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

WEBINAR #1

**CORE PROGRAMS & SERVICES**

November 8, 2024

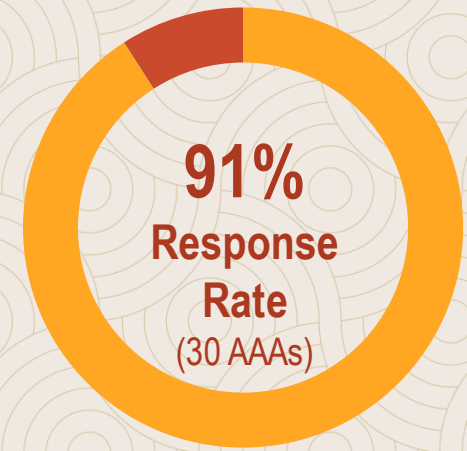
# Introduction and Methodology

## INTRODUCTION

- Please use the chat for comments and questions. Any remaining time after the presentation will be used for Q&A.
- A survey summary report will be shared with AAAs following this presentation.

## METHODOLOGY

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



# Context and Utility

MARK BECKLEY

- Results from the California 2030 surveys and stakeholder interviews indicated a need to have greater consistency among key services for older Californians across the entire state.
- The six core program and service areas CDA is exploring are: Nutrition, Caregiver, Care/Case Management, Transportation, Legal, and Enhanced Information & Assistance services.
- CDA is also actively reviewing these survey results to inform future decisions involving:
  - Future core services.
  - Minimum funding allocations.
  - Performance measurement, monitoring, and management.
  - Stronger guidance and support for AAAs and service providers.

## EXECUTIVE SUMMARY

# General Feedback

- AAAs want to be heard, informed, and engaged by CDA.
- How and when will CDA make decisions?
- Available funding is a common concern.
- Limited appetite for changing PSA boundaries.
- AAAs overwhelmingly do not desire to see disruptions to PSA boundaries, particularly in relation to their PSAs.
- Many ideas on performance measures.
- Concerns about required core services.
- Concerns about disruption to AAAs and to services.

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

*“AAAs can do the work, they already have the infrastructure, the “heart” to serve, all they need is lots of more funding!”*

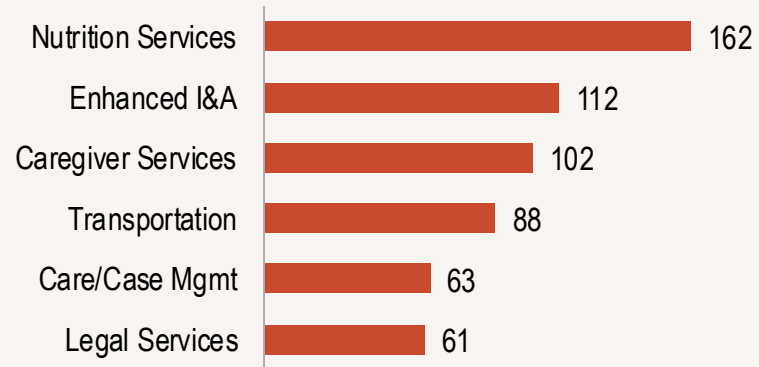
*“Tell us what problems you are seeing, if there are any, that can’t be dealt with within the monitoring and sanction structure that already exists.”*

## CORE PROGRAMS & SERVICES

# Demand and Feasibility

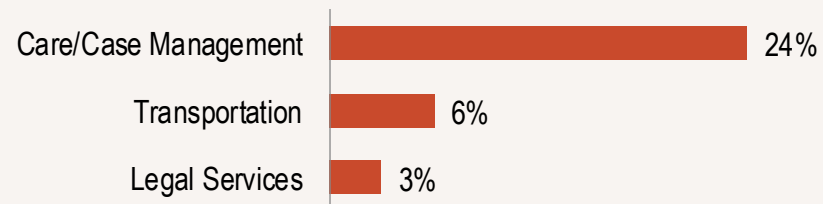
- 58% (n=19) think that all six draft core services are appropriate.
- AAAs face funding challenges.
- Nutrition Services and I&A are in greatest demand.
- Care/Case Management and Legal Services are least in demand.
- Care/Case Management is the least feasible.
- Limited availability of service providers.
- Many (n=10) emphasize the need for flexibility in implementing core services.
- Nearly every county has Nutrition Services, I&A, and Legal Services; the largest gaps are in Care/Case Management and Transportation.

**Ranked Core Services Based on PSA Consumer Demand (Weighted Frequency)**



Ranked responses were weighted (e.g., 6 points for 1st place, 5 points for 2<sup>nd</sup> place, etc.).

**Are any of the six core services not appropriate to make available to consumers across the state?**



*“Care/Case Management would not be attainable without more funding. Staff would need to be increased and trained as this is not an area most AAAs practice.”*

*“Transportation is in high demand, but AAA funding is inadequate to meet the need.”*

*“In dense populations, access to public transportation may be cost effective and easily accessible and it would not make sense for a AAA to invest in this Title III program.”*

*“I’m surprised about Legal Services. This does not rise to the top 6 for us historically. Affordable housing is typically in the top 6.”*

## CORE PROGRAMS & SERVICES

# Additional Core Services to Consider

- AAAs mentioned several other services that would be appropriate to standardize across the state based on their local demand. The most common were:
  - Disease Prevention and Health Promotion / Title IID services (n=4)
  - Housing Assistance (n=4)
  - Disaster Preparedness (n=3)
- A few AAAs (n=2) caution against requiring too many core services, especially if funding is not increased.

*“We also be allowed to move funding to these areas when the need arises, as we were able to do during COVID.”*

*“I think that given funding limitations, more than six would be burdensome and potentially reduce other service delivery.”*

## PERFORMANCE MEASURES SUGGESTIONS

# Care/Case Management

### Process Measures

*i.e., Activities*

- Work plans completed.
- Care/case managers hired and trained.
- Engagement in outreach activities.
- Engagement in public information sessions.

### Output Measures

*i.e., Deliverables*

- # of clients served.
- # of services provided.
- Avg. time spent per case.
- # of referrals made.
- % of annual service plan items completed/resolved.
- % of cases closed due to client stabilization / services completed.
- # of case plans developed.
- % of care plans delivered within a set timeframe.

### Outcome Measures

*i.e., Impact*

- Client sense of empowerment.
- Client quality of life.
- Client feelings of safety and stability.
- Client improved access to needed services.
- Reduction in hospital readmission rates for clients receiving care management.
- Client satisfaction with case management services.
- Clients with housing secured.

*“Case management done correctly would be very difficult without additional resources.”*

*“Case management is not sufficiently funded in all PSAs. Additional funding would be required to hire staff to perform these functions.”*

## PERFORMANCE MEASURES SUGGESTIONS

# Caregiver Services & Supports

### Process Measures

*i.e., Activities*

- Provision of training.
- Provision of respite.
- Provision of service access.
- Engagement in outreach activities.
- Engagement in public information sessions.
- Provision of caregiver support group meetings.
- Distribution of educational materials.

### Output Measures

*i.e., Deliverables*

- # of respite days.
- # of caregiver goals accomplished.
- # of caregivers accessing support services.
- # of caregivers receiving assistance.
- # of caregivers who receive training.

### Outcome Measures

*i.e., Impact*

- Percentage of caregivers reporting decreased stress and improved coping skills after receiving support.
- Reduction in caregiver burnout.
- Percentage of care recipients reporting improved care due to caregiver training.
- Caregiver quality of life.
- Older adult quality of life.

*“Ask the Caregiver Resource Centers how they are measuring outcomes, they are the experts.”*

## PERFORMANCE MEASURES SUGGESTIONS

# Enhanced Information & Assistance

### Process Measures

*i.e., Activities*

- Engagement in outreach activities.
- Engagement in public information sessions.
- Provision of community resource referrals.
- Provision of I&A staff training.
- Provision of a resource guide to clients.

### Output Measures

*i.e., Deliverables*

- # of referrals made, by specific services.
- # of clients served.
- Resolution rate of client concerns.
- # of walk-ins.
- # of I&A staff trained.
- # of outreach activities.
- Avg. response time for inquiries received via phone or online.
- # of inquiries received and handled.
- # of follow-up interactions.

### Outcome Measures

*i.e., Impact*

- Increase in client quality of life.
- Percentage of clients who successfully access services they were referred to.
- Client satisfaction with I&A services.
- Increase in client awareness of services and resources.
- Client savings of time/energy self-navigating services.

*“Core programming should be developed based on the Older Californians Act. ADRC [is our] highest priority.”*

*“If another place has a strong and inclusive 2-1-1 system, does the AAA need to fund I&A, when the dollars might be more needed elsewhere?”*

## PERFORMANCE MEASURES SUGGESTIONS

# Nutrition Services

### Process Measures

*i.e., Activities*

- Delivery driver social interaction with clients.
- Opening and maintaining meal sites.
- Offering culturally tailored meals.

### Output Measures

*i.e., Deliverables*

- # of staff hired and trained.
- # of meal sites established and maintained.
- # of meals provided.
- # of enrolled clients.
- # of served clients.
- # of nutrition education or outreach sessions conducted.
- # of culturally appropriate food options.
- # of volunteers utilized.

### Outcome Measures

*i.e., Impact*

- Increase in client food security.
- Decrease in client worry about food security.
- Decrease in client isolation.
- Increase in client satisfaction.
- Increase in client nutritional or health outcomes.
- Reduction in malnutrition rates.

*“What idiot needs performance measures to ‘prove’ that providing someone a nutritious meal is impactful?”*

*“Quantity and quality. Did the person receive nutrition services that truly helped them?”*

## PERFORMANCE MEASURES SUGGESTIONS

# Legal Services

### Process Measures

*i.e., Activities*

- Providing legal aid.
- Engagement in outreach activities.

### Output Measures

*i.e., Deliverables*

- # of clients served.
- # of consultations provided by category and result.
- % of cases closed with a positive outcome.

### Outcome Measures

*i.e., Impact*

- Decrease in unlawful evictions.
- Maintenance of SSI or other benefits.
- Guardianship avoided.
- Decrease in elder abuse.
- Client saving time and money.

*“Legal Services and Case Management are not the core services in our PSA.”*

*“I’m surprised about legal services. This does not rise to the top 6 for us.”*

## PERFORMANCE MEASURES SUGGESTIONS

# Transportation

### Process Measures

*i.e., Activities*

- Provision of one-way rides.
- Provision of driver training.

### Output Measures

*i.e., Deliverables*

- # of providers and drivers hired and trained.
- # of trips scheduled and completed.
- Avg. response time for ride requests.
- # of older adults accessing transportation services.
- # of miles traveled.
- # of bus tickets provided.

### Outcome Measures

*i.e., Impact*

- Client improved access to healthcare and social services.
- Reduction in missed medical appointments.
- Client satisfaction with transportation services.
- Client improved access to opportunities for socialization.
- Increase in client autonomy.
- Increase in client quality of life.

*“Transportation is one of the greatest needs but accessible modes of transportation are greatly limited.”*

*“How has it changed [clients] lives because they are getting to medical appointments, grocery, and other activities?”*

## Performance Recognition Ideas

- **Performance-Based Monetary Incentives (n=16)**
  - Additional grant opportunities and discretionary funding.
  - Flexibility in transferring funds between programs; ability to carry over unspent funds.
  - Bonus allocations to enhance pilots or replicate successful programs regionally or statewide.
  - Redistributing unused funds to higher-performing AAAs to maximize service delivery.
- **Public Recognition and Visibility (n=12)**
  - Achievement awards and public recognition at local, state, or national conferences.
  - Profiles of AAAs in CDA newsletters to highlight achievements and innovative practices.
  - Formal recognition by the California State Legislature or Governor's Office.
- **Reduced Administrative Burden (n=4)**
  - Fewer or more streamlined audits.
  - Simplified fiscal and programmatic monitoring.
  - Flexibility in reporting requirements based on performance.

*"All PSAs need more funding. Having more grant funding to reward higher performing communities could help."*

*"Highlight [high performance] during during conferences, newsletters, and formally through the CDA and DHHS."*

*"High-performing AAAs could qualify for a more streamlined or less frequent audit process."*

## AAA Feedback on Design and Process

- **Survey Results Usage (n=3).** AAAs want clarity on how survey results will be shared and want assurance that their input will be considered.
- **Ongoing Engagement (n=4).** AAAs prefer an interactive process, such as workshops or retreats, over virtual or survey-based input. They emphasize the importance of collaborative decision-making with AAA leadership.
- **Concern over Funding (n=5).** With consumer population growth outpacing state and federal funding, AAAs call for increased and permanent funding for core services to address shortfalls. There is also concern about potential funding cuts.
- **Phased Roll-out (n=2).** AAAs suggest a phased approach to roll out core services to minimize disruption.
- **Exemptions and Penalties (n=2).** AAAs prefer an option to apply for exemptions. There is also concern about penalizing AAAs that lack the capacities to make services available.

*“Not all PSAs have the same regional needs.”*

*“Core Services are exciting and necessary; however, they have to be adequately funded.”*

*“How will CDA going ensure current services are not eliminated/shifted in PSAs that may not currently provide these services?”*

*“Exemptions should be made available when local needs are not met by a one-size-fits-all approach.”*

# Next Steps

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- Exploring the feasibility of the six draft core services based on AAA feedback.
- Exploring minimum percentage funding allocation amounts for Access, Legal, and In-Home Services (per the Older Americans Act and Final Rule) by looking at:
  - Historical spending across the network
  - Minimum percentage allocations set by you in your area plans
  - Priority needs expressed by older Californians via local assessments and area plans, state plan, and other sources of needs assessment data.
- Identifying feasible process, output, and outcomes measures for the six draft core services - relying on existing data collection requirements.
- Exploring if the three Access sub-services (I&A, Case Management, Transportation) can be established as required services.
- CDA will communicate emerging decisions, options, and ideas via a webinar in early 2025.
- Use the CA 2030 inbox to communicate questions and concerns: **CA2030@aging.ca.gov**

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

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

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

# Next Steps & Questions

## **SURVEY RESULTS WEBINAR #2**

**Topic: Funding Formula**

Date: Friday, November 15<sup>th</sup>

Time: 10:00 AM – 11:00 AM

## **SURVEY RESULTS WEBINAR #3**

**Topic: PSA & AAA Designations**

Date: Thursday, November 21<sup>st</sup>

Time: 11:00 AM – 12:00 PM

Contact Alison Burger:

[alison@collaborativeconsulting.net](mailto:alison@collaborativeconsulting.net)

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

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

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



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