

Live Long, Live Well: Area Agency on Aging Area Plan FY 2012–2016

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Executive Summary

Every four years, Area Agencies on Aging (AAA) across the nation are required to submit an Area Plan 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). This is implemented in a manner consistent with the Older Americans Act and Older Californians Act. The Area Plan is typically based on a four-year planning cycle

The Department of Health and Human Services, Division of Aging and Adult Services (DAAS) is designated as the AAA and covers Planning and Service Area 5 (PSA 5). The agency is in charge of planning, coordinating, administering, and monitoring AAA programs and services locally. The *Live Long, Live Well: Area Agency on Aging Area Plan for 2012–2016* guides the work of the AAA. The planning process undertaken to develop this four-year plan identified critical priority areas for the AAA and the Commission on Aging, its advisory council. The *Area Plan* and its subsequent updates outline the strategies to effectively address and respond to the needs of the targeted populations in PSA 5.

The Marin County AAA used a convergent approach to gather information, assess needs, and make informed decisions about service priorities and goals for the next four years. The needs assessment methodology included an in-depth community survey which was distributed to the client population with special attention to specific communities and groups. Targeted community forums and a large community stakeholders meeting were also organized to gather input directly from the targeted populations. Close to 900 surveys were received out of 4,000 that were disseminated, an excellent response rate of over 22%. The AAA, its partner agencies, and the Commission on Aging deserve credit for a successful needs assessment outcome, especially in reaching a diverse pool of respondents

The survey results contain significant and extensive information that is helpful in the planning process. This information combined with the focus group information and the work of the community stakeholders is presented in the plan and the AAA has developed initial strategies to meet the needs of older adults based on needs assessment findings. Some of the key areas of importance include: prevention services, particularly in the area of health; services to isolated elders; need for nutrition programs; activities for older adults; the need for volunteer engagement; special needs of the LGBT older adult population; improvements in accessing information and resources; and the support for the continuation of the current service delivery system.

The *Area Plan 2012–2016* will guide the work of the AAA so that the prioritized needs of the communities we are entrusted to serve are addressed. The synthesis of the needs assessment led to the development of priority goal areas for PSA 5. The Marin County Area Agency on Aging and the Commission on Aging will address these priorities by pursuing activities that support the Area Plan goals in the next four years. To this end, objectives for Fiscal Year 2012-2113, the plan's first year of implementation, have been developed by various committees of the Commission on Aging and programs within the Division of Aging and Adult Services. New objectives will be put forward in the coming years during this planning cycle. Progress towards established objectives will be presented in subsequent updates to this *Live Long, Live Well: Area Agency on Aging Area Plan*.

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AREA PLAN CHECKLIST

Enclose a copy of this checklist with your Plan

Section	Four-Year Area Plan Components	4-Year Plan	Annual Update
	All Area Plan documents are on single-sided paper	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Original Area Plan and two copies are enclosed	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Transmittal Letter with original signatures or official signature stamps	<input type="checkbox"/>	<input type="checkbox"/>
1	Mission Statement	<input checked="" type="checkbox"/>	N/A
2	Description of the Planning and Service Area (PSA)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4			
4	Planning Process / Establishing Priorities*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Needs Assessment*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Targeting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Public Hearings	<input type="checkbox"/>	<input type="checkbox"/>
8	Identification of Priorities*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Area Plan Narrative Goals and Objectives:		
	Title III B Funded Program Development (PD) Objectives**	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Title III B Funded Coordination (C) Objectives	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	System-Building and Administrative Goals & Objectives**	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Title III B/VII A Long-Term Care Ombudsman Objectives**	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Title VII B Elder Abuse Prevention Objectives**	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	Service Unit Plan (SUP) Objectives**	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Focal Points*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Priority Services*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Governing Board*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Advisory Council*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Legal Assistance*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	Multipurpose Senior Center (MPSC) Acquisition or Construction Compliance Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Organization Chart	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	Assurances	<input checked="" type="checkbox"/>	N/A

* Required during first year of the Area Plan Cycle. However, updates only need to be included if changes occur in subsequent years of the cycle..

** Objectives may be updated at any time and need not conform to a twelve month time frame

^ If the AAA funds PD and/or C with Title III B.

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Section I: Mission Statement

The core mission of the Area Agency on Aging as chartered by the Older Americans Act and Older Californians 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.”

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

“Promote the quality of life and independence of disabled and older adults.”

To this end, the AAA undertakes the following activities:

- ❖ Develops and implements a comprehensive, multi-year Planning and Service Area Plan which 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 delivery system 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 subcontractors
- ❖ Provides technical assistance and training to subcontractors 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 to improve 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
- ❖ Develops and/or replicates evidence-based programs that enhance the lives and promote the independence of older adults

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

“Provide information and advocacy for services that enable older adults to live with dignity.”

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 Area Agency staff
- ❖ Advises on the development of the Area Plan and its subsequent updates
- ❖ Serves as a forum and a strong advocate for older adults
- ❖ Holds public meetings on the Area Plan and makes funding recommendations
- ❖ Advises the Board of Supervisors on fund allocation, legislation, policies, current issues, and other activities pertinent to older adults
- ❖ Serves as a source of 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 (PSA)

Our Community

Marin County 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 fall on either side of this major thoroughfare. Highway 101 is a critical route, prone to congestion in high traffic times. This means that planning for emergencies must take this geographical layout into account.

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 dairy farms. These geographical barriers create challenges for the Division of Aging and Adult Services (DAAS) service delivery system.

Demographics

The Marin County older adult population is increasing at a rate that far surpasses the national rate for this population. Demographic and housing data released by the Census Bureau from the 2010 census demonstrate a robust presence of older adults in Marin County. Residents age 60 years and above totaled 61,454 in 2010, a 38% increase in this cohort from the previous decade. In comparison, the county's overall population grew by a scant 2% from 2000 to 2010. Several areas in Marin actually experienced declines in population during this period, yet in all communities, double and even triple-digit growth rates among older adults were seen. The Bureau found 67 Marin centenarians in 2010. Close to one out of every four residents in the county today is a person age 60 or older. Rural and coastal residents are among the oldest in the county.

Data from the last two censuses that are available for comparison show that the top five areas where the 60 plus population grew the fastest were Bolinas, Lagunitas- Forest Knolls, Muir Beach, San Geronimo and Woodacre. All of these are rural areas. At 44.5 years, Marin's median age is the oldest in the Bay Area and the 14th oldest in California. Of the 11 communities with a median age of 50 years or above, eight are located in rural areas. Dillon Beach is the oldest at 57.4 years.

Marin is also growing in diversity. The growth in the Hispanic/Latino and American Indian/Alaskan Natives are particularly notable, respectively increasing by 45% and 41% between 2000 and 2010. Growth among Asians (32%), Native Hawaiian/Other Pacific Islander (22%) and Black/African American (5%) was also found. Marin's white population declined by 2%.

The changing face of Marin brings promise as well as challenges. Aging in one's home and community is an aspiration, but in rural areas this could become difficult. Health and social services are limited in these areas. The availability of skilled workers to serve the increasing complexity of needs of older adults will challenge the county's service system. As safety net programs shrink and service costs increase, the ability of older consumers and their families to pay for the needed care may be strained. The inadequacy of transportation services, particularly in rural areas, will further contribute to the isolation of older residents. Service providers will increasingly be required to be competent in serving a population that is becoming more diverse.

Challenges come with opportunities, and information from the 2010 census provides plenty of possibilities that must be seized. Homeownership among the 65 plus in Marin is high. Over 50% of the county's 42,192 residents age 65+ are living in owner occupied homes. There will be increased opportunities to educate older adults and family caregivers to develop strategies to pay for care or modify a home to foster safe "aging in place." Demand for retirement planning services and financial instruments, such as reverse mortgages, will likely increase. This would be most beneficial for older homeowners who are "house rich and cash poor."

Prospects await those who come up with innovative solutions to engage older adults and develop service delivery approaches that appeal to this cohort. This is especially true for baby boomers that have the economic strength to demand bigger, better and faster products and services. In Marin, 50% of the 15,904 homes owned by someone who lives alone are resided in by an older person age 65 plus. Close to 73% of rental units that have residents age 65 plus are occupied by someone who lives alone. Best practices in home care, volunteer engagement, recreation and technology will flourish.

The DAAS Service System

As with any public agency in the current economical environment, the Division of Aging and Adult Services (DAAS) has had its share of challenges. Despite the changing climate, it is possible to foster creativity in services. The DAAS maintains a client-centered focus in all activities and pursuits. Some of the events and occurrences which affect the services system for older adults are described below.

The State of California's proposal to eliminate the Adult Day Health Care (ADHC) program statewide required much energy for the division. The ADHC program receives funding from Marin and provides a lifeline to many of our most vulnerable older persons. Strong advocacy from the division, the Marin County Commission on Aging, and the community helped to keep the tenets of this vital program alive. Division staff will continue to work with our service provider as ADHC transitions into a new program called Community Based Adult Services (CBAS).

Under CBAS, the funding was basically cut in half and enrollment criteria have become stricter. This smaller program is called Community Based Adult Services (CBAS). All clients in Marin under the former ADHC qualified for the new CBAS services, making the transition between services seamless. The program still provides the same array of services including skilled nursing, rehabilitation and case management services for adults with significant disabilities and complex medical issues. Transportation and meals are included.

All services are provided by a daily fee that could be covered by Medi-Cal, VA healthcare, or even some long term care insurances. The AAA, through the Federal Older American's Act, funds ten non-Medi-Cal client slots. The current provider, Life Long Medical Care, is serving a total of 50 older adults in Marin County. This is a demonstration of a critical challenge to services to vulnerable older adults that had a successful outcome, thanks to the coordinated and cooperative approach to meet these State-imposed changes.

The AAA also faced a challenge when the primary service provider of home-delivered meals opted out from their contract with only four months left in the fiscal year. Through diligent staff work and support and guidance from the California Department of Aging, a smooth transition was made to transfer the duties to another funded provider. Meal delivery service was never interrupted and the change was not visible to the home-delivered meal clients or the community. The division is in a Request-for-Proposal (RFP) process for both Congregate Meal and Home-Delivered Meal programs, which will result in a stable provider system for these essential services for FY 2012-13.

There have been two very major successes in the DAAS service system over the past couple of years. In 2010, Measure B, a Marin County ballot initiative to increase the 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 the disabled.

The fee will raise around \$2 million each year and would be collected locally, all of which will be used in Marin County. Thirty-five percent of the funds will go towards improving transit options for older adults and people with disabilities, while 40% will be used to maintain local streets and pathways. The remaining 25% will be used to reduce congestion and pollution as well as augment transportation programs for school children and commuters. Funds raised from the fee increase will make up some of the shortfall from the half-cent sales tax for transportation that passed in 2004. In addition, Measure B has the potential to leverage state, federal and regional funds.

With the first Measure B revenues, the Marin Access Mobility Management Center was created and many new transportation projects and services are being developed. DAAS staff and Commission members are actively participating in all aspects of this very exciting and vital transportation effort. With the Association of Bay Area Governments' (ABAG) latest projections of Marin residents age 60 and older to make up over 40% of the county's population by 2020, and those in their 80s also moving in this upward trajectory, tackling the mobility and transportation needs of older and disabled individuals has increasingly become an imperative in Marin.

In the January 2012, the Division of Aging and Adults Services was awarded a Community Care Transitions Program grant through the federal Center for Medicare and Medicaid Services (CMS), funding made possible from the Affordable Care Act of 2010. This project is a partnership of the

division with two local hospitals who are joining forces to reduce 30-day hospital readmissions rates among Medicare beneficiaries.

The proposed project called Advanced Care Transitions (ACT) is a test model and is only one of 30 nationwide. Marin is the first funded project in California. The concept is to reduce readmissions of Medicare patients throughout the county by providing them with community-based transitional support as they move from hospital to home. The two local hospitals in the county, Marin General and Novato Community Hospital, currently total 5,000 admissions annually. The new partnership will target about 700 of the highest-risk patients, including those with heart failure, pneumonia, diabetes and other chronic illnesses.

One vital element of the ACT include DAAS nursing staff stationed at each hospital to serve as transitional coaches, meeting with patients before they leave the hospital and at least once after they return home. Other elements include: medication reconciliation; new educational techniques to insure that patients fully understand their discharge plan before they are released; increased emphasis to ensure that discharged patients see their doctor in a timely fashion; and provision of project staff to complete four home visits within the first 30 days after discharge.

With this grant, the services of the DAAS become integrated with the health care community and the relationships formed will result in a very comprehensive approach to client care in Marin County. Older adults and disabled individuals will benefit significantly from this critical and exciting new project. The impact on the service delivery system will result in improvements that will benefit all persons in our community.

Section 3: Description of the Area Agency on Aging (AAA)

The Marin County Area Agency on Aging 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 the Division of Aging as the county's administrator of the Area Agency on Aging. The Division of Aging is one of the major units within the Marin County Department of Health and Human Services (DHHS).

In 2007, the Marin County DHHS instituted an Older Adults Services Integration Project. The project's goal was to develop a coordinated, multidisciplinary system of services and supports for older adults that have the following components: (1) a single, easy-to-find entry point; (2) a continuum of approaches meeting the diverse needs of older adults and disabled individuals; and (3) an accessible and understandable resource for information. To facilitate this integration, several adult social services programs were moved to the Division of Aging. In September of 2008, the Division of Aging was restructured as the Marin County Division of Aging and Adult Services. In addition to coordinating the Area Agency on Aging's programs and services, the expanded Division of Aging and Adult Services currently oversees the Adult Protective Services, In-Home Supportive Services, Public Guardian, and Veterans Services.

Area Agency on Aging Programs

As the administrator of the county's Area Agency on Aging, the Division of Aging and Adult Services plans and coordinates the following programs:

Adult Information and Referral Services provides information on services and opportunities available in the community; assesses the problems and service needs of individuals; links individuals to the opportunities and services that are available; and conducts appropriate follow-up on referrals.

Long-Term Care Ombudsman Program advocates for the rights of those who live in long-term care facilities and protects those at-risk for abuse, neglect, or exploitation.

Chronic Disease Self-Management Program provides tools and techniques to individuals suffering from chronic conditions to more effectively manage their illness through a series of workshops in a community-based setting. This evidence-based program teaches coping strategies to people with diabetes, heart disease, arthritis, asthma, hepatitis, and other chronic illnesses so that they can effectively counteract the sequence and cycles of their specific chronic condition and its effects.

Medication Management educates the public and consults with older individuals about medications, possible side effects and dangerous combinations. Public health nurses and interns provide these consultations in client's homes.

In addition to all aforementioned functions of the AAA, the following adult social service programs are now part of the scope of the Division as a result of the integration:

Adult Protective Services (APS) investigates abuse involving elder or dependent adults who live independently, in the home of another person, or in a medical facility. The program provides information and referral, assessment, and short-term case work services.

In-Home Supportive Services (IHSS) provides payment for in-home help to low-income, Medi-Cal eligible aged, blind, or disabled who are unable to care for themselves independently and are at-risk of being placed in a care setting outside their home.

Office of Veterans Services (VSO) helps veterans, spouses and dependents obtain disability and death payments, housing and medical treatment. The office provides assistance with claims and provides information on available benefits and services.

Public Guardian Office (PGO) conducts official investigations into conservatorship matters, and serves as the legally appointed guardian for persons who have been determined by the courts to be incapable of caring for themselves. The PG) mission is to preserve human dignity and promote the health, safety, and quality of life for Marin's most vulnerable adults.

Project Independence assists adults and older adults who do not have family or other support following a hospital discharge by providing help with home care, chores, meal preparation, transportation to medical appointments, and other care services. Under the supervision of a public health nurse case manager, a cadre of well-trained volunteers and nursing students foster the patients' successful transition back to independent living.

Chronic Care Management and Transition to Wellness maintains the health and independence of low-income and at-risk older adults through assessment, referral, home visits, and chronic disease prevention and management classes provided by public health nurses and allied health student volunteers.

Healthy Housing enhances the lives and prolongs the independence of high-risk older adults living in affordable housing complexes by providing public health nursing interventions. This includes screening and health risk assessment; providing targeted case management to residents identified as high-risk for developing chronic conditions; and referring and educating clients about resources that will improve their physical, mental, emotional, and social well-being.

Community-Based System of Care in Marin

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 in the community. Federal grants allow for the funding of a variety of critical supportive, nutrition, and family caregiver services. Programs funded through the federal Older Americans Act that are offered in Marin include the following:

Case Management assesses and coordinates services to maintain older persons' independence.

Community-Based Adult Services (formerly known as Adult Day Health Care) provides therapeutic and supportive services in an adult day care setting.

Community Services and Senior Center Support maintains and improves health and well-being through activities provided at senior centers that focus on the physical, social, psychological, economic, recreational, and creative needs of older persons.

Family Caregiver Support provides information, outreach, training, counseling, and respite to unpaid, informal family caregivers of older adults and grandparents caring for their grandchildren.

In-Home Services Registry helps older persons to remain in their own homes through the provision of home care worker referrals.

Legal Services provides older adults with legal services and education about their rights, entitlements and benefits.

Multicultural Services assists older persons from a variety of cultures through the provision of outreach and other services in the community. Specific services and information for Lesbian, Gay, Transgender and Transsexual (LGBT) older adults are also provided.

Nutrition Services maintains and improves the nutritional health and social well-being of older persons through appropriate nutrition services.

Older Workers Employment Program provides very low-income adults, 55 and older, training and placement into subsidized employment.

Preventive Health Care improves physical health through health assessment, screening and education for older persons.

Transportation Services secures or provides transportation that assists older persons in obtaining services.

Our Marin County current system of community-based services includes some new and innovative programs which involve the Marin County Commission on Aging, community partners, funded-agencies, other stakeholders, and our consumers in developing a system of care that meets the needs of the target populations. Some of these accomplishments are as follows:

- ◆ DAAS partnered with the Marin Community Foundation to assist Marin non-profits who serve older adults to develop competencies for program evaluation and measurement of service outcomes.
- ◆ The Intergenerational Conversation Project in collaboration with Dominican University matched 30 student volunteers with 16 older adult participants preventing potential isolation in both seniors and students and providing a valuable educational experience for pre-med students about the older adults and the aging process.

- ◆ The Marin County Financial Abuse Specialist Team (FAST) expanded to include a community education team. This team in collaboration with the elder Financial Protection Network trains various groups of older adults in the community and in facilities how to avoid fraud, scams and identity theft. FAST dedicated almost 1,000 hours in 2011 to elder abuse prevention.
- ◆ Funded by a Marin County Innovation Grant, the newly established Medication Reconciliation Program educated Marin seniors and disabled about their medications. This help to improve medication compliance, preventing re-hospitalizations, self-administration errors, and reduced IHSS hours for assistance with self medication.
- ◆ The In-Home Supportive Services (IHSS) Program Integrity Unit identified over \$250,000 of losses to that program. Fraud Prevention has been enhanced through community education. Actions are being taken to recover as much as possible. Detection, investigation and prosecution efforts have all increased and added substance to the program.
- ◆ A volunteer student intern program was developed in the Office of the Public Guardian in collaboration with Dominican University. While the students will help expand the capacity of the program they will also develop specific knowledge and skills around conservatorship and estate issues.
- ◆ DAAS recruited, vetted, trained and placed almost 100 volunteers in various programs expanding our divisional collaborations and strengthening our network with other Marin aging services providers.
- ◆ The Public Guardian (PG) streamlined the Representative Payee Program with the help of several FAST volunteers. The efficiency of the program will enable the PG to serve more clients while empowering the clients to learn to budget their own funds despite the challenges.
- ◆ The Differential Response Program grew out of increased referrals to Adult Protective Services. Many cases focus around clients with complicated chronic medical conditions and self-neglect. These cases are now followed by a Public Health nurse and nursing students resulting in more complete service to the clients and increased efficiency in use of social worker time.
- ◆ DAAS in collaboration with Kaiser Permanente convened a Fall Prevention Coalition of agencies working with fall prevention to better coordinate both education and services in Marin. The Coalition began with some training in basic prevention conducted by the H&HS Prevention Hub.
- ◆ The Commission on Aging advocated in the Senior Legislature for legislative solutions for particular senior issues. This time helped result in new laws pertaining to the elder economic index, protections for tenants of long term care, enhanced protection from elder abuse and help for elder and disabled home owners.
- ◆ The Long-Term Care Ombudsman Program updated their publication – *Choices for Living* – which provides information on affordable senior housing, listings of Skilled Nursing Facilities,

Residential Care Facilities for the Elderly and Assisted Living Facilities. The publication also provides valuable tips on placement and what to look for when researching housing options. *Choices for Living* is also available on the DAAS website.

Improving the Delivery System

Over the past 20 years, our society has witnessed a dramatic expansion in the range and diversity of products, services, and technologies available to its citizens. This ever growing myriad of options offers the opportunity for selections responsive to the needs, interests, and preferences of individual consumers. However, successful negotiation of this maze of choices demands a more informed and empowered consumer. Older consumers are no exception.

Today, older Americans and their caregivers face a complicated array of choices and services available to them. Changing benefits in public programs and an expansion of private sector services contribute to this confusing consumer climate.

With these issues in mind the Division of Aging and Adult Services spent several months in the development of an Integrated Intake System in order to streamline service information and assistance to the client population. The division's growth and integration of services over the past five years leads logically to the next step in the evolution of a centralized intake and screening system.

There are several benefits to having in integrated intake system. A single entry point will dramatically improve customer service by having one phone number and a central location to make a service connection. A centralized database will enhance the management of client cases. The cross-training of integrated intake staff will further develop their capacity and professional expertise in new program areas.

The development of the Integrated Intake and Information & Assistance unit was achieved through a committee made up of all key stakeholders of the division service delivery system. The overall goal was to establish a unit where all calls for information about services and resources in the community, as well as in the division, would be taken and referred to appropriate programs.

In January 2012, the Integrated Intake, Information and Assistance Program was launched to the community. A single telephone number, 457-INFO or 457-4636, is provided to the public for access to this unit. This single telephone number has a simple telephone tree to direct the caller to the needed service. The unit has two fully trained Social Workers, as well as clerical support and trained volunteers to assist in fielding the calls, taking the intake information, and/or making the appropriate service referral.

This program will be monitored in the next three months to fully refine the system and to insure that the IAP is becoming known to the public in Marin County. An extensive community outreach effort is part of the program work plan. Thus far, this pilot project has been met with a positive response and the day-to-day operations have been very successful.

Section 4: Planning Process and Establishing Priorities

An oversight committee from the Area Agency on Aging's (AAA) advisory council, the Commission on Aging, was delegated to steer the planning process and its activities. The Planning Committee, a standing committee of the Commission on Aging assumed 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.

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. Under advisement from the Planning Committee, a Needs Assessment Advisory Group was organized.

A Needs Assessment (NA) Advisory Group is a task force that worked specifically on developing and implementing a plan to develop methodologies to gather information from the populations the AAA are mandated to serve. Over 25 agencies and programs are represented in the NA Advisory Group. The collaboration pulls from various sectors that include government, nonprofits, and private philanthropic agencies. The group helped the Area Agency on Aging gather community input in order to establish service and funding priorities for Marin County's older persons, disabled adults, and family caregivers in the next four years. The group was tasked with the following roles and responsibilities:

- ◆ Establish methodologies for conducting a countywide effort to assess the needs of the populations Marin County's Area Agency on Aging is mandated to serve.
- ◆ Develop needs assessment survey instruments.
- ◆ Review and provide feedback on drafted needs assessment instruments.
- ◆ Establish survey dissemination and collection strategies.
- ◆ Ensure representation of historically underserved and underrepresented communities in the needs assessment process.
- ◆ Develop methods for organizing focus group meetings in specified communities.
- ◆ Perform other tasks identified to enhance the robustness of the information gathered.

From July–October, the NA Advisory Group convened three times and communicated through e-mail correspondence to set the stage for the assessment. In September 2011, the group finalized the survey instrument that was used to gather input from the communities required in the planning mandate. The

group also developed a plan for conducting the focus group meetings. Agencies that have access to the targeted groups and communities pledged support for hosting the meeting, recruiting participants, providing translation, and organizing the event. Methods to collect quantitative survey data and qualitative community input are described in the proceeding section on the Needs Assessment.

A town hall meeting was organized by the AAA and the Planning Committee to expand opportunities to gather public input in the planning process. Themed, “Community Stakeholders’ Meeting,” the gathering was held on January 24, 2012 at the Marin County Health and Wellness Campus, a centrally located and public transit accessible venue in San Rafael. Approximately 25 people were in attendance and participated in a facilitated discussion. Preliminary results from the needs assessment survey and focus group meetings were presented in order to provide background and context to the needs assessment efforts thus far. Major thematic areas of need that emerged from the assessments were presented to the group. Stakeholders were then asked to break out into small groups based on the thematic areas and come up with strategies to address the needs. The thematic areas of need as well as the strategies stakeholders developed are presented in Section 8: Identification of Priorities.

Following the Community Stakeholders meeting, the Planning Committee convened a prioritization and goal setting session on January 26, 2012 also held at the Marin County Health and Wellness Campus. Commissioners, staff of the Division of Aging and Adult Services, partner organizations, and members of the public were invited to attend. Thirteen people participated in this process.

In a facilitated discussion, participants reviewed the strategies developed by community stakeholders to address the needs of adults with disabilities, older persons, and family caregivers. Strategies were organized into affinity groups that formed the primer for developing priority areas for the AAA and the Commission in the next four years. Three priority areas emerged from this discussion. The following priority areas were established to address the expressed needs of the targeted populations as well as evaluate and continuously improve programs and services in the planning and service area:

- ◆ Improve access to services, resources, and information
- ◆ Support local and community-based solutions to address needs
- ◆ Improve the effectiveness of existing service system

Based on these priority areas, concrete goals were developed for the *Area Agency on Aging Area Plan for Fiscal Year 2012–2016*. In the next four years, the Commission and the Division will establish objectives to fulfill these goals. Community partners will also be sought to implement the activities. The Area Plan goals for Fiscal Year 2012–2016 are as follows:

1. Promote an effective, well-coordinated, and comprehensive system of care and support that is responsive to the needs of adults with disabilities, family caregivers, and older persons.
2. Utilize effective methods and best practices to enhance access to and dissemination of information about resources.
3. Mobilize action at the community level to address the unique needs of its people.

Section 5: Needs Assessment

The Older Americans Act requires Area Agencies on Aging (AAA) 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 in their area plans. The Marin County AAA's needs assessment process adheres to these state and federal planning guidelines and makes every effort to reach a cross-section of the older adult, disabled, and family caregiver population in the service area.

Methodology

The Marin County AAA used a convergent approach to gather information, assess needs, and make informed decisions about service priorities and goals for the next four years. A convergent approach to needs assessment applies more than one strategy to gather information. In this area planning cycle, the AAA used the following methods in its needs assessment:

- ◆ Collected quantitative data using a survey instrument.
- ◆ Collected qualitative data by organizing focus group meetings in targeted communities.
- ◆ Convened community stakeholders to develop strategies to address needs and establish areas of priority.

The survey instrument included 38 questions to gather caregiving, demographic, economic security, health, housing, and quality of life information. The survey was available online through Survey Monkey as well as on paper format. Spanish and Vietnamese versions were available. The questionnaire allows survey participants to independently respond or have a proxy, such as a friend, family member, or a paid caregiver to help them complete the assessment tool.

Surveys were strategically distributed in places where intended audiences were gathered. This included the Senior Information Fair held in October 2011. The Senior Information Fair is the biggest annual gathering of older adults in Marin County, attracting upwards of 4,000 people annually. Distribution locations also included congregate meal sites, faith-based groups, senior centers, and social clubs. Approximately 4,000 paper surveys were disseminated in Marin County from October 2011 through January 2012. Over 25 agencies representing the Needs Assessment Advisory Group distributed the surveys directly to their clients or mailed them with a cover letter explaining the purpose of the effort. Providers also sent e-mail blasts to remind people to complete the survey and forwarded the Survey

Monkey link for online submission. More importantly, partner organizations helped target dissemination of the survey to low-income, LGBT, limited English speaking, minority, and rural communities.

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 at assisted living facilities, board and care homes, skilled nursing, and residential care facilities for the elderly. Staff was instructed to assist clients in completing the form. Clients receiving meals-on-wheels each received a questionnaire so that homebound older adults get their voices heard. Homecare agencies also assisted in the dissemination of the questionnaire.

Quantitative data collection has its limitations and a different approach is necessary to add context and substance to the numbers generated from the data. Focus group meetings were organized in five communities to hear directly from the people targeted for the services. Input from the Planning Committee and partner agencies redefined “community” in this Area Plan to extend beyond geographic boundaries and includes entities that share common characteristics, culture, experiences, interests, or language that binds them together as a group.

Focus group meetings, which the AAA termed “community forums,” gathered groups from the African American/Black, Latino/Hispanic, caregiver, low-income, and rural communities. Forums were held at Marguerita Johnson Senior Center, Marin B. Freitas Senior Housing, Spectrum LGBT Center, Senior Access, and Tomales Presbyterian Church. Over 100 people that include adults with disabilities, family caregivers, and older persons participated in the forums.

The AAA and the Planning Committee provided additional opportunities to gather input from the public by organizing a town hall meeting of stakeholders. On January 24, 2012, the Community Stakeholders’ Meeting was held at the County Health and Wellness Campus located in San Rafael. This campus is centrally located and is accessible by public transportation. The event was promoted through flyers and announcements at the public meetings of the Commission on Aging. Close to 30 people participated in a facilitated discussion. Participants developed strategies to address the identified needs.

Planning Committee members, Commissioners, Division of Aging and Adult Services staff, and other interested individuals participated in a follow-up meeting on January 26, 2012 at the County Health and Wellness campus. Thirteen participants reviewed the strategies developed by community stakeholders to come up with priority areas and establish goals for the Area Plan.

The methodologies applied in the Area Agency on Aging’s needs assessment ensured that key stakeholders that include the general public, service providers, and funders are involved in providing input in the planning process. This process identified the needs of the client population, resources available, and untapped opportunities to mobilize local action. The following section presents the Area Agency on Aging’s key findings from its needs assessment.

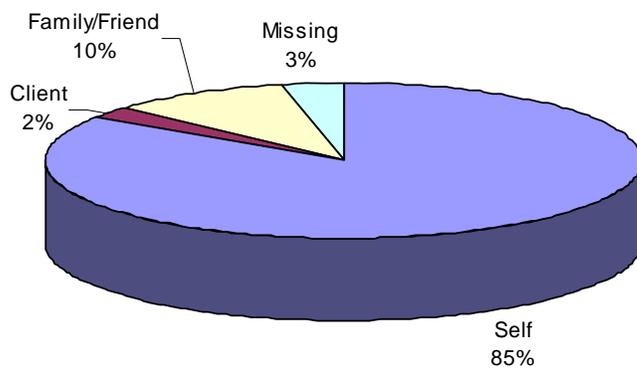
Findings

RESPONDENTS' PROFILE

The Area Agency of Aging received close to 900 surveys. Of these, 891 were used in the needs assessment analysis while the rest were eliminated due to lack of information or damage from postal processing. As show in Figure 1, information furnished were mostly self reports (85%) with about 12% provided on behalf of a client, family member, or friend.

Figure 1. Survey Information Source

Survey Information Provided For (Marin County, n = 891)



Seventy-three percent of the 891 total respondents (n = 651) provided age information. The youngest was 45, the oldest 104. Ninety-three percent of respondents whose age were identified were older adults age 60 and above. The median age of these respondents was 75 years. An additional 48 people under the age of 60 also completed the survey. One in three respondent is age 75+, with 13% of them in their mid-80s or older.

Efforts of the AAA and its partner agencies to reach a diverse pool of respondents have paid off. Survey responses came from all over Marin, with more than half (51%) originating from San Rafael and Novato, the most densely populated and diverse areas of the county. Returns from the rural communities of San Geronimo Valley and West Marin were also high. Together, rural residents make up the third highest number of responses received (n = 127, 14%).

Although 80% of Marin County's residents are Caucasian/white,¹ responses from minority groups were at a much higher rate than the overall proportion of the population in Marin.

¹ U.S. Bureau of the Census, 2010 Census.

As expected, majority of the respondents (67.5%, n = 601) came from Caucasian/white respondents. More than one in four (27.4%, n = 244) survey participant is a person of color or of mixed race. Close to 20% of the surveys (n = 174) were received from Hispanic/Latino respondents, with another 8% (n = 70) coming from Blacks, Asians, Native American/Hawaiian Native, and mixed race. Table 1 presents the breakdown of the origins of survey responses as well as the race/ethnicity of respondents.

Table 1. Residence and Race/Ethnicity of Respondents

Residence	n	%
San Rafael	232	26.0%
Novato	221	24.8%
San Geronimo Valley *	75	8.4%
Mill Valley	64	7.2%
Missing	57	6.4%
West Marin **	52	5.8%
Fairfax	47	5.3%
San Anselmo	29	3.3%
Others	26	2.9%
Corte Madera	20	2.2%
Larkspur	15	1.7%
Tiburon	14	1.6%
Kentfield	13	1.5%
Sausalito	12	1.3%
Belvedere	6	0.7%
Marin City	5	0.6%
Ross	3	0.3%
TOTAL	891	100.0%

Race/Ethnicity of Respondents (Marin County, n = 891)		
Caucasian/White	601	67.5%
Hispanic/Latino	174	19.5%
Missing	46	5.2%
Black	26	2.9%
Asian	19	2.1%
Mixed	13	1.5%
Native American	10	1.1%
Native Hawaiian	2	0.2%

* Includes Forest Knolls, Lagunitas, Nicasio, San Geronimo, and Woodacre

** Bolinas, Inverness, Point Reyes, Tomales, Dillon Beach, Marshall, and Stinson Beach

The racial mix of respondents reflects the language diversity among them. Though English predominates, close to 10% speak a foreign tongue as their primary language. Spanish is spoken by 5% of respondents with another 4% speaking other languages, including Farsi, German, Russian, Tagalog/Filipino, Vietnamese, and other Asian and European languages.

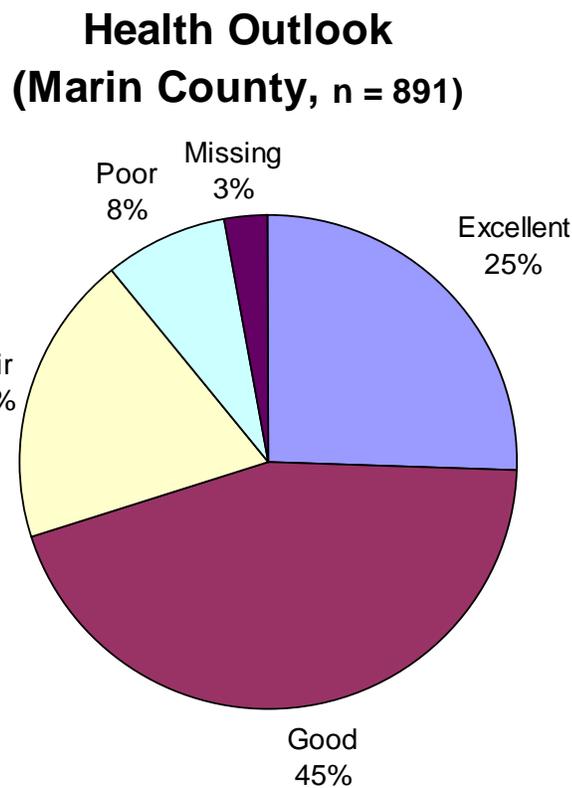
Diversity was also expressed in respondents' reported gender identity and sexual orientation. Eleven percent identified as lesbian, gay, bisexual, or transgender. More than twice as many responses were received from female participants (n = 597, 67% of responses) than from their male counterparts (n = 254, 29% of responses).

Those who are married comprise 31% of respondents. Widowed survey participants total 241 people (27%), followed by divorced (19%), single (15%), partnered (3%), and separated (2%).

HEALTH STATUS

Most of the respondents generally feel healthy. Figure 2 shows that one in four reported being in "excellent" health, while 45% feel they are in "good" health. On the other hand, more than one in four (27%) feel that their health is fair to poor.

Figure 2. Perception of Health Status

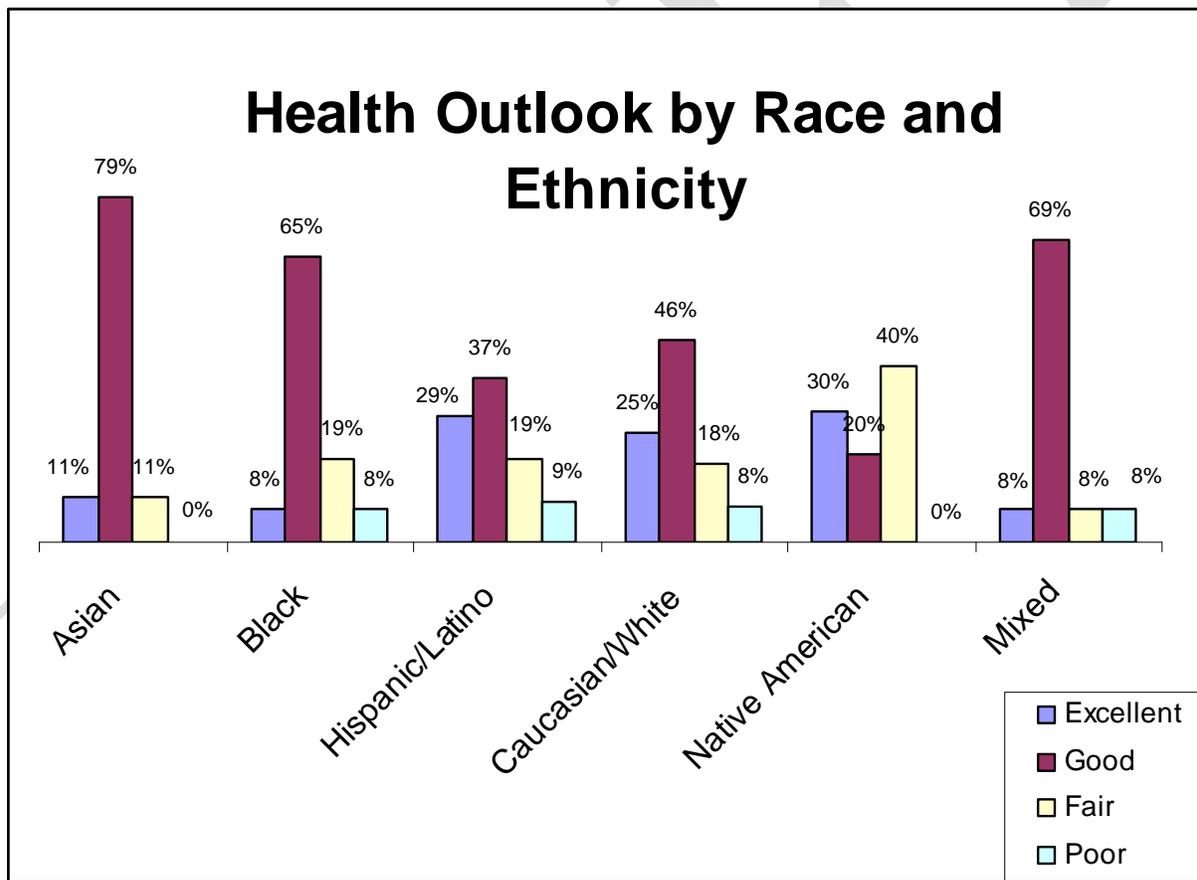


Respondents' outlook on their health varies by race and ethnicity. Analysis of respondents' perception of health within their racial or ethnic group determined that Native Americans and Hispanics/Latinos have the highest rate of survey participants reporting being in "excellent" health at 30% and 29%, respectively. Despite the high rate of "excellent" health among Native Americans, comparably, this group also has the highest rate of respondents feeling only "fair" (40%). Across all races and ethnicity, most respondents' health is "good," with Asians leading the rank at 79%. "Fair" to "poor" health was highest among minorities, led by Hispanics/Latinos (28%) and Blacks (27%). Figure 3 presents the

health outlook of respondents by race and ethnicity. Although it is beyond the scope of this needs assessment to dig deeper into the health disparities experienced by racial groups, it is important for planners, health care providers, and service agencies to be aware that this may be happening. This builds a case for increasing cultural and language competence in programs and services.

Health maintenance is important to staying well. Routine care such as eye and dental care, as well as routine physical examinations are important in preventing diseases and managing health. In the past year, the rate of respondents receiving preventive care was high. Of the 891 total respondents, 82% received routine physical or medical exam, 69% had regular dental care, and 65% obtained regular eye care. Broken down by race and ethnicity, receipt of routine medical and physical exam is also high across all groups, hovering at around 80% for all but the mixed race group (69% received care). Regular eye and medical care was obtained in the past year by more than half (between 54% and 72%) of the respondents across all racial and ethnic groups.

Figure 3. Perception of Health Status Within Race and Ethnic Groups

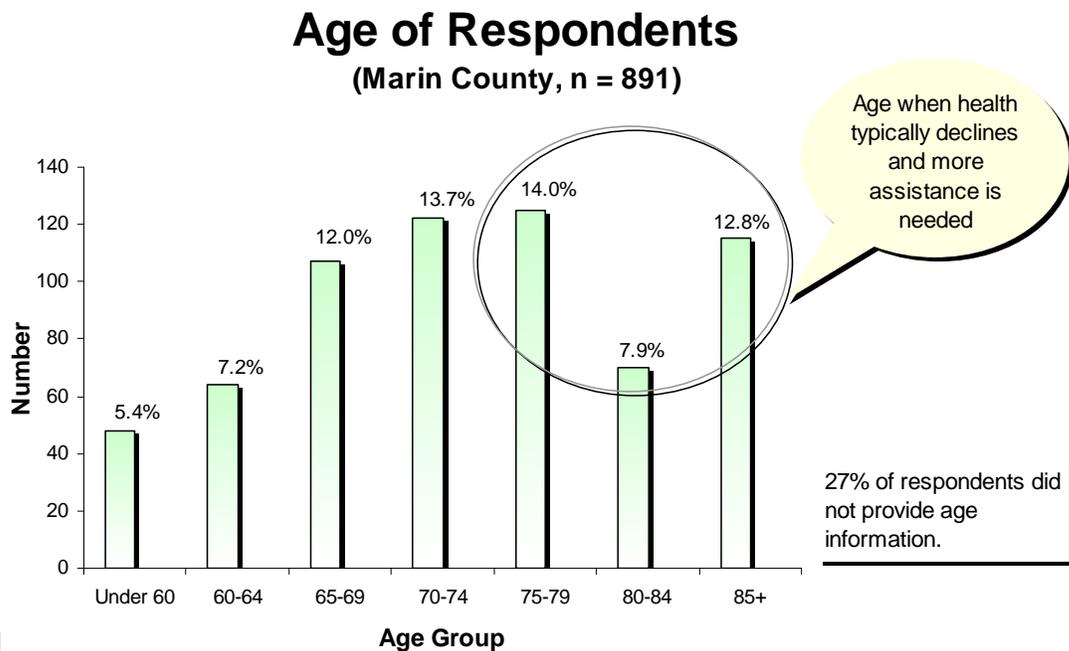


Given that 35% of respondents are 75 years plus (Figure 4), a period when one’s health may start to show signs of fatigue, reported conditions are reflective of the ones commonly observed in older adults. A total of 700 people reported experiencing health conditions in the past year. The five leading causes and the percent of respondents who are currently experiencing or have experienced these issues in the past 12 months are as follows:

- ◆ Arthritis, 61% (n = 430)
- ◆ High blood pressure, 45% (n = 315)
- ◆ Cataract, macular degeneration, or glaucoma, 18% (n = 128)
- ◆ Injury from a fall, 17.9% (n = 125)
- ◆ Diabetes, 15.9% (n = 111)
- ◆ Long periods of sadness or depression 15.9% (n = 111)

In the last 12 months, 29% of the 891 respondents were hospitalized at least once. Six percent was admitted to hospitals three or more times in the past year.

Figure 4. Breakdown of Respondents by Age Group



NUTRITIONAL HEALTH

While genetic predisposition certainly plays a role in one’s health status, diet and eating habits are major determinants of individual health outcomes. Various risk factors can result to poor nutritional status. Survey instrument assessed the nutritional health of the client population using the most current nutrition risk tool approved by the state Department on Aging. The tool contains a series of situational questions, and those that are answered in the affirmative are tallied to determine one’s nutritional risk score. The questions posed in the nutrition risk tool and the results from the 891 individuals that responded to Marin’s needs assessment survey are shown in Table 2.

Table 2. Nutrition Risk Factors of Respondents

Nutritional Risk by Frequency of Mention (Marin County, n = 891)		
RISK FACTOR	n	%
Eat fewer than 5 servings of fruits and vegetables a day	524	59%
Take 3 or more prescribed or over-the-counter drugs per day	513	58%
Eat alone most of the time	493	55%
Eat less than 2 servings of milk, dairy, or calcium fortified products a day	354	40%
Experienced change in lifelong eating habits due to health problems	316	35%
Gained or lost 10 or more pounds in the last six months without trying	213	24%
Physically unable to shop, cook, or feed self	183	21%
Have tooth or mouth problems that make it hard to eat or chew	160	18%
Run out of money for food most months	150	17%
Eat fewer than 2 meals a day	81	9%
Have 3 or more drinks of liquor, wine, or beer almost every day	70	8%

There is a strong correlation between poor nutrition and negative health outcomes. Health issues affect the appetite, eating habits, and ability to obtain and prepare meals. On the same token, poor nutrition may be the cause of health conditions. Referring back to the most common health problem reported by respondents, arthritis, high blood pressure, and diabetes may be traced back to nutrition. Heart disease (15% of respondents) and obesity (14% of respondents) were the 7th and 8th most reported health problems in the survey. These too may be linked to poor nutrition.

Nutrition risk assessment results suggest challenges with eating a balanced meal. Eating the recommended amount of fruits and vegetables as well as calcium sources is a challenge for respondents. Multiple medication use is the second highest reported nutrition risk factor, with 58% of respondents taking three or more prescribed or over-the-counter drugs. This is consistent with the fact that a large percentage of respondents are in an older age group (see Table 4) and are thus likely to have complex health issues that require several medications.

The high proportion of respondents “eating alone most of the time” (55% of respondents) is a concern that needs attention, as this factor compounds other issues. Since one-third of Marin County’s older adults age 65+live alone, 19% of homeowners and 73% of renters, this should not come as a surprise. Living alone leads to other risk factors including alcohol consumption, loneliness, social isolation, and safety concerns. About 8% of survey participants (n = 70) reported consuming three or more drinks of alcohol almost every day. Corollary to alcohol consumption are health risks that include negative interaction with medication, loss of balance leading to falls, liver disease, and other chronic conditions—all of which were mentioned as health conditions experienced by respondents in the past year.

Most respondents (50%, n = 446) are at medium nutrition risk scoring between 2–5 risk factors. Respondents considered to be in the high risk category total 139 people or 16% of the respondents, scoring six or more out of the eleven risk factors.

INDEPENDENCE

Deteriorating health and increased need for assistance are expected as one matures in age. Ability to perform activities of daily living (ADL) is indicative of one’s capacity to stay independent. Forty-six percent (n = 410) of survey respondents reported having some kind of difficulty performing an activity of daily living. A breakdown of the reported difficulties with ADLs is show in Table 3.

Title 22 of the California Code of Regulations defines someone as “frail” if the individual is unable to perform at least two ADLs without substantial assistance, cueing, or supervision. In addition to being homebound, this definition of frailty is used in determining eligibility for the home-delivered meal program. Given this definition, 22% of the 891 respondents who participated in the survey are considered “frail.” Among those that experienced difficulty performing daily living activities, 69% had difficulty with up to five ADLs, 20% were challenged with six to ten ADLs, and 11% had eleven or more ADL issues.

Analysis of the difficulties Marin older adults are experiencing with daily living activities is important in planning of programs and services. The number of ADL challenges an older person faces correlates with the amount of support needed to sustain independent living. Subsequently, the amount of resources needed to keep the older person independent will invariably depend on the amount of care needed to assist the individual. As survey results indicate, the need for home care, chore services, and case management to help older adults maintain their independence will likely see increasing demand in the next decade. As the age breakdown of our respondents on Figure 4 indicates, older adults age 85+ will increase by about 22% in ten years. This age bracket usually suffers from multiple health conditions that will require lots of support.

While majority (63%) does not need help with their ADLs, 283 individuals or close to one out of every three need support. Persons that need help identified their sources of support as presented in Figure 5 below. Approximately 41% rely on paid caregivers for assistance. Support network of family members and friends also provide a substantial amount of care to those with ADL needs. Unpaid helpers, especially the spouses or partners who may be elderly themselves, also need support. Family caregivers

often suffer from stress and fatigue from caregiving and are consequently at risk of developing chronic conditions. Caregiving will be explored further in this report.

Table 3. Activities of Daily Living

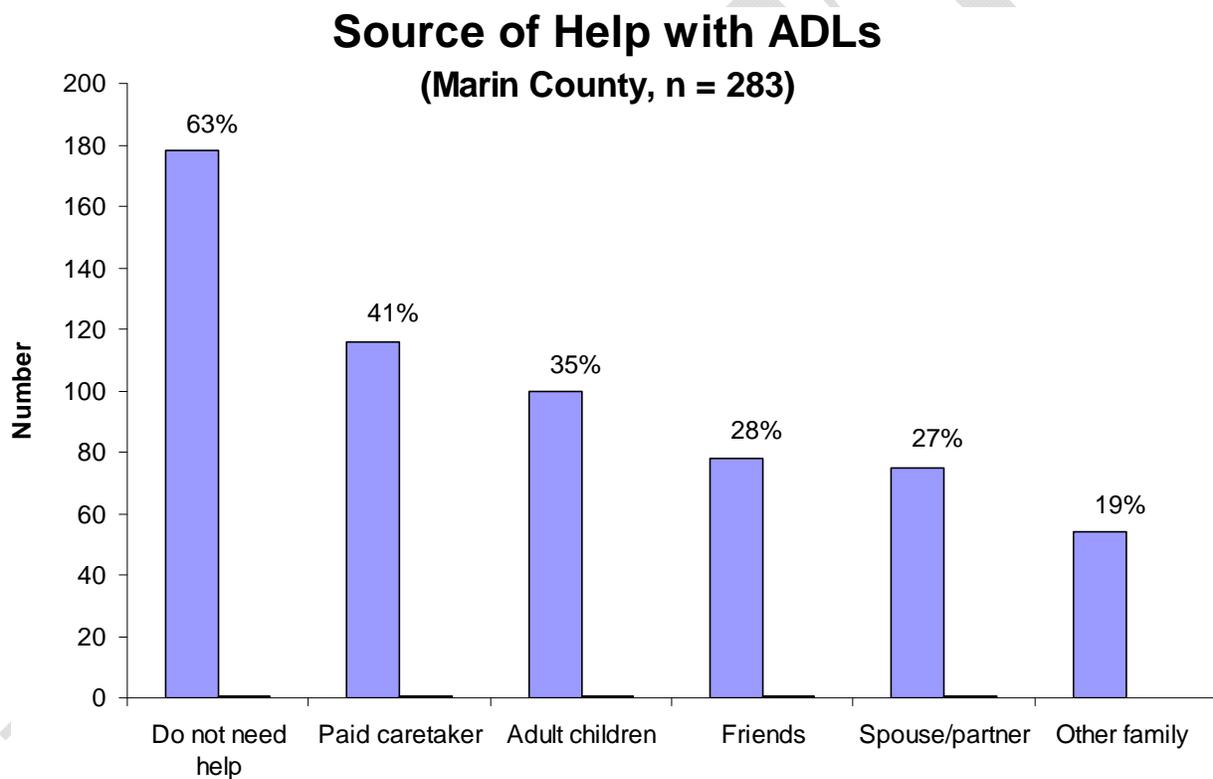
Respondents with Reported Difficulty with ADL by Frequency of Mention (Marin County, n = 410)		
Health Issue/Condition Reported	n	%
Heavy housework	275	67.1%
Shopping	164	40.0%
Driving	144	35.1%
Walking	144	35.1%
Cooking	129	31.5%
Managing medications	127	31.0%
Light housework	122	29.8%
Exercising	120	29.3%
Managing money/finances	104	25.4%
Using transportation	104	25.4%
Dressing	84	20.5%
Bathing	77	18.8%
Toileting	69	16.8%
Transferring	64	15.6%
Using a telephone	55	13.4%
Eating	48	11.7%

Participants in the community forum at the affordable senior housing complex are especially troubled with declining ability to live independently. They have observed neighbors or themselves declining in ability to perform household chores and personal needs. They may be eligible for IHSS, but moving to an assisted living facility or hiring a private homecare worker are not viable options for these low-income residents.

Preventing further decline of older adults who may be experiencing difficulties performing daily living activities is important. Services funded through the Older Americans Act, such as case management, homecare, home-delivered meals, transportation, and family caregiver support can all assist in keeping older adults living in their own home for as long as possible. Such programs will become increasingly important as the older adult population in Marin continues in its rapid growth. It is important to prioritize services to respond to these critical needs.

Lesbian, gay, bisexual, and transgender (LGBT) older adults are in an especially difficult position as they age. The traditional notion of family and support network may not be applicable in this community. LGBT older adults who participated in the focus group meeting are concerned with some of the same issues with aging: getting connected to services, sustaining their independence, and having social connections. Where they are different, however, is in their source of support. They are also concerned about getting old in an environment, especially in senior housing facilities, where they will be accepted. LGBT older adults may not have adult children to take care of them in their old age. People within the LGBT community are their support network. This creates a dynamic to care giving and care receiving that is different from the mainstream.

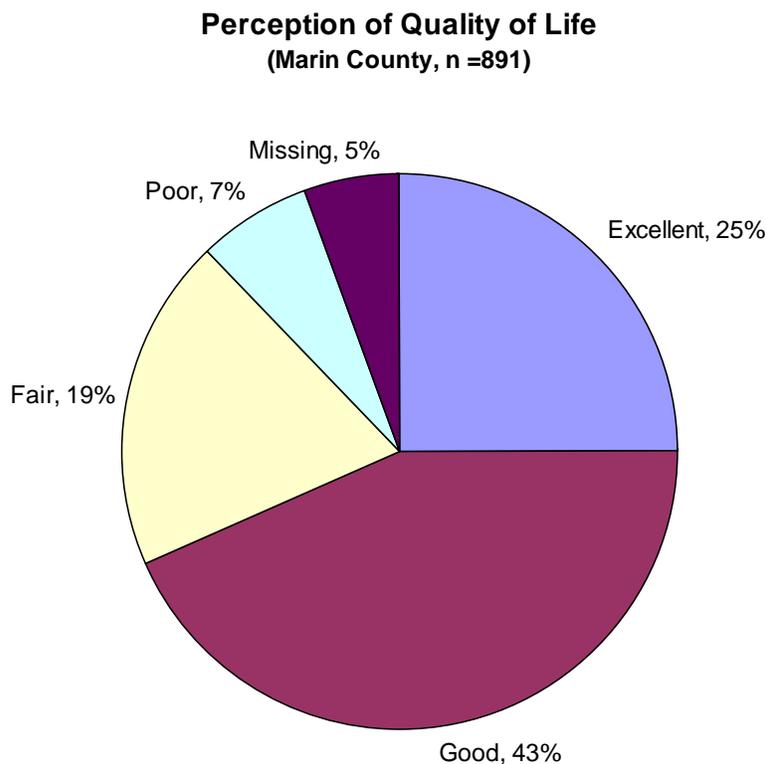
Figure 5. Source of Support with Activities of Daily Living



QUALITY OF LIFE

Staying well, maintaining independence, keeping social connections, and engaging in community life are vital in sustaining one’s quality of life. As shown in Figure 6, Marin older adults generally felt that their quality of life have is “good” (43%, n = 387). While one in four perceive their quality of life is “excellent,” a comparative proportion (26%) feel their life is “fair” or “poor.”

Figure 6. Quality of Life



Engaging in activities and staying connected to one’s community and social network of support are determinants of quality of life. This needs assessment study found that close to 60 % of respondents see family and friends on a regular basis. They connect with their support network once or several times a week, even daily for a small number of respondents. Those who report “never” seeing anyone is a very small minority (2% of respondents), and this is a group that runs the risk of being socially isolated. Table 4 demonstrates a sampling of the activities respondents are engaged in on a regular basis.

Television watching tops the list of activities older adults spend their time with frequency. Of the 891 respondents, almost 70% listed TV watching as a past time. Among the television watchers, about 6% indicated that it is their only activity. Frequent TV watching is often associated with lack of motivation, sedentary lifestyle, and social isolation—all of which could lead to poorer health outcomes.

Respondents participate in a number of activities that involve active living. Half of the respondents mentioned hiking and walking as a regular activity, with about 44% also mentioning exercising and participating in a fitness program. Respondents are also actively involved in community happenings. Among others, they go to the movies, see art exhibits, go on trips, dine at the congregate meal site, and attend lectures and classes. Faith-based group, clubs, and senior centers encourage social participation and prevent isolation. Majority of respondents (57%, n = 512) participate in recreation and community activities a few times a week, with an additional 18% (n = 160) going out at least once a week. A small number of older respondents (4%, n = 34) reported not at all participating in any activity in the community.

Table 4. Community Activities of Respondents

Involvement in Activities by Frequency of Mention (Marin County, n = 891)		
Type of Activity	n	%
Watching TV	618	69%
Walking/hiking	444	50%
Exercising, participating in a fitness program	388	44%
Going to the movies	367	41%
Going to museums, art exhibits	335	38%
Volunteering	322	36%
Going on trips (not including casinos)	294	33%
Attending senior lunch, congregate meal program	237	27%
Attending classes, lectures	235	26%
Participating in senior center/community center activities	210	24%
Going to synagogue, church, or spiritual center	199	22%
Doing arts and crafts	173	19%
Belonging to a social club (e.g., bocce, bridge, quilting, etc.)	150	17%
Missing	61	7%

Volunteering is an activity that deserves special attention. It is the sixth most frequently mentioned activity, with 36% of survey respondents currently volunteering. The benefits of volunteering on the mental, physical, and emotional well-being of individuals are immeasurable. A participant in the caregiver focus group mentioned that volunteering is her respite. It takes her away from her daily caregiving responsibilities and gives her a chance to socialize and feel good about herself.

Engaging older adults in volunteerism is especially important. A study by the Marin Community Foundation² found that older adult volunteers make up a significant portion of the workforce in the county. The study estimated that older adult volunteers contributed approximately 2,880 monthly hours to 16 nonprofit organizations in Marin. This equates to about \$300,000 to \$500,000 in annual contribution to organizations. The study discovered that older volunteers find an enhanced sense of purpose and self worth, improved mental and physical health, increased confidence in one's ability to make an impact in the community, and increased connection to younger generations among the impact of volunteerism on older adults. Volunteering has taken increasing significance for organizations these past few years' economic contraction. Organizations turn to volunteers to fill-in the gap when staffing

² Marin Community Foundation. *Impact of Volunteerism on Older Adults in Marin County*, January 2011. Novato, CA.

has been reduced. Continued exploration of ways to engage older adults in volunteer activities is important.

Decreasing ability to drive (40%) is the second most mentioned challenge with daily living activity among respondents. Another 25% also mentioned having trouble using transportation. Transportation is critical in sustaining independence and quality of life. Getting to appointments, volunteer placement, or grocery store require access to transportation. Driving is vital to supporting one's ability to age in place.

While majority of respondents (61%) still drive, some rely on others, mostly from family and friends (40% of respondents mentioned), for a ride. Respondents also rely on Whistlestop (11%), public transportation (10%), volunteer drivers (9%), taxi or private companies (3%), and West Marin Senior Services (2%) for their transportation needs. Marin voters' approval of Measure B in 2010 boosts funding to increase transportation options for older adults and people with disabilities in the county.

Continued monitoring of transportation issues and responding to the mobility needs of older adults need to be prioritized. In addition to making transportation available and affordable, services must also be effective and responsive to the needs of the clients. Several focus group participants from different communities expressed that while transportation may be available, the service does not work. While older adults in Marin City appreciate the new shuttle service, they felt it was poorly planned. Riders must walk down the hill to catch a ride because it is unsafe for a large vehicle to drive inside the housing complex to pick-up passengers. Since the shuttle is scheduled mostly for shopping, carrying grocery bags up the hill, even for healthy seniors, is a problem. Many expressed frustration that the service may be discontinued not because it is not needed, but because it is not meet riders' needs. Similarly, low-income focus group participants at the affordable senior housing facility have concerns about the transportation service to shopping centers that does not give them enough time to shop and takes them to stores that are not affordable.

GETTING CONNECTED

In the last decade, the burgeoning of communication technology, from smart phones to social networking, has created different avenues for people to get connected with one another. Today, face-to-face communication does not necessarily mean the physicality of having someone to be in front of you. "Seeing" someone virtually through a computer or smart phone screen is redefining the way we connect with people and presents an untapped potential for a number of sectors, including health and social services.

In this needs assessment, participants were asked to share information about how they use computer technology. Utilization of technology was high among respondents. More than 2 out of every 3 respondents (69%, n = 470) that provided information on this survey question use computers. E-mailing (57%) and searching the Internet for information (49%) were the most frequently mentioned use. Respondents also mentioned using computers for games and entertainment (36%), Skyping (22%) and communicating with their doctors of health care providers (22%). Online shopping, checking stocks, and online banking were also mentioned. A summary of respondents' use of computer technology is presented in Table 5.

Table 5. Respondents' Use of Technology

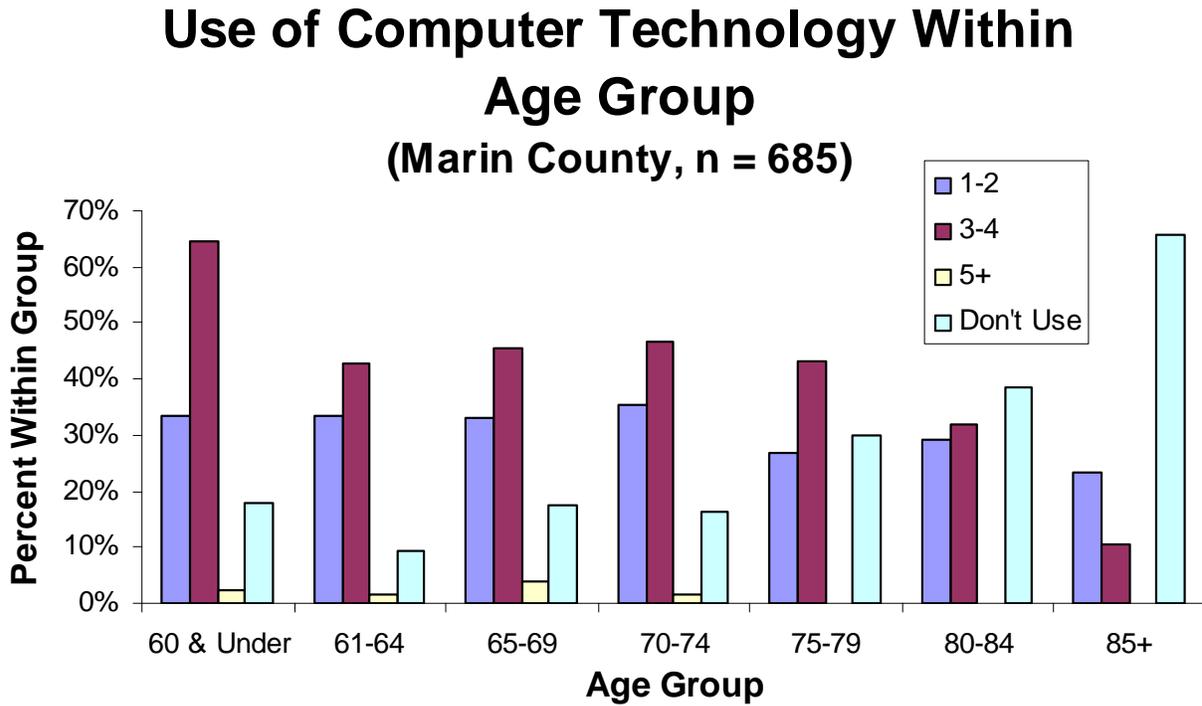
Use of Technology by Frequency of Mention (Marin County, n = 891)		
Use of Computer Technology	n	%
E-mailing	508	57%
Search the web for information	438	49%
Games and entertainment	289	32%
Do not use computers	226	28%
Skype	180	22%
Communicating with doctor or provider	174	20%
Missing	84	9%

Breaking down the use of technology by age group, an interesting pattern emerges. Approximately 77% (n = 685) provided information about their technology use. Of these, 24% indicated they “do not use computers.” Figure 7 below demonstrates the utilization of computer technology within age groups. As expected, advanced age corresponds with the number of people who do not use computers within the group. The older the age group, the larger the proportion gets of people who do not use technology within the cohort.

For computer users, however, age patterns only start to emerge as the number of uses of technology increases. As demonstrated in Figure 7, those in their mid to upper 80s are not that far behind in technology use from their younger contemporaries, especially for e-mailing and surfing the Internet (1–2 ways of using computers).

Technology presents planners and service providers a great opportunity and untapped potential to reach, communicate, and get connected with older persons. For instance, in rural communities abroad and in the United States, Skype is used in telemedicine. For long distance caregivers and service providers, checking on loved ones and clients face-to-face more often is possible, even if it is through a computer screen. It is a good way to enhance a phone conversation.

Figure 7. Utilization of Technology Within Age Group and Number of Uses



ISSUES AND CONCERNS

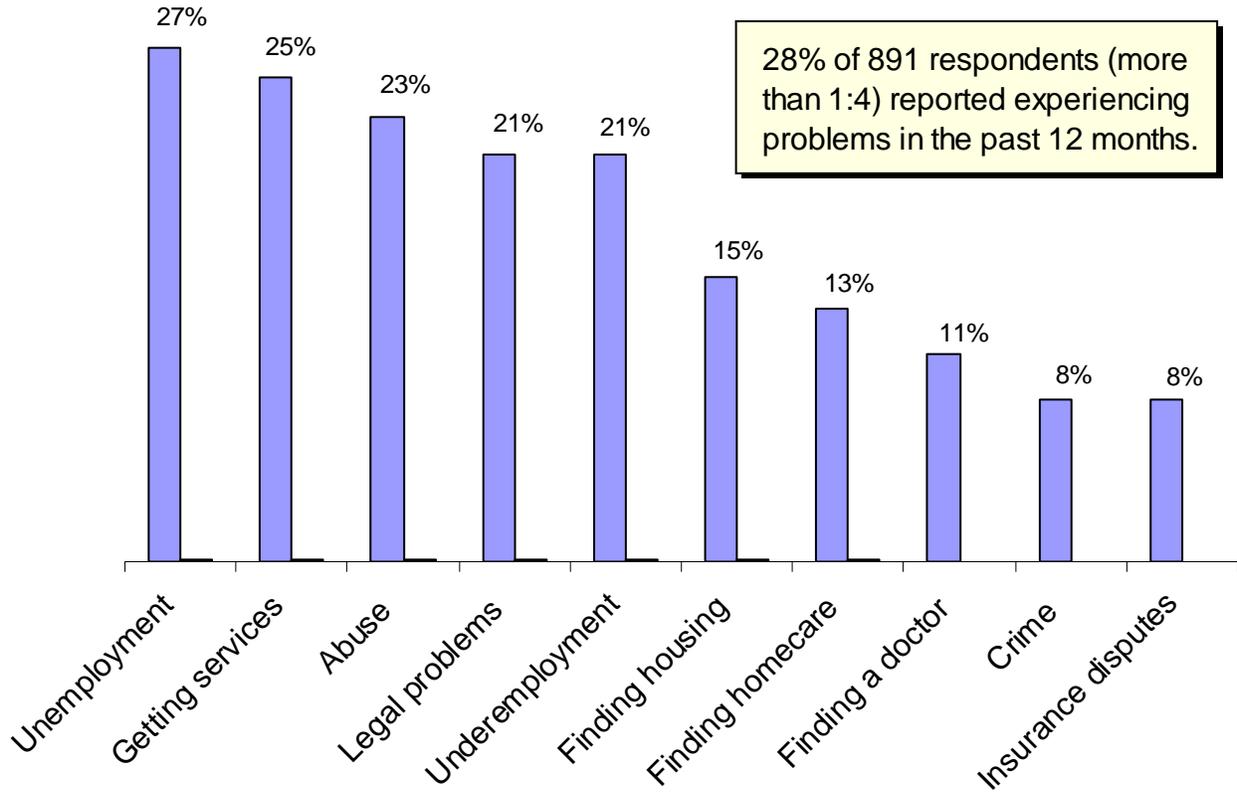
More than one in four respondents has experienced some kind of issue with abuse, employment, health, insurance, or legal concerns in the last 12 months. Issues expressed by survey respondents are summarized in the following figure.

Unemployment precedes all other fiscal concerns our nation has experienced in the past four years. This may also be an issue locally in Marin, even for older adults. Sixty percent of survey respondents (n = 536) are retired, 16% are working either part-time or full-time, and 15% are unemployed or underemployed. Of those who reported that employment has been a problem for them in the past 12 months (n = 118), 43% are looking for a job. Another 6% of the 891 total respondents are seeking employment even though they did not identify this as a problem in the past year.

Breaking down the employment problem by age group, one would expect that working age adults under 65 would be most concerned by this issue. Of those who identified their age on the survey, 78 respondents indicated that employment was an issue for them this past year. Among them, individuals who would be entering retirement or should have retired recently are the most affected. Baby boomers between the ages of 65–69 and the young 60s are the highest age groups, respectively at 31% and 24%, that identified experiencing problems with employment this past year. A breakdown of respondents by age group who found they were dealing with employment issues in the past year is shown in Figure 9.

Figure 8. Problems Experienced in the Past Year

Problems Experienced in the Last 12 Months by Frequency of Mentions (Marin County, n = 250)

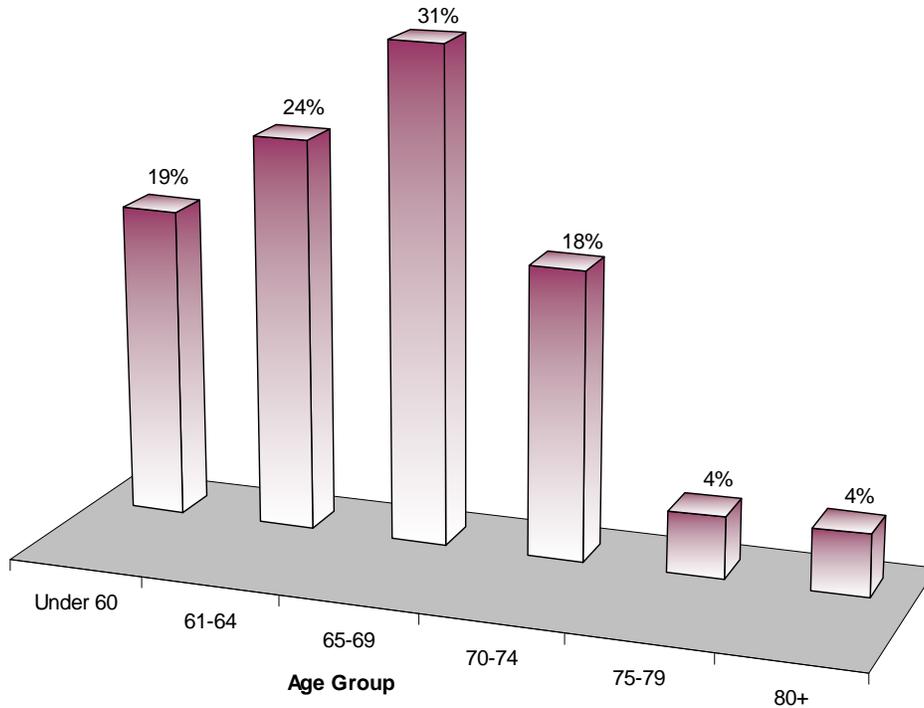


Report from the federal Equal Employment Opportunity Commission indicates that age-bias claims after layoff have soared during the economic downturn.³ Higher-paid older workers may have been targeted for layoffs. They also have a particularly harder time getting hired.

³ Levitz, J., Shishkin, P. (March 11, 2009). *The Wall Street Journal*. Retrieved from <http://online.wsj.com/article/SB123673216882289971.html>

Figure 9. Employment Issues by Age Group

Respondents with Identified Age that Reported Employment as an Issue in the Past 12 Months
(Marin County, n = 78)



Access to services was the second most mentioned issue experienced by respondents this past year. Almost every group the AAA visited for the community forum identified the need to have a hub where they can get information, share information, and learn about community resources. This hub must be located within their communities, recognizable among its members.

There was much support for the hub model in rural areas. The most appropriate place identified is the post office, since rural residents must come to the post office to pick-up their mail. The caregiver community came up with the notion of organizing a corps of coaches who are seasoned caregivers that can help others navigate the system.

Focus group participants recognized that the issue may not be service availability, but knowing how to get it. The 3 most frequently mentioned sources of information among the respondents are word-of-mouth through friends and family (38%), *Marin Independent Journal* (32%), and the Internet (23%). Service providers should use a variety of mediums including face-to-face outreach, print, and online to promote programs.

Aside from employment and accessing services, abuse, which may be in the form of financial, physical, or psychological, as well as legal problems make up the top five difficulties respondents went through in the last 12 months. A community forum with the Hispanic/Latino group in Novato illuminated this concern. Participants described issues with landlords taking advantage of their lack of English language skills or knowledge of tenancy rights. Some also feared retaliation and displacement if they complain or

file legal action. Community education from Adult Protective Services and legal service providers is necessary to increase the public's awareness of the resources available to prevent and report abuse.

HOUSING CHARACTERISTICS

Home ownership is high among the respondents. Of the 891 respondents, more than half were homeowners. Of the 464 homeowners, 58% do not owe a mortgage on their home. There were 203 renters, and majority of them (60%) are living in affordable and HUD-subsidized housing. Five percent of the responders live in a Mobile Home Park, with another 5% living in independent housing, and it is not clear whether they rent or own their dwelling. A group of older adults (4% of responders) who reside in assisted living, board and care, or residential care facility for the elderly also completed the survey.

“Aging in place” is a concept that supports individuals to live in their own home and community safely, independently, and comfortably, regardless of age, income, or ability level.⁴ Among the homeowners in our survey, 17% reported experiencing difficulty with affording home repair this past year. Affording home repairs was most difficult for those who have been in their homes for more than 30 years, the time when most homeowners pay off their mortgage obligations. Among those who have expressed difficulty with home repairs, 66% have lived in their homes for 30 years or more, which illustrates Marin older adults' predicament of being “house rich and cash poor.”

While older residents' length of stay in their homes confirm that they are indeed aging in place, the large proportion of homeowners who find the upkeep of their properties prohibitive may find living out their lives at home impossible. Costly modifications to make the home safe and adaptable to the aging person may not be feasible.

Even for renters, especially those who live in affordable housing properties, aging in place may not be attainable. A focus group meeting conducted in a HUD-subsidized housing for older adults confirmed that residents fear losing their units as their health and mobility declines. Apartment managers often find helping their residents who are showing signs of trouble a challenge. Instead of reaching out, residents hide their problems because of fear of eviction, misconstruing that managers will find them no longer appropriate for independent living, although this may be the case for some people. Residents who are no longer appropriate in an independent setting try to stay for as long as possible even when it is no longer safe to do so. They cannot afford to move to an assisted living facility where no subsidy is available, even for low-income people.

ECONOMIC SECURITY

Economic security was a concern for older adults in the last 12 months. More than one in three of the respondents (37%, n = 332) have experienced some kind of financial difficulty during this period. The most prevalent of these problems were affording the cost of food (20% of respondents) and fuel/transportation (17% of respondents). The prices of these commodities have risen dramatically in the past year. Older adults on fixed income will find even a slight increase in these essential items to be

⁴ Wikipedia. Retrieved from http://en.wikipedia.org/wiki/Aging_in_place on April 2, 2012.

most problematic. Insurance cost was also noted as an issue, mentioned by 16% of respondents. To round up the 5th highest financial burden respondents experienced this past year, 12% had trouble with medication cost, utility bills, and rent/mortgage payment.

Among the respondents, 36% of homeowner couples who owe mortgages on their homes are living below the Elder Economic Security Index that requires couples to have an annual income of \$50,023 combined. Compare this rate to the 2011 federal poverty level (FPL) of \$10,830, none of these couples who are homeowners would be considered at or below the federal poverty line. Among single homeowners who owe mortgages on their homes, 44% fall below the Elder Economic Security Index of \$41,731 annual income. Using the FPL, only one respondent would have fallen at or below the poverty line. Together, 37% of survey respondents who are homeowners with a mortgage fall below the Elder Economic Index.

The Elder Index income requirement for single renters is \$27,832 and \$36,124 for couples annually. It is not clear whether respondents who rent are single or couples. However, income information provided determined that 86% of renters have incomes below \$27,832 and 93% fall below \$36,124. This could be attributed to the fact that a high percentage of low-income older adults and residents in HUD housing were reached in our surveying process. If the FPL was used as criteria to determine poverty, only 37% of renters would have been considered at or below the poverty level.

CAREGIVING

Almost one out of every four survey respondent (22%) is providing uncompensated care to a family member, a friend, or both. There were 562 participants (63% of the 891 total respondents) that answered the caregiving questions in the needs assessment survey. Among them, 199 individuals, or more than one in three respondents that provided information, are caregivers.

While approximately 37% of caregivers (n = 73) are providing less than 5 hours of support a week, an equal proportion (37%, n = 74) provide between 6–30 hours of weekly care. Caregiving is a full-time job for 22% of caregivers. Forty-four caregivers are taking care of a loved one more than 40 hours a week. About 19% of caregivers are taking care of more than one person, usually a spouse and another family member. When asked whether they have to quit their jobs to take care of a loved one, 18% (n = 35) responded in the affirmative.

Family caregivers who participated in the focus group meeting identified four major areas of priority: getting connected to services, advocating for policy change to better support caregivers and care receivers, ceasing opportunities to develop and replicate best practices in caregiving, and expanding existing services that work.

Discussion

Trust-building is important in encouraging individuals to share personal information and express their concerns candidly in order to foster the integrity of the planning process. The success of reaching targeted populations for PSA 5's area planning process was due in large part to the efforts of partner organizations. Community-based organizations that work directly with clients were critical in building that trust. This is evident in the diversity of responders that participated in the survey as well as community forums.

The needs assessment provided a snapshot of the Area Agency on Aging client population's current state and future needs. Feedback provided directly by consumers through focus group meetings also articulated what works and what areas need improvement to make services more effective. Focus group participants also identified local assets and generated ideas on capitalizing these resources. This section will discuss areas for consideration for planners, providers, and the community in order to support and sustain the health, well-being, and independence of disabled adults, family caregivers, and older adult.

Prevention is imperative in supporting Marin County's aging population. Affordable routine preventive care, such as dental, eye, and medical exams will keep older adults' health in check, and they should be made available. We have seen in this needs assessment that eye problems from cataract, macular degeneration, and glaucoma, which increase with age is an issue for older adults. Similarly, routine dental care, which is not covered by Medicare and is no longer available through Medicaid, is an important element in prevention. Dental problems can lead to poor nutritional health, which then leads to even poorer health outcomes. Containing future health care costs should include, not relegate, services that prevent diseases and chronic conditions.

Community health prevention models should also be explored. Injury from a fall was the fourth leading health condition experienced by respondents in the past year. Advocacy, trainings, and education on physical activity and nutrition are areas of prevention that could be applied at the community level. The Marin County Department of Health and Human Services is currently leading a countywide effort to develop a Healthy Eating/Active Living strategic plan. The AAA and the Commission should support the implementation the plan's strategies and activities that impact older adults.

Census figures portray an alarmingly high rate of Marin older adults living alone. Living alone has major implications on the health and safety of the aging population. "Eating alone most of the time" is the third highest mentioned nutrition risk factor in the needs assessment survey. Without a companion to keep eating habits in check, older adults living alone may lack the motivation to be mindful of eating healthy and maintaining a balanced diet. Persons living alone also run the risk of feeling isolated and lonely, which is a risk factor for alcohol consumption and substance abuse.

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. In addition to the well-balanced nutritious meals provided through this program, the social connection fostered in a congregate setting and the contact drivers make to frail, home-bound seniors receiving meals-on-wheels are important intervention to social isolation.

The demand for nutrition services in PSA 5 has seen a dramatic increase in the past four years. While these programs have seen very little, if any, increase in funding these past few years, the cost of maintaining services has been a challenge for providers. Marin has gone through three different providers for home-delivered meal services in the past six years. Without additional funds, providers could not keep up with the spikes in food and fuel costs and leaving very little room to cover administrative expenses. The Elderly Nutrition Program is one of the most highly regulated programs in the Older Americans Act. Providers have often cited the high cost of administering the program due to the regulatory, reporting, and monitoring requirements. The Elderly Nutrition Program is an essential program for older adults in Marin. Supporting the nutritional health of older adults in the county will remain a priority for the AAA.

Program planning must include strategies to encourage and engage older adults to be active in community life. The Area Agency on Aging is working with the Marin Community Foundation (MCF) on projects that provide meaningful experiences for the elderly. In the coming year, MCF and the County are pulling their resources together to invigorate volunteers to be involved in the home-delivered meal program. The AAA issued a Request for Proposal in February 2012 that calls for a meal delivery model that utilizes volunteers. The AAA will evaluate the volunteer driver model for its effectiveness in engaging volunteers and sustaining the home-delivered meal program.

The Division of Aging and Adult Services (DAAS) is boosting its efforts to engage volunteers. DAAS is currently investing in building a strong volunteer infrastructure. A Volunteer Work Group has been organized to develop volunteer training, recruitment, retention, and recognition strategies for DAAS. Volunteers will be placed in various programs and services offered by the agency, including the AAA, chronic care management, Information & Assistance, Ombudsman, Public Guardian, and FAST.

The LGBT population is a “hidden” community that leads non-traditional lives. The lack of traditionally-defined family and support structure for LGBTs make aging especially challenging. Service providers must increase their competency and awareness of the challenges and needs of LGBTs as they age. Non-kin caregiving must be recognized and affirmed. The Spectrum LGBT Center should be used as a resource for cultural competence training, partnership, and referral. Spectrum as well as other organizations serving the LGBT community also needs support in order for them to continue carrying out their work.

Emerging needs give rise to opportunities. Marin has a rapidly aging population, and as their health declines, increasing need for home care and case management services will be seen. There is uncertainty over the future of the In-Home Supportive Services program, and with increasing aging population, case management and home care services for low-income people will be tentative. Populations that fall in the “eligibility gap,” those that are not poor enough to qualify for publicly-funded programs, but not rich enough to afford private pay services, will be especially hard hit. This presents an opportunity for private companies to capture the market for homecare targeted at those in the middle. Public, private, and nonprofit partnerships to creatively develop ways to make homecare more affordable for middle class older adults must be explored. For instance, focus group participants living in the affordable housing facility introduced the notion of cluster care. Neighbors would pull together their resources to hire a worker privately once a week to go from one apartment to the next to help with housekeeping and chores.

The “hub” model to accessing information about services and community activities is a strategy worth examining. Accessing information and services continues to be one of the biggest challenge older adults and family caregivers face. Despite efforts by the AAA to promote the Information and Assistance line over the years, very few people are aware of this service. Communities visited for the focus group meeting recommended identifying a hub in each community to share and get information. The AAA will explore this hub model to potentially train community liaisons to become resource navigators who will help others get connected to services. These liaisons will be in constant contact with the AAA for the dissemination of information. Other service providers may also use the community hubs to promote their programs and reach client populations and be more visible. As one focus group participant commented, “You guys [service providers] don’t come here often enough.”

Capitalize on the continuously evolving technology to reach the people we serve. Explore the use of online and real-time video capabilities in social services. Phone check-ins and assessments that do not have to be done in person may be enhanced through Skype technology. Training in installing and using Skype could address social isolation. Traveling is too expensive, and grandparents who are not as physically mobile or could not afford the airfare to see their grandchildren could maintain connection with their families using Skype at no charge. Other online social networking options such as Facebook and Twitter and their place in social services should also be examined.

There is a myriad of services available in Marin. Some are more effective in serving the client population than others. Focus group participants particularly mentioned congregate meals, counseling, home-delivered meals, IHSS, respite, and case management as essential programs that must be sustained. Older adults suggested that transportation needs improvement. In general, planners and service providers need to listen to their customers and provide services that are responsive to their needs.

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 DAAS 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. Ethnicity and culture are considered in the planning and service development process, as well as specific services to special populations such as Lesbian, Bi-Sexual, Gay and Transgender (LBGT) older individuals.

This year's needs assessment process (See Section 6) 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 settings – Skilled Nursing Facilities, Residential Care Facilities for the Elderly, Board & Care and Assisted Living Facilities. The English-language questionnaire was available in both Spanish and Vietnamese, in order to reach the county's largest ethnic groups. The survey delivery system was extensive and the results have been invaluable in terms of reducing service barriers to special populations and building the foundation for new services to our targeted populations.

In addition to the needs assessment survey, several focus groups were held in another effort to reach targeted populations. These focus groups, called community forums, gathered older adults, caregivers, family members from the following targeted areas: 1) African-American persons; 2) Latino/Hispanic persons; 3) family caregivers; 4) low-income persons; and 5) rural population areas. The groups provided insights about service needs, service barriers and related issues.

Through the delivery of services directly, contracting with local aging services organizations, collaborating with the COA on various projects, and participating in leadership 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 the one-stop service delivery agency for older adults in rural West Marin.
- ◆ Supporting the development of more dining sites in the rural towns of West Marin.
- ◆ 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.
- ◆ Working in collaboration with our local LGBT resource organization, Spectrum, the AAA provides diversity and cultural competency trainings for service providers in order to ensure

that the needs of LGBT older adults and family caregivers are appropriately assessed and met.

- ◆ The on-going involvement of the AAA with transit and paratransit planning organizations in the county allows service focus for frail and disabled older adults in need of assisted transportation.
- ◆ Several collaborative projects are targeted to the medical community and the medical needs of older adults. These include Chronic Care Management classes, the Intergenerational Conversation Project, and planning efforts in the area of fall prevention. Outreach to isolated older adults in these areas increases our ability to deliver services to the homebound and medically needy elders of Marin County.
- ◆ Establishing 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 newly developed Integrated Intake, Assistance & Referral telephone line offers callers an option for Spanish language and Vietnamese language. In addition, staff is trained in how to access our Language Line, in order to help persons needing another language. . 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.

The integration of services within the DAAS further strengthens the AAA's capacity to reach those who are in need. The addition of the In-Home Support Services, a home care program for low-income, Medi-Cal eligible and disabled adults at risk of being placed in institutional care to the Division's services extends our ability to identify and serve a larger population of vulnerable older adults. The DAAS serves as a one-stop program to find out about services for older persons and adults with disabilities available through the AAA as well as other providers in Marin. The *Network of Care* online website continues to be an invaluable resource to both older community members and to long-distance caregivers who are involved in planning the care of older relatives living in Marin.

Section 7: Public Hearings

Public Hearing is scheduled on Thursday, April 12, 2012 at the Pickleweed Park Community Center, 50 Canal Street, San Rafael. Proceedings of the Public Hearing will be posted in this section following the meeting.

DRAFT

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 and community discussions in targeted communities, a town hall meeting was held on January 24, 2012 to provide additional opportunities for the public to be involved in the planning process. Attendees included service providers, members of the Commission on Aging, staff of the Division of Aging and Adult Services, and other interested individuals. Dubbed the “Community Stakeholders’ Meeting,” attendees put forth strategies to address the needs of disabled adults, family caregivers, and older person in Marin.

Preliminary results of the needs assessment were presented to community stakeholders. Survey findings and feedback from focus group participants synthesize needs into four major themes: effectively accessing local services and resources; making existing services work; mobilizing action at the community level; and addressing the needs of those in the middle that fall in the “eligibility gap.”

Community stakeholders were engaged in a deeper conversation and were asked to come up with specific strategies to address these areas of need. Participants broke up into smaller groups and had a chance to move from one theme area to the next to provide their feedback on ways to address the needs. Concrete, actionable activities were suggested for each of the areas of need. Strategies presented converged into the following three major areas of priority that form the foundations for the development of the Area Plan goals for the next four years:

- ◆ Improve access to services, resources, and information
- ◆ Find local and community-based solutions to address needs
- ◆ Improve the effectiveness of the existing service system

Section 9: Area Plan Narrative Goals & Objectives

2012-2016 Four-Year Area Plan Cycle

Promote an effective, well-coordinated, and comprehensive system of care and support that is responsive to the needs of adults with disabilities, family caregivers, and older persons.

Objectives	Projected Start and End Dates	Title III B Funded PD or C 5	Update Status 6
1a. The Housing & Transportation Committee will collaborate with Marin Village to expand community-based volunteer driving initiatives by meeting at least once with Marin Village representatives and identifying one new community to work with.	July 1, 2012- June 30, 2013	PD	NEW
1b. The Planning Committee will continue to support the efforts of the Area Agency on Aging and work with partner agencies and existing coalitions to gather information and collect public input at least once a year to understand the needs of older adults and family caregivers in Marin County.	July 1, 2012 – June 30, 2013		NEW
1c. The Division of Aging and Adult Services will continue to develop its Integrated Information, Assistance and Referral unit by exploring the feasibility of establishing an Adult Disability Resource Center in Marin County in conjunction with the Marin Center for Independent Living agency.	July 1, 2012- June 30, 2013.	PD	NEW
1d. Through monitoring and oversight functions, the Elderly Nutrition Program’s Dietician will work closely with the division to encourage congregate meal and home-delivered meal services contractors to increase their use of fresh fruits and vegetables in meal production by at least 15%.	July 1, 2012 – June 30, 2013.		NEW
1e. The Division of Aging and Adult Services (DAAS) Volunteer Work Group will create and maintain the infrastructure to recruit, train, recognize and retain volunteers to work on various projects and programs within the organization. This effort will result in the creation of a DAAS Volunteer Development Plan.	July 1, 2012- June 30, 2013	PD	NEW

⁵ 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.

⁶ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

1f. The Division of Aging and Adult Services will partner with Spectrum LGBT Center to organize and sponsor a minimum of one event to raise public awareness, as well as service provider awareness, about the issues and concerns of lesbian, gay, bisexual and transgender persons as they age.	July 1, 2012 – June 30, 2013	C	NEW
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Goal 2: Utilize effective methods and best practices to enhance access to and dissemination of information about resources.

Objectives	Projected Start and End Dates	Title III B Funded PD or C 7	Update Status 8
2a. The Health Committee will organize a public education program at the Commission on Aging meeting on the importance of sleep. As a result of this presentation, commissioners and community members will learn how sleep changes as we age, the importance of sleep and possible solutions for sleep disturbances.	July 1, 2012 – June 30, 2013		NEW
2b. The Health Committee will publish an educational article in the Great Age newsletter about one of the following topics: Advanced Health Care Directives, Medical Tourism or Fall Prevention	July 1, 2012 – June 30, 2013		NEW
2c. The Housing & Transportation Committee will collect data from at least two regional areas per plan year (to be determined by committee) regarding waitlist and required move in fees at senior housing sites in Marin County to better inform advocacy efforts for housing older adults.	July 1, 2012 – June 30, 2013		NEW
2d. The Housing & Transportation Committee will provide ongoing legislative advocacy on senior issues including housing through outreach in IJ and other sources to educate community by developing at least 2 articles.	July 1, 2012 – June 30, 2013		NEW
2e. The Planning Committee will make sure that isolated communities are informed about programs and services for older adults in Marin County by conducting at least three information dissemination activities during the fiscal year and broadly publicizing them.	July 1, 2012 – June 30, 2013		NEW
2f. The Public Information Committee will sponsor a public education session at the Commission on Aging meeting on “Family Caregiving – How to Take Care of Yourself”.	July 1, 2012 – June 30, 2013		NEW
2g. The LTC Ombudsman Program will sponsor one community presentation about the issues faced by residents of	July 1, 2012 – June 30, 2013		NEW

⁷ 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.

⁸ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

long-term care facilities.			
2h. The DAAS , in conjunction with the Financial Abuse Specialist Team (FAST), will sponsor one all day forum to educate the community about elder abuse issues and prevention.	July 1, 2012 – May 30, 2013	PD	NEW

Goal 3: Mobilize action at the community level to address the unique needs of its people.

Objectives	Projected Start and End Dates	Title III B Funded PD or C 9	Update Status 10
3a. Health Committee representatives will continue to meet with the Fall Prevention Workgroup to support the coordination of shared planning, education, training and other information on fall prevention activities.	July 1, 2012 – June 30, 2013		Continuing
3b. Health Committee representatives in collaboration with Division of Aging and Adult Service will meet with the Novato Fire Department to explore the idea of a pilot project regarding follow-up on EMS calls to individuals who were treated at home following a fall and not transported to a hospital.	July 1, 2012 – June 30, 2013	PD	NEW
3c. The Health Committee will organize a public education program at a Commission on Aging meeting, at the Margaret Todd Senior Center on fall prevention and fall follow-up.	July 1, 2012 – June 30, 2013		NEW
3d. The Planning Committee will work with at least one community in Marin County to identify its needs and support system, ascertain its key leaders, and explore the possibility of piloting a community project that addresses the needs of its members.	July 1, 2012 – June 30, 2013	PD	NEW
3e. The Division of Aging and Adult Services will coordinate all elder abuse prevention, investigation and resolution activities, including the Marin Financial Abuse Specialist Team (FAST) and quarterly community presentations on the prevention of elder abuse.	July 1, 2012 – June 30, 2013	PD	Continuing
3f. Staff members of the LTC Ombudsman Program will sponsor and participate in a Volunteer Planning Group made up of division volunteer programs. The focus will be to increase efficiencies in the recruitment, orientation, training and retention of volunteers. A minimum of six meetings annually to be held.	July 1, 2012 – June 30, 2013	PD	NEW

⁹ 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.

¹⁰ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

Section 10: Service Unit Plan Objectives



PSA 5

TITLE III/VII SERVICE UNIT PLAN OBJECTIVES 2012–2016 Four-Year Planning Period CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service, as defined in PM 97-02. A blank copy of the NAPIS State Program Report with definitions is available at

http://cda.ca.gov/aaa/guidance/planning_index.asp.

For services not defined in NAPIS, refer to the Service Categories and Data Dictionary available at: http://cda.ca.gov/aaa/guidance/planning_index.asp.

Report units of service to be provided with **ALL funding sources**.

Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles III B, III C-1, III C-2, III D, VII (a) and VII (b). This SUP does **not** include Title III E services.

All service units measured in hours must be reported as whole numbers (no fractions/partial units can be reported). However, AAAs must track the actual time services were provided in their local database (i.e. minutes, fractions). The AAA's local software system must then round the total service units for each client by month and by service category to the nearest integer (i.e. can round up or down) when exporting these data to the California Aging Reporting System (CARS). Please note that this should not affect the actual data in the AAA database, only the service unit totals in the CARS export files. Due to rounding, CDA expects minor service unit discrepancies (not to exceed 5-10 percent) between the AAA database and CARS. Also see "CARS Overview and Guidance" document (once a PM is issued, we will insert the appropriate PM number).

1. Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	NA	NA	
2013-2014			
2014-2015			
2015-2016			

2. Homemaker**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	NA	NA	
2013-2014			
2014-2015			
2015-2016			

3. Chore**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	NA	NA	
2013-2014			
2014-2015			
2015-2016			

4. Home-Delivered Meal**Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	68,000	I	
2013-2014			
2014-2015			
2015-2016			

5. Adult Day Care/Adult Day Health**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	300	I	
2013-2014			
2014-2015			
2015-2016			

6. Case Management**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	416	I	
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	480	I	
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	11,916	I	
2012-2013			
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	NA	NA	
2013-2014			
2014-2015			

2015-2016			
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10. Transportation

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,300	I	
2013-2014			
2014-2015			
2015-2016			

11. Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,500	I	
2013-2014			
2014-2015			
2015-2016			

12. Nutrition Education

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,250	I	
2013-2014			
2014-2015			
2015-2016			

13. Information and Assistance

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	1,400	I	
2013-2014			
2014-2015			

2015-2016			
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14. Outreach

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	400	I	
2013-2014			
2014-2015			
2015-2016			

Instructions for Title III D /Health Promotion and Medication Management written objectives

Because of the nature of the Health Promotion and Medication Management activities, the AAAs are required to write objectives for all services provided with Title III D funds. The objective should clearly describe the **Service Activity** that is being performed to fulfill the service unit requirement. If you designate Title III D Health Promotion funds to support Title III C Nutrition Education and/or Nutrition Counseling services you would report the service units under Title III C NAPIS 9. Nutrition Counseling and/or NAPIS 12. Nutrition Education.

- **Service Activity:** List all the Title III D/Health Promotion specific allowable service activities provided. (i.e. health risk assessments; routine health screening; nutrition counseling/education services; evidence-based health promotion; physical fitness, group exercise, music, art therapy, dance movement and programs for multigenerational participation; home injury control services; screening for the prevention of depression and coordination of other mental health services; gerontological and social service counseling; and education on preventative health services. Primary activities are normally on a one-to-one basis; if done as a group activity, each participant shall be counted as one contact unit.)

CDA Service Categories and Data Dictionary, 2011.

- **Title III D/Health Promotion and Medication Management requires a narrative program goal and objective.** The objective should clearly explain the service activity that is being provided to fulfill the service unit requirement.
- **Title III D/Health Promotion and Medication Management:** Insert the program goal and objective numbers in all Title III D Service Plan Objective Tables

**16. Title III D Health Promotion
Service Activities:** _____

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

NAPIS Service Category 15 – “Other” Title III Services

- In this section, identify **Title III D**/Medication Management services (required); and also identify all **Title III B** services to be funded that were not reported in NAPIS categories 1–14 and 16 above. (Identify the specific activity under the Service Category on the “Units of Service” line when applicable.)
- Each **Title III B** “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 Service Categories and Data Dictionary.
- **Title III D/Medication Management requires a narrative program goal and objective.** The objective should clearly explain the service activity that is being provided to fulfill the service unit requirement.
- **Title III D/Medication Management:** Insert the program goal and objective numbers in all Title III D Service Plan Objective Tables

**Title III D, Medication Management ¹¹
Service Activities**

Units of Service = 1 Contact

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2012-2013			
2013-2014			
2014-2015			
2015-2016			

¹¹ 6 Refer to Program Memo 01-03

Title III B, Other Supportive Services ¹²

For all Title IIIB “Other” Supportive Services, use appropriate Service Category name and Unit of Service (Unit Measure) listed in the Service Categories and Data Dictionary. All “Other” services must be listed separately. You may duplicate the table below as needed.

Service Category Community Services & Senior Center Support

Fiscal Year	Proposed Units of Service	Goal Numbers	Unit of Service Hours
			Objective Numbers (if applicable)
2012-2013	3,000	1	
2013-2014			
2014-2015			
2015-2016			

Service Category In-Home Services Registry

Fiscal Year	Proposed Units of Service	Goal Numbers	Unit of Service Hours
			Objective Numbers (if applicable)
2012-2013	1,728	1	
2013-2014			
2014-2015			
2015-2016			

2012–2016 Four-Year Planning Cycle

TITLE III B and Title VII A:
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

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.

Baseline numbers are obtained from the local LTC Ombudsman Program’s FY 2010-2011 National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

Targets are to be established jointly by the AAA and the local LTC Ombudsman Program Coordinator. Use the baseline year data as the benchmark for determining FY 2012-2013 targets. For each subsequent FY target, use the most recent FY AoA data as the benchmark to determine realistic 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 2009-2010 was 73%.

1. FY 2010-2011 Baseline Resolution Rate: 81.5 ____ Number of complaints resolved 459 + Number of partially resolved complaints 165 divided by the Total Number of Complaints Received 766 = Baseline Resolution Rate 81.5%
2. FY 2012-2013 Target: Resolution Rate 80%
3. FY 2011-2012 AoA Resolution Rate ____% FY 2013-2014 Target: Resolution Rate ____%
4. FY 2012-2013 AoA Resolution Rate ____% FY 2014-2015 Target: Resolution Rate ____%
5. FY 2013-2014 AoA Resolution Rate ____% FY 2015-2016 Target: Resolution Rate ____%
Program Goals and Objective Numbers:

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

1. FY 2010-2011 Baseline: number of meetings attended 20
2. FY 2012-2013 Target: 16
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___
Program Goals and Objective Numbers:

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

1. FY 2010-2011 Baseline: number of meetings attended 6
2. FY 2012-2013 Target: number 6
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 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 2010-2011 Baseline: number of consultations 244
2. FY 2012-2013 Target: 220
3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___

Program Goals and Objective Numbers:

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 2010-2011 Baseline: number of consultations 1451

2. FY 2012-2013 Target: 1400

3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___

4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___

5. FY 2013-2014 AoA Data: ___ FY 2015-2016 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 2010-2011 Baseline: number of sessions 11

2. FY 2012-2013 Target: 6

3. FY 2011-2012 AoA Data: ___ FY 2013-2014 Target: ___

4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: ___

5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: ___

Program Goals and Objective Numbers: Goal 2, objective 2G

G. Systems Advocacy

1. FY 2012-2013 Activity: In the box below, in narrative format, please provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year.

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

Enter information in the box below.

Systemic Advocacy Effort(s)

Program will utilize volunteers to reach out to RCFE's and assist them in developing disaster plans, if needed, using the LTC Ombudsman disaster planning model.

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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 the total number of visits per year. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2010-2011 Baseline: 100%
Number of Nursing Facilities visited at least once a quarter not in response to a complaint 13 divided by the number of Nursing Facilities 13.
2. FY 2012-2013 Target: 100%
3. FY 2011-2012 AoA Data: ___% FY 2013-2014 Target: ___%
4. FY 2012-2013 AoA Data: ___% FY 2014-2015 Target: ___%
5. FY 2013-2014 AoA Data: ___% FY 2015-2016 Target: ___%
Program Goals and Objective Numbers:

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

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

1. FY 2010-2011 Baseline: 100%
Number of RCFEs visited at least once a quarter not in response to a complaint 53 divided by the number of RCFEs 53
2. FY 2012-2013 Target: 100%

3. FY 2011-2012 AoA Data: ___ % FY 2013-2014 Target: ___%
4. FY 2012-2013 AoA Data: ___ % FY 2014-2015 Target: ___ %
5. FY 2013-2014 AoA Data: ___ % FY 2015-2016 Target: ___%
Program Goals and Objective Numbers:

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

(One FTE generally equates to 40 hours per week or 1,760 hours per year) This number may only include staff time legitimately charged to the LTC Ombudsman Program. For example, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5. Time spent working for or in other programs may not be included in this number. Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: FTEs 2.675
2. FY 2012-2013 Target: 2.675 FTEs
3. FY 2011-2012 AoA Data: ___ FTEs FY 2013-2014 Target: ___ FTEs
4. FY 2012-2013 AoA Data: ___ FTEs FY 2014-2015 Target: ___ FTEs
5. FY 2013-2014 AoA Data: ___ FTEs FY 2015-2016 Target: ___ FTEs
Program Goals and Objective Numbers:

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

Verify numbers of volunteers with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2010 9
2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2013 6

3, FY 2011-2012 AoA Data: ___ certified volunteers

FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers
as of June 30, 2014 ___

4. FY 2012-2013 AoA Data: ___ certified volunteers

FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers
as of June 30, 2015 ___

5. FY 2013-2014 AoA Data: ___ certified volunteers

FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers
as of June 30, 2016 ___

Program Goals and Objective Numbers: Goal 3, Objective 3f

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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:

A. At least once each fiscal year, the Office of the State Long-Term Care Ombudsman sponsors free training on each of four modules covering the reporting process for the National Ombudsman Reporting System (NORS). These trainings are provided by telephone conference and are available to all certified staff and volunteers. Local LTC Ombudsman Programs retain documentation of attendance in order to meet annual training requirements.

<p>1. FY 2010-2011 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV 2</p> <p>Please obtain this information from the local LTC Ombudsman Program Coordinator.</p>
<p>2. FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV 2</p>
<p>3. FY 2011-2012 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV __4__</p> <p>FY 2013-2014 Target __4__</p>
<p>4. FY 2012-2013 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____</p> <p>FY 2014-2015 Target _____</p>
<p>5. FY 2013-2014 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____</p> <p>FY 2015-2016 Target: _____</p>
<p>Program Goals and Objective Numbers:</p>

TITLE VII B ELDER ABUSE PREVENTION
SERVICE UNIT PLAN 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 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.

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** – Please 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** – Please 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** – Please indicate the total number of projected training sessions for caregivers who are receiving services under Title III E of the Older Americans Act on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** – Please 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** – Please 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** – Please indicate the total number of individuals expected to be reached by any of the above activities of this program.

2012–2016 Four-Year Planning Period

TITLE VIIB ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

Fiscal Year	Total # of Public Education Sessions
2012-13	3
2013-14	
2014-15	
2015-16	

Fiscal Year	Total # of Training Sessions for Professionals
2012-13	4
2013-14	
2014-15	
2015-16	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2012-13	
2013-14	
2014-15	
2015-16	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2012-13	100
2013-14	
2014-15	
2015-16	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2012-2013	300	Elder abuse scams
		Financial elder abuse prevention
		How to recognize/report physical elder abuse
2013-2014		
2014-2015		
2015-2016		

Fiscal Year	Total Number of Individuals Served
2012-13	300
2013-14	
2014-15	

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2012–2016 Four-Year Planning Period

TITLE III E SERVICE UNIT PLAN OBJECTIVES
CCR Article 3, Section 7300(d)

This Service Unit Plan (SUP) utilizes the five broad federal service categories defined in PM 08-03. Refer to the Service Categories and Data Dictionary for eligible activities and service unit examples covered within each category. Specify proposed audience size or units of service for ALL budgeted funds.

All service units measured in hours must be reported as whole numbers (no fractions/partial units can be reported). However, AAAs must track the actual time services were provided in their local database (i.e. minutes, fractions). The AAA’s local software system must then round the total service units for each client by month and by service category to the nearest integer (i.e. can round up or down) when exporting these data to the California Aging Reporting System (CARS). Please note that this should not affect the actual data in the AAA database, only the service unit totals in the CARS export files. Due to rounding, CDA expects minor service unit discrepancies (not to exceed 5-10 percent) between the AAA database and CARS. Also see "CARS Overview and Guidance" document (once a PM is issued, we will insert the appropriate PM number).

Direct Services

CATEGORIES	1	2	3
Direct III E Family Caregiver Services	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
Information Services	# of activities and Total est. audience for above		
2012-2013	# of activities: Total est. audience for above:		
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
Support Services	Total hours		
2012-2013			

2013-2014			
2014-2015			
2015-2016			
Respite Care	Total hours		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
Supplemental Services	Total occurrences		
2012-2013			
2013-2014			
2014-2015			
2015-2016			

Direct III E Grandparent Services	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	# of activities and Total est. audience for above		
2012-2013	# of activities: Total est. audience for above:		
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
Support Services	Total hours		
2012-2013			
2013-2014			

2014-2015			
2015-2016			
Respite Care	Total hours		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
Supplemental Services	Total occurrences		
2012-2013			
2013-2014			
2014-2015			
2015-2016			

Contracted Services

Contracted III E Family Caregiver Services	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	# of activities and total est. audience for above:		
2012-2013	# of activities: 12 Total est. audience for above: 100	2	
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2012-2013	450	1	
2013-2014			
2014-2015			
2015-2016			

Support Services	Total hours		
2012-2013	1,035	1	
2013-2014			
2014-2015			
2015-2016			
Respite Care	Total hours		
2012-2013	1,934	1	
2013-2014			
2014-2015			
2015-2016			
Supplemental Services	Total occurrences		
2012-2013			
2013-2014			
2014-2015			
2015-2016			

Contracted III E Grandparent Services	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2012-2013	# of activities: Total est. audience for above:		
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
Support Services	Total hours		

2012-2013			
2013-2014			
2014-2015			
2015-2016			
Respite Care	Total hours		
2012-2013			
2013-2014			
2014-2015			
2015-2016			
Supplemental Services	Total occurrences		
2012-2013			
2013-2014			
2014-2015			
2015-2016			

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SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)
2012–2016 Four-Year Planning Period

List all SCSEP monitor sites (contract or direct) where the AAA provides services within the PSA (Please add boxes as needed)

Location/Name (AAA office, One Stop, Agency, etc): YWCA of San Francisco & Marin (Located within the County of Marin Job Training Services Program.)
Street Address: 4380 Redwood Highway, San Rafael, CA 94903
Name and title of all SCSEP staff members (paid and participant): Judy Case, Executive Director Betty Szudy, Project Coordinator Peggy Tuescher, Program Monitor (Participant)
Number of paid staff <u> 1 </u> Number of participant staff <u> 1 </u>
How many participants are served at this site? 9

Location/Name (AAA office, One Stop, Agency, etc):
Street Address:
Name and title of all SCSEP staff members (paid and participant):
Number of paid staff _____ Number of participant staff _____
How many participants are served at this site?

Location/Name (AAA office, One Stop, Agency, etc):
Street Address:
Name and title of all SCSEP staff members (paid and participant):
Number of paid staff _____ Number of participant staff _____
How many participants are served at this site?

¹³ If not providing Title V, enter PSA number followed by "Not providing".

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)
SERVICE UNIT PLAN**

PSA # _____

**2012-2016 Four-Year Planning Cycle
CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) uses definitions that can be found at www.aging.ca.gov. After connecting with the Home Page, select “AAA” tab, then “Reporting”, then select “Reporting Instructions and Forms”, and finally select “**Health Insurance Counseling and Advocacy Program**” to find current instructions, definitions, acronyms, and reporting forms. HICAP reporting instructions, specifications, definitions, and forms critical to answering this SUP are all centrally located there. If you have related goals in the Area Plan to Service Unit Plan, please list them in the 3rd column.

IMPORTANT NOTE FOR MULTIPLE PSA HICAPs: If you are a part of a multiple PSA HICAP where two or more AAAs enter into agreement with one “Managing AAA,” then each AAA must enter its equitable share of the estimated performance numbers in the respective SUPs. Please do this in cooperation with the Managing AAA. The Managing AAA has the responsibility of providing the HICAP services in all the covered PSAs in a way that is agreed upon and equitable among the participating parties.

IMPORTANT NOTE FOR HICAPs WITH HICAP PAID LEGAL SERVICES: If your Master Contract contains a provision for HICAP funds to be used for the provision of HICAP Legal Services, you must complete Section 2.

IMPORTANT NOTE REGARDING FEDERAL PERFORMANCE TARGETS: The Centers for Medicare and Medicaid Services (CMS) requires all State Health Insurance and Assistance Programs (SHIP) meet certain targeted performance measures. These have been added in Section 4 below. CDA will annually provide AAAs, via a Program Memo, with individual PSA targets in federal performance measures to help complete Section 4.

Section 1. Three Primary HICAP Units of Service

State Fiscal Year (SFY)	Total Estimated Persons Counseled Per SFY (Unit of Service)	Goal Numbers
2012-2013		
2013-2014		
2014-2015		
2015-2016		
State Fiscal Year (SFY)	Total Estimated Number of Attendees Reached in Community Education Per SFY (Unit of Service)	Goal Numbers
2012-2013		

2013-2014		
2014-2015		
2015-2016		

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State Fiscal Year (SFY)	Total Estimated Number of Community Education Events Planned per SFY (Unit of Service)	Goal Numbers
2012-2013		
2013-2014		
2014-2015		
2015-2016		

Section 2. Three HICAP Legal Services Units of Service (if applicable)¹⁴

State Fiscal Year (SFY)	Total Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2012-2013		
2013-2014		
2014-2015		
2015-2016		
State Fiscal Year (SFY)	Total Estimated Number of Legal Representation Hours Per SFY (Unit of Service)	Goal Numbers
2012-2013		
2013-2014		
2014-2015		
2015-2016		
State Fiscal Year (SFY)	Total Estimated Number of Program Consultation Hours per SFY (Unit of Service)	Goal Numbers
2012-2013		
2013-2014		
2014-2015		

¹⁴ requires a contract for using HICAP funds to pay for HICAP Legal Services

2015-2016		
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Section 3. Two HICAP Counselor Measures

State Fiscal Year (SFY)	Planned Average Number of Registered Counselors for the SFY¹⁵
2012-2013	
2013-2014	
2014-2015	
2015-2016	

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¹⁰ The number of registered Counselors will vary throughout the year. This includes Paid Counselors, In-kind Paid Counselors, and Volunteer Counselors. For “average,” how many Counselors do you intend to keep on registered rolls at any given time through the year?

State Fiscal Year (SFY)	Planned Average Number of Active Counselors for the SFY¹⁶
2012-2013	
2013-2014	
2014-2015	
2015-2016	

Section 4. Eight Federal Performance Benchmark Measures

Fiscal Year (FY)	4.1 - Beneficiaries Reached Per 10k Beneficiaries in PSA
2012-2013	
2013-2014	
2014-2015	
2015-2016	

Note: This includes counseling contacts and community education contacts.

Fiscal Year (FY)	4.2 - One-on-One Counseling Per 10k Beneficiaries in PSA
2012-2013	
2013-2014	
2014-2015	
2015-2016	

Fiscal Year (FY)	4.3 - Beneficiaries with Disabilities Contacts Reached Per 10k Beneficiaries with Disabilities in PSA
2012-2013	
2013-2014	

¹⁶ the number of active Counselors will vary throughout the year. This includes Paid Counselors, In-kind Paid Counselors, and Volunteer Counselors. The average number of active Counselors cannot be greater than the total average registered Counselors. At any given time, how many of the registered Counselors do you anticipate will actually be counseling? For example, you may anticipate that 85% of your Counselors would be working in the field at any given time. Use the number of Counselors this represents for the average active Counselors, a subset of all registered Counselors.

2014-2015	
2015-2016	

Note: These are Medicare beneficiaries due to disability and not yet age 65.

Fiscal Year (FY)	4.4 - Low Income Contacts Per 10k Low Income Beneficiaries in PSA
2012-2013	
2013-2014	
2014-2015	
2015-2016	

Note: Use 150% Federal Poverty Line (FPL) as Low Income.

Fiscal Year (FY)	4.5 – All Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA
2012-2013	
2013-2014	
2014-2015	
2015-2016	

Note: This includes all enrollment assistance, not just Part D.

Fiscal Year (FY)	4.6 - Part D Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA
2012-2013	
2013-2014	
2014-2015	
2015-2016	

Note: This is a subset of all enrollment assistance in 4.5.

Fiscal Year (FY)	4.7 - Total Counselor FTEs Per 10k Beneficiaries in PSA

2012-2013	
2013-2014	
2014-2015	
2015-2016	
Fiscal Year (FY)	4.8 - Percent of Active Counselors That Participate in Annual Update Trainings
2012-2013	
2013-2014	
2014-2015	
2015-2016	

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Section II: Focal Points

PSA #5

2012-2016 Four-Year Planning Cycle

COMMUNITY FOCAL POINTS LIST

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

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

Marin County Department of Health & Human Services
Division of Aging & Adult Services
10 North San Pedro Road, Suite 1023
San Rafael, CA 94903
415.473.7118 (Phone)
415.473.5055 (FAX)
Website: www.marincounty.org/aging

Section 12: Disaster Preparedness



SECTION 12 - DISASTER PREPAREDNESS

PSA 5

Disaster Preparation Planning Conducted for the 2012-2016 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:

A representative from the Marin County DAAS Marin County Division of Aging & Adult Services serves on the Health & Human Services (H&HS) Disaster Planning Committee which meets monthly. This Committee has members from all County departments who are involved in emergency services planning. Members include Public Health, the Emergency Services Office, the IST office, and many others. In addition, this Committee holds quarterly meetings with the Marin Disaster Agency Collaboration, 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”.

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
Ursala Hanks	Emergency Services Coordinator	Office: 415.473.5039 Cell: NA	uhanks@marincounty.org

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Robert Cretti	Social Worker II	Office: 415.473.7486 Cell: 415.450.1655	rcretti@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 Adult Protective Services	a Division Social Workers and Nurses
b Home-Delivered Meals	b AAA Contractors with AAA Staff
c In-Home Supportive Services (IHSS)	c Division Social Workers and Providers
d	d

5. List any agencies with which the AAA has formal emergency preparation or response agreements.
 There are formal agreements with all relevant county departments and outside agencies through the H&HS Disaster Planning Committee. The DAAS also continues to work with all contract service providers to ensure that each has an up-to-date emergency and disaster preparedness plan.

6. Describe how the AAA will:
- Identify vulnerable populations - Marin County Emergency Services Office keeps an up-to-date list of In-Home Supportive Services (IHSS) homebound clients and those without support systems are noted. The DAAS also works with the Marin Center for Independent Living, an agency which tracks homebound disabled adults. These resources will be utilized in the event of an emergency, as well as client information from community agencies. All Skilled Nursing Facilities and Residential Care Facilities for the Elderly are mapped and tracked during a disaster. In addition, two DAAS staff members serve as “Special Needs Advocates” in the Office of Emergency Services during the emergency event.
 - Follow-up with these vulnerable populations after a disaster event – The designated “Special Needs Advocates” work with the staff of the division to ensure that all elderly and disabled clients assisted during the emergency have resolved their individual situations and are prepared to return home, if applicable, or have their needs met before closing the case.

Section 13: Priority Services



PSA 5

2012-2016 Four-Year Planning Cycle

**PRIORITY SERVICES:
Funding for Access, In-Home Services, and Legal Assistance**

The CCR, Article 3, Section 7312, requires that the AAA 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 funds¹⁷ 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 & Percentage of Title III B Funds expended in/or to be expended in FY 2012-13 through FY 2015-16

Access:

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

12-13: 20%	13-14	%	14-15	%	15-16	%
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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.

12-13: 5%	13-14	%	14-15	%	15-16	%
------------------	-------	---	-------	---	-------	---

Legal Assistance Required Activities¹⁸:

¹² Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B 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.

¹³ Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

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

12-13: **5%** 13-14 % 14-15 % 15-16 %

1. Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. 5

Allocation levels from the preceding area planning cycle have been maintained. These levels were found to be sufficient in meeting the need for services in PSA 5.

2. Update this form if the minimum percentages change from the initial year of the four-year plan. **(Completed)**
3. Provide documentation that prior notification of the Area Plan public hearing(s) was provided to all interested parties in the PSA and that the notification indicated that a change was proposed, the proposed change would be discussed at the hearing, and all interested parties would be given an opportunity to testify regarding the change. NA
4. Submit a record (e.g., a transcript of that portion of the public hearing(s) in which adequate proportion is discussed) documenting that the proposed change in funding for this category of service was discussed at Area Plan public hearings. NA

Section 14: Notice of Intent to Provide Direct Services



PSA ____

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

Check applicable direct services

Check each applicable Fiscal Year

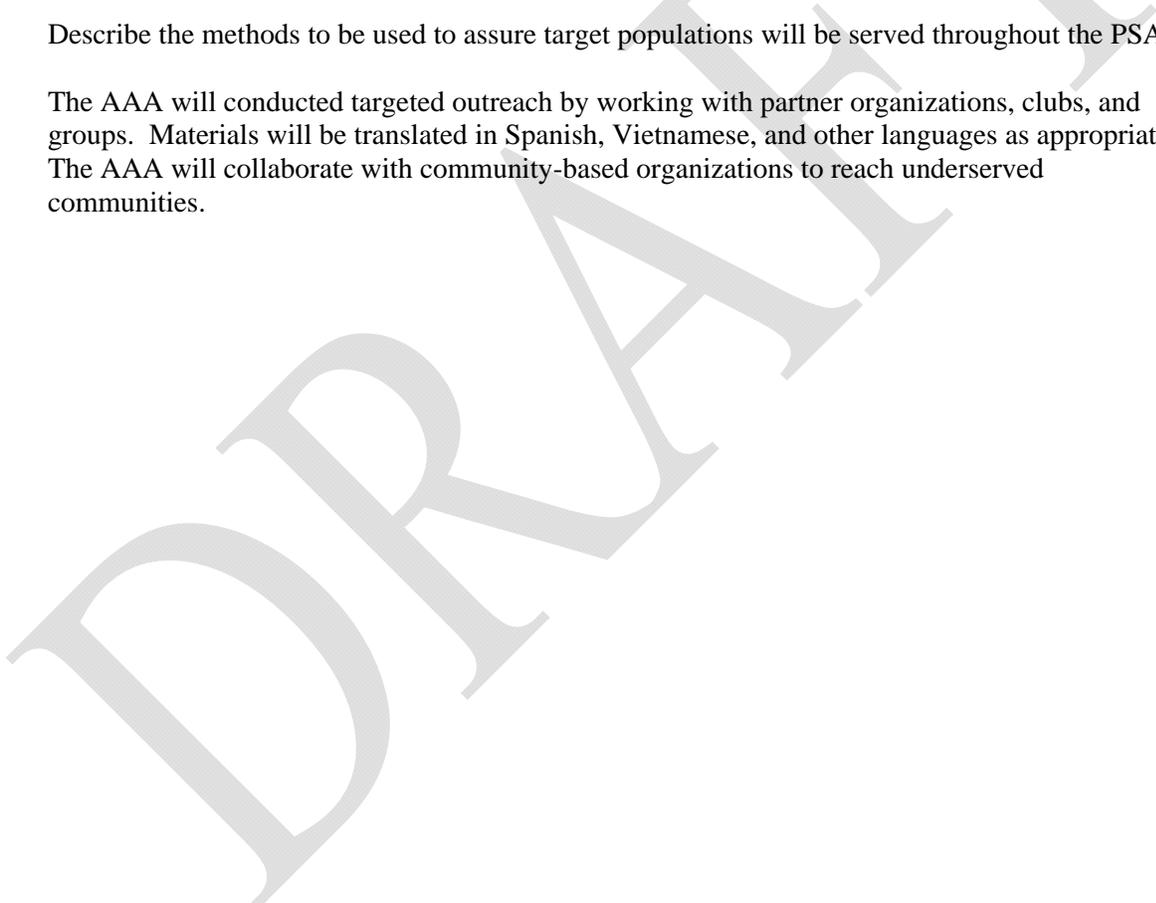
Title III B	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Program Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Title III D	 12-13	 13-14	 14-15	 15-16
<input checked="" type="checkbox"/> Disease Prevention and Health Promotion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Medication Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Title III E	 12-13	 13-14	 14-15	 15-16
<input type="checkbox"/> Information Services ¹⁹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹⁹ Refer to PM 08-03 for definitions for the above Title III E categories. If the AAA plans to add in FY 08-09 new direct Title III E Respite Care or Supplemental Services, a separate Section 16 is required for either the Respite Care or Supplemental Service categories.

<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII a	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Long-Term Care Ombudsman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII b	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Long-Term Care Ombudsman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VIIB	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

The AAA will conducted targeted outreach by working with partner organizations, clubs, and groups. Materials will be translated in Spanish, Vietnamese, and other languages as appropriate. The AAA will collaborate with community-based organizations to reach underserved communities.



Section 15: Request for Approval to Provide Direct Services

PSA 5

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: Intake, Assessment, and Data Management

Check applicable funding source:²⁰

III B III C-1 III C-2 III E VII a
 HICAP

Request for Approval Justification:

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

Below, check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle. This Section must be submitted yearly if the AAA intends to provide service in subsequent Plan years.

2012-13 2013-14 2014-15 2015-16

Justification: Below and/or through additional documentation, AAAs must provide a cost-benefit analysis that substantiates this request for direct delivery of the above stated service.²¹ Provider requires minimum reimbursement of \$1/meal for intake, assessment and data management. The AAA can provide this service at half the cost with the use of existing staff in the IHSS program as well as other support workers.

¹⁵ Section 16 does not apply to Title V (SCSEP).

¹⁶ For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement.

Section 16: Governing Board



PSA 5

SECTION 16 - GOVERNING BOARD

GOVERNING BOARD MEMBERSHIP 2012-2016 Four-Year Area Plan Cycle

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

Total Number of Board Members: 5

Name and Title of Officers:

**Office Term
Expires:**

Supervisor Steve Kinsey, President	6/12
Supervisor Judy Arnold, Vice-President	6/14
Supervisor Kathrin Sears, 2 nd Vice-President	6/12

**Names and Titles of All Members:
Expires:**

Board Term

Supervisor Susan Adams	6/14
Supervisor Judy Arnold, Vice-President	6/14
Supervisor Steve Kinsey, President	6/12
Supervisor Katie Rice	6/12
Supervisor Kathrin Sears, 2 nd Vice-President	6/12

Section 17: Advisory Council

PSA 5

ADVISORY COUNCIL MEMBERSHIP 2012-2016 Four-Year Planning Cycle

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 20

	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
Race/Ethnic Composition		
White	<u>80.5%</u>	
<u>91.3%</u>		
Hispanic	<u>14%</u>	
<u>0</u>		
Black	<u>3%</u>	
<u>8.7%</u>		
Asian/Pacific Islander	<u>.6%</u>	
<u>0</u>		
Native American/Alaskan Native	<u>.5%</u>	
<u>0</u>		
Other	<u>1.4%</u>	
<u>0</u>		

Name and Title of Officers:

**Office Term
Expires:**

Sue Beittel, Chairperson	6/12
Roberta Romeo, Ph.D., Vice Chair	6/13
James Monson, Secretary	6/13

Name and Title of other members:

Office Term Expires:

Michael Aaronson	6/12
Chrisula Asimos, Ph.D.	6/12
Marge Belknap, M.D.	6/14
Elli Bloch (California Senior Legislature)	6/14
Mary Lou Blount	6/14
Allan Bortel	6/14
Sybil Boutilier	6/14
Martha Copeland	6/13
Teri Dowling	6/12
Vera Gertler	6/13
Pat Lewis	6/12
Roberta Michels	6/12
Sandra Miller (California Senior Legislature)	6/14
Elizabeth Moody	6/13
Luanne Mullin	6/14
Lois Riddick	6/13
Donna Robbins	6/14
Roberta Romeo	6/12
Sue Severin	6/14
Carol Zeller	6/14
Vacancy/City of Larkspur	

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

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| Low Income Representative | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Disabled Representative | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Supportive Services Provider Representative | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health Care Provider Representative | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family Caregiver Representative | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Local Elected Officials | <input type="checkbox"/> | <input type="checkbox"/> |
| Individuals with Leadership Experience in | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Private and Voluntary Sectors

Explain any "No" answer(s):

Membership on the Commission is not currently reserved for an elected official, unless the appointing body decides to do so when selecting a representative from their jurisdiction.

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).

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Section 18: Legal Assistance



PSA 5

2012-2016 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.²²

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

The mission of the Division of Aging and Adult Services is to "promote the quality of life and independence of disabled and older adults." 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 quality of life and independence 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 III B funding is allocated to Legal Services? 5%

Title IIIB funding allocation for legal services is 5%, which is consistent with previous Area Plan cycle funding levels and is found to be adequate in meeting the needs of our constituents in PSA 5.

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).

Our Legal Services provider continues to assist an increased number of older adults-more than the contract requires because we are obligated to give all seniors a free consultation. However, funding has remained static for over 10 years with our costs and as the numbers have gone up, it is more difficult to serve these clients in a timely manner. Additional funding would be much appreciated.

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

Legal services are contracted to a local community-based non-profit organization in Marin County. As specified in the contractor's scope of service requirements, legal assistance as well as education and training must be provided to the targeted senior

²² For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or COkwuosa@aging.ca.gov

population, with priority given to minority and low-income older adults. Residents of long-term care and senior housing facilities area also targeted and on-going effort to reach them is a priority.

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

Fiscal Year	# of Legal Assistance Services Providers
2012-2013	1
2013-2014	
2014-2015	
2015-2016	

6. Does your PSA have a hotline for legal services? No

7. What methods of outreach are providers using? Discuss:

The Information and Assistance (I & A), a program administered directly by the AAA, tracks inquiries for legal services and refers clients to the provider. Follow-up calls are also conducted by I & A staff to make sure that clients receive the services they need. Provider conducts community education trainings at various events, long-term care facilities, senior housing, and other venues. Staff attorney with expertise in wills, trust, and advance health care directives also conducts onsite legal clinics once a week at Whistlestop, a local paratransit and aging service provider, and every other week at the Mill Valley Community Center. 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.

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

Fiscal Year	Name of Provider	Geographic Region covered
2012-2013	a. Legal Aid of Marin b. c.	a. Marin County b. c.
2013-2014	a. b.	a. b.

	c.	c.
2014-2015	a. b. c.	a. b. c.
2015-2016	a. b. c.	a. b. c.

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

Consumers access legal services by calling the Information and Assistance line. Staff makes subsequent referrals to the legal services provider. Clients also call the provider directly, make appointments, walk-in at the provider's office, or show up during onsite clinics hours.

10. Identify the major types of legal issues that are handled by the TIII-B legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area):

Due to the economic downturn, major legal issues on matters pertaining to economic security, primarily centering on housing issues, have been observed. This includes eviction problems and foreclosures. Other legal issues regarding driver's license, automobile accidents, powers of attorney, financial disputes with families and caregivers, hoarding, small, claims and disability are also seen.

11. In the past four years, has there been a change in the types of legal issues handled by the TIII-B legal provider(s) in your PSA? Discuss: No.

12. 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. For this reason, the provider has set up an onsite legal clinic at Whistlestop, a well-known gathering place for older persons in the county. Whistlestop is located in Central Marin and is across from the public transit hub.

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

13. What other organizations or groups does your legal service provider coordinate services with? Discuss:

The provider conducts various outreach activities by partnering with aging service organizations throughout Marin, especially those that target low-income, minority and rural older adults. This includes 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.

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Section 19: Multipurpose Senior Center Acquisition or Construction Compliance Review²³

PSA 5

2012-2016 Four-Year Area Planning Cycle

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

- No. Title III B funds have not been used for MPSC Acquisition or Construction.
- Yes. Title III B funds have been used for MPSC Acquisition or Construction.
If yes, complete the chart below.

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

¹⁸ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as an MPSC.

Section 20: Title III-E

Family Caregiver Support Program

PSA

Older Americans Act Section 373(a) and (b)
Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services

2012–2016 Four-Year Planning Cycle

Based on PSA review of current support needs and services for **family caregivers** and **grandparents** (or other older relative of a child), does the AAA **intend** to use Title III E and/or matching FCSP funds to provide each of the following federal Title III E services for both family caregivers and grandparents?

Check YES or NO for each of the services identified below.

	YES	NO
Family Caregiver Information Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family Caregiver Access Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family Caregiver Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family Caregiver Respite Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family Caregiver Supplemental Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
and		
Grandparent Information Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Grandparent Access Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Grandparent Support Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Grandparent Respite Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Grandparent Supplemental Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTE: Refer to PM 08-03 for definitions for the above Title III E categories.

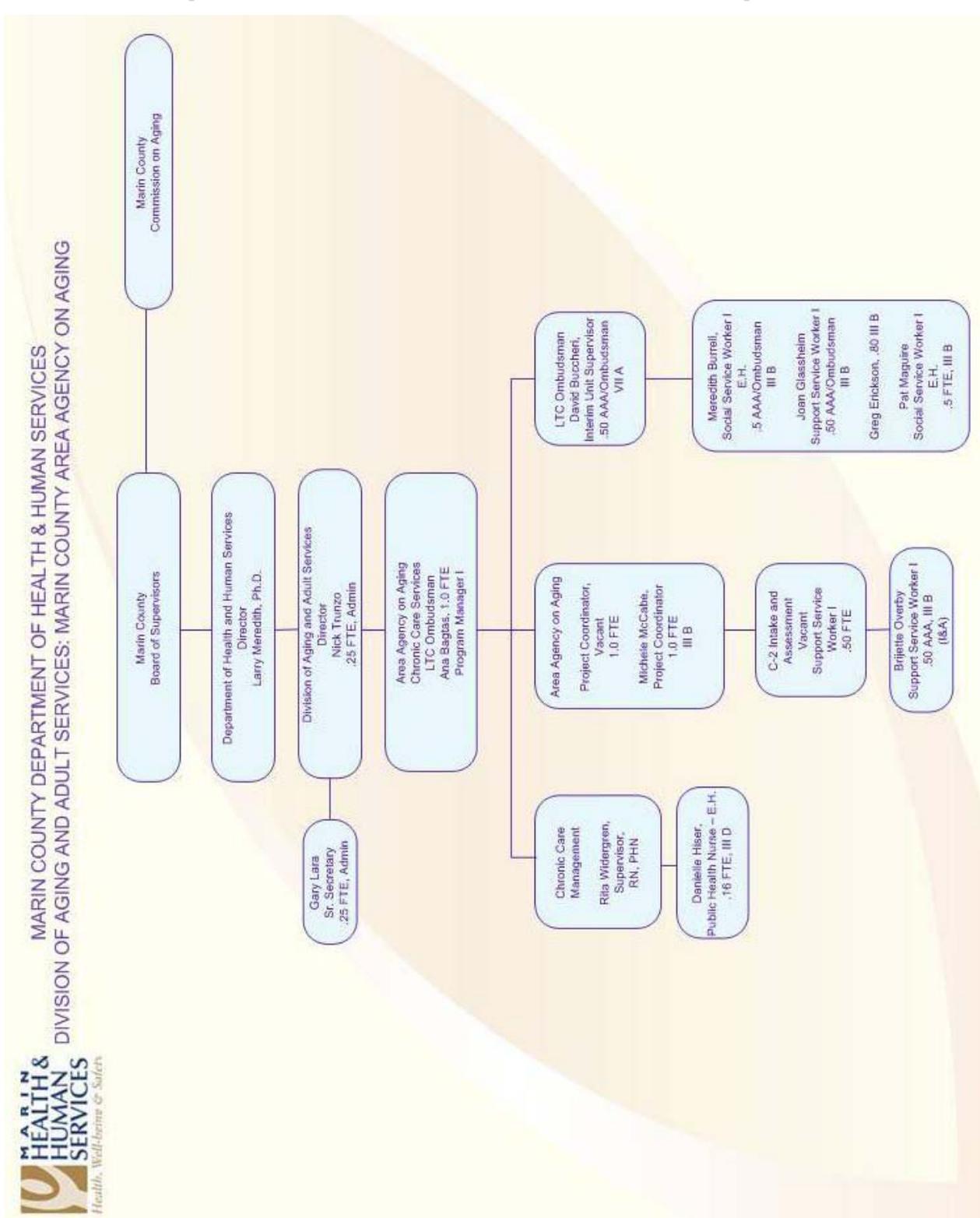
Justification: For each service category checked “NO”, explain how it is being addressed within the PSA:

Services provided in PSA 5 under the Family Caregiver Support Program makes every effort to reach all caregivers, including grandparents. While no specific grandparent program is planned, the PSA will make sure that contractors reach this group by working in targeted communities and partnering with community-based organizations in the area. This includes the Marguerita Johnson Senior Center’s Sunshine Grandparents group and the Whistlestop and Margaret Todd Senior Center multicultural programs. Other services to grandparents will be posted on the Network of Care. Information and Assistance staff are aware of resources where grandparents may be referred to for services.

The AAA currently has no plans to provide supplemental services under Title III E. Needs assessment with family caregivers conducted in 2010 indicate needs that are currently being funded by Family Caregiver Support Program and are based on priority.

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Section 21: Organizational Chart



MARIN COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF AGING AND ADULT SERVICES; MARIN COUNTY AREA AGENCY ON AGING



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)

(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) above.

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.

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