



July 27, 2023

Little Hoover Commission
925 L St., Suite 805
Sacramento, CA 95814

Re: Master Plan for Aging Implementation

Dear Honorable Commissioners:

The SCAN Foundation (Foundation) appreciates the opportunity to share recommendations with the Little Hoover Commission to further strengthen and support future implementation of California's Master Plan for Aging (MPA). The Foundation is an independent public charity devoted to transforming care for older adults in ways that preserve dignity and encourage independence. Populations of focus include older adults of color, with lower incomes, and/or from rural and underserved communities. As a physician, I have witnessed the challenges older adults, people with disabilities, and family caregivers face navigating our medical and non-medical service systems. I've seen the impact of health disparities on older adults with low incomes, particularly older adults of color. It is these experiences that have motivated me to be a change agent as a philanthropic leader. At the Foundation, we are devoted to igniting bold and equitable change in how older adults age in home and community. We believe in partnering with the California state government, and our engagement on the MPA in collaboration with state agencies, is an example of this commitment.

MPAs provide a blueprint for states and local communities to address what matters most to people as they age—wellness, access to services and supports, and community engagement (e.g., volunteering, employment, recreation). Aging services and supports are administered by multiple state agencies, private sector entities, and community-based organizations (CBOs), resulting in fragmentation and missed opportunities to maximize resources. An MPA compels these different stakeholders to come together as part of a shared state vision to provide seamless and high-quality services to older adults.

The California Department of Aging (CDA) has been an engaged and thoughtful leader in this effort. The cross-sector perspective envisioned in the MPA is an exciting opportunity to bring together multiple departments and stakeholders to create a state that is ready to help California's growing, diverse older adult population age well with choices in alignment with their personal, cultural, and linguistic preferences. The MPA's five goals for 2030 are bold and critical steps to get there. As we contemplate implementation, the Foundation urges the Administration to consider the following:

- Embed equity and diversity in every step of the MPA. The Administration has made this a focus, and we strongly support efforts to keep using this as the primary lens for implementation;
- Continue to emphasize an “all-of-government” approach so the MPA is embedded across departments that might not have previously considered aging equity issues;
- Stay engaged with stakeholders, deepening public/private partnerships and existing work with MPA leadership committees;
- Provide regular ongoing updates to the MPA Implementation Tracker to underscore transparency and drive stakeholders to action; and
- Continue and empower cabinet-level convenings to ensure implementation and equity considerations are being rooted across policy areas.

Philanthropic Collaboration and Support

Since 2019, the Foundation has championed the MPA statewide and in other states across the country, where MPA is also referred to as a Multisector Plan for Aging. California’s MPA came to life through philanthropic collaboration. In 2017, we met with the Gary and Mary West Foundation to discuss how to raise awareness about the needs facing older adults and families, and together we built a movement. Joined by Archstone Foundation, Metta Fund, the Rosalinde and Arthur Gilbert Foundation, and the Smith Charitable Trust, we combined resources to create the MPA Fund, managed by The SCAN Foundation, to more efficiently support MPA implementation. This collaboration enabled us to harness resources upwards of \$3.6 million for the research and consensus-building needed for the development and implementation of the MPA in partnership with the state.

In addition to supporting MPA implementation at the state-level, the Foundation has underwritten local MPA development efforts through regional coalitions, with a particular focus on rural communities. Developing local MPAs affords counties/regions the opportunity to develop tailored solutions that meet the unique needs of their communities. Utilizing the California MPA’s Local Playbook, regional coalitions have led MPA activities in 29 counties. In fact, involvement in regional coalition efforts resulted in eight of the 15 organizations being awarded Local Aging and Disability Action Planning grants through CDA.

California’s leadership on the MPA continues to foster interest from other states, with 24 states engaging in various stages of MPA development. Drawing on the success of California’s MPA and our public/private partnership with the state, the Foundation continues to build the movement nationally by partnering to fund the MPA Learning Collaborative, a group of states brought together to learn best practices for MPA advancement.

Why MPAs Matter

California's older adult population is growing faster than any other age group and becoming more racially and ethnically diverse. By 2030, 1 in 4 Californians will be age 60 and older,¹ with the fastest growth among Latinos and Asians.² An increasing share of the older adult population will be age 85 and older, and soon Californians ages 65 and older will outnumber children under the age of 18 for the first time.³

With longevity, we will see an increase in older adults living with chronic conditions, disabilities, and social needs. The Legislative Analyst Office projects a 160 percent growth in older adults with disabilities come 2060,⁴ and studies show that most older adults currently age 65 and older will need long-term services and supports (LTSS) at some point.⁵ The medical and nonmedical aging ecosystems must respond to these changing demographics and factors — both expanding on the types and availability of services and improving the quality of care and supports that align with people's needs, cultures, values, and preferences. Several initiatives within *MPA Goal 2: Health Reimagined* address increased access and coordination of medical and non-medical services.

In addition to physical health, financial health is critical to aging well. Yet, beyond Medicaid and a limited private long-term care insurance market, there is no long-term care financing option. By 2033, 1.6 million older Californians — the “forgotten middle” — will likely be unable to pay for their long-term care and assisted living. Homeowners may become reliant on home equity and forced to sell their homes and even then, many will not be able to afford to meet their needs.⁶ The state is currently evaluating options for developing a universal LTSS benefit in alignment with MPA Initiative 18. The overall housing crisis is also contributing to the growing number of unhoused older adults. Nearly 48 percent of Californians experiencing homelessness

¹California Department of Finance. Population projections (baseline 2019). Accessed July 24, 2023, <https://dof.ca.gov/forecasting/demographics/projections/>

² Public Policy Institute of California. Planning for California's growing senior population. Accessed July 24, 2023, <https://www.ppic.org/publication/planning-for-californias-growing-senior-population/>

³ California Department of Finance. Population projections (baseline 2019). Accessed July 24, 2023, <https://dof.ca.gov/forecasting/demographics/projections/>

⁴ Legislative Analyst's Office. A long-term outlook: Disability among California's seniors. Accessed July 24, 2023, <https://lao.ca.gov/Publications/Report/3509>

⁵ US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Behavioral Health, Disability, and Aging Policy. Most older adults are likely to need and use long-term services and supports. Accessed July 24, 2023, <https://aspe.hhs.gov/sites/default/files/private/pdf/265066/MostLikelyIB.pdf>

⁶ NORC at the University of Chicago. Understanding California's middle-income older adult population. Accessed July 24, 2023, <https://www.norc.uchicago.edu/research/projects/understanding-californias-middle-income-older-adult-population.html>

are age 50 and older with nearly half becoming homeless for the first time.⁷ Overrepresented in homelessness rates, older Black Californians are five times more likely to become homeless than their white counterparts.⁸ The MPA includes several initiatives addressing affordable housing and homelessness, creating opportunity for a cross-agency approach to solutions that incorporate the unique experiences of older adults and people with disabilities. Overall, people want to age in their homes and communities,⁹ and most California voters believe the MPA can help achieve that goal. The MPA demonstrates the state's commitment to improving the aging experience. It is vital for not only ensuring older adults, people with disabilities, and family caregivers have equitable access to health care and social services as their needs and abilities change but also for addressing disparities to improve the lives of older adults from historically marginalized communities.

MPA's Positive Impact

As a result of the MPA, there is growing attention and commitment to addressing issues impacting older adults, people with disabilities, and family caregivers both now and in the future. Throughout MPA development and early implementation, CDA has successfully engaged with stakeholders to inform and address priorities, strengthened relationships across state agencies/departments, and supported local MPA efforts. This infrastructure developed through the MPA process has helped shape state-level decisions about policy and program changes and critical budget investments. Highlights of early MPA successes include:

All-of-Government Approach: In Executive Order N-14-19, Governor Newsom called for a cabinet-level workgroup for aging to advise development of the MPA, elevating aging and disability as a focus area for all state agencies. Under the Governor's leadership, this all-of-government approach is reflected in the MPA initiatives with touchpoints to nearly every agency across state government. Such an approach has been critical for progress on MPA goals and key priorities within the Administration. For example, CDA's participation on the Behavioral Health Task Force led to targeting funds for the behavioral health needs of older adults.

⁷ University of California San Francisco, Benioff Homelessness and Housing Initiative. Toward a new understanding: The California statewide study of people experiencing homelessness. Accessed July 24, 2023, https://homelessness.ucsf.edu/sites/default/files/2023-06/CASPEH_Report_62023.pdf

⁸ Justice in Aging. California's older low-income renters face unaffordable rents, driving housing instability and homelessness. Accessed July 24, 2023, <https://justiceinaging.org/wp-content/uploads/2021/07/CA-Older-Renters-Fact-Sheet.pdf>

⁹ AARP. Despite pandemic, percentage of older adults who want to age in place stays steady. Accessed July 24, 2023, <https://www.aarp.org/home-family/your-home/info-2021/home-and-community-preferences-survey.html>

Robust Stakeholder Engagement and Partnership: Cross-sector partnerships are critical to the success of the MPA. The collaboration across government, philanthropy, research, and community-based organizations has continued to energize and influence implementation. As noted above, philanthropic partnerships have supported research and technical assistance to build capacity and propel initiatives forward. The CA Aging & Disability Research Partnership (CADRP) inclusive of aging and disability experts from academia, philanthropy, and state government helped develop the Data Dashboard for Aging, which houses demographic and program data to inform and help measure progress. This partnership is now working to develop MPA outcome measures. Other state agencies and departments have taken notice of the successful philanthropic and research partnerships, generating inquiries about best practices and replication.

Several stakeholder committees comprised of dedicated thought leaders, advocates, providers, philanthropy, and members of the aging and disability communities continue to contribute to MPA implementation. For example, the Implementing the MPA In California Together (IMPACT) stakeholder committee, of which I am an active member, provides oversight, accountability, and advice to California Health and Human Services. Additionally, the Equity Advisory Committee on Aging and Disability (EACAD) advises CDA on addressing equity in MPA implementation. The work to implement MPA extends beyond MPA-specific committees. For example, the Disability & Aging Community Living Advisory Committee engaged the Departments of Housing and Transportation to focus on those issues. CDA's continued leadership and thoughtful engagement built trust and collaborative relationships with these committees, bringing them together last fall to elevate priorities for MPA initiatives implemented in years three and four.

Positive Policy and Program Changes: The comprehensive stakeholder engagement built through the MPA process positioned the state to be responsive to the needs of older adults during the COVID-19 pandemic and to capitalize on recent funding opportunities such as the state budget surplus and the federal American Rescue Plan Act. The following are examples of MPA-related investments impacting older adults, people with disabilities, and family caregivers.

- Encouraged DHCS and CDA to develop a roadmap to advance improvements in the statewide Home- and Community-Based Services (HCBS) infrastructure, beginning with an HCBS gap analysis to examine gaps and trends in the HCBS delivery system.
- Expanded Medi-Cal coverage by broadening eligibility to include more than 330,000 undocumented older adults and eliminating the asset test for older adults and people with disabilities, which will impact an estimated 18,000 people when implemented January 2024.

- Established the Office of Medicare Innovation and Integration (OMII) within California’s Department of Health Care Services (DHCS) to strengthen the state’s Medicare expertise and capacity to improve access to LTSS for people who have Medicare only, as well as provide leadership and guidance on DHCS policies impacting people dually eligible for Medicare and Medi-Cal. OMII has had an active role in the state’s Medicare Dual Eligible Special Needs Plan (D-SNP) transition, leveraging contracts to increase access to palliative care and dementia screenings for people who are dually eligible and enrolled in a D-SNP.
- Increased economic security of the poorest older adults by increasing the Supplementary Payment (SSP) grant for people on Supplemental Security Income (SSI), providing additional income to nearly 560,000 older adults.
- Adopted regulatory changes and financial incentives to increase affordable housing options for older adults and people with disabilities.
- Invested \$50 million in older adult behavioral health services, including local grants for older adult behavioral health capacity building and the continued operation of the statewide Older Adult Friendship Line.

Accountability: The MPA is a living document that is meant to be reviewed and updated over time to ensure progress and responsiveness to the ever-evolving aging and disability ecosystems. Without accountability structures in place, the MPA risks becoming another report without action. Honoring the commitment to review the MPA initiatives every two years, CDA engaged with advisory committees, partners, and stakeholders in 2022 to facilitate the development of the updated 2023-24 MPA initiatives. The new initiatives include designations of “deliver, analyze, and communicate”, focusing on delivering results/impacts, analyzing policies/programs for systems change, and communicating information and resources to the public. The Foundation would like to see movement from analysis of issues to delivery of results and look forward to working with state partners to better understand timelines and criteria. In addition to reviewing and updating the MPA initiatives, CDA has leaned into public/private partnerships to develop the MPA Implementation Tracker, which identifies the lead state agency/department responsible for updates on each initiative. While the tracker offers a tool for transparency and accountability, it is only as good as the updates provided. Along with the extensive group of committed stakeholders, we continue to encourage our state partners to furnish timely, detailed updates.

Future of MPA and Continued Support

The MPA is a guide for California – not only to respond to immediate needs, but also to achieve long-term health and aging goals, prioritize funding opportunities, and advance program equity. Creating a state where we can all age well will require a sustained effort over the life of the

MPA and beyond. With the state's multi-agency commitment to MPA implementation and continued partnerships with stakeholders across the aging and disabilities communities, California is positioned to continue to address the challenging issues ahead.

Advance Equity in Aging: California has been a leader in elevating equity as a value and priority in the MPA by including specific equity initiatives and establishing the Equity Advisory Committee on Aging and Disability (EACAD). As a state, we must continue to sharpen our focus on equity and addressing long-standing disparities for historically underserved communities, including people of color, LGBTQ+, and those in geographic areas that lack access to care. As individuals impacted by generations of systemic racism and resulting inequities age, their challenges and disparities are only compounded. For the MPA to be truly meaningful, delivering on equity must be embedded throughout each MPA initiative, investment, and policy change. The Foundation recently hosted the Health Equity in Aging Summit as part of a broader initiative to build cohesion among stakeholders and expedite greater impact in reducing disparities faced by older adults from historically marginalized communities. We were pleased to see strong representation from state leadership participating in the learning and discussions.

An example of how the state can actively address equity across MPA initiatives, as opposed to a singular initiative, is use of the equity framework offered by The IMPACT Committee in a [recent report](#) to the Administration. Aspects of the proposed framework include development of:

- A racial equity analysis to assess and articulate the disparate impact of policies and programs on communities of color and the intersectional experiences of older Californians of color.
- An equitable and transparent process for policy/program strategy development that includes meaningfully engaging diverse communities in the design, implementation, and evaluation.
- A strategy for allocating sufficient resources using equity-focused tools and indicators.
- Clear goals and outcome measures to advance racial equity within each initiative that are both bold and achievable.
- Data collection process for each initiative that allows for continual evaluation of the racial equity impacts, making these data publicly accessible.

EACAD should have an active leadership role in the implementation and oversight of this framework, and all other MPA committees, including the IMPACT Committee, should use a similar framework to integrate equity into their work.

Building A Home Care System that Works for All Californians: The Foundation has long championed the opportunity for older adults to age well, including the choice to age in home and community. Data shows that 77 percent of adults ages 50 and older want to age at home, but many cannot access or afford the supports they need to do so. Accessing the public system of care requires people to be low income, live in a place where services are available, and know their options. At the opposite end of the income spectrum are those with high incomes that face similar challenges of knowing what services are available and where but can pay out-of-pocket. There is also the “forgotten middle” — a population unlikely to qualify for Medi-Cal but may not have sufficient resources to pay for the housing and care options that they need or want. Without access to affordable, equitable, and inclusive in-home care choices, many older adults and people with disabilities must rely on family caregivers and/or receive care in nursing facilities and other institutions. Family caregivers bear a significant financial and emotional burden, impacting their own financial security. People of color who are disproportionately lower income and becoming a growing portion of the “forgotten middle” are particularly impacted by these disparities due to navigating a lifetime of systemic racism.

While the MPA includes initiatives to strengthen the long-term services and supports (LTSS) system, California can do better to achieve a system that is affordable, accessible, and easy to navigate for all. Several MPA initiatives focus on studying our current LTSS system, such as the HCBS Gap Analysis and work underway with the Department of Insurance Long-Term Care Insurance Task Force, charged with exploring the feasibility of developing and implementing a culturally competent statewide insurance program for long-term care. While this is important work, we as a state need to commit to doing the hard work to turn the findings into innovative programs and benefits that meet the LTSS needs and preferences of the diverse older adult and disability populations. Any such efforts should include the intersection between equity and the impact of generational poverty, especially as women of color are disproportionately impacted by caregiving responsibilities.

Improve Opportunities for Financial Security: Affording aging has become increasingly more challenging with the rising cost of housing and increasing cost of living, resulting in barriers to aging well in community. Again, older adults are the fastest growing portion of the homeless population, so this is an immediate need. While the Administration and legislature have made significant investments to address homelessness, funds have not yet been targeted specifically to address older adult homelessness. The Foundation strongly supports recommendations by the IMPACT Committee calling on the state for dedicated strategies and funding for older adults experiencing homelessness as well as those older adults at risk of imminent homelessness. We encourage the state to prioritize opportunities to prevent homelessness, such as creating a targeted rental subsidy for lower-income older adults and people with disabilities to maintain housing.

Strengthen MPA Oversight to Ensure All-of-Government Approach: The MPA was created to be a multisector effort with commitment to apply an aging and disability lens across state priorities beyond traditional health care and community services to ensure initiatives that address issues like climate change, housing, transportation, and employment. CDA has done a tremendous job working across departments to elevate aging issues and collaborate across departments on key initiatives within the MPA. However, CDA does not have sole responsibility to lead successful implementation of MPA initiatives. As part of the MPA process, a cabinet-level working group was convened to develop the MPA, drawing from stakeholder input. And while the cabinet-level working group continues to meet, the impact of their efforts is not always visible.

There is great opportunity for the Governor's office and Senior Advisor on Aging, Disability, and Alzheimer's to strategically convene the cabinet-level working group in deep discussions on policy priorities impacting aging. Such convenings could focus on the creation of near and long-term solutions coordinated across agencies on important issues of the day like housing, homelessness, transportation, and financial security. Under the leadership of the Governor's office, the cabinet level-working group could submit an annual report in a public meeting with the IMPACT Committee covering their progress in implementing the MPA and how they have advanced aging and disability policy within their agencies.

In addition to the Administration, the state Legislature has a role in implementing the MPA. Often aging and disability issues are addressed in legislative committees such as the Health, Human Services, and Assembly Aging and Long-Term Care. More could be done to intentionally embed aging and disability in policy discussions across committees, especially those covering high-priority issue areas such as housing, homelessness, transportation, and workforce. Similar to meeting with cabinet-level leadership within the Administration, the IMPACT Committee could meet annually with legislative leadership representing core issue areas to identify legislative priorities related to the MPA's five goals.

Meetings such as these present an opportunity for the Governor's Administration and the Legislature to communicate shared priorities, receive feedback from stakeholders, and demonstrate continued commitment to creating a state where everyone can age well now and in the future.

As a state, we have an opportunity through the MPA to take a comprehensive approach to re-imagine aging—influencing how society thinks about, plans for, and responds with equity and inclusion to the needs of a diverse aging population that is often forgotten. We are well on our way, three years into a ten-year plan. The Foundation appreciates the opportunity to testify before the Little Hoover Commission on the current impact and future opportunities for the MPA. We look forward to further collaboration with the Little Hoover Commission, the

Administration, and the legislature on this critical issue. With continued commitment, California can proactively lead the way to improve the aging experience for this generation and those to follow.

Sincerely,

A handwritten signature in black ink, appearing to read "Sarita M." with a stylized flourish at the end.

Sarita A. Mohanty, MD, MPH, MBA
President and CEO