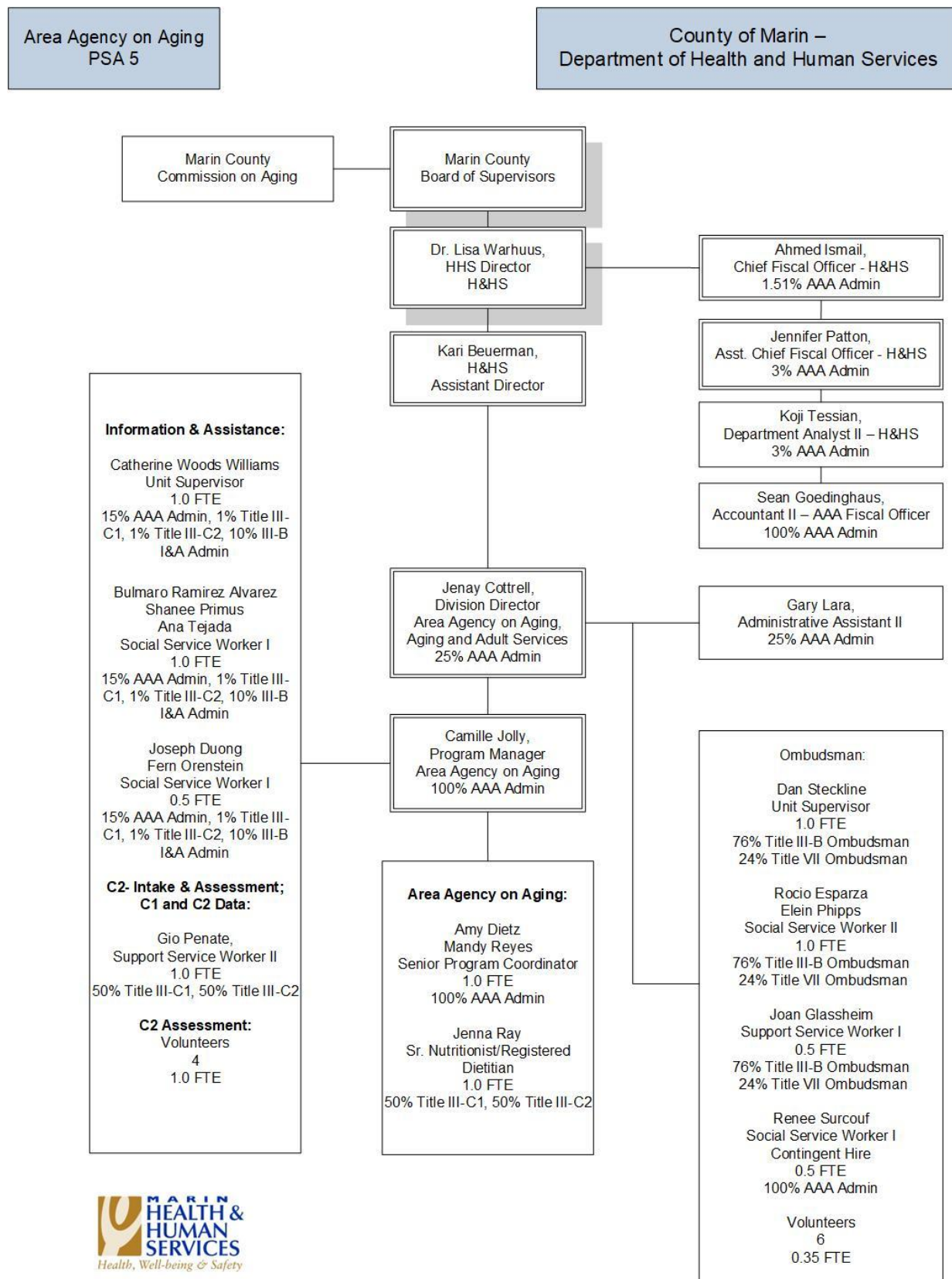
- No. Title IIIB funds not used for Acquisition or Construction.
- Yes. Title IIIB funds used for Acquisition or Construction.

Title III Grantee and/or Senior Center (complete the chart below):

Title III Grantee and/or Senior Center	Type Acq/Const	IIIB Funds Awarded	% Total Cost	Recapture Period		Compliance Verification State Use Only
				Begin	End	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

²⁰ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

SECTION 16: ORGANIZATION CHART



SECTION 17: ASSURANCES

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

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under 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 part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

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

(C) legal assistance;

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

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i) (I) provide assurances that the area agency on aging will—

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

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

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will 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; and

(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 clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(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; and

(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.

(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;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

- (i) respond to the needs and preferences of older individuals and family caregivers;
 - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
 - (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
- (C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
- (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
- (i) the need to plan in advance for long-term care; and
 - (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;
- (8) provide that case management services provided under this title through the area agency on aging will—
- (A) not duplicate case management services provided through other Federal and State programs;
 - (B) be coordinated with services described in subparagraph (A); and
 - (C) be provided by a public agency or a nonprofit private agency that—
- (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
 - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
- (9)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 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;
- (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- (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;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(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;

(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;

(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 paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

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