



# IMPACT

## Stakeholder Committee

*May 23rd, 10:00 - 12:00 pm*

# Meeting Logistics

- American Sign Language Interpreting Provided
- Closed Captioning Available via Zoom
- Meeting slides, video recording & transcript will be posted to the [CalHHS Agency's MPA webpage](#)
- *IMPACT* Members: Please rename yourself in Zoom by left clicking the dots in the upper right corner on your video and select "rename."



## Public comments during meeting, as on agenda

- 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 or for meeting feedback email [Engage@aging.ca.gov](mailto:Engage@aging.ca.gov).

# IMPACT Committee Purpose

The Implementing the Master Plan for Aging in CA Together (IMPACT) Stakeholder Committee advises the California Health and Human Services Agency on the implementation of the [Master Plan for Aging](#), focusing on accountability, outcomes, and continuous improvement towards the Plan's five bold goals for 2030.

# IMPACT Stakeholder Committee Members

- **Elizabeth Edgerly, PhD**, Executive Director, Alzheimer's Association Northern California & Northern Nevada Chapter
- **Andy Imparato, JD**, Executive Director, Disability Rights California
- **Nancy McPherson, MPA**, State Director for AARP California
- **Sarita Mohanty, MD, MPA, MBA**, President and Chief Executive Officer, The SCAN Foundation
- **Doug Moore**, Executive Director, United Domestic Workers of America

# IMPACT Stakeholder Committee Members



- **Sharon Nevins, LCSW, MPA**, Director, San Bernardino County Department of Aging & Adult Services/Area Agency on Aging
- **Kevin Prindiville, JD**, Executive Director, Justice in Aging
- **Kiran Savage-Sangwan, MPA**, Executive Director, California Pan-Ethnic Health Network
- **Fernando Torres-Gil, PhD, MSW**, Director of the UCLA Center for Policy Research on Aging, Professor of Social Welfare and Public Policy at UCLA, Adjunct Professor of Gerontology at USC

# Today's Meeting Agenda

- **10:00 am:** Welcome & Opening Remarks
- **10:10 am:** 2023-2024 State Budget: May Revision CalHHS Investments
- **10:25 am:** IMPACT Committee Annual Reflections & Recommendations Presentation
- **10:40 am:** Public Comment
- **10:50 am:** IMPACT Committee Annual Reflections & Recommendations Discussion
- **11:15 am:** Cabinet Workgroup on Aging Updates
- **11:25 am:** MPA Key Outcomes Presentation & Discussion
- **11:45 am:** Public Comment
- **11:55 am:** Closing Thoughts & Next Steps
- **12:00 pm:** Adjourn



# Welcome & Opening Remarks

*Susan DeMarois*  
*Director, CA Department of Aging*



# Since we last met...

## Goal 1: Housing for All Stages & Ages

- California Commission on Aging plenary session  
- *Aging in Community: The Affordable Housing Crisis No One is Talking About*
- Focused panel discussion confirmed for June 7  
Disability & Aging Community Living Advisory  
Committee (DACLAC) on promising local  
practices in rental assistance/stabilization  
payments
- ALL INside initiative launched in partnership  
with Biden Administration & State of California  
w/ focus on three priority populations  
experiencing homelessness, including older  
adults





## Goal 2: Health Reimagined

- Elevating Older Adult Behavioral Health (OABH) with \$20M in Mental Health Services Oversight & Accountability Commission grants, four OABH roundtables and May Revise \$50M OABH proposal
- Bridge to Recovery (CBAS) application period open
- Healthy Brain Initiative expanded to 7 additional counties (Alameda, Butte, Monterey, Orange, SLO, Siskiyou, Sutter) joining LA, Placer, Sacramento, San Diego, Santa Clara, and Shasta

# Since we last met...

## Goal 3: Inclusion & Equity, Not Isolation

- Dan Torres joins CalHHS Agency as Chief Equity Officer & CDA Equity Officer Marina Castillo Augusto hires first Tribal Liaison, Consuelo Gambino, who joins in June
- CDA & partners launched CA's first LGBTQ Older Adult Study
- Awarded 15 communities with a Local Aging & Disability Action Planning Grant awards (~\$200k each); watch for Round Two RFA in summer 2023





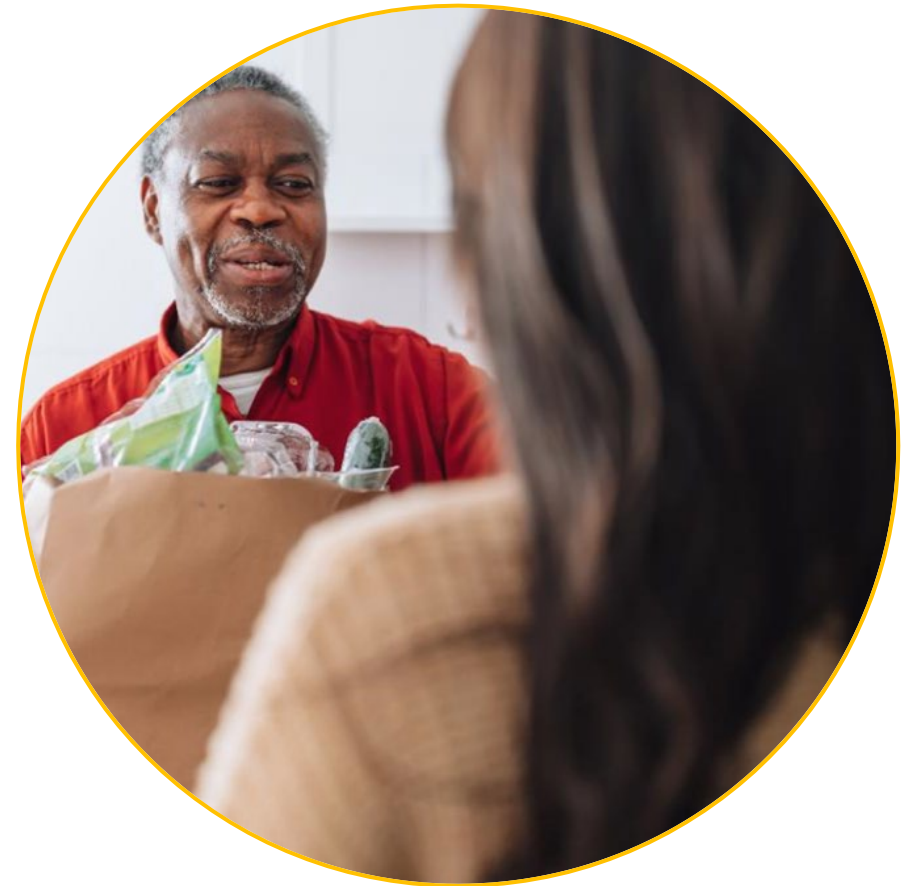
# Since we last met...

## Goal 4: Caregiving That Works

- CalGROWS & IHSS Career Pathways extended in May Revision to allow direct care workforce additional time for training and stipends
- CDA enters into partnership with UC Davis Caregiving Institute to develop Caregiver Equity Roadmap

## Goal 5: Affording Aging

- The May Revision includes \$40 million General Fund for automation and outreach efforts for the CA Food Assistance Program for 55+ regardless of immigration status



# 2023-2024 State Budget May Revision: CalHHS Investments

*Marko Mijic*  
*Undersecretary, CA Health & Human Services Agency*

# IMPACT Committee Annual Reflections & Recommendations Presentation

*IMPACT Committee Members  
Facilitated by Kevin Prindiville, Justice in Aging*

# MPA IMPACT Committee

Year 2 Report

5/23/2021

# Introduction & Context

- In January 2021 CDA convened the Implementing the Master Plan for Aging Together (IMPACT) Stakeholder Committee to provide guidance on implementation of the plan
- Each year the Committee prepares a report to CDA to provide:
  - Feedback on the prior year of implementation
  - Recommendations for moving forward.



# Section 1: Feedback on Year 2 of MPA Implementation

- Community Engagement
- Local Jurisdictions
- All of Government Approach
- Positive Changes in Policy and Programs
- Roll out of new MPA Initiatives

## Section 2: Recommendations for Continued Implementation of the MPA

- Build a home care system that works for all Californians
- End older adult homelessness in California
- Use the MPA to advance equity in aging

# Conclusion & Moving Forward

- Grateful for the work and progress to date
- Open to continued partnership and engagement
- Ready to focus on recommendations to bring big, transformational systems change

# Public Comment

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# IMPACT Committee Annual Reflections & Recommendations Discussion

*Facilitated by Susan DeMarois, Director, CDA*

# Cabinet Workgroup on Aging Updates

*Kim McCoy Wade*

*Senior Advisor on Aging, Disability & Alzheimer's  
Office of Governor Gavin Newsom*

# MPA Key Outcomes Presentation & Discussion

*Ross Lallian*

*Chief of Research, CA Department of Aging*

*David Lindeman*

*Director, CITRIS Health, UC-Berkeley*

*Terri Shaw*

*Principal, TL Shaw Consulting*

# Objectives

- a) Introduce the concept of "MPA Key Outcomes" and gather your input on draft outcome measures.
  
- b) Provide an overview of the California Aging and Disability Research Partnership.
  
- c) Discuss opportunities for future collaboration.



# Key Outcomes and Drivers

Parameter	Outcome	Driver(s)
<b>Goal</b>	What is the desired policy <b>outcome</b> ?	What <b>inputs</b> (e.g., programs or initiatives) will we use to drive progress?
<b>Indicator</b>	What quantifiable metric will we use to measure progress toward the <b>goal</b> ?	What quantifiable metric will we use to measure progress on the <b>inputs</b> ?
<b>Factors</b>	What co-variants, risk factors, and/or predictors should be considered?	What co-variants, risk factors, and/or predictors should be considered?
<b>Target</b>	What data point for the indicator will we aim to achieve by 2030?	What data point for the indicator will we aim to achieve by 2030?
<b>Data Source</b>	What data source will we use to calculate the indicator?	What data source will we use to calculate the indicator?
<b>Data Gap</b>	What data is needed to achieve the optimal indicator?	What data is needed to achieve the optimal indicator?
<b>Research Gap</b>	What research is needed to inform progress?	What research is needed to inform progress?

# 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.

# California Aging and Disability Research Partnership



- a) Advance age and disability focused research to strengthen the evidence base for promoting equitable opportunities for Californians to thrive as they age.
- b) Provide input on key performance indicators and data sources to inform MPA Outcomes measures.
- c) Model a research partnership between state government and academic institutions in California focused on using data for action and equity that can be replicated.

# Key Outcomes Workgroups

## Housing/ homelessness/ transportation (MPA Goals 1 & 5)

- Lead: Bella Chu
- Members:
  - Nari Rhee
  - Margot Kushel

## Behavioral health/isolation (MPA Goals 2 & 3 & 4)

- Lead: Zia Agha
- Members:
  - Kathryn Kietzman
  - Len Abbeduto
  - Kate Wilber

## Paid & unpaid caregiving (MPA Goal 2 & 4)

- Lead: David Lindeman
- Members:
  - Heather Young
  - Donna Benton
  - Steve Hornberger
  - Nari Rhee

- Reaction to draft key outcome measures:
  - Suggestions on better indicators and/or data sources?
  - How can we link these outcomes to initiatives that are underway?
  - How can we address equity and disparities?

# Housing Affordability

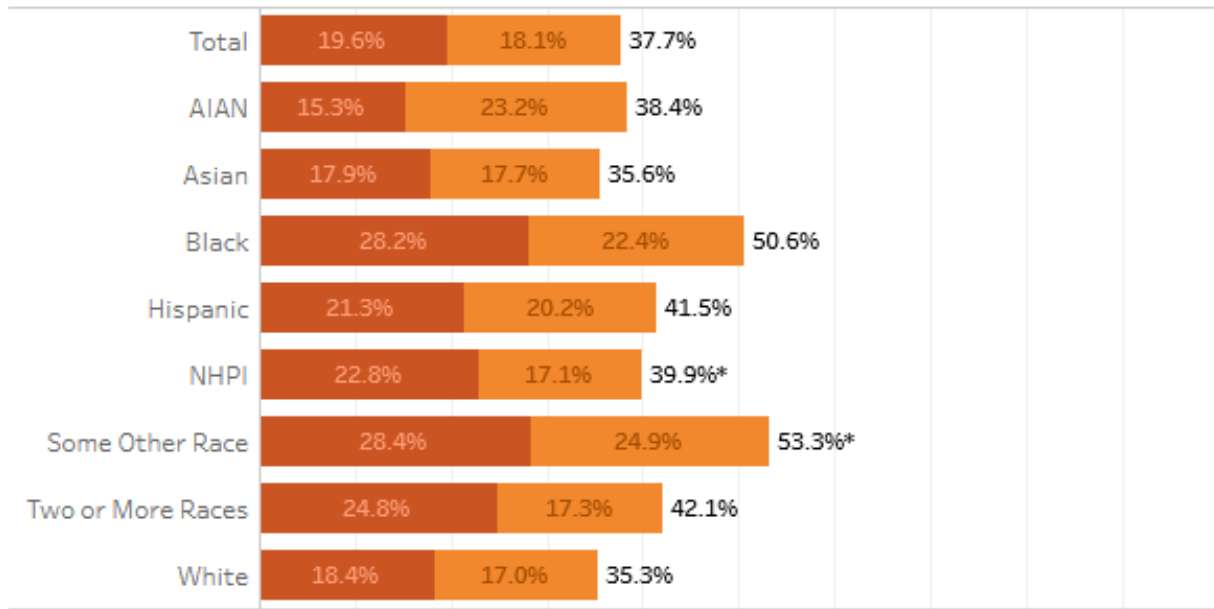
## Key Outcome: Ensure No Older Adults are Severely Housing Cost Burdened

Indicator	Percentage of households with a resident 65+ who spent more than 50% of their household income on housing.
Current Interventions/Drivers	Rent subsidies targeted to older adults; housing subsidies.
Aspirational Interventions/Drivers	An adequate, or even abundant supply of high-quality, accessible, affordable housing in walkable areas well served by transit and close to amenities.
Factors	Renter or owner status; income; social support; region
Target	20% reduction in fraction of older adults who report being severely housing cost burdened.
Data Source	Medi-Cal, FSRDC, ACS, SSA, supply of subsidized unit, vacancy rates (zip5)
Data Gap	Need household demographics on race, ethnicity, composition to assess equity.
Research Gap	Limited micro-data to date have hindered ability to rigorously evaluate programs. Medi-Cal programs may offer an opportunity at a natural experiment.

# DDA Indicator: Housing Cost Burden

## All Households with 65+

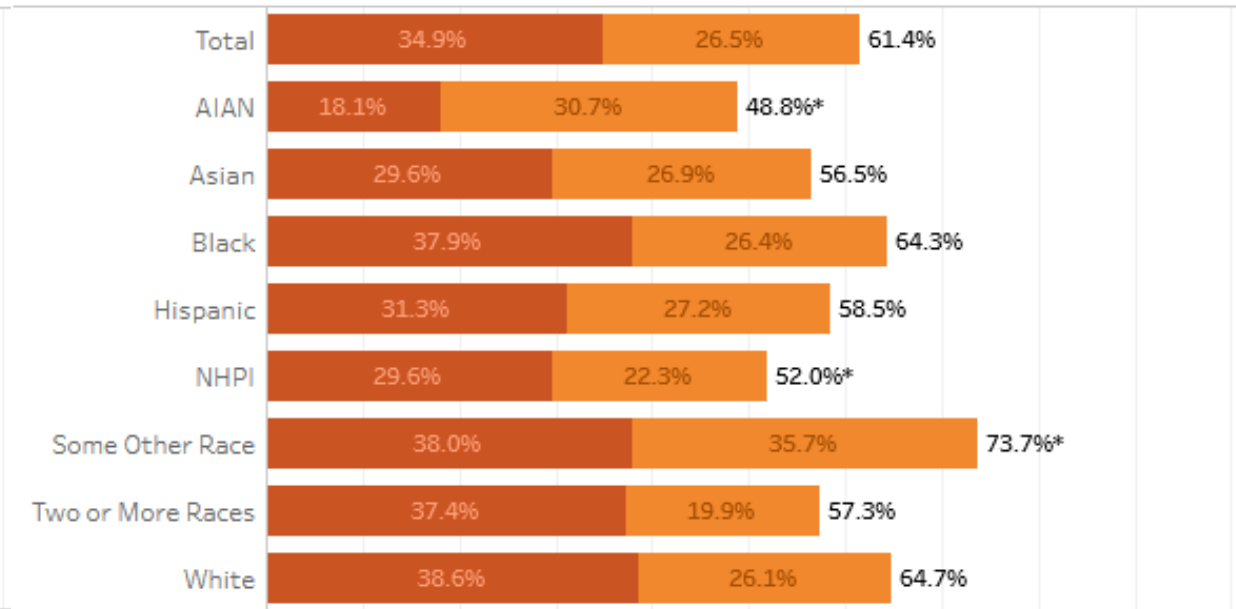
Percent Who Spent More than 30% Income for Housing by Race/Ethnicity from All Households With a Resident 65 or Older, California 2019



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

## Rented Households with 65+

Percent Who Spent More than 30% Income for Housing by Race/Ethnicity from Rented Households With a Resident 65 or Older, California 2019



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

# Affordable Housing Supply

<b>Key Outcome:</b>	<b>Ensure an Adequate Supply of Affordable Housing Options for Older Adults and Adults with Disabilities</b>
Indicator	Number of subsidized housing units per 100K adults age 65+ with income below the California Elder Index (CEI) who rent.
Current Interventions/Drivers	Subsidized housing programs (e.g. Section 202 Supportive Housing for the Elderly Program).
Aspirational Interventions/Drivers	An adequate supply of high-quality, accessible, affordable housing in walkable areas well served by transit and close to amenities.
Factors	Ability to distinguish housing units by type of subsidy: "deep subsidy," flat rent, etc.; demographics; housing ownership status.
Target	20% reduction in fraction of older adults who report being severely housing cost burdened. Target vacancy rate of 6%.
Data Source	Numerator from National Housing Preservation Database; Denominator from CEI, ACS
Data Gap	Need household demographics on race, ethnicity, composition to assess equity.
Research Gap	Limited micro-data to date have hindered research.



# Poverty/End Homelessness

<b>Key Outcome:</b>	<b>Prevent and End Homelessness for Older Adults and Adults with Disabilities</b>
Indicator	Percentage/number of adults age 50 and older who accessed the California homelessness response system.
Current Interventions/Drivers	Vouchers, landlord incentives, eviction policy, transitional/temporary housing, permanent housing, supportive housing
Aspirational Interventions/Drivers	Prevention of future homelessness, reduced reliance on homelessness services, exits to permanent housing
Factors	Age, gender, race/ethnicity, veteran status, criminal justice history, history of service utilization.
Target	20% reduction in number of older adults reporting homelessness
Data Source	Homeless Data Integration System, HMIS from individual localities, HCAI, FSRDC.
Data Gap	Unhoused individuals who did not access response systems in California, characteristics of individuals who did (and who did not) access services.
Research Gap	Limited microdata, especially microdata containing multiple fields (e.g. homelessness + hospitalization + arrest + demographics + service utilization), prevents rigorous research except in very select cases

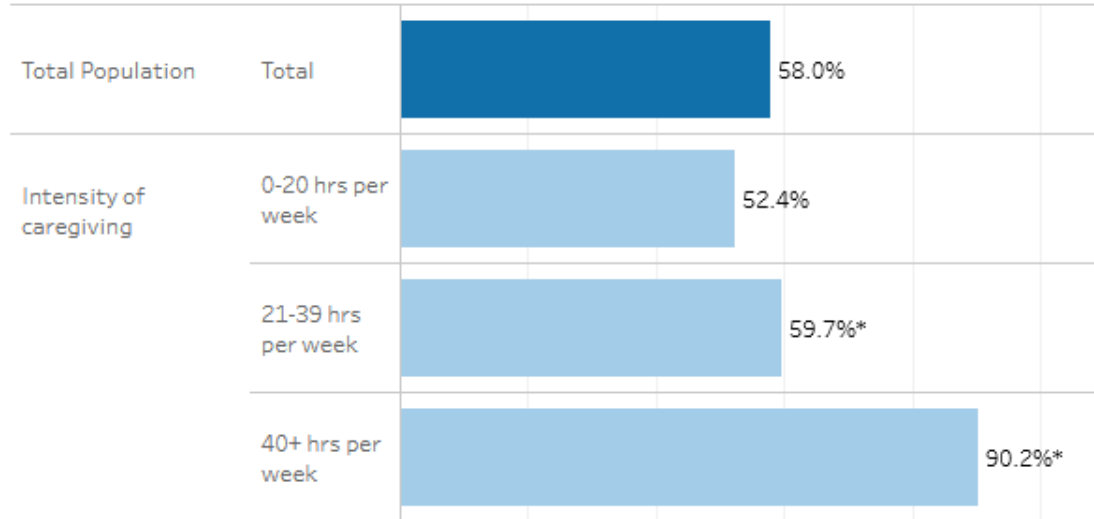
- Reaction to draft key outcome measures:
  - Suggestions on better indicators and/or data sources?
  - How can we link these outcomes to initiatives that are underway?
  - How can we address equity and disparities?

# Family Caregiving

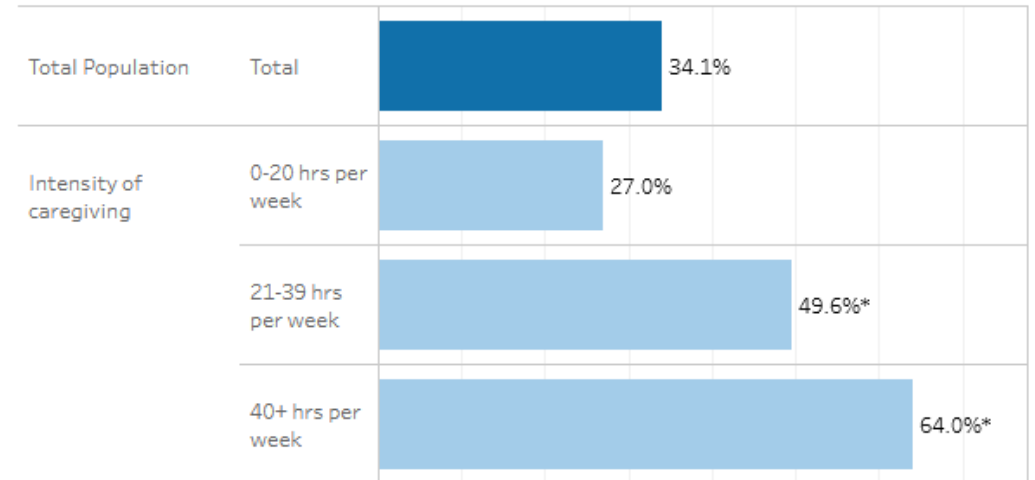
<b>Key Outcome:</b>	<b>Reduce the Burdens Faced by Family and Friends Caregivers</b>
Indicator	Reduce the strain of family and friend caregivers; Number/percentage of adult caregivers who experienced financial stress, physical/behavioral health issues, or a change in job status as a result of their caregiving.
Current Interventions/ Drivers	California Caregiver Resource Centers; CalGrows Program
Aspirational Interventions/Drivers	
Factors	Strain index (Zarit), gender, sexual orientation, race/ethnicity, education, income, household size, disability status, immigration status, language spoken, work status, consistent ID of caregiver status, loneliness, depression, etc.
Target	
Data Source	California Health Interview Survey, CareNav data within the California Caregiver Resource Centers, CDC BRFSS Caregiver (9-item caregiver module); CDA Statewide Survey Older Adults; CDA Statewide Survey LGBTQ+ Older Adults
Data Gap	
Research Gap	

# DDA Indicator: Burdens/Strain of Caregiving

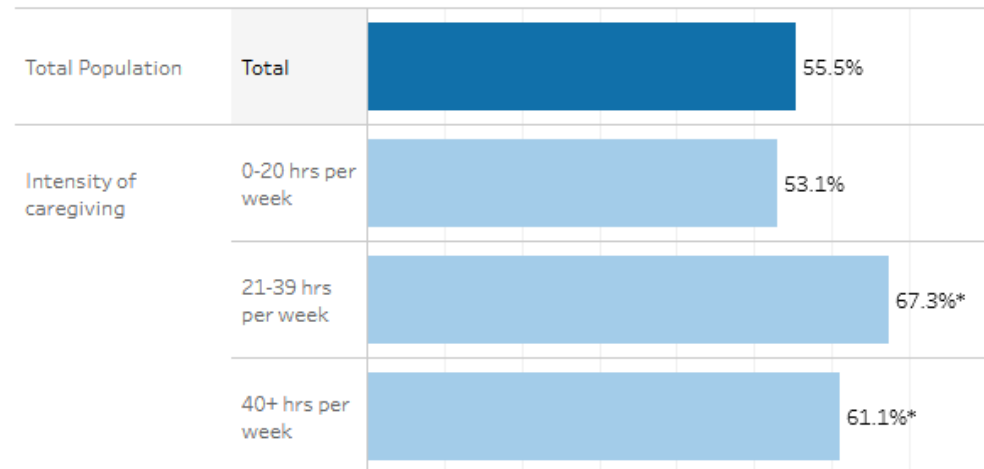
Percent of Family and Friend Caregivers Age 18+ Experienced Financial Stress by Characteristic, California, 2019-2020



Percent of Family and Friend Caregivers Age 18+ Suffered a Physical/Mental Health Problem by Characteristic, California, 2019-2020



Percent of Family and Friend Caregivers Age 18+ Had Change in Job Status by Characteristic, California, 2019-2020



[Goal 4 Strategy A](#)

# Direct Care Workforce

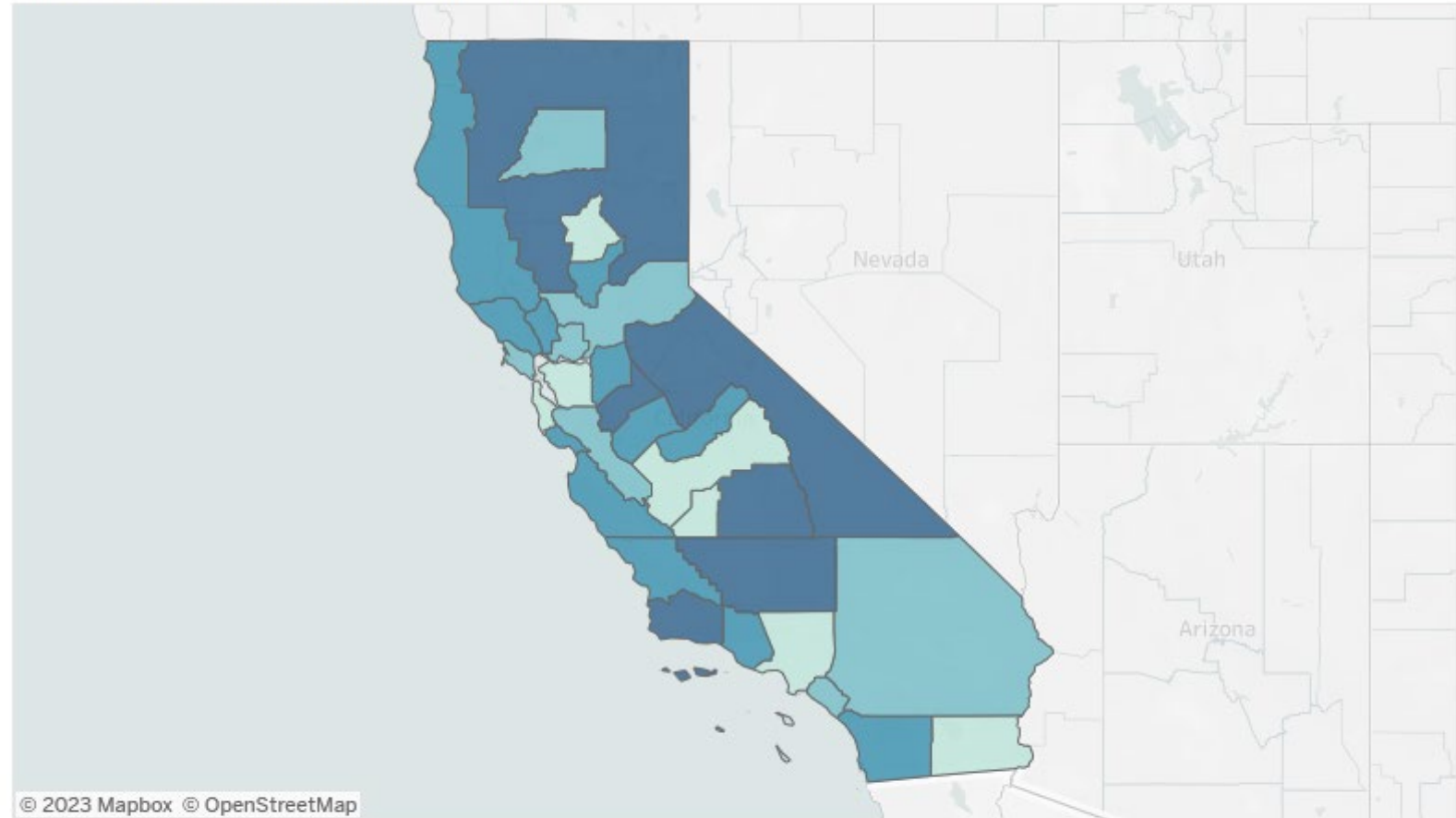
**Key Outcome: Ensure an Adequate Supply of Paid In-Home Caregivers to Meet the Needs of Older Adults and Adults With Disabilities**

Indicator	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
Current Drivers	Department of Health Care Access and Information (HCAI) grant programs.
Aspirational Drivers	CalGrows
Factors	Gender, gender, sexual orientation, race/ethnicity, education, income, household size, disability status, immigration status, language spoken, work status, median direct care worker wage as a percentage of statewide median wage for all workers, etc.
Target	X% wage increase by 2030; 90+ caregivers per 1,000 older adults (source?)
Data Source	EDD - Labor Market Information Division Data; HCAI workforce data; ACS Census Bureau Data (PHI crosstabs occupation by industry to estimate direct care workers in homecare, residential care facilities, and nursing homes at the state level using CPS); IHSS Public Authority
Data Gap	Demographic concordance of caregiving workforce and the older adult population; Ratio of unrelated paid caregivers to family caregivers
Research Gap	

# DDA Indicator: In-Home Caregiving Workforce

- Home Health Aides & Personal Care Aides per 1,000 Adults Age 65+

Caregivers per 1,000 Older Adults Aged 65 or older



Caregivers Per 1,000 Older Adults



# Healthcare Workforce

<b>Key Outcome:</b>	<b>Improve Supply of Health and Behavioral Health Workforce</b>
Indicator	Number of primary care providers; Number of behavioral health; Number of geriatricians and related geriatric providers; Age-friendly hospitals/health systems
Current Drivers	
Aspirational Drivers	
Factors	Primary care providers (MD, NP and PA); Psychiatric/behavioral health providers (psychiatrists, psychologists and psych-mental health NPs); Geriatricians and geriatric nurse practitioners, social workers, pharmacists; Age-friendly hospitals/health systems)
Target	
Data Source	MPA Programs: CalHHS, Labor and Workforce Development Agency; IHI (Age-friendly hospitals/health systems)
Data Gap	
Research Gap	



# Questions?

[Ross.Lallian@aging.ca.gov](mailto:Ross.Lallian@aging.ca.gov)



# 2023-24 MPA Committee Member Terms

Thank you to all Members for serving their two-year term on the IMPACT!

- Members can expect follow-up calls in June to assess commitment for the next two-year term.
- Recommendations for the next term will be made to CalHHS Secretary Ghaly.
- The 2023-2024 Committee members will be welcomed at the September 26<sup>th</sup> meeting.

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# Closing Thoughts & Next Steps

*Susan DeMarois*  
*Director, CA Department of Aging*



# Next 2023 IMPACT Committee Meeting:

September 26th, 10 am – 12 pm

Contact: [Engage@aging.ca.gov](mailto:Engage@aging.ca.gov)