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SACHI A. HAMAI
Chief Executive Officer

July 27, 2020

To: Supervisor Kathryn Barger, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Janice Hahn

From: Sachi A. Hamai
Chief Executive Officer

IMPROVING LOS ANGELES COUNTY'S APPROACH TO SERVING OLDER ADULTS (ITEM NO. 11, AGENDA OF FEBRUARY 5, 2019)

On February 5, 2019, the Board of Supervisors (Board) approved a motion by Supervisors Hahn and Kuehl, and amended by Supervisor Solis, to work towards aligning all services and resources available to older adults into one department. The motion directed the Chief Executive Office (CEO) to report back on the following: 1) feasibility of creating a stand-alone County department dedicated completely to serving the rapidly growing older population in the region; 2) determine what programs and services for older adults currently being performed by County departments could be consolidated into such an entity, as well as all associated costs; 3) engage the City of Los Angeles Area Agency on Aging (AAA) to determine if services provided by the City could be included within the proposed new County department; 4) contract with one or more consultants to solicit community stakeholder input, as well as provide recommendations of best models and practices for older adult services that will help inform the creation of this County department; and 5) recommendations on the placement of other services and programs that don't fit under aging or economic and workforce development.

Also, on February 5, 2019, the Board adopted a motion (Optimization Motion) directing the CEO to engage a consultant to study the current structure of the County departments and offices that administer economic and workforce development services and programs, and provide comprehensive analysis and recommendations for the most effective structure to optimize services, including the possible creation of a new department dedicated to workforce and economic development.

Feasibility of Creating a Standalone Department

The CEO retained Kathleen Wilber Consulting to assist with this project. The report is included herein as Attachment A, and provides recommendations obtained through input provided by the community and a variety of stakeholders. As outlined in the report, the County's population is growing older and more diverse, presenting both opportunities and obstacles. Many of these issues came into sharper focus with the COVID-19 crisis, even as dedicated staff and leaders mobilized quickly to reach across barriers and develop solutions to address the needs of older adults. The County will require a strong, coherent structure to efficiently and effectively respond to the needs and opportunities of an aging society, now and for the decades to come.

Considerations to Establishing a Separate Department of Aging

As noted in the motion, there are multiple County Departments that provide services to older adults. The Department of Workforce Development, Aging and Community Services (WDACS) includes AAA and Adult Protective Services (APS), as well as 14 Community and Senior Centers throughout the County. In addition, the Department of Public Social Services operates In-Home Supportive Services (IHSS) and the Department of Mental Health administers the Public Guardian.

This report provides recommendations for ensuring effectiveness in service delivery, while considering the significant cost and funding barriers to aligning services for older adults within a single department. Additionally, the report recommends goals and priorities for building the capacity critical for a stand-alone department to be successful, as well as outlines the specific programs and services such a department could include as part of a strategic transition over time.

The report recommends separating Workforce services from the age-targeted programs within WDACS—AAA, APS and Community Centers—and considers combining these programs with the City AAA. The report further recommends incorporating IHSS as part of this department and once operational, exploring the feasibility of adding the Office of the Public Guardian and services that target younger adults with disabilities.

As envisioned in the report, the recommended framework for a new department includes elements that would have a material impact on other County and City departments, and they need to be carefully considered. The report references AAAs in other cities and counties that have different support structures and/or umbrella organizations that serve the AAAs. As such, the full organizational and financial ramifications of the recommended framework must be considered as the impacts of making these changes will reverberate beyond the direct units and services discussed in the report. Further, a distinct process

would need to be identified to implement any transfer of resources and/or employees to a new department, if one is established, from other County or City departments.

Cost and Funding Considerations

WDACS receives funding from the Administration for Community Living, which flows through the California Department of Aging to fund Older Americans Act (OAA) programs. In addition, WDACS also receives funding from the US Department of Labor under the Workforce Innovation and Opportunity Act (WIOA) to prepare workers for jobs now and in the future, while responding to the labor needs of our region's employers.

In the current WDACS departmental structure, administrative functions are divided between both the OAA and WIOA available funding streams. If WDACS were to be split into a stand-alone department of aging and a separate workforce unit, the loss of available WIOA funding to support the existing administrative structure will result in the need for additional funding to support a stand-alone department of aging. In conjunction with WDACS financial staff, a preliminary analysis of this need was determined to exceed $11 million annually, although we don't know yet if this estimate is too high or too low. Further analysis is needed to confirm this amount and if any additional resources might be needed.

It must be noted that virtually all analysis was performed prior to the onset of the COVID-19 pandemic and the resulting safer-at-home orders and economic downturn. Consequently, the budget and staffing information relied upon to develop this report does not accurately represent the current and future fiscal reality the County is facing. The fallout from the economic downturn has led to a significant decrease in several key revenue sources and a heightened level of budgetary uncertainty. Due to these complications, additional time is needed for a more detailed budget analysis to report the comprehensive cost impacts of all recommendations. To provide the most accurate information, the analysis should be finalized after the County's Supplemental Budget phase is completed in late September.

The CEO's separate July 1, 2020 Optimization Motion report provides options with some cost assumptions, but similarly, more fiscal analysis is needed before any implementation would be feasible. For instance, the added annual costs for a particular organizational structure in the Optimization Motion report represent only the ongoing costs associated with salaries and benefits for recommended new staff and do not include all direct and indirect administrative costs associated with implementation, such as costs for physical space, supplies and services including charges from other County departments and general overhead.

The CEO will, therefore, submit a supplemental report by the end of calendar year 2020 that details the full estimated operational costs associated with implementing the various alternative organizational structures. Calculation of these further costs will include analysis of the costs associated with the potential creation of a Department of Aging. This report will also provide recommendations on the placement of other services and programs that do not fit under aging or economic and workforce development.

If you have any question, please contact Mason Matthews at (213) 974-2395 or mmatthews@ceo.lacounty.gov.

SAH: FAD:MM
MM:DS:bjs

Attachment

c: Executive Office, Board of Supervisors
County Counsel
Mental Health
Public Social Services
Workforce Development, Aging and Community Services

07.27.20 Approach to Serving Older Adults BM

LOS ANGELES NEEDS A STRONG, VISIBLE DEPARTMENT OF AGING

Report to the County of Los Angeles Chief Executive Office

Examining the Feasibility of Creating a Standalone County Department Dedicated to Serving the Growing Older Adult Population

Kathleen Wilber Consulting

May 2020

Preface

The COVID-19 Pandemic presents decision makers with a rapidly changing world, creating new challenges and concerns that were not anticipated when we submitted the first draft of this report in March. County funding has been dramatically reduced due to pandemic-related job loss, lack of commerce with related sales tax losses, and other economic factors. The state of California is also experiencing a dramatic fiscal downturn, resulting in a large deficit. Programs and services for older adults—especially long-term services and supports—rely heavily on state and local funding, including Medi-Cal dollars. Drops in state revenue automatically trigger reductions, such as those reflected in the May Revised 2020/21 In-Home Supportive Services budget. Some programs such as MSSP and CBAS are slated to be discontinued. Many state and local government activities are on pause as leaders and frontline workers focus on addressing the pandemic's impact on services, health care needs, and a shrinking economic base.

In addition to the economic impact, the pandemic is also impacting the health of people age 60 and over. Older adults are more likely to have chronic health conditions that increase the risk of disability and death if they contract COVID-19. Because the virus spreads in close contact, outbreaks in long-term care and assisted living facilities are rampant. These settings appear to account for about one-third of all COVID deaths in the United States. For older adults living in the community, stay-at-home orders have restricted access to congregate meals and social, recreational, and educational activities. More than one quarter of adults age 60 and older live alone, and sheltering at home has further increased the risk of isolation. The survival and recovery of senior centers is at this point unclear, as is the time needed to resume usual programming and services. Senior center staff are at risk of losing their jobs or being furloughed.

Although age is a risk-factor for chronic health conditions and coronavirus infection, most older adults are healthy, active, and independent. The crisis has sharpened negative views of aging, and media reports have highlighted a rise in ageism. It is clearer than ever that fact-based, consistent messaging is needed to address the myths and misconceptions driving these beliefs.

Transportation has also been affected by the virus. Older adults are more likely to rely on public transportation (although most older adults drive). They are more likely to need shopping services and other deliveries during the pandemic. Older adults are also more likely to have health care service needs such as doctors' appointments, home health, physical therapy, and dialysis. Some of these services have been reduced and some continue with extensive precautions to reduce risk. Stay at home orders have resulted in reduced face-to-face health care visits, possibly increasing the risk of abuse and neglect. Older adults who are homeless are at particularly high risk, although Project RoomKey has provided some temporary housing.

As these problems have played out with increasing complexity, it is crucial to note the heroic role of City and County AAA employees, who have worked with senior center staff to transform the congregate meals program seemingly overnight to a home-delivered service, supporting local restaurants and food vendors while doing so. Staff have also set up programs to reach out to older adults in their homes by phone to check on their service needs and to ensure that they are connected with others on a regular basis. With a changing economy and new and largely unanticipated needs, restructuring aging services will be challenging. Given the barriers to aging service delivery that have been exacerbated during this crisis, however, it is more important than ever to ensure that older adults throughout the County receive seamless and coordinated support, regardless of their zip code. A Countywide department of aging will be central to this effort.

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Acronyms

AAA: Area Agencies on Aging
ACL: Administration for Community Living
ACS: American Community Survey
ADRC: Aging and Disability Resource Center
AIS: San Diego Aging & Independence Services
AoA: Administration on Aging
APS: Adult Protective Services
CDA: California Department of Aging
CEO: Chief Executive Officer of Los Angeles County
CTSA: Consolidated Transportation Services Agency
DAS: San Francisco Disability and Aging Services
DASS: Dietary Administrative Support Services Program
DHS: Los Angeles County Department of Health Services
DMH: Los Angeles County Department of Mental Health
DPSS: Los Angeles County Department of Public Social Services
EARS: Emergency Alert Response System
FCSP: Family Caregiver Services Program
FPL: Federal Poverty Level
FTE: Full Time Equivalent
GENESIS: Geriatric Evaluation Networks Encompassing Services Intervention Support Programs
HCBS: Home and Community-Based Services
HICAP: Health Insurance Counseling and Advocacy
HR: Human Resources
ILO: In lieu of services (additional personal assistance offered by health plans)
IHSS: In-Home Supportive Services
- **CFCO**: Community First Choice Options
- **IHSS–R**: Residual In-Home Supportive Services Program
- **IPO**: IHSS Independence Plus Option Program
- **PCS**: Personal Care Services

IT: Information Technology
LA: Los Angeles
LADOA: City of Los Angeles Department of Aging
LADOT: City of Los Angeles Department of Transportation
LADWP: Los Angeles Department of Water and Power
LAHSA: Los Angeles Homeless Services Authority
LAPL: City of Los Angeles Public Library
LAWA: Los Angeles World Airports
LCSW: Licensed Clinical Social Worker
LTSS: Long-Term Services and Supports
MCP: Managed Care Plan
MOA: Memorandum of Agreement
MOU: Memorandum of Understanding
MPC: City of Los Angeles Multipurpose Senior Center
MSSP: Multipurpose Senior Services Program
MTA: Metropolitan Transportation Authority
NCC: Net County Cost
OAA: Older Americas Act

OASIS: Older Adult Services and Intervention System
OPG: Los Angeles County Office of the Public Guardian
PALA: Purposeful Aging Los Angeles
PHM: population health management
Project CARE: Caring Actions Responding to Elders
PSA: Planning Service Area/ Program and Services Area
RCOaA: Riverside County Office on Aging
RFP: Request for proposal
RYLAN: Ready Your Los Angeles Neighborhood
S3: Seamless Senior Services
SPA: Service Planning Areas
SSI: Supplemental Security Income
SSP: Supportive Services Program
WDACS: Los Angeles County Department of Workforce Development, Aging & Community Services

Abstract

One of the most dramatic achievements of the last century is the gift of a longevity bonus. We are living longer, healthier lives, a benefit that extends beyond each of us— to our friends, families, and communities. On a large scale, the longevity bonus is reflected in the population of Los Angeles, which is growing older and more diverse, presenting both opportunities and obstacles. Many of these issues came into sharper focus with the COVID-19 crisis, even as dedicated staff and leaders mobilized quickly to reach across barriers and develop solutions to address the needs of older adults. It is increasingly clear, however, that Los Angeles County is not prepared for the long haul. The County will require a strong, coherent structure to efficiently and effectively respond to the needs and opportunities of an aging society, now and for the decades to come.

The key structural conundrum is how best to organize, deliver, and fund aging services. This is a complex puzzle with multiple moving parts. To weave together the essential pieces and link to the variety of other programs and services, we recommend that a new department be created that integrates several core pieces of the puzzle. This new department should be positioned to build on the Purposeful Aging Los Angeles (PALA) Initiative to: 1) implement core aging and long-term services and support programs, 2) coordinate with and build capacity among the many County and City departments that serve older adults, and 3) provide ongoing leadership on aging issues. To carry out these roles, the new department should be highly visible and include aging in its name. It should have sufficient expertise, resources, and clout to be widely recognized as the leader on aging issues. The new department should include the legacy Older Americans Act programs offered by Area Agencies on Aging, coupled with core long-term services and supports. It should be structured by consolidating the County and City Area Agencies on Aging, Adult Protective Services (APS), and In-Home Supportive Services (IHSS). The majority of those receiving IHSS are older adults, and the programs works well in conjunction with Older Americans Act Programs, including Title III-B, which includes personal assistance services. Supportive case management can add wrap-around services that further help older adults to age safely in the community.

As the new aging department develops and implements this strong core, it should have greater capacity to provide the visibility and leadership needed to mobilize other departments and offices that serve older adults with targeted programs (e.g., Mental Health, Health Agency, District Attorney, Public Social Services). The new department should build on the PALA Initiative by renewing, developing, and supporting partnerships among the County's and City's functional departments. The department should provide training and technical assistance to help all sectors of the County provide cost effective services to older adults.

As PALA has done, the new department should solicit input through active advisory councils and steering committees, and incorporate the input from a variety of important stakeholders (older adults, providers, leaders from other County departments). A key function of the new department will be to enhance and maintain an integrated data system that can provide data analytics to support priority setting, planning, and service delivery.

We strongly recommend including a well-thought-out implementation planning process that includes key stakeholders, including older adults and caregivers, service providers, and employees of the AAAs. PALA offers an effective track record and roadmap to build on during this implementation phase.

Executive Summary

The Los Angeles region is on the cusp of a demographic revolution. Projections show that the County of Los Angeles (the County), which is currently home to more people than any other county in the nation, can expect to see its older adult population double from 1.8 million in 2010 to 3.6 million by 2030. This change is one of the most impressive achievements of the last century—a dramatically increased "longevity bonus," resulting in increasing numbers of people living to advanced old age.

In many ways, Los Angeles County leads this revolution by offering a vision of aging challenges and solutions for the future. With a population larger than most states, Los Angeles is geographically, economically, and racially/ethnically diverse. It includes communities of vast prosperity and wealth and communities of deep poverty, food insecurity, high rates of homelessness, and lack of opportunity. These economic patterns are reflected in its older adult population, including affluent communities where homeownership provides the wealth equivalent of "winning the lottery," and communities of cumulative disadvantage that reflect life-long poverty. Los Angeles has designed and embraced innovative models and programs to prepare for population aging, including its ambitious Purposeful Aging LA Initiative, LA Found, the Dementia Friends Program, and a network of Age-Friendly Universities.

Although the County enjoys many strengths, it also faces a number of intractable challenges. Needs assessments over the last two decades have repeatedly identified housing and transportation at the top of the list, with adequate long-term services and supports not far behind. As we complete this report, Los Angeles faces a new, unprecedented crisis—the COVID-19 Pandemic. We make recommendations in the report understanding that the pandemic adds multiple layers of complexity, financial challenges, and uncertainty, exacerbating problems and creating additional barriers in addressing these problems. Where possible, we identify how the challenges and proposed solutions have been affected by the virus. We discuss efforts to mitigate these problems and lessons learned from implementing the rapid response with existing programs and infrastructure.

A population-based Aging Department would have increased visibility and capacity to address a variety of complex issues

Older adults are highly diverse. In Los Angeles, people aged 60 to 110 represent a variety of racial and ethnic backgrounds, economic diversity/disparities, social networks, and living situations. Although the majority are healthy and high-functioning, 10-20% are vulnerable adults with multiple complex chronic conditions; one in ten has a dementing illness. These vulnerable older adults are most likely to need publicly-funded services, including health care, long-term services and supports, housing support, transportation, and mental health. Although some of these publicly-funded programs and services are housed in the aging division of Workforce Development, Aging and Community Services (WDACS), most reside in specialized, functionally-based departments and offices with competing demands: Health Services, Public Health, LAHSA, DOT. By design, these functionally-based departments have different missions, priorities, and goals, reflected in their categorically defined budgets. Their specialized functions lead to differences in approach, culture, standard operating procedure, and professional expertise required.

Whereas these functional departments serve people of all ages, Older Americans Act programs were designed specifically for older adults, and long-term services and supports were designed for vulnerable older adults and people with disabilities. Nevertheless, coordination across these age- and disability-targeted programs is challenging because they were developed at different times in response to different funding opportunities and initiatives. They were not part of an overarching, rational effort to develop a system of services.

We need to address fragmented services that are challenging to navigate and orchestrate

In general, most government services are functionally organized by their purpose (e.g., transportation, housing, health, mental health) while a few departments are organized to more effectively serve the unique needs of a specific population (e.g., children, older adults, people with developmental disabilities). The current structure leads to "missing pieces in the puzzle" (Figure 0.1). A key question in the organization, delivery, and funding of population-based services is how to weave these services together to make them as effective and seamless as possible for the targeted client population. In other words, which programs and services should be consolidated into a population-specific department and which should remain within their functional department using coordinating mechanisms to improve service delivery to the specific population?

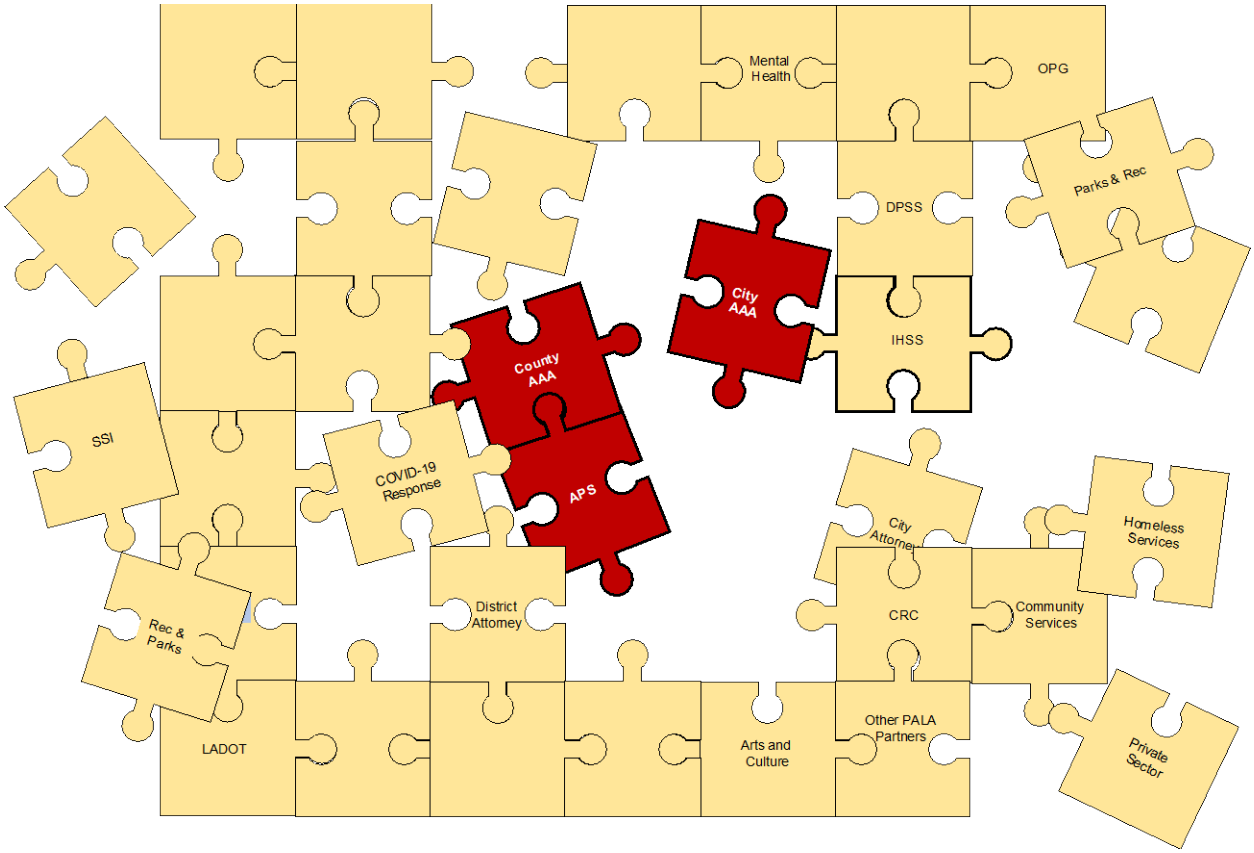
We argue that the key driver of this decision is the level and type of expertise needed to carry out the service. For example, the Los Angeles District Attorney's (DA) Office includes an elder abuse unit. Given the legal expertise required to prosecute elder abuse, this unit should remain in the DA's office. On the other hand, Adult Protective Services focuses on older adults and adults with disabilities. Expertise for APS fits into an aging department. Population-based departments must have the capacity to carry out their mission to: 1) provide the core services under their domain, and 2) work with the range of functional departments to ensure that each of these departments is adequately serving the client population.

In this report, service ***integration*** refers to an administrative structure in which programs and services are structurally consolidated within the same department. ***Coordination*** is an approach that links programs and services that are in different administrative structures (e.g., they are under different auspices). Both are required. We make recommendations about which programs and services should be integrated into a standalone aging department under a centralized administrative structure and which should be linked through various coordinating mechanisms. While we believe that it is important to develop an integrated core group of programs to serve the growing population of older adults, we do not recommend putting every population-based service into a single agency.

Currently, services for older adults in the Los Angeles region are highly fragmented and largely invisible. Los Angeles County is the only county in the nation that has two Area Agencies on Aging (AAAs): one for the City of Los Angeles (Los Angeles Department of Aging), and another for the rest of the County (within the department of Workforce Development, Aging and Community Services).

While we believe that it is important to develop an integrated core group of programs to serve the growing population of older adults, we do not recommend putting every population-based service into a single agency.

Figure 0.1. Fragmentation of Aging Services



In the context of this endemic fragmentation, our aim in this report is to respond to the County of Los Angeles Board of Supervisor's motion on February 5, 2019, "***Improving Los Angeles County's Approach to Serving Older adults."*** The motion directs that the County should "look closely at marshaling all the services and resources available to older adults into one agency." The motion calls for a study to:

1. [Examine the] Feasibility of creating a standalone County department dedicated completely to serving the rapidly growing older adult population in the region;

2. Determine what programs and services for older adults currently being performed by County departments that could be consolidated into such an entity as well as all costs associated;

3. Engage the City of Los Angeles (City) Area Agency on Aging in consultation with the City's Chief Administrative Office and Mayor's Office of City Services to determine if services provided by the City could be included within the proposed new County department; and

4. Contract with, in partnership with the Department of Workforce Development, Aging and Community Services and the City's Department of Aging, one or more consultants to solicit community stakeholder input as well as provide recommendations of best models and practices of older adult services that will help inform the creation of this County department.

5. Provide recommendations to the Board of Supervisors on potential names for the new department.

This study addresses five objectives:

1) **Identification of Current Services:** Most services are geographically based, which reduces the likelihood of duplication. However, there is duplication in contracting and monitoring for services that both AAAs provide. There are geographic differences in need and service utilization/availability that need to be addressed.
2) **Facilitate Community and Stakeholder Input Sessions:** Input was gathered from the L.A. County Commission for Older Adults, L.A. City's aging advisory committee, WDACS and LADOA employees, providers who contract with the AAAs, leaders from other California AAAs, and older adults who provided input for previous reports. These groups identified barriers to service provision, insights on the consolidation of AAAs, and potential challenges of consolidation.
3) **Identify Challenges:** Stakeholders identified challenges related to limited funding despite a growing population of older adults. They also indicated that integrating IHSS into the new department would be challenging.
4) **Identify Structural Barriers in Service Provision:** Stakeholders identified structural barriers, including cumbersome bureaucratic processes, jurisdictional boundaries, and coordination with other departments that make it difficult to provide services. Consolidating AAAs may alleviate many of these barriers, but this process will come with its own challenges, including integration of data systems, City and County retirement plans, organizational culture, and service delivery strategies.
5) **Analysis and Recommendations:** We recommend a strategic transition to a consolidated department that includes a single AAA for the entire County, APS, and IHSS as follows:
    - **i) During Implementation: Put in place a strategic restructuring process and seek input from leaders in key departments and key stakeholder groups.**
        - The strategic restructuring process must consider the barriers mentioned in this report, have a timeline for the restructuring process, and have an implementation strategy to complete each step.
        - Once the implementation of this restructuring is complete, this process should also include conversations about the feasibility of incorporating additional LTSS programs (e.g., OPG).
        - The new department should engage a Leadership Council in the transition and implementation process. Build on the PALA workgroups to include input from key stakeholder groups including executive leaders from other departments and programs, service providers, and older adults. The Leadership Council should review and provide suggestions to improve coordination with the new department, including strategies recommended in this report, to overcome barriers.
        - Conduct one or more "straw person" case study exercises in which hypothetical clients interact with multiple components of the department. Use this as an opportunity to identify and eliminate gaps within the new department so that real clients are not overlooked or underserved. Appendix A provides hypothetical "straw person" clients for this exercise.
    - **ii) As Part of Strategic Restructuring Separate Workforce Development and Aging and Community Services, and consolidate the AAAs into a single department that includes Older Americans Act Legacy programs, other programs offered by both Area Agencies on Aging, Community Services, APS, and IHSS.**
        - Maintain APS within the newly created consolidated AAA.

- We recommend reviewing the following for adoption in section (i) (above) and implementing best practices in this phase: Decentralize service delivery to the community using local hubs. As recommended in the Seamless Senior Services report, establish one-stop centers that integrate application and information and referral services for older, disabled, and dependent adults. LA City AAA's multipurpose senior centers offer a promising model. Consider how to integrate this grant-based nonprofit provider approach with County operated centers.
- Where possible, we strongly recommend streamlining contracting and monitoring to reduce inefficiencies within the County that hinder flexibility, delay allocation of funds, and reduce the pool of providers. Consider using LA City's approach to contracting. Input from stakeholders consistently noted that the City AAA's budget-based contracting is less burdensome than the County AAA's pay-for-performance contracting.
- Identify a process for current City employees to "grandfather in" (i.e., maintain) their benefits and retirement plans, to the extent this is necessary and/or is feasible. Maintain staff who have experience with aging service delivery in the new Aging department.
- Build expertise in aging by training and recruiting personnel who are experienced in aging. Build capacity by incentivizing employees to take available courses (i.e., continuing education credits) to continuously increase their expertise in aging.
- Integrate the County and City Advisory Groups.
- Establish an effective integrated data system that links AAA, senior center, and APS data. Adhere to confidentiality requirements while providing client tracking and analytics for data-driven decision making.
- Explore promising additional funding sources, including a sales tax (see San Francisco's Dignity Fund), public-private partnerships, and coordinating with health care systems as they take on increasing responsibility for LTSS. Maintain the City's affiliated non-profit, and hire a grant writer to pursue additional funding
- Ensure that clients have equitable, culturally-competent and language-specific access to services, regardless of their zip code. Build on and develop strategies to identify, reach, and serve high-need clients, including those with low income, people of color, the linguistically isolated, and those who live in more sparsely populated or unincorporated areas.

iii) As Part of Strategic Restructuring, Incorporate IHSS into the department.

- Co-locate DPSS eligibility staff with AAA staff.
- Build on successful models in other California counties to establish an integrated data system that can link or crosswalk AAA, senior center, APS, IHSS, Cal-Fresh, and SSI data.
- Lead on cultural and administrative mechanisms that promote cross-program coordination. The history of programs in the County, including within WDACS, is replete with silos and coordination barriers. Create processes that encourage managerial staff to work together toward a truly integrated aging department that has the capacity to provide—either directly or in partnership with other departments—the variety of programs and services that benefit older adults.

iv) Once the department is fully operational, explore the feasibility of moving the Office of the Public Guardian to the new department.

- After the new department is stable and operational, we recommend weighing the pros and cons of including the OPG in the new Aging Department. We do not, however, recommend removing other specific services and programs (identified in Appendix D) that reside in other departments at this time. Rather, the department

of aging should coordinate with other departments to support and build capacity in these services. This can be facilitated using the Leadership Council recommended in (i).

v) **Once the department is fully operational, explore the feasibility of adding services that target younger adults with disabilities.**
   - Determine if and when this additional integration is opportune. This decision should be made considering input from key stakeholders, including the Leadership Council. At the National level, the Administration for Community Living (ACL) was established in 2012 with the mission to: "Maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers." The state of California, as part of its Masterplan for Aging, is considering a model that integrates aging and disability services. A parallel structure at the local level should be explored.

As Part of Strategic Restructuring, Separate Workforce Development and Aging and Community Services, and consolidate the AAAs into a single department that includes Older Americans Act Legacy programs, other programs offered by both Area Agencies on Aging, Community Services, APS, and IHSS.

To build the capacity of a standalone department, the following goals should be top priorities:

i. **Visible:** The department should be easily identifiable and accessible for clients, service providers, and decision makers. The department should have the word "aging" in its title and have a visible, easy to find website and call center (see San Diego promising practices) to direct people to resources they need. The department should also have easily identifiable programs for people seeking specific kinds of help (e.g., Adult Protective Services, Home-Delivered Meals). The department should build an effective messaging campaign—perhaps through a public-private partnership—to combat ageism, or discrimination against older people due to negative stereotypes, especially in light of COVID-19. The department should support the use of terms such as "older adults" and "older people" rather than "seniors" and "the elderly," which studies have found to have a derogatory connotation. Finally, the new department will need to integrate and redo its website, including offering easily accessible, user-friendly searches, consistent symbols and terms, and frequent updating.

ii. **Seamless for clients**: All services offered by various County departments should be coordinated such that services feel seamless to those receiving them. Services should be easily accessed and utilized regardless of zip code. Integrating core services into a visible standalone structure supports this goal. In addition to integrating core aging and long-term services and supports, clinical integration requires increased coordination with other programs using a variety of mechanisms described later in the report (e.g., care management, multi-disciplinary teams, memoranda, co-location).

iii. **Cost effective:** Systems improvements should lead to fewer mistakes, improved access, better referrals, and improved client tracking and data utilization. In addition to reducing duplication and inefficiencies, we recommend strategies that focus on prevention and leveraging additional dollars (e.g., LTSS services, homelessness prevention).

iv. **Community-centered:** The department should have an integrated countywide structure delivered through local community-level one stop centers. Given the size of the County,

localized, culturally- and linguistically-competent hubs should be created that allow for easy access and utilization at the local level. San Francisco's model informs this approach. A core question is how to determine hub districts given different approaches (e.g., SPAs, Supervisorial Districts, Senior Centers, IHSS and APS field offices). Existing City Multipurpose Centers and County Community and Senior Centers may serve as community-specific brick and mortar hubs, although they do not cover all areas of the County.

v. **Equitable:** Services will need to be standardized and equitably allocated across regions and among clients, to the extent possible while managing limited resources. This will require balancing a standardized array of services and eligibility requirements with the flexibility of culturally-competent, locally developed innovations. Different eligibility requirements (e.g., age-based, needs-based) across the variety of programs will also need to be managed. Improved data will help evaluate who is not being served.

vi. **Consumer-driven and co-produced:** Engage stakeholders in efforts to improve planning, implementation, and assessment, as well as identify problems, suggest new approaches, and introduce innovations. San Francisco and San Diego have robust stakeholder input. Los Angeles has been moving in this direction with its PALA workgroups and should continue to build on this effort.

vii. **Build and Maintain a Strong Data Management Core:** The County and City of Los Angeles use different data systems. The County itself uses multiple systems to manage its data. Some systems are outdated and are incompatible with each other. Site visits identified the benefits of strong data systems to improve client tracking, identify unmet needs, support data-driven decision making, conduct equity analyses, track and manage waitlists, identify and track costs, and assess cost effectiveness. As recommended in the Seamless Senior Services report, data integration can begin by creating an interagency team comprised of AAA, IHSS, and APS representatives to share case information, develop and share policy procedures, and review program directives in an effort to streamline access to services. For over two decades, every report has recommended better integrated intake and assessment. At a time of limited funding, this is an investment in which most of the benefits will be realized in the future.

viii. **Public Private Partnerships:** The Los Angeles Region leads in a number of sectors. Representatives from these sectors should be called upon to partner with aging efforts. For example, leaders in the entertainment field have expressed an interest in PALA. They could be asked to support better messaging and communication to reduce ageism and help capture the power of the "longevity economy" to improve the region for people of all ages. PALA and the new department can become vehicles to partner with diverse stakeholders and create solutions using untapped resources.

ix. **Build the capacity to innovate by applying promising and evidence-based practices from other communities**. Both the City and County offer promising practices that could be taken to scale. Concurrently, several promising practices and evidence-informed approaches from other areas should be considered (See Appendix I).

x. **Build the capacity to coordinate and inform key partners including health care plans, homeless initiatives, and criminal justice systems**. Because aging affects almost every sector, it is important to identify and recognize cross-sector aging needs and

coordinate to meet them. Population aging suggests the need to think beyond the legacy programs that were first implemented over four decades ago. PALA has led some of this work. It is important to continue to build the capacity of an aging department to effectively address the host of issues affecting older adults across a variety of programs and services.

xi. **Supplement core Older Americans Act programs with those that promote engagement, including those that target art and culture.** As recommended in the PALA report in 2018, expand participatory arts and cultural programs for older adults led by professional artists to increase quality of life, address social isolation, increase mastery and positive effects on cognitive and physical health. Where possible, have older adults lead these efforts.

xii. **Recognize that older adults have very diverse needs, interests and opportunities to contribute and support LA County**: It is important to recognize and celebrate the diversity among older people. The vast majority are healthy and engaged; about 20% need some level of services and supports, and a very small percentage (less than 5%) are living in facilities. Although ageism portrays older people as "the other" this group is one that most people will join and everyone hopes to join—our future (or current) selves. We are all aging, albeit at different rates, in different ways, with different interests, abilities, needs, and preferences.

A variety of coordinating mechanisms should be considered and/or expanded to increase effectiveness

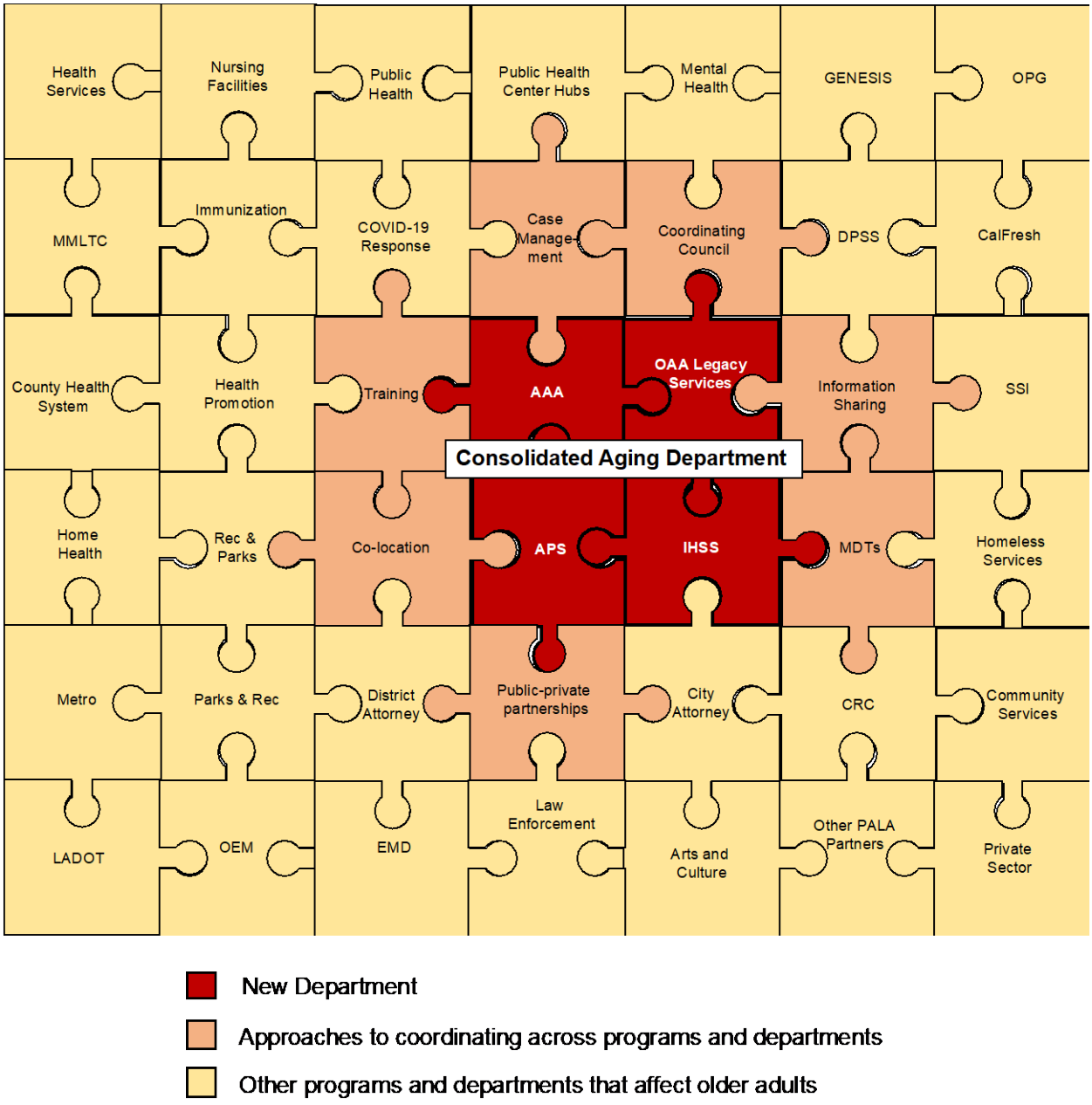
Currently, services and programs that target older adults are disjointed. It is a challenge for AAA employees to coordinate these services with other County and City departments, which creates gaps and barriers for seamless service delivery (Figure 0.1). To enhance coordination efforts, we recommend using the following tools to serve as the missing pieces of what is currently an incomplete puzzle (Figure 0.2):

1. Multi-disciplinary Teams
2. Training
3. Focal points with services co-located in local service hubs
4. Continue to engage a stakeholder Coordinating Council building on PALA
5. Visible information sharing and consistent messaging
6. Public/Private Partnerships
7. Care coordination or case management

We recommend that the new department including "Aging" or "Older Adult" prominently in its name: Suggested names are:

1) Department of Aging Services, Opportunities, and Resources (ASOAR or ASOR)
2) Department of Aging Services (DAS)
3) Department of Aging and Disability Services (DADS)
4) Department of Older Adult Services (DOAS)

Figure 0.2. Consolidation, Coordination, and Capacity Building of Aging Programs



Introduction

There is a Strong Legacy of Prior Work to Build On

The Los Angeles region is on the cusp of a demographic revolution. Projections show that the County of Los Angeles (the County), home to more people than any other county in the nation, is seeing its older adult population double from 1.8 million in 2010 to 3.6 million by 2030. This change reflects one of the most impressive achievements of the last century—dramatically increased longevity, reflected in large numbers of people living to advanced old age.

As major engines of change, Counties may be our best hope for addressing the needs and optimizing the potential of an aging society. Midway through 2020, the County of Los Angeles is at a transformational crossroads that is fraught with challenges and ripe with opportunities. Indeed, the County has begun to take important steps to prepare, including developing a comprehensive and visionary road map, the Purposeful Aging Los Angeles (PALA) Age Friendly Initiative Action Plan. This plan included 34 recommendations to help the LA Region achieve its vision of becoming the best place in the world to grow old. See Appendix C for more information about major County and City initiatives and partnerships to build on. A decade prior, the County undertook the Seamless Senior Services (S3) study to examine how to structure aging services to best serve its growing population of older adults. We include many of the lessons learned and the recommendations from these comprehensive and thoughtful efforts.

We build on prior efforts, including PALA and S3 recommendations, to offer what we hope is a useful roadmap for the important journey of systems change. These prior recommendations and input for this report from key stakeholders offer a path toward building a strong, visible department of aging. Successfully implementing these recommendations will depend on interagency collaboration, leadership commitment, and resource allocation. Given the size and diversity of the County, it will also be crucial to recognize the need for flexibility that includes the ability to adapt to local contexts, various individual needs, and the capacity of service providers.

As the County continues to plan for a population that is growing older and more diverse, responsive leadership and robust systems are required. PALA and S3 offer a solid foundation that reflects visionary leaders, engaged stakeholders, enthusiastic businesses, a robust program/service network, and a committed provider community. It is important to build on this foundation. This report seeks to do that by presenting integrated service delivery models, identifying the challenges and barriers to implementation of a more integrated service system, and suggesting implementation strategies.

Despite Several Major Initiatives, Services for Older Adults Remain Fragmented

Aging Services in the Los Angeles region are fragmented (Box A). Los Angeles County is the only county in the nation that has two Area Agencies on Aging (AAAs): one for the City of Los Angeles, and another for the rest of the County. Programs used by older adults (i.e., Older Americans Act Services, Adult Protective Services, In-Home Supportive Services are fragmented because they were developed at different times in response to different funding opportunities and initiatives, and exist in different departments, with their own assessments, approaches to service delivery, and service eligibility/authorization. (See Appendix B for more information about this structure and the history of the Aging Network.) The County AAA is housed in the department of Workforce Development, Aging and Community Services (WDACS), while the City AAA is housed in the Department of Aging (LADOA). Building on the rigorous work completed over the past two decades, we explore the feasibility of integrating aging services in L.A. County. Given

demographic changes, the increasing needs of older adults, and the opportunities that an aging society offers, it is imperative that the County develops an approach that will help older adults thrive. The County should focus on building on the extraordinary untapped value and human capital of an aging society while improving programs and services for people of all ages.

Box A. Mrs. P: A Broken System and a Client in Crisis

By the time Mrs. P had been referred to the City of Los Angeles and GENESIS, she had already cycled through eight other agencies—and was still struggling. Labeled a "frequent flyer," the problems she faced had been used against her, rather than highlighting the holes in a broken system resourced to help.

What happened to Mrs. P.?

When GENESIS and the City received the referral, eight agencies had already been involved[1]:

1. DMH Patient's Rights
2. Department of Health Services (DHS)
3. Adult Protective Services (APS)
4. In-Home Supportive Services
5. Law Enforcement
6. Department of Public Health
7. Community and Senior Services
8. Los Angeles City

Coordinating between the LADOA and GENESIS led to these outcomes:

- DMH staff convened a case conference on client's severe physical limitations and to establish available discretion of agency mandates for action, including help reframing the labels of "stubbornness" and "manipulation."
- IHSS agreed to re-evaluate Mrs. P's needs based only on her need to comply with DHS citation, at this time. Requested that DMH staff be present during client interview. *Client was approved for services.*
- APS and DHS assisted in securing an industrial dumpster for backyard clean up. *Client was previously told she would need a contractor's license to get one.*
- Advocacy Educated hospital staff to possible drug interaction after client began hallucinating while in the hospital. *Client has no history of schizophrenia or psychosis*.
- Work with police department to cover cost of repairing client's doors that were broken during their welfare check. *Police department agreed to pay*.

Mrs. P was able to remain safely and independently at home after trusting enough to accept the support of the team. She was asked to speak at the Department of Mental Health Conference where more than 150 attendees agreed very loudly and publicly that she did not have a mental disorder. See Appendix A for more information about Mrs. P's case, and how coordinated service delivery improved her care.

[1] We use original department names; some names have changed since this case was resolved.

Several California Counties Offer Effective Models

Los Angeles is unique in several key ways, including its size, diversity, high need, and the fragmentation of its aging services. Compared to other large counties in California, the population of Los Angeles is slightly younger, more diverse (racially/ethnically/linguistically), more likely to have lower income and utilize Medi-Cal, and more likely to have physical and/or cognitive impairment. These characteristics suggest that there is a greater need for long-term services and supports (LTSS) and highlight the importance of culturally competent services that reflect the region's diverse communities. Several large counties in California offer valuable lessons from their experiences navigating the process of integrating departments, programs, and services. While not as large or diverse as L.A. County, these counties serve as models, offering insights, challenges, and effective strategies for overcoming barriers. Specifically, San Diego and San Francisco moved toward integration over two decades ago and shared lessons learned from consolidating large LTSS programs into their Departments of Aging.

These characteristics suggest that there is a greater need for long-term services and supports (LTSS) and highlight the importance of culturally competent services that reflect the region's diverse communities.

Integrate Core Aging Programs into an Aging Department

In general, most government services are functionally organized by their purpose (e.g., transportation, housing, health, mental health) while a few are organized to more effectively serve the unique needs of a specific population (e.g., children, older adults, people with developmental disabilities). A key question in the organization, delivery, and funding of population-based services is how to make them as effective and seamless as possible for the targeted client population. In other words, which programs and services should be consolidated into a population-specific department and which should remain within their functional department using coordinating mechanisms to improve service delivery to the specific population?

We argue that the key driver of this decision is the level and type of expertise needed to carry out the service. For example, the Los Angeles District Attorney's Office includes an elder abuse unit. Given the legal expertise required to prosecute elder abuse, it makes sense to keep that unit in the DA's office. On the other hand, Adult Protective Services focuses on older adults and adults with disabilities. Expertise for APS fits into an aging department. Population-based departments must have the capacity to carry out their mission of 1) providing the core services under their domain, and 2) working with the range of functional departments to ensure that they are adequately serving the client population.

In this report, service ***integration*** refers to an administrative structure in which programs and services are structurally consolidated within the same department. ***Coordination*** is an approach that links programs and services that are in different administrative structures (e.g., they are under different auspices). Both are required. We make recommendations about which programs and services should be integrated into a standalone aging department under a centralized administrative structure and which should be linked through various coordinating mechanisms. While we believe that it is important to develop an integrated core group of programs to serve the growing population of older adults, we do not recommend putting every population-based service into a single agency.

To support the efforts of the County of Los Angeles (including City of LA) to become the "most age-friendly region in the world" (Purposeful Aging Los Angeles, 2018), this work was completed in response to the County of Los Angeles Board of Supervisor's motion of February 5, 2019, "***Improving Los Angeles County's Approach to Serving Older adults."*** The motion directs that the County should "look closely at marshaling all the services and resources available to older adults into one agency."

This report presents findings from the feasibility study's five objectives:

1. Identify Current Services
2. Facilitate Community and Stakeholder Input Sessions
3. Identify Challenges
4. Identify Structural Barriers in Service Provisions
5. Analysis and Recommendations

While we believe that it is important to develop an integrated core group of programs to serve the growing population of older adults, we do not recommend putting every population-based service into a single agency.

Objective #1: Identification of Current Services

The purpose of this objective is to determine the range of services currently being provided to older adults by County and City departments.

1.1: Determine which services targeting older adults are currently being provided by County and City Departments.

The Legacy Basis for Coordinating Aging Services: Older Americans Act Programs

The Older Americans Act (OAA) was passed in 1965 as part of the Great Society. In the early 1970s, it created the Aging Network—a Nationwide structure of State Units and Area Agencies on Aging designed to plan, advocate, coordinate, and in a few instances, fund aging services. The centerpiece of the Older Americans Act has been the meals program, including congregate meals and home delivered meals for those who are homebound. Both the City and the County AAAs provide programs and services funded through the Older Americans Act to clients who live in their respective Planning Service Areas. Appendix D includes more information about each of the OAA services that are offered by the AAAs. We recommend that the new department of aging continue to move beyond legacy programming by building capacity to offer services beyond those outlined in the OAA Titles, which have been chronically underfunded. In addition to offering OAA services, the City and the County both offer additional services. While some of these programs are Countywide, others are specific to the County (PSA 19) or the City (PSA 25). The new department should incorporate each of the programs that are currently offered and extend them to all County residents (e.g., the City's transportation services such as Access and Cityride, and the Emergency Alert Response System).

Other departments in the County and the City also offer programs targeted toward older adults. While we believe that it is important to develop an integrated core group of programs to serve the growing population of older adults, we do not recommend putting every population-based service into a single agency. Many programs offered by other departments, including those listed in Appendix D, are adequately administered by the departments that have the staffing and expertise relevant to the program (i.e., mental health services). Rather than "carving out" services and creating new silos, we recommend that the new countywide integrated department of aging coordinate with other departments through a variety of mechanisms described in section 5.7.

1.2: Determine the number of residents receiving each service.

See Appendix E for information about the number of clients that receive Older Americans Act services, including the demographic composition of clients and the number of units provided.

1.3: Conduct an analysis to determine if there is duplication of services between the City and County and identify where the duplication occurs.

Most services are geographically-based, which reduces the likelihood of duplication in service provision. For instance, the County and City AAAs both provide services as outlined in the Older Americans Act for the residents in their respective PSAs. However, there is duplication in contracting and monitoring (budgetary and program) for services that span the City and County services areas. A list of overlapping contractors can be found in Appendix F.

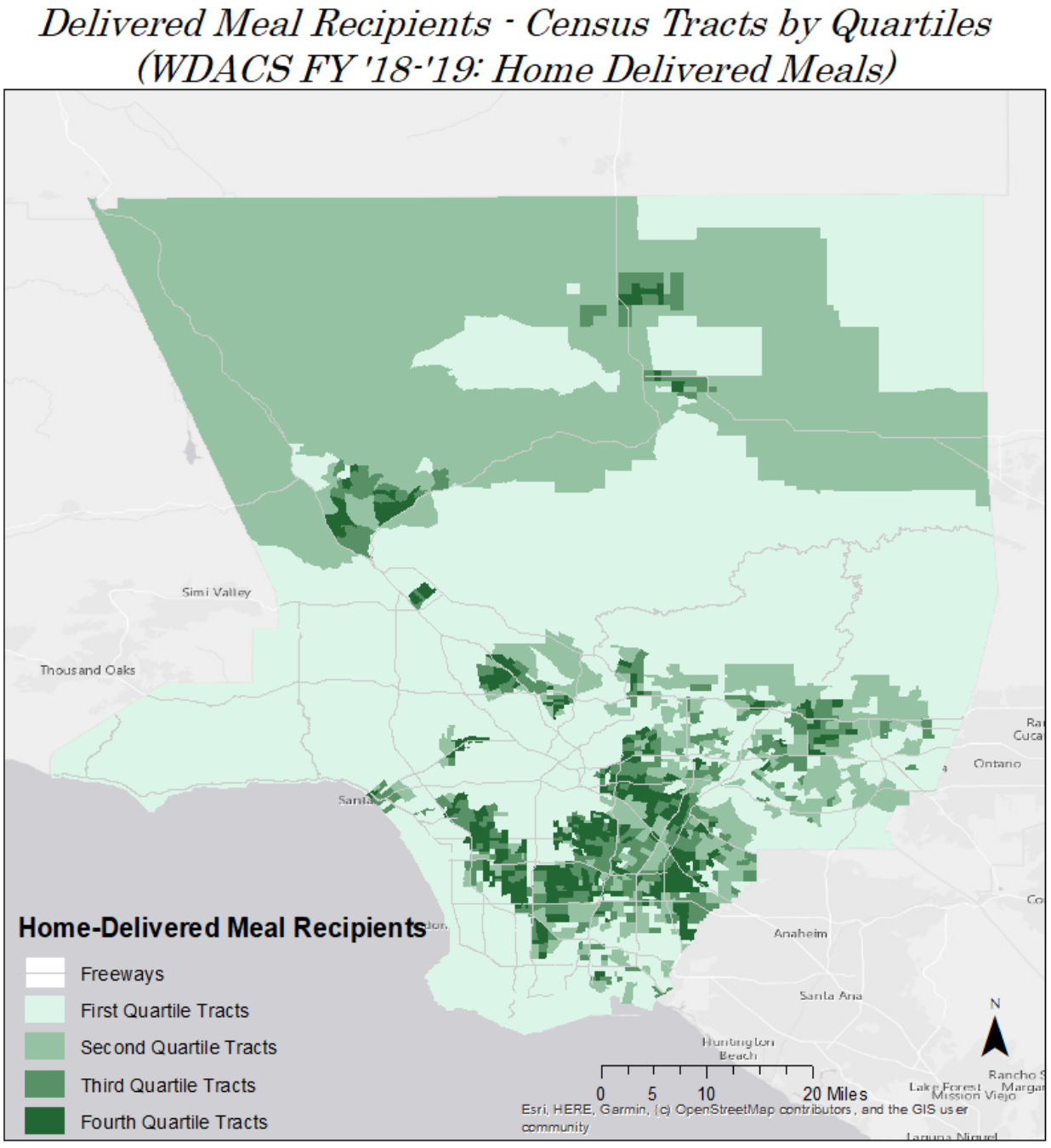
A consolidation of County and City AAAs would eliminate duplication of administrative functions such as contracting and contract monitoring, RFP processes, budgeting and accounting, data collection, and preparation of program reports to the CDA.

1.4: Determine if services are being provided equally throughout the City and County

The City and the County AAAs reach individuals in different geographic areas to provide similar services. We demonstrate this by displaying maps of census tracts in the County according to the density of recipients of home-delivered (Figure 1) and congregate meals (Figure 2). For Home-Delivered meals, tracts with high volumes of recipients can be found in neighborhoods and cities throughout the County in populated areas – with the exception of the City of L.A., which is not included. Northern County urban areas (e.g., Santa Clarita, Palmdale and Lancaster); Western areas (e.g., West Hollywood, Santa Monica); Central County areas (e.g., Glendale and Pasadena); as well as parts of the San Gabriel Valley; large swaths of Greater South LA and Southeast LA County all feature tracts which have a comparatively high usage rate for delivered meals.

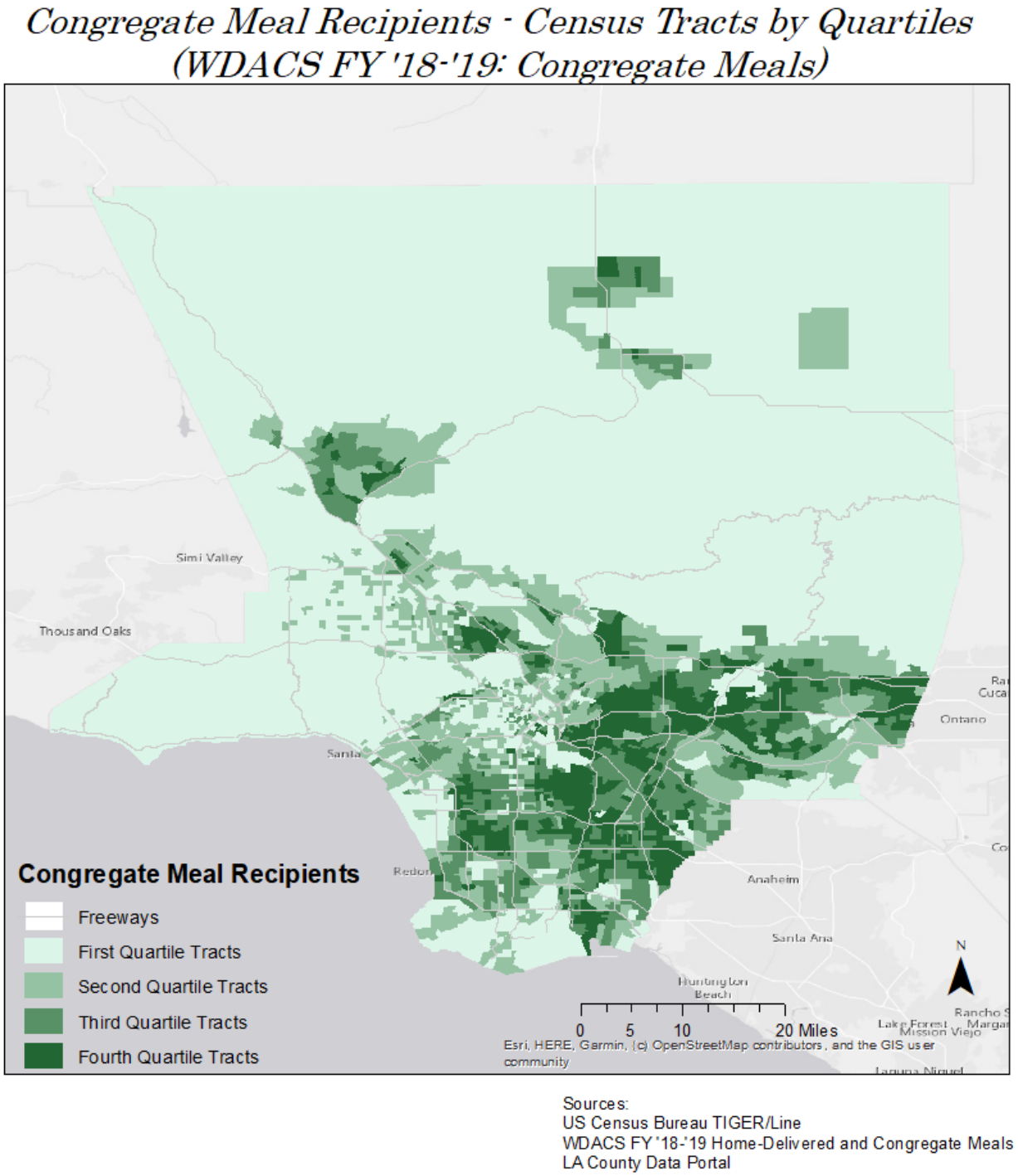
Alternately, the congregate meal recipients follow a pattern more related to population density and need, and are less strictly bounded by administrative jurisdictions. Congregate meals (which because of sheltering-in-place orders, are currently delivered to people's homes) serve many people in both incorporated and unincorporated areas of the County. Within the City of Los Angeles, there are tracts that register high numbers of City residents who receive congregate meals at County meal sites. This shows the dispersion of need, the cultural and social connections for frequent recipients, and the proximity to non-City of L.A. service sites like those in West Hollywood or South L.A. that might be the most convenient option for a resident living near the border of the City of L.A.

Figure 1. Residences of WDACS Home-Delivered Meals Clients



Sources:
US Census Bureau TIGER/Line
WDACS FY '18-'19 Home-Delivered and Congregate Meals
LA County Data Portal

Figure 2. Residences of WDACS Congregate Meals Clients



Gaps in service delivery

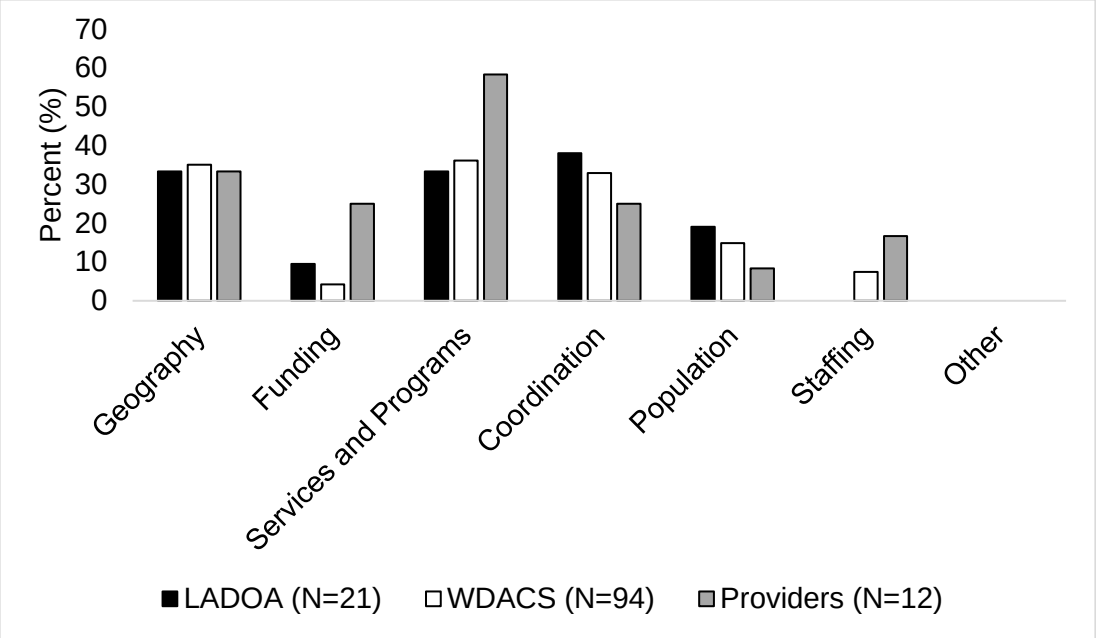
WDACS employees, LADOA employees, and service providers were surveyed to determine if there are gaps in service delivery, and if consolidating AAAs would impact these gaps. Survey respondents who said that there were currently gaps in service delivery were asked to identify these gaps.

We performed a content analysis of the free responses, and identified six themes, as seen in Table 1. Appendix G reveals the number of responses that fit each theme for LADOA employees, WDACS employees, and providers. It also displays the percent of each group's responses that fit within each respective theme.

Table 1. Themes and definitions for gaps in service delivery

Theme	Definition	Example
Geography	Geographic regions that are not receiving services; people who live in the City cannot receive services in the County, and vice versa	*"We service all of Los Angeles County; however, we currently have a gap in service as we are not able to cross over County lines to transport clients to certain medical or other destinations."* –WDACS employee
Funding	Not enough funds to deliver services; funds may not be distributed in a way that serves everyone	*"The current structure limits service availability because it is driven by two different funding entities."* – Provider
Services and Programs	Services that should be provided, but are not currently provided	*"Different programs approved for [the] same purpose between the two."* –Provider
Coordination	Lack of coordination or communication between/within departments, agencies, contractors, or governments	*"It is difficult to determine which services are provided by the City and which ones are provided by the County. Also, trying to coordinate services for older adults becomes difficult. [It] is difficult to break down barriers to collaborate."* –WDACS employee
Population	People are not being served based on age, language, culture, income, need, sexual orientation, gender. Not based on geography.	*"Service gaps include older adults who are 55+ but not yet qualified to receive services, as the age limit is 62+. Other gaps include resources for homeowners/seniors who are not considered low-income but still fall short in income."* – LADOA employee
Staffing	Concerns about not having enough staff	*"There is a gap in staff to sufficiently sustain the programs properly to support the clients, and target the most at-risk populations within these demographics."* – WDACS employee
Other	Gaps that don't fit in the other themes	

Figure 3. Percentage of respondents that identified each gap



As seen in Figure 3, gaps related to "Services and Programs" were among the most commonly identified gaps for each group of respondents. This was particularly prominent for providers, as more than half of providers identified this as a gap. Providers discussed waitlists for their services, as well as services that they offer for one AAA, but not the other. Other gaps related to "Coordination" and "Geography" were also identified. Physical geographic gaps were a common issue that respondents identified in their responses. Less common, though still important, were gaps related to "Funding," "Population," and "Staffing."

In focus groups and interviews, WDACS employees who work for the Aging & Adult Services branch expressed concerns that the aging component of WDACS is "buried," and far down the list of County departments that are listed alphabetically. WDACS employees also stressed that, compared to LADOA, they have "double the funding, half the size. That's because of the other programs that we have in place where it allows us to integrate and leverage." They hope that a consolidation of the City and County AAAs will result in more staff, allowing them to apply for more grants, and provide additional services.

[G]aps related to "Services and Programs" were among the most commonly identified gaps for each group of respondents.

Objective #2: Facilitate Community and Stakeholder Input Sessions

2.1: Identify a diverse group of stakeholders throughout Los Angeles County to facilitate input on best practices in the delivery of aging services.

Stakeholders consulted for this study include WDACS and LADOA employees, the service providers who contract with them, and the commissions of older adults that advise their leaders. The consultant conducted focus groups with WDACS employees (executive staff, program managers, and administrative staff) and LADOA employees (executive staff and managers). All employees and providers were sent an anonymous survey and given the opportunity to schedule a brief phone interview. This allowed the consultant to obtain input from the people who would be impacted by a consolidation of AAAs and departments of aging, and to learn about current challenges and promising practices.

Most respondents believed that a standalone department of aging is likely to improve service delivery, make service delivery more efficient, and reduce gaps in service delivery. "I don't know" was a popular response for many questions related to the impact of a consolidated department of aging; when this option was not available, many did not answer the question. Both WDACS employees and providers were significantly[1] more likely than LADOA employees to believe that a standalone department would improve contracting for aging services and save their department money. Compared to LADOA employees and providers, WDACS employees were more likely to believe that a standalone department of aging would improve visibility for their department. WDACS and LADOA employees were more likely to believe that a standalone department of aging would require them to increase the number of employees in their department, while providers primarily believed that it would have no impact on human resources.

In the free-response section of the survey, many noted that it was difficult to make predictions given uncertainty about the new department's structure. Stakeholders also identified how consolidating AAAs would impact their departments (Table 2) and their jobs (Table 3). Appendix H reveals the proportion of responses by theme and respondent group for the impact on their department and job.

Most respondents believed that a standalone department of aging is likely to improve service delivery, make service delivery more efficient, and reduce gaps in service delivery.

Impact on Department

Most respondents indicated that a standalone department of aging would have a positive impact on their department's service delivery. LADOA employees and providers expressed complaints about the current service delivery system and suggested that a consolidated department would alleviate these challenges. Table 2 presents exemplary quotes for each theme identified related to the impact on departments.

[1] Chi-squared tests were significant at the $p<.05$ level.

WDACS employees felt that their client's needs would be addressed faster if the departments consolidated, and this would prevent clients from "falling through the cracks." An LADOA employee described how a standalone department would have positive impacts, as it would improve customer service, as "seniors and caregivers won't have to figure out which AAA they need to contact."

One WDACS employee's response to this question encompassed many of the themes that were addressed in other respondents' answers:

> *"A stand-alone department could have more leverage to improve LA County as [an] older adult and disabled people-friendly place. It can also lead the region in comprehensively servicing these underserved senior populations: LGBTQ, incarcerated and formerly incarcerated, homeless, undocumented, living with HIV+/AIDS and other STIs. It could reduce contracting out services and increase [the] number of employees to provide those public services so they aren't privatized. Increasing awareness and addressing public health and sexual health issues that seniors are facing. As long as a stand-alone department doesn't involve laying employees off but expanding the workforce in union-represented positions, then I think this can be a positive move forward. This is an opportunity to listen and learn from the workers who have been doing this work on the ground and have innovative ideas that can be implemented, like art programs, using County-owned buildings and land to provide permanent, public supportive housing. We can have a more visible presence in the community and break barriers down and collaborate more with the people we serve to improve services and programming."*

Table 2. Themes and definitions for impact on department

Theme	Definition	Example
Not enough info	Cannot predict what the impacts would be because there is not enough info about how the new department would be structured	*"I don't know and not knowing makes consolidating the departments less attractive."* –LADOA employee
Geography	Geography, service area, regions served	*"Service area will be higher the demand will be higher."* –LADOA employee
Service delivery for clients	How clients are referred, how they access services	*"Currently, the way the two departments contract services and interpret guidelines from the state are completely different. It is often a waste of time and resources to try to manage contracts from both departments. But, when an agency does not contract with both, there is a gap in services for clients. Clients also have difficulty understanding the catchment areas and services from each program. It is frustrating for both service provider and recipient."* –Provider
Staffing	Job security and career advancement, benefits, retirement, salary, office culture, staff diversity, etc.	*"If you merge both departments your job security of one or the other departments might be at risk."* – LADOA employee
Process of consolidation	How to merge the departments, timeline; how IT components will merge; which contracting model will be used	*"WDACS often does a lot without a lot of staffing or resources available to it. Should it become a standalone department, it is extremely important that an impartial assessment is done to ensure that the new standalone department is able to meet the needs of older adults. Streamlining will be needed but I hope this is not an exercise of just cutting expenses but rather an exercise to ensure we (the city/county) can reduce duplication and provide effective and efficient services to older adults."* – WDACS employee
Coordination	How consolidation would impact coordination and communication within and between departments, agencies, or governments; includes how referrals are managed	*"The standalone Department would generate synergy and more efficient and effective ways of working and serving those in need. Instead of the City and County working in silos as they mostly do now, we would be pooling our resources, programs, and minds to consolidate where needed and expand and innovate in other areas to provide additional ways of serving the community."* –WDACS employee
Funding	How consolidation would impact grants, allocation of funds, and resources available, including general funds	*"We would still need access to the resources provided by the other branches in the department. Without that assurance, the level of service will suffer."* – WDACS employee
Leadership	Qualities of the leadership/management; who the leader of the new dept would be	*"It would provide more focused leadership in aging and coordinated/strategic planning for services. it creates opportunities for new partnership with other systems serving older persons like health care."* – LADOA employee
Visibility	Recognition of the work the organization/department does.	*"Increased visibility would aid community in identifying where to turn for help. It would also guide other County departments to include the department on relevant working groups etc. to represent and advocate for older adults."* – WDACS employee
Other	Impact on dept that doesn't fit in the other codes	

There was some concern, however, from WDACS employees who serve younger populations, either instead of or in addition to older adults. Many of WDACS' community centers offer intergenerational programming, and some staff are concerned that consolidating departments on aging will be detrimental to the community-centered models that exist in some programs:

> *"I think the impact would be negative due to the fact that many of our service centers serve all ages, from children, to young adults, to the middle aged, as well as seniors. Most of the communities we serve are low income minority communities which, in the past, had not had the variety of services our department now offers to them. To take that away now would seem to be going backwards. Please take into account the reactions of the whole community if their Centers would eliminate/alienate some of them instead of embracing them, as they do now. Where would the other age groups now get their services, especially children or adults who do not have adequate transportation? Many of our participants are regulars who are in walking distance or children who come to programs after school & with their families. Multigenerational Centers provide diversity, as well as the wisdom of elders & the County seems to seek this, as far as diversity."*

A Consolidated Department would have a positive impact on workload and resources

Asked about how a consolidated department of aging would impact their day-to-day job, impact on workload was the most common theme identified for all respondents (see Appendix H). LADOA employee's responses related to workload were split between positive and negative comments, whereas WDACS employees' and providers' responses related to workload were primarily positive. Providers who contract with both AAAs also expressed how consolidation would result in saved time and resources, as it would lead to a "reduction of duplication of reporting, follow-ups, [and] meetings."

LADOA employees were more concerned about staffing compared to WDACS employees and providers. City and County employees expressed concerns about job security, wages, and retirement benefits. Several LADOA employees mentioned that they were not sure if they would either receive a promotion, or if they would lose their job. WDACS employees and providers primarily identified positive impacts on coordination for their jobs, as it would allow employees to better utilize the resources available, and to more easily serve their clients. APS social workers would also be able to interact with one department, rather than with two AAAs, which was noted as a challenge of the current system.

LADOA employees were more concerned about staffing compared to WDACS employees and providers… WDACS employees and providers primarily identified positive impacts on coordination for their jobs, as it would allow employees to better utilize the resources available, and to more easily serve their clients.

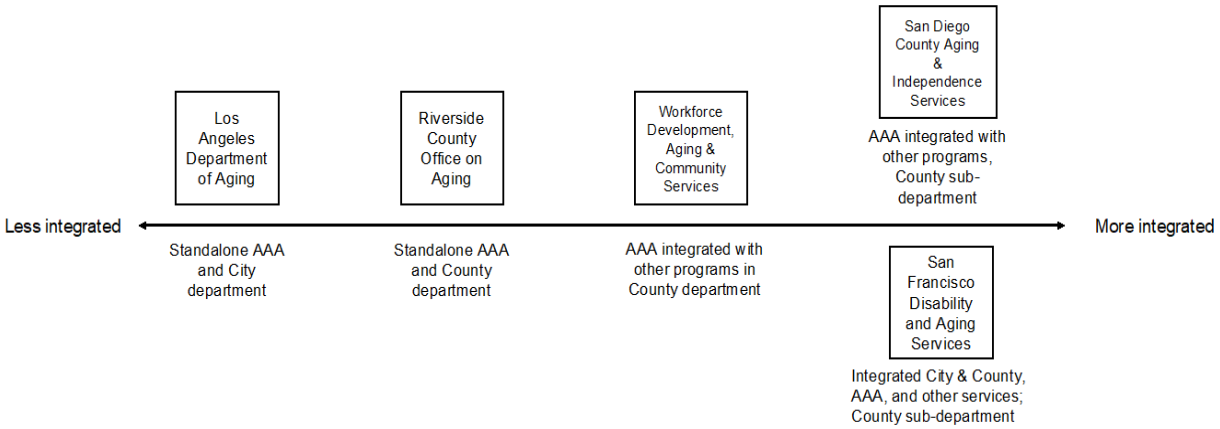
Table 3. Themes and definitions for impact on job

Theme	Definition	Example
Workload	Day-to-day responsibilities, how much work each employee has; ability to do their job and serve clients; how it would impact contracting	*"I hope to spend less time on administrative and contracting responsibilities and more time serving the people in need. The amount of redundancy and back and forth with each department on budgets and other contract requirements and figuring out which department has the right interpretation has been a huge waste of time and resources."* –WDACS employee
Staffing	Job security and career advancement, benefits, retirement, salary, office culture, staff diversity, etc.	*"Not sure how County/City positions would be blended. Would not want County to impact my wages and/or retirement benefits."* – LADOA employee
Coordination	How consolidation would impact how the respondent coordinates and communicates within and between departments, agencies, or governments; includes how referrals are managed	*"I would not have to go in search of which agency will accept my client and / or fulfill his / her needs rather I would know my client will adequately be served."* – WDACS employee
Other	Impact on job that doesn't fit the other codes	

2.2: Consult with experts from other Cities/Counties who provide a wide variety of older adult services to determine the governmental/departmental structure under which they are administered.

To identify models and best practices that can inform L.A.'s approach, the consultant conducted site visits with aging programs in San Diego County's Aging & Independence Services (AIS), Riverside County's Office on Aging (RCOoA), and San Francisco County's Disability and Aging Services (DAS). Figure 4 demonstrates the level of integration that each community experiences, both in terms of aging service delivery, and in relation to other County departments. Both L.A. City and Riverside County have standalone departments of aging that function as the AAAs. The Counties of L.A., San Diego, and San Francisco, however, are integrated with other county departments to varying degrees. In L.A. County, the AAA is housed in Aging & Adult Services, which is one branch within WDACS (along with Contract/Admin Services, Community Services, Workforce Services, and Human Relations). Although Adult Protective Services (APS) is housed within the AAA in WDACS, other commonly used services such as In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), and the Office of the Public Guardian (OPG) are located within other County departments.

Figure 4. Level of Integration for California AAAs



In contrast, San Diego and San Francisco have aging departments that are included in larger umbrella organizations within Health and Human Services. San Diego's AAA is within Aging & Independence Services (AIS)—one of eight departments within the Health & Human Services Agency. AIS also includes IHSS, MSSP, APS, and other programs commonly used by older adults. San Francisco's AAA is within Disability and Aging Services (DAS)—one of three departments in the Human Services Agency. Figure 4 demonstrates the level of integration that these AAAs experience, while Table 4 depicts the programs that are included in these departments.

Although Adult Protective Services (APS) is housed within the AAA in WDACS, other commonly used services such as In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), and the Office of the Public Guardian (OPG) are located within other County departments.

Integrating AAAs and other services improves visibility and efficiency

Findings suggest that integrating the AAA with other departments and programs (i.e., Health and Human Services, Adult Protective Services) improves coordination and efficiencies of aging services, and allows for greater visibility of the AAA—both within the County governance and for members of the community. Although other Counties are much smaller than Los Angeles, learning from their challenges and promising practices provide helpful insight that can be applied to Los Angeles' efforts to better coordinate services for older adults.

Consolidation into a larger functional agency threatens visibility, mission, and flexibility

Smaller AAAs such as LADOA and RCOoA, however, fear that integrating with other County departments would hinder their visibility and "agility" in service provision. Over time, the Riverside Office on Aging staff have expressed concerns about being subsumed under the Department of Public Social Services (DPSS) or Public Health. Members of the Executive Management team from Riverside explained that they are like the "non-profit arm of the County departments" because they have more flexibility to provide services. RCOoA staff argue that being integrated

with another department would lead to loss of efficiency and effectiveness as it would create more decision-making layers. They explained that being "absorbed" by DPSS

> *"would be a concern [because] we would sort of get swallowed [and] lose some of both what makes us unique as well as some of the agility to make decisions in-house, locally act on them, pursue them...I don't know that we'd have [that] if we were subsumed."*

Rather than being absorbed by another County department, Riverside has been able to integrate services by strategically forming partnerships with other agencies and community providers. They argue that aging service delivery works best when there is "a clear partnership and collaboration with the other departments, with the other folks that are doing work in this community, but to have separate oversight…" They value their ability to be an "external body" that can closely collaborate with other County departments.

Similarly, LADOA employees and providers who contract with the City are concerned that consolidating with WDACS will result in reduced flexibility to provide services in the ways they have come to value, and may result in increased bureaucracy.

Integration is a means to build capacity

For larger AAAs (i.e., San Diego's AIS), integration with other County departments allows for increased coordination of services for the clients, more efficient administration, and more "pots" from which to pull the matching funds that are required for certain services. AIS is the largest integrated Health & Human Services Agency in the state, and the leaders explained that "it's a very easy hand-off" between programs like IHSS and Medi-Cal because these services have one executive finance director. Therefore, "the way the money is divvied up is not a fistfight. There's a lot of benefits to be part of an integrated health and human services agency as the aging programs sit in there." Similarly, WDACS and DAS employees emphasized the important role that shared administrative staff and funding streams play in their departments' stability. These shared resources between the various branches of WDACS contribute to the department's success.

Table 4. Components of AAAs[2]

	L.A. City Dept. of Aging	Riverside County Office on Aging	L.A. County WDACS	San Diego AIS	San Francisco DAS
Standalone department, or sub-department?	Standalone City Department	Standalone County Department	Standalone County Department with multiple branches	Sub-department. in Health & Human Services Agency	Sub-department in Human Services Agency
APS			✓	✓	✓
IHSS				✓	✓
Office of the Public Guardian					✓

Promising Practices from Other AAAs

[2] The integrated agencies in San Francisco and San Diego are under a Health and Human Services umbrella agency that includes many of the programs that are under the jurisdiction of DPSS in Los Angeles County.

San Francisco's Data Tracking Provides Analytics for Data-Driven Decisions

Like many other AAAs, DAS uses GetCare to track client data. This system allows more than 60 providers to enter information for 30 services, representing 40,000 clients per year. DAS has made efforts to integrate data sets that are not typically coordinated, including AAA, APS, and IHSS data. They use probabilistic data matching when they cannot match a client with their Social Security number. With such a strong data tracking system, DAS is able to make data-informed decisions and improve interventions. DAS is able to populate a dashboard template with GetCare data in a way that is valuable for providers, advocates, and elected officials. With these capabilities, they emphasize the importance of equity analysis. They may be able to see that a sub-population is being served overall, but not in a particular region. For example, information from the DAS data system that indicated a growing need for Spanish speaking providers was used to expand language capacity among funded services.

DAS moved home-delivered meals and case management services to a centralized intake, which is operated by city staff. This allows DAS to manage waitlists as well. A centralized system in-house helps them better track clients and inform service needs. As DAS leaders explained:

> *"Having our data centralized allows us to look at gaps and needs. For example, we can triage among several nutrition services."*

DAS is able to determine whether a client should be on IHSS instead of on a home-delivered meals waitlist, for instance. However, they note that they "aren't there yet with universal assessment." They recognize that some people just want information, and that is why they contact DAS. They also understand that there is a delicate balance between gathering information to help the client receive the services they need, and asking so many questions that they drive people away.

DAS has made efforts to integrate data sets that are not typically coordinated, including AAA, APS, and IHSS data. They use probabilistic data matching when they cannot match a client with their Social Security number. With such a strong data tracking system, DAS is able to make data-informed decisions and improve interventions.

San Diego's Call Center Offers a Visible Gateway to Services

Aging & Independence Services describes its Call Center as the "gateway" to its services. The Call Center is operated by people with Bachelor's level degrees who are trained in social work, to provide initial assessment and channel callers to services and information. Callers are either screened to determine eligibility for AIS programs or they are referred to other appropriate community programs. AIS has been able to implement a "no wrong door" model by using the Call Center to merge information and referral, case management program intake, and elder abuse reporting.

San Francisco's "Hub" Model Provides Visible and Community-Centered Services

The DAS leaders describe its public-facing center as a "one-stop shop." Across the street from the DAS offices, "The Hub" serves as a centralized location that houses four units: integrated

intake (including Information, Referral and Assistance), the County Veterans Service Office, Medi-Cal and CalFresh eligibility, and the Independent Provider Assistance Center. The latter unit offers services for IHSS providers and recipients, and it has increased foot traffic within the Hub. The Hub serves as the "central door" of the Aging and Disability Resource Center (ADRC), with a contracted "mini hub" in each supervisorial district.

Riverside's Case Management Services Make Their Budget More Robust

OAA funding limits administrative costs to 10%, requiring the department to target the majority (90%) of funds toward direct services and to operate with a very lean, but efficient operation support. Using their "non-profit lens," RCOoA designed a community-based, no-wrong-door approach that targeted the needs of health plans and other larger social service organizations in their existing partner network. Lower administrative costs, a more streamlined service provision process, and robust participation in community networks positioned the department to be an attractive option for case management service delivery. As one RCOoA leader explained:

> *"It's leveraging that flexibility…Not all AAAs do their own case management in-house. [We've] built our strengths on case management, so that's our basis for support and it helps to fund the hotline and other admin."*

This case management is funded by Adult Protective Services, and combines RCOoA's hospital transition program with professional nursing care follow-up in the home, allowing for both transitional and longer-term services at the initial report of abuse. As one of its larger and multi-year agreements, this program innovation also offers RCOoA the flexibility to move service and administrative resources when traditional Title funding is diminished.

San Francisco's Hospital Transition Support Reduces Risk

DAS has a specialized unit in their IHSS program, with the vision of making IHSS a social work/care management program in addition to an eligibility program. Professionals with LCSWs and MFTs staff the unit and carry caseloads with higher needs clients. These social workers assist with discharge and transitions from hospitals. Transitioning from hospitals is an area of high risk to the older adult and high cost to the health care system. This is especially a problem for older adults who lack family members to support their care. For example, the Los Angeles County hospital system struggles with discharge placements, especially complex patients who need care, at least for the short term, in a nursing facility. Some patients languish in the hospital for days or even weeks because appropriate care is lacking.

Proposed changes to Medi-Cal Managed Long-Term Care (MMLTC) will make programs such as the Riverside case management and San Francisco hospital transition program more valuable. Managed Care Plans have taken on increasing risk for LTSS. As part of this transition they will be developing or contracting more care management. The new department should consider exploring a partnership in which the AAA provides care management and helps coordinate among the several personal assistance programs developing in health care with those offered by IHSS and OAA Title III-B programs.

Appendix I includes a list of additional promising practices and programs that other AAAs offer.

The new department should consider exploring a partnership in which the AAA provides care management and helps coordinate among the several personal assistance programs developing in health care with those offered by IHSS and OAA Title III-B programs.

Recommendations from Other AAAs

Executive leaders and managers from other AAAs offered the following advice to Los Angeles:

- Strengthen administrative resources, including "solid data." – Riverside County Office on Aging executive leader
- Recognize the value of employees and build the capacity of your management team because they "are the ones who are touching the work." – Riverside County Office on Aging manager
- Integrating services helps financially and allows for better "cooperation and coordination." – San Diego Aging & Independence Services executive leader
- Improve coordination with other departments, including co-location of groups that "haven't been co-located before." – San Diego Aging & Independence Services executive leaders
- Consult with an expert in restructuring processes who also knows about aging. In this intentional process, "think about staff, community partners, and older adults." –San Francisco Disability and Aging Services executive leader

2.3: Obtain input from diverse groups of older adults to provide an opportunity to share comments and concerns about the delivery of services and services available to older adults.

Using the plethora of focus groups, town halls, and listening sessions that have been conducted with diverse groups of older adults over the past decade, we analyzed reports that gathered input from older Angelenos. We present older adults' input here, organized by Purposeful Aging Los Angeles' domains of livability. Table 5 demonstrates which domains were addressed by older adults in each report as the most pressing needs/service gaps. Issues related to housing and transportation were prevalent in each of the reports, while the other domains were present in at least five of the seven reports analyzed. We also identified needs and service gaps that did not fit under a domain of livability.

Table 5. Themes related to what older adults say are the most pressing needs/service gaps

	Los Angeles Needs Assessment	L.A. County AAA Area Plan 2016-2020	L.A. City AAA Area Plan	Roybal Institute Focus Groups Report	L.A. County Seniors Count!	L.A. County Seamless Senior Services	Age-Friendly Action Plan for the L.A. Region
Housing	✓	✓	✓	✓	✓	✓	✓
Transportation	✓	✓	✓	✓	✓	✓	✓
Outdoor Spaces and Buildings	✓			✓	✓	✓	✓
Social Participation	✓	✓	✓	✓	✓		✓
Respect and Social Inclusion	✓	✓	✓	✓	✓		✓
Civic Participation and Employment	✓	✓	✓	✓	✓		✓
Community Support and Health Services	✓	✓	✓	✓	✓		✓
Communication and Information	✓	✓	✓	✓	✓		✓
Emergency Preparedness and Resilience	✓	✓	✓	✓	✓		✓
Other	✓	✓	✓		✓	✓	

Table 6 reveals sub-themes related to each of these domains, including the number of reports that contained each sub-theme. Appendix J includes more information about each of these themes. Only the Age-Friendly Action Plan identified what older adults say is working well; Table 7 demonstrates these themes. Some of the sub-themes related to challenges were also identified as strengths (i.e., transportation accessibility).

Older adults have consistently identified these themes as challenges over the past decade. A strong department of aging would have greater capacity to advocate for these issues across functional departments. For example, although a department of aging would not able to solve the housing affordability crisis, the department of aging can partner with other departments (i.e., LADWP) and community-based organizations to provide assistance with utility bills, home modifications, and other services that help older adults find and maintain housing.

Table 6. Sub-themes of input from older adults

Domain	Sub-theme	Reports
Housing	Affordability	5
	Home repairs/modifications	3
	Safety	1
	Senior housing	1
	Homelessness	1
Transportation	Older adult friendly transportation services	4
	Transportation education	1
	Public transportation accessibility	3
	Public transportation routes	4
	Public transportation timing	2
	Walkable communities	1
Outdoor Spaces and Buildings	Age-friendly public spaces	2
	Accidents outside the home	1
	Adult day care	1
Social Participation/ Respect and Social Inclusion	Intergenerational social opportunities	2
	Loneliness	1
	Social isolation	2
	Recreation and leisure	2
	Religious activity	1
	Entertainment	1
	Educational activities	1
Civic Participation and Employment	Employment	6
	Job training	4
	Work accommodations/modification	2
	Volunteering/community involvement	2
Community Support and Health Services	Caregiving	6
	Community-based services	2
	Personal homemaker/household services	5
	Health care services/disease prevention	4
	Mental health	3
	Physical health	2
	Oral health/dental care	2
	Dementia-focused community engagement	2
Communication and Information	Information regarding available services	5
	Benefits information and assistance	2
	Case management	2
	Health and safety information	4
Emergency Preparedness and Resilience	Personal emergencies (falls or medical incidents)	3
	Natural disaster preparedness	1
	Crime prevention and safety	3
Other	Elder abuse prevention services	5
	Legal assistance	4
	"No wrong door"	1
	Advocacy	1
	Financial concerns	5
	Nutrition	1
	Staffing senior centers	1

Table 7. Themes related to what older adults say is working well (PALA, 2018)

Domain	Sub-theme
Transportation	Public Transportation--Accessibility
	Public Transportation--Affordable
	Public Transportation--Reliable
	Public Transportation--Safety
	Public Transportation--Well-maintained vehicles
	Personal Transportation--Well-maintained streets
	Personal Transportation--Safe pedestrian crossing
	Personal Transportation--Safe streets for all users
Social Participation	Education or self-improvement classes/workshops
Emergency Preparedness and Resilience	Evacuation plan
	Prepared with basic supplies
	Prepared with supply of prescription medication

Objective #3: Identify Challenges

3.1 Obtain information on the challenges in providing services to older adults and the projected challenges in coming years due to a growing aging population.

We define challenges as difficult macro and contextual problems that policies have sought to address. Milestones and measures can be used to some extent to assess how well challenges are being addressed. Challenges include ageism, the failure of Federal funding to keep up with the rapid growth of the older adult population, and the growing population of older adults experiencing homelessness and incarceration (see Appendix K for more information). Additional challenges arise with the changing healthcare landscape—especially for older adults who are dually eligible for Medicare and Medicaid—and the diversity of older adults (i.e., linguistic, race/ethnicity, income, functional and cognitive ability). These challenges make a one-size-fits-all approach to service delivery inappropriate.

Stakeholders identified challenges related to limited funding despite a growing population of older adults. This has led to a reduction in staffing over the years, and it places burdens on community contractors. As one LADOA executive leader explained:

> *"In my mind, the two issues have been funding levels and the other is our shrinking contractor base. As costs have gone up, and our funding has not kept up and actually decreased more in the recent 5 to 10 years, we've lost some of our contractors…That has then created a situation where our existing providers are actually covering more service areas. They're basically increasing the obligations and they're covering two to four different service areas. That's quite a lot."*

Program managers from WDACS also expressed that limited funding is a challenge, as they do not have enough staff to support services:

> *"For me in the AAA, I think as I mentioned before, the challenge is, because the way that the funding is structured, we constantly have shortage of staff… There is so much more we could do in AAA if we had a little bit more staff people. AAA is very out of the box, it's not structured at all. This is where we can get creative, design our programs, but unfortunately we're so limited, we're barely trying to get what we're supposed to be doing within Older Americans Act programs."*

Although integrating the AAAs may save administrative costs, additional funding will need to be leveraged to supplement the limited Older Americans Act funding.

Additional challenges include achieving the goal of supporting older people's strong desire to age in place in their communities. Some people become permanent long stay residents in facilities after entering for short stay rehabilitation. AAAs have the goal, however, to help people live independently in their homes and communities.

Objective #4: Identification of Structural Barriers in Service Provisions

4.1: Determine if the current governmental and administrative structure of providing services to older adults creates barriers in service delivery.

Stakeholders identified the structural barriers of cumbersome and unnecessary bureaucratic processes, jurisdictional boundaries, and lack of coordination with other departments that make it difficult to provide services.

Local government bureaucracy hinders service provision

Many WDACS and LADOA employees noted that their department was subject to a "very cumbersome…bureaucratic process" to receive funding allocations for the programs they administer. This delays their ability to fund the community-based contractors that provide services. WDACS program staff explained that attempts to supplement their limited budgets with donations or grants require an extensive approval process:

> *"We fundraise, but it's very hard to get our money back out. There's so many County processes that you have to go through that it's extremely difficult sometimes to get it timely when you need it or maybe you want to do a special event at the center and you got a donation of $1000 to feed the folks. It's hard for us to get that money back out…it's County process. It's the bureaucracy that we live with."*

Boundaries between the County and the City are confusing for clients

WDACS and LADOA employees, service providers, and members of the advisory councils expressed that the geographic or jurisdictional boundaries between the County and the City are confusing for older adults and hinder delivery of services. Some older adults wonder why their friend who lives in the City can utilize a service that they do not have access to in the County, or vice versa. This is not only confusing for clients, but also for WDACS and LADOA employees. As one WDACS employee described:

> *"It is difficult to determine which services are provided by the city and which ones are provided by the County. Also, trying to coordinate services for older adults becomes difficult. It is difficult to break down barriers to collaborate."*

…geographic or jurisdictional boundaries between the County and the City are confusing for older adults and hinder delivery of services.

The AAA is not visible to clients or other County departments

The County AAA is viewed as "overlooked" and "buried" in WDACS. Many older adults and caregivers do not know about the services available in the AAAs. Even City and County

employees are surprised to learn that there are two AAAs in the County. Although a visible, standalone department may increase demand for services, addressing barriers, building capacity, and improving coordination will help to meet this demand.

Lack of coordination with other departments is a barrier to seamless service delivery

A number of departments in the County and the City offer programs and services targeted toward older adults. WDACS and LADOA employees note that it can be challenging to communicate with some of these departments to deliver coordinated services. For example, community and senior centers run by both WDACS and the department of Parks and Recreation serve as congregate meals sites. It is easier to coordinate services with the centers run by WDACS than with those run by another department. As one WDACS program manager explained:

> *"We have a lot of issues communicating with Parks and Rec sites…A lot of times, they don't want to collaborate with us."*

Although structural integration of aging services will not eliminate coordination challenges with other departments, the Leadership Council proposed in the recommendations can provide opportunities to problem solve and develop better coordination among departments.

Better coordination mechanisms are especially important when data cannot be shared

WDACS and LADOA use different client tracking systems for their AAA services, and these will need to be integrated if the AAAs are consolidated as noted in the recommendations. Because data sharing may not be possible with other departments, it will be important for the new department to develop, expand, and maintain coordinating mechanisms to link with services provided by other departments:

> *"That whole client-centered approach that we want to have for an individual, we still need to know what services this individual has received. For example, if you have somebody that walks into WDACS today, we'll know if they've had AAA services before, APS services, transportation, shelter... But I don't know if there is an IHSS participant, don't know if they're pending SSI…don't know if they've received mental health services."* — WDACS executive leader

4.2: Provide input on the desirability of creating a County Department focused solely on the provision of services to older adults.

Creating a County department that focuses on the provision of services to older adults is desirable. It should be visible and accessible with expertise on aging and the capacity to lead coordination efforts with other County departments. Such a department should lead to more efficient and effective service delivery for older adults across the County, regardless of zip code. It has the potential to be cost effective, as it will reduce duplication of contracting services and create opportunities for sharing administrative costs.

A key question is which populations the new department will include: 1) older adults defined generally as people age 60 and over, or 2) older adults and younger adults with disabilities. This question, which is currently under consideration at the state level, was addressed at the national level in 2012 by creating the Administration for Community Living (ACL) within the U.S.

Department of Health and Human Services “to maximize the independence, well-being, and health of older adults and people with disabilities across the lifespan, as well as their families and caregivers.” While Older Americans Act programs serve people age 60 and over, other programs that would be included in an integrated department (e.g., IHSS, APS, Linkages) serve younger adults with disabilities as well. A number of communities are including both groups and improving access to long-term services and supports by applying for designation as an Aging and Disability Resource Center (ADRC). The LADOA has recently received funds for the City to begin development of an ADRC in partnership with Communities Actively Living Independent and Free. The City’s long-term plan is to build a consortium that will bring all six Independent Living centers and the City and County AAAs to serve the entire Los Angeles region.

We recommend that the coordinating council proposed in 5.3 explores whether other long-term services and supports, including those that target people younger than age 60, should be included in the department. At this stage, the coordinating council should identify whether, how, and when these programs should be integrated within the department.

Creating a County department that focuses on the provision of services to older adults is desirable. It should be visible and accessible with expertise on aging and the capacity to lead coordination efforts with other County departments.

Objective #5: Analysis and Recommendations

5.1: Provide written recommendations on how best to eliminate duplicative services identified in Objective #1

Consolidating AAAs would eliminate the duplication that comes from contracting with the same community-based provider for County and City services.

5.2: Work with the County Executive Office on a fiscal analysis of the recommendations to ensure that any change in cost is considered/identified as part of the recommendations.

WDACS and LADOA receive funding from the Administration for Community Living, which flows through the California Department of Aging to fund Older Americans Act programs. These funds have not kept pace with inflation or the growing population of older adults. Over the years, core services have continued to focus on meals programs (congregate and home-delivered), as well as planning and coordination efforts. Some communities have linked these aging network services to larger long-term services and supports while others have focused primarily on Older Americans Act programs. After accounting for inflation and dramatic population increases, the per capita impact of Older Americans Act funding has been reduced. In addition, limits on the proportion of these funds (10%) that can be spent on administrative costs results in AAAs that are "stretched thin." The County supplements many WDACS programs with Net County Costs. The City supplements many LADOA programs with General City Purposes Funds and, in the case of the nutrition program, a trust fund. Although some of these funds support administrative functions and program oversight, most are allocated to community organizations that the AAAs contract with to provide the services. Appendix L demonstrates funding flows for WDACS and LADOA OAA programs.

The purpose of displaying these funding flows is not to call attention to duplications or gaps, but to demonstrate the funding mechanisms that may be affected by consolidation of the AAAs. Although consolidation would lead to an increase in Federal and State funds due to an increase in the population served, this may not lead to a proportional decrease in administrative costs, or to a proportional increase in Net County Cost or General City Purpose Funds. To maintain existing services the new department will need to continue to rely on Net County Cost and General City Purposes Funds to supplement Aging Network programs. The department should also hire a grant-writer to seek additional Federal and philanthropic grants.

At this time, it is not clear what impact the COVID-19 Pandemic will have on funding for these services. What is becoming clearer is that state and local revenue anticipated for FY 2020/21 has seen dramatic reductions, unemployment is high and increasing, and programs for older adults have had to be paused or shifted from center- and congregate-based to home-based.

The department should…hire a grant-writer to seek additional Federal and philanthropic grants.

5.3: If it is determined to be feasible in Objective #4, item 2, provide recommendations on how best to improve service delivery through a streamlined administrative structure and merging of services to older adults within a single department.

Los Angeles has several options as it examines the feasibility of an integrated standalone approach to structuring aging services. The following structural models should be considered:

1. **Maintain the status quo with modest changes to improve coordination:** Keep the current structure of two AAAs, with the County AAA in WDACS and a separate AAA as LADOA. Increase collaboration and coordination between the departments building on Purposeful Aging Los Angeles (PALA). We include this option recognizing the challenges that come with change in general, coupled with the pandemic's financial and programmatic impact, which are still uncertain. We argue, however, that maintaining the status quo is not responsive to the Board motion nor will it lead to a high quality, cost-effective service delivery system for older adults.
2. **Combine the City and County AAAs into one countywide department of aging:** Although it would be possible to do this while keeping WDACS intact and subsuming LADOA, we recommend separating Workforce from the age-targeted branches of the department—Aging and Adult Services, Community Services, and APS—and combining these programs with the City AAA. The Board motion calls for a standalone Department. Such a department specializing in aging will have greater visibility and more efficient and effective systems focused on the targeted population. This structure would follow best practices of other county models in California that integrated key programs that are directed toward the target population. We recommend that model 2 be implemented as a necessary but not sufficient step toward the goal of a visible, more efficient and effective department of aging. Although this step will help lay the foundation for a more comprehensive and streamlined department, we recommend moving quickly to include IHSS in a new department.

Any changes in service delivery and administrative structure should be coordinated and phased. Below, we present recommendations related to the order of these phases.

During Implementation: Put in place a strategic restructuring process and seek input from leaders in key departments and key stakeholder groups.

- The strategic restructuring process must consider the barriers mentioned in this report, have a timeline for the restructuring process, and have an implementation strategy to complete each step.
- Once the implementation of this restructuring is complete, this process should also include conversations about the feasibility of incorporating additional LTSS programs (e.g., OPG).
- The new department should engage a Stakeholder Workgroup in the transition and implementation process. Build on the PALA workgroups to include input from key stakeholder groups including leaders from other departments and programs, service providers, and older adults. The workgroups should review and recommend strategies for the new department, including strategies recommended in this report, to overcome barriers.
- Conduct one or more "straw person" case study exercises in which hypothetical clients interact with multiple components of the department. Use this as an opportunity to identify

and eliminate gaps within the new department so that real clients are not overlooked or underserved. Appendix A provides hypothetical clients for this exercise.

As Part of Strategic Restructuring Separate Workforce Development and Aging and Community Services, and consolidate the AAAs into a single department that includes Older Americans Act Legacy programs, other programs offered by both Area Agencies on Aging, Community Services, APS, and IHSS.

- Maintain APS within the newly created consolidated AAA.
- We recommend reviewing the following for adoption in section (i) (above) and implementing best practices in this phase: Decentralize service delivery to the community using local hubs. As recommended in the Seamless Senior Services report, establish one-stop centers that integrate application and information and referral services for older, disabled, and dependent adults. LA City AAA's multipurpose senior centers offer a promising model. Consider how to integrate this grant-based nonprofit provider approach with County operated centers.
- Where possible, we strongly recommend streamlining contracting and monitoring to reduce inefficiencies within the County that hinder flexibility, delay allocation of funds, and reduce the pool of providers. Consider using LA City's approach to contracting.
- Identify a process for current City employees to "grandfather in" (i.e., maintain) their benefits and retirement plans, to the extent this is necessary and/or is feasible. Maintain staff who have experience with aging service delivery in the new Aging department.
- Build expertise in aging by training and recruiting personnel who are experienced in aging. Build capacity by incentivizing employees to take available courses (i.e., continuing education credits) to continuously increase their expertise in aging.
- Integrate the County and City Advisory Groups.
- Establish an effective integrated data system that links AAA, senior center, and APS data. Adhere to confidentiality requirements while providing client tracking and analytics for data-driven decision making.
- Identify opportunities for shared administrative costs in the new department.
- Explore promising additional funding sources, including a sales tax (see San Francisco's Dignity Fund) and public-private partnerships. Maintain the City's affiliated non-profit, and hire a grant writer to pursue additional funding.
- Ensure that clients have equitable, culturally-competent and language-specific access to services, regardless of their zip code. Build on and develop strategies to identify, reach, and serve high-need clients, including those with low income, people of color, the linguistically isolated, and those who live in more sparsely populated or unincorporated areas.

As Part of Strategic Restructuring, Incorporate IHSS into the department.

- Co-locate DPSS eligibility staff with AAA staff.
- Build on successful models in other California counties to establish an integrated data system that can link or crosswalk AAA, senior center, APS, IHSS, Cal-Fresh, and SSI data.
- Lead on cultural and administrative mechanisms that promote cross-program coordination. The history of programs in the County, including within WDACS, is replete with silos and coordination barriers. Create processes that encourage managerial staff to work together toward a truly integrated aging department that has the capacity to provide—either directly or in partnership with other departments—the variety of programs and services that benefit older adults.

Once the department is fully operational, explore the feasibility of moving the Office of the Public Guardian to the new department.

- After the new department is stable and operational, we recommend weighing the pros and cons of including the OPG in the new Aging Department. We do not, however, recommend removing other specific services and programs (identified in Appendix D) that reside in other departments at this time. Rather, the department of aging should coordinate with other departments to support and build capacity in these services. This can be facilitated using the coordinating council recommended in (i).

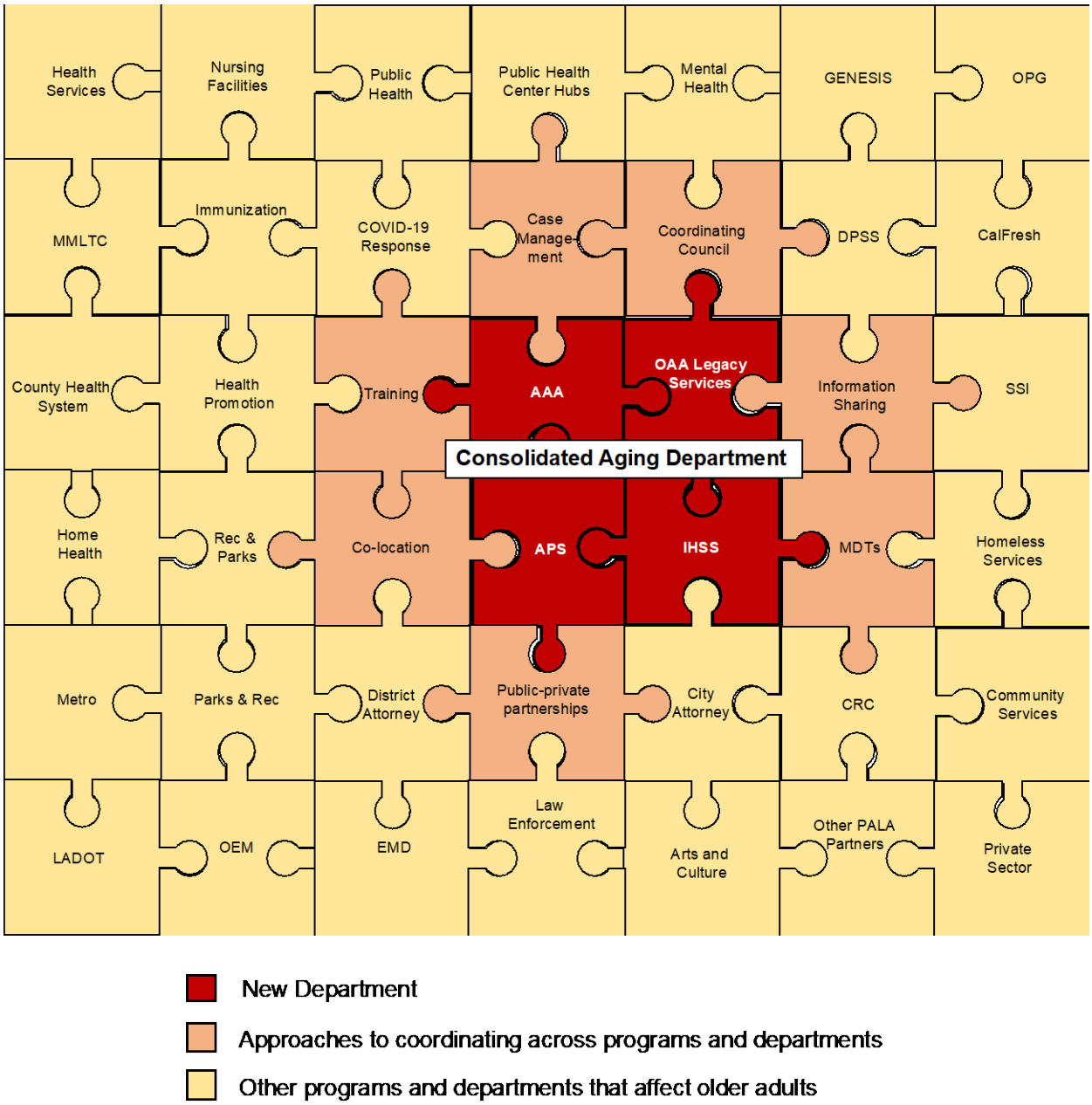
Once the department is fully operational, explore the feasibility of adding services that target younger adults with disabilities.

- The coordinating council should determine if and when this additional integration is opportune. At the National level, the Administration for Community Living (ACL) was established in 2012 with the mission to: "Maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers." The state of California, as part of its Masterplan for Aging, is considering a model that integrates aging and disability services. A parallel structure at the local level should be explored.

5.4: If it is determined to be feasible in Objective #4, item 2, provide recommendations on which services should be included within the department.

In addition to maintaining APS, we recommend that In-Home Supportive Services (IHSS) should be included in the new department. Figure 5 shows a model for integrating services and linking to other departments, offices, and programs through various partnerships. Coordinating mechanisms to build these relationships are described in Section 5.7.

Figure 5. Consolidation, Coordination, and Capacity Building of Aging Programs



Why Include IHSS in the new department?

We recommend that expertise should guide which services to include. Several core program areas that focus on older adults (e.g., OAA, APS, IHSS) should be consolidated into the new department. Programs that that require specialized, professional skills should remain intact in their current departments. For example, it is better for services that require mental health professionals (GENESIS) or prosecuting attorneys (the District Attorney's Elder Abuse Unit) to remain in their current department and coordinate efforts with the aging department through the mechanisms described in 5.7 below. Professionals in these departments have acknowledged that they take information gleaned from coordinating mechanisms (e.g., multidisciplinary teams, trainings) back to their respective departments creating a "ripple effect" that builds capacity to serve older adults across providers and their organizations.

Several core program areas that focus on older adults (e.g., OAA, APS, IHSS) should be consolidated into the new department. Programs that that require specialized, professional skills should remain intact in their current departments.

Coordinating mechanisms should also be applied within the new department across programs that have different staff, cultures, and histories. Lack of coordination across units is endemic to complex organizations.

Plan to address the challenges of combining Older Americans Act universal programs with programs that target those with low income and people with disabilities.

The Aging Network offers universal services to people aged 60 and over, and includes wellness programs, opportunities to volunteer and socialize, and programs for vulnerable older adults (e.g., home delivered meals). However, the Aging Network in general has not included most of the LTSS services that a large portion of older adults need. Among the larger counties, key supportive services have been combined with aging network services to ensure that a range of related needs are addressed. Much has changed during the more than 40 years since the Aging Network was launched, including an aging population that has more than doubled. Leaders in our health care system, which was largely based on an acute care model, are slowly recognizing that most of the population requires chronic care services. At the state and local level, it is increasingly clear that many older adults and adults with disabilities rely on long-term services and supports to age in place in their own homes. In response to these changes, most of the larger counties in California (e.g., San Diego, San Bernardino, Santa Clara, San Francisco) have addressed the increasing need for a seamless array of programs and services by integrating aging services with other LTSS programs, including IHSS and APS. This approach creates efficiencies for county government and for consumers seeking several different types of care. Counties have built on this structure to integrate data systems for client assessment and tracking, cost analyses and data driven decision supports.

IHSS services for individuals age 18 and over should be included with the new Department of Aging. In-Home Supportive Services is California's core LTSS program. IHSS is a flexible, person-centered program, based on assessed need, and premised on supporting recipients to live in their own homes. Linking IHSS to other aging services will help provide a comprehensive array of services under one administrative structure, ease data and information sharing among workers, and provide more seamless services. More information about IHSS can be found in Appendix M.

Including other LTSS programs

We recommend maintaining current Memoranda (e.g., MOUs, MOAs). See Appendix N for a list of current WDACS MOUs. Explore whether or not to integrate a broader range of LTSS programs, including the Public Guardian (OPG) at a later time after the new department is fully integrated. We also recommend exploring partnerships with LA Care as it implements DHCS programs to identify risk and enhance long-term services and supports to members who need these services

Partner with Health Plans to coordinate personal assistance services and other LTSS

Health plans are expected to provide additional services for their older adult members (institutional LTC, CBAS, the new "in lieu of services," and "non-traditional" supplemental LTSS benefits as authorized in the CHRONIC Care Act) and coordinate these offerings to carved out LTSS services, specifically IHSS. Case management offers a valuable means to coordinate three different types of personal care services: 1) Title III-B services under the OAA, 2) IHSS, and 3) "In lieu of" (ILO) services, which include some in-home personal care and homemaker services but are not meant to replace or include IHSS. Rather, they are gap-filling services for members referred to IHSS who have one of the following situations: 1) they have used up all their IHSS hours for the month but require additional support to live safely at home, or 2) they have been referred to IHSS and need care while they complete the 30-day or more IHSS application process. Area Agencies on Aging are allowable providers of ILO services as are health care agencies, county agencies, and personal care agencies. The goal is for managed care plans to work with organizations in the community who are already providing ILO-related services rather than "becoming experts themselves."

Prior to COVID-19-related possible delays, the plan was that as of January 1, 2022, as part of new DHCS "population health management" (PHM) program, Health Plans would be required to conduct an initial health and risk assessments of all new members within one-year of enrolling in the plan. The assessment must include new mandatory survey focused on questions about members' needs for LTSS and if caregivers are available. Those assessed as medium or high risk can be referred to MCP-based case management, charged with connecting members to LTSS like IHSS. Case management can be provided by MCP staff, clinic staff, or community-based staff. Although PHM programs are intended to expand access to health assessment and case management services, standards for doing so and the actual approach are less clear. It is possible that the program offers an opportunity for the new department and its subcontractors to increase its care management offerings. Several recent studies show that OAA programs such as home-delivered meals save health plans dollars on their high cost members by reducing hospitalization. As DHCS increases the role of MCP in LTSS, they could benefit by working with Aging Network programs with expertise in these services. Housing IHSS in the new department and linking the available personal assistance services to other age-targeted services and programs could benefit older adults who need LTSS and provide a more comprehensive approach.

5.5: Provide recommendations on how best to eliminate the challenges identified in Objective #3.

To address challenges related to limited funding and integrating IHSS into the AAA, we recommend the following:

- Leverage additional funding sources, as suggested in 5.8.
- Establish co-location of DPSS eligibility staff with AAA staff to improve access and coordination of services for older adults. This co-location would be housed at the proposed community "Hubs," rather than in an office building.
- We also recommend exploring public-private partnerships to build support for promising practices and innovations.
- The County can also explore the Dignity Fund model in San Francisco that increased revenue for older and dependent adult services.

5.6: Provide recommendations on how best to knock down or eliminate the barriers identified in Objective #4.

To eliminate the structural barriers related to cumbersome bureaucratic processes, jurisdictional boundaries, and coordination with other departments, we recommend the following:

- Engage the Leadership Council to explore recommendations for effective ways to eliminate the cumbersome bureaucratic processes that delay the allocation of funds.
- Integrate AAAs to eliminate jurisdictional boundaries between City and County residents.
- Maintain and improve Memoranda of Understanding with other departments to enhance coordination.
- Implement and build on existing coordinating mechanisms described below to increase effectiveness and efficiencies across departments and programs

The new department will require visionary, strategic leadership. This leadership must be knowledgeable about the aging population and the specific programs, policies, services and resources available or possible. In addition to implementing new structures, navigating potential barriers and building resource capacity, leadership must partner with other programs, departments, key stakeholders and private sector leaders to foster the power and potential of an aging society.

5.7: Provide a recommendation on the appropriate mechanism to document collaboration and cooperation between the City and the County on the provision of services to older adults, as well as to outline which jurisdiction/agency will provide which services.

We recommend that one entity acts as the department responsible for the services and programs outlined in the recommendations for the entire County. We do not recommend a joint powers agreement between the City and the County, as this creates additional bureaucratic layers and reduces accountability.

A Variety of Coordinating Mechanisms can be established to increase effectiveness

Successful partnerships require nurturing to ensure that key links and constructive relationships are maintained and flourish. To enhance coordination efforts, we recommend considering the following tools:

1) Multi-disciplinary Teams (MDTs): Individuals from different professional fields who come together on a regular basis to share expertise and recommend approaches, most often to serve a specific client base. For example, the County of Los Angeles is a National leader in addressing elder abuse with its evidence-informed ***Elder Abuse Forensic Center***. Established in 2006, the Forensic Center includes members from adult protective services, a geriatrician, experts in behavioral health from GENESIS, law enforcement (both LAPD and LA Sheriffs), a forensic psychologist, prosecutors from the District Attorney's Office and the City Attorney's Office, the Office of the Public Guardian, civil attorney from Bet Tzedek, and the Long-Term Care Ombudsman Office. The team meets weekly to review complex cases; it also provides leadership for trainings for member departments and for the public at large, identifies problems and recommends policy changes, and discusses ways to innovate to more effectively address and prevent elder mistreatment. Other MDTs may tackle complex health conditions, weave together long-term services and supports, or problem solve specific solutions for older adults who are housing insecure.

2) Training can be developed in specific areas (i.e., law enforcement training) to address elder abuse as seen in the Forensic Center. Training can also be developed in general on effective ways to serve an older adult population, supporting older adults with dementing illnesses, or developing evidence-based programs for people with chronic conditions. For example, Ireland designed a training for workers in transportation services. As part of this program, bus drivers receive training on how to offer age-friendly services, issues to be aware of with older adult riders, better communication and reducing age-based myths and stereotypes.

3) Focal points with services co-located in local service hubs: Given the County of Los Angeles' size and diversity, we recommend using San Francisco's effective model of services hubs. Los Angeles can build on past efforts to develop service focal points to offer local, one-stop shops where people can receive information about and apply for the range of services offered in the new consolidated department as well as services from other departments co-located in the hub (e.g., CalFresh, SSI)

4) Continue to engaged a stakeholder Coordinating Council Building on PALA: Both San Diego and San Francisco have robust and engaged stakeholder groups comprised of providers, religious leaders, representatives from colleges and universities, advocates, older adults, and others. The County of Los Angeles had a Long-Term Care Coordinating Council from 2003 to 2006. Called the LA Long-Term Care Coordinating Council, the group met bi-monthly to advise the department on areas such as the design and development of programs, issues related to planning and service delivery, identifying priorities, and hearing presentations on state policies, promising practices, and emerging issues. This group led to the Seamless Senior Services Initiative (S3). More recently, PALA workgroups have been convened based on Age-Friendly domains. Stakeholder groups promote buy-in, help identify specific problems and solutions, offer opportunities to network across programs and professions, and help key stakeholders better understand and contribute to the department's activities. We recommend building on the work of these groups. Both the County and City also have active advisory councils with diverse, sophisticated membership. Engaging these councils in the planning process and working toward

integration of the groups will be a critical step to ensuring their ongoing engagement and commitment.

5) Visible information sharing and consistent messaging: A coordinated effort requires a coordinated message. Ageism is rampant fueled in part by misunderstandings of who older adults are and how they fit into the fabric of our society. Strong, consistent, fact-based messaging should be conducted to reduce ageism. San Francisco's Reframing Aging Campaign serves as an exemplary practice.

6) Public/Private partnerships: The Los Angeles Region leads in a number of sectors. Representatives from these sectors should be brought to the table and asked to participate in and contribute to all things related to aging. For example, leaders in the entertainment field have expressed an interest in PALA. They could be asked to support better messaging and communication to reduce ageism and help capture the power of the "longevity economy" to improve the region for people of all ages. PALA, and eventually the new department, offer vehicles to bring diverse stakeholders in to partner on creative solutions and contribute in myriad ways with diverse and as yet untapped resources. The LADOA has also engaged private sector leaders who have contributed to their not-for-profit partner to develop innovative programs.

7) A cross-department Steering Committee: Starting with the planning process for transitioning to a new department, it will be helpful to engage and coordinate with representatives in key departments. These include representatives from WDACS and LADOA and also programs and departments that serve older people (e.g., Public Health, Mental Health [GENESIS and Office of the Public Guardian], LAHSA, Department of Public Social Services) to provide input on how to collaboratively marshal resources to engage and improve services for older adults in Los Angeles.

8) Care Coordination or case management provides clinical integration (services from different programs and sectors that feel seamless to the client) by assessing the client's needs and available supports and resources. Assessments can include physical and cognitive functioning, social and emotional supports, living situation, preferences and goals and what help the client is already receiving. Based on assessed needs, the case manager links the client to services and supports through a warm hand-off or active referral. Case managers can coordinate services when clients are served at the same time or sequentially by different organizations. In addition to referrals, some case management programs include purchase of service arrangements. Case managers typically monitor clients over time and offer additional support as needs change. Case managers can refer within a given sector (long-term services and supports) or across sectors (health and social services). Case management has paid an important role in Older Americans Act programs within Los Angeles, linking clients within these programs and also to other programs and services. Case management has been a core function of MSSP program that partners a nurse and social worker to ensure that the clients health care needs and social supports are addressed.

5.8: Provide recommendations on how to leverage any available state or federal revenue currently not being maximized.

- Leverage additional funding sources, including a sales tax (i.e., San Francisco's Dignity Fund), public-private partnerships, and coordinating with health care systems.
- Maintain the City's non-profit and support its efforts to apply for grants.

- Hire a grant writer to seek additional funding sources.

Summary

It is imperative that the Los Angeles region prepare for the needs and opportunities inherent in the aging of the population. The challenge of the COVID-19 Pandemic has shown more than ever that effective services, dedicated providers, and flexible, partnered approaches are needed. We recommend that the County engage in a strategic, intentional restructuring process that involves key stakeholders including staff from WDACS and LADOA, older adults, providers, and a Leadership Council comprised of leaders in relevant departments and programs. We recommend that a core group of age-specific or highly relevant programs be consolidated into the department including both the County and the City AAAs, APS, and IHSS, and that a range of coordination approaches be used to build and strengthen essential partnerships. The goal is an efficient, effective system that is seamless to clients of varying needs, interests and preferences. This effort will not be easy, but it will prepare Los Angeles to truly be the most age-friendly region in the world.

Appendix A: Hypothetical Clients for Strategic Restructuring Process

The following “strawman” cases could be used to identify how the needs of older adults would be addressed in different service delivery structures and to identify barriers, challenges, and pathways used to address the person’s needs.

Mrs. A

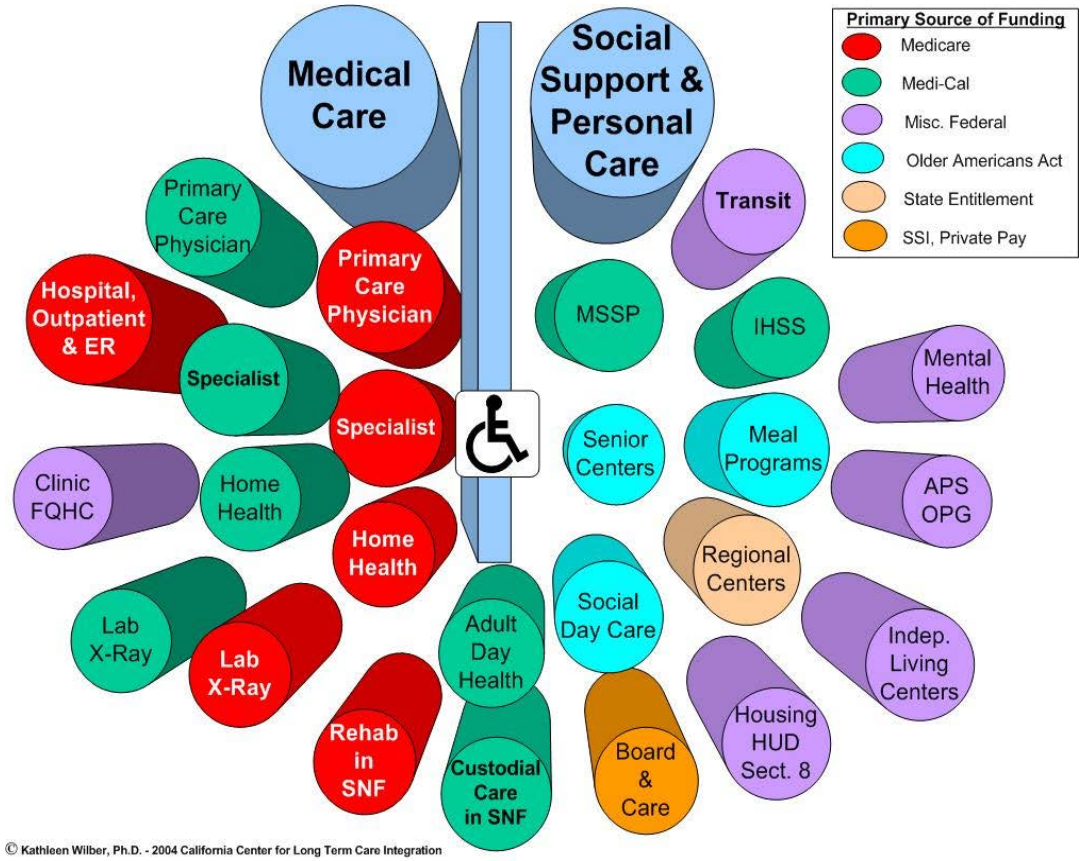
- Age: 78
- Gender: female
- Language: English
- Living arrangement: Community-dwelling, lives in an apartment. Can’t drive, has mobility limitations that make using public transit difficult. Uses a wheelchair.
- Residency: County bordering the city
- Income: middle income. Doesn’t qualify for Medi-Cal or SSI
- Situation: Went to senior center because she is bored. Staff realized she hasn’t seen a doctor, she has vision problems, realized she hasn’t changed her clothes, makes a comment about saving a portion of the lunch for dinner that night.
- How do the staff who are now aware of her situation direct her to appropriate services and supports? How do we know what he gets what he needs?

Mr. B

- Age: 80
- Gender: male
- Language: Korean
- Living arrangement: Community-dwelling, lives in an apartment. Can’t drive, has mobility limitations that make using public transit difficult. Uses a wheelchair.
- Moved to the U.S. from South Korea in the 1970s.
- Residency: lives in Mid-Wilshire
- Income: low-income. Eligible for Medi-Cal.
- Situation: Went to senior center because he is bored. Staff realized he hasn’t seen a doctor, he has vision problems, realized he hasn’t changed his clothes, makes a comment about saving a portion of the lunch for dinner that night.
- How do the staff who are now aware of his situation direct him to appropriate services and supports? How do we know what he gets what he needs?

Providing Mrs. A and Mr. B with support will require a complex network of medical care, social support, and personal care as seen in Figure A.1. These supports are provided by disparate departments and systems, and rely on different sources of funding. Although it is not feasible for a single department to provide seamless supports, without an integrated department that can coordinate these services, Mrs. A and Mr. B may fall through the cracks. Los Angeles requires a Countywide department of aging that can break down departmental silos to coordinate a range of services for older adults—from those that would like to know where the nearest Pilates class is, to those with complex needs like Mrs. A and Mr. B.

Figure A.1.


Medical Care
Social Support & Personal Care
Primary Source of Funding
Medicare
Medi-Cal
Misc. Federal
Older Americans Act
State Entitlement
SSI, Private Pay
Primary Care Physician
Primary Care Physician
Transit
Hospital, Outpatient & ER
MSSP
IHSS
Mental Health
Specialist
Specialist
Senior Centers
Meal Programs
Clinic FQHC
Home Health
APS OPG
Home Health
Regional Centers
Lab X-Ray
Adult Day Health
Social Day Care
Indep. Living Centers
Lab X-Ray
Rehab in SNF
Custodial Care in SNF
Board & Care
Housing HUD Sect. 8
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Mrs. P: A Broken System—A Client in Crisis

By the time Mrs. P had been referred to the city of Los Angeles and GENESIS, she had already cycled through eight other agencies—and was still struggling. Labeled a “frequent flyer,” the problems she faced had been used against her, rather than highlighting the holes in a broken system resourced to help.

It started with a charge of hoarding. DHS Environmental Health found her home was littered with debris. A referral to APS for self-neglect found the same. She was referred to In-Home Supportive Services because it was clear that she needed help but they denied her services because she would not fully cooperate with the assessment. After referrals to seven different county departments, the final straw was when Mrs. P. herself called the Department of Health Services to complain that her neighbors were “tear gassing mice” and the mice were “running rampant” over her property.

DHS requested that law enforcement do a welfare check. Officers arrived late in the evening and, after loudly banging and receiving no response, they kicked in her front door and began searching the debris cluttered home. It didn’t take long for them to find Mrs. P who was screaming uncontrollably from her bedroom. Hysterical and frantic, she was labeled uncooperative, and the officers called in the Psychiatric Evaluation Team. She would spend several nights drugged, and locked in a psychiatric hospital. The team assessed her to be “stubborn, manipulative, delusional, and possibly mental ill.” By the next morning, she was observed to be hallucinating.

A psychiatric assessment determined that she did not meet criteria for a 14 day hold and she was discharged after a short stay. At that point, Mrs. P’s could have continued to spin through the revolving door of ongoing referrals or spiral into even more dire living conditions, poor health, and hospitalizations; she could have languished in the hospital; she could have lost her house and become homeless, or she could have continued living at home at high risk of further health and mental health crises.

Any of these outcomes would have had devastating effects on Mrs. P and her neighbors. Mrs. P would not get the help she needed and the revolving door of ineffective interventions would add to the ever-increasing costs of health care, and social and mental health services. In normal times, the County Hospital system is desperate for reasonable discharge options. Older adults like Ms. P can languish for weeks because discharge planners are not able to complete a safe discharge. With COVID, this is more of a crisis than ever.

<u>What Mrs. P had to say:</u>
I have had to be a fighter for my whole life. I grew up poor. But I did ok for myself. I managed to make my way as a journalist, marry, buy a house and raise my two boys. Let me tell you, being a woman in journalism in the 1950s was tough. I worked hard, pushed hard and tried to raise those boys right. And then, despite my best efforts, it came crashing down. I lost it all in a brutal divorce and before I knew it my husband and my boys were gone. I lost my reason for living when I lost those boys. Still I tried to hang on and make my way as best I could. I was sad all the time. Do you know how hard it is to get out of bed in the morning when you’ve lost everything? Do you know how hard it is to try to work and manage your home inside and out, do the wash, fix the plumbing. I had the sugar, and something going on with my heart, and bad joints, and I had no energy. Lives around me changed; friends in the neighborhood moved away until everyone I knew was gone. Yes, my place was run down but one person can only do so much. And that woman came and asked me a lot of questions about what I could and couldn’t do and I thought they were trying to put me in a home. I would rather die.

The next thing I know, there's people breaking into my home, and I was half naked in my nightgown and terrified that they would kill me right there. And all because I didn't want the neighbor's exterminators with their poison gases driving those poor vermin into my yard. I'm not stupid. I know those exterminators were using poison to drive those rodents out of the house next door and into my yard. Do you expect me to put up with that?

The System gets a second chance

Despite her ordeal or perhaps because of it, Mrs. P filed a complaint with the Department of Mental Health regarding her 14-day hold. This led to a referral to a team coordinated by the Los Angeles City Department of Aging and the County Department of Mental Health GENESIS program. GENESIS did a home visit. A lot was learned by sitting down with Mrs. P, treating her with respect and dignity, and asking her what help she needed. Mrs. P was visually impaired, had poor hearing, and a large open sore on her leg. Her home was badly cluttered inside and out. She appeared to be very suspicious and unwilling to disclose information about her family. After she began to trust, however, she disclosed that she was afraid that if her sons found out about her current situation they would put her in a nursing home. Mrs. P was depressed and anxious. Although she recognized that her home was cluttered with debris, she admitted that she was simply not able to do anything about it. She had tried to get a dumpster but was told that she wasn't eligible.

Overtime Mrs. P's trust increased. Case notes show that she maintained appropriate eye contact, her speech was normal, she was cooperative, appropriately oriented and her memory was clear.

What happened to Mrs. P.?

When GENESIS and the City received the referral, eight agencies had already been involved:

1. DMH Patient's Rights, was contacted by Mrs. P to file a complaint about the 5150 involuntary hold.
2. Department of Health Services' Environmental Health (DHS) cited Mrs. P repeatedly for debris in & outside the home.
3. Adult Protective Services (APS) investigated self-neglect.
4. In-Home Supportive Services assessed and denied services because Mrs. P. would not fully cooperate with assessment process.
5. Law Enforcement conducted a welfare check and placed Mrs. P on 5150 involuntary hold.
6. Mrs. P was hospitalized in a locked psychiatric facility and released to home after a finding that no mental health condition requiring hospitalization existed.
7. Community and Senior Services provides case management services.
8. Los Angeles City was contacted to address hoarding.

Coordinating between the LADOA and GENESIS led to these outcomes:

- DMH staff convened a case conference on client's severe physical limitations and to establish available discretion of agency mandates for action, including help reframing the labels of "stubbornness" and "manipulation."
- IHSS agreed to re-evaluate Mrs. P's needs based only on her need to comply with DHS citation, at this time. Requested that DMH staff be present during client interview. *Client was approved for services.*
- APS and DHS assisted in securing an industrial dumpster for backyard clean up. *Client was previously told she would need a contractor's license to get one.*

- Advocacy Educated hospital staff to possible drug interaction after client began hallucinating while in the hospital. *Client has no history of schizophrenia or psychosis*.
- Work with police department to cover cost of repairing client's doors that were broken during their welfare check. *Police department agreed to pay*.

Mrs. P was able to remain safely and independently at home after trusting enough to accept the support of the team. She was asked to speak at the Department of Mental Health Conference where more than 150 attendees agreed very loudly and publicly that she did not have a mental disorder.

Mrs. P responds:

After they let me out of the hospital, I thought "I can't let this stand either" and I made a call to the Department of Mental Health to complain about what they did to me. And then a miracle happened. I was visited by an angel—her name was Barbara. Barbara looks you in the eye which most people don't…and breaks the barriers of a stranger…Barbara was willing to take on the system to help me out. Barbara is an antidepressant for old people and is person who makes you feel important.

Then came another challenge but I agreed to do this it because of what Barbara did to help me even though it was one of the most terrifying things I've ever been asked to do: speak in front of 150 mental health professionals. Tell them about being a senior... It was the first time, I spoke in public like that…And I will tell you, I would do again if it would help. I couldn't stop shaking when I stood up on front of all those people. I told them that I didn't know that I was this old and frail until everyone started helping me. [An LADOA employee] was there holding my hand. When she asked the audience if they thought I had a mental disorder of any kind and they shouted back NO!!! It was so amazing. The only thing better was that I got the best hug from [her] afterwards and it made me realize that it had been years…I actually couldn't even remember the last time anyone hugged me. [She] gives great hugs and sometimes that's the best medicine of all.

This case illustrates that professionals from a variety of departments carry out the mission of their agencies, but what Mrs. P needed was a whole-person approach. Mrs. P would have benefited from an integrated service delivery system that understood and could address her specific needs. Having experts who can work effectively with the diverse needs of older adults can lead to better and more cost-effective remedies. A new department and improved coordination across the range of programs and services that may touch older adults lives could facilitate the linking and coordination of services for individuals such as Mrs. P.

Appendix B: The Aging Network: The Backbone of Aging Services

The vast majority of older adults prefer to remain in their homes in a community setting. To do so, many, at some point, will require services and supports that ensure that they have the resources required to live safely in the environment of their choosing. At the same time, older adults represent a key, largely untapped resource. The Aging Network, described below, is central to maximizing both of these areas.

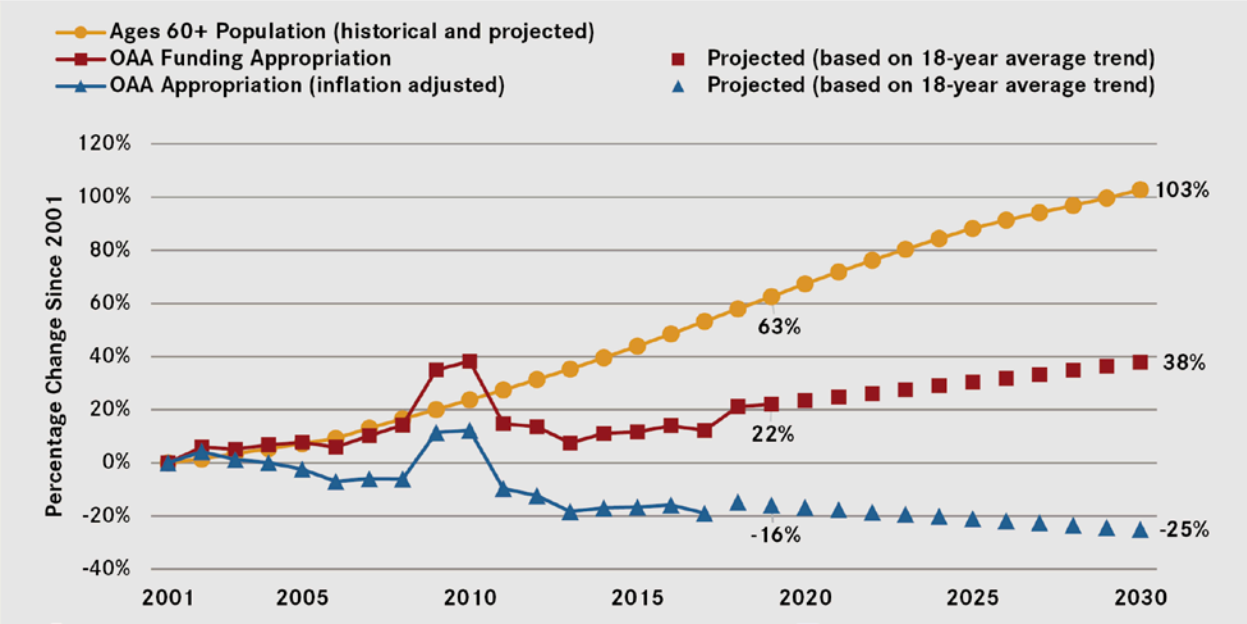
To support the Nation's growing older adult population, a 1973 reauthorization of the Older Americans Act developed and funded a comprehensive network consisting of 56 State Units on Aging, one for each state, the District of Columbia, and the U.S. territories of Guam, the Virgin Islands, the Northern Mariana Islands, American Samoa, and Puerto Rico. At the local level, more than 600 Area Agencies on Aging (AAAs) cover virtually every area of the United States. The goal of this "Aging Network" is to provide, augment, and leverage a core menu of services and apply them to the needs and preferences of their community. AAAs represent two important dynamics: 1) federal goals, programs, and funding coupled with 2) local flexibility to respond to diverse and changing needs of the community. AAAs in turn use direct funding, partnerships, advocacy, and information to support healthier lives and enhanced opportunities for older adults and communities in general.

The core function of AAAs in this Aging Network is to serve as a community focal point or population-targeted lead agency for older adults. Primary activities are planning, including developing a comprehensive area plan based on assessment of unmet needs; monitoring and evaluating programs and services under the area plan; broadly coordinating community-based services for older adults; providing information and assistance; and advocating for older adults with other departments, the public, media, and the private sector. AAAs receive funding through the Older Americans Act from the Administration for Community Living within the Federal Health and Human Services Department. There are potentially greater opportunities to fulfill this role in a visible, proactive department that includes major programs for older adults.

Federal dollars are stagnant/shrinking but opportunities to leverage multiple sources of funding exist. The Federal budget for Older Americans Act programs was $2.06 billion in 2019. During a time of unprecedented growth in the older adult population, Older Americans Act funding has been relatively flat over the last two decades and has actually been reduced by 16% when adjusted for inflation. Moreover, the allocation is dwarfed by such programs as Medicaid, which had a budget $167 billion in 2016 for Long Term Services and Supports alone. As Figure B.1 from AARP (2019) shows, while population aging is increasing, Older Americans Act funding is decreasing after considering inflation.

AAAs may only allocate 10% of Older Americans Act funds to cover administrative costs, yet services require substantial overhead for adequate delivery. Therefore, AAAs that function as standalone departments (such as L.A. City and Riverside County) may have less capacity than those that are incorporated into a larger umbrella organization. In addition to providing more seamless service delivery, incorporating services and programs outside of those guided by the OAA (i.e., APS, IHSS) can provide stronger administrative capacity.

Figure B.1. Older Americans Act Funds Over the Decades. Source: AARP (2019). Source: https://www.aarp.org/content/dam/aarp/ppi/2019/02/older-americans-act.pdf



Nevertheless, the Aging Network continues to provide a strong backbone upon which to build aging services and collaborate with other sectors central to the wellbeing of older adults (e.g., healthcare and managed care, housing, homelessness, transportation, mental health, conservatorship/public guardian). The Aging Network also provides opportunities to develop new business models and enhance partnerships with business and industry.

Los Angeles is the only County in the Nation that has more than one AAA. Currently, the County delivers a broad variety and range of services for older adults (most target those aged 60 and over), across multiple County departments. The Workforce Development, Aging and Community Services (WDACS) Department includes the designated Area Agency on Aging for Program and Services Area 19, which includes all of the County except the City of Los Angeles. The City of Los Angeles (City) delivers services to older adults through the City of Los Angeles Department of Aging, which is designated the Area Agency on Aging for Program and Services Area (PSA) 25.

Why there are Two AAAs in the County of Los Angeles

From 1964 until 2006 and beyond, the League of Women Voters of Los Angeles has documented and preserved the rich history and evolution of the local government. It is in part due to their efforts in the comprehensive volume, “Los Angeles: Structure of a City Government,” that we have an understanding of how and why Los Angeles ended up having formed two departments of aging (Sonenshein, R., & League of Women Voters of Los Angeles., 2006).

Prior to the election of Mayor Tom Bradley in 1973, politicians in Los Angeles were wary of accepting money from the federal government to assist low-income residents, as they were concerned it would create too much of an intrusion into local political affairs (p. 107). Bradley, on

the other hand, tenaciously sought federal monies for the city forming a new department, the Community Development Department (CDD), to manage the administration of all new federally funded programs (p. 107).

The California Department of Aging designated the City of Los Angeles as a AAA in 1977. Although the federal funds the City received from the Older Americans Act of 1965 were managed in the mayor's Office on Aging, these funds were moved to the CDD after the federal government passed an amendment to the Older Americans Act in 1978 (Brademas, 1978), which gave the AAA's the additional task of administering nutrition and home-delivered meals (p. 104).

Over the years, demand for services and the diversity of needs continued to rise. In 1983, the Aging Division of the CDD was elevated to become the city of Los Angeles Department of Aging, with its own general manager and citizen advisory commission (p. 104).

Appendix C: County and City Major Initiatives and Aging Partnerships

Purposeful Aging Los Angeles (PALA)
The Purposeful Aging Los Angeles Initiative is a partnership between the County and the City of Los Angeles, other cities, AARP, the private sector, and universities. PALA was launched to help the Los Angeles region prepare to meet the challenges and opportunities of the aging population with ultimate goal "to make the Los Angeles region the most age-friendly in the world."

PALA led to the development of an Age-Friendly Action Plan that included 34 recommendations designed to help all residents thrive. These recommendations includine "prioritizing interventions to high need communities and populations—such as LGBTQ individuals, those experiencing homelessness (or those at risk of homelessness), and low-income populations—as well as incorporating multi-lingual/multi ethnic services, a gender lens, and other strategies intended to empower traditionally marginalized communities. (For more information see https://www.purposefulagingla.com/)

Dementia Friends
Dementia Friends, part Purposeful Aging Los Angeles, links to the broader global movement. Partnering with Alzheimer's Greater Los Angeles, the program is a key part of the "campaign to spread awareness of dementia and encourage County and City employees, as well as members of the public, to become 'Dementia Friends.'" The program was developed to improve understanding of dementia, change how people think about the illness, reduce stigma, provide leadership in the community, and help people develop better ways to engage with and respond to those who have a dementing illness. People across the region, including the Mayor of the City of Los Angeles and the County Board of Supervisors, have become Dementia Friends by applying and completing a one-hour session. (For more information see: https://www.alzheimersla.org/los-angeles-alzheimers-events/dementia-friends-10-15-2019/)

LA Found
LA Found represents the efforts of WDACS and a diverse stakeholder group that came together to address the problem of people with cognitive impairment who go missing. People living with conditions such as Alzheimer's disease and other dementias or autism are at risk of wandering and becoming lost. Los Angeles Found is a partnership with the County and Project Lifesaver to help find people if they do go missing. The program offers a voluntary system based on trackable bracelets that emit a radio frequency (RF) signal every couple of seconds. The Los Angeles County Sheriff's Department has a specially equipped team to assist with search and rescue that may include deployment of a helicopter with receivers to assist the ground search team and help expedite locating the missing person. Bracelets are not monitored until the person is reported missing. (For more information see https://lafound.lacounty.gov/)

Age-Friendly University
(AFU) is a network universities and colleges that have endorsed 10 AFU principles to becoming more age-friendly in their programs and policies. Major universities in the LA Region participate, including USC, UCLA, and CSU Long Beach.

Appendix D: Services and Programs provided by the AAAs

Older Americans Act Services

Title IIIB: Supportive Services Program (SSP)—funds social services aimed at helping older adults remain independent in their homes and communities. The County AAA offers Alzheimer's day care, case management, homemaker, information and assistance, in-home respite, personal care, and registry services under the SSP program.

Title IIIC: Nutrition Services—this is perhaps the most well-known OAA service. Title III of the Older Americans Act provides state funding for home-delivered and congregate meals (CRS, 2018). These meals are widely available for older adults at 127 Senior Centers in L.A. County, and also at more than 100 "dining centers" (congregate meals sites) throughout the City that provide Older Americans Act Title III C-1 low cost, donation-based meals to older adults. In addition to these centers, it is important to note that the City's service delivery system includes 16 Multipurpose Senior Centers (MPCs) that serve as hubs within their local communities.

Both AAAs also contract out for the Dietary Administrative Support Services Program (DASS), which provides oversight at food production locations, menu development, technical assistance for AAA service providers, and nutrition education for congregate and home-delivered meals participants.

Title IIID: Disease Prevention and Health Promotion—these programs prevent or delay chronic conditions and promote health for older adults. They include chronic disease self-management, chronic pain self-management, diabetes self-management, the Arthritis Foundation Exercise program, A Matter of Balance, and the Arthritis Foundation Walk with Ease program. Both WDACS and LADOA contract with Partners in Care Foundation to provide these services

The City and County both contract with and refer older adults seeking counseling on health care issues to the Health Insurance Counseling and Advocacy (HICAP) program, part of the Older Americans Act Program funded through the California Department of Aging. The Center for Health Care Rights provides HICAP services for the County and City that include free assistance with Medicare, Medi-Cal, long-term care insurance, planning ahead for long-term care needs, and other health insurance related issues. HICAP also provides legal assistance or legal referrals in dealing with Medicare or Long-Term Care insurance related issues (HICAP, n.d.).

Title IIIE: Family Caregiver Services Program—this program provides grants to states to develop programs that assist family caregivers. The County AAA lists the following services for the FCSP and FCSP Grandparent programs: assistive devices, caregiver assessment, caregiver case management, caregiver counseling, caregiver legal resources contact, caregiver support groups, caregiver training, community education, emergency cash/material aid, home adaptations, information and assistance, outreach, public information on caregiving, respite home chore, respite homemaker assistance, respite in-home personal care, respite in-home supervision, and respite out-of-home day care.

Legal assistance

For legal assistance both City and County contract with Bet Tzedek Legal Services, a Los Angeles-based nonprofit human rights organization that assists poor and low-income older adults with legal matters (Bet Tzedek, n.d.). Bet Tzedek provides assistance in estate and care planning,

conservatorship, elder abuse prevention, holocaust survivor services, housing protection, and accessing and navigating public benefits.

Title IV: Activities for Health, Independence, and Longevity—Title IV funds program innovations. It supports training, research, and demonstration projects. These funds are available to state and area agencies on aging, as well as other public and private organizations. We do not have data from the City or the County about Title IV funds or programs.

Title V: Senior Community Service Employment Program—Title V provides part-time jobs for unemployed low-income people aged 55 and older. The Department of Labor contracts with states to enroll older adults in community service jobs.

Title VII: Vulnerable Elder Rights Protection Activities—Title VII authorizes the Long-Term Care Ombudsman program to investigate and resolve complaints of residents who live in nursing facilities, board and care facilities, and adult care homes. Title VII also authorizes a program to prevent elder abuse, neglect, and exploitation.

Non-Older Americans Act Services

Countywide Services

Linkages—The goal of the Linkages Program is to prevent premature or inappropriate institutionalization of frail older adults and dependent adults age 18 years and older, by providing comprehensive care management services. Care managers link clients with a full range of appropriate services and available funding sources. The Linkages program is funded by handicap parking ticket violations.

Transportation—L.A. County funds transportation options through the WDACS New Freedom Taxicab, WDACS New Freedom Volunteer Driver Reimbursement, and Door Assistance Programs, which prioritizes clients over age 60 and people between the ages of 18 and 59 who have physical or mental limitations. Door Assistance Programs refer clients to the following resources: LA Metro, Access Paratransit and Dial-a-Ride. The County indicates that these programs are all funded by the U.S Department of Transportation Federal Transit Authority (New Freedom, n.d.). Residents of the City of L.A. may also use the New Freedom Taxicab.

Adult Protective Services (APS)—APS provides a countywide system of in-person response to reports of abuse and neglect, including self-neglect, concerning adults with developmental disabilities, adults with mental and physical disabilities, and older adults. APS is housed within the AAA of WDACS. In FY 18-19, WDACS had an APS budget of over $38 million and a case load of 15,291.

Aging Services in County Departments

LA County Departments	List of Services
Agricultural Commissioner/ Weights & Measures	N/A
Alternate Public Defender	N/A
Animal Care & Control	N/A
Arts and Culture	County Arts Commission Memories in the Making Free Concerts
Assessor	Senior Dwelling Replacement Benefits
Auditor-Controller	N/A
Beaches & Harbors	Annual Senior Parking Passes
Chief Executive Office	Homeless Initiative: Increase Employment
Child Support Services	N/A
Children & Family Services	Kinship Care
Consumer & Business Affairs	Real Estate Fraud and Information Program Consumer Protection Services ID Theft Prevention Volunteer and Internship Program
County Counsel	N/A
Development Authority	Elderly Housing Developments Libertine Assisted Living Waiver Program Case Management Collaboration with Department of Mental Health
District Attorney	Public Education Campaign: Fraud Alerts Safe Senior Care Resources Fiduciary Abuse Specialist Team Holistic Elder Abuse Response Team Program Elder Abuse Forensic Center
Executive Office, Board of Supervisors	N/A
Fire Department	Sandbags for Homebound Seniors Mobile Stroke Unit
Health Agency	N/A
Health Services	Geriatric Medicine Services Driver Rehabilitation and Training Program Countywide Benefits Entitlement Services Team Homeless Initiatives: - Countywide SSI Advocacy Program - Discharge Planning - Subsidized Housing - Expand Rapid Re-Housing
Human Resources	N/A

Internal Services	N/A
Library	Books by Mail service Reading STARS Senior Friendly Environment and Services - AARP Tax aide assistance program - Senior Tech Club - Senior Fraud Prevention Going Grey in Los Angeles: Stories of Aging Along Broadway
Medical Examiner-Coroner	N/A
Mental Health	Geriatric Evaluation Networks Encompassing Services Intervention Support Programs Department of Mental Health Court Linkage Program Public Guardian Conservatorship Full Service Partnership Field Capable Clinical Services Prevention & Early Intervention
Metropolitan Transportation Authority	New Freedom Transportation Services (housed under WDACS) Metro Senior TAP Card On the Move Riders Club for Seniors
Military & Veterans Affairs	Veteran Aid and Attendance Benefits Veteran Compensation and Pension Benefits Veteran Pension Program Homeless Initiative: Countywide Veterans Benefits Advocacy Programs
Museum of Art	Reduced Admissions Fees Personal Connections Program Create+Collaborate Program Veterans Make Movies (with LAPL)
Natural History Museum	Reduced Admissions Fees
Parks & Recreation	Senior Clubs Senior Meal Programs Parks After Dark - Classes
Personnel	N/A
Probation	N/A
Public Defender	N/A

Public Health	Office of Health (Health and Aging Services Unit: - Adult Day Care - Civic Engagement - Complementary & Alternative Medicine - Long Term Care - Medicare & Medicaid - Aging Services Network Public Health Briefs and Presentations: - Low vision & blindness among adults in Los Angeles County - Caregiving - Hispanic Elders - Alzheimer's disease - Age-Friendly Cities & Communities
Public Social Services	Cash Assistance Programs In-Home Supportive Services General Relief CalFresh - Restaurant Meals program Supplemental Security Income/ State Supplementary Payment Electronic Visit Verification Homeless Initiative: - Expanded General Relief Housing Subsidies - Model Employment Retention Support Program
Public Works	Dial-A-Ride Services Transit Pass Subside Program Safe Clean Water Program
Regional Planning	N/A
Registrar-Recorder/ County Clerk	N/A
Sheriff	LA Found Homeless Initiative: Targeted SSI Advocacy for Inmates
Treasurer & Tax Collector	Secured Property Taxes Grandparent-to-Grandchild transfers

City-Specific Services

Transportation— The City cites two programs on its transportation web page. The first is paratransit, which is delivered through Access Services, the Consolidated Transportation Services Agency (CTSA) for Los Angeles County as part of the Americans with Disabilities Act (Access LA, n.d.). The second option is Cityride, a "transportation assistance program for individuals age 65 or older and qualified persons with disabilities residing in the City of Los Angeles and select areas of Los Angeles County" (LADOT, n.d.). In FY 18-19, the LADOA allocated $3.7 million for the Assistance Transportation for Frail Seniors Program.

Emergency Alert Response System (EARS)—EARS is available to any older adult, age 62 or older who is, "frail, medically needy, homebound, live alone and meet federal income guidelines." This is a telephone-based system where an older, low-income person is given an EARS unit that contains a simple button which, when pressed, sends a signal to a 24-hour emergency response center. There is also a separate button that activates the device from anywhere in the person's home via a remote unit that can be worn as a bracelet or necklace. In FY 18-19, LADOA allocated $155,692 to Critical Signal Technologies to provide the EARS program.

Aging Services in City Departments

LA City Departments	List of Services
Los Angeles World Airports	LAWA ADA Program: wheelchairs and medical oxygen Airport van service, and airport shuttle service Access services paratransit (21 days for eligible visitors) TSA Cares helpline AIRA app LAX navigation/ virtual guide for blind and low-vision individuals
Department of Animal Services	Seniors for Seniors Senior Dog Licenses
Department of Building & Safety	N/A
Department of Cannabis Regulation	Medical Marijuana Program (with LA County Department of Public Health)
Chief Legislative Analyst	N/A
City Administrative Officer	A Bridge Home Skid Row Strategy
City Attorney	Senior Cyber Safety Presentations Elder Abuse Prosecutions Victim Assistance Program
City Clerk	N/A
City Controller	N/A
L.A. Dept. of Convention & Tourism Development	N/A
Council District (1-15)	N/A
Cultural Affairs Department	Arts Education Classes and Workshops, Historic Site Tours and Festivals EngAGE in Creativity Barnsdall Art Center Art in the Park at Arroyo Seco Center for the Arts - Eagle Rock Lankershim Arts Center McGroarty Arts Center William Reagh Los Angeles Photography Center Watts Towers Arts Center Campus Hollyhock House Los Angeles Municipal Art Gallery Vision Theatre

Department on Disability	Emergency Evacuations Project C.A.R.E Education, outreach, and referral Sidewalk repair program - Access request AIDS coordinator's office
Economic & Workforce Development Dept.	Workforce development system (WDS) Vulnerable/ Underrepresented population program LA Rise
El Pueblo de Los Angeles Historical Monument	N/A
Emergency Management Department	Ready Your LA Neighborhood (RYLAN) Prepare LA Now (PLAN)
Employee Relations Board	N/A
City Ethics Commission	N/A
Office of Finance	N/A
Los Angeles City Fire Department	Community Risk Reduction Unit - Senior Center Presentations Community Risk Reduction Unit - Special Events
Dept. of Fire and Police Pensions	N/A
Department of General Services	N/A
Harbor Department	N/A
Homeless Services Authority	Coordinated Entry System A Bridge Home Prevention/Diversion provider list (intra agency) and Prevention Assistance Flyer (public)
Housing Authority	Rapid Rehousing programs Housing Choice Voucher program
Housing + Community Investment Department, Los Angeles	Proposition HHH Supportive Housing Loan Program Single Family Housing Rehabilitation Program/Handyworker Home Repair Program Affordable Housing Managed Pipeline
Information Technology Agency	N/A
Library Department	Senior Art Exhibit (with LADOA and RAP) Adult Summer Reading Club Accessibilty Programs: Audiobooks and large type books Homebound library patrons Library patrons may use Zoom Text LAPL Community Outreach Programs Health classes Technology literacy Tax prep Financial literacy

LA City Employees' Retirement System (LACERS)	N/A
Mayor, City of Los Angeles	N/A
Office of Public Accountability	N/A
Dept. of Neighborhood Empowerment	Purposeful Aging Town Hall Meetings Neighborhood Council 101's Neighborhood Council Committees Neighborhood Council Aging Liaisons
City Planning Department	Central City Community Plan Transit oriented Communities Affordable Housing Incentive Program (TOC) Mello Act Guidance Second Dwelling Unity Pilot Program
Los Angeles Police Department	Safety for Seniors Triad Program Volunteer Surveillance Team (VST) Elder Abuse/ Elder Persons Estate Unit (with APS)
Public Works, Board of	N/A
PW/Contract Administration	N/A
PW/Engineering	N/A
PW/Sanitation	N/A
PW/Street Lighting	N/A
PW/Street Services	Bus Bench Program Coordinated Street Furniture Program
Department of Recreation & Parks	RAP Senior Citizen Centers (Ongoing physical, social, and mental health classes and activities) RAP Recreational Centers (Ongoing physical, social, and mental health classes and activities) Los Angeles Federation of Senior Citizen Clubs Federation Special Events Health and Wellness Fairs (partnership with Humana) Wellness Program (225 class) Senior Citizen Nutrition Program (LADOA ENP)
Department of Transportation	Paratransit Program Coordinator and Transit Technology Services Operation of Dial-A-Ride Bus Program Charter Bus Program Vision Zero Action Plan: Safe Routes for Seniors
Department of Water and Power	Lifeline Program
Los Angeles Zoo	Reduced entrance fee ADA accommodations

Appendix E: Utilization Data for AAA Services

The tables display information about the number of WDACS clients who received services in FY18-19, the number of units provided, the number of providers who delivered services, and the money allocated and spent on contracted and direct services.

Table D.1. Matrix of WDACS Nutrition Services

Service Type	Total Number of Clients	Number of Registered Clients	Number of Unregistered Clients	Unit of Service	Number of providers	Contract Services Allocation	Contract Services Expenditures	Direct Services Allocation	Direct Services Expenditures
Home-delivered	5,290	2,361		Meal	15	8,151,625	7,193,450	-	-
Congregate	29,162	5,081		Meal	19	8,665,386	7,208,585	-	-
Nutrition intervention	859	782	77	Activity	11	not a category in the budget document			
Nutrition reassessment	285	274	11	Activity	11				
Nutrition risk assessment	1,311	1,192	119	Activity	11				

Table D.2. Matrix of LADOA Nutrition Services

Service Type	Number of Unduplicated People Served	Unit of Service	Number of providers	Contract Services Allocation	Contract Services Expenditure	Direct Services Allocation	Direct Services Expenditure
Congregate Meals	14,971	Meal	16	4,788,299	4,572,345	-	-
Home-Delivered Meals	4,454	Meal	16	4,166,628	4,111,918	-	-

Table D.3. Demographics of WDACS Congregate Meals Clients

	Number of Clients		Number of Units	
	N	(%)	N	(%)
Gender				
Female	17,843	61.2	666,153	52.7
Male	10,660	36.6	551,812	43.7
Declined to State	644	2.2	23,421	1.9
Blank	14	0.0	21633	1.7
Race/Ethnicity				
White	6,319	21.7	265,885	21.1
Black	2,943	10.1	109,324	8.7
Hispanic/Latino	11,319	38.8	538,612	42.6
Chinese	2,435	8.4	116,549	9.2
Filipino	1,245	4.3	46,189	3.7
Japanese	435	1.5	18,715	1.5
American Indian or Alaskan Native	185	0.6	7,607	0.6
Other Asian or API	1,310	4.5	54,149	4.3
Multiple Races	181	0.6	6,832	0.5
Other Race	315	1.1	11,898	0.9
Declined to State	2,379	8.2	64,641	5.1
Blank	95	0.3	22,618	1.8
Federal Poverty Level				
Above 100% FPL	3,478	11.9	157,237	12.4
At or Below 100% FPL	8,995	30.8	436,437	34.6
Declined to State	15,951	54.7	661,352	52.4
Blank	737	2.5	7,993	0.6
Total	**29,161**	**100.0**	**1,263,019**	**100.0**

Table D.4. Demographics of LADOA Congregate Meals Clients				
	Number of Clients		Number of Units	
	N	(%)	N	(%)
Gender				
Female	12,765	85.3		
Male	1,573	10.5		
Gender Missing	633	4.2		
Race/Ethnicity				
White	2,877	17.2		
Black	1,633	9.8		
Hispanic/Latino	4,508	26.9		
Chinese	862	5.1		
Filipino	551	3.3		
Japanese	478	2.9		
American Indian or Alaskan Native	48	0.3		
Other Asian or API	2,153	12.9		
Multiple Races	109	0.7		
Other Race	1,111	6.6		
Race Missing	2,418	14.4		
Federal Poverty Level				
Not Below FPL	4,307	28.8		
Below FPL	10,664	71.2		
Total	14,971	100.0	624,404	100.0

Note:
1. Data Source: NAPISReport-PSA25.
2. The sum of Race/Ethnicity breakdown equals 16,748, which is larger than the total number clients. We suspect that some clients selected multiple options for Race and Ethnicity, rather than selecting the “Multiple Races” option.
3. Data about the number of units received is available only at the aggregate level.

Table D.5. Matrix of WDACS SSP Services

Service Category	Service Type	Total Number of Clients	Number of Registered Clients	Unit of Service	Number of providers	Contract Services Allocation	Contract Services Expenditures	Direct Services Allocation	Direct Services Expenditures
Supportive Services Program	Case management	38,382	3,497	Hour	21	3,157,594	2,900,185	2,799,041	2,799,041
	Homemaker	20,096	598	Hour	17				
	Personal care	13,576	355	Hour	15				
	In-home respite care	3,671	121	Hour	12				
	Alzheimer's day care	11,533	145	Day	4				
	Registry services	5,713	609	Hour	9				

Table D.6. Demographics of Supportive Services Program—WDACS

	Number of Clients		Number of Units	
	N	(%)	N	(%)
Gender				
Female	2634	64.0	64,446	69.9
Male	1356	32.9	26,783	29.0
Declined to State	38	0.9	606	0.7
Blank	90	2.2	397	0.4
Race/Ethnicity				
White	1,519	36.9	31,150	33.8
Black	438	10.6	10,403	11.3
Hispanic/Latino	1,088	26.4	31,257	33.9
Chinese	544	13.2	6,709	7.3
Filipino	98	2.4	1,580	1.7
Japanese	84	2.0	1,898	2.1
American Indian or Alaskan Native	15	0.4	156	0.2
Other Asian or API	173	4.2	4,935	5.4
Multiple Races	22	0.5	824	0.9
Other Race	49	1.2	1,057	1.1
Declined to State	67	1.6	1,512	1.6
Blank	21	0.5	751	0.8
Federal Poverty Level				
Above 100% FPL	1223	29.7	34,110	37.0
At or Below 100% FPL	2087	50.7	41,462	45.0
Declined to State	802	19.5	16,640	18.0
Blank	6	0.1	21	0.0

Table D.7. Matrix of WDACS FCSP Services

Service Type	Total Number of Clients	Unit of Service	Number of providers	Contract Services Allocation	Contract Services Expenditures	Direct Services Allocation	Direct Services Expenditures
Assistive devices	124	Product	4	1,825,585	1,190,606	1,161,749	866,907
Caregiver assessment	791	Hour	4				
Caregiver case management	761	Hour	4				
Caregiver counseling	534	Hour	4				
Caregiver legal resources contact	1	Contact	1				
Caregiver support groups	120	Hour	3				
Caregiver training	86	Hour	4				
Community education on caregiving	1	Activity	1				
Emergency cash/material aid	111	Assistance	3				
Home adaptations for caregivers	12	Modification	4				
Information and assist-contact	1	Contact	1				
Outreach-contact	237	Contact	4				
Public information on caregiving	2	Activity	4				
Respite home chore	14	Hour	4				
Respite homemaker assistance	31	Hour	4				
Respite in-home personal care	250	Hour	4				
Respite in-home supervision	48	Hour	4				
Respite out-of-home day care	42	Hour	3				

Table D.8. Matrix of LADOA FCSP Services

Service Type	Total Number of Clients	Unit of Service	Number of providers	Contract Services Allocation	Contract Services Expenditures	Direct Services Allocation	Direct Services Expenditures
Assistive devices	0	Product	0	648,279	603,852	1,067,514	283,773
Caregiver assessment	163	Hour	2				
Caregiver case management	269	Hour	2				
Caregiver counseling	198	Hour	2				
Caregiver legal resources contact	4	Contact	1				
Caregiver support groups	12	Hour	2				
Caregiver training	205	Hour	2				
Community education on caregiving	4,129	Activity	2				
Emergency cash/material aid	41	Activity	1				
Home adaptations for caregivers	0	Modification	0				
Information and assist-contact	1,093	Contact	2				
Outreach	708	Contact	2				
Public information on caregiving	314,737	Activity	2				
Respite home chore	16	Hour	2				
Respite homemaker assistance	34	Hour	1				
Respite in-home personal care	65	Hour	1				
Respite in-home supervision	16	Hour	2				
Respite out-of-home day care	0	Hour	0				
Caregiver counseling	198	Hour	2				
Interpretation/Translation	8	Contact	1				

Table D.9. Demographics FCSP clients (Grandparent and Non-Grandparent)—WDACS				
	Number of Clients		Number of Units	
	N	(%)	N	(%)
Gender				
Female	689	71.5	31,178	41.4
Male	264	27.4	10,471	13.9
Declined to State	11	1.1	192	0.3
Blank	0	0.0	33,554	44.5
Race/Ethnicity	964			
White	352	36.5	16,562	22.0
Black	125	13.0	5,207	6.9
Hispanic/Latino	318	33.0	13,197	17.5
Chinese	48	5.0	1,570	2.1
Filipino	26	2.7	1,039	1.4
Japanese	16	1.7	901	1.2
American Indian or Alaskan Native	4	0.4	82	0.1
Other Asian or API	16	1.7	782	1.0
Multiple Races	13	1.3	764	1.0
Other Race	14	1.5	857	1.1
Declined to State	31	3.2	874	1.2
Blank	1	0.1	33,561	44.5
Federal Poverty Level				
Above 100% FPL	453	47.0	21,495	28.5
At or Below 100% FPL	188	19.5	8,393	11.1
Declined to State	323	33.5	45,505	60.4
Blank	0	0.0	0	0.0
Total	964	100.0	75,394	100.0

Appendix F: Duplication of Contractors

Overlapping contractors for Supportive Services Program (Title III-B):

- Jewish Family Services of Los Angeles
- Watts Labor Community Action Committee

Overlapping contractors for Congregate and Home-Delivered Meals (Title III-C):

- Jewish Family Services of Los Angeles

Overlapping contractors for Dietary Administrative Support Services:

- Consulting Nutritionist Services

Overlapping contractors for Disease Prevention and Health Promotion (Title III-D):

- Partners in Care Foundation

Overlapping contractors for Traditional Legal Assistance Program:

- Bet Tzedek Legal Services

Overlapping contractors for Long-Term Care Ombudsman Program:

- WISE and Healthy Aging

Overlapping contractors for Health Insurance Counseling and Advocacy Program:

- Center for Health Care Rights

Appendix G: Gaps in Service Delivery

Table F.1. Gaps in service delivery

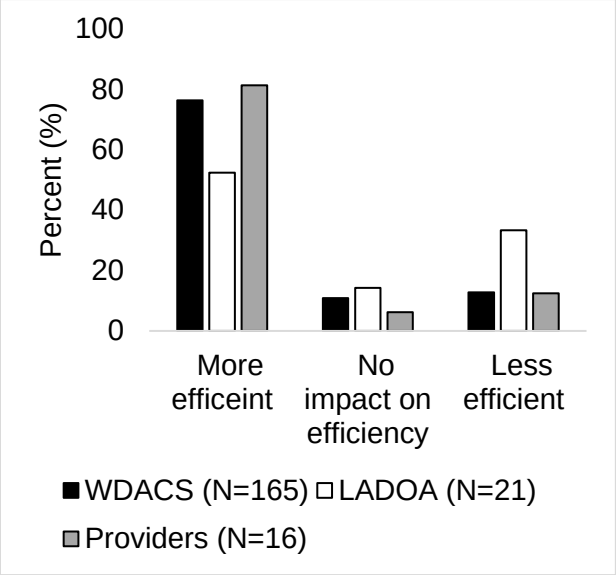
	LADOA (N=21)		WDACS (N=94)		Providers (N=12)	
	N	%	N	%	N	%
Geography, gaps	7	33.3	33	35.1	4	33.3
Funding, gaps	2	9.5	4	4.3	3	25.0
Services and Programs	7	33.3	34	36.2	7	58.3
Coordination, gaps	8	38.1	31	33.0	3	25.0
Population	4	19.0	14	14.9	1	8.3
Staffing, gaps	0	0.0	7	7.4	2	16.7
Other	0	0.0	0	0.0	0	0.0

*Note: Percents do not add up to 100, as some respondents addressed more than one theme

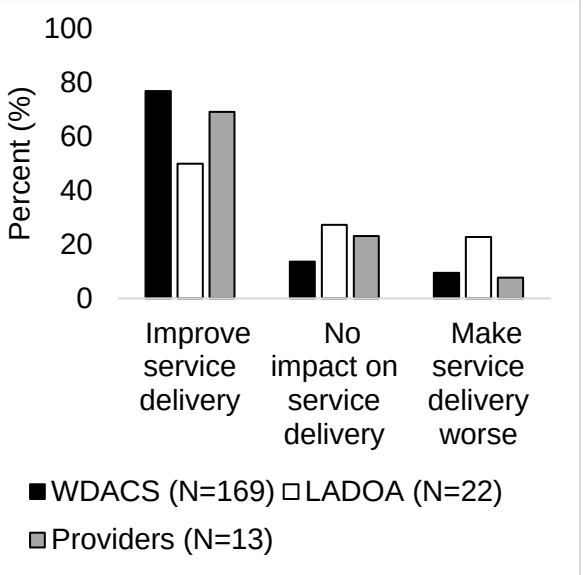
Appendix H: Stakeholders' Views of the Impacts of a Standalone Department of Aging

How would a standalone department of aging impact:

A. Efficiency of service delivery.

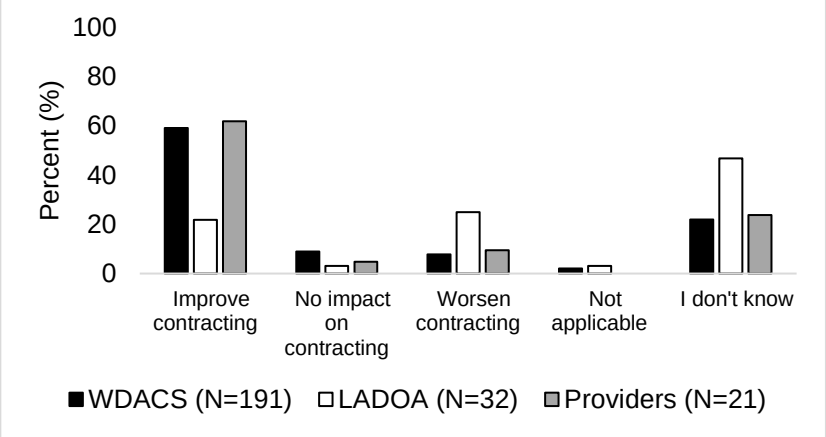


B. Effectiveness of service delivery.

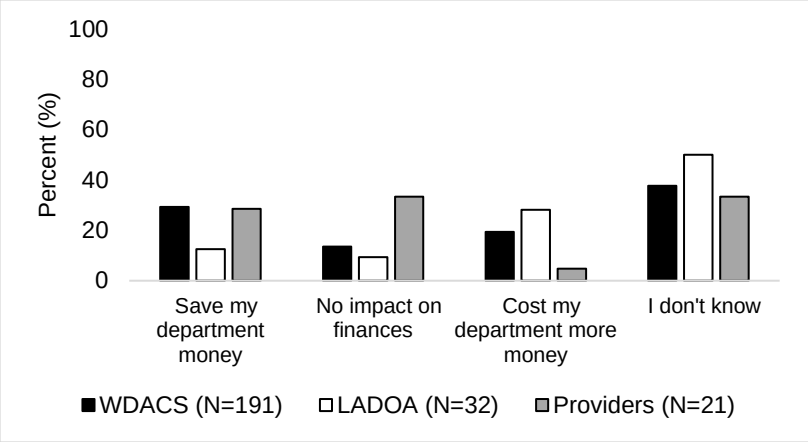


How would a standalone department impact:

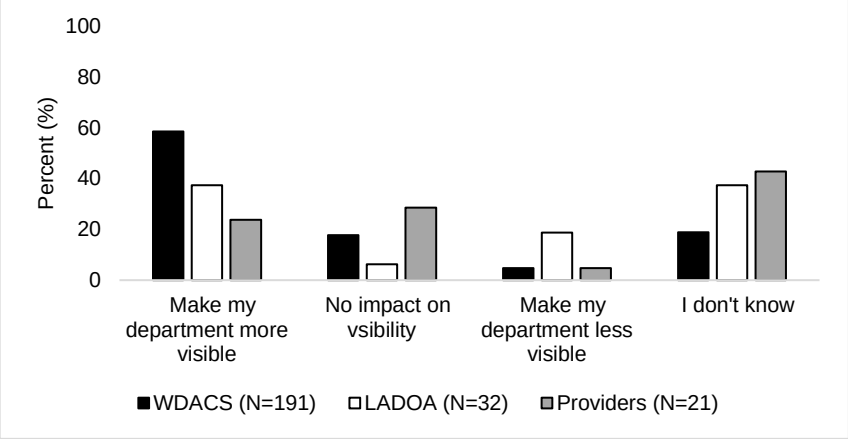
A. Contracting



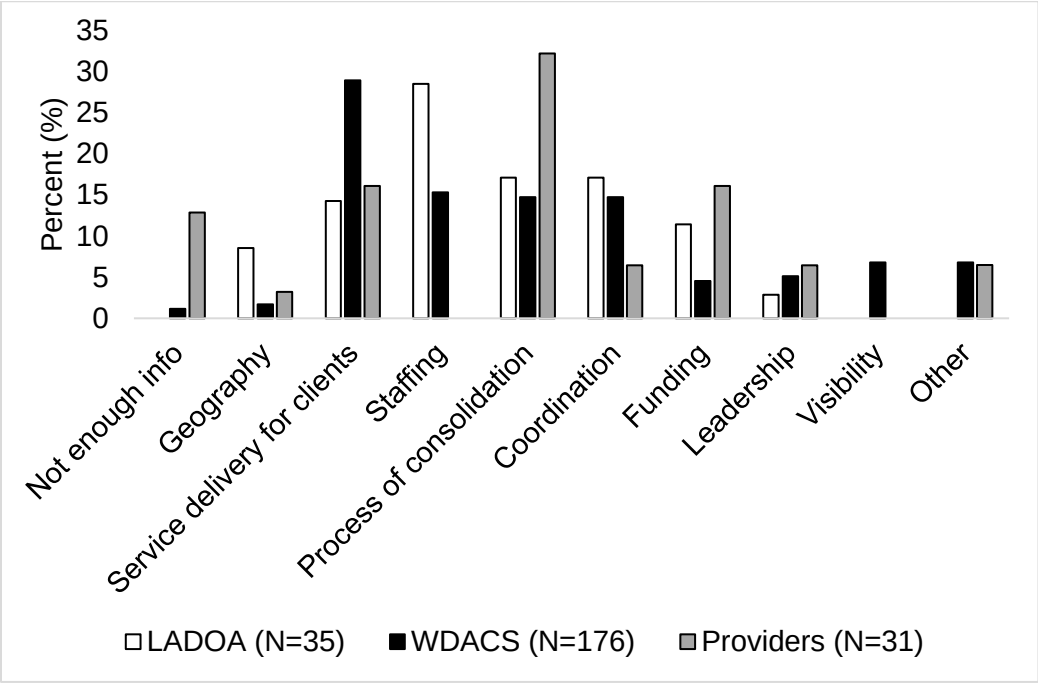
B. Finances



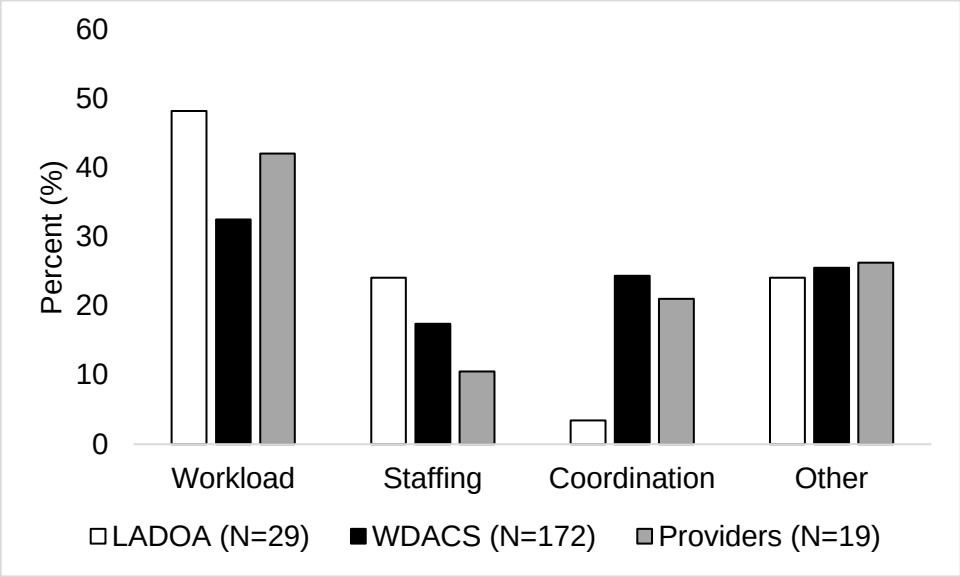
C. Visibility



Are there any other ways you think a standalone County department of aging would impact your department (either positive or negative)?



Do you think a standalone department of aging would impact your day-to-day job?



Appendix I: Promising Practices from other AAAs

San Francisco

COVID-19 Emergency Response Volunteer (CERV)
https://sf.gov/be-emergency-volunteer

Erasing Boundaries Program
https://www.erasingboundaries.org/about-dici

Feed The Hungry
https://www.glide.org/program/daily-free-meals/

Friendship Line California – Institute on Aging
https://www.ioaging.org/services/all-inclusive-health-care/friendship-line

Mon Ami Volunteer Match program
https://www.monami.io/volunteer-management

One City One Book: San Francisco Reads
https://sfpl.org/sites/default/files/uploads/files/pdfs/ocob2019.pdf

Project Open Hand
https://www.openhand.org/

SpeakOut
https://www.glide.org/glide-speak-out-community-voice/

Support at Home
https://www.ioaging.org/services/all-inclusive-health-care/support-at-home

Young at Heart Project
https://www.young-at-heart.org/about

Whole Person Care
https://www.chpscc.org/wpc

Riverside

C.A.R.E. Program – Riverside County Department of Public Social Services
http://dpss.co.riverside.ca.us/adult-services-division/care-program

EDA Home Repair – Riverside County Economic Development Agency
https://rivcoeda.org/Housing/Housing-Programs/EDA-Home-Repair-Program

Get Home Safe Program – Riverside County Police Department
www.rpdonline.org

Silver Sneakers Fitness
www.silversneakers.com

Geri-Fit Strength Training
www.gerifit.com

Low Income Home Energy Assistance Program – County of Riverside Community Action Partnership
https://www.capriverside.org/program/utilityassistanceprogram

Pro Fitness 4 Health
https://www.profitness4health.com/

Specialty Multidisciplinary Aggressive Response Treatment Team – Riverside County Department of Mental Health Services
https://www.rcdmh.org/Mature-Adult-Services

Senior and Disabled Persons Travel Training Program – Riverside Transit Authority
https://www.riversidetransit.com/index.php/riding-the-bus/travel-training

Senior Health Advocacy and Revitalization Program – Riverside Community Health Foundation
https://rchf.org/programs/sharp/

Smiles 4 Seniors
http://www.smilesforseniorsfoundation.org

Transportation Reimbursement and Information Project (TRIP) – Riverside County Office on Aging
https://ilpconnect.org/

You Are Not Alone Program – Riverside County Police Department
www.rpdonline.org

San Diego

Barbecue Lunches and Mobile Food Pantry – So Others May Eat, Inc.
https://someinc.org/mariners-point-missiona-bay-bbq-lunches/

Bikkur Holim Friendly Visitor Program – Jewish Family Services
https://www.jfssd.org/our-services/older-adults/friendly-visitor/

Call Center Information and Referral – Aging and Independence Services (AIS), Health and Human Services
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais.html

Caring Neighbors, Santee – Lutheran Social Services of Southern California
http://www.lsssc.org/

Cuyamaca College Intergenerational Garden
https://www.cuyamaca.edu/services/cdc/intergenerational-garden-.aspx

Elder Abuse Restraining Order Representation Project – Elder Law and Advocacy
http://seniorlaw-sd.org/programs/

Elder Multicultural Access and Support Services – Union of Pan Asian Communities
http://www.upacsd.com/index.php/services-2/adult-older-adult-mental-health/emass-elder-multicultural-access-and-support-services/

Foodmobile – Jewish Family Service of San Diego
https://www.jfssd.org/our-services/food-meals/home-delivered-meals-foodmobile/

Golden Years Program – North County Health Services
https://www.nchs-health.org/community-resources/our-programs/

Hand Up Food Pantry, College Avenue Fresh Market – Jewish Family Service of San Diego
https://www.jfssd.org/our-services/food-meals/hand-up-food-pantry-corner-market/

Home Energy Bill Assistance Program – Metropolitan Area Advisory Committee (MAAC)
https://www.maacproject.org/main/impact/healthy-homes-health-services/energy-assistance/

JFS Fix-It – Jewish Family Services
https://www.jfssd.org/our-services/older-adults/home-safety-modification/

Nursing Home Rights and Enforcement Project – Elder Law and Advocacy

On the Go: Transportation Solutions of Older Adults – Jewish Family Service of San Diego
https://www.jfssd.org/our-services/older-adults/on-the-go-transportation-solutions-for-older-adults/

Out and About Transportation Program – City of Encinitas
https://encinitasca.gov/Residents/Senior-Citizens

Positive Solutions Program – Union of Pan Asian Communities
http://www.upacsd.com/index.php/services-2/adult-older-adult-mental-health/older-adult-mental-health-services-2/

Project CARE – Aging and Independence Services (AIS), Health and Human Services
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/project_care.html

Project Enable, Geriatric Specialty Program – Neighborhood House Association
http://www.neighborhoodhouse.org/geriatricprogram/

R-U-Ok Daily Phone Call – ElderHealth of San Diego
https://www.elderhelpofsandiego.org/

Safe at Home Program – Rebuilding Together San Diego
http://www.rebuildingtogethersd.org/what-we-do/

Senior Gleaners of San Diego – Senior Cleaners of San Diego County
http://www.seniorgleanerssdco.org/

Senior IMPACT – Community Research Foundation
http://www.comresearch.org/serviceDetails.php?id=MzI=

Senior Smoke Alarm Program – Burn Institute
https://burninstitute.org/applications/smoke-alarm-application/

Writing Lives
www.playwrightsproject.org

New York

Active Design Guidelines
https://centerforactivedesign.org/guidelines/

Ageless Innovation Robotic Pet Pilot Program – New York City Department for the Aging
https://www1.nyc.gov/site/dfta/about/pr-DFTA-joins-state-robotic-pet-trial-to-combat-loneliness-in-older-adults.page

Aging Connect
https://www1.nyc.gov/site/dfta/index.page

Creative Aging - New York City Department of Cultural Affairs
https://www1.nyc.gov/site/dcla/programs/creative-aging.page

Delivery System Reform Incentive Payment, Multidisciplinary Team for Elder Abuse and Neglect – Franklin County Office for the Aging and Adult Protective Services
https://www.health.ny.gov/facilities/long_term_care/planning_project/docs/11_franklin_county_of a.pdf
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/

Friendly Visiting Program – New York City Department for the Aging
https://www1.nyc.gov/site/dfta/services/thrivenyc-at-dfta.page

Home Sharing Program – New York Foundation for Senior Citizens
https://www.nyfsc.org/home-sharing/

Kosher Meals for the Homebound
https://www.dorotusa.org/our-programs/at-home/kosher-meals-at-home

Safe Routes for Seniors
https://www1.nyc.gov/html/dot/downloads/pdf/safestreetsforseniors.pdf

Bill Payer Program – Silver Bills Partner with New York City Department for the Aging
https://www1.nyc.gov/site/dfta/services/bill-payer-program.page

ThriveNYC Geriatric Mental Health Initiative Expansion
https://thrivenyc.cityofnewyork.us/

Appendix J: Review of Assessments of Older Adults' Needs from Previous Reports by Livability Domain

Civic Participation and Employment

The United States has the highest labor force participation of adults age 65 and older, and people are working longer and retiring at an older age.[1] Appropriate employment opportunities were identified as a major concern for older adults in each of the seven previous reports that were reviewed. When reviewing the different reports, approximately 15-30% of the older adults surveyed in Los Angeles County recognized a major need for county and city strategies for connecting older adults to meaningful and practical employment opportunities, indicating a concern about income security. An older adult survey participant for the Los Angeles Needs Assessment was quoted stating "Need part-time work with more pay. Right now, wages do not cover rent, utilities, blood pressure medicine." [2] Other concerns that were identified in multiple reports are job training to address mismatched skills and work accommodations for those unable to work under standard conditions or any other impediments to obtaining work.

Communication and Information

The primary concern of this livability domain is a general lack of awareness of where to turn for help which adds to the difficulties of managing benefits and entitlements, navigating healthcare systems, managing prescriptions, and money. [2] An older adult survey participant for the Roybal Institute Focus Groups Report was quoted stating "I don't think there is an information source for the aged. In other words, you're pretty much on your own to go out and see what's available. Even though they try to provide us with some service, they're not fully knowledgeable at what could be available to us.... whether you qualify for Medicare or what kinds of resources are available to you." [3] As this quote suggests, many older adults are not sure where to start given copious amounts of information sources. Those surveyed also identified concerns or a need for assistance with case management, health and safety information, as well as benefits information regarding social services like Medi-Cal, IHSS, and Social Security.

Community Support and Health Services

Meeting the needs of older adults with health issues, as well as enabling those with good health to maintain their health requires that the population have access to programs and services that support health.[4] This liveability domain includes the following sub-themes: caregiving, community based services, personal homemaker/household services, healthcare services, mental health, physical health, oral health/ dental care, and dementia-focused community engagement.

Emergency Preparedness and Resilience

An analysis of older adults' general attitudes towards current programming. The Los Angeles Age Friendly Action Plan surveyed older adults regarding their emergency preparedness with 30%-45% of older adults stating they are disaster prepared. [4] Even the respondents who said they are prepared want to learn more about this topic. In total, three of the seven reports indicated that a portion of community participants aged 60 and older do not have an evacuation plan and would like help creating a plan. Another sub-theme identified in this liveability domain is personal emergencies like falls and accidents in the home. An older adult survey participant for the Los Angeles Needs Assessment was quoted stating "I live alone. If I fall, I may not be able to contact someone for help, especially during the time when [the power company] cuts our electricity for days." Finally, community resilience, safety and crime prevention as a major issue faced by older adults. [2]

Housing

Los Angeles is one of the most expensive housing locations in the United States. The problem is most acute for lower income older adults in Los Angeles, especially minorities, because housing is in short supply, and pressure for housing fosters gentrification and displaces people with lower income.[4] Survey participants all reports recognized the need for affordable housing. A quote from the Los Angeles Needs Assessment voiced "Room rent takes 80% of my income, which leaves me 20% for food and other expenses." [2] Other prevalent issues for older adults include the needs for home maintenance services and safety concerns. One report addressed targeting additional resources to serve older adults who are homeless.

Outdoor Spaces and Buildings

This liveability domain was present in fewer reports, indicating that it may be less of a concern compared to other domains. The primary sub-theme concerns age-friendly public spaces that enable mobility, encourage activity and allow for the use of cultural amenities. [2] This includes building additional senior centers as well as safe, unobstructed sidewalks and pedestrian crossings that would prevent accidents outside the home. A survey respondent of the Los Angeles Needs Assessment voiced concerns regarding fall risks, "I have fallen three times due to broken sidewalks.[2]

Social Participation and Respect/ Social Inclusion

The Los Angeles Age Friendly Action Plan shows that the majority of older adults in Los Angeles are satisfied with social participation, and many participate in education or self-improvement classes and workshops. [4] Nonetheless, a review of all reports suggest there is space for improvement in terms of increasing awareness and availability of opportunities for social inclusion. Participation in community activities can help older adults stay informed about important resources, remain physically and mentally active, support and strengthen social ties, and reduce negative aging stereotypes.[4] The major sub-themes that were identified by older adults surveyed includes addressing problems with loneliness and social isolation. An older adult survey participant for the Los Angeles Needs Assessment was quoted stating "My husband died 4 years ago, and I miss him and our life together." [2] Another concern is limited intergenerational social opportunities and recreational and leisure activities. A large portion of the focus group participants for a Roybal Institute report indicated a similar sentiment, and one participant said: "They [senior centers] should provide activities that are enriching and are creative and help you think and be functioning older adults. I'm new to the senior arena and for my boomer group we want activities like dancing. We're doing some yoga. We're doing some exercise. We're doing lots of activities. Not come in and nod out all day." [3]

Transportation

The Los Angeles Age Friendly Action Plan analyzed older adults' overall opinions towards current programming. A large portion of the community had positive views of their city or town's transportation infrastructure.[4] However, there are unmet transportation needs for older adults in Los Angeles. An older adult that was interviewed for the Los Angeles County Seamless Senior Services said, "We need more transportation services like Dial-a-Ride" [3] The next major sub-theme surrounded public transportation, particularly increasing routing as well as improving accessibility and timing. Respondents also identified a need for transportation education opportunities such as mature driver classes, peer driving programs, and learning to use public transportation. The portion of older adults that walk in their community had concerns regarding enhancing walkability and unsafe sidewalks in the community.

Other

The final other category included areas of needs that are included in multiple assessments but not seamlessly housed in above domains of liveability. Each of the reports highlights major financial concerns to include affordability for medical costs, money management and debt, and cost of living. 45% of older adults in the Los Angeles Needs Assessment reported they did not have "enough money to live on" [2]. The other major concerns are legal assistance and nutrition problems. A small portion of participants called attention to a need for advocacy and a “no wrong door” policy for aging services that would allow for seamless coordination of services, simplify access to services, and a model that protects confidentiality and privacy. Finally, older adult participants in multiple reports expressed concerns about elder abuse prevention and intervention. The Roybal Institute Focus Groups Report underscored the following quote, “Well, some of the seniors share what their kids did to them. They took my house, they did this; there’s nothing, they feel that they can’t go nowhere and talk to somebody. Either being afraid, or just don’t want their kids to get in trouble.” [3]

References

1. LA County Seniors Count
2. Los Angeles Needs Assessment
3. Roybal Institute Focus Groups Report
4. Age-Friendly Action Plan for the Los Angeles Region 2018-2021
5. Los Angeles County Seamless Senior Services

Appendix K: Efforts to Address Older Adult Homelessness and Incarceration During COVID-19

Homelessness among older adults could be better addressed through prevention, capacity building, and coordination.

The homeless population of older adults is increasing

The Greater Los Angeles Homeless Count of 2019 highlights a 7% increase in older adult homelessness from the previous year. There was a total of 13,606 people age 55 and older experiencing homelessness in Los Angeles. [1] People aged 62 and older saw a 22% increase, while all other age groups saw a slight decrease.

COVID-19: Homeless Older Adults in Hotels/ Motels

Project Roomkey is a collaborative effort by the State, County, and the Los Angeles Homeless Services Authority (LAHSA) to secure hotel and motel rooms for vulnerable people experiencing homelessness. [3] It is aiding a three-pronged LA County effort to get people indoors and safely distanced from one another. The County is also setting up medical sheltering sites with quarantine and isolation rooms for people who have tested positive for COVID-19, show symptoms while awaiting test results, or who have been exposed to the virus. [3]

Individuals are pre-screened and selected by a homeless services provider or referred by an outreach team before they can be transported to the location. Qualified individuals include people who are aged 65 or older and people who are at higher risk for severe illness — those with chronic lung disease or moderate to severe asthma, serious heart conditions, conditions that can cause a person to be immunocompromised, severe obesity, diabetes, chronic kidney disease and who are undergoing dialysis, and liver disease. [3]

According to the Los Angeles County COVID-19 Incident Update from May 7, 2020, there are currently 1,904 clients that occupy 1,672 rooms. [4] In total, Project Roomkey has secured 3,101 hotel and motel rooms; 127 are ready for someone to move in and 1,302 still need to be prepared. [4]

The County of Los Angeles has negotiated agreements with hotels for three months beginning from each site's opening date. While participants are staying at these hotels, on-site service providers are working with each client individually to develop an exit plan, with the goal of moving them to a situation that permanently resolves their homelessness. LAHSA's Housing Central Command has identified 372 current Project Roomkey residents who score a 15-17 (the highest levels of vulnerability) on the system assessment tool that measures acuity and has been prioritized to be matched to housing immediately. [5]

Current Older Adult Population in County Jails

The Los Angeles County jail system is the largest in the world. According to the Custody Division 2019 quarterly report, the County jail reached an inmate population of over 17,000, of which 2,000 are women and 42 percent are pre-trial. [8] The population of offenders age 45 and older averaged 3,509 which constitutes approximately 21 percent of the total jail population. [8] In Los Angeles County jails in 2019, the average time spent in custody was 62 days. [9]

Medical Outpatient/Specialty Housing (MOSH) is provided to inmates who require a level of medical treatment beyond that of stabilized medication distribution (pill call) and accounted for an average number of 558 people during the fourth quarter 2019. [8] ADA Housing is used to accommodate inmates with mobility limitations and/or physical disabilities and accounted for an average number of 403 people. [8]

The population with mental health needs accounted for 35 percent of the total population, of which 25 percent were identified with mental health needs requiring specialized housing moderate or high observation housing. [8] The remaining 10 percent have been treated and continue to receive psychotropic medication while housed in general population. A January 2020 RAND study of patients in the custody of the LA County jail indicated that 3,368 patients, or 61 percent of the mental health population, could be appropriate for community release if there were sufficient community-based treatment programs available. [10]

Current Efforts to Reduce the Jail Populations due to COVID-19

The Custody Division started to reduce the jail population by 4,276 inmates or approximately 25%. [11] The Los Angeles County Office of Diversion and Reentry (ODR) has submitted a request for consideration of release of 256 medically fragile, COVID-19 vulnerable people. [12] The target population includes patients in Los Angeles County jail system, soon-to-be released, or released in the prior six months, with at least one chronic health condition or over age of 50. [13] This list for release is comprised of people in jail who were HIV positive and/or housed in the jail Correctional Treatment Center or hospital section. The ODR opened a 40-bed “COVID-19 Symptomatic Site” to isolate and house people in interim housing sites who had become symptomatic. [12] ODR also launched 211 beds serving medically fragile individuals eligible for release from LA county jails. [12] These beds include specialized nursing and psychiatric care at each site. ODR is also working with the Homeless Initiative and LAHSA to secure 400 hotel beds. [12] Additionally, ODR has provided PPE directly to interim housing providers and coordinated transportation from jail with unused DHS vans. [12]

ODR Current Programs

Fully funding community-based diversion for this population is the most cost-effective approach. Currently, the ODR has diverted more than 4,400 people from County jails through their Housing, Misdemeanor Incompetent to Stand Trial (MIST), and Felony Incompetent to Stand Trial (FIST) programs. [14, 15] Other programs that exist to support diversion, reentry, and support include: Homeless Initiatives and Measure H, Whole Person Care, The Prop 47 Jobs and Services Task Force, the Juvenile Diversion Working Group, and the Alternatives to Incarceration Working Group. [16] A few other services outside of ODR that benefit older adults:

- Older Adult Full Service Partnership (FSP) for older adults ages 60 and above and who are being released from jail or at serious risk of going to jail [17]
- Bet Tzedek - "The House of Justice" provides free, high-quality legal services to older adults, people with disabilities, and people with low income, regardless of ethnic background. [18]

ODR Cost Savings

Diversion programs cost the County about $70 daily per person, while incarceration costs about $600 daily per person with serious clinical needs. [14] This is a cost saving of $530 per day or $193,000 per person each year.

The 2019-2020 County budget allocated $93 million towards mental health services and diversion from the criminal justice system; $20 million has been budgeted toward additional treatment beds, $20 million for expanding supportive housing with the Office of Diversion and Reentry, and $53 million for increased support of diversion programs. [19]

2020 RAND Pilot Study of Needs Reentry Services in Los Angeles

Older returning citizens noted facing accumulated health, mental health, and substance abuse issues, and difficulty obtaining employment due to a lack of low-skilled jobs applicable to older workers and ageist job discrimination. These challenges felt even more daunting with advancing age. [20] Participants in a recent RAND survey on the Co-Design of Services for Health and Reentry, identified the following top priorities for improving health and reentry services:

- key services arranged before leaving jail, including a reentry plan tailored to the individual's needs but also structured with clear tasks and timelines
- programs that provide individual reentry mentors or peer support groups
- housing setup before leaving jail
- long-term support to meet a range of needs such as housing, jobs, mentor/peer support, as well as help in navigating services.

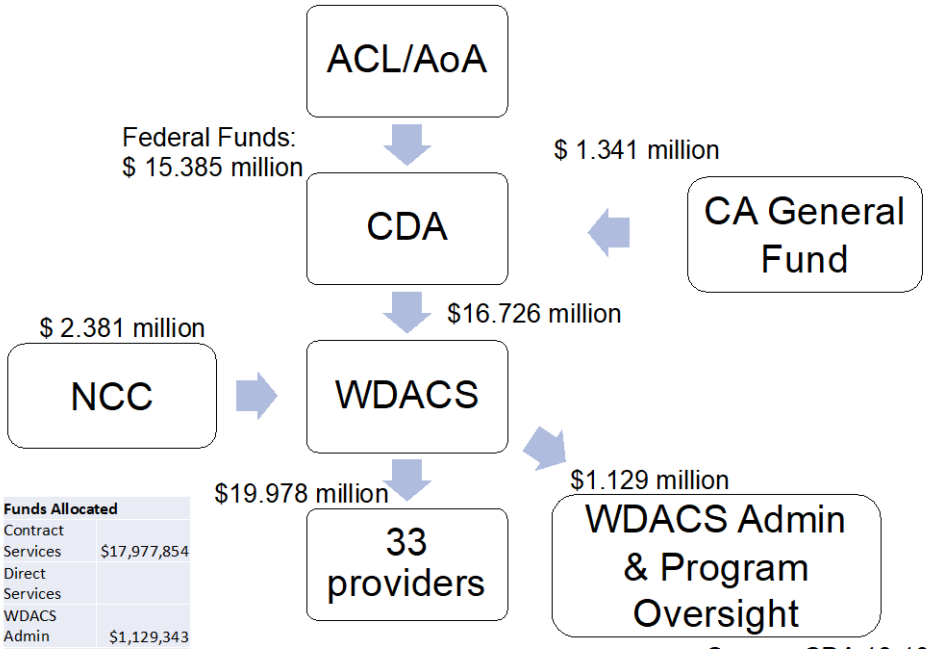
Other priorities identified by returning citizens included: assistance with finding jobs and learning job skills, transportation assistance, assistance with family reunification, and health care assistance including finding a doctor or mental health clinic, securing mental health medications, and support to address substance abuse issues. [20]

References

1. https://www.lahsa.org/documents?id=4017-hc2019-aging-population-data-summary.pdf
2. https://www.lahsa.org/news?article=412-2018-homeless-count-shows-first-decrease-in-four-years
3. https://covid19.lacounty.gov/project-roomkey/
4. https://covid19.lacounty.gov/wp-content/uploads/COVID-19-Update_05.07.20_.pdf
5. https://www.lahsa.org/news?article=712-news-release-update-on-lahsa-s-covid-19-response
6. https://www.gov.ca.gov/2020/03/18/governor-newsom-takes-emergency-actions-authorizes-150-million-in-funding-to-protect-homeless-californians-from-covid-19/
7. https://time.com/5817278/los-angeles-homeless-hotels-coronavirus/
8. https://lasd.org/transparency%20data/custody%20reports/Custody%20Division%20Population%202019%20Fourth%20Quarter%20Report.pdf
9. https://public.tableau.com/profile/kstevens#!/vizhome/ACJROctober2013/LengthofStay
10. Stephanie Holliday et al., Estimating The Size Of The Los Angeles County Jail Mental Health Population Appropriate For Release Into Community Services (The RAND Corporation, 2020), https://doi.org/10.7249/RR4328
11. https://lasd.org/covid19updates/#letter
12. http://file.lacounty.gov/SDSInter/bos/bc/1071954_OfficeofDiversionandReentryQuarterlyReportPacket.pdf
13. https://www.dhcs.ca.gov/provgovpart/Documents/PRIME/Approved_5-Year_PRIME_Project_Plans/PRIMEPlan_LACDHS.pdf
14. https://ridley-thomas.lacounty.gov/wp-content/uploads/2019/10/01-08-2020-RAND-Corp.-Study-on-Diversion.pdf
15. http://dhs.lacounty.gov/wps/portal/dhs/diversionandreentry/jcbd
16. http://justicelanow.org/wp-content/uploads/2017/08/LA-County-Decarceration-Report-2.pdf?fbclid=IwAR2bx80Eu4L1cQtlmH01iQMlwy0pg0ifT4du-qLtkt9BZIH4CXRwVf7ssts
17. https://dmh.lacounty.gov/our-services/older-adults/fsp/
18. https://www.bettzedek.org/our-services/justiceforseniors/
19. https://supervisorkuehl.com/jail-diversion-funding/
20. https://www.rand.org/content/dam/rand/pubs/research_reports/RR2800/RR2844/RAND_RR2844.pdf

Appendix L: Funding Flow of OAA programs

WDACS Nutrition Program Funding Flow

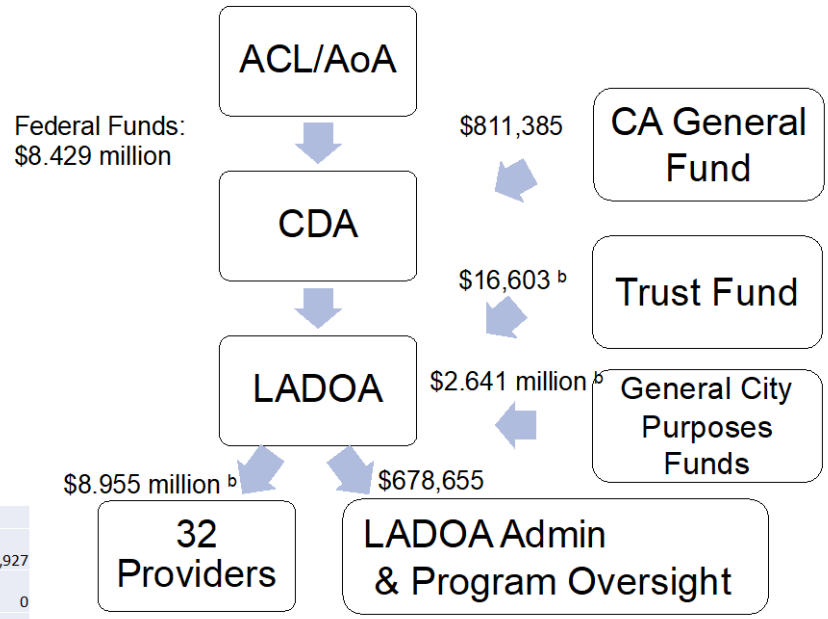


Funds received	
Title IIIC1/2	$13,564,746
NSIP	$1,820,013
General Fund C2/C1	$1,341,438
NCC	$2,381,000
Total	$19,107,197

Funds Allocated	
Contract Services	$17,977,854
Direct Services	
WDACS Admin	$1,129,343
Total	$19,107,197

Source: CDA 18-19 budget data
State of CA Department of Aging

LADOA Nutrition Program Funding Flow

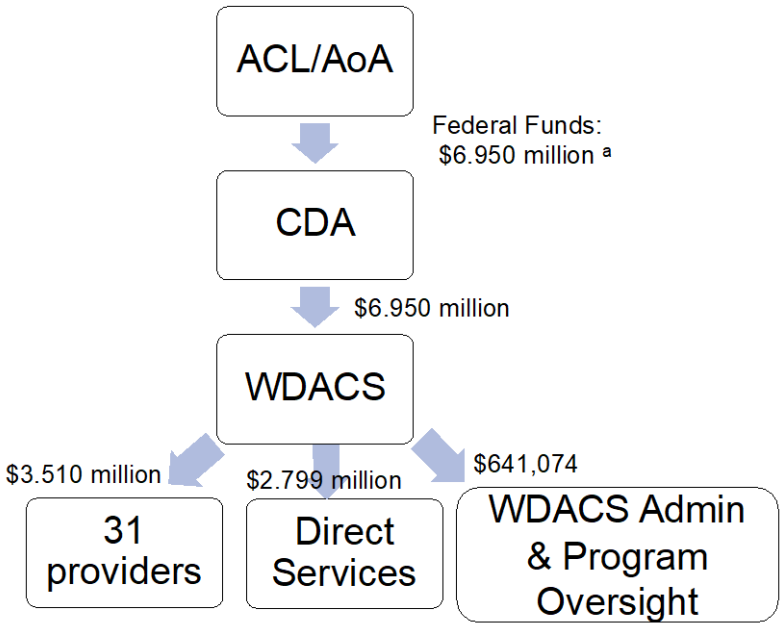


Funds received	
Title IIIC2[a]/C1	$7,340,062
NSIP C2[a]/C1	$1,088,899
General Fund C2[a]	$811,385
Trust Fund[b]	$16,603
General City Purposes Funds [b]	$2,641,329
Total	$11,898,278

Funds Allocated	
Contract Services	$8,954,927
Direct Services	0
LADOA Admin	$678,655
Total	$9,633,582

[a] Source: CDA FY18-19 budget data
[b] Source: LADOA FY18-19 budget data

WDACS Supportive Services Program

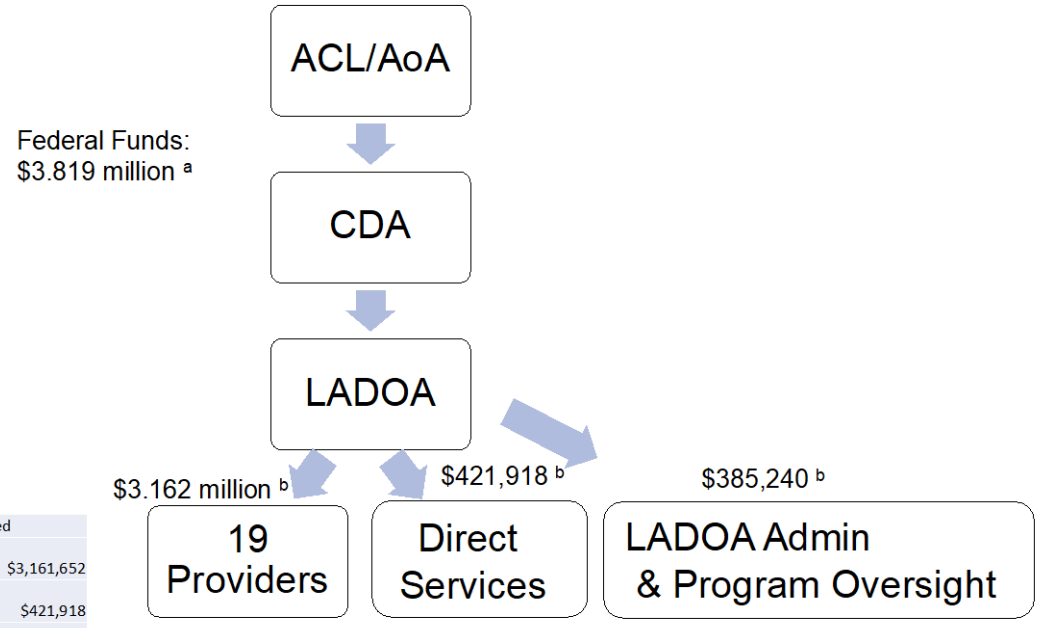


Funds allocated	
Contract Services	$3,510,303
Direct Services	$2,799,041
WDACS Admin	$641,074
Total	$6,950,418

Funds received	
Title IIIB	$6,950,418

Source: CDA 18-19 budget data
State of CA Department of Aging

LADOA Supportive Services Program

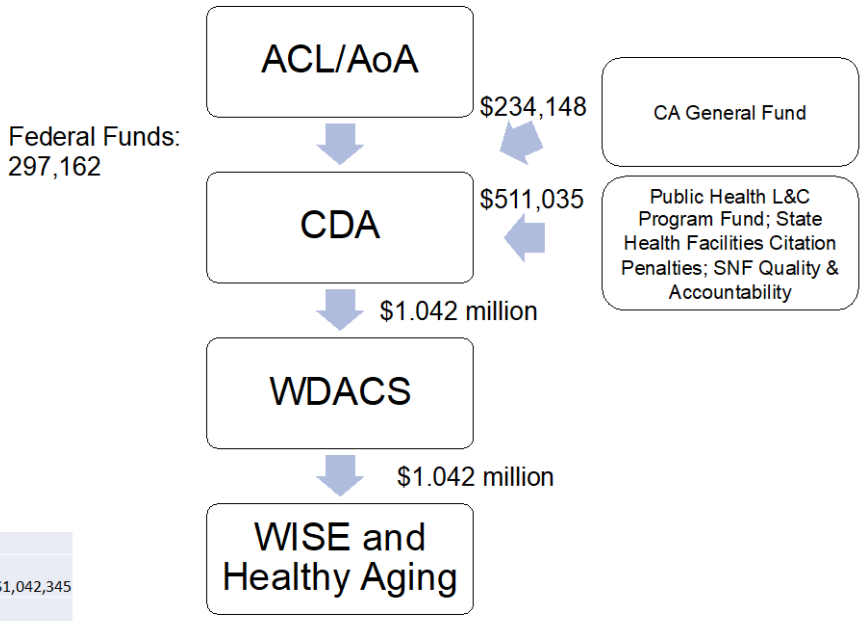


Funds received	
Title IIIB	$3,819,348
Program Income	$44,164
Subrecipient Match	$1,122,032
Total	$4,985,544

Funds allocated	
Contract Services	$3,161,652
Direct Services	$421,918
LADOA Admin	$385,240
Total	$3,968,810

a Source: CDA FY18-19 budget data
b Source: LADOA FY18-19 budget data

WDACS Ombudsman

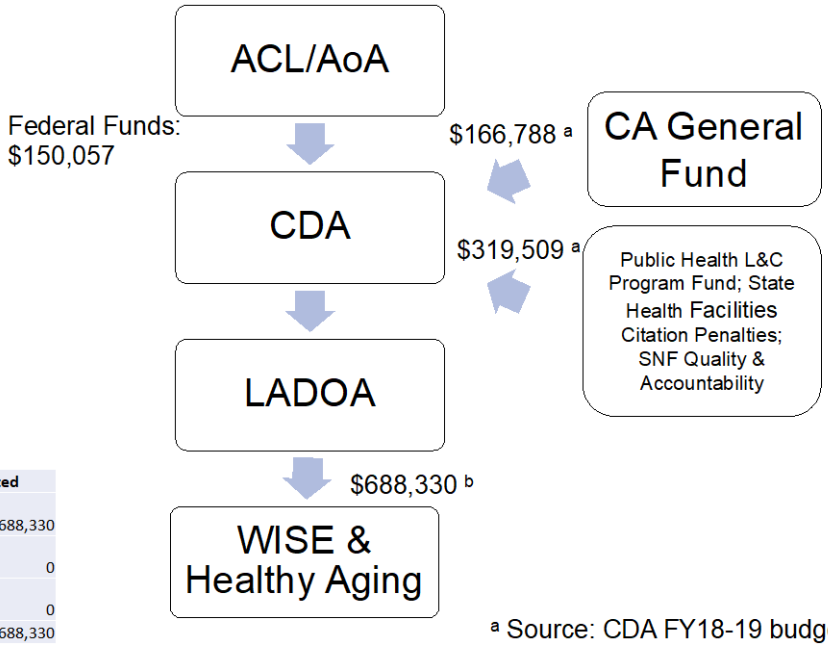


Funds received	
Title IIIB	$84,102
Title VIIa	$127,791
General Fund IIIB	$234,148
Title VII Elder Abuse	$85,269
Public Health L&C Program Fund	$50,601
State Health Facilities Citation Penalties	$220,075
SNF Quality & Accountability	$240,359
Total	$1,042,345

Funds Allocated	
Contract Services	$1,042,345
Direct Services	
Total	$1,042,345

Source: CDA 18-19 budget data
State of CA Department of Aging

LADOA Ombudsman

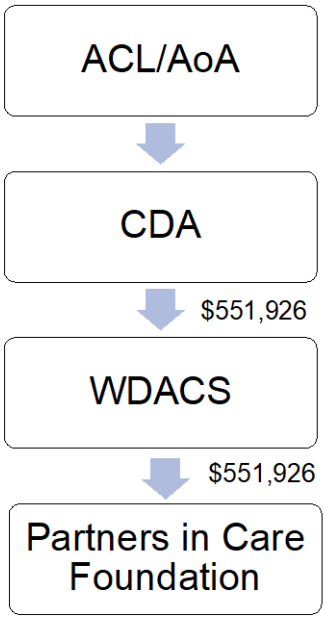


Funds received	
Title IIIB	$59,794
Title VIIa	$90,263
General Fund IIIB	$166,788
Public Health L&C Program Fund	$31,736
State Health Facilities Citation Penalties	$137,029
SNF Quality and Accountability	$150,744
Total	$789,323

Funds allocated	
Contract Services	$688,330
Direct Services	0
LADOA Admin	0
Total	$688,330

[a] Source: CDA FY18-19 budget data
[b] Source: LADOA FY18-19 budget data

WDACS Disease Prevention & Health Promotion

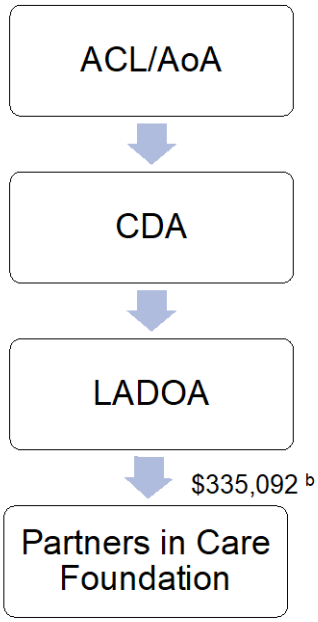


Funds received	
Title IIID	$551,926

Funds allocated	
Contract Services	$551,926
Direct Services	
WDACS Admin	
Total	$551,926

Source: CDA 18-19 budget data
State of CA Department of Aging

LADOA Disease Prevention & Health Promotion

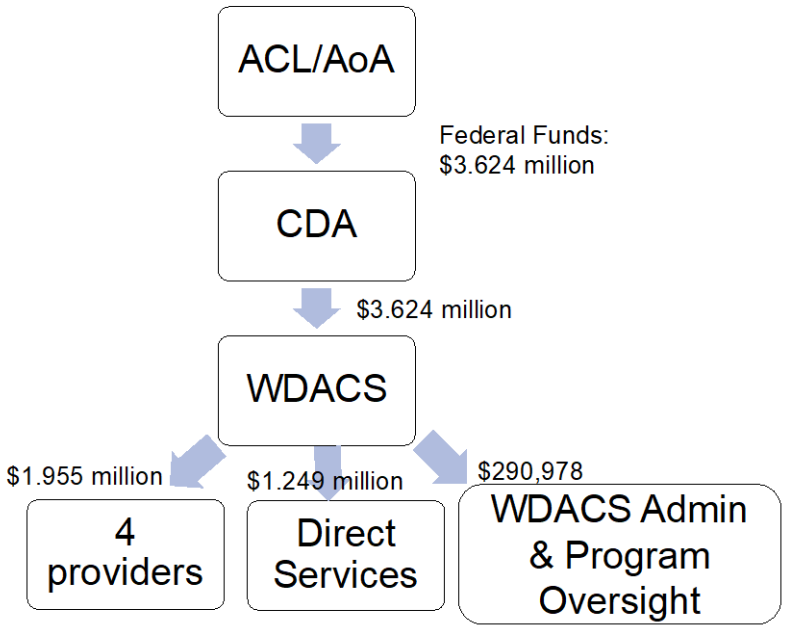


Funds received	
Title IIID	$335,092
Program Income	0
Total	$335,092

Funds allocated	
Contract Services	$335,092
Direct Services	0
LADOA Admin	0
Total	335,092

[a] Source: CDA FY18-19 budget data
[b] Source: LADOA FY18-19 budget data

WDACS Family Caregiver Services Program

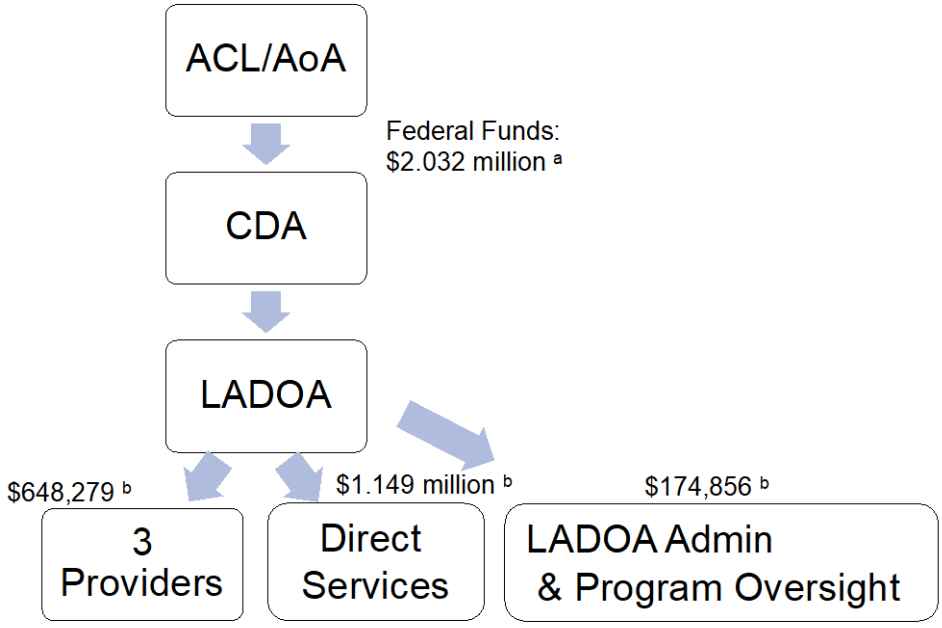


Funds allocated	
Contract Services	$1,995,095
Direct Services	$1,338,182
WDACS Admin	$290,978
Total	$3,624,255

Funds received	
Title IIIE	$3,624,255

Source: CDA 18-19 budget data
State of CA Department of Aging

LADOA Family Caregiver Services Program



Funds received	
Title IIIE	$2,032,405
Program Income	$300
Subrecipient Match	$291,639
Total	$2,324,344

Funds allocated	
Contract Services	$648,279
Direct Services	$1,148,735
LADOA Admin	$174,856
Total	$1,971,870

[a] Source: CDA FY18-19 budget data
[b] Source: LADOA FY18-19 budget data

Appendix M: Including IHSS in the department of aging

Long-Term Services and Supports (LTSS) are designed for individuals with functional disabilities and/or complex chronic conditions that are not likely to resolve. LTSS includes both facility-based care and Home and Community-Based Services (HCBS). HCBS are designed to help people age in place. Personal Assistance Services (PAS) that provide personal care and instrumental support for people with functional impairment are at the core of these services. Nationwide, the largest PAS is California's In-Home Supportive Services (IHSS). Currently serving over 600,500, IHSS is available statewide and managed at the County level. IHSS is by far the largest HCBS in Los Angeles and indeed in the Country. The majority of those receiving services are older adults and the programs works well in conjunction with Title III-B of the Older Americans Act, which includes personal assistance services. Supportive case management can add wrap-around services that further help older adults to age safely in the community.

The County of Los Angeles IHHS program serves over 227,000 people and employs over 180,000 providers representing 38% of recipients and 35% of employees statewide.

The Website of the California Advocates for Nursing Home Reform (CANHR): http://www.canhr.org/factsheets/misc_fs/html/fs_ihss.htm providers the following description of the four programs within IHSS.

The four different IHSS programs

There are four different IHSS programs: The Community First Choice Option Program (CFCO), the Medi-Cal Personal Care Services Program (PCS), the IHSS Independence Plus Option Program (IPO) and the Original or Residual IHSS Program (IHSS–R). Each of these programs provides the same services, but have different eligibility criteria based, in part, on whether they are funded with federal money.

- **CFCO** – Recipients are eligible because they have qualified for Medi-Cal and would otherwise need a nursing home level of care. Most IHSS recipients are in the IHSS-CFCO program.
- **PCS** – Recipients are eligible because they have qualified for Medi-Cal on the basis of age, blindness or disability. Most IHSS recipients who do not qualify for the IHSS-CFCO program are part of the Medi-Cal PCS program.
- **IPO** – Recipients are eligible because they have qualified for Medi–Cal and are also part of one of the following groups: parent provider for a minor child, spouse providers, advance pay cases, or meal allowance cases.
- **IHSS-R** – Recipients do not meet PCS or IPO requirements and are usually persons with Satisfactory Immigration Status, which denies them federal reimbursement. There are very few people in this category.

What services does IHSS provide?

Services include, but are not limited to:

- Domestic and Related Services: meal preparation, cleaning, laundry, and taking out the garbage.
- Personal Care Services/Non-Medical Care: bathing, feeding, dressing, grooming, and toileting.
- Paramedical Tasks: assistance with medications, injections, bowel and bladder care.

- Protective Supervision: monitoring persons with cognitive or mental impairments to prevent injury.
- Transportation and accompaniment to medical appointments.

At the State level, In-Home Supportive Services (IHSS) is administered by the California Department of Social Services (CDSS), Adult Programs Division (APD). The program serves over 600,500 individuals; depending on their assessed need, recipients receive up to 283 hours of assistance per month with an average rate of 80 to 90 hours. Determination of hours is made on assessment information, which is entered in the Case Management, Information and Payrolling System (CMIPS II).

IHSS is a state program that is administered locally at the County level. Within state guidelines, counties determine each person's eligibility and service needs. Participants select and hire their own care provider; they may request that the IHSS social worker assist them with finding a care provider through a referral to the local Public Authority. At the County level, Public Authorities within counties serve as the employer of record and also maintain a registry of care providers from which participants may choose.

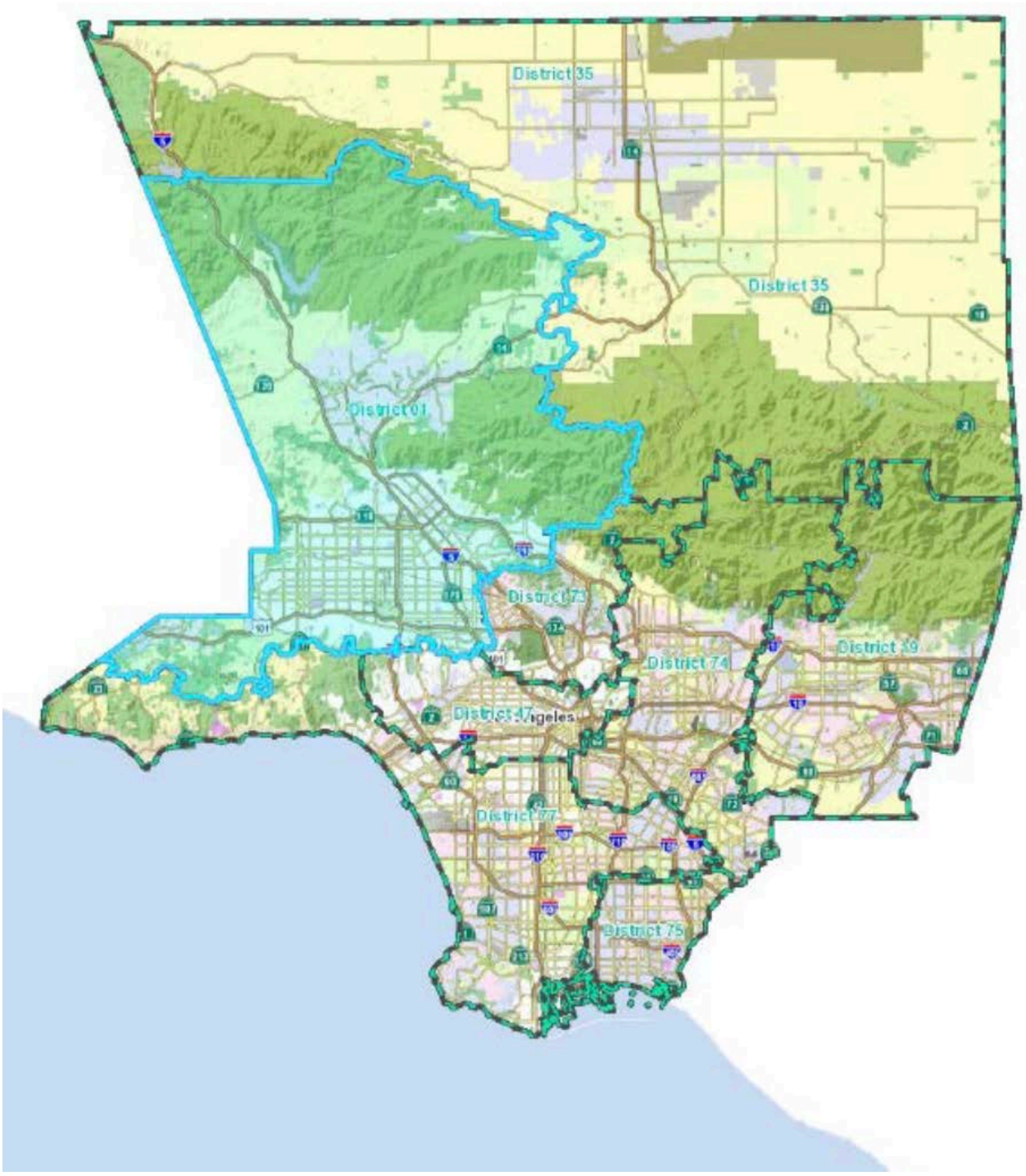
The IHSS Application and Assessment Process: Service authorizations are based on an initial assessment and reassessments are conducted every 12-18 months by an IHSS social worker in the person's home. The assessment determines the person's level of need for personal assistance with the services available in IHSS.

Eligibility determinations: If an individual is already receiving Supplemental Security Income/State Supplementary Payment and/or MediCal, they become eligible for the IHSS assessment at application. Those who are not on Medi-Cal must first have an income eligibility determination by Medi-Cal county staff before moving into the IHSS assessment phase.

The Level of Care required for IHSS is that the individual is "at risk of out of home placement" without specified IHSS services. IHSS referrals can originate with an individual or they can come from other agencies (e.g., Adult Protective Services, Office of the Public Guardian, Hospitals, etc.). The assessment process begins with an application (SOC 295 form), which can be done by phone, online, or onsite at the county social services agency. The form used as the application for social services collects basic client identification information, demographics, living arrangements, and additional benefits. Additionally, the client agrees to the IHSS terms and regulations by signing the form.

In addition to functional abilities (ADL and IADL), the assessment includes: health history, medications/dosage, diagnoses, doctor information, living arrangements, and household composition. The functional assessment component includes questions about the individual's functional abilities and limitations based on the Annotated Assessment Criteria (AAC), the amount of assistance required, and the frequency and amount of time required to perform tasks as determined by a standardized Hourly Task Guidelines (HTGs). The assessment also includes the social worker's observations regarding the environment and how the recipient or applicant functions during the assessment. A Functional Index (FI) score is assigned by ranking the degree of assistance required for each ADL and IADL based on the severity of the person's functional limitation. FI scores are also assigned to cognitive function measured by three items: memory, orientation, and judgment using probes within the AAC as a guide.

Figure K.1. IHSS regions in Los Angeles County



Appendix N: WDACS Memoranda of Understanding

WDACS MOUs		
WDACS DIVISION	COUNTY DEPARMENT	PURPOSE
1) Adult Protective Services (APS)	Department of Public Social Services (DPSS)	Temporary Shelter Program and Repatriate Assistance Services
2) APS	Consumer and Business Affairs	APS Fraud Prevention
3) APS	Dept of Health Services Harbor UCLA	Hospital-based assessment and intervention
4) APS	LAC+USC Medical Center-Adult Protection Team	Early medical detection of abuse elders
5) APS	District Attorney	Elder Abuse Protection Support Program
6) APS	Department of Mental Health	Elder Abuse Forensic Center
7) APS	Department of Mental Health-GENESIS	Screening, assessment, and mental health services
8) APS	Department of Mental Health—Public Guardian	More effectively obtain probate conservatorship for APS clients
9) APS	DPSS	Home Safe Program Services