Governor’s Master Plan for Aging
Research Subcommittee Meeting

Goal 1: Long-Term Services & Supports and Caregiving
January 24, 2020 | 1 p.m. – 5 p.m.
Welcome, Introduction, & Meeting Overview

Kim McCoy Wade
California Department of Aging

Carrie Graham
University of California
Meeting Logistics

- The meeting materials are posted online here.
- Attend in-person or by computer, tablet, or smart phone:
  
  Click the link below to join the webinar:
  
  [https://zoom.us/j/309548911](https://zoom.us/j/309548911)
  
  Or join by phone: 888-788-0099  Webinar ID: 309-548-911

- For public comment and meeting feedback, go to: [https://www.surveymonkey.com/r/MPAComment](https://www.surveymonkey.com/r/MPAComment)
- To submit detailed recommendations for MPA, go to: [https://www.surveymonkey.com/r/MasterPlanRecommendations](https://www.surveymonkey.com/r/MasterPlanRecommendations)

- Accommodations:
  
  - Simultaneous captioning is available in the room
  
  - Live telephone access with two-way communication for public comment
Meeting Agenda

1. Welcome, Introduction, & Meeting Overview
2. Updates
3. Topics in Focus
   • Part I: Partner Research, Data Sources, & Dashboards
   • Part II: Master Plan Dashboard, Goal 1: LTSS & Caregiving
   • Part III: Partner Innovation & Technology
4. Public Comment
5. Summary & Action Steps
AARP CALIFORNIA
Meeting Guidelines

1. Start & end on time.
2. One person speaks at a time.
4. Use respectful language & tone.
5. Assume good intentions.
Research Subcommittee Members

Zia Agha, MD, West Health
Gretchen Alkema, PhD, The SCAN Foundation
Donna Benton, PhD, USC Family Caregiver Support Center
Jennifer Breen, California Association of Health Facilities
Laura Carstensen, PhD, Stanford Center on Longevity
Ramon Castellblanch, PhD, California Alliance of Retired Americans
Derek Dolfie, League of California Cities
Janet C. Frank, DrPH, UCLA Fielding School of Public Health
Kathleen Kelly, Family Caregiver Alliance
Kathryn G. Kietzman, PhD, UCLA Center for Health Policy Research
Christopher Langston, PhD, Archstone Foundation
Karen D. Lincoln, PhD, University of Southern California
David Lindeman, PhD, Center for Information Technology Research in the Interest of Society
Jeannee Parker Martin, LeadingAge California
Shireen McSpadden, San Francisco County Department of Aging and Adult Services
Stacey Moore, AARP California
Sharon Nevins, LCSW, County of San Bernardino Dept of Aging and Adult Services – Office of the Public Guardian
Marty Omoto, CA Disability-Senior Community Action Network
David Ragland, PhD, School of Public Health, UC Berkeley
Nari Rhee, PhD, UC Berkeley Center for Labor Research and Education
RESEARCH SUBCOMMITTEE CHARTER

Purpose

On June 10, 2019, Governor Gavin Newsom issued Executive Order N-14-19 calling for the creation of a Master Plan for Aging (MPA) to be developed by October 1, 2020. The purpose of the MPA is to provide a blueprint for state government, local government, private sector, and philanthropy to implement strategies and partnerships that promote aging with health, choice, and dignity, and build an age-friendly State for all Californians. The purpose of the Stakeholder Advisory Committee (SAC) Research Subcommittee is to provide advice and input to the CHHS Agency and the SAC on research and data topics for the MPA, as outlined below.
Objectives

1. Advise the CHHS Agency and the SAC in the development of the Master Plan and related deliverables, including:
   a. Develop recommendations for a set of measurable indicators, at the population and system level, which convey California’s status in moving toward an age-friendly state for all Californians and making improvements on the priority areas identified by the CHHS Agency and SAC.
   b. Develop recommendations for clear and measurable baseline data and ten-year goals for these indicators, with reliable and meaningful data to monitor improvements over time.
   c. Identify disparities among these indicators and recommend strategies to measure progress toward reducing disparities based on income, geography, age, sex, race, ethnicity, disability, gender identity, or sexual orientation.
d. Develop recommendations for the design and implementation of a dashboard to show progress on the goals, priorities, and indicators for the MPA.

e. Identify best practices and promising practices, based on potential impact on the MPA goals, priorities, and indicators, among local programs and initiatives that serve older Californians and people with disabilities.

f. Identify new or emerging research findings related to aging that may have significant impact to the goals, priority areas, or strategies in the Master Plan for Aging.

g. Provide technical assistance for research and data requests from the Stakeholder Advisory Committee and related Subcommittees or Workgroups.
RESEARCH SUBCOMMITTEE CHARTER

Guiding Principles

1. SAC Research Subcommittee meetings seek to provide a collegial and open environment to allow for the expression of diverse and innovative points-of-view from all members.

2. SAC Research Subcommittee meetings aim to support open communication and collaboration between members and the Administration.

3. A person-centered, data-driven approach is encouraged by the Administration, as reflected in CHHS Agency’s Guiding Principles.
Research Subcommittee Meetings

24 Jan. 2020
Goal 1: LTSS and Caregiving (UC Berkeley)

25 Feb. 2020
Goal 2: Livable Communities and Purpose (Sacramento)
Goal 3: Health and Well-being (West Health in La Jolla)

28 Apr. 2020
Goal 4: Economic Security and Safety (Sacramento)
Report on Preliminary Dashboard Recommendations to SAC

26 May 2020
Topic TBD

25 June 2020
Topic TBD
Goal 1: Long-Term Services and Supports and Caregiving

Goal 1: Services & Supports. We will live where we choose as we age and have the help we and our families need to do so.

- Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.

- Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.
UPDATES:
Data Dashboard Partnerships & Data Gap Analysis Project (GAP)

Kim McCoy Wade
California Department of Aging

Terri Shaw
TL Shaw Consulting
UPDATES:
LTSS Subcommittee Report

Lydia Missaelides
California Association for Adult Day Services
A NEW LONG-TERM SERVICES AND SUPPORTS FRAMEWORK FOR ALL CALIFORNIANS: A DECADE TO DESIGN, DEVELOP & DELIVER

The LTSS Subcommittee report positions the state, over the next ten years, to meet the needs of older adults, people with disabilities and caregivers through an approach addressing:

1. PATHWAYS TO CARE
2. ACCESS
3. AFFORDABILITY

1. BUILDING PATHWAYS TO CARE:
   - Information and assistance
   - Standardized screening and assessments
   - Care transitions
   - Integration of medical, social and behavioral health services

2. PROMOTING ACCESS:
   - Support for Family Caregivers
   - IHSS sustainability
   - Comprehensive statewide infrastructure for LTSS
   - Plan for and accelerate workforce development
   - 24/7 residential care

3. ENSURING AFFORDABILITY:
   - Individual LTSS financing options/public benefit
   - State financing
   - Local financing
   - Federal financing
PARTNER RESEARCH, DATA SOURCES, & DASHBOARDS: LTBTOQ Seniors in California

Jason Flatt
University of California, San Francisco
University of Nevada, Las Vegas
The Health & LTSS Needs of LGBTQ Seniors in California

Jason Flatt, PhD, MPH
Assistant Professor
University of Nevada, Las Vegas
Jason.Flatt@unlv.edu
Jason Flatt, PhD, MPH

- Assistant Professor, UNLV School of Public Health
- Associate Adjunct Professor, UCSF School of Nursing

Research supported by:
- National Institutes of Health, National Institute on Aging (NIA; K01AG056669A)
- Health Resources & Services Administration, U.S. Department of Health and Human Services
- Resource Centers for Minority Aging Research, NIA at UCSF & Rutgers
- California Health Care Foundation

Research expertise:
LGBTQ, aging, mental health, dementia, surveys, community engaged research
Our Research

New Report Reveals LGBTQ Seniors Face Critical Challenges Accessing Aging Services

CISN - December 9, 2019, 1:40 PM PST

20 percent of LGBTQ Seniors in San Francisco Don't Use Aging Services Because They Feel Unsafe or Unwelcome

UCSF Receives Six-Figure Grant to Investigate Dementia in LGBTQ Elders

The first-of-its-kind study, led by Dr. Jason Flatt, seeks to find risk factors for Alzheimer’s disease and

PET Amyloid and Tau Imaging

NPR.ORG

LGBTQ Americans Could Be At Higher Risk For Dementia, Study Finds
Our Research

• **1 in 6 LGBTQ adults** (15.7%) reported subjective cognitive decline compared to **1 in 10** non-LGBTQ adults (10.5%) from 24 states

• Highest for lesbian, bisexual and transgender

• LGBTQ seniors with subjective cognitive decline more likely to report giving up day-to-day activities and interfered with social activities, work, or volunteering
Who Are LGBTQ+ Seniors?

Estimate that 3.5% of Californians aged 50+ identify as LGB
Over 29,000 transgender seniors 65+ in Californians
Less likely to be marry or have children
Little to no caregiver support
Stigma, discrimination & trauma
Reluctance to seek medical care

Sources: California Health Interview Survey 2015-2016; UCLA Williams Institute
LGBTQ+ Seniors Need Your Support

**ONE-THIRD** of LGBT older adults live at or below 200% of the federal poverty level

Bisexual Californians, aged 65+, twice as likely to live 200% below poverty level than gays and lesbians
Top Health Concerns

51% Hypertension
47% Disability
26% Fair/poor health
21% Cognitive difficulties
20% Asthma
15% Heart disease
14% Diabetes

Sources: California Health Interview Survey 2015-2016; UCLA Williams Institute
LGBTQ Seniors less likely to access aging services

- **4 times less likely** to access aging services (San Francisco Department of Aging and Adult Services; DAAS)
  - 1 in 5 feel unsafe and/or unwelcome
  - Nearly 50% have mobility limitations
  - 25% report difficulty accessing transportation
  - 1 in 6 report lower quality services
  - 1 in 4 LGBTQ seniors who need caregiving live alone
What are LGBTQ+ seniors saying?

“So my doctors seemed to think it was important that I have home health care, that I have somebody come and deliver groceries, drive me to the doctor's appointments. I did it all myself and paid for it all myself out of pocket...it just basically wiped me out.”

“Our needs, our views are different from the needs of the LGB older community....I’m not sure that organizations understand the needs of older trans people or have transgender staff.”
Data Sources

https://williamsinstitute.law.ucla.edu/datablog/interactive-lgbt-stats/

https://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx

https://www.cdc.gov/brfss/index.html

Sources: California Health Interview Survey 2015-2016; UCLA Williams Institute
PARTNER RESEARCH, DATA SOURCES, & DASHBOARDS: Using Data to Incentivize Quality in Skilled Nursing Facilities

Ed Mariscal
HealthNet
Health Net: Incentivizing Quality
Long Term Care Value Based Contract Partnerships

Edward Mariscal
Director, Public Programs & LTSS

01/24/2020
The LTC Value-Based effort connects skilled nursing facilities’ quality and utilization statistics to contracts with the goal of encouraging performance improvement and reducing the total cost of care for LTC members.

- Program targets included 75 facilities in Los Angeles and San Diego Counties with LTC members enrolled in Health Net
- Developed data-driven dashboards to track performance on identified quality metrics and long-term savings for Health Net
- Developed value-based contract addendums incorporating quality and performance measures and shared savings program details.
# LTC VBP – Quality & Performance Measures

<table>
<thead>
<tr>
<th>Measure Type</th>
<th>Measure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>% of completed POLST forms</td>
</tr>
<tr>
<td>Quality</td>
<td>Compliance with state staffing requirements (3.5 overall, 2.4 CNA hours)</td>
</tr>
<tr>
<td>Quality</td>
<td>Sepsis rate for long-stay residents</td>
</tr>
<tr>
<td>Quality</td>
<td>% of high risk long-stay residents with pressure ulcers</td>
</tr>
<tr>
<td>Quality</td>
<td>% of long-stay residents assessed and appropriately given the pneumococcal vaccine</td>
</tr>
<tr>
<td>Quality</td>
<td>% of long-stay residents assessed and appropriately given the seasonal influenza vaccine</td>
</tr>
<tr>
<td>Quality</td>
<td>% of long-stay residents with a urinary tract infection</td>
</tr>
<tr>
<td>Quality</td>
<td>% of long-stay residents with a catheter inserted and left in their bladder</td>
</tr>
<tr>
<td>Quality</td>
<td>% of long-stay residents experiencing one or more falls with major injury</td>
</tr>
<tr>
<td>Performance</td>
<td>Acute bed days/1000 member days</td>
</tr>
<tr>
<td>Performance</td>
<td>30-day potentially preventable readmissions</td>
</tr>
<tr>
<td>Performance</td>
<td>Outpatient emergency department utilization rate</td>
</tr>
<tr>
<td>Performance</td>
<td>Number of hospitalizations per 1000 long stay residents</td>
</tr>
</tbody>
</table>

- 9 quality measures are used to determine a facility’s eligibility for shared savings, in addition to the amount of their savings pool they can receive
- 4 performance measures are used to determine improvements in performance and fund the shared savings pools
LTC VBP – Quality & Performance Measures (Cont.)

- Current eligibility tiers are based on Target Performance 3 quarter averages.
- At the onset of the program, 51% of facilities are ineligible to receive shared savings based on current quality scores.
  - Suggests significant quality opportunity for improvement
  - Health Net can yield savings even if facilities are not able to increase tiers

### Proposed Payout Tiers & Savings Eligibility

<table>
<thead>
<tr>
<th># of measures Better/Equal to Target</th>
<th>Payout Tier</th>
<th>Eligibility Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>4-5</td>
<td>2</td>
<td>15%</td>
</tr>
<tr>
<td>6-7</td>
<td>3</td>
<td>30%</td>
</tr>
<tr>
<td>8-9</td>
<td>4</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Measures Performance

<table>
<thead>
<tr>
<th>Measures</th>
<th>Target Performance</th>
<th># of Facilities Better/Equal to Target</th>
<th># of Facilities Worse Than Target</th>
<th>% of Facilities Better/Equal to Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing Hours PPD</td>
<td>3.5/2.4</td>
<td>15</td>
<td>60</td>
<td>20%</td>
</tr>
<tr>
<td>Long Stay Pressure Ulcers</td>
<td>5%</td>
<td>25</td>
<td>50</td>
<td>33.3%</td>
</tr>
<tr>
<td>Long Stay Pneumococcal Vaccine</td>
<td>98.8%</td>
<td>40</td>
<td>35</td>
<td>53.3%</td>
</tr>
<tr>
<td>Long Stay Flu Vaccine</td>
<td>98.2%</td>
<td>38</td>
<td>37</td>
<td>50.7%</td>
</tr>
<tr>
<td>Long Stay Sepsis</td>
<td>8%</td>
<td>30</td>
<td>45</td>
<td>40%</td>
</tr>
<tr>
<td>Long Stay UTI</td>
<td>1.9%</td>
<td>43</td>
<td>32</td>
<td>57.3%</td>
</tr>
<tr>
<td>Long Stay Catheter</td>
<td>1.7%</td>
<td>31</td>
<td>44</td>
<td>41.3%</td>
</tr>
<tr>
<td>Long Stay Major Falls</td>
<td>1.6%</td>
<td>47</td>
<td>28</td>
<td>62.7%</td>
</tr>
<tr>
<td>Long Stay POLST</td>
<td>100%</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>
LTC VBP - Views

- Quality measure
- Performance Measure
- Parent Organization
- Region

### Target Facility Performance

<table>
<thead>
<tr>
<th>Quality Measures</th>
<th>Performance Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>VBC Starting Target</td>
<td>30-day potentially preventable readmissions</td>
</tr>
<tr>
<td>Worse 36%</td>
<td>Worse 29%</td>
</tr>
<tr>
<td>Better/Equal To 64%</td>
<td>Better/Equal To 71%</td>
</tr>
</tbody>
</table>

### Summary By Measure

#### All Region Performance

- 30-day potentially preventable readmissions
- High-risk long-stay with pressure ulcers
- Long stay with 1+ major fall
- Long stay with catheter left in bladder
- Long stay with pneumonia or sepsis
- Long stay with seasonal flu vaccine
- Long stay with urinary tract infection
- Outpatient ED utilization rate
- Percent of complete POLIT forms
- Gaps in care for long-stay residents

#### Parent Organizations:
- Cambridge: Rockport
- Conventual: Skilled Healthcare
- Engage: SNF/Windsor
- Longwood Management: Sun Mar
- P&M Management: Unified Care Services
- Progressive Health: US SkilledCare

#### Regions:
- Region 1: San Gabriel Valley
- Region 2: San Fernando Valley
- Region 3: LA City Center
- Region 4: West LA, South Bay
- Region 5: South LA, East LA
- Region 6: San Diego
LTC VBP – Q2 2019 Results

• 40 participating SNFs realized savings of just over $1M.

6 Provider Examples of Performance

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Quarter</th>
<th>Total Savings</th>
<th>Eligibility Tier</th>
<th>Payout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider #1 – LA County</td>
<td>Q2 2019</td>
<td>$97,453</td>
<td>2 (15%)</td>
<td>$14,631</td>
</tr>
<tr>
<td>Provider #2 – LA County</td>
<td>Q2 2019</td>
<td>$65,143</td>
<td>1 (0.0%)</td>
<td>$0.00</td>
</tr>
<tr>
<td>Provider #3 – LA County</td>
<td>Q2 2019</td>
<td>$45,494</td>
<td>4 (50%)</td>
<td>$22,747</td>
</tr>
<tr>
<td>Provider #4 – LA County</td>
<td>Q2 2019</td>
<td>$35,793</td>
<td>3 (30%)</td>
<td>$10,738</td>
</tr>
<tr>
<td>Provider #5 – LA County</td>
<td>Q2 2019</td>
<td>($9161)</td>
<td>1 (0.0%)</td>
<td>$0.00</td>
</tr>
<tr>
<td>Provider #6 – SD County</td>
<td>Q2 2019</td>
<td>$16,352</td>
<td>2 (15%)</td>
<td>$2,452</td>
</tr>
</tbody>
</table>
Thank you
PARTNER RESEARCH, DATA SOURCES, & DASHBOARDS: Linking Information on Area Agencies on Aging with Data on Health Care & Nursing Home Utilization in Their Planning & Service Areas

Amanda Brewster
University of California, Berkeley
Linking information on Area Agencies on Aging with data on health care and nursing home utilization in their planning and service areas

Amanda Brewster, PhD
University of California-Berkeley
Jan 24, 2020
Research partners

UC-Berkeley
• Jennifer Frehn
• CHOIR Center

Miami University Ohio
• Suzanne Kunkel
• Traci Wilson
• Jane Straker

Yale
• Leslie Curry

Nat’l Association of AAAs (n4a)
• Marisa Scala-Foley
Area Agencies on Aging (AAA)

- 622 across U.S.
- Older Americans Act (1973)
- Provide/ coordinate social services
  - Housekeeping
  - Meals on Wheels
  - Transportation
  - Home repairs, etc.

- Recent efforts to leverage as brokers (CMS AHC, ADBI)
AAAs as hubs in cross-sector networks

- Central in collaborative networks of health care and social service providers
Most central organization for older adults

N=20 community networks
Study Design

• Use Area Agency on Aging (AAA) partnerships as indicator for cross-sectoral collaboration

• Are changes in AAA partnerships associated with changes in health care use and spending for older adults?

County-level Dependent variables:
1. Medicare spending per beneficiary
2. Avoidable nursing home use (% residents with low-care needs)
3. Hospital readmissions rate
## AAA Planning and Service Areas

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>defined by county boundaries</th>
<th>defined by municipal boundaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>604</td>
<td>570</td>
<td>34</td>
</tr>
<tr>
<td>2010</td>
<td>601</td>
<td>567</td>
<td>34</td>
</tr>
<tr>
<td>2013</td>
<td>592</td>
<td>557</td>
<td>35</td>
</tr>
<tr>
<td>2016</td>
<td>592</td>
<td>557</td>
<td>35</td>
</tr>
</tbody>
</table>
Partnership measures: Source

• National Survey of Area Agencies on Aging
Partnership measures: Detail

1. Overall multi-sector collaboration
   • Livable Community Initiative (2010-16)
   • AAA partnerships total (2008-13)

2. AAA partnerships with health orgs
   • Formal (contractual) (2008-13)
   • Informal (non-contractual) (2008-13)

Health
1. Long-Term Care Facilities
2. Mental Health
3. Community Health Care
4. Hospitals
5. Department of Health
6. Managed Care/HMOs
7. Geriatricians
8. Medicaid
9. Indian Health Service
10. State Health Insur. Assist.

Non-Health
11. Advocacy Organizations
12. Emergency Preparedness
13. Faith-based Organizations
14. Public housing authority
15. Adult Protective Services
16. Charitable Organizations
17. Civic Groups
19. Educational Institutions
20. Other Social Service Orgs.
22. Transportation Agencies
23. Intellectual disability orgs.
24. Businesses
25. Tribal Organization
Livable community initiatives

• Structure for multi-sector efforts

• Priority areas:
  – Housing
  – Transportation
  – Health Services / Supports
  – Economic Development
PARTNER RESEARCH, DATA SOURCES, & DASHBOARDS: Q&A DISCUSSION

Carrie Graham (Moderator)
University of California
MASTER PLAN DASHBOARD, GOAL 1: LTSS & CAREGIVING
Overview: Person-Level Core & System Driver Measures

Gretchen Alkema
The SCAN Foundation
Core Person Level Measures vs. System Drivers
MASTER PLAN DASHBOARD, GOAL 1: LTSS & CAREGIVING
2002 LTSS County Databook

Lydia Missaelides
California Association for Adult Day Services
Example of data book from 2002

- CDA grant funded: CAADS partner - Sacramento Planning Council
- Could serve as a “look back” point in time and updated
- Contains census and state sourced data
- Includes ranked county comparisons using key metrics
- Can be geo-mapped and visualized with today’s technology
- Most challenging data was for Area Agencies on Aging programs
- All files and sources are available to share!
- Workforce
- Medi-Cal stats
- Housing
- Transportation
- Special programs
- Census data including growth
- Legislative districts
- LTSS services (providers; serving; cost)
- AAA services
- 24/7 Facility based services
- Emerging issues/concerns
MASTER PLAN DASHBOARD, GOAL 1: LTSS & CAREGIVING
LTSS Measures & Data Sources

Kathryn Kietzman
University of California, Los Angeles
LTSS: Core Person-Centered Measures & System Drivers in the California Health Interview Survey (CHIS)

Goal 1: Services & Supports. We will live where we choose as we age and have the help we and our families need to do so.

Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.

Kathryn G. Kietzman, PhD, MSW
UCLA Center for Health Policy Research
# Core Measures: LTSS Outcome Data in CHIS

<table>
<thead>
<tr>
<th>Domain</th>
<th>Person-Centered Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer Experience with Having their Needs Met</td>
<td># % adults who report the extent to which the services or assistance they currently receive helps meet all their needs (completely, mostly, somewhat, not at all)</td>
</tr>
<tr>
<td>Consumer Experience with People who Help and Services Received (both paid and unpaid)</td>
<td># % adults who receive care and services according to their personal preferences (always or almost always, most of the time, some of the time, never or rarely)</td>
</tr>
</tbody>
</table>
## Descriptive LTSS Data in CHIS

<table>
<thead>
<tr>
<th>Domain</th>
<th>Person-Centered Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulties with Instrumental Activities of Daily Living (IADLs)</td>
<td># % adults reporting difficulty with routine care needs (IADLs)</td>
</tr>
<tr>
<td>Difficulties with Activities of Daily Living (ADLs)</td>
<td># % adults reporting difficulty with personal care needs (ADLs)</td>
</tr>
<tr>
<td>Difficulties with cognition</td>
<td># % adults reporting difficulty with memory, concentration, decision-making</td>
</tr>
</tbody>
</table>
## Descriptive LTSS Data in CHIS

<table>
<thead>
<tr>
<th>Domain</th>
<th>Person-Centered Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service and Support Needs</td>
<td># % adults <strong>needing help</strong> with routine care needs (IADLs)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># % adults <strong>needing help</strong> with personal care needs (ADLs)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># % adults <strong>needing help</strong> with: bathing/showering, dressing, eating, getting in and out of bed/chair, using/getting to toilet</td>
</tr>
</tbody>
</table>
## Descriptive LTSS Data in CHIS

<table>
<thead>
<tr>
<th>Domain</th>
<th>Person-Centered Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service and Support Needs</td>
<td># % adults who need help due to physical, mental, emotional condition</td>
</tr>
<tr>
<td></td>
<td># % adults who need help due to serious difficulty concentrating, remembering, or making decisions</td>
</tr>
<tr>
<td>Unmet Needs for LTSS</td>
<td># % adults with unmet routine care needs</td>
</tr>
<tr>
<td></td>
<td># % adults with unmet personal care needs</td>
</tr>
</tbody>
</table>
## Descriptive LTSS Data in CHIS

<table>
<thead>
<tr>
<th>Domain</th>
<th>Person-Centered Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment Needs</td>
<td># % adults who have: wheelchair, motorized scooter, walker, hearing aids, low vision devices</td>
</tr>
<tr>
<td></td>
<td># % adults who currently need medical equipment or supplies that they don’t have</td>
</tr>
<tr>
<td>Home Modification Needs</td>
<td># % adults who have: grab bars, bathroom modifications, ramp or stair lift, personal emergency response system</td>
</tr>
<tr>
<td></td>
<td># % adults who currently need home modifications that they don’t have</td>
</tr>
</tbody>
</table>
# Descriptive LTSS Data in CHIS

<table>
<thead>
<tr>
<th>Domain or System Driver</th>
<th>Person-Centered Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving help</td>
<td># % adults who receive regular help with self-care or everyday activities</td>
</tr>
<tr>
<td>Reasons for <strong>not</strong> receiving enough or any help</td>
<td># % adults who report that help is too expensive, unreliable, they do not want to ask for help, help is too much trouble to arrange, they do not qualify for benefits/services, some other reason</td>
</tr>
<tr>
<td>Sources of help</td>
<td># % adults who receive help from: unpaid family/friend, paid support worker, paid family member/friend, some other source</td>
</tr>
</tbody>
</table>
# Descriptive LTSS Data in CHIS

<table>
<thead>
<tr>
<th>Domain</th>
<th>Person-Centered Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving <strong>paid help</strong> (among those who report they need help)</td>
<td># % who receive <strong>paid help</strong> with self-care or everyday activities</td>
</tr>
<tr>
<td>How helper or services are paid for</td>
<td># % whose services are paid: directly/out-of-pocket, public insurance/program, private insurance, some other source</td>
</tr>
<tr>
<td>Receiving <strong>unpaid help</strong> (among those who report they need help)</td>
<td># % who receive <strong>unpaid help</strong> with self-care or everyday activities</td>
</tr>
<tr>
<td>How one finds out about available services</td>
<td># % who find services through: family or friend, aging services provider, disability services provider, state or county agency, healthcare professional, other provider, information service, employer/workplace, some other source</td>
</tr>
</tbody>
</table>
## LTSS Outcome Data in CHIS

<table>
<thead>
<tr>
<th>Domain</th>
<th>Person-Centered Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Consequences (in past one month)</td>
<td># % adults staying at home due to difficulty getting out by themselves</td>
</tr>
<tr>
<td></td>
<td># % adults going without groceries or personal items due to difficulty shopping by themselves</td>
</tr>
<tr>
<td></td>
<td># % adults not bathing as often as desired</td>
</tr>
<tr>
<td></td>
<td># % adults not changing clothes as often as desired</td>
</tr>
<tr>
<td></td>
<td># % adults who go without eating due to no one there to help/ difficulty feeding themselves</td>
</tr>
<tr>
<td></td>
<td># % adults who stay in bed due to difficulty getting out of bed by themselves</td>
</tr>
<tr>
<td></td>
<td># % adults unable to get to the bathroom as often as needed</td>
</tr>
<tr>
<td></td>
<td># % adults who make mistakes with prescription medication due to difficulty keeping track</td>
</tr>
<tr>
<td>Domain</td>
<td>Person-Centered Measure</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Consumer Experience with Paid Assistance from People and/or Programs</td>
<td># % adults who feel they are treated with respect (always or almost always, most of the time, some of the time, never or rarely)</td>
</tr>
<tr>
<td></td>
<td># % adults who feel safe around the people who help them (always or almost always, most of the time, some of the time, never or rarely)</td>
</tr>
<tr>
<td></td>
<td># % adults who feel their care provider is sensitive and responsive to traditions of their culture or background (always or almost always, most of the time, some of the time, never or rarely)</td>
</tr>
</tbody>
</table>
## System Drivers: Descriptive LTSS Data in CHIS

<table>
<thead>
<tr>
<th>Domain</th>
<th>Person-Centered Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information is in preferred language</td>
<td># % getting information about services in preferred language</td>
</tr>
<tr>
<td>Types of paid services and supports currently received</td>
<td># % receiving skilled nursing home/rehabilitation services</td>
</tr>
<tr>
<td></td>
<td># % receiving assistance with personal care</td>
</tr>
<tr>
<td></td>
<td># % receiving homemaker/chore services/delivered meals</td>
</tr>
<tr>
<td></td>
<td># % receiving home health/physical/occupational therapy</td>
</tr>
<tr>
<td></td>
<td># % receiving adult day services</td>
</tr>
<tr>
<td></td>
<td># % receiving transportation services</td>
</tr>
<tr>
<td></td>
<td># % receiving case management/care coordination services</td>
</tr>
<tr>
<td></td>
<td># % receiving housing advocacy/assistance</td>
</tr>
<tr>
<td></td>
<td># % receiving benefits assistance/enrollment</td>
</tr>
<tr>
<td></td>
<td># % receiving other paid services</td>
</tr>
<tr>
<td>System Driver</td>
<td>Person-Centered Measure</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Information and Assistance</td>
<td></td>
</tr>
<tr>
<td>In Home Supportive Services</td>
<td></td>
</tr>
<tr>
<td>Other Home and Community-Based Services</td>
<td></td>
</tr>
<tr>
<td>Group Living – Skilled Nursing Facilities/Residential Care Facilities/Other Group Living</td>
<td></td>
</tr>
</tbody>
</table>
## Core Measures Organized by System Drivers

<table>
<thead>
<tr>
<th>System Driver</th>
<th>Core Person-Centered Measure</th>
<th>Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiving/Unpaid Workforce</td>
<td></td>
<td>Family Caregiver Alliance presentation; CHIS caregiving module; West Health handout</td>
</tr>
<tr>
<td>LTSS Workforce</td>
<td></td>
<td>West Health handout LWDA Handout</td>
</tr>
<tr>
<td>LTSS-related Technology</td>
<td></td>
<td>West Health handout</td>
</tr>
<tr>
<td>LTSS integrated with Health Services</td>
<td></td>
<td>Care coordination question in CHIS (general)</td>
</tr>
</tbody>
</table>
MASTER PLAN DASHBOARD, GOAL 1: LTSS & CAREGIVING
Caregiving Measures & Data Sources

Kathy Kelly
Family Caregiver Alliance
Unpaid Family Caregiver Benchmarks/Metrics for Consideration for Master Plan on Aging

• **Goal 1**: Services & Supports. We will live where we choose as we age and have the help we and our families need to do so.

• **Objective 1.2**: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

Generated by: Donna Benton, Ph.D., USC Caregiver Resource Center benton@usc.edu;
Kathy Kelly, MPA, Family Caregiver Alliance kelly@caregiver.org
Unpaid Family Caregiver Benchmarks/Metrics for Consideration for Master Plan on Aging

Key Sources and Metrics to Consider:

• AARP State LTSS Scorecard

• Expanded Caregiver Profiles:
  • Demographics
  • Characteristics
  • Respite
  • Identification/Screening/Assessment

• Use of BRFSS and CHIS
Supporting Working Family Caregivers

(Current Year 2014-16; Baseline Year 2012-13): Supporting working family caregivers (composite indicator, total scale 0 - 9.0) is constructed along four components:

1. **Family Medical Leave** (scale 0 - 4.0). Evaluates the extent to which states exceed the federal FMLA requirements for covered employers, covered employee eligibility, length of leave, and type of leave allowed.

2. **Mandatory Paid Family Leave and Sick Days** (scale 0 - 3.0). Evaluates the extent to which states offer additional benefits beyond FMLA to family caregivers, including requirements that employers provide paid family leave and mandate the provision of paid sick days.

3. **Unemployment Insurance** (scale 0 - 1.0). The extent to which state unemployment insurance laws or regulations address “good cause” for job loss due to an illness or disability of a member of the individual’s immediate family.

4. **State Policies that Protect Family Caregivers from Employment Discrimination** (scale 0 - 1.0). The extent to which a state (or locality) law expressly includes family responsibilities, including care provided to aging parents or ill or disabled spouses of family members, as a protected classification in the context that prohibits discrimination against employees who have family responsibilities.
Person- and Family-Centered Care

(Current Year 2016; Baseline Year 2012-13): Person and family-centered care (composite indicator, total scale 0 - 5.5) is constructed along three components:

1. **State Policies on Financial Protection for Spouses of Medicaid Beneficiaries who Receive LTSS** (scale 0 - 2.0). The extent to which the state uses the federal minimum or maximum income and asset protection limits for spouses.

2. **State Assessment of Family Caregiver Needs** (scale 0 - 2.5). The extent to which a state conducts a mandatory or optional assessment of family caregivers for their own needs when an older adult or adult with physical disabilities for whom they are caring is being assessed for one or more LTSS programs.

3. **CARE Act** (scale 0 - 1.0). Evaluates the extent to which a state passed Caregiver Advise, Record, Enable (CARE) Act legislation and the Bill is signed into law.
Nurse Delegation and Scope of Practice

(Current Year 2016; Baseline Year 2013): Nurse delegation and nurse practitioner scope of practice (composite indicator, total scale 0 - 5.0) is constructed along two components:

1. **Number of Health Maintenance Tasks Able to be Delegated to LTSS Workers** (scale 0 - 4.0) Number of 16 health maintenance tasks that can be delegated by a registered nurse to an LTSS direct care worker assisting in home setting.

2. **Nurse Practitioner Scope of Practice** (scale 0 - 1.0). The extent to which state practice and licensure laws permit a nurse practitioner to be able to practice to the fullest extent of their education and training. Scope of practice includes three levels of authority: (1) full practice authority; (2) reduced practice; and (3) restricted practice.
Transportation Policies

(Current Year 2012-16; Baseline Year 2010-12): Transportation policies (composite indicator, total scale 0 - 5.0) is constructed along three components:

1. **Volunteer Driver Policies** (scale 0 - 3.0). The extent to which state volunteer driver policies: (1) Provide protection from unreasonable or unfair increases in liability or insurance rates; (2) Include nonprofit volunteer driver programs that are exempted from livery laws; and (3) State laws facilitate private investment in volunteer driver programs.

2. **Statewide Human Services Transportation Coordinating Councils** (scale 0 - 1.0). Whether the state has an active council to enhance services and improve efficiency.

3. **Medicaid Non-medical Transportation** (scale 0 - 1.0). Whether the state offers non medical transportation as an HCBS waiver benefit, and the total amount of the benefit.
Expanded Family Caregiver Profiles: Demographics

- Age of family caregivers within ranges defined by generations; numbers and % overall of age groupings
- Relationship/Kinship to care recipient
- Residence: % caregivers estimated within counties; county designation (rural, suburban, urban), ethnicities by county
- Gender

Potential Sources: Use national survey data for age, % groupings, relationship/kinship, residence by federal designation; gender by national survey data
Expanded Family Caregiver Profiles: Characteristics

• Complexity of tasks: # of ADL’s and IADL’s performed by cgr; # and type of medical tasks performed by cgr
• Number of hours spent caregiving per week
• Length of caregiving experience
• Lives with care recipient
• Health/Emotional Health impact: stress, depression, social isolation/loneliness
• Financial Impact
• Potential Sources: Caregiver Resource Center data (2019 forward); BRFSS Caregiver Questionnaire web-based; Title IIIE data (ADL/IADL, Zarit Burden/Stress scale; demographics; CHIS?)
Expanded Family Caregiver Profiles: Respite

• Respite expenditures: Federal Sources: Title IIIE; State Sources: Caregiver Resource Centers; County Sources: need to survey county departments on aging and Area Agencies on Aging
• Working definition(s) of respite and eligibility
• Average expenditure per family; type of service selected
• Types of Respite Offered: consumer directed vouchers, use of adult day services, use of home health agencies, use of short-term out of home stays, use of short-term in-home stays

• Potential Sources: Caregiver Resource Center data; CA Department of Aging annual reports/data; provider surveys (would need to be developed and completed)
Expanded Family Caregiver Profiles: Identification, Screening and Assessment

- Survey of LTSS services or oversight agency how unpaid family caregivers are identified, screened or assessed for their own needs.

- What services Identify, Screen or Assess Family Caregivers:
  - Which action or actions are taken?
  - Where does this information reside (care recipient record, other???)
  - What actions are taken? (information, interventions or referral???)

- What questions are asked? Are they about the caregiver or in relationship to the care recipient?

- Sources: review of current screening, intake or assessment tools in use by LTSS providers
Family Caregiver Profiles: Use of BRFSS and CHIS

• How could California use existing questionnaires to gather basic demographic and other data?
• Field bi-annual caregiver questionnaire (web version) by CA DHCS starting in 2020?
• Is there any information that could be gathered by the California Health Interview Survey regarding identification of CA residents providing assistance to an adult?

• Sources: Behavioral Risk Factor Surveillance System, CDC/CA DHCS; California Health Interview Survey, UCLA Center for Health Policy and Research, UCLA Fielding School of Public Health
## Caregiver Descriptive Data in CHIS (2019-2020)

<table>
<thead>
<tr>
<th>System Driver</th>
<th>Core Person-Centered Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiving/Unpaid Workforce</td>
<td># % adults who provided help during the past 12 months to a family member or friend with a serious or chronic illness or disability  # % adults currently providing care</td>
</tr>
<tr>
<td>Age of care recipient</td>
<td></td>
</tr>
<tr>
<td>Relationship of care recipient to caregiver</td>
<td></td>
</tr>
<tr>
<td>Hours spent caregiving in a typical week</td>
<td></td>
</tr>
<tr>
<td>Whether caregiver was paid for any hours spent</td>
<td></td>
</tr>
<tr>
<td>Living arrangement of care recipient</td>
<td></td>
</tr>
<tr>
<td>Illnesses/disabilities that required caregiver help</td>
<td></td>
</tr>
<tr>
<td>System Driver</td>
<td>Core Person-Centered Measure</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Caregiving/Unpaid Workforce</td>
<td># % caregivers who experienced financial stress as a result of caregiving (extremely, somewhat, a little, not at all)</td>
</tr>
<tr>
<td></td>
<td># % caregivers who report having all of the supports/services they needed to provide care</td>
</tr>
<tr>
<td></td>
<td># % caregivers who report suffering physical or mental health problems during past 12 months as a result of providing care</td>
</tr>
<tr>
<td></td>
<td># % caregivers who report a change in their work situation as a result of providing care (i.e., changed job, took a second job/increase hours at current job, reduced work hours, took temporary leave, received paid family leave, quit job, retired/retired early)</td>
</tr>
</tbody>
</table>
Appendix: CHIS Measures
California Health Interview Survey

- Largest population-based state health survey in the United States

- Representative sample of non-institutionalized California civilians, approximately 20,000 households each year

- CHIS is administered in 7 threshold languages: English, Spanish, Cantonese, Mandarin, Korean, Vietnamese, and Tagalog

- As of the 2019-2020 cycle, CHIS is using address-based sampling and 2 modes of data collection: web and telephone
Long-Term Services and Supports (LTSS) in California: A New CHIS Study

Two LTSS Survey Cycles:

I. 2019-2020: CHIS Follow-On LTSS Survey, about 2,000 respondents by web or telephone, about 15 minutes

• Complete 2019-2020 data set (n=2000) by Oct 2021

I. 2023-2024: CHIS Follow-On LTSS Survey, about 2,000 respondents by web or telephone, about 15 minutes

• Complete 2023-2024 data set (n=2000) by Oct 2025
## Other Descriptive Data in CHIS (general)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Core Person-Centered Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Conditions</td>
<td>Reference CHIS questionnaire</td>
</tr>
<tr>
<td>Mental Health Assessment</td>
<td>“</td>
</tr>
<tr>
<td>Sheehan Scale of Disability</td>
<td>“</td>
</tr>
<tr>
<td>Three-Item Loneliness Scale</td>
<td>“</td>
</tr>
<tr>
<td>Visits to Medical Doctor</td>
<td>“</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>“</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>“</td>
</tr>
<tr>
<td>Public Program Participation</td>
<td>“</td>
</tr>
</tbody>
</table>

Note: Estimates generated from the CHIS/LTSS descriptive data will include comparisons by age group, gender, race/ethnicity, income, primary language, rural/urban geography, and housing arrangement, as sample size permits.
Other Outcome Data in CHIS (general)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Core Person-Centered Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room Visits</td>
<td>Reference CHIS questionnaire</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>“”</td>
</tr>
<tr>
<td>Medical Debt</td>
<td>“”</td>
</tr>
<tr>
<td>Delays in Care</td>
<td>“”</td>
</tr>
</tbody>
</table>

Note: Estimates generated from the CHIS/LTSS outcome data will include comparisons by age group, gender, race/ethnicity, income, primary language, rural/urban geography, and housing arrangement, as sample size permits.
MASTER PLAN DASHBOARD, GOAL 1: LTSS & CAREGIVING
Group Discussion of Person-Level Core & System Driver Measures for Dashboard

Gretchen Alkema (Moderator)
The SCAN Foundation
PARTNER INNOVATION & TECHNOLOGY
Advanced Topics in Technology Applications for Caregivers and the Workforce

David Lindeman
University of California, Berkeley, CITRIS

Christine Cassel
University of California, San Francisco, Presidential Scholar
California MPA Research Committee:
Family Caregiving & Workforce Data & Technology
David Lindeman, PhD and Christine Cassel, MD

January 24, 2020
Family Caregiving & Tech Landscape

- Family Member Health
- Safety & Home Environment
- Caregiver Social Isolation
- Caregiver Information
- Caregiver Training & Education
Current and Emerging Family Caregiving Technology

Connected EMR Medical Devices
Telehealth/Remote Monitoring
Falls Prevention
Communication Platforms/Care Management
Financial/Cognitive Technologies
Smart Environment/IoT and Smart Home

Assistive Technologies
Smart Medication Management
Virtual Reality/AR/Mixed Reality - Training
Robotics-Social Isolation & Autonomous Vehicles
Hearing and Voice
Data Analytics/Machine Intelligence

Lindeman, Center for Technology and Aging, CITRIS, 2019.
Telehealth & Remote Monitoring

OneClick.chat
Smart Medication Management: Medication Adherence

Automated Dispensers /Apps

Ingestibles
Smart Home & Internet of Things (IoT)

Great Call / HealthSense

Emerald

How the Wellware™ System Works

Key Components
- Interactivity Sensor
- Ambiance Sensor
- Activity Sensor
- Health Sensor
- User Manager

Data Manager

Authorized Caregivers

User Friendly Reports

Alexa

Amazon
Falls Prevention & Mobility

Keego

Sideway
Care Receiver Engagement: Robotics, AI/ML, VR
TECHNOLOGY INNOVATION FOR THE WORKFORCE

• Innovation in RECRUITMENT processes
• Innovation in workforce TRAINING
• Innovation in worker RETENTION
• Innovation in supporting the OLDER WORKER
SUPPORTIVE TECHNOLOGIES: Recruitment and Training

RECRUITMENT

- Using AI to better **identify and match candidates to the right job opportunities** within an organization
- Has seen significant reduction in turnover rate (~35%)

- Using AI in the **employee effectiveness category**
- Improving employee engagement, productivity, cost reduction, and speed of accomplishing objectives

TRAINING

- Creates embodied, virtual reality patient experience labs for healthcare trainees and professionals
- **Improving the training experience** as well as helping staff develop empathy
SUPPORTIVE TECHNOLOGIES: Retention

FLEXIBLE WORK-FROM-HOME TOOLS

- GoToMeeting
- Microsoft Teams
- Skype
- VolP Phones
  Enables people to work remotely but with an extension on the company’s phone system

RETENTION

- Udex
  Affordable HR Software
- PayActiv
  Security | Dignity | Savings

- Mobile feedback platform that helps managers do a better job of recognizing and rewarding employees
- Technology enabled offering allowing workers to access earned, but as of yet, unpaid wages for a transaction cost of five dollars as opposed to using credit cards, cash advance, pay day loans
SUPPORTIVE TECHNOLOGIES: Supporting Older Workforce

- Provides a pool of qualified older workers
- Types of offerings have broad applicability to help identify, engage, mobilize and deploy older workers

- Offers a pool of qualified older workers for support call roles
- Leveraging peer-to-peer relationships to improve customer experience for brands which sell-to and support older adults
Technology Recommendations: Family Caregiving & Workforce

1) Integrate and deploy technology to support family caregivers to advance the **health and safety of family members**

2) Implement technology-enabled tools to support **access to information** and improved **social connectedness** for family caregivers

3) Develop and deploy technology that supports **workforce recruitment, training and retention**

4) Optimize the use of **evidence** for and **integration** of technology-enabled solutions
Emerging Technology & Data Solutions

INNOVATIONS IN TECHNOLOGY

- Assistive Technologies (Hearing, Vision, etc.)
- Voice Technology
- Autonomous Vehicles
- 5G
Emerging Technology & Data Solutions

INNOVATIONS IN DATA ANALYTICS

Electronic Health Records....

Genomic Data...

Diagnostic test results....

Social media...

Wearable health monitoring...
Potential Challenges of Data & Technology

• **Cost** of technology
• **Access** – inclusion and equity
• **Interoperability** and lack of standards
• **Regulatory** and policy environment
• **Data Security, Privacy & Ethics**
DATA
SECURITY, PRIVACY & ETHICS
Technology & Data Recommendations

- Environmental Scan
- Key Stakeholder Input
- Public / Private Sector Input
- Alignment with External Efforts
- Policy, Regulatory, Equity, Accessibility, Ethical
Public Comment

• To submit additional public comment and meeting feedback, go to: https://www.surveymonkey.com/r/MPAComment

• To submit detailed recommendations for MPA, go to: https://www.surveymonkey.com/r/MasterPlanRecommendations
Summary & Action Steps
THANK YOU!

Send questions to EngAGE@aging.ca.gov

Learn more about the Master Plan for Aging here*: ENGAGECA.org