

MADI | INTERNAL INTERVIEWS | SUMMARY

FEBRUARY 24, 2020

KEY STRATEGIC QUESTIONS

Several key strategic questions emerged through the interviews that will need to be considered, clarified, and aligned. These questions included:

- What are the primary problems MADI is trying to address?
 - Or, what is the priority problem now and in the near future that MADI wants to tackle?
- What unique value can MADI bring to the marketplace that does not already exist?
- Is there need or demand for a backbone or hub organization the MADI could meet?
 - Is there broader community level interest in or need for collaboration?
 - How would a backbone or hub organization add value?
- What orientation is MADI going to have to the community (B2B, B2C, other)?
 - What are its services and who are its customers?
- What is the sector of focus (aging and disability sectors in entirety, or the intersection/overlap areas of the two sectors)?
 - How well do priorities, approaches, and culture of the two sectors align?
 - Where is there potential tension/conflict?
- What is needed to sustain MADI (financial, people, political) and how will this be accomplished?

VISION OF THE FUTURE

Interviewees provided their goals and visions of how they see MADI adding value to the community into the future. These visions are closely linked to the greatest needs/challenges they perceive to be facing the aging and disability communities:

- ***Increased advocacy, awareness, and funding for aging and disability solutions***
MADI as a network of aging and disability community-based organizations (A&D CBOs) increases advocacy for, awareness of, and funding for the needs of older adults and people with disabilities. A greater sense of community responsibility around needs in these sectors is fostered.
- ***Increased coordination and efficiency among aging and disability service providers***
Information, resources, advocacy, activities, and services are coordinated among aging and disability service providers. Services are promoted and provided more effectively and efficiently.
- ***Integrated long-term service and support network is established***
A 'no wrong door' network of services providers, county aging and adult services, and community partners providing wrap around and integrated long-term services and supports, information, and advocacy.

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- **Addressing unmet social needs of older adults and people with disabilities**
MADI as a network is facilitating equitable access to resources, connections and services that older adults and people with disabilities may need.
- **Healthier, more connected and engaged aging and disability communities**
MADI has brought the aging and disability communities together, and they are addressing unmet social needs for older adults and people with disabilities in a coordinated way. The campus is a physical center of community (space for learning, home to social activity, and service entry point, learning) for the aging and disability populations, service providers, and their families.
- **An affordable space for local aging and disability services organizations to co-locate**
A campus of community-based organizations delivering services and advocating for the health and wellbeing of older adults and people with disabilities. MADI offers and manages affordable office and multi-use spaces for local A&D CBOs and community groups that can accommodate workspaces, training seminars, classes, meetings, meet-ups, and more.

PRIMARY NEEDS OR PROBLEMS MADI CAN ADDRESS

Interviewees were asked to describe the top needs facing the aging and disability communities that MADI could help address. There was a great deal of overlap in interviewee descriptions of primary problems and needs. Each interviewee, however, described a different problem as their primary focus; these aligned with interviewees descriptions of their visions for MADI.

Multiple interviewees described the following problems/needs:

- **Competition and silos between different Marin aging and disability non-profits.**
 - Need for enhanced collaboration to effectively use limited funding (demand and need exceeds funding)
 - A surplus of small non-profits in the community that make collaboration and coordination more challenging
 - Non-profits protecting territory, members, donors, programs and services
 - Working in silos rather than together
- **Lack of public awareness around needs of older adults and people living with disabilities.**
 - Needs seen as an individual responsibility not a community responsibility
 - Issues related to aging and disability not on elected officials, philanthropy, and funder radar
- **Inequity and unmet social needs of older adults and people with disabilities**
 - Social and economic determinants of health accumulating, amplifying, and intersecting in older adult and people with disabilities
 - Aging equity gap in Marin
 - Barriers to accessing LTSS benefits

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- **Lack of coordination and collaboration among aging and disability non-profits**
 - Duplication of services and lack of coordination
 - Lack of collaboration between CBOs
 - Lack of collaboration between CBOs and healthcare providers

- **Social isolation and stigma associated with aging and disabilities**
 - Disability needs to be integrated and embraced into the aging paradigm/conversation
 - Society is not inclusive and adaptable to older adults and people living with disabilities

- **Lack of awareness among older adults and people living with disabilities around services available and how to access them**

ORIENTATION, CUSTOMERS, AND KEY SERVICES OFFERED

Throughout the interviews, ideas were shared of what orientation MADI could have to the community, who its main customers would be, and what types of key services MADI could offer or facilitate. Three orientation themes emerged and are described below. Key orientation considerations that need further exploration include the degree to which MADI functions beyond a landlord for local nonprofits, the level of collaboration and coordination MADI could foster among service providers, whether MADI would provide services directly to consumers or only to organizations, and how these orientations might merge and evolve into the future.

MADI's Potential Orientation(s) to the Community

Landlord (B2B)	Advocacy Hub / Association / Center of Excellence (B2B)	Coordinated Network Hub / Public Destination (B2B/B2C)
<p>Landlord for A&D CBOs</p> <p>Committed to fostering high quality workspaces and multi-use spaces for A&D CBOs and community groups</p> <p>Could create criteria for tenant eligibility</p> <p>Would not provide direct services to customers</p> <p>Would not expect older adults and people living with disabilities coming to campus for services (location not convenient)</p>	<p>Convener and advocacy support system for A&D CBOs and community groups</p> <p>Network of organizations doing education, collective advocacy, and coordinating the types of services they provide</p> <p>Would not expect to see many older adults and people living with disabilities coming to the campus</p> <p>Strong partnership with or full integration of Aging Action Initiative (AAI)</p>	<p>Convener and integrated services support system for A&D CBOs</p> <p>Location as a place for centralized triage, intake, and comprehensive resource navigation, closed-loop referrals, and community care coordination</p> <p>Potential on-site call center and location for in-person options counseling</p> <p>Destination for individuals, families, and caregivers to receive services, education, and community building activities.</p>

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<p>Community building, convening, coordination occurring at the CBO tenant organization level and not MADI level</p> <p>Could provide administrative support and/or infrastructure to tenants in the future</p>	<p>MADI would lead advocacy and training programs</p> <p>Location as a place for offices, meetings, trainings, and individual CBO-client interactions</p>	<p>Public would visit the campus; creates community and addresses social isolation</p> <p>Coordination occurring at the CBO/member level and customer level</p>
<p>Possible Revenue: Rent, membership fees, grants, room rental fees, backbone / admin services</p>	<p>Possible Revenue: Grants, membership dues, donations, Rent; fee for call center, resource directory, and coordination services, backbone services, membership dues</p>	<p>Possible Revenue: Fee for call center, resource directory, coordination services; service contracts with healthcare organizations, grants, services to consumers, grants, state funding (LTSS, etc)</p>

Potential Services

There is overlap in potential services described by interviewees, including advocacy, convening, education, and coordinated services efforts. The area where there were differences among interviewees was whether MADI serves as an entity that helps to coordinate services provided by member organizations and whether MADI would provide referrals and care coordination to individuals directly. Finally, there is a difference of whether the campus is a space for community, gathering, and service delivery for customers.

Areas of alignment around key services:

- Landlord for A&D CBO tenants
- Collective A&D advocacy (collective voice and influence)
- Education and awareness raising related to A&D equity challenges, available resources, and missions and needs of A&D CBOs
- Convener of services organizations for coordinated planning efforts, information sharing, and communications to the community
- Infrastructure and coordinator of collective strategies/efforts among partners, potentially including:
 - Collective application for funding
 - Shared information systems and measures
 - Communication system between member organizations
 - Marketing and communications

Service areas where more clarity and alignment discussions may be needed:

- Training and technical assistance for partner organizations
- Coordinated service network/integrated service network
 - Assess needs, map assets, reduce duplication
 - Venue for interdisciplinary triage/intake and service coordination meetings

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- Resource information clearinghouse for aging and disability populations
- Referral and care coordination for aging and disability populations
- Community and gathering space to reduce social isolation and provide intergenerational engagement
- Physical destination and campus for the public

Unique about MADI

Interviewees highlighted the elements of MADI they felt were unique to the Marin marketplace.

Areas of alignment included:

- Convener of services organizations in aging and disability space (bringing A&D together, fostering multidisciplinary narratives, strength in numbers)
- Collaborative efforts to help the aging and disability populations (pooling info, marketing, advocacy, education, data management, scaling impact, better ROI)

Areas described by individual interviewees included

- Coordination of services among CBOs
- Integrated & coordinated LTSS service delivery network
- Physical campus and community space dedicated to integrated and intergenerational services that addresses social isolation

MOST IMPORTANT STAKEHOLDERS

Interviewees were mainly aligned in describing who the most important stakeholders were for MADI. An area to check for alignment is as to whether health systems are a key stakeholder as well as older adults and those living with disabilities as individuals are key stakeholders.

Areas of alignment around most important stakeholders

- Service providers, potential tenant and member organizations
- County (local government officials, county aging health and human services)
- Philanthropic organizations, public and private funders

The following stakeholders were listed by fewer interviewees as most important

- Older adults and those living with disabilities, families, and caregivers
- Health systems leadership (Kaiser, Marin Health, MCC)

SOURCES OF POTENTIAL FUNDING

Interviewees were aligned when describing primary sources of potential future funding. Each interviewee provided additional unique potential funding sources not mentioned by the others. One question is whether MADI will explore funding from health systems and payers, and whether that would be funding from grants or contract-based services.

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Alignment in potential funding sources

- Tenant fees
- Private philanthropy/fundraising
- County funding
- Marin Community Foundation

Additional potential sources of funding described by individual interviewees included

- LTSS public benefit/financing coming out of CA's master plan for aging
- Membership fees or referral fees from partner organizations
- Healthcare investment for care coordination (payers and systems such as Kaiser)
- Health plan foundations as investor
- IDD dollars
- Regional center network (for care coordination or vocational/job training services)

DECISION MAKING AND ACCOUNTABILITY

Although interviewees did not articulate in significant detail how decisions will be made about the governance, decision making, and accountability structures, interviewees were generally aligned that:

- Eli and Joe will guide the board and heavily influence and make recommendations on direction
- MADI board are currently the ultimate decision makers and set the strategic direction of MADI (at the guidance of Eli and Joe)
- MADI will be accountable to the board, funders, and potentially MADI partners/members
- Future WS and MCIL resource drains due to MADI-related activities are a concern
- An executive director or lead administrator for MADI will likely be needed in the future

AGING ACTION INITIATIVE (AAI) and AGING & DISABILITY RESOURCE CONNECTION (ADRC)

MADI team interviewees were aligned in describing that AAI would be absorbed into MADI and that MADI would expand the scope and role of AAI. MADI team interviewees described versions of the following:

- AAI would be absorbed into MADI
- MADI would represent an evolution and expansion of the AAI work; this included various descriptions:
 - AAI could be the start of the service model for MADI
 - AAI staff could be converted to MADI
 - The AAI brand and partners could expand under MADI to further integrate a disability lens (AAI+disability)

There was less clarity among interviewees on how the ADRC fits within MADI. One clear description was that the 'no wrong door model/philosophy' of ADRCs would apply to a vision of MADI that involves developing a coordinated system for A&D CBOs. This topic would benefit from further clarifying discussions.

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COLLECTIVE IMPACT NETWORK ELEMENTS

Interviewees were asked to describe the elements of a collective impact network model that they think applied to MADI. There was general alignment in elements which together seemed to describe a network of organizations rallying around a shared focus to build more power, alignment, and collaboration around a shared cause. These specific elements included bringing multiple A&D CBOs together for the purposes of strengthening collective efforts to increase:

- Public awareness about A&D systems challenges and equity gaps
- Efficacy of political advocacy efforts at local, county, state, and national levels
- Public and private funding and investments in A&D solutions, such as organizations, services, community infrastructures, etc.
- Strengthening and coordinating navigation and access to services across A&D CBOs
- Targeted efforts to address specific problems in the community; examples include housing, transportation, social isolation, and falls

More dialogue is needed to determine if MADI could function as a backbone organization for a collective impact effort. Considerations should include the types of problems that MADI (and its current and future partners) seek to address, the level of infrastructure MADI would be able and willing to commit to becoming a backbone organizations, and the level of political and financial risk involved in setting out to develop and implement a collective impact-based approach in the community.

INSPIRATIONAL MODELS

Interviewees described different models from which they drew inspiration for MADI and that they would like to explore more deeply. These included:

- n4a's Aging and Disability Business Institute (MADI as a local chapter potentially)
- Marin Promise (education-based collective impact initiative)
- ADRC and No Wrong Door models in Washington, Minnesota, Colorado, and Pennsylvania
- AAI but with expansion to focus on disability action as well
- Community resource hub and information exchange models
- ACL Fall Prevention Grant Work
- MCF's ABC Initiative
- Coalitions of AAAs

CONCLUSION

An early picture of the possibilities of what MADI could be is beginning to emerge. There are clear points of vision alignment among MADI's internal stakeholders, and other points that will likely need to be clarified. MADI's function as a mission-driven landlord for A&D CBOs is clearly a core component of its identity and future role in the community. The inclusion or full integration of AAI also seems like a desirable eventuality, positioning MADI to function as a critical supporter, if not leader, of social and political advocacy for older

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adults and people with disabilities. Interviewees seem to share the vision of MADI's board continuing to oversee decisions for the organization, with Joe and Eli as primary decision makers.

Beyond these points above, the picture at the moment becomes less clear. Through external interviews, model research, and an environmental scan of the Marin County and broader environments, we should have a more contained synthesis of information, perspectives, and potentialities that will better inform the MADI's potential pathways and guide the development of a strategic thinking and planning process.

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MARCH 23, 2020

BACKGROUND

In February and March 2020, Collaborative Consulting conducted several key informant interviews with representatives from the Aging Action Initiative (AAI), the County of Marin, non-profits serving people with disabilities, and the Marin Community Foundation (MCF). The goal of the interviews was to gain perspectives and insights from local stakeholders on ways in which the Marin Aging and Disability Institute can offer aging and disability-related solutions for Marin County – now and into the future. In particular, interviewees were asked about system barriers and challenges experienced by older adults and individuals with disabilities, points of convergence and divergence among aging and disability service organizations, and areas where MADI could add value in the marketplace. Below is a summary of insights that emerged from the interviews.

KEY STRATEGIC QUESTIONS

Several new and recurring key strategic questions emerged through interviews with external stakeholders that will need to be considered, clarified, and aligned. These questions included:

- What orientation is MADI going to have to the community (B2B, B2C, other)?
- Is MADI differentiated from existing initiatives in Marin? If so, how?
 - From AAI, ADRC, Whistlestop Healthy Aging Campus, other aging network/backbone organizations
 - How will MADI message this differentiation?
- What will be the relationship between AAI and MADI given the widely held expectation that AAI will integrate with MADI?
 - Will AAI maintain its own identity and branding if incorporated into MADI?
 - Will MADI be a fiscal home for AAI or will AAI be fully integrated into MADI?
 - If AAI remains its own brand, how will services be differentiated between AAI and MADI?
 - How would disability advocacy be incorporated into AAI's mission, stakeholders and activities?
 - What is the transition plan for locating AAI in MADI?
- What are the primary problems/needs MADI is trying to address?
- What unique value could MADI bring to the marketplace? How would a backbone or hub organization add value?

SYSTEMS BARRIERS, CHALLENGES, AND NEEDS

Interviewees were asked to describe what systems barriers, challenges, and needs they see that aging and disability communities (individuals, their families, professionals caring for and/or advocating for them) are experiencing in Marin County. Additionally, interviewees were asked to identify service and advocacy areas of convergence and divergence among the aging and disability communities. There was a great deal of overlap in interviewee descriptions of primary underlying challenges and needs facing these two

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communities, though the experiences of the challenges may differ for the individuals. Perceived challenges and needs are grouped into four main areas:

1. **Social and Structural Barriers**

A multitude of interviewees highlighted social conditions and structures that present barriers for older individuals and those with a disability from living life according to their individual identity, choice, and aspirations. These included:

- **Social stigma:** Negative effects of attitudes in how people think, feel and act towards older adults and those living with a disability. These included a tendency to be ignored, discounted, not seen, and/or associated with disease, dependence, or helplessness. This was described as having effects on participation in society, relationships with caregivers, and internalization of self-stigma.
- **Public awareness: A lack of awareness** around challenges, needs, and aspirations older adults and people living with disabilities. Described by one interviewee as ‘the invisibility cloak of being older and not being seen, [not] being aware of what it means for older people to be walking in the world and the challenges they face.’ Another interviewee described how ‘with disabilities of all types, if feels like they’re largely invisible in Marin.’
- **Intersecting equity barriers:** Social and economic challenges accumulating, compounding and intersecting with challenges related to being an older adult or living with a disability. Some intersecting areas described included race, socioeconomic status, and sexual orientation.
- **Barriers to societal accessibility:** Community design, care services, and society not organized for the inclusion of people of all ages and abilities. Accessibility barriers limit independence, participation in society and ability to fulfill one’s purpose and aspirations. Some specific areas referenced included being able to stay and be integrated into communities (vs. institutionalized settings), having care and services oriented around purpose and fulfillment rather than deficiencies or disease, and building/modifying civic and public spaces to facilitate independence and autonomy.

2. **Care Ecosystems**

When describing barriers and challenges, most interviewees referenced challenges in how the care systems for older adults and those living with a disability were organized and delivered. Most challenges described resulted in care that is siloed, duplicated, missing, and without the individual at the center. These included:

- **Multitude of siloed aging and disability non-profits:** Most interviewees referenced how there were ‘a lot’ or an ‘exorbitant’ number of smaller non-profits in Marin focused on very specific services and populations. They described challenges with competition over limited funding, lack of economies of scale, and duplicated services. Despite the surplus of non-profits, interviewees highlighted geographic areas that lack key services including West Marin, Marin City, and smaller towns.

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- **Lack of coordination and collaboration among non-profits:** Some interviewees went further to describe that although funding/philanthropy is moving towards more collaborative models, there is a lack of coordination and collaboration between these non-profits. This was described by one interviewee in this way: “there’s a lot of providers who are doing similar work, but there’s not a lot of strategy put into how they can work collaboratively.” The drivers of this were described as distrust, scarcity mindsets, and fear of losing funding.
- **Lack of integration between health and social care:** Many interviewees highlighted the disconnect between health care and social services or community services. This was described as silos between these systems, medical professionals not ‘cognizant and aware of what services there are,’ a lack of ‘larger ecosystem’ thinking, and not being ‘future-oriented.’ One interviewee went on to describe how this resulted in ‘people not getting connected to the services and resources they need.’
- **Care workforce shortages:** A few interviewees referenced challenges with shortages of caregivers and recruitment of caregivers. They noted that this was driven by compensation, cost of living in Marin, lack of a living wage for direct service workers, and statewide rate-setting that does not differentiate for high cost areas.

3. *Gaps in Needed Services*

Interviewees noted gaps in services needed for older adults and those living with a disability. These gaps included affordable housing, mental and behavioral health, as well as transportation services.

- **Affordable Housing:** Every interviewee highlighted housing availability and affordability (rental, permanent, and/or assistance) in Marin as a major challenge. This was described as ‘we are desperately in need of affordable housing,’ ‘there’s not enough housing for everyone who needs it,’ and ‘rent continues to skyrocket, putting this population into particular vulnerability.’ Additional challenges related to housing were described around having choice in housing, accessible housing, and where housing is located. Drivers of these challenges were described as discrimination issues - people not wanting affordable housing in their neighborhoods.
- **Mental and behavioral health:** Some interviewees described how mental health and behavioral health needs may go unmet for older adults or those living with a disability. There were distinctions in the challenges described for the two populations. Interviewees were concerned with how many older adults in Marin County live alone, and how many may experience isolation, loneliness, or depression. In most cases, these risk factors are not attended to, tracked, or checked in on in current services or by services providers. As another interviewee noted, ‘when disability intersects with something else, whether it’s connected to the disability, like early-onset dementia or something else like mental health, it’s a population that’s left with the hot potato game’ of the system.

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- **Transportation services:** A few interviewees noted challenges with availability of transportation services leading to a lack of independence, social isolation, and inability to access some services. The challenge was emphasized for some geographic areas like West Marin and those with difficult topography and lower population density.

4. **Barriers to Care Access**

Finally, interviewees described several barriers to accessing care services:

- **Lack of awareness of services:** A lack of awareness and confusion around what services are available and how to navigate them. Some interviewees described drivers of this as the multitude of non-profits, duplication of services, and poor marketing and communication from providers.
- **Difficulty navigating existing services:** Difficulty navigating existing services, being reached out to by multiple organizations, and a lack of care coordination for the individual.
- **Financial Barriers:** People not being able to afford services and/or not being eligible for services but not able to pay out of pocket, falling into a gap income group.

Challenges Specific to Individual Populations

There were some barriers and challenges described applying to one population. This does not mean the challenges are not experienced by the other population; these challenges were not, however, referenced in relationship to both aging and disability populations in the interviews.

- **Older adults:** Challenges attributed to this population included:
 - **Disaster preparedness:** A heightened vulnerability to and lack of preparedness for emergencies and natural disasters, with emphasis on older adults that are more isolated.
 - **Self-Stigma:** Potential shame and self-stigma around aging into disability or other diagnoses, need for social support services, or not having enough resources as savings and income decline.
- **Individuals living with a disability:** Challenges attributed to this population included:
 - **Lack of representation:** Initiatives and service providers lack representation of individuals with disabilities in the design of services and in organizational leadership and board positions.
 - **Lack of training among clinicians:** Shortage of local efforts to train local clinicians on responsive care for individuals with disabilities, resulting in basic health needs going unmet and sub-par patient experiences.

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- **Considerations when integrating aging and disability:** A few interviewees noted considerations that may affect advocacy and work when associating the two groups. These included:
 - **Identity politics:** There may be an aversion from either group to be collectively associated with the other group, driven by stigma and social norms, making association complicated.
 - **Losing individual messages in larger frame:** Paying attention to not losing individual agendas or messages of each community in the larger framing.

VALUE MADI CAN BRING TO THE MARKETPLACE

Interviewees were asked about what unique value MADI could bring to the marketplace, what needs it could address, and what gaps it could fill. Most interviewees described ways MADI could create value at the system/network level, including coalescing and aligning aging and disability non-profits, helping build a bridge to the health sector, aligning advocacy efforts, shifting the narrative around aging and disability, and infrastructure support. A few interviewees described value-add at the service delivery level including referrals and care coordination along with providing a community space. These areas are described in more detail below.

- **Create a collaborative network:** Most interviewees described how MADI could coalesce and foster collaboration among the multiple aging and disability non-profits in Marin, highlighting the potential benefits, including: more efficiency, coordinated program design, more organized services, potential to obtain more funding as a network, and the ability to have greater collective impact. A few interviewees noted that de-siloing would require building trust and shifting existing culture and behavior in the non-profit community:

“Think about how we together can approach funding or together we can approach strategic program design - that’s going to be more effective and actually be healthier for agencies.”

“MADI, hopefully, will be able to keep that sense of the power of the network strong so that we can be focused and really make a real difference, rather than sporadic isolated change.”

- **Shift the narrative around aging and disability:** Most interviewees highlighted that MADI could champion public and organizational culture changes around aging and disability to address stigma, raise awareness around needs and equity, and encourage a community role in aging and disability:

“Changing attitudes in the community about fear of disability or pity of disability and aging, changing understanding around how much people with disabilities and older folks have still to offer and contribute to the community.”

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- **Advance a future-oriented picture for Marin County:** Many interviewees noted how MADI could serve as an entity that holds the larger picture and identifies trends in funding, policy, and service delivery to push the local, regional, or national aging and disability fields from 'reactive,' into a more 'proactive and future-oriented view:'

"[An entity] that is able to see trends that's able to make connections, that's able to see patterns; and communicate effectively in a way that advances the aging and disability agenda."

- **Align advocacy efforts to increase power and impact:** Many interviewees shared how MADI could help align advocacy efforts within the aging and disability communities to focus on underlying root issues for greater power and progress in efforts. Some even suggested aligning with groups beyond aging and disability, such as affordable housing, access to care, caregiving and the care economy, and equity issues:

"The potential opportunity to approach advocacy in more of an intersectional multi-issue, multi-population way - thinking about ways to be strategic around points of alignment, all of those groups might get farther than they would on their own, especially in a community the size of Marin."

- **Help bridge the health and social care sectors:** Multiple interviewees noted that MADI could serve as an opportunity to help bridge the health and social care sectors, moving towards a more whole person care model. A few interviewees noted challenges engaging the large health care systems in collaboration and how MADI could help bring them to the table:

"Opportunity for Madi to help bridge that - the bridge between health care and [community] services."

- **Serve as resource, referral and enrollment for aging and disability services:** Some interviewees believed MADI would add value offering in-person and remote information and education on services available as well as enrollment and referral for services. Providing information, counseling and support to individuals seeking to enroll in services.

"Not just information, but really, a lot of help in terms of understanding information, and how to enroll, sitting down with [clients], doing the paperwork, and then being on hand to answer questions."

- **Facilitate infrastructure for data sharing:** Some interviewees thought MADI could develop and support infrastructure for data sharing among multiple aging and disability services providers. One interviewee suggested developing a centralized common intake form.

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- **Community space for social connection:** Some interviewees described the potential for MADI's physical space to draw in the general public to create social connection and raise visibility around aspirations, value, and needs of older adults and people living with disabilities. Many interviewees, however, noted challenges with the isolated location of the campus, its accessibility challenges, and its lack of public transit connections, making it a potentially less desirable location for community gathering spaces, on-site direct services, and commercial tenant interest.
- **Housing:** Given the challenges with location, one interviewee suggested that the physical space be used for affordable and accessible short- and long-term housing or a whole person, wrap-around care model with housing.

AGING ACTION INITIATIVE (AAI)

Interviewees from AAI were asked about their perspectives on AAI and MADI. All interviewees were aligned that MADI was a good place to house AAI, highlighting the potential benefits and voicing that existing initiatives within AAI could be expanded under MADI. Additionally, interviewees raised key strategic questions around branding and transition planning.

MADI home to AAI & Benefits

All AAI interviewees agreed that MADI would be a great home for AAI; they highlighted a number of benefits of this, including:

- More concrete and sustainable home/fiscal entity
- More funding opportunities
- Expansion of staff, such as additional leadership, office management, event coordination, advocacy staff, etc.
- Expansion of the advocacy voice to include representation in the disability community
- Expansion of existing programs and initiatives

Key Strategic Questions

Interviewees raised a few key strategic questions around the relationship between AAI and MADI:

- **What will be the relationship between MADI and AAI?** Many interviewees suggested that AAI maintains its own identity and branding separate from MADI. Additionally, some suggested that administrative services be housed with MADI but that some service offerings remain with AAI, specifically advocacy. One interviewee also suggested that AAI's steering committee function as MADI's steering committee.

"We've done a lot of work with AAI as a network; and structurally, we've got positive branding. So it would be good to keep that."

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“I would really like to see AAI to be the advocacy extension of the campus. AAI maintains its own identity to help support and advocate or push for policies that would benefit the populations MADI serves.”

- **What is the transition plan for housing AAI in MADI?** Many AAI interviewees did not know too much about future plans for MADI and most referenced an appreciation of not being pulled into the ‘consuming process’ currently. There was, however, a point raised that there needs to be a clear transition plan on how to integrate AAI with MADI.

AGING & DISABILITY RESOURCE CONNECTION (ADRC)

One interviewee focused on the ADRC during their interview. The interviewee highlighted how the ADRC is currently in a growth stage and that they are hiring 2-3 additional staff to provide service coordination and information assistance to meet the demand. They highlighted that the vision for the ADRC is to have a physical place or center where individuals across the income spectrum can go to get information, assistance, and navigation on available local aging and disability services from multiple service agencies.

An idea for integration with MADI that was shared is that there could be multiple ADRC locations housed in various offices in the county. The interviewee suggested that the ADRC could have one of its co-locations at the MADI campus, which could encourage other service organizations located at MADI to become involved in the ADRC in various ways.

POTENTIAL PARTNER ORGANIZATIONS

Interviewees were asked to describe organizations that could potentially partner or collaborate with MADI. Organizations were described specifically by name or by organization type:

- Local government agencies and bodies, including:
 - County of Marin Aging and Adult Services; Commission on Aging
 - County of Marin Board of Supervisors
 - County of Marin Behavioral Health and Recovery Services
- Health care organizations, including:
 - Kaiser Permanente
 - Marin Community Clinics
 - MarinHealth
- Community organizations, including:
 - Villages
 - Jewish Family Children’s Services
 - Adult Day Clubs
 - Senior Access

MADI | EXTERNAL INTERVIEWS | SUMMARY

- Interfaith Council
- Libraries
- Churches
- Neighborhood Associations
- Regional Centers

- Trusts, Foundations and Research Institutions
 - Buck Institute for Research on Aging
 - Marin Community Foundation
 - May & Stanley Smith Charitable Trust

CONCLUSION

External stakeholder perspectives added depth and breadth to those of the internal stakeholders, further crystallizing key considerations for MADI's future vision and strategic development. The expectation of MADI's function as a mission-driven location for aging and disability services and advocacy organizations is only reinforced through our external interviews. Furthermore, the integration of AAI as an element of MADI has been reinforced by the external stakeholders most intimately involved in AAI. The initial considerations for how this integration happens and what it means for AAI have now been surfaced by these stakeholders.

The incorporation of the ADRC or components of the ADRC have also progressed. More focused dialogue is needed in order to visualize future scenarios of partnership and integration relating to the ADRC. The same is true for MADI's role beyond a mission-driven landlord, home for AAI, and potential site for ADRC activities. Questions of MADI's identity, operational components (B2B/B2C/B2B2C), and orientation to the community linger among the external stakeholders.

These findings will be combined with the internal stakeholder interviews, models research, and local scan of initiatives and social needs assessments to produce an initial picture of strategic opportunities and considerations for MADI's possible future directions.