



# California Aging and Disability Research Partnership Meeting

September 22, 2023

# Meeting Logistics

## **Webinar or Telephone only - *No in-person meeting***

- **Live captioning streamed through webinar (Zoom)**
- **Meeting slides, transcript, and recording will be posted to CalHHS' Master Plan for Aging webpage.**
- **Please update your name in Zoom by left clicking the three dots in the upper right corner of your video and selecting "rename."**

# Public Comment



Attendees joining by **phone**, press \*9 on your dial pad to join line. The moderator will announce the last 4 digits of your phone number and will unmute your line.



Attendees joining by **webinar (Zoom)**, click the raise hand button to join line. The moderator will announce your name or your last 4 digits of your phone number and will unmute your line

*For additional public comment, email [Engage@aging.ca.gov](mailto:Engage@aging.ca.gov)*

# CADRP Membership

**Leonard Abbeduto, PhD,** [UC-Davis MIND Institute](#)

**Zia Agha, MD,** [West Health](#)

**Rigo Saborio,** [The SCAN Foundation](#)

**Donna Benton, PhD,** [USC Leonard Davis School of Gerontology](#)

**Isabella Chu, MPH,** [Stanford Center for Population Health Sciences](#)

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**Heather Young, PhD, RN, FAAN,** [Betty Irene Moore School of Nursing at UC Davis](#)

# Meeting Agenda

- **Welcome & Introductions**
- **CA 2030**
- **Master Plan for Aging (MPA) Key Outcomes: Recommendations**
- **Quantifying Equity for MPA Key Outcomes and Data Dashboard for Aging**
- **CADRP Partner Updates**
- **Public Comment**
- **Summary & Action Items**
- **Adjourn**

# Welcome & Opening Remarks



**Susan DeMarois**

*Director*

*California Department of Aging*

# Update on CA 2030



**Susan DeMarois**

*Director*

*California Department of Aging*

# THE CA2030 PROJECT: PROGRESS AND INSIGHTS

Collaborative Consulting & The California Department of Aging  
September 2023



CREATIVE

IDEAS TO ACTION

RESULTS



## PURPOSE

Imagine and design a future-ready CA Aging Network (CDA, AAAs, and relevant stakeholders) equipped to serve future older Californians.

## APPROACH

1. Establish a CA 2030 Steering Committee of diverse stakeholders.
2. Understand the current and ideal future state of the CA Aging Network through mixed-methods research.
3. Test scenarios for a future-ready CA Aging Network.
4. Develop actionable recommendations for CA Aging Network to achieve future readiness.

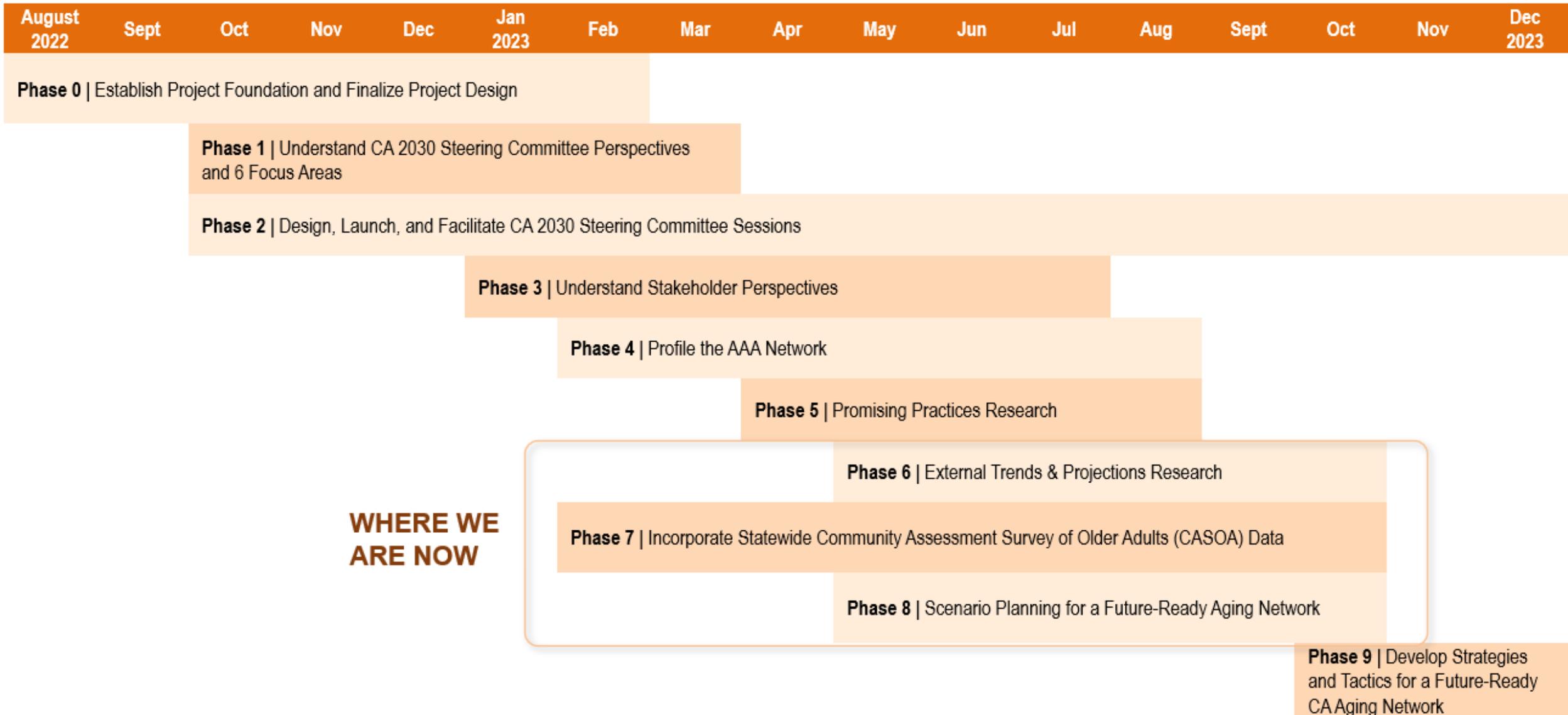


# RESEARCH FOCUS AREAS

1. Geography and Demographics
2. Governance
3. Programs and Services
4. Key Performance Measures
5. Branding, Communications and Outreach
6. Funding Sources and Capacities



# PROJECT TIMELINE



**WHERE WE  
ARE NOW**



Image source: Collaborative Consulting via Midjourney AI (2023)

- |   |                                      |
|---|--------------------------------------|
| <b>3</b> Researchers                    | <b>13</b> Associations               |
| <b>4</b> Funders                        | <b>17</b> Consumer Advocacy Groups   |
| <b>5</b> Thought Leaders                | <b>20</b> State Government Officials |
| <b>7</b> Historians                     | <b>33</b> AAA Directors              |
| <b>11</b> Community-based Organizations | <b>129</b> AAA Agency Staff          |
| <b>11</b> Steering Committee Members    |                                      |

## **California is becoming older.**

There are more older Californians, and they are living longer.

## **Older adults are more diverse.**

The racial, ethnic, and cultural diversity of Older Californians is expanding.

## **Consumer desires and preferences are evolving.**

## **Care needs are increasing in complexity.**

Dementia will increase; mental and behavioral health needs will grow; older adults will face multiple comorbidities.

## **The intersectionality of aging and disability is growing.**

Life expectancy of people with disabilities is growing, and older adults are aging into disabilities.

*“Younger generations are not going to tolerate the way care is delivered [today]. They're going to want more convenience, transparency, and navigation. They're going to expect the integration of technology into their whole experience.”*

*I think we're going to have a sicker population. If you look at trends that are happening to people under 65, there's no reason to believe that we're not going to have increasing comorbidities.”*

## **Older adults will face greater social and health vulnerabilities.**

- More older adults will face financial vulnerability and increasing disparities.
- The housing shortage is already a crisis – and could get worse.
- Climate change will pose risks to older Californians.

*“Aging and poverty go together – the aging network needs to recognize this.”*

## **The eldercare and caregiving crises are growing.**

- Paid and unpaid caregiving shortages will become even more acute.
- Service demand will grow, and workforce challenges could deepen

*“We should be paying attention to the integration of healthcare and social services because that's going to happen regardless of what any of us do [and] that's where the funding is going to be.”*

## **The integration of health and social services is growing.**

## **Challenges in accessing services will persist.**

## **Preparation for the aging demographic has strong political and public will.**

*“We have the ability in California to envision a different future, partly because of the leadership within the state; but also, the aging population will demand this of us.”*

## **Advanced technologies offer a multitude of threats and opportunities for consumers.**

# TRAITS OF A FUTURE-READY CA AGING NETWORK

Traits	Definition
<b>Aging and Disability Forward</b>	Strives to understand, prevent, and combat negative stereotypes associated with aging and disability by promoting positive images and strengths of all people.
<b>Inclusive and Equitable</b>	Addresses ageism, ableism, racism, and implicit biases. Manages resources and programs to meet Californians' evolving needs, ensuring equitable distribution and reach across populations and rural and isolated geographies.
<b>Well-known and Accessible</b>	Visible, recognized, and accessible to all Californians.
<b>Consistent</b>	Provides a standard of quality and core services across the state.
<b>Locally Responsive</b>	Adapts and develops services, practices, and programs to address community-specific needs and opportunities.
<b>Strategic and Action-oriented</b>	Invests in and relies on leaders who anticipate and respond to internal and external opportunities and threats by leveraging the strengths of their stakeholders, communities, partners, and agencies.
<b>Performance-based and Outcomes-driven</b>	Demonstrates the value and impact of its programs and services by measuring and monitoring performance and demonstrating the social, health, and economic outcomes of its results and investments.
<b>Integrated</b>	Connects to public and private stakeholders spanning the continuum of human, services, healthcare, behavioral health, and public health, serving as the trusted aging services, resource, advocate, and ally.



# MPA Key Outcomes: Recommendations

Ross Lallian, *CA Dept of Aging*

Bella Chu, *Stanford Center for Population Health Sciences*

Zia Agha, *West Health Institute*

# Purpose of MPA Key Outcomes

- A mechanism to track MPA impacts for older adults and adults with disabilities on high priority topics.
- Opportunity for cross department and state/academic collaboration to agree on appropriate measures, data sources, etc.
- Data driven information that CDA and other stakeholders can use in policy/program development.

# Criteria for Selecting Key Outcomes

- 1. Goal-oriented.** Key outcomes offer optimal opportunities for achieving the goals of the MPA.
- 2. Policy-aligned.** Key outcome indicators further implementation and monitoring of near and long-term progress on key policy priorities.
- 3. Equity-promoting.** Key outcome indicators enable assessment of outcome disparities and progress toward advancing equity for historically marginalized, and underrepresented communities.
- 4. Achievable.** Key outcome indicators include targets that are reasonably achievable within a ten-year period.
- 5. Meaningful.** Key outcome indicators measure outcomes that, if achieved, would have a meaningful positive impact on the well-being of older adults, adults with disabilities, and their families.

# Key Outcomes Workgroups

<b>Housing/ homelessness/ transportation (MPA Goals 1 &amp; 5)</b>	<b>Behavioral health/isolation (MPA Goals 2 &amp; 3 &amp; 4)</b>	<b>Paid &amp; unpaid caregiving (MPA Goal 2 &amp; 4)</b>
<ul style="list-style-type: none"><li>• Lead: Bella Chu</li><li>• Members:<ul style="list-style-type: none"><li>• Nari Rhee</li><li>• Margot Kushel</li><li>• Derek Christopher</li><li>• Evan Wallis</li><li>• Terri Shaw</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Lead: Zia Agha</li><li>• Members:<ul style="list-style-type: none"><li>• Terri Shaw</li><li>• Kathryn Kietzman</li><li>• Len Abbeduto</li><li>• Kate Wilber</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Lead: David Lindeman</li><li>• Members:<ul style="list-style-type: none"><li>• Heather Young</li><li>• Donna Benton</li><li>• Steve Hornberger</li><li>• Nari Rhee</li><li>• Angie Perone</li><li>• Jasmine Lacsamana</li><li>• Kathy Kim</li><li>• Scott McGrath</li><li>• Terri Shaw</li></ul></li></ul>

# Overview of Preliminary Recommendations

## 1. Proposed Key Outcomes

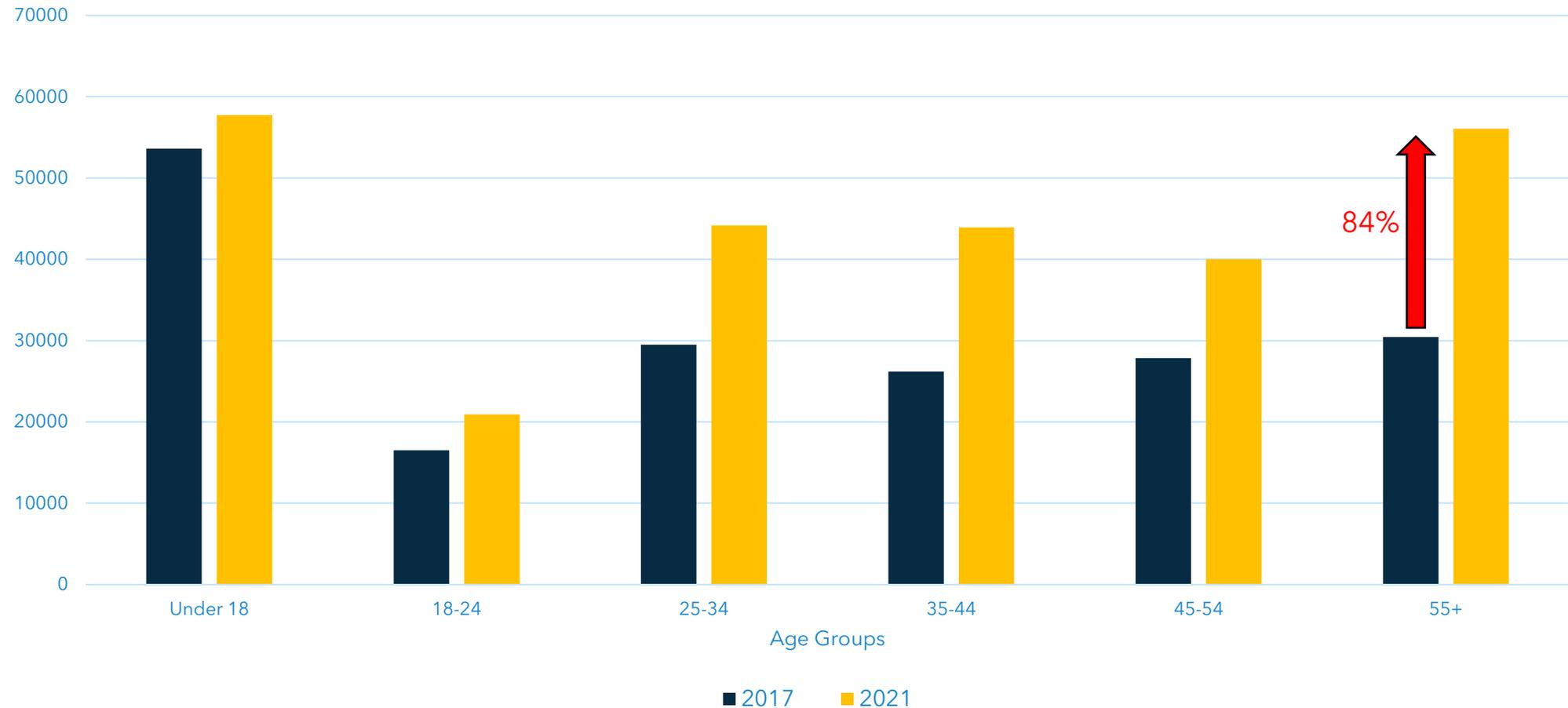
- Reduce homelessness for older adults.
- Reduce the housing cost burdens faced by older adults and adults with disabilities.
- Reduce self-reported psychological distress among older adults and adults with disabilities.
- Increase the proportion of older adults and adults with disabilities that receive needed behavioral health services.
- Reduce the burdens faced by family and friends caregivers.
- Reduce turnover rates among the direct care workforce.

## 2. Opportunities to Promote Equity

- Assess the indicators for each outcome by as many of the following factors as possible: **age, race, ethnicity, language, citizenship status, sex, gender identity, sexual orientation, family status, disability, dementia/cognitive status, income, rural/urban** (see MPA Initiative 106).
- Identify at least one equity gap within each indicator and develop a specific target to address the gap and promote equity.

# Homelessness: Older Adults

## People Who Accessed the Homelessness Response System in CA



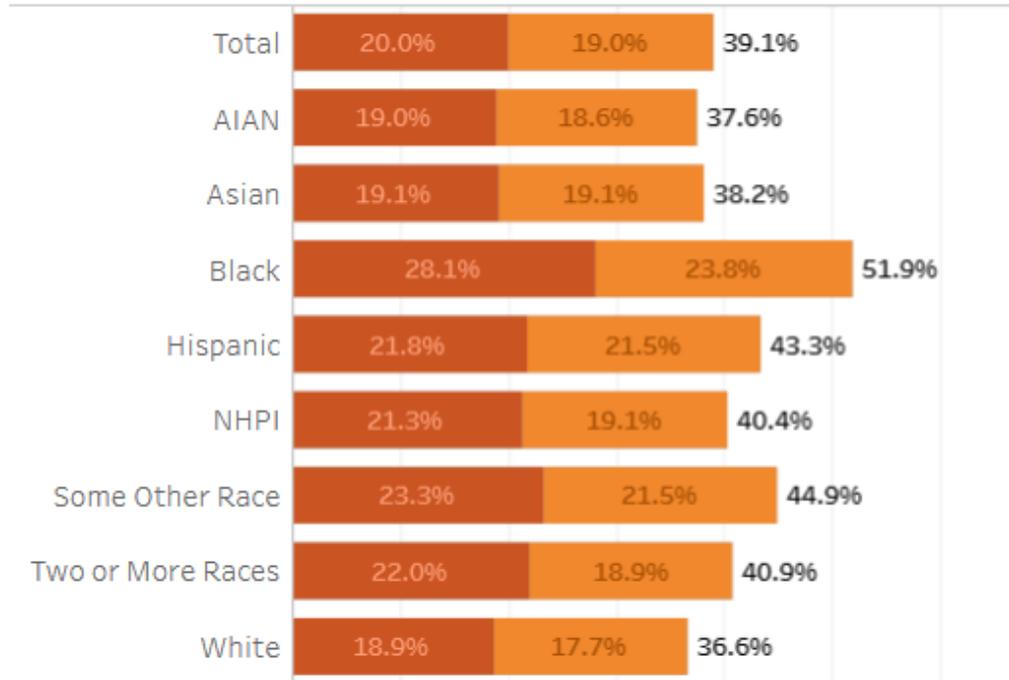
From 2017 to 2021, clients of services for unhoused people age 55+ increased 84%, compared to a 43% increase for all ages.

# Homelessness: Indicators

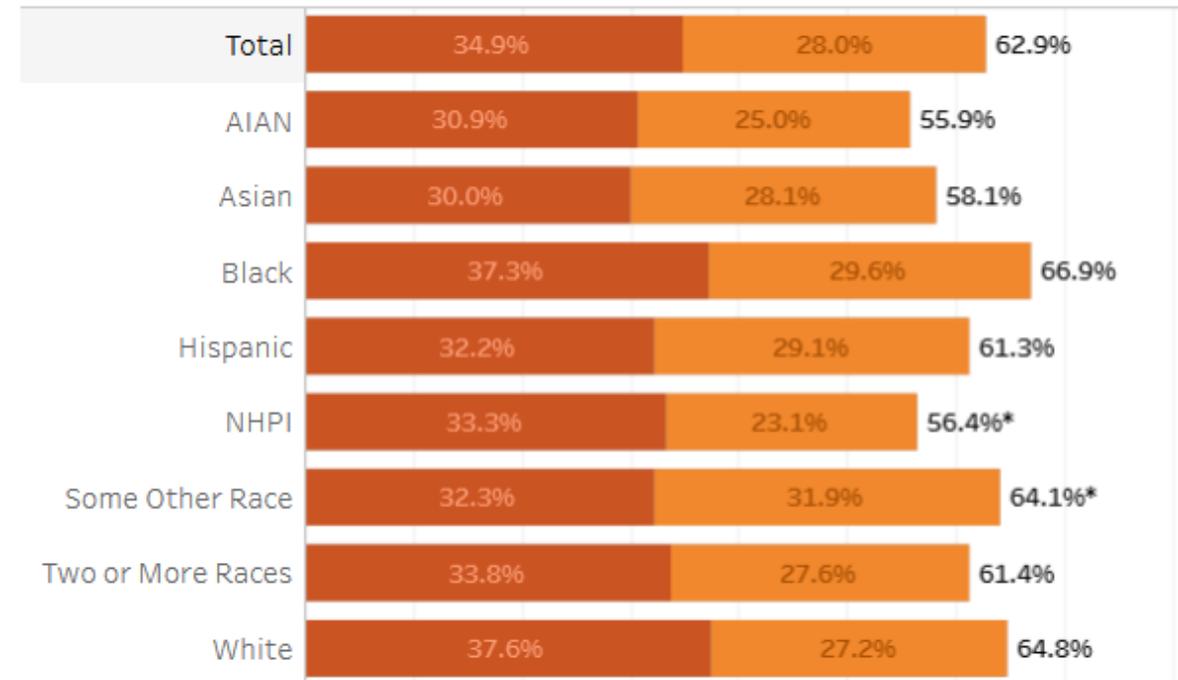
<b>Tools</b>	<b>Reduce homelessness for older adults.</b>
Indicators	Percentage of older adults who interacted with any homelessness service provider receiving state or federal funding.
Data Source	Homeless Data Integration System (numerator); American Community Survey (denominator)
Associated Drivers	<ul style="list-style-type: none"><li>• Housing cost burden</li><li>• Income</li><li>• Demographics</li><li>• Substance abuse prevalence</li><li>• MPA initiatives 7, 87, 88, 117, and 118</li></ul>
Data/Research Gaps	<ul style="list-style-type: none"><li>• Total population of unhoused individuals</li><li>• The ability to cross tabulate data</li><li>• Evaluation of related interventions</li><li>• Linking with administrative data.</li></ul>

# Housing Cost Burden: Households with 65+ Resident

All Households



Renter Households



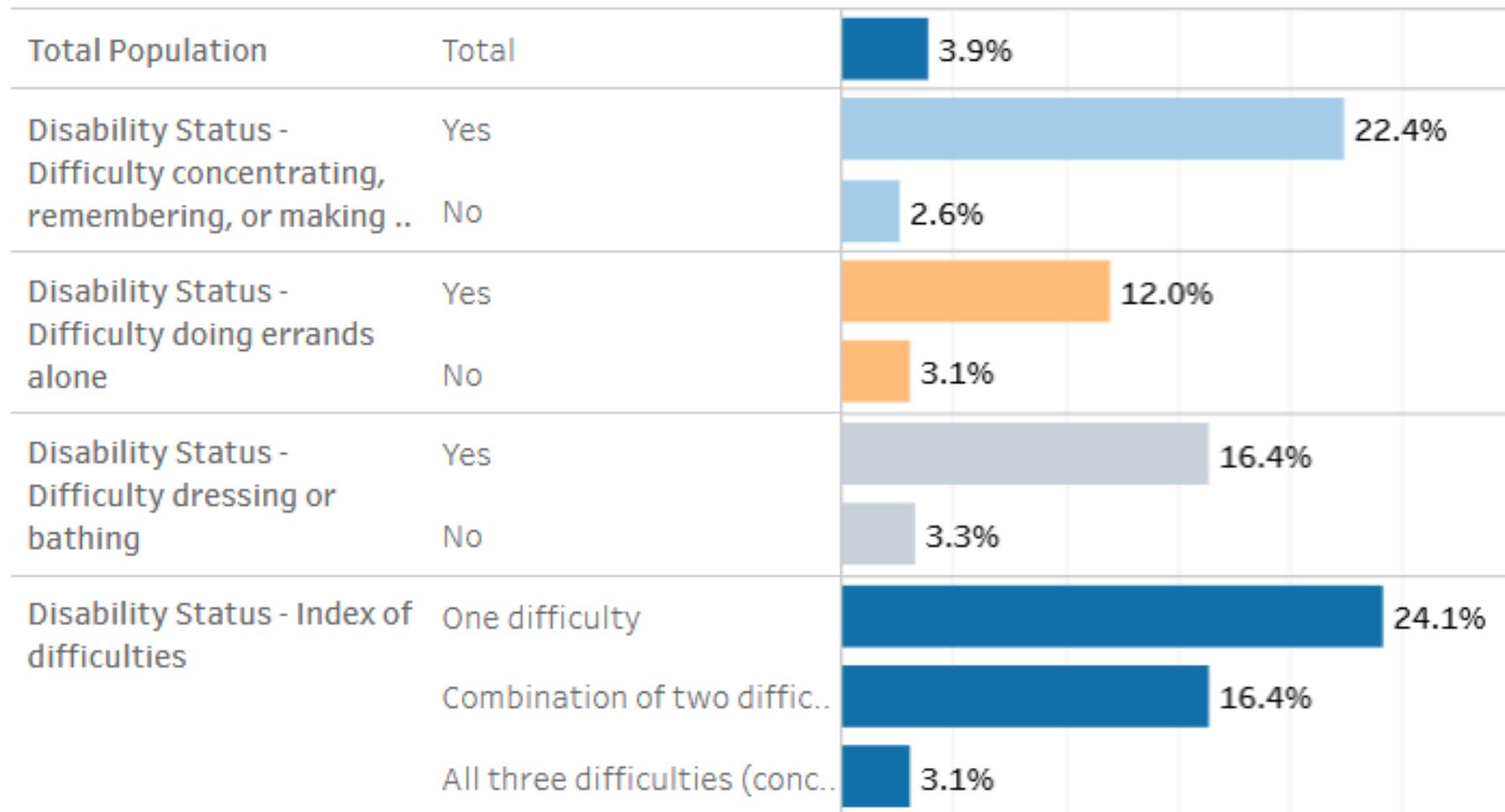
More than 50% Income for Housing
  30%-49% Income for Housing

# Housing Cost Burden: Indicators

Factors	Reduce housing cost burdens faced by older adults & adults with disabilities.
Indicators	<ul style="list-style-type: none"><li>• Percentage of households with a <u>resident 65+</u> who spent more than <b>50%</b> of their household income on housing (severely cost burdened).</li><li>• Percentage of households with a <u>resident 65+</u> who spent more than <b>30%</b> of their household income on housing (cost burdened).</li><li>• Percentage of households with a <u>disabled adult resident</u> who spent more than <b>50%</b> of their household income on housing (severely cost burdened).</li><li>• Percentage of households with a <u>disabled adult resident</u> who spent more than <b>30%</b> of their household income on housing (cost burdened).</li></ul>
Data Source	<a href="#">American Community Survey</a> ; Dept. of Housing and Community Development; CA Housing Partnership; Housing and Urban Development
Associated Drivers	<ul style="list-style-type: none"><li>• Ensure an adequate supply of affordable housing options for older adults and adults with disabilities.</li><li>• MPA initiatives 1, 2, 3, 5, 6, 8, and 9.</li></ul>
Data/Research Gaps	Limited ability to do within-state geographic analysis.

# Psychological Distress: Adults 60+

Percent of California Adults Age 60 or Older Who Experienced Serious Psychological Distress in the Past Year, 2020

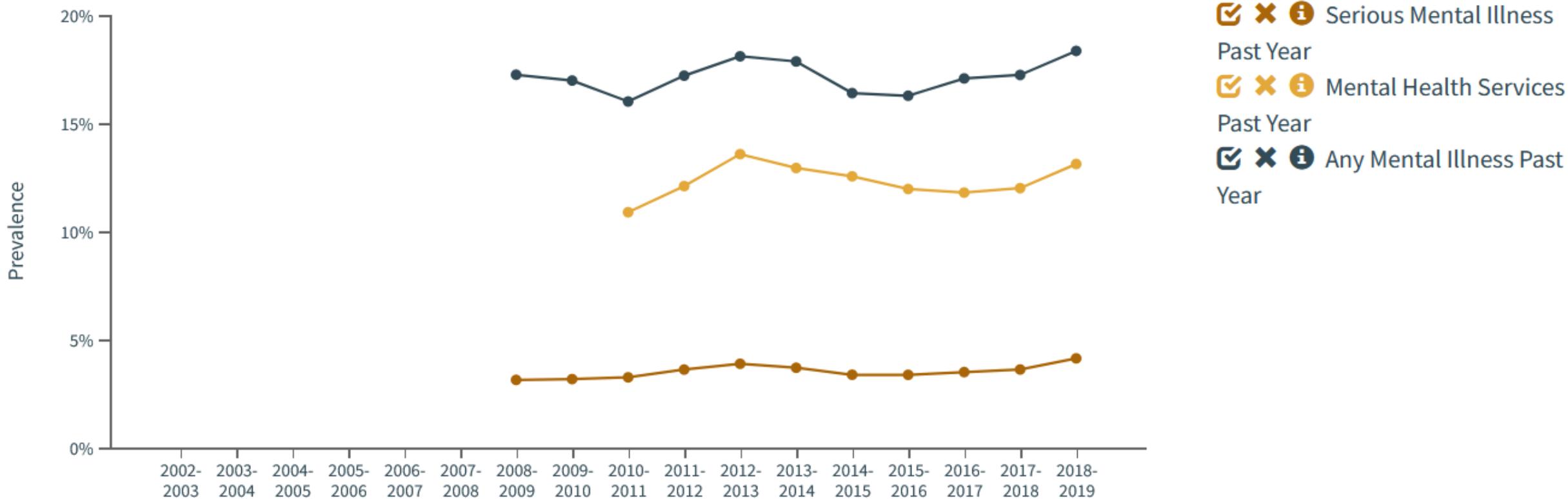


# Psychological Distress: Indicators

Factors	Reduce self-reported psychological distress among older adults and adults with disabilities.
Indicators	<ul style="list-style-type: none"> <li>Percentage of <u>older adults (60+)</u> who self-reported <b>serious</b> psychological distress (K6 of 13+) within the last year.</li> <li>Percentage of <u>older adults (60+)</u> who self-reported <b>moderate</b> psychological distress (K6 of 5+) within the last year.</li> <li>Percentage of <u>adults with disabilities</u> (age 19+ with self-reported cognitive difficulty, difficulty doing errands alone, and/or difficulty dressing or bathing) who self-reported <b>serious</b> psychological distress (K6 of 13+) within the last year.</li> <li>Percentage of <u>adults with disabilities</u> (who self-reported <b>moderate</b> psychological distress (K6 of 5-12) within the last year.</li> </ul>
Data Source	<a href="#">California Health Interview Survey</a>
Associated Drivers	<ul style="list-style-type: none"> <li>Increase the availability and utilization of behavioral health services for older adults and adults with disabilities who experience moderate or serious psychological distress.</li> <li>MPA initiatives 31, 32, 52, 53</li> </ul>
Data/Research Gaps	Survey research to refine prevalence of and associations between self-reported health status, psychological distress, loneliness, access to behavioral health services, and social determinants of health.

# Access to Behavioral Health: Adults 26+\*

## Prevalence among Adults Aged 26 or Older in California, by Outcome



\*Sample visualization based on readily available data. Data for adults 60+ is available for further analysis.

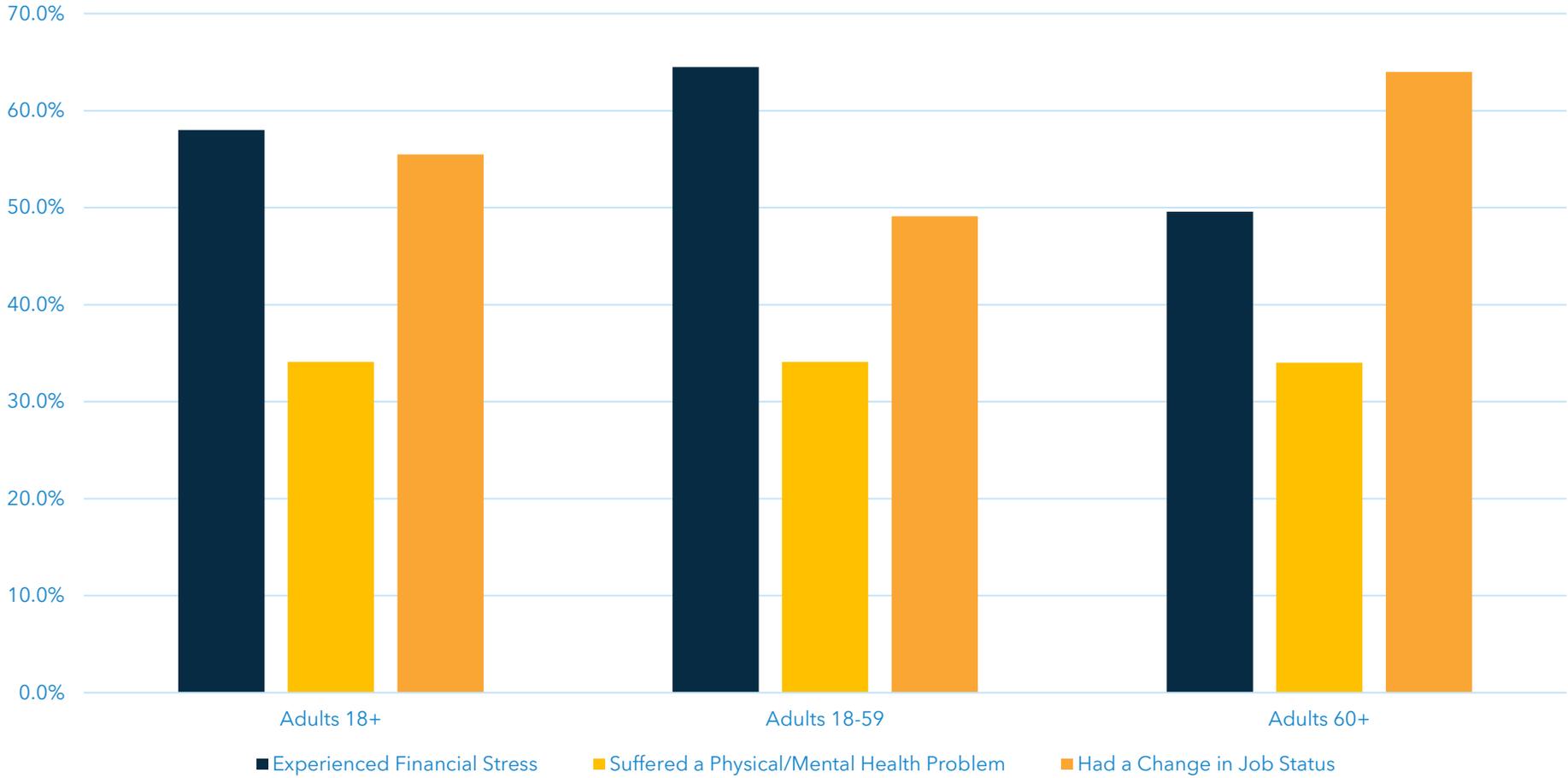
# Access to Behavioral Health: Indicators

	<b>Increase the proportion of older adults and adults with disabilities that receive needed behavioral health services.</b>
Indicators	<ul style="list-style-type: none"> <li>• Percentage of older adults with any mental illness (AMI) who did not receive treatment</li> <li>• Percentage of older adults with AMI reporting unmet need</li> <li>• Percentage of adults with disabilities with AMI who did not receive treatment</li> <li>• Percentage of adults with disabilities with AMI reporting unmet need</li> </ul>
Data Source	SAMHSA - <a href="#">NSDUH</a> (AMHTXRC-3 and -2 variables) (includes data by age and general health status, not disability)
Associated Drivers	<ul style="list-style-type: none"> <li>• Age-Wise, CalAIM, CDA efforts to combat isolation and reduce stigma in older adult behavioral health (including a media campaign)</li> <li>• MPA initiatives 31, 54</li> </ul>
Data/Research Gaps	Conduct supplemental data analysis using California Health Care Payments Database (HPD) and/or Medicare claims data to assess prevalence and disparities in: <ul style="list-style-type: none"> <li>• Claims for inpatient/outpatient treatment/counseling and/or specified CPT codes (e.g., codes that focus on cognitive function);</li> <li>• Availability of and access to behavioral health services by county;</li> <li>• Behavioral health claims by treatment setting (including virtual); and/or</li> <li>• Claims for behavioral health and/or cognitive medications.</li> </ul>

# Caregiver Burdens: Family and Friend Caregivers



Consequences of Caregiving on California Family and Friend Caregivers, by Age of Caregiver, 2019-2020



# Caregiver Burdens: Indicators

Factors	Reduce the burdens faced by family and friends caregivers.
Indicators	Number/percentage of adult caregivers who experienced financial stress, physical/behavioral health issues, or a change in job status as a result of their caregiving.
Data Source	<a href="#">California Health Interview Survey</a> ; CareNav; Department of Health Care Access and Information; Employment Development Department (paid family leave claims)
Associated Drivers	<ul style="list-style-type: none"><li>• Extent of care being provided</li><li>• Associated legislation</li><li>• Availability of state/local grant funding</li><li>• Availability of adult day care providers</li><li>• MPA initiatives 79, 80, 81, 82, 107, 108, 109, and 110.</li></ul>
Data/Research Gaps	<ul style="list-style-type: none"><li>• Data does not capture all caregivers</li><li>• Lack of data regarding the intensity of care provided</li><li>• Lack of data intersectionality</li><li>• Not all associated data is aggregated by age groups</li></ul>

# Direct Care Workforce: Turnover Rates



- Factors that contribute to high turnover:
  - Low wages
  - Burnout
  - Lack of advancement opportunities
  - Insufficient training
  - Lack of family leave
  - Risk of job-related injuries

# Direct Care Workforce Turnover: Indicators

Factors	Reduce turnover rates among the direct care workforce.
Indicators	<ol style="list-style-type: none"> <li>1. Turn over rates for the direct care workforce.</li> <li>2. Recruitment of the direct care workforce.</li> </ol> <p>Number of in-home caregiving workforce per 1,000 adults age 60+; Home Care Workers/Aides employed through an agency; IHSS registered workers; Certified Nursing Assistants and Home Health Aides</p>
Data Source	Dept of Health Care Access and Information; CA Dept of Public Health, CA Dept of Social Services; Dept of Finance
Associated Drivers	<ul style="list-style-type: none"> <li>• Compensation</li> <li>• Immigration status</li> <li>• Intensity of work duties</li> <li>• Gateway In</li> <li>• CalGrows</li> <li>• MPA initiatives 83, 84, 85, 111, 112, and 113.</li> </ul>
Data/Research Gaps	<ul style="list-style-type: none"> <li>• Job satisfaction</li> <li>• Career aspirations</li> <li>• Lack of training efficacy data</li> <li>• Lack of data for expanded operations such as wrap around services</li> </ul>

# Next Steps

- Schedule reoccurring workgroup meetings.
- Conduct an environmental scan of ready to use data sources.
- Work with state partners to acquire high value datasets.
- Decide on a methodology to develop targets for the outcome measures.
- Data preparation.
- Key outcomes dashboard/visualization development.
- State approval process.

# Discussion

- Any modifications to the proposed outcome measures?
- Are you aware of additional data sources which may inform this process?
- Would you like to join one of the workgroups?



# Equity in the MPA: Future State

*Ross Lallian, Chief of Research*  
*Evan Wallis, Senior Research Specialist*

# Objectives

- Present the current state of demographic data collection related to the Master Plan for Aging (MPA).
  - Discuss opportunities for improvement in this area.
- Introduce the future state of demographic data collection and equity tracking.
- Describe how this future state will lead to consistency across workstreams and ability to track progress over time.

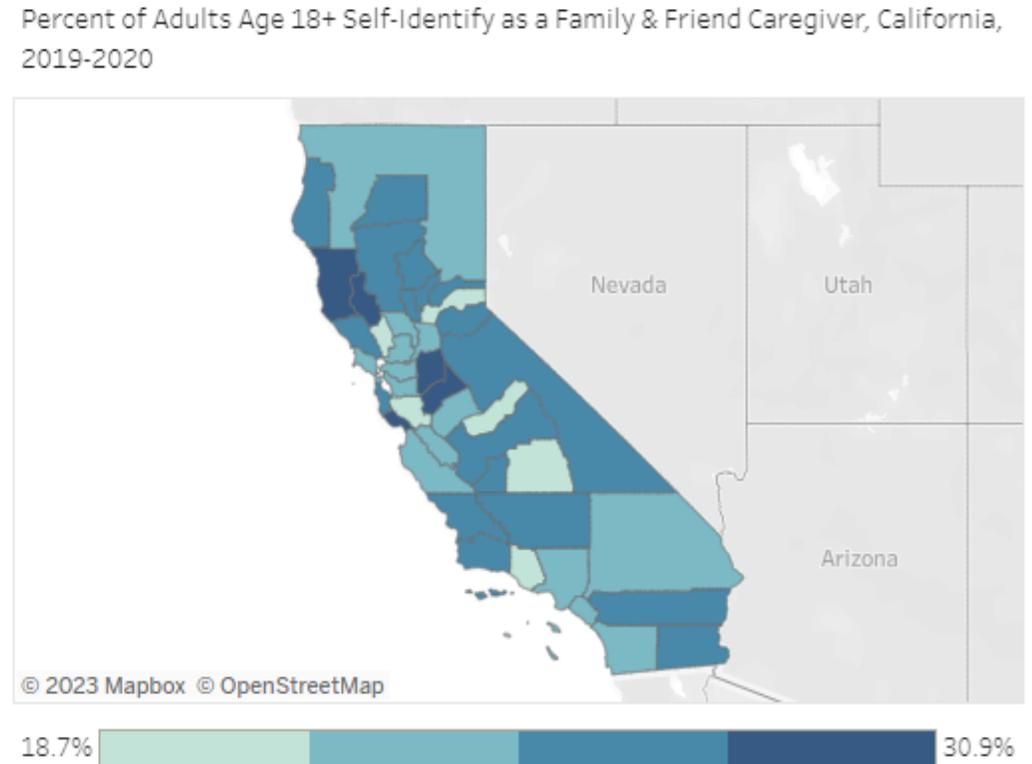
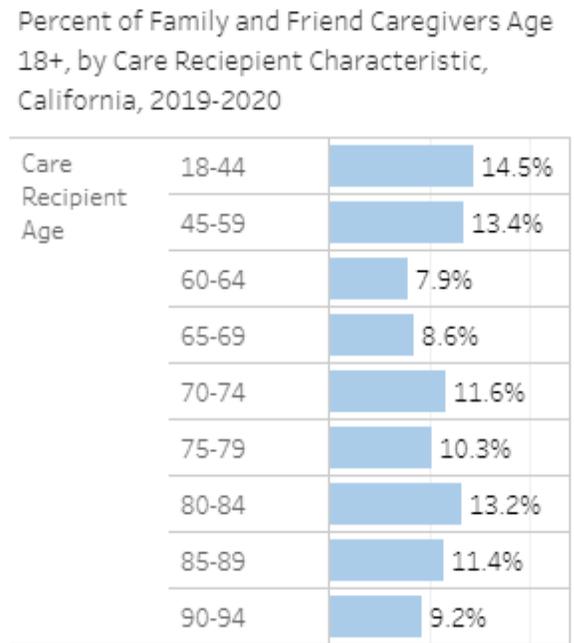
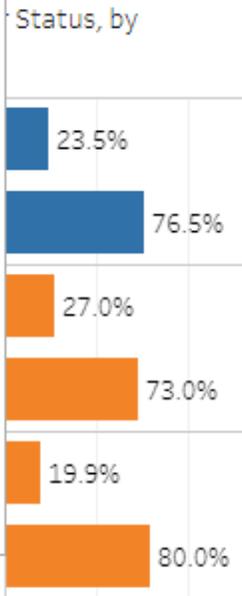
# Current State of Data Collection

2019-2020 California: 23.5% of Adults Age 18+ Self-Identify as a Family & Friend Caregiver (6,976,000 / 29,677,000 Adults Age 18+)

Caregiver Status Characteri... Care Recipient Characteri... Geography Type Geography Age Group Measure Year

(Multiple values) Care Recipient Age California Counties California 18+ Caregiver 2019-2020

- Total Population
- Sex
- Race/Ethnicity
- Education
- FPL (99% Interval)
- FPL (100% Interval)
- Birthplace
- Household Size
- Immigration Status
- Insurance Type
- Language at Home
- Urban/Rural
- SOGI - LGBTQ
- SOGI - Gender Identity
- SOGI - Sexual Orientation by Gender
- Work Status

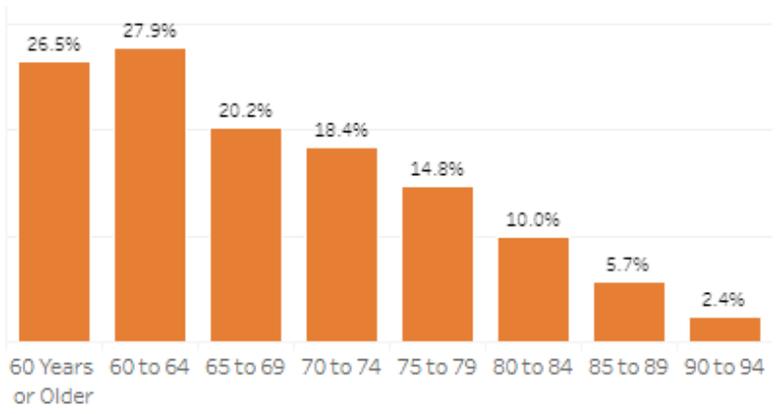


# Current State of Data Collection

2016-2020 Orange: 26.5% (646,000 Persons 60 years or Older / 2,434,000 Orange Annual Adult Population Average)

Year:  Location:

## Age Group, Household Size, Race/Ethnicity, Urban/Rural and Disability



Household Size	Lives with Others	82.9%
	Lives Alone	
Race/Ethnicity	White	64.7%
	Asian	17.8%
	Hispanic	15.2%
	Black	1.1%
	Two or More Races	1.0%
	AIAN NHPI	0.2%
Urban/Rural	Large City	71.3%
	Suburban	
	Mixed	3.8%
	Small Town	0.3%
	Rural	**
	Small City	**

## Education, Income, and Insurance Type

Education	< High School Education	10.9%
	High School Education	20.3%
	Some College	22.3%
	Univ/Col Degree or Above	46.5%
FPL (100% Interval)	FPL 0 - 100%	11.0%
	FPL 101 - 200%	15.5%
	FPL 201 - 300%	11.0%
	FPL 301 - 400%	10.7%
	FPL 401 - 700%	24.7%
	FPL 701% and above	27.1%
Insurance Type	Employment Based / Private	25.1%
	Healthy Families/CHIP / Other Public	0.2%
	Medicaid	4.2%
	Medicare alone/with Other	58.8%
	Uninsured	1.7%

## Sexual Orientation and Gender Identity

LGBTQ	Cis-Gender and Straight/Heterosexu..	98.1%
	LGBTQ	1.9%
Sexual Orientation	Bisexual	0.7%
	Celibate/Other	2.1%
	Gay, Lesbian, or Homosexual	0.8%
	Straight or Heterosexual	96.2%
Sexual Orientation by Gender	Bisexual - Female	0.3%
	Bisexual - Male	0.4%
	Gay, Lesbian, or Homosexual - Female	0.4%
	Gay, Lesbian, or Homosexual - Male	0.4%
	Straight/Heterosexual - Female	52.7%
	Straight/Heterosexual - Male	45.7%
Gender Identity	Cis-Gender	99.6%
	Transgender or Gender Non-Confor..	0.4%

## Birthplace, Immigration Status, and Language

Birthplace	US	69.6%
	Asia & Pacific Islands	
	Mexico	5.9%
	Europe	3.4%
	Other	1.5%
	Other Latin America Central America	1.5% 0.4%
Immigration Status	US-Born Citizen	69.6%
	Naturalized Citizen	
	Non-Citizen	4.9%
Language at Home	English	68.8%
	English and One Other Language	16.0%
	Vietnamese	6.1%
	Spanish	3.6%
	Other One Language Only	2.9%
	Other Two or More Languages Chinese	1.4%

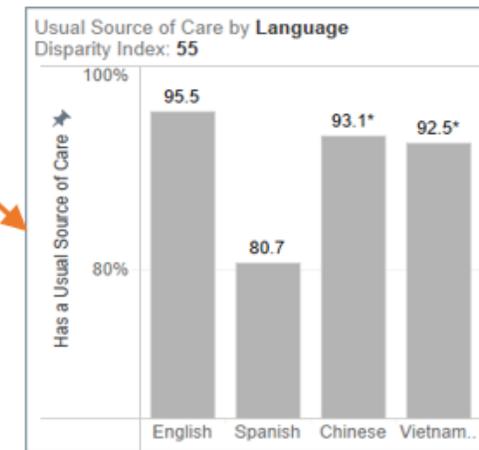
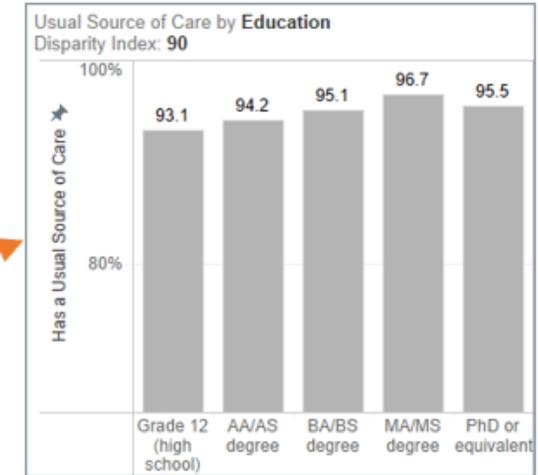
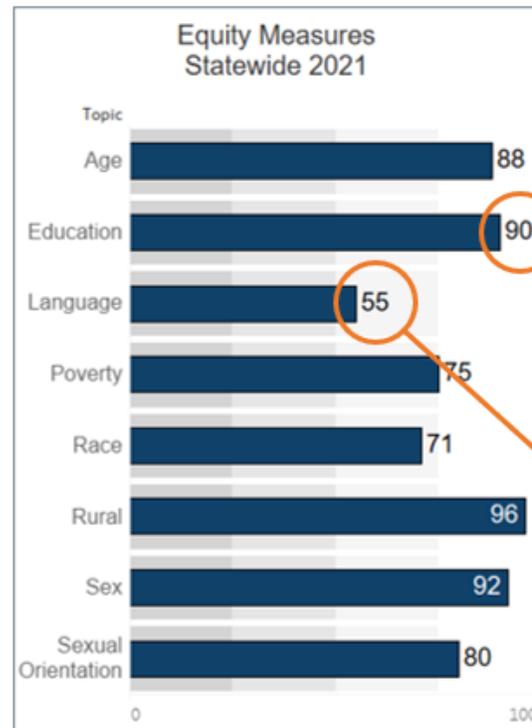
# Opportunities for Improvement

- Develop the ability to quantify and track equity over time.
- Design features that are easier for consumers to understand.
- Aim to collect consistent demographic data across workstreams and visualizations.
- Create features and outputs which allow for data to be actionable.



# Equity Index (EI)

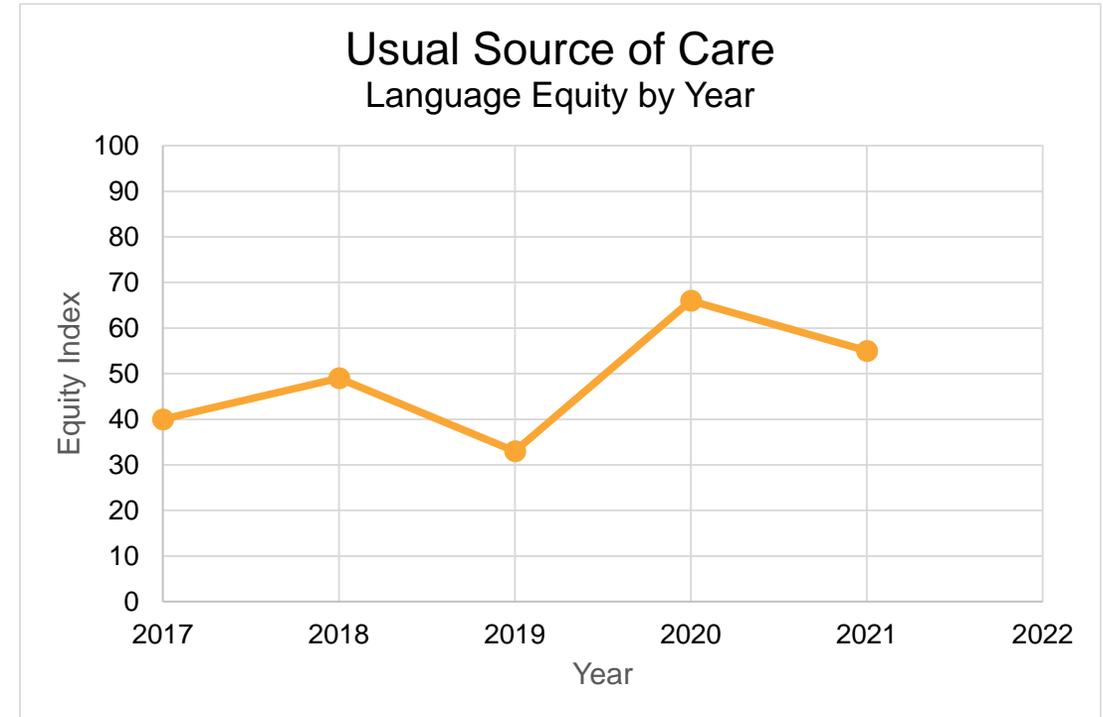
- Scale of 0 to 100
- **Higher** numbers indicate **more equity**
  - Smaller variation between groups
- **Lower** numbers indicate **less equity**
  - Larger variation between groups



# Tracking Equity

## For each indicator:

- Individual equity targets for each topic
  - e.g. *Language EI of 80 or higher*
- Overall equity target across all topics
  - e.g. *8 out of 8 topics have an EI of 80 or higher.*



# Benefits of Standardized Data

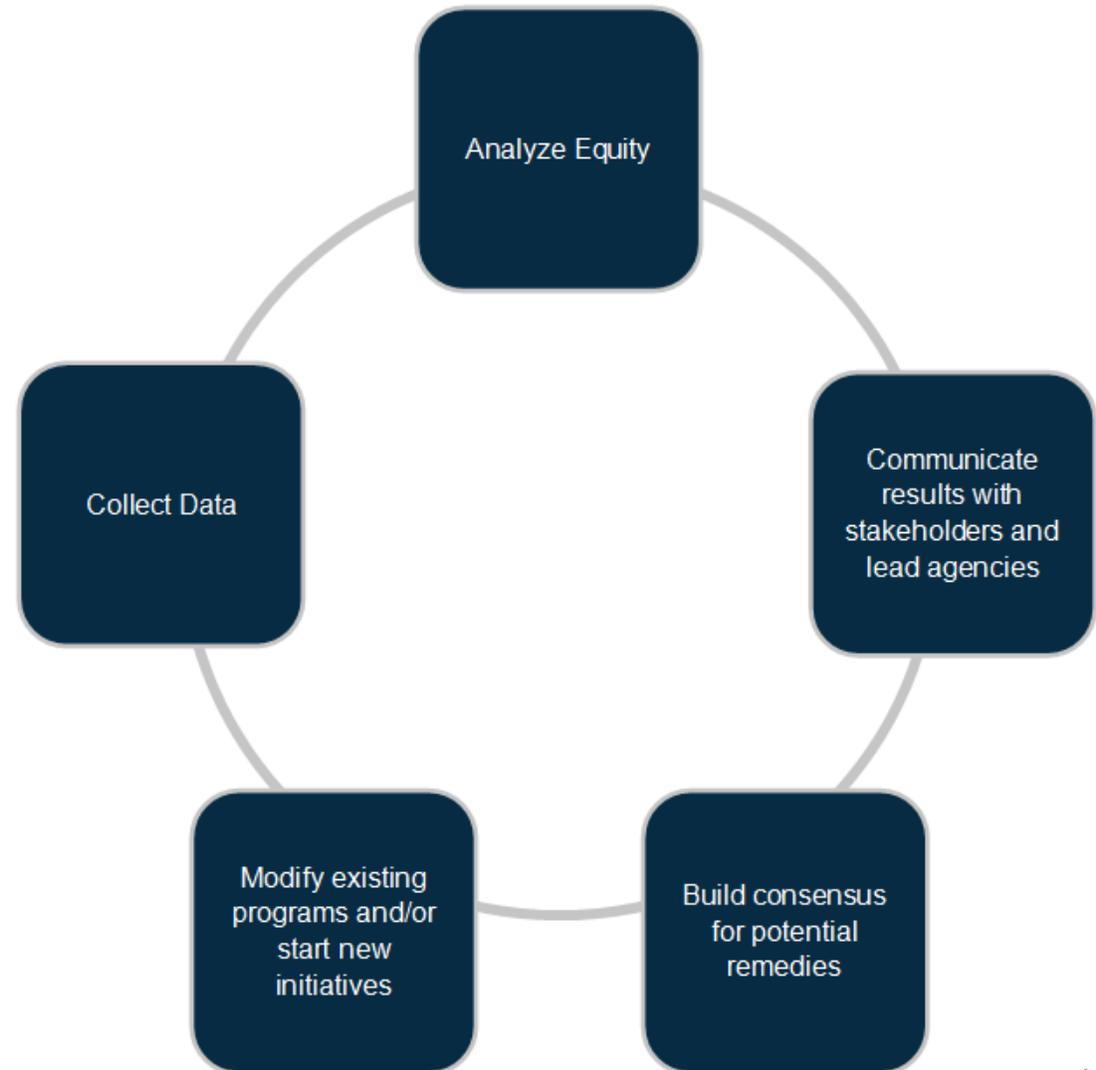
Standardized equity data enables CDA to assess equity across the MPA, potentially identifying areas where inequity is greatest for each topic (e.g. *race/ethnicity*).

Topic	Park Access	Housing Cost Burden	Routine & Personal Care Needs Met	Usual Source of Care	Protection from Abuse	Food Insecurity
Race/Ethnicity	62	49	68	71	61	48

*The fictitious data displayed is shown only as an example. These data do not represent actual analysis.*

# First Step

CDA's equity data framework is one step in a larger collaborative system.





# CADRP Partner Updates

Ross Lallian, *CA Dept of Aging*

Zia Agha, Chief Medical Officer and  
Executive Vice President, *West Health  
Institute*



# Thank You

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# CADRP Purpose

- Advance age- and disability-focused research to strengthen the evidence base for promoting equitable opportunities for Californians to thrive as they age;
- Provide input on key performance indicators and data sources to inform MPA Outcomes Reports and the Data Dashboard for Aging; and
- Model a research partnership between California state government and academic institutions focused on using data for action and equity that can be replicated across other CalHHS person-centered, data-driven priorities.

# CADRP Priorities

At the September 2022 CA For All Ages & Abilities Day of Action, CADRP committed to:

- Building consensus on key outcomes and associated drivers, metrics, and data.
- Identifying and launching 2-3 research projects (with associated key outcomes) to lay a foundation for a research consortium.

# Using Behavioral Health Research as a Test Case

- Opportunities to:
- Address research gaps identified in the key outcomes effort.
- Engage in both qualitative and quantitative exploration on priority topics.
- Identify key components of public-private research collaboration to inform development of a consortium.

# Research Proposal: Behavioral Health

Two research gaps identified in Behavioral Health Key Outcomes:

- Survey research on prevalence of and associations between self-reported health status, psychological distress, loneliness, access to behavioral health services, and social determinants of health.
- Supplemental data analysis to assess prevalence and disparities in:
  - Claims for inpatient/outpatient treatment/counseling and/or specified CPT codes (e.g., codes that focus on cognitive function);
  - Behavioral health claims by treatment setting (including virtual); and/or
  - Claims for behavioral health and/or cognitive medications.

# Public Comment



Attendees joining by **phone**, press \*9 on your dial pad to join line. The moderator will announce the last 4 digits of your phone number and will unmute your line.



Attendees joining by **webinar (Zoom)**, click the raise hand button to join line. The moderator will announce your name or your last 4 digits of your phone number and will unmute your line

*For additional public comment, email [Engage@aging.ca.gov](mailto:Engage@aging.ca.gov)*

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*Chief of Research*

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# January 2024 CADRP Meeting

- Speaker from Dept of Health Care Access and Information to discuss the Health Care Payments Data program and process for requesting data.
- Speaker from Center for Data Insights and Innovation to provide an update on the Agency Data Hub.
- Updates on MPA Key Outcomes effort and behavioral health research project.



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