

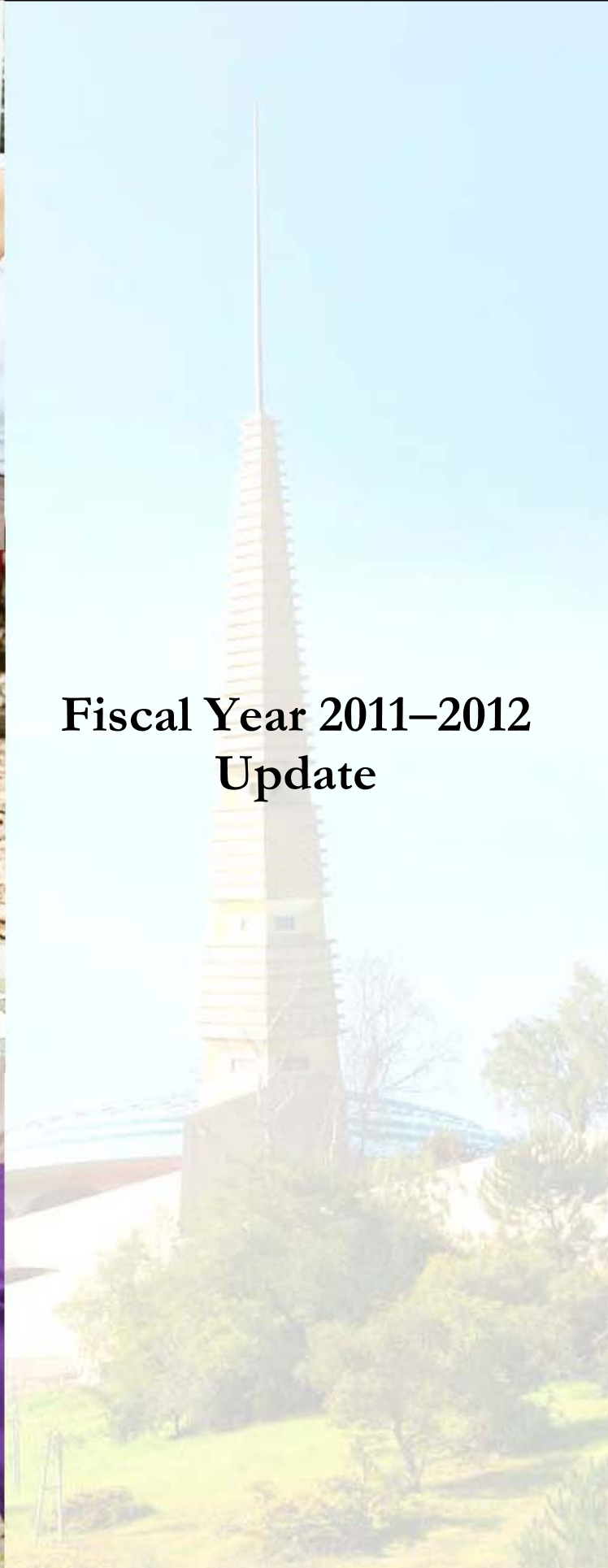
Live Long, Live Well

Marin County Area Plan for Aging

2009–2012



**Fiscal Year 2011–2012
Update**



2011-2012 AREA PLAN UPDATE (APU) CHECKLIST

Submit a copy of this checklist with your APU

Section	Three-Year Area Plan Update Components	Annual Update
	REQUIRED	
	Original APU	<input checked="" type="checkbox"/>
	Transmittal Letter with authorized signatures or official stamp	<input checked="" type="checkbox"/>
	All APU documents are on single-sided paper, if submitted hard copy	<input checked="" type="checkbox"/>
5	Organization Chart	<input checked="" type="checkbox"/>
9	Public Hearings	<input checked="" type="checkbox"/>
	REQUIRED only if changed or not previously included in the Area Plan	
2	Description of the Planning and Service Area (PSA)	<input type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)	<input type="checkbox"/>
6	Planning Process	<input type="checkbox"/>
7	Needs Assessment Must be conducted at least once during the Area Plan cycle	<input type="checkbox"/>
10	Identification of Priorities	<input type="checkbox"/>
11	Goals and Objectives: (May be updated at any time and need not conform to a twelve month time frame)	
	^ Title III B Funded Program Development (PD) Objectives	<input checked="" type="checkbox"/>
	^ Title III B Funded Coordination (C) Objectives	<input checked="" type="checkbox"/>
	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
	Title III B/VIIA Long-Term Care Ombudsman Objectives	<input checked="" type="checkbox"/>
	Title VII B Elder Abuse Prevention Objectives	<input checked="" type="checkbox"/>
12	* Service Unit Plan (SUP) Objectives	<input checked="" type="checkbox"/>
13	Focal Points	<input type="checkbox"/>
14	Priority Services	<input type="checkbox"/>
15	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
16	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
17	Governing Board	<input checked="" type="checkbox"/>
18	Advisory Council	<input checked="" type="checkbox"/>
19	Legal Assistance	<input type="checkbox"/>
21	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>

^ Required if PD and/or C are funded with Title III B

* AAAs will not submit SUP Objectives for the 2010-11 APU for Community Based Service Programs: Alzheimer's Day Care Resource Centers, Linkages, Senior Companion, Brown Bag, and Respite Purchase of Service

LIVE LONG, LIVE WELL: MARIN COUNTY AREA PLAN FOR AGING 2009–2012, FISCAL YEAR 2011–2012 UPDATE

EXECUTIVE SUMMARY

The Older Americans Act requires Area Agencies on Aging around the country to develop an Area Plan every few years. The plan delineates the strategies that the Area Agency on Aging has developed to address the needs of older persons, family caregivers, and adults with disabilities in the Planning and Service Area. Marin was part of a four-county Area Agency on Aging, and in 1977, State legislation allowed county governments to petition for single area agency status. The Marin County Board of Supervisors followed suit and created an independent agency for Marin in 1977. The Board of Supervisors has the official designation of Area Agency on Aging for Marin County, which covers Planning and Service Area #5 (PSA 5). The Marin County Commission on Aging is its federally-mandated advisory council.

The Department of Health and Human Services, Division of Aging and Adult Services is in charge of planning, coordinating, administering, and monitoring the Area Agency on Aging's (AAA) programs and services locally. The *Live Long, Live Well: Area Plan for Aging in Marin County 2009–2012* is the current plan for PSA 5. The planning process undertaken in 2009 to develop this three-year plan identified critical priority areas for the AAA and the Commission on Aging. The *Area Plan* and its subsequent updates outline the strategies to effectively address and respond to the needs of the targeted populations in PSA 5. Fostering aging in place, increasing awareness about available resources and services, ensuring cultural competence and inclusion in service delivery, and validating the uniqueness of each community were identified by various stakeholders as important considerations. These factors provided the backdrop for the establishment of Marin County's *Area Plan* goals that guided the work and activities of the AAA and the COA in the next three years.

The *Live Long, Live Well: Marin County Area Plan for Aging 2009–2012, Fiscal Year 2011–12 Update* is the last renewal under the current planning cycle. It presents service strategies that will be carried out by the AAA, as administered by the Division of aging and Adult Services, and the Commission on Aging to address the needs of older adults, family caregivers, and people with disabilities in Marin County. New data about the health status, economic security, and needs of family caregivers and lesbian, gay, transgender, and bisexual older persons are presented in this update. Improvements in the service system achieved through collaboration with community partners and continued integration of the Division of Aging and Adult Services are also described. It is hoped that information presented in this latest update of the *Area Plan for Aging* will inform funders, services providers, and members of the community about the needs and opportunities to improve the quality of life and sustain the independence of older persons in Marin County. Live long, live well.....

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INTRODUCTION

The Board of Supervisors is the designated Area Agency on Aging in Marin County. As staff to the Board, the Department of Health and Human Services, Division of Aging and Adult Services is the planner, coordinator, administrator, and monitor of programs and services for the Area Agency on Aging in Planning and Service Area #5 (PSA 5). The Marin County Commission on Aging is the federally-mandated advisory council to the Area Agency on Aging, and thus reports directly to the Board of Supervisors. The *Live Long, Live Well: Area Plan for Aging in Marin County 2009–2012* is the current plan for PSA 5 that delineates ways the Area Agency on Aging will address the needs and solutions identified by its constituents and community partners.

The *Fiscal Year 2011–2012 Update* is the last renewal report of the current three-year planning cycle. Presented in this update are the objectives of the Area Agency on Aging as well as the various committees of the Commission on Aging to advance the goals of the Area Plan and address the needs of the populations they are mandated to serve. Reported in this plan are the activities, projects, and strategies the Area Agency on Aging and the Commission on Aging will embark on in order to foster the independence and improve the quality of life of older adults in Marin County.

IMPROVEMENTS IN THE SERVICE SYSTEM

Integration of Programs Leads to Service Efficiencies

An integration of adult and older adult programs within the Marin County Department of Health and Human Services created the Division of Aging and Adult Services in 2007. Adult Protective Services, Area Agency on Aging, In-Home Supportive Services (IHSS), Long-Term Care Ombudsman, Medical Case Management, and Veterans Services were merged under one division. In February 2011, the Public Guardian joined the ranks of Division of Aging and Adult Services programs.

Improvements from an integrated service delivery system are starting to materialize. Last year, all of the Division's programs moved under one roof at the newly-remodeled Adult and Older Adult Center at 10 North San Pedro Road in San Rafael. The co-location of program offices has dramatically improved the public's access to the services offered by the Division and provides a welcoming space for clients. Staffs' proximity to each other fosters greater collaboration and mutual support, as demonstrated by cross-divisional programs working together. The creation of the inter-disciplinary Differential Response Team comprised of social workers, public health nurses, and volunteers is an example of this effort. The Team has achieved efficiencies in the delivery of services to at-risk Adult Protective Services (APS) clients by improving the prioritization of APS cases and providing interventions that are more appropriate using public health nursing practice. The aging provider network, which traditionally had not partnered with adult social services, has developed new relationships with Veterans Services, In-Home Supportive Services, and Medical Case Management/Chronic Care programs. Likewise, APS, IHSS, and Veterans Services staff are now more familiar with Area Agency on Aging (AAA) programs and home- and community-based providers, increasing the referral network for

services for older adults. APS has also been providing elder abuse and mandated reporter training for AAA contractors, such as the Elderly Nutrition Program and to student interns involved in the Intergenerational Conversation project.

The increased use of volunteers across programs is another demonstration of the efficiencies engendered by the formation of an integrated service system. The Medical Case Management's Project Independence program utilizes baccalaureate and master-level volunteer nursing students to work with APS clients referred to the Differential Response Team. The Financial Abuse Specialist Team (FAST), a group of volunteers with financial and legal expertise organized by the Area Agency on Aging in 2010, has been assisting APS, law enforcement, and the District Attorney in examining cases of fraud and financial abuse of older adults. FAST volunteers have also been helping analyze existing representative payee cases and assisting with the establishment of a set budget for high users of the system in order to enable the Public Guardian's Office to expand their capacity to take on additional representative payee cases. The lack of representative payee resources in Marin has presented a major resource gap over the last several years, and the utilization of volunteers in this capacity has been an innovative solution to address this serious need. Overall, there are 89 active volunteers in the Division of Aging and Adult Services working in programs such as the Financial Abuse Specialist Team, Intergenerational Conversation, Long-Term Care Ombudsman, and Project Independence.

Collaboration Improves Service Coordination

Marin Community Foundation Partnership

The Marin Community Foundation's 2008 study of the service system for older adults in Marin County pointedly identified the need for increased collaboration between the Foundation and the Area Agency on Aging. Collaboration between these primary funders of programs and services for the elderly in the county could improve coordination of services, promote consistent reporting requirements, and create meaningful program evaluation strategies.

For the past year, the Area Agency on Aging and the Foundation have been sharing information and consulting with each other on matters of program development and funding priorities. The partnership has helped both agencies develop strategies to address issues and concerns of the elderly population. Together, the two agencies are able to identify emerging community needs and plan projects of shared interest. The Foundation and the Area Agency on Aging have jointly organized inter-agency gatherings of community-based organizations serving older adults in the county. The events provided opportunities for service providers to network with each other, share best practices, and form new partnerships. Teaming up with the Foundation, the AAA also worked on two research projects last year, which will be discussed in further detail in the next section. Continued collaboration with the Marin Community Foundation is a priority for the AAA in order to ensure effective, informed, and responsible program planning and decision-making.

Transportation and Mobility Planning Consortium

Transportation and mobility planning is active in the county. The Area Agency on Aging and the Commission on Aging have been working closely with Marin Transit to support its newly-initiated Marin Mobility Consortium. This is a collaboration of transportation providers, community-based organizations, and public agencies that are working together advance planning efforts. The Commission and the AAA serve on the Steering Committee of the Consortium. The Commission was also instrumental in helping pass Measure B in Marin in the November 2010 election, enabling approximately \$700,000 per year of the revenues raised from the increase in annual vehicle license fees to go towards senior and disabled transportation programs. Funds will support the activities of the Consortium and the Mobility Management Center. The AAA and the Commission are participating in discussions to help guide the program development and funding priorities. The AAA's collaboration with Marin Transit and the Mobility Management Consortium fosters the sharing of resources, improves coordination of services, and promotes shared accountability in addressing critical needs.

The AAA will continue its involvement in senior transportation and mobility planning efforts. Initiation of specific activities recommended in the *Senior Mobility Action and Implementation Plan*, a study conducted by the Area Agency on Aging and Marin Transit in 2010, will be a major focus in the coming year.

NEW DATA

There are several newly-released data and studies about older adults in Marin and in the state of California. Recently released county population count from the U.S. Bureau of the Census as well as estimates from the Association of Bay Area Government on the number of residents age 60 or older in Marin in 2010 are presented. Last year, the Marin Community Foundation and the Area Agency on Aging worked closely together on two studies, one of which assessed the contributions of older adult volunteers and the other examined the readiness of agencies serving older adults in Marin to evaluate programs. The AAA provided subject-matter expertise, steered the project process, and helped identify key stakeholders. The Commission on Aging, the advisory council to the Area Agency of Aging, also participated in data gathering by conducting interviews with family caregivers in the community to help guide the process for the release of the Request for Proposal for the provision of the Family Caregiver Support Program in Marin County. Other studies, including the California Health Interview Survey, the Elder Economic Security Standard Index, and the UCLA Health Policy Research Brief describe the health and economic status of Marin County seniors as well as the health disparities experienced by older lesbian, gay, and transgender adults in California.

By presenting new data and summaries of studies on older adults in Marin and the state of California, advocates, planners, service providers, and the community-at-large will gain a better understanding of the needs of the targeted population in the service area. The information may present opportunities to grow programs, initiate services, or develop advocacy strategies to address the needs of the community.

Demographic Data about Marin's Older Adults

The latest *Profile of Older Americans* (2010) published by the federal Administration on Aging indicate that one in every eight, or 12% of the population in the United States is currently an older persons age 65 or over. The older American population total 39.6 million in 2009, a 12.5% increase from the previous decade. Marin County is outpacing this national growth by a significant margin.

The U.S. Bureau of the Census is slowly releasing data from the 2010 count. Census data shows that Marin County's total population in 2010 was 252,409, a mere 2% growth from a decade ago when the last count was taken. Although age breakdown data is not yet available from the Census at the time of publication of this report, the most current data on Marin older adult population was from the 2009 Association of Bay Area Governments (ABAG) estimates, which projected that by 2010, 75,900 people living in Marin will be age 60 plus. ***Using the ABAG older adult data against the 2010 Census count will bring residents age 60 plus at approximately 30% of the county's population.***

Civic Engagement among Older Adults in Marin

The Area Agency on Aging and the Marin Community Foundation collaborated on a project last year that assessed the impact of volunteerism among older adults in Marin County. More than 250 older adult volunteers and 18 organizations that engage seniors in volunteerism participated in the study. Majority of older volunteers are currently satisfied with their experience, and more than half (55%) indicated they are "very satisfied." Most people find out about volunteer opportunities through their social network. Among others, Marin older adult volunteers experienced an increased sense of purpose and self-worth, an improved mental and physical health, and an increased confidence in one's ability to make a difference in the community.

Volunteers also provide a significant resource for community-based organizations in Marin at a time when demand for services is increasing and funding to support these needs are declining. On average, 255 hours per month of volunteer work was provided to each of the 16 organizations that participated in the study. Majority of those hours (71%) were contributed by older adults. A conservative estimate of the monetary value of in-kind contributions from older volunteers working at these organizations is close to \$1 million per year.

At the Area Agency on Aging, almost \$1 million in federal Older Americans Act funds are granted to 20 organizations through direct contracts and subcontracts, yet only a handful of these agencies are utilizing volunteers. Of those that do, close to a quarter (24.1%) of the net cost of doing business (total program budget less AAA grant) is covered by in-kind contributions. This translates to more than \$200,000 in cost savings to organizations, a conservative estimate given that more contractors are likely using volunteers but do not have a process to track and calculate in-kind contributions in order to include them in their program budgets.

The final report on civic engagement among Marin older adults will be published by the Marin Community Foundation sometime this spring. The AAA and the Foundation will continue collaboration to advance the recommendations in the study in order to encourage civic

involvement among Marin older persons and to help strengthen the capacity of organizations to engage volunteers.

Outcome Evaluation of Programs and Services for Older Adults

As a major funder of programs and services for older adults in the county, the Marin Community Foundation initiated a study in the winter of 2010 to assess the current practice and capacity of organizations to engage in evaluation activities and to identify the assistance they need to do so. The Area Agency on Aging supported this effort by providing key information to the researchers and serving on the project planning team.

Eighteen service providers participated in the study. It was determined that organizations value evaluation and understand its importance, with 100% of respondents agreeing that there is leadership support for evaluation. Majority of those surveyed (81%) expressed that under ideal situation, they would increase evaluation efforts. To better meet the current needs of clients, improve program credibility, effectiveness, and efficiency, and to improve outreach to clients are the top motivators for providers to engage in evaluation. Supporting future funding requests, fulfilling funder requirements, and developing new programs were also cited. Logic models, a useful project management tool that documents outcomes and provides learning opportunities about what works and why, are rarely used by providers. Learning to use Logic Models offers an excellent capacity-building opportunity for service providers.

Identifying the impact of programs and services on the lives of older adults is an important pursuit for both the AAA and the Foundation. Program evaluation can determine the return on investment, as well as ascertain ways in which activities support the agency's mission, goals, and core values. With the release of the final report of this study sometime in the spring, the Area Agency on Aging will continue collaboration with Marin Community Foundation to help service providers increase capacity to actively perform program evaluation.

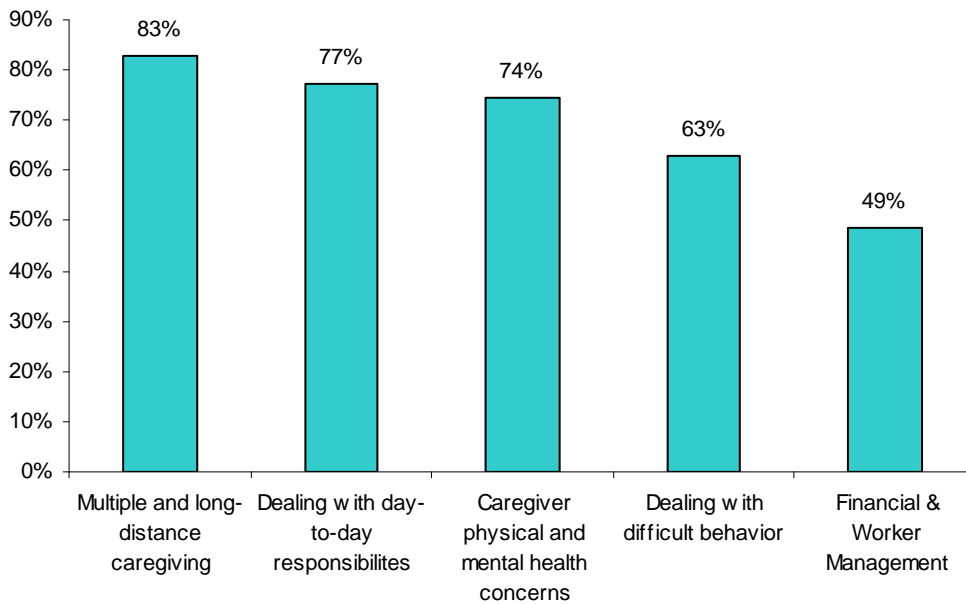
The Needs of Family Caregivers

The National Family Caregiver Support Program (FCSP) was established in 2000 as part of the reauthorization of the federal Older Americans Act of 1965. This source provides funding for a range of services to support family and unpaid informal caregivers to care for their loved ones at home for as long as possible.

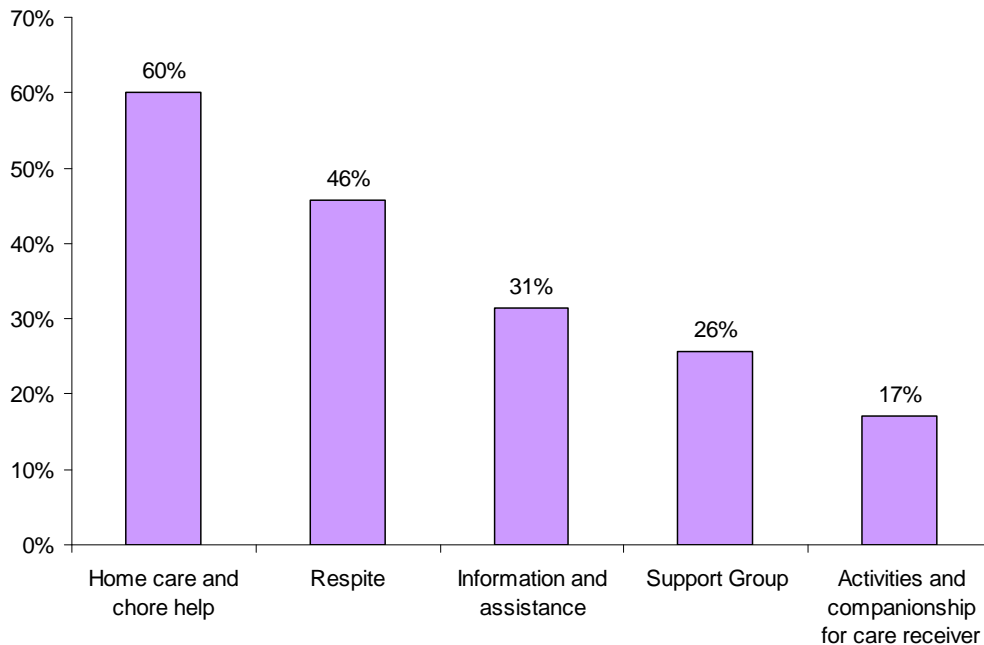
Family members and friends unquestionably provide the major proportion of care to those in need. Frequently, these caregivers continue caring for dependent family members until their own mental and physical resources are drained. In a 2008 study published by the Marin Community Foundation titled, *A Report on Services for Older Adults in Marin*, 29% of study participants were found to be caregiving for a spouse, partner, or other family member in the last year, and this rate was even higher among baby boomers, those born between 1943 and 1964. One in three (34%) of baby boomer study participants was a caregiver. Fifty percent of boomer caregivers reported feeling a lot of strain and that 46% said that duties interfered with social activities, free time, or work. Only 12% of them sought help.

Between November and December 2010, members of the Marin County Commission on Aging asked friends, neighbors, and people in their social network to share their caregiving experiences. Of the thirty-five caregivers who were interviewed, 29 (83%) mentioned juggling multiple caregiving tasks while balancing work and home life as a major challenge. About 23% of those taking care of more than one person are “sandwich generation” caregivers, people taking care of young children at home as well as their elderly parents or relatives. Another 17% were engaged in multiple caregiving, those who were tending to their adult children and/or siblings with chronic or terminal illness. About 20% of those who were caregiving for more than one person were doing so from afar. The top five challenges mentioned by family caregivers through interviews conducted by the Commission on Aging are presented in the following charts

Top 5 Challenges and Issues by Frequency of Mention



Top 5 Services Used or Anticipate Needing by Frequency of Mention



Assessment of needs of family caregivers using available data and interviews conducted by the Commission on Aging were instrumental in setting priorities for the release of the Request for Proposal (RFP) in January 2011. A collaborative proposal led by the Alzheimer's Association was submitted to provide services such as assessment, counseling, education and training, information and assistance, legal resources, respite, and support groups to help caregivers assist their loved ones while attending to their own health and well-being.

Other Data Pertaining to Older Adults

California Health Interview Survey 2009: Marin County

UCLA's Center for Health Policy Research conducts the California Health Interview Survey (CHIS) every two years through random-dialed phone interviews. A total of 2,153 households were surveyed in Marin in 2009. From this, CHIS used an estimated weighted population size of 60,000 people age 60 and older in the county. Of the 60,000 estimated residents age 60 plus in Marin, CHIS makes the following projections about their health status:

- ✚ More than 61% experience either very good or excellent health, with close to 14% having fair to poor health.
- ✚ About 11,000 older adults are estimated to have been diagnosed with heart disease, of which 23% also has or has had high blood pressure.
- ✚ About 50,000 older adults are estimated to have never been diagnosed with heart disease, but close to half (48.3%) has or has had high blood pressure.
- ✚ Most (85.2%) have Medicare and some other form of insurance.
- ✚ Approximately 8.1% are estimated to be dually-eligible for Medicare and Medicaid, which indicates low-income status.
- ✚ Out of an estimated 53,000 older adults, about 23,532 or 44.4% are projected to be disabled due to physical, mental, and emotional condition.

Elder Economic Security Index, 2009¹: Marin County

The Marin County Area Agency on Aging has been including information on the Elder Economic Security Standard Index for the last two updates of its Area Plan. Using the Elder Index, as opposed to the federal poverty level, provides a more accurate picture of the number of older adults who fall into economic insecurity in Marin. The Elder Index accounts for the costs for an adult age 65 and older to live in the county of residence. Housing and health care account for the highest living expense for older persons in the state.

¹ 2009 California Health Interview Survey. www.askchis.com

Based on the Elder Index, Marin is the second most expensive county in California, behind San Mateo County, for older adult renters to reside. A single older renter in Marin needs \$27,334 in annual income or at least 252% of the federal poverty level to be able to make ends meet. A single homeowner who does not have a mortgage would have to be at or above 175% of the federal poverty with a minimum income of \$18,976. With mortgage, a single older homeowner has to have a minimum annual income of \$42,664 (394% above poverty). Minimum yearly income requirements for couples are \$35,454 for renters, \$27,095 for homeowners without mortgage, and \$50,783 for homeowners with mortgage.

Compared to using the federal poverty level, which indicates that about 5% of Marin older residents are economically insecure, the Area Agency on Aging estimates that more than a third of older adults in the county fall into poverty using the Elder Index for Marin as a standard. The tough economic times no doubt put more strain on older adults. Some must make hard choices about how to stretch their income, possibly forgoing buying food or needed medication in order to pay rent and utilities.

Disparity in Health Experienced by Lesbian, Gay, and Bisexual Older Adults

A new study by the UCLA Center for Health Policy Research provides a glimpse to the health disparity and unique challenges experienced by older lesbian, gay, and bisexual (LGB) adults in California as they age. The study found that despite generally being more educated and having higher income, LGB adults ages 50–70 have disproportionately higher rates of several serious chronic, physical, and mental health conditions compared to their heterosexual counterpart.² Higher prevalence of diabetes, hypertension, and physical disability were found among LGB older adults. Compared to their heterosexual peers, fewer LGB adults have children and biological kin to provide vital support system for them to help maintain their independence as they age. Lack of societal validation and recognition of partnered relationships and families of choice continues to be a challenge for aging lesbian, gay, and bisexual adults. With a higher proportion of older LGB adults living alone, the lack of support system contributes to poorer health outcomes, higher psychological distress symptoms, and increased social isolation.

The UCLA study found no difference between heterosexual and LGB older adults' access to health services, indicating that the disparities in health outcomes must be attributable to other factors. The study iterates findings from past research indicating that “discrimination, homophobia, and a lack of ‘cultural competence’ can affect the quality of health care for lesbian, gay, and bisexual adults.” As well, denial of Medicaid and Social Security spousal benefits for same-sex partners can lead to financial strain, further contributing to poorer health outcomes and economic insecurity among aging LGB individuals.

According to Spectrum LGBT Center in San Rafael, California, census estimates show that between 8,000 and 10,000 older adults in Marin County identify as gay, lesbian, bisexual, or transgender. Since it is not common practice to include a question about sexual orientation or gender identity on intake and enrollment forms collected by health and social service agencies, LGBT people remain invisible and uncounted in the state systems of care. The lack of data

² Wallace SP, Cochran SD, Durazo EM, Ford CL. *The Health of Aging Lesbian, Gay and Bisexual Adults in California*. Los Angeles, CA: UCLA Center for Health Policy Research, 2011.

contributes to this population being overlooked for funding opportunities due to lack of information about their needs and concerns.

All Area Agencies on Aging in California are required to include the needs of lesbian, gay, bisexual, and transgender (LGBT) older adults in their planning process and to make sure that services are appropriate, open, and responsive to LGBT persons. This mandate is outlined in Section 9103 of the Welfare and Institutions Code, which states that, “LGBT seniors often lack social and family networks available to non-LGBT seniors.....Ensuring that the needs of LGBT seniors as well as other underrepresented groups are adequately assessed during the planning and development of programs and services will increase access to the programs administered by the California Department of Aging and the Area Agencies on Aging.” It is also forecasted that with the tremendous growth in older Californians in the next decades, the number of LGBT seniors who are underserved will also likely increase.

Addressing the needs of underserved older populations, including the LGBT community, has been a priority for the Area Agency on Aging in Marin County. Social isolation and its consequence on the health, independence, and quality of life of older LGBT adults is a huge concern. The AAA will continue efforts to partner with agencies such as Spectrum to develop strategies to educate the public and break down barriers to services in order to respond to the unique needs of this community. Contracted service providers have been required for a number of years to prioritize services to LGBT older adults and other targeted underserved communities. Questions on sexual orientation and gender identity have been added on intake forms for services such as the nutrition program. The AAA will monitor compliance to these requirements. The AAA will also co-sponsor an event, in partnership with Spectrum LGBT Center, to raise awareness about the issues and concerns of lesbian, gay, bisexual, and transgender adults as they age in order to more effectively address their needs (see Appendix D, objective 31).

FISCAL YEAR 2011–2012 PLANS

As the administrator of Area Agency on Aging functions in Marin County, the Division of Aging and Adult Services plans, coordinates, and monitors programs and services funded by federal, state, and other sources. Budgetary constraints will likely continue to challenge the work of the agency and its contracted providers going into the next fiscal year. Increased collaboration and better coordination of resources will be even more important in making sure that older adults and disabled individuals have access to critical services. Presented in Appendix A is the organizational chart of the Division of Aging and Adult Services, which shows the staff who will carry out the planned activities and objectives of the Area Agency on Aging in FY 2011–12. Appendix B displays the Area Agency on Aging’s service plan for FY 2011–12 that will be provided for older adults and family caregivers in Marin through funding from the federal Older Americans Act, state general funds, and County contributions. A summary of the Area Agency on Aging’s budget allocations as well as the distribution of funding sources are shown in Appendix C.

A complete list of activities the Area Agency on Aging, Commission on Aging, and various committees are going to perform in FY 2011–12 is presented in Appendix D. Progress towards

fulfilling the objectives established in the last two years is updated in Appendix D. In addition, Program Development and Coordination activities of the Area Agency on Aging supported by federal Older Americans Act Title IIIB funds proposed for the fiscal year are discussed below.

Program Development Projects

Program Development Projects allow the establishment of a new service, expansion or integration of existing services, and the exploration of new initiatives that address an identified need or concern. In FY 2011–2012, the Area Agency on Aging will implement the following Program Development projects:

- ✚ ***Integrated Intake*** involves the centralization of intakes for all the programs provided by the Division of Aging and Adult Services. This is a critical step towards further integration of the Division. There are several benefits to having an integrated intake system. A single entry point will dramatically improve customer service by having one phone number and a central location to get connected to services. The cross-training of integrated intake staff will further develop their capacity and professional expertise in new program areas. Maxcess, the database that was developed especially for the Division three years ago, will continue to be refined to function as a central electronic client case filing system for all programs. A centralized database will lead to better management of cases by improving the tracking of services provided to clients, eliminating the need to gather the same client information for various programs, and enhancing the consistency of screening and referral of inquires at intake. The Division is examining the experiences of other counties that have implemented an integrated intake unit in order to develop a system for Marin (see Appendix D, objective 2z).

- ✚ ***Intergenerational Conversation Project*** aims to bridge communication between generations, prevent social isolation of the elderly, and inspire future health care professionals to pursue careers in geriatric services. The Intergenerational Conversation project was piloted in the spring of 2010 in partnership with Dominican University (see Appendix D, objective 2v). Working with Dominican’s pre-med students, the project was launched as a small pilot with ten students and six at-risk older adults living in affordable senior housing. Students visited the older adults for up to five hours a week for conversations and companionship. A forum moderated by Spencer Michels, an award-winning correspondent for the PBS Newshour was held at the university in October. Participants shared lessons learned and the public had a chance to learn about the program and make recommendations to further develop the project. The Intergenerational Conversation project will continue as a Program Development project in FY 2011–2012 with plans to expand, refine, and develop the program into a best practice model.

- ✚ ***Prevention Hub*** improves the coordination of prevention activities across the various divisions within the Marin County Health and Human Services Department. The Division of Aging and Adult Services is dedicating staff and resources to participate in Hub activities, which will coordinate existing prevention efforts, identify new initiatives, and build on the successes of existing work. The Hub will synthesize and improve the

provision of prevention services across the department, provide technical assistance to increase program capacities to use data, evaluate, and develop core competencies, and leverage shared resources. Community partnerships with nonprofit organizations and contractors will be forged to mobilize prevention efforts at the local level. The Division of Aging and Adult Services will develop at least one Prevention Hub-supported project during the fiscal year (see Appendix D, objective 1r).

Coordination Projects

Coordination projects are defined as active participation of the AAA staff to include liaison with non-Older Americans Act funded agencies or organizations for the purpose of avoiding duplication, improving services, resolving problems related to service delivery, and addressing the service needs of the eligible service population. The AAA will pursue the following coordination efforts in fiscal year 2011–2012:

- ✚ *Collaboration with Marin Community Foundation* was established as a Program Development objective (see Appendix D, objective 1m) last year and will be carried forward as a Coordination activity in the new fiscal year. Continued work with the Foundation reinforces the importance of partnership between major funders of programs in the county in order to harness the efficiencies of a well-coordinated service delivery system for older adults in Marin.
- ✚ *Healthy Aging Symposium*, an annual health education event organized by the Division of Aging and Adult Services, in partnership with the Commission on Aging, local hospitals, and community-based agencies will continue as a Coordination objective (see Appendix D, objective 2k). Experts on healthy lifestyle, nutrition, aging in place and other topics of importance to older adults provide keynote addresses at this event.
- ✚ *Marin County Senior Information Fair*, conceivably the biggest annual gathering of older adults in Marin County will once again be supported as a Coordination objective (see Appendix D, objective 2l). Staff of the Division of Aging and Adult Services and/or a member of the Commission on Aging will participate in steering committee meetings to assist in planning the event.
- ✚ *Marin Wellness Collaborative Leadership Council* will have a representative from the Area Agency on Aging to help develop policies and projects to promote physical activity and nutritional health among Marin residents (see Appendix D, objective 2u). Specific projects that will improve the health of older adults will be developed with the support of the Council.
- ✚ *Financial Abuse Specialist Team* will be carried forward as a Coordination objective aimed at increasing trained volunteers to work on challenging cases that address financial exploitation of older adults (see Appendix D, objective 3i).

Objectives of the Commission on Aging

As the advisory council to the Area Agency on Aging, the various standing committees of the Commission on Aging have set-up new objectives for the fiscal year (see Appendix D for a full list of objectives). Sample committee activities will involve the following:

- ✚ Tracking of vacancies in senior housing facilities and compiling data on move-in fees
- ✚ Conducting focused outreach in isolated communities in order to inform older residents about services and resources
- ✚ Organizing public education about the importance of sleep
- ✚ Submitting a newsletter article about advance health care directives, fall prevention, or medical tourism
- ✚ Collecting community input from older adults and family caregivers to help inform the Area Agency on Aging's planning process

Service Unit Plan Changes

The levels of service, expressed in units (e.g., number of hours, persons served, activities planned) that the Marin County Area Agency on Aging plans to provide in fiscal year 2011–12 are documented in Appendix F.

Presented below is a summary of specific Older Americans Act programs that reflect changes in the AAA's Service Unit Plan (SUP) for fiscal year 2011–12. Explanation of the changes is also provided. For programs that are not included in the list below, no changes in SUP are proposed in the coming fiscal year.

- ✚ *Adult Day Health Care*: a major transition in the Adult Day Health Care (ADHC) program transpired two years ago in Marin County, resulting in the transfer of the ADHC license to a new provider. For the last two years, the program was in development phase under the new provider. Going into its third year, the provider is poised to increase its Service Unit Plan from 300 to 600 ADHC hours, which is in line with its current performance. Major changes in the structure, funding, and delivery of this service is currently being proposed in budget discussions at the state-level. The Marin County Area Agency on Aging is closely monitoring the hearings and will proceed accordingly.
- ✚ *Home-Delivered Meal Program*: meals served as well as the number of clients for home-delivered nutrition services have been increasing in Marin County. By the end of fiscal year 2010–11, at least 7,000 more meals are expected to be served on top of the 68,513 meals contracted for the year given the funding available. No increase in funds is expected in the coming year to support this rising demand in Marin County. Given the budget allocation for 2011–12 from state and federal funds for nutrition services, a slight

augmentation in funds will be diverted for home-delivered services. This increase in funding will be reflected in the increase in service units from 68,513 in fiscal year 2010–11 to 69,880 meals next year, a 2% increase or 1,367 more meals to be served. This will obviously not cover the cost of the meals that are projected to be over-served next year, and the contractor will be challenged to seek additional funding from other sources.

- ✚ *Information and Assistance:* with the proposed integration of intake functions for all Division of Aging and Adult Services programs, increased volume in Information and Assistance (I & A) services is anticipated. The AAA's proposed units for I & A will increase by 400 contacts from the prior year to 1,400 in fiscal year 2011–12.
- ✚ *Legal Assistance:* for the past two years, the provider of legal services in Marin has had an unexpected source of funds from donations, grants, fellowships, and deferred attorney support. Area Plan service units were increased starting in FY 2009–10 to reflect actual performance boosted by these additional resources. As these additional funds are no longer going to be available going into the new fiscal year, the provider is anticipating a decrease in services. Service Unit Plan for legal services will go back to 2008 levels of 1,500 hours.
- ✚ *Registry:* the number of hours spent recruiting workers, maintaining the registry, matching clients with workers, and conducting follow-up calls will be increased to 1,800 to reflect actual performance levels.
- ✚ *Community and Senior Center Support:* the number of hours spent organizing senior center activities will be increased to 3,000 to reflect actual performance levels.
- ✚ *Long Term Care Ombudsman:* while recruitment of new volunteers will be a priority of the Ombudsman program next year (see Appendix D, objective 3k), the proposed service unit plan reflects realistic expectations for the program going into the next year. Changes in service units for the following Ombudsman program objectives are proposed:
 - Information and Consultation to Individuals will decrease by 18% from the prior year to 1,200 contacts.
 - The number of certified Long-Term Care Ombudsman volunteers will be one person fewer to eight volunteers compared to last year.
- ✚ *Family Caregiver Support Program:* the AAA issued a Request for Proposal (RFP) in January for contracting starting July 1, 2011. One collaborative proposal which includes eight community-based organizations serving family and informal caregivers in Marin was received. The assessment of needs of family caregivers conducted by the AAA and the Commission on Aging helped direct the setting of priority areas for funding. The needs of family caregivers are described in more detail in the preceding section under New Data. Unit plans for access, information services, support services, and respite care program categories funded under the National Family Caregiver Support Program Proposed in fiscal year 2011–12 are outlined in Appendix F. Proposed services include,

but are not limited to, assessment, case management, counseling, information and assistance, respite (home chore, in-home care, day care, and overnight care), and outreach.

- ✚ *Health Insurance Counseling and Advocacy Program (HICAP)*: much is happening with Medicare insurance coverage due to the Affordable Care Act signed into law in 2009. HICAP has been ramping up its outreach efforts to educate beneficiaries about changes in coverage. The estimated number of unduplicated clients and contacts counseled, number of public and media events, and number of persons reached at these events will all increase in fiscal year 2011–12.

Priority Services

Area Agencies on Aging are required to allocate an “adequate proportion” of federal funds under the Older Americans Act to provide access, in-home services, and legal assistance in the planning and service area. Through the planning process, the AAA sets annual minimum allocation for each of these priority areas. Presented below is the Marin County Area Agency on Aging’s planned allocation of Title IIIB Supportive Services funds for the current planning cycle. Also show is the actual planned expenditure for each of the priority service areas for fiscal year 2011–2012. A full list of programs and services that will be funded with federal Supportive Services grants in Marin County during the fiscal year is presented in Appendix B.

Access:

*Assisted Transportation, Case Management, Information and Assistance,
Outreach, and Senior Transportation
Plan: 20%, Actual FY 2011–12: 51%*

In-Home:

*Adult Day Health Care
Plan: 5%, Actual FY 2011–12: 7%*

Legal:

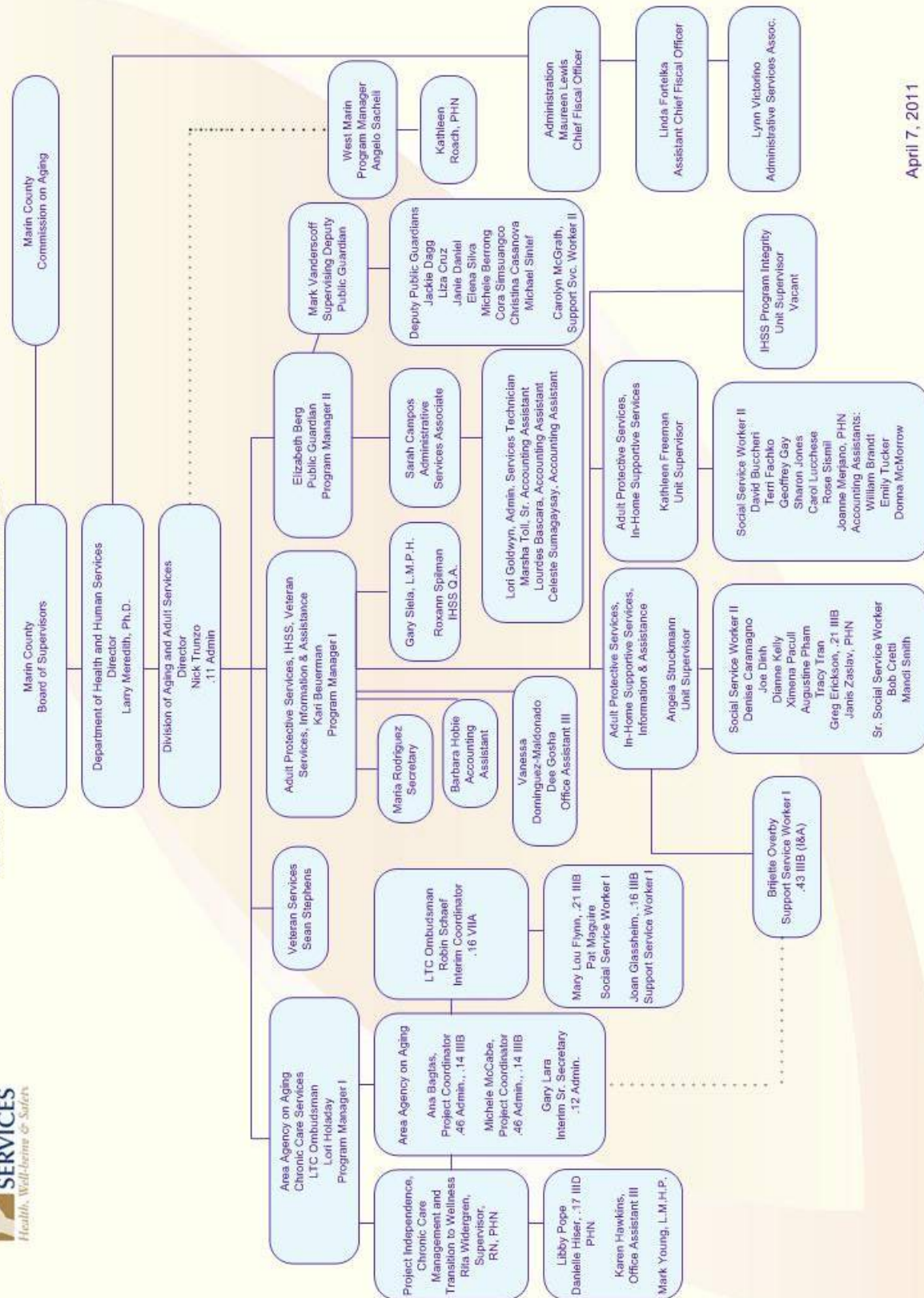
*Legal Services and Legal Education
Plan: 5%, Actual FY 2011–12: 8%*

APPENDICES

Appendix A: Division of Aging & Adult Services Organization Chart



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



April 7, 2011

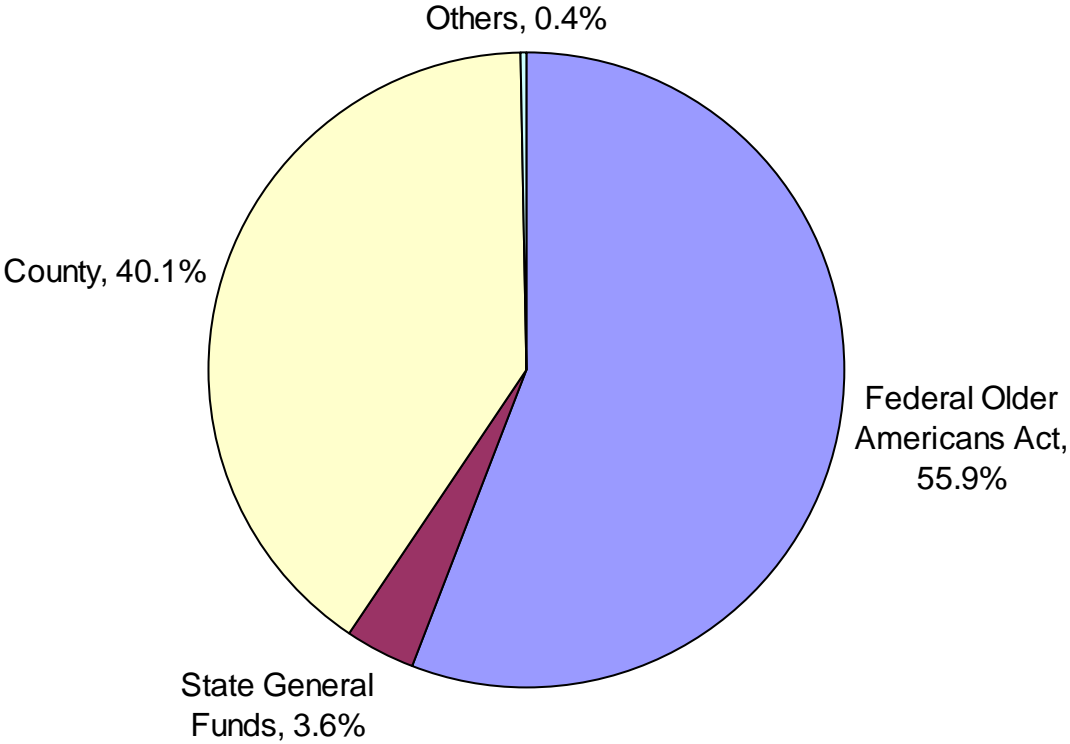
Appendix B: Area Agency on Aging-Supported Programs & Services FY 2011–12

Agency/Organization	Program	Funding	Program Budget
FEDERAL OLDER AMERICANS ACT–FUNDED PROGRAMS			
Supportive Services:			
Alzheimer's Association	Outreach	\$ 20,000	\$ 28,007
City of San Rafael-Goldenaires	Community Services & Senior Center Support	\$ 20,000	\$ 470,005
Division of Aging & Adult Services	Information & Assistance	\$ 23,729	\$ 109,000
	Program Development & Coordination	\$ 34,802	\$ 78,305
Jewish Family & Children's Services	Assisted Transportation	\$ 20,000	\$ 60,360
Legal Aid of Marin	Legal Assistance	\$ 18,000	\$ 181,284
Marin Center for Independent Living	Home Care Registry	\$ 20,000	\$ 105,556
Novato Human Needs Center	Senior Transportation	\$ 25,000	\$ 43,560
Marin Adult Day Health Care	Adult Day Health Care	\$ 15,000	\$ 1,201,734
West Marin Senior Services	Case Management	\$ 23,500	\$ 281,902
Subtotal		\$ 220,031	\$ 2,559,713
Elderly Nutrition Program:			
Dance Palace Community Center	Congregate Meal Program	\$ 6,000	\$ 17,141
Good Earth Natural Foods, Inc.	Congregate Meal Program	\$ 45,000	\$ 144,835
Marin Meals on Wheels	Congregate Meal Program	\$ 10,500	\$ 21,856
	Home Delivered Meal Program	\$ 419,293	\$ 578,987
Nutrition Compliance & Data Management Consultants	Congregate and Home-Delivered Meal Programs	\$ 24,250	\$ 24,250
San Geronimo Valley Community Center	Congregate Meal Program	\$ 16,000	\$ 39,674
Subtotal		\$ 521,043	\$ 826,743
Family Caregiver Support Program:			
Alzheimer's Association	Family Caregiver Support Program	\$ 100,090	\$ 133,400
Subtotal		\$ 100,090	\$ 133,400
Other Older Americans Act Programs:			
Division of Aging & Adult Services	Ombudsman	\$ 72,938	\$ 252,148
	Elder Abuse Task Force	\$ 3,779	\$ 25,000
	Disease Prevention & Medication Management	\$ 15,243	\$ 70,000
YWCA	Older Worker's Program	\$ 117,820	\$ 129,602
Subtotal		\$ 209,780	\$ 476,750
TOTAL OLDER AMERICANS ACT–FUNDED PROGRAMS		\$ 1,050,944	\$ 3,996,606

Appendix C: Area Agency on Aging Budget & Funding Sources FY 2011–12

MARIN COUNTY AREA AGENCY ON AGING BUDGET SUMMARY DISPLAY FISCAL YEAR 2011-2012			
		FEDERAL	STATE
Designated Funds for Administration	National Family Caregiver Support Program	\$ 19,057	\$ -
	Nutrition Program	\$ 81,055	\$ 325
	Supportive Services	\$ 46,091	\$ -
	Total Administration Funds	\$ 146,203	\$ 325
Community-Based Service Provider Contracts	Elderly Nutrition: Congregate Meal Program	\$ 52,951	\$ 24,549
	Elderly Nutrition: Home-Delivered Meal Program	\$ 396,486	\$ 22,807
	Elderly Nutrition: Program Consultant Services	\$ 24,250	\$ -
	Family Caregiver Support Program	\$ 100,090	\$ -
	Older Worker's Program	\$ 117,820	\$ -
	Supportive Services	\$ 161,500	\$ -
	Total Contracts	\$ 853,097	\$ 47,356
Division of Aging & Adult Services Direct Services	Disease Prevention & Medication Management	\$ 15,243	\$ -
	Elder Abuse Prevention	\$ 3,779	\$ -
	Information & Assistance	\$ 23,729	\$ -
	Ombudsman	\$ 47,830	\$ 25,108
	Program Development & Coordination	\$ 34,802	\$ -
	Total Direct Services	\$ 125,383	\$ 25,108
TOTAL OLDER AMERICANS ACT (FEDERAL) AND GENERAL FUNDS (STATE) APPROPRIATIONS		\$ 1,124,683	\$ 72,789
COUNTY CONTRIBUTIONS AND OTHER SOURCES		\$	808,149
TOTAL AREA AGENCY ON AGING BUDGET		\$	2,005,621

**Marin County Area Agency on Aging Funding Sources
Fiscal Year 2011–2012**



Appendix D: Area Plan Goals & Objectives, Fiscal Year 2011–12 Update

GOAL #1: Promote a community-based system of care that sustains the independence of older adults.			
<p>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.</p>			
OBJECTIVES	Projected Start and End Dates	Title III B Funded PD or C	Status
1a. The Housing & Transportation Committee will monitor the updating of General Plans in cities and towns where members 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 designated property locations suitable for housing for older adults.	7/1/09 – 12/31/09		Completed
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	Completed
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		Completed
	7/1/10 – 6/30/11		Modified as objective 11
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		Completed
1e. The Division of Aging & 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’ independent.	7/1/09 – 6/30/10	PD	Completed

OBJECTIVES	Projected Start and End Dates	Title III B Funded PD or C	Status
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		Completed
	7/1/10 – 6/30/11		Completed
	7/1/11 – 6/30/12		Continued
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		Completed
	7/1/10 – 6/30/11		Completed by 6/30
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 medications and assess the drugs they are taking for possible cross-interactions.	7/1/09 – 6/30/10		Completed
	7/1/10 – 6/30/11		Completed by 6/30 with modification
1i. The Housing & Transportation Committee will continue to monitor progress on final adoption of state-approved General Plan Housing Elements by monitoring plans for new housing opportunities suitable for older adults, including those who are low-income, and using the Commission on Aging’s white paper <i>Recommendation for Affordable Housing in the County of Marin and the Cities and Towns</i> to guide this work.	7/1/10 – 6/30/11		Completed
	7/1/11 – 6/30/12		Continued
1j. The Housing & Transportation Committee will continue to monitor the Marin Village plan with its opportunities for aging in place. Outcomes will be measured by the feasibility of developing the selected sites in 5 years.	7/1/10 – 6/30/11		Completed
	7/1/11 – 6/30/12		Continued
1k. The Housing & Transportation Committee will promote the recommendations in the <i>Senior Mobility Action and Implementation Plan</i> and examine the strengths and weaknesses of the recommendations. Outcomes will be measured by assessing progress towards meeting the transportation needs of Marin older and disabled adults. Modified FY 11-12: Promote programs to the public.	7/1/10 – 6/30/11		Completed
	7/1/11 – 6/30/12		Continued as modified

OBJECTIVES	Projected Start and End Dates	Title III B Funded PD or C	Status
<p>1l. Nutrition Committee members will visit at least seven congregate meal sites to review service utilization and identify potential growth areas of sites by interviewing at least two participants, one volunteer, and one staff member.</p> <p>Modified FY 11-12: Visit at least six congregate meal sites.</p>	7/1/10 – 6/30/11		Completed
	7/1/11 – 6/30/12		Continued as modified
<p>1m. The Division of Aging & Adult Services will collaborate with the Marin Community Foundation on developing strategies to improve the aging service system infrastructure in Marin County. The collaboration will result in at least one project during the fiscal year.</p>	7/1/10 – 6/30/11	PD	Completed
	7/1/11 – 6/30/12	C	Continued
<p>1n. The Housing and Transportation Committee will collect data regarding wait list and required move-in fees at senior housing sites in Marin in order to better inform the committee's advocacy efforts for housing for older adults in the county.</p>	7/1/11 – 6/30/12		New
<p>1o. The Planning Committee will make sure that isolated communities are informed about programs and services for older adults in Marin County by conducting at least three information dissemination activities during the fiscal year.</p>	7/1/11 – 6/30/12		New
<p>1p. The Public Information Committee will publish an article in the <i>Great Age</i> newsletter on a current aging issue.</p>	7/1/11 – 6/30/12		New
<p>1q. The Public Information Committee will coordinate one educational program presentation for the Marin County Commission on Aging on a current aging issue.</p>	7/1/11 – 6/30/12		New
<p>1r. The Division of Aging and Adult Services will participate in the Prevention Hub, an inter-divisional collaboration of the county Health and Human Services Department, to develop strategies, policies, and initiatives to maintain a healthy Marin. The collaboration will result in at least one Prevention Hub-supported project that will sustain the health and well-being of older adults.</p>	7/1/11 – 6/30/12	PD	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, Commissioners and the public will learn more about various products and determine methods to improve mental capacity.	7/1/09 – 5/31/10		Completed
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.	7/1/09 – 1/31/10		Discontinued
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.	7/1/09 – 6/30/10		Completed
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. Modified FY 09-10: disseminated at <i>Great Age</i> distribution sites.	7/1/09 – 6/30/10		Completed as modified
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.	7/1/09 – 6/30/10		Completed
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	7/1/09 – 6/30/10		Completed

OBJECTIVES	Projected Start and End Dates	Title III B Funded PD or C	Status
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.			
2g. The Public Information Committee will inform the community 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 County. Modified FY 11-12: There will be a minimum of three issues published during the fiscal year.	7/1/10 – 6/30/11		Completed
	7/1/11 – 6/30/12		Continued as modified
2h. Using the newly launched Maxcess database especially designed for the Division of Aging & Adult Services, the impact of integration will be assessed by monitoring referrals and collaboration between the AAA’s Information and Assistance and the IHSS, APS, and Veterans Services programs.	7/1/10 – 6/30/11		Completed
	7/1/11 – 6/30/12		Continued
2i. The Division of Aging & 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.	7/1/09 – 6/30/10		Completed
2j. The Division of Aging & 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.	7/1/09 – 6/30/10		Completed
	7/1/10 – 6/30/11		Completed
2k. In partnership with local hospitals, staff of the Division of Aging & Adults Services and members of the Marin County Commission on Aging will plan, coordinate and co-sponsor the <i>Healthy Aging Symposium</i> , a health education event for Marin County older residents.	7/1/09 – 6/30/10	C	Completed
	7/1/10 – 6/30/11	C	Completed
2l. The staff of the Division of Aging & 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.	7/1/09 – 6/30/10	C	Completed
	7/1/10 – 6/30/11		Completed
	7/1/11 – 6/30/12	C	Continued

OBJECTIVES	Projected Start and End Dates	Title III B Funded PD or C	Status
2m. The Nutrition Committee will update, as needed, the <i>Food and Nutrition Fact Sheet</i> and distribute it at one or more of the following: Senior Information Fair, Commission on Aging meetings, congregate meal sites, and senior residences. Modified FY 11-12: Augment dissemination sites to include public libraries and <i>Great Age</i> distribution sites.	7/1/10 – 6/30/11		Completed
	7/1/11 – 6/30/12		Continued
2n. The Planning Committee will submit an article in the <i>Great Age</i> newsletter to discuss the outcomes of the Get Ready Seniors trainings conducted in FY 2009-10 and educate the public about the importance of disaster planning.	7/1/10 – 6/30/11		Completed
2o. The Planning Committee will continue to identify resources and community partners to help older adults and caregivers prepare for disaster. Efforts will focus on reaching home-bound and frail elderly who cannot attend disaster preparedness trainings in the community. Outcomes will be measured by the number of individuals informed about disaster preparedness.	7/1/10 – 6/30/11		Completed
	7/1/11 – 6/30/12		Continued
2p. The Planning Committee will organize at least one presentation at the Commission on Aging meeting on a topic that focuses on sustaining a healthy lifestyle for caregivers.	7/1/10 – 6/30/11		Completed
2q. The Public Information Committee will inform the community about issues that impact older adults by coordinating at least six presentations at Commission on Aging meetings during the fiscal year.	7/1/10 – 6/30/11		Completed
2r. The Health Committee will organize a public education program at the Commission on Aging meeting on the danger of alcohol consumption and multiple medication use, especially by older adults. As a result of this presentation, Commissioners and the public will learn how to protect their health in a culture that makes alcohol so easily accessible.	7/1/10 – 6/30/11		Completed
2s. The Health Committee will submit an article in the <i>Great Age</i> newsletter about the danger of alcohol and multiple medication use to inform the public of this serious potential problem for older adults.	7/1/10 – 6/30/11		Completed
2t. The Commission on Aging , in conjunction with the Division of Aging & Adult Services staff, will sponsor four community presentations on elder and dependent adult abuse topics through regular meetings of the Elder Abuse Task Force.	7/1/10 – 6/30/11		Completed
	7/1/11 – 6/30/12		Continued

OBJECTIVES	Projected Start and End Dates	Title III B Funded PD or C	Status
2u. The Division of Aging & Adult Services will have representation on the Marin Wellness Collaborative Leadership Council to work on policy, system, organizational, and environmental levels to increase the ability of Marin residents to eat healthy foods and be physically active.	7/1/10 – 6/30/11	C	Completed
	7/1/11 – 6/30/11	C	Continued
2v. The Division of Aging & Adult Services will partner with Dominican University on an intergenerational social interaction pilot project where young adult students interact with older persons up to five hours a week to bridge communication between generations, prevent social isolation of the elderly, and inspire future health care professionals to pursue careers in aging.	7/1/10 – 6/30/11	PD	Completed
	7/1/11 – 6/30/12	PD	Continued Phase 2
2w. The Health Committee will organize a public education program at the Commission on Aging meeting on the importance of sleep. As a result of this presentation, Commissioners and the public will learn how sleep changes as we age, the importance of sleep, possible solutions for sleep disturbances.	7/1/11 – 6/30/12		New
2x. The Health Committee will submit an article in Great Age newsletter about one of the following topics: Advanced Health Care Directives, Medical Tourism or Fall Prevention.	7/1/11 – 6/30/12		New
2y. The Planning Committee will continue collecting public input on the needs of older adults and family caregivers in order to better inform the Area Agency on Aging in planning of programs and services for Marin County.	7/1/11 – 6/30/12		New
2z. The Division of Aging and Adult Services will continue to develop its operations as an integrated unit by exploring the implementation of a centralized intake system that will lead to improvements in access to community resources, client services, management of cases, and professional capacity of staff.	7/1/11 – 6/30/12	PD	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		Completed
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 community resources.	7/1/09 – 6/30/10		Completed
	7/1/10 – 6/30/11		Completed
	7/1/11 – 6/30/12		Continued
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.	7/1/09 – 6/30/10		Modified: Organized Get Ready Seniors. Resources and emergency kits provided.
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.	7/1/09 – 6/30/10		Completed
3e. The Division of Aging & 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.	7/1/09 – 6/30/10		Completed

OBJECTIVES	Projected Start and End Dates	Title III B Funded PD or C	Status
3f. The Division of Aging & 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.	7/1/09 – 6/30/10		Completed
3g. The Nutrition Committee will provide opportunities for socialization and access to nutritious meals in targeted communities by offering advisory support to Marin County’s Senior Nutrition Program.	7/1/10 – 6/30/11		Completed
	7/1/11 – 6/30/12		New
3h. The Public Information Committee will publish an article in the <i>Great Age</i> newsletter informing older individuals with disabilities about resources in the community.	7/1/10 – 6/30/11		Completed
3i. The Division of Aging & Adult Services staff will recruit and train community volunteers to participate in a Financial Abuse Specialist Team to assist with challenging cases from Adult Protective Services and the Long-Term Care Ombudsman Program.	7/1/10 – 6/30/11	C	Completed
	7/1/11 – 6/30/12	C	Continued
3j. The Housing and Transportation Committee will work collaboratively with the Legislative Committee to advocate for the sustainability of programs such as the In-Home Supportive Services, Adult Day Health Care, Multipurpose Senior Services Program, and other services that help maintain the independence of vulnerable older adults.	7/1/11 – 6/30/12		New
3k. The Ombudsman Program will recruit and train a minimum of six volunteers to work in Residential Care Facilities for the Elderly.	7/1/11 – 2/28/12		New
3l. The Division of Aging and Adult Services will partner with Spectrum LGBT Center to organize at least one event to raise the public’s and service providers’ awareness about the issues and concerns of lesbian, gay, bisexual, and transgender persons at they age.	7/1/11 – 12/31/12		New

Appendix E: Public Hearing

(Referenced as SECTION 9: PUBLIC HEARINGS in the original *Marin County Area Plan for Aging 2009-2012*)

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	4/8/10	Marin Health & Wellness Campus, San Rafael, CA	40	No	No
2011-12	4/10/11	Marin Health & Wellness Campus, San Rafael, CA	42	No	No

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. Flyers announcing the hearing were 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. The announcement was also posted on the Division of Aging and Adult Services website and Information and Assistance bulletin.

A draft copy of the *Marin County Area Plan for Aging Fiscal Year 2011-2012 Update* was posted on the Division of Aging and Adult Services website for public review and comments prior to the scheduled public hearing. A copy of the plan was also sent ahead of time to all Commission on Aging members, community-based agencies serving older adults, and other program partners. Some comments were received via e-mail prior to the public hearing, which have included in the summary of comment (item #6 below).

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 on PD and C expenditures were received.

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 on the minimum percentages of Title IIIB funds for priority services were received.

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

The public provided the following comments and input on the Area Plan Update, Fiscal Year 2011-12:

- The entity designated as the Area Agency on Aging in Marin County and reporting responsibilities of the advisory council should be clarified. For the description of the Commission on Aging, using the description on the county website was suggested.
- If more numbers from the census become available about older adults in Marin, the data should be added to this report, or a paragraph should be inserted that indicates that the new numbers have not been released at the time of publication.
- More explanation was requested on the statistics used in the 2009 California Health Interview Survey.
- A member of the Commission on Aging commented that efforts to influence State Legislators must be increased. The growing needs of older adults while services are being eliminated are a big concern.
- The director of the home-delivered meal program in Marin mentioned that a survey recently conducted by the organization shows 100% client satisfaction. The program is facing funding shortfalls due to increased demand for services. The program is not putting anyone on a waiting list, and believes that no senior should go hungry in Marin County.

- A member of the Commission questioned the intrastate funding formula that prioritizes minority populations.

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

- The description of the Area Agency on Aging (AAA) outlined in the Executive Summary was revised to clarify that the Board of Supervisors has the official designation of the AAA for Marin County. The Division of Aging and Adults Services is the administrator and coordinator of AAA programs and services locally. The Marin County Commission on Aging is the federally-mandated advisory council to the AAA.
- The narrative on the California Health Interview Survey under the New Data section was revised. The original narrative erroneously indicated a large sample of 60,000 Marin older adults interviewed for the health survey. This figure was a weighted sample based on a total of 2,153 households polled in Marin County.

Appendix F: Service Unit Plan Objectives, Fiscal Year 2011–12

**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	N/A		
2011-2012	N/A		

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	N/A		
2011-2012	N/A		

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	N/A		
2011-2012	N/A		

4. Adult Day Care/Adult Day Health

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	300	1	
2010-2011	300	1	
2011-2012	600	1	

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	416	1	
2011-2012	416	1	

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	12,000	1	
2011-2012	12,000	1	

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	68,513	1	
2011-2012	69,880	1	

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	1,050	1	
2011-2012	1,050	1	

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	N/A		
2011-2012	N/A		

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	480	1	
2011-2012	480	1	

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	1,300	1	
2011-2012	1,300	1	

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	2,900	1	
2011-2012	1,500	1	

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	1,000	2	
2011-2012	1,400	2	

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	400	2	
2011-2012	400	2	

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 **Units of Service = One contact**

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

Title III D, Medication Management

Service Activity: Information **Units of Service = One contact**

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

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	1,728	1	
2011-2012	1,800	1	

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	2,970	1	
2011-2012	3,000	1	

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: 86%
3. FY 2010-2011 Target: Resolution Rate: 80%
4. FY 2011-2012 Target: Resolution Rate: 80%
Program Goals and Objective Numbers:

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 <u>25</u> and % increase ___ or % decrease <u>17%</u>
4. FY 2011-2012 Target: number <u>25</u> and <u>0</u> % increase or % decrease <u>0</u>
Program Goals and Objective Numbers: Baseline figure was inaccurately overstated in original documents.

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 <u>16</u> and % increase ___ or % decrease
3. FY 2010-2011 Target: number <u>10</u> and % increase ___ or % decrease <u>38%</u>
4. FY 2011-2012 Target: number <u>10</u> and % increase <u>0</u> or % decrease <u>0</u>
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 <u>400</u> and % increase ___ or % decrease <u>17%</u>
3. FY 2010-2011 Target: number <u>400</u> and % increase <u>0</u> or % decrease <u>0</u>
4. FY 2011-2012 Target: number <u>400</u> and % increase <u>0</u> or % decrease <u>0</u>
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 1930
2. FY 2009-2010 Target: number 1930 and % increase ___ or % decrease
3. FY 2010-2011 Target: number <u>1222</u> and % increase ___ or % decrease <u>37%</u>
4. FY 2011-2012 Target: number <u>1200</u> and % increase ___ or % decrease <u>18%</u>
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 <u>4</u> of sessions and % increase or % decrease <u>0</u>
4. FY 2011-2012 Target: number <u>4</u> of sessions and % increase or % decrease <u>0</u>
Program Goals and Objective Numbers:

G. Systems Advocacy

Systemic Advocacy Effort(s) Establish an effective working relationship with the Marin County Public Guardian's Office in order to better serve residents who lack capacity and are in need of representation due to potential abuse situations. Sponsor quarterly case conference meetings between Ombudsman staff and Public Guardian staff. Also mediate between facilities and conservators with regard to resident issues or problems.

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)

Number of Nursing Facilities 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 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: 100% and % increase ___ or % decrease ___

3. FY 2010-2011 Target: 100% and % increase ___ or % decrease ___

4. FY 2011-2012 Target: 100% 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 54 divided by the number of RCFEs 54.

2. FY 2009-2010 Target: 100% and % increase ___ or % decrease ___

3. FY 2010-2011 Target: 100% and % increase ___ or % decrease ___

4. FY 2011-2012 Target: 100% 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: FTEs 2.5
2. FY 2009-2010 Target: number of FTEs <u>2.5</u> and % increase <u>0</u> or % decrease <u>0</u>
3. FY 2010-2011 Target: number of FTEs <u>2.5</u> and % increase <u>0</u> or % decrease <u>0</u>
4. FY 2011-2012 Target: number of FTEs <u>2.5</u> and % increase <u>0</u> or % decrease <u>0</u>
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 4
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 <u>9</u> and % increase <u>28 %</u> or % decrease ____
4. FY 2011-2012 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2012 <u>8</u> and % increase ____ or % decrease <u>11%</u>
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
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3. FY 2010-2011 Target: number of NORS Part I, II, III or IV training sessions planned	1
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4. FY 2011-2012 Target: number of NORS Part I, II, III or IV training sessions planned	1
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Program Goals and Objective Numbers:

TITLE VII B ELDER ABUSE PREVENTION
SERVICE UNIT PLAN OBJECTIVES
PSA #5
2009–2012 Three-Year Planning Period

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

A Unit of Service may include public education sessions, training sessions for professionals, training sessions for caregivers served by Title III E Program, educational materials distributed or other hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

AAAs must provide one or more of the service categories listed below:

- **Public Education Sessions** – Please identify the total number of education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** – Please identify the total number of training sessions for professionals (e.g., service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** – Please identify the total number of Title VII/B training sessions for caregivers who are receiving services under Title III E of the Older Americans Act on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** - Please identify the number of hours to be spent developing a coordinated system to respond to elder abuse.
- **Educational Materials Distributed** – Please identify the type and number of educational materials distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

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	N/A
2010-11	N/A
2011-12	N/A

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

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

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2009-10	N/A
2010-11	150
2011-12	150

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

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: 20 Total est. audience for above: 150	2	
2011-2012	# of activities: 14 Total est. audience for above:		
Access Assistance	Total contacts		
2009-2010	75	2	
2010-2011	75	2	
2011-2012	450	2	
Support Services	Total hours		
2009-2010	650	1	
2010-2011	650	1	
2011-2012	1,100	1	
Respite Care	Total hours		
2009-2010	2,000	1	
2010-2011	1,800	1	
2011-2012	1,800	1	
Supplemental Services	Total occurrences		
2009-2010	12	1	
2010-2011	12	1	
2011-2012	0		

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	11		
2011-2012	11		

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM
SERVICE UNIT PLAN
PSA # 5
2009-2012 Three-Year Planning Period
CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) uses definitions found at:

www.aging.ca.gov/aaa/reporting_instructions/hicap/Current_Forms.asp. This link takes you to the page titled “**Health Insurance Counseling and Advocacy Program (HICAP) Reporting Instructions and Forms**”. On this page you will find the current HICAP report forms, instructions, definitions, and acronyms critical to answering this SUP. 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 each AAA’s respective SUP. Please do this in cooperation with the Managing AAA. The Managing AAA is responsible for providing HICAP services in the covered PSAs 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 using HICAP funds to provide 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) to meet certain targeted performance measures. To help AAA’s complete Section 2, CDA will annually provide AAAs with individual PSA federal performance measure targets.

Section 1: Primary HICAP Units of Service

Fiscal Year (FY)	1.1 Estimated Number of Unduplicated Clients Counseled	Goal Numbers
2009-2010		
2010-2011	221	1.40
2011-2012	257	1.40

Note: Clients Counseled equals the number of Intakes closed and finalized by the Program Manager.

Fiscal Year (FY)	1.2 Estimated Number of Public and Media Events	Goal Numbers
2009-2010		
2010-2011	17	1.40
2011-2012	23	1.40

Note: Public and Media events include education/outreach presentations, booths/exhibits at health/senior fairs, and enrollment events, excluding public service announcements and printed outreach.

Section 2: Federal Performance Benchmark Measures

Fiscal Year (FY)	* 2.1 Estimated Number of Contacts for all Clients Counseled	Goal Numbers
2009-2010		
2010-2011	887	1.40
2011-2012	1,183	1.40

Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.) for duplicated client counts.

Fiscal Year (FY)	* 2.2 Estimated Number of Persons Reached at Public and Media Events	Goal Numbers
2009-2010		
2010-2011	323	1.40
2011-2012	1,233	1.40

Note: This includes the estimated number of attendees (e.g., people actually attending the event, not just receiving a flyer) reached through presentations, and those reached through booths/exhibits at health/senior fairs, and those enrolled at enrollment events, excluding public service announcements (PSAs) and printed outreach materials.

Fiscal Year (FY)	2.3 Estimated Number of Beneficiaries with Medicare Status Due to a Disability Contacts	Goal Numbers
2009-2010		
2010-2011	93	1.40
2011-2012	43	1.40

Note: This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.) duplicated client counts with Medicare beneficiaries due to disability and not yet age 65.

Fiscal Year (FY)	2.4 Estimated Number of Low Income Beneficiaries Unduplicated	Goal Numbers

2009-2010		
2010-2011	24	1.40
2011-2012	92	1.40

Note: This is the number of unduplicated low-income Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS). Low income means 150 percent of the Federal Poverty Level (FPL).

Fiscal Year (FY)	2.5 Estimated Number of Enrollment and Enrollment Assistance Contacts	Goal Numbers
2009-2010		
2010-2011	446	1.40
2011-2012	419	1.40

Note: This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed. This includes all enrollment assistance, not just Part D.

Fiscal Year (FY)	2.6 Estimated Part D Enrollment and Enrollment Assistance Contacts	Goal Numbers
2009-2010		
2010-2011	58	1.40
2011-2012	45	1.40

Note: This is a subset of all enrollment assistance in 2.5. It includes the number of unduplicated Part D enrollment contacts during which one or more qualifying Part D enrollment topics were discussed.

Fiscal Year (FY)	2.7 Estimated Number of Counselor FTEs in PSA	Goal Numbers
2009-2010		
2010-2011	.44 FTE	1.40
2011-2012	.18 FTE	1.40

Note: This is the total number of counselor FTEs (i.e. the total number of active counselors; paid, in-kind paid and volunteer working 2000 hours per year).

Section 3: HICAP Legal Services Units of Service (if applicable)³

State Fiscal Year (SFY)	3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2009-2010		
2010-2011		
2011-2012		
State Fiscal Year (SFY)	3.1 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)	Goal Numbers
2009-2010		
2010-2011		
2011-2012		
State Fiscal Year (SFY)	3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)	Goal Numbers
2009-2010		
2010-2011		
2011-2012		

¹ Requires a contract for using HICAP funds to pay for HICAP Legal Services

* Indicates Changes from previous year.

Appendix G: Other Documents Area Plan Fiscal Year 2011–12 Update

The following documents were included in the original submission of the *Live Long, Live Well: Marin County Area Plan for Aging 2009–2012* as approved by the California Department of Aging in 2009. Since Area Agencies on Aging are not required to re-submit sections that do not have any change, the documents listed below have been omitted in this update. These sections may be found in the original *Live Long, Live Well: Marin County Area Plan for Aging 2009–2012*.

- ✚ Focal Points (Section 13)
- ✚ Priority Services (Section 14)
- ✚ Governing Board Marin County Board of Supervisor (Section 17)
- ✚ Advisory Council (Section 18)
- ✚ Legal Assistance (Section 19)
- ✚ Multipurpose Senior Center Acquisition/Construction Compliance (Section 20)
- ✚ Family Caregiver Support Program Notice of Intent for Non-Provision (Section 21)

The following sections have been updated and are included in this report:

- ✚ Intent to Provide Direct Services (Section 15)
- ✚ Request for Approval to Provide Direct Services (Section 16)
- ✚ Governing Board (Section 17)
- ✚ Advisory Council (Section 18)
- ✚ Advisory Council Roster

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 next three years covered in this Area Plan. 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 457-INFO (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: Nutrition Education

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.**

Nutrition education services provided directly by the AAA through a registered dietician consultant who also performs all of the monitory and compliance functions for the Elderly Nutrition Program in Marin County. Nutrition education is part of the service package contracted and is more cost effective than hiring our outsourcing the service separately to another vendor.

SECTION 17. GOVERNING BOARD

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:**

Susan Adams, President	12/31/11
Steve Kinsey, Vice-President	12/31/11
Vacant, 2 nd Vice-President	

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

Term on Board

Susan Adams, District 1	
Judy Arnold, District 5	
Hal Brown, District 2	
Steve Kinsey, District 4	
Vacant, District 3	

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>81.0%</u>	<u>91.3%</u>
Hispanic	<u>13.6%</u>	<u>0%</u>
Black	<u>3.2%</u>	<u>8.7%</u>
Asian/Pacific Islander	<u>5.9%</u>	<u>0%</u>
Native American/Alaskan Native	<u>0.4%</u>	<u>0%</u>
Other	<u>6.9%</u>	<u>0%</u>

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

- Names/Titles of officers and date term expires
 Allan Bortel, Chair (term ends June 30, 2011)
 Sue Beittel, Vice-Chair (term ends June 30, 2012)
 Vera Gertler, Secretary (term ends June 30, 2013)
- Names/Titles of other Advisory Council members and date term expires (see attached Commission on Aging roster below)

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 its jurisdiction.

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

Commissioners are appointed to three-year terms by either the Board of Supervisors or the 11 incorporated cities and towns in Marin. In addition, Marin County's Senior Assembly Member and Senior Senator representatives of the California Senior Legislature also serve as ex-officio members for a two-year term.

PSA 5: Marin County Area Agency on Aging Advisory Council Roster



LAST	FIRST	REPRESENTING	TERM ENDS
Asimos, Ph.D.	Chrisula	District 1	June 2012
Beittel	Sue	City of San Rafael	June 2012
Berry	Loraine	City of Ross	June 2011
Bloch	Ellie	CSL	June 2014
Bortel	Allan	City of Tiburon	June 2011
Boutilier	Sybil	City of Sausalito	June 2011
Bright	Diane	City of Fairfax	June 2012
Brubaker	Russ	City of Larkspur	June 2012
Copeland	Martha	District 2	June 2013
Gallimore	Robert	District 1	June 2011
Gertler	Vera	City of Belvedere	June 2013
Lewis	Patricia	District 5	June 2012
Michels	Roberta	District 2	June 2012
Miller	Sandra	CSL	June 2014
Monson	James	District 4	June 2013
Moody	Elizabeth	District 3	June 2013
Mullin	Luanne	City of Mill Valley	June 2015
Riddick	Lois	District 3	June 2013
Robbins	Donna	District 4	June 2011
Romeo, Ph.D.	Roberta	City of Novato	June 2013
Sangster-De Haan	Nancy	District 5	June 2011
Severin	Sue	City of San Anselmo	June 2011
Zeller	Carol	City of Corte Madera	June 2011

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 type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

* RFP released in 2011 for program starting July 1, 2011. No supplemental services will be provided in the new contract.

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.



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