

## C4A Input on the State Plan on Aging and Changing the Structure or Number of Area Agencies on Aging (AAA 2.0)

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 and state 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 as they develop the State Plan on Aging to ensure that older adults and people with disabilities are being served and to strengthen the scope and bandwidth of the network in support of the Master Plan for Aging. The current long-term services and supports system is mired in fragmentation and siloed services which makes it challenging for consumers to access the necessary services, supports, and resources. As the hub for aging services locally, Area Agencies on Aging are person centered and solution focused and often the first point of contact for system access. Our structures reflect the diversity and needs of the populations that we serve, and our systems work. As such, we want to ensure that any changes to the service delivery system are done purposefully, responsively, and in a manner that delivers services in a meaningful way.

We recommend that as CDA looks at the structure and number of Area Agencies on Aging it is done with the lens of increasing the visibility and the critical role that Area Agencies on Aging play locally. Any changes made will be in support of an integrated age friendly system with a focus on population based on age and disability rather than poverty using AAAs as a vehicle or hub for integration and service coordination.

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.

What does that mean?

1. Changes to the structure and placement of AAA's will be in consultation with Area Agencies on Aging and done in the least disruptive manner to the populations we serve.

- In determining the number of AAA's needed beyond the current 33, ensure that any differentiation from the current structure would lead to increased access and services. When considering the structure, afford the AAAs flexibility based on local control and on the identified needs of consumers and avoid a wholesale approach that could potentially disrupt or adversely impact the needs of the local communities.
  - When discussing the possible benefits of a structural change its also important to objectively determine any negative impacts and unintended consequences that might result from such a change.
  - 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 and community 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.
2. CDA will be responsive to the growing needs of older adults and people with disabilities and provide the needed support for AAA's.
    - Additional funding and support from the state, including administrative dollars, is needed across the network to enhance and expand partnerships and services.
    - A CRM system provided and supported by CDA that is integrated with other OAA and state funded programs will allow AAA's to better coordinate care and link clients to services.
    - 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.
    - Treat all AAA's equally (county based, non-profit and JPA's), address performance issues locally and determine clear metrics for performance expectations
  3. The State Plan on Aging and any recommendations for subsequent changes will be in alignment with our federal responsibility for advocacy and ensure that the services we provide and the system in which we sit must:
    - Maintain the person centered focus on all consumers and their individual unique needs; do not replace the current system with a means-tested system. 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.

- Ensure that AAA's remain hubs that are part of a coordinated system along with welfare, behavioral health and healthcare. The services that AAA's provide such as nutrition and wellness address the social determinates of health and should be coordinated.
- Provide effective delivery systems in local communities.
- Ensure innovation is valued and encouraged in program development geared towards older adults and individuals with disabilities.
- Ensure that the visibility of AAAs are maintained. AAA's which have been a staple in the local communities and designed solely to address the needs of the needs of older adults.
- Acknowledge that AAA's have the required expertise in meeting the needs of older adults and adults with disabilities over a lifespan.