

## California Department of Aging | CA 2030 | AAA Interview Synthesis | July 2023

In the spring of 2023, Collaborative Consulting conducted in-person and virtual interviews with California's 33 Area Agencies on Aging (AAAs) as part of the CA 2030 project (see the Appendix for a list of interviewees). The purpose of the interviews was to gather perspectives, experiences, and ideas from agency leaders and staff about the past, present, and future of the CA Aging Network. For the CA 2030 project, the **CA Aging Network** represents the **33 AAAs** and the **California Department of Aging (CDA)**. This synthesized summary of the AAA interviews will inform recommendations for how the CA Aging Network can evolve to serve future older Californians, caregivers, and people with disabilities. Insights are organized into these sections:

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- The racial, ethnic, and cultural diversity of Older Californians is expanding.
- The housing shortage is already a crisis – and could get worse.
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- Service demand will grow, and workforce challenges could deepen.
- More older adults will have mental and behavioral health challenges.
- More older adults will face financial vulnerability.
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## **CURRENT STATE: THE CA AGING NETWORK TODAY**

Interviewees characterized the CA Aging Network as an ever-evolving system of stakeholders, organizations, and policies that have adapted and evolved— in good ways and bad.

### ***The CA Aging Network has valuable strengths and assets.***

#### **The CA Aging Network shares a common mission across the entire state.**

Interviewees highlighted many positive attributes of their organizations and the CA Aging Network that contribute to achieving the collective purpose of promoting the independence and dignity of older adults across California communities. This includes the mission-driven and passionate staff who care about the people they serve and are knowledgeable and respected local experts in the aging field. AAAs possess a strong belief in the importance and value of the roles and activities of AAAs. They are proud of their positive reputations with people and professionals familiar with them. Many AAAs are seen as adaptable to respond to market threats and opportunities, with collaborative cultures embedded in local communities.

*“Our culture is to get it done and find a way for even all the small problems to be solved.”*

**AAAs have a deep understanding of their communities.** AAAs demonstrate varying levels of collaboration with many community partners and allies. The growth of Aging and Disability Resource Connection (ADRC) efforts, local Master Plan for Aging (MPA) development, and Age-friendly Community initiatives, as well as the elevated service delivery roles AAAs played during the pandemic, have helped fuel more AAA connections with other local organizations. Interviewees emphasized the importance of collaboration between aging and disability organizations. Common partner organizations include Independent Living Centers (ILCs), Caregiver Resource Centers (CRCs), subcontracted vendors, hospitals, government agencies, healthcare organizations, and community-based nonprofits.

#### **Strengthening bonds among AAAs, CDA, and C4A results in more optimism for the future.**

Interviewees recalled a past version of CDA that operated as a regulatory body maintaining a purely administrative relationship with the AAAs. Recent changes in leadership at CDA have spawned a shift towards more collaboration. AAAs have become more optimistic about the future direction of the CA Aging Network. Interviewees considered the California Association of Area Agencies on Aging (C4A) more helpful in bringing the CA Aging Network together and providing a platform for communication among peers and with CDA. However, some AAAs, especially rural AAAs, maintained that their voices and perspectives are not equally heard or considered.

*“I like the direction that CDA is going because they are listening, working to understand us, and advocating for us.”*

### ***The CA Aging Network has been receiving greater attention.***

**The MPA has brought new attention and resources to the CA Aging Network.** Spurred by public calls to prioritize aging issues, the state’s MPA represents a significant commitment to addressing the evolving needs of older adults, caregivers, and people with disabilities. The CA Aging Network has benefitted from infusions of funding for developing and implementing the MPA. Additionally, private

funders have recognized the importance of supporting initiatives that enhance older adults' well-being and quality of life.

**AAAs played critical roles during the COVID pandemic.** While the AAAs experienced stress during the pandemic, they adapted programs and services. They took on new and expanded community roles, providing COVID-related resources and critical home-based services such as wellness checks and food support. Federal and state governments introduced less stringent regulations and emergency funding to AAAs. The less rigid regulations made it easier for the AAAs to convert funding to high-demand services efficiently, although some still needed help in this area due to limited capacities.

*"We saw regulatory flexibility during COVID where we could transfer funding more easily, which was great because we could really adapt or pivot to the needs that we were seeing locally."*

**New funding opportunities are emerging through new Medi-Cal policies.**

With the emergence of California Advancing and Innovating Medi-Cal (CalAIM) in 2022, several common AAA service lines are now eligible for payment by Medi-Cal managed care plans. Some AAAs are actively involved in contracting with plans in their regions. This activity seems more common among single-county AAAs operating within a county government. Some AAAs have no interest in contracting, and others are interested but need more capacity to pursue opportunities. At least one AAA plans to step away from an existing contract due to limited referral volume. AAAs are concerned about the time, infrastructure, and skills required to develop and sustain contract-based partnerships with healthcare organizations. But AAAs are hopeful that healthcare contracting opportunities will allow them to serve more clients and create new revenue streams.

*"AAAs need to be at the table with health plans... AAAs should be their hands and feet."*

***Funding is a constant concern.***

**AAAs feel undervalued.** AAAs know California's current and future population trends and what that means for their communities. Many older Californians are living longer, and there aren't enough local resources or infrastructure to meet their basic needs. However obvious these trends are to the AAAs, many don't see local or state policymakers and elected officials making long-term investments in the future of the CA Aging Network.

**AAAs do not feel like they are adequately funded.** AAAs' abilities to maximize their impact are limited by funding amounts, processes, and policies. Many, especially smaller and rural AAAs, lack sufficient staff to handle their administrative workload. The stipulation that a maximum of 10% of funding can be used for administrative activities restricts the allotted funding to staff their teams adequately. AAAs cannot scale programs to meet service demand and eliminate program waitlists with Older Americans Act (OAA) funding alone. Some AAAs receive minimal financial support from their local county governments. Some interviewees mentioned the lack of dedicated fundraising personnel within their teams, making fundraising challenging for smaller AAAs.

**Funding requirements are a burden.** With minimal administrative funds combined with rigorous reporting and complicated fiscal requirements, AAA staff feel overwhelmed, strained, and challenged in maintaining compliance while ensuring programs and services are available and accessible in their communities. Due to the administrative burdens associated with funding and reporting, AAAs with smaller budgets are also challenged in attracting and retaining local service providers. Many claim that CDA has the most demanding funding requirements of all state agencies.

*“We can’t expect to keep doing the same things and expect different results by 2030.”*

**Funding is often delayed taking months after a contract period begins before it arrives at AAAs.** Not all AAAs have the liquidity or financial support to front the money and prevent service interruption. Others aren’t comfortable with backdating contracts before the contract is executed and the allocation is received. The delay in funding puts some AAAs in the position of not having the necessary funds to pay their vendors until the funding is disbursed, straining the AAA-vendor relationship, and weakening vendor retention.

***Many AAAs feel hidden in their communities.***

**AAAs are challenged in balancing community engagement with capacity management.** While the challenges faced by older adults during the COVID pandemic brought greater visibility to the AAAs, interviewees remain concerned that most older adults and their caregivers do not know about AAAs. Many consumers only become aware of these services when they are in immediate need or facing a crisis. AAAs are seldom the first point of contact for consumers. AAAs have yet to have a widely recognized brand; few have the strategic agenda, resources, and skills to build capacity in this area. Some AAAs use other names or are embedded within broader agencies as county government departments, further obscuring the AAA's identity. Some feel that identity is less important than the resources and services offered and/or funded. Others feel like their identity is critical to effective marketing and communications.

*“I’ve heard the same feedback repeatedly: what is the AAA? Because the name doesn’t necessarily answer your question directly on what it is we’re doing here. I think the name is outdated.”*

**AAAs may not be reaching their target populations.** Few AAAs spoke of having adequate resources and capabilities to effectively target services to subpopulations or analyze the demographics of their consumer populations to ensure their services reach target consumers. Some have improved community visibility by hiring outreach liaisons, AAA ambassadors, and branding specialists to engage with providers, CBOs, and advocacy groups. However, interviewees admitted that not all AAAs have the budget to support these roles, and some hesitate to do additional outreach because of program waitlists.

***Some policies and practices may be hindering AAA performance.***

**Contracts and program memos are often released on short notice and revised retroactively.** Interviewees experience frequent delays in the release of contracts and program memos. For contracts,

AAAs need more lead time and longer contract periods to proceed through internal processes to execute the contract and plan for effective program rollout. They emphasize that the limited timeframe and uncertainty in sustained funding levels make it difficult for AAAs to plan and implement programs effectively. It is challenging for some AAAs to secure subcontractors that can spend allocated funds within a short timeframe. Interviewees expressed challenges with new requirements enforced after programs were launched. AAAs stressed the importance of proactive guidance and longer-term program and contract periods allowing for greater stability and flexibility in program implementation.

**Programs are siloed and do not address the holistic needs of consumers.**

Interviewees maintained that the structure of aging programs leads to fragmented services failing to address the holistic needs of consumers. AAAs pull various programs, funding streams, and providers together to wrap services around consumers, a complex and time-consuming practice that only some AAAs can accomplish.

*“The network has evolved, but it has never been designed.”*

**AAAs feel inundated by administrative requirements.** The administrative burden of contracting, auditing, and reporting constrains the ability of AAAs to deliver services and grow their organization. Some AAAs occasionally experience frustration with CDA, as their capacity is compromised and resources are diverted from service functions. The volume of contracts to manage, frequency and diversity of data reporting requirements, and audits to prepare for is overly burdensome given the amount of funding available. Data entry processes and systems need to be updated and demand additional time from already limited staff to duplicate entries. The lack of synchronization between fiscal years complicates budget management, expenditure tracking, and reporting processes.

*“Our county contracting processes delay our ability to spend new funds and launch new programs easily.”*

**Few AAAs measure outcomes.** Reporting requirements measure outputs that do not capture the quality of AAA services and activities. Some AAAs conduct consumer satisfaction and experience surveys; however, this data is not shared with CDA or strategically utilized by many AAAs.

***There is significant variation across the CA Aging Network.***

**The evolution of the CA Aging Network has resulted in a range of capacities and capabilities.**

Policies, programs, and funding have been added and removed based on the shifting federal, state, and local economies and political and policy decisions. This volatility has weighed heavily on the structures and long-term capabilities of AAAs and CDA. The growth and development of the CA Aging Network have been opportunistic, more often growing through convenience rather than deliberate planning and a cohesive vision. While this natural evolution has allowed for greater local flexibility, it has resulted in a patchwork of agencies representing a vast range of resources, infrastructure, and capabilities.

**Some AAAs have siloes within their agencies and among their local partners.** Long-term services and supports (LTSS) in California are fragmented, with various entities, organizations, and local and state government bodies involved in providing and overseeing different programs for older adults and caregivers. This fragmentation leads to challenges in consumer coordination, communication, and navigation. AAAs recognized that older adults face a fragmented system, where access to and availability of services and resources varies based on where they reside. Some AAAs have developed internal and locally coordinated systems to improve consumers' access and navigation of resources; other AAAs have yet to align and coordinate programs and services.

*"Data is fragmented because all the services aren't connected. By the time a new system comes out, it is already old."*

**Services are inconsistent across the state.** AAAs identified disparities in service quality and program offerings from one region to another, framing this as an equity concern for Californians who cannot access a standard suite of services from AAAs. There is an opportunity for the CA Aging Network to establish a set of services consistently provided throughout the state. The most critical services AAAs thought should be offered universally include information and assistance, support for family caregivers, food and nutrition, and transportation.

### ***Geography and demographics are key drivers of AAA variation.***

**Rural Planning Service Areas (PSAs) face the challenges of smaller tax revenues, low population density, and more frequent exposure to natural disasters.** Interviewees suggested that rural communities have fewer resources than their urban and suburban counterparts. Smaller older adult population sizes, combined with limited diversity and inaccurate census data that do not reflect the recent relocation of older adults, result in funding formula allocations insufficient to serve the PSA. Vendors' limited numbers, capacities, and capabilities make it challenging to meet service demand and program requirements. Transportation is a particular challenge. Additionally, few community-based providers can meet program reporting or credential requirements, especially evidence-based disease prevention and health promotion (Title III-D) programs. In emergencies like fires, floods, snowstorms, and blackouts, it is dangerous and impossible for providers and emergency responders to reach remote consumers, ensure their safety, and continue service provision.

*"There aren't a lot of specialists here, so people who need them have to leave the area; and there just isn't transportation provided to go out of county."*

**Suburban PSAs face challenges of increasing service demands and rising costs of living.** The increasing cost of living is heightened in suburban communities. As a result, the population of cash-poor older adults – those with limited financial liquidity – is increasing. Cash-poor older adults have limited savings and a minimal disposable income, often leaving them struggling to meet their basic needs. However, despite their financial challenges, some may have assets that disqualify them from public benefits or assistance programs.

*"Every one of us has different needs, resources, and abilities to try different things."*

AAAs serving these communities struggle to provide services that enable these older adults to satisfy their physical and financial well-being needs and prevent first-time homelessness.

**Urban PSAs face higher concentrations of demand, higher costs of living, and severe housing shortages.** The demand for service areas in cities throughout California is much larger than what the AAAs have the funding and capacity to provide. Waitlists for programs are also a primary concern among many AAAs serving urban areas. Greater homelessness rates are prevalent in urban areas. They are often attributed to a lack of affordable and accessible housing supply and increasing mental and behavioral health issues. Safety concerns, including the fear of violence, are also prominent in urban communities. More older adults are choosing not to participate in the community out of fear of crime.

**PSAs face challenges in serving migrant communities.** The diversity of California and pockets of cultural enclaves make it challenging for AAAs to find providers that can provide culturally competent services and find outreach channels to penetrate cultural and language barriers. The existing providers are very small, local organizations that need more capacity and infrastructure to serve the entire community. AAAs with PSAs along and near the US-Mexico border frequently encounter communities composed of immigrants who primarily speak languages other than English, have limited access to technology, and possess minimal to no financial resources. Further, eligibility requirements limit the AAAs' ability to connect consumers to services. Inaccurate census data fails to represent the number of people served, resulting in funding formula disparities that inadequately support service demand.

*"We have very low poverty levels, low literacy rates here. So, it really does take us time to get to our seniors."*

***Each AAA structure is seen as having advantages and disadvantages.***

Interviewees explored the strengths and challenges of different AAA organizing and governance models. Nonprofit AAAs benefit from having community-based boards of directors who have an affinity to the AAAs and their mission and governing structures that can enable more entrepreneurialism and adaptability. Nonprofit-based joint-power agreement (JPA) AAAs share similarities with nonprofit AAAs, including greater flexibility and responsiveness and more fundraising opportunities.

Government-based JPA AAAs have stronger cross-county collaboration and can share data and consumer information with their county partners more easily. Government AAAs have a beneficial safety net in their integration within county governments and access to local government funding, resources, and services. See the tables below of the strengths and challenges AAA interviewees identified.

*"Many county-based AAAs are not standing on islands but deeply embedded in local systems."*

NONPROFIT AAA STRENGTHS	NONPROFIT AAA CHALLENGES
<ul style="list-style-type: none"> <li>• Board of directors aligned with mission</li> <li>• Least bureaucratic structure</li> <li>• Strategically independent</li> <li>• Operationally nimble</li> <li>• Can become competitive in the market</li> <li>• More alternative revenue opportunities</li> <li>• Fewer internal policies and restrictions</li> </ul>	<ul style="list-style-type: none"> <li>• Separated from local government services</li> <li>• May have lower wages and fewer benefits</li> <li>• May have limited cash reserves</li> <li>• May not have access to local public funds</li> <li>• May be more exposed to market / economic fluctuations</li> </ul>
NONPROFIT JPA STRENGTHS	NONPROFIT JPA CHALLENGES
<ul style="list-style-type: none"> <li>• Collaboration with cross-county leadership</li> <li>• Less bureaucracy</li> <li>• Strategically quasi-independent</li> <li>• Can become competitive in the market</li> <li>• Operationally nimble</li> <li>• Alternative revenue opportunities</li> <li>• Potential access to local public funds</li> </ul>	<ul style="list-style-type: none"> <li>• May have lower wages and fewer benefits</li> <li>• May have limited cash reserves</li> <li>• Separated from local government services</li> </ul>
GOVERNMENT-BASED JPA STRENGTHS	GOVERNMENT-BASED JPA CHALLENGES
<ul style="list-style-type: none"> <li>• Collaboration / data and information sharing with counties</li> <li>• Less bureaucracy and more flexibility compared to single county government AAAs</li> <li>• Access to government resources, infrastructure, and expertise</li> <li>• Availability of local county funds</li> </ul>	<ul style="list-style-type: none"> <li>• Limited ability to fundraise</li> <li>• Lack of strategic independence</li> <li>• Slower decision-making processes and difficulties in adapting to changing needs</li> <li>• May avoid competition in market</li> </ul>
GOVERNMENT-BASED AAA STRENGTHS	GOVERNMENT-BASED AAA CHALLENGES
<ul style="list-style-type: none"> <li>• Can be leveraged with other aging programs / services (IHSS, APS, PG, Veterans, etc.)</li> <li>• Availability of county funds and reserves</li> <li>• Access to government resources, infrastructure, and expertise</li> <li>• More public transparency</li> </ul>	<ul style="list-style-type: none"> <li>• Slower decision-making processes</li> <li>• Difficulties adapting quickly</li> <li>• Lack of strategic independence</li> <li>• Limited ability to fundraise</li> <li>• Will likely avoid competition in the market</li> <li>• Can become “buried” in local government</li> </ul>

### **AAAs operating multi-county PSAs experience unique challenges and opportunities.**

**They strive to balance standards with flexibility.** Interviewees emphasized the importance of determining and designing services to meet their communities' specific needs and the need for AAAs to establish and maintain close ties with local organizations and advocacy groups to achieve this. AAAs also maintained that consumers prefer receiving services from a local agency versus one based outside their community. Some multi-county AAAs leverage the funding of larger and often better-resourced counties to support smaller counties with fewer resources. They find that working regionally allows for a comprehensive approach to service delivery to bridge gaps and ensure equitable service provision.

*"The regulatory flexibility around meals during the pandemic made it much easier to help more people; now that the flexibilities are going away, it is becoming more of a challenge again."*

**AAAs want to consider the unique needs and priorities of each county and community they serve.** Each county is socially, culturally, and geographically unique. Some multi-county AAAs expressed challenges serving multiple rural counties given their limited resources, the distance between resources and community infrastructure, and the lack of accessible housing.

**Multi-county AAAs manage funding in several different ways.** Some multi-county AAAs are required by their governing bodies to follow the intrastate funding formula when allocating resources to programs and services across their counties. Others take different approaches that are less stringent about resource allocation. Some also benefit from local funding or in-kind support through government offices, personnel, and infrastructure.

### **TRENDS: CURRENT AND EMERGING**

AAAs shared perspectives on trends that will impact the CA Aging Network in terms of the scale of demand for aging services, the evolving basic needs of older Californians, and the need for more sophisticated research, planning, marketing, and service delivery to meet a more multi-generational, multi-lingual, and multi-cultural population. As identified by interviewees, the following trends summarize the various demographic, socioeconomic, and cultural shifts that will pose challenges and opportunities within the next decade.

**There are more older Californians, and they are living longer.** There will be more older adults in California than ever before. The population of older adults is expected to increase significantly, surpassing the population of children. Greater longevity among older adults will generate cohorts of young older adults and old older adults with different preferences in accessing services. The well-being of the oldest old population will be of particular concern because they will likely have greater needs. These trends will require more of the CA Aging Network to meet increased demands.

*"The aging population will increase four-fold...The longer people live, the longer they will have needs and more complicated needs."*

**The racial, ethnic, and cultural diversity of Older Californians is expanding.** California's population will become more diverse in ethnicity, culture, and language, resulting in a greater population of non-white older adults. There will be a greater need for aging services that are culturally sensitive, linguistically appropriate, and inclusive of diverse traditions and customs.

*"The older, older adults didn't have the needs that today's younger older adults have, including greater drug and alcohol challenges, more homelessness, and mental health issues."*

**The housing shortage is already a crisis – and could get worse.** Affordable and accessible housing is scarce. Housing insecurity and first-time homelessness among older adults are becoming more prevalent. More older adults will become homeless due to economic challenges, compounded by more commonly unaddressed mental and behavioral health issues. Housing and homelessness are becoming more pressing issues and concerns among AAAs. Many AAAs are exploring and developing responses to housing challenges in their communities through advocacy, programs, and services.

*"Housing is the number one type of call we take. We take 70+ calls a day on this. It's all about affordable housing. It's getting harder and harder to find affordable and accessible housing."*

**Paid and unpaid caregiving shortages will become even more acute.** The shortage of paid caregivers and the shifting dynamics of family support systems pose significant challenges in caregiving for older Californians. The paid caregiver workforce is not keeping pace with the demand for care, and older adults increasingly rely on family caregivers. However, more children are moving away from their parents and expensive areas due to the high cost of living, leaving older adults without close familial support. Long-distance caregiving is becoming more common as children move away. This challenge pressures AAAs to focus more on people who live alone and/or have limited support systems and consider how to engage remote caregivers who live in other towns, counties, states, or even countries.

*"We're going to have more demand for and on family caregivers because more people will have dementia and other caregiving needs."*

**Service demand will grow, and workforce challenges could deepen.** As people live longer, including people with disabilities, they will acquire more complex care needs. Older adults will require a greater range, duration, and intensity of services. Complexity and specificity of needs extend the unique challenges faced by ethnic, racial, linguistic, and cultural sub-populations, solo agers, and LGBTQ+ community members. There is concern that services to treat complex chronic conditions cannot meet demand due to the shortage of healthcare providers specializing in gerontology and long-term care. This shortage in the provider workforce poses a challenge in meeting the growing demand for specialized care as consumers will compete for scarcely available providers.

**More older adults will have mental and behavioral health challenges.** There is a concerning increase in social isolation, loneliness, Alzheimer's and dementia, and other mental health issues among older

adults. Substance-use disorders are also becoming more frequent in this population. As a result, caregivers will be required to provide more specialized care, especially dementia-related care.

**More older adults will face financial vulnerability.** Financial vulnerability among older adults is a growing concern, as many have not saved sufficiently for retirement, and the costs of living and healthcare services are rising. More older adults are reentering the workforce to cover their care expenses. There is concern about the future of middle-income older adults as the economic gap between thriving and struggling individuals is growing. More older adults will need and access services for the first time. Middle-income older adults are a growing sub-population of older adults that are facing greater challenges in accessing and affording aging services. This population is harder to reach as they are generally cash-poor but asset rich, making them ineligible for many public benefits.

*“We are going to have more people on public benefits, but we’re also going to have a growing number and rate of older adults who are in the income gap: more people who don’t qualify for benefits but who need help.”*

**Climate change will impact older Californians.** California will face worsened climate change effects and more extreme events. Fires, floods, snowstorms, heatwaves, and droughts will be common, threatening the safety of older adults, interrupting service delivery, and demanding AAAs to focus more on emergency planning and response activities.

**Advanced technologies offer a multitude of threats and opportunities for consumers.** More but not all older adults will be tech-savvy, and there will be a sharper digital divide in technology literacy and access. Young older adult consumers will expect quicker and easier access to aging services through technology. AAAs recognize a need to become more technologically relevant in their methods and modes of administration, engagement, and service delivery with today’s and tomorrow’s consumers.

## **IDEALS: TRAITS OF A FUTURE-READY CA AGING NETWORK**

Interviewees described many attributes of an ideal future-ready CA Aging Network that can best serve older Californians into the future:

- 1. Be visible and accessible.** AAAs see an ideal future-ready CA Aging Network as one that can reach and represent all Californians. That is easily found and recognizable by anyone who needs it. That is well-known before a person finds themselves in a crisis.
- 2. Be collaborative and integrated.** A future-ready CA Aging Network is well-connected internally and externally and strives to develop and strengthen ties with key allies and stakeholders locally, regionally, statewide, and nationally. It is built on meaningful relationships and a shared mission, reducing barriers between local and state programs and services.

*“Let’s see true one-stop shopping, where everyone knows where to call or go, with one phone number.”*

3. **Be efficient and streamlined.** A future-ready CA Aging Network works to improve itself, focusing on how best to serve Californians by maximizing resources and improving the consumer experience through process improvement, technological advancements, and optimizing data management.
4. **Be equitable and sustainable.** A future-ready CA Aging Network has the resources it needs to meet evolving demands of Californians. It ensures that resources are managed equitably across the Network and allocated to programs that are equitable in their reach and design for consumers.

*“You cannot approach the older adult population as a monolith. It is multi-ethnic, multi-lingual, and multi-cultural overall population. We must have multiple strategies for different communities.”*
5. **Be consistent and flexible.** A future-ready CA Aging Network ensures Californians have a standard level of access and quality across AAA programs and services while allowing flexibility in planning and program and service design for community-specific solutions.
6. **Be responsive and proactive.** A future-ready CA Aging Network has the capacities and capabilities to be local experts in understanding and anticipating the range and nuances of communities’ needs and planning and delivering the necessary solutions to address those needs equitably, creatively, and boldly.

*“We need to make our policies and regulations work for our vision.”*
7. **Be age-friendly.** A future-ready CA Aging Network strives to understand and combat negative stereotypes associated with aging by assessing and improving its practices before promoting age-friendly practices, policies, and partnerships to and with its partners, stakeholders, and broader communities.

## **ACTION: ACHIEVING A FUTURE-READY CA AGING NETWORK**

AAAs shared actionable recommendations for how the CA Aging Network can become ready for the future. Recommendations are organized by the seven ideal traits.

### ***Be visible and accessible.***

**Reach and represent all Californians.** The ideal future-ready CA Aging Network is a comprehensive system providing a seamless entry point for Californians to easily navigate and access aging-related services. Interviewees believed that the CA Aging Network must foster knowledge, skills, and attitudes that enable effective communication with individuals representing many cultures, languages, and abilities. They stressed that media and collateral developed and disseminated by the CA Aging Network should be considerate of different cultures,

*“All people should be able to get their needs met: if I speak Cantonese, there should be somewhere to go; if I am transgender, there should be somewhere to go.”*

languages, and abilities. Branding and marketing collateral should depict the diversity of Californians, portraying many different lived experiences. Interviewees emphasized the value of crafting compelling personal stories driven by data to convey messages that illustrate consumer experiences and the impact of AAAs.

**Fund and support local outreach efforts.** Interviewees highlighted CDA-developed toolkits and the C4A Communications Workgroup as promising developments to improve visibility. Interviewees would like to convene the CA Aging Network to establish common messages to reach the public, gain buy-in from policymakers, and strengthen coordination with local government departments where needed. AAAs would like CDA to continue developing culturally competent marketing toolkits, communication strategies, and outreach materials to be adopted and disseminated by AAAs. Some AAAs expressed interest in a new funding stream designated for local outreach efforts, including cross-training for “aging ambassadors” - liaisons who can inform other public and private organizations, community groups, and others about aging services and resources. Senior Centers, first responders, hospitals and clinics, Veterans offices, and Social Security offices were mentioned as examples.

**Establish universally recognized branding.** AAAs want to be well-known and recognized across the state and within local communities but are concerned about being unable to meet surges in demand. Some suggested renaming AAAs to reflect their services better, minimize consumer confusion, and establish a distinguished brand. This universal brand would be supported by consistent logos, an easily remembered telephone number, and a central resource directory for effortless access and information by AAAs and consumers.

*“It could be helpful for all the AAAs to adopt a logo so people can recognize them where they go across the state. For both agencies and programs, some kind of universal branding would be very helpful.”*

**Develop statewide campaigns.** AAAs support the state-led efforts to provide branding, materials, and guidelines to enhance program visibility and would like to see continued growth in this area. Interviewees saw CDA as well-suited to establish statewide campaigns that broadcast network-wide messaging, elevate the CA Aging Network, and combat ageism and ableism. Public service commercials and advertisements may be impactful, especially for older generations. However, some AAAs have found more success in targeting caregivers. AAAs want to see “Welcome to 60” and “You Are a Caregiver” campaigns that engage young older adults and caregivers. Some suggested a recruiting campaign to revitalize the AAA workforce and attract passionate and competent candidates.

### ***Be collaborative and integrated.***

**Strengthen ties within the CA Aging Network.** AAAs expressed the benefits of interacting with and learning from each other. While opportunities are regularly presented through C4A meetings, establishing more defined channels for collaboration would be beneficial. A digital forum or communication platform would allow real-time resource exchange between AAA, C4A, and CDA peers. A centralized resource library could inventory promising practices and case studies for the entire CA Aging Network.

Interviewees are interested in creating affinity groups that convene AAA teams to solve common problems, share knowledge, and co-create resources relevant to their challenges and opportunities.

**Develop models for shared resources and systems across regions and the state.** Some AAAs want to explore ways to share resources and leverage shared interests and partners. This could include shared office staff, infrastructure, and joint contracting with vendors operating in multiple PSAs. This approach could enable AAAs to benefit from lower unit costs and encourage consistency in services across multiple PSAs. The Community Assessment Survey for Older Adults (CASOA) is one example of how a process and tool could be leveraged across the state to standardize practices and datasets while alleviating some costs to AAAs. Some interviewees would like CDA to implement statewide needs assessments.

*“The network isn’t quite networking in the way that it could. If a new service is added to one PSA, maybe there’s an email blast, or there’s a something that goes out to announce that PSA [X] is doing something new, because right now we only find out about something new if it’s highlighted in some State or Federal Newsletter.”*

**Build and expand local and state-level partnerships.** The No Wrong Door (NWD) philosophy is a commonly held ideal to build cross-sector partnerships and eliminate barriers with other government departments and agencies. AAAs would like to see state-level collaboration across agencies and departments that promotes integrating medical and social models of care and builds systems focusing on whole-person care. The focus should be bridging gaps in housing, transportation, and behavioral health services. A similar approach should be applied locally. AAAs highlighted promising practices through formal and informal partnerships with local entities, including disability organizations, healthcare providers, schools, housing, and transportation providers. Collaboration should increase public awareness, build referral networks, identify service gaps and redundancies, and establish a presence in places where people seek services.

**Continue to improve CDA-AAA relations.** AAAs were hopeful about the trajectory of CDA and its efforts to provide more support to the AAA network. Interviewees note transparent, purposeful, and proactive communication as an imperative to realize a compelling, coordinated, and prepared future. Interviewees shared that CDA could benefit from frequent engagement with and exposure to the administrative and programmatic work of AAAs. AAAs can provide insight into the practice of program rollouts, policies, and regulations before they are formalized to reduce pushback and avoid implementation challenges. Clearer parameters about funding opportunities and program rollouts, with guidance on using funds, restrictions, and requirements, will help the CA Aging Network better understand and utilize these opportunities.

*“CDA could share promising practices they discover when auditing AAAs.”*

### ***Be efficient and streamlined.***

**Streamline processes and activate efficiencies.** Interviewees recommended simplifying contracting, funding, reporting, and auditing processes. They emphasized reducing the number of contracts for

efficiency and timely release of contracts in order to streamline execution. To expedite the process, implementing policies such as digital signatures was suggested. Exploring multiyear contracting processes that enable long-term planning through budget predictability and reduced administrative activity was advised. It was also recommended to explore opportunities to simplify reporting requirements, provide user-friendly data reporting tools, and align fiscal years. Multi-year agency accreditation is another alternative to alleviate the administrative frustrations relating to reporting and auditing. Reducing auditing frequency for high-performing agencies could incentivize performance, promote greater unit cost containment, and lessen some capacity challenges.

*“We should have gateway programs (like nutrition) where someone arrives knowing that they need, but as they sit down, we discover that there are 8 or 10 other things that would be of immense value to them.”*

**Leverage technology to enhance service delivery and reach.**

Interviewees recommended that AAAs blend in-person and virtual service delivery and offer on-demand virtual programs. Interviewees believed CDA and AAAs should develop technology innovations and statewide virtual programs to improve access to services that reduce social isolation, promote wellness, and enable remote monitoring. The CA Aging Network could convene an aging technology summit, bringing together experts from aging, government technology offices, and the private sector to explore innovations.

*“How can we work smarter? We need to look at how we do reporting and how often we do it. There are some tweaks we can make and still get the same information where but it isn’t so laborious.”*

**Improve data collection, sharing, and analysis to better manage and deliver services.**

Interviewees recommended evaluating data collection and reporting requirements. Some would like to see CDA start fresh with a new system and approach, carefully considering process and outcome measures, performance monitoring, and using the data to illustrate successes and opportunities for improvement. AAAs would need standardized measurement procedures, validated assessment tools to gather data, and a reliable data system for interoperability and secure data exchange with community partners. This kind of system should be developed and maintained by CDA and translated into a dashboard for users to view reports, benchmark progress within and between agencies, and identify areas for improvement.

*“CDSS has the most streamlined allocations and reporting processes. CDA should model themselves after them.”*

***Be equitable and sustainable.***

**Invest in person-centered models.** Many AAAs want an integrated service delivery model that takes a holistic approach to meet the aging population’s needs. A standardized intake and assessment process could determine eligibility for all possible aging services and ensure that ineligible consumers’ needs are still addressed. Universal gateway

*“We are forced to fit people’s needs into rigid program and funding containers.”*

programs and user-friendly technology could serve as entry points that connect consumers to a range of services while promoting self-determination and autonomy. Some AAAs are actively building these systems and approaches, weaving the available publicly funded aging-related services and programs into one coordinated picture.

**Deliver programs and services that are culturally competent.**

Resources and training should be provided to ensure service delivery is sensitive to the needs and desires of diverse consumers. AAAs should prioritize engagement with higher-risk and harder-to-reach subpopulations, including LGBTQ+ people, non-native English and non-English speakers, and unhoused people.

*“Flyers and promotional pieces are meaningless if they’re not culturally sensitive.”*

**Reevaluate the funding processes and policies to ensure sufficient resources for AAAs.** AAAs would like CDA to explore policies or funding channels to augment the 10% administrative function allotment, or CDA could determine a baseline amount of funding necessary to operate a AAA. Interviewees, particularly those serving rural communities, expressed a need to revisit funding formula factors and weights to create a more equitable distribution, especially regarding the demographics and challenges in providing services in rural areas and smaller PSAs. Interviewees also suggest adopting modern practices like direct deposit to expedite funding flow and prevent service interruption and reimbursement challenges for AAAs.

*“We need to review the intrastate funding formula and take a closer look at smaller and rural AAAs to help them be able to develop more programs.”*

**Generate reliable sources of revenue by braiding alternative and local funding streams.** Interviewees emphasized the need to be thoughtful about the funding sources rather than pursuing indiscriminate and often temporary funding opportunities. AAAs should consider exploring grants from other state agencies and federal entities, as these funds can be more consistent and reliable than private grants. AAAs could also seek funding from community foundations. CDA could assist AAAs in navigating and applying for opportunities. CDA may also promote procuring CalAIM contracts with managed care plans by providing technical assistance and training.

*“Additional short-term funding is always great but is also very challenging to administer.”*

**Advocate for a larger state-level allocation to the AAAs.** Considering the rising cost to provide services, increasing demand, and evolving needs of the consumer population, interviewees believed it is imperative to go beyond a budget approach that merely averts funding cuts. CDA could propose a budget to grow the CA Aging Network. This proposal should provide the necessary funding to maintain the current level of services, eliminate waitlists, and expand AAA programs. AAAs emphasized the need for additional funds to build a future-ready CA Aging Network’s digital, physical, and organizational infrastructure.

**Enable greater flexibility in funding.** Flexibility and mobility of funding across different categories are critical to empowering AAAs to allocate resources effectively and promptly. Interviewees acknowledged that CDA has restrictions in funding pools based on federal guidance. To address this, interviewees proposed that CDA consider creating a non-prescriptive, long-term funding stream from state general funds. This provision would allow AAAs to plan and develop creative programs and initiatives that provide holistic services without as many restrictions. CDA should consolidate duplicative funding sources to streamline operations and enhance efficiency, especially state funding parallel to OAA categories. Some AAAs also suggested that CDA advocate for global budgeting practices allowing flexibility in transferring resources across funding categories.

**Strengthen the workforce.** Interviewees emphasized the significance of effective leadership in agency success, expressing a need for training and mentorship opportunities for new AAA directors. AAA staff would benefit from continued education and professional development opportunities in person-centered care, customer service principles, mental health first aid, and resource navigation.

***Be consistent and flexible.***

**Establish a set of services augmented with optional programs that address local needs.** Interviewees suggested a collaborative effort to select programs and services that must be available across all PSAs and within local communities. These common services should conform to a model that meets broad population needs and ensures consistent quality standards across regions. AAAs should be empowered to develop program offerings in response to the unique needs of their communities.

*“I&A is a core service, and AAAs should never be able to contract it out. AAAs can't build a coordinated system without having that data. It's as important as area planning.”*

**Develop outcome measures and monitor performance.** Interviewees are interested in shifting from an output-focused measurement approach to one considering the effectiveness of services and activities. Most AAAs do not measure outcomes because they are not required to and are limited in their administrative capacity. AAAs define success as providing adequate, equitable, and accessible services and suggest the following areas that could be measured:

- Consumer satisfaction/experience with the AAA
- Consumer satisfaction with AAA vendors
- Consumer sense of independence
- Consumer sense of intergenerational connection
- Consumer quality of life
- Consumer social connectedness
- Consumer health outcomes (clinical and self-reported)
- Public awareness of services and community presence
- Collaboration among agencies and organizations
- Availability of culturally appropriate services
- AAA funding stability/growth

*“AAAs do a lot of output reporting. If a person walks into the office, this is an output, not an outcome. What happens after that office visit, what is the outcome?”*

### ***Be responsive and proactive.***

**Embrace being the local aging experts.** AAAs see themselves as the local experts in aging. Although, many are challenged in their capacities and practices to monitor emerging trends to become more connected and responsive to - or anticipate - pressing issues affecting older adults in their communities.

### **Give more attention to mental, behavioral, and cognitive health.**

There is a need to emphasize the significance of mental health in overall well-being and improve access to mental health services by increasing awareness and support for older adults' mental health needs. Interviewees also identified the need to better address social isolation, loneliness, and depression. AAAs would like to provide or refer to specialized support for older adults with a history of mental health issues and substance use disorders.

*"We have not focused enough on understanding and addressing behavioral health issues. It's a core competency we don't have."*

**Determine AAA roles in addressing older adult homelessness.** All interviewees highlighted how they are witnessing higher rates of homelessness among older adults in their communities. They also noted how few housing and homelessness programs and services are age-friendly. Some AAAs are exploring and developing ways their agencies can become a part of their local housing, homeless prevention, and homeless services systems by understanding available resources and arranging referrals to those services. Some are exploring developing affordable and accessible housing options for older adults and people with disabilities, such as cohousing models. Others advocate for policies that reduce restrictions to build accessory dwelling units (ADUs). AAAs saw opportunities to become more involved in this issue - from advocacy, planning, and programming perspectives.

*"Housing is not someone else's problem. It's our problem. AAAs need to be operating in the homelessness space."*

**Review and update programs and services to meet future demand and preferences.** There are opportunities to review, revise, and update service areas to be responsive to the needs and demands of target populations, including:

- **Support and empower caregivers.** Expand programs and resources to support unpaid caregivers, emphasizing respite services to prevent burnout. Professionalize caregiving through increased training and resources.
- **Modernize and expand nutrition services.** Modernize nutrition services by offering flexible options and removing socialization and congregate setting requirements that deter participation.
- **Expand supportive services, especially I&A.** Expand supportive services by broadening eligibility criteria and increasing AAA capacity to meet the diverse needs of older adults. This service should be expanded and combined with HICAP to consolidate referral and counseling functions.

- **Promote digital inclusion, access, and literacy.** Prioritize education and training on technology for older adults, ensuring they can independently navigate the digital landscape effectively and safely. Invest in connectivity infrastructure and device access to bridge the digital divide and promote digital inclusion.
- **Scale Title III-D programs across the state.** Expand evidence-based health promotion programs and ensure equitable access by exploring virtual and on-demand delivery models that circumvent provider shortages in isolated communities.
- **Reimagine senior centers.** Conceptualize the senior center model in a contemporary context, considering intergenerational community centers that redefine perceptions of aging and promote community engagement.
- **Ensure safe, reliable, and timely transportation services.** Improve transportation services so older adults can access essential services and remain independent. Explore statewide public-private partnerships or regional partnerships that enable travel across long distances and over county lines.

*“There were just 3 people at the senior center yesterday. We need to stop calling senior centers senior centers. If senior centers are where we want people to spend time together and have fun, then we need to invest in them because some look like a place I would never want to go.”*

### **Be age-friendly.**

**Combat negative stereotypes.** Interviewees recommended that the CA Aging Network take the lead in addressing and reducing negative stigmas associated with aging and disability. The CA Aging Network is crucial in fostering a culture that values older adults, people with disabilities, and caregivers across generations and regards older adulthood as a distinct and transformative stage of life. At statewide and local levels, CDA and the AAAs should initiate and engage in conversations about aging, caregiving, and disabilities. The CA Aging Network should promote help-seeking behaviors among individuals needing assistance maintaining physical, mental, social, financial, and emotional well-being. It should also raise awareness about the importance of long-term care planning and caregiving before they become immediate needs.

**Build bonds across generations.** AAAs are very interested in fostering intergenerational connections across all program areas but are challenged in how to make it work given the funding requirements. AAAs saw opportunities to promote and advocate for intergenerational housing development, engage teens and young adults in technology education and training programs, encourage volunteerism among young and old older adults, and explore incentives such as income or property tax credits to incentivize participation.

### **Advocate for policy changes at the state and federal levels.**

Interviewees discussed the importance of establishing a message, gaining buy-in from legislators, and coordinating efforts among various government departments. They emphasized the need for proactive efforts to educate officials and raise awareness about the challenges faced by

*“OAA was developed at a time when 60 looked a lot different than it does now.”*

older adults and people with disabilities. They highlighted the significance of increasing awareness about underfunding services for older adults and disabled people. Interviewees proposed the development of strategies to regularly brief elected officials and policymakers who may not be aging experts. Some mentioned leveraging organizations like AARP to engage in conversations and advocate for older adults and disabled populations. Additionally, they encouraged CDA to advocate for the OAA's modernization for increased flexibility to provide more programs and services to more people in more ways.

## **CONCLUSION**

Stakeholders represented each of California's 33 Area Agencies on Aging, including AAA directors, program managers, administrators, planners, and front-line staff. The voices and sentiments of AAA stakeholders, while varying in their critiques of the current CA Aging Network and concerns about the future of California and older Californians, all wish to see a better and brighter future for their agencies and the people they serve.

There is a common sentiment that AAAs shouldn't be the "best-kept secrets" for older adults in their communities, but there is also a sentiment that if Californians knew as much about Area Agencies on Aging as they knew about the American Automobile Association, they would need much greater tools, infrastructure, and capacities to meet that demand effectively.

*"Other states are looking at California to lead the way."*

## APPENDIX A: AAA STAKEHOLDER INTERVIEWEES

During April and May 2023, Collaborative Consulting met with each of the 33 Area Agencies on Aging in California and conducted interviews to gain their perspectives on a future-ready AAA network. This synthesis represents 162 voices, including all 33 AAA Directors and 129 agency staff with the following roles/titles:

- Deputy Director
- AAA Manager, Aging and Disability Resource Connection (ADRC) Director
- Director of Finance, Fiscal Officer, Senior Accountant, Fiscal Analyst, Budget Analyst
- Program Manager, Program Monitor, Case Manager, Planner, Navigator, Special Project Director, Program Analyst, ADRC Program Analyst
- Direct Services Manager, Clinical Operations Manager, Health Services Manager
- Compliance Manager
- Contract Manager, Contract Administrator
- Operations Manager
- (HICAP) Manager, HICAP Counselor, Statewide HICAP Trainer
- Older American Act Programs Manager
- Medicare Shared Savings Programs Manager
- Family Caregiver Support Program (FCSP) Supervisor, FCSP Case Manager
- Administration Manager, Administrative Specialist
- Call Center Manager
- Public Information Officer
- Policy and Human Services Administrator
- Volunteer Services Coordinator, Intake Coordinator
- Social Worker
- Ombudsman

Each of the below AAAs were interviewed.

PSA #	Agency Name	Counties Served
1	Area 1 Area Agency on Aging	Del Norte, Humboldt
2	PSA 2 Area Agency on Aging	Lassen, Modoc, Shasta, Siskiyou, Trinity
3	Passages	Butte, Colusa, Glenn, Plumas, Tehama
4	Area 4 Agency on Aging	Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba
5	Marin County Aging and Adult Services	Marin
6	SF Department of Aging and Adult Services	San Francisco
7	Contra Costa County Area Agency on Aging	Contra Costa
8	San Mateo County Aging and Adult Services	San Mateo

9	Alameda Division on Aging	Alameda
10	Sourcewise	Santa Clara
11	San Joaquin Dept. of Aging & Community Services	San Joaquin
12	Area 12 Agency on Aging	Alpine, Amador, Calaveras, Mariposa, Tuolumne
13	Seniors Council of Santa Cruz & San Benito Counties	San Benito, Santa Cruz
14	Fresno-Madera Area Agency on Aging	Fresno, Madera
15	Kings-Tulare Area Agency on Aging	Kings, Tulare
16	Eastern Sierra Area Agency on Aging	Inyo, Mono
17	Central Coast Commission	San Luis Obispo, Santa Barbara
18	Ventura County Area Agency on Aging	Ventura
19	LA County Area Agency on Aging	Los Angeles County
20	San Bernardino Dept. of Aging & Adult Services	San Bernardino
21	Riverside Office on Aging	Riverside
22	Orange County Office on Aging	Orange
23	San Diego Department of Aging & Independence	San Diego
24	Imperial County Area Agency on Aging	Imperial
25	LA City Area Agency on Aging	Los Angeles City
26	AAA of Lake & Mendocino Counties	Lake, Mendocino
27	Sonoma County Area Agency on Aging	Sonoma
28	Napa/Solano Area Agency on Aging	Napa, Solano
29	El Dorado County Health and Human Services Agency	El Dorado
30	Stanislaus County Department on Aging & Veteran Services	Stanislaus
31	Merced County Area Agency on Aging	Merced
32	Monterey County Area Agency on Aging	Monterey
33	Kern County Aging & Adult Services	Kern