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 question 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
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
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
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
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 **Reimagining Equity, Aging, Disability & You** 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
Overview

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

<table>
<thead>
<tr>
<th>Methods</th>
<th>Resources and Tools Available</th>
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| • Better understand the opportunities and barriers to greater uptake  
• Elevate early implementation experiences and considerations | • 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 |
| • 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 |
Resources Available to Promote Successful Uptake and Implementation of Community Supports

Full Report

Community Supports Profiles within Report

## Resources Available to Promote Successful Uptake and Implementation of Community Supports

### Evidence Compendium

<table>
<thead>
<tr>
<th>Background</th>
<th>Target Community Supports</th>
<th>Method</th>
<th>Duration</th>
<th>Description</th>
<th>Evidence</th>
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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.*

---

**Diagram:**
- **Community Supports & Enhanced Care Management**
- **Expanded MLTSS**
- **Institutional Long-Term Care Carve-In**
- **Increasing MCP Alignment with D-SNPs**

---

**Whole Person Care**
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:*  

- Cost-effective, medically-appropriate alternatives for services of settings under the Medicaid State Plan,
- Optional for MCPs to offer; optional for members to accept,
- Able to be added or removed by MCPs at defined intervals: every 6 months for an addition and annually for a removal,
- Pre-approved by DHCS for MCPs to offer, though MCPs may apply to obtain approval for additional services,
- Built on and scale existing Medi-Cal programs and services (e.g., Whole Person Care, Health Homes).
### Initial Community Supports Uptake

*Uptake of independent living supports are overall more limited*

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

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

- Cost-effectiveness
- Availability of experienced Community Supports providers
- Responsibility for other LTSS or care settings
- Duplicative or overlapping services
- MCP staff and provider staff operational capacity
- Uptake of Community Supports by delegated MCPs
- Ability to make additions to Community Supports every six months
- Timing and clarity of guidance and incentive funds
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.

$1.29 billion of the funding will go towards:

- Bridge funding payments in 2022 and 2023 to former WPC providers delivering similar services under Community Supports
- Technical assistance to Community Supports providers and to county and tribal agencies
- Planning and implementing cross-sector efforts for collaboration needed for ECM and Community Supports among MCPs, Community Supports providers, and others
- Developing infrastructure among ECM and Community Supports providers
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
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
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
- Seeking 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 question 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 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...
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 emphasis is not on insuring that needed rides are able to be provided.

• **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](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.
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
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.
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.
  - 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

CLINICAL EVALUATION

SUPPORT

SUCCESS

Petition

CARE PLAN
The Supporter

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

- Ensure the participant understands the CARE Court pathway
- Create a “graduation” plan for recovery and wellness after CARE Court
- Help the participant understand, consider, and communicate decisions
- Help develop a Psychiatric Advanced Directive for future episodes
- Give the participant the tools to make self-directed choices to the greatest extent possible

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.
What housing options are available through 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.**
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

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Public Comment

- Attendees joining by webinar (Zoom), use the Q&A function to ask a question 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 DeMaroiois
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