



## **C4A Position on LTSS Recommendation to explore the feasibility of integrating aging and adult services at the local level**

The 33 members of the California Association of Area Agencies on Aging represent 8.8 million people over the age of 60 throughout the state. Although our members' structures vary, they reflect the diversity of the communities that we individually and collectively serve. We have the expertise and provide the leadership, advocacy and education at the local level focusing on older adults and people with disabilities. Our system is client-centered and focused on providing an array of comprehensive services and supports to older adults and individuals with disabilities which allow them to safely continue residing in their home. We have developed extensive community-based networks and possess the expertise and demonstrated knowledge required to effectively deliver programs and services to this specific target population particularly at the local levels. These systems have been born out of the Older American Act and Older Californians Act to address the needs of this underserved and vulnerable population.

We are appreciative of the efforts of the state to develop a Master Plan for Aging and the unique opportunity to design services purposefully, responsively, and in a manner that delivers them in a meaningful way. We agree that the current system is mired in fragmentation and siloed services which makes it challenging for consumers to access the necessary services, supports, and resources. The right integration could alleviate many of these issues.

We recommend the creation of an integrated age friendly system with a focus on population based on age and disability rather than poverty using existing AAAs as a vehicle or hub for integration and service coordination.

### **What does that mean?**

- Keep the network of 33 based AAAs which was purposefully created and reflects the diversity of system design based on regions.
- When considering the structure, afford the AAAs the flexibility based on local control and the identified needs of consumers (avoid a wholesale approach) that could potentially disrupt or adversely impact the needs of the local communities.
- Upon examination of the structural changes, it is imperative that AAAs have an integral role in the design, integration, and implementation of a structure that will result in improved person-centered care for older adults and adults with disabilities. This can be achieved by establishing workgroups comprised of AAA Directors, individuals from the disability network, and key stakeholders across county structures, all of whom represent diverse communities and possess the expertise required in addressing the needs of the population. The goal is to establish a structure that will enhance services while also being sustainable long-term.

- Embrace, expand, and support funding for the ADRC no-wrong door model across all counties as the mechanism to integrate services for consumers statewide. The current model, despite recent growth, is currently limited to a few designated counties.
- Enhance the current system to ensure it is flexible, age friendly, dementia friendly, person centered, allows for warm handoffs, and takes into account the unique needs of older adults and persons with disabilities.
- Create an aging and disability focused system that would closely mirror the system the state set up for children's services. As the expertise already exists to address the needs and effectively and efficiently serve this population, this structure would also allow better collaboration and networking with behavioral health and other social services providers.

**What we do not want is the creation of an integrated system of aging and adult services where:**

- The focus is not on the consumer but one that is poverty-based. Diversity exists across all income levels with older adults and older adults within all the AAAs and it is imperative this system be inclusive. Diversity also exists within the AAAs with respect to rural, urban, and frontier territories.
- The potential displacement of the AAA and aging programs would result in ineffective delivery of services in the local communities.
- It inhibits the process of developing new and innovative programs geared towards older adults and individuals with disabilities.
- Diminishes the longstanding values and the visibility of AAAs and aging departments, which have been a staple in the local communities and designed solely to address the needs of this unique population.
- Placement under other agencies/department/programs, such as social services agencies, that do not possess the required expertise involved in meeting the needs of older adults and adults with disabilities over a lifespan, would adversely impact services and supports. Social services agencies' foci lies in determining eligibility for federal entitlement programs and managing programs and their deliverables. Displacement of the AAA in this manner could lead to substantive implications including a perception that the AAA has less significance and value given the anticipated growth and needs of this population.

We would like to strongly suggest, as the Master Plan for Aging is created, that the state conduct a thoughtful evaluation and examination of any proposed structural change. We recommend piloting new structures, examining data and measuring outcomes for effectiveness, before any wholesale change is made statewide that could potentially be disruptive to the consumer experience. The evaluation needs to be conducted on three levels: program, fiscal, and the client pathway. Any change needs to result in more efficient and efficacious services, be funded by the state and cost-neutral for counties, sustainable, lead to improved outcomes, and an overall enhanced experience for the consumer.