

California Elder and Disability Justice Coordinating Council

4/28/2022 1:00pm – 4:00pm



Meeting Logistics

Telephone or webinar (Zoom) only - *No in-person meeting*

Telephone: Join by phone: (888) 788-0099

Webinar: [Join by computer, tablet, or smartphone](#)

Meeting ID: 856 7991 3966

Live captioning streamed through webinar (Zoom)

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Meeting slides, transcript, and recording will be posted online

Public Comment

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Council Purpose

The goal of the Elder and Disability Justice Coordinating Council is to increase coordination and develop recommendations to prevent and address the abuse, neglect, exploitation, and fraud perpetrated against older adults and adults with disabilities.

Welcome & Opening Remarks

Director Susan DeMarois
CA Department of Aging

Phil Ferrari
CA Department of Justice

June 15th



**WORLD ELDER ABUSE
AWARENESS DAY**

Building Strong Support for Elders

NCEA

National Center on Elder Abuse



Today's Agenda

- | | |
|--------------------|--|
| 1:00 – 1:10 | Welcome, Opening Remarks, Agenda |
| 1:10 – 1:20 | State Committee Member Updates & Opportunities |
| 1:20 – 1:50 | CARE Court Presentation & Discussion |
| 1:50 – 2:10 | Elder & Disability Justice Equity Framework |
| 2:10 – 2:20 | Public Comment |
| 2:20 – 2:30 | Break |
| 2:30 – 2:50 | CA Elder & Disability Justice Landscape Workgroup |
| 2:50 – 3:10 | CA Elder Justice Coalition: The A-Team |
| 3:10 – 3:25 | September 20 th : CA4ALL Ages Day of Action |
| 3:25 – 3:45 | CA Long-Term Care Ombudsman Updates |
| 3:45 – 3:55 | Public Comment |
| 3:55 – 4:00 | Next steps |

Welcome & Introductions

Stakeholder Members

- **Tony Anderson**, Valley Mountain Regional Center
- **Leza Coleman**, California LTC Ombudsman Association
- **Akiles Ceron**, San Francisco Adult Protective Services
- **Gloria Echevarria**, Family Voices of CA
- **Jo Ann Gines**, Advocate
- **Andrea Higgins**, San Mateo County District Attorney's Office
- **Scarlet Hughes**, CA State Association of Public Administrators, Public Guardians and Public Conservators
- **Sherry Johnson-Alvarez**, Advocate
- **Liz Logsdon**, Disability Rights California
- **Vivianne Mbaku**, Justice in Aging

Welcome & Introductions

Stakeholder Members

- **Howard McBroom**, Advocate
- **Nina Moussavi**, Alzheimer's Association
- **Lisa Nerenberg**, California Elder Justice Coalition
- **Marty Omoto**, CA Disability Action Network
- **Dr. Carla Perissinotto**, University of California, San Francisco
- **Scott Pirrello**, San Diego District Attorney's Office
- **Ellen Schmeding**, CA Commission on Aging
- **Edwin Smith**, Department of Rehabilitation (retired)
- **Valerie Smith**, Adult Protective Services, Santa Clara County
- **Janie Whiteford**, CA IHSS Consumer Alliance
- **Astrid Zuniga**, United Domestic Workers/AFSCME 3930

Welcome & Introductions

State, Federal and County Committee Membership

- **Meghan Anderson**, CA Department of Justice
- **Susan DeMarois**, CA Department of Aging
- **Dr. Tomás Aragón**, CA Department of Public Health
- **Diana Boyer**, County Welfare Directors Association
- **Aaron Carruthers**, State Council on Development Disabilities
- **Stephanie Clendenin**, CA Department of State Hospitals
- **Fay Gordon**, Administration for Community Living, Region IX

Welcome & Introductions

State, Federal and County Committee Membership

- **Mark Ghilarducci**, CA Office of Emergency Services
- **Lynda Gledhill**, Victims Compensation Board
- **Kimberly Kirchmeyer**, CA Department of Consumer Affairs
- **Bruce Lim**, CA Department of Health Care Services
- **Leslie Morrison**, CA Department of Developmental Services
- **Claire Ramsey**, CA Department of Social Services
- **Richard Ramirez**, California Department of Insurance

State Committee Member Updates & Opportunities

CARE Court:

Presentation & Discussion

Stephanie Welch

CA Health & Human Services Agency

CA Elder & Disability Justice Coordinating Council Meeting April 2022

Stephanie Welch, Deputy Secretary of Behavioral Health, MSW

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.



Systemic Change to Behavioral Health Care

- This **Administration**, similar to the leadership demonstrated in the **Legislature**, is deeply committed to transforming the Behavioral Health Care System.
- Transforming the behavioral health system will ultimately create **generational change** so **ALL Californians** have access to high quality, culturally responsive and easily accessible behavioral health care.
- **Critical investment** is needed to **build new behavioral health capacity** and **reduce fragmentation** in the behavioral health system - both for mental health and substance use disorders. Much of this is driven by **decades of stigma**, where behavioral health was not considered a core component of the health system.

Systemic Change to Behavioral Health Care

Behavioral Health Assessment confirmed that there are capacity challenges across the continuum. The report calls out the **NEED** for

- A **comprehensive** approach to **crisis services**
- More **community-based living options**, from housing to long-term residential, for people living with serious mental illness and/or a substance use disorder
- More **treatment options for children and youth** with significant needs as well as efforts to prevent behavioral health conditions
- Services and strategies that **advance equity** and address disparities
- Addressing related **housing, economic and physical health issues** especially for individuals who are **justice-involved**

[Assessing the Continuum of Care for Behavioral Health Services in California Data, Stakeholder Perspectives, and Implications](#)

Systemic Change to Behavioral Health Care

- **California Advancing and Innovating Medi-Cal (CalAIM)** which modernizes, improves, and simplifies Medi-Cal's BH system and the **CalAIM Justice Package**
- **The Children and Youth Behavioral Health Initiative (CYBHI)** provides **\$4.4B** (including support for the MHSOAC Student Mental Health Initiative) to reimagine behavioral health system for children and youth
- **The Behavioral Health Continuum Infrastructure Program (BHCIP) and the Community Care Expansion (CCE) Program** provide **\$3B** to build out community based care, including residential placements
- **New Peer Support Services Benefit in Medi-Cal** (Launch July 2022)
- Department of Managed Health Care **Mental Health Parity Enforcement and Behavioral Health Focused Investigations** Efforts

Systemic Change to Behavioral Health Care

- Established an Office of Suicide Prevention
- CalHHS conducting comprehensive **Crisis Care Continuum Planning**
- **CalHOPE** a crisis counseling assistance and training program, prepping for **9-8-8** implementation
- **California Medicated Assisted Treatment (MAT) Expansion Project**, pilot **Contingency Management** in outpatient treatment settings
- Address the **Incompetent to Stand Trial** population including expansion of the Department of State Hospitals **Diversion and Community-Based Restoration Program**

2022-2023 Proposed Budget Priorities

CalHHS and its departments have identified the following priorities for this year's budget:

- Improve the state's ability to serve the whole person, and **advance the goal that health care, housing, and social needs are considered together**, rather than through the lens of separate funding streams or programs.
- We must **double down** on **addressing the needs** of those with **serious mental illness**, those who are **justice-involved**, as well as **immigrants, children, and aging populations**, to improve the lives of California's most vulnerable residents while addressing underlying inequities in society.

Systemic Change to Behavioral Health Care

Proposed 2022-23 Budget Builds on Existing Efforts:

- **Medi-Cal Community-Based Mobile Crisis Services – \$108M (\$16M GF)** DHCS will add multi-disciplinary **mobile response services for crises** related to mental health and substance use disorders **as a new Medi-Cal benefit**, as soon as **January 1, 2023**.
- **CalAIM and Providing Access and Transforming Health (PATH) - \$1.3B** over five years to support the development of **Enhanced Care Management and Community Supports in CalAIM**. **\$561M** over five years to support implementation of **CalAIM justice-involved initiatives**.
- **Expanding Access to MAT - \$96M** GF in 2022-23 and **\$61M** ongoing
- **\$86M Opioid Settlement** funds for a **youth opioids** education and awareness and **fentanyl risk education (\$50M)**, improving the state's ability to collect and analyze **data** on opioid **overdose trends (\$5M)**, provider **training** on opioid treatment (**\$26M**), and distributing **naloxone to homeless service providers (\$5M)**

Workforce for a Healthy California for ALL

Care Economy Workforce Development - \$1.7B investment for the Labor and Workforce Development Agency and CalHHS to create innovative and accessible opportunities to recruit, train, hire, and advance an ethnically and culturally inclusive health and human services workforce, with improved diversity, compensation, and health-equity outcomes.

- **California 25x25 Initiative—\$350M** to recruit, train, and certify 25,000 new community health workers
- **California Social Work 2030 Initiative—\$210M**
- **Psychiatric Resident Program—\$120M**
- **Multilingual Health Initiatives—\$60M** to expand scholarships and loan repayment programs in healthcare and social work for multilingual applicants, with the goal of increasing language and cultural competencies throughout the care workforce.

Systemic Change to Behavioral Health Care

Proposed 2022-23 Budget Builds on Existing Efforts:

- **Behavioral Health Bridge Housing** - \$1.5B to address the immediate housing and treatment needs of people experiencing or at eminent risk of homelessness with serious behavioral health conditions, funding can be used to purchase and install tiny homes and to provide time-limited operational supports in these tiny homes or in other bridge housing settings including existing assisted living settings.
- **Solutions to Address the Incompetent to Stand Trial (IST) Crisis** - \$571M to provide immediate solutions to support access to treatment for the roughly 1800 individuals currently found IST on felony charges and waiting in jail and to expand Diversion and Community-Based Restoration Capacity to increase IST community based treatment alternatives.

Community Assisted Empowerment and Recovery (CARE) Court

- **CARE** is a new approach and a paradigm shift.
- **CARE** aims to deliver behavioral health services to the **most severely ill and vulnerable individuals**, while preserving **self-determination** and community living.
- **CARE** is an **upstream diversion to prevent** more restrictive **conservatorships or incarceration**.
- **CARE** is based on **evidence** which demonstrates that many **people can stabilize**, begin healing, and **exit homelessness in less restrictive, community-based care settings**.
- **CARE** seeks both **participant** and **system success**.

Community Assisted Empowerment and Recovery (CARE) Court

- **Care** is fundamentally different from **Mental Health/ LPS Conservatorship** in that it **does not include custodial settings** or **long-term involuntary medications**
- **CARE is different than LPS/Laura's Law in several important ways:**
 - **May be initiated by a petition to the Court** from a variety of people known to the participant (family, clinicians/ physicians, first responders, etc.) and **only credible petitions are pursued**
 - **Multiple** negative outcomes (**incarceration, hospitalizations, etc.**) are not required to be considered
 - **Local government and participants work together** and are both held to the CARE plan
 - Provides a **Supporter** trained to assist in **identifying, voicing, and centering the individual's care decisions** in their CARE plan and graduation plan, including preparing a **Psychiatric Advanced Directive, if desired.**

What is the clinical criteria for CARE Court?

Individuals with:

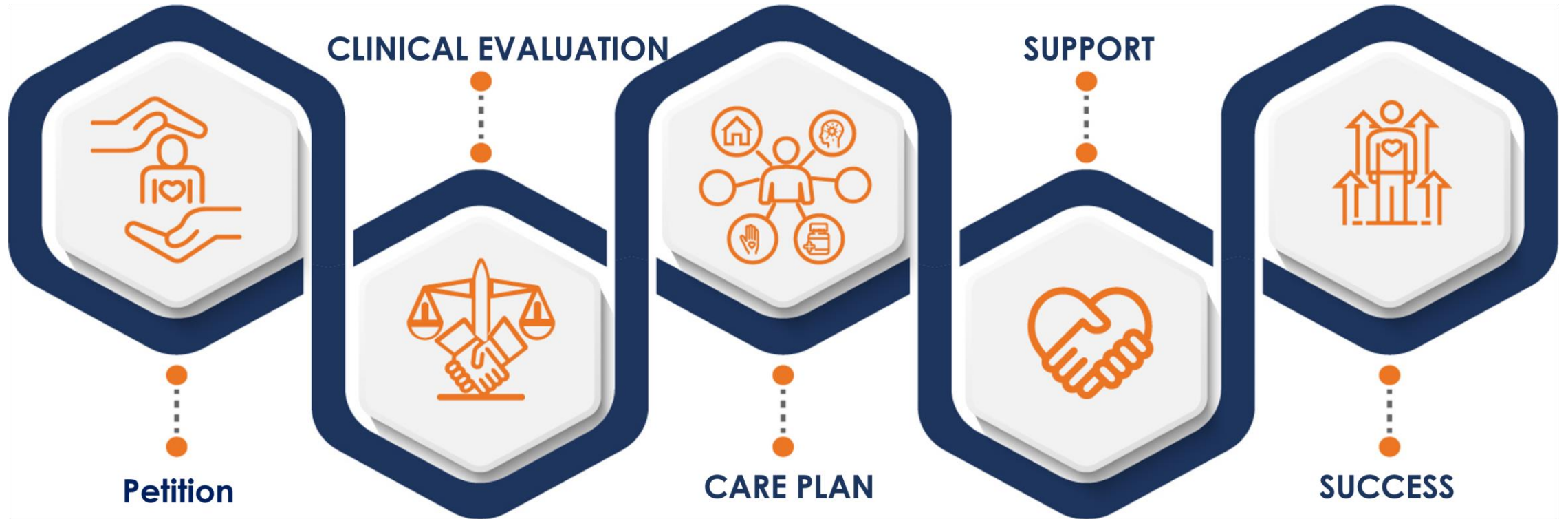
a) A schizophrenia spectrum or other psychotic disorder diagnosis

AND

b) Whose judgment is so impaired by symptoms of their mental illness (e.g., hallucinations, delusions, disorganization and/or cognitive impairment) that they lack the capacity to make informed or rational decisions about their medically necessary treatment.

- CARE Court is **NOT** for everyone experiencing homelessness or mental illness.
- It is designed to serve these Californians before they enter the criminal justice system or become so impaired that they end up in a Lanterman-Petris-Short (LPS) Mental Health Conservatorship.

CARE Court Pathway



The Supporter

The role of the Supporter is to help the participant understand, consider, and communicate decisions



Supporters are trained in supportive decision making and will represent a diversity of life experiences.

Why Doesn't CARE Include All Behavioral Health Conditions?

- **CARE is for people with a focused diagnosis** that is both severely impairing and also **highly responsive to treatment**, including stabilizing medications.
- **Broader behavioral health redesign** is being led by the Administration through to **create generational change** so all Californians have access to high quality, culturally responsive and easily accessible behavioral health care.
- **Critical investments** include **building new behavioral health capacity** through treatment and workforce infrastructure and **reducing fragmentation** in the behavioral health system--**both for mental health and substance use disorders.**

Does CARE Guarantee Housing?

- **Housing is an important component of CARE** —finding stability and staying connected to treatment, even with the proper supports, is next to impossible while living outdoors, in a tent or a vehicle.
- **Care Plans will include a housing plan.** Individuals who are served by CARE Court will have diverse housing needs on a continuum ranging from clinically enhanced interim or bridge housing, licensed adult and senior care settings, supportive housing, or housing with family and friends.
- **Governor's proposed 2022-2023 budget includes \$1.5 billion for Behavioral Health Bridge Housing**, which will fund clinically enhanced bridge housing settings that are well suited to serve CARE Court participants.
- **2021 Budget Act made a historic \$12 billion investment to prevent and end homelessness.**

Does CARE Assist with Implementing SB 317?

- **If the Court finds the defendant ineligible for diversion** it can refer the defendant to the CARE program.
- **A hearing to determine eligibility for CARE shall be held within 14 days** after the date of the referral. If the hearing is delayed beyond 14 days, the court shall order the defendant, if confined in county jail, to be released on their own recognizance pending that hearing.
- **If the defendant successfully completes CARE, the charges shall be dismissed.**

What if an Individual does not Participate in Court ordered Care Plan?

- If the Court determines at any time during the proceeding that the participant is **not participating in CARE proceedings**, the **Court may terminate** the respondents participation in the CARE program.
- The Court may utilize **existing authority** to ensure an individual's safety.
- **Subsequent proceedings** may use the CARE proceedings as a **factual presumption** that no suitable community alternatives are available to treat the individual.

Behavioral Health Coordination Efforts

CalHHS:

- Facilitating **cross departmental and cross agency meetings** on topics such as **infrastructure, workforce, homelessness, children and youth and advancing equity** – all with an eye to coordinate initiatives and conduct real time problem-solving and share lessons learned.
- Leading **cross departmental and cross agency coordination of the CYBHI**, ensuring youth driven and family focused approaches to planning and stakeholder engagement as well as system design and evaluation.
- **10 of CalHHS departments and 2 offices** participate in the **Behavioral Health Taskforce** which is re-launching with structured meetings and workgroups to facilitate information sharing and collaboration.

Questions and Discussion

Resources

[CARE Court - California Health and Human Services](#)

[Behavioral Health Task Force - California Health and Human Services](#)

[Children and Youth Behavioral Health Initiative - California Health and Human Services](#)

[Office of Youth and Community Restoration \(OYCR\) - California Health and Human Services](#)

New CalAIM webpage: <https://www.dhcs.ca.gov/calaim>

Stephanie.welch@chhs.ca.gov

(916) 549-5048 (cell/text)

Public Comment

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Elder & Disability Equity Framework

Presentation & Discussion

Nina Moussavi

Alzheimer's Association, Southern CA



California Elder & Disability Justice Coordinating Council

Equity Subcommittee:
Equity Principles and Equity Tool

Equity Subcommittee Charge and Goals

- During the first California Elder and Disability Justice Coordinating Council meeting, the equity subcommittee was created to explore how the Council could integrate equity principles into its work.
- The Equity Subcommittee met three times to develop an equity framework for the Council
- During our first subcommittee meeting, we decided to create 'Equity Principles' and an 'Equity Tool' to guide the Council's work and better center equity in its work
- Today, the subcommittee will present proposed 'Equity Principles' and 'Equity Tool' to the broader Council for review and discussion.

Equity Principles (1)

- 1. We recognize that all adults deserve to live free from abuse, neglect and exploitation.*
- 2. We acknowledge the existence of systemic racism and discrimination and its negative impacts and in order to combat its impacts we must center equity at all stages of our council's work.*
- 3. Centering equity means not just creating equitable solutions for all older adults and adults living with disabilities but also recognizing that implicit bias exists within all of us. We are committed as a group to acknowledge and explore biases while doing the work of this council.*

Equity Principles (2)

4. *We acknowledge that while older adults and adults living with disabilities have many overlapping interests, they are distinct communities, and any policies examined by this council should examine impacts to each community.*
5. *We recognize the importance of hearing directly from older adults and adults living with disabilities as we complete our work. Their lived experiences should always be centered in our work.*

Equity Tool (1)

Using the MPA Equity Tool and other available tools, we developed the following 7 questions to be used at various stages during the planning, program development, and policy making process

What is the problem?

- What problem or issue is the proposed policy, program, or action intended to address?

How does it address DEI?

- Does the proposed policy address gaps and/or organizational barriers, and further our goals of increased diversity, equity & inclusion ? If not, how could it?

Who Benefits? Are there Groups Harmed?

- Who is the intended beneficiary of the proposed policy?
- Are there groups that may possibly be harmed by the policy? How do you plan to mitigate that harm?



Equity Tool (2)

Available Data

- Is there available data on the policy's impact on marginalized groups?
- Have reasonable efforts been made to discover any available data and identify data gaps?

Historic Impacts

- How has systemic racism and/or discrimination (i.e. ageism, sexism etc.) impacted current policies and how will this new policy address past harms?

Equity Tool (3)

Distinct Communities

- Are there differences in how disabled and older adult communities may be impacted?

Community Input

- What efforts have been made (or are needed) to ensure that the perspectives and needs of marginalized stakeholder groups are reflected in planning, or program/policy development?

Next Steps and Discussion

Public Comment

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Let's Take A Break

**CA Elder &
Disability Justice
Landscape &
Gap Analysis**

**Presentation
& Discussion**

Lisa Nerenberg
CA Elder Justice Coalition

Leslie Morrison
CA Department of Developmental Disabilities

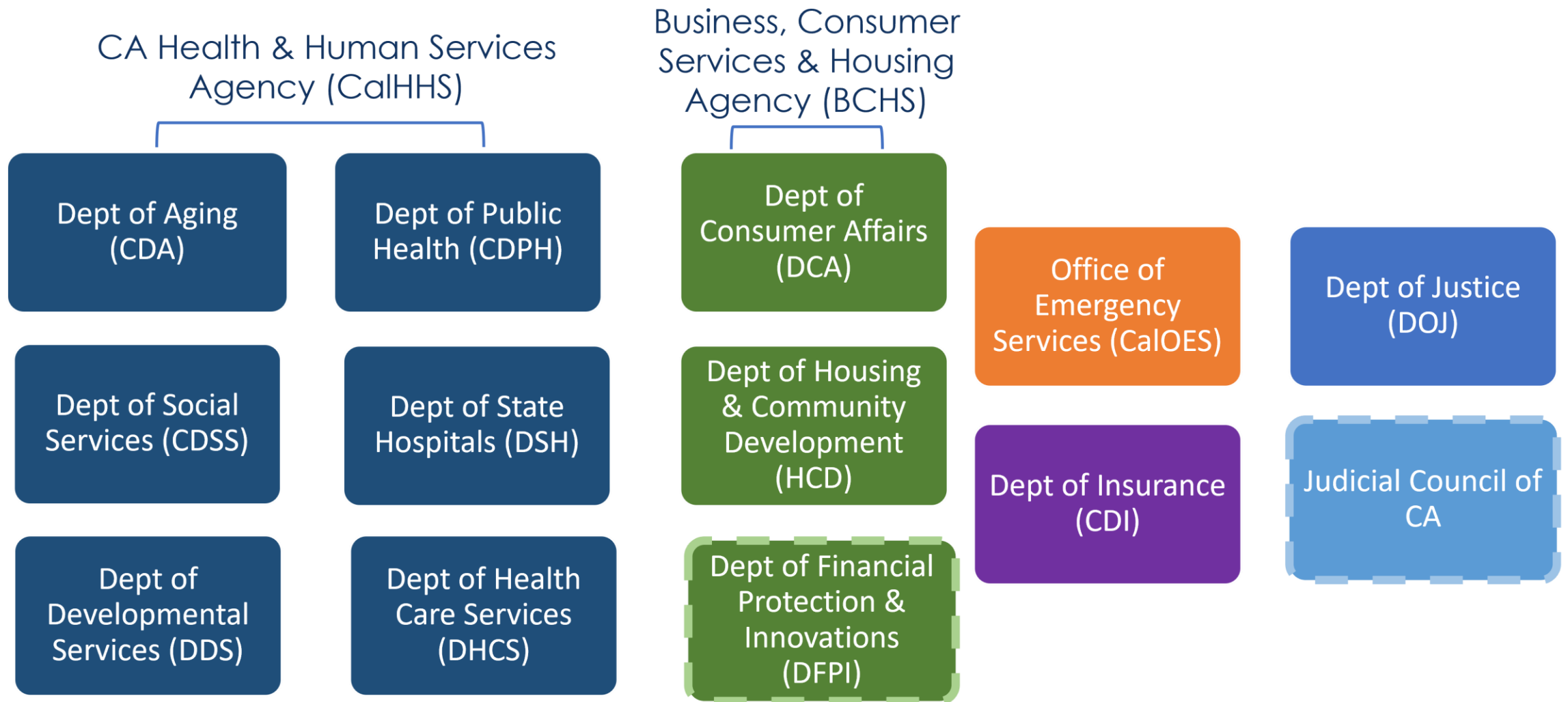
EDJCC Landscape Workgroup

The purpose of the EDJCC Landscape workgroup is to gather information and conduct a gap analysis on the current Elder & Disability Justice landscape in California to inform a more coordinated and person-centered system of prevention and response.

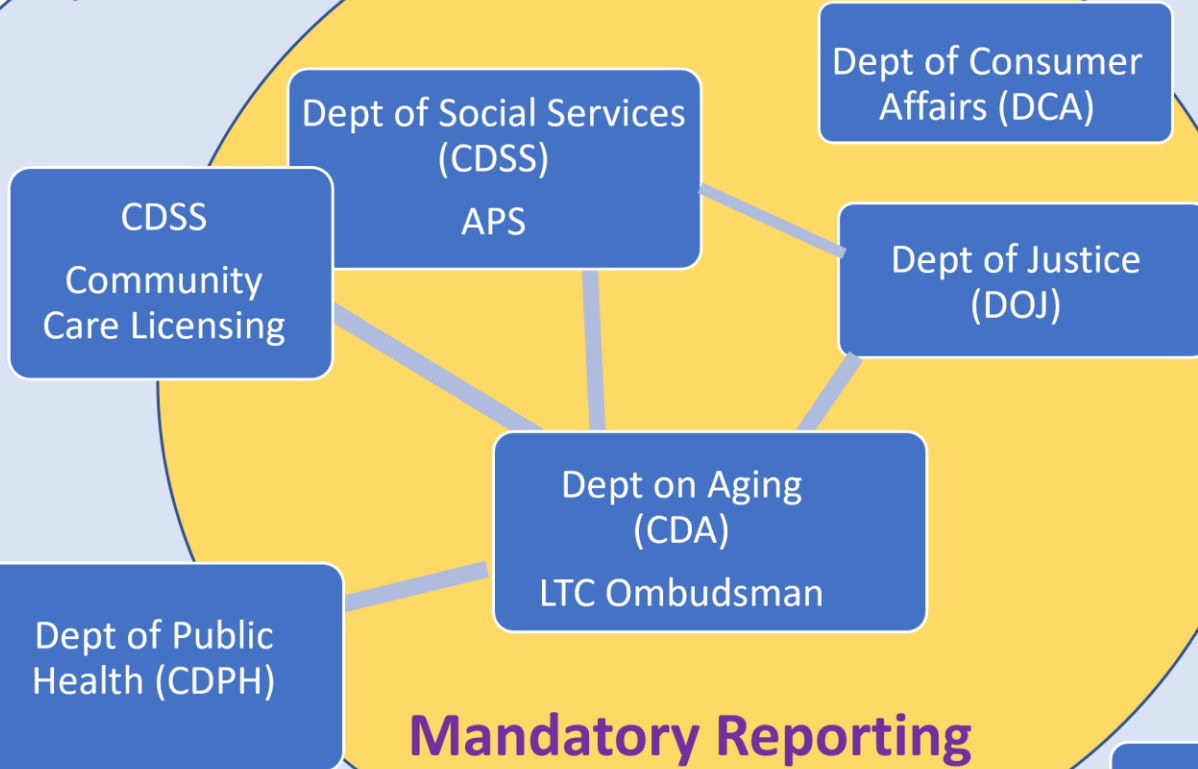
For each program/service that touches an elder or disability justice case, we are gathering the following information:

- Type of abuse the program/service addresses
- Lead Dept/Agency
- Program/Service delivery partners
- Program/service target population
- Data collected by the Dept/Agency

State Departments Addressing Elder & Disability Justice



Regulation, oversight, licensing



Dept of Financial Protection & Innovation (DFPI)

Judicial Council of CA

Office of Emergency Services (CalOES)

Dept of Housing & Community Development (HCD)

Dept of Developmental Services (DDS)

Dept of State Hospitals (DSH)

Dept of Insurance (CDI)

CA Dept of Health Care Services (DHCS)

Advocacy Groups Currently Represented on the EDJCC

Alzheimer's Association	CA IHSS Consumer Alliance	CA Association of PAs/PGs/PCs
CA Commission on Aging	California Elder Justice Coalition	County Welfare Directors Assoc
Justice in Aging	Disability Rights California (DRC)	Family Voices of CA
Disability Rights California	CA Disability Action Network	United Domestic Workers/AFSCME 3930

Additional Groups to Engage in Our Work (*workgroups, invite to meetings, etc*)

- **District Attorneys Association**
- **Judicial Council**
- ***Others....?***

Other Groups With Roles in Elder & Disability Justice

1. Professional and trade associations
2. Police Officer Standards and Training (POST)
3. Financial institutions
4. Training institutions
5. Academic and Research Institutions
6. MDTs (including FASTs, fatality review, etc.)

To Do List



Add to Lists of Advocacy Groups/State Agencies



Map local services by category



Identify problems in coordination



Identify information/data needs

Next Steps and Discussion

CA4ALL Ages & Abilities:

A Day of Action

September 20th, 2022

Andy Imparato

*Executive Director, Disability Rights CA &
IMPACT Stakeholder Committee Member*

CA4ALL Ages & Abilities:

A Day of Action
September 20th, 2022

Are you **READY?**

We are **R**e-envisioning **E**quity, **A**ging,
Disability & **Y**ou as part of it all.



Join us on September 20th as we gather with our stakeholders to present the priorities and platforms that impact Aging, Disability and Equity. Be part of the progress as we move forward with California's Master Plan for Aging, and what 21st century readiness could look like.

**CA Elder Justice
Coalition**

Carol Sewell
CA Elder Justice Coalition

**State Long-Term
Care Ombudsman
Updates**

Blanca Castro
*Office of the State Long-Term Care
Ombudsman*



California Elder & Disability Justice Coordinating Council

State Long-Term Care Ombudsman Updates

Blanca Castro, State Long-Term Care Ombudsman

April 28, 2022





EDJCC – Primary Goal



*Increase coordination and develop
recommendations to prevent and address the
abuse, neglect, exploitation, and fraud
perpetrated against older adults and adults with
disabilities.*



Role of the Long-Term Care Ombudsman



Resident-Centered Advocate

- Identify, investigate, and resolve complaints made by or on behalf of residents in long-term care settings.
- Educate residents, family, facility staff, and other on residents' rights and facility regulations.
- Conduct regular, unannounced visits to Skilled Nursing Facilities (SNFs), Intermediate Care Facilities (ICFs) and Residential Care Facilities for the Elderly (RCFEs)



Resident-Centered Approach - Continued

- Receive and investigate reports of suspected elder and dependent adult abuse in LTC and some community care settings.
- Witness Advance Health Directives, and Property Transfers in SNFs
- Monitor the quality of resident care provided by a LTC facility which has filed for bankruptcy and report findings to the court



Residents Rights



- ❖ **Be treated with dignity and respect**
- ❖ **Be free from chemical and physical restraints**
- ❖ **Manage their own finances**
- ❖ **Voice grievances without fear of retaliation**
- ❖ **Associate and communication privately with any person of their choice**



Residents Rights



- ❖ **Send and receive personal mail**
- ❖ **Have personal and medical records kept confidential**
- ❖ **Apply for State and federal assistance without discrimination**
- ❖ **Be fully informed of available services and any charges for those services prior to admission**
- ❖ **Be given advance notice of plans to transfer or discharge them**



2019 Complaints



**Total
36,756**

Category	Percentage of Total	Specific Issues
Residents Rights	44%	Abuse, Gross neglect, Exploitation, Access to information, Admission, Transfer, Discharge, Eviction, Autonomy, Choice, Financial, Property
Resident Care	25%	Care, Rehabilitation or Maintenance of Function, Restraints: Chemical and/or physical
Quality of Life	20%	Activities and community integration and social services, Dietary, Environment
Facility Administration	4%	Facility policies, procedures and practices



2020 Complaints



**Total
20,295**

Category	Percentage of Total	Specific Issues
Residents Rights	57%	Abuse, Gross neglect, exploitation, Access to information, admission, Transfer, discharge, éviction, Autonomy, Choice, Financial, Property
Resident Care	23%	Care, Rehabilitation or Maintenance of Function, Restraints: Chemical and/or physical
Quality of Life	15%	Activities and community integration and social services, Dietary, Environment
Facility Administration	3%	Facility policies, procedures and practices



2021 Complaints



**Total
40,178**

**37%
Increase**

Category	Percentage of Total	Specific Issues
Residents Rights	50.6%	Abuse, gross neglect, exploitation, access to information, admission, transfer, discharge, éviction, autonomy, choice, financial, property
Resident Care	25.3%	Care, Rehabilitation or Maintenance of Function, Restraints: Chemical and/or physical
Quality of Life	16.7%	Activities and community integration and social services, Dietary, Environment
Facility Administration	5.6%	Facility policies, procedures and practices

Elder & Disability Justice Issues

**Person-Centered
Data Driven
Equity Focused**

- **Abuse, gross neglect and exploitation**
- **Restrictions on visitation for family, friends and others**
- **Improper Discharges/Evictions**
- **Staffing shortages**
- **Communication with Families and Residents Re:
Transfers/Relocations/Visitations**

CMS-Facility Decertifications

Lessons Learned and Next Steps

Coordination - Federal, State and Local

- ✓ Facility Administrators and Staff
- ✓ CMS
- ✓ CDPH
- ✓ CDSS
- ✓ CDHS
- ✓ APS
- ✓ Public Guardian
- ✓ Public Health
- ✓ Local District Attorney
- ✓ Community-based organizations

Collaboration - Federal, State and Local partners

Communication -Federal, State and Local partners

Residents, Families or their Representatives
Ombudsman Representatives

CMS Decertifications

**Healdsburg Skilled Nursing Facility, Sonoma
county Jan 11, 2022**

Closed on 2/11/22

70 residents

**Kingston Healthcare Center ,Kern county
2/6/2022**

110 residents

**Laguna Honda - 3/31/2022, San Francisco
county**

700 residents



Information and Resources

RCFEs Residents Bill of Rights

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/NursingHomeResidentsRights.aspx>

LTC Ombudsman CRISISline number 1-800-231-4024

StateOmb@aging.ca.gov - General email

Blanca.castro@aging.ca.gov



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Closing & Next Steps

Susan DeMarois
CA Department of Aging

Thank You!



Contact Info: Engage@Aging.ca.gov