Community Response Teams

LYNH NGO, MSW
SANTA CLARA COUNTY

EXECUTIVE SUMMARY

In 2017, the initial idea for Marin County's "zone-based approach" came from the deputy Public Health Office in response to the Tubbs Firestorm. As people fled Sonoma and Napa counties, they arrived in Marin looking for safety. There were barriers to providing services such as transportation, healthcare, and basic needs to underserved areas like West Marin County or the "Canal." Using data from the Healthy Person Index (HPI), Marin County identified thirteen different vulnerable census tracts that were consolidated into four zones: (1) Novato, (2) the "Canal" area of San Rafael, (3) Southern Marin, and (4) West Marin. With the emergence of the COVID-19 public health emergency in March 2020, the need for zone-based community response drastically increased and was subsequently operationalized in Marin County.

This report describes how Marin County's Community Response Teams (CRTs) originated and how they used collaboration as a critical theme across county departments, with local non-profits, and with communities to better address inequitable systems of care. Marin County CRTs used a zone-based approach to address equity work within multi-disciplinary teams, and collaboration and coalition-building played a role in racial equity work.

Santa Clara County Adult Protective Services (APS) can benefit from adopting the Marin County Zone-Based approach. If APS focuses on addressing abuse allegations of self-neglect/social isolation, they can implement the CRT approach. It can be system-based and driven by multi-disciplinary, cross-cultural collaboration through Multi-Disciplinary Teams (MDTs).

Lynh Ngo, **MSW,** Social Work Supervisor,
Santa Clara County Social Services
Agency, Aging and Adult Services

Overview of Marin County

Marin County is located in the northwestern part of the San Francisco Bay, with a population of 262,231 (U.S. Census Bureau, 2020). By 2023, approximately 35% of the population will be greater than age 60 (currently 29%). The County population is 90% White, 5% Asian, 5% Hispanic, and 2% African American (U.S. Census Bureau, 2020).

Marin County's Health and Human Services (HHS) is a "super agency" containing Health and Human Services in one department consisting of five divisions: (1) Behavioral Health and Recovery Services, (2) Public Health, (3) Social Services, (4) Whole Person Care, and (5) Administration. With over 800 employees, over 40 programs, and more than a dozen locations, HHS is the largest department in the County of Marin. Its mission is to promote and protect the health, well-being, self-sufficiency, and safety of all people in Marin. The 2018 Strategic Plan for Health and Wellness Equity shaped the department's equity work around client, community, conditions, and quality.

In 2018, a zone-based approach was used as a community-driven response to local wildfires, and Community Response Teams (CRTs) were created. CRTs were expanded in response to the COVID-19 public health emergency.

Community Response Team Initiative: Zone-Based Approach

At the beginning of 2017, Marin County was utilizing teams; however, they were not called CRTs. In response to the Pandemic, Public Health officers were extremely data-driven; they used the Healthy Person Index (HPI) to track data measuring health outcomes. Based on the HPI, the Public Health officers began using the data to identify the areas with low HPI in Marin County and created four zones that constituted the CRTs. Marin County identified four zones: (1) Novato, (2) the "Canal" area of San Rafael, (3) Southern Marin, and (4) West Marin. All four zones were "unincorporated" areas except Novato, which was mostly incorporated. Each CRT was led by a "Lead" Community Based Organization who then partnered with other agencies. CRTs used epidemiologic data to identify the most vulnerable "zones" in Marin County and partnered with community-based organizations from each zone to configure a culturally competent response team that could meet the needs of the zone/community. CRTs identified a lead agency for each zone using monetary incentives to bring community partners to the table. The CRTs established trust and gathered information about pertinent community issues to share with the County. CRTs partnered with local community organizations and community members to develop solutions, strategies, and outcomes for various public health priorities. Using an equity-based approach, CRTs responded to differences in populations in each zone, focusing on vulnerable, underserved, and marginalized residents. Examples included vaccination clinics within specific communities and expanded availability of trained staff. It was the CRTs' goal that communities in these zones became aware of and knowledgeable about public health threats, prevention and mitigation strategies, and learned where to seek support and resources. Details regarding regional zones are shown in Figure 1.

Figure 1: Marin County Community Response Team (CRT) Zones

Regional Zone	Lead Agency	Cities/Towns/Districts
Novato	North Marin Community Services (NMCS)	Novato, Bel Marin Keys, Black Point, Green Point, and Hamilton.
San Rafael	Canal Alliance (CA), and Multicultural Center of Marin (MCM)	San Rafael, Las Gallinas, Lucas Valley, Marinwood, Santa Venetia, and Terra Linda.
Southern Marin	Marin County Cooperation Team (MCCT)	Belvedere, Marin City, Mill Valley, Sausalito, Strawberry, Tamalpais, and Tiburon
West Marin	San Geronimo Valley Community Center (SGVCC), and West Marin Community Services (WMCS)	Bolinas, Dillon Beach, Inverness, Lagunitas, Nicasio, Olema, Marshall, Point Reyes Station, San Geronimo, Stinson Beach, Tomales, and Woodacre

CRT Operational Logistics

A senior Program Coordinator served as a liaison between the Public Health Department and the CRTs. Zone leads and partner organizations signed Memorandums of Understanding (MOUs) to work together and share data through quarterly progress reports.

The CRTs produced quarterly update reports based on data from their partners covering topics such as the content of their meetings, communication messaging activities, quarterly objectives, trainings, outreach, funding and resource implementation, lessons learned, and best practices.

Key Findings from Marin CRTs:

Several key findings indicated that the CRTs had both strengths and challenges with this model, including:

- **Trust:** The relationship between the County and the CRTs has strengthened over time. For example, having a lead organization within the Marin African-American community helped build trust within the community. Initially, there were issues of trust within different communities, which resulted in challenges such as struggles to recruit partners and identify "key

informants" and non-traditional community partners.

- **Funding:** CRTs received support from the County in several ways besides grant funding. Zone leads were responsible for developing the network partners that support CRTs. The CRTs were funded by a federal grant from the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). CRTs have been strategizing how to maintain funding once CARES funding ends, and the priorities must align with Public Health.
- **Sharing information:** Communication plans were exchanged between the County and the community partners, and public information was shared with the community. CRTs created outreach methods, including online, in-person, AV/media/radio, and print. CRTs engaged Black, Indigenous, and People of Color (BIPOC) community members in culturally and linguistically responsive ways.
- **Flexibility:** CRTs needed to have flexibility when working with the communities due to differing priorities. Consistent support was needed from the County for the CRTs to be most effective. County regulations were narrowly focused, while the CRTs needed flexibility. There were different priorities; the Social Services Agency focused on food, such as drive-thru pantries and home-delivered meals, while the Public Health Department focused on disease management and prevention, such as vaccination, testing, and pharmaceuticals. Due to the unique priorities of the SSA and the Public Health Department, CRTs experienced barriers to delivering equitable access and services to the community.

Successes and Lessons Learned

Examples and achievements from Marin County CRTs include:

- CRTs learned the importance of relationships based on trust, communication, collaboration, and negotiation. CRTs emphasize two-way, multi-level communication between CBOs and County decision-makers.
- CRTs focused on equity as a core value.
- CRTs received input and strategies from the community and neighborhoods about the problems that they were experiencing.
- Data was used to identify the most vulnerable zoned-based populations.
- Information was made available and easy for the community to access.
- The zone-based model can be used for future emergencies such as fire, PG&E outages, air quality, earthquakes, floods, and diseases.

Santa Clara County's Adult Protective Services (APS)

Demographics and Elder Population Growth

The County of Santa Clara is home to almost two million residents, and it is the sixth largest county in the State of California. Approximately 14% are 65 and older, with projections of 20% by 2030 and 25% by 2060. This population is ethnically diverse: 47.4% are Caucasian, 35.1% are Asian, 13.8% are Hispanic, and 2.1% are African American (U.S. Census Bureau, 2020).

APS Program Overview

APS Reports

In 2022, the total number of calls the APS Hotline/Call Center received during business hours was 14,775, and after business hours, it was 4,999. During the same year, APS generated 7,612 abuse reports and 5,000 referrals for services and support. Active cases totaled 10,235 (Santa Clara County Social Services Agency Department of Aging and Adult Services. 2022)

APS Response

APS receives reports of abuse, neglect, and self-neglect from the community. These abuse reports (ARs) require different responses of in-person, telephone response, or referrals to other agencies for investigation based on a risk assessment and state criteria. APS eligibility for abuse reports includes jurisdiction and abuse allegations as identified by Welfare and Institutions Code 15610. The State Budget Act of 2021 made statutory changes, through AB 135, to the APS program. As of January 1, 2022, the elderly eligibility age decreased from 65 to 60. Consequently, the age for dependent adults eligible for APS service changes to 18-59. According to the Santa Clara County Adult Protective Services Fiscal Year 2022 Annual Report, the age definition change of Elders from 65 to 60 resulted in a 70% increase in abuse reports. Among all types of allegations, self-neglect allegations accounted for 33% of all abuse.

Self-neglect/Social Isolation

The California Department of Social Services (2022) defines self-neglect as neglect of physical care (and medical care such as personal hygiene, food, clothing, malnutrition/dehydration), residence (such as unsafe environment), and finances (the ability to manage one's own personal finances). Older adults tend to lack social supports and are often disconnected from community services. Social isolation increases the likelihood of depression, anxiety, reduced cognition, dementia, heart disease, stroke, and premature death (Gorenko et al., 2021). Pre-pandemic, nearly one-fourth of older adults ages 65 and older were socially isolated (Gorenko et al., 2021). Social distancing as a result of the COVID-19 pandemic has increased the risk of social isolation and loneliness for older adults (Gorenko et al., 2021).

Recommendations

Marin County's CRT zone-based approach brought together non-traditional partners and focused on collaboration and multi-disciplinary work. The approach has proven successful in response to public health threats and emergencies with equitable support for Marin's vulnerable populations. Santa Clara County APS may benefit from adopting a model similar to Marin County's Zone-Based approach. Santa Clara County APS can focus on a problem while utilizing the CRT approach. The process can be system-based and driven by multi-disciplinary, cross-cultural collaboration through MDTs.

As self-neglect is the most frequent type of allegation, social isolation (related to self-neglect) is a critical issue to address. With the implementation of a project manager position recently approved by the Santa Clara County Board of Supervisors through American Rescue Funds, APS can create a multi-disciplinary team of social workers, Public Health nurses, and Marriage and Family Therapists from the Connections Program-Partnership with Behavioral Health to identify targeted areas or populations most at-risk. This project manager can

facilitate the monthly MDT meetings and invite community partners to come to the meetings. The community partners can include culturally and ethnically focused community centers, such as the Vietnamese American Service Center (VASC), Mexican American Community Services Agency (MACSA), Asian American for Community Involvement of Santa Clara County (AACI), Yu-Ai Kai Japanese American Community Senior Service, African Heritage Community, Korean American Community Services of Silicon Valley, Catholic Charities of Santa Clara County, and more. APS must collaboratively build capacity and infrastructure in partnership with community-based organizations (CBOs) and community agencies while building trusting relationships with open communications. There is often distrust of government entities within the broader community. Through collaboration, coordination, and connections with CBOs and community members, APS may be able to find common goals regarding how to connect with older adults who are self-neglecting and may not be otherwise open to services. With community and non-traditional partners and through the utilization of census data, the team can follow Marin County's "zone-based" approach to collaboratively identify and develop solutions, strategies, and outcomes for serious health risk and mental health that results from self-neglect and social isolation. They can prioritize the areas of Santa Clara County to identify "zones" of vulnerable populations. The project manager can also request grants to provide stipends to the community in order to come to the monthly MDT meetings. If this approach proves to be successful, APS can consider applying for longer-term grants or additional funding.

Conclusion

Santa Clara County APS can reduce self-neglect and social isolation by utilizing existing programs and services within the communities. For example, linking clients to daily food distribution at different sites or delivering meals to the homebound from Catholic Charities. By linking clients to local Senior Centers and congregate meal sites, not only can older adults receive daily hot meals, they can also gain an opportunity to interact with others and address social isolation. For example, by introducing clients to the Vietnamese American Service Center, they can be connected to medical access or counseling in addition to meals and socialization. APS's mission is to protect and prevent elder and dependent adults from abuse, neglect, and financial exploitation. APS can leverage partnerships with culturally and ethnically focused agencies that target vulnerable populations and make use of all appropriate community-based resources for the benefit of the client. APS must maintain and accomplish the vision of providing compassionate and innovative responses to the needs of Elders and Dependent Adults, to the greater community, and in collaboration with partners and stakeholders.

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