

Alzheimer's Disease and Related Conditions Advisory Committee Meeting



Alzheimer's Disease and Related Conditions Advisory Committee Meeting, February 6, 2025, 10:00a.m. – 2:00p.m.

Welcome & Meeting Logistics



Carroll De Andreis

Manager, MPA Stakeholder & Public Engagement

California Department of Aging

Meeting Logistics



- **[Join by smart phone, tablet, or computer](#)**
- **Join by phone (audio only):**
Tel: (888) 788-0099 | Meeting ID: 822 5774 5556
- **Live captioning and American Sign Language (ASL) interpreting:** streamed through webinar (Zoom)
- **Meeting slides, transcript and recording** will be posted to the **[CalHHS Alzheimer's Disease & Related Conditions Advisory Committee](#)** webpage

Virtual Meeting Operations



- The chat function is only enabled for Committee Members, California Department of Aging and other state staff and *invited* guests to share meeting-related resources and information. The public will be able to view content shared in the chat during the meeting.
- We invite the public to provide comments. Please hold comments until the designated Public Comment periods.
- Additional public comments and questions can be posted in Zoom using the Question & Answer feature or sent via email to EngAGE@aging.ca.gov.

Public Comment



Time is reserved on the meeting agenda for public comment.

- **In-Person Comments:** Raise your hand or let Calli know you want to make a public comment.
- **Verbal Comments:** “Raise your hand” in the Reactions feature of Zoom or press *9 on your phone dial pad to enter the line for a verbal comment. The moderator will unmute your line and announce your name or the last 4 digits of your phone number.
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Note: Public commentators will each have 2 minutes.



Catherine Blakemore

Committee Chair

Family Member Representative

Meeting Agenda



1. Welcome and Introductions, November Minutes
2. Welcome from CalHHS Agency Secretary
3. Elevating Persons Living with Dementia and Caregivers: Proposition 1/Behavioral Health Transformation
4. Committee Questions and Answer and Discussion
5. Public Comment #1
6. Break
7. California Department of Aging Update
8. California Department of Public Health Update
9. Legislative Update
10. Public Comment #2
11. Finalize Recommendations and Items for CalHHS Agency Secretary
12. Closing Comments, Upcoming Meeting Dates and Next Steps



Committee Chairs

- **Catherine Blakemore**, *Family Member Representative (Chair)*
- **Dr. Wynnelena Canlas Canio**, Kaiser Permanente, *Mental Health Field Rep. (Vice Chair)*

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- **Senator Jessie Arreguín Rep.**, Senate Rules Committee Appointee
- **Sally Bergman**, Elder Law Rep.
- **Claire Day**, Alzheimer's Association, Consumer Organization Rep.
- **Dr. Dolores Gallagher Thompson**, Stanford University, *Social Research Rep.*
- **Myra Garcia**, *Consumer Rep.*
- **Ken Graffeo**, *Consumer Rep.*
- **Barbra McLendon**, *Alzheimer's Los Angeles, Service Provider Rep.*

**ADRCAC
Member**

Introductions



Committee Members (cont.)

- **Barbra McLendon**, *Alzheimer's Los Angeles, Service Provider Rep.*
- **Dr. William Mobley**, *UC San Diego, Academic Medical Research Rep.*
- **Carlos Olivas III**, *Family Member Rep.*
- **Dr. Faisal Qazi**, *California Commission on Aging Rep.*
- **Celine Regalia**, *Providence Community Health Napa Valley, Alzheimer's Day Care Resource Center Rep.*
- **Todd Shetter**, *ActivCare Living, Service Provider Rep.*
- **Julie Souliere**, *California Health & Human Services Agency Rep.*
- **Dr. Sarah Tomaszewski Farias**, *Alzheimer's Disease Diagnostic & Treatment Centers Rep.*

ADRCAC Member Introductions

Welcome



Kim Johnson

Secretary

California Health and Human Services Agency



Elevating Persons Living with Dementia and Caregivers: Proposition 1/Behavioral Health Transformation

Wynnelena Canlas Canio,

*MD, AGSF, CMD, Chief of Geriatric Medicine
Kaiser Permanente, Committee Vice Chair*



Susan DeMarois

Director

California Department of Aging

A Caregiver's Experience



Eminy Harrison

Family Caregiver



**Prop 1:
Population-Based
Behavioral Health
Prevention
Strategies**

Julie Nagasako

Deputy Director

California Department of Public Health

Christine Siador

Assistant Director

California Department of Public Health



Behavioral Health Services Act (BHSA) Population-Based Prevention

Alzheimer's Disease and Related Conditions Advisory Committee
Listening Session

February 6, 2025

Prop 1 / BHSA Overview of Requirements

- Statutory requirements mandate that a minimum of 4 percent of the total funds be administered by CDPH for **population-based** prevention programs designed to reduce prevalence of mental health and substance use disorders.
- **Total funds are estimated to be around \$120-\$140M annually depending on revenue.**
- A significant portion of these funds, 51 percent, will be reserved for programs addressing behavioral health prevention for populations who are 25 years or younger.
- [SB 326](#) outlines that these programs should encompass evidence-based practices or promising community defined evidence practices and meet one of the following:
 1. Benefit the entire population of the state, county, or particular community;
 2. Serve identified populations at elevated risk for a mental health or substance use disorder;
 3. Aim to reduce stigma associated with seeking help for mental health challenges and substance use disorders;
 4. Serve populations disproportionately impacted by systemic racism and discrimination; and
 5. **Prevent suicide, self-harm, or overdose.**

Prop 1 / BHSA Overview (continued)

- **Implementation of all population-based prevention programs may be statewide or in a community setting.**
- Funding should also be used to strengthen population-based strategies and not be used for early intervention, diagnostic services, or treatment for individuals or supplant funding for services or supports provided by current initiatives.
- SB 326 also stipulates school-based prevention supports and programs and early childhood population-based prevention programs (for the 0-5 population) shall be provided in a range of settings. School-based prevention supports and programs can be at a school site or arranged for by a school on a schoolwide or classroom basis and shall not provide service and supports for individuals.
- CDPH will collaborate with the Department of Health Care Services (DHCS) and the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) on implementation of the overall BHSA initiative.

2024 Planning Recap

- **Landscape Analysis**
 - Review existing efforts, assessment, literature, evidence, key informant interviews, listening sessions to inform the identification of prevention strategies. Audiences include state and local programs, youth, community and academic partners.
- **Review of MHSA Plans**
 - Review of Prevention and Early Intervention (PEI) Programs to ground planning in awareness of existing MHSA prevention activities.
- **Engagement activities to obtain input**
 - Behavioral Health Task Force (Oct-Nov)
 - Meetings and listening sessions with various audiences (ongoing)
 - E.g., CalHHS, DHCS, HCAI, MHSOAC, CDA, behavioral health departments and LHJs (CBHDA, CHEAC/CCLHO), coalitions of CBOs and advocates
 - Expert Advisory Panel (Dec 11, 2024)

Considerations for informing decision making about Prop 1 / BHSA population prevention funding and strategies

- Opportunities for alignment and collective impact
- Focus on advancing equity
- Learnings from existing behavioral health initiatives and strategies
- Important roles that state and local partners play for greatest impact
- Findings from evidence and data related to impact and disparities
- **Overall Goal:** Improving key health outcomes by addressing risk and protective factors and underlying drivers of behavioral health and BHSA priorities:
 - Reduce the prevalence of mental health and substance use disorders and resulting conditions
 - Reduce stigma associated with seeking help for mental health challenges and substance use.
 - Focus efforts with populations disproportionately impacted by systemic racism and discrimination.
 - Prevent suicide, self-harm, or overdose.

Themes from ongoing engagement

Populations Experiencing High Risk:

- Underserved communities
- Older adults
- People with disabilities
- Smaller populations
- Rural communities

Process:

- Involving community voices
- Transparency
- Intentional alignment, leveraging existing initiatives and lessons learned
- State and local roles

Approaches:

- Intersectionality
- Place-based
- Culturally and linguistically responsive
- Importance of Community Defined Evidence-based Practices
- Support those who support youth (adults, caregivers, educators, clergy)
- Positive framing
- Address stigma early
- Addressing ableism and bullying
- Mentorship and peer-to-peer models
- Educational campaigns
- Harm reduction incorporating all substances
- Social emotional learning and restorative justice
- Non-traumatizing strategies

Elevating the Perspectives & Experiences of Older Adults

- The behavioral health experiences and needs of older adults are a priority for CDPH
 - Existing CDPH Programs supporting overall health and well-being of older adults:
 - [Healthy Aging Initiative](#)
 - [Alzheimer's Disease and Related Dementias Program](#)
 - [Office of Suicide Prevention](#)
 - [CalFresh \(SNAP-Ed\)](#)
 - [Cardiovascular Disease Prevention Program](#)
 - Among others
 - BHSA planning
- To inform BHSA planning and implementation, CDPH has:
 - Held a listening session with the California Department of Aging
 - Older adult behavioral health representative participated in December Expert Advisory Panel public meeting
 - Review of current prevention strategies and framework for inclusion of older adults

State and Local Roles

We anticipate that there will be both state and local roles in the implementation of population-based prevention strategies under BHSA.

- We are beginning with seeking input on aligned strategies and areas of focus and will then determine which activities are best positioned at each level (state/local) and identify relevant implementation partners.

Examples of potential contributions at each level and partnership include:

- State:
 - Develop statewide prevention strategy
 - Data, Evaluation and Technical Assistance
 - Policy, Systems and Environmental (PSE) efforts
- Local:
 - Inform statewide prevention strategy
 - Implementation and funding of aligned efforts
 - Address local community context

Public Health Approach to Behavioral Health

Behavioral health refers to emotional, psychological and social well-being. Public health approaches addressing behavioral health focus on mental health, substance use, interpersonal relationships, patterns of behavior, as well as the context of systems and communities.

Public health efforts in behavioral health focus on promoting protective factors and reducing risk factors associated with adverse behavioral health outcomes, leveraging the following approaches:

- **Primary prevention:** emphasize proactive measures to prevent issues before they occur
- **Upstream:** focus on root cause drivers of health problems,
- **Life course:** recognize that intervening early in childhood can have far-reaching effects on health outcomes in adulthood
- **Socio-ecological lens:** consider the complex interplay of risk and protective factors at many levels including individual, community, societal and policy contexts
- **Health equity:** ensure that all people have full and equal access to opportunities that enable them to lead healthy lives
- **Trauma informed:** focused on collective healing and resilience and shift culture and systems to resist repetition and traumatization

Drivers include social determinants of behavioral health in the wider social environment

Social determinants are not pre-determined characteristics of a place or community but rather determined and influenced by systems, structures, social norms, policies, practices, and institutions.

- Socioeconomic disadvantage
- Early life adversity
- Migration
- Racial/ethnic discrimination
- Inequalities experienced by the LGBTQ+ community
- Sex-based inequalities
- Loneliness and social isolation
- Neighborhood socioeconomic disadvantage and inequality
- Social capital, fragmentation, and ethnic/cultural density
- Physical environment

Prevention and Early Intervention

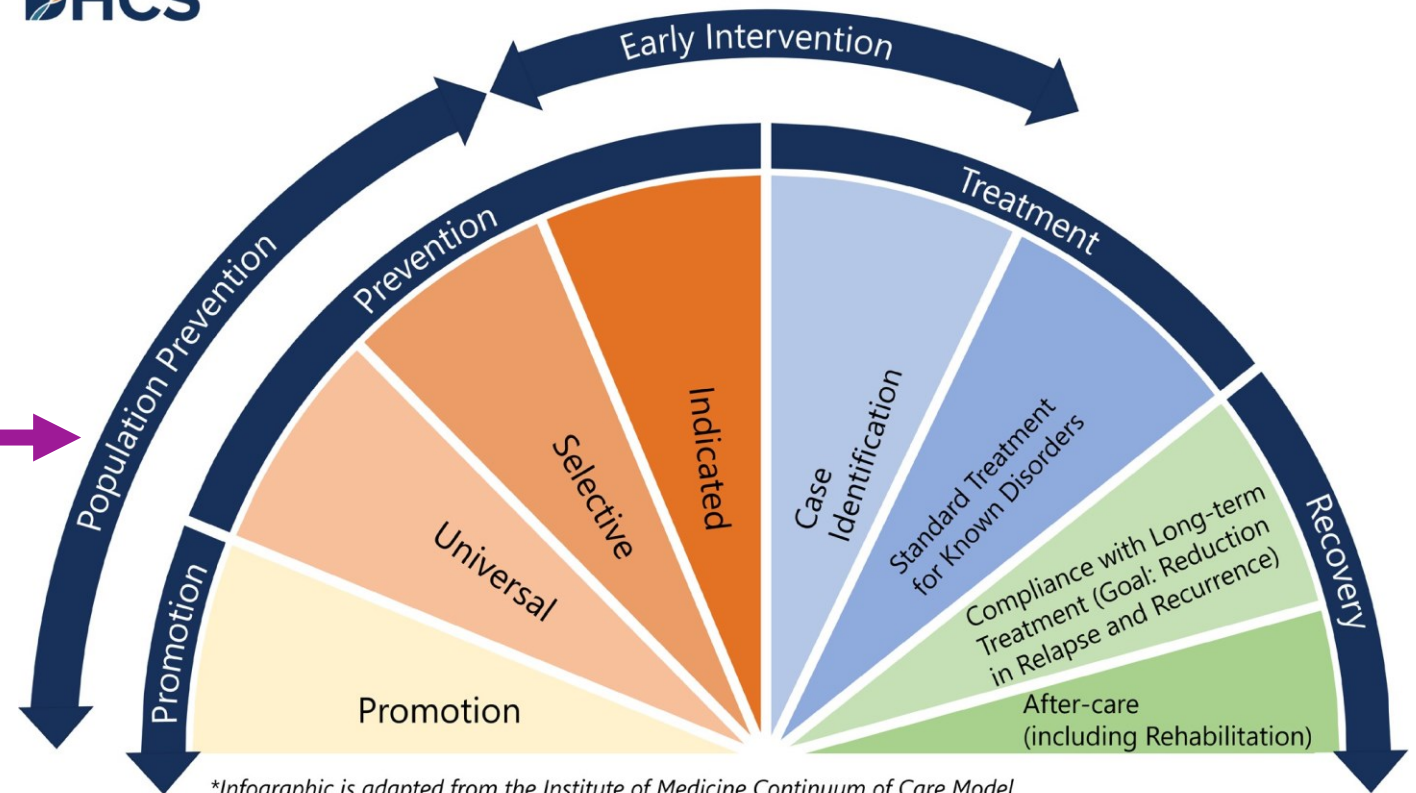
CDPH and DHCS are working together to identify distinctions related to prevention and early intervention (DHCS will lead early intervention). This is challenging because prevention and early intervention are highly interrelated.

The Institute of Medicine's Continuum of Care Model describes several levels of prevention on a continuum with treatment and recovery.

CDPH will focus on Population Prevention which in this context is inclusive of promotion, universal, and selective efforts.

Focus can include the population as a whole, as well as specific groups experiencing higher risk.

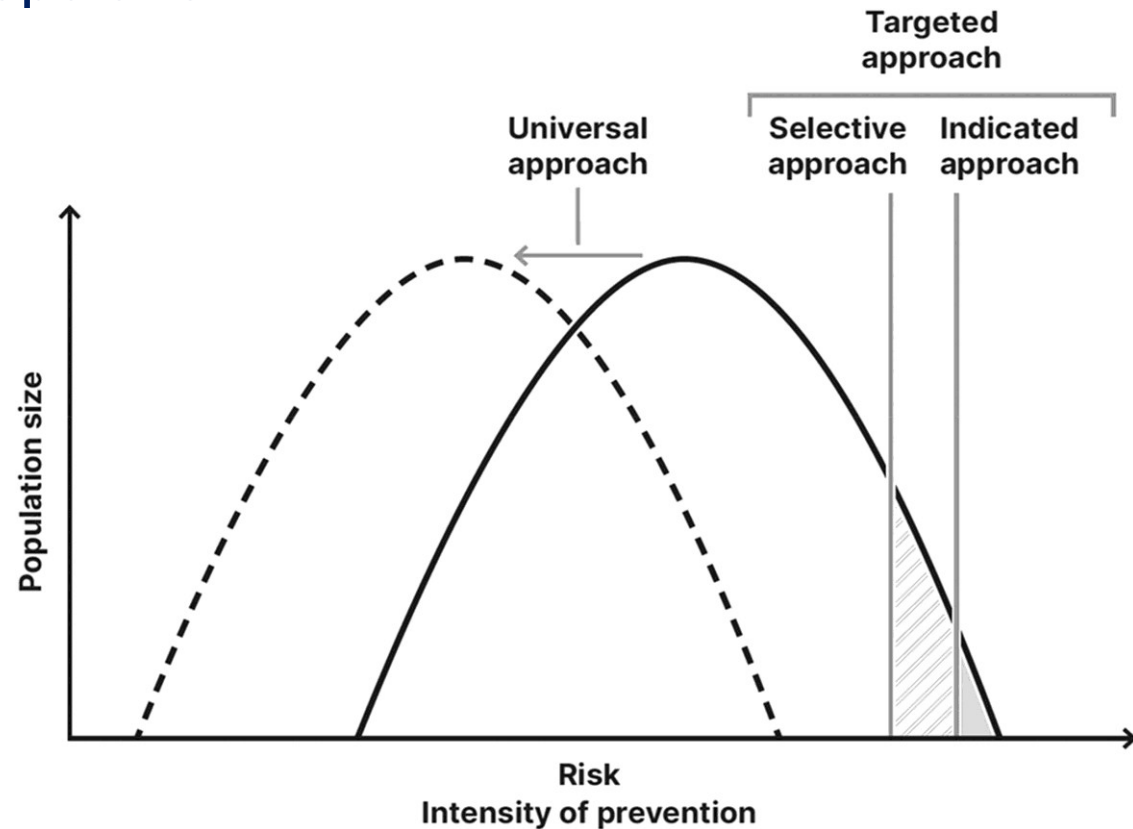
Our goal is for all audiences to have clarity on how these terms will be used in the context of Prop 1/ BHSAs.



**Infographic is adapted from the Institute of Medicine Continuum of Care Model*

Universal, Selected, & Indicated Primary Prevention

Selective and indicated approaches aim to reduce risk amongst those with the most to gain and therefore reach a small proportion of the population. Universal approaches aim to shift the risk profile of the whole population.



Paolo Fusar-Poli et al., "Preventive Psychiatry: A Blueprint for Improving the Mental Health of Young People," [Preventive psychiatry: a blueprint for improving the mental health of young people.](#)

Targeted Universalism

Examples of applying the lens of targeted universalism in behavioral health

Universal goals:

- Making effective prevention strategies available and accessible to ALL communities and population groups in California
- Statewide strategy, universal promotion and prevention

Focused efforts:

- Address the context of specific groups to obtain a universal goal
- Focused supports for specific groups (i.e., selective prevention)

For example:

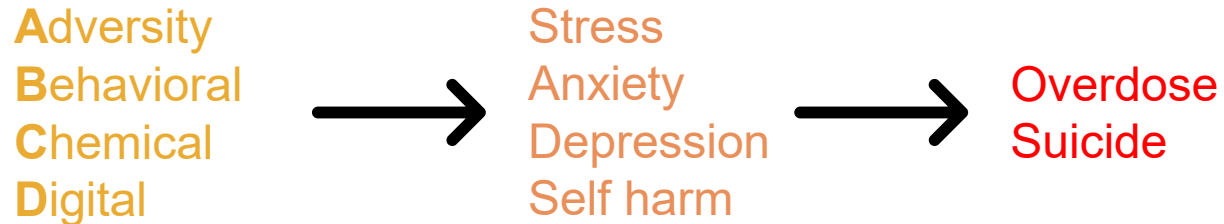
- Preventing suicide and overdose among all youth
 - Because of structural oppression, certain populations experience higher risk of suicide (e.g., BIPOC, 2SLGBTQIA+, immigrant, rural, and justice-involved populations)
 - A targeted universalism approach focuses specific supports addressing the unique cultural and place-based contexts of these groups with higher risk to prevent suicide and overdose

See: [Targeted Universalism](#)

Addressing Risk Factors

What is CDPH Trying to Prevent?

- Prevent overdose and suicide by addressing risk factors including unhealthy use of products or harmful exposures

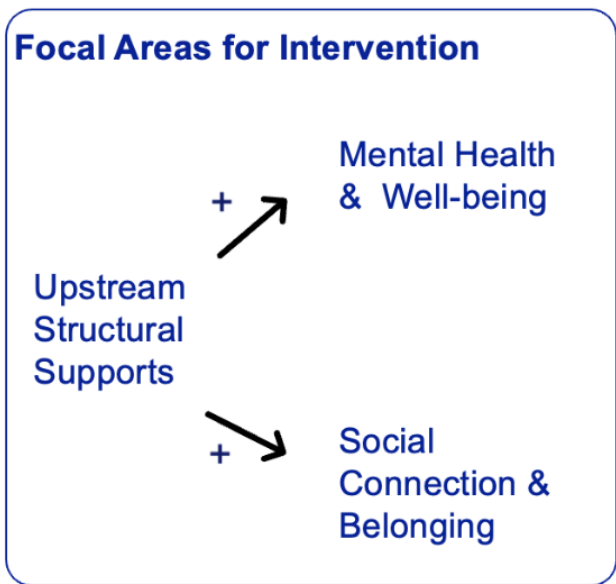


- + Foster hope, connection, purpose and meaning

** Public health is working collectively and alongside other agencies and sectors to address these risk factors and prevent and reduce the impact of behavioral health challenges.*

- **Adversity**
 - Early life, community, and society
 - Polarization
 - Structural oppression, dehumanization
 - Conflict, violence and disasters
- **Behavioral harms**
 - Gambling (e.g., online sports betting)
- **Chemical harms**
 - Alcohol, tobacco (e-cigs)
 - Opiates (e.g., fentanyl), stimulants (e.g., methamphetamines)
 - High-potency cannabis
- **Digital harms**
 - Social media, smartphones, etc.
 - Algorithms, artificial intelligence
 - Dis- and misinformation

Emerging Focal Areas



Social Connection and Belonging

Mental Health & Well-Being Awareness & Development

Upstream Structural Supports



Please note that these areas of focus are a starting point for discussion and further input. 29

BHSA Planning – What's next?

Upcoming milestones

2025-26 Prop 1 BHSA Prevention Guidance Timeline - preview

- Early 2025 – Initial Guidance
 - Population-based Prevention definition
 - BHSA focus for prevention activities – shared strategy and priorities
- Spring 2025 – Updated Guidance
 - Operational model, implementation partners and funding structure, state and local roles
- Spring 2026 – Final Implementation Guidance
 - Mobilizing for funding and implementation

With each of the 2025 milestones, we will have a public comment period to ensure you have an opportunity to provide feedback and comments.

CDPH has been working closely with the Department of Health Care Services and local public health and behavioral health partners throughout this process and will continue to do so to ensure alignment in guidance and policy development.

Questions and Feedback

We welcome your input on CDPH's approach to BHSA population-based prevention.

Engagement Opportunities for All

- All-Comer Webinars (schedule to be announced in 2025, roughly quarterly)
- Share your feedback with us at BHSAinfo@cdph.ca.gov.
- Visit our [CDPH Transforming Behavioral Health](#) webpage to stay up to date on:
 - Post-meeting materials, including our recent discussion with the Behavioral Health Task Force [November 13, 2024 BHTF - CDPH Meeting Slides](#)
 - Other engagement opportunities
 - Join our [CDPH BHSA distribution list](#) to receive updates on CDPH's BHSA-related planning and engagement.
- For more information on California's Behavioral Health Transformation:
 - Visit [Mental Health For All](#).
 - Visit the [DHCS Behavioral Health Transformation Stakeholder Engagement webpage](#).
 - Visit [HCAI's Prop 1 webpage](#).
 - Read about [HCD's Homekey+ program](#).
- **CDPH welcomes other ideas for continued community engagement based on best practices while also leveraging existing venues.**





Committee Questions, Answer, and Discussion

Public Comment



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Break

*The meeting will resume at
12:25pm*



Committee Updates

Catherine Blakemore

Committee Chair

Family Member Representative



- By-Laws Update
- Missing Perspectives
- Leadership Transitions
- Member Terms Ending

Committee Updates



By-Laws Updates



Aligned with recent changes to statute, such as:

- Committee name
- Removal of 1 year term limits on consumer members
- Additional members
- Updated terminology

Documented ability to reimburse travel costs for caregiver of consumer members, if desired.

Committee Members



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- **Julie Souliere**, *California Health & Human Services Agency*
- **Dr. Sarah Tomaszewski Farias**, *Alzheimer's Disease Diagnostic & Treatment Centers Rep.*

Current Committee Representation

- Consumers
- Family caregivers
- Service providers & consumer organizations
- Research (medical & social)
- Behavioral health
- Adult day services
- Alzheimer's Disease Center
- Legal
- CalHHS designee



- 10 female, 5 male
- 1 Latino, 1 Latino/Indigenous, 2 Asian
- 9 Northern CA, 6 Southern CA

New Committee Members

- Executive Director of CA Commission on Aging or their designee
- Two ex officio, nonvoting members, one Senator and one Assemblymember
- Up to four additional members selected by the Secretary of California Health and Human Services



Initially, AB 2680 had requested specific slots for:

- *Local health jurisdictions*
- *First responders*
- *Primary care physicians*



Member Recruitment Timing

- Completed: CA Commission on Aging rep
- In process: Ex officio members from Senate and Assembly
- February 2025: Begin recruitment to fill family caregiver and service provider vacancies
- TBD, after above recruitments have ended: recruit of “Up to 4” new member slots (may stagger recruitment, so not all four are recruited at one time)



Membership Discussion

- Which perspectives are not currently represented on Committee?
- Which groups or organizations might be good additions?



Member Transitions

- Catherine and Todd are completing their second terms.
- Wynn has agreed to become our Chair
- Carlos has agreed to become our Vice Chair



CA
Department
of Aging
Update

Susan DeMarois
Director
California Department of Aging

Department Update

- 2025 Master Plan for Aging (MPA) Annual Report
- 2025-26 MPA Initiatives
- Emergency Preparedness Guide – A Guide for Older Adults, Individuals with Disabilities, and People with Access and Functional Needs
- Los Angeles Fire Response



Department Update

- 2025-28 Strategic Plan
- Cal Cares Grant
- Coronavirus Aid, Relief, and Economic Security (CARES) Act Close Out
 - Home and Community-Based Services (HCBS)
 - CalGrows





**California
Department
of Public
Health
Update**

Tina Fung

*Chief, Alzheimer's Disease Section
California Department of Public Health*

Alzheimer's Disease Program Update

Tina Fung, MPH

California Department of Public Health
Chronic Disease Control Branch
Alzheimer's Disease Program

Prevention

California Healthy Brain Initiative

- CDPH funds 13 counties (Los Angeles , Placer, Sacramento, San Diego, Santa Clara, Shasta, Alameda, Butte, Monterey, Orange, San Luis Obispo, Siskiyou, and Sutter counties)
- Counties are continuing their work on the following HBI Goals:
 - Goal E- Engage & Educate the public
 - Goal P- Strengthen Partnerships and Policies
 - Goal W - Build a Diverse and Skilled Workforce
- Evaluation Report for 2020-2022 pilot cohort will be disseminated in the coming months
- Contracts end on June 30, 2025



CDC Block Grant

- Aims to expand the California Healthy Brain Initiative work to include outreach to tribal/rural communities that are not currently funded
- ADP is currently conducting Community Needs Assessment



[Preventive Health and Health Services \(PHHS\) Block Grant](#)

[HBI Road Map for American Indian & Alaska Native Peoples](#)

Clinical & Caregiving

Caregiver Training Program



- Intended for unpaid family caregivers
- No cost, online, easily accessible to community members
- Two training platforms developed
- Final training videos and module guides are expected to be available by Spring 2025

Research & Evaluation

Research Symposium Series

February 6, 2025

Presenters: **Yu-Jui (Yvonne) Wan, PhD**
Distinguished Professor & Vice Chair for
Research, UC Davis
Timothy S. Chang, MD, PhD
Assistant Professor of Neurology, UCLA

Session 3

“Applying Machine Learning
in Electronic Health Records
to Identify the Risks for
Alzheimer’s Disease”

April 2025

Presenters:
• TBD

Session 4

Theme: Health Disparities

June 2025

Presenters:
• TBD

Session 5

TBD



AlzheimersD@cdph.ca.gov



Legislative Update

Barbra McLendon

Public Policy Director, Alzheimer's Los Angeles

Eric Dowdy

Vice President of Public Policy and Advocacy,
Alzheimer's Association

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Finalize Recommendations for Secretary Johnson Meeting Topic Suggestions



2025 Meeting Schedule

- **May 1**
- **August 7**
- **November 6**
- Committee meetings held in-person in Sacramento with Zoom option



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

