

Live Long, Live Well

Marin County Area Plan for Aging

2009-2012



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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 done in a manner consistent with the Older Americans Act and Older Californians Act. The Marin County Division of Aging and Adult Services is the designated AAA for Planning and Service Area 5 (PSA 5).

The Area Plan is typically based on a four-year planning cycle. However, the Department of Aging approved a one-time only three-year Area Plan for California for the next planning period. The *Live Long, Live Well Marin County Area Plan for Aging 2009-2012* is the three-year plan for PSA 5.

The Commission on Aging's Planning Committee, in partnership with the Area Agency on Aging, guided the establishment of a framework for the development of Marin County's Area Plan. To establish priorities that address the needs of the Marin County Area Agency on Aging's targeted populations, an extensive needs assessment process was conducted. Where possible, data for persons 60 years or older (as opposed to 65 plus years old) were used. Needs assessment approaches included reviewing current available data on Marin's older adults, analyzing the Marin Community Foundation's *A Report on Services for Older Adults in Marin*, obtaining feedback from aging service providers, and organizing focus group meetings in targeted communities.

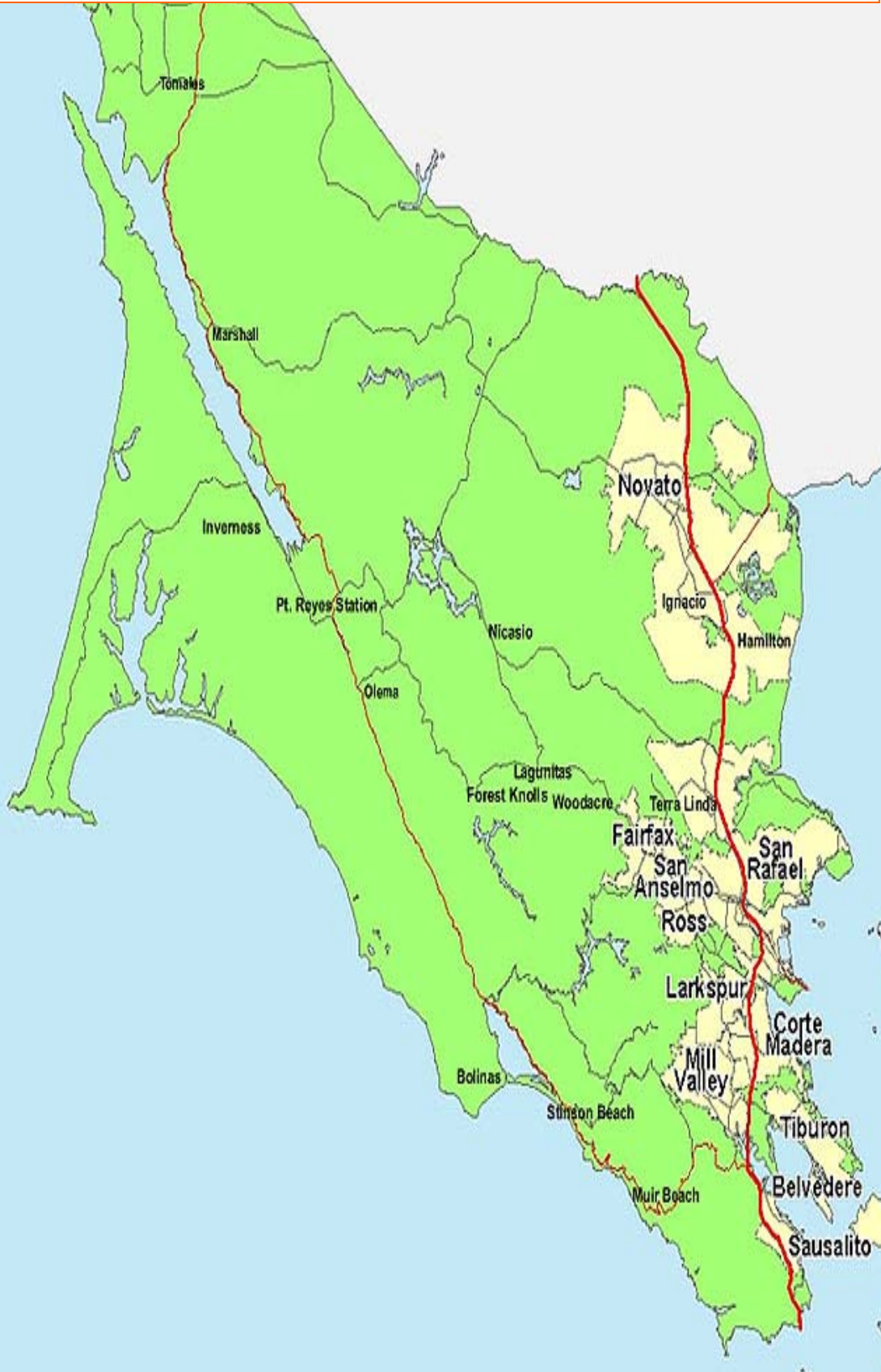
The *Marin County Area Plan for Aging 2009-2012* will guide the work of the AAA so that the prioritized needs of the communities we are entrusted to serve are addressed. By synthesizing the needs assessment results, priority goal areas for PSA 5 were identified. The Marin County Area Agency on Aging and the Commission on Aging will address these priorities by pursuing activities that support the Area Plan goals in the next three years.

To this end, objectives for Fiscal Year 2009-210, the plan's first year of implementation, were developed by various committees of the Commission on Aging and programs within the Division of Aging and Adult Services. As well, 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 Area Plan.

Section 1: Assurances

Area Agencies on Aging in the State of California are mandated to fulfill all the assurances required by the Older Americans Act and its subsequent amendments of 2006. These assurances are listed in Exhibit A.

Physical Characteristics: PSA 5 Marin County



Section 2: Description of the Planning and Service Area

The State of California is divided into thirty-three “Planning and Service Areas” for the administration of the Older Americans Act and the Older Californians Act. In each area, a single agency has been designated as its Area Agency on Aging and is charged with the responsibility of fulfilling the statutory mandates contained in both Acts. Marin County is designated as Planning and Service Area 5 (PSA 5) in California.

Marin’s neighboring counties are Sonoma, San Francisco, and Alameda. The Pacific Ocean runs along the county’s span on the west. Marin’s urban corridors fall on either side of Highway 101, which extends in a north-south direction through the county’s eleven incorporated cities. This critical route is often congested and may have a profound impact on emergency medical service delivery.

The area west of Highway 101 is mostly open space. Marin County covers 520 square miles, most of which (approximately 85%), has been preserved as parks, tidelands and agricultural areas. Among them are the Point Reyes National Seashore, Mount Tamalpais State Park and Game Refuge, and the Samuel P. Taylor State Park. Separated from the county’s urban core by a ridge of coastal hills is West Marin. This more rural setting, with its scattered small towns and large dairy farms, is reminiscent of the early history of Marin County.

Demographic Characteristics

Marin’s General Population

The last decennial census taken in 2000 estimated Marin County’s population at 247,289, a 7.5% increase from the previous census count.¹ In 2000, the median age in Marin was 41.3 years, which was older than two-thirds of all other counties in California.²

Since 2005, the U.S. Bureau of the Census started conducting the American Community Survey (ACS), an annual assessment designed to provide local communities with more timely demographic and housing data using a sampling of the population across all counties nationwide. The Bureau uses the ACS to prime for the ten-year census.

According to the ACS, the median age in Marin in 2007 was 44.3 years.³ This ranks Marin County’s population as the 6th oldest in California, jumping ahead from its 13th place ranking in 2000—a sign of a rapidly aging population. In March 2009, the Census Bureau released its latest population estimates, indicating that Marin’s population totals 248,794 in 2008, an increase of less than one percent (0.6%) from its 2000 base estimates of 247,289.⁴ By comparison, California’s population grew by a little over 8% during this period.⁵

Also in 2007, the State Department of Finance (DOF) published its latest population projections for

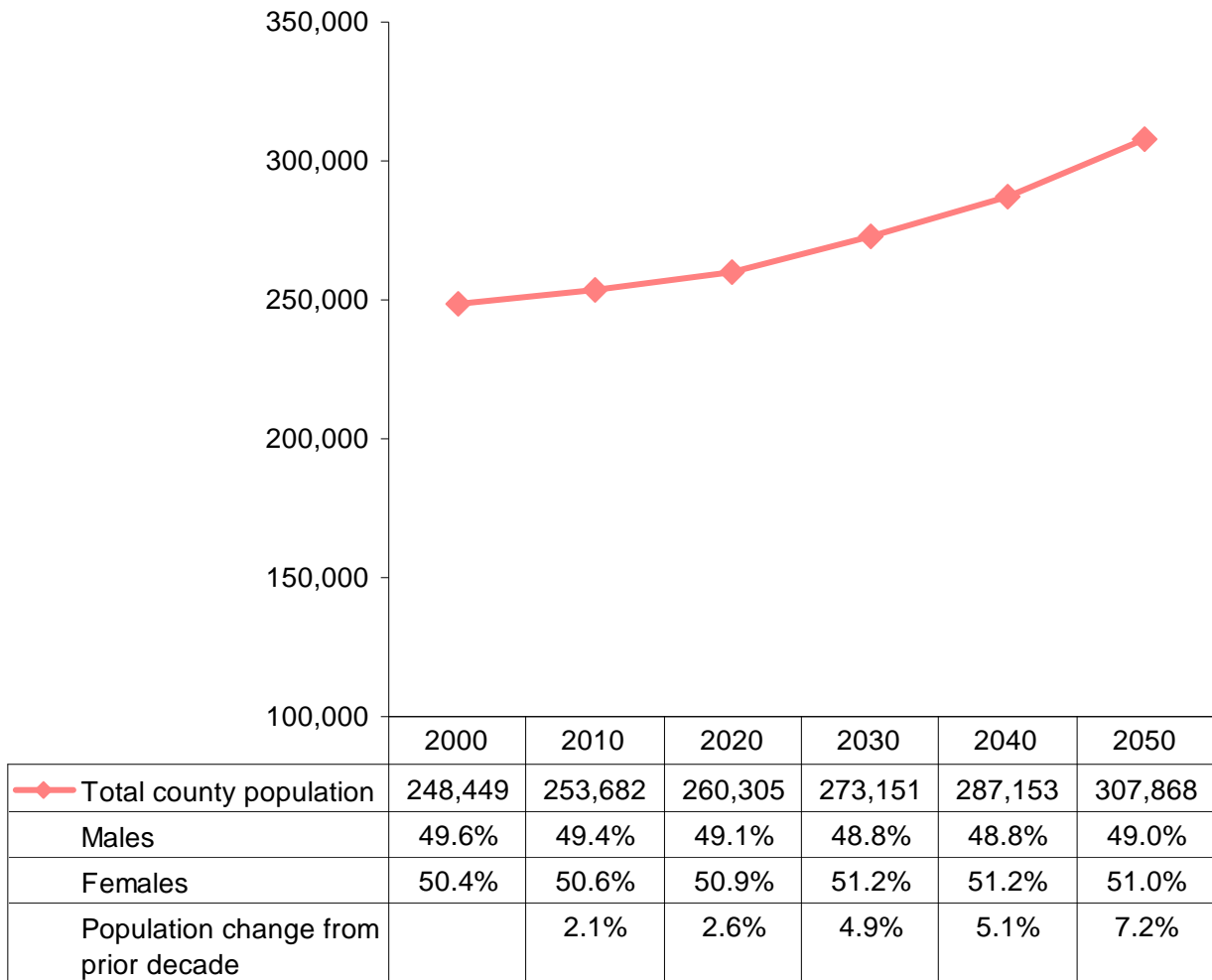
California through the year 2050. The DOF projected that by 2010, Marin’s population will increase by 2.1% from the previous decade, bringing the county’s population to 253,682 (Figure 1). From 2010-2050, projected increases in Marin’s general population for each decade are marginal. The growth rate of the county’s population during this 40-year period will range from 2.1%-7.2% for each consecutive decade (Figure 1), with an average growth rate of a little more than 4%. Comparatively, the State of California’s population will grow at an average of close to 12% for the same period. In counties similar in size to Marin’s population,⁶ such as Santa Cruz, Placer, and San Luis Obispo, much higher average growth rates⁷ will be experienced in the next 40 years.

In the coming decades, the diversity of Marin’s racial landscape will experience a dramatic change. Though Marin’s population will grow in small increments in the next 40 years, most of the expansion will be fueled by the significant rise in the county’s Hispanic/Latino residents.⁸

As shown in Figure 2, ethnic minorities total 51,882, making up less than 21% of Marin’s population. Ten years later, persons of color are projected to increase to 72,467, a close to 40% growth from

Figure 1. Population Projections 2000-2050 and Percent Change in Population by Decade, Marin County

Source: California Department of Finance, 2007



2000. By 2020, more than a third (37.3%) of the county's population will be made up of Asian, Black/African American, Hispanic/Latino, Native American, Pacific Islander, and multirace residents. By 2050, people of color, principally made up of Hispanics/Latinos, will be the new majority in Marin, comprising 67% of the total population. Close to 59% of the county's population will be of Hispanic/Latino descent by 2050. In the next 40 years, populations of Asians, Blacks, Native Americans, Pacific Islanders, and multirace residents will slightly increase, while Caucasians/whites will continuously decline.

Figure 2. County Population by Race/Ethnicity, Marin County 2000-2050

Source: California Department of Finance, 2007



Note: "Others" include Asian, Black, Pacific Islander, Native American and Multirace, but were not graphed in this figure as growth rate is marginal and pattern is relatively flat.

Marin's Older Adult Population

While marginal increases of between 2.1% to 7.2% are projected for Marin's overall population in the next 40 years, dramatic growths in the county's older adult residents will be experienced. As shown in Table 1, persons 60 years or older in Marin will see its biggest growth of close to 41% from 2000-2010. The surge in the older adult population during this decade is propelled by the under 74 age group. This boost is undoubtedly a result of the baby boomers joining the ranks of the 60+ in Marin. Patterns of growth in the older age groups reflect the aging of the baby boomers. From 2030-2040, boomers will be in their 80s, resulting in the spike in the 85+ age group during this decade and influencing the declines in population in the next two decades from 2030-2050 as they expire (Table 1).

Table 1: Percent Change in Population by Decade, Marin County 2000-2050

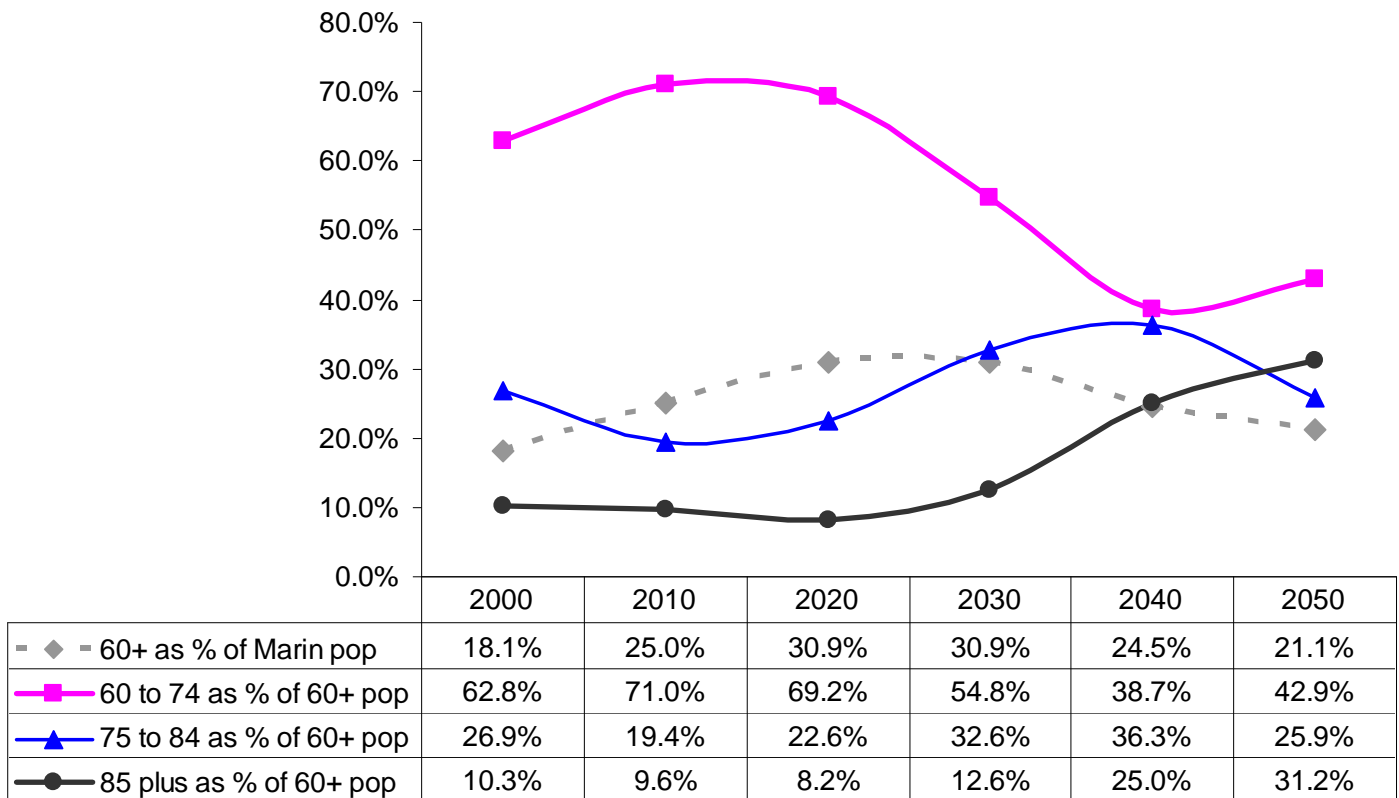
Source: California Department of Finance, 2007

Age Group	2000 to 2010	2010 to 2020	2020 to 2030	2030 to 2040	2040 to 2050
60-74 years old	59.1	23.6	-16.8	-41.2	2.3
75-84 years old	1.4	47.7	51.6	-7.3	-34.1
85+ years old	30.9	7.9	62.1	65.0	15.2
% Change in Persons 60+ Population	40.7	26.8	5.1	-16.7	-7.7
% Change in Marin County Population	2.1	2.6	4.9	5.1	7.2

By 2010, one in every four persons in Marin, or 25% of the county’s total population, will be 60 years or older (Figure 3). This cohort will increasingly make up a larger proportion (between 21 to 31%) of Marin’s population in the next four decades.

Figure 3: Older Adults 60+ by Age Group by Decade as Percentage of Population, Marin County, 2000-2050

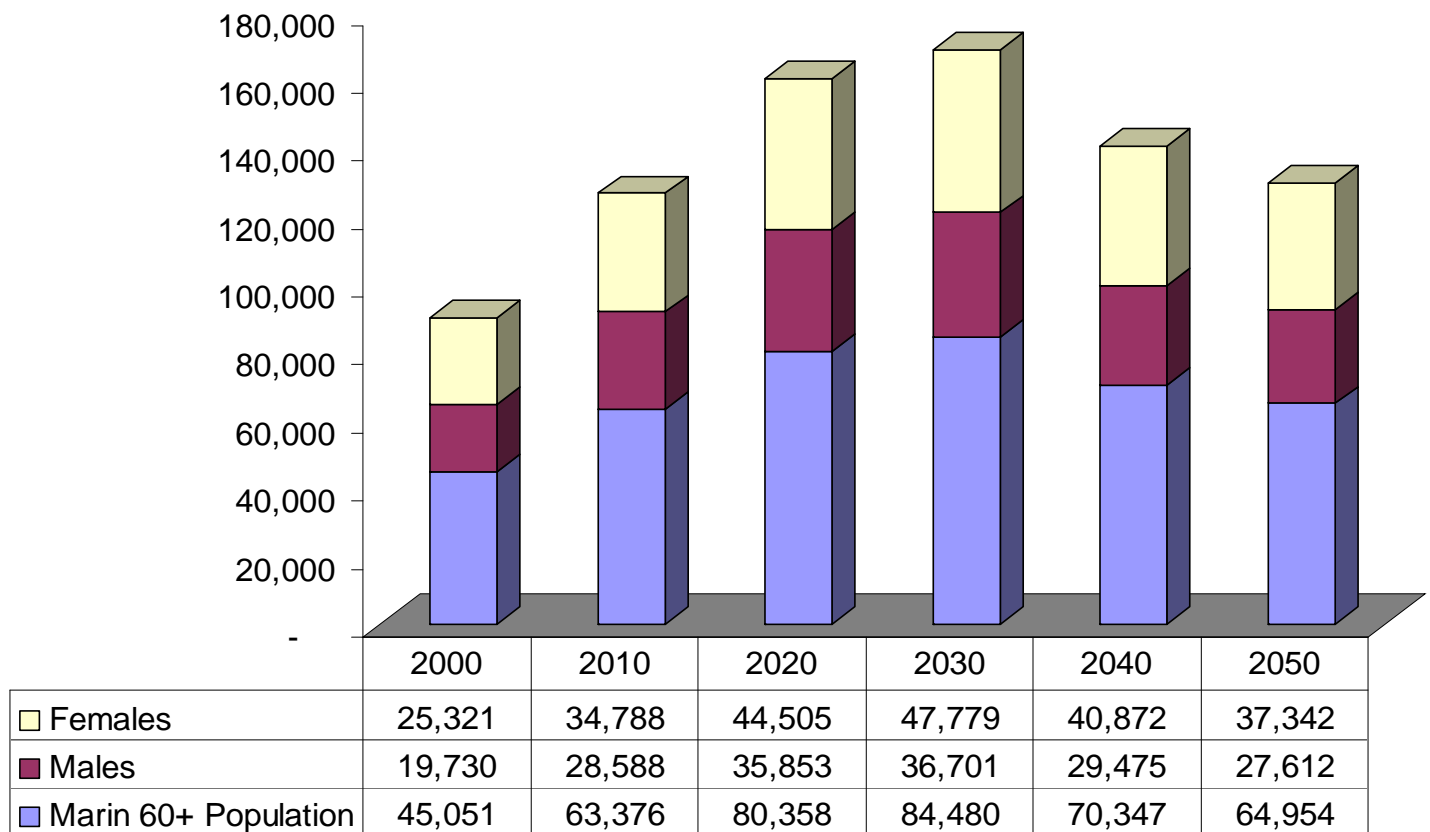
Source: California Department of Finance, 2007



The largest increase in the 60+ population occurs during 2000-2020, adding 35,307 more people in this age group (Figure 4), and growing at a rate of about 78% during this 20-year period. For each succeeding decade from 2000-2050, females 60+ will outnumber males by an average of 13% (Figure 4).

Figure 4: Population Projections Older Adults 60+ Years by Gender, Marin County, 2000-2050

Source: California Department of Finance, 2007

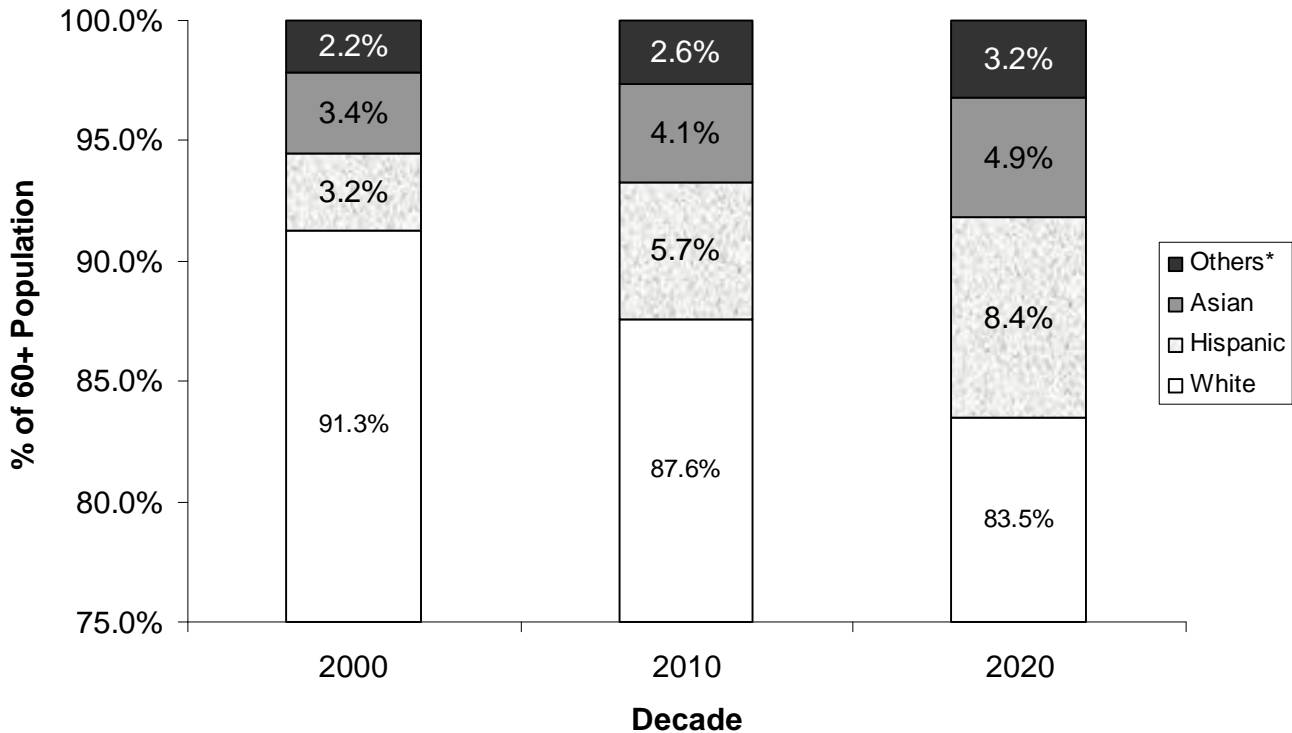


Mirroring the county’s increasing diversity, the make-up of Marin’s older adults will also shift over time. Led by the rise in the Hispanic/Latino population, older persons of color will increase in numbers as well as in their proportion of persons aged 60+ in Marin in the next 40 years. Figure 5 shows that in 2000, older adults in Marin were predominantly Caucasian/white, making up approximately 91% of the 60+ population. Between 2000 and 2010, minorities

will increase from 9% to 12% of the 60+ population. By 2020, the DOF projects that minorities will comprise almost 17% of the older adult population in the county, and by 2050, almost 41% of Marin’s 60+ will be represented by ethnic minorities.⁹ Forty years from now, Hispanic/Latino older adults will make up 28% of the 60+ population in Marin.¹⁰

FIGURE 5. POPULATION PROJECTIONS OLDER ADULTS 60+ BY RACE/ETHNICITY, MARIN COUNTY, 2000-2020

Source: California Department of Finance, 2007



* Races with population counts of less than 1,000 are grouped under “others.” This includes Blacks, Pacific Islanders, American Indians, and Multirace. Percentages may not add up to 100% due to rounding.

Health Status

In 2001, the Marin County Department of Health and Human Services conducted an older adult (aged 65 and over) health survey through a large community random telephone sample. Survey results show that majority of Marin’s older adults are aging successfully, feeling satisfied with their lives, and managing to perform basic activities. Only 8% of older adults smoke and most (80%) do some physical activity daily. The most common chronic conditions reported were arthritis (42%), high blood pressure (38%), high cholesterol (30%), cancer (22%), osteoporosis (20%), and heart disease (19%).¹¹ The report also found significant nutritional risk among women over the age of 75. While 13% of older adults were obese and 7% were underweight, the rate for women age 75+ that were underweight was double (14%.) Two out of every three women in this age group live alone, and eating alone is a major nutrition risk factor among older adults. Seventeen percent of study participants take five or more prescription drugs a day.

In 2007, the Division of Aging published the *Strategic Plan Data Focus Report*, analyzing the data sets used in developing the long-range plan for older persons in the county. Entitled, *Live Long, Live Well: A Strategic Plan for Aging Services in Marin County 2004-2014*, the report cited the top

five mortality causes among Marin’s 60+ population from 1990-2003, which includes heart disease, stroke, lung cancer, chronic obstructive pulmonary disease (COPD), and pneumonia.

Examining the trends in health of older Californians, the UCLA Center for Health Policy published a 2008 report comparing results from the California Health Interview Surveys (CHIS) from 2001, 2003, and 2005. CHIS is the nation’s largest random-dial telephone survey conducted every two years to gather information on a variety of health topics.

Table 2 presents selected health indicators for Marin older persons 65+ years from CHIS findings from 2001 and 2005. Statistically significant trends were found for high blood pressure, no colonoscopy, use of hormone replacement therapy, and visitation to the doctors 12 or more times. Statistically significant results were also found for these indicators for California. Diabetes rates in 2005 slightly decreased by 0.4% from 2001. Though not statistically significant, emergency room visits increased by 3.6% from 2001.

Table 2. Percent Changes in Health Status, Health Risk, and Use of Health Services, Age 65 and Over, Marin County, 2001 and 2005¹³

Source: UCLA Center for Health Policy Research, 2008

	2001	2005
Diabetes	8.6	8.2
High blood pressure	39.2	51.2
No colonoscopy	32.6	19.9
No mammogram in past 12 months	25.4	29.7
On hormone replacement therapy	33.9	11.3
Visited the doctor 12 or more times	7.7	14.9
Visited the emergency room	19.9	23.5

Note: shaded estimates indicate statistically significant trend

The consequence of lifestyle and nutrition on raising older adults’ health risk for a variety of conditions are well-documented. In the 2005 CHIS, 72% of the older adults in Marin self-reported consuming alcohol in the past month, compared to 49% statewide. Of those who consumed alcohol, 6% have engaged in binge-drinking (5 or more drinks for men; 4 or more drinks for women) in the past month. Binge-drinking among older persons in Marin more than doubled to 12.6% two years later when the 2007 CHIS was conducted. The 2005 CHIS also found that almost 44% of Marin older persons 65 or over ate less than five servings of fruits and vegetables daily, and 14% had a

sedentary lifestyle. One in four (26%) had high cholesterol, and 10% have had a stroke. Twenty-eight percent of Marin older individuals had a condition that limited their ability to perform basic activities.

Alzheimer's Disease

Alzheimer's not only afflicts the person with the disease, it also impacts the individuals and families who care for them. In February 2009, the Alzheimer's Association released a report¹⁴ noting that 588,208 families in California were living with Alzheimer's disease in 2008. The study projects that the number of cases will increase by more than 15% to 678,446 by 2015. By 2030, California families affected by Alzheimer's will jump to 1,100,000, an increase of more than 62% from the 2015 estimates and an even larger surge of more than 87% from 2008. Among California baby boomers age 55 and older, it is estimated that one in eight will develop Alzheimer's and one in six will develop some form of dementia.¹⁵ Alzheimer's is the sixth leading of cause of death in California.

The biggest casualties of the disease are the caregivers of people with Alzheimer's and the drain on their financial, mental, emotional, and physical health. According to the Alzheimer's Association report, California caregivers give up work, reduce work hours, and shift jobs in exchange for 952 million hours of unpaid care per year, with an economic value of slightly more than \$10 billion dollars, in order to take care of a family member with Alzheimer's. The interruption in work costs California businesses an estimated \$1.4 billion in loss productivity annually from full-time employed caregivers alone.¹⁶ The study also noted that caregivers reported experiencing high caregiver burden (54%), anxiety or depression in the last 12 months (63.4%), and declining health compared to the prior six months (29.4%).¹⁷

The number of people with Alzheimer's in Marin will dramatically increase in the coming years. Table 3 shows that in the next six years to 2015, 562 additional people (10% increase) who are 55 years and older, and 565 more people (11% increase) of those who are 65+, will be diagnosed with Alzheimer's. By 2030, cases will increase from their 2008 levels by 87% for people age 55+ and 96% for those 65+. According to the study, about 10,548 Marin baby boomers aged 44-62 will develop Alzheimer's in their lifetime and 14,133 will develop other forms of dementia. There were 57.7 deaths from Alzheimer's disease from 2003-2005 in Marin, which is less than 1% of all deaths during this period.



Table 3. Estimated Number of People with Alzheimer's and Percent Change, Marin County, 2008-2030

Source: Alzheimer's Association, 2009

	Estimated No. People with Alzheimer's			Percent Change		
	2008	2015	2030	2008-15	2015-30	2008-30
Age 55 or older	5,632	6,194	10,557	10%	70%	87%
Age 65 or older	5,298	5,861	10,361	11%	77%	96%

The following table presents the number of people in Marin 55 years and older and 65 years and older with Alzheimer's by race/ethnicity.

Table 4. Estimated Number of People with Alzheimer's by Race/Ethnicity, Marin County, 2008-2030

Source: Alzheimer's Association, 2009

		Caucasian	Hispanic/ Latino	African American	Asian/ Pacific Islander	Native American	Multirace
2008	55 or older	4,985	308	76	207	7*	50*
	65 or older	4,693	290	70*	192	6*	47*
2015	55 or older	5,225	498	88	292	16*	75
	65 or older	4,949	471	82*	274*	14*	72*
2030	55 or older	8,461	1,126	132	556	57	190
	65 or older	8,338	1,077	126	579	56*	186

* data unstable/unreliable due to small sample size

Social Characteristics

The U.S. Census Bureau's 2007 American Community Survey¹⁸ estimates show the following:

- There were a total of 99,627 households in Marin County, of which, more than one in every four homes (27%) had a resident age 65 or older.
- Of the 37,891 non-family households in the county, 81% were occupied by someone who lives alone. More than a third (35%) of the householders living alone is a person age 65 or older.
- Of the 37,818 people 65 or older living in Marin in 2007, one-third (33%) or 12,324 had a disability.
- A total of 27,061 individuals were receiving Social Security income; the mean income coming from this source was \$15,838. A total of 17,419 people were receiving retirement income; the mean retirement income is \$33,501.

- The median household income in Marin in 2007 was \$83,870, but an estimated 4.7% of persons 65 or older had incomes that fell below the poverty line in the past 12 months.

Though the Federal Poverty Line (FPL) is the most recognized measure of economic insecurity and is a widely utilized tool to determine eligibility for a host of publicly-funded programs, it has some major flaws. One such shortcoming is its failure to recognize that there are differences in the cost of living in various communities between and within states. Furthermore, people's ability to pay for their living expenses, with retirees typically on fixed incomes, also vary. Finally, older persons usually have much higher medical and drug expenses, compared to the younger population. As such, the federal poverty guideline is often criticized as being out of touch with reality.

As an alternative to the FPL, the UCLA Center for Health Policy Research developed the Elder Economic Security Standard Index (Elder Index). The Elder Index takes into account the specific living arrangements, geographic location, and other costs customary for older adults such as housing, food, health care, and transportation. The Elder Index uses widely accepted and credible data sources from the U.S. Census Bureau and the Housing and Urban Development.

Using the 2007 Elder Index, the cost for single persons 65+ years old to live in Marin is \$18,005 for homeowners without a mortgage; \$39,573 for homeowners with a mortgage; and \$26,581 for renters of a one-bedroom dwelling. The incomes needed by couples to be able to afford living in Marin are \$26,780 for homeowners without a mortgage, \$48,348 for homeowners with a mortgage, and \$35,355 for renters of a one-bedroom home. Older persons living in Marin with incomes below these Elder Indexes will fall into economic insecurity.

The income requirements using the Elder Index for Marin presented above far exceed the 2007 FPL of \$10,210 for single and \$13,690 for couples. The FPL must be raised anywhere from 76% to 288% for single persons, and 96% to 253% for couples, in order to bring incomes to a reasonable level that will enable older persons to be able to afford the cost of living in Marin County.

The Marin County Department of Health and Human Services' 2001 health survey found that more than half (57%) of older adults 65 years and over in the county have household incomes below \$50,000. One-third (32%) of older adults had incomes below \$30,000. There was also an income disparity between genders. The median income of single males was 37% higher than their female counterparts, and an 8% median income difference between married males and females were found.

The County's 2001 survey also found that although 80% of Marin's 65+ residents own their home, close to 11% of them have incomes below 200% of the federal poverty levels, making them "house rich and income poor." The use of the Elder Index will undoubtedly dramatically increase the rate of those who may own their home, but in fact are struggling with insufficient income to meet their basic needs. The 2001 report also found that education is very high among Marin older adults, with 97% finishing high school (compared to 70% statewide) and over half possessing a college degree. This opens up great possibilities to engage a highly educated potential pool of volunteers.

Section 3: Description of the AAA

The Older Americans Act established State Units on Aging as administrative bodies that oversee the allocation of funds from the Act. In 1973, Congress permitted States to designate Area Agencies on Aging (AAAs) to implement and monitor local programs under the Act. Marin was part of a four-county Area Agency on Aging, which included the counties of Napa, Solano and Sonoma. State legislation in 1977 allowed county governments to petition for single county Area Agency status. The Marin County Board of Supervisors followed suit and created an independent AAA for Marin. The Board designated the Division of Aging as the county's AAA. The Division is one of the major units within the Marin County Department of Health and Human Services (DHHS).

In 2008, the Marin County DHHS instituted an Older Adults Services Integration Project. The project's goal was to develop a coordinated, multi-disciplinary 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.

The Marin County Division of Aging and Adult Services

As the county's Area Agency on Aging, the Division of Aging and Adult Services administers 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.

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 student nurses foster 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. Programs include the following:

- *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.
- *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.
- *Medication Management* educates the public and consults with older individuals about medications, possible side effects and dangerous combinations. The program holds brown bag meetings at various residential care facilities, senior centers, and other venues throughout the county.
- *Transition to Wellness Program* offers a unique opportunity for homeless individuals recently discharged from hospitals to develop and achieve personal goals towards long-term health and wellness. Medical respite beds are offered to clients while alternatives for permanent housing and personal empowerment are explored.

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

Adult Protective Services 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 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 helps veterans, spouses and dependents obtain disability and death payments, housing and medical treatment.

Creating a Community-Based System of Care to Serve Marin's Older Adults

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:

- *Adult Day Health Care* provides therapeutic and supportive services in an adult day care setting.
- *Case Management* assesses and coordinates services to maintain older persons' independence.
- *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.
- *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.

In addition, the AAA offers State-funded Community-Based Services Programs (CBSP) by contract-

ing with non-profit organizations in Marin for the following services:

- *Alzheimer's Day Care Resource Center* provides persons with Alzheimer's and related diseases with appropriate day care services.
- *Brown Bag Program* provides the distribution of bags of donated food to help meet the nutritional needs of low-income older individuals.
- *Health Insurance Counseling & Advocacy Program (HICAP)* provides information and counseling on Medicare, Medi-Cal, managed care and long-term care. The HICAP program offered in Marin is administered by the County of Sonoma Area Agency on Aging in a six-county collaborative agreement.
- *Linkages* provides case management services that assist frail older adults and functionally impaired adults in remaining as independent as possible in order to prevent or delay placement in nursing facilities.
- *Senior Companion Program* provides stipend volunteer opportunities to low-income older adults to benefit older adults who need assistance with activities of daily living.

The Older Americans Act and Older Californians Act programs provide vital services that keep older adults and caregivers thriving and living independently in their communities. In Fiscal Year 2009-2010, the Marin County AAA will support the organizations and programs displayed in Table 5 in order to provide a comprehensive community-based system of care in Marin County.

TABLE 5: AREA AGENCY ON AGING-SUPPORTED PROGRAMS AND SERVICES, FISCAL YEAR 2009-2010

Agency	Program	FY 2009-2010	Total Program Budget
OLDER AMERICANS ACT (OAA) PROGRAMS			
Alzheimer's Association	Outreach	\$ 20,000	\$ 26,646
Division of Aging and Adult Services	Information & Assistance	\$ 23,729	\$ 109,000
City of San Rafael-Goldenaires	Community Services & Senior Center Support	\$ 20,000	\$ 359,024
Jewish Family & Children's Services	Senior Transportation	\$ 20,000	\$ 79,308
Legal Aid of Marin	Legal Assistance	\$ 18,000	\$ 146,847
Marin Center for Independent Living	Home Care Registry	\$ 20,000	\$ 82,201
Novato Human Needs Center	Senior Transportation	\$ 25,000	\$ 68,978
Marin Adult Day Health Care	Adult Day Health Care	\$ 15,000	\$1,167,580

Table 5 continued

Agency	Program	FY 2009-2010	Total Program Budget
West Marin Senior Services	Case Management	\$ 23,500	\$ 302,237
Support Services Subtotal		\$ 185,229	\$2,341,821
Marin Meals on Wheels	Congregate Meals Program	\$ 39,620	\$ 247,269
San Geronimo Valley Commty Ctr; Dance Palace Community Center	Congregate Meals Program	\$ 10,688	\$ 247,269
Marin Meals on Wheels	Home Delivered Meals Program	\$ 411,080	\$ 726,418
Nutrition Services Subtotal		\$ 461,388	\$ 973,687
Alzheimer's Association	Family Caregiver Support	\$ 45,040	\$ 64,112
Family Caregiver Alliance	Family Caregiver Support	\$ 53,961	\$ 71,504
Family Caregiver Support Program Subtotal		\$ 99,001	\$ 135,616
Division of Aging & Adult Services	Ombudsman	\$ 59,704	\$ 252,148
Elder Abuse Prevention Task Force	Elder Abuse Prevention*	\$ 3,795	\$ 3,754
National Council on Aging	Older Worker's Program	\$ 107,526	\$ 128,472
Public Health Nursing	Preventive Health Care	\$ 10,580	\$ 12,167
Public Health Nursing	Medication Management	\$ 3,924	\$ 4,512
Other Older Americans Act Programs Subtotal		\$ 185,529	\$ 401,053
Total Older Americans Act Funds		\$ 931,147	\$3,852,177
OLDER CALIFORNIANS ACT (OCA) PROGRAMS			
Jewish Family & Children's Services	Linkages Case Management	\$ 210,270	\$ 260,090
Marin Community Food Bank	Brown Bag Program	\$ 19,870	\$ 134,179
Northern California Presbyterian Homes and Services	Senior Companion Program	\$ 15,026	\$ 84,634
Senior Access	Alzheimer's Day Care Resource Center	\$ 68,235	\$ 261,816
Senior Advocacy Services**	Health Insurance Counseling and Advocacy Program (HICAP)	N/A	N/A
Total Older Californians Act Funds		\$ 313,401	\$ 740,719
TOTAL OAA & OCA FUNDING (STATE AND FEDERAL)		\$1,244,548	\$4,592,896

* Title VII funds: education & awareness by the Elder Abuse Prevention Community Task Force

** Administered by the Sonoma County Area Agency on Aging in a six-county collaboration

The Advisory Council to the AAA: The Marin County Commission on Aging

The 23-member Marin County Commission on Aging (alternatively referred to as the Commission or COA throughout this document) is the federally mandated advisory council to the Area Agency on Aging and the Marin County Board of Supervisors. Members, who are appointed, represent the constituency of older adults in Marin and function as an advocacy group promoting the interests and needs of the county's older population. Each of the five-member Board of Supervisors appoints two representatives from their district to terms of three years. One member is appointed by each of the 11 incorporated cities of Marin County for a three-year term. Two members are elected representatives to the California Senior Legislature, and serve in an ex-officio capacity.

The work of the Commission is primarily carried out at the committee level. Its standing committees

include the following: Health, Planning, Housing/Transportation, Legislation, Nutrition, and Public Information. Committees work closely with AAA staff on various projects and keep them abreast of what is happening “on the ground.” The COA’s internal committees include the Executive, Bylaws, and Nominating Committees. Specialized task forces, work groups, and ad hoc committees may also be established. Members often represent the Commission in city-level and neighborhood advisory groups, community projects, and organizations. Members of the public may join any committee of their choice and are encouraged to participate in meetings. The COA meets at sites throughout Marin



County on the 2nd Thursday of each month, and meetings are open to the public.

The discussion so far has focused on the AAA’s function as a direct service provider overseeing a variety of programs and services; its role as a partner in creating a home- and community-based system of care for Marin; and its capacity as an administrator of federal- and state-funded programs. But the work of the AAA is not complete without the involvement of its most valuable stakeholders—the members of the older adult community. To function at its fullest potential, the AAA relies on the support and talents of the community through its advisory council, the Marin County Commission on Aging.

Section 4: Mission Statement

The core mission of the Area Agency on Aging and its advisory council, the Commission on Aging, is to

“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 Area Agency on Aging, 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 Division 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:

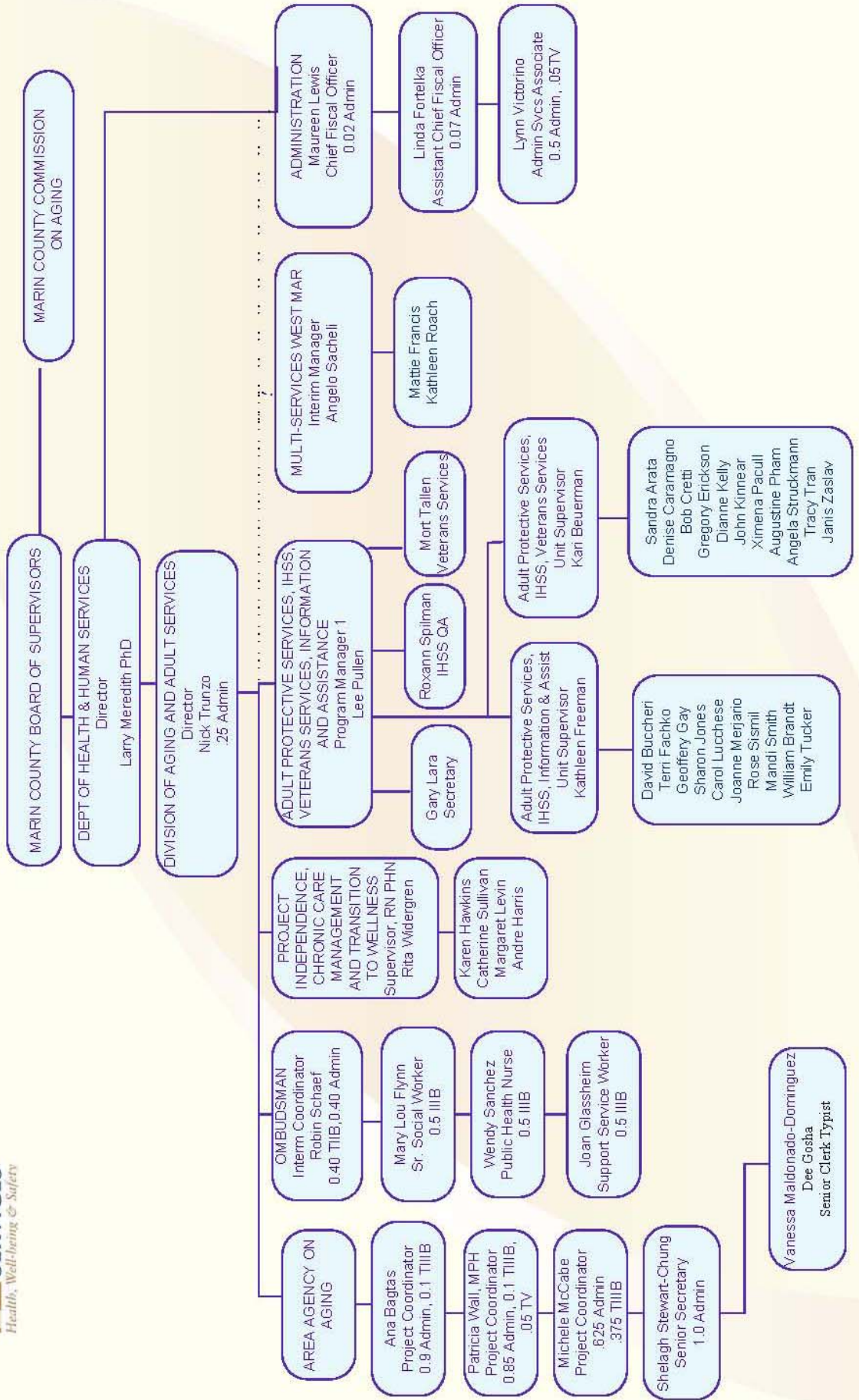
- Provides information about the attitudes, needs and opinions of older adults to the Board of Supervisors and the Area Agency staff
- Advises on the development of the Annual Area Plan
- Serves as a forum and a strong advocate for older adults
- Holds public meetings on the Area Plan and makes funding 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



Section 5: Organizational Chart



MARIN COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF AGING AND ADULT SERVICES



Section 6: Planning Process and Establishing Priorities

The Planning Committee, a Standing Committee of the COA, was the primary advisory body that guided the establishment of a planning framework for the development of Marin County's Area Plan for Aging 2009-2012. Members of this group are currently serving on the Commission and are cross-representing other committees in the areas of health, housing and transportation, nutrition, and public information.

Planning meetings are open to the public and dates are posted on the DAAS website and Information and Assistance resource bulletin. At each of the publicly-held monthly meeting of the COA, the Planning Committee Chair reports on the progress towards the Area Plan and encourages the public to get involved in the process.

In developing the Marin County Area Plan for Aging 2009-2012, the Planning Committee, in partnership with AAA staff, worked to identify the needs of the community it is charged to serve and establish priorities to address these needs. The following planning process was pursued:

- *Establish workplan and project timeline.*
The Planning Committee created a workplan, project timeline, and schedule of deliverables that led to the creation of the Area Plan 2009-2012.
- *Develop needs assessment methodology and workplan.*
Working closely with the AAA Planner/Program Coordinator, the Planning Committee established the methodology and developed a workplan to assess the needs of older adults in Marin. The needs assessment includes an analysis of the aging service system in the county. The needs assessment process is discussed in more details in Section 7.
- *Analyze needs assessment results.*
The Planning Committee examined the findings gathered from the various approaches used in the needs assessment (see Section 7 for details). The responses were compiled and analyzed for major unifying issue theme areas that rise to the top.
- *Establish Area Plan 2009-2012 priorities.*
The Planning Committee used the results from the data and literature review, Marin Community Foundation needs assessment study, responses from the focus groups, and feedback from providers to establish priorities. In a facilitated discussion, the Planning Committee identified priority areas and established goals for the Marin County

Area Plan for Aging 2009-2012 that will guide the work of the AAA and the COA in the next three years. The prioritization process is discussed in more details in Section 10.

- *Present the Area Plan 2009-2012 goals to the Executive Committee.*

The Chair of the Planning Committee presented the Area Plan goals to the Commission's Executive Committee for approval. Members of the Executive Committee include officers and Chairs of the various standing committees of the Commission. The Executive Committee approved the new Area Plan goals at their January 2009 meeting.

- *Establish Area Plan objectives.*

Standing Committee Chairs presented the approved goals to their respective committees. The Commission's standing committees include: Health, Housing and Transportation, Legislative, Nutrition, Planning, and Public Information. An ad hoc committee on Elder Abuse Prevention is also currently in place. Committees came up with objectives for the following fiscal year in support of the new Area Plan goals.

- *Present Area Plan goals to Division staff.*

Results of the focus group meeting and approved Area Plan goals were presented to the Division of Aging and Adult Services staff. Division programs submitted objectives to advance the goals of the new plan.

- *Conduct public hearing on the Area Plan 2009-2012.*

A draft of the Area Plan 2009-2012 was presented to the community through a public hearing at the Commission on Aging meeting on April 9, 2009. A copy of the Area Plan was published in advance on the DAAS website in order to give the public a chance to review the document prior to the hearing. Comments from the public are documented in Section 9.



Priming the Needs Assessment

A critical first step to effectively plan for the service needs of the aging, disabled, and caregiver population in Marin is to understand the trends and emerging issues that existing data and publications inform us about our older adult community. Population projections, demographic profiles, health trends, socio-economic status and other pertinent factors were presented in Section 2.

The literature and data review established background information about the population the AAA is charged to serve. This initial approach guided the next steps for the AAA and the Planning Committee's needs assessment process, and brought to light the following insights:

Marin County is aging rapidly. Marin older adults are outpacing the growth of the county's general population. Marin's median age of 44.3 years in 2007 is ranked sixth among the oldest counties in California, a quick jump from its 13th place ranking in just seven years. This is a reflection of Marin's slow growth and a population that is "aging in place." Opportunities to help older adults to remain independent in their homes and communities should be supported.

The county's population is becoming more diverse. Though most local faces are currently white, especially among the elderly, population projections indicate a population that is becoming more diverse, with persons of color becoming the new majority by 2050. Service planning to prepare for an increasingly diversifying community should start today.

Certain health risks must not be ignored. While Marin older adults are relatively healthy, there are particular health concerns that need attention. The lack of physical activity and nutrition risks, both of which are tied to other health outcomes, should be addressed. This includes high blood pressure, which increased by more than 10% and was statistically significant between the 2005 and 2007 California Health Interview Survey. Similarly, 12 or more visits to the doctors more than doubled during this period. Alcohol consumption rates among older adults in Marin, far exceeding the State average, is a cause for concern. Older people who self-reported binge-drinking more than doubled between the 2005 and 2007 CHIS. These health risk signals must not be ignored. Thus, nutritional and physical health, key factors in maintaining the well-being, and subsequently the independence, of Marin's older residents, must be prioritized.

Section 7: Needs Assessment

Marin's older persons continue to be "house rich and cash poor." Marin moves to the top of the scale in income and wealth indicators. Though home ownership is high (around 80%) among Marin's older adults, most purchased their properties 30 or more years ago when living in the county was still considered relatively affordable. Changing housing arrangements may come at a high price, but so does repairing or modifying the current home to make it adaptable to the aging resident. Options that have promising potential to make long-term care more affordable, including reverse mortgage, shared housing and the BeaconHill Village model, should also be explored. BeaconHill Village is a membership association conceived in Boston as an alternative to moving to retirement or assisted living communities by organizing and delivering programs and services to enable older residents to stay in their neighborhoods as they age.

Furthermore, poverty among older adults has been grossly underestimated using the federal poverty level (FPL), which does not account for cost of living variations between communities as well as elder-specific expenses. The cost of living in Marin is one of the highest in the nation. The Elder Index for Marin provides a more accurate assessment of income insecurity and should be used as an alternative to the FPL. To illustrate this point, while the Census Bureau estimates that close to 2,000 older persons in Marin fall below poverty in 2007 using the FPL, application of the Elder Index results in an additional 7,000 older adults becoming economically insecure.

The middle-class elderly face the risk of "falling through the cracks." Since prioritization for State and Federal funding is based on population growth, low-income proportions, and minority group targets, Marin's slow growth trajectory, relative affluence, and comparative lack of diversity puts the county at a disadvantage for getting these public dollars. Though most programs are not income-tested for eligibility, there are vital services, such as in-home and adult day care that are not affordable for "out-of-pocket" payers. The Census Bureau assessed that more than 71% of Marin retirees receive Social Security income at a mean rate of \$15,838, an amount that falls short of what the Elder Index calculates to be the income required for an older person to be able to live in Marin. Since more and more people are falling into poverty because of the current economic climate, expanding programs such as Food Stamps, Brown Bag, In-Home Support Services, and other means-tested programs to include middle-income older adults should be explored by policy makers at the state and federal levels. The use of the UCLA Elder Index, as an alternative to the federal poverty guidelines to evaluate eligibility, should be studied.

Baby boomers, as future users of services, need attention sooner rather than later. While baby boomers may not necessarily need services for themselves in the near years, many are caring for their older parents and other relatives. The toll on the financial, emotional, physical, and psychological health of caregivers is well documented. Baby boomers are increasingly taking on caregiving responsibilities, and they need support. In addition, new data from the Alzheimer's Association documenting projected prevalence of dementia and Alzheimer's among baby boomers also needs attention.

The Needs Assessment Process

The AAA and the COA applied several approaches to assess current unmet needs, identify resources, and learn about emerging concerns of older adults in Marin County. To do so, the following methodology was applied:

- Participated in the planning process of the Marin Community Foundation (MCF) study of older adults in Marin; analyzed research results documented in *A Report on Services for Older Adults in Marin*
- Assembled a meeting with AAA-contracted aging service providers to gather feedback on the MCF report
- Supplemented the MCF study by organizing focus group meetings with specific targeted groups of older adults in Marin, including conducting a “resource awareness” inventory to ascertain participants’ familiarity with services and providers in the community
- Analyzed the Division of Aging and Adult Services/Commission on Aging transportation study of long-term care facilities in Marin
- Established priorities, goals, and objectives

Information ascertained from each of the approaches outlined above is discussed in more detail in the following section. Summary of results are presented for each needs assessment approach. Sidebar discussions are included in some areas in order to clarify viewpoints, provide additional information, and leave readers with a few points to consider.



Analysis of the Marin Community Foundation's "A Report on Services for Older Adults in Marin" (2008)

In 2008, the Marin Community Foundation (MCF) initiated efforts to survey older adults in Marin. According to MCF, the study was intended to inform "forward-thinking planning efforts" and catalyze the creation of a service system that effectively meets the needs of the community. The COA and the AAA participated in the study's planning and advisory committee. MCF's efforts fit opportunely with the AAA's area planning process. On behalf of MCF, Harder and Company conducted the research and released *A Report on Services for Older Adults in Marin* in September 2008.

The MCF study provided a broad assessment of the system of services for older adults in Marin. The AAA used this report as the primary source of needs assessment information for this area planning cycle. The study broadened the existing data about the older adult population in Marin by capturing the more *attitudinal and behavioral* aspects of older adults' experiences, expectations, and connections with services. Engagement with community life and the role of informal support systems accessed through family and friends, religious organizations, and civic associations were also discerned. The study dedicated special attention to Marin's sub-populations such as Spanish-speaking older adults, rural residents, and lesbian, gay, bisexual, or transgender (LGBT) older adults.

A total of 564 households using random telephone dialing were surveyed. In-depth interviews with policy-makers (n = 18) and residents in long-term care facilities (n = 20) were conducted. Telephone interviews with informal social clubs, faith-based groups, and civic organizations; online surveys with formal service providers; and paper surveys with Commission on Aging members were also performed (n = 118). Several focus group meetings were conducted with specific subpopulations including LBGTs, monolingual Spanish-speakers, informal caregivers age 65 or older, and early-stage dementia/Alzheimer's care recipients (n = 57).

General Marin Community Foundation Findings on Marin Older Adults' Needs

- Older adults generally feel they are aging well. When asked to respond to the statement, "I am aging successfully," an overwhelming majority (95%) of householders surveyed agreed that they are aging well, with over three-quarters (77%) strongly agreeing to the statement. There are differences, however, by age and region. Over 80% of respondents in northern and western Marin regions strongly agreed that they are aging successfully, compared to central and southern residents at 76% and 70%, respectively, agreeing with the statement. Only 55% of older persons 85+ strongly agreed that they are aging successfully.
- The top three critical services needed by older adults as they move along the aging continuum are home care, housing, and health care.

- The top five unmet needs identified by older adults are as follows: support for caregivers who are elderly; financial planning/management; transportation; information and referral; and in-home support. The researchers defined “unmet needs” as the services the respondent needed over the past year, but did not seek assistance from a source other than a family member or friend, or that assistance was sought, but the service was not received.
- The increasing cost of health care, coupled with the shortage of health care providers in the county, pose major concerns.

Service Access Issues

- High cost and lack of awareness about what is available were general challenges related to older adults’ ability to access services. For instance, while high quality of care of in-home care, family caregiver services, and services in long-term care residences were reported, the affordability of these services and the paucity of long-term care options that are within consumers’ means can be problematic.
- The limited transportation options and fragmented transportation system in Marin are major impediments to older adults’ inability to access the services they need. These issues are most prominent for the disabled and older adult residents of rural West Marin.
- Disparities exist in people’s ability to access services. Sexual orientation, low-income status, rural residence, and limited ability to communicate in English have led to certain segments of the older adult population to be underserved. Having had a bad experience with the system or perceiving that the service is not appropriate for them pose a disproportionate barrier to access. The health care system’s interface with limited English-proficient (LEP) speakers and LGBT older adults needs improvement. Providers must increase their skills and competency in serving the needs of a community that is increasingly becoming more diverse.

Whistlestop Wheels is the “ADA Paratransit” service in Marin County, which means that services must adhere to the guidelines of the Americans with Disabilities Act (ADA) of 1990, requiring Whistlestop to provide “public” transportation to those who are unable to ride the regular buses. On a typical weekday, more than 450 people are transported “door to door” to their destinations by Whistlestop, making scheduling and routing rides in the most efficient way possible a challenge. Thus, ride-sharing is a necessity.

Social Engagement and Support

- Internet use among older adults in Marin is currently at 70% and is on the rise. Potential for improving access to information and resources, building a social network over the Internet, and combating isolation are promising.
- Approximately 30-50% of older adults in Marin live alone. Differences in feelings of isolation were found to be higher among the “older old” (those who are 85+ years), lower-income individuals, and ethnic/racial minorities. Efforts to reduce the isolation of people with disabilities and

long-term care residents are also needed.

- Study participants reported that social activities and interpersonal connections improve their quality of life and provide a critical link to services and resources. Termed “social capital,” these interpersonal networks enrich the lives of older adults and foster their ability to “age in place” surrounded by their community of family, friends, and neighbors. The term social capital has been around for decades and was more recently described by Harvard University professor Robert Putnam as the building of a community through trust, reciprocity, information sharing, and cooperation associated with social networks.
- There is a multitude of informal social networks such as clubs, faith-based organizations, and interest groups in Marin. Leaders of these informal groups are interested in being a resource for information and referral to network members; however, they face multiple challenges in reaching older adults and are not confident that they have the knowledge to do so.

System-Wide Network

There is lack of networking between informal and formal providers of services for older adults. However, both entities have expressed interest in collaborating. Such partnership has promising potential for improving service access for the elderly in Marin.

Baby Boomers

At the request of the DAAS, the MCF furnished additional data on baby boomers that were not previously included in the report. As defined by the U.S. Bureau of the Census, baby boomers are those born from 1943-1964. Boomers who participated in the MCF study were between the ages of 60 and 64 when the survey was conducted. Because the focus of the study was on the older population 65+, the number of boomer sample was small. Also note that because boomers are in the younger cluster of the 60+ population, they are relatively healthier and will thus have fewer needs for aging services.

Based on a household telephone survey (n = 564) of Marin residents, analysis performed by the researchers generated the following results about Marin’s baby boomers ages 60-64:

- Boomers without dental coverage (29%) are much lower compared to the older age group. Not having dental coverage increases with age, with the 85+ group having the highest percentage without dental coverage (64%).
- Financial burden related to health care and prescription drugs is highest among boomers (21%) than any other age group. Boomers also experience the most difficulty getting medical care or prescription drugs. About 10% of the boomers surveyed were experiencing this problem.
- About 11% of boomers, higher than the other age groups, reported a need for living situations where daily support and assistance is available for themselves or an older adult family member.

- Caregiving for a spouse, partner, or other family members in the last year is high among boomers. Among the baby boomer study participants, one in three (34%) was a caregiver. This is higher than the overall rate of 29% for all the participants studied.
- Although 50% of boomer caregivers reported feeling a lot of strain and that 46% said duties interfered with social activities, free time, or work, only 12% of them (compared to 44% for all age groups), sought assistance with caregiving. Of those who did seek help, 93% received assistance with caregiving.

Feedback from Aging Service Providers

Shortly after the release of MCF's *A Report on Services for Older Adults in Marin*, the AAA convened its community-based aging services contractors for its annual meeting and used this as an opportunity to get feedback directly from providers about the study. A facilitated discussion was conducted at the annual contractors' meeting in October 2008, with a total of 14 service providers representing 13 of the 14 AAA-funded agencies were present. Results of the discussion are described below:

In general, providers found the study to be comprehensive. Population subgroups, such as the Limited English-Proficient (LEP) and lesbian, gay, bisexual, and transgender older persons (LGBT), were adequately represented. There was also a good exploration of the needs of the dementia population and their caregivers.

Other service provider comments included the following:

- It was useful to have long-term care options covered in the report.
- The lack of the young 60/almost 60 population data in the report is a concern because this is a group that is going to need services in the next five years, whether for themselves or a family member.
- The MCF study complements the survey of older adults conducted by the Marin County DHHS back in 2001.
- Although no major new information was found, the MCF project provided a deeper understanding of the issues.
- The report also gave validity to the current efforts of the AAA and confirms that its strategic plan priorities, such as chronic disease prevention and management, are on target.
- The MCF study represents a strong focus on the concerns of older adults in Marin, and this commitment is very important for the future of older adult services.

- It is hoped that the report will serve as a foundation for future funding priorities and resource development by MCF.

Providers' Role in Addressing Identified Needs

Providers offered ideas to address the needs identified by older adults in the MCF report. They discussed the need for home care, one of the top three service needs. The significant gap in services in Marin between those who are still independent and those who are already in need of intervention was noted. Providers maintained that strategies should focus more on sustaining older adults' independence and providing services to delay and prevent the need for home care. Services that combat social isolation, maintain emotional well-being, and assist with the basic necessities of life were given as examples. Suggestions also include developing programs to reach at-risk older persons so that support services may be offered to halt escalation of health risks. The idea of using companionship volunteers to do things with the person, rather than for the person, received approval from the providers. The difference between companionship (with) and volunteers (for) someone was clarified.

Increasing service access among limited English-proficient older adults and other minority groups was discussed. Providers understand the need to increase the level of trust from minority communities. Identifying potential community partners who will conduct training and provide staff development support to help organizations improve their capacity to effectively reach and work with diverse groups was a potential strategy. A provider observed that the diversity of Marin is focused on the low-income population, and that outreach to LEPs and other underserved groups should be improved.

The importance of forming partnerships and maintaining a critical mass coalesced around the issues identified was emphasized. Providers also recognized the need to be a stronger, proactive force working with the MCF and other funders to support initiatives identified as priority for Marin.



Strategies to Address Service Access Issues

Providers proposed the following ideas and suggestions to improve older adults' access to services:

- Develop a comprehensive list of service providers, including informal groups, which will be recognized as “The Directory” of aging services and resources in Marin. Several service providers lists and directories already exist, but they are limited, outdated, and are not widely distributed in the county. Older adults are often not aware that these resources exist.

- Conduct a widespread promotion of a central phone number and resource clearinghouse, recognized by the community as the place to go for information and referral.
- Identify cultural norms, address language issues, and validate experiences. Various approaches may be applied including cultivating one-on-one relationships with key community leaders and developing literature specific to targeted groups.
- Discuss service affordability issues with family members. A large number of older adults in Marin are “house rich but cash poor.” Families should be involved in care planning, exploring options, and figuring out how to pay for services, including considering the feasibility of reverse mortgages and shared housing.
- Acknowledge the variation in the needs of older persons based on class and socio-economic status.
- Involve multi-generations in cultivating a community-wide approach to addressing aging issues. Specific projects that encourage youth and younger adults’ involvement with elders in their neighborhood, at home, or in the community must be developed. Examples include the following:
 - Youth and adults training older persons to use the computer to get connected with family and friends, search for services, get information, and develop new hobbies
 - Intergenerational urban/community garden projects

The Information and Assistance or InfoLine at **457-INFO (457-4636)** is a central phone number for Marin that helps older persons, disabled, and caregivers find, receive referrals, and get connected to services. This number has been in existence for a number of years in Marin. Since 2008, the Division of Aging and Adult Services has taken over the administration of this program. At the Division office, Information and Assistance staff is available to help walk-in clients. Other service gateways in Marin include calling 211, or getting online on the *Marin Network of Care* for aging. Widespread promotion of these already existing services should be the focus in order to increase the community’s access to services, information, and resources in Marin.

Ways to Improve Collaboration among Formal and Informal Providers

Providers concurred with the study’s assessment that formal and informal groups need to be better connected. They acknowledged the importance of connecting with clubs, faith-based organizations, and social networks as part of the solution. The following ideas to increase collaboration between and among providers were offered:

- Organize an event where formal and informal providers gather together to learn more about each other. The event may be opened to the public to increase awareness about services and social capital networks in the community.

- Involve informal providers in existing collaborations of formal providers. Examples include the Family Caregiver Support Program, Marin Community Agencies Serving Seniors, and the Marin County Section on Aging.
- Develop a concierge services for seniors or a Beacon Village model to help older adults get connected to resources.
- Improve communication between and among formal and informal providers. Providers (formal and informal) must show commitment to referring people who need help.
- Providers need to visit senior centers and other informal groups more often and provide presentations.

Focus Group Meetings in Targeted Communities

Aware that the research sponsored by the MCF was already underway, the Commission on Aging's Planning Committee decided to wait for the release of the study in order to avoid duplicating efforts in assessing the aging services system and the needs of older adults in the community. At the release of the study, the committee performed an extensive review of the results and planned its next steps.

Following the review of *A Report on Services for Older Adults in Marin*, Planning Committee members identified areas for further investigation. It was decided that focus group meetings should be held in specific communities to supplement the MCF report and gain a deeper insight into the needs of targeted subpopulations, as required in the Older Americans Act. Minority groups that the committee felt had been adequately represented in the MCF research were not included for further study.

Basic focus group lead questions were developed and parameters were outlined for selecting participants. Potential partner organizations to help organize the meetings were identified. An invitation letter specifying focus group meeting purpose, goals, and expectations were sent to participants. The invitation also lists the lead questions for reflection. At least one member of the committee was present at each of the meetings to observe. Between November and December 2008, facilitated meetings were conducted with the following groups and sites:

- Low-income senior housing residents—Rotary Manor, San Rafael
- Rural area older residents—DHHS West Marin office, Point Reyes
- African American grandparents—Marguerita Johnson Senior Center, Marin City
- LGBT older adults—Spectrum LGBT Center, San Anselmo

A total of 38 people (6 males, 32 females) participated in the focus groups. Of which, six were providers under the age of 60 who serve older adults in the targeted communities. Older adult participants were between the ages of 60 and 83. The following are major underlying issues expressed by focus group participants.

Identified Needs

- The service needs mentioned the most include housing, transportation, home care, and food/nutrition.
- Recruitment and retention of trained and qualified workforce are major challenges, especially in lower-paid jobs such as home care services. Marin's high cost of living keeps workers from moving to the county. As gas prices go up, commuting to Marin is more costly and is therefore less attractive to workers who live in more affordable neighboring counties.
- There was an overall recognition that in order for older adults to stay healthy and independent, access to services, information, and resources must be improved. Access issues may be tackled by increasing awareness, affordability, availability, and appropriateness of services. Older adults are often not aware of what is available and where to go to find out about services. Making services more affordable, especially for housing and home care, is critical. Older persons not only want more options, they want multiple ways of delivering the service. A clear understanding of the population being served ensures appropriateness of the services provided.
- Though similar concerns were shared by various communities, specific approaches to service delivery vary. For instance, low-income older adults felt that transportation services in San Rafael are good, but the availability of wheelchair accessible vehicles needs improvement. Residents of rural West Marin desperately need more transportation services. Stage Coach, the local shuttle service, follows the fixed bus route system and is not accessible in more remote areas of West Marin. Also, this service does not take riders out of the valley area into the main towns of Marin. Improved coordination of the transit system is critical. Expanding transportation services or increasing the frequency of buses is not the answer for the grandparents in Marin City. An additional van with a driver dedicated to scheduling rides for various appointments and recreation activities would be more beneficial.
- There are gaps in services for people with disabilities and wheelchair users. Accessible transportation is sparse. It has been reported that there are no mechanics in Marin able to fix wheelchair vans. In West Marin where power often goes out during a storm, sometimes for an entire week, not being able to charge a wheelchair and heating the home are most problematic.
- Cultural competence and inclusiveness of services were important factors for LGBT older adults and other minority groups. Client and community-centered approaches, especially for services around mental health and substance abuse support were mentioned.

Ideas and Opportunities that Address Older Adults' Needs

Focus group participants offered ideas and recommendations to address deficiencies in services and develop innovative approaches to serve the needs of the older adult community in Marin. Among them are the following:

- Expand and strengthen the ability of older persons to “age in place.”

Aging in place will not be possible if a person is not well enough to remain independent. The AAA and the COA have been engaged in a variety of activities that prevent chronic conditions and reach at-risk individuals, such as the Healthy Housing Program, Project Independence, Transition to Wellness, Chronic Disease Self Management Program, medication management, and fall prevention workshops. Chronic disease prevention has been, and continues to be, a priority for the Division of Aging and Adult Services. It is one of the major goal areas in the Division's ten-year *Live Long, Live Well Strategic Plan for Aging* 2004-2014.

- Services with more affordable options are needed. This will greatly benefit middle-income folks who are not poor enough to be eligible for publicly funded programs, such as the InHome Support Services, but are not rich enough to be able to pay for services privately.

- A strong network of support for older persons must be sustained. Family support may be eroding, especially in rural areas where “out-migration” is prevalent among young adults who move to bigger cities and towns for better opportunities. All groups mentioned the need to be connected to neighbors, friends, clubs, and other social networks. A less formal, more natural way of meeting like-minded individuals without having to enroll in a program is preferred. Two participants living in a mobile home park, and one participant living in a continuing care retirement community, who

were in the LGBT group, felt they have a good network of support from their neighbors. Through word-of-mouth, they moved to these communities because they knew that there were gay and lesbian residents living there.

Older adults' desire to stay in their communities must be respected. Residents of Marin City and West Marin felt strongly rooted in their communities. Grandparents in Marin City said they felt safer in their neighborhood than anywhere else, and wish to remain there all their lives. For them, living alone does not necessarily mean isolation, and when they decline in health, they plan to ask a relative to move in with them. Residents of West Marin were similarly drawn to this area for its strong sense of community. An advocate for people with disabilities, who is also a paraplegic, said that moving away from the Valley is like stripping away her entire life support system. Neighbors, friends, and local social service workers have been caring for her for years. Moving, even if services are more plentiful elsewhere, would mean building her support system from scratch all over again. It is essential to explore innovative approaches to age in place.

Focus group participants offered the following ideas:

- Bring “services on wheels” to the community such as mobile clinics, diagnostics, and information.

- **Make homes adaptable to accommodate for the aging of the resident.**
- **Allow for alternative living options, such as welcoming older tenants to someone's home or connecting groups of retirees who want to co-rent a dwelling.**
- **Explore the feasibility of neighbors and friends providing rehab in their home, instead of in an institution. This will likely increase the patient's recovery time. Assessment of the home, clearance from an occupational therapist, and training in the care of a convalescing patient may be needed.**
- **Increase efforts to promote civic engagement among older adults. Evidence on the benefits of volunteerism on one's well-being and life satisfaction are plentiful.**
- **Develop intergenerational program opportunities. This expands older adults' social capital to include the younger generation. Older adults can mentor youth, while this younger generation learns how to connect with seniors and earn community service credits. Tech-savvy youths can also train older adults on the use of the Internet to access information and get in touch with other people.**
- **Address human resources and workforce shortage issues by offering incentives to make aging services the industry of choice. Offering competitive salaries for home care and other workers, training employees to advance in their careers, and providing commuter/carpool support to bring workers to Marin are possible strategies.**



Service Use and Organization Familiarity Inventory

In addition to hearing directly from older adults from targeted communities, focus group participants were given a questionnaire to assess their awareness about services and organizations in Marin. A total of 29 surveys were completed and returned.

From this exercise, we have learned that service use and focus group participants' familiarity with providers are localized in nature. Proximity of the resource to the person's residence will increase

While it is not possible for service agencies to have presence in every neighborhood in Marin, working with senior/community centers and local providers (formal and informal) may improve the organization's reach, especially in underserved communities, such as Marin City, the Canal, and West Marin. This strategy increases the likelihood that services will be delivered in a responsive and appropriate manner, as local providers will be more familiar with the dynamics and cultures of the people in their neighborhoods. Partnership goes both ways, and local providers should also welcome outside agencies in their neighborhoods to help bring services in their communities

familiarity with the agency, as well as the likelihood that services offered by the provider will be used. Participating in activities at the local senior and community centers was used over all other services and programs. Other services most frequently used include brown bag groceries, counseling/support groups, hospice care, and volunteer services. Such findings present a strong case for supporting agencies and resources at the local community-level.

Focus group participants were surprised to see a myriad of resources and agencies serving older adults in Marin. Several said they have never heard of majority of the providers listed and were excited to see that so many services are available in the community.

Participants also expressed that MCF's findings of high internet usage among older adults were not consistent with their own experiences. Though focus group participants recognize the potential of the internet, most prefer having a paper directory accessible at their finger tips at any time.



Trip Generation Study of Long-Term Care Facilities

Through funds from the Marin Community Foundation, the Division of Aging and Adult Services conducted a study of transportation patterns at 10 long-term care residential facilities in Marin. Sites selected represent various level of housing for older adults in Marin. Research methods included conducting driveway hose counts, interviewing facility directors, and administering staff surveys. A study of the trips generated in selected long-term care facilities in Marin produced the following results:

- At independent living facilities, driving is an issue, but so is not driving. Though residents are highly mobile, destinations are not always within walking distance from the facility.
- Facilities that have shuttles and vans seem to work the best. The service offers flexibility and has a high ridership. However, they still do not meet all needs.
- The Golden Gate public transit system is not able to adequately accommodate the special needs of riders. As such, some facilities have discouraged residents from using the service.
- Whistlestop Paratransit services are available, but it is not appropriate for everyone. Taxi vouchers might be a preferred option.
- Residents value walking as an important and beneficial exercise to keep healthy. However, neighborhoods are not always walkable due to pedestrian safety issues.
- Family members who give rides to residents who are no longer able to drive is central to older adults' feeling that their mobility needs are met.
- For employees, arranging carpools and van-pools may be a solution. Options for mid-day transportation such as carshare and bikeshare may be offered.



Areas of focus for future transportation/mobility planning

- Provide coaching to residents, staff, and family members on how to “give up the keys.”
- Locate new housing constructions near walkable destinations. Existing housing facilities may also consider offering more services onsite.
- Conduct periodic surveys for transportation service needs to include time, days, and destinations. Consider one-on-one outreach to residents who express concerns that their needs are not met.
- Consider bringing services, such as drug store delivery, grocery store delivery, hair stylist to the facility.
- Supplement van service with car service.
- Encourage walking to services where pedestrian safety is not an issue.
- Prioritize pedestrian safety and traffic calming improvements near older adult housing sites, especially where independent living facilities are located.



Section 8: Targeting

In partnership with the Commission on Aging and with numerous non-profit agencies, the Marin County Area Agency on Aging is constantly striving to create an integrated and affordable community-based system of care to effectively respond to the needs of the population we are entrusted to serve. Those who face disproportionate barriers to accessing services, such as the economically needy, limited English-speaking persons, rural area residents, and LBGT older individuals are especially targeted. Examples of 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 a weekly lunchtime senior connection and education program in the rural areas of Point Reyes Station and San Geronimo Valley.
- Including language in all contracts requiring a service provider to serve minorities in the same proportion that they represent in Marin's older population.
- Working in collaboration with the only LGBT resource organization in Marin to provide diversity and cultural competency trainings for providers in order to ensure that the needs of LGBT older adults and family caregivers are appropriately assessed and met.
- Funding the development of educational opportunities and outreach efforts focusing on LEP older adults in the predominantly Latino neighborhood in the Canal.
- Through delivering services directly, contracting with local aging services organizations, collaborating with the COA on various projects, and participating in leadership coalitions, the AAA ensures that targeted populations are reached.
- Collaborating with the COA on various projects that respond to emerging issues in the elderly community. Sample projects include the Carfit older driver safety program, Strong and Stable fall prevention program, and the *Transportation Patterns and Needs of Older Adults* study.
- Conducting on-going efforts around disaster preparedness. In partnership with the COA, trainings have been conducted with contracted service providers. Organizational disaster planning is a contract moni-

toring requirement of the AAA. In 2008, about 500 disaster preparedness/emergency food kits and educational materials were distributed to monolingual Spanish and Vietnamese speakers; low-income senior housing residents; home-bound meals-on-wheels recipients; rural area older residents; and frail older persons recently discharged from hospitals. This effort helps vulnerable older adults shelter in place for at least 72 hours during a disaster. Within the Division of Aging and Adult Services, an emergency planning group meets regularly and shares information with staff on all activities and planning items, including conducting practice evacuation events. The Division operates within the Marin County Health and Human Services Department and both agencies participate in the Marin Disaster Agency Collaboration, which focuses on ongoing county-wide disaster planning efforts. In addition, a staff member of the Division serves as both liaison to the County Emergency Services Office and as a Special Needs Advocate on behalf of vulnerable populations during an emergency occurrence.

- 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.
- Organizing a Family Caregiver Program collaborative by contracting with two main providers entrusted to coordinate services in partnership with various community-based organizations serving family caregivers.
- Training staff in long-term care facilities to implement the Strong and Stable exercise program in their sites to help institutionalized older persons prevent falls.

Mentioned previously is the recent integration of aging and adult social services under the same division. This effort 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 persons at risk of being placed in institutional care to the Division's services extends our reach in identifying and serving vulnerable older adults.

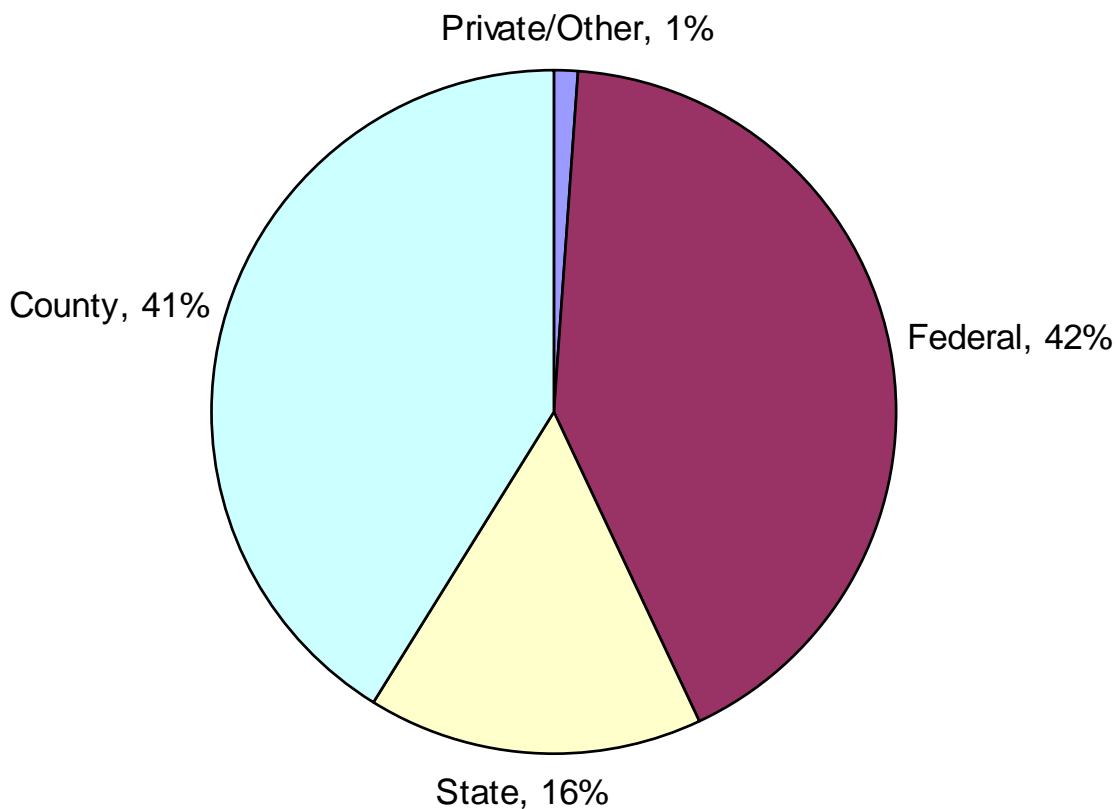
As a necessary first step to integration, the Division took on the administration and delivery of the Information and Assistance (I & A) services starting in Fiscal Year 2008-09. Marin's I & A is referred to as the Marin Adult Information and Referral line or InfoLine. In addition to helping callers find the appropriate services, InfoLine staff screens calls for possible IHSS and APS referrals and performs an initial intake of clients. This 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.

An aging and adult services reception area has also been established to serve as a "hub" to get information and 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 resource website (www.marin.networkofcare.org/aging) was also launched in Marin in 2007, and is used by InfoLine

staff to train computer-savvy callers become more self-sufficient in finding services by teaching them, over the phone, how to navigate this search tool. The *Network of Care* has been an invaluable resource to long-distance caregivers who are involved in planning the care of older relatives living in Marin.

The AAA uses a mix of funding sources to provide supportive services to older adults in Marin County. The Older Americans Act provides annual appropriation of federal funds for supportive and nutrition services. Any person age 60 and over or family caregivers 18 years or older caring for an individual of any age with a diagnosis of Alzheimer’s and other related dementia are eligible for services. The Division also receives funding from the State of California through the Older Californians Act (OCA). Programs under these Acts are contracted to community agencies. The following graph displays the sources of funding for the Area Agency on Aging for FY 2009-10:

**FIGURE 5: AREA AGENCY ON AGING FUNDING SOURCES
FISCAL YEAR 2009-2010**



In Marin County, more than 80% of OAA and OCA funds are contracted to community-based agencies to provide vital services that sustain the independence and enhance the lives of older persons (Table 5). More than 23 non-profit organizations that serve Marin have been funded over the years. Approximately 7,000 individuals, most of whom are 60 years of age and older, are served annually in the PSA. The average age of clients is 75 years old and low-income and minority populations are served in greater numbers than they are represented in the older population of Marin. For instance, more than 25% of persons served by the federal Title III programs administered by the AAA in Fiscal Year 2007-08 were minorities, whereas the county's racial/ethnic minorities who were 60 or older were only about 10%.

A summary of the Division of Aging and Adult Services Budget for Fiscal Year 2009-2010 is presented below:

SUMMARY BUDGET DISPLAY FY 2009-2010		
Designated Funds for Administration	Supportive Services	\$ 44,811
	Nutrition Program	\$ 73,743
	National Family Caregiver Support Program	\$ 19,235
	State-funded CBSP Programs	\$ 28,854
	Program Development & Coordination	\$ 20,500
Administration & Program Development & Coordination Subtotal		\$ 187,143
Older Americans Act Support Services		\$ 185,229
Older Californians Act Programs		\$ 313,401
Nutrition General & Nutrition Support Initiative Program	Congregate Meals	\$ 50,308
	Home-Delivered Meals	\$ 411,080
Nutrition Program Subtotal		\$ 461,388
Ombudsman Program		\$ 59,704
Elder Abuse Prevention Program		\$ 3,795
Family Caregiver Support Program		\$ 99,001
Preventive Health Services		\$ 10,580
Medication Management		\$ 3,924
Older Workers Employment Program		\$ 107,526
TOTAL FEDERAL & STATE APPROPRIATIONS		\$ 1,431,691
COUNTY CONTRIBUTION AND OTHER SOURCES		\$ 1,305,787
TOTAL AREA AGENCY ON AGING BUDGET		\$ 2,737,478

Challenges in Addressing the Needs in Marin

An important part of the discussion of public funding is the inadequacy of these supports to meet the growing needs of older persons. In FY 1995-96, a new statewide funding formula that includes factors for low-income older adults as well as ethnic minorities was introduced in California. Since Marin's natural beauty is the pride and joy of this county and protecting its open spaces has therefore been a major priority for residents and policy-makers, population expansion has been limited. In addition, compared to other counties, Marin has a low proportion of populations prioritized for funding. Thus, not only is the amount of Older Americans Act funds available for Marin limited, this county will continue to be at a disadvantage for competing for these public dollars.

The inadequacy of public funding makes seeking additional resources absolutely necessary. As Table 5 shows, the cost to providers to run programs and services exceed the funds available from federal and state sources by more than 270%. Because funding of these services are categorical, not discretionary, emerging needs and issues that do not fit within the funding criteria will not likely be supported. Thus, it is critical that policy-makers, service providers, and the community at large look at creative and varied solutions to address the issues of limited resources as the needs grow.

The current economic climate is also creating new pools of individuals that fall into poverty. When unemployment is high, older workers are typically hit the hardest. The National Public Radio recently ran a report on "ageism" in the workplace as a result of the economic crisis. Baby boomers, which are likely to be in the workforce and are getting insurance coverage from their employers, are at-risk of falling through the cracks in these hard times. They may also be caregivers who have seen their retired parents' nest eggs dramatically shrink in the past year. Boomer caregivers may be required to provide additional financial support or quit their job to care for a parent who may no longer be able to afford private care.



Section 9: Public Hearing Proceedings

A public hearing on the *Marin County Area Plan for Aging 2009-2012* was convened at the Commission on Aging meeting on April 9, 2009 at the Margaret Todd Senior Center in Novato. Copies of the draft document were sent to all Commissioners and service providers prior to the hearing. A press release announcing the hearing and inviting the public to attend was also sent to local media outlets in Marin County.

Commission on Aging Chair Patricia Lewis called the meeting to order at 10:53 a.m. and commenced the public hearing on the Area Plan. She thanked Ana Bagtas, Division staff, for preparing the draft document. Lewis turned the meeting over to Dr. Marge Belknap, Chair of the Planning Committee, to facilitate the hearing.

Belknap discussed the federal regulation that requires holding a public hearing on the Area Plan. Committee members and Planner Ana Bagtas were acknowledged for their efforts in shepherding the planning process. She called on Nick Trunzo, Division of Aging and Adult Services Director, to present major highlights of the *Marin County Area Plan for Aging 2009-2012*.

Trunzo presented current demographics, health status, and socio-economic characteristics of Marin County's older adult, disabled, and caregiver population. Major issues that emerged from the needs assessments were identified. He explained that the Area Plan goals for the next three years were derived from these priority areas. Adequate proportion of Title IIIB Support Services funding in priority service categories of access, in-home, and legal services were discussed. Objectives for Program Development and Coordination as well as a sampling of other objectives for Fiscal Year 2009-2010 were highlighted. At the conclusion of his presentation, Trunzo deferred to Belknap to open the discussion for public comments.

The following questions, feedback, and comments were provided by the members of the public:

- Do the older adult population projections track with the current economic crisis? Belknap responded that the data were based on what was available at the time of planning, which has not anticipated the current economic climate.
- Why is there a big difference in the funds from the AAA and the program budget? Belknap and Trunzo explained that the AAA only partially supports programs, and operating costs are much larger.

- How were the disabilities of older adults defined in the data? Bagtas responded that the data came from the Census Bureau's 2007 American Community Survey and respondents self-identify based on criteria outlined in the questionnaire.
- What is the funding cycle for the services and how does the public know when to apply? Belknap said that the plan is for three years. Funding cycle varies and can be reevaluated.
- How are the funds for the transportation study going to be used? Housing and Transportation Committee Chair Allan Bortel explained that a consulting firm will be hired to lead the study.
- Is the Division's transportation study the same as the one being conducted by Marin Transit in West Marin? Division staff Pat Wall responded that the Division's study will focus on older adults in the entire county, while the Marin Transit study is specific to West Marin and is going to look at the entire population in the area.
- The Alzheimer's Association is coming out with a state plan for Alzheimer's and related dementia, a first for California. National and California data on Alzheimer's are now available.
- Leadership from the Commission and the Division beyond planning was suggested.

With no further comments from the public, Chair Belknap made a motion for the Commission to approve the draft *Marin County Area Plan for Aging 2009-20120*. Commission Chair Lewis opened up the discussion for comments from the Commission.

Commissioners provided feedback that included the following:

- Adjust areas in the plan as suggested.
- Provide additional data on Marin older adults from previous years (see Exhibit C).
- Clarify the data on Alzheimer's. The Director of the Alzheimer's Association responded.
- Improve communication and collaboration among providers and the Commission.
- Expand efforts in the African American and Spanish-speaking communities. Several Commissioners offered to work on this issue.

Commissioners concluded their comments. Sangster De-Haan made a motion for the *Marin County Area Plan for Aging 2009-2012* to be approved with inclusion of her suggested changes to the plan. The motion was seconded. The Commission unanimously approved the plan.

The required California Department of Aging Public Hearing documentation form may be found in Exhibit B.

Section 10: Identification of Priorities

One of the most fundamental principles in economics is that people have unlimited wants and needs, but that resources available are scarce. Trying to fill these needs under such resource constraints is both an art and a science. Prudent decision-making backed by data and calculated analysis, when applied to creative-thinking, can produce innovative solutions to fill many, but not all, of the needs of our society. As such, setting priorities is an essential planning tool aimed at addressing some, but not all of the needs identified by our constituencies. It is therefore imperative in this Area Plan for Aging 2009-12, that the Marin County Area Agency on Aging prioritizes the needs identified by older adults in our community. The AAA is also bound by time, making sure that priorities established are achievable in the next three years.

In examining the various needs assessment approaches and results from these investigations, a convergence of expressed interests and concerns emerged. This forms the foundation for the establishment of priorities for Marin County in the next three years. The following discussion explores observations that must be considered in order to efficiently drive the planning process and effectively establish priorities for Marin County.

Concerted efforts to help individuals “age in place” must be developed. Demographic trends, conversations with older adults, discussion with providers, and survey results all point towards a strong case for helping people remain independent and in the community. Improving people’s access to services is a start. Options to make services affordable, especially for middle-class individuals who typically do not qualify for publicly-funded programs should be expanded. The use of the Elder Index, as an alternative to the FPL to evaluate program qualification criteria, requires a policy change at the state and federal level. Advocates are needed to make this change happen.

In addition to the various programs and activities relating to chronic disease prevention and management, a new initiative is being developed to enhance these programs and provide a continuum of care system for at-risk adults and older persons. This unique program utilizes a team of public health nurses, allied health volunteers, and social services workers to provide comprehensive case management and chronic care services to at-risk individuals who are frail, isolated, homeless, or recently released from the hospital or jail.

Strengthening the community-based system of care and fostering social capital networks are other strategies. Increasing collaboration between

and among formal and informal networks was clearly documented in the needs assessment, but working with the AAA and COA on these efforts should also be considered. Creating a “senior friendly” community where a variety of mobility options are available, services are within walking distance or are portable, and neighborhoods are safe for pedestrians also provide opportunities to age in place.

Keeping a healthy Marin is also a major priority for the Marin County Department of Health and Human Services, and the Division is supporting this vision by serving on the Marin Wellness Leadership Collaborative. The Collaborative involves leaders from various government, community, and consumer-based “environments” that represent youth, aging, mobility, open space, and food resources in Marin. The goal is to create a variety of innovative social entrepreneurial initiatives that will prevent and strengthen the physical and nutritional health of Marin. Future projects with Collaborative members and the AAA will be developed.

A first step to improving access to services is to increase the community’s awareness of the gateways to services in Marin. Needs assessment findings clearly demonstrate the community’s lack of awareness about the services available in the community and how to find out about these resources. This is a major limitation of the current system that must be addressed. Creation of



a new phone number or a resource clearinghouse, as some has suggested, will not solve the problems and may further create confusion among consumers. Efforts should instead focus on promoting already existing resources.

Whether the preferred medium is online, by phone, or face-to-face with a resource staff, older person, adults with disability and caregivers have many options to choose from to find services in Marin. The *Network of Care* website, the 2-1-1 telephone dial directory, and the InfoLine at 457-INFO all function as gateways to the county’s resources and should be the first step to getting connected to services. The issue is not so much that Marin is lacking in resources, rather, there is an imperative need to increase people’s awareness about these programs.

Ensuring that the public is aware of various resources in the county has been a priority for both the AAA and the Commission on Aging. Service providers, informal social networks, and the community at large should also help in this effort. Promotion of the 457-INFO, *Network of Care* website, the 2-1-1 and other links to services should be a community and county-wide initiative.

Creating approaches to ensure cultural competence and inclusion in service delivery are important. Needs assessment findings demonstrate disparities in access to services, with more barriers found for the low-income, limited English speaking and lesbian, gay, bisexual and transgender population groups. Sensitivity and inclusivity that respect varying cultures, sexual orientation, religion, language is important. Cultural and language competency of providers will be in greater demand. New legislation extending non-discriminatory policies in aging services to include LGBT older adults and appropriately designing services to be responsive to their needs is a mandate. Evidence on charitable giving and volunteering in Marin published by the Marin Community Foundation in 2008,¹⁹ determined that community support for open space preservation, neighborliness, and arts and entertainment is favored over projects that address diversity and language access. As Marin becomes more diverse, much work needs to be done to change attitudes and shift paradigms that celebrate diversity. Thus, building a service infrastructure today that plans for the changing demands, expectations and requirements of a diverse population is critical.

The “build it and they will come” approach may not work in certain communities. This is most prevalent among Marin City and West Marin residents where resources are scarce and isolation may be experienced. They become a community with a “can do” attitude. As such, providers reaching out to help must be conscientious of the cultural dynamics that operate within these communities. Providing that space for the mostly African American older persons in Marin City, and rural area retirees of West Marin, autonomy and control of what goes on in their neighborhood must be respected. The approach should include collaborating with existing formal and informal networks and letting the community identify the solution to address their needs. This not only builds the community’s capacity at the grass-roots level, it also empowers the community to take control of its own destiny. This is also true for other sub-groups such as the LEP and LGBT communities.



Priorities for the Marin County Area Plan for Aging 2009-2012

Setting of priorities for the Marin County Area Plan for Aging 2009-2012 required considerable efforts from the Planning Committee to reflect on observations presented above. As such, a thorough discussion of these aligned concepts provided the backbone for the establishment of priorities with the following guiding principles in mind: foster prevention approaches to help maintain and prolong older adults' independence while enriching their quality of life; enhance service access management by improving awareness, affordability, availability, accommodation, and appropriateness of services for older adults and disabled; promote cultural competency and inclusion within the aging services system by empowering communities. Therefore, the Planning Committee, as approved by the Commission on Aging and the Area Agency on Aging established the following Area Plan goals for the Planning and Service Area 5 in the next three years:

- 1. Promote a community-based system of care that sustains the independence of older adults.*
- 2. Increase opportunities for people to access information about community resources.*
- 3. Improve the well-being of adults particularly those with special needs.*

As presented, the new Area Plan goals continue to be in alignment with the mandates of the Older Americans Act and the California Code of Regulations, which require that AAAs allocate Title IIIB federal funds to provide services to older adults in our community under the following priority service categories:

Access: includes such services as case management, assisted transportation, transportation, information and assistance, and outreach.

In-Home Services: includes such services as personal care; homemaker and home health aides; chore; in-home respite; daycare as respite services for families; telephone reassurance; visiting; and minor home modification.

Legal Assistance: includes such services as legal advice, representation, assistance to the Ombudsman program, and involvement in the private Bar.

In the next three years, the Marin County AAA will provide a breakdown of adequate proportion of funding for access, in-home, and legal services consistent with previously established allocations that have proven to be successful in addressing the need of our community. As such, at minimum, proportions of federal Title IIIB Supportive Services funds will be allocated as follows: 20% access, 5% in-home services, and 5% legal assistance.

Section 11: Area Plan 2009-2012 Goals and Objectives for Fiscal Year 2009-2010

GOAL #1: Promote a community-based system of care that sustains the independence of older adults.

Rationale: Needs assessment findings overwhelmingly show that older adults want to “age in place” at home and in their community for as long as possible. Providers also identified a significant gap in services in Marin, noting that resources are skewed towards intervention measures for those who are already at-risk. Preventing and minimizing health risks in order to sustain older persons’ capacity to remain living independently are favored by community-based aging service providers. This is also in keeping with the Marin County Department of Health and Human Services’ vision of building a healthy Marin by developing “upstream” preventive approaches. Thus, pursuing a goal that promotes a community-based system of care that sustains the independence of older adults will make “aging in place” possible.

OBJECTIVES	Projected Start and End Dates	Title III B Funded PD or C	Status
1a. The Housing & Transportation Committee members will monitor the updating of the housing elements of General Plans in cities and towns where they live and advocate that plans include affordable housing for older adults in locations that are complementary to older persons’ lifestyles. This objective will be measured by whether targeted towns designate property locations suitable for housing for older adults.	7/1/09 – 12/31/09		New
1b. The Housing & Transportation Committee will participate in the development of a “Senior Mobility Action and Implementation Plan” for Marin County by contributing to focus group discussions, working groups and project activities. The project aims to increase the types of transportation options for older adults that fit their physical needs and lifestyle, at the same time decreasing dependency on autos and improving public transit.	7/1/09 – 6/30/10	PD	New
1c. The Nutrition Committee will visit each operating congregate meal site at least one time during the fiscal year to review service utilization and identify potential growth areas of sites by interviewing at least two participants, one volunteer, and one staff member.	7/1/09 – 6/30/10		New
1d. The Public Information Committee will publish an article in the <i>Great Age</i> newsletter providing expert advice on “aging in place,” as well as relocating options to sustain older adults’ independence.	7/1/09 – 6/30/10		New

1e. The Division of Aging and Adult Services will facilitate the recovery of Project Independence older adult patients discharged from hospitals through a volunteer transportation program aimed at preventing social isolation, helping clients successfully fulfill their discharge plans, and sustaining clients' ability to remain independent.	7/1/09 – 6/30/10	PD	New
1f. The Legislative Committee will track and advocate for both State and Federal legislation which supports, enhances, or improves services that protect the health and safety of older adults and allows them to live independently. Members will attend a minimum of two State legislative hearings and meet with each local representative to discuss the needs of older adults at least six times during the fiscal year.	7/1/09 – 6/30/10		New
1g. The Public Health Nursing Program will train at least 32 older individuals to effectively manage their chronic condition through the Chronic Disease Self-Management Program. Follow-up with training participants will show that at least 50% of them continue to use the strategies learned from the workshop.	7/1/09 – 6/30/10		New
1h. Using an online tool or software, the Public Health Nursing Program will provide one-on-one medication management consultation to at least 50 older adults throughout the county to increase their knowledge about their medications and assess the drugs they are taking for possible cross-interactions.	7/1/09 – 6/30/10		New

GOAL #2: Increase opportunities for people to access information about community resources.

Rationale: Access to information, services, and resources is one of the top unmet needs consistently identified by Marin older adults in the various needs assessment efforts conducted in the county. Discussion with services providers concurs with this assessment. Thus, increasing awareness, affordability, availability, and appropriateness of services are factors that must be addressed in order to improve older adults' access to services. Various approaches that expand opportunities for older adults and caregivers to find out and get connected to services must be explored.

Objectives	Projected Start and End Dates	Title III B Funded PD or C	Status
2a. The Health Committee will organize a public education program on "brain fitness as a movement," which will take place at a Commission on Aging meeting. As a result of this presentation, Commissioners and the public will learn more about various products and determine methods to improve mental capacity.	7/1/09 – 5/31/10		New

<p>2b. The Health Committee will identify an authority on advanced healthcare directives to write an article for the <i>Great Age</i> newsletter. This will result in readers becoming more educated about laws in the state of California regarding advanced directives and hospital patients. Nuances about when advance directives do and do not apply and the problems this causes will be addressed.</p>	<p>7/1/09 – 1/31/10</p>		<p>New</p>
<p>2c. The Nutrition Committee will increase the public’s awareness about food and nutrition resources in the county by updating the <i>Food and Nutrition Fact Sheet</i> and distributing it at the Marin County Senior Information Fair, which attracts 3,000-4,000 older adults annually.</p>	<p>7/1/09 – 6/30/10</p>		<p>New</p>
<p>2d. The Nutrition Committee will increase access to food sources in Marin by publishing the <i>Food and Nutrition Fact Sheet’s</i> food source list, which includes pantries, congregate meal sites, and other food sources, in the <i>Great Age</i> newsletter, reaching more than 2,500 households.</p>	<p>7/1/09 – 6/30/10</p>		<p>New</p>
<p>2e. The Ombudsman Program will update program brochures and conduct a minimum of four community presentations about choices for long-term care placement and how to find information on skilled nursing facilities and assisted living facilities.</p>	<p>7/1/09 – 6/30/10</p>		<p>New</p>
<p>2f. The Public Information Committee will improve older adults, caregivers and disabled individuals’ access to services by evaluating current methods of disseminating information; developing new strategies to increase awareness about available services; and conducting a survey to assess improvements in obtaining information and resources. The <i>Great Age</i> newsletter, 457-INFO line and community presentations will be evaluated for this purpose.</p>	<p>7/1/09 – 6/30/10</p>		<p>New</p>
<p>2g. The Public Information Committee will inform the community of about issues and programs that affect older adults by assisting in the development, publication, and distribution of the <i>Great Age</i> newsletter to more than 2,500 households in Marin.</p>	<p>7/1/09 – 6/30/10</p>		<p>New</p>
<p>2h. Using the newly launched MaxCess database especially designed for the Division of Aging and Adult Services, the impact of integration will be assessed by monitoring referrals and collaboration between the AAA’s Information and Assistance and adult social services’ IHSS, APS, and Veterans Services programs.</p>	<p>7/1/09 – 6/30/10</p>		<p>New</p>

2i. The Division of Aging and Adult Services will improve Marin's <i>Network of Care</i> website by adding features that will identify organizations for their language capabilities, inclusivity, and reach to rural and low-income individuals. This will greatly increase the ability of LGBT, LEP, rural, and low-income older adults to identify organizations that will be able to appropriately serve their needs.	7/1/08 – 6/30/10		New
2j. The Division of Aging and Adult Services , in conjunction with the Ombudsman Program, will sponsor two community presentations to present information about elder abuse prevention in skilled nursing and residential care facilities.	7/1/08 – 6/30/10		New
2k. In partnership with local hospitals, staff of the Division of Aging and Adults Services and members of the Marin County Commission on Aging will plan, coordinate and co-sponsor a <i>Healthy Aging Symposium</i> , a health education event for Marin County.	10/1/09 – 5/30/10	C	New
2l. The staff of the Division of Aging and Adult Services and members of the Marin County Commission on Aging will participate in the annual Marin County Senior Information Fair steering committee, to assist in the coordination of an event that provides information and health screenings to approximately 4,000 older adults.	7/1/08 – 10/31/09	C	New

GOAL #3: Improve the well-being of adults particularly those with special needs.

Rationale: Assessment of needs of LGBT, limited English-proficient, low-income, rural, and other ethnic/racial minorities indicate that disproportionate barriers to accessing services are experienced by certain subpopulations of older adults in Marin. Barriers to accessing services can fundamentally impact older adults' ability to stay healthy, independent, and connected to their community. Efforts to reach, serve, and connect those with special needs to services and community life is therefore critical in sustaining their health and well-being.

Objectives	Projected Start and End Dates	Title III B Funded PD or C	Status
3a. The Ombudsman Program will sponsor a minimum of six in-service training sessions for staff and volunteers with other community programs who serve Marin County's elderly and disabled populations. The program will establish formal working relationships with each relevant agency in order to expand and enhance services to long-term care clients, both in facilities and living independently.	7/1/09 – 6/30/10		New

<p>3b. The Planning Committee will support community-based disaster preparedness efforts by working with the <i>Get Ready Marin!</i> and other programs to help older adults, especially those who are vulnerable, prepare for disaster and be informed about resources available in the community .</p>	<p>7/1/09 – 6/30/10</p>		<p>New</p>
<p>3c. To help older adults and vulnerable populations prepare and shelter in place during a disaster, the Planning Committee will develop and disseminate preparedness resource list, educational brochures, and fact sheets (translated in Spanish and Vietnamese) at a minimum of four community events and publish in partner organizations’ newsletters.</p>	<p>7/1/09 – 6/30/10</p>		<p>New</p>
<p>3d. The Planning Committee will raise awareness and promote cultural competence and inclusion in the community by organizing a topic at the Commission on Aging meeting addressing racial, ethnic, sexual orientation and/or religious aging issues.</p>	<p>7/1/09 – 6/30/10</p>		<p>New</p>
<p>3e. The Division of Aging and Adult Services will ensure that the needs of LGBT older adults and caregivers are addressed by including LGBT in the contract language already in existence requiring providers to ensure that services are targeted to specific minority subpopulations.</p>	<p>7/1/09 – 6/30/10</p>		<p>New</p>
<p>3f. The Division of Aging and Adult Services staff will sponsor one in-service training session for all staff which will include Adult Protective Services information on how to recognize elder abuse within the community, how to make reports, and ways to aid in the prevention of abuse.</p>	<p>7/1/09 – 6/30/10</p>		<p>New</p>

Section 12: Service Unit Plan Objectives

Fiscal Year 2009-2010

TITLE III/VII SERVICE UNIT PLAN OBJECTIVES
PSA #: 5
2009–2012 Three-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. For services not defined in NAPIS, refer to Division 4000 of the Management Information Systems (MIS) Manual.

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.

1. Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	N/A		
2010-2011			
2011-2012			

2. Homemaker

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	N/A		
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	N/A		
2010-2011			
2011-2012			

4. Adult Day Care/Adult Day Health**Unit of Service = One participant day***

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	300	1	
2010-2011			
2011-2012			

*One participant day = 4 hours minimum. Unit of service was counted in "hours" in previous Area Plan cycle and is modified to "participant days" starting in FY 09-10, as discussed with CDA staff on 4/21/09.

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	416	1	
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	10,610	1	
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	68,513	1	
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	1,050	1	
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	N/A		
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	N/A		
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	3,020	1	
2010-2011			
2011-2012			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	2,900	1	
2010-2011			
2011-2012			

13. Information and Assistance**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	1,000	2	
2010-2011			
2011-2012			

14. Outreach**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	400	2	
2010-2011			
2011-2012			

NAPIS Service Category 15 – “Other” Title III Services

- In this section, identify **Title III D** services (required); and also identify all **Title III B** services (discretionary) to be funded that were not reported in NAPIS categories 1–14 above. (Identify the specific activity under the Service Category on the “Units of Service” line when applicable)
- Specify what activity constitutes a unit of service (1 hour, 1 session, 1 contact, etc.). (Reference Division 4000 of the MIS Operations Manual, January 1994)
- 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). [**Title III B Example: Service Category:** Community Services/Senior Center Support. **Units of Service:** 1 hour – Activity Scheduling]

Title III D, Disease Prevention/Health Promotion

- **Service Activity:** Identify the Title III D specific allowable service activity provided. (i.e.: Physical Fitness, Counseling Advocacy, Community Education, Health Screening, Outreach, Therapy, Information, Comprehensive Assessment, Home Security, Equipment, Family Support, Nutrition Education, Nutrition Counseling, Nutrition Screening).
- **Units of Service:** Specify what constitutes a unit of service (i.e.: one participant, one client served, one hour, one presentation, one piece of equipment, one session, one client counseled). (Reference Division 4000 of the MIS Operations Manual, January 1994)
- Insert the number of proposed units of service in the Disease Prevention/Health Promotion and Medication Management tables in the Title III D Service Unit Plan Objectives.
- **Title III D and Medication Management requires a narrative program goal and objective.** The objective should clearly explain the activity that is being provided to fulfill the service unit requirement.
- **Title III D and Medication Management:** Insert the program goal and objective numbers in all Title III D Service Plan Objective Tables

Title III D, Disease Prevention/Health Promotion

Service Activity: Community Education (Chronic Disease Self Management Program)
Units of Service = One participant

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	32	1	g
2010-2011			
2011-2012			

Title III D, Medication Management

Service Activity: Information
Units of Service = One participant

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	50	1	h
2010-2011			
2011-2012			

Title III B, Other Supportive Services

Service Category: In-Home Services Registry
Units of Service and Activity = One hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	1,728	1	
2010-2011			
2011-2012			

Service Category: Community Services and Senior Center Support
Units of Service and Activity = One hour (Activity Scheduling)

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	2,970	1	
2010-2011			
2011-2012			

TITLE IIIB and Title VIIA:
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

PSA #: 5
2009–2012 Three-Year Planning Period

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 2006-2007 National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

Targets are established jointly by the AAA and the local LTC Ombudsman Program Coordinator. Use the baseline as the benchmark for determining FY 2009-2010 targets. For each subsequent FY target, use the previous FY target as the benchmark to determine realistic targets and percentage of change given current resources available. Refer to your local LTC Ombudsman Program’s last three years of NORS data for historical trends and take into account current resources available to the program. Targets should be reasonable and attainable.

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 2006-2007 was 73%.

1. FY 2006-2007 Baseline Resolution Rate: 86% Number of complaints resolved 530 + Number of partially resolved complaints 75 divided by the Total Number of Complaints Received 704 = Baseline Resolution Rate 86%
2. FY 2009-2010 Target: Resolution Rate <u>86%</u>
3. FY 2010-2011 Target: Resolution Rate
4. FY 2011-2012 Target: Resolution Rate
Program Goals and Objective Numbers: <u>3a</u>

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

1. FY 2006-2007 Baseline: 65 number of meetings attended
2. FY 2009-2010 Target: number <u>30*</u> and % increase ___ or % decrease <u>54%</u>
3. FY 2010-2011 Target: number 36 and % increase ___ or % decrease ___

4. FY 2011-2012 Target: number 40 and % increase ____ or % decrease ____

Program Goals and Objective Numbers:

*Note: Baseline figure was inaccurately overstated in previous Area Plan cycle.

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

1. FY 2006-2007 Baseline: number of meetings attended 16

2. FY 2009-2010 Target: number 16 and % increase ____ or % decrease ____

3. FY 2010-2011 Target: number ____ and % increase ____ or % decrease ____

4. FY 2011-2012 Target: number ____ and % increase ____ or % decrease ____

Program Goals and Objective Numbers:

D. Consultation to Facilities (AoA Report, Part III-D, #4)

1. FY 2006-2007 Baseline: number of consultations 482

2. FY 2009-2010 Target: number 400 and % increase ____ or % decrease 17%

3. FY 2010-2011 Target: number ____ and % increase ____ or % decrease ____

4. FY 2011-2012 Target: number ____ and % increase ____ or % decrease ____

Program Goals and Objective Numbers:

E. Information and Consultation to Individuals (AoA Report, Part III-D, #5)

1. FY 2006-2007 Baseline: number of consultations 1,930

2. FY 2009-2010 Target: number 1,930 and % increase ____ or % decrease ____

3. FY 2010-2011 Target: number ____ and % increase ____ or % decrease ____

4. FY 2011-2012 Target: number ____ and % increase ____ or % decrease ____

Program Goals and Objective Numbers:

F. Community Education (AoA Report, Part III-D, #10)

1. FY 2006-2007 Baseline: number of sessions 1
2. FY 2009-2010 Target: number <u>4</u> of sessions and % increase <u>300%</u> or % decrease ____
3. FY 2010-2011 Target: number ____ of sessions and % increase ____ or % decrease ____
4. FY 2011-2012 Target: number 4 of sessions and % increase ____ or % decrease ____
Program Goals and Objective Numbers: 2e

G. Systems Advocacy

1. FY 2009-2010 Activity: In narrative form, please provide at least one systemic advocacy effort that the local LTC Ombudsman Program will engage in during the fiscal year.

(Examples: Work with LTC facilities to improve pain relief, increase access to oral health care, work with law enforcement to improve response and investigation of abuse complaints, collaborate with other agencies to improve quality of care and quality of life, participate in disaster preparedness planning, conduct presentations to legislators and local officials regarding quality of care issues, etc.)

Systemic Advocacy Effort(s)

Collaborate with the Elder Abuse Mental Health programs available to residents in nursing home and residential care facilities. Conduct two in-service meetings to share information among programs; make appropriate referrals and participate in case conferences on shared clients. Many long-term care residents have mental health needs which are not always addressed; this approach will enhance and expand treatment opportunities for the population served by the Ombudsman program.

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)**

1. FY 2006-2007 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 2009-2010 Target: <u>100%</u> and % increase ___ or % decrease ___
3. FY 2010-2011 Target: ___ and % increase ___ or % decrease ___
4. FY 2011-2012 Target: ___ and % increase ___ or % decrease ___
Program Goals and Objective Numbers:

B. Facility Coverage (other than in response to a complaint) (AoA Report, Part III-D, #6)
 Number Board and Care Facilities (RCFEs) visited (unduplicated) at least once a quarter not in response to a complaint (based on current resources available to the program).

1. FY 2006-2007 Baseline: 100% Number of RCFEs visited at least once a quarter not in response to a complaint <u>54</u> divided by the number of RCFEs <u>54</u> .
2. FY 2009-2010 Target: <u>100%</u> and % increase ___ or % decrease ___
3. FY 2010-2011 Target: ___ and % increase ___ or % decrease ___
4. FY 2011-2012 Target: ___ and % increase ___ or % decrease ___
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)
 Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2006-2007 Baseline: 2.5 FTEs
2. FY 2009-2010 Target: number of FTEs <u>2.5</u> and % increase ___ or % decrease ___
3. FY 2010-2011 Target: number of FTEs ___ and % increase ___ or % decrease ___
4. FY 2011-2012 Target: number of FTEs ___ and % increase ___ or % decrease ___
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 2006-2007 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2007 <u>4</u>
2. FY 2009-2010 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2010 <u>7</u> and % increase <u>75%</u> or % decrease ___

3. FY 2010-2011 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2011 _____ and % increase ____ or % decrease ____

4. FY 2011-2012 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2012 _____ and % increase ____ or % decrease ____

Program Goals and Objective Numbers:

Outcome 3. Ombudsman representatives report their complaint processing and other activities accurately and consistently. [OAA Section 712(c)]

Measures and Targets:

A. Each Ombudsman Program provides regular training on the National Ombudsman Reporting System (NORS).

1. FY 2006-2007 Baseline number of NORS Part I, II, III or IV training sessions completed 0

Please obtain this information from the local LTC Ombudsman Program Coordinator.

2. FY 2009-2010 Target: number of NORS Part I, II, III or IV training sessions planned 1

3. FY 2010-2011 Target: number of NORS Part I, II, III or IV training sessions planned

4. FY 2011-2012 Target: number of NORS Part I, II, III or IV training sessions planned

Program Goals and Objective Numbers:

**TITLE VIIB ELDER ABUSE PREVENTION
SERVICE UNIT PLAN OBJECTIVES**

PSA # 5

2009–2012 Three-Year Planning Period

Fiscal Year	Total # of Public Education Sessions
2009-10	
2010-11	
2011-12	

Fiscal Year	Total # of Training Sessions for Professionals
2009-10	1
2010-11	
2011-12	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2009-10	
2010-11	
2011-12	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2009-10	
2010-11	
2011-12	

Fiscal Year	Total # of Educational Products to be Developed	Description of Educational Products
2009-2010		
2010-2011		
2011-2012		

Fiscal Year	Total # of Copies of Educational Materials or Products to be Distributed	Description of Educational Materials or Products
2009-2010		
2010-2011		
2011-2012		

TITLE III E SERVICE UNIT PLAN OBJECTIVES

PSA #5

2009–2012 Three-Year Planning Period

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 FCSP Service Matrix in this PM for eligible activities and service unit examples covered within each category. Specify proposed audience size or units of service for ALL budgeted funds.

For Direct Services

CATEGORIES	1	2	3
Direct III E Family Caregiver Services	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2009-2010	# of activities: Total est. audience for above:		
2010-2011	# of activities: Total est. audience for above:		
2011-2012	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2009-2010			
2010-2011			
2011-2012			
Support Services	Total hours		
2009-2010			
2010-2011			
2011-2012			
Respite Care	Total hours		
2009-2010			
2010-2011			
2011-2012			
Supplemental Services	Total occurrences		
2009-2010			
2010-2011			
2011-2012			

Direct III E Grandparent Services	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2009-2010	# of activities: Total est. audience for above:		
2010-2011	# of activities: Total est. audience for above:		
2011-2012	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2009-2010			
2010-2011			
2011-2012			

Support Services	Total hours		
2009-2010			
2010-2011			
2011-2012			
Respite Care	Total hours		
2009-2010			
2010-2011			
2011-2012			
Supplemental Services	Total occurrences		
2009-2010			
2010-2011			
2011-2012			

For 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:		
2009-2010	# of activities: 20 Total est. audience for above: 150	2	
2010-2011	# of activities: Total est. audience for above:		
2011-2012	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2009-2010	75	2	
2010-2011			
2011-2012			
Support Services	Total hours		
2009-2010	650	1	
2010-2011			
2011-2012			
Respite Care	Total hours		
2009-2010	2,000	1	
2010-2011			
2011-2012			
Supplemental Services	Total occurrences		
2009-2010	12	1	
2010-2011			
2011-2012			

Contracted 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		
2009-2010	# of activities: Total est. audience for above:		
2010-2011	# of activities: Total est. audience for above:		
2011-2012	# of activities: Total est. audience for above:		

Access Assistance	Total contacts		
2009-2010			
2010-2011			
2011-2012			
Support Services			
2009-2010			
2010-2011			
2011-2012			
Respite Care	Total hours		
2009-2010			
2010-2011			
2011-2012			
Supplemental Services	Total occurrences		
2009-2010			
2010-2011			
2011-2012			

TITLE V/SCSEP SERVICE UNIT PLAN OBJECTIVES
2009–2012 Three-Year Planning Period
CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) utilizes the new Data Collection System developed by the U.S. Department of Labor (DOL), which captures the new performance measures per the Older Americans Act of 1965 as amended in 2000, and the Federal Register 20 CFR Part 641. The related funding is reported in the annual Title V/SCSEP Budget.

Note: Before the beginning of each federal Program Year, DOL negotiates with the California Department of Aging to set the baseline levels of performance for California. Once determined, those baseline levels will be transmitted to the AAA.

Fiscal Year (FY)	CDA Authorized Slots	National Grantee Authorized Slots (If applicable)	Objective Numbers (If applicable)
2009-2010	13		
2010-2011			
2011-2012			

**COMMUNITY BASED SERVICES PROGRAMS
SERVICE UNIT PLAN (CBSP) OBJECTIVES
PSA # 5**

**2009-2012 Three-Year Planning Period
CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) follows the instructions for layouts provided in PM 98-26 (P) and updated in PM 00-13 (P). The related funding is reported in the annual Area Plan Budget (CDA 122). Report units of service to be provided with **ALL funding sources**.

For services that will not be provided, check the Not Applicable box

Alzheimer's Day Care Resource Center

1. Goals and Objectives:

Fiscal Year	Goal Numbers	Objective Numbers (If applicable)
2009-2010	1	
2010-2011		
2011-2012		

2. In-Service Training Sessions for Staff (A minimum of 6 sessions required per year)

Fiscal Year	In-Service Training Sessions
2009-2010	6
2010-2011	
2011-2012	

3. Professional/Intern Educational Training Sessions (A minimum of 4 sessions required per year)

Fiscal Year	Professional/Intern Educational Training Sessions
2009-2010	4
2010-2011	
2011-2012	

4. Caregiver Support Group Sessions (A minimum of 12 sessions required per year)

Fiscal Year	Caregiver Group Support Sessions
2009-2010	12
2010-2011	
2011-2012	

5. Public/Community Education Training Sessions (A minimum of 1 session required per year)

Fiscal Year	Public/Community Education Training Sessions
2009-2010	2
2010-2011	
2011-2012	

3. Active Monthly Caseload

Fiscal Year	Active Monthly Caseload (Include Targeted Case Management and handicapped parking revenue)
2009-2010	80
2010-2011	
2011-2012	

Senior Companion

Fiscal Year	Goal Numbers
2009-2010	1
2010-2011	
2011-2012	

Fiscal Year	Volunteer Service Years (VSYS)
2009-2010	3
2010-2011	
2011-2012	

Fiscal Year	Volunteer Hours
2009-2010	3,132
2010-2011	
2011-2012	

Fiscal Year	Senior Volunteers
2009-2010	5
2010-2011	
2011-2012	

Fiscal Year	Seniors Served
2009-2010	15
2010-2011	
2011-2012	

Respite Purchase of Service

2009-2010		Goal #	Objective # (if applicable):
Adult Day Care (ADC)	hours:		
Adult Day Health Care (ADHC)	hours:		
Respite In-Home	hours: 600	1	
Respite-Out of Home			
Skilled Nursing Facility	hours:		
Residential Care Facility	hours:		
Other:	hours:		
Alzheimer's Day Care Resource Center (ADCRC)	days:		
POS Transportation	1-way trips:		
Other:	#occurrences:		

2010-2011		Goal #	Objective # (if applicable):
Adult Day Care (ADC)	hours:		
Adult Day Health Care (ADHC)	hours:		
Respite In-Home	hours:		

Respite-Out of Home			
Skilled Nursing	hours:		
Residential Care Facility	hours:		
Other:	hours:		
Alzheimer's Day Care Resource Center (ADCRC)	days:		
POS: Transportation	1-way trips:		
Other:	#occurrences:		

2011-2012		Goal #	Objective # (if applicable):
Adult Day Care (ADC)	hours:		
Adult Day Health Care (ADHC)	hours:		
Respite In-Home	hours:		
Respite-Out of Home			
Skilled Nursing	hours:		
Residential Care Facility	hours:		
Other:	hours:		
Alzheimer's Day Care Resource Center (ADCRC)	days:		
POS: Transportation	1-way trips:		
Other:	#occurrences:		

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)
SERVICE UNIT PLAN
PSA # 5
2009-2012 Three-Year Planning Period
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 ❖
2009-2010	221	1.30
2010-2011		
2011-2012		
State Fiscal Year (SFY)	Total Estimated Number of Attendees Reached in Community Education Per SFY (Unit of Service)	Goal Numbers
2009-2010	323	1.30
2010-2011		
2011-2012		

❖ PSA 5 is part of a multiple PSA HICAP administered by the Sonoma County Area Agency on Aging. The goal numbers referenced here are that of the HICAP administrator, not the goals of PSA 5 documented in Marin County’s Area Plan 2009-2012.

State Fiscal Year (SFY)	Total Estimated Number of Community Education Events Planned per SFY (Unit of Service)	Goal Numbers ❖
2009-2010	17	1.30
2010-2011		
2011-2012		

❖ PSA 5 is part of a multiple PSA HICAP administered by the Sonoma County Area Agency on Aging. The goal numbers referenced here are that of the HICAP administrator, not the goals of PSA 5 documented in Marin County's Area Plan 2009-2012.

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

State Fiscal Year (SFY)	Total Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2009-2010		
2010-2011		
2011-2012		
State Fiscal Year (SFY)	Total Estimated Number of Legal Representation Hours Per SFY (Unit of Service)	Goal Numbers
2009-2010		
2010-2011		
2011-2012		
State Fiscal Year (SFY)	Total Estimated Number of Program Consultation Hours per SFY (Unit of Service)	Goal Numbers
2009-2010		
2010-2011		
2011-2012		

Section 3. Two HICAP Counselor Measures

State Fiscal Year (SFY)	Planned Average Number of Registered Counselors for the SFY
2009-2010	5 volunteers; 1 paid
2010-2011	
2011-2012	

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

State Fiscal Year (SFY)	Total Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2009-2010		
2010-2011		
2011-2012		
State Fiscal Year (SFY)	Total Estimated Number of Legal Representation Hours Per SFY (Unit of Service)	Goal Numbers
2009-2010		
2010-2011		
2011-2012		
State Fiscal Year (SFY)	Total Estimated Number of Program Consultation Hours per SFY (Unit of Service)	Goal Numbers
2009-2010		
2010-2011		
2011-2012		

Section 3. Two HICAP Counselor Measures

State Fiscal Year (SFY)	Planned Average Number of Registered Counselors for the SFY
2009-2010	5 volunteers; 1 paid
2010-2011	
2011-2012	

State Fiscal Year (SFY)	Planned Average Number of Active Counselors for the SFY
2009-2010	5 volunteers; 1 paid
2010-2011	
2011-2012	

Section 4. Eight Federal Performance Benchmark Measures

Fiscal Year (FY)	4.1 - Beneficiaries Reached Per 10k Beneficiaries in PSA
2009-2010	1042
2010-2011	
2011-2012	

Note: This includes counseling contacts and community education contacts.

Fiscal Year (FY)	4.2 - One-on-One Counseling Per 10k Beneficiaries in PSA
2009-2010	220
2010-2011	
2011-2012	

Fiscal Year (FY)	4.3 - Beneficiaries with Disabilities Contacts Reached Per 10k Beneficiaries with Disabilities in PSA
2009-2010	111
2010-2011	
2011-2012	

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
2009-2010	56
2010-2011	
2011-2012	

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
2009-2010	110
2010-2011	
2011-2012	

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
2009-2010	14
2010-2011	
2011-2012	

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
2009-2010	.44 FTE
2010-2011	
2011-2012	

Fiscal Year (FY)	4.8 - Percent of Active Counselors That Participate in Annual Update Trainings
2009-2010	38%
2010-2011	
2011-2012	

Section 13: Focal Points

PSA #: 5

2009-2012 Three-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 an updated list of designated community focal points and their addresses. This information must match the National Aging Program Information System (NAPIS) SPR 106.

Marin County Department of Health and Human Services,
Division of Aging and Adult Services
10 North San Pedro Road, Suite #1012
San Rafael, CA 94903
(415) 499-7118 phone
(415) 499-5055 fax
Website: www.co.marin.ca.us/aging

Section 14: Priority Services

PSA #: 5

2009-2012 Three-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 funds 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 2009-10 through FY 2011-12

Access:

Case Management, Assisted Transportation, Transportation, Information and Assistance, and Outreach

09-10: 20% 10-11: ____% 11-12: ____%

In-Home Services:

Personal Care, Homemaker and Home Health Aides, Chore, In-Home Respite, Daycare as respite services for families, Telephone Reassurance, Visiting, and Minor Home Modification

09-10: 5% 10-11: ____% 11-12: ____%

Legal Assistance Required Activities:

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

09-10: 5% 10-11: ____% 11-12: ____%

1. Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. Allocation levels from preceding area planning cycle were maintained. These levels were found to be sufficient in meeting the need for services in PSA 5.
2. This form must be updated if the minimum percentages change from the initial year of the four-year plan.
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. N/A
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. N/A

Section 15: Notice of Intent to Provide Direct Services

PSA # 5

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

If 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. If not providing any of the direct services below, check this box .

Check applicable direct services

Check each applicable Fiscal Year(s)

Title III B

Information and Assistance

FY 2009-10 FY 10-11 FY 11-12

Title III B

Case Management

FY 2009-10 FY 10-11 FY 11-12

Title III B

Outreach

FY 2009-10 FY 10-11 FY 11-12

Title III B

Program Development

FY 2009-10 FY 10-11 FY 11-12

Coordination

FY 2009-10 FY 10-11 FY 11-12

Title III B

Long-Term Care Ombudsman

FY 2009-10 FY 10-11 FY 11-12

Title III D

Disease Prevention
and Health Promotion

FY 2009-10 FY 10-11 FY 11-12

Title III E - Information Services

FY 2009-10 FY 10-11 FY 11-12

Title III E - Access Assistance

FY 2009-10 FY 10-11 FY 11-12

Title III E - Support Services

FY 2009-10 FY 10-11 FY 11-12

Title VIII a

Long-Term Care Ombudsman

FY 2009-10 FY 10-11 FY 11-12

Title VIIB

Prevention of Elder Abuse, Neglect and
Exploitation

FY 2009-10 FY 10-11 FY 11-12

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

The Marin County AAA has been the direct service provider of the services indicated in the preceding list and will continue to do so in the coming fiscal year 2009-2010. The AAA assures that the targeted populations are served through various outreach efforts and partnerships with community-based service organizations in the county. This includes a wide distribution of the "Choices for Living" booklet, the most comprehensive directory of senior housing and long-term care facilities in Marin. The booklet is updated and published by the AAA biennially. Other publications and promotional materials of the AAA, such as the quarterly newsletter, *Great Age*, are used to inform and promote services to the public. Efforts to increase the visibility of the Network of Care website and the InfoLine (Information and Assistance) as gateways to finding information and services in the county are included in the Area Plan. The AAA and its advisory council, the Commission on Aging are constantly reviewing programs and making sure that targeted populations are reached. Commission members and AAA staff attend community events and collaborative meetings to promote services.

Section 16: 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)

If an AAA plans to provide direct services **other** than those specified in Section 15, **a separate Section 16 must be completed for EACH type of service provided.** The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Section 16, check this box .

Identify Service Category: _____

Check applicable funding source:

- III B III C-1 III C-2 III E VII a
- CBSP (Identify the specific CBSP program or service on the "Service Category" line above)
- HICAP

Basis of Request for Waiver:

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

Check each applicable Fiscal Year(s)

If the AAA intends to provide this service for three years, check all boxes.

If all boxes are not checked and the AAA intends to provide this service in subsequent years then this Section must be submitted yearly.

- FY 2009-10 FY 2010-11 FY 2011-12

Justification: In the space below and/or through additional documentation, **AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.**

Section 17: Governing Board

The Marin County Board of Supervisors

PSA # 5

2009-2012 Three-Year Area Plan Cycle

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

Number of Members on the Board: 5

Names/Titles of Officers:	Term in Office Expires:
Hal Brown, President	12/31/09
Judy Arnold, Vice-President	12/31/09
Susan Adams, 2nd Vice-President	12/31/09

Names/Titles of All Members:	Term on Board Expires:
Susan Adams, District 1	1/3/2011*
Judy Arnold, District 5	1/7/2013*
Hal Brown, District 2	1/7/2013*
Steve Kinsey, District 4	1/7/2013*
Charles McGlashan, District 3	1/3/2011*

*Government Code Section 24200 states in part that county supervisors "take office at 12 o'clock noon on the first Monday after the January 1st succeeding their election.

Section 18: Advisory Council

PSA # 5

ADVISORY COUNCIL MEMBERSHIP 2009-2012 Three-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 21

Race/Ethnic Composition	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
White	<u>91.3%</u>	<u>95.7%</u>
Hispanic	<u>3.2%</u>	<u>0%</u>
Black	<u>1.3%</u>	<u>4.3%</u>
Asian/Pacific Islander	<u>3.4%</u>	<u>0%</u>
Native American/Alaskan Native	<u>0.1%</u>	<u>0%</u>
Other	<u>0.7%</u>	<u>0%</u>

Attach a copy of the current advisory council membership roster that includes:

- Names/Titles of officers and date term expires

 Patricia Lewis, Chair (term end June 30, 2009)
 Allan Bortel, Vice-Chair (term end June 30, 2011)
 Robert Gallimore, Secretary (term end June 30, 2011)
- Names/Titles of other Advisory Council members and date term expires (see attached Commission on Aging roster)

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"/>
Local Elected Officials	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with Leadership Experience in the Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Explain any "No" answer

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 process designated by the local governing board to appoint Advisory Council members.

Commission on Aging members are appointed by the City Council of each incorporated town in Marin. Each County Board of Supervisor also has two appointees from their district. Two of Marin County's representatives on the California Senior Legislature also serve as Commissioners.

Section 19: Legal Assistance

PSA #: 5

2009-2012 Three-Year Area Planning Cycle

This section must be completed and submitted with the Three-Year Area Plan.
Any changes to this Section must be documented on this form and remitted with Area Plan Updates.

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

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

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

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

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

Fiscal Year	# Legal Services Providers
2009-2010	1
2010-2011	
2011-2012	

5. What methods of outreach are providers using?

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.

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

Fiscal Year	Name of Provider	Geographic Region covered
2009-2010	a. Legal Aid of the North Bay b. c.	a. county-wide b. c.
2010-2011	a. b. c.	a. b. c.
2011-2012	a. b. c.	a. b. c.

7. 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.

8. Discuss the major legal issues in your PSA. Include new trends of legal problems in your area:

Due to the recent 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.

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

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.

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

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 and West Marin Senior Services.

Section 20: Multipurpose Senior Center Acquisition/Construction Compliance

PSA # 5

2009-2012 Three-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 MM/DD/YY		Compliance Verification (State Use Only)
				Begin	Ends	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

Section 21: Family Caregiver Support Program

PSA # 5

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

2009–2012 Three-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.

FAMILY CAREGIVER SUPPORT PROGRAM for FY 2009-12

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

and

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

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

Justification: For each above service category that is 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 makes every effort to 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.

Exhibit A: 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;

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.

Exhibit B: Public Hearing Form

PSA # 5

PUBLIC HEARINGS

Conducted for the 2009-2012 Planning Period

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? Yes or No	Was hearing held at a Long-Term Care Facility? Yes or No
2009-10	4/9/09	Margaret Todd Senior Center/ Hill Community Room, Novato, CA	48	No	No
2010-11					
2011-12					

Below items must be discussed at each planning cycle's Public Hearings

1. Discuss outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.
 Press Release was sent to all local media outlets announcing the public hearing county-wide. Flyer announcement was also sent to all partner organizations including aging service organizations, home health agencies and long-term care facility directors encouraging them and their clients to participate in the hearing. The announcement was also posted on the Division of Aging and Adult Services website and Information and Assistance bulletin.

2. Proposed expenditures for Program Development (PD) and Coordination (C) must be discussed at a public hearing. Did the AAA discuss PD and C activities at a public hearing?

Yes Not Applicable if PD and C funds are not used

No, Explain:

3. Summarize the comments received concerning proposed expenditures for PD and C, if applicable.
 No comments made.

4. Were all interested parties in the PSA notified of the public hearing and provided the opportunity to testify regarding setting of minimum percentages of Title III B program funds to meet the adequate proportion funding for Priority Services?

Yes

No, Explain:

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

No comments made.

6. Summarize other major issues discussed or raised at the public hearings (see Section 9 for more detailed account of public hearing proceedings)

- ✚ Impact of current economic downturn on Area Plan projections

- ✚ Disparity between the cost of running programs and funds available to support these services

- ✚ Definition of disability

- ✚ Funding cycle and when organizations can apply

- ✚ Purpose of the transportation study planned by the AAA

- ✚ Next steps by the Commission and the Division beyond planning

- ✚ Provide additional data on Marin older adults from previous years (see Exhibit C).

- ✚ Improve communication and collaboration among providers and the Commission

- ✚ Need to expand efforts in the African American and Spanish-speaking communities

7. List major changes in the Area Plan resulting from input by attendees at the hearings.

As requested during the public hearing, additional information on older adult population from previous decades (prior to 2000 Census) was included in the Area Plan (Exhibit C).

Exhibit C: Additional Data

At the request of the Commission on Aging at the public hearing on the Area Plan on April 9, 2009, additional data on older adult population in Marin from previous years are presented below:

Source: U.S. Bureau of the Census

	1980	1990	2000
60 to 74 Years Old	22,537	27,001	28,006
75 to 84 Years Old	6,335	8,612	12,060
85 Years and Older	2,268	2,819	4,581
Total 60+ Population	31,140	38,432	44,647
Total Marin County Population	222,568	230,096	247,289
60+ as % of Marin County Population	14%	17%	18%

References

- 1 U.S. Bureau of the Census, 2000.
- 2 Ibid.
- 3 County Population Estimates – Characteristics, Annual Estimates of the Resident Population by Selected Age Groups and Sex for Counties: April 1, 2000 – July 1, 2007. Census Bureau 2007.
- 4 Cumulative Estimates of Resident Population Change for Counties of California and County Rankings: April 1, 2000 to July 1, 2008 (CO-EST2008-02-06). Population Division, U.S. Census Bureau.
- 5 Ibid.
- 6 Population comparison for counties similar in size to Marin in 2000: Santa Cruz: 256,695; Placer: 252,223; Marin: 248,449; San Luis Obispo: 248,322. State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050. Sacramento, CA, July 2007.
- 7 Average growth rate by decade 2000-2050: Placer, 24.6%; San Luis Obispo: 8.0%; Santa Cruz, 5.4%; Marin, 4.4%. State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050. Sacramento, CA, July 2007.
- 8 State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050. Sacramento, CA, July 2007.
- 9 Ibid.
- 10 Ibid.
- 11 Field Research Corporation, Marin County Health Survey Seniors 65 and Over, 2001. Prepared for the Marin County Department of Health and Human Services.
- 12 Strategic Plan Data Focus Report, page 7. Source: The Surveillance Epidemiology and End Results Program. Division of Aging, August 2007. Trends in the Health of Older Californians: Data from 2001, 2003, and 2005 California Health Interview Surveys. UCLA Center for Health Policy Research, November 2008.
- 13 Trends in the Health of Older Californians: Data from 2001, 2003, and 2005 California Health Interview Surveys. UCLA Center for Health Policy Research, November 2008.
- 14 Alzheimer's Disease Facts and Figures in California Current Status and Future Projections. Alzheimer's Association, February 2009.
- 15 Ibid.
- 16 Ibid.
- 17 Ibid.
- 18 American Community Survey 1-Year Estimates. Bureau of the Census, 2007 American Community Survey.
- 19 Solid Growth, Untapped Potential Report on Giving and Volunteering in Marin. Marin Community Foundation, 2008.

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*To find out about services for older adults,
caregivers, and disabled in Marin County,
call the Marin Adult Information and Assis-
tance at **415-457-INFO** (457-4636) or get
on the **Network of Care** website at
www.marin.networkofcare.org/aging.*



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