

Date of Hearing: June 23, 2026

ASSEMBLY COMMITTEE ON AGING AND LONG-TERM CARE

Patrick Ahrens, Chair

SB 1261 (Laird) – As Amended May 20, 2026

**SENATE VOTE:** 39-0

**SUBJECT:** Aging and Disability Resource Connection (ADRC) program

**SUMMARY:** Prohibits the California Department of Aging (CDA) from revoking the designation of an ADRC program solely due to the revocation or voluntary revocation of a designation, suspension or temporary inability of either the area agency on aging (AAA) or the independent living center (ILC) partner to serve in its operator role and would authorize the remaining partner to continue to operate as an ADRC independently during the transition period.

**EXISTING LAW:**

- 1) Establishes, in federal law, the Older Americans Act (OAA), which promotes the well-being of Americans 60 years old and above through services and programs designed to meet their needs. (*42 United States Code (USC.) § 3001, et seq.*)
- 2) Establishes the Mello-Granlund Older Californians Act (OCA), which establishes CDA, and sets forth its duties and powers, including, among other things, entering into a contract for the development of information and materials to educate Californians on the concept of “aging in place.” (*WIC § 9100 et seq.*)
- 3) Requires the Secretary of California Health and Human Services (CalHHS), in coordination with the Director of CDA, to lead the development and implementation of the Master Plan for Aging (MPA) established pursuant to Executive Order N-14-19. (*WIC § 9850*)
- 4) Requires CDA to administer all programs under OCA, including providing leadership and technical assistance to the local area agencies on aging (AAA), including ongoing oversight, monitoring, and service quality evaluation of those agencies to ensure that service providers are meeting standards of service performance established by CDA. (*WIC § 9102 et seq.*)
- 5) Declares and recognizes AAAs to be the local units on aging supported from an array of sources, including federal funding largely through OAA. AAAs must function as the community link at the local level for development of home- and community-based services provided under CDAs programs, within AAA legal framework and provide various services. (*WIC § 9400 et seq.*)
- 6) Establishes the ADRC program to provide information to consumers and their families on available long-term services and supports (LTSS) programs and to assist older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level through ADRC programs operated jointly by area agencies on aging (AAAs) and independent living centers (ILCs). (*WIC § 9120(a)*)

- 7) Requires AAAs and ILCs to be the core local partners in developing ADRC programs. *(WIC § 9120 (c))*
- 8) Requires and ADRC program to provide all of the following:
  - a. Enhanced information and referral services and other assistance at hours convenient to the public;
  - b. Options counseling concerning LTSS programs and public and private benefits programs;
  - c. Short-term service coordination; and,
  - d. Transition services from hospitals to home and from skilled nursing facilities to the community. *(WIC § 9120 (d))*
- 9) Requires the ADRC provide services within the geographic are serviced and provide information to the public about services provided by the programs. *(WIC § 9120 (e))*
- 10) Requires the ADRC program to be administered by CDA, in collaboration with California Department of Rehabilitation (DOR) and Department of Health Care Services (DHCS), and further provides provisions related to ADRCs only become operative contingent upon appropriation of funds for that purpose by the Legislature. *(WIC § 9120 (b) and (g))*
- 11) Develops a core model of ADRC best practices by CDA and the ADRC Advisory Committee to include person-centered practices; public outreach and coordination with key referral sources; formal follow up and data sharing. *(WIC § 9120 (f))*
- 12) Vests in DOR the responsibility and authority to encourage the planning, development, and funding of ILCs, which are private, nonprofit organizations that provide specified services to individuals with disabilities, in order to assist those individuals in their attempts to live fuller and freer lives outside institutions. *(WIC § 19000 et seq.)*
- 13) Requires CDA to designate one AAA within each Planning and Service Area (PSA) to which to allocate funds. The AAA, under its subgrant award agreement with CDA, shall have the ultimate accountability for funds received from the Department and the responsibility for ensuring the effective and efficient implementation of the Area Plan. (Cal. Code Regs. Tit. 22, § 7206)

**FISCAL EFFECT:** According to the Senate Committee on Appropriations, “unknown potential General Fund costs for CDA for state administration.

**COMMENTS:**

**Background: Aging in California:** A recent compiled data report by the Public Policy Institute of California titled “California’s Aging Population” states:

By 2040, California’s older adult population (aged 65 and over) is projected to increase by a remarkable 59 percent, from 5.7 million to just over 9 million. This growth stands in stark contrast to the projected changes in other age groups. The working-age population (20–64 years old) is expected to increase only 3 percent, while the population under age 20 is anticipated to

decrease by 23 percent. California is projected to have 3.4 million more older adults aged 65 and over, and 1.7 million fewer residents less than 65 years old.

This disproportionate growth in the older population will lead to a significant shift in the state's age structure. Almost one-quarter of Californians (22%) will be age 65 or older by 2040, a substantial increase from 14 percent in 2020. The old-age dependency ratio (the number of older adults per 100 adults of working ages) is projected to grow from 24 to 38. In other words, there will be 38 older adults for every 100 working adults in the state.

The most dramatic growth is projected among the oldest age groups—or the oldest old. The population aged 80 and over is expected to more than double, increasing by nearly 1.8 million in 2040. This rapid growth in the oldest age groups, driven by both the aging of the baby boomers and increases in longevity, is especially significant because of this group's relatively high personal care and health care needs.<sup>1</sup>

Life expectancy continues to rise,<sup>2</sup> however during 2019-2021 overall life expectancy for Californians fell from 81.4 years to 78.4 years. For Hispanics, life expectancy declined by nearly 6 years, a difference three times greater than their white counterparts. And the difference between those in California's highest and lowest income brackets increased by three-and-a-half years to greater than 15 years (11.5 years before the pandemic to more than 15 years in 2021).<sup>3</sup>

It is important to note that the COVID-19 pandemic caused a brief (and traumatic) deviation from the long-term pattern of increases in life expectancy. The latest estimates suggest that life expectancy has resumed its pre-pandemic trend of gradually increasing longevity. The Department of Finance projects moderate increases in life expectancies through 2060.<sup>4</sup>

***Area Agencies on Aging:*** CDA administers programs serving older adults through contracts with local agencies in 33 locations across the state which provide a wide array of services on a community level to seniors and adults with disabilities. AAAs are designated to address the needs and concerns of older adults at the regional and local level. Each county is required to have an AAA to ensure all communities have access to local aging programs and provide information and services for older adults. While California is home to 58 counties, not all counties have a stand-alone AAA. Some AAAs represent multiple counties to serve the region. Not all AAAs provide ADRC services.

***Independent Living Centers (ILCs):*** ILCs serve people with any kind of disability in a local community who can benefit from services and are designed and operated by a majority of people with disabilities. The independent living movement uses people first language, such as "people with disabilities" instead of "disabled people". This shows that the person is most important, not the disability. If a person with a disability wants to ask for help, they can. But the kind of help they ask for and who they ask is up to them. This way of thinking is often described as "self-determination". There are eight core services provided by ILCs:

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<sup>1</sup> <https://www.ppic.org/publication/californias-aging-population/>

<sup>2</sup> <https://longevity.stanford.edu/the-new-map-of-life-initiative/>

<sup>3</sup> <https://newsroom.ucla.edu/releases/covid-life-expectancy-drops-by-race-and-income>

<sup>4</sup> [www.cdc.gov/nchs/data/databriefs/db492.pdf](http://www.cdc.gov/nchs/data/databriefs/db492.pdf)

- 1) Information and Referral (I&R)
- 2) Advocacy
- 3) Independent Living Skills
- 4) Peer Counseling
- 5) Transition and Diversion
- 6) Personal Assistance Services
- 7) Housing
- 8) Assistive Technology

There are 28 Independent Living Centers in California.<sup>5</sup> Not all ILCs provide ADRC services.

***Aging and Disability Resource Connections:*** ADRCs serve as single points of entry into the LTSS system for older adults, people with disabilities, caregivers, veterans and families. ADRCs are the access point model of California's "no wrong door" system.

The vision behind ADRCs is to establish, in every community, highly visible and trusted sources of information where people of all incomes and ages can turn for the full range of long-term support options and smooth access to public long-term support programs and benefits. Rather than new entities or bricks-and-mortar locations, ADRCs build on the state and community's existing resources on aging and disability. On the aging side, locally this means AAAs and on the disability side, ILCs

ADRCs provide unbiased, reliable information and counseling to individuals with all levels of income. They assist a wide range of individuals, including family caregivers, in accessing LTSS in the most desirable and appropriate setting. Since ADRCs do not limit their services to low-income individuals, they can help families of all income levels get the help they need as well as to utilize their resources more wisely, which may delay or prevent unnecessary institutionalization.<sup>6</sup>

A variety of supportive services are available through ADRCs. Anyone regardless of age, income and disability may receive services. These services may include:

- 1) Enhanced Information and Referral Services: Comprehensive resource information, follow-ups, and referrals via "warm hand-offs."
- 2) Options Counseling: Assist in identifying goals and needs through person-centered counseling and coordinating access to public and private-funded LTSS in the community.
- 3) Short-Term Service Coordination: Expedited access to services and supports for individuals at risk of institutionalization, generally for 90 days or less, until a longer-term plan is in place.
- 4) Transition Services: For people who are currently in a hospital, nursing facility, or other institution and wishes to receive LTSS at home or in a community-based setting.<sup>7</sup>

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<sup>5</sup> <https://www.dor.ca.gov/Home/IndependentLiving>

<sup>6</sup> <https://acl.gov/programs/connecting-people-services/aging-and-disability-resource-centers-programno-wrong-door>

<sup>7</sup> [https://aging.ca.gov/Programs\\_and\\_Services/Aging\\_and\\_Disability\\_Resource\\_Connection/](https://aging.ca.gov/Programs_and_Services/Aging_and_Disability_Resource_Connection/)

***Recent disruptions in the AAA Network:***

Planning and Service Area (PSA) 17/San Luis Obispo and Santa Barbara Counties:

- 1) On December 16, 2025, the CDA Issued a “Notice of Intent to Revoke the AAA Designation of Central Coast Commission for Seniors.” The notice wrote, in part “On November 11, 2025, the AAA informed CDA it does not have sufficient funds to continue operations after December 31, 2025. Therefore, CDA anticipates that the AAA will be unable to continue to serve the aging population with various critical services after December 31, 2025, posing an immediate threat to the safety, health, and/or welfare of the individuals being served.” The CDA was scheduled to hold a public hearing on February 2 of this year to “gather testimony, opinions, and information from all interested parties, including the general public, about the revocation of AAA designation of Central Coast Commission for Senior Citizens... revocation is being initiated due to concerns regarding the AAA’s conduct, including but not limited to its failure to comply with the requirements of the Older Americans Act and fiscal mismanagement.”
- 2) On January 28, 2026, Central Coast Commission for Senior Citizens notified CDA of its decision to voluntarily withdraw its AAA designation. The public hearing scheduled for February 2, 2026, was canceled because of this voluntary withdrawal. CDA has administratively continued the contract for the ADRC and carried out a formal process to designate a new AAA in PSA 17. A transition plan has not been made public, but earlier information stated the new PSA would take over October 1, 2026.

Planning and Service Area 18/ Ventura County: On March 3, 2026, the Ventura County Board of Supervisors voted to pause the planned transition of AAA services from County administration. The Board directed staff to further evaluate service delivery options and, in doing so, reaffirmed the County’s commitment to continue administering OAA and OCA programs through July 1, 2027. This action reversed Ventura County’s September 29, 2025 notification to CDA that it intended to discontinue providing AAA services effective July 1, 2026.

***Master Plan for Aging:*** In January of 2021, the Governor released his Master Plan for Aging (MPA). The MPA prioritizes the health and well-being of older Californians and the need for policies that promote healthy aging. The MPA serves as a blueprint for state government, local government, the private sector, and philanthropy to prepare the state for the coming demographic changes and continue California’s leadership in aging, disability, and equity.

The work plan laid out in the MPA mid-way through its ten year timeline continues to highlight the urgent needs facing California’s older adults, people with disabilities, their families, caregivers, advocates and the workforce supporting these populations..

The MPA for 2025-26 outlines five bold goals and currently seeks to advance 81 initiatives to build a California for All Ages by 2030. Each initiative features a designated area of focus; to deliver, to analyze and to communicate. It also includes a Data Dashboard on Aging to measure progress.<sup>8</sup>

- Goal One: Housing for All Ages and Stages
- Goal Two: Health Reimagined

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<sup>8</sup> <https://mpa.aging.ca.gov/DashBoard/>

- Goal Three: Inclusion and Equity, Not Isolation
- Goal Four: Caregiving That Works
- Goal Five: Affording Aging

**According to the Author:** “Senate Bill 1261 ensures continuation of essential aging and disability services by allowing Aging and Disability Resource Connections (ADRCs) to continue operations even if an Area Agency on Aging or Independent Living Center partner can no longer serve in its operator role. In doing so, this bill keeps the doors open, including for ARDCs serving San Luis Obispo, Santa Barbara, and Ventura counties, and ensures no one falls through the cracks during transitions where a new partner must be established.

Older adults, people with disabilities, and their caregivers rely on ADRCs as trusted places to turn for help. We cannot allow services to disappear simply because of an administrative transition.”

### **Arguments in Support**

California Foundation for Independent Living Centers, a sponsor of the bill, writes “SB 1261 addresses a critical gap in current law by ensuring that ADRCs can continue operating during periods of transition when an AAA or ILC is no longer able to serve in its designated role. Without this fix, ADRCs – designed as a “No Wrong Door” system – are at risk of shutting down entirely, leaving older adults, people with disabilities, and caregivers without access to essential services.”

The Santa Barbara County Board of Supervisors adds in support, “Maintaining consistent access to information and support is particularly important for older adults, individuals with disabilities, and the caregivers who assist them. SB 1261 aligns with the County’s policy commitment to strengthen services that promote the safety, health, and well-being of older adults and individuals with disabilities, including the vital support provided by family, friends, and professional caregivers.”

The County of Santa Clara writes in further support, “The need for the centralized resource hub for long-term care that the ADRC designation provides is high in Santa Clara County. By 2030, the number of adult residents over age 65 is projected to grow to 20% of the County’s population. A 2023 study by the County’s Department of Aging and Adult Services, which was approved by the Board of Supervisors, recommended the establishment of ADRC-type services to improve caregiving and quality of life for older adults and their families in the County.”

### **Arguments in Opposition**

None.

### **REGISTERED SUPPORT / OPPOSITION:**

#### **Support**

California Association of Areas on Aging (C4A) (sponsor)  
California Foundation for Independent Living Centers (CFILC) (sponsor)  
AARP  
Alzheimer's Association

California Coalition on Family Caregiving  
California Collaborative for Long-term Services and Supports (CCLTSS)  
California Long Term Care Ombudsman Association (CLTCOA)  
County of Santa Barbara  
County of Santa Clara  
County of Ventura

**Opposition**

None.

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