

**California Master Plan for Aging  
Stakeholder Advisory Committee Meeting #1  
September 17, 2019**

**Meeting Transcript**

**Mark Ghaly:**

Good morning everyone. My name is Dr. Mark Ghaly, Secretary for Health and Human Services and it's a real privilege to be here today. I want to welcome all of our committee members to this first master plan for aging stakeholder advisory committee meeting.

This has been for many of you a long time coming, and for others something that you may have never thought would happen. I'm going to turn it over to Richard Figueroa to my right in just a moment to say words on behalf of the governor, but it's really a thrill to be here and kick-start what will be an important year of work together as we prepare to deliver the governor, a true blueprint for what an Age Friendly California can look like. And we're on a tight timeline. But I know based on yesterday's energy that I saw, and I heard a great dinner, that we have the right group around the table and I know stakeholders in the seats behind you, that will allow us to make progress.

So, before I go into we do a round of introductions and really launch into the day, I wanted to give Fig a chance to just say words on behalf of the Governor.

**Richard Figueroa:**

Again, on behalf of the governor, welcome. I know many of you and certainly have seen your names quite a bit. As you might imagine, there were lots of individuals that were interested in lots of areas that we had to cover. And we very much appreciate your willingness to participate in this effort. As Secretary Ghaly indicated a minute ago, the Governor is a person of action and understands that the people California have for now at least given him a relatively short period of time in office, four years. He really does want to have measurable outcomes and focus on success. This is not

a small undertaking. The Governor understands that we haven't done anything even close to this in the last 20 years and, you know, California has aged by 20 years during that time, in the aggregate, and so it really is time.

I'd be remiss if I didn't say the governor has been working in parallel on an Alzheimer's task force as well, which is a slimmer slice of the population, but has touched a lot of the same issues. And so, Secretary Ghaly will be working with that group as well to work in concert with this one to kind of come to a final conclusion in the fall of next year. This is a personal thing for him too, he lost his dad last year and has aging relatives and has seen the issues up front and personal in his own experience over the last year, and that was with a lot of family and pension and resources. What is the life for people that don't have that? So, this really brought it home, and made this very personal to him.

What are we doing to help people age in place? What are we doing to tap into the great resource that older Californians are? I would also say that a lot of the same issues that we're talking about here also touch the disabled community. And so aren't just the same services, it's not just an issue of people's age, but also in terms of the services that we're looking at that cut across a broader segment of population. So, he's very interested how we mesh those two together as well. So again, I'll turn it back over to the Secretary, but want to make sure that I said hello. The Governor says hello.

**Mark Ghaly 6:57**

And thank state for the reminder, that is, as we focused on older Californians, the necessity and interest on really pulling in the communities that surround our disabled neighbors across the state and the concept that we're thinking about both around this table. Before we go through introductions, I want to just thank Kim Johnson and Social Services for hosting us. It's a great room for this and I'm grateful that they opened up their house. Also acknowledge Kim McCoy Wade and Anastasia Dodson, who really have been the team that helped put this together and lead us to today. I'm grateful for your brilliance in thinking about our strategies and getting us to this point and so much has already been thought out for the months to come. Although Marko hides from in the back, we couldn't be here without Marko Mijic, he did an incredible amount of work before the executive order was even put out. Talked to many of you, worked closely with SCAN and other foundations to get us here. And I think has been a

tremendous lift to not just this effort, but our entire agency. So, I'm going to embarrass him and force everyone to give this guy a well-deserved round of applause.

I'm sorry to have missed yesterday's dinner. But Bruce, I heard it was tremendous. And I just want to echo one thing you told me about your comments in the field. At the dinner there's a real belief that the brain trust and the experiences around the table really have this opportunity to with us decide what our impact is going to be on this master plan. As Bruce reminded me, one way or the other, I'm going to meet a deadline, right a year from now we're going to put something together and how rich it is, and how influential it is, is really going to depend a lot on how we galvanize the voice around this table in the rows behind us and on the phone for those folks who want to have a stake in this. And the opportunity doesn't come around that often. So let's make it the most meaningful one we can make it. So with that, I wanted to introduce Stephen Somers, who is joining our team to really facilitate and move our work forward. And he's going to lay out what to expect for the day. And then we're going to go through and do a round of introductions around the table.

**Stephen Somers 9:44**

Thank you Secretary Ghaly. It is my pleasure to join you coming from the east coast and moved to the west coast recently. And it's nothing like diving right in. This is really diving right in. And my job is really to just help moderate the session, facilitate it, be the guy who says time, we need to move on to the next question-- those kinds of fun things that everybody enjoys doing. And so I'm here to say a little bit about that this meeting. The purpose of the meeting, which Secretary Ghaly already said is for the state to convey its message to you and where it's trying to go and to get feedback from you. And so we're going to try and make it as much as possible, talking in the microphone, thank you, Marcia, as much as possible, about hearing from you in the debt portion of the agenda. So just a couple of housekeeping kinds of things, there will be a series of opportunities for question and answer, we'd like you to use these tent cards, which unfortunately, I can't read from even from this distance, even though Marcia made them bigger. One of those things that goes with aging, I think. So use this tent card if you want to speak and then I'll try and keep you in a line as we go into those portions of the discussion. It's important to speak into the microphone because there will be a recording of this event. And there will be an attempt to transcribe, which has been said we want to

associate your remarks with you and be able to come back and get clarification if necessary. So that's very important. That means you must turn on this little thing and speak into the microphone every time you speak. And even also say your name just so we're aware of who is speaking what wisdom. And when we get a question answer, we want to make sure that your Q&A, your questions are brief. And the answers that the state folks will be able to provide will be as well so we can keep the conversation moving. I will be moderating the agenda as it goes forward. But right now we're going to go back to the Secretary and he's going to do the introductions. And then we'll go from there.

**Anastasia Dodson** 12:04

To add one more thing. There are folks on the phone listening as well and that's the other reason to speak as loudly as you can get into the mic.

**Mark Ghaly** 12:14

Great. As we begin, maybe we can go to my left. I just want to note that my card says California State Transportation. I would be excited to be the Transportation Secretary for a day or two. But that is about it. So yeah, so who has my job? With all seriousness, since Stephen and I have already introduced ourselves, maybe we can jump to you and can go around the table. It'd be nice to hear your name, of course, what organization or who you're representing. And one thing that you're excited about to kick start today because I think the excitement is palpable and I want to hear what drives you.

**Kim McCoy Wade** 13:03

I'm Kim McCoy Wade. I am the acting director of the California Department of Aging and I just so jazzed from the conversation yesterday, and all the conversations in the weeks and months ahead of this to just be creative together.

**Anastasia Dodson** 13:17

Good morning, this is Anastasia Dodson with the California Department of Aging, project director for the master plan. Just pleased to be here with all of you. And when we finish the introduction I have to the supervisor on the phone.

**Maya Altman** 13:29

Good morning my name is Maya Altman and I'm with the Health Plan of San Mateo, which is Medicaid Managed Care Plan. We've worked a lot the last few years with the disabled population as well. So I'm very excited. I'm really interested in LTSS and all integration efforts.

**Marty Lynch 13:53**

Marty Lynch from LifeLong Medical Care, we're a federally qualified health center founded by the great Panthers many years ago. And this is be the integration corner, because I'm all excited about what we've been doing integrating health and LTSS services going forward.

**Le Ondra Clark Harvey, PhD 14:11**

Good morning. Dr. Le Ondra Clark Harvey with the California Council of Community Behavioral Health Agencies. Now everyone say it together. (laughs) I'm really pleased to be here and excited about some of the conversation I heard yesterday about behavioral health and mental health. So really thrilled to represent that.

**Jose Arevalo, MD 14:27**

Buenos días. My name is Jose Arevalo, I'm a family physician here in Sacramento. And also part of Sutter Independent Physicians, which is an affiliate of Sutter Health. I'm also the chair of Latin Physicians of California. And when I asked, why was I invited here? It was, "Oh, because you're old..." (laughs) "...and we want firsthand experience." I'm really happy to be here. And I hope I can contribute. And excited to hear what everybody else has to say.

**Heather Young, PhD, RN 14:58**

Good morning, I'm Heather Young, I'm professor and founding in emeritus of the School of Nursing at the University of California, Davis. I'm very much into capacity building. Community capacity, workforce capacity. And I'm just thrilled to see all the people who are here and really look forward to learning from all of you and building capacity together.

**Susan DeMarois 15:23**

I'm Susan DeMarois representing the Alzheimer's Association. We're part of the national organization based in Chicago with 21 local offices in California. And being part of that I can say I'm most excited that this is something that's unmatched in any other state and it's very excited to be a part of.

**Janny Castillo** 15:44

Good morning. My name is Jane Castillo, I come from West Oakland St. Mary's Center, I'm the Open Justice Coordinator there. We serve housed and unhoused seniors, a thousand a year. And I'm very excited about the group that we put together for this committee. Very thoughtful, so it gives me much hope that we're going to create great, great policy.

**Donna Benton, PhD** 16:08

Hello, my name is Donna Benton and I'm from the USC Family Caregiver Support Center, the Association of California Caregiver Resource Centers, and I'm excited on so many levels, but primarily because in 30 years when I turn 65... (laughs) ... I'm setting up my future.

**Nina Weiler-Harwell, PhD** 16:29

Good morning, I'm Nina Weiler-Harwell with AARP California. We have 3.3 million members of the state of California 50 and over. I'm excited about a lot of things but I see so many possibilities for building an Age Friendly, Person-Centric, holistic, fully integrated system of LTSS for our seniors or persons with disabilities, that also includes their caregivers.

**Christina Mills** 16:56

Good morning, I'm Christina Mills, Executive Director of the California Foundation for Independent Living Centers. We represent 23 of California's 28 Centers for Independent Living, which are service and advocacy driven organizations for people with disabilities of all ages. Recently, we did some statistics searching among our databases and found that over 50% of our centers are serving people, majority of the time over the age of 60. I'm thrilled to be here and surrounded by so many wonderful, intelligent individuals who really have made me feel like disability has come to a point where aging and disability can work together to create inclusive systems. So we look forward to creating more and increasing over no wrong door efforts in California together.

**Jodi Reid** 17:48

I'm Jody Reid, I'm the Director of the California Alliance for Retired Americans. We're a statewide senior advocacy organization, very grassroots, and I ditto everything people say, but I also really, on behalf of our over 1 million members who have been trying to get through this door

and share their stories and have them influence how we move forward, I'm really grateful that we're all here.

**Catherine Blakemore 18:16**

Good morning, Catherine Blakemore, I'm the Executive Director of Disability Rights California, we're a federally established legal aid program for people with disabilities throughout California. This is such a lovely opportunity, and I'm really excited about the possibilities of thinking about how systems can be responsive to the individuals that they're serving and make it easy to access services and support people so that they can live where they choose to live in the most integrated way that they that they are able to do regardless of the stage of their life.

**Debbie Toth 18:59**

My name is Debbie Toth and they wanted a Hungarian on this side. I'm from Choice in Aging. We're a nonprofit organization that's been around for 70 years, and we provide Adult Day health care, a multi-purpose Senior Services program, California community transitions, mental health services programs, all for older adults and frail adults, and transportation, caregiver support, advocacy, etc. I am truly excited to live to see a day where the general public knows what Adult health care is, in the same way that they know what child care is.

**Shelley Lyford 19:39**

Hi, good morning. I'm Shelley Lyford. I'm the president and CEO of the Gary and Mary West Foundation. I also oversee our private medical research organization West Health Institute and our West Health Policy Center in Washington DC with a presence here in Sacramento. It is a privilege to be here, surrounded by so many rockstars.

**Bruce Chernof, MD 20:03**

Good morning, I'm Bruce Chernof, President and CEO of the SCAN foundation. And I just want to echo something Mark said that I think is so important. I'm so honored to be in the room with all of you. It's actually humbling the amount of knowledge that's in this room, and how many of us have worked together in twos and threes and fives on specific aspects of this issue. And I just feel like we have a sacred responsibility here, a solemn responsibility, to work with the Secretary to build something meaningful. And we own that on behalf of every Californian. Not just

Californians in this program or that program, but for every Californian and every family. And I just welcome the opportunity to work with all of you.

**Darrick Lam 20:44**

Good morning everyone. My name is Darrick Lam, I'm the president and CEO at ACC Senior Services, a private nonprofit organization providing skilled nursing, assisted living, independent living, transportation, supportive services, and also, we managed the means and ways program in Sacramento County. Very, very honored and humbled to partner to this stakeholder Advisory Committee working with an esteemed panel of experts. My hope is that at the end of the 12 months, we're able to really develop a noble goal to serve many, many older Californian's and also people with disabilities in California.

**Craig Cornett 21:25**

I'm Craig Cornett, I'm the President and CEO of the California Association of Health Facilities known as CALF. We are the professional association that represents about 900 skilled nursing centers, and about 500 intermediate care facilities to the development of disabled with 95,000 beds and we serve about 350,000 Californians every year. I'm excited about this group, because I think Dr. Ghaly and the Governor have put together a scope of people that represent the full continuum of services. And I think that's so important as we talk about these issues going forward.

**Cheryl Brown 22:03**

My name is Cheryl Brown. I was formerly the assembly person who was in charge, the committee was aging and long-term care, did a lot of work on that committee, and I'm telling you, we've come a long, long way in the state of California. And I'm hoping that with my presence here that we'll be able to do some things that would be not only groundbreaking, but that will take us through that glass ceiling that we've seem to have in our state. I represent the California Commission on Aging, and I represent the people in the area of the Inland Empire that have been forgotten for so long in the state.

**Berenice Nunez Constant 22:55**

Good morning, everyone. My name is Berenice Nunez Constant and I'm the Vice President of Government Relations with AltaMed Health Services. We're the largest federally qualified health center in the state of California, one of the largest in the nation. We also have the largest PACE program.



We serve about 300,000 individuals, including California, Los Angeles and Orange County. I'm very excited to be here to really represent the ? voice and also diverse communities and communities of color, which I come from, to ensure that we're providing coverage that there's true access there. And that cultural competency is built in so that folks can really age in place and age the way that they want to age here in the state of California.

**Rigo Saborio 23:46**

Good morning, everyone. It's a pleasure for me to be here today. Rigo Saborio, President and CEO of St. Barnabus Senior Services, it's a private nonprofit organization that's been serving the Los Angeles area for over 100 years. Our mission is to empower a diverse community of older adults, so they can feel well, live well and age well in a community with dignity and respect, and it's all about helping them survive and helping them thrive. And we serve about 18,000 older adults on an annual basis. I'm also the co-founder and chair of the Los Angeles Aging Advocacy Coalition that represents over 60 organizations in the Los Angeles area. And I'm really excited. You know, almost I can't believe that it's I've aged in place myself 30 years as a dermatologist. Once upon a time was the youngest guy in the room, but no more. But to see this come all together, in this time and bring on the breadth of knowledge and the wonderful people that surround this table is amazing. And thank you, Dr. Ghaly and the Governor for your leadership and making this happen. And I'm really looking forward to the conversations around integration, innovation and diversity that's going to happen in shaping this plan. Thank you.

**Kevin Prindiville 25:02**

I'm Kevin Prindiville I'm the Executive Director of Justice in Aging, we use the power of law to fight senior poverty both in California and across the country. I'm also very excited to be here, I think we have a wonderful opportunity to advance equity in our state, for seniors and people with disabilities. And to do so in a way that addresses our high rate of senior poverty, the increasing number of older adults that are facing or at risk of homelessness, and the high rates of hunger among older adults in our state as well.

**Kristina Bas-Hamilton 25:35**

Good morning, my name is Kristina Bas-Hamilton, and I'm here representing UDW, United Domestic Workers. We represent 110,000 HSS workers in 21 counties. It's my honor to be here with so many smart

people. And I'm very excited that we're going to do some good work. Thank you.

**Peter Hansel 25:57**

I'm Peter Hansel, and I'm with CalPACE. We represent the 14 programs of all-inclusive care for the elderly in the state and also an aging person taking care of an even more aging parent. And experiencing that from that perspective. We're based as a 40 year plus history of providing coordinated care, a continuum of services to help older adults and seniors with higher needs to remain secure in the community. Because I'm most excited about a chance to be part of an effort that hopefully will improve access and create meaningful choices as they deal with the challenges of aging.

**Mercedes Kerr 26:41**

Good morning, I'm Mercedes Kerr, and I'm President of Belmont Village Senior Living, we live with over 4000 seniors, we are their redefined version of home. So, I am very excited to be a part of this. Really hoping that we can bring some perspective to what that daily living looks like and how we can improve it.

**Jennie Chin Hansen 27:04**

Morning. Thank you. I'm Jennie Chin Hansen and my card lists that I'm a former CEO of the American Geriatrics Society. But I also have a long history here in California. In fact, the people mentioned PACE here. So, I was there about 40 years ago, at the original PACE in San Francisco. The other aspect of what I'd like to say, I'm so honored and delighted to be here and feel privileged to be with you. And the reasons I have are clustered in three values that I think are important. One is about capacity, about resilience, as well as dignity. So, all these things are what I think we each have brought up so far perhaps falls somewhere in these three concepts. The other thing I'm really delighted about and think is momentous is to bring all the departments at the state level together just as we are being brought together. Because I think we've had this understandable history of starting at a certain place and working in our, you know, units. But this is a time, that in the world, everything is touched by each other. And one of the things because I have been much more in a regulated environment, to go back to health and well-being, a sense of dignity and what is it that will help people thrive, whether it's income, food, a voice. But this whole concept of breaking down some of the barriers of the way money flows. So, thinking about health, and not just huge muscle of healthcare and healthcare

payments, we've got to integrate that so that the sense of living all these values are possible. Thank you.

**Jeanee Parker Martin 29:10**

My name is Jeanee Parker Martin. I'm the president and CEO of LeadingAge California and I am honored to be in the room with so many talented and smart people who have dedicated their lives and their careers to working on housing, care, and services for older adults. I represent LeadingAge California, which is an organization that represents senior affordable housing, retirement communities and home and community-based services across California. We also have a counterpart in Washington DC called LeadingAge. We represent hundreds of thousands of individuals from the entire spectrum of older adults who are very, very low income to the most high-income individuals. So, we see a spectrum of needs for housing, care, and services that impact all of us in state. I am extremely excited and honored to be here with all of you. And I look forward to the opportunity to think about some of the things that Jennie just mentioned. How can we continue to integrate our opportunities here in the state? How can we look at the financing issues not as silos but as an opportunity for continued integration, and that we impact the most number of individuals as they age, including all of us in the room?

**Judy Thomas 30:35**

Good morning, I'm Judy Thomas, CEO of the Coalition for Compassionate Care of California, which is a statewide collaboration of healthcare providers, consumers and anybody else who wants to be involved in promoting palliative care, which is the full continuum of serious illness from the point of diagnosis all the way through the final phase of life. And we work on promoting Person Centered Care, giving people the information they need, so that they can live a highest quality of life as long as possible, as they define it.

**Clay Kempf 31:07**

Hi, I'm Clay Kempf, and I'm the legislative coach here for the California Association and Area Agencies on Aging. And I'm the Executive Director of the AAA in Santa Cruz in San Benito counties. I'm really excited somebody made a rockstar comparison and I think that really fits. Also, I'll steal someone else's joke. If you've seen most of our rockstars when we were growing up, they need our services. (laughs)

I like that analogy.

And, like Rigo, I used to be the youngest guy in the room. I've been doing this for a long time. So that category left a long time ago now I'm just the most immature. (laughs) But what I'm excited about, besides the honor of just being on this committee is that all of us represent different silos and different types of services. And I think what this opportunity really presents us is to remember that the silo that we really represent is aging, and that a win for any of us elevates the greater population that all of us serve. And aging is a process, not just the status that you attain. So aging, you know what will benefit older adults will also benefit their younger caregivers, their spouses, etc. So, I just love that idea of coming together like this, we're not going to do something better for our silo, that will happen, but what we're really doing is something that's going to improve the lives of older adults throughout the state.

**Irena Asmundson 32:35**

I'm Irena Asmundson. I'm from the California Department of Finance. I'm Chief Economist there. And so, I deal with all sorts of issues, I do demographic projections, I do economic projections. And I'm most excited about seeing the focus on this. And we spent the last probably five years talking about "recessions are coming, it's sort of inevitable, you have to prepare for it." And it's gotten to the point where everyone has sort of internalized this. I really want everyone to sort of internalize the population is aging. We need to consider this as an aspect of every single policy decision that we make in the state. And that's what I'm most excited about.

**Fernando Torres-Gil, PhD 33:22**

Hello, good morning. Thank you for having me here, really appreciate this. I'm another faculty member at UCLA. It's a real opportunity to address our demographic realities. And I just might add, because all of us know each other. And speaking of history, back in 1971, when I was introduced to gerontology at the White House conference on aging, at that time, I remember my friends in business, law, education, medicine, telling me, Fernando, why would you want to go into such a depressing field working for all old people? That was '71. Now they are all interested. As we are all interested in aging. So, thank you for bringing that to this point in history.

**Mark Ghaly 34:34**

Before we get to the next section, I wanted to just pick up on some of the key words I heard. And hopefully I capture as many as I heard. I heard the words, resilience, survive and thrive, risk, integration, equity, opportunity, capacity, and caregivers. And those were those are among the many. But those are the ones that stood out that I heard many of you say. And one very common theme was look from a group dynamics perspective, many of you note. And that really helps catapult us forward. And I'm looking forward to being one of the new members of the club, but really to harness the energy and the relationships around the table. So, I'm going to turn it over, Anastasia is going to walk us through what are the details of why are we here? How did we get here? And what's the work in front of us?

**Anastasia Dodson 35:40**

Thank you. And before we do that, just some brief housekeeping just want to acknowledge that there are a number of folks on the phone, and the meeting materials are posted online on our website. And if anybody needs a hardcopy handout, I believe Marcia has some in the back, so please raise your hand and we can get you some hard copies there.

And for anyone on the phone or in the room, if anybody needs any assistance with future meetings, we have an email inbox that we monitor.

On the agenda today, we've gone through introductions, we're going to talk a little bit about the executive order and the Together We Engage campaign, we're going to have some demographic trends, and then we're trying to spend most of the meeting on the proposed framework for aging that we have later on in the slides. And then we'll spend a little time at the end talking about future meetings and next steps.

So, the Governor issued the master plan for aging in June. And many of us who were in our current jobs or other jobs, we were so excited to be called to work on this. And we know that there are a lot of issues and priorities that you're already in. And we're so pleased that the executive order is quite broad. You can see it again on our website. But it calls for a blueprint and we're going to go through some of the deliverables in that executive order.

But in looking at the executive order language, and then thinking about how to prepare this group and select members, we looked at multiple sectors, we looked at rural and urban cities, housing issues, caregivers,

researchers, philanthropy, consumers, trying to find a good array of folks because that is reflecting of the needs of California, and the types of issues that we want to tackle here.

And thinking about this master plan, we really want to build on California strengths. We know that there are some demographics that we've seen now and coming. And it's a challenge. But really also we have a lot to be proud of here in California, certainly in our Medicaid program we successfully implemented the Medicaid expansion and coverage for all children and young adults as well as a wide range of long-term services and supports. We have a very robust Home Community Services Program. We're all extremely aware of this, but just to read remind folks that we rank pretty highly among other states, as far as the percent of our long-term services we're spending that goes towards home and community care. Our Governor has prioritized California for All, and our Master Plan for Aging is part of that. There are other efforts, we're going to mention those briefly in a second, but it's wonderful to be in this administration right now at this time working on this effort. And we also really want to acknowledge the prior Task Force and reporting that has been done on Master Plan for Aging. So, Kim and I have documented, we have lists, we've been going through all of them, looking, you know, highlighting finding the similarities. So that work has been a wonderful steppingstone them to get us to where we are. And where we're going to be.

We also want to highlight there's complimentary current statewide efforts, of course, there's a task force on Alzheimer's. We're going to be looking forward to that meeting coming up in November, and we'll be partnering very closely with the folks who are working on that effort. And we have members here, on our Stakeholder Advisory Committee also on that task force. We have our CalAIM effort to look at changes we'll be making in our Medical program, and that certainly will again have an impact on our efforts here and we will stay closely coordinated with Department of Healthcare Services and Agency Secretary on those efforts. There's the Governor's homeless and supportive housing Advisory Task Force, or Homestead Advisory Committee, Alzheimer's disease and related services advisory committee that was already in existence, the trauma informed care that the Secretary has championed, and the Governors Truth and Healing Council for Native American priorities. And then the Future of Work Commission, which addresses labor issues. They met last week, and so we're looking at

the materials there and how we can, again, sync up with them, many others.

The "Together We Engage" campaign was launched in August and was quite a hit. There's a website that has information about the executive order and about the ways that individuals can communicate and contribute to this effort. On that website, there's a web portal where we have an open-ended text box and in the first 10 days, we got a tremendous number of inputs on that text box. So, we're looking at that, we're looking at having all kinds of other efforts under this Together We Engage effort. So, we have an external listserv that we have launched so that we have about 900 people on that listserv at this point. We're looking at how we can do blogs or social media. We want to talk with you about perhaps roundtable discussions on topics: housing, transportation technology. We want to work with you all on partner events. And thinking about those individual pledges, whether what's coming into that inbox here, either directly through our email or through that web portal.

One thing I just want to share with you all, as we looked at that initial batch of about 750 responses that we got within the first 10 days, the key areas that people mentioned most, and most people did mention more than one topic, but housing and aging in place, along with financial concerns was the largest amount. Healthcare, of course, again with financial concerns. Transportation, home and community-based services, and long term care, and then some information and referral family caregiver services, employment and other, but again, most people mentioned multiple issues. We just looked at what was the first thing that people mentioned in their comments. And so, with that, I'm trying to go through these slides quickly, because we think you're probably familiar with a lot of what we've just gone through.

We're going to give a quick overview of the approach that we're going to have here. We're again, reviewing the prior master plan efforts in California, we're highlighting and leveraging those existing programs. And we're partnering with those complimentary efforts, learning from other states at the event yesterday was a good opportunity for that. And we're getting feedback from the regional events, travel forums, public input, and one thing I so we should, let you know, we're going to have a way to catalog that input and post it on the website. So rather than sending multiple emails, all of you have already got this letter, or Oh, here's the

latest, we're going to make it easy to find on the website and find ways to catalog it and for the public as well. We want to have a transparent process. We're planning to have deliverables throughout this process, that we will share data with you all for feedback. And we will also post those deliverables for public feedback, there may be times when we share with the stakeholder Advisory Committee first, to get your take, and then we'll post it for the public. We're going to get feedback from all of you on that process. But that's our initial thinking. And then also there I want to mention is a cabinet work group that we've convened once, the secretary convened that meeting, and got a lot of input from labor, from housing, transportation, and Veterans Affairs, other areas so that we're syncing up the efforts that we have here in this stakeholder advisory committee with that cabinet work group, and the cabinet work group will have the review before the Governor, and before this.

We have a quick overview the timeline, I know some of you have asked about that. We're going to have a session in about a half hour about the framework. And so, we have a draft framework for you all to look at and consider. And then we're going to have comment on that refinement of that framework and hopefully finalize that framework this fall; early fall seasons are best at this point. And then we're going to have some cross-sector engagement and discussions, whether it's looking at subcommittees, focus on transportation, we want to get feedback from all of you about those types of engagements, but we want to go ahead and start that now. And then we'll look at ways that we're ever getting feedback. And we're finding out about local options, we want to highlight those as well. We think that we can run on parallel tracks with some of these things. Part of the goal for the master plan is to get local best practices, promising best practices and highlight those. So, we want to start some of those conversations as well in the fall, and then look at data and our research goals. So that's what we have in mind for this fall and winter. And then in the spring, we're going to be looking at the development of more of the deliverables. And in the long-term care report, which is mentioned in the second quarter. This summer, we're aiming to finish up our draft deliverables, and finish the stakeholder feedback process by perhaps the end of July, early August, and then have our cabinet work group review all of those deliverables. August, early September, so that in October, we will release the master plan, and we'll begin our implementation efforts.



Again, just reminding you all what we have as far as our deliverables. We put five years, it could probably be a lot more but you know, roadmap for the state, Person Centered Goals, a blueprint for local communities, a resource toolkit, a data dashboard with 10 year targets, and the long term care report, which was mentioned in the executive order to be completed by March. I went through that pretty quickly, but you guys are very well educated.

The last couple things I want to mention is that there's a draft charter that you got by email, and it's also posted on our website. We think it's probably good enough. If you have any feedback, let us know by the end of the week. And we'll try to get that finalized quickly.

We know that there's a long-term care subcommittee and a research subcommittee. Both of those are indicated in the executive order. What we'd like to do is, as we go through this framework, later in the meeting, and then afterwards, get feedback from all of you on your thoughts about the subcommittee, the scope, and where the committee as a whole versus the subcommittee would want to weigh in, and how we think about organizing those subcommittees. We'll get your feedback today and then we'll go back and make a plan and let you all know how that will proceed. I just want to flag if any of you are curious, I think you probably are familiar with the executive order for the long-term care subcommittee has specific deliverables laid out there. The research subcommittee, we're looking at a body that would look at available data and find measurable indicators and disparities and then go the dashboard and look at promising best practices. So, we've got some things in mind. But we want to hear from all of you about that as well.

The last thing I just wanted to mention. So today is our first meeting and thank you all for being here, we're still in the process of working out the dates for the future meetings and venues. With the convention center close, there's fewer, large spaces that we can get that are not, you know, bolted chairs auditorium style. So, we're going to be moving around. The next meeting is going to be on November 4, I sent you all an email, the date will be posted on our website soon. That meeting will be at 1700 K Street, which is in a different building several blocks down. But it has a little more space than this room. And then we're looking at dates in late January, early February. And then definitely in late May and in July, and then possibly in March. Again, it's a little bit in flux to find a venue. But we will

definitely keep you posted and welcome your feedback as well about how frequently we want to meet be and we'll try our best to sync that all up. I think that's it, unless there are any questions?

**Stephen Somers** 49:37

Anastasia, I just wanted to tell the group that this is an opportunity to get clarifying questions about everything that Anastasia presented. I'm sure it was incredibly clear and totally sunk in and if you don't have any questions, because we want to save time for the real discussion take place the sort of the heart of the discussions that take place after what after Kim presents. Briefly, shortly. Any questions for Anastasia right now?

**Darrick Lam** 50:06

This is Derek, I actually don't have a question. But we have another stakeholder committee member. Maybe they should be introduced.

**Mark Ghaly** 50:17

Absolutely. Thank you.

**Brandi Wolf** 50:19

Morning. I'm Brandi Wolf with SEIU Local 2016. We represent about 385 long term care workers across the state.

**Jan Arbuckle** 50:26

Good morning, I apologize for being late, Jan Arbuckle, Councilmember with the City of Grass Valley and President of the League of California Cities.

**Stephen Somers** 50:43

There was a nice modeling of how to be nice to your fellow stakeholders. Thank you, Darrick for that. Any other questions or observations for Anastasia from the stakeholder group? Yes, then.

**Jodi Reid** 51:06

I have a question about the cabinet members. And is there an exhaustive list? Is it iterative? Is it finalized? Do we have input?

**Kim McCoy Wade** 51:20

We are engaging all of the cabinet members, the initial cabinet group was about eight or 10 of the major housing, transportation, employment,

veterans. And there will be a different level of engagement with different cabinets depending on the issue. And that's part of we want to talk about with folks here. But every cabinet from California Department of Food and Agriculture to California Department of Corrections will be engaged in some way to speak to my colleague from finances point aging process, Paul. Did you have a specific thought about that?

**Jodi Reid** 51:55

I think you just answered by saying they'll all be touched in some way.

**Kim McCoy Wade** 51:59

Yes, that's our goal. And happy to share more that could be part of our agenda building going forward.

**Mark Ghaly** 52:05

Yeah, just say that the first meeting happened already with a cabinet level secretary and those who couldn't attend their chief deputies were in attendance. And I think it was an exciting conversation. People recognizing that creating a master plan means everyone's in, right. And so, they're in some ways waiting as well, to have this group sort of respond so that we can provide them some additional direction on what their input would be. So, it is iterative in that way that our responsibility or at least mine is to work with those fellow cabinet secretaries to engage them as the group sees fit. There are some clear areas, transportation, housing, employment, some of the big-ticket things, health care, you know, with some of the other secretaries as well becomes a big major area to talk about. But then parks came up as one really important issue that I think we had a rich conversation on and one that will further. So, ideas that percolate up we'll bring back to that group.

**Kevin Prindiville** 53:25

I think my question will be answered later.

**Bruce Chernof, MD** 53:30

Maybe not a question necessarily. So I really appreciate the fact that in the startup, you set up the engage campaign, asking people to give input directly, I think that one of the most important things we can do is encourage direct input, as opposed to sort of two or three degrees of separation input. Even though many of us represent organizations that try to speak effectively on behalf of our communities, build capacity and dignity

and resilience, I guess, my observation would be we need to think about this in languages other than English. And so, you know, just asking through very specific channels like Twitter, you guys have been fantastic in terms of getting it out there. I just put a pin in that we need to think about how we get to communities that speak something other than English. Their input is equally important in the process.

**Irena Asmundson 55:02**

So, it's sometimes interesting to be an economist. Because, you know, we see trends ahead of time. And we try and say, hey, there's an issue, there's an issue, there's an issue. And everyone's like, yeah, great, we got to pay attention to other things, and then it'll suddenly get onto their radar and they'll say something like, oh my God, why didn't you warn us? Well can I show you the record of how we've been talking about this last twenty years. So, in the demographics shop which resides in finance, they are the official source of all demographic projections for the state of California, they do the average daily attendance for the kids and school funding. We also do it for the retiree population. So, I'm going to run you through some data. You're probably going to have seen some of this stuff before. If you have any questions, please do raise your hand, I'll try is that right away.

The people on the phone or people in the audience, if you have data questions, I would encourage you to send that to the engage email [engage@aging.ca.gov](mailto:engage@aging.ca.gov). And if you mark it in the subject line: data question, then they'll be able to share that with us and we'll try and get back to you guys.

Okay, so here is just a quick overview of the aspects of population and aging that we really pay attention to. People are living longer, and this sort of gets to the idea of what does it actually mean to have an aging population? One, of course, people are living longer, fewer children are being born. The birth rate in California is actually going down, even though our population is still increasing, which means that we have a higher proportion of people over 65 plus. In general, if you look at those higher age ranges, the proportion of those people are increasing over time, in the overall population. There are fewer people working. This has big implications for our tax system, for our revenues. There are different infrastructure gains. So maybe you have your kids were in school, but you need more senior centers, or you need more accessible transportation. There's a higher demand for healthcare, there's also a vulnerability to

shock. So, if you think of we are all responsible for our own finances, when the Paradise fire happened, that was a huge hit to that population, which has more retirees up there because it's more affordable. That kind of issue intersects with a lot of different issues. And it's really hard to deal with.

So, this what's called a Population Pyramid. For 1970, in California. The blue side is men, the red side is women. You can see out spurts of the other color which shows where there's just proportionately more men or women, and it goes by age. So down at the bottom is zero, it goes all the way up to 100. And mostly it looks like a pyramid. There's that outgrowth, which is right around the early 20s age. That's both California college students and its people who were on bases. So that's military. So, you can see the age structure of the population, really looks like a pyramid, which is why they're called Population Pyramids.

Skipping ahead, this is 1990. You can see that huge bulge where the working age population is. And you can also see that that working age population is having lots of kids, that's really kind of Baby Boomers.

Skipping ahead to 2010, we're more of a cylinder. People are having fewer kids, so it doesn't look as much of a pyramid, it's really slowing down, you can also see that there's a lot more mass at that top, the sort of triangle part. And that's because people are living longer.

Going on to 2030, it's still a cylinder, but you can see the narrowing down at the bottom as people are having fewer kids. There's still that bulge where people move to California for school, or work in the tech sector. But there's a lot more mass at the very top.

This is 2050. This is our 2050 vintage projection, which we're looking at now. Again, little outgrowth in the early 20th age. But you can also see this huge narrowing. This is sort of the backdrop of what we're talking about when we talk about the aging population. Other thing you should notice in all these is that amongst the younger ages, there tends to be more men than women. And then at the older ages there tends to be more women than men.

**Irena Asmundson 59:53**

Oh, and let me give a plug for my data people. These are all by the way, on our website, if you go to [dof.ca.gov](http://dof.ca.gov) and look at forecasting and graphics

and follow the links to data in action. You can watch a movie of how California ages through time.

**Irena Asmundson** 1:00:16

The finance website. So dof.ca.gov. And then if you follow the link to forecasting and demographics, and data in action.

So, this is a different set of population permits, it goes back to 1980. And it also looks at 2016. And it has a racial and ethnic breakdown, so the pinkish bit that's the Caucasian. On the outside, the blue is Hispanic. There's Asian Pacific Islanders, which are yellow, and then there's also there's green, which is very difficult to distinguish from the blue I'm sorry. So, the thing to notice here is that our racial and ethnic conversation has really changed over time. We really are not a majority white state anymore. And you can also see that just, we've changed as a state.

Remember the cylinder that California really is. Different counties have very different experiences. This is Nevada county. You can see there's a huge bulge up at the top. Sorry, this is Nevada county and I believe it is 2019, because I asked for the most recent one. So you can see sort of there's this working age population, Nevada county includes Truckee so there's a lot of ski instructors and people in the tourism industry and it sort of narrows, and then it goes out a lot. There's a lot of older people in Nevada County. If Nevada County had to deal with an aging issue all by themselves, it would be really difficult for them, because they have a very high proportion of people who are older than 65.

This is San Francisco. It kind of looks like a Christmas tree, because it's really hard to have kids in San Francisco. I have a couple of friends who have managed to go but it is, you know, it's just tough. You can see a huge bulge of the working age population, especially the younger ages. And then it also turns out that as you get a little bit older you tend to move out of San Francisco, because it's so expensive. And so, it tends to be a good retirement plan to sell your home and move somewhere else that's more affordable.

**Irena Asmundson** 1:02:57

Yes, exactly. Nevada County. Any questions about the population pyramid? I'm from Davis, Yolo County, and when you look at the Yolo County one,

you can see this massive, sort of like wide strike where all these students are. We have a lot of those posted on our website as well. So, if you want to look at your counties for yourself, and see what your own population pyramid is, you can do that.

Okay, this is a complicated chart, I'm sorry. This is the labor force and employment by age range, going back to 1995. We wanted to show the implications for the job market of an aging population. The bottom Green bits, those are the 16 to 24 year olds. The darker band at the bottom is the employed, the really dark band within the green spot is the unemployed, people who are actively looking work, and then the lighter bit in the green is kids who just aren't looking for work. Maybe they're in school, maybe they live with their parents, maybe unpaid internships. But they're just not considered to be in the labor force. The blue bits, those are the 25 to 54 year olds. So that's considered to be prime working age. Again, you can see that most of them are employed, you can see the dark band, which is the unemployed. And then you can see who has dropped out of the labor force. One other thing, those gray vertical stripes, those are recessions. You can see that unemployment for the prime working age really increased after that last recession, and it stayed very high for a very long time. The top bit is the 55 and older population. You can see that the green parts and blue parts after about 2000. Those are basically steady. All the growth was coming in the 55 plus age range. They've been participating the labor force for longer. But notice how thin their dark unemployment strike is. If they can't find a job, they basically just retire. They drop out. And so that means that if the next recession happens, and we have a whole bunch of people who wanted to work for longer to build up their retirement savings, there's a lot of age discrimination still. And it's very difficult to address. A lot of them are going to have no choice, but to take early retirement, start grind down their savings, they have far fewer choices. And so, you can see that most of them are retired, and if trends continue and the aging population does continue as we assume is going to, then some people who tend to be more privileged. If you're more educated, you do tend to stay in the labor force longer, they will probably keep working. They'll be able to keep living and not grind down their savings. A lot of people are going to be stuck, but it's very difficult to rejoin the labor force after you've left for a long time. Any questions about that? This is very complicated, but I think it makes the point very nicely about how our aging population is affecting our labor market.

This is one of two charts. Okay, so this is the US/California unemployment rates. California is in blue. US is in the dotted red line. Again, you can see recessions, this goes all the way back to 1980. So, you can see that the unemployment rates go up, they come down, they go up, they come down, they went way up in the last recession and they've come down. You can see in the forecast; we assume that they remain very low. California right now is it at record low unemployment rates. We're probably about half a percentage point below where we've ever been in history.

We assume, and this is kind of irrational, that this continues. Through the logic of how we do the forecasting for the budget, we assume that growth continues throughout the forecast period. That would be historically extremely unlikely as you look at this chart. So, we assume in our baseline forecast that the economy stays good for the next five years.

If it doesn't, that changes things, and so more recently, we started talking a lot more about those recessions. We started talking a lot more about how things can go wrong. But this is one of those charts where I look at how this interacts with how seniors experience and labor market happens. I'm really worried about retirement savings. There is now the CalSavers program that's been starting up. It's still ramping up; it's probably not going to help people who are going to turn 65 in the next 10 to 20 years. But for the generation after that, we're hoping that that makes a difference. Any questions about this?

**Kristina Bas-Hamilton** 1:08:28

Does any of this data exist categorizing people with disabilities?

**Irena Asmundson** 1:08:35

No, that's a great question. So, all of this is done on a survey basis. And so, there's a couple thousand people were surveyed for California, and the proportion of people with disabilities is relatively low and it's a little difficult sometimes to say what a disability is. A lot of people with disabilities also don't self-identify. And so, research has been done to show that people with disabilities do tend not to be in the labor market as much, but there's no data to the same extent as for example gender breakdowns or age range.



Anytime we start talking about California policy, it always comes back to housing. Housing is the root of everything that's kind of crazy in California. Yes, Bruce?

**Bruce Chernof, MD** 1:09:36

I'm sorry, just to build, just because I'm not sure I'm understanding. So why would you not build in some, I'm genuinely asking this from an economist perspective, why wouldn't you build in some like little Monte Carlo simulation that says there are these guardrails because you must prognosticate a likelihood of a recession over some time window and then you could actually sort of build that into the model. But maybe there's a really good reason not to do that.

**Irena Asmundson** 1:10:05

We don't forecast recessions. One of the only jokes about forecasting, you can pick a number or date, but not both. Okay, so this is funny to forecasters. (laughs)

We are pretty sure that there's going to be a recession that happens sometime in the next 10 years. The record for expansion in the world, by the way, because right now we are in a record-breaking expansion in the US, is Australia. And they are past 30 years at this point. So, the US is not Australia, but maybe we can go another 20 years? That would be really, really unusual for the US. The other thing I should remind people is that California doesn't have California specific recessions, there's only US recessions and then we follow along with that. And you can see from our charts that that really follows along. So, we don't forecast recessions because we don't know when they start. We make the assumption that growth continues and then we say, if we assume that growth continues, under what conditions does it continue, and then we sort of look for deviations from that. And then also we spend a lot of our time talking about, and by the way, if a recession did start at this point in time, what would it look like? And what would be impacted? Good question though.

**Catherine Blakemore** 1:11:50

I just wanted to follow up on Kristina's question. And I do think there is data that I think would be helpful as we talk about workforce issues about a significantly lower unemployment rates of people with disabilities, particularly people with intellectual developmental disabilities, and how that

might be part of the solution to a future workforce needs. So hopefully, we can have a conversation about how best to look at that.

**Irena Asmundson** 1:12:14

Yeah, that's a great point. The other thing to keep in mind is that unemployment rates are maybe not always the best way to measure this. You might want to employment rates by population, because you know, if you get discouraged and you stop looking, then you're formally not unemployed. So, looking at employment by population is maybe a better solution for those people who tend to face discrimination.

**Kristina Bas-Hamilton** 1:12:45

So, last year, a number of us had worked to get funding for the California Health Interview Survey to expand the questions asked to start to begin to collect data on long-term care needs. I imagine that includes people with disabilities, finding them and starting to get some more data in terms of population size, etc. I'm just wondering, I think we should flag that. Because if we're talking in this community about long term care in general, obviously, the aging of the population is going to have implications for the use of the programs, right, and we're trying to protect the programs and account for those demands. That would also be in the case of people with disabilities who also need services. And I'm thinking specifically children with developmental disabilities, who also use these services in large numbers. And we should have projections of that population and what that impact will be on these programs in the same way, because those are the two major groups that are using these programs. So, I'm just flagging it, because I don't know how soon we'll get arches, information for the first survey cycle that they're doing, which is I think right now. But, as Catherine said, we should probably look and see what does exist, and what can we gather for our purposes? And then what doesn't exist? How do we start remedying that? Maybe that becomes something that our committee includes as a recommendation in the master plan? We can't plan if we don't have data, right? So, I just wanted to flag that.

**Kim McCoy Wade** 1:14:33

Yeah, I was just going to tee up. These are great items for the research subcommittee that we're going to get to in a second. And also, just acknowledge that the Department of Rehabilitation is in the room here as

well as other State Department partners. So, we do have other partners to pull together our collective data resources.

**Judy Thomas** 1:14:54

Well, there's just one factor or another factor related to finance that's not on these charts and that's people who retire but have income.

**Irena Asmundson** 1:15:03

Yes, great question. Okay. Let me talk about housing. And then I'm going to get to the finance part, because, of course, I studied finance, and I'm a budget person. So yes, we hear a lot about that.

Okay, so this is a California Housing. One of the things that we've been talking about is that, really, California is not built enough housing, probably since the last recession. You can see a huge run up. These are permits and actual construction, and then the red bits below the line, those are demolitions and destruction and climate change, and other natural disasters in general. So, you can see that we were building around 200,000 units at the very top of that cycle, and then it plummeted. It went down to below 50,000 units. We've done the calculation a couple different ways. And just to keep up with population growth, you probably need about 200,000 units every single year just to keep up with the population growth. So, we have been in a deficit in terms of home building for a very, very long time. In our forecast, because we assume that we have sustainable growth, we do assume that housing keeps increasing. That forecast looks like it needs to be reexamined. And our next forecast is going to be released in early January. But in the first half of 2019, we're actually below where we were in 2018. So, there is something going on, that is just making it very difficult in California.

This is the other chart that I think makes that point really well. So, the blue part is the stock of residential housing in California. And then the red is the constant size of adult houses. So household composition changes over time. Sometimes people have kids, some people have roommates, grandparents live with their kids. So that changes a lot of over time. So, we wanted to take a constant size adult household. So, this is the 25 plus population divided by 1.75. And I chose 1.75.

So, you can see that starting in the 1980s, there was more housing than there were these constant size households. In that boom of the early 2000s, we were basically keeping up with population growth. That's where the two lines overlap. And then we just haven't been building enough housing. And that deficit has increased. So according to this chart, we're in deficit about a million units. And if we continue not building enough units, that deficit is going to grow over time. And now this is purely the stock divided by this constructed measure of households.

As people age in place, and this is not a good or bad thing, but I will point out that as people age in place, and their kids aren't living with them as much anymore, they tend to have far more house than they may need. And it really is sometimes crowding out other households. So, you know, if you think about the distribution of where this housing is, and who is living in those places, that is something that I think this group probably needs to keep in mind. The other thing that this is probably showing up in is our birthrate has been dropping. People have been putting off having kids for longer because they can't find a house to buy. It sort of seems to be that people want to have a stable living situation before they choose to have kids. And so, if you put it off for too long, you also just end up not having kids.

So, these two things are kind of tied. And it's something that if we're talking about the aging population, portion of older people, one way to change that proportion is for people to have more kids.

**Judy Thomas** 1:19:04

Irena, excuse me. Could you talk a little bit more now, if it's appropriate now about your thoughts on the older adults who have more housing than they need and the implications for this stakeholder committee?

**Irena Asmundson** 1:19:18

So that's actually a very complicated question. Because there's not just distribution of who is living where but it's also where that housing is. I actually wanted to defer that a little bit. But that's a great point. And I can talk about that. And I'm happy to work with Anastasia and Kim to get more data on that.

So getting into finances. This is a chart that my staff is better to show how the structure of revenue in California has really changed over time. This is

just state revenues, it does not include property taxes, but if you think about state plus local then property taxes, have also really changed since the late 70s, because of Prop 13. This goes all the way back to fiscal year 1950. And then it skips a bunch of years, and the most recent most recent 2019-20 is all the way over at the right-hand side of that chart. The blue is sales and use tax. The red is personal income taxes. The green is corporate tax, we used to have an estate tax, by the way, there's a bunch of constitutional rules now about you don't have an estate tax. And then there's some other taxes.

The thing to notice here is that we are far more dependent on personal income taxes than on sales and use taxes. That is partly an outgrowth of property taxes used to fund schools, Prop 13 changed that. It had to be back filled by the state, the state is only able to do it on personal income. We have chosen to have a very progressive system. All this is to say that the funding in California is hugely dependent on a few rich individuals, basically. Half of personal income taxes roughly, a little bit less, comes from the top 1%. When the stock market is not doing well, during recessions our revenues go down by a lot.

So, over the last five years, as people internalize this idea it has been very, the legislature and the Governor have appropriately been extremely wary about putting in new ongoing needs into the budget. And so, it's easier to do one-time spending, because if something is volatile, then you can fund it this year, because you know you're probably going to have the money. On an ongoing basis it is much more difficult to know that you are going to have that funding going forward.

**Susan DeMarois** 1:22:13

On this chart where would property tax and payroll tax show up, in which column?

**Irena Asmundson** 1:22:25

So, this is for the state general funds. Payroll taxes are generally for particular programs, so they don't show up here and property taxes are considered to be local taxes, so they're also not here. Good question though.

**Jennie Chin Hansen** 1:22:39

Thank you very much. I wanted to go back to the housing slide again. Can you break that down, by income, like how many extremely low-income units do we need versus the other workforce housing?

**Irena Asmundson** 1:22:54

We actually don't have stock of units by how restrictive they are, we are trying to get that data, but oftentimes, those numbers are done by the locals. And the locals don't always have great records about how many other their units are done. You also have a stock issue because a lot of times these have 30 years or 50 years and so those roll off.

I'll share one of the really pressing statistics in California. One in five California households, pays at least 50% of their income in housing costs. That's 20% of households. So, if there's two income earners in that household, and one of them gets laid off, they're instantly like really, really in trouble. For the US as a whole, 40% of Americans can't pay an unexpected expense of \$400. So that's, a car repair, falling and breaking your leg and having to pay a co-payment. So, a lot of people live very close to the line.

This is just a different way of looking at how much sales taxes dropped. But the interesting thing for you guys here and those light blue bars are recession shades and goes all the way back. But as people spend more on housing, which is not taxed. And as people spend more on services, both yoga classes and things like medical care, then the proportion of things that are subject to the sales tax is much lower.

And then this is the final chart. You can see it; we have increasing revenues over time. You can see how it drops during recessions. That's not the true drop, because oftentimes during recessions legislature will pass laws that increase the amount of revenue that they can get right away to fill those budget gaps. And so, if we were to go through a moderate sized recession, sort of not as bad as the last one, not as mild as the recession in 2001, then we will lose about \$70 billion over three years.

**Kim McCoy Wade** 1:25:53

Okay, so let's take a moment and see where we are. We're about to head into a discussion about how we can organize our work strategically and effectively. We started with the grand vision and values of our governor and

our secretary, we walked through the building blocks that we already know, from a project manager, Anastasia Dodson, and we took a big wide look at the landscape in California on some important trends to have in the mix.

It's a lot to tackle.

We want to be sure as we that we organize this work in a way that is strategic and effective. And so, we wanted to present to you a way to think about organizing the work that reflects our values, that continues to engage a diverse group of stakeholders, but also as a practical way to get to work. So what we have for discussion is an attempt at a person centered framework that lays out four very high level, very practical kitchen table goals, the kind of things you might do talk about within your own family and neighbor, which would each encompass a bucket of policies and programs that are listed in italics here on this slide, which could also become subcommittees, or work groups, or I love the term that Jeannie uses bursts, short term work to get a deliverable done. And as you will see, they're each quite different. So, this is for discussion. And for revision, our intention is to have a robust discussion here, to also get feedback and public comment and through the email. And then within a few days be able to come back to stakeholder committees with a revised proposal for how we will organize our work based on what we hear today. So, without further ado, let me walk through the four. Here you can look at them at a glance.

**Kim McCoy Wade** 1:28:04

First, "I want to choose where I live, and have the help I need to do so."

Obviously about long term service and supports, although I've had many conversations about do you need long term care, do you need long term services and support, do you need healthcare? So, part of this is getting clear on our goal statement and what would be in each goal. Family caregivers, caregiver workforce, no wrong door, are things we've heard about today.

A second goal, "I want to live in an age friendly community."

Obviously, that builds community, housing, transportation and parks. But there's also everywhere we go this theme of purpose, engagement, and inclusion. And honestly, that's both part of your built environment and opportunities. But that's also a cross cutting theme that every single goal

would have those opportunities for engagement, opportunity, purpose and community.

Third, "I want to have good health as I age."

All of what you might think about is indeed disease and injury prevention, nutrition, physical activity, falls, Alzheimer's, health care coverage. And then of course, another, again, very large bucket.

Fourth goal, "I want to be financially secure and safe as long as I live."

Which both includes the income programs, employment, and then the continuum of safety, abuse, neglect, adult protective services, persons licensing legal services across settings.

I could say more, but I think I let it sit and then open it up for questions about framing, everything from the number of them, the language of them, the I statement when we're trying to make a personal connection, but we're also trying to drive toward systemic solutions. There's a lot to unpack here.

**Jennie Chin Hansen** 1:29:59

You said what I was raising. I think this is wonderfully clear relative to person-centered. But hearing the finance report and knowing what we all know, we really are an interdependent society, the concept of the comments, and civility, you know, because this is the clarity of the I statement. But how does that fit in the context of...?

**Kim McCoy Wade** 1:30:38

We.

**Jennie Chin Hansen** 1:30:39

Yes, so that struck me as I looked at that. And you said something about that with the last comment that you made. So, I just raised that. And, you know, I could see each one of these and we have individually all expressed the I message. But I just wonder, this is the opportunity for us to put our swords at the door, so to speak, to come in to say, how do we think about this for 2030, for 2050? And given the data that we have? Have we made that copacetic together?

**Kevin Prindiville** 1:31:21



I want to thank you, first of all, for working so hard to try to organize what has been a stream of ideas from our community. And I think this is really valuable that we as a community adopt some common framework for how we start to prioritize the many issues. Two comments around that, I think this framework is a fine place to start, but it is very high level. And so, whether it's a slightly more focused framework, or the next level of the framework, I think has to be more specific to some of the priorities that many of us have already started to call out. And so, we sent you yesterday, a letter from over a hundred organizations across the state, identifying priorities that also are high level. But you know, start to really hone in on maybe the ideas that people shared around the state. Well, this morning, I think we already know a lot about where we want to get, and it would be okay to start to get more specific about those places we know we need to focus the most. And I worry if we stay too high level, you did a great job of capturing everything, but if the plan captures everything, I'm afraid we won't have big action on the areas of greatest need. My second comment was just to echo Jennie's actually and what you said as well, Kim and I would add just that I think the framework Institute did wonderful work around reframing aging. And part of the takeaway in that was that we naturally think about aging as an individualized process and a lot of policymaking we have narratives that focus on the individual and individual responsibility. You heard it yesterday, and some of the panelists blaming themselves for these systems problems that "I didn't do enough to prepare for long term care." How could they possibly have done enough? Because the system is broken. So again, I appreciate that we want to center this in what is actually happening in people's lives. But how do we elevate the systems and the role of government in this plan for what the government's going to take on as a community to support our older adults?

**Heather Young, PhD, RN** 1:33:31

Thank you for this framework. I appreciate the clarity and the accessibility of these statements. I'm wondering whether there's an overarching element that has to do with values, preferences, and beliefs. I think as we capture cultural diversity and the actual goals if there's some way to frame it in.

**Kim McCoy Wade** 1:33:56

Sure, we have done some thinking about that. And that's, again, something we'd like to have, and to your point, building on so much of the work that's been done, but themes that we've heard throughout are things like choice, which again, is an individual frame, right, but preserving choice. Equity,

California for All is the second value we've heard throughout. Third, dignity all the way through anti ageism, and the need to robustly and thoroughly track tackle the anti-ageism, which is hovering around and above and below so much of this field. Partnership, partnership, partnership. While the role of government of course, is central, this is not a government-only plan or solution. And innovation. California really has been innovator and innovative not just technology, but including technology, whether it's on access, data systems, home health, social interaction, mental interaction, there's a lot of technology pieces. So, part of what we're thinking about, and I'm gesturing for folks on the phone is the vertical goals where we want to focus but also the horizontal themes, right? So that every piece would have what's the system? What's the partnership? What's the equity, what's the innovation? So, it's a both and, and welcome this discussion about that, because I do think that frame will then drive all of the full committee subcommittee bursts, ad hoc other events. And so, we want to take some time to get that right in including revising as we go. If we start and we realized in a couple meetings, we got it wrong, we have time to adjust it.

And appreciate that I think having the values for the stated explicitly is very helpful.

**Marty Lynch** 1:35:44

Thank you very much. Compliments to Kim, first of all. Thank you for trying to break it down. I think this implies that she'll actually put us to work in some ways, which is one of the points I wanted to make, I think you have a lot of folks at the table, it would be really good resource to have us work on specific aspects of the plan, and interact with staff and, and ourselves and outside stakeholders as well. So, I would say that, number two, these are pretty general. And I tend to think, I kind of love it from a person-centered frame. But I kind of think here we are to set a state plan. And I would almost love it to say, "The state of California will have the goal of reducing poverty amongst elders by 10%" or whatever that goal is, but get it down to this is not just about individuals, but this is the state plan, which will then accomplish some of these individual frames that you're looking at. And then finally, kind of on the details. As I said last night, I think that healthcare has to go with LTSS, that that's a continuum, the preventive work might go with building community, and healthy community. But there's a natural continuum there. So, thank you very much good work.

**Mercedes Kerr** 1:37:29

Thank you. My comment was maybe a little more tactical. And what I was going to suggest is, we have these categories, I think that these are broad but very important ones. And they do stand out as buckets of sort of particular thoughts, to follow and pursue and figure out how we resolve these issues. And so, the tactical aspect of it would be to say that there are probably already in the state of California, a lot of resources available to solve some of these issues. So perhaps to have some sort of inventory of what is already existing, what's in place that either can be built upon or otherwise, maybe awareness can be brought about the services that are already available. It will also help us identify where the gaps might be in trying to accomplish these objectives that you've laid out. So again, very tactical, but just a suggestion on how to proceed.

**Kim McCoy Wade** 1:38:26

Yeah, I think that's exactly right. One of the challenges and tremendous opportunities here is the breadth of issues that we're dealing with. And so, part of this is just an attempt to make it into manageable pieces, lanes, if you will, although they all come back together over and over. So, to speak to tactics. If this was the right high level, then what would happen is we would survey the group for which one or two depending on or three or four, if you have infinite time would you like to work on and then exactly that. That group would convene and say this to be meaningful, it needs a poverty goal, unemployment strategy, etc., start working that out. And then to your point, oh, on this issue, the analysis is pretty good. We know where we need to go. On this issue, we need a system design, we need a whole other type of work, and do that kind of work with those experts. And frankly, some of those four could split. Particularly security and safety, there's a lot of interest, I've heard and looking at the safety programs and whether there is a system there or not. And that could be a whole body of work that bursts out and then comes back. And so that's kind of the initial way to break us up. And again, if it's not, that's okay, too, but absolutely meant to do the inventory, the goal setting, the best practice, and then what conference call meeting/retreat is needed to make it meaningful.

**Christina Mills** 1:40:18

You know, disability has been historically seen and continues to be the dirty word that people don't want to bring up. But I think many of us understand that disability is a part of human diversity. And whether you're born with it, or you age into it, the likelihood is very high. And one of the glaring things that I think is missing in this is the fact that accessibility is really not here,

either programmatically or physically. And I think it would fit into each of all of them very nicely. And I see that, you know, as we move forward as a group, we have the ability to change the trajectory, and outcomes for people with disabilities like myself, and my peers, and so many others, the one in four people with disabilities, across our country, and in California, that are aging with a disability. And that's the topic we have even gotten into, you know, what is it like to age with a disability in today's society. So, I think we have a chance to really make this programmatically and physically accessible in a way that will change future outcomes for people with disabilities and create opportunities for people who age and become disabled.

**Donna Benton, PhD 1:41:46**

I know I like the framework; I understand we have to start very broad, I want to echo what Jennie said that we need to maybe look at something that's has that interdependence, and how California is going to be addressing aging. So, I really think that feels more, it will hit in more culturally appropriate ways of handling how people live. And it helps brings in the issue of I know we like person centric; I also like to think we have this family centric approach in California. Both family of birth and family of choice. I also think that we are missing another glaring word that is mental health. And that we know that we can't keep having this mind body split. So, I'd like to see more points around mental health and social determinants of health.

**Berenice Nunez Constant 1:42:49**

Thank you. I wanted to call out the undocumented. It relates to this conversation. So, we know that there's been programs and program expansions for children, for adults, up least 26. But we know that this equation and the services that are available to the undocumented which are contributing to the state's economy, are more and more dire as these folks age. And so, I just wanted to make sure that we don't lose sight of that group. And that we're having that conversation, because that's a big group.

**Bruce Chernof, MD 1:43:32**

Two thoughts. So, moving on something that Kevin said. First, I actually think this framework is incredibly important. Taking in Donna and Jennie's comments, I think if we don't put the person, family, and community first, the plan will not do that on its own. So, I think it is a very high level statement. But it's incredibly important. And I think to Kevin's point that is

it's up to us to make sure that we take it to the next levels, because they're things to do across time, they have different levels of difficulties, so how do you prioritize the goals in time and investment, that is work that this group can do up until the point, Mark, we need to take something to the Governor, and then ultimately there's sort of the implementation stuff on the other side, which I think will need to come back and talk about. So always coming back to are we building something that's implementable?

The second point I just wanted to make. And I'll just flag this as a personal thing, which is, I'm all for inventorying what we have, but the state is littered with programs that are slot based and siloed. And so just capturing all the broken programs that don't talk to each other that we have today is not necessarily, I mean it's important to know what we have, but it isn't necessarily a recipe to a better life. So, I just want us to challenge ourselves. If you were to start somewhat from scratch and reintegrate programs in different way, what would that look like? Because almost every program will tell you that it does care coordination. But if you really, really look, if you can actually get a slot in that program, what you're getting is utilization management or care coordination in that program only. So how do I maximize the use of fill-in-the-blank service as opposed to which set of services would help somebody thrive in the community.

**Peter Hansel** 1:45:42

Kim addressed my question; I was just trying to draw the connection between the framework and the next steps. I think you've done that. But if you could kind of help point us in the right direction, give us a sense of timeline, and the mechanics of how this happens, I think it would give people a lot of assurance. And just a question, the demographic and financial information is certainly sobering, but it would be helpful to have some feedback about how that interplays with our task. Are we prioritizing within a fixed budget or something? Are we looking to create offset savings, which I think is certainly possible, but the whole notion of budgeting might be a good discussion topic?

**Kim McCoy Wade** 1:46:31

So one way it could work, is that we send out a survey in the next few days to all of you that says, "What do you think of these four?" edits feedback, and we can do some revisions based on what we heard. To have at it. And then again, this question of which one or two are you willing to work on? And then that's what happens in the month of October, is each one of these

starts working. I will say in my mind to be required Long Term Care subcommittee is the direct connect to the first bullet. So, the less the long term care subcommittee, and we do want to allow people who are not on the advisory committee to apply to be on that subcommittee. So that'll be a process. And of course, there's a research subcommittee that gets this job of indicators, baseline, gaps and data, data infrastructure, data sharing, there's a lot of data questions that again, crosscut. So, in a perfect world, one possibility is that by the end of September, we know where your interests are. And by the end of October, all of these folks have convened at least once by phone, if not zoom, if not in person that would set us up for at our November meeting to have, here's what we've decided to do. And I think it'll look a little different. So that's one way to do it.

Another way just to make it is that we really get started in October with long term care and research, because those are the two that are called out and we have in person meetings at the end of October and really dive in. Long term care I think many of us are aware of that March deadline is already six months away. And the others we take in a minute, we tackle just a minute, next. Again, also to give us time to think and form. And we can we can work that out when we hear from you your interest, your availability. But we definitely as we were scoping by season, we want to have scoped in the next couple months, and have each of these groups again, whether there's five or six or three, running.

And to your point, part of it will depend on you all, who's available to not just advise but to do, to draft letters with recommendations from 100 people and to provide data sources and to host convening and those kinds of forums that can help us move forward. So that's one way the tactics can work again, follow up survey in the next couple of days decisions by the end of September initial meetings in October, in November was our is our plan to meet again, again, if that feels too soon. And we should have some more time for small group, we could push that November meeting, and we'll find a room somewhere.

So, we're really open on what feels like the next step for you all. In terms of budget, do you want to speak to that? You want me to take a crack at it?

**Mark Ghaly** 1:49:25  
Let's punt that.

**Irena Asmundson** 1:49:47

I do sit at finance and I'm pretty sure that my Director of Finance will say, the budget is balanced. We're going into some perilous times. The federal government is doing certain things that may not provide the framework for continued growth in the US. So, I'm not trying to claim but what the governor will put a priority on, I just want to warn you that any claim for additional resources is always going to have to be within the context of the budget framework. And those are always extremely difficult decisions. So, to the extent that something can be self-funding, or is set up to be in a sustainable framework, then that is probably going to make your job a little easier.

**Kim McCoy Wade** 1:50:45

And I would say, I think all of us want to be sure that the plan is doable, is actionable, those are all the kind of words I've heard, I borrowed it from the San Francisco Task Force on LGBT and elder inclusion. But we do not have a dollar amount, we do not have a budget in the formal sense that Irena is speaking, but we absolutely do want to have a plan that California put after.

**Mark Ghaly** 1:51:08

I'll just add with that important proviso on finance, I think there's always the balance of making sure that we garner the innovation and the thoughtfulness of this group. These opportunities to start today and think, think, not big for big sake. But really, those bold ideas that matter the most in this framework, we want to hear that. I think the hard work becomes how do we reality test that with the financial reality in the States, and the tradition of how to create a balanced budget, but that shouldn't thwart or discourage the effort around, well, what are the disruptive, innovative things that California is known for doing? I think the nation looks to us to do that in all spaces. And I think that's the richness of the discussion. And that's why I said, let's punt that question in part, because I think this is a unique opportunity, and I don't want to lose that sense of, hey, what's the value add of the group in that regard?

**Jeanee Parker Martin** 1:52:22

So, I think, as I think about a roadmap for the future, I always think of what's the vision for it, and what is it that we hope to accomplish? I think Marty mentioned, what are the goals? And when I think of a roadmap I also think, where am I going? You know, what is it at the end of the road? What

is that? You know, is it Paris? Is it San Francisco or LA? So, before we get too far down the road, we have to grapple with that vision. What is our vision? A roadmap, we have lots of services already, as has already been pointed out. If we're bold, are we going to take the bold risks of breaking down some of the existing programs and barriers to integrate them more robustly? What latitude do we have to do that? So, I think that it will be helpful if we set out with the end in sight. What is it that we're really trying to accomplish? Before we get too far down the road. And you may have had those discussions in your preliminary work, a lot of work has already been done. But some goal has to be set for any of us to really do the work that we're going to set out to do either in burst committees and major subcommittees and us as a stakeholder advisory group, so I feel compelled to think where is it we are really trying to go?

**Kim McCoy Wade** 1:53:53

So that's my question. This was one attempt at that. That most California is across place and race, an income would have these things. And that requires data indicators, that require system reform, that may or may not require resources and new identified revenue. But for that to be a true statement in 2030, for most Californians, whatever most means, across race and place and income, what do we have to do in the next year? So that was the attempt. It may not have worked. But that was the attempt to answer my question.

**Jeanee Parker Martin** 1:54:24

So actually, that's helpful, though, because you didn't state them as goals. You said it was a framework. Which is different to me than a goal. A framework is how are you going to get to the goal.

**Kim McCoy Wade** 1:54:35

Excellent.

**Jeanee Parker Martin** 1:54:35

So just something that I think that's a really important comment. And then some of the other comments, how do we make it integrative, as we, in all the different systems that we have.

**Cheryl Brown** 1:54:58

Thank you. I wanted to look at one the statements in front of us. And all we have to do is put a We in front instead of I. And then another thing when



you're talking about mental health, we're talking about health down in there, just put a slash and put mental health so that we include it. We don't have to change everything.

A budget is a statement of our values. And we have to decide what our values are, and what we're going to value in the state of California. But not only us around here. But you have a big beautiful state house over there. You got to convince those people in the statehouse that this is a value that's important to them, because it's a value that's important to who they represent. One of the things that we found in the legislature is that we need to make a complete structural change when it comes to the state of California. If you look at Carol Lu's periodic table, you'll find that everything is in silos, everything is in every department. And when you're talking about seniors, there's nobody really looking at that issue when it comes to any of those departments. One of the experiences I had was that seniors didn't know what was going on, because it didn't come through the aging and long-term community.

I was chairing the committee and we didn't know what was going on in the rest of the state. The issue was going to affect those people that we were supposed to have hearings on their issues. So we have to look at the structural change that's really, really needed in the state of California, or any of what we're doing to work.

**Le Ondra Clark Harvey, PhD** 1:57:05

Thank you. I really appreciate a lot of the comments that have been made, particularly the one that was made by Dr. Benton (Donna) around the social determinants of health and thinking about the framework, and how to not only solve problems, that get a lot of attention as well and spotlight on this, I really think that we need to explicitly call out the social determinants of health. That's common language across the nation. And we need to particularly look at how California is really great to address the social determinants of health for an aging population in an innovative way. I think that's really the key there. Because everyone's talking about social determinants health, everyone's talking about inventory of needs, and what we have. And that might not be the best way to go about things. But what's the innovation that we're bringing to the master plan? And how can that be a model across the nation?

**Judy Thomas** 1:58:02

I appreciate your comment and your visuals, like, this isn't just a linear thing that we're putting together here, there's probably multiple dimensions to it. And I really appreciate you clarifying for us that what you have is the touchstone and the end goal, that we keep that vision in mind of where we're going. One thing also is as you think about a framework, one way to look at is how you change culture. And personally, I look at that you're changing at a policy level, then you change it at an organizational/institutional level, then you change at a professional level, the interaction between the individual and the professionals in their lives. And then you change that individual/personal experience, the public level. So, as we look at all these different things that we're doing, and that might go somewhat to the budget it's like some of these may not be policy plays. They may be "We want our employers in the state to do x, y, and z," "We want our health system to do x, y, and z" may want to have a public communication campaign around aging and attitudes.

So, I'm throwing that out there as thinking it's helpful somewhere along on the line. And I think we have to clarify, is this master plan for aging, is this for all Californians? Or is it for those that are primarily receiving services from the state? I would advocate it should be the big vision for everybody.

**Mark Ghaly** 1:59:26

We've spent quite a bit of time talking about that. And it is exactly that. It's obviously a lot of the programs and dollars are spent on social service health programs that touch low income individuals across the state. But really, this is a master plan for all individuals as they grow older. And we hope they'll be commentary and focus on some of the things that we can do within agency and some of the other departments and agencies across the state. But this is larger than that.

**Darrick Lam** 2:00:06

Let me thank the agency for developing the framework. I am also pleased in your overall approach. You have indicated that you will have tribal forums. And as a former federal officer working with American Indian tribes in the state of California, I just wanted to ascertain that, you know, whatever that finalized, will be applied equally to the tribal agencies when you're meeting with them. And also understand that, their needs will be different from some of the things that we are talking about right now.

Plus, I want to thank Cheryl for bringing up that. We are representing our different organizations, and we are all experienced in our space, in the meantime I think we are also trying to develop a plan for the people, the seniors, the people with disabilities. So, a lot of things that we might want to consider, if we do have the capacity is to have regional town hall meetings that we encourage lots of voices that will be able to enhance the plan that is being finalized.

**Nina Weiler-Harwell, PhD 2:01:29**

Good morning, Nina, AARP. Again, it took me a while to grapple with and really think through what we were getting at, and thank you, Jeannie. So, this is really more of a visioning exercise. And I agree, that's where we should start. I think this is a good place to start. I know we're going to have some internal conversations. So, you get a response back at the end of the week. I did want to point out a couple things. And I echo what Christina said she spoke to accessibility really finding a home in all of these framework elements. Just also want to highlight other things we want to think about that would overlap. When we talk about safety, we're talking about wildfire prevention. We're talking about financial security; we're talking about utility affordability. When you're talking about HM communities, along with services and supports, there's an important piece of universal design and that might fit into both so whenever we're just making sure that if we are splitting up into work groups, that we are inter-communicating and making sure that recommendations for one that may go into another area and also land there.

**Susan DeMarois 2:03:05**

This is Susan DeMarois of the Alzheimer's Association. And I want to thank you very much for this person center framework. The helpline that we run 24/7 and the support groups, this is exactly a language that we hear every day. And I think Californians who are living with Alzheimer's or dementia will see themselves in this. I also think yesterday, at the SCAN foundation conference, we talked a lot about changing the narrative. And I think it's incumbent on us to start creating a common language that can be used in transportation, and housing, and in philanthropy. And I think this takes us there. There's not a lot of policy speak and bureaucratic jargon here. When people call us, they don't say I'm looking for in MSSP, they say I need help. I need answers. And I think that's what is embedded in this is the help and the answers that people are looking for.

You mentioned the values, I'd love to see this come back to us. And I agree with the values that you outlined. And I'd like to see those come back to us too. One that I might add is whether it's upstream, or anticipatory guidance, but that's another opportunity we have is to get a little bit in front of and as a state and partners to not wait until someone is in crisis when they make the call or they need the discharge. But I'd like to see something in our values that shows as a state we're moving upstream with aging.

**Debbie Toth** 2:04:59

Couple of things. One, I would just in terms of Kim your question, whether or not we do the two that are mentioned in the executive order or that we break into four, I think that think more is better in this instance, I think that there's so much to dissect in these different areas, I think that it deserves more specialized attention. That would be my weight on that.

In terms of Dr. Ghaly's reference to not doing the budget thing, I want to highlight how that has me thinking and imagining since we're visioning, what we want to see happen, not how it can't happen, or why it hasn't happened in the past. I will point to some of the work that Maya Altman has done in her health plan context, and she has a unique opportunity as a county operated health system, to be able to do some really innovative things that two plan counties can't, or geographic counties can't. And so, I think we use the taking of the handcuffs off, that Maya has represented can be done in our thinking as we move forward. Rather than thinking about how regulations don't allow us to do things, I think we want to find out how we can do things and change regulations so that we can make that happen. So rather than having they can't do, let's, let's come up with a vision, and then we can figure out how we get there.

And then finally, I think that it's vital that we address, I'm going to go beyond what Susan was saying, I want to echo what so many people have said about accessibility, about disability, about inclusion, about social determinants of all that stuff is super important. And one of the problems that we have with our Alzheimer's Daycare Resource Center, for example, we lost funding for that in 2009, and never was restored, we continue the program with our costly state program.

We have lost funding from foundations, we've lost funding from the state, we've lost funding from all kinds of places, because the money is going to research. So, it's going to fix tomorrow. But there are people today who are

living with this disease. And if we don't as a plan, address the people who are living in this condition now, the people who will be living in this condition tomorrow, and the people 10 years, 20 years, 30 years from now. So, we don't do just upstream, we've got to do back stream upstream big string currents, we have to keep the streams going and address at all those levels. Thank you.

**Bruce Chernof, MD** 2:07:44

So, two quick things. Maybe the word want is not the right term, but maybe it's will. So instead of putting people in the position of having to ask for something or want something, there's a sort of dependency in want, so just an observation. Irene, I had a question for you, because there's this really good discussion about sort of what are we doing? I think that this committee can make an argument that if we don't intervene in the larger population, what your data says to me, is there's a very large number of older adults who ride just about the public program line and say, one major recession or fill in the blank, they could easily be in public programs. And the reality is, is that those people who ride right above whatever that how that middle-class place looks like, there's very little help for them. It's very opaque. It's very difficult. And so, there's an argument for the community to take this sort of larger view, because it's about improving the lives of all Californians. But there's actually financial arguments for the state. And I guess where I'm going with this is, I realized, it's not the kind of budgetary modeling you're doing. But if we have some forecasting questions, because I think it links to another point that people sort of dancing around, which is, we may need to have a discussion about where there needs to be additional funds for some of these programs where there aren't revenues today. And I think we as a committee need to embrace that, but we probably need to do it with data and kind of a world view. So, if we were to ask you to do some forecasting, like that, is the data available to you?

**Irena Asmundson** 2:09:17

That will have to be a longer conversation.

**Rigo Saborio** 2:09:32

Yes, thank you. I also want to take this opportunity as I think about this framework, and some of the unique areas that we are suggesting that we should focus on as priorities, I think one area that often gets lost, and it was sort of just mentioned in passing is innovation and technology. In the world that we live in, in terms of St. Barnabas and low income moderate, you

know, is we think about every sector. And moving forward it's about utilizing technology, utilizing portals, utilizing the internet. But yet, people we're working with, the older adults, you know, they're lucky if they can afford the internet. And in some cases, they're lucky, if they know how to use a keyboard, on a tablet or computer. And it's something that doesn't often get thought about, but it's something that I think we need to pay extra effort and call out specifically into, as we think about a master plan is really pulling out technology innovation, from the very basics of learning how to use technology and tablets and devices and applications, to really just having access and affordability to technology and assistive devices that can integrate into their lives so that they can age successfully. And so that's something that I would hope that we pay special attention that again, it's the it's not the end all be all. But it certainly is an incredibly important means to an end that transcends everything that you do. And it's not the future, the future is here today. And we need to think of it that way. Or we lose an opportunity.

**Maya Altman 2:11:28**

First of all, I wanted to echo what he said. Because where I'm struggling a little bit is, I think these four areas are great. It's a great framework for goals. But you know, there's just so much crossover, and how. So, it's not only integrating health and long-term care, and other services and supports, but I think there are social determinants listed here, housing, transportation, parks, reducing social isolation, those are all wonderful social determinants. But I think of housing as really coupled with long term care, because you're going to have alternatives for people that are in long term care.

And I also think about, we're not going to solve the housing crisis, as much as we'd like to. And so how do we prioritize? I know, in our community, what we did was we got everybody around the table, and we said, we can't house everybody, so how do we prioritize our most vulnerable people that are in our systems that use a lot of services, that are mentally ill, that are at risk of long term care. And so, I think setting some priorities is it housing is an incredibly important thing to work on, setting some priorities there. And then finally, I just have a question, which is, why was long term care called out specifically? Is it the stabilization of the HSS program? Is it concern about the shortage of long-term care beds? I just wanted some of the thinking behind why that in particular was called out.

**Mark Ghaly 2:13:17**

I'll take a stab at it.

I think it's both of those things. And then the third element is how costly it is. Right? I had the privilege of presenting last week at NGA, National Governors Association, that gathered all people in my position or like positions across the country and asked me to present on this and had a chance to review some other state plans a couple years ahead of us, Massachusetts, Colorado, New York. There are a few others out there. And I think one thing that distinguishes our executive order charges this piece, I think a lot of people not avoid it, but I think it is the elephant in the room, because so many states are with the demographics that we just saw, really not just California, across the nation. Those trends are there, that there's a lot of concern about how you finance something like this. And I think just the points that you brought up that it's about support and services, it's about housing, and residential options. It's about that continuum that we didn't want to avoid. We wanted to, not take head on like it's a collision, but more that we have to face the reality that that is an essential part of any meaningful, comprehensive plan and sorting through Where are the innovations? Where are the opportunities to stabilize and grow some of the really best practices and things that were innovative two decades ago in California that need to be shored up? What are we going to do about the nursing home situation? How is it paid for? The fact that people have to essentially enter poverty to get access to that, these are conundrums that we've all been talking about for a really long time. And we didn't want to miss the opportunity to have that be a focal point of the conversation, because truly any plan, right needs to address that issue in a material and real way. And that's why it's called on specific.

**Jan Arbuckle 2:15:39**

So, appreciate my comrade across the table, because my second point was going to be technology, because I don't see that anywhere here. I'm so glad you mentioned it. And it's not just for seniors to use technology, but caregivers and family members to be able to order medications online. And as a caregiver for my dad, who asked just last month, I would put on YouTube videos from the Dominican Republic in Israel, and it made a big difference. One of the things that I know that we all know, is on the table, but isn't really talked about today, or isn't in here is to address the abuse within the systems that seniors are definitely under, particularly in the caregiver and family caregiver information and wisdom. And we hear a lot

of stories where our seniors aren't being cared for very well. And so, in order to rectify that situation, we need to bring services with dignity, services with respect, and safe services that protect our seniors against abuse, and our framework has to be paramount. So, I just wanted to bring that up.

**Jodi Reid 2:17:10**

So, a lot of things to say. But I want to follow up on something that Bruce said. To me, the elephant in the room, which is money, and especially around really digging into the long term supports and services and cost if we want to provide access to not just the lowest income population, but to everyone.

One of the things that really struck me when we were beginning this conversation at the kind of launch in Sacramento, when a man who did the polls around attitudes around, was how much of an increase in awareness by the general population around aging issues. And the need to be addressing these and a willingness to start talking about this, and how much that has changed from even five or 10 years ago. And I really feel like it would be a mistake for us to live it, what we dream about what we propose, within the context of the existing budget. As much as I appreciate that reality, I think if we really want to look at what we want the future to look like we have to not restrict the conversations based on money. But based on what our vision is, and if the public is really there, and willing to talk about that, that's part of our job is going to be sharing what we're coming up with the public and engaging them throughout the course of this conversation and the work of this task force. So that if we need to talk about revenue increases in order to address some of our goals, that we have people with us.

There's this phrase that we use a lot that people support what they hope to create. And I think to the extent that we can engage the public at timely moments in this process, so that as we're developing, that may cost them more money and may need more investment, as taxpayers in our own future and our community to do that we shouldn't limit ourselves within the confines of the budget, because I think that will really severely limit us. And it may be that what we come up with will work within the confines of the budget. But I don't think we should limit ourselves to that, because we won't be able to get it where we want to go without limitation in front of us all the time.



**Clay Kempf 2:20:02**

I agree the budget discussion is really complex, and something we're properly punting right now. But one point we should keep in mind about it, because it's so critical, is that we know most of public funds that are spent in any of our individual lives are spent during the last five years of life, as we age, public funds, public expenditures go up exponentially. So, in the context of looking at special projects or new costs, the reality is there are going to be tremendous new costs, just by the sheer growth of our population. So, I think the budget discussion should be in that frame, that we're going to spend x billion dollars more just because our population is aging. So if we start from that point in that reality, that it makes it much more easy to look at progressive or innovative programs, because we start having a discussion about the state is going to spend, I don't know I don't have no idea what the amount is, but say \$20 billion more on aging in the next five years, then we can start talking about how can we spend those 20 billion effectively and possibly get a much higher quality of life for the same amount of money as we would spend if we did absolutely nothing. So, I think that's a critical dynamic to the discussion.

To the person-centered framework, just one comment I want to make on that. I really like it. Very well done. Starting point. The third bullet where we talk about having good health, and talk about disease, injury prevention, nutrition and physical activity, and then health care, those first things all are healthcare, promoting good health is really a health program. But rather than say health care I would say medical care, because I think that's a very difficult different thing than the others. And if we're going to try to create social programs, I mean, feeding somebody has a positive health outcome. That's not something that medical providers often do. So those programs are funded in two different streams. And I think there needs to be that differentiation between them. We can argue, I know there's some shaking hands. But to that issue I would just say that promoting these other supporting programs as part of medical care would be great. But it's promoting health, it's not doing more dramatic interventions, that medical care, I think is usually measured by.

**Kim McCoy Wade 2:23:10**

I am integrating on the fly. And I'm going to make a proposal based on what I think I heard with folks for next steps and we can affirm or modify or

do something different. I think we should take these back. And we should look at this framing of person family community, the we, take a crack at that. We should consider whether we ought to name them as four goals, not a framework. But are these the four goals that we are working toward for California. And we should add the, I think its values but maybe its approach, but these themes that we want to see in all of them, whether it is the equity California for All, whether it is the appropriate, accessible, inclusive use of technology, whether it is the full inclusion of people with disabilities, as well as older adults, every single goal needs partnerships in government, outside of government (your piece about not everything is for government), we could take a crack at those two things traveling together.

There were additions like where is disaster preparedness, where's mental health? Do you mean health coverage? Or do you mean health care? There are things we can try to clean up recognizing even the smallest cleanups can actually open up a larger conversation. But we can take another run at that and re circulate that pretty quickly to folks, if that's helpful. And if we can try to do that online, we can try. I'm not sure we can do a 34-person, Google Doc, but we can we can think about that.

And then the question would be, could we then ask for convening of each of the goal meetings, guided by those values, cross cutting values, and perhaps we need to do more direction, each of those goal groups should be setting data targets, should be looking at partnerships, should be looking at specific policies. And that each of those four we would help facilitate convening those in October, again, working with a couple people who would self-identify as leaders of those efforts to help us structure the how, the when, the where, the why, but try to get that done in October.

The fifth one is the research subcommittee, which is going to go underneath some of your questions for us about finance. We are convening research assistance from many key departments, social services, public health, health care services, lots of us have data resources, USC has provided data help, we're hoping you UC Cal can provide some data help. So, data health is coming. So that would be a fifth.

And then potentially, I'm also hearing an interest from this committee in being more involved with the engagement strategies, whether it is with the public, whether it is with the tribes, whether it is with our legislative partners, many of whom were in the room, I do want to acknowledge all of

our key legislative staff who are here joining us today and engaging and planning for roundtables and districts with legislative staff is already beginning. So, we could have a, I'm going to use Jeannee's term a burst, on engagement. If there was interest in that.

And capacity. We're asking a lot from you. The last piece of the proposal is that we keep our next meeting November 4, which is very soon, but many of you November, December gets complicated fast. Does everybody have a conference in November? Is that what I'm looking around? So, if we do slide it in right before Monday, that the good news is we will have touched base again quickly and before the end of the year. The bad news is we have a lot of work to do between that now to make that a productive meeting. And we're committed to having meetings that aren't updates that are discussions. So that was a multi part proposal. Happy to pause, clarify change.

**Cheryl Brown** 2:27:20

Should we schedule out into December just to acknowledge that December gets messy quick?

**Kim McCoy Wade** 2:27:31

Well, that's a great question. The initial proposal here would be a bimonthly meeting. So, if that is it that is blessed here, we are happy to go back and come up with a calendar for I mean, again, not that January is wide open either for folks. But if we can try to get those bimonthly dates through at least the next quarter. So, we want to check with you on frequency. Half a day, in Sacramento.

**Mark Ghaly** 2:27:58

That's of the big group.

**Kim McCoy Wade** 2:28:04

The small groups are going to meet nonstop. Yeah, thank you. But this big group that was the thought given. So, thoughts on that?

**Cheryl Brown** 2:28:25

I know that we talked about so many things here. One of the issues that came up, because I call people and ask do you have anything that we should be talking about, and one of the things that we're finding is that it might not have anything to do with the state government, but that the

federal government is now coming back in and people who have are just middle income people are losing everything, and they're not having anything to pass on to their children. And I know that's an issue. But how can we at least address it in our plan?

**Kim McCoy Wade** 2:29:04

Well, two answers. The federal government absolutely can be part of it. I don't know how we'd have an aging conversation with now speaking to Medicare and Medicaid, Social Security, the 1965 infrastructure, Old Americans Act that so that, absolutely. But those are the kind of partnerships that we would need. And I think the fourth goal, income, is a big word, and would include things like retirement, savings, cross generational asset building, I think that absolutely could and would fall under that umbrella, as the group decided. Looking at Kevin and Marty and folks who are particularly interested in income security.

**Nina Weiler-Harwell, PhD** 2:29:49

So just have a couple of questions. So, I didn't hear you on the rough schedule that you sketched out. Did I hear anything about the LTSS taskforce?

**Kim McCoy Wade** 2:30:01

That subcommittee would convene in October. That's one of the groups that would convene. Goal one, is the plain language interpretation of what the long-term care subcommittee is doing. Although it is true, the long-term care subcommittee has specific issues called out in the executive order. So that's a thing for that organizing to think about. How do we move that subcommittee forward? And again, we want to invite non full committee members to be on the two subcommittees, long term care and research. So, we need a minute to scope it, invite people and meet but we our ambitious goal is the end of October. It's ambitious, so you can push back.

**Nina Weiler-Harwell, PhD** 2:30:52

There will be meeting minutes?

**Kim McCoy Wade** 2:31:00

Yes.

**Clay Kempf** 2:31:06

Thanks Kim, good ideas. I just wanted to say if you bring us up to Sacramento, I think it's worth doing a longer meeting. Some of us are flying in, some of us are driving in, you know, we might do two or three or something like that. But that's a little bit of a chunk of work that we could do that. And then I'm a big proponent of whatever work groups we set up that there be a Zoom or phone ability to do that. But that is all in terms of how you do it.

**Kim McCoy Wade** 2:31:49

Thank you.

**Christina Mills** 2:32:01

Relative to your question Kim about once every other month. I don't know why that feels too long to be spaced out. But I recognize that folks have to travel, so maybe they alternate in terms of being a call in versus in person and do it more frequently?

**Marty Lynch** 2:32:58

Also, very helpful if you can set the dates, through the period, out in advance so we can schedule around those. I know it's hard for you, but it's good.

**Kim McCoy Wade** 2:33:08

Let me make a compromise proposal, which may be completely imperfect, but I'm going to go for it. We could really use October to get the subgroups going. So, can I at least in October have that to get six meetings going. And then if we meet on November 4th in person, we have a room. It's amazing. Maybe we could do a call in December, so we end the year with everyone having all the information but not having to travel around the holidays? Something like that?

**Kim McCoy Wade** 2:33:34

Okay, then. Let's commit to that. And then let's check in November and see how we feel about that. We'll know more. Okay.

**Heather Young, PhD, RN** 2:33:47

It's just with the active committee structure, I think it's helpful to have the time between meetings and use the every other month meetings to really have at a higher level, and do the integration that we will need to do, and encourage that, that we do a lot of that work in this committee. So, I

appreciate the need to check in as a big group often, but I think we can get a lot more done if we can divide and conquer, and then come back together, and spend our time unifying.

**Kim McCoy Wade** 2:34:11

We can also put a December call on the calendar and then if we don't need it, everyone gets some time back. But we could do a meet mid to late December, just since January runs away from us that way we just finished the first quarter know where we are.

**Catherine Blakemore** 2:34:33

I think sometimes to the extent you have like a zoom option available for a call, it just makes it easier. For those of us that have technology you can actually see. And honestly, it's easy to manage all of us, if you can see people.

**Kim McCoy Wade** 2:35:14

The question was what are the size of these "bursts" or the work groups or subcommittees. We want that perfect sweet spot of diversity, of perspective, and experience, and voices, and small enough to roll up your sleeves and get it to work and really dig in. So that's always the magic number. So, no quantitative answer for you. I have a spirit answer for you. And we'll do our very best to hit both those goals.

**Stephen Somers** 2:35:38

Thank you, I think we should give Kim and Anastasia in particular, but also everyone else a round of applause. Very informative and you use the term iterative all the time. So, you didn't use it as much today. But in our conversations, I think that you got the sense that what Kim is trying to do is have interaction with you as much as possible. And sounds like there are different ways of getting it done. And from my limited experience, it's pretty clear that there will be a lot of interaction. So that's great. We do have time for public comments. There is one over here, there was one over here, there was one over there and there's one in the back. And there are microphones floating around. So, we're going to need you to speak into the microphone and wait for a microphone. So that'll be first and then introduce yourself.

**Public Comment** 2:36:34

My name is Carl Bird and I serve on an Area for an AP here in Sacramento. Also, I'm a California senior citizen, Assemblyman with the California senior legislature. And I want to know when you have these phone conversations, how can I participate or at least hear?

**Kim McCoy Wade** 2:36:57

Well, the full advisory committee will continue to have that full call in ability and participation. We obviously are still working that through for the various bursts and work groups. We can commit to transparency in terms of agendas and minutes and all that. But we're trying to figure that out and welcome input from folks again on how to be transparent and include all kinds of voices in the smaller work groups, but also continue to get the work done. So, appreciate your feedback on that.

**Public Comment** 2:37:27

My name is Dr. William Bronstein. I represent the physicians for National Health Program. We're at the precipice of having as national policy, universal health care, standard Medicare for all. If we do, everything changes. It's a paradigm shift that will be profound. And the question is whether the committee will operate based on the assumption that we are committed to universal health care for all in California on a single tier basis, as the foundation, in order to think about the situation. For example, long term care is an obsolete concept that was created when Medicare was created, and it has created a domestic refugee population that has then had to have an administration to handle the oil spill it was created by policy. It is an institutionally driven system that is cruel and barbarous. We need to think about lifetime care rather than long term care. So that there is a fluid continuum that is not grounded in the kind of, of punishment of evil, that long term care has an intuitive, I want to just pass this out to all of you in both directions, and hope that you will proceed with the vision that we are heading towards single payer universal healthcare, at least in California, if not in the nation.

**Public Comment** 2:39:09

Hello, my name is Tardagea. I've been to a number of committees. But trying to keep in the one minute that you're asking for, the first thing I would say is please put public comment earlier in the discussion, not the last thing is the meeting. I just think you disrespect the public by doing that. Second thing I like the terms and things that you brought up, accessibility housing accomplishments, I was going to say three years, I think definitely the last

five years of life need to be examined by this committee. Also, you've done nothing about male health and nothing about the scams and the other issues of fraud, that I think is a big group and component. I also am interested in the fact that there is not a single, but there's a few of you that are up to 80 years of age, but a personal consumer that is needing Long Term Care is not part of it. And I thought you were going to have a meeting on this Friday the 20th. Apparently, that's another group that's meeting in the Hyatt through there. Anyway, that was my comment. And I'll go to the next meeting on census and next year's election.

**Public Comment 2:40:30**

Larissa Reynolds, American River College, and CCGG California Counselor here at gerontology and geriatrics. One of the themes I've heard consistently is misunderstandings and understandings based on specificity of language, right? Long term support and services is not the same thing as long term care, it's really easy to misspeak those things, I think it's really admirable that we might begin to be more specific in how we speak about aging and tie into the idea of reframing aging, because reframing aging is a decades long project. It's not a turnaround tomorrow or the next year. And one of the things that I really need to speak to is how we talk about what aging is. I think it needs to be a part of how you think about all the things you write about. Abilities change during aging. If you become disabled, when you're aging, it is because you've been injured, or you have a chronic illness, or you have a disease. We do not age into disability. Aging is a slow process of senescence on a cellular level. Anything that happens radically is not a part of the aging process. It's because of a lifestyle difference. It's because of the socio-economic status or the determinants of health. So if we want to keep people optimally aging, preserving their well-being as best they can, with high levels of self-efficacy, which does predict their aging outcomes, we need to hold them to a higher standard through our language, and not have them think less of their memory, or less of their physical capabilities. This is all research based across all domains of function. Self-efficacy is important and language changes that.

**Public Comment 2:42:26**

Hi, my name is Cameron, I'm from the California Policy Advocates, and I was happy to see that income is at the top of this particular list. Because what we would really like to do is make sure that we're really naming that aging is not across the board equal. Thinking about things like inequality, California has a severe issue with our older adults experiencing food



insecurity. The general population we've had progress in our food insecurity. But for older adults, it's actually up 20%. And that's something that we really want to make sure we are informed about. As we think about frameworks, really making sure knowing that we're not all going to eat the same because of things like structural racism, things like destruction of safety nets, for our older adults, and through California in general with thinking about things like the prices of cost of living and all of those things that we've sort of touched upon. So, we really want to make sure that when we're speaking about it, we're really naming those things. Food insecurity goes to, obviously nutrition and all the things that we said. So, thank you.

**Public Comment 2:43:44**

Hi, I'm Katie Weber with Health Solutions. I work with public health departments and triple A's. So, the couple things that I wanted to remark. First of all, thanks so much for the initiative on this, this is a very exciting time to focus on aging. A couple things I really want to focus on is navigation, integration, innovation. Those are definitely the three that I think are really important. Because you're right, I think some people touched on that around their own silos, that actually prevents innovation and integration. So really looking at those policies. Because there's a lot of great programs out there, as we all know, the PACE program, and also the FHC is really looking at how we can look at some of these policies that is preventing integration. But also, you know, housing, I know there's some pilots out there, providing supportive services around housing and HUD. So also looking at, there's been a lot of research at Oakland, as well around the homelessness, so looking at programs before they become homeless. So being more on the preventative side, I think is going to be really, really important as well. I know there's a big win recently, I know around food insecurity, the CalFresh, people on SSI can now receive CalFresh, which is a huge, huge deal. So, I really think we have these programs that exist, and now we have to get them connected. So really helping seniors navigate those resources is critical. And once we do have innovative policies is really getting connected in those services. And also looking at writing, you know, more resources around building technical infrastructure, because we can access federal funding. So, looking at what kind of resources are available from the federal level, that we can help fund these programs because funding always an issue. So, I think BF businesses couple things. Thank you.

**Public Comment 2:45:30**

I'm Corinne Jones. I'm a Program Director for the multi-purpose Senior Services Program, serving Lake and Mendocino Counties. The point I'd like to put out here is, you got to remember, though, that the older adult is different in a low-income community like Lake County, than it is in Oakland, or Los Angeles, or San Francisco. Their resources are hard to get to. There's not a whole lot of them. And so, as you as you go forward with this, please consider you really need to talk to those constituents, because their issues are totally different. Getting to a doctor's appointment in Santa Rosa, when you live in Ukiah is next to impossible if you don't have the resources, and yet it needs to be done. So please keep in mind that they're rural age older adult that are totally different than the city folks.

**Public Comment 2:46:24**

Good afternoon. My name is Lisa Coleman. I'm at the California Long Term Care Investment Association. And I, for the last five, six years, I'm new to this team. In comparison, many of you that have made a career of it, I have felt like running around, the sky is falling down, the sky is falling down. And I have to say I feel more encouraged now than I have in five years because you have a room full of truly magnificent, intelligent, warm hearted people. So, the California Public, we are in good hands with you. And I just applaud your effort. I also want to just point out, I am so pleased that the framework starts out with I want to choose where I live, and that we're getting away from that loaded word of it being home. Not everyone's aging process is going to allow them the opportunity to live in their own home. As an advocate for those that live in licensed long-term care. And whether you like it or not, there is going to be a percentage of our population that is going to need the services of that health field. So, I thank you for saying "I get to choose where I live." It gives more dignity to those of us that may not have the option to stay at home because of our health condition.

**Public Comment 2:48:01**

This is Ed Roberts, the Martin Luther King of disability. He started in home care in all 50 states. Outside of the US people aren't familiar with Martin Luther King Jr. They call him the Mahatma Gandhi of disability. He broke the nursing home monopoly. And every republican governor has tried to disassemble his life's work. Schwarzenegger tried to destroy home care in California. Fortunately, a judge Claudia Wilkins welcome stopped it. But he was on Nixon's enemy list. And he created a social model that supposed to the medical model, and I think most of the people in this room still adhere to the medical model which punishes the elderly and the disabled. This guy

that spoke across the room, Dr. Bill Bronson helped him for eight years in Sacramento running the largest disability agency in the world. 45 years ago, they addressed all the same problems that are being addressed by this committee. And I would suggest he's lightyears ahead of this discussion. Anyhow. It'll be the 10th year of Ed Roberts state holiday, George Miller introduced a bill a resolution before the House of Representatives. And the vote was 386 to eight. Of course, it was butchered by Republicans in the Senate. But this will be the 10th year, it was paralyzed from the neck down by polio. He lived at home for 40 years. He didn't need a psychologist, a social worker, mental health services. This guy did it all. He created Person Centered Services. That's it.

**Public Comment 2:50:23**

Diana Boyer with the County Welfare Directors Association, I just want to say first, thank you for convening this group. It's a fantastic group, great group of folks that you have around the table, great structure, the framework. As you may know, our agencies administer many of the county-based health and human services programs, including IHSS and APS. But also, we have many hats, many of our directors are guardians, and conservators, some are lay directors and some have veterans programs. And so I think we see, and it's reflected in this document or the framework that, the consumers that we are trying serve face these daily challenges, and we welcome and we agree with what was said earlier that county government programs are just part of the solution. It's a continuum. And there are places where we are properly inserted, and there are places where we can leverage our services to the benefit of the greater community. The only other thing that I wanted to add is that, you know, there's also kind of a thought to this new thinking around two generational models of supporting families and building healthy communities. And while you somewhat cover it and the consumer base of the older adults and their caregivers, I think it would be important to also be thinking about how does healthy aging benefit multiple generations and create healthy communities for all of us. And so, there's a report that I recently read that to you for your consideration, but it's just another way of framing the conversation. So that there's additional buy in for the things that we're trying to achieve.

**Stephen Somers 2:52:01**

Thank you very much. And we're going to turn to Secretary Ghaly for our last word.

**Mark Ghaly 2:52:08**

So first off, I want to thank the team for doing a tremendous job of pulling this together and Irena for your attendance today, and really enlightening us with the slides and information. And just to all the committee members, thank you for coming today and joining us on what is going to be a great journey. I think we've heard a lot about the goals ahead, some of the challenges, and I look forward to coming back together and hearing the great work of the workgroups or bursts. And I think Kim is really committed to creating this two way street of information and conversation and although we wait for those meetings to happen to catch everyone up, we really believe that this has to be you know, 14/15 months where there's a lot of back and forth. So please use us every way we can to be helpful to guide and support you in your thinking and again just thank you so much for joining us today and Craig we waited to end the meeting when you came right back. (laughs) So thank you for being right on time and all those on the in the public and on the phone, we're grateful for your participation. We look forward to seeing you again soon.