**WorkforceGPS**

**Transcript of Webinar**

**SCSEP Virtual Conference Bridging Workforce & Aging:**

**A Coordinated & Collaborative Partnership**

**Strong Partnerships Part II: The Aging Community**

**Day 3, Thursday, December 13, 2018**

*Transcript by*

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LAURA CASERTANO: All right. Welcome, everyone, to today's webinar. My name is Laura Casertano and I will be here if you need anything, technically speaking. Hopefully you won't need to hear too much from me, but if you do have any technical questions or concerns, just go ahead and let me know in that chat box on the bottom left hand corner of your screen.

That chat box is also where we'd like you to introduce yourself now. I do see that most of you have done so already. But if you haven't, just go ahead and let us know your name, name of your organization, where you are located in the country, and how many are joining you if you are joining in a group. That chat box is also where we would like you to ask any questions or make any comments throughout today's session. We would love to hear from you, and we will get to as many of them as we can.

You'll notice in the bottom right hand corner is a file share window where you can download today's PowerPoint. So you can download that at any point throughout today's session. You can also find a copy of the PowerPoint as well as the transcript and recording of today's session on WorkforceGPS in about two business days.

So one last thing from me before we get things started, I want to mention the feedback survey that's going to be e-mailed to everyone immediately following the full session today. So the survey is completely anonymous, and it gives you an opportunity to provide your thoughts on today's presentation. So we really value your feedback, and we go through the results to make these webinars more useful to you in the future.

Please don't forget to take a moment after today's webinar to fill out the survey and let us know what you liked or what we can improve about today's presentation. You will get one e-mail – one survey e-mailed to you at the end of today, and then you'll get another one a month from now. So please don't forget to fill those out.

With that, I'm going to move us right into today's presentation. Again, if you haven't done so already, please introduce yourself on that chat on the bottom left hand corner of your screen. If you joined a little bit late, please introduce yourself in that chat. I want to welcome everyone to today's – the second part of the Strong Partnerships: Aging Community Engagement webinar. I'm going to turn things over to our moderator today, Lucinda Shannon with TwoTech. Lucinda, take it away.

LUCINDA SHANNON: Thank you, Laura. This is Lucinda. And welcome to today's webinar, "Strong Partnerships Part II: The Aging Community." And we have two terrific partners here today on the national level. So just like we're asking everybody to partner and reach out with other organizations on the local level, we're doing that as well ourselves here in the national area.

So I have a poll for you today. Next slide, please. And our first poll question is how important are partnerships? Are they just OK, are they very important to the success of our program, or not important at all? If you could just select your answers there, and it looks like partnerships are important. So we've got – so that was – we've got – let's see, 97 percent are saying that partnerships are very important to the success of our program, and – give you a few more minutes to put in your answers there. We do have two people who say that partnerships are just OK.

OK. And with that I'm going to close the poll and introduce our two presenters today. We have Jesse Moore, aging services program specialist from the Administration for Community Living; and Amy Gotwals, chief of public policy and external affairs from the National Association of Area Agencies on Aging. And Jesse will be speaking first.

The objective for our webinar is aging – to demonstrate aging community partners and have them discuss strategies to ensure that our SCSEP project is coordinating efforts and resources with other – next slide, please. Sorry. Coordinating resources with other OAA programs to provide an enhanced holistic approach to services for participants. Jesse, take it away. Oh wait, I'm sorry. We have another poll.

So your next question is, is ACL part of what agency? The U.S. Department of Agriculture, the U.S. Department of Labor, the U.S. Department of Health and Human Services, or the U.S. Department of Education. There was a hint earlier in Jesse's title if you were listening. So we've got quite a few saying the U.S. Department of Health and Human Services –about 75, 76 percent saying U.S. Department of Health and Human Services and that would be correct.

All right, Jesse. I'm going to turn it over to you.

JESSE MOORE: So I want to first say kudos to those who answered that question correctly. The Administration for Community Living is under HHS. Next slide.

The Administration for Community Living was established on April 18th, 2012. ACL is comprised of several different agencies. The Administration on Disabilities, the Center for Integrated Programs, the Center for Management and Budget, the Center for Policy and Evaluation, the National Institute on Disability, Independent Living, and Rehabilitation Research, and lastly the Administration on Aging where I work in the office of support offering caregiver services.

So ACL believes strongly that aging and disability are stronger together than separate. All Americans, including people with disabilities and older adults, should be able to live at home with the supports they need, participating in communities that value their contribution. At ACL, our mission is to maximize the independence, well-being, and health of older adults, people with disabilities across their lifespan, and their families and caregivers.

Next slide. Here's how our 10 regions are set up. Each city listed in the region is where our regional administrator is located. And that contact information of that regional administrator can be located on acl.gov. Next slide.

So how has ACL grown since 2013? In FY 2014 and 2015, ACL had several appropriations transferred to us, as well as programs from the Department of Education, and HRSA agency there.

From HRSA the traumatic brain injury programs were all transferred in 2015, and the independent living with the – what's called AT program were also transferred in 2014 through the Workforce Innovation and Opportunity Act of 2014. Next slide.

ACL's current authorizing legislation. The Older Americans Act of 1965, which is up for reauthorization in 2019, governs these programs here. Grants for state and community programs on aging, activities for health and independence and longevity, grants for Native Americans, and vulnerable elder rights protection.

The Elder Justice Act which was passed in 2010 is the first comprehensive legislation to address abuse, neglect, and the exploitation of older adults at the federal level. And also through section 398 of the Public Health Service Act, we administer the following programs and centers listed here. Next slide.

The MIPPA, the M-I-P-P-A of 2008 allocates federal funding through section 1119 for the programs listed here. The Developmental Disabilities Act as well as the Rehabilitation Act of 1973 governs these fundings for these programs and services listed here. Next slide.

The act of 1968 support these programs listed here, and the grant and activities listed here were transferred to ACL through the Workforce Innovation Opportunities Act of 2004. The Help America Vote Act was signed into law in 2002 which assigns responsibility for the administration of the law disability provision. Lastly, the State Health Insurance Assistance Programs known as SHIP was created under section 4360 of this act, was transferred to ACL from CMS. Next slide.

MS. SHANNON: So we have our next poll. And the poll question is under the OAA what title is SCSEP? Is it Title I, Title II, Title VII, or Title V? And you can put your answers in now. And we have about 98 percent saying Title V. Next slide. So that is correct. It's the Senior Community Service Employment Act. Go ahead, Jesse.

MR. MOORE: Listed here are the seven titles under the OAA. Title I is declaration of objective. Title II established the Administration on Aging to carry out the provisions of the act. Title III provides federal funding for state Agencies on Aging. This title also mandates the creation of corresponding state agencies before states may be eligible for this funding.

Title IV creates a number of specific related to objectives of the act. And Title V establishes what we call the SCSEP as listed there. Title VI establishes grants to certain Native American folks, programs on aging. Title VII creates state grants for vulnerable elder rights protection programs. Next slide.

Listed here are the Title III and programs under OAA that are part of demonstration on aging, supportive services, programs, nutrition, disease prevention and health promotion, and as well as the family caregivers support. Next slide.

Here is OAA Title V programs which deals with the same Community Service Employment Program. As you know, this is the only OAA program that is not housed within ACL, it is with DOL. Next slide.

And Title VII is also administered at – in the office – Administration on Aging. Long-Term Care Ombudsman Program, Prevention of Elder Abuse, Neglect, and Exploitation, state legal assistance development program. Next slide.

So at ACL we believe in person-centered approach. For people we serve, we promote strategies that enable people to live in their community. For our network, we provide leadership and support. For our partners, we're a source of collaboration, innovation, and solution. For our employees, we support their contributions, professional growth, and work life balance. And for the public, we're effective stewards of public resources and a source of information. Next slide.

So ACL has over 11 million seniors and their caregivers remaining at home, but this could not be done without our strong partnerships. Our aging network consists of 56 state units, 622 area agencies known as Triple A, 263 tribal organizations, and 1 Native Hawaiian organization as you see listed here. And this is broken down further to tell you how those services are provided. Next slide.

Here is a map of all the Triple As, how many, and where they're located in each state, as you can see listed here. Next slide. The administrator and assistant secretary of aging is Lance Robertson who was appointed in August of 2017. His vision for ACL focuses on five pillars. Connecting people with – to resources, protecting rights and preventing abuse, supporting families and caregivers, and strengthening our networks.

I highlighted the last pillar because I believe it applies to us here today, expanding employment opportunities. I am a part of that work group for the pillar on expanding employment and opportunities. We are looking to establish ACL as a HHS employment lead for people with disabilities and older adults. So you would contact us if you have anything, or any questions dealing with older adults and people with disabilities in terms of employment.

Lastly, ACL looks to enhance our collaboration with DOL and SCSEP by – more opportunities to coordinate state plan guidance, technical assistance and review, pursue joint training and PA opportunities, explore possible discretionary grant opportunities, and lastly, engage in ACL pillar work group as mentioned. Next slide. Are there any questions?

MS. SHANNON: You can put your questions in the chat box in the main chat. And we'll also have time for questions after this presentation is completed. So if your question was not answered and you put it in the chat box, we will get to it. Let me, see any – all right. Thank you, Jesse.

And we have – we're going to move on to the next presenter. I have a poll question first. Oh. Do we have a question in the chat box? What training opportunities do you provide for caregivers 55 plus re-entering the workforce. John?

MS. : Jesse, are you able to answer that question?

MS. SHANNON: Oh.

MR. MOORE: What was the question? Sorry.

MS. SHANNON: What training opportunities do you have for caregivers who are 55 or older re-entering the workforce?

MR. MOORE: Right now we don't have any training opportunities, but it is definitely something that we're looking into. If you would please contact me with your question and I will get back to you with some pertinent information.

My contact information is listed there, jesse.moore@acl.hhs.gov. My phone number's not listed there, though. You are open to call me, it's 202-795-7578. Again, that's 202-795-7578.

MS. SHANNON: OK. So we have a question about transportation. Where they can find it, or how they can access it.

MR. MOORE: Right now we only have one transportation grant and that recipient is CTAA. However, they are looking right now to provide sub-grants in the form of different transportation. If you're coming out with innovative projects regarding transportation that you would like to do and would like to apply for, please contact me as soon as possible at the e-mail address provided.

MS. SHANNON: So CTAA is the Community Transportation Association of America. They're located in DC and they are a membership organization for rural and small urban transportation providers. They can help you locate transportation providers in your community, and they have grants and financial opportunities as well for increasing and improving transportation across America. So they're a really good resource to reach out to as well. And I'm sure Jesse can put you in touch with them, or I can if you want to contact us asking for that information.

Let's see, are there any other questions? OK. And if more questions come up, type them in the chat box and we'll get to them at the end of the presentation. So our next polling question is what is N4A? Is it National Four Association, National Association of Collegiate Directors of Athletics, National Association of Area Agencies on Aging, or I don't know? And I'll – I was interested to see the results of this poll. I've worked with N4A before, so I know. But I don't know if I would have guessed it if I didn't know.

But it looks like most of you – most of the audience says – now we've got 85 percent answering the National Association of Area Agencies on Aging, which is also N4A. And a couple people said that they don't know.

So I'd like to introduce Amy Gotwals from the N4A, or National Association of Area Agencies on Aging. Thank you, Amy.

AMY GOTWALS: Great. Thank you so much. And let's get that number up to 100 by the time I'm done. No shame in not knowing, it's a little bit of a funky acronym. And you can tell by my title we obviously represent in our membership organization based here in Washington, DC for the 622 Area Agencies on Aging, Jesse already mentioned. But we're also an advocacy voice in the nation's capital for the more than 260 Title VI Native American Aging Programs as well.

So I like to say that – next slide – at the beginning so you know who we're representing and where our positions and approaches to aging are coming from. I thought I'd throw a few logos at you here just to share a little bit about our broader work to give us a sense as an organization. These are all private and government funded grants that we're pleased to work with either on our own or with key partners. Some you may have heard of, others you wouldn't.

I got to give them a plug since we had that transportation question, to the National Aging and Disability and Transportation Center. That's a different federal agency, obviously, than DOL. That's DOT funding that, Federal Transit Administration. And you can go to any nadtc.org.

But if I can just divert for one second and say that the whole thrust of this presentation on connecting with Area Agencies on Aging, for those of you on the webinar who are not already Triple As, or don't in some way – are part of a state agency that helps support that work and directs that work, you will learn by the end that looking for local transportation resources, look no further than starting by connecting with your local Area Agency on Aging.

So lastly, because I know we need to move on from this slide, I will say that while N4A doesn't have direct work all the time with DOL and the SCSEP program, we're still really big fans. We value the work you do. Many of our members are participating in this program in one role or another, and we partner with – not all, but a lot of the national sponsors of the SCSEP program. Sometimes supporting the work that SCSEP does on the policy side or otherwise, and that's often on other aging issues as well. So we are pleased to be here today, and I salute you all for your work around the country.

So I think we can agree – next slide – that this work, aging, has really – there's never been a more important time for us to focus on this across our country, both in direct service and in national movements and policy. We know that we have this demographic wave, we just have more older people. It's a wonderful thing, but it certainly has effects on our society, on our workforce, on caregivers, on etc., etc., on government policy, and we could just make too long of a laundry list.

So we know that that's coming. We don't view this in a negative way, but we do know that it is also a critical time to make sure that our country is ready for this aging nation. So what do we know about this population? Well, you all know from your work that this – they want to stay engaged, they either want to work, or in the case of many you're serving, need to work.

And we also know – next slide – that pretty much, according to ARP, 90 percent of older adults now hope to be able to age in place. That means staying, even adapted or with other supports, at home and in the community, that is their goal. And they're in luck, that that is really the Older Americans Act philosophy. Keeping people healthy, engaged, able to get the supports they need to age at home, and live with dignity in their homes and communities for as long as possible.

So Jesse's already done a good job giving you a sense of what's in the Older Americans Act. Next slide. I would just highlight a few things to set a little further context about the OAA, because we tend to worship it a little bit in the aging network. It's our foundation, it's our bedrock, it's – as I said, really guides our philosophy. An interesting fact about it is that it was passed in the same summer as Medicare and Medicaid.

And for those of you on the webinar who are less familiar with the act, once I tell you that all in total, this includes SCSEP and all the programs at the Administration on Aging, it's only funded at about 2 billion – under $2 billion a year. You have to wonder why we ended up being fiscally the runt of the litter. Which is frustrating for those of us who understand that this is really more of a third leg of the stool. It really should have been in that case.

But it's not that it hasn't grown, it's also changed over time. And we can talk about that briefly. It's obviously critical to our association in that Area Agencies on Aging were created in the Older Americans Act. And honestly – actually the same year that the SCSEP program then became a permanent part of the Older Americans Act, 1973. And as I already said, it really remains the foundation of our work. It's – it frames our philosophy, and even as we move into other programs and look to innovate and push the network forward, it so much ends up framed by the governing structure and the philosophical approach of the Older Americans Act.

So unlike SCSEP Title V of the Older Americans Act, the other parts of the act are not in any way – I mean, tested. But what you should know is that there really is what we call targeting language which helps ensure that because of those aforementioned limited resources, that folks who are in most need are able to put – be put a little bit to the front of the line or are reached out to in a more robust way to ensure that we're serving those most in need in communities around the country. And I won't rattle off the list there, but you can see who's there.

And on the next slide, you can see that that has changed over time. We haven't stayed at – I've never called us the runt of the litter before, maybe I shouldn't have done that. But certainly, we have grown over the many years since 1965. And for those of you who also enjoy policy as well as direct service and program work, you can see that, really, movements over that time period have led to changes. For when Congress reauthorizes the act, when they were seeing really innovative things like programs that led to the development of SCSEP, and other demonstrations that then led to being permanent parts of the act.

So we have grown it, changed it as different trends and, more importantly proven practices, to better help older adults. And as you see there in 2000, also serving caregivers. Which I know there was already even a question on.

So the next slide shows you a title that Jesse didn't mention. And I knew he was going to cover all the – many of the other titles, but I wanted to make sure that we showcase Title I of the act. And this is not one that sets dollar to anyone, federal, state, or local. But it sets out that philosophy as I said. And you see reading here, this is incredible, broad vision that the original office of the act had in mind.

Obviously, again, red to show that employment opportunities were there in the beginning. They might not have had SCSEP in the law at that time, but they understood that this act was setting a grand vision for how to assist older adults in achieving all these things. And you can see it pretty much covers the gamut. And really applies to what so many older adults and caregivers want now. So now I think we have a poll.

MS. SHANNON: Yes. We do. So I just had to ask, and I think you guys mentioned it, but when was the Older Americans Act first enacted?

MS. GOTWALS: 1965.

MS. SHANNON: 1965. Wow. So they were already thinking about the employment opportunities then.

MS. GOTWALS: Yes.

MS. SHANNON: That's really great. OK. So our next poll is are you familiar with Area Agencies on Aging? You can select from the answers on your screen. First one is yes, they work with older persons to address their needs and concerns regionally and locally and provide great resources for our participants. Number two, not sure which Area Agency on Aging you're talking about. Number three, yes, I call them when I need a tow. Number four, yes, they are host agencies for our program. And number five, no, I've never heard of a Triple A.

So I'll be interested to see how many are host agencies for the program, too. So it looks like about 85 percent are – know about Area Agencies on Aging. Some people are calling them for a tow. I think we have some –

MS. GOTWALS: Not going to pick up that line. Redirect that to the automobile association.

MS. SHANNON: And then there are – there were some – can I go back and see how many were host agencies? Is that possible? Seven percent. Seven? OK, yeah. So there's seven participants today that have them as host agencies. OK. All right. Go ahead.

MS. GOTWALS: Great. All right. Well, thanks. And I was – had the luxury of being able to see as you all signed in today, and could see that we have people who are housed in a Triple A with state units on aging. So I know for many of you, this is familiar. But hopefully, there will be at least one little piece that will be new to everyone. Because sometimes when you're in a Triple A, you may not be aware of how differently the structures work in other states outside of you. So we'll see. Hopefully I can give something for everyone.

So this slide really talks about what Triple As really have in common, besides all the things we've mentioned that – their shared responsibility with so many other players in the aging network to implement the Older Americans Act. But they – what they're supposed to do that's different than community service providers is to really be a local planning and development agency for the provision of these home and community services, as we cluster a lot of the programs in the Older Americans Act and similar services provided by other funding sources.

They should be planning out what's available in that community. If it's not there and there's a need of older adults, you could have a situation where the young folks in the community have often left an area. This often happens as you know in rural areas, and have sought usually employment opportunities in other places. And suddenly the need is greater for transportation, or need is greater volunteers to help keep older adults connected and engaged.

Whatever the situation is, the Triple A is supposed to be responsive to those trends, to the actual older adults and caregivers in that community, and then help develop services to respond to those needs. So there's a lot of planning and developing. And then once you build those services, whether with Older Americans Act dollars or others, you are responsible for then the effective and responsible and efficient implementation of those programs.

Working with those 20,000 plus service providers that Jesse mentioned on his slide is that next layer of the aging network to ensure that they're doing their jobs and they're – everyone's got the support they need to do the best possible job.

So next slide really repeats what Jesse said with a huge omission I will fix immediately which is that, of course, this doesn't represent the same flow for the Title VI Native American aging network. Sorry, I blurred everybody together. Title VI program get their funding directly from the Administration on Aging. So they should almost be in the little line below the Capitol building on the left. They actually do not go through states because of their sovereignty.

So the next slide talks about that local development that is so important and really is why Triple As exist. It was – we were added in 1973 because there was a real push to have what was – the time called New Federalism, and it was considered Nixonian, it was that time. So in the republican president there was an approach to say, we need to drive more of these decisions locally. Not just states, which is often commonly talked about today, although they play a critical leadership role, of course, in the delivery of these services. But to say, we want to make that local planning and development and give them a lot of flexibility to have those programs and reflect the community in which they sit.

But not all of you on this webinar even have Triple As in your state. That's a little thing I should disclose soon. That's probably the few folks who said, wait, what? I don't think I know a Triple A. There are eight states that in my personal opinion were wise enough to implement a Triple A system back when they had the chance. Or, to be fair to everyone involved, are either very small, Rhode Island, Delaware, small in land mass size, or very, very spread out, like Wyoming and the Dakotas.

So in those places, the Triple A if you will, but serving that Triple A role is the State Unit on Aging. So we do have eight states that don't actually operate the Triple A, they carry out those functions through their State Unit on Aging. So I just want to put that out there. If you don't think – please, do look in case you – don't give up too soon to find out if you have Area Agencies on Aging. But that may be the case for some of you.

Next slide will show you something that I think confuses a lot of folks when they've met some Triple As in one part of the country, or even just within their states, or part of it, and then they go somewhere else and it looks a little bit different. This is the local flavor I'm talking about. It also reflects some state rights and state decision making in the Older Americans Act. And it affects – where is that Triple A housed, you know, what type of entity is that Triple A.

And you can – I won't read the slide off to you, but you can see we have a healthy portion of Area Agencies on Aging that are housed in units of government. And then – so the next category would be the independent nonprofits who have their own nonprofit board of directors who are separate entities, separate 501(c)(3)s. And that certainly affects a little bit about how we look, it affects the partnerships they have, both within the government if they sit there, or outside. So that's good to know. And in most states they tend to be mostly one type, but there are a few states where there is a mix.

And the next slide just reminds us that there's also a lot of variation within state on how many Triple As there are. You know, I joked about the small size of Rhode Island or Delaware, and, you know, is there really a need to divide them into two for the planning and service needs. Although, we would accept any new Triple As, so if anyone wants to join us to grow the number, we're happy to consider that. But you can see that depending on how the state long ago set up the Triple A system, you could have a real variation.

So, you know, Wisconsin's pretty big, but they've chosen to divide it into three Triple As. And you can see that New York, and it's also true of Pennsylvania, those are very county based states, and so they chose for the most part to give the Triple A designation to the counties or in some cases large cities.

So how big are Triple As? You know, they may have different situations based on where they sit. But I thought it might be helpful for us to have a sense of what – on the average, what we're talking for their own workforce. And so you can see that the vast majority of their workforce are volunteers. And this is throughout their programs, this is counting everyone in the community. Many, many of them older adults, but not all, volunteering for the Triple A.

On average, there are about 44 staff, plenty – and then you obviously see they also employ part-time staff. And I think that this represents why, especially for smaller Triple As, but really for all, they can benefit so much from SCSEP participants being placed through – into the Triple A or through the Triple A programs in the community. That there is so much demand and need, and it's only going to increase as the population rises. So the more hands on deck helping contribute to the success of aging networks programs at the local level, the merrier, if you will.

To give you a sense of size, the next slide will show you the average budget. But I got to say, the important thing is not that big green $10.1 million, look at the number below it if you can hopefully see it on your screen. That range is incredible. We have some very small Triple As, sometimes because it was divvied up into county system, sometimes for other reasons. Sometimes because of what the local and state resources are, but the range is incredible. So there is healthy variation among Triple As.

So I don't want you to think they all are walking around with $10 million budgets, that wouldn't really represent it. And part of this webinar is to give you the cost section of what Triple As are, but then hopefully if you don't already have great relationships, send you out to help form those or, you know, make an offering to the Triple A.

This slide also shows you that we're not all Older Americans Act. That only 39 percent of total Triple A revenues when we asked folks, again, on average, is from the Older Americans Act. The rest is from leveraged funding, something they're required to do into the act, to build additional resources as the money flows from fed, to state, to local. And then also, we have a healthy percentage who are receiving Medicaid dollars to provide what looks like extremely similar services. Home and community based services, but through Medicaid. So there's – many Triple As play roles in that.

One more note on the next slide about leveraging. This is a charge, again, of that Older Americans Act. They pony up money, Triple As go out and leverage additional dollars. So when we think that – well, our federal leadership and OAA in particular – is so critical, and we rely so much on that foundational federal funding and fight hard for it every year in the appropriations process – and that's true also about – our association certainly fights for SCSEP funding as well, but it's important to know that that money is additionally leveraged.

And I know you all operating these programs at the state and local level can appreciate how there's never enough of federal dollars and you need to squeeze every bit and find other leveraging opportunities. But if you're curious where the other money that Triple As get – next slide – this is from a Triple A survey data of a year or so ago that we do with funding from the Administration on Aging to make sure we've got this good cross-section of what is going on out in the field.

And so, again, I won't read off this, but you can see that there's healthy amounts of that state revenue and Medicaid as we talked about, but increasingly we – we're seeing Triple As, some because we're nudging them to do this, some because they're out there leading all of us, getting other funding sources. Directly from healthcare payers, what I mean by that, I mean not their state Medicaid office, but from the managed care organizations who are now contracting with the state to do managed – Medicaid waivers and the like.

Or could be directly with a hospital or health system. Transportation, you see that emerging as a growth. And then working often with some programs to provide to the Veterans Administration the same home and community services for older adults to help veterans and often even younger veterans be able to, again, live well and in the community.

So I told you in the last couple slides a lot about the differences between Triple As. I like to be honest about that, I don't want to portray it as one exact type. That wouldn't really suit the goal of creating this local network and infrastructure and then having – saying now we want it to reflect local – what the community is. But I do want to really stress that there are these core Older Americans Act services, they're working with their states and local service providers, all Triple As do offer. So you can take a look a little bit about that.

This really reflects the titles that Jesse had on his slide a while ago. And there – we just didn't put that on here. These are the four things. Every Triple A should be able to help connect an older adult to these services. Can't promise you that you'll be able to get every single service, or even necessarily one. There are wait lists because of the aforementioned very low sources of federal funding. But these are all what is part of their designations, the Triple As. They should be helping create and flourish and fund in the community.

And they also offer other programs, though. And so I put a few of those at the bottom that you may be familiar with. Two – I'm trying to think what to raise now. Whether it's case management or being the host agency for the senior – local Senior Medicare Patrol, they're involved in other aging issues as well.

The next slide, want to stress something because even if – think this is the most universal piece, really, that I want – I do – want to talk about because it's not just for your professional interest. Everyone listening, I know that you're doing all this for your job, but we all, one, are aging, and also have people in our lives that are aging and may need sometimes supports and services, or may be struggling in their caregiving role.

So I think it's important to know where to get help, because we often all need it at some point, or have someone else who needs it. And so one of the core functions of Triple As is what we wonkily call I&R, information referral. But that's that help. That's that person on the other end of a phone who can walk you through what your situation is, and then connect the dots to those local services.

We're really pleased to receive Administration on Aging funding, and when I say we, I mean in this case the N4A, by association, to run the national toll free call center and website called the Eldercare Locator. Hopefully most of you have heard. We don't need another poll, but if you don't please note it. It's – I should have made a slide, but it's 1-800-677-1116. So AoA funds it, has for 20 plus years, with Older Americans Act dollars.

So obviously we also had congressional support for this work. And that helps with those variances between states and between Triple As and, oh boy, one's in a COG, a council of government, one is – sounds much more like – doesn't say Area Agency on Aging in it's name, just says senior options. All that variation can often, let's face it, be confusing for consumers.

So the Eldercare Locator is your one stop place to do it. You can also post the caregiver for someone who's in a different state. And so, again, you may not know what the system is over there. And so the toll free line helps to, we hope, bridge that gap. They do have a new website, so I'm going to mention that and then I think that'll probably get typed in to what you all are seeing. I'm throwing everyone some loops, I bring up new data that wasn't on my slides. I apologize. But the new website – it used to be eldercare.gov, it's now eldercare.acl.gov.

So – well, what happens when those calls come in? I mean, that – these folks who are doing this work are just down the hall from me, the D.C. lobbyist, in our employee offices having a much harder job, but a great job in that they're talking with older adults and caregivers all day long, every day.

And they, by and large, after helping triage, troubleshoot, trying to help the person identify what it is they're asking for, what's going on with them, if it's not the other resources, federal or state or private, by and large, folks are looking for these services that Triple As offer, or some other local entity. Then what happens is a transfer to that local authority. So that – then you don't have to worry about learning how your state works, someone's connected you to the exact resource you need. And so that's that goal.

Understand please that the Triple As also operate their own I&R, information and referral lines. Some places, these are additional systems, they're called Aging and Disability Resource Centers, very similar mission. A little bit different and obviously broader to encompass not just older adults but people of all ages with disabilities. So there's some variation there, too.

And speaking of both people with disabilities, and the fact that I recognize that you have some SCSEP participants who may be younger than the over age 60 requirement for the older – other titles of the Older Americans Act. So I thought it could be helpful just to quickly see on this slide that many Triple As are now offering some services to people with disabilities who are under age 60. And here's some examples. And the next slide gives you a few more places.

And that's often through work with their disability partners at the community level or through those Aging and Disability Resource Centers which are just – approach to be very robust, additional way to reach people and help connect them to services. So a few more things, and hopefully if I still haven't given you something you didn't know, maybe these next few slides will help remedy that. Next slide.

I want to talk a little bit about where Triple As have been heading of late. This is where we are saying we're trying to grow and change and seize more opportunities to better serve older adults. And so other thing to know – and these are programs that are outside of Older Americans Act, although in many cases, Jesse's agency, the umbrella agency of ACL is often the home for funding these programs, as well. So very much still in the network.

Evidence-based health and wellness is one, great programs that can be replicated anywhere with a healthy amount of rigor to keep them evidence-based and working for – as proven to work, around chronic disease self-management, managing your diabetes, preventing falls, etc. So that's a body of work that both Triple As, the network and the community providers, of course, with leadership from their states and the feds are doing as well.

Livable communities. And this is something I think is also important from a workforce perspective. We also understand that even if we had enough money for all these programs, there's some folks who aren't necessarily going to need a home delivered meal, or support in the home, but it still can be tough to be aging. It can be – hey, it can be tough to be a new parent and have this – streets.

Well, now that you've got a kid in a stroller and you're pushing them out in front of you, you suddenly start thinking about street safety, and what's available in the community, and what can you get to without a car, and all of these things. So for livable communities for everybody, they – that's another issue that Triple As are very involved in. Because they can bring that aging expertise, planning expertise, but then work with a wide range of partners to really make the community more livable.

And real quickly, on the next slide you can see some of the work I alluded to about – we're trying to work more directly with healthcare. We don't want to come pick our services and medicalize them, we definitely don't want that. We want to keep that social services approach. But I'll tell you, medical folks are starting to get wind of all of the value of social services and addressing what we're calling the social determinants of health. Which is everything else after you leave that doctor's office. Because health happens at home, we all know that.

So who's in the home? And in many cases, it's the Area Agencies on Aging and their community partners who are actually working with older adults. So we have been trying to make the business case to them that instead of building fake Triple As, they should contract with (TBOs ?), whether it's aging or disability to get that work done. And one of the first examples of trying to work with them was on care transition.

Many of you, just statistically on this call, will have helped someone, or yourself had to discharge from the hospital. Whether it was planned, or an unplanned hospitalization, you know that there's lots to think about, there's lot of concerns, and that whole transition's really critical to the rest of your recovery. And we know among older adults, too many of them end up back in the hospital. So just to give you a hint into the other kind of work that Triple As doing, and if it's not going to be a direct tie to your professional work, I do want you to know about it as well.

So I think – oh. I think I mentioned some of these next slides, I already talked about them. Because whether they're nonprofit or in a CoG, the council of government, I know at least one or two CoG folks are on the line today, you can't always tell from the name. So you do have to figure out what the Triple A structure is your area. But again, you can also call the Eldercare Locator, or go to N4A's website, N4A.org to find out who is the Triple A in your area.

And the next slide, again, is something else I think I touched on. Often Triple As are operating other programs. They're doing that in coordination with partners such as State Health Insurance Assistant Program which, of course, could be called something else. Those are the folks that help you figure out your Medicare decisions.

And so I would think a huge mass of the workers that you all are serving could at one point in time, or maybe even every year, benefit from knowing where that state and local SHIP resources are to help them figure out the best Medicare choices for them. So, again, sometimes we use one name, sometimes we use another, but really we're there to help folks at the community level. And lest you think we do it all alone.

This is just a cross section of some of the most common partnerships. And you can see that part of the Triple As' role, and if they're doing a great job, which we certainly hope they're all doing, it really depends on other partnerships to help further those links. They can't do it all, nor should they. But hopefully for any older adult presenting with any type of problem around aging, they can get them to the right resources through these partnerships and other things.

So to wrap up on the next slide, I just – recapping a little bit of what I think, what I advise folks who don't yet have a formal or informal relationship with their local Area Agency on Aging, do figure out what they offer. They all have websites and you can kind of scroll through and see the range of programs that they're offering, this would benefit – I just think you should have that knowledge for your own participants, because I know many of them are facing challenges of aging and have issues well beyond their need for enhanced income through the program.

And if you're finding a hard time getting in – like, you've tried it, oh, well they know about us, we know about them, just try to find what that best door is. It might be that public education staff who are picked for their jobs because they love going out in the community and talking what's being offered, and looking for more partners. You may want to go straight to the director and try and get a meeting and just make sure that if there's any points of leverage between your work and their work, you guys should be maximizing that, of course.

Another thing is that all Triple As have to have advisory councils, that's in the Older Americans Act. And what that means is, those are members of the community elect – appointed to represent the interests. And so as there – I don't remember off the top of my head all the requirements, but just suffice to say, they have to reflect those being served. And so if there's not a local SCSEP – I mean, I think local SCSEPs could be fantastic possible members for the advisory committee. So that might be something else you want to explore, to have the voice of the employment work.

So my last slide is from what I've heard from the Area Agency on Aging in terms of how they believe they're intercepting with this important program. So just food for thought. I mean, obviously there are many that have – are lucky enough to receive SCSEP workers at the Triple A, or again, it might not literally be in the offices of the Area Agency, but out farther into the field at the local senior center, at the local community provider, at the meals delivery service, etc. Or providing transportation.

I've heard also that there was some healthy amount of staff work going on in terms of cross-training and cross-referral as we talked about already today. Making sure everybody knows what everybody else has got, and how to access it, and how to help older adults whirling in the same direction. Then also, other examples is where the Triple A would make a presentation to, whether new crop, or individually SCSEP workers, so that they personally are hearing that, whoever the outreach folks are at the Triple A. So that's something if you feel like, I don't necessarily want to learn all this to be able to offer it, that's a reasonable thing to ask the Triple A to come in and present to your folks.

I also ask a very small subset and it's – I look forward to hearing thoughts and comments, whether in questions or with our wonderful DOL folks afterwards. If you've got other examples, we at N4A would love to have these as well. As where, things are going right, or even where they could go better. We're happy on our side as the advocate for the Triple As, to always prevent the – provide them with great examples of further work in this.

But there are other Triple As that are offering employment support. Sometimes, again, that's a product of where they sit, but you could check that out, too. They have relationships with other workforce programs in the community, or they may be offering technology training that would be of great value to your folks.

So – woo. I got fast there at the end, but I wanted to allow some time for others. And then by now, you've probably thought of questions for Jesse, so with that I'll thank you for your time and I – if you – if I still didn't give someone a fact that was new to them, there's contact information for me, and then I'll – I have accomplished something else. There's always more to know about Area Agencies on Aging, and I thank you for your time. And more importantly, I thank you for your service that you all are out there where the rubber meets the road at the state and local level developing these programs and directly helping important folks in your community. Thank you.

MS. SHANNON: Thank you, Amy. So we did have a few questions come in from the field. And the first one was do Area Agencies on Aging have separate 501(c)(3) filings for their nonprofit purposes versus their insurance, and etc. – their insurance, etc. interests?

MS. GOTWALS: Oh. Good question. So we're experimenting – no. Maybe that's too strong of a word. As we've tried to move more into intercepting with healthcare in a more direct way over this – this really only occurred in the last five years. One of the – there's different methods that Area Agencies on Aging have used to be able to do this work.

It's a little harder for some of the government-based Triple As to just go directly, the nonprofits can do that. They are, you know, standalone nonprofits and they can get a contract from a hospital to provide, you know, a falls prevention course in the hospital, or do that care transitions after the hospital stuff that builds on discharge planning.

But in some other places, we've found that it can be more effective for a bunch of Triple As to get together and form another entity because the bigger healthcare payers don't want to go to just 622, and then figure out what to do in the other 8 states, they want to be able to purchase the services from far a larger group.

And so we're getting experimental in figuring out the best way to do that. Nothing in the Older Americans Act prohibits them from rendering other funding sources, of course. It's just outside of their OAA work, and done directly with healthcare. So I hope that answered your question.

MS. SHANNON: Thank you. So can we go to the next slide? And we're going to take one more question. The next slide has Amy's contact information on it, and earlier, you had Jesse's. So please feel free to get in touch with the presenters if you have any other questions. I've got these questions saved, so if your question was not answered, we'll try to answer it in the future. We're saving all the questions, and we'll be preparing material in response at a future date.

So one last question is what is the difference, if any, between a Triple A and SCSEP?

MS. GOTWALS: A lot. But unless the Triple A happens to be operating, and they're the local host agency, in which case I would say, again, it's a – another service, another program that they operate. Triple As are entities, and it's – if I wasn't clear already on this, they're authorized in the Older Americans Act, but then the state has the role of designating who that is. There's a preference for local government, and you can see the results of that in my pie chart there that showed how many are in regional or local government.

But other states went different routes. And at one point in time, competitive state-owned nonprofits obviously bid to be the designated agencies. They don't change over year to year, thank goodness. There's not, like, a big competitive bidding, also. There's proper oversights by states to ensure they're still getting the work. So the Triple As really are entities and they can run any number of programs.

SCSEP, I would argue, is a program. We – we're all family, we're just extended cousins because we're all in Older Americans Act. And, as I said, I love that act, and it has grand vision. And we're glad to be working with you all to help move that vision forward.

MS. SHANNON: Thank you. Before I turn it over to John, I just want to remind everyone that our next session will be starting at 1:30. We're going to have a half hour break between sessions, and that session is going to be take care of your customers, and your performance will take care of itself. So it's about service and delivery performance. John? Laura. OK. Oh, Laura. Laura?

MS. CASERTANO: All right. Great. I just wanted to thank all the presenters. I'm going to ask the participants to provide us with those feedbacks. You can see the two polling questions on your screen, please select an answer to those questions. And on the bottom left hand corner of the screen is a feedback window where you can let us know what you thought of today's presentation.

Please let us know what you thought we did right, or how we can improve. Also, please don't forget about the feedback survey, it's going to be e-mailed to you at the end of today's session. Again, you'll get one today, and then you'll get another one a month from now. Please don't forget to fill those out. Also, just a reminder, you can find a recording of today's webinar, as well as a transcript and PowerPoint on WorkforceGPS in about two business days.

And if you enjoyed today's presentation, please head on the registration page and hit like for us, and let us know that you liked it. With that, we'll talk to everyone again at 1:30.

(END)