



COLLABORATIVE
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Future-Readying the CA Aging Network: AAA Feedback Survey Results

WEBINAR #3

PSA & AAA DESIGNATIONS

November 21, 2024

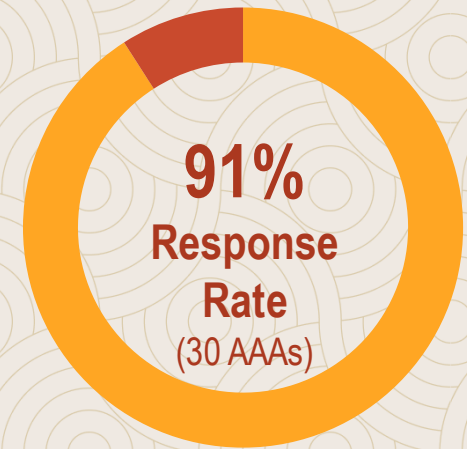
Introduction and Methodology

INTRODUCTION

- Use the chat for comments and questions.
- Any remaining time after the presentation will be used for Q&A.
- This deck will be shared with AAAs following this presentation.

METHODOLOGY

- The purpose of the survey was to understand AAA perspectives, concerns, and ideas involving three focus areas: Core Programs and Services, Funding Formula, and PSA / AAA Designations.
- This presentation summarizes survey responses pertaining to **PSA and AAA Designations**.
- Each AAA was given unique credentials to access and complete the survey.
- The survey opened on Tuesday, September 17th and closed on Friday, October 11th.
- Responses have been de-identified, quantified (where appropriate), and synthesized.



Context and Utility

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- Dramatic population changes.
- Evolution and integration of health and social services systems and policies.
- Statutes and regulations are being updated.
- Existing PSA and AAA designation regulations need more clarity.
- Results from the California 2030 surveys and stakeholder interviews indicated a need and opportunity to explore if PSA designations (boundaries) and AAA designation criteria are adequate.

Underserved Populations

AAAs report that the most underserved areas, populations, and communities are the following (in ranking order):

- Rural, remote, frontier, and unincorporated areas (n=17).
- Racial, ethnic, and cultural minorities (n=12).
- Limited or non-English speaking populations (n=9).
- Low-income populations (n=8).
- Populations with disabilities or chronic diseases who also live alone (n=3).
- Adults facing or experiencing homelessness (n=3).
- Family caregivers (n=2).
- Farmworker population (n=2).
- Undocumented populations (n=2).
- LGBTQ+ populations and communities (n=2).
- Adults in long-term care facilities (n=1).
- Active military and veterans (n=1).

“Every area, population and community is underserved. We receive only \$4.16 per 60+ person in III-B funding, \$23.49 in III-C funding, \$0.33 in III-D funding and \$2.11 in III-E.”

“Many [underserved populations] share similar barriers: housing, financial opportunity, geographic barriers to access, mistrust in Government, and translation / cultural barriers.”

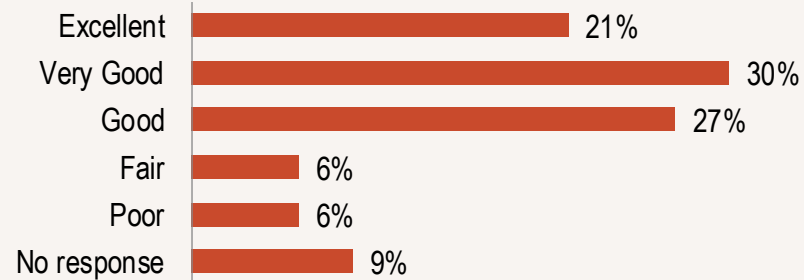
“Serving rural communities is very time-consuming and expensive. The most remote, frontier locations in each county are underserved.”

PSA DESIGNATION

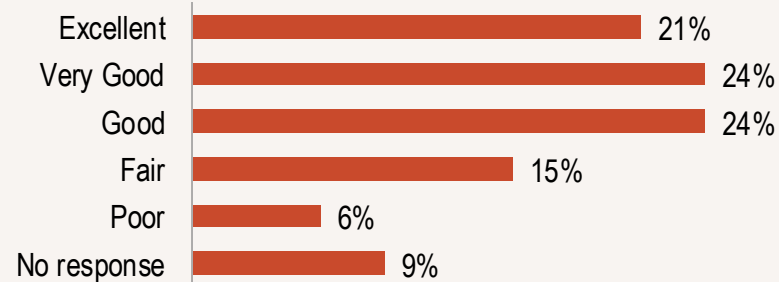
Current and Future Effectiveness and Size of PSAs

- The size and geography of PSAs have little effect on AAAs' ability to meet the needs of older residents and caregivers.
- 51% (=17) rate the current size of their PSA as "Excellent" or "Very Good" in meeting current needs; four (12%) responded as "Fair" or "Poor."
- Available funding, qualified staff, workload, service providers, and infrastructure are the factors that influence a PSA's perceived ability to effectively meet public needs.
- When considering future needs and demand for services, AAAs have more concerns about the effectiveness and size of their PSA – but, limited funding allocations fuel these concerns.

How well does the current size of your PSA effectively meet the current needs of older residents and caregivers?



How well do you anticipate the current size of your PSA will effectively meet the future needs of older residents and caregivers?



"Our funding is based on the total combined 60+ population which provides us with more funding than we would get if the counties were separate."

"Future needs can only be addressed if resources are invested in amounts equal to the growth of the target population and inflation."

"The challenges lay in areas that are resource poor due to remote areas."

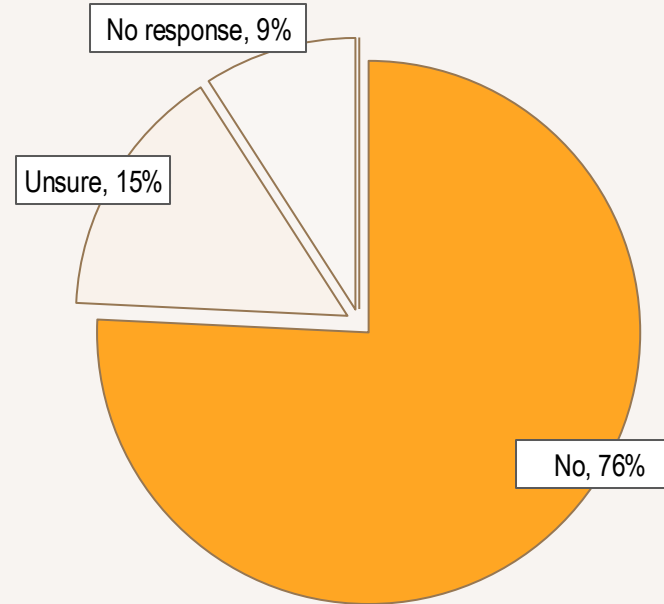
"PSAs with higher population densities tend to have more efficient service delivery infrastructure and capabilities but contend with higher cost of living."

PSA DESIGNATION

Boundary Changes

- 76% (n=25) do not think their PSA boundaries should change (no AAAs answered yes to this question).
- AAAs see current boundaries working well and are concerned that changes would disadvantage certain areas or populations, notably rural and less affluent ones.
- Only a few AAAs are unsure if boundaries should change and suggest that if sufficient data and evidence demonstrate how people and communities would benefit from changes, that should be explored and considered.

Do you think the boundaries of your PSA should change?



“If it clearly would benefit the community, then yes.”

“It would be interesting to explore a multi-county model or redraw boundaries to match communities based on proximity of services.”

“Increasing the size of our boundary would make service delivery even more difficult.”

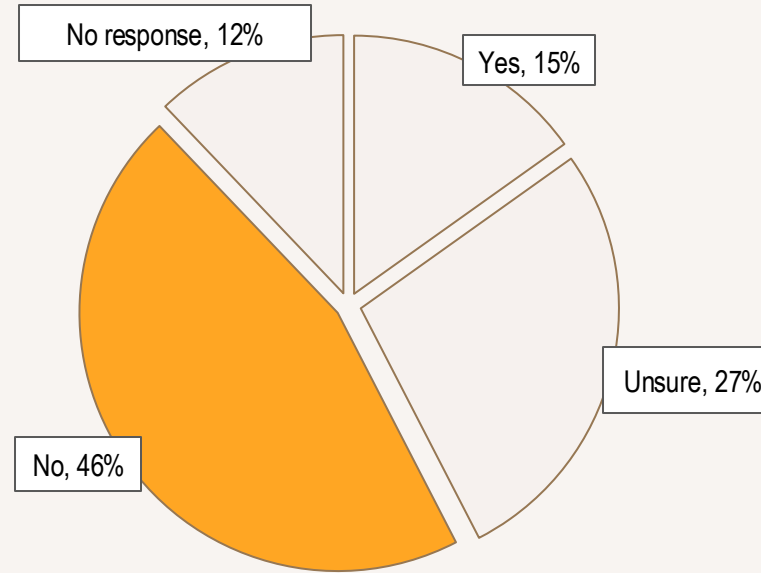
“The ability to keep services “local” and locally administered is a strong factor for establishing trust with clients in rural communities.”

PSA DESIGNATIONS

PSA Designation Criteria

- 46% (n=15) do not support a minimum population requirement.
- 42% (n=14) think there should be a minimum population requirement or are unsure.
- For those that support a minimum requirement, ideas range from 12,000 60+ population (n=1) to 300,000 total population (n=1).
- Ideas for how PSA designation criteria and processes could change include minimum/maximum population size limits (n=6), transportation factors (n=4), or population diversity factors (n=2).
- A few (n=3) suggest exploring ways the aging network can address issues without altering PSAs through more collaborations.

Should minimum population requirements be considered for planning and service areas (PSAs)?



"If there is a model that could provide a minimal amount of funding to a small geographically remote region who can provide a good service, then that should be possible."

"Current PSA boundaries should stay the same unless there is a compelling reason for a particular AAA."

"Consider a minimum population threshold percentage based on the total 60+ population in the PSA."

"It is challenging to put a larger and a smaller county together in one PSA. Local regionalism is a thing, and the smaller, poorer counties feel left out, and often are."

AAA Designation Requirements: Financial Capabilities

“The proposal (application) documentation shall include but not be limited to: Financial records demonstrating the capability to provide programs for older individuals.” (CCR)

FINANCIAL CAPABILITIES

Financial Health	<ul style="list-style-type: none">• Profit and loss reports.• Bank statements.• Annual budgets / Area Plan budgets.• Minimal or no audit findings.
Internal Controls	<ul style="list-style-type: none">• Ability to track funding streams separately and ensure budget monitoring.• Adherence to GAAP standards.• Established fiscal policies, internal controls, and capacity to handle fiscal activities.
Financial Acumen	<ul style="list-style-type: none">• Federal and state grants, audits, and contract management.• Strong fiscal monitoring compliance.• Published and easily accessible financial records.• Transparent budgeting, accurate reporting, and timely invoicing.

“The AAA should have clear and well-organized financial records that detail funding sources, expenditures, and budget allocations specific to programs.”

“Materials developed as part of the four-year Area Plan and/or subsequent Area Plan Updates process (e.g., Area Plan budget) should be adequate to address this capability indicator.”

AAA Designation Requirements: Organizational Structure

“The proposal (application) documentation shall include but not be limited to: A description of the organizational structure demonstrating the ability to manage programs for older individuals.” (CCR)

ORGANIZATIONAL STRUCTURE

Engaged Board

- An aware and engaged board in overseeing the AAA's operations.

Organizational Resources

- An organizational chart with minimum staffing requirements (e.g., Executive Director, Deputy Director, Fiscal Officer, Planner, other staff for direct services).
- No conflicts of interest that may hinder ability to advocate for or serve older adults.

Partnerships and Collaborations

- Cross-organizational collaboration.
- Relationships with county services (e.g., indicated in the org chart via dotted lines).

“The AAA should have a clear organizational chart that shows dedicated roles and departments focusing on older adult services.”

“A structure that is free of conflict of interests that may compromise the organization's ability to prioritize older adults in advocacy or service.”

AAA Designation Requirements: Staffing Adequacy

“The proposal (application) documentation shall include but not be limited to: A description of the number and qualifications of the staff demonstrating that the staff is adequate in number and trained to administer programs for older individuals.” (CCR)

STAFFING ADEQUACY

Staffing Ratios and Roles

- A balance in staff management (e.g., no more than X direct reports per supervisor).
- Staffing ratios measured against available funding, ensuring enough staff to meet programmatic needs.
- Staffing numbers and ratios based on PSA size and needs.

Hiring, Training, Development

- Clear job descriptions and hiring criteria.
- A detailed and structured training plan.
- Certifications and training programs (e.g., from CDA and AAAs).
- Professional development opportunities.

Experience and Expertise

- Relevant qualifications (e.g., degrees in gerontology, social work, public health).
- A portion of staff (e.g., 30%) exceed minimum required qualifications.
- Staff expertise in critical areas of core AAA activities.

Workforce Diversity

- A diverse and equitable workforce that reflects the community served.

“It’s important to have staff who represent the community that we serve.”

“30% of professional staff should not be “minimally qualified” but should hold credentials exceeding what is necessary for the position. This allows the organization bandwidth to compete for opportunities and growth.”

AAA Designation Requirements: Visibility

“The proposal (application) documentation shall include but not be limited to: Additional information to demonstrate that the entity has the visibility to be recognized for its leadership role by the residents in the PSA.” (CCR)

VISIBILITY

Public Awareness and Access

- Easy-to-find points of entry (e.g., 211, ADRCs, etc.).
- Public awareness that surpasses penetration rate.
- Materials published in threshold languages.
- Easily navigable website.

Partnerships and Engagement

- Partnerships with social service providers and community-based organizations.
- Participation in public presentations, boards and councils, and community events.
- Positive relationships with contracted service providers.

Transparency

- Published plans such as operational, community engagement, and marketing plans.

Leadership

- The AAA is an integral part of the aging network and ADRCs.
- Maintain and develop memorandum of understanding (MOUs) with key partners.

“The AAA should be actively engaged in community outreach, partnerships, and events that enhance its visibility and leadership status within the planning and service area (PSA).”

“A holistic approach MUST be used here. For example, we contract out for most of our services, and we intentionally try to promote those service providers rather than ourselves. This makes us less visible, but it's intentional.”

AAA Designation Requirements: Autonomy

“The proposal (application) documentation shall include but not be limited to: Additional information to demonstrate that the entity has an organizational level of autonomy that permits it to impact programs affecting older individuals in the PSA and to carry out its planning and advocacy functions.” (CCR)

AUTONOMY

Funding Flexibilities

- Ability to adjust funding and local programming to address community needs.

Governance Independence

- Engagement in nonpartisan planning, advocacy, and policy development.
- A level of executive decision-making independence to fulfill the goals and objectives of the AAA.

Planning Authority

- Efficient decision-making and responses to community concerns and opportunities for growth and advancement to benefit consumers.
- Independent planning, advocacy, and policy development.
- Ability to provide public testimony and advocate for older adults and the systems that support them.
- Membership in advocacy organizations.

“County-based AAAs do not have as much autonomy.”

“Organization should allow for mid-level decision-making to keep funding flowing and avoid disruption of services or lack of services due to bureaucratic bottlenecks.”

PSA & AAA DESIGNATIONS

Comments and Concerns

Costs and Available Funding

With consumer population growth outpacing state and federal funding, AAAs call for increased and permanent funding for core services to address shortfalls. There is concern about potential funding cuts and the negative impact of having more PSAs in the network.

Local Government Influence

Some are concerned that county governments will influence the creation of new PSAs or take over nonprofit AAAs.

Mitigate Service Disruptions

Some are concerned that changes in PSA boundaries and/or AAA designations could leave smaller PSAs/AAAs underfunded and disrupt services; changes should include plans to minimize disruptions.

Ongoing Engagement

Some think AAAs, advisory councils, and older Californians should be involved in PSA designation-related proposals, reviews, and decision-making. AAAs also want to be engaged through each phase of change.

Make the Case for Change

If changes to PSA and/or AAA designations are made, CDA should be able to demonstrate why. Decisions should be merit-based and transparent, rooted in an assessment and decision-making criteria.

Mitigate Disruption of Services for Consumers

Changes to AAA designations could disrupt service delivery. Flexible, equitable systems that allocate resources fairly to address future needs are needed.

“We suspect CDA has already drawn a map that satisfies their true desires to reshape the network.”

“My biggest concern is that it appears that the push is for counties to be designated.”

“I am concerned that changing PSA designation may reduce funding for multi-county PSAs.”

“It’s possible that changes would be highly disruptive to the delivery of services.”

“[What if] larger counties within current PSAs decided to step out of the current PSA and create their own? What will happen to the county(ies) left behind?”

Next Steps

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- Determine if California will institute a minimum population threshold for PSA designations, and if so, what that population threshold will be.
- Determine grandfathering rules if a minimum population threshold is instituted.
- Draft updated AAA and PSA designation criteria and application rules and processes.
- CDA will communicate decisions, options, and ideas via a webinar in early 2025, including opportunities for further engagement involving changes to PSA and AAA designation processes and criteria.
- Use the CA 2030 inbox to communicate questions and concerns: **CA2030@aging.ca.gov**

“How does this process further our work together in a meaningful and realistic way?”

“We encourage CDA to continue soliciting feedback on these issues from AAAs.”

“AAAs should maintain the local flexibility given by the Older Americans Act given the fact that each local community is unique and has individual unmet needs.”

Questions

All webinar materials and recordings will be emailed to all webinar attendees.

If you need assistance with accessing webinar materials, please contact:

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