



## CalHHS Alzheimer's Disease & Related Disorders Advisory Committee September 8, 2022

### Meeting Minutes

Visit the [CalHHS Committees page](#) for committee information and meeting materials, including [slides](#) and [Master Plan for Aging Draft Recommendations](#).

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**Location: Held via Zoom**

### Members, Speakers, and State Representatives Present

#### Members:

Meg Barron  
Catherine Blakemore  
Wynnelena Canlas Canio  
Sarah Tomaszewski Farias  
Dolores Gallagher-Thompson  
Darrick Lam  
Barbra McClendon  
William Mobley  
Celine Regalia  
Andrea Robert  
Julie Souliere  
Todd Shetter

#### Speakers & State Representatives

Jared Giarrusso-Khlok  
Darci Delgado  
Susan DeMarois  
Kim McCoy Wade  
Michelle Johnston  
Sarah Steenhausen  
Megan Morgan  
Kimberly Ollar

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### Call to Order: Welcome and Introductions, March Meeting Minutes

- *Catherine Blakemore, Committee Chair and Committee members*

Darci Delgado, Assistant Secretary at California Health and Human Services Agency, welcomed everyone on behalf of Secretary Mark Ghaly.

The meeting was called to order by Committee Chair, Catherine Blakemore. The committee members introduced themselves.

No corrections to the minutes. (Darrick moved, Todd seconded) June minutes approved 9/8/2022.

## **Progress on Alzheimer's Task Force Report 10 Recommendations**

- *Susan DeMarois, Director, California Department of Aging*

California Department of Aging's Director, Susan DeMarois, briefed the Advisory Committee on the progress that has been made on the goals from [One Path Forward](#), the report of the Governor's Alzheimer's Prevention and Preparedness Task Force. Much of the work was folded into the Master Plan on Aging (MPA) and this Advisory Committee is stewarding the recommendations.

She shared staffing, policy and budgetary accomplishments related to the goals of the report. Examples included the appointment of Kim McCoy Wade as Senior Advisor on Aging, Disability and Alzheimer's for Governor Newsom, funding for research, launch of Dementia Care Aware and workforce initiatives. She also highlighted some activities in the planning process, such as the statewide web portal development and Alzheimer's awareness media campaign.

She expressed appreciation for the work of the Governor, legislature and many departments and agencies for their leadership in the various activities.

### *Questions/Discussion*

Catherine shared that one of this committee's priorities had been related to isolation and visitation issues during the pandemic. She's very excited that a group is forming to make recommendations related to that issue. This committee will be informed as the activities get underway and there are opportunities for public comment.

There was a question related to the Long-Term Services and Support activities. They want to ensure that all the work that has been done to date and is being done will be incorporated. Yes, it will help identify where there's a need for additional data and research (different options, financing and service delivery). They will be engaging stakeholders in the process.

Workforce investment – how is it being implemented related to social workers and mental health workers and is there an option to involve the Alzheimer's Disease Centers? That's a great suggestion. The social work, nursing and community health worker (CHW) investments happened in the July budget, so they're just getting started. Susan will share information with the committee as events and opportunities are announced. Current workforce opportunities are posted at: <https://hcai.ca.gov/loans-scholarships-grants/grants/bhp/>

Susan encouraged everyone to follow [CDA's website](#) for information on events and opportunities to get involved.

What is geriatric training? Dr. Canio explained that in addition to focusing on the five M's: **medical** conditions, providers in geriatrics assess for **mind** (dementia, depression and delirium), **medication** (some may no longer be needed or may be interacting), what **matters** for the patient, **mobility** and **multi-complexity** (psychosocial, may treat conditions differently in older adults).

Committee members were very impressed with the investments being made. With this comes an enormous responsibility to coordinate and measure impact. Who's the point for coordination and to what extent is there a plan within the programs to measure impact of investment? Kim McCoy Wade is a lead within the Governor's Office and within each agency there is coordination across staff and departments. Dr. Ghaly also encourages coordination and breaking down silos. There are funds built in for evaluation on many of these

initiatives – will take time for evaluations to come out. There was a recommendation to try and do some measurement at smaller intervals, so that modifications could be made mid-project if needed.

## **September 20<sup>th</sup>, CA For ALL Ages & Abilities Day of Action: Master Plan on Aging (MPA) Recommendations Discussion**

- *Catherine Blakemore, Committee Chair & Darrick Lam, Vice-Chair*

Committee members presented recommendations of goals for the 2023-24 Master Plan on Aging. The goals will be presented on September 20 at the CA for ALL Ages & Abilities Day of Action.

The three goals presented to the committee were:

1. Expand training for direct care staff and providers in healthcare settings serving older adults, including those with Alzheimer's. Explore ways to expand career pathways for direct care staff, including the feasibility of tying training to wage increases and expanding community college certification programs for direct care staff.
2. Continue to expand culturally and linguistically competent communications to older adults, people with disabilities, and families as these are barriers that will cause social isolation, especially for those who are non-English speaking or limited English speaking who are new immigrants to the U.S.
3. Support the needs of unpaid/family caregivers through a multi-prong approach of providing financial support; offering training; and increasing investments in and access to respite services.

### Rec #1 Questions/Comments

- Look at work DSS and others have been doing (minimum of 10 hours for any care worker in an RCFE in California).
- Clarification – direct care staff can include care workers in any setting (home, facility, etc.).
- Be clear that Committee knows that there are some efforts already (e.g., training for IHSS workers with wage increases) – want to build upon those.
- Figure out what is already required in some areas and where there are gaps we need to build on.
- Challenge, getting people to train is not simple – they have to understand what the benefits are. For physicians and office staff, they have to see the value and it has to be easy. They are overwhelmed already. Make sure it's practical. These tools can make it easier for them to provide the care and make it better quality care.
- It's going to be even more important as new therapies for Alzheimer's become available.
- Use words like "settings" and "providers" to show that this work is across settings and levels.
- Often paid direct care workers are people of color, are low paid and are working for multiple clients. It's hard for them to fit in training. Look for career pathway opportunities for them to train for higher paid careers (not continued low-wage jobs).

### Rec #2 Questions/Comments

- Many times when translation is done, it's more of a literal translation instead of a conceptual translation. Encourage conceptual translation, to make sure the concepts get across.
- Building trust with community organizations is so important for the success of this work. You need to spend the time and effort to build the trust.

### Rec #3 Questions/Comments

- Maybe change point to "increase access to and awareness of evidence-based training" so that it's

more inclusive of trainings developed by community-based organizations. Was written as “state-developed training” because Committee is urging state/legislature to fund/prioritize training for caregivers. Either way would be good to include “evidence-based” – not all trainings are equal. Look for ways for state **engagement** (not necessarily development/approval).

Subcommittee will take feedback, make edits and submit recommendations tomorrow.

Kim McCoy Wade joined the meeting and expressed her appreciation for the work of the committee.

Dr. Diana Ramos was appointed as [California’s Surgeon General](#). She has been a champion for issues related to Alzheimer’s in her past roles.

## 15 Minute Break

## Resume MPA Recommendations Discussion

Catherine opened the meeting up for public comment on the recommendations.

- There was a suggestion for greater public advertising of the unpaid caregiver trainings. Try to advertise in a way that people who don’t recognize that they are caregivers know that the training is for them. Help average individual learn compassion, maybe before they are in crisis.

The group voted to approve the recommendations, with incorporating the suggestions that were provided today. Dr. Mobley moved and Dr. Farias seconded.

Catherine encouraged the group to attend the 9/20 event and learn all the recommendations being presented.

## 2022 Legislative Wrap Up

### - *Jared Giarrusso, Alzheimer’s Association*

Jared gave an update on the status of bills that the Alzheimer’s Association has been tracking. Overall they have been tracking about 30 bills – about ½ have not moved through the process. Fourteen are currently on the Governor’s desk, waiting for action.

Alzheimer’s specific bills:

- AB 2175, Wandering Task Force – held in Appropriations. Alzheimer’s Los Angeles may write another bill next year that clarifies that it isn’t designed to be a long-term committee.
- AB 1684, Public Awareness Campaign – held in second house Appropriations. This bill would have continued the campaign that was funded last year with one-time funds.
- AB 2583, Dementia training for law enforcement – held in Appropriations. Looking for ways to reintroduce next year.
- SB 861, Dementia care navigation – on Governor Newsom’s desk. Ties into expansion of community health workers in Medi-Cal (funding was approved to be implemented through Department of Health Care Access and Information).
- AB 1618, Healthy Brain Initiative (HBI) and Advisory Committee updates – held in Appropriations. \$10M in one-time funds were approved to expand HBI to 12 counties. Bill would have made updates to this Advisory Committee. May be able to write a bill focused on the committee updates and get it through without fiscal implications.

## Questions/Comments re: Committee language and composition updates

- Catherine appreciated opportunity to provide feedback based on suggestions from committee members. It would be helpful to ensure that statute reflects how the committee currently operates.
- AB 1663 - Supported decision making recognizes that when people have someone who can help with options, they can make decisions on what they want. Also has pieces re: conservatorship. If bill is signed, might be good for a future discussion in this Committee. Alzheimer's Association was supportive of this bill.
- Wandering Task Force bill – question on who would be on the task force. Was law enforcement, hospital systems, caregivers, etc. Bill was inclusive of autism community as well – not just dementia.
- Jared offered that he could provide updates on the larger list of bills the Alzheimer's Association is tracking in the future, if the committee wishes.

## Public Comment

There was no additional public comment.

## Finalize Recommendations and Items for CalHHS Secretary

- *Catherine Blakemore, Committee Chair*

Items committee wanted to put forward:

- Catherine expressed appreciation for the presentation by Susan on all the work being done and Dr. Mobley's suggestions re: collaboration and evaluation.
- Barbra suggested to add the 3 MPA recommendations approved by the committee today.
- Andrea suggested re: SB 48 – would love for them to consider people 30 and over for the cognitive assessments, since more younger people are affected. Would be helpful for them to be assessed yearly if they are showing signs.
- Funds were not approved for licensed professional training – Andrea suggests that be funded. Many current certifications perpetuate low-income wages. Importance of community colleges being a career path.
- Catherine will add suggestions on updating the committee's statute re: removing stigmatizing language, ensuring committee meets diversity of state and equalizing term lengths.

## December Meeting Topics and Closing Comments

- *Catherine Blakemore, Committee Chair*

- Consideration of changing next year's meeting schedule – possibly start meeting in January (after Governor's budget has been released)
- Intersection related to Alzheimer's and people with IDD (specifically Down syndrome) – Dr. Mobley, Todd, Todd Lawley and DSS/Regional center
- Deeper dive into one of the workforce areas
- January – budget proposals
- CDPH on things that were funded in the previous cycle – how they are unfolding
- Might be premature – focused discussion re: dementia friendly communities (CDPH and CDA both have funding) – what they are doing, what recommendations this committee might have to guide

the state's dementia friendly work and intersections with Blue Zones

- ACL has focus on IDD – they might be a good panel member for the IDD discussion – Darrick can extend an invitation. Celine has contacts as well through their grant
- Sarah would love to hear about the HBI and how that's going to be distributed
- ACL on 9/21 is unveiling the national caregiving strategy (from RAISE) – CDA is looking to build on that for the coming year.
- Dr. Canio – need to figure out how to educate people about capacity and what happens after a determination has been made.
- The group who worked on the recommendations need to finalize them by tomorrow morning so Catherine and Darrick can adjust the slides for 9/20.
- Susan thanked Catherine and Darrick for their leadership.

Public comment:

- Tia D. from Alzheimer's Association asked if anyone from faith-based organizations sits on the Advisory Committee. There is not a current dedicated seat – she suggested that the committee add a spot, for increasing those connections, which can be especially helpful in reaching communities of color.
- Claire W.– first of these meetings she attended. Thanked them for the update. Her partner had worked on ADA improvements, but those efforts also helped parents with strollers, the elderly, etc. She mentioned that the work CDA is doing will also affect others outside of the dementia community.

## **Adjourn**

The Chair adjourned the meeting.