

Integrated Aging Services Study

POSITIONING MARIN TO MAXIMIZE
WELL-BEING FOR OLDER ADULTS

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About

This report represents a collaborative effort that involved an Advisory Group, Technical Advisory Committee, Consulting Team, and numerous County supervisors, leaders, staff, and community stakeholders. The County of Marin thanks all who participated in this important work.

ADVISORY GROUP

This comprehensive project was guided by an Advisory Group, which met for five extended meetings and provided further insights and advice between meetings.

Group	Representative
Aging Action Initiative	Teri Dowling, Chair, AAI Steering Committee
County of Marin	Fernando Barreto, Aide to Supervisor Rodoni Jamillah Jordan, Equity Director, Office of Equity (alternate, Sofia Martinez, Equity Analyst) Crystal Martinez, Aide to Supervisor Rice Carlos Robles, Management and Budget Analyst, CAO Lisa Santora, MD, Marin Public Health Juliet Viesca, Senior Accountant, Health & Human Services Chantel Walker, Assistant Director, Marin County Library Michael Wilson, Division Director, Behavioral Health and Recovery Services Kevin Wright, Government & External Affairs Manager, Parks & Open Space
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Marin Commission on Aging	Diana Lopez, Chair, Commission on Aging
Staff for Initiative	Linda Jackson, Director, Aging Action Initiative Lee Pullen, Director, Marin Office of Aging & Adult Services

TECHNICAL ADVISORY COMMITTEE

The TAC met at least twice monthly to provide ongoing guidance and support for the consultants:

- Jenay Cottrell, Program Manager, Marin Office of Aging and Adult Services
- Teri Dowling, Aging Action Initiative Steering Committee
- Rod Githens, PhD, Githens & Associates
- Linda Jackson, Aging Action Initiative
- Lené Levy-Storms, PhD, MPH, Githens & Associates



CONSULTING TEAM

The following staff from Githens and Associates LLC supported all aspects of this initiative:

- Rod Githens, PhD, Project Director
- Augustine Guinto, Research Analyst
- Nicole Lowery, Facilitator, Githens & Associates
- Lené Levy-Storms, PhD, MPH, Research and Policy Lead

Figure 1. Advisory Group and Staff



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1. EXECUTIVE SUMMARY



PROCESS SUMMARY

This initiative began in March 2022 and concluded in December 2022. A team of consultants was charged with helping the County identify the best way to advance well-being for older adults in Marin by working both within the County and with municipalities, districts, and community-based organizations to take the following steps:

- Inventory existing programs serving older adults
- Identify structural and process barriers and opportunities
- Review models from other counties
- Develop options for structure and process in Marin moving forward

Consultants for the initiative compiled research from national, state, and local sources in addition to interviewing leaders, staff, and community stakeholders in Marin; national experts; and representatives from other counties.

An Advisory Group comprised of community leaders and County of Marin staff provided expertise, advice, and input for the initiative. Their contributions led to various iterations of core findings, conclusions, and alternative options.

PROBLEM ANALYSIS

The Advisory Group and consultants developed various iterations of a statement to identify the problem this initiative aims to solve. The final statement contains a high-level summary and supporting detail:



Despite having high-quality services for older adults, Marin has fragmented services not well integrated throughout county departments. The County of Marin is not prepared to adequately serve the coming wave of older adults who will be poorer than the current cohort of older adults.

Essential challenges that affect older adults in the county include unaffordable housing/long-term care, food insecurity, isolation, difficulty accessing medical care, ageism, ableism, and difficulty finding and accessing available services.

The County makes some investment to enhance the well-being of older adults across its departments. However, outside the work within Aging and Adult Services, programs are siloed and fragmented, depend heavily on champions, don't adequately incorporate volunteers, and don't adequately incorporate a diversity of communities.

The older adult population will continue growing through 2040, at a minimum. In the coming decade, the number of White older adults is projected to begin declining in Marin, while the numbers of older adults of color is projected to increase. This increase will be heavily focused among the Hispanic/Latino population. Currently, Hispanic/Latino Marin residents have a per capita income of \$29,893 versus the average of \$72,466. Many of these residents will not have financial security in older adulthood.

Changes in services, processes, and/or configuration will be necessary to prepare the County for current and coming demographic changes. Additionally, better alignment between services for older adults and County equity initiatives can help position the County to serve a growing and diverse older adult population in the next 10 years.

ALTERNATIVE OPTIONS SUMMARY

The alternatives outlined below are designed to be multifaceted approaches to “move the needle” in overcoming factors that are holding the status quo in place. Any of them implemented alone will not be sufficient to address the profound needs that will face the County in the next 15 years.

CHANGE AREA 1: CREATE A STRUCTURE THAT CAN BETTER PRIORITIZE THE NEEDS OF OLDER ADULTS

- Option A: Create a new division in HHS that brings together a focus on aging and disability with cross-generational programming and the Director as part of the HHS Executive Team
- Option B: Create a new department that brings together a focus on aging and disability with cross-generational programming
- Option C: Expand the scope of the current Commission on Aging so that it becomes a commission focused on intergenerational aging and disability
- Option D: To promote an intersectional perspective, integrate Disability Access with a rebranded and funded Age-Friendly/Age Forward in the Office of Equity
- Option E: Create a foundation or other mechanism to enhance funding of services for older adults and others needing additional County services
- Option F: Establish an Intergenerational Community Living Fund
- Option G: Move AAA into a 501(c)(3) nonprofit organization or create a special authority



CHANGE AREA 2: MAKE FOCUSED ORGANIZATIONAL CHANGES TO ENHANCE THE WELL-BEING OF OLDER ADULTS

- Option A: Focus County age-friendly initiative by prioritizing two or three changes per year and funding new position
- Option B: Form a cross-agency group focusing on older adult issues/services that could be staffed by the Director of AAS and headed by the County Administrator's office, meeting regularly
- Option C: Ageism and ableism prevention: build capacity for County and municipal employees to address the multiplying effects of ageism and ableism

CHANGE AREA 3: ENHANCE PROGRAM DELIVERY FOR OLDER ADULTS

- Option A: Change resource model for services in rural areas
- Option B: Convene work group to explore person-centered care across age groups, which will particularly support the most vulnerable

CHANGE AREA 4: MAKE CHANGES WITHIN COUNTY OFFICES/DEPARTMENTS TO IMPROVE THE LIVES OF OLDER ADULTS

- Option A: Prioritize County's involvement in existing initiative to enhance system navigation

CHANGE AREA 5: ENHANCE THE COUNTY'S CAPACITY FOR CHANGE

- Option A: Enhance County-wide model for high-performance government and organizational change used across and throughout departments

Each of these options is outlined in further detail **starting on page 50**, including benefits, challenges, and next steps.

Please note: terms are defined in Appendix 1.



CONSULTING TEAM RECOMMENDATIONS

The Advisory Group and Consulting Team have compiled multiple options listed above to position Marin for enhancing the well-being of older adults while facing substantial demographic shifts. Major priorities include (1) increasing housing stability, (2) enhancing human connection (i.e., reducing social isolation), and (3) developing solutions for affordable caregiving.

The Advisory Group had diverse opinions on the best options for implementation of change. While all the options presented have viability and potential to make needed changes, the Consulting Team has developed a set of recommendations for Marin leadership based on their work in this 10-month project.

These recommendations from the Consulting Team incorporate potential for impact along with feasibility:

Change Area	Option Recommended for Impact and Feasibility
Change Area 1: Create a Structure That Can Better Prioritize the Needs of Older Adults	<ul style="list-style-type: none"> Option A: Create a new division in HHS that brings together a focus on aging and disability with cross-generational programming and the Director as part of the HHS Executive Team <p><i>Status: Ready to move forward with a version of Option A.</i></p>
Change Area 2: Make Focused Organizational Changes to Enhance the Well-Being of Older Adults	<ul style="list-style-type: none"> Option A: Focus County age-friendly initiative by prioritizing 2–3 changes per year and funding new position <p><i>Status: CAO and Board of Supervisors need to approve permanent funding and renewed commitment.</i></p>
Change Area 3: Enhance Program Delivery for Older Adults	<ul style="list-style-type: none"> Option A: Change resource model for services in rural areas <p><i>Status: Need specific funding proposal for Board of Supervisors.</i></p>
Change Area 4: Make Changes within County Offices/Departments to Improve the Lives of Older Adults	<ul style="list-style-type: none"> Option A: Prioritize County's involvement in existing initiative to enhance system navigation <p><i>Status: HHS open to exploring reengagement after addressing the current priority of enhancing physical access for providing services.</i></p>
Change Area 5: Enhance the County's Capacity for Change	<ul style="list-style-type: none"> Option A: Enhance County-wide model for high-performance government and organizational change used across and throughout departments <p><i>Status: CAO and Board of Supervisors would need to commit to pursuing a unified approach to organizational change through widespread training and organizational change efforts to expand reach of existing efforts.</i></p>

Please see a detailed analysis of each option starting on page 50.

Lastly, if the explicit integration of disability and aging does not occur as a result of this initiative, we recommend the County commission a similar study on disability. The study could examine how to best integrate and enhance services for individuals with disabilities.



2. PROCESS OVERVIEW



CHARGE FOR INITIATIVE

This initiative began in March 2022 and concluded in December 2022. Its goal is to help the County identify the best way to advance well-being for older adults in Marin. Its scope includes both programs and services internal to the County and the County's work with municipalities, districts, and community-based organizations. The following initiatives were included:

- Inventorying existing programs serving older adults
- Identifying structural and process barriers and opportunities
- Reviewing models from other counties
- Developing options for structure and process in Marin moving forward

The goal of the work was to provide decision-makers with options that:



Enhance internal and external communication and collaboration



Reduce duplication or combine resources



Support innovation

All processes were to be **evidence-based** and **equity-focused** to meet the needs of underserved populations and the most vulnerable.

EVIDENCE-BASED: DATA COLLECTION AND ANALYSIS

The consulting team collected and analyzed an extensive array of data. The Project Director and Research and Policy Lead conducted 32 in-depth 1:1 interviews and conversations with County leaders (elected and appointed), County and CBO staff, experts from the field of aging, and aging-initiative leaders in other counties.

The consulting team compiled the most relevant quantitative data from sources such as the U.S. Census, California Department of Finance, research institutes, other counties, and other sources. This data provided a foundation of evidence for both the consultants and Advisory Group to draw on as they advised County leaders.

EQUITY-FOCUSED: ADVISORY GROUP

A list of possible members for the Advisory Group was constructed by the County Administrator, HHS Director, and Technical Advisory Committee. Members engaged in five interactive consultant-facilitated meetings between May and November 2022 to:

- Identify trends, issues, and implications of data-based findings related to how well-being is advanced for older adults in Marin



- Develop elements of a problem statement identifying the problem the group was attempting to solve
- Explore intersectionality of older adulthood with other characteristics such as race, ethnicity, national origin, first language, religion, gender, and disability
- Identify what is holding the status quo in place
- Brainstorm potential solutions to address the problem
- Assess, refine, and further develop change areas and alternative options for advancing the well-being of older adults in Marin

The work represented in this report relies heavily on the expertise, advice, and input of the Advisory Group.

DEFINITIONS OF TERMS

Appendix 1, starting on page 73, provides a list of terms used for this initiative. One concept defined is “well-being.” Identifying the optimal structures and processes for maximizing well-being for older adults is the end goal of this work. Figure 2 below provides a representation of the comprehensive way the consultants and advisory group considered well-being, based on research-based definitions of the concept.²

Figure 2. Comprehensive Approach to Well-Being



3. MARIN'S CHANGING DEMOGRAPHICS



THE WORST CASE: MARIN “CAUGHT OFF GUARD” IN 10 YEARS WITH MORE HIGHLY VULNERABLE OLDER ADULT POPULATION

Over the last 10 years, extensive conversations have occurred in Marin about the increasing number of older adults and the need to consider how the expanding older adult population might affect safety net programs, housing usage, and the way in which the County in general offers services. What do these demographic projections help us foresee?

UCSF researchers estimate that 14,205 Marin residents born between 1946 and 1964 will develop dementia during their lifetimes. The following sections describe how the makeup of older adults in Marin will differ from today’s reality over the next 20 years.³

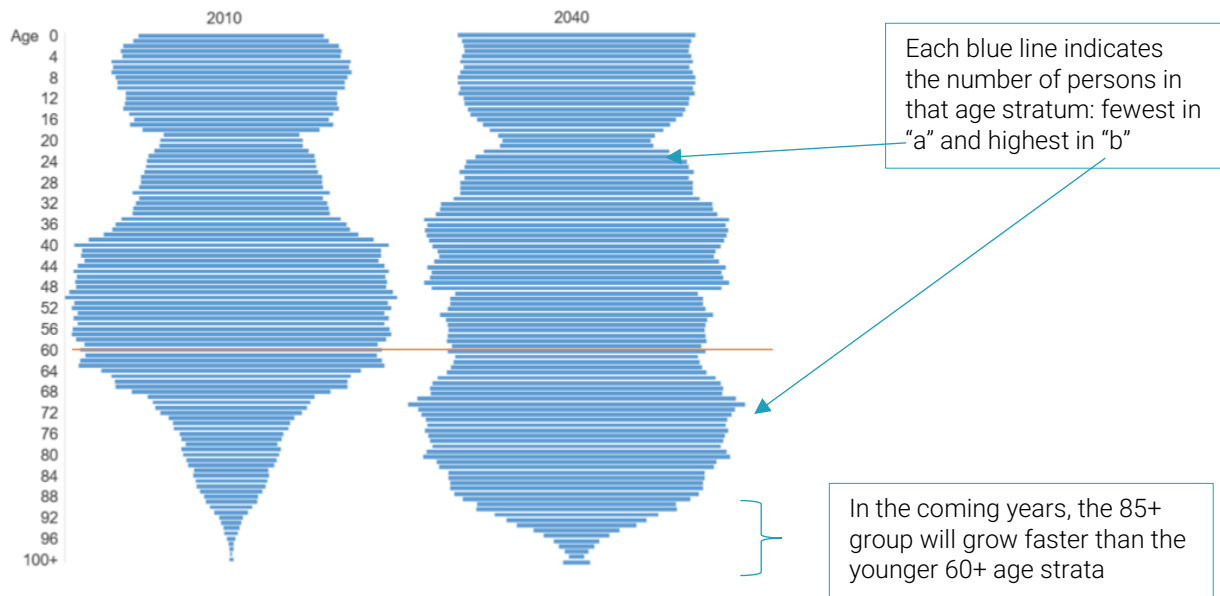
A UCSF study estimates that among Baby Boomers who live to be 65 years of age, one in six will develop Alzheimer’s disease and one in five will develop dementia.³

THE IMPERATIVE FOR CONSIDERING DEMOGRAPHIC SHIFTS

FASTEST RATE OF POPULATION GROWTH IN MARIN AMONG OLDEST AGE STRATA

Figure 3 displays the projected shift in the makeup of Marin in 2010 versus 2040. Although the number of people at all ages over 60 will increase, of particular note is the increase in those over age 85, who have the highest levels of vulnerability.

Figure 3. Marin Population Projections by Age, 2010 vs. 2040



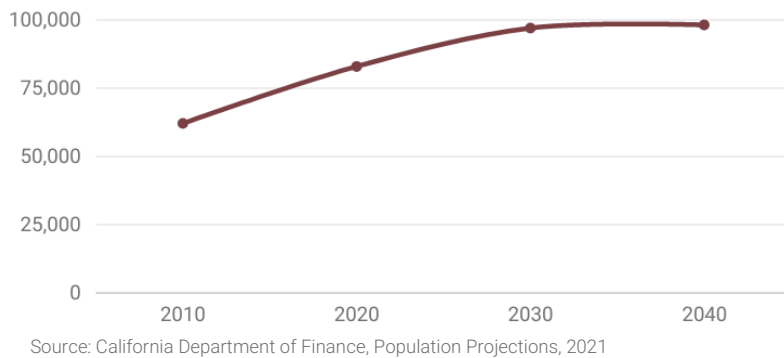
Source: Data from California Department of Finance, Population Projections for California, 2019.
Graphic taken from *Age Forward: A Framework for an Age-Friendly County of Marin*, 2020

The consulting team prepared an additional summary of data from County, State, and Federal sources (in Appendix 2). The data illustrate potential challenges of a growing older adult population due to increasing cases of dementia and cognitive risk and an expanding population of older persons of color, who are more likely to be seeking work compared to older White adults.

FASTEST GROWTH AMONG OLDER ADULTS WHO ARE LATINO/HISPANIC

The older adult population growth in Marin will be especially pronounced among those who identify as Latino/Hispanic. Figure 4 displays the overall population projection for ages 60–110.

Figure 4. Marin Population Projections for Ages 60–110 (All Races/Ethnicities)



Contrasting with Figure 4, Figure 5 displays the sharper projected increases among the Latino/Hispanic older adult population, estimated at 518% between 2010 and 2040.

Figure 5. Marin Population Projections for Latino/Hispanic Older Adults, Ages 60–110

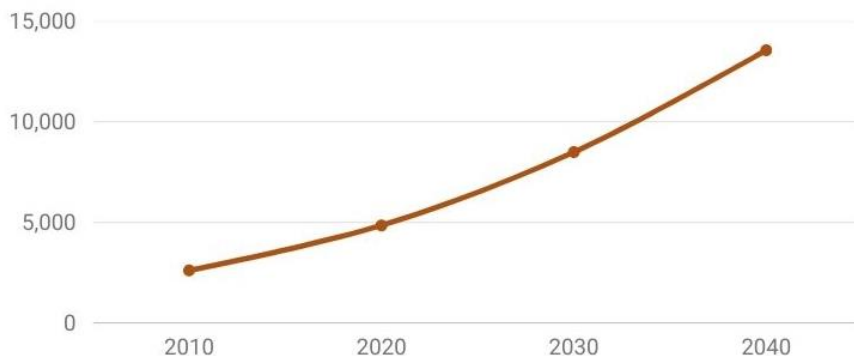
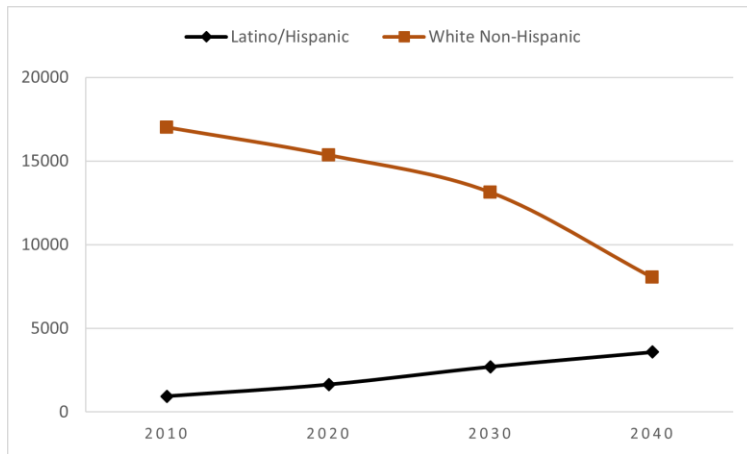


Figure 6, Figure 7, and Figure 8 display the projected increases for Latino/Hispanic and White Non-Hispanic Marin residents within three standard age ranges.

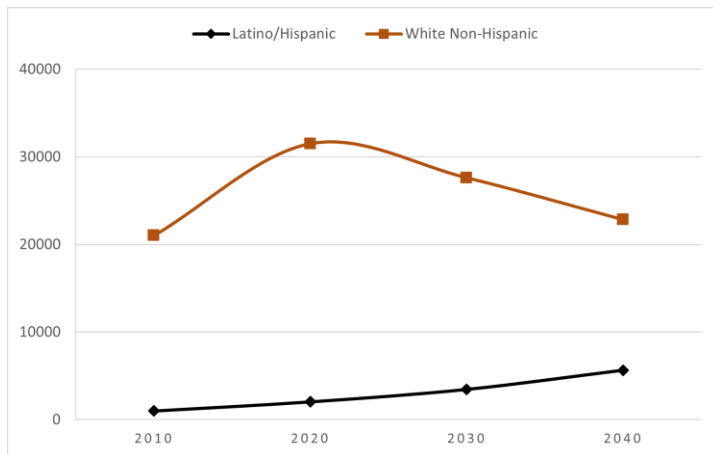


Figure 6. Marin Population Projections for Ages 60–64



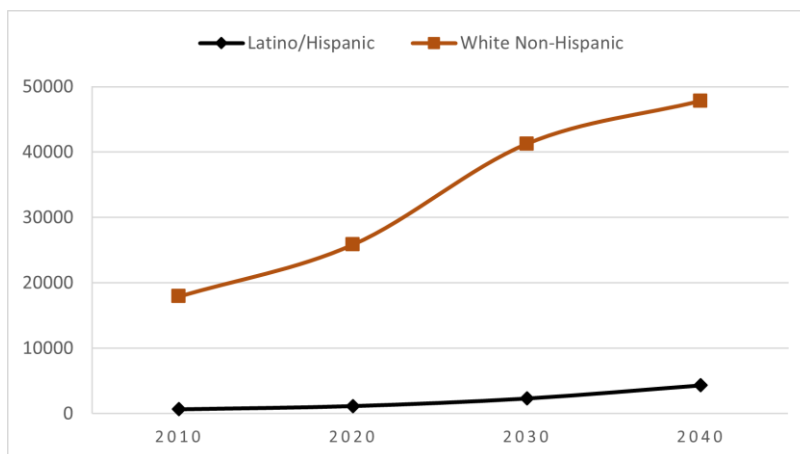
Source: California Department of Finance, Population Projections, 2021

Figure 7. Marin Population Projections for Ages 65–74



Source: California Department of Finance, Population Projections, 2021

Figure 8. Marin Population Projections for Ages 75–110



Source: California Department of Finance, Population Projections, 2021

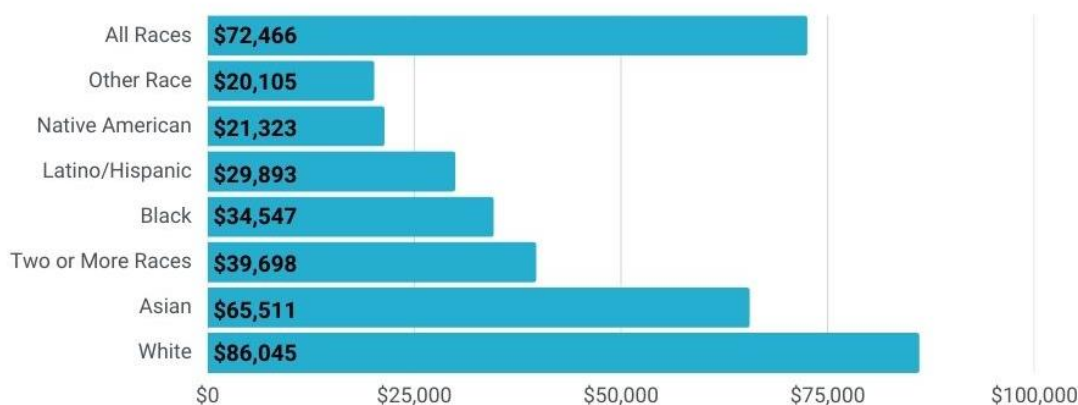


IMPLICATIONS OF POPULATION GROWTH

Today's older adult population in Marin is more predominantly White than it will be in future years. This fact is particularly relevant because of both health and income disparities between White residents and Latino/Hispanic residents. The income vulnerabilities demonstrated in the overall population in Figure 9 display a per capita income gap of \$65,940 between the "Other Race" category and the White category.

As mentioned above, the number of Latino/Hispanic older adults is projected to increase 518% between 2010 and 2040. White residents have a per capita income that is 288% of the income of Latino/Hispanic residents. These income discrepancies, along with projected increases in the number of older Latino/Hispanic residents, demonstrate the increased needs Marin will face in coming years.

Figure 9. Per Capita Income by Race/Ethnicity in Marin County



Source: American Community Survey, Demographic and Housing Estimates, 1 Year Estimates, 2019. Data taken from Marin Racial Equity Action Plan, 2022.

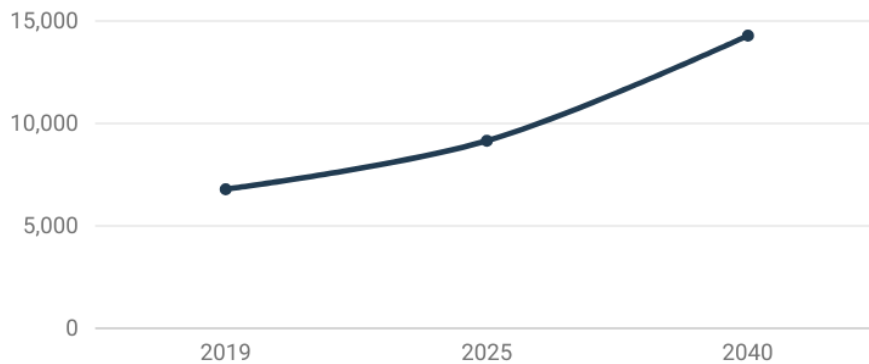
ALZHEIMER'S CASE GROWTH RATES: CASES PROJECTED TO MORE THAN DOUBLE

Those with Alzheimer's disease have some of the most profound and expensive long-term needs among older adults. From 2019 to 2040, an increase of 210% is expected among the Marin older adult population diagnosed with Alzheimer's. Among those in Marin who identify as Latino/Hispanic, the increase in the number of older adults diagnosed is projected at 405%.

White residents in Marin have a per capita income nearly three times greater than that of Latino/Hispanic residents. These income differences, along with the projected Alzheimer's case increases, point to a potential crisis for the County in supporting highly vulnerable Marin residents. Figure 10 displays the overall projected increase in the number of residents with Alzheimer's, and Figure 11 details the projected cases among Marin's three largest Non-White racial/ethnic classifications.

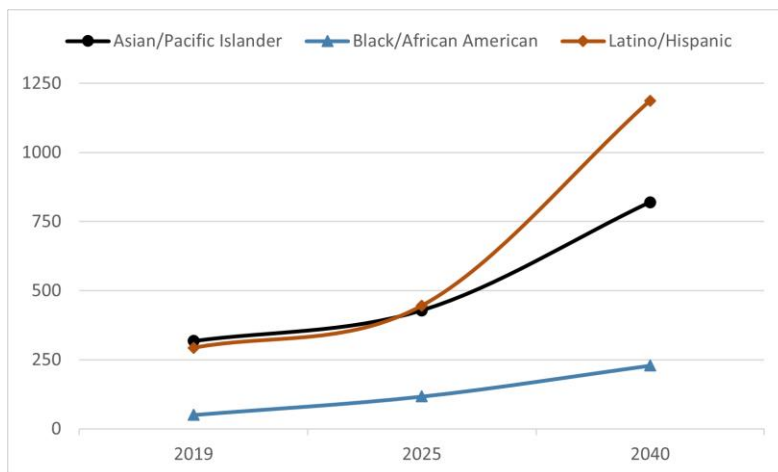


Figure 10. Estimated Number of Marin Residents Aged 65+ with Alzheimer's Disease



Source: Institute for Health and Aging, UCSF Alzheimer's Disease and Related Dementias Facts and Figures in California, 2021.

Figure 11. Estimated Number of Marin Residents Aged 65+ with Alzheimer's Disease (among Largest Non-White Racial/Ethnic Classifications)



Source: Institute for Health and Aging, UCSF Alzheimer's Disease and Related Dementias Facts and Figures in California, 2021.

CONCLUSIONS FROM DEMOGRAPHIC DATA

Marin's cost of living and housing situations create unique challenges for both middle- and lower-income older adults. The older adult population of the future will likely include many more people with more severe vulnerabilities than in today's situation.

Appendix 2 provides additional details about needs among highly vulnerable residents.

These data illustrate the extent to which Marin's older adult population of today will not be the older adult population of the future.



4. FINDINGS FROM MARIN RESEARCH



INTERVIEWS WITH MARIN STAKEHOLDERS

The consulting team conducted 21 interviews with County Supervisors, County Senior Administrators, other County leaders and staff, and Marin County stakeholders from outside County government. The consulting staff developed emergent themes through manual coding in qualitative data analysis software. We examined the data in relation to the four objectives of the initiative while allowing other themes to emerge that might have been relevant.

The following pages outline the three primary thematic areas, along with sub-themes that provide more insight into how key leaders and staff in Marin view the challenges and opportunities ahead:

- Forming the Full Picture of Marin County's Programs and Services
- The Growing Seeds of Needs
- Pieces of the Political Pie

1. THE GROWING SEEDS OF NEEDS

A. Disaster Context: Duties in Disaster

Interview participants expressed the hope for better County responses to emergencies like wildfires and COVID-19. They noted that disaster events revealed deficiencies in how the County delivers services not only to older adults but also to those with access and functional needs—in particular, “during COVID, particularly during these intensely stressful times, where it's ... our most multiply marginalized that are impacted.”

One participant described how the deficiencies in how the County delivers services to the aging population have become especially clear around emergency services. An example is the North Bay fires in 2017, which some felt was a wake-up call to how much more needs to be done to help those with access and functional needs and older adults who are isolated or do not have emergency plans.

Another person expressed concern that during a power outage, multiple apartment buildings were found to have older adults who were not being checked on, leaving them isolated and stranded. These buildings had no evacuation or emergency preparedness plans. Yet, discovering shortfalls in assistance for those most in need has resulted in new changes or programs to address those gaps. A promising example is the Marin Center for Independent Living (MCIL) Powered and Prepared program, which aims to prepare older adults and people with disabilities for emergency events.

Person 2 explained the objectives of the program:

“Marin CIL rolled out a disaster and emergency response program called Powered and Prepared to support people with disabilities and older adults and access and functional needs. Whether power safety ... public safety power shutoffs and wildfires and the smoke and all of that, by providing high-voltage batteries, funding for disaster kits, hosting webinars, and in some cases, during disasters, providing funding for transportation and temporary housing for folks that weren't able to shelter safely. Instead of just kind of doing that, on our own, ... we looked to our community partners ... and we contracted with them as partners to kind of build out our program and ensure that we were reaching the populations that were most impacted. The outcome, the success of that, is over the last two years, we were able to reach 400 individuals and provide those disaster resources. I think we need more kind of collective work like that.”

Despite the visible lack of preparation for emergencies, there are successful programs that fill this gap, indicating that these could be expanded to reach more of the county.



Paradoxically, the County's systems functioned most optimally to meet needs during their COVID-19 response. One participant elaborated:

"Responding to COVID, it's a good example where you know, like every department was involved, we had really clear goals of what we're trying to accomplish ... we had an equity lens on how we were responding to it. And so, as it turns out, we were highest vaccinated in the state, we had more people of color vaccinated than White people because we did explicit outreach by percentage. ... When we get clarity, and the board supports it, we move the dial."

The County's COVID-19 response could be analyzed to learn from it, identifying how the County was able to operate so effectively and determining whether such efficiency could be accomplished again, as Person 3 suggested:

"Coming out of COVID, I think the County is in a much different place, a chance to take a look at how we do work and how we get the work done. How we provide services and look at how to improve. How we were maneuvering quickly and changing policies, and changing programs to really address the need. I think that's opened the door for all sorts of these discussions: do we have it in the right place? Is it being run correctly? Or how can we do it better?"

Figure 12. A Marin Resident Receiving Free COVID Test Kits



The impact of collaborative work in Marin during COVID-19 and the wildfires underscores the importance of County responses to emergencies. Yet, despite its success in addressing issues like COVID-19, the County still falls short of meeting everyday health, safety, and food needs of older adults.

B. Health and Environmental Needs: High Hopes for Health and Happiness

Various challenges or weaknesses emerged as needing to be addressed for the health and safety of Marin's older adult population, such as difficulty accessing medical services, social isolation, the potential risk associated with living in old homes, the shortage of care providers/caregivers in Marin County, and food insecurity.

A concern raised by Person 4 is the difficulty in obtaining medical services in Marin County, and access to these services will only become a growing problem. In fact, this person has to take her aging mother to another county in order to get medical services. According to this participant, the county has only three small hospitals; providers are dissuaded from setting up private clinic practices because Marin is an expensive place to live. The participant shared her uncertainty about Marin County's readiness to deal with the projected increase in the aging population.

Another participant shared that providing in-home medical services may be difficult due to the shortage of care providers for In-Home Supportive Services (IHSS). This has resulted in more clients calling the Information and Assistance Line who are on Medi-Cal and have been accepted for IHSS but cannot find a provider.



Some interview participants conveyed their concerns about the safety of some homes in Marin County, which may be older and less safe. A participant described this: "Most of our seniors have fairly large homes in Marin with empty bedrooms and probably a lot of them were built in the '50s and '60s and '70s and probably aren't very safe for seniors." The participant added that although basic home evaluations for trip-and-fall hazards were undertaken to ensure safety, these efforts are not consistent across the board.

Food insecurity has been noted as an issue particularly in West Marin, where an appreciable portion of the population depends on food services. An interview participant described the situation:

"I was out at the ... senior food bank at San Geronimo a month or two ago, under COVID. They've been doing the drive-through, and out there in that little community where they serve over 400 people on a Thursday afternoon, just amazing. We wouldn't think that a community like that would have such a need, but they do. They have a huge need. The senior population really appreciates and depends on that food."

For those older adults who cannot travel to a food bank, West Marin Senior Services offers home-delivered meal services, according to Person 6:

"We have a lot of people that are homebound in the rural areas, and they can't drive or go to the grocery store and get critical supplies—there are no delivery options, even if they could afford it."

Aside from health, other aspects of older adults' lives have implications for their overall well-being and require attention, such as housing affordability.

C. The High Costs of Housing

Many participants felt strongly about the high cost of housing in Marin County. Residents may find themselves struggling to afford living in the county, as Person 7 explained:

"Marin is a high-cost area, so if you're just an average person with a typical pension, that's simply not going to cut it financially. Older adults on a fixed income are likely going to have to make choices between paying rent and bills, paying for gas and food, recreational activities, and health care costs, etc. There are just so many people in that age cohort who are really struggling to make ends meet here."

The frequency with which this issue was brought up implies that housing is a major issue in the county.

Some participants also expressed disappointment about the cost of living in retirement homes, which have plenty of availability. One person explained this predicament: "There are a number of retirement communities in Marin County that offer options for independent living, assisted living, and/or skilled nursing. They have a large number of vacancies because people simply can't afford them." Even for adults who no longer live in their own homes, living in nursing facilities, assisted living facilities, or retirement communities in Marin County can be beyond their affordability.

2. FORMING THE FULL PICTURE OF MARIN COUNTY'S PROGRAMS AND SERVICES

A. The Information and Assistance Line (I&A): "A Heart with a Weak Cardiovascular System"

The I&A assists clients in navigating the complex system of services and resources for older adults, adults with disabilities, and caregivers. Considering the complexity of navigation, explanations of the help that I&A provides reveal its importance for the county's residents. Positive words have been reported about I&A, implying it is an effective part of Marin's aging ecosystem.



Evidence points to I&A being client-focused and working hard to meet client needs, so much so that any lack of coordination is obscured by their commitment to serving clients. Manual, unnecessary coordination occurs because of lack of information-sharing between County offices and with CBOs. As the client base grows and thus the I&A's workload expands over time, a shared database may expedite the I&A's work, such as by helping clients navigate the system.

B. Communication Flow: Connecting without Smooth Connections

The lack of communication across divisions makes it difficult and tedious to accomplish goals. The County government is siloed, as Person 8 explained: "Things are so siloed that there isn't really a lot of flow of information, there's not a lot of integration in terms of what needs to be done."

Person 3 similarly elaborated: "You know, it's been difficult because County government is so siloed. ... I think you probably see it in your institutions too. We get so siloed sometimes and so resistant to change that it takes a while to really make substantial change."

Another issue in communication relates to the challenge of assisting clients using several different databases across different programs or agencies. Interviews revealed that without a shared database, the I&A has to use multiple databases to help client navigate. This complexity creates barriers to meeting client needs when clients need services most.

Thus, a shared database for community-based organizations and the County has been suggested as a way to more effectively communicate to help clients.

C. Where Defines What: Seeing Only One Slice of the Whole Pie

What each person had to say about the County structure or processes varied, largely depending on the person's position in the County. In this way, each person has a slice of the overall picture.

For example, with Public Health operating under Health and Human Services (HHS), an interview participant from HHS commented on how there is no specific leadership in Public Health for older adults. They explained that while some work may *include* older adults, there is no special focus for older adults as Public Health leaders serve different populations.

An interview participant from Aging and Adult Services (AAS) understood where their work fits into the complicated County structure. The participant explained that Aging and Adult Services is the umbrella office with the AAA [Area Agency on Aging], nutrition, and I&A, and then the rest of Aging and Adult Services, including APS and IHSS. Participants seemed to understand the logic of the structure closest to their work but generally did not articulate the ways in which they collaborated across HHS offices and divisions.

On the other hand, leaders in HHS saw and understood the broad connection between services across the department and the benefits of the current structure. However, those connections are not as apparent for those working closer to clients.

Each person interviewed has a limited view of the entire aging system for older adults in Marin. The individual perspectives were not necessarily shared broadly.

D. Buried in the Administrative Hierarchy?

Participants felt strongly about the location of AAS in the County structure. They explained that AAS used to be at the decision-making table, but its role has diminished due to a change in priorities. An interview participant revealed the history of this deterioration:

"[Under a previous] head of HHS, he had Aging and Adult Services reporting directly to him. Aging services was a priority, it was a dedicated division. Unfortunately, when [another head of HHS started], he had other priorities than the aging



population, and all of a sudden, Aging and Adult Services, AAA, slid down in the organizational decision-making structure within the County.”

Now, there is a widespread perception among stakeholders that AAS is positioned too far down in the decision-making process and is not in a position of visibility or equal voice. A participant elaborated on this issue of structure:

“Aging and Adult Services should be a high priority and should be at the decision-making table, reporting directly to the director of Health and Human Services ... I think it had much better visibility and much better decision-making in the past. Since then, I think it's just deteriorated and diminished down and down and down, which is the wrong direction given that the elderly population in Marin County continues to represent over 30% of the population.”

As AAS’ perceived influence diminished, county leaders in aging turned to AAI and MADi to fill in the gaps. The participant spoke about the concept of combining AAI and MADi for more funding opportunities:

“Talking about letting MADi and AAI merge together, so now you would have a 501(c)(3) private nonprofit organization that could seek funding from non-government sources. The County can continue to be a funder, however, then you could seek other funding from other sources.”

This participant went on to suggest moving the AAA from County government into a community-based organization such as MADi (Marin Aging and Disability Institute):

“If they pulled out AAA and Aging and Adult Services and put them in with AAI and MADi, they would be able to attract other funding sources to meet the growing needs of Marin's aging population and get more entrepreneurial, if you will, and not have to have the restrictions/limitations of being part of the County government.”

The perceived lack of leadership for older adult issues outside of Social Services within Health and Human Services is another issue raised by an interview participant, who mentioned that social services for older adults seem to receive more priority. For example, Behavioral Health, which is under Health, provides minimal services to older adults compared with other (smaller) populations. On the other hand, Public Health has focused mostly on children. As a group, the participants fear that there is inadequate focus on older adults’ health. Person 9 explained:

“So where's leadership in the health part of Health and Human Services? There is none. ... and when you look at the org chart, you can see where children are addressed in Health. There is nothing [that explicitly addresses the needs of] older adults. And if it says adults, I want to know what percentage of their time and effort actually goes to people over the age of 60. So there is a lack of leadership in the health part of Health and Human Services. And I think that that's a problem.”

Along the lines of desiring changes to address inadequate structures and processes, a specific program seeks to move itself to a different position in the County’s structure to improve its function.

E. Changes to Enhance Disability Access Face Similar Hurdles in the County

An interview participant spoke about desired changes in enhancing access to County services by adding more staff to expand services. They explained that the Disability Access Program simply does not have enough resources or political influence internally.



An interview participant also shared that there were attempts to move the Disability Access Program to other departments or offices, where their work would find better suitability. However, the efforts to move to other areas, including the Office on Civil Rights, HHS, and Office of Equity, were unsuccessful. Multiple participants shared their opinion that Disability Access could be better positioned to meet its objectives in the County Administrator's Office as part of the Office of Equity.

F. The Controversial Marriage of Aging and Disability

When asked about integrating aging and disabilities, people expressed competing opinions on the issue. Some believed that aging should be separate from disabilities because organizing the two together influences stigmas—the stigmas around disabilities could contribute to stigmas around older adults. One person explained:

"Most older adults are not disabled, are trying to live life as fully as possible, and to continue to work and contribute to our communities." The same person also said, "I don't think it's a good idea to conflate aging and disability. There are older adults and people with disabilities that need services and support, but many more do not."

This person believes that organizing aging and disabilities together would negatively impact the perception of older adults.

Others emphasized that aging and disabilities should be merged because of their overlap and similar issues. One person explained efforts to join the two together to normalize older adults who identify as disabled. This person pointed out that the two areas are closely aligned and bringing them together could be beneficial. They stressed that older adults frequently do not want to identify as being disabled. As a result, there is friction between these two movements. With the stigmas around both aging and disability, it is difficult for these initiatives to move forward together. One participant felt that more energy and attention should be devoted to normalizing the "marriage of disability and aging."

Although issues of structure and function have emerged, the complex nuances of politics make resolving the problem more complicated than merely inducing structural changes.

3. PIECES OF THE POLITICAL PIE

A. It's Who You Know: Personal Connections to the Aging Population

Interview participants shared their personal connections to the aging population, whether they are older adults themselves, cared for an older parent, or have been working for the older adult population for many years. One participant shared how his experience caring for his parents led to his involvement in senior services:

"So that was one of my first aging experiences, dealing with my own parents. They were living at home, and fortunately at the time I had four siblings that helped out, but we realized what a difficult task that was as people age. We were able with private caregiving to keep them in their home, both of them, until the day they died, so that was quite a successful effort, I felt. But that got me to be more involved with the local senior services group out in West Marin."

Figure 13. Marin Resident Receiving a Battery to Power Medical Equipment in a Power Outage



It is clear that those interviewed have personal stakes and interests in the well-being of the older adult population.

B. Becoming a Unigenerational County?

A concern raised by interview participants is that intergenerational relationships are disappearing or are not more widespread in the county. A few have raised the issue of alienation experienced by some older adults. Since Marin County is too unaffordable for some people to live in, the younger generations choose to move away, resulting in older parents or grandparents being left alone without family, becoming “elder orphans.” One participant explained: “Because of the cost of living in Marin, we have what are called elder orphans, and there’s probably 10-plus thousand of them who live alone. Many of them are widowed and they don’t have that typical local family support.”

To combat older adult isolation and to benefit all ages, some have suggested possible ways to bring “intergenerational” opportunities back and nurture them. Some also shared hopes for more intergenerational housing, where all ages can live and interact, becoming melting pots of different ages and cultures. Person 11 expressed the desire for intergenerational spaces and programs where people can impart their lived experiences, providing them with avenues for social interaction among different ages and cultures. Person 11 shared a memorable intergenerational experience:

“I personally love when we can have more spaces that are for all ages. ... on Friday, I went to the East Bay and they had, like, this community healing event. And they had all ages: they had the elderly, they have parents, they had little babies, and next thing you know, the DJ played some music, we’re all getting up dancing. We’re dancing with, like, older people, we’re dancing with babies ... to be in an intergenerational community is so healing. And I want everybody to be able to experience that, you know? ... it’s those moments that, like, really inspire me to, like, bring that here. How do we create some of that fun here? Because it’s really beautiful.”

Figure 14. Intergenerational Art Class



C. The Critical Perspectives of Stakeholders

Some interview participants commented that older adults are a demanding constituency with high expectations: “I think, in general, I think we do a really good job around older adults. They are a very demanding constituency. I think you probably figured that out and probably will hear that if you interview them, and rightfully so, but I think in many of their eyes, the County still hasn’t stepped up enough in many ways,” said Person 3.

An interview participant's constituents have expressed two major concerns: change and the cost of living. The concern about how things have changed stems from people who have lived in Marin County for a very long time and are experiencing a world that is different and evolving. Older adults who are concerned about the cost of living worry about rising costs because they may own homes and have only fixed incomes. In other words, they are "house-rich, cash poor." Person 12 shared her opinion that directions from the five County Supervisors can be fragmenting and confusing:

"The County's organizational structure, with most department heads reporting directly to the five County Supervisors, can add another layer of complexity in identifying clear County priorities for aging services and other issues."

Another participant expressed that while Marin County is a well-intentioned and well-resourced county, its efforts do not match its promises: "We talk a lot about equity, and we talk a lot about combating, you know, the '-isms,' our practices aren't necessarily aligned with that." Along the same lines, the participant explained that while aging and disabilities services have made innovations even without a broader umbrella agency where disability is organized, the County still does not seem to understand the impact of the intersection of disability, race, and aging on life and health. According to this participant:

"On the one hand, we're kind of this model for innovation and progress in terms of service delivery, but I don't feel like our community more broadly really recognizes that, you know, disability and, you know, the intersection of disability, race, and age plays a tremendous ... it has a tremendous impact on, you know, all of our quality-of-life issues."

D. Political Puzzles to Decipher

The political perspectives shared by interview participants form a very diverse and nuanced collection. The most glaring issues are that the aging population is not a top priority in County decisions, people are insistent on maintaining the status quo, and Marin County is stereotyped as a wealthy county, which prevents an accurate view of the populations in need.

Aging is not at the top of the list of County priorities, as one of the participants explained. Instead, other priorities, such as homelessness, overshadow it. The participant described the order of prioritization from their perspective:

"Because aging is not one of the top priorities on Marin County's government agenda, like it is for homelessness, children services, and DEI, then we see less focus and funding for the growing needs of the county's elderly population."

Another interview participant went as far as to say that they perceived minimal interest in aging from Health and Human Services.

An issue that has been raised by some interview participants is that the County is resistant to change and stays insistent to maintain the status quo. Person 11 presented this challenge:

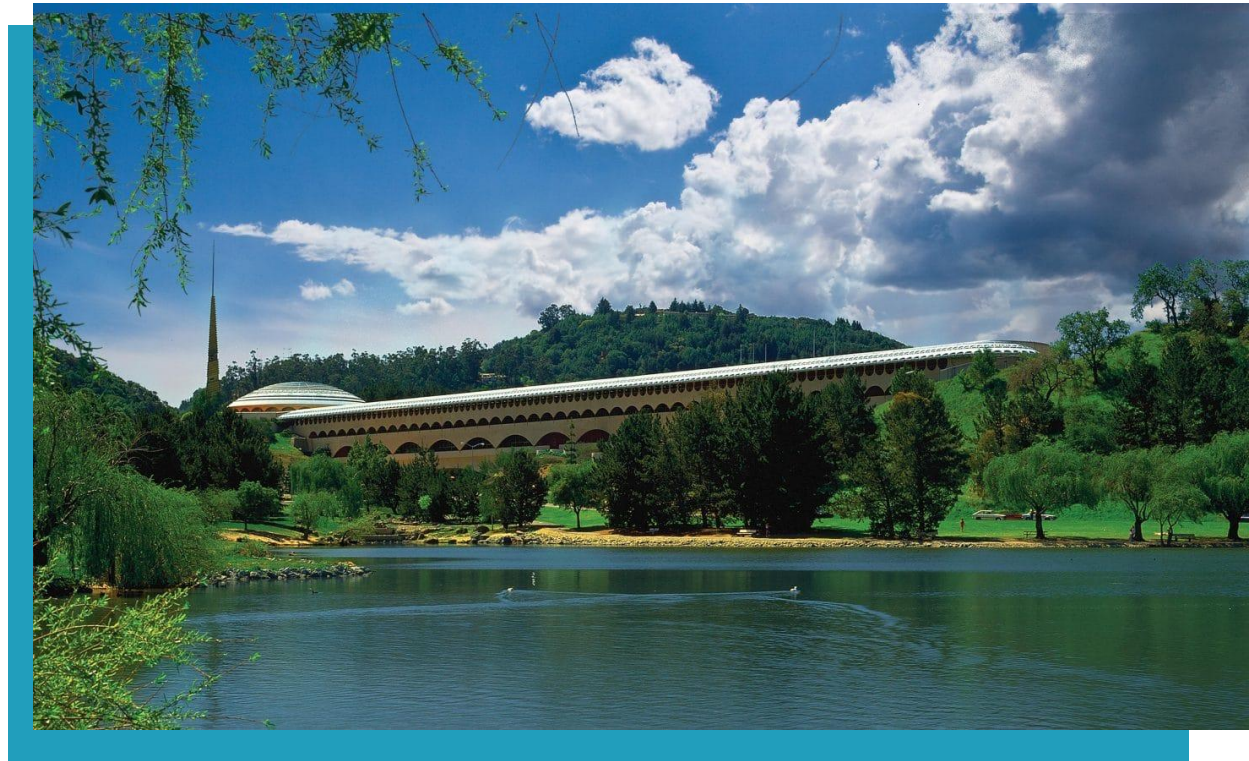
"There's a lot of great people in Marin, and then there's a lot of people that are just comfortable with how things are and don't really see the need for more services, more programs for people. People just kind of look out for themselves, and that's what's happening right now. But it's, like, weird because there is progress, so, like, it's not like it's all bad; it's not moving as quickly as it should. ... I mean, it's very political. We've had the same sheriff for 26 years, the same superintendent of schools ... we stay kind of stuck."



With the retirement of these officials and of others in leadership positions, there will be a loss of both history and entrenched experience. Such changes can be an opportunity for innovation and growth if approached with intentional goals.

A critical point brought up by an interview participant is the importance of those who are doing the work embracing what they do. Regardless of how changes are designed, if people do not support and believe in what they are doing, efforts could ultimately be futile. The participant cautioned against seeing organizational structure changes as a “silver bullet” for addressing societal challenges.

Figure 15. Marin County Civic Center



E. Perception of Older Adults as Rich and White

Interview participants have reported a stereotype that residents of Marin are rich and White and therefore do not have needs or do not require assistance. This harmful stereotype can prevent certain demographics from receiving necessary attention and focus, particularly those who do not fall under this stereotype.

One interview participant shared their surprise that the Great Plates program had such a lack of support and interest although they felt it was a beneficial program that supported local businesses; delivered fresh, healthy food to older adults; and prevented older adult isolation. The participant attributed the lack of support to the impression of others that this program helped only rich, White people.

Another interview participant believes that when people see older adults living in expensive houses, it contributes to the perception that Marin is a wealthy county with rich older adults. In reality, many of Marin’s older adults are house-rich but cash-poor. Other invisible older adults are renters. The participant acknowledges that leaders in County government inadvertently believe the stereotypes and do not realize that older adults have greater needs. As the participant said, going to a food bank and seeing older adults

grab food is an unmistakable way to understand that the population is very different from what one might have envisioned.

As one interview participant summarized, if the broad demographic is treated as one and the same, the county loses out on identifying vulnerabilities and residents who are truly in need.

F. Hop on the Train or Get Left Behind: Aligning with the Social and Political Will

An interview participant explained the importance of aligning with the political climate and popular movements to gain traction. For example, racial equity is currently a very significant area of focus. Thus, with the popular and political will blowing in the direction of racial equity, it was suggested to align aging with racial equity to gather more political attention and focus. For example, advocating for older adults of color is a way to overlap aging and racial equity.

Aligning with the political will could also be advantageous when priorities are numerous but skewed toward more popular issues. An interview participant described how the board has many priorities, but what receives its attention are issues such as housing, homelessness, and mental illness, while other departments, such as Social Services, are not given the attention they may deserve.

G. Ageism: No Seat at the Table

Along the lines of politics, ageism has been described as a significant issue in Marin County. Among the issues mentioned, older adults are not checked on during power outages; stigmas surround aging and disability; AAS is not at the executive level and could be too far down in the structure to be very effective; public health has no specific leadership or senior-level focus on issues related to older adults; the Commission on Aging has relatively little voice in what goes on in the County; and concerns regarding older adults are addressed only if related to HHS.

In County decisions and policy, the aging population is not given focus or priority although its needs are present and substantial. A participant shared his perspective on this issue:

"I just look at the demographic data in Marin. You've got more older adults than children. ... Yes, it's harder for low-income older adults and older adults of color, and yet you've got this all-inclusive large older population [that is] struggling. And there's no focus on [the broader older adult community], and yet for the majority of problems facing the community, you can put a lens of aging on. ... look at the population, where the needs are, and it's extreme for older adults. Yet, we seem to not prioritize the needs of this elder population, which has always perplexed me ... I'm surprised, and I think it's got to change."

Another person spoke on the view that aging population services are being restricted in the County:

"The Marin County Board of Supervisors is the board of directors of the AAA. It is my understanding that the BOS has never convened as the Board of the Area Agency on Aging. The Area Agency on Aging does not have a seat at the table at the executive level. There is not a Department or Division of Aging. The role of aging services is severely constrained, restricted, and therefore unable to provide support to older adults in the areas that are not part of Health and Human Services, such as housing, employment, etc."

Ageism also leads to older adults being treated differently or marginalized. An example is "warehousing," which is the notion that older adults should live in older adult facilities. Person 9 shared her offense at this idea:



"It's like, 'Oh, you're older—you want to live in a senior housing complex!' No, I really don't! I do not want to do that. I want to live in a community where there's young people, middle-aged people, and older people. So don't segregate me out because I'm old."

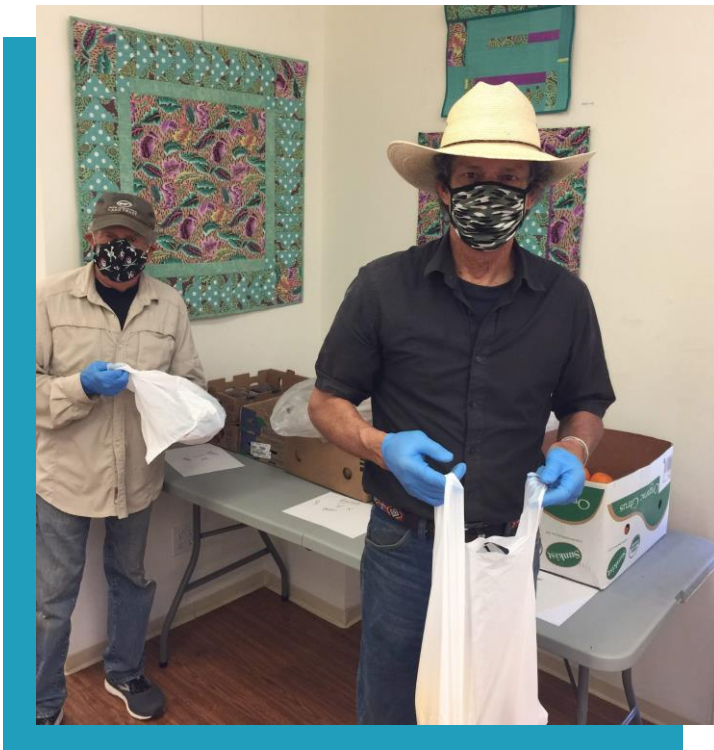
An additional example is ageism in employment. Another interview participant described how older adults are being eliminated from the workforce. It is very difficult for older adults to find employment as they are often the first to be let go and the last to be hired.

Another participant explained that County employment systems are inadvertently ageist in that they do not adequately encourage and support older adults to utilize their experience to move into government employment. This perceived ageism results from structural and traditional preferences for hiring those with government experience. As a result, the perception is that it is harder for older adults to move into County employment than for younger applicants, despite the County's recruitment challenges.

INVENTORY OF SERVICES AND INITIATIVES FOR OLDER ADULTS IN MARIN

Appendix 3, starting on page 83, provides an inventory of the services and initiatives for older adults offered, funded, or coordinated through the County of Marin. Services include 23 offerings affiliated with Aging and Adult Services as well as 38 others offered or coordinated by other divisions and departments.

Figure 16. Volunteers at San Geronimo Valley Community Center Distribute Grab-and-Go Meals to Older Adults



5. FINDINGS FROM BENCHMARK COUNTIES AND EXPERTS



INTERVIEWS WITH BENCHMARK COUNTIES AND EXPERTS

The consulting team conducted interviews with eight experts outside Marin County, including leaders from other counties and a consultant/gerontologist who worked closely with the County of Los Angeles in their organizational redesign of services for older adults. The consulting team developed emergent themes through manual coding in qualitative data analysis software. We examined data in relation to the four objectives of the initiative while allowing other themes to emerge.

Three primary themes emerged, along with sub-themes under each:

- Similar Struggles in Benchmark Counties
- Benchmark Counties: How Structures Meet Need
- Getting Things Done for Older Adults through County Government

The following sections detail these themes.

1. SIMILAR STRUGGLES IN BENCHMARK COUNTIES

County representatives and leaders interviewed in the benchmark counties are aware of the issues in, and have been responsive to, the aging population. It could be a learning opportunity for Marin County to find out how comparable counties approach and respond to similar needs of older adults.

As demonstrated in Marin County, the COVID-19 pandemic has revealed socioeconomic disparities among those in need in San Mateo County, California, particularly affecting older adults. In response to the pandemic, San Mateo County adopted the Great Plates Delivered program to help its older adults shelter in place. Surprisingly, the County discovered that the service was essential not only for older adults who are Medi-Cal eligible but also for older adults who are members of their Middle-Income Senior Opportunities (MISO) Subcommittee. These “middle-income seniors,” who are just above the Medi-Cal limit, are not usually considered in need of outreach for services, but the San Mateo County representative said they were also found to be in great need:

“We learned through the Great Plates Delivered program that many recipients were saying to us, ‘We never thought we would ever call the government for any assistance. ...but we need help to stay at home.’”

Similar to Marin County, the benchmark counties had a range of experiences addressing the needs of their older adult populations. For example, Boulder County in Colorado and San Mateo County presented the issue of rising housing costs.

The affordability of housing in Boulder County is a major barrier to aging in place. The representative described how the rising costs there cause older adults to struggle to continue living in their current homes. Some people are forced to sell their houses or move out of the county. The County representative explained:

“We tend to have the situation that some older adults may own their homes after many years of residing in the community; however, they struggle to stay in their home due to being on a fixed income and other costs rise, making it difficult to remain there.”

Moreover, some of Boulder County’s options for retirement or senior living facilities end up being “luxury” homes, which are prohibitive for many, particularly for lower-income older adults. Closely resembling those in Marin County, many housing projects in Boulder County may be touted as affordable but in reality may be within reach only for those with abundant resources. According to the Boulder County representative:



"We have a lot of projects that are being built that are targeted to be affordable; however; in all reality they seem to not be, even for those in the community, such as social workers, teachers, firemen who are retiring. The County has many projects that are also targeting older adults with many resources, luxury retirement communities which are out of reach for the whole community. The County is in need of a continuum of housing options for all older adults."

While acknowledging that San Mateo County and Marin County have some of the highest costs of living in the nation, the representative from San Mateo County expressed that the closure of their "board and cares" is a major concern at the moment. Board and care homes are houses with private or shared bedrooms for a small number of residents who are older adults not requiring skilled nursing assistance but in need of some daily assistance. The representative explained that the owners of "Mom-and-Pop board and carers" believe their children will take over the board and care home, but instead the children sell the home for a large amount of money.

Like Marin County, Boulder County predicts an increase in its older adult population, leading it to identify its own plans to meet the changing needs and evolving demands of this section of the population.

"A major issue we are facing is that of the older, older population. This is specific to the increase ... in Boulder County, where by 2050, the projection is a ... 244% increase in adults 80 and older. When you factor in this major population shift combined with the additional population changes for the state of Colorado, where by 2024 we will have more individuals age 60-75 years of age and less individuals 18 and younger. Further compounding this shift is that folks are living longer and will have varied needs as they age, this is a large issue to address and focus for our community planning efforts, particularly as we want to support individuals to age in community."

As the quote points out, it is not just the numbers of older adults that will continue to increase but also their needs. Further, these increases are not tens of years away but soon.

2. BENCHMARK COUNTIES: HOW STRUCTURES MEET NEED

A. A Seamless Doorway

An expert in gerontology underscored the importance of communication in ensuring ease of service delivery in the counties on behalf of older adults. The expert asked:

"How do you gather, integrate, and support the flow of information so that people talk to each other. And then, so the client can navigate that system as easily as possible when they need to get from A to B to D?"

Older adults have to be able to find the services, then be able to access the services they need. The expert clarified that this process does not have to be integrated, but it does have to feel seamless to the older adult and the family.

For example, Fairfax County in Virginia has its own unique approach. In order to communicate the services it offers, Fairfax County has a dedicated Communications Team that publicizes the variety of services offered by its AAA (Area Agency on Aging). Along with its website, the Communications Team creates print media and runs a Facebook page, among other things. With the Aging Disability and Caregiver Resources (ADCR) as Fairfax's "front door," the County conveys very clearly who the ADCR aims to help and serve, intentionally including *disabilities* as part of its name to show the services that it offers for older adults. A representative from Fairfax County shared: "We try very hard to make sure that we're clear that we're offering services to older adults, people with disabilities, and family caregivers."



The initiative of Fairfax County to build on the strength of ADCR as part of a “cross-agency group” also deserves to be mentioned. Fairfax County has a group at the manager level that meets regularly and consists of those who serve older adults. Functionally, the managers are not only those formally assigned to deliver older adult services in the Department of Family Services but also those designated in other departments. At these cross-agency group meetings, representatives from the various agencies and departments that offer aging-specific services share initiatives and resources and formulate strategies together. A Fairfax representative attributed the success of aging-specific services in their county to the cross-agency group meetings. Additionally, the belief that every department affects older adults in some ways leads to Fairfax County’s strategic plans pulling in other departments to expand awareness of the needs of the aging population.

As described in Fairfax, relationships across agencies build collaboration, communication, and coordination for optimal delivery of services to older adults.

B. Chiefs of Change

Interviews with representatives from the Benchmark Counties highlighted the importance of elected County officials as “champions and advocates” to sustain countywide initiatives and forge plans. The gerontology expert encapsulated the challenge of pursuing strategic plans: “The easy part is the what, the hard part is actually implementing the plan.”

In Virginia, Fairfax County’s SHAPE the Future of Aging Plan is its first countywide strategic plan. According to a representative from Fairfax County, the plan aims to focus on the needs of its constituents and the entire community, identifying efforts to ensure that older adults successfully thrive and age. Representatives from Fairfax County shared a few ways the County keeps its plans on track, such as identifying a “champion.” For example, in the past plans of Fairfax County, each of a plan’s initiatives had a champion—a commissioner from the Commission on Aging—and then staff to monitor the plan’s course. During annual “check-ins,” the board received updates on the plan’s progress. Furthermore, the Board of Supervisors had a committee called the Older Adults Committee. The board member who chaired the Older Adults Committee had one to two meetings a year to share updates on the plan. As another representative from the County explained: “There is a board committee that tracks plan initiatives, so the plan remains active and doesn’t disappear.”

Then, at the level of the Commission on Aging, the various commissioners ensure that they continually provide updates to the supervisor who appointed them.

Along the same line, San Mateo County in California has an organization that works to help the cities’ applications to the Center for Age-Friendly Excellence (CAFE). CAFE, after being awarded funding in San Mateo County, became a contractor with the County. Since then, according to a San Mateo County representative, CAFE’s staff assists each city in the County in forming a task force and identifying relevant projects to include in their Age-Friendly application. CAFE’s team then connects with the city council, the mayor, or other departments to gain continued support for their Age-Friendly work and incorporate the work into city plans for long-term support. The representative from San Mateo County praised CAFE: “And so, CAFE’s team is, I think, very, very key in keeping the activity and the program moving forward so that they can successfully apply to become Age-Friendly.”

As the benchmark counties have demonstrated, for plans and initiatives to take hold and keep moving forward in a county, committees or organizations must push efforts along and preserve the projects’ ability to hold people’s attention. Therefore, a champion is important to “keep the plan going and keep aging on people’s minds,” as an expert in gerontology further strongly advised:

“And say this to Marin loud and clear: you need a really strong champion for whatever you decide—a pitbull. ... you need somebody who is going to keep persevering and pushing this along.”



C. Climbing Mountains for Service

The representative from Boulder County in Colorado described the County's strategy of collaborating and leveraging limited resources to expand the number of people it can serve: "Boulder has conceptualized how to collaborate and leverage resources to expand how many we can serve versus it being when we only have limited grant monies. Boulder County has a long history of collaboration across all entities, municipalities and providers, both public and private, to focus and serve specific populations, and aging is one focus area."

Given limited resources and grant funds, it is important and practical to expand Boulder County's reach of services. The representative shared that the County engages with community partners in planning for aging in their County. In particular, Boulder County's AAA seeks out opportunities to connect where there is an intersection with aging, such as public health, mental health, or transportation. The representative posed an example of collaboration with other departments or contractors in transportation to serve the needs of older adults:

"An example is the county has a contract with you for kids and families to have transportation through a local transportation provider. We're contracting with them for older adult transportation as well, let's consider how to contract all together in order to expand more of our reach."

The landscape of Boulder County is a challenge to service provision. It has mountain communities where residents are geographically distant, making it more difficult to provide services to them. This mirrors the difficulty of extending services to residents living in the rural parts of Marin County. The representative from Boulder County systematically described its processes for meeting the needs of those living in the mountain areas. First, the County's AAA embeds direct staff in those rural, distant areas. These "resource specialists," also known as "option counselors," then meet with individual adults in their own homes. The resource specialists review and assess the older adults' needs and then either directly provide the needed services or call on contracted providers to visit those areas. The County's AAA makes sure to support those willing to travel to the rural mountain areas—they receive an increased rate and mileage reimbursement.

Another strategy that the County's AAA pursues to provide services to mountain communities is additional funding for services already being provided in those areas. The town of Nederland, Colorado, is an example that the Boulder County representative gave. Its AAA has contracted with the Nederland Community Center to provide vital services such as meal drop delivery and the Congregate Meal Program:

"We have tried to join with some of the natural things that are already occurring, and then offer to provide some additional funding through our resources to help them."

Critical aspects of the success of these benchmark counties include dedicated staff with additional resources and synergistic planning to leverage existing resources.

D. Structures That Work

Each benchmark county shared different advantages of its county structures.

In San Mateo County, California, representatives claimed that their County has the only Aging and Adult Services (AAS) that sits exclusively in the health system, and many advantages result from this structure. The representatives praised four benefits. First, the Director of AAS meets weekly with the Director of Mental Health (Behavioral Health and Recovery Services) to work on programs together. Second, by sitting in the Health Department, AAS also works very closely with San Mateo Medical Center. Third, during COVID, it was incredibly important for AAS to be part of Health, to be able to work with Incident Command and include all the divisions within Health. Last, the representatives explained that their "county-organized health system is the Health Plan of San Mateo." The County has one of only two county-organized health systems in the state. It works closely with Health partners and is called the Enhanced Case Management



Program. The leader of their program in AAS actually leads the interdisciplinary team meetings for the health plan, so they work very closely:

“I could go on and on about the benefits of being in the health system [versus other locations in county government].”

Despite the benefits of AAS being in the health system, there are also some disadvantages to this structure. The San Mateo representative said that one disadvantage is the delay in communication between the state and the County. This arises from the fact that it took 30 years for the California Department of Social Services to acknowledge that San Mateo County AAS sits in Health, so all of the correspondence from the state went directly to the Human Services Agency (HSA). Another disadvantage is the extra work required on financials. The representatives explained that since funding is under a Social Services structure, more work needed to be done to remind HSA—which holds Medi-Cal—that programs like In-Home Supportive Services sit in AAS under Health. Moreover, San Mateo County has to fill out two separate claim forms to show the amount of funds that go into either AAS or Human Services, whereas another county, such as Marin County, with an HHS department would have to fill out only one claim form for Social Services funding and then allocate the funds as needed. Such complexity risks compromising the synergy between departments.

The representative from Boulder County in Colorado shared that it is helpful to have the AAA as part of Community Services. The representative also explained the importance of where their AAA is positioned in the County structure. If their AAA were placed low in the structure, it would be less visible, and the decision-making process would involve going through many layers. Boulder County’s AAA has a direct line to the department head and their commissioners. Relationships require nurturing and communication; direct lines to those with the most powerful voices must exist.

Representatives from Fairfax County in Virginia elaborated that the present structure of their Aging and Adult Division works very well for them. The AAA, Adult Services, and Adult Protective Services (APS) are in the same division; case managers can share information, the organization is more cohesive, and it is a better structure for the public. Another reason they believe their system works well is because of frequent, intentional communication with other departments and staff who are the providers of aging services. There have been past discussions about pursuing a separate Department of Aging in the County for any service that deals with issues related to aging, such as housing and transportation, but those talks have never found strong footing. Again, communication within and outside of entities providing services for older adults must occur for optimal quality.

3. GETTING THINGS DONE FOR OLDER ADULTS THROUGH COUNTY GOVERNMENT

A. Ageism: An Alternative Angle

One of the gerontology experts we interviewed shared an interesting perspective on ageism—ageism is often not deliberate but is instead an important teaching moment:

“Ah, somebody being ignorant for a moment? No, it’s an opportunity for them to learn and to move forward. And what I found, 99% of the time, people want to do the right thing. They didn’t know they were doing anything wrong.”

The expert explained that some systemic ageism is often not due to malicious intent. Systemic ageism occurs because of the system’s design:

“So if I thought that they were all coming from an ageist perspective ... The answer is a lot more complicated than that, you know? None of the systems, except for mine, were ever designed with other people in mind. So that was not ageist; that



was just how you did it, you know? You did it because that's what you had in front of you. It wasn't done intentionally."

Thus, openness to the idea that ageism is not really ageism because of routine precedent presents a collaborative stance, a necessary ingredient for successfully fostering genuine relationships and championing the needs of older adults.

B. Proactive and Provocative: The Importance of a Champion

As the gerontology experts explained, Marin County will need strong, passionate champions to spearhead the actions they choose to undertake. The champions, an elected official, and a staff need to be able to stand their ground while others may doubt and have the perseverance to see the goals through:

"And also find your champion. You know, who's your champion on the Board? Someone who will stand their ground while everybody kind of [goes] '... I don't get it' or 'Why?' ... You need to find those champions within the elected officials and also their staff. LA was fortunate to have really passionate leaders. And you need that, you need people who are going to champion the effort all the way through. ... Because it's a marathon."

One of the gerontology experts we interviewed was an excellent example of such a "champion" herself—her work and efforts were integral to the introduction and subsequent implementation of Purposeful Aging Los Angeles, the age-friendly initiative for Los Angeles County, and to the creation of the new Los Angeles County Aging and Disabilities Department.

Seeing opportunities for partnership, the Los Angeles County champion did remarkable work in building relationships in Los Angeles County to promote Purposeful Aging from 2016 to 2020. The payoff of these relationships comes whenever help is needed:

"All the relationship-building that we had done ... all of that [became] useful because we literally could pick up phones and call people that were working with us. [My assistant] had to revamp ... the transportation program. ... She had to redesign it. She could pick up a phone and call Metro, and get approvals in real time for how to redesign it because they already have relationships with us. ... I could call Department of Transportation of the city and say: 'Are your buses idle? I need people to deliver thousands of meals. Can you help me?' And they deployed ... their bus drivers to me. You know, we were talking to different departments that had different capabilities, I literally had I don't even know how many hundreds of city employees delivering meals for me. But none of them said no, and it wasn't just because it was the emergency, it was also because they were invested partners in what aging was supposed to be doing through our Purposeful Aging."

A good champion is a leader and a person who is not shy about telling other parts of the county what they need to do to continue working for the older adult population.

"And that's what I told the board when they were interviewing me. I said, 'You know what I bring to the table. ... One, I'm not shy. Two, you need somebody who will lead with a vision of what we're trying to do, and will not have a problem calling another department head and saying, "What you do is this." ' "

A champion is someone who educates, teaches people about aging, and frames aging so that people can understand their stake in its success. The Los Angeles County champion said:



"I think a very powerful opportunity that we're going to have to do is to educate systems that were never designed with older people in mind, how they have to be modified and intentionally thought about, to be responsive to a changing demographic."

The Los Angeles County champion further teaches that aging is happening to everyone in the community, including ourselves, and thus it is in our best interests to work and prepare for aging:

"But for us, there was a vision that we wanted to embody, which was 'aging is not happening to other people.' Aging is happening to all of us as workers, as leaders within the county and city government, and it's not something that happens to other people. It's about us and whatever we're building. I used to tease at meetings, it's good pre-retirement planning. [Whatever] we're doing is going to help our families, is going to help our loved ones, it may help us."

A champion is someone who is assertive and is ready to convince others that aging needs to be part of their discussion.

"And that's the nature of the work [we] do every single day ... we are the toe in the door that won't let go. ... But you need to let us in, and let me tell you why. And usually, they're stunned, because they've never thought about it that way."

Champions need the courage to embody the change they want to see and the empathy to help make it happen.

C. Nuggets of Wisdom

The gerontology experts and benchmark county representatives who were interviewed gave so many insights and so much advice regarding change, initiatives, and impact. Here are some nuggets.

Like for Marin County, some people falsely believe that Boulder County, Colorado, residents are rich White people. Additionally, not all residents are active or fit, and many require support: "As well as not everybody's ... in Boulder climbing 14,000-foot mountains and running around super fit and running marathons."

To show the real picture and combat incorrect presumptions, the representative from Boulder County believes that communication about what aging really means is essential. One way Boulder County approaches this is by accurately portraying aging in all of their printed materials and photographs and on their website.

The representative from Boulder County also elucidated the importance of making people realize the increase in the older adult population will lead to big impacts and thus will require large paradigm shifts. Areas where the older population will increase should think beyond population growth to how it will affect those providing services and those who need services:

"There is a large wave of folks that are going to be aging, but, like, I just always think it's important that we dig into that a little more and talk about that nuance of what that actually means for those of us who are trying to plan services in the community."

In terms of strategic planning, one of the gerontology experts brought up an old article entitled "Management by Groping Along," written by Robert D. Behn. One piece of advice that the expert counseled Marin to remember is to think about the small wins:



"They don't say, 'We're climbing Everest, here we go!' But you think about what are the small wins? What are the goals? And then, when you get to the small win—first goal peak—first of all, you say, '[Wow] we did it!' But then you say, 'What's it look like from here? What are the lessons learned? How do we incorporate those as we move forward to the next stage?'"

This advice is important because creating milestones for smaller goals makes them seem more achievable and less daunting than thinking about the full distance to what the county wants to ultimately reach.

The gerontology expert also advises stakeholders to remember that the recommendations are the "what," but it is also important to consider the "how."

Another piece of advice from the same gerontology expert is to use any compelling stories from Marin County to "hook people in." The expert suggests telling a story in which something went wrong, then explaining what should have happened instead. The expert shared an example used at a conference of mental health providers in Los Angeles County: a horrifying story of a woman wrongly confined in a mental health facility.

On the issue of change, another gerontology expert gave advice for Marin County as it works toward becoming an Age-Friendly community, as a way for the County to continue making the commitment to its aging population:

"So a recommendation I would have for your community to consider, if they're not already doing it, is to become an Age-Friendly community so that it galvanizes. ... It doesn't give you permission or authority or anything. It's the convening part ... we commit to doing this. Nobody's making us. Your elected officials become part of that process of supporting that work. ... And so people see progress as a result of their incredible commitment to keeping focus on what older adults and adults with disabilities need in [the] community."

Reaching a vision of optimal services and programs for older adults requires a bit of alchemy—an ongoing process of convening and accomplishing small goals so that, over time, commitment to the needs of the aging population becomes a habit.



BENCHMARK COUNTY STRUCTURE COMPARISON

The consulting team examined the reporting and organizational structure of 30 counties of interest to Marin to determine where aging services functions were located within their respective counties. The summary data for each county are in Appendix 4, starting on page 86. The following comparisons highlight the most relevant comparison groups:

Peer/Interest Group	Number of Counties (among those examined)
California counties with integrated Health and Human Services Agencies	<ul style="list-style-type: none"> Seven counties – Aging reports to either the Agency/Department Director or Chief Deputy/Chief Assistant Director One county – Nearly all aging services provided by AAA in Joint Powers Agency
Bay Area Counties	<ul style="list-style-type: none"> Seven counties – Aging reports to Agency/Department Director One county – Aging reports to Agency Chief Assistant Director (<i>Aging is part of Agency Executive Team</i>)
Coastal California Counties (outside Bay Area)	<ul style="list-style-type: none"> Three counties – Aging reports to Agency/Department Director Two counties – Aging reports to Deputy Director One county – Aging reports to Board of Supervisors
County Health Rankings and Roadmaps Peer	<ul style="list-style-type: none"> Three counties – Aging reports to Agency/Department Director or Chief Deputy Director One county – Aging reports to the elected County Executive
Large California counties	<ul style="list-style-type: none"> One county – Aging reports to Department Director One county – Aging reports to Assistant County Executive

While counties vary in terms of which department houses Aging (e.g., Health and Human Services, Human Services, Community Services), the unifying theme of the structure comparison is that most counties examined have their aging services reporting to the highest-ranking or second highest-ranking leader in their respective departments. Many of these counties have Aging reporting to a senior position even when the Area Agency on Aging is located outside of County government.

Regardless of size, nearly all counties examined have Aging reporting to a higher location in the administrative hierarchy compared with Marin. Other counties have fewer layers between Aging and the Board of Supervisors/County Administrator.

Three counties examined have independent departments reporting to the County Administrator's office or board (i.e., Los Angeles, CA; Riverside, CA; Rockland, NY).



6. PROBLEM ANALYSIS



IDENTIFYING THE PROBLEM

Based on data provided, stakeholder experiences, and other perspectives, the Integrated Aging Initiative Advisory Group went through several processes to begin identifying the problem this project is striving to address. The following pages outline syntheses of these process that resulted in an integrated problem statement.

STATUS QUO VS. DESIRED FUTURE

The following analysis was compiled through a process facilitated with the Advisory Group:

What key indicators would demonstrate well-being for older adults in Marin?	What's the current situation?
<ul style="list-style-type: none"> Older adults enjoy human interaction and engagement every day. <ul style="list-style-type: none"> High quality of life / status of health No disparity in life expectancy Sufficient income to meet basic needs (as measured by the Elder Economic Security Index) People are housed and have financial security, employment opportunities, and improvement in self-report on perceived health status. Marin is an intergenerational community where everyone (age, race, disability, immigration status, gender identity, etc.) is valued. Coordinated Services are in place for community living (housing, caregiving, food security, economic security, etc.). Older adults have access to diverse recreational and intergenerational programs. Transportation needs are met. 	<ul style="list-style-type: none"> There is dramatic isolation of older adult, disability, and caregiver communities and increased rates of depression. A large variance in life expectancy based on race, immigration status, and zip code. Income gaps negatively affect perceived health, housing is not affordable, and employers show resistance to hiring older adults. Programs for youth, older adults, caregivers, people with disabilities are siloed. Despite progressive identity, Marin is rife with racism, ageism, ableism, nimbyism, individualism, nationalism, and gender discrimination. Services are not coordinated among County departments. An equity gap in housing persists, related to a lifetime of economic challenges and a lack of access to opportunity and education. Too many steps impede access to transportation options.



IDENTIFYING THE GAP BETWEEN ESPOUSED VALUES AND BEHAVIOR

This analysis was compiled by synthesizing Advisory Group insights:

What does the County claim to value about advancing the well-being of older adults?

- The importance of this population's well-being: "Seniors are important to us"
- High touch services, innovative approaches
- Intergenerational programs, Volunteers
- Racial equity/intersectionality



What's actually happening on the ground right now in the way the County works?

- Well-being of older adults is not reflected as a County budget priority and varies between departments.
- The status quo is easier and tends to be prioritized.
- There is little clarity, and few public relations efforts draw attention to advancing well-being for older adults.
- County shows a lack of effort to incorporate older volunteers.
- The County lacks programming and policy that supports and funds intergenerational services and initiatives.
- The County is fairly well versed in talking about racism, but practice is not consistent.
- Generalized conversation fails to target unique challenges for older people of color, women, LGBTQ individuals, and those with disabilities.

How might we describe the gap above in neutral, descriptive language?

- Older adults are valued, and some programs exist but are insufficient to truly advance well-being for all.
- Perception of misaligned allocation of resources, lack of awareness of importance of aging, and lack of a collective mindset in a strategic approach to aging throughout the County.
- There is a gap between values and practice because there is a lack of organizing around diverse groups, examining intersections, and building consensus. There are no/limited opportunities to bring diverse groups together and examine collective impact.
- Perception of decisions being made without proactive epidemiological data regarding older adults.
- Systemic and cultural issues lead to a mismatch between values and behavior.
- Programs are in silos—not working together across disciplines to find solutions.



SPEAKING THE UNSPEAKABLE

To provide additional perspective on this gap analysis, the consultants asked the Advisory Group to consider the question:

What's unstated that we need to consider to fully understand the gap between the current and desired states?

- Housing is said to be a priority, yet more older adults are falling into homelessness. Discussion of older adults is often absent from these conversations.
- Policymakers may themselves be older but have other priorities.
- Disconnect from older adults who have needs persists because decision-makers haven't experienced these barriers.
- There is a need for more intersectional conversations, including on ageism, racism, and sexism.
- Ageism/negative views of aging are common and persistent.
- A stigma exists around aging and disability.
- Silo culture leads to a lack of will to cooperate and change.
- It would be helpful to incorporate youth perspective on aging as something that happens across the lifespan.

PROBLEM STATEMENT

Based on interview findings, the benchmark review, and the work of the Advisory Group, the consulting team developed a statement synthesizing the central problem:

Despite having high-quality services for older adults, Marin has fragmented services not well integrated throughout county departments. The County of Marin is not prepared to adequately serve the coming wave of older adults who will be poorer than the current cohort of older adults.

Essential challenges that affect older adults in the county include unaffordable housing/long-term care, food insecurity, isolation, difficulty accessing medical care, ageism, ableism, and difficulty finding and accessing available services.

The County makes some investment to enhance the well-being of older adults across its departments. However, outside the work within Aging and Adult Services, programs are siloed and fragmented, depend heavily on champions, don't adequately incorporate volunteers, and don't adequately incorporate a diversity of communities.

The older adult population will continue growing through 2040, at a minimum. In the coming decade, the number of White older adults is projected to begin declining in Marin, while the numbers of older adults of color is projected to increase. This increase will be heavily focused among the Hispanic/Latino population. Currently, Hispanic/Latino Marin residents have a per capita income of \$29,893 versus the average of \$72,466. Many of these residents will not have financial security in older adulthood.

Changes in services, processes, and/or configuration will be necessary to prepare the County for current and coming demographic changes. Additionally, better alignment between services for older adults and County equity initiatives can help position the County to serve a growing and diverse older adult population in the next 10 years.



IDENTIFYING WHAT MAINTAINS THE STATUS QUO

Advisory group members explored the status quo, factors holding the status quo in place, and factors that could “nudge” the system and make a difference for older adults in Marin.

The consulting team synthesized and categorized elements from a discussion of “What’s holding the status quo in place?”

Politics and Organizational Culture

- Comfort with the status quo and avoidance of the stress and fear of change
- Tunnel vision—staying in one’s own lane/area
- The challenge of working with larger groups of people
- Poor attention to certain issues (e.g., aging and disability population) compared to others
- Other priority interests

Barriers to Innovation

- Lack of innovation or adaptation, instead repeating the same projects/work
- Limited spaces where people feel safe to take risks
- Gaps between innovation at state level and local level

Eligibility Barriers

- Requirements for federal and state programs often preclude Marin residents due to cost of living

Funding

- Siloed funding streams
- Inadequate aging and disability funding for needs in a County with the high costs of Marin

Equity Not Fully Considered

- Equity impact is not a minimum standard with funding requests
- Equity impact is not currently applied in all spaces
- Intersectional approaches are neglected with regard to aging (among County and aging advocates)

Inadequate Structure and Processes

- Physically centralized governments
- Aging and Adult Services location in county organizational structure that minimizes the integration of an aging lens within HHS and the County
- Lack of cross-jurisdictional collaboration
- Uncoordinated improvement plans
- Structure and process designs focusing on homeowners
- Siloed or insufficiently shared data
- Stressed and strained county system, especially after COVID
- Lack of gerontological expertise throughout HHS



INTERSECTIONALITY OF AGING WITH OTHER CLASSIFICATIONS AND IDENTITIES

INTERSECTING IDENTITIES, CHARACTERISTICS, AND CLASSIFICATIONS

Advisory Group participants were asked to brainstorm responses to the question **"What specific identities, characteristics, or classifications overlap or intersect by impacting the well-being of older adults in Marin?"**

The following themes emerged from the data:

- Personal characteristics such as age, gender identity, sexual orientation, disability, and English fluency. Also, other characteristics such as immigration status, employment, education level, and criminal background. Adverse personal issues such as shock and ACEs (Adverse Childhood Experiences).
- A person's socioeconomic status: poverty, economic class, and financial insecurity.
- A person's physical health: health or illnesses and access to healthcare.
- A person's relation to family and social network: whether they have children/dependents, their connection to decision makers, their decisions about parenting, and social isolation.
- Cultural aspects, such as religious and spiritual beliefs and practices and shared historical and generational traumas.
- External influences, such as geography, access to housing, and geopolitical issues impacting migration.

INEQUITIES RELATED TO INTERSECTIONALITY

In small group discussions, Advisory Group participants explored the question **"What inequities concern you most regarding the well-being of older adults who face multiple oppressions?"** The following themes emerged:

- **Personal aspects**, including immigration status, physical and mental disability, and lack of understanding/access to the system/opportunities. Older adults can vary in life expectancy based on aspects such as race, disability, living area, and socioeconomic status.
- **Systemic issues** such as racism and poverty.
- **Political aspects**, including advocacy, having a voice, and access to political power. Older adults may lose power, influence, and visibility.
- **Challenges that may come with aging**, including access to caregiving resources and life planning.
- **Financial aspects**, including financial planning, financial literacy, housing options, housing affordability, savings, and house wealth.
- **Connections to social networks**, including personal relationships, relationship with the county, and elder orphans' resources outside of family.
- Regarding **representation**, older adults on boards may not represent the spectrum of older adults in the county.
- Not about older adults themselves is the problem of **caregiver and workforce housing** in the county.

USING AN INTERSECTIONAL FRAMEWORK TO BENEFIT OLDER ADULTS

Small groups of the larger Advisory Group also explored **"How might older adults benefit if this initiative incorporates an intersectional framework for understanding the needs in Marin?"** Three themes emerged, summarized here.

Older Adults Not a Homogeneous Group

Older adults are not a distinct, homogeneous group of people—they have intersecting identities. For older adults to benefit, the approach must become intersectional. Additionally, all people benefit when there is a focus on those most marginalized.



Structure and Process

An intersectional framework would result in enhanced short-term coordination, cultural competency, clear roles for team members and departments, the ability to identify intersections, the ability to identify and solve needs, and more open conversations.

Improvements in the Lives of Older Adults

An intersectional framework would result in improved quality of life and well-being across older ages, a stronger social fabric and social connectedness, and more healing interactions. It would also result in older adults receiving health care and housing that meets individual needs.

ENDING CERTAIN POLICIES, PRACTICES, OR CONDITIONS

The same breakout groups also explored two additional questions starting with “**Given all this, what policies, practices, or conditions might need to be stopped, revoked, or rescinded to enhance the well-being of all older adults in Marin?**” These themes emerged:

The county needs to **start recognizing the broad spectrum of equity and shifting intersectional work** from departments to cross-departmental teams.

The county needs to **stop**:

- Looking at older adult issues through **homogenous/non-intersectional lenses** (e.g., gender neutral, race neutral, disability neutral, etc.)
- Addressing issues with only a **crisis lens**
- Looking at older adult issues through an **ageist lens**

MOVING TOWARD NEW POLICIES, PRACTICES, OR CONDITIONS

Another set of small groups answered “**What combination of policies, practices, or conditions need to be put in place to enhance the well-being of older adults from the intersectional perspective?**” Suggestions emerged in three areas, summarized as:

Data Capture

Put in place better age stratification of data capture and more detailed and nuanced data capturing for aging adults.

Listening to and Prioritizing Groups

Listen to the voices of older adults who are not well represented in existing spaces (i.e., limited English speakers, immigrants, people of color, low-income older adults, elderly people living alone, people living with disabilities, etc.). Additionally, the Board of Supervisors needs to make older adults and persons with disabilities a high priority.

New Practices

Implement new practices and changes such as applying an intersectional lens to guide work on all aging issues, including spirituality in the understanding of well-being, partnering with organizations that reflect the preferences of older adults, having County staff working and living in the communities, promoting intergenerational housing, and educating people on adults over age 85 and dementia. It was also suggested to increase access to case management.

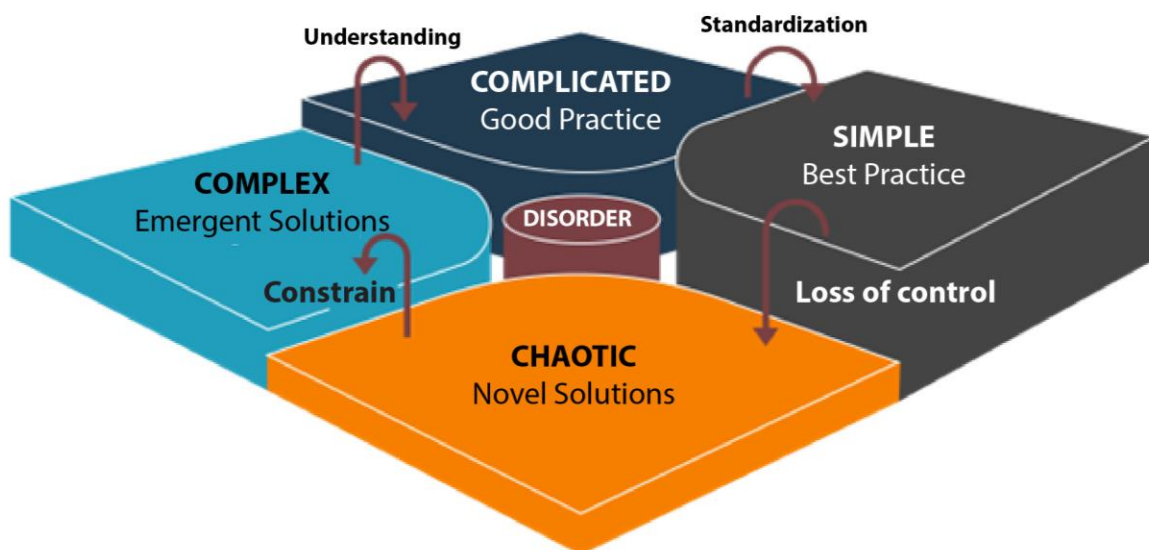


PROBLEM FINDINGS SUMMARY

We relied on Cynefin,⁴ a framework for understanding the contexts in which problems arise, to consider potential approaches to organizational change. According to this model, most leaders prefer to develop solutions to problems based on their personal styles of problem-solving. Most leaders lack awareness of the need to modify problem-solving methods according to the particular type of problem or the context of a given problem. This lack of awareness results in “Disorder” much of the time.

Using a more systemic approach, we can ensure that responses to problems match the context in which the problem emerged—Simple, Complicated, Complex, or Chaotic—and use problem-solving methods that are appropriate for addressing challenges that arise as displayed in Figure 17.

Figure 17. Cynefin Model for Understanding Problem Contexts



Adapted from graphic by CO2 Partners, based on original work by David Snowden

The consulting team, with feedback from the Advisory Group, has summarized major themes of the problem in Marin according to these four contexts in the following section.

PROBLEM SUMMARY

We have summarized key problems identified by the Advisory Group and discovered through interviews according to the Cynefin map:

Complex

Require Emergent Solutions

- Perception of Board of Supervisors as having different agendas
- Perception that County moves in a variety of directions without large-scale strategy and is reactive to problems
- Resistance to change in County government
- Perception that County is not innovative
- Perceptions throughout the County of lack of intersection between older adults and people of color
- Limited focus of Age-Friendly mainly on those who already have an aging lens
- Struggle to afford housing
- Fragmented, uncoordinated services and programs

Complicated

Require Good Practices

- Perception of no leadership in public health about issues for older adults
- Perceived blindness toward older adults among leaders and many departments
- Reputation of older adults as wealthy White people with few needs
- Lack of shared record system for case management within HHS or between AAS and CBOs
- Social isolation among older adults
- Lack of food access among older adults
- Difficulty in providing equitable services to rural areas
- Lack of recognition of overlap between aging and disability
- Under-resourced disability access program not located ideally within administrative structure

Chaotic

Require Novel Solutions

- Difficulties transitioning between hospitals and home or to assisted living
- Lack of safety net for lower- and middle-income older adults who fall into chaotic situations when experiencing a physical or economic crisis

Simple

Require Best Practices

- AAS not at the executive level
- Disability Access isolated
- Older adults not checked on during power outages and other crises
- Board of AAA (Board of Supervisors) not meeting as Governing Board of the AAA
- Stigma vs. normalization of aging and disability
- Needs of older adults exceeding the scope of HHS

The consultants and Advisory Group have worked to develop solutions that acknowledge that the County needs a variety of solution types to address problems in each domain above. The following section outlines these alternative options to take a multifaceted problem-solving approach.



7. ALTERNATIVE OPTIONS



CHANGE AREA 1: CREATE A STRUCTURE THAT CAN BETTER PRIORITIZE THE NEEDS OF OLDER ADULTS

OPTION A: CREATE A NEW DIVISION IN HHS THAT BRINGS TOGETHER A FOCUS ON AGING AND DISABILITY WITH CROSS-GENERATIONAL PROGRAMMING AND THE DIRECTOR AS PART OF HHS EXECUTIVE TEAM

Estimated Cost: \$

Details/Justification	Benefits	Challenges
<p>The current structure does not provide adequate opportunities for coordination across HHS divisions and offices. It also leaves a gap in which older adults and people with disabilities lack a sufficient voice among executive-level leadership within HHS. Leaving the division within HHS provides enhanced opportunities for coordination within the largest County department.</p> <p>Due to its elevated role within HHS, the director of this new division would be better positioned to coordinate services both within HHS and with other departments.</p> <p>This configuration would provide opportunities for the new division to be better integrated into the strategic priorities of HHS. As part of the executive leadership team reporting to the HHS director, the elevated AAS director would be positioned to coordinate services for older adults and people with disabilities across HHS, aligned with HHS strategic priorities.</p>	<ul style="list-style-type: none"> ■ Easier than creating a new department ■ Combines aging and disability in an explicit way, aligning with state and federal priorities, including California Master Plan for Aging.⁵ ■ Provides aging and disability with a greater ability to collaborate across divisions in HHS and other departments ■ Can help HHS better collaborate to address health disparities. (e.g., dementia) ■ Reduces fragmentation of disability services at the County level. Other populations would be included as they age and/or acquire disability. ■ More typical reporting arrangement compared with other counties 	<ul style="list-style-type: none"> ■ Other populations may feel left out ■ Could be confusing that <i>disability</i> would not include children and youth with disabilities ■ Risk that structure change does not impact “on-the-ground” services for older adults

Future Action Steps:

- Gain support from HHS Director and County Administrator
- Identify branding for new division (e.g., Aging and Disability Services, Intergenerational Aging and Disability Services, Adult and Aging Support Services, Aging and Disability Resource Services) or maintain current name (Aging and Adult Services) while explicitly incorporating multigenerational disability services in promotional materials and on website.



OPTION B: CREATE A NEW DEPARTMENT THAT BRINGS TOGETHER A FOCUS ON AGING AND DISABILITY WITH CROSS-GENERATIONAL PROGRAMMING

Estimated Cost: \$\$-\$\$\$\$

Details/Justification	Benefits	Challenges
<p>Because the needs of older adults expand beyond the scope of HHS, locating it in an independent department would provide issues of aging with enhanced visibility and executive-level leadership. A widespread perception exists that issues of importance to older adults have lacked consistent executive-level championing in the last 7 years.</p> <p>Currently, AAS provides some services for adults with disabilities (under 60 years old). However, the office name does not make clear the availability of those services. Additionally, significant overlap exists between the older adults and disability population. Lastly, the federal government's organizational structure and funding model the national trend of integrating such services.</p> <p>Lastly, the federal government's organizational structure and funding model follows nationwide trends integrating aging and disability services.</p>	<ul style="list-style-type: none"> ■ Recognizes overlap between older adults and people with disability ■ Recognizes the strategic importance of AAS in helping to address future challenges the county faces ■ Gives services for older adults more visibility, agency, and authority ■ Adds critical cross-generational programming ■ Offers greater influence and ability to address structural issues for aging and disability population ■ Creates a new department acknowledging this growing population in Marin County 	<ul style="list-style-type: none"> ■ Difficulty of creating a new department, both from a process perspective and politically ■ Potential that the well-being of older adults will not be better addressed by HHS, which plays a key role as the largest department in the County ■ Potential to create another silo and hinder collaboration with the largest County department (i.e., HHS) ■ Potential for other populations in Marin to see this new department and believe their needs are not being recognized ■ Limited evidence of viability in improving outcomes for older adults
<p>Future Action Steps:</p> <ul style="list-style-type: none"> ■ Prepare detailed budget implications. ■ Gain support from HHS Director, County Administrator, and Board of Supervisors. ■ Identify branding for department. 		

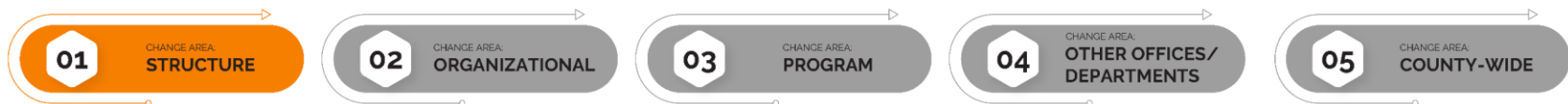




OPTION C: EXPAND SCOPE OF CURRENT COMMISSION ON AGING SO THAT IT BECOMES A COMMISSION FOCUSED ON INTERGENERATIONAL AGING AND DISABILITY

Estimated Cost: \$

Details/Justification	Benefits	Challenges
There is no County commission addressing the needs of persons with disabilities. Because we recommend integrating these services into a new version of AAS, persons with disabilities need representation in advising AAS on its programs and services. Due to the intersection of aging and disability, a commission structure addressing both aging and disability across the lifespan (i.e., intergenerational) could provide a solution for the commission that aligns with the inclusion of disability in Options A and B.	<ul style="list-style-type: none"> Helps the county recognize the intersection of aging and disability Intergenerational element aligns with state and national priorities Brings in the community, creates an intentional lever for advocacy and policy integration, creates an impact/data review mechanism 	<ul style="list-style-type: none"> Could be challenging for current Commission on Aging
Future Action Steps: <ul style="list-style-type: none"> Gain input from Commission on Aging. Ensure compliance with Older Americans Act, as has been done in other counties with integrated commissions. Depending on outcome of that input process, Board of Supervisors votes to change name and scope. 		



OPTION D: TO PROMOTE AN INTERSECTIONAL PERSPECTIVE, INTEGRATE DISABILITY ACCESS WITH A REBRANDED AND FUNDED AGE-FRIENDLY/AGE FORWARD IN THE OFFICE OF EQUITY

Estimated Cost: \$\$

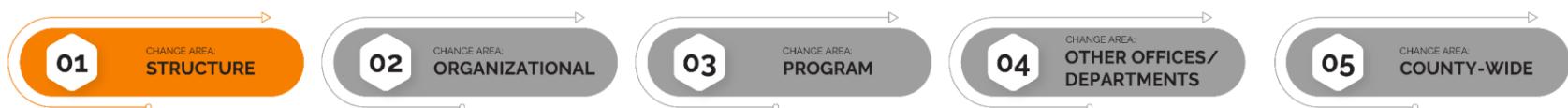
Details/Justification	Benefits	Challenges
<p>The Age Forward initiative, coordinated by AAS, was funded as a five-year project to help County departments bring an aging lens to their services. The Disability Access Program is a permanent initiative located in Public Works. While having successes, both initiatives have faced challenges in bringing change to other departments given their location within HHS and Public Works.</p> <p>Moving both of these to the County Administrator's Office would better position and give them agency to work with other departments to enhance equity in priority areas such as transportation and housing. It would provide an opportunity for enhanced synergy between organizational changes at the intersection of aging, disability, and race.</p> <p>Create a permanent Age-Friendly position and maintain the current Disability Access staff. <i>These positions would have a dotted line to the director of AAS.</i></p> <p>In this new location, Age-Friendly Marin County could have a sustainable home to respond to future needs and provide periodic planning as required by the World Health Organization program.</p>	<ul style="list-style-type: none"> Places advocacy for organization change related to aging and disability in a county-wide role Provides greater visibility for these important initiatives Would enhance Age-Friendly efforts through the Office of Equity's focus on civic participation 	<ul style="list-style-type: none"> Priorities, goals, and objectives of Office of Equity are focused on racial equity Small current staff limits capacity
<p>Future Action Steps:</p> <ul style="list-style-type: none"> Secure support from Directors of the respective offices/departments (i.e., Equity, HHS, Public Works). Secure new ongoing funding from County general fund for Age-Friendly, similar to funding for the current Office of Equity and Disability Access Program. Identify ways for Age-Friendly and Disability Access to enhance community engagement and civic participation. Reestablish these initiatives as priorities with visible, public commitments from CAO and Board of Supervisors. 		



OPTION E: CREATE A FOUNDATION OR OTHER MECHANISM TO ENHANCE FUNDING OF SERVICES FOR OLDER ADULTS AND OTHERS NEEDING ADDITIONAL COUNTY SERVICES

Estimated Cost: \$

Details/Justification	Benefits	Challenges
<p>Create a new 501(c)(3) foundation for fundraising or empower the potentially AAI/MADI merged organization to seek funding from diverse sources not normally available to County government. Similar to model created in Boulder County, Colorado.</p> <p>Such a foundation could provide funding for services for older adults, people with disabilities, children, and others with needs beyond what the County currently provides.</p>	<ul style="list-style-type: none"> ■ Able to provide supplemental funding to support enhanced services ■ Existing models of similar initiatives in Marin (e.g., for parks, schools, climate action) 	<ul style="list-style-type: none"> ■ MADI is in the formative stages ■ Competing priorities for donor and foundation resources ■ Could be more efficient for County to work with existing CBOs to help generate funds ■ Attracting philanthropic dollars for aging issues can be a challenge
<p>Future Action Steps:</p> <ul style="list-style-type: none"> ■ Conduct "market testing" to determine if this is a viable scenario. ■ Determine whether MADI would be the appropriate place for such an initiative versus a new foundation. 		



OPTION F: ESTABLISH AN INTERGENERATIONAL COMMUNITY LIVING FUND

Estimated Cost: \$\$\$-\$\$\$\$

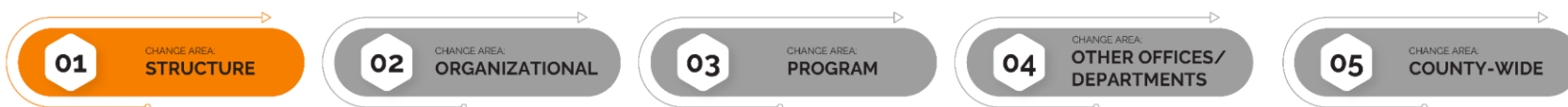
Details/Justification	Benefits	Challenges
<p>Establish an intergenerational community living/dignity fund to provide resources to expand public services for children, people with disabilities, older adults, and other vulnerable populations.</p> <p>An intergenerational community living or dignity fund like the model in San Francisco would require voter approval and long-term effort. It would provide a long-term funding mechanism for enhancing safety net services.</p> <p>Due to the high cost of living in Marin, federal eligibility guidelines prevent some vulnerable populations from accessing means-tested services.</p> <p><i>Example use:</i> For programs that are income tested, funds could be used to move toward a needs-based UCLA Elder Index rather than following federal income guidelines.</p>	<ul style="list-style-type: none"> ■ Supports community across the lifespan ■ Provides sustainable funding to meet specific needs like caregiving ■ Provides benefits across multiple populations ■ Intergenerational living has multiple beneficial impacts that ripple out widely 	<ul style="list-style-type: none"> ■ Needs specific voter approval ■ Identifying source of funds acceptable to voters ■ Political and economic concerns (e.g., inflation, potential recession) ■ Time and other county priorities
<p>Future Action Steps:</p> <ul style="list-style-type: none"> ■ Conduct polling before drafting ballot measure. ■ Take lessons for other ballot efforts. ■ Determine ways to leverage California Community Living Fund. ■ Examine other county models (e.g., San Francisco Dignity Fund) for considering implementation specifics. ■ Support work that has started to support this effort. ■ Support HHS, AAI, and Marin Center for Independent Living in exploring options through conversations in Spring 2023, if initial discussions show potential support for such a funding mechanism. 		



OPTION G: MOVE AAA INTO A 501(C)(3) NONPROFIT ORGANIZATION OR CREATE A SPECIAL AUTHORITY

Estimated Cost: \$\$

Details/Justification	Benefits	Challenges
<p>The County would move the Area Agency on Aging into a 501(c)(3) nonprofit organization (such as the potential AAI/MADI merged organization) or create a special authority (like IHSS Public Authority, Marin Housing Authority, etc.) to empower the public to participate at multiple levels and to allow AAA to seek funding from diverse sources not normally available to County government.</p> <p>The growing demand for aging services in Marin could continue to overwhelm the limited supply of available government funding and programs. A new entrepreneurial service model could partner with the County to build and serve as a hub that spurs aging services innovation while leveraging, magnifying, and supporting existing organizations. It could also seek much-needed additional funding sources beyond the limited government funding. For example, the County has taken the Drawdown: Marin initiative and created a new nonprofit organization, MarinCAN, to address the increasing imperatives of climate action.</p> <p>Nationally, of the 662 AAAs in the U.S.,⁶ 39% are within independent nonprofits, 27% are housed within a council of governments, and 27% are located within county governments.⁷ Nonprofit structures are most common in New England (94%) and the Midwest (89%).</p>	<ul style="list-style-type: none"> ■ Greater flexibility to move more quickly in serving residents' needs ■ Ability to bring in outside funding as a nongovernmental organization ■ Lower costs without government overhead 	<ul style="list-style-type: none"> ■ Multi-year undertaking requiring widespread buy-in and leadership ■ Could silo the work away from efforts happening within the County system ■ Unique expertise needed to start a new independent organization ■ Turnover of employees who wish to remain in public sector employment ■ Could unnecessarily disrupt an AAA with a general reputation for being effective



Option G (continued)

Details/Justification	Benefits	Challenges
<p>Another alternative is to create a special authority. This option would provide the benefit of a flexible government-sponsored structure, enhance the visibility of the AAA, and allow existing employees to remain within the existing pension program (MCERA).</p> <p>Future Action Steps:</p> <ul style="list-style-type: none"> ■ Gauge support from CBO and philanthropic partners. ■ Study AAAs structured this way to learn more about benefits/challenges. ■ Secure initial support of key stakeholders (e.g., Commission on Aging, HHS Director, County Administrator, Board of Supervisors). ■ Determine where remaining AAS functions would be housed. ■ Begin planning process to determine direction, steps, and timeline for new organization to form. 		■



CHANGE AREA 2: MAKE FOCUSED ORGANIZATIONAL CHANGES TO ENHANCE THE WELL-BEING OF OLDER ADULTS

OPTION A: FOCUS COUNTY AGE-FRIENDLY INITIATIVE BY PRIORITIZING 2–3 CHANGES PER YEAR AND FUNDING NEW POSITION

Estimated Cost: \$

Details/Justification	Benefits	Challenges
<p>Reprioritize Age-Friendly through a focus on County-wide culture change. The Age Forward initiative, coordinated by AAS, was funded as a five-year project to help County departments bring an aging lens to their services. Building on past successes, the initiative can be recast as a county-wide organizational culture change effort with an expanded focus on collaboration and internal marketing to create a desire for change among various departments.</p> <p>The initiative would become focused on two or three changes per year rather than complex, multifaceted goals. Additionally, Age-Friendly would be led by a permanent staff member with a background to support complex County-wide organizational change.</p>	<ul style="list-style-type: none"> Allows for a deeper impact and more focus (i.e., “less is more”) Provides more opportunity to get other departments involved through a culture change approach Allows for clear wins that will allow the County to take on deeper, more complex challenges Some County departments that have prioritized this work have important and compelling action underway 	<ul style="list-style-type: none"> Needs top-level buy-in and support Requires discipline to focus on specific number of challenges Current Age Forward initiative not well placed to support county-wide change Requires long-term changes to be monitored as well

Future Action Steps:

- Secure new ongoing funding from County general fund for Age-Friendly, similar to funding for the current Office of Equity and Disability Access Program.
- Decide on administrative home (e.g., Office of Equity, Cross-Agency Work Group, AAS, CAO Office).
- Reestablish the initiatives as a priority with visible, public commitments from CAO and Board of Supervisors.
- Prioritize short, intermediate, and long-term goals. Select two or three annual priority areas.
- Ensure priorities come from diverse array of communities. Add feedback loop to bring information back to diverse communities.
- Consider how to collaborate with municipal Age-Friendly efforts.
- Update age-friendly plan, per World Health Organization/AARP guidelines.
- Develop clear road map and roles for change.





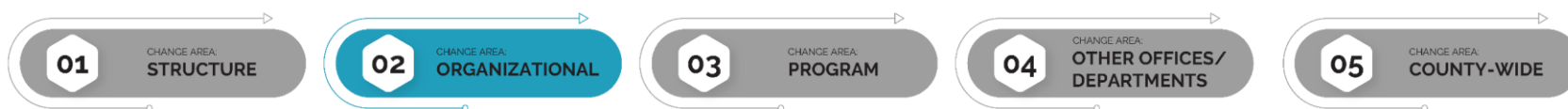
OPTION B: FORM A CROSS-AGENCY GROUP FOCUSING ON OLDER ADULT ISSUES/SERVICES THAT COULD BE STAFFED BY THE DIRECTOR OF AAS AND HEADED BY THE COUNTY ADMINISTRATOR'S OFFICE, MEETING REGULARLY

Estimated Cost: \$

Details/Justification	Benefits	Challenges
<p>Within the County structure, significant problems that need action across departments are addressed through cross-agency groups. A similar action-oriented group is needed for issues related to aging.</p> <p>Additionally, critical interdepartmental initiatives, such as homeless housing and criminal justice, could benefit from adding a focus on the needs of vulnerable older adults, especially those facing isolation in their homes or dementia as they age. This cross-agency group could ensure that the issues relevant to vulnerable older adults are elevated to allow for cross-agency problem-solving within other interdepartmental initiatives.</p>	<ul style="list-style-type: none"> Common effective way that the County demonstrates prioritization of an issue to bring change across departments Similar structures have been effective in addressing other complex challenges (e.g., homelessness, racial justice) Flexible structure that can be easily refined 	<ul style="list-style-type: none"> Overlaps with Age-Friendly work in some ways Standing interdepartmental committees can stretch staff for time Leaders from organizations with limited resources often attend duplicative collaborative meetings

Future Action Steps:

- Develop clear mission, focus, and role.
- Determine extent for including external partners (e.g., CBOs, cities, Commission on Aging).
- Create liaison/technical assistance role to connect existing committees to ensure that needs of older adults are integrated across efforts.
- Given expanding population of older Latino residents, determine how to ensure Latino-serving agencies or faith communities are included.
- Adapt Marin "9 to 25" model of an umbrella convenor that connects agencies and departments and gives space to work collaboratively.



OPTION C: AGEISM AND ABLEISM PREVENTION: BUILD CAPACITY FOR COUNTY AND MUNICIPAL EMPLOYEES TO ADDRESS THE MULTIPLYING EFFECTS OF AGEISM AND ABLEISM

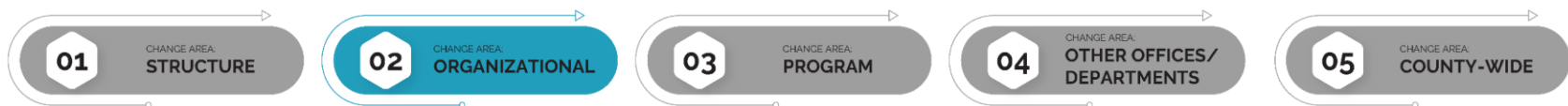
Estimated Cost: \$

Details/Justification	Benefits	Challenges
<ol style="list-style-type: none"> 1. Work throughout County departments to advance awareness, accessibility, and quality service for older adults and people with disabilities. 2. Create a network of trainers/advocates throughout the County who work to educate others and change procedures and practices across the lifespan. 3. Work to educate people about the diversity of older adults in Marin, including vulnerable communities and people of color. Identify compelling ways for employees to connect with needs of lower-income, lower-middle-income, and “newly poor” individuals who are not familiar with navigating government services. 	<ul style="list-style-type: none"> ■ Expands cultural competency of staff ■ Addresses ageism, which is pervasive in Marin despite its large percentage of older adults 	<ul style="list-style-type: none"> ■ May receive pushback from management and staff, especially when short-staffed ■ If not integrated with other change efforts, might be limited in effectiveness

Older adults in Marin are stereotyped as having few needs, which has resulted in older adults’ needs not being prioritized in some areas of County government. We recommend the County utilize its existing network to advance awareness of ageism and ableism and create (1) individual actions and (2) group actions to increase equity among older adults and people with disabilities.

Future Action Steps:

- Develop granular steps for implementation.
- Align with other work in the County (e.g., CalAIM, OneDoor Aging and Disability Resource Connection, Behavioral Health, Managed Care efforts).
- Consider the best approach to such an initiative (e.g., Reframing Aging national model, including other -isms for an intersectional approach, focusing on quality of life for older adults).
- Consider whether to integrate with Office of Equity efforts, given the overlapping needs identifying throughout this report.
- Identify how this type of capacity-building will align with other options selected from this document.

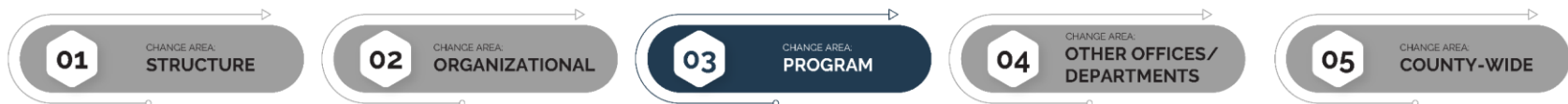


CHANGE AREA 3: ENHANCE PROGRAM DELIVERY FOR OLDER ADULTS

OPTION A: CHANGE RESOURCE MODEL FOR SERVICES IN RURAL AREAS

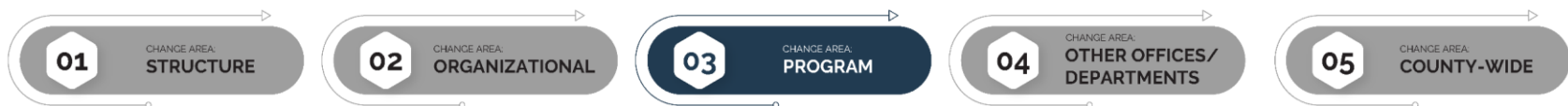
Estimated Cost: \$\$

Details/Justification	Benefits	Challenges
<p>Rural areas (e.g., West Marin) present added challenges in providing services to older adults due to staffing challenges, challenges in securing volunteers, and distance between clients.</p> <p>Rural areas of Marin have a projected increase in the number of older adults among the Latino population, with a disproportionate number lacking financial security in older adulthood. CBOs serving rural Marin experience challenges unique to their location and population.</p> <p>Due to the lack of housing, fewer long-term residents reside in rural areas, which makes recruiting volunteers more challenging than in other parts of Marin. Additionally, increased gas prices have made it more difficult to secure local services or services. Although the County provides a higher level of funding for some services in areas like West Marin, further enhancements should be considered in differential funding to better reimburse the added cost of providing meals and other services in rural areas.</p> <p>In the Marin Age-Friendly Plan of 2020, Focus Area 3: Community Services, Action Item 3 included “explor[ing] payment rate increases for services in rural areas...”⁸</p>	<ul style="list-style-type: none"> Increased funding for services in rural areas could bring services closer to levels seen in the rest of the county Increased and tailored services with increased funding are necessary to support the well-being of the diverse population of older adults in the area 	<ul style="list-style-type: none"> At intake, difference in information requested by the County and CBOs might make it difficult to track service levels for rural residents Perception that current funding differential is sufficient for sustaining services in the current environment



Option A (continued)

Details/Justification	Benefits	Challenges
<p>A rural premium of 15% would be a practical, scalable, an effective way to address the difficulty of providing funding in rural areas.</p> <p>Such a change would allow for services such as existing Rural Case Management, Rural Visiting, and Home-delivered Meal Program: Meal Delivery to be sustainable at levels comparable to other areas of the county. The premium could also be built into other county-wide contracts for services delivered within rural areas.</p> <p>Additionally, residents needing In-Home Supportive Services (IHSS) in rural areas have experienced challenges receiving essential services due to staffing shortages, related in part to the difficulty of traveling to these areas. The County should continue to improve the Transit Subsidy Pilot Program for IHSS providers.</p> <p>Offering a rural premium of 15% for services provided in rural Marin would make some progress in increasing the quality and consistency for the most vulnerable populations in rural areas such as West Marin. The cost for this premium would be approximately \$25,000 for more equitably funding existing services in rural areas.</p>		



Option A (continued)

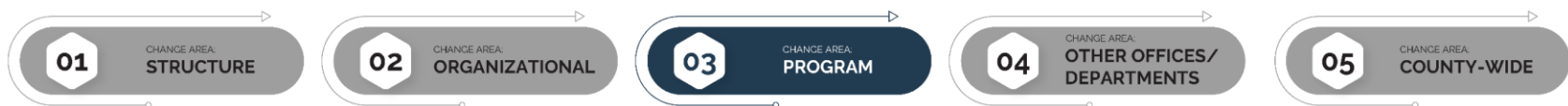
Details/Justification	Benefits	Challenges
<p>Lastly, HHS can consider expanding on the recent success of the West Marin Multi-Services Center within HHS. In particular, shifting some existing headcount to West Marin could be an inexpensive way to expand services throughout HHS to benefit older adults and other populations.</p>		
<p>Future Action Steps:</p> <ul style="list-style-type: none">■ Prepare a budget for a proposed mechanism for additional 15% rural premium from the County General Fund for CBO services subsidized by the County.■ Ensure rural CBOs are reimbursed for time supporting and coordinating with other County CBOs who begin to serve rural areas.■ Consider whether existing HHS positions could be shifted to West Marin.		



OPTION B: CONVENE WORK GROUP TO EXPLORE PERSON-CENTERED CARE ACROSS AGE GROUPS, WHICH WILL PARTICULARLY SUPPORT THE MOST VULNERABLE

Estimated Cost: \$-\$\$

Details/Justification	Benefits	Challenges
<p>Develop work group to explore person-centered care across age groups, which will particularly support the most vulnerable.</p> <ol style="list-style-type: none"> 1. Procure an integrated case management system accessible to HHS and community-based organizations (CBOs) related to aging and disability. 2. Consider using Whole-Person Care from HHS or Marin County Office of Education Student Wellness as a model for such a shift. 3. Prioritize data-sharing initiatives that have stalled in the last couple of years. <p>Evidence from a national study points to improved health outcomes and decreased health care spending when AAAs partner across the care continuum, particularly with mental health providers and hospitals.⁹ Opportunity exists to build on the Whole-Person Care model in HHS for older adults, particularly benefiting those most vulnerable.</p>	<ul style="list-style-type: none"> ■ Person being served gets what is needed when it is needed because there is better coordination across the continuum ■ Person-centered care is a model that has existed for many years across the country and in Marin ■ Establishes greater trust with patients/community members and providers ■ Supports the most vulnerable in a very effective way ■ Breaks down silos between sectors and providers to better serve clients ■ Models the County's successful work in addressing homelessness 	<ul style="list-style-type: none"> ■ At intake, difference in information requested by County and CBOs ■ Issues of confidentiality and data security ■ Perception of County Privacy Officer as more conservative on issues related to data-sharing, which is key to person-centered approaches ■ Lack of access and consistency across data-gathering platforms ■ Lack of understanding of Whole-Person Care and its benefits



Option B (continued)

Details/Justification	Benefits	Challenges
<p>Currently, challenges exist related to the inability of frontline staff within the County and within CBOs to access data for service recipients. This lack of access results in uncoordinated care, duplicative data collection, and lack of information among offices and CBOs and across service providers and settings. Enhanced data-sharing can also enhance benefit coordination among health plans, Medicare, Medi-Cal, providers, and CBOs. In particular, data-sharing supports effective care coordination and care transitions.</p> <p>An integrated database would enhance person-centered care, eliminate problems with duplicative data collection, improve work processes, and simplify budget/reporting requirements.¹⁰ This type of two-way data-sharing (with client consent) appears to be encouraged by the California Department of Aging.¹¹ However, current barriers prevent it.</p>		
<p>Future Action Steps:</p> <ul style="list-style-type: none"> ■ Decide whether this work for older adults could be integrated with existing efforts to promote whole-person care. ■ Consider the <i>Promotores</i> (community health workers) model supported by the CDC and utilized by the County of Los Angeles and some Marin nonprofits, among others. ■ The CAO can help ensure that an overly conservative legal approach does not prevent progress with Whole-Person Care in data-sharing. Good practices encourage finding ways to manage risk while doing what's best for residents. 		

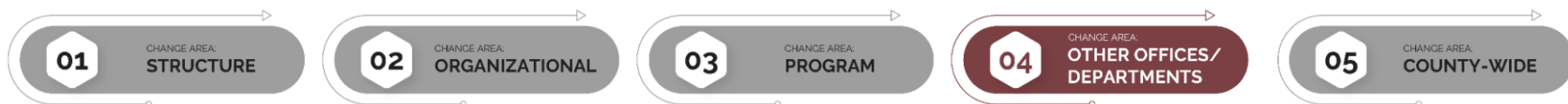


CHANGE AREA 4: MAKE CHANGES WITHIN COUNTY OFFICES/DEPARTMENTS TO IMPROVE THE LIVES OF OLDER ADULTS

OPTION A: PRIORITIZE COUNTY'S INVOLVEMENT IN EXISTING INITIATIVE TO ENHANCE SYSTEM NAVIGATION

Estimated Cost: \$\$-\$\$\$

Details/Justification	Benefits	Challenges
<p>There is currently no “front door” for all residents to access the range of services for all ages in the County of Marin. AAS's Information and Assistance (I&A) regularly deals with calls for services outside of AAS because of this lack of a centralized one-stop resource.</p> <p>Multiple interview participants in various offices/CBOs reported that residents are confused about where to start when seeking County services. The I&A line (415-473-INFO) is well regarded but focused on serving older adults, people with disabilities, and family caregivers.</p> <p>A potential example is Community Information Exchange San Diego as a model of balancing a centralized, one-stop approach with decentralized expertise. A similar effort is being explored in Marin by Redwood Community Health Coalition, United Way of the Bay Area, and other CBO partners. Models of care coordination are limited in their effectiveness if the County does not participate in these data systems/referral platforms as a significant provider of safety net services. The County needs to support these efforts to increase the accessibility of safety net services and improve the experience for vulnerable populations in high-need situations.</p>	<ul style="list-style-type: none"> County needs a version of AAS's I&A for all ages, at all stages of life Provides a single first source of information Existing momentum for this initiative among CBOs and health care providers offers support Could support Whole-Person Care model 	<ul style="list-style-type: none"> Current 211 in Marin is limited County has withdrawn from process of collaborating toward this initiative Information integration and timely updates can be challenging, technologically complicated, and politically complex
<p>Future Action Steps:</p> <ul style="list-style-type: none"> Identify whether 211 is the correct focus versus other system navigation supports (e.g., Unite Us, I&A, ADRC). Reengage the County in the existing initiative. Encourage existing initiative that resides outside of County government to address County's concerns. 		



CHANGE AREA 5: ENHANCE THE COUNTY'S CAPACITY FOR CHANGE

Although larger than the scope of this project, this change area emerged from multiple interviews and discussions about the difficulty of making change within the County's bureaucracy.

OPTION A: ENHANCE COUNTY-WIDE MODEL FOR HIGH-PERFORMANCE GOVERNMENT AND ORGANIZATIONAL CHANGE USED ACROSS AND THROUGHOUT DEPARTMENTS

Estimated Cost: \$\$

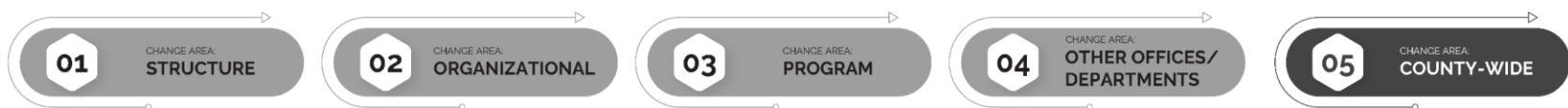
Details/Justification	Benefits	Challenges
<p>The County lacks widespread connection with an overarching framework for bringing high-performance government and change in complex, dynamic conditions. A widely adopted model of action (e.g., process improvement, Lean, innovation in government, human-centered design, Immunity to Change) could provide a common language for bringing changes through key strategic initiatives.</p> <p>Leaders reported that confusing messaging about the various County change initiatives impairs progress toward change. Within many large organizations, a unified framework and approach to organizational change provide a common language and process for attaining changes. Implementing a macro approach to change throughout the County would provide this language and capacity.</p> <p>Marin Compass is the County's performance management program. The CAO's Office might consider whether an overarching model of change within that initiative could provide a basis for supporting departments and offices in adopting a shared language for change.</p> <p>Successful adoption would require that such an initiative be housed at a senior level within the CAO.</p>	<ul style="list-style-type: none"> Addresses process and results Gets everyone speaking the common language using a common approach and common process Good organization practice helps facilitate change in a complex organization 	<ul style="list-style-type: none"> Needs to be championed and reinforced by top leadership Requires training time and costs Requires support/reinforcement to get people to use it Requires at least one person who understood the internal workings of each stakeholder group (NPOs, County departments, Public and Private Funders) to integrate planning and strategy development so that we are not each "touching a different portion of the elephant"



Option A (continued)

Future Action Steps:

- Identify common approaches used by forward-thinking, responsive governments.
- Consider lessons learned from models used in other County initiatives (e.g., West Marin Community Response Team, Marin Recovers, Equity Plan).
- Identify models used successfully in organic ways in County departments.
- Consider how such a model would interface beyond internal County organization change and might also include dynamic relationships with partnering organizations (e.g., CBOs, municipalities).
- Consider how an equity lens can be integrated to consider disparate impacts of organization change (e.g., Multnomah County).
- Develop plan for aligning, integrating, or replacing current models.
- Develop training and organizational change approach to ensure widespread adoption.



8. APPENDICES



APPENDIX 1

GLOSSARY OF TERMS

GENERAL DEFINITIONS

Several general terms are used in this initiative that benefit from clarification.

- **AAA (Area Agency on Aging):** Public or nonprofit “on-the-ground organizations charged with helping vulnerable older adults live with independence and dignity in their homes and communities” and funded by the federal Older Americans Act.¹² In Marin, the AAA is housed within AAS.
- **Ableism:** The intentional or unintentional discrimination or oppression of individuals with disabilities.¹³
- **Ageism:** stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age.¹⁴
- **Equity:** “The just and fair inclusion into a society in which all can participate, prosper, and reach their full potential.”¹⁵
- **Intersectionality:** A perspective arguing that classifications and identities such as age, class, gender, and race cannot be examined in isolation from one another. They interact and intersect in individuals’ lives, in society, and in social systems in interdependent ways.¹⁶
- **Well-being:** The presence of positive indicators of physical, psychological, social, and spiritual health.¹⁷
- **Older adults:** Individuals over the age of 60.¹⁸

COUNTY OF MARIN TERMS

- **AAI (Aging Action Initiative):** A collaborative network formed in 2015 for those working to advance the well-being of older adults in Marin through the public, nonprofit, healthcare, and higher education sectors. Promotes a county-wide age-friendly environment through a network of aging service providers focused on education, policy advocacy, and service innovations.¹⁹
- **AAS (Aging and Adult Services):** County office located within the Department of Health and Human Services, under the Social Services Division. Includes Adult Protective Services, the Area Agency on Aging, Information and Assistance, In-Home Supportive Services, and the Long-Term Care Ombudsman.
- **Age Forward:** A five-year planning effort initiated in January 2018 to make Marin County the most age-friendly community possible. Following the framework of the World Health Organization’s age-friendly initiative, the plan focuses on creating and adapting services, programs, policies, places, and spaces to make them livable for people of all ages and generations. The Age-Friendly County of Marin Advisory Committee guided the assessment phase and development of the plan that AAS leads and coordinates.
- **HHS (Marin Health and Human Services):** County department whose purpose is to “promote and protect the health, well-being, safety, and self-sufficiency of all people in Marin.”²⁰ The department includes five divisions: Planning and Administration Services, Behavioral Health and Recovery Services, Public Health Services, Social Services, and Homelessness and Whole-Person Care.
- **MADI (Marin Aging and Disability Institute):** A nonprofit organization “formed to advance collaborative solutions to address the growing needs of Marin County’s older adults and individuals with disabilities. MADI’s mission is to bring aging and disability stakeholders together to advance equity and improve lives through advocacy, collaboration, and innovation.”²¹ Formed in 2018 through a partnership between the Marin Center for Independent Living and Vivalon to receive the assets of Marinspace.



APPENDIX 2

OLDER ADULT DEMOGRAPHIC PROFILES: VULNERABLE MARIN COUNTY RESIDENTS

Combinations of demographic and health attributes create especially vulnerable subgroups of older adults. These demographic attributes include age, gender, race, income, and cognitive health and also affect their caregivers. While demographic statistics for any one of these subgroups related to needs and concerns may not be prevalent overall, including two or more subgroups' attributes at the same time presents substantial variation in risk (i.e., the likelihood of a need in one group relative to another). Two attributes may be considered a *double jeopardy*, whereas three may be a *triple jeopardy*. The three sets of illustrations below profile these vulnerable subgroups in single, double, and triple jeopardy.

Illustration Sets 1 and 2 illustrate single and double jeopardy:

- Older adults are reaching different age strata at different rates.²²
- In terms of single attributes, Marin County has more females than males,²³ 1 out of 4 older adults has low income (defined as less than 300% of Federal Poverty Level),²⁴ most adults over 60 years are between 65 and 74 years old and most identify as heterosexual,²⁵ 1 out of 10 older adults are persons of color, and most identify as White Non-Hispanic.²⁴
- Dementia cases will increase the fastest in the next 10 years in general and in those 85 years and older between 2025 and 2035.²⁶
- In terms of age strata (60–64; 65–74; 75+ years), increasing age strata means less work and extreme dependence on Social Security, widowhood, less social interaction, and living alone.²⁵
- Among those who need help with daily tasks, 1 in 3 men get help from their spouses, but only 1 in 14 women get help from their spouses.²⁵
- In all, increasing age, being a person of color, being female, and dementia risk in themselves pose challenges to Marin County residents that become exacerbated when combined.²⁵

A triple jeopardy profile begins on page 81.



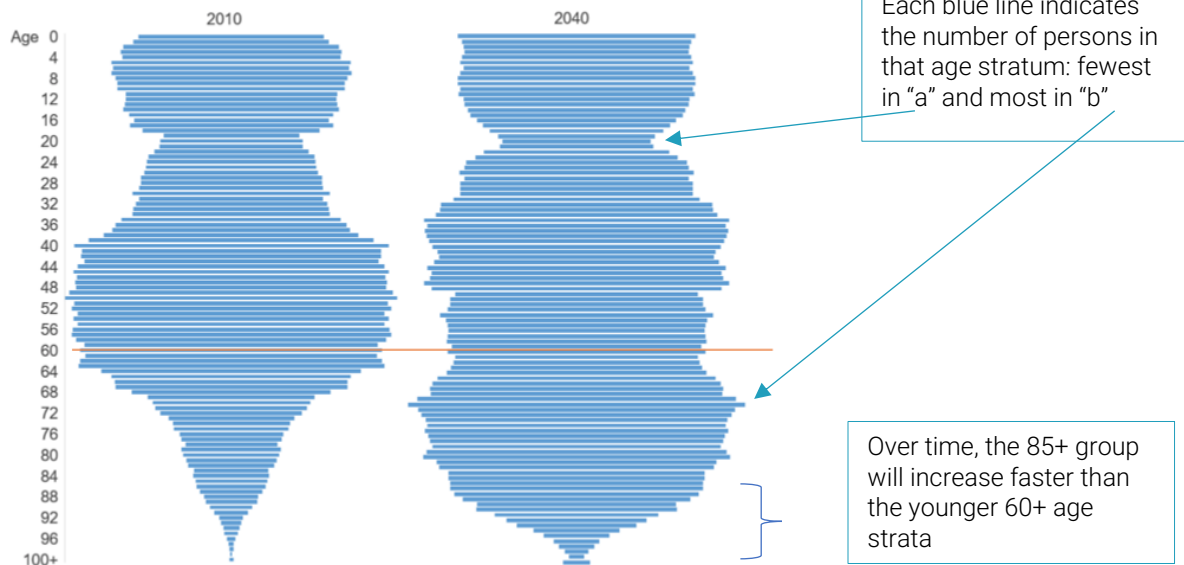
ILLUSTRATION SET 1: SINGLE JEOPARDY

Single-attribute profiles include gender, income, age, ethnicity, sexual identity, race, and dementia prevalence.

Age Only: Fastest Rate of Population Growth in Marin among Oldest Age Strata

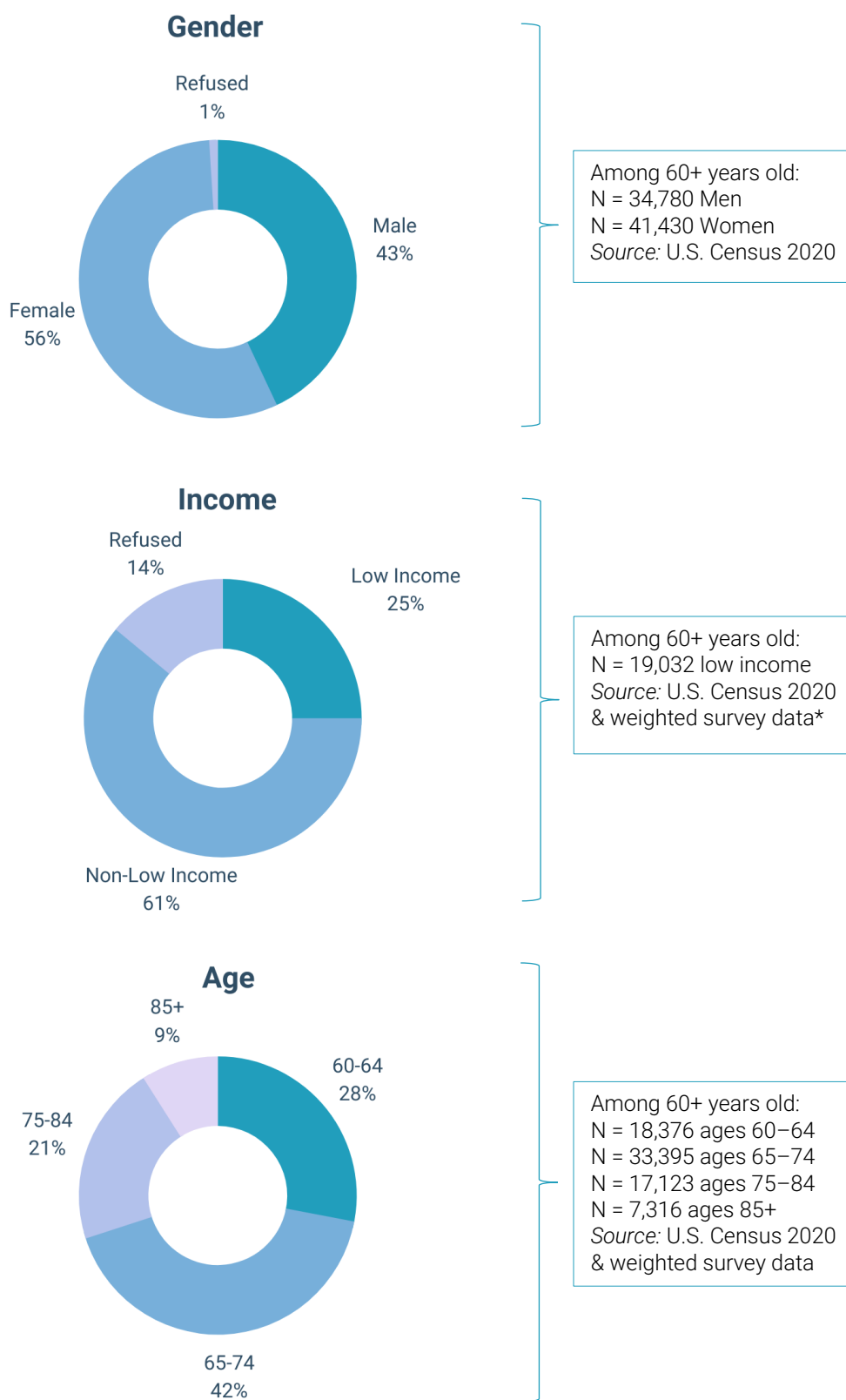
(Note: 2020 Census Data Indicate Total Population in Marin County is N = 262,321, and N = 58,498 (22.3%) are 65+ years old)

Population estimates and projections for Marin County, by age (2018)⁵



Graphic taken from [Age Forward: A Framework for an Age-Friendly County of Marin, 2020](#)

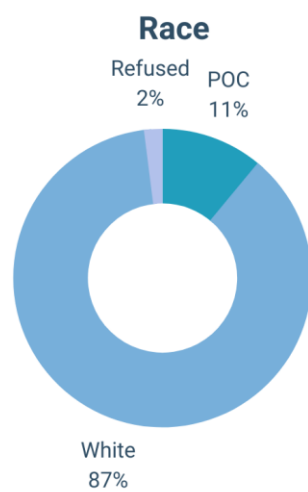
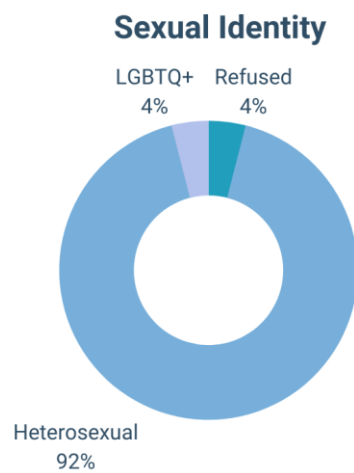
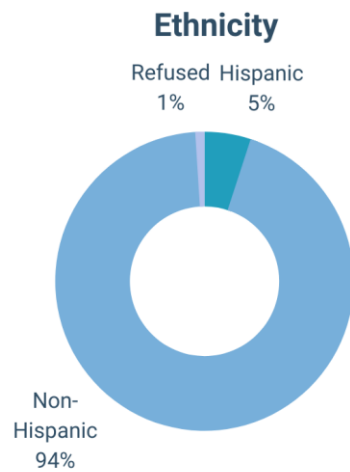
Marin Demographic Breakdown among Older Adults



From [Marin County Older Adult Needs Assessment, 2019](#) and [U.S. Census American Community Survey, 2020](#)



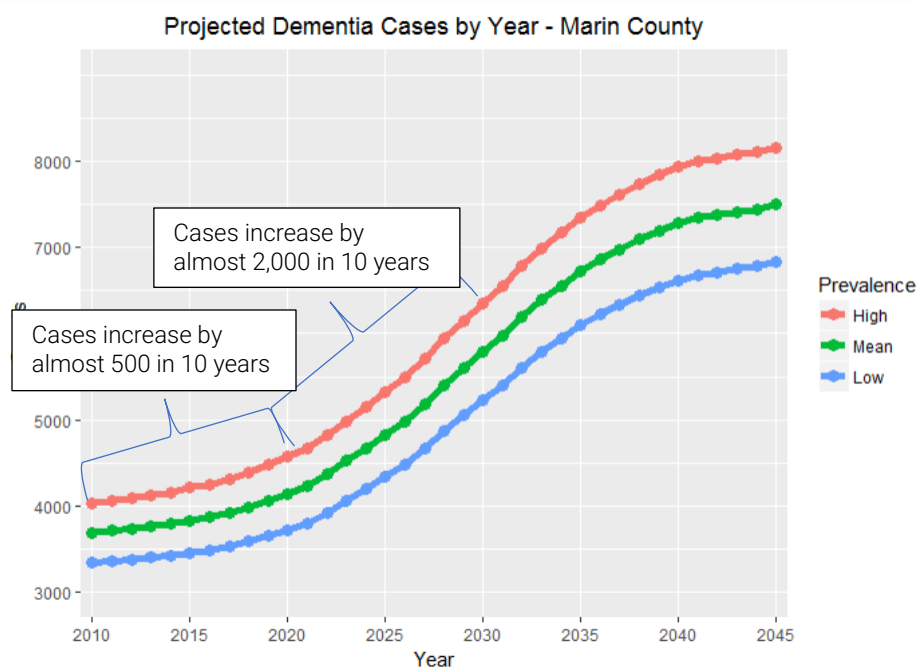
Marin Demographic Breakdown among Older Adults (continued)



From [Marin County Older Adult Needs Assessment, 2019](#)



Dementia Cases Rapidly Increase in Early 2020s and Onward



From [Marin County Dementia Assessment, 2017](#)

Prevalence	2010	2015	2020	2025	2030	2035	2040	2045
Low	3500	3500	3700	4300	5200	6100	6600	6800
Mean	3700	3800	4100	4800	5800	6700	7300	7500
High	4000	4200	4600	5300	6400	7300	7900	8200
Mean Change	-	150	300	700	950	950	550	200

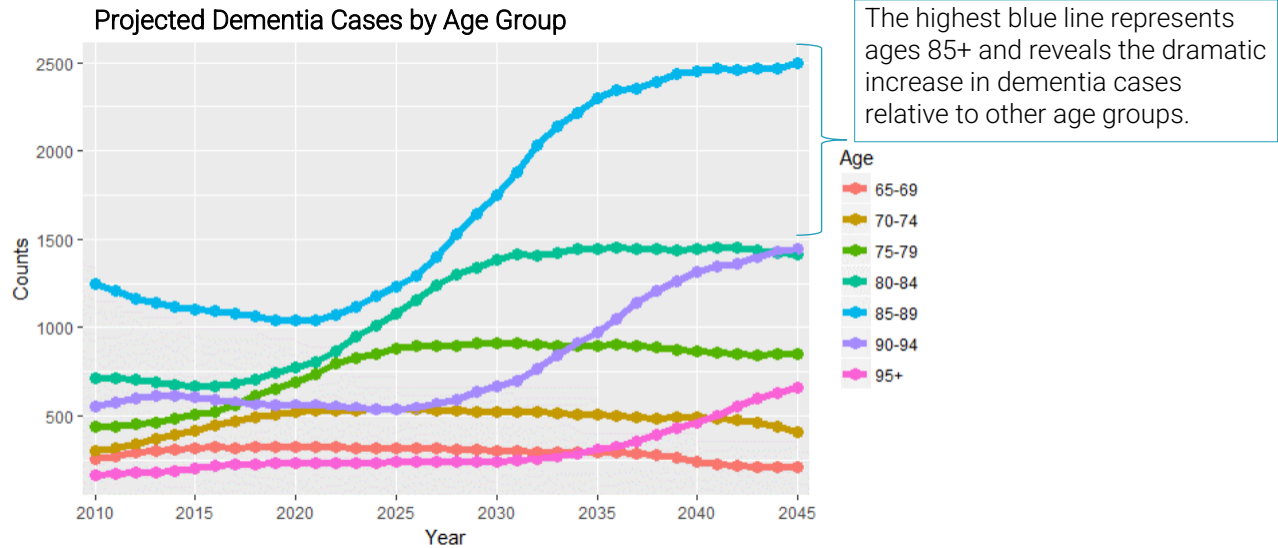
Table: Approximate Projected Total Dementia Cases



ILLUSTRATION SET 2: DOUBLE JEOPARDY

Cognitive Risk with Age

Vulnerabilities such as risk for dementia increase with each cohort of older adults: 65–74, 75–84 and 85+.

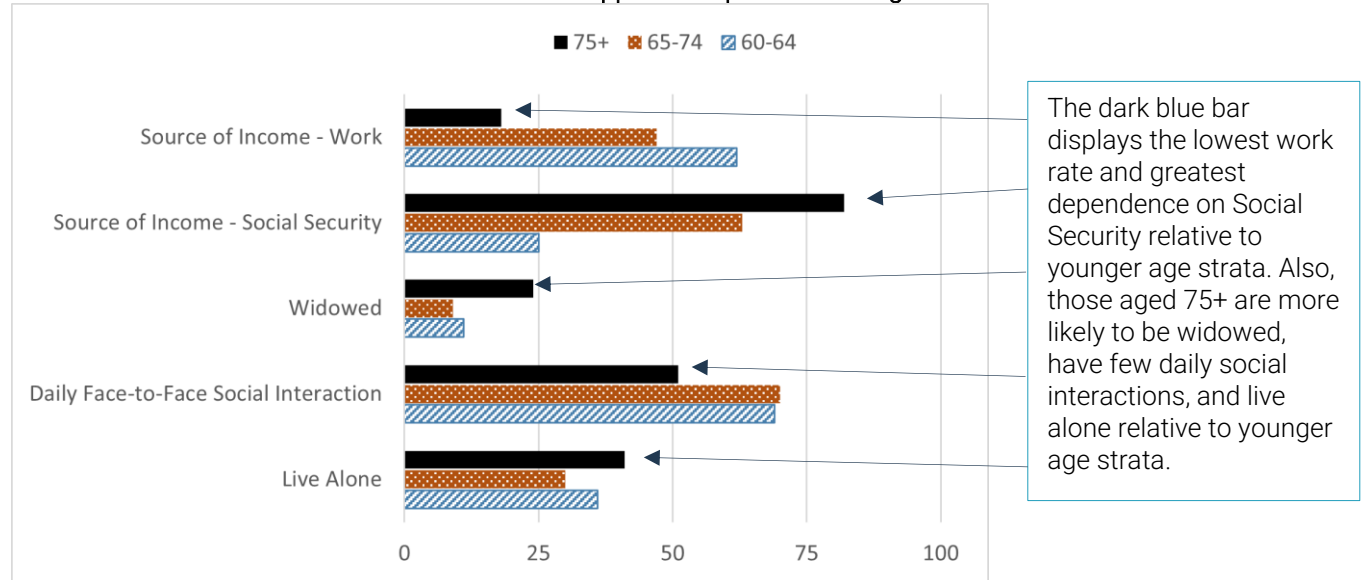


From [Marin County Dementia Assessment, 2017](#)

Low Income and Social Support among the Oldest

Low-income older adults fare worse than higher-income ones and have less available social support.

Oldest Older Adults' Income Sources and Social Support Compared to Younger Older Adults



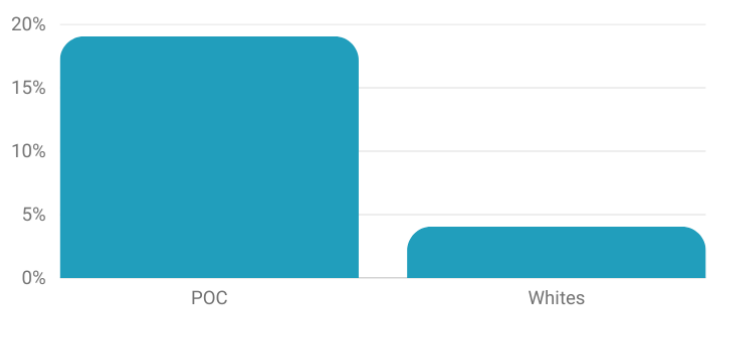
From [Marin County Older Adult Needs Assessment, 2019](#)



Percentage of Older Adults Seeking Work

Older adults of color fare worse than White older adults when it comes to finding paid work.

Older Persons of Color (POC) More Likely to Be Seeking Work Compared to Whites

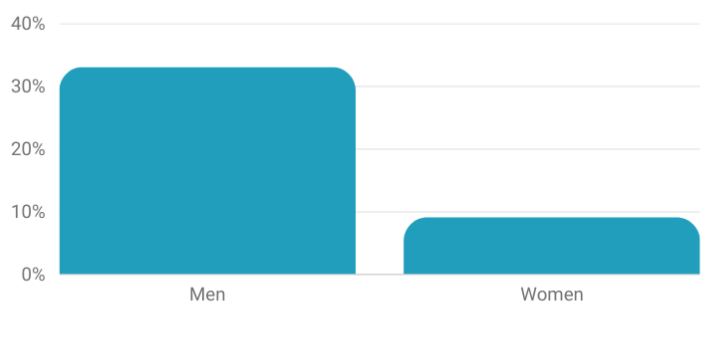


From [Marin County Older Adult Needs Assessment, 2019](#)

Percentage of Those Needing Help with Daily Tasks Receiving Help from Spouse

Among those in need of assistance, women fare worse than men in receiving help from a spouse.

Among Those Who Need Help with Daily Tasks: Men Receive More Help from Spouse than Women



From [Marin County Older Adult Needs Assessment, 2019](#)



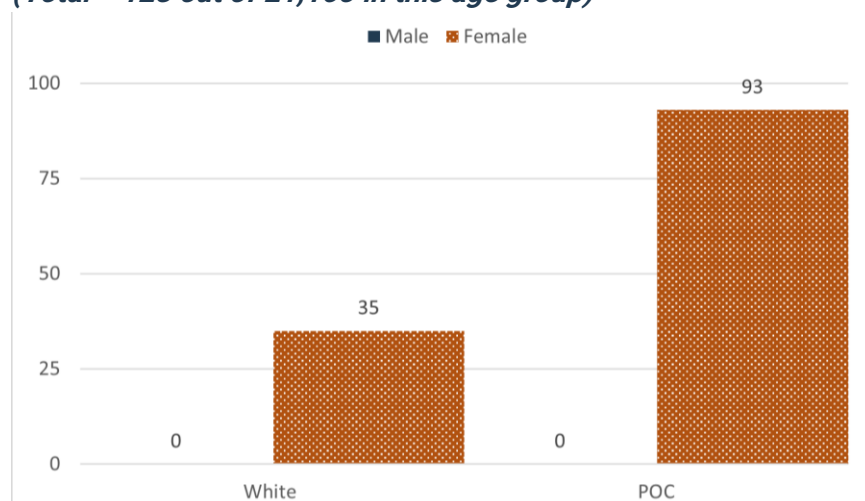
ILLUSTRATION SET 3: TRIPLE JEOPARDY IN SELF-CARE DIFFICULTY²⁷

Triple attribute profiles include gender, race, and age simultaneously. The series of charts below presents “self-care difficulty” (defined as serious difficulty bathing or dressing) by gender and race (i.e., White vs. POC) and age groups (i.e., 60–64, 65–74, 75–84, and 85+) based on only Marin County. The numbers include weighted, estimated counts based on the American Community Survey of 2019.²⁴ Overall, among adults over the age of 60, about 2,918 (4%) need help with dressing or bathing.

Across all age groups, the trends show that both women and POC result in higher counts than men in 2019. Also, across increasing age groups, the number of older adults with self-care difficulty increases over 10 times, from 128 in the 60–64 age group to 1,386 in the 85+ age group.²⁴

Marin Older Adults with Self-Care Difficulty: Ages 60–64

(Total = 128 out of 21,165 in this age group)

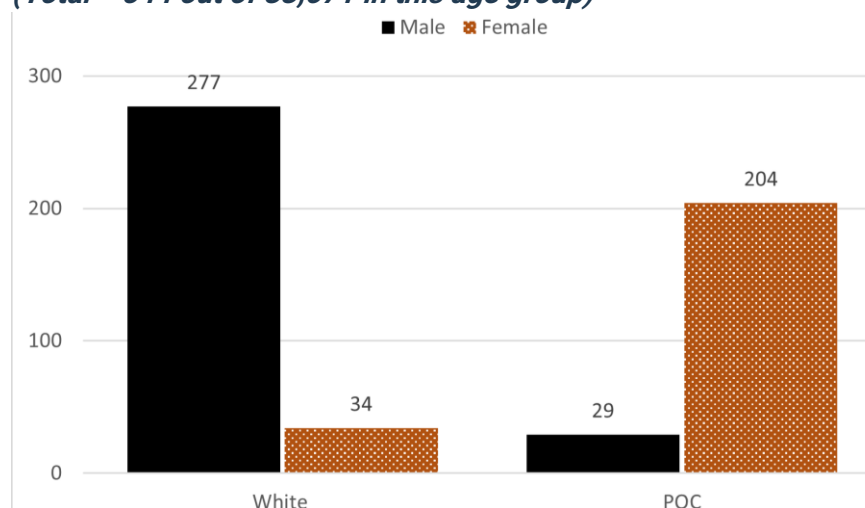


The number of women with difficulty dressing or bathing is 3 times higher among POC women compared to White older women.

From [U.S. Census American Community Survey, 2019](#)

Marin Older Adults with Self-Care Difficulty: Ages 65–74

(Total = 544 out of 33,671 in this age group)



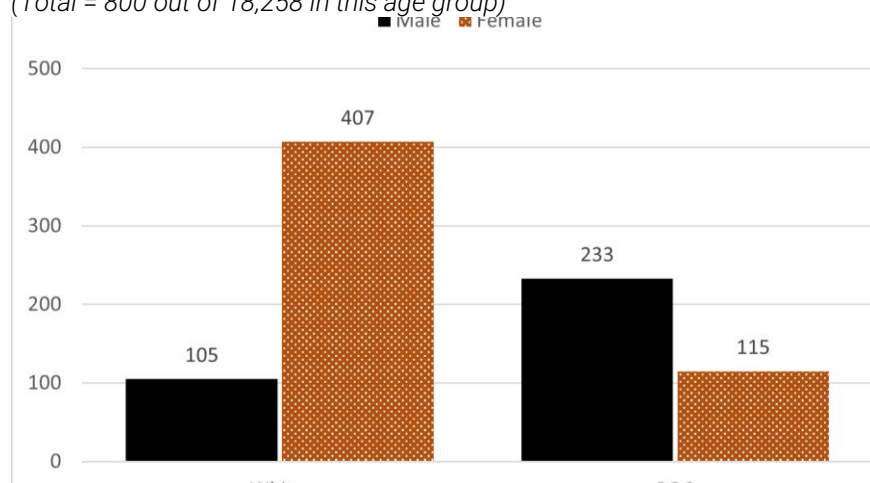
Difficulty dressing or bathing is 6 times more common among POC women than White women. In contrast, 9.5 times more White men struggle with these tasks than POC men.

From [U.S. Census American Community Survey, 2019](#)



Marin Older Adults with Self-Care Difficulty: Ages 75–84

(Total = 800 out of 18,258 in this age group)

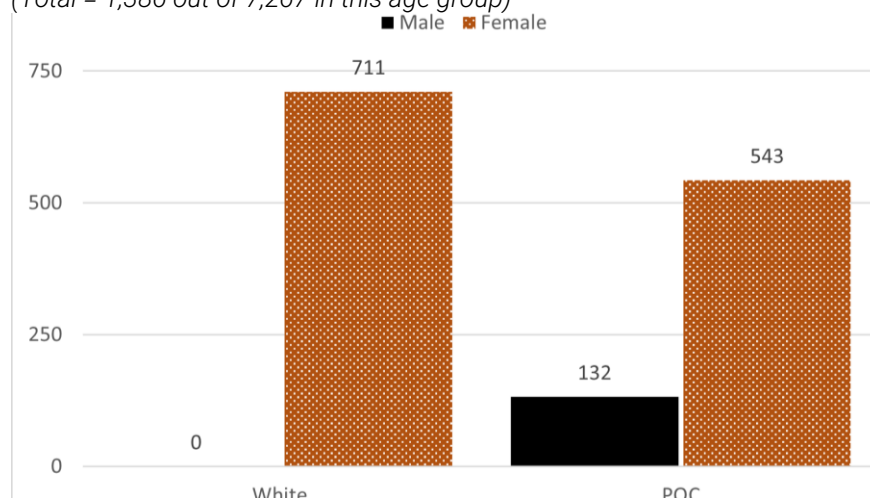


From [U.S. Census American Community Survey, 2019](#)

The number of women with difficulty dressing or bathing is 3.5 times higher among White women compared to POC women. In contrast, over 2 times more POC men struggle with these tasks than White men.

Marin Older Adults with Self-Care Difficulty: Ages 85+

(Total = 1,386 out of 7,267 in this age group)



From [U.S. Census American Community Survey, 2019](#)

The number of women with difficulty dressing or bathing is 30% higher among White women compared to POC women. In contrast, 132% more POC men struggle with these tasks than White men.



APPENDIX 3

INVENTORY OF SERVICES FOR OLDER ADULTS IN THE COUNTY OF MARIN

Service	Marin County Agency	Services Provided by Contractor?
Assisted transportation and rural assisted transportation	HHS-Social Services-AAS-AAA	CBO, Vivalon
Caregiver registry	HHS-Social Services-AAS-AAA	CBO, Marin Center for Independent Living
Case management	HHS-Social Services-AAS-AAA	CBO, West Marin Senior Services
Central Marin senior center activities	HHS-Social Services-AAS-AAA	CBO, Vivalon
Employment services	HHS-Social Services-AAS-AAA	CBO, YWCA Golden Gate Silicon Valley
Family caregiver support programs	HHS-Social Services-AAS-AAA	CBO, Jewish Family and Children's Services
Health Insurance Counseling and Advocacy Program	HHS-Social Services-AAS-AAA	administered as a consortium by Sonoma County Adult and Aging Services, contracted with Senior Advocacy Services
Health promotion and disease prevention	HHS-Social Services-AAS-AAA	CBO, City of Sausalito/Age Friendly
Home-delivered meal program	HHS-Social Services-AAS-AAA	CBOs, Rural: West Marin Senior Services; Central Marin Delivery: Vivalon; Meal Production: Council on Aging
Home modifications and fall-prevention education (Dignity at Home Fall Prevention program)	HHS-Social Services-AAS-AAA	CBO, Marin Center for Independent Living
Legal assistance	HHS-Social Services-AAS-AAA	CBO, Legal Aid of Marin
Rural case management	HHS-Social Services-AAS-AAA	CBO, West Marin Senior Services
Rural senior center activities	HHS-Social Services-AAS-AAA	CBO, San Geronimo Valley Community Center
Rural visiting	HHS-Social Services-AAS-AAA	CBO, West Marin Senior Services
Home-delivered meal program: assessment and ordering	HHS-Social Services-AAS-AAA	No
Home-delivered meal program: meal delivery	HHS-Social Services-AAS-AAA	CBO, Vivalon
Congregate meal program	HHS-Social Services-AAS-AAA	No
Elder abuse prevention	HHS-Social Services-AAS-AAA	No
Information and assistance	HHS-Social Services-AAS-AAA	No
Nutrition education	HHS-Social Services-AAS-AAA	No



Service	Marin County Agency	Services Provided by Contractor?
Long-Term Care Ombudsman Program	HHS-Social Services-AAS-AAA	No
In-Home Supportive Services	HHS-Social Services-AAS	No
Adult Protective Services	HHS-Social Services-AAS	No
Veterans Services	HHS-Social Services	No
Older Adult Prevention and Early Intervention	HHS-Behavioral Health & Recovery Services-Older Adult Services 60+	No
Helping Older People Excel (HOPE) Full Service Partnership Program and Senior Peer Counseling	HHS-Behavioral Health & Recovery Services-Older Adult Services 60+	No
Marin County Parks Naturalist Outings	Parks	No
Parks volunteer programs	Parks	No
Increased ranger presence in open spaces	Parks	No
Community Grant-funded seniors guided outings to parks	Parks	CBO, Age Friendly Sausalito
Community Grant-funded seniors guided outings to parks	Parks	CBO, Love Is the Answer
Community Grant-funded seniors guided outings to parks	Parks	CBO, Marin Asian Advocacy Project
Community Grant-funded seniors guided outings to parks	Parks	CBO, Mercy Housing
Large Print Books, both fiction & nonfiction	Free Library	No
Age-Friendly Classes & Events	Free Library	CBO, Age-Friendly Fairfax
Fall Prevention Classes	Free Library-Corte Madera, Novato	CBO, Marin General
Understanding and Responding to Memory Loss, Dementia and Alzheimer's	Free Library	CBO, North Bay Alzheimer's Association
Senior Social Hour	Free Library-South Novato	No
Library Beyond Walls	Free Library	No
Bookmobile	Free Library	No
Outreach to local senior centers	Free Library-all branches	No
Designed for all, but used frequently by older adults	Free Library	No
Curbside Services during pandemic	Free Library	No



Service	Marin County Agency	Services Provided by Contractor?
Tech Connect Laptops and hotspots for loan	Free Library	No
Personalized Picks	Free Library	No
Voter information services	Free Library	
Online Tech Training	Free Library	Yes, various
Public Guardian	HHS-Social Services	No
Marin Access Paratransit-Door to door wheelchair accessible	Marin County Transit Authority	Yes, Transdev
Volunteer Driver program	Marin County Transit Authority	Yes
Marin Travel Navigators	Marin County Transit Authority	
Catch-a-Ride	Marin County Transit Authority	Yes
Travel Training programs	Marin County Transit Authority	No
Marin Low Income Fare Assistance	Marin County Transit Authority	No
Marin Access Passenger portal (for all, but used by seniors/families)	Marin County Transit Authority	
Elder Abuse Prevention Program	District Attorney	No
FAST team (Financial Abuse Specialist Team)	District Attorney	No
Property Deed Fraud Program	Assessor-Recorder office	No
Intergenerational Gardening program	UC Cooperative Extension Marin	No
Senior Fair	Cultural Services	No
Reasonable Accommodations Request program (ADA)	Public Works	No



APPENDIX 4 STRUCTURAL COMPARISON AMONG KEY COUNTIES

County/ Municipality/ State	Peer/Interest List	Population	Administrative Unit for Aging	Head of Aging Reports to	Parent Organization
El Dorado, CA	County with integrated HHS; Similar-sized California county	193,221	Older Adult Services	Deputy Director of Human Services	Health and Human Services Agency
Napa, CA	County with integrated HHS; Bay Area; AAA in Joint Powers Agency	136,207	Comprehensive Services for Older Adults (CSOA)	Chief Assistant Director (Director of CSOA part of HHS Executive Leadership Team)	Health and Human Services Agency
Placer, CA	County with integrated HHS; AAA in a nonprofit	412,300	Adult System of Care Division	Department Director	Department of Health and Human Services
San Diego, CA	County with integrated HHS; Coastal county	3,300,000	Aging and Independence Services	Agency Chief Operations Officer	Health and Human Services Agency
Shasta, CA	County with integrated HHS; AAA in Joint Powers Agency	182,139	Adult Services	Agency Director	Health and Human Services Agency
Sutter, CA	County with integrated HHS; AAA in Joint Powers Agency	96,315	Adult Services Branch	Department Assistant Director	Health and Human Services Department
Tulare, CA	County with integrated HHS; AAA in Joint Powers Agency	477,054	n/a – services provided by AAA	n/a – services provided by AAA	Health and Human Services Agency
Yolo, CA	County with integrated HHS; Similar-sized California county; AAA in a nonprofit	214,555	Adult Services	Agency Director	Health and Human Services Agency
Alameda, CA	Bay Area	1,510,271	Adult and Aging Services	Agency Director	Social Services Agency
Contra Costa, CA	Bay Area	1,156,555	Aging and Adult Services	Department Director	Employment & Human Services Department
San Francisco, CA	Bay Area	860,000	Department of Disability and Aging Services (DAS)	Agency Executive Director	San Francisco Human Services Agency
San Mateo, CA	Bay Area	764,442	Aging and Adult Services	Department Director	County Health



County/ Municipality/ State	Peer/Interest List	Population	Administrative Unit for Aging	Head of Aging Reports to	Parent Organization
Santa Clara, CA	Bay Area; AAA in a nonprofit	1,885,508	Department of Aging and Adult Services	Agency Director	Social Services Agency
Solano, CA	Bay Area; AAA in Joint Powers Agency	429,552	Older and Disabled Adult Services	Department Director	Health and Social Services Department
Sonoma, CA	Bay Area	487,011	Adult and Aging Services Division	Department Director	Department of Human Services
Orange, CA	Coastal California county	3,189,209	Two units: 1. Office on Aging 2. Adult Services	1. Director, Community Services (who reports to agency director) 2. Division Director (Family Self-Sufficiency & Adult Services)	1. Community Resources Agency 2. Social Services Agency
San Luis Obispo, CA	Coastal California county; AAA in a nonprofit	277,977	Adult Services	Department Director	Department of Social Services
Santa Barbara, CA	Coastal California county; AAA in a nonprofit	446,475	Adult Services	Deputy Director, Adult and Children Services	Department of Social Services
Santa Cruz, CA	Coastal California county; AAA in a nonprofit	276,603	Adult and Long Term Care (ALTC) Division	Department Director	Human Services Department
Fairfax, VA	County Health Rankings and Roadmaps Peer	1,139,720	Older Adults Services	Department Deputy Director (oversees all program areas)	Department of Family Services
Prince George's County, MD	County Health Rankings and Roadmaps Peer	910,551	Aging and Disabilities Services Division	Department Director	Department of Family Services
Rockland, NY	County Health Rankings and Roadmaps Peer	325,789	Rockland County Office for the Aging	County Executive (elected position)	County Government
Somerset, NJ	County Health Rankings and Roadmaps Peer	323,444	Office on Aging and Disability Services	Department Director	Department of Human Services
Los Angeles, CA	Large California county Coastal California county	10,400,000	Aging and Disabilities Department	Board of Supervisors	County Government



County/ Municipality/ State	Peer/Interest List	Population	Administrative Unit for Aging	Head of Aging Reports to	Parent Organization
Riverside, CA	Large California county	2,514,194	Two units: 1. Office on Aging 2. Adult Services Division	1. Asst. County Executive Office for Human Services 2. Managing Director of Department of Social Services	1. Separate department (part of "Human Services Portfolio") 2. Department of Public Social Services (DPSS)
Sacramento, CA	Large California county; AAA in a nonprofit	1,585,055	Senior and Adult Services Division (SAS)	Department Director	Department of Child, Family and Adult Services
Merced County, CA	Similar-sized California county	286,461	Adult Services Branch	Agency Director	Human Services Agency
Seattle/King County, WA	Large West Coast county	2,250,000	Adult Services Division	Department Director	Department of Community and Human Services
Boulder, CO	n/a	330,758	Area Agency on Aging	Department Director	Department of Community Services
Delaware, OH	Similar-sized county; High-income county; Similar percentage of older adults	205,454	No County office, only Adult Protective Services	Protective Services Administrator	Department of Job and Family Services



APPENDIX 5

ALTERNATIVE OPTIONS CONSIDERED BUT NOT ADVANCED

Alternative Options	Est. Cost	Details/Justification
Change Area 1: Create a Structure That Can Better Prioritize the Needs of Older Adults		
Elevate the Board of Supervisors' involvement in issues related to older adults by convening as the Governing Board of the Area Agency on Aging on a monthly, bi-monthly, or quarterly basis.	\$	<p>The Board of Supervisors serves as the Governing Board for the AAA, while the Commission on Aging serves in an advisory role to the Board and the AAA. Convening regularly as the Governing Board or having the AAA as a regular agenda item would give the supervisors more involvement in and exposure to critical issues facing older adults. With this change, the board would have similar involvement as with governing boards for public housing, open space, transportation, and other high-profile priorities.</p> <p><i>This option was removed from active consideration because of other options that provided more leverage for improving services for older adults.</i></p>
Change Area 4: Make Changes within Other Offices/Departments to Improve the Lives of Older Adults		
Enhance multigenerational housing in the Housing Element. Add grant writer position (or contractor) focused on intergenerational housing. Could be housed within Community Development with dual reporting to AAS. Start by using one-time funding.	\$-\$	<p>Funding potentially exists from the State and foundations for housing for older adults and funding for people with disabilities. However, creative solutions need to be sought for securing intergenerational housing, which has been increasing in popularity.</p> <p><i>This option was removed from active consideration because of the lack of success with contracted grant writers and because of the Housing Element's current status being near the end of its lifespan.</i></p>
Expand specialty expertise (e.g., geriatrician, nutrition educator, epidemiology) within the broader HHS Department to better enhance the well-being of older adults.	\$\$	<p>Despite the percentage of older adults in Marin, a lack of specialized expertise within HHS could be a cause of the perceived lack of focus on the health and well-being of older adults. Specialized expertise located within other HHS divisions would help HHS become more proactive in addressing the needs of older adults.</p> <p><i>This option was removed from active consideration because of additional information provided by HHS about services currently offered by non-AAS HHS divisions.</i></p>



APPENDIX 6 CONSULTANT INFORMATION

Rod Githens founded Githens and Associates in 2011 as a boutique firm supporting corporate clients in bringing innovation and change to organizations. Today, our primary clients are in government, health, human services, and education.

Githens & Associates

innovation • design • strategy

Our specialty lies in developing highly customized approaches to solving complex challenges. Leaders call on us when facing unique challenges, needing a skilled neutral facilitator for an important process, or wanting to accelerate their organizations to achieve results. We offer consulting, facilitation, coaching, and training.

We're known for highly customized approaches to achieving innovation, designing strategy, facilitating groups toward decisions and action, and using human-centered methods for program and initiative development.

Our team for this project included the following members:

Rod Githens, PhD Project Director	Rod is the founder of Githens and Associates LLC and serves as Alexandra Greene Ottesen Endowed Chair and Associate Professor of Organization Change and Innovation at Benerd College, University of the Pacific. His primary consulting work involves supporting innovation, organizational change, and strategic planning by collaborating with executives, employees, and community stakeholders.
Lené Levy-Storms, PhD, MPH Research and Policy Lead	Lené serves as an Associate Professor and Hartford Faculty Scholar at the University of California, Los Angeles; in Social Welfare at the Luskin School of Public Affairs; and in Geriatrics at the David Geffen School of Medicine. She is a Faculty Associate at the Center for Health Policy Research and Associate Director, UCLA Borum Center for Gerontological Research. She is a national expert on issues related to older adults and aging who has worked in the field for over 20 years.
Augustine Guinto Research Analyst	Augustine works as a professional researcher. With Lené Levy-Storms, he has conducted community-based research related to the needs of older adults and communication concerns between older adults and healthcare providers. Augustine works to enhance the quality of life of older adults and their families/caregivers through his research work at the Cedars-Sinai Medical Center's Jona Goldrich Center for Alzheimer's and Memory.
Nikki Lowery, MA Facilitator	Nikki works as a Consultant with Githens and Associates. She has worked for over 20 years in community-based health and social services and religious organizations. Her work has been widely recognized as impacting underserved, high-need communities, including through programs for older adults. In her consulting work, Nikki facilitates human-centered processes and program development to achieve innovation, change, and effectiveness in nonprofits, government, and technology organizations.
Other Support	Errin Romayor (Project Coordinator), Artem Fedotov (Graphic Design), Hannah Skaggs (Editor)



APPENDIX 7

ENDNOTES AND REFERENCES

- ¹ U.S. Census Bureau, [American Community Survey, Demographic and Housing Estimates, 1-Year Estimates, 2019](#). Data cited in *Marin Racial Equity Action Plan*, 2022.
- ² Adapted from Centers for Disease Control, [Well-Being Concepts](#), 2018; M. Saad, R. de Medeiros, & A. C. Mosini, "[Biopsychological-Spiritual Model](#)," *Medicines*, 2017
- ³ Institute for Health and Aging, *UCSF Alzheimer's Disease and Related Dementias: Facts and Figures in California*, 2021.
- ⁴ D.J. Snowden & M. E. Boone, "A Leader's Framework for Decision Making," *Harvard Business Review*, 2007.
- ⁵ California Department of Aging, [Master Plan for Aging](#), 2021.
- ⁶ National Association of Area Agencies on Aging (now USAgging), [Area Agencies on Aging: Local Leaders in Aging and Community Living](#), March 2017.
- ⁷ USAgging and Scripps Gerontology Center at Miami University, [National Survey of Area Agencies on Aging 2020: Report and Tools](#), 2020.
- ⁸ County of Marin, [Age-Forward: A Framework for an Age-Friendly County of Marin](#), 2020, page 36.
- ⁹ A. L. Brewster et al., [Linking Health and Social Services through Area Agencies on Aging Is Associated with Lower Health Care Use and Spending](#), *Health Affairs Journal*, April 2020.
- ¹⁰ USAgging and Scripps Gerontology Center at Miami University, [Information Technology in Area Agencies on Aging](#), 2015.
- ¹¹ California Department of Aging, [Introduction to Aging and Disability Resource Connection Webinar Questions and Answers](#), 2021.
- ¹² USAgging, [Older Americans Act](#), accessed June 2022.
- ¹³ National Conference for Community and Justice, [Ableism](#).
- ¹⁴ World Health Organization, [Ageing: Ageism](#), 2021.
- ¹⁵ County of Marin, [Marin County Race Equity Action Plan](#), 2022.
- ¹⁶ Adapted from [Marin County Race Equity Action Plan](#), 2022.
- ¹⁷ Adapted from Centers for Disease Control, [Well-Being Concepts](#), October 31, 2018; Saad et al., "[Biopsychological-Spiritual Model](#)," 2017.
- ¹⁸ U.S. Department of Health and Human Services, [About the Administration for Community Living](#), June 20, 2017. As defined by the Older Americans Act, which provides funding for multiple programs and services.
- ¹⁹ Aging Action Initiative [website](#), 2022.
- ²⁰ Marin County Health and Human Services, [About Marin HHS](#), accessed May 2022.
- ²¹ Marin Aging and Disability Institute, [MADI Overview](#), accessed July 2022.
- ²² California Department of Finance, [Population Projections](#), 2019.
- ²³ U.S. Census, 2020.
- ²⁴ U.S. Census, *American Community Survey, 5-year Estimates (2015–2019)*, and [Population 60 Years and Over in the United States, Marin County Table S0102](#), accessed February 14, 2022.
- ²⁵ Davis Research LLC, [Marin County Older Adult Needs Assessment](#), October 2019.
- ²⁶ Marin County Department of Health and Human Services, [Marin County Dementia Assessment](#), October 2017.
- ²⁷ These estimates include the San Quentin population.

