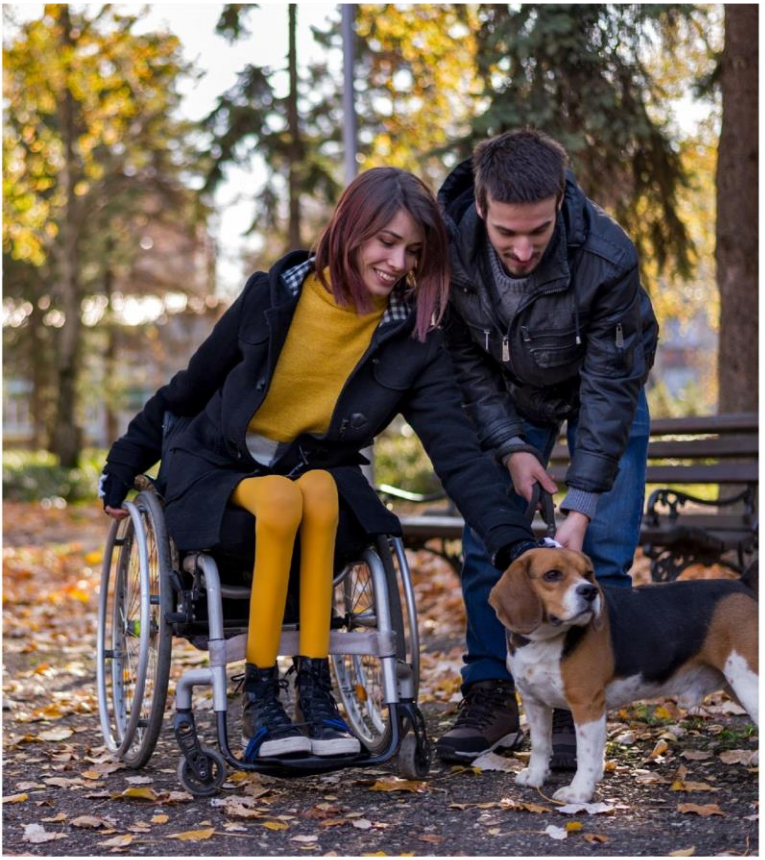


Disability & Aging Community Living Advisory Committee

May 11th | 2:00 – 5:00 pm

CALIFORNIA ALL

CalHHS
California Health & Human Services Agency

Meeting Logistics

We continue to meet virtually only: Join by smart phone, tablet, or computer

To join audio by telephone: 888 788 0099

Live captioning streamed through webinar (Zoom)

American Sign Language Interpretation via webinar (Zoom)

Recording, Slides, and Transcripts will be posted to the CalHHS Community Living webpage post webinar

Public Comment

- **Time is reserved on the meeting agenda for public comment.**
- **Attendees joining by webinar (Zoom), use the Q&A function to ask a questions or *click* the raise hand button**. The moderator will announce your name and will unmute your line.
- **Attendees joining by phone, *press* *9 on your dial pad to "raise your hand"**. The moderator will announce the last 4 digits of your phone number and will unmute your line.

Welcome

Susan DeMarois
California Department of Aging

Eric Harris
Disability Rights CA

Patti Prunhuber
Justice in Aging

Committee Member Introductions

Roster I

Stakeholder Co-Chairs
Eric Harris, Disability Rights CA
Patti Prunhuber, Justice in Aging

Stakeholder Committee
Patricia Blaisdell, CA Hospital Association
Michael Blecker, Swords to Plowshares
Mareva Brown, Senate Pro Tem's Office
Sheri Burns, California Foundation for Independent Living Centers
Michelle Cabrera, County Behavioral Health Directors Association of CA
Erika Castile, CA Commission on Aging
Kelsy Castillo, Assembly Speaker's Office
Jessica Cruz, National Alliance for Mental Illness CA
Paul Dunaway, Sonoma Count Adult Services

Roster II

Stakeholder Committee, Cont.

Sheri Farinha, NorCal Services for the Deaf and Hard of Hearing
Liz Fuller, Assembly Committee on Aging and Long-Term Care
Jared Giarrusso, Alzheimer's Association
Lisa Gonzales, Deaf Plus Adult Community; Regional Center of the East Bay
Jeff Thom, CA Council of the Blind
Barbara Hanna, CA Association for Health Services at Home
Susan Henderson, Disability Rights Education and Defense Fund
Michael Humphrey, Sonoma County IHSS Public Authority
Corrine Jones, Multipurpose Senior Services Program
Kathy Kelly, Family Caregiver Alliance
Eileen Kunz, On-Lok Lifeways
Sunny Maden, Family Member and Advocates

Roster III

Stakeholder Committee, Cont.

Shireen McSpadden, San Francisco Human Services Agency
Peter Mendoza, Consumer Advocate
Kim Mills, A Better Life Together, Inc. San Diego Regional Center Provider
Lydia Missaelides, Alliance for Leadership and Education
Marty Omoto, CA Disability Community Action Network
Jeannee Parker Martin, LeadingAge California
Gabriel Rogin, North Bay Regional Center
Michelle Rousey, Consumer Advocate
Richard Smith, Independent Living Partnership
Robert Taylor, Lake County IHSS Public Authority Advisory Committee
Greg Thompson, Personal Assistance Services Council, Los Angeles
Nina Weiler- Harwell, AARP CA
Janie Whiteford, CA In-Home Supportive Services (IHSS) Consumer Alliance

Roster IV

Stakeholder Committee, Cont.
Kate Wilber, USC Center for Long-Term Care Integration
Sylvia Yeh, Friends of Children with Special Needs; San Andreas Regional Center and Regional Center of the East Bay
Alona Yorkshire, Foster Parent of High Needs Child

State Chair
Susan DeMarois, CA Department of Aging

State Committee Members
Mark Ghaly, CA Health and Human Services Agency
Marko Mijic, CA Health and Human Services Agency
Tomas Aragon, CA Department of Public Health
Michelle Baass, CA Department of Health Care Services
Nancy Bargmann, CA Department of Developmental Services

Roster V

State Committee Members, Cont.

Stephanie Clendenin, CA Department of State Hospitals
Kim Johnson, CA Department of Social Services
Joe Xavier, CA Department of Rehabilitation
Lourdes Castro-Ramirez, CA Business, Consumer Services, and Housing Agency
Vito Imbasciani, CA Department of Veterans Affairs
David Kim, CA State Transportation Agency
Natalie Palugyai, California Labor and Workforce Development Agency
Rosanne (Rosie) Ryan, State Council on Developmental Disabilities
Vance Taylor, CA Governor's Office of Emergency Services

Today's Agenda

2:00: Welcome & Introductions

2:05: CA4ALL Ages & Abilities: A Day of Action

2:15: CalAIM: Moving the Needle on Aging & Disability CBO partnerships in Community Supports & Enhanced Care Management

2:55: Housing Subcommittee Presentation

3:25: Public Comment

3:35: Break

3:45: Transportation Subcommittee Presentation

4:15: CARE Court Presentation & Discussion

4:45: Public Comment

4:55: Closing & Next Steps

CA4ALL Ages & Abilities:

A Day of Action

Kevin Prindiville

Justice in Aging

CA4ALL Ages & Abilities:

A Day of Action

September 20th, 2022

Are you ***READY?***

We are **R**eimagining **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.

CalAIM Community Supports:

Promoting Independent Living Among Older Adults and People with Disabilities

Brianna Ensslin Janoski

ATI Advisory

CalAIM Community Supports: Promoting Independent Living Among Older Adults and People with Disabilities

May 11, 2022

Brianna Ensslin Janoski, ATI Advisory

ATI ADVISORY
IDEAS TO ACTION IN HEALTHCARE & AGING

Overview

- Our Work
- Community Supports Landscape and Implementation
- Moving Forward

Our Work

Overview

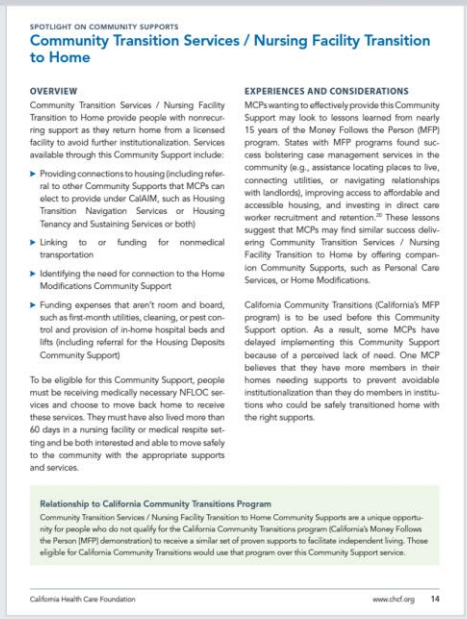
California Health Care Foundation partnered with ATI to support understanding and uptake of six Community Supports promoting independent living for older adults and people with disabilities

	Methods	Resources and Tools Available
• Better understand the opportunities and barriers to greater uptake • Elevate early implementation experiences and considerations	• Interviews of national and California managed care plans (MCPs) • Review of existing literature (peer-reviewed & grey), state reports, plan publications, and federal and state regulations	• Report providing profiles of the six Community Supports aimed at supporting independent living • Evidence Compendium providing a detailed, sortable collection of literature reviewed for each service

Resources Available to Promote Successful Uptake and Implementation of Community Supports

Full Report

Community Supports Profiles within Report



Report, Community Support Profiles, and Evidence Compendium available at https://www.chcf.org/ or directly here.

Resources Available to Promote Successful Uptake and Implementation of Community Supports

Evidence Compendium

Background	Target Community Supports						Medicaid	Description	Outcomes						
Research or Program Title	Respite Services *e.g., home care to substitute family caregiving.*	Nursing Facility Transition/Diversion to Assisted Living Facilities *e.g., help moving into ALF for current NF residents.*	Community Transition Services/Nursing Facility Transition to Home *e.g., help securing rental housing in the community for current NF residents.*	Personal Care and Homemaker Services *e.g., additional personal care for people with inadequate access.*	Environmental Accessibility Adaptations (Home Modifications) *e.g., device installation in home after medical professional certifies need.*	Medically Supportive Food/Meals/Medically-Tailored Meals *e.g., people with chronic illness get meals delivered as suggested by registered dietitian.*	In-Lieu-Of Services Policies in Genel	Short Description	Short Outcome	Finding: Cost Savings	Finding: Delayed Institutionalization	Finding: Decreased Utilization	Finding: Improved Health/Function	Finding: Caregiver Benefits	Finding: Quality of Life or Satisfaction
Impact of Adult Day Services on Behavioral and Psychological Symptoms of Dementia	Yes	---	---	---	---	---	---	Researchers compared outcomes of persons with dementia attending adult day services program against those not attending, based largely on caregiver reports of behavior.	Persons with dementia attending adult day services (ADS) program had fewer sleep-related problems.	---	---	---	Positive	---	---
Volume of Home and Community-Based Services and Time to Nursing-Home Placement	---	---	---	Yes	---	Yes	---	Researchers analyzed whether volume of Home and Community-Based Service (HCBS) impacts risk of transitioning from long-term services and supports (LTSS) through HCBS to LTSS in nursing home.	Every additional 5 hours of personal care services (PCS) was associated with decreased risk of nursing home placement by 5%. Every additional 5 hours of homemaking decreased risk of nursing home placement by 13%.	---	Positive	---	---	---	---
Use of Adult Day Care Service Centers in an Ethnically Diverse Sample of Older Adults	Yes	---	---	---	---	---	---	Authors studied perceived need for and use of adult day services (ADS) in a low-income, majority Hispanic (50.2%) population.	Half of caregivers had perceived need for ADS, but only 19% of caregivers used those services. There were no significant differences in patient gender, age, ethnicity, caregiver relationship to the patient (adult child, spouse, or other), or patient income for ADS users versus non-users. However, the care recipient's functional status was related to the use of ADS in that users were higher functioning but with lower cognitive ability. Additionally, statistically significant associations were found between caregiver's income and ADS use, such that 16% of the low-income families used ADS compared to only 8% of the high-income families.	---	---	---	---	Neutral	---
Final Report: Adult Day Services Quality and Outcomes Study	Yes	---	---	---	---	---	---	Navigant helped Minnesota Department of Health Services study current and future ADS models, as mandated by state legislature. Report summarized observations and recommendations, including recommendation on how to monitor impact and outcomes of ADS.	Stakeholders identified individualized programming to meet participant needs as a key element in successful ADS but expressed challenges of offering individualized attention to participants.	---	---	---	---	---	---
Daily Stressors and Adult Day Service Use by Family Caregivers: Effects on Depressive Symptoms	Yes	---	---	---	---	---	---	Researchers studied saliva of caregivers to identify stress biomarkers and interviewed caregivers each night, to assess impact of ADS on stress levels.	Family caregivers showed increase in beneficial stress hormone DHEA-S on days of ADS use.	---	---	---	---	Positive	---
Benefits of Adult Day Services for Dementia Caregivers: A Systematic Review	Yes	---	---	---	---	---	---	Author conducted a literature review to identify benefits of ADS and whether ADS are effective as respite care.	Literature generally supported that ADS can benefit physical, emotional and psychological well-being of caregivers. The only study reviewed regarding cost found savings due to ADS for dementia patients.	Positive	---	---	---	Positive	---
National Adult Day Services Association (NADSA) Research Committee Annotated Bibliography (Infographic)	Yes	---	---	---	---	---	---	NADSA Research Committee developed annotated bibliography of research in ADS over past 10 years and created infographic to document content of bibliography.	Between 47 and 65% of ADS centers offer health care services, including skilled nursing, physical therapy. Occupational therapy, and speech language pathology services. High majority of ADS centers offer transportation.	---	---	---	---	---	---

Report, Community Support Profiles, and Evidence Compendium available here

Resources Available to Promote Successful Uptake and Implementation of Community Supports

Upcoming Webinar

Webinar — Opportunities for CalAIM to Support Community Living

May 19, 2022

Through CalAIM, Medi-Cal managed care plans have new opportunities to coordinate and deliver person-centered services. During this webinar, the authors of two recent CalAIM reports will discuss how Community Supports and the institutional long-term care carve-in are positioned to work together to enable more Medi-Cal enrollees to live well in the setting of their choice.

About This Event

Through CalAIM (California Advancing and Innovating Medi-Cal), a multiyear initiative to transform the Medi-Cal program, managed care plans have new opportunities to coordinate and deliver person-centered services to help older adults and people with disabilities remain in their own homes, participate in their communities, and live independently in the setting of their choice.

CHCF, in partnership with the Center for Health Care Strategies and ATI Advisory, has produced reports focused on two CalAIM reforms: the institutional long-term care carve-in and Community Supports.

The primary authors will jointly present key findings about opportunities for the state, Medi-Cal managed care plans, and advocates to ensure that Community Supports and the institutional long-term care carve-in are positioned to work together to enable more Medi-Cal enrollees to live well in the setting of their choice. Presenters will highlight past experiences of California and other states with these types of reforms.

Presenters

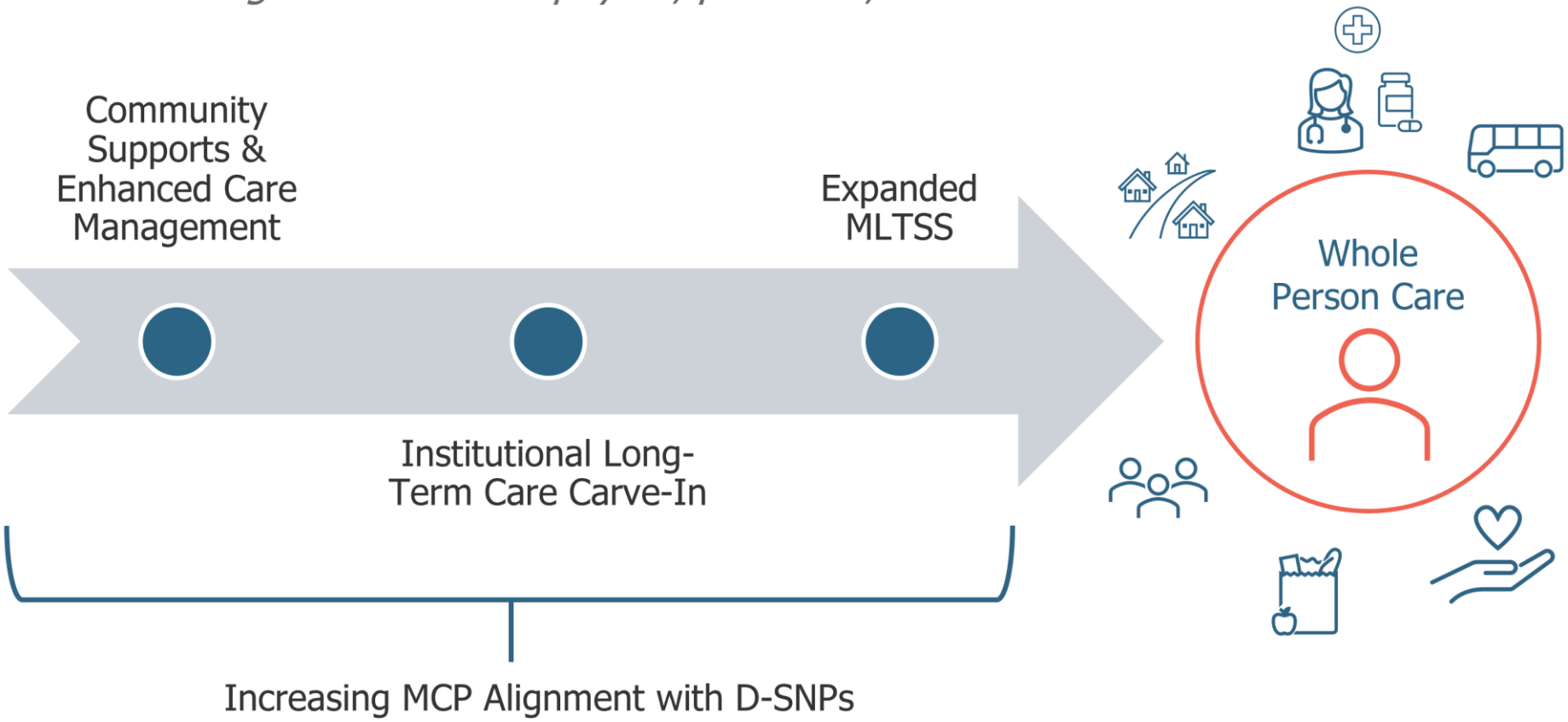
- **Carrie Graham**, director of long-term services and supports, Center for Health Care Strategies
- **Brianna Ensslin Janoski**, director, ATI Advisory

Link to register for the May 19th webinar from 12-1 PT available at www.chcf.org

Community Supports Landscape and Implementation

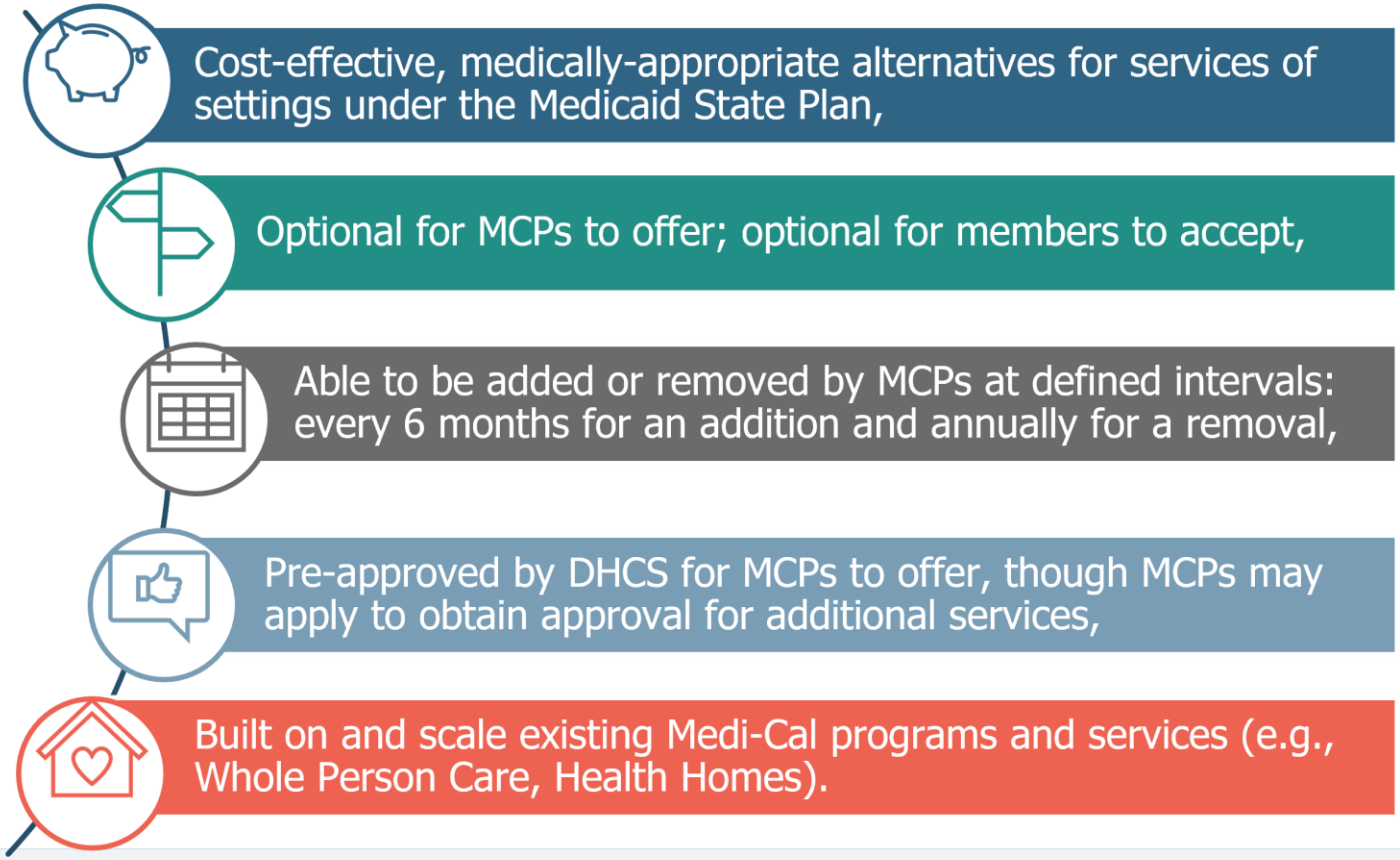
How CalAIM will Increase Supports and Advance Integration Across the Aging Continuum

CalAIM (California Advancing and Innovating Medi-Cal) is a multiyear initiative to transform the Medi-Cal delivery system for more seamless health and social services integration between payors, providers, and CBOs



Community Supports are Medicaid In-Lieu of Services Providing MCPs with Flexibility to Meet Member's Non-Medical, Long-Term Services and Supports Needs

In California, Community Supports, or ILOS, are:



Initial Community Supports Uptake

Uptake of independent living supports are overall more limited

	# Medi-Cal MCPs	# Counties
Housing Transition Navigation Services	24	39
Housing Deposits	16	44
Housing Tenancy and Sustaining Services	23	39
Short-Term Post-Hospitalization Housing	10	16
Medical Respite	21	22
Day Habilitation	2	13
Sobering Centers	11	11
Asthma Remediation	11	36
Respite Services	5	4
NF Transition/Diversion to ALFs	6	6
Community Transition Services/NF Transition to a Home	6	6
Personal Care and Homemaker Services	6	8
Home Modifications	10	34
Meals	21	46

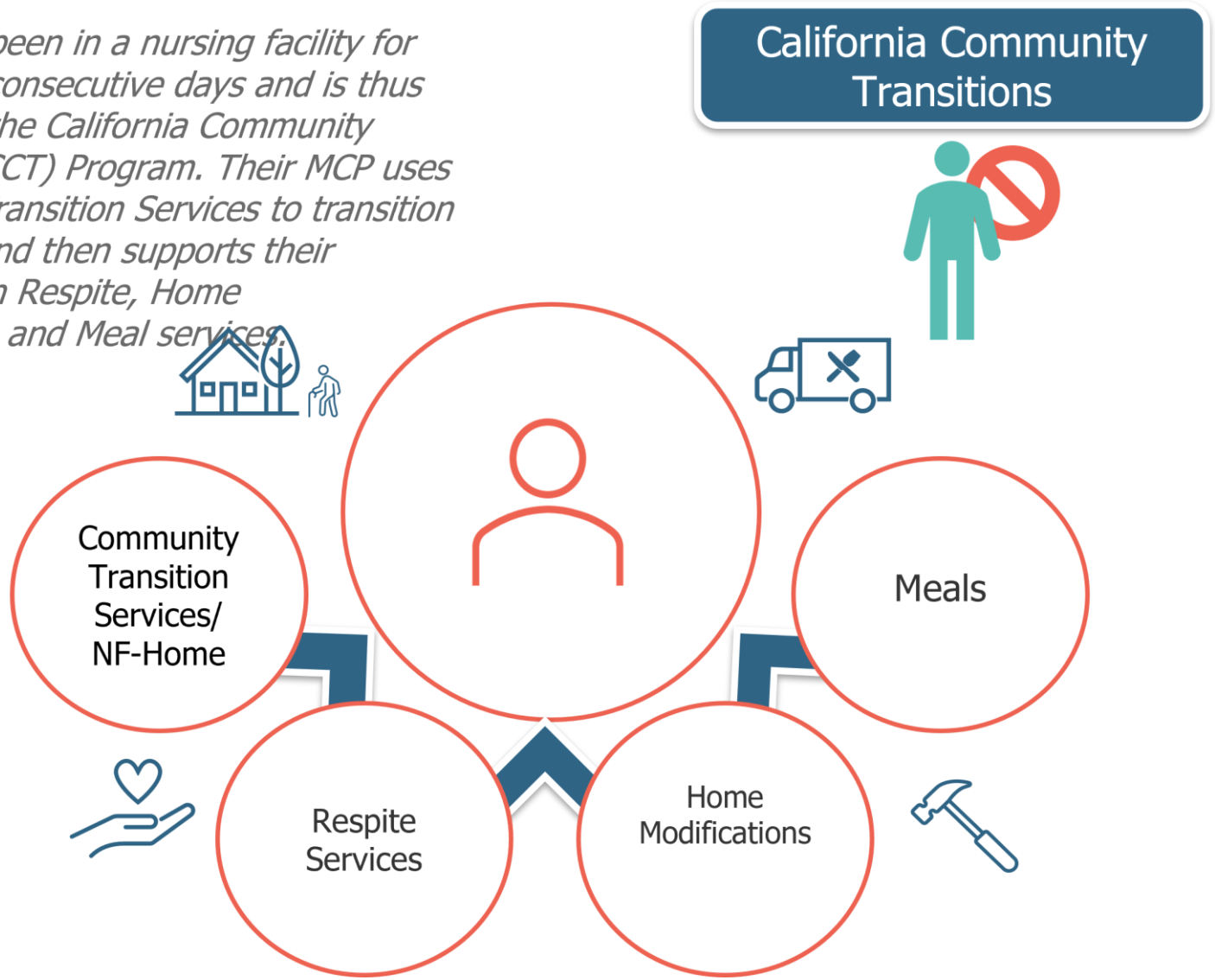
Source: *CalAIM Community Supports - Managed Care Plan Elections* (PDF), DHCS, last updated January 25, 2022.

MCP Considerations of and Decisions to Offer Specific Community Supports Varied but Included Similar Themes

Using Community Supports to Promote Independent Living

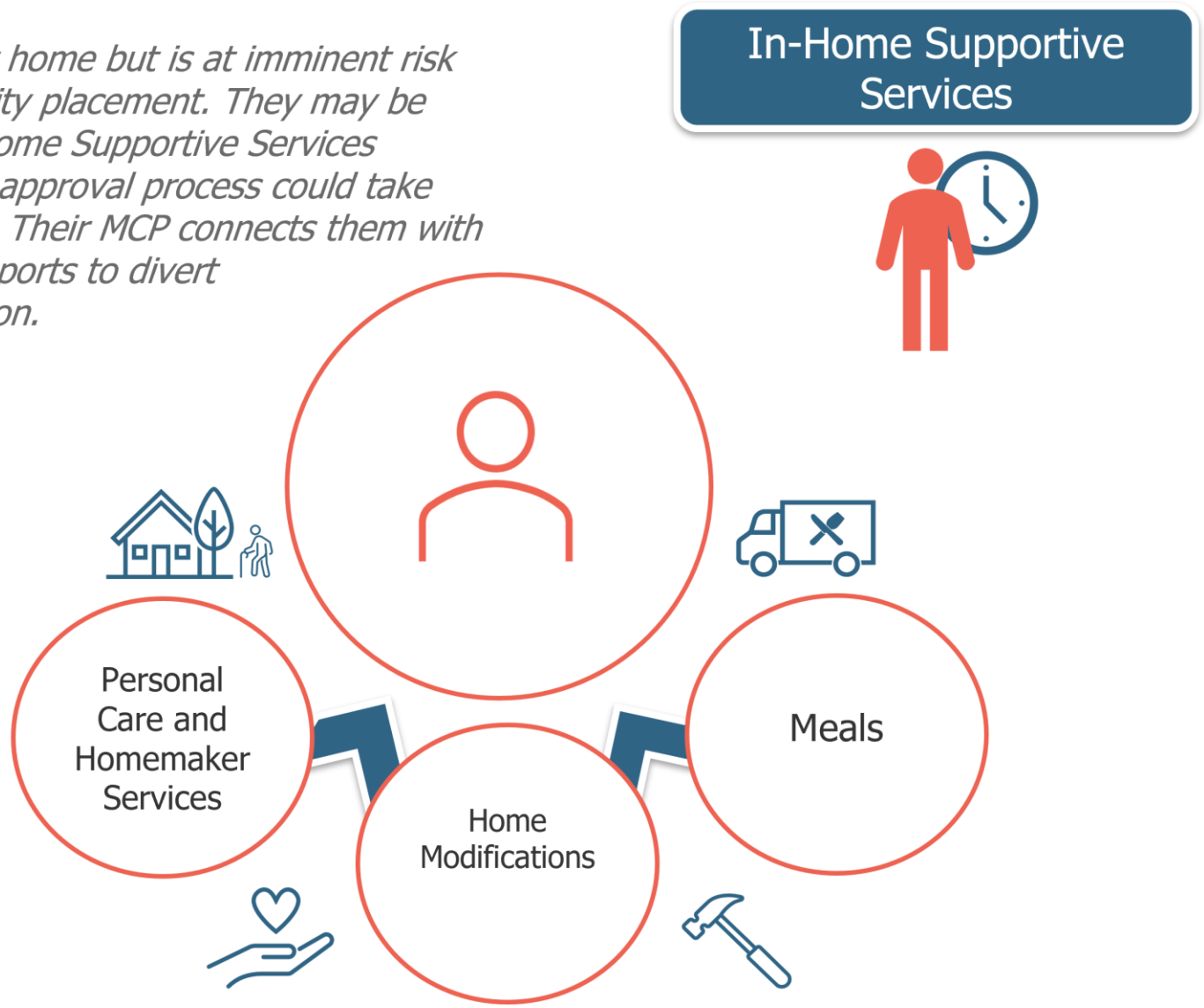
Scenario 1

Member has been in a nursing facility for less than 60 consecutive days and is thus ineligible for the California Community Transitions (CCT) Program. Their MCP uses Community Transition Services to transition them home and then supports their transition with Respite, Home Modifications, and Meal services.



Scenario 2

Member lives at home but is at imminent risk for nursing facility placement. They may be eligible for In-Home Supportive Services (IHSS), but the approval process could take several months. Their MCP connects them with Community Supports to divert institutionalization.



Moving Forward to Advance Community Supports

The Opportunity of the Providing Access and Transforming Health (PATH) Program

DHCS will issue $1.44 billion in funding through PATH to maintain, build, and scale capacity to implement CalAIM, from 2022 through 2026.

DHCS Recommendations for Consideration

To further promote uptake of Community Supports, DHCS could consider several opportunities to support implementation:

1. Continue assisting and sharing detailed guidance and information for MCPs and providers interested in offering Community Supports (e.g., detailed guidance on reasonable variation to determine cost-effectiveness based on cost of living).

2. Explore opportunities to offer Technical Assistance to Community Supports providers to strengthen their infrastructure around coding for claims and encounters.

3. Consider uncoupling some services (e.g., Personal Emergency Response System within Home Modifications).

MCP Recommendations for Consideration

To foster successful implementation, MCPs should continue engaging and collaborating with DHCS, other MCPs, and providers in the following ways:

1. Share with DHCS and other MCPs best practices and successes with early implementation, as well as challenges and barriers to uptake and use of Community Supports.
2. Identify potential gaps in services and collaborate with other MCPs to collectively solve shared issues.
3. Engage with Community Supports providers to help them access PATH dollars to build equitable capacity across the state.
4. Work with health care providers to integrate Community Supports into the standard care planning process.

Reach out to us at:
info@ATIAdvisory.com

Visit us at:
ATIAdvisory.com

Follow us on:
LinkedIn

Brianna Ensslin Janoski
Director
ATI Advisory
brie@atiadvisory.com

ATI ADVISORY
IDEAS TO ACTION IN HEALTHCARE & AGING

CalAIM

Stakeholder

Discussion

Facilitated by:

Sarah Steenhausen

CA Department of Aging

Patti Prunhuber

Justice in Aging

Housing for All Ages & Stages:

Housing Subcommittee

Marty Omoto
CA Disability Community Action Network

Patti Prunhuber
Justice in Aging

State Perspectives on Stakeholder Input

Courtney Tacker

California Interagency Council on Homelessness

California Interagency Council on Homelessness

- Created in 2017 to oversee **Housing First** policies, guidelines, and regulations to reduce the prevalence and duration of homelessness in California
- **Mission**: To develop policies and identify resources, benefits, and services to prevent and work toward ending homelessness in California

CAL ICH | California Interagency Council on Homelessness

About the California Interagency Council on Homelessness

- 20 representatives from State entities
- Provide leadership and deepen collaboration/coordination to prevent, reduce, end homelessness in California
- Works with local systems of care, including CoCs

Action Plan for Preventing and Ending Homelessness

- Adopted in **March 2021**
- Focused on a vision for the Council and state's work to prevent and end homelessness that features:
  - **Increased leadership from the State** for identifying and supporting short-term and long-term solutions;
  - **Purposeful, action-oriented coordination** and alignment across State agencies and programs; and
  - **Stronger, collaborative partnerships** with public and private partners in communities.

Updating the Action Plan

- Plan covers the State's FY 20-21 through FY 22-23

- The plan will be updated ahead of FY 22-23 to make any modifications to the Plan's Objectives and to identify more specific Activities to be implemented during FY 22-23.

- Including newly expanded range of State agencies and departments on the Council.

How did we get here?

Thirty years of studies and zero of implementation. The final straw was the Master Plan for Aging gut and amend.

Key Principles and Practices

- Pursuing Racial Equity and Justice
- Creating Solutions for the Full Diversity of People Experiencing Homelessness
- **S**eeking and Valuing the Expertise of People with Lived Experiences of Homelessness
- Aligning State Activities with Housing First Approaches
- Balancing Crisis Response and Permanent Housing Solutions
- Shared Responsibility, Accountability, and Efficiency

Interagency Working Groups

- Maximizing Impact of State Funding and Programs on Homelessness Working Group
- Racial Equity in Responses to Homelessness and Housing Instability Working Group
- Tailoring Strategies for Preventing and Ending Homelessness for Youth and Young Adults
- Strengthening Employment Opportunities and Outcomes for People with Experiences of Homelessness Working Group
- Preventing Homelessness Among People Transitioning Back into Communities from Corrections Settings Working Group

Five Action Areas

ACTION AREA 1
Strengthening Our Systems to Better Prevent and End Homelessness in California

ACTION AREA 2
Equitably Addressing the Health, Safety, and Services Needs of Californians Experiencing Unsheltered Homelessness

ACTION AREA 3
Expanding Communities' Capacity to Provide Safe and Effective Sheltering and Interim Housing

ACTION AREA 4
Expanding and Ensuring Equitable Access to Permanent Housing in Our Communities

ACTION AREA 5
Preventing Californians from Experiencing the Crisis of Homelessness

Process and Timeline

- **February to May 2022:** Input discussions with Council agencies and departments, external stakeholders, people with lived expertise, virtual public input sessions.
- **May 2022:** Discussion with full Council and public comment at May 31 council meeting.
- **June to August 2022:** Complete discussions with Council agencies and departments, external stakeholders, people with lived expertise; confirm revised activities with all member agencies and departments.
- **September 2022:** Updated action plan discussed and adopted at September 1 council meeting.

Thank you!

- Action Plan for Preventing and Ending Homelessness in California
- Implementation Progress Report for Fiscal Year 20-21
- Cal ICH Council Meeting Announcement - May 31, 2022

Public Comment

- **Attendees joining by webinar (Zoom), use the Q&A function to ask a questions or *click* the raise hand button**. The moderator will announce your name and will unmute your line.

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

Break

The session will resume shortly

Transportation for All

Subcommittee

Eric Harris

Disability Rights CA

Debbie Toth

Choice in Aging

“Begin with the end in mind.”

Stephen Covey

Imagine a world where ***everyone*** can get where they need to go when they need to get there.

How did we get here?

Thirty years of studies and zero of implementation. The final straw was the Master Plan for Aging gut and amend.

What have we done with DACLAC and what will we do?

- Presented at first meeting and transportation theme in all meetings following
- Developed Transportation Subcommittee based on feedback
  - So now what?
    - Steering group stage setting development/presentation
    - Shared Values/Hopes/Fears
    - First meeting - 66 attendees and CALTRANS!!!!!
    - Primary work moving forward
      - Immediate, short-term, mid/long-term

Disability and Aging Community Living Advisory Committee
Transportation Subcommittee Shared Values Dreams & Fears

Agreed upon values:
Inclusion
Equity
Collaboration
Action & Follow Through (replacing Effectiveness)
Sustainability
Candor

Dreams of group:
This subcommittee drives the internal work of political staff and legislators
There is participation and Champions driving the work at all state agencies
Tangible milestones are created and reached
Because of this work, everyone is able to get to where they need to go, when they want!

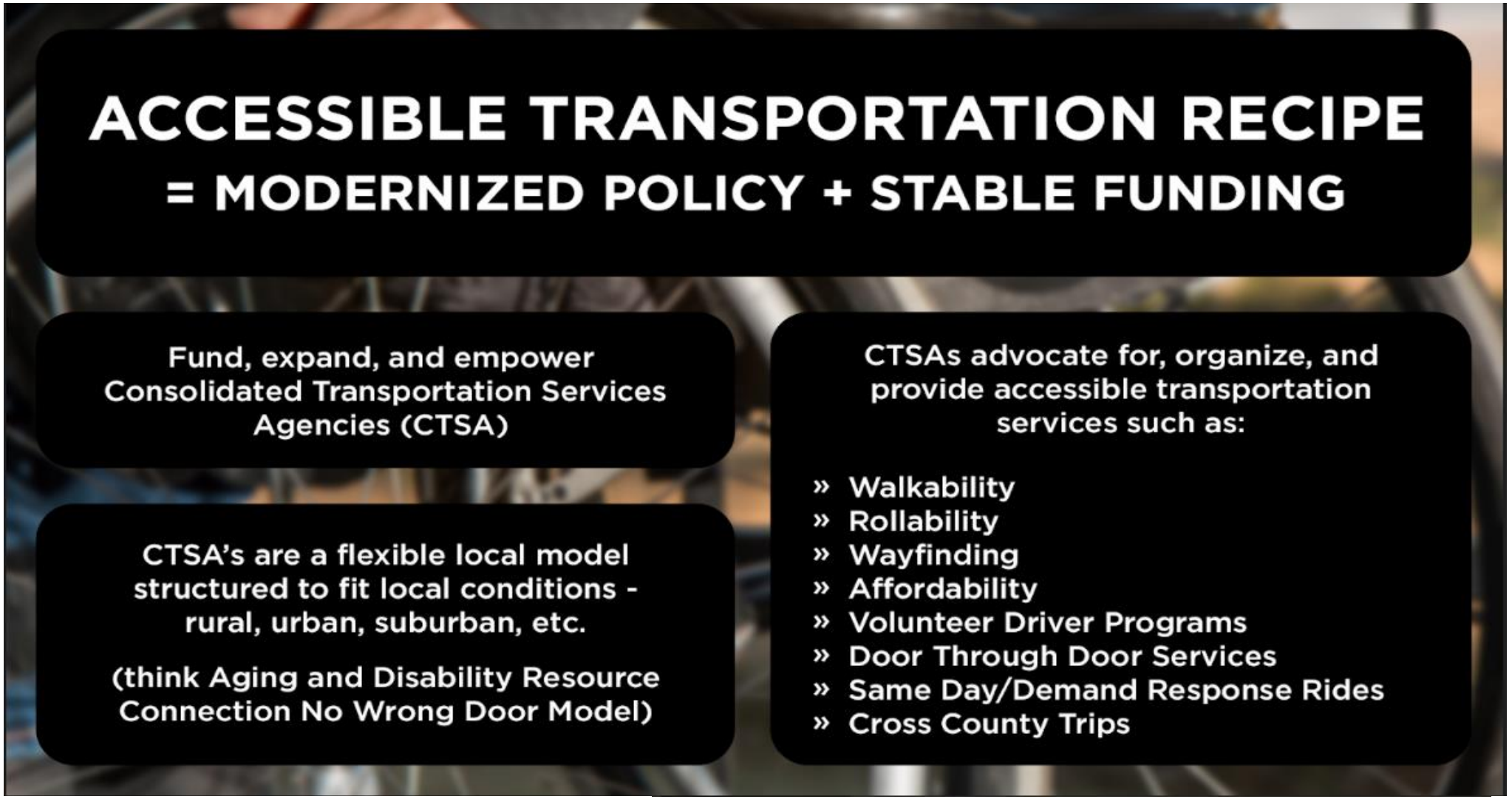
Fears of group:
Lack of integrity - conversations not leading to action
Status quo - everything stays the way it is!

CALTRANS EQUITY

Caltrans acknowledges that communities of color and under-served communities experienced fewer benefits and a greater share of negative impacts associated with our state's transportation system. Some of these disparities reflect a history of transportation decision-making, policy, processes, planning, design, and construction that "quite literally put-up barriers, divided communities, and amplified racial inequities, particularly in our Black and Brown neighborhoods."....

> ***We will achieve equity when everyone has access to what they need to thrive*** — starting with our most vulnerable — no matter their race, socioeconomic status, identity, where they live, or how they travel...

3


ACCESSIBLE TRANSPORTATION RECIPE
= MODERNIZED POLICY + STABLE FUNDING
Fund, expand, and empower Consolidated Transportation Services Agencies (CTSA)
CTSA's are a flexible local model structured to fit local conditions - rural, urban, suburban, etc.
(think Aging and Disability Resource Connection No Wrong Door Model)
CTSAs advocate for, organize, and provide accessible transportation services such as:
» Walkability
» Rollability
» Wayfinding
» Affordability
» Volunteer Driver Programs
» Door Through Door Services
» Same Day/Demand Response Rides
» Cross County Trips

Social Service Transportation Improvement Act (AB120 – 1979)

Enabling Legislation for:

Consolidated Transportation Services Agencies (CTSA)

The Purpose of CTSAs

- *The purpose of the state law was to improve the quality of transportation services to low mobility groups while achieving cost savings, lowered insurance premiums and more efficient use of vehicles and funding resources.*
- *The legislation took the middle course between absolutely mandating and simply facilitating the coordination of transportation services.*
- *Designation of CTSAs and implementation of other aspects of the Social Services Transportation Improvement Act were seen as a flexible mechanism to deal with the problem of inefficient or duplicative transportation services.*

[Adapted from FACT San Diego, a non-profit based CTSA serving San Diego County]

Incentives and Disincentives

- Incentives
  - Minimal
    - *Non-exclusive eligibility* for certain Transportation Development Act funds
    - Exemption from certain PUC and local requirements and fees.
- Disincentives
  - Lack of Funding
  - Eligibility for Transportation Development Act Funds
    - Competing with existing recipients
  - Authority to establish CTSAs is delegated to transportation agencies
    - No social service transportation expertise or authority

Recommended Modifications

- Dedicated Funding Source
- Move from:
  - “Consolidated” approach ***to*** “Coordinated”
  - Agency based focus ***to*** client-centered/outcomes-based approach
- Authority Delegated to the Counties
  - Counties are multi-purpose agencies which have public health and social service obligations and authority
- Expanded Authority
  - Fund and compel the establishment of CTSA (or the equivalent) in every county.
  - Authority to establish one-call/on-click or no-wrong-door systems.
  - Circulate Capital Improvement Plans and General/Specific Plans to CTSAs for review/comment relative to accessible features.
- Existing Activities/Funding
  - Reference to/Reliance on the Coordinated Public Transit Human Services Transportation Plan or the equivalent
  - Coordinate 5310 expenditures


Are ADA minimum requirements for transportation sufficient?

- The Americans with Disabilities Act of 1990 is a civil rights law that was supposed to **prohibit discrimination based on disability** in all areas of public life, including transportation.
- It was **intended to guaranty** that people with disabilities have the **same opportunities as everyone else to participate in mainstream American life**.
- For transit, the **ADA requirement** has been interpreted to require a **complementary paratransit service that provides origin-to-destination service that is available where fixed-route service is provided**. Generally, paratransit service is provided **within a three-quarter mile on both sides of a fixed-route**. NOTE: The <u>emphasis is not on insuring that needed rides are able to be provided</u>.
- **How is this working?**

- The **"Transportation challenges for persons aging with mobility disability"** article, published in the *Disability and Health Journal* in January, presents research on transportation challenges experienced by persons aging with mobility disability. Full article is available online at https://doi.org/10.1016/j.dhjo.2021.101209

- The findings presented are that **persons aging with mobility disability experience transportation barriers, which can hinder their ability to fully participate in society.**

- 1. There was often a lack of availability of services
  2. Destination purpose or travel restrictions limit usability
  3. The cost of rides is prohibitive for some
  4. Some riders have physical limitations and health concerns that limit use of ADA services
  5. Requirements for advance planning, waiting and travel time impacted the usability for many.

- **Services that meet ADA minimum requirements, are perceived overall by those they are intended to serve, to be insufficient, whether they live in cities or in rural areas.**

- The DACLAC Transportation Committee has reached the consensus agreement that everyone should be able to get where they need to go, when they want.
- This assertion operates from a **revised focus on alternative services that are successful in the provision of needed rides for people with mobility challenges** instead of simple adherence to the minimum requirements of the ADA.
- Working from this viewpoint, expect the committee to consider and recommend ways that policy and funding can be adjusted to refocus on rider needs and capabilities to make sure that transportation services for people with disabilities can be:
  - Available when needed
  - Effective in providing rides for required purposes and to needed destinations
  - Safe
  - Convenient
  - Low cost
  - Satisfactory for riders.

CARE Court Presentation & Discussion

Corrin Buchanan
CA Health & Human Services Agency

Disability & Aging
Community Living Advisory Committee
Meeting May 2022

Corrin Buchanan, Deputy Secretary for Policy and Strategic Planning

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.

CalHHS
California Health & Human Services Agency

Healthy CALIFORNIA ALL

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.

CalHHS
California Health & Human Services Agency

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

CalHHS
California Health & Human Services Agency

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

CalHHS
California Health & Human Services Agency

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**

CalHHS
California Health & Human Services Agency

Workforce for a Healthy California for ALL

Care Economy Workforce Development – Proposed $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.

CalHHS
California Health & Human Services Agency

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.**

CalHHS
California Health & Human Services Agency

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**
  - **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.**

CalHHS
California Health & Human Services Agency

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.

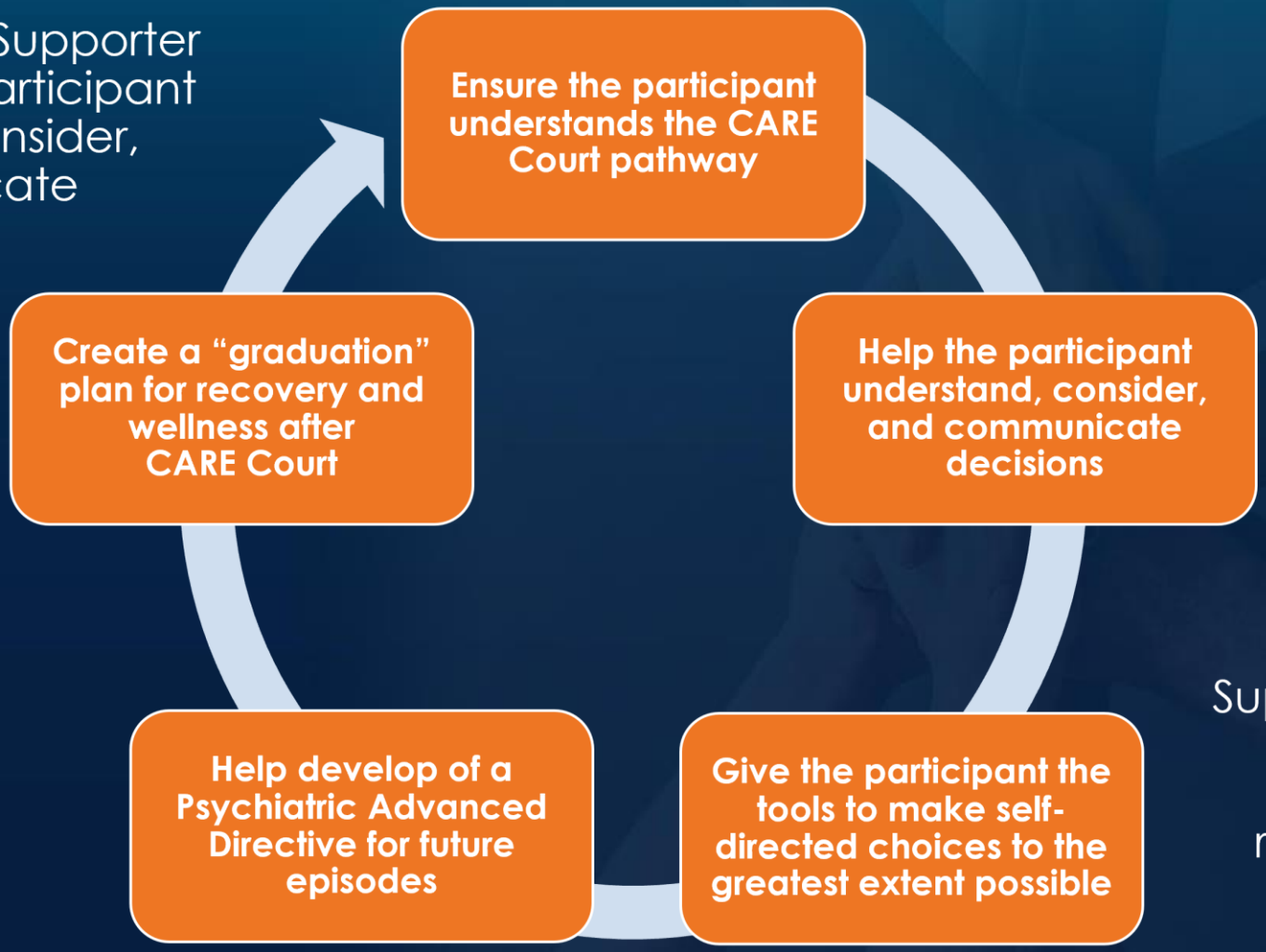
- CARE Court is **NOT** for everyone experiencing homelessness or mental illness.
- It is designed to serve these Californians before they enter the criminal justice system or become so impaired that they end up in a Lanterman-Petris-Short (LPS) Mental Health Conservatorship.

CARE Court Pathway

CalHHS
California Health & Human Services Agency

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 i**s 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.**

CalHHS
California Health & Human Services Agency

What housing options are available though CARE Court?

- **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.**

CalHHS
California Health & Human Services Agency

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

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

Corrin.Buchanan@chhs.ca.gov

CalHHS
California Health & Human Services Agency

Public Comment

- **Attendees joining by webinar (Zoom), use the Q&A function to ask a questions or *click* the raise hand button**. The moderator will announce your name and will unmute your line.

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

Closing Comments & Next Steps

Susan DeMarois
CA Department of Aging

Thank you!

Visit the CHHS Disability and Aging Community Living Advisory Committee webpage for:

- More information about Community Living
- Information about upcoming meetings
- Presentations, recordings, and transcripts of past meetings