

Alzheimer's Disease and Related Disorders Advisory Committee Meeting



Welcome & Logistics Review



Carroll De Andreis

*Manager, Master Plan for Aging
Stakeholder & Public Engagement,
California Department of Aging*

Meeting Logistics

- **Join by smart phone, tablet, or computer:**
<https://us02web.zoom.us/j/85499534954>
- **Join by phone (audio only):**
Tel: 888-788-0099 | Meeting ID: 854 9953 4954
- **Live captioning and American Sign Language (ASL) interpreting:** streamed through webinar (Zoom)
- **Meeting slides, transcript and recording** will be posted to [the CalHHS Alzheimer's Disease & Related Disorders webpage](#)

Virtual Meeting Operations

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

Public Comment

Time is reserved on the meeting agenda for public comment.

- **In-Person Comments:** Raise your hand or let Calli know you want to make a public comment.
- **Verbal Comments:** “Raise your hand” in the Reactions feature of Zoom or press *9 on your phone dial pad to enter the line for a verbal comment. The moderator will unmute your line and announce your name or the last 4 digits of your phone number.
- **Written Comments:** You may submit comments throughout the meeting using the Zoom Q&A or email Engage@aging.ca.gov.

Note: Public commentators will each have 2 minutes.

Welcome and Introductions

Catherine Blakemore

Committee Chair

Family Member Representative

Today's Agenda

1. Welcome and Introductions, August Minutes
2. Recognizing Californians Living with Dementia and Their Caregivers
3. Opportunities to Embed Dementia Care Navigation in California's No Wrong Door System
4. Committee Question and Answer and Discussion
5. Public Comment #1
6. Break
7. California Department of Aging Update
8. California Department of Public Health Update
9. Legislative Update
10. Public Comment #2
11. Finalize Recommendations and Items for CalHHS Agency Secretary; Meeting Topic Ideas for 2025
12. Closing Comments, Upcoming Meeting Dates and Next Steps

Committee Member Introductions

Committee Chairs

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

Committee Members

- **Barbra McLendon**, Alzheimer's Los Angeles, *Service Provider Rep.*
- **Carlos Olivas III**, *Family Member Rep.*
- **Claire Day**, Alzheimer's Association, *Consumer Organization Rep.*
- **Dr. Dolores Gallagher Thompson**, Stanford University, *Social Research Rep.*
- **Julie Souliere**, *California Health & Human Services Agency*

Committee Member Introductions (Cont.)

- **Ken Graffeo**, *Consumer Rep.*
- **Myra Garcia**, *Consumer Rep.*
- **Sally Bergman**, *Elder Law Rep.*
- **Todd Shetter**, ActivCare Living, *Service Provider Rep.*
- **Dr. William Mobley**, UC San Diego, *Academic Medical Research Rep.*
- **Dr. Jason Gravano – Designee for Dr. Sarah Tomaszewski Farias**, *Alzheimer's Disease Diagnostic & Treatment Centers Rep*

Not attending: **Celine Regalia**, Providence Community Health Napa Valley, *Alzheimer's Day Care Resource Center Rep.*



Recognizing Californians Living with Dementia and Their Caregivers

Kim McCoy Wade

*Senior Advisor on Aging, Disability, and Alzheimer's
Office of California Governor Gavin News*



Opportunities to Embed Dementia Care Navigation in California's No Wrong Door (NWD) System



***Understanding the Needs:
Care Navigation Data
2024 Alzheimer's Disease
Facts and Figures Report***

Claire Day

***Interim Executive Director and Chief Program Officer
Alzheimer's Association Northern CA Northern NV Chapter***

The Progression of Alzheimer's is Slow and Burdensome



- Alzheimer's disease begins 20 years or more before the onset of symptoms.
- People age 65+ survive an average of **four to eight years** after a diagnosis, yet some live as long as **20 years**.
- At age 80, approximately 75% of people with Alzheimer's dementia **live in a nursing home** compared with only 4% of the general population age 80.
- The long duration of the disease **contributes significantly to the public health impact** of Alzheimer's.

Caregiving

More than 11 million Americans provide unpaid care for a family member or friend with dementia, a contribution to the nation valued at nearly \$350 billion.



Special Report

Mapping a Better Future for Dementia Care Navigation



What We Did

- Conducted two nationwide surveys of more than 1,500 U.S. dementia caregivers (CG's) and 1,200 health care workers (HCWs) most likely to provide care navigation services, largely nurses, social/community health workers.
- Survey of dementia CGs included responses from Asian, Black, Hispanic, Native and White Americans.
- Surveys examined several issues, including:
 - ✓ CGs/HCWs experience, exposure and attitudes on dementia care navigation (DCN).
 - ✓ DCN services and supports provided/needed.
 - ✓ Perceived benefits of DCN for both people living with dementia and their caregivers.
 - ✓ Barriers to dementia care navigation.

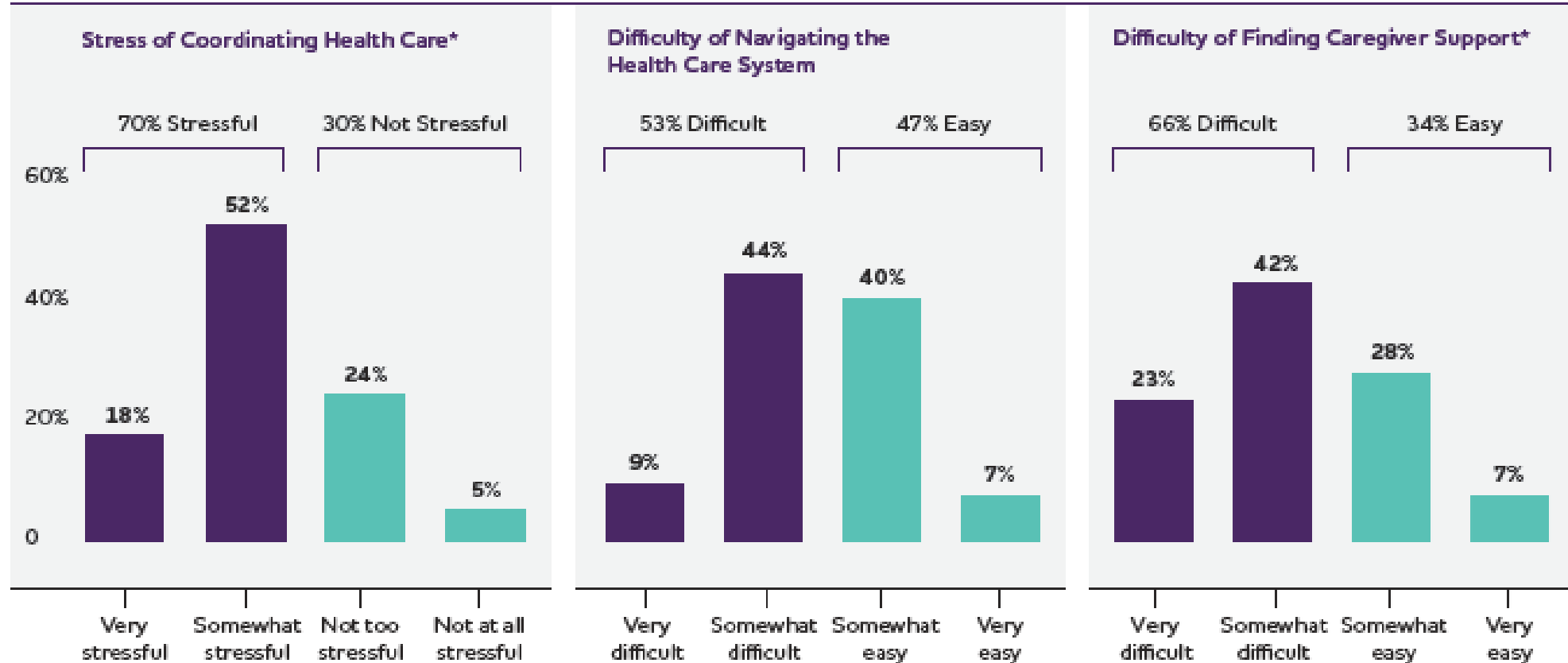
Key Takeaways: Dementia Caregiver Survey

- Dementia caregivers want and need help navigating the current health care system. **70% say care coordination is stressful.**
- **Cost of care** and **care coordination** are top stressors for dementia care caregivers.
- The vast majority of dementia caregivers – **97%** – say **having navigation support would be helpful.**
- More than 4 in 5 dementia caregivers – **85%** – say having access to a care navigator would influence their choice of provider.

Key Takeaways: Health Care Worker Survey

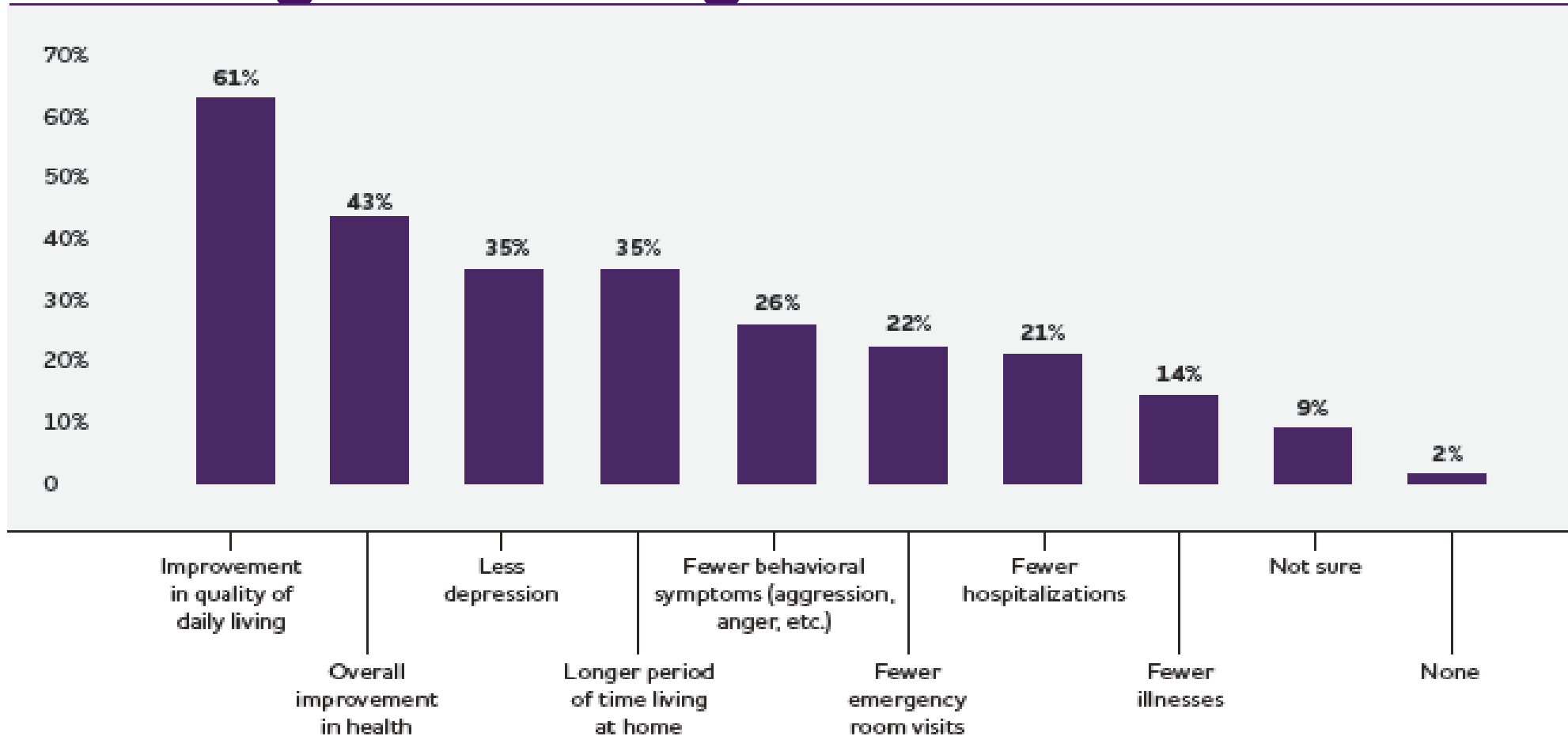
- **60%** of workers surveyed say the current health care system is **not effectively helping people living with dementia** and their caregivers navigate dementia care.
- Nearly half of these health care workers (**46%**) say their employers' practices and hospitals do not have a clearly defined process **for care coordination and clinical pathways** for people with Mild Cognitive Impairment, Alzheimer's disease or related dementias.
- While many of these workers are helping dementia caregivers address current challenges -- **75%** of health care workers assisting dementia caregivers say they **have no formal dementia care training**.

Difficulties and Stressors Dementia Caregivers Experience

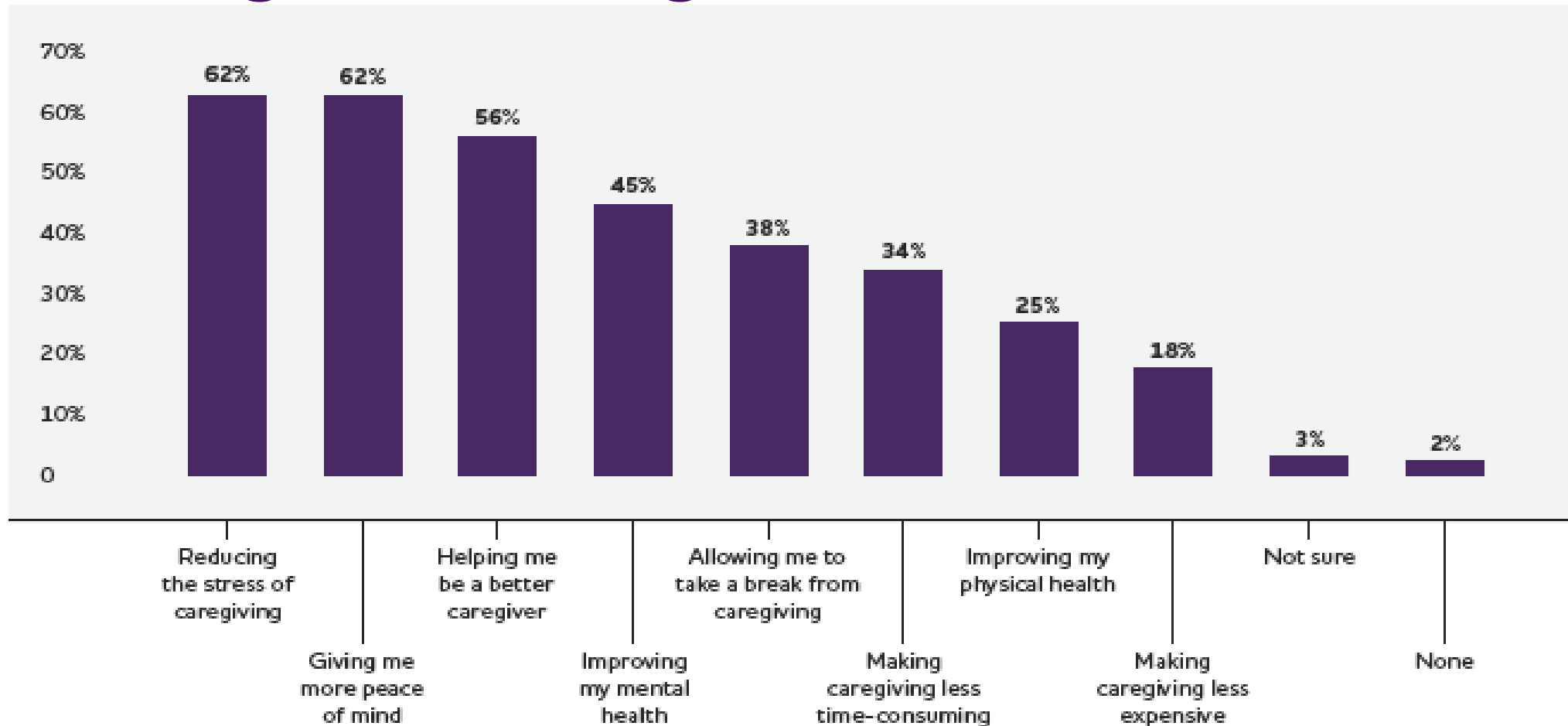


*Percentages of bars may not total the percentages above due to rounding.

Anticipated Outcomes for Care Recipients Receiving Care Navigation



Anticipated Outcomes for Dementia Caregivers Receiving Care Navigation

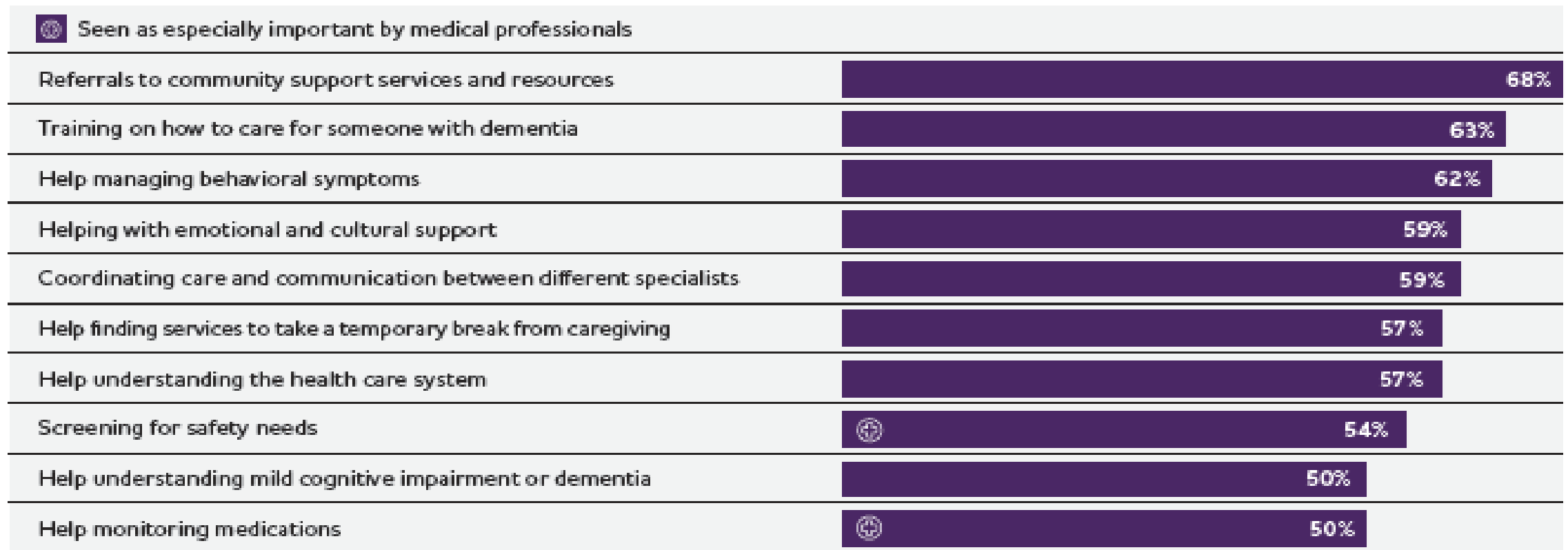


Navigation Services Dementia Caregivers View Most Valuable

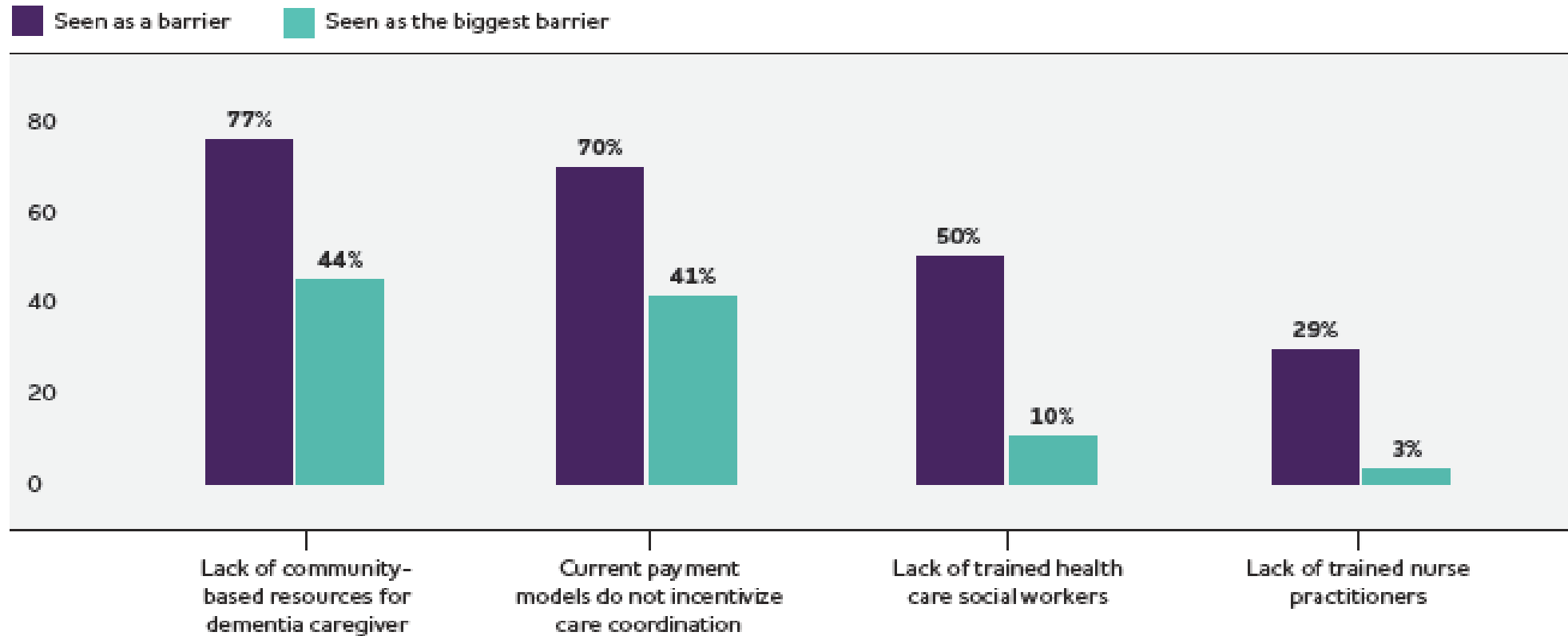
Care Navigator Services That Would Be Valuable to Dementia Caregivers

Having a 24/7 support or help line to call	36%
Coordinating care and communication between different specialists	34%
Help understanding the care recipient's condition	34%
Assistance with insurance or public benefits	32%
Help with scheduling appointments	31%
Training on how to care for someone with thinking or memory problems	31%
Help managing behavioral symptoms	31%
Help understanding the health care system	30%
Help finding services to take a temporary break from caregiving	30%

Most Valuable Services in Supporting Dementia Care for Patients and Their Families

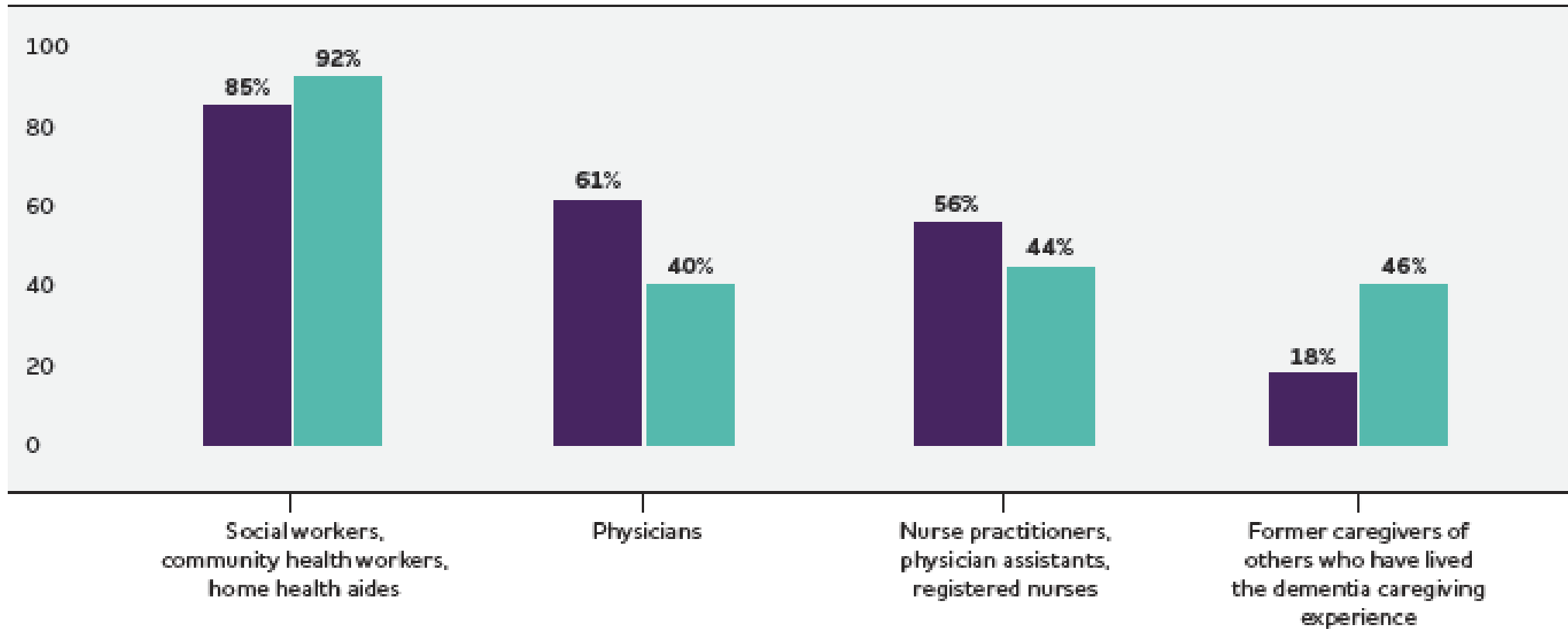


Barriers to Dementia Care Navigation



Professionals Who Help Dementia Patients and Caregivers Navigate Health Care

Who is formally involved Who is best suited



In Summary

- The *2024 Facts and Figures* special report offers deeper insights from dementia caregivers and health care workers about the current state of dementia care navigation (DCN).
- Studies show effective DCN can improve health outcomes, reduce costs and lessen caregiver stress.
- Dementia caregivers would welcome DCN support and believe it offers benefits for both persons living with dementia and caregivers.
- Formalized DCN programs are not widespread currently, although upcoming Centers for Medicare and Medicaid Services pilot program (GUIDE) could help build momentum for change.

Thank you!

Claire Day
cday@alz.org



A Caregiver's Experience – Jezabel Galvan, Family Caregiver





Advancing California's Aging and Disability No Wrong Door System

Mark Beckley, Chief Deputy Director, CDA

Building California's No Wrong Door System

Problem:

- Older adults, people with disabilities, and family caregivers struggle to access information and supports.

Solution:

- A person-centered solution is needed that simplifies how older adults, people with disabilities, and caregivers access and navigate information and services.



Image from *Strengthening the No Wrong Door Business Case by Using Medicare and Medicaid Data*. Administration for Community Living. (December 2021).

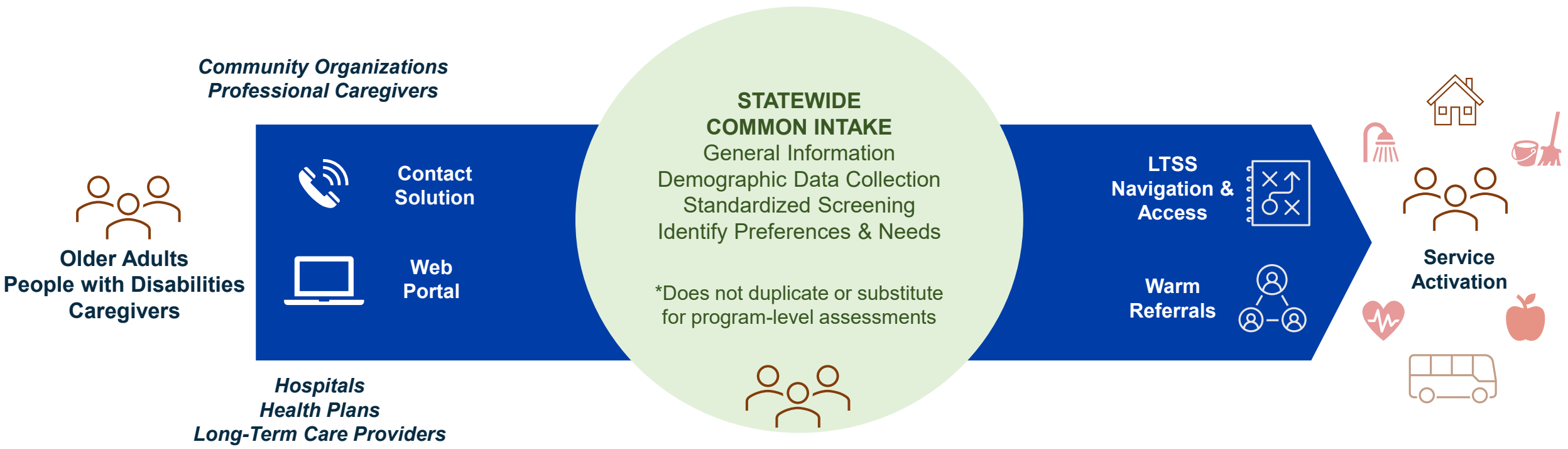
Aging and Disability No Wrong Door (NWD) System Mission Statement

To alleviate the challenges in navigating and accessing information and services, the NWD system enables older adults, people with disabilities, and caregivers to make informed decisions and receive warm referrals to a range of long-term services and supports and other services such as housing and transportation. The NWD system is a collaborative effort between California state and local agencies, service providers, and other key stakeholders.

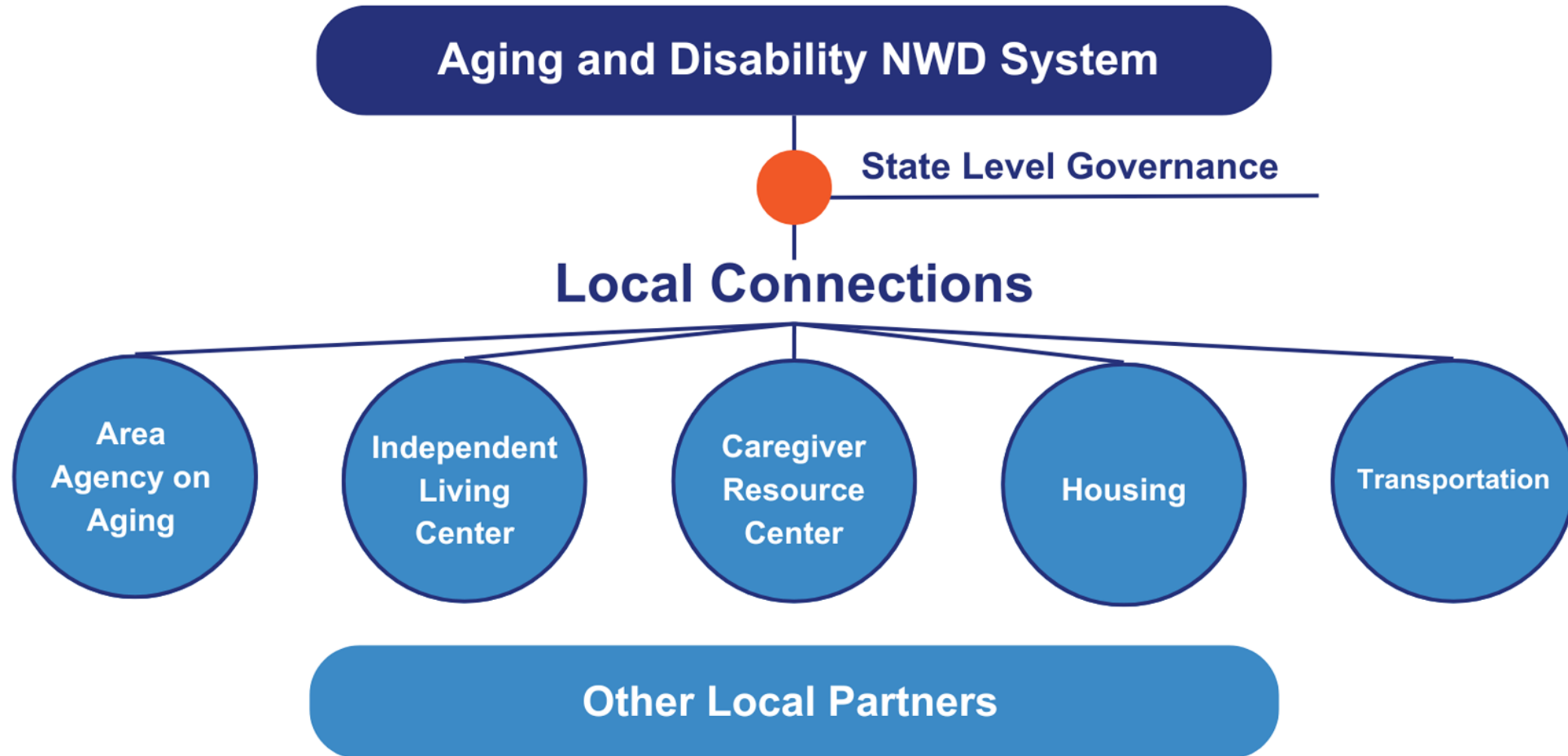
Key Elements of a No Wrong Door System

- Governance Structure
- State and Local Partners
- Continuum of Long-Term Services and Supports (LTSS) Programs and Services
- Person-Centered Navigation and Referral Processes
- Data and Technology (including web portal, client management system, and contact solution)

Building California's No Wrong Door System



Building California's No Wrong Door (NWD) System



Building California's No Wrong Door System

The Aging and Disability NWD System has potential benefits for many stakeholders

Consumer Benefits

- Use of a trusted and comprehensive resource
- Easier access to services and information needed
- Improved outcomes and satisfaction

Service Provider Benefits

- Receive streamlined referrals
- Improved data tracking and analytics
- Better coordination with other providers

Long-Term Services and Supports System Benefits

- More efficient and effective use of resources
- Potential cost avoidance and reduced use of institutionalized settings
- Scalability of programs and services to meet greater demand and diversity

Supporting Initiatives

CA Master Plan for Aging (MPA): Catalyzed the development of the No Wrong Door (NWD) system with the Long-Term Services and Supports (LTSS) Subcommittee Report that contained focus areas of improved navigation and access. The MPA also includes a 2023-24 initiative to form a State Leadership Council to guide the development of the Aging and Disability NWD System Framework.

CA 2030: An initiative to strengthen the Area Agency on Aging (AAA) network, an essential partner in the Aging and Disability NWD System. This initiative is informed by extensive stakeholder engagement, as well as a statewide older adults community needs assessment.

ADRC Program Expansion: Developing a statewide network of Aging and Disability Resource Connection (ADRC) sites, which is a partnership between AAAs and Independent Living Centers (ILCs), is instrumental in establishing an essential element of support for the Aging and Disability NWD System.

Infrastructure Development: Staffing, future systems procurements (web portal, contact solution, client management system, data repository), marketing and outreach; components of the Aging and Disability NWD System.

Current Actions to Develop the NWD System

- Established a No Wrong Door State Leadership Council consisting of five state departments: Aging, Rehabilitation, Developmental Services, Health Care Services and Social Services
- Developed an Aging Resource Guide with plans to expand it to include disability programs
- Conducting a Home and Community-Based Services Gap Analysis and accompanying Roadmap
- Exploring the creation of an on-line navigable statewide resource directory

Thank You!





CAIz Connect

Wynnelena Canlas Canio
Project Steering Committee Member

Objectives

- Create and sustain a dementia-capable home and community-based services system for people living with Alzheimer's disease and related conditions and their caregivers, using a no wrong door approach.
- Ensure access to a comprehensive, sustainable set of quality services that are dementia-capable and provide innovative services to people living with dementia and their caregivers.

Funding Acknowledgement

This project is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$750,000 with 100% funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

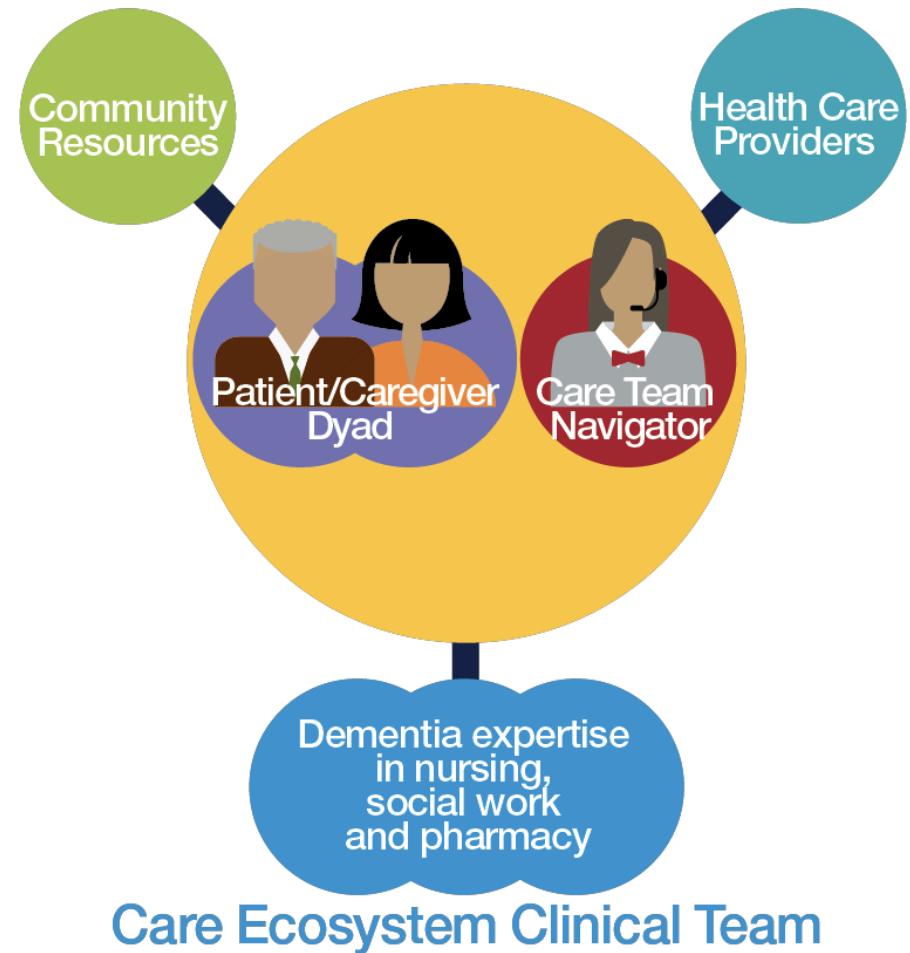
Offer University of California San Francisco's evidence-based Care Ecosystem program in a community setting

Also incorporate HomeMedsSM (medication reconciliation) developed by Partners in Care Foundation

Care Ecosystem Core Components

Protocol Topics

- Immediate needs
- COVID-19, disasters & related events
- Medication reconciliation & review
- Safety screen & recommendations
- Resources, referrals & education
- Caregiver well-being
- Behavior management
- Advance care planning



- Identify and prevent medication related problems
- Improve medication use
- Based on collaborative approach
- Medication inventory is collected by Community Healthcare Worker (CHW)
- HomeMeds assessment software algorithms generate alerts
- Consultant pharmacist reviews all alerts and creates report with recommendations
- CHWs follow-up with clients and encourage them to share with health care providers

California Department of Aging Pilot Counties

- Imperial (Area Agency on Aging)
- Marin (Center for Independent Living)
- Ventura (Area Agency on Aging)

Clinical Support

- Partners in Care Foundation (HomeMeds & Nurse)
- Alzheimer's Los Angeles (Social Worker)

Evaluator – The Gigas Group



Why Community Health Workers?

Community Health Worker (CHW)

- Frontline public health worker
- Trusted member and/or has close understanding of community
- Serves as link to facilitate access to services
- Improve quality and cultural competence of service delivery
- Builds capacity of individuals and community

Source: [American Public Health Association](#)

Medi-Cal and **Medicare** both have a CHW benefit

- Sites are conducting outreach to promote program
- Trained staff process referrals
- Community health workers:
 - 52 dyads have been enrolled (person living with dementia and care partner)
 - Conduct regular calls to assess needs, provide education, make referrals and follow up on whether needs have been met, using Care Ecosystem protocols and resource materials
 - Collect information for HomeMeds medication reconciliation (with pharmacist consult) and for project evaluation
 - Create and update care plans as needed

Types of help they think might be useful

- Dementia & what to expect - 94%
- Coping with stress of caregiving ideas – 83%
- Strategies to help person with dementia do as much as they can – 70%
- Caregiving support services information – 64%
- Recreational or purposeful activity ideas – 64%
- Safety risk advice – 47%
- Managing behavior symptoms ideas – 47%
- Medication advice – 34%
- Programs to help pay for support services info. – 34%
- Medical, legal or financial planning info. – 19%
- Back-up or crisis planning help – 13%

Care Navigation Examples

- Connecting dyads with additional community resources
- Providing tips for caregivers to improve quality of life
- Support in communicating with health care providers



- Clinical support team conduct weekly huddles with the community health workers for case reviews, ongoing professional development and to raise and address issues
- Training conducted annually with the referral staff
- Project team meets monthly to assess progress, discuss best practices, identify issues and plan for sustainability
- Steering Committee meets quarterly
- Implement evaluation plan and provide reports every 6 months



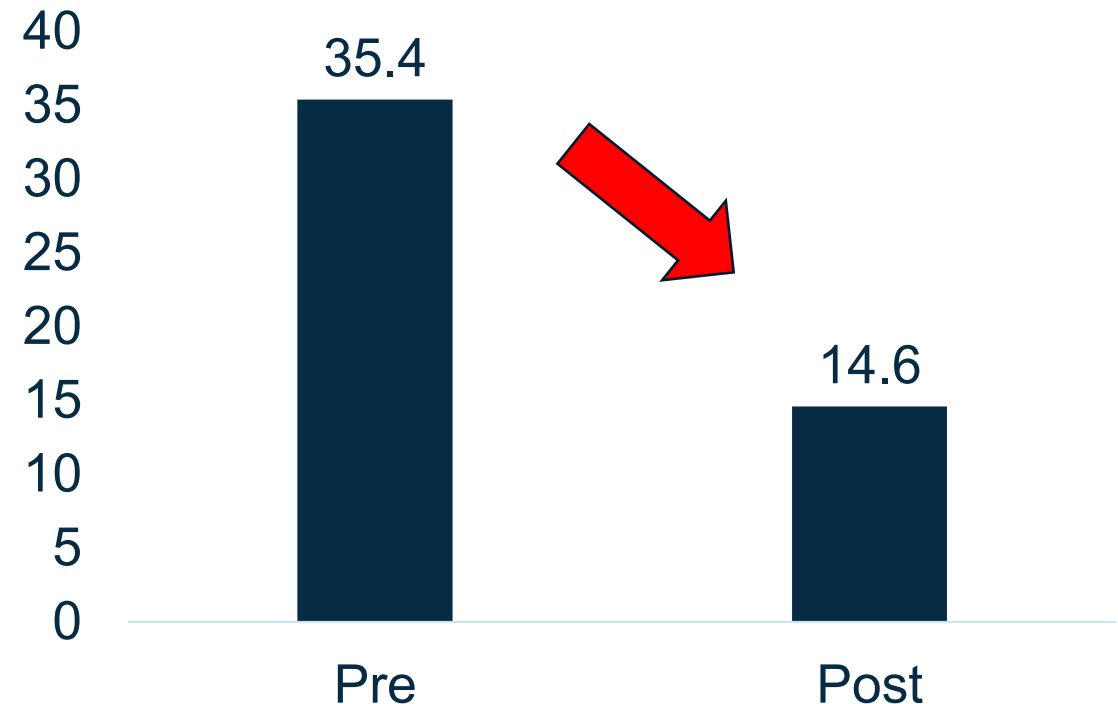
Zarit Burden Interview (12 questions)

Sample Question:

Do you feel that your relative currently affects your relationships with other family members or friends in a negative way?

- Response options: Never, Rarely, Sometimes, Quite frequently, Nearly always
- Higher score = greater caregiver distress/burden

**Changes in Burden Scores
(N=16)**



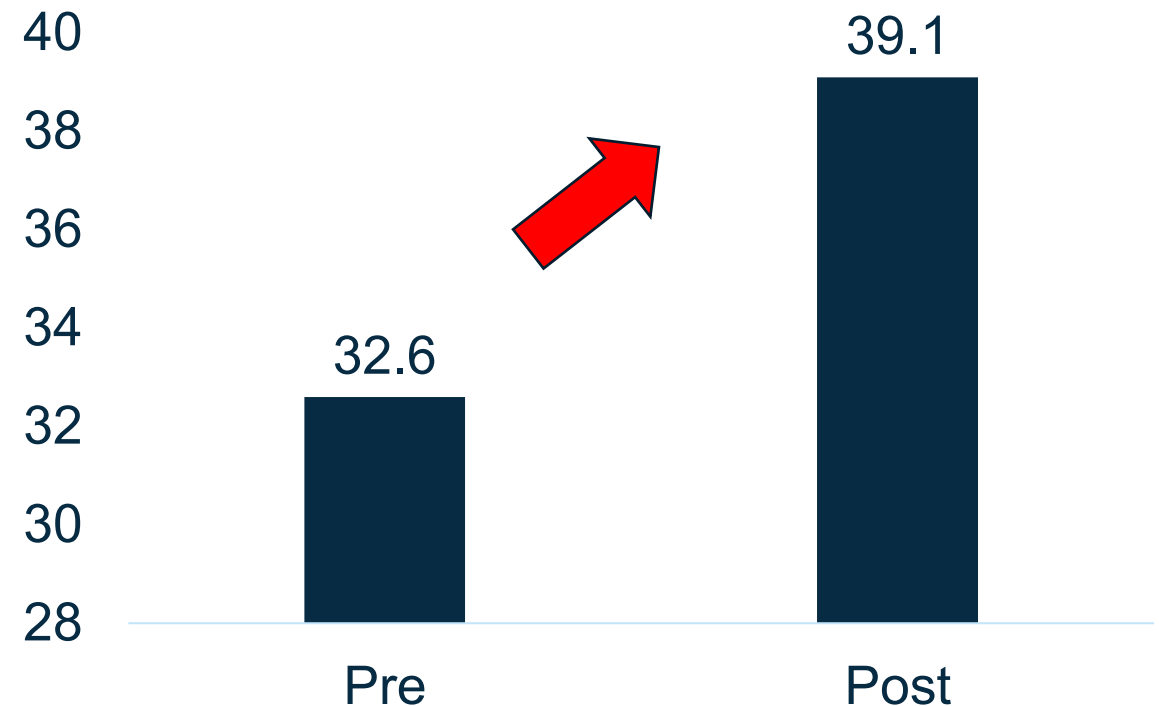
Quality of Life

Sample Question:

How would Mary describe their current relationship with their friends?

- Response options: Poor, Fair, Good, Excellent
- Higher score = greater QOL

Changes in Quality of Life (N=16)



Resources

- [CAIz Connect](#)
- [Care Ecosystem](#) toolkit, care protocols, and care team navigator training program
- [HomeMeds](#)

Program Director

Michelle Johnston

Program Director, Dementia Initiatives

California Department of Aging

Engage@aging.ca.gov



Committee Question and Answer and Discussion

Time is reserved on the meeting agenda for public comment.

- **In-Person Comments:** Raise your hand or let Calli know you want to make a public comment.
- **Verbal Comments:** “Raise your hand” in the Reactions feature of Zoom or press *9 on your phone dial pad to enter the line for a verbal comment. The moderator will unmute your line and announce your name or the last 4 digits of your phone number.
- **Written Comments:** You may submit comments throughout the meeting using the Zoom Q&A or email Engage@aging.ca.gov.

Note: Public commentators will each have up to 2 minutes.

BREAK

BREAK

*The meeting will resume at
12:22 p.m.*



Master Plan for Aging Update

Sarah Steenhausen

Deputy Director, Division of Policy, Research and
Equity, California Department of Aging

To Discuss

Update: Next steps after Master Plan for Aging (MPA) Day of Action

Long-Term Services and Supports (LTSS) System Change: Spotlight on LTSS Financing

New: Federal Administration for Community Living Caregiver Grant

CA
FOR ALL
AGES & ABILITIES
DAY OF ACTION

OCTOBER 2024

THANK YOU!

- Partnership
- Participation
- Productive Advocacy

Thank you to the MPA's philanthropic partners for supporting this event.



Metta Fund

THE ROSALINDE AND ARTHUR
GILBERT FOUNDATION



MAY & STANLEY SMITH
CHARITABLE TRUST

What's Next? MPA Initiatives 2025-26



**MPA Stakeholder
Committees:
Policy
Recommendations**

DAY OF ACTION

October 2024

**State Review
(Internal)**

Nov 2024- December 2024

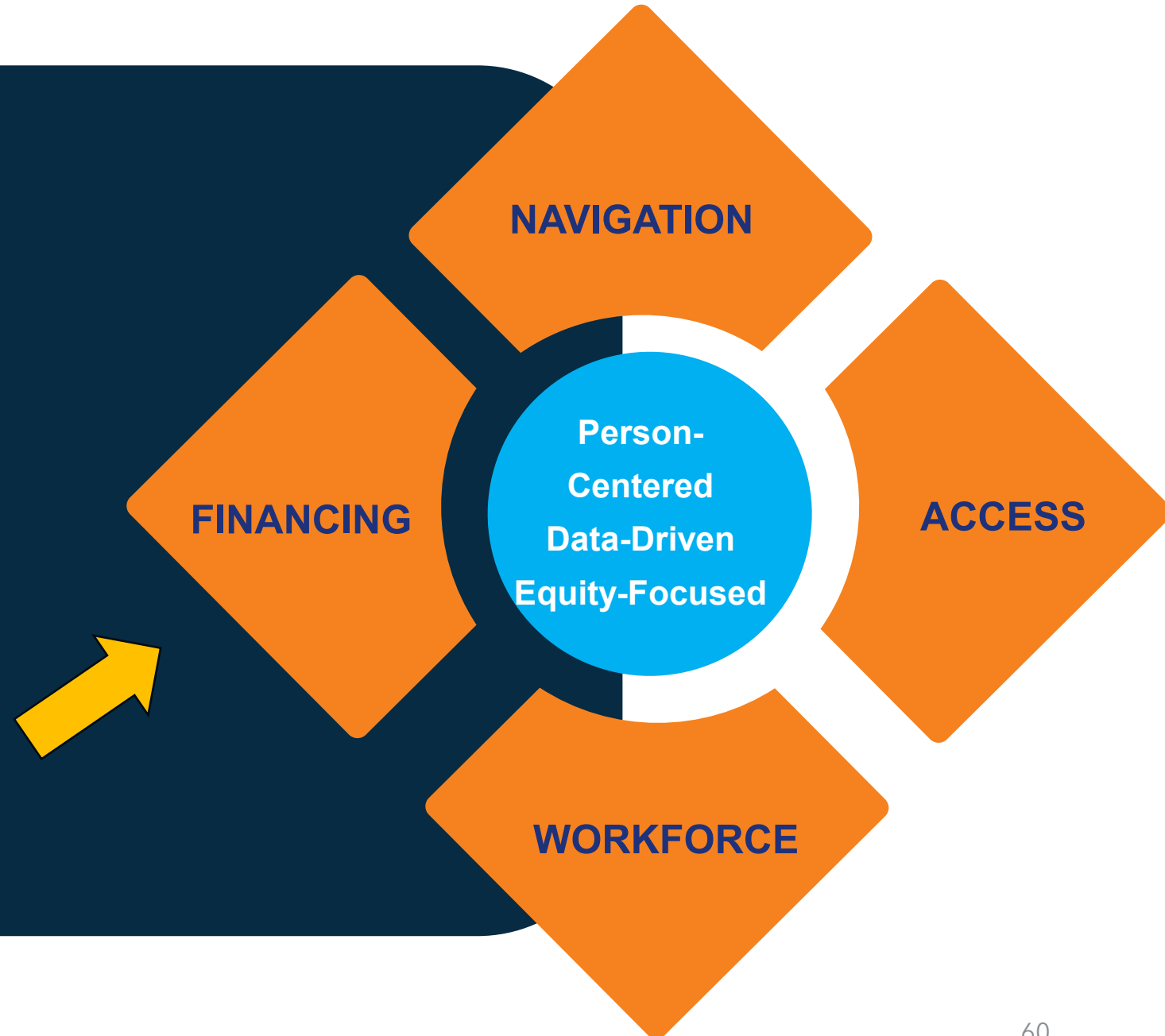
**Draft MPA
Initiatives**

**Revise Initiatives-
Governor's Office**

**Finalize and
Release MPA
Initiatives**

January 2025

Master Plan for Aging: Long-Term Services and Supports System Change





Long-Term Services and Supports (LTSS) Financing Initiative Overview and Next Steps



Problem:

- Older adults, people with disabilities, and caregivers struggle to finance Long-Term Services and Supports (LTSS)

Solution:

- Research best practices
- Define target population(s)
- Identify policy opportunities

Statutory Authority and Purpose

- **Authority:** \$5 million General Fund - Budget Act of 2022 AB 179 (Ting)
- **Initiative Purpose:** Conduct research and analyses and develop options for improving Long-Term Services and Supports financing and affordability, in line with California's Master Plan for Aging



Initiative Objectives and Overview

**Define and
Analyze
Target Population
Profile and Needs**

**Explore
Medicare
Home and
Community
Based
Services
(HCBS)
Concept**

**Develop
Policy
Solutions
for Target
Population**

**Deliver
Final
Report**

Actively Engage State Leadership, Consumers, and Stakeholders

In California, Medicare enrollees with Long-Term Services and Supports needs represent approximately:

- **20%** of Medicare enrollees,
- **50%** of Medicare spending, and
- **67%** of ER, hospital and post-acute spending

Next Steps: LTSS Financing Initiative

- **Population Profile and Projected Needs**
- **Medicare Demo Development**
- **Policy Landscape Analysis**
- **Focus Groups and Survey**
- **Final Report- June 2026**



Cal CARES

California Caregiver Awareness,
Resources, Education & Support

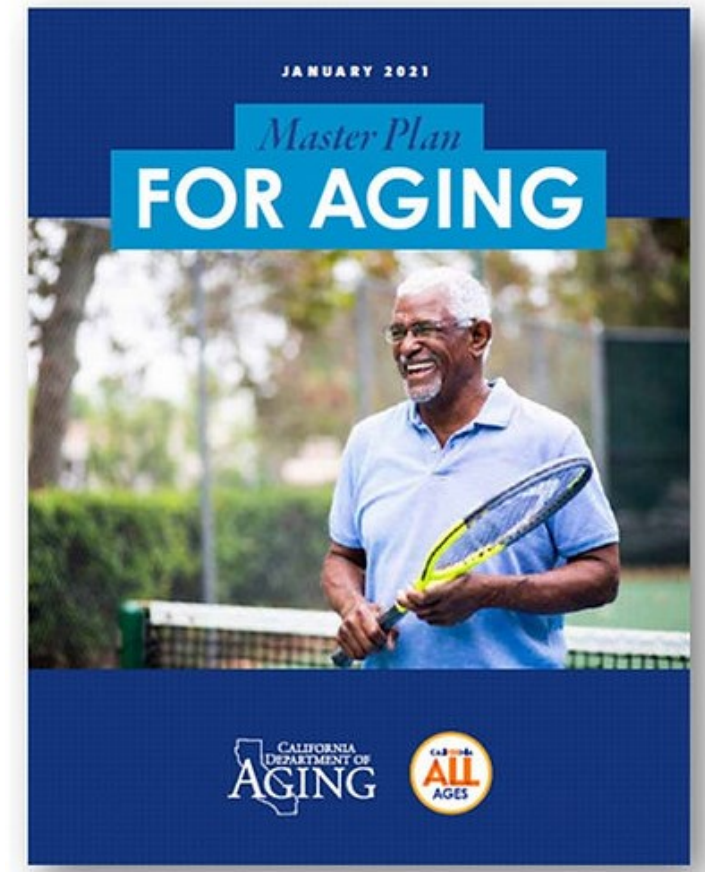
Cal CARES:

Develop, test, and/or scale models to improve awareness, navigation, and educational opportunities for California's caregivers, in alignment with the National Strategy for Family Caregivers.



*Alzheimer's
Prevention & Preparedness*

*November 2020
In Collaboration with the California Master Plan for Aging*



Objective 1 - Awareness

Increase community awareness about caregiving, the unique needs of caregivers of older adults and persons with intellectual and development disabilities, and key resources by **activating trusted community voices and ethnic media as messengers.**

- Culturally & linguistically appropriate messaging
- Media briefings
- Materials distribution
- Community outreach
- Review and refinement of messages

Aligns with National Strategy Goal 1

Objective 2: Navigation

Understand how **to maximize caregiver engagement** with and referrals to community services by identifying strategies to **strengthen connections across health care and home and community-based services** and incorporate the learnings into existing statewide system change efforts.

- Mapping of local referral pathways
- Key informant interviews with organizations
- Caregiver listening sessions
- Analysis of findings with recommendations
- Incorporation of findings into ongoing CDA efforts

Aligns with National Goal 2

Objective 3: Education

Increase access to high quality trainings to support caregivers of older adults, including adults with intellectual and developmental disabilities (I/DD)

Aligns with National Goal 3

- Inventory caregiver trainings
- Categorization, review & ratings by expert panel
- Web-based repository
- Caregiver resources on how to find and select trainings
- Future training recommendations based on gaps
- Dissemination

Key Partners



MARIN CENTER FOR INDEPENDENT LIVING



Next Steps

- Launch project with Administration for Community Living (ACL)
- Formalize partnerships and next steps
- Draft Steering Committee membership – seek input from ACL



Questions and Discussion

Thank You



Alzheimer's Disease Program Update

Tina Fung, MPH

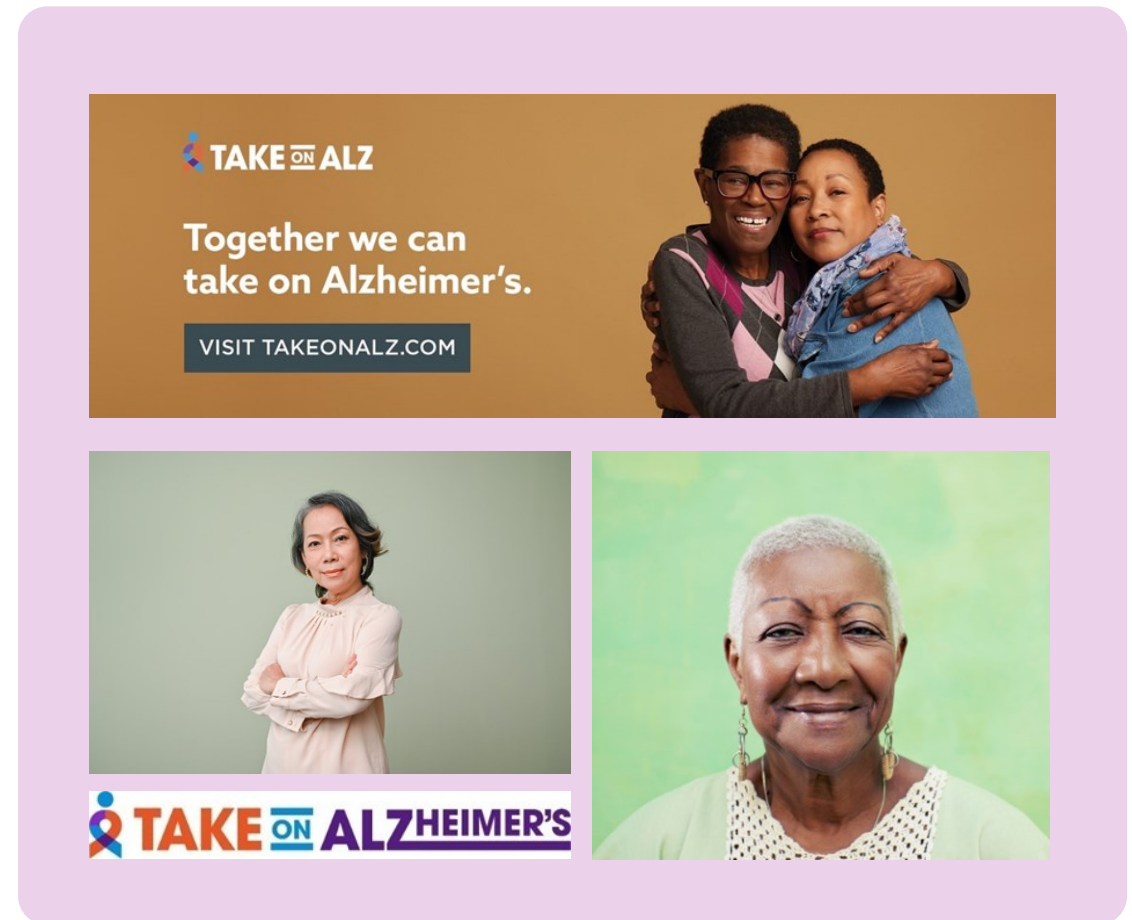
California Department of Public Health
Chronic Disease Control Branch
Alzheimer's Disease Program



Prevention

Alzheimer's Disease Media Campaign

- Tracking Study Survey Results
- Evaluation Report



California Healthy Brain Initiative

Measure, Evaluate, and Utilize Data

- ADRD surveillance and HBI program data collected regularly to inform community activities/services
- Evaluation Report for 2020-2022 pilot cohort in development



CDC Block Grant

- Recipient of CDC Preventive Health and Health Services (PHHS) Block Grant
- Purpose is to expand CA HBI work to include tribal/rural communities that are not currently funded.
 - Create and engage a Community of Practice (CoP) collaborative
 - Provide HBI resources, technical assistance (TA), and training.
 - Conduct Community Needs Assessment
- Project period: SFY 2024-2029



<https://www.cdc.gov/phhs-block-grant/index.html>

Clinical & Caregiving



California Alzheimer's Disease Centers (CADC) Annual Conference



- Held in Sacramento, CA in September
- 73 ADP partners in attendance
- Provided legislative updates
- Shared work among CADC, HBI, and State
- Identified opportunities on future ADP and CADC priorities
- Connected and identified community-clinical linkages among CADCs and Local Health Jurisdictions to improve coordination of services and dementia health outcomes

Caregiver Training Program



- Training modules in development
- In progress of being expert-reviewed and piloted within local communities
- Translated into English and Spanish
- Anticipated completion in January 2025

Standards of Dementia Care

Brain Health Toolkit

- UCSF launched pilot toolkit geared toward patients
- Website is live at www.brainhealthtoolkit.com



Research & Evaluation

The background is a solid teal color. On the right side, there is a white graphic consisting of several lines radiating from a central point, resembling a starburst or a stylized sunburst. The lines are of varying lengths and angles, creating a dynamic, geometric pattern.

Research Symposium Series

June 21, 2024 hosted 1st Virtual Research Symposium

Presenter: Brittany N. Dugger, PhD
Associate Professor, UC Davis School of Medicine, Department of Pathology and Laboratory Medicine

Session 1

“Advances in Deep Neuropathological Phenotyping of Alzheimer Disease: Past, Present, and Future”

October 18, 2024

Presenters:

- Michael Weiner, MD, Professor of Radiology at UCSF
- Rachel Nosheny, PhD, Associate Professor in Residence at UCSF

Session 2

“Alzheimer’s Disease Neuroimaging Initiative (ADNI)” and “Brain Health Registry”

January 2025

Session 3

Speakers TBD

Facts & Figures

- Updates to the 2021 Report
 - [Alzheimer's Disease and Related Dementias Facts and Figures in California: Current Status and Future Projections, January 2021](#)



Evaluation

- The 10 recommendations were developed by the task force and can be found on the “Alzheimer’s Prevention, Preparedness, and the Path Forward” Report
- The recommendations are a roadmap on how California proposes to address Alzheimer’s disease prevention
- ADP plans to evaluate how successful California was in meeting the 10 recommendations and to identify key strategies to move the path forward
- Anticipated project period: SFY 2025-2026



<https://caalztaskforce.org/>



AlzheimersD@cdph.ca.gov

Eric Dowdy

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

Barbra McLendon

Public Policy Director, Alzheimer's Los Angeles

Alzheimer's and Related Disorders Advisory Committee

November 7, 2024

Eric Dowdy, Vice President, Public Policy

SB 639 (Limón) Medical Professionals

- Adds “special care needs of patients with dementia” to **primary care physicians Continuing Education (CE) requirement**
- Adds new requirement for **Nurse Practitioners and Physician Assistants**
- 20% CE must be in geriatric/dementia care if patient population is 25% or more over the age of 65
- Effective January 1, 2025



Senate Bill No. 639

CHAPTER 336

An act to amend Sections 2190.3 and 2811.5 of, and to add Section 3524.6 to, the Business and Professions Code, relating to healing arts.

[Approved by Governor September 21, 2024. Filed with Secretary of State September 21, 2024.]

LEGISLATIVE COUNSEL'S DIGEST

SB 639, Limón. Medical professionals: course requirements.

(1) Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California and requires the board to adopt and administer standards for the continuing education of those licensees. Existing law requires general internists and family physicians who have a patient population of which over 25% are 65 years of age or older to complete at least 20% of all mandatory continuing education hours in a course related to geriatric medicine or the care of older patients.

This bill would revise the above-described course requirements to include the special care needs of patients with dementia.

(2) Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing to license and regulate the practice of nursing. Existing law requires the board to establish standards for continuing education consisting of specified approved coursework. Existing law requires a licensee under the act to submit a statement to the board, under penalty of perjury, indicating compliance with those continuing education requirements.

AB 2680 (Aguiar-Curry) ADRDAC

- Renames committee to “Alzheimer’s Disease and Related **Conditions** Advisory Committee”
- Adds 2 (minimum) to 4 new members to the committee (up to 20 maximum)
- Removes stigmatizing language: “suffering from” etc.
- Removes term limits for persons living with a diagnosis
- Ex-officio members added: Assemblymember and Senator by Rules Committees
- Up to 4 additional members to be appointed by CalHHS Secretary
- AB 2207 adds Executive Director (or designee) of California Commission on Aging



Assembly Bill No. 2680

CHAPTER 335

An act to amend Section 1568.17 of the Health and Safety Code, relating to Alzheimer’s disease.

[Approved by Governor September 21, 2024. Filed with Secretary of State September 21, 2024.]

LEGISLATIVE COUNSEL’S DIGEST

AB 2680, Aguilar-Curry. Alzheimer’s disease.

Existing law requires the Secretary of California Health and Human Services to be responsible for oversight and coordination of programs serving people living with Alzheimer’s disease and related conditions, and their families. Existing law establishes the Alzheimer’s Disease and Related Disorders Advisory Committee in the California Health and Human Services agency, and specifies the committee’s duties, including requirements for making policy and plan recommendations.

This bill would rename the advisory committee to the Alzheimer’s Disease and Related Conditions Advisory Committee, and expand the number of members serving on the committee from 14 to at least 16, but not more than 20, members. The bill would prescribe the qualifications of certain members on the committee, and revise the duties of the committee. The bill would, in the provisions governing the committee, revise references to Alzheimer’s disease to also refer to related conditions.

This bill would incorporate additional changes to Section 1568.17 of the

AB 2689 (Bains) Tax Contribution Fund

- Extends the “California Alzheimer’s Disease and Related Dementia Research Voluntary Tax Contribution Fund” **through tax year 2032**
- Note on current law:
 - Minimum contribution amount for each year is \$250,000
 - If contributions fall below this level, the fund is repealed that calendar year



Assembly Bill No. 2689

CHAPTER 112

An act to amend Section 18766 of the Revenue and Taxation Code, relating to taxation, and making an appropriation therefor.

[Approved by Governor July 15, 2024. Filed with Secretary of State July 15, 2024.]

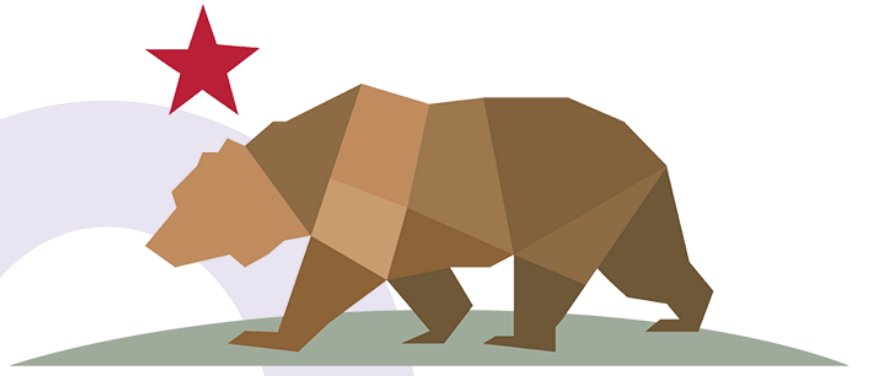
LEGISLATIVE COUNSEL’S DIGEST

AB 2689, Bains. Personal income taxes: California Alzheimer’s Disease and Related Dementia Research Voluntary Tax Contribution Fund.

Existing law allows taxpayers, until January 1, 2025, to designate on their personal income tax return that a specified amount in excess of their personal income tax liability be contributed to the California Alzheimer’s Disease and Related Dementia Research Voluntary Tax Contribution Fund, which is a continuously appropriated fund, to be allocated to, among others, the State Department of Public Health to support eligible programs awarded grants under selection criteria established by the State Department of Public Health Alzheimer’s Disease Program.

This bill would extend the operation of these provisions to January 1, 2032, unless the minimum contribution amount of \$250,000 is not met, as specified. By extending the operation of a continuously appropriated fund, the bill would make an appropriation.

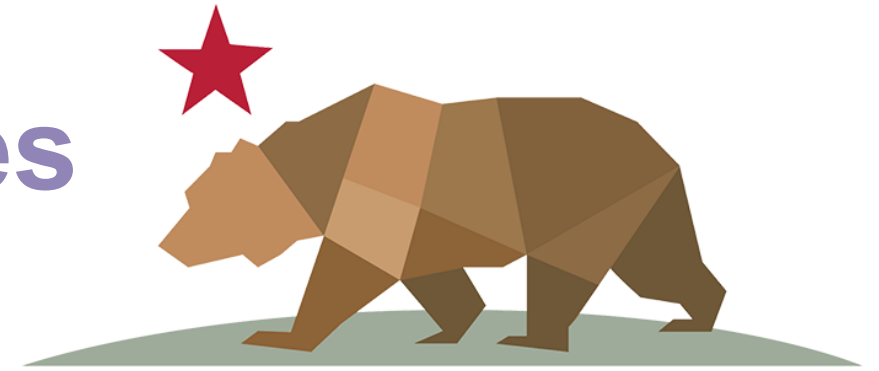
Appropriation: yes.



2024 State Legislation



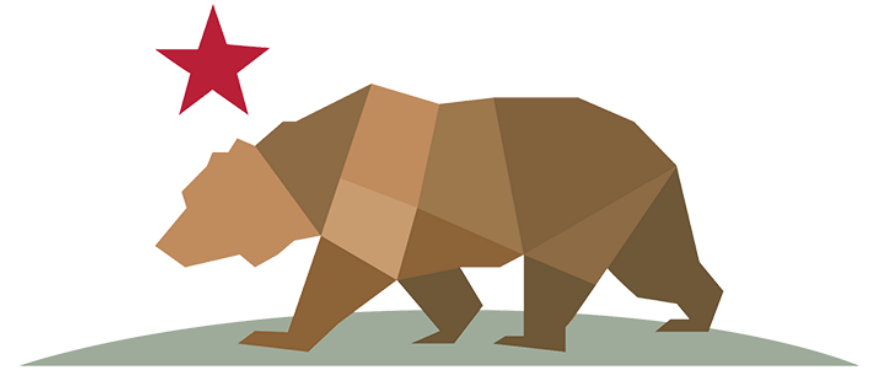
State Legislative Priorities



AB 2541- Peace Officer Training- Wandering– Asm. Jasmeet Bains

- Signed by the Governor on World Alzheimer’s Day
- Becomes effective January 1, 2025
- Working with the Commission on Peace Officers Standards and Training regarding implementation

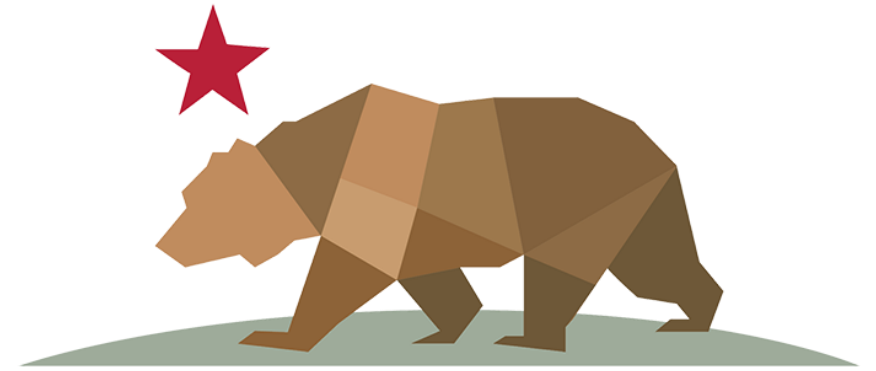
State Legislation Caregiving



Paid Family Leave – Signed by Governor

- SB 1090(Durazo)– Early Application for Paid Family Leave (PFL) and Disability Insurance Benefits
- AB 2123(Papan)- Allow workers to access PFL without having to use vacation time first

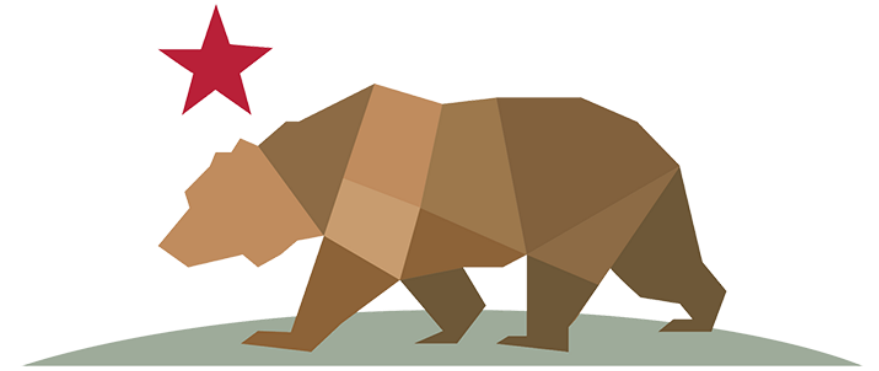
State Legislation Caregiving



Safe Gun Storage – Signed by Governor

- SB 53(Portantino)- Would require safe storage of firearms for all gun owners

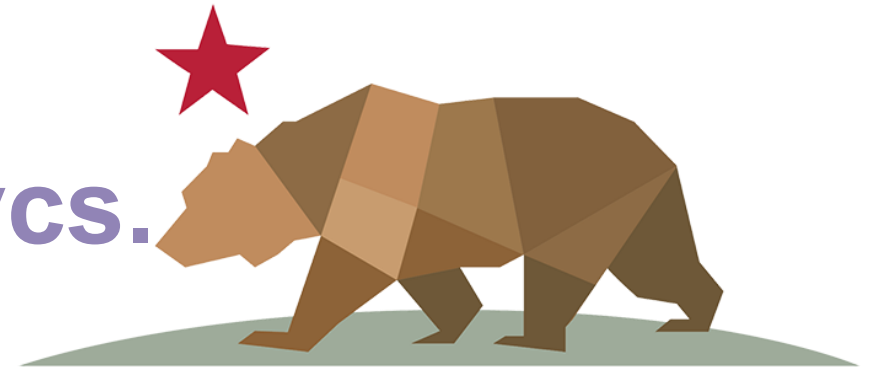
State Budget Ombudsman



Included in final budget:

- Local Long-Term Care Ombudsman Program- Approved a one-time shift of **\$4.25 million** in special funds for the Long-Term Care Ombudsman (LTCO) Program from the Licensing and Certification Program Fund and an increase between \$1-2 million for the possible amount the LTCO program could receive from State Health Facilities Citation Penalties Account in 2024-25 and ongoing.
- Original ask was for \$9.25m

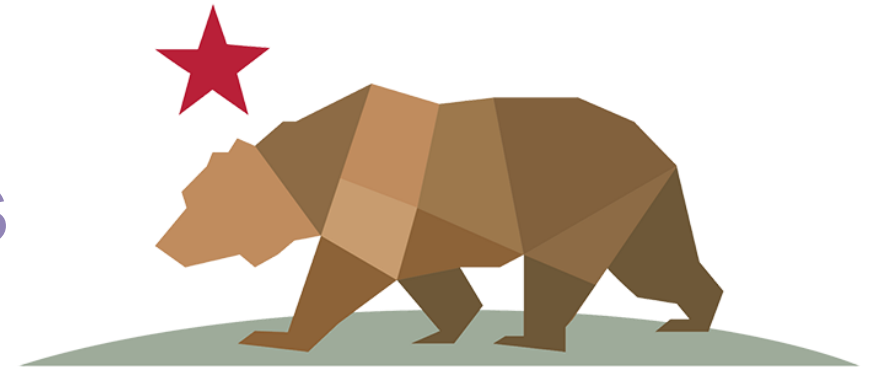
State Budget Community-Based Adult Svcs.



Included in final budget:

- AB 159- Creates a new set of rate increases for a number of provider types. Rates will be set by the Department of Finance. Some become effective January 1, 2025 and the rest on January 1, 2026.

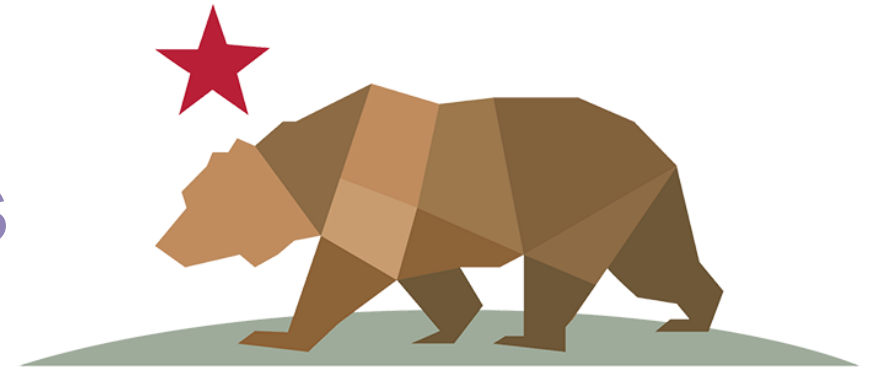
State Budget Health and Human Services



Included in final budget:

- Rejected the Governor's Proposal for the elimination of the Home Safe Program but approves the \$50 million cut for the Housing and Disability Advocacy Program.
- Rejected the proposal to eliminate In Home Supportive Services (IHSS) for undocumented Californians.

State Budget Health and Human Services



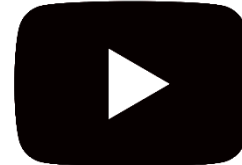
Included in final budget:

- Rejected the proposal to cut Adult Protective Services expansion and training.
- Rejected the proposed \$111.6 million reduction for Older Californians Act nutrition funding.
- Approved the reduction of the Older Adult Behavioral Health initiative as well as the media campaign.



Alzheimer's LOS ANGELES

844.HELP.ALZ
AlzheimersLA.org



@AlzheimersLA #AlzheimersLA

Time is reserved on the meeting agenda for public comment.

- **In-Person Comments:** Raise your hand or let Calli know you want to make a public comment.
- **Verbal Comments:** “Raise your hand” in the Reactions feature of Zoom or press *9 on your phone dial pad to enter the line for a verbal comment. The moderator will unmute your line and announce your name or the last 4 digits of your phone number.
- **Written Comments:** You may submit comments throughout the meeting using the Zoom Q&A or email Engage@aging.ca.gov.

Note: Public commentators will each have up to 2 minutes.



Finalize Recommendations for Secretary Johnson

2025 Meeting Topic Suggestions

2025 Meeting Schedule

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





Thank You!



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

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