

The Coming Wave of Older Adults — Is Marin Prepared?

May 30, 2023

SUMMARY

The issues facing Older Adults living in Marin County have been the subject of Grand Jury reports in 2007, 2014, and 2018. Other reports have been commissioned by the County or agencies within the County of Marin over the past fifteen years. Yet, the County has made little progress in addressing these concerns.

This is not unique to the residents of Marin. In 2020, the State of California issued a comprehensive Master Plan for Aging addressing issues facing Older Adults throughout the state.¹ This plan, as described in more detail later in this report, provides a blueprint of five goals and over 130 initiatives for state government, local government, the private sector and charitable organizations. The State believes these goals and initiatives are needed to prepare for the growing population of older adults. It is estimated that by 2030, over 25 percent of the State's population will be 60 years or older. While some of the issues that the Grand Jury uncovered are prevalent throughout the state, others are more unique or pronounced for Marin's older adults.

Marin residents have an average life expectancy of 85.2 years, compared to a statewide average of 81 years.² In an April 7, 2023 *Marin Independent Journal* article, the Chief Strategy Officer of Marin County's Health and Human Services Division, and its Director, both acknowledge that there is much more work to be done for the County's Older Adults. Marin's HHS Director stated, "Through our many HHS programs, services and partnerships, we are working to alleviate many of these challenges, though we recognize there is much, much more work that can be done by us and others who care about equity."

This report discusses the concerns within Marin and makes recommendations to ensure that Marin's Older Adults are able to enjoy a healthy and safe living environment. Elevating Aging Services to the Health and Human Services (HHS) Executive Team will ensure the wide variety of issues faced by Older Adults are addressed across County departments. In addition, improved communication between the County, its Older Adults and their caregivers is recommended.

BACKGROUND

Marin County's current population was approximately 262,000 as of the 2020 Census, with 33 percent of that population aged 60 or older (Older Adults). Marin's Older Adult population is projected to continue to grow through at least 2040. (See Chart 1.) Of that cohort, the number of

- ¹ https://www.aging.ca.gov/download.ashx?lE0rcNUV0zZe1bBmXluFyg%3d%3d, Accessed on 3/7/23.
- ² <u>https://www.marinij.com/2023/04/07/marin-ranks-healthiest-in-state-grapples-with-equity-challenges</u>, Accessed on 3/7/23.

those aged 85 or older will grow faster than those between 60-84. Starting in 2027, Marin will have more people aged 60 and older than those aged 30 and under. This gap will widen until about 2040 and decline thereafter. Older Adults will continue to outnumber those 30 and under until at least 2060. The number of Older Adults in the County is projected to last for decades, peaking at 39 percent in the 2030s. In the next decade, the number of White Older Adults will begin to decline, while the number of non-White Older Adults is expected to grow between 2010 and 2040.³

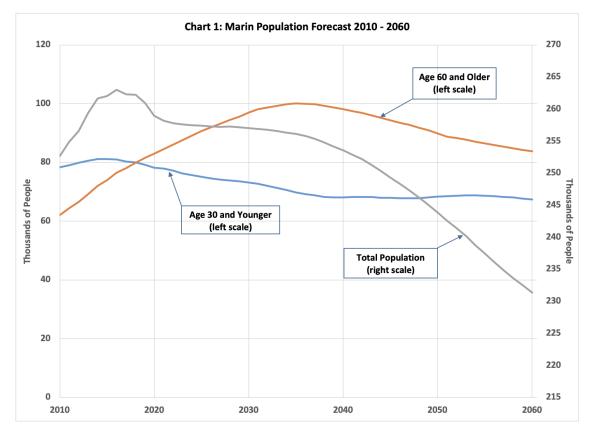


Chart 1 was constructed by the Grand Jury from data sourced from the Demographic Research Unit, California Department of Finance, March 2021⁴.

Is Marin County prepared to properly fund the level of social and special services required by Older Adults? Aside from funding, is Marin's Office of Aging and Adult Services (AAS) properly staffed and organized to deliver these services as required?

The coming surge of Older Adults from the post-World War II Baby Boomer generation has been predicted for years: Federal and California laws mandated departments to be formed to help deal with the changing demographics (e.g., the California Department of Aging and the U.S Department of Health and Human Services). States and counties throughout the United States are facing similar challenges as Marin. A landmark in grappling with the aging population came in

 ³ <u>https://marin.granicus.com/MetaViewer.php?view_id=33&event_id=3176&meta_id=124722</u>, Accessed on 3/7/23.
⁴ <u>https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fdof.ca.gov%2Fwp-</u>

content%2Fuploads%2Fsites%2F352%2FForecasting%2FDemographics%2FDocuments%2FP2C_County_Age-Group_Sex.xlsx&wdOrigin=BROWSELINK, Accessed on 3/7/23.

January 2021, when the State of California released its Master Plan for Aging (MPA), a comprehensive framework designed to prepare the state for the significant changes expected with the increase of California's population of older adults to 10.8 million by 2030.⁵ The MPA, which has five far-reaching goals and over 130 initiatives for addressing issues that older Californians are expected to face over the next 10 years serves as a blueprint for the state in supporting its residents as they age. It is intended to be a living document to be used throughout the state so that cities and counties can measure their success in meeting each of the five major goals contained in the MPA.

Further, Older Adults have special, but not necessarily unique, needs that must be met. The table below shows by age group how the aging population in Marin lives. Many live alone with Social Security becoming their primary source of income.

	Percent by Age Bracket		
	(60-64)	(65-74)	(75+)
Live alone	36%	30%	41%
Eat alone all the time	10%	11%	27%
Daily face-to-face social interaction	60%	70%	51%
Widowed	11%	9%	24%
Still driving	90%	96%	84%
Had needed transportation all the time in the last month	95%	94%	86%
Have prepared a disaster supply kit	55%	53%	40%
Provide unpaid care to others	25%	24%	13%
Source of Income: Social Security	25%	63%	82%
Source of Income: Work	62%	47%	18%
Own a home without a mortgage	25%	32%	49%

Table 1: Difference Among Age Groups

Table 1 is an extraction Marin County's Area Agency on Aging, Area Plan 2020-2024⁶

The complexity, variety, and magnitude of this national problem has prompted many studies, four of which are specific to Marin and which are particularly germane, recent, and very informative.

1. In October 2019 Marin's Office of Aging and Adult Services contracted Davis Research LLC to present a thorough needs assessment of Older Adults in a 26-page report titled *Marin County Older Adult Needs Assessment.*⁷

⁵ <u>https://mpa.aging.ca.gov</u>, Accessed on 3/7/23.

⁶ <u>https://www.marinhhs.org/sites/default/files/files/servicepages/2021_02/psa_05_area_plan_2020-</u>2024 cda approved.pdf, page 27, Accessed on 3/7/23.

⁷ <u>https://www.marinhhs.org/sites/default/files/files/servicepages/2020_01/olderadultneedsassessment.1.3.20.pdf</u>, Accessed on 3/7/23.

- In January 2020 Marin County issued a comprehensive 79-page final report titled Age Forward - A Framework for an Age-Friendly County of Marin.⁸ This report was unanimously approved by the Marin Board of Supervisors on January 28, 2020.
- 3. On April 21, 2020 Marin's Department of Aging and Adult Services submitted *Area Plan* 2020-2024, a 99-page report, to the California Department of Aging (CDA) for approval, as quadrennially required by the CDA.⁹
- 4. In March 2022 Marin County commissioned an independent study by Githens and Associates LLC, titled *Integrated Aging Services Study - Positioning Marin to Maximize Well-Being for Older Adults* (IAS Study). The final 88-page version of the IAS Study,¹⁰ as well as a PowerPoint summary of its recommendations,¹¹ was presented to Marin's Board of Supervisors on February 7, 2023.

APPROACH

The Marin Civil Grand Jury conducted numerous confidential interviews with county managers, leaders of community-based organizations (CBOs), and community leaders knowledgeable about Older Adults living within the County and the issues that Older Adults living in Marin may face. Also reviewed were County financial reports, department budgets, and numerous relevant documents; local, state, and national government publications, and news articles and studies related to Older Adults. In addition, Grand Jury members attended community workshops and a public meeting of the Board of Supervisors related to the topic of this report. Finally, the Grand Jury reviewed prior Grand Jury reports on this subject written in 2007,¹², 2014,¹³, and 2018.¹⁴ The findings and recommendations in this report are based on this work.

This report was issued by the Grand Jury with the exception of one juror who had a potential conflict of interest. This grand juror was recused from all parts of the investigation, including interviews and deliberations, and the writing and approval of this report.

⁸ <u>https://www.marinhhs.org/sites/default/files/files/servicepages/2020_03/cc_af_com_plan_final.pdf</u>, Accessed on 3/7/23.

⁹ https://www.marinhhs.org/sites/default/files/files/servicepages/2021_02/psa_05_area_plan_2020-

²⁰²⁴_cda_approved.pdf, Accessed on 3/7/23.

¹⁰ <u>https://marin.granicus.com/MetaViewer.php?view_id=33&event_id=3176&meta_id=1247226</u>, Accessed on 3/7/23.

¹¹ <u>https://marin.granicus.com/MetaViewer.php?view_id=33&event_id=3176&meta_id=1247228</u>, Accessed on 3/7/23.

¹² https://www.marincounty.org/-/media/files/departments/gj/reports-responses/2006/aging_report.pdf, Accessed on 3/7/23.

¹³ <u>https://www.marincounty.org/-/media/files/departments/gj/reports-responses/2013/aging_in_marin.pdf</u>, Accessed on 3/7/23.

¹⁴ <u>https://www.marincounty.org/-/media/files/departments/gj/reports-responses/2017-18/marin-is-aging.pdf?la=en</u>, Accessed on 3/7/23.

DISCUSSION

Five Bold Goals for 2030

All of the foregoing reports grapple with meeting the objectives and blueprint of the California Master Plan for Aging and the five goals outlined therein.¹⁵ The MPA highlights each of the Five Goals as outlined below:

- Housing For All Ages & Stages: We will live where we choose as we age in communities that are age-, disability-, and dementia-friendly and climate- and disaster-ready.
 - > Target: Millions of New Housing Options to Age Well
- **Health Reimagined:** We will have access to the services we need to live at home in our communities and to optimize our health and quality of life.
 - > Target: Close the Equity Gap and Increase Life Expectancy
- **Inclusion & Equity Not Isolation:** We will have lifelong opportunities for work, volunteering, engagement, and leadership and will be protected from isolation, discrimination, abuse, neglect, and exploitation.
 - > Target: Keep Increasing Life Satisfaction as We Age
- **Caregiving That Works:** We will be prepared for and supported through the rewards and challenges of caring for aging loved ones.
 - > Target: One Million High-Quality Caregiving Jobs
- Affording Aging: We will have economic security for as long as we live.
 - > Target: Close the Equity Gap and Increase Elder Economic Sufficiency

Further, the MPA provides county government with strategies for each of these 5 goals as well as an example of a local model of implementation.

Marin's Status Compared to the MPA Goals

The Grand Jury examined the MPA, its five Goals, and associated strategies as well as the progress on each of the five goals during the investigation in interviews, readings, and reports. The Grand Jury has highlighted some of the most relevant strategies for the Marin Older Adult population.

Housing for All Ages and Stages

The housing goal must take into consideration the creation of more housing options, transportation concerns, outdoor and community spaces, and emergency preparedness and response.

¹⁵ <u>https://mpa.aging.ca.gov</u>, Accessed on 3/7/23.

The Grand Jury focused its investigation on the availability of housing options to meet changing needs of the Older Adult population. Specifically, is there adequate housing available and is the County addressing Older Adult housing needs?

Research confirmed there are insufficient low and moderate income housing options for the aging population. In addition, the current housing options do not address the full spectrum of needs, which range from low-income, independent living, to full dementia care assistance.

A 2021 U.C. San Francisco study estimated that about 17 percent of Older Adults will develop Alzheimer's disease and about 20 percent will develop dementia.¹⁶ Together, these conditions could affect over a third of Marin's Older Adults, meaning about 29,000 people by 2030 who will need special care. A brochure published by Aging and Adult Services in September 2022 identifies just 41 residential care facilities in Marin with a total of 1,560 beds, and 10 skilled nursing facilities with 891 beds, for a combined total of 2,451 beds.¹⁷ This is less than 10 percent of the forecasted need. Marin is not ready to house this population.

Currently, Marin relies heavily upon the efforts of Community Based Organizations (CBOs), all of which struggle for adequate funding. Two examples are Stockstill House located in Point Reyes Station, an assisted living center owned and managed by West Marin Senior Services (WMSS), and the in-progress construction of the Vivalon Healthy Aging Campus in San Rafael. Stockstill House provides needed, affordable housing for Older Adults requiring assisted living services, either permanently or temporarily, following a surgery or other medical procedures. Stockstill House is managed by West Marin Senior Services and provides many other community services to the Older Adult population of West Marin. Stockstill House is currently limited to 8 residents; however, with additional funding it may be possible to add beds. Vivalon is presently building a new Healthy Aging Campus in downtown San Rafael. The 66 affordable Older Adult housing units are part of the full campus encompassing wrap-around healthcare services, accessible transportation and myriad programs designed to improve human connectedness.

Partnerships between all parties (working together on creative funding, collaborative program development, and other opportunities) should be explored in order for Marin to meet Older Adult housing initiatives. Additional funding will be needed by CBOs so they can do the critical work for the aging in Marin that the County does not, or cannot, provide.

Health Reimagined

Presently, the average Marin resident can expect to live 85.2 years, which is among the longest in the nation. However, life expectancy among Black residents in Marin County is 78.3 years, nearly seven years lower than the countywide average.¹⁸ The rankings also highlight racial

¹⁶ UC San Francisco, Institute for Health and Aging, Alzheimer's Disease and Related Dementias: *Facts and Figures in California*, 2021.

¹⁷ <u>https://www.marinhhs.org/sites/default/files/2023_choices_for_living_9-14-2022-accessible.pdf</u>, Accessed on 3/7/23.

¹⁸ <u>https://www.marinij.com/2023/04/07/marin-ranks-healthiest-in-state-grapples-with-equity-challenges/</u>, Accessed on 4/16/2023.

disparities that continue to drive the gap in life expectancy, including disparities in income, housing, health care, and education.

The MPA discusses the strategy of merging healthcare with homecare. According to the MPA, over half of older adults, especially women, will eventually need home care or adult day health care to assist with daily activities such as meal preparation, physical activity, and bathing. Coordinated care between standard health plans, CBOs, and County programs serving older adults and people with disabilities can improve lifelong health outcomes and life satisfaction.

Marin has only one adult day health center: the Marin Adult Day Health Center in Novato. Adult day services provide an alternative to nursing home care for people who do not need 24-hour skilled nursing. They give caregivers, who are often family members, some time to rest or do other tasks while allowing their loved ones to remain at home. The Marin Adult Day Health Center picks up participants in the morning and then transports them home in the mid-afternoon. According to LifeLong, the operator of Marin Adult Day Health Center, the center has been unprofitable for years and continued operations are not financially feasible. The *Marin Independent Journal* reported on April 9th, 2023 that LifeLong informed the County of the pending closure and the County indicated that there were no funds available to assist.¹⁹ However, Marin HHS disagrees that they were notified of the pending closure in advance.

Inclusion and Equity — Not Isolation

Marin's Older Adult population is changing. The number of Latino/Hispanic Older Adults is projected to increase 518 percent between 2010 and 2040.²⁰ According to HHS, 11.5 percent of county residents speak Spanish (45.4 percent of whom speak English less than "very well").²¹ White residents have a per capita income that is 288 percent of the income of Latino/Hispanic residents.²² These income discrepancies, along with projected increases in the number of older Latino/Hispanic residents, demonstrate the growing needs that Marin will face in coming years. As stated in HHS' Mental Health Services Act Three Year Plan, among 58 California counties, Marin ranked 53rd in income inequality.²³

With the expected significant increase of Marin's non-White population within the County over the next two decades, services will need to adapt to ensure that all of its residents have access to information and services that these populations may require. Further, as was seen during the pandemic, the ability to communicate in native languages ensures that essential information is accurately communicated to the residents in need of services and information.

¹⁹ <u>https://www.marinij.com/2023/04/09/marins-only-adult-day-health-center-will-close/</u>, Accessed on 4/15/2023.

²⁰ https://marin.granicus.com/MetaViewer.php?view_id=33&event_id=3176&meta_id=1247226, page 14, Accessed on 3/7/23.

²¹ <u>https://www.marinhhs.org/sites/default/files/libraries/2023_04/mhsa_fy23-24_through_fy25-</u>

<u>26_three_year_plan_pubic_comment.pdf</u>, Accessed on 4/15/2023.

²² <u>https://marin.granicus.com/MetaViewer.php?view_id=33&event_id=3176&meta_id=1247226</u>, Accessed on 4/16/2023.

²³ <u>https://www.marinhhs.org/sites/default/files/libraries/2023_04/mhsa_fy23-24_through_fy25-</u>

²⁶_three_year_plan_pubic_comment.pdf, page 13, Accessed on 4/16/2023.

The communication of information and services for Older Adults must address language needs as well as be accessible and easy to navigate for Older Adults and caregivers. The Integrated Aging Services Study presented to the Board of Supervisors in February 2023 interviewed Older Adult residents and stakeholders regarding Aging Services and the communication and accessibility of programs and services.

The Information & Assistance Line (I&A) within Aging Services assists individuals in navigating the complex system of services and resources for older adults, adults with disabilities, and caregivers. Navigation though the system is complex and difficult. But I&A is client-focused and works hard to meet individual's need for information. Unfortunately, that often requires manual and unnecessary coordination because of the lack of information-sharing between County offices and CBOs, as found in the Integrated Aging Services Study.²⁴ A shared database will expedite I&A's work and help individuals easily navigate the system and access information.

Ageism is discrimination based on age and is an important component of equity. According to the Integrated Aging Services Study, 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."²⁵

Another important component of inclusion is the loneliness and social isolation that is felt by Older Adults. They are more likely to face factors such as living alone, the loss of family or friends, chronic illness and hearing loss. The Center for Disease Control cites a report from the National Academies of Sciences, Engineering, and Medicine which found that nearly one-fourth of adults 65 and older are considered to be socially isolated. The CDC report also indicates that there is strong evidence that social isolation is linked to serious health conditions including a 50 percent increase of dementia and is associated with higher rates of depression, anxiety, and suicide.²⁶ To reduce the level of social isolation, establishment of local visitation programs and enhanced access to digital technologies and technological support would be beneficial.

Caregiving That Works

Older Adults who are Medi-Cal eligible can utilize the Marin In-Home Supportive Services (IHSS) program (administered through Aging Services). This program provides homecare services such as house cleaning, meal preparation, laundry, grocery shopping, and personal care services (such as bowel and bladder care, bathing, grooming and paramedical services). Once

²⁴ <u>https://marin.granicus.com/MetaViewer.php?view_id=33&event_id=3176&meta_id=1247226</u>, Accessed on 3/7/23.

²⁵ <u>https://marin.granicus.com/MetaViewer.php?view_id=33&event_id=3176&meta_id=1247226</u>, Accessed on 3/7/23.

²⁶ https://www.cdc.gov/aging/publications/features/lonely-older-adults.html, Accessed on 4/17/23.

services are authorized, IHSS recipients are able to hire an eligible IHSS care provider of their choosing to assist with appropriate service needs. However, there is a shortage of IHSS caregivers both statewide and in Marin specifically. The hourly paid wage for Marin IHSS caregivers is \$16.95 per hour.²⁷ According to the California State Auditor Report 2020-109 issued in February 2021, the living wage in 2019 in California ranged from \$17.64 an hour in Modoc County to \$31 an hour in Marin, San Francisco, and San Mateo counties.²⁸ The IHSS hourly wage does not support the cost of living in Marin. In addition, IHSS caregivers are not paid for their time to drive to West Marin or for their transportation costs. For example, if an IHSS caregiver provides care for an Older Adult in West Marin, additional drive time to/from the location requires a minimum of an hour plus transportation costs. As a result, it is difficult to find IHSS caregiver is providing services for an Older Adult in a rural area may help address this issue.

Older Adults who do not qualify for Medi-Cal also require assistance in finding appropriate caregiving resources and often rely on Aging Services for information. Finding that information is often difficult as the County lacks a consolidated, single database of all county resources, including CBO and private industry resources, that is easily referenced by individuals needing assistance.

Affording Aging

It's well known that Marin is an affluent county. In fact, in 2021, Marin's per capita income of \$164,118 was the highest of all 58 California counties, and it ranked 5th highest of all counties in the U.S.²⁹ However, Marin's affluence is not evenly distributed.

In 2020, the Federal Poverty Level (FPL) was \$12,760 per person for the U.S. as a whole, meaning that individuals with annual incomes below that level are officially impoverished. Adjusting the national FPL for the higher cost of living in Marin, which is heavily driven by the high cost of housing, Marin's Area Agency on Aging (AAA) determined that Marin's Older Adults need incomes of at least 300 percent of the FPL, or \$38,280, for one person and about \$51,820 for a couple, to be above the poverty level, below which they are financially insecure.³⁰ Thus, about 25 percent of Marin's Older Adults, or about 17,000 people, are financially insecure today. This means that they are likely being forced into making difficult monthly choices of what expenses to pay: rent, food, medications, health care, utilities, transportation, and so on. An

³⁰ Marin County Aging and Adult Services, Area Plan 2020-2024:

²⁷ https://ihssadvocate.com/ihss-wages-by-county/, Accessed on 4/16/2023.

²⁸ <u>https://www.auditor.ca.gov/pdfs/reports/2020-109.pdf</u>, Accessed on 4/15/2023.

²⁹ Bureau of Economic Analysis, U. S. Department of Commerce,

^{2022:}https://apps.bea.gov/iTable/?reqid=70&step=1&acrdn=6#eyJhcHBpZCI6NzAsInN0ZXBzIjpbMSwyNCwyOS wyNSwzMSwyNiwyNywzMF0sImRhdGEiOltbIIRhYmxISWQiLCIyMCJdLFsiQ2xhc3NpZmljYXRpb24iLCJOb2 4tSW5kdXN0cnkiXSxbIk1ham9yX0FyZWEiLCI0II0sWyJTdGF0ZSIsWyJYWCJdXSxbIkFyZWEiLFsiWFgiXV0 sWyJTdGF0aXN0aWMiLFsiMyJdXSxbIIVuaXRfb2ZfbWVhc3VyZSIsIkxldmVscyJdLFsiWWVhciIsWyIyMDIxII 1dLFsiWWVhckJIZ2luIiwiLTEiXSxbIIIIYXJfRW5kIiwiLTEiXV19, Accessed on 3/7/23.

https://www.marinhhs.org/sites/default/files/files/servicepages/2021_02/psa_05_area_plan_2020-2024_cda_approved.pdf, Accessed on 3/7/23.

individual living on even a modest pension and Social Security in Marin's housing market will have to struggle to remain above the adjusted federal poverty line.

Marin's cost of living also has a second-order effect: the adult children of Older Adults may not be able to afford to live in the county where they were raised, and thus may not be available to provide caregiving and assistance to their Older Adult parent(s). Many Marin employees commute from other counties to Marin; for example, about 60 percent of Marin County's employees live outside the County.

Integrated Aging Services Study

In March 2022, Marin County commissioned an independent study by Githens and Associates LLC, titled *Integrated Aging Services Study - Positioning Marin to Maximize Well-Being for Older Adults* (IAS Study). The final 88-page version of the IAS Study,³¹ as well as a PowerPoint summary of its recommendations was presented to Marin's Board of Supervisors on February 7, 2023.³² Prior aging reports noted at the beginning of this report addressed the issues facing Marin's Older Adults, and identified gaps in Older Adult services as the IAS study does. The IAS Study goes further to identify gaps, as well as the structural impact of the fact that the County's Aging and Adult Services is not being represented on the Health and Human Services Executive Team.

At its February 7, 2023 meeting the Board of Supervisors unanimously accepted the report. At the same meeting, the Board of Supervisors requested further information on the financial impact of some of the recommendations contained in the report. As of the writing of this report, no additional information has been presented to the Board.

In the IAS Study report presented to the Board of Supervisors on February 7, 2023, a comparison of Marin County's AAS structure benchmarked against a variety of other California counties illustrates that Marin lags behind in elevating and prioritizing the needs of older residents (see footnote 10, page 4, slides 19-20). There are differences between the counties in terms of which department houses aging services. However, the consistent structural theme is that most counties with aging services have it report to the highest-ranking or second-highest ranking leader in their departments, making aging services a visible and important member of cross-functional executive teams.

In the full version of the IAS Study, Githens and Associates LLC summarizes the results of 21 interviews with County Supervisors, County Senior Administrators, other County leaders and staff, and Marin County stakeholders from outside County government. In the section titled "Buried in the Administrative Hierarchy?"³³ the results of the interviews make clear that the

³¹ <u>https://marin.granicus.com/MetaViewer.php?view_id=33&event_id=3176&meta_id=1247226</u>, Accessed on 3/7/23.

³² <u>https://marin.granicus.com/MetaViewer.php?view_id=33&event_id=3176&meta_id=1247228</u>, Accessed on 3/7/23.

³³ <u>https://marin.granicus.com/MetaViewer.php?view_id=33&event_id=3176&meta_id=1247226</u>, pages 22-23, Accessed on 3/27/23.

current organizational structure of Adult and Aging Services in Marin County has prevented AAS from participating in cross-functional and cross-departmental planning, and has significantly impaired the needs of Older Adults from being addressed in Marin County. Marin has siloed and fragmented services that are not well integrated, or even known, throughout the County departments, creating confusion for older residents and family members. As a result, Marin is not prepared to adequately serve the coming wave of Older Adults in a consistent and coordinated manner.

Obstacles Still to Overcome

The question is how to organizationally and financially achieve the Five Goals, both in terms of objectives and challenges.

For the fiscal year ending June 30, 2023, AAS's budget is approximately \$5.3 million (excluding some grants and funding for some programs such as Adult Protective Services and Public Guardian), or about \$77 for each of Marin's roughly 69,000 Older Adults. The County's budget does not include important services being provided by many Community Based Organizations (CBOs) such as the Marin Community Foundation (MCF), Vivalon (formerly known as Whistlestop), West Marin Senior Services, Marin Community Clinics and Food Distribution, Community Action Marin, Marin Food Pantry and Distribution Centers, Canal Alliance, Aging Action Initiative (AAI), and Community Action Marin, to name only a few. Nonetheless, for the fiscal year ending 2023, AAS's budget is approximately 2.3 percent of the \$236 million HHS budget for a population that represents 33 percent of the total Marin population..

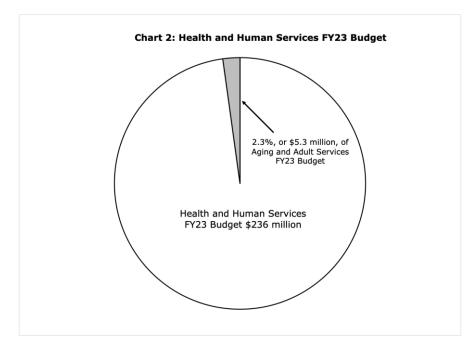


Chart 2 was constructed by the Grand Jury from HHS' FY23 budget

In addition to low funding, the positioning of AAS within HHS' organization several levels below its Director makes it difficult for AAS' concerns or input on the Older Adults issues to receive the attention that is called for by the County's own studies. As a department buried within the Social Services Division, AAS is not part of the HHS executive team, and therefore does not have the opportunity to participate in cross-functional and cross-departmental County teams to ensure that the needs of Older Adults are considered in all County projects. The organizational structure has impacts; quoting from the Integrated Aging Services Study, "...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 population[s]."³⁴ Would the County have missed out on Older Adult housing opportunities such as Vivalon and Stockstill House, or allowed the only adult day care facility in the county to close, if Aging Services were part of the HHS Executive Team and part of cross-functional teams with Housing, Transportation, Public Works, etc.?

Older Adults Are More Vulnerable

In October 2019, Older Adults living in an apartment complex in Fairfax were without power for five days. They had to stay in upper floor apartments because the elevator did not work. Older citizens living at The Villas at Hamilton complex in Novato had a similar experience. They were thus forced to stay in their homes during the outage.³⁵ The County is only able to assist these individuals if their situation is known. The COVID-19 pandemic further heightened the need to know where vulnerable Older Adults may be residing and what type of outreach and services they may require. Currently, there is no comprehensive method of tracking this population at the County level. Some CBOs have a database of known Older Adults needing services that can be utilized. Many forms of voluntary registries exist today in our county; Nixle alerts and Alert Marin are two examples.

A voluntary registry for Older Adults is critical in knowing where vulnerable Older Adults are residing to connect those residents with needed services in both emergency situations as well as routine check-ins as needed. Cal OES provides counties with planning guidance on the creation of a voluntary disaster registry, and Cal OES acknowledges that vulnerable populations are more at risk: "This disproportionate impact results in higher incidents of fatalities, suffering, and personal hardship among historically 'vulnerable' populations before, during, and following emergencies compared to individuals who do not have access or functional needs. To close this gap, and strive for increased safety, security, and independence among all members of the community, some local jurisdictions use voluntary disaster registries."³⁶

³⁴<u>https://marin.granicus.com/MetaViewer.php?view_id=33&event_id=3176&meta_id=1247226</u>, page 24, Accessed on 4/16/23.

³⁵ <u>https://www.ktvu.com/news/marin-county-officials-evaluate-how-outages-affect-the-elderly</u>, Accessed on 4/15/2023.

³⁶ https://www.caloes.ca.gov/wp-content/uploads/AFN/Documents/General/CalOES-Voluntary-Disaster-Registry-Planning-Guidance.pdf, Accessed on 4/15/2023.

West Marin's Special Circumstances

Most of Marin's population lives along the Highway 101 corridor, with easy transportation access to a wide variety of resources. However, about 16,000 people live in West Marin County,³⁷ 25 percent of whom are currently aged 60 or older.³⁸ In an area of approximately 235 square miles stretching from Bolinas to Dillon Beach with 15 unincorporated villages, the population is diverse, with many people of color, including Latino families living and working on the local ranches and farms.

Being rural, West Marin does not offer easy access to many services. West Marin Senior Services (WMSS) is one of the few CBOs providing Older Adults a wide variety of services in West Marin, despite the limited resources in their area. Because of its location 45-60 minutes from the major population centers of the County, living in West Marin creates significant issues for its Older Adults. Medical appointments take several hours to complete because of the additional transportation times and it is difficult for the residents to have access to the full range of services that the residents have along the 101 corridor. As an example, IHSS (In-Home Support Services) workers, which are already difficult-to-fill positions in well-populated areas, are even more difficult to fill for positions that require an extra 2 hours to commute plus the cost of operating and maintaining the transportation needed to commute.

TIME FOR ACTION

This is the fourth Grand Jury report on Marin's aging problem (2007, 2014, 2018, and 2023). The Board of Supervisors has also commissioned and accepted at least four additional reports (2019, 2020, 2020, and 2023). The time for studies and consultants is over. Robust action to the problem of Marin's aging population is long overdue.

³⁷ <u>https://marinmagazine.com/cities-towns/cities-towns-west-marin/</u>, Accessed on 4/16/23.

³⁸ <u>https://wmss.org/about</u>, Accessed on 4/16/23.

FINDINGS

- F1. Marin has siloed and fragmented aging services that are not well integrated among County departments, thus creating confusion for older residents and family members.
- F2. Marin is not prepared to adequately serve the coming wave of Older Adults.
- F3. Today, finding the resources that an Older Adult or caregiver needs requires navigating a maze of options. There is a compelling need for a seamless and unified "doorway" or portal for older residents and family members to navigate to and access County services and referrals to Community Based Organizations for Older Adults.
- F4. Based on the percentage of the HHS budget allocated for Aging and Adult Services, and its placement within the HHS hierarchy, the well-being of Older Adults is not reflected as a County priority.
- F5. There are not sufficient low and moderate income housing options for the Older Adult population, and current options do not fully address needs that range from low-income, and independent living to full dementia and Alzheimer's 24x7 care assistance.
- F6. Marin relies heavily on Community Based Organizations. Additional County funding is needed by essential Community Based Organizations that partner with the County to do the necessary work for the Older Adults in Marin.
- F7. With its current reporting relationship, Aging and Adult Services is not part of the HHS Executive Team. Thus, Aging and Adult Services does not have the opportunity to participate in cross-functional, and cross-departmental County teams ensuring that the needs of older residents are considered in all County projects, including those outside HHS.
- F8. In nearly all of the other Bay Area counties, the aging services departments report to the highest-ranking or second highest ranking leader in the organization, which is recognized as a critical member of their cross functional executive teams.
- F9. With the projected increase of Marin's non-English speaking populations, the County needs to ensure that all of its residents have access to services and information in the language they speak. As was seen during the pandemic, the ability to communicate in one's native language ensures that essential information is accurately communicated to the residents in need of services and information.
- F10. Collaborative planning and adequate funding of limited aging services resources within the county is needed to preserve important healthcare options.
- F11. Additional resources are needed for West Marin and other isolated areas to address transportation, food delivery, medical services, and making wellness checks and contact with isolated residents.

RECOMMENDATIONS

- R1. By December 31, 2023, the Board of Supervisors should elevate the Office of Adult and Aging Services (AAS) to a division-level department within the Health and Human Services Department. The lead executive within AAS should be on a peer level with other directors within HHS as part of the HHS Executive team.
- R2. By November 30, 2023, the Board of Supervisors should finish reviewing and then formally approve the IAS Study accepted at the February 7, 2023 Board of Supervisors meeting.
- R3. During the FY25 budget preparation cycle, the Board of Supervisors should direct AAS and HHS to prepare a larger AAS FY25 budget consistent with the IAS Study so as to be ready for implementation during the FY25 budget year.
- R4. By December 31, 2023, the Board of Supervisors should direct HHS or AAS as appropriate to begin the design of a multilingual electronic "doorway" or portal for older residents and family members through which to access information regarding County services from a single point of entry, with initial design, operational goals and a preliminary budget defined.
- R5. By December 31, 2023, the Board of Supervisors should direct HHS or AAS as appropriate to begin the design of a comprehensive database-driven communication system. This should enable Older Adult County residents and/or family members to register and opt-in to receive information on aging services, and receive calls or texts as needed for natural disaster notification, wellness checks, etc.
- R6. By December 31, 2023, the Board of Supervisors should direct HHS or AAS to create an ombudsman position within AAS to assist CBOs and non-profits which provide aging services (e.g., West Marin Senior Services, Vivalon, etc.) in submitting funding and/or services requests.
- R7. By December 31, 2023, the Board of Supervisors should direct HHS or AAS as appropriate - to fund a "travel stipend" based on the mileage to/from San Rafael County offices to client location based on the applicable IRS mileage rate for IHSS caregivers providing services in rural areas.

REQUEST FOR RESPONSES

Pursuant to Penal code section 933.05, the Grand Jury requests responses to each of the Grand Jury's Findings (F1-F11) and Recommendations (R1-R7) as follows:

From the following governing body:

• Marin County Board of Supervisors

The governing bodies indicated above should be aware that the comment or response of the governing body must be conducted in accordance with Penal Code section 933(c) and subject to the notice, agenda and open meeting requirements of the Brown Act.

INVITATION FOR RESPONSES

Pursuant to Penal code section 933.05, the Grand Jury invites responses to each of the Grand Jury's Findings (F1-F11) and Recommendations (R1-R7) as follows:

- Director of Health and Human Services
- Marin County Commission on Aging

Note: At the time this report was prepared information was available at the websites listed.

Reports issued by the Civil Grand Jury do not identify individuals interviewed. Penal Code Section 929 requires that reports of the Grand Jury <u>not</u> contain the name of any person or facts leading to the identity of any person who provides information to the Civil Grand Jury. The California State Legislature has stated that it intends the provisions of Penal Code Section 929 prohibiting disclosure of witness identities to encourage full candor in testimony in Grand Jury investigations by protecting the privacy and confidentiality of those who participate in any Civil Grand Jury investigation.

GLOSSARY OF ACRONYMS

- AAA Marin County Area Agency on Aging
- AAI Aging Action Initiative
- AAS Marin's Office of Aging and Adult Services
- ADU Accessory Dwelling Unit
- BHRS Marin's Behavioral Health & Recovery Services Department
- CBO Community-Based Organizations
- CDA California Department of Aging
- FPL Federal Poverty Level
- HHS Marin's Department of Health and Human Services
- IHSS In-Home Supportive Services
- I&A Information & Assistance Line
- IAS Study Integrated Aging Services Study
- MCF Marin Community Foundation, formerly the Buck Foundation
- MHA Marin Housing Authority
- MPA California's Master Plan for Aging
- Older Adults Marin residents aged 60 or older
- WMSS West Marin Senior Services