Attachment A: CWDA Feedback on the Hubs and Spokes Proposal

County human service agencies support the goals of the Aging Master Plan and we want to grow services and supports that will enable older adults and persons with disabilities to age well in their own homes and communities through a coordinated and locally-driven services system.

- This requires investments into a broad range of prevention, early intervention and intensive care and support services across a continuum.
- Local flexibility is critical to leverage resources and expertise and to be more responsive to local needs.
- State support (and likely federal support) is needed to support local delivery systems, including new investments, eliminating barriers, and promoting best practices and innovation.

County human services continue to support the principles as articulated in the county association letter to CDA (December 2019*):*

- Build on strengths of local successes in delivery of services.
- Strengthen service delivery while retaining local flexibility to meet local needs.
- Increase collaboration and coordination across programs and services.
- Ensure equitable access to services.
- Provide added funding for workforce and programs to meet growing needs and gaps in services.
- Ensure adequate funding for current responsibilities.

To achieve these goals, the Hubs and Spokes work should consider and address the following:

1) Infrastructure and Service Equity Issues
   - County human service agencies and Area Agency on Aging (AAAs) have different resources to begin with, and different abilities to contribute additional funding.
   - As a result, local infrastructures are different, with some AAA's having more robust staffing than others, and some have more services than others.
   - Important not to penalize agencies if they are underfunded to begin with. Many CBO's have to fundraise. Some counties have rich resources than others.
   - Geography can play a major role in service access.
   - Acknowledge the continuing challenge of housing affordability and poverty and the role it plays in access to services.
   - Need to consider how these equity issues in staffing, administration and service funding can be addressed across PSAs.

2) Shifting consumer demographics
   - Aging and older adults population growth/declines are different across counties/PSAs and can change across years.
   - Total population changes in each county/PSA also has an impact on AAA funding.
   - Need to build culturally-relevant programs/services that embrace diversity and inclusion in service access and service delivery.

3) Funding and building comprehensive services
   - AAA programs include multiple funding streams and the administrative efforts to implement can be daunting and are not fully supported by the basic AAA administrative allocation.
   - Look beyond AAAs and county agencies. Services come from a broader array including parks, transportation, etc. And "we" can't do it all. Requires partnership.
   - Support some level of core services provided in each PSA/County and provide technical assistance and/or funding for capacity building for those services.
   - Explore braided funding and leveraging services i.e. consider waivers or other ways for expanding access to "means-tested" services.
   - Given shifting demographics, ever-changing policies and funding, How can we encourage innovation and build flexibility in programming dollars and developing services to "meet the moment" given the expected changes and shifts in demographics and needs of diverse populations?

4) Goal-oriented, outcome focused and accountability
   - How best to establish goals and create systems that focus on outcomes?
   - How to get data to inform the work?
   - Consider models for accountability, such as the AB 636-Child Welfare Outcomes and Accountability System and CalWORKs Cal-OAR.
     - For example, we county number of meals served but do not measure whether we are truly addressing food insecurity. We can deliver meals but what can we do about "food deserts" in poor communities who lack quality grocery stores?

5) Building system resources that build on strengths of partner agencies
   - Recognizing that the older adults system and AAA services are under-funded to begin with and need to grow the overall pot of resources.
   - Counties and CBOs each bring assets and face challenges and how does this factor into decisions on the "how" and the "who" to move the Aging Master Plan forward?
     - For example, counties can bring administrative "back bone" supports to state funding and federal funding pots. CBOs are nimble, in the community, etc.

6) Encouraging collaboration and partnerships, as well as transparency
   - Must build trust across organizations and establish positive working relationships across agencies and at all staffing levels.
   - Managed health care organizations are a major player but their role as a partner is not clear.
   - What role does the State play in facilitating partnerships across local entities? What are the expectations for local entities to foster partnerships across agencies?
   - Need to reduce fragmentation while building connections across programs
   - Many entities deliver services – should the State consider supporting partner "agreements" to coordinate the work locally?

Specific Recommendations:

1. **Increase administrative and funding support for older adult programs:**
   a) Simplify and streamline funding streams for OAA programs to the greatest extent possible.
   b) Ensure adequate administrative support to AAA programs to implement those programs, to engage with local stakeholders and others in planning and in outcomes and accountability efforts.
   c) Consider a "block grant" approach to older adult services funding – take the best lessons learned from the Title IVE Waiver Demonstration Project to invest meaningfully in a continuum of services for older adults.
   d) Invest in programs – may require state supplemental funding and/or advocacy at the federal level – and establish baseline funding for core services/programs administered by AAA's.
   e) Simplify contracts and other procedures for administering AAA programs. For example, utilize the Advancing States-HCBS Business Acumen Center for technical assistance.

2. **Bolster local infrastructures and access to services:**
   a) Provide technical assistance and support to local agencies (AAAs, counties, CBOs) in building the financial, administrative, and service infrastructure to deliver services to support the "hubs and spokes" approach, including a "no wrong door" and "services follow the individual" approaches. This could include, for example, standing up local "backbone" agencies who handle accounting, contracts, claiming, and audits on behalf of nonprofit agencies delivering services directly.
   b) Implement cross-sector training to support staffing and linkages to resources across public and private-based service providers.
   c) Encourage state-level leadership to support local-level partnerships across government-based and community-based service providers and with health care systems. Encourage leveraging of new opportunities through the CalAIM Initiative.

3. **Establish mechanisms for local aging planning and expenditures that embrace robust stakeholder involvement, transparency in spending, continuous quality improvement, outcome improvement and shared accountability.**
   a) *Robust stakeholder involvement* should include various county agencies beyond human service programs as those other agencies provide critical infrastructure and supports for older adults, for example: local transportation agencies, parks and rec, etc. This promotes a more holistic approach to serving older adults.
   b) *Transparency in spending* – Locally it can be difficult to understand and know all fund sources and expenditures in AAA programs when those programs are not administered by counties. Create mechanisms for stakeholders to see investments and fund sources (i.e. philanthropy, county, agencies, federal grants, etc.).
   c) *Continuous quality improvement and innovations* – Consider approaches such as peer quality reviews, engagement with national entities to support best practices, etc.
   d) *Outcome improvement* – Determine what outcomes we are seeking to achieve (i.e. social determinants of health; aligning with the Master Plan on Aging), how to measure to those outcomes, data collection and qualitative information gathering, to support outcome improvements.

e) *Shared accountability* – Responsibility for the health and well-being of older adults is no single agency's "job" and improving outcomes will require shared investment and accountability across multiple agencies and entities. Additionally, entities rely upon each other to serve clients. For example, IHSS relies on MSSP services for some consumers, APS relies on Meals on Wheels to support client health, etc. Shared accountability should be reflected locally (i.e. Boards of Supervisors, City Councils, Health Care Plans) and at the state level (with multiple State agencies). Structures to support shared accountability could include establishing multi-agency MOUs, interagency councils, or other methods that should be explored.

4. **Local Governance of AAA Programs should be driven through a transparent, local decision-making process.**
   a) Rather than endorsing any specific model for PSA's proposed by the CA Department of Aging at this time, CWDA recommends engaging stakeholders in a conversation to determine a process whereby PSAs structures may be altered in the future. This includes permitting PSAs to change from a multi-county PSA to individual-county PSA, or vice versa, as well as transitioning from non-profit administration to county administration, or vice versa.
      - The process should be transparent and should engage all appropriate stakeholders.
      - Changes in structures should align with and support the overarching goals of striving to achieve the vision and goals of the Aging Master Plan and improving service access for older adults.
      - The trigger for this process should be available "continuously" so that there is flexibility locally to adjust to local changes in demographics, local demand, etc., although to promote some consistency, it can be timed to occur every 3-5 years, for example.
      - There should be a conflict resolution process in case of disagreement locally.
      - There should be funding increases that are automatically triggered to maintain adequate levels of administrative and service funding locally.

5. **Engage national partners such as Advancing States to support California's Hubs and Spokes model implementation.**
   a) Specifically, consider conducting a state-level analysis within the California Department of Aging to review the overall administration of the OAA program, eliminate barriers and implement best practices to strengthen program administration.
      - For example, the Advancing States HCBS Business Acumen Center can help identify best practices and recommendations between administrative agencies and local direct providers such as community-based organizations. This could help to streamline contracting and other administrative processes that can be burdensome for local agencies.
   b) Advancing States National Core Indicators-Aging and Disabilities (NCI-AD) Project uses data to assess outcomes beyond health and safety to address important long-recognized gaps in LTSS data, such as social, community, and person-centered goals.

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