

### Q&A from Webinar 4: CA 2030 Statewide Services

*The responses below are based on the Department's best position at the time the statement was made and do not necessarily constitute the final position of the Department.*

#### General Data Collection and Monitoring

- 1. Our understanding of the current area plan process is that you have a goal in the area plan to provide a service, and you must have money tied to that service, and then you can report on that service. For example, we do lots of outreach, but can't parse out the little money we spend on outreach. We don't budget for outreach. We don't get enough money to mess with it. You're not getting data from us because we cannot afford to give it to you. If something monumental does not change in this work process within the area plan development and how those things are all put together, you won't get great data.***

The different challenges and considerations are noted. Regarding policies and procedures, CDA will look at streamlining and making reporting more straightforward.

- 2. Will these proposed changes in data collection be transmitted to the respective data platform developers and maintainers for reprogramming?***

CDA will work with the CARS vendor to explore the possibilities. If it's a local system that needs customization, we will provide the information for you to provide to either your vendor or your IT department.

- 3. GetCare2 is developed and maintained by RTZ, which also maintains CARS. Would they be changing GetCare2 because many AAAs use that? We ran into a data nightmare when Title III-D definitions were changed, and RTZ did not update the system to match.***

That's probably because they don't have the contract with the state for GetCare2, only for CARS. So, RTZ/Collabrios may not have taken that action. CDA can ask RTZ/Collabrios for the CARS product and ask if they will update the GetCare product. We'll have to see if it's feasible to update the system and what those costs might be. It wouldn't just be the CARS system, but any local system, if we were to add additional data reporting fields to it. The longer-term goal is to migrate to a single system, our proposed CHARM solution, which we are about 3-5 years from. We ultimately want all of our data in one flexible system to allow us to add additional fields instead of always working through a vendor.

- 4. Are there considerations for administrative costs in updating data platforms to capture new measures?***

CDA will have to look at the funding and cost elements. We'll have discussions with RTZ/Collabrios about the cost of updating CARS, and then we can discuss those costs with local vendors. We don't have additional money for this work, so we'll have to see what we can do with our existing budget. And if we can't, we'll work with you on what reasonable data collection might look like and what's feasible. We hope to be able to update these systems, but if not, we'll figure something else out.

5. ***My concern is that you are asking for data that will not be used to improve services. Some data looks like “nice to know” and is not needed to determine if a program is doing well. Just because the numbers are there doesn’t mean an organization is doing well.***

This is a starting point to build toward more outcome-based measures in the future. We need to start standardizing and analyzing consistently, and ensuring we have those baseline measures. From there, we can build more outcome-oriented measures, like a client satisfaction survey being standardized in the future, so that we’re getting the same information to understand from those you’re serving. This first round is more about processes and output. We are interested in building outcomes measures in the future, but we are starting at the ground level.

CDA is interested in learning about your capacity in the CA 2030 Statewide Services Survey because we lack visibility in this area. How many I&A staff do you have? Do you do it in-house? How many calls do you get? It’s hard to get to Enhanced I&A if we don’t know where you are today. That’s some of the information we hope to collect in the survey.

6. ***Lots of data is already being collected. How can that be used to measure performance? Is the goal to measure AAA performance or the performance of contracted service providers?***

It is both. Your contracted service providers are an extension of you. If you’ve contracted out your services, these metrics would reflect on you and your contractor.

7. ***Does CDA already collect research demonstrating the intrinsic value of OAA services, and if so, can that be used as a foundation for this performance measures effort?***

There isn’t standardized research that we can access on nationwide OAA performance. We don’t have a research bank on the outcomes of OAA services. Through the CA 2030 work, we researched different rules and processes of other states to inform areas for California. We are not trying to prove that people need to be fed. We are trying to understand the depth, breadth, and level of need and how well the services are being delivered at the ground level. Eventually, we want to understand how well the person who receives the services feels about the services meeting their needs. That’s the outcome that we want to see in the future.

### **Nutrition Services**

8. ***The outcome needs to be feeding someone a nutritious meal. Tracking the health outcomes of a fed person will cost more than feeding the person.***

Noted; thank you.

### **Information & Assistance (I&A)**

9. ***I&A performance measures mirror data collection under ADRC’s Enhanced I&A. Are there considerations to minimize duplication?***

Those of you who are a part of ADRCs, we saw some of your feedback come up regarding suggested measures, which probably mirror your ADRC work. We are continuing to look at where and how we can streamline. We will continue to assess the overlap between AAA and ADRC services. Those of you who

are ADRCs probably see I&A differently than those who are not, so we want to start at baseline with Basic I&A and evolve to Enhanced I&A.

**10. How does this shift Title III-B Outreach & Title III-B Information & Assistance as separate services? Are both required and embedded in Basic I&A, or will there be a shift in the services available to offer via the data dictionary?**

To be determined.

### Timing and Implementation

**11. Will you be piloting before full implementation? Working with C4A or a few PSAs of different sizes might be helpful. There are many differences between PSAs in data collection, even in phone systems. It would be wise to have a pilot to ensure that what you envision and what is possible in the field match, and work in an iterative process rather than blanket the 33 AAAs simultaneously.**

We will consider, as we see value in potential pre-work / pilots, before going live with all AAAs.

**12. Does CDA want to start collecting data on July 1, 2025?**

No, we are still putting together our plan and process. We will update our timeline as we begin, with a focus on July 2026.

### Miscellaneous

**13. Why is the ombudsman left out of this process?**

It hasn't been left out. We are focused on these areas because they lack defined and fully built-out performance metrics. The Ombudsman already has a lot of reporting, and they have an annual report. Over the past year, our ombudsman office worked with the local ombudsman programs to do regular performance monitoring and respond to issues. That area already has plans regarding performance and monitoring, and they are being addressed. We want to build out these core services in a similar manner.

**14. Since ombudsman funding runs through our contracts, how involved are AAAs in those conversations? There is a disconnect because the AAAs have been involved in this process, but not the ombudsman.**

You should have been involved when CDA revamped the performance monitoring process. If you weren't, we are happy to give you a presentation on the performance monitoring tools and plans that have been developed.

**15. I'm concerned about having CDA tell AAAs what to do rather than using the needs assessment to set priorities.**

Our intent is not to change how you localize services through the needs assessment process. Our data shows that the services we are focusing on are already provided. For Basic I&A, some level of that is already required through state regulations and is an entryway into your services. We're trying to

strengthen the performance and monitoring in those areas and ensure a baseline is delivered across the state. We're not trying to dictate or change the local needs assessment process.

You'll do your needs assessment and determine your priorities. The effort around statewide services is to standardize service delivery and measure performance (e.g., who's doing well, where we have opportunities to improve, and what the promising practices are). The intent is to improve the quality of the service, not to tell you where to place your priorities.

**16. *Since Ill-D is potentially on the federal chopping block, how and when will CDA be able to require AAAs to provide evidence-based health promotion?***

At this point, everything in the federal budget is proposed. Once the budget is finalized, we will be able to assess it and communicate any changes in more detail.

**17. *I thought a major part of this effort was AAAs' branding and making the public aware of what AAAs do. Unless that goal has changed, Ombudsman and HICAP should be part of that branding picture.***

As part of the HICAP modernization and ombudsman volunteer recruitment projects, we plan to develop common branding and more recognizable wording (plain language). We are also investigating whether there are better ways to brand and describe the AAAs' work. Our communications team is working on those efforts.

**18. *For statewide services, how does CDA envision the timeline to comply, considering RFPs and area plans, if it's out of cycle for existing AAAs to ensure 1<sup>st</sup> and 2<sup>nd</sup> round statewide services are accessible throughout California? Will there be a recommended minimum percentage of funding to allocate to the services, similar to Legal Services?***

At this point, we have not set percentage thresholds. We're trying to set up the basic building blocks regarding the services and their performance metrics. I hear you on the timing of when area plans are due and RFPs. Our vision is that there would be a ramp-up time and a notification period so you would know what's coming and when it has to be implemented, so that it could be incorporated into those timelines. CDA will look at its timeline through the contracting and state plan processes. CDA will give you the information and the timelines so you can map implementation and compliance with your planning.