

# ***Alzheimer's Disease and Related Disorders Advisory Committee Meeting***



# Meeting Logistics

Join by smart phone, tablet, or computer:

<https://us06web.zoom.us/j/83479777400>



To join audio by telephone:

**Tel:** (888) 788-0099 | **Meeting ID:** 834 7977 7400



- 
- **Live captioning** accessible via webinar (Zoom)
  - **American Sign Language Interpretation** via webinar (Zoom)
  - **Recording, Slides, and Transcripts** will be posted to the [CalHHS Alzheimer's Disease & Related Disorders 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 select the raise hand icon.** 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 & Introductions

***Catherine Blakemore***

*Committee Chair*

*Family Member Representative*

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# Today's Agenda

- I. Welcome & Introductions
- II. Supported Decision-Making, Other Decision-Making Tools & Capacity Considerations (with Discussion & Public Comment)
- III. Alzheimer's Task Force Report Implementation Update
- IV. Break
- V. Legislative Update (with Discussion)
- VI. Key Indicators for the Master Plan for Aging
- VII. Finalization of Recommendations & Items for CalHHS Secretary
- VIII. Public Comment
- IX. Closing Comments & Next Steps



# Committee Member Introductions

## Committee Chairs

- **Catherine Blakemore**, *Family Member Representative (Chair)*
- **Darrick Lam**, *Family Member Rep (Vice Chair)*

## Stakeholder Committee Members

- **Meg Barron**, *Alzheimer's Association, Consumer Organization Rep*
- **Julie Souliere**, *CA Health & Human Services Agency*
- **Dr. Sarah Tomaszewski Farias**, *UC-Davis, Alzheimer's Disease Diagnostic & Treatment Centers Rep*
- **Pam Montana**, *Consumer Rep*
- **Andrea Robert**, *Consumer Rep*

# Committee Member Introductions

## Stakeholder Committee Members (Cont.)

- **Dr. Dolores Gallagher Thompson**, *Stanford University, Social Research Rep*
- **Dr. William Mobley**, *UC San Diego, Academic Medical Research Rep*
- **Todd Shetter**, *ActivCare Living, Service Provider Rep*
- **Celine Regalia**, *Providence Community Health Napa Valley, Alzheimer's Day Care Resource Center Rep*
- **Dr. Wynnlena Canlas Canio**, *Kaiser Permanente, Mental Health Field Rep*
- **Barbra McLendon**, *Alzheimer's Los Angeles, Service Provider Rep*
- **Sally Bergman**, *Elder Law Representative*

# Supported Decision-making, other Decision-making Tools, and Capacity Considerations

Wynnelena C. Canio, MD

Sally Bergman

Catherine Blakemore



# Dementia and Capacity

Wynnelena C. Canio, MD  
Geriatrician (IM) & Psychiatrist

# DSM-5 Major Neurocognitive Disorder (Dementia)

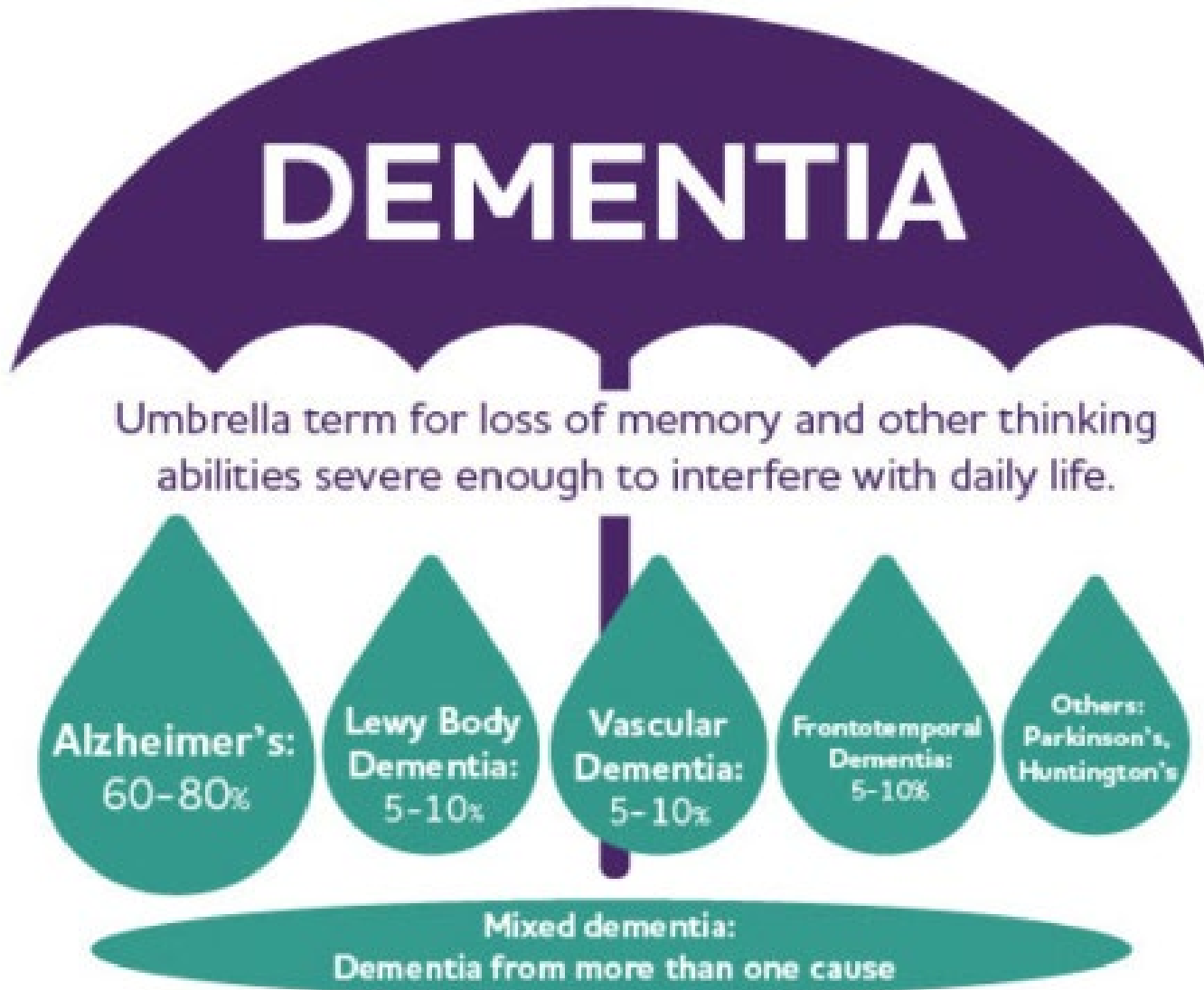
Evidence of **significant cognitive decline** from a previous level of performance in one or more cognitive domains (complex attention, executive function, learning and memory, language, perceptual-motor, or social cognition) based on:

- Concern of individual, **a knowledgeable informant**, or the clinician
- A substantial impairment in cognitive performance, preferably documented by **standardized neuropsychological testing** or, in its absence, another **quantified clinical assessment**.
- The cognitive deficits **interfere with independence in everyday activities**

The cognitive deficits do not occur exclusively in the context of delirium.

The cognitive deficits are not better explained by another medical disorder (e.g. major depressive disorder, schizophrenia)

# Dementia and Capacity



- **Dementia** places an individual at particular risk for decisional and functional capacities
- **Capacity** – assessment and opinion as to whether a person has the requisite ability to perform a task or make a decision that is being questioned

# Advance Planning

- It is important to begin financial planning early
  - Establish a surrogate decision maker for health AND finances
  - Complete a living trust if possible



# Dementia and Capacity

- Families, financial institutions, and lawyers commonly request that physicians complete capacity assessments for people living with dementia.

1.4. WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box:

If I mark this box ☐, my agent's authority to make health care decisions for me takes effect immediately.

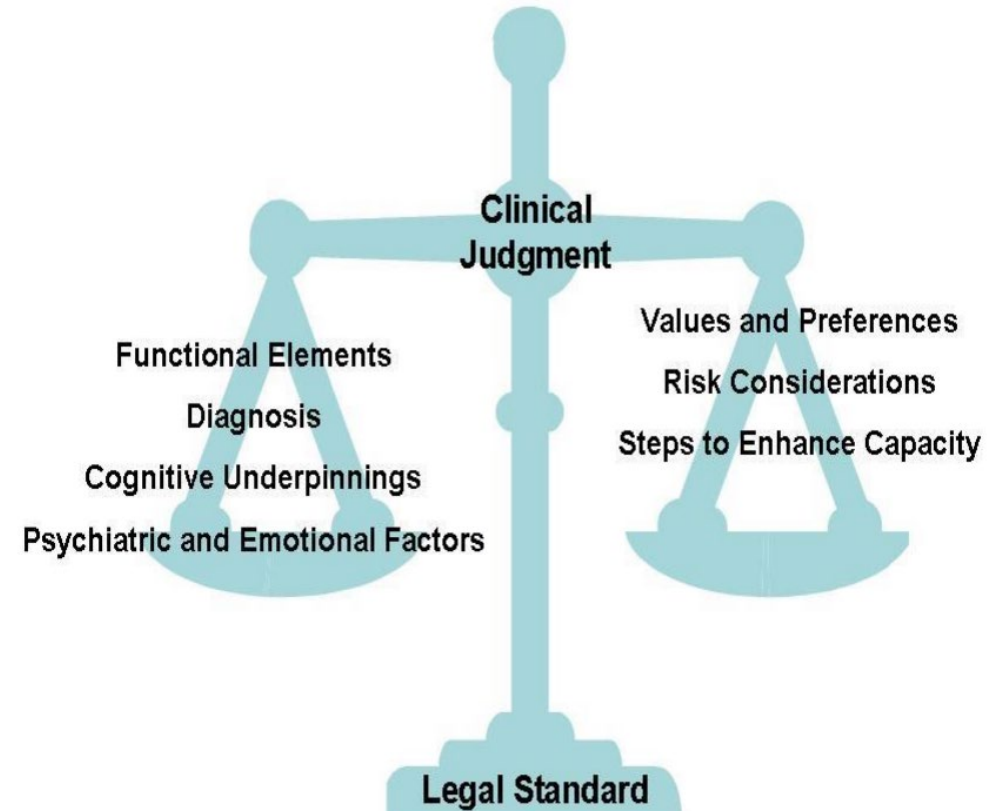


Image from [Assessment of Older Adults with Diminished Capacity Handbook for Psychologists](#) by American Bar Association & American Psychological Association. Referenced later as “The Handbook”.

# Principles of Clinical Assessment of Capacity

- Presume capacity
- Diagnoses do not equal ability
- Focus on the abilities to do a specific decision and task
- Support before you subtract
- Restoration is achievable
- Going against medical advice does not imply lack of ability
- Focus on the process, not outcome

Moye, J. Assessing Capacities for Older Adults, 2020



# Approach to Decisional Capacity Assessment: U-ARE

**Understanding:** “What is the problem I just described?”

- “Can the patient describe the condition/problem, including associated risks?”

**Appreciation:** “What could happen to YOU if you choose...?”

- Can the patient find this personally relevant?

**Reasoning:** “What led you to that choice?”

- How did the patient weigh the risks/benefits of each option?

**Expressing a choice:** “What would you like?”

- Can the patient express a consistent choice?

Appelbaum and Grisso. NEJM 1988; 319:16535-1638

# Legal Mental Capacity

## Sally Bergman



LAW OFFICE OF  
*Sally Bergman*  
ELDER LAW & ESTATE PLANNING

# Why the concern about “Legal Mental Capacity”?



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ELDER LAW & ESTATE PLANNING

# Why the concern about “Legal Mental Capacity”?

Every person with “legal mental capacity” has the legal right and ability to make choices about

- Health care
- Financial matters



# Why the **concern** about “Legal Mental Capacity”?

Every person *without* “legal mental capacity” may not have the same legal right and ability to make choices about

- Health care
- Financial matters



# Why the concern about “Legal Mental Capacity”?

A person without “legal mental capacity” who has not previously completed at least some minimum legal documents, may not be able to:

- Deposit or withdraw funds from a bank or investment account
- Open a new bank or investment account or close an old one
- Add or change a beneficiary on a bank, investment or retirement account
- Enter into a contract for goods or services
- Marry or divorce
- Buy, sell, or mortgage a house
- Enter into a rental agreement for a new home
- Create estate planning documents





# Important Estate Planning Documents

- Advance Health Care Directive
- HIPAA Authorization
- California Uniform Statutory Form Power of Attorney
- Revocable Living Trust
- Will



# Consequences of no Advance Planning

- The California Probate Code will be the estate plan
- Probate
- Conservatorship



# Resources for Advance Planning

- National Academy of Elder Law Attorneys at [www.NAELA.ORG](http://www.NAELA.ORG)
- California law school elder law clinics
- California non-profit elder law clinics



# What is “Legal Mental Capacity”?



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# California Probate Code Section 810

The law generally assumes:

- Every person has the capacity to make legal and medical decisions
- A person who has a mental or physical disorder may still be capable of making legal and medical decisions
- A determination that a person lacks mental capacity should be based on evidence of a deficit in one or more mental functions rather than on a diagnosis of a person's mental or physical disorder



# California Probate Code Section 811

## Prerequisites to a Legal Conclusion of Lack of Mental Capacity

There must be evidence of a deficit in at least one of the following mental functions:

- Alertness and attention
- Information processing
- Thought processes
- Ability to modulate mood and affect



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# California Probate Code Section 811

## Prerequisites to a Legal Conclusion of Lack of Mental Capacity

- Any deficit may be considered only if it significantly impairs the person's ability to understand and appreciate the consequences of his or her actions with regard to the type of act or decision in question
- The court may take into consideration the frequency, severity, and duration of periods of impairment
- The diagnosis of a mental or physical disorder alone is not sufficient to support a determination that a person lacks the capacity to do a certain act



# **Mental Capacity to Make a Will**

## **California Probate Code Section 6100.5**

- For a simple will, an individual must understand:
  - What property they own
  - The family or others to whom they wish to leave that property; and
  - The document they are signing is a will



# Capacity? To do What?



***It can be a balancing act!***



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**Sally Bergman**  
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# Capacity to do What?

- More complex documents or transactions require a higher assessment of capacity
  - Disinheriting a child in a will or trust
  - Estate planning to protect a disabled spouse or child
  - Real property transactions—gifting or mortgaging property

# Caveats and Takeaways

- Never assume a person with a diagnosis of dementia cannot make informed medical or legal decisions
- Always ask if there is something that can be done to improve cognition before a conclusion there is no legal capacity
- The sooner the person with a diagnosis of dementia acts, the better. The person must make early choices and decisions.
- The longer the person waits to act, the more complex the issues become, and they risk losing the right to make their own choices and decisions



# Supported Decision Making in California

Catherine Blakemore



# History of Supported Decision Making (SDM)

Initially developed as an option for people with intellectual and developmental disabilities.

Expanding to older adults.

Recognized by:

- United Nations Convention on Rights of Persons with Disabilities
- US Senate Select Committee on Aging
- American Bar Association
- US Administration for Community Living
- AARP endorsement of efforts to pass state SDM laws
- 2017 Model Law: Uniform Guardianship, Conservatorship and Other Protective Arrangements
- 32 states and the District of Columbia and January 1, 2023 in California

# Supported vs. Substitute Decision Making

## **Supported Decision Making:**

- People with disabilities or older adults work with family, friends, professions and others they trust to help them:
  - Understand the situations and choices they face;
  - Ask questions;
  - Receive explanations in language they understand; and
  - Communicate their decision to others
- The older adult or person with the disability is the decision maker

## **Substitute or Surrogate Decision Making**

- Someone else is legally designated to make decisions for, and instead of the older adult or person with a disability
- Decision maker should consider the individual's expressed interest and must act in the individual's best interest

# SDM Builds on Legal and Medical Strategies

**SDM can build upon well documented strategies to support older adult's decision making by:**

- Providing extra time
- Introducing decisions slowly
- Making suggestions, developing a plan, and forming strategies together
- Defining a decision topic and discussion goals
- Using simple and clear language
- Streamlining options
- Checking for understanding

# Other Tools to Support Older Adults

- Power of Attorney
- Advanced Healthcare Directive
- Representative Payee for SSI or other SSA benefits
- Joint bank accounts
- Authorized Representatives, written consent to share information
- Different tools at different times and in different circumstances
- Consider how they can work together

# California's SDM Law - Intent

## **AB 1663 (Mainschein), effective January 1, 2023**

- Presumes decision-making capacity unless determined otherwise by a court
- An adult's capacity should be assessed with any supports the person is using or could use
- Older adults and people with disabilities are informed about, and participate in, the management of their affairs with supports they choose
- Voluntary support arrangements are encouraged and recognized
- Supported decision-making helps maintain autonomy and decision making authority and can strengthen capacity

# California's Law – Who Can Have SDM

- Adults with disabilities including, for example, an intellectual or developmental disability, learning disability, psychiatric disability, physical disability or sensory disability
- Older adults with disabilities or age-related disabilities including, for example, cognitive disability, cognitive impairment, dementia, Alzheimer's disease, major neurocognitive disorder or chronic illness or condition



# California's Law – Informal SDM

**California allows informal and formal supported decision making.**

**Informal SDM allows an older adult to have:**

- One or more adults/supporters present in any meeting or discussion, or to participate in any written communications
- Adults may indicate that they wish to have a supporter participate through an oral statement, gesture or alternative communication
- A third party may refuse the presence of a supporter if they reasonably believe there is fraud, coercion, abuse or other actions reportable under the Elder Abuse Act.

# California's Law – Formal SDM

## Formal SDM agreements require:

- The adult and qualified supporter have a plain language written agreement
- The agreement says the areas where the adult wants help and the areas where the supporter will help
- The adult can take independent action even if they have a supported decision-making agreement
- The agreement must be reviewed every two years and updated if needed

# California's Law – Supporter Requirements

## Who Is A Supporter

- One or more adults who meet statutory requirements and who enter into an agreement to help the adult make a decision
- Bound by all laws that protect older adults from fraud, abuse, neglect, coercion, or mistreatment
- Law does not limit a supporter's civil or criminal liability under the Elder Abuse Act or other laws

# California's Law – Guardrails

## **Individual can't be a supporter or continue as a supporter if:**

- The adult filed or files an Elder Abuse complaint
- The adult had or obtains, an order of protection from abuse against the supporter
- There is a civil or criminal restraining or no contact order against the supporter
- The supporter was the conservator and was removed based upon a finding that they did not act in the conservatee's best interest
- The supporter is criminally, civilly, or administratively liable for abuse, neglect, mistreatment, coercion or fraud

# California's Law – Guardrails

- A supporter may not do the following absent a valid legal authorization
  - Make decisions for, or on behalf of, the adult with a disability
  - Sign documents on behalf of the adult with a disability
- A supporter may not obtain information unrelated to matters for which assistance requested
- A supporter may not participate in any life decision in which they have a conflict of interest including financial or other tangible stake in the outcome

# Intersection of SDM and Capacity

**Requires us to consider a more flexible definition of decision-making capacity, based on:**

- Individual rather than a diagnosis
- Which decisions can be made with accommodations and supports
- Older adult's ability to receive, evaluate and communicate decisions (may vary depending upon the complexity of the decisions to be made)

**SDM may:**

- Be a tool that preserves autonomy for some period of time
- Be used in conjunction with other tools
- Increase a surrogate decision-maker's knowledge of the older adult's choices and will

**On a systemic issue, it may:**

- Require us to confront ageism and paternalism in new ways
- Reconsider the Older American's Act values of older adult's freedom, independence and free exercise of individual initiative in planning and managing their own lives in addition to protection

**Resources are provided in  
a handout posted on**

**CalHHS Alzheimer's Disease & Related  
Disorders Advisory Committee webpage**

# Case Study: Pedro Gomez

- 79 year old man; newly diagnosed with Alzheimer's Disease, mild stage
- Recently fell, broke his hip, had surgery & is now in a skilled nursing facility
- Family is worried about Pedro living alone; wants him to move to an assisted living facility after discharge
- Family is asking Pedro's doctor to provide incapacity letter to "activate" the Power of Attorney that Pedro signed a few years ago
- Pedro wants to return home and get services to help to help recover from broken hip
- Pedro wants his long-time friend to help with securing services and with managing Pedro's finances





# Committee Questions and Discussion

# Public Comment



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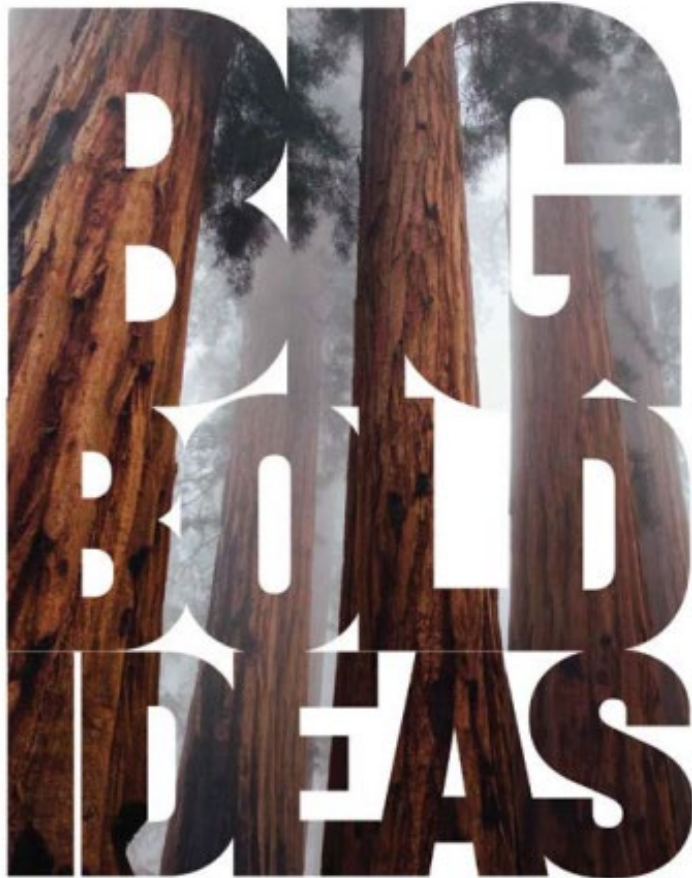
# Alzheimer's Task Force Report: Implementation Update

***Susan DeMarois***

*Director  
California Department of Aging*

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# Our Path Forward: Final Report Issued November 2020



*10 Recommendations for  
Alzheimer's Prevention, Preparedness  
and the Path Forward*

1

APPOINT A SENIOR  
ADVISOR ON ALZHEIMER'S

2

KEEP CALIFORNIA  
AT THE FOREFRONT  
OF CUTTING-EDGE  
GLOBAL RESEARCH

3

CREATE AN ALZHEIMER'S  
DISEASE PUBLIC  
AWARENESS CAMPAIGN

4

BUILD A CALIFORNIA  
CARES (DIGITAL PORTAL)

5

ESTABLISH CALIFORNIA  
VOLUNTARY SAVINGS  
ACCOUNTS FOR  
LONG-TERM CARE

6

INVEST IN CAREER  
INCENTIVES FOR  
ALZHEIMER'S HEALTH  
CARE WORKFORCE

7

INTRODUCE A NEW  
CAREGIVER TRAINING  
AND CERTIFICATION  
PROGRAM

8

LAUNCH A CALIFORNIA  
BLUE ZONE CITY  
CHALLENGE

9

LAUNCH A CALIFORNIANS  
FOR ALL CARE  
CORP PROGRAM

10

MODEL A STATEWIDE  
STANDARD OF CARE TO  
THE NATION

# Recent Implementation Activities

- Launch of Master Plan for Aging [Local Planning Grants](#)
- Release of Letter of Intent for [“Bridge to Recovery” grants](#) to Adult Day Health Centers, Adult Day Programs & Programs of All-Inclusive Care for the Elderly
- Announcement of Mental Health Services Oversight and Accountability Commission, [Older Adult Behavioral Health grant awards](#)



# Recent Implementation Activities

- Convening of four **Older Adult Behavioral Health Roundtables** in Fresno, San Bernardino, Ukiah and San Francisco
- **Partnership with Department of Health Care Services** on [Dementia Care Aware](#), [Medicare Advantage Roundtable](#) & CalAIM Providing Access and Transforming Health, Capacity and Infrastructure Transition, Expansion, and Development ([PATH-CITED](#)) [funding announcement](#)
- Collaboration with [Department of Developmental Services](#) on **hiring of first Aging Inclusion Specialist**





# Recent Implementation Activities

**Healthy Brain Initiative**: RFA for at least six new Local Health Jurisdictions was awarded on April 28, 2023.

The awarded counties include:

- Alameda
- San Luis Obispo
- Orange
- Monterey
- Siskiyou
- Sutter
- Butte (subject to funding availability)



# Recent Implementation Activities

**Three statewide Standards in Dementia Care programs**  
anticipated to be funded by July 1, 2023

- Public Health Risk Reduction Program
- Post Diagnosis Resource Center for Providers
- Dementia Risk Calculator for Providers

**CDPH submitted application** for [CDC BOLD Public Health Programs](#) to Address Alzheimer's Disease and Related Dementia funding

- Notification of award expected on September 30, 2023



**Break**

***The meeting will  
resume at 12:30pm***

# Legislative Update

***Jared Giarrusso-Khlok***

*Government Affairs Director,  
Alzheimer's Association*

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***Barbra McLendon***

*Public Policy Director,  
Alzheimer's Los Angeles*

# ALZHEIMER'S ASSOCIATION STATE AFFAIRS UPDATE

*Jared Giarrusso-Khlok  
California Government Affairs Director*

alzheimer's  association®

THE BRAINS BEHIND SAVING YOURS.®

# 2023 State Policy Updates



# AB 21 (Gipson) - Dementia Training for Law Enforcement

- Dementia competency included in crisis intervention training for Police Training Officers
- Alzheimer's and dementia specific training required for all officers by 2030
- Costs are being evaluated to account for state deficit
- Author Requested Funding
- Bill Currently in ASM Appropriations



# AB 387 (Aguiar-Curry) - Alzheimer's Advisory Committee Updates

Removing Stigmatizing Language & Conforming Language	<b><u>ADDITIONAL MEMBERS INCLUDE</u></b>
AB 1618 grows the Membership to 25 Members (Currently 14)	<b><i>First Responders</i></b>
Removes Term Limits For Members Living With Alzheimer's	<b><i>Commission on Aging</i></b>
Modifying Language Regarding Caregivers - Formal/ Family and Paid/ Unpaid	<b><i>Primary Care Physicians</i></b>
Language Uplifting Diversity	<b><i>Two Representatives from the Legislature</i></b>
Allows the Secretary of CHHS General Authority to Appoint Additional Members (Limited to 25 Total)	<b><i>Adding Local Health Representatives</i></b>

***Bill is currently on the Assembly Floor Awaiting a Consent Vote***



# SB 639 (Limón) - Alzheimer's Diagnostic Hubs

- SB 639 (Limón) focuses the California Alzheimer's Disease Centers on diagnostic work
- These centers are currently required to provide the following services:
  - Direct Diagnostic Services
  - Research
  - Provide training to individuals and families impacted by Alzheimer's
  - Provide training to health professionals
- This bill uplifts the diagnostic work of the sites, and moves Dementia Care Aware into the CADCs
- We plan to pursue funding for the sites next year
- The California Alzheimer's Disease Centers (CADCs) are a statewide network of ten dementia care Centers of Excellence at university medical schools, established by legislation in 1984. These institutions include
  - UC Davis - East Bay
  - UC Davis - Sacramento
  - UC Irvine
  - UC San Diego
  - UC San Francisco - Fresno
  - UC San Francisco
  - UC Los Angeles
  - University of Southern California
  - University of Southern California - Rancho Los Amigos
  - Stanford
- Dementia Care Aware was established by HCBS spending plan and SB 48 (Limón) in 2021



# Additional Bills of Note

## Support

- AB 518 (Wicks) - Expands eligibility for benefits under the paid family leave program to include individuals who take time off work to care for a seriously ill designated person and would define “designated person” to mean any individual related by blood or whose association with the employee is the equivalent of a family relationship (Appropriations)
- AB 524 (Wicks) - Prohibits employment discrimination on account of family caregiver status and would recognize family caregiver status as a civil right (Appropriations)
- AB 385 (Ta) - Implements an Alzheimer’s Public Awareness campaign (ASM Appropriations)
- AB 786 (Bains) - Establish the Alzheimer’s and Dementia Caregiver Education and Support Grant Program (Two Year Bill)
- AB 423 (Maienschein) - Establishes a wandering Task Force within the Department of Justice (ASM Appropriations)



## Support

## Additional Bills of Note

AB 1313 (Ortega) - Requires the Department of Aging to establish a case management services pilot program in Alameda, Sonoma, and Marin counties (Appropriations)

AB 1387 (Ting) -Requires CDSS, by March 1, 2024, to issue a request for proposals for a three-year, grant-based program to support outreach and education to encourage immigrants to become IHSS providers. (Appropriations)

AB 1672 (Haney) - Allow In-Home Supportive Services (IHSS) providers and employers to negotiate their contracts and wages at a State level instead of at the county level. (Appropriations)

SB 37 (Caballero) - Creates a program that offers grants to nonprofit community-based organizations, continuums of care, public housing authorities, and area agencies on aging to administer a housing subsidy program for older adults and adults with disabilities who are experiencing homelessness or at risk of homelessness (Appropriations)

## Watch

AB 820 (Reyes) - Also revises this committee (Appropriations)



**Alzheimer's**  
**LOS ANGELES**

# State Legislative Update

Barbra McLendon, Public Policy Director

# AlzLA State Legislative Priorities



## Alzheimer's and Dementia Caregiver Education and Support

- Pilot program administered by CDA
- Would support delivery of services such as respite, support groups and care counseling in addition to caregiver education
- Now a two-year bill

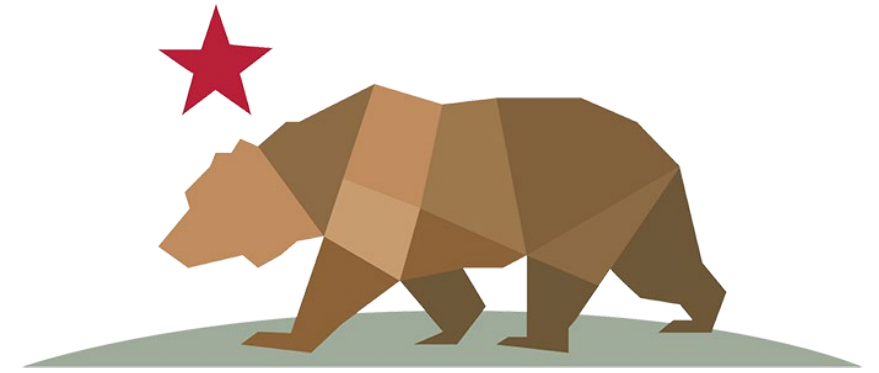
# AlzLA State Legislative Priorities



## California Wandering Prevention Workgroup

- Based on LA County task force that created the LA Found program
- Passed on consent out of Public Safety Committee
- Appropriations Committee- Referred to Suspense file
- Amended version would move responsibility to the CA Dept of Aging

# Legislative Update

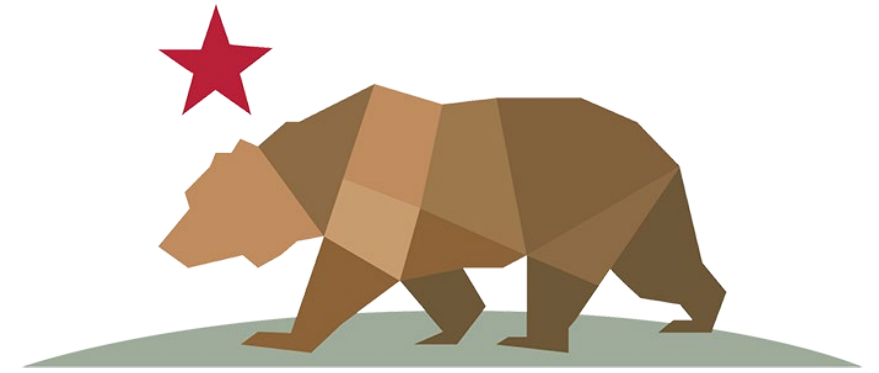


## AB 385 – Public Awareness Campaign

- Directs the Department of Public Health to implement a public awareness campaign- with emphasis on education for unpaid caregivers
- The bill currently sits in the Appropriations Suspense File

# Legislative Update

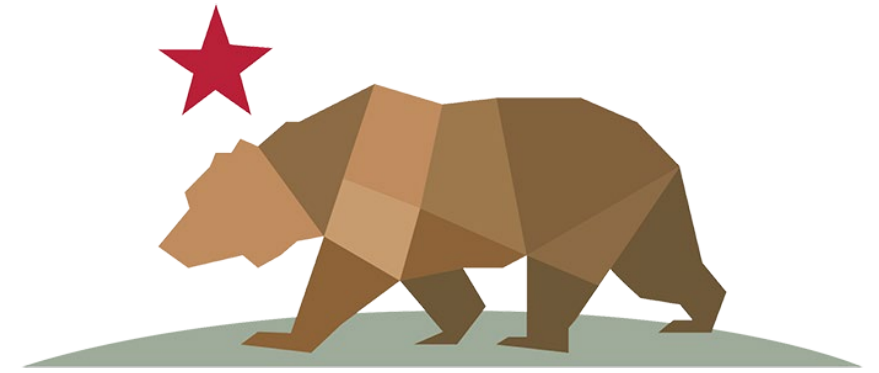
## Caregiver Bills



- **AB 518 – Paid Family Leave**
  - Would prohibit employment discrimination on account of family caregiver status, as defined, and would recognize the opportunity to seek, obtain, and hold employment without discrimination because of family caregiver status as a civil right.
  - Passed out of committee; re-referred to Appropriations
- **AB 524 – Family Caregiver Status**
  - Would expand eligibility for benefits under the paid family leave program to include individuals who take time off work to care for a seriously ill individual related by blood or whose association with the employee is the equivalent of a family relationship.
  - Passed out of Insurance; Re-referred to Appropriations



# Legislative Update



## Older Adult Mental Health

- AB 845- Would establish within the State Department of Health Care Services an Older Adult Behavioral Health Services Administrator to oversee behavioral health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund.
- Passed out of committee; re-referred to Appropriations



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# *Master Plan for Aging Key Outcomes*

**Ross Lallian**

*Chief of Research*

*Division of Policy, Research and Equity*

*California Department of Aging*

# Objectives

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

# Background

- Started as CDA's Chief of Research on December 1, 2022.
- Previously was the Health Workforce Development Research Chief with the Department of Health Care Access and Information.
- Experience in data management, program evaluation, and data storytelling.

# Using Data to Tell the MPA Story



# Criteria for Selecting Key Outcomes

1. **Goal-oriented.** Key outcomes offer optimal opportunities for achieving the goals of the MPA.
2. **Policy-aligned.** Key outcome indicators further implementation and monitoring of near and long-term progress on key policy priorities.
3. **Equity-promoting.** Key outcome indicators enable assessment of outcome disparities and progress toward advancing equity for historically marginalized, and underrepresented communities.
4. **Achievable.** Key outcome indicators include targets that are reasonably achievable within a ten-year period.
5. **Meaningful.** Key outcome indicators measure outcomes that, if achieved, would have a meaningful positive impact on the well-being of older adults, adults with disabilities, and their families.

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

# Key Outcomes Workgroups

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

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

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

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

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

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



- Reaction to draft key outcome measures.
  - Family caregiving
  - Direct Care Workforce
  - Behavioral Health
- Ideas for new key outcome measures related to behavioral health and the caregiving workforce.
- Next steps and opportunities for collaboration.



# Family Caregiving

Key Outcome:	Reduce the Burdens Faced by Family and Friends Caregivers
Indicator	Number/percentage of adult caregivers who experienced financial stress, physical/behavioral health issues, or a change in job status as a result of their caregiving.
Current Interventions/Drivers	CalGrows Program
Aspirational Interventions/Drivers	
Factors	Sex, race/ethnicity, education, income, household size, disability status, immigration status, language spoken, work status, etc.
Target	
Data Source	California Health Interview Survey
Data Gap	
Research Gap	

# Direct Care Workforce

Key Outcome:	Ensure an Adequate Supply of Paid In-Home Caregivers to Meet the Needs of Older Adults and Adults With Disabilities
Indicator	Number of in-home caregiving workforce per 1,000 adults age 60+.
Current Interventions/Drivers	Department of Health Care Access and Information (HCAI) grant programs.
Aspirational Interventions/Drivers	
Factors	Sex, race/ethnicity, education, income, household size, disability status, immigration status, language spoken, work status, etc.
Target	
Data Source	EDD - Labor Market Information Division Data; HCAI workforce data
Data Gap	Demographic concordance of caregiving workforce and the older adult population.
Research Gap	

# Behavioral Health

Key Outcome:	Reduce Self-Reported Psychological Distress Among Older Adults
Indicator	Percentage of older adults (60+) who self-reported psychological distress (feelings of nervousness, hopelessness, restlessness, depression, etc.) within the last year.
Current Interventions/Drivers	
Aspirational Interventions/Drivers	
Factors	Sex, race/ethnicity, education, income, household size, disability status, immigration status, language spoken, work status, etc.
Target	
Data Source	California Health Interview Survey
Data Gap	
Research Gap	



# Questions?

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

**Finalization of  
Recommendations  
&  
Items for CalHSS  
Secretary**

***Catherine Blakemore***  
*Committee Chair*  
*Family Member Representative*

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# Public Comment



**Attendees joining by webinar (Zoom), use the Q&A function to ask a question or select the raise hand icon.** 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

**Catherine Blakemore**

Committee Chair

*Family Member Representative*

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**Darrick Lam**

Committee Vice-Chair

*Family Member Representative*

# Upcoming Meetings

- **August 3, 2023**  
In-person in  
Sacramento
- **November 2, 2023**  
In-person in  
Sacramento





# Thank you!

Visit the [CalHHS Alzheimer's Disease & Related Disorders Advisory Committee webpage](#) for:

- More information about the Committee
- Upcoming meeting dates
- Presentations, recordings, and transcripts of past meetings

