

AREA PLAN

2016-2020

**AREA
AGENCY
ON AGING**



LIVE LONG
LIVE WELL



MARIN COUNTY AGING AND ADULT SERVICES

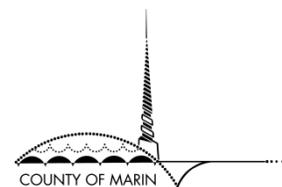
Marin County Aging and Adult Services

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2016-2020 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

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

Enclose a copy of the checklist with your Area Plan; *submit this form with the Area Plan due 5/1/16 only*

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

TRANSMITTAL LETTER

2016-2020 Four Year Area Plan

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

AAA Name: County of Marin Aging and Adult Services

PSA 5

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

1.
(Type Name)

Signature: Governing Board Chair ¹

Date

2.
(Type Name)

Signature: Advisory Council Chair

Date

3.
(Type Name)

Signature: Area Agency Director

Date

¹ Original signatures or official signature stamps are required.

EXECUTIVE SUMMARY

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

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

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

The AAA, its partner agencies, and the Marin County Commission on Aging (MCCOA) conducted an extensive needs assessment of older adults in the past year, gathering survey responses from over 3,000 people. The results provided significant and extensive information which has informed the planning process. An analysis of these results, along with other data sources, revealed that there were differences in the health status, nutritional needs, and access to caregiving services among those who were above financial self-sufficiency vs. those who are at or below. The top six concerns of all respondents, regardless of income, were: *falls, cognition/ dementia, feeling lonely/ depressed, financial security, elder/ financial abuse, and end of life planning.*

The *Area Agency on Aging Area Plan: 2016–2020* is the roadmap that will guide the work of the AAA and is rooted in supporting Marin residents to Live Long and Live Well.



SECTION 1: MISSION STATEMENTS

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

Aging and Adult Services

As the administrator of the Area Agency on Aging (AAA) in Marin County, it is the mission of Aging and Adult Services to:

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

To this end, the AAA undertakes the following activities:

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

Marin County Commission on Aging

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

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

The Commission fulfills this mission by performing the following functions:

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

SECTION 2: DESCRIPTION OF THE PLANNING AND SERVICE AREA

Physical and Demographic Characteristics

The natural beauty of Marin County is breathtaking, from the peaks of Mount Tamalpais and its Redwoods to the Pacific Coastline. Marin lies north of the City and County of San Francisco, California and is just across the Golden Gate Bridge. Marin County borders Sonoma County to the north, San Francisco and San Pablo Bay to the east, and the Pacific Ocean forms its western boundary. U.S. Highway 101 extends in a north-south direction through the county's urban corridor. The county's eleven incorporated cities and towns fall on either side of this major thoroughfare. Highway 101 is a critical route, prone to congestion in high traffic times.

The county covers 529 square miles and much of the land outside the 101 urban corridors is open space. The Pt. Reyes National Seashore, the Mount Tamalpais State Park, and the Samuel P. Taylor State Park, among others, are all located in Marin County. The West Marin area is separated from the urban core of the County by a ridge of coastal mountains and consists of open space with scattered small towns and large agricultural and dairy farms.

Marin County has a total population of 256,802 people and has a substantial and growing number of older adult residents. Persons over the age of 60 comprise 26% of the total population, making Marin County the oldest county in the Bay Area. Statewide, persons over 60 account for 17% of the population.² The number of older adults in Marin will proportionally continue to increase until 2030, when they are estimated to account for 33%.³ A majority of Marin County's older adults age 60 and older are White (91%), a rate higher than California as a whole, which is 59% white.⁴

Additionally, only 6% of adults over 60 in Marin County speak English less than very well, compared to 23% of adults over 60 in California overall.⁵ Marin County older adults tend to be more educated than those across the state, with 56% having attained a Bachelor's degree or higher compared to 30% in California. Statewide, 11% of older adults fall at or below the Federal Poverty Level (FPL), whereas in Marin that number is 6%. It is worth noting that the cost of living in Marin County is one of the highest in the state.⁶ The Federal Poverty Level, as a measure of income insecurity, therefore fails to capture a large swath of Marin's older adult population who have incomes higher than the FPL but



² American Community Survey 5 year Estimates (2010-2014). Population 60 Years and over in the United States, Marin County.

³ 2015 California Department of Aging Population Demographic Projections by County and PSA. California Department of Finance, Demographic Research Unit.

⁴ American Community Survey 5 year Estimates (2010-2014). Population 60 Years and over in the United States, Marin County.

⁵ Ibid.

⁶ "How Much is Enough in Your County?" Insight Center for Community Economic Development. May 2008. Available at: <http://www.wowonline.org/ourprograms/fess/state-resources/documents/2008Self-SufficiencyStandard.pdf>

who are economically insecure. There are also notable disparities in health status and issues of concern along economic lines and place of residence. A further description and a list of older adult demographics are discussed in [Section 5: Needs Assessment](#).

Many older adults in Marin hope to age in place, remaining in their homes and communities. Creating and supporting safe and hospitable housing and neighborhoods will enable and promote older adults to remain in their homes and communities, preventing institutionalization and its high costs.⁷

A lack of affordable and qualified caregivers and increasing housing costs may prevent them from doing so. This may be increasingly difficult in rural areas where health and social services are limited. As cost of living and service costs increase, the ability of older consumers and their families to pay for needed care may be strained. Geographical barriers may also create challenges for the older adult service delivery system in Marin County.

Community Programs and Partnerships

Collaborative solutions are needed to engage older adults and develop service delivery approaches that appeal to this cohort. Best practices in home care, volunteer engagement, community based programs, and technology should be explored in the coming four years as Baby Boomers require services that meet their needs as they see them. While there will be increased demand, Marin County is unique in having a robust system of collaborative community organizations serving the needs of older adults. Collaborations and partnerships exist across agencies. The Area Agency on Aging (AAA) actively participates in these cooperative efforts. These partnerships and community based programs, some of which are highlighted below, will continue to be of importance to meet the needs of a growing older adult population.

Villages

The Village movement represents a grassroots effort dedicated to helping older adults stay active and connected. Marin Villages is a countywide consortium of seven local Villages, united in its mission to help older adults remain independent in their own homes and communities, with dignity and grace. In 2016, Rainbow Village was added, which reaches out to seniors in the LGBT community. The Sausalito Village is a standalone organization with the same mission.

Marin Villages and Sausalito Village partner and collaborate with other services and agencies in the County to help build communities in which seniors are able to thrive. Their network of volunteers, many of whom are retired, help Village members maintain their quality of life by assisting them with everyday tasks, such as helping with pets and technology devices, providing rides to social events and appointments, accompanying members on walks, and completing simple household repairs. In addition, the Villages promote and host events and programs to enrich the lives of their members and volunteers.

⁷ “Aging and Urbanization: Principles for Creating Sustainable, Growth Oriented and Age-Friendly Cities.” McGraw Hill Financial Global Institute. January 2016. Available at : http://media.mhfi.com/documents/AgingUrbanization_1+15.pdf

Aging Action Initiative

In Fiscal Year 2014, the Area Agency on Aging (AAA) received support from the Board of Supervisors to convene the community in an effort to address the needs and issues of older adults in Marin County. This led to the creation of the Aging Action Initiative (AAI), tasked with prompting a county-wide age-friendly environment, especially for those in need, collectively created by a strong network of service providers and funders through public education, policy, advocacy, and service coordination. The initial research of the AAI identified five areas of focus: mental health and well-being; dementia; food and nutrition; care coordination/ information and assistance; and economic security. Through expanding the current aging services network and building working relations, the aim of the AAI is to create a more developed infrastructure that will provide the long-term services and supports for Marin's growing older adult population. More than 65 agencies, grass roots organizations, commissions, and neighborhood groups participate in the AAI and plans of action have been developed, such as a mental health and dementia forums and cross-agency information and resource sharing. In the spirit of collaboration and collective impact, the steering committee of the Aging Action Initiative shifted from being an Aging and Adult Services advisory body to itself having actual oversight of the AAI. The AAA remains a member of the steering committee and staff are active members of each of the working sub-groups.

Transportation and Measure B

Some older adults in Marin face issues with transportation, especially those who live in rural areas. In 2010, Measure B, a Marin County ballot initiative to increase annual vehicle license fees by \$10, was passed by voters. This legislation provides a substantial boost to the transportation system of Marin County with specific funds for transportation services to serve older adults and people with disabilities. Annually, Marin Transit receives approximately \$700,000 to fund programs and does so under the banner of Marin Access. Marin Access is an innovative mobility management program that helps to develop and deliver transportation services and improved information for seniors, people with disabilities, and low-income individuals. The transportation programs available through Marin Access provide a variety of mobility options to users, including local ADA mandated Paratransit, volunteer driver programs, subsidized taxi rides (Catch-A-Ride), and travel training. The Marin Access Mobility Management Center is staffed by Travel Navigators – knowledgeable customer service representatives who provide eligibility determination, counseling, technical assistance, and trip planning over the phone and on a walk-in basis. Marin Transit also utilizes Measure B money to award gap grants to local stakeholders. The grants fund projects that address gaps in transportation services for seniors and/or persons with disabilities in Marin County. A grant awarded in the past year supports the program Call A Ride Sausalito Seniors (CARSS). CARSS is a volunteer driver program providing up to four one-way, door-to-door rides per day free-of-charge within Sausalito for older adults and persons with disabilities in driver-owned passenger cars. This program was

recently highlighted as a global best practice in the McGraw Financial Institute Aging and Urbanization Report.⁸

Marin Community Foundation

The Marin Community Foundation (MCF), through its discretionary grant making program, works closely with community organizations and the AAA to improve service delivery towards the betterment of older adults in Marin County. MCF partners with the County of Marin in the acquisition and preservation of affordable housing. Grant making in this area includes supportive predevelopment activities for senior low-income housing. The Foundation is currently focused on a number of aging focused initiatives including a grant program to assist community based organizations serving older adults, many of which also work directly with the Area Agency on Aging (AAA), in improving their business acumen. MCF and the AAA work closely to see how direct programmatic services complement policy and systems change solutions. In the past year, this has included collaborating on needs assessments to ascertain how to best meet the nutritional needs of older adults not served through AAA funded programs ([see Section 5: Needs Assessment](#)). MCF is working on a core set of measures with both the AAA and the Department of Health and Human Services Community Epidemiology Program to strengthen the collection and improve the quality of data to more effectively inform planning and funding priorities in the county.

Age Friendly Initiative

An age-friendly community is one that encourages healthy and active aging. It recognizes the diversity and value of older adults and creates an environment that promotes livability and engagement throughout the lifespan. The World Health Organization (WHO) has identified the following eight features associated with an age-friendly community: transportation; adequate housing; safe outdoor spaces and buildings; social participation; civic engagement; respect and social inclusion; access to health and social services; and communication and information about the local community. The WHO also provides guidelines for cities and communities who wish to incorporate these features toward becoming more “age-friendly.”

Sausalito was the first city in Marin to become a WHO Age Friendly City, followed by Fairfax and Corte Madera. Commissioners have collaborated with community members and city officials to initiate their own unique planning processes and enhancements for age friendliness. As of this writing, the cities and towns exploring becoming Age Friendly include Novato, Larkspur, and San Anselmo. In support of these initiatives, the Area Agency on Aging and the Marin Community Foundation have pledged up to \$5,000 in mini-grants to support local governments and their community partners to undertake planning activities that will result in local age-friendly action plans, implementation, and evaluation activities.

⁸ “Aging and Urbanization: Principles for Creating Sustainable, Growth Oriented and Age-Friendly Cities.” McGraw Hill Financial Global Institute. January 2016. Available at : http://media.mhfi.com/documents/AgingUrbanization_1+15.pdf

SECTION 3: DESCRIPTION OF THE AREA AGENCY ON AGING

The Marin County Area Agency on Aging (AAA) was designated as a one-county Planning and Service Area (PSA) by the Board of Supervisors in the late 1970's. At that time, the Board designated Health and Human Services as the County's administrator of the Area Agency on Aging. Over the years, the AAA has undergone restructuring. The AAA's oversight is currently under the auspices of the Department of Health and Human Services, Division of Social Services, Office of Aging and Adult Services, in which In Home Support Services, Adult Protective Services, and Transition Care Programs are also delivered. Aging and Adult Services has a staff with diverse professional, cultural, and linguistic backgrounds. The Office of Aging and Adult Services is part of the Health and Human Services Department of the County of Marin, and, as such, is able to collaborate directly with other programs and units within the department, including Public Health, Epidemiology, Mental Health, Employment and Training, Medi-Cal and Public Assistance Eligibility, Public Health, and the Veterans Office, among others. The AAA is a leader in the community serving the needs of older adults in Marin County and collaborates with programs and services within the County as well as with external aging services network.

The Marin County Commission on Aging (MCCOA) is a 23-member federally mandated advisory council to the Marin County Board of Supervisors and the Area Agency on Aging. The Commission works closely with Aging and Adult Services on behalf of Marin's older adults. Commissioners are appointed to three-year terms by either the Board of Supervisors or the 11 incorporated Cities and Towns in Marin. In addition, Marin County's Senior Assembly Member and Senior Senator, representatives of the California Senior Legislature (CSL), also serve as ex-officio members for a four-year term. Members of the MCCOA are actively involved in different committees and task forces through their work on the Commission. With the support of AAA staff, Commissioners plan an education program for the public at its monthly meetings on topics including Medicare updates, fall prevention, and end of life planning. Topics for these presentations are the result of community interest and those brought to the forefront by needs assessments (See [Section 5: Needs Assessment](#)).

Services

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

To create a well-coordinated, community-based system of care in Marin County, the AAA subcontracts with a network of private, non-profit agencies serving older adults and family caregivers in the community. The AAA receives approximately \$1,000,000 annually in Older Americans Act monies to fund critical services for older adults, family caregivers, and adults with disabilities in Marin and distributes over two-thirds of these monies to contractors. Federal grants allow for the funding of a variety of critical supportive, nutrition, and family caregiver services. In FY 2014/2015, AAA programs served approximately 4,500 people, not including those who attended presentations or received written materials. Every four years, the

Marin County AAA conducts a Needs Assessment (see [Section 5: Needs Assessment](#)) to ascertain the current needs of older adults and family caregivers in Marin. A family caregiver needs assessment was conducted in Fiscal Year 2014/2015 and an Older Adults Needs Assessment was conducted in Fiscal Year 2015/2016. The results of these assessments, with subsequent input from community members and providers, are used to determine funding priorities and service delivery goals. The table below describes the programs and services provided by the Area Agency on Aging to respond to the needs of its client population.

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

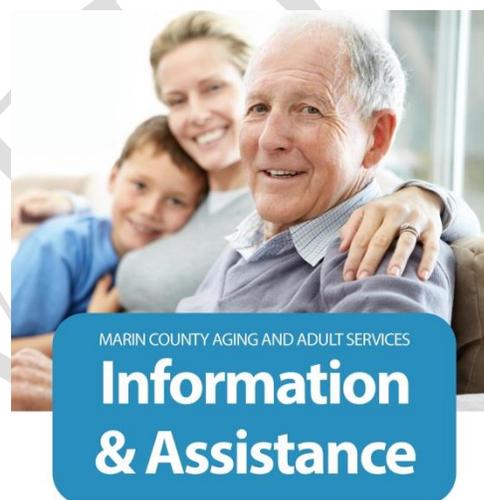
Innovation and Leadership

The Area Agency on Aging is an active partner in several collaborative endeavors benefitting older adults, persons with disabilities, and their caregivers. Staff and volunteers are constantly engaging community members and exploring opportunities to strengthen and improve services. Some examples of the accomplishments in the past year include the following:

Information, Assistance, Referral (IA&R) and Media Campaign

The Area Agency on Aging (AAA) has long had a centralized phone number (457-INFO) associated with a phone tree system. Calling one phone number, as opposed to multiple lines, allowed community members to access services more efficiently. However, in past years, the AAA recognized that a phone tree system still presented a barrier to clients needing immediate or detailed assistance. In 2015, the Information, Assistance, and Referral (IA&R) Unit was created to include a Unit Supervisor and three social workers. These professional, bilingual advocates answer calls from the public regarding the full range of social services and related resources available to Marin county residents. They help older adult callers clarify their needs and provide factual information about appropriate resources, which might be a County agency or a non-profit service provider. The IA&R Unit, in collaboration with the Health and Human Services Media Team, created an online community resource guide, www.MarinHHS.org/crg, which is accessible in multiple languages. The website underwent several testing phases to ensure ease of use. It is constantly updated with resources for older adults that are of use to both providers and community members, who may live in Marin or have a family member that does so.

The AAA is committed to not only funding and offering direct services, but also to informing the community and providers about the work and mission of Aging and Adult Services. The Live Long, Live Well website, www.LiveLongLiveWellMarin.org, and associated public relations campaign, highlight the direct services provided by Aging and Adult Services as well as information on the Marin County Commission on Aging. This website was created with input from the Health and Human Services Media Team, community members, and Commissioners.



457•INFO

(415) 457- 4636

457-info@marincounty.org



Community Resource Guide

MarinHHS.org/Resources



MarinHHS.org/Aging

Aging and Disability Resource Connection

The Area Agency on Aging (AAA) has teamed up with the Marin Center for Independent Living (MCIL) as core partners to establish an Aging and Disability Resource Connection (ADRC) in Marin County. An ADRC aims to create a “no wrong door” service system where people of all ages, incomes, and disabilities can receive information, referral, and assistance. It offers one-to-one person-centered counseling on the full range of available options, provides resources that support the needs of family caregivers, streamlines eligibility for public programs, and aids in the transition of persons residing in long-term care facilities toward independent, community-based living. At the federal level, ADRC's are encouraged by the Administration for Community Living as a way to streamline access to long-term services and support options for older adults and persons with disabilities. In Fiscal Year 2015/2016, the AAA and MCIL entered into a formalized Memorandum of Understanding to move forward and are nearing completion of protocols related to Information and Assistance and Community Transitions. Transition services will support individuals coming from hospitals to home and assist persons living in skilled nursing facilities to move back to community living. The next steps for the AAA and MCIL will be to include input from a committee of community individuals and stakeholders to review what has been developed and to advise the AAA and MCIL on how best to serve community interests.

The California Department on Aging is developing a formalized Options Counseling curriculum to be developed and implemented statewide. The AAA and MCIL continue to work towards establishing ADRC programs and will work with the State towards a formalized designation.

Legislation and Policy

The Area Agency on Aging (AAA) and its advisory body, the Commission on Aging, recognize the importance of advocating for policies which support older adults to live long and live well. To that end, the Legislative Task Force of the Commission on Aging, which consists of representatives of the California Senior Legislature and community members, actively works with the offices of local, state and federal elected officials to inform policymakers of the needs and interests of their constituents. In addition, the Commission partners with other groups and advisory bodies to advocate for and to educate the larger community on matters that pertain to the well-being and quality of life of Marin's older adults, particularly those that may be economically insecure or marginalized in a manner that creates health or other inequities.

Economic Security

As part of the Aging Action Initiative, the Area Agency on Aging and the Commission on Aging are partnering with the Marin Women's Commission, the YWCA, Community Action Marin/SparkPoint, financial planners and other organizations to highlight the unique economic issues faced by Marin's 60+ population. Of particular interest are those individuals who live above the Federal Poverty Level but below what is required to make ends meet as measured by the Elder Economic Security Index (see [Section 5: Needs Assessment](#) for further detail). Women are disproportionately affected. Over the next year, the Economic Security workgroup plans to raise awareness of this issue in the county, develop consumer-

friendly resource materials and hold community workshops that will provide information on such things as housing and employment options and financial planning and coaching.

Project Independence and Project Independence Plus

Project Independence (PI), a program created and administered by Aging and Adult Services, assists adults and older adults discharged from hospitals or skilled-nursing facilities to transition back to independent living at home. This is especially critical for clients who lack social support upon their return home. The Area Agency on Aging (AAA) is providing Title IIIID Health Promotion Disease Prevention funding to Project Independence for the implementation of the evidence-based Care Transition Intervention (Coleman Model), which coaches clients in how to take charge of their own health and navigate the service system. Clients are assessed for appropriateness for coaching under the Coleman Model or served under the more traditional PI intervention that includes public health nursing and support from a cadre of well-trained volunteers and nursing students that help with home care, chores, meal preparation, transportation to medical appointments, and other care services. Project Independence Plus (PI Plus) was developed in 2015 to serve “super-utilizers.” Super-utilizers are patients with complex health and psychosocial needs that utilize health care, protective supervision services, and community-based programs at a very high rate. PI Plus collaboration is comprised of over 30 organizations representing hospitals, law enforcement, public health, mental health and substance use services, and social service agencies, among others. Case studies of super-utilizers revealed the enormity of the cost to provide care to high-risk, high-need clients. Better outcomes resulted from wrap-around services provided at a fraction of the cost. Lessons learned from this project will be used in the coming fiscal year to further enhance support for clients with complex conditions.

SECTION 4: PLANNING PROCESS AND ESTABLISHING PRIORITIES

An oversight committee from the Area Agency on Aging's (AAA) advisory council, the Marin County Commission on Aging (MCCOA), was delegated to steer the planning process and its activities. The Planning Committee, a standing committee of the MCCOA assumes this responsibility. Planning Committee members are appointees of City Councils and Board of Supervisors and are voting members of the Commission on Aging. They represent the populations the AAA is mandated to serve.

For both the Family Caregiver Needs Assessment in FY 2014/2015 (see *Area Plan FY 2014/2015 Update*) and the AAA Older Adult Needs Assessment, conducted in FY 2015/2016, the Planning Committee worked closely with AAA staff to establish planning goals, activities, timelines, and deliverables. The committee chairperson reported each month at a public meeting of the Commission on Aging on the progress of the area planning process. Upcoming events were announced, and members of the commission as well as the general public were encouraged to participate.

When creating and finalizing the survey, AAA staff solicited feedback, in person and via email, from a broad range of community organizations and stakeholders including government and philanthropic organizations. MCCOA Commissioners worked directly with their appointing bodies, including towns, cities, and Board Supervisors, where appropriate. AAA staff also met regularly with other organizations in the process of conducting their own needs assessments, namely the Healthy Marin Partnership for its upcoming Community Health Needs Assessment and the Marin Community Foundation. In doing so, these organizations were able to coordinate timelines and share data.

The AAA held two community forums in which data results were presented. Attendees were then asked, in small groups, to ascertain what general themes they saw emerge. These notes and related data informed the formulation of goals, objectives, and funding priorities of the AAA for the next four years.

SECTION 5: AAA AREA PLAN 2016-2020 NEEDS ASSESSMENT

The Older Americans Act requires Area Agencies on Aging (AAA's) across the nation to submit an Area Plan that reflects future activities to address the needs of older persons, adults with disabilities, and family caregivers in the service area. In developing the plan, the AAA's client population must be engaged in a process that determines the extent of their need for services as well as evaluate the effectiveness of resources in meeting these needs. Efforts must also include lesbian, gay, bisexual, and transgender (LGBT) older adults in this process. The passage of AB 138 established the Elder Economic Planning Act of 2011, which requires all AAAs in the State of California to use the Elder Economic Security Index (EESI) in their area plans. The Marin County AAA's needs assessment process adheres to these state and federal planning guidelines to reach a cross-section of the older adult, disabled, and family caregiver population in the service area. A family caregiver needs assessment, informing both funding strategies and objectives, was conducted in FY 14/15 and is available in the [*Area Agency on Aging Area Plan FY 14/15 Update*](#).

Methodology

The Marin County Area Agency on Aging (AAA) utilized a primarily quantitative approach to gather information, assess needs, and make informed decisions about service priorities and goals for the next four years. The Marin County Commission on Aging, community organizations, AAA staff, and other Marin County employees contributed in the formation of a 31-question survey to assess the needs and concerns of older adults in Marin County. The survey was targeted towards those 60 and older who lived in Marin County, or it could be completed by a friend or relative.

AAA staff and MCCOA commissioners directly engaged a wide variety of organizations and individuals to aid in survey distribution. The survey instrument was available in both Spanish and Vietnamese. It was distributed via paper and online in the following methods: town newsletters, NextDoor online communities, food banks, medical offices including Marin County Clinics and Kaiser Permanente, the Great Age newsletter, faith based organizations, community agencies serving older adults, senior housing sites, Congregate Meal sites, Marin H&HS Facebook, the Marin County Office of Education, Paratransit vehicles, senior events including the Marin County Senior Fair and *Being Mortal* film screening, elected representatives, Spectrum LGBT Center, and others. Increased efforts were made to target minorities, those with Limited English Proficiency, and rural older adults. The AAA made every effort to ensure the inclusion of homebound older adults and residents of long-term care facilities in the assessment process. Surveys were available and directly distributed via Ombudsman staff and volunteers at assisted living facilities, board and care homes, and skilled nursing facilities. Staff, volunteers, and commissioners assisted clients in completing the forms, if necessary. To collect responses from homebound older adults, the AAA distributed surveys to clients receiving Home Delivered Meals and also conducted outreach via IHSS workers, both non-profit and for-profit homecare agencies, and faith based leaders that visited frail clients in their homes.

A total of 3,298 Older Adult Needs Assessment surveys were returned and entered, of which 1,327 (40%) were completed online by respondents. Of those who completed the survey online, 50% were over the age

of 70. A total of 2,992 surveys were included in analysis. Results were discarded if respondents did not live in Marin or left city of residence blank and/ or if respondent/ proxy did not meet age criteria.

The survey was distributed using convenience sampling, and caution should be exercised in over generalizing the results to the entire Marin older adult population. However, because of the large sample size, Marin County's Health & Human Services Epidemiology team was able to conduct analyses of different targeted groups utilizing STATA 12.⁹ Quantitative data, which can be counted and measured, have their limitations as they often lack depth and context. Knowing the percentage of people who answered "yes" isn't always enough to understand a problem. Public forums were subsequently held to present and discuss the survey results and engage community members and service providers in crafting a framework for the development of the *Area Agency on Aging Area Plan 2016-2020* goals. Over 70 people attended. Facilitators led small groups in identifying key issues and themes.

Secondary data analyses were also conducted using the following sources: Elder Economic Security Index for Marin County, American Community Survey Five Year (2010-2014)¹⁰ Estimates, California Department of Finance population projections, California Health Interview Survey (2011-2014),¹¹ Marin County Emergency Medical Services calls (10/10/14 – 9/30/15), and preliminary results from the Marin Community Foundation report, "Older Adults, Healthy Eating Active Living Needs Assessment."

Demographics

There are varying data sources for citing the demographics of a population. The County of Marin utilizes the national 5 year American Community Survey (2010-2014). In Marin County, 55% of all those over the age of 60 are women and 45% are men. The older adult population of Marin is predominantly White (91%), 5% are Asian, 2% African American, 0.1% Native American, 0.3% Native Hawaiian/ Pacific Islander, and 1% other; 4% identify as being Latino. Over half of older adults are married, 36% are divorced, widowed, or separated, and 8% have never been married. Among those 65 and older in Marin County, 84% indicated English, 4% Spanish, 9% Other Indo-European¹², and 3% Asian/ Pacific Islander as being their primary language. The age brackets of the over 60 population can be seen in Table 1 near the end of this document.

Respondents of the Area Agency on Aging (AAA) Older Adult Needs Assessment were predominantly women (71%); in general, women tend to answer surveys more frequently than men. Eight participants (0.3%) identified as being transgender, a category not yet included in the US Census. The majority of survey respondents (n=2,745) identified as being heterosexual (93%), 4% identified as being bisexual and 4% identified as being either gay or lesbian. When asked to identify their primary language, 96% indicated

⁹ StataCorp. 2011. Stata Statistical Software: Release 12. College Station, TX: StataCorp LP.

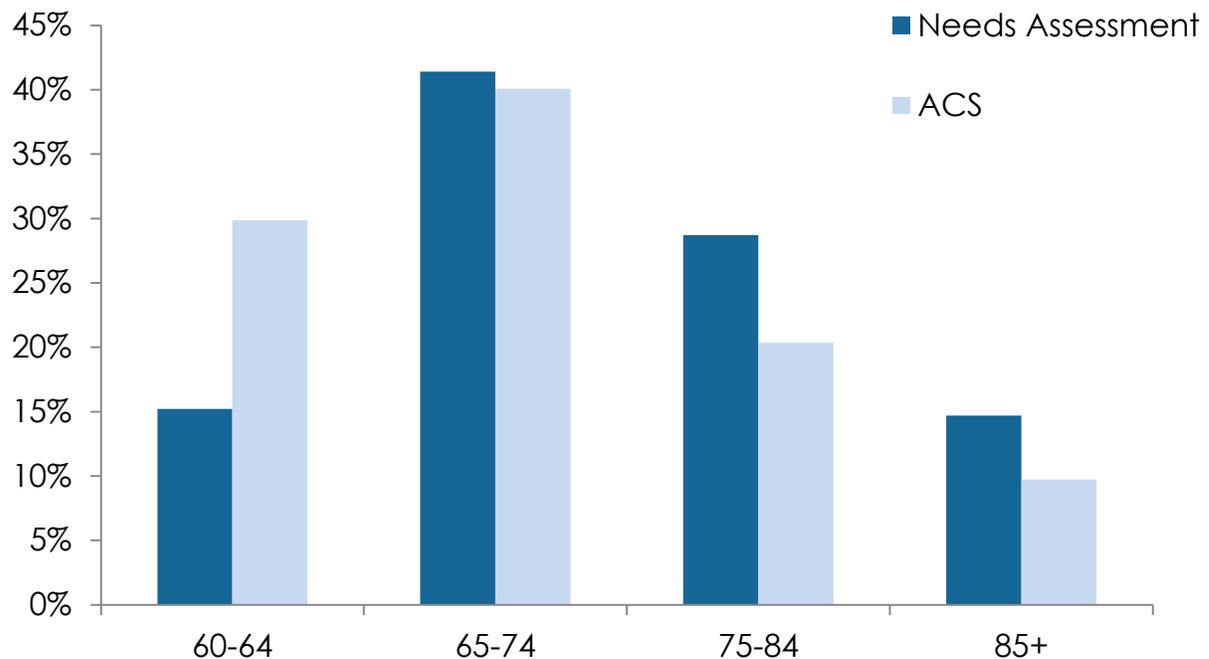
¹⁰ American Community Survey 5 year Estimates (2010-2014). Population 60 Years and over in the United States, Marin County.

¹¹ California Health Interview Survey. Available at : <http://healthpolicy.ucla.edu/chis/>

¹² Indo European Languages Include: most languages of Europe and the Indic languages of India. These include the Germanic languages German, Yiddish, and Dutch; the Scandinavian languages, such as Swedish and Norwegian; the Romance languages, such as French, Italian, and Portuguese; the Slavic languages, such as Russian, Polish, and Serbo-Croatian; the Indic languages, such as Hindi, Gujarati, Punjabi, and Urdu; Celtic languages; Greek; Baltic languages; and Iranian languages.

English, 3% Spanish, 1% Other Indo-European, and 1% Asian/ Pacific Islander. The vast majority of those who identified their race were White(88.4%), 3% were Asian, 3% African American, 0.4% Native American/ Pacific Islander, 0.1% Native Hawaiian/ Pacific Islander, and 4% Other; 5% identified as being Latino. For a full list of demographic variables and comparison, see [Appendix 1, Table 1](#).

TABLE 1: AGE OF SURVEY RESPONDENTS VS. AMERICAN COMMUNITY SURVEY (ACS)



Housing

In regards to housing (n=2,958 surveys analyzed), 66% of respondents owned their homes, 19% rented, 2% lived in an assisted living facility, 5% lived in affordable housing, 3% were staying with friends or family, and 4% indicated “other.” Of all those in Marin County over 60, 76% own their homes and 25% rent. A large portion of older adults in Marin County (44%) live alone.¹³ Living alone is often associated with unhealthy dietary practices, a feeling of being disconnected, and social isolation.¹⁴

¹³ American Community Survey 5 year Estimates (2010-2014). Population 60 Years and over in the United States, Marin County.

¹⁴ Cornwell EY, Waite LJ. (2009). “Social disconnectedness, perceived isolation, and health among older adults.” *Journal of Health Social Behavior*. 50(1): 31-48

Housing in Marin County is expensive and often outpaces a senior's income. For example, of senior renters, 58% are paying 30% or more of their income on housing. Of those who own their homes, 35% are spending over 30% of their annual income on housing.¹⁵

“Aging in place” is a concept of supporting individuals to live in their own home and community safely, independently, and comfortably, regardless of age, income, or ability level.¹⁶ As discussed below, Financial Security was one of the top issues of concern for all respondents, regardless of income. Homeowners may find the upkeep of their properties prohibitive and costly modifications to make the home safe and adaptable to the aging person may not be feasible. There are various Marin County programs currently in place that explore home sharing options for older adults who wish to remain in their homes but may need assistance with rent, caregiving, or transportation.

Elder Economic Security Index (EESI)

The Federal Poverty Level (FPL) for a single person in 2015 was \$11,800. To qualify for many federally funded programs, one must be at or slightly above the FPL. As part of its mandate, the AAA looks at the needs of those who fall below the Elder Economic Security Index (EESI) rather than only Federal Poverty Level (FPL).¹⁷ The EESI defines its population as being 65+ and looks at cost of living by county, accounting for the unique needs of food, transportation, healthcare, and housing of older adults. The EESI is calculated using specific income brackets and housing status. These income brackets and housing options were included in the survey. Because the Older Americans Act (OAA) and the Area Agency on Aging (AAA) serve persons 60+, the AAA decided to include those aged 60-64 in its survey and related analysis. In 2011, approximately 25% of those aged 65+ in Marin County were at or below the EESI. Utilizing 2013 EESI calculations, 26% of those who answered the survey fell at or below the EESI. When possible, data below were analyzed stratifying those who were above the EESI vs. those who were at or below the EESI.



¹⁵ American Community Survey 5 year Estimates (2010-2014). Population 60 Years and over in the United States, Marin County.

¹⁶ <http://www.cdc.gov/healthyplaces/terminology.htm>

¹⁷ 2011 Marin County EESI. Available at: http://ww1.insightcced.org/uploads/eesi/2011_county_pages/Marin/marin_es.pdf

2013: Elder Economic Index – Marin County		
Household	Housing Status	Index Per Year
Single Elder	Owner w/o Mortgage	\$20,112
Single Elder	Renter, one bedroom	\$30,420
Single Elder	Owner w/ Mortgage	\$42,528
Elder Couple	Owner w/o Mortgage	\$28,392
Elder Couple	Renter, one bedroom	\$38,700
Elder Couple	Owner, With Mortgage	\$50,808

Health Status

Marin County has been rated the healthiest County in the State of California by the Robert Wood Johnson Foundation.¹⁸ It boasts the longest life expectancy for women in the country and fifth longest for men.¹⁹ However, not all Marin communities enjoy a long life. Within Marin, there is a 17 year difference in life expectancy between the most and the least healthy neighborhoods.²⁰ Place matters, and areas with higher per capita incomes correspond with longer life expectancy. The leading cause of death in communities where people live shorter lives is preventable cardiovascular events—primarily heart attack and stroke. In longest-living communities, the leading cause of death shifts toward less preventable cancers.

Data from the California Health Interview Survey (CHIS) indicate that of all persons over 60 in Marin County: 6% have been diagnosed with diabetes, 42% have been diagnosed with high blood pressure, 15% have been diagnosed with heart disease, 15% have been diagnosed with asthma, 53% are overweight or obese, and 40% report having a physical, emotional, or emotional disability.²¹

The social determinants of health, such as access to food and housing, income level, caregiver support, and cultural and linguistic barriers to treatment, have a significant impact on health outcomes.²² As individuals grow older, their physical health often deteriorates and/or becomes more difficult to manage, adding social and emotional challenges to the aging process. For individuals already struggling with the challenge of making ends meet, the deterioration of physical health only compounds existing issues such as inadequate housing, limited transportation, and isolation.

¹⁸ Robert Wood Johnson Foundation County Health Rankings. Available at: <http://www.countyhealthrankings.org/>

¹⁹ Source : Marin County Department of Health and Human Services; CDPH Vital Records; US Census 2010

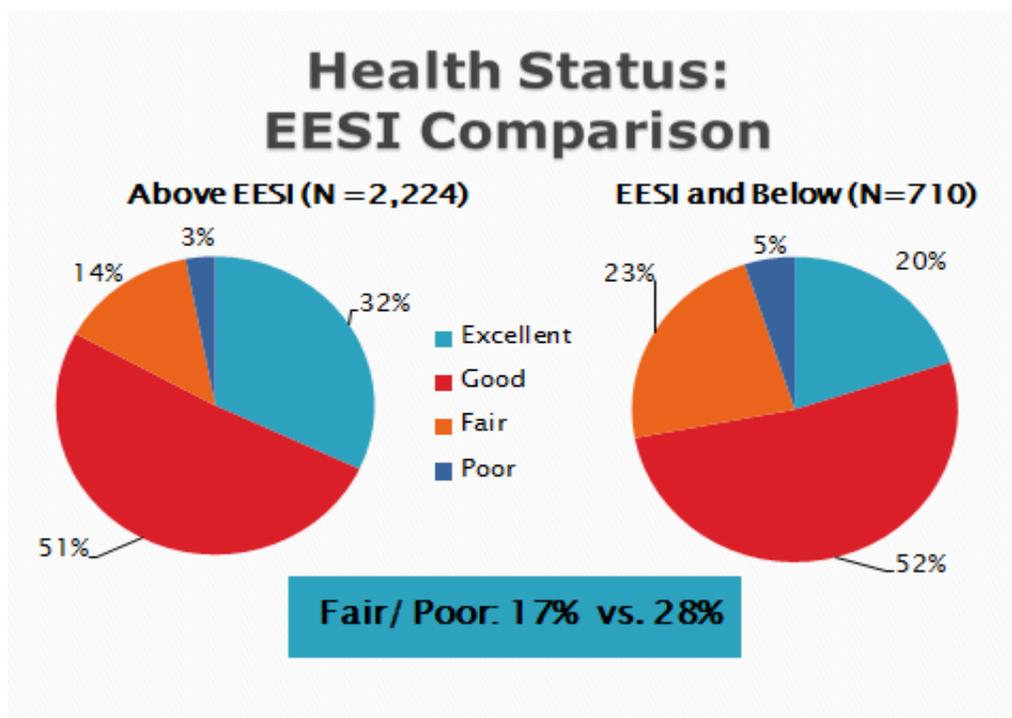
²⁰ California Department of Public Health, Vital Statistics

²¹ California Health Interview Survey. Available at : <http://healthpolicy.ucla.edu/chis/>

²² “The Relative Contribution of Multiple Determinants to Health: Health Policy Brief.” *Health Affairs*. August, 2014.

Differences in perceived health status according to income were reflected in both the Area Agency on Aging (AAA) Older Adult Needs Assessment survey and CHIS data collated from 2011-2014.²³ The chart below elucidates that people at or below the EESI rated their health as being fairer/poorer than those who were above the EESI.

TABLE 2: AAA OLDER ADULT NEEDS ASSESSMENT SURVEY: HEALTH STATUS



Assistance with Daily Living

Activities of Daily Living (ADLs) are defined as routine activities that people tend to do every day without needing assistance, ranging from bathing to using the commode. Approximately 38% (n=1,151) of all respondents to this question reported needing help with one or more ADLs. Of these, 40% (n=457) needed assistance with three or more ADLs. The most frequently cited ADLs were as follows: heavy housework (32%); transit (18%); driving (18%); shopping (17%); and light housework (10%). Of those in need of help, 30% reported being helped by family members, reinforcing the need for programs and support of unpaid family caregivers, as reflected in Family Caregiver Needs Assessment conducted in FY 2014/2015. Twenty-two percent of respondents reported being helped by a paid caregiver, 18% by paid help (housecleaner), and 18% did not receive help from anyone.

In a subsequent question, all respondents were asked if they needed caregiving services in the past year that they had been unable to afford. Ten percent of those who responded to the question (n=2,879) said yes.

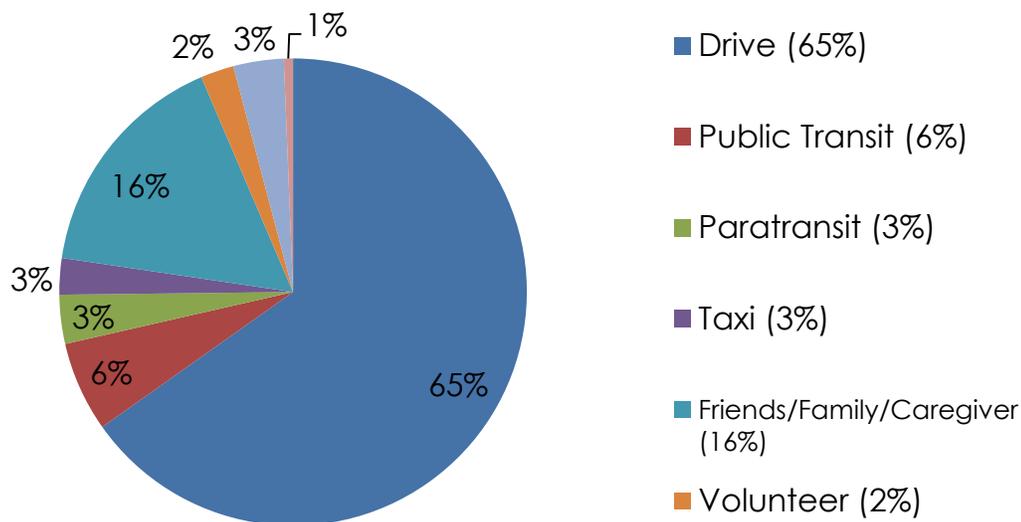
²³ California Health Interview Survey. Available at : <http://healthpolicy.ucla.edu/chis/>

Approximately 17% of those at or below the EESI (n=116) expressed that they needed caregiving services that they were unable to afford, compared to 7% of those above the EESI (n=146).

Transportation

Respondents of the Area Agency on Aging (AAA) Older Adult Needs Assessment survey were asked what types of transportation they utilized to get around. They were given the option to choose more than one response. As demonstrated in Table 3, the majority of older adults (65%) responding to the survey drive their own vehicle. The second most utilized form of transit is friends/ family and caregivers (16%). Those who had written in the “Other” section were assigned new categories, not included in the survey. Notably, 148 respondents (3%) indicated that they walked or biked. Volunteer driving programs have been expanding through organizations such as the Villages, Whistlestop, and West Marin Senior Services. Among respondents, utilization of these services is currently low (2%), suggesting the need for increased outreach. Marin voters’ approval of Measure B in 2010 boosts funding to increase transportation options for older adults and people with disabilities in the County. The AAA recognizes that transportation is an issue for many older adults and will continue to work with transit agencies and other organizations to address the mobility and transportation needs of older adults. In addition to making transportation available and affordable, services must also be effective and responsive to the needs of the clients.

Table 3: Methods of Transportation



Falls

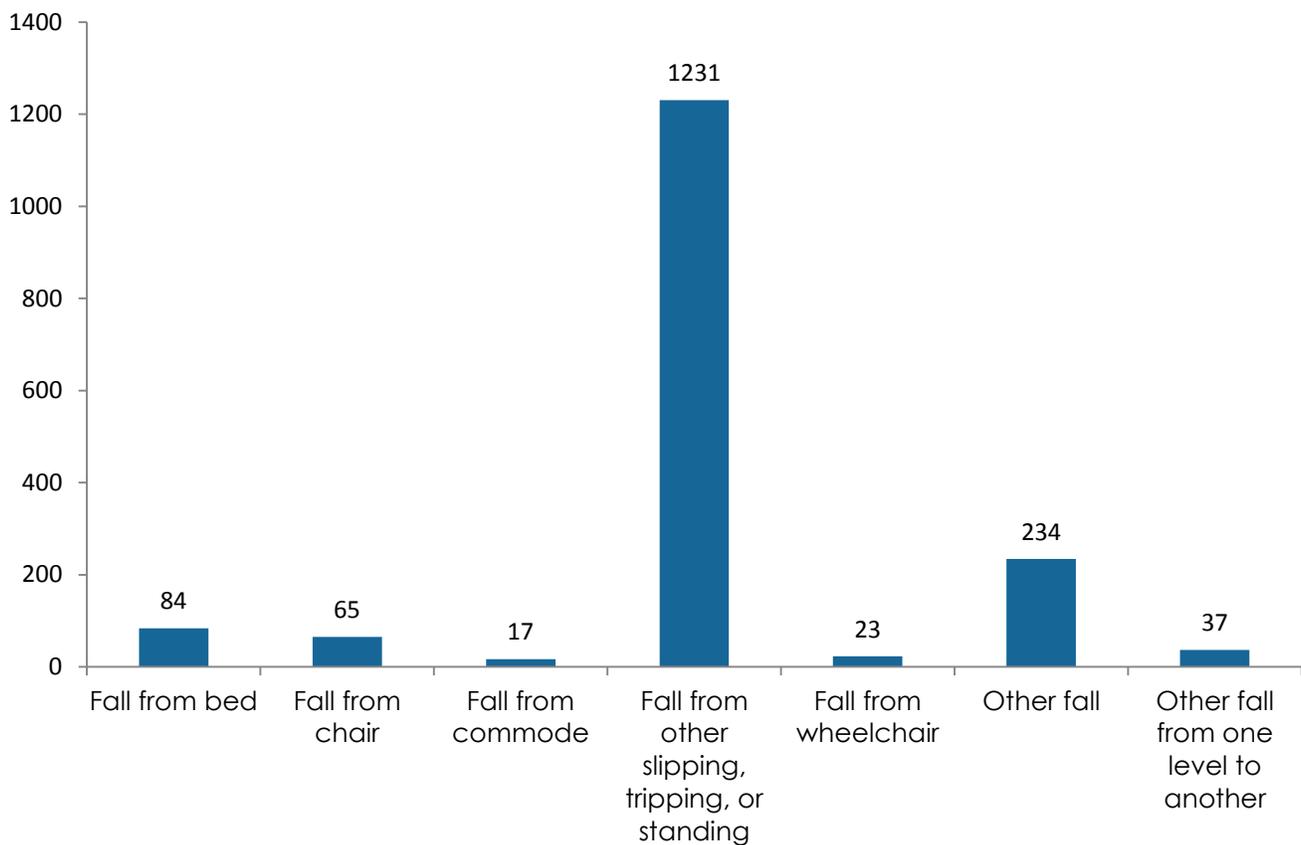
In the United States, one in three older adults experiences a fall every year. Among those age 65 and older, falls are the leading cause of fatal injuries and the most common cause of nonfatal injuries and hospital admissions for trauma. Injuries that result from falls prevent older adults from participating in daily activities

such as cooking, cleaning, and even going for walks. As a result, many older adults develop sedentary behavior, a fear of falling, depression, and ultimately a decreased quality of life.²⁴

Between September 2014 - October 2015, 20% (n=1,691) of all Marin County EMS calls involving older adults (n= 8,851) were related to falls. The majority of falls (77%) occurred while slipping, tripping or standing (n=1,231).

TABLE 3: EMS FALLS

Detail of Falls for EMS incidents among seniors in Marin County Oct 1, 2014-Sept 30, 2015



In 2011-2012, California Health Information Survey (CHIS) data indicate that 20% of persons over the age of 65 had fallen at least once in the past year. In the Area Agency on Aging (AAA) Older Adults Needs Assessment survey, 34% (n=1,029) of respondents reported falling at least once in the past year. Both the survey and CHIS reflect no difference among income levels. In the AAA Older Adults Needs Assessment

²⁴ *Falls Among Older Adults: An Overview*. Centers for Disease Control, 2012.

Survey, there was a significant relationship between falls and persons reporting to take 3 or more prescribed or over the counter medications per day (54% of all respondents). The Novato Fire Department and Dominican University collaborated on a Fall Study in 2013²⁵, in which polypharmacy usage was listed as one of the five leading primary or secondary causes of falls. The AAA will continue its work with RX Safe Marin, a community driven initiative that address medication misuse and abuse, to encourage medication management and disposal.

Nutrition

Food insecurity, defined as "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways,"²⁶ is known to exacerbate chronic health conditions and is also associated with increased rates of diabetes, hypertension, congestive heart failure, and depression.²⁷ In the United States, 15.5% of older adults face the threat of hunger (are marginally food insecure); in California that rate is slightly higher: 16.3%. Of these persons, the majority are white and have incomes that fall above the poverty line.²⁸ To assess the nutritional needs and risk of respondents, the survey utilized the Determine Checklist, which asks a set of questions approved by the California Department of Aging. Each question is assigned a numeric "score." The sum of scores equates to the following: 0-2: Not at risk; 3-5: Moderate Nutritional Risk; 6 or More: High Nutritional Risk (See [Appendix 1: Table 2](#)).

Of all respondents (n=2,992), 29% were at high nutrition risk. Of the respondents that were above the Elder Economic Security Index (n=2,267) 21% were at high nutritional risk compared to 38% of respondents that were at or below the Index (n=725). Over half (53%) of respondents that were at or below the Elder Economic Security Index (EESI) reported eating fewer than five fruits/vegetables per day compared to 41% of those above the EESI. Older adult survey participants who were at or below the EESI, reported eating alone most of the time at a higher rate (61%), compared to those above the EESI (42%). When asked about issues of concern (See Appendix 1: Table 3), 31% of those at or below the EESI responded that they were concerned about having enough food to eat, compared with 10% of those above the EESI.

²⁵ "Engaging with First Responders to Prevent Falls in Older Adults." Dominican University and Novato Fire District. July 2013

²⁶ United States Department of Agriculture definition.

²⁷ Lloyd, JL, Wellman NS. (2015). "Older Americans Act Nutrition Programs: A Community-Based Nutrition Program Helping Older Adults Remain at Home." *Journal of Nutrition in Gerontology and Geriatrics*. 34:2, 90-109.

²⁸ Ziliak, Gunderson. The State of Senior Hunger in America: 2013; An Annual Report.

Nutrition Risk Questions Percent Who Answered “Yes”			
Nutrition Question	All Cohort (N=2,992)	Above EESI (n=2,267)	EESI and below (n=725)
Do you eat alone most of the time?	54%	42%	61%
Do you eat fewer than 2 meals per day?	7%	6%	11%
Do you eat fewer than 5 servings of fruit or vegetables per day or fewer than 2 servings of milk/ dairy products per day?	44%	41%	53%
Do you have tooth or mouth problems that make it difficult for you to chew?	11%	9%	19%
Do you have an illness or condition that made you change the kind/ amount of food you eat?	26%	24%	33%
Do you run out of money for food most months?	10%	7%	26%
Do you take 3 or more prescribed or over the counter medications per day?	54%	54%	55%
Without trying, have you gained or lost 10 pounds or more in the past 6 months?	18%	17%	22%
Are you physically unable to shop, cook, or feed yourself?	14%	14%	27%
Do you have 3 or more drinks or liquor, wine, or beer almost every day?	7%	8%	5%

Eating regular balanced meals is only part of healthy nutrition practices. In the Area Agency on Aging (AAA) Older Adult Needs Assessment, 54% of all respondents ate alone most of the time. This has implications not only on the physical health of older adults, but also their emotional and mental well-being. The AAA funds congregate meal programs to both provide food and also to encourage social connectedness.

In 2015, the Marin Community Foundation commissioned a needs assessment to better understand the nutrition and physical activity behaviors of older adults, related health outcomes, and challenges to optimal nutrition and activity. The needs assessment paid particular attention to the needs of older adults below the EESI by examining disparity data, where possible, and conducting focus groups with residents who are economically insecure. The “Older Adults, Healthy Eating Active Living Needs Assessment” revealed various barriers to healthy eating and active living as identified by focus group participants across the

County. There are two locations in Marin County, Marin City and West Marin, that can be considered food deserts,²⁹ meaning that the residents do not have access to affordable and healthy foods due to a lack of grocery stores, farmers markets, and food providers. Focus group participants in these areas mentioned that the lack of affordable and accessible healthy food options was a significant barrier to eating nutritious meals.

Focus group participants across the county also identified transportation as a significant barrier to accessing healthy food and physical exercise. Many of the participants identified challenges, such as relying on public transit, having to know and plan around transit schedules, walking to and from the bus stop, and carrying groceries home. Participants also indicated that the cost of gas and the fact that Marin is spread out and interspersed with food deserts, which prevents them from accessing healthy food options. Respondents in some areas reported that paths and sidewalks were poorly lit and unmaintained, preventing walking.

The “Older Adults, Healthy Eating Active Living Needs Assessment” commissioned by the Marin Community Foundation also revealed that physical health was a significant barrier to healthy eating. Back, knee, and hip pain can make it difficult to cook or spend time walking through a grocery store. Several mentioned oral health problems, including tender gums, dentures and oral pain as barriers to healthy eating. As evidenced in the AAA Older Adult Needs Assessment, 11% of all respondents reported having tooth or mouth problems that make it difficult to chew. This issue is more prevalent among older adults in the lower income strata, with 19% of respondents who were at or below the EESI reporting having this problem, compared to 9% for people above the EESI. The latest available information regarding dental coverage, from 2007, indicates that only 52% of all older adults in Marin County have dental insurance.³⁰

Generally, those who had participated in congregate meals and utilized other food resources were very satisfied with them. However, many noted that their peers were unaware. Older adults and providers were asked about gaps in services and many did not identify specific programs that were lacking, but rather identified a need for more of those services currently in existence. All emphasized the need for the promotion of existing services, recommending traditional print media and the usage of older adult health ambassadors.

Issues of Concern

Respondents to the Area Agency on Aging (AAA) Older Adult Needs Assessment survey were asked their potential level of concern with 18 issues, ranging from housing to legal affairs. Data were analyzed across all respondents, those above the Elder Economic Security Index (EESI), and those at or below the EESI (see [Appendix 1, Table 3](#) for full ranked list). While the following top six concerns were the same across all groups: having accidents in/ out of the house (falls); losing memory/ cognition; financial security; crime/ financial abuse; end of life plans; and feeling isolated/ depressed, there were variations in ranking dependent on income level. These top concerns will be used to formulate Commission on Aging presentations and

²⁹ Food Desert Definition. Available at: <http://americannutritionassociation.org/newsletter/usda-defines-food-deserts>

³⁰ California Health Interview Survey (2007). Dental insurance data for older adults is limited to 2007 and is too unstable to reliably compare across income levels.

Great Age newsletter articles in the coming year. Additionally, they are pivotal in the AAA's goals, objectives, and collaborative work moving forward.

While the top concerns indicated were consistent among all respondents, there were differences between those at or below the EESI vs those above the EESI. For example, while financial security was within the top six concerns for all groups, 66% of those at or below the EESI were concerned with this issue, compared to 44% for those above the EESI. Other differences in the concerns reported included housing (36% of those at or below the EESI vs 21% of those above the EESI) and transportation (37% of those at or below the EESI vs 22% of those above the EESI).

Discussion

After summarizing and analyzing the data, the Area Agency on Aging (AAA) held two community forums to discuss the themes which emerged. One of the primary purposes of these meetings was to formalize the goals of the AAA for the coming four years. The 2016-2020 Area Plan goals are:

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

Staff and committees from the Commission on Aging have committed to fulfilling various objectives in the coming year which reflect these goals and the issues brought up in the needs assessment.

There have been increased improvements and promotion of public transit in Marin, yet utilization is 3% among older adults and could be encouraged. Many older adults in Marin own their homes, and yet many, regardless of income, have expressed concern about financial security. One possible strategy to mitigate the housing shortage is promotion of shared housing programs and the creation of single unit rooms for rent. The Housing and Transportation Committee's objectives for the coming year will address these strategies though promoting public transit and shared housing alternatives (Objectives 2a; 4a).

End of life planning and falls were among the top concerns of all respondents. In FY 15/16, the Health and Nutrition Committee distributed 250 end-of-life packets and co-facilitated film screenings and forums with Hospice by the Bay. The success and demand for these programs have led to a renewed commitment among members of the committee to facilitate conversation around what is often a difficult topic (Objective 1b). Falls were the top concern among respondents and the Health and Nutrition Committee will distribute fall prevention materials and host a community forum in the coming fiscal year. Additionally, staff from the AAA will advocate for fall prevention being a targeted priority in Marin County Health and Human Services. In the past, Marin County had a Fall Prevention Task Force in place, with various organizations represented. The results from the needs assessment indicate that this Task Force may need to be revisited. (Objective 3a).

In the focus groups conducted by the Marin Community Foundation, one of the barriers to physical activity was unsafe walking paths. As part of the Age Friendly Initiative, many cities and towns are underway is assessing the physical structures of their community and making recommendations for improved usability. The Planning Committee is committed to supporting these initiatives in the coming year (Objective 2b).

“People don't know about these (meal) programs. . . You may know that the information is out there but you don't know where to go to access it.”
– Focus group participant

A major finding in the Marin Community Foundation report was the need for increased outreach and awareness of existing services. Focus group participants emphasized the usage of traditional media and health ambassadors. The Information, Assistance, and Referral (IA&R) Unit is continuously working to increase visibility of programming by maintaining a presence at senior events and distributing printed materials. The focus group participants did not recommend usage of electronic media in reaching other older adults. However, nearly 40% of all respondents to the AAA's Older Adult Needs Assessment accessed the survey online. When asked how they found about it, it was generally through an email from a trusted source: family member, elected official, town newsletter, etc. The IA&R Unit works to not only update the existing online community resource guide, but also to promote it (Objective 3i).

To support the safety/security and quality of life of its growing older adult population, the AAA and all organizations serving older adults in Marin County will need to utilize community based solutions and programs in the coming four years. There are differences in the health and nutritional needs of those who are above the EESI in comparison to those who are at or below the EESI, which requires that programs imbue their work with a health equity lens. Collaborative endeavors are needed with both community organizations and within the County Health & Human Services (H&HS) programs.

Nutrition: Funding and Collaboration

Proper nutrition is key to leading a healthy functional life and mitigating chronic health conditions. The Congregate Meal and Home Delivered Meal programs funded through the Older Americans Act provide a vital link to maintaining the health and independence of the aging population in the county. Congregate meals provide not only food, but an opportunity for social engagement, educational and wellness activities, and meaningful volunteer roles. This service is especially important for those who tend to eat and live alone. The Home Delivered Meal Program is critical not just in providing meals to homebound clients and interaction with the drivers can be one of the few social contacts a frail, isolated senior has. Drivers, the majority of whom are volunteers, provide informal safety checks and often help to decrease feelings of isolation. The Area Agency on Aging (AAA) has not yet needed to implement a wait list for its Home Delivered Meal program, those who are eligible for the program are immediately enrolled. However, given the anticipated growth of the older adult population in the coming years, a wait list protocol may go into effect if funding does not increase to match the increase in demand. In March 2016, the AAA released Requests for Proposals (RFPs) for both the congregate and home-delivered meal services.

The need for older adult nutritional programs exceeds that which is directly fundable by the AAA. Research indicates that the increasing numbers of older adults, their increasing diversity, rising food insecurity, growing caregiver burden, and escalating health and long term care costs will affect older adult nutrition. However, because federal Older Americans Act funding is not increasing to meet increased needs, collaborations in the public and private sector must be explored. There are those who truly value and utilize the AAA nutrition programs. There are others who may be better served in different avenues. Research indicates that to help older adults remain in their homes, health, nutrition, and social service professionals need to coordinate nutrition related community-based services.³¹ The AAA will work with the Marin Community Foundation in utilizing the results of the needs assessments to identify opportunities for policy or systems change and encourage changes where appropriate.

Supportive Services: Funding and Collaboration

The the Area Agency on Aging (AAA) Older Adult Needs Assessment results were used to formulate funding priorities for supportive services. The Older Americans Act emphasizes services to older individuals with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. In addition, monies must be allocated to three priority services: In-Home; Access; and Legal Services.

Approximately one-third of all respondents indicated concern about legal affairs and the AAA will be funding Legal Affairs. Among the goals of the AAA is to improve visibility and usability of information, services, and resources. While persons may be vaguely aware that resources exist, they may or may not know how to obtain them. To assist older adults in understanding and utilizing appropriate resources, the AAA is funding Outreach services for the next year.

Resource location and consolidation is a consistent challenge for many older adults, especially those who are at or below the Elder Economic Security Index (EESI). Older adults may require someone who can assist them in advocating for their needs and obtaining services. The AAA is funding Case Management services in both rural and central Marin to provide assistance in meeting the complete health and social needs of older adults. Almost 20% of all older adults who indicated that they required assistance with one or more Assistance with Daily Living (ADLs) remarked that they had no one to help them. For some, this may be due to a lack of knowledge in accessing caregiver services. The AAA will fund a Registry service for listing caregivers and matching clients. The most frequently cited ADL that respondents needed help with was heavy housework. This can include shoveling, clearing storm drains, and other physical activities older adults may not be capable of doing. The AAA is funding Chore services to meet these needs.

One of the top concerns among all respondents to the needs assessment was feeling isolated and depressed. Mental well-being, often bolstered through regular human contact, impacts one's physical health and corresponding longevity. The AAA will be funding Visiting services in both central and rural Marin. Visiting

³¹ Jean L. Lloyd MS, RD & Nancy S. Wellman PhD, RD, FAND (2015) "Older Americans Act Nutrition Programs: A Community-Based Nutrition Program Helping Older Adults Remain at Home," *Journal of Nutrition in Gerontology and Geriatrics*, 34:2, 90-109.

services allow volunteers to actually meet with people in their homes, where they may be most comfortable and/ or confined.

To also encourage socialization, the AAA will fund Senior Center Activities, in central and rural Marin. The AAA is also funding Multicultural Senior Center Activities, to serve older adults in a culturally appropriate manner in their primary language. One of the current gaps in Marin County transportation services is low-cost Assisted Transportation, in which an older adult is assisted from their home to a specialized van to a doctor's appointment. Additionally, this service is one of few that is able to provide transportation to San Francisco for specialized medical appointments.

The monies received and distributed by the AAA for Supportive Services do not meet the current and growing demand. The results of this and other needs assessments should be used by other organizations serving older adults to strategize evidence based and collaborative solutions to meeting the needs of older adults in Marin County. It is important that together we address the need for access to caregiving services. Embracing our changing populations and appreciating the needs and strengths of older adults requires partnerships across the community.

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SECTION 6: TARGETING

The Older Americans Act (OAA) seeks to ensure that all older adults have equal access to services. Targeting is one of the critical methods necessary to achieve this very important goal.

The Act emphasizes services to older individuals with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

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

This year's needs assessment process (See [Section 5: Needs Assessment](#)) focused on all segments of the target populations of Marin County. The widely-distributed survey questionnaire went to all geographic areas of the county, as well as to homebound older adults and those elders residing in institutional long-term care settings. The English-language questionnaire was available in paper and online in both Spanish and Vietnamese.

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

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

- Contracting with one-stop service delivery agencies for older adults in rural Marin.
- Focusing on the needs of those who fall at or below the Elder Economic Security Index through various collaborative endeavors.
- Including language in all contracts requiring our contractors to serve minorities in the same proportion that they are represented in Marin's older adult population.
- The ongoing involvement of the AAA with transit and Paratransit planning organizations in the county allows service focus for low-income, frail, and disabled older adults in need of assisted transportation.
- Funding 3 types of Senior Center Activities that include a general site, one that serves rural Marin, and one that focuses on multicultural programming in priority languages.
- Continuing congregate meal sites in targeted communities where low-income minority older adults live. Low-income Vietnamese and Hispanic/Latino older adults actively attend a congregate site in the Canal area of San Rafael and the dining site established in Marin City serves the area with the largest number of African-American elders.
- The expanded Information, Assistance & Referral telephone line allows callers to speak with social workers that speak four languages and can connect them to services. The integrated Information,

Assistance & Referral line reduces the number of steps clients have to go through, which makes for a more seamless access to services and provides a less daunting experience for callers.

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SECTION 7: PUBLIC HEARINGS

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

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ³²	Was hearing held at a Long-Term Care Facility? ³³
2016-17	April 7, 2016	San Rafael Community Center	56	No	No
2017-18					
2018-19					
2019-20					

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

- Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.
 - Service providers serving target populations received Public Hearing announcements, which were posted for client viewing.
 - All SNFs and RCFEs were mailed copies of the Area Plan 2016-2020 to place in common area.
 - A public notice was published in the *Marin Independent Journal*, the largest newspaper in the county. Every effort was made to reach caregivers and residents of long-term care facilities.
- Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?

Yes. Go to question #3

³² A translator is not required unless the AAA determines a significant number of attendees require translation services.

³³ AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

Not applicable, PD and/or C funds are not used. Go to question #4

3. Summarize the comments received concerning proposed expenditures for PD and/or C

4. Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services

Yes. Go to question #5

No, Explain:

5. Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.

N/A

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

- A representative from Age Friendly Novato requested Older Adult Needs Assessment data broken down by specific community.
- Director of Marin Medical Equipment Recyclers explained the organization and listed its hours as being Wednesdays from 11:00 – 2:00 located at 3100 Kerner Blvd. Further information available at www.marinmedicalequipmentrecyclers.org. She also expressed concern about transportation in Marin County.
- Executive Director In Home Supportive Services Public Authority of Marin questioned what the AAA was looking for in regards to RFPs released for Outreach, Visiting, and Assisted Transportation. *AAA Director Lee Pullen advised visiting www.marinbhs.org for RFP specifics.*
- Co-Chair of Age Friendly Corte Madera expressed that she was happy that the County was becoming more involved with the Age Friendly movement.
- Marin Community Foundation Program Director of Community Health and Successful Aging informed attendees that copies of the Marin Community Foundation Older Adults, Healthy Eating, Active Living Needs Assessment report was available at the back table along with her card.
- Marin Transit Transportation and Mobility Planner commended the AAA for their work on behalf of older adults.
- CEO of MarinSpace and Aging Action Initiative Consultant stated that all of our collaborative efforts have been a positive direction for Marin. She further expressed that we need to face the future with an eye for even more collaboration and alignment.
- Whistlestop Director of Program Innovation commented that although transportation is a concern, older adults in Marin do have options. Marin Access at Whistlestop has travel navigators, who carefully hook people up with all of their transportation options, including

Volunteer Driver programs, taxi service, and vouchers. Call 415-454-0902 for further information.

- Executive Director of the Agricultural Institute of Marin remarked that the mobile Farmers Market van would be coming soon and that they were in the process of finalizing routes. . She requested that organizations contact her at 415-472-6100 if they would like to be placed along the route.
- Executive Director of West Marin Senior Services thanked AAA staff for the huge amount of work undertaken. He expressed that the rural part of the county consistently got the short end of the stick, 5% of Marin County residents live in West Marin, but West Marin comprises 55% of the land in Marin County. Staff loves living and working out there. There are specific difficulties in West Marin, which include attracting caregivers. It costs more to serve and represent our citizens in a rural setting.
- Executive Director of Marin Villages commended the AAA on planning for “quality of living” activities of life.
- Assistant Director of San Geronimo Valley Community Center (SGVCC) remarked that seven years ago the congregate meal program in San Geronimo was saved because it was moved to the SGVCC. The lunch now hosts over 60 seniors on Thursdays and 20-30 on Mondays. There are over 1,000 seniors who live in the Valley and need services. SGVCC is only able to do what it is able to do because of collaborations, including those with the County and West Marin Senior Services. She expressed that the most important issues in our community are affordable housing and health care.
- Director of Marin County Health and Human Services (H&HS) thanked the Commission on Aging and acknowledged AAA Director Lee Pullen and staff for their work on the Area Plan and the presentation. He further thanked former H&HS Director Larry Meredith for beginning the Aging Action Initiative and his advocacy on behalf of Marin’s older adults. We welcomed Kari Beuerman, new Director of Social Services, back to Marin. The upcoming Health and Human Services Strategic Plan will tie in with the AAA Area Plan. He expressed that H&HS is looking at equity though health and that he looked forward to working together in the future.
- A Commissioner applauded Amy Dietz and AAA staff for their work on the Area Plan. He stated that he became involved in the Village movement five years ago and that its role is to help seniors age in place. Transportation is very important and Villages help older adults to remain living in their homes. Funding for additional transportation services comes from Measures A and B.
- A Commissioner expressed her pride and that she was impressed with the Area Plan. She also gave a shout out for the Age Friendly movement and Marin Villages.
- A Commissioner acknowledged the Marin County Health and Human Services Media Team in helping to redesign the website, logo, and their work on the Area Plan.

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

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SECTION 8: IDENTIFICATION OF PRIORITIES

The limits of resources compel deliberate and diligent planning. This is done through conscientious prioritization of needs identified by the population the Area Agency on Aging is mandated to serve. In addition to conducting a comprehensive needs assessment, two forums were held in January 2016 to provide additional opportunities for the public to be involved in the planning process. Attendees included service providers, members of the Commission on Aging, Health and Human Services staff, and members of the public. In FY 2014/2015, the AAA conducted a needs assessment for family caregivers, which is presented in *AAA Area Plan Update: FY 2015/2016*. The AAA also reviewed the utilization data of services contracted in the 2012-2016 cycle when determining funding priorities for the upcoming four years.

Preliminary results of the needs assessment were presented to community stakeholders. Survey findings and feedback from focus group participants were synthesized to formulate four goals:

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

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

SECTION 9: 2016 – 2020 AREA PLANNING CYCLE

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

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

Objectives	Projected Start and End Dates	Title III B Funded PD or C ³⁴	Update Status ³⁵
1a. The Marin County Commission on Aging (MCCOA) Health and Nutrition Committee will work with the AAA Registered Dietician to develop at least two community nutrition presentations related to meal preparation.	July 1, 2016 – June 30, 2017		
1b. The Health and Nutrition Committee, in collaboration with community partners, will distribute at least 100 End of Life Decision making toolkits during at least two community presentations, featuring films or guest speakers, pertaining to Advanced Care Planning.	July 1, 2016 – June 30, 2017		
1c. In September 2016 and February 2017, the MCCOA Executive Committee will review the other MCCOA committees' objectives and offer support as needed.	July 1, 2016 – June 30, 2017		
1d. In collaboration with Marin County Adult Protective Services (APS), the Area Agency on Aging (AAA) staff will sponsor a public awareness event and media event to coincide with World Elder Abuse Awareness Day in June 2017.	July 1, 2016 – June 30, 2017		
1e. AAA staff and the MCCOA, in partnership with the Marin Women's Commission and community organizations, shall develop awareness and resource tools to give attention to economic security issues of older	July 1, 2016 – June 30, 2017		

³⁴ Indicate if Program Development (PD) **or** Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

³⁵ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

adults and shall hold one or more community workshops which will connect persons with economic resources.			
1f. AAA staff will actively participate in the Marin County Department of Health and Human Services' development of its 5-Year Strategic Plan to ensure that the creation of "upstream" community prevention approaches address one or more of the top 5 areas of concern (dementia, end-of-life planning, falls, financial security, and isolation and depression) expressed by older adults in the AAA's needs assessment.	July 1, 2016 – June 30, 2017		
1g. The Long-Term Care Ombudsman Program will organize four forums for volunteers that include trainings on topics that will increase their skills and competencies in carrying out their role. At least 50% of volunteers will report an increase in their knowledge of the topic in a post-training evaluation.	July 1, 2016 – June 30, 2017		
1h. The Long-Term Care Ombudsman Program will increase understanding of transfer, discharge, and eviction procedures and responsibilities for nursing home residents by conducting at least two trainings targeting hospital and skilled-nursing facility discharge planners and case managers.	July 1, 2016 – June 30, 2017		
1i. Staff of the Long-Term Care Ombudsman Program will conduct at least two trainings on mandated reporting to staff of hospital and long-term care settings to ensure timely, accurate, and responsive reporting of abuse of residents.	July 1, 2016 – June 30, 2017		
1j. Through the Title IIID Health Promotion Disease Prevention program, the AAA will work with the Project Independence team staff to deliver the Care Transition Intervention (Coleman Model) to 50 patients transitioning from hospital-to-home or from skilled-nursing-to-home identified as appropriate for this evidence-based intervention using a risk stratification tool.	July 1, 2016 – June 30, 2017		

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

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

Objectives	Projected Start and End Dates	Title III B Funded PD or C ³⁶	Update Status ³⁷
2a. The Marin County Commission on Aging (MCCOA) Housing and Transportation Committee will encourage usage of fixed route public transportation to at least two community meetings and facilitated outings.	July 1, 2016 – June 30, 2017		
2b. The MCCOA Planning Committee will facilitate a regular meeting that supports Age Friendly initiatives in Marin County cities and towns and will host one community presentation on Age Friendly activities.	July 1, 2016 – June 30, 2017		

³⁶ Indicate if Program Development (PD) **or** Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

³⁷ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

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

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

Objectives	Projected Start and End Dates	Title III B Funded PD or C ³⁸	Update Status ³⁹
3a. The Health and Nutrition Committee will develop a presentation for a Commission meeting and write an article in the Great Age Newsletter pertaining to fall prevention.	July 1, 2016 – June 30, 2017		
3b. By 10/31/16, the Marin County Commission on Aging (MCCOA) Legislative Task Force will review and provide comment at the November Commission meeting on the County of Marin 2017 Federal and State Legislative Programs and Legislative Policy Guides.	July 1, 2016 – June 30, 2017		
3c. The MCCOA Legislative Task Force will sponsor a Commission on Aging presentation regarding key policy and legislative issues.	July 1, 2016 – June 30, 2017		
3d. By October 1, 2016, the MCCOA Executive Committee will develop a PowerPoint presentation and handout describing the MCCOA's mission and activities to be used by commission members when they meet with appointing bodies and community partners.	July 1, 2016 – June 30, 2017		
3e. The MCCOA Editorial Board will determine and create content for the publication of 3 Great Age Newsletters.	July 1, 2016 – June 30, 2017		
3f. The MCCOA Planning Committee will support AAA staff and work with partner agencies to gather information and collect public input at least once a year to understand the needs of older adults in Marin County.	July 1, 2016 – June 30, 2017		

³⁸ Indicate if Program Development (PD) **or** Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

³⁹ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

<p>3g. Subject to California Department of Aging's final development of curriculum and approval of course instruction, the Area Agency on Aging (AAA) and its Aging and Disability Resource Connection (ADRC) partner, Marin Center for Independent Living (MCIL), will hold one Options Counseling training for AAA and MCIL staff.</p>	<p>July 1, 2016 – June 30, 2017</p>		
<p>3h. AAA staff will work with Marin County H&HS Epidemiology staff and the Marin Community Foundation (MCF) to streamline data collection methods and sources.</p>	<p>July 1, 2016 – June 30, 2017</p>		
<p>3i. The AAA Information and Assistance (I & A) Unit staff will do four trainings for H&HS line staff and reception staff to increase visibility and usability of I & A services.</p>	<p>July 1, 2016 – June 30, 2017</p>		

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

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

Objectives	Projected Start and End Dates	Title III B Funded PD or C ⁴⁰	Update Status ⁴¹
4a. The Marin County Commission on Aging (MCCOA) Housing and Transportation Committee will collaborate with community partners, including Episcopal Senior Communities, to promote housing knowledge through distribution of updated printed material, at least two community meetings or presentations, a Great Age article, and a presentation at a Marin Commission on Aging Meeting.	July 1, 2016 – June 30, 2017		
4b. By the May 2017 Commission meeting, the MCCOA Legislative Task Force will recommend a formal position and provide advocacy regarding at least seven assembly or senate bills currently before the California Legislature and/ or US Congress during its 2016-2017 session.	July 1, 2016 – June 30, 2017		
4c. The MCCOA Legislative Task Force will recruit and retain at least two new members from the public to advocate for legislation affecting older adults and the disabled.	July 1, 2016 – June 30, 2017		
4d. By September 2016, the MCCOA Executive Committee will host a full day retreat of the commission to improve the advocacy and information skills of its members and enhance the skills of working well with each other.	July 1, 2016 – June 30, 2017		
4e. Area Agency on Aging (AAA) staff, in collaboration with Marin Community Foundation (MCF), will utilize results from	July 1, 2016 – June 30, 2017		

⁴⁰ Indicate if Program Development (PD) **or** Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

⁴¹ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

complimentary Nutrition Needs Assessments to ascertain how direct programming services complement policy and systems change, resulting in at least one community presentation.			
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SECTION 10: SERVICE UNIT PLAN (SUP) OBJECTIVES

TITLE III/VIIA SERVICE UNIT PLAN OBJECTIVES

CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service. They are defined in the [NAPIS State Program Report \(SPR\)](#).

For services not defined in NAPIS, refer to the [Service Categories and Data Dictionary and the National Ombudsman Reporting System \(NORS\) Instructions](#).

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

1. Personal Care (In-Home)

Unit of Service = 1 hour

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

2. Homemaker (In-Home)

Unit of Service = 1 hour

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

2018-2019			
2019-2020			

3. Chore (In-Home)

Unit of Service = 1 hour

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

4. Home-Delivered Meal

Unit of Service = 1 meal

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

5. Adult Day/ Health Care (In-Home)**Unit of Service = 1 hour**

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

6. Case Management (Access)**Unit of Service = 1 hour**

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

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

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

2017-2018			
2018-2019			
2019-2020			

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

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

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

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

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

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

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

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

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

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

2017-2018			
2018-2019			
2019-2020			

13. Information and Assistance (Access)

Unit of Service = 1 contact

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

14. Outreach (Access)

Unit of Service = 1 contact

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

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

- Each **Title IIIB** “Other” service must be an approved NAPIS Program 15 service listed on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.
- Identify **Title IIIB** services to be funded that were not reported in NAPIS categories 1–14 and 16. (Identify the specific activity under the Other Supportive Service Category on the “Units of Service” line when applicable.)

Title IIIB, Other Priority and Non-Priority Supportive Services

For all Title IIIB “Other” Supportive Services, use the appropriate Service Category name and Unit of Service (Unit Measure) listed in the CDA Service Categories and Data Dictionary.

- Other **Priority Supportive Services include:** Alzheimer’s Day Care, Comprehensive Assessment, Health, Mental Health, Public Information, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting
- Other **Non-Priority Supportive Services include:** Cash/Material Aid, Community Education, Disaster Preparedness Materials, Emergency Preparedness, Employment, Housing, Interpretation/Translation, Mobility Management, Peer Counseling, Personal Affairs Assistance, Personal/Home Security, Registry, Senior Center Activities, and Senior Center Staffing

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

Other Supportive Service Category: *Visiting*

Unit of Service: Hours

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

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

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

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

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

16. Title IIID/ Disease Prevention and Health Promotion

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

Unit of Service = 1 contact

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

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

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

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

2016–2020 Four-Year Planning Cycle

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

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

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

Complete all Measures and Targets for Outcomes 1-3.

OUTCOME 1. THE PROBLEMS AND CONCERNS OF LONG-TERM CARE RESIDENTS ARE SOLVED THROUGH COMPLAINT RESOLUTION AND OTHER SERVICES OF THE OMBUDSMAN PROGRAM. [OAA SECTION 712(A)(3),(5)]

Measures and Targets:

A. Complaint Resolution Rate (AoA Report, Part I.E, Actions on Complaints)

The average California complaint resolution rate for FY 2013-2014 was 73%.

1. FY 2014-2015 Baseline Resolution Rate:

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

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

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

2. FY 2015-2016 Baseline Resolution Rate:

Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____%

FY 2017-18 Target Resolution Rate _____%
3. FY 2016-2017 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2018-19 Target Resolution Rate _____%

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

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

1. FY 2014-2015 Baseline: number of Resident Council meetings attended 17 FY 2016-2017 Target: 17
2. FY 2015-2016 Baseline: number of Resident Council meetings attended _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of Resident Council meetings attended _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of Resident Council meetings attended _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2014-2015 Baseline number of Family Council meetings attended 1 FY 2016-2017 Target: 3
2. FY 2015-2016 Baseline number of Family Council meetings attended _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline number of Family Council meetings attended _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline number of Family Council meetings attended _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: _____

D. Consultation to Facilities (AoA Report, Part III.D.4) Count of instances of ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

1. FY 2014-2015 Baseline: number of consultations 144 FY 2016-2017 Target: 150
2. FY 2015-2016 Baseline: number of consultations _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____

FY 2019-2020 Target: _____

Program Goals and Objective Numbers: 1h; 1i
--

E. Information and Consultation to Individuals (AoA Report, Part III.D.5) Count of instances of ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by: telephone, letter, email, fax, or in person.

1. FY 2014-2015 Baseline: number of consultations 358
--

FY 2016-2017 Target: 380

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

FY 2017-2018 Target: _____

3. FY 2016-2017 Baseline: number of consultations _____

FY 2018-2019 Target: _____

4. FY 2017-2018 Baseline: number of consultations _____

FY 2019-2020 Target: _____

Program Goals and Objective Numbers: _____
--

F. Community Education (AoA Report, Part III.D.10) LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants.

1. FY 2014-2015 Baseline: number of sessions 13
--

FY 2016-2017 Target: 15

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

FY 2017-2018 Target: _____

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

G. Systems Advocacy

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

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

Enter information in the box below.

Systemic Advocacy Effort(s) for the current fiscal year 2016 The Marin County Long-Term Care Ombudsman Program will participate in the Northern California Elder Justice Work Group, coordinated by the U.S. Attorney's Office. The Marin County LTCOP will participate in quarterly meetings and other Work Group activities. The goal of the Northern California Elder Justice Work Group is to provide an informal environment where different county, state, and federal agencies that are involved with elder abuse cases can explore ways to work together to best serve this vulnerable population.
--

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

Measures and Targets:

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

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

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

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

Percentage of RCFEs within the PSA that were visited by an ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA.

NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

<p>1. FY 2014-2015 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 43 divided by the total number of RCFEs 44 = Baseline 98% FY 2016-2017 Target: 100%</p>
<p>2. FY 2015-2016 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 2017-2018 Target: _____%</p>
<p>3. FY 2016-2017 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2018-2019 Target: _____%</p>
<p>4. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2019-2020 Target: _____ %</p>
<p>Program Goals and Objective Numbers: _____</p>

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

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

<p>1. FY 2014-2015 Baseline: 2.56 FTEs FY 2016-2017 Target: 2.5 FTEs</p>
<p>2. FY 2015-2016 Baseline: _____ FTEs FY 2017-2018 Target: _____ FTEs</p>
<p>3. FY 2010-2011 Baseline: _____ FTEs</p>

FY 2013-2014 Target: _____ FTEs
4. FY 2010-2011 Baseline: _____ FTEs FY 2014-2015 Target: _____ FTEs
Program Goals and Objective Numbers: _____

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

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

OUTCOME 3. OMBUDSMAN REPRESENTATIVES ACCURATELY AND CONSISTENTLY REPORT DATA ABOUT THEIR COMPLAINTS AND OTHER PROGRAM ACTIVITIES IN A TIMELY MANNER. [OAA SECTION 712(C)]

Measures and Targets:

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

Some examples could include:

- Having Ombudsman Program staff and volunteers regularly attend NORS Consistency Training provided by the OSLTCO
- Hiring additional staff to enter data
- Updating computer equipment to make data entry easier
- Initiating a case review process to ensure case entry is completed in a timely manner

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

TITLE VIIA Elder Abuse Prevention Service Unit Objectives

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TITLE III E Service Unit Plan Objectives

CCR Article 3, Section 7300(d)

2012–2016 Four-Year Planning Period

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

DIRECT AND/OR CONTRACTED III E SERVICES

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

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

DIRECT AND/OR CONTRACTED IIIIE SERVICES

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

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

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

Direct and/or Contracted IIIIE Services

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

Senior Community Employment Program (SCSEP) ⁴²

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

This Section will be completed following contract award.

Enrollment Location/Name (AAA office, One Stop, Agency, etc.): Marin Employment Connection
Street Address: 120 North Redwood, San Rafael, Ca 94903
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names): Frances Trujillo, SER-Jobs for Progress Inc. Project Coordinator
Number of paid staff: 1 Number of participant staff : 0
How many participants are served at this site? Up to 12

⁴² If not providing a Title V program, then enter PSA number followed by “Not providing”.

Enrollment Location/Name (AAA office, One Stop, Agency, etc.): TBD	
Street Address:	
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names):	
Number of paid staff	Number of participant staff
How many participants are served at this site?	

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

How many participants are served at this site?

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Health Insurance Counseling and Advocacy Program (HICAP)

SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)

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

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

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

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

SECTION 1. STATE PERFORMANCE MEASURES

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

Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2016-2017	21	
2017-2018		
2018-2019		
2019-2020		

SECTION 2: FEDERAL PERFORMANCE MEASURES

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

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

2017-2018		
2018-2019		
2019-2020		

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

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

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

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

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

2017-2018		
2018-2019		
2019-2020		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE) ⁴³

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

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

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

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

SECTION 11: FOCAL POINTS

COMMUNITY FOCAL POINTS LIST

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

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

Marin County Health and Human Services

Aging and Adult Services

10 North San Pedro, Suite 1023

San Rafael, Ca

94903

415-457-4636 (Phone)

415-473-7042 (Fax)

www.marinhhs.org/aging

SECTION 12: DISASTER PREPAREDNESS

Disaster Preparation Planning Conducted for the 2016-2020 Planning Cycle OAA Title III, Sec. 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

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

The Marin Interagency Disaster Collaboration (MIDC) is made up of community members, city emergency services staff, the Red Cross and other related agencies to develop and monitor county-wide disasters planning for all populations including the elderly and disabled. This population is now identified for planning purposes as persons with “access and functional needs.” A member of the Marin County Commission on Aging currently serves a liaison to the MIDC, representing the needs of AAA target populations.

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 in the event of an emergency or disaster, staffing shelters and/ or providing other necessary services.

The County of Marin has a Continuity of Operations Plan (COOP), which lists AAA programs in order of importance for which County services need to be restored during and after a disaster/ emergency.

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

Name	Title	Telephone	email
Thomas Jordan	Emergency Services Coordinator	Office 415-473-5040 Cell: NAO Office: Cell:	tjordan@maricountysheriff.org

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Lee Pullen or Designee	AAA Director	Office: 415-473-2689 Cell:	lpullen@marincounty.org

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

Critical Services	How Delivered
a. Ombudsman	a. The Ombudsman Program has a phone tree system with local staff assigned to special duties as disaster coordinators. The Ombudsman Program is working with County of Marin Public Health Preparedness to form a course of action during a disaster/ emergency.
b.	b.
c.	c.
d.	d.

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

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

6. Describe how the AAA will:

Identify vulnerable populations.

All Skilled Nursing Facilities and Residential Care Facilities for the Elderly are mapped and tracked during a disaster. In addition, two AAA staff members and two members of the Commission on Aging have been trained “Functional Access and Special Needs” advocates in the event of a disaster.

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

The Ombudsman program has an emergency plan in place to work with Skilled Nursing and Residential Care Facilities. Two AAA staff members and two members of the Commission on Aging have been trained “Functional Access and Special Needs” advocates in the event of a disaster.

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SECTION 13: PRIORITY SERVICES

2016-2020 Four-Year Planning Cycle

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds⁴⁴ listed below have been identified for annual expenditure throughout the four-year planning period.

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

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

ACCESS

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

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

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

2016-17	19%	17-18	%	18-19	%	19-20	%
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⁴⁴ 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.

LEGAL ASSISTANCE REQUIRED ACTIVITIES⁴⁵

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

2016-17	17-18	%	18-19	%	19-20	%
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Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA.

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

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⁴⁵ Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

SECTION 14: NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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

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

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

Check applicable direct services

Check each applicable Fiscal Year

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

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

	Title IIIE ⁴⁶	16-17	17-18	18-19	19-20
	Information Services				
	Access Assistance				
	Support Services				

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

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

⁴⁶ Refer to PM 11-11 for definitions of Title III E categories.

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

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

APPROVED

SECTION 15: REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICE

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

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

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

IDENTIFY SERVICE CATEGORY: NUTRITION EDUCATION

Check applicable funding source:⁴⁷

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

Request for Approval Justification:

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

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

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

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service⁴⁸ :

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

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

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

Request for Approval to Provide Direct Service

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

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

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

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

Check applicable funding source:⁴⁹

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

Request for Approval Justification:

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

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

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

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service⁵⁰ :

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

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

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

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

APPROVED

Request for Approval to Provide Direct Service

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

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

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

IDENTIFY SERVICE CATEGORY: CONGREGATE MEALS – CENTRAL MARIN

Check applicable funding source:⁵¹

IIIB IIIC-1 IIIC-2 Nutrition Education

IIIE VIIA HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

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

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

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

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service⁵² :

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

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

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

SECTION 16: GOVERNING BOARD

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

Total Number of Board Members: 5

Name and Title of Officers	Office Term Expires
Supervisor Steve Kinsey, President	1/17
Supervisor Judy Arnold, Vice President	1/19
Supervisor Damon Connolly, 2nd Vice President	1/19

Name and Title of All Members	Board Term Expires
Supervisor Judy Arnold, Vice President	1/19
Supervisor Damon Connolly, 2 nd Vice President	1/19
Supervisor Steve Kinsey, President	1/17
Supervisor Katie Rice	1/17
Supervisor Kathrin Sears	1/17

SECTION 17: ADVISORY COUNCIL

ADVISORY COUNCIL MEMBERSHIP

2016-2020 Four-Year Planning Cycle

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

45 CFR, Section 1321.57

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

Total Council Membership (include vacancies) 23

Number of Council Members over age 60 21

Race/ Ethnic Composition	% of PSA's 60+ Population	% on Advisory Council ⁵³
White	91%	87%
Hispanic	5%	0%
Black	2%	9%
Asian/ Pacific Islander	5%	9%
Native American/ Alaskan Native	0.1%	4%
Other	4%	4%

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

⁵³ Number equals greater than 100% as respondents could choose more than one option.

Name and Title of All Members	Office Term Expires
Chrisula Asimos, Ph.D.	6/18
Francie Bedinger	6/16
Elli Bloch (California Senior Legislature)	6/18
Allan Bortel (California Senior Legislature)	6/18
Sybil Boutilier	6/17
Girija Brilliant	6/17
Teri Dowling	6/18
Vera Gertler	6/16
Marianne Gontarz York	6/17
Conn Hickey	6/18
Mitzi Kemp	6/17
Judi Kirshbaum	6/18
Suellen Lamorte	6/17
Beth Livoti	6/16
Salamah Locks	6/18
Ralph Marchese	6/17
James Monson	6/16

Nancy Peters-Janover	6/18
Patricia Smith	6/16
Jody Timms	6/18
Sharon Turner	6/16
Fran Wilson	6/17
Carol Zeller	6/17

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

Explain any "No" answer(s): _____

No recent applicants to the Commission on Aging have reported being low income. The Commission will continue to do outreach to targeted populations, including those that are low income

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

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

SECTION 18: LEGAL ASSISTANCE

2016-2020 Four-Year Area Planning Cycle

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

Any changes to this Section must be documented on this form and remitted with Area Plan Updates.⁵⁴

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

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

Statement must include Title IIIB requirements:

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

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

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

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

No.

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

Yes.

⁵⁴ For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or chisorom.okwuosa@aging.ca.gov

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

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

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

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

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

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

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

Fiscal Year	# of Legal Assistance Services Providers
2016-2017	1
2017-2018	
2018-2019	
2019-2020	

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

No

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

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

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

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

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

	c.	c.
--	----	----

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

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

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

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

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

No.

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

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

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

Discuss:

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

SECTION 19: MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW ⁵⁵

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

20-year tracking requirement

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

Yes. Title IIIB funds used for Acquisition or Construction.

Complete the chart below.

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

¹⁴ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

SECTION 20: FAMILY CAREGIVER SUPPORT

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

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

2016–2020 Four-Year Planning Cycle

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

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

FAMILY CAREGIVER SERVICES

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

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

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

APPROVED

Grandparent Services

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

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

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

FAMILY CAREGIVER SERVICES

Information Services: Public Information on Caregiving

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

Supplemental Services: Home Adaptations for Caregiving

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

GRANDPARENT SERVICES

Information Services: Public Information on Caregiving

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

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

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

Access Assistance: Caregiver Legal Resources

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

Support Services: Caregiver Counseling

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

Respite Care: Homemaker Assistance and In-Home Personal Care

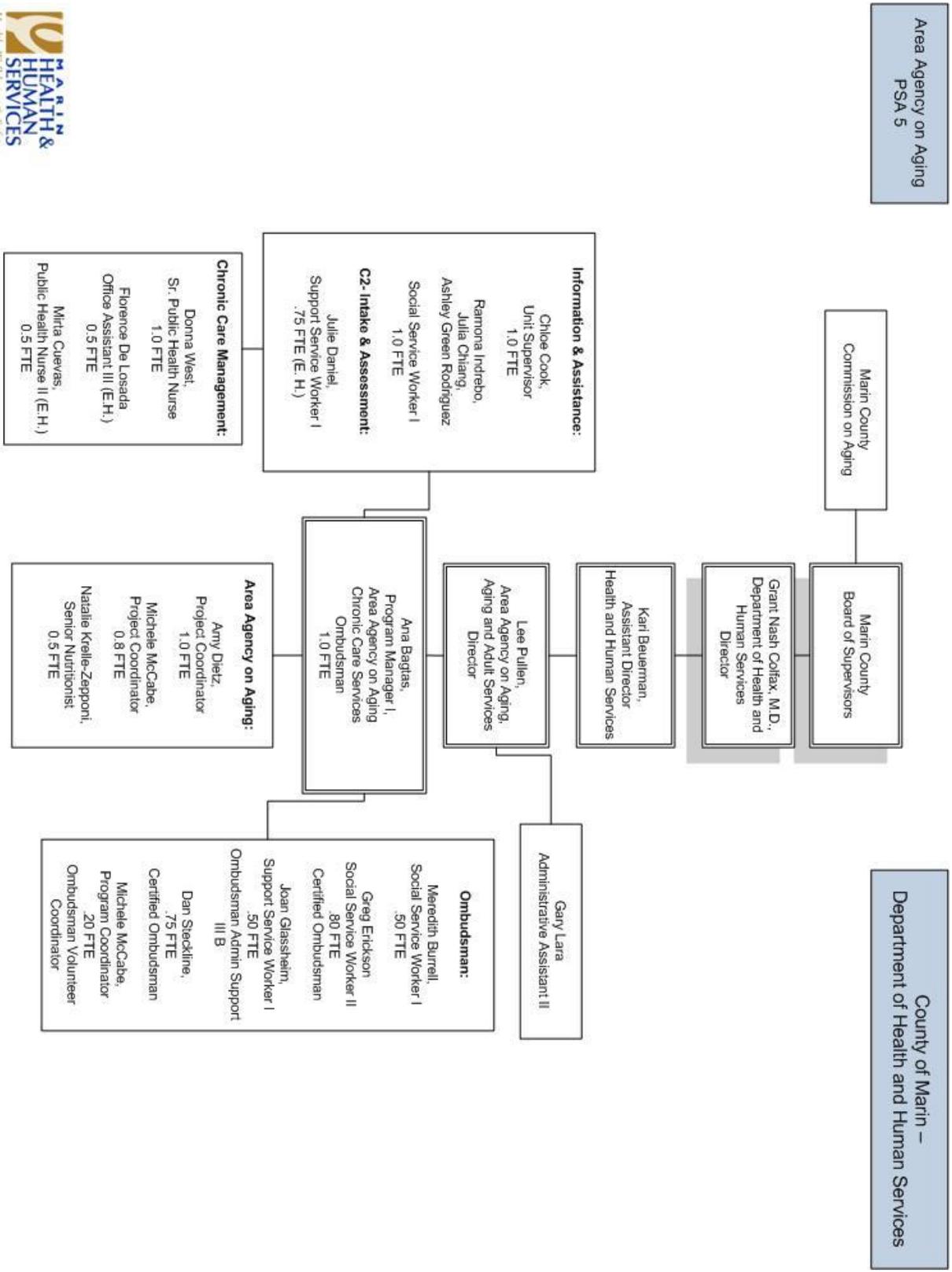
- *Provider name and address of agency:* Marin County Aging and Adult Services. 10 N. San Pedro, San Rafael, Ca 94901.

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

Supplemental Services: Home Adaptations for Caregiving

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

SECTION 21: ORGANIZATIONAL CHART



Area Agency on Aging
PSA 5

Marin County
Commission on Aging

Marin County
Board of Supervisors

Grant Nash Colfax, M.D.,
Department of Health and
Human Services
Director

Karl Beuerman,
Assistant Director
Health and Human Services

Lee Pullen,
Area Agency on Aging,
Aging and Adult Services
Director

Gary Lara
Administrative Assistant II

Information & Assistance:
Chloe Cook,
Unit Supervisor
1.0 FTE
Ramona Indrebo,
Julia Chiang,
Ashley Green Rodriguez
Social Service Worker I
1.0 FTE
C2- Intake & Assessment:
Julie Daniel,
Support Service Worker I
.75 FTE (E. H.)

Chronic Care Management:
Donna West,
Sr. Public Health Nurse
1.0 FTE
Florence Da Losada
Office Assistant III (E.H.)
0.5 FTE
Mirra Cuevas,
Public Health Nurse II (E.H.)
0.5 FTE

Ana Bagtas,
Program Manager I,
Area Agency on Aging
Chronic Care Services
Ombudsman
1.0 FTE

Area Agency on Aging:
Amy Dietz,
Project Coordinator
1.0 FTE
Michele McCabe,
Project Coordinator
0.8 FTE
Natalie Kreile-Zapponi,
Senior Nutritionist
0.5 FTE

Ombudsman:
Meredith Burrell,
Social Service Worker I
50 FTE
Greg Erickson
Social Service Worker II
80 FTE
Certified Ombudsman
Joan Glasstvein,
Support Service Worker I
50 FTE
Ombudsman Admin Support
III B
Dan Stockline,
Certified Ombudsman
75 FTE
Michele McCabe,
Program Coordinator
20 FTE
Ombudsman Volunteer
Coordinator

County of Marin -
Department of Health and Human Services

SECTION 22: ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Use outreach efforts that —

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

7. OAA 306(a)(5)

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

8. OAA 306(a)(9)

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

9. OAA 306(a)(11)

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

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

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

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

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

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

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

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

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

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

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

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

11. 306(a)(14)

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

12. 306(a)(15)

Funds received under this title will be used—

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

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

B. Additional Assurances

Requirement: OAA 305(c)(5)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Requirement: OAA 307(a)(15)

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

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

Requirement: OAA 307(a)(18)

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

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

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

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

Requirement: OAA 307(a)(26)

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

Requirement: OAA 307(a)(27)

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

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

CFR [1321.53(a)(b)]

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

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

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

(2) Provide a range of options:

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.61(b)(4)]

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

CFR [1321.61(d)]

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

CFR [1321.69(a)]

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

APPROVED

APPENDIX 1

Table 1: Older Adult Needs Assessment and American Community Survey Demographics

	Older Adult Needs Assessment Survey (N=2,992)		ACS (American Community Survey) N=66,492 ⁵⁶
	N	%	%
Gender	(n=2947)		
Male	854	29.0%	45.2%
Female	2085	70.7%	54.8%
Transgender	8	0.3%	-
Sexuality	(n=2,745)		
Heterosexual	2553	93%	-
Bisexual	111	4%	-
Gay or Lesbian	111	4%	-
Housing	(n=2958)		
Own	1950	65.9%	75.5%
Rent	552	18.7%	24.5%
Assisted Living/Nursing home	68	2.3%	-
Senior Housing	228	7.7%	-
Affordable Housing	154	5.2%	-
Stay with Friends and Family	89	3.0%	-
Other	126	4.3%	-
Relationship Status	(n=2919)		
Single	368	12.6%	7.9%
Married	1215	41.6%	55.7%
Partnered	120	4.1%	-
Divorced/Widowed/Separated	1216	41.7%	36.5%

⁵⁶ The American Community Survey 2010-2014 is available at: www.factfinder.census.gov

Age	(n=2992)		
60-64	455	15.2%	30%
65-69	652	21.8%	40%
70-74	585	19.6%	
75-79	470	15.7%	20%
80-84	389	13.0%	
85 or older	441	14.7%	10%
Race	(n=2927)		
White	2584	88.3%	91.0%
Asian	89	3.0%	4.5%
African American/Black	86	2.9%	1.6%
Native American/Alaskan Native	11	0.4%	0.1%
Native Hawaiian/Pacific Islander	4	0.1%	0.3%
Other	117	4.0%	1.2%
Two or more races	60	2.0%	1.4%
Ethnicity	(n=2876)		
Hispanic/Latino	143	5.0%	4.3%
Non-Hispanic/Latino	2733	95.0%	95.7%
Language	(n=2963)		
English	2835	96%	85%*
Spanish	79	3%	4%*
Other Indo-European**	25	1%	9%*
Asian/ Pacific Islander	22	1%	3%*

*Data available for 65+

**Indo European Languages Include: most languages of Europe and the Indic languages of India. These include the Germanic languages German, Yiddish, and Dutch; the Scandinavian languages, such as Swedish and Norwegian; the Romance languages, such as French, Italian, and Portuguese; the Slavic languages, such as Russian, Polish, and Serbo-Croatian; the Indic languages, such as Hindi, Gujarati, Punjabi, and Urdu; Celtic languages; Greek; Baltic languages; and Iranian languages.

Table 2: Nutrition Risk: Score

Nutritional Risk is determined by asking a set of questions approved by the California Department of Aging. Each question is assigned a numeric “score.” The sum of scores equate to the following:

0-2: Not at risk

3-5: Moderate Nutritional Risk

6 or More: High Nutritional Risk

Nutrition “Score” Per Question	Question
2	Do you have an illness or condition that made you changed your diet and/or amount of food you eat?
3	Do you eat fewer than 2 meals per day?
2	Do you eat few servings* of fruits or vegetables, or milk/dairy products per day?
2	Do you drink 3 or more alcoholic beverages almost everyday?
2	Do you have tooth or mouth problems that make it hard for you to eat or chew?
4	Do you run out of money for food most months?
1	Do you eat alone most of the time?
1	Do you take 3 or more prescribed or over-the-counter drugs a day?
2	Have you without trying, gained or lost 10 pounds in the last 6 months?
2	Are you physically unable to shop, cook and/or feed yourself?

Table 3: Issues of Concern

Respondents were asked their level of concern for a variety of items. In the chart below, “% Yes” indicates those who felt any level of concern towards the delineated topic. All items of concern are listed.

As demonstrated below, the top 6 concerns remained consistent across the three groups.

Total Cohort	% Yes	Above EESI	% Yes	EESI and below	% Yes
Having an accident in/out of the house	63%	Having an accident in/out of the house	62%	Financial Security	66%
Losing my memory/cognition	60%	Losing my memory/ cognition	58%	Losing my memory/cognition	66%
Financial Security	50%	Financial Security	44%	Having an accident in/out of the house	66%
Crime, financial abuse	44%	End of life planning	42%	End of life plans	51%
End of life plans	44%	Crime/ financial abuse	42%	Feeling isolated or depressed	49%
Feeling isolated or depressed	39%	Feeling Isolated/ Depressed	35%	Crime, financial abuse	49%
Knowing where to access information about benefits	37%	Knowing where to access information about benefits	33%	Knowing where to access information about benefits	48%
Legal Affairs	32%	Legal Affairs	29%	Paying for a caregiver	45%
Paying for a caregiver	31%	Paying a caregiver	27%	Health Insurance/Medicare	40%
How to use cell phones and internet	29%	How to use cell phones and internet	26%	Legal Affairs	40%

Health Insurance/Medicare	29%	Health insurance/Medicare	26%	Getting out of the house to socialize	37%
Getting out of the house to socialize	26%	Getting out of the house to socialize	22%	Transportation	37%
Transportation	26%	Transportation	22%	How to use cell phones and internet	37%
Finding a caregiver	24%	Finding a caregiver	21%	Housing	36%
Housing	24%	Housing	21%	Finding a caregiver	34%
Finding work (employment)	16%	Understanding my medications	13%	Having enough food to eat	24%
Understanding my medications	15%	Finding employment	13%	Finding work (employment)	24%
Having enough food to eat	13%	Having enough food to eat	10%	Understanding my medications	19%

APPENDIX 2: NEEDS ASSESSMENT SURVEY



Aging and Adult Services
2016-2020 Countywide Needs Assessments of Older Adults



Are you 60 or older? We need your input.

Complete the enclosed survey to help the County and the Commission on Aging understand the needs and concerns of older adults. This will guide us in determining our goals, activities, and funding priorities for the next 4 years.

You can also complete this survey online at www.marinhhs.org/agingsurvey

All responses are anonymous.
We do not ask for your name or any other identifying information.

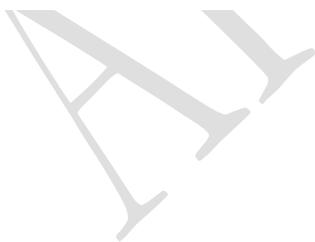
You can also answer this survey for a friend/family member over 60 who is unable to do so.

For more information or additional copies call **415-457-INFO (415-457-4636)**.

Mail by October 30, 2015

All County publications are available in alternative formats (Braille, Large Print, or CD), upon request. Requests for accommodations may be made by calling (415) 473-4381 (Voice), (415) 473-3232 (TTY) or by e-mailing disabilityaccess@marincounty.org.

FOLD HERE. TAPE THE ENDS AND MAIL. NO POSTAGE NECESSARY.



INSTRUCTIONS: Please respond to the following questions based on the perspective of the person checked below. Complete one survey per person.

1. The information I'm providing in this survey is for (Check only one):

- Myself
- A family member/friend aged 60+

2. Where did you hear about this survey? _____

3. I would describe my health as:

- Excellent
- Good
- Fair
- Poor

4. I would describe my quality of life as:

- Excellent
- Good
- Fair
- Poor

5. Do you need help performing any of the following personal activities? (Check all that apply)

- Bathing
- Dressing
- Eating
- Heavy housework
- Light housework
- Managing medication
- Money management
- Getting out of bed or chair
- Using transportation
- I do not need any help (Skip to Q7)
- Cooking
- Driving
- Exercising
- Shopping
- Using the toilet
- Walking
- Using a phone

6. If you checked any of the daily personal activities listed above in #5, who is helping you perform those tasks? (Check all that apply)

- No one
- Family members
- Paid caregiver
- Spouse/partner
- Friends
- Other _____

7. In the past year, did you need caregiver services that you were unable to afford?

- Yes
- No

8. In the past year, how many times did you fall?

- None
- 1-2 times
- 3 or more times

9. In the past year, how many times have you been admitted to the hospital due to an injury or illness?

- None
- 1-2 times
- 3 or more times

10. Please answer yes or no:

Do you eat alone most of the time?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you eat fewer than 2 meals a day?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you eat fewer than 5 servings of fruits or vegetables per day or fewer than two servings milk/dairy products per day?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have tooth or mouth problems that make it hard for you to eat or chew?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have an illness or condition that made you change the kind/ amount of food you eat?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you run out of money for food most months?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you take 3 or more prescribed or over-the-counter drugs per day?	<input type="checkbox"/> Y <input type="checkbox"/> N
Without trying, have you gained or lost 10 or more pounds in the last 6 months?	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you physically unable to shop, cook, or feed yourself?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have 3 or more drinks of liquor, wine, or beer almost every day?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you smoke?	<input type="checkbox"/> Y <input type="checkbox"/> N

1

11. Which box best describes how often you socialize with other people?

- Every day 3-4 times a week 3 -4 times a month
 Once a month Less than once a month Less than once a year

12. How often do you get at least 20 minutes of exercise (walking, golfing, gardening)?

- Every day 3-4 times a week 3 -4 times a month Not at all

13. How do you usually get around? (Check all that apply)

- I drive my own car Public transit Paratransit Taxi
 Friends/ family Volunteer drivers Other _____

14. Instructions: Please indicate your level of concern for the following items.

Issue	Not Concerned	Slightly Concerned	Concerned	Very Concerned
Accidents in/ out of the home (Falling)				
Crime, Financial abuse				
Feeling isolated or depressed				
Understanding my medications				
Finding work (employment)				
Legal affairs				
Knowing where to access information about benefits/ services				
Housing				
Transportation				
Having enough food to eat				
Losing my memory/ cognition				
Finding a caregiver				
Paying for a caregiver				
Financial security				
How to use a cellphone, internet, or tablet				
Health insurance/ Medicare				
Getting out of house to socialize				
End of life planning and issues				

15. What is your age (or the age of person for whom answering survey)?

- 60-64 65-69 70-74
 75-79 80-84 85+

16. City/town of residence: _____

17. Preferred language: _____

18. What is your race?(Check all that apply)

- Asian
 Black/African American
 Caucasian/White
 Native American/Alaskan Native
 Native Hawaiian/Pacific Islander
 Other _____

19. Are you Hispanic/ Latino?

- Yes No

20. Gender identity:

- Male Female Transgender

21. Sexual orientation:

- Bisexual Gay
 Heterosexual Lesbian

22. Housing situation:

- Own home with mortgage
 Own home without mortgage
 Rent (apartment/home)
 Live in assisted living/ nursing home
 Live in independent living senior housing
 Live in affordable/HUD/Section8 housing
 Staying with family/ friends
 Other _____

23. Who else is living with you in your home? (Check all that apply)

- No one Spouse/ partner
 Grandchildren Adult children
 Roommate Paid caregiver
 Other _____

24. I live *alone* and my annual income is:

- \$11,700 or less \$11,700-\$20,000
 \$20,001-\$30,000 \$30,001-\$42,000
 \$42,001-\$85,000 \$85,000 +

25. I live *with someone* and our annual income is:

- \$11,700 or less \$11,701-\$28,000
 \$28,001-\$38,000 \$38,001-\$51,000
 \$51,001-\$85,000 \$85,000 +

26. Relationship status:

- Divorced Married Partnered
 Separated Single Widowed

27. Employment status (Check all that apply)

- Full-time Part-time
 Retired Unemployed
 Underemployed Volunteer

28. Are you looking for employment?

- Yes No

29. Have you served in the military?

- Yes No

30. What is the highest level of education you completed?

- 8th grade or less
 High school diploma (GED)
 Some college (AA) College
 Advanced degree

31. What is your top concern(s)?

~ Thank you for completing this questionnaire! ~ ³