California Department of Aging, Master Plan for Aging
Local Aging & Disability Action Planning Grant Program: *Virtual Listening Session*
December 14, 2022 (10AM – 11AM) – Session Chat Log Summary

Background: To help inform the development of the [Master Plan for Aging](#) (MPA) *Local Aging & Disability Action Planning Grant Program*, CDA hosted a public virtual *Listening Session* with partners and stakeholders. The following is a summary of the input received in the *Chat Log* from the session attendees. This summary does not represent the views of the California Department of Aging (CDA) or the content of the grant program's upcoming Request for Applications (RFA) for communities.

Question #1: What are characteristics of an applicant that demonstrates they have the readiness to plan and develop a local age and disability-friendly action plan?

Stakeholder Input Received
- Comprehensive network of community-based organizations.
- History of coordination with other organizations and the community, including key populations.
- Need community engagement; Need some level of government/political partnership; Need both nonprofit/community and a city, county, or government advocate, since the work is about collaboration and implementing long-range projects and efforts.
- An Aging & Disability Resource Hub (ADRH) - No Wrong Door model is in place. Existing partnerships with aging & disability agencies; Legislative engagement; Experience gathering input; Experience with program management; Experience with community and volunteer engagement.
- Community input is important; some of the key entities (such as small communities) may not have robust partnerships or entities; Needs some risk tolerance.
- Help smaller, rural, isolated areas build capacity.

Question #2. What are characteristics of an applicant that demonstrates they can facilitate community engagement activities to plan and develop a local age and disability-friendly action plan?

Stakeholder Input Received
- Language translation; an awareness of hosting and facilitating accessible events/engagement opportunities; going to communities, rather than hosting and asking people to come to them.
- Know the needs of the communities, bring the community to the table, and make everyone inclusive.
- History of community engagement, including public participation in local committees, government, knowledge of other related organizations, and proof of sound fiscal practices.
- Look at the history of an organization; See what they have already done in assisting cities to become age friendly; Look at the partnerships the organization has with nonprofits and governmental entities; What type of outreach have the agencies done with cities to address important issues?

- Established contracts with community partners; Demonstrated ability to engage diverse populations through focus groups.
- Provide examples of successful community projects previously engaged in.
- Must be willing to participate and engage without showing their personal bias.
- Time served in community and who are the successful community partnerships.
- Grant recipients with a demonstrated experience with or a commitment to serving adults with intellectual and developmental disabilities (IDD). Many policy makers believe that adults with IDD are served by Department of Developmental Services (DDS), but DDS only serves approximately half of all adults with IDD.

Question #3. What are characteristics of an applicant that demonstrates they have the commitment to implement and sustain a local age and disability-friendly action plan?

Stakeholder Input Received
- Board of Supervisor buy-in, as well as other key implementation partners.
- Buy-in from leadership is required.
- What kind of projects have they implemented in the past and how has that played out? What collaboratives are still in place and how are those working?
- Long-term partnerships with community-based organizations; Successful award from multiple funding sources to support development of new programs that lead to sustainable programs.
- Effort needs a project manager or a few key people who are responsible for day-to-day work and accountability, not volunteers.
- Project endorsement of the Local Independent Living Center (ILC) and Area Agency on Aging (AAA).
- Matching with local funding, volunteers, and ability to use and provide data metrics.
- Being direct providers and having experience; Small agencies are the foundations of the community.
- Go regional where appropriate.
- Continual evaluation of short-, medium- and long-term goals, and the willingness to pivot and be flexible.
- The ability for more established agencies to partner with smaller agencies or for smaller organizations to partner for sustainable collaboration.
- Demonstrate collaboration with other organizations, city/county agencies, community-based groups, and universities. Collaboration is key to this work, and it should be a requirement.
- A letter of recommendation from an elected official or the local AAA.
- Letters of support demonstrating a stronger effort that might be more productive and sustainable.
- Some communities may have already been able to develop a plan or have made significant progress in that process through investment of local resources. However, implementation and sustaining progress is costly. The ability to use these funds not only to develop a local playbook, but also to implement those initiatives and monitor progress over time would be valuable.
- Sustainability and implementation are separate aspects of this work that often receives the least amount of support.

Question #4. *What recommendations do you have for CDA to ensure that the selected grantees embed equity and cultural competency principles into the planning and development activities of their community's local age and disability-friendly action plan, and the final plan itself?*

Stakeholder Input Received

- Bring community members to the table and have a discussion. Tailor programs to fit the needs of the community and the problems the community sees.
- Use local demographic data to determine diversity.
- Agency is actively engaged in cultural humility training; Resources available for language and translation services; Active engagement with LGBTQIA+ community.
- Use local listening sessions to engage diversity, equity, and inclusion (DEI).
- This is critical, particularly with regards to people with disabilities. Aging organizations need to reach people with disabilities in meaningful and intentional ways, they need to acknowledge, not just the similarities, but the population differences.
- Building relationships takes time and consistency; Made positive connections to the Native American population through infrastructure funding.
- Some communities are not comfortable with "government" programs, so building trust is important to overcome this barrier.
- Combating ageism and ableism should be at the forefront of MPA equity and cultural competency efforts.
- Many of these populations overlap, suggest intersectionality be addressed in the application process.
- Diverse staff with ability to make connections.
- Applicants may want to use data from the [Healthy Places Index](#) to describe disparities in well-being in their communities. The HPI data is often available at the census tract level.
- Needs a concerted effort put forth; Multi-lingual and multi-cultural outreach surrounding this opportunity.
- Incorporate dementia/cognitive considerations, as well as caregiving into the baseline assessment and representation; having a separate dementia-friendly initiative is counterproductive (e.g., spreads limited resources and capacity), rather this work needs to be included from the very beginning.
- Dementia training (examples: for police and medical care professionals).
- Homeless coalitions, health equity, local health providers, unions, faith communities, Pride Centers, front-end service providers, law and justice departments and services and reach out to the forgotten middle-income community.
- Programs geared towards the missing middle before they spend down their wealth to qualify for government programs.

Question #5. What criteria do you recommend CDA use to prioritize the funding selections under this grant program to support communities and populations that have been historically under-resourced and under-served?

Stakeholder Input Received

- What areas and populations have been granted least in the past may have a priority.
- Create opportunities for agencies without the extensive grant history to be eligible and apply, especially if we want to reach to underserved communities. Create an equity framework for the agency profile.
- Local plans that have synergize with new developments in CalAIM.
- Set up specific criteria that include measurable outcomes including numbers of minority and other subgroups. Accountability should be a clear aspect of the award package.

Question 6: What additional factors or criteria do you recommend CDA use to award applications scoring incentives?

Stakeholder Input Received

- Staff experience and skills; Commitment from partners.
- Acknowledgement and agreement in chat log about granting rural communities scoring incentives.

Question 7. Are there any issues or concerns that CDA should be aware of in advance if selected grantees are required to submit quarterly invoices for reimbursement?

Stakeholder Input Received

- Advances are extremely helpful. Being paid after expenses are incurred continues to challenge agencies in numerous ways.
- Some smaller organizations and rural organizations struggle with reimbursement of costs and cash flow. Providing some advance of funds will support more diversity and equity.
- Somewhat flexible reporting so locals can meet milestones.
- All reporting, staffing capacity needs to be seriously considered; Make sure the process is very clear, the process is accessible (5th grade language, available in various formats, etc.).
- Timely reimbursement when reports submitted, funds built in to collect and complete required reports.
- Some organizations have small fiscal departments, therefore coordinating deadlines with other CDA fiscal deadlines would be helpful, so everything is not due at the same time.
- Most of aging and disability-friendly efforts start as volunteer-based with the goal/hope that it becomes more institutionalized and supported, keep that in mind with reporting.
- Advances helps when traveling is involved and or food for participants.

Question #8. What are some recommendations for required activities the selected grantees should complete to plan and develop a local age and disability-friendly action plan?

Stakeholder Input Received

- There should be consistency in the general approach (community engagement, a baseline assessment, a three-year implementation, developing goals that are S.M.A.R.T., and then an evaluation and new action plan).

- Submit roster of the taskforce/advisory committee, including identified leader(s) and a schedule of regular meetings.
- Local outreach, gather subjective data (interviews, surveys). Avoid top-down approaches, and lift-up individuals, families, neighborhoods, and demographic cohorts.
- Conduct a needs assessment and gather diverse community input. Review existing local data and gather community input either through surveys, town halls, focus groups, and/or interviews.
- Surveys or questions during the focus groups.
- Compatibility with the MPA Local Playbook should be required.
- Develop an action plan with at least one short term and two long term goals with clear objectives, timelines, inputs / resources, proposed evaluation metrics, and a sustainability plan.
- Proclamation from Board of supervisors or city council and/or a signed letter of support.
- Collaboration with smaller agency to develop and refine an action plan.

Question #8: Are there any existing resources selected grantees should be encouraged to use to help plan and develop a local age and disability-friendly action plan?

Stakeholder Input Received
- MPA local playbook is excellent; AAA Area Plan; AAA Needs Assessment.
- The World Health Organization (WHO) had some basic requirements for the original age-friendly effort to continue (e.g., community engagement, baseline assessment, and a timeline).
- Flexibility can include focusing on 4 of the 8 AARP domains, combining essential elements (disaster preparedness, dementia, caregiving) into the domains or other things; needs to be thoughtful and reflective of the community.
- Within exiting frameworks, it should be up to the community. This work is best when it is place-based, but having a larger framework is important and helps to compare and build off similar efforts.
- Avoid recreating the wheel but use the wheel that has been successfully implemented.

Question #10. Are there additional feedback or comments you would like to share with CDA to inform the development of the MPA's Local Aging & Disability Action Planning Grant Program's competitive RFA?

Stakeholder Input Received
- *Peer Connections, Mentoring, and Technical Assistance*
  - A benefit for all grantees is to have the opportunity to connect, share struggles and successes, and to leverage lessons learned. Even though this work is placed-based, it is important to hear and learn what has worked (or not worked) with others. This is also an opportunity to connect with other grantees.
  - What about a mentor program? What was key for me developing our effort was working closely with existing efforts. They were pivotal in navigating all the phases (baseline assessment, develop action plan, implementing, changing of leadership, evaluation, new action plan, etc.).

- o Areas with more experience and success could provide technical assistance and support to areas just getting started.
  - o Perhaps grant writers will share strategies with other counties, other areas. Competitive does not have to mean "building a silo."
  - o Pair the rural and urban areas together at the table.
  - o Recommend that the state brings in vendors who want to work on this or share best practices, cultural competency, technical skill sets and technical support. Boost local partnering, including community foundations.
  - o The statewide meetings were great.
- *Rural Considerations*
  - o Staffing an issue in rural communities.
  - o May need special consideration for rural applications.
  - o Rural areas may would have a hard time "competing" with high expectations of performance at the beginning. It would help to gain a better understanding of the barriers impacting rural areas and design the application specific to addressing those needs.
  - o Regarding rural, it is much more difficult to get funding for very basic services than it is to get funded for something untried and unproven.
  - o Applications from an urban area needs to be seen differently than an application from a rural or small town. The action plan and deliverables will also be different, ideally reflective of the community itself.
  - o A tiered system that includes small, medium, and large communities.
- *RFA Recommendations and Comments*
  - o The plan needs to be integrated into as many other local plans as possible (e.g., the Local Area Plan; County and City Housing Elements; Transportation Plans, CAB anti-poverty plans, etc.).
  - o Leverage existing efforts (ex: building off a county transportation plan, expanding on a program or needs assessment already happening etc.). This work depends on leveraging resources and needs to be demonstrated.
  - o The grant package itself should outline the blueprint for the plan. Starting with the demographics of the area to be covered and the partners that will be involved. Fiscal agency, outreach, etc., and expected general outcomes.
  - o Some communities are at various states of an almost identical needs assessment/action planning process under AARP/age-friendly guidelines. Only these communities have struggled through it with no funds. Might it be possible to apply for support for an age-friendly process that has stalled out for lack of funds?
  - o It would be concerning if there was an expectation to "start over".
  - o Breakdown the silos, including those between DDS and CDA.

Additional Information
- Resource: SCAN Foundation
- California Collaborative for Long Term Services and Supports (CCLTSS) hosts quarterly webinars to share best practices and innovation in local MPA implementation. Recent webinar on MPA work in rural communities titled, *Developing a Local MPA to Address the Needs of Older &*

Disabled Adults in Rural Communities. Access the webinar recording. If you have questions about the Regional Coalitions supported by the SCAN Foundation, contact Mariya Kalina.

- Resource: MPA Data Dashboard for Aging