

**Master Plan for Aging
Research Subcommittee Meeting
Meeting #2 Transcript**

>> KIM MCCOY WADE: WE ARE GATHERING AND WE WILL START IN JUST ONE MINUTE. THANK YOU. I INVITE EVERYONE IN THE ROOM TO TAKE YOUR SEAT. I WELCOME TO THE MASTER PLAN FOR AGING, RESEARCH SUBCOMMITTEE, MEETING NUMBER 2. BEFORE WE GO FURTHER, LET'S MAKE SURE WE ARE ALL CONNECTED.

>> KIM MCCOY WADE: PUBLIC COMMENT WILL BE AT THE END OF THE MEETING.

OKAY. I'D LOVE TO START WITH THE INTRODUCTIONS. AS ALWAYS, WE HAVE A PACKED AGENDA. I HAVE A FEW MODEST GOALS AS WE MEET FOR THE SECOND TIME. ONE, TO MAKE SURE THAT IN ALL WE ARE DOING, WE ARE DOING IT WITH AN EQUITY LENS, FIRST AND FOREMOST. THIS IS BASED ON ECONOMICS RACE AND GENDER AND ALL TYPES OF CRITICAL DEMOGRAPHICS THAT WE ARE GOING TO CENTER EQUITY RIGHT FROM THE START. WE ALSO WANT TO LOOK AT EXCITING NEW DATA. THE LINE UP WE HAVE THANKS TO THE CONSULTANT CARRIE GRAHAM, TO DELVE INTO NEW SOURCES. AND WE'RE GOING TO REALLY TACKLE OUR PROCESS AND GET TO WORK. THIS IS A FAST-MOVING PROCESS AND WE'RE GOING TO PRACTICE TODAY WITH THIS FEEDBACK LOOP OF THE SUBSTANTIVE POLICY RECOMMENDATIONS TYING IN WITH THE RESEARCH COMMITTEE. WE WILL BE SPENDING TIME ON COMMUNITY-BASED SERVICES. I ASK YOUR INDULGENCE. THANK YOU FOR STAYING FLEXIBLE AS WE WORK THROUGH PROCESS, SOME OF THE RECOMMENDATIONS GO OVER THE DATA SOURCES AND WE CAN INCLUDE THAT EQUITY AND NEW DATA PRESENTATION AND COME BACK TO THE HOME AND COMMUNITY-BASED. THANKS FOR FOLLOWING ALONG AS WE BALANCE LOGIC FLOW WITH LOGISTICS. WITH

THAT OVERVIEW OF WHAT WE'RE TRYING TO DO TODAY, LET'S SEE WHO WE HAVE HERE AND THEN THOSE IN THE ROOM.

>> ELLEN GOODWIN: PROJECT MANAGER FOR THE MASTER PLAN FOR AGING.

>> KIM MCCOY WADE: WE ARE NOT PASSING THE MICROPHONE AT THIS MOMENT, USE YOUR OUTSIDE VOICE.

>> CARRIE GRAHAM: I HAVE A JOINT AILMENT AT UC BERKELEY AND UCSF AND AS A POLICY CONSULTANT TO CDA FOR THE MASTER PLAN. I'M ALSO INTERESTED WHEN PEOPLE GO AROUND, IF YOU CAN SAY ONE OR TWO SENTENCES ABOUT YOUR AREA OF FOCUS OR EXPERTISE IN THIS RESEARCHER OR EVALUATION FIELD.

>> STACEY MOORE: I'M WITH AARP CALIFORNIA. I'M A PLANNING AND ADVISOR FOR THE NOFS CALIFORNIA. AND I FOCUS PRIMARY ON COMMUNITY ISSUES, HOUSING, TRANSPORTATION, OPEN CASES.

>> DEREK DOLFIE: AN BEHALF OF THE LEGAL OF CITIES, ONE THING ON YOUR MIND IS THE POWER SHUTDOWNS AND HOW DO WE MAKE SURE THE CITIES AND COMMUNITIES ARE SAFE AND WE HAVE TO HELP ALL OF THE VULNERABLE POPULATION, USING THE ELDERLY AND SENIOR POPULATIONS.

>> DR. CHRISTOPHER LANGSTON: I'M THE PRESIDENT OF THE ARCHSTONE FOUNDATION. AND PHD PSYCHOLOGIST, HEALTH SERVICES RESEARCHER BY TRAINING.

>> JEANNEE PARKER MARTIN: THE PRESIDENT AND CEO OF LEADINGAGE CALIFORNIA AND WE FOCUS ON HOUSING AND HEALTH CARE FOR OLDER ADULTS. I ALSO HAVE A LONG HISTORY OF HOME AND COMMUNITY-BASED SERVICES. SO, I BRING A VARIETY OF LEVELS OF EXPERTISE.

STEPHAN CASTELLANOS: CALIFORNIA ALLIANCE OF RETIRED AMERICANS. I'M STILL LEARNING ABOUT THIS PROCESS AND INTERESTED IN USING THE MOST COST EFFECTIVE WAYS OF PROVIDING HIGH QUALITY

CARE AT THE BEST COSTS. ALSO, QUALITY OF LIFE AND LONG-TERM CARE. I DON'T THINK IT IS JUST A MATTER OF PEOPLE NOT DYING, BUT WHETHER OR NOT THEY HAVE A MEANINGFUL LIFE AS THEY GO ON IN YEARS.

>> ZIA AGHA: THE CHIEF MEDICAL OFFICER FOR WEST HEALTH. AND I LEAD OUR CLINICAL AND DATA SCIENCE.

>> DR. KATHRYN KIETZMAN: I'M A RESEARCHER AT UCLA CENTER FOR POLICY RESEARCH AND I ALSO HAVE AN APPOINTMENT IN SCHOOL PUBLIC HEALTH. MY RESEARCH FOCUSES PRIMARILY ON THE HEALTH AND SOCIAL CARE OF VULNERABLE OLDER ADULTS AND PEOPLE WITH DISABILITIES A STRONG FOCUS ON HOME AND COMMUNITY-BASED CARE AND SERVICES. THAT IS WHY I'M HERE TO TALK ABOUT LONG-TERM SERVICES AND SUPPORTS.

>> DR. JANET FRANK: UCLA FIELD SCHOOL OF PUBLIC HEALTH AND SCHOOL OF GERONTOLOGY. MY MASTERS IS A BACKGROUND IN GERONTOLOGY FROM USC AND MY RIVAL, UC PUBLIC SCHOOL OF HEALTH. I AM IN THE DISEASE MANAGEMENT PROGRAMS AND FIDELITY OF ROLE OUT. IN ADDITION TO RECENTLY WORK AROUND MENTAL HEALTH AND OLDER ADULTS. I LED THE FIRST AND ONLY STUDY OF MHSA IN OLDER ADULTS.

>> DR. DAVID RAGLAND: FROM UC BERKELEY SCHOOL OF PUBLIC HEALTH AND CENTER. WE FOCUS IN THE CENTER ON SAFETY, AND WHAT WE HAVE ALSO DONE AND I'VE DONE OUTSIDE OF THAT ALSO IN PARTICIPATED IN A NUMBER OF STUDIES WITH MOBILITY AND TRANSPORTATION AND AGING. AND I HOPE TO BE ABLE TO BRING THOSE – SOME OF THAT INFORMATION INTO SOME OF THE TOPICS BEING DISCUSSED THIS GROUP.

>> DR. DONNA BENTON: USC WITH GERONTOLOGY AND ALSO WITH THE ASSOCIATION OF CALIFORNIA CARE GIVING RESOURCE CENTERS. MY BACKGROUND IS A GERO PSYCHOLOGIST AND MY INTEREST AND

RESEARCH HAS FOCUSED ON WAYS TO MAINTAIN MENTAL HEALTH SERVICES FOR FAMILY CARE GIVERS AND DIFFERENT DIVERSE COMMUNITY.

>> KIM MCCOY WADE: ANY OTHER SUBCOMMITTEE MEMBERS ON THE LINE.

>> KAREN LINCOLN, ASSOCIATE PROFESSOR AT THE USC SCHOOL OF SOCIAL WORK. MY PRIMARY AREAS ARE MENTAL HEALTH AND HEALTH DISPARITIES RESEARCH. I'M A SURVEY RESEARCHER BY TRAINING AND SURVEY DATA ANALYST AS WELL AND ANALYZED LARGE EPIDEMIOLOGICAL SURVEY. I WROTE A PROGRAM HERE. MY AREA OF EXPERTISE AS RELATES TO THIS SUBCOMMITTEE IS REALLY IDENTIFYING MEASURES AND ASSESSMENTS TO MAKE SURE THAT WE ARE ABLE TO MONITOR THE METRICS WE IDENTIFY AS PART OF THE MASTER PLAN.

>> KIM MCCOY WADE: WONDERFUL.

>> NARI RHEE FROM THE UC BERKELEY CENTER. AND MY RESEARCH FOCUSES ON RETIREMENT READINESS, POTENTIAL RETIREMENT INCOME AND ALSO AMONG WORKING ADULTS AND OLDER ADULTS AND IN ADDITION, SENIOR POVERTY.

I THINK OUR NEXT BUSINESS IS TO TALK PROCESS AND GROUND US.

>> KIM MCCOY WADE: THE NEXT SLIDE. CARRIE, TELL THE STORY OF THE RESEARCH SUBCOMMITTEE.

>> CARRIE GRAHAM: OKAY, SO WE HAVE ALREADY DONE THE WELCOME. THIS THE IS OVERVIEW. TODAY I THINK IT IS REALLY EXCITING BECAUSE THIS IS THE FIRST TIME WE'RE REALLY GOING TO BE WORKING AS A COMMITTEE TOGETHER. WE – THE GOVERNOR PUT – INDICATED WE SHOULD HAVE A RESEARCH COMMITTEE AS PART OF THIS MASTER PLAN. WE ARE FIGURING OUT WHAT THAT MEANS. ONE OF THE PROCESSES THAT WE'RE USING ARE RECOMMENDATIONS. THERE IS THE LONG-TERM SERVICES AND SUPPORTS COMMITTEE AND THEY ARE ADDRESSING GOAL 1. AND THEY ARE CREATING RECOMMENDATIONS USING A SPECIFIC RECOMMENDATION FORM.

EACH OF THOSE – TODAY WE’RE GOING TO TALK ABOUT FOUR DIFFERENT RECOMMENDATIONS AS AN EXAMPLE. PARTLY BECAUSE THOSE ARE THE FOUR THAT WE HAVE SO FAR. ON FRIDAY WE’RE GOING TO BE GETTING ABOUT 50 OR MORE, WE DON’T KNOW. I SEE THIS AS A WAY FOR US TO KIND OF WORK THROUGH SOME OF THE RECOMMENDATIONS THAT HAVE COME THROUGH ALREADY. AND WORK TOGETHER AS A TEAM TO TRY TO DO WHAT THE RESEARCH COMMITTEE IS SUPPOSED TO DO, WHICH IS TO IDENTIFY EVIDENCE THAT SUPPORTS SOME OF THE RECOMMENDATIONS IF IT IS NOT ALREADY IN THE RECOMMENDATION FORM. THE OTHER THING THAT THE RESEARCH SUBCOMMITTEE NEEDS TO DO IS WORK ON MEASUREMENTS AND INDICATORS TO EVALUATE IF THAT RECOMMENDATION GOES INTO THE MASTER PLAN, EVALUATE THE SUCCESS OF THE IMPLEMENTATION THERE.

AND FINALLY, THE BIG DELIVERABLE OF THIS COMMITTEE IS A DASHBOARD. WE NEED TO BE WORKING TOGETHER TO TALK ABOUT THE LOOK AND FEEL OF THE DASHBOARD. WHAT GOES INTO THE DASHBOARD AND WHAT THE DATA SOURCES ARE AND WE GET THAT DATA, HOW DO WE MANIPULATE IT TO BE ABLE TO HAVE SOMETHING THAT IS PUBLICLY ACCESSIBLE TO EVALUATE THOSE.

THE RESEARCH SUBCOMMITTEE MEETINGS, AS YOU CAN SEE, WE’RE ON NUMBER 2 MEETING. DECEMBER 10TH. WE HAVE – IF YOU GUYS REMEMBER, YOU HAVE PROBABLY ALL SEEN OUR FRAMEWORK, WHICH HAS FOUR MAIN GOALS. THE FIRST GOAL IS RELATED TO LONG-TERM SERVICES AND SUPPORT. SO, WE HAVE TWO RESEARCH MEETINGS THAT ARE GOING TO BE ADDRESSING HOW TO APPLY MEASUREMENTS AND INDICATORS TO GOAL 1, WHICH HAS TO DO WITH MAKING SURE THAT PEOPLE HAVE THE LONG-TERM SERVICES AND SUPPORT THEY NEED AND ADDRESSING CARE GIVER NEEDS. THE JANUARY 24TH MEETING IS GOING TO BE HOSTED AT UC BERKELEY. THEN WE HAVE ONE MEETING IN FEBRUARY ON THE 25TH, ADDRESSING GOAL 2 RECOMMENDATIONS, WHICH ARE RELATED TO

LIVABLE COMMUNITIES, SOCIAL ISOLATIONS, THOSE SORTS OF THINGS. MARCH 2, THAT IS IN LA JOLLA. HEALTH CARE AND INT OCCASION. AND THEN ON PRI 19, HEALTH AND WELL BEING. AND A COUPLE MORE MEETINGS THAT LOOK AT ALL GOAL AND DASHBOARD. HOW DO WE FIRST FIGURE OUT HOW TO MEASURE SOME OF THESE THINGS FIGURE OUT WHAT IS BEST TO PUT IN THE DASHBOARD AND WHAT IS POSSIBLE.

>> DR. JANET FRANK: DID YOU SAY THE MEETING IS GOING TO BE IN LA JOLLA?

>> CARRIE GRAHAM: THE MEETING WILL BE ON WEBINAR AND ALSO IN LA JOLLA.

>> KIM MCCOY WADE: WE ARE HOPING TO TEST THAT ZOOM ACTUALLY WORKS FOR PEOPLE SO WE COULD DO A ROVING HOST AT A COUPLE OF YOUR INSTITUTIONS, NOT NECESSARILY MEANING EVERYONE HAS TO TRAVEL.

>> CARRIE GRAHAM: IF YOU ARE LOOKING AT SOME OF THE MEETINGS AND THINK YOU WANT TO HOST; SEND AN E-MAIL AND WE'LL SHOW UP.

>> KIM MCCOY WADE: AND BROADCAST.

>> IT IS BY A BEACH.

>> CARRIE GRAHAM: SO, THE FINAL THING THAT THE RESEARCH COMMITTEE NEEDS TO DO IS WE NEED TO SUBMIT OUR OWN RECOMMENDATIONS FOR THE MASTER PLAN. SO, WE NEED TO BE THINKING ABOUT AS WE LOOK AT RECOMMENDATIONS COME IN, AS WE LOOK AT HOW TO EVALUATE GOALS AND OBJECTIVES AND SPECIFIC RECOMMENDATIONS, WHAT DATA IS THERE FOR US TO LOOK AT HOW THESE ARE IMPLEMENTED IN CALIFORNIA? AND I'M HOPING THAT THAT WILL LEAD US AS A COMMITTEE TO COME FORTH WITH WHAT ARE RECOMMENDATIONS FROM THE RESEARCH COMMITTEE ON DATA GAPS, WAYS THAT WE CAN AUGMENT IMPORTANT DATA THAT WE NEED TO EVALUATE, THE QUALITY OF LIFE AND

SERVICES RECEIVED BY SENIORS. WE ALSO NEED TO BE THINKING ABOUT OUR OWN RECOMMENDATIONS. FROM THERE – OKAY.

>> KIM MCCOY WADE: CAN YOU GO BACK FOR A SECOND? I WOULD LIKE TO SPEAK A MINUTE ON WHAT IS NOT ON THAT SLIDE, WHICH ARE THE OTHER PEOPLE WHO ARE WORKING ON RESEARCH. WE ARE LOOKING AT TWO – AS YOU SEE, THE DEVELOPMENT OF THE DASHBOARD IS FOR CONTENT, LOOK AND FEEL AND SOURCES. BUT THE ACTUAL CONSTRUCTION WE ARE WORKING WITH OTHER DEPARTMENTS THE AGENCIES. SO, THERE ARE INTERNAL MEETINGS WITH OTHER AGENCIES. MANY OF THEM WERE AT THE FIRST MEETING TO TALK ABOUT THE ACTUAL CONSTRUCTION. AT THIS POINT WE WILL NOT BE ASKING ANY OF YOU TO CODE. [LAUGHTER] WE’LL GIVE YOU MORE OF AN UPDATE ON THE NEXT MEETING AND HAVE MORE OF THE INTERNAL.

AND THE OTHER PIECE WE HAD GREAT DIALOGUE WITH FUNDERS ABOUT ARE DATA GAPS. WE EXPECT THE DASHBOARD TO BE PUBLISHED IN OCTOBER TO BE 1.0. WE KNOW THAT EVERYTHING WE WANT TO KNOW ABOUT AGING IN CALIFORNIA MAY NOT BE ABLE TO BE HOSTED BY NEXT OCTOBER FOR A VARIETY OF REASONS. WE ARE ALSO LOOKING AT THAT DATA GAP TO IDENTIFY CONTINUOUS IMPROVEMENT IN THE DASHBOARD ITSELF, POST OCTOBER. WHETHER IT IS NEW DATA TO BE COLLECTED, DATA TO BE CLEANED UP OR LINKS, ET CETERA, WE EXPECT THAT THERE WILL BE A NOT IN THE DASHBOARD, BUT “COULD BE, SHOULD BE” SECTION AS WELL. WE WILL BE LOOKING FOR CONSULTANT HELP TO WORK ON THAT AND SHOWING THAT TO THE COMMITTEE AS WELL.

>> CARRIE GRAHAM: SO, WE’RE GOING TO LAUNCH INTO A SESSION WHERE DIFFERENT GROUPS OF YOU HAVE BEEN ASSIGNED DIFFERENT RECOMMENDATIONS. BEFORE WE DO THAT, I JUST WANT TO OPEN UP THE FLOOR TO SAY WHO HAS QUESTIONS ABOUT RESEARCH COMMITTEE

**PROCESS AND ALSO SUGGESTIONS ABOUT RESEARCH COMMITTEE
PROCESS BECAUSE WE ARE OPEN?**

**>> JEANNEE PARKER MARTIN: I THINK THAT THE PROCESS THAT YOU
HAVE OUTLINED FOR THE DATES WHAT OUR RESPONSIBILITIES IS VERY
CLEAR. WHAT I DON'T THINK IS VERY CLEAR AT ALL TO EITHER THE
STAKEHOLDER ADVISORY COMMITTEE OR THIS COMMITTEE, HOW ARE THE
RECOMMENDATIONS GOING TO BE DECIDED ON THAT THEY ARE THE RIGHT
RECOMMENDATIONS? AS A RESEARCH SUBCOMMITTEE, WE WENT
THROUGH FOUR THAT YOU SUBMITTED, WE'RE GOING OVER THEM TODAY.
BUT WE DON'T REALLY KNOW IF THESE VALID RECOMMENDATIONS OR THE
RIGHT RECOMMENDATIONS OR IF WE HAD THE RIGHT DATA, WOULD WE
EVEN SUPPORT? THAT IS A CRITICAL THING FOR US TO UNDERSTAND. AND
I ALSO THINK AND I ASKED THIS QUESTION OF YOU, CARRIE, EARLIER ON,
ARE WE DECIDING THE RECOMMENDATIONS? AND I THINK WE'RE NOT.
THAT IS IMPORTANT TO KNOW AND ALSO WHO IS DECIDE AND HOW ARE
THEY GOING TO DECIDE. JUST BECAUSE SOUNDS LIKE A GOOD IDEA, IS
THIS REALLY A GOOD IDEA?**

>> KIM MCCOY WADE: CAN I ANSWER THAT QUESTION OR TRY TO?

**>> ELLEN GOODWIN: INTRODUCE YOURSELF BEFORE YOU SPEAK FOR
THE CAPTIONER.**

**>> KIM MCCOY WADE: SO, DO YOU THINK THAT IS THE NUMBER ONE
QUESTION THAT IS THE COMING IN FROM ALL SUBCOMMITTEES AND
COMMITTEES. THE STAKEHOLDER ADVISORY COMMITTEE, WE WILL TALK
MORE ABOUT THAT. A PARTIAL ANSWER, PARTLY IT IS COMPLICATED
BECAUSE WE ARE PARALLEL TRACKING EVERYTHING BECAUSE OF THE
AGGRESSIVE TIMELINE. THERE ARE THREE DIFFERENT THINGS, AND WE
HAVE THREE DIFFERENT ANSWERS. THERE IS A REPORT FROM THE
STAKEHOLDERS ON LONG-TERM SERVICES AND SUPPORT DUE FROM THE
ADVISORY COMMITTEE IN MARCH. THE COMMITTEE WILL BE FINALIZING
THAT REPORT. HONESTLY, THAT MAY OR MAY NOT HAVE DATA IN,**

DEPENDING ON THE STAKEHOLDER'S DESIRE FOR THE ABILITY TO, IF THAT IS A REPORT PER THE EXECUTIVE ORDER AND THE LTSS SUBCOMMITTEE IS HARD AT WORK ON IT RIGHT NOW. IT WILL COME TO THE STAKEHOLDER ADVISORY COMMITTEE IN JANUARY AND BE REVISED. WHAT THIS BODY IS DOING IS INFORMING THE ADMINISTRATION ON THE FINAL MASTER PLAN. THERE IS AN ADVISORY COMMITTEE THAT WILL BE GATHERING INFORMATION. THAT IS ONE OF THE CHALLENGES, WE HAVE A HIGH VOLUME OF RECOMMENDATIONS COMING IN FROM MULTIPLE CHANNELS, THEY ARE NOT ALL ONE SIDE FITS ALL. WE ARE TRYING TO WRAP AROUND THE 10 COMMENTS, THE 50 DOCUMENTS COMING IN ON FRIDAY. WE'RE HAVING A GOOD PROBLEM OF LOTS OF FEEDBACK. OUR GOAL IS TO GATHER ALL THAT AND BRING IT TO THE ADVISORY COMMITTEE FOR REVIEW. THE COMMITTEE BY THE SUMMER HAS TO FINISH SAYING THIS IS WHAT WE THINK OF ALL OF THESE RECOMMENDATIONS. WE WOULD LOVE THE MEMORIAL DAY MEETING TO BE START TO CLOSE ON THAT, BUT THE AUGUST MEETING IS REALLY IT. STAKEHOLDER ADVISORY COMMITTEE WILL HAVE THEIR PRIORITIES, WHICH WILL RESULT IN THE ADMINISTRATION, BUT THERE IS A PROCESS BETWEEN THE STAKEHOLDER PRIORITIES AND THE ADMINISTRATION. I THINK PART OF WHAT MAKES THIS CREATIVE IS THAT AS THESE ARE ALL COMING IN FROM ALL THE CHANNELS BEING PROCESSED AND EVERY 2 MONTHS GOING TO THE STAKEHOLDER ADVISORY COMMITTEE, THE MORE THIS COMMITTEE HAS TO SAY WILL BE HELPFUL. THERE IS EVIDENCE FROM OTHER STATES. OR WE DON'T KNOW. I THINK THAT IS ALL HELPFUL. I THINK IT IS CHALLENGING TO FIGURE OUT HOW MUCH TIME TO GO DOWN EACH AND EVERY ROAD, BUT I THINK IT IS MEANT TO BE ITERATIVE BACK AND FORTH DIALOGUE AND THAT IS A CHALLENGING THING TO DO WITH THE CALENDAR AND SEQUENCING IS NOT OFTEN RIGHTLY SYNCED. HAVING SAID THAT, WE ARE OPEN TO RETHINKING. AND THE SUBCOMMITTEE CALLED YESTERDAY AND SAID WE WANT TO TWEAK THE PROCESS AND WE ARE ADJUSTING THE MEETING

FORMAT A LITTLE BIT STARTING THE NEXT ONE TO TRY TO WRESTLE BETTER WITH THE DYNAMICS. THIS IS OUR SENSE OF WHAT WE OUGHT TO DO, HAVE A MEETING A MONTH AND TACKLE ONE TOPIC, BUT IT IS NOT GOING TO BE PERFECT BECAUSE WE'RE NOT GOING TO HAVE ALL OF THE GOAL 1 IN BY THEN OR ALL OF THE GOAL 2 OR 3. THERE IS A LITTLE BIT OF CATCH UP.

>> CARRIE GRAHAM: AS YOU GUYS HAVE SEEN FOR THIS MEETING, ARE IS WORK IN BETWEEN MEETINGS AND WE CAN'T TACKLE ALL OF THIS IN THE 3 HOUR MEETINGS ONE A MONTH. AND YOU HAVE HEARD FROM ME SAYING, SAY, CAN YOU FOCUS ON THIS RECOMMENDATION AND CONTRIBUTE TO THE MEETING? WE'LL CONTINUE TO DO THAT. IN TERMS OF STAYING IN OUR LANE, THE JOB OF THE RESEARCH SUBCOMMITTEE IS NOT TO SAY, "I LIKE THIS RECOMMENDATION, I DON'T LIKE THIS RECOMMENDATION" BUT IT IS TO SAY THERE IS EVIDENCE SUPPORTING THIS.

>> DR. CHRISTOPHER LANGSTON: THE PROCESS QUESTION I HAD WAS CAN YOU GIVE US ANY BUDGET FRAMING FOR WHAT WE'RE THINKING ABOUT ONGOING METRICS TO USE TO MONITOR WHATEVER THE RECOMMENDATIONS ARE THAT ARE SELECTED? YOU CAN HAVE IT CHEAP; YOU CAN HAVE IT GOOD OR YOU CAN HAVE IT QUICK, PICK TWO.

>> KIM MCCOY WADE: WAS IT ABOUT THE METRICS? OR SERVICE AND BENEFIT?

>> DR. CHRISTOPHER LANGSTON: IT IS ABOUT THE METRICS.

>> KIM MCCOY WADE: I LIKE IT ALL. I WOULD LIKE US TO HAVE SOMETHING TO SHOW OCTOBER FIRST. EVEN IF THAT IS AN EXCELLENT PRESENTATION OF USEFUL DATA. TO HELP FIND OUT WHAT THE KEY METRICS ARE. EVEN THOUGH I'VE ONLY BEEN ON THE JOB A FEW MONTHS, THERE ARE SIGNIFICANT CHALLENGES. PART OF WHAT THE DATA GAP PROJECT WILL BE, WILL BE PRIORITIZING AMONG THAT. SPEAKING FROM THE OLDER AMERICANS ACT PROGRAMS THAT WE RUN, WE DON'T HAVE AN

INDIVIDUALIZED DATABASE FOR THAT. IS THAT A PRIORITY? THAT IS WHAT WE'RE LOOKING AT. THE SECRETARY AND GOVERNOR SAID WE ARE NOT STARTING WITH THE BUDGET CONVERSATION, BUT WHAT IS USEFUL TO HAVE OUTCOMES. WE WELCOME THAT, WITH THE ACKNOWLEDGEMENT WITH THE MORE WE ARE CONNECTED TO CURRENT REALITY, NOT SO MUCH BUDGET, BUT CURRENT REALITY OF MULTIPLE DATABASES AND HAVE A PATH TO GET TO WHAT THE VISION IS, THE MORE LIKELY THAT IS TO BE A PATH YOU CAN WALK DOWN. ACTIONABLE AND PRACTICAL ARE ALWAYS WELCOME. BUT WHAT IS THE CHALLENGE HERE IS THERE IS SIGNIFICANT DATA GAPS AND DATA PARTNERSHIPS THAT PROBABLY DON'T EXIST RIGHT NOW OUTSIDE OF INSTITUTIONS THAT WOULD TAKE TIME TO EXPLORE AND FORAGE. I WANT BOTH. I WANT SOMETHING THAT IS VALUABLE IN 10 MONTHS AND I WANT CONTINUOUS IMPROVEMENT OVER THAT TEN YEARS THAT HELPS US MEASURE IT REALLY MATTERS. WE ALREADY KNOW HOW TO COUNT.

>> CARRIE GRAHAM: I AGREE WITH THAT. I AM FEELING SENSITIVE TO THE FACT THAT WE ARE ALREADY RUNNING A LITTLE BIT LATE. I WANT TO GIVE RAMONE A CHANCE TO SPEAK A COUPLE MINUTES.

>> DR. RAMON CASTLELLBRANCH: I AM WHAT STANDS BETWEEN YOU AND GETTING SOMETHING DONE. OKAY. WELL, I'M THINKING THAT HOPEFULLY WHEN WE SAY DASHBOARD, I THINK OF THE – HERE IS HOW MANY PEOPLE DIED. SO WHAT? SO, WHAT DO WE KNOW ABOUT THE INTERVENTIONS THAT ARE MAKING THESE THINGS BETTER OR WORSE? WHEN YOU SAY DASHBOARD, I'M HOPING THAT WE ARE THINKING ABOUT IDENTIFYING INTERVENTIONS RELATIVE TO OUTCOMES BECAUSE POLICY MAKERS ARE GOING TO HAVE TO KEEP REVISITING THIS ISSUE FOR THE NEXT MULTIPLE DECADES. TO EXTENT THAT WE ENABLE POLICY MAKERS TO SEE WHAT DID AND DIDN'T WORK WITH THE DATA, WE ASSURE HIGHER QUALITY. WHEN YOU SAY DASHBOARD, ARE WE THINKING MORE OF THE

OPIOID WHERE IT IS JUST A FEW BASIC OUTCOMES OR SPECIFY INTERVENTIONS TO GUIDE POLICY MAKERS DOWN THE ROAD?

>> KIM MCCOY WADE: I THINK THAT IS THE QUESTION BEFORE THIS GROUP. WHAT CAN BE DONE? WHAT IS NEEDED TO BE DONE AND HOW DO WE GET IT DONE? BUT I MEAN WE ARE INTERESTED IN DATA THAT DRIVES OUT FROM PEOPLES' LIVES, NOT THE OPPOSITE OF THAT. IF WE CAN GET TO WORK AND GET THAT DONE AND CONTINUE THAT WORK, LET'S DO THAT. I'M NOT SURE THAT ANSWERED YOUR QUESTION.

>> DR. RAMON CASTLELLBRANCH: THERE ARE VARIOUS KINDS OF HOME AND COMMUNITY CARE. SOME MAY BE MORE APPROPRIATE AND COST EFFECTIVE FOR VARIOUS POPULATIONS. THERE ARE VARIOUS TYPES. WOULD IT BE LOOKING AT THE RANGE OF TYPES OF CARE AND HOW THEY ARE EFFECTIVE FOR POPULATIONS AND WHICH TURN OUT TO BE THE MOST BENEFICIAL AND COST EFFECTIVE, FOR EXAMPLE.

>> KIM MCCOY WADE: I THINK AT THE HIGHEST LEVEL, PEOPLE IN THIS ROOM WOULD LIKE TO DO THAT. BUT WE'RE SOBER MINDED ABOUT HOW FAR WE ARE FROM THAT. THE PICTURE.

>> DR. LAURA CARSTENSEN: CAN YOU HEAR ME? GREAT. I'M GOING TO TURN OFF A PHONE AND I COULD NOT GET AUDIO ON ZOOM AND NOW I THINK I'M ON BOTH. CAN YOU HEAR ME? FANTASTIC! SORRY, I'VE BEEN ON, BUT SOMEHOW, I WAS NOT REGISTERED AS BEING ON IN THE LIST. I WANT TO SECOND THIS COMMENT AND TO SUGGEST THAT WE SPEND SOME TIME THINKING WHAT WE COULD STUDY AS THE RESEARCH COMMITTEE. WHAT IS POSSIBLE AND WHAT ARE THE DATA RESOURCES AND WHAT ARE THE DEPENDENT VARIABLES THAT BASICALLY ALL OF THE RECOMMENDATIONS WILL THEORETICALLY ADDRESS? SO, PEOPLE'S WELL BEING, PHYSICAL FUNCTIONING. ADMISSIONS TO ASSISTED LIVING AND NURSING HOME COMMUNITY. IF WE CAN IDENTIFY WHAT THE TARGETS ARE, AND THEN WE CAN BEGIN TO DEVELOP A RESEARCH STRATEGY THAT WE COULD LATER PLUG IN EVERY RECOMMENDATION. IT FEELS A LITTLE

DIFFICULT FOR ME TO GO AND LEAD WITH EACH RECOMMENDATION SEPARATELY WITHOUT HAVING THAT OVERARCHING RESEARCH CHALLENGE AND AGENDA KIND OF SET WITH A PLAN FOR BEING ABLE TO ENACT IT. SO THAT WE DO KNOW IF WHAT WE ARE DOING AND WHEN THE RECOMMENDATION ARE IMPLEMENTED, ARE THEY WORKING OR NOT.

>> KIM MCCOY WADE: THIS IS A DIFFERENCE BETWEEN THE

>> CARRIE GRAHAM: TODAY WE'RE FOCUSING ON RECOMMENDATIONS AND ORIENTING OURSELVES TO THESE RECOMMENDATIONS AND HOW THESE RECOMMENDATIONS COME IN. THAT IS WHAT WE'RE DOING TODAY.

>> KIM MCCOY WADE: I GUESS THE QUESTION IS, IS THIS COMMITTEE INTENDING TO TALK ABOUT THE METRICS FOR THE GOAL OBJECTIVES? THE HIGHER LEVEL PIECES? AND I THINK WHAT LAURA AND OTHERS SAID, OBJECTIVES FOR THEIR BRAINS, OBJECTIVES BEFORE RECOMMENDATION IS HELPFUL. IF I'M CAPTURING THAT RIGHT, I'M WONDERING, BECAUSE WE'RE HERE, IS IT WORTHWHILE TO SPEND 2 MINUTES ON THE OBJECTIVES SO PEOPLE AT LEAST SEE THE QUALITY OF NARRATIVES EVEN THOSE THEY ARE NOT PREPARED TO GO DOWN THAT?

>> CARRIE GRAHAM: I THINK WE SHOULD STICK TO THE AGENDA. WE ARE ALSO 20 MINUTES BEHIND. THIS MEETING WE SHOULD STICK TO THE AGENDA AND WE HAVE A SECOND MEETING ON LTSS WHERE WE CAN START LOOKING AT OBJECTIVES.

>> KIM MCCOY WADE: I WISH WE HAD A SLIDE FOR THE FRAMEWORK TO BRING EVERYBODY HERE. AT THE HIGHEST LEVEL, THE MASTER PLAN AS A VISION, A MISSION, AND VALUES AND FOUR GOALS WHICH HAVE OBJECTIVES. THESE RECOMMENDATIONS ARE ALL RUNNING UNDERNEATH THAT. OF COURSE, THE VISION IS ABOUT LIVABLE CALIFORNIA, CALIFORNIA FOR ALL ACROSS THE LIFE SPAN. AND THE MISSION HAS TO DO WITH THE STATE PLAN, THE LOCAL BLUEPRINT AND DASHBOARD AND KIT. AND THE FIRST GOAL IS ABOUT EMPOWERING ALL CALS TO CHOOSE WHERE THEY

LIVE. AS THAT OBJECTIVE IS CRYSTALLIZED, METRICS, HOW DO WE KNOW PEOPLE ARE LIVING WHERE THEY CHOOSE.

>> CARRIE GRAHAM: WE'VE GOT YOUR OBJECTIVES UP THERE.

>> KIM MCCOY WADE: SOMEONE HAS TECH SKILLS. OBJECTIVES 1.1, CALIFORNIANS HAVE THE OBJECTIVES TO LIVE IN THE HOMES THEY CHOOSE AS THEY AGE. THAT WILL NEED METRICS AT THE HIGHEST LEVEL. WHEN I THINK ABOUT THE DASHBOARD AT THE GOVERNOR LEVEL, THERE MIGHT BE 8, 6, 4 NUMBERS THAT ARE THE BIG, BIG PIECES. HOW IS OUR LONGEVITY AND HEALTH AND INDEPENDENT LIVING? THAT IS WHAT WE ARE CALLING THE OBJECTIVES. BELOW THAT ARE ALL THE RECOMMENDATIONS.

I GUESS WE'RE GOING TO ASK – WE CAN TALK ABOUT THIS FOR A MINUTE, BUT I WILL ASK FOR YOUR INDULGENCE TODAY, START WITH THE RECOMMENDATION THAT ARE STARTING TO PILE UP. AND THE NEXT MEETING, WHICH IS JANUARY 24TH, WE WOULD SPEND TIME ON THAT OBJECTIVE. AND WE CAN THINK ABOUT FOR THE FOLLOWING MEETINGS, 2, 3, 4, KNOWING THAT WILL BE THE FIRST HALF HOUR TO START WITH THE OBJECTIVE LEVEL. HOW DO WE KNOW – HOW WILL WE KNOW WHAT WE'VE DONE IS WORKING? BUT AGAIN, RIGHT NOW TODAY, WE WERE HOPING TO GET DOWN TO STRATEGIC RECOMMENDATION 1A, 1B, 1C. AS A WAY TO ORIENT US TO THIS PROCESS. I ALSO WANT TO DO ONE LOGISTICS THING. I THINK WE STARTED TO LOSE SOME OF THE PRESENTERS. LET ME PAUSE AND SEE IF PEOPLE CAN – WE NEED TO START WITH THE OBJECTIVES AND RESEARCH AGENDA. WE DIDN'T DO THAT TODAY. CAN WE PROCEED AND DO THAT GOING FORWARD? I'M GETTING NODS IN THE ROOM AND THAT IS HARD FOR THE FIVE PEOPLE ON THE PHONE. THAT IS GREAT FEEDBACK. OKAY.

THEN WITH THAT, YOU SEE THE OBJECTIVES THAT WE'RE UNDER. LET'S START WORKING THROUGH A COUPLE OF RECOMMENDATIONS.

>> CARRIE GRAHAM: WE'RE GOING TO START STACEY.

>> KIM MCCOY WADE: OKAY.

>> STACEY MOORE: THANK YOU. AARP. SO, SINCE EVERYONE ACTUALLY HAS THE RECOMMENDATIONS AND CARRIE WAS KIND ENOUGH TO MAKE SURE WE HAD THEM AHEAD OF TIME. IN THE INTEREST OF TIME, I'M NOT GOING TO RUN THROUGH THE ACTUAL LTSS BENEFIT RECOMMENDATION ITSELF. YOU SHOULD HAVE IT FOR REFERENCE. WHAT WE WILL SPEND TIME ON TO OPEN UP THE MAJORITY OF THE CONVERSATION FOR YOUR INSIGHTS IS AROUND THE DRAFT MEASURES AND DATA SOURCES. I DID A LITTLE WORK WITH DR. DONNA BENTON AND DR. GRETCHEN. WHEN WE WERE LOOKING AT IT, IT SEEMS TO US THERE WERE TWO MAIN COMPONENTS TO THIS DRAFT PROPOSED RECOMMENDATION; ONE FOR THE LTSS ITSELF TO DETERMINE THE ELIGIBILITY OF THE BENEFIT AND ALSO A RELATED AWARENESS CAMPAIGN. YOU SHOULD IN THE HANDOUTS ACTUALLY HAVE ONE-PAGE, FRONT AND BACK WORD DOCUMENT THAT HIGHLIGHTS OUR THOUGHTS ON THIS.

IN THINKING FOR THE FIRST PART BEING THE LTSS BENEFIT, THERE WAS A LOT OF DETAIL IN THE RECOMMENDATION THAT REALLY SPOKE TO THE DESIGN OF THE BENEFIT AND PRINCIPLES FOR THE BENEFIT AS WELL AS CONSIDERATIONS FOR ITEMS THAT NEEDED TO BE INCLUDED IN THE ACTUARIAL ANALYSIS. AND FROM THE LANGUAGE IN THE SHORT-TERM GOALS FOR THE LTSS BENEFIT, THERE WERE TWO KEY COMPONENTS, ONE THE ACTUARIAL STUDY AND A GOVERNANCE BY 2021. AN ANALYSIS THAT IS INN INCLUSIVE YOU HAVE OF ALL FOR AGING AND RECOMMENDATIONS IS COMPLETED. AND THAT IT WOULD INCLUDE ADL, IADL AND COGNITIVE IMPAIRMENT DATA AT THE CALIFORNIA LEVEL TO ENABLE A PROFILE OF LTSS NEED. WE UTILIZE THE HIPAA TRIGGER TO SUPPORT FLOW BETWEEN PRIVATE INSURANCE BENEFITS SUCH AS CALPERS AND STATE BENEFITS. THAT IS ONE.

THE SECOND SHORT-TERM IS THAT CALIFORNIA WOULD ENACT. AND THE THIRD, KEY MEASURES FROM THE HEALTH AGING ON NEEDS THAT ARE

INCORPORATED. THE DATA SOURCES WOULD BE THE STATE LEGISLATURE, CHIS ITSELF AND TO BE IDENTIFIED THE DATABASE ACTUARIAL ANALYSIS FINDINGS.

MOVING ON TO THE SHORT-TERMS, IN THE RECOMMENDED LANGUAGE, BY 2025, INSURANCE WOULD BE LAUNCHED. WE THOUGHT ABOUT A YEAR AFTER THAT BENEFIT IS LAUNCHED AND – OR THE PROGRAM IS LAUNCHED AND BENEFITS ARE BEING PAID OUT, THAT WE WOULD BE ABLE TO MEASURE UNMET NEED AND OUT OF POCKET EXPENSES AS TWO KEY COMPONENTS THAT WILL DIRECTLY IMPACT THIS MEASURE. THE FIRST BEING THAT THERE WOULD BE DECREASE UNMET NEEDS THROUGH INCREASED FUNDING TO ADDRESS THOSE NEEDS. AND THERE WOULD BE DECREASE IN OUT OF POCKET EXPENSES FOR INDIVIDUALS AND CARE GIVERS WHO OFTEN SPEND A LOT OUT OF POCKET ON LTSS. THE DATA SOURCES ARE LISTED THERE. AND SURVEY DATA FROM THOSE RECEIVING BENEFITS FROM THE NEW PROGRAM.

BY 2030 IN THE LONG-TERM, A FOR THE RECOMMENDED EVALUATION LANGUAGE ON THE PERCENTAGE OF INDIVIDUALS, WE WOULD CONTINUE TO MEASURE FROM THAT FIRST YEAR ON BOARD, DECREASE IN UNMET NEEDS AND SPENDING BURDEN BASED ON OUT OF POCKET EXPENSES. I WILL STOP THERE AND NOT GO INTO THE SECOND COMPONENT OF THE PUBLIC AWARENESS CAMPAIGN JUST TO OPEN IT UP FOR REACTION AND CONVERSATION FOR THE FIRST PART OF IT.

>> DR. CHRISTOPHER LANGSTON: I THINK IT MAKES A NICE OPERATIONAL FEEDBACK STRUCTURE IF YOU WERE GOING TO IMPLEMENT THIS RECOMMENDATION. OBVIOUSLY, IT IS A LOWER LEVEL PERHAPS THAN THE ACTUAL WELL BEING OUTCOMES. BUT I THINK YOU NEED BOTH SO THAT IS WHY I THINK THIS RECOMMENDATION IS FINE. WHAT I WOULD SUGGEST MAYBE ADDING IS RIGHT NOW, UCLA HAS BEEN WORKING ON A CARE GIVER MODULE FOR THE CHIS AND THERE ARE ISSUES OF BURDEN OUTSIDE OF FINANCE THAT MIGHT BE APPROPRIATE. AND DESPITE THE

LOGICAL STRUCTURE OF CREATING A BENEFIT HERE, THE WORLD'S A COMPLICATED PLACE AND YOU WOULD ALSO WANT TO HAVE SOME KIND OF METRIC AROUND, PERCENTAGE OF PEOPLE ACTUALLY PARTICIPATING VERSUS YOU KNOW, I DON'T KNOW, RISKING THE TAX OR GOING TO JAIL. AND PARTICULARLY AT THE OTHER END FOR PEOPLE WHO ARE IN FACT ELIGIBLE FOR SERVICE BENEFIT, BUT THERE ARE VARIOUS DISABILITIES THAT MAKE THEM QUALIFIED AND AN IMPORTANT TARGET.

>> STACEY MOORE: ONE OF THE THINGS WE TALKED ABOUT WAS LOOKING AT THINGS LIKE CARE GIVER STRESS AND OTHER ASPECTS OF BURDEN. WE REALLY FELT THAT TOWARD THIS PARTICULAR MEASURE, WE WANTED TO MAKE IT AS DIRECT AS POSSIBLE AND KEEP IT AS TIGHT AS POSSIBLE SO THERE WOULD BE A ONE TO ONE DIRECT CORRELATION BETWEEN WHAT WE ARE MEASURING AND THE DATA SOURCES WE ARE UTILIZING, BUT THAT IS ANOTHER COMPONENT THAT CAN BE LOOKED AT. P

>> GRETCHEN: THANKS. WE WILL REALLY TRY TO TRY AND KEEP THE FAME WORK MEASUREMENT TO THE ACTUAL BENEFIT. WE HAD THE SENSE THAT THIS ALONG WITH MANY OTHER RECOMMENDATIONS THAT WOULD COME TOGETHER WOULD CREATE AN OVERARCHING AND PERSON-CENTERED ARGUMENT ABOUT HOW WELL OLDER ADULTS AND PEOPLE WITH DISABILITIES WOULD BE HELPED THROUGH THE AGING PROCESS. I HOPE THAT MADE SENSE.

>> DR. RAMON CASTLELLBRANCH: STACEY, DID YOU SAY STATEWIDE. WOULD YOU BE LOOKING AT DIFFERENT AREAS WITHIN THE STATE BECAUSE THERE IS GREAT DISPARITY BETWEEN URBAN AND INNER-CITY, SO FORTH.

>> STACEY MOORE: ACTUALLY. I THINK THAT IS PART OF THE RECOMMENDATION AND TO KIM'S EARLIER POINT ABOUT EQUITY AND ENSURING WE APPLY THAT LENS ACROSS, THAT WOULD DEFINITELY BE A CONSIDERATION.

>> I COMPLETELY AGREE. WE WOULD RECOMMEND THAT UNMET NEED IS CONSIDERED THROUGH MANY DIFFERENT LENSES WITH URBAN BEING ONE OF THEM. AS WELL AS PEOPLES' ABILITY TO GET THEIR NEEDS MET.

>> STACEY MOORE: OKAY, I'M NOT SEEING ANY OTHER COMMENTS. OKAY, WE'LL MOVE ALONG IN THE INTEREST OF TIME TO THE SECOND COMPONENT OF THE RECOMMENDATION, WHICH IS AROUND A PUBLIC AWARENESS CAMPAIGN. SO, THIS IS REALLY DEPENDENT ON THE SCOPE OF THE CAMPAIGN AND THESE ARE JUST INITIAL THOUGHTS ON HOW WE MIGHT GO ABOUT MEASURING AN AWARENESS CAMPAIGN.

IN THE SHORT-TERM, THAT IS PART OF THE FEASIBILITY STUDY THAT PUBLIC OPINION RESEARCH WOULD BE CONDUCTED INTO WHAT CALIFORNIANS ARE WILLING TO PAY TO SUPPORT AN LTSS PROGRAM IN ORDER TO THEN BE ABLE TO DO WHAT IS IN THE RECOMMENDATION, WHICH IS REALLY AROUND HAVING – RAISING AWARENESS ON THE NEED FOR LTSS FINANCING SOLUTION AND DRIVING PUBLIC SUPPORT FOR IT. SO THEN IN THE SHORT-TERM, DESIGNING THE ACTUAL AWARENESS CAMPAIGN TO FOSTER SUPPORT FOR THE BENEFIT AND INCORPORATING BEST PRACTICE LEARNINGS FROM PREVIOUS AWARENESS CAMPAIGNS. DATA RESOURCES ARE DVD BECAUSE WE WOULD BE DEPENDENT UPON LOOKING AT THE CAMPAIGN ITSELF. AND HOW IT WOULD BE DEVELOPED AND WHAT THE SCOPE OF THAT WOULD BE.

BY MIDTERM, IT WOULD BE DESIGNED AND LAUNCHED, HOPEFULLY A MULTI-FACETED MULTI-CHANNEL CAMPAIGN TO EDUCATE CALIFORNIANS ABOUT THE KEY FEATURES AND ELIGIBILITY. AND INCREASED AWARENESS OF THE BENEFIT WOULD BE DEMONSTRATED BY A TO BE DETERMINED FACTOR. IT DEPENDS ON THE DESIGN. TRAVEL TO A PROGRAM BENEFIT WEBSITE, ARE THINGS THAT WE CAN LOOK AT MEASURING. IN THE LONG-TERM, THAT THERE WOULD NEED TO BE SOME TYPE OF MEASURE TO DEMONSTRATE INCREASE IN AWARENESS OVERALL. AND INCREASE IN AWARENESS BY YOUNGER GENERATIONS, WHICH IS OUTLINED IN THE

DESIRE STATED IN THE RECOMMENDATION LANGUAGE AROUND FOCUSING ON YOUNGER GENERATIONS AND MULTI-CULTURAL COMMUNITIES.

I WILL JUST OPEN IT UP.

>> DR. RAMON CASTLELLBRANCH: WE TALK ABOUT CALIFORNIANS WILLING TO PAY. ARE WE THINKING OF CALIFORNIANS PAYING PERSONALLY? THERE ARE A LOT OF REVENUE SOURCES BEYOND PERSONAL INCOME TAX. WE HAVE HUGE CORPORATIONS THAT ARE AMONG SOME OF THE MOST PROFITABLE ON EARTH. SEEMS LIKE THE SOLUTION WOULD BE TO GET MONEY FROM SOME OF THOSE.

>> I THINK WE THOUGHT ABOUT THIS IN TERMS OF THE CONSTRUCTION OF SOCIAL INSURANCE BENEFIT, WHICH IS ULTIMATELY CONSTRUCTED THROUGH SOMETHING THAT IS TIED TO PEOPLE PAYING FOR A BENEFIT WHETHER IT BE SOMETHING LIKE WORKER'S COMP, SOCIAL SECURITY OR OTHER SERVICES IN THAT REALM. I THINK THERE IS A WAY TO THINK ABOUT WHAT AN INDIVIDUAL MIGHT BE WILLING TO HAVE AS PART OF A BENEFIT PACKAGE, TO PAY FOR THE BENEFIT. BUT THAT IS TRADITIONAL HOW THIS KIND OF INSURANCE HAS BEEN CONSTRUCTED. THAT INDIVIDUALS PAY THE BROAD-BASE OF INDIVIDUALS PAY SO THAT THE COST GOES DOWN. THAT IS PART OF THE INTERACTION BETWEEN HOW MANY PEOPLE ARE IN AND THE FRAMING OF THE POLICY TO GET THE PRICE PREMIUM POINTS DOWN TO COVER MORE PEOPLE. I THINK WE SHOULD JUST ACKNOWLEDGE WITH THAT; MINNESOTA IS DOING THIS RIGHT NOW AS WELL. SO, THERE WILL BE LESSONS LEARNED THAT WILL BE PUBLIC SOONER RATHER THAN LATER, HOPEFULLY.

>> STACEY MOORE: I WOULD ADD TO THAT, THAT THE ACTUARIAL ANALYSIS IS A KEY POINT AND THERE ARE A LOT OF PRINCIPLES FOR THE ANALYSIS AND THE DIFFERENT THINGS THAT THEY WOULD LOOK AT AS PART OF THAT, AND PART OF THAT FOR FINANCING AS WELL.

>> DEREK DOLFIE: ONE QUESTION I HAD FOR YOU ABOUT BOTH THE SHORT-TERM AND MID-TERM. IN THE SHORT-TERM, HAVE YOU CONSIDERED

THE ROLE THAT LOCAL GOVERNMENT, CITIES, COUNTY, DISTRICTS TO PLAY AS IT BEING A POTENTIAL DATA SOURCE FOR SOME OF THE CAMPAIGNS? I KNOW THAT CITIES OFTEN DO CAMPAIGNS FOR AWARENESS FOR VARIOUS SORTS OF THINGS. I DON'T KNOW IF THEY WOULD BE A GOOD RESOURCE FOR YOU TO LOOK INTO AS WELL AS LESSONS LEARNED. IN THE MIDTERM, HAVE YOU GIVEN THOUGHT TO ROLLING OUT ANY SAID PUBLIC CAMPAIGN AT THE LOCAL LEVEL? I KNOW AS WAS STATED, A LOT OF LOCAL GOVERNMENTS IMPLEMENT MANY DIFFERENT STATE PROGRAMS AND THERE MAY BE SOMEONE YOU CAN REACH OUT TO, TO TRY TO PARTNER WITH WHEN YOU GET TO THE IMPLEMENTATION SIDE OF THAT. SOME CONSIDERATION.

>> STACEY MOORE: THANK YOU VERY MUCH. I BROUGHT IT DOWN TO THE CITY AND COUNTY DATA SOURCES AS A GREAT RECOMMENDATION FOR THAT. ON THE PUBLIC CAMPAIGN COMPONENT, WE WERE REALLY ADDRESSING THE SPECIFIC LANGUAGE THAT WAS IN THE RECOMMENDATION ITSELF, WHICH IS REALLY FOCUSED ON FIRST, RAISING AWARENESS FOR THE NEED AND DRIVING PUBLIC SUPPORT FOR IT. WITHOUT A FRAMEWORK FOR AN AWARENESS CAMPAIGN ITSELF, THIS IS WHERE WE LANDED IN THE INTERIM.

>> DR. CHRISTOPHER LANGSTON: I GUESS I'M CONFUSED ABOUT THE RECOMMENDATION; I MIGHT INFLATING IT WITH OTHER THINGS. IT IS MANDATORY OR VOLUNTARY? GIVEN THAT IT WOULD BE LEGISLATIVE MANDATORY LIKE DISABILITY INSURANCE AND I DON'T UNDERSTAND WHY.

>> CARRIE GRAHAM: IT WOULD BE MANDATORY.

>> DR. CHRISTOPHER LANGSTON: I DON'T UNDERSTAND WHY, OTHER THAN AS PART OF AN APPROPRIATE POLITICAL STRATEGY.

>> CARRIE GRAHAM: I CAN SPEAK TO THAT LATER. SO, THE LTSS SUBCOMMITTEE MEETING, THERE WAS JUST – PEOPLE WHO ARE PUTTING TOGETHER THIS RECOMMENDATION FEEL STRONGLY, IN ORDER FOR THIS LEGISLATION TO PASS, THERE HAS TO BE SOME SORT OF SENSE ABOUT

HOW MUCH MORE PEOPLE WOULD BE WILLING TO PAY. I THINK THAT IS KIND OF WHAT THEY INTEND IN PUTTING IN THE PUBLIC AWARENESS ASPECT INTO THIS.

>> KIM MCCOY WADE: COMING AT THIS FROM A DIFFERENT LENS, THIS IS A GREAT CASE STUDY. THIS IS THE CHALLENGE OF LOOKING SPECIFICALLY AT PIECES. THERE IS ALSO A MUCH – JUST LIKE THERE IS A MUCH BROADER CONVERSATION ABOUT MANY OF THE TOPICS. THERE IS A MUCH BROADER CONVERSATION ABOUT THE NEED OF FAMILY AGING AND HEALTH DESIRES, WHERE YOU LIVE OR MONEY OR PLANNING. WE'RE INSPIRED BY OUR COLLEAGUES AT FIRST FIVE. WHAT IS THE VALUE OF THAT? I THINK WE'RE THINKING ABOUT ALSO THIS RECOMMENDATION COULD END UP AS STAND ALONE OR ALL THESE THINGS ROLLED UP, IT COULD BE COMBINED. WE'RE TRYING TO HAVE FOCUSED CONVERSATIONS AND EVERYTHING IS CONNECTED AND IT IS A LITTLE BIT OF A CHALLENGE TO STAY NARROW. SOME THINGS ARE BETTER WIDE.

>> ZIA AGHA: I JUST WANTED CLARITY ON THE BENEFIT DESIGN OF UNIVERSAL FOR ALL INCOMES AND CATEGORIES OR IS IT MORE FOCUSED ON –

>> STACEY MOORE: I WILL JUST SAY THAT IN THE RECOMMENDATION FOR THE BENEFIT, THERE IS A HUGE SECTION ON THE ACTUARIAL ANALYSIS AND STUDY OF DIFFERENT INCOME LEVELS. THERE ARE A VARIETY OF FACTORS THAT THE BENEFIT ITSELF – AROUND BENEFIT DESIGN ITSELF AND WHAT THE ACTUARIAL BENEFIT ANALYSIS IS AT BEST.

>> KIM MCCOY WADE: BUT AT THE HIGHEST LEVEL, I THINK IT IS FAIR TO STAY, OTHERS CORRECT ME, A KEY CONSIDERATION IS THE MISSING MIDDLE. PEOPLE WHO DID NOT HAVE MEDICAID TO PAY FOR LONG-TERM SERVICES AND SUPPORT. EVERYONE IN THE ROOM IS NODDING. THE HIGH-LEVEL VISION IS THE GAP BETWEEN PRIVATE PAY AND MEDICAL CARE.

>> STACEY MOORE: ABSOLUTELY.

>> JEANNEE PARKER MARTIN: I HAVE TWO QUESTIONS; ONE RELATED TO THE TIMELINES YOU ARE PROPOSING. IF THE ACTUARIAL STUDY IS NOT COMPLETED UNTIL 2020, IS IT REALISTIC TO THINK IT COULD BE CODIFIED IN LAW? OR IS THAT SOMETHING REALISTICALLY SHOULD THAT BE PUSHED UP? AND THE SECOND QUESTION RELATES TO – I'M GOING TO PASS ON THAT.

>> STACEY MOORE: JUST TO BE VERY CLEAR, IN THE SUBCOMMITTEES' RECOMMENDATION, THESE ARE THE DATES INDICATED IN THEIR ACTUAL RECOMMENDATIONS. BY 2021, OR BY – IT WOULD BE CODIFIED INTO LAW. AND BY 2020, BY THE END OF 2020, THE ACTUARIAL STUDY WOULD BE FINISHED. I THINK WE WORKED WITH THE DATES AS INDICATED. WE DO HAVE SOME IDEAS FOR FEEDBACK AROUND THOSE DATES, SPECIFICALLY BY 2021, THE PROGRAM BEING CODIFIED LAW, YES. BUT PERHAPS NOT THE GOVERNANCE AND THAT WOULD TAKE MORE TIME. MAYBE 2022. THOSE WOULD BE TAKEN BACK TO THE LTSS SUBCOMMITTEE ON THIS PROPOSED RECOMMENDATION. AS I UNDERSTAND IT OUR CHARGE IS TO CONSIDER HOW TO MEASURE IT AND THEY WILL PROPOSE WHAT THE FINAL RECOMMENDATION WOULD BE.

>> ABSOLUTELY. JUST TO CHIME IN ON THAT, ONE OF THE QUESTIONS I HAD, WHEN THIS GROUP SAID BY 2021, DO THEY MEAN JANUARY OR DECEMBER? OFFERING UP THAT CONSIDERATION FOR THE GROUP. WE HAVE OFFERED FEEDBACK, BUT DID NOT – STACEY WAS GREAT TO HELP US STAY CONTAINED ON –

>> CARRIE GRAHAM: AND THIS FEEDBACK WILL GO TO THE PEOPLE WHO ARE DOING THIS, ABSOLUTELY.

>> STACEY MOORE: ANY OTHER COMMENTS ON THE PHONE?

>> CARRIE GRAHAM: SINCE WE'RE A LITTLE OFF SCHEDULE, JEANNEE, IF YOU DON'T MIND, WE HAVE TWO PRESENTATIONS SOMEONE ON THE PHONE THAT HAS TIME CONSTRAINTS. I WONDER IF WE CAN JUMP TO THE PRESENTATIONS IF YOU DON'T MIND? ARE YOU OKAY WITH THAT? AND WE

WILL FIT 3 RECOMMENDATIONS DISCUSSION INTO THE LAST 70 MINUTES OR SO.

>> KIM MCCOY WADE: AT 2:30, WE NEED TO TAKE A BREAK. WE CAN DO THE DATA SOURCES FROM NOW UNTIL 2:30 AND TAKE A BREAK FOR THE CAPTIONER. AND WE'LL SEE WHERE WE ARE.

>> CARRIE GRAHAM: LET'S MOVE TO KATHRYN'S PRESENTATION. JUST TO INDUCE HER. SHE IS GOING TO BE TALKING ABOUT CHIS DATA.

>> DR. KATHRYN KIETZMAN: WHEN I INTRODUCED MYSELF, I DIDN'T MENTION THAT THE CENTER FOR POLICY RESEARCH HOUSES THE SURVEY. THAT IS WHAT I'M GOING TO BE FOCUSING ON TODAY. AND I THINK MY SLIDES ARE GOING TO COME UP SHORTLY.

WHEN I WAS ASKED TO PRESENT THIS, WE TRIED TO THINK OF WAYS TO INTRODUCE THE DATA THAT CHIS IS GENERATING

MAPPING ON TO THE MAIN GOALS WE'RE LOOKING AT FOR THE WORK OF THE MASTER PLAN ON AGING. AND WE'RE GOING TO TALK ABOUT DATA NEEDS CALIFORNIA AND THE POPULATION NEEDS FOR LTSS, USE OF LTSS AND POSSIBLE GAPS SERVICES AND SUPPORTS ARE ESSENTIAL FOR ADULTS WITH CHRONIC AND LONG-TERM CARE NEEDS. AND FINANCES ADMINISTERED BY DIFFERENT PROGRAMS.

TODAY INFORMATION ABOUT LTSS HAS LARGELY BEEN LIMITED TO THOSE WHO ALREADY USE IT AND WHO ARE USING THE SERVICES. MANY OF THE PROGRAMS DO NOT UNIFORMLY COLLECT DATA AND REPORT. THERE IS LITTLE CAPACITY FOR SHARING DATA ACROSS THE DIFFERENT SECTORS AND DELIVERY SITES. THESE DATA TEND TO BE SILOED. AND WE DON'T HAVE INFORMATION ABOUT INFORMAL FAMILY AND FRIEND SUPPORT, THEY ARE ALSO PART OF THE EQUATION. HOW CONSUMERS ARE USING THE SERVICES ACROSS THE SYSTEM OF LTSS IS PART. IT IS IMPORTANT TO SAY WE HAVE AN OPPORTUNITY THROUGH THE CALIFORNIA HEALTH SURVEY TO REALLY LOOK ACROSS HOUSEHOLDS AND TO REALLY

GATHER SOME OF THE EXPERIENCES OF INDIVIDUALS WHO HAVE NEEDS, BUT MAY NOT BE ACCESSING THE SUPPORTS AND SERVICES.

THIS IS WHERE THE HOUSEHOLD POPULATION SURVEY ARE GOING TO OFFER AN OPPORTUNITY THAT WE DON'T GET THROUGH PEOPLE THROUGH PROGRAM DATA. AND THERE ARE DATA THAT LOOK AT LONG-TERM SERVICES SUPPORTS AND THE NEEDS AND USE OF IT. BUT USUALLY THE SAMPLE SIZES ARE NOT LARGE ENOUGH IN ORDER TO MAKE ESTIMATES FOR CALIFORNIA. AND MOST OF THE EXISTING DATA ALSO FOCUS ON SPECIFIC AGE GROUPS. OF COURSE, WE'RE LOOKING THROUGH THE SURVEY THAT I'M GOING TO TALK ABOUT, LOOKING AT 18 PLUS. AND I KNOW WE ARE MASTER PLAN FOR AGING, BUT ALSO LOOKING AT PEOPLE WITH DISABILITIES WE'RE REALLY LOOKING AT ADULTS.

CALIFORNIA HEALTH INTERVIEW SURVEY, IT IS THE LARGEST POPULATION-BASED STATE HEALTH SURVEY IN THE UNITED STATES. CHIS HAS BEEN CONNECTED A TELEPHONE SURVEY SINCE 2001 OF CALIFORNIA'S RESIDENTIAL, NON-INSTITUTIONAL POPULATIONS. AND SINCE 2011, CHIS COLLECTED ALL SORTS OF INFORMATION ON ACCESS TO SERVICES, AGE AND OTHER HEALTH-RELATED ISSUES. THE REPRESENTATIVENESS OF CHIS IS ENHANCED BECAUSE IT IS ADMINISTERED IN 7 THRESHOLD LANGUAGES. AND CHIS USES PROXY RESPONSE FOR THOSE WHO ARE NOT ABLE TO DIRECTLY PARTICIPATE. WE MADE A MAJOR CHANGE IN CHIS IN YEAR AND MITIGATED TO ADDRESS-BASED SAMPLING. A SECOND MODALITY OF COLLECTIONS, WHAT IS CALLED A PUSH TO WEB. WHERE THE MAJORITY OF DATA WILL BE COLLECTED THROUGH WEB-BASED SURVEY AND WE'RE MAINTAINING THE TELEPHONE FOR THOSE THAT PREFER TO DO IT BY PHONE. THE TWO MODES OF DATA COLLECTION, WE ANTICIPATE ARE GOING IT INCREASE RESPONSE RATES. CERTAINLY, SPEEDING UP THE PROCESS AND ALSO THE REPRESENTATIVENESS OF THE SURVEY.

FOR THOSE WHO MAY BE CHALLENGED TO ANSWER ON THE PHONE WILL HAVE THE WEB BASED OPTION AND VICE-VERSA. NEXT SLIDE.

AS A RESULT OF THE DEDICATED WORK OF A LARGE GROUP OF STAKEHOLDERS AND ADVOCATES IN CALIFORNIA AND WITH THE STRONG SUPPORT OF THE CALIFORNIA LEGISLATURE, CALIFORNIA'S 2018-19 BUDGET INCLUDED A ONE TIME EXPENDITURE OF 3 MILLION DOLLARS FOR A SPECIAL STUDY OF CALIFORNIANS NEED FOR LTSS. FOR THE FIRST TIME, WE'RE IMPLEMENTING A FOLLOW WITHIN SURVEY WHICH WILL GATHER THIS USED ON CALIFORNIANS 18 YEARS OF AGE AND OLDER. GIVEN THE STAKEHOLDER GROUP, THE MASTER PLAN FOR AGING GROUP. AND WE'RE HOPEFUL THIS STUDY WILL HELP TO INFORM THE WORK OF THIS COMMITTEE AND OF THE PLAN OVERALL.

THERE ARE THREE MAJOR PHASES OF THE STUDY. 2019-2020, SAMPLING 2,000 RESPONDENTS OF CALIFORNIANS WHO HAVE DIFFICULTIES WITH DAILY ACTIVITIES OF LIVING. AND THE DATA ARE BE MERGED WITH THE RESPONSES SO TO* THE GENERAL SURVEY. THAT IS ABOUT A 45 MINUTE SURVEY. THE LTSS FOLLOW ON IS ABOUT 15 MINUTES IN LENGTH AND GIVES AN IDEA OF THE COMPREHENSIVENESS OF THE DATA WE WILL COLLECT.

PHASE 2, THIS WILL BE INFORMED BY WHAT WE LEARN FROM THE FORMER SURVEYS AND HELP TO INFORM THE 2023 AND 2024 FOLLOW ON SURVEYS. THESE ARE THE THREE MAJOR COMPONENTS THAT WE WILL BE ABLE TO PRODUCE.

THE WAY IT WORKS, PARTICIPANTS IN THE GENERAL SURVEY WILL BE IDENTIFIED THROUGH SCREENING QUESTIONS AND THEY WILL IDENTIFY CALIFORNIA ADULTS PHYSICAL, COGNITIVE AND MENTAL CONDITIONS THAT RESULT IN DIFFICULTIES PERFORMING BASIC DAILY ACTIVITIES SUCH AS DRESSING OR BATHING, GETTING OUT OF THE HOUSE TO SHOP OR SEE THE DOCTOR. THROUGH THE REVIEW AND DISCUSSION, THE LTSS GROUP RECOMMENDED THESE THREE QUESTIONS THAT YOU SEE UP ON THE SCREEN. THESE ARE AMERICAN COMMUNITY SURVEY VALIDATED QUESTIONS.

I WON'T READ ALL THE QUESTIONS BECAUSE WE HAVE TO MOVE FORWARD. BUT YOU CAN SEE THAT THEY GET BASICALLY COGNITIVE ISSUES AND GET AT PERSONAL CARE ISSUES AND ALSO AT INSTRUMENTAL ACTIVITY LIMITATIONS THAT PEOPLE MAY BE EXPERIENCING. THAT IS THE GIST OF HOW THE PEOPLE GET SCREENED AND INVITED TO PARTICIPATE IN THE FOLLOW-ON SURVEY.

IT IS IMPORTANT TO NOTE THE DISTINCTION HERE, THESE ARE QUESTIONS ASKING ABOUT DIFFICULTIES, NOT NECESSARILY WHETHER OR NOT PEOPLE HAVE NEEDS FOR ASSISTANTS.

NEXT SLIDE.

WE LOOKED AT 2016 CHIS DATA TO ASSESS THE PREVALENCE FOR SCREENING BY DISABILITY AND HEALTH. IF WHITES 17.6%

[READING] IT IS NO SURPRISE ON THE RIGHT SIDE OF THE GRAPH, SCREENING FOR DISABILITY INCREASES WITH AGE. 65 TO 84 YEARS OF AGE SCREENED POSITIVE FOR DISABILITY. AND A WHOPPING 44% AMONG THE 85 PLUS YEAR CATEGORY.

SCREENED BY INSURANCE COVERAGE AND HEALTH COVERAGE. THOSE COVERED BY MEDICARE AND MEDI-CAL. ON THE SCREEN IS MEDICARE ADVANTAGE AND THAT IS SHOWN HERE AT 22.7% FOR MEDICARE ADVANTAGE. NOT SHOWING HERE IS MEDICARE ONLY. TRADITIONAL MEDICARE ONLY, THAT IS ABOUT 31.6% OF PEOPLE SCREENED POSITIVE FOR DISABILITY WHO HAVE THAT COVERAGE.

DISABILITY ALIGNS CLOSELY WITH THE NUMBER OF DOCTOR VISITS REPORTED PER YEAR. 0 TO 1, 9% DISABILITY. CLOSE OF ONE-THIRD OF THOSE WHO REPORT 6 TO 12 VISITS SCREEN POSITIVE FOR DISABILITY. AND THOSE WITH 13 OR MORE, ALMOST HALF OF THAT GROUP REPORTS DISABILITY.

GETTING TO THE CONTENT. DEVELOPMENT WAS INFORMED BY THE WORK OF THE ROBUST WORK GROUP INCLUDING SERVICE PROVIDERS, PROGRAM ADMINISTRATORS, PROGRAM, TECHNICAL AND RESEARCHERS.

WE HAD MORE THAN 20 PEOPLE IN THE GROUP. IN ADDITION TO IDENTIFYING THE MAJOR DOMAINS AND DEVELOPING THE SURVEY CONTENT, THESE MEETINGS WERE IMPORTANT FOR MAKING SURE AT A WE COULD IDENTIFY THE SPECIFIC POPULATIONS THAT WE WERE TALKING ABOUT. VETERANS, PEOPLE WITH COGNITIVE IMPAIRMENT AND CHILDREN. SO REALLY TRYING TO THINK, HOW CAN WE USE CHIS TO GET THE MOST BANG FOR THE BUCK IN TERMS OF UNDERSTANDING THE DIFFERENT NEEDS OF DIFFERENT CATEGORIES OF FOLKS IN A GENERAL HOUSEHOLD SURVEY.

THE WORK GROUP REVIEWED CONTENT FROM A NUMBER OF OTHER SURVEYS, IDENTIFIED QUESTIONS FOR POSSIBLE INCLUSION AND THESE INCLUDED NATIONAL STUDIES LIKE AMERICAN COMMUNITY SURVEY, AND THE SCORE EDUCATORS AND ON AND ON. WE LOOKED AT A LOT OF QUESTIONS AND REVIEWED THEM.

THE GOAL WAS TO REALLY TRY TO REACH A REASONABLE DEGREE OF CONSENSUS TO MAKE RECOMMENDATIONS ABOUT THE PRIORITY TOPICS AND INCLUDE IN THE 2019-2020 SURVEY. THE OUTCOME OF THE PROCESS HAS BEEN THE DEVELOPMENT OF CONTENT FOR THE FOLLOWING SURVEY, WHICH I THINK GIVES US AN OPPORTUNITY AND A HOLISTIC PERSPECTIVE OF WHAT CALIFORNIANS WITH LTSS NEEDS ARE EXPERIENCING. AND THE NETWORK OF SUPPORT, PAID AND UNPAID THAT THEY ARE ACCESSING.

WITH THE NEXT SLIDE I'M GOING TO WALK THROUGH THE MAJOR TOPIC AREAS TO GIVE YOU AN IDEA OF WHAT WE'RE GATHERING. THIS IS BOTH IN THE GENERAL CHIS SURVEY AND LTSS FOLLOW ON. I THINK WE HAVE TO GO BACK ABOUT 2 SLIDES. THE MASTER PLAN FOR AGING GOAL NUMBER 1 FOCUSED ON SERVICES AND SUPPORTS. SO, FOR THOSE WHO ARE RECEIVING SERVICES AND SUPPORTS WE'LL LEARN MORE ABOUT WHAT KIND OF HELP THEY ARE GETTING AND FROM WHOM. THE TYPES OF SERVICES AND SUPPORTS USED. THE DEMAND FOR LTSS AND EXTENT OF UNMET NEED. THE SURVEY INCLUDES MEASURES THAT ALLOW US TO OBSERVE THE PORTION OF CONSUMERS USING PUBLIC PROGRAMS AND

SERVICES AND INSTITUTIONAL CARE, HOME AND COMMUNITY-BASED CARE. WHAT PROPORTION ARE USING SERVICES THAT ARE PRIVATE OR PAID FOR OUT OF POCKET AND WHAT PROPORTION ARE RELYING ON FAMILY AND FORMAL CARE. WHAT COMBINATION OF SERVICES ACROSS THE VARIOUS OPTIONS ARE PEOPLE ACCESSING TO MEET THEIR DAY-TO-DAY NEEDS?

A LITTLE BIT MORE ON GOAL 1. WE HAVE TWO SLIDES. IN ADDITION TO LEARNING WHO GETS AND WHO DOESN'T GET NEEDED LTSS, WE ASKED QUESTIONS HOW CONSUMERS LEARN ABOUT WHAT THEY ARE ELIGIBLE FOR, WHAT IS AVAILABLE AND WHAT BARRIERS OR THEY ARE EXPERIENCING WHEN TRYING TO ACCESS SERVICES. IT WAS MENTIONED EARLIER, THERE IS A CARE GIVING MODULE IN THE SURVEY. FUNDED BY THE ARCH STONE, SO SHOUT OUT THERE. THIS IS GOING TO COMPLEMENT THE DATA WE ARE GETTING. THEY ARE NOT LINKED TO THE PARTICIPANT IN THE FOLLOW-ON SURVEY. BUT IT ALLOWS US TO SEE THE CONSEQUENCES OF CARE GIVING. FINANCIAL STRESS, CARE GIVER PHYSICAL AND MENTAL HEALTH AND EMPLOYMENT. SOMEBODY ON THE CALL WANT TO SAY SOMETHING? I GUESS NOT. WE'LL CONTINUE ON. I'M TRYING TO SPEED THROUGH THIS.

>> CARRIE GRAHAM: MAYBE A COUPLE MORE MINUTES.

>> DR. KATHRYN KIETZMAN: GOAL 2, LIVABLE COMMUNITIES AND PURPOSE. HERE WE'RE REALLY LOOKING AT HOW CONSUMERS EXPERIENCE QUALITY OF CARE, HOW SUFFICIENT THE CARE IS THAT THEY RECEIVE. HOW CULTURALLY AND LINGUISTICAL RESPONSIVE AND APPROPRIATE THE SERVICES AND SUPPORTS ARE. AND WE'RE MEASURING THE DEGREE TO WHICH LTSS SUPPORTS CONSUMER CHOICE AND INDEPENDENCE. IN IN ADDITION, THE GENERAL CHIS SURVEY, WE HAVE QUESTIONS WILL HOUSING, SAFETY, CIVIC AND VOTER ENGAGEMENT. FOR GOAL NUMBER 3, HEALTH AND WELL BEING. CHIS IS ALL ABOUT HEALTH. WE WILL LEARN ABOUT HOW UNMET NEED AFFECTS QUALITY OF LIFE, PHYSICAL AND MENTAL HEALTH AND A SENSE OF FINANCIAL WELL BEING.

FOR THOSE WITH LTSS NEEDS, WE WILL LEARN ABOUT ADVERSE CONSEQUENCES. HOW ARE UNMET NEEDS FOR LTSS RELATED TO FOOD INSECURITY AND SOCIAL ISOLATION AND HOSPITALIZATION OR EMERGENCY ROOM USE. AND IT GATHERS A HOST OF INFORMATION ON INSURANCE COVERAGE AND HEALTH AND HEALTH AND WELL BEING. DELAYS IN CARE AND PRESCRIPTIONS. AND SPECIFIC MEASURES INCLUDES ALL OF THE LISTED ABOUT. STRESS, FUNCTIONAL DISABILITY AND LONELINESS. CHIS ASKS QUESTIONS, I MENTIONED ABOUT SOCIAL COHESION AND SAFETY. BUT IT GATHERS INFORMATION ABOUT THE RESPONDENTS HOUSEHOLD, INCOME, STATUS AND MEDICAL DEBT. AND THERE ARE QUESTIONS PARTICIPATION IN PUBLIC PROGRAMS. SOCIAL SECURITY PENSION, PAYMENTS, MEDICAL AND REASONS FOR NON-PARTICIPATION IN MEDI-CAL. I THINK I WENT THROUGH A LOT. THAT GIVES YOU AN IDEA OF THE HOST OF TOPICS THAT ARE COVERED AND JUST BRIEFLY, THERE ARE OTHERS. OBVIOUSLY, THIS IS ONE SOURCE. IF YOU MOVE TO THE NEXT COUPLE SLIDES, OTHER DATA SOURCES, CHIS CAN'T DO IT ALL. I PUT UP LINKS HERE.

ANOTHER SET IS SHOWN HERE. AND I THINK I WILL WRAP UP THERE SO THAT MY COLLEAGUE DR. WALLACE CAN TALK ABOUT DISPARITIES.

>> KIM MCCOY WADE: THAT WAS INCREDIBLE. THANK YOU SO MUCH FOR THE CHIS SURVEY AND I'M GRATEFUL FOR EVERYTHING I'VE DONE IN MY CAREER, CHIS IS CENTRAL. AND THE ALLIANCE, BUILDING ON WORK ON ARCH STONE. THIS IS REALLY EXCITING TO HAVE WHAT WE HAVE AND IT IS GOING DO HAPPEN MORE. THANK YOU.

WE CAN DO A QUICK PROCESS TIME CHECK. WE SHOULD TAKE A BREAK NOW AND COME BACK AT 2:30, IF STEVE SHOULD GO.

>> CARRIE GRAHAM: CAN WE ASK STEVE IF WE CAN HOLD ON FOR 10 MINUTES FOR THE BREAK?

>> STEVE WALLACE: CAN YOU HEAR ME? OKAY. SO, LET ME CHECK. I HAVE ANOTHER PRESENTATION TO DO. I DON'T THINK IT IS UNTIL 4 AND I THINK I CAN HOLD ON IF YOU WANT TO TAKE A QUICK BREAK. I'M TO LET YOU GO THE BATHROOM.

**>> KIM MCCOY WADE: TS. WE'LL BE BACK.
(BREAK TAKEN)**

>> CARRIE GRAHAM: WE'RE GOING TO GET STARTED.

>> KIM MCCOY WADE: WELCOME BACK. WITHOUT FURTHER ADO, WE HAVE ANOTHER CALIFORNIA CELEBRITY IN THE CALIFORNIA AGING COMMUNITY. AND HE IS GOING TO BE PILOTING OUR FIRST PRESENTATION BY ZOOM. THANK YOU FOR WILLING TO BE THE ONE WHO GOES FIRST. STEVE, ARE YOU WITH US?

>> DR. STEVEN WALLACE: I AM, AND I WISH I COULD BE WITH YOU IN PERSON. BUT WE'LL DO IT VIRTUALLY INSTEAD.

>> KIM MCCOY WADE: I GOT TO SHARE A STAGE WITH YOU AND I KNOW YOU WERE OVER AT THE CAPITOL JUST A MOMENT AGO. THANK YOU FOR BEING EVERYWHERE ON THIS ISSUE. MORE IMPORTANTLY, IS STEVE ON THE SAME PAGE ABOUT TIME?

>> CARRIE GRAHAM: WE'RE GOING TO GO FOR ABOUT 15, 20 AND HAVE QUESTIONS.

>> DR. STEVEN WALLACE: AND IF YOU WANT TO ENABLE THE CAMERA, I'M HAPPY TO BE ON SCREEN AS WELL.

>> CARRIE GRAHAM: I'M NOT SURE WE'RE QUITE UP TO THAT RIGHT NOW. BABY STEPS. [LAUGHTER]

>> DR. STEVEN WALLACE: GREAT. THANK YOU FOR INVITING ME. I WAS ASKED TO TALK A LITTLE BIT ABOUT THE DIVERSITY IN CALIFORNIA'S OLDER POPULATION.

THERE WE GO.

OKAY. SO, THIS IS THE TEST, THERE ARE MORE THEN 3 POINTS. WHOEVER SAYS THAT IS ACTUALLY PAYING ATTENTION. SO, I APOLOGIZE, THERE ARE FOUR TAKE HOLD POINTS. THE FIRST ONE SHOULD BE OBVIOUS. I'M GOING TO TALK ABOUT THE DEMOGRAPHY OF CALIFORNIA'S OLDER POPULATION GOING FORWARD IN THE FUTURE AND TALK ABOUT A STATE PLAN AND LOOKING INTO THE FUTURE AND TAKING INTO ACCOUNT THE POPULATION. A LITTLE BIT ON HOW THAT PLAYS OUT WITH DISABILITY. YOU JUST HEARD A TALK ABOUT LONG ITEM CARE AND HEALTH INTERVIEW SURVEY THAT IS BEING WITH DISABILITY. AND SPEND A LITTLE MORE TIME TALKING ABOUT ECONOMIC, WHICH HAS IMPLICATIONS FOR HEALTH. AND A TOPIC THAT IS ON EVERYBODY'S LIST WHICH IS THE COST OF HOUSING.

FIRST STARTING WITH THE DIVERSITY OF THE CALIFORNIA POPULATION.

SO, I SAW A MUCH NICER VERSION OF THIS RECENTLY. WHAT THIS TELLS YOU IS THE PROPORTION OF CALIFORNIA THAT IS AGE 55 AND OVER, AND THAT IS THE WHITE LINE. SO CURRENTLY WE'RE AT ABOUT 14%. COMING UP ON 15% IS THE PROJECTED. AS A PROPORTION OF THE TOTAL POPULATION, THE NUMBER OF OLDER ADULTS IS INCREASE AND WILL BE OVER A QUARTER OF ALL PEOPLE LIVING IN CALIFORNIA BY THE YEAR 2016. THE NUMBERS INCREASE DRAMATICALLY. AND THE TOTAL POPULATION IN GREEN ON THE BOTTOM IS THE TOTAL POPULATION OF OLDER ADULTS. WE GO FROM THE 5 MILLION TO ABOUT 13 MILLION IN 2016. THEY BOTH GROW IN NUMBERS AND PROPORTION.

SHOWS YOU HOW THIS WORKS IN TERMS OF THE RAINBOW EFFECT OF THE AGING POPULATION. IN 2010, THERE WERE ABOUT 38% OF THE OLDER POPULATION WERE RACIAL AND ETHNIC MINORITY. YOU CAN SEE ON THE

BOTTOM IS THE NUMBER OF NON-HISPANIC WHITES. AND THE YELLOW SLIVER IS AFRICAN AMERICANS, AND THE GREEN ON TOP. THE MAJORITY OF OLDER ADULTS IN CALIFORNIA STILL CURRENTLY ARE NON-LATINO WHITES. IN 2016, TWO-THIRDS OF THE POPULATION – EVERYBODY GOES UP AND IS AGING. INCLUDING EVERYBODY IN THAT ROOM AND EVERYBODY ONLINE. [LAUGHTER]

THE NUMBER OF NON-HISPANIC WHITES GOES TO 4.2. WHAT IS STRIKING IS THE NUMBER OF OLDER LATINO. IN 2060. 5.5 MILLION.

THIS SHOWS PROPORTION OF THE OLDER POPULATION IN CALIFORNIA, THAT STARTS IN THE YEAR 2000 AND IT IS PRETTY MUCH A STRAIGHT LINE GOING DOWN. BY 2060, THE NON-LATINO WHITE POPULATION WILL BE SMALLER THAN THE LATINO WHITE POPULATION. AND THE BALANCE OF THE GROUPS, IF YOU ADD UP 41 AND 33, IT DOES NOT EQUAL 100. THE BALANCE ARE AFRICAN AMERICAN, AMERICAN INDIAN. SO, THIS JUST SHOWS YOU HOW THE STATE IS BECOMING INCREASINGLY DIVERSE.

AS THE STATE BECOMES DIVERSE, YOU CAN'T JUST TAKE POLICIES THAT WERE DEVELOPED IN 2000 FOR A STATE POPULATION THAT IS MOSTLY NON-HISPANIC WHITE AND APPLY IT TO OTHER POPULATIONS. AMONG LATINOS, THERE IS DISCUSSION OF WHAT IS CALLED THE EPIDEMIOLOGICAL PARADOX. IF YOU LOOK AT MORTALITY RATES, LATINOS HAVE LOWER INCOME, LESS EDUCATION, WORSE JOBS, THEY ACTUALLY HAVE A LONGER LIFE EXPECTANCY. WHAT IS LESS DISCUSSED IS THE FACT THAT A LONGER PROPORTION OF THEIR LIFE – THIS IS THE QUESTION ON A COUPLE OF THE ADL LIFE QUESTIONS, IF YOU HAVE DIFFICULTY DRESSING, BATHING OR GETTING AROUND. AS YOU CAN SEE LATINOS HAVE THE HIGHEST RATE IN OLDER AGE OF HAVING ANY DISABILITY. WHEN WE'RE TALKING ABOUT LONG-TERM SERVICES AND SUPPORTS, IN ABOUT A YEAR FROM NOW, WE WILL HAVE A LOT MORE – BUT THE LATINO POPULATION NATIONALLY AS YOU WOULD EXPECT IN CALIFORNIA, IS ACTUALLY THE MOST DISABLED POPULATION EVEN IF THEY LIVE LONGER.

NOW THIS IS – EVERYBODY OVER THE AGE OF 65. AND YOU KNOW THERE ARE DIFFERENCES IN LONGEVITY FOR AFRICAN AMERICANS. ONE OF THE ISSUES THAT I KNOW ALL YOU FOLKS ARE LOOKING AT, WHICH IS SOME OF THE DATA AROUND THE LONG-TERM SERVICES AND SUPPORTS.

ANOTHER DIMENSION IN ADDITION TO DISABILITY WHICH IMPACTS LIFE IS ECONOMIC INSECURITY. AS THE STATE BECOMES INCREASINGLY DIVERSE, WE HAVE TO WORRY ABOUT THE ECONOMIC INSECURITY OF THIS POPULATION.

THIS IS DATA FROM THE CURRENT POPULATION SURVEY, WHICH GIVES YOU THE RATES OF POVERTY IN RED ACROSS THE FIVE MAJOR RACIAL ETHNIC GROUPS. AND THE PROPORTION IN YELLOW IS THE GROUP BETWEEN 100 AND 200. BUT WHEN YOU HEAR POLITICIANS NATIONALLY, THEY SAY WELL, YOU LOOK AT THE NON-HISPANIC WHITE RATE AND YOU SAY THAT IS NOT SO BAD. WHEN YOU LOOK AT THE GROUP OF PEOPLE SITTING RIGHT ABOVE THE FEDERAL POVERTY LINE, YOU CAN SEE THAT IN ALL CASES EXCEPT FOR AFRICAN AMERICAN, IT IS ACTUALLY LARGER. IF YOU USE 200% ABOUT 2 OUT OF 5, LATINOS, AFRICA AMERICANS AND NATIVE ARE LOW INCOME. AND THE NUMBERS OF NON-HISPANIC WHITE. IT IS ACTUALLY ABOUT A QUARTER ARE LOW INCOME. THIS BELIES THE IMAGE OF OLDER ADULTS; YOU KNOW THE BUMPER STICKERS THAT SAY I'M SPENDING MY KID'S INHERITANCE?

THIS IS THE OFFICIAL POVERTY LINE. FOR A NUMBER OF YEARS, LOOKING AT WHAT THE ACTUAL COST OF LIVING ARE FOR OLDER ADULTS IN THE STATE. THAT IS DRIVEN IN PART BY THE FACT THAT THE POVERTY LINE IS ONE NUMBER IN EVERY COUNTRY. IF YOU MAKE UNDER 12,490 IN A YEAR, IF YOU MAKE \$12,491, YOU ARE NOT CONSIDERED POVERTY. IN THE PANHANDLE OF TEXAS AND RURAL IOWA OR LOS ANGELES. CLEARLY THAT IS NOT AN ACCURATE REFLECTION OF THE POVERTY LEVEL IN THE STATES.

THE OTHER PARTS THAT ARE THE PROBLEM WITH THE FEDERAL POVERTY LINE, SO THIS SHOWS YOU HOW HOUSING DRIVES REGIONAL

DIFFERENCES. THIS YEAR, THE FEDERAL DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT CALCULATE WHAT THEY CALL FAIR MARKET RENT. THAT IS BASED ON THE 40TH PERCENTILE IN THAT GEOGRAPHIC AREA. AND YOU CAN GET A SUBSIDY SECTION 8 UP TO THAT AMOUNT. IF YOU QUALIFY FOR A VOUCHER, IT IS LIMITED AND NOT EVERYBODY GETS THEM WHO NEEDS THEM. I HAVE FRIENDS IN SAN FRANCISCO WHO PAY \$2200 AND I HAVE FRIENDS IN SAN FRANCISCO WHO WANT TO KNOW WHERE THOSE APARTMENTS ARE. BUT EVEN CALIFORNIA, IT IS QUITE A BIT OF DIFFERENCE. IT VARIES BY METROPOLITAN AREAS. WHEN YOU SAY LIVING UNDER THE FEDERAL POVERTY LINE, CLEARLY THE \$12,000 PER YEAR IS NOT GOING TO COVER THE COST OF A \$1200 A MONTH APARTMENT IN LOS ANGELES, LET ALONE A \$2200 APARTMENT.

ANOTHER PROBLEM WITH THE FEDERAL POVERTY LINE, OLDER ADULTS, HAVE DIFFERENCES SPENDING PATTERNS THAN YOUNGER ADULTS. THE FEDERAL POVERTY LINE WAS DESIGNED FOR A FAMILY OF FOUR, MEANING TWO YOUNG TO MIDDLE AGED ADULTS TWO CHILDREN. OLDER ADULTS SPEND A LOT MORE ON HEALTH CARE. 75 AND OVER. I THINK A MISNOMER, PROBABLY NOT ON THIS COMMITTEE BUT THE GENERAL POPULATION, ONCE YOU REACH AGE 65, YOU QUALIFY FOR MEDICARE AND ALL PROBLEMS ARE SOLVED AND CLEARLY THAT IS NOT THE CASE. OLDER ADULTS FACE A LOT OF HEALTH CARE COSTS. THERE IS A LOT IN THE MEDIA ABOUT PRESCRIPTION DRUG PRICES AND I'M SURE YOU ALL HAVE BEEN TALKING ABOUT THE COST OF LONG-TERM CARE WHICH IS NOT COVERED BY MEDICARE. IT IS ANOTHER COMPONENT OF THAT.

THE OTHER THING THAT IS SURPRISING, THE PROPORTION SPENT ON HOUSING GOES UP AS WELL. THIS IS BECAUSE INCOMES ARE FLATTER, GO DOWN WITH AGE AND HOUSING COSTS GO UP. OLDER ADULTS SPEND A LARGER PROPORTION OF THEIR INCOME ON HOUSING THAN MIDDLE AGE. THE FEDERAL POVERTY LEVEL DOES NOT GIVE US AN ACCURATE MAP.

WE HAVE BEEN CALCULATING THIS FOR CALIFORNIA, P IS BASED ON THE COUNTY LEVEL. THERE ARE DIFFERENT METROPOLITAN AREA HOUSING COSTS ARE CALCULATED INTO THE ACTUAL COST AS THE SECOND BULLET OF BASIC NECESSITIES. INCLUDING HOUSING AT THE COUNTY LEVEL, FOOD, OR REGIONAL VARIATION, THIS IS NOT HUGE IN CALIFORNIA, BUT THERE IS SOME. BASIC TRANSPORTATION AND HEALTH CARE FOR A PERSON IN GENERALLY AVERAGE HEALTH CARE STATISTIC. IT DOES NOT INCLUDE ANY LONG-TERM CARE COST. THE NUMBERS I'M GOING TO SHOW YOU IS IF THE PERSON DOES NOT NEED HOME OR COMMUNITY-BASED SERVICES AND YOU NEED TO ADD THOSE ON WERE YOU DEALING WITH AN OLDER ADULT IN THOSE SITUATIONS.

IN HUMBOLDT – COUPLE INTERESTING STORIES, HOUSING IN YELLOW, RENTALS ARE MUCH MORE EXPENSIVE IN LOS ANGELES THAN IN HUMBOLDT. WHAT YOU ALSO SEE UNDER HEALTH CARE, THE COST FOR HEALTH CARE IN LOS ANGELES ARE MUCH LOWER THAN IN HUMBOLDT. HEALTH CARE COSTS ARE AVERAGE OUT OF POCKET COST FOR A PERSON, IT INCLUDES THE COST OF MEDICARE B AND INCLUDES THE COST OF A MEDICARE SUPPLEMENT. OR IF YOU ARE IN A COUNTY OF HIGH MANAGED CONCENTRATION, THE COST OF MANAGED CARE. I'M SURE SOMEBODY HERE – IN FACT I CAN SEE SEVERAL PEOPLE ON THE SCREEN WHO CAN TELL ME THE COST OF A MEDICARE ADVANTAGE PLAN? SOMEBODY IN THE ROOM?

>> KIM MCCOY WADE: MEDICARE ADVANTAGE IN LOS ANGELES? ANYONE?

>> DR. STEVEN WALLACE: YOU CAN GET A MEDICARE MANAGED PLAN IN LOS ANGELES FOR NO ADDITIONAL COST.

>> YEAH, I THINK ZERO.

>> DR. STEVEN WALLACE: I KNEW SOMEBODY HERE NOW WHAT THE NUMBER WAS. THIS IS A RESEARCH GROUP, AFTER ALL. THAT GIVES YOU LOW COPAYS AND LOW DEDUCTIBLE.

WE INCLUDE THE COST OF BOTH THE MEDICARE PRESCRIPTION DRUGS PLAN AS WELL AS A MEDICARE SUPPLEMENTAL PLAN. YOU CAN SEE THE HEALTH CARE DM HUMBOLDT IS ACTUALLY HIGHER. WHEN YOU ADD THEM ALL UP, LA IS MORE EXPENSIVE, NOT AS DRASTICALLY YOU MIGHT THINK. CALIFORNIA IN GENERAL WE'RE UPDATING THIS. INSTEAD OF \$12,000, IT IS ABOUT \$24,000. IF YOU WANT TO USE A CRUDE YARDSTICK STATEWIDE, I SHOWED YOU EARLY THE POVERTY, THAT IS NOT A – AS THE AMOUNT IS A LITTLE HIGHER IN SAN FRANCISCO. YOU CAN SEE OWNERS WITHOUT A MORTGAGE, IT IS LOWER, BUT STILL ABOVE THE FEDERAL POVERTY LINE.

ANOTHER FALSE IMAGE IS THAT OLDER ADULTS WHO HAVE THEIR HOME PAID OFF, THEY HAVE A HUGE LEG UP OVER PEOPLE WHO ARE RENTING. IT IS TRUE, THERE IS A LEG UP, BUT YOU STILL HAVE SUBSTANTIAL TOTAL COSTS.

WHO HAS INCOMES ABOVE AND BELOW THE FEDERAL POVERTY LINE? THIS ONE USES THE OLDER INDEX AND I FOCUSED IT DOWN ON OLDER ADULTS LIVING ALONE. THIS IS THE MOST VULNERABLE. YOU CAN SEE THAT THERE IS A LARGE NUMBER OF OLDER ADULTS WHO HAVE INCOMES ABOVE THE FEDERAL POVERTY LINE, BUT BELOW WHAT THEIR NEEDS ARE FOR HOUSING AND GIVEN THE COUNTY THEY LIVE IN. 47% NON-HISPANIC WHITES DON'T HAVE ENOUGH RESOURCES TO MAKE ENDS MEET ON A RATIONAL CALCULATION OF A LIVABLE MINIMUM AMOUNT OF FUNDS. 60% FOR ASIANS. YOU CAN CUT THIS FURTHER IF YOU WANT TO LOOK AT OLDER WOMEN. FOR AFRICAN AMERICANS, BASICALLY YOU DON'T NEED TO KNOW ANYTHING, THE OLDER AFRICAN AMERICAN WOMAN LIVING ALONE DOES NOT HAVE ENOUGH MONEY TO MAKE ENDS MEET. LIKE 92%. THIS GIVES YOU ANOTHER METRIC AND IS MORE SENSITIVE TO THE ACTUAL COUNTY ENVIRONMENT AND THE LIVING ARRANGEMENTS.

>> JEANNEE PARKER MARTIN: WHAT WAS THE LAST COMMENT ABOUT THE ELDERLY WOMEN?

>> KIM MCCOY WADE: STEVE, CAN YOU REPEAT WHAT YOU SAID ABOUT ELDERLY WOMEN?

>> DR. STEVEN WALLACE: THIS IS ALL PERSONS LIVE AGO LOAN. IF YOU SUBSET THIS FURTHER TO WOMEN, THE NUMBERS EVERY COLUMN GOES UP. FOR AFRICAN AMERICAN WOMEN LIVING ALONE, 90% ARE BELOW THE INDEX WHEN YOU JUST FOCUS ON WOMEN. MY COMMENT THERE WAS THE NUMBER IS SO HIGH AMONG OLDER AFRICAN AMERICAN WOMEN LIVING ALONE, THAT YOU ALMOST DON'T NEED TO MEASURE INCOME BECAUSE YOU KNOW OF LIVING CIRCUMSTANCE, GENDER AND AGE CAN PREDICT THEIR ECONOMIC CIRCUMSTANCES. ASIANS AND WHITES ALL GO UP SUBSTANTIALLY AS WELL.

>> DR. CHRISTOPHER LANGSTON: HOW IS THE ESI MEASURE DIFFERENT FROM THE CENSUS DEPARTMENT'S SUPPLEMENTAL POVERTY INDEX?

>> DR. STEVEN WALLACE: AGREE QUESTION. THERE WAS AN EXPERIMENTAL POVERTY MEASURE, THE EASIEST WAY TO DESCRIBE THE DIFFERENCE IS THEIR MEASURE IS BASED ON ACTUAL SPENDING AND OUR MEASURE IS BASED ON ACTUAL NEED. SO, THEY LOOK AT HOW MUCH DO YOU SPEND FOR HOUSING IN AN AREA? SO, IF YOU ARE LOOKING AT IMPERIAL COUNTY AND YOU ARE LOOKING AT OLDER ADULTS SAYING WHAT DO PEOPLE ACTUALLY SPEND IN THE USE. 30 PERCENTILES OF SPENDING VERSUS WHAT IT ACTUALLY COSTS YOU ARE LOOKING FOR AN APARTMENT. WE USE ADJUSTED INCOME. THEY MAKE ALL SORTS OF ADJUSTMENTS. THEY ADD THE CASH VALUE OF FOOD STAMPS AND SUBTRACT ACTUAL MEDICAL EXPERIENCES. SO, IF YOU HAVE LOW MEDICAL EXPERIENCES, IT IS MORE INDIVIDUALIZED.

THE NUMBERS ARE LOWER THAN OURS. SO, WHAT IS INTERESTING IF YOU COMPARE THE SUPPLEMENTAL POVERTY MEASURE WITH THE CENSUS FORM, THE NUMBER OF KIDS WHO ARE POOR GOES DOWN FROM THE CURRENT POVERTY MEASURE AND THE NUMBER OF OLDER ADULTS WHO

ARE POOR GOES UP. IT USES A DIFFERENT CALCULATION BASED ON SPENDING MORE THAN WHAT PEOPLE ACTUALLY NEED.

>> KIM MCCOY WADE: THAT IS FASCINATING.

>> DR. STEVEN WALLACE: IF YOU DON'T HAVE MONEY AND ARE NOT SPENDING MONEY ON HEALTH CARE BECAUSE YOU DON'T HAVE MONEY, THEN YOU ARE NOT SPENDING IT AND THAT DOES NOT COUNT AGAINST YOU. VERSUS WITH OURS, WE ASSUME YOU HAVE MEDICARE, PRESCRIPTION POLICY. IF YOU ARE MEDICARE ONLY, YOU MIGHT AVOID PRESCRIPTIONS FOR YOUR HEART BECAUSE IT IS TOO EXPENSIVE. IT DOES NOT COUNT AGAINST YOU.

>> KIM MCCOY WADE: I'M GOING TO DO THE TOTALLY UNFAIR THING AND ASK IF YOU CAN DO ANOTHER 3 OR 4 MINUTES ON HOUSING AND INCOME INEQUALITY IN CALIFORNIA. SORRY.

>> DR. STEVEN WALLACE: I WILL MOVE ON TO HOUSING NEXT. KEEP IT SHORT AND SWEET.

SO, HOUSING IS THE TOPIC EVERYBODY'S TALKING ABOUT IN CALIFORNIA, DEPARTMENT OF HOUSE AND DEVELOPMENT CONSIDERS HOUSING COST BURDEN IF YOU SPEND 30 TO 49% OF INCOME ON HOUSING AND SEVERE IF IT IS 50% OR MORE OF YOUR INCOME. THE NEXT SLIDE SHOWS WHAT THE DIFFERENCE IS BETWEEN THE LOW-INCOME HOUSEHOLD. THIS IS RENTERS STATEWIDE. ON THE FAR LEFT IS LOW INCOME. WHAT PROPORTION ARE RENTERS WITH LOW INCOME. WHAT YOU CAN SEE IS ACROSS THE STATE REGARDLESS OF COUNTY, THE MAJORITY OF PEOPLE HAVE SOME LEVEL OF RENTERS. THEN FOR THE MEDIUM COLORED PURPOSE IS CONSIDERED MODERATE RENT BURDEN, THE DARK PURPLE IS SEVERE RENT BURDEN. ON THE TOP, SACRAMENTO COUNTY, 2 THIRDS OF OLDER ADULTS, THIS IS ACTUAL SPENDING, THEY ARE ACTUALLY SPENDING TWO-THIRDS OF THEM ARE SPENDING MORE THAN HALF OF THEIR INCOME ON RENTAL. THE LOWEST NUMBER IS SAN FRANCISCO. MY HYPOTHESIS IS THERE SAN FRANCISCO HAS AN OLDER HOUSING STOCK AND A LOT OF IT IS UNDER

RENT CONTROL. AND MY GUESS IS THAT A LOT MORE LOW-INCOME OLDER ADULTS IN SAN FRANCISCO HAVE LIVED IN THEIR RENT CONTROLLED APARTMENT FOR A LONG TIME AND SACRAMENTO DOES NOT HAVE ANY. EVEN IN SAN FRANCISCO, TWO-THIRDS OF OLDER ADULTS ARE RENT BURDENED.

WHEN YOU CAN'T AFFORD YOUR RENT, WHAT DO YOU DO? THIS SHOWS THAT HOUSEHOLD ADULTS, AVERAGE YEARS THEY HAVE BEEN IN THEIR APARTMENT, ALMOST HALF ARE UNDER 5 YEARS. RENTERS IN CALIFORNIA WHO ARE OLDER ADULTS END UP MOVING A LOT. OWNERS WHO PAID OFF THEIR HOUSE, HALF OF THEM HAVE LIVED THAT HOUSE FOR 30 YEARS. THERE IS ANOTHER SET OF ISSUES IF YOU HAVE LIVED IN THE HOUSE FOR 30 YEARS, WHAT IS THE CONDITIONS OF THE HOUSE.

THE NEXT SLIDE TALKS ABOUT WHAT HAPPENS IF YOU ARE FORCED TO RENT? YOU NEED TO FIND SOMEWHERE CHEAPER. THAT IS USUALLY FURTHER AWAY. IN WEST LOS ANGELES WHERE I LIVE, IF YOU ARE LOOKING FOR CHEAPER RENT, YOU WILL MOVE UP TO SAY, ANTELOPE VALLEY. IF YOU HAVE TO MOVE, YOU HAVE ESTABLISHED NETWORKS AND IN MOVING FURTHER AWAY, YOU CAN LOSE SOCIAL NETWORK AND YOUR HEALTH CARE RELATIONSHIPS PROBABLY HAVE DECLINE IN ACCESSIBILITY. WHEN PEOPLE WANT TO MOVE IT IS GREAT, BUT WHEN THEY ARE FORCED TO MOVE, CAUSES MAJOR DISRUPTION AND NOT ONLY IS IT UNDESIRABLE, BUT THERE ARE A SERIES OF NEGATIVE CONSEQUENCES BECAUSE OF THAT.

WE'LL ZIP THROUGH THE LAST 3 SLIDES WHICH ARE POLICY ISSUES. JUST TO REINFORCE THAT THE PORTION OF OLDER ADULTS ON SOCIAL SECURITY, THEY ARE SUBJECT TO THE GOVERNMENT PROGRAMS. SOME POLICIES THAT CAN BE ENACTED IN CALIFORNIA, RECENTLY CALIFORNIA ADDED FOOD STAMPS. IT WOULD BE THE ONLY STATE IN THE COUNTRY THAT CASHED OUT FOOD STAMPS. THAT IS A TEN-MINUTE DISCUSSION.

THINGS HAVE NOT BEEN TOTALLY RESTORED BECAUSE OF SSI.

[INAUDIBLE]

FOR FUTURE OLDER ADULTS, WE'RE ROLLING OUT A NEW PROGRAM CALLED CAL SAVERS, WHICH IS A WAY FOR YOUNGER WORKERS WHO DO NOT HAVE PENSION PLANS PUT MONEY ASIDE. HOPEFULLY IN A GENERATION OR TWO IT WILL HELP. I KNOW THERE IS SOME DISCUSSION IN CALIFORNIA ABOUT DOING A WASHINGTON STYLE, CARE BENEFIT. YOU CAN TAKE THOSE COSTS AND ADD THE COSTS OF TRYING TO FIND SOMEBODY TO COME IN AND HELP YOU IN HOME OR HELP WITH OTHER ASSISTIVE HEALTH CARE NEEDS. THE WASHINGTON PLAN WOULD ALSO HELP.

THE SUMMARY. ELDERS OF COLOR ARE A GROWING SEGMENT. THE DIVERSITY OF CALIFORNIA IS HERE AND GROWING. THERE ARE EQUITY CHALLENGES WITHIN THAT POPULATION THAT WE NEED TO PAY ATTENTION TO WHEN THINKING OF POLICIES. HOUSING COSTS AFFECT EVERYBODY. BUT THE HEALTH AND PSYCHOLOGICAL COST OF THINGS THAT FORCE PEOPLE TO MOVE IS A PARTICULAR BURDEN FOR OLDER ADULTS. AND THERE ARE POLICY INITIATIVES.

THE NEXT SLIDE IS MY THANK YOU.

>> KIM MCCOY WADE: AND OURS TO YOU. QUESTIONS, COMMENTS, OBSERVATIONS FROM THE SUBCOMMITTEE? THAT WAS AN INCREDIBLE PRESENTATION.

>> STACEY MOORE: THANK YOU SO MUCH, WE REALLY APPRECIATED THE PRESENTATION. ONE OF THE THINGS THAT COMES TO MIND FOR ME IS IN TRAINING AROUND NEED, IS SOMETIMES WE DON'T LOOK AT THE CONTRIBUTIONS an OLDER ADULTS MADE AND THINKING ABOUT THE LONGEVITY. I WONDER IF THAT IS PART OF A FRAME THAT YOU LOOKED AT, CONTRIBUTION AS WELL.

>> DR. STEVEN WALLACE: WE HAVEN'T, BUT THAT IS AN EXCELLENT POINT. I THINK IT IS PROBABLY MADE MOST GRAPHICALLY IN THE CARE GIVER LITERATURE. I DON'T REMEMBER HOW MANY ZEROS AFTER THE

FIGURE, BUT I KNOW ESTIMATED FOR CALIFORNIA, THE HUNDREDS OF MILLIONS OF DOLLARS WORTH OF CARE GIVING EFFORTS, CONTRIBUTE UNPAID TO THE NEEDS OF BOTH YOUNGER AND OLDER FAMILY MEMBERS. AND THERE ARE CALCULATIONS ABOUT THE STATE ECONOMIC AND SOCIAL CONTRIBUTIONS THAT OLDER ADULTS MAKE. I HATE TO BOIL EVERYTHING DOWN TO DOLLARS. THAT IS A GOOD POINT IN TERMS OF USING THIS MODEL.

>> DR. RAMON CASTLELLBRANCH: STEVE, DO YOU HAVE ANYTHING ON ACCESS TO CULTURAL LINGUISTIC COMPETENCE SERVICES? ESPECIALLY SEEING HOW THE DEMOGRAPHICS GOING TO CHANGE? IS THAT SOMETHING THAT YOU ARE TRACKING?

>> DR. STEVEN WALLACE: YES. THE SURVEYS DO ASK ABOUT LINGUISTIC COMPETENCE AND DID YOU HAVE TROUBLE UNDERSTANDING YOUR DOCTOR? IF YOU NEED AN INTERPRETER AND ARE ABLE TO GET ONE? THOSE ARE QUESTIONS AVAILABLE, FOR MEDICAL CARE. I DON'T THINK WE ASK THAT IN THE LONG-TERM CARE MODULE SPECIFICALLY FOR COMMUNITY SERVICES. 25% OF CALIFORNIA'S POPULATION WAS BORN ABROAD. AND SO THAT IS A HUGE PROPORTION OF THE POPULATION THAT IS GOING TO HAVE LINGUISTIC CHALLENGES AND THE PROPORTION OF OLDER ADULTS NOT SPEAKING ENGLISH IS HIGHER THAN YOUNGER ADULTS. THAT IS AN ONGOING CHALLENGE. AND THE CULTURAL COMPETENCE IS REALLY A COMPLICATING FACTOR IN THAT. PART OF THE RESEARCH WE NEED.

>> DR. LAURA CARSTENSEN: CAN I ASK, IS IT POSSIBLE TO GET DATA LIKE THESE BROKEN DOWN BY COUNTY IN CALIFORNIA?

>> DR. STEVEN WALLACE: I FORGOT MY PROMO. IF YOU GOOGLE UCLA ELDER INDEX, IT WILL TAKE YOU TO OUR WEB PAGE AND WE HAVE A DASHBOARD WHERE YOU CAN LOOK AT COUNTY BY FAMILY TYPE, BY HOUSING TYPE. AND THERE ARE NICE MAPS. WHEN DASHBOARD GIVES

YOU THE AMOUNTS AND A DIFFERENT DASHBOARD – WE DO HAVE IT BY COUNTY.

>> DR. LAURA CARSTENSEN: WONDERFUL, THANK YOU.

>> KIM MCCOY WADE: TWO COMMENTS AND THEN WE’LL MOVE ON.

>> DR. ZIA AGHA: I WAS WONDERING IF YOU TRIED TO MERGE THE DATA SET WITH ANY OTHER HEALTH OR SOCIAL SERVICES DATABASES TO LOOK AT TRENDS?

>> DR. STEVEN WALLACE: WE ACTUALLY HAVE REQUIRED THE ELDER INDEX TO THE HEALTH SURVEY. IF YOU GO TO THE – ASK – IF YOU GOOGLE – GO TO THE HEALTH POLICY AND CLICK ON SHIFT, THERE IS THE ELDER INDEX AMOUNTS ARE IN THAT. AND YOU CAN RUN THEM. ALL OF THE HEALTH AND DEMOGRAPHIC VARIABLES.

>> DR. KATHRYN KIETZMAN: I JUST WANTED TO ADD THAT IN THE LTSS FOLLOW ON SURVEY, WE DO HAVE QUESTIONS TO TOUCH ON CULTURAL COMPETENCE TO YOUR POINT. AND SO, WE HAVE QUESTIONS ABOUT WHETHER – BUT IT IS SPECIFIC TO THE CARE PROVIDER. IT DOES NOT TOUCH SPECIFICALLY ON A SPECIFIC SERVICE, NECESSARILY. BUT THE QUESTIONS ABOUT WHETHER THE CARE PROVIDER PROVIDES HELP IN A WAY THAT IS SENSITIVE, RESPONSIVE TO CUSTOMS CONDITIONS OF YOUR CULTURE AND BACKGROUND. WE WILL GATHER INFORMATION ABOUT THAT. WE HAVE A WHOLE SET OF QUESTIONS ON CONSUMER EXPERIENCE. SAFETY AND FEELING SAFE WITH WORKERS RESPECTS.

>> CARRIE GRAHAM: CAN YOU REMIND US FOR THE LTSS MODULE, IS IT FUNDED JUST ONCE?

>> DR. KATHRYN KIETZMAN: WE HAVE ONE TIME FUNDING FROM THE STATE AND I DIDN’T GET A CHANCE TO TALK ABOUT THE TIMELINE. WE HAVE THE 2019-2020, WE HAVE FUNDING TO DO AGAIN IN 2023 AND 24. THAT IS WHERE THE FUNDING STOPS. AND THERE IS A QUALITATIVE COMPONENT IN BETWEEN THOSE TWO. FOR THE PURPOSES OF THIS WORK GOING

THROUGH TO 2030, IDEALLY, WE NEED TO GO OUT AND LOOK FOR FUNDING TO KEEP IT GOING.

>> DR. CHRISTOPHER LANGSTON: AND THAT IS 3 MILLION A WAVE?

>> DR. KATHRYN KIETZMAN: YEAH, YOU JUST GOT IT. [LAUGHTER]

>> KIM MCCOY WADE: LOTS OF FOOD FOR THOUGHT. WE ARE VERY MUCH IN BUILDING THE DASHBOARD NOT TO REINVENT THE WHEEL. LOOKING TO BE FEDERATE AND LEVERAGES AND LINK DS. THIS IS WONDERFUL TO KNOW OF THE DASHBOARDS THAT EXIST, WE CAN BE THINKING ABOUT THE DESIGN AS WE ARE GOING. SO, I THINK OUR SUGGESTION IS THAT WE DO 3 RECOMMENDATIONS WITH EACH OF YOU AIMING FOR 10 MINUTES. WHICH MEANS A SPEEDY PRESENTATION AND HALF TALKING, HALF DISCUSSION AND THEN WE CAN HAVE THE PUBLIC COMMENTS THAT WE ARE HOPING TO HAVE IN ABOUT 15 TO 20 MINUTES. I WILL DO THAT JOB OF THE TIME PERSON.

WE ARE GOING TO GO BACK TO JEANNEE PARKER MARTIN AND YOU WILL START US OFF WITH CALPACE.

>> JEANNEE PARKER MARTIN: THE SLIDES ARE UP AND WILL BE PUT UP ON TO THE WEBSITE SOME TIME IN THE NEAR FUTURE. THE SLIDES YOU HAVE IN FRONT OF YOU MAY HAVE A COUPLE ERRORS AS WELL. BE AWARE OF THAT. I'M NOT REPRESENTING CALPACE, I'M A MEMBER OF THE COMMITTEE AND WAS ASKED TO TALK ABOUT IT. I KNOW ENOUGH THAT I CAN ANSWER SOME QUESTIONS, BUT I MAY NOT KNOW ENOUGH TO ANSWER ALL OF THE QUESTIONS. I WANT TO THANK DAVID RAGLAND AND KAREN ON THE PHONE. I'M GOING TO TALK ABOUT FOUR KEY THINGS AND I WANT TO GIVE A FAST OVERVIEW OF WHAT IS PACE BECAUSE A LOT OF PEOPLE DON'T ACTUALLY KNOW WHAT IT IS. I'M GOING IT GIVE A QUICK SUMMARY OF THE RECOMMENDATION, WHICH YOU SHOULD ALL HAVE ACCESS TO. TALK ABOUT KEY MEASURES FOR PACE EXPANSION AND DATA SOURCES.

JUST QUICKLY, PACE IS THE PROGRAM FOR ALL INCLUSIVE CARE FOR THE ELDERLY. IT WAS FUNDED IN 1971 AND BECAME A MEDICARE, MEDICAID BENEFIT IN 1997. WE HAVE A LOT OF DATA ON PACE, BUT IT IS NOT WIDELY USED AROUND THE COUNTRY. WE HAVE MANY PACE PROVIDERS HERE IN THE STATE. THERE ARE 14 PROVIDERS HERE IN CALIFORNIA, THEY ARE ALL MEMBERS OF CALPACE, WHICH IS THE TRADE ASSOCIATION BASED HERE IN SACRAMENTO. AND PACE, VERY IMPORTANTLY, IS A COMPREHENSIVE INTEGRATED HEALTH PLAN. THAT IS THE EASIEST WAY TO THINK ABOUT PACE. IT IS ACTUALLY A HEALTH PLAN.

AS A PROVIDER, I'M AT TOTAL RISK FOR MY CLIENTS WHO COME IN TO MY PACE PROGRAM. AND I COVER ALL OF THEIR COSTS REGARDLESS OF WHAT THEY ARE. ONCE THEY ENTER PACE, I'M TOTALLY RESPONSIBLE. WHETHER THEY NEED HOSPITALIZATION, DRUGS, HOSPITAL SERVICES OR TRANSPORTATION, WHETHER OR NOT THEY NEED ADULT DAY SERVICES. THERE ARE NUANCES AROUND ALL OF THIS. AND I CAN ANSWER SOME OF THE QUESTIONS BUT I WON'T TALK MORE ABOUT THAT RIGHT NOW. IT IS ALSO BASED ON – AND IT IS AN INTERDISCIPLINARY TEAM APPROACH AND THERE ARE PACE CENTERS WHERE PEOPLE ARE TAKING TO GET PHYSICAL THERAPY, OCCUPATIONAL THERAPY. THE AVERAGE AGE OF THE PACE MEMBER IS 77. THEY AVERAGE 18 MEDICALS, THEY HAVE 73% ARE DULY ELIGIBLE. THERE IS A CURRENT ENROLLMENT IN CALIFORNIA OF 10,000 PACE MEMBERS AND AN ELIGIBLE STATEWIDE POPULATION OF ALMOST 200,000. THINK OF THAT BIGGER NUMBER AS THE OPPORTUNITY TO MOVE INTO A PROGRAM THAT IS ALREADY IN EXISTENCE AND ALREADY COVERED UNDER A MEDICAID AND MEDICARE SYSTEM AND HAS PROVEN OUTCOMES. THINK IT OF THAT WAY.

THEY HAVE GREAT OUTCOMES SO FAR. MORE DATA THAN I'M PROVIDING HERE. 100% HAVE A MEDICAL HOME. HOSPITAL AND ER UTILIZATION IS COMPARABLE TO THE MEDICARE POPULATION. THEY HAVE A LOW RATE OF VOLUNTARILY DISENROLLMENT. AND 95% ARE SATISFIED

WITH THE CARE THEY RECEIVE AS ARE THE CARE GIVERS AT HOME WHEN THEY GO TO A PACE CENTER. I FAILED TO MENTION THERE ARE SERVICES IN 14 COUNTIES PROVIDED BY PACE ORGANIZATIONS. PACE IS A COST-EFFECTIVE MODEL. THIS IS CRITICAL FOR US TO CONSIDER AND THINK ABOUT BASED ON THE DATA OF THE MEMBERS HERE IN CALIFORNIA. IN AVERAGES 29% LESS THAN INSTITUTIONAL CARE FOR DULY ELIGIBLE MEMBERS.

THEY HAVE SEVERAL EXCELLENT QUALITY AND PARTICIPATION METRICS BASED ON THE 10,000 PARTICIPANTS AND THEY HAVE A SATISFACTION MEASURE OF 92% ARE VERY SATISFIED. 94% WOULD REFER TO A RELATIVE, WHICH IS GOOD.

I WILL GO BACK TO THE QUALITY MEASURES; THIS IS NOT A GOOD SLIDE TO SEE HERE BUT I TRIED TO GET AS MUCH AS I COULD. OUR TEAM WORKED ON THIS TOGETHER AND THOUGHT IT WOULD BE GOOD METRICS TO LOOK AT. THIS ARE METRICS ON ENROLLMENT, AGE, GENDER, ETHNICITY. IT IS BETTER REPRESENTED MINORITY GROUPS, WHICH I WAS SURPRISED AT THAN IN ALL WHITE NON-LATINOS. THAT IS ACCURATE TO SAY. 38% WHITE IS CALIFORNIA POPULATION, NON-LATINO AND IT IS 21% IN PACE POPULATIONS. 7% BLACK, 6% IS THE CALIFORNIA POPULATION.

THESE ARE STATISTICS THEY HAVE BEEN COLLECTING FOR A LONG TIME. EVERY YEAR ON THE PROVIDER POPULATION AND THAT INFORMATION IS AVAILABLE. I PROVIDED IT TO CARRIE AND ELLEN. I'M NOT SURE IF WE WANT TO PUBLISH ALL OF THAT INFORMATION. BUT CALPACE HAS A LOT OF INFORMATION THAT IS HELPFUL TO LOOK AT.

LET'S TURN TO RECOMMENDATION ON THE NEXT PAGE. YOU ALL HAVE SEEN IT ON THE TEMPLATE. THE ISSUE STATEMENT SAYS TO IMPROVE ACCESS TO PACE IS A PROVEN MODEL OF INTEGRATED CARE FOR OLDER ADULTS AND SENIORS WITH COMPLEX NEEDS WHO WISH TO REMAIN IN THE COMMUNITY AS LONG AS POSSIBLE. PACE ELIGIBLE PEOPLE ARE FRAIL ELDERLY WHO ARE ELIGIBLE FOR NURSING HOMES. BUT THE PACE

PROVIDERS HELP KEEP THEM OUT OF NURSING HOMES OUT OF HOMELESSNESS INTO COMMUNITY LIVING WITH SERVICES. EXCELLENT EXAMPLES, ESPECIALLY IN SAN DIEGO AND THERE PROBABLY ARE OTHERS.

THEY FRAME THEIR GOALS RELATED TO GOAL 1. WE WILL LIVE WHERE WE CHOOSE AS WE AGE AND THE OBJECTIVES. I'M TALKING FAST, HOPE THAT IS OKAY. THE RECOMMENDATION THEY HAVE GIVEN US IS TO PROVIDE ACCESS TO PACE FOR ALL OLDER ADULTS SENIORS COMPLEX NEED WHOSE NEED AND BENEFIT FROM IT. SAYING EVERYBODY COULD BENEFIT FROM PACE THAT NEEDS IT. LET'S MAKE SURE IT IS AVAILABLE AROUND THE STATE. THEY GAVE A SET OF DETAILED RECOMMENDATIONS. NEXT SLIDE ON KEY MEASURES. THE CURRENT ENROLLMENT OF PACE IS 43% ELIGIBLE INDIVIDUALS. MAYBE THAT NUMBER DOES NOT MAKE SENSE NOW THAT I SAID IT OUT LOUD. BY 2020, THE PACE ENROLLMENT WOULD CONTINUE TO GROW AT THE CURRENT RATE. PACE ACCESS WOULD HOLD STEADY. THERE ARE ANOTHER 7 APPLICATIONS CURRENTLY FOR PACE TO EXPAND INTO 7 NEW COUNTIES. PACE INCLUDES AS A HOME AND COMMUNITY-BASED SERVICE AND STATEWIDE INFORMATION ACCESS CENTER WOULD BE MEASURED. IN 2025, INCREASED TO 65% OF ELIGIBLE. IT WOULD INCREASE ACCESS TO 22 COUNTIES OR 38% OF ALL CALIFORNIA COUNTIES. AND THESE NUMBERS ARE INCORRECT ON THE SLIDE THAT YOU HAVE IF YOU ARE LOOKING AT IT. THEY WILL BE UPDATED ON THE WEBSITE.

THE FINAL MEASURE IN 2025 WOULD BE PACE IS INCLUDED AS A BENEFIT THAT PERSONS COULD USE IN THE LTSS FINANCING PROGRAM. REVENUE COULD BE USED IF THERE IS LTSS FINANCING BENEFIT. I COULD CARRY THAT TO A PACE PROVIDER. BUT 2030, PACE ENROLLMENT WOULD INCREASE TO 85% ELIGIBLE AND ACCESS WOULD INCREASE TO 44 COUNTIES OR 75% OF CALIFORNIA COUNTIES. THERE WOULD BE AT THAT POINT, NOTED I SAID EARLIER THAT THE CURRENT UTILIZATION FOR

HOSPITAL AND ER VISITS IS COMPARABLE TO MEDICARE. WE PROPOSE IT WOULD DEMONSTRATE A 25% DECLINE IN HOSPITAL AND NURSING HOME LOCATIONS. IT WOULD DECLINE IN THE FUTURE, NOT THERE NOW, BUT PROJECTION OUT IN THE FUTURE.

THE NEXT SLIDE. DATA SOURCES, THERE ARE DATA SOURCES ALREADY AVAILABLE AND USED BY PACE PROVIDERS, NOT ONLY IN CALIFORNIA, BUT AROUND THE COUNTRY. BY 2020 AND THROUGH 2030, WE CONTINUE TO USE THE CMS, HPMS DATA PROVISIONS TO UNDERSTAND BETTER ABOUT UTILIZATION. HOW PACE IN CALIFORNIA DOES THE QUALITY AND OUTCOMES MEASURES WHICH ARE IN THE PACKET. THAT SHOULD SHIFT OVER TIME TO BE A STATE DATA COLLECTION SITE RATHER THAN BASED ON STATE ASSOCIATION DATA SITE. HERE WE RECOMMENDED CAL FINANCE DEPARTMENT, BUT THAT IS JUST A RECOMMENDATION.

FINALLY, THE ISAT MEASURE WOULD BE USED INITIALLY, THAT WOULD MOVE OVER TO LTSS BENEFIT UTILIZATION DATA AND CMS AND STAT DATA. SOME OF THIS WOULD BE ITERATIVE AND SOME CONCURRENT. WITH THAT, THANK YOU. SORRY I WAS TALKING REALLY FAST AND I WILL TRY TO ANSWER ANY QUESTIONS.

>> KIM MCCOY WADE: THANK YOU VERY MUCH FOR ALL THE WORK THAT MADE IT POSSIBLE FOR YOU TO GO THAT FAST. THE PRESENTATION AND THINKING AND PRESENTATION. MUCH, MUCH APPRECIATED. COMMENTS?

>> JEANNEE PARKER MARTIN: IF PETER IS LISTENING, I HOPE I REPRESENTED YOU WELL.

>> DR. KATHRYN KIETZMAN: MY QUESTION IS ABOUT EXPANSION INTO THE HIGH NEED AREAS IN RURAL AND FRONTIER COUNTIES. WHAT ARE THE CHALLENGES TO REALLY TAKE THIS MODEL INTO THOSE COMMUNITIES?

>> JEANNEE PARKER MARTIN: THAT IS A GREAT QUESTION. THE PRIMARY AS I UNDERSTAND IT, THE PRIMARY IMPACT OR THE VERY RURAL LOW POPULATION COUNTIES IS ONE OF THE START UP COSTS. SO, YOU'VE

GOT TO HAVE A CENTER AND YOU MAY BE ABLE TO ADDRESS THIS BETTER THAN I CAN. YOU HAVE START UP COSTS AND YOU'VE GOT TO HAVE SOME SCALABILITY USING NUMBERS. IN THE RURAL COUNTY, WHICH IS ONE OF THE REASONS WE DIDN'T PUT 100% OF THE COUNTIES. IN THE VERY RURAL COUNTIES, NOT THE BEST BENEFIT TO CARRY TO THE FAR-REACHING RURAL COUNTIES BECAUSE OF THE COST.

>> DR. ZIA AGHA: I AGREE WITH YOU ON THE COST. THERE ARE OTHER PECULIAR STRAINS, WHERE THE PATIENTS LIVE AND WHERE THE CENTER IS. THE TIME LIMIT ON HOW FAR YOU CAN BE FROM YOUR CENTER. IF YOU ARE PACE, AND PACE 2.0, CARE DOES NOT HAVE TO BE IN THE CENTER, OTHERWISE WE HAVE AN ISSUE IN RURAL AREAS LONGER DISTANCES AND WE CANNOT TRANSPORT BACK AND FORTH. THAT IS AN OPPORTUNITY TO RETHINK ABOUT HOW TO DEVELOP AND SCALE THE MODELS.

>> DR. RAMON CASTLELLBRANCH: COULD YOU SAY WHAT THE I-SAT IS.

>> JEANNEE PARKER MARTIN: I CAN'T DEFINE WHAT THAT IS, I'M SORRY. WE'LL GET THAT ANSWERED. I WAS AFRAID SOMEONE WAS GOING TO ASK.

>> DR. CHRISTOPHER LANGSTON: I WORKED WITH PACE PROGRAMS AND ONLINE FOR OVER 20 YEARS. IF PACE CAN WORK IN RURAL AREAS, ARCH STONE IS SUPPORTIVE IS THE PROGRAM AND IT HAS STOOD UP AND IS SUSTAINABLE IN HUMBOLDT, BUT NOT AROUND THE COUNTRY IN RURAL AREAS. IT DOES DEPEND ON DRIVE TIME. PACE IS A GOOD MODEL AND IT IS FINE, BUT THERE ARE A LOT OF REASONS WHY IT HAS NOT EXPANDED. IT HAS BEEN A PERMANENT PART OF THE MEDICARE PROGRAM AND APPROVED IN MANY STATES. AND NATIONAL ENROLLMENT IS 60,000. THERE IS NO STATE THAT IS DOING ANY BETTER THAN CALIFORNIA, REALLY. IF YOU COMPARE THE ENROLLMENT IN PACE PROGRAMS TO THOSE IN DULY ELIGIBLE PROGRAMS, OR INSTITUTIONAL SPECIAL NEEDS PROGRAMS, THOSE HEALTH PLANS THAT DON'T HAVE THE PACE PROGRAM REQUIREMENTS, THE CENTER AND EVERYTHING LIKE THAT, HAVE DONE

ENORMOUSLY BETTER. THERE ARE HUNDREDS OF THOUSANDS OF PEOPLE IN CALIFORNIA. AND I KNOW THE CAL AIM PLAN CALLS FOR REQUIRED GREATER INTEGRATION. I FEEL REALLY BAD SAYING THIS, BUT I THINK I WOULD NOT BE EARNING MY MONEY FOR BEING HERE IF I DIDN'T SAY THAT I THINK THIS MIGHT BE A LOST CAUSE.

>> JEANNEE PARKER MARTIN: THANK YOU CHRIS FOR THE COMMENTS. I WILL ONLY – I JUST WANT TO COMMENT ON ONE THING; PACE HAS BEEN A COSTLY PROGRAM TO IMPLEMENT AND ALSO HAS SHOWN A LOT OF COST SAVINGS. I THINK AS WE THINK TO THE FUTURE, WHAT IS IT? IF WE LOOKED OUT 2025 AND 2030 THAT WE CAN LEARN FROM PACE AND INTEGRATE INTO WHATEVER SYSTEM OF DELIVERY WE HAVE, IT HAS SHOWN TO BE VERY BENEFICIAL IN THE PROGRAMS THAT IT IS IN, AS FAR AS I UNDERSTAND.

>> KIM MCCOY WADE: AND I NEED TO MOVE UP. DR. CARSTENSEN AND THEN STACEY.

>> DR. LAURA CARSTENSEN: I HAVE A QUESTION ABOUT HARMONIZATION OF THESE PROGRAMS. ARE ANY OF THEM CONSISTENT WITH HRS?

>> KIM MCCOY WADE: DOES SOMEBODY WANT TO COMMENT ON THE PERSPECTIVE? I WILL SAY THAT I DON'T KNOW. THAT IS PART OF WHAT WE ARE HOPING SOME OF THE ANALYSIS WILL HELP US IDENTIFY.

>> DR. ZIA AGHA: I CAN TELL YOU THERE ARE DATA SOURCES THAT ARE AVAILABLE THROUGH MPA, THAT IS A NATIONAL ORGANIZATION AND ALSO THROUGH CALPACE. BUT ONE OF THE CHALLENGES THEY ARE FACING IS THE RESOLUTION OF THE QUALITY OF THAT DATA. MOST OF IT IS SELF-REPORT AND MOSTLY AROUND ENROLLMENT AND DISENROLLMENTS. WHEN IT COMES TO MEASURING OUTCOMES AND SERVICE DELIVERY, IT IS SHORT OF DATA.

>> KIM MCCOY WADE: AND WE EVEN HAVE TROUBLE OF KNOWING IF THE SAME PERSON IS ENROLLED IN 3 PROGRAMS, WE DON'T HAVE INDIVIDUALIZED RECORDS. ONE OTHER

>> DR. LAURA CARSTENSEN: I WAS THINKING MORE ON THE ITEM MEASURE BECAUSE IT WOULD ALLOW US TO SAY COMPARE CHANGES IN CALIFORNIA WITH THE COUNTRY WITH SOME OF THESE.

>> KIM MCCOY WADE: BEFORE WE MOVE TO THE NEXT ONE, I WANT TO PULL BACK, WE KEEP GOING SPECIFIC AND I THINK ONE OF THE HIGHEST TASKS THAT WE ARE – IT IS A TEN YEAR PLAN AND THERE IS A VISION TO YOUR POINT, CHRIS, HOW MANY PEOPLE ARE GOING TO NEED LONG-TERM SERVICES SUPPORT AND HOW MANY NEED WHICH KIND? SO, WE ARE NOT IN THE POSITION OF SAYING WE NEED THIS MANY SLOTS OR RESTORATION, BUT WE ARE POINTING TO A PICTURE THAT WOULD SAY, I'M GESTURING WILDLY PAINTING THIS GRAPHIC. THAT SHOWS THE NUMBER OF FOLKS TO WHO DO NEED NURSING HOMES AND ASSISTED LIVING AND YOU CAN LOOK ACROSS THE STATE AND SEE IF YOU ARE THE DIVERSITY. IN FIGURING OUT WHAT THE "RIGHT" NUMBER IS, SO THAT ALL THE NUMBERS, IF YOU WILL, ADD UP. ABRUPT TRANSITION. DR. AGHA.

>> DR. ZIA AGHA: I IMAGINE EVERYBODY IN THE ROOM HAS READ THE RECOMMENDATIONS. I'M NOT GOING TO GO THROUGH ALL ITEM BY ITEM. IF YOU LOOK AT THE RECOMMENDATION AROUND HAVING THE CONSOLIDATED SINGLE POINT OF ENTRY FOR BOTH FAMILIES AND SENIORS TO GET INFORMATION AROUND SERVICES THAT ARE AVAILABLE TO THEM.

THIS IS A PROBLEM THAT IS COMMON ACROSS DIFFERENT SETTINGS, NOT JUST IN LTSS. AND AS I LOOKED AT WHAT RESOURCES, THERE ARE TREMENDOUS RESOURCES BOTH AT THE LOCAL AND COMMUNITY LEVEL. BUT EACH ONE OF THEM HAS A DIFFERENT USER INTERFACE AND DIFFERENT TYPE OF INFORMATION. AND MORE IMPORTANTLY, THEY DON'T TRY TO PERSONALIZE SERVICES TO THE NEEDS OF THAT INDIVIDUAL, THAT ELEMENT IS STILL MISSING. SO, THE BIG RECOMMENDATION FROM THE LTSS COMMITTEE AROUND THIS INA IS TO HAVE A COHESIVE, WELL LAID OUT COMPREHENSIVE RESOURCE. WHETHER IT IS ONLINE OR SOME KIND

OF CALL CENTER THAT ALLOWS US TO PROVIDE A COORDINATED TRANSITIONS AND COORDINATED SERVICES ACROSS THE STATE.

IF YOU THINK ABOUT HOW BEST TO DO THAT IN A WAY TO ALSO THEN DEVELOP THE METRICS AND THE QUALITY MEASURE THAT THEY ARE INTERESTED IN, ONE THING THAT CAME TO MY MIND AS YOU WERE TALKING ABOUT, KIM, THE FEDERAL MODEL. ALL OF US ARE FAMILIAR WITH DOING SEARCHES FOR BUYING CHEAP TICKETS OR VACATIONS. WE DON'T HAVE TO REINVENT THE WHEEL IN THIS SITUATION. THE IDEA OF HAVING A META SEARCH ENGINE THAT LOOKS AT ALL EXISTING RESOURCES AND PULLS THEM TOGETHER AND PRESENTS A SINGLE LANDING PAGE WHERE PEOPLE CAN GO TO CONDUCT SERVICES AND IDENTIFY RESOURCES. BUT TO HAVE CERTAIN TOOLS THAT ALLOW YOU TO PERSONALIZE TO YOUR NEEDS. BASED ON INCOME, LOCATION. IN COMMUNITIES YOU MAY HAVE FIVE MEALS ON WHEELS PROVIDER AND OTHERS, ONLY ONE. THAT IS IMPORTANT TO SET UP. WE HAVE THE TECHNOLOGY AND THE ABILITY TO PROVIDE THAT CONTEXTUAL LEVEL OF CARE.

THE SECOND THING IS WHILE THERE ARE COMMERCIAL SOLUTIONS OUT THERE, WE CAN – THE QUALITY OF THE SERVICE PROVIDER AND THE EXPERIENCE. THAT IS SOMETHING THAT IS REALLY IMPORTANT WHETHER IT IS ONLINE OR CALL TYPE CENTER REFERRAL SOURCE TO NOT JUST PROVIDE THE CONNECTION AND A WARM HAND OFF. BUT WHAT WE CALL IN MEDICINE, CLOSE THE LOOP. WAS THE SERVICE PROVIDED? WAS TIMELY? DID IT MEET THE NEEDS? AND WAS THERE TRANSPARENCY IN THE COST? TO HAVE THE TOOLS THAT ALLOW SENIORS TO KNOW BEFORE HAND WHAT IS THE OUT OF POCKET COST OR THE SHARE THEY WOULD PAY BASED ON THEIR CIRCUMSTANCES.

IN TERMS OF SOME OF THE QUALITY METRICS, I'M A FAN. REUSING DATA THAT IS ALREADY THERE. IF YOU THINK ABOUT THIS RECOMMENDATION AND THIS ONLINE WEB RESOURCE, THERE ARE MANY WAYS TO CAPTURE DATA AND USE THAT TO SHOW ENROLLMENT. WHAT

TYPES OF SEARCHES ARE CONDUCTED? WHAT TYPES OF SERVICES ARE ACCESSED AND WHAT TYPES OF SERVICES PROVIDED BY DIFFERENT PROVIDERS? ALL OF THAT CAN BE DONE BY LOOKING BACK AT DATABASES AND UNDERSTANDING MORE THE QUALITY OF SERVICES, THAT REQUIRES A DIFFERENT FRAMEWORK. EITHER IT COULD BE SELF REPORT USING SOCIAL MEDIA TYPE TOOLS AND THIS POPULATION MAY NOT HAVE THAT LEVEL OF INTEGRATION. BUT, REGARDLESS OF WHICHEVER SYSTEM WE USE, CLOSING THE LOOP IS CRITICAL IN THIS. I THINK A LOT OF THESE IN A SERVICES ONLY HAVE WHAT I CALLED THE OUTWARD GOING CAPABILITY. WE NEVER FIND OUT WHAT HAPPENS ON THE OTHER END AND WE HAVE TO PAY ATTENTION TO THAT IN TERMS OF QUALITY SERVICE AND METRICS.

I WILL JUST THROW THIS OUT THERE AND DISCUSS WITH ALL OF YOU, WHAT ARE SOME OF THE BEST RESOURCES THAT YOU KNOW OF AND HOW THOSE CAN BE INTEGRATED. AGENCIES ON AGING, THERE ARE COMMERCIAL RESOURCES OUT THERE THAT ARE TWO IN ONE ORGANIZATIONS IN SAN DIEGO THAT DOES A LOT OF I & A TYPE WORK.

>> JUST SO SAY THAT OUT OF UCSF, SIREN PUBLISHED A GUIDE FOR HEALTH CARE PROVIDERS. THAT WAS A GOOD ANALYSIS OF THE DIFFERENT – ALL OF THE DIFFERENT REFERRAL PROGRAMS THAT ARE NOW BEING UTILIZED BY HEALTH CARE PROVIDERS. AND WHAT WERE THEIR CAPABILITIES AS WELL AS STRENGTHS WEAKNESSES. WE DON'T HAVE TO REINVENT THE WHEEL IF WE DECIDE TO DO SOMETHING ON A STATE ONLINE VERSION OF A REFERRAL PLATFORM.

>> KIM MCCOY WADE: WE HAVE A COUPLE COMMENTS AND COMMENTS IF YOU ARE READY FOR THEM.

>> DR. RAMON CASTLELLBRANCH: MAYBE WE TALKED ABOUT THIS, A REFERRAL PLATFORM CALLED CAL QUALITY CARE? BUT THAT IS DEFUNDED NOW OR SOMETHING LIKE THAT. WHAT IS THE STATUS OF

**THAT? WAS THAT SOMETHING WE'RE THINKING ABOUT RESURRECTING?
DOES THAT FIT INTO THE MODEL?**

>> THAT WAS SPECIFIC FOR –

>> DR. RAMON CASTLELLBRANCH: ALL LICENSED CALIFORNIA LTSS PROVIDERS.

>> DR. CHRISTOPHER LANGSTON: SO, THANK YOU FOR ADDRESSING THIS. MY TEAM AND I HAVE BEEN THINKING A LOT ABOUT THIS BECAUSE I THINK THIS IS WHERE AN AWFUL LOT OF PEOPLE BEGIN THEIR JOURNEY IN AGING AND IT IS A TERRIBLE, TERRIBLE EXPERIENCE FOR THE MOST PART. LIKE OH, MY, GOD, I HAVE A PROBLEM AND I DON'T KNOW ANYTHING ABOUT IT. IT IS NO WRONG DOOR; IT IS ALL THE DOORS ARE WRONG. UNTIL YOU GET LUCKY, YOU GET LUCKY.

I THINK THAT THE ON LINE WEB SELF REFERRAL IS PROBABLY OF USE TO SOME SEGMENT OF THE POPULATION, BUT NOT ALL. WE STILL HAVE THE EXAMPLES I THINK, STILL FUNDED OPERATIONS OF THE AGING AND DISABILITY RESOURCE CENTERS THAT THE ACL PAYS FOR. SO, I THINK WE HAVE SOME IDEA WHAT THE FRONT END MIGHT LOOK LIKE. I THINK IF WE'RE GOING TO MEASURE QUALITY AND MEASURE EFFECTIVENESS OF THIS, THERE IS JUST NO WAY AROUND SECRET SHOPPER KINDS OF APPROACHES. I DIDN'T THINK ANYTHING ELSE IS GOING TO COVER IT. YOU HAVE TO CALL UP WITH THE STANDARD CASE AND YOU'VE GOT TO BE ABLE TO BRING BACK THE RESULTS TO EXPERTS AND HAVE THEM LOOK AT IT AND PROVIDE SOME FEEDBACK.

I THINK THE – THOSE ONLINE PRODUCTS THAT ARE BEING SOLD TO HEALTH CARE ENTITIES WHO HAVE THE MONEY AND WANT TO MAKE REFERRALS TO SOCIAL SERVICES ARE SOMEWHAT INTERESTING. I THINK VARIOUS CUSTOMER RELATIONS MANAGEMENT PRODUCTS ARE PROBABLY MORE INTERESTING. ONE OF THE THINGS WOULD BE, YOU WILL BE GETTING CALLS FOR FROM ALL THE DIFFERENT COUNTIES. I MIGHT CALL FOR MY PARENTS UP IN ALAMEDA COUNTY. MY CASE, IF THE CUSTOMER NEEDS TO

BE REFERRED TO ALAMEDA, THEY NEED TO CALL ME BACK. ET CETERA. AND YOU NEED TO LOOK AT LOOP-CLOSING. AND THE COMMERCIAL PRODUCTS, AND I THINK SOME OF THEM HAVE THAT, OR AT LEAST HAVE THAT POTENTIAL. FOR THE MOST PART, THEY ARE TOTALLY BALLISTIC. HERE ARE THE FIVE TELEPHONE NUMBERS YOU CAN CALL TO HELP YOU WITH YOUR SCHIZOPHRENIA. HIDDEN IN THERE IF YOU WANT A PREMIUM, YOU MIGHT HAVE SOME FEEDBACK.

>> KIM MCCOY WADE: I'M GOING TO MOVE US ALONG BECAUSE WE HAVE ONE COMMENT ON THE PHONE AND WE ARE SO CRUNCHED FOR TIME. WAS IT KATHLEEN ON THE PHONE?

>> KATHLEEN KELLY: WITH FAMILY CARE GIVER ALLIANCE AND MEMBER OF THE RESEARCH SUBCOMMITTEE. I THINK WE'VE GIVEN A LOT OF THOUGHT, THINKING ABOUT THIS BECAUSE WE DO A LOT OF THIS WORK IN OUR WORKER'S FAMILY. AND THERE ARE PLENTY OF STANDARDIZED WAYS TO APPROACH DOING INFORMATION AND THE SYSTEMS TO BE SURE. AND WE CERTAINLY CAN HAVE A BETTER-QUALITY OUTCOME. WHAT I SEE MISSING HERE AND I KNOW MAYBE THIS IS NOT PART OF THE POINT OF THIS PARTICULAR DISCUSSION, BECAUSE IS ON METRICS; BUT IT IS THAT PEOPLE ACTUALLY DON'T KNOW WHERE TO CALL. SO, THERE IS NO MARKETING PLAN ON THIS AT ALL. THAT IS ONE MISSING PIECE, JUST TO MAKE A COMMENT. IT IS NOT INTUITIVE THAT PEOPLE CALL AREA AGENCIES ON AGING FOR INFORMATION AND ASSISTANCE TO BE SURE. I ALSO WANT TO SPEAK TO THE QUALITY CARE ISSUE FOR JUST A MOMENT BECAUSE I WORKED ON TRYING TO GET THIS TO REMAIN IN THE FUNDING VENUE. AND IT COMBINES BOTH STATE AND NATIONAL DATA FOR ALL TYPES OF PROGRAMS, HOME CARE, NURSING HOME, SHORT-TERM REHAB STAY. ASSISTED LIVING FACILITIES. A LOT OF THE PROGRAMS THAT I WAS TOLD THAT WE COULD FIND IN TERMS OF QUALITY METRICS AND I WENT TO THE PLACES THAT WERE QUALITY METRICS. IT IS REALLY ACTUALLY FOR

RESEARCHERS BECAUSE THEY ARE PLACES THAT YOU GO IF YOU ARE A RESEARCHER, IT IS NOT A CONSUMER INTERFACE.

FOR ANY OF THE KINDS OF PROGRAMS WE HAVE TO PAY ATTENTION TO QUALITY ISSUES OR LIMITATIONS OF THE PROGRAM. JUST A FEW COMMENTS ON THE I & A. AND THE TRAINING AND QUALITY METRIC, TRAINING FOR STAFF, LENGTH OF TIME THAT YOU LEAVE SOMETHING UP THERE. THERE IS PLENTY OF QUALITY METRICS THAT CAN BE BUILT INTO THIS SYSTEM.

>> KIM MCCOY WADE: WITH THAT I'M GOING TO ACTUALLY DO A PROCESS PAUSE. I WANT TO AVERAGE THAT THE CONVERSATION TODAY LARGELY REFLECTS A LOT OF THE SUBCOMMITTEE. AT ONE POINT IT WAS CALLED INFORMATION AND REFERRAL AND THEY SAID NO, WE NEED TO HELP AND ASSIST PEOPLE. IT WAS A SHIFT FROM REFERRAL TO ACTUAL ASSISTANCE. AND THAT IS THE QUESTION, HOW DO YOU MEASURE THAT AND MADE THE POINTS OF QUALITY AND WARM HAND OFFS ARE THINGS WE WANT TO MEASURE. CARRIE, SHOULD WE TRY TO SPEAK TO ADULT DAY CARE? WHAT IS OUR PUBLIC COMMENT?

>> THIS IS A REALLY CONCISE RECOMMENDATION.

>> KIM MCCOY WADE: WE HAVE BOTH DR. CARSTENSEN. WHY DON'T WE KICK IT OFF AND THANK YOU. THIS IS THE RECOMMENDATION ABOUT ADULT DAY SERVICES.

>> DR. LAURA CARSTENSEN: AND IT IS ABOUT IMPROVING ADMINISTRATIVE EFFICIENCY AND IT WAS SUBMITTED AS YOU SAY, BY LYDIA WHO IS GRACIOUSLY THERE IN THE ROOM WITH YOU AND CAN ANSWER ANY QUESTIONS. LET ME SUMMARIZE. THE ISSUE IS THAT THERE ARE THREE DIFFERENT STATE DEPARTMENTS THAT HAVE REGULATORY RESPONSIBILITY OVER ADULT DAY HEALTH AND COMMUNITY-BASED SERVICES. IT INVOLVES THE DEPARTMENT OF HEALTH CARE SERVICES AND PUBLIC HEALTH AND AGING. BECAUSE OF THE DIVISION OF

RESPONSIBILITY AND SOMETIMES EVEN CONTRADICTORY LEGAL AND REGULATORY RULES, IT LEADS TO LOTS OF ADMINISTRATIVE AND PROGRAMMATIC INEFFICIENCY THAT AFFECT THE QUALITY OF THE RESOURCES PROVIDED. IT INCREASES HEALTH AND SAFETY EFFICIENCY AND REDUCES BENEFACTION AMONG PROVIDER AND CONSUMERS IN THE COMMUNITY WHO UTILIZE THESE SERVICES.

SO, THE RECOMMENDATION IS TO RETURN TO A REGULATORY APPROACH THAT ACTUALLY WAS IN PLACE IN THE 1980S THROUGH THE 90S, WHICH WOULD CONSOLIDATE OVERSIGHT AND LEAD TO GREATER EFFICIENCY. THERE HAS BEEN SOME DISCUSSION WITH BRENDA ABOUT THE ABILITY TO DO THIS AND THERE IS SOME EVIDENCE OR SOME ENCOURAGEMENT THAT THIS COULD BE DONE ON A FIVE-YEAR PILOT BASIS. DURING WHICH TIME THE BENEFITS OF CONTINUING THIS KIND OF INTEGRATION ON A PERMANENT BASIS COULD BE EVALUATED.

SO, AS I SAY, I THINK THIS, THANK YOU LYDIA, THIS IS SUCCINCT AND STRAIGHTFORWARD AND THAT SHOULD DO IT.

>> KIM MCCOY WADE: AND I ALSO WANT TO LIFT UP AND I SO APPRECIATE THAT WE HAVE RECOMMENDATIONS A ARE VERY CONSUMER FACING AND ALSO RECOGNIZE THAT THE CONSUMERS FACING THE EXPERIENCE AND THE GOVERNMENT STRUCTURE BEHIND IT. I APPRECIATE THAT WE'RE LOOKING AT IT FROM ALL ANGLES.

>> JEANNEE PARKER MARTIN: I HAVE A COMMENT MORE THAN A QUESTION BECAUSE THIS IS AN EXCELLENT RECOMMENDATION. ADULT DAY SERVICES HAVE BEEN DEMONSTRATED TO BE SO IMPACTFUL AND COST SAVINGS. AND I WONDER WITH SOME OF THE OTHER RECOMMENDATIONS THAT YOU MAY GET BY FRIDAY, IF SOME OF THE OTHER RECOMMENDATIONS MIGHT BE ABLE TO INCORPORATE MORE AGGRESSIVELY ADULT DAY SERVICES. AS WE LOOK FORWARD TO A ROAD MAP, MAYBE BY 2030, ADULT DAY IS SORT OF AN ASSUMED CAPABILITY. IF YOU THINK ABOUT IN THE 80S, HOSPICE STARTED AND IT TOOK 30 YEARS

FOR IT TO BECOME A REGULAR BENEFIT THAT PEOPLE UNDERSTOOD. SO, IT MAY TAKE A WHILE, BUT IT WOULD BE HELPFUL TO INTEGRATE THAT.

>> DR. LAURA CARSTENSEN: I AGREE. WHEN LYDIA AND I TALKED ABOUT THIS RECOMMENDATION EARLIER, WE WERE TALKING ABOUT THE POTENTIAL OF MEASURING THE ECONOMICS OF THIS AND THE BENEFITS THAT WOULD ALLOW PEOPLE TO DELAY [INAUDIBLE] AND INCLUDE THAT PLAN IN THE EVALUATION.

>> KIM MCCOY WADE: ANY OTHER QUESTIONS OR COMMENTS? RIGHT NOW WE'RE IN A PROGRAM, PROGRAM, PROGRAM, BUT MANY OF THE COMMON THEMES, WHETHER IT IS SIMPLIFYING ADMINISTRATION, MARKETING TO FOLKS, ARE GOING TO KEEP COMING UP AND HOW WE ADVANCE THAT IN THE SYSTEM AND MEASURE IT IN A SYSTEM WAY IS THE PIVOT WE'RE TRYING TO HIT.

>> DR. ZIA AGHA: I WANT TO SECOND THE RECOMMENDATION. THAT IS DEFINITELY A VERY IMPORTANT RECOMMENDATION.

>> LYDIA: I JUST WANTED TO ADD, THIS ALSO FALLS UNDER THE CATEGORY OF IMPROVING ACCESS AND REBUILDING INFRASTRUCTURE. TO THE EXTENT THAT THESE PROGRAMS RELY ON REGULATORY OVERSIGHT TO EXIST AND THE REGULATORY OVERSIGHT IS CONFUSED AND LENGTHY AND BURDENSOME, IT RESTRICTS ACCESS TO THE SERVICES AND WE HAVE MANY EXAMPLES WHERE PEOPLE ARE LITERALLY WAITING IN THE WINGS FOR MONTHS FOR A NEW CENTER TO START BECAUSE OF THE INEFFICIENCY AND SOMETIMES THEN BEING PLACED OR PASSING AWAY. I JUST WOULD ALSO CATEGORIZE THIS UNDER IMPROVING ACCESS TO THE SERVICES AS WELL AS EFFICIENCY.

>> KIM MCCOY WADE: VERY HELPFUL. OKAY.

>> JEANNEE PARKER MARTIN: IF THERE IS NO ONE ON THE PHONE I WOULD LIKE TO MAKE ANOTHER COMMENT.

>> KIM MCCOY WADE: THIS IS GOING TO BE THE LAST COMMENT AND THEN WE TURN TO THE PUBLIC COMMENTS.

>> JEANNEE PARKER MARTIN: I WANT TO GO BACK TO SOME OF THE PUBLIC RELATIONS COMMENTS MADE EARLIER. WHEN WE – TO THE QUESTION THAT CAME UP ABOUT HOW BENEFICIAL IT COULD BE, CHRIS YOU ASKED A QUESTION SIMILAR TO THAT. WHEN WE INITIATED THE AGE ON – WE STARTED IMMEDIATELY GETTING CALLS FROM THE PUBLIC ABOUT WHERE THEY COULD ACCESS SERVICES. MORE THAN WE EVER HAD BEFORE. SO, I THINK THE BENEFIT OF A PUBLIC RELATIONS CAMPAIGN MAYBE NOT DURING A SURVEY OF HOW MUCH THEY WANT TO PAY. BUT A PUBLIC AWARENESS CAMPAIGN CAN REALLY INCREASE THE GENERAL PUBLIC’S AWARENESS ABOUT ACCESS. AND THE SECOND RELATED CONTRARY CONCERN, THERE ARE SO MANY SCAMMERS NOW THAT CALLING PEOPLE HAS BECOME A SCAM. I WOULD BE CONCERNED ABOUT PUTTING TOO MUCH EMPHASIS ON CALLERS, ESPECIALLY PEOPLE WHO MAY BE COMPRISED MENTALLY OR HEARING WISE, MAY NOT BE ABLE TO UNDERSTAND WHAT A CALLER IS REALLY ASKING.

>> KIM MCCOY WADE: THANK YOU SO MUCH FOR THE COMMENTS AND THIS FIRST MEETING WHERE WE PRACTICE LOOKING AT OBJECTIVES AND DATA SOURCES VALUES AROUND EQUITY AND WORKING THROUGH RECOMMENDATIONS. THE VOLUME IS ONLY GOING TO GO UP. WE WANT TO FIGURE OUT HOW WE BOTH GO WIDE AND DEEP IN THE SAME PERIOD OF TIME. INCLUDING ADDING MORE TIME TO THE MEETING AND WE’RE SO GRATEFUL, IT MEETING WOULD NOT HAPPEN WITHOUT THE IN BETWEEN HOMEWORK THAT MANY OF YOU DID AND THAT PART WE’RE KEEPING. WE DO WANT TO WELCOME THE CONVERSATIONS ABOUT WHAT WOULD MAKE THE NEXT MEETING MORE PRODUCTIVE. I WILL LET CARRIE SUM UP THE NEXT STEPS. I DO WANT TO DO PUBLIC COMMENTS OPEN THAT BY SAYING, THIS IS NOT A METAPHOR, IT IS LITERAL. THE AGENCY WEBSITE CRASHED LAST NIGHT. SO MUCH HAPPEN AND SO MANY CHANGES. I WANT TO APOLOGIZE ON BEHALF OF OUR AGENCY, THE DOCUMENTS THAT PEOPLE WENT TO LOOK FOR WERE NOT THERE. AND A NEW MASTER PLAN FOR

AGING IS COMING IN A COUPLE MONTHS. I APOLOGIZE IN MEETING HAVE BEEN A LITTLE TOUGH. ANYTHING TO UPDATE ON ETA?

>> NO, THEY ARE ACTIVELY WORKING TO GET THE DOCUMENTS RESTORED HERE, HOPEFULLY WITHIN THE NEXT FEW HOURS.

>> KIM MCCOY WADE: IF YOU NEED ANYTHING FASTER, E-MAIL US AT THE ENGAGE ADDRESS AND WE HOPE IT WILL BE BACK ONLINE. WE ARE LITERALLY BUILDING THE WEBSITE AS WE FLY IT, AS THEY SAY.

WE HAVE TWO IN THE ROOM. STEPHANIE. TO SHOULD WE GO WITH THE IN ROOM WHILE WE'RE SORTING THAT OUT. STEPHANIE, CAN YOU TRY TO SHARE YOUR COMMENT? ARE YOU UNMUTED ON YOUR END? ALL RIGHT. WHO IS NEXT?

KRISTA?

>> THIS WAS JUST ABOUT MY QUESTION FROM EARLIER. SO, I JUST WANTED TO KNOW IF THE UNITED NATIONS STATE DEVELOPMENT GOAL INDICATORS ARE GOING TO BE LABELED WITH THE RECOMMENDATION FROM THIS PLAN? IS THERE ANY LINKAGE?

>> KIM MCCOY WADE: MY EXPECTATION IS WE ARE GOING TO TALK ABOUT THAT A LOT, WHERE THE W.H.O. INDICATES CAN BE RELIED ON. WE DON'T WANT TO REINVENT THE WHEEL. THEIR WE TRACK AND WE NEED TO PUT A SPIN ON THEM. DO YOU HAVE A SUGGESTION, RECOMMENDATION ON THAT?

>> WELL, I KNOW THAT LOS ANGELES HAS A DASHBOARD AT FCC.

>> KIM MCCOY WADE: FOR THE LIVABLE COMMUNITIES, WE HAVE LOOKED AT THE SAN DIEGO AGE WELL AND ORANGE COUNTY AND MARIN COUNTY HAVE AGING DASHBOARDS. WHEN I WAS JUST IN SAN DIEGO COUNTY ON FRIDAY, CITIES IN L.A. COUNTY WHO BUILT DASHBOARDS BASED ON THAT. SEND ANY AND/OR OTHER EXAMPLES TO US. WE ARE GOING TO TRY TO USE THAT IN THE W.H.O.

>> MY NAME IS KIERRA HARRIS, COFOUNDER OF AN ORGANIZATION CALLED SISTERS AGING WITH GRACE AND ELEGANCE. AND WE PROMOTE

HEALTHY AGING AMONG AFRICAN AMERICAN WOMEN IN THE STATE. MY QUESTION RELATES TO EQUITY LENS. I HEARD ALL OF THE MASTER PLAN IS GOING TO BE DEVELOPED THROUGH AN EQUITY LENS AND I WANTED SOMEBODY TO DESCRIBE WHAT THAT MEANT. IN THIS PROCESS I WORK AT STUDENT EQUITY IN SACRAMENTO CITY COLLEGE. AT THE COLLEGE LEVEL, THE EQUITY THAT REFERS TO IMPACTED GROUPS. IN MY ORGANIZATION RESEARCH, OLDER AFRICAN AMERICAN WOMEN IN THE STATE OF CALIFORNIA ARE DISPROPORTIONAL IMPACTED IN ALMOST EVERY QUALITY OF LIFE MEASURED. I WAS GLAD TO HEAR IN THE POWERPOINT PRESENTATIONS THAT WAS HIGHLIGHTED. IT COULD BE FOR HEALTH, HOUSING. IT IS DEFINITELY FOR ECONOMIC INSECURITY. IF SOMEONE ON THE SUBCOMMITTEE COULD DESCRIBE TO ME WHAT IS MEANT BY EQUITY LENS IN THIS PROCESS?

>> KIM MCCOY WADE: I WOULD SAY TWO PIECES ABOUT HOW WE'RE STARTING. THAT IS A VERY ON-GOING CONVERSATION AND I'M GLAD YOU ARE ON THE CALL TO HELP US BE PART OF THAT. IT MEANS TWO THINGS; ONE THAT IT IS A COMMITMENT TO ACKNOWLEDGE CUMULATIVE DISPARITIES AND HAVE BENEFITS AND SERVICES AND PROGRAMS THAT SPEAK TO THAT AND ADDRESS IT AND MATCH IT. IT IS ACKNOWLEDGING THAT AGING BEGINS INEQUITABLY AND MAKE SURE THAT WE ARE MITIGATING THAT. FROM THIS SUBCOMMITTEE IN PARTICULAR, I WANT TO MAKE SURE THAT EVERY SINGLE DATA INDICATOR IS AVAILABLE BY GENDER, RACE AND INCOME. SOME DATA WE KNOW THAT, SOME WE DON'T AND SOME WE NOTE IT DIFFERENTLY. I THINK WE ABSOLUTELY KNOW JUST LIKE A CALIFORNIA, THE DIFFERENCE BETWEEN HUMBOLDT AND SAN FRANCISCO AND THE DIFFERENCE BETWEEN AFRICAN AMERICAN WOMEN AND WHITE MEN. THAT IS GOING TO BE BUILT INTO THE DASHBOARD EVERYWHERE AND WE ARE GUIDED BY OUR COLLEAGUES AT CDPH IN SOME OF THE LET'S GET HEALTHY IN HAVING THE EQUITY.

THOSE ARE AT LEAST IN THE VALUES ROW AND COLUMNS OF DATA. WE'RE AIMING TO DO MORE AND WE WELCOME RECOMMENDATIONS FROM GROUPS SUCH AS YOURS TO HELP US GET RIGHT.

>> I REALLY APPRECIATE THAT ANSWER, KIM. AND WE ARE ALSO REACHING OUT TO AFRICAN AMERICAN WOMEN IN AN OUTREACH PROCESS TO MAKE SURE THAT THEY ARE AWARE THAT THIS PLANNING PROCESS IS HELP AND WE WILL BE SUBMITTING RECOMMENDATIONS TO THE COMMITTEE.

>> KIM MCCOY WADE: I WOULD LOVE TO TALK MORE ABOUT THAT. WE HAD A MEET WITH CARLEEN AND WE WANT TO BUILD ON THAT WORK.

>> COLLEEN AND I ARE DEFINITELY COLLEAGUES. ONE OTHER QUESTION. WILL THE POWERPOINTS THAT WERE UP THERE FROM PACE BE AVAILABLE ON THE WEBSITE WHEN IT GETS PUT UP?

>> KIM MCCOY WADE: YES, ABSOLUTELY. THANK YOU.

>> THANK YOU.

>> KIM MCCOY WADE: ANYMORE ON THE PHONE? LYDIA?

>> LYDIA: THANK YOU. COUPLE THOUGHTS, ONE, CENSUS DATA WILL BE COMING OUT SOON. THAT SEEMS LIKE REALLY GREAT OPPORTUNITY AND TIMING FOR ALL THE WORK YOU ARE DOING ON THE RESEARCH COMMITTEE. I HAVE ANOTHER COMMENT, WE REALLY NEED TO START INVESTING IN RESEARCH AND PUTTING DOLLARS BEHIND IT. REAL DOLLARS THAT WILL MAKE AN IMPACT. WE CAN'T RELY TOTALLY ON THE FOUNDATIONS AND THEIR GENEROSITY. THEY ARE STRAPPED WITH THEIR GOALS OBJECTIVES. WE HAVE BEEN UNDER INVESTING AND WHY WE ARE AT THE POINT TODAY WHERE THIS COMMITTEE IS LACKING A WHOLE LOT OF DATA. THANK GOD FOR ALL THE FOLKS THAT COLLECT DATA. BUT WE NEED TO THINK BIGGER AND BOLDER AND BROADER SO WE CAN REALLY MEASURE OUTCOMES AND HOW WE'RE IMPACTING PEOPLES' LIVES. THAT IS REALLY MISSING.

I WANTED TO MAKE A PITCH FOR SOMEONE SMARTER AND MORE ADEPT WITH DATA THAN ME AND ACTUALLY I THINK THIS IS PROBABLY MAYBE A SUBGROUP FOR SOMEBODY TO LOOK AT. BACK IN 2002 WHEN WE HAD A LOT OF MONEY IN THE STATE WHERE GOVERNOR DAVIS WAS TRYING TO SPEND. AND WE WERE THE RECIPIENT OF A DREAM WE HAD TO MODEL A BOOK FOR MEDI-CAL. THAT WAS THE INSPIRATION. IT IS DATA 2002, CENSUS DATA HAD JUST COME OUT. WE WORKED WITH PARTNERS HERE IN SACRAMENTO AND HAD ACCESS TO DATA AND KNEW HOW IT CRUNCH IT. YOU'VE GOT A SNAPSHOT IN TIME OF SERVICES ALSO BENCHMARKS. WE LOOKED AT COUNTY BY COUNTY DATA AND THEN CAME UP WITH COUNTY COMPARISONS. WE BEGAN TO RANK COUNTIES ON POPULATION GROWTH OF 85 AND OLDER, 65 AND OLDER, POVERTY, RENTALS. SO, ON. WE COULD RANK COUNTIES. OUR HOPE WAS AT THE TIME THIS COULD SPUR COMPETITION AMONG THE POLITICIANS AND COUNTY GOVERNMENT TO DO BETTER AND IT DIDN'T QUITE HAPPEN.

IT WOULD BE INTERESTING FOR SOMEONE TO TAKE A LOOK AT THIS, THIS IS MY ONLY COPY, I HAVE ELECTRONIC. WHAT MIGHT MAKE SENSE TODAY TO COMBINE WITH EXISTING DATA. THIS IS NOT FOR THE PUBLIC, BUT MORE FOR PEOPLE LIKE YOU. AND TAKE A LOOK AT WHERE WE ARE TODAY AND THEN WE CAN LOOK AT WHERE WE ARE 5 OR 10 YEARS FROM NOW. THIS WOULD BE PART OF A DASHBOARD THAT WOULD BE COOL TO LOOK AT. NOT JUST LONG-TERM CARE SERVICES, POPULATION GROWTH, DEMOGRAPHICS, ETHNICITY, POVERTY LEVELS AS I MENTIONED. WHO THE ASSEMBLY AND SENATORS WERE FOR THE COUNTY? WORKFORCE, HOUSING AND TRANSPORTATION. I JUST BRING THAT TO YOU AS AN IDEA FOR YOU ALL TO THINK ABOUT. I'M HAPPY TO E-MAIL ELECTRONIC COPIES.

>> GOOD AFTERNOON. ALEX TORRES, HERE ON THE CALIFORNIA ASSOCIATION OF VETERAN SERVICES AGENCIES. VETERAN SERVICE PROVIDERS WORKING IN PARTNERSHIP TO ADDRESS VETERAN NEEDS THROUGHOUT THE STATE. ONE OF THE PRIORITIES IS IMPROVING DATA

COLLECTION WITH REGARD TO THE VETERAN POPULATION AND THE SERVICES THEY ACADEMIES THROUGHOUT THE STATE, INCLUDING FEDERAL PROGRAMS. ONE THE SUBGROUPS IS VETERANS, AGING. THIS OCCURS IMMEDIATELY AFTER DISCHARGE AND AS THE POPULATION AGES. I BELIEVE THERE HAS BEEN DATA SUGGESTING CALIFORNIA WILL, IN 2022 HAVE THE LARGEST VETERAN AGING POPULATION IN THE COUNTY. CASA WOULD LIKE TO SUBMIT FOR STAFF A COPY OF THE EXECUTIVE SUMMARY. WE COMPLETED A 2019 STATE OF THE CALIFORNIA VETERAN COMMUNITY REPORT. AND WE HAVE THE EXECUTIVE SUMMARY DONE AND HOPEFULLY SENDING THE ENTIRE REPORT AS A FOLLOW UP SHORTLY. AGAIN, THAT DETAILS SOME OF THE DISPARITIES DISCUSSED AND HOPE IT CAN BE HELPFUL IN ELEVATING THE CONVERSATION ON AGING AND CALIFORNIA VETERANS. I WOULD LIKE TO THANK YOU FOR YOUR WORK AND DEDICATION TO THIS ISSUE. AND WE LOOK FORWARD TO CONTINUING TO PARTNER WITH OTHER STAKEHOLDERS AS WELL AS YOURSELVES.

>> KIM MCCOY WADE: THANK YOU SO MUCH. I'M GLAD YOU ARE HERE AND OUR INITIAL CONVERSATIONS WITH THE CALIFORNIA VETERANS, THEY ARE FORWARD LOOKING, MORE SO THAN OTHER DEPARTMENTS OF THIS TREND. BRENDA, LAST WORDS?

>> BRENDA: QUESTION, AS WE LOOK AT PACE AND WE LOOK AT THE RECOMMENDATIONS AROUND PACE, CAN WE THINK MORE CREATIVELY ABOUT PACE? CAN WE LOOK AT WHAT DOES PACE LOOK LIKE IN THE COMMUNITY? WHAT ARE THE BARRIERS FOR PEOPLE ACTUALLY BEING ABLE TO BE ENROLLED IN PACE? WHAT WOULD IT TAKE FOR EXAMPLE, FOR A MEDICARE ONLY BENEFICIARY TO BE ABLE TO AVAIL THEMSELVES OF THE PACE SERVICES? AND ALSO, HOW DO WE REMOVE THE PART D BARRIER? THE PRESCRIPTION DRUG COST? AS WE THINK ABOUT PACE AND WE THINK ABOUT PACE CENTERS AND THINK ABOUT GROWING PACE, LET'S LOOK AT IT VERY CREATIVELY AND THINK MORE ABOUT HOW WE

MIGHT BE ABLE TO ENROLL THOSE INDIVIDUALS THAT TRULY WOULD BENEFIT FROM THE HOLY GRAIL OF COORDINATED CARE.

>> KIM MCCOY WADE: AS I SAID, WHO BETTER FOR THE LAST WORD THAN BRENDA. THAT IS PART OF BEING PERSON-CENTERED AND DATA DRIVEN. WE ALL KNOW PROGRAMS DELIVER AND WE WANT TO MEASURE THE OUTCOMES. RECOGNIZING THAT THE MODEL IS REALLY THE GENIUS THERE.

WE ARE AT 4:00. CARRIE, 15 SECOND NEXT STEP?

>> CARRIE GRAHAM: I JUST WANT TO START OUR NEXT STEPS BY THANKING KATHRYN AND STEVE FOR THE PRESENTATIONS. I FEEL LIKE A LOT OF MY ANXIETIES ABOUT WHAT IS GOING TO BE IN THIS DASHBOARD ARE NOW BETTER. FOR ALL THE MEMBERS OF THE SUBCOMMITTEE WHO WORKED BEFORE THIS MEETING TO DO ALL THAT PREWORK, THINKING ABOUT HOW TO EVALUATE THE RECOMMENDATIONS. I WANTED THIS MEETING SCHEDULE SLIDE TO BE UP JUST TO REMIND YOU OUR NEXT MEETING IS JANUARY 24TH AT UC BERKELEY. THAT MEETING IS GOING TO BE PART 2 OF OUR GOAL 1, WHICH IS LTSS.

AS WE MOVE FORWARD, IN TERMS OF THE PREWORK I RANDOMLY ASSIGNED YOU TO GROUPS THIS TIME. BUT I WOULD LIKE TO WORK WITH THIS COMMITTEE TO GET DIFFERENT WORKING GROUPS GOING ON THE DIFFERENT GOALS IN TERMS OF EVALUATION. SO, I WILL BE REACHING OUT TO YOU TO TRY TO SORT US IN TO WORKING GROUPS THAT MAKE SENSE IN TERMS OF EVALUATING THE DIFFERENT GOALS. AND I'M ALREADY PEN PALS WITH ALMOST ALL OF YOU.

>> KIM MCCOY WADE: WE WILL HAVE UPDATES FOR YOU FROM THE WORK INTERNALLY TO GET THIS DARN THING BUILT AND HAVE UPDATES FOR YOU ON THE DATA GAP ANALYSIS THAT WE'RE BEGINNING TO WORK ON AS WELL. SO, WE CAN WORK ON GETTING SOMETHING DESIGNED BUILT FOR THE FUTURE. FEEDBACK ON THE NEXT MEETING, DASHBOARDS,

RECOMMENDATIONS, WE ARE STILL A WORK IN PROGRESS. WE ARE GOING TO GO AHEAD AND UPDATE THAT WE WANT TO GO TO 5?

>> CARRIE GRAHAM: THE MEETINGS MOVING FORWARD ARE GOING TO BE 1 TO 5 TO MAKE SURE THAT WE HAVE TIME TO COVER AND NOT IN A RUSH AND WE CAN TAKE BREAKS ALL OF THAT.

>> KIM MCCOY WADE: ALL RIGHT. ANY OTHER LAST COMMENTS BEFORE WE BREAK?

>> DR. JANET FRANK: I KNOW THAT WE'RE GOING TO LOOK AT RECOMMENDATIONS AS THEY COME IN. AND SOME TIME THIS SUMMER, THE "REAL" RECOMMENDATIONS ARE GOING TO BE DECIDED ON. WE'RE NOT GOING TO BE ABLE TO SPEND THIS MUCH TIME AS WE MOVE FORWARD. WHAT IS YOUR VISION ABOUT HOW THAT WORKS? AND FOR US TO BE THE MOST EFFECTIVE AND EFFICIENT IN OUR WORK?

>> CARRIE GRAHAM: I THINK TODAY WAS SORT OF AN EXERCISE IN SEEING HOW WE CAN WORK TOGETHER ON INDIVIDUAL RECOMMENDATIONS. WE ONLY HAD FOUR AND WE DECIDED TO GO OVER ALL FOUR AND ORIENT EVERYBODY. THESE RECOMMENDATIONS ARE COMING IN, THE PEOPLE WHO ARE SUBMITTING HAVE IDEAS ABOUT EVALUATION AND SOURCES. SO, I THINK IT WAS USEFUL TO ALL OF US GET TOGETHER AND LOOK AT THE RECOMMENDATIONS TOGETHER. WE'RE NOT GOING TO BE ABLE TO DO THAT FOR ALL 50 OR 100. I THINK WE'RE GOING TO HAVE TO DO IT IN BUCKETS. WHETHER IT IS BY 1, 2, 3, 4, GOAL OR BREAKING DOWN BY OBJECTIVES. WE'RE NOT GOING TO BE ABLE TO DO THIS KIND OF WORK ON ALL OF THIS, BUT I FELT IT WAS USEFUL TO ORIENT EVERYONE TO DO THAT TODAY.

>> JEANNEE PARKER MARTIN: I WONDER ALSO, IS THE QUESTION TO WHAT LEVEL OF DETAIL? ARE WE TRYING TO BE TACTICAL? VERY NARROW? I WOULD SAY THE ADULT DAY HEALTH FOR EXAMPLE, THAT HAS A NARROW RECOMMENDATION AS IS CURRENTLY STATED. BUT THAT IS A VERY NARROW WE NEED TO DO THIS AND THAT. SO, IF WE THOUGHT

ABOUT THAT PIECE AND WE'RE ABLE TO ANSWER THAT QUESTION, IT ALSO MIGHT HELP EVALUATE. AND I THINK THE OTHER THOUGHT THAT CAME TO MIND IS IF WE HAD A CERTAIN LEVEL OF CRITERIA.

A RECOMMENDATION MIGHT BE REALLY GOOD AND THEY JUST DIDN'T PUT ANY OF THE DATA SOURCES IN. MAYBE IF WE HAD SOME CRITERIA TO ANALYZE LIKE A – LIKE WHEN YOU GET A PROPOSAL IN. YOU SAY THEY ARE MISSING ALL OF THE REFERENCES SO WE CAN'T EVEN LOOK AT IT. YOU SAY THIS DID NOT ADDRESS –

>> CARRIE GRAHAM: IF PEOPLE DON'T HAVE IDEAS FOR DATA SOURCES, I RATHER THEY NOT GUESS. PEOPLE ARE SUBMITTING RECOMMENDATIONS WITHOUT THE EVALUATION CRITERIA. WE HAVE A COUPLE DIFFERENT WAYS. HOW WILL THIS LOOK SUCCESSFUL? AND THEN WE HAVE DATA SOURCES. SO, WE HAVE A COUPLE DIFFERENT WAYS AND WE DON'T WANT TO LIMIT PEOPLE TO NOT SUBMITTING RECOMMENDATIONS IF THEY DON'T UNDERSTAND THE EVALUATION.

>> KIM MCCOY WADE: I THINK THE OTHER THING THAT IS GOING TO START HAPPENING, THE DASHBOARD DESIGN. MAY, THE DASHBOARD PROTOTYPE WILL GO TO THE ADVISORY COMMITTEE IN MAY. LIKE 6 MONTHS ARE HERE. WE ARE GOING TO START OUTLINING AND PUTTING THAT AND STARTING TO COLLECT DATA SOURCES NEXT MONTH. SO, WE ALSO WANT TO SHARE THAT WITH YOU HERE. WE ALSO WANT – THE DASHBOARD CONVERSATION IS ABOUT TO GET MORE CONCRETE.

>> THAT IS AT THE INTERAGENCY LEVEL?

>> KIM MCCOY WADE: AGAIN, WE'RE HOPING IF WE KNOW WE RELY ON CHIS AND HEALTH PLAN DATA AND THE ELDER INDEX AND DEPARTMENT OF HOUSING, VETERANS. THIS FEDERATION OF WHAT IS THE STORY – THE HIGHEST LEVEL OF THINGS WE WANT TO BE SURE THAT WE TELL THAT WE HAVE, OR DO WE NOT HAVE?

>> DR. ZIA AGHA: SHOULD WE BE REVIEWING THE RECOMMENDATIONS AND THINKING WHAT FEEDBACK WE CAN PROVIDE IN TERMS OF DATA SOURCES? YOU CAN'T MEASURE IT.

>> CARRIE GRAHAM: ABSOLUTELY. WE ARE THE EXPERTS ON THE DATA SOURCES. PEOPLE MIGHT COME IN WITH RECOMMENDATIONS AND BEAUTIFUL RESOURCES. FOR THOSE THAT DON'T HAVE THOSE, THAT IS THE ROLE OF THIS SUBCOMMITTEE IS TO HAVE OUTCOME.

>> KIM MCCOY WADE: I'M NOT SURE THAT WAS A CLEAN AND CRISP ANSWER FOR YOU. WE'RE TRYING TO FIGURE THAT OUT, WHAT IS THE BEST USE OF THIS FIRE POWER? WITH THAT QUESTION UNANSWERED, WE WILL LEAVE IT. WE WILL TRY TO KEEP DOING THIS MIX OF DASHBOARD OBJECTIVES AND SPECIFIC TACTICS AND MORE TIME FOR DISCUSSION. THANK YOU ALL, SAFE TRAVEL, TALK TO YOU SOON.