

***Marin County:***  
**Promotion of Independence**  
**Among a Growing Aging Population**

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EXECUTIVE SUMMARY

California's population of adults over age 60 will be growing rapidly over the next two decades as the Baby Boomer generation turns 60. This trend is expected to impact all the Bay Area counties, with Marin and Santa Cruz counties seeing substantial growth. By 2020, Marin County expects a 78% increase over figures from 2000 in the population of adults age 60 and older; Santa Cruz County expects to see a 93% increase. Both changes are striking. Marin County will experience a minimal overall population increase; therefore, the percentage of adults over age 60 will grow to one-third of the overall county population. In Santa Cruz, this percentage will grow to 21 percent. Marin County Health and Human Services is responding to the needs of this population by administering a network of pro-

grams designed to promote independence within this age group. The majority of the programs are operated by the Division of Adult and Aging Services. These programs include services targeted to homeless elders, those transitioning from hospitals, those in independent living facilities, and those managing chronic diseases including mental illness. All the programs leverage the use of trained volunteers for a variety of services ranging from friendly visits to medical assessments. The exploration of Marin County's services and a study of the demographics of both counties led to three recommendations for Santa Cruz County; 1) furthering local collaboration and planning, 2) increasing the usage of volunteers, and 3) continuing the search for funding to support.

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# ***Marin County:* Promotion of Independence Among a Growing Aging Population**

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## **Introduction**

Marin County is known as an area where creative individuals have flourished. The members of the Grateful Dead, George Lucas, Frank Lloyd Wright, and the original designers of mountain bikes and Birkenstocks have all called this county home. Now, the county faces the aging of these creative Baby Boomers (born between 1946–1964). California's population of people age 60 and over has grown rapidly throughout this century, and this increase will greatly impact Marin County. In response to this trend, Marin County's Health and Human Services Department has created a network of county services to promote independence and to prevent abuse and crisis among older adults. The scope of their services is expanded through the use of trained volunteers, which minimizes costs and allows the county to reach an often isolated population. Santa Cruz County will experience some similar growth in the population of people age 60 and over, and currently has a different model of meeting these needs. Santa Cruz County can learn from aspects of Marin County's approach to older adult supports to ensure local services will meet the needs of this growing population.

## **Case Study: Marin County**

Marin County is an area with stunning natural beauty, communities known for their leftist politics and affluence, and a local government that works to be responsive to the changing needs of the county. Its residents' wealth exceeds that of all other counties in the state, and has the highest per capita income in

California.<sup>1</sup> Marin County has a population of one quarter of a million people (253,682). 81% of these residents are white; Latinos comprise almost 14% of the population.<sup>2</sup>

## **Marin County Aging Population**

A significant issue facing the county reflects a fact of life: we all age—and Marin County's population is becoming older. From 2000 to 2010, Marin County has seen a 78% increase in the age 60 and older population. (See Table 1.)

As displayed in Figure 1, the population of adults age 60 and older is currently one-quarter of the overall population: this percentage is projected to increase to one-third by 2020.

After 2020, it is expected that the percentage of adults age 60 and older will decline. Between 2020 and 2040, the percentage of the 60 and older population that is age 85 and Marin County Services. (See Figure 2.)

The mission of Marin County Health and Human Services is to promote and protect the health, well-being, self sufficiency and safety of all people in Marin. The department that directly serves and seeks to protect the growing aging population is the Division of Aging and Adult Services. This division is preparing for an increase in needs due to the population increase and the probable impact the economic crisis will have on the financial capacity of

<sup>1</sup> Regional Economic Information System, Bureau of Economic Analysis, 2008

<sup>2</sup> California Department of Finance, 2010

**TABLE 1**  
**Marin County Total Population and 60 and Older by Year (2020 Projected)**

	2000	2010	2020
<b>60 and older</b>	45,051	63,376	80,358
<b>Total Population</b>	248,449	253,682	260,305

State of California, Department of Finance, 2010.

older adults. The response can be characterized as an integrated system of programs. According to the Aging and Adult Services Division, they seek to have a system which has “a single entry point [and] a continuum of approaches meeting the diverse needs of Older Adults.” The division goes further to encourage all staff to adopt this approach, citing: “Whoever is the first contact with a client will take responsibility for linking the client with the appropriate supports and services regardless of where that ‘journey’ may take them.”<sup>3</sup>

**Division of Aging and Adult Services**

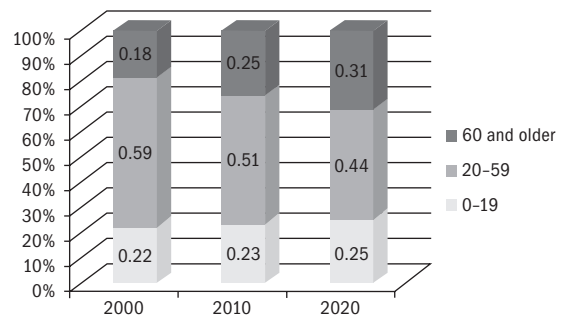
The Division of Aging and Adult Services administers numerous interconnected programs to meet the growing needs of older adults, including Adult Protective Services, the connected differential response program, and programs that seek to prevent abuse and promote independence.

**Prevention and Promotion of Independence**

A program sector titled Project Independence and Chronic Care Management seeks to maintain the health and independence of low-income and at-risk older adults through assessments, referrals, home visits, and chronic disease prevention. These programs are detailed below.

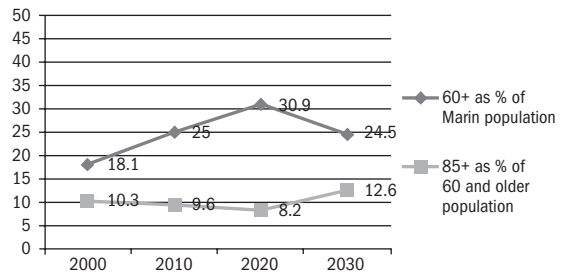
Project Independence assists adults and older adults who do not have other supports after a hospital discharge by providing help with home care, chores, meal preparation, transportation to medical appointments, and other care services. Under the

**FIGURE 1**  
**Marin County by Age Group**



State of California, Department of Finance, 2010.

**FIGURE 2**  
**Marin County Percentage of Age Groups 60 and Older and 85 and Older (2030 Projected)**



State of California, Department of Finance, 2010.

supervision of a public health nurse, well-trained volunteers and student nurses provide services and assist these adults in successfully transitioning back to independent living. The project’s goal is that the majority of clients will not return to the hospital for the condition for which they originally required hospital care.

The Chronic Care Management program contains the following specific projects:

- The Chronic Disease Self-Management Program, which offers a series of workshops in a community-based setting to provide tools and techniques for individuals suffering from chronic conditions to more effectively manage their illness.
- Healthy Housing, which provides public health nursing interventions with high-risk older adults living in affordable housing complexes. They serve about 200 individuals per year with services

<sup>3</sup> Integrated Older Adult Services: A Framework, 2007

such as screening and health risk assessment, targeted case management to residents identified as high-risk for developing chronic conditions, and referrals and client education about resources that will improve their well being. The desired outcome is for half of the recipients of services to be able to maintain their independence.

- The Transition to Wellness Program, which provides public health nursing interventions for homeless individuals recently discharged from hospitals. Medical respite beds (dedicated beds at a local shelter) are offered to clients while alternatives for permanent housing are explored. A public health nurse visits a local homeless shelter registration site and screens adults in a need of a bed in a quiet single room to heal from injuries or illness and assists these individuals with transportation, as needed, to the facility.

The approximate budget for all the programs described above is \$400,000, which includes funding for two full-time employees. The program costs are greatly minimized through the use of numerous volunteers, many of whom are advanced nursing students. The majority of the budget, \$300,000, is covered by county general funds.

In addition to the above program, the division provides services through an Information and Referral program to promote linkages to services. This service helps individuals by briefly assessing their needs and connecting them or family members to needed non-profit and county services.

Marin County has further developed its prevention system by creating a differential response to Adult Protective Services. This program, based loosely on the child welfare differential response model, provides medical intervention to adults referred to Adult Protective Services whose cases do not rise to the level of an APS intervention but have needs related to medical self-neglect. Adults are referred to nurses or student nurses for assessment, intervention, and short-term case management. The model allows a professional to intervene and assist clients or patients with their individualized needs prior to a crisis that may warrant system involve-

ment. The program began in December 2009, and has served approximately 50 people.

The Differential Response program was developed in response to an increase in elder adult abuse allegations. In 2006, 312 elder adult referrals were received. In 2009, the number of referrals received had increased to 545. In addition to a growing number of referrals, between 2008 and 2009, there was an increase in the percentage of cases that needed to be open longer than 30 days, suggesting an increase in the complexity or severity of cases.

Managers responded to this data by expanding services, but kept costs minimal by utilizing nursing students. The Differential Response has added very little additional cost to the division as no new paid staff are utilized.

In addition to the programs describe above, the Division of Aging and Adult Services also administers the following mandated prevention-oriented programs: In-Home Supportive Services, which provides payment for in-home help to low-income aged or disabled persons who are unable to care for themselves independently and are at-risk of being placed in a care setting outside their home; the Ombudsman, who advocates and protect the rights of those in long term care facilities; and the Office of Veterans Services which helps veterans, spouses and dependents obtain benefits, housing and medical care. Although not within the Division of Aging and Adult Services, two other programs administered by the Community Mental Health Department also seek to prevent crises and maintain independence among older adults:

- The HOPE program provides intensive case management for people over the age of 60 who are suffering from mental illness. The HOPE Program is administered by the Mental Health Department and is funded through the Mental Health Services Act. The HOPE Program team uses a multi-disciplinary approach and is comprised of mental health practitioners, nurse practitioners, a public guardian, and a psychiatrist. An extensive assessment process is conducted, and for those who are eligible, services focus on promoting mental

health, stable housing, medication, and physical health coordination.

- Senior Peer Counseling is also for people over the age of 60, but the focus is on helping those who would benefit from peer support. Support is provided by trained volunteers who receive weekly supervision. Social isolation and grief and depression are common issues addressed.

In addition to the county-administered programs listed, community-based services for this population include the Multi-Purpose Services Program, nutrition services, and other supportive services.

### Comparison to Santa Cruz County

Santa Cruz County is similar to Marin in many ways. The county has a similar overall population size, immense natural beauty, and is considered to be a community with liberal politics and values. Santa Cruz County has pockets of wealth that are most likely comparable to areas in Marin County; however the overall county is much more economically diverse.

The counties of Santa Cruz and Marin are also similar in that they both are expected to have a growing older adult population. Santa Cruz County will experience a 93% increase in the number of adults 60 and older between 2000 and 2020. (See Table 2.)

The overall Santa Cruz County population is expected to grow as well; therefore, the percentage of the adult population that is 60 and older will not grow as large as Marin's population 60 and older. As displayed in Figure 3, in 2020 it is projected that Santa Cruz's older adult population (age 60 and older) will comprise approximately 21% of the population in 2000.<sup>4</sup>

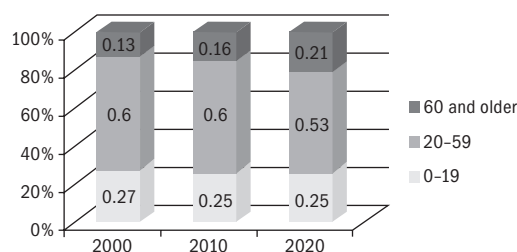
Santa Cruz County, like Marin, administers the In Home Supportive Services program and Adult Protective Services. Ombudsman services are provided by a local nonprofit. The Santa Cruz County Health Agency also provides and/or funds health-related services to this population, such as the Homeless Persons Health Project (HHP) that provides services to homeless or marginally-housed children

**TABLE 2**  
**Santa Cruz County Total Population and 60 and Older by Year (2020 Projected)**

	2000	2010	2020
<b>60 and Older</b>	33,646	42,360	61,525
<b>Total Population</b>	256, 695	268,016	287,480

State of California, Department of Finance, 2010.

**FIGURE 3**  
**Santa Cruz County Percentage of Age Groups by Year (2030 Projected)**



and adults and a mental health program that serves older adults with serious mental illness. Santa Cruz has comparable services that promote independence among older adults that are operated by non-profits. Many of these are partially funded by an allocation of over \$600,000 from a funding source entitled "Community Programs" in the general fund. Services include information and referral services, legal assistance, advocacy, nutrition, and transportation.

### Recommendations

Marin County's services for preventing crises and promoting independence among older adults have been reviewed and brief comparisons have been made with services in Santa Cruz County. The exploration leads to three primary recommendations for action for Santa Cruz County.

The population of Santa Cruz adults 60 and older is expected to grow considerably by the year 2020, to 21% of the population (or over 60,000 people). It is recommended that Santa Cruz County Human Services enhance collaboration with non-profits and

<sup>4</sup> California Department of Finance, 2010

the Health Department to examine demographic trends and to plan for the future. Existing collaborative bodies, such as the Seniors Commission or the Community Program Task Force, could be utilized. Agreements made through the process will guide the application of the limited resources for older adult in the coming years.

Both counties are facing major budget shortfalls, particularly in the areas of adult and aging services; however, Marin County has circumnavigated the budget environment by utilizing a cadre of volunteers infused throughout their programs for older adults. It is recommended that Santa Cruz County Human Services assess its current volunteer and intern usage and develop and implement a plan to better recruit and utilize volunteers to expand and/or enhance services.

Lastly, efforts to examine new federal funding or to better leverage local funding should continue. During these economic times, new funding sources, such as businesses and foundations, will need to be identified.

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