MEETING TRANSCRIPT

JANUARY 6, 2020

MASTER PLAN FOR AGING

LONG-TERM SERVICES AND SUPPORTS SUBCOMMITTEE MEETING #5

TOPIC IN FOCUS: WORKFORCE, FAMILY CAREGIVERS, AND ASSISTIVE TECHNOLOGY

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>>KIM MCCOY WADE: ALL RIGHT WELCOME BACK. HAPPY NEW YEAR, THIS IS KIM FROM CALIFORNIA DEPARTMENT OF AGING, WE ARE HERE, AT OUR MASTER PLAN FOR AGING LONG TERM SERVICES AND SUPPORT SUB COMMITTEE MEETING NUMBER 6 AS WE RACE THROUGH THE DEEP DIVES THIS FALL AND WINTER, TODAY WE ARE GOING TO BE FOCUSSING ON WORKFORCE FAMILY CAREGIVER AND ASSISTIVE TECHNOLOGY ALL ABOUT THE CARE GIVING SIDE OF LONG TERM SERVICES AND SUPPORTS. WE HAVE GOT A NUMBER OF THINGS TO DO TO KIND OF SET THE TABLE TODAY AS WE START THE NEW YEAR, SO, ONE OF WHICH IS THE LOGISTICS, WE ARE, AS YOU ALL KNOW WE ARE MOVING TO ZOOM, WE ARE EXCITED ABOUT. AS THE TECHNOLOGY TO INCREASE PARTICIPATION AND ACCESS, SO WE TRIED WITH

A MEETING IN DECEMBER, USING THE WEBINAR ON IT BEGINNING NEXT WEEK, THIS IS OUR FIRST SUB COMMITTEE, HOPEFULLY THAT WILL SMOOTH OUT THE PARTICIPATION OF PEOPLE IN THE ROOM AND ON THE PHONE, THANK YOU NELSON. AND OTHER LOGISTICS ON--WHO HAS THE CLICKER? THAT'S KIND OF OUR NEW LOGISTICS POINT. ONE OF THE THINGS THAT WE LIKE ABOUT ZOOM IS THAT THE CLOSED--CAPTIONING THAT IS CURRENTLY ONLY IN THE ROOM, HOPING IN FURTHER MEETINGS, NOT YET TODAY, BRING THAT TO THE ZOOM BROADCAST AS WELL, CONTINUE TO IMPROVE TO ACCESS, THAT IS A WORK IN PROGRESS, AND OTHER A ACCOMMODATIONS ARE LISTED SO WE CAN HAVE FULL PARTICIPATION. TODAY, I AM DOING THE WELCOME, AND AS ALWAYS WE ARE GOING TO START WITH PEOPLE AND DATA. WE WILL DO THE PERSON-CENTERED CAREGIVER VOICES. AND THE DATA TRENDS I AM GRATEFUL TO THE PARTNERS FROM THE LABOR AGENCY TO TALK ABOUT THAT, AND THEN SOMEHOW WE ARE GOING TO DO VERY DEEP DIVES INTO 3 TOPICS AND NOT SPEND TOO MUCH TIME ON PRESENTATION AND GET RIGHT TO DISCUSSION, THANK TO THE TEAM OF SUB COMMITTEE MEMBERS THAT WORKED SO HARD. INSPIRED BY THE OTHER MEETINGS WITH LOTS OF SLIDES, NO ONE READ THE SLIDES, SLIDES ARE THE RESOURCE, AND JUMP RIGHT TO DISCUSSION. WE WILL DO ALL 3 TOPICS AGAIN, RAID READ (ON SCREEN), AND THEN WE ARE GOING TO, I AM GRATEFUL TO SUSAN AND SARA, TAKEN THE WIDE RANGING CONVERSATION ON PROCESS, HOW TO TURN IT INTO A REPORT AND COME BACK TO PRESENT PROPOSAL FOR HOW WE ARE GOING TO DO THAT, HEAR FROM THEM AND DISCUSS THAT TO THE END OF THE MEETING AND OF COURSE PUBLIC COMMENT AND RECAP OF WHERE WE ARE. IN A SECOND I AM GOING TO

HAVE EVERYONE INTRODUCE THEMSELVES, BEFORE WE DO THAT, WE ALSO WANT TO START THE NEW YEAR, I AM SURE WE ALL HAVE OUR RESOLUTIONS PERSONAL AND PROFESSIONAL. WE WERE REMINDED IN A MEETING RECENTLY AT AARP MEETING IN SACRAMENTO, WITH WONDERFUL TABLE TOPS WITH MEETING GUIDELINES, THOUGHT THEY LOOK GOOD AND BRING THEM FORWARD, WE THOUGHT WE PROPOSE TRY TO DO THIS, START AND END ON TIME. ONE PERSON SPEAK AT A TIME. BE FULLY PRESENT. FULLY DISENGAGE FROM ELECTRONIC DIVISION SAYS THE PERSONAL WITH TWO PHONES IN FRONT OF HER. RESPECTFUL LANGUAGE AND TONE, AND ASSUME GOOD INTENTIONS, I DON'T KNOW IF YOU WANT TO SAY A WORD ABOUT THOSE.

>> NINA WEILER-HARWELL: THANK YOU FOR PRESENTING THEM, WE USE THEM AS CUES DURING THE MEETINGS TO REMIND EVERYBODY WE ARE HERE, PRESENT AND THIS IS THE ONE THING WE ARE DOING. SO, I HOPE THAT OTHER MEMBERS HERE AS WELL AS MEMBERS OF THE PUBLIC FIND THEM USEFUL

>>KIM MCCOY WADE: THANK YOU SO, THE OTHER PIECE WE WANT TO REMIND FOLKS OF IS WHERE WE ARE IN OUR LIFE CYCLE OF THE SUB COMMITTEE. AGAIN, MANY OF US TOOK A BREAK, WE ARE GETTING BACK HERE FULL IN BODY AND SPIRIT, WE STARTED IN OCTOBER SXSHGS WE ARE DOING HOW MANY? 8 TOPIC DEEP DIVES DEPENDING ON HOW YOU COUNT. REALLY WALKING ACROSS THE CONTINUUM OF LONG TERM SERVICES AND SUPPORTS, BEGINNING WITH INFORMATION ASSISTANCE IN OCTOBER, LOOKING FROM THE RANGE OF HOME AND COMMUNITY BASED SERVICES TO GROUP SERVICES, OF COURSE SPECIAL FOCUS ON IN HOME SUPPORTIVE

SERVICES AS THE LARGEST PROGRAM HERE IN CALIFORNIA AND LOOKING AT NEW WAYS TO PAY WITH POTENTIAL STATE BENEFIT. AND WORKFORCE AND FINANCE INTEGRATION. AND BRINGING IT TOGETHER IN A STAKEHOLDER REPORT, SUBMITTED IN MARCH, YOU SEE THE FEBRUARY AND MARCH MEETING ABOUT FINALIZING THE REPORT FOR THE FULL SAC AND TAKING THAT TO SUBMIT. I HEARD RU MORS SOME OF YOU THINK YOU ARE DONE AFTER THE MARCH REPORT, I AM HERE TO TELL YOU WE WOULD LIKE TO KEEP DOING BUSINESS, PERHAPS A SLOWER PACE TO CONDITION TIN EWE TO INFORM AND ADVISE ON THE MASTER PLAN ITSELF, MASTER PLAN, STATE PLAN, BLUEPRINT, DATA DASH BOARD AND BEST PRACTICES, TALK ABOUT THAT TOO, BUT HOPE THE GROUP CONTINUES IN SOME LEVEL TO HAVE PRODUCTIVE MEETINGS FOCUS ON THE FINAL PLAN AFTER THE MARCH REPORT, I THINK THAT WAS ALL WE WANT TO SAY TO SET THE TABLE FOR THE NEW YEAR, OVER AGENDA AND OVER THE CYCLE AND NEW TECHNOLOGY, AND REFRESH ON THE AARP MEETING GUIDELINES, IF THERE IS NOTHING ELSE I WILL TURN TO INTRODUCTIONS, ALL RIGHT,

>> CARRIE GRAHAM: ALL GOING AROUND? OKAY, I AM CARRIE GRAM FROM THE UNIVERSITY 06 CALIFORNIA, CONSULTANT TO CDA DURING THE PROCESS

>> MAYA WITH THE HEALTH PLAN OF SAN MATEO.

>> PETER MENDOZA: I AM HERE AS CONSUMER MEMBER AND LONG TERM SERVICES AND SUPPORTS.

>> SARA: WITH THE SCAN FOUNDATION.

>> KRAG WITH THE CALIFORNIA ASSOCIATION.

>> SUSAN ALSO ASSOCIATION.

>> DONNA BENTON: UNIVERSITY OF SOUTHERN CALIFORNIA.

>> NINA WEILER-HARWELL: AARP OF CALIFORNIA.

>> PATTY.

>> BRANDI WITH SEIU 2015, AND I DON'T KNOW, HEATHER YOUNG IS TRYING TO GET ON THE LINE, MUTED BUT PRESENTING.

>> CORINNE, WITH CALIFORNIA LONG MATERIAL CARE EDUCATION CENTER.

>> JULIA FIGUEIRA-MCDONOUGH: (INAUDIBLE)

>> LYDIA, ALLIANCE FOR LEADERSHIP AND EDUCATION.

>> STEWART KNOX: STATE OF CALIFORNIA WORKFORCE ACCOMMODATIONS.

>> ANA WITH FREED AND NEVADA COUNTY.

>> JEFF CALIFORNIA COUNSEL OF THE BLIND.

>> JOSE, SUTTER INDEPENDENT PHYSICIANS AND LATINX PHYSICIANS

OF CALIFORNIA .

>> ELLEN, REPRESENTING SAINT PAUL SENIOR SERVICES AND CALIFORNIA COMMISSION ON AGING.

>> KRISTINA BAS HAMILTON: LOCAL 3930.

>> ELLEN GOODWIN DEPARTMENT OF AGING.

>> THIS IS MONICA ON BEHALF OF LA COUNTY BOARD OF SUPERVISORS .

>> CLAIRE FROM JUSTICE AND AGING.

>>KIM MCCOY WADE: HEATHER OR MARTY?

>> THIS IS HEATHER.

>> MARTY IS ONLINE CHAT AND SAYS HE WOULD LIKE SOMEONE TO INTRODUCE HIM, I AM INTRODUCING MARTY.

>>KIM MCCOY WADE: THIS IS FUN FOR US, 71 PARTICIPANTS LISTENING IN TOTAL. SO, HERE WE GO, OTHER THING I WANT TO THANK YOU ALL IN ADD VABS, WE KNOW MATERIALS GOT OUT CLOSE TO THE MEETING, COMBINATION OF HOLIDAYS AND PERFECT STORM OF FAMILY HEALTH ISSUES, EVERYONE SHOULD HAVE A COPY, ON THE PAGE, AND FEW COPIES, AND E-MAILED OUT. MOVING ON ALL THE FRONTS TO HAVE THEM. THIS IS--WE WILL AIM TO GET THEM OUT EARLIER FOR UPCOMING MEETINGS,

THANK YOU FOR YOUR HELP ON THAT. WITH THAT I AM GOING TO JUMP RIGHT INTO THE VERY FULL AND TURN OVER TO CARRIE, I HAVE TO STEP IN AND OUT FOR VARIOUS REASONS, I WILL TRY TO BE BACK FOR THE FINISH.

>> CARRIE GRAHAM: I THINK WE ARE GOING TO START WITH VOICES OF CAREGIVERS, AND NELSON YOU WANT TO START WITH THE VIDEOS?

>> (VIDEO) WITH THE 49ERS, RIGHT HERE WITH SOMEONE I TAKE CARE OF, FIRST OF ALL MY MOM, SITTING IN DEJA'S WHEELCHAIR, MY SISTER, MY GREATEST HOPE THEY WILL LIVE THE REST OF THEIR LIVES DOING THINGS THEY WANT TO DO, AND ENJOYING THEIR LIVES EACH DAY, AND UMM I WANT AS I GET OLDER TO LIVE A HAPPY AND HEALTHY LIFE, AND BE ABLE TO ENJOY THINGS I WANT TO DO AS WELL. WHAT'S IMPORTANT TO YOU THOUGH? THANK YOU.

>> CARRIE GRAHAM: NOW WE HAVE A VIDEO FROM THE PERSPECTIVE OF A PAID CAREGIVER.

>> (VIDEO) ORIGINALLY I COME FROM THE ISLAND OF SEBU, PHILIPPINES, I DECIDED TO COME TO AMERICA, AND RIGHT NOW I AM A CAREGIVER, LIFE IN AMERICA IS DIFFERENT. I DON'T HAVE MY FAMILY TO TAKE CARE OF ME, BUT I DECIDED TO STAY HERE, BECAUSE I WANT TO SEEK OUT BETTER ECONOMIC OPPORTUNITY AND BE ABLE TO SEND MONEY HOME TO MY GRANDSON.

GIVE LOLA IS KISS, BUY I LOVE YOU, I AM PASSIONATE ABOUT THIS CAUSE BECAUSE I AM ALSO A CAREGIVER AND EXPERIENCES THE USES I KNOW WHAT I AM TALKING ABOUT. CAN YOU TELL ME SOMETHING ABOUT LIKE

YOUR PROBLEM, HOW IS IT THAT--WHY ARE YOU HERE?

>> I HAVE TO DO EVERYTHING, NOT ONLY THE PATIENT I HAVE TO TAKE CARE, BUT ALSO INCLUDING THE FAMILY, I HAVE TO CLEAN THE WHOLE HOUSE. AND THEN FEED THE DOG. IT'S EVERYTHING.

>> HOW MANY PERIODS OF REST DO THEY GIVE.

>> (CHUCKLE) THERE IS NO DEFINITE TIME.

>> LIVE IN ARRANGEMENT OR YOU GO TO THERE.

>> LIVE-IN.

>> OKAY, SO YOU STAY WITH YOUR CONSUMER 24/7, NO OVER TIME BEING PAID, NO OVER TIME PAY?

>> DOMESTIC WORK IS THE WORK THAT MAKES ALL OTHER WORK POSSIBLE, CARING FOR BASE K FOUNDATIONAL THINGS IN OUR SOCIETY, CHILDREN, ELDERS, HOUSES, WE NEED TO VALUE THE WORK AS SUCH. WE NEED TO TRANSFORM THIS WHOLE INDUSTRY, BECAUSE WE HAVE TWO VULNERABLE POPULATIONS AFFECTED BY THIS.

>> CARRIE GRAHAM: OKAY, SO WITH THAT WE WOULD LIKE TO WELCOME STEWART KNOX HERE FROM THE CALIFORNIA LABOR WORKFORCE DEVELOPMENT AGENCY, TO TALK ABOUT TRENDS, SHORTFALL, DEMANDS, IN

CARE GIVING.

>> STEWART KNOX: SO, YEA, WE WILL GO THROUGH THE SLIDES HERE FOR A SECOND, BUT I WANT TO SHOW, THERE IS A FAIRLY LARGE SHORTAGE, ALREADY TAKING PLACE WITHIN CALIFORNIA, ALSO NATIONALLY, BUT WITHIN THE STATE. BUT, THIS TREND WILL CONTINUE TO GROW IN ADDITION TO THE NEXT TEN YEARS. REALLY QUICK, LABOR WORKFORCE DEVELOPMENT AGENCY, COMPRISED OF 7 MAJOR BOARDS, COMMISSIONS, PANELISTS, EDD KS IS THE LARGEST, AND INDUSTRIAL RELATIONS THE SECOND LARGEST, EDD, ALL OF THE STATS WE SHOW TODAY CAME FROM THE LABOR MARKET INFORMATION DIVISION, WHICH HOUSES MOST OF THE STATE'S, INFORMATION AROUND LABOR STATISTICS, WHEN I WAS TALKING TO KIM WE DECIDED IT WOULD BE GOOD TO SHOW THE NEXT TEN YEARS IN TRENDS BEHIND THE AGING POPULATIONS NOT ONLY NEEDS. ONE OF THE PRESENTATIONS, WAS INCREASING TIME SPENT IN WORK, BUT IN ADDITION TO THAT, THE OPPORTUNITIES NOT ONLY FOR THE AGING POPULATIONS TO WORK WITHIN THE INDUSTRIES WHICH THEY ARE IN, AND SHOW OPPORTUNITIES FOR THE FUTURE AS WELL. I HAVE ALSO INCLUDED A FEW SLIDES IN TERMS OF HOW WE ARE DOING WITH THE WAY THE EDUCATION TRENDS ARE GOING IN THE OCCUPATIONS, I DON'T IT WILL BE SHOCKING FOR ANYONE, BUT WE ARE NOT DOING THAT GREAT OF A JOB IN FILLING EDUCATIONAL NEEDS OF THE OCCUPATIONS. FIRST SLIDE ONLINE, I THINK E-MAILED OUT TODAY, I HAVE COPIES FOR ANYBODY THAT IS OPEN TO HAVING COPIES OF WHERE WE HAVE THEM AND BUILT THE SLIDES, I HAVE THAT AVAILABLE IF YOU NEED THEM. SO FIRST SLIDE IS LOOKING WITHIN

HOSPITALS, BROKE INTO 3 DIFFERENT GROUPS AND EXPLAIN EACH AS WE GO THROUGH, WITHIN HOSPITALS PRIMARILY, 2016, FASTEST GROWING OCCUPATIONS, PER SEN TEENAGE OF CHANGE, HOME HEALTH AIDS, GROWING WITHIN THE NEXT TEN YEAR, ALREADY SEE THIS GROWTH TAKING PLACE, NURSE PRACTITIONERS, PHYSICIANS ASSISTANTS, 45% INCREASES. NECESSARY TO FILL WITHIN THE NEXT TEN YEARS, HUGE INCREASES THAT CURRENTLY ARE NOT MEETING DEMANDS TO FILL AT THIS POINT IN TIME. MEDICAL ASSISTANTS IN THE MIDDLE. AND ALSO LAWS EFFECT AS WELL, CHANGING INCREASE OF TIME SPENT PER PATIENT OR PER SEN TEENAGE THAT NEED TO BE IN THE HOSPITALS WITHIN THE NUMBER OF PATIENTS. THOSE CHANGES, COULD INCREASE OR DECREASE, DEPENDS ON THE WAY THE LAWS EFFECT THAT. WE SAW THAT WITH MEDICAL ASSISTANTS IN THE LAST YEAR. THIS IS PROJECTED NEED IN THE OCCUPATIONS. THIS ONE IS KIND OF INTERESTING, SHOWS THE NEW JOB OPENINGS, BETWEEN 2016 AND 2026, THE LINE WITH THAT IS SHOWING WHERE THE OUT COMES ARE FOR PEOPLE. THIS IS WHAT WE PULL FROM, WHICH IS THE I PET, SOME OF YOU MAY BE FAMILIAR WITH, THE NATIONAL CENTER OF EDUCATION DATA SYSTEM. WHAT THAT SHOWS IS THE OUT COME FOR MEETING THE NEEDS FOR THESE EDUCATIONAL ATTAINMENTS, I THINK THIS IS SHOCKING IF YOU LOOK AT THE NUMBERS, IF WE HAVE A NEED FOR CLOSE TO 45 THOUSAND NEW NURSES AND PUTTING OUT ABOUT 18 THOUSAND, THAT IS A CRITICAL ISSUE WE ARE FACING AND CONTINUES TO GROW. SOME ARE DOING BETTER THAN THAT, PHYSICIANS ASSISTANTS, BETTER, EMERGENCY MEDICAL TECHNICIANS AND PARAMEDICS, EMT AT THE POINT WHERE PROJECTIONS HIT, GOOD NEWS, BUT OVER ALL LOOK AT HOME HEALTH AIDS, THAT IS

BOTTOM OF NECESSARY NEED FOR US TO HAVE ACTIONS FOR IT IN THE PROJECTED FUTURE. THAT IS GOING TO BE A PROBLEM. THIS IS GOOD INFORMATION AND ALSO SCARY, BUT ALSO GOOD INFORMATION FOR US TO PREPARE FOR THE FUTURE.

THE NEXT SLIDE KIND OF SHOWS, THESE ARE THE OCCUPATIONS, I HAVE STATS ALL THE WAY FROM MA, IN HOME HEALTH SERVICES, THESE ARE TOP PAYING POSITIONS ESSENTIALLY WHAT WE SHOW, PHYSICIANS AND SURGEONS BEING TOP LEVELS, BUT SOME OF THESE JOBS, PHARMACISTS, NURSE, MID WIVES, NURSE-PRACTITIONERS, THESE ARE GOOD WAGES WE WANT TO SHOW PROGRESSION OF WAGES, IF WE LOOK AT IN THE FUTURE, WHERE PATHWAYS CAN BE BUILT FROM THE HEALTH CARE SECTOR, GOOD LIVABLE WAGES IN CALIFORNIA, FEEL A RECOMMENDATION LOOKING AT HOW TO PATHWAYS BUILD TO BETTER PAYING OCCUPATIONS IN THE FUTURE.

NEXT ONE IS OCCUPATIONS WITHIN NURSING AND RESIDENTIAL CARE, FIRST PART WAS HOSPITALS PRIMARILY. SO YOU SEE THE FLIP. SO THE FIRST ONE WE SHOW THAT THE SLIDE WAS NURSES PRIMARILY. IN HEALTH CARE O OCCUPATIONS IN NURSING FACILITIES, NO SURPRISE OVER 40% INCREASE IN FASTEST OCCUPATIONS IN 2016-26, DOWN TO SPEECH LANGUAGE PATHOLOGIST, STILL HAVE ALMOST 20% INCREASE WITHIN THE NEED THERE AS WEM. AND NEXT SLIDE AGAIN SHOWING THAT HERE IS THE NEED AND THEN NEW JOB OPENINGS, WITHIN EACH OF THESE SECTORS AND OCCUPATIONS, AND LOOKING AT WHERE WE MEET THAT DEMAND FOR OUT COMES, THAT LINE SHOWING OCCUPATION GNAT THERAPISTS AT THE END THERE, TO REGISTERED NURSES STILL NOT MEETING THE DEMAND, ASSISTANTS VERY FAR OFF. HOME HEALTH AIDS AGAIN, AT THE BOTTOM OF

THE OUT COME PIECE, AS WE LOOK AT HOW WE GROW THE WORKFORCE POPULATION, AS AGING POPULATION CONTINUES TO INCREASE, CALIFORNIA HAS A WAY TO GO IN TERMS OF MAKING CONNECTIONS TO MAKE SURE WE ARE MOVING FUNDING AND HIGH SCHOOLS AND OTHERS HO TO MOVE OCCUPATIONS AS A PRIMARY NEED TO BE MEET FOR THE FUTURE. AND LOOKING AT OCCUPATIONS THAT PAY WELL. A LOT OF PEOPLE AS YOU KNOW, FEEL THAT THE LOWER RUNGS, DO THEY HAVE A WAY OUT OF THE $14 HOUR A JOB TO MAKE $80 AN HOUR, I THINK THE ANSWER IS YES, BUT ON US TO FIGURE HOW TO MAKE THAT HAPPEN. NEXT SLIDE INCOME FROM NURSE-PRACTITIONER OVER 130 THOUSAND DOWN TO AROUND 75 THOUSAND IN THAT RANGE. SO, AGAIN, THERE IS SOME GOOD OCCUPATIONAL RANGES OF WAGES AND INCOME, SPEECH LANGUAGE PATHOLOGISTS RESPIRATORY THERAPISTS AROUND THE 80 THOUSAND RANGE, LIVABLE WAGES WITHIN CALIFORNIA ON WHERE YOU LIVE, IN THE BAY MAYBE NOT SO MUCH. GENERALLY IN CALIFORNIA THESE ARE GOOD WAGES TO LOOK AT. BASED ON THIS FIRST QUARTER OF 2019 WAGES. LOOKING AT THE FASTEST GROWING OCCUPATIONS WITH INDIVIDUAL AND FAMILY SERVICES, IHSS SIDE, WHERE WE SEE THE GROWTH, AIDS WHERE IS NEEDED, NURSE-PRACTITIONER, DIETITIAN, NUTRITIONIST, GOOD NEWS, AND BAD NEWS, FAST GROWING OCCUPATIONS HOW WE EDUCATE ENOUGH PEOPLE TO MOVE THEM INTO THE OCCUPATIONS AND FAIRLY QUICK MANNER TO SERVE THE NEED.

AGAIN, LOOKING AT IT. THIS IS WORSE.

AGAIN, LOOKING AT THIS ONE, IT IS WORSE THAN THE OTHER SLIDES. HOME HEALTH CARE, LOW. DIETICIANS, NUTRITIONISTS, A PRETTY GOOD JOB. BUT WITHIN THE TRAINING IS BARELY KEEPING IN TRACK WITH THE THREE ON THE FAR RIGHT. IF YOU GO TO THE LEFT, WE ARE NOT EVEN CLOSE TO MEETING THE DEMAND AT THIS TIME. THIS IS BASED 10 YEARS OUT. IF WE DID NOTHING AT THIS TIME, WE WOULD NOT BE BETTER THAN THAT, THIS IS BASED ON TEN YEAR PROJECTIONS.

NURSE AND RESIDENTIAL CARE, GOING FURTHER OUT INTO THE OCCUPATIONAL THERAPIST, FAIRLY LOW LEVEL OF OCCUPATIONAL ATTAINMENT IN TERMS OF THE NEEDS AND THE EDUCATION COMPONENTS. THESE ARE THE NEW JOB OPENING THAT WE CURRENTLY HAVE. STATISTICALLY A LITTLE BIT BETTER, BUT NOT MUCH. THOSE ARE ALL FROM MY SLIDES MANY.

>> CARRIE GRAHAM: WE HAVE A FEW MINUTES BECAUSE YOU WERE SO ON TIME. WAY TO DEMONSTRATE OUR VALUES. IF THERE IS ANY QUESTIONS THESE SLIDES, BRANDI?

>> BRANDI WOLF: SO I DON'T KNOW IF THIS DATA IS BROKEN OUT. BUT IT IS IMPORTANT AS WE ARE DOING THIS WORK TO DIFFERENT IATRO BETWEEN HOME HEALTH AND HOME HEALTH CARE AID. THEY ARE NOT COMPENSATED THE SAME. IS A DIFFERENT EMPLOYMENT STRUCTURE. I DON'T KNOW IF WE JUST DON'T HAVE THAT DATA OR IF IT IS JUST NOT BROKEN OUT. BUT WE SHOULD BE

DIFFERENTIATING BETWEEN MEDICAL HOME HEALTH AND NON-MEDICAL HOME CARE.

>> STEWART KNOX: WE HAVE THE DATA, WE JUST DIDN'T DO THAT ELEMENT, BUT IN THE FUTURE WE CAN. WE DO HAVE THAT DATA AND WE CAN GET THE DATA AS YOU GUYS KNOW ALL TOO WELL, THOSE ARE JOINT POWERS AUTHORITIES AND COUNTY RUN PROGRAMS IT IS A LITTLE MORE DIFFICULT FOR US TO GET THAT DATA. BUT WE DO HAVE IT AND CAN BREAK IT DOWN.

>> BRANDI WOLF: GREAT, THANKS.

>> DR. JOSE AREVALO: DID YOU TAKE INTO ACCOUNT THE TRANSITION OF CARE OUTSIDE OF THE HOSPITAL? AS WE MOVE FORWARD WITH THE LESS OF THE INTERVENTIONS HAPPENING IN THE HOSPITAL AND MORE HAPPENING OUTSIDE THE HOSPITAL AS TECHNOLOGY INCREASES? BECAUSE I THINK THAT IS GOING TO BE A MAJOR PLAYER IN THE NEXT FEW YEARS AS – AND PAYMENT STRUCTURES THAT ARE HAPPENING THAT ARE DRIVING THIS, AT LEAST IN THE CURRENT PAYMENT SYSTEM, SO THAT MORE AND MORE CARE IS HAPPENING OUTSIDE OF THE HOSPITAL. AND THE HOSPITAL, THEREFORE, IS HAVING THE MORE ACUTE PATIENTS. SO SICKER AND SICKER PATIENTS IN THE HOSPITAL AND TRANSITION OF CARE THAT CAN DONE CIVIL AND EFFICIENTLY AND EFFECTIVELY OUTSIDE OF THE HOSPITAL WILL HAVE A MAJOR IMPLICATE IN TERMS. THE WORKFORCE.

>> STEWART KNOX: THE WAY THE HOSPITALS CURRENTLY OPERATE IS ALL BASED ON THE CURRENT INFORMATION.

>> I JUST WANT TO TAG OFF WHAT JOSE MENTIONED AND THIS IS A PLACE WHERE WE SEE A NEED IS CONNECTING HOSPITAL TO HOME AND HELPING WITH THAT NAVIGATION AND BRINGING THAT HOSPITAL TO THE HOME COMMUNITY SETTING AND ADDRESS THE SOCIAL DETERMINANTS OF HEALTH. IT IS NOT A PRACTICE THAT IS HAPPENING UNIVERSALLY RIGHT NOW, BUT THERE IS REALLY A NEED TO DO THAT, THAT NAVIGATION AND THAT CONNECTION BETWEEN HOSPITAL AND HOME. ANA ACTON.

>> LYDIA MISSAELIDES: IT MIGHT BE AVAILABLE ON YOUR WEBSITE, BUT I WAS CURIOUS ABOUT GEOGRAPHIC DIFFERENTIALS ACROSS THE STATE BECAUSE THERE IS OFTEN A SCARCITY IN SOME AREAS.

>> STEWART KNOX: WE CAN BREAK IT DOWN TO ZIP CODE IF YOU WANT. BUT WE BREAK IT DOWN IN RURAL VERSUS URBAN. WE CAN BREAK IT DOWN TO REGIONS. SO JUST I CAN GET INFORMATION HOWEVER YOU WANT IT. IF GO INTO – WE HAVE 45 LOCAL BOARDS, IF YOU GO ON THE WEBSITE, YOU CAN BREAK IT DOWN BY ALL 45 BOARDS. SO YOU CAN LOOK AT IT BY THAT LOCAL BOARD. IT DOES HIT THE RURAL AREAS AND THE COUNTIES OF SACRAMENTO AND WILL BREAK THOSE DOWN. I WILL GIVE YOU A CARD BEFORE I LEAVE.

>> LYDIA MISSAELIDES:

IT MIGHT BE HELPFUL FOR PURPOSES OF THIS GROUP TO HAVE SOME GEOGRAPHIC AND RURAL, URBAN, SOMETHING.

>> STEWART KNOX:

ABSOLUTELY.

>> CRAIG CORNETT:

JUST A COUPLE POINTS, I AGREE TOTALLY WITH WHAT JOSE SAID. THE THING I POINT OUT IS ALMOST EVERYTHING BELOW THE HOSPITAL REQUIRES SOMEBODY HERE TOO. REQUIRES SOMEBODY MAYBE NOT AT THE TOP OF THE LINE. I LOOK AT THIS DATA ALL THE TIME AND I GUESS – I'M NOT SAYING THE OBVIOUS, BUT I DON'T KNOW HOW WE EVER GET A HANDLE ON TRYING TO MOVE MORE PEOPLE TO GIVE SETTINGS WITHOUT GETTING A HANDLE ON THE WORKFORCE. THIS IS A CENTRAL ISSUE AND WILL AFFECT US. I LOOK AT THE DATA REGIONALLY A LOT, IT IS BAD EVERYWHERE. IT IS JUST A QUESTION OF IS IT REALLY BAD OR JUST BAD? IT IS A QUESTION ACROSS THE BOARDS.

>> SUSAN DEMAROIS: I DIDN'T SEE PHYSICIANS ANYWHERE IN THE WORKFORCE. DO YOU TRACK THAT?

>> STEWART KNOX: WE DO. THERE WAS ONE SLIDE THERE, THE FIRST SLIDE I THINK DOES HAVE THE PHYSICIANS.

>> SUSAN DEMAROIS: I ONLY SAW IT ON THE WAGES, NOTHING ABOUT SUPPLY. AND PRIMARY CARE

AND GERIATRICS ARE THINGS THAT WE ARE INTERESTED IN. BUT YOU HAVE ALL THAT DATA?

>> STEWART KNOX: WE TRACK ALMOST EVERYTHING, SO WE WOULD HAVE THAT INFORMATION.

>> KIM MCCOY-WADE: AND WE ARE DOING ONE OF THE WEBINARS ON WEDNESDAY ON THE GERIATRIC WORKFORCE.

>> PATTY BERG: I'M NOT AS INTERESTED IN 45 BOARDS. I'M REPRESENTING RURAL AREAS AND WE HAVE REAL SHORTAGES IN RURAL AREAS. I WANT TO SEE WHAT IS AVAILABLE IN ALL 58 COUNTIES.

>> STEWART KNOX: WE CAN DO THAT.

>> PATTY BERG: THAT WOULD BE PERFECT BECAUSE WE HAVE REAL GAPS.

>> STEWART KNOX: ABSOLUTELY, WE CAN DO THAT.

>> CARRIE GRAHAM: WE'RE GOING TO MOVE TO JULIA. CAN YOU INTRODUCE YOURSELF?

>> JULIA FIGUEIRA-MCDONOUGH: I AM HERE AS A LIAISON TO THE SECRETARY OF LABOR. I WANT TO START OFF WITH THE FIRST SLIDE FOR THE PRESENTATION. I THOUGHT THIS WOULD BE HELPFUL TO SORT OF STEP BACK AND GET A BIRD'S EYE VIEW OF THE WORKFORCE. WE'RE GOING TO TALK ABOUT THE DIRECT CARE. WE'RE TALKING ABOUT THOSE PEOPLE, THEY ARE A HOME

HELPING AND PERSONAL CARE AID AND THE PEOPLE WHO PERFORM THOSE JOBS WITHOUT BEING REGISTERED OR LICENSED IN ANYWAY. WHEN WE TALK ABOUT THE DIRECT CARE WORKFORCE, WE'RE TALKING BOTH ABOUT THE LARGE UNPAID FAMILY WORKFORCE AND WE HAVE THERE LISTED WHAT THE PROJECTED SHORTAGES. AND PAID DIRECT CARE WORKERS. AND THE RANGE IN THE PROJECTED SHORTAGE THERE IS PRIMARILY DUE TO EITHER PROJECTING BASED ON THE CURRENT NUMBERS THAT WE HAVE, OR PROJECTING BASED ON AN ASSUMPTION THAT THE NUMBERS ARE UNDER REPORTED AND PEOPLE ARE UNDERSERVED. THE NUMBER OF PEOPLE RECEIVING CARE IS NOT THE SAME AS THE NUMBER OF PEOPLE WHO COULD AND SHOULD BE RECEIVING CARE.

WITHIN THE PAID DIRECT CARE, THERE ARE HOME HEALTH CARE WORKERS, A LARGE SEGMENT IS THE IHSS WORKERS. THE SHADING THERE, THE ORANGE COLOR IS MEANT TO INDICATE PUBLIC FUNDING. UNDER HOME THERE IS PRIVATE HOME CARE AGENCY AND THE GRAY MARKET. AND THAT REFERS TO CONSUMERS WHO PAY CAREGIVERS DIRECTLY. UNDER GROUP RESIDENTIAL, WE HAVE THE FACILITIES FOR THE ELDERLY AND THE SKILLED NURSING FACILITIES. AND THE SKILLED NURSING FACILITIES, THERE IS SUPPOSED TO BE A GRADATION. 50% OF PEOPLE RECEIVE SOME FORM OF PUBLIC ASSISTANCE TO BE THERE.

I'M NOT GOING TO READ ALL THIS ALOUD, YOU CAN SEE THE DEMOGRAPHICS ON THE HOME CARE WORKFORCE, THE MAIN TAKE AWAY IS THAT THE VAST MAJORITY ARE WOMEN. ALMOST 80%. THE VAST MAJORITY ARE ALSO PEOPLE OF COLOR.

AND ALMOST HALF ARE IMMIGRANT WORKERS. THE MEDIAN WAGE IS – THIS FIGURE IS A FEW YEARS OLD, BUT IT IS A LITTLE OVER $10 AN HOUR, WHICH ADDS UP TO AN ANNUAL SALARY OF $14,000, LESS THAN HALF THE MEDIAN OF ALMOST ALL CALIFORNIANS. ALMOST ONE IN FIVE PAID CAREGIVERS LIVE IN POVERTY.

WHEN WE MOVE TO HEALTH CARE FACILITIES, THERE IS ADDITIONAL INFORMATION. IT IS MEANT TO GIVE A BETTER SENSE OF – ONE THING THAT I THINK IS PARTICULARLY IMPORTANT IN CONTEXT OF RESIDENTIAL CARE, THE ACUTENESS OF THE CONDITIONS OF THE PEOPLE WHO ARE BEING CARED FOR IS INCREASING, BUT THE LEVEL OF TRAINING AND RESOURCES AND STAFFING RATIOS ARE NOT. WE HAVE 40% OF THE RESIDENTS WHO HAVE ALZHEIMER'S OR DEMENTIA. THOSE THAT REQUIRE AROUND THE CLOCK CARE. THERE ARE NO MEANINGFUL MINIMAL STAFFING REQUIREMENTS.

RESIDENTIAL CARE WORKERS ARE UNDER COUNTED AND WE HAVE NO MEANINGFUL STATISTICS ABOUT THIS WORKFORCE. WHAT INFORMATION WE DO HAVE IS GLEANED FROM DIVISION OF LABOR CENTERS, INVESTIGATION AND COMPLAINTS. WHAT WE KNOW AGAIN IS THAT THE TAKEAWAY IS THIS WORKFORCE IS PRIMARY OF COLOR, AT LEAST HALF FOREIGN BORN. AND THE BARRIERS TO MEETING THE SKYROCKETING DEMANDS ARE PRIMARILY LOW WAGES, LACK OF BENEFITS AND ABYSMAL WORKING CONDITIONS. AND THERE IS ISSUES, ONE IS OBVIOUSLY THE ABILITY OF LAW ABIDING EMPLOYERS TO LEGALLY EMPLOY THIS POTENTIAL WORKFORCE. AND ALSO THE POSITION THAT PUTS THAT WORKFORCE IN.

AND KRISTINA IS GOING TO SPEAK TO THE SPECIFIC CHALLENGES TO RAISING WAGES AND WORKING CONDITIONS IN THE IHSS CONTEXT. IN TERMS OF PRIVATE PAY, THE BARRIERS ARE MANY. THERE ARE LACK OF CHALLENGES THAT COME WITH UNCOORDINATED AND LIMITED REGULATIONS AND LIMITED UNION REPRESENTATION IN THE PRIVATE PAID SECTOR. THERE ARE A LOT OF BAD ACTOR EMPLOYERS AND LACK OF INCENTIVES AND POLICY STRUCTURES.

THIS IS A LIST OF THE CURRENT INITIATIVES OUT THERE AND RESOURCES FOR WORKFORCE DEVELOPMENT. SOME OF THEM ARE WITHIN THE GOVERNMENT ITSELF THROUGH THE WORKFORCE DEVELOPMENT BOARD AND SOME OF THEM ARE COLLABORATIONS OF EDUCATIONAL INSTITUTIONS LABOR. WE'LL TALK MORE IN DEPTH ABOUT ONE OF THOSE INITIATIVES.

>> KRISTINA BAS-HAMILTON: THANK YOU. WE REPRESENT APPROXIMATELY 116,000 IHSS WORKERS IN 21 COUNTIES. AND AS MY COLLEAGUE BRANDI SAID, THEY REPRESENT THE REMAINDER OF WORKERS. JUST TO GIVE A SENSE OF SCALE, I WANT TO SAY THE NUMBER OF IHSS WORKERS OVER 550,000 AT THIS POINT. AND IT DWARVES ANY COMPARABLE STATE WORKFORCE, REALLY, WHICH IS PART OF THE PROBLEM.

THE RECOMMENDATION THAT WE – THIS GROUPING THAT PUT THIS TOGETHER THAT WE WANT TO RAISE TO THE SUBGROUP IS THE TRANSITIONING OF COLLECTIVE BARGAINING FOR IHSS FOR COUNTIES AT THE STATE LEVEL. THIS IS A PROPOSAL THAT HAS BEEN AROUND FOR NUMEROUS YEARS. IT WAS DONE

AS A PILOT BACK IN 2012 AS PART OF THE COORDINATED CARE INITIATIVE. IT WAS ONLY IN 7 COUNTIES AND HAD VERY LIMITED RESULTS, LOTS OF HISTORY BEHIND THAT.

IT WAS ELIMINATED IN 2018. NOW THERE IS ESSENTIALLY THE STATUS QUO, WHICH IS THAT IN IHSS, WAGES AND BENEFITS ARE NEGOTIATED AT COUNTY LEVELS WITH THE PUBLIC AUTHORITIES, WHICH ARE THESE QUASI PUBLIC ENTITIES CREATED THROUGH STATE LAW TO MAKE SURE THAT IN NO WAY, SHAPE OR FORM COULD IHSS WORKERS BE GIVEN THE STATUS/DIGNITY OF TRADITIONAL COUNTY AND STATE WORKERS. I'M BEING CANDID HERE AND IT IS IMPORTANT TO UNDERSTAND. THERE HAS TO BE CLEAR DESIGNATION THAT THESE FOLKS ARE NOT ENTITLED TO BENEFITS. WE HAVE THE QUASI ENTITIES. THE BOARDS OF THE PUBLIC AUTHORITIES ARE THE COUNTY BOARDS OF SUPERVISORS. SO THE DECISION MAKING AUTHORITY RESTS WITH THE COUNTY BOARD OF SUPERVISORS WHICH ESSENTIALLY HAS THE FINAL SAY IN DECISIONS TO INCREASE WAGES BENEFITS.

WHAT IS IMPORTANT TO NOTE IS THAT COLLECTIVE BARGAINING FOR THE MOST PART IS EXTREMELY DYSFUNCTIONAL, ESPECIALLY FOR A LIMITED NUMBER OF COUNTIES THAT TRADITIONALLY HAVE HAD GOOD RELATIONSHIPS POSITIVE RELATIONS AND SHARED GOAL OF ACHIEVING FAIRNESS FOR WORKERS. FOR THE MOST PART THE STATUS HAS BEEN RIFE WITH CONFLICT OR NEGLECT. WE RAISED THE LENGTH OF EXPIRATIONS FOR THE CONTRACTS TEND TO GO INTO THE YEARS. AND PART OF THE REASON WHY IT EXISTS IS BECAUSE IF YOU CAN MAKE ACCUSATION, IF WE WERE TO ALLEGE THAT THE COUNTY BOARD WAS NOT

BARGAINING IN GOOD FAITH, WE WOULD GO TO THE TRADITIONAL LABOR EMPLOYMENT MECHANISM THAT EXISTS FOR PUBLIC WORKERS. THERE WOULD BE A LONG, LENGTHY INVESTIGATION, WHICH CAN GO INTO A YEAR PLUS. EVEN IF THE BOARD WAS TO MAKE A RECOMMENDATION OR YOU BASICALLY GO BEFORE A MEDIATOR, THE FINAL RECOMMENDATION IS A RECOMMENDATION. THE ACTUAL BOARD, UPON WHICH YOU ARE CLAIMING IS NOT BARGAINING IN GOOD FAITH IS THE ONE WHO WOULD THEN DECIDE WHETHER OR NOT THEY ARE GOING TO ACCEPT THE RECOMMENDATION.

IN CASES WHERE THIS HAS HAPPENED, THAT HAS NOT HAPPENED. THE PROCESSES DOES NOT EXIST TO ACHIEVE CONFLICT RESOLUTION. BECAUSE WE DO NOT HAVE THE RIGHT TO STRIKE AS IHSS WORKERS, NOR DO WE WANT THE RIGHT TO STRIKE AND THAT ACTUALLY WAS PART OF WHEN THIS WORKFORCE WAS UNIONIZED IN THE FIRST PLACE. IT WAS A SACRED TENET WITH CONSUMERS. YOU CANNOT LOOK AT THIS THROUGH THE TRADITIONAL LENS. THE WORKER DOES NOT HAVE THE OPTION TO WITHDRAW THEIR LABOR, A LOT IS VERY POLITICAL AND A PUBLIC RELATIONS CAMPAIGN. ULTIMATELY WHAT IT COMES DOWN TO IS WHETHER OR NOT YOU CAN CONVINCE THE COUNTY BOARDS THAT THEY SHOULD BE INVESTING IN THIS WORKFORCE. THERE IS COMPLEX FINANCING ASSOCIATED WITH THAT, TO BE HONEST WITH YOU, NOT A LOT OF PEOPLE UNDERSTAND, INCLUDING SOME OF THE FOLKS MAKING THE DECISIONS. AND A LOT OF MISINFORMATION AND JUST EFFORT, IMAGINE THIS IS HAPPENING 58 TIMES, RIGHT? YOU ARE TRYING TO EDUCATE AND YOU ARE TRYING TO MAKE SURE EVERYBODY IS WORKING FROM THE SAME PLAY BOOK, ET CETERA.

ULTIMATELY, IT IS WHAT I WOULD ARGUE, NOT A VERY FUNCTIONAL SYSTEM AND ONE THAT DOES NOT ACHIEVE CONFLICT RESOLUTION OR ESSENTIALLY THE WAGES AND BENEFITS THAT IT NEEDS TO ACHIEVE. AND I THINK THERE IS OBVIOUSLY FUNDING ARGUMENTS AND TO BE CLEAR, IT IS NOT SOME UNLIMITED POT OF DOLLARS THAT CAN BE THROWN AT THE ISSUE. THERE IS THE QUESTION OF WHETHER THE COUNTIES WITH THE FUNDING. IT IS A CRAZY FORMULA. LONG STORY SHORT, THE AVERAGE IS MINIMUM WAGE, NOW THAT IT WENT UP TO $13, THAT IS THE AVERAGE STATEWIDE, EXCEPT FOR A FEW NUMBER OF WHAT I ARGUE ARE PROGRESSIVE COUNTIES, LOCATED IN THE BAY, WHO BELIEVE THAT THESE WORKERS SHOULD GET A LITTLE BIT MORE. FOR THE MOST PART THE REST OF THE STATE IS NOT LIKE THAT.

ROUGHLY 10% OF OUR WORKERS ARE ABLE TO ACCESS HEALTH BENEFITS THROUGH THE CONTRACTS. MEANING THAT THEY ARE FUNDED THROUGH THE COLLECTIVE BARGAINING AGREEMENTS. THE VAST MAJORITY OF THE REMAINDER OF THE WORKERS QUALIFY FOR MEDI-CAL. AND THERE IS A HUGE PORTION OF WORKERS ON PUBLIC BENEFITS THEMSELVES. I BELIEVE FOR ONE EXAMPLE IN THE BAY AREA COUNTY, THERE IS NO RETIREMENT SECURITY OF ANY KIND, NOR VACATION OR HOLIDAY PAY. THERE IS A LIMITED SICK LEAVE BENEFIT THAT ONLY HAPPENED AS THE RESULT OF A THREAT TO INCREASE THE MINIMUM WAGE TO $15. WHICH THEN FORCED GOVERNOR BROWN'S HAND TO ALLOW THESE WORKERS TO ACCESS ONE DAY A YEAR AND I BELIEVE IT INCREASES OVER TIME. BUT THE MAXIMUM IS 3 DAYS A YEAR. ANY WAGE INCREASE THAT OCCURRED, OCCURRED THROUGH THE INCREASE

IN THE MINIMUM WAGE, WHICH IS THE REASON THAT EFFORT WAS PURSUED IN THE FIRST PLACE.

SO WE BELIEVE AND I WANT TO SAY THERE IS NO OPPOSITION FROM ANYBODY, ESPECIALLY AT THE COUNTY LEVEL, A THE TRANSITION OF ALL COLLECTIVE BARGAINING FROM 58 DIFFERENT ENTITIES TO A STATE ENTITY WILL CONSOLIDATE DECISION MAKING. RIGHT NOW, NOT SO MUCH ANYMORE BECAUSE OF THE INCREASE IN THE MINIMUM WAGE, IT USED TO BE WAGES WERE WILDLY DIFFERENT AROUND THE STATE. ONE NEIGHBORING COUNTY TO THE NEXT COULD HAVE AS MUCH AS A $2 DIFFERENCE AND IT WAS BECAUSE THERE WAS LACK OF UNIFORMITY. AND ULTIMATELY IT CAME DOWN TO THE POLITICS OF THE BOARD AND WHAT THEY AGREED WAS IMPORTANT AND WHAT THEY WANTED TO VALUE.

WHAT WE'D LIKE TO DO, WE BELIEVE IF WE CONSOLIDATE DECISION MAKING AT THE STATE LEVEL, WE CAN START GIVING UNIFORMITY TO WAGES, ULTIMATELY, BENEFITS, NOT ONLY THAT, BUT JUST THE PROGRAM IN GENERAL, WHICH I THINK SPEAKS TO A LOT OF FEEDBACK WE'VE GOTTEN ABOUT IHSS IN GENERAL, WHICH IS THAT THE PROGRAM IS ADMINISTERED DIFFERENTLY ACROSS COUNTIES DEPENDING ON WHERE YOU LIVE AND WHAT THE ENVIRONMENT FOR THE PROGRAM IS IN THAT PART OF THE STATE.

THE STATE WOULD HAVE A DIRECT ABILITY TO MAKE POLICY DECISIONS THAT CAN BEGIN TO DO THINGS LIKE RAISE WAGES IN ORDER TO ATTRACT THE NECESSARY PEOPLE YOU NEED TO DO THIS WORK. BECAUSE RIGHT NOW IT IS ACTUALLY

IMPOSSIBLE TO DO. WE WORKED FOR MANY YEARS TO TRY TO INCENTIVIZE AND INCREASE WAGES. WE WOULD LIKE DO PROPOSE THIS AS A RECOMMENDATION AND WE BELIEVE THIS WILL START TO ADDRESS THE ISSUE OF BEING ABLE TO RECRUIT MORE PEOPLE INTO THIS POSITION. THANK YOU.

>> JULIA FIGUEIRA-MCDONOUGH: IN THE INTEREST OF TIME, WHAT I DIDN'T NOTE AT THE BEGINNING, AS WE SPOKEN ABOUT IN VARIOUS CONTEXT SO FAR IN THIS SUBCOMMITTEE, 20% OF THE CARE THAT IS PROVIDED IS PROVIDED WITH PUBLIC FUNDING. 80% OF THE POPULATION IS INELIGIBLE FOR THAT FUNDING. IT IS THE HOPE THAT WITH A DIFFERENT STRUCTURE FOR LTSS CARE WITH SOME SORT OF PUBLIC FUNDING FOR THAT, WHICH IS ONE OF THE GOALS OF THE COMMITTEE, THAT WOULD CHANGE. IN THE MEANTIME, THERE IS A LOT OF WORK TO BE DONE ABOUT THIS WORKFORCE THAT DOES NOT HAVE THE REPRESENTATION. I'M NOT GOING TO GO INTO ALL THE DETAIL. BUT WHAT THE LABOR SECRETARY IS INTERESTED IN DOING IS ANCHORING A WORKING GROUP IN LWDA TO SEE HOW WE CAN WORK ALONGSIDE THE ADVANCES THAT ARE BEING MADE IN LABOR AND HOPEFULLY WITH A DIFFERENT STRUCTURE IN TERMS OF PAYMENT.

>> CARRIE GRAHAM: NOW I'D LIKE TO INTRODUCE HEATHER?

>> HEATHER YOUNG: HELLO, CAN YOU HEAR ME? GREAT. THANK YOU. WOULD YOU MIND PULLING UP MY SLIDES? GREAT. THANK YOU. THAT IS NUMBER 3. IF YOU CAN GO BACK A COUPLE. PERFECT. THANK YOU.

I REALLY APPRECIATE THE CHANCE TO SPEAK TODAY. I'M SPEAKING FROM THE PERSPECTIVE OF A COMMISSIONER OF THE COMMISSIONER ON THE CALIFORNIA FUTURE HEALTH CARE WORKFORCE COMMISSION. AND I WANTED TO SHARE WITH YOU SOME OF THE DELIBERATIONS OF THE AGING SUBCOMMITTEE. WE WORKED FOR OVER 18 MONTHS TOGETHER TO EXAMINE ISSUES AND WE HEARD FROM MANY STAKEHOLDERS. AND I'M EMPHASIZING SOME OF THE RECOMMENDATIONS THAT PERTAIN TO AGING. THE ENTIRE REPORT IS ON THE WEB. COULD YOU GO TO SLIDE 2.

I JUST WANT TO ACKNOWLEDGE THE MEMBERS OF THE SUBCOMMITTEE. YOU CAN SEE THERE IS A REALLY GOOD GROUP OF PEOPLE HERE THAT HAVE DIVERSE EXPERIENCE AND PERSPECTIVE. AND EVERYBODY REALLY SHARED A DEEP KNOWLEDGE AND COMMITMENT TO OLDER ADULTS AND THIS HELPED WITH THE DELIBERATIONS.

WE WANTED TO COMMUNICATE WITH PEOPLE IN A QUICK WAY, WHAT WE'RE TALKING ABOUT AND WHAT THE ISSUES ARE. WHAT WE SEE IS THAT THE SENIOR POPULATION IN THIS DECADE IS GOING TO DOUBLE TO 9 MILLION. WE'RE STARTING TO SEE MORE DIVERSITY IN THE AGING POPULATION IN CALIFORNIA AND SEEING MORE PEOPLE WHO ARE WIDOWED, DIVORCED, NEVER MARRIED OR LIVING ALONE. AND AN ALARMING NUMBER OF PEOPLE LIVING IN COUNTIES THAT ARE BELOW THE POVERTY LINE AND LIVING IN POVERTY AS WELL.

THE FORCES HERE ARE SOMETHING THAT WE WILL BE FACING. SOMEBODY TALKED ABOUT THE

HOSPITAL TO HOME SITUATION. THE COMPLEXITY OF HOME CARE IS GROWING ALL THE TIME. AND WE'RE EXPECTING THAT ABOUT A MILLION PEOPLE BY 2030 ARE GOING TO BE SOME SUPPORT FOR SELF CARE AT HOME. ONLY 100 THOUSANDS ARE BE IN SKILLED NURSING FACILITIES. THERE IS A BIG NEED FOR THE HOME. ON THE WORKFORCE SIDE WHERE WE SEE DIFFERENT PROJECTS OF HOW MANY PEOPLE ARE NEEDED, OBVIOUSLY WE NEED A GREAT DEAL MORE IN THE HOME. AND THE TURNOVER IS HIGH IN THE IHSS. SOME OF THE REASON IS THE FAMILY MEMBERS NO LONGER NEED CARE AND THE SUPPORT IS STOPPED.

THERE IS GEOGRAPHIC DISTRIBUTION AND A LACK OF DIVERSITY IN THE COMMUNITIES, GETTING CULTURAL APPROPRIATE CARE IS NOT AS EASY TO OBTAIN. WHAT WE'RE ALSO SEEING IS THAT GERIATRICS HAS BEEN THOUGHT ABOUT AS A SPECIALTY. LESS THAN 5% OF THE POPULATION OF HEALTH PROFESSIONS, NURSES, PHARMACISTS, SOCIAL WORKERS, HAVE PREPARATION IN GERIATRICS.

THIS LEADS TO THE NEXT SLIDE WHICH TELLS YOU THE THREE ISSUES THAT WE DELIBERATED ABOUT IN GREAT DETAIL. ONE IS THE NUMBERS. WE NEED MORE PEOPLE OVER ALL TO MEET THE DEMAND. AND WE NEED PEOPLE FROM THE COMMUNITIES THAT ARE NEEDING THE CARE. PEOPLE CAN REPRESENT THE CONSUMER IN MORE ETHNIC AND RACIAL DIVERSITY AS WELL AS GEOGRAPHIC NEEDS.

WE HAD A LOT OF DISCUSSION ABOUT WORK AND TEAM DESIGN. HAVING THE RIGHT PERSON FOR THE RIGHT THING AT THE RIGHT TIME. AS WAS MENTIONED EARLIER,

THE SETTINGS ARE REALLY BLENDING NOW. PEOPLE GO IN FOR CARE AT SHORT BURSTS IN DIFFERENT SETTINGS AND MANY PEOPLE END UP RETURNING HOME. YET THE WORKFORCE IS CREATED IN SILOED WAY. CLEARLY IT IS NOT JUST A MATTER OF INCREASING NUMBERS, BUT GETTING THE RIGHT EXPERTISE TO PEOPLE WHERE THEY NEED IT.

AND FINALLY THE OTHER TOPIC WE TALKED WAS PREPARATION. THE FUTURE WORKFORCE NEEDS DIFFERENT COMPETENCIES. PEOPLE BEING DISCHARGED QUICKER. THE NEEDS ARE TO UNDERSTAND DEMENTIA AND ALZHEIMER'S, THE RATES GOING UP. THE NEED TO DEAL WITH TECHNOLOGY AND THE MOVE FOR INTEGRATED PHYSICAL AND MENTAL HEALTH CARE AND WORKING AS A TEAM AND CONCEPTUALIZING THAT TEAM DIFFERENTLY.

COULD YOU GO TO THE NEXT SLIDE.

>> HEATHER YOUNG: SO THERE WERE 3 BIG YEARS OF STRATEGIES WE DISCUSSED AND I WANT TO SAY THAT NONE OF THESE ARE SPECIFIC FULLY ARTICULATED RECOMMENDATIONS, BUT GENERAL AREAS THAT WE THINK WARRANT A GREAT DEAL OF CONVERSATION, THE FIRST IS AROUND THE IDEA OF DIRECT CARE WORKFORCE, THINKING ABOUT WA WE CALL THE UNIVERSAL HEALTH CARE WORKERS, BUT THIS DOESN'T NECESSARILY HAVE TO BE HOME, BUT REALLY ABOUT DIRECT CARE WORKERS, THERE ARE LOTS OF WAYS TO BECOME A DIRECT CARE WORKER, FAMILY MEMBER, AGENCY, INDEPENDENT HOME CARE WORKER, IHSS WORKER, HOME HEALTH AID OR CNA, FROM THE CONSUMER'S PERSPECTIVE AND ACCESS PERSPECTIVE, THESE

WORKERS ARE SILOED AND PREPARATION IS UNEVEN, CONSUMERS STRUGGLE TO FIND A QUALITY PERSON TO HELP THEM. WASHINGTON STATE MADE A LOT OF IMPORTANT STRIDES IN THE LAST 20 YEARS TO DEAL WITH THE ISSUE BY MAKING A REGISTRY FOR CARE WORKERS AND STANDARDIZING LEVELS OF TRAININGS, WITH SALARIES THAT SUPPORT THAT ADDITIONAL TRAINING, ALSO FUND NURSE DELEGATIONS THAT NURSES CAN TRAIN AND OVER SEE DIRECT CARE WORKERS PERFORMING THE MEDICAL NURSING TASKS. THIS ENABLES MORE PEOPLE TO HAVE ACCESS TO QUALITY CARE IN HOMES AND PREFERRED SETTINGS FOR WASHINGTON STATE. THAT IS WHERE WE ARE DRAWING A LOT OF THE IDEAS FROM. SECONDARY WAS OVER LOOKED WORKERS, WORKERS THERE THAT COULD BE DEPLOYED IN NEW WAYS, FOR EXAMPLE YOUNG OLDER ADULTS. RETIRED AND MAY NOT BE ABLE TO DO PHYSICAL TASKS BUT COULD BE HELPFUL IN TERMS OF HELP WITH ISOLATED OLDER ADULTS AND OUT REACH AND OTHER SUPPORT. HOW TO ENGAGE COMMUNITIES AND AGENCIES AND GROUPS AND OTHERS TO STRENGTHEN COMMUNITY RESOURCES. AND THIRD IS TEAM BASED CARE, USING TECHNOLOGY AND ROBUST TEAM SO RESOURCES DISTRIBUTED APPROPRIATELY. FOR EXAMPLE THINKING ABOUT COMMUNITY HEALTH WORKERS, HELP WITH MANAGING CHRONIC DISEASE IN A CLINIC. LOOKING AT HAVING NURSE-PRACTITIONERS BEING ABLE TO PRACTICE TO THE FULL EXTENT OF EDUCATION. PHARMACISTS BEING ABLE TO WORK WITH DISEASE MANAGEMENT. AND THERE ARE BARRIERS NOW THAT EXIST THAT PREVENT TEAM BASED CARE. NEXT SLIDE. THIS IS JUST AN EXAMPLE THAT IS PRACTICAL ABOUT EYE DROPS, SAY YOU ARE A PERSON OLDER WHO NEEDS HELP WITH EYE DROPS, WHO CAN GIVE YOU EYE DROPS,

THIS SUMMARIZES WHO CAN ACTUALLY HELP WITH THAT. NOT BASED ON PREPARATION, NOT BASED ON SUPERVISION OR ANYTHING EXCEPT THE REGULATORY STRUCTURES, THIS IS ONE EXAMPLE AND TIP OF THE ICEBERG WHEN YOU THINK ABOUT THE NUMBER OF PEOPLE GETTING MEDICATIONS EVERY DAY. THAT NEED HELP WITH WOUND CARE, MOBILITY, MANAGING CHRONIC CONDITIONS, SO THERE ARE A LOT OF AREAS TO IMPROVE. NEXT SLIDE PLEASE. WANT TO SUMMARIZE BRIEFLY, THERE WAS ACTION IN THE LAST LEGISLATIVE AND BUDGET SECTION N TERMS OF ALLOCATING FUNDS, PREDOMINANTLY ONE TIME FUNDS, ONGOING, AND FUNDING ALLOCATED AT REPAYMENTS AND INCENTIVES PHYSICIANS. NUMBER OF DIFFERENT BILLS INTRODUCED AND SOME OF THEM WENT SOMEWHERE AND SOME DID NOT, BUT THERE WAS ACTIVITIES IN THE LAST YEAR, WE ARE HERE TODAY WHERE THE GOVERNOR ASKED FOR THE DEPARTMENT OF AGING.

GO TO THE NEXT SLIDE PLEASE. I WANT TO BRIEFLY MENTION RECOMMENDATIONS THAT ARTICULATE WHAT THE COMMISSION WAS HEADING. THE FIRST IN COLLABORATION WITH AARP, WOULD LIKE TO SEE A PILOT THAT WOULD ALLOW US TO LOOK AT ISSUE OF NURSE DELEGATION OF MEDICAL NURSING TASKS AND REALLY EXPLORE THAT. THIS HAS BEEN DONE IN OTHER STATES TO LOOK AT FOR GUIDANCE FOR HOW THIS HAS BEEN ACCOMPLISHED AND I THINK IT WOULD BE SOMETHING TO HELP US TO PRACTICALLY TEST OUT A NEW MODEL. THE SECOND LOOKING AT FULL PRACTICE AUTHORITY FOR NURSE-PRACTITIONERS. THEY ARE VERY KEY IN PROVIDING LONG-TERM SERVICES AND SUPPORTS AND BARRIERS RIGHT NOW TO ABILITY TO DO THINGS SUCH AS ORDER HOME HEALTH CARE AND PRACTICE IN A WAY THAT IS OPTIMAL , SECOND RECOMMENDATION IS

AROUND HAVING CONVERSATIONS HOW TO EVOLVE SOME REGULATORY ROLES AND REDESIGN DISCUSSION. THE IDEA OF THE UNIVERSAL WORKER IS AN IDEA WARRANTS FOR CONVERSATION, TAKING INTO ACCOUNT OTHER STAKEHOLDERS, CHANGE IS DIFFICULT AND POLITICAL AND WE FACE RESISTANCE FROM MANY DIFFERENT AREAS, IT IS GOING TO MEET THE NEEDS OF THE FUTURE IN AN AFFORDABLE WAY. RECOMMEND HAVING CONVERSATIONS IN ROLES TO REDESIGN CHANGE. EXPANDING TRAINING TO PREPARE THE WORKFORCE TO DELIVER HIGH QUALITY TECHNOLOGY COST EFFECTIVE CARE. TO MEET DEMANDS IN ALL COMMUNITIES, INVOLVES LEVELS OF EDUCATION FROM HIGH SCHOOL AND COMMUNITY COLLEGE TO UNIVERSITIES. VAST MAJORITY OF RECIPIENTS OF HEALTH CARE ARE OLDER, AND PREPARATION IS NO LONGER SPECIALTY ISSUE, AND WE NEED TO REALIGN TRAINING TO SHOW THE NEW REALITY, I WILL PAUSE THERE.

>> CARRIE GRAHAM: WE ARE GOING TO MOVE DIRECTLY TO CORINNE'S PRESENTATION AND ASK YOU TO KEEP IT TO TEN MINUTES OR LESS TO HAVE TIME TO DISCUSS, WE ARE A BIT OVER TIME.

>> CORINNE ELDRIDGE: I WILL DO MY BEST TO HIT THE TOP NOTES ON THE SLIDE HERE. (ON SCREEN), SO, WE ARE A NONPROFIT ORIGINALLY STARTED IN 2000 BY THE WORKERS OF SEIU LOCAL 2015, WORK WE DO IS PROVIDE EDUCATIONAL OPPORTUNITIES FOR LONGER TERM CARE WORKERS TO BUILD BETTER LIVES AND PROVIDE QUALITY CARE, WORK WE DO IN TRAINING, REALLY EXPANDS PAST THE CONSUMERS AND PROVIDER AND INTO BROADER SYSTEMS OF CARE. I AM BEGINNING TO TAKE YOU THROUGH THE MOST RECENT HISTORY OVER THE LAST 6 YEARS AND PROGRAMS WE

HAVE BEEN RUNNING IN SEVERAL COUNTIES ACROSS THE STATE AND IMPACTS OF THE PROGRAMS. IN 2012, WE WERE AWARDED A HEALTH CARE INNOVATION AWARD FROM CMS THAT ALLOWED US TO TRAIN ALMOST 6400 IHSS WORKERS AND PROVIDERS ACROSS 3 COUNTIES, IN LA, SAN BERNARDINO, AND CONTRA COS TA. INTERVENTION REDUCES HOSPITAL VISITS.

WE RECEIVED FIRST FUNDING FROM HEALTH NET AND DID A SMALL PROGRAM WITH HEALTH NET WE DID WORKSHOPS FOR ABOUT 2 HUNDRED WORKERS, 2017 MOVES US THROUGH 3 YEAR PROGRAM WITH LA CARE WE ARE IN THE THIRD YEAR OF THAT, WE HAVE TRAINED ALMOST 2500 IHSS CAREGIVERS IN LA COUNTY, WE THE MOVED INTO SOME WORK WITH UCLA AND GERIATRIC WORK ENHANCEMENT PROGRAM. I UNDERSTAND HERE IT IS, WE BUILT AN ADRD TRAINING PROGRAM, A LENS ON THE TEN WEEK IHSS PROGRAM. AND THEN IN 2019, WE RECEIVED FUNDING FROM BLUE SHIELD CALIFORNIA PROMISE TO RUN A 17 WEEK VERSION OF THE PROGRAM IN LA COUNTY AND CONTINUE WORK WITH LA CARE AND WENT THROUGH A BIDDING PROCESS ON THE GRANTS WITH UCSF, AND HAPPILY RECIPIENTS OF THE WORK WITH UCSF TO BRING THE IHSS ALZHEIMER'S TRAINING PROGRAM TO ALAMEDA COUNTY, THAT WILL BE A FIVE YEAR PROGRAM THAT STARTS THIS YEAR.

AS I GO THROUGH AND TALK ABOUT THE DETAILS OF THE WORK, THIS SLIDE HERE ARE THE RESULT OF PROGRAM WORK FROM CMMI, WHAT YOU SEE HERE IS RESULT OF ONE PARTICULAR PLAN, YOU SEE REDUCTION IN HOSPITAL VISITS, 41% REDUCTION AND 43%. TRAINING AS THE INTERVENTION PREAND POST.

SHOWING THAT AGAIN TRAINING IHSS CAREGIVERS IS ASSOCIATED WITH BETTER CARE AND STRONGER HEALTH CARE OUT COMES, BASIC TENANTS IS THAT IT IS VOLUNTARY PARTICIPATION. IHSS WORKERS PARTICIPATE VOLUNTARILY, WE HONOR THE DIRECTED MODEL OF CARE, WE GO OUT AND TALK WITH CONSUMERS AND GET PERMISSION FROM THE IHSS WORKERS TO PARTICIPATE IN THE PROGRAM. THEY LEARN NEW SKILLS, COMPETENCY BASED AND ADULT EDUCATION BASED. KNOWING THAT 40% OF IHSS WORKERS HAVE NOT GRADUATED HIGH SCHOOL. WE TEACH IN SIX DIFFERENT LANGUAGES IN LA COUNTY, AND YOU KNOW MOST OF THE WORKERS ARE OLDER, SO THEY ARE NOT GOING TO BE LEARNING ENGLISH, WE TEACH THEM IN THE LANGUAGE THEY KNOW. WE DO COMPETENCY BASED EDUCATION TO SHOW THE SKILLS. AND ECONOMIC ENHANCEMENT POST TRAINING. THEY GET $1 AN HOUR FOR A LIMIT T AMOUNT OF POST TRAINING. HERE IS DETAILS ABOUT THE PARTNERSHIP WITH LA CARE, WE FINISH UP THE THIRD YEAR OF THE PARTNERSHIP, TRAINED ABOUT 2500 WORKERS AND WHAT WE ARE SEEING ON THE SIDE OF IMPACT ON THE WORKERS THAT 95% OF IHSS PROVIDERS STRONGLY AGREE THEY HAVE MORE COMPETENCE IS ABILITY TO TALK TO CONSUMER CARE TEAM AFTER THE TRAINING. 70% REPORT FEELING LESS STRESSED LONELY AND DEPRESSED. THEY BUILD COMRADES IN THE CRASS ROOM AND GO OUT WITH A HIGHER SET OF SKILLS AND FEEL IMPROVED.

THIS SLIDE IS EXCITING TO ME, THIS REPLICATES THE RCMMI WORK. DATA LA DID INTERNALLY. FOR RESEARCHERS IN THE ROOM YOU SEE P VALUES HERE, AND THESE ARE STATISTICALLY SIGNIFICANT FINDINGS SHOWING TRAINING REDUCES HOSPITAL VISITS. WE HAVE HAPPY. THIS IS THE LAST

35 DAYS WE HAVE HAD THIS. SHARING WITH YOU ALL. KEY ROLES WE TEACH IN THE CLASS, CARE AID, MONITOR, NOVEMBER GATOR, COACH, COMMUNIQUE TOR, AND CONTINUE AND THREAD THROUGH THE CURRICULUM, SKILLS OF OBSERVE, MONITOR, DOCUMENT AND REPORT, CARE TEAM INTEGRATION, PROVIDERS LEARN VALUABLE SKILLS ON ROLES THEY CAN TAKE ON THE CARE TEAM. AS YOU ALL KNOW, IHSS PROVIDERS ARE WITH CONSUMERS ANYWHERE BETWEEN 2-7 DAYS A WEEK. SO THEY HAVE VALUABLE INSIGHT THEY CAN PROVIDE. AND CAN BE EXTRA SET OF EYES AND EARS, WE SEE THE CONSUMER AND PROVIDER REALLY AS A TEAM THEY CAN WORK VERY INTERACTIVELY WITH THE CARE TEAM WHEN THEY HAVE THOSE SELF-EFFICACY SKILLS AND GO IN AND STAND IN THE SAME WORLD AS THEM. WE SEE SUCCESSFUL CARE TEAM INTEGRATION AS WHEN THE CONSUMER'S CARE TEAM KNOWS WHO THE IHSS PROVIDER IS. THAT IS MOSTLY NOT THE CASE. THE MANAGERS AND PHYSICIANS SEE IN EMR THAT CONSUMER GAVE PERMISSION FOR THE IHSS PROVIDER TO BE TON CARE TEAM AND THEY ARE PROVIDED TO ANY CARE TEAM MEETINGS IF THE CONSUMER HAS ACCESS TO A CARE TEAM. AND THEN OUR IHSS TRAINING PROGRAM DEPENDING ON WHICH PROGRAM IT IS, LASTS BETWEEN 10-17 WEEKS, CURRICULUM BUILT AROUND PERSON-CENTERED CARE. TAKE HOME ASSIGNMENTS, NOT HOMEWORK, BUT TAKE HOME ASSIGNMENTS WHERE THE IHSS CAREGIVER TALKS TO THEIR CONSUMER ABOUT WHAT THEY HAVE LEARNED IN THE CLASS AND BRING BACK THAT WORK EVERY WEEK. WE HAVE DEVELOPED OUR CURRICULUM OVER 6 YEARS AND GONE BACK AND DONE REVISIONS. WE HAVE COMMITTEES OF SUBJECT MATTER EXPERTS, EVIDENCE BASED PRACTICE, GO BACK AND REVIEW AS I SAID, COMPETENCY

BASED EDUCATION, FOR ADULTS LEARNERS. EACH MODULE IS 3 AND A HALF HOURS, REGULAR FLOW SO IT IS PREDICTABLE AND COMPETENCY CHECKS AT THE MID AND ERND POINT TO SHOW THEIR SKILLS. SUPER SMALL FONT YOU CAN READ YOURSELF I AM QUITE SURE, BUT WHAT YOU SEE IS WE HAVE A CORE TRAINING, WHICH IS TEN WEEKS, TEN MODULES, FOCUSES ON ADL'S, PERSONAL CARE, CPR, SET OF SKILLS, AS WE MOVE UP TO ENHANCE WE GET ON BODY SYSTEMS AND DISEASE SPECIFICS AND MOVE TO ADVANCE, WE DIVE DEEPER AND THEN ON THE CURRICULUM IT IS A LENS ON OUR ORIGINAL TEN MODULES THAT REALLY FOCUS ON ADRD SKILLS. WE HAVE DONE INTERNAL ANALYSIS, AND COMPARED OUR GRADUATES TO SIMILAR DEMOGRAPHICS IN THE COUNTIES THAT WE HAVE WORKED IN AND WHAT WE HAVE SHOWN IS THAT OUR TRAINING PROGRAM IMPROVES RETENTION BETWEEN 5-12%. SO WE THINK THAT IS A GOOD THING. AND YOU KNOW, OF COURSE, WE CANNOT TALK ABOUT TRAINING IHSS CAREGIVERS WITHOUT AT LEAST HAVING ONE STORY, SO THIS IS THE MISS REES. SHE HAS TAKEN TWO DIFFERENT VERSIONS OF THE TRAINING PROGRAM. AND 2 WAY SHE TALKS ABOUT IT HERE, I WILL LET YOU READ FOR YOURSELF, AROUND THE CONSUMER DIRECTED MODEL OF CARE AND PERSON-CENTERED CARE, LOOK AT THE WORDS SHE SAYS AND HOW SHE TALKS ABOUT CENTERING WHAT SHE DOES DIFFERENTLY AND THINKING ABOUT THE NEEDS OF HER CONSUMER. LASTLY A WONDERFUL PICTURE OF THE SET OF GRADUATES, IN MOST CASES STUDENTS NEVER RECEIVED A DIPLOMA OF ANY SORT, THEY TAKE THIS SERIOUSLY. BUY THEIR OWN CAP AND GOWN AND FULL OF JOY AND PROID AND ALSO FULL OF A LOT OF TEARS. SO IT IS REALLY EXCITING TO HAVE THESE GRADUATES GO OUT AND HAVE NEW SKILLS THEY TAKE TO THE

CONSUMERS. CURRENTLY WE ARE TEACHING IN TWO DIFFERENT COUNTIES IN CALIFORNIA. DROP IN THE BUCKET WE HIT ABOUT 1100 WORKERS A YEAR, WE WOULD LOVE TO BE ABLE TO EXPAND TO A FAR GREATER NUMBER OF WORKERS. (APPLAUSE).

>>KIM MCCOY WADE: NOW WE ARE GOING TO OPEN UP FOR DISCUSSION. WE JUST PUT A QUICK SHORTHAND SUMMARY OF THE RECOMMENDATIONS YOU HEARD FROM THEM UP THERE TO HELP PROMPT THAT CONVERSATION, TURN IT OVER TO YOU TO FACILITATE.

>> KRISTINA BAS HAMILTON: (CALLING NAMES)

>> NINA WEILER-HARWELL: GOOD AFTERNOON. I JUST HAVE A QUESTION ABOUT THE MODULE ABOUT WE JUST HEARD ABOUT I FOUND REALLY INFORMATIVE. IN TERMS OF YOUR FINDINGS, WERE YOU ABLE TO TEASE OUT IN TERMS OF RETENTION, WERE THESE ALREADY HIGHLY MOTIVATED ENGAGED IHSS WORKERS WHO MAYBE WOULD HAVE ALREADY BEEN MORE LIKELY TO BE RETAINED, I JUST WANTED TO GET A SENSE FOR THAT.

>> CORINNE ELDRIDGE: NO. IS THE ANSWER (CHUCKLE). I MEAN, YOU KNOW, OUR RECRUITMENT METHODOLOGY IS QUITE COMPLEX. SO WE GO OUT AND WE ACTUALLY KNOCK ON DOORS OF WORKERS TO ENROLL THEM. AND SO, WE COULD BE KNOCKING ON A HIGHLY MOTIVATED WORKER'S DOOR OR INTRODUCED TO SOMEBODY THROUGH A MEETING THE UNION IS HAVING, BUT WE DID NOT TRACK THE PARAMETERS YOU ARE ASKING ABOUT.

>> BRANDI WOLF: SO I JUST WANT TO APPRECIATE ALL OF THE RECOMMENDATIONS THAT HAVE COME FORWARD, I THINK IT IS AN

IMPORTANT PIECE OF THE WORK, I HAVE BEEN RELATIVELY VOCAL THROUGH OUT THE WORK OF THE CALIFORNIA FUTURE HEALTH WORKFORCE COMMISSION. ABOUT THE RECOMMENDATION TO ESTABLISH A PILOT THAT INCREASES DELEGATION TO NON-IHSS HEALTH AND HOME HEALTH WORKERS. THE IDEA OF THE UNIVERSAL HEALTH CARE WORKER AS IT CAME OUT OF THAT REPORT EXCLUDED IHSS BASED ON CONCERNS THAT WE RAISED AS PART OF STAFFING TO THAT COMMISSION. AND THOSE CONCERNS STILL STAND. SO, I UNDERSTAND THE INTENT OF THE SLIDE AROUND THE EYE DROPS, BUT WHERE I HAVE CONCERN IS AROUND THE POPULATION OF IHSS PROVIDERS HAVING EXCEPTION FROM THE ACT AS EXTENSION OF THE CONSUMER'S BODY. I RAISE THAT CONCERN HERE, I FEEL LIKE WE OPEN OURSELVES UP TO REALLY BIG POLITICAL IMPLICATIONS AROUND SCOPE OF PRACTICE WHEN YOU EXPAND POPULATIONS OF WORKERS THAT ARE DOING THINGS THEY HISTORICALLY HAVE NOT. IT IS NOT FUNDAMENTAL OPPOSITIONS TO THE RECOMMENDATION, IT IS MORE ABOUT THE POLITICAL REALITY, AND SORT OF WHERE THIS GROUP WANTS TO GO AND THE FULL ADVISORY COMMITTEE ON A SET OF RECOMMENDATIONS, I WOULD FLAG FROM SEIU PERSPECTIVE THERE IS A CONCERN AROUND RECOMMENDATION NUMBER 1 FROM THAT PRESENTATION.

>> HEATHER YOUNG: THANK YOU FOR RAISING THAT I ABSOLUTELY AWARE ABOUT THE COMPLICATED ISSUES, WE WANT IDEAS ON THE TABLE FOR DISCUSSION AND WARRANTED TO HAVE THE CONVERSATIONS. THEY CROSS SO MANY LEVELS OF POLITICS AND REPRESENTATION AND DIFFERENT ISSUES, I THINK OVER ALL WE ARE LOOKING FOR BETTER PREPARED WORKFORCE THAT CARE WHERE THEY NEED TO HAVE SUPPORTS THEY NEED.

NOT SAYING ADOPT IDEA AS WAS PRESENTED IN THE REPORT. BUT TO CONVENE CONVERSATIONS AND MOVE IT FORWARD. WE NEED TO CHANGE HOW WE ARE DOING THINGS IF WE ARE GOING TO MEET NEEDS FOR THE FUTURE. I REALLY APPRECIATE AND RESPECT THE DIFFERENCES OF OPINION WE HAVE AROUND THAT.

>> CRAIG CORNETT: INTERESTING BECAUSE THAT WAS ONE OF THE POINTS I WANT TO RAISE, I THINK ALL OF THE RECOMMENDATIONS ARE VERY SOLID. TWO THINGS THOUGH, STRIKES ME IF WE ARE GOING TO MAKE PROGRESS ON THE NOTE WE HAVE TO BE OPEN TO A LOT OF DIFFERENT THINGS, HAS TO BE A THOUSAND FLOWERS BLOOM HERE. SEEMS TO ME. SOME OF THEM ARE GOING TO BRUSH UP AGAINST SCOPE OF PRACTICE ISSUES, I AM NOT SO SURE YOU ARE GOING TO NECESSARILY GO TOO FAR. CNA'S, CAN'T PASS MEDICATIONS, MAKES NO SENSE AT ALL TO ME, WITH A LITTLE EXTRA TRAINING, ONE THING WE HAVE RIGHT NOW, NO WAY FOR CNA'S, TO PASS MEDICATIONS AS WE SAW ON THE EYE DROP SLIDE, SEEMS TO ME HAVE TO ADDRESS THOSE ISSUES HEAD ON AND HAVE THE CONVERSATIONS AND YOU GOT TO PROVIDE A LOT OF DIFFERENT OPTIONS HERE, THERE IS A LOT OF DIFFERENT LITTLE THINGS YOU CAN CHANGE HERE AND THERE. OTHER THING TOO, STEWART'S POINT I THOUGHT WAS A GOOD ONE ABOUT TRYING TO FIND A CAREER PATHWAY HERE, THESE THINGS ARE ALL CAREER PATHWAYS PEOPLE CAN SEE. CNA CAN SEE OPTION TO BECOME A REGISTERED NURSE AND BECOME A SOCIAL WORKER, WHATEVER THEY WANT TO DO, AND A LOT OF THE WORKERS THAT WE HAVE IN THIS WORLD ARE PEOPLE THERE BECAUSE IT IS A CALLING. AND IF THEY ARE THERE, IF IT IS A CALLING FOR THEM, WE HAVE TO FIND THE BEST WAY TO USE THEM

POSSIBLE THROUGH OUT THE ENTIRE CAREER. I THINK WE OUGHT TO BE OPEN TO THAT. LAST THING ON THE TRAINING, IT IS HARD TO ARGUE AGAINST EXPANDING TRAINING, I DON'T KNOW WHAT THAT MEANS, SEEMS TO ME WE CAN DO A LOT MORE, COMMUNITY COLLEGES NOW, BUT GO FURTHER AND PEOPLE IN HIGH SCHOOLS IN A LOT OF THESE AREAS.

>> WE HAVE 4 MINUTES LEFT.

>> ELLEN S: COUPLE OF QUICK THINGS, ONE IS STEWART LEFT BUT ONE OF THINGS I BELIEVE IS THAT ALL OCCUPATIONS ARE FACING REAL WORKFORCE CHALLENGES, NOT JUST THE HEALTH CARE ARENA, WITH RETIREMENT AND MOVEMENT OF MANY BABY BOOMERS, SO HOW TO CONTINUE TO SHOWCASE CAREERS AS SOMETHING IMPORTANT THAT INDIVIDUALS COULD DO, I KNOW CNA IHSS WORK IS DEMANDING, BUT THERE IS REALLY A GOOD PLACE FOR OLDER ADULTS TO CONTINUE WORKING AND ASSIST WITH ANY NUMBER OF OCCUPATIONS ESPECIALLY HEALTH CARE, AND ON BEHALF OF THE COMMISSION, ONE OF THE RECOMMENDATIONS WE SEND FORWARD IS THE ONE WE SAW TODAY TO ALLOW PEOPLE TO WORK AT THE TOP OF THEIR RESPECTIVE LICENSES AND SOME WAY ADDRESS THE WORKFORCE CHALLENGES IN THAT WAY. THANK YOU.

>> JOSE: REALLY LIKE ALL RECOMMENDATIONS FEEL THEY WERE STRONG, I DO HAVE ONE QUESTION, AND AGAIN, JUST BECAUSE I TEND TO TRY TO LOOK MORE UNIVERSAL, IS THERE AN OPPORTUNITY FOR MORE GENDER DIVERSITY WITHIN THE WORKFORCE THROUGH OUT IHSS WORKERS,

NOT SURE IF IT IS NATURALLY THAT HAPPENS. BUT SEEMS THERE IS POTENTIAL FOR GENDER DIVERSITY ESPECIALLY AROUND SOME OF THE HIGH NEED PATIENTS THAT NEED FOR PHYSICALITY, JUST A QUESTION OF KIND OF THINKING A LITTLE MORE UNIVERSAL.

>> KRISTINA BAS HAMILTON: WE HAVE ONE MINUTE LEFT.

>> DONNA BENTON: I WANT TO SAY WHEN LOOKING AT PRIVATE PAY WORK GROUP CAN WE THINK ABOUT FAMILY CAREGIVERS AND IS THERE A WAY TO HAVE IHSS AND I DON'T KNOW IF PRIVATE PAY CAN INCLUDE FAMILIES TO BUY IN AND PAY MAYBE HALF OF AN IHSS WORKER FOR THE MIDDLE INCOME PEOPLE WHERE $15 IS TOO MUCH BUT CONTRIBUTE TO DO A KIND OF COPAY. I DON'T KNOW. THAT'S IT.

>> BRANDI WOLF: WE PUT THAT RECOMMENDATION FORWARD AS--UNDER LONG TERM CARE FINANCING STRUCTURE, POTENTIALLY HAVING BUY IN TO IHSS AS PART OF LONG TERM CARE BENEFIT. SO I THINK THAT--

>> KRISTINA BAS HAMILTON: WE ARE OUT OF TIME.

>> SUSAN DEMAROIS: I HAD A LOT OF SAY I LOVE THIS PANEL THANK YOU. IN TERMS OF SCOPE OF PRACTICE, I CAN SAY FROM CONSUMER PERSPECTIVE THAT MANY FAMILIES WILL BE CARING FOR A LOVED ONE AT HOME WITH ALZHEIMER'S, CARE NEEDS BECOME SO GREAT THEY NEED TO PLACE THEM IN ASSISTED LIVING OR BOARDING CARE, THEY ARE NOT ABLE TO DO IN THIS LICENSED SETTING WHERE THEY ARE PAYING, THEY CANNOT DO THINGS LIKE EYE DROPS OR MEDICATIONS THAT WERE DONE IN THE HOME. SO IT IS CONTRARY TO WHAT FAMILIES EXPECT WHEN THEY ARE PROGRESSING WITH THEIR NEEDS. AND THEN IN TERMS OF THE PROGRAM

WHICH WE JUST ADMIRE SO MUCH THAT THE LONG TERM CARE EDUCATION CENTER, TRULY A NATIONAL MODEL. BUT OCCURRED TO ME, THAT YOUR STUDENTS PROBABLY COULD BE CERTIFIED NURSE AIDS, CNA PROGRAM IS 40 HOURS, THEY GET MORE THAN 50 HOURS AND NO NEXUS, IT IS INDEPENDENT, THEY DON'T REGISTER AND ACT--

>> I HAVE A LOT TO SAY

>> SUSAN DEMAROIS: IT IS ALL IN ISOLATION AND SILOED AND DOESN'T TRANSFER ANYWHERE WHEN PEOPLE, OR WHEN SOMEONE IS TRAINED IN ASSISTED LIVING COMMUNITY, MANDATORY HOURS ARE NOT PORTABLE ANYWHERE ELSE, THEY BECOME SPECIALIST IN ASSISTED LIVING BUT CANNOT TAKE IT ANYWHERE ELSE.

>>ANA ACTON: THANK YOU, JUST A FEW POINTS HERE ON THE COLLECTIVE BARGAINING GOING TO STATE LEVEL MY QUESTION IS, IF A STANDARDIZED BY THE STATE COULD THERE BE REDUCTION IN QUALITY OF SUPPORT FOR SOME, FOR EXAMPLE THE BAY AREA THAT YOU MENTIONED WHERE THERE IS A HIGHER LEVEL OF PAY AND BENEFITS? THAT WOULD JUST BE A CONCERN. REALLY A NEED OF COURSE TO INCREASE WAGES AND BENEFITS, NEED A STRONG BASELINE FOR SERVICES, ESPECIALLY IN RURAL SMALL PUBLIC AUTHORITIES, WE GET $150 THOUSAND IN FUNDING AND HOW DO YOU RUN A ORGANIZATION ON THAT? AND THEN I WANT TO MENTION ON PUBLIC AUTHORITIES, I MENTIONED BEFORE, BUT FOR THE RECORD, I THINK THAT THE PUBLIC AUTHORITIES COULD BE EXPANDED TO PRIVATE PAY INDUSTRY, A FEW PUBLIC AUTHORITIES THAT ARE DOING THAT. THAT ADDRESSED THE GRAY MARKET PIECE DISCUSSED TODAY, AND

COULD HELP WITH RECRUITING TRAINING AND SUPPORT. AND YOU MENTIONED THAT AS WELL DONNA AROUND HOW WE KIND OF USE THAT FOUNDATION FOR THE MIDDLE CLASS. AND THIRD, TRAINING INITIATIVES, LOVE IT, GOOD RECOMMENDATIONS, WE HAVE REALLY ROBUST TRAINING THAT IS HAPPENING IN CERTAIN PUBLIC AUTHORITIES, INCLUDING NEVADA COUNTY BY THE WAY, SHOUT OUT. BUT, IT ALSO IS A FOUNDATION TO EXPAND IT TO PRIVATE PAY AS WELL. RIGHT, SO THIS TRAINING INITIATIVE COULD BE FOR PUBLIC AND PRIVATE PIECE FOR CAREGIVERS AND IS KIND OF A GOOD PRACTICE THAT SHOULD BE FUNDED.

>> SARAH STEENHAUSEN: I'M GOOD.

>> CLAIRE RAMSEY: HI, THANKS. TWO QUICK THINGS; I JUST WANT TO ASK ABOUT SAVINGS COMING FROM THE REDUCED HOSPITALIZATION THAT YOU SAW ON YOUR STUDY. I WONDER HOW MUCH MONEY IS THERE AND COULD BE USED TO CREATE A POSITIVE FEEDBACK TO KEEP PEOPLE AT HOME AND OUT OF THE HOSPITAL AND EXPAND SERVICES AND REDUCE HOSPITAL FOR OTHERS. THE OTHER THING I WANT TO MENTION WITH ALL THE TALK ABOUT TRAINING, I THINK THERE WAS SOME MODELS IN THE CHILD CARE WORLD WHERE I USED TO DO A LOT OF WORK THAT MIGHT BE WORTH LOOKING AT. THEY HAVE A MORE TRADITIONAL COMMUNITY COLLEGE AND FOUR YEAR UNIVERSITY-BASED STRUCTURE TO TRAIN TEACHERS. BUT IT IS NOT AS RIGOROUS AND DEGREE-ORIENTED AS LIKE GETTING A TEACHING CREDENTIAL IS OR TEACHING IN K THROUGH 12. THROUGH I THERE ARE SOME LESSONS THERE ABOUT MOVING UP TO ASSOCIATE TEACHER. IF THERE WAS A CAREER PATHWAY WITH CERTAIN AMOUNTS OF TRAINING OR REQUIREMENTS OR UNITS, WE DON'T HAVE TO REINVENT THE WHEEL, BUT I THINK WE COULD USE OTHER MODELS TO HELP US FIGURE THINGS OUT. AND WHAT WE HAVE TO SAY IS HOW MUCH OF THE TRAINING CAN GO INTO ULTIMATELY PAYING PEOPLE BETTER? IS THERE GOING TO BE BETTER TRAIN TO DO THEIR WORK AND HOPEFULLY LONGER TERM EMPLOYEES.

>> PATTY BERG: I WAS JUST GOING TO SAY, I AM A REAL FOE OF PILOT PROGRAMS. EVEN THOUGH YOU HAVE IT DOWN AS A RECOMMENDATION FOR A PILOT, IT IS A RARITY TO

SEE PILOTS GO ANYWHERE BUT STAY A PILOT. AS A LEGISLATOR, I'M JUST SAYING, IT WOULD NOT GO ANYWHERE. SO WILL HAVE YOU RELOOKED AT THAT RECOMMENDATION AS A PILOT. I THOUGHT IT WAS YOUR RECOMMENDATION. OKAY.

>> KRISTINA BAS-HAMILTON: YOU HAVE ONE QUESTION AS THE LAST PERSON ON THE QUEUE. THIS IS FOR HEATHER, AS PART OF THE WORK OF THE COMMISSION, DID YOU GUYS TALK ABOUT FUNDING AS – DID YOU TALK ABOUT FUNDING OR SOURCES OF FUNDING OR HOW TO GO ABOUT INCREASING WAGES ANY SORT OF CONCRETE MANNER?

>> HEATHER YOUNG: WE TALKED A LOT ABOUT WAGES AND STRUCTURE BARRIERS WE DIDN'T COME UP WITH A GREAT ANSWER AS TO HOW TO SOLVE THAT. AND MOVE INTO THE CAREER LADDER OPPORTUNITIES AS WELL, THOSE TWO ENDED UP BEING CONNECTED IN OUR DECISIONS AND IT IS A VITAL ISSUE. ESPECIALLY AS THE WORKERS ARE COMPETING WITH THE FAST FOOD INDUSTRY THAT ARE NOT AS DEMANDING AND AS HIGH RISK OF IMPORTANCE.

>> KIM MCCOY-WADE: OKAY. SO WE WILL BE COMING BACK AT THE END TO SUMMARIZE ACTIONS AND NEXT STEPS. AS ALWAYS WE ARE AIMING TO AIR OUT THE BIG ISSUES AND BEGIN THE CONVERSATION AND A LOT OF WORK HAPPENS OUTSIDE OF THE MEETING. ONE OTHER POINT I WANTED TO RAISE, THESE FOUR-HOUR MEETINGS ARE LONG AND WE HAVE NOT BUILT IN A COMMON BREAK TO KEEP PLOWING THROUGH. TWO THINGS ABOUT THAT; ONE WE LOVE YOUR FEEDBACK AND WE HAVE A COUPLE MORE AHEAD OF US IF WE SHOULD BUILD

IN A COMMON BREAK. GIVEN THE PACKED AGENDA TODAY, WE WANT TO KEEP MOVING. BUT WE EXPECT ALL OF YOU AT SOME POINT TO BE OUT OF THE ROOM. SO PLEASE DO TAKE CARE OF YOURSELF DURING THESE LONG MEETINGS

>> ANA ACTON: PUBLIC COMMENT, CAN WE BUILD THAT IN?

>> KIM MCCOY-WADE: WE CAN THINK ABOUT THAT, TOO. WITH THAT, IS THE FAMILY CAREGIVING TEAM READY TO ROLL?

>> KATHLEEN KELLY: THANK YOU. I'M EXECUTIVE DIRECTOR OF FAMILY CAREGIVER ALLIANCE WITH THE BAY AREA RESOURCE CENTERS OF THE CRC SYSTEM IN CALIFORNIA. I'M REALLY PLEASED TO SPEAK TODAY. I'M GOING TO JUST MAKE MENTION THAT I DID NOT HEAR ANY WORKFORCE ISSUES OR CONVERSATION AROUND SOCIAL WORKERS. AND AS JUST AS A SHORT COMMENT, I HAD TWO STAFF MEMBERS GO FOR THEIR LCSW EXAM LIKE IN THE PAST COUPLE WEEKS. THERE WERE LESS THAN 5 QUESTIONS ON THERE ABOUT OLDER ADULTS. JUST SAYING, I WANTED TO MAKE THAT COMMENT.

I'M GOING TO TALK ABOUT FAMILY CAREGIVERS AND DISTILL A WHOLE BUNCH OF INFORMATION. THERE ARE TONS AND TONS OF STATS OUT THERE, I CAN LEAD YOU TO ALL SORTS IF YOU ARE INTERESTED. I WANT TO DISTILL WHAT I SAW AS THE OVERRIDING TRENDS THAT ARE GOING ON IN FAMILY CAREGIVING HERE IN THE STATE AND ALSO NATIONALLY AND WHAT LESSONS I LEARNED. RIGHT NOW IN CALIFORNIA, THERE IS 4.7 BILLION CAREGIVERS.

I WANT TO MAKE A STATEMENT, THIS WAS ALLUDED TO, ABOUT HALF OF THE FOLKS THAT ARE UNPAID FAMILY CAREGIVERS ARE CARING FOR THOSE PERSONS THAT HAVE COMPLEX CARE NEEDS OR PERFORMING MEDICAL TASKS IN THE HOME. A LOT OF THINGS WE'RE TALKING ABOUT IN TERMS OF WHAT FAMILY CAREGIVERS ARE DOING, EXCEPT THERE IS NO TRAINING AND THEY ARE GIVEN COMPLEX CARE TASKS, ESPECIALLY ON TRANSITION BACK FROM HOSPITAL TO HOME AND THEY RECEIVE LITTLE TRAINING ON THAT REGARD, TOO.

FAMILY CAREGIVERS ARE DOING A LOT. MOST OLDER ADULTS ARE NOT MEDI-CAL ELIGIBLE, WHICH MEANS THAT MOST FAMILIES ARE DEALING WITH ARE MIDDLE INCOME. AND LESS THAN 10% HAVE LONG-TERM CARE INSURANCE. ABOUT 60% OF FAMILY CAREGIVERS ARE IN THE WORKFORCE. CAREGIVING IS THEIR SECOND JOB. THE AVERAGE LENGTH OF TIME THAT SOMEBODY PERFORMS CAREGIVING TASKS AND ALSO IN THE WORKFORCE IS 20 HOURS A WEEK. IT IS THEIR SECOND JOB, A SIDE HUSTLE. AND USUALLY THEY LIVE WITH THE PERSON AND IT IS 24 HOURS A DAY.

THERE ARE 37% ESTIMATED FAMILY CAREGIVERS OVER 50 QUIT OR REDUCE HOURS OF WORK. WHAT THIS MEAN IS A GIANT GAME OF WHACK A MOLE. WHILE THE COSTS ARE THERE, WE KNOW FAMILIES WHEN THEY LEAVE, PARTICULARLY A WOMAN IN HER 40S OR 50S, LEAVING THE WORKFORCE AND CUTTING HOURS, THEY ARE LOSING ABOUT $300,000 OF REVENUE AND INCOME IN THEIR LIFETIME.

WHAT WE KNOW ABOUT FAMILY CAREGIVERS IS THAT THEY MAY LEAVE THE WORKFORCE, BUT IF THEY ROLL INTO RETIREMENT WORSE FOR THE EXPERIENCE ON A FINANCIAL LEVEL, ANYWAY. UNPAID CAREGIVERS ARE GETTING YOUNGER, MORE DIVERSE AND TECHNOLOGICALLY SAVVY. WE ALL HAVE TO TAKE THAT INTO CONSIDERATION WHEN WE THINK ABOUT THE FUTURE OF SERVICES IN THE COMMUNITY.

WHAT ARE THE POLICY IMPLICATIONS? I TALKED ABOUT REBALANCING, WE'RE SAVING SOME MONEY HERE. BUT IF SOMETHING COSTS SOMEBODY SOMEWHERE AND IT USUALLY COSTS THE FAMILY. UP TO 80% OF LONG-TERM CARE IS PROVIDED BY FAMILY MEMBERS. MIDDLE INCOME FAMILIES ARE MOST AT RISK FOR FINANCIAL INSECURITY. WE KNOW THAT MEDICAL COSTS OVER ALL ARE THE BIGGEST CAUSE OF BANKRUPTCY, BUT WE DON'T KNOW HOW LONG-TERM CARE FIGURES INTO THAT. WE KNOW $5 TO $7,000 IS PAID IN SERVICES. WHEN WOMEN ARE JUGGLING THESE ISSUES, THEY LOSE ALL SORTS OF BENEFITS THAT COME IN THEIR EMPLOYMENT. THEY MAY LOSE HEALTH CARE, SOCIAL SECURITY, CREDITS, PENSION AND SO ON.

MOST CAREGIVERS ARE AT RISK FOR THEIR OWN HEALTH AND FINANCES. AND FAMILY CAREGIVERS THAT WE SEE BECAUSE WE'RE DEALING WITH OLDER ADULTS AND INDIVIDUALS THAT HAVE COGNITIVE IMPAIRMENTS, IT IS NOT A MATTER OF A FEW WEEKS OR MONTHS. WE MEASURE OUR RELATIONSHIP WITH FAMILIES IN YEARS. THIS IS A LONG-TERM COMMITMENT THAT FAMILIES TAKE ON AND IT IS NOT AN ACUTE SITUATION THAT IS RESOLVED ONE WAY

OR THE OTHER WITHIN A MATTER OF WEEKS OR MONTHS. IT IS REALLY A LONG-TERM INVESTMENT.

WHAT I SEE IS THAT THERE IS VERY LITTLE INVESTMENT OR INCENTIVES FOR CHANGING SYSTEM PRACTICES AND CULTURES WITHIN HEALTH CARE AND SOCIAL SERVICES. AN EXAMPLE IS THAT WE DID PASS THE CARE ACT THAT ASKED TO IDENTIFY A FAMILY CAREGIVER AT THE POINT OF HOSPITALIZATION IF THE PATIENT AGREES THAT THEY CAN BE INVOLVED IN THE DISCHARGE PLANNING AND CARE PLANNING. THEY ARE ABLE TO RECEIVE THE TRAINING AND INFORMATION AT THE SAME TIME. ABOUT 50% OF THAT TIME IT HAPPENS. 50% OF THE TIME IT HAPPENS IN CALIFORNIA AND ACROSS THE STATES. IT IS NOT A VERY PROMISING STATISTIC, BUT MAYBE IT IS EARLY IN THE GAME IN TERMS OF THIS. BUT WE JUST DON'T RECOGNIZE FAMILY CAREGIVERS AS BEING THE CONDUIT OF INFORMATION. THEY FILL IGNORED.

EQUIPPING COMMUNITY AGENCIES TO BE ABLE TO HAVE THE TECHNOLOGY AND THE INFORMATION TO BE ABLE TO COORDINATE CARE AT THE LOCAL LEVEL. BUT ALSO COORDINATE CARE WITH FAMILIES IN LINE TO HEALTH CARE AS WELL. WE JUST NEED TO SHIFT OUR PARADIGM ABOUT FORMAL AND INFORMAL SYSTEMS WE NEED TO BRING THE TWO TOGETHER IN A MORE EFFECTIVE WAY.

I'M GOING TO TALK ABOUT THE CRC SYSTEM NEXT. I'M TRYING TO JUST MOVE IT FORWARD. SO, I'M JUST GOING TO USE THE WHO, WHAT, WHEN, WHERE AND WHY WITH THE CRC SYSTEM. THE WHO IS THE PRIMARY CLIENT FOR THE CAREGIVER RESOURCE SYSTEM, WHICH IS NOT A NEW SYSTEM. IT REALLY TOOK SHAPE

IN 1985 AND MOVED FORWARD WITH THE DEVELOPMENT OF THE CAREGIVER RESOURCE CENTERS BEFORE THAT. THERE WAS A DEMONSTRATION OF A PILOT PROJECT THAT DID GET MEMORIALIZED. UNPAID FAMILY CAREGIVERS ARE THE PRIMARY. ADULT NEEDING ASSISTANCE IS THE SECOND CLIENT. OCCURRING AFTER THE AGE OF 18, HEALTH AND MENTAL DISABILITIES, THAT IS INCLUDED IN THE ENABLING LEGISLATION. MOST OF OUR DIAGNOSIS THAT WE SEE FOR THE CARE RECIPIENT ARE DEMENTIA-RELATED, STROKE, PARKINSON'S, HEAD INJURIES, BRAIN TUMORS, ABOUT 85 DIFFERENT DIAGNOSES. AND THERE ARE OTHER CHRONIC CONDITIONS GOING ON WITHIN THE RECIPIENT POPULATION. WE DON'T HAVE INCOME RESTRICTIONS. THIS WAS A PROGRAM THAT WAS MEANT TO SERVE THE MIDDLE INCOME FAMILY AND IT WAS A LITTLE AHEAD OF ITS TIME.

THESE ARE SPECIFIC SERVICES. I'M NOT GOING TO GO THROUGH THIS THEM. THERE IS A HANDOUT ABOUT WHAT THE CRCS DO. BUT THE COMMON THREAD, PARTICULARLY NOW WITH THE AUGMENTATION, THERE IS AN ASSESSMENT THAT GATHERS A SIGNIFICANT AMOUNT OF VERY COMPLEX INFORMATION, ABOUT NOT ONLY THE FUNCTIONING OF THE FAMILY BUT WHAT ARE THE CARE CONDITIONS THE FAMILY IS FACING IN TERMS OF THE CARE RECIPIENT AS WELL? THESE ARE FOLLOWED UP WITH TAILORED PLANS. AND THERE ARE A VARIETY OF INTERVENTIONS THAT ARE DEPLOYED. BEST PRACTICE INTERVENTIONS. CONSUMER-DIRECTED RESPITE VOUCHERS THAT WE'VE BEEN OPERATING SINCE DAY ONE. THERAPEUTIC COUNSELING RESOURCES AND SO ON.

ONE SIZE DOES NOT FIT ALL. ONE AND DONE INTERVENTIONS DON'T WORK IN THIS POPULATION WAS IT CHANGES TIME AND YOU NEED A PACKAGE OF SERVICES. WHEN WE PROVIDE THE SERVICE WHEN PEOPLE CALL US, WE GET MOST OF THE REFERRALS FROM HEALTH CARE, OTHER SOCIAL SERVICE AGENCIES. WE WORK WITH A FAMILY, MEANING THAT WE WORK WITH ASSESSMENT AND SO ON, INTENSIVELY FOR ABOUT 6 MONTHS. WE CONNECT WITH THEM ON A CONTINUALLY BASIS THROUGH COMMUNICATIONS, MOSTLY E. NEWSLETTERS. WE WANT PEOPLE TO COME BACK. WE WANT TO BE THE CHEERERS OF THE SOCIAL SERVICE AGENCY. WE WANT THEM TO COME BACK AND KNOW THAT WE KNOW THEIR NAME AND WHAT THEY ARE DEALING WITH AND WE KNOW THEIR HISTORY BECAUSE WE HAVE A RECORD AND WE'RE ABLE TO START THE CONVERSATION FROM THE POINT THAT THEY WERE STABILIZED TO THE POINT THAT THEY CAME BACK TO US.

WE ACTUALLY WANT PEOPLE TO COME BACK. IT IS NOT A RECIDIVIST RATE. THERE ARE 11 CRCS THAT COVER ALL THE COUNTIES AND WE REACH THEM IN A VARIETY OF WAYS. WE'RE INVESTING HEAVILY IN THE FACT THAT OUR CLIENTS ARE GETTING YOUNGER AND INVESTED HEAVILY IN SOCIAL MEDIA. WE WANT TO BE THE TRUSTED SOURCE AND IMPROVE LIVES. THAT IS THE WHY.

WE WERE FORTUNATE THIS YEAR TO HAVE AN AUGMENTATION REQUEST THAT WAS BUILT UPON WORK THAT WE DID, STARTED AT FAMILY CAREGIVER ALLIANCE AND ALSO WORKED WITH DONNA BENTON AT USC TO TEST AN INTERACT CLIENT RECORD. AND THESE OTHER ON LINE PLATFORM MEANS TO REACH FAMILIES

WORK WITH THEM THROUGH A CALIFORNIA DEPARTMENT OF PUBLIC HEALTH GRANT FOR THREE YEARS.

WE ALREADY HAD THINGS READY TO GO. WE KNOW THAT THE POPULATION IS CHANGING AND WE KNOW WE HAVE TO SCALE AND WE HAVEN'T TALKED ABOUT THE SCALING VERY MUCH. BUT SCALING IS THE NAME OF THE GAME. WE'VE GOT A BIG POPULATION IN CALIFORNIA AND WE NEED TO REACH PEOPLE. PARTIALLY WE CAN REACH THEM THROUGH THE USE OF TECHNOLOGY. THE EXPANSION GOALS ON THIS IS ABSOLUTELY REACHING MORE PEOPLE. 30,000 WITH GENERAL INFORMATION AND EDUCATION. 8,000 WITH MORE IN DEPTH RECORD, WHICH MEANS A POPULATION SAMPLE FROM INFORMATION ACROSS A DIVERSITY OF CALIFORNIA. HOWEVER YOU CUT IT. WE'LL START TO BE ABLE TO SEE AS WE LOOK AT ASSESSMENTS AND REASSESSMENTS, WHAT FAMILIES ARE FACING AND WHAT THE OUTCOMES ARE.

WE'RE DEPLOYING THE INTERACTIVE CLIENT RECORD AND ALL OF THE REST OF THE ON LINE FUNCTIONS, PLATFORMS. IN PARTICULAR, WE WANT TO MAKE IT EASY FOR FAMILIES TO INTERACT WITH US, NOT HARDER. SO WE'RE TRYING TO BRING THE SERVICES INTO THE HOME AS BEST WE CAN.

WE'RE GOING TO INCREASE THE TECHNOLOGIES, THE SCALE SERVICES AND PROVIDE OPTIONS FOR FAMILIES. PROVIDE THE QUALITY ASSURANCE AND ADHERENCE TO A SERVICE MODEL, WHICH WE HAVE INTACT AND PROVIDE CONSISTENT SERVICES ACROSS THE STATE. THESE ARE THE THINGS THAT WE TALKED TO THE LEGISLATOR ABOUT.

THERE ARE THREE STATEWIDE PROJECTS THAT ARE ALSO ATTACHED TO THIS. ONE IS THE IMPLEMENTATION AND TRAINING ON THE TECHNOLOGIES THAT ARE GOING TO BE DEPLOYED. WE'RE GOING TO BACK HERE NEXT WEEK WITH STAFF. WE HAVE FROM NOW UNTIL JUNE 30TH TO GET 8 CRCS UP AND RUNNING. SO WE NEED TO GET THE – THE PLANE HAS TO FLY BECAUSE WE HAVE A SHORT RUNWAY.

WE ALSO HAVE FORMAL SYSTEM EVALUATION EACH YEAR. SO WE'LL HAVE INFORMATION THAT PEOPLE CAN SEE AS WE'RE MOVING ALONG, WHAT THE EVALUATION, WHAT THE TRENDS ARE TELLING US WITH THIS PROJECT. AND WE ALSO HAVE A STATEWIDE MARKETING, REALLY INVESTED IN SOCIAL MEDIA MARKETING. WHENEVER WE INVEST IN SOCIAL MEDIA AND I'M TALKING ABOUT MY OWN ORGANIZATION, WE REACH WHOLE DIFFERENT GROUP OF PEOPLE THAT ARE NOT REACHABLE IN THE USUAL MEANS. BECAUSE THEY ARE IN THE WORKFORCE AND YOUNGER, THIS IS WHERE PEOPLE ARE GETTING INFORMATION AND WE ARE INVESTING IN THE STATEWIDE MARKET.

I THINK THAT'S IT FOR ME.

[APPLAUSE]

>> NINA WEILER-HARWELL: HELLO EVERYBODY. AARP. I'M GOING TO TALK TODAY ABOUT PAID FAMILY LEAVE. HIT ON SOME OF THE WHYS, THE WHAT AND WHAT OUR BASIC PROPOSAL IS. YOU HAVE ALREADY HEARD IN OF THE DATA. 4.7 MILLION FAMILY CAREGIVERS, AND WE HAVE SEEN NATIONALLY THAT ABOUT

ONE IN FIVE FEMALE AND ONE IN SIX MALE WORKERS IN THE UNITED STATES ARE FAMILY CAREGIVERS. 60% WILL EXPERIENCE CAREGIVING DURING THEIR WORKING LIFE. AND THE SOURCES FOR ALL THIS IS IN THE DETAIL RECOMMENDATION THAT CAME WITH THE MEETING NOTICE.

WE ESTIMATED WORKING WITH OUR PARTNERS, LOST INCOME IS SIGNIFICANT FOR ALL CAREGIVERS, NOTABLY FEMALE CAREGIVERS, JUST SHY OF 300,000 FOR MALE. OUT OF PACT SPENDING, $7,000, OVER $10,000 FOR THOSE CARING FOR SOMEONE WITH ALZHEIMER'S OR DEMENTIA. AND ACCORDING TO AARP RESEARCH, ABOUT $9,000 A YEAR FOR LATINO CAREGIVERS IS THE AVERAGE.

LET ME HIT ON WHAT OUR PROGRAM IS. CALIFORNIA WAS ACTUALLY THE FIRST STATE IN THE NATION TO PLACE PAID FAMILY LEAVE IN LAW. IT IS AN EARNED BENEFIT, YOU PAY PAYROLL TAX AND YOU THEN ARE ABLE TO DRAW DOWN MONEY THROUGH THE EMPLOYMENT DEVELOPMENT DEPARTMENT AS NOTED. IT IS ADMINISTERED BY THEM. RIGHT NOW IT PAYS UP TO 6 WEEKS OF PARTIAL PAY TO ELIGIBLE WORKERS. AND THAT WILL INCREASE TO 8 WEEKS IN JULY. THE WAGE REPLACEMENT IS 60 OR 70%, 70% BEING FOR BELOW INCOME WORKERS.

THERE WAS A STUDY DONE, THERE WAS EVIDENCE OF REDUCED NURSING HOME UTILIZATION IN CALIFORNIA DUE TO THE PAID FAMILY LEAVE LAW AND ALSO POSITIVE EMPLOYEE IMPACTS NO NEGATIVE IMPACTS ON EMPLOYERS. THIS IS FROM A STUDY FROM EARLY, FROM AARP. JOB PROTECTION. THIS IS WHERE – LET ME BACK UP AND SAY CALIFORNIA WAS THE FIRST STATE, BUT ANOTHER

STATE HAS SURPASSED US, THAT IS NEW YORK, MY HOME STATE. SO RIGHT NOW, CALIFORNIA'S JOB PROTECTIONS RULES ARE TIERED. SO IF I'M A CAREGIVER TAKING BONDING LEAVE FOR A CHILD, GRANDCHILD OR NEWLY ADOPTED CHILD, I CAN BE ASSURED THAT I'M NOT GOING TO LOSE MY JOB OR BE FIRED FOR TAKING A BENEFIT THAT I PAID INTO. IF I WORK FOR A FIRM WITH 20 OR MORE EMPLOYEES. HOWEVER, IF I WORK FOR – THERE IS ALSO FEDERAL PROTECTIONS IF YOU WORK FOR A LARGER FIRM, 50 OR MORE. MOST PEOPLE DO NOT WORK FOR THOSE. UNDER THAT LAW YOU GET JOB PROTECTIONS IF YOU WORK AND STATE LAW FOR A LARGE EMPLOYER. HOWEVER, FOR THAT EMPLOYEE WHO IS TAKING LEAVE TO CARE FOR AN AILING ADULT FAMILY MEMBER, THOSE JOB PROTECTIONS DO NOT START UNTIL 50 EMPLOYEES. IN ADDITION, THERE IS GOING TO BE TWO COMING EXPANSIONS OF PAID FAMILY LEAVE. NEXT JANUARY, IF I AM A FAMILY MEMBER OF AN IMMEDIATE DEPLOYING MEMBER, I CAN TAKE LEAVE. THAT WOULD APPLY TO A LOT OF PEOPLE, MOST EMPLOYEES.

AARP AND OUR ALLIES HAVE BEEN FIGHTING FOR SEVERAL YEARS TO TRY TO EXPAND THIS. THE QUALIFIED FAMILY CAREGIVERS RIGHT NOW, AS NOTED, NEXT JANUARY, THIS WILL ALSO APPLY TO FAMILY OF IMMEDIATELY DEPLOYING MILITARY. HOWEVER, FAMILY OF CHOICE RIGHT NOT IS NOT CONSIDERED A QUALIFIED CAREGIVER. IF CALIFORNIA WERE TO TAKE THAT UP, WE'D BE THE FIRST IN THE NATION TO DO THAT.

I'M GOING REALLY FAST BECAUSE I SAID I WOULD. THIS IS WHAT WE ARE PROPOSING. WE WOULD LIKE TO SEE AND WE'RE GOING TO CONTINUE TO WORK TO EXPAND PAID

FAMILY LEAVE JOB PROTECTIONS TO COVER ALL CAREGIVERS, INCLUDING MILITARY FAMILY MEMBERS, WORKING FOR COMPANIES, 5 OR MORE, OR ALL COMPANIES. AND WE WOULD LIKE TO SEE FAMILY OF CHOICE INCLUDED AS A QUALIFIED CAREGIVER RECOGNIZING FAMILY REALITIES IN THE 21ST CENTURY AS WELL AS THE REALITIES OF MANY IN THE LGBTQ STUDENT.

THE CURRENT BUDGET INCLUDED 8 MILLION AS ENHANCED OUTREACH FOR PAID FAMILY LEAVE. THERE HAVE BEEN NO CHALLENGES, ESPECIALLY AMONG FAMILY MEMBERS, IN TAKING PAID FAMILY LEAVE. ONE IS LACK OF KNOWLEDGE OF PROGRAMS. THIS IS ESPECIALLY ACUTE IN COMMUNITIES OF COLOR AND THE LATINO COMMUNITY WHERE THERE IS A LACK OF KNOWLEDGE AND CONCERNS ABOUT JOB PROTECTIONS. WE DID APPRECIATE THAT THE 8 MILLION WAS PART OF THE BUDGET. AARP AND PARTNERS DID ADVOCATE FOR THAT. WE'D LIKE TO SEE A GREATER OUTREACH WITH LANGUAGE, AND IT IS SOMETHING THAT AARP AND PARTNERS ARE WORKING ON. BUT IT IS REALLY IMPORTANT THAT WE USE THE COMMUNITY CONNECTORS THAT KNOW THE COMMUNITY AND CAN SPEAK TO THEM IN A WAY THIS RELEVANT.

THAT IS IT.

[APPLAUSE]

>> DONNA BENTON: I WILL GO STRAIGHT INTO THE RECOMMENDATIONS. OVER ALL, THESE ARE RECOMMENDATIONS AS WE SAID THAT ARE GOING TO BE FOCUSSING ON THE UNPAID FAMILY CAREGIVER, ONE THING WE FELT WE HAVE THE FUNDING CURRENTLY FOR 3 YEARS. WHICH IS A PILOT FUNDING WE NEED TO STABILIZE THAT INCREASED FUNDING FOR ALL 11 AIR GIVER RESOURCE CENTERS SO THEY CAN SUSTAIN AWARENESS OF THE CARE GIVING

COMMUNITY AND CONTINUE DOING STATEWIDE COMPREHENSIVE EVIDENCE BASED ASSESSMENTS, EDUCATION AND TRAINING AFTER THE 3 YEARS. WE WANT TO EXPAND AS WE ALREADY TALKED ABOUT. JOB PROTECTIONS TO ALL CAREGIVERS, INCLUDING MILITARY FAMILY MEMBERS. THAT REALLY BECOMES IMPORTANT BECAUSE WE ARE FINDING AS SHE ALREADY MENTIONED WE HAVE HAVING MORE AND MORE CARE GIVERS WHO ARE YOUNGER, SO THEY GO OUT OF THE JOB MARKET. AND ALSO A WAY TO SEE LOWER INCOME TO RAISE MAYBE TO A HUNDRED OR SO. FAMILY OF CHOICE AS A QUALIFIED CAREGIVER. LOOKING AT OUT REACH, PART OF THAT IS NOT USING 8 MILLION FOR,DD BUT ALSO THE PARTNERSHIPS, MAKING INVESTED PARTNERSHIPS SO THE FUNDING GOES DOWN TO COMMUNITY BASED ORGANIZATIONS. MANY TIMES WE DO PARTNERING FROM THE STATE LEVEL BUT DON'T SUB CONTRACT OR CONTRACT WITH THE PEOPLE WE ARE ASKING TO DO TO OUT REACH AS IF IT IS FREE AND IT IS NOT. SO, AT THIS POINT, THESE ARE THE RECOMMENDATIONS THAT CAME OUT. THERE ARE MORE RECOMMENDATIONS BUT THESE ARE THE ONES THAT ROSE TO THE TOP. AND WE HAVE TIME FOR DISCUSSION, SO TURN YOUR THINGS UP AND WE CAN GO ON AND I KNOW PATTY HAD HER HAND UP FIRST.

>> PATTY: I HAVE A RECOMMENDATION FOR NINA IN TERMS OF THE AARP, WHO CARRIED (INAUDIBLE) NOW ON THE BOARD OF SUPERVISORS IN LA COUNTY, SHE CAN BE A VALUABLE PARTNER FOR YOU, NOT JUST FOR THAT, BUT ALSO SHE WOULD ABSOLUTELY PUSH FOR THE FAMILY OF CHOICE AS A QUALIFIED CAREGIVER. BECAUSE SHE IS ALSO GAY, AND THAT IS SOMETHING THAT IS AT THE TOP OF HER LIST, THE GOVERNOR CERTAINLY

WOULD BE OPEN TO SOMETHING LIKE THAT, GIVEN WHAT HE DID IN SAN FRANCISCO, I WILL GIVE YOU HER DIRECT NUMBER.

>> ELLEN S.: I WANT TO LEND THE CALIFORNIA COMMISSION ON AGING SUPPORT TO THE CRC EXPANSION SHS THAT IS THE PROGRAM OF CHOICE FOR THE MISSING MIDDLE. AND REALLY AN INTERVENTION THAT WORKS AND I KNOW COMING FROM A TRIPLE A BACKGROUND, TITLE III FAMILY CAREGIVER FUNDS HELP TO SUPPLEMENT AND THAT MEANS TREMENDOUS AMOUNT TO FAMILY CAREGIVERS AND LOOKS LIKE THAT NUMBER IS GROWING AND WILL GROW. A LOT OF SUPPORT THERE, OTHER THING IS FAMILY CARE ACT. SOME OF THE MEMBERS WOULD LIKE TO SEE THAT EXPANDED TO AGING AND DISABLED MEDI-CAL TO CAL AIM THAT CAREGIVERS INVOLVED IN AN ASSESSMENT THAT OCCURS AS PART OF THE CAL AIM MEDICAL PROGRAM IN THE FUTURE.

>>SARAH STEENHAUSEN: THANK YOU, SO I HAVE A QUESTION FOR KATHY, REALLY LOVE THE WORK THAT YOU ARE DOING TO DEVELOP THE UNIFORM ASSESSMENT THAT IS DIGITAL AND AMAZING TOOL FOR FUTURE USE, WHAT ARE YOUR THOUGHTS ON IF THAT TOOL WERE TO BE PART OF, IF AN IDEAL WORLD THE STATE MOVES TOWARDS STANDARDIZED ASSESSMENT FOR THE WHOLE POPULATION, WHAT ARE YOUR THOUGHTS ON HOW TO CONNECT THE TWO, SO WE DON'T HAVE TWO DIFFERENT SETS OF STANDARDIZED ASSESSMENTS, FEASIBLE, PART THAT CAN BE TAKEN INTO ACCOUNT AS PART OF YOUR PROJECT?

>> RIGHT NOW, THERE TENDS TO BE A GREAT DEAL OF INTEREST ON THE

PART OF STATE AND PART OF HEALTH CARE TO LOOK AT ASSESSMENT. SO, EVERYONE IS LOOKING FOR THE MAGIC BULLET. I THINK THERE ARE CERTAINLY ON A SCREENING MECHANISM FOR OTHER PROGRAMS TO IDENTIFY FAMILY CAREGIVER, THERE CAN BE A SHORT SET OF SCREENING QUESTIONS AND THERE CAN BE A MORE DIRECT REFERRAL PROCESS THAT CAN BE DEVELOPED. WHERE YOU ARE IN--IF YOU ARE SITTING IN HEALTH CARE OR SITTING OVER IN DAY CARE PROGRAM, OR IF YOU ARE SITTING IN A MEAL SERVICE, QUESTIONS MAY BE SLIGHTLY DIFFERENT, BUT YOU MAY HAVE A CORE SET OF QUESTIONS, THERE IS NO MAGIC IN THIS. WE HAVE DONE A LOT OF WORK AS YOU KNOW, IN ASSESSMENT, THERE IS ABOUT 200-250 ASSESSMENT QUESTIONS THAT RELATE TO FAMILY CAREGIVERS. AND YOU CAN CORE OUT THOSE SCREENING AND MAYBE PLUS SOME ACCORDING TO THE SETTING AND THEN HAVE YOU KNOW A WAY TO COORDINATE THAT REFERRAL SOURCE. IT CAN BE DONE, WE JUST HAVE NOT. WE HAVE NOT HAD TO WILL SO FAR TO DO IT.

>> DONNA BENTON: I THINK THE OTHER THING IS THAT WHILE WE CAN LOOK AT SOME OF THESE QUESTIONS, ONE OF THE THINGS AROUND THE STANDARDIZED QUESTIONNAIRE, IS THAT FAMILY CAREGIVERS DO NEED AN ASSESSMENT SEPARATE AND APART FROM THAT OLDER ADULT, AND I THINK THAT MANY TIMES PEOPLE TEND TO, WHEN IT GETS MERGED WE LOSE TO CAREGIVER. THEY DON'T SELF-IDENTIFY. I THINK PART OF THE ASSESSMENT, MIGHT BE HAVING A WAY STANDARDIZING HOW WE HELP CAREGIVERS SELF-IDENTIFY. BE PROACTIVE, BECAUSE THEY ARE NOT GOING TO DO IT, THAT HAS BEEN A CHALLENGE SINCE THE PROGRAM STARTED. WHEN WE TALK ABOUT CAREGIVERS, IT IS JUST YOUR MOM OR

DAD OR AUNT THAT YOU ARE HELPING. AND BECAUSE PEOPLE COME IN AT DIFFERENT POINTS IN THEIR JOURNEY, RESEARCH SHOWS IF WE GET TO PEOPLE ERTIER LIKE IN WASHINGTON STATE, WHERE THEY IDENTIFY EARLIER AND STAY WITH THEM, THAT IS WHERE WE BEND THE CURVE IN HEALTH CARE. WHEN WE IDENTIFY IN THE HOSPITAL, THAT MIGHT BE A LITTLE TOO LATE. PREPARE TO CARE WE HAVE BEEN TALKING ABOUT WITH AARP STARTING IT. BUT BEING ABLE TO DO THAT IN 2 LONG RUN, THAT IS ANOTHER REASON WHEN WE THINK ABOUT ASSESSMENTS WE HAVE TO LOOK AT IT DIFFERENTLY THAN JUST OVER ALL OLDER ADULT ASSESSMENT.

>> JEFF THORN: THANK YOU, I THINK THAT ONE OF THINGS, AND THIS IS NOT MEANT AS A CRITICISM, BUT, I DON'T THINK THAT PEOPLE WITH DISABILITIES WHO ARE AGING REALLY SEE THEMSELVES AS CAREGIVERS TO THE SAME DEGREE THAT OTHERS DO. AND I THINK IN PART THAT'S BECAUSE SOCIETY DOESN'T SEE US AS THAT, AND I THINK THERE NEEDS TO BE A BETTER KNOWLEDGE BASE AMONG THE COMMUNITY, INCLUDING CRC'S, AS TO SPECIFICALLY HOW TO DEAL WITH THESE SITUATIONS. BECAUSE MANY OF US PROBABLY SHOULD BE TAKING ON THAT ROLE. BUT WE DON'T SEE OURSELVES AS CAPABLE OF DOING IT.

>> LYDIA MISSAELIDES: GREAT DISCUSSION, I WANTED TO ECHO WHAT SHE DESCRIBED AS PEOPLE NOT IDENTIFYING THEMSELVES AS CAREGIVERS, I THIS I WE CAN RELATE TO THAT. CURIOUS IF YOU HAVE SOME RECOMMENDATIONS AROUND HOW YOU BEGIN TO HELP THE PERSON WHO IS SUPPORTING THE OLDER ADULT OR PERSON WITH DISABILITIES WHO MAY BE COMING TO YOU ALONE OR WITH THE OTHER INDIVIDUAL TO SORT OF BEGIN TO NOT ONLY FORM THAT BIT OF RELATIONSHIP WHERE YOU CAN

OFFER SERVICES BUT TO TALK ABOUT THEIR ROLE, AND ARE THERE SCREENINGS YOU ARE USING FOR IDENTIFYING RISKS. WHERE THAT SUPPORT PERSON MAY BE AT A BREAKING POINT AND YOU KNOW YOU HAVE TO DO SOMETHING QUICKLY TO HELP THEM AND INTERVENE. SO KIND OF A COUPLE OF COMMENTS AND QUESTIONS IN THERE. BUT DO YOU HAVE WAYS OF TALKING WITH PEOPLE. BECAUSE LIKE I SAID, WE DON'T THINK OF OURSELVES AS CAREGIVERS, WE ARE MOMS AND DADS, AND SPOUSES.

>> KATHLEEN KELLY: BY THE TIME SOMEONE CONTACTS US THEY KNOW SOMETHING IS AMISS. YOU KNOW THEY NEED HELP. WE GET PEOPLE THROUGH OUT THE CONTINUUM. BUT THINK YOU KNOW, THIS IS TO BE BORN OUT IN TERMS OF RESEARCH, MY OBSERVATION OVER 40 YEARS AND WHEN THE RUBBER HITS THE ROAD AND CARE BECOMES PERSONAL. THEN YOU HAVE CROSSED THE THRESHOLD, AND PEOPLE WILL REACH OUT FOR HELP. BUT YOU GET THEM ALONG ANY PART OF THE CONTINUUM AS WELL. ON THE INTAKE FORM, WE ACTUALLY HAVE BEEN DOING A LOT OF THINKING ABOUT RISK, WHAT ARE THE ELEMENTS OF RISK WE CAN ASK. AND WE HAVE BEEN EXPERIMENTING WITH DIFFERENT COMPONENTS OF THAT. AND WHAT'S NICE ABOUT HAVING THIS KIND OF RAPID TURN AROUND, LOOKING AT IT AS A PRAGMATIC TRIAL, RATHER THAN STRAIGHT RESEARCH, IS TO LOOK AT WHAT WE HAVE IDENTIFIED AS POSSIBLE RISK AND MATCH UP IF THEY HAVE GONE ONTO AN ASSESSMENT, YES, THE SHORT ANSWER IS WE HAVE RISK QUESTIONS ON THE VERY FIRST CALL. BUT WE AUVEN TIMES GET PEOPLE IN CRISIS, SO WE KNOW THEY COME WITH HIGH RISKS, BECAUSE THEY TELL US IN SO MANY WORDS. AGAIN IDENTIFIED AS SOMEONE TAKING CARE OF ANOTHER PERSON OR PROVIDING ASSISTANCE, SO THEY ARE

ALREADY MAKING THAT CALL. WHAT I THINK IS NECESSARY IS THIS TRANSFORMATION THAT NEEDS TO TAKE PLACE ACROSS THESE VARIOUS TOUCH POINTS OF--IN THE HEALTH CARE AND SOCIAL SERVICE FOR EVERYONE TO START IDENTIFYING AND RECOGNIZING THAT CARE GIVING IS REALLY A NORMAL PART OF A FAMILY AND HUMAN EXPERIENCE. AND THAT UNDERSTANDING WHAT IS GOING ON IN THAT PERSON'S LIFE AND BEING ABLE AS A TRUSTING INDIVIDUAL, OR SOMEONE WITH AUTHORITY SAYING I THINK YOU NEED TO REACH OUT AND GET SUPPORT WOULD MEAN A LOT. WE HAVE I THINK VESTED IN MAKING THE CULTURE CHANGES ACROSS THE VARIOUS SOCIAL SERVICE AND HEALTH SYSTEMS WE WORK WITH.

>> PETER MENDOZA: YOU NEED TO TALK ABOUT HOW ARE YOU GOING TO SUPPORT CAREGIVERS AROUND YOUR STRESS AND WAYS TO GET INFORMATION AND SUPPORTS TO THEM IN A VARIETY OF THEM, BUT WHERE TO GO FOR ASSISTANCE OR PARTICULARLY THEIR CRISIS, SOMETIMES YOU KNOW. WHEN YOU PROVIDE CARE GIVING ON AN ONGOING BASIS THERE IS A LOT OF STRESS THAT HAPPENS. WE NEED TO PROVIDE SERVICES OR MESSAGE FOR FOLKS TO GET SERVICES IN HOME, AND REMOTE SUPPORT. YOU KNOW, THROUGH THE INTERNET, BUT ALSO PLACES FOR FOLKS TO GO FOR COUNSELING AND SUPPORT. THAT'S A MAJOR ISSUE FOR CAREGIVERS IN GENERAL, BUT FAMILY CAREGIVERS TOO. AND ALSO MORE RESOURCES FOR THE FAMILY CAREGIVER WHEN THEY NEED A BREAK. I LIKE THE IDEA THAT WE ARE TALKING ABOUT IT. THAT IS GOOD. BUT THERE IS A SHORTAGE OF CAREGIVERS, VOUCHER IS FIND, BUT YOU GOT TO BE ABLE TO FIND A CAREGIVER WHO CAN COVER, THAT IS AN IR EWE WE NEED TO COVER IN RECOMMENDATIONS. BECAUSE IT IS DIFFICULT FOR FOLKS TO GET

BREAKS, EVEN IF THEY CAN AFFORD TO PAY IT. BECAUSE THEY CANNOT FIND ANYONE TO COVER.

>> DONNA BENTON: I WANT TO ANSWER. THE OTHER THING I THINK THAT WAS NOT DISCUSSED BUT, AT LEAST--ACROSS THE NATION AND CALIFORNIA, AT LEAST 50-60% OF FAMILY CAREGIVERS SHOW SIGNS OF CLINICAL DEPRESSION. AND WE HAVE NOT DISCUSSED A LOT IN THE LTSS ABOUT BEHAVIOR HEALTH SERVICES AND ONE OF THE THINGS WITHIN THE CRC SYSTEM IS WE DO LINK TO, AND HAVE SIX SESSION PROTOCOL TO ADDRESS DEPRESSION AND STRESS, BUT I THINK WE NEED TO LOOK AT HOW WE CAN LINK WITH BEHAVIORAL HEALTH SERVICES OVER ALL FOR FAMILY CAREGIVERS AND THAT HAS NOT BEEN A LARGE DISCUSSION, AND THAT IS PART OF HEALTH PLANS AND THINGS LIKE THAT, I HOPE THAT ANSWERS A LITTLE OF WHAT YOU WERE TALKING ABOUT

>> LYDIA MISSAELIDES: WORK WITH THE FAMILY AS WELL AS PARTICIPANT AND WE SEE SO MUCH STRESS AND DYSFUNCTION WITH FAMILY MEMBERS NOT BEING ON THE SAME PAGE AND ALL THAT, SO IT IS COMPLICATED

>> DONNA BENTON: THEY ALWAYS SAY TWO TIMES, CARING FOR CHILDREN AND AN OLDER ADULT, WE ARE ALL GOING TO BE OR NEED CAREGIVERS AT SOME POINT.

>> SUSAN DEMAROIS: THANK YOU FOR THIS, AND I AGREE WITH THE RECOMMENDATIONS. I HAVE ALWAYS BEEN CURIOUS WHY THIS PROGRAM IS IN DHCS, AND ESPECIALLY WITH THE POINT ABOUT FOCUSSING ON MIDDLE INCOME CALIFORNIANS. AND IN LIGHT OF THE CONVERSATIONS WITH INA AND NO WRONG DOOR AND ADMINISTRATION ON COMMUNITY

LIVING, I THINK THAT IS THE PER VIEW OF THE WORK GROUP, IS HOW IT IS DESIGNED, ANY THOUGHTS ON THAT?

>> DONNA BENTON: INITIALLY WE WERE UNDER THE DEPARTMENT OF MENTAL HEALTH, MADE PERFECT SENSE, BUT WE DON'T HAVE THAT ANYMORE. SO, THE NEXT BIG LINK, AND WHERE ALL THE REFERRALS COME FROM ARE DEPARTMENT OF HEALTH CARE SERVICES BECAUSE WE GIVE SO MANY, MOST REFERRALS COME FROM DISCHARGED PLANNERS AND THEN SOCIAL SERVICE, SO, IT MAKES SENSE THAT WE ARE LINKED WITHIN THE HEALTH CARE FIELD. BECAUSE THAT IS WHERE YOU ARE GOING TO SEE A LOT OF THE FAMILY CAREGIVERS, ALONG WITH THE WORKFORCE PEOPLE. I HOPE--DOES THAT MAKE SENSE? YEA, BECAUSE IT IS NOT JUST AGING, THESE ARE NOT OLDER ADULTS, THESE ARE YOUNGER PEOPLE WE ARE WORKING WITH.

>>KIM MCCOY WADE: OKAY, A RARE UNHEARD OF BEING AHEAD OF SCHEDULE, FLUSTERED YOU GOT US FINALLY. WE CAN EITHER PROCEED FIVE MINUTES A HEAD, OR TAKE A BREAK.

>> CARRIE GRAHAM: HEATHER IS ON THE PHONE AND PRESENTING AT 3:20, WE HAVE 6 MINUTES IF WE WANT A QUICK BREAK.

>>KIM MCCOY WADE: 6 MINUTE BREAK, BACK AT 3:20 WITH HEATHER, THANK YOU VERY MUCH.

>> CARRIE GRAHAM: OKAY EVERYBODY, I THINK WE NEED TO GET STARTED AFTER OUR LITTLE MORE THAN 6 MINUTE BREAK.

ARE WE READY TO GO WITH HEATHER ON PHONE? HOLD ON ONE SECOND.

>> HEATHER YOUNG: MY SLIDES NEED TO BE PUT UP AS WELL.

>> CARRIE GRAHAM: WE'RE GOING IT GET STARTED WITH HEATHER YOUNG AND I BELIEVE DAVID LINDEMAN MAY OR MAY NOT BE ON THE PHONE. AND WE HAVE

>> DR. DAVID LINDEMAN: I'M ALSO ON THE LINE.

>> CARRIE GRAHAM: GREAT. SO WE HAVE A PRESENTATION, LTSS TECHNOLOGY, FAMILY CAREGIVING AND WORKFORCE.

>> HEATHER YOUNG: THANK YOU SO MUCH AND DAVE WAS ACTUALLY ON THE CUTTING EDGE ON A CONVERSATION WITH TECHNOLOGY. THANK YOU FOR HAVING ME BACK AGAIN. I'M BACK WITH A DIFFERENT HAT ON FOR THIS SEGMENT. DAVID AND I WORK TOGETHER ON CITRIS. IT IS A COLLABORATION AMONG UC CAMPUSES AND HE AND I ARE FOCUSED ON AGING AND TECHNOLOGY. THIS IS AN AREA THAT GAINED A LOT OF TRACTION AS A MARKET. WE SEE TWO MAJOR CHALLENGES FROM THE PERSPECTIVE OF OLDER ADULTS; ONE IS ASSURING THAT THE TECHNOLOGY IS DESIGNED WITH THE OLDER ADULTS AND THEIR SUPPORTERS IN MIND AND IT IS ACCESSIBLE AND EASY TO USE. AND SECONDLY THAT INTEGRATING THE TECHNOLOGY SO THAT IT IS USABLE AND ACTIONABLE RATHER THAN A DIVERSE COLLECTION OF NOISE.

SO WE WORK WITH RESEARCHERS, CLINICIANS AND INDUSTRY ON THESE ISSUES.

I WANT TO MENTION A COUPLE INITIATIVES THAT ARE INSTRUMENTAL IN OUR WORK AROUND AGING AND TECHNOLOGY. ONE IS THE FAMILY CAREGIVING INSTITUTE AND THE OTHER IS HEALTHY AGING IN A DIGITAL WORLD INITIATIVE AND I HAVE LEADERSHIP ROLES WITH BOTH OF THESE ENTITIES AND DAVID LINDEMAN AND CITRIS AS WELL.

I WANT TO ILLUSTRATE THE KIND OF TECHNOLOGIES WE ARE CONSIDERING IN OUR WORLD. FIRST IN THE BLUE CIRCLE, WHEN YOU SEE A TECHNOLOGY THAT MONITORS THE PERSON, SENSING VITAL SIGNS, MEDICATIONS, FROM A SAFETY PERSPECTIVE, INCREASES COMMUNICATION, THIS MIGHT INCLUDE PASSIVE MONITORING, ASSISTANCE. IN THE THIRD CIRCLE, THE YELLOW, WE'RE LOOKING AT TECHNOLOGY AT THE COMMUNITY LEVEL. IT IS SHARING INFORMATION AMONG PEERS OR CONNECTION TO RESOURCES. IN THE GREEN CIRCLE IT IS ABOUT LINKING TO THE HEALTH CARE TEAM THROUGH TECHNOLOGY, IMPORTING PATIENT-GENERATED DATA AND USING AI ANALYTICS TO DRIVE DECISION-MAKING.

IN THE FAMILY CAREGIVING REALM THERE IS A TREMENDOUS AMOUNT OF GROWTH IN TECHNOLOGY. AND THESE TECHNOLOGIES FOCUS ON HEALTH, SAFETY IN THE HOME ENVIRONMENT. SOME OF THE TECHNOLOGIES ADDRESS SOCIAL ISOLATION AND THERE ARE TECHNOLOGIES TO SUPPORT FAMILY CAREGIVER LEARNING NEEDS.

THIS SLIDE IS SHOWING SOME OF THE TECHNOLOGIES THAT ARE ACTIVE ALREADY THAT ARE BEING USED FOR CAREGIVERS. FAMILY CARE AND HIRED CAREGIVERS. THEY RANGE

FROM MONITORING FUNCTION, SUPPORTING COGNITION ENHANCING SENSORY FUNCTIONS, MANAGE THE HOME ENVIRONMENT, SELF-DRIVING CARS AND APPLYING MACHINE LEARNING AND ARTIFICIAL INTELLIGENCE TO IMPROVE DELIVERY.

THIS IS ILLUSTRATING HOW WE'RE LOOKING AT LINKING PATIENT-GENERATED DATA IN THE HEALTH SYSTEMS. THE POINT OF THIS SLIDE IS THAT ONCE A PERSON IS IN THEIR HOME AND MONITORING A PARAMETER SUCH AS BLOOD PRESSURE, FOR EXAMPLE. WHAT HAPPENS WITH THAT INFORMATION IS REALLY IMPORTANT AND HOW IT GETS INTEGRATED INTO THE ELECTRONIC HEALTH RECORD AVAILABLE FOR CLINICIANS SO THEY CAN MAKE DECISIONS. AND THERE IS A FEEDBACK LOOP. THIS IS A TECHNICAL SLIDE, BUT A VERY IMPORTANT AREA AND PART OF THE PROCESS OF INTEGRATING TECHNOLOGIES THAT ARE OFTEN IN THE SOCIAL REALM INTO ACTUALLY INTEGRATING THEM INTO IMPROVING HEALTH.

THERE ARE A NUMBER OF DIFFERENT WAYS THAT TECHNOLOGY WITH HELP WITH THE WORKFORCE ITSELF. IN RECRUITMENT AT THE BEGINNING, USING AI TO BETTER IDENTIFY AND MATCH CANDIDATES JOBS. HELP SEARCHING FOR APPROPRIATE CANDIDATES. WE HEARD TODAY HOW HARD IT IS TO FIND AN APPROPRIATE QUALIFIED PERSON FOR WHAT IS NEEDED. THEY CAN ALSO BE USEFUL FOR RECRUITMENT AND ENGAGING PROSPECTS. SOCIAL MEDIA AND HOW IMPORTANT THAT IS FOR REACHING PEOPLE WHO ARE OFTEN UNREACHABLE. UNDER TRAINING, THERE IS A LOT OF TECHNOLOGY THAT CAN REPRESENT WITH VIRTUE REALITIES, TRAINING. AND MAKING IT

ACCESSIBLE. RETENTION, WITH TOOLS AND TECHNOLOGY TO HELP WITH FLEXIBLE WORK FROM HOME TOOLS FOR CONFERENCING AND OTHER KINDS OF CONNECTIONS. EMPLOYEE RECOGNITION PROGRAMS, MORE FLEXIBLE ACCESS TO PAY. THERE ARE WAYS THAT PAYROLL CAN BE NEED MORE ACCESSIBLE.

SUPPORTING THE OLDER WORKER, LOOKING FOR WAYS TO CONNECT PEER TO PEER AND MOBILIZE THAT WORKFORCE THAT IS OFTEN OVERLOOKED AND NOT CONNECTED. THIS GRAPH IS FROM THE WORK OF THE COMMISSION AGAIN, AND WE THOUGHT ABOUT HOW TECHNOLOGY CAN IMPROVE VALUE. AND STARTING AT THE BOTTOM WITH THE REAL TIME DATA SHARING. THE DATA IS AVAILABLE TO IMPROVE DECISION-MAKING THAT IS CURRENT. THE VARIOUS SEGMENTS CAN HAVE ACCESS TO THE SAME INFORMATION. THERE IS INTEGRATION OF DATA ACROSS THE SOCIAL AND HEALTH CARE NETWORK AND HAVING THE INFORMATION THAT IS PERTINENT AND AVAILABLE. THE SECOND IS LOOKING AT IMPROVING COMMUNICATION ACROSS THE CARE CONTINUUM. AND IT IS NO LONGER A CONTINUUM, MORE AN ARRAY OF SERVICES THAT PEOPLE USE EPISODICALLY AND IT IS FRAUGHT WITH A LOT OF ISSUES OF COMMUNICATION.

COMMUNICATION WITH THE PERSON AND FAMILY AS WELL AS THE ENTIRE CARE TEAM. BETTER SELF-MANAGEMENT OF CHRONIC CONDITIONS AND A LOT OF THIS IS THROUGH THE USE APPS AND OTHER MONITORING DEVICES. LEARNING SYSTEMS, USING DATA TO MAKE THINGS BETTER.

THERE ARE A NUMBER OF EMERGING TECHNOLOGIES THAT YOU CAN CLICK THROUGH THIS, I THINK, IT IS ANIMATED. THERE ARE A NUMBER OF DIFFERENT TECHNOLOGIES HERE THAT ARE EMERGING THAT ARE GOING TO BECOME MORE AND MORE IMPORTANT. MANY OF THE TECHNOLOGIES AROUND HEARING AND VISION AND ACCESS ARE VITAL TO ENGAGE IN THE COMMUNITY OF PEOPLE WHO HAVE SENSORY ISSUES AND CONNECTING AND HAVING BETTER ACCESS TO SERVICES AND SUPPORT.

VOICE TECHNOLOGY, THIS IS BECOMING UBIQUITOUS IN THE CONSUMER MARKET. HELPFUL FOR THOSE WHO HAVE TROUBLE MANAGING A KEYBOARD. AUTONOMY AND SELF DRIVING CARS AND CAN TRANSFORM HOW WE THINK ABOUT TRANSPORTATION. 5G IS A REALLY IMPORTANT TOPIC AROUND INFRASTRUCTURE AND ABILITY TO BE ABLE TO ACCESS CARE. AND FINALLY DATA ANALYTICS USING OUR ARTIFICIAL INTELLIGENCE, MACHINE LEARNING IN DIFFERENT WAYS TERMS OF WORK FORCE AND MANAGING CARE.

EVERY DISCUSSION AROUND TECHNOLOGY DESERVES ATTENTION TO CHALLENGES AND THERE REALLY ARE SEVERAL HERE. THE FIRST IS THE COST OF TECHNOLOGY. AND THESE COSTS ARE BOTH THE TECHNOLOGY INVESTMENT ITSELF AND THE TRAINING AND WORKFLOW THAT IS ASSOCIATED. ACCESS, INCLUSION AND EQUITY, THE DIGITAL DIVIDE IS REAL. AND HOW IT CAN EXCLUDE PEOPLE WHO ARE ALREADY DISADVANTAGES. SECURITY, THEY ARE AMPLIFIED WHEN MULTIPLE PLATFORMS ARE IN PLAY.

WHEN YOU THINK ABOUT INTEROPERABLEABILITY, THAT IS NOT OPTIMAL YET. BUT WHEN YOU START TO MIX THINGS WITH ELECTRONIC HEALTH RECORDS, IT BECOMES MORE COMPLICATED. AND FINALLY THE REGULATORY AND POLICY ENVIRONMENT IS IMPORTANT IN THE RAPIDLY CHANGING SECTOR. THE DEEMPLOYMENT OF TELEHEALTH. A PERSON AT TRUCKEE CANNOT CROSS THE LINE AND GET ACCESS TO TELEHEALTH.

WE RECOGNIZE THAT TECHNOLOGY IS A VERY CROSS CUTTING ISSUE FOR ALL OF THE ISSUES THAT WE'RE ASSESSING IN THE MASTER PLAN. SOME OF THE RECOMMENDATIONS, THEY ARE VERY GENERAL, BUT WILL BE CONNECTED THROUGH A NUMBER OF DIFFERENT ELEMENTS. FIRST IS TO LOOK AT INTEGRATING AND DEPLOYING TECHNOLOGY TO SUPPORT FAMILY CAREGIVERS TO ADVANCE THEIR HEALTH AND SAFETY FOR THE FAMILY MEMBER. THIS IS ABOUT RATIONAL USE OF TECHNOLOGY, THINKING ABOUT IT, WHEN IT CAN BE A LEVERAGE OR FORCE THAT WILL BE ENABLING.

IMPLEMENTING TECHNOLOGY AND AVAILABLE TOOLS TO SUPPORT ACCESS TO INFORMATION AND IMPROVE SOCIAL CONNECTIVENESS WITH FAMILY CAREGIVERS. THIS WOULD INCLUDE THE GENERAL WORKFORCE, HAVING ACCESS TO REAL TIME INFORMATION AND SUPPORT.

THE THIRD RECOMMENDATION IS TO DEVELOP AND DEPLOY TECHNOLOGY THAT SUPPORTS RECRUITMENT, TRAINING AND RETENTION. WHEN YOU LOOK AT GEOGRAPHICALLY DISADVANTAGED AREAS, COMMUNITIES WHERE IT IS

HARD TO REACH AND HAVE ACCESS TO APPROPRIATE TRAINING AND SUPPORT, TECHNOLOGY CAN REALLY MAKE A BIG DIFFERENCE. AND FINALLY, TO OPTIMIZE THE USE OF THE EVIDENCE THAT WE HAVE FOR TECHNOLOGY AND LOOK AT INTEGRATION OF THE DIFFERENT SOLUTIONS. NOT JUST GO AFTER THE SAFE TECHNOLOGY, BUT HAVE A PURPOSE IN MIND AND LOOK AT HOW THE INTEGRATION CAN OPTIMIZE THE QUALITY AND AFFORDABILITY. DAVID, ANYTHING YOU'D LIKE TO ADD?

>> DR. DAVID LINDEMAN: THANK YOU. I THINK YOU COVERED IT ALL AND LOOK FORWARD TO THE RESPONSES FROM OUR COLLEAGUES.

>> ELLEN SCHMEDING: I WOULD JUST BE INTERESTED IN, IF YOU HAVE ANY SPECIFIC EXAMPLES OF TECHNOLOGY THAT YOU THINK IS REALLY CUTTING EDGE? I THINK ONE OF THE CHALLENGES IN THE FIELD IS KNOWING WHICH OF THE MANY PRODUCTS THAT WE'RE APPROACHED WITH ACTUALLY BEARS FRUIT AND I'M JUST WONDERING IF YOU HAVE ANY EXAMPLES THAT MIGHT FIT INTO A RECOMMENDATION AREA?

>> HEATHER YOUNG: SOME OF THE EXAMPLES ARE THOSE THAT ARE PASSIVE MONITORS IN THE HOMES. FOR EXAMPLE, A PERSON LIVING ALONE WHO MIGHT HAVE A DISTANCE CAREGIVER, SOMEONE WHO IS AVAILABLE TO THEM IF THEY FALL OR HAVE A CHANGE IN CONDITION. SOME OF THOSE TECHNOLOGIES ARE RELATIVELY CHEAP AND EASY TO DEPLOY AND CAN REALLY MAKE A BIG DIFFERENCE FOR PEACE OF MIND AND SAFETY AND PROTECTION. DAVID, YOU MAY HAVE AN EXAMPLE YOU'D LIKE TO SHARE?

>> DR. DAVID LINDEMAN: ACTUALLY, I WILL ADD AN ELEMENT TO THAT, THERE ARE SO MANY VALID VIABLE TECHNOLOGIES. THERE ARE TWO SIDES TO THIS, THOSE THAT EXIST NOW THAT HAVE A STRONG EVIDENCE BASE AND HAVE GREAT DISTRIBUTION. I THINK THE MARKET SHOWS US A GREAT DEAL ABOUT WHAT IS SUCCESSFUL BECAUSE IT SHOWS WHAT CAN BE SCALED. THERE ARE HUNDREDS OF TECHNOLOGIES THAT COULD BE LOOKED AT IN THESE AREAS RATHER THAN SPECIFIC AREAS. AGAIN, IT RANGES FROM FAMILY CAREGIVER THROUGH THE WORKFORCE. BUT I DO THINK THE OTHER IMPORTANT AREA IS NOT JUST WHAT IS IMMEDIATE, BUT SINCE WE'RE LOOKING AT A TEN-YEAR PLAN, WHAT REALLY WILL BE THE PRINCIPLES OR LENSES TO LOOK AT NEW TECHNOLOGIES, SOME WHICH WE DON'T EVEN KNOW ABOUT YET, WILL BE COMING ONLINE IN THE FUTURE. RACKET THAN SPECIFIC EXAMPLES, WE MAY BE BENEFITING FROM PROVIDING A LENS OR A SET OF GUIDELINES OR APPROACHES TO LOOK AT TECHNOLOGIES GOING FORWARD. I WILL ADD IT FROM THAT PERSPECTIVE.

>> PATTY BERG: I JUST WANT TO MENTION, THERE ARE MANY AREAS IN THE STATE OF CALIFORNIA, RURAL AREAS, THAT DO NOT EVEN HAVE BROADBAND. I CAN'T TELL YOU HOW MANY SENIORS I KNOW WHO REFUSE TO HAVE EVEN A COMPUTER IN THEIR HOUSE, LET ALONE AN IPHONE OR IPAD. THINK DEAL WITH AN OLD-FASHIONED CELL PHONE IF THEY HAVE SOMETHING. THEY REFUSE TO GO TO VERIZON WITH 18-YEAR-OLDS THAT TALK A LANGUAGE DON'T UNDERSTAND. WHEN YOU TALK ABOUT TECHNOLOGY, PAY ATTENTION TO THE POPULATION

YOU ARE TRYING TO REACH. THIS WOULD NOT COVER THE ENTIRE STATE OF CALIFORNIA AS IS NOW.

>> HEATHER YOUNG: YOU ARE RIGHT ABOUT THAT. AND CERTAIN THERE IS THAT DIGITAL DIVIDE THAT IS IMPORTANT. MANY PEOPLE ARE GOING TO MOBILE HOUSING SOLUTIONS RATHER THAN BROADBAND. WHEN YOU LOOK AT THEM, THE TREND IN TECHNOLOGY ARE SINCE THE OLDER ADULTS ARE THE FASTEST GROWING GROUP OF ADOPTING TECHNOLOGY, IT DOES NOT MEAN EVERYONE IS AND THERE ARE A GROUP OF PEOPLE WHO WILL NEVER CONNECT. THERE ARE A GROUP THAT ARE ACCELERATING IN ADOPTION. AND A LOT HAS TO DO WITH CHRONIC CONDITIONS AND MANAGEMENT OF HEALTH. WHAT YOU ARE SAYING IS CORRECT. YET AT THE SAME TIME, THERE IS A GROWING NEED IN THIS GROUP; SO IT IS BOTH.

>> DR. DAVID LINDEMAN: COULD I ADD, ABSOLUTELY YOU ARE CORRECT AND IT IS A HUGE AREA. WE ONLY LIMIT OURSELVES TO JUST FOUR REPRESENTATIONS, THERE ARE SEVERAL CONCRETE ONES RELATED TO THE FCC IN TERMS OF TELEHEALTH AND BROADBAND IN DIFFERENT POLICIES THAT WE SHOULD DRILL DOWN AND BE ADDED AS OTHER RECOMMENDATIONS. YOU ARE EXACTLY ON TARGET THAT WE HAVE TO BE VERY THOUGHTFUL AND THAT IS WHY WE PUT THE ISSUE OF COST. IT DOES LIMIT WHAT PEOPLE HAVE ACCESS TO, BESIDES COMFORT LEVEL IN TECHNOLOGY. AND YOU ALSO HAVE TO ADD THE ISSUE OF TRAINING FOR THE TECHNOLOGY. WE ONLY WANTED TO KEEP IT AS A VERY HIGH LEVEL FOR THIS FIRST APPROACH, BUT THOSE

ARE ABSOLUTELY CRITICAL ISSUES THAT SHOULD BE INCLUDED AS WE BUILD OUR RECOMMENDATIONS GOING FORWARD.

>> ANA ACTON: I WILL SECOND THE CONVERSATION ON RURAL COMMUNITIES, IT IS REAL. BUT I WANTED TO FLAG AND I KNOW IT IS ON TOPIC, BUT SLIGHTLY OFF TOPIC AND THAT IS AROUND ASSISTIVE TECHNOLOGY AND DURABLE MEDICAL EQUIPMENT. WE ONLY HAD THAT CONVERSATION AND THERE IS A MAJOR GAP IN SERVICES FOR COVERAGE FOR OLDER ADULTS PEOPLE WITH DISABILITIES AROUND ACCESS TO EQUIPMENT. AND ONE, INSURANCE COMPANIES ARE NOT COVERING A LOT OF EQUIPMENT FOR PEOPLE WHO NEED ATDME. AND WE HAVE A REUSE PROGRAM AND WE CANNOT KEEP DONATED ITEMS AVAILABLE LONG ENOUGH TO MEET THE DEMANDS. PEOPLE BEING DISCHARGED WITHOUT THE PROPER EQUIPMENT. WHILE WE'RE ON THE TOPIC, I WANT TO FLAG THAT. THERE COULD BE COST SAVINGS FOR HAVING A REUSE PROGRAM THAT WOULD COMPLIMENT THE INSURANCE PAYING FOR THE NEW ITEMS OR PREVENT REHOSPITALIZATION OR NURSING HOME STAYS.

THERE IS A LOT OF COMMUNICATION THAT GOES IN, ASSISTIVE TECHNOLOGY OR LOTS OF DIFFERENT A.T. THAT OLDER ADULTS BENEFIT FROM AND IT IS NOT COVERED BY INSURANCE AT ALL. IT IS ALL OUT OF POCKET COST AND OFTEN PEOPLE DON'T HAVE ACCESS IF THEY ARE LOW INCOME.

>> JEFF THOM: CALIFORNIA COUNCIL OF THE BLIND. I WANTED TO FOLLOW UP A LITTLE BIT ON ANA'S COMMENT. SOMETIMES THE GOVERNMENT IS THE WORST,

DIABETIC RETINOPATHY IS A SEVERE CAUSE AMONG SENIORS. THERE IS A GLUCOMETER THAT CAN BE USED SUCCESSFULLY ONLY WITH AN APP. AND MEDICARE PROHIBITED PEOPLE FROM USING THE APP FOR THAT PURPOSE AND PEOPLE ARE COMING TO US SAYING I'M RISKING MY MEDICARE GETTING CUT OFF IF I USE THIS APP, WHAT DO I DO? IT DID HAVE A HAPPY ENDING, FORTUNATELY THE JUVENILE DIABETIC FOLKS WHO HAVE MORE CLOUT BECAUSE OF THEIR CHILDREN AND THAT POPULATION, GOT IN THERE AND CONVINCED THEM TO CHANGE THE RULES. MY REASON FOR MAKING THIS EXAMPLE IS THAT OFTEN GOVERNMENT IS THE PROBLEM, NOT THE SOLUTION.

>> DR. DAVID LINDEMAN: ONE OF THE WAYS WE THINK IT IS IMPORTANT TO ADDRESS THAT IS A STATEMENT WE HAVE IN THERE ABOUT THE IMPORTANCE OF GUIDELINE, LOOKING AT THIS IN THE FUTURE VERSUS REGULATION. REGULATIONS CAN STIFLE OPPORTUNITIES, INNOVATION, ET CETERA. THEY ARE CRITICAL FOR PROTECTION IN AREAS SUCH AS PRIVACY, FOR AREAS THAT PROTECT THE WELL BEING OF INDIVIDUALS. BUT THIS WILL BE ONE OF THE BALANCING ACTS THAT WE THINK NEED TO BE PUT INTO A TEN YEAR PLAN, HOW TO PROTECT INDIVIDUALS, YET ALLOW FOR AN ONGOING EXPANSION WITH CALIFORNIA'S LEADERSHIP AND INNOVATION IN THIS AREA.

>> LYDIA MISSAELIDES: I WAS WONDERING, CAN YOU GIVE A COUPLE MORE EXAMPLES OF TECHNOLOGY SUPPORTING WORKFORCE? WE HAD THIS CONVERSATION EARLIER IN THE AFTERNOON. I'M IMAGINING WHAT SOME OF THESE THINGS

MIGHT BE, BUT WOULD LOVE TO HEAR WHAT YOU FEEL IS REALLY IMPORTANT FOR US TO PAY ATTENTION TO.

>> HEATHER YOUNG: DAVID, DO YOU WANT TO TAKE THAT FIRST?

>> DR. DAVID LINDEMAN: I WILL JUMP IN WITH A FEW. WE HAVE BACK UP SLIDES SEVERAL EXAMPLES OF BOTH COMPANIES AND APPROACHES FOR EACH OF THE PRIMARY AREAS FOR RECRUITMENT, TRAINING AND RETENTION. JUST VERY – HEATHER MENTIONED SOME WONDERFUL ONES, THANK YOU FOR TAKING THE LEAD, ON DIFFERENT TYPES OF TECHNOLOGIES TO IDENTIFY INDIVIDUALS WHERE IDEALLY WE CAN USE MACHINE INTELLIGENCE TO HELP TO PROPER FIT AND IDENTIFY INDIVIDUALS. THERE IS A COMPANY, WAYVES THAT IS HELPING PLACE OLDER WOMEN BACK IN THE WORKFORCE, PROFESSIONALS AND DOING IT REMOTELY. DOING A WONDERFUL JOB THAT IS EXPANDING RAPIDLY ACROSS THE COUNTRY. AND IT IS USING TECHNOLOGIES TO IDENTIFY AND FIT COMPANIES WITH INDIVIDUALS AND ENSURING THAT PEOPLE ARE NOT BIASES OR NOT ACCEPTED INTO POSITIONS BECAUSE OF THEIR AGE. IN TERMS OF TRAINING, I WOULD USE THE EXAMPLE OF EMBODIED LABS, WHICH IS PROBABLY ONE OF THE BEST VIRTUE REALITY TRAINING PROGRAMS. STARTED THREE YEARS AGO AND WON AWARDS. AND IT IS USED FOR TRAINING INDIVIDUALS ON EVERYTHING FROM EXPERIENTIAL ISSUES AROUND DEMENTIA OR THEIR HEALTH CONDITIONS TO HOW TO ACTUALLY CONDUCT DIFFERENT TYPES OF HEALTH CARE SOLUTION. P

FOR RETENTION, THE BEST EXAMPLES ARE LARGE COMPANIES LIKE MICROSOFT WHO BUILT IN NEW CAPABILITIES INTO ALL OF THE SOFTWARE THAT ALLOW FOR ALL OF US AS WE AGING AND HAVING CHALLENGES, HOW TO MODIFY USE OF SOFTWARE IN TERMS OF BEING ABLE TO BE VERY ACTIVE AND BE ABLE TO USE TECHNOLOGY IN THE WORKFORCE, AND CONDUCT DAY-TO-DAY WORK. THOSE ARE JUST A FEW EXAMPLES WE WOULD HOPE TO ADD MORE IF YOU ARE ASKED TO DELVE INTO THAT LEVEL OF DETAIL.

>> CARRIE GRAHAM: WE HAVE ABOUT 7 MINUTES LEFT AND ABOUT 7 PEOPLE IN THE QUEUE TO TALK.

>> KRISTINA BAS-HAMILTON: I GUESS MY QUESTION IS FOR THE RECOMMENDATIONS WHEN IT SAYS INTEGRATE AND DEPLOY, IMPLEMENT, DEVELOP, WHO EXACTLY IS BEING TASKED WITH THOSE THINGS? AND I THINK THAT IF IT IS NOT CLEAR, PERHAPS SHOULD BE MADE MORE CLEAR IN THE RECOMMENDATIONS BECAUSE THERE IS A LOT OF GREAT VERBS, BUT NOT SURE WHO THE NOUN IS? WHO IS DOING THE OPTIMIZING, DEVELOPING, ET CETERA?

>> CARRIE GRAHAM: WHY DON'T WE HAVE ANOTHER QUESTION AND WE'LL GET BACK TO THAT WHEN WE CAN GET DAVID BACK ON. SEEMS WE LOST THEM?

>> CATHERINE BLAKEMORE: JUST A COUPLE OF THINGS THAT I THINK ARE WORTH THINKING ABOUT IS THERE ALMOST NEEDS TO BE A –

>> DR. DAVID LINDEMAN: SORRY, I'M NOT HEARING ANYTHING FROM MY END.

>> HEATHER YOUNG: I'M NOT HEARING ANYTHING, EITHER.

>> CATHERINE BLAKEMORE: THEY ARE GOING TO SOLVE THAT FOR YOU, BUT YOU CAN'T HEAR ME SAY THAT.

>> HEATHER YOUNG: OTHERS HAVE LOST IT, TOO. ON THE CHAT.

>> DR. DAVID LINDEMAN: I THINK WE'RE AT THE TIME, HEATHER. ANYTHING WE SHOULD WRAP UP WITH?

>> HEATHER YOUNG: I'M NOT SURE IF PEOPLE CAN HEAR US NOW. LET'S WAIT AND SEE WHAT HAPPENS.

>> CARRIE GRAHAM: TECHNOLOGY. AN EXAMPLE OF TECHNOLOGY.

>> CATHERINE BLAKEMORE: SOME FILTER THAT GOES ACROSS STATE AGENCIES AND INSURANCE PLANS TO THINK ABOUT WHAT ARE THE – OR PICKS UP IN PART THE JEFF'S COMMENT ABOUT GOVERNMENTAL AGENCIES BECAUSE OF LIMITATIONS AND THE WAY THEY PROVIDE SERVICES MAY NOT MAKE TECHNOLOGY AVAILABLE? IT IS THINGS LIKE PEOPLE WHO LIVE IN SKILLED NURSING FACILITIES CANNOT GET ACCESS TO ELECTRIC WHEELCHAIRS. INSURANCE PLANS IN CALIFORNIA AND MOST OTHER STATES ARE NOT OBLIGATED TO PROVIDE PEOPLE WITH HEARING AIDS, FOR EXAMPLE. TO HAVE A RECOMMENDATION ABOUT THE KIND OF FILTERS THAT WE SHOULD

LOOK AT SO THAT WE'RE ACTIVELY EXAMINING WHAT AGENCIES HAVE TO PROVIDE. WHETHER IT IS STATE AGENCIES OR PRIVATE INSURANCE SO THERE IS A MORE UNIVERSAL ACCESS STANDARDS.

AND THE SECOND PIECE IS, I AGREE THAT IT IS HARD FOR SOME PEOPLE WHO ARE SENIORS TO USE TECHNOLOGY, BUT I THINK A PIECE ALWAYS OF ASSISTIVE TECHNOLOGY, WHICH IS A RECOMMENDATION, IS HOW DO WE TRAIN PEOPLE IN WAYS THAT THEY CAN LEARN HOW TO USE TECHNOLOGY THAT IS GOING TO BE HELPFUL. IT IS VERY EASY TO GET FRUSTRATED BECAUSE YOU CAN'T USE AND YOU WANT TO GIVE UP OR THROW IT OUT. I HAD THAT EXPERIENCE PERSONALLY, I'M NOT 18 AND I CAN'T MAKE EVERYTHING WORK. BUT LEARNING HOW TO USE TECHNOLOGY AND UNDERSTANDING WHY IT COULD BE HELPFUL TO YOU AND WILLING TO MAKE THE INVESTMENT AND PROVIDING THE TRAINING IN A WAY THAT IS ACTUALLY USEFUL. HAVING SOMEBODY WHO CAN ZIP THROUGH THE SCREEN IS NOT THAT HELPFUL TO US BECAUSE WE DON'T TRACK INFORMATION IN THE SAME WAY. BUT HAVING IT DONE IN A DIFFERENT WAY MIGHT BE USEFUL.

>> DR. DONNA BENTON: I WANT TO COMMENT ABOUT FOR FAMILY CAREGIVERS, ONE OF THE THINGS WE NEED TO CONSIDER THROUGH THAT LENS ARE THE LONG DISTANCE CAREGIVERS. WE WILL HAVE THE ONES WHERE THIS IS REALLY HELPFUL FOR WHEN WE ARE LOOKING AT THE DIFFERENT HOME MONITORING AND THINGS LIKE THAT. IN CALIFORNIA, YOU HAVE A LOT OF PEOPLE THAT COME TO CALIFORNIA ARE NOT NECESSARILY FROM CALIFORNIA. AND WE HAVE CAREGIVERS WHO PROBABLY AND MANY OF THEM ARE GOING TO BE

FAMILIAR WITH TECHNOLOGY. BUT WE NEED TO LOOK AT PROGRAMS OF HOW ARE WE AT A STATE LEVEL GOING TO BE HELPING THE LONG DISTANCE CAREGIVER. THAT IS ONE OF THE REASONS ARE WE'RE LOOKING AT HAVING PLATFORMS THAT ALLOW PEOPLE TO COME IN FROM WHEREVER THEY ARE TO HELP SERVE THE CALIFORNIA RECIPIENT AND FOLLOW THAT THINKING OF REGULATIONS AND THINGS LIKE THAT.

WHAT HE SAID IS CAN YOU USE THE TECHNOLOGY? THAT'S ALL.

>> I WANTED TO KIND OF TRY TO AT LEAST GIVE A COUPLE OF EXAMPLES BECAUSE AT SUTTER WE ARE USING CERTAIN--BY THE WAY SOME OF THIS IS REALLY BEEN PROMPTED BY THE FEDERAL GOVERNMENT THAT NOW RECENTLY PROVIDED NEW CODES FOR PAYMENT, REMOTE PATIENT MONITORING, AS YOU MENTION DZ NOW THE ABILITY TO ACTUALLY BE ABLE TO HAVE A CLAIM WITH A SPECIFICALLY IDENTIFIED MONITORING, AND GET PAID FOR IT NOW, BEFORE SOME OF THIS IS NEW TECHNOLOGY AND NOT IMMEDIATELY PAYABLE BY INSURANCE COMPANIES BUT MEDICARE MADE THESE NEW CODES. NOW USING THINGS LIKE OWN BLOOD PRESSURE MONITORING, BEFORE WAS NOT EASY TO DO, NOW WE HAVE MACHINES, BY THE WAY ALL YOU DO, THE MACHINE ITSELF GETS HOOKED INTO THE CELL PHONE, PATIENT DOESN'T DO ANYTHING EXCEPT PUT THE MACHINE ON. SAME THING WITH A PARTICULAR WEIGHT. HYPERTENSION, HEART

FAILURE, WEIGHT IS A KEY ISSUE, WEIGHT CHANGES ACUTE AND SIGNIFICANT, THE PATIENT CAN TELL YOU BEFOREHAND, AND THIRD IS PULSE, A SIMPLE THING YOU PUT ON YOUR FINGER AND MEASURE YOUR OXYGEN LEVELS IF YOU HAVE LONG DISEASE. NOW NEW PAYMENTS THAT ARE REALLY AVAILABLE NOW, AND REALLY THE PATIENTS JUST NEED TO LEARN HOW TO PUT THE MACHINE ON, AND THEN THE CELL PHONE, AS LONG AS IT IS ON ARE ABLE TO UPLOAD AND SEND DATA, NOW, AND SHOWN WITH EVIDENCE BASED APPROACHES TO PREVENT EXACERBATIONS UNDER THE CONDITIONS. ANOTHER ONE THAT IS INTERESTING. DIABETICS, WITH ONSET BLINDNESS, ONE CHALLENGE WE HAVE IS GETTING THE PATIENT TO GO TO THE DOCTOR TO GET EVALUATED. WE CAN DO A CAMERA NOW WITH AI IN IT AND GO TO THE PRIMARY CARE DOC AND TAKE A PICTURE, ROUTINE CARE, DIABETIC ONCE A YEAR REQUIRED TO GET IT DONE, TAKE A PICTURE AND THE AI READS WHERE THERE IS EARLY ONSET DIABETES, A SCREENING PROGRAM. THAT NEW TECHNOLOGY IS NOW HAPPENING TODAY. WE SEE THIS AS GOING TO BE MORE SOPHISTICATED IN THE NEXT FEW YEARS, THE ONES YOU DON'T HAVE TO DO--WHERE YOU USE THINGS LIKE YOUR SMART PHONE AND NOT HAVE TO TRAIN A PERSON TO DO SOPHISTICATED ACTIVITY AND BE ABLE TO IDENTIFY ONSET SYMPTOMS OR PHYSICAL SIGNS YOU CAN INTERVENE IN A TIMELY FASHION AND PREVENT DETERIORATION.

>> CARRIE GRAHAM: LET'S SEE, ANYBODY ELSE, ARE YOU STILL IN THE CUE. YOU ALREADY SPOKE?

>>ANA ACTON: SO, IT SOUNDS LIKE MAYBE THERE IS ANOTHER RECOMMENDATION NEEDED AROUND ASSISTIVE TECHNOLOGY AND DME, I WONDER WHAT WOULD BE THE PROCESS FOR DOING THAT, WOULD WE

SUBMIT SOMETHING THROUGH THE PORTAL

>> CARRIE GRAHAM: OR SEND TO THE INBOX AND WE WILL PUT IT IN WITH THE RECOMMENDATIONS

>>ANA ACTON: DON'T KNOW IF ANYONE IS INTERESTED IN WORKING ON THAT, OKAY, CATHERINE. OKAY, I WAS GOING TO NOMINATE YOU ANY WAYS. OKAY. THANK YOU. AND PETER.

>> CARRIE GRAHAM: I THINK WE ARE READY FOR SARAH.

>> SUSAN DEMAROIS: SO, SINCE WE LAST MET, I THINK ALL OF US LEFT FOR THE HOLIDAYS THINKING OH MY GOSH, THIS REPORT IS NOT JUST DUE IN MARCH, IT IS DUE MARCH 2, THE FIRST PART OF MARCH. SO WE CONVENED A GROUP OVER THE HOLIDAYS. WE GOT TOGETHER TO SHARE WITH THE GROUP A DRAFT. A STRAW MAN. I CAN'T UNDERSCORE ENOUGH, THIS IS A PLACE TO BEGIN. SO WE HAVE A CONCEPT OF WHAT OUR FINAL, OUR REPORT WILL LOOK LIKE BECAUSE WE HAVE A JANUARY DUE DATE TO THE FULL STAKEHOLDER ADVISORY COMMITTEE. SO WE SPENT QUITE A FEW HOURS TOGETHER. JUST TODAY, I AM THINKING. THIS ALONE, TODAY'S TOPICS COULD BE 50 PAGES IN OUR REPORT. SO SARAH IS HANDING OUT, WE THOUGHT IT WOULD BE HELPFUL FOR EVERYONE TO HAVE SOMETHING TO REACT AND RESPOND TO, AND WE CAN LOOK AT LANGUAGE AND TWEAK THAT INSTEAD OF STARTING FROM SCRATCH. SO, OUR FIRST DOCUMENT, DO YOU WANT ME TO KEEP GOING? OKAY. SO, THE DOCUMENT THAT SARAH IS HANDING OUT, IS WE ALSO SHARED WITHIN THE 3 OF US, THERE IS CONFUSION BETWEEN THE VARIOUS WORK GROUPS AND COMMITTEES AND EVEN WITHIN THIS COMMITTEE. WE REFERRED TODAY A DOCUMENT, A FRAMEWORK THAT HAD BEEN DEVELOPED BY THE CALIFORNIA AGING AND

DISABILITY ALLIANCE. THAT HAS ABOUT 21 ORGANIZATIONS. MANY IN THIS ROOM. AND THE GROUP HAD SPENT QUITE A BIT OF TIME ON A GRAPHIC, AND WE THOUGHT, WHY NOT START WITH THAT, BECAUSE 20 SOMETHING GROUPS ALREADY AGREED TO THIS LANGUAGE. SO, AGAIN, ALL DRAFT, ALL DRAFT. WE THOUGHT WE DON'T HAVE TO START ANEW, WE CAN RIP OFF THE MODEL (CHUCKLE). THEN WE PUT OUR HEADS TOGETHER AND TALKED ABOUT WHAT WE HAVE HEARD EMERGE THUS FAR, WHAT YOU SEE, FIRST WE TALKED ABOUT USING CONSUMER ORIENTED LANGUAGE. AND ACTUALLY I WILL STEP FURTHER BACK, WE REVIEWED EXECUTIVE ORDER. AND WE FOUND THAT MUCH OF THE EXECUTIVE ORDER TALKS ABOUT THIS SORT OF IMPENDING DOOM. AND HOW WE CAN AVERT A DISASTER. THERE IS POSITIVE LANGUAGE IN THERE, BUT WE THOUGHT AS AN LTSS SUB COMMITTEE, THAT WE CAN SET THE TONE THAT WE REALLY WANTED THE REPORT TO START WITH POSITIVE. THAT IT IS NOT SOLELY A BUDGET BUSTER, THERE IS A LOT OF GOOD THAT THIS GROUP IS GENERATING FOR MILLIONS OF CALIFORNIANS IN THE NEAR AND DISTANT FUTURE. SO, WHEN THE DOCUMENT COMES BACK UP, WE REALLY WANTED TO SET A POSITIVE TONE WITH THE REPORT. AND WE WANLTED TO HAVE A VISUAL GRAPHIC AND LIZ IS HERE, SHE INSPIRED US AT THE LAST MEETING TO THINK ABOUT ANOTHER, WORKS FOR THE ASSEMBLY AGING COMMITTEE, TO BEGIN THINKING ABOUT WHO ARE OUR AUDIENCES, THIS REPORT WHEN IT IS ISSUED, IT WILL OF COURSE GO TO THE SAC GROUP, BUT IT WILL ALSO GO TO THE PUBLIC AND LEGISLATURE. AND SO WE ARE SENDING AN INITIAL SIGNAL, WE WANTED TO BE SURE, LIZ SEES REPORTS ALL DAY EVERY DAY, AND SAID WE SHOULD START WITH SOMETHING THAT IS ABOUT 4 PAGES.

THAT CAN BE OPENED AND START. SOMETHING THAT HAS A VISUAL THAT CAPTURES ATTENTION AND LAYS OUT THE HIGH LEVEL RECOMMENDATIONS AND THEN YOU KNOW GOES DEEPER INTO THAT. SO, WHAT YOU SEE ON THIS DOCUMENT HERE, IS I DON'T NEED TO READ IT TO YOU. BUT WE CAME UP WITH--IT IS TITLED A VISUAL, NEW LONG-TERM SERVICES AND SUPPORTS FOR ALL CALIFORNIANS. (ON SCREEN). ALSO NOTE THE LTSS WORK GROUP IS NOT JUST THE MARCH REPORT, THERE WILL BE IMMEDIATE INTERIM AND LONG TERM RECOMMENDATIONS HOPE THE WORK OF OUR GROUP WILL HAVE A SHELF LIFE OF AT LEAST TEN YEARS. I DID NOT GET A COPY OF THAT. POSITIONS THE STATE OVER THE NEXT TEN YEARS TO MEET THE NEEDS OF OLDER ADULTS, PEOPLE WITH DISABILITIES AND CAREGIVERS.
THROUGH AN APPROACH ADDRESSING PATHWAYS TO CARE, ACCESS AND AFFORDABILITY, THOSE ARE THE 3 BUCKETS THAT WE ARE PROPOSING TO THE GROUP IN DRAFT, STRAW MAN, FIRST TAKE. BECAUSE TO ORGANIZE OUR WORK WE HAVE TO HAVE SOME BUCKETS AND WE WENT BACK AND FORTH, ARE THE BUCKETS THE PROGRAMS, DEPARTMENTS, PEOPLE? NO NEED, MEDIUM NEED, HIGH NEED? THAT IS WHY WE STUCK WITH THE MODEL THAT WAS DEVELOPED. WHERE IT IS NOT TIED TO THE FUNDING STREAM OR PROGRAM. BUT PEOPLE NEED PATHWAYS TO CARE, IMPROVED TO PROMOTING ACCESS AND INSURING AFFORDABILITY KS SEEM TO BE COMMON THREADS OF OUR WORK, AND A WAY TO ORGANIZE RECOMMENDATIONS. ALSO PUT A CIRCLE, YOU SEE THE PERSON IS IN THE MIDDLE. TINY PERSON. AND WE PUT A BROADER CIRCLE AROUND THAT. THAT LEADERSHIP WHILE WE DON'T HAVE, WE SAW A LOT OF THE PUBLIC COMMENTS ABOUT LEADERSHIP, TALKED AROUND THE TABLE ABOUT IT,

VISION, STRATEGY, PUBLIC AND PRIVATE INVESTMENT AND DATA AND ANALYTICS, THERE IS A RESEARCH COMMITTEE, WE ARE NOT THE RESEARCH COMMITTEE, BUT DATA IS IMPORTANT TO THIS ENDEAVOR AS WELL. AND THEN WE TOOK A FIRST CUT AT SOME, WHAT WE THINK HAVE EMERGED. UNDER THIS ORGANIZATIONAL STRUCTURE. FOR PATHWAYS TO CARE, THERE IS INFORMATION AND ASSISTANCE, STANDARDIZED SCREENING AND ASSESSMENTS, CARE TRANSITIONS AND INTEGRATION OF MEDICAL SOCIAL AND BAIFL HEALTH SERVICES, ALL IS UP FOR DISCUSSION, WE WANT TO PLUG THINGS IN SOMEWHERE TO GET STARTED. UNDER PROMOTING ACCESS WE STARTED WITH IHSS SUS STAIN ABILITY. (READING) (ON SCREEN). PLAN FOR AND ACCELERATE WORKFORCE DEVELOPMENT AND 24/7 RESIDENTIAL CARE. THOSE ARE AREAS WE TALKED ABOUT AT EVERY MEETING AND WE FEEL ACCESS AS A COMMON DENOMINATOR. AND THE THIRD BUCKET IS ENSURING AFFORDABILITY. AND THAT IS AFFORDABILITY, WHICH INCLUDES INDIVIDUAL LTSS FINANCING OPTIONS AND THE PUBLIC BENEFIT THAT HAS BEEN DISCUSSED. STATE FINANCING, LOCAL FINANCING AND FEDERAL FINANCING. SHARED AND FEDERAL SHARE OF OUR LTSS SYSTEM. SO THIS VISUAL WE HOPE IS A STARTING POINT FOR HOW WE CAN ORGANIZE THE WORK, WE ARE NOT SUGGESTING THE RECOMMENDATIONS AT THIS POINT. AND THEN--WE WILL TALK ABOUT THE PROCESS WE OUT LINED AND DO YOU WANT TO COVER? OR ADD ANYTHING TO THAT VISUAL?

>>SARAH STEENHAUSEN: I THINK THAT YOU KNOW ONE OF THE THINGS WE TALKED ABOUT AT THE LAST MEETING WAS HOW TO FOCUS AND IT IS REALLY HARD TO PRIORITIZE WITH YOU KNOW, TO PICK OUT 4-5

RECOMMENDATIONS, BUT AT THE SAME TIME THE COMMITTEE SAID, WE DON'T WANT TO INCLUDE, OR HAVE THIS COMPENDIUM HANDED OVER TO THE STAKEHOLDER ADVISORY COMMITTEE, BECAUSE THAT IS NOT AS USEFUL. AT THE SAME TIME AFTER DISCUSSING IT FURTHER, THESE 3 COMPONENTS AND THE ISSUES THAT FALL UNDER THESE 3 COMPONENTS EACH OF THOSE ARE CRITICAL TO MOVING THE SYSTEM FORWARD. IF YOU FOCUS ONLY ON FUNDING THEN YOU STILL HAVE A BROKEN SYSTEM. IF YOU FOCUS ONLY ON BUILDING OUR INFRASTRUCTURE WITHOUT LOOKING AT PATHWAYS TO CARE AND FUNDING, YOU HAVE A FRAGMENTED SYSTEM OF CARE, ALL 3 OF THESE ARE INTERRELATED. I WILL PAUSE THERE, DID YOU WANT TO TALK ABOUT THE PROCESS OR RUN THROUGH IT.

>> LYDIA MISSAELIDES: YOU CAN RUN THROUGH IT, I THINK THE ONLY THING I WANT TO ADD, SEEING AS 3 ORGANIZING AREAS, THEN YOU CAN HANG YOUR RECOMMENDATIONS ON. AND WE ALSO KIND OF OPENED FOR DISCUSSION, AND STARTED TO DISCUSS IT LAST TIME. WHILE WE WANT TO ELEVATE CERTAIN THEMES OR SPECIFIC RECOMMENDATIONS WE ALSO DON'T WANT TO NEGLECT SOME GEMS IN THESE 150 OR WHATEVER IS COMING IN RECOMMENDATIONS THAT ARE INNOVATIVE, MAYBE HAVE NOT DISCUSSED. WE STILL NEED MORE INFORMATION ABOUT. WE ALSO DON'T WANT TO LEAVE BEHIND SOME YOU KNOW UNPOLISHED GEMS THAT HAVE COME IN. I FEEL STRONGLY, THAT THERE NEEDS TO BE A WAY, SOMEONE CAN LOOK AT WHAT HAS COME IN. IF YOU ARE INTERESTED IN ONE AREA--IF YOU GROUP THEM, I UNDERSTAND, BUT IF WE GROUP THEM AND AREA SOMEONE IS INTERESTED IN. INTEREST ND FINANCING AND STRUCTURE, AND THIS, GROUP THEM SO THEY CAN GO RIGHT TO AN AREA THEY CARE ABOUT. SO,

THAT IS A FRAMEWORK, WITHOUT PERMISSION, WE WORKED WITH THE WORK ALREADY DONE BEFORE WE FOCUSED ON FINANCING.

>>SARAH STEENHAUSEN: WHEN KATA WAS ESTABLISHED. SO, WE WILL TALK ABOUT THE PROCESS REALLY FAST. BUT AS NOTED WHEN WE WERE TALKING. WE WANT TO RATE THIS IS NOT THE PLAN. THIS IS NOT THE MASTER PLAN. THE MASTER PLAN IS GOING TO BE DEVELOPED AS KIM SAID BY THE STATE. BUT THIS IS WHAT THIS COMMITTEE PRODUCES RELATED TO LTSS THAT WILL INFORM THE STAKEHOLDER ADVISORY COMMITTEE'S THINKING OF WHAT THEY WILL RECOMMEND TO THE STATE TO PUT IN THE PLAN, THAT IS JUST KIND OF A FLAG FOR EVERYBODY AS WE HAVE DISCUSSED IN THE PAST. SO, IN TERMS OF PROCESS AND AGAIN, THIS IS ALL UP FOR DISCUSSION, WE ARE NOT LED TO ANY WAY OF DOING IT. THERE IS NO WAY TO GET AROUND THE FACT THERE ARE MANY THEMES THAT HAVE BEEN RAISED AND IT WOULD BE A SHAME TO JUST ALIEN ATE SOME ISSUES IN THIS REPORT. SO WE THOUGHT KEEP THESE BUCKETS, HAVE 4 WRITING TEAMS, PEOPLE COULD SELF-IDENTIFY WHICH TEAMS THEY WANT TO BE ON, AT THE LAST MEETING, SEEMED LIKE MOST EVERYBODY WANTED TO BE PART OF IT. WHICH IS GREAT. SO, THERE WOULD BE THE 4 TEAMS, SENT RED ON THE DIFFERENT BUCKETS OUT LINED. BUT THEN THE FOURTH BUCKET BEING CROSS CUTTING ISSUES LIKE LEADERSHIP AND DATA. WHICH ARE KIND OF SMALLER, BECAUSE THEY ARE NOT--RECOMMENDATIONS ARE NOT AS COMPLEX IN THOSE AREAS. AND THEN FROM THAT, EACH WRITING TEAM WOULD REVIEW RECOMMENDATIONS SUBMITTED IN THEIR AREA, AND THEN IDENTIFY ONE PERSON FOR EACH TEAM TO BE THE LEAD. THEY WOULD TO GET ERE FIND COMMON--I THINK WE ARE SEEING FOR ALL

RECOMMENDATIONS SUBMITTED THERE ARE A FEW HIGH LEVEL THINGS EMERGED AS RECOMMENDATIONS. THAT WRITING GROUP WOULD COME UP WITH THOSE, MASSAGE THE RECOMMENDATIONS WITH A TEMPLATE WITH STATEMENT AND RECOMMENDATIONS AND CATEGORIZING RECOMMENDATIONS INTO SHORT, MEDIUM AND LONG TERM. THEY WOULD ADD THAT AND SEND TO THE EDITING TEAM. SUSAN, AND KAREN SAID SHE WOULD ALSO BE AN EDITOR, THEIR JOB WOULD BE TO BRING ALL OF THE TEAMS' WORK TOGETHER, NOT CHANGE THE CONTENT BUT EDIT FOR A SINGLE VOICE. AND THAT IS LIKE THE IDEAL WORLD OF HOW IT WOULD WORK AND HAVE A NICE SUMMARY AT THE BEGINNING THAT SUMMARIZED THE SHORT, MEDIUM AND LONG TERM RECOMMENDATIONS THAT COULD BE KIND OF THE QUICK TAKE AWAY FOR SAY A LEGISLATIVE AUDIENCE OR SOMEBODY WHO DID NOT WANT TO READ A LONGER REPORT, WE DON'T THINK IT NEEDS TO BE MORE THAN TEN OR FIFTEEN PAGES, BECAUSE THEY WOULD BE SUCCINCT, AND CONNECTED TO LONGER SET. THINKING OF THE WORK YOU DID ON THE RECOMMENDATIONS. HARD TO PLUG THE WHOLE THING IN, SUMMARIZING WITH A LINK TO FULLER RECOMMENDATION, MAKE SENSE? NOW THE CHALLENGE COMES TO WHAT WE DO WHEN THERE IS NOT AGREEMENT ON ALL OF THE RECOMMENDATIONS, MIGHT BE ONE THAT ONE ORGANIZATION IS TOTALLY GUNG HO ABOUT AND ANOTHER IS NOT. THAT IS A DISCUSSION TO BE HAD. RIGHT NOW, OR WHENEVER. I WILL PAUSE THERE AND SEE IF EITHER OF YOU WANT TO ADD TO THAT BEFORE WE OPEN UP TO QUESTIONS AND COMMENTS AND FEEDBACK.

>> LYDIA MISSAELIDES: HIGHLIGHT THE TIME LINE ON PAGE 3, WE WERE SORT OF LIKE TEARING OUR HAIR OUT.

>>SARAH STEENHAUSEN: FAST PROCESS, BUT ONE CAVEAT TO THAT, I THINK A LOT OF THE WORK HAS BEEN WRITTEN, BECAUSE ALL OF THE RECOMMENDATIONS HAVE BEEN SUBMITTED BUT IT IS STILL A FAST PROCESS, ALL MEETING TOMORROW MORNING BY PHONE TO FINALIZE THE PROCESS AND ROLES, BUT THEN OVER THE NEXT WEEK, 7-14TH, THE WRITING GROUPS NEED TO MEET, REVIEW, AND COMPILE THOSE RECOMMENDATIONS PER WHAT WE JUST OUT LINED. THEN WE HAVE TWO SUB COMMITTEE MEETINGS NEXT WEEK AND THE HOPE IS THAT THE FIRST SET OF DRAFT RECOMMENDATIONS WOULD BE READY BY THE 14TH. BECAUSE ON THE 21ST, THIS GROUP WILL BE PRESENTING NOT THE FULL REPORT BUT A SHELL OUT LINE OF THE REPORT, WHICH I AM HOPING WON'T BE TOO HARD TO DO BY THE 21ST. AND THEN A SUBSTANTIVE REPORT MEETING ON THE 27TH, AND THE THOUGHT WAS WE WOULD HAVE THE SHELL DPRAFT OF THE REPORT DONE BY THEN, WITH EVERYBODY'S INPUT. THEN TAKE MORE EDITS, HAVE A WEBINAR ON THE 30TH OR 31ST, TO WALK THROUGH WITH ALL OF THE COMMITTEE MEMBERS, THE SEMIFINAL DRAFT. AND THEN YOU HAVE TIME FOR THE NEXT 2 WEEKS TO SEND YOUR FINAL COMMENTS AND WE MIGHT NEED ANOTHER MEETING IF THERE ARE OUT STANDING ISSUES, ALL OF THIS--BY FEBRUARY 19TH, HOPE TO HAVE LTSS SIGN OFF. A LITTLE TIME BETWEEN THE FINALIZATION OF THE REPORT AND PRESENTED TO THE COMMITTEE. (APPLAUSE).

>> PATTY: JUST ONE QUESTION BEFORE I GIVE YOU MY COMMENT, BUT

THE ONE QUESTION, WHAT DO YOU MEAN BY 24/7 RESIDENTIAL CARE, HOUSING OR BOARDING? RCFE'S ARE CLOSING ALL OVER THE STATE, WE LOST 2/3 OF WHAT WE HAD IN MY COUNTY, THEY ARE CLOSING DOWN. I AM GOING TO START, BECAUSE, THIS IS IN TERMS OF MY COMMENTS, I LIKE THE IDEA OF THE 3 BLOCKS, I LIKE THAT. CONCERN I HAVE BECAUSE I HAVE DONE 3 MASTER PLANS, IS THAT WHAT WE ARE TALKING ABOUT IS ELIMINATING OR CHANGING THE DEPARTMENT OF AGING. WE ARE TALKING ABOUT STRUCTURE FIRST. STRUCTURE FIRST. STRUCTURE IS NOT MENTIONED HERE.

>>SARAH STEENHAUSEN: THAT'S THE LEADERSHIP BUCKET I SHOULD CLARIFY THAT. WE WILL TALK ABOUT IT ON THE 14TH. THE MEETING ON THE 14TH.

>> BECAUSE WE HAVE GREAT RECOMMENDATIONS THERE. I JUST WANT TO SHARE, OKAY? GREAT RECOMMENDATIONS THERE. IN TERMS OF NAME OF A NEW DEPARTMENT, A DEPUTY SECRETARY IN THE GOVERNOR'S OFFICE, WE ARE TALKING ABOUT GREAT THINGS IN TERMS OF STRUCTURE THAT IS GOING TO MAKE IT WORK, BUT ALSO ON THESE, ON THE PATH, THIS COMMITTEE IS DEALING WITH THE MEAT AND POTATOES OF THIS ENTIRE REPORT, IT IS THE MEAT AND POTATOES, THAT IS WHAT IT IS. WE HAVE TO--SOME OF THE THINGS NOT INCLUDED IN HERE, ARE THINGS THAT PEOPLE ARE GOING TO NEED. I MEAN JUST TRANSPORTATION IN TERMS OF STATEWIDE, STATEWIDE COVERAGE THE STATE AND RURAL AREAS, NOT THERE.

>>SARAH STEENHAUSEN: THIS IS JUST LTSS, NOT THE WHOLE

>> BUT YOU CAN MENTION HOW YOU GET TO SERVICES IS IMPORTANT AND THAT IS--

>> SUSAN DEMAROIS: THERE MAY BE THINGS WE OMITTED. SO IN TERMS OF PROCESS, I THINK IT WOULD BE VERY HELPFUL IF PEOPLE E-MAILED THOSE TONIGHT. IF YOU DON'T SEE SOMETHING THAT CAN BE TUCKED UNDER THOSE, IT WOULD BE HELPFUL TO KNOW BY TOMORROW WHEN THE GROUP HUDDLES. WHICH COMMITTEE THEY SHOULD GO INTO

>> I AM DRIVING, SO I WON'T GET HOME UNTIL 2 A.M. I CAN'T DO IT UNTIL TOMORROW.

>> DONNA BENTON: FIRST OF ALL, THANK YOU SO MUCH FOR THIS GRAPHIC, AND REALLY PUTTING A LOT OF THIS EFFORT INTO THIS. I REALLY LIKE THAT. THE ONLY THING I WOULD LIKE TO SUGGEST AND I DON'T KNOW IF OTHER PEOPLE--I ALWAYS LIKE FAMILY. BECAUSE EVERYTHING COMES FROM FAMILY. THAT ONE LITTLE PERSON IN THE MIDDLE. I WOULD LIKE TO SEE IT MORE AS A FAMILY. OPPOSED TO THE INDIVIDUAL.

>> EVERY GRAPH IS PATIENT IN THE CENTER

>> I KNOW IT IS PATIENT BUT WE ARE TALKING ABOUT CHANGING A SYSTEM AND WE NEED TO BE DOING THE WHOLE WRAP AROUND AND YOU ARE WRAPPING AROUND A FAMILY AND THAT IS WHERE AGING--I MEAN FAMILY IN A BROAD SENSE, FAMILY OF CHOICE WE HOPE WE GET THAT. BUT PEOPLE DON'T AGE IN ISOLATION

>>SARAH STEENHAUSEN: IT IS A COMMUNITY ISSUE.

>> DONNA BENTON: I DON'T KNOW, MAYBE A FAMILY, HOUSE, I DON'T KNOW, THANK YOU.

>>ANA ACTON: SO, I THINK IT WOULD BE HELPFUL AND MAYBE I AM MISSING IT SOMEWHERE, WHO IS WORKING ON WHAT, AND WHAT ISSUES ARE WE ADDRESSING THAT ARE GOING TO GO INTO THIS.

>>SARAH STEENHAUSEN: THAT IS WHAT WE ARE GOING TO TALK ABOUT,

>>ANA ACTON: I AM UNCLEAR, THERE IS INPUT I WANT TO GIVE, I HAVE NOT BEEN TRACKING WHO IS WORKING ON WHAT, OR ANYONE IS WORKING ON THESE ISSUES.

>>SARAH STEENHAUSEN: TEAMS HAVE NOT BEEN BUILT

>>ANA ACTON: THERE ARE VARIETY OF THINGS, WE DID A MASTER PLAN ROUND TABLE IN NEVADA COUNTY, RURAL ONES HAPPENING, THEMES CAME OUT OF THAT WITH EMERGENCY PREPAREDNESS AND TRANSPORTATION, ONE THING IS LOCAL CONTROL, HAS TO BE FLEXIBILITY IN THINGS WE PRESENT THAT WILL ALLOW FOR THAT LOCAL CONTROL AND FLEXIBILITY TO MEET THOSE UNIQUE CHALLENGES IN SERVICE DELIVERY FOR EXAMPLE IN RURAL COMMUNITIES FOR EXAMPLE. SO, FIGURE OUT WHO IS ON WHAT, AND WHAT BUCKETS ARE BEING MISSED ARE BEING ADDRESSED AND WE GET A OPPORTUNITY TO LOOK AT THEM AND GIVE FEEDBACK ON. OR DO WE HAVE TO MAKE THEM STILL?

>> CARRIE GRAHAM: I CAN SAY I HAVE TAKEN ALL OF THE RECOMMENDATIONS AND PUT THEM INTO ABOUT 40 DIFFERENT CATEGORIES, SOME RELATED TO LTSS AND SOME NOT, CATEGORY ON DENTAL AND ORAL HEALTH RIGHT? I AM GOING TO NEED TO GET ALL THOSE OUT TO THE RIGHT

GROUPS.

>> THANK YOU GUYS A THOUSAND TIMES TO EVERYONE WHO DID SOMETHING, BECAUSE I WAS DRINKING A MARGARITA IN MEXICO, I WAS NOT PUTTING THIS TOGETHER (LAUGHTER) OKAY GOOD. SO, IF NOW IS NOT THE RIGHT NOW, HOWEVER, I WAS GOING TO ASK FOR CLARIFICATION AROUND LIKE PROMOTING ACCESS, IHSS SUSTAIN, CLARIFYING, MEANING FINANCING IS IN THIS CATEGORY OR

>>SARAH STEENHAUSEN: COULD BE BOTH.

>> PLAN FOR ACCELERATING WORKFORCE DEVELOPMENT INCLUDES IHSS WORKFORCE, GOT IT. AND THAT SOMEWHERE IN THE PROCESS YOU WOULD BE SENDING US EVERYTHING THAT HAS BEEN RECEIVED AND THEN A QUESTION OF SLOTTING THEM INTO DIFFERENT THINGS, I THINK THAT IS REALLY GREAT. AND JUST TO BE CLEAR, WE, BEING MY ORGANIZATION THAT I AM REPRESENTING HAVE NOT YET SUBMITTED RECOMMENDATIONS BECAUSE I WAS IN MEXICO. (LAUGHTER). JUST KIDDING.

>> CARRIE GRAHAM: FEW PEOPLE ASKED ME WHEN IS THE LAST DATE, I AM ASKING WHAT IS THE LAST DATE GUYS? SUPPOSED TO BE DECEMBER 13. (MULTIPLE PEOPLE TALKING AT ONCE)

>>KIM MCCOY WADE: WE WILL TAKE THEM, FOR THE MASTER PLAN PROCESS, GETTING THE PROCESS, AND POSTING, TO EVERYONE CAN SEE, AND THAT IS COMING, FOR THE WRITERS,

>> TO BE CLEAR I WAS JOKING BEFORE, TOO MANY THINGS GOING ON.

ULTIMATELY I WOULD SAY, I WANT TO BE A WRITING TEAM PERSON. BUT TO BE HONEST WITH YOU, THOSE OF US ALSO LOBBYING BILLS, THIS IS (SIGHING) HOLY SMOKES MAN, OKAY THAT'S IT.

>> ELLEN S.: THANK YOU I WOULD LIKE TO JOIN A COUPLE OF TEAMS, WHEN DO WE HAVE TO CLOSE THE RECOMMENDATION OPPORTUNITY AND PUBLICIZE IT WIDELY SO PEOPLE HAVE A CHANCE TO BE INCLUDED. OTHER POINT IS HOW TO SYNTHESIZE THE RECOMMENDATIONS AND THEY CAN'T ALL BE PART OF THE REPORT, THAT IS THE PART THAT IS CHALLENGING, AND ALSO THE OPPORTUNITY TO WEIGH IN. WE TALK ABOUT CONSENSUS, BUT SOMEHOW WE HAVE TO DEVELOP THE OPPORTUNITY TO KIND OF LED CREDENCE TO SOME AND OTHERS MAY NOT MAKE IT. DID NOT TALK ABOUT IT HERE BUT MAYBE TOMORROW.

>> SUSAN DEMAROIS: THAT IS WHY THERE IS TIME BUILT IN AT THE END, WE DON'T KNOW UNTIL WE SEE IT ALL LAID OUT, AND MIGHT BE LANGUAGE THAT SHOWS UP AND WRITING TEAM PUTS IT INTO ONE RECOMMENDATION, BECAUSE IT IS SIMILAR ENOUGH. IT IS PREMATURE TO PRIORITIZE NOW, BECAUSE WE DON'T KNOW THE OVER ALL CONTEXT

>> CARRIE GRAHAM: SHOULD WE TRY TO LAND TODAY WHO GROUPS ARE,

>>SARAH STEENHAUSEN: AS LONG AS THERE IS AGREEMENT THESE ARE THE RIGHT GROUPS.

>> I WILL WEIGH IN AND SAY, I REALLY LIKE HOW YOU LAID OUT THE 3 BUCKETS OF THINGS THAT WE ARE GOING TO BE WRITING TO. MAKES SENSE. I WILL ECHO WHAT WAS SAID, SEEMS TO BE A LOT OF TIME ON THE

BACK END AND HOW YOU EXPECT PEOPLE TO WRITE SOMETHING THAT IS ACTUALLY THOUGHTFUL IN THE NEXT WEEK, STRIKES ME AS DAUNTING, SOME OF US, I WOULD VOLUNTEER TO DO WRITING, BUT I DON'T REALLY KNOW HOW TO--TODAY IS THE 6TH. SO HOW ARE WE SUPPOSED TO GET SOMETHING DONE BY A WEEK FROM TODAY. OKAY, CAN I SAY, THE OTHER THING I THINK WE SHOULD PAY ATTENTION TO ON ACCESS. SOMETIMES WE TALK ABOUT ACCESS INCLUDING OTHER COMMUNITY SERVICES, WHEN WE GET TO THE GRAPHIC WE DON'T. I THINK WE SHOULD BE THOUGHTFUL ABOUT WHAT WE SAY ABOUT SERVICES, BECAUSE SOME ARE MORE COMMUNITY BASED THAN OTHERS, COMMUNITY SERVICES, INCLUDE CERTAIN KINDS OF PLACES THAT YOU CAN LIVE AND MORE INSTITUTIONAL CARE, AND I THINK THEY ARE VERY DIFFERENT THINGS AND I THINK WE ALSO NEED TO SAY, THIS IS A TIME TO BE THOUGHTFUL ABOUT WHAT ARE OTHER MODELS OF THINGS WE MIGHT WANT TO BE DEVELOPED.

>> NINA WEILER-HARWELL: THANK YOU SO MUCH FOR PUTTING THIS TOGETHER, WHILE I WAS BUSY WORKING OUT AND EATING A LOT. SO, I THINK--I DON'T HAVE A LOT MORE TO ADD, I WILL SAY, AS I SAID AT THE LAST MEETING, I AM HAPPY TO BE A WRITER ON ENSURING AFFORDABILITY, AND LTSS FINANCING. I WANT TO BACK UP, WHAT SHE SAID ABOUT COMMUNITY CONTROL. I KNOW WHEN WE GET TO THE FULLER MASTER PLAN PORTION AND TALKING ABOUT AGE FRIENDLY COMMUNITIES, THAT COMMUNITY CONTROL PIECE IS GOING TO BE VITAL, THAT IS HOW THE NETWORK WORKS. SO, JUST SUPPORTING WHAT YOU SAID.

HE

>> PATTY BERG: I ALSO WILL BE ONE OF THE WRITERS I'M NOT SURE WHICH. AND I WANT TO MAKE SURE WE DON'T LEAVE THIS ROOM WITHOUT TALKING ABOUT THE CHARTER POPULATION.

>> CLAIRE RAMSEY: I NOW SEE HOW CHALLENGING IT IS TO BE ON THE PHONE. COUPLE THINGS; ONE, I JUST WANT TO MAKE SURE ''M CLEAR ON EVERYTHING THAT IS BEING ASKED. IT SOUNDS LIKE THERE ARE A LOT OF QUESTIONS TO BE RESOLVED IN 2 MINUTES BEFORE PUBLIC COMMENT TO RESOLVE THEM. ONE OF THE QUESTIONS IS WHEN DO WE STOP ACCEPTING RECOMMENDATIONS? SOME OF THE CONVERSATION WAS NOT HEARABLE ON THE PHONE. THAT WAS ONE QUESTION, RIGHT?

>> SARAH STEENHAUSEN: CORRECT.

>> CLAIRE RAMSEY: THE DEPARTMENT SAID REPEATEDLY THAT THE 13TH WAS THE FIRST OPPORTUNITY. I UNDERSTAND FEELING FRUSTRATED THAT YOU DON'T HAVE EVERYTHING IN FRONT OF YOU AND PEOPLE ARE TRYING TO JUGGLE A HUNDRED THINGS. MAYBE WE SHOULD PICK A DATE, WHAT ABOUT JANUARY 17TH FOR ALL LTSS RECOMMENDATIONS BECAUSE THEN WE WILL HAVE EVERYTHING IN BEFORE. AND I OTHER THING I JUST WANT TO SAY, I KNOW THERE IS SUPPOSED TO BE SOME DRAFT PRESENTED ON THE 21ST. I AGAIN,

AM NOT CLEAR HOW THAT WILL HAPPEN WITH ANYTHING – I REALLY APPRECIATE AND I WANT TO SAY THANK YOU TO EVERYONE WHO WORKED ON THIS, IT IS REALLY GREAT AND IT IS HELPFUL TO HAVE SOMETHING TO TALK ABOUT AND TO RESPOND TO. I WOULD JUST SAY THAT I THINK THAT DEADLINE FEELS LIKE IT WAS OPPOSED ARTIFICIALLY. THE PROBLEM WILL BE THAT NO ONE WILL HAVE REALLY BOUGHT INTO IT AND THERE WON'T HAVE TIME FOR DISCUSSION. SO WHAT WE SHOW THEM MAY OR MAY NOT BE A GOOD REFLECTION OF WHAT THE FINAL PRODUCT WILL BE. AND I'M HAPPY TO WORK ON THE WRITING PIECE.

>> SARAH STEENHAUSEN: THANK YOU, THOSE ARE REALLY GOOD QUESTIONS AND WE CAN TALK ABOUT TIMELINE. IN TERMS OF WHAT YOU ARE ASKING ABOUT, CLAIRE, THE FIRST DRAFT OF RECOMMENDATIONS. AND I TURN TO KIM AND CARRIE, IN TERMS OF WHAT THE SAC MIGHT WANT TO SEE. IF WE PLAY AROUND WITH THIS GRAPHIC AND FLUSH IT OUT A LITTLE MORE, IS THAT SOMETHING WE CAN SHOW THEM?

>> CARRIE GRAHAM: I THINK CHECKING IN WITH THEM THAT A REPORT IT COMING. WHAT KIND OF BUCKETS WE'RE THINKING ABOUT AND WHAT THE TIMELINE IS.

>> LYDIA MISSAELIDES: THEY KNEW WE WERE WORKING ON SOMETHING REAL BECAUSE WE SHOWED THEM AN OUTLINE

>> PETER MENDOZA: LITERAL DESCRIPTION OF THE BUCKETS AND CATEGORIES EXECUTIVE SUMMARY AND NEXT STEPS.

>> SARAH STEENHAUSEN: I HAVE A QUESTION, JUST THINK IF WHAT WOULD BE HELPFUL NOW IS TO KNOW IF EVERYBODY IS OKAY WITH THE BUCKETS. AND I INCLUDE IN THE BUCKETS, PATTY, THE LEADERSHIP ONE BECAUSE THAT IS ONE OF THEM. IF SO, THE GOAL WOULD BE WHICH ONE DO YOU WANT TO BE IN SO WE CAN TALK ABOUT THAT TOMORROW. OTHER THAN THAT, THESE ARE ALL REALLY HELPFUL QUESTIONS FEEDBACK.

>> CLAIRE RAMSEY: CAN I JUST MENTION ONE OTHER BUCKET? WE DON'T SAY ANYTHING ABOUT EQUITY AND IT FEELS LIKE THAT SHOULD BE IN HERE.

>> SUSAN DEMAROIS: ONE THING WE DECIDED, CLAIRE WAS THIS GROUP HAD BEEN TALKING ABOUT PRINCIPLES AND VALUES AND WE OFTEN AND THERE MIGHT BE DIFFERING OPINIONS, TO ADOPT THE VALUES OF THE STAKEHOLDER ADVISORY COMMITTEE. WHICH HAS EQUITY LISTED AS NUMBER 2. AND TO BE CONSISTENT WITH THE OVERARCHING GROUP INSTEAD OF DEVELOPING SEPARATE VALUES. SO THOSE VALUES WILL SHOW UP AT THE TOP OF THE REPORT. THAT IS JUST TO SHARE OUR THINKING, BUT IT DOES NOT MEAN IT IS WHAT HAS TO STICK.

>> CLAIRE RAMSEY: THAT IS HELPFUL AND I GUESS THERE IS A QUESTION OF, DOES EQUITY – I AGREE IT IS A VALUE AND I WONDER, AND I THINK THE ANSWER IS YES, EXCLUSIVE WORK TO BE DONE.

>> KIM MCCOY-WADE: I CAN GIVE AN UPDATE ON THAT. AND I WANT TO BE MINDFUL OF THE TIME.

AND I ALSO WANTED TO SEE SARAH AND SUSAN WHAT YOU WANT TO DO WITH THE DEADLINE QUESTION? DO YOU WANT TO SAY LAST CALL FOR LTSS RECOMMENDATIONS TO BE INCLUDED IN THE STAKEHOLDER REPORT IS?

>> LYDIA MISSAELIDES:

I WOULD SAY YES, AND ALL THAT MEANS IS EVERYONE HAS TO UNDERSTAND AND IT MEANS THE RESPONSE TIME TO THE FINAL DRAFT WILL BE SHORTENED UP. IF YOU ARE OKAY WITH THAT, I WOULD RATHER HAVE MORE TIME AT THE BEGINNING AND THAT IS FANTASTIC.

>> KIM MCCOY-WADE:

DO YOU WANT TO DECIDE TOMORROW WHEN YOU TALK? COMING OUT OF THE WHOLE GROUP WILL BE AN UPDATED TIMELINE, INCLUDING THAT PIECE.

>> CARRIE GRAHAM:

AND THE POTENTIAL DATE WOULD BE THE 10TH, ON FRIDAY.

>> KIM MCCOY-WADE:

DAYS, NOT WEEKS, THAT IS THE POINT. ON THE EQUITY PIECE, THOSE WHO ARE PART OF THE FULL STAKEHOLDER ADVISORY COMMITTEE IN DECEMBER SAW THEY DID ENDORSE PROCEEDING WITH THE EQUITY GROUP. AND WE HAD THE FIRST CALL THIS MORNING, THE ADVISORY MEMBERS WHO ARE GOING TO HELP LAUNCH THAT. THE SHORT VERSION IS WE WILL BE THIS WEEK, BEGINNING AN EQUITY WORK GROUP THAT WILL PROBABLY MEET FOUR TIMES IN THE NEXT SIX MONTHS. THE GOAL IS TO MEET ONCE, THE FIRST MEETING TO REVIEW THE DRAFT. THEY WOULD BE MEETING THE FIRST COUPLE WEEKS IN FEBRUARY AS THE FIRST TASK. THAT IS THE VISION OF THE EQUITY WORK GROUP THAT ADVISORY COMMITTEE MEMBERS, CATHERINE, YOU WERE THERE, I SHOULD HAVE HAD YOU GIVE THE REPORT.

WE WANT TO INCLUDE OTHER FOLKS WHO WERE NOT ON THE SAC AND WE WANT TO DO A PROCESS TO RECRUIT SOME FOLKS. BUT THE VISION IS GET THAT FIRST MEETING IN FEBRUARY SO THEY CAN REVIEW THE DRAFT WITH AN EQUITY LENS AND PROVIDE THAT FEEDBACK AS WELL. LET US KNOW YOUR TIMELINE AND THE EQUITY WORK GROUP AS OF THIS MORNING IS GETTING ROLLING.

OTHER THINGS SARAH AND SUSAN THAT YOU NEED TO PROCEED FROM THE GROUP?

>> SARAH STEENHAUSEN: IF ANYBODY HAS ANY HUGE PROBLEMS WITH THIS, THAT WOULD BE HELPFUL TO KNOW NOW. TOMORROW, IF WE CAN COME AND BE PREPARED TO TALK ABOUT WHO WANTS TO DO WHAT IS THE TIMELINE AND ISSUES THAT YOU SEE MISSING, WHERE THEY FIT.

>> CATHERINE BLAKEMORE: I WILL SAY, I THINK IT IS POSSIBLE, SINCE THIS IS ON LTSS AND OTHER THINGS INFLUENCE, IT IS POSSIBLE TO SAY A FINAL MASTER PLAN HAS TO INCLUDE THESE OTHER THINGS TO MAKE A POSSIBLE LTSS SYSTEM.

>> CLAIRE RAMSEY: THE PHONE CAN'T HEAR THAT.

>> KIM MCCOY-WADE: CATHERINE IS TALKING ABOUT LTSS IS INTERDEPENDENT WITH EVERYTHING ELSE IN THE COMMUNITY AND NEEDS TO A WAY TO REFERENCE THAT AND INCLUDE IT WITH EVERYTHING ELSE.

I WOULD VERY MUCH LIKE TO – APPRECIATE ALL OF THE AMAZING PRESENTATIONS, PREPARERS, PLANNERS THAT WENT INTO THIS, PARTICULARLY OVER THE HOLIDAYS AND TRAVEL AND FAMILY AND PERSONAL OBLIGATIONS. THIS WAS AN AMAZING PRODUCTIVE MEETING. AND I WANT TO MAKE SURE WE OPEN IT UP FOR ROBUST PUBLIC COMMENT. WE STILL HAVE ALMOST 50 PEOPLE WITH US ON THE PHONE AND WE STILL HAVE PEOPLE IN THE ROOM. LET'S – REMIND YOU THAT WE ALWAYS TAKE PUBLIC COMMENTS IN E-MAIL AS WELL AS THE DETAILED RECOMMENDATIONS. IN THE ROOM, DO WE HAVE FOLKS READY AND EAGER TO MAKE PUBLIC COMMENT? AND WE'LL DO THE USUAL REMINDER. WE ASK YOU TO AIM FOR 2 MINUTES AND WE KNOW THERE IS A LOT TO SAY SO DO YOUR BEST.

>> JULIA HAILS AND I MANAGE MARIN COUNTIES AGING RESOURCE CONNECTION. AND I WANT TO SPEAK TO SOMETHING THAT IS IMPORTANT TO ME. THAT IS BEING A FAMILY CAREGIVER OF A DIFFERENT GENERATION. AT 25 I NEVER THOUGHT MYSELF HAVING TO STOP MY CAREER, GRADUATE SCHOOL TO MOVE TO A RURAL AREA TO HELP WITH MY DAD. FOR THE PAST 10 YEARS AS A FAMILY CAREGIVER, I HAVE HAD TO GIVE UP JOBS, I HAVE HAD TO TAKE OUT AN ADDITIONAL $45,000 WHICH HAS GAINED INTEREST AND I'M NOW UP TO $200,000 IN STUDENT LOAN DEBT. I MADE $49,000 LAST YEAR AND I CANNOT CONTINUE TO DO THIS ADVOCACY AND CARE FOR MY DAD AND GO TO SCHOOL. IT IS JUST SO IMPORTANT TO ME TO SHARE MY EXPERIENCE BECAUSE NOW MORE OF MY FRIENDS, THEIR PARENTS ARE AGING AND IT IS MORE – IT IS NOT AS NORMATIVE FOR A 30 SOMETHING-YEAR-OLD TO SAY, ARE YOU SEEING THIS

WITH MOM? DO YOU KNOW WHAT IT IS LIKE TO HAVE YOUR RELATIONSHIP DISAPPEAR BECAUSE YOU HAD TO MOVE AWAY? THE EXPERIENCE OF THE FAMILY CAREGIVER IS MORE THAN CARING FOR AN AGING PARENT, IS CARING FOR SIBLINGS, CHILDREN. I'M EXCITED TO SEE, ESPECIALLY THE FAMILY CAREGIVER ALLIANCE EXPANDING THEIR SUPPORT. I WANT TO ADVOCATOR MORE ACCESSIBLE SERVICES, BESIDES FAMILY CAREGIVER SUPPORT GROUPS. THE ISOLATION THAT OCCURS WHEN SOMEONE IS A FAMILY CAREGIVER, ESPECIALLY IN A RURAL AREA WHERE YOU CANNOT ACCESS TECHNOLOGY. CELL PHONES DON'T WORK WHERE MY PARENTS ARE. IT IS DIFFICULT AND I WANT TO PUSH EVERYONE TO BE INNOVATIVE AND THINK ACROSS THE BOARD. IT AFFECTS EVERY SINGLE AREA OF MY FAMILY AND IT AFFECTS MY FUTURE AND IT IS SCARY. REALLY, I ENCOURAGE EVERYONE TO THINK ABOUT ALL OF THE YOUNGER GENERATION AND HOW WE'RE BEING DISCOURAGED FROM EXPLORING HOW TO HELP OUR OLDER ADULTS AND PEOPLE WITH DISABILITIES BECAUSE WE'RE NOT BEING PAID ENOUGH. THANK YOU.

>> MANY OF US WITH SEVERE DISABILITIES HAVE FAMILY MEMBERS TO ARE AGING. THEY ARE THE ONES THAT ARE THERE THAT ARE SERVING AS OUR BACK UP WHEN OUR REGULAR CAREGIVERS DO NOT SHOW UP. CALL AT THE LAST MINUTE, TELL US THAT THEY DON'T WANT TO COME ON A HOLIDAY. TELL US THAT THEIR TAKING A VACATION. WE CAN'T – WE HAVE A LOT OF DIFFICULTY FINDING REPLACEMENT CAREGIVERS, FINDING CAREGIVERS THAT ARE LONG-TERM THAT WE CAN RETAIN AND WE CAN GET ALONG WITH. THAT THIS ISSUE IS CRITICAL BECAUSE THE AGING INFRASTRUCTURE OF THE CAREGIVERS THAT

ARE OUT THERE NOW, FAMILY MEMBERS, THEY ARE AGING AND PRETTY SOON THEY ARE NOT GOING TO BE ABLE TO PROVIDE THE SERVICES TO THEIR LOVED ONE THAT YOU ARE RELYING ON. IN THE IHSS POPULATION, THAT IS 72% OF THE PEOPLE. WHEN YOU ARE YOUNGER YOU DON'T REALLY THINK ABOUT THAT NEED. WHEN YOU GET OLDER YOU START REALIZING THE NEED. AND AS A PERSON WITH A DISABILITY, IT IS TIRING TO INTERVIEW AND INTERVIEW AND INTERVIEW AND CHECK REFERENCES ON A CONSTANT BASIS.

SOMETIMES WHEN YOU HAVE A FAMILY MEMBER THERE WHO IS ASSISTING, LIKE WITH MYSELF AND WHO TAKES CARE OF MY FATHER BECAUSE HE HAS NO PANCREAS AND INSULIN SHOTS 5 TO 7 TIMES A DAY AND SOMETIMES THE BLOOD SUGAR GOES CRAZY AT NIGHT AND YOU DON'T GET A LOT OF SLEEP. IT PUSHES PROBLEMS WITH THAT PERSON BEING ABLE TO CONTINUE DOING THAT. AND THEY ARE AGING.

AND YOU WORRY ABOUT YOURSELF. AND ALSO THE CAREGIVERS – THE PEOPLE OUT THERE THAT ARE SENIORS, THEY DON'T WANT TO NEED THE HELP FROM STRANGERS AND SOME OF THEM WILL OPT FOR SUICIDE BECAUSE THEY ARE AFRAID OF THE COST THAT IT WOULD PUT ON THE FAMILY FOR THE CAREGIVERS TO ASSIST THEM AND THE COST THAT IT COULD TAKE AWAY FROM WHAT THEY WERE GOING TO TRANSFER IN ASSETS TO THE NEXT GENERATION.

SO IF YOU SEE A GROWING TREND OF SENIORS SUBMITTING SUICIDE, YOU WONDER WHY. YOU CAN JUST LOOK TO SOME. THE STATE RECOVERY RULES FOR A FEW

MILLIONS OF DOLLARS THAT THE STATE HAS THAT WILL MAKE PEOPLE WANT TO OPT OUT OF EITHER LIFE OR NEEDING THE CARE ITSELF. THAT IS SOMETHING THAT ALSO NEEDS TO BE LOOKED AT. ABOUT CHANGING THOSE RULES, NOT ONLY ON A FEDERAL BASIS, BUT STATEWIDE BECAUSE IT IS KIND OF OPTIONAL.

I GUESS – I HAVE A LOT OF COMMENTS I'M GOING TO BE SUBMITTING IN PARAGRAPH FORM ON A VARIETY OF SUBJECTS. AND I SHOULD SAY THAT MORE AND MORE PEOPLE WITH DISABILITIES ARE BEING -- AND SENIORS ARE BEING SUBJECTED TO SCAMS FROM CONTRACTORS. AND THAT IS A CRITICAL ISSUE WHEN YOU ARE TALKING ABOUT HOME MODIFICATIONS BECAUSE CSLB DOES NOT HAVE ANY CATEGORY FOR SPECIALIZED CONTRACTORS WHO ARE SPECIALIZING IN DISABILITY MODIFICATIONS. ANYWAY, I WON'T TAKE UP MORE TIME BECAUSE I'M GOING TO SUBMIT MY COMMENTS AND I APPRECIATE IT. THANK YOU. AND IT IS CONNIE ARNOLD, BY THE WAY.

>> MARY: HELLO. THANK YOU. I WITH THE ASSOCIATION OF CALIFORNIA CAREGIVER RESOURCE CENTERS. AND I WOULD LIKE TO GIVE MY ATTENTION TO THE REPORT THAT THE CALIFORNIA TASK FORCE DID. THE TASK FORCE ESTABLISHED – AFTER TWO YEARS OF RESEARCH THEY CAME UP WITH SEVERAL RECOMMENDATIONS. I'M JUST GOING IT MENTION THREE OF THEM. ONE WAS RESPONDING TO THE CRC, AS WAS MENTIONED, THIS HAS NOW BECOME A STABILIZING FUNDING SINCE THE CRC DID RECEIVE AN EXPANSION AUGMENTATION THIS YEAR. STANDARDIZE CAREGIVERS ACROSS THE STATE TO SUPPORT INDIVIDUALIZATION OF SERVICES AND REVIEW

SERVICE FRAGMENTATION. ASSESSMENTS ARE IMPORTANT FOR ANOTHER REASON, TOO. KATHLEEN KELLY MENTIONED THAT CAREGIVERS FEEL IGNORED IN THE HEALTH CARE SYSTEM. I WOULD TAKE THAT A STEP FURTHER AND SAY THAT THEY ARE ACTUALLY INVISIBLE. AND THAT RECOGNIZING FAMILY CAREGIVERS AS PEOPLE WHOSE NEEDS ARE IMPORTANT IS REALLY CRUCIAL.

AND A THIRD RECOMMENDATION WAS EQUIPPING CARE GIVERS WITH EASILY ACCESSIBLE INFORMATION. AND THIS DEPENDS ON THE INDIVIDUALIZED ASSESSMENT. I WANT TO SAY A WORD ABOUT THE CRCS BEING UNDER THE DEPARTMENT OF HEALTH CARE SERVICES. ONE OF THE STRENGTHS OF THE CRC IS THAT THEY FUNCTION AS A STATEWIDE SYSTEM. SO THAT A CAREGIVER IN LA GETS THE SAME ASSESSMENT AS THE ONE IN SACRAMENTO AND OTHER COUNTIES. THE MORE THAT PROGRAMS ARE CARVED UP UNDER LOCAL ENTITIES, THE MORE THE SERVICES BECOME FRAGMENTED THROUGHOUT THE STATE. THE UMBRELLA ALLOWS THE CRCS TO COORDINATE WITH EACH OTHER AS A STATEWIDE SYSTEM AND PROVIDE SERVICES REGIONALLY AND LOCALLY.

SINCE THE CRC SERVES FAMILY CAREGIVERS OF ADULTS WITH ALL AGES, BEING UNDER DHCS ALLOWS THEM TO SERVE THE TARGET POPULATION. I JUST WANT TO ADD THAT I LOVE THE IDEA THAT THE PAID FAMILY LEAVE – I THINK THAT IS ANOTHER IDEA WHOSE TIME HAS NOT JUST COME, IT CAME A LONG TIME AGO AND IT IS TIME FOR US TO MAKE THIS CHOICE.

AND I SECOND KATHLEEN KELLY'S COMMENT, THE CHEERERS OF THE FAMILY CAREGIVERS. THANKS FOR THE OPPORTUNITY TO PUT IN MY TWO CENTS. THANK YOU.

>> KIM MCCOY-WADE: THANK YOU MARY. ANYBODY ELSE IN THE ROOM OR ON THE PHONE FOR PUBLIC COMMENT?

WE'RE GOING TO QUICKLY GO TO SUMMARIZE WHAT WE AGREED TO DO IN THE LAST 4 HOURS.

>> CARRIE GRAHAM: THERE WERE SOME REQUESTS FOR ADDITIONAL DATA FROM STEWART KNOX, INCLUDING GEOGRAPHIC BREAK DOWNS, DIFFERENTIATING BETWEEN HOME CARE AND HEALTH CARE WORKERS DATA AVAILABLE FROM ALL 58 COUNTIES. THERE WAS A REQUEST TO LOOK FOR MORE INNOVATIONS AROUND INCREASING GENDER DIVERSITY IN THE WORKFORCE. RECOMMENDATION TO WORK MORE CLOSELY WITH LEGISLATORS. A REQUEST TO IDENTIFY MORE RESOURCES AND RESEARCH ON FAMILY CAREGIVERS WHEN THEY ARE UNDER STRESS. WE WANT TO START WORKING ON ASSISTIVE TECHNOLOGY RECOMMENDATION. ANA, YOU WERE GOING TO TAKE THE LEAD WITH PETER, JEFF AND CATHERINE. ON CDA'S SIDE, WE NEED TO WORK TO TRANSFER ALL THE RECOMMENDATIONS TO EACH OF THE WRITING GROUPS, WHICH I'M READY AND DUE AT ANY MOMENT. AND PUBLICIZE THE DROP DEAD DATE FOR THE LTSS RECOMMENDATIONS.

>> KIM MCCOY-WADE: WE ARE ALSO WORKING A STEP BEHIND CARRIE TO GET THE RECOMMENDATIONS PUBLIC ON THE WEBSITES SO EVERYBODY CAN SEE

THEM. THAT IS THE VISION AND WE WILL HAVE MADE BIG PROGRESS WITH THAT THIS MONTH WITH THE LAUNCH OF THE NEW WEBSITE. THE HUDDLE WILL MEET TOMORROW AND REPORT BACK ON THE PLAN. AND WE ALSO JUST WANT YOUR CONTINUOUS FEEDBACK. WE HAVE THREE MEETINGS IN THE NEXT TWO WEEKS, 13, 14, 27. ANYMORE FEEDBACK AN AGENDA, ZOOM, BREAKS. WE HAVE A LOT MORE HOURS TOGETHER AND IF THERE ARE WAYS TO IMPROVE IT, WE CAN KEEP DOING THAT. I WILL NOT BE WITH YOU NEXT WEEK, I HAVE MY OWN FAMILY CAREGIVER ISSUES TO TEND TO.

MARK AND ELLEN AND CARRIE WILL BE HERE NEXT WEEK TO CARRY THE TWO MEETINGS. ANYTHING TO ADD, CORRECT?

>> CARRIE GRAHAM: LET SARAH AND SUSAN AND LYDIA KNOW IF THERE IS A DEAL BREAKER WITH THE MATERIALS.

>> KIM MCCOY-WADE: OKAY. HAPPY NEW YEAR. SAFE TRAVELS.