Hubs & Spokes Initiative: Findings and Next Steps

April 20, 2022

Logistics

California Department of AGING

- **Participants Muted During Presentations**
  - Use 'Raise Hand' icon during Q&A portion to request your line be unmuted
- **Closed Captioning is Available**
- Access by clicking the icon at bottom of your Zoom screen
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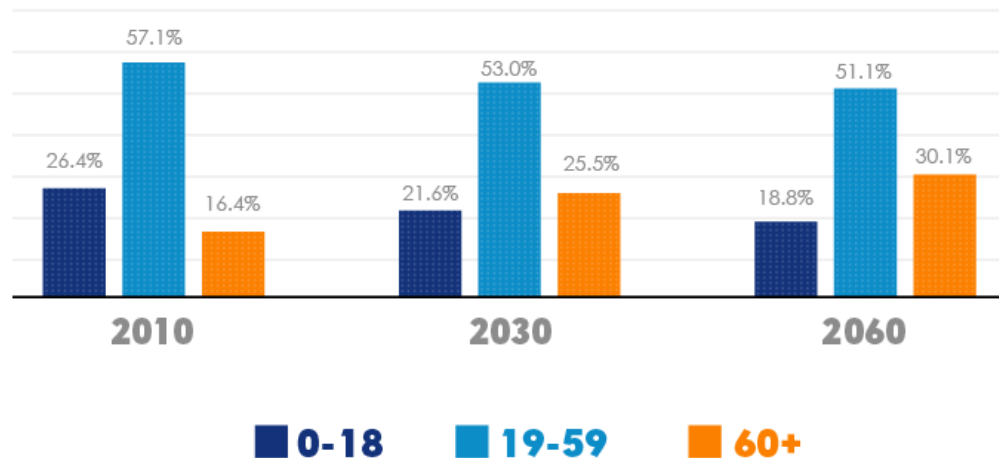- **Presentation & Recording Will be Archived**
  - Visit CDA's YouTube channel or Hubs & Spokes Network Webpage to access

Agenda

1. **Overview & How We Got Here**
2. **CSUS Project Scope and Purpose**
3. **CSUS Overview of Data and Findings**
4. **CDA Response**
   - What We Heard
   - CDA's Commitment
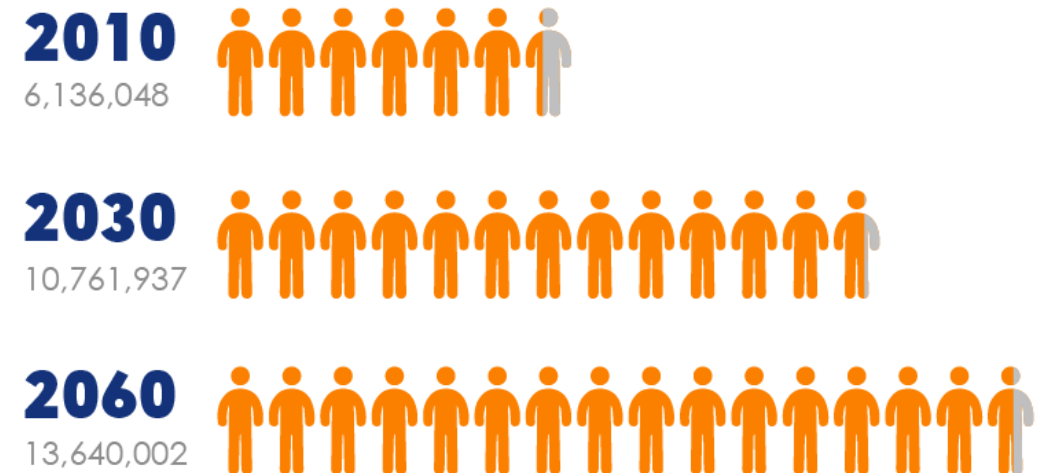5. **Partner Perspectives**
6. **Next Steps**

The Landscape of California is Changing

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By 2030, Californians 60 and Over Will Comprise One-Quarter of the Population

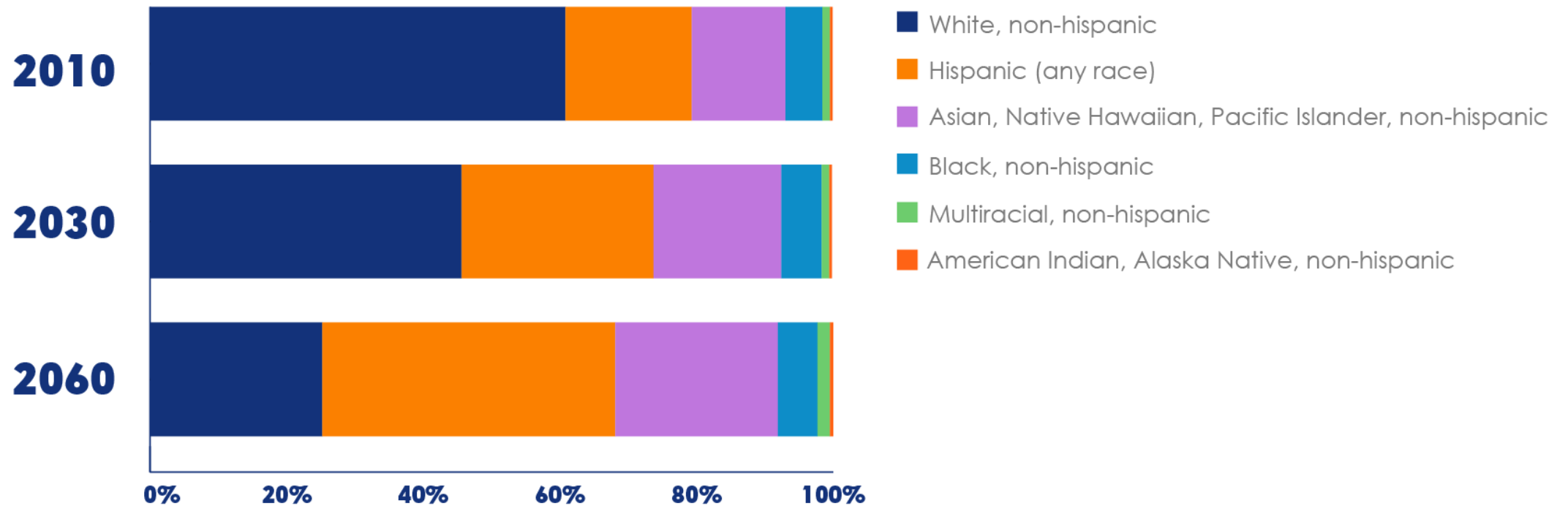### Distribution of the CA population by age group, by year

2010
- 0-18: 26.4%
- 19-59: 57.1%
- 60+: 16.4%

2030
- 0-18: 21.6%
- 19-59: 53.0%
- 60+: 25.5%

2060
- 0-18: 18.8%
- 19-59: 51.1%
- 60+: 30.1%

Legend: ■ 0-18 ■ 19-59 ■ 60+

Number of Californians age 60+ by year

2010
6,136,048

2030
10,761,937

2060
13,640,002

Source: CA Department of Finance

California Department of Aging | www.aging.ca.gov

CA Older Adult Population will be more racially and ethnically diverse

California's 60+ population by race/ethnicity, by year

Legend:
- White, non-hispanic
- Hispanic (any race)
- Asian, Native Hawaiian, Pacific Islander, non-hispanic
- Black, non-hispanic
- Multiracial, non-hispanic
- American Indian, Alaska Native, non-hispanic

Source: CA Department of Finance

Historic Opportunity to Recover & Build Back Better for Older Adults, People with Disabilities and Caregivers

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COVID-19 Accelerator

Exposed system challenges, presenting opportunities for adaptation and innovation

Master Plan for Aging

Set 5 bold goals, 23 strategies and 132 initial initiatives to create a California for all ages by 2030

Historic Investments

New state and federal funding to expand services, strengthen workforce and build infrastructure

Medi-Cal Transformation

Commitment to CalAIM, coverage for undocumented Californians 50+ and innovation in Medicare focused on integrated care for dual eligible beneficiaries
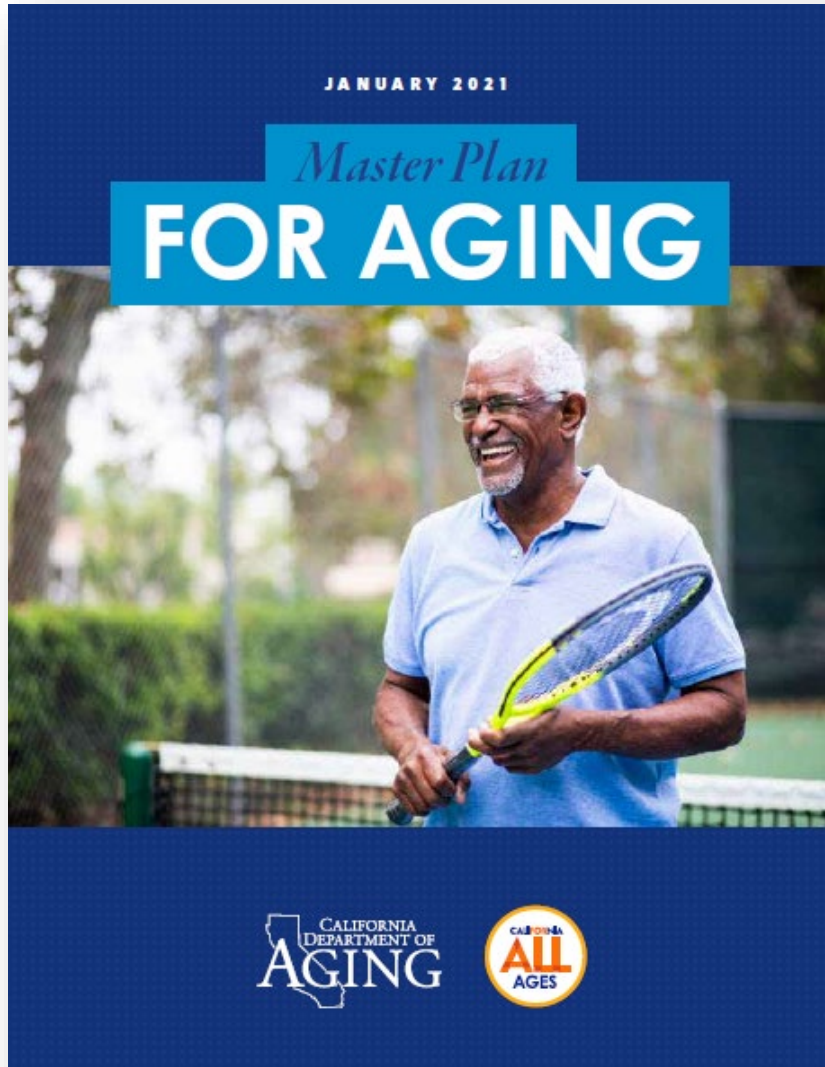
What is Hubs & Spokes?

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IDEA DISCUSSED DURING TOWNHALLS:

- A Statewide "Foundation and Framework" for every local community to adopt, in order to deliver person-centered, equity-focused, and data-driven services and outcomes to all Californians as we age

How We Got Here

January 2021: Master Plan for Aging
  ➢ Create a Statewide No Wrong Door System (Initiative 98)
  ➢ Revisit the Structure of California's Area Agencies on Aging (Initiative 101)

- Summer/Fall 2021: Hubs and Spokes Townhalls and Surveys

- Fall/Winter 2021: CSUS Analysis of Data and Findings

- Spring 2022: Presentation of CSUS Data and Findings/CDA Next Steps

CSUS Project Scope & Purpose:

California Department of AGING

- Analyze feedback from the Hubs and Spokes Town Halls and Surveys

- Present feedback and findings to CDA and stakeholders

Thank You for Your Participation

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THANK YOU!

- Town Hall Participants

- Survey Respondents

- CSUS Research Team

Data breakdown

- Data examined: Stakeholder events between July 8, 2021 – October 15, 2021
- 707 minutes of virtual stakeholder events
- 513 completed surveys (1 in Spanish, 512 in English)
  - Who responded?
  - 193 people delivering services
  - 214 people in organizational or government leadership
  - 42 participants/care recipients
- 12 organizational letters

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2021 stakeholder events

Virtual Town Halls:
- July 8: Stakeholder Engagement Kick-off
- August 31: Sacramento and Central Valley
- September 14: Bay Area and Central Coast
- September 28: Rural and Remote California
- October 5: Aging & Disability
- October 12: Los Angeles and Southern California

Leadership in Aging Webinars:
- September 15: Measuring the Success of the Aging Network
- September 22: AAA Partnerships with Healthcare: Impact & Trends
- October 6: Promising Practices, Performance Criteria & Excellence

Public Survey & Comment Period:
- August 31: Hubs and Spokes survey is launched
- October 15: Survey closed and letters received

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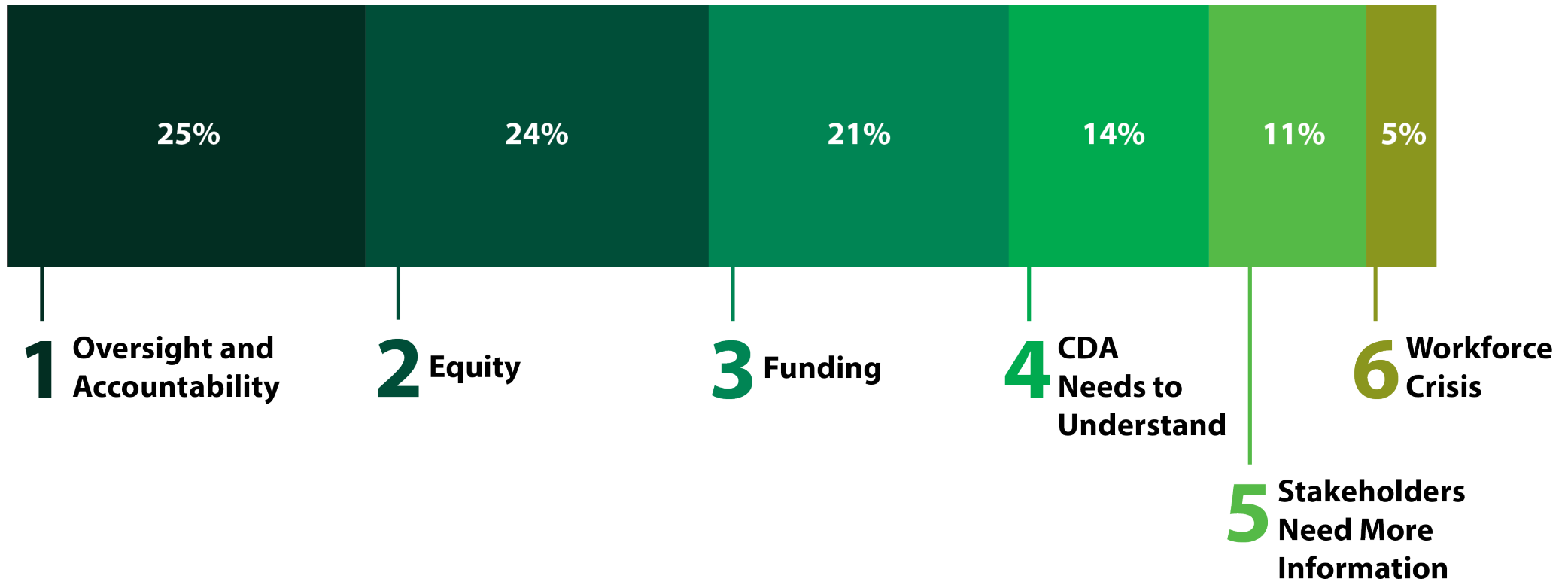COLLEGE OF CONTINUING EDUCATION

Respondent and participant background

- We do not have information on respondent demographics, other than their relationship to delivering or receiving services

- Because of this we do not know whose voices are missing or what vulnerable populations have not been included. More research is needed to determine this. (Social science sampling methods can be used to achieve equity in participation.)

- Because demographics were not collected, we cannot speak to:
  - Representativeness of the sample
  - Generalizability of the sample

- Frequencies represent how many times a theme appeared in the data; not how many people mentioned a theme

Themes from the data
Why we use direct quotations

25%	24%	21%	14%	11%	5%

1 Oversight and Accountability

2 Equity

3 Funding

4 CDA Needs to Understand

5 Stakeholders Need More Information

6 Workforce Crisis

Data gathering procedures did not allow us to determine how many unique individuals made particular statements or referenced a particular theme

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1. Oversight and accountability

"We recommend the Department of Aging continue to allow regionalization as reflected in the current PSA map. The regional PSA approach in rural communities is cost-effective and allows our counties to serve more seniors with greater quality."

- Differences in region seem to leave many people feeling concerned that their community's needs may be overlooked in a statewide plan
- Concern about provider relationships, connections, services being lost in a transition to different oversight
- Many averse to a one-size-fits-all approach
- Desire for flexibility

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2. Equity and inclusion

What we found

- Distributing resources in a manner designed to ensure equitable outcomes

- Having vulnerable and impacted populations shape service delivery model

- Conceptualizing vulnerable populations

- Context of vulnerable populations

- Stakeholder engagement

- Stakeholders want equity in design

Conceptualizing Vulnerable Populations

"I'm a Laotian senior. My family has five seniors, I, myself am a senior, 65; my mom is 84. We're an invisible community. We came here as refugees many years ago. Most of our first generation seniors need lots of help. We don't really have assistance as we are supposed to. I just want to take the opportunity to tell the policymaker people that tried to develop the program to meet the need of our diversity, in the Asian community, there's many, many different Asian people from different regions of the Asian continent. So not one group, not one Asian group can represent all people."

Importance of reaching out to specific stakeholder groups

- Average poverty rate among all Asians in the US is 10%

- Hmong/Burmese poverty rate is 25%

- Indian poverty rate is 6%

- If average used in policy funding formulas, would not provide enough resources for Vietnamese, Chinese, Pakistani, Nepalese, Bangladeshi care recipients

* "Asian Americans and their origins_Key Facts_Pew Research Center" (2019).

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Importance of place

"We would like to see that the state provided tailored support for older adult needs in Area Agency regions ravaged by natural disasters, wildfires, public safety, power, shut offs, drought, excessive heat."

- Rural and Remote Townhall discussed how funding formulas do not account for increased cost due to geography

Equity in design: Centering lived experience

- "The organizational leadership of the Hub must include disabled individuals with lived experience, as well as older adults and service providers with relevant expertise."

- Important for all groups CDA is serving

Additional equity considerations

- Race/ethnicity

- Digital divide

- Eligibility criteria

- Lack of provider support

- Disability accessibility

- Unhoused

3. Funding

"The emergency relief funding that has come through in response to the pandemic has been a true blessing. We have proven to ourselves and others that given sufficient funding, we can and do accomplish incredible things."

Key funding concerns

- Long term federal underfunding
- Some think funding formulas too reliant on population density
- Providers experience conflict between administrative costs and service delivery
- Many concerned that under resourced AAAs and ADRCs will incur the increased administrative costs of restructuring without additional funding support

National funding inadequate
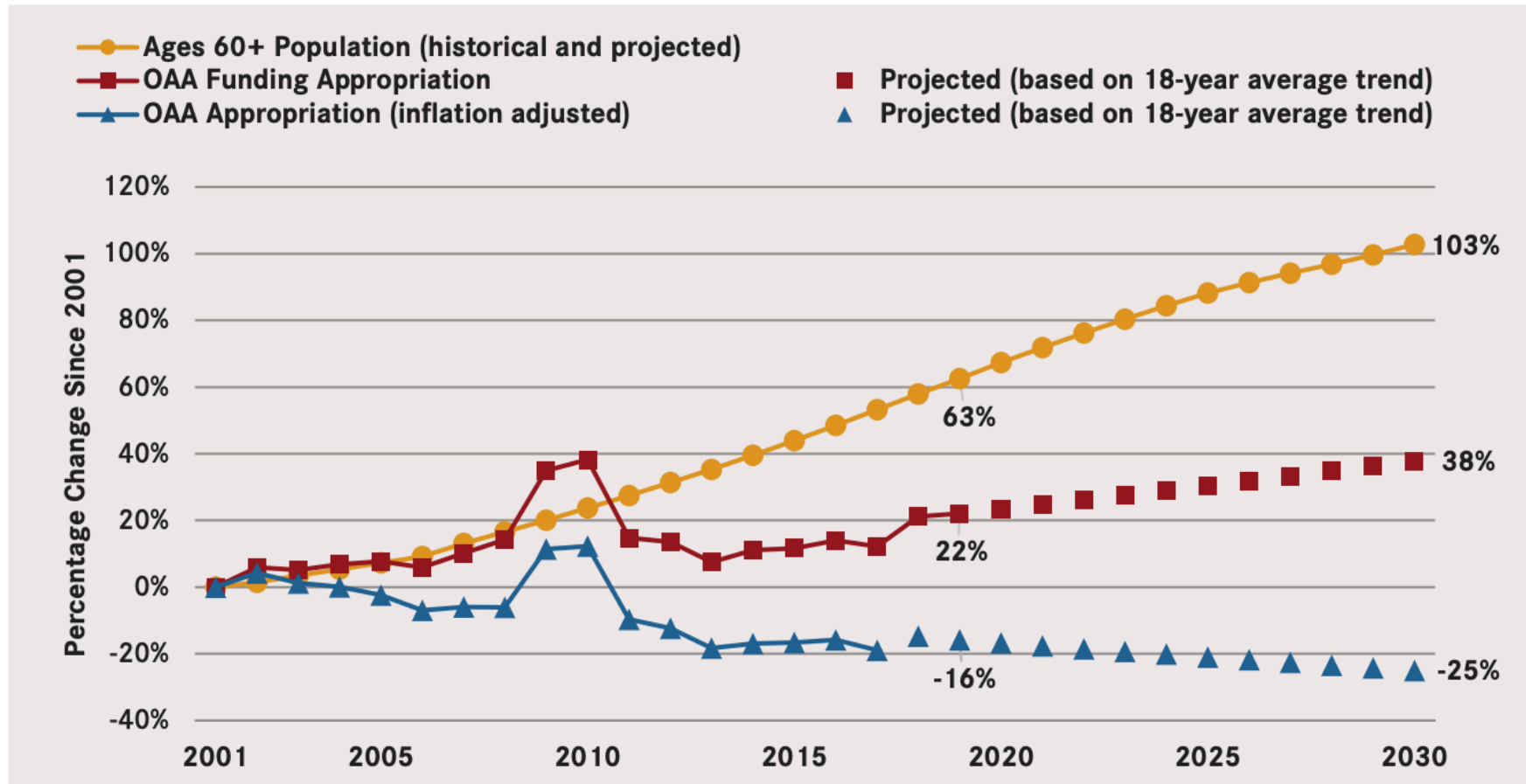
Ujavri, Fox-Grage, Houser. "Home and community-based services beyond Medicaid: how state-funded programs help low-income adults care needs live at home." Washing, DC: AARP Public Policy Institute, February 2019.

National Older American Act funding allocations

- Not keeping pace with 60+ population growth since 2001
- When inflation accounted for in 2019, OAA funding had decreased by 16% since 2001, while population has increased by 63% since 2001.
- This does not account for Covid-19 funding increases
- Funding formulas for disability services were unclear from data

4. CDA needs to better understand stakeholder experience

"The system users have to be part of the design."

- CDA faces challenges with delivering and receiving communication with stakeholders
- Service recipients, caretakers and frontline workers need to be consulted more
- Stakeholders may have more insight on understanding barriers to care

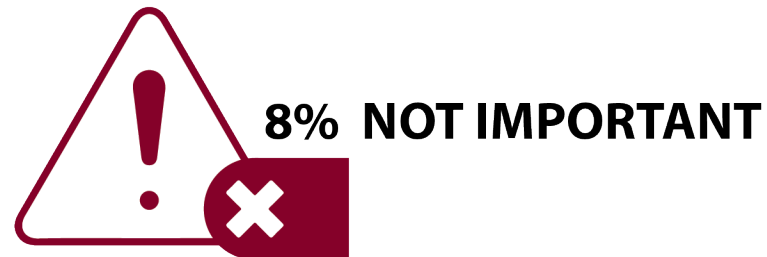# Survey Responses
What are barriers to care?
Over the last 12 months, do you feel that you generally received the services you needed when you asked for help?

YES 32%

NO 49%

DOES NOT APPLY 19%
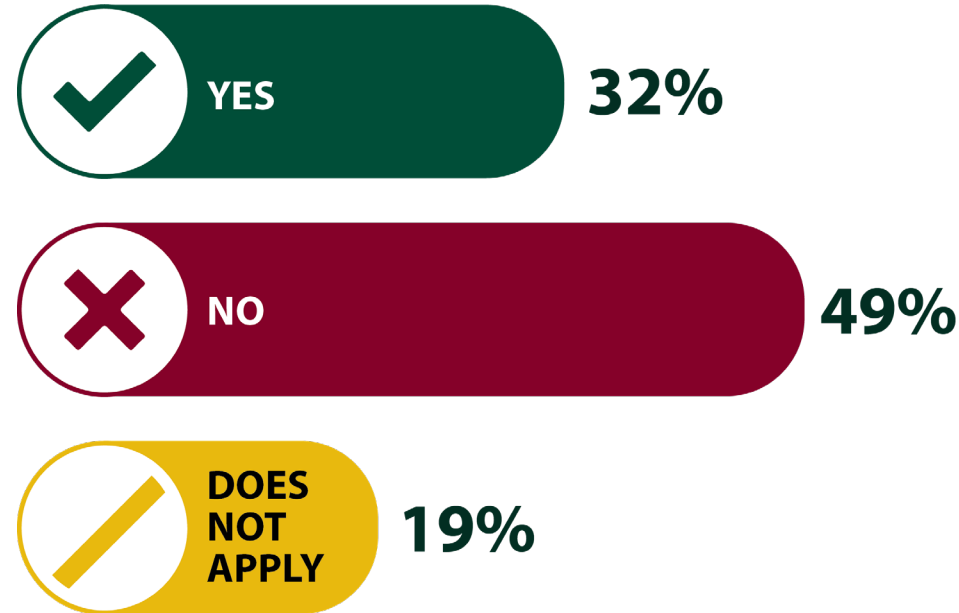
Survey Responses
Receiving information from one provider

How important is it for you to receive information about the full range of services for older adults and persons with disabilities from one source/provider?

92% IMPORTANT

8% NOT IMPORTANT

More information needed to explain why people go without care

- Finding services and information plays a role:

  - "Finding services is the most difficult part." (survey response)

  - "When my own mother needed help, I didn't know where to get information, and I work at a library!" (survey response)

- Not receiving information from a single source is only one barrier to care; there are additional challenges that prevent people from accessing services
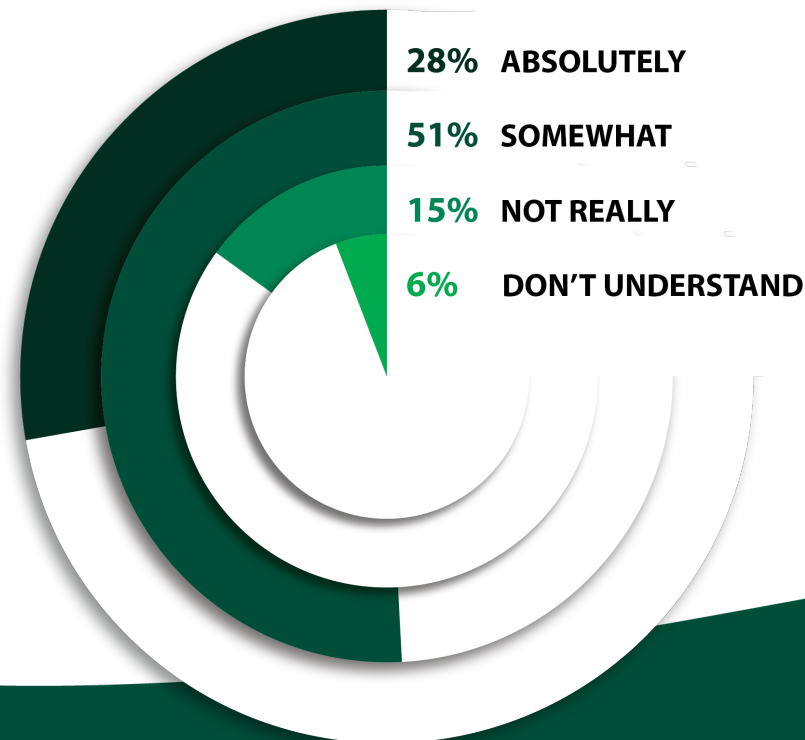
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Key point

- Data pointed to CDA needing more input to address the multiple barriers to care:

    – Getting information to customers/caregivers
    – Agency funding
    – Workforce shortage
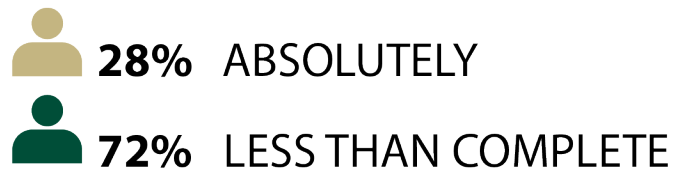   – Geography, disasters
    – Equity

5. Stakeholders need more information to provide meaningful feedback and recommendations

"Do you feel like you have enough of an understanding of Hubs and Spokes after today's town hall to give meaningful feedback and recommendations?"(October 5, 2021 Town Hall)

28% **ABSOLUTELY**

51% **SOMEWHAT**

15% **NOT REALLY**

6% **DON'T UNDERSTAND**

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What we found

- Attendees wanted to provide meaningful feedback and recommendations

- Generally confused about the "Hubs & Spokes" metaphor

- Concerned about changes in structure, loss of funding, increased workloads

What did participants say?

"If there is an ADRC in place and a AAA in place, where does the client go first? It seems a bit duplicative. Which one is the hub; which one is the spoke? it seems confusing despite the overview."

What did participants say?

"[You] spoke in metaphors regarding the idea of what the future is in serving older adults in California: one-door, a house with many rooms. Can there be more definition as to what this vision is? Will it be an actual location where the public can go to in-person and there will be representatives from the various service organizations? Will this be virtual? Will it be over the phone? Will there be pilot programs?"

A conundrum

- People have ideas and want to participate
- There is much knowledge and experience

but

- Comments rooted in concern and confusion

Key questions to address:

- What is the plan?
- Which decisions have already been made?
- How will future decisions be made, and by whom?
- How and when will stakeholders be involved?
- How will funding be assessed?
- How will this be paid for?
- What are hubs and where will they be located?
- How are hubs different from ADRCs?
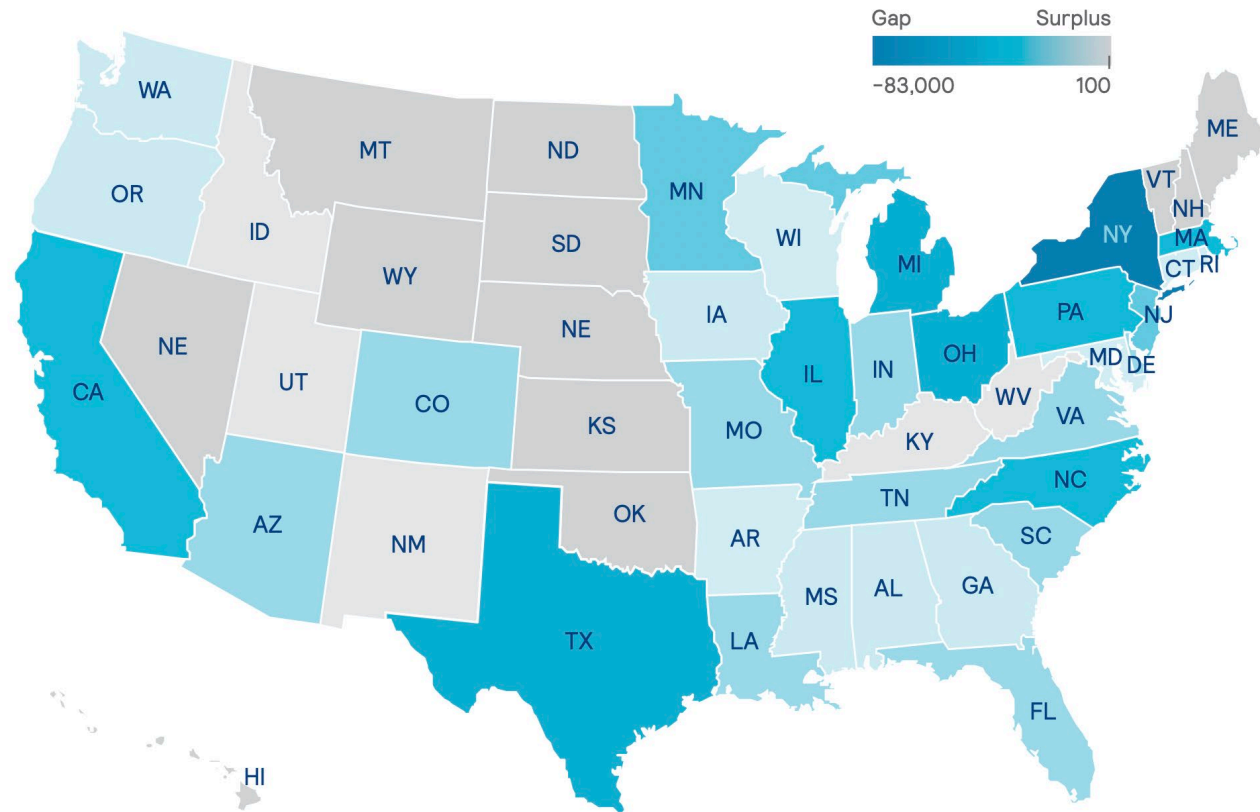- Will new model be independent control or county-based?

Key points

- Confusion around the model and how it will be implemented shaped stakeholder/public input

- Transparency in CDA's decision making process is necessary for stakeholder engagement

6. Workforce crisis

"Home Health Aides – Projected Workforce Gaps and Surpluses by 2025." Mercer's US External Labor Force Analysis, 2017, qtd in Stevenson, M. (2018). Demand for Healthcare Workers Will Outpace Supply by 2025: An Analysis of the US Healthcare Labor Market. *Mercer Report HPA*.

What we found

- Need more labor

- Need training

- Retention is a challenge

- More administrative work = more labor needed

What did participants say?

"Having a stable home care worker workforce, private or public, is essential to helping people stay safe in their home."

What did participants say?

"Will CDA use its power to ensure the local AAAs use the additional funds to raise the wages of the service providers? If the goal is to improve and enhance the consumers experience it is paramount that we reduce the high turnover of program managers and key staff."

What did participants say?

"I want to speak to the tremendous labor force challenges that California has in order to ensure that we have adequate care for the older adults that we're serving. Most of the people that work with older adults are woefully untrained to do the work that they're doing. They're woefully untrained to work with persons with disabilities. And we need to start paying attention to the investment that we have to make in our human resources to be able to make sure that they are able to provide the services that our clients need."

Innovative ideas emerge:

"So, my thought is developing the workforce within the community itself, to care for and provide assistance to the community. Does that make sense? Providing state funding, federal funding… to develop a direct care, direct service workforce in the community, to care for their own… Rural communities, typically, are very, very proud of their strengths and how they come together. To be able to use dollars to develop its own workforce to support its own community, I think, would be phenomenal."

Considerations for future stakeholder engagements

What is missing?

Solutions that emerged from the data

- More involvement from and collaboration with older adults, people with disabilities, family caregivers and frontline workers

- Continue to work with agency providers

- Strong stakeholder engagement overlaps with equity

A Launching Point

The information presented by CSUS is a launching point for CDA to continue our stakeholder engagement:

What can California do now to structure the 2030 statewide system to meet the complex needs of all older adults, people with disabilities, and family caregivers with a focus on equity and inclusion?

What We Heard
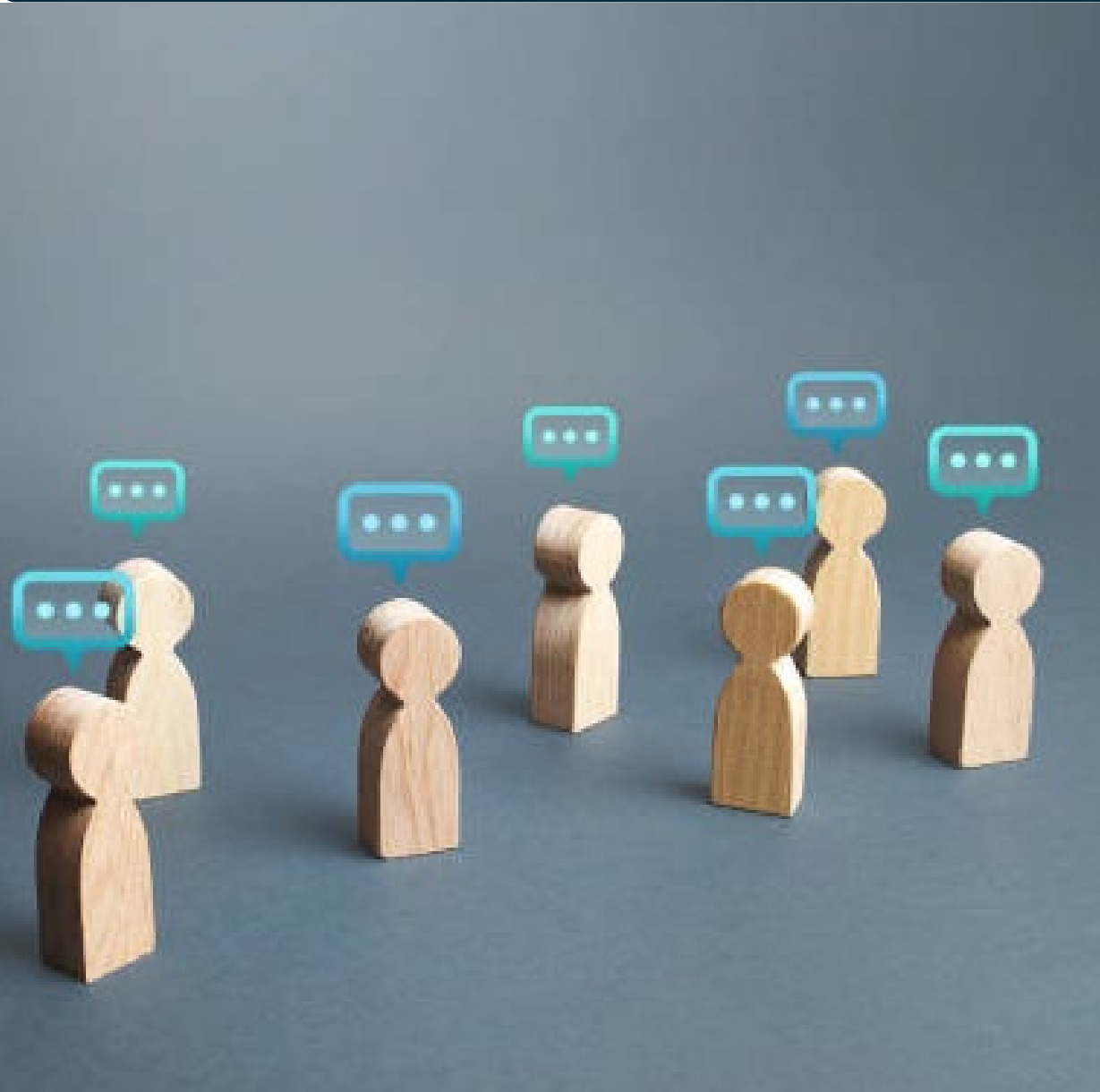
- Confusion!
- Public need and demand
- System challenges
- System strengths
- Opportunities for reform
- Nothing about us without us: Importance of engagement and listening

We Are Committed to:

Person-Centered: Who does the system support?
Engagement: With all stakeholders
Partnership: Seeking shared solutions
Equity: Race, ethnicity, language, culture, LGBTQ, age, income, disability, geography

CalHHS Guiding Principles

Together, we Will Further Examine:

- Governance structure

- Geographic distribution and boundaries

- Funding formulas and administrative costs

Meanwhile, the Work Continues

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Renewed commitment to system transformation through the Master Plan for Aging:

1. Center all work on the experience of older adults, people with disabilities and caregivers
2. Build a statewide No Wrong Door system backed by a consumer-facing navigation system that includes a web portal, live telephone support and data connectivity
3. Plan for future infrastructure needs (identifying LTSS gaps, building a roadmap)
4. Redouble efforts to address workforce crisis
5. Explore opportunities for Health Plan partnerships and public investment through CalAIM (e.g. Community Supports, Enhanced Care Management)

How Do We Work Together Going Forward?

Partner Perspectives:

- California Commission on Aging
- California Association of Area Agencies on Aging (C4A)
- California Foundation for Independent Living Centers (CFILC)
- California State Association of Counties (CSAC)

Questions & Comments

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