



**ALZHEIMER'S DISEASE & RELATED DISORDERS (ADRD)  
ADVISORY COMMITTEE MEETING  
NOVEMBER 7, 2024**

0:00

OKAY GOOD MORNING EVERYONE THANK YOU FOR JOINING US TODAY THIS IS THE ALZHEIMER'S DISEASE

0:08

AND RELATED DISORDERS ADVISORY COMMITTEE TODAY IS THURSDAY NOVEMBER 7TH

0:15

2024 AND WE ARE MEETING BOTH IN-PERSON HERE AT THE CALIFORNIA

0:21

DEPARTMENT OF AGING OFFICES AT 2880 GATEWAY OAKS HERE IN

0:26

SACRAMENTO AND WE ALSO ARE VIRTUAL HERE VIA ZOOM MY NAME IS CARROLL

0:32

DEANDREIS AND I AM THE STAKEHOLDER AND PUBLIC ENGAGEMENT MANAGER FOR THE

0:37

MASTER PLAN FOR AGING THANK YOU VERY MUCH FOR EVERYONE HERE AND YOU CAN SEE WE

0:46

HAVE ASL THANK YOU BAILEY AND REX IS HIS PARTNER WE HAVE ZOOM CLOSED

0:53

CAPTIONING AVAILABLE TO YOU VIA THE WEBINAR FUNCTIONS AND ALSO YOU HAVE A

0:59

PHONE ACCESS SHOULD YOU NEED THAT ALL LET'S DO THE NEXT SLIDE

1:05

ROSIE I'M CARROLL DEANDREIS WELCOME NEXT

1:12

SLIDE YES WE THE MEETING SLIDES TRANSCRIPT AND RECORDING WILL BE POSTED

1:17

FOLLOWING THIS MEETING ON THE CAL HHS ALZHEIMER'S DISEASE AND RELATED DISORDERS WEB PAGE NEXT SLIDE

1:26

PLEASE THE CHAT FUNCTION IS ENABLED ONLY FOR COMMITTEE MEMBERS AND DEPARTMENT OF

1:31

AGING STAFF AND OTHER GUESTS TO SHARE OUT INFORMATION WITH OUR PUBLIC VIEWEES

1:37

VIEWS I SHOULD SAY WE INVITE THE PUBLIC TO PROVIDE COMMENTS WE WILL HAVE

1:43

TWO PUBLIC COMMENT PERIODS ONE AT APPROXIMATELY 11:50

1:49

11 50 A M AND THE SECOND AT 1:30 SO PLEASE SEE THE AGENDA FOR SPECIFICS ON

1:56

THAT AND OF COURSE YOU CAN SEND PUBLIC COMMENTS AT ANY TIME TO THE ENGAGE

2:01

EMAIL BOX AT ENGAGE AT AGING DOT C A DOT GOV NEXT

2:10

SLIDE WE WILL GO OVER TO THE PUBLIC COMMENT MECHANISM ONCE WE GET

2:16

THERE BUT WE DO HAVE IF YOU ARE APPEARING IN PERSON IN OUR OFFICES

2:22

YOU WILL LET CALLI KNOW AND VERBAL COMMENTS YOU WILL PRESS THE RAISED

2:27

HAND ICON ON YOUR ZOOM FUNCTIONS OR STAR NINE ON YOUR PHONE PAD AND OF

2:34

COURSE WRITTEN COMMENTS AT ANY TIME EITHER USING THE ZOOM Q&A FUNCTION OR

2:40

EMAIL ENGAGE AT AGING DOT C A DOT GOV NEXT

2:46

SLIDE SO CATHERINE LET ME SPOTLIGHT YOU CAN JUST

2:53

HOLD ONE MOMENT I WILL BRING CATHERINE UP AND OF COURSE I CAN'T FIND CATHERINE

2:59

AT THIS MOMENT IN TIME IT'S OKAY I AM HERE AND I'M NOT SAYING ANYTHING  
SIGNIFICANT SO I WANT YOU ARE ABSOLUTELY

3:06

HERE'S AD SPOTLIGHT THANK YOU FOR YOUR PATIENCE GOOD MORNING CATHERINE  
GOOD MORNING EVERYONE WELCOME I'M SO

3:14

GRATEFUL FOR ALL OF YOU THAT CAN ATTEND WE'RE GONNA HAVE A

3:20

PRESENTATION SHORTLY FROM KIM MCCOY WADE I JUST WANTED TO CHECK WITH  
HER TO MAKE SURE SHE DIDN'T NEED TO START

3:26

BEFORE 10:15 I AM FINE CATHERINE THANK YOU SO MUCH OKAY EXCELLENT SO  
WHAT WE'RE GOING TO DO JUST VERY QUICKLY IS JUST

3:33

ASK OUR MEMBERS TO INTRODUCE THEMSELVES AND I WILL AND JUST SAY YOUR  
NAME AND

3:39

WHICH CATEGORY YOU'RE REPRESENTING ON OUR ADVISORY COMMITTEE AND SO

3:44

CARLOS LET'S START WITH YOU YOU'RE IN THE ROOM THANKS FOR BEING IN  
PERSON HI I'M CARLOS OLIVAS I AM THE

3:52

CAREGIVER ADVOCATE TERRIFIC THANK YOU WELCOME AND THEN I DON'T SEE OH  
NO THERE IS DOLORES

4:00

GOOD MORNING DOLORES DO YOU WANT TO INTRODUCE YOURSELF YES GOOD  
MORNING I'M DOLORES

4:05

GALLAGHER-THOMPSON AND I'M THE SCIENTIFIC REPRESENTATIVE I'M A

4:11

RESEARCHER AND FACULTY MEMBER AT STANFORD TERRIFIC I DON'T SEE KEN  
GRAFFEO

4:18

YET AND DR. MOBLEY HI BILL MOBLEY FROM UC SAN DIEGO ALSO A

4:25

SCIENTIST AND AN ACADEMIC PHYSICIAN TERRIFIC BARBRA BARBRA MCLENDON  
AND I AM HOLDING THE

4:33

SEAT FOR COMMUNITY-BASED SERVICE DELIVERY ORGANIZATION WONDERFUL  
THANK YOU

4:40

CLAIRE WELCOME GOOD MORNING EVERYBODY CLAIRE DAY FROM THE ALZHEIMER'S ASSOCIATION AND I'M REPRESENTING

4:47

CONSUMER ORGANIZATION REPRESENTING PERSONS WITH ALZHEIMER'S WONDERFUL THANK YOU WELCOME

4:56

WYNN GOOD MORNING WYNN CANIO I'M A GERIATRICIAN AND A PSYCHIATRIST HERE IN

5:01

THE NORTH BAY MENTAL HEALTH REPRESENTATIVE FOR THIS COMMITTEE SHE'S ALSO OUR AMAZING VICE CHAIR SO GRATEFUL

5:07

FOR THAT SALLY WAS THAT SALLY OR CALLI THAT WAS

5:14

SALLY I WILL NOT BE CALLING ON CALLI SO GOOD MORNING I AM SALLY BERGMAN I AM

5:21

AN ELDER LAW ATTORNEY THANK YOU

5:28

MYRA I THINK YOU'RE ON MUTE MYRA CAN YOU UNMUTE YOURSELF THANKS SO MUCH

5:47

FOR ME IT'S AT THE BOTTOM OF MY ZOOM SCREEN AND IT'S LITTLE THING UNDER 5:53

AUDIO DID YOU FIND ME FIND THAT LOOK AT THAT SUCCESS ALL RIGHT EXCELLENT I'M

5:59

MYRA GARCIA I LIVE IN UPLAND CALIFORNIA AND I AM LIVING WITH THE DISEASE SO 6:07

GREAT TO HAVE YOU THANKS FOR JOINING US THANK YOU

6:12

JULIE MORNING I'M JULIE SOULIERE I'M AN ASSISTANT SECRETARY AT THE CALIFORNIA

6:19

HEALTH AND HUMAN SERVICES AGENCY AND SO I'M HERE REPRESENTING AGENCY THANK

6:25

YOU WONDERFUL THANKS SO MUCH TODD YEAH GOOD MORNING EVERYBODY MY NAME IS TODD SHETTER I'M THE CHIEF OPERATING

6:31

OFFICER FOR ACTIVE CARE LIVING WE ARE IN THE RESIDENTIAL CARE PROVIDER CATEGORY

6:37

BASED IN SAN DIEGO COUNTY AND WE PROVIDE DEMENTIA CARE AND ALSO SERVE RESIDENTS FROM THE REGIONAL CENTER FOUR

6:43

OF OUR COUNTS THANK YOU AND I JUST WANT TO NOTE THAT CELINE REGALIA ISN'T ABLE TO

6:49

ATTEND NOR IS DR FARIAS BUT WE DO HAVE WITH US TODAY DR JASON GRAVANO WHO IS JUST

6:56

SITTING IN FOR SARAH SO WELCOME HE'S NOT A VOTING MEMBER BUT WE CERTAINLY

7:03

WELCOME ANY COMMENTS YOU HAVE DURING THE MEETING AND JUST AS A REMINDER

7:08

ONE OF THE BAGLEY-KEENE REQUIREMENTS IS THAT YOU LEAVE YOUR CAMERA ON IF YOU'RE A MEMBER OF THE COMMISSION DURING THE

7:14

COMMISSION MEETING SO WE LOOK FORWARD TO SEEING ALL YOUR SMILING FACES THROUGHOUT THE MEETING

7:21

AND I'M CATHERINE BLAKEMORE AND I AM SERVING AS A FAMILY MEMBER REPRESENTATIVE ON THE ON THE ADVISORY

7:28

COMMITTEE WITH THAT I WANT TO JUST QUICKLY HAVE PEOPLE LOOK AT THE AUGUST MEETING MINUTES AND SEE IF YOU HAVE ANY

7:36

CORRECTIONS OR COMMENTS TO THOSE AND IF NOT WE CAN HAVE A MOTION TO APPROVE

7:43

THOSE I MOVE TO APPROVE THANK YOU SALLY IS THERE A SECOND I'LL SECOND WHO WAS

7:51

MAKING THE SECOND I'M SORRY BILL MOBLEY THANK YOU SORRY SOMETIMES IT'S HARD TO SEE WHEN THE WHOSE LIGHT GOES ON ALL RIGHT

7:56

THERE'S A MOTION AND A SECOND ANY OTHER QUESTIONS OR DISCUSSIONS AND WE CAN DO A ROLL CALL VOTE DO WE

8:03

NEED TO DO A ROLL CALL VOTE OR WE CAN JUST DO A VOTE JUST A VOTE I THINK THAT'S WHAT

8:09

WE'VE DONE OKAY ALL IN FAVOR SAY I

8:14

ANY NOS OPPOSITION ANY

8:20

ABSTENTION OKAY THE MINUTES ARE APPROVED AND WE ARE ON SCHEDULE AND EVEN A LITTLE

8:26

BIT EARLY IT IS REALLY MY PLEASURE TO WELCOME KIM MCCOY WADE WHO IS A

8:33

SENIOR ADVISOR TO THE GOVERNOR ON AGING AND DISABILITY ISSUES AND JUST A TRULY

8:39

VALUED COLLEAGUE OF MINE AND SO MANY PEOPLE IN BOTH OF OUR COMMUNITIES SO WE'RE SO GRATEFUL THAT YOU TOOK TIME OUT

8:46

OF YOUR SCHEDULE TO BE WITH US AND LOOK FORWARD TO HEARING WHAT YOU SAY FOR THOSE OF YOU THAT MIGHT NOT REMEMBER KIM

8:54

WAS ONE OF THE MASTERMINDS BEHIND THE AGING MASTER PLAN

8:59

AND CONTINUES REALLY TO HELP WITH THE IMPLEMENTATION OF THAT IN HER

9:05

POSITION SO JUST LOTS OF EXPERIENCE AND THERE'S A BIO THAT IS POSTED THAT

9:11

YOU CAN READ ALL OF THE OTHER DETAILS ABOUT KIM SO THANK YOU AND

9:16

WELCOME THANK YOU GENUINELY I AM SO GLAD TO BE IN COMMUNITY WITH ALL OF

9:23

YOU TODAY TO SEE CATHERINE SAID THE BRIGHT SMILES BUT ALSO YOU KNOW THE

9:29

SHINING STARS THAT VICE PRESIDENT KAMALA HARRIS TALKED ABOUT ARE SO IMPORTANT TO LOOK AT AND GATHER TOGETHER

9:36

AND BE TOGETHER I WANT TO BRING YOU UP TO DATE AND JUST TAKE A

9:43

STEP BACK AND LOOK AT ALL THAT YOU AND WE HAVE DONE TOGETHER THIS YEAR IN

9:51

FACT THE GOVERNOR WAS POISED TO RELEASE THE PROCLAMATION OF ALZHEIMER'S AWARENESS MONTH THIS WEEK BUT WE ARE

9:58

OUR PRESS PLAN IS A LITTLE DIFFERENT THIS WEEK BUT THERE IS A PROCLAMATION THAT WILL GO OUT THIS MONTH

10:05

FOR ALZHEIMER'S AWARENESS MONTH IT GAVE US A CHANCE TO STEP BACK AND SAY

10:11

WHERE ARE WE WHERE WITH THE ADVISORY COMMITTEE WITH THE LEADERSHIP BY AGENCY

10:17

MARIA SHRIVER THE GOVERNOR AND WE'RE VERY PLEASED AND AGAIN LARGELY THANKS

10:23

TO YOUR CONTINUED ENGAGEMENT AND ADVICE THAT ALL 10 OF THE BOLD RECOMMENDATIONS

10:29

FROM THE ALZHEIMER'S TASK FORCE ARE LAUNCHED ARE UNDERWAY WHETHER THE TAKE

10:35

ON ALZHEIMER'S CAMPAIGN THIS SPRING THE DEMENTIA AWARE TRAINING FOR MEDICAL

10:40

PROFESSIONALS ALZHEIMER'S DAY CENTERS RESEARCH ON DISPARITIES THE FIRST

10:46

EVER ALZHEIMER'S RESEARCH CONFERENCE THAT WORK WAS CATALYTIC AND IT WAS LIKE

10:51

THE MASTER PLAN BECAUSE IT WASN'T A REPORT THAT SAT ON A SHELF AND THE REASON IT WASN'T IS BECAUSE OF THE

10:58

TEAMWORK BETWEEN OUR AGENCY LEADERSHIP AND ALL OF YOU SO THANK YOU FOR

11:03

ASKING EVERY TIME WHERE ARE WE WHAT'S THE LATEST WHAT ARE THE CHALLENGES HOW CAN WE SOLVE BECAUSE WE CAN SAY THE

11:10

GOVERNOR PROMISED THAT IN HIS FIRST STATE OF THE STATE AND FIVE YEARS LATER WE HAVE DELIVERED THE SECOND THING I'M

11:16

REALLY EXCITED ABOUT IS THE PACKAGE OF BILLS THAT GOT SIGNED THIS YEAR IN PARTNERSHIP WITH THE LEGISLATURE

11:23

RELEASED ON WORLD ALZHEIMER'S DAY NO SMALL PART ONE OF THOSE IS REQUIRING

11:30

TRAINING FOR LAW ENFORCEMENT IN WANDERING AND ELOPING OFTEN SEEN IN PEOPLE WITH DEMENTIA YES EXACTLY AND

11:38

THAT WAS VERY HELPFUL TO HAVE YOUR DISCUSSION IN THE SUMMER WITH LAW ENFORCEMENT AND OTHER EXPERTS IN THE

11:45

FIELD THAT WAS VERY HELPFUL TO HAVE HAD THAT ADVICE FROM YOU ALL ON THAT

11:50

BILL OTHER BILLS REQUIRING GERIATRIC AND DEMENTIA TRAINING FOR MEDICAL

11:56

CERTIFIED MEDICAL PROFESSIONALS LICENSED MEDICAL PROFESSIONAL PROFESSIONALS WHO HAVE A HIGH PERCENTAGE OF OLDER ADULTS

12:03

AND FRANKLY INCREASE OUTCOMES AND CORE SERVICES BY OUR LOCAL AGING

12:09

NETWORKS WHICH WILL ONLY INCREASE OUR DEMENTIA INFORMATION AND REFERRALS AND

12:14

CONNECTIONS SO IT WAS A BIG YEAR FOR IMPLEMENTATION OF ADMINISTRATIVE ACTIONS

12:21

AND CONTINUED PROGRESS ON THE BILLS SO KNOW TODAY IF YOU DIDN'T ALREADY THAT

12:28

YOU AND WE ARE MAKING A DIFFERENCE IN PEOPLE'S LIVES THERE IS OF COURSE THE BROADER PICTURE OF SO MUCH HOPE BOTH

12:36

THAT RATES ARE GOING DOWN EVEN AS THE POPULATION AGES AND THE NUMBERS GO UP WE

12:43

ARE BENDING THE CURVE ON DEMENTIA AND WHAT'S HAPPENING WITH OUR GLOBALLY

12:48



LEADING RESEARCH PARTNERS WHETHER IT'S IN TREATMENTS OR CURES OR  
DISPARITIES OR

12:54

DETECTION IS JUST HAPPENING SO FAST I DON'T KNOW WHO CAN KEEP UP I HEARD  
ANOTHER STORY ON NPR THIS MORNING SO

13:02

IT'S A TRULY A HOPEFUL TIME FOR THIS DISEASE SO THEN MY QUESTION

13:09

FOR YOU ALL AND IT MIGHT BE HARD TO HAVE ALL THE ANSWERS TODAY AND THIS  
WEEK IS WHAT ARE WE GOING TO DO THE NEXT TWO

13:15

YEARS WHAT'S OUR BIG BOLD AUDACIOUS VISION THAT ACTUALLY

13:22

TOUCHES PEOPLE LIVES WE ALREADY KNOW WE'RE GOING TO HELP PEOPLE GET IT  
HAVE

13:29

AN EASIER TIME GETTING INFORMATION AS WE KIND OF FINALLY LAUNCH OUR  
AGING

13:34

INFORMATION AND ASSISTANCE HUBS TO BE NAMED SO THAT PEOPLE KNOW  
WHERE TO CALL TO BEGIN THEIR CONNECTION TO LOCAL

13:41

SERVICES WE ALREADY KNOW THAT MORE LOW-INCOME FOLKS ARE GOING TO HAVE  
HELP WITH HOME CARE RESPITE CARE AS WE

13:48

CONTINUE TO EXPAND MEDICALS PAYING FOR HOME CARE WE HAD A CANDIDATE  
WHO

13:55

PROPOSED MEDICARE AT HOME WE'RE NOT THERE YET NATIONALLY BUT IN  
CALIFORNIA WE ARE THERE WITH MEDICAL AT HOME

14:01

CONTINUING TO GROW SUPER EXCITED AS WE ALSO CELEBRATE NATIONAL FAMILY  
CAREGIVING MONTH THAT PAID FAMILY LEAVE

14:09

IN CALIFORNIA WHERE WE HAVE LED NATIONALLY WILL BEGIN TO HAVE A HIGHER  
14:14

WAGE REPLACEMENT HELPING MORE WORKING FAMILIES AND LOW-INCOME  
FAMILIES AFFORD

14:19

TO TAKE PAID FAMILY LEAVE THAT HAPPENS THIS YEAR IN IMPLEMENTATION AND  
SO AND THE

14:26

QUESTION FOR YOU ALL IS WHAT ELSE WHERE WILL YOU FOCUS YOUR TIME YOUR TALENTS TO

14:32

HELP US IN THE ADMINISTRATION AS I ALREADY THOUGHT IT WAS GOING TO BE A HECTIC RACE TO THE FINISH FOR

14:38

GOVERNOR NEWSOM WITH HIS TWO-YEAR PRIORITY LIST THAT WAS HUNDREDS LONG THAT LIST IS NOW GROWING AND CHANGING

14:45

AND WHAT DO WE WANT TO HAVE ON THAT IN THIS SPACE SO MAINLY TODAY I'M AGAIN GRATEFUL TO BE

14:53

WITH YOU THANKFUL FOR YOUR PARTNERSHIP AND LEADERSHIP YOU WILL BE HEARING

14:58

FROM THE GOVERNOR ON BOTH ALZHEIMER'S AND ON FAMILY CAREGIVING AT SOME

15:03

POINT THIS MONTH AS WE ALL TAKE IT DAY BY DAY HOUR BY HOUR BUT THESE ARE

15:08

PRIORITIES FOR HIM AND THE FIRST PARTNER I'LL BE WEIGHING IN ON FAMILY CAREGIVING AS WELL AND WE JUST WANT TO STAY IN

15:15

GOOD TOUCH KEEP THE HOPE KEEP THE LEADERSHIP THE PARTNERSHIP AND HAVE MORE

15:20

TO CELEBRATE NEXT YEAR IN THE IN THE FINAL YEAR OF THE NEWSOME ADMINISTRATION SO KEEP ME POSTED I TRY TO COME WHENEVER

15:27

I CAN I ALWAYS GET ENERGY AND INFORMATION AND STRATEGY FROM YOU ALL AND JUST ECHO IN A MONTH OF

15:35

GRATITUDE SO WHERE WE'LL END UP THIS MONTH AND A DAY OF THANKSGIVING JUST WANT TO EXPRESS MINE AND THE GOVERNOR

15:40

AND THE FIRST PARTNERS THANKS FOR ALL OF YOU THANK YOU

15:47

CATHERINE IF YOU HAVE A COUPLE OF MINUTES KIM IF SOMEONE HAD A QUESTION OR A COMMENT ARE YOU UP FOR THAT SO ANYONE

15:54

HAVE COMMENTS FOR KIM OR INFORMATION THAT THEY WOULD LIKE HER TO SHARE WITH THE GOVERNOR ABOUT THE IMPORTANT ISSUES

16:01

THAT SHE RAISED DR MOBLEY PLEASE GO AHEAD YEAH HI

16:07

KIM THANK YOU VERY MUCH FOR YOUR COMMENTS YOU KNOW I'D LIKE EVERYBODY IN THE COMMITTEE TO READ A BOOK CALLED

16:14

BEING IMMORTAL BY ATUL GAWANDE IN WHICH HE LOOKS AT THE WAY THAT

16:23

OUR GERIATRIC SYSTEM EVOLVED POINTS TO THE REAL DEARTH OF

16:30

TRAINING IN GERIATRICS DEFINES MAJOR GAPS IN THE WAY

16:35

WE'VE BUILT OUR YOU KNOW ASSISTED LIVING AND SKILLED NURSING FACILITIES AND

16:43

HOW THE MODEL HAS REALLY BEEN A MEDICAL MODEL RATHER THAN A SOCIAL

16:48

MODEL AND ONE THING I COULD IMAGINE DOING IN THE NEXT YEAR IS TO REALLY

16:54

EXPLORE IN CALIFORNIA WHAT ARE THE GAPS THAT WE HAVE NOT JUST IN KIND OF THE

17:02

SURFACE LEVEL YOU KNOW WE NEED TO PROVIDE MORE SERVICES FOR FAMILIES OF COURSE WE DO BUT MAYBE A MORE

17:07

THOROUGHGOING MORE IF YOU WILL IN INCISIVE LOOK AT CARING FOR ELDERS AND

17:16

THE ELDERLY IN CALIFORNIA BECAUSE THE BOOK IS REALLY ILLUMINATING IT TELLS

17:21

STORIES ABOUT ELDER PEOPLE OLDER PEOPLE HOW THEY CHANGED OVER TIME AND HOW IT

17:27

WAS NOT ALWAYS CLEAR THAT THE DECISIONS THEY WERE BEING ASKED TO MAKE BY FAMILY MEMBERS WERE ALWAYS THE DECISIONS THAT

17:33

THEY WISH TO MAKE SO I WOULD REALLY RECOMMEND THAT BOOK TO YOU AND

17:39

THINK ABOUT THAT A LITTLE BIT I THINK THIS COMMITTEE MIGHT I CAN EVEN IMAGINE

17:44

SPONSORING A KIND OF WORKING GROUP TO LOOK AT WHAT IS THE STATUS OF THE CARE

17:49

OF THE ELDERLY IN CALIFORNIA AND OF COURSE IT RELATES TO ALZHEIMER'S DISEASE BECAUSE THAT'S ONE OF THE PRINCIPAL

17:54

REASONS THAT PEOPLE REQUIRE MEDICAL CARE JUST A SUGGESTION AND I WANT TO I WANT

17:59

TO THERE'S SO MANY PARTS OF THAT BUT I'LL JUST FOCUS ON TWO THAT I THINK ONE OF THE CONVERSATIONS YOU

18:07

KNOW I HOPE MANY OF YOU WERE ABLE TO ATTEND THE WONDERFUL DAY OF ACTION THAT CDA CONVENED LAST MONTH I THINK I

18:14

HEARD FROM A LOT OF QUARTERS ASSISTED LIVING IS NOT BEEN SOMETHING THAT WE HAVE YET REALLY FOCUSED ON COMING OUT OF

18:20

THE MASTER PLAN AND THAT IS WHERE PARTICULARLY AS NURSING HOME POPULATION CONTINUES TO DROP MORE PEOPLE INCLUDING

18:28

PEOPLE WITH DEMENTIA ARE IN ASSISTED LIVING AND WE DON'T NECESSARILY

18:33

HAVE A VISION AND A STRATEGY FOR THE DIVERSITY OF THAT THE AFFORDABILITY OF THAT THE LOCATION OF THAT OBVIOUSLY CDSS

18:41

LICENSES IT BUT CLAIRE THE OTHER CLAIRE BESIDES CLAIRE DAY HAS SOME GREAT

18:46

THINKING AND I THINK SO DOES LEADING AGE BUT I THINK THERE IS AN OPPORTUNITY TO REALLY THINK ABOUT WHAT IS THE FUTURE

18:53

OF ASSISTED LIVING FOR THOSE WHO CHOOSE THAT AT TIMES THE OTHER THING I'LL SAY I'M VERY MUCH FOCUSED ON IS WE'RE

19:00

ABOUT TO BEGIN TO MAKE HISTORIC INVESTMENTS IN BEHAVIORAL HEALTH WORKFORCE THOSE BEGIN JULY 1ST AND SO

19:08

WHAT DOES BEHAVIORAL HEALTH AFTER 50 MEAN YOU KNOW OBVIOUSLY THERE'S SOME PSYCHIATRIC AND

19:15

GERIATRIC BUT ALSO WHAT COULD IT MEAN FOR COMMUNITY HEALTH WORKERS  
WHAT COULD IT MEAN FOR BASIC TRAINING FOR CNAS I

19:21

MEAN YOU COULD IMAGINE SO I THINK THOSE ARE TWO OPPORTUNITIES THAT ARE  
19:27

WAYS THAT WOULD BE GREAT IF THIS COMMITTEE SAID WELL WHAT DOES A  
BEHAVIORAL HEALTH WORKFORCE MEAN FOR PEOPLE WITH ALZHEIMER'S WHAT  
DOES A BE

19:33

WHAT DOES ASSISTED LIVING MEAN FOR PEOPLE WITH DEMENTIA AND THEIR  
FAMILIES SO YES AND

19:39

YES SO I THINK AND I THINK IT'S SUCH A NICE DISCUSSION BECAUSE AT THE END OF  
OUR MEETING WE ALWAYS GO BACK TO OUR

19:46

DISCUSSIONS AND SAY WHAT DO WE WANT TO TAKE ON IN THE YEAR AHEAD AND  
WE ALMOST ALWAYS PULL OUT A BIG PART OF OUR

19:52

MEETING TO HAVE THOSE DISCUSSIONS SO REALLY SOME GOOD ADVICE I THINK  
ABOUT GOOD SUGGESTION FROM DR MOBLEY AND GOOD

20:00

ADVICE ABOUT LIKE THINK ABOUT THESE THINGS AND WHAT ROLE WE CAN PLAY IN  
MOVING THAT AGENDA FORWARD TODD YOU

20:07

HAD A COMMENT I THINK YEAH THANK YOU I JUST WANT TO TAG ON TO WHAT DR  
MOBLEY SAID I AGREE 100% IT'S GREAT BOOK I HAVE

20:14

READ THAT THAT'S GUIDED A LOT OF OUR DEVELOPMENT AT ACTIVE CARE AND WE  
ARE REALLY A HYBRID OFF OF ASSISTED

20:22

LIVING AND FOCUS ON CARING FOR FOLKS WITH SOME FORM OF DEMENTIA IN A  
20:27

PURPOSE-BUILT COMMUNITY BUT THE OTHER PIECE THAT WE HAVE

20:32

BEEN FORTUNATE ENOUGH TO GET INTO IS WE ARE NOW CARING FOR FOLKS WITH  
INTELLECTUAL AND DEVELOPMENTAL

20:38

DISABILITIES AND DEMENTIA AND MANY OF THEM ARE TRAPPED IN THE WRONG  
ENVIRONMENT THEY'RE IN THE REGIONAL

20:45

SYSTEM PROGRAM WHICH IS GREAT IT'S REALLY UNIQUE TO CALIFORNIA TO HAVE  
21

20:50

REGIONAL CENTERS BUT THE RESOURCES AND THE INFRASTRUCTURE WITH WHERE  
THESE FOLKS ARE LIVING IS OUT OF DATE AND

20:58

ANTIQUATED SO GETTING THEM TO A PLACE WHERE THEY CAN THRIVE AND LIVE  
21:04

LONGER BECAUSE THOSE NUMBERS ARE JUST SWELLING IMMENSELY FOLKS THAT  
HAVE DOWN SYNDROME AND

21:09

DEMENTIA WE'VE HAD 41 OF THOSE FOLKS LIVE WITH US IN THE LAST 18 MONTHS  
AND IT'S BEEN TRANSFORMATIONAL NOT ONLY

21:15

FOR THEM BUT FOR US FOR OUR STAFF AND I THINK THERE'S REALLY A NEWFOUND  
MARRIAGE WITH BEING ABLE TO

21:22

DIRECT PEOPLE TO THE RIGHT IN APPROPRIATE ENVIRONMENT AND LET THEM  
THRIVE AND THAT POPULATION AS

21:29

EVERYBODY KNOWS IS JUST SWELLING LIKE THE VERY POPULATION IT'S REALLY  
GOING TO GROW YEARS I'M NOT SURE ANY OF US ARE

21:36

PREPARED FOR THE NUMBERS THAT ARE COMING DOWN THE LINE FOR ALL LEVELS  
OF CARE HEALTHCARE SYSTEM ASSISTANT LIVING SKILL

21:41

NURSING FEW HOSPITALS AND STUFF WE REALLY NEED TO THINK ABOUT HOW  
WE'RE GONNA GET PREPARED YEAH I REALLY OH GO AHEAD

21:48

CATHERINE NO YOU GO AHEAD PLEASE I REALLY APPRECIATE CONTINUING TO RAISE  
THAT CONNECTION WE'VE MADE A FEW OF

21:56

THOSE AND THE TOPIC IS AROUND THE RIDE OF PEOPLE WITH DOWN SYNDROME IN  
22:01

PARTICULAR WHO AT HIGHER RISK FOR EARLY ONSET DEMENTIA AND I THINK YOU  
KNOW THE INVESTMENTS IN THE ADULT DAY CENTERS AND

22:08

THE TAKE ON ALZHEIMER'S CAMPAIGN TO A CERTAIN EXTENT BOTH INCLUDED  
OBVIOUSLY PEOPLE DOWN SYNDROME GETTING DAYCARE AND

22:14

GETTING DAY CENTER CARE AND THEN ALSO THIS AWARENESS THE REAL OPP I'M GOING

22:20

TO TALK ABOUT THE OPPORTUNITIES IS THE MASTER PLAN FOR DEVELOPMENTAL DISABILITIES WHICH CATHERINE IN HER OTHER HAT GETS TO WORK ON SO WE GET

22:27

TO TALK ABOUT BOTH THESE THINGS IS A REAL OPPORTUNITY TO KIND OF

22:32

RESET THE SYSTEM NOT ONLY ON PERFORMANCE OUTCOMES AND EQUITABLE

22:38

OUTCOMES BUT ALSO THE CHANGING NATURE OF THE POPULATION TWO YOU KNOW ONE OF

22:43

THE TOPICS THAT IS COME UP A LOT IS THE KEY TRANSITIONS WE'VE BEEN ALMOST EXCLUSIVELY FOCUSED ON EARLY START WITH

22:50

IDD AND LESS SO ON I CALL IT TRANSITIONAL AGE YOUTH KIND OF 16 TO 26 WHAT HAPPENS

22:55

IN THAT GAP AND THEN 40 PLUS 50 PLUS PICK YOUR NUMBER BUT THE AGING PLAN

23:01

PARTICULARLY AS FAMILIES AGE AND CHANGE AS WELL SO I AM LOOKING TO THE MASTER PLAN FOR DEVELOPMENT DISABILITIES

23:07

TO INCLUDE A FOCUS ON AGING AND A FOCUS ON DEMENTIA INTERESTING TO

23:14

THINK ABOUT CATHERINE WHETHER THIS COMMITTEE SHOULD MAKE RECOMMENDATIONS OR WHAT THE YOU KNOW WRITE A LETTER OR BUT

23:19

I JUST GONNA SAY SO THE TRANSITION WORK YOU TALKED ABOUT IS ACTUALLY THE WORK

23:25

GROUP I HAVE THE PLEASURE OF FACILITATING AND ON AT OUR NEXT MEETING WHICH IS

23:31

DECEMBER 19TH FROM 11 TO 1 11 TO 2 SORRY WE ARE ACTUALLY TALKING ABOUT

23:39

ALL OF THESE TRANSITIONS AND WE'VE ALREADY DONE SOME WORK ON TRANSITION AGE YOUTH AND WE'LL DO SOME WORK ON EARLY

23:45

START TO SCHOOL BUT ONE OF THE THINGS ON OUR LIST IS INDIVIDUALS WHO ARE AGING

23:51

AND WHERE SORT OF WHERE ARE WE NOW BUT WHERE DO WE NEED TO BE AND SO ANYONE THAT'S INTERESTED IN PARTICIPATING

23:57

THERE'S ALWAYS A PUBLIC COMMENT PERIOD OR IF YOU WANT TO TALK SEPARATELY TO ME ABOUT SORT OF WHAT YOU SEE AS GAPS OR

24:03

IF THE COMMITTEE WANTS TO WRITE A LETTER ABOUT IT THAT ALL OF THAT'S FINE BUT REALLY ON OUR RADAR ABOUT WHAT CAN WE DO

24:09

BETTER IN THAT SPACE SO BE A GREAT OPPORTUNITY FOR CONNECTION JUST ONE

24:14  
OTHER YOU KNOW I THINK THE NOTION OF WE TIME TO THINK CREATIVELY MY UNDERSTANDING IS THE FIRST HOUSING IN

24:23

BERKELEY JUST OPENED THIS LAST MONTH I THINK IT'S CALLED THE GILMAN THAT HAS 12

24:28

UNITS IT'S AFFORDABLE HOUSING BUT 12 UNITS ARE DEDICATED TO PEOPLE WITH IDD

24:33

AND THEY ARE NOT SEGREGATED THEY ARE THROUGHOUT THE BUILDING AND THE REGIONAL CENTER HAD A PIECE OF IT SO I HAVE NOT

24:39

BEEN TO VISIT YET BUT IF WE CAN I THINK THAT KIND OF THINKING ABOUT WAYS WE

24:45  
CAN USE THE MARRIAGE OF SYSTEMS TO CREATE THESE DIFFERENT IS REALLY THE TIME IS WELL WE'RE LATE

24:53

BUT LET'S DO IT NOW IS THAT IS THAT IS THAT SENIOR HOUSING THEN THE GILMAN HOUSE IS SENIOR HOUSING OR I DON'T THINK

24:59

SO I THINK IT'S REGULAR HOUSING WE ALL NEED TO GO ON A FIELD TRIP WE WILL THAT'D BE GREAT OKAY I THINK WE HAVE

25:05

TIME FOR ONE MORE QUESTION AND I THINK THAT CARLOS MIGHT HAVE HIS HAND UP IN THE ROOM SO PERFECT GO AHEAD CARLOS CAN

25:14

YOU HEAR ME I JUST WANTED TO REITERATE DR MOBLEY'S RECOMMENDATION



25:20

FOR THAT BOOK BEING IMMORTAL BECAUSE OF ME BEING A CAREGIVER IT HAS  
OPENED MY EYES

25:27

TO WHAT CAN BE ADJUSTED AND ADAPTED I THINK IT'S VERY IMPACTFUL FOR  
CAREGIVERS TO

25:34

LEARN AND READ ABOUT THAT INFORMATION THAT'S IN THAT BOOK BECAUSE IT  
CAN

25:41

SUPPORT US IN A WAY THAT WE CAN ALSO INTERACT WITH COMMUNITY

25:47

AND UNDERSTAND THAT THERE IS HOPE IN GRIEF AND IN TRANSITION OF

25:55

LIFE THAT THAT'S GREAT CARLOS THANK YOU I'M GOING TO HAVE TO ADD THIS TO  
MY LIST I'M VERY INSPIRED TO GO READ THIS BOOK

26:02

SO THANK YOU KIM FOR JOINING US IF YOU COULD PASS ON TO THE GOVERNOR  
THAT WE'RE SO GRATEFUL HE SIGNED THE BILL RELATIVE

26:09

TO THIS COMMISSION AND FOR ME IT WAS SO IMPORTANT TO RECOGNIZE THAT  
PEOPLE

26:14

LIVING WITH DEMENTIA CAN BE FULL AND EQUAL PARTICIPANTS IN OUR MEETING  
AND

26:19

THAT SORT OF CAME TO BEING AROUND THE EXTENSION OF THEIR TERMS TO BE CO-  
EQUAL

26:25

WITH EVERYONE SO JUST GRATEFUL FOR THAT AND THE OPPORTUNITY TO ADD  
SOME

26:30

ADDITIONAL MEMBERS SO REALLY THAT'S JUST SORT OF DIRECTLY RELATED TO US  
AND WANTED TO EXPRESS OUR APPRECIATION

26:36

ABSOLUTELY OKAY THANKS AGAIN FOR JOINING US THANK YOU THANK YOU KEEP

26:41

UP THE GREAT WORK I LOOK FORWARD TO SEEING YOU SOON TAKE CARE BYE OKAY  
WE ARE NOW GOING TO TURN TO

26:50

OUR LONGEST SEGMENT DURING THE DAY WHICH IS A REALLY IMPORTANT TOPIC ABOUT

26:56

OPPORTUNITIES TO EMBED DEMENTIA CARE NAVIGATION IN CALIFORNIA'S NO WRONG DOOR

27:02

SYSTEM THERE ARE SO MANY ACRONYMS IN THIS IT TOOK ME A WHILE TO DECIPHER THE TITLE OF THIS LIKE ANYWAY DCN AND NWD

27:12

SORT OF IT'S VERY MADE ME MADE ME SMILE BUT YOU CAN SEE THE

27:17

IMPORTANCE OF THAT ALSO TO THE DEPARTMENT OF AGING AND TO THE GOVERNOR'S OFFICE BECAUSE THEY'RE TALKING ABOUT HOW DO WE MOST EFFICIENTLY

27:23

GET PEOPLE INFORMATION CAREGIVERS AND SUPPORT THEM DURING THIS DURING

27:29

THEIR JOURNEY SO I'M REALLY HAPPY TO WELCOME OUR PRESENTERS WHICH

27:35

INCLUDE CLAIRE DAY JEZABEL GALVAN MARK BECKLEY AND DR CANIO WHO ARE GONNA

27:44

DO THE PRESENTATION I'M GUESSING THAT YOU'RE DOING IT IN THE ORDER ON THE AGENDA BUT

27:49

IF YOU WANT TO MIX IT UP THAT IS JUST FINE WITH ME SO AND THEIR BIOS ARE

27:54

ALL IN THE IN THE MATERIALS THAT YOU HAVE AND I THINK JUST A BIT AGO THERE WAS A LINK POSTED TO THOSE TO THOSE

28:03

MATERIALS OKAY SO TAKE IT AWAY MAYBE CLAIRE YOU'RE STARTING I THINK I AM STARTING

28:09

AND I ARE YOU I THINK YOU'RE SHARING MY SLIDES NOT ME RIGHT THE SLIDES ARE

28:15

OKAY CORRECT WE ARE SHARING YOUR SLIDES CLAIRE THANK YOU ALL RIGHT WELL THANK YOU SO MUCH FOR INVITING

28:22

THE ALZHEIMER'S ASSOCIATION IN PARTICULAR TO PRESENT A LITTLE PIECE OF THIS BIG CONVERSATION

28:28

WHICH YOU KNOW WE'VE ALL BEEN TALKING ABOUT FOR SO LONG AND THIS UNDERSTANDING THIS NEED FOR CARE

28:34

NAVIGATION AT ALL LEVELS OF CARE AND THIS WAS THE RESULTS OF A STUDY

28:40

THAT IS PART OF OUR THE ALZHEIMER'S ASSOCIATION'S ANNUAL FACTS AND FIGURES REPORT IN

28:46

2025 WE DID A SPECIAL REPORT THERE'S ALWAYS A SPECIAL REPORT IN THIS PARTICULAR YEAR AND I SAID 2025 BUT I

28:53

MEAN 2024 I'M ALREADY JUMPING AHEAD ON UNDERSTANDING THE NEEDS OF CARE

28:59

NAVIGATION AND WE KNOW THAT DEMENTIA CARE IS COMPLEX IT'S A COMPLEX MAZE IT ENCOMPASSES INTERACTIONS WITH PRIMARY

29:06

CARE WITH PROVIDERS WITH SPECIALISTS THOSE INVOLVED IN MANAGING CHRONIC CARE

29:11

AS WELL AS COEXISTING AND COGNITIVE ISSUES AND THAT ALSO HAS TO INCLUDE SOCIAL SERVICE

29:18

AGENCIES AND MEDICATION MANAGEMENT CAREGIVER SUPPORT AND SO

29:24

REALLY THE YOU KNOW WHAT WE'VE LEARNED IS YOU KNOW WE ALL KNOW THE NEEDS WE KNOW THERE'S MORE THAN 6 POINT ALMOST

29:31

7 MILLION AMERICANS LIVING WITH ALZHEIMER'S 65 AND OLDER WE KNOW THAT THE COST OF CARE IS ABSOLUTELY

29:39

UNSUSTAINABLE REACHING ABOUT \$360 BILLION DOLLAR AND WE KNOW THAT

29:45

DEATHS ARE GOING TO CONTINUE TO BE ON THE RISE WE'RE AN AGING NATION AND SO THIS WAS REALLY AN OPPORTUNITY FOR

29:52

US TO ENCOMPASS WHAT NEEDS TO BE A GROWING TREND IN PULLING TOGETHER

29:58

NAVIGATION AS OPPOSED TO SORT OF A FREE FOR ALL SO YOU CAN SWITCH TO THE NEXT SLIDE

30:03

PLEASE AND I DID INCLUDE JUST A COUPLE OF LEVEL SETTING SLIDES OF COURSE  
WE KNOW THE BURDEN OF

30:10

ALZHEIMER'S DISEASE IN PARTICULAR AND OTHER TYPES OF DEMENTIA ARE  
SIMILAR WE KNOW THAT THOSE THE

30:18

DISEASE PROCESS EXISTS BEGINS 20 YEARS BEFORE WE ACTUALLY SEE ANY OF THE  
30:23

DEMENTIA SYMPTOMS WE KNOW THAT AGE IS OUR BIGGEST RISK FACTOR AND WE  
KNOW

30:30

THAT APPROXIMATELY AT THE AGE OF 80 75% OF PEOPLE WITH ALZHEIMER'S

30:35

DEMENTIA LIVE IN A NURSING HOME COMPARED TO ONLY 4% OF THE GENERAL  
POPULATION AT

30:40

AGE 80 AND OF COURSE THIS LONG DURATION OF THE DISEASE CONTRIBUTES TO

30:46

THIS NEED TO THINK ABOUT ALZHEIMER'S AND DEMENTIA AS A PUBLIC HEALTH  
INITIATIVE AND AS A HOW IT IMPACTS

30:54

OUR PUBLIC HEALTH SYSTEM NEXT SLIDE PLEASE AND AGAIN JUST AS A LEVEL  
SETTING WE

31:00

KNOW THE BURDEN OF CAREGIVERS AND CARLOS I'M ALWAYS SO DELIGHTED TO  
SEE YOU AT THESE MEETINGS BUT ALSO RAISING YOUR

31:07

HAND AND USING YOUR VOICE TO SHARE THE IMPORTANT NEEDS OF

31:12

ALZHEIMER'S AND DEMENTIA CAREGIVERS AND WE KNOW THAT THE COST OF CARE

31:19

THAT THE VALUE OF THE COST OF CARE THAT THEY'RE PROVIDING WOULD BE  
ABOUT \$350 BILLION DOLLARS IN THAT UNPAID CARE

31:27

THAT FAMILY MEMBERS PROVIDE AND HOW DO WE KEEP UP WITH THAT CARE AS  
FAMILY

31:34

DYNAMICS CONTINUE TO CHANGE AND AS FAMILIES DON'T STAY TOGETHER IN THE  
SAME CITIES ANYMORE IT REALLY JUST

31:42

ALL POINTS TO THE NEED FOR THINKING ABOUT NAVIGATING THIS DISEASE IN A DIFFERENT WAY NEXT SLIDE PLEASE SO

31:50

THAT IS HOW WE CAME UP WITH OUR NEED TO MAP A BETTER FUTURE FOR DEMENTIA CARE NAVIGATION NEXT SLIDE PLEASE

31:58

SO WHAT WE DID FOR THIS SPECIAL REPORT WAS CONDUCTED TWO NATIONWIDE

32:03

SURVEYS AND YOU CAN SEE HERE WITH MORE THAN 1500 AND 1200 DEMENTIA

32:09

CAREGIVERS FAMILY CAREGIVERS AND THEN HEALTH CARE WORKERS WHO WERE MOST

32:15

LIKELY TO PROVIDE CARE NAVIGATION SERVICES SO THESE WERE LARGELY NURSES SOCIAL COMMUNITY HEALTH

32:22

WORKERS THE SURVEY OF DEMENTIA CAREGIVERS INCLUDED RESPONSES FROM THE ASIAN BLACK HISPANIC NATIVE AND

32:29

WHITE AMERICANS AND YOU CAN SEE HERE THAT THE SURVEY EXAMINES SEVERAL

32:34

ISSUES INCLUDING THEIR EXPERIENCE THEIR EXPOSURE AND ATTITUDES ON DEMENTIA CARE

32:41

NAVIGATION SO REALLY DO WE UNDERSTAND WHAT THAT MEANS WHAT THOSE SERVICES

32:46

AND SUPPORTS COULD LOOK LIKE OR THAT ARE NEEDED WHAT ARE THE PERCEIVED BENEFITS

32:52

OF A DEMENTIA CARE NAVIGATION PROGRAM FOR BOTH PEOPLE LIVING WITH DEMENTIA AND FOR FAMILY CAREGIVERS AND BARRIERS

33:00

WHAT ARE SOME OF THOSE POTENTIAL BARRIERS TO CARE NAVIGATION NEXT SLIDE PLEASE WHAT WE LEARNED FROM THE DEMENTIA

33:08

CAREGIVER SURVEY IS THAT DEMENTIA CAREGIVERS WANT AND NEED HELP NAVIGATING

33:14

THE CURRENT HEALTH CARE SYSTEM I DON'T THINK THAT'S PROBABLY A SURPRISE TO ANYBODY IN THIS ROOM 70% IN FACT SAY

33:21

THAT COORDINATION IS STRESSFUL IS MANAGING ALL OF THESE DIFFERENT ELEMENTS

33:26

OF CARE AND WHILE THIS WAS JUST LOOKING AT HEALTH CARE SYSTEMS IN PARTICULAR WE KNOW THAT THAT EXPANDS TO

33:34

COMMUNITY-BASED SERVICES AND THE NEED FOR IN COMMUNITY-BASED COORDINATION AS WELL THE COST OF CARE AND CARE

33:41

COORDINATION ARE TOP STRESSORS FOR DEMENTIA CAREGIVERS AND THE VAST MAJORITY OF DEMENTIA CAREGIVERS 97% SAY

33:48

HAVING NAVIGATION SUPPORT WOULD HELP AND MORE THAN FOUR AND FIVE DEMENTIA CAREGIVERS 85% SAY HAVING ACCESS TO CARE

33:56

NAVIGATORS WOULD INFLUENCE THEIR CHOICE OF PROVIDER NEXT SLIDE

34:02

PLEASE AND SO WHAT DID WE LEARN FROM HEALTHCARE WORKER SURVEYS 60% OF WORKERS SURVEYED SAY THAT CURRENT HEALTH CARE

34:09

SYSTEMS ARE NOT EFFECTIVELY HELPING PEOPLE LIVING WITH DEMENTIA AND IT'S BECAUSE OF THIS NEXT THIS NEXT

34:16

DATA POINT RIGHT THAT THERE IS NO CLEARLY DEFINED PROCESS FOR CARE COORDINATION AND CLINICAL PATHWAYS IN

34:24

IN HEALTH CARE SYSTEMS FOR PEOPLE WITH MILD COGNITIVE IMPAIRMENT ALZHEIMER'S DISEASE AND OTHER DEMENTIA

34:30

ABOUT 46% SAY THESE SYSTEMS AREN'T THEY DON'T HAVE A PROCESS TO HOW TO

34:35

MANAGE THIS AND WHILE MANY OF THESE WORKERS ARE HELPING TO ADDRESS THESE

34:41

NEEDS THEY'RE DOING IT WITHOUT ANY SORT OF FORMAL PATHWAY OR FORMAL

34:46

TRAINING NEXT SLIDE PLEASE WE ALSO SAW THAT DEMENTIA

34:51

CAREGIVERS EXPRESS DIFFICULTY AND STRESS INTERACTING WITH THEIR HEALTH CARE SYSTEM AND ADDRESSING THEIR OWN NEEDS IN

34:58

THE SYSTEM A MAJORITY OF CAREGIVERS SURVEYED ABOUT 70%

35:04

INDICATED THAT COORDINATING CARE IS STRESSFUL AND MORE THAN HALF ABOUT

35:09

53% SAID THAT NAVIGATING THE HEALTH CARE SYSTEMS FOR PERSONS THEY CARE FOR ARE

35:16

DIFFICULT SO FINDING RESOURCES AND SUPPORT FOR THEIR NEED IS ALSO A CHALLENGE FOR TWO OUT OF THREE

35:23

CAREGIVERS NEXT SLIDE PLEASE AND AS YOU CAN IMAGINE THESE AND I

35:30

KNOW THIS IS A LITTLE BIT HARD TO SEE BUT YOU CAN SEE SOME OF THE ANTICIPATED OUTCOMES OF WHAT A NAVIGATION PATH COULD

35:38

LOOK LIKE STARTING FROM NONE WHICH YOU CAN SEE THERE IS VERY LOW LOOKING ALL THE WAY UP TO IMPROVEMENT IN QUALITY

35:45

OF DAILY LIFE OVERALL HEALTH IMPROVEMENT IMPROVEMENT IN HEALTH LESS

35:50

DEPRESSION LONGER PERIOD OF TIME LIVING AT HOME AND WE'RE THINKING OF AS YOU KNOW AS WE THINK ABOUT THE IMPORTANCE OF

35:57

THIS IN ALL COMMUNITIES NOT JUST HEALTH SYSTEMS FEWER BEHAVIORAL SYMPTOMS

36:03

FEWER EMERGENCY ROOM VISITS FEWER HOSPITALIZATIONS AND ILLNESS NEXT SLIDE

36:09

PLEASE SIMILARLY WE SEE ANTICIPATED OUTCOMES FOR RECEIVING THOSE DEMENTIA

36:15

CAREGIVERS RECEIVING CARE NAVIGATION ANYTHING FROM THAT LOW END OF NONE ALL THE WAY UP TO THAT HIGH END OF

36:22

REDUCING THE STRESS OF CAREGIVER GIVING MORE PEACE OF MIND HELPING

36:28

CAREGIVERS BE A BETTER CAREGIVER HELPING THEM BE A BETTER CAREGIVER IMPROVING THEIR OWN MENTAL HEALTH I MEAN

36:34

WE TALK ABOUT THE NEED TO TAKE CARE OF CAREGIVERS ALL THE TIME ALLOWING TIME TO TAKE A BREAK MAKING CAREGIVING

36:41

LESS TIME-CONSUMING AND IMPROVING PHYSICAL HEALTH AS WELL AS IMPROVING

36:46  
MAKING CAREGIVING LESS EXPENSIVE NEXT SLIDE AGAIN JUST SOME REALLY GOOD

36:52  
INFORMATION HERE ON WHAT THOSE NAVIGATION SERVICES ARE VIEWED AS BEING MOST HELPFUL AND YOU CAN SEE HERE WHEN

37:00

WE THINK ABOUT THE PROGRAMS THAT WE'RE PILOTING IN CALIFORNIA VERY MUCH IN LINE WITH SOME OF THOSE CARE

37:06

COORDINATED EFFORTS BETWEEN DIFFERENT SPECIALTIES HELPLINES

37:11

ACCESS TO SOMEONE 24 HOURS A DAY UNDERSTANDING INSURANCE AND PUBLIC

37:17  
BENEFIT SYSTEM HELP WITH SCHEDULING APPOINTMENTS TRAINING ON HOW TO CARE FOR

37:23

SOMEONE WITH THINKING OR MEMORY PROBLEMS BEHAVIORAL SYMPTOMS AND THEN UNDERSTANDING THE OVERALL

37:30

SYSTEM NEXT SLIDE PLEASE AND AGAIN THINKING OF WHAT WAS

37:36

MOST VALUABLE IN SUPPORTING DEMENTIA CARE FOR PATIENTS IN THEIR FAMILY THINKING ABOUT HOW TO GET THAT

37:43

CONNECTION TO THOSE LOCAL SERVICES THAT ARE REALLY GOING TO BE ABLE TO HELP

37:48

SUPPORT THROUGHOUT THE LONGEVITY OF THIS DISEASE TRAINING MANAGING BEHAVIORAL SYMPTOMS ALL REALLY HIGH UP

37:56

ON THOSE NEEDS GOING ALL THE WAY DOWN TO SOME OF THOSE HELP WITH

38:01

UNDERSTANDING THE SYMPTOMS SCREENING FOR SAFETY NEEDS AND MONITORING MEDICATIONS

38:06

WHICH I KNOW WE'LL TALK A LITTLE BIT ABOUT LATER TODAY NEXT SLIDE PLEASE HEALTHCARE WORKERS POINT INTO A



38:14

LACK OF COMMUNITY-BASED RESOURCES FOR DEMENTIA CAREGIVER AND THAT CURRENT PAYMENT MODELS DON'T INCENTIVIZE CARE

38:21

COORDINATION AS SOME OF THE GREATEST BARRIER TO CARE NAVIGATION MORE

38:27

THAN THREE AND FOUR OF THE HEALTHCARE WORKERS SURVEYED WHICH WAS ABOUT 77% IDENTIFIED A LACK OF COMMUNITY-

38:34

BASED RESOURCES AS A BARRIER AND 44% VIEWED IT AS ITS GREATEST BARRIER SEVEN

38:41

IN 10 CALLED OUT RESTRICTIONS IN REIMBURSEMENT AS A BARRIER WITH 41%

38:47

SAYING THIS WAS THE GREATEST BARRIER INTERESTINGLY HEALTHCARE WORKERS DID NOT IDENTIFY WORK OR SHORTAGES AS A TOP

38:54

LIMITATION OF DEMENTIA CARE NAVIGATION NEXT SLIDE

38:59

PLEASE AND THEN FOR PROFESSIONALS WHO HELP DEMENTIA CARE PATIENTS NAVIGATE THE HEALTH CARE SYSTEM SURVEY RESPONDENTS

39:06

OVERWHELMINGLY AGREED THAT NON-MEDICAL PROFESSIONALS ARE BEST SUITED TO PROVIDE

39:12

THESE NAVIGATION SERVICES WITHIN THEIR ORGANIZATIONS THOSE SURVEYED REPORTED THAT SOCIAL WORKERS COMMUNITY

39:18

HEALTH WORKERS AND HOME HEALTH AIDES ARE OFTEN FORMALLY INVOLVED IN CARE NAVIGATION AND NINE AND 10 REPORTED THAT

39:26

THESE INDIVIDUALS ARE REALLY BEST SUITED TO HELP IN THESE SITUATIONS AND THE FINAL SLIDE JUST

39:34

TO A REVIEW I THINK THIS IS JUST SUCH AN IMPORTANT TOPIC IT'S SUCH AN IMPORTANT PIECE OF WHAT WE'RE DOING AND

39:41

CERTAINLY CAN PROVIDE MORE INFORMATION ON THE FULL REPORT IF PEOPLE ARE INTERESTED IN IT

40:00

JUST SAYING THANK YOU SO MUCH I'M REALLY GRATEFUL FOR ALL THE  
INFORMATION THAT

40:05

YOU PROVIDED AND I THINK THAT TAKES US TO OUR NEXT PRESENTER WHO IS  
JEZABEL

40:12

GALVAN JEZABEL WELCOME I SEE YOU DOWN

40:19

THERE AND WE CAN'T WAIT TO HEAR YOUR PRESENTATION THANKS SO MUCH FOR  
BEING HERE

40:27

GOOD MORNING EVERYONE IT'S SO NICE BEING WITH YOU ALL TODAY CAN YOU  
GUYS HEAR ME OH MY GOD I CAN HEAR YOU PERFECTLY THANK

40:34

YOU YEAH AND I'M JUST HERE TODAY TO SHARE A LITTLE BIT OF MY STORY MY  
FAMILY'S STORY MY FATHER'S STORY YOU GUYS CAN SEE

40:41

UP IN THE PICTURE IT'S QUITE A LITTLE LIKE FROM THE STATISTICS WE

40:46

WERE LOOKING MY DAD ACTUALLY HAS EARLY ONSET ALZHEIMER'S HE JUST  
TURNED 62 LAST MONTH BUT HE DID START

40:55

SHOWING SIGNS OF THE DISEASE WHEN HE WAS 55 YEARS

41:00

OLD AND THERE WERE MAYBE LIKE THINGS THAT WE WOULD CONSIDER AT THE  
TIME SIMPLE BUT MY DAD WAS A TRUCK

41:06

DRIVER AND HIS DISPATCH PERSON THEY HAD SWITCHED FROM AND THEY WENT  
LIKE ALL

41:13

ELECTRONIC SO MY DAD DIDN'T KNOW A LOT ABOUT THAT SO I WENT IN TO LEARN  
HOW TO HOW TO DO HIS TIME SHEET AND AT THE

41:20

TIME I THOUGHT HE HAD MADE A MISTAKE WITH HIS TIME SHEET AND WHEN I  
WENT IN AND TO TALK TO HIS DISPATCHER HE TOLD ME

41:26

MY DAD WAS MAKING VERY IMPORTANT MISTAKES MISTAKES THAT HE SHOULDN'T  
BE DOING ESPECIALLY BEING A

41:33

TRUCK DRIVER FOR OVER 20 YEARS THESE MISTAKES INCLUDING LIKE GOING IN THE  
FREEWAY ON THE OPPOSITE DIRECTION

41:38

DRIVING A SEMI-TRUCK SO IT'S VERY CONCERNING SO AT HOME HE STARTED ALSO

41:44

DOING LITTLE THINGS LIKE HE WOULD PUT LIKE THE MILK IN THE CLOSET THINGS THAT WE WOULD EVEN LAUGH AT OR DISMISS AND SAY LIKE OH HE'S REALLY TIRED UNTIL

41:51

HEARING HIS EMPLOYER'S CONCERNS I DECIDED TO SEEK MEDICAL HELP AND WHEN

41:58

I TOOK HIM IN HIS DOCTOR KIND OF DISMISSED THE SITUATION AND TOLD US HE JUST NEEDED TO REST MORE SO I

42:04

REPORTED THIS BACK TO HIS EMPLOYER AND INSTEAD OF WORKING SEVEN DAYS A WEEK AT THAT TIME THEY PUT HIM TO WORK 5 DAYS A WEEK

42:11

AND HE WAS JUST GETTING WORSE NOTHING WAS REALLY CHANGING SO I WENT BACK AND ASKED IF HE CAN BE SEEN BY A NEUROLOGIST

42:17

AND THE FIRST APPOINTMENT THEY HAD FOR HIM WAS 10 MONTHS OUT AND SEEING HIM GET

42:22

WORSE AND WORSE EVERY DAY WE JUST COULDN'T WAIT FOR THAT HONESTLY SO I KEPT INSISTING AND WHAT THEY DID IS

42:29

THEY GOT US IN SO HE CAN SEE A HE CAN GET SOME PSYCHIATRIC HELP AND THE

42:35

FIRST DIAGNOSIS WE GOT FROM MY DAD AT 55 WAS THAT HE HAD SCHIZOPHRENIA WHICH DIDN'T SOUND RIGHT AT THE TIME BUT BEING

42:42

THE NAIVE YOUNG GIRL I WAS I DIDN'T QUESTION IT MUCH AND WE STARTED GIVING HIM THE MEDICATION THAT THEY GAVE US FOR

42:48

HIM AND HE JUST GOT SO MUCH WORSE HE BECAME LIKE REALLY VIOLENT WHICH MY DAD NEVER WAS AND I KEPT LIKE TRYING TO

42:56

INSIST SEE IF WE CAN SEE THE NEUROLOGIST SOONER WHICH THEY TOLD US THAT WASN'T AN OPTION SO THAT'S WHEN MY FAMILY AND I

43:02

DECIDED TO TAKE HIM TO MEXICO AND SEE WHAT WE CAN GET OVER THERE AND OVER THERE WE GOT A

43:08

QUICK DIAGNOSIS THEY TOLD US OFF THE BAT YOUR DAD HAS DEMENTIA WE DIDN'T GET HIS EARLY

43:13

ONSET DIAGNOSIS UNTIL WAY LATER BUT WHEN THEY TOLD US THAT INFORMATION

43:19

UNTIL THAT POINT IN MY LIFE I WAS VERY INTERESTED IN MATERNAL HEALTH SO I DIDN'T REALLY KNOW WHAT TO DO WITH THIS INFORMATION AND NOT ONLY THAT WE

43:26

GOT THIS DIAGNOSIS IN MEXICO SO I DIDN'T REALIZE WHAT A STRUGGLE IT WOULD BE

43:31

COMING BACK TO THE STATES AND GETTING THE HELP WE NEEDED HERE IT WAS VERY

43:37

DIFFICULT WE CAME BACK HOME AND MY DAD SINCE HE WAS STARTING TO FORGET THINGS VERY OFTEN HE WOULD OFTEN TAKE

43:44

MORE MEDICATION THAN HE SHOULD SO THERE WAS ONE POINT WHERE HIS BOTTLE WAS NEARLY EMPTY AND WE DIDN'T KNOW IF HE

43:50

HAD TAKEN THEM OR NOT IT WAS A MOMENT OF A LOT OF CONFUSION FOR OUR FAMILY SO WE DECIDED TO TAKE HIM TO

43:56

THE EMERGENCY ROOM AT SUTER HOSPITAL AND THE DOCTOR LAUGHED AT MY FACE WHEN I TOLD HIM WHAT HIS DIAGNOSIS WAS HE HIS

44:04

EXACT RESPONSE WAS AT 55 AND HE LOOKED AT ME SARCASTICALLY AND LAUGHED AND IT WAS SO FRUSTRATING BECAUSE I

44:11

DIDN'T KNOW WHAT TO DO HONESTLY AT THAT POINT AND I THINK WHEN I WAS LEAVING ONE OF THE WORKERS THERE SAW ME SO

44:16

DESPERATE AND SHE GAVE ME A LITTLE FLYER FOR PACE PROGRAM AT SUTTER HEALTH

44:22

AND THAT WAS THE FIRST STEP WE DID LIKE JUST DESPERATELY TRYING TO GET ANSWERS AND THEY INFORMED US WE

44:28

WOULD GET IT SOUNDED GREAT LIKE THAT WE WOULD GET A NURSE THEY WOULD ANSWER ALL OUR QUESTIONS THEY WOULD OFFER SOME EDUCATION FOR MY FAMILY AND I ABOUT THE

44:35

DISEASE SO WE CAN GET INFORMED BUT NONE OF THAT REALLY HAPPENED WHEN MY DAD WAS IN THE PROGRAM I WAS AT WORK ONE DAY

44:42

TRUSTING HE WAS IN A GOOD PLACE AND THEY CALLED ME AND MY DAD AT THE POINT HE WAS AT THE POINT OF HIS DISEASE WHERE HE

44:48

LOVED TO WANDER HE COULDN'T STAY STILL SO THEY CALLED AND TOLD ME THAT HE WAS GOING TO BE ARRESTED AND I WAS SO

44:55

CONFUSED AND THEY TOLD ME THE REASON WAS BECAUSE HE COULDN'T STAY STILL AND

45:01

THEY ASKED HIM MULTIPLE TIMES AND HE WAS GETTING FRUSTRATED AND HE STARTED SWINGING AT THEM SO I JUST COULDN'T

45:07

BELIEVE THAT THAT WAS HAPPENING SO I BECAME REALLY UPSET WE TOOK HIM OUT OF THE PROGRAM BUT AGAIN WE DIDN'T KNOW

45:12

WHAT THE NEXT STEPS WERE I THINK THIS JUST GOES BACK TO LIKE THE IMPORTANCE IF I WOULD HAVE HAD JUST ONE PERSON LIKE

45:19

KIND OF GUIDING ME I TURNED TO GOOGLE THAT WASN'T VERY HELPFUL BUT I DO FEEL LIKE AFTER THAT I WAS SIMPLY AT THE

45:25

RIGHT PLACE AT THE RIGHT TIME I WAS ACTUALLY AT THE GROCERY STORE AND THE LADY IN FRONT OF ME PAYING WHEN SHE TOOK

45:31

OUT HER WALLET SHE DROPPED A CARD OF THE ALZHEIMER'S ASSOCIATION AND THEN I

45:36

PICKED IT UP FOR HER AND IT JUST CAUGHT MY EYE AND I ASKED HER ABOUT IT AND SHE TOLD ME THAT THEY HELPED HER

45:43

OUT SO MUCH WITH HER MOM WHO WAS LIKE 93 AT THE TIME AND I TOLD HER I WAS LIKE WELL I WAS EVEN KIND OF SCARED BECAUSE I

45:49

GOT SO MANY PEOPLE LIKE LAUGHING AT ME I WAS LIKE MY DAD'S 58 BUT DO YOU THINK HE WAS LIKE 58 AT THE TIME DO YOU THINK

45:55

THEY CAN HELP AND THEY'RE LIKE ABSOLUTELY SO I CALLED AND I GOT SO MANY ANSWERS THEY HELPED ME GET MY DAD ON

46:02

DISABILITY WHICH HAD BEEN REALLY HARD FOR MY FAMILY AND I BECAUSE WE COULDN'T HE WAS OUR MAIN BREAD WINNER WE COULDN'T

46:08

AFFORD TO STOP WORKING AND FULLY TAKE CARE OF HIM BUT HE ALSO NEEDED FULL-TIME

46:13

ATTENTION SO WE WERE STUCK AND SO THEY WERE ABLE TO GET HIM ON DISABILITY AND

46:20

MY MOM ACTUALLY THEY HELPED US GO THROUGH THE IHSS PROCESS BUT THESE WERE THINGS I WOULD HAVE NEVER BEEN ABLE

46:27

TO DO ON MY OWN OR FIGURE OUT AND THIS JUST REALLY GOT ME THINKING YOU KNOW I WAS TALKING TO MICHELLE ABOUT THIS IF I

46:34

WOULDN'T HAVE BEEN AT THE RIGHT PLACE AT THE RIGHT TIME I DON'T KNOW WHAT WOULD HAVE BEEN TO MY DAD I PROBABLY WOULD HAVE NEVER HEARD OF THE ALZHEIMER'S

46:40

ASSOCIATION FROM THERE I ACTUALLY DECIDED TO PURSUE MY EDUCATION CONTINUE MY EDUCATION TO HELP OUT MY

46:47

COMMUNITY MORE I GOT MY MASTER'S IN PUBLIC HEALTH AND I FEEL SO LUCKY

46:53

SARAH ACTUALLY I THINK SHE'S HERE SHE CAME IN TO TALK ABOUT CDA AND I DIDN'T

46:58

EVEN KNOW THAT WAS A THING EITHER AND I WAS AMAZED I KNEW I WAS LIKE I NEED TO BE AN INTERN THERE I NEED TO LEARN MORE

47:06

AND THAT'S WHAT I DID AND THAT ALSO HELPED ME SO MUCH IT OPENED SO MANY DOORS FOR ME FROM THERE I WAS ABLE TO

47:12

COMMUNICATE WITH ALL THE PEOPLE I NEEDED TO GET MY DAD HELP BUT AGAIN I THINK ABOUT ALL THE PEOPLE IN THE COMMUNITY

47:17

WHO DON'T HAVE SOMEONE TO ADVOCATE FOR THEM AND NOT ONLY THAT BUT I THINK SO MUCH ABOUT THE DELIVERY HOW PEOPLE

47:25

IN MY COMMUNITY WOULD EVEN KNOW ABOUT THESE THINGS YOU KNOW SO I THINK THAT'S ALSO LIKE A VERY IMPORTANT COMPONENT

47:31

PEOPLE SHOULDN'T HAVE TO BE IN THE RIGHT PLACE AT THE RIGHT TIME YOU KNOW THERE SHOULD BE MORE HELP AVAILABLE ESPECIALLY FROM LIKE

47:38

MEDICAL PROVIDERS AND HEARING EVERYTHING I REALLY HOPE LIKE THAT DOES CHANGE WHAT A POWERFUL STORY THANK YOU

47:46

SO MUCH FOR BEING HERE IT MAKES ME CRY AND BOTH ALSO JUST FEEL

47:53

KIND OF PROUD OF YOU IN YOUR JOURNEY I THINK THIS IS THE FIRST TIME I TALK SAY WITHOUT CRYING BUT I'M A LITTLE YEAH BUT I THINK WE

48:02

SHOULD DO A PSA WITH YOU TO POINT OUT WHY PEOPLE NEED SERVICES THAT'S JUST

48:08

QUITE REMARKABLE SO THANK YOU FOR EVERYTHING THAT YOU'RE ABSOLUTELY THANK YOU FOR LISTENING TO ME ALL

48:14

RIGHT I'M GONNA BREAK OUR PROTOCOL TODD RAISED HIS HAND AND SAYS HE HAS TO SAY SOMETHING SO AND TURN UP YOUR VOLUME WE

48:20

COULDN'T ACTUALLY HEAR YOU ALL THAT WELL AFTER SOME OF YOU DON'T MIND SHOULD BE A LITTLE BIT BETTER NOW I SORTED IT OUT SO

48:25

JEZABEL THANK YOU FOR SHARING THAT STORY BECAUSE THIS IS HOW YOU KNOW BREAKTHROUGHS ARE MADE BUT I ALSO

48:31

WANT TO TELL YOU SADLY YOU'RE NOT ALONE THERE'S A LOT OF PEOPLE TO GET CAUGHT IN THE HEALTH CARE SYSTEM WHETHER IT'S A

48:38

SUTTER SYSTEM OR A KAISER SYSTEM WE ALL ARE WORKING ON AND REALLY DO NEED TO

48:43

DO A BETTER JOB OF EDUCATING PEOPLE IN THE EMERGENCY ROOMS AT THE YOU KNOW PRIMARY CARE PHYSICIAN LEVEL AND

48:52

THERE IS HELP OUT THERE ALZHEIMER'S ASSOCIATION IS A GREAT PLACE TO START  
THERE'S PEOPLE JUST LIKE YOU CAREGIVER

48:57

SUPPORT GROUP IF YOU'RE NOT IN ONE WITH YOUR FAMILY THAT'S THE NEXT STEP  
YEAH WE ACTUALLY JUST JOINED SO GOOD AND I'M GLAD

49:06

YOU'RE ON YOUR WAY YOU WILL BE A GREAT ADVOCATE NOT ONLY FOR YOUR FAMILY  
BUT FOR OTHER PEOPLE WITH THIS

49:12

HORRIBLE DISEASE SO CONGRATULATIONS YOU'RE AN ADVOCATE THANK YOU SO  
THANKS TODD

49:17

AND THANKS AGAIN JEZABEL FOR JOINING AND WE HOPE YOU'LL JUST STAY FOR  
THE REST OF THE

49:22

PANEL OTHER QUESTIONS I'M SURE THAT WILL COME UP SO NEXT WE HAVE THE

49:28

PLEASURE OF WELCOMING MARK BECKLEY WHO IS THE CHIEF DEPUTY DIRECTOR AT  
CDA

49:34

AND HE IS GOING TO TALK TO US ABOUT STATE GOVERNMENT EFFORTS RELATED

49:40

TO THE NO WRONG DOOR SYSTEM SO WELCOME AND THANK YOU GREAT THANK  
YOU SO MUCH CATHERINE AND IT'S SO GOOD TO SEE

49:46

JEZABEL AGAIN AS SHE MENTIONED INTERN FOR US AND REALLY THANK

49:51

YOU FOR SHARING YOUR STORY AS WELL JEZABEL YEAH SO I WILL BE TALKING  
ABOUT THE NO WRONG DOOR SYSTEM AND I

49:57

THINK THE SLIDES WERE JUST BEING BROUGHT UP THEY WERE AND THEN THEY  
TEMPORARILY WENT AWAY BUT THEY'RE GOING TO BE RIGHT

50:03

BACK HERE THEY ARE EXCELLENT WELL TERRIFIC AND THANK YOU FOR HAVING ME  
TODAY YEAH I'D LIKE TO DESCRIBE OUR

50:10

AGING AND DISABILITY NO WRONG DOOR SYSTEM JUST BY WAY OF BACKGROUND  
THE NO WRONG DOOR SYSTEM WHEN THE MPA WAS

50:17

BEING DEVELOPED BACK IN 2019 AND 2020 THIS WAS ONE OF THE KEY



50:25

HIGHLIGHTED AND RIGHTFULLY SO THE SYSTEM AS

50:31

YOU'RE WELL AWARE FOR LONG-TERM SERVICES AND SUPPORTS IS INCREDIBLY  
FRAGMENTED IT'S REALLY A TRUE PATCHWORK

50:37

OF SERVICES THAT CAN BE VERY CHALLENGING FOR PEOPLE TO NAVIGATE YOU  
KNOW IF YOU NEED SAY FIVE

50:44

DIFFERENT SERVICES YOU MIGHT BE GOING TO FIVE DIFFERENT AGENCIES AND NOT  
ONLY WILL YOU BE GOING TO FIVE DIFFERENT

50:49

AGENCIES BUT YOU YOURSELF WILL HAVE TO DO RESEARCH TO FIGURE OUT WHO  
THOSE AGENCIES ARE WHAT THEIR CONTACT

50:56

INFORMATION IS AND WHAT INFORMATION YOU NEED TO USE TO APPLY FOR THOSE  
SERVICES SO WHAT WE'RE REALLY

51:03

TRYING TO ACCOMPLISH WITH THE AGING DISABILITY NO WRONG DOOR SYSTEM IS  
TO REALLY CREATE A ONE-STOP SHOP A

51:10

SINGLE SOLUTION THAT WILL HELP PEOPLE NAVIGATE INFORMATION ABOUT  
DIFFERENT

51:16

SERVICES AND SUPPORTS THAT COULD BE HELPFUL TO THEM AS WELL AS HAVING

51:23

A HUMAN COMPONENT AS WELL SO ACTUAL PROFESSIONAL NAVIGATOR WHO CAN  
HELP SOMEONE DECIDE WHAT SERVICES AND

51:29

SUPPORTS THEY MIGHT NEED IN ITS SIMPLEST FORM THE NO WRONG DOOR  
SYSTEM REALLY CONSIST OF TWO ELEMENTS ONE

51:37

WOULD BE A WEB PORTAL OR YOU CAN JUST THINK OF AS A WEBSITE THAT HAS A  
PROVIDER DIRECTORY OF PROVIDERS IN

51:44

YOUR AREA THAT COULD PROVIDE DIFFERENT SERVICES AND SUPPORTS TO YOU  
AND THEN SOME SORT OF A CONTACT SOLUTION WHICH

51:50

COULD BE A SINGLE CONTACT CENTER OR IT COULD BE A FEDERATED CONTACT  
SOLUTION

51:56

WHERE YOU CAN ACTUALLY TALK TO SOMEBODY TO HELP YOU NAVIGATE SERVICES  
NEXT

52:03

SLIDE OKAY THIS IS THE MISSION STATEMENT WHICH BASICALLY JUST STATES  
WHAT I JUST

52:08

SAID BUT I WOULD SAY THE OTHER KEY COMPONENT OF OUR MISSION STATEMENT  
IS

52:14

THAT A NO WRONG DOOR SYSTEM IS A PARTNERSHIP BETWEEN STATE AGENCIES

52:20

BETWEEN LOCAL AGENCIES AND BETWEEN LOCAL PROVIDERS AS WELL SO IT'S  
REALLY A

52:26

COLLABORATIVE EFFORT AND FOR THIS SYSTEM TO REALLY WORK PROPERLY THERE  
HAS TO BE STRONG COMMUNICATION AND

52:33

RELATIONSHIPS AMONG ALL THREE OF THOSE SERVICE ENTITIES ALL

52:39

RIGHT NEXT SLIDE GREAT SO HERE'S THE KEY ELEMENTS

52:44

OF A NO WRONG DOOR SYSTEM THE FIRST IS A GOVERNANCE STRUCTURE AND WE  
WERE VERY FORTUNATE TWO YEARS AGO TO RECEIVE A

52:50

GRANT FROM THE ADMINISTRATION OF COMMUNITY LIVING FOR US TO ESTABLISH  
WHAT WE CALL THE NO WRONG DOOR SYSTEM

52:57

STATE LEADERSHIP COUNCIL SO THIS STATE LEADERSHIP COUNCIL CONSISTS OF  
FIVE

53:03

STATE ENTITIES THAT PROVIDE OR OVERSEE DIRECT SERVICES TO OLDER ADULTS

53:09

PERSONS WITH DISABILITIES AND CAREGIVERS CURRENTLY THOSE AGENCIES ARE  
OURSELVES SO CDA THE DEPARTMENT OF

53:17

REHABILITATION WHO CO-LEADS THE AGING AND DISABILITY NO WRONG DOOR  
SYSTEM WITH US THE DEPARTMENT OF DEVELOPMENTAL

53:24

SERVICES THE DEPARTMENT OF SOCIAL SERVICES AND THE DEPARTMENT OF  
HEALTHCARE

53:30

SERVICES IN ADDITION TO THOSE ENTITIES THE OTHER KEY STATE PARTNERS WOULD

53:36

INCLUDE PARTNERS OUTSIDE OF WITHIN AND OUTSIDE OF OUR AGENCY SO YOU COULD THINK OF YOU KNOW HOUSING TRANSPORTATION

53:44

EMPLOYMENT AND THE NO WRONG DOOR SYSTEM WOULD EXPAND OVER TIME TO REALLY ENCOMPASS ANY SERVICES OR SUPPORT

53:51

AN OLDER ADULT A PERSON WITH A DISABILITY OR CAREGIVER MIGHT NEED AND THEN OF COURSE OUR LOCAL PARTNERS SO THE

53:57

PARTNERS THAT WE MOST DIRECTLY WORK WITH ARE OUR LOCAL AREA AGENCIES ON AGING AS

54:03

WELL AS INDEPENDENT LIVING CENTERS AND THEN OF COURSE IT'S THE

54:08

LOCAL PROVIDERS IT COULD BE NONPROFITS AT THE LOCAL LEVEL WHO PROVIDE DIRECT SERVICES SO THIS COULD BE LIKE MEALS ON

54:16

WHEELS FOR INSTANCE HOME DELIVERED MEALS LOCAL LEGAL AID PROVIDERS FAMILY

54:22

CAREGIVING PROVIDERS SUCH AS THE CAREGIVING RESOURCE CENTERS AGAIN ANY

54:28

THAT OUR POPULATIONS MIGHT NEED PERSON CENTERED NAVIGATION AND REFERRAL PROCESS WHICH I MENTIONED

54:36

THIS WOULD BE PROFESSIONALLY TRAINED NAVIGATORS SO PEOPLE WHO ARE TRAINED

54:41

ON PROPER INTAKE OPTIONS COUNSELING AND JUST NAVIGATION

54:49

SERVICES AND THEN CREATING STANDARD REFERRAL PROCESSES SO THAT WHEN WE DO

54:54

HANDOFFS TO OTHER PROVIDERS THEY'RE FAMILIAR WITH OUR SYSTEM THEY'RE READY TO CATCH THAT REFERRAL AND WE KNOW THE

55:00

INFORMATION THEY NEED TO REALLY FULFILL A CUSTOMER'S REQUEST AND THEN THE DATA AND TECHNOLOGY SO THE

55:06

INFRASTRUCTURE THAT REALLY UNDERLIES ALL OF THIS I MENTIONED THE WEB PORTAL

55:12

YOU KNOW INITIALLY WE'RE LOOKING TO STAND UP KIND OF A STATIC PROVIDER DIRECTORY SOMETHING ALONG THE LINES OF

55:18

THE WEBSITE THAT 211 OR FIND HELP REUNITE THOSE KIND OF PLATFORMS THAT THOSE AGENCIES USE BUT WE ALSO INTEND TO

55:25

CREATE WHAT WE CALL AN ENTERPRISE CLIENT RELATIONSHIP MANAGEMENT SYSTEM SO SOMEONE CAN ENTER IN THEIR INFORMATION

55:31

IT CAN TAILOR THE SEARCH REQUEST TO MEET THEIR SPECIFIC NEEDS OR

55:39

THAT INFORMATION WOULD GO TO SAY A AAA OR TO AN INDEPENDENT LIVING CENTER TO

55:45

REALLY TAILOR AND CUSTOMIZE THE KIND OF OPTIONS COUNSELING THAT THEY WOULD GIVE TO A CLIENT AND ALL OF THAT INFORMATION

55:50

WOULD BE RETAINED IN THE DATABASE IF SOMEBODY CALLS BACK THEN YOU'D HAVE THEIR INFORMATION THAT COULD JUST READILY PULL UP OR SHARE WITH OTHER

55:58

PROVIDERS AND THEN THE CONTACT SOLUTION THAT I MENTIONED YOU KNOW

56:03

SOME STATES HAVE A SINGLE CONTACT CENTER THAT SOMEBODY WOULD CALL AND THAT PERSON WOULD DO ALL THE OPTIONS COUNSELING FOR

56:09

THEM AND THEN REFER THEM TO LOCAL PROVIDERS SOME USE A FEDERATED SOLUTION WITH THEIR LOCAL AREA AGENCIES

56:15

ON AGING WHICH EACH AREA AGENCY ON AGING DEPENDING ON WHERE SOMEONE LIVES WOULD CATCH THE REQUEST AND THEN

56:23

THEY WOULD PROVIDE THE NAVIGATION SERVICES NEXT SLIDE OKAY I REALLY LIKE THIS GRAPHIC A

56:30

LOT BECAUSE YOU KNOW THEY SAY WHAT A PICTURE TELLS A MILLION WORDS OR WHATEVER THIS REALLY KIND OF SHOWS IN

56:37

A NUTSHELL WHAT THE NO WRONG DOOR SYSTEM IS AND HOW THE PROCESS FLOW WOULD WORK

56:42

SO ON THE FAR LEFT SIDE IT STARTS WITH EITHER THE CLIENTS THEMSELVES

56:49

REACHING OUT THROUGH OUR WEB PORTAL OR THROUGH OUR CONTACT SOLUTION OR IT COULD BE YOU KNOW COMMUNITY PROVIDERS

56:55

PROFESSIONAL CAREGIVERS HOSPITALS HEALTH PLAN OTHER LTSS PROVIDERS USING THIS

57:01

TO HELP THEIR CLIENTS THERE'D BE A STANDARD INTAKE THAT WOULD BE VOLUNTARY

57:07

IF SOMEBODY WISHED TO COMPLETE THE INTAKE AGAIN WE COULD CUSTOMIZE AND TAILOR THE SERVICES THAT WE OFFER BASED

57:13

ON WHAT THEY IDENTIFY AS THEIR NEEDS AND WHAT THEIR PREFERENCES MIGHT BE AND

57:19

THEN THAT INTAKE WOULD BE HANDED OFF TO A NAVIGATOR THAT WOULD THEN HELP

57:25

CUSTOMIZE THOSE SERVICES OR IT COULD REALLY TAILOR THE SEARCHES THAT THEY PUT INTO THE PROVIDER

57:31

DIRECTORY THE OTHER KEY ELEMENT OF NAVIGATION WOULD BE THE WARM REFERRALS

57:36

SO RATHER THAN SAYING HERE'S A PHONE NUMBER YOU CAN CONTACT YOU KNOW THEY WOULD ACTUALLY CALL THE OTHER AGENCY ON

57:43

THE CUSTOMER'S BEHALF AND TRANSFER THEM TO THAT OTHER ENTITY JUST TO YOU

57:49

KNOW AVOID ADDITIONAL WORK ON THE CLIENT'S PART AND THEN AT THE VERY END IF EVERYTHING WORKED SUCCESSFULLY THE

57:56

SERVICES ARE PROVIDED AND HOPEFULLY IT MEETS THE NEEDS OF THE POPULATIONS THAT WE'RE SERVING ALL RIGHT

58:02

NEXT SLIDE SO WHAT THIS SLIDE SHOWS IS

58:07

REALLY THE TYPES OF LOCAL ENTITIES AND PROVIDERS THAT WE'D BE WORKING WITH

58:13

SO OUR LOCAL AREA AGENCIES ON AGING WOULD BE A KEY PARTNER WE WORK WITH THEM TO DELIVER A VARIETY OF DIFFERENT

58:20

SERVICES SUCH AS NUTRITION CAREGIVING LEGAL CASE MANAGEMENT TRANSPORT

58:27

SERVICES INDEPENDENT LIVING CENTERS WHICH SERVE INDIVIDUALS WITH

58:33

DISABILITIES ON A VARIETY OF SIMILAR NEEDS OUR CAREGIVING RESOURCE CENTERS

58:39

WHICH AGAIN IS JUST SO HELPFUL TO PROVIDE TRAINING EDUCATION RESPITE

58:44

SERVICES TO CAREGIVERS AND THEN HOUSING TRANSPORTATION AND JUST A VARIETY OF

58:49

OTHERS LIKE I SAY THE GOAL HERE IS TO INCLUDE AS MANY PROGRAMS AND AGENCIES

58:56

SERVE OUR POPULATIONS SO THAT ALL OF THEIR NEEDS ARE MET IN YOU KNOW SORT OF LIKE WITH ONE

59:02

ENGAGEMENT ALL RIGHT NEXT SLIDE OKAY AND HERE'S SOME BENEFITS OF

59:09

BUILDING A NO WRONG DOOR SYSTEM YOU KIND OF SEE FROM A CLIENT PERSPECTIVE HOW BENEFICIAL THIS WOULD BE BUT TO TALK

59:16

ABOUT THAT BENEFIT AS WELL AS OTHER BENEFITS HAVING A TRUSTED AND COMPREHENSIVE RESOURCE THERE'S SOME

59:22

FOR-PROFIT ORGANIZATIONS THAT WILL PROVIDE DIRECT LIKE THIS BUT TYPICALLY

59:28

THEY HAVE RELATIONSHIPS WITH PROVIDERS THEY PRIORITIZE PROVIDERS YOU'RE NOT REALLY GETTING UNBIASED SERVICES THROUGH

59:35

THOSE PROVIDERS EASIER ACCESS TO SERVICES AND INFORMATION AGAIN A ONE-STOP SHOP RATHER THAN HAVING TO DEAL

59:42

A LOT OF SHOPPING AROUND YOURSELF AND THEN IF WE'RE DOING OUR JOB RIGHT WE ARE REALLY NAVIGATING PEOPLE TOWARDS THE

59:49

SERVICES THAT ARE GOING TO BEST SERVE THEM SO WE EXPECT TO SEE IMPROVED OUTCOMES AND

59:54

SATISFACTION FROM THE SERVICE PROVIDER PERSPECTIVE YOU KNOW RECEIVING REFERRALS

1:00:00

IN A STANDARD FORMAT AND AVOIDING COLLECTING INFORMATION FROM A PERSON SAY

1:00:05

A SECOND OR A THIRD TIME AND DEFINITELY STREAMLINING THE REFERRAL PROCESS I

1:00:10

MENTIONED THAT ENTERPRISE CLIENT RELATIONSHIP MANAGEMENT SYSTEM THAT WOULD CONTAIN ALL THE CUSTOMERS

1:00:15

INFORMATION WITH THAT INFORMATION WE COULD DO ANALYTICS SUCH AS IDENTIFYING WHERE THE NEEDS AND DEMANDS FOR SERVICES

1:00:22

ARE FOR CERTAIN AREAS WHERE THE GAPS ARE AND THEN WE COULD WORK REALLY TO HELP ADDRESS AND FILL THOSE GAPS AND THEN OF

1:00:29

COURSE BETTER COORDINATION AMONG THE PROVIDERS PROVIDER COMMUNITY AND TERMS

1:00:34

OF THE LTSS SYSTEM GENERALLY SOME OF THE BENEFITS THAT WE SEE ARE THE MORE EFFECTIVE AND EFFICIENT USE OF RESOURCES

1:00:41

AGAIN IF YOU CAN ELIMINATE THE REDUNDANCY OF COLLECTING THE SAME INFORMATION FROM A CLIENT OVER AND OVER

1:00:47

AGAIN THAT'S CLEARLY AN EFFICIENCY POTENTIAL COST AVOIDANCE

1:00:52

SO THE MORE THAT WE CAN PROMOTE LTSS AND HCBS SERVICES AND KEEP PEOPLE OUT OF

1:00:58

INSTITUTIONAL CARE ONE YOU KNOW DEFINITELY BETTER FOR THE INDIVIDUAL AND THEN OF COURSE IT CAN ALSO HELP SAVE ON

1:01:05

THINGS LIKE STATE MEDICAID COSTS AND THINGS LIKE THAT AND THEN THE

1:01:11

ABILITY TO SCALE SERVICES BASED ON THE DATA WE COLLECT WE IDENTIFY

1:01:16

THE NEEDS THEN WE KNOW WHERE WE NEED TO GROW OUR PROGRAMS AND MAYBE WHERE THE DEMAND MIGHT NOT BE SO HIGH ALL RIGHT

1:01:22

NEXT SLIDE AND THEN THESE ARE SOME INITIATIVES THAT ARE HELPING SUPPORT OUR

1:01:29

DEVELOPMENT OF A NO WRONG DOOR SYSTEM WE DO HAVE AN INITIATIVE THAT'S SPECIFICALLY CALLED OUT IN THE MASTER

1:01:35

PLAN FOR AGING TO DEVELOP A NO WRONG DOOR SYSTEM SO THAT JUST SHOWS THE COMMITMENT THAT WE CONTINUE TO HAVE UNDER THE

1:01:42

MASTER PLAN FOR AGING FOR THE SYSTEM AND THEN OF COURSE AS WE BUILD OUT OUR SYSTEM WILL BE ENGAGING WITH THE MPA

1:01:48

WORK GROUPS AND ADVISORY BOARDS TO MAKE SURE THAT YOU KNOW WE ARE REALLY

1:01:54

CREATING A COMPREHENSIVE SYSTEM OUR CA 2030 INITIATIVE WHICH IS TARGETED

1:02:00

SPECIFICALLY TO STRENGTHEN OUR LOCAL AREA AGENCIES ON AGING ONE COMPONENT OF CA 2030 IS TO ENSURE THAT ALL AAA ARE

1:02:10

SKILLED IN PROVIDING ENHANCED INFORMATION ASSISTANCE SO THAT'S THE STANDARD INTAKE OPTIONS COUNSELING

1:02:17

REFERRAL PROCESSES NAVIGATION THAT THEY'RE ALL FULLY SKILLED AND TRAINED ON PROVIDING THAT

1:02:23

SERVICE ADRC EXPANSION SO WE HAVE A PROGRAM WHICH IS A

1:02:29

COLLABORATION BETWEEN THE AAA'S AND THE INDEPENDENT LIVING CENTERS TO

1:02:35



PROVIDE FOUR CORE SERVICES WHICH INCLUDES ENHANCED INFORMATION ASSISTANCE TO OUR CUSTOMERS SO WE WOULD LOOK TO

1:02:42

GROW THAT SYSTEM TO PROVIDE INFRASTRUCTURE FOR THE NO WRONG DOOR SYSTEM AND THEN I MENTIONED THE

1:02:48

INFRASTRUCTURE THAT WE'RE LOOKING TO DEVELOP THE WEB PORTAL A CONTACT SOLUTION AN ENTERPRISE CLIENT

1:02:54

RELATIONSHIP MANAGEMENT SYSTEM AND A DATA REPOSITORY WHERE WE COULD DO A LOT OF ANALYTICS IN ADDITION TO THAT

1:03:00

WE WOULD LOOK TO PROMOTE THE SYSTEM THROUGH ENHANCED MARKETING AND OUTREACH AND THEN BUILD OUT OTHER COMPONENTS OF

1:03:06

THE SYSTEM NEXT SLIDE AND THEN THIS IS JUST A SUMMARY

1:03:12

OF CURRENT ACCOMPLISHMENTS TO DATE SO AS I MENTIONED WE DID ESTABLISH THE

1:03:18

STATE LEADERSHIP COUNCIL WITH FIVE STATE AGENCIES WE HAVE DEVELOPED AN

1:03:25

AGING RESOURCE GUIDE WHICH OUR COMMS DEPARTMENT JUST DID I'M SURE YOU'VE SEEN IT A PHENOMENAL JOB WITH WE'RE GOING TO

1:03:30

EXPAND THAT AGING RESOURCE GUIDE TO ALSO INCLUDE SERVICES FOR INDIVIDUALS WITH

1:03:36

DISABILITIES AND THEN YOU'RE PROBABLY ALSO WELL AWARE OF THE HOME AND

1:03:42

COMMUNITY BASED SERVICE GAP ANALYSIS THAT'S CURRENTLY UNDERWAY BY

1:03:47

DHCS AND CDA THAT WILL HELP US IDENTIFY NEEDS AND GAPS THAT WILL INFORM

1:03:53

HOW WE BUILD OUT OUR NO WRONG DOOR SYSTEM AND THEN FINALLY CREATING WHAT I MENTIONED THAT ONLINE NAVIGABLE

1:04:00

RESOURCE DIRECTORY IN ITS INITIAL STAGES IT WILL BE STATIC YOU CAN NAVIGATE IT YOU CAN PUT IN A SEARCH TERM OF THE

1:04:08

SERVICE THAT YOU NEED AS WELL AS LIKE YOUR ZIP CODE AND IT'LL PULL UP A LISTING OF PROVIDERS IN THE NEXT PHASE

1:04:14

OF THAT YOU COULD ACTUALLY PUT IN A REFERRAL THAT WOULD BE CAUGHT BY LIKE A AAA OR AN ILC TO HELP SERVE YOU

1:04:22

MORE THROUGH THAT PERSON CENTER NAVIGATION AND THAT IS

1:04:28

MY PRESENTATION AND AS RELATES TO YOU KNOW ALZHEIMER'S YOU KNOW OBVIOUSLY THAT'S ANOTHER WE WOULD WANT TO PROMOTE

1:04:34

SERVICES AND SUPPORTS FOR CAREGIVERS AND INDIVIDUALS WITH ALZHEIMER'S THROUGH OUR NO WRONG DOOR SYSTEM AS

1:04:41

WELL THANK YOU SO MUCH MARK SO MUCH INFORMATION IN THAT SHORT WHAT YOU

1:04:47

PRESENTED AND ALSO JUST PROGRESS IN ADVANCING THE NO WRONG DOOR APPROACH SO

1:04:53

GRATEFUL FOR THAT AND WE HOPE YOU AND ALL THE OTHER PRESENTERS WILL STAY AROUND FOR A BIT SO IF PEOPLE HAVE

1:04:59

QUESTIONS WE CAN DO THAT AT THE END THAT'S GREAT OUR LAST PRESENTER IS FROM IS OUR VICE CHAIR DR CANIO AND IT'S

1:05:07

ABOUT PILOTING DEMENTIA CARE NAVIGATION IN

1:05:12

NO WRONG DOOR THROUGH THE CAL Z CONNECT THERE ARE MORE ACRONYMS IN THAT SENTENCE

1:05:18

THAN I CAN IMAGINE BUT I AM SURE WYNN WILL INFORM US ALL WHAT IS GOING ON SO

1:05:24

THANK YOU AND THANKS FOR PROVIDING THE INFORMATION ON THIS ALL RIGHT WELL THANK YOU THANKS

1:05:31

TO MICHELLE ACTUALLY FOR PROVIDING THESE SLIDES AND TALKING POINTS TO UPDATE US ON THE CAL Z CONNECT PILOT AND THIS

1:05:37

PILOT COULD BE A MODEL FOR THE STATE AS THEY BUILD OUT THEIR NO WRONG DOOR EFFORT THAT MARK JUST SHARED SO GO AHEAD AND

1:05:44

GO TO THE NEXT SLIDE

1:05:50

PLEASE OH SO THE OBJECTIVE OF THE PILOT

1:05:55

IS TO CREATE AND SUSTAIN A DEMENTIA CAPABLE HOME AND COMMUNITY BASED SERVICES SYSTEM FOR PEOPLE LIVING WITH

1:06:01

ALZHEIMER'S DISEASE AND RELATED CONDITIONS AND THEIR CAREGIVERS USING A NO WRONG DOOR APPROACH AND IT ENSURES ACCESS

1:06:08

TO COMPREHENSIVE SUSTAINABLE SET OF QUALITY SERVICES THAT ARE DEMENTIA CAPABLE AND PROVIDE INNOVATIVE SERVICES

1:06:14

TO PEOPLE LIVING WITH DEMENTIA AND THEIR CAREGIVERS THIS IS FUNDED BY THE COOPERATIVE AGREEMENT TO CALIFORNIA

1:06:20

DEPARTMENT OF AGING BY ADMINISTRATION FOR COMMUNITY LIVING ALZHEIMER'S DISEASE

1:06:26

PROGRAM INITIATIVE GRANT FOR STATE ENTITIES FROM 2022 TO

1:06:32

2025 GO AHEAD AND GO TO THE NEXT

1:06:37

SLIDE OKAY SO AS I MENTIONED WE ARE

1:06:43

USING EVIDENCE-BASED APPROACH IN DEVELOPING THE PROPOSAL A CDA TEAM ACTUALLY LOOKED AT EVIDENCE-BASED MODEL

1:06:50

AND SELECTED THE CARE ECOSYSTEM PROGRAM WHICH WAS DEVELOPED BY UCSF AND THIS PROGRAM WAS SELECTED BECAUSE OF A

1:06:57

COUPLE OF THINGS THE SUPPORT IS PROVIDED BY TELEPHONE MORE ACCESSIBLE IN RURAL AND REMOTE AREAS AND HELPS

1:07:04

REDUCE BARRIERS TO ACCESS FOR MARGINALIZED GROUPS SUCH AS TRANSPORTATIONS OR LANGUAGE

1:07:10

ACCESS COMPARATIVELY LOW INTERVENTION SINCE IT ACTUALLY USES

1:07:16

ALLIED HEALTH PROFESSIONALS INSTEAD OF LICENSED PERSONNEL AND THIS HELPS TO ADDRESS CALIFORNIA'S CURRENT WORKFORCE

1:07:22

ISSUES AND THE MOUNTING FINANCIAL PRESSURES ON ALL PAYERS TO MANAGE THE GROWING POPULATION OF PEOPLE LIVING

1:07:29

WITH DEMENTIA AND AS WE LOOK AT THE PROJECTED DEMAND ITS PRACTICAL APPLICATION MAKES IT MORE SCALABLE AND

1:07:35

REPLICABLE STATEWIDE THE OTHER PART OF THIS PROGRAM IS HOMEMEDS WHICH WAS

1:07:41

ALSO INCORPORATED AS DEVELOPED BY PARTNERS IN CARE FOUNDATION IT'S AN EVIDENCE-BASED TOOL FOR IDENTIFYING

1:07:47

POTENTIAL PATIENT MEDICATION RELATED HAZARDS IT IS ACTUALLY OFFERED TO BOTH PATIENT AND THE PERSON WITH DEMENTIA

1:07:54

AND CAREGIVERS AS WE KNOW OFTEN CAREGIVERS HAVE THEIR OWN MEDICAL ISSUES AS WELL IT

1:08:00

INVOLVES PHARMACIST CONSULT AND RECOMMENDATIONS WHERE SYSTEM FLAGS POTENTIAL ISSUES IT'S IMPORTANT

1:08:07

FOR US SINCE OUR PROGRAM IS NOT BASED IN A HEALTHCARE SYSTEM SO THAT'S THE ADDED BENEFIT OF

1:08:14

THAT GO AHEAD AND GO TO THE NEXT SLIDE SO HOW DOES THIS LOOK LIKE SO I'LL SPEND

1:08:20

A COUPLE OF MINUTES PROVIDING A LITTLE BACKGROUND ON CARE ECOSYSTEM FOR THOSE WHO MAY NOT BE FAMILIAR WITH IT AS

1:08:26

MENTIONED CARE ECOSYSTEM EVIDENCE-BASED MODEL IT WAS DEVELOPED BY THE UCSF WHICH INVOLVES A

1:08:31

MULTI-DISCIPLINARY TEAM AND WE'LL FOCUS ON THE DIAGRAM ON THE RIGHT THERE THAT INCLUDES THE DIAD AND

1:08:39

THAT IS THE PERSON LIVING WITH THE MENTIONED CAREGIVER AND THEN AS WE

1:08:47

KNOW WHO'S THE CAREGIVER OR PAID STAFF SUPPORTS A PERSON LIVING WITH DEMENTIA AND WILLING TO PARTICIPATE IN

1:08:53

THE PROGRAM AND THEN THIS HAS BEEN SHOWN TO IMPROVE CAREGIVER WELL-BEING AND QUALITY OF LIFE FOR A PERSON LIVING

1:09:00

WITH DEMENTIA IT HAS ALSO BEEN SHOWN TO REDUCE ED VISITS POTENTIALLY AN APPROPRIATE MEDICATION USE AND TO TOTAL

1:09:06

COST OF CARE BASED IN MEDICARE CLAIMS AND THEN THE OTHER DIAGRAM OR THE

1:09:14

DIAGRAM IT SAYS THAT THE CARE TEAM NAVIGATOR SO WE BUILD REPORT WITH

1:09:20

A DIAD LEARN MORE ABOUT THEIR SITUATION INCLUDING THEIR STORIES VALUE PREFERENCES RESOURCES AND LIVING

1:09:26

SITUATION HELP THEM PERSONALIZE CARE TO ACTIVELY SUPPORT THE DIAD AND EMPOWER

1:09:31

CAREGIVERS TO BE AN ADVOCATE FOR THE PERSON LIVING WITH DEMENTIA THEY PROVIDE A SUPPORT LINKAGE TO

1:09:39

COMMUNITY- BASED RESOURCES ON ADVANCED CARE PLANNING AND CARE COORDINATION AND THIS CARE TEAM

1:09:46

NAVIGATOR IS ACTUALLY OUR COMMUNITY HEALTH WORKER FOR THE CLINICAL TEAM AS ARE INDIVIDUALS WITH DEMENTIA EXPERTISE

1:09:53

AND TYPICALLY INVOLVES NURSING AND SOCIAL WORK AND PHARMACY THIS MULTIDISCIPLINARY TEAM MEETS FREQUENTLY

1:10:00

WITH THE CARE TEAM NAVIGATOR AS MENTIONED THE COMMUNITY HEALTH WORKER AND THE COMMUNITY HEALTH WORKER TO

1:10:06

DISCUSS CASES AND ARE AVAILABLE FOR CONSULTATION OUTSIDE OF THE MEETINGS AND THEN THE COMMUNITY

1:10:13

RESOURCES ARE THE TEAMS CONTINUALLY UPDATE AND EXPAND SHARED RESOURCES FOR BEDDED CAREGIVER EDUCATIONAL

1:10:20

INFORMATION CURATED BY BOTH UCSF AND PARTNERS AND LOCAL DATABASES FOR

1:10:26

REFERRALS AND OF COURSE THE HEALTHCARE PROVIDERS FOR SITES BASED IN A HEALTH SYSTEM CLOSE CONNECTION TO HEALTHCARE

1:10:32

PROVIDERS AND COMMUNITY BASED MODEL OUR COMMUNITY HEALTH WORKERS ENCOURAGE DIADS TO REACH OUT TO THE HEALTHCARE PROVIDERS

1:10:38

AS NEEDED SO WHAT KIND OF TOPICS ARE

1:10:44

DISCUSSED DURING OH YEAH STAY THERE THE PROTOCOLS INCLUDE LIKE IMMEDIATE

1:10:51

NEEDS COVID-19 DISASTERS AND RELATED EVENTS MEDICATION RECONCILIATION REVIEWS SAFETY SCREEN AND RECOMMENDATIONS

1:10:58

RESOURCES REFERRALS AND EDUCATION CAREGIVER WELL-BEING BEHAVIOR MANAGEMENT AND ADVANCED PLANNING IT'S A LOT OKAY

1:11:06

AND THEN GO AHEAD AND GO TO THE NEXT SLIDE FOR HOMEMEDS SO HOW DOES IT WORK

1:11:12

SO IT IDENTIFY AND PREVENTS MEDICATION RELATED PROBLEMS IMPROVE

1:11:19

MEDICATION USE BASED ON A COLLABORATIVE APPROACH AND A MEDICATION INVENTORY

1:11:25

IS COLLECTED BY THE COMMUNITY HEALTH WORKERS ACTUALLY HOMMEDS ASSESSMENT SOFTWARE ALGORITHMS GENERATE THE ALERTS

1:11:33

AND THE CONSULTANT PHARMACIST REVIEWS ALL ALERTS AND CREATES REPORT WITH RECOMMENDATIONS AND THEN THE

1:11:40

COMMUNITY HEALTH WORKERS FOLLOW UP WITH THE CLIENTS AND ENCOURAGE THEM TO SHARE WITH THEIR HEALTH CARE PROVIDERS

1:11:46

AND WE WILL BE SHARING SOME INITIAL DATA LATER ON IN THE

1:11:51

PRESENTATION OKAY NOW GO TO THE NEXT SLIDE I'LL TALK ABOUT WHO'S INVOLVED IN

1:11:59

THIS PROJECT SO CDA GRANT RECIPIENT EACH OF THESE A PILOT COUNTY AGENCIES

1:12:06

RESERVES OLDER ADULTS AND PEOPLE WITH DISABILITIES THROUGH DESIGNATED OR DEVELOPING AGING AND DISABILITY RESOURCE

1:12:13

CONNECTION ADRC PROGRAMS AND CDA SELECTED THESE SITES FOR THE STRENGTH OF

1:12:19

THEIR EXISTING PROGRAMS AND FOR GEOGRAPHIC DIVERSITY REPRESENTING NORTHERN CENTRAL AND SOUTHERN

1:12:27

CALIFORNIA INCLUDING RURAL COMMUNITIES IN CHOOSING THE COUNTIES WE LOOKED AT FACTORS SUCH A SIZE AND

1:12:33

DIVERSITY OF OLDER ADULT POPULATION PREVALENCE OF ALZHEIMER'S AND OLDER

1:12:39

ADULTS WHO WERE MEDICARE ELIGIBLE SO YOU CAN SEE THAT FOR IMPERIAL COUNTY

1:12:47

NINTH IT'S THE NINTH HIGHEST ALZHEIMER'S PREVALENCE OF ANY COUNTY IN THE NATION BY UTILIZING THE AGING AND

1:12:54

DISABILITY RESOURCE CENTER CONNECTION PROGRAMS THIS APPROACH WILL PROVIDE STREAMLINED ACCESS TO DEMENTIA CARE

1:13:00

INFORMATION AND SUPPORTS WITHIN A COMMUNITY HUB THAT OFFERS RESOURCE NAVIGATION ASSISTANCE AND CARE PLANNING

1:13:08

IF INELIGIBLE FOR THIS PROGRAM STAFF CAN DIRECT THEM TO THE OTHER PROGRAMS

1:13:13

RESOURCES IN THE COMMUNITY SINCE THE PROGRAM IS BASED IN

1:13:19

A COMMUNITY ORGANIZATION VERSUS A HEALTH SYSTEM WE CONTRACTED WITH PARTNERS TO PROVIDE THE CLINICAL SUPPORT

1:13:25

TEAM AND THEN WE USE THE GAS GROUP TO HELP WITH THE

1:13:31

EVALUATION GO AHEAD GO TO THE NEXT SLIDE SO WHY COMMUNITY HEALTH WORKERS

1:13:38

FOR OUR PROJECT WE CHOSE TO HIRE COMMUNITY HEALTH WORKERS TO SERVE AS DEMENTIA CARE NAVIGATORS THEY ARE THE FRONTLINE

1:13:46

PUBLIC HEALTH WORKERS THEY'RE TRUSTED MEMBER AND OURS THEY HAVE A CLOSE UNDERSTANDING OF THE COMMUNITY THEY

1:13:52

SERVE AS A LINK TO FACILITATE ACCESS TO SERVICES IMPROVE QUALITY AND CULTURAL COMPETENCE

1:13:58

OF SERVICE DELIVERY AND BUILDS CAPACITY OF INDIVIDUALS AND COMMUNITY AND SKILLS ROLES AND

1:14:06

COMPETENCIES OF COMMUNITY HEALTH WORKERS BE VERY WELL WITH THOSE CARE TEAM NAVIGATORS AND HEALTHCARE ECOSYSTEM

1:14:12

MODEL IT'S MORE COMMONLY USED IN A TERM IN MANY COMMUNITIES THAN THE

1:14:19

COMMUNITY TEAM SORRY CARE TEAM NAVIGATORS AND MEDICAL AND MEDICARE BOTH HAVE A BENEFIT NOW FOR COMMUNITY HEALTH

1:14:26

WORKERS AS CARE NAVIGATORS GO AHEAD AND GO TO THE NEXT

1:14:34

SLIDE ALL RIGHT AND SO NOW THE

1:14:40

IMPLEMENTATIONS SO THE IMPLEMENTATION STARTED IN OCTOBER 2023

1:14:47

WE'RE CURRENTLY RUNNING IN MARIN AND VENTURA IMPERIAL HAD SOME ADMINISTRATIVE DELAYS BUT IS CURRENTLY

1:14:53

TRAINING THEIR COMMUNITY HEALTH WORKERS SOME OUTREACH BUILT INTO THE AGENCY'S ONGOING EFFORTS ALONG WITH TARGETED

1:15:00

CONTACTS TO POTENTIALLY REFERRING AGENCIES SO FOR COMMUNITY HEALTH

1:15:06

WORKERS CURRENTLY THEY ARE SERVING 52 DIADS AS MENTIONED THAT IS THE PERSON

1:15:12



LIVING WITH DEMENTIA AND THEIR CARE PARTNER THEY CONDUCT REGULAR CALLS TO ASSESS NEEDS AND PROVIDE EDUCATION

1:15:20

MAKE REFERRALS AND FOLLOW UP ON WHETHER NEEDS HAVE BEEN MET USING THE CARE ECOSYSTEM PROTOCOLS AND RESOURCE

1:15:26

MATERIALS WE COLLECT INFORMATION FOR HOME MEDS MED RECONCILIATION WITH THE PHARMACIST CALL

1:15:33

AND FOR PROJECT EVALUATION AND THEN THEY ALSO CREATE AND UPDATE CARE PLANS AS

1:15:39

NEEDED OKAY GO TO THE NEXT SLIDE SO WHEN PEOPLE ARE FIRST ENROLLED

1:15:46

IN THE PROGRAM THE COMMUNITY HEALTH WORKERS ASK THEM WHAT TYPES OF HELP MIGHT BE USEFUL AND YOU CAN SEE THE

1:15:52

SLIDE HERE IT GOES FROM YOU KNOW WHAT IS MENTIONED WHAT TO EXPECT 94% HOW TO

1:15:59

COPE WITH THE STRESS OF CAREGIVING COPING WITH STRESS OF CAREGIVING 83% 1:16:06

STRATEGIES TO HELP PERSON WITH DEMENTIA DO AS MUCH AS THEY CAN 70% CAREGIVING

1:16:11

SUPPORT SERVICES AND INFORMATION 64% RECREATIONAL OR PURPOSEFUL ACTIVITY

1:16:16

IDEAS 64% SAFETY RISK ADVICE 47% MANAGING

1:16:22

BEHAVIOR SYMPTOMS IDEAS 47% MEDICATION ADVICE 34% PROGRAMS TO HELP PAY FOR

1:16:29

SUPPORT SERVICES INFORMATION 34% MED LEGAL OR FINANCIAL PLANNING INFORMATION

1:16:34

19% AND BACKUP OR CRISIS PLANNING 13% SO THIS REALLY SHOWS WHAT

1:16:41

PERCENTAGE OF ENROLLERS THOUGHT THEY MIGHT BE INTERESTED IN THIS TYPE OF SUPPORT AND HELP IT REALLY HELPS FOCUS

1:16:48

THE DISCUSSION WHEN THESE CONVERSATIONS HAPPEN AND

1:16:53

THEN IT'S ADJUSTED NEEDED WHEN SITUATIONS CHANGE ALL RIGHT SO GO AHEAD  
AND GO TO

1:17:00

THE NEXT SLIDE SO JUST TO GIVE US AN EXAMPLE

1:17:09

OF WHAT KIND OF THINGS ARE OFFERED HERE CONNECTING DIADS WITH  
COMMUNITY

1:17:15

ADDITION CONNECTING DIADS WITH ADDITIONAL COMMUNITY RESOURCES SO ONE  
EXAMPLE IS SUPPORTING A WOMAN WHO HAS

1:17:22

BEEN SEPARATED FROM HER HUSBAND FOR 15 YEARS BUT HAS MOVED BACK IN  
WITH HIM AND HIS ADULT CHILDREN TO HELP CARE FOR

1:17:28

HIM AFTER HIS DEMENTIA DIAGNOSIS AND COMMUNITY HEALTH WORKERS WHO  
ARE ABLE TO

1:17:34

HELP GET THEM CONNECTED TO ADULT DAY HEALTH CENTER IN HOME SERVICE IN  
1:17:40

HOME SUPPORTIVE SERVICES SO THAT SHE DOESN'T HAVE TO PROVIDE ALL OF  
THEIR CARE AND THEY RECEIVE MEAL DELIVERIES

1:17:47

BUT THEY HAD A TINY REFRIGERATOR THAT WOULDN'T HOLD ALL THE FOOD AND  
COMMUNITY HEALTH WORKERS WERE ABLE TO

1:17:53

HELP THEM GET A BIGGER REFRIGERATOR SO COMMUNITY HEALTH WORKERS HAVE  
HARD TIME REACHING HER SOMETIMES BUT HER

1:18:00

PHONE WOULD BE DISCONNECTED HELP HER GET A FREE LOW-COST CELL PHONE  
AND

1:18:05

PROVIDED COMMUNICATION TIPS TO THE FAMILY AND OTHER EDUCATION TO HELP  
THEIR INTERACTION WITH THE PERSON WITH

1:18:13

DEMENTIA AS FAR AS PROVIDING TIPS FOR CAREGIVERS TO IMPROVE QUALITY OF  
LIFE SO

1:18:19

ANOTHER EXAMPLE HERE IS DISCUSSING THE BENEFIT OF DAILY ROUTINES AND  
ACTIVITIES

1:18:24

WITH ANOTHER CAREGIVER WIFE WHO WAS CARING FOR HER HUSBAND WIFE  
CALLED

1:18:31

BACK TO LET A COMMUNITY HEALTH WORKERS KNOW THAT SHE'D SET UP ROUTINE  
AND THEY'D GO AND PLAY PING-PONG EVERY DAY

1:18:38

AND THE HUSBAND HAS GOTTEN USED TO THE ROUTINE AND IT'S GETTING TO ASK  
WHEN THEY'RE GOING TO PLAY THEY BOTH ENJOY

1:18:44

THE ACTIVITY AND THE ROUTINE HELP AND THEN LASTLY SUPPORT IN

1:18:51

COMMUNICATING WITH HEALTHCARE PROVIDERS SO AN EXAMPLE FOR AN ISSUE  
WITH CAREGIVER'S FATHER RECEIVING A NEW

1:18:57

PRESCRIPTION FOR AN ANTIPSYCHOTIC BASE ON BEHAVIOR DURING A HOSPITAL  
STAY CONCERNED ABOUT WHETHER PRESCRIPTION WAS

1:19:04

NEEDED AND IMPACT IT HAD ON HIM WHEN HE WAS BACK HOME SO THEY  
COMPLETED HOME

1:19:11

MEDS MEDICATION RECONCILIATION I MENTIONED DONE COACHING AROUND HOW  
TO

1:19:16

TALK WITH A HEALTH CARE PROVIDER ALSO PROVIDED EDUCATION AND TIPS ON  
HOW TO ADDRESS PROBLEMATIC BEHAVIOR

1:19:23

EXPRESSION GO AHEAD AND GO TO THE NEXT

1:19:30

SLIDE SO THERE'S ONGOING A MONITORING FOR THIS THE CLINICAL SUPPORT IS  
WEEKLY

1:19:37

WE INITIALLY CONDUCTED TWO TRAININGS WITH THE REFERRAL STAFF FROM EACH  
AGENCY

1:19:43

THE FIRST TRAINING WERE OVER ADRD TO MAKE SURE ALL HAD A BASELINE

1:19:48

LEVEL KNOWLEDGE AND TRAINING ON THE PROGRAM AND REFERRAL PROCESS THE  
PROJECT TEAM MEETS MONTHLY AND THE

1:19:56

STEERING COMMITTEE MEETS QUARTERLY EVALUATION AND REPORTING WILL BE

1:20:03

SHARED IN THE NEXT FEW

1:20:09

SLIDES SO ONE OF THE LET'S SEE SO YOU CAN SEE HERE

1:20:16

ONE OF THE THINGS THAT WE THAT WERE MEASURED IS THE CAREGIVER BURDEN AND THE

1:20:23

ZARIT BURDEN INTERVIEW WITH USE AND AN EXAMPLE OF THE QUESTIONS THAT'S THERE INCLUDES DO YOU FEEL THAT YOUR RELATIVE

1:20:30

CURRENTLY AFFECTS YOUR RELATIONSHIPS WITH OTHER MEMBERS OR FRIENDS IN A NEGATIVE WAY AND THEN THE RESPONSES

1:20:38

ARE NEVER RARELY SOMETIMES QUITE FREQUENTLY THE HIGHER SCORE MEANS

1:20:43

GREATER CAREGIVER DISTRESS OR BURDEN AND AS YOU CAN SEE HERE SO FAR WITH OUR

1:20:49

CURRENT PILOT WE'VE HAD 16 RESPONSES AND

1:20:55

AN IMPROVEMENT FROM A 35.4 TO A 14.6 POST

1:21:04

EVALUATION THIS WAS A COMPARISON FROM SIX MONTHS STARTING THE PROGRAM

1:21:12

AND THEN AFTERWARDS AND THEN GO AHEAD AND GO TO THE NEXT

1:21:18

SLIDE SO IN ADDITION TO THE CAREGIVER BURDEN ANOTHER THING THAT WAS MEASURED WAS QUALITY OF LIFE AND AGAIN

1:21:25

ONE OF THE SAMPLE QUESTIONS HOW WOULD MARY DESCRIBE THEIR CURRENT RELATIONSHIP WITH THEIR FRIENDS THERE WERE 13

1:21:34

QUESTIONS THAT CAN BE ASKED WITH OF A PERSON WITH DEMENTIA OR OF THE CAREGIVER

1:21:40

ABOUT THE PERSON WITH DEMENTIA FOR THIS PROJECT WE ALSO NEED TO ENSURE THAT

1:21:46

THE SAME PERSON CAN ANSWER BOTH PRE AND POST SURVEY THE HIGHER TO  
SCORE THE

1:21:53

BETTER THE PERSON'S QUALITY OF LIFE AND YOU CAN SEE HERE WITH THE INITIAL  
DATA

1:21:58

THERE'S AN IMPROVEMENT FROM 32.6 TO A

1:22:04

39.1 AND I THINK THAT IS IT GO AHEAD AND GO TO THE NEXT SLIDE THERE SLIDE

1:22:10

THERE'S ADDITIONAL INFORMATION FOR THE CAL Z CONNECT INCLUDING THE CARE

1:22:15

ECOSYSTEM TRAINING THAT WILL BE I THINK SENT TO ALL OF US HERE OR IT'S

1:22:21

PROBABLY ALREADY ON THE CHAT ALREADY I THINK THAT'S IT

1:22:26

IT THANK YOU SO MUCH SO MUCH INFORMATION FROM ALL OF YOU REALLY

1:22:34

APPRECIATE THE THOUGHT THAT'S GOT INTO ALL OF THESE PROJECTS SO WE'RE  
NOW AT THE TIME WHERE COMMITTEE

1:22:41

MEMBERS HAVE THE OPPORTUNITY TO ASK QUESTIONS OR ADD SOMETHING THAT  
WE

1:22:48

SHOULD DISCUSS AT A FUTURE MEETINGS SO INTERESTED IN HEARING FROM ANY  
OF YOU

1:22:59

GO AHEAD BARBRA THIS IS A QUESTION FOR MARK

1:23:05

IS THERE A PLACE IN THE STATE WHERE YOU FEEL LIKE THE NO WRONG DOOR  
SYSTEM IS

1:23:11

MORE ABLE TO BE ACCESSED BY THE COMMUNITY WHERE THEY'RE YOU CAN REALLY  
TOUCH AND FEEL IT AND IT'S

1:23:18

WORKING FOR PEOPLE YEAH YOU KNOW I'M WHAT WE'RE

1:23:25

TRYING TO DO KIND OF LIKE ONE OF THE BUILDING BLOCKS OF A NO WRONG DOOR  
SYSTEM WOULD BE OUR AGING AND

1:23:31

DISABILITY RESOURCE CONNECTIONS LIKE I MENTIONED PREVIOUSLY WE'VE JUST STARTED EXPANDING

1:23:37

THOSE OVER THE PAST FIVE YEARS SIGNIFICANTLY AS MATTER OF FACT WE HAD A HUGE ACCOMPLISHMENT WITH LA FORMING A

1:23:43

REGIONAL COLLABORATIVE AND THOSE ARE SOME OF THEM ARE PLACES WHERE YOU CAN ACTUALLY GO IN TO RECEIVE IN-PERSON

1:23:50

COUNSELING BY AND LARGE A LOT OF THEIR WORK IS DONE OVER THE PHONE WITH FOLKS AND THEY DO PROVIDE SERVICES LIKE

1:23:56

OPTIONS COUNSELING AND ENHANCED INA SO I FEEL LIKE THAT IS ONE PART WHERE

1:24:02

IT'S STARTING TO EMERGE BUT YEAH I'M HOPING THAT WHEN WE DO GET THIS LIKE

1:24:08

SINGLE PROVIDERS DIRECTORY SET UP WHICH WE'RE HOPING TO DO OVER THE NEXT YEARS BUDGET WILLING THAT THAT WILL REALLY

1:24:15

START OPENING PEOPLE'S EYES AND THEY'LL REALLY HAVE THAT

1:24:21

RESOURCE THAT THEY CAN TAP INTO UNFORTUNATELY I THINK IT'LL BE SEVERAL YEARS UNTIL WE ACTUALLY GET TO THE WEB PORTAL

1:24:27

COMPONENT WHERE YOU CAN GET REFERRALS TO AAA'S I THINK THAT'S GOING TO BE TREMENDOUS WHEN WE EVENTUALLY GET THERE

1:24:34

BUT RIGHT NOW I'D SAY ADRCS IS PROBABLY WHERE WE'RE PROBABLY CLOSEST TO IT AT THIS POINT IN TIME BECAUSE I JUST I

1:24:41

YOU KNOW JEZABEL'S COMMENT ABOUT JUST GETTING LUCKY IN THE GROCERY STORE LINE WITH A CARD THAT FELL OUT IS JUST LIKE

1:24:49

CONTINUING TO BE ALL TOO MUCH THE CASE FOR FAMILIES AND ESPECIALLY HERE IN LOS

1:24:55

ANGELES I JUST I HAVE A LOT OF CONCERNS ABOUT

1:25:01

HOW IS THIS REALLY GOING TO BE BUILT OUT IN SUCH AN INTEGRATED FASHION THAT OUR FAMILIES HERE IN LOS ANGELES WHICH IS

1:25:07

SUCH A DIFFICULT PLACE TO FIGURE OUT UP FROM DOWN THAT THEY'RE GOING TO KNOW IT'S THERE AND CONNECT TO IT FOR

1:25:13

SERVICES SO THAT'S KIND OF ONE OF THE THINGS THAT KEEPS ME AWAKE AT NIGHT IT'S REALLY LIKE IT'S SORT OF MY

1:25:19

QUESTION WHAT IS AN OUTREACH STRATEGY TO ENSURE THAT THIS INFORMATION IS WIDELY

1:25:26

AVAILABLE AND GIVEN THE STATE'S FOCUS ON ENSURING ACCESS TO

1:25:31

TRADITIONALLY UNDERSERVE COMMUNITIES THAT SPEAK DIFFERENT LANGUAGES AND HAVE DIFFERENT LIFE

1:25:36

EXPERIENCES INCLUDING IMMIGRANTS WHO YOU KNOW ARE AWFUL FEARFUL OF ASKING FOR

1:25:42

SERVICES RIGHT SO IS THERE AN OUTREACH STRATEGY I MEAN IT'S ALL I ASK THAT IN PART BECAUSE I DO THIS OTHER WORK AND

1:25:49

PEOPLE COME UP TO ME AND SAY OH BY THE WAY I HAVE A FAMILY MEMBER WITH ALZHEIMER'S SO I YOU'RE NOT WORKING ON

1:25:55

THAT RIGHT NOW BUT HOW DO I GET HELP FOR THEM SO THEN YOU KNOW I

1:26:00

THE PLACE THEY CAN GO AND THEY'RE GRATEFUL BUT AGAIN IT'S KIND OF LIKE THEY HAPPENED TO SEE ME AND THOUGHT I

1:26:07

COULD HELP THEM OR A CARD FELL OUT OF A WALLET SO I GUESS OVERALL THAT HOW IS

1:26:13

AND THAT WILL BE A STRUGGLE I THINK YOU KNOW IN TALKING TO OTHER STATES THEY'VE DONE PRETTY ROBUST OUTREACH

1:26:20

STRATEGIES IT COULD BE DONE THROUGH TELEVISION YOU KNOW RADIO REALLY DEPENDS ON HOW MUCH OF A BUDGET YOU HAVE TO

1:26:26

CONDUCT OUTREACH BUT YOU KNOW I'D SAY YOU KNOW WE'RE REALLY GOING TO FOCUS A LOT

1:26:33

ON JUST IN TERMS OF LIKE NAMING BRANDING LOGOS TO MAKE SURE THAT IT'S SOMETHING

1:26:38

LIKE WE'D LOVE TO GET TO THE POINT OF WHERE COVERED CALIFORNIA IS RIGHT EVERYBODY KNOWS COVERED CALIFORNIA THEY KNOW WHAT IT IS THEY KNOW WHAT IT DOES

1:26:45

YOU KNOW IF WE'RE SUCCESSFUL WE'D LIKE TO GET TO THAT LEVEL NOW COVERED CALIFORNIA HAD A LOT OF A PRETTY ROBUST

1:26:51

MARKETING AND OUTREACH BUDGET SO WE'LL HAVE TO SEE WHAT OUR BUDGET SIZE IS BUT WE WANT TO MAKE SURE THAT THE NAMING

1:26:57

CONVENTION IS REALLY SIMPLE LIKE AGING AND DISABILITY RESOURCE CENTER OR SOMETHING YOU KNOW JUST SOMETHING REALLY

1:27:02

SIMPLE AND CATCHY THAT RESONATES WITH PEOPLE SOME OF THE TERMINOLOGY THAT WE USE JUST ISN'T THAT YOU KNOW WHAT'S A

1:27:09

AAA RIGHT WHAT AN AGING DISABILITY RESOURCE CONNECTION OR ADRC SO WE'RE

1:27:15

REALLY GOING TO FOCUS ON THAT AND HOPEFULLY COME UP WITH SOMETHING THAT'S SIMPLE EASY TO REMEMBER THAT PEOPLE CAN

1:27:21

JUST SEARCH AND FIND PRETTY EASILY SO I'LL JUST MAKE LIKE I

1:27:27

ACTUALLY THINK LOOKING AT WAYS THAT YOU CAN EFFECTIVELY USE SOCIAL MEDIA WHICH

1:27:33

WILL NOT COST ANYTHING CLOSE TO THE AMOUNT THAT RADIO TELEVISION EVEN IF

1:27:39

IT'S FREE YOU HAVE TO YOU KNOW KIND OF PAY TO HAVE THE WORK DONE OR FIND A WAY TO GET THAT DONE AND I'VE DONE SOME

1:27:46

WORK ON THE ACCESS TO JUSTICE SIDE WHERE THE WAY WE WERE HELPING SORT OF TESTS

1:27:51

COULD PEOPLE MORE EASILY FIND ACCESS TO LAWYERS WAS DOING THESE FACEBOOK KINDS

1:27:56



OF POSTINGS SO IF YOU WANT INFORMATION ABOUT THAT EVER LET ME KNOW AND IT JUST SEEMS LIKE STARTING SOMEPLACE TO HELP

1:28:03

GET THE WORD OUT BRANDING COMPLETED OR NOT IS GOING TO HELP MOVE THIS FORWARD BECAUSE THE GOAL OF COURSE IS TO GET

1:28:11

PEOPLE ACCESSING THE SERVICES SO ANYWAY OH THAT'S GREAT NOW WE WOULD LOVE

1:28:16

IDEAS WE'LL BE TAKING THIS ON SO I'LL MAKE SURE TO CONNECT THEM WITH YOU WHEN YEAH THAT'S GREAT FEEL FREE

1:28:23

OKAY DR MOBLEY THANKS FOR ASKING A QUESTION YEAH THANKS GUYS REALLY HELPFUL

1:28:29

LET ME ASK THE MONEY QUESTION OBVIOUSLY THERE'S A FAIRLY BIG

1:28:35

INVESTMENT IN MAINTAINING A NAVIGATION PROGRAM IS THERE AN ATTEMPT OR HAS THERE

1:28:42

BEEN AN ATTEMPT TO SHOW THAT THIS IS COST EFFECTIVE FOR INSURERS FOR

1:28:48

FAMILIES I MEAN IS THERE AN ANALYSIS MARK OR CLAIRE OR WYNN THAT

1:28:54

DEMONSTRATES THAT NOT ONLY IS THIS GOOD FOR PEOPLE BUT IT'S ALSO GOOD FOR THE

1:28:59

COST OF HEALTHCARE I THINK SOME RESEARCH HAS BEEN DONE WITHIN THIS SPACE WE'VE BEEN

1:29:05

WORKING WITH A VENDOR ON THIS PROJECT CALLED COLLABORATIVE CONSULTING AND THEY'VE LOOKED AT NO WRONG DOOR SYSTEMS HAVE

1:29:11

BEEN ESTABLISHED ELSEWHERE AND I CAN DIG THAT UP AND SEE IF I CAN SHARE THAT WITH

1:29:16

EVERYONE IT SEEMS TO ME THAT MARK THAT WOULD BE A REALLY POWERFUL WAY TO

1:29:21

SUSTAIN THE PROGRAM GOING FORWARD BECAUSE THIS TAKES A LOT OF ENERGY A LOT OF PEOPLE AND A LOT OF MONEY AND

1:29:28

SHOWING THAT THIS REALLY IS NOT ONLY A HUMAN BENEFIT BUT THAT THERE'S FINANCIAL

1:29:34

BENEFIT TO IT SEEMED TO ME WOULD BE VERY IMPORTANT AS AGAIN JUST SUSTAINING

1:29:40

IT AND MAINTAINING IT AND MAKING SURE THAT'S AS ROBUST AS IT NEEDS TO BE YEAH ABSOLUTELY AND IT GETS THAT COST

1:29:48

AVOIDANCE SO JUST FROM A PRACTICAL SIDE OF THINGS IF YOU'RE GOING TO MAKE AN INVESTMENT IN A SYSTEM LIKE THIS

1:29:54

CAN YOU SHOW OFFSETTING SAVINGS YOU KNOW TO LIKE THE HEALTHCARE SYSTEM FOR

1:30:00

INSTANCE YEAH AND I THINK THAT'S THE KIND OF BUSINESS CASE WE WOULD WANT TO DEVELOP SO PERFECT WE CAN

1:30:06

THINK ABOUT SOME OF THESE TO SAY IN OUR LETTER TO OUR NEW SECRETARY SO DR

1:30:12

GRAVANO WELCOME THANK YOU MARK I WAS WONDERING WILL YOUR DATABASES AND

1:30:19

INTERVIEW ASSESSMENTS BE AVAILABLE TO THE PEOPLE THAT YOU'RE PASSING ON THE

1:30:24

INFORMATION TOO IDEALLY YES AND I PUT KIND OF A

1:30:29

CAVEAT ON THAT BECAUSE OF COURSE YOU KNOW WE ALWAYS HAVE TO LOOK AT HIPPA

1:30:35

WE HAVE TO LOOK AT ELIGIBLE ENTITIES TO RECEIVE OR PASS

1:30:40

INFORMATION ALONG TO BUT I BELIEVE THAT BY AND LARGE THE ANSWER IS GOING TO BE YES WE'LL LIKELY HAVE TO DO YOU

1:30:47

KNOW CONSENT GET SOME SORT OF CONSENT FORM FROM THE INDIVIDUAL TO SHARE THE

1:30:52

INFORMATION AND IF WE RECEIVE THAT THEN WE WOULD BE SHARING THAT OKAY  
AND IS IT BUILT AROUND THE CURRENT SYSTEMS

1:31:00

YOU KNOW DATA ACQUISITION LIKE YOU KNOW THE CARE CENTERS HOW THEY  
ACQUIRE INFORMATION ABOUT THEIR CLIENTS SO CAN

1:31:05

IT BE SHARED IN AN EASY WAY OR IS IT GOING TO BE ANOTHER PIECE OF  
PAPERWORK FOR THE PEOPLE AT THAT CENTER TO YEAH

1:31:12

WHEN IDEALLY IT'LL BE AN EASY WAY AND THAT THAT'S WHERE IT GETS TO LIKE THE  
ESTABLISHMENT OF OUR ENTERPRISE CLIENT

1:31:19

RELATIONSHIP MANAGEMENT SYSTEM I THINK INITIALLY THE AAA IS REALLY GOING  
TO BE THE HUBS AND RIGHT NOW THEY'RE ON FIVE

1:31:26

DIFFERENT SYSTEMS SO WE ARE GOING TO TRY TO GET THEM ALL IN ONE  
PLATFORM AND ONCE THEY'RE ON ONE STANDARDIZED

1:31:32

PLATFORM THEN WE CAN STANDARDIZE THE REFERRAL PROCESSES WORK WITH  
OUR PARTNER AGENCIES AND PROVIDERS TO SHOW THEM WHAT

1:31:38

WE PLAN ON USING AND TRY TO GET THEM TO USE SOMETHING SIMILAR SO THAT  
YOU CAN HAVE MORE

1:31:45

OF A SEAMLESS AND STANDARD PROCESS GREAT THE LAST QUESTION I HAVE IS I  
DON'T WANT TO USE THE TERM LOADED BUT I

1:31:51

KNOW IT HAS A LOT OF IMPLICATIONS BEYOND THE QUESTION ITSELF BUT IS THERE  
ANY WAY TO MAKE THIS AN OPT OUT SYSTEM

1:31:58

RATHER THAN AN OPT-IN RIGHT NOW IT'S PEOPLE THAT ARE INTERESTED THAT ARE  
SEARCHING THAT ARE WATCHING TV AT THAT

1:32:05

MOMENT IS THERE ANY WAY THAT WE CAN HAVE THIS BE YOU'RE GONNA

1:32:11

GET AN INQUIRY AND YOU CAN DECLINE THIS TYPE OF A YOU KNOW MORE  
ADVANCED CARE

1:32:18

NAVIGATION ARE YOU TALKING ABOUT LIKE THE INTAKE FORM FOR INSTANCE I'M  
TALKING ABOUT THE PROCESS YOU KNOW THIS

1:32:24

IS A WRONG DOOR WHICH IMPLIES SOMEONE HAS TO GO THROUGH YOUR DOOR  
RIGHT THEY HAVE TO BE THE ONUS IS STILL ON THE

1:32:31

PATIENT AND FAMILY RATHER THAN THE PROVIDERS I KNOW YOU HAVE THAT THE  
PROVIDERS IN THAT WINDOW WHICH IS

1:32:37

EXCELLENT BUT IT STRIKES ME AS THAT OUR ASSUMPTION HERE IS TO STILL

1:32:43

PUT THE BURDEN OF ASKING FOR INFORMATION OR TRYING TO SEEK OUT  
INFORMATION ON THE PERSON THAT ARE

1:32:48

NEEDING TO BE CONNECTED TO THESE SERVICES WHICH IS YOU KNOW CART  
BEFORE THE HORSE IN SOME WAY SO IS THERE ANY WAY THAT YOU KNOW HAS  
BEEN INVESTIGATED

1:32:56

OR YOU KNOW IN A BIG PICTURE PLAN WHEN A DIAGNOSIS IS MADE OR WHEN  
THINGS OH I SEE PROVIDER PERSPECTIVE

1:33:03

COULD YOU REQUIRE THEM TO USE AN AUTOMATIC KIND OF LIKE YOU'RE  
CONNECTED HERE AND THEN YOU OPT

1:33:08

OUT OF THAT SYSTEM I KNOW THERE'S A WHOLE BUNCH OF OTHER ISSUES THERE I  
KNOW THERE'S A LOT OF OTHER BUT IS THERE ANY DISCUSSION OF THAT NOT AT  
THIS POINT AND

1:33:16

IT'S A REALLY INTERESTING QUESTION YOU KNOW WE CAN SEE WHAT YOU KNOW  
OUR

1:33:21

CONSULTING FIRMS RESEARCH SHOWS FOR OTHER STATES IF THEY'VE ATTEMPTED  
TO MAKE THIS YOU KNOW AN OPT OUT SYSTEM

1:33:28

VERSUS AN OPT-IN SYSTEM FOR LIKE YOU KNOW PROVIDER ORGANIZATIONS GREAT  
YEAH AND I COULD

1:33:36

SEE I DEFINITELY SEE THE BENEFITS I ALSO SEE YOU KNOW LEGAL ARGUMENTS  
AGAINST BUT YEAH THAT'S

1:33:42

DEFINITELY SOMETHING WORTH LOOKING AT SO I THINK THAT'S A REALLY

1:33:48

INTERESTING SUGGESTION SO GRATEFUL THAT YOU'RE GOING TO THINK ABOUT  
WHAT THAT WOULD LOOK LIKE IN MAYBE HOW THE

1:33:55

PROVIDER GETS CONSENT TO SEND THE REFERRAL OFF RIGHT SO THE PROVIDER HAS A

1:34:00

CONVERSATION AND SAYS YES THE PERSON WANTS NAVIGATION HOPE WHICH MIGHT TAKE CARE OF ONE LEGAL PROBLEM LIKE WHY DID

1:34:05

THIS PERSON GET ARGUABLY HIPPO PROTECTED INFORMATION RIGHT SO ANYWAY JUST MY

1:34:10

THOUGHT CLAIRE YEAH THANK YOU CATHERINE AND I JUST WANTED TO SORT OF ANSWER

1:34:16

TO DR MOBLEY'S QUESTION ABOUT COST ANALYSIS RIGHT AND I THINK THE OTHER WAY WE'RE

1:34:21

STARTING TO LOOK AT THAT IS I THINK WE'RE GOING TO LEARN FROM THE GUIDE MODEL WHICH ISN'T EXACTLY THE SAME

1:34:28

BUT I THINK IT WILL LEAD US TO LEARN I MEAN IT'S A PILOT IT'S AN EIGHT-YEAR PILOT BUT THAT'S THE

1:34:34

INTENTION RIGHT IS TO FIND OUT WHETHER OR NOT THERE'S A COST WHAT THE COSTS ARE AND WHAT THE COST BENEFIT COULD BE

1:34:41

AND HOW WE GET THAT REIMBURSED SO I THINK THAT THE GUIDE MODEL WILL PLAY REALLY REALLY DEEPLY INTO WORKING IN

1:34:48

TANDEM WITH THESE TYPES OF PROGRAMS THANKS FOR THAT OTHER COMMENTS

1:34:54

OR QUESTIONS FROM COMMITTEE MEMBERS SO I HAVE ANOTHER ONE WHILE

1:34:59

OTHER PEOPLE ARE THINKING IN THIS CONCEPT OF EXPANDED NAVIGATION SERVICES

1:35:04

I THINK IS WHAT YOU'RE CALLING IT IS THERE A WAY FOR PEOPLE TO GET LIKE ACTUAL HELP COMPLETING APPLICATIONS

1:35:12

RIGHT SO YOU NEED TO APPLY FOR DISABILITY BENEFITS OR YOU NEED TO APPLY

1:35:17

FOR IHSS SERVICES AND AT LEAST IN MY EXPERIENCE THE BARRIERS FOR JUST FINDING

1:35:24

TIME TO GO THROUGH ALL THAT PAPERWORK ARE COMPLETELY DAUNTING WHEN YOU'RE ALSO DOING CAREGIVING SO IS THAT AN EXPANDED

1:35:32

SERVICE HAVE YOU THOUGHT ABOUT THAT AS AN EXPANDED SERVICE IT COULD BE AND AGAIN IN OTHER

1:35:38

STATES THERE ARE NO WRONG DOOR SYSTEMS SOMETIMES DO HELP INDIVIDUALS COMPLETE CERTAIN TYPES OF

1:35:45

APPLICATIONS IT WOULD HAVE TO BE AN AGREEMENT WITH A PARTNER AGENCY FOR INSTANCE IF SOMEONE IS ATTEMPTING TO

1:35:52

ENROLL IN MEDICAID LIKELY COUNTY HEALTH WOULDN'T WANT TO RELINQUISH THAT BUT YOU KNOW MAYBE WE

1:35:58

COULD DO SOME SORT OF PARTNERSHIP WHERE THERE'S AN EASY HANDOFF OR FOR SOME

1:36:06

PROGRAMS SOME PARTNER AGENCIES MIGHT BE OKAY WITH US GIVING THAT TYPE

1:36:11

OF APPLICATION ASSISTANCE I MEAN IN AN IDEAL NO WRONG DOOR SYSTEM YOU'D HAVE IT YOU

1:36:16

THAT WOULD BE THE TRUE NO ONE STOP SHOP IF YOU'RE APPLYING FOR THESE FIVE DIFFERENT PROGRAMS AND THERE'S

1:36:22

CERTAIN YOU KNOW KEY INFORMATION THAT YOU'RE GOING TO ASK ACROSS ALL APPLICATIONS WHY NOT JUST HAVE ONE

1:36:28

PERSON ASSIST WITH THAT RIGHT AND FILL OUT AS MUCH OF THAT APPLICATION AS THEY CAN SO YEAH I MEAN THAT'S IDEAL

1:36:38

BUT IT WOULD BE A LOT OF COORDINATION WORK WITH PARTNER AGENCIES TO GET THEIR AGREEMENT YEAH AND I GUESS I'LL JUST LIKE IN THE DEVELOPMENTAL

1:36:44

SERVICES MASTER PLAN IN MY WORK GROUP WHICH IS THE ONLY ONE I ACTUALLY KNOW A LOT ABOUT BUT WE ONE OF OUR

1:36:51

RECOMMENDATIONS IS FOR CHHS TO DEVELOP A COMMON APPLICATION FOR SERVICES AT

1:36:58

LEAST AVAILABLE THROUGH ALL THE DEPARTMENTS THAT SERVE PEOPLE IN CHHS AND THERE'S SUCH GOOD MODELS OF HOW THE

1:37:06

DATA CAN BE AGGREGATED AND USED TO ESSENTIALLY YOU PUT YOUR DATA IN ONCE

1:37:11

AND THE SYSTEM HELPS YOU FIGURE OUT LIKE WHAT YOU'RE ELIGIBLE FOR RIGHT ANYWAY SO

1:37:17

JUST FLAGGING LIKE I THINK GREAT YEAH SOME CUTTING EDGE THINGS COULD ACTUALLY HELP YES YEAH AND WE'LL FOLLOW ALONG

1:37:24

WITH THAT PARTICULAR RECOMMENDATION I'LL BE INTERESTED TO SEE WHERE THAT GOES IT WILL BE IT CLEARLY HAS COSTS OKAY

1:37:30

OTHERS SINCE I COULD TALK ALL DAY LONG ANYBODY ELSE HAVE

1:37:37

COMMENTS SUCH TERRIFIC REALLY TERRIFIC PROGRESS GRATEFUL FOR WHAT ALL

1:37:44

OF YOU ARE DOING AND ALL OF THESE DIVERSE PROJECTS AND OF COURSE SHARE

1:37:50

BARBRA AND BARBRA'S QUESTION ABOUT HOW DO WE MAKE SURE PEOPLE

ACTUALLY KNOW

1:37:55

THIS EXISTS SO MAYBE MORE TO COME ABOUT THAT IF THERE OKAY I THINK IN CARLOS

1:38:01

IT LOOKS LIKE YOU HAVE A COMMENT THANK YOU YEAH AS A FAMILY CAREGIVER I'M YOU KNOW THIS IS LIKE

1:38:08

THE FIRST TIME I'M HEARING ABOUT THIS DEMENTIA CARE

1:38:14

NAVIGATION AND THIS THERE'S NO WRONG DOOR SO I YOU KNOW I WANT TO YOU

1:38:22

KNOW EMPHASIZE THAT WE NEED MORE OF THIS AND WE NEED TO SCREAM FROM

1:38:29

THE YOU FROM THE ROOFTOPS ABOUT THIS BECAUSE THERE'S SO MANY PEOPLE OUT THERE THAT NEED SUPPORT AND THEY DON'T KNOW

1:38:37

WHERE TO GO AND THEY NEED TO BE WELCOMED WITH OPEN ARMS WHEN THEY REACH OUT WHEN

1:38:43

THEY FINALLY REACH OUT AND ASK FOR HELP AND I DON'T KNOW IT'S WE NEED TO

1:38:50

EXPLORE AVENUES WHERE IT'S EASIER FOR PEOPLE LIKE MYSELF

1:38:57

TO CALL A PHONE NUMBER OR ACCESS IT ON THE INTERNET AND FEEL THAT

1:39:03

WE ARE BEING SEEN AND HEARD YEAH THANK YOU AND I HOPE YOU

1:39:09

WILL ALSO HOLD ON TO THAT COMMENT AS WE'RE DEVELOPING OUR RECOMMENDATIONS AT THE END I MEAN THERE ARE THINGS LIKE

1:39:16

A SINGLE PHONE NUMBER THAT ROUTES YOU TO THE PLACE YOU NEED TO GO BASED ON THE

1:39:23

NUMBER YOU'RE CALLING FROM A LITTLE COMPLICATED BECAUSE WE ALL HAVE CELL PHONES AND THEY DON'T ACTUALLY REFLECT

1:39:28

WHERE WE MIGHT BE BUT IT'S JUST THERE ARE STRATEGIES WE CAN ALL USE TO HELP GET PEOPLE MORE QUICKLY TO WHERE THEY NEED

1:39:34

TO GO SO THANK YOU THANK YOU CARLOS DOES ANY OTHER MEMBER HAVE ANY

1:39:41

QUESTIONS SO I WANT TO JUST THANK CLAIRE AND JEZABEL AND MARK AND WYNN

1:39:49

FOR PUTTING TOGETHER THE MATERIALS AND TAKING THE TIME TO INFORM US ABOUT ALL THE

1:39:55

WORK AND I'M GOING TO GUESS THAT THE COMMITTEE WILL WANT YOU BACK TO HEAR AN

1:40:00

UPDATE ABOUT HOW THIS IS HOW THIS IS PROCEEDING AND I SEE APPLAUSE FROM

1:40:06

MYRA SO THANKS FOR SHARING THAT I THINK WHAT WE'RE GOING TO DO IS TURN TO

1:40:11



A PUBLIC COMMENT SESSION WE'RE A FEW MINUTES EARLY BUT WE CAN DO THAT  
AND

1:40:16

I SEE SHELLA WHO IS A PUBLIC MEMBER HAS RAISED HER HAND SHE RAISED

1:40:22

HER HAND EARLIER WHERE WE WEREN'T HAVING PUBLIC COMMENTS SO MAYBE  
CARROLL CAN

1:40:27

YOU I THINK YOU DO THE HERE'S HOW PUBLIC COMMENT WORKS SLIDES AND THEN  
WE CAN TAKE SHELLA'S COMMENT YES HOPEFULLY

1:40:35

WE HAVE THE SLIDES COMING MOMENTARILY WE WILL PUT THAT UP AND IF NOT  
YOU

1:40:41

CAN PROBABLY JUST I CAN WALK YOU THROUGH IT SO WE ARE HAVING OUR PUBLIC  
COMMENT PERIOD LET ME HIGHLIGHT OUR ASL

1:40:48

INTERPRETER

1:41:02

GO ALL RIGHT THANK YOU WE ARE GOING INTO OUR PUBLIC COMMENT PERIOD THE  
1:41:10

PUBLIC IS ENCOURAGED TO USE THE ZOOM ICON TO RAISE THEIR HAND ALSO

1:41:18

YOU MAY PRESS STAR NINE IF YOU ARE ON THE PHONE

1:41:24

AND LIKE TO REMIND YOU PUBLIC COMMENT IS FOR TWO MINUTES JUST SO WE  
MAKE

1:41:30

SURE WE HEAR FROM EVERYONE AND I'M GOING TO GO AHEAD AND SHELLA YOU  
HAVE BEEN

1:41:37

UNMUTED YOU MAY GO

1:41:44

AHEAD THERE YOU GO THERE WE GO OKAY HI GOOD MORNING EVERYBODY THIS  
HAS BEEN

1:41:50

A REALLY INTERESTING MEETING I'M SO HAPPY TO PARTICIPATE MY NAME IS  
SHELLA COMIN-DUMONG

1:41:58

I AM THE PARENT OF SIMONE WHO HAS WHO'S 33 YEARS OLD AND HAS DOWN

1:42:05

SYNDROME AND IS THE REASON THAT I AM PARTICIPATING TODAY BUT I AM ALSO A  
1:42:12  
MEMBER OF THE MASTER PLAN FOR DEVELOPMENTAL SERVICES GROUP THE  
DEVELOPMENTAL  
1:42:20  
SERVICES TASK FORCE I PARTICIPATE ON THE DISABILITY AND AGING COMMUNITY  
LIVING  
1:42:27  
ADVISORY COMMITTEE FOR HOUSING SUBCOMMITTEE I'M AN AFFORDABLE AND  
ACCESSIBLE HOUSING ADVOCATE AND I  
1:42:35  
HAVE HAD CONCERNS ABOUT MY DAUGHTER AND HER FUNCTIONING IN THE WORLD  
SINCE  
1:42:45  
COVID AND YOU KNOW I'VE YOU KNOW EVERYTHING CHANGED ABOUT HER  
SERVICES WE'VE HAD SOME SIGNS AND SOME SYMPTOMS  
1:42:53  
I WAS PARTICULARLY INTERESTED IN THE TWO-YEAR PLAN THAT KIM MCCOY WADE  
1:43:01  
SPOKE OF BECAUSE WE FOR A WHILE NOW HAVE BEEN HAVING TROUBLE WITH  
1:43:09  
ACCESSING ALZHEIMER SERVICES OR EVEN GETTING RECOMMENDATIONS FROM  
OUR LOCAL  
1:43:15  
REGIONAL CENTER ABOUT HOW TO IDENTIFY IF THERE'S A PROBLEM AT RECEIVING  
ANY  
1:43:21  
KIND OF ASSISTANCE AND OR REFERRALS OR AUTHORIZATIONS FOR SERVICES FOR  
BASELINE TESTING AND SIMONE IS ON  
1:43:29  
MEDICAL RIGHT SHE'S ON THE BIG DD WAIVER I AM INVOLVED  
1:43:36  
IN TRYING TO DO WHAT I CAN IN TERMS OF HOUSING POLICY IN THE STATE OF  
CALIFORNIA FOR PEOPLE WITH DEVELOPMENTAL  
1:43:42  
DISABILITIES AND YET STILL AFTER THIS ALL THIS TIME HER NEEDS REMAIN UNMET  
AND  
1:43:50  
THERE DOESN'T SEEM TO BE A PROCESS FOR US TO  
1:43:55

LOG THE UNMET NEEDS AND THEN HAVE THEM DO YOU KNOW INFORM SERVICES AND SO

1:44:03

I JUST THINK AS PART OF A TWO-YEAR PLAN THAT THE STATE REALLY NEEDS TO FOCUS ON

1:44:10

MAKING SURE THAT DEVELOPMENTAL SERVICES CAN ADVISE PEOPLE I WHEN I

1:44:19

ASKED FOR INFORMATION ABOUT ALZHEIMER DEMENTIA SERVICES OR

1:44:25

FACILITIES OR LIKE WHAT WAS HAPPENING I LITERALLY WAS TOLD THAT THERE WAS NO RECOMMENDATIONS FOR ME NOT ONLY FROM HER

1:44:32

CASE MANAGER BUT FROM THE ADULT TEAM MANAGER SO THERE'S REALLY LIKE NO PLAN

1:44:38

OF ACTION IN PLACE AT LEAST IN AT MY

1:44:44

REGIONAL CENTER FOR WHEN PEOPLE COME TO THEIR CASE MANAGER WITH CONCERNS ABOUT

1:44:50

THIS ASPECT AND SO IT IS ALSO SOMETHING THAT'S NOT REALLY BEING ADDRESSED IN THE

1:44:57

MASTER PLAN AND SO I HEARD KIM TALK ABOUT THAT DEVELOPMENTAL SERVICES AND

1:45:03

PEOPLE WITH DEVELOPMENTAL DISABILITIES WERE GOING TO BE A FOCUS ON AGING AND DEMENTIA AND THESE

1:45:10

TRANSITIONS HOPEFULLY SOMETHING COMING OUT OF THE MASTER PLAN PROCESS BUT I THINK THAT IF THE STATE REALLY

1:45:16

WANTS THAT INFO THEN THEY NEED TO BE SPECIFIC WITH THE PEOPLE ON MASTER PLAN

1:45:23

ABOUT THE INFORMATION THAT THEY WANT BECAUSE THE WORK GROUPS IN THE MASTER PLAN ARE VERY ARE NOT TITLED AND

1:45:33

SET UP IN YOUR TYPICAL WAY IT'S LIKE OH WHAT ABOUT YOU KNOW AND THEN PEOPLE

1:45:39

ON THE MASTER PLAN WERE SORT OF LIMITED IN THE ITEMS THAT THEY COULD

1:45:44

SELECT LIKE A WORK GROUP HAD THREE PRIORITIES AND YOU KNOW THE SYSTEM IS

1:45:50

BIG THE NEED IS GREAT AND IT'S SORT OF LIMITING SO THE STATE HAS MENTIONED AT

1:45:57

SEVERAL DIFFERENT JUNCTIONS ABOUT THE NEED FOR THE MASTER PLAN FOR DEVELOPMENTAL SERVICES THEY'RE HOPING

1:46:03

THAT THEY'RE GOING TO GET SOME DATA OR SOME INFO ABOUT KEY FUNCTIONS AND LIKE

1:46:08

THE GAP ANALYSIS I MEAN THAT'S NOT REALLY HAPPENING ANYWHERE SO I JUST WANTED TO

1:46:15

BRING THESE THINGS TO THE FOREFRONT FROM THE PERSPECTIVE OF A PARENT

1:46:23

OF SOMEONE WHO'S NOT CONSIDERED AGING BUT WHO IS DISABLED WHO HAS THESE NEEDS

1:46:30

THAT CANNOT RELY UPON THE SERVICES THAT WE RECEIVE THROUGH

1:46:37

THE REGIONAL CENTER SYSTEM TO ADDRESS THIS NEED AND I'M HOPING THERE'S SOMETHING THAT CAN HAPPEN THANK YOU VERY

1:46:44

MUCH THANKS FOR THE THANK YOU OKAY ARE THERE OTHER PUBLIC COMMENTS

1:46:57

YOU HAVE ANY PUBLIC COMMENTS YOU MAY RAISE YOUR HAND AT THIS TIME USE YOUR

1:47:03

ZOOM WEBINAR FUNCTIONS IF YOU'RE ON THE PHONE STAR

1:47:10

NINE LET ME ADD OUR ASL INTERPRETER

1:47:16

IN THERE WE GO AND AT ANY TIME YOU MAY SEND AN

1:47:24

EMAIL TO ENGAGE E N G A G E AT AGING

1:47:32

DOT C A DOT GOV AND WE WILL HAVE CALLI PUT

1:47:37

THAT AGAIN INTO THE CHAT SO YOU CAN COPY THAT

1:47:44

I AM NOT SEEING ANY MORE PUBLIC

1:47:50

COMMENTS CATHERINE OKAY SO I THINK WHAT WE WILL DO IS JUST TAKE OUR  
BREAK A

1:47:57

LITTLE BIT EARLY AND COME BACK A LITTLE EARLY DOES THAT WORK FOR  
EVERYONE OKAY AND SO WHY DON'T WE

1:48:05

PLAN ON COMING BACK IT'S ABOUT 10 TO 12 ABOUT 1220 OR A MINUTE AFTER THAT  
WILL

1:48:12

GIVE US OUR 30 MINUTES SO THANKS EVERYONE AMAZING PART OF THE MEETING  
THANKS FOR THE PUBLIC COMMENTS LOOK

1:48:19

FORWARD TO SEEING YOU IN 30 MINUTES BACK AT 1221 THANK YOU THANK YOU  
CARROLL

1:48:30

THANK YOU SO MUCH WELCOME BACK EVERYONE AFTER A NICE LITTLE BREAK

1:48:37

AND IT IS REALLY MY PLEASURE TO INTRODUCE SARAH STEENHAUSEN WHO'S  
GOING

1:48:42

TO GIVE US THE CALIFORNIA DEPARTMENT OF AGING UPDATE AND BEFORE SHE  
DOES THAT I

1:48:48

WANT TO JUST TAKE A MOMENT TO ACKNOWLEDGE ALL OF HER WORK ON THE  
AGING FOR ALL DAY IT WAS ABSOLUTELY

1:48:55

SPECTACULAR SO MUCH GOOD INFORMATION AND SO UPLIFTING SO I KNOW THAT  
WAS A LOT OF

1:49:01

WORK BUT THANK YOU THANK YOU FOR DOING THAT AND WE LOOK FORWARD TO  
HEARING FROM YOU WELL THANK YOU SO MUCH CATHERINE AND

1:49:07

I HAVE TO SAY WE HAVE AN INCREDIBLE MPA TEAM HERE LED BY JACKIE TOMPKINS  
AND CARROLL DEANDREIS SO THEY REALLY GET

1:49:15

THE CREDIT FOR IT BUT IT WAS A GROUP EFFORT AND REALLY WANT TO APPRECIATE ALL THE WORK THAT THE ALZHEIMER'S

1:49:23

AND RELATED DISORDERS ADVISORY COMMITTEE PUT IN TO DEVELOP THE KEY RECOMMENDATIONS TO PARTICIPATE IN THE THE

1:49:30

DAY AND TO JUST REALLY JUST MOVE FORWARD SUCH PRODUCTIVE CONVERSATIONS I HAVE LOVED TODAY'S

1:49:38

MEETING AND THE ENGAGEMENT FROM ALL OF YOU WE ALWAYS LEARN A LOT FROM YOU SO THANK YOU FOR THAT OKAY SO WE ARE

1:49:44

GOING TO SHOW SOME SLIDES TODAY LET'S SEE HERE SO I'M GOING TO

1:49:51

GIVE YOU AN UPDATE ON SOME KEY INITIATIVES RELATED TO THE MASTER PLAN FOR AGING IN ADDITION TO SOME OF

1:49:57

THOSE THAT YOU'VE ALREADY HEARD FROM OUR TEAM TODAY NEXT SLIDE

1:50:04

PLEASE I AM GOING TO TALK ABOUT SO WHAT DO WE DO NOW THAT WE HAD THE DAY OF ACTION WHAT ARE WE DOING WITH ALL OF THE

1:50:11

INFORMATION THAT WE HEARD FROM STAKEHOLDERS AND WHAT ARE OUR NEXT STEPS THEN I'M GOING TO TALK TO YOU A BIT

1:50:17

ABOUT ONE OF OUR KEY MPA INITIATIVES OUR LONG-TERM SERVICES AND SUPPORTS BY

1:50:22

FINANCING INITIATIVE AND THEN FINALLY I WANT TO BRIEF YOU ABOUT A NEW FEDERAL

1:50:28

GRANT WE RECEIVED FROM THE ADMINISTRATION FOR COMMUNITY LIVING THAT REALLY ADVANCES OUR CAREGIVER WORK

1:50:36

NEXT SLIDE PLEASE SO AS I SAID WE ARE JUST SO APPRECIATIVE OF THOSE OF YOU WHO

1:50:42

ARE ABLE TO ATTEND EITHER VIRTUALLY OR IN PERSON TO THE DAY OF ACTION WE HAD

1:50:48

YOU KNOW I THINK A LITTLE 400 OR SO IN-PERSON AND THEN 600 OVER 600

1:50:55

PARTICIPATING ONLINE IT WAS JUST A WONDERFUL TIME TO RE-ENGAGE AND RECOMMIT

1:51:03

TO OUR WORK ON THE MASTER PLAN FOR AGING AND YOU KNOW WE'RE APPROACHING

1:51:10

OUR HARD TO BELIEVE OUR FIFTH YEAR OF IMPLEMENTATION SO THE DAY OF ACTION

1:51:15

REALLY HELPED US TO HEAR FROM ALL OF OUR STAKEHOLDER ADVISORY COMMITTEES ABOUT THE KEY PRIORITIES THAT WE MUST CONSIDER

1:51:22

AS WE WORK ON DEVELOPING THE NEXT ITERATION OF THE MASTER PLAN THAT WILL BE RELEASED IN JANUARY SO IF YOU WANT TO

1:51:29

GO SEE ANY OF THE EVENT ANY OF THE SESSIONS YOU CAN GO TO [CA4ALL.ORG](http://CA4ALL.ORG)

1:51:36

AND YOU'LL SEE THE LINKS TO DIFFERENT SESSIONS THROUGHOUT THE DAY SO REALLY APPRECIATE THE MPA

1:51:43

PHILANTHROPIC PARTNERS FOR SUPPORTING THIS EVENT IT WOULD NOT HAVE

1:51:49

HAPPENED WITHOUT THEM NEXT SLIDE PLEASE SO IMPORTANTLY WHAT ARE WE DOING WITH

1:51:54

THIS IT'S WONDERFUL TO GET EVERYBODY TOGETHER AND TO CELEBRATE AND TO

1:51:59

IDENTIFY THE MOST CRITICAL ISSUES TO ADDRESS BUT WE HAVE TO ACTUALLY BE COMMITTED TO DOING SOMETHING WITH IT SO

1:52:06

WHAT WE'VE DONE IS SINCE THE TIME OF THE DAY OF ACTION WE'VE COMPILED ALL THE RECOMMENDATIONS RECEIVED FROM THE

1:52:13

COMMITTEES WE ALSO HAVE COMPILED SOME ADDITIONAL RECOMMENDATIONS THAT WE HEAR ABOUT WE'VE HEARD YOU KNOW COLLECTED

1:52:19

OVER THE PAST FEW YEARS AND THEN WE'RE INTERNALLY REVIEWING MPA DRAFT

1:52:25

INITIATIVES WITH OUR STATE PARTNERS SO MEETINGS WITH OUR HEALTH AND HUMAN SERVICE AGENCY DEPARTMENT COLLEAGUES

1:52:32

WITH OTHER AGENCIES LIKE BUSINESS CONSUMER SERVICES HOUSING AGENCY  
THE

1:52:37

CALIFORNIA STATE TRANSPORTATION AGENCY LABOR AND WORKFORCE  
DEVELOPMENT

1:52:44

VETERANS AFFAIRS AND OTHERS AND REALLY KIND OF SEEING WHAT IS FEASIBLE  
AND WHAT

1:52:49

CAN WE ADVANCE FOR THE NEXT TWO YEARS SIMULTANEOUSLY DRAFTING AND  
ITERATING ON

1:52:56

THE MPA INITIATIVES THROUGH DECEMBER AND THEN YOU KNOW GETTING

1:53:02

BUY IN AND FEEDBACK FROM THE GOVERNOR'S OFFICE AND THEN FINALLY  
RELEASING THE

1:53:07

MPA INITIATIVES IN JANUARY OF 2025 WHICH IS ALSO WHEN WE WILL BE  
RELEASING OUR

1:53:14

ANNUAL REPORT TO THE LEGISLATURE SO AGAIN ALL OF THIS IS TO SAY THAT THE  
WORK THAT YOU ALL DO OVER THESE YEARS IS

1:53:22

NOT JUST DOESN'T GO INTO A VACUUM WE REALLY ARE USING IT TO INFORM OUR  
UNDERSTANDING

1:53:28

AND HOW WE CAN ADVANCE SYSTEM CHANGE AND WE ALSO ARE VERY CAREFUL IN  
SETTING

1:53:33

EXPECTATIONS BECAUSE AS YOU ALL KNOW THERE ARE A LOT OF CONSIDERATIONS

1:53:39

THAT WE HAVE TO BALANCE IN OUR WORK WITH THE STATE SIGNIFICANTLY YOU  
KNOW

1:53:45

RESOURCE ISSUES SO WE LISTEN AND WE TRY AND PURSUE BOLD SYSTEM REFORM

1:53:52

KNOWING THAT WE HAVE TO DO OUR BEST TO MAKE IT HAPPEN AND YOU KNOW WE  
IT MIGHT

1:53:57

BE ITERATIVE AND IT MIGHT NOT BE EVERYTHING ALL AT ONCE BUT WE FEEL VERY



1:54:03

CONFIDENT AND GOOD ABOUT THE PROGRESS THAT WE'VE ACHIEVED TODAY NEXT

1:54:08

SLIDE SO I WANT TO TALK TO YOU A BIT ABOUT THIS IS OUR FRAMEWORK FOR LONG-TERM SERVICES AND SUPPORT SYSTEM

1:54:14

CHANGE EARLIER TODAY YOU HAD A REALLY INCREDIBLE DISCUSSION ABOUT THE NO

1:54:20

WRONG DOOR SYSTEM BUT ALSO ABOUT THIS BROADER OF HOW PEOPLE AT NAVIGATE THE SYSTEM THIS IS ONE OF OUR FOUR KEY

1:54:27

PILLARS OF SYSTEM CHANGE THROUGH THE MASTER PLAN FOR AGING SO ONCE WE

1:54:33

DEVELOP A SYSTEM THAT IS MORE NAVIGABLE THEN WE SECOND HAVE TO THINK ABOUT ACCESS TO SERVICES SO A LOT OF PEOPLE

1:54:40

SAY WELL THAT'S GREAT IF YOU'RE DEVELOPING A WONDERFUL STREAMLINED INFORMATION SYSTEM BUT THEN IF YOU DON'T

1:54:45

HAVE PROGRAMS TO SEND PEOPLE TO OR IF THOSE PROGRAMS HAVE LACK OF CAPACITY

1:54:52

WHAT GOOD IS A STREAMLINED NAVIGATION SYSTEM SO AS PART OF OUR ACCESS EFFORTS

1:54:58

MARK BECKLEY MENTIONED THIS BUT WE ARE CARRYING OUT A STATEWIDE HOME AND

1:55:03

COMMUNITY-BASED SERVICES GAP ANALYSIS AND ROAD MAP INITIATIVE THIS IS BEING

1:55:10

DONE ACROSS BOTH THE MEDICAL HOME AND COMMUNITY BASED SERVICES DELIVERY SYSTEM AND THE NON-MEDICAL HOME AND COMMUNITY

1:55:17

BASED SERVICES SO THIS CROSSES DEPARTMENTS AND IT ALSO IS

1:55:25

GOING TO INCLUDE HOUSING AND TRANSPORTATION BECAUSE WE RECOGNIZE THAT ACCESS IS NOT JUST ABOUT THE SOCIAL

1:55:32

SERVICES BUT IT'S ALSO ABOUT HOUSING AND TRANSPORTATION IT REALLY  
DOESN'T MEAN ANYTHING IF YOU DON'T HAVE A PLACE TO  
1:55:38  
LIVE OR A WAY TO GET TO WHERE YOU NEED TO BE THE DEPARTMENT OF HEALTH  
1:55:43  
CARE SERVICES IS LEADING ON THE MEDICAL GAP OR YEAH THE MEDICAL GAP  
ANALYSIS AND  
1:55:49  
CDA IS LEADING ON THE NON-MEDICAL COMPONENT IN PARTNERSHIP WITH OUR  
OTHER STATE DEPARTMENT PARTNERS WE ANTICIPATE  
1:55:56  
HAVING THE GAP ANALYSIS RELEASED FOR OUR NON-MEDICAL GAP ANALYSIS WILL  
1:56:02  
PROBABLY BE LATER NEXT SPRING OR EARLY SUMMER AND THE DEPARTMENT OF  
HEALTHCARE SERVICES IS ON TRACK TO RELEASE  
1:56:08  
THEIRS PROBABLY SOMETIME EARLY 2025 AFTER THAT TIME WE WILL WORK ON  
1:56:15  
BUILDING A ROAD MAP FOR HOW WE BUILD CAPACITY IN THE SYSTEM AND  
ADDRESS THE  
1:56:20  
GAPS THAT WE IDENTIFY IN THE GAP ANALYSIS THE THIRD BUCKET THAT WE'RE  
FOCUSING ON SORRY THIRD BUCKET IS AT  
1:56:28  
THE BOTTOM OF THE SCREEN WORKFORCE SO EVEN IF WE'VE BUILT OUT ACCESS IN  
THE SYSTEM AND WE HAVE IT MORE NAVIGABLE  
1:56:35  
IT DOESN'T DO ANYTHING IF WE DON'T HAVE THE WORKFORCE TO SUPPORT IT SO  
THIS IS A KEY YOU KNOW GOAL OF THE MASTER PLAN  
1:56:41  
FOR AGING IS SUPPORTING AND UPLIFTING AND RETAINING OUR WORKFORCE AND  
GROWING OUR WORKFORCE TO MEET THE NEEDS OF OUR  
1:56:48  
AGING POPULATION SO WE HAVE A NUMBER OF INITIATIVES UNDERWAY TRAININGS  
1:56:53  
INCENTIVE PROGRAMS AND BUILDING THE WORKFORCE PIPELINE WE'RE DOING  
THIS  
1:56:58  
YOU KNOW NOT ONLY IN THE HEALTH AND HUMAN SERVICES AGENCY AND  
DEPARTMENTS BUT IN PARTNERSHIP WITH THE LABOR AND  
1:57:04

WORKFORCE DEVELOPMENT AGENCY AND THEN FINALLY THE KEY PILLAR OF  
SYSTEM CHANGE

1:57:09

IN THE LTSS SYSTEM THAT WE ARE TRYING TO FIGURE OUT HOW TO ADDRESS IS  
THAT OF

1:57:14

FINANCING I KNOW THIS COMMITTEE HAS TALKED A LOT ABOUT THE TREMENDOUS  
1:57:20

CHALLENGE THAT PEOPLE WHO ARE NOT ELIGIBLE FOR MEDICAL AND FALL IN THAT  
GROUP OF PEOPLE WHICH IS OFTEN CALLED

1:57:26

THE MISSING MIDDLE OR THE FORGOTTEN MIDDLE WHERE THEY DON'T HAVE YOU  
KNOW SIGNIFICANT RESOURCES TO SELF-FUND THEIR

1:57:33

OWN LONG-TERM SERVICES AND SUPPORTS NEEDS AND THEY YET ARE NOT  
ELIGIBLE FOR

1:57:38

MEDICAL SO THEY END UP DEPLETING A LOT OF THEIR INCOME AND GOING ONTO  
MEDICAL AND IMPOVERISHING THEMSELVES THAT IS NOT

1:57:45

AN IDEAL SYSTEM THAT IS NOT HOW I THINK ANYONE WOULD HAVE DESIGNED THE  
SYSTEM SO

1:57:50

I'M GOING TO TALK TO YOU A BIT RIGHT NOW ABOUT WHAT WE'RE DOING IN THIS  
AREA OF LONG-TERM SERVICES AND SUPPORTS

1:57:56

FINANCING AND WHAT THE NEXT STEPS ARE NEXT SLIDE PLEASE SO NEXT

1:58:04

SLIDE SO THE PROBLEM I TOUCHED ON IT BUT BASICALLY OLDER ADULTS PEOPLE  
1:58:10

WITH DISABILITIES AND CAREGIVERS ARE REALLY STRUGGLING TO PAY FOR LONG-  
TERM SERVICES AND SUPPORTS MANY PEOPLE ASSUME

1:58:17

MEDICARE IS GOING TO PAY FOR IT AND THEN ARE SHOCKED TO FIND OUT THAT NO  
MEDICARE DOES NOT PAY FOR THE NON-MEDICAL

1:58:23

FUNCTIONAL SUPPORT NEEDS THAT PEOPLE NEED TO REMAIN AT HOME AND IN THE  
1:58:29

COMMUNITY AND GET THE SERVICES THAT THEY NEED TO LIVE WITH DIGNITY SO

1:58:35

WHAT WE ARE DOING IS WE'RE EMBARKING ON AN INITIATIVE TO RESEARCH SOME OF THE BEST PRACTICES DEFINE OUR TARGET

1:58:41

POPULATION OF WHO WE NEED TO SOLVE FOR AND IDENTIFY THE POLICY

1:58:46

OPPORTUNITIES FOR THE STATE TO MOVE FORWARD WITH NEXT SLIDE PLEASE

1:58:53

SO WE WERE REALLY FORTUNATE TO RECEIVE \$5 MILLION IN GENERAL FUND RESOURCES

1:58:58

THROUGH THE BUDGET ACT OF 2022 AND ESSENTIALLY IT CALLS ON THE

1:59:03

DEPARTMENT OF AGING TO CONDUCT RESEARCH AND ANALYSIS TO DEVELOP POLICY OPTIONS FOR IMPROVING LONG-TERM SERVICES AND

1:59:11

SUPPORTS FINANCING AND AFFORDABILITY ALL IN LINE WITH THE MASTER PLAN FOR AGING

1:59:16

SO I'M GOING TO TALK TO YOU A BIT ABOUT WHAT THIS INITIATIVE LOOKS LIKE NEXT SLIDE

1:59:24

SO WE HAVE BEEN REALLY FORTUNATE TO HAVE AN INCREDIBLE GROUP OF CONTRACTORS AND SUBCONTRACTORS THAT

1:59:31

WE'RE WORKING WITH FOR A MULTICOMPONENT INITIATIVE FIRST TO

1:59:36

DEFINE AND ANALYZE THE TARGET POPULATION THEIR PROFILE AND THEIR NEEDS

1:59:42

SECOND TO EXPLORE THE POTENTIAL FOR WHAT MEDICARE CAN DO IN THIS SPACE AND REALLY

1:59:48

BUILDING A BUSINESS CASE FOR HOW MEDICARE NOT MEDICAL CAN INVEST IN HOME AND COMMUNITY BASED

1:59:54

SERVICES AND HAVE IT ACTUALLY PROVE THE BUSINESS THE RETURN ON INVESTMENT

2:00:00

FOR ADDRESSING THE FUNCTIONAL NEEDS THAT PEOPLE HAVE THIRD IS DEVELOPING POLICY SOLUTIONS FOR THIS MISSING MIDDLE

2:00:07

POPULATION AND THEN FINALLY DELIVERING A FINAL REPORT TO THE LEGISLATURE  
IN JUNE

2:00:12

OF 2026 AND ALL THROUGHOUT WE ARE ENGAGING STATE LEADERSHIP  
CONSUMERS AND STAKEHOLDERS IN THIS WORK AND I'M GOING

2:00:19

TO TALK TO YOU A BIT ABOUT WHAT IT LOOKS LIKE NEXT SLIDE PLEASE I WANT TO  
TALK TO YOU A BIT ABOUT OUR

2:00:24

WORK ON THE MEDICARE SPACE WE ARE REALLY FORTUNATE THAT WE HAVE

2:00:30

PARTNERED WITH ATI ADVISORY AND WITH THE LTSS LEADING AGE LEADING AGE  
LTSS

2:00:39

CENTER AT U MASS BOSTON LED BY DR MARC COHEN WHO IS REALLY A  
PREEMINENT

2:00:44

RESEARCHER ON LTSS FINANCING BUT ESSENTIALLY ATI ADVISORY WAS ABLE TO

2:00:51

LOOK AT ALL THE MEDICARE FEE FOR SERVICE CLAIMS DATA IN THE STATE AND  
LOOK AT WHAT PERCENTAGE OF

2:01:00

MEDICARE ENROLLEES ARE YOU KNOW FALL IN THE KIND OF HIGH FUNCTIONAL  
NEEDING

2:01:06

FUNCTIONAL SUPPORT THE PEOPLE WHO ARE YOU KNOW MID TO LATE LEVEL  
FRAILITY

2:01:13

ARE ABOUT 20% OF MEDICARE ENROLLEES AND WHAT THIS RESEARCH FOUND TOO  
WAS THAT

2:01:20

THE 20% OF THESE MEDICARE ENROLLEES ACCOUNT FOR 50% OF MEDICARE  
SPENDING AND

2:01:27

67% OF ER HOSPITAL AND POST-ACUTE SPENDING WHY THIS IS SO IMPORTANT IS

2:01:34

BECAUSE WE ARE USING THIS DATA TO SHOW THAT IF YOU INVEST IN FUNCTIONAL

2:01:41

NEEDS AND FUNCTIONAL SUPPORTS THAT OF THE MEDICARE POPULATION YOU CAN  
ACTUALLY

2:01:46

AVOID SOME EXPENDITURES ON THE MEDICARE ACUTE ER AND POST-ACUTE  
2:01:52  
SPENDING SIDE SO AGAIN THIS IS ALL PART OF THIS NARRATIVE THAT MEDICARE  
DOES NOT PAY FOR FUNCTIONAL LONG-TERM SERVICES  
2:01:59  
AND SUPPORTS NEEDS BUT IF WE CAN PROVE THAT ACTUALLY FEDERAL  
GOVERNMENT COULD  
2:02:04  
SAVE RESOURCES BY PROVIDING MAYBE A LIMITED HOME AND COMMUNITY BASED  
SERVICES BENEFIT THEN THERE MIGHT BE A  
2:02:11  
BUSINESS CASE FOR THE FEDERAL GOVERNMENT TO WANT TO TAKE THIS ON NEXT  
SLIDE  
2:02:17  
PLEASE SO IN ADDITION TO THAT WORK ON THIS MEDICARE DEMONSTRATION  
WHICH WE  
2:02:22  
ARE WE HAVE DEVELOPED THE PROGRAM CONCEPT IN PARTNERSHIP WITH ATI  
ADVISORY  
2:02:29  
WE'RE ALSO DOING AN ACTUARIAL ANALYSIS OF THE MODEL WITH MILLAN  
ACTUARIES AND WE'RE GOING TO BE DONE  
2:02:36  
WITH THAT I THINK BY THE END OF THE YEAR AND YOU KNOW WE HAVE HAD EARLY  
2:02:41  
CONVERSATIONS WITH THE CENTER FOR MEDICARE AND MEDICAID INNOVATION  
BUT THINGS HAVE CHANGED A BIT  
2:02:47  
AT THE FEDERAL LEVEL SO IT'S NOT CLEAR EXACTLY HOW THAT CONVERSATION  
WILL CONTINUE BUT REGARDLESS IT IS OUR  
2:02:54  
INTENTION TO RELEASE ALL OF THIS AND RELEASE THE MEDICARE YOU KNOW  
2:03:01  
DRAFT PROPOSAL FOR A PILOT PROJECT THAT WOULD TEST THE DELIVERY OF  
HOME AND  
2:03:06  
COMMUNITY BASED SERVICES IN MEDICARE WHAT THAT COULD LOOK LIKE AND  
WHAT THE ACTUARY ANALYSIS OF IT EVEN IF  
2:03:12  
CALIFORNIA DOESN'T END UP DOING IT WOULD BE VERY INFORMATIVE AT THE  
FEDERAL LEVEL AND ACROSS STATES BUT WE'RE

2:03:18

HOPEFUL WE'RE GOING TO MAINTAIN HOPE THAT WE CAN DO SOMETHING LIKE THAT HERE MEANWHILE WE HAVE THROUGH OUR

2:03:26

CONTRACTORS AT LTSS CENTER AT U MASS BOSTON ALSO SUBCONTRACTED WITH URBAN

2:03:33

INSTITUTE TO DO A POPULATION PROFILE AND THROUGH SOMETHING THAT THEY HAVE CALLED THE DYNASIM MODEL WE ARE PROJECTING

2:03:40

OUT THE NEEDS OF OUR AGING POPULATION WHAT THEIR LTSS NEEDS ARE SLATED TO

2:03:48

LOOK LIKE NOT ONLY NOW BUT INTO THE FUTURE SO THAT WE CAN REALLY THINK ABOUT WHAT IT'S GOING TO LOOK LIKE AT THE

2:03:54

STATE AT THE SAME TIME WE ARE DOING A COMPREHENSIVE POLICY LANDSCAPE ANALYSIS

2:03:59

ACROSS STATES AND BEST PRACTICES OF WHERE WHAT WE CAN LEARN FROM IN TERMS

2:04:05

OF HOW ENTITIES HAVE OTHER STATES HAVE FUNDED LONG-TERM SERVICES AND SUPPORTS EITHER THROUGH NEW YOU KNOW PUBLIC

2:04:14

BENEFITS FOR LTSS OR THROUGH MEDICAL EXPAND MEDICAID EXPANSION WE ARE ALSO

2:04:20

WORKING WITH COMMUNITY CATALYST AND COLLABORATIVE CONSULTING TO DO A SERIES OF FOCUS GROUPS WHERE WE LISTEN TO

2:04:26

CONSUMERS FROM ACROSS THE STATES TO UNDERSTAND WHAT THEIR NEEDS ARE

2:04:33

AND HOW POTENTIAL POLICY SOLUTIONS WOULD IMPACT THEM AND THEN WE'RE WORKING WITH

2:04:38

NORC AT THE UNIVERSITY OF CHICAGO TO DO A SURVEY OF CALIFORNIA'S MEDICARE

2:04:45

BENEFICIARIES TO UNDERSTAND KIND OF ON A MORE QUANTITATIVE LEVEL WHAT THEIR NEEDS AND PREFERENCES ARE AND THEN WITH ALL

2:04:53

OF THAT WE ARE GOING TO ISSUE THE FINAL REPORT IN JUNE OF 2026 SO THAT'S A LITTLE FOCUS ON OUR LTSS FINANCING

2:04:59

INITIATIVE WE'RE REALLY EXCITED TO BE UNDERWAY WITH NEXT SLIDE AND I JUST WANT TO FLAG YOU HAVE LIKE MAYBE FIVE

2:05:06

MINUTES LEFT THAT'S FINE I'M ALMOST DONE I'M GONNA EXCELLENT THANK YOU WITH A

2:05:11

HIGHLIGHT OF OUR NEW FEDERAL GRANT WE JUST RECEIVED FROM THE ADMINISTRATION FOR COMMUNITY LIVING YOU HEARD EARLIER

2:05:18

FROM WYNN ABOUT THE CAL'S CONNECT PROGRAM WHICH IS SEEKING TO DEVELOP A

2:05:25

DEMENTIA FRIENDLY NO WRONG DOOR SYSTEM AND THERE WAS AN OPPORTUNITY AT ACL TO

2:05:31

APPLY FOR A GRANT TO ADVANCE OUR CAREGIVER WORK IN LINE WITH THE NATIONAL

2:05:36

STRATEGY FOR CAREGIVING AND WE WERE ABLE TO BUILD OFF A LOT OF OUR OTHER

2:05:42

WORK THAT WE'RE DOING BOTH IN THE WORKFORCE WITH OUR CAL GROWS PROGRAM BUT ALSO THROUGH CALS CONNECT AND I'M

2:05:47

GOING TO TELL YOU JUST HIGH LEVEL WHAT THIS GRANT IS GOING TO BE DOING NEXT SLIDE

2:05:54

PLEASE OH WELL THIS IS JUST GIVING THE CONTEXT FOR THE MASTER PLAN FOR AGING AS WELL AS THE ALZHEIMER'S

2:06:01

PREVENTION AND PREPAREDNESS WORK WHERE WE ARE DEVELOPING TESTING AND SCALING MODELS TO IMPROVE AWARENESS

2:06:08

NAVIGATION AND EDUCATION OPPORTUNITIES FOR CAREGIVERS NEXT SLIDE

2:06:13

PLEASE THE FIRST GOAL IS TO INCREASE AWARENESS AND THIS ALIGNS WITH NATIONAL

2:06:18



STRATEGY GOAL ONE SO WE ARE WORKING WITH U S INTERNATIONAL MEDIA USIM PARTNERS TO

2:06:24

DEVELOP CULTURALLY AND LINGUISTICALLY APPROPRIATE MESSAGING TO REACH OUT TO

2:06:29

OUR DIVERSE CAREGIVERS IN THE STATE AND THEN WORKING WITH TRUSTED LOCAL MEDIA ETHNIC MEDIA PARTNERS TO DEVELOP THE

2:06:37

MESSAGING SO THAT WE CAN RAISE AWARENESS AMONG OUR CAREGIVER POPULATION

2:06:42

THAT TO HELP THEM IDENTIFY AS CAREGIVERS AND TO KNOW WHERE TO GO FOR SUPPORT NEXT

2:06:48

SLIDE OUR SECOND GOAL IS TO BUILD THIS ISSUE OF NAVIGATION THAT WE'VE BEEN

2:06:53

TALKING ABOUT TODAY SO AS YOU KNOW WE'RE WORKING AT THE STATE LEVEL TO ADVANCE THIS NO WRONG DOOR SYSTEM BUT WE REALLY

2:07:00

WANTED TO UNDERSTAND HOW WE CAN BETTER ENGAGE CAREGIVERS EARLIER AND THIS

2:07:06

FALLS A LOT ALONG THE LINES OF WHAT YOU WERE TALKING ABOUT WITH PEOPLE FALLING THROUGH THE CRACKS AND IF IT

2:07:11

WEREN'T FOR JEZABEL'S FINDING THE CARD ON THE FLOOR AT THE GROCERY STORE SHE NEVER WOULD HAVE KNOWN ABOUT THE

2:07:18

SYSTEM SO WHAT WE'RE TRYING TO DO IS ACTUALLY MAP LOCAL REFERRAL PATHWAYS WE'RE GOING TO HAVE KEY INFORMANT

2:07:23

INTERVIEWS WITH CAREGIVERS AND PROVIDER ORGANIZATIONS AND WE'RE GOING TO HAVE AN ANALYSIS OF THOSE FINDINGS TO

2:07:29

HELP INFORM OUR WORK AT THE NO WRONG DOOR SYSTEM CHANGE INITIATIVE NEXT

2:07:35

SLIDE PLEASE THIRD AND FINALLY WE'RE FOCUSING ON EDUCATION WE'VE BEEN

2:07:40

FORTUNATE WITH THE CAL GROWS TRAINING PROGRAM TO DEVELOP A  
COMPREHENSIVE

2:07:46

INVENTORY OF TRAINING FOR BOTH PAID DIRECT CARE WORKERS AND UNPAID  
FAMILY

2:07:51

CAREGIVERS THIS WAS \$150 MILLION INITIATIVE THAT IS WRAPPING UP NOW WE

2:07:57

TRAINED OVER 25,000 PAID AND UNPAID CAREGIVERS AND WE DON'T WANT TO LOSE

2:08:02

THIS GREAT WORK SO WE ARE WORKING WITH OUR PARTNERS AND INCLUDING OUR

2:08:09

PARTNERS AT DDS TO ENSURE THAT WE HAVE ACCESS TO TRAINING USING WHAT  
WE

2:08:14

GOT FROM CAL GROWS AND WE'RE GOING TO BE DEVELOPING KIND OF CURATING  
THE RESOURCES AND PUTTING THEM TO AN

2:08:22

ACCESSIBLE PLATFORM ON OUR WEBSITE MOVING FORWARD AND DISSEMINATING  
ALL

2:08:27

OF THE RECOMMENDATIONS FROM THAT WORK SO THAT IS KIND OF A SUMMARY OF  
THE THREE GOAL AREAS OF CAL CARES AND RIGHT NOW WE

2:08:34

ARE JUST BEGINNING TO LAUNCH WITH OUR PARTNERS YOU CAN SEE OUR  
PARTNERS HERE ARE THE DEPARTMENT OF DEVELOPMENTAL

2:08:40

SERVICES UCD FAMILY CAREGIVING INSTITUTE USIM COLLABORATIVE CONSULTING

2:08:46

MARIN CENTER FOR INDEPENDENT LIVING IMPERIAL COUNTY AND THE COUNTY OF  
VENTURA

2:08:52

NEXT SLIDE SO I JUST TALKED TO WE'RE

2:08:57

ALSO GOING TO BE LOOKING INTO NEXT STEPS OF HOW WE DRAFT A STEERING

2:09:03

COMMITTEE AND IF ANY OF YOU ARE INTERESTED ON SITTING IN THE STEERING  
COMMITTEE PLEASE LET US KNOW WE'RE

2:09:08

LOOKING FOR PARTICIPATION FROM A NUMBER OF OUR DIFFERENT ADVISORY  
COMMITTEES TO SEE WHO MIGHT WANT TO BE PART OF

2:09:15

THIS EFFORT SO I WILL STOP THERE IF THERE'S ANY TIME FOR QUESTIONS SO I  
THINK I MIGHT HAVE GONE OVER HOW ABOUT

2:09:21

IF ANYBODY HAS A BURNING QUESTION PLEASE FEEL FREE TO ASK SARAH I  
THOUGHT THAT WAS REALLY A GREAT REPORT AND HELPFUL

2:09:29

ABOUT THE WORK YOU'RE DOING ON THE LONG-TERM CARE BENEFIT SO THANKS SO  
MUCH

2:09:35

QUESTIONS OKAY YOU'RE JUST SO THOROUGH AND COMPREHENSIVE ALL RIGHT  
THANK YOU ALL

2:09:40

APPRECIATE IT THANKS SO MUCH SARAH APPRECIATE IT I THINK WE ARE NOW  
WYNN IS GOING TO MOVE ON WITH OUR

2:09:49

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH UPDATE AND LEAD THAT DISCUSSION

2:09:55

WITH THAT STAFF AND I JUST WANTED TO SAY BY THE WAY MICHELLE JOHNSON IN  
CASE YOU WERE MISSING HER TODAY ALTHOUGH THE

2:10:01

MEETING IS GOING SWIMMINGLY WITHOUT HER WHICH IS GREAT SHOWS ALL THE  
GREAT

2:10:06

PREPARATION SHE IS AT A NATIONAL CONFERENCE ON ALZHEIMER'S ON THE

2:10:12

EAST COAST I THINK SO THAT IS WHY SHE'S NOT HERE TODAY SO WE MISS HER BUT  
I JUST WANTED I REALIZED I DIDN'T SAY WHY

2:10:19

SHE WASN'T HERE SO OKAY TAKE IT AWAY WYNN WHAT YEP THERE SHE

2:10:26

IS HELLO GOOD AFTERNOON SO NOW WE HAVE THE DEPARTMENT OF PUBLIC  
HEALTH

2:10:32

TINA FUNG PRESENTING ALZHEIMER'S DISEASE PROGRAM UPDATE TAKE IT AWAY  
GREAT THANK YOU DR CANIO AND THANK

2:10:41

YOU CATHERINE GOOD AFTERNOON MY NAME IS TINA FUNG I AM THE MANAGER OF  
THE

2:10:47

ALZHEIMER'S DISEASE PROGRAM WITHIN THE CHRONIC DISEASE CONTROL BRANCH  
AT THE CALIFORNIA DEPARTMENT OF PUBLIC

2:10:54

HEALTH I WILL BE PROVIDING SOME UPDATES ON OUR MOST RECENT WORK WITHIN

2:11:00

ADP NEXT SLIDE

2:11:10

PLEASE SO OUR PROGRAM FOCUSES ON THREE DIFFERENT CATEGORIES WITH  
DIFFERENT

2:11:16

GOALS WE HAVE PREVENTION CLINICAL AND CAREGIVING AS WELL AS RESEARCH

2:11:21

EVALUATION SO I'LL START WITH OUR UPDATES IN OUR PREVENTION

2:11:27

PILLAR IN FEBRUARY OF THIS YEAR ADP LAUNCHED THE TAKE ON ALZHEIMER'S  
PUBLIC

2:11:33

AWARENESS MEDIA CAMPAIGN TO PROMOTE RISK PRODUCTION EDUCATE  
CALIFORNIANS

2:11:39

ABOUT THE SCIENCE OF ALZHEIMER'S AND ENCOURAGE CONVERSATIONS WITH  
LOVED ONES

2:11:44

AND HEALTHCARE PROVIDERS AROUND SCREENING OUR MEDIA VENDOR RECENTLY  
COMPLETED A TRACKING STUDY SURVEY

2:11:52

TO MEASURE THE CAMPAIGN'S EFFECTIVENESS FROM THIS SURVEY WE LEARNED  
THAT CAMPAIGN-BUILT CALIFORNIA'S

2:11:58

AWARENESS OF ALZHEIMER'S DISEASE BY GENERATING OVER 297 MILLION  
IMPRESSIONS

2:12:05

ON THE TAKE ON ALZHEIMER'S CAMPAIGN WEBSITE VIA ONLINE PAID MEDIA  
TACTICS

2:12:10

AND OFFLINE TACTICS THE CAMPAIGN ALSO GENERATED OVER

2:12:15

74,000 WEBSITE VISITS WITH AN ENGAGEMENT RATE OF 45%

2:12:21

OUR MEDIA VENDOR ALSO COMPLETED A REPORT ON THE CAMPAIGN OVERALL WE  
ANTICIPATE HAVING THAT PUBLISHED EARLY

2:12:30

2025 NEXT SLIDE PLEASE ADP CURRENTLY FUNDS 13 LOCAL

2:12:38

HEALTH JURISDICTIONS THROUGHOUT THE CALIFORNIA THROUGH THE CALIFORNIA HEALTH BRAIN HEALTHY BRAIN INITIATIVE OR

2:12:46

CALIFORNIA HBI TO IMPLEMENT PUBLIC HEALTH STRATEGIES THAT PROMOTE BRAIN

2:12:51

HEALTH ADDRESS DEMENTIA AND SUPPORT PEOPLE LIVING WITH ALZHEIMER'S DISEASE OR OTHER DEMENTIAS OR ADRD AND

2:12:59

ALSO THEIR CAREGIVERS THE STATE PROJECT IS MODELED AFTER THE CDC HEALTHY BRAIN

2:13:06

INITIATIVE ROAD MAP THE PROJECT TERM WILL END THIS FISCAL YEAR BUT OUR 13

2:13:12

COUNTIES CONTINUE TO COLLECT ADRD SURVEILLANCE AND PROGRAM DATA ON A

2:13:17

SEMIANNUAL BASIS TO INFORM THEIR COMMUNITY ACTIVITIES AND SERVICES AND TO

2:13:23

ENSURE THE CALIFORNIA HBI METRICS ALIGNED WITH THE CDC HBI AND CONCURRENTLY ADP IS FINALIZING

2:13:32

AN EVALUATION REPORT OF THE PILOT COHORT THAT WORKED ON THIS INITIATIVE FROM 2020

2:13:38

TO 2022 AND WE ANTICIPATE PUBLISHING THAT REPORT BY THE END OF THIS

2:13:44

YEAR NEXT SLIDE

2:13:49

PLEASE IN THIS FISCAL YEAR 2425 ADP WAS ONE OF SEVERAL CDPH PROGRAMS THAT

2:13:56

RECEIVED A PORTION OF THE CDC'S BLOCK GRANT THAT WAS AWARDED TO CALIFORNIA

2:14:02

ADP INTENDS TO USE THIS GRANT TO EXPAND THE CALIFORNIA HEALTHY BRAIN INITIATIVE

2:14:08

WORK TO INCLUDE TRIBAL AND RURAL COMMUNITIES THAT ARE CURRENTLY NOT

2:14:14

FUNDED TO CONDUCT HBI WORK WE PLAN TO CREATE AND ENGAGE A COMMUNITY PRACTICE

2:14:21

COLLABORATIVE MADE UP OF TRIBAL LED AND TRIBAL SERVING ORGANIZATIONS AND

2:14:26

RURAL HEALTH DEPARTMENTS AND WITH THE HELP OF TRUSTED PARTNERS ADP WILL PROVIDE HBI RESOURCES TECHNICAL

2:14:34

ASSISTANCE AND TRAINING TO TRIBAL AND RURAL COMMUNITIES THIS WORK WILL BE

2:14:39

CONTINUING UNTIL 2029 WITH THE ULTIMATE GOAL OF EXPANDING HBI WORK TO UNDER

2:14:45

REACHED COMMUNITIES AND RURAL REGIONS OF THE STATE NEXT SLIDE PLEASE

2:14:54

AND SO NEXT IS OUR CLINICAL AND CAREGIVING

2:15:01

UPDATES ALL RIGHT SO ADP HOSTED ITS ANNUAL CALIFORNIA ALZHEIMER'S DISEASE

2:15:06

CENTER CONFERENCE IN SEPTEMBER OF THIS YEAR A TOTAL OF 73 INDIVIDUALS ATTENDED

2:15:13

REPRESENTING ALL 10 CCS WHICH IS ALSO CALIFORNIA ALZHEIMER'S DISEASE CENTERS

2:15:20

THE 13 HBI COUNTIES ADP FUNDED RESEARCH GRANTEES AND STATE AND LOCAL PARTNERS

2:15:26

INCLUDING THE ALZHEIMER'S ASSOCIATION DEPARTMENT OF HEALTHCARE SERVICES

2:15:32

CALIFORNIA DEPARTMENT OF AGING AND THEN ALSO HEALTHY AGING INITIATIVE WHICH IS A PROGRAM WITHIN

2:15:38

CDPH THE CONFERENCE WAS THE FIRST TIME THAT ALL ADP FUNDED PROJECTS HAD AN OPPORTUNITY TO CONNECT AND IDENTIFY

2:15:46

COMMUNITY AND CLINICAL LINKAGES AMONG CADC'S AND LOCAL HEALTH

2:15:51

JURISDICTIONS AND DISCUSSIONS WERE MADE TO IMPROVE BOTH THE  
COORDINATION OF

2:15:56

SERVICES AND DEMENTIA HEALTH OUTCOMES WITHIN THEIR LOCAL COMMUNITIES  
THE CONFERENCE ALSO PROVIDED

2:16:03

ATTENDEES WITH IMPORTANT LEGISLATIVE CLINICAL LOCAL AND STATE UPDATES  
TO IDENTIFY KEY PRIORITIES AND

2:16:10

STRATEGICALLY PLANNED FUTURE WORK NEXT SLIDE

2:16:17

PLEASE WE ARE CURRENTLY PARTNERING WITH THE UNIVERSITY OF CALIFORNIA  
SAN

2:16:23

FRANCISCO IN FRESNO AND THE UNIVERSITY OF CALIFORNIA IRVINE TO CREATE A

2:16:28

CAREGIVER TRAINING AND CERTIFICATION CURRICULUM WITH A GOAL OF CREATING  
28

2:16:33

MODULES THIS PROJECT AIMS TO EXPAND ACCESS TO EVIDENCE-BASED DEMENTIA

2:16:38

RELATED EDUCATION AND TRAINING FOR CAREGIVERS WITH A SPECIFIC FOCUS ON

2:16:44

UNPAID FAMILY CAREGIVERS TO DATE 28 MODULES HAVE BEEN DEVELOPED AND  
ARE IN

2:16:50

THE PROCESS OF BEING TESTED AND PILOTED WITHIN LOCAL COMMUNITIES THE  
FINAL

2:16:55

VIDEOS AND MODULE GUIDES SHOULD BE COMPLETED IN THE BEGINNING OF 2025  
NEXT SLIDE

2:17:07

PLEASE IN ADDITION ADP IMPLEMENTED THE STANDARDS OF DEMENTIA CARE  
INITIATIVE WITH THE GOALS OF IMPROVING DEMENTIA

2:17:14

SCREENING BY ONE CREATING A TOOL FOR PROVIDERS TO IDENTIFY PATIENTS

2:17:19

ESPECIALLY THOSE POPULATIONS WHO WERE UNDERDIAGNOSED WHO WOULD  
BENEFIT FROM

2:17:25

EARLIER BRAIN HEALTH SCREENINGS EXPANDING THE DEMENTIA CARE AWARE WORK THAT THE DEPARTMENT OF HEALTHCARE

2:17:31

SERVICES OVERSAW AND PROVIDING AN ONLINE LIBRARY OF RESOURCES FOR PROVIDERS AND

2:17:37

REDUCING RACIAL HEALTH DISPARITIES IN ADRD SCREENING AND

2:17:42

CARE SO ONE OF THE PROJECTS THAT IS PART OF THIS INITIATIVE IS THE BRAIN HEALTH TOOLKIT LED BY DR DEB BARNES FROM

2:17:49

UCSF INITIALLY THIS PROJECT WAS TO IMPLEMENT AN EXISTING ELECTRONIC RISK CALCULATOR

2:17:56

TO IDENTIFY PATIENTS AT HIGH RISK FOR ADRD AND HAVE THEM SCREEN AFTER SOME

2:18:02

FOCUS GROUP TESTING ON PRIMARY CARE PHYSICIAN NEEDS AND PRIORITIES DR BARNES

2:18:08

AND HER RESEARCH TEAM LEARNED THAT A NEW ELECTRONICS TOOL COULD OVERWHELM PROVIDERS WORKLOAD AND TIME SO AND THEY

2:18:16

ALSO LEARNED THAT PATIENTS PLAY SUCH A TREMENDOUS ROLE IN INITIATING THE CONVERSATION ON ALZHEIMER'S DISEASE AND

2:18:23

OTHER DEMENTIA SCREENING WITH THEIR DOCTORS SO AS A RESULT DR BARNES DEVELOPED THE BRAIN HEALTH TOOLKIT

2:18:31

WHICH TAKES A MORE PATIENT CENTERED APPROACH AND BUILDS PATIENT EMPOWERMENT

2:18:37

WHICH ALSO ALIGNS WITH THE CALIFORNIA SURGEON GENERAL'S CURRENT GOALS NEXT SLIDE

2:18:45

PLEASE AND NOW I'LL MOVE ON TO OUR RESEARCH AND EVALUATION UPDATES

2:18:51

SO OVER THE SUMMER ADP LAUNCHED ITS RESEARCH SYMPOSIUM SERIES TO BRING ADP

2:18:56



PARTNERS TOGETHER TO LISTEN LEARN AND HAVE OPEN DISCUSSIONS ON ADRD RESEARCH

2:19:02

TO PROVIDE MORE OPPORTUNITIES FOR ALIGNMENT AND COLLABORATION THIS THE SYMPOSIUM SESSIONS ARE HOSTED

2:19:09

QUARTERLY THE SECOND SESSION WAS HELD ON OCTOBER 18TH AND THE PRESENT PRESENTERS INCLUDED DR MICHAEL WEINER

2:19:17

HE'S A PROFESSOR OF RADIOLOGY AT UCSF AND DR RACHEL NOSHENY ASSOCIATE PROFESSOR

2:19:24

IN RESIDENCE AT UCSF THEY DELIVERED A PRESENTATION

2:19:30

HIGHLIGHTING THE ALZHEIMER'S DISEASE NEUROIMAGING INITIATIVE AND THE BRAIN

2:19:35

HEALTH REGISTRY NEXT SLIDE

2:19:44

PLEASE ADP ALSO STARTED UPDATING THE STATISTICAL REPORT OF ADRD IN

2:19:50

CALIFORNIA THIS IS IN PARTNERSHIP WITH DR JARMAN GAY FROM UCSF THE INITIAL REPORT WAS PUBLISHED

2:19:57

EARLY 2021 WHICH DID NOT CAPTURE THE EFFECTS OF COVID-19 ON ADRD DIAGNOSIS

2:20:04

AND DEATH RATES THE STATE IS DUE FOR AN UPDATED REPORT ANALYZING THE IMPACT OF

2:20:10

THE PANDEMIC AND ALSO CONTINUING DATA COLLECTION OF UNDERREPRESENTED AND UNDERDIAGNOSED

2:20:19

POPULATIONS NEXT SLIDE PLEASE AND LASTLY ADP IS IN THE WORKS OF LAUNCHING

2:20:26

AN EVALUATION PROJECT THAT ASSESSES THE GOVERNMENT'S TASK FORCE RECOMMENDATIONS THE PURPOSE OF THIS

2:20:32

TASK FORCE AS YOU MAY KNOW WAS TO PRESENT RECOMMENDATIONS TO THE GOVERNOR ON HOW LOCAL COMMUNITIES PRIVATE

2:20:39

ORGANIZATIONS BUSINESSES GOVERNMENT AND FAMILIES CAN PREVENT AND PREPARE FOR THE

2:20:45

INCREASED RATES OF ALZHEIMER'S DISEASE AND ALL ITS OUTCOMES AND TO NAVIGATE A

2:20:51

PATH FORWARD TO ADDRESS THE EFFECTS OF ALZHEIMER'S DISEASE THE 10 RECOMMENDATIONS WERE DEVELOPED BY TASK

2:20:57

FORCE AS A ROAD MAP ON HOW CALIFORNIA CAN ADDRESS ALZHEIMER'S

2:21:02

DISEASE PREVENTION AND IT COULD BE FOUND IN THE ALZHEIMER'S PREVENTION PREPAREDNESS AND THE PATH FORWARD REPORT

2:21:10

SO WE ANTICIPATE EXECUTING A CONTRACT FOR THE 25-26 STATE FISCAL YEAR TO

2:21:17

EVALUATE THE RECOMMENDATIONS NEXT SLIDE

2:21:25

PLEASE SO I THANK YOU FOR YOUR TIME AND IF YOU HAVE ANY QUESTIONS PLEASE FEEL

2:21:30

FREE TO REACH OUT TO US AT ADP WITHIN CDPH OUR SHARED INBOX EMAIL ADDRESS

2:21:39

IS ALZHEIMERS D AT C D P H DOT C A DOT GOV

2:21:45

THANKS SO MUCH FOR ALL THE INTERESTING INFORMATION AND PROGRESS YOU'RE MAKING

2:21:50

AND I THINK YOU'RE IN A NEW POSITION SO WELCOME TO THAT WE WE'RE HAPPY FOR YOU ABOUT THAT AND I'LL ASK IF MEMBERS OF

2:21:58

THE COMMITTEE HAVE ANY QUESTIONS SINCE WE HAVE TIME BARBRA IT LOOKS LIKE YOU HAVE A QUESTION I DO HI TINA NICE TO

2:22:04

MEET YOU THE REPORT THE STATE REPORT THAT YOU NOTED IS DUE FOR AN UPDATE IS THERE

2:22:11

A TIMELINE FOR WHEN THAT WILL ACTUALLY HAPPEN AND THAT REPORT BE

2:22:18

RELEASED WE HAVE STARTED THE ANALYSIS FOR THE UPDATED REPORT AND WE  
HOPE

2:22:27

TO HAVE THE ANALYSIS WRITTEN AND PUBLISHED BY JUNE OF 2026 I

2:22:35

BELIEVE THANK YOU THANK YOU BARBRA OTHER

2:22:44

QUESTIONS OKAY I'M NOT SEEING ANY AND THANKS FOR PROVIDING HOW PEOPLE  
CAN PROVIDE INFORMATION OR ASK

2:22:50

QUESTIONS AFTER THE MEETING THAT WAS GREAT OH IT LOOKS LIKE SORRY I

2:22:55

OVERLOOKED CARLOS WHO HAS A QUESTION GO AHEAD CARLOS QUESTION ABOUT  
THE

2:23:01

CAREGIVER TRAINING WHERE HOW IS THAT GOING TO BE PUSHED FORWARD LIKE

2:23:07

COULD I BE A PART OF THAT SINCE I'M A

2:23:13

CAREGIVER YES WE'LL HAVE A MORE ESTABLISHED CAREGIVER TRAINING

2:23:19

DISSEMINATION PLAN RIGHT NOW WE'RE IN THE WORKS OF DISSIDA THROUGH OUR

2:23:24

PARTNERS AT THE CADC'S AND OUR HBI COUNTIES BUT YOU KNOW WE WILL

2:23:31

HAVE ADDITIONAL INFORMATION IN THE NEXT ADVISORY COMMITTEE MEETING ON  
HOW YOU

2:23:38

CAN ACCESS THAT INFORMATION AND TRAINING THAT'S GREAT AND IT LOOKS LIKE

2:23:46

JASON GRAVANO HAS HIS HAND UP OH HI TINA YOU CAN PROVIDE MORE  
INFORMATION THANK

2:23:52

YOU I CAN I'M A CO-INVESTIGATOR ON THE PROJECT FOR THE CAREGIVER TRAINING

2:23:58

OUR PLAN FOR THE NORTHERN CALIFORNIA SIDE IS TO HOST THESE MODULES  
ONLINE FOR

2:24:04

FREE WITHOUT ANY SORT OF SIGN UP OR OTHER REQUIREMENT AND SO WHEN THE

2:24:10

MODULES ARE FINISHED WITH OUR PARTNERS THEY'LL GO UP ON THE WEBSITE AND

2:24:16

EVERYONE WILL HAVE ACCESS TO THEM IT'S JUST ABOUT KNOWING WHEN THEY'RE AVAILABLE SO AS TINA HAD MENTIONED ONCE

2:24:22

THEY'RE READY WELL WE'RE GOING TO TRY OUR BEST TO MAKE SURE THAT THE PEOPLE

2:24:27

YOU KNOW AT THE STATE LEVEL AND AS MANY PROVIDERS WE CAN KIND

2:24:32

OF CAN GET ON BOARD TO START PUTTING THESE OUT THERE AS FREE ACCESSIBLE

2:24:37

RESOURCES AND THESE ALSO WILL HOPEFULLY WHAT WE'RE TRYING TO DO IS MAKE SURE THAT THEY POINT NOT ONLY TO

2:24:44

THE TRAININGS THEMSELVES BUT TO OTHER AVAILABLE RESOURCES SO IT KIND OF TRIES TO COLLAPSE SOME OF THE COMPLEXITY OF

2:24:52

NAVIGATING ALL THIS STUFF YOURSELF SO A PARTICULAR QUESTION I CAN HELP POINT YOU IN THAT DIRECTION SO IT IT'LL BE OURS

2:24:59

WILL BE HOSTED ON THE WEBSITE RIGHT NOW IT'LL BE ON VALLEY CAREGIVER RESOURCE CENTER'S WEBSITE IT IS NOT UP THERE NOW DON'T BOTHER LOOKING YET BUT WE'RE

2:25:06

WORKING WITH WEB HOST TO START GETTING THIS UP WE HOPE THAT WE'LL HAVE INITIAL VERSIONS OF IN ENGLISH IN

2:25:11

JANUARY UP AS TINA MENTIONED THOUGH YOU KNOW THERE'S OTHER BARRIERS

2:25:17

AND TECHNICALITIES FOR GETTING ALL OF THE LANGUAGES THAT WE'RE TRAINED TO WORK WITH UP AS WELL SO WE'RE HOPING FOR

2:25:24

THAT TIMELINE AND WE'LL MAKE SURE THAT EVERYONE IS UPDATED WITH OUR

2:25:30

PROGRESS SO THANKS FOR THAT NICE UPDATE THAT'S GREAT CARLOS DID YOU HAVE ANY OTHER COMMENT ABOUT THAT OH JUST THAT

2:25:36

THANK YOU YEAH AND I THINK WE HAVE A MEETING I THINK IN FEBRUARY IS SO IT

2:25:43

WOULD BE GREAT TO GET AN UPDATE OF IF THAT HAS ACTUALLY HAPPENED BECAUSE I THINK THERE'S LOTS OF PEOPLE ON THIS

2:25:49

ZOOM THAT WOULD APPRECIATE THAT INFORMATION AND OPPORTUNITY SO REALLY TERRIFIC

2:25:55

NEWS OKAY OTHER COMMENTS QUESTIONS OKAY THANKS BOTH TO TINA AND

2:26:02

JASON WE APPRECIATE YOU MAKING TIME FOR US TINA AND JASON I THINK WE GET YOU

2:26:07

FOR THE REST OF THE MEETING SO THAT'LL BE GREAT THANKS SO MUCH OKAY WE ARE GOING TO TURN TO OUR EVER IMPORTANT

2:26:14

LEGISLATIVE UPDATE WE HEARD A LITTLE BIT ABOUT THAT FROM KIM MCCOY WADE THIS

2:26:19

MORNING FROM THE ADMINISTRATION'S PERSPECTIVE BUT WE ARE SO FORTUNATE TO HAVE ERIC DOWDY AND BARBRA MCLENDON HERE

2:26:27

TO GIVE US THEIR PERSPECTIVE OF WHAT'S HAPPENED AND MAYBE WHAT STILL REMAINS TO

2:26:32

BE DONE IN THE LEGISLATIVE SESSION THAT WE WILL BEGINNING WILL BEGIN AFTER JANUARY THIS YEAR SO ERIC IT LOOKS LIKE

2:26:39

YOU'RE UP FIRST AND THANKS AGAIN FOR BEING HERE YES THANK YOU MADAM CHAIR

2:26:45

WELCOME OR THANK YOU FOR HAVING ME I'M A LITTLE UNDER THE WEATHER SO I'M GOING TO TRY TO PLOW THROUGH THIS AS BEST AS I CAN SO ADVANCE TO THE FIRST SLIDE

2:26:53

PLEASE AND FEEL BETTER HOPEFULLY THANK YOU NEXT SLIDE

2:27:01

PLEASE SO I WILL GO OVER THE THREE BILLS THAT WE WORKED ON THE MOST HERE AT THE

2:27:06

ALZHEIMER'S ASSOCIATION WE SPONSORED THREE AND GOT THREE SIGNED THIS YEAR SO IT WAS A REALLY GREAT YEAR FOR US

2:27:13

FIRST BILL WAS SB 639 THIS WAS BY SENATOR LIMON DEALING WITH MEDICAL PROFESSIONALS IT ADDS A NEW TRAINING

2:27:21

REQUIREMENTS TO THREE DIFFERENT CATEGORIES OF MEDICAL PROVIDERS FIRST TO PHYSICIANS AND PRIMARY

2:27:29

CARE PHYSICIANS MOST IMPORTANTLY IT ADDS CARE OF PERSONS WITH DEMENTIA TO THE

2:27:34

EXISTING GERIATRIC CARE REQUIREMENT THAT'S NEW AND THEN ALSO A NEW

2:27:42

REQUIREMENT FOR NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS SO THE REQUIREMENT WHICH IS NEW FOR THEM AS WELL IS A 20%

2:27:50

OF THEIR CONTINUED EDUCATION MUST BE IN GERIATRIC OR DEMENTIA CARE IF THE

2:27:56

PATIENT POPULATION FOR WHICH THEY CARE FOR IS 25% OR MORE OVER THE AGE OF 65

2:28:03

SO HOPEFULLY YOU CAN UNDERSTAND FROM ALL OF THOSE NUMBERS WHAT WE'RE DOING THERE IT'S BASICALLY TRYING TO TARGET

2:28:09

THOSE HEALTH CARE PROVIDERS WHO DO HAVE A SIGNIFICANT PORTION OF THEIR POPULATION DEALING WITH OLDER ADULTS

2:28:14

THAT THEY ARE DEVOTING SOME OF THEIR CONTINUING EDUCATION TO DEMENTIA AND FOR PERSONS WHO NEED

2:28:22

ASSISTANCE WITH THEIR CARE SO THOSE BECOME EFFECTIVE JANUARY 1ST

2:28:28

2025 THOSE WILL BE HANDLED THROUGH THE RESPECTIVE MEDICAL BOARDS SO

2:28:33

YOU SHOULD SEE INFORMATION COMING THROUGH THE CALIFORNIA MEDICAL BOARD AND OTHER BOARDS UNDER THE DEPARTMENT

2:28:39

OF CONSUMER AFFAIRS VERY SHORTLY ONCE THOSE ARE ROLLED OUT NEXT SLIDE

2:28:50

AH THERE WE GO AB 2680 THIS IS THE BILL THAT AFFECTS THIS COMMITTEE SO

2:28:56

WE DID A LOT OF WORK AROUND KIND OF GETTING THIS IN A GOOD POSITION TO MAKE

2:29:02

IT EASILY GO THROUGH THE I WOULD SAY EASILY BUT IT MADE IT THROUGH THE APPROPRIATIONS COMMITTEE WHICH HAS BEEN

2:29:08

KIND OF THE BARRIER IN THE PREVIOUS YEARS MOST NOTABLY YOU'LL NOTICE THAT THE NAME OF THE COMMITTEE WILL

2:29:15

CHANGE SO IT'S NOW THE ALZHEIMER'S WELL I'LL SAY AS OF JANUARY 1ST THIS COMMITTEE WILL BE RENAMED THE

2:29:20

ALZHEIMER'S DISEASE AND RELATED CONDITIONS ADVISORY COMMITTEE IT ADDS A MINIMUM OF TWO UP TO FOUR NEW MEMBERS

2:29:27

FROM TO THE COMMITTEE UP TO A MAXIMUM OF 20 IT REMOVES THE STIGMATIZING

2:29:33

LANGUAGE THAT'S BEEN IN THE STATUTE SO THINGS THAT HAVE BEEN MENTIONED AS SUFFERING FROM ALZHEIMER'S ETC. WE REMOVE

2:29:39

THAT WE ALSO REMOVE THE TERM LIMITS FOR THE MEMBERS THAT ARE LIVING WITH

2:29:46

THE DIAGNOSIS AND THEN ALSO WE'VE ADDED THE EX-OFFICIO MEMBERS SO THOSE ARE

2:29:52

MEMBERS FROM THE ASSEMBLY AND THE SENATE APPOINTED BY THE RULES COMMITTEES AND THEN ALSO WE'RE ADDING FOUR ADDITIONAL

2:29:59

MEMBERS TO BE APPOINTED BY THE HHS SECRETARY AT HER DISCRETION AND THEN ALSO ANOTHER

2:30:06

BILL THAT WAS RUNNING IN TANDEM OF THIS WAS AB 2207 SO THAT BILL PASSED AND NOW GETS

2:30:11

ADDED TO THE STATUTE SO IT ADDS THE EXECUTIVE DIRECTOR OR HIS OR HER DESIGNATE TO THE FROM THE COMMISSION ON

2:30:20

ON AGING TO THE COMMITTEE AS WELL SO THOSE ARE ALL GOING TO AFFECT JANUARY 1

2:30:25

I KNOW THE DEPARTMENT OF AGING WILL BE HANDLING ALL THIS SO WE'LL BE WATCHING FOR SIGNS FROM THEM ON KIND OF HOW

2:30:31

THE IMPLEMENTATION WILL WORK AND THE FINAL SLIDE IF WE CAN MOVE TO THE NEXT ONE IS BASICALLY AN

2:30:39

EXTENSION OF THE CALIFORNIA ALZHEIMER'S DISEASE AND RELATED DEMENTIA RESEARCH

2:30:44

VOLUNTARY TAX CONTRIBUTION FUND ROLLS OFF THE TONGUE SO NICE THAT WAS DUE

2:30:50

TO EXPIRE SO WE ARE GOING WE HAVE EXTENDED THAT TO 2032 I DID WANT TO NOTE THAT THE FUND

2:30:58

ONLY STAYS AROUND IF IT MEETS CERTAIN MINIMUM CONTRIBUTION AMOUNTS SO IF WE

2:31:04

EVER DIP UNDER THE \$250,000 MARK THE FUND IS REPEALED SO

2:31:11

ALTHOUGH IT'S ESTABLISHED YOU KNOW THROUGH THE NEXT THROUGH 2032 IT

2:31:16

COULD GO AWAY IF IT'S NOT UTILIZED SO WE DO WANT TO MAKE SURE THAT CONTRIBUTIONS ARE STILL MADE AND WE SHOULD BE TALKING

2:31:23

ABOUT THIS I THINK A LOT MORE THAN WE DO SO THOSE ARE THE THREE BILLS I WAS

2:31:28

GOING TO TALK THROUGH I KNOW THAT BARBRA IS ON TO TALK ABOUT A LOT OF OTHER BILLS THAT IMPACT THE SPACE SO I

2:31:34

COULD TURN IT OVER TO BARBRA NOW AND THEN HOLD QUESTIONS TO THE END THAT

2:31:40

SOUNDS GREAT THANK YOU THANK YOU ERIC OKAY NEXT SLIDE CAN I JUST ACKNOWLEDGE CAN I JUST

2:31:46

ACKNOWLEDGE THAT SUSAN DEMAROIS HAS JOINED US AND WE'RE ALWAYS HAPPY TO SEE HER SO THANKS FOR MAKING TIME I KNOW YOU HAD A

2:31:53

BUSY DAY SO GO-AHEAD BARBRA SORRY YEAH NO WORRIES AT ALL I'M GOING TO START WITH THE PIECE OF LEGISLATION THAT WAS

2:31:59



SPONSORED BY MY ORGANIZATION ALZHEIMER'S LOS ANGELES IN PARTNERSHIP  
WITH ALZHEIMER'S ORANGE COUNTY AND ALZHEIMER'S SAN DIEGO

2:32:05

THIS WAS ACTUALLY MENTIONED BY KIM MCCOY WADE AT THE TOP OF HER  
COMMENTS

2:32:10

AND THIS IS RELATED TO THE COMMISSION ON PEACE OFFICER STANDARDS AND

2:32:16

TRAINING AND THEY WILL BE DEVELOPING BASICALLY GUIDELINES FOR LAW  
ENFORCEMENT

2:32:22

AGENCIES TO IMPROVE BOTH RESPONSE WHEN SOMEONE WANDERS AND HOW LAW  
ENFORCEMENT CAN BE IN THE COMMUNITY AND

2:32:29

MORE EFFECTIVELY WORKING WITH FAMILIES TO ACTUALLY PREVENT WANDERING  
BEFORE IT EVEN HAPPENS SO THIS BILL BECOMES EFFECTIVE JANUARY 1ST 2025  
WE GO TO NEXT

2:32:40

SLIDE SO THE NEXT BUNCH OF BILLS AGAIN THESE ARE NOT SPECIFICALLY

2:32:46

WITH MY ORGANIZATION BUT THEY'RE BILLS THAT I DO THINK ARE IMPORTANT FOR  
OUR FAMILIES TO KNOW ABOUT THESE TWO

2:32:52

ARE RELATED TO MAKING THE PAID FAMILY LEAVE PROGRAM WORK BETTER FOR  
EVERYONE

2:32:58

WHO CAN ACCESS THAT PROGRAM AND I WILL SAY THAT I DO FEEL LIKE THERE'S A  
LOT OF WORK TO BE DONE IN THIS SPACE

2:33:04

TO MAKE PEOPLE OTHER THAN THOSE WHO HAVE JUST HAD A BABY OR ADOPTED  
AWARE OF

2:33:10

THE PROGRAM AND ENCOURAGING THEM TO USE THE PROGRAM BECAUSE IT'S A  
PRETTY SMALL PERCENTAGE OF PEOPLE THAT TAKE

2:33:17

ADVANTAGE OF THE PROGRAM WHO WOULD BE WHAT WE WOULD THINK OF AS IS  
CARING FOR SOMEONE WHO'S LIVING WITH ALZHEIMER'S

2:33:22

OR ANOTHER FORM OF DEMENTIA AND THEN AS KIM MCCOY WADE MENTIONED AS  
WELL THE PERCENTAGE OF SOMEONE'S PAY THAT THIS

2:33:30

WOULD REPLACE IS ACTUALLY INCREASING THIS YEAR SO IT'S JUST REALLY COULD BE SUCH A DIFFERENCE MAKER FOR FAMILIES

2:33:37

IF THEY KNOW THAT IT'S OUT THERE AND THEY'RE ENCOURAGED TO USE IT SO THE FIRST BILL

2:33:42

SB 1090 RELATES TO ALLOWING PEOPLE TO APPLY FOR THE BENEFITS BEFORE THEY'RE GOING TO GO OUT ON LEAVE JUST SO THAT

2:33:50

THEY'RE NOT WHEN THEY'VE WHEN THEY'RE CARING FOR THE ACTIVELY CARING FOR THE LOVED ONE THAT'S KIND OF THE WORST

2:33:56

TIME TO HAVE TO TRY TO JUMP THROUGH THE HOOPS OF APPLYING FOR THE PROGRAM SO THIS WOULD ALLOW THEM TO DO THAT PROACTIVELY BUT BENEFITS WOULD NOT BEGIN

2:34:02

UNTIL THEY WERE ACTUALLY HAD TAKEN THE LEAVE AND THEN THE SECOND BILL IS RELATED TO ALLOWING PEOPLE TO ACCESS THE

2:34:09

PAID FAMILY LEAVE PROGRAM WITHOUT THEIR EMPLOYER BEING ABLE TO REQUIRE THEM TO USE VACATION TIME FIRST I WILL JUST

2:34:16

NOTE THERE WAS ONE OTHER PAID FAMILY LEAVE BILL THAT DIDN'T PASS THAT WAS RELATED TO FAMILY OF CHOICE SO THAT IF IT'S

2:34:22

SOMEONE WHO ISN'T IN THAT LONG LIST OF RELATIVES BUT IS SOMEONE WHO FUNCTIONED IN YOUR LIFE IN THE SAME WAY

2:34:28

THAT A FAMILY MEMBER WOULD HAVE BEEN ALLOWED THAT PERSON TO BE ABLE TO ACCESS PAID FAMILY LEAVE

2:34:33

UNFORTUNATELY DIDN'T PASS I THINK THAT'S YOU KNOW WORK TO BE DONE GOING FORWARD

2:34:42

NEXT THE NEXT BILL MAY SEEM LIKE AN ODD ONE FOR ME TO BE BRINGING UP HERE

2:34:47

BUT YOU KNOW WE HAVE HAD FAMILIES IS CALLING OUR HELPLINE SAN DIEGO IN PARTICULAR HAS A LOT OF FORMER

2:34:54

MILITARY IN THEIR COMMUNITY PEOPLE WHO ARE GUN OWNERS AND MAY BE LIVING

2:34:59

WITH A DEMENTIA AND THERE JUST SOME CONCERNS AROUND SAFE GUN STORAGE  
THIS BILL IS NOT SPECIFIC TO PEOPLE WHO ARE

2:35:05

LIVING WITH ANY KIND OF COGNITIVE IMPAIRMENT THIS IS FOR ALL OF US AND  
JUST REQUIRES SAFE GUN STORAGE IN A VERY

2:35:12

PARTICULAR WAY SO IT'S NOT YOU'VE DECIDED TO SHOE BOXES SAFE GUN STORES  
THERE'S ACTUALLY GUIDELINES ON

2:35:18

WHAT THAT MEANS SO THIS IS SOMETHING MY ORGANIZATION ALZHEIMER'S LOS  
ANGELES IS LOOKING JUST TO MAKE FAMILIES AWARE

2:35:25

OF SOMETIMES FOR FAMILY CAREGIVERS A PIECE OF LEGISLATION OR SOME SORT  
OF FORMAL REQUIREMENT COULD

2:35:31

JUST BE A REALLY EXCELLENT TOOL FOR THEM TO HAVE A CONVERSATION WITH  
THEIR FAMILY

2:35:36

MEMBER SO THAT THEY CAN ENSURE THAT YOU KNOW THEY CAN PROVIDE CARE  
FOR THEM IN WAYS THAT ARE SAFE SO I WOULD WHAT

2:35:43

THAT BRINGS TO MIND TO ME ARE THE REQUIREMENTS AROUND DRIVING YOU  
KNOW IT CAN BE REALLY HELPFUL FOR OUR FAMILY CAREGIVERS WHEN THEY'VE  
GOT THAT

2:35:48

PHYSICIAN WHO'S KIND OF ALONGSIDE THEM SAYING HEY YOU KNOW THIS IS WHAT  
I'M REQUIRED TO DO TO MAKE THIS REPORT LET'S JUST TALK ABOUT HOW WE CAN  
KEEP YOU SAFE

2:35:55

SO I THINK OF THIS SAFE GUN STORAGE LAW AND KIND OF A SIMILAR WAY NEXT

2:36:04

SLIDE THAT'S NOT MY SLIDE

2:36:28

WE CAN GO TO THE NEXT ONE OKAY GREAT THANK YOU AND THEN

2:36:36

JUST A FEW BUDGET ITEMS SO I HOPE YOU ALL ARE AWARE OF THE OMBUDSMAN

2:36:41

PROGRAM AND UNDERSTAND HOW ABSOLUTELY CRITICAL IT IS FOR ENSURING I'M  
JUST GOING TO KEEP TALK OKAY FOR

2:36:48

ENSURING SAFETY AND QUALITY CARE FOR PEOPLE LIVING WITH COGNITIVE IMPAIRMENT IN FACILITIES AND SO THIS PROVIDED

2:36:57

SOME FUNDING FROM SOME SPECIFIC SPECIAL FUNDS SO THAT THEY COULD STRENGTHEN

2:37:03

AND EXPAND THE OMBUDSMAN PROGRAM IT IS LESS THAN WHAT THEY ORIGINALLY ASKED FOR MY UNDERSTANDING IS THEY'RE

2:37:10

PLANNING TO COME BACK IN THIS NEXT LEGISLATIVE SESSION TO ASK FOR THOSE ADDITIONAL FUNDS SO THAT THEY CAN REALLY

2:37:15

TRULY MEET THE NEED IN THE PROGRAM NEXT SLIDE

2:37:21

THE NEXT ONE RELATED TO THE COMMUNITY BASED ADULT SERVICES PROGRAM WE DON'T HAVE OUR

2:37:29

REPRESENTATIVE FROM THAT PROGRAM WITH US TODAY WHICH IS KIND OF TOO BAD BECAUSE I WOULD HAVE LIKED TO HAVE

2:37:34

GOTTEN HER THOUGHTS ON THIS SO C-BAS HAS JUST BEEN IN REAL DIRE NEED FOR

RATE INCREASES SO THAT THESE PROGRAMS WHICH ARE SO IMPORTANT FOR OUR FAMILIES REMAIN FINANCIALLY VIABLE AND ACCESSIBLE

2:37:48

THE REASON I HAVE A QUESTION ABOUT IT IS IT LOOKS LIKE ONE OF THE BALLOT MEASURES RELATED TO MEDICAL

2:37:55

FUNDING IS GOING TO PASS AND I THINK THERE THERE'S SOME THERE'S MAY BE

SOME RELATIONSHIP BETWEEN ANY RATE INCREASES THAT MIGHT HAPPEN FOR CBAS PROGRAMS AND THE PASSAGE OF THAT BALLOT

2:38:05

MEASURE SO I'M NOT EXACTLY SURE HOW THAT'S GOING TO END UP PLAYING OUT IN 2025 AND WHETHER THOSE RATE INCREASES

2:38:11

WILL ACTUALLY HAPPEN FOR CBAS NEXT

2:38:16

SLIDE SO JUST A COUPLE OTHER SLIDES THAT ARE ABOUT SOME OF WHAT WAS INCLUDED IN THE BUDGET YOU KNOW

2:38:23

THE GOVERN THE PROCESSES THAT THE GOVERNOR PUTS OUT SPECIFICALLY WELL  
THERE'S A BUDGET IN JANUARY AND THEN

2:38:28

ANOTHER ONE IN MAY THE MAY REVISE AND THEN THE LEGISLATURE GETS BUSY  
AND THEY HAVE TO COME TO SOME AGREEMENTS AND

2:38:34

SO THERE WERE A NUMBER OF PROGRAMS THAT HAD BEEN SLATED FOR SOME  
CUTS THAT DID ACTUALLY STAY IN THE BUDGET AND ONE

2:38:41

OF THEM IS THE HOME SAFE PROGRAM APPROVING \$50 MILLION FOR THE HOUSING

2:38:48

AND DISABILITY ADVOCACY PROGRAM AND THEN ALSO THE FINAL BUDGET DID  
CONTINUE TO

2:38:53

INCLUDE IN HOME SUPPORTIVE SERVICES FOR UNDOCUMENTED CALIFORNIANS  
THERE'S ONE MORE SLIDE I THINK ON BUDGET

2:39:00

STUFF YEAH SO ALSO WE'RE SO PLEASED TO SEE THAT THAT THE CUTS THAT HAD

2:39:07

ORIGINALLY BEEN PROPOSED FOR THE APS SYSTEMS EXPANSION AND TRAINING  
WERE REJECTED AND SO FUNDING WAS INCLUDED IN

2:39:14

THE BUDGET FOR THAT AGAIN OUR FOLKS ARE SO VULNERABLE WHEN IT COMES TO

2:39:20

ABUSE AND NEGLECT AND SO A STRONG ROBUST APS PROGRAM IS JUST REALLY  
ESSENTIAL AND

2:39:25

SO WE THINK THAT THIS EXPANSION AND TRAINING IS SO NEEDED AND NOW IT IS  
ABLE TO GO FORWARD THE NEXT ITEM

2:39:31

THAT'S RELATED TO MOSTLY NUTRITION MONEY AND SO THAT CONTINUES TO BE  
THERE ALSO AGAIN A VERY IMPORTANT PROGRAM

2:39:39

THERE WAS AN APPROVAL OF SOME REDUCTION OF OLDER ADULT BEHAVIORAL  
HEALTH INITIATIVE AND A MEDIA CAMPAIGN TO GO

2:39:44

ALONG WITH THAT THOUGH ONE OF OUR EARLIER SPEAKERS TALKED ABOUT SOME  
WORK THAT IS ONGOING RELATED TO

2:39:50

OLDER ADULT BEHAVIORAL HEALTH YOU KNOW IT WOULD BE PERHAPS WORTH A  
FOCUS

2:39:57

IN ONE OF OUR FUTURE MEETINGS ON THAT TOPIC I KNOW THAT THIS COMMITTEE HAS DISCUSSED THAT OVER THE OVER THE YEARS

2:40:03

AND WE MIGHT BE DUE FOR A CONVERSATION ON THAT AGAIN THERE

2:40:09

MIGHT BE ONE MORE SLIDE THAT MIGHT BE THAT'S THE LAST ONE OKAY GREAT  
THANK YOU

2:40:20

THANKS SO MUCH TO BOTH OF YOU FOR ALL THE GOOD INFORMATION AND MORE IMPORTANTLY ALL THE GOOD WORK TO GET

2:40:27

THESE ITEMS THROUGH THE LEGISLATURE IT'S SO I FIND IT IMPACTFUL THAT THIS  
2:40:33

COMMITTEE REALLY HAD THE OPPORTUNITY TO INFLUENCE AT LEAST TWO OF  
THOSE ONE WE JUST DID THE TRAINING LAST TIME ABOUT

2:40:39

POLICE INTERACTIONS WITH INDIVIDUALS WITH DIMENSION WANDERING ETC. AND  
NOW

2:40:44

IT'S ACTUALLY AS BARBRA MENTIONED IT IT'S NOW IN STATUTE IN KIM REFERENCED  
2:40:50

OUR INTEREST IN THAT AS SOMETHING THAT WAS IMPORTANT AND THEN OF  
COURSE THE CHANGES TO OUR COMMITTEE WHICH I

2:40:57

AM REALLY JUST THRILLED ABOUT IN TERMS OF KIND OF THE EQUALITY OF TERMS  
AND THE CHANGE IN NAMES AND REALLY

2:41:04

JUST UPDATING US TO REFLECT HOW WE CURRENTLY THINK ABOUT ALZHEIMER'S  
SO

2:41:10

BOTH VERY EXCITING AND THEY WOULDN'T HAVE HAPPENED WITHOUT BOTH OF  
YOU SO WE'RE JUST INCREDIBLY GRATEFUL FOR YOUR

2:41:17

EXPERTISE BUT WITH THAT HOW ABOUT QUESTIONS FROM COMMITTEE

2:41:28

MEMBERS OKAY I'M GONNA I THIS MIGHT BE TOO TECHNICAL BARBRA BUT I THINK  
WHAT YOU WERE TALKING ABOUT WITH THE

2:41:36

RATES FOR THE ADULT A HEALTHCARE CENTERS RELATES TO THE PROPOSITION I  
DON'T REMEMBER THE NUMBERS THAT SAID

2:41:42

THERE HAD TO BE IF THERE'S A TAX WHAT'S CALLED A HEALTHCARE TAX I GUESS

2:41:47

IT'S CALLED ON MEDICAL PROVIDERS IT COULD ONLY BE USED FOR CERTAIN KINDS OF SERVICES AND THAT THIS SERVICE FALLS

2:41:55

OUTSIDE OF THAT IS THAT WHAT YEAH I THINK IT'S PROP 35 AND THE

2:42:01

PROPOSITION JUST ENUMERATED THIS IS MY UNDERSTANDING IF SOMEONE ELSE IS HERE WHO KNOWS THIS BETTER THAN ME PLEASE

2:42:07

SPEAK UP BUT ENUMERATED THE SERVICES THAT WOULD BE

2:42:13

IT SORT OF LIKE WOULD BE INCLUDED IN THE POOL AND FOR WHATEVER REASON COMMUNITY BASED ADULT SERVICES WAS JUST NOT

2:42:19

INCLUDED IN THAT POOL SO I DON'T THINK ANYONE WAS SAYING THAT'S NOT A HEALTHCARE COST I DON'T KNOW THE BACK STORY

2:42:27

WERE WITH US TODAY SHE WOULD KNOW THE BACKSTORY FOR WHY IT WASN'T INCLUDED IN THAT BUT THAT IS MY

2:42:34

UNDERSTANDING THAT WITH THE PASSAGE OF 35 WHILE IT ENSURES THAT THAT MANAGED CARE OR THE MCO TAX HAS TO GO TO JUST

2:42:43

THESE HEALTH EXPENSES I DON'T I THINK THERE ARE SOME HEALTH-RELATED EXPENSES

2:42:49

THAT ARE GOING TO BE THAT ARE GOING TO FALL OUTSIDE THE PURVIEW OF PROP 35 AND

2:42:55

SO PREVIOUSLY NEGOTIATED RATE INCREASES FOR C-BAS I THINK COULD BE IMPACTED

2:43:01

NEGATIVELY THAT MIGHT BE SOMETHING THEY NEED TO GO BACK TO DISCOURAGING BECAUSE IT'S SUCH SERVICE AND MAYBE AT THE NEXT

2:43:08

MEETING THERE THERE'LL BE MORE INFORMATION AND KIND OF AN APPROACH OF HOW THAT COULD BE BACKFILLED IN SOME

2:43:14

WAYS OR WHATEVER COULD HAPPEN SO YEAH THANKS FOR THE UPDATE THINGS

2:43:19

END UP BEING COMPLICATED IN WAYS THAT WE MIGHT IT'S SO TRUE WHEN WE ASK THE

2:43:25

GENERAL PUBLIC TO WEIGH IN ON THESE THINGS IT'S VERY DIFFICULT FOR EVERYBODY TO REALLY FULLY UNDERSTAND THE

2:43:30

THE PICTURE THERE SO BUT HERE'S WHERE WE ARE OKAY THANKS FOR THAT AND THEN I

2:43:36

WHEN I SPOKE WITH MICHELLE ABOUT THE CHANGES TO THE COMMISSION SHE SAID THAT SHE IS LOOKING AT BYLAWS CHANGES TO ADD

2:43:44

THE ADDITIONAL MEMBERS AND CLEAN UP OUR LANGUAGE AND THOSE OF COURSE WILL GO THROUGH THE CDA LEADERSHIP AND IF ALL

2:43:52

THAT HAPPENS THEN THERE MAY BE SOMETHING FOR US TO LOOK AT OUR FEBRUARY MEETING ABOUT THAT SO THAT

2:43:59

WOULD KIND OF PUT US YOU KNOW AT THE BEGINNING OF THE TIME THAT THE CHANGES WENT INTO EFFECT WHICH WOULD BE

2:44:04

GREAT AND THEN THE COMMITTEE WOULD HAVE THE OPPORTUNITY TO GIVE ADVICE ABOUT

2:44:09

WHAT TYPES OF MEMBERS TO ADD FOR THE REMAINING TO ETC. SO JUST

2:44:15

WANTED TO ACKNOWLEDGE MICHELLE BEING ON TOP OF THINGS AS SHE USUALLY IS AND

2:44:21

SOMETHING TO LOOK FORWARD TO SO OTHER PEOPLE HAVE QUESTIONS OR

2:44:29

COMMENTS ANY FORECAST FOR THE NEXT LEGISLATIVE SESSION THEN ANYTHING YOU'RE LOOKING AT OR WE

2:44:36

SHOULD BE AWARE OF OR WELL MY UNDERSTANDING IS I HOPE I'M NOT JINXING ANYTHING JUST BY EVEN SAYING IT

2:44:42

BUT MY UNDERSTANDING IS THAT TAX RECEIPTS COMING IN ARE LOOKING REASONABLY

2:44:48



DECENT SO MAYBE WE WON'T BE LOOKING AT THE KIND OF BUDGET DEFICIT THAT WE

2:44:54

DEALT WITH LAST TIME YOU KNOW THESE THINGS CAN CHANGE BUT CAUTIOUSLY

2:44:59

OPTIMISTIC THERE AND THEN I THINK AS KIM ALLUDED TO GOING FORWARD AND SARAH

2:45:06

MADE A MENTION OF IT TOO IN PASSING YOU KNOW THE CHANGES THAT ARE GOING TO BE HAPPENING IN WASHINGTON I THINK ARE

2:45:12

MOST CERTAINLY GOING TO HAVE A TRICKLE DOWN EFFECT AND SO WE'LL JUST HAVE TO SEE WE MAY BE IN A BIT MORE OF A

2:45:19

REACTION MODE TRYING TO PROTECT THINGS BUT WE DON'T KNOW THAT FOR SURE SO

2:45:27

YOU KNOW WE WILL BE WATCHING AND READY ERIC I DON'T KNOW IF YOU HAVE

2:45:32

OTHER THOUGHTS I WOULD CONCUR ON THE BUDGET THE BUDGET IS KIND OF LOOKING A LITTLE BETTER THAN PREDICTED BUT I WOULD

2:45:38

TAKE THAT WITH A GRAIN OF SALT YEAH I EVERYTHING ELSE I KNOW IS RUMOR

2:45:43

AND I WOULDN'T WANT TO SHARE IT YET I THINK FOR THOSE OF YOU THAT

2:45:50

DON'T LIKE TO MULTITASK AS MUCH AS I DO IT LOOKS LIKE THE GOVERNOR CALLED A SPECIAL LEGISLATIVE SESSION TO BE

2:45:55

PROACTIVE ABOUT WHATEVER CHANGES THERE MIGHT BE AND I ALWAYS THINK IT'S WORTH

2:46:00

LOOKING AT ARE THERE ANY RISK WE'RE WORRIED ABOUT FOR OLDER ADULTS THAT

2:46:06

COULD BE PART OF THAT LEGISLATIVE SESSION IN TERMS OF PROTECTIONS ETC. SO FOR THOSE OF YOU THAT DO WORK IN THE

2:46:13

LEGISLATURE I'M SURE YOU'RE ALSO THINKING ALONG THE SAME LINES SO

2:46:19

YOU KNOW WITH EVERY CHALLENGE THERE'S OPPORTUNITIES I SUPPOSE PARTICULARLY IN CALIFORNIA WHERE THE

2:46:26

ADMINISTRATION HAS DEMONSTRATED ITS COMMITMENT TO HEALTH AND HUMAN SERVICES ISSUES FOR WHICH WE SHOULD ALL BE

2:46:34

GRATEFUL OKAY I DON'T SEE ANY OTHER COMMENTS BUT THANK YOU AGAIN SO MUCH FOR ALL OF YOUR WORK AND THE CDA

2:46:42

STAFF'S WORK WITHIN THE ADMINISTRATION TO SECURE THE POSITIVE OUTCOMES THAT WE JUST HEARD ABOUT THAT

2:46:49

AND I THINK WITH THAT WE ARE GOING TO MOVE TO PUBLIC COMMENT A FEW MINUTES

2:46:56

EARLY AND WYNN I THINK YOU ARE GOING TO DO THAT AND THE LAST ITEM AT SOME

2:47:01

POINT I NEED TO GO PICK UP GRANDCHILDREN FROM SCHOOL THAT IS MY THURSDAY

2:47:07

FAMILY OBLIGATION SO I WILL BE SIGNING OFF AT SOME POINT BUT IT'S BEEN A GREAT MEETING AND JUST SO GRATEFUL TO ALL OF

2:47:13

OUR PRESENTERS AND THE GOOD INFORMATION THAT WAS SHARED I THINK WE JUST

2:47:18

HAD REALLY SOME PHENOMENAL PRESENTATIONS AND LOTS OF FORWARD MOVEMENT SO THAT IS

2:47:24

WONDERFUL SO TAKE IT AWAY WYNN ALL RIGHT CATHERINE THANK YOU YEAH WE ARE NOW

2:47:31

HERE FOR A PUBLIC COMMENT CARROLL TO HELP THANK

2:47:36

YOU THANK YOU GOOD AFTERNOON IT IS OUR

2:47:42

AFTERNOON PUBLIC COMMENT PERIOD IF ANY OF OUR ATTENDEES WOULD

2:47:48

LIKE TO GIVE A COMMENT YOU MAY USE THE RAISED HAND ICON IN YOUR ZOOM

2:47:55

FUNCTIONS IF YOU'RE ON THE PHONE YOU MAY PRESS STAR NINE AND OF COURSE YOU

2:48:01

MAY ALWAYS LEAVE COMMENTS WRITTEN COMMENTS TO OUR ENGAGE EMAIL BOX WHICH

2:48:07

IS E N G A G E AT AGING DOT C A DOT GOV SO I WILL TURN TO OUR ATTENDEES AND I

2:48:15

HAVE SHELLA WHO IS WISHES TO GIVE A COMMENT DO

2:48:22

WANT TO REMIND FOLKS THAT WE HAVE A TWO-MINUTE TIME FRAME SO THAT WE CAN

2:48:28

HEAR FROM EVERYONE SO GO-AHEAD SHELLA YOU CAN

2:48:34

UNMUTE GOOD AFTERNOON WHAT A GREAT MEETING I ATTEND A LOT OF MEETINGS AND

2:48:39

THIS ONE IS SO CHALK FULL OF GOOD INFORMATION IT'S A PLEASURE TO ATTEND

2:48:45

I NOTED THAT THERE WAS A LOT OF INFORMATION A LOT OF LINKS IN THE CHAT I

2:48:53

TRIED TO DO A MASS COPY AND YOU KNOW PASTE INTO A DOCUMENT SO THAT I CAN

2:48:59

ACCESS THEM LATER AND I'M JUST WONDERING WHETHER OR NOT THERE WILL BE A FOLLOW-UP EMAIL TO PARTICIPANTS THAT HAVE ALL

2:49:06

THOSE LINKS SO WE DON'T HAVE TO GO ONE BY ONE AND YOU KNOW CUT AND PASTE AND

2:49:12

WHATEVER I THINK THAT WE SHOULD BE THEY CERTAINLY WILL BE EMBEDDED INTO THE

2:49:17

THE PRESENTATION ITSELF AND THAT WILL BE POSTED BUT I'M SURE THAT WE CAN DO A COMPREHENSIVE LIST IF WE CAN DO

2:49:26

THAT AFTER THE MEETING THANK YOU ALL SO

2:49:37

MUCH OKAY HAVE WE ANY OTHER COMMENTS

2:49:51

AND OF COURSE IF YOU FEEL THAT YOU HAVE A COMMENT AFTER THE MEETING ENDS

2:49:57

PLEASE SEND A WRITTEN COMMENT TO OUR ENGAGED EMAIL BOX E AS IN  
ELEPHANT N AS IN

2:50:04

AS IN NANCY G AS IN GOVERNOR A G E AT AGING

2:50:11

DOT CA DOT GOV

2:50:18

DR CANIO I DON'T SEE ANY MORE HANDS ALL RIGHT I THINK NOW IT'S THE TIME FOR  
US

2:50:25

TO HAVE OUR RECOMMENDATIONS FOR THE SECRETARY THIS HAS BEEN A TERRIFIC

2:50:31

MEETING WE'VE DISCUSSED NUMEROUS ISSUES THAT WILL REALLY SIGNIFICANTLY  
IMPROVE THE LIVES OF PEOPLE LIVING WITH

2:50:37

DEMENTIA THEIR CARE CAREGIVERS IN OUR STATE SO NOW IT'S OUR OPPORTUNITY  
TO RAISE SOME SPECIFIC RECOMMENDATIONS

2:50:44

FOR OUR SECRETARY SO I KNOW WE'VE BEEN MAKING RECOMMENDATIONS ALONG  
THE WAY

2:50:49

BUT IS ANYONE WOULD LIKE TO ADD

2:50:55

ANYTHING FOR OUR

2:51:03

COMMITTEE NO OH BARBRA HI SO THERE

2:51:09

WERE TWO OTHER PIECES OF LEGISLATION THAT DIDN'T MAKE IT OUT AND THEY  
WERE RELATED

2:51:15

TO ACTS FAMILY CAREGIVER ACCESS TO LOVED ONES IN A COUPLE OF DIFFERENT  
KINDS OF HEALTHCARE SETTINGS SO

2:51:22

SKILLED NURSING AND HOSPITALS I KNOW THOSE WERE BROUGHT

2:51:27

FORWARD IN THE CONTEXT OF THE PANDEMIC BUT EVEN SETTING PANDEMIC ASIDE

2:51:32

IT IS AN ISSUE THAT MEMBERS OF OUR SUPPORT GROUPS HAVE RAISED AND I KNOW

2:51:38

THAT CATHERINE IN THE PAST TALKED ABOUT THAT ACCESS ESPECIALLY IN THE HOSPITAL SETTING AS MAYBE BEING AN ADA ISSUE BUT

2:51:46

I DON'T SEE ANY OF OUR CAREGIVERS FILING LAWSUITS BUT I DON'T KNOW MAYBE THAT'S NOT THE WAY THAT YOU ENFORCE

2:51:52

THAT ANYWAY I WOULD JUST MAYBE LIKE

2:51:57

I KNOW THAT THE CALIFORNIA DEPARTMENT OF AGING HAD A WHOLE WORK GROUP THAT LOOKED AT THAT ACCESS IN SKILL NURSING

2:52:04

FACILITIES BUT I JUST KIND OF DON'T WANT THE ISSUE TO JUST GO AWAY BECAUSE THOSE BILLS DIDN'T PASS SO I DON'T KNOW

2:52:09

IF WE COULD BE SOMETHING TO THE SECRETARY ABOUT JUST RAISING DRAWING ATTENTION TO THE FACT THAT THOSE BILLS

2:52:15

DIDN'T PASS BUT YET THE ISSUE REMAINS AND WE WOULD JUST LIKE SOME ATTENTION TO

2:52:22

IT OKAY I KNOW DEREK AND I WERE IN THAT

2:52:31

COMMITTEE A FEW YEARS AGO ANYONE

2:52:38

ELSE WHEN I THINK MY COMMENT ABOUT JUST THE IMPORTANCE OF OUTREACH ABOUT THE

2:52:43

NAVIGATION SERVICES AS A STRATEGY THAT MIGHT BE CAPTURED IN THE COMMENTS

2:52:48

OTHERWISE BUT I THINK WE SPENT TIME TALKING ABOUT THAT SO IT WOULD BE GREAT JUST I JUST WANTED TO HIGHLIGHT THAT AS

2:52:55

AS ONE OF THE THINGS I HOPE WE COULD INCLUDE

2:53:06

AGREE I DON'T SEE ANY

2:53:11

OTHER WELL WE WE'VE BEEN TALKING ABOUT A LOT OF ACCOMPLISHMENTS AND PLANS ALREADY SO I THINK I KNOW

2:53:19

SOMEONE HAS BEEN TAKING GREAT NOTES OF ALL OF OUR RECOMMENDATIONS  
FOR THE DAY WYNN CAN I POP IN ONE MORE

2:53:28

SURE THIS IS JUST BUILDING ON ALL THAT FANTASTIC DISCUSSION WE HAD  
RELATED TO

2:53:33

THE NO WRONG DOOR SYSTEM AND THE AGING AND DISABILITY RESOURCE

2:53:39

CENTERS IF WE YOU KNOW TO MAKE ALL THAT POTENTIAL COME TO LIFE IT'S GOING  
2:53:46

TO HAVE TO BE FUNDED APPROPRIATELY TOO AND SO IF WE COULD JUST PUT IN  
SOME KIND OF COMMENT ABOUT THAT LIKE WE'RE NOT

2:53:52

GOING TO YOU KNOW NICKEL AND DIME OUR WAY TO A REALLY INTEGRATED  
ACCESSIBLE NO

2:53:58

WRONG DOOR SYSTEM IT NEEDS TO BE FUNDED YOU KNOW ROBUSTLY IN ADDITION  
TO THE OUTREACH

2:54:03

CAMPAIGN TO MAKE SURE EVERYBODY KNOWS IT'S THERE YEAH FOR SURE ALL  
RIGHT THAT'S PART OF THE

2:54:09

FUNDING CONUNDRUM RIGHT YOU CAN DEVELOP A SYSTEM WITH THE RESOURCES  
YOU HAVE BUT WE I ABSOLUTELY SUPPORT

2:54:17

YOUR REFERENCE TO MAKE THIS WORK IT HAS TO BE ADEQUATELY FUNDED AND  
THAT INCLUDES FOR

2:54:24

THE OUTREACH PART YEAH AND OBVIOUSLY THESE ARE THE ACTUALLY TWO OF OUR  
2:54:29

RECOMMENDATIONS THAT WE HAD MADE AT THE CALIFORNIA DAY OF ACTION

2:54:35

SO ALL RIGHT JASON HI I THINK I DON'T KNOW IF

2:54:42

THIS IS THE PROPER FORM FOR THIS BUT THE CDC'S AS HUBS FOR DIAGNOSIS AND  
2:54:48

EDUCATION ARE UNDERFUNDED AND UNDERSTAFFED AND SO WHEN WE TALK  
ABOUT THE CAPACITY QUESTION THROUGH

2:54:56

YOU KNOW NO WRONG DOOR AND ALL THESE OTHER THINGS IT'S I THINK IT SPEAKS  
REALLY MOST POIGNANTLY BY THE

2:55:03

TESTIMONY OF YOU KNOW A 10-MONTH WAITING LIST FOR A COMMUNITY  
NEUROLOGIST I KNOW

2:55:08

THE CDCS ARE FACING SIMILAR CHALLENGES AND HAVE NOT HAD A RAISE IN  
FUNDING

2:55:15

SINCE I THINK INSTANTIATION SO ANOTHER I DON'T KNOW HOW THAT FITS IN

2:55:21

AND I KNOW I'M NOT A FULL-FLEDGED MEMBER BUT I JUST WANTED TO MAKE SURE I  
WAS I WAS IN AGREEMENT WITH THAT

2:55:28

OBSERVATION THAT CAPACITY IS QUITE LIMITED THANKS FOR THAT WE'VE RAISED

2:55:34

THAT BEFORE I THINK AND IT'S WORTH RAISING AGAIN IT WAS CERTAINLY ONE OF  
THE PUBLIC COMMENTS TODAY ABOUT THE

2:55:39

IMPORTANCE IN THE INTERSECTION OF DOWN SYNDROME AND DEMENTIA SPACE  
THE

2:55:45

IMPORTANCE OF GETTING ACCURATE DIAGNOSIS SO WE MENTION AGAIN SO  
THANKS

2:55:50

FOR REFRESHING US AND I HOPE THE YOU KNOW WE'VE HAD THE DEMENTIA CARE  
AWARE

2:55:55

FOR THE LAST COUPLE OF YEARS I KNOW THE FUNDING JUST ENDED BUT WITH THE  
CME

2:56:02

REQUIREMENT NOW TO RAISE AWARENESS OF

2:56:07

DEMENTIA DIAGNOSIS AND PROBABLY I MEAN IF YOU'RE A PRIMARY CARE  
PHYSICIAN

2:56:12

HAVING CME BUT BEING ABLE TO LEARN HOW TO DIAGNOSE WOULD BE THERE THAT  
WILL

2:56:17

HOPEFULLY HELP WITH THAT CLAIRE YEAH AND THE GOOD NEWS IS THAT

2:56:24

A A BIT OF DEMENTIA CARE AWEAR WILL CONTINUE AND SO THAT TRAINING IS STILL

2:56:33

AVAILABLE RIGHT ANY OTHER RECOMMENDATIONS FOR OUR  
2:56:43  
SECRETARY ALL RIGHT WELL NOW HAD HIS HAND RAISED SORRY WHEN  
2:56:51  
DID SEE HIS HAND I DON'T KNOW THERE IT IS OKAY DR  
2:57:00  
MOBLEY SOME REASON MY THING IS NOT  
2:57:07  
SHOWING I DON'T SEE THE DOCTOR YEAH DID HE GET OFF I WONDER IF HE'S ON THE  
2:57:13  
OTHER SIDE LET ME MOVE HIM OVER HOLD ON  
2:57:20  
SORRY ABOUT THAT THANK YOU CAN COME OVER NOW AND  
2:57:25  
SPEAK SORRY ABOUT THAT ARE YOU'RE MUTED DR MOBLEY I'VE BEEN  
2:57:33  
INVISIBLE FOR A LITTLE WHILE BUT LET ME ADD ON TO THE LAST COMMENT  
DEMENTIA CARE AWARE IS WONDERFUL FOR  
2:57:39  
NEUROTYPICALS THAT PROGRAM IS FIRST RATE BUT IT'S VERY IMPORTANT TO  
KNOW THAT  
2:57:45  
LESS THAN 5% OF PEOPLE WITH DOWN SYNDROME HAVE ACCESS TO PHYSICIAN  
THAT KNOWS REALLY ANYTHING ABOUT DOWN  
2:57:51  
SYNDROME SO EVEN THOUGH DEMENTIA CARE AWARE WILL BE GREAT FOR THE  
LARGEST PORTION OF THE POPULATION THOSE PRIMARY  
2:57:59  
CARE PROFESSIONALS WILL NOT HAVE LEARNED ABOUT DOWN SYNDROME WILL  
NOT HAVE KNOWN ANYTHING ABOUT DOWN SYNDROME SO THAT  
2:58:05  
POPULATION WILL STILL SUFFER FROM A LACK OF APPROPRIATE EXPERTISE  
AROUND THEIR  
2:58:10  
CARE GENERALLY AND SPECIFICALLY WITH RESPECT TO DIAGNOSING ALZHEIMER'S  
DISEASE AND DOWN SYNDROME AS FAR AS I  
2:58:17  
KNOW THERE WERE ONLY TWO CLINICS IN CALIFORNIA THAT ROUTINELY SEE SUCH  
FOLKS THERE'S OUR OURS AT UC SAN  
2:58:25



DIEGO AND THERE'S ONE AT UC IRVINE I THINK IT'S GREAT THERE'S A REAL PROBLEM  
HERE MOST OF THE STATE

2:58:33

DOESN'T KNOW HOW TO GET THEIR ADULT SIBLING OR ADULT CHILD WITH DOWN

2:58:39

SYNDROME TO A CLINIC WHERE THEIR PROBLEMS CAN BE PROPERLY EVALUATED  
AND CARED

2:58:46

FOR THAT'S A GREAT DO YOU HAVE QUESTION DID JUST A DO YOU

2:58:53

HAVE A FELLOWSHIP FOR THIS AT UCSD FOR WE DON'T HAVE A FELLOWSHIP WE

2:58:59

DON'T HAVE A FELLOWSHIP BUT WE HAVE A REALLY GOOD CLINIC AND WE DR SERAL  
LOPEZ AND I RUN THE CLINIC AND WE'RE

2:59:06

IN CLINIC EVERY DAY WE HAVE A HALF DAY RIGHT NOW WE'RE SEEING ABOUT FIVE  
OR SIX PATIENTS PER DAY AND WE'RE DELIGHTED TO

2:59:13

HAVE NEW REFERRALS BUT JUST TO LET YOU KNOW THAT WE'RE NOW SEEING  
PEOPLE FROM OUTSIDE CALIFORNIA AND FROM NORTHERN

2:59:20

CALIFORNIA BECAUSE OF THE LACK OF SERVICES THAT ARE AVAILABLE WE'VE  
ASKED WE'VE ASKED AUDIENCES OF

2:59:26

PARENTS OF ADULTS WITH DOWN SYNDROME HOW MANY PEOPLE ARE FEELING  
THAT THEY DO NOT

2:59:32

HAVE PROPER ACCESS TO CARE AND 90 MORE THAN 90% OF THE HANDS GO UP SO  
THIS IS A

2:59:37

REAL ISSUE NOT JUST IN CALIFORNIA BUT NATIONALLY YEAH WELL THANK YOU FOR  
WHAT YOU'RE

2:59:44

DOING AND HOPEFULLY TRAINERS WOULD BE ABLE TO SHADOW YOU THERE AND  
LEARN

2:59:50

MORE TO DO IT GREAT ANY

2:59:55

OTHER RECOMMENDATIONS IF NOT I DON'T HAVE A

3:00:02

REC I DON'T HAVE THIS IS MYRA I DON'T HAVE HI MYRA HI BUT I WOULD

3:00:09  
LIKE TO SEE IF IT'S POSSIBLE TO GET KIND OF A  
3:00:15  
REPLAY OF TODAY'S PROJECT BECAUSE  
3:00:21  
YOU KNOW AS PEOPLE WERE SPEAKING IT WAS THEY WERE SPEAKING VERY  
QUICKLY  
3:00:28  
AND SOMETIMES NOT VERY LOUD SO I'M JUST ASKING IF THAT CAN BE  
3:00:36  
POSSIBLE WE WILL DEFINITELY BE POSTING THE RECORDING AND THE TRANSCRIPT  
3:00:43  
AND THE POWERPOINT SLIDE SO YOU'LL RECEIVE THAT IN THE NEXT  
3:00:48  
WEEK OR SO OH TERRIFIC THANK YOU SO MUCH SURE AND IT'S GREAT TO SEE YOU  
3:00:59  
SUSAN YOU TOO ALL RIGHT I THINK YEAH I THINK THAT  
3:01:05  
THE WORK THAT WE'RE DOING HERE IS JUST TERRIFIC IT'S JUST REALLY  
WONDERFUL SO VERY GLAD TO BE A PART OF  
3:01:13  
THIS WE'RE GLAD YOU'RE HERE SO RIGHT NOW WE WILL COVER SOME TOPICS  
3:01:20  
POSSIBLE TOPICS WE'D LIKE TO ADDRESS FOR NEXT YEAR AS SOME OF THE  
IMPORTANT  
3:01:27  
TOPICS WE'VE DISCUSSED THIS YEAR HAVE BEEN AROUND WANDERING AND  
EMERGENCY PREPAREDNESS SO WHAT TOPIC SHOULD WE  
3:01:34  
DISCUSS NEXT YEAR AT THESE  
3:01:43  
MEETINGS THIS IS BARBRA WELL I DO THINK AS LOVE TO GET A  
3:01:49  
A KIND OF A REPORT ON THE STATE OF THE OF OLDER ADULT BEHAVIORAL HEALTH  
3:01:55  
SERVICES WITH A FOCUS ON OUR FAMILIES SUSAN WILL GIVE US THAT  
3:02:04  
UPDATE ALL RIGHT ANYONE ELSE  
3:02:19  
OKAY WELL THERE'S ANOTHER AREA OF THAT WE'VE WE HAVEN'T REALLY TALKED  
ABOUT IT MUCH AT ALL OR MAYBE AT ALL AND I

3:02:29

DON'T I'LL JUST PUT IT OUT THERE SO THE HOMELESSNESS POPULATION IT KEEPS  
IT'S GETTING OLDER RIGHT IT JUST YOU

3:02:36

KNOW THE AVERAGE AGE KEEPS INCREASING AND THE RESEARCH I'VE SEEN SO FAR

3:02:41

SAYS THAT THERE'S A GROWING PERCENTAGE OF THAT POPULATION THAT'S LIVING  
WITH A COGNITIVE IMPAIRMENT AND THE HOUSING

3:02:47

HOMELESS SERVICES WORLD DOESN'T TYPICALLY HAVE EMBEDDED WITHIN IT ANY

3:02:53

EXPERTISE ON OLDER ADULTS BROADLY AND EVEN LESS ON PEOPLE LIVING WITH A  
COGNITIVE IMPAIRMENT AND I'M TALKING

3:03:00

ABOUT LIKE SHELTERS THAT ARE SPECIFIC FOR THEM CARE I MEAN JUST ANYTHING  
SO THEY'RE JUST

3:03:06

EXTREMELY VULNERABLE SO I MEAN THAT'S JUST LIKE A HUGE

3:03:12

TOPIC THAT I'M JUST KIND OF EDUCATING MYSELF ON AS WELL BUT I JUST PUT IT  
OUT THERE IS A

3:03:21

POSSIBILITY AND I KNOW ONE OF THE TOPICS THAT PERHAPS WE SHOULD  
CONSIDER AND I

3:03:26

THINK WE BASED ON THE RECENT PASSING OF THE BILL IS BRAIN HEALTH

3:03:32

ITSELF WE'VE BEEN TALKING ABOUT DEMENTIA BUT HOW DO WE MAINTAIN OUR  
BRAIN HEALTH I THINK SHOULD BE ADDED FOR NEXT YEAR

3:03:39

SINCE PART OF THE LITTLE CHANGE RIGHT MY

3:03:48

ANYONE ELSE LET'S SEE TRYING TO SEE WHO

3:03:57

HAS OKAY ALL RIGHT THERE'S WELL YOU CAN

3:04:06

ALWAYS EMAIL US AND GIVE US IDEAS BUT ANY FINAL COMMENT FROM THE

3:04:14

COMMITTEE CARROLL YOU CAN PUT THE LAST SLIDE I THINK

3:04:20

UP ROSIE CAN YOU PUT THE LAST SLIDE UP

3:04:27

PERFECT THIS IS OUR 2025 MEETING SCHEDULE SO I THINK FEBRUARY 6 IS

3:04:35

SUPPOSED TO BE IN-PERSON RIGHT FOR NOW AND SO WE HAVE IT MAY 1ST AUGUST  
7

3:04:42

NOVEMBER 6 SO PENCILED THEM YOUR CALENDAR THERE'S NO OTHER FINAL

3:04:49

COMMENT THANK YOU EVERYONE FOR YOUR CONTINUED ENGAGEMENT WE LOOK  
FORWARD TO YOUR CONTINUED PARTICIPATION NEXT

3:04:57

YEAR AND WE CLOSE THE MEETING THANK YOU VERY HAPPY HOLIDAYS

3:05:06

EVERYONE THANK YOU FOR COMING