

Master Plan for Aging
Goal 4: Economic Security & Safety

Goal: 4 Economic Security and Safety: We will have economic security and be safe from abuse, neglect, and exploitation throughout our lives.

Overview/Intro (including equity) to add later

The recommendations for Goal 4 fall into two broad categories, with several subcategories under each.

1. Economic Security
 - A. Economic Security for All
 - B. Eliminate Poverty, Hunger, Homelessness
 - C. Work Opportunity
2. Safety
 - A. Elder Justice & Abuse
 - B. Emergency & Disaster Preparedness & Response

1. ECONOMIC SECURITY

Add info

A. Economic Security for All

Add background

Economic Security for All Recommendations

1. **Adopt and regularly update the California Elder Economic Security Index**, using it to inform program eligibility and benefit levels, design interventions, and measure success.

Add detail

2. **Increase incentives and opportunities to save for retirement by increasing marketing of and enrollment in CalSavers program**

Add detail

3. **Reduce health care costs for older adults and people with disabilities by expanding Medi-Cal eligibility and enrollment commensurate with other populations, including for undocumented populations**

The Master Plan offers an opportunity to make health care more affordable for older adults and people with disabilities by improving access to the Medi-Cal program. Medi-Cal provides health insurance coverage to over 1.2 million low-income older adults in California and is critical to ensuring that older adults have access to the services that help them remain living in their homes and communities. Yet, Medi-Cal is not accessible to all low-income individuals, and the program's eligibility rules force seniors to live in deep poverty in order to receive services—this is particularly true for older women, immigrants, and populations of color who are more likely to rely on Medi-Cal.

Below are eight recommendations to make the Medi-Cal program more affordable, accessible, and equitable for older adults and people with disabilities.

a. Expand Medi-Cal Coverage to Undocumented Older Adults

Undocumented adults in California are aging. Currently, ten percent are estimated to be over the age of 55. Because undocumented older adults have typically lacked access to health care coverage throughout their lives, when they seek treatment it is through costly emergency room visits or when their conditions have become serious. Ensuring that undocumented seniors and people with disabilities can count on routine and preventive medical care is vital to their well-being and long-term health. California should continue its successful efforts to get to universal health care coverage by becoming the first state in the nation to remove immigration status as a barrier to full-scope Medi-Cal for all income eligible undocumented adults, including those aged 65 and over.

b. Increase the Medi-Cal Aged & Disabled Asset Limit

Medi-Cal's outdated asset test forces seniors and people with disabilities into deep poverty, disproportionately impacting seniors of color. Most older adults and people with disabilities enrolled in the Medi-Cal program are restricted to \$2,000 in a bank account and a couple to \$3,000. These limits have not changed since 1989. The current asset limit prevents people from having adequate resources to weather a crisis, such as an eviction, a leaking roof, or a vehicle repair. Forcing older adults and people with disabilities into poverty puts them at risk of foregoing needed services and homelessness.

Furthermore, the current asset test contains exemptions that aren't even updated in the regulations so many applicants don't know what they can exclude. The largest exemption, the home, advantages white applicants, who have higher rates of homeownership due to decades of discrimination in banking and housing. Increasing the asset limit will ensure more people of color have access to Medi-Cal.

California should increase the asset limits for most Medi-Cal programs to \$10,000 for an individual and \$15,000 for a couple, with annual indexing, and expand and simplify the list of excluded assets. Raising the Medi-Cal asset limit as many states have done, and simplifying asset counting rules will significantly increase the financial stability of seniors and people with disabilities.

c. Eliminate the Asset Limits for Medicare Savings Programs

For many low-income older adults and people with disabilities, Medicare is not affordable without help from a Medicare Savings Program. For those in a Medicare Savings Program, Medi-Cal pays all or part of their Medicare premiums, deductibles, and co-pays. These critically important programs reach over 43,000 people with Medicare in California, who are too poor to be able to afford Medicare but do not qualify for other Medicaid programs. Currently, the asset limits are \$7,730 for individuals and \$11,600 for couples.

To increase the number of seniors and people with disabilities who can access Medicare Savings Programs, California should eliminate the asset test entirely. Over one third of California's seniors live above poverty and therefore are ineligible for public benefits, but are too poor to afford their most basic needs. Eliminating the asset test will increase the affordability of Medicare and help improve the economic security of Californians who don't qualify for full-scope Medi-Cal programs.

d. Increase the Monthly Medi-Cal Maintenance Need Income Level

When a senior or a person with a disability has even a small increase in their income it can negatively affect their Medi-Cal by making them pay a high share of cost. A share of cost is the difference between a beneficiary's countable income and the Maintenance Need Income Level, which is a fixed monthly amount that is supposed to be sufficient to cover basic living expenses, such as rent, food, and utilities. In California, the monthly Maintenance Need Income Level is \$600 for an individual and has not changed since 1989. Any income a person earns over \$600 in a month becomes that individual's share of cost. So, for example, a senior or person with a disability with a monthly income of \$1,300 would have to pay \$700 for their health care before Medi-Cal begins paying for services, leaving them with just \$600 a month to live on.

California should increase and annually index the monthly Maintenance Need Income Level to ensure that the Medi-Cal share of cost is affordable for low-income older adults and people with disabilities. Six hundred dollars is not enough to cover the necessities of life in California, thus it forces seniors to choose between food and rent or health care.

e. Make Spousal Impoverishment Protections for HCBS Permanent

Married seniors and adults with disabilities overwhelmingly want to live at home and age in place. To make this happen, Medi-Cal rules have to prioritize home and community-based services which allow people to stay in their homes and in their communities. Congress helped these efforts by expanding a Medicaid eligibility rule, known as the spousal impoverishment protection, to individuals eligible for home and community-based programs. The protection makes it possible for an individual who needs a nursing home level of care to qualify for Medi-Cal while allowing their spouse to retain a modest amount of income and resources. While this protection is permanent for a spouse in a nursing facility, the expansion of the spousal impoverishment protection to home and community-based services is set to expire on December 31, 2019, unless Congress acts. To ensure Californians do not lose access to this important eligibility rules, California should make the spousal impoverishment protection permanent.

f. Increase Nursing Home Personal Needs and Home Upkeep Allowances

People on Medi-Cal who live in a nursing facility are only allowed to keep \$35 of their income per month, an amount that has not changed since 1985. The rest of their income must be paid to the nursing facility for their care. This is too little to pay for things a resident might need that are not provided by the facility, like clothes and personal care items. California should increase the personal needs allowance to at least \$80 per month.

Additionally, individuals on Medi-Cal who must temporarily live in a facility are at risk of losing their home because their Medi-Cal share of cost does not leave them with sufficient funds to pay their mortgage or rent. The Home Upkeep Allowance was created to help solve this problem by allowing a person to keep some of their income to maintain their home while they were temporarily in a facility. Currently, the Home Upkeep Allowance is only \$209 per month, too low to actually ensure anyone can pay their rent or mortgage while in a nursing home. California should increase the home upkeep allowance to at least \$1,000 per month to ensure people have a home to return to after a short nursing facility stay and also revise the rules to allow people who may not yet have a home begin saving so they are not released to the streets.

g. Simplify Medi-Cal Renewal Process for Medi-Cal Aged & Disabled and Enrollment in Medicare Savings Programs

When the Affordable Care Act was implemented in California, the application and renewal processes for Medi-Cal were simplified. One key simplification was the statutory requirement to use pre-populated renewal forms and notices. When a county eligibility worker checks available eligibility information, such as federal and state databases and other information in an individual’s case file, the worker sends a renewal notice to those individuals who appear to remain eligible with the information used to make the determination. To those for whom more information is needed, a prepopulated renewal form is sent with all of the available information filled in.

Unfortunately, this system was only implemented for populations using the Affordable Care Act income counting rules known as “Modified Adjusted Gross Income.” Most seniors are excluded from this system and still use the old Medi-Cal rules. However, they too would benefit from pre-populated renewal forms, particularly those on fixed incomes whose circumstances rarely change. Further, since most seniors are still subject to the asset test, California should implement self-certification of assets, particularly at renewal.

California should also ensure all counties are properly screening Medi-Cal beneficiaries for eligibility and enrollment in Medicare Savings Programs (MSPs). Today, only 67 percent of those eligible in California are enrolled. An additional barrier to enrollment in MSPs is the fact that California has not entered into a Part A buy-in agreement with Social Security. A buy-in agreement would make it easier for people without free Part A to enroll in an MSP. It would prevent gaps and delays in Medicare coverage by allowing these individuals to enroll in Medicare throughout the year without being limited to a standard enrollment period. This is particularly important for women and immigrants who are less likely to qualify for free Part A in Medicare. California is one of only 13 states that still have not entered into a Part A buy-in agreement. This change, which would also streamline state program administration, is long overdue.

h. Index All Medi-Cal Eligibility Changes Recommended Above

Many of the problems described above were created because California set a fixed dollar amount as part of its Medi-Cal eligibility rules and never indexed the dollar amount to increase over time. Because of inflation, fixed dollar amounts lose ground over time and are not worth as much as when they were originally set. This means that simply raising the dollar amounts again will ensure that this problem will persist. Instead, California should ensure that when improvements involving dollar amounts are made, whether that be an income or asset limit, those improvements should contain a mechanism for indexing increases over time.

4. Reduce long term care costs for older adults and people with disabilities and their families by adopting the LTSS recommendations for creating new LTSS programs

Add detail.

5. Expand the CalEITC so that it benefits low-income immigrant workers who file taxes with an ITIN

Increasing economic security for older adults who are working can also be done through improvements to the federal and state EITC, which is specifically targeted to benefit the lowest income workers. California recently expanded its state EITC to include seniors age 65 or older, and the federal EITC could similarly expand to ensure that low-income older workers who continue to work out of necessity can benefit from the poverty-reducing power of the EITC. Further expanding the state EITC to ITIN filers would allow all low-income immigrant workers including seniors to access the state EITC. Helping low income immigrant workers through the EITC would target resources most effectively while reducing inequality, stimulating the economy, and counterbalancing economic impacts from the pandemic that are being experienced most severely in immigrant communities and communities of color.

B. Eliminate Poverty, Hunger, Homelessness

Add background section on Poverty, Hunger Homelessness.

Poverty, Hunger and Homelessness Recommendations:

1. Committee to eliminating poverty, hunger and homelessness among older adults and people with disabilities.

One of the overarching goals for the Master Plan for Aging should be to eliminate senior poverty, hunger and homelessness.

2. Identify and designate specific additional revenue sources in order to eliminate senior poverty, hunger and homelessness across the state.

These policy recommendations require revenue, which could come from a variety of sources, including changes in the tax code. For example, Proposition 15 on the November 2020 ballot would raise significant revenue by partially repealing Proposition 13 which was passed in 1978. Proposition 15 would require that commercial and industrial properties owned by individuals or businesses who have property holdings in California totaling more than \$3 million be taxed based on their market value rather than their purchase price. Importantly, Proposition 15 would not change the taxation of residential properties which would continue to be taxed based on purchase price, thus ensuring that elder homeowners and renters would not be negatively affected by this change.

Proposition 15's change to taxation of commercial and industrial property would send an additional \$6.5 to \$11.5 billion annually to local government and schools. This would begin to reverse the disinvestment in local infrastructure and social services that occurred as a result of Proposition 13, which has reduced quality of life for all Californians, and disproportionately so for our poorest communities. Stronger local investment in infrastructure and social services would also ensure that state funding can be more effectively targeted to achieve statewide aims, including the Master Plan goals.

3. Increase the state portion of the SSI grant to an amount that reflects the real costs of living for seniors using the [California Elder Index](#).

SSI is a key income benefit that provides a very basic income for seniors and people with disabilities. SSI grants reduce poverty for 1.2 million Californians and are particularly important for women, who make up 66 percent of seniors receiving SSI and 52 percent of individuals with disabilities receiving SSI.

The state supplementary payment (SSP) that augments the federal SSI grant was cut significantly during the recession, with ongoing devastating costs to the individuals who rely on SSI for their basic needs, to their families and communities, and to our state. The recession-era cuts have never been restored, leaving low income seniors and people with disabilities struggling to survive with an income far below the real cost of living in our state.

Grants are so low that they [do not cover the cost of a studio apartment, food and healthcare in any county](#) – with significant deficits in counties as diverse as Los Angeles and San Benito. For those who can obtain below-market rent, grants are still insufficient to meet even basic needs for utilities, food, medicine, toiletries, clothing and other necessities that higher income Californians take for granted. This situation has pushed low-income seniors and people with disabilities into homelessness and hunger and is a significant reason why California has the highest percentage of seniors living under the Supplemental Poverty Measure of any state.

We can change this harmful trajectory by investing in SSI/SSP so that seniors and people with disabilities who receive SSI/SSP can live and grow old safely and with dignity. Beyond the moral imperative, investing in SSP and enabling older adults to have a modest income sufficient to meet basic needs will also bring economic stimulus into our communities that need it most. According to the IMPLAN economic analysis, every \$10 million in increased State Supplementary Payments supports \$15 million in economic output (a multiplier of 1.50), creates 93 jobs, and returns \$0.9 million in state and local tax revenues.

4. To ensure that that the grants can keep up with the cost of living, make the cost of living adjustment for the SSP mandatory and calculate it based on the full SSI/SSP grant.

The benefits meant to support those with the greatest need should be protected from erosion as a matter of course.

5. Expand outreach to ensure that all immigrants who are eligible receive Cash Assistance Program for Immigrants (CAPI) benefits.

CAPI provides state-funded benefits for certain immigrants who previously would have been able to receive SSI, but are no longer eligible for SSI due to federal welfare legislation that placed restrictions on non-citizen eligibility in 1996. Lack of outreach has meant that individuals who qualify for the program and community organizations who may be able to help them do not even know that the program exists. Expanded outreach can help this program, created by California in the face of federal attacks on immigrants, meet its promise of providing economic security to immigrant seniors and people with disabilities.

6. Work with stakeholders and the Social Security Administration to improve the customer experience and outcomes for individuals applying for disability benefits.

The state has an interest in ensuring access to federal disability benefits for those who qualify, and the state Disability Determination Services agency plays a critical role in that process by determining disability for Social Security benefits at the first two decision-making levels. It can take years for people with disabilities to make it through the SSI application process and be approved, during which time they face the real risks of getting sicker, depleting their savings, and becoming homeless.

The barriers are particularly high for individuals who do not have the capacity to manage a complicated administrative process, whether due to a disability or due to circumstances such as having few financial resources, limited education, access to transportation, or limited family and social connections. Increasing the quality of the application process will help people eligible for disability benefits qualify more quickly.

7. Increase the flexibility of the Housing and Disability Advocacy Program to allow for cash payments rather than having funding be exclusively restricted to housing assistance.

Cash payments would help these extremely low-income individuals, who are likely eligible for SSI and applying for disability benefits, to pay for utilities and other basic costs that are not included in the housing assistance.

8. Fill the hole in the safety net represented by the current woefully inadequate General Assistance (GA) benefit.

GA is an important bridge program to SSI for people with disabilities while they are applying for SSI disability and older adults before they become age-eligible for SSI, and a robust GA program is a critical part of the safety net. However, the current GA benefits are woefully inadequate as they are based on an ancient funding standard of 40 percent of the 1991 federal poverty level for a single person. Additionally, counties are permitted under state law to limit GA to three months out of twelve. Having higher benefit amounts, increased eligibility for assistance or having the state take over the GA program with more robust benefits and eligibility are critical to filling the hole in the safety net.

9. Support efforts at the federal level to expand SSI and Social Security.

SSI and Social Security, provide a foundation of economic security for [6.8 million Californians](#). Bolstering these programs at the federal level would ensure a more secure baseline for developing state-level policy.

When SSI was signed into law in 1972, it promised to serve as a safety net for those who (through disability or age) were unable to work and had little to no pension, savings, or Social Security benefits. However, important aspects of the program have not been updated in more than 40 years, leaving some of our country's most vulnerable seniors deeper in poverty today than they were then, without the ability to budget appropriately. This inequity can be corrected by updating income and asset limits to better reflect reasonable assistance in today's dollars, such as increasing the general income disregard to \$123 (currently \$20), increasing the earned income disregard to \$399 (currently \$65), and increasing the resource limit to \$10,000 for an individual and \$20,000 for a couple (currently \$2,000/\$3,000).

As the main source of income for the majority of retirees, Social Security should be expanded and improved to better meet our needs as we age, such as by providing a minimum benefit that is 125% of the poverty level, using a more accurate cost-of-living measurement that takes into account rising health care and housing costs that have a significant impact on the budgets of older adults, and pay for these improvements by having wealthy Americans pay their fair share of Social Security taxes.

10. Maximize participation in CalFresh by older adults, and all eligible Californians

CalFresh benefits are 100% federally funded, and as the nation's largest anti-hunger program represents the single greatest opportunity to reduce hunger, improve health, and support local economies. The Master Plan comes at a key time in the historic CalFresh Expansion to SSI (the "Expansion"), with 400,000 SSI consumers enrolled since June 2019. There is still much work to fully realize this policy, and among non-SSI older adults, California's participation badly lags the national average ([19% vs. 42%](#)). Fulfilling the Expansion should start by meeting enrollment targets and re-assessing those targets to enroll all newly eligible SSI recipients into CalFresh, as national analyses suggest that this population is [about 800,000 Californians](#). Further strategies should include: [enabling application and recertification over the phone](#), and providing flexible interview options in all counties (telephonic signature access); adopting all elements of the Elderly Simplified Application Project to minimize burdens on applicants and counties; and leveraging the agency partnerships established through the Expansion to expand and continue CalFresh outreach and broader collaboration across the agencies that serve the same older adults and people with disabilities. Sustain effective efforts pioneered in the Expansion, such as IHSS social workers providing CalFresh information, to encourage cross-program coordination.

11. Ensure that the two hold harmless programs created when SSI cash-out ended truly protect households from losing CalFresh benefits.

The state should use the past year's experiences with the Expansion to review the Supplemental & Transitional Nutrition Benefits and ensure that they truly hold harmless the highly vulnerable older adults and their families from losing food aid because of the Expansion. This would be achieved by adjusting benefits from the initial projection to account for actual household losses to the greatest extent possible, and improving the ability of clients to retain benefits in order to prevent churn and the permanent loss of aid due to administrative barriers.

12. Supplement CalFresh for people who do not pay rent and receive only the \$16 minimum benefit by raising this minimum benefit to \$50 a month.

Unhoused seniors face the difficult and costly challenge of having enough to eat while living outside.

13. Ensure statewide access to other key food and nutrition programs serving older adults

In addition to CalFresh, there are opportunities to improve food security by expanding the reach of and coordination among the other important food programs serving older adults. Many of these programs are tailored to promote aging with dignity and independence, and prevent costly health care utilization through nutrition as a social determinant of health.

- a. Home Delivered Nutrition Program ensures that adults have food access in their homes: Invest \$17.5 million in new, ongoing funding for Senior Nutrition to provide nutritious meals to an additional 12,000 older Californians.
- b. The Commodity Supplemental Food Program provides food security and community by providing food in congregate settings: Ensure the program is available state-wide, from the [current 10 agencies, so that it reaches low-income communities in every county](#).
- c. The Senior Farmer's Market Nutrition Program is a partnership between CDA & CDFA that provides vouchers for low-income older adults to purchase fresh produce at farmers markets: Provide a 5-fold increase in the number of vouchers, as local agencies report receiving vouchers for only approximately 20% of eligible recipients now.
- d. Senior Brown Bag Programs target free groceries to older adults and people with disabilities at high risk of hunger but who can and want to make their own meals: Triple prior state funding as Brown Bag programs are extremely cost effective. In FY 2009-10, the state issued local providers three months of funding; that funding was never restored, despite restorations to other programs.

14. Improve Data Collection, Program Coordination Among Food Programs Serving Older Adults

As there are several food programs serving older adults, administered by multiple Departments, there are excellent opportunities to improve their reach and impact through enhanced data collection and coordination. Data exist on individual programs, but not across programs and Departments, to understand barriers to access in certain regions, among certain languages or other populations, and to identify programmatic or policy solutions. The [CHHS Open Data portal](#) is an excellent foundation from which improved data collection and analysis could occur, and CDSS has provided a tremendous window into the CalFresh Expansion through their enhanced Data Dashboard.

There is a need for increased coordination between CDSS and CDA, given CDA's administration of Meals on Wheels and Area Agencies on Aging, while CDSS operates CSFP, TEFAP and CalFresh. The COVID crisis has further shown the need to [coordinate with County Emergency Operations Centers](#) to ensure timely, effective response during disasters.

Improving coordination on food access for seniors, such as sharing referrals and resources so no matter who the adult approaches for services, programs are aligned to achieve a 'no wrong door' and offer all available options. Such enhanced coordination will also incubate new innovations, such as the Home-Delivered Grocery program that is presently underwritten by San Francisco County. It is an example of potential coordination with IHSS such that IHSS workers can get additional hours to serve as proxies to pick-up groceries for their consumers at nearby food pantries.

15. Provide a rental supplement to very low-income seniors and people with disabilities who have a housing cost burden exceeding 50% of their income.

One way to prevent these negative outcomes and social costs is to take steps to ensure that people do not become homeless. The state could provide a rental supplement for very low-income seniors or people with a disability whose housing cost burden exceeds 50% of their

income. The amount of the supplement would be modest, but by providing enough income to keep the person housed, this homeless prevention measure effects substantial savings. Both Los Angeles County and the City of Santa Monica have successfully piloted similar rental supplement programs targeted to very low income renters with high rent burdens as an effective means of preventing homelessness and displacement, with Santa Monica's program specifically targeting seniors and LA County's program prioritizing 20% of its slots for seniors.

The state can identify those in greatest need of help with housing costs through existing programs, particularly CalFresh. Now that California allows SSI recipients to apply for CalFresh, 400,000 recipients have newly enrolled. To determine the CalFresh grant amount each applicant provides to the county the cost of their housing. Those with high housing costs get higher CalFresh grants. Thus, the state has an existing database that identifies those seniors and persons with disabilities who are severely rent burdened and could target assistance to those most at risk of becoming homeless. The state should also use CalFresh data to do further targeting, such as by identifying all SSI recipients claiming the CalFresh homeless shelter deduction and helping them get permanent affordable housing and providing rental assistance if needed.

16. Expand the number of assisted living units – using Medi-Cal and other state and federal funding to make more units affordable to extremely low income, disabled seniors.

During the pandemic, increase safety precautions for seniors entering and living in assisted living units, especially individuals with complicated health problems including homelessness.

17. Create a state subsidy program to transition seniors experiencing homelessness into a range of permanent, deeply affordable and accessible housing.

This could be modeled after the federal "VASH specific to veterans" program, or the Shelter Plus Care program.

18. Build upon Project Roomkey to Homekey to accelerate the transition from temporary placement of older adults experiencing homelessness during the COVID-19 pandemic into long-term, deeply affordable housing, with coordinated supportive, medical and case management services.

Expand and expedite the purchase and conversion of hotels and other existing surplus buildings to move unsheltered seniors into such housing.

19. Ensure In-Home Supportive Services are available to disabled, medically vulnerable seniors who are unhoused, unstably housed, and transitionally or temporarily housed.

20. Create a state program to support organized informal settlements, aka encampments.

Support should include access to public land and basic necessities like hygiene, water and trash pick-up with a strong and coordinated exit strategy to the deeply affordable housing described in Numbers 2 and 3. Providing hygiene stations and sanitation services to organized settlements of unsheltered seniors is even more important now because of COVID-19. Quickly identify land where settlements can

live free from eviction until we provide housing or living situations better than what they have created for themselves.

21. Collect and make available county-level data regarding homeless older adults.

Data collected should include the number and percentage of rent-burdened and severely rent-burdened seniors as they age and by race/ethnicity; the number and percentage of unhoused seniors by race/ethnicity; the number and percentage of temporarily housed seniors by race/ethnicity; the number of new, deeply affordable permanent housing units created.

C. Work Opportunity

A contributor to economic security is work opportunity. That as we age, Californians will have an opportunity to work. To have true economic safety and security, California must address the systemic disparities inherent in our workplaces and economy by intentionally advancing solutions that build toward equity.

Life expectancy, financial need, and desire has changed the number and employment trends of older adults in both the paid and unpaid work force. According to the Labor & Workforce Development Agency, older Californians (55+) account for 21% of the civilian labor force. Further, over the past five years the number of employed Californian ages 55+ increased by 449,400. Older Californian workers (55+) accounted for 29% of all new employment since 2014.

The benefits of older workers have not always been included when framing work opportunities. The 50+ segment of the workforce continues to be the **most engaged** age cohort across all generations. Other advantages of workers ages 50+ include their experience, professionalism, work ethic, lower turnover, and knowledge. Additionally, older workers comprise a large portion of the unpaid work force. Trends among older adults (55+) have included a decline in their unemployment rate from 5.7% to 3.3% over the past five years. Workers ages 55+ were employed heavily in the educational and health services; and the professional and business services industries; with over 600,000 employed in each.

Despite the benefits and positive trends, discrimination and ageism plague workplaces and prevent older workers from being hired and retained. Often, older adults are described as economic drains. This is not only ageist it also fails to recognize that older adults are huge drivers of the economy. In 2018, nationwide economic and societal contributions of adults age 50 plus was worth over \$9 trillion, and 44% of all jobs were held or created by people age 50 plus. The nationwide economic value of the contributions of adults age 50+ through unpaid activities like adult caregiving, child caregiving, and volunteering was \$744.6 billion. Recognizing the economic and societal value of older adults should be part of efforts to reframe the aging conversation to support efforts combating ageism.

In addition to the value to society, work opportunities are also valuable to older adults and people with disabilities. As with other workers, older adults, and people with disabilities value work for reasons beyond the income it provides. Good jobs provide access to valuable benefits, such as health insurance and retirement savings plans, that may not otherwise be available or affordable. These benefits (or lack of them) can be an important factor in whether and when a person has the choice to retire from work. Work also provides important opportunities for social engagement and purpose that are crucial for every person's well-being, including older adults and people with disabilities.

Work Opportunity Goals:

Work opportunity recommendations fall into the following goals:

- 1) Measure and assess the need and desire for work opportunities for older adults and people with disabilities with reliable data for informing data-driven solutions that promote equity.
- 2) Design and monitor solutions with the specific intent of removing barriers to work for *all* older adults and people with disabilities by recognizing the strengths and assets of each community and the intersectionality of race, ethnicity, class, immigration status, language, religion/faith, sex, gender identity, sexual orientation, and family status.
- 3) Expand the reach of proven best practices for supporting older adult and persons with disabilities who are job seeking;
- 4) Increase sustainable work opportunities for older adults and people with disabilities;
- 5) Decrease misconceptions about older workers and workers with disabilities.

Work Opportunity Recommendations:

- 1) Measure and assess the need and desire for work opportunities for older adults and people with disabilities with reliable data for informing data-driven solutions that promote equity;
 - a) Use statewide data to explore the landscape of older adults and people with disabilities and their work opportunities.
 - i) Examine the number and share of older adults and people with disabilities participating in the work force, occupation types, and rates of unemployment and under-employment rates.
 - ii) To the greatest extent possible with existing data, specifically examine disparities in work opportunity for older adults and people with disabilities based on race, ethnicity, class, geography, immigration status, language, religion/faith, sex, gender identity, sexual orientation, and family status.
 - b) Develop a strategy for increasing the availability of statewide data that allows for specific examination of disparities in work opportunity for older adults and people with disabilities based on race, ethnicity, class, geography, immigration status, language, religion/faith, sex, gender identity, sexual orientation, and family status.
- 2) Design and monitor solutions with the specific intent of removing barriers to work for *all* older adults and people with disabilities by recognizing the strengths and assets of each community and the intersectionality of race, ethnicity, class, immigration status, language, religion/faith, sex, gender identity, sexual orientation, and family status.
 - a) Using statewide data as identified above, identify communities where there appear to be relatively high and relatively low barriers to employment.
 - b) Working with community stakeholders, identify best practices that can be adapted for targeting improvement in high-barrier communities.
 - c) Incorporate these learnings and best practices into solutions below.
- 3) Expand the reach of proven best practices for supporting older job seekers and older workers:
 - a) Job training and opportunity seeking programs
 - i) SCSEP Program
 - ii) Increase support and funding for older worker's classes and workforce training through local city colleges and community colleges
 - iii) Expand subsidized training, refresher courses, technology training and English language training for older workers, based on proven models such as:
 - (1) The Employment Training & Economic Development (ETED) program offered by Self-Help for the Elderly.
 - (2) Integrated Employment Supports to People with Disabilities in Alameda offered by East Bay Innovations.

- iv) Identify supportive work opportunities for formerly incarcerated older adults entering the workforce
- b) Job and retirement planning support
- 4) Increase sustainable work opportunities for older adults and people with disabilities:
 - a) Coordinate with State partners:
 - i) Partner with Department of Aging and other aging experts to monitor, develop, and promote State and local partners:
 - (1) WIOA Titles I and III
 - (2) CalJOBS
 - (3) Job Search Training Workshops
 - (4) EDD-sponsored Experience Unlimited (EU) Job Clubs
 - (5) Information and referrals to services and programs via AAA, ADRC, and CILs
 - (6) Breaking Barriers to Employment Act implementation
 - ii) Expand legislation to increase the hiring of older adults and persons with disabilities not only in state government, but also in local governments and private companies
 - iii) Create more incentives for employers to offer employment for older adults and persons with disabilities
 - iv) Create a statewide database of “pledged employers” dedicated to hiring older adults and persons with disabilities on finding meaningful employment
 - b) Work with employers:
 - i) Employers should create and promote flexible work schedules and work arrangements (e.g., telecommuting) for employees.
 - ii) Learn from experiences and models adopted during the COVID-19 pandemic to identify emerging best practices that can be used to lower barriers to employment for older adults and people with disabilities.
- 5) Decrease misconceptions about older workers and workers with disabilities:
 - a) Create a statewide campaign on fighting ageism and disability as a liability; start thinking of it as an asset

2. SAFETY

Add overview/Intro (including equity) – 1 paragraph

A. Elder Justice & Abuse

Elder abuse is a pervasive problem in the United States, ruining lives and costing victims and the state billions of dollars each year.¹ Elder abuse comes in many different forms (physical, sexual, financial, psychological etc.) and is perpetrated by strangers and people known to the victim. In fact, elder abuse manifests differently in distinct cultural and racial groups. The large range of abuse types makes elder abuse a difficult problem to tackle. While elder abuse advocates want to keep older adults safe from all types of abuse, they also want to honor the autonomy and decision-making abilities of older adults, key principles of elder justice.

This delicate balance can be achieved by centering the Master Plan on Aging on elder justice and preventing and ending elder abuse simultaneously. Centering elder justice affirms the autonomy and independence of older adults while also ensuring equity in access to the justice system and other social services resources. Preventing and ending elder abuse honors elder justice principles and ensures that older adults in California can live free from abuse, neglect and exploitation. The following

recommendations aim to do just this, with a final goal ending elder abuse in California. In light of the impact of the COVID-19 crisis on older adults, particularly older adults of color, our pursuit of these goals take importance.

Elder Justice/Abuse Recommendations

1. Form a California Elder Justice Coordinating Committee, modeled after the federal EJCC established in the Elder Justice Act

The Collaboration among members of the elder justice network will be key in achieving our Master Plan goals. Preventing and ending elder abuse in California requires effective collaboration between all members of the aging network.ⁱⁱ Currently, there is no statewide hub for elder abuse advocacy or elder abuse data collection. The creation of a state coordinating committee, modeled after the federal EJCCⁱⁱⁱ and operated within the Department of Aging, would centralize research, best practices, and other state work related to elder abuse. The committee would be a part of state government and would be composed of representatives from many government agencies and non-governmental groups that are a part of the elder justice network (for example: Adult Protective Services, LTC Ombudsman, Area Agencies on Aging, CCoA and CEJC). In mirroring the federal committee, committee membership should reach all areas of government, not just those who traditionally focus on aging, i.e. Department of Consumer Affairs and the Attorney General's Office.

The committee would also house a central repository for data and research that would simplify the discovery of deficiencies in systems and foster more research on elder abuse. This is particularly important in ensuring that older adults from marginalized groups (older adults of color, LGBT older adults and non-native/ limited English proficiency older adults) are receiving and utilizing elder abuse preventions systems at the same rates as white older adults.^{iv}

2. Increase Government Support of Legal Services Providers

Legal Services attorneys serve an integral role in allowing older Californians to age in peace. The benefits of legal services extend beyond the older adult being assisted. In 2017 alone, legal services attorneys served over 60,000 adults over the age of 60 in California.^v These attorneys help older adults preserve their housing, preserve public benefits and prevent abuse, free of charge. Their work also helps keep families and communities together. In California, more than 293,000 grandparents are responsible for grandchildren that live with them.^{vi} Older adults often live in multi-generational households where many people rely on them for income support and child care. All of the benefits from a legal services attorney are bestowed upon not just the older adult, but also their entire family.

California must commit to ongoing funding and support of legal services for older adults throughout the state, but especially in rural areas where lawyers are few and far between. Each year, the State Bar of California grants around \$30 million in IOLTA funds to legal services organizations.^{vii} Unfortunately, IOLTA funding is generated by interest on client trust accounts, making it highly susceptible to changes in the legal market influenced by the overall health of the economy. Due to the COVID-19 pandemic, the National Association of IOLTA programs anticipates IOLTA revenue to drop “by as much as 75% over the next year.”^{viii} Any drop in funding puts critical legal services programs at risk at a time when we know there will be an incredible surge in demand for legal services. With a predicted 1.6 million eviction filings possible at the end of any eviction moratoriums, legal services attorneys are desperately needed now.^{ix}

California can also provide additional supports to legal services organizations that serve older adults through the state Legal Assistance Developer (LAD). The Older Americans Act provides funding for every state to have a Legal Assistance Developer to secure and maintain the legal rights of older adults, increase the capacity of the state to coordinate legal assistance, and provide technical assistance and training to legal services providers. ^x With the LAD, the state can engage with legal services and other aging network providers to ensure they are reaching all older adults in need of legal help and utilize unique sources of funding and support (i.e. FEMA and law school partnerships) to provide more services to older Californians.

California must support legal services organizations and the critical work they do to protect older adults by ensuring they are funded despite any economic downturns. By protecting legal services, we can protect older adults.

3. Lower the threshold age for age-related services to 50 for homeless individuals.

Medical research shows that homeless individuals experience old age diseases earlier in life, and that they are aging at a faster rate, exacerbated by being unsheltered or living in places not fit for human habitation.^{xi} Further, more individuals are experiencing homelessness for the first time in older age because of rising housing costs and cost of living.^{xii} Currently, half of all single homeless adults are over 50 years old, but many aged based social services are not available until an individual has reached 60-65 years old.^{xiii} Age-based services like transportation, nutrition, caregiving, income support and case management are integral to keeping people housed.^{xiv} Making these benefits available to a wider group of homeless older adults at a younger age will keep more older adults housed and prevent more older adults from falling into homelessness.

4. Target resources and research for Elder Abuse Prevention at both the general public and distinct communities.

Research shows that older adults in communities of color experience abuse in distinctly different ways from white communities, and elder abuse among these communities is chronically underreported and under-researched. For example, Black older adults are significantly more likely to be victims of financial exploitation and psychological mistreatment,^{xv} while Asian American older adults are more likely to view elder abuse as existing only within the family, making the risk of abuse from outside actors higher.^{xvi} Elder abuse prevention and research must target not only the general public, but also be tailored to accommodate the different ways abuse manifests among various cultural groups. Resources, services and information provided to older Californians must be culturally aware and available in all threshold languages. Language, race, cultural background, or any other designation should not be barriers to ending elder abuse in California.

By centering the experiences of older adults of color in our elder abuse research, the state more effectively focuses funding on programs that work for different groups and ensures that elder abuse is fought in every community in California.

5. Re-examine the relationship between law enforcement, entities that play a role in preventing elder abuse and victims of elder abuse

Any strategy to prevent and end elder abuse must examine the systems that confront the abusers and purports to assist victims. Part of this examination is acknowledging the different ways older adults of color experience policing, in contrast to white older adults. Not honoring lived experiences of older

adults of color in any policy advocacy is a disservice to them and antithetical to the goal of ending elder abuse. The state of California has an obligation to honor the lived experiences of older adults of color. Black older adults have lived through systemic racism and discrimination. Many have only had negative experiences with policing in this country.

In the United States, 9 out of 10 calls for services are for nonviolent issues.^{xvii} This means that armed officers are interfacing with the public for overwhelmingly nonviolent situations. But as we have seen, many nonviolent interactions turn violent and deadly very quickly.^{xviii} Police are trained “in use-of-force tactics and worst-case scenarios to reduce potential threats”, not engaging with people experiencing mental health struggles and, of particular interest to elder abuse prevention advocates, older adults experiencing the immense complexities of elder abuse, especially when the abuser is a family member.^{xix}

In honoring these experiences, California must look at how law enforcement interacts with our older Black adults and older adults of color and change where policing is doing more harm than good. To start, the Department of Aging should create a task force that will focus on centering California’s elder abuse response on racial equity. The committee would examine the relationships between elder abuse, racism and policing, with an aim to discover alternatives to policing in elder abuse cases. The committee would provide a report with findings on how the state can better serve older adults of color, center racial equity in all state elder abuse responses, and how to integrate their findings into state government structures. The committee would also provide goals and timelines for reforms.

The committee should consider the following:

- Policing, with respect to elder abuse, is a blunt instrument response to a nuanced problem.
- Police are not trained to handle the complexities of known perpetrator elder abuse.
- A police response is not trauma-informed.
- An elder abuse victim of color may be less likely to report abuse for fear of police involvement.
- Policing is not a culturally competent response to elder abuse.
- Police may not be helpful in cases of self-neglect.
- There are many other government and non-governmental organizations that are trained and equipped to confront elder abuse in a person centered manner, but are chronically underfunded.

6. Create a statewide, easy-to-access database of elder abuse information

Currently, elder abuse data is stored across state, county, and local entities (police, APS, ombudsman, Dept. of Aging). With information siloed within different levels of government, trends and patterns in abuse are difficult to ascertain. Combining all available information into a statewide database helps advocates track perpetrators and scams in real time. The database would be accessible by attorneys, law enforcement, researchers, and other members of the aging network, and include civil and criminal elder abuse offenses. Bringing all data together in one searchable database would help facilitate more research and discovery of elder abuse patterns. Connecticut recently passed a bill authorizing the creation of a similar statewide ‘Elder Abuse Registry’. The registry is a publicly available website housing information about offenders who have committed elder abuse.^{xx}

7. Encourage Use and Expansion of the Advanced Health Care Directive Registry

Advanced Health Care Directives are just one of the tools an older adult can use to express their wishes regarding health care decision making. One drawback of these types of advanced planning tools is that they are not required to be filed with a court, making it difficult for medical staff and other advocates to find them when an older individual is in need. Currently, the Secretary of State's office houses an 'Advanced Health Care Directive Registry' where any person can register their directive with the state.^{xxi} Information on directives can be made available to the registrant's health care provider, public guardian, or legal representative. This registry should be expanded to include all advanced planning documents to improve the ability to locate alternative planning documents, ensure that the wishes of older individuals are honored at the end of life, and limit potential fraud that could be committed with these documents. Further, to encourage more Californians to use these documents, the probate code should be amended to create a template for an 'Advanced Health Care Directive Form' that individuals can complete without an attorney.^{xxii}

8. Promote Alternatives to Guardianship Through the Creation of a WINGS program

As an individual ages, the need for help with decision-making increases. While guardianships have traditionally been the standard in the past for assisting in decision making, they are often not the best option for an older individual. In fact, the American Bar Association has encouraged state legislatures to amend guardianship statutes to require courts to consider supported decision making before any guardianship order is entered.^{xxiii} This is due to the abuse and fraud that is all too common in the guardianship system. As an alternative, supported decision-making ensures that the rights and wants of the protected person are considered, and that any orders are limited to exactly what is needed for the individual, avoiding blanket court orders that do not consider the abilities of the protected persons. Alternatives to guardianship (i.e. powers of attorney, health care surrogates) elevate the voice and choice of older individuals.

The state of California should establish a Working Interdisciplinary Network of Guardianship Stakeholders (WINGS) program to evaluate and drive change in our guardianship policy. WINGS is a program funded by the Administration for Community Living and administered by the ABA Commission on Law and Aging and the National Center for State Courts.^{xxiv} WINGS helps states establish less-restrictive alternatives to guardianship, promote supported decision-making, and address guardianship abuse. By using the ABA WINGS Replication Guide and the other resources created while establishing WINGS in many other states, California can build off of the work done around the country and work towards a court system that does not depend on guardianship in serving older adults with diminished capacity.

9. Create a statewide network of Elder Abuse Shelters

Victims of elder abuse often find themselves unable to live in their own homes and at increased risk for experiencing homelessness as a result of elder abuse. Complex medical issues may also make a traditional shelter an inappropriate placement for a victim. By creating a statewide network of Elder Abuse Shelters, victims can be appropriately housed and receive services to return them to their original housing or find alternative safe housing options. Elder abuse shelters can be brick and mortar or 'virtual' (i.e. placement in a long-term care facility or motel/hotel).^{xxvxxvi}

10. Increase Consumer Protections Through the Creation of a State Consumer Protection Agency

Older adults are often the target of predatory or fraudulent financial products or schemes. For example, Spanish speaking older adults are being targeted for fraud related to the 'Property Assessed Clean Energy Program' (PACE).^{xxvii} PACE is a federal program that helps fund renewable energy improvements. Often, scammers deceive low-income homeowners into signing up for solar panels without the knowledge that the loan is secured to the home and may dramatically increase property taxes. Increased state consumer protections are needed to combat the increased complexity of scams targeted at older adults. This spring, Los Angeles County ended its PACE program after years of complaints, citing a lack of "adequate consumer protections."^{xxviii} PACE is just one example of the gap in consumer protections that exists here in California.

This year, Governor Newsom proposed creating a state consumer protection agency in the state budget.^{xxix} While these plans have been put on hold due to the budget deficit, California should aim to open this agency in the future. A state-based consumer protection agency would have the ability to recognize statewide fraud trends and collaborate with stakeholders that serve older adults. This agency could also field complaints from the public and pursue greater prosecution of financial fraud. In addition, in a dedicated agency, a unit aimed at protecting older adults could be created.

B. Emergency & Disaster Preparedness & Response

Add Background section

Emergency Preparedness Goals

Add in

Emergency Preparedness Recommendations

- Increase **preparedness education** for all Californians
- **Emergency alert, warning, and notification** for Public Safety Power Shutoffs (PSPSs) should include reaching older adults and people with disabilities
- **Coordination & Collaboration** should include training for county staff, provider emergency backups, and additional IHSS hours.
- **Considerations for Emergency and Disaster Preparedness and Response:**
 - **Rural challenges:** solutions for communication, emergency vehicle access, temporary shelter placement
 - Sheltering with respect to **COVID-19:** sheltering solutions should include COVID-19 precautions

ADD SUMMARY

ⁱ <https://ncler.acl.gov/pdf/Legal-Basics-Elder-Abuse.pdf>

ⁱⁱ A similar committee was recently created in Maine via Executive Order. Governor Janet T. Mills., “An Order Establishing the Elder Justice Coordinating Partnership”, (October 23, 2019), available at https://www.maine.gov/governor/mills/sites/maine.gov.governor.mills/files/inline-files/11_FY_19-20_ElderAbuse_%20EO.pdf

ⁱⁱⁱ Administration for Community Living, “Elder Justice Coordinating Council”, December 9, 2019, available at <https://acl.gov/programs/elder-justice/elder-justice-coordinating-council-ejcc>

^{iv} The Committee would also be ideal for creating and coordinating a network of statewide Multidisciplinary Teams (MDT)^{iv}. Currently, there are MDT’s established in various cities and counties around the state, but there is no standardized network. The Committee could provide support in creating more MDT’s around the state and establishing best practices and collaboration across counties. A similar committee was recently created in Maine via Executive Order. Governor Janet T. Mills., “An Order Establishing the Elder Justice Coordinating Partnership”, (October 23, 2019), available at https://www.maine.gov/governor/mills/sites/maine.gov.governor.mills/files/inline-files/11_FY_19-20_ElderAbuse_%20EO.pdf

^v LAAC Client Data 2017, https://secureservercdn.net/50.62.89.138/zg.f6f.myftpupload.com/wp-content/uploads/LSTFC-Working-Group_Client-date-report-2017_Oct15.pdf?time=1595129580

^{vi} <https://www.grandfamilies.org/Portals/0/State%20Fact%20Sheets/Grandfamilies-Fact-Sheet-California.pdf>

^{vii} [https://www.calbar.ca.gov/Access-to-Justice/Legal-Aid-Grants#:~:text=What%20is%20a%20Legal%20Aid%20Grant%20under%20the%20IOLTA%20Statute%3F&text=\(the%20Statute\),to%20approximately%20100%20nonprofit%20organizations.](https://www.calbar.ca.gov/Access-to-Justice/Legal-Aid-Grants#:~:text=What%20is%20a%20Legal%20Aid%20Grant%20under%20the%20IOLTA%20Statute%3F&text=(the%20Statute),to%20approximately%20100%20nonprofit%20organizations.)

^{viii} <https://www.abajournal.com/news/article/legal-aid-programs-likely-to-be-hard-hit-by-drop-in-iolta-funds-group-warns>

^{ix} <https://bit.ly/evictionestimates>

^x <https://ncler.acl.gov/pdf/Essential%20Role%20of%20the%20LAD%20-%20Powerpoint.PDF>

^{xi} Kathryn Doyle, “Homeless people face age-related conditions earlier than people with homes”, March 1, 2016, available at <https://www.reuters.com/article/us-health-homeless-aging/homeless-people-face-age-related-conditions-earlier-than-people-with-homes-idUSKCN0W35KV>

^{xii} Adam Nagourney, “Old and on the Street: The Graying of America’s Homeless”, May 31, 2016, available at <https://www.nytimes.com/2016/05/31/us/americas-aging-homeless-old-and-on-the-street.html>

^{xiii} Dr. Margot Kushel, “Aging Among the Homeless Population: Causes, Consequences, and Solutions”, October 16, 2019, available at <https://uccs.ucdavis.edu/events/2019-October-16-Kushel>

^{xiv} It should be noted that any lifting of age based requirements will most likely be limited to state based programs because of federal funding restrictions.

^{xv} National Center on Elder Abuse, “Mistreatment of African American Elders”, 2016, available at <https://ncea.acl.gov/NCEA/media/Publication/ResearchToPracticeAfAm.pdf>

^{xvi} National Center on Elder Abuse, “Mistreatment of Asian Pacific Islander (API) Elders”, available at <https://ncea.acl.gov/NCEA/media/Publication/Mistreatment-of-Asian-Pacific-Islander-API-Elders-2013.pdf>

^{xvii} <https://www.brookings.edu/blog/fixgov/2020/06/19/what-does-defund-the-police-mean-and-does-it-have-merit/>

^{xviii} See the death of Rayshard Brooks and various other young black men,

<https://www.vox.com/2020/6/13/21290334/atlanta-police-shooting-wendys-video>

^{xix} <https://www.brookings.edu/blog/fixgov/2020/06/19/what-does-defund-the-police-mean-and-does-it-have-merit/>

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State of Connecticut Senate Bill 832, “An Act Concerning Registries of Persons Found Responsible for Assaults or Other Abuse, Neglect Exploitation or Abandonment of Elderly Persons or Persons With Disabilities”, October 1, 2019, available at <https://www.cga.ct.gov/2019/act/pa/pdf/2019PA-00116-R00SB-00832-PA.pdf>

^{xxi} California Secretary of State, “Advanced Health Care Directive Registry”, available at <https://www.sos.ca.gov/registries/advance-health-care-directive-registry/>

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- ^{xxii} State of Utah has a standard form created by statute. State of Utah, Department of Aging, “Utah Advance Health Care Directive” available at <https://aging.utah.edu/documents/utah-coa/directives/fillin-2009.pdf>
- ^{xxiii} American Bar Association, “ABA Urges Supported Decision Making as Less-Restrictive Alternative to Guardianship”, October 15, 2018, available at https://www.americanbar.org/groups/law_aging/publications/bifocal/vol_38/issue-6--august-2017-/aba-urges-supported-decision-making-as-less-restrictive-alternat/
- ^{xxiv} https://www.americanbar.org/groups/law_aging/resources/wings-court-stakeholder-partnerships0/about-the-grant/
- ^{xxv} Spring Alliance, “Joining the Global Elder Abuse Shelter Movement”, 2019, available at <http://springalliance.staging.wpengine.com/wp-content/uploads/2019/05/Weinberg-Shelter-FAQ-2019.pdf>
- ^{xxvi} Currently, Sonoma County Adult and Aging Division operates an Elder Abuse shelter. Joy Solomon, Esq, “2018 State of the Spring Alliance”, 2019, available at <http://springalliance.staging.wpengine.com/wp-content/uploads/2019/05/2019-Symposium-2018-State-of-the-SPRING-Alliance-v3.pdf>
- ^{xxvii} PACE loan contractor prosecuted by LA City Attorney. Case states that contractors sought out Spanish speaking communities. Andrew Khouri, “Homeowners were defrauded through the PACE lending program, L.A.’s city attorney alleges”, April 4, 2019, available at <https://www.latimes.com/business/la-fi-pace-solar-lawsuit-20190404-story.html>
- ^{xxviii} Andrew Khouri, “L.A. County ends controversial PACE home improvement loan program”, <https://www.latimes.com/homeless-housing/story/2020-05-21/la-fi-pace-home-improvement-loans-la-county#:~:text=Los%20Angeles%20County%20has%20ended,risk%20of%20losing%20their%20homes.>
- ^{xxix} Aarthi Swaminathan, “‘A major, major initiative’: California wants to create its own Consumer Financial Protection Bureau”, February 10, 2020, available at https://ca.finance.yahoo.com/news/california-mini-cfpb-133209881.html?guccounter=1&guce_referrer=aHR0cHM6Ly93d3cuZ29vZ2xlmNvbS8&guce_referrer_sig=AQAAAE6O4usCnSp4Pq3d18n9-aSYkHcQ_Qwj9_wmlcZeENNLlaAvW3JnwxzbrFP_09ZA2i59XTmGEX5Zzi3de2vTZvjoRju9XT4lvGnugT5u79YTPlzDplOtYRr8Ciy3E9quDPqYXd5c5i5uAoioGo3Nv0zdh-ctP2LMSvJINbV7dYr