Alzheimer's Disease and Related Disorders Advisory Committee Meeting
Meeting Logistics

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• Live captioning streamed through webinar (Zoom)
• American Sign Language Interpretation via webinar (Zoom)
• Recording, Slides, and Transcripts will be posted to the CalHHS Community Living webpage post webinar
Time is reserved on the meeting agenda for public comment.

Attendees joining by webinar (Zoom), use the Q&A function to ask a question or select the raise hand icon. The moderator will announce your name and will unmute your line.

Attendees joining by phone, press *9 on your dial pad to “raise your hand”. The moderator will announce the last 4 digits of your phone number and will unmute your line.
Welcome & Introductions

Catherine Blakemore
Committee Chair
Family Member Representative
Today’s Agenda

I. Fiscal Year 2022-2023 Committee Priorities Recap
II. Dementia Standards of Care Presentation & Discussion
III. Legislative & Budget Updates
IV. Break
V. Healthy Brain Initiative Updates & Discussion
VI. Master Plan for Aging Updates & CA for ALL Ages & Abilities Day of Action Presentation & Discussion
VII. Public Comment
VIII. Finalization of Recommendations & Items for CalHHS Secretary
IX. Closing Comments & Next Steps
Committee Member Introductions

**Committee Chairs**
- **Catherine Blakemore**, Family Member Representative (Chair)
- **Darrick Lam**, ACC Senior Services, Family Member Rep (Vice Chair)

**Stakeholder Committee Members**
- **Meg Barron**, Alzheimer’s Association, Consumer Organization Rep
- **Julie Souliere**, CA Health & Human Services Agency
- **Dr. Sarah Tomaszewski Farias**, UC-Davis, Alzheimer’s Disease Diagnostic & Treatment Centers Rep
- **Pam Montana**, Consumer Rep
- **Andrea Robert**, Consumer Rep
Committee Member Introductions

Stakeholder Committee Members (Cont.)

- **Dr. Dolores Gallagher Thompson**, Stanford University, Social Research Rep
- **Dr. William Mobley**, UC San Diego, Academic Medical Research Rep
- **Todd Shetter**, ActivCare Living, Service Provider Rep
- **Celine Regalia**, Collabria Care, Alz. Day Care Resource Center Rep
- **Dr. Wynnelena Canlas Canio**, Kaiser Permanente, Mental Health Field Rep
- **Barbara McClendon**, Alzheimer's Los Angeles, Service Provider Representative (joining in Sept.)

Vacancy:

- **Elder Law Representative**
Fiscal Year 2023-2024 Committee Priorities Recap

Catherine Blakemore
Committee Chair
Family Member Representative
Dementia Standards of Care

Dr. Karen Mark
California Department of Health Care Services (DHCS)

Lauren Groves
California Department of Public Health (CDPH)

Meg Barron
Alzheimer’s Association
Dementia Care Aware Updates

• Updated name to Dementia Care Aware—focus on providing care

• CMS announced HCBS Spending Plan funds can now be spent through March 31, 2025, a year longer than previously approved (March 31, 2024). Total amount of Dementia Care Aware funding, $25 million, remains unchanged

• On track to launch training by July 2022 on DementiaCareAware.org
Dementia Care Aware Phases

**Phase 1**
(April 1, 2022 – Aug 31, 2022)

- Screening Tool Recommendations
- Training Development
- Continuing Medical Education (CME) Accreditation and Maintenance

**Phase 2**
(Sep 1, 2022 – Mar 31, 2024)

- Practice-level Implementation Support
- Training Evaluation and Updating
- Training Outreach and Engagement Strategy
Clinical Advisory Board (CAB)

- UCSF and DHCS established the CAB to inform Dementia Care Aware activities (e.g., cognitive health assessment toolkit, screening tools)

- Comprised of key stakeholders including members from:
  - Primary care provider organizations
  - Community based organizations
  - Dementia experts from UC campuses, the ten California Alzheimer’s Disease Centers, the CDPH Alzheimer’s Disease Program, and the CalHHS Alzheimer’s Disease & Related Disorders Advisory Committee
SB 48: Medi-Cal: Annual cognitive health assessment

• SB 48 establishes an annual cognitive health assessment as a Medi-Cal benefit for beneficiaries age 65 and older if they are otherwise ineligible for a similar assessment as part of the Medicare Annual Wellness Visit.

• Pending legislative appropriation, Medi-Cal providers will be eligible to receive payment for this Medi-Cal benefit, for Medi-Cal-only beneficiaries, if they:
  • Complete cognitive health assessment training, as approved DHCS (Dementia Care Aware training)
  • Use one of the validated tools recommended by DHCS
Cognitive Health Assessment is designed for PCPs

- Includes initial assessments that are
  - Free to use
  - Quick to administer
  - Easy to score
  - Validated in primary care
  - Available in multiple languages

- Assessments can be done by different members of the health care team

- Assessments can be done longitudinally over multiple visits
For all patients 65+ without a dementia diagnosis already

CHA allows you

1) to have improved awareness of cognitive and functional symptoms that could be dementia and

2) to start a brain health plan for all older adults.

The CHA is:

3 steps, head to toe

1. Head (Cognition)
2. Arms (Function)
3. Legs (Support System)

in 15 min in any language*

*Cognition: history or signs informant collateral assessment tool

Function: history or signs informant collateral assessment tool

Support system: Is there a caregiver or support person?
The Cognitive Health Assessment: Start with the head

**Cognition:**
- history or signs
- informant collateral
- assessment tool

**History or signs** can come in many forms. You should move forward with an assessment tool if:
1) Patient or informant discloses a new cognitive symptom, including behavior and motor symptoms.
2) You notice a sign of cognitive decline, *e.g.* the 10 warning signs.
3) A question:
   1) The Medi-Cal Staying Healthy Assessment for Seniors #20. *Do you or others think that you are having trouble remembering things? OR*
   2) Screen all 65+: *During the past few years, have you noticed any changes in your mental abilities? (analogous to AWV)*

**Collateral** can come from a caregiver, friend, or other person (like community social service provider) who would have knowledge of the person’s abilities. Consider one of the steps:
1) Ask the informant: *During the past few years, have you noticed [PATIENT] has had any changes in their mental abilities?*
2) Have them do an AD-8 or IQCODE

*If there is NO informant, it is worth doing a cognitive assessment tool.*

**If any concern or sign**
- OR NO INFORMANT

**Assessment tool:** Tools that are useful for all educational backgrounds and languages.
- Mini-cog
- GP-Cog
The Cognitive Health Assessment: Move down to the arms

Functional decline, when present with cognitive decline, may indicate the person has dementia. You need to verify with an informant if available.

- History or signs:
  - History examples: Patient asks for more help with daily tasks, reports difficulty paying bills
  - You notice they have difficulty with self-care, unexplained weight loss, or poor hygiene

- Informant collateral: Need to get if available.
  - How does the patient perform their daily tasks and has this changed in the last few years? Who assists?
  - Use the FAQ

- Assessment Tool: Use one of these.
  - Use the informant part of the GP-COG
  - Use an ADL, IADL questionnaire
    - Katz IADLs
    - Lawton ADLs
The Cognitive Health Assessment: The legs are the support

• Ascertain if the person has a support system:
  • Do they have a regular caregiver/care partner that is informal or formal?
    • Does someone help them regularly with tasks?
  • Do they have someone they are in regular contact with that they can rely on if something comes up?

• Document the care partner/caregiver’s information.
Now what?

**Tip:** Addressing cognitive and functional symptoms or findings that may be dementia should be a reason to schedule visits to focus on this. Diagnosis takes time.

1. Screen for mental health conditions and substance use.
2. Schedule a more in-depth assessment of symptoms and next steps in evaluation (sleep apnea, meds, etc).
3. Order labs (HIV, RPR, b12, TSH) and head imaging if <6 months of symptoms, etc.
4. Arrange for referral soon if motor findings or concerning behavioral symptoms.

Refer for support.

1. Referral for caregiver support, e.g. In Home Supportive Services, if not in place or inadequate support.
2. Referral for money management services, meal delivery, safety, etc.

Support system:

- Is there a caregiver or support person?

Cognition:

- history or signs
- informant collateral
- assessment tool

Function:

- history or signs
- informant collateral
- assessment tool

**+screen**
This is a starting place...

The CHA will start a longitudinal assessment of the patient and their caregivers and start a care plan.

We can start a brain health plan before a diagnosis is made.

More resources, such as toolkits, for the next steps in the assessment and care planning will be available through Dementia Care Aware.
Dementia Care Aware Training

• Case based and interactive
• Addresses key populations
  • Non-English speaking
  • Co-morbid substance use disorder
  • Co-morbid serious mental illness
  • People with disabilities
  • Older adults experiencing homelessness
• Addresses how to do the assessment over the phone, asynchronously, and by other team members
• Aiming for 90 minute training; will have quizzes
Many thanks to Dr. Anna Chodos and the entire UCSF team!

Questions?
Standards of Dementia Care

LAUREN GROVES, MPH
CHIEF, ALZHEIMER’S DISEASE SECTION
CENTER FOR HEALTHY COMMUNITIES
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CA State 2021-22 Budget Act (Funding through June 2024)

Standards of Dementia Care

- $1.7 Million – Statewide Standards of Dementia Care Model
- $2.12 Million – Predictive Analytics

https://esd.dof.ca.gov/Documents/bcp/2122/FY2122_ORG4265_BCP4236.pdf
Standards of Dementia Care Recommendations*

Statewide Standards of Dementia Care Model - Provider Focused ($1.7 Million)

• Evidence-derived cognitive screening questions *(Dementia Care Aware)*
• Hub and Spoke Model *(Dementia Care Aware)*
• How to Integrate Caregivers into Care Planning

Predictive Analytics ($2.12 Million)
Optimize Primary Care Practices to Identify High-Risk Individuals

*Governor’s Task Force on Alzheimer’s Disease Prevention, Preparedness - Final Recommendations http://caalztaskforce.org/*
Key Informant Interviews

- California Alzheimer’s Disease Centers (10)
- California Department of Aging
- California Department of Health Care Services
- Alzheimer's Association
- Dementia Care Aware
- Blue Zones
- Predictive Analytics Experts (5)
Statewide Standards of Dementia Care Model Direction ($1.7 Million)

INTEGRATING CAREGIVERS INTO CARE PLANNING

• Public Health Prevention/Risk Workgroup
• Expansion of Peer-Peer Community Programs (i.e., HBI)

INTEGRATING CAREGIVERS INTO CARE PLANNING

Statewide Standards of Dementia Care Model Direction ($1.7 Million)

Update Resource for Integrating Caregivers into Patient Care Planning

Predictive Analytics ($2.12 Million)

INTEGRATING PREDICTIVE ALGORITHM INTO PROVIDER PRACTICES

Alzheimer’s Predictive Algorithm
- Study to validate and identify sensitivity in Underserved/Underrepresented Populations
- Integrate into Primary Care Provider Practices
Questions
**Dementia Standards of Care Introduction**

- *Excited to partner with DHCS on Dementia Aware Grant*
- *Continuing the work to help all Californian’s receive a timely and accurate diagnosis*
  - Based on Association research, less than half of individuals living with dementia have been given a diagnosis
- *We’ve hired a Dementia Care Aware Director to coordinate our participation*
Dementia Care Aware Director - Ron Spingarn

- Nearly 30 years of Experience in Policy, Public Health, Project Management with
  - Transform Health - Supporting Sacramento’s Whole Person Care pilot
  - Department of Managed Health Care
  - Office of Statewide Health Planning and Development (Now HCAI)
  - California Senate Committee Consultant

- Ron comes to this role from the Spingarn Group where he is founder and CEO which advises nonprofit organizations on policy engagement and program development
Our Goals for Dementia Aware/SB 48

- To support and encourage providers to conduct more cognitive screenings/assessments
- Can work in tandem with Governor’s investments on standards of care (FY 21/22)
- To build the first ever evidence based consensus guidelines that can be used to show better outcomes for dementia patients.

- We believe Dementia Aware is a first step to “model a statewide standard of care to the nation”
Legislative & Budget Update
State Legislative Update

- Diverse Bills Introduced in Both Houses
  - Currently Tracking 29 Bills
    - 5 - Alzheimer’s Specific Bills
- All bills either in their second houses or have been held for this session
State Legislative Update

• In Addition to Alzheimer’s, Tracked Bills Focused On:
  ○ Long-Term Services & Supports/Affordability
  ○ Conservatorship
  ○ Law Enforcement Training
  ○ Housing
  ○ Home & Community Based Services
Budget Update

• January Proposal & May Revise Included
  ○ $10 million - Healthy Brain Initiative
  ○ $350 million - Community Health Workers - Climate, Homelessness, Dementia
  ○ $36.3 million - Master Plan for Aging Implementation

• Legislative Budget Agreement
  ○ $20 million - Alzheimer’s and Dementia Caregiver pilot program
ALZHEIMER’S SPECIFIC BILLS
AB 2175 (Rubio) - California Wandering Taskforce - Held in Appropriations

- Sponsored by ALZ LA/Orange County/San Diego
- Convened Under the Department of Justice
- Focused on Statewide Recommendations to Address Wandering
- 20 Members
- To Meet 4 to 6 Times

Representatives Include
- Department of Aging
- Law Enforcement
- Counties
- Service Providers
- Hospital Systems
- Regional Centers
AB 1684 (Voepel) - Alzheimer’s Public Awareness Campaign

- Author Drafted
- Requires Department of Aging to Implement a Public Awareness Campaign
- Amended to include a focus on unpaid caregivers
SB 861 (Limón)

Dementia Care Navigation

- Provide dementia care navigation
- Tools for community health workers (CHWs), promotores and health navigators

- *Governor’s proposal*: $350M for Community Health Workers in dementia & other areas
- *Our request*: $25M in one-time grant funding for local organizations
- Dept. of Aging would administer
AB 2583 (Mullin) - Held in Appropriations

Dementia Training for Law Enforcement

- Dementia competency included in crisis intervention training for Police Training Officers
- Alzheimer’s and dementia specific training required for all officers by 2030

- Funding request coming soon
- Similar efforts cost $2-10M for development training & backfill for officers during training
AB 1618 (Aguiar-Curry)

Healthy Brain Initiative & Advisory Committee

Updates

• Expands HBI grant program
• Updates Advisory Committee membership
• Establishes HBI Office in CA Dept. of Public Health

• Governor’s proposal: $10M one-time funds
• Our request: $11M in annual funding
AB 1618 (Aguiar-Curry)

Advisory Committee Updates

• Removing Stigmatizing Language & Conforming Language
• Currently 14 Members by Statute
• AB 1618 grows the Membership to 20 Members
• Remoes Term Limits For Members Living With Alzheimer’s
• Additional Include
  – First Responders
  – A Commissioner for the Commission on Aging
  – Primary Care Physicians
  – An Additional Consumer Organization Representative
  – Two Representatives from the Legislature
AB 1618 (Aguiar-Curry)

New Amendments

- Continuing to Remove Stigmatizing Language
- Adding Local Health Representatives
- Modifying Language Regarding Caregivers - Formal/ Family and Paid/ Unpaid
- Term Limits - Removal for Those Living with Alzheimer’s
- Language Uplifting Diversity
- Allows the Secretary of CHHS General Authority to Appoint Additional Members (Limited to 25 Total) - Senate Health Committee Staff Request
CALIFORNIA HEALTHY BRAIN INITIATIVE

Agenda

- Initiative Update
- Pilot Project Successes
- Next Steps
**Purpose:**

- Advance cognitive health as an integral component of public health
- Implement the CDC Healthy Brain Initiative 2018-2023 Road Map

**Funded California Public Health Departments**

- $750K/year
- 2 Years - Ending June 2022

Conceptual Framework for the Healthy Brain Initiative Road Map

The four traditional domains of public health

- Educate and Empower
- Develop Policies and Mobilize Partnerships
- Assure a Competent Workforce
- Monitor and Evaluate

https://www.cdc.gov/aging/healthybrain/roadmap.htm
Healthy Brain LA

Alzheimer’s disease and related dementias have a profound impact across all sectors of our society. As population ages, this impact will only continue to grow. An estimated 1 UCLA/Los Angeles County (LAC) in 10 people age 65 and older are currently living with Alzheimer’s disease alone and this number is expected to double by 2040. The Healthy Brain LA project aims to address the impact of Alzheimer’s disease and related dementias as a public health issue in Los Angeles County.

For more information about Healthy Brain LA and its activities, visit About Us.

Latest News

New Report – Alzheimer’s Disease and Dementia Facts and Figure in CA Report, 2021

This California Department of Public Health report serves as an update to the Alzheimer’s Disease and Related Dementias Facts and Figures in California Current Status and Future Projections report published in 2009. This updated report illustrates the burden of Alzheimer’s disease and related dementia across California and calls upon the need to mitigate the future impact conditions.

Brain Health Tips

Good brain health is essential at every stage of life. It is never too early or too late to build it. You might already engage in healthy brain habits without knowing it. Reduce your risk of Alzheimer’s and related dementias by taking care of your brain. Here are 6 healthy brain tips to explore:

- Get moving – Find fun exercises that get your heart rate up.
- Keep learning – Practice a new language or learn a new skill.
- Eat a balanced diet – Minimize processed foods and add more fruit, vegetables, and grains.
- Take care of your heart – Manage chronic conditions like high blood pressure.

http://publichealth.lacounty.gov/seniorhealth/hblaindex.htm
PLACER COUNTY

https://www.placer.ca.gov/7199/Placer-County-Healthy-Brain-Initiative
https://www.sdalzheimersproject.org/
Know Where Alzheimer’s and All Dementia Hide in Santa Clara County

Know where Alzheimer’s and dementia hide.

Learn the signs

BRAIN HEALTH: STRATEGIES FOR HEALTHY AGING AND REDUCING RISKS

https://publichealth.sccgov.org/health-information/healthy-aging/healthy-habits-healthy-brain
SHASTA COUNTY
OVERALL HEALTHY BRAIN INITIATIVE OUTCOMES

- Integrated Cognitive Health into Countywide Public Health Initiatives
- Assessed and Tailored Programs to meet specific community needs
- Built Cognitive Health Partners throughout the County
HEALTHY BRAIN INITIATIVE: WHAT’S NEXT?

- $10 Million – One Time Funding
- Potential Continued Support for current local public health departments
- Potential New Funding for local public health departments

Governor’s January Budget General Fund Proposal 2022-23

CDPH 2022-2023 Governor’s Budget Highlights (ca.gov)
AREAS OF FOCUS FOR FUTURE OF HBI 2.0

- Sustainability
- Rural
- HBI Train the Trainer Program
- HBI Best Practice Toolkit
QUESTIONS
CA for ALL Ages & Abilities: Day of Action

Amanda Lawrence
California Department of Aging (CDA)

Nancy McPherson
AARP California
SAVE THE DATE!

CA for ALL Ages & Abilities Day of Action
September 20th, 2022

Are you READY?

We are Reimagining Equity, Aging, Disability & You as part of it all.
CA Aging & Disability Committees

**Alzheimer’s Disease & Related Disorders Advisory Committee:** Provides ongoing advice and assistance on program needs and priorities of persons impacted by ADRD

**CA Aging & Disability Research Partnership:** Advances age- and disability-focused research

**CA Elder & Disability Justice Coordinating Council:** Increases coordination and develops recommendations to prevent and address abuse, neglect, exploitation, and fraud perpetrated against older adults and adults with disabilities.

**Disability & Aging Community Living Advisory Committee:** Advises CalHHS on advancing community living, inclusion, and integration across California.

**Equity in Aging Advisory Committee:** Advises on the implementation of the MPA and CDA on aging and disability programs, services, data collection, and staff development.

**IMPACT Stakeholder Committee:** Advises CalHHS on the implementation of the MPA: accountability, outcomes, and continuous improvement.
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Finalization of Recommendations & Items for CalHSS Secretary

Catherine Blakemore
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Closing Comments & Next Steps

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- More information about the Committee
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