The Marin Center for Independent Living: serving beyond the safety net

*Editor’s note: The SCAN Foundation, The John A. Hartford Foundation, the Administration for Community Living, the Gary and Mary West Foundation, the Marin Community Foundation and the Colorado Health Foundation have united to fund a three-year grant to develop and establish the Aging and Disability Business Institute, housed within n4a. Under the grant, ASA and n4a ([goo.gl/Fv2MZT](http://goo.gl/Fv2MZT)) are collaborating on a series of articles in *Aging Today* that will help to prepare, educate and support aging and disability community-based organizations and healthcare payers to provide quality care and services. This is the first in a series of case studies of organizations in the midst of evolving their business models.*

The nonprofit Marin Center for Independent Living in San Rafael, Calif., has for nearly 38 years provided advocacy services to people with all types of disabilities, including older adults, to allow them to remain at home. Their mission is “... to achieve [older adults'] maximum level of sustainable independence as contributing, responsible and equal participants in society.”

Center Executive Director Eli Gelardin is early on in the process of seeking collaborations with entities such as healthcare organizations. He recognizes that healthcare centers and community-based organizations (CBO) like theirs share similar missions. “Acute care and primary physicians can take it so far, but if there are changes in lifestyle or home modifications needed, or a need for caregiver support or skills training for home-care workers, there's a gap,” he says.

Increasingly, healthcare entities need CBOs to help fill that gap. As so many more people are aging into disability, this has magnified demand, causing CBOs to realize they must move beyond the safety net role into a more structured partnership with a healthcare center. Gelardin also says “many organizations like ours, who got through the recession, recognize there's a need to diversify revenue streams.”

**Partnerships that Serve Vulnerable Elders**

At the Marin Center, Gelardin envisions establishing partnerships with providers who are serving people on both Medi-Cal (Medicaid) and Medicare. “We see a great need to help high utilizers within that population because now through the ACA [Affordable Care Act] there are penalties for readmission and reentry,” Gelardin explains.

They would also like to establish formalized partnerships with county aging and adult services programs, thus providing what Gelardin calls a “no wrong door approach,” whether the individual
comes into the Center or the county’s office (Marin Health and Human Services Aging and Adult Services), they would potentially receive the same wraparound services and supports.

The Center now is in a pilot partnership, forged through the Administration for Community Living and Centers for Medicare & Medicaid Services, called the Emerging Aging and Disability Resource Connection (known as Aging and Disability Resource Centers in other states). It currently is an informal arrangement, but the Center has a Memorandum of Understanding in place and is providing wraparound services.

Finally, the Center is considering offering services directly to individuals on a sliding scale, fee-for-service basis. This would help community members who are not dual eligibles, but who still need supports and services.

**An Evolution: Key Strategies and Processes**

To prepare for their business evolution, the Center is partnering with its funder, the Marin Community Foundation (MCF), on its Accelerating Business Acumen Initiative. Gelardin and his small team (the Center has a staff of 11 and a budget of just over $1 million) are developing a three-year strategic plan addressing leadership; are assessing and packaging services; determining their value proposition and their audience (potential clients and-or customers); developing branding and marketing materials; improving their internal capacity—whether for delivering services or managing data and tracking outcomes; and calculating potential return on investment, plus the impact their services have on the community.

Shirin Vakharia, director, Health and Aging, for the Foundation says they chose the Center for funding (as one of five they are supporting under this initiative) because Gelardin has “historically taken an entrepreneurial approach, swimming against the tide from a lot of other nonprofit organizations ... they see themselves as a social enterprise in a lot of ways.”

Prior to working on this Initiative with MCF, Vakharia says Gelardin developed a program (QuickMatch.org) that directly matched caregivers with individuals looking for care—a quicker, more accessible way to connect caregivers with care receivers, while allowing caregivers to secure a higher wage, by eliminating the middleman.

“Eli took a problem and found a technological solution and, at the same time, helped [a] workforce that is traditionally underpaid [to] find easier ways to secure employment at higher wages,” says Vakharia. “Now he’s looking to generate revenue off of this QuickMatch program, through selling it to other organizations. ... It defies assumptions about what a small organization can do and how ... they transcend the challenges many organizations face, yet find innovative, financially effective ways of providing services.”

Gelardin and two of his colleagues, who form the Center’s leadership team, have finished the first phase of the MCF initiative, performing an internal assessment of the organization and areas in which they need to improve, educating themselves about the greater worlds of managed and integrated care, visiting organizations well along in the process and conducting phone interviews with other organizations.

Some lessons they learned through this process include: recognizing that doing business with the healthcare sector will require doing business differently, by increasing emphasis on tracking health outcomes, follow up and referrals between organizations; by becoming more informed on healthcare policy at local, state and national levels; and by recognizing the barriers the healthcare providers are facing in order to offer possible solutions.

When it comes to implementing culture change, the organization has begun to assess its internal strengths and opportunities, and has developed strategies and solutions to build its capacity in the areas of service delivery, team-building and program evaluation.

Finally, Gelardin and his team recognize that this process is a marathon, not a sprint. Change will need to be incremental, well thought out and reinforced with a clear strategic plan, plus ongoing evaluation with involvement and input from the board, staff, independent contractors and community members.
Challenges—and the Road Ahead

Balancing the Center’s core services with the innovation required of a process like the one in which they’re engaged is always a challenge, says Gelardin. But he adds that it’s something all organizations who “go down this road wrestle with. The benefit of this three-year strategic process is we’re not rushing into anything, and can take measured steps to move in this direction instead of changing overnight.”

Gelardin hopes that this evolution will result in the Center having a “meaningful impact on the community through new partnerships”—collaborations that will help them better serve the community, reduce readmissions and improve the quality of life for community members.

“Obviously, the long-term outcome is sustainability, and ensuring we have positioned ourselves to be an important, valued community service provider for years to come,” he adds.

“I feel strongly that whatever direction this takes as far as a formalized partnership with a healthcare entity, the process is really helping us internally—with our leadership and the potential impact on the community,” says Gelardin. “[The initiative] is positioning us to be a strong community-based organization for the future.”

Marin Center for Independent Living Executive Director Eli Gelardin.