



**Alzheimer's Disease & Related Disorders Advisory Committee Meeting
December 8, 2022**

10:02:01 GOOD MORNING, EVERYONE. MY NAME IS MICHELLE JOHNSTON, AND I'M THE PROGRAM DIRECTOR FOR DIMENSION INITIATIVES.

10:02:09 WITH THE CALIFORNIA DEPARTMENT OF AGING, THANK YOU ALL FOR JOINING US THIS MORNING FOR OUR ALZHEIMER'S DISEASE, AND RELATED DISORDERS, ADVISORY COMMITTEE MEETING WE'RE GOING TO GIVE A FEW SECONDS FOR EVERYBODY, TO ENTER THE MEETING FUN, FACT IT IS NATIONAL BROWNIE DAY, SO IF

10:02:26 YOU'RE A BROWNIE FAN LIKE I AM. MAYBE YOU CAN FIND ONE OF THOSE FOR AFTER THE MEETING, OR ON THE LUNCH BREAK COULD WE ADVANCE TO THE NEXT SLIDE, PLEASE

10:02:35 WE'RE GONNA GO OVER JUST THE QUICK MEETING LOGISTICS.

10:02:39 SO THERE IS AN OPTION TO JOIN BY SMARTPHONE, TABLET, OR COMPUTER, OR AUDIO ONLY, SO YOU'VE ALSO FOUND US.

10:02:47 IF YOU'RE IN HERE, SO THANK YOU THERE IS LIVE CAPTIONING ACCESSIBLE IN ZOOM.

10:02:52 WE ALSO HAVE AMERICAN SIGN LANGUAGE INTERPRETATION. YOU SHOULD BE SEEING THOSE FOLKS AS WELL, AND THEN THE RECORDING SLIDES, AND TRANSCRIPTS WILL ALL BE POSTED ON OUR CALLHS, ALZHEIMER'S, DISEASE AND RELATED DISORDERS, WEB PAGE AFTER THE WEBINAR IT'S GONNA TAKE US A COUPLE OF DAYS

10:03:12 TO GET ALL THE SLIDES UP, BUT EVERYTHING WILL BE THERE.

10:03:14 WE WILL HAVE PUBLIC COMMENT TWICE DURING THE MEETING TODAY.

10:03:18 SO ONCE THIS MORNING, AND THEN ONCE THIS AFTERNOON IF YOU HAVE PUBLIC COMMENT THAT YOU WOULD LIKE TO PROVIDE TO THE COMMITTEE, IF YOU'RE JOINING BY WEBINAR SO IF YOU'RE ON THE ZOOM PLEASE USE THE Q, A FUNCTION TO ASK A QUESTION OR SELECT THE RAISE HAND ICON AND THOSE ARE

10:03:36 BOTH AT THE BOTTOM OF YOUR SCREEN, THE MODERATOR WILL ANNOUNCE YOUR NAME AND UNMUTE, YOUR LINE FOR YOU.

10:03:41 WHEN IT COMES TIME FOR YOU TO MAKE PUBLIC COMMENTS. IF YOU'RE JOINING BY TELEPHONE, PLEASE PRESS STAR 9 ON YOUR DIAL, PAD, AND THAT WILL RAISE YOUR HAND.

10:03:50 SO WE'LL KNOW THAT YOU WOULD LIKE TO MAKE COMMENTS.

10:03:53 AND THEN WHEN THE MODERATOR GETS TO YOU, THEY WILL ANNOUNCE THE LAST 4 DIGITS OF YOUR PHONE NUMBER AND UNMUTE YOUR LINE, AND SO THEN YOU CAN SPEAK AT THAT TIME AND SO AT THIS TIME I'D LIKE TO TURN IT OVER TO OUR COMMITTEE CHAIR KATHERINE, BLAKE, MORE WHO'S.

10:04:09 GOOD MORNING, EVERYONE, IT'S SO NICE TO SEE ALL OF THE PARTICIPANTS.

10:04:15 ON THE COMMITTEE. AS WELL, AS WE HAVE A REALLY TERRIFIC PANEL TODAY.

10:04:19 AND THANK YOU SO MUCH FOR JOINING US AND SHARING YOUR EXPERTISE.

10:04:25 I WANT TO JUST TAKE A COUPLE OF MINUTES TO NOTE

10:04:28 THINGS FOR FOR THE MEETING. FIRST IS APP TOWARDS THE END OF THE MEETING, WE'RE GOING TO SORT OF HAVE AN OPPORTUNITY FOR EVERYONE TO IDENTIFY TOPICS THEY'RE INTERESTED IN DISCUSSING IN OUR NEXT SET OF MEETINGS STARTING IN 2,023 WE USE THAT APPROACH THIS YEAR AND THIS PANEL

10:04:50 PRESENTATION TODAY IS THE RESULT OF ONE OF THOSE IDEAS THAT CAME OUT OF THAT FROM DR MOBLEY AND OTHERS.

10:04:57 SO. I THINK IT'S BEEN A VERY SUCCESSFUL APPROACH TO LET THE COMMITTEE SAY WHAT THEY'RE INTERESTED IN AND TO IDENTIFY TOPICS.

10:05:05 SO PLEASE, JUST AS AS THE DAY THE MORNING, GOES ON JUST THINK OF IDEAS THAT YOU MIGHT BE INTERESTED IN

10:05:11 WE HAVE A COUPLE OF CARRY OVER ITEMS FROM LAST YEAR. DR.

10:05:13 CANIO, HAD TALKED ABOUT WANTING, A PRESENTATION ABOUT ABILITY OF PEOPLE TO MAKE DECISIONS, WHAT ARE ALTERNATIVES TO DECISION, MAKING HOW DOES ONE DETERMINE WHAT WHAT AN INDIVIDUALS CAPACITY IS FOR DECISION MAKING SO WE'LL LOOK, INTO DOING THAT AS ONE OF THE TOPICS, FOR THE NEXT YEAR AND DEREK

10:05:34 LAM HAD IDENTIFIED SOCIAL ISOLATION, AND SUSAN HAS ADDED DEREK, TO A GROUP THAT IS ONGOING WITH THAT THAT WILL BE STARTING I THINK THAT DISCUSSION AFTER THE FIRST OF THE YEAR, SO I'M SURE WE'LL ALSO GET REPORTS ABOUT THAT THE OTHER THING, I WANTED TO NOTE IS THAT

10:05:52 ANDREA, ROBERT, WHO IS ONE OF OUR FABULOUS MEMBERS OF THE ADVISOR COMMITTEE IS FEATURED IN THIS MONTH'S ALZHEIMER'S MAGAZINE, SO CONGRATULATIONS, ANDREA ON THAT AND MICHELLE JOHNSON IS TRYING TO GET UP PDF VERSION OF

10:06:08 THAT ARTICLE, SO THAT WE CAN CIRCULATE IT TO EVERYONE ON THE COMMITTEE IN CASE YOU DON'T OTHERWISE GET IT SO THOSE ARE MY JUST QUICK UPDATES BEFORE WE STARTED ANYTHING THAT I WOULD JUST LIKE EACH MEMBER OF THE COMMITTEE, TO BRIEFLY, INTRODUCE YOURSELF, SO THAT PEOPLE JUST REMIND

10:06:28 US WHO WHO YOU'RE AFFILIATED WITH, THEN IF YOU HAVE A VERY QUICK, UPDATE, FEEL FREE TO SAY THAT AS WELL, SO LET'S HAVE MEG DO THAT FIRST MAYBE NOT YET OKAY, IS JULIE SOULIERE, HERE?

10:06:46 NOT YET EITHER. I'M NOT DOING. OH, YOU ARE PERFECT YAY.

10:06:47 NOPE, I'M HERE. CATHERINE, SORRY I ACTUALLY JOINED A COUPLE OF MINUTES LATE

10:06:50 THANK YOU. SORRY IT'S HARD TO KEEP TRACK OF ALL THESE THE LITTLE KEY BOXES

10:06:55 NO UNDERSTAND. MORNING EVERYBODY. I AM JULIE SOULIERE, I'M AN ASSISTANT SECRETARY AT THE CALIFORNIA, HEALTH AND HUMAN SERVICES AGENCY AND I HAVE OVERSIGHT OF THE DEPARTMENT OF PUBLIC HEALTH AS WELL, AS THE EMERGENCY, MEDICAL SERVICES, AUTHORITY AND I COVER ALL THINGS, KIND OF POLICY AND

10:07:18 TERRIFIC THANK YOU. DR. FARIAS

10:07:24 HI I'M SARAH FARIAS, I DIRECT THE CALIFORNIA FUNDED ALZHEIMER'S DISEASE CENTER AT UC DAVIS I'M A PROFESSOR, AT THE IN THE DEPARTMENT OF NEUROLOGY, AT UC DAVIS, AND I, THINK MY ROLE HERE IS TO REPRESENT THE 10 CADCS ACROSS THE

10:07:46 WELCOME, IS PAM MONTANA, WITH US THIS MORNING

10:07:52 I DON'T SEE HER YET. ANDREA ROBERT, GOOD MORNING.

10:07:58 GOOD MORNING, GOOD MORNING, EVERYONE. THANKS FOR THAT PLUG IN IN REGARDS TO THE ALL TIME.

10:08:03 ASSOCIATION ARTICLE FOR THE WINTER, 2022.

10:08:08 IT WAS A REALLY GOOD ARTICLE IN REGARDS TO LIVING WELL, WHEN M.

10:08:12 COGNITIVE IMPAIRMENT AGAIN, MY NAME IS ANDREA, ROBERT.

10:08:15 I LIVE IN A SMALL TOWN CALLED CLAREMONT, CALIFORNIA.

10:08:18 I AM A MOM. JUST FOUND OUT. I'M A GRANDMOTHER, AND I ADVOCATE, A LOT FOR MYSELF, AND OTHER PEOPLE.

10:08:26 IN REGARDS TO RESOURCES AND SERVICES TO ALLOW US TO LIVE A BETTER LIFE LIVING WITH THESE COGNITIVE DISORDERS. THANK YOU

10:08:34 THANKS SO MUCH DR. THOMPSON ARE YOU WITH US

10:08:42 DON'T THINK SO YET. DR. MOBLEY, WE SEE YOU I'M LOOKING FORWARD TO YOUR PRESENTATION A BIT, TOO.

10:08:54 AND TODD SHETTER, LOOKING FORWARD TO YOUR PRESENTATION. ALSO

10:08:58 GOOD MORNING EVERYBODY TODD SHETTER, I'M THE CHIEF OPERATING OFFICER AND PARTNER ACTIVE CARE, LIVING AND WE'RE LOOKING FORWARD TO KIND OF INTRODUCING EVERYBODY TO WHAT WE'RE DOING DOWN IN SOUTH SOUTHERN CALIFORNIA

10:09:11 ALSO LOOKING FORWARD TO THAT CELINE REGALIA.

10:09:15 GOOD MORNING. EVERYONE. MY NAME IS CELINE REGALIA.

10:09:18 I'M THE EXECUTIVE DIRECTOR OF COLLABRIA HERE IN NAPA, WE HAVE A HOSPICE, PROGRAM, WE'RE AN ALL TIME TO DECADE RESEARCH, CENTER, AND SOME THE ALZHEIMER'S, DAYCARE RESOURCE CENTER, REPRESENTATIVE.

10:09:28 AND DR. CANIO

10:09:30 GOOD MORNING. I'M WIN, CAN YOU? I'M A PSYCHIATRIST, AND GERIATRICIAN, TAKING CARE OF PEOPLE WITH DEMENTIA, EVERY ALSO THE DEMENTIA, CARE CLINICAL, LEAD, FOR THE NORTHERN CALIFORNIA KAISER, PERMANENTE, AND A MENTAL HEALTH REPRESENTATIVE, FOR THIS

10:09:47 GROUP THANK YOU

10:09:49 NICE. TO SEE YOU IS BARBARA MCLENDON HERE

10:09:54 EXCELLENT.

10:09:52 YES, I'M HERE I'M WITH ULTIMATE LOS ANGELES.

10:09:58 WE ARE AN INDEPENDENT COMMUNITY BASED, ORGANIZATION. AND WE HAVE ROBUST ARRAY OF SERVICES FOR FAMILIES IN OUR COMMUNITY, AND WE ALSO DO A WHOLE LOT OF PUBLIC POLICY. WORK.

10:10:09 I'M OUR PUBLIC POLICY DIRECTOR AND I'M LOOKING FORWARD TO TODAY'S CONVERSATION. THANK YOU

10:10:15 AND OF COURSE, WE'RE HAPPY TO HAVE SUSAN DEMAROIS WITH US, WHO'S THE DIRECTOR OF THE DEPARTMENT OF AGING AND SUSAN, DO YOU WANT TO SAY ANYTHING AND THEN ALSO JUST INTRODUCE YOUR STAFF THAT'S, HERE.

10:10:28 ABSOLUTELY GOOD MORNING, EVERYONE. I'M SO HAPPY TO BE HERE AND GLAD WE'RE GATHERED TOGETHER AT THE END OF THE YEAR AND ON OUR OUR CALL TODAY.

10:10:38 WE WILL BE HEARING FROM SO YOU'VE MET MICHELLE JOHNSTON.

10:10:42 NOW WE'RE JUST THRILLED BEYOND BELIEF TO HAVE A DEDICATED SUBJECT MATTER EXPERT ON ALZHEIMER'S AND DEMENTIA, YOU'LL ALSO BE HEARING FROM TANYA, BATISTA A LITTLE BIT LATER IN THE PROGRAM AND I BELIEVE OTHERS IN THE PROGRAM AND I.

10:10:57 BELIEVE OTHER STAFF ARE JOINING AS WELL LISTENING IN

10:11:00 HEY THANKS SO MUCH, AND WITH THAT I WANNA JUST ASK THAT WE APPROVE THE MINUTES.

10:11:09 SO WE HAVE THAT OUT OF THE WAY. THE MINUTES WERE IN THE PACKAGE FOR SEPTEMBER, IS THERE ARE THERE ANY DISCUSSION OR CORRECTION OF THE MINUTES

10:11:24 OKAY, NOT HEARING ANYTHING. THEN WE WOULD HAVE A MOTION TO APPROVE THE MINUTES

10:11:30 I MOVE TO APPROVE THE MINUTES. THIS IS BARBARA

10:11:33 THANK YOU, BARBARA. IS THERE A SECOND

10:11:34 OH SECOND TODD

10:11:36 THANK YOU, TODD ANY OTHER DISCUSSION. ALL IN FAVOR.

10:07:15 BUDGET FOR BOTH OF THOSE DEPARTMENTS, NICE TO SEE EVERYBODY

10:08:47 THANK YOU VERY MUCH. PROFESSOR OF NEUROSCIENCE, IS UCSD AND I'M LOOKING FORWARD TO SPEAKING WITH EVERYONE

10:11:41 SAY, AYE, HI

10:11:43 HI!

10:07:44 STATE, SO THANKS FOR HAVING ME

10:11:45 ANY OPPOSITION.

10:11:48 AND IS THERE ARE THERE ANY ABSTENTIONS? OKAY, THE MINUTES ARE APPROVED.

10:11:55 SO WE HAVE ALL THE QUICK BEGINNING, BUSINESS, OUT OF THE WAY, AND WITH THAT IT'S REALLY MY PLEASURE TO BEGIN OUR PRESENTATION ABOUT DOWN, SYNDROME AND ALZHEIMER'S DISEASE AS I MENTIONED THIS WAS SOMETHING THE ADVISORY, COMMITTEE WAS INTERESTED IN AND I WANTED TO JUST

10:12:14 ACKNOWLEDGE MICHELLE JOHNSON'S INCREDIBLE WORKUP OF PULLING THE PANEL TOGETHER, BOTH IN A PLANNING MEETING AND FOLLOWING UP TO MAKE SURE WE HAD REALLY TERRIFIC SPEAKERS ON EACH OF THE TOPICS THAT YOU SEE AND I HAVE BEEN THE OPPORTUNITY TO MEET MANY OF THE SPEAKERS, AND I KNOW THEY'RE

10:12:33 JUST INCREDIBLE EXPERTS IN THEIR IN THEIR FIELD. SO IT'S GOING TO BE A TERRIFIC PRESENTATION.

10:12:38 THE PANEL. THIS MORNING, STARTS WITH DR. MOBELY, WHO, AS AS HE NOTED, WORKS AT UC, SAN, DIEGO, BUT HE'S A DISTINGUISHED PROFESSOR IN THE DEPARTMENT OF NEUROSCIENCES, AND THIS IS ONE OF HIS AREAS OF PASSION I THINK HE ONCE DESCRIBED, IT WAS HIS WORK IN THIS AREA SO

10:12:56 WE'RE JUST INCREDIBLY FORTUNATE TO HAVE HIM BOTH AS A MEMBER OF THE ADVISORY COMMITTEE, BUT ALSO SHARING HIS EXPERTISE WITH AT THIS WITH US THIS MORNING I RECENTLY GOT THE PLEASURE OF MEETING DR.

10:13:09 LUCY, ESRALEW WHO'S, A SENIOR SUPERVISOR, PSYCHOLOGIST FOR THE DEPARTMENT OF DEVELOPMENTAL SERVICES, SHE WORKS WITH THE DEPARTMENT LOOKING AT CONCERNS FOR PEOPLE, WITH DOWN SYNDROME, AND DEMENTIA, AND AS SHE POINTED OUT DIMENSION IS NOT

10:13:29 LIMITED TO PEOPLE OF DOWN, SYNDROME. AND SO SHE'S DEVELOPED A LOT OF EXPERTISE IN THIS AREA, AND WE'RE, REALLY GRATEFUL TO HAVE HER WITH US LISA RUND IS RN AND THE HEALTH SERVICES, ASSOCIATION COORDINATOR FOR THE SAN ANDREAS, REGIONAL, CENTER AND

10:13:47 BEEN DOING A LOT OF WORK AND EDUCATION IN THIS AREA, SO LISA, WELCOME TO YOUR

10:13:53 WE HAVE BOTH TODD SHETTER, WHO'S A MEMBER OF OUR ADVISORY COMMITTEE, AND ALSO THE CHIEF OPERATING OFFICER AT ACTIVE CARE, LIVING RESIDENTIAL MEMORY CARE, AND KIMBERLY KEANE WHO ARE GOING TO BE CO-PRESENTING KIMBERLY, IS THE

10:14:11 DIRECTOR PROGRAM, DEVELOPMENT AT NOAH HOME, SO WE'RE HAPPY TO HAVE BOTH A VIEW PRESENTING AND IT'S MARC WITH US THIS MORNING AT MARC GOOD MORNING, IS IT AND I DON'T I HAVE NOT MET YOU IS YOUR LAST NAME CAN YOU PRONOUNCE IT LUPAY MAYBE OKAY, PERFECT SO HAPPY TO HAVE

10:14:27 LOUPE. THANK YOU. SURE

10:14:31 YOU HE'S A FAMILY CAREGIVER. I'M GONNA PROVIDE A FAMILY CAREGIVERS, EXPERIENCE.

10:14:38 SO WITH THAT VERY BRIEF INTRODUCTION OF WHO'S ON THE PANEL, I'LL JUST NOTE AS MICHELLE SAID, THAT WE HAVE EXTENSIVE BIOS OF EACH, OF THESE, INDIVIDUALS THEY'RE POSTED, ON THE WEBSITE, I WOULD YOU KNOW ENCOURAGE, YOU TO LOOK AT THEM AND DELVE, DEEPER, INTO THE THE

10:14:55 GREAT EXPERTISE THAT EACH PERSON IS BRINGING. BUT WITH THAT DR.

10:11:44 ALRIGHT.

10:14:59 MOBLEY. WE'RE GOING TO TURN THE DISCUSSION OVER OVER TO YOU.

10:15:03 WELL, THANK YOU VERY MUCH. WHAT A WHAT AN HONOR TO BE HERE, AND TO BE ABLE TO TALK ABOUT SOMETHING ABOUT WHICH I'M SO AS YOU INDICATED.

10:15:13 PASSIONATE SO WHAT I'M GONNA TALK ABOUT IN THE NEXT FEW MINUTES IS A TOPIC THAT MAY NOT BE ON TOP OF MIND FROM MANY FOLKS, ON THE PANEL, BUT IT'S THE IT'S THE FACT THAT ALZHEIMER'S DISEASE OCCURS, WITH EXTRAORDINARY FREQUENCY AND OLDER ADULTS, WITH

10:15:32 DOWN SYNDROME. REMEMBER THE DOWN SYNDROME WAS TRY.

10:15:36 SO, ME, 21, THEY HAVE A GENOME, IN WHICH THEY HAVE AN EXTRA COPY.

10:15:40 OH, HUMAN CHROMOSOME 21,

10:15:44 WE'LL TALK ABOUT ALZHEIMER'S AND DOWN SYNDROME. BUT WE'LL ALSO TALK ABOUT THE GREAT HOPE THAT WE HAVE THAT WE CAN BECAUSE OF WHAT WE'VE LEARNED ABOUT DOWN SYNDROME ACTUALLY PREVENT IT SO WITH THAT LET ME GO TO THE NEXT SLIDE.

10:16:04 THESE ARE MY DISCLOSURES. GOT IT. I'M VERY ACTIVE IN THE FIELD OF RESEARCH IN DOWN SYNDROME AND ALZHEIMER'S DISEASE AND SAID THAT'S WHAT THESE DISCLOSURES, MAKE CLEAR THEN THE NEXT SLIDE.

10:16:21 SO IT WAS AN OVERVIEW I'M GONNA SAY THAT ADULTS WITH DOWN CENTER ON FACE MANY CHALLENGES.

10:16:30 THE MOST SIGNIFICANT IS ALZHEIMER'S DISEASE.

10:16:32 IN FACT, ALZHEIMER'S DISEASE IS THE LEADING CAUSE OF DEATH, FOR ADULTS, WITH DOWN SYNDROME

10:16:38 THIS CONDITION IS DUE TO AN EXTRA COPY OF THE GENE.

10:16:45 FOR THIS PROTEIN CALLED APP, IF YOU HAVE DOWN, SYNDROME, AND YOU HAVE 2 COPIES OF AP BECAUSE OF A PARTIAL TRISOMY, 21, YOU DON'T GET ALZHEIMER'S DISEASE, BUT IF YOU HAVE 3 YOU GET ALZHEIMER'S DISEASE, NOW THERE'VE BEEN A LOT OF

10:17:02 RECENT ADVANCES, AND THESE ARE GIVING IDEAS ABOUT FUTURE TRIALS TO PREVENT.

10:17:10 DSAD, THIS IS WHAT I'LL CALL IT DSAD IS ALZHEIMER'S DISEASE AND DOWNSTREAM, AND MY LAST MESSAGE WILL BE THAT WE REALLY MUST ENHANCE HEALTH CARE.

10:17:21 SERVICES, FOR ADULTS, WITH DOWN, SYNDROME TO EQUIP THEM.

10:17:26 FOR THIS ONCOMING OPPORTUNITY TO PROPERLY DIAGNOSE DEMENTIA AND TREAT DEMENTIA, AND EVEN PREVENT DEMENTIA AND THESE FOLKS.

10:17:36 SO NEXT SLIDE, SO CARING FOR ADULTS WITH DOWN SYNDROME IS QUITE CHALLENGING ADULTS, WITH DOWN CENTER EXPERIENCE, A NUMBER OF CLINICAL CHALLENGES AND CHANGES IN BRAIN FUNCTION ARE QUITE FREQUENT IF YOU GO TO THE NEXT SLIDE THIS IS A LITTLE A CARTOON, ABOUT ALL THE DIFFERENT SYSTEMS IN THE

10:17:55 BODY THEY'RE IMPACTED. SO NOTICE THAT THERE IS CARDIOVASCULAR.

10:18:00 DISEASE MUSCLES, SKELETAL DISEASE, HEMONOLOGICAL, DISORDERS, BOWEL, THIS FUNCTION CHANGES IN THE SHAPE OF THE PHONE, SENSORY PROCESS WITH HEARING WITH VISION TROUBLES, WITH RESPIRATORY ISSUES, SLEEP APNEA AN AUTOIMMUNE CONDITIONS ALL OF THESE OCCUR IN DOWN SYNDROME WITH

10:18:22 VARYING FREQUENCY, BUT EVERY PERSON WITH DOWN SYNDROME CHILD AND ADULT HAVE, NEUROLOGICAL DISORDERS, NEURO DEVELOPMENTAL PROBLEMS, WITH DEVELOPMENTAL DELAY, PSYCHIATRIC DISORDERS AND CHILDREN, AND ADULTS, AND ALZHEIMER'S DISEASE, AND OLDER FOLKS, WITH DOWN SYNDROME, NEXT SLIDE.

10:18:44 IN FACT, THE MOST SIGNIFICANT CHALLENGE THAT ADULTS FACE IS THE EMERGENCE OF DSAD.

10:18:52 SO LET'S TALK ABOUT THAT SOME MORE, AND THEN TOWARD THE END.

10:18:56 WE'LL TALK ABOUT WHAT CLINICIANS ARE FACED WITH WHEN THEY CARE FOR SUCH FOLKS NEXT SLIDE.

10:19:04 SO AGAIN, LET'S FOCUS NOW ON SPECIFICALLY, ALZHEIMER'S DISEASE AND DOWN, SYNDROME NEXT SLIDE.

10:19:17 LET'S GO TO THE NEXT SLIDE, PLEASE

10:19:20 SO I LOOKED AT SOME RECENT DATA UH FOR THE NUMBER OF FOLKS WITH DOWN SYNDROME IN THEUSA.

10:19:31 SO REMARKABLY IN 1950, THE MEAN AGE AT THE TIME OF DEATH WAS 26 YEARS AND 2,010 IT WAS 53 YEARS AND IN FACT, BY NOW MOST OF THESE FOLKS ARE LIVING TO AGE 60 THEY'RE LIVING LONGER BECAUSE THEY HAVE THE PROPER CARE OF CARDIOVASCULAR PROBLEMS.

10:19:54 AND SURGERY, AS CHILDREN, BECAUSE THEIR MEDICAL CARE IS NOW MUCH MORE ROOTED IN THE CARE OF THE FAMILY.

10:20:02 SO WITH THAT WITH THOSE INTERVENTIONS, INTERVENTIONS THAT BASICALLY ARE THERE, RIGHT AS HUMAN BEINGS, THEY'RE LIVING LONGER

10:20:12 THE FOLKS THAT ARE BETWEEN THAT ARE 40 YEARS AND OLDER ARE THOSE AT INCREASED RISK.

10:20:19 FOR ALZHEIMER'S DISEASE, AND SO THE NEXT SLIDE, I TRIED TO CALCULATE THE NUMBER OF THE PEOPLE IN THE UNITED STATES TO THAT ARE AT RISK FOR ALZHEIMER'S DISEASE AND DOWN SYNDROME AND I CALCULATE THAT AT THIS TIME ABOUT A 100,000, PEOPLE ARE AT RISK FOR

10:20:36 THIS CONDITION, MEANING THAT PERHAPS 10,000 ARE AT RISK FOR THIS CONDITION IN CALIFORNIA.

10:20:43 SO THIS IS A VERY LARGE POPULATION OF COURSE, IT'S NOT AS LARGE, AS THE NEUROTYPICAL POPULATION WITH SPORADIC AD. BUT IT'S MUCH LARGER THAN ANY FAMILIAR ALZHEIMER'S DISEASE GROUPING AND REALLY DESERVES OUR ATTENTION, NEXT SLIDE

10:21:03 SO WHAT DO WE KNOW ABOUT ALZHEIMER'S DISEASE AND DOWN SYNDROME, WE KNOW THAT IT'S MUCH MORE FREQUENT AND EARLIER, AND THEY'RE VARYING MEASURES OF HOW FREQUENT IT IS BUT OVER THE AGE, OF 65, THE NUMBER, THE PERCENT INFO IT IT.

10:21:22 INCREASES, ABOVE 90%, I WON'T BOTHER YOU WITH THE DIAGNOSIS OF DIMENSION.

10:21:27 BUT YOU'LL REMEMBER THAT THERE ARE BOTH COGNITIVE AND BEHAVIORAL SYMPTOMS, THAT INTERFERE WITH THE ABILITY TO FUNCTION, NORMALLY AND OR YEAH, DEFINITELY, A DECLINE FROM PREVIOUS LEVEL OF FUNCTIONING DOWN SYNDROME WITH AD TYPICALLY INVOLVES MEMORY LOSS AND CHANGES IN MOOD YEAH, IT OCCURS AT A

10:21:48 MEDIAN AGE OF 55 YEARS, THAT DIMENSION DIAGNOSIS THAT IS NEXT SLIDE, SHOWS A VERY NICE STUDY FROM ENGLAND WHICH SHOWS YOU THE FREQUENCY VERSUS THE AGE OF DIAGNOSIS IN THAT MEDIAN FREQUENCY IS ABOUT AGE 55 NOTE THAT THE CUMULATIVE RISK BY AGE 65 IS ESTIMATED TO BE

10:22:10 90% AND OVER THAT EVEN HIGHER. SO IT'S A VERY FREQUENT CONDITION, WITH VERY RELATIVE TO SPORADIC, ID MUCH EARLIER, ONSET, THE NEUROPATHOLOGICAL CHANGES IN THE BRAIN ARE VERY SIMILAR, IF NOT IDENTICAL TO ALZHEIMER'S DISEASE, AND THEY'RE FOUND IN ESSENTIALLY EVERYBODY WITH DOWN

10:22:31 SYNDROME BY AGE, 40, NEXT SLIDE SHOWS THAT THEY'RE THE THINGS THAT WE TALK ABOUT, NEXT, SLIDE THEY'RE THE CHANGES THAT WE TALK ABOUT, TYPICALLY SO HERE'S, THE VIEW OF THE CORTEX, OF A PERSON WITH DOWN SYNDROME, OR A TYPICAL, PERSON WITH AD STAYING WITH THE SILVER.

10:22:51 STAIN, AND NOTE THAT THERE ARE AMYLOID PLAQUES, THAT THERE ARE NERVE, FIBRILLARY, RECTANGLES, THESE CONSIST OF THIS FOSPHORYLATED VERSION OF TAU THE PLAQUE CONTAINS, THIS A BETA, PEPTIDE, ABAA 42 AND LESS TALKED.

10:23:05 ABOUT, BUT VERY SIGNIFICANT ON THE LOWER RIGHT. THERE ARE THINGS CALLED ENDOSOMES.

10:23:12 THESE ARE LITTLE SPHERES WITHIN VESICLES WITHIN CELLS THAT ARE IMPORTANT FOR DEGRADING MATERIAL AND FOR CARING. INFORMATION.

10:23:21 IN THE CELL, THERE, ENLARGED AND ABNORMAL, BOTH IN DOWN, SYNDROME, WITH AD AND ALSO AN AD NEXT SLIDE

10:23:30 SO INTERESTINGLY, THE GENETICS POINTS TO AN INCREASED NUMBER OF THE COPIES OF THE APP.

10:23:38 GENE INSTEAD OF THE NORMAL, 2, 3, THE AS NECESSARY FOR DS.

10:23:44 ID, THERE ARE 3 MAJOR PAPERS THAT HAVE TALKED ABOUT. THIS.

10:23:47 BUT LET ME FOCUS ON THE DURAN AT ALL PAPER, IN 2,016 FROM UC IRVINE NEXT SLIDE

10:23:55 HERE WAS A MAN AN ELDERLY MAN, WITH DOWN SYNDROME, BUT WAS PARTIALLY TRISOMIC, FOR CHROMOSOME, 21 HE HAD ONLY 2 COPIES OF APP BETWEEN AGE, 66 AND 72 HE HAD REPEATED NEUROSCIENCE TESTING NEUROLOGICAL EXAMS, AMYLOID, PET

10:24:15 IMAGING MEASURES OF AMYLOID BETA IN ITS PLASMA

10:24:20 HIS INTELLECTUAL, DISABILITY WAS MILD AND SERIAL TESTS SHOWED LESS THAN A 3% DECLINE IN COGNITION.

10:24:26 HE WAS NOT DEMENTED. HIS PASS SCANS WERE NEGATIVE, AND HIS PLASMA A BETA LEVELS WERE LOWER THAN VALUES FOR DEMENTED OR NON-DEMENTED ADULTS WITH COUNT SYNDROME THIS IS ALL CONSISTENT, WITH HIM HAVING ONLY 2 COPIES, OF APP NEXT SLIDE AT POSTMORTEM, EXAM HIS BRAIN.

10:24:49 SHOWED A SINGLE NARRATIVE PLAGUE, COMPARE HIS BRAIN ON THE LEFT WITH THE TYPICAL ADS, BRAIN ON THE RIGHT, AND NOTICE, THE MULTIPLE AREAS OF BROWN STAINING, THE LITTLE SPHERICAL COLLECTIONS AND THE LITTLE SORT OF MORE DISTINCT DARKER COLLECTIONS, THAT'S THE TYPICAL, ADS, BRAIN, HE DIDN'T HAVE THOSE HE

10:25:11 HAD, A SINGLE NEUROTIC PLAQUE AND THE TANGLES.

10:25:14 THAT HE HAD. WE'RE JUST CONSISTENT WITH NORMAL AGING.

10:25:17 SO THIS IS ONE MORE STUDY THAT SUPPORTS A NECESSARY ROLE FOR APP GENE DOSE INCREASE FOR DSID.

10:25:26 NEXT SLIDE.

10:25:29 WE'VE BEEN VERY INTERESTED IN UNDERSTANDING HOW THESE CHANGES MIGHT BE MONITORING AND MICE MOUSE, MODELS OF DOWN, SYNDROME.

10:25:41 AND SO NEXT SLIDE WE'VE LOOKED VERY CAREFULLY, AND A NUMBER OF MOUSE MODELS NOTE THAT ON THE LEFT AND THE GREEN IS A IT'S A CARTOON OF A HUMAN CHROMOSOME 21 AND THEN RIGHT NEXT TO IT NOTE THOSE 3 BROKEN UP LITTLE SEGMENTS, MMU, 16

10:25:59 MMU, 17 10 THOSE ARE THE MOUSE, CHROMOSOME SEGMENTS, THAT CORRESPOND TO HUMAN CHROMOSOME, 21 AND AS A RESULT OF THE FACT, THAT THOSE GENES ARE CONSERVED IN THEIR IT'S, BEEN POSSIBLE TO MAKE MOUSE MODELS, THAT REALLY RECAPITULATE, THE

10:26:14 GENETICS, OF HUMAN CHROMOSOME 21.

10:26:17 WE STUDIED MOSTLY, BUT MOUSE, THE CIRCLE, THEIR DP.

10:26:22 16, ONE, Y E Y I'LL CALL IT DP 16 NEXT SLIDE.

10:26:27 WHAT WE FOUND IN THIS MOUSE, THAT THERE WAS AN INCREASE IN THE AP GENE DOSE, RESULTING IN AN INCREASED LEVEL OF APP AND ITS PRODUCTS.

10:26:37 SO NEXT SLIDE VERY QUICKLY. LET ME REMIND YOU THAT A GENE, THE AP GENE IS TRANSCRIBED INTO AN RNA, AN MRNA THAT THAT MRNA IS TURNED INTO A PROTEIN AND AT THAT POINT IS PROCESSED SO HERE IN THE MIDDLE IS THE FULL-LENGTH APP PROTEIN AND NOTICE THAT IT

10:26:57 IS CUT INTO 2 KINDS OF FRAGMENTS. C TERMINAL FRAGMENTS, C.

10:27:03 83, AND C 99 AND C. 99 THEN IN TURN GIVES RISE TO THAT A BETA PEPTIDE, THAT'S PRESIDENT, PLAQUES THE LEVELS OF ALL OF THESE PROTEIN, FRAGMENTS, ARE INCREASED BY 50% IN PEOPLE WITH DOWN SYNDROME NEXT SLIDE

10:27:21 NEXT SLIDE, NOW, WHAT WE SEE IN THE MICE IS THAT THERE, IN FACT, IS DEGENERATION OF NEURONS, JUST THE SAME KIND OF NEURONS THAT ARE AFFECTED IN DOWNSPENDERS, THERE'S JUST REGULATION OF INDOSOMES AND THERE'S INCREASED PHOSPHORYLATION OF TAU AND INTERESTINGLY.

10:27:40 IMPORTANTLY, EVERY ONE OF THESE FEATURES REQUIRES AN EXTRA COPY OF ABP, SO THE MASS MODELS AND THE HUMAN MODELS ARE BOTH CONVERGING ON AN INCREASE IN APP AS NECESSARY FOR DOWN SYNDROME FOLKS TO GET OUT, STORMS, DISEASE AND CRITICALLY AND MAYBE ALMOST UNIQUELY, WE NOW HAVE STRATEGIES, THAT WE

10:28:03 CAN USE TO PREVENT THESE CHANGES IN THEIR BRAIN. SO NOTICE THE AP GENE GOING TO THE MRNA, WE CAN BLOCK THAT WITH AN APP ANTISENSE OLIGONUCLEOTIDE SMALL MOLECULE, CALLED POSOPHAN CAN BLOCK THE MRNA, FROM THE COMING FOLDING PROTEIN VARIOUS ENZYME

10:28:24 INHIBITORS CAN PREVENT THAT FULL LINK PROTEIN FL APP FROM BECOMING AN APP CTF GSMS, ARE GAMMA, SECRETASE MODULATORS.

10:28:35 WE CAN SHORTEN THOSE AB BETA PEPTIDES, SO THAT WE CAN MAKE THEM NON-TOXIC.

10:28:40 AND FINALLY, AS YOU'LL HAVE HEARD, THERE ARE A NUMBER OF COMPANIES THAT ARE PRODUCING ANTI-A BETA ANTIBODIES.

10:28:44 THE MOST RECENT OF WHICH WAS DISCUSSED AT THE CTAD MEETING IN SAN FRANCISCO.

10:28:50 MOREOVER, WE NOW HAVE CLINICAL TRIAL NETWORKS THAT CAN CARRY OUT STUDIES IN DOWN SYNDROME, AND WE'RE USING MEASURES, TO EVALUATE CHANGES IN COGNITION, AND FUNCTION AND THOSE FOLKS WITH A DOWN SYNDROME AND WE CAN EMPLOY BIOMARKERS THAT HAVE BEEN USED

10:29:06 IN ALZHEIMER'S DISEASE TRIALS. SO THE STAGE IS SET FOR A VERY EXCITING TIME TO BOTH.

10:29:12 UNDERSTAND AND DIAGNOSE, AND TREAT TO PREVENT ALZHEIMER'S DISEASE AND DOWN SYNDROME NEXT SLIDE.

10:29:19 NOW LET ME RETURN TO THE CHALLENGE THAT CLINICIANS HAVE CLINICIANS NEED EXPERIENCE IN THE MANAGEMENT OF ADULTS WITH DOWN SYNDROME TO ADDRESS THE PROBLEMS THAT I'VE JUST TALKED ABOUT IN FACT DOWN SYNDROME WITH AD IS NOT THE ONLY CONDITION THAT CAN COST CHANGES IN MEMORY AND MOOD

10:29:39 CHANGES IN ELDERLY FOLKS WITH DOWN SYNDROME CAREGIVERS NEED TO BE ABLE TO ENGAGE DOCTORS, AND OTHER CAREGIVERS WITH EXPERTISE IN DOWN CENTER TO DEFINE THE PROBLEMS, AND TREATMENTS, AND THEY MUST THE CLINICIANS IN TURN MUST CAREFULLY CONSIDER THE SEVERAL POSSIBLE COSTS OF

10:29:57 NEUROLOGIC, DYSFUNCTION, INCLUDING MEMORY, LOSS, NEXT SLIDE.

10:30:02 I WON'T GO THROUGH THESE IN DETAIL, OF COURSE, BUT SENSORY DEFICITS FOR EXAMPLE, HEARING LOSS, METABOLIC DISTURBANCES, FOR EXAMPLE, B.

10:30:11 12, DEFICIENCY, OR UNDETECTED, THYROID DYSFUNCTION, A COEXISTING MOOD, DISORDER, NEXT SLIDE, SLEEP PROBLEMS SEIZURES, PAIN CHANGES IN MOBILITY CHANGES IN THE PSYCHOSOCIAL DEVELOPMENT, AND OTHER CHANGES, CAN ALL IMPACT PEOPLE, WITH DOWN SYNDROME AND MIMIC DOWNSEND WRONG, WITH

10:30:34 AD. AND SO CLINICIANS REALLY MUST BE ACQUAINTED WITH AN EXPERT IN EVALUATING FOLKS, WITH DOWN SYNDROME TO MAKE SURE THEY MAKE THE CORRECT DIAGNOSIS AND USE THE CORRECT TREATMENT NEXT SLIDE

10:30:48 WE ASKED A LITTLE WHILE AGO, 2,021, SO WHAT IS THE STATUS OF THE CLINICAL CARE OF PEOPLE WITH DOWN SYNDROME WE KNOW THAT SPECIALTY CENTERS IMPROVE CARE FOR PATIENTS WITH DOWN SYNDROME BUT YOU KNOW HOW MANY OF THOSE EXIST, AND ARE THE FOLKS, DOWN SEND THEM BETTER ADULTS, BEING CARED

10:31:07 FOR PROPERLY, AND IN SUCH CENTERS, SO WE CONDUCTED A NATIONAL SURVEY OF STAFF OF SPECIALTY CLINICS, AND WE REVIEWED ONLINE CLINIC LISTINGS AND WE CALCULATED THE NUMBER OF ADULTS, WITH DOWN SYNDROME SCENE COMPARING THAT TO THE NUMBER IN THE COUNTRY, THAT I REFERRED, TO

10:31:26 EARLIER, OUR ANALYSIS IDENTIFIED THE PERCENT OF ADULTS WITH DANCER WHO COULD HAVE HAD THEIR MEDICAL CARE NEEDS MET IN A CURRENT SPECIALTY, CLINIC, NEXT SLIDE

10:31:36 14, SPECIALTY, CLINICS, PROVIDED CARE FOR 4,000, ROUGHLY ADULTS, WITH DOWN, SYNDROME REPORTED GAPS, INCLUDED LIMITATIONS OF EXISTING CLINICS, THE NEED FOR ADDITIONAL

CLINICS, AND HEALTH PROFESSIONALS, WITH EXPERTISE AND DOWN SYNDROME SURVEY RESPONDENTS, CLINICAL, CAPACITY, WOULD

10:31:53 MEET, THE NEEDS OF ONLY 3% OF ADULTS, WITH DOWN SYNDROME AND ONLINE DATA FOR 25 SPECIALTY CLINICS, OR 25, CLINICS, THAT LISTED EXPERTISE FOR ADULTS, WITH DOWN, SYNDROME THERE WAS CAPACITY, FOR 6,500, ROUGHLY, MEETING THE NEEDS OF ONLY 5 SO WE'RE

10:32:12 DEALING WITH A CARE. SYSTEM THAT CAN DEAL WITH A TINY FRACTION OF ADULTS WITH DOWN SYNDROME, AT LEAST, AS REGARDS, CLINICS WITH EXPERTISE IN THIS DOMAIN, NEXT SLIDE

10:32:24 SO ADDITIONAL CLINIC CAPACITY IS NEEDED

10:32:28 WE CAN. NOW I THINK, PROVIDE GUIDANCE TO CREATE ADDITIONAL CLINICS.

10:32:32 WE WE KIND OF KNOW WHO SHOULD BE ON THE TEAM. WE KNOW SOMETHING ABOUT THE FINANCIAL SUPPORTS AVAILABLE AND WE KNOW SOMETHING ABOUT THE GAPS IN CLINICAL CARE.

10:32:41 I THINK WE NEED A MUCH MORE ROBUST, CLINICAL CARE NETWORK TO MEET THE NEEDS OF ADULT WITH DOWN SYNDROME, AND ESPECIALLY URGENT GOT IT IS THE NEED FOR CLINICS, THAT CAN BE EXPERT IN DEFINING THE ONSET OR THE OCCURRENCE OF THE COMPLICATIONS OF THE CONSEQUENCES OF ALZHEIMER'S.

10:33:03 DISEASE IN THIS POPULATION AND AND REALLY TO BRING ON TO USHER, IN A NEW ERA IN WHICH WE'LL BE ABLE TO PROPERLY CARE FOR THEM DIAGNOSED PROBLEMS, AND EMPLOY EFFECTIVE TREATMENTS EARLY AND PREVENT PERHAPS PREVENTATIVELY, NEXT SLIDE

10:33:20 SO TO OVERVIEW ADULTS WITH DANCING ROOM FACE, MANY HEALTH CHALLENGES.

10:33:25 THE MOST SIGNIFICANT IS ALZHEIMER'S, DISEASE, AN EXTRA COPY OF THE GENE FOR AP, IS NECESSARY FOR DOWN, SYNDROME, WITH ALZHEIMER'S DISEASE RECENT ADVANCES ARE REALLY ENCOURAGING THAT FUTURE TRIALS WILL, BE COMING TO PREVENT DOWN SYNDROME WITH ALZHEIMER'S DISEASE AND

10:33:40 WE MUST ENHANCE HEALTH CARE SERVICES FOR THE CARE OF ADULTS WITH DOWNSTAIRS AND TO EQUIP THE TO PROPERLY DELIVER TREATMENTS THAT ARE PROVEN SAFE AND EFFECTIVE FOR PREVENTING THIS CONDITION THANKS VERY MUCH

10:33:56 THANK YOU SO MUCH, SUCH SUCH GOOD INFORMATION TO START US OFF.

10:34:02 AND I'M REALLY HAPPY TO TURN THE NEXT PART OF THE PRESENTATION PRESENTATION OVER TO DR.

10:34:07 LUCY, ESRALEW, FROM DDS

10:34:10 YES, THANK YOU SO MUCH, AND DR. MOBLEY, I VERY MUCH APPRECIATE YOUR DATA WHICH IS INFORMATIVE.

10:34:18 BEGIN TO THIS PRESENTATION. SO WE CAN LOOK AT THE NEXT SLIDE, PLEASE IT'S MY PRIVILEGE TO REPRESENT THE DEPARTMENT OF DEVELOPMENTAL SERVICES TODAY.

10:34:29 DBS, DIRECTOR, IS NANCY, BARGEMAN, AND JUST SO YOU KNOW, WHERE WE'RE LOCATED IN THE SYSTEM, SO TO SPEAK.

10:34:38 DDS IS ONE OF THE DEPARTMENTS UNDER THE CALIFORNIA HEALTH AND HUMAN SERVICES, AGENCY, DDS CONTRACTS WITH 21 REGIONAL CENTERS.

10:34:50 THROUGHOUT THIS DATA, CALIFORNIA, AND THEY IN TURN, THE REGIONAL CENTERS CONTRACT WITH SERVICE PROVIDERS, WHO THEN PROVIDE THE SERVICES, AND SUPPORTS TO INDIVIDUALS, WHO ARE LANTERN AND ELIGIBLE, AND LATER ON IN THE PRESENTATION, YOU'LL HEAR FROM LISA RUND, MY COLLEAGUE, WHO IS FROM SAN

10:35:14 DIEGO'S REGIONAL CENTER AND SHE'LL TALK MORE SPECIFICALLY, ABOUT REGIONAL CENTER SERVICES, THE STATE DOES OPERATE SOME SERVICES, DIRECTLY, INCLUDING SOME CRISIS STABILIZATION SERVICES, AND ACUTE CRISIS HOME A SECURE TREATMENT, CENTER IN PORTABLE DEVELOPMENTAL SECTOR, SO JUST TO GIVE YOU KIND OF AN OVERVIEW OF

10:35:39 SOME OF WHAT THE DEPARTMENT HAS NEXT SLIDE

10:35:44 I'D LIKE TO TALK TO YOU A LITTLE BIT. NOW, ABOUT OUR VISION IN THE DEPARTMENT.

10:35:51 AND IT'S THAT PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, EXPERIENCE, RESPECT FOR THEIR CULTURE, AND LANGUAGE, PREFERENCES, THEIR CHOICES, BELIEFS, VALUES, NEEDS AND GOALS FROM A PERSON CENTERED SERVICE, SYSTEM MADE UP OF A NETWORK OF COMMUNITY AGENCIES, THAT PROVIDE HIGH QUALITY OUTCOME BASED AND EQUITABLE SERVICES.

10:36:19 NEXT SLIDE. PLEASE. SO INDIVIDUALS ARE FOUND TO BE ELIGIBLE FOR LANTERN AND SERVICES ON THE BASIS OF A LANTERN AND SERVICES ACT AND IT IS AT THE REGIONAL, CENTER THAT THEY'RE FOUND TO BE ELIGIBLE, SO CALIFORNIA IS THE ONLY STATE IN THE COUNTRY THAT ACTUALLY HAS LEGISLATION THAT

10:36:44 SUPPORTS LIFELONG SERVICES FOR INDIVIDUALS, CALIFORNIA LAW DEFINES, DEVELOPMENTAL DISABILITY.

10:36:51 AS A DISABILITY THAT ORIGINATES PRIOR TO THE AGE OF 18, IS EXPECTED TO BE LIFE LONG AND IS A SUBSTANTIAL DISABILITY.

10:37:02 FOR THAT PERSON. WE USUALLY RECOGNIZE 5 CATEGORIES OF ELIGIBILITY.

10:37:07 ONE IS ON THE BASIS OF INTELLECTUAL DISABILITY, ANOTHER IF A PERSON IS ON THE AUTISM SPECTRUM, ANOTHER, IF THE PERSON HAS EPILEPSY, ANOTHER, IF THE PERSON HAS CEREBRAL PALSY AND THEN THERE'S, A FIFTH CATEGORY, FOR THOSE INDIVIDUALS THAT DON'T, MEET, THE PRECEDING

10:37:27 CRITERIA THAT I MENTIONED, BUT ACTUALLY RESEMBLE CLOSELY THE NEEDS OF INDIVIDUALS WITH INTELLECTUAL, DISORDERS IN TERMS OF THEIR REQUIREMENT FOR SERVICES.

10:37:39 AND I SHOULD POINT OUT IT IS POSSIBLE FOR AN INDIVIDUAL TO HAVE ONE OR MORE DISABILITIES.

10:37:48 SO FOR INSTANCE, A PERSON WITH DOWN SYNDROME MAY HAVE INTELLECTUAL DISABILITY.

10:37:54 AND A SEIZURE, DISORDER OR INTELLECTUAL DISABILITY, AND PLACE ON THE AUTISM, SPECTRUM.

10:38:00 YOU WILL NOTED FROM THE PROCEEDING SLIDE THAT DOWN SYNDROME ITSELF IS NOT AN ELIGIBILITY.

10:38:07 CATEGORY, BUT ALMOST UNIVERSALLY INDIVIDUALS IN OUR SYSTEM ARE MADE ELIGIBLE ON THE BASIS OF THEIR INTELLECTUAL DISABILITY.

10:38:18 SO THIS SLIDE JUST INDICATES THAT WE ARE IN IT, FOR LIFESPAN SERVICES.

10:38:25 SO EVEN BEFORE INDIVIDUALS MAY BE FOUND LAND FOR AN ELIGIBLE WE ARE INVOLVED WITH FEDERAL PROGRAMS THAT OFFER EARLY START SERVICES TO CHILDREN.

10:38:36 THAT HAVE YOUNG CHILDREN THAT HAVE DEVELOPMENTAL DELAYS. WE DO HAVE A RELATIVELY NEW CATEGORY OF PROVISIONAL ELIGIBILITY FOR 3, AND FOUR-YEAR-OLDS WHO NEED EXTENSIVE SERVICES, BUT BEFORE THEY MAY BE DETERMINED TO BE LANTERN IN ELIGIBLE AND THEN WE SEE PEOPLE, THROUGHOUT THEIR LIFE.

10:38:56 SPACE, NEXT SLIDE, PLEASE, SO THIS JUST GIVES YOU A 10 YEAR VIEW OF THE GROWTH OF INDIVIDUAL SERVED OUR POPULATION.

10:39:07 SO IN 2,000, AND 12, WE SERVED 251,000, CALIFORNIANS, AND WITH ALL TYPES OF INTELLECTUAL AND DEVELOPMENTAL DISORDERS.

10:39:18 AND THIS YEAR, AND 2,022.

10:39:20 WE ARE AT 377,000, AND COUNTING NEXT SLIDE, PLEASE SO THIS BREAKS DOWN, OUR CONSUMER POPULATION IN TERMS OF THEIR ELDERLY STATUS, HOW WERE THEY FOUND ELEGANT FOR SERVICES, THERE'S, JUST A COUPLE OF THINGS, I WANT TO POINT OUT ABOUT SOME SHIFTS IN OUR

10:39:43 DEMOGRAPHICS, ONE IS WE HAVE AN INCREASING NUMBER OF INDIVIDUALS WHO ARE FOUND ELIGIBLE ON THE BASIS OF AUTISM COMPARED TO 2,012, WHEREAS IN CATEGORIES OF CEREBRAL PALSY EPILEPSY AND INTELLECTUAL DISABILITY WE HAVE A SHIFT DOWNWARD IN TERMS OF INDIVIDUALS WHO

10:40:05 ARE, ELIGIBLE ON THE BASIS OF THOSE CATEGORIES.

10:40:09 WITHIN, THE CATEGORY OF INTELLECTUAL DISABILITY. ABOUT 20,000 INDIVIDUALS, ARE THOSE WITH DOWN SYNDROME.

10:40:17 NEXT SLIDE. PLEASE, SO THIS SLIDE LOOKS AT FROM A REGIONAL CENTER PERSPECTIVE AGE ETHNICITY AND RESIDENCE TYPE OF INDIVIDUAL WOULD DOWNCENTRAL.

10:40:29 SO YOU'LL SEE INTERESTINGLY ENOUGH, ONLY ABOUT 1% OF OUR POPULATION IS 65 OR OLDER.

10:40:38 MOST INDIVIDUALS, WERE ADULTS 18 TO 64, AND THEN THE NEXT SIZABLE GROUP ARE INDIVIDUALS 3, TO 17 IN TERMS OF ETHNICITY.

10:40:51 ABOUT HALF OF INDIVIDUALS, IDENTIFY, AS LATINX OR HISPANIC.

10:40:56 WE DO HAVE 29% WHO ARE CAUCASIAN, WHITE AND WE HAVE 9%, ASIAN, 4% BLACK AND THEN THE INTERESTING THING ABOUT RESONANCE TYPE IS 88% THAT IS A VERY LARGE PERCENTAGE, OF INDIVIDUALS LIVE IN THE COMMUNITY IN THE HOME OF THE PARENT GUARDIAN OR IN A

10:41:19 FOSTER, HOME NEXT, SLIDE, PLEASE

10:41:23 SO JUST A LITTLE BIT ABOUT DOWN SYNDROME ITSELF DOWN SYNDROME IS THE MOST FREQUENTLY OCCURRING CHROMOSOMAL DISORDER, AND THE LEADING CAUSE OF KNOWN GENETIC, INTELLECTUAL, AND DEVELOPMENTAL DELAY AND MOST INDIVIDUALS WITH DOWN SYNDROME CURRENTLY LIVE TYPICAL LIVES, IN THEIR COMMUNITIES, WHICH IS A

10:41:45 CHEAP FROM LAST CENTURY, SO AND THEN THE IT WAS VERY COMMON FOR INDIVIDUALS, WITH DOWN SYNDROME TO BE SENT TO INSTITUTIONAL CARE, AS WE AMERICANS, GRAY, YOU KNOW, SO DO INDIVIDUALS WITH DOWN SYNDROME, GRAY BECAUSE INDIVIDUALS ARE WITH ADVANCING, OR LIVING LONGER AS INDICATED, BY DR.

10:42:11 MOBLEY, AND THAT WILL LEAD TO AN EXPECTED INCREASE IN THE POPULATION OF INDIVIDUALS WITH DOWN SYNDROME OVER THE NEXT 20 YEARS.

10:42:20 SO INTERESTINGLY, MY UPDATES ARE A LITTLE DIFFERENT THAN WHAT A DR.

10:42:25 MOBLEY SHARED. BUT AS OF 1,900 AND EIGHTYS, THE AVERAGE LICENSE EXPECTED SEE WAS ONLY ABOUT AGE, 28, AND IT MORE THAN DOUBLED BY 2020.

10:42:36 THE AVERAGE LIFE EXPECTANCY WAS 60 AND OF COURSE WITH LONG LIFE EXPECTANCY.

10:42:41 YOU CAN SEE. THERE'LL BE INCREASES IN CERTAIN CONDITIONS.

10:42:46 THAT, WE TYPICALLY SEE AS WE ALL AGE. DR. MOBLEY INDICATED A NUMBER OF CONDITIONS ASSOCIATED WITH DOWN SYNDROME THAT MIGHT PUT PEOPLE AT RISK FOR MEMORY ISSUES APPROXIMATELY 50% OF INDIVIDUALS, WITH DOWN SYNDROME HAVE A CONGENITAL HEART DEFECT, WHICH WE THINK, INCREASES, THEIR RISK FOR

10:43:06 AN EARLY ONSET DEMENTIA, AND THEN WE HAVE NOTICED THE PHENOMENON THAT WE HAVE TERMED ACCELERATED AGING, SO THAT INDIVIDUALS WITH DOWN SYNDROME, ARE MORE LIKELY THAN THEIR NON-DOWN SYNDROME PEERS, TO EXHIBIT CHANGES, ASSOCIATED WITH AGING AT A

10:43:25 YOUNGER POINT IN THEIR FORTIES AND FIFTIES, AS OPPOSED TO THE TYPICALLY AGING POPULATION, THAT MIGHT NOT SHOW CHANGES UNTIL THEY'RE 6 OR 7 DECADE NEXT SLIDE PLEASE.

10:43:40 SO WE HEARD FROM DR. MOBLEY ABOUT THE IMPORTANCE OF CHROMOSOME, 21, THAT DOWN SYNDROME IS TRICE ONLY 21, WITH A THIRD, COPY OF THAT GENETIC MATERIAL AND THAT GENE IS THOUGHT TO PRODUCE, PROTEIN, THAT IS KEY TO BRAIN CHANGES ASSOCIATED WITH

10:44:02 ALZHEIMER'S DISEASE. SO APPROXIMATELY 70 TO 90% OF OLDER INDIVIDUALS WITH DOWN SYNDROME WILL EVENTUALLY DEVELOP ASSIGNMENTS, DISEASE OR RELATED DISORDERS AND WE TYPICALLY SEE INDIVIDUALS AT HIGHER RISK AFTER AGE, 50 HOWEVER, WE DO SEE INDIVIDUALS, THAT EXHIBIT SCIENCE AT ALS HARMONIC

10:44:25 DISEASE IN THEIR LATE FORTIES, SIGNS OF THE ALZHEIMER'S DISEASE ARE APPARENT MUCH EARLIER IN THE POPULATION OF INDIVIDUALS WITH DOWNSTREAM TALKED ABOUT THIS ACCELERATED AGING IDEA SO YOU MAY SEE THESE CHANGES IN INDIVIDUALS 20 TO 25 YEARS, BEFORE YOU MIGHT SEE THE ONSET OF THOSE CHANGES IN THE

10:44:47 TYPICAL AGING POPULATION. AND ALSO, WE SEE A DECREASE IN FUNCTIONING PROGRESSIVE MORE QUICKLY, AMONG INDIVIDUALS WITH DOWNSTAIRS NEXT SLIDE, PLEASE SO I'M EXCITED TO TALK TO YOU ABOUT 2 OR POINT OUT TO INITIATIVES, THAT ARE NEW TO TO THE DEPARTMENT AND ARE RELEVANT ONE IS

10:45:13 THE AGING INCLUSION SPECIALIST AND THAT'S A LEADERSHIP POSITION THAT WILL PROVIDE US WITH SUBJECT MATTER EXPERTISE IN THE INTERSECTION BETWEEN AGING AND INTELLECTUAL AND DEVELOPMENTAL DISORDERS.

10:45:28 THIS POSITION, THE PERSON OCCUPIES. IT WILL FORM US AND HELP US DEVELOP POLICIES, RESOURCE MATERIALS, TRAININGS AND SUPPORT, WHICH ARE CONSISTENT WITH LANTERNMAN, ACT ALSO CONSISTENT WITH GOVERNOR NUISANCE, MASTER PLAN FOR AGING AND OTHER FEDERAL AND STATE STATUTES, AND REGULATIONS, WE HAVE A PILOT BEGINNING

10:45:50 IN 2,023, WHICH IS A COORDINATED FAMILY SUPPORT.

10:45:56 PROGRAM THIS NEW MODEL WILL PROVIDE SUPPORTS TO ADULTS 18 PLUS WHO WERE LIVING IN THEIR FAMILY HOMES.

10:46:04 AND THIS IS GOING TO HELP SUPPORT A AN A PRINCIPLE THAT WE HAVE IN THE AGING FIELD OF SUPPORTING, AGING IN PLACE, BECAUSE IT'S GOING TO HELP IMPROVE SERVICE EQUITY AND MEET EVOLVING NEEDS OF ADULTS AND THEIR FAMILIES WITHOUT THOSE INDIVIDUALS HAVING TO MOVE FROM THEIR FAMILY NEXT SLIDE PLEASE, SO I LIKE TO DIRECT

10:46:27 YOU TO A WONDERFUL RESOURCE THAT'S PUBLISHED BY THE NATIONAL DOWN SYNDROME SOCIETY.

10:46:32 SINCE, A HANDBOOK, ENTITLED AGING AND DOWN SYNDROME, A HEALTH AND WELL-BEING GUIDEBOOK.

10:46:38 THIS REALLY GIVES YOU IDEAS, OF THAT AGING WITH DOWN, SYNDROME AND DEFINITELY COVERS, THE IDEA OF DOWN, SYNDROME, AND DEMENTIA, NEXT SLIDE, PLEASE

10:46:50 AND THEN WE HAVE A NUMBER OF LINKS THAT WE'RE PROBABLY PROVIDING FOR YOU WHEN YOU GET THE HANDOUTS, THE POWERPOINT, PLEASE FOLLOW THEM, SO THAT YOU CAN LEARN MORE ABOUT SERVICES THROUGH DDS, NEXT SLIDE PLEASE I WANT TO THANK YOU FOR THE OPPORTUNITY TO TALK TO YOU TODAY AND AT THIS POINT IN TIME LIKE

10:47:12 TO HAND THE PROGRAM OVER TO MY COLLEAGUE, LISA, RUND FROM SAN ANDREAS REGIONAL CENTER

10:47:20 OKAY, THANK YOU VERY MUCH. DOCTOR, AND THANK YOU ALL FOR BEING HERE TODAY.

10:47:26 I'M HONORED TO TAKE PART IN THIS WEBINAR, AS WAS SAID, I'M AT SAN ANDREAS REGIONAL CENTER AND WHAT I CAN DO FOR YOU TODAY IS JUST GIVE YOU A QUICK SNAPSHOT OF WHAT WE DO HERE LOCALLY NEXT SLIDE PLEASE SO AS WAS MENTIONED

10:47:47 THE LETTERMAN DEVELOPMENTAL DISABILITY SERVICES ACT OF 1,969, ESTABLISHED ELIGIBILITY REQUIREMENTS FOR REGIONAL CENTER SERVICES, AND IT OUTLINES, HOW REGIONAL CENTER TODAY, AND IT SAYS, THAT PEOPLE, WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, HAVE A RIGHT TO SERVICES AND SUPPORTS, TO HELP THEM LIVE THE

10:48:08 MOST INDEPENDENT AND PRODUCTIVE LIVES POSSIBLE IN THE LEAST RESTRICTIVE ENVIRONMENT, SO THAT IS OUR BASIC MISSION.

10:48:15 NEXT SLIDE, PLEASE, THIS MAP OF CALIFORNIA SHOWS YOU THE COLORED AREAS THAT THE 21 REGIONAL CENTERS COVER SAN ANDREAS REGIONAL CENTER IS LOCATED IN THE SOUTH BAY OF 7 CISCO BAY, AREA, AND ON THE LEFT OF THE SLIDE YOU SEE THAT JUST KIND OF A SIMPLE

10:48:35 BREAKDOWN OF OUR BASIC SERVICES, WE PROVIDE SO TO INDIVIDUALS REGIONAL CENTERS, CAN PROVIDE DIAGNOSTIC ASSESSMENT, WHICH HELPS DETERMINE ELIGIBILITY FOR SERVICES FOR THE LITTLE ONES BIRTH THROUGH H 2, WE FACILITATE AN INDIVIDUALIZED, FAMILY SERVICE, PLAN THESE CHILDREN, INFANTS, AND YOUNG

10:48:58 TODDLERS ARE IN OUR EARLY START, PROGRAM WHICH IS EARLY INTERVENTION IN AN EFFORT TO EITHER PREVENT OR MITIGATE THE DEVELOPMENTAL DISABILITY.

10:49:09 WE ALSO FACILITATE THE INDIVIDUAL, PROGRAM PLAN KNOWN AS THE IPP, FOR THOSE THAT ARE 3 YEARS AND OLDER, WHO HAVE BEEN MADE ELIGIBLE FOR ONGOING LANTERNMAN, SERVICES, AND THE THE KEY PERSON AT THE REGIONAL CENTER IS A SERVICE, COORDINATOR, YOU CAN THINK OF THEM, AS A

10:49:31 CASE, MANAGER, WHERE THEY HAVE A CASE LOAD OF INDIVIDUALS, THAT ARE ELIGIBLE FOR SERVICES.

10:49:39 EVERYTHING IS BASED ON THE INDIVIDUAL'S NEEDS. THE INDIVIDUAL PROGRAM PLAN LAYS THAT OUT WITH GOALS, AND OBJECTIVES, AND THEN AUTHORIZATION FOR FUNDING OF THE SERVICES THROUGH OUR REGIONAL, CENTER VENDORS IS DONE WHEN GENERIC RESOURCES ARE UNAVAILABLE AND THEN AND THE BIGGER PICTURE IN THE COMMUNITIES, THE REGIONAL, CENTERS

10:50:01 HELP DEVELOP RESOURCES IN ORDER TO VENDOR THEM WHENEVER POSSIBLE.

10:50:08 SO THAT WE VENDOR MEANS HAVING A CONTRACT. THE REGIONAL CENTER HAS A CONTRACT WITH THAT SERVICE PROVIDER FOR SPECIFIC SERVICES.

10:50:14 WE WOULD THEN PROVIDE MONITORING AND OVERSIGHT OF THOSE SERVICES AND PROVIDE COMMUNITY EDUCATION AND OUTREACH AND THAT'S PART OF MY JOB, AT THE REGIONAL, CENTER, NEXT SLIDE, PLEASE SO AS I MENTIONED WE PROVIDE SERVICE, FOR COORDINATION, AND DEVELOP THAT INDIVIDUAL PROGRAM, PLAN WITH THE INDIVIDUAL AND THEIR

10:50:36 PLANNING TEAM, SO THE FAMILY, MEMBERS, THE SERVICE COORDINATOR FROM THE REGIONAL CENTER, AND OTHER PROFESSIONALS WHO ARE INVOLVED IN THAT PERSON'S LIFE ARE THE

PLANNING TEAM THEY LOOK AT THE NEEDS OF THE PERSON AND LOOK COME, UP WITH GOALS, AND OBJECTIVES, AND LOOK AT WHAT'S

10:50:58 SOURCES. THERE ARE TO MEET THOSE NEEDS. SO WE HAVE TO LOOK AT GENERIC RESOURCES FIRST THAT IS OUR OBLIGATION.

10:51:05 SO WE EXPLORE THOSE IF THOSE ARE EXHAUSTED, THEN THE SERVICE PROVIDERS WHO ARE VENDORED WITH THE REGIONAL CENTER, MAY BE IDENTIFIED TO MEET THE NEEDS AND WE CAN THEN FUND, THOSE SERVICES SOME OF OUR MORE COMMON SERVICES INCLUDE FAMILY RESPITE ADULT DATE PROGRAMS.

10:51:23 EMPLOYMENT SUPPORTS RESIDENTIAL SERVICES AND TRANSPORTATION AMONG QUITE A FEW OTHERS NEXT SLIDE

10:51:32 SO SAN ANDREAS, REGIONAL CENTER SERVES ABOUT 18,000 PEOPLE WITH INTELLECTUAL, AND DEVELOPMENTAL DISABILITIES OF ALL AGES, AS DR.

10:51:42 EZRA LEW MENTIONED EARLIER, WE COVER 4 COUNTIES.

10:51:45 THOSE ARE SANTA CLARA, SANTA CRUZ, MONTEREY, SAN BENITO WE'RE WE WORK WITH COMMUNITY PARTNERS, TO SUPPORT INDIVIDUALS TO ACCESS GENERIC RESOURCES, AND OTHER SPECIALISTS, ARE DEMENTIA, CARE AND BASICALLY, THAT'S, THAT'S, WHAT WE HAVE IS OUR COMMUNITY PARTNERS, THOSE

10:52:04 GENERIC RESOURCES, FOR DEMENTIA, WE'RE WORKING TO BUILD OUR INTERNAL RESOURCES THROUGH EDUCATION, AND INFORMATION AND WE'RE LOOKING TO BROADEN, AND ELEVATE EDUCATION OUTSIDE, OUR REGIONAL, CENTER FOR THE BENEFIT, OF THE PEOPLE, WE SERVE AND THAT'S, WHAT WE'RE, DOING TODAY, HERE, SO GLAD TO BE

10:52:24 HERE SO THE IMPRINT OF EDUCATION, INFORMATION, BUILDING PARTNERSHIPS.

10:52:29 AS I MENTIONED INTERNALLY, WE PROVIDE TRAINING TO OUR SERVICE COORDINATORS.

10:52:34 WE NOT ONLY IN THEIR FIRST ORIENTATION PERIOD, BUT ON A INTERMITTENT BASIS, ONGOING AND THEN ONE OF ONE OF THE JOBS I DO IS TO PROVIDE EDUCATIONAL CLASSES, TO OUR SERVICE PROVIDERS, HEALTH RELATED TOPICS, INCLUDING DEMENTIA, I'VE, ACTUALLY GOT THE DOMESTIC CLASS

10:52:56 SCHEDULED FOR TOMORROW, AND I'LL HAVE ABOUT 20 CARE PROVIDERS ATTENDING WE ALSO REACH OUT TO OUR HEALTH CARE PROVIDERS OF DIFFERENT LEVELS.

10:53:06 THESE ARE USUALLY THROUGH INDIVIDUAL CASES WHO MAY BE HOSPITALIZED OR IN A SKILLED NURSING FACILITY, SUBCUTE FACILITY, OR BE RECEIVING THEIR CARE THROUGH A FEDERALLY FEDERALLY, QUALIFIED, HEALTH CLINIC OUR BASIC CONTACTS ARE THROUGH THE SOCIAL WORKERS, AND THE CASE MANAGERS, BUT ALSO THROUGH

10:53:25 PHYSICIANS, AND PALLIATIVE CARE TEAMS IN THOSE DIFFERENT SETTINGS.

10:53:30 WE ALSO HAVE INTERACTION WITH OTHER AGENCIES.

10:53:35 SUCH AS MEDICAL MANAGED CARE, PLANS, LOCALLY SOCIAL SERVICES, LOCAL, LAW ENFORCEMENT, OUR COUNTY, ASSOCIATION, ASSOCIATION, AGING, WE HAVE A LOCAL AGENCY, PARENTS HELPING PARENTS, WHICH IS AN ORGANIZATION, THAT REALLY PROVIDES GREAT SUPPORT AND EDUCATION, TO FAMILIES, OF PEOPLE, WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, IT'S.

10:54:01 LIKE, SO IN THE IN THE TRAININGS THAT I DO FOR A CARE PROVIDERS, ONE OF THE THINGS THAT I REALLY EMPHASIZE IS THE IMPORTANCE OF THEM KNOWING THE BASELINE CONDITION OF THE INDIVIDUALS THEY SERVE KNOWING ABOUT THAT PERSON'S, PERSONALITY, THEIR THEIR ACTIVITY LEVEL THEIR WAYS OF COMMUNICATING AND ALL OF THAT

10:54:23 SO SO THAT THEY CAN OBSERVE FOR CHANGES, AND THAT THOSE CHANGES CAN BE REPLACED DOCUMENTED, AND FOLLOWED UP ON.

10:54:29 SO THE EARLY INNER IDENTIFICATION OF OBSERVED CHANGES ALLOWS FOR A CORRECT DIAGNOSIS TO BE MADE BY THE APPROPRIATE PROFESSIONAL, WHETHER THAT IS DEMENTIA, OR WHETHER THAT IS SOME OTHER HEALTH CONDITION IN THE CLASS WE DEFINE SOME OF THE KEY TERMS SUCH AS WHAT IS DEMENTIA, WHAT IS A DEVELOPMENTAL

10:54:50 DISABILITY, INTELLECTUAL DISABILITY. WHAT IS MILD, COGNITIVE IMPAIRMENT.

10:54:54 AND WE TALK ABOUT NORMAL AGING AND HOW THAT COMPARES WE'RE TALKING ABOUT DIFFERENT TYPES, AND STAGES OF DEMENTIA, WHAT ARE THE SIGNS THAT THEY WOULD BE LOOKING FOR HOW DO WE HELP GET A GOOD, DIAGNOSIS, AND HOW DO WE TALK ABOUT TREATMENT, WHAT WHAT CAN BE DONE?

10:55:11 AND THEN PROVIDING CARE THROUGH THE DIFFERENT STAGES OF DEMENTIA, NEXT SLIDE

10:55:18 WE HAVE A TOOL. NOW TO LOOK AT DECLINE IN PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, VERY GRATEFUL TO HAVE THIS DR.

10:55:26 EZRA LEW WAS CRUCIAL IN THE DEVELOPMENT OF THIS TOOL WITH THE NATIONAL TASK GROUP ON INTELLECTUAL DISABILITIES AND DIMENSION PRACTICES, THE MTG, THEIR WEBSITE IS AT THE BOTTOM OF THE PAGE THIS IS A 4 PAGE DOCUMENT, THAT IS EASY TO FILL OUT BY SOMEONE WHO KNOWS THE INDIVIDUAL

10:55:44 AND IT JUST HAS DIFFERENT SECTIONS FOR THEIR ACTIVITIES OF DAILY LIVING BEHAVIORAL CHANGES, HEALTH CONDITIONS, ETC.

10:55:54 AND CAN BE A REALLY GREAT TOOL, TO DOCUMENT, A BASELINE CONDITION AT AGE 40.

10:55:57 FOR PEOPLE WITH DOWN, SYNDROME, AND THEN IT'S RECOMMENDED TO START AT AGE 50, FOR THOSE PEOPLE WITH ID DB.

10:56:04 THAT DON'T HAVE DOWN SYNDROME AND TO BE DONE EVERY YEAR AS AN ONGOING WAY OF DOCUMENTING ANY CHANGES WHICH CAN HELP IN GETTING A GOOD, DIAGNOSIS, NEXT SLIDE.

10:56:15 SO WE REALLY HAVE TO GO WITH PERSON, CENTERED PLANNING WE WORK THROUGH THE LIKE I SAID THE INDIVIDUAL PLANNING TEAM, AND THAT ALLOWS US TO TAILOR CARE TO MEET THE

NEEDS OF THE INDIVIDUAL THE INDIVIDUAL DOWNS WITH DEMENTIA WE NEED TO ENTER THEIR REALITY BECAUSE THEIR REALITY CHANGES AS TIME GOES ON THEIR

10:56:37 NEEDS AND ABILITIES CHANGE WE CAN'T ALWAYS PREDICT IT.

10:56:40 SO IT REQUIRES US TO BE EDUCATED AND TRAINED AND FLEXIBLE AND CREATIVE IN OUR APPROACH NEXT SLIDE.

10:56:47 SO I TRY TO PROVIDE OTHER RESOURCES FOR INFORMATION AND EDUCATION OF OUR CARE PROVIDERS AND FAMILIES AS BEST I CAN HERE ARE SOME OF THE MAIN RESOURCES THAT ARE AVAILABLE AND NEXT SLIDE PLEASE JUST WANT TO THANK YOU FOR THIS OPPORTUNITY TO ADVOCATE FOR THIS OFTEN OVERLOOK SEGMENT OF THE POPULATION IN

10:57:11 CALIFORNIA, THE TIME AND ATTENTION IS APPRECIATED, AND YOUR EFFORTS VERY INCLUSION. THANK YOU

10:57:18 THANKS SO MUCH TO THE DEVELOPMENTAL DISABILITY SERVICES TEAM, BOTH DR.

10:57:22 ESRILEW AND LISA, RUND, YOUR SORT OF KNOWLEDGE OF AN ABILITY TO EXPLAIN IT.

10:57:28 TO PEOPLE WHO MAY BE LESS FAMILIAR ABOUT THE SERVICES AND SUPPORTS THAT ARE AVAILABLE IS REALLY REALLY WELCOME.

10:57:34 AND I'M SURE WE'LL HAVE A LIVELY DISCUSSION.

10:57:37 AFTER OUR NEXT 2 PRESENTERS, AND THE NEXT ONE IS TODD SHETTER, WHO, AS WE MENTIONED, PART OF THE ACTIVE CARE LIVING RESIDENTIAL MEMORY CARE PROGRAM IN KIMBERLY, KEANE WHO'S THE DIRECTOR OF PROGRAM, DEVELOPMENT AT NO HOME SO WITH THAT I'M GONNA, TURN IT OVER

10:57:55 TO BOTH, OF YOU, TO LEARN ABOUT THE SERVICES YOU PROVIDE, AND HOW THOSE MODELS ARE DEVELOPING.

10:57:59 THANKS. SO MUCH FOR BEING WITH US.

10:58:00 OKAY, THANKS, KATHERINE, APPRECIATE BEING HERE AND AND APPRECIATE THE OPPORTUNITY TO BE ABLE TO INTRODUCE EVERYBODY, TO PROBABLY WHAT'S A NEW CONCEPT, OR MOST FOLKS ON THE ON THE CALL AND ON THE ZOOM MEETING TODAY WHAT WE'RE GONNA INTRODUCE IS A A NEW MODEL, OF RESIDENTIAL

10:58:21 LIVING FOR THOSE FOLKS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND DEMENTIA,

10:58:28 BUT WE ALSO WANT TO INTRODUCE THE COLLABORATION PARTNERSHIP THAT WE HAVE BEEN ABLE TO FORM AND PUT TOGETHER OVER THE LAST YEAR, YEAR AND A HALF, WITH NOAH'S HOMES, WHICH MAY BE FAMILIAR TO A LOT OF PEOPLE ON THIS CALL IN THE NAME MOLLY NOCON WHO HAS SERVED AS A

10:58:43 PANELIST FOR 3 YEARS ON THE ALZHEIMER'S ADVISORY CONNECTION NEXT SLIDE, PLEASE

10:58:50 SO WE STARTED DOWN THIS ROAD. REALLY, MORE THAN A YEAR AGO.

10:58:55 ENJOY, OF 21, KIND OF COMING OUT OF THE PANANDEMIC AND KIND OF LOOKING AT WHAT THE WORLD IS GOING TO LOOK, LIKE, MOLLY, AND I HAVE CROSS PATHS, MANY TIMES, OVER THE LAST 8, OR 10 YEARS, SITTING ON COUNTY COMMITTEES THERE'S, AN ALZHEIMER'S PROJECT THAT WAS DEVELOPED HERE, IN SAN DIEGO

10:59:19 COUNTY, WE HAVE BEEN TO ALZHEIMER'S EVENTS TOGETHER.

10:59:23 WE HAVE CERTAINLY SAT ON THE ADVISORY COMMITTEE TOGETHER, AND WE STARTED TALKING ABOUT THE ENVIRONMENT AND SOME OF THE CHALLENGES THAT WE WERE EACH SEEING IN OUR PERSPECTIVE, COMMUNITIES, AND KIND OF OUR FIELDS, OF OF DELIVERING RESIDENTIAL CARE AND MOLLY, SHARED SOME OF THE ADVANCEMENTS, AND SOME OF THE

10:59:43 EXCITING, NEWS THAT NOSE HOME HAD ACHIEVED OVER THE LAST 5 YEARS WITH BEING ABLE TO BUILD AND OPERATE TO DEDICATED DEMENTIA HOMES.

10:59:51 BUT THE PROBLEM. THEY WERE LOOKING AT WAS KIND OF THE NEEDS THAT WERE STILL OUT IN THE COMMUNITY, THAT WERE ON THAT, AND SO THAT KIND OF LED TO MORE DISCUSSIONS, AND AND WE STARTED DOWN THE PATHWAY OF LOOKING AT THE ENVIRONMENT, THAT WE GET CREATED AT ACTIVE CARE, AND REALLY STARTED SHARING THE SIMILARITIES AND THE NEEDS OF

11:00:10 OUR CLIENTELE, A TRADITIONAL GERIATRIC POPULATION, THAT HAD SOME FORM OF DIMENSION, SO ACTIVE, CARE LIVING OWNS, AND OPERATES, EAT DIFFERENT STANDALONE COMMUNITIES IN SOUTHERN CALIFORNIA FOR OUR IN SAN DIEGO COUNTY FOR OUR IN ORANGE, COUNTY, EVERYONE THAT LIVES, IN AN ACTIVE CARE, COMMUNITY HAS SOME FORM OF

11:00:31 DEMENTIA, AND SO WE ARE USED TO PROVIDING A CERTAIN LEVEL OF SUPPORT.

11:00:39 PROVIDING NEEDS AND HELPING ASSIST FOLKS THAT HAVE A DIMENSION DIAGNOSIS NEXT SLIDE, PLEASE

11:00:49 SO LET US KIND OF INTRODUCE, EACH INDIVIDUAL GROUP, LITTLE BIT OF A BACKGROUND HISTORY ON ACTIVE CARE, LIVING, WE HAVE BEEN IN BUSINESS FOR MORE THAN 30 YEARS.

11:01:04 AND REALLY, OUR GOAL IS TO CREATE AN ENVIRONMENT WHERE WE'RE BRINGING FULFILLMENT, AND ENHANCING THE LIVES OF FOLKS THAT HAVE DEMENTIA ON A DAILY BASIS.

11:01:13 WE KNOW, AND UNDERSTAND FROM OPERATING SKILLED NURSING FACILITIES BACK IN THE SEVENTIES AND EIGHTIES, THAT THERE WAS KIND OF A MISSING LINK.

11:01:23 THERE WAS A, THERE WAS A HOLE IN THE CAR CONTINUUM FOR FOLKS THAT HAVE ALZHEIMER'S DISEASE, AND REALLY OTHER FORMS OF DEMENTIA, A SKILLED NURSING FACILITY, IS ALL ABOUT REHAB SOMEBODY COMES IN WITH A FRACTURED HIP WITH SOME KIND, OF A CONDITION, AND THE

11:01:38 GOAL, IS TO GET THEM BETTER AND RETURN THEM TO THEIR PREVIOUS LEVEL OF CARE ASSISTED LIVING COMMUNITY, OR AN INDEPENDENT LIVING COMMUNITY IS DEALING WITH AGING INDIVIDUALS.

11:01:49 THEY HAVE SUPPORTIVE NEEDS NEED MEDICATION, ASSISTANCE, THEY MAY BE FRAIL THEY NEED SUPPORTIVE MEALS.

11:01:54 AND HOUSEKEEPING BUT THEY DON'T HAVE DEMENTIA, AND SO WHEN SOMEBODY HAS DIMENSION WE KNOW THAT IT'S A PROGRESSIVE, DEGENERATIVE DISEASE, AND ASSISTED LIVING DIDN'T PREFER ENOUGH.

11:02:07 SUPPORT SKILLED NURSING PROVIDED, TOO MUCH SUPPORT AND REALLY NOT A WAY TO BE ABLE TO MEET THE UNIQUE NEEDS OF FOLKS THAT HAVE DEMENTIA.

11:02:16 AND SO WE CREATED A NEW LEVEL OF CARE, WE'LL TALK ABOUT THAT.

11:02:19 A LITTLE BIT LATER AS TO HOW WE CAN TO THAT CONCLUSION.

11:02:23 WHAT WE DID AT THE STATE, LEVEL, BUT OUR GOAL IS TO BUILD FROM THE GROUND UP COMMUNITIES THAT MEET THE NEEDS INDIVIDUAL AND UNIQUE NEEDS OF FOLKS THAT HAVE SOME FORM OF DEMENTIA AND PROVIDE THEM THE OPPORTUNITY TO LIVE AT THE HIGHEST POSSIBLE LEVEL, OF FUNCTIONING FOR AS LONG AS THEY CAN THROUGHOUT THE COURSE OF THEIR

11:02:43 LEFT, SO LET KIM, KIND OF DESCRIBE THE THE NOSE HOME.

11:02:47 GOOD MORNING AND FOR THOSE OF YOU WHO MIGHT NOT KNOW NO HOMES.

11:02:52 WE ARE RESIDENTIAL CARE, COMMUNITY IN SAN DIEGO COUNTY, THAT SUPPORTS 90 ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, ACROSS TIME, HOMES AND WE'VE BEEN SUPPORTING THIS POPULATION FOR OVER 40 YEARS, AND AS OUR POPULATION SPECIFICALLY OUR POPULATION WAS DOWN SYNDROME BEGAN TO AGE, OUR

11:03:10 RESIDENTS FACED THE POSSIBILITY OF BEING FORCED TO MOVE TO ONE OF THE SKILL NURSING TYPE FACILITIES.

11:03:15 THAT TODD WAS SPEAKING ABOUT BECAUSE THE LEVEL OF CARE THAT THEY REQUIRED EXCEEDED THE LEVEL OF CARE, THAT WE WERE LICENSED TO PROVIDE.

11:03:21 AND THIS WAS DEVASTATING TO OUR RESIDENCE THAT HAD LIVED WITH US FOR A VERY LONG TIME, AND THEY WERE GOING TO BE FORCED TO MOVE AWAY FROM THEIR HOME, AND THEIR FRIENDS AND STAFF.

11:03:32 WOULD LOVE TO CARED FOR THEM, FOR MANY, MANY YEARS, SO NO HOMES EMBARKED ON A JOURNEY TO OPEN THE FIRST MEMORY CARE HOMES IN THE STATE OF CALIFORNIA, IN JANUARY, WE 2,000, AND 17, WE OPENED OUR FIRST 2 HOMES SPECIFICALLY DESIGNED TO CARE FOR THIS POPULATION AND SINCE WE OPENED THOSE HOMES, WE'VE

11:03:48 SERVED 37 RESIDENTS, MOST OF WHICH HAD A PRIMARY DIAGNOSIS OF DOWN, SYNDROME, 17 OF THOSE RESIDENTS, HAD THE OPPORTUNITY TO PASS PEACEFULLY, IN THEIR LONG TIME HOMES, WITH FRIENDS, FAMILY AND STAFF THAT HAD LOVED AND CARED FOR THEM, FOR MANY YEARS WE CURRENTLY HAVE OVER

11:04:06 200 PEOPLE ON OUR INTERESTED IN PLACEMENT LISTS MANY OF WHICH HAVE A PRIMARY DIAGNOSIS OF DOWNSTREAM, AND THEIR FAMILIES, UNDERSTAND THAT THEY'RE LOGG ONES WILL LIKELY REQUIRE MEMORY CARE HOMES, EITHER NOW OR IN THE FUTURE SADLY BECAUSE WE HAVE SO MANY RESIDENTS WHO WE EXPECT THAT I ALREADY

11:04:23 LIVE HERE THAT WILL NEED THOSE HOMES. WE DON'T SEE ANY TIME IN THE FORESEEABLE FUTURE, HAVING AN OPENING FOR ANY NEW RESIDENTS, TO MOVE SO WE JOINED FORCES WITH ACTIVE CARE, LIVING TO SHARE OUR BEST PRACTICES, IN OUR SUCCESSFUL MEMORY CARE, HOME PROGRAMS, DESIGN NEXT SLIDE PLEASE

11:04:41 SO REAL QUICKLY. I KNOW THAT WE'VE GOT LIMITED TIME WE REALLY WANT TO GET INTO THE MOVING PICTURES, AND AND SHOW YOU SOME OF THESE ENVIRONMENTS, ACTIVE CARE WAS ABLE TO WORK WITH DEPARTMENT OF SOCIAL SERVICES BACK IN THE LATE EIGHTYS LEADING INTO 1,900, AND 95, WHERE NEW LEGISLATION.

11:04:56 WAS CREATED TO PROVIDE REALLY A DEMENTIA WAIVER PROGRAM THAT TURNED INTO A WAY FOR COMMUNITIES LICENSED AS RCFS TO PROVIDE APPROPRIATE CARE, IN A RESIDENTIAL SETTING, UNDER AN ASSISTED LIVING LICENSURE AND SO WE HAVE THE FIRST IN CALIFORNIA RESIDENTIAL COMMUNITY THAT WAS

11:05:14 LICENSED UNDER AN ASSISTED LIVING PROGRAM AS AN RC.

11:05:18 FE SPECIALIZING IN MEMORY, CARE, AND THAT KIND OF LED US DOWN THE PATH TO WHERE WE ARE TODAY, NEXT SLIDE, PLEASE

11:05:28 SO ONCE WE KIND OF LEARNED OF THAT GREAT NEED AS KIM, DESCRIBED WE GATHERED FORCES AND PUT TOGETHER APPLICATIONS AND SUBMITTED VENDORSIZATION PACKAGES TO THE SAN DIEGO, REGIONAL CENTER WITH THE IDEA, OF CREATING A PILOT PROJECT IN 2 OF OUR SANDYGO, COUNTY COMMUNITIES ONE IN ACTIVE CARE, AT

11:05:51 ROLLING HILLS RANCH IN SHOE LEVISTA, THE OTHER ONE AT ACTIVE CARE FOR US RANCH, WHICH IS LOCATED IN CENTRAL SAN DIEGO, NEAR RANCHO BERNARDO WE WERE GRANTED THAT VENDORIZATION, FOR 20 ACCOMMODATION, IN IN EACH ONE OF THOSE COMMUNITIES, SO A TOTAL OF

11:06:06 40, LIVING OPPORTUNITIES, FOR FOLKS THAT HAVE INTELLECTUAL AND DEVOUT, DEVELOPMENTAL DISABILITIES AND DEMENTIA, AND SO WE STARTED DOWN THAT ROAD EARLIER, THIS YEAR, AND WE'RE CONTINUING TO WORK WITH REGIONAL, CENTER DOING EDUCATION TO SPREAD THE WORD, THAT THIS OPPORTUNITY, NOW EXISTS, NEXT SLIDE

11:06:30 NO HOME, STORE AND ACTIVE CARE OVER 3 YEARS AGO, AND WE WERE REALLY IMPRESSED WITH WHAT WE SAW IT'S A BEAUTIFUL INCLUSIVE COMMUNITY, DEDICATED CAREGIVERS ENCOURAGE THE RESIDENTS TO ENGAGE IN ACTIVITIES AND PROGRAMS THAT HELP STIMULATE THEIR COGNITIVE FUNCTIONING INCREASE SELF-CONFIDENCE.

11:06:46 AND IT'S VERY MUCH LIKE WHAT WE SEE HERE AT NO HOMES SEVERAL MONTHS AGO, WE BEGAN TO BRING OUR RESIDENTS FOR ACTIVITIES.

11:06:52 AND THEY HAVE A GREAT TIME EXPLORING THE COMMUNITY, AND IT WAS REALLY HEARTWARMING.

11:06:56 TO SEE HOW WELCOMING EVERYBODY WAS IN THE FAST FRIENDSHIPS THAT WERE GOING THROUGH SHARED INTEREST NEXT SLIDE, PLEASE SO HERE'S A QUICK TOUR OF ACTIVE CARE, ROLLING HILLS RANCH IF YOU COULD PLAY, THAT VIDEO FOR US

11:07:45 YOU

11:08:16 THANK YOU NEXT SLIDE. PLEASE.

11:08:24 HERE'S A FEW PHOTOS OF THE NOAH, HOMES, RESIDENTS VISITING THEIR FRIENDS, AT ACTIVE CARE, THEY LOOK FORWARD, TO GOING BACK, AND VISITING AND PARTICIPATING IN THE ROBUST DAY, PROGRAM ACTIVITIES, THAT THEY HAVE AT EACH OF THEIR LOCATIONS, NEXT SLIDE, PLEASE

11:08:40 SO WHAT'S HAPPENING WITH OUR PARTNERSHIP NOW OUR FIRST RESIDENTS MOVED INTO ACTIVE CARE FOR US, RANCH ON AUGUST FIRST, AND OUR SECOND, INTO ACTIVE KILLER I'M SORRY ROLLING HE'S RENT ON SEPTEMBER FIRST, WE CURRENTLY HAVE 3 RESIDENTS, THAT RESIDE, IN ACTIVE

11:08:56 CARE COMMUNITIES, AND OUR FIRST RESIDENT MARK WAS ON OUR INTERESTED IN PLACEMENT LIST FOR SEVERAL YEARS.

11:09:01 HERE AT NOAH, HOMES. HE WAS WAITING FOR AN OPENING IN ONE OF OUR MEMORY CARE HOMES AND HIS FAMILY DID HIS BEST TO SUPPORT HIM DURING THAT TIME.

11:09:09 BUT IT BECAME A DAILY STRUGGLE AS THEY BEGAN TO AGE AND HIS NEEDS CONTINUE TO INCREASE SO NEXT SLIDE AND THERE'S A IS A QUICK.

11:09:18 OH, I'M SORRY IF YOU CAN CLICK ON THE VIDEO OF BARBARA, FIRST RESONANT MARK

11:07:59 I THINK IT'LL BE REALLY GOOD FOR MARK, BECAUSE HE IS GOING TO HAVE THE STIMULATION IS BEING AROUND OTHER PEOPLE, AND HE'LL BE A LOT. HAPPIER.

11:09:36 BECAUSE HE HAD THE STIMULATION OF GOING AROUND TALKING TO THE NEIGHBORS.

11:09:37 HE HAD THIS LITTLE THING GOING ON WITH MY MOM, AND THEN MY MOM PASSED, AND IT WAS PRETTY TRAUMATIC FOR HIM.

11:09:46 THEN AFTER COVID HIT AND HE HAD TO STAY. HOME.

11:09:47 THAT WAS HARD, AND WHEN HE WENT BACK, HE, I THINK HE GOT HIM A SLUMP, BECAUSE IT WASN'T ANYTHING NEW FOR HIM.

11:09:55 I THOUGHT WE NEEDED TO DO SOMETHING LOOK FOR PLACE FOR HIM TO LIVE, AND THE NEXT DAY IT'S A MIRACLE. THE NEXT DAY.

11:10:03 YOU CALL AND IT'LL BE REAL NICE WELL, HAPPY FOR HIM, TRYING TO STAY POSITIVE A VACATION FOR HIM, AND ME AND WE'LL STILL SEE EACH OTHER, AND HE'LL BE A LOT HAPPIER

11:10:18 THANK YOU, NEXT SLIDE.

11:10:25 ALRIGHT, SO WHAT'S GOING ON NOW, SO TERRY IS ANOTHER RESIDENT.

11:10:29 WE WANT TO HIGHLIGHT REAL QUICKLY. SHE LIVES AT ACTIVE CARE ROLLING HILLS RANCH.

11:10:34 SHE MOVED TO US FROM A SKILLED NURSING FACILITY OUT IN EAST SAN DIEGO COUNTY.

11:10:38 SHE WAS KIND OF STUCK IN THE SYSTEM, AND WE WERE ABLE TO GET HER TO HER NEW HOME, HER NEW ENVIRONMENT, WHERE SHE REALLY HAS THRIVE.

11:10:46 SHE HAS GAINED WEIGHT. WE'VE BEEN ABLE TO WORK WITH THE PHYSICIAN, AND GO THROUGH AND DC.

11:10:52 2 OR 3 OF THE MEDICATIONS, THAT SHE WAS ON FOR ANXIETY AND OTHER CONDITIONS, AND SHE'S MADE A NEW GROUP OF FRIENDS AND SO SHE IS REALLY JUST EMBRACED, AND AND LIVES IN THIS ENVIRONMENT, THAT FOR HER IS LIKE A DAYCARE, PROGRAM, THAT GOES ON 7 DAYS, A WEEK, 24 H A DAY SO SHE'S

11:11:08 JUST REALLY IN HER HIGHLIGHTED PART OF HER LIFE, NEXT SLIDE, PLEASE

11:11:16 SO THE RESIDENTS

11:11:18 I'M SORRY AFTER WE SEE THIS, VIDEO, OR AFTER WE TALK ABOUT THIS YEAR AT TIME.

11:11:22 SO IF YOU COULD KIND OF WRAP IT UP THAT WOULD BE GREAT.

11:11:27 I'LL TAKE A QUICK MINUTE. SO THE RESIDENTS WHO'VE MOVED INTO THE ACTIVE CARE COMMUNITIES ARE THRIVING PHYSICALLY, AND SOCIALLY, THEIR INDIVIDUAL, WHO HAVE BENEFITED FROM STAFF WHO ARE TRAINED SPECIFICALLY, TO WORK WITH THIS POPULATION MANY MAY STILL BE AT HOME WITH AGING FAMILIES, WHO ARE STRUGGLING WITH THEIR

11:11:42 OWN AGE-RELATED ISSUES, OR THEY COULD BE IN A LEVEL 3 HOME WAITING FOR A HIGHER LEVEL OF CARE, TO BECOME AVAILABLE, SO LIKE SEVERAL RESIDENTS THAT ALREADY CALL ACTIVE CARE, THIS HOME THEY HAVE MOVED FROM A SKILLED NURSING FACILITY, BUT MANY ARE STILL INTERPRETABLELY PLACED IN THOSE FACILITIES AND WOULD TRULY BENEFIT BY MOVING INTO

11:11:59 A DAY PROGRAM SETTING THAT THERE'S ALSO THEIR RESIDENCE.

11:12:04 SO THIS MODEL OF CARE PROVIDER, MOST FRAGILE POPULATION, WITH THE HIGHEST QUALITY OF CARE BY HIGHLY TRAINED CARE, PROFESSIONALS IN A BEAUTIFUL INCLUSIVE COMMUNITY ENVIRONMENT THAT'S FILLED WITH MEANINGFUL DAILY ACTIVITIES, THANK YOU

11:11:24 BECAUSE WE HAVE ONE MORE PRESENTER, AND THEN SOME DISCUSSION. THANKS. SO MUCH

11:12:19 AND THE LAST THING THAT I WILL SAY IS WE'RE EXCITED TO ANNOUNCE THAT A WEEK AGO WE SUBMIT AN APPLICATION FOR VENDORIZATION TO THE ORANGE, COUNTY REGIONAL CENTER FOR 40 MORE BEDS IN 2 DIFFERENT PILOT, PROJECT LOCATIONS IN ORANGE, COUNTY ONE OF WHICH NANCY, BARGEMAN WAS ABLE

11:12:38 TO VISIT, AND SPEND SOME TIME WITH US THIS SUMMER EARLIER AT ACTIVE CARE, YOLA LINDA.

11:12:43 SO WE APPRECIATE YOUR TIME AND THE OPPORTUNITY TO INTRODUCE THIS TO EVERYONE. THANK YOU

11:12:47 THANKS FOR THE GOOD INFORMATION AND NOW, BUT CERTAINLY NOT, NOT, CERTAINLY ONE OF THE MOST IMPORTANT PRESENTATIONS IS JUST HEARING ABOUT A FAMILY CAREGIVERS, EXPERIENCE, SO MARC, PLEASE PLEASE, TAKE IT AWAY THANK AND THANKS.

11:13:03 AGAIN FOR BEING HERE WE'RE WE'RE GRATEFUL TO HAVE

11:13:04 NO, I'VE BEEN EXTREMELY IMPRESSED. SO THANK YOU FOR INVITING ME THIS EXCEEDS MY EXPECTATIONS.

11:13:12 WHEN MICHELLE ASKED ME TO BE PART OF THIS GROUP.

11:13:15 SO, AGAIN, THANK YOU, AND MY HATS OFF TO ALL OF THOSE WHO PRESENTED BEFORE ME AS I LIKE TO START THERE ARE POINT, 3 KEY MESSAGES, AS I KIND OF SHARE THE JOURNEY THAT I'VE HAD WITH MY BROTHER, IS ONE IS EDUCATING, AND AND THE DOCUMENTATION, YOU'VE ALL

11:13:37 PRESENTED IS EXTREMELY WELL PUT TOGETHER. HOPEFULLY CAN GET OUT TO THOSE 377,000 MORE PEOPLE GROWING WITH DOWN, SYNDROME, THE OTHER MESSAGE IS OF COURSE PEOPLE HAVING ACCESS AND AND AS YOU, KNOW, ACCESS TO GOOD MEDICAL CARE, IS A CHALLENGE FOR FOR ALL PEOPLE.

11:13:55 BUT IT, YOU KNOW, DEPEND UPON WHERE YOU ARE ON THE ECONOMIC LADDER.

11:13:59 IT CAN CHANGE DEPEND UPON THAT INDIVIDUALS, FAMILY, AND THEN I SAW ONE SLIDE THAT IT WAS VERY IMPORTANT, AND THAT WAS THE NAVIGATING THROUGH THE EARLY DAYS.

11:14:11 AND YOU KNOW PERSONALLY. WHEN I SEE PARENTS WITH A CHILD WITH DOWNSTREAM, I HAVE A DESIRE TO TALK TO THEM AND SAY DOWN THE ROAD.

11:14:21 HOPEFULLY YOU AWARE, BUT I THINK THAT WOULD BE VERY TASTELESS.

11:14:24 BUT HOPEFULLY, THOSE PEOPLE, I SEE, HAVE ACCESS TO RESOURCES THAT YOU'VE ALL COMMUNICATED LET ME IN IN THE LAST MATCH KEY MESSAGES

11:14:34 WE ARE FORTUNATE TO BE IN CALIFORNIA AND I'LL SHARE ABOUT THAT WITH YOU.

11:14:39 WHY BUT CALIFORNIA HAS A GREAT AMOUNT OF RESOURCES VERSUS OTHER STATES MANY OF YOU KNOW ABOUT THAT THERE'S STATES BETTER THAN I DO.

11:14:53 YOU'RE YOU'RE DOING FINE

11:14:49 BUT MY REFERENCE POINT WILL BE ENOUGH. ADAM, SO AND I'LL LIKE STAY ON TIME, FIRST OF ALL, I'M FROM SO OKAY, I'M I'M FROM SOUTHERN CALIFORNIA, AND NOW I LIVE IN NORTHERN CALIFORNIA, FOR THE PAST 40 PLUS YEARS, AND MY MOTHER, GAVE BIRTH TO MY

11:15:05 BROTHER JOHN JUST OUTSIDE OF 40 YEARS OLD AND BACK IN THAT TIME, YOU KNOW, IT WAS CHALLENGE FOR WOMEN, WHO, HAD CHILDREN AFTER THAT AT THAT AGE NO THINGS HAVE CHANGED SINCE THEN BUT THAT WAS OUR ENVIRONMENT AND WE HAD A IRONIC, OCCURRENCE WE LIVE NEXT DOOR TO A REGISTERED NURSE, AND

11:15:27 AND SHE AT THAT TIME IN THE EARLY DAYS OF MY BROTHER'S BIRTH, INFORM MY PARENTS, THAT MY BROTHER HAD DOWNS, AND IT WAS NOT ON HIS BIRTH CERTIFICATE IT WAS NOT KNOWN UNTIL THE SHE MADE THAT COMMENT OF COURSE MY MOTHER AND FATHER DENIED THAT FACT UNTIL THEY LEARNED EARLY EARLY ON INTO IN

11:15:49 TERMS, OF HOW HE WAS A DEVELOPING, SLOWLY DEVELOPING.

11:15:54 I HAVE TO SAY THAT WHILE WE'RE IN SOUTHERN CALIFORNIA, MY MOTHER AND FATHER WERE VERY VERY INVOLVED WITH THE REGIONAL CENTERS IN SOUTHERN CALIFORNIA, AS MY FATHER BECAME MUCH MORE AWARE MY MOTHER BECAME MUCH MORE AWARE, THEY BECAME YOU KNOW, COMMUNITY ACTIVISTS, IN THE CARE, AND ADVOCACY, OF MY BROTHER AND THEN

11:16:16 I MOVE UP TO NORTHERN CALIFORNIA IN THE LATE SEVENTIES AND IN TERMS OF PHILANTHROPY.

11:16:23 I SPEAK SAW ORGANIZATION CALLED MARK M. A. RC, AND I SAID, THAT'S THE KIND OF ORGANIZATION I WANT TO BE A PART OF CAN.

11:16:33 AND I LEARN IT WAS MARIN ASSOCIATION FOR RETARDED CITIZENS.

11:16:35 NOW YOU KNOW THAT NAME DOES NO LONGER USE. IT JUST SHOWS YOU HOW FAR BACK.

11:16:40 WE'VE CHANGED NOMENCLATURE TERMINOLOGY TO BE MORE APPROPRIATE, BUT THAT WAS ORGANIZATION AND FORTUNATELY I WAS ON THE BOARD, AND BECAME VERY INVOLVED WITH THE COMMUNITY ACTIVITIES BECAUSE WE HAD A HIGH POPULATION OF RESIDENTS IN OUR VARIOUS HOMES.

11:16:55 WE HAD DOWN SYNDROME OVER TIME AT YOUR SHARP SHOWS, THOSE HOMES ARE NOW BEING HAVE PEOPLE WITH MORE AUTISTIC DISABILITY VERSUS DOWNSTAIRS, I DIDN'T SAY MY BROTHER DIED AT THE AGE OF 53, 53, IF YOU THINK ABOUT DR.

11:17:16 MOBILE'S CHARTS AT THE BEING 8

11:17:26 I MEAN 53 EXCUSE ME

11:17:32 SO HE PASS IT. 53. BUT BEFORE THEN MY PARENTS HAD MOVED TO LAS VEGAS, AND THAT'S WHAT WE SAW A BIG BIG DIFFERENCE OF SERVICES FOR MY BROTHER COMPARED TO CALIFORNIA FORTUNATELY MY FATHER MOTHER HAD RETIRED SO THEY WERE ABLE TO BECOME ACTIVISTS IN THE LAS

11:17:52 VEGAS, COMMUNITY, ALSO, AND MY BROTHER BECAME HAD A WORK ENVIRONMENT, AS YOU HAD INDICATED MANY DOWN SYNDROME FOR PEOPLE CAN CARRY A NORMAL, IF YOU WILL DOWN SYNDROME LIVE WITH WITHOUT A LOT OF COMPLICATIONS, AND THEN AS YOUR VIDEO SHOWED MY BROTHER, DID HAVE A TRAUMATIC EVENT, MY FATHER.

11:18:10 DIED AND SLOWLY, NOT IMMEDIATELY WE START TO SEE COGNITIVE IMPAIRMENT TO THE POINT WHERE HE BECAME FROM A MILD MANOR.

11:18:20 JOHN TO A VERY AGGRESSIVE, AND AND IN LAS VEGAS WE REALLY DIDN'T HAVE A KNOWLEDGE ABOUT.

11:18:27 WHAT WAS THE REAL CAUSE. MY BROTHER HAD A PSYCHIATRIST, THE PSYCHIATRIST, PROVIDED AN ABUNDANCE OF MEDICATIONS, BUT WE DIDN'T HAVE ANY TRAINING.

11:18:37 IF YOU WERE EDUCATION ON HOW TO DEAL WITH THE OVERPAID OF TIME.

11:18:42 SINCE MY BROTHER LIVED IN BAY, LAS, VEGAS, WITH MY PARENTS AND I'M LIVING IN THIS NORTHERN CALIFORNIA, I FORTUNATELY HAD THE RESEARCH, TO FLY BACK AND FORTH SEEING THE

PSYCHIATRIST, AND AND MAKE IN MY MOTHER TO HELP MOVE, IT ALONG BUT AGAIN WE WERE REALLY NOT THAT

11:18:59 KNOWLEDGEABLE AND I FORTUNATELY HEATHER FRIEND, WHO WAS PSYCHIATRIST, I SAID WHAT SHOULD I DO.

11:19:05 ABOUT IT. JOHN, AND HE GAVE ME THE TRUTH. HE HAD 0 BEDSIDE, MANNER, HE SAID, MARC YOUR BROTHER'S NOT GONNA GET ANY BETTER.

11:19:14 AND NOW IT'S A BIG SHOCK, BECAUSE AGAIN, I DIDN'T.

11:19:17 KNOW MY PARENTS DIDN'T KNOW MY CLOSE FRIENDS DIDN'T KNOW.

11:19:20 SECONDLY, I HAVE A NEPHEW, WHO IS BECOMING A PET, BECOMING A DOCTOR, AND THEN HE SHARED THE UK, STUDY ABOUT THE CORRELATION OF DOWN SYNDROME AND AND ALL TIMERS, AND THAT WAS A WELCOME BECAUSE NOW I KNEW THAT THERE WAS SOME CORRELATION, AND WHAT I SHOULD EXPECT OVER

11:19:42 TIME. SO THEN I GOT A WE GOT AGGRESSIVE IN TERMS OF I SHOULD SAY NOT A GOOD ASSERTIVE.

11:19:48 TOOK MY BROTHER TO UC IRVINE TO GET TESTED AT THEIR FACILITY.

11:19:51 THERE THEY HAD A WEALTH OF OF DOCTORS, DARED TO HELP US UNDERSTAND UNFORTUNATELY, JOHN DID NOT LIKE NEEDLES, AND SO THEY WERE NOT ABLE TO GET ANY BLOOD TESTS AND IRONICALLY, SINCE THAT DAY ON HE WAS REJECTING A LOT, OF THINGS.

11:20:07 WE WANT TO DO. BECAUSE WE BROKE THE TRUST FACTOR AND AND MANY OF THE DOCTORS SAYS WHERE YOUR BROTHER HAS, YOU KNOW, OBSESSIVE IMPULSE, SYNDROME, AND AGAIN, THAT WAS NOT A VERY GOOD DIAGNOSIS.

11:20:19 AS FAR AS REAL CONCERN. AND IN THE LATER DAYS, I WOULD SAY MAYBE THE THE ONE NEGATIVE POSITIVE, IS THAT WHEN WE DID FIND OUT THE ALZHEIMER'S HE HAD A VERY RAPID DECLINE, AND WE KNOW THOSE OF YOU KNOW SINCE I'M A VICE CHAIR OF THE BOARD, ON THE BOARD OF THE ALL SERVICE

11:20:39 ASSOCIATION, NORTHERN CALIFORNIA, NORTHERN NEVADA. WE SEE A LOT OF PEOPLE LIVE WITH THE DISEASE FOR MANY, MANY YEARS JOHN DID NOT HAVE THAT HE WENT RAPIDLY FROM FROM A GROUP HOME WHERE HE WAS VIOLENT.

11:20:52 WITH THE K CHARACTERIVERS, THE EVEN HE ATTACKED ME, AND THEN 30 S LATER HE WAS SAY, I'M SORRY HE'D GO BACK TO NORMAL SO HE SHOWED SUBSTANTIAL BEHAVIORAL CHALLENGES, ALONG THE WAY, WE HAD A HOSPITAL, LICENSE AND SHORTLY THEREAFTER WE HAD TO PUT HIM

11:21:08 IN HOSPICE, IT WAS IN HOSTAGE FOR ABOUT 3 WEEKS, AND THEN HE PASSED AWAY.

11:21:14 I COULD GO ON AND ON AND ON, THAT'S NOT THE PURPOSE.

11:21:18 HERE I WOULD SAY THAT EVERY PRESENTATION THAT HAS PRECEDED ME TODAY IS INDICATIVE OF WHAT WE EXPERIENCED.

11:21:27 AND SO THAT'S WHAT I LIKE TO LEAVE YOU ALL WITH I'M AGAIN VERY IMPRESSED WITH THE BODY OF WORK.

11:21:34 I HOPE THAT THERE CAN BE OUTREACH BECAUSE THE RESOURCES THAT YOU ALL HAVE PROVIDED TODAY, WERE NOT AT OUR GRAPHS, NO.

11:21:42 20 YEARS AGO, FRANKLY, NOT EVEN 10 YEARS AGO, IN IN THE NEVADA AREA, SO I WANNA STAY ON TIME, OF COURSE.

11:21:50 BUT I JUST WANTED TO BE ABLE TO SHARE THAT BRIEF EXPERIENCE IN AS YOU CAN SEE THIS PICTURES THAT YOU HAVE ON THE SCREEN, GO FAR BACK I NOW HAVE A GREAT BEER, AND MY FAMILY, IS MUCH OLDER BUT THANK YOU.

11:22:04 MICHELLE FOR SHARING THAT WITH WITH THE AUDIENCE HERE BACK TO TO YOU

11:22:09 HEY, THANKS, SO MUCH FOR YOUR PRESENTATION, AND FOR BEING SUCH A GREAT ADVOCATE FOR YOUR BROTHER, I THINK WE WE ALWAYS LEARNED FROM FAMILY MEMBERS EXPERIENCE ABOUT WHAT WORKED AND WHAT DIDN'T WORK AND KIND OF HOW TO HOW TO MOVE FORWARD SO THANK YOU THANK YOU SO MUCH TO YOU AND ALL THE OTHER, PANEL MEMBERS SO

10:11:44 HI!

11:22:28 WE'RE GONNA TAKE ABOUT 10 MIN. JUST AMONG THE PANEL MEMBERS TO HAVE A DISCUSSION ABOUT SORT OF LESSONS LEARNED AND AND WHAT OUR FUTURE NEEDS OF IN IN THIS TOPIC AREA SO I WELCOME ANY COMMENTS FROM PANEL MEMBERS AND THEN WE'RE GONNA OPEN IT UP TO A FULL COMMITTEE DISCUSSION AND THEN FOLLOWED

11:22:49 BY PUBLIC MEMBER MEMBER COMMENTS, SO BARBARA, GO AHEAD.

11:22:55 IN, IN THE ALZHEIMER'S SPACE IN THE LAST COUPLE OF YEARS, WE HAVE REALLY RAISED FOCUS ABOUT HEALTHY, BRAIN, YOU KNOW, ALL THE ACTIVITIES YOU CAN DO TO REDUCE RISK SO I'M CURIOUS IF YOU FEEL MAYBE THIS IS 2 DRAMATICALLY, BUT BUT ANY OF YOU IF YOU FEEL THAT

11:23:30 YEAH, THANKS BARBARA, I'LL START THE THE SAME RISK.

11:23:35 FACTORS THAT ARE ACTIVE IN THE NEUROTYPICALS HAVE RELEVANCE TO THE DANCE, SYNDROME POPULATION I THINK ABOUT WHAT WHAT THOSE ARE REDUCED EDUCATION THAT'S A THAT'S A VERY.

11:23:48 BIG RISK IT'S WE GOT THAT DIFFICULTIES WITH HEARING.

11:23:54 WE GOT THAT AND I THINK PROBLEMS WITH MOOD DISORDERS.

11:24:00 CHECK THAT BOX, AND THEN I THINK, PARTICULARLY RELEVANT TO TO WHAT MARC JUST SPOKE ABOUT THERE'S A VERY REAL NEED FOR SOCIAL CONTACT, THE THE ABILITY TO BE IN TOUCH WITH OTHER FOLKS TO HAVE WARM AND HAPPY RELATIONSHIPS, IS EXTREMELY IMPORTANT FOR ALL OF US BUT IT REALLY IS IMPORTANT PEOPLE.

11:24:24 WITH DOWN CENTER MEN AND MARK WAS RELAYING A STORY.

11:24:28 YOU KNOW, WHEN WE SEE PEOPLE IN THE CLINIC AND THERE THERE ARE NEW PROBLEMS WITH MEMORY, OR BEHAVIOR WE TRY TO TAKE A VERY CAREFUL, HISTORY ABOUT WHAT'S HAPPENED SOCIALLY, HAS THERE BEEN SOME CHANGE IN THE FAMILY, AS A FAMILY MEMBER DIED HAS A FRIEND, MOVED AWAY, WE HAVE HAVE BUT HAS THE PERSON.

11:24:47 BEEN BULLIED? HAVE THEY BEEN PHYSICALLY ABUSED PEOPLE WITH DOWN SYNDROME, HAVE THIS INCREDIBLE MEMORY.

11:24:54 IT'S IT'S LIKE A BUT IT'S LIKE.

11:24:55 A A PHOTOGRAPHIC. MEMORY. IT'S PROBABLY NOT THE RIGHT WORD FOR THAT, BUT THEY TEND TO REMEMBER THINGS AND EVENTS WITH EXTREME DETAIL, ATTACHED TO THEM, AND YOU COULD SAY WELL, THAT'S POSITIVE, THING, YES, IT'S, POSITIVE EXCEPT THAT THEY RUMINATE ON THAT SO IF THEY HAVE A HAPPY EXPERIENCE THEY MAY RUMINATE

11:25:14 ON THAT, BUT IF THEY HAVE A NEGATIVE EXPERIENCE, THEY MAY RUMINATE ON THAT, AND THAT MAY, IN FACT, BE SEVERE ENOUGH TROUBLING ENOUGH THAT IT PUTS THEM INTO A DEPRESSIVE STATE, AND NOW FOR ALL THE WORLD THEY LOOK LIKE SOMEBODY WHO MAY BE HAVING PROBLEMS WITH MEMORY SO I WOULD ARGUE THAT ALL THE TH

11:25:33 THOSE, THAT 39,% RISK OF MODIFIABLE FACTORS ATTACHED, TO THE EMERGENCE OF AD AND TYPICALS APPLIES TO DOWN SYNDROME AS WELL AND IT'S SPECIAL EMPHASIS ON HEARING VISION AND SOCIAL INTERACTION, AND PAYING ATTENTION, TO SOURCES, THAT COULD CAUSE, DEPRESSION.

11:25:55 SO SO THANKS FOR THAT, AND I I THINK, BARBARA, TO YOUR QUESTION IT'S ALSO THAT HOW DO WE SHARE THAT INFORMATION ACROSS SYSTEMS, RIGHT AND PROMOTE SORT OF THE THE HEALTHY, BRAIN, REDUCTION OF RISK FACTORS, RIGHT SO THANKS FOR THAT AND DR.

11:26:11 S.

11:26:11 YEAH, YOU KNOW, SO THE HEALTHY BRAIN INITIATIVE, ABSOLUTELY DOES APPLY TO INDIVIDUALS WITH OR WITHOUT DOWN, SYNDROME OR IBD SO YOU KNOW, AS DR.

11:26:26 MOWGLI WAS SAYING THOSE MODIFIABLE RISK FACTORS.

11:26:30 SO ATTENTION TO NUTRITION, ATTENTION, TO PHYSICAL ACTIVITY, ATTENTION, TO SLEEP, ISSUES WHICH ARE VERY BIG WITHIN, THE POPULATION, STRESS REDUCTION, SOCIAL CONNECTION, AND THEN REALLY KIND OF AND I MAY BE MISSING ONE OF THE PILLARS BUT IN ANY CASE, BEING ABLE TO PURSUE, IF A PERSON HAS A

11:26:58 CHRONIC, PHYSICAL ISSUE, ALREADY CHRONIC CONDITION, THE EARLIER AND MORE AGGRESSIVE LIKE DIABETES, OR YOU KNOW ANY ANY KIND OF CHRONIC CONDITION.

11:27:11 THAT YOU KNOW CAN SET THE PERSON UP FOR A HIGHER RISK, FOR ALZHEIMER'S, OR RELATED DISORDER.

11:27:17 I MEAN INDIVIDUALS WITH DOWN SYNDROME CERTAINLY HAVE HIGH DEGREE OF CARDIOVASCULAR RISK.

11:27:24 AND WE DO SEE. PEOPLE WHO HAVE ALZHEIMER'S AND OR YOU KNOW MULTI-INFRAARED AND MATCHES, CEREBRAL, BASKETBALL, TO MATCH UP COMBINED BECAUSE OF THAT ARE THOSE RISK FACTORS SO AND AND GETTING THINGS, OUT I MEAN, YOU, KNOW MY HOPE.

11:27:44 IS THAT THE ALZHEIMER'S, YOU KNOW, ASSOCIATION WILL PARTNER WITH WITH DDS, THAT VBS, WILL PARTNER WITH THE DEPARTMENT OF AGING AND LOOK AT THE ALZHEIMER'S INITIATIVE PARTICULARLY FOR THIS POPULATION, AND DISSEMINATE THIS INFORMATION THROUGH THE REGIONAL.

11:28:08 CENTERS. WHICH IS WHERE I THINK THEY WILL REACH FAMILIES. THAT OR LANTERN AND ELIGIBLE.

11:28:18 AND WHO NEED THIS INFORMATION.

11:28:21 THANKS, SO MUCH MARK I GUESS MY MY QUESTION TO YOU IS JUST LOOKING AT FUTURE NEEDS YOU.

11:28:29 YOU TALKED A BIT ABOUT YOU KNOW CALIFORNIA BEING DIFFERENT THAN OTHER PLACES.

11:28:33 DO. YOU HAVE A SENSE OF WHAT YOU? HAVE ANY RECOMMENDATIONS FOR CALIFORNIA ABOUT THINGS THAT WE COULD DO

11:28:41 I THINK YOU'RE ON MUTE, TOO, MY MY MOST COMMON AIR WITH ZOOM

11:28:45 OKAY, NO, NO, NO. THAT THANK YOU I HEARD THE QUESTION. CATHERINE.

11:28:49 THANK YOU. I WAS SHOWING TRYING TO COMMUNICATE THE CONTRAST ABOUT THE RESOURCES THAT EXIST IN CALIFORNIA VERSUS NEVADA.

11:28:59 STARK DIFFERENCE. CALIFORNIA IS MUCH IN MY EXPERIENCE, MUCH MORE ADVANCED.

11:29:03 I SAW MY PARENTS BECOMING AS I SAID BEFORE, MUCH HUGE ADVOCATES FOR MY BROTHER AND OTHERS IN THE COMMUNITY WHERE THERE WAS NOT A CO.

11:29:13 COMPARABLE, REGIONAL, CENTER, FOR EXAMPLE, ALRIGHT SO AND I'VE BEEN.

11:29:18 WE'VE BEEN MY FAMILY, WE'RE VERY INVOLVED IN REGIONAL CENTERS, FROM YOU KNOW, AN ADVOCACY POINT OF VIEW SO THAT'S WHAT I MEANT.

11:29:24 IT DOES

11:29:23 KATHERINE HOPE THAT MAKES SENSE. SO, IF PURPOSE TO RECOMMEND THE ONLY RECOMMENDATION IS, HOW DO YOU?

11:29:27 GET THE MESSAGE OUT THERE TO PEOPLE WHO NEED IT. THAT'S PI THAT MAY THE BIGGEST COMMENT I CAN MAKE FOR YOU

11:29:33 THANK YOU. SO MUCH, AND I THINK THERE'S REAL WISDOM IN THAT.

11:29:35 AND I KNOW SOMETHING THAT BOTH CDA AND THAT DEPARTMENT DEVELOPMENTAL SERVICES ARE INTERESTED IN ABOUT THAT COLLABORATION ABOUT SHARING INFORMATION FROM FROM BOTH SYSTEMS.

11:29:48 SURE.

11:29:46 SO THANKS FOR THAT. SO DO OTHER PANEL MEMBERS HAVE QUESTIONS, OR OR COMMENTS.

11:29:55 I'D LIKE TO ANSWER SOMETHING THAT CAME UP FROM

11:30:01 KRISTIN RAINS IN THE Q. A. IT WAS ABOUT THE COORDINATED FAMILY SUPPORT SERVICES.

11:30:06 SURE, PLEASE.

11:30:07 SO IS ABOUT TO TYPE. OUT THE ANSWERS. SO I APPRECIATE THE OPPORTUNITY TO JUST VERBALIZE IT, AND THAT IS ALTHOUGH THE CFSS IS NOT DEMENTIA OR YOU KNOW, AGING AND DOWN, SYNDROME SPECIFIC IT IS MEANT TO BE A PROGRAM THAT WILL HELP AGING FAMILIES AND INDIVIDUALS WITH DOWN

11:30:30 SYNDROME AND DEMENTIA, SO THAT THE THE WORKERS, THE CFSS, WORKERS, WILL HAVE EXPOSURE TO RESOURCES THAT ARE RELEVANT AND HELP THE FAMILIES, NAVIGATE YOU KNOW GETTING THOSE RESOURCES, AT LEAST THAT'S, YOU KNOW THE THE VISION FOR THIS AND AND I THINK IT, WILL BE VERY

11:30:52 HELPFUL, BECAUSE AS WE'VE HEARD FROM OTHER SPEAKERS.

11:30:57 THIS WILL BE, IT'LL BE NECESSARY TO HEAR ABOUT HOW TO NAVIGATE MULTIPLE SYSTEMS.

11:31:03 SO THAT WE'RE NOT SILOED AND WE ACTUALLY CAN PULL IN THE RESOURCES, FROM DEPARTMENT, AVAILABLE AGING, AND FROM OTHER PUBLIC, HEALTH, FROM OTHER ENTITIES, THAT ARE OFFERING RELEVANT SERVICES FOR INDIVIDUALS SERVICE THROUGH REGIONAL CENTERS.

11:31:22 SO THANKS FOR MUCH, AND I I REALLY APPRECIATE THAT LET'S LET'S MOVE AWAY FROM SILOS AND FIGURE OUT HOW WE LEARN FROM EACH OTHER AS AS A STRATEGY.

11:31:31 SO THAT THAT'S GREAT TO HEAR, AND WE HAVE A COMMENT FROM LISA RUND AND THEN DR.

11:31:36 MOBLEY AND I WANT TO OPEN IT UP ALSO AT THIS POINT TO OTHER ADVISORY COMMITTEE MEMBERS OF YOU HAVE QUESTIONS OR COMMENTS, PLEASE FEEL FREE TO RAISE YOUR HAND WE'D LOVE TO HEAR FROM YOU TOO.

11:31:48 BUT LISA

11:31:48 THANK YOU. YES, I JUST WANTED TO TAKE THIS OPPORTUNITY TO AGREE WITH A COMMENT.

11:31:54 DR. MOBLEY MADE ABOUT THE NEED TO CREATE A MORE ROBUST CLINICAL CARE.

11:32:01 NETWORK TOTALLY AGREE WITH THE AND IN ADDITION, THE NEED TO CREATE A MORE ROBUST COMMUNITY CARE AND COMMUNITY SERVICES NETWORK I I FEEL LIKE I'M SUCH A SMALL VOICE IN THIS BIG BIG ARENA OF TRYING TO TRYING TO SHARE THE INFORMATION SHARE THE KNOWLEDGE AND THE MORE THAT WE CAN HAVE INTERAGENCY,

11:32:26 COLLABORATION AND A COOPERATION WITH GETTING INFORMATION OUT AND BUILDING THESE RESOURCES THE BETTER. WE CAN DO OF COURSE, THAT TAKES FUN THAT'S ALWAYS, YOU KNOW, PART OF IT, BUT I WOULD JUST ADVOCATE VERY STRONGLY, FOR THEM.

11:32:41 YEAH, THANKS FOR THAT I THINK ONE OF THE THINGS, I WAS STRUCK WITH BOTH IN THE PLANNING OF THIS, AND IN THE PRESENTATION IS YOU KNOW, THERE'S A ROBUST DEVELOPING SORT OF SYSTEM CHANGE IN IN SOUTHERN CALIFORNIA, IT.

11:32:54 SEEMS SAN DIEGO AND ORANGE COUNTY, AND MAYBE LESS IN OTHER PARTS OF THE STATE, WHICH IN PART JUST REFLECTS HOW BIG CALIFORNIA IS, BUT SOME REALLY EMERGING IDEAS OF CLINICAL TREATMENT AND SERVICE DELIVERY AND SO I THINK IT'S SOMETHING, LIKE HOW DO WE ADVANCE THAT IN OTHER PARTS, OF THE STATE AND BUILD UPON

11:33:14 THAT, AND AND LOOK FOR OTHER, YOU KNOW, INTERESTING AND EFFECTIVE MODELS OF OF CARE, SO WITH THAT DR.

11:33:20 MOBLEY.

11:33:20 YEAH, JUST THANKS TO LISA, I, OF COURSE, REALLY, SECOND, WHAT YEAR SUGGESTING WHAT YOU'RE SPEAKING?

11:33:28 TO, MY WHEN I SPEAK WITH FAMILIES, I I I AM QUESTIONS ABOUT SO HOW ACTUALLY THIS IS THE SNAP IN THE INDIEC MEETING.

11:33:40 I SAID SO HOW MANY FOLKS IN THE ROOM HAVE CARE FROM SOMEBODY WHO HAS REALLY ANY EXPERTISE WITH DOWN, SYNDROME AND IN THE ROOM OF 50 PEOPLE, 2 HANDS, WINDOW, SO WHATEVER, WHATEVER WE'RE DOING RIGHT NOW, AND I AGREE.

11:33:56 CALIFORNIA IS LIGHT YEARS AHEAD OF MOST PLACES. BUT WHATEVER WE'RE DOING RIGHT NOW IS NOT ENOUGH, AND IT'S NOT ENOUGH.

11:34:06 AT THE LEVEL OF THE TRAINING, THE GETTING THE MESSAGE OUT GETTING PEOPLE READY TO SEE THESE PATIENTS PROVIDING CLINICS, THAT CALL OUT EXPERTISE AND DOWN SYNDROME.

11:34:20 IT'S IT'S A PROBLEM FOR CHILDREN, BUT IT'S MUCH LESS OF A PROBLEM FOR CHILDREN THAN FOR ADULTS.

11:34:26 AND

11:34:25 AND AND SO, WHAT WE SEE IS IS THAT ADULTS WITH DOWN SYNDROME, WHO I MEAN, I'VE HAD 30 ROLES COME TO CLINIC, AND BECAUSE THERE'S BEEN SOME SOCIAL, EVENT THAT CAUSES THEM, TO BE DEPRESSED THEY'RE DIAGNOSED BY A NEUROLOGIST, AND

11:34:41 NEUROLOGISTS, MIND YOU AT AGE 30, WITH ALZHEIMER'S DISEASE, WHICH IS RIDICULOUS.

11:34:46 IT'S COMPLETELY THERE WOULDN'T BE ONE PERSON IN A 1 MILLION WITH DOWN SYNDROME, THAT HAS ALZHEIMER'S DISEASE AT AGE 30.

11:35:00 OKAY.

11:34:55 BUT HERE'S THE FAMILY BEARING THE BURDEN OF A MISDIAGNOSIS OF A LACK OF AN OPPORTUNITY, TO CARE, FOR A DEPRESSIVE CONDITION, AND A THOUGHTFUL WAY, SO THERE'S SUFFERING OUT THERE THAT CAN BE AVOIDED I JUST THINK IF THIS COMMITTEE COULD COME TOGETHER, AND FIND

11:35:26 HEY? THANKS SO MUCH FOR THAT I WANTED TO SEE IF ANY OTHER MEMBERS OF THE ADVISORY, COMMITTEE HAD A QUESTION, OR A COMMENT ABOUT SORT OF NEEDS, IDEAS FOR A FUTURE THINKING SO AND ANDREA PLEASE GO AHEAD.

11:35:40 HI, THIS QUESTION IS FOR MARC I REALLY REALLY ENJOYED YOUR STORY, YOUR PERSONAL STORY REGARDS TO YOUR BROTHER ONE OF THE QUESTIONS I ASKED.

11:35:50 ONLY BECAUSE I WORKED IN THESE FACILITIES AS A DIRECT STAFF AND I'M JUST CURIOUS TO KNOW HOW THE STRUCTURE WORK STRUCTURE WAS FOR YOUR BROTHER AND HOW THE DIRECT STAFF WAS FOR YOUR BROTHER AND WHAT WAS HELPFUL OR WHAT COULD HAVE BEEN IMPROVED

11:36:07 NUMBER ONE. THE INTERACTION WAS GOOD, AND I FELT THAT THERE WAS PROBABLY AT LEAST 2 CAMPS, AS YOU KNOW, BEING AN ADVOCATE, AND IF YOU'RE IN THE REGIONAL, CENTER YOU CAN SEE THE PARENTS WHO ARE ACTIVE WHO WANT TO HELP AND ALSO WANT TO RECEIVE AND THEN THERE'S OTHER

11:36:31 FACTION THAT ARE JUST WANT TO RECEIVE. AND SO I THINK WE I FELT THAT WE HAD GOOD ENGAGEMENT WITH REGIONAL CENTERS, I FATHER, AND MOTHER, HAD THE CAPACITY TO INTERACT WITH THEM AND AND SO WE HAD A GOOD.

11:36:47 EXPERIENCE, LET ME SAY THAT WAS IT PERFECT NO, BUT I MEAN, BUT IT WAS PEOPLE WERE RECEPTIVE. THEY SAW.

11:36:55 MY PARENTS WERE GIVING IN TERMS OF THEIR TIME, AND SO ANDREW THE ANSWER IS, WE HAD GOOD TREATMENT WHAT COULD HAVE IMPROVED, IT'S ALL ABOUT RESOURCES NO GOVERNMENT TOLD RESEARCH IS, HAS UNLIMITED.

11:37:09 SO WE HAD TO PACE OURSELVES AT WHAT TO EXPECT AND GO TO OTHER SOURCES, TO HELP OTHER SORTS OF ME AND OTHER FAMILY MEMBERS UNDERSTANDING SO THAT'S MY ANSWER, I IF I COULD JUST SAY SOMETHING HERE WHAT WHAT HELPS IS THE EDUCATION SIDE AND DO MOLDLY, SET IT IN ANOTHER PALACE TOO.

11:37:29 BUT HOW DO YOU HELP PEOPLE GO THROUGH THAT JOURNEY OVER TIME AND COMMUNICATE

11:37:34 SO HOPE THAT'S HELPFUL ANDREA IT IS ABOUT THAT CARE, YOU KNOW, ONCE ONE LOOKS AT ANDREA IN THE EYES, AND THEY CAN SEE THAT SHE CARES THAT GOES A LONG WAY THAN JUST BEING ANOTHER NUMBER.

11:37:46 BECAUSE THE FAMILY IS STRESSED ANYWAY, AND SO THEY DON'T NEED TO HAVE SOMEONE WHO IS YOU KNOW.

11:37:51 I KNOW, THAT IT'S IT'S NOT. IT'S NOT A DIFFICULT JOB.

11:37:55 LET ME I KNOW IT'S NOT JUST. IT'S DIFFICULT, BUT STILL THE FAMILY IS IN IN THE ALRIGHT SORRY FOR THE ELONGATED ANSWER BUT HOPE THAT'S HELPFUL

11:38:01 YEAH. OKAY. GREAT.

11:38:03 THANKS. THANKS. SO MUCH MARK WE HAVE 2 OTHER COMMENTS FROM ADVISORY, COMMITTEE MEMBERS OR MAYBE ONLY ONE.

11:38:12 NOW MAYBE 2, OKAY, WE'RE GONNA LET DR.

10:11:46 BYE

11:38:15 FARIAS GO FIRST

11:38:19 HI YEAH, THANK YOU SO I SEE THAT I HAD

11:38:24 OR THERE WAS A QUESTION ABOUT THE CADCS AND THEIR ROLE, AND I ACTUALLY SADLY KIND OF HAD THE SAME QUESTION, BECAUSE YOU KNOW, WE GET VERY FEW REFERRALS FOR EVALUATION, AT OUR ALZHEIMER'S DISEASE CENTER IN SACRAMENTO AT UC DAVIS I CAN'T SPEAK

11:38:44 TO THE THE OTHER CENTERS, BUT I IMAGINE IT'S IT'S PROBABLY QUITE SIMILAR.

11:38:53 SO I I GUESS I HAVE A QUESTION FOR THE PANEL ABOUT

11:38:59 WHY, YOU THINK THAT MIGHT BE AN ALSO. I GUESS HOW WE COULD BE MORE INVOLVED AND MORE HELPFUL

11:39:07 PEOPLE HAVE ANY COMMENT ABOUT THAT

11:39:10 YEAH, YOU KNOW. SO I HAVE COUPLE OF IDEAS ABOUT THAT ONE IS THAT YOU KNOW WHO ARE THE PEOPLE WHO WOULD NORMALLY REFER INDIVIDUALS, FOR A WORKUP AT YOUR CENTER.

11:39:23 I THINK MOST FAMILIES ARE GONNA GO TO THEIR FAMILY, PHYSICIAN.

11:39:28 YOU KNOW THEIR PCP IS THE FIRST STOP, AND IT MAY END THERE.

11:39:33 SO IF THE PCP DOES NOT HAVE A SENSE THAT THIS MIGHT BE OPERATIVE, THEY WOULD HAVE NO REASON TO REFER THE FAMILY ON TO A FURTHER WORKUP, AND I THINK THE OTHER PIECE IS THAT A LOT OF FAMILIES DO NOT KNOW ABOUT THE RESOURCE, FOR WHOM IT MIGHT BE RELEVANT, DO NOT KNOW ABOUT

11:39:56 THE RESOURCE AT YOUR CENTER, WHERE THERE MIGHT, IF THEY HAD CONCERNS, AND THOUGHT THAT THIS MIGHT BE INDICATIVE OF BRAIN CHANGES, THEY THEY WOULD GO DIRECTLY TO YOU.

11:40:27 I THINK, THE OTHER, THE OTHER, STRATEGY I MIGHT HAVE AND THEN WE'LL GO TO TO TODD.

11:40:33 IS, YOU KNOW, BECAUSE THE REGIONAL CENTERS ARE SUCH A RESOURCE FOR FAMILIES, WHO HAVE QUESTIONS ABOUT WHAT'S HAPPENING TO A LOVED ONE, I THINK TRYING TO FIND WAYS TO MAKE CONNECTIONS BETWEEN YOUR CENTERS, AND THE SIMILAR ONES AND THE REGIONAL, CENTERS THAT SERVE THAT SAME AREA WOULD BE REALLY HELPFUL AS A

11:40:52 WAY THEN THE REGIONAL CENTERS CAN BECOME A REFERRING ENTITY POTENTIALLY TO THE THE CENTER.

11:41:00 IF IF IT LOOKS LIKE SOMETHING LIKE THAT IS SOME INDICATED, SO IT MIGHT BE IT MIGHT BE GOOD TO LIKE FIGURE OUT AFTER THIS, CALL HOW WE CAN HELP FACILITATE THOSE THOSE KINDS OF CONNECTIONS THROUGH THE REGIONAL, CENTER.

11:41:12 AND I'LL SEND YOU AT LEAST MY IDEAS ABOUT ABOUT HOW WE MIGHT MIGHT DO THAT THROUGH AN INTRODUCTION, OR SOMETHING,

11:41:16 GREAT.

11:41:18 OKAY, WE'RE GONNA TAKE TODD'S QUESTION.

11:41:21 AND THEN BECAUSE I WANT TO MAKE SURE WE OPENED IT UP.

11:41:24 THERE'S AT LEAST ONE HAND RAISED BY AN ATTENDEE, AND WE PROMISE TO HAVE A PUBLIC COMMENT, PERIOD.

11:41:29 SO TODD IF YOU COULD MAKE YOUR COMMENT, AND THEN WE'LL GO TO THE ATTENDEES

11:35:13 A NEW WAY OF THINKING ABOUT CARING FOR ADULTS. WITH I THINK IT WOULD BE WONDERFUL. AND MAYBE IT WOULD BE NATION LEADING, BECAUSE QUITE FRANKLY, THIS IS A OCCURRING ACROSS THE COUNTRY.

11:41:37 YEAH, JUST REAL, QUICKLY, IT'S A QUESTION. FOR DR. MOBLEY, ONE OF THE THINGS THAT WE'VE SEEN INITIALLY FROM CLIENTS COMING TO SEEK SERVICES FROM OUR PROGRAM, IS CHALLENGES, THAT THE FAMILIES HAVE HAD WITH AGING PARENTS SO CAN YOU TALK, ABOUT THAT CORRELATION BETWEEN AGING PARENTS AND DOWN

11:41:56 SYNDROME, WITH WHAT THE PREVALENCE

11:41:55 YEAH, TODD. OH, IT'S IT'S QUITE COMMON, IT WE'RE SEEING.

11:42:03 SO OUR CLINIC SEES ANY ADULT WITH DOWN CENTER, BUT THOSE THAT ARE COMING WITH CONCERNS ABOUT MEMORY LOSS, OR MOOD CHANGES ARE LIKE MID FORTYS, TYPICALLY FIFTIES.

11:42:14 A LITTLE BIT OLDER, NOW, THEIR PARENTS OF COURSE, ARE, YOU KNOW, 20 TO 30, OR EVEN 40 YEARS OLDER THAN THAT.

11:42:20 SO WHEN WE SEE THEM IN CLINIC WE'RE HEARING ABOUT PARENTS, SOMETIMES THE PARENTS ARE THERE THAT'S GREAT MANY TIMES, WE'RE SEEING THEM WITH SIBLINGS, OR OTHER CAREGIVERS, AND RESIDENTIAL FACILITIES, AND AND IT'S ABSOLUTELY TRUE THAT THE INABILITY OF THE OF THE

11:42:38 ELDERLY PARENT TO CARE FOR WHAT IS NOW AN ELDERLY SON OR DAUGHTER CONTRIBUTES TO THE CONFUSION IN THE SOCIAL STRESSORS, SO I WE'RE, SEEING THAT WE'RE FEELING THAT AND AND I IT JUST ADDS TO THE TO THE WHAT'S I WAS GOING TO MENTION SOMETHING VERY BRIEFLY, TO DR.

11:42:56 FARES QUESTION. THERE IS A LACK OF UNDERSTANDING. EVEN AMONG THE DOWN SYNDROME FAMILIES ABOUT WHAT A ALZHEIMER'S DISEASE, LOOKS, LIKE HOW IT PRESENTS WHAT ARE THE ISSUES THAT ARISE AND THERE'S ANOTHER THING THAT HAPPENS AND IT JUST IS JUST A REALITY IF SOMEONE WITH DOWNSTREAM HAS A PROBLEM, IT'S JUST DUE TO

11:43:17 DOWN, SYNDROME, I MEAN, I THERE'S THIS OVERSHADOWING.

11:43:21 WELL, THEY HAVE DAN, YOU KNOW, THEY'RE HAVING INDIGESTION.

11:43:25 WELL THEY HAVE DOWN SYNDROME YOU KNOW THEY'RE HAVING TROUBLE SLEEPING WELL, THEY HAVE DOWN SYNDROME, AND WHEN EVERY QUESTION IS ANSWERED, THEY HAVE DAM, SYNDROME, AND THERE'S NOT A CARE MEDICAL ANALYSIS OF THE UNDERLYING QUESTION AND IT'S MEANING AND A PROPER DEFINITION, WORKUP

11:43:40 IS WELL, THAT'S A REASON THAT PEOPLE DON'T SHOW UP AT SKILLED FACILITIES.

11:43:45 BECAUSE, AFTER ALL, THEY JUST HAVE DOWN, CENTER

10:04:06 GONNA DO THE WELCOME AND INTRODUCTIONS. THANK YOU, CATHERINE

11:43:49 OKAY, THANKS FOR THAT MICHELLE. CAN YOU FACILITATE LETTING JANET VAN ZORIN, ASK A QUESTION, AND THEN I KNOW SELENE ALSO HAD A COMMENT AND WE'LL GO BACK TO THAT AFTER WE HEAR FROM JANET WHO'S HANDED HAD HER HAND RAISED FOR A BIT

11:44:06 OH, SORRY. OKAY, HAVE THAT HAPPENED.

11:44:09 THAT'S OKAY. YEAH, I'M GONNA JUST REALLY QUICKLY TRANSITION US BY REMOVING SOME SPOTLIGHTS AND I WANT TO INVITE OUR ATTENDEES TODAY.

11:44:20 TO JOIN THE PUBLIC COMMENT PERIOD, THERE'S QUITE A BIT OF ACTIVITY IN THE Q.

11:44:23 AND A AND CERTAINLY HAPPY TO READ THROUGH, SOME OF THOSE QUESTIONS, BUT INVITE YOU ALL TO ALSO OPEN THAT TAB, AND JUST TAKE A LOOK AS OUR PANELISTS HAVE BEEN RESPONDING THROUGHOUT THIS TIME IF YOU'RE JOINING US, BY WEBINAR FEEL FREE TO USE THAT Q, A TO SUBMIT YOUR PUBLIC COMMENT, OR YOU CAN USE THAT RAISE HAND.

11:44:43 FEATURE, AND WHILE UNMUTE, YOUR LINE AND JANET WILL GET RIGHT TO YOU IN A SECOND IF YOU'RE JOINING US BY PHONE, YOU'LL WANT TO PRESS STAR 9 ON YOUR DIAL PAD AND THAT WILL ALLOW YOU TO JOIN THE QUEUE SO LET'S LET'S TURN IT OVER TO JANET

11:44:57 JANET, I'VE OPENED YOUR LINE, BUT YOU WILL NEED TO UNMUTE YOURSELF BEFORE YOU JUMP IN

11:45:07 YES.

11:45:05 HELLO, CAN YOU HEAR ME, HI, I I FIRST, WANT TO JUST THANK THE PRESENTERS. TODAY.

11:45:14 I THINK THERE'S BEEN AN EXTRAORDINARY COVERAGE OF THE ISSUES, AND IT'S

11:45:23 THANK YOU, DR. MOBLEY, FOR FOR BRINGING THIS TO THE FOREFRONT, I HAVE A COUPLE OF THINGS TO SAY, FIRST OF ALL, YOUR YOUR COMMENT ABOUT DIAGNOSING IS IS SO VERY TRUE I WAS TRYING TO GET DIAGNOSIS, FOR A PROBLEM, THAT MY DAUGHTER DAUGHTER WAS HAVING A NUMBER OF YEARS AGO, AND

11:45:44 I. I I WE TOOK HER JUST OVER 20 SPECIALISTS AND HER PROBLEM.

11:45:52 ACTUALLY OCCURRED OVER A 20 YEAR PERIOD, AND SHE WAS FINALLY DIAGNOSED AT STANFORD IN THE NEUROLOGY DEPARTMENT AS HAVING DOWN SYNDROME AND LEUKEMIA NEITHER OF WHICH SHE HAD AND I KEPT SAYING, WHAT WHAT WHAT MAKES YOU THINK THAT SHE HAS DOWN SYNDROME WHAT IS YOUR

11:46:12 CRITERIA. AND THEY SAID, I MEAN THAT SHE HAS ALZHEIMER'S, AND THEY WOULD SAY BECAUSE SHE HAS DOWN SYNDROME, AND ULT ULTIMATELY SHE WAS DIAGNOSED AND IT TURNED OUT THAT SHE HAD NOT ALZHEIMER'S BUT ADDISON'S DISEASE WHICH ALSO CAUSES.

11:46:32 DEMENTIA, BUT BUT IT'S CURABLE, I MEAN IT.

11:46:36 THE DISEASE IS NOT CURABLE, BUT SOME OF THE DEMENTIA IS CURABLE THROUGH A APPROPRIATE.

11:46:42 MEDICATIONS. SECONDLY, I WANTED TO TO SAY THAT OUR EXPERIENCE IN NORTHERN CALIFORNIA HAS BEEN SO DIFFERENT.

11:46:51 THAN WHAT HAS BEEN DESCRIBED. WE HAVE NOT FOUND THAT THAT WE HAVE HAD SUCCESS IN WORKING WITH OUR REGIONAL CENTER TO DEVELOP DEMENTIA CARE SERVICES, OR TO DEVELOP HOMES, SUCH AS THE HOMES, THAT NOAH HAS IN SOUTHERN CALIFORNIA WE WE VISITED THAT HOME, WE HAVE A COMMITTEE, HERE THAT'S, BEEN WORKING

11:47:17 WITH AT AT LEAST 2 REGIONAL CENTERS, AND SOMETIMES SEVERAL MORE THAN THAT WE'VE BEEN TRYING TO DEVELOP DEMENTIA CARE SERVICES AND ALSO SOME TYPE OF HOMES WHERE PEOPLE WITH THAT ARE AGING WITH DOWN SYNDROME AND DEMENTIA COULD LIVE IN NORTHERN CALIFORNIA ALL WITHOUT SUCCESS, SO FAR SO MY QUESTION

11:47:42 IS WHERE EXACTLY ARE THE BARRIERS? WHERE IS THE RIGHT DOOR?

11:47:47 WHERE ARE THE SERVICES THAT ARE GOING TO BE COORDINATED.

11:47:51 IF YOU LIVE IN NORTHERN CALIFORNIA, THANK YOU

11:47:54 THANKS FOR THE COMMENT, JANET, IS ANYONE ELSE ON THERE'S LOTS OF GOOD COMMENTS AS M.

11:48:02 MICHELLE AND MARIA NOTED ON THE CHAT. SO WE'LL SEE. IF ANYONE ELSE HAS A COMMENT THEY WANT TO MAKE HOPEFULLY

11:48:11 GREAT, AND I'M I'M NOT SEEING ANY HANDS UP BUT I DON'T KNOW KATHERINE, DO WE WANT TO SPEND SOME TIME JUST READING SOME OF THE COMMENTS THAT HAVE BEEN SUBMITTED THROUGH Q.

11:48:19 A WE WE PROBABLY WON'T HAVE TIME TO GO THROUGH AND ANSWER THEM.

11:48:23 SO I INVITE PANELISTS WHO ARE WITH US. IF YOU WANT TO POP INTO THAT Q, A TAB AND AND PROVIDE A WRITTEN RESPONSE THAT WOULD BE HELPFUL SELENE I SEE YOU'VE GOT YOUR HAND, UP, SO I

11:48:34 YUP LET'S GO BACK TO CELINE.

11:48:36 OKAY.

11:48:37 THANKS. EVERYBODY FOR A GREAT PRESENTATION, WE I THINK I'VE MENTIONED BEFORE, DID A HAD THE GRANT FOR TO ADMINISTRATION, IT CAN BE LIVING WHERE WE WERE FOCUSING ON THE ID POPULATION AND THESE PRESENTATIONS.

11:48:49 TODAY, GIVE ME A LOT OF FOOD FOR THOUGHT, AND ESPECIALLY

11:48:54 JANET YOUR COMMENTS. JUST NOW BE BECAUSE, AS AN ALZHEIMER'S DAYCARE RESOURCE CENTER.

11:48:59 IT WASN'T A SPECIALIZATION, AND WE HAD TO KIND OF WE BUILT OUR MUSCLES IN THAT AREA.

11:49:04 SO WE DID A TRAINING WITH UCL THEN WE TRAINED OUR REGIONAL CENTER ON DEMENTIA, THEY WERE VERY RECEPTIVE TO IT.

11:49:11 BUT I DO THINK THAT REGIONAL CENTER COMMUNITY-BASED ORGANIZATION PARTNERSHIP, AND ON'M HOPING WITH THE CALCULATION GRANTS, THAT WE'LL BE ABLE TO REALLY FOCUS ON STRATEGIES AROUND THE OUTREACH I'M JUST THINKING, NOW, THAT IT'S AN ALL 7 DAYCARE RESOURCE CENTER HOW FAMILIES WOULD

11:49:26 EVEN KNOW THAT WE SPECIALIZE IN THIS POPULATION. AND SO HAVING CONVERSATION ABOUT BEST WAYS TO REACH THE THE CAREGIVERS, I THINK IT'S A UNIQUE NICHE, AND AND JUST MAKES ME THINK ABOUT ALL THE THINGS.

11:49:41 THE NEXT THINGS WE NEED TO DO AS AN ALZHEIMER'S DAYCARE RESOURCE CENTER TO DO BETTER CARE BECAUSE WE ARE DOING THE CARE COORDINATION AND WHAT WE WHAT WE DID IN OUR COMMUNITY, AND WE'RE SMALL ENOUGH, TO DO IT IS WE DECIDED TO USE NTG SCREENING, TOOL,

11:49:57 WE DID A COMMUNITY TRAINING FOR ALL THE DAY PROGRAMS. BECAUSE WHAT WE'RE FINDING AS PEOPLE HAVE MORE MEDICAL COMPLICATIONS IN THEY'RE TRANSFERRING TO US, AS AN ALL-SIM REGARD CARE, RESOURCE CENTER ADULT THEY HEALTH CARE PROGRAM, AND SO ALL OF US HAVING TO DR MOWLEY'S, CONFERENCE, ALL OF US, USING THE

11:50:23 HEY! THANKS FOR THAT COMMENT CELINE REALLY APPRECIATE IT.

11:50:27 WE ARE AT TIME. I WANNA THANK GIVE A BIG SHOUT OUT TO OUR PRESENTERS.

11:50:33 I THOUGHT THIS WAS JUST A TERRIFIC DISCUSSION, BOTH. FOR THE INFORMATION SHARING AND THE DIFFERENT DISCIPLINES THAT WERE INVOLVED.

11:50:41 THE DIFFERENT MODELS THAT ARE AVAILABLE. AND I THINK A DISCUSSION THAT REALLY HELPS US THINK ABOUT WHAT CAN SOME NEXT STEPS BE THAT OR SO THAT CROSS FERTILIZATION AND CROSS SHARING OF INFORMATION, THAT WILL HELP ADDRESS SOME OF THE BARRIERS, THAT PEOPLE HAVE EXPERIENCED ACCESSING SERVICES AND TO HELP SORT OF

11:51:00 PROMOTE GOOD PRACTICES WITH DEMENTIA CARE ACROSS DIFFERENT DEPARTMENTS, AND ELIMINATE SOME SILOS.

11:51:07 SO, REALLY, THANK YOU FOR THAT. I WANTED TO. JUST ACKNOWLEDGE THAT BOTH, MEG BARON AND DR.

11:51:13 THOMPSON HAVE JOINED US, AND I WANT TO ACKNOWLEDGE DARCY DELGADO, WHO'S HERE FROM AGENCY, AS A REPRESENTATIVE FROM HEALTH AND HEALTH, AND HUMAN SERVICES AGENCY SO

WELCOME TO ALL OF YOU WE'RE TAKING A 30 MIN BREAK FOR LUNCH AND STRETCHING AND WHATEVER ELSE.

11:51:32 PEOPLE NEED TO DO, THOUGH THANK YOU MICHELLE FOR BUILDING THAT INTO THE AGENDA, AND SO WE WILL BE BACK.

11:51:40 I THINK IT IS AT 1220 TO START WITH A WHOLE BUNCH OF INTERESTING PRESENTATIONS, FROM PEOPLE AT AGING AND OTHER DEPARTMENTS.

11:51:52 SO I LOOK FORWARD TO SEEING YOU AT AT 1220, THANKS THANKS TO ALL OF OUR PRESENTERS AGAIN, SO SEE YOU AT 1220,

12:21:11 PERFECT.

12:21:14 HEY WELCOME BACK, EVERYONE, SO IT'S SUCH A PROMPT GROUP!

12:21:20 SUSAN, I THINK WE'RE READY FOR YOUR PRESENTATION.

12:21:22 THANK YOU SO MUCH.

12:21:25 SURE YOU CHANGED YOUR BACKGROUND ON THIS CATHERINE

12:21:28 I DID NOW, I'M DOING CHILDCARE. IN ADDITION TO DOING THIS MEETING.

12:21:32 OH, WELL, WELCOME BACK EVERYBODY, AND I JUST I REALLY WANNA COMMEND CATHERINE AND MICHELLE, AND ALL OF THE PANELISTS THAT WAS AN INCREDIBLY MOVING MORNING SESSION AND I I'M JUST THINKING OF PEOPLE WHO'VE GONE BEFORE US IN PARTICULAR I'M THINKING OF SHARON, TRUCKING, MILLER

12:21:52 WHO SERVED ON THIS COMMITTEE FOR MANY YEARS, AND AND CARED FOR HER SISTER ROBIN UNTIL THE END OF HER LIFE.

12:21:59 MOLLY, NO CON, OF COURSE, AND YOU KNOW MANY PEOPLE WHO HAVE FILLED FILLED THE THE SLOT, SO TO SPEAK, AND YOU KNOW THAT JUST SPEAKS TO HOW PROGRESSIVE CALIFORNIA IS IS THAT ONE WE HAVE AN ALZHEIMER'S.

12:22:15 ADVISORY, COMMITTEE. THAT'S BEEN STANDING SINCE THE 19 EIGHTIES, AND THAT WE HAVE ALWAYS INCLUDED AT LEAST ONE MEMBER ON THIS COMMITTEE WHO REPRESENTS THE DEVELOPMENTAL DISABILITY, COMMUNITY SO THANK YOU FOR ALL THE WORK THAT WENT INTO THIS MORNING'S PANEL I LEARNED A GREAT DEAL AND NOW

12:22:33 WE CAN MOVE TO THANK YOU FOR MOVING TO THE SLIDE. WE'RE GONNA HAVE AS A STANDING I'M SWITCHING AROUND THERE.

12:22:42 WE GO, AS A STANDING AGENDA TOPIC. WE JUST ALWAYS WANT TO KEEP AT THE FOREFRONT, THE 10 RECOMMENDATIONS, IN THE GOVERNOR'S ALZHEIMER'S PREVENTION, AND PREPAREDNESS TASK AND BETWEEN LAUREN GROVE AND MYSELF, WE'RE GONNA PROVIDE, I THINK WE'RE GONNA TOUCH ON ALL

12:23:00 10 OF THESE ITEMS BETWEEN THE DEPARTMENT OF AGING AND THE DEPARTMENT OF PUBLIC HEALTH UPDATES AND PRESENTATIONS.

12:23:09 SO THIS IS JUST A REFRESHER TO THE GROUP OF THE 10 ACTION ITEMS ALL OF WHICH WERE INCORPORATED INTO THE STATE'S MASTER PLAN FOR AGING, SO THEY THEY ALL LIVE ON THROUGH THE MASTER PLAN FOR AGING AND WE'LL GO AHEAD, AND AND MOVE TO THE NEXT SLIDE, SO I I WAS GONNA

12:23:28 START OUT WITH WHAT'S HAPPENING AT THE CALIFORNIA DEPARTMENT OF AGING.

12:23:32 WE WERE ALONG WITH OTHER STATE DEPARTMENTS AND AGENCIES AND OUR FEDERAL PARTNERS AND COMMUNITY BASED ORGANIZATIONS.

12:23:43 THERE WAS A LOT OF ACTIVITY AND RECOGNITION THROUGHOUT THE MONTH OF NOVEMBER FOR NATIONAL, ALZHEIMER'S DISEASE, AWARENESS, MONTH AND FAMILY CAREGIVING MONTH, GOVERNOR NEWSOM ISSUED AN A RECOGNITION, A PROCLAMATION, AND WE'LL SHARE THAT WITH YOU IN THE CHAT, IF

12:24:00 YOU DID NOT SEE THAT ALREADY AND THE DEPARTMENT OF AGING HOSTED, A FAMILY CAREGIVER, WEBINAR, THAT WAS EXTENSIVE.

12:24:09 WE BROUGHT IN OUR FEDERAL PARTNERS, FROM THE ADMINISTRATION ON COMMUNITY LIVING I DON'T RECALL IF THIS, HAPPENED BEFORE OR AFTER THE LAST TIME, THIS GROUP, MET BUT THE NATIONAL STRATEGY FOR FAMILY CAREGIVING, WAS RELEASED BY THE BIDEN ADMINISTRATION, AND CALIFORNIA IS COMMITTED TO ANALYZING THAT WORK, AND AND LOOKING

12:24:31 FOR AREAS, WE WE DO QUITE A BIT OF WHAT'S CONTAINED IN THAT REPORT.

12:24:35 AND THERE ARE THINGS WE'RE NOT YET DOING. SO WE'RE IN THAT PROCESS, RIGHT NOW OF ASSESSING WHERE WE ARE AS A STATE.

12:24:41 AND WE REALLY WANT TO SEIZE ON THAT FEDERAL OPPORTUNITY, TO BE PART OF THE NATIONAL CAREGIVING STRATEGY.

12:24:48 ALSO, SINCE WE LAST MET, THE DEPARTMENT OF AGING HAS RECEIVED OR AROUND THE TIME WE MET.

12:24:55 IT'S. IT'S NOT CLEAR WE RECEIVED 2 FEDERAL GRANTS FROM THE ADMINISTRATION ON COMMUNITY, LIVING THE FIRST CONTINUES, MORE THAN A DECADE OF WORK IN ON IN ALZHEIMER'S AND THIS TIME THE FOCUS IS ON CONNECTING INDIVIDUALS WITH ALZHEIMER'S AND THEIR FAMILIES UPON DIAGNOSIS SO THIS

12:25:17 IS INTENDED TO BUILD OFF OF THE DEMENTIA CARE.

12:25:22 AWARE, IF WE INCREASE SCREENING AND DETECTION AND DIAGNOSIS.

12:25:25 WE WANT PEOPLE TO HAVE A PLACE TO GO RIGHT AWAY. SO WE ARE PARTNERING WITH THAT GRANT WITH IMPERIAL COUNTY VENTURA COUNTY AND MARINE WITH OUR AGING AND DISABILITY, RESOURCE CONNECTIONS.

12:25:40 AND OUR AREA AGENCIES ON AGING AND THE MODEL IS BUILT AROUND THE UC SAN FRANCISCO CARE, ECOSYSTEM DESIGN.

12:25:48 AND IT RELIES, UPON COMMUNITY HEALTH, WORKERS, BECAUSE THAT IS A FOCUS OF THE ADMINISTRATION IN CALIFORNIA.

12:25:57 NOW REIMBURSES COMMUNITY HEALTH WORK, MEDICAL WILL.

12:26:02 NOW REIMBURSE COMMUNITY HEALTH WORKERS AND WE HAVE A STATEWIDE, COMMUNITY, HEALTH WORKER, CERTIFICATION, PROGRAM, UNDER DEVELOPMENT BY H, K THE OFFICE OF HEALTH CARE ACCOUNTABILITY, AND INFORMATION SO THAT WAS THE FIRST ONE IT IS A 3, YEAR ALZHEIMER'S GRANT THE SECOND GRANT THAT WE RECEIVED.

12:26:26 WAS, FOCUSED ON THE STATES, NO WRONG DOOR SYSTEM AND

12:26:31 IT ALLOWS US TO ESTABLISH A STATEWIDE GOVERNANCE COUNCIL.

12:26:36 WHAT YOU HEARD THIS MORNING IS EXACTLY WHAT WE WANT TO ACHIEVE.

12:26:40 WHERE WE'RE BREAKING DOWN SILOS, AND WE'RE WORKING ACROSS AGENCIES, AND ACROSS DEPARTMENTS TO MAKE THE MOST SENSE AND STREAMLINE PROGRAM, SERVICES AND INFORMATION FOR THE END USERS WHETHER IT'S, OLDER ADULTS, PEOPLE, WITH DISABILITIES FAMILY CAREGIVERS HEALTH CARE PROVIDERS, COMMUNITY-BASED

12:27:01 ORGANIZATIONS. SO THAT ALLOWS US TO BUILD BUILD OUT FORMALLY THE NO WRONG DOOR SYSTEM, AT THE EXECUTIVE LEVEL THE NEXT IS WE LAUNCHED OUR COW COMPASS, AWARDS, YOU WILL HEAR FROM MICHELLE JOHNSTON, ABOUT THAT IN JUST A MOMENT WE'RE VERY EXCITED BY THE INTEREST IN THE RE

12:27:22 RENEWAL OF THE ALZHEIMER'S DAYCARE RESOURCE CENTER MODEL AND FUNDING FOR 7 SITES.

12:27:28 I BELIEVE, MICHELLE WILL GIVE YOU ALL OF THE PARTICULARS.

12:27:32 WE ALSO HAVE LAUNCHED THE CAL GROWS. THIS IS THE THE CAL GROWS INNOVATION FUND.

12:27:38 THIS IS THE HOME AND COMMUNITY BASED SERVICES SPENDING FOR THE NON IN HOME SUPPORTIVE SERVICES WORKFORCE, SO THIS WOULD BE HOME CARE WORKERS, PEOPLE WHO WORK IN RESIDENTIAL CARE SETTINGS INDIVIDUALS WHO WORK IN ADULT DAY HEALTH CARE ADULT DAYCARE MULTI-PURPOSE SENIOR SERVICES, PROGRAMS, PACE SITES AS WELL AS FAMILY

12:28:02 CAREGIVERS THIS APPLICATION PERIOD CLOSED ON FRIDAY AND I BELIEVE WE HAVE OVER A 140 APPLICATIONS RECEIVED.

12:28:14 SO WE'RE VERY EXCITED TO DIG INTO THAT AND MAKE THOSE DECISIONS, AND GET THAT FUNDING OUT EARLY, IN 23, AND THEN IT'S ANOTHER ISSUE, THAT THIS COMMITTEE HAS CLOSELY FOLLOWED FOR MANY MANY YEARS IS OLDER ADULT BEHAVIORAL HEALTH WE'RE THRILLED TO REPORT THAT IN

12:28:37 NOVEMBER, THE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION FOR THE STATE THEY APPROACHED US IN THE SUMMER, THEY WANTED TO DO MORE FOR OLDER ADULTS AND AT THEIR NOVEMBER AT MEETING THEY APPROVE 20 MILLION DOLLARS TO SUPPORT 2 OLDER ADULTS, SPECIFIC PROGRAMS ONE, IS AN

12:29:00 EVIDENCE-BASED PROGRAM, KNOWN AS PEARLS, PEARLS IS OFFERED IN SEVERAL COUNTIES AS WELL, AS SOME OF OUR AREA, AGENCIES, ON AGING AND SOME COMMUNITY-BASED ORGANIZATIONS, AND WE'RE ALSO LIFTING UP A MODEL, KNOWN AS AGE, WISE THAT IS IN SAN

12:29:18 BERNARDINO COUNTY, AND WHILE IT IS NOT EVIDENCE-BASED.

12:29:23 IT'S HIGHLY SUCCESSFUL, AND IT'S BEEN ESPECIALLY IMPACTFUL THROUGHOUT THE PANDEMIC, BECAUSE IT RELIES ON TELEHEALTH, SO WE'RE WE'RE BUILDING, THE EVIDENCE FOR AG WISE AND IN BOTH CASES, WE, WANT TO REPLICATE, PEARLS, AND AGE-WISE TO MORE SITES, AROUND THE

12:29:39 STATE, AND WHY THIS IS IMPORTANT TO THIS COMMUNITY. IS IT WILL INCLUDE OF COURSE, PEOPLE WITH COGNITIVE IMPAIRMENTS AS WELL AS FAMILY CAREGIVERS WHO HAVE MENTAL HEALTH CONCERNS AND BEHAVIORAL HEALTH CHALLENGES AND THEN I THINK THERE'S ONE MORE, AND LOOK IN IT OKAY, 2.

12:29:58 MORE, THE AGING AND DISABILITY RESOURCE CONNECTION, ADVISORY COMMITTEE.

12:30:03 THIS IS A STANDING, COMMITTEE OF THE DEPARTMENT OF AGING TO TO EXPAND THE ADRC MODEL, WHICH IS A LINKAGE, A FORMAL LINKAGE, BETWEEN AN AREA AGENCY ON AGING AND AN INDEPENDENT LIVING CENTER SO WE'VE, JUST PUT OUT A A CALL FOR APPLICATIONS, AND HAD A SELECTION PROCESS.

12:30:24 AND WE'RE GOING TO ANNOUNCE NEXT WEEK NEW MEMBERS OF THE ADVISORY COMMITTEE AND I'M VERY EXCITED.

12:30:31 THAT I KNOW THERE'S AT LEAST ONE WHO HAS A VERY SPECIALIZED BACKGROUND IN ALZHEIMER'S END DEMENTIA WHO WILL BE JOINING AND THEN LAST WE WERE THRILLED THAT WE WERE SELECTED BY THE AMERICAN SOCIETY ON AGING AS A TO PRESENT AT THEIR SPRING CONFERENCE ON ALL OF THE ACTIVITY

12:30:49 HAPPENING IN CALIFORNIA, WITH DEMENTIA CARE, AWARE THE GERIATRIC EMERGENCY DEPARTMENTS, AND THE GOVERNOR'S MASTERPIECE FOR AGING AS WELL, AS THE WORK OF THE ALZHEIMER'S TASK, FORCE SO I THINK, THAT COVERS EVERYTHING THAT'S HAPPENED, SINCE WE MET LAST

11:44:04 YUP, I THINK, MARIA, AND ANSWERED TO OPEN HER UP.

12:31:10 GREAT THANK YOU SO MUCH

12:31:10 GREAT AND JUST AS I SAID, WE'RE GONNA ROLL RIGHT INTO MICHELLE. WHO WILL GIVE YOU ALL THE DETAILS ON CAL COMPASS, WHICH IS

12:31:16 PERFECT.

12:31:16 THANKS FOR THOSE UPDATES, SUSAN REALLY, SO MUCH GOOD WORK HAPPENING.

12:31:21 THANK YOU, OKAY, NEXT, SLIDE, PLEASE, SO MICHELLE, JOHNSTON PROGRAM DIRECTOR FOR DEMENTIA INITIATIVES, WITH THE CALIFORNIA DEPARTMENT OF AGING AND I HAVE THE HONOR TO WORK ON THE CAL-COMPASS PILOT PROJECT AND SO I'M GOING TO SPEND JUST A COUPLE OF MINUTES I'M TELLING YOU A LITTLE BIT MORE

12:31:36 ABOUT THAT PROJECT, AS SUSAN MENTIONED THE PURPOSE IS REALLY TO BRING BACK A MODEL THAT HAD BEEN FUNDED IN THE EARLY 2 THOUSANDS, THE FUNDING CUT LATER AND WELL, IT'D BEEN FUNDED EARLIER THAN THAT BUT IT CONTINUED ON THROUGH THE EARLY 2 THOUSANDS AND THEN WHO IS CUT TOWARDS THE END OF THAT

12:31:56 DECADE AND REALLY TO SUPPORT EXISTING LICENSE ADULT DAY PROGRAMS AND ADULT DAY HEALTH CARE CENTERS, AND BEING ABLE TO PROVIDE DIMENSION CAPABLE SERVICES TO HELP PREVENT OR DELAY INSTITUTIONALIZATION, IN ADVANCE HEALTH EQUITY FOR PERSONS LIVING WITH ALZHEIMER'S AND OTHER DEMENTIA AND THEIR

12:32:14 CAREGIVERS, SO THE TOTAL AMOUNT BEING AWARDED UNDER CALC CAMPUS,

12:32:19 4.5 MILLION DOLLARS HAS BEEN AWARDED TO 7 SITES, AND WE'LL TALK A LITTLE BIT ABOUT WHO THEY ARE IN A MINUTE, AS WELL, AS \$300,000 FOR AN EVALUATION, CONTRACT AND THAT CONTRACT IS ABOUT TO BE SIGNED THE AMOUNT AWARDS PER GRANTEE WERE IN THE 300, AND

12:32:36 50,000 TO 700, AND \$50,000, RANGE AND THE PROJECTS SITES STARTED IN NOVEMBER AND THEY'LL CONTINUE IT'S A VERY QUICK TIMELINE, THROUGH DECEMBER OF 23 I WANNA ACKNOWLEDGE, THAT THIS THE IDEA, FOR THIS PILOT, PROJECT CAME

12:32:52 FROM CELINE WHO'S, ON OUR ADVISOR COMMITTEE AND DEBBIE TOTH AND SEVERAL OTHER PEOPLE WHO'VE BEEN ACTIVE IN THE ADULT DAY, MOVEMENT AND PROVIDING THESE SERVICES AND CARE AND HAVE REALLY BEEN TALKING TO THIS COMMITTEE FOR A LONG TIME, ABOUT THE NEED ANSWER THE DEPARTMENT, OF AGING

12:33:10 ABOUT THE NEED TO BRING BACK THIS RESOURCE AND AND EXPAND IT THROUGHOUT CALIFORNIA, AND THIS FUNDING CAME THROUGH.

12:33:17 IT WAS INCLUDED IN THE CALIFORNIA HEALTH AND HUMAN SERVICES, 2021 HOME AND COMMUNITY-BASED SERVICES SPENDING PLAN, WHICH HAD BEEN APPROVED BY

12:33:26 THE CENTERS FOR MEDICARE AND MEDICAID SERVICES AND PROBABLY MOST OF YOU, ALL BUT MAYBE SOME PEOPLE AREN'T FAMILIAR WITH ADULT DAY PROGRAMMING, AND WHAT THEY DO AND IT'S REALLY COMMUNITY-BASED, SO IT'S IN A COMMUNITY SETTING, IT'S SUPPORT FOR PEOPLE LIVING, WITH ALZHEIMER'S AND THEN

12:33:42 SUPPORT, AND RESPITE FOR THEIR CAREGIVERS, IT HELPS KEEP THESE FOLKS ABLE TO LIVE AT HOME, BY HAVING SOME PLACE TO GO DURING THE DAY, WHERE THEY CAN HAVE SOCIAL CONNECTIONS WITH OTHERS, THEY CAN HAVE ACTIVITIES, THEY CAN HAVE IN SOME CASES, DEPENDING ON THE PROGRAM, ALSO MEDICAL SERVICES

12:34:02 CAREGIVERS SUPPORT AND RESPITE AND SO THEY'RE JUST A SUPER IMPORTANT SERVICE IN OUR COMMUNITY.

12:34:07 AND WE REALLY WANT TO ELEVATE THE ABILITY TO SERVE FOLKS LIVING WITH ALZHEIMER'S AND OTHER DEMENTIA.

12:34:12 THE DAY PROGRAMS WERE MENTIONED. EARLIER THEY ALSO SUPPORT INDIVIDUALS, LIVING WITH KNOWLEDGE, AND DEVELOPMENTAL DISABILITIES AND FOLKS WITH OTHER HEALTH CONDITIONS, NEXT SLIDE PLEASE

12:34:21 SO THE GOAL OF CALC CAMPUS IS REALLY TO HELP ELEVATE THIS MODEL OF PROVIDING DEMENTIA, CAPABLE PERSON-CENTERED SUPPORT FOR PEOPLE LIVING WITH ALZHEIMER'S OR OTHER DIMENSIONS, AND THEIR CAREGIVERS AND AS WE LOOK, AT THE GOALS, OF CALCULATION WE'RE, REALLY GOING TO

12:34:36 BE WORKING TO LEVERAGE THOSE STATE AND LOCAL PARTNERSHIPS AND INITIATIVES, OTHER THINGS THAT ARE GOING ON WHERE WE CAN TIE IN SOME OF THE WORKFORCE INITIATIVES, SOME OF THE FUNDING, MODELS AND REALLY TO CREATE A STATEWIDE, LEARNING, COMMUNITY FROM THE 7 SITES, TO LOOK AT WHAT WAS DONE IN THE PAST IN

12:34:54 TERMS, OF THE MODEL, AND WHAT IS REALLY CURRENT FOR FOR NOW TO IMPLEMENT THOSE BEST PRACTICES TO TEST STRATEGIES OUT TO BUILD ALZHEIMER'S AND EVENTUALLY CAPABLE CARE PROVIDERS, SO REALLY LOOKING AT THE ENTIRE WORKFLOW WHO SERVES AS SYNDICATE TO CREATE SOME UNIFORM

12:35:11 MEASURES AND OUTCOME, EVALUATION TOOLS THAT CAN BE USED BY OTHER PROGRAMS AND TO ENSURE THAT THE SERVICES, MEET, THE NEEDS OF COMMUNITIES WHO'VE BEEN DISPROPORTIONATELY IMPACTED BY DEMENTIA, AND SOME OF THOSE COMMUNITIES, INCLUDE COMMUNITIES, OF COLOR, THEY'LL LGBTQ, COMMUNITY THAT COMMUNITY FOLKS, WITH

12:35:30 INTELLECTUAL DEVELOPMENTAL DISABILITIES. AS WE LEARNED SO MUCH ABOUT THIS MORNING, THOSE WITH YOUNGER ONSET, DEMENTIA, PEOPLE IN RURAL OR ISOLATED COMMUNITIES, INDIVIDUALS, LIVING ALONE, AND OTHERS, AND SO WE'LL BE LOOKING THROUGHOUT CALC CAMPUS FOR OPPORTUNITIES TO FIND SUSTAINABLE REVENUE STREAMS.

12:35:48 AND OPPORTUNITIES TO INCREASE ACCESS TO ADULT DAY SERVICES THROUGHOUT OUR STATE, NEXT SLIDE, PLEASE

12:35:55 SO IN TERMS OF THE PROPOSALS THAT WE RECEIVED THESE ARE THE TYPES OF GOALS, THAT THEY IDENTIFIED FOR THEIR INDIVIDUAL PROGRAMS, AND WHAT THEY'RE GOING TO BE ENHANCING AND THROUGH THIS PILOT PROJECT, SO INCREASING THE NUMBER OF FOLKS, SERVED SOME OF THEM ARE ENHANCING, THEIR PROGRAMS, BY ADDING ON ADDITIONAL

12:36:15 COMPONENTS, SOME OF THEM ARE DOING ACTIVITIES, FOCUSED AROUND STAFF AND TRAINING AND WORKFORCE DEVELOPMENT.

12:36:21 THE ADULT DAY PROGRAMS, DO AN ADULT DAY HEALTHCARE, DO A LOT AROUND TRAINING, AND INTERNSHIPS, FOR SOCIAL WORKERS, AND THERAPISTS, AND OTHER FIELDS, PHYSICAL THERAPY, SO BRINGING THOSE FOLKS, IN AND HELPING GET A WORKFORCE, THAT'S, COMPETENT, TO SERVE PEOPLE, WITH WITH DEMENTIA,

12:36:40 ACTIVITIES, AROUND ASSESSMENT, EVALUATION, AND DOCUMENTATION, AND THEN ENHANCEMENTS AROUND CAREGIVER, EDUCATION AND SUPPORT.

12:36:51 NEXT, SO WE HAD THE RFP WAS LAUNCHED AT THE END OF JULY JUST BEFORE I STARTED WITH THE CALIFORNIA DEPARTMENT OF AGING, AND WE RECEIVED 27 APPLICANTS AND OF THOSE WHO PASSED THE ADMINISTRATIVE, EVEN FISCAL, REVIEWS, AND AFTER THAT THOSE FOLKS WERE SCORED

12:37:08 BY A PANEL OF REVIEWERS, AND WE HAD JUST A REALLY STRONG SET OF PROPOSALS.

12:37:14 WITH THE 4.5 MILLION DOLLAR WE HAD ALLOCATED FOR THIS PROGRAM WE WERE ABLE TO FUND THE TOP 7 AND SO THIS LIST IS WHO ARE CAL-COMPASS AWARDEES, ARE AND AS YOU CAN.

12:37:26 SEE COLLABORATE CARES, WE'RE SLAIN, IS THE DIRECTOR AND SO WE'RE JUST SO FORTUNATE TO HAVE THESE AMAZING PROGRAMS, PEOPLE, WHO SOME OF THEM HAVE PUT THEIR ENTIRE ALMOST ENTIRE CAREERS, INTO THIS, EFFORT AND AND JUST REALLY ARE RUNNING A AMAZING PROGRAMS, AND SO WE'RE LOOKING FORWARD, TO FORMING, THIS.

12:37:46 LEARNING COMMUNITY WITH THEM TO REALLY FIND OUT WHAT ARE THOSE BEST PRACTICES AND THINGS WE CAN USE, AS WE PUT TOGETHER, THIS MODEL, NEXT SLIDE, PLEASE SO WHERE WE'RE AT NOW, OUR LEARNING COMMUNITY HAS BEGUN TO MEET SINCE NOVEMBER FIRST WE'VE HAD 3 MEETINGS THEY'VE SHARED THEIR

12:38:03 INFORMATION WITH EACH OTHER ABOUT WHAT THEY'VE BEEN DOING IN THEIR PROGRAM.

12:38:08 SO THAT THEY CAN ALL GET TO KNOW THE OTHER PROGRAMS IN THE CAL-COMPASS PROJECT.

12:38:13 WE'VE BEEN REVIEWING SOME OF THE PRIOR MATERIALS FROM THE ALZHEIMER'S DAYCARE RESOURCE CENTER MODEL, WE'RE FINALIZING THE CONTRACT WITH THE OUTSIDE EVALUATOR, AND THEN FINALIZING WHAT THAT SET, OF DELIVERABLES IS THAT WE'RE GOING TO NEED TO CREATE FOR THAT NEW

12:38:26 MODEL, SO COME, JANUARY WE'LL BE DIVIDING INTO WORK GROUPS AND FOCUSED ON THOSE DIFFERENT DELIVERABLES, SO THAT WE CAN GET EVERYTHING CREATED BY THE END OF DECEMBER, AND I'M JUST END OF DECEMBER 2023, I'M JUST SO HONORED TO

12:38:39 BE A PART OF THIS PROJECT AND GET TO WORK WITH SUCH AN AMAZING, TALENTED PASSIONATE GROUP OF OF LEADERS THROUGHOUT OUR STATE.

12:38:45 SO THANK YOU AND I THINK NOW, I'M GOING TO BE TURNING IT OVER TO TANYA WHO'S GOING TO TALK ABOUT THE CALL-CONNECT PROJECT

12:38:53 YES, THANK YOU, MICHELLE, HI, EVERYONE. IT'S GREAT TO BE HERE AND I'M EXCITED TO PRESENT THE CAL-CONNECT PROJECT THAT WE CURRENTLY HAVE TAKEN ON IN 2,000, AND 22 IT'S VERY COMPLIMENTARY TO WHAT MICHELLE JUST PROVIDED, AND WE'RE ALSO LOOKING AT HOW TO

12:39:14 IMPROVE YOU KNOW THE SYSTEMS AND QUALITY CARE AS SUSAN. DESCRIBED THROUGH THIS PARTICULAR INITIATIVE.

12:39:21 SO I'M GONNA GO INTO SOME DETAIL ON WHERE WE'RE AT IN THAT PARTICULAR EFFORT.

12:39:28 SO FROM A FUNDING STANDPOINT JUST WANTED TO DESCRIBE THIS IS ACTUALLY A GRANT THAT WE RECEIVED FROM THE ADMINISTRATIVE ADMINISTRATION FOR COMMUNITY LIVING, AND IT'S.

12:39:38 THE ALZHEIMER'S DISEASE PROGRAM INITIATIVE, ADPI.

12:39:42 GRANT THAT IS THROUGH WHIP DESIGNED JUST FOR STATE ENTITIES.

12:39:46 SO WE'RE VERY FORTUNATE THAT WE WERE ONE OF THE STATES.

12:39:50 THAT WAS SELECTED FOR THIS GRANT, AND I CAN, TELL YOU IN MEETING WITH THE ACL.

12:39:56 THEY ARE THRILLED WITH THIS PROJECT AND WHAT WE'RE DESIGNING AND HAVE PLAN FOR ALREADY.

12:40:02 SO WE'RE REALLY EXCITED TO CONTINUE IN THIS AND WITH THIS OPPORTUNITY THE OBJECTIVES ARE TO CREATE AND SUSTAIN A DIMENSION, CAPABLE HOME AND COMMUNITY BASED SERVICE SYSTEM FOR PEOPLE WITH ALZHEIMER'S DISEASE AND RELATED DISORDERS AND THEIR CAREGIVERS SO IT'S YOU KNOW BOTH

12:40:20 THE INDIVIDUAL, AND THEIR CAREGIVERS, USING THE NO WRONG DOOR, APPROACH AND THEN ASSURING ACCESS TO COMPREHENSIVE SUSTAINABLE SET OF QUALITY SERVICES INTERVENTIONS THAT ARE DEMENTIA, CAPABLE AND PROVIDING INNOVATIVE SERVICES TO PEOPLE, WITH DIMENSION, AND THEIR CAREGIVERS SO THIS KIND OF KEY OBJECTIVES HERE

12:40:38 IS YOU KNOW, THIS IS A SYSTEM APPROACH IMPROVING. YOU KNOW THAT INTEGRATION.

12:40:45 STATEWIDE, AND THEN ALSO LOOKING AT YOU KNOW BOTH THE INDIVIDUAL AND THE CAREGIVER AS MENTIONED, NEXT SLIDE, PLEASE

12:40:55 RIGHT, SO PROJECT PARTNERS, WE'RE GONNA PILOT THIS WITH 3 SPECIFIC COUNTIES.

12:41:01 VENTURA MARIN AND IMPERIAL, EACH OF THESE AGENCIES, SERVE OLDER ADULTS, AND PEOPLE, WITH DISABILITIES THROUGH A DESIGNATED OR DEVELOPING, AGING AND DISABILITY RESOURCE CONNECTIONS, PROGRAM, SO CDA, SELECTED THESE SITES, FOR THE STRENGTH OF THEIR EXISTING PROGRAMS, AND FOR THE

12:41:20 GEOGRAPHIC DIVERSITY, REPRESENTING NORTHERN CENTRAL, SOUTHERN, CALIFORNIA, INCLUDING RURAL COMMUNITIES WHICH WE KNOW IS A BIG NEED FOR US, TO BE ADDRESSING AT THE STATE, LEVEL YOU UTILIZING, UTILIZING, THE EDRC PROGRAMS, THIS APPROACH, WILL PROVIDE STREAMLINE ACCESS TO DEMENTIA, CARE, INFORMATION AND

12:41:45 SUPPORTS, ENSURING THAT THOSE SERVED HAVE ACCESS TO RECOGNIZABLE HUBS THAT OFFER RESOURCES, NAVIGATION, ACCESS ASSISTANCE, AND CARE PLANNING SO THE ADDITIONAL PARTNERS, THAT WILL BE INTEGRAL TO THIS IS WE'LL HAVE CLINICAL SUPERVISION WITH NURSING SOCIAL WORKERS AND MEDICATION.

12:42:06 MANAGEMENT, AS WELL AS AN EVALUATOR, THAT'S AN IMPORTANT PART OF THIS GRANT PROGRAM TO ENSURE.

12:42:12 WE MOVE FORWARD WITH AN EFFECTIVE PROGRAM THAT WE CAN THEN LOOK AT THE SUSTAINABLE APPROACH AFTER AFTERWARDS.

12:42:20 SO NEXT SLIDE, PLEASE

12:42:24 NOW THE APPROACH WITH OUR PARTNERS IS USING UCSFS EVIDENCE-BASED CARE ECOSYSTEM PROGRAM, WHICH HAS BEEN EXTREMELY EFFECTIVE AND IS A FANTASTIC MODEL, THAT WE ARE THRILLED TO BE SUPPORTING THIS IS AS AN ECOSYSTEM THAT'S BASICALLY STAFFED

12:42:46 BY WELL, COMMUNITY HEALTH WORKERS TRAINED AS CARE TEAM NAVIGATORS, SO CTNS, THE CTNS PROVIDE SPECIALIZED AMMENTIA EDUCATION WORK, WITH THE FAMILY TO DEVELOP, A

PLAN OF CARE CONNECT FAMILIES WITH COMMUNITY SERVICE, SUPPORT AND AID IN CARE TRANSITIONS, SO NOT ONLY IS THIS YOU KNOW CLEARLY, CREATING A SYSTEM AND A HUB

12:43:08 OPPORTUNITY, BUT IT'S CONNECTING WITH THE SPECIALIST WHO WILL BE ABLE TO PROVIDE THIS LEVEL OF CASE MANAGEMENT, AND SPECIALIZE SUPPORT FOR THE NEEDS OF THOSE INDIVIDUALS, AND THEN OF COURSE WE'LL BE CONTRACTING WITH THE CLINICAL SUPERVISION TO TO MAINTAIN THAT LEVEL OF SUPPORT BEYOND JUST YOU KNOW, THE SYSTEM

12:43:29 INTEGRATION, NEXT SLIDE, PLEASE.

12:43:33 ALRIGHT, SO THE UCSF CARE, ECOSYSTEM, MODEL, WE ARE VERY FORTUNATE THAT AS AN EVIDENCE BASED PROGRAM OUR EVIDENCE-BASED MODEL.

12:43:43 IT IS PUBLICLY ACCESSIBLE MODEL. AS WELL, AND IN THAT CAPACITY WE ARE WORKING WITH UCSF TO MAKE SURE THAT THIS IS CLEARLY TRANSLATED AT THE STATE, LEVEL, IN A WAY THAT YOU KNOW HONORS THE THE DESIGN AND THE SYSTEM THAT THEY CREATED BUT IT ALLOWS US TO CREATE AN AFFORDABLE SYSTEM THAT CAN BE

12:44:05 SUSTAINED AT THE STATE, LEVEL, AND REALLY MODELED IN A WAY THAT ALL COMMUNITIES CAN ACCESS AND BENEFIT FROM BECAUSE AGAIN, IT'S IT'S PUBLICLY ACCESSIBLE.

12:44:18 IT'S SOMETHING THAT WE WANT TO BE ABLE TO SUSTAIN FOR ALL TO BENEFIT FROM YOU KNOW, REGARDLESS OF WHAT INCOME LEVELS AND AND RESOURCES MAY BE AVAILABLE FROM ONE COMMUNITY TO THE NEXT, SO THAT IS WHAT WE ARE STRIVING FOR WHEN WE TALK ABOUT YOU KNOW AN INTEGRATED SYSTEM AND AND LAUNCHING THIS YOU KNOW FOR

12:44:38 SUSTAINABILITY STATEWIDE. SO I JUST WANTED TO SHARE THAT AND NEXT SLIDE. PLEASE

12:44:46 ALRIGHT, SO AS FAR AS THE CONTINUED APPROACH WITH THE PILOT AND CONSUMER NAVIGATION, CONTACT CENTER.

12:44:53 SO WE ARE GOING TO BE PROMOTING THIS HEALTH CARE SYSTEM, ESPECIALLY WITH THE MEDICAL PROVIDERS.

12:44:58 SO WE WILL BE LOOKING AT HOW TO YOU KNOW, INTEGRATE COMMUNITY, CLINICS, HOSPITALS, DOCTORS, HEALTH PLANS, SO YOU KNOW BRIDGING THE DIVIDE BETWEEN MEDICAL AND SOCIAL SERVICES AND INCREASING ACCESSIBILITY, AND EQUITY, AMONG THE COMMUNITY'S, HARDEST HIT, BY DEMENTIA SO THIS ISN'T, JUST YOU KNOW AGAIN.

12:45:18 I WANT TO EMPHASIZE HOW WE'RE IT'S NOT JUST THE SYSTEM THAT WE'RE STANDING UP.

12:45:22 YOU KNOW THE CARE, ECOSYSTEM. IT'S BRIDGING ALL OF THOSE RESOURCES THAT EXIST IN THE COMMUNITY IT'S REALLY BRINGING TOGETHER, THESE NETWORKS IN A, IN A CLEARLY YOU KNOW INTEGRATED YOU KNOW METHOD, THAT WILL BENEFIT BOTH THE CAREGIVERS AND THOSE THAT THAT ARE DIAGNOSED WITH

12:45:45 DEMENTIA, AND AND RELATED DISORDERS. SO WE'RE WE'RE REALLY THRILLED TO BE COLLABORATING WITH THE STATE AREA AGENCY AND WE ALSO LOOK FORWARD TO WORKING WITH CAREGIVER RESOURCE CENTERS AS WELL SINCE THOSE ENTITIES ALSO PROVIDE SIMILAR RESOURCES, AND WE WANT TO MAKE SURE

12:46:03 THEY'RE INPUT, IS PROVIDED IN THE DEVELOPMENT OF THESE PROGRAM RESOURCES NEXT SLIDE, PLEASE

12:46:10 OKAY AND JUST AS A AS A FINAL NOTE WITH DESIRED OUTCOMES.

12:46:16 WE JUST WE WE ARE WORKING WITH THE ACL, AS PART OF THIS GRANT PROJECT TO HAVE CLEARLY DELINEATED, YOU KNOW, MEASURABLE GOALS, AND OUTCOMES, TO CONTINUE TO SUPPORT EXACTLY WHAT YOU, OUR GOAL IS IN TERMS OF THE SUSTAINABLE APPROACH TO THIS THIS OPPORTUNITY AND SO STARTING OFF WITH ITS VERY PERSON

12:46:38 LEVEL PERSON CENTERED IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS. LIVING WITH THE MENTION DECREASED CAREGIVER, BURDEN, SO THAT IS A MAJOR PART OF WHAT WE ARE LOOKING AT IN TERMS OF THE VALUATION, SYSTEM LEVEL DEVELOPMENT OF DEMENTIA CAPACITY AND CALIBRATE'S, PROJECT, SITES, AND EVENTUALLY THROUGHOUT

12:46:57 CALIFORNIA IS NOW, WRONGDOOR SYSTEMS AND THEN SUSTAINABILITY GOALS.

12:47:00 AS I'VE AS I'VE CONTINUED TO MENTION THROUGHOUT MY PRESENTATION.

12:47:04 THAT'S ADOPTING THE PILOT TO CONTACT CENTERS, AS AN ESTABLISHED SUSTAINABLE SUSTAINABLE COMMUNITY RESOURCE THROUGHOUT CALIFORNIA AND ENSURE BEST PRACTICES.

12:47:16 RESOURCES THAT WILL INFORM RELATED STATEWIDE, DIMENSION, CAPABLE, NO WRONGDOOR SYSTEMS AND PROGRAMS.

12:47:22 SO WE LOOK FORWARD TO CONTINUING THIS WE'RE IN THE EARLY STAGES OF PLANNING AT THIS TIME WITH HCL.

12:47:31 WITH THE ADMINISTRATION ON COMMUNITY LIVING, THAT AWARDED US.

12:47:34 THIS GRANT, AND WE LOOK FORWARD TO TWITTER 23. GOING INTO IMPLEMENTATION, STRATEGY AND ROLLING MUCH OF THIS OUT THROUGH OUR OUR PARTNERS, THAT I JUST DESCRIBED.

12:47:46 SO THAT IS WHERE WE'RE AT AT THIS TIME, AND WE'RE THRILLED TO BE ABLE TO TO LEAD THE WAY IN THE STATE OF CALIFORNIA WITH WITH THIS OPPORTUNITY. SO THANK YOU MICHELLE AND EVERYBODY FOR LETTING ME PRESENT AND I THINK I'M THAT'S IT FOR ME AT THIS TIME.

12:48:01 SO THANKS TO ALL OF OUR CDA PRESENTERS, I REALLY APPRECIATE NOT ONLY THE INFORMATION, BUT THE FOCUS.

12:48:09 YOU HAVE ON SORT OF REFLECTING, THE DIVERSITY OF CALIFORNIA WITHIN ALL OF THE WORK THAT'S BEING DONE WAS REALLY NICE TO SEE IMPERIAL COUNTY MENTIONED.

12:48:18 I KNOW THAT'S A REALLY UNDERSERVED PRIMARILY, A LATINX COMMUNITY IN CALIFORNIA.

12:48:24 AND SO IT'S WAS IT JUST NICE TO SEE THAT TOP OF MIND IS IS THAT KIND OF DIVERSITY.

12:48:30 SO THANK YOU, THANK YOU, THANK YOU FOR FOR THAT, AND I THINK WE HAVE ACTUALLY 2 MIN, IF ANYBODY ELSE ON THE ADVISORY COMMITTEE WANTED TO ASK A QUESTION, OR MAKE A COMMENT AND AFTER THAT WE'LL GO.

12:48:45 TO THE TO THE PRESENTATION BY THE DEPARTMENT OF PUBLIC HEALTH

12:48:50 CATHERINE. THERE WAS ONE, QUESTION ABOUT CAL-COMPASS IN THE Q, A.

12:48:55 PERFECT.

12:48:56 AND HAPPY TO ANSWER, YES, YEAH, SO JANET ASKED IF THE CAL-COMPASS PROGRAMS INCLUDE SPECIALIZED TRAINING AND EXPERTISE FOR CAREGIVERS, OF THOSE WITH INTELLECTUAL DEVELOPMENTAL DISABILITIES, IN DEMENTIA, WHO TEND TO BE YOUNGER HAVE MORE PRE EXISTING COGNITIVE DEFICITS, AND A DIFFERENT CULTURE PERHAPS

12:49:12 THAN OTHER GENERAL, PUBLIC MEMBERS WITH DEMENTIA AND YES, SEVERAL OF THE SITES THAT WE SELECTED ACTUALLY ARE ALREADY SERVING INDIVIDUALS, WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, WHO ALSO HAVE DEMENTIA, AND THAT'S DEFINITELY AS I MENTIONED TO THOSE COMMUNITIES THAT WERE FOCUSED ON IN IN THE EQUITY, PIECE

12:49:32 OF THIS AND THAT'S DEFINITELY ONE OF THE COMMUNITIES THAT WE WANNA MAKE SURE THAT THE MODEL REALLY SERVES IN TERMS OF TRAINING, THAT'S NEEDED FOR STAFF TRAINING FOR CAREGIVERS TO MAKE SURE THAT WE'RE SUPPORTING FOLKS, IN THAT COMMUNITY SO THANK YOU JANET.

12:49:47 PERFECT, OKAY, I'M NOT SEEING, ANY OTHER QUESTIONS OR HANDS RAISED.

12:49:53 SO WHY DON'T WE TURN TO LAUREN GROVES?

12:49:57 WHO'S GOING TO DO THE NEXT PRESENTATION

12:49:59 OH, GOOD AFTERNOON! THANK YOU, ALL FOR HAVING ME. MY NAME, IS LAUREN GROVES.

12:50:04 AND I'M THE CHRONIC DISEASE CONTROL BRANCH CHIEF AND I DID WANT TO JUST MAKE ONE BIG ANNOUNCEMENT BEFORE WE GO INTO OUR ACTUAL PRESENTATION TODAY.

12:50:14 I'M JUST GONNA TALK TO YOU GUYS A LITTLE BIT ABOUT WHAT THE DEPARTMENT OF PUBLIC HEALTH IS DOING AROUND THE ALZHEIMER'S RECOMMENDATIONS AND REALLY EXCITED BECAUSE THE TEAM WAS BUILT OUT IN THE LAST YEAR AND WE'VE GOTTEN TO GET MOST OF OUR FUNDING OUT THE DOOR ARE VERY CLOSE TO OUT THE DOOR

12:50:30 SO WE'RE GONNA HAVE A LOT OF REALLY GOOD UPDATES COMING YOUR WAY.

12:50:33 BUT BEFORE I DO THAT I JUST WANT TO LET EVERYONE ON THIS CALL KNOW THAT WE HAVE HIRED A NEW ALZHEIMER'S DISEASE SECTION CHIEF FOR OUR PROGRAM.

12:50:42 HER NAME IS LINLEY STERN, AND SHE IS ON THIS CALL WITH ME TODAY, AND YOU WILL LIKELY HEAR FROM HER IN THE FUTURE.

12:50:50 I'LL GIVE HER A CHANCE IN A LITTLE BIT TO INTRODUCE HERSELF.

12:50:53 BECAUSE I JUST PUT HER ON THE SPOT, BUT WHEN SHE HAS A FEW MINUTES AT THE END, I'LL LET HER INTRODUCE YOURSELF.

12:50:59 BUT WE'RE REALLY EXCITED TO HAVE HER. SHE'S BEEN PART OF OUR TEAM SINCE WE BUILT OUT IN JANUARY, AND SO

12:51:05 THIS IS A REALLY NATURAL PROGRESSION FOR HER, AND WE'RE REALLY EXCITED TO HAVE HER.

12:51:08 SO NEXT SLIDE, PLEASE

12:51:12 GO TO THE NEXT SLIDE. I JUST WANT TO GO AHEAD AND KIND OF GIVE AN UPDATE ON ALL THE WORK THAT WE'RE DOING AND I THINK, ONE OF THE BIG THINGS THAT ISN'T TALKED ABOUT, OFTEN OR CALIFORNIA ALZHEIMER'S, DISEASE CENTERS, SO JUST A QUICK REMINDER, FOR EVERYONE WE DO

12:51:25 HAVE 10 OF THOSE THROUGHOUT THE STATE, AND THEY DO RECEIVE \$281,000 PER YEAR PER CENTER AND WE ARE LOOKING AT STARTING NEW CONTRACTS, WITH THEM IN THE NEXT, YEAR, SO THEY ARE ENDING OUT A CONTRACT PHASE, NOW BUT WE WILL BE ENTERING INTO A NEW CONTRACT PHASE IN JULY OF 2,000, AND 20

12:51:43 3 SO WE'RE REALLY EXCITED FOR THESE SENTER'S. JUST SO YOU KNOW, THEY THEIR FOCUS IS REALLY AROUND IMPROVING THE CARE DELIVERY SYSTEM.

12:51:52 AND WHAT WE CAN DO, BUT THEY ALSO ACT AS EXPERTS FOR US IN THE DEPARTMENT OF PUBLIC, HEALTH.

12:51:56 WE MEET MONTHLY WITH THIS TEAM, AND WE REALLY YOU UTILIZE THAT TIME TO TALK ABOUT WHAT'S COMING NEXT?

12:52:02 WHAT ELSE WE NEED TO BE LOOKING AT WHAT SHOULD BE ON OUR RADAR, WHAT THEY'RE, SEEING IN THE ACTUAL CLINICAL FIELD, THEY ALSO DO AWARENESS IN EDUCATION BOTH TO PROVIDERS AND TO THE COMMUNITY, SO THEY'RE, JUST A REALLY GREAT PARTNER AND THEY'VE BEEN SORT OF THE BACKBONE AND INFRASTRUCTURE OF

12:52:19 THE DEPARTMENT, OF PUBLIC HEALTH ALZHEIMER'S WORK FOR MANY DECADES.

12:52:24 NOW, SO I WOULD ALWAYS LIKE TO START WITH THEM AND GIVE THEM A LITTLE BIT OF CREDIT FOR WHAT THEY DO. THEY'VE BEEN INCREDIBLY HELPFUL TO US IN THIS, PROGRAM AND SO WE CAN MOVE ON TO THE NEXT SLIDE

12:52:38 AND THEN, WE ALSO HAVE OUR HEALTHY BRAIN INITIATIVE, WHICH WAS BROUGHT UP EARLIER.

12:52:43 AND I WANT TO SAY TO THE CONVERSATION. THIS MORNING WAS EXCELLENT.

12:52:45 I THINK EVERYONE ON THE PANEL FOR BEING, PART OF THAT CONVERSATION.

12:52:50 I'VE LEARNED SO MUCH FROM TODAY, ALREADY. AND REALLY BRINGING BACK THOSE CONVERSATIONS INTO THE WORK THAT WE DO SO, FOR EXAMPLE, IN DECEMBER OR CDC'S ARE GOING TO BE HAVING THAT EXACT CONVERSATION WHAT CAN WE DO IN NORTHERN CALIFORNIA TO HELP THIS SPECIFIC POPULATION IS THERE ANYTHING THAT WE NEED TO BE

12:53:08 IMPLEMENTING IN THE FUTURE, AND, IN ADDITION TO THAT OUR CALIFORNIA HEALTHY BRAIN INITIATIVE, NEXT COHORT, THAT WE WILL BE FUNDING OUT SHORTLY WE'LL HAVE AN EMPHASIS ON LOOKING AT THIS POPULATION AS WELL SO JUST WANT TO KIND OF SAY, WE HEAR YOU WE APPRECIATE WHAT THIS COMMITTEE.

12:53:25 BRINGS AND WE ARE DEFINITELY LOOKING AT HOW WE CAN INCORPORATE THAT INTO OUR FUTURE WORK AS WELL.

12:53:30 SO WE DO HAVE OUR CALIFORNIA HEALTHY BRAIN INITIATIVE, AND WE DID HAVE A PILOT PROJECT.

12:53:35 IT ENDED IN JUNE OF THIS YEAR. SO JUNE, THE TWENTIETH, 22, AND WE WERE REALLY EXCITED IN THE NEW BUDGET.

12:53:41 WE DID RECEIVE ANOTHER 10 MILLION DOLLARS TO CONTINUE THIS PROJECT. SO THESE PROJECTS, THIS 10 MILLION, DOLLARS WILL FUND ALL 6 OF OUR PILOTS FOR ANOTHER 2 YEARS.

12:53:51 SO THAT INCLUDES LOS ANGELES, PLASTER, SACRAMENTO, SAN DIEGO, SANTA CLAU, AND SHASTA.

12:53:59 AND WE'RE WORKING WITH THEM CURRENTLY AT THIS TIME TO GET THOSE CONTRACTS UP AND RUNNING.

12:54:02 SO THEY CAN RESTART THESE PROGRAMS AND REALLY CONTINUE TO REACH OUT TO THE COMMUNITY.

12:54:08 AND ADVANCE. COGNITIVE HEALTH, AS PART OF THEIR PUBLIC HEALTH DEPARTMENTS,

12:54:14 IN ADDITION TO THAT, WE WILL BE SPENDING A PORTION OF THIS FUNDING TO START A COHORT NUMBER 2 AS WELL.

12:54:19 SO WE WILL HAVE A COMPETITIVE RFA THAT GETS RELEASED SOMETIME EARLY, 2,023 I'M GONNA SAY JANUARY FEBRUARY TIMEFRAME, WE JUST NEED OUR RFA TO GET APPROVED AND THEN WE CAN GET THAT OUT IN THE COMMUNITY AND TRY TO BRING ON 6 OR

12:54:32 MORE NEW COUNTIES TO HELP WITH THE THE HEALTHY BRAIN INITIATIVE MOVING FORWARD, NEXT SLIDE, AND THEN TO JUMP INTO THE BIG INFLUX OF RESOURCES THAT WE RECEIVED IN IN LARGE THANKS TO THIS GROUP, AND THE HARD WORK THAT ALL OF YOU DO WE'VE BEEN WORKING REALLY HARD OVER THE LAST 10 MONTHS, TO FIND

12:54:54 WAYS, TO GET THIS FUNDING OUT, TO BE SURE THAT WE WERE FUNDING THE RIGHT PARTNERS, AND THAT REALLY STARTED WITH OUR CALIFORNIA RESEARCH PROJECTS AGAIN, THIS IS AN AREA, OUR TEAM HAS BEEN IN FOR QUITE SOME TIME, NOW BUT WE WERE ABLE TO REALLY GIVE A NICE INFLUX IN THE FUNDING SO WE WERE ABLE TO GIVE OUT 8

12:55:11 POINT 7 MILLION DOLLARS TO 7 DIFFERENT RESEARCH PROJECTS. THIS YEAR AND THOSE CONTRACTS ARE ALL SIGNED AND EXECUTED IN READY FOR THEIR THEIR NOVEMBER.

12:55:23 FIRST, STARTING SO WE'RE REALLY EXCITED ABOUT THESE PROJECTS, AND THEN WE'LL MOVE ON TO THE NEXT SLIDE

12:55:32 WE ALSO ARE INCREDIBLY EXCITED. I THIS YOU GUYS ARE THE FIRST GROUP TO HEAR THIS SO WE'RE VERY EXCITED

12:55:42 WE'VE BEEN THROUGH A REALLY EXTENSIVE RFP PROCESS FOR A PUBLIC AWARENESS CAMPAIGN FOR 8.5 MILLION DOLLARS, FOR THE NEXT 2 YEARS, IN THIS, PRO, THIS CAMPAIGN, WE JUST ANNOUNCED, YOU CAN FIND IT ON OUR WEB PAGE BUT WE WILL BE AWARDING RYAN SALTZMAN INC WHICH IS AN

12:56:01 EIGHTY- MEDIA AGENCY, AND IT JUST GOT ANNOUNCED LAST NIGHT AT LIKE 4 O'CLOCK.

12:56:06 SO WE'RE REALLY EXCITED WE WERE EXCITED TO BE ABLE TO ANNOUNCE IT TODAY, AND THEY ARE GOING TO DO GREAT WORK FOR US IF YOU HAVE QUESTIONS ABOUT THAT CAMPAIGN BY ALL MEANS PLEASE FEEL FREE TO REACH OUT, TO ME OR LINLEY, WE CAN HELP WITH SOME MORE IN-DEPTH INFORMATION ON THAT BUT WE'RE

12:56:23 REALLY EXCITED. THEY WON'T START TO MARCH, BUT WE HAVE ANNOUNCED OUR AWARD AT THIS POINT.

12:56:29 NEXT SLIDE.

12:56:32 SO WE ALSO HAVE OUR DIMENSION FRIENDLY COMMUNITIES, AND I THINK SOME OF YOU MAY KNOW THIS IS OUR LONG TERM PLACE BASED INTERVENTIONS.

12:56:39 THAT REALLY ARE TOO INTENDED TO SERVE OUR HEALTHY BEHAVIORS, AND HAS BEEN REFERENCED YOU KNOW, KIND OF PERIODICALLY AND THROUGHOUT AS OUR BLUE ZONES, WORK, AND SO WE ARE CONTRACTING FOR A BLUE ZONE, COUNTY WIDE PILOT AND IT IS A 1, POINT, 7.

12:56:56 1 MILLION, DOLLAR CONTRACT THAT CONTRACT HAS ALSO IS ALSO IN THE FINAL PHASES OF SIGNATURE ON BOTH ENDS.

12:57:03 BUT WE WILL BE WORKING WITH SACRAMENTO COUNTY, FOR THIS BLUE ZONE PILOT.

12:57:07 WE ARE PROVIDING THEM THIS FUNDING TO BEGIN THE PROCESS TO GO THROUGH THE ENTIRE ANALYSIS ASSESSMENT OF THE COMMUNITY, AND ESTABLISH WHAT NEEDS TO BE DONE, TO BUILD THE INFRASTRUCTURE FOR REALLY THAT LONG-TERM PLACE-BASED INTERVENTION, WORK, AND THEN ALSO BEGIN THAT WORK, SO WE'RE REALLY EXCITED AGAIN.

12:57:26 TO ANNOUNCE THAT THAT'S GOING TO BE WITH THE COUNTY OF SACRAMENTO NEXT SLIDE

12:57:34 AND THEN WE ALSO HAVE OUR CAREGIVER TRAINING PROGRAM, AND SO WE'RE ACTUALLY GOING TO BE FOCUSING ON THE UNPAID FAMILY CAREGIVERS WITH THIS PARTICULAR, PROGRAM AND THE BIG REQUIREMENTS FOR US, WHEN WE LOOKED AT WHO TO FUND WHERE THAT HAD TO BE AT NO COST ONLINE AND MULTI-LEVEL

12:57:50 AND THEN IT NEEDED TO INCLUDE PARTNERSHIP WITH LOCAL COMMUNITY ORGANIZATIONS.

12:57:54 AND SO WE ARE I'M CURRENTLY IN THE PROCESS OF FINALIZING CONTRACTS, WITH 2 UNIVERSITIES TO PROVIDE THIS CAREGIVER TRAINING IN BOTH SOUTHERN CALIFORNIA AND NORTHERN CALIFORNIA AND WHAT I REALLY LIKE ABOUT THE WAY THAT THIS PROGRAM HAS PLAYED OUT YOU KNOW WITH OUR 2, PARTNERS, IS WE'RE, OPERATING SORT, OF 2 DIFFERENT PATHS.

12:58:14 FOR FAMILY, CAREGIVERS. ONE IS IT REALLY SORT OF STATIC WEB PAGE, WHERE YOU CAN GO IN AND GET TRAINING, KIND, OF PLUG IN PLAY.

12:58:23 WHATEVER YOU NEED AT THAT MOMENT WHAT'S BEST FOR YOU AT THAT TIME YOU CAN WATCH IT.

12:58:26 YOU CAN GO THROUGH THOSE WEBINARS, GO THROUGH THOSE ACTIVITIES, AT YOUR OWN PACE.

12:58:31 AND WHEN YOU NEEDED, AND THE OTHER IS REALLY A COHORT EXPERIENCE, WHERE YOU'RE STILL GONNA BE DOING THOSE COURSES IN THE TRAINING ONLINE, BUT YOU'RE DOING IT WITH A COHORT OF INDIVIDUALS, IT'S AN INTERACTIVE PRESENTER AND ATTENDEE RELATIONSHIP IN THOSE AND SO THAT'S REALLY INTENDED FOR THE

12:58:48 CAREGIVERS WHO ARE LOOKING FOR THAT ADDITIONAL BOND.

12:58:51 SOMEONE ELSE TO TALK TO THAT ADDITIONAL SOCIAL SUPPORT THAT THEY NEED AND HAVE THE TIME AND ABILITY TO ATTEND THAT TYPE OF TRAINING, SO IT'S REALLY EXCITING BECAUSE WE'LL HAVE 2 DIFFERENT TYPES OF TRAINING AND THEN BOTH OF THOSE GROUPS ARE WORKING ON MAKING THEM CULTURALLY COMPETENT FOR THE MULTIPLE DIFFERENT COMMUNITIES THAT WE HAVE IN

12:59:10 CALIFORNIA SO REALLY EXCITED, I'M HOPEFUL. WELL, I KNOW BY THE NEXT TIME WE ALL MEET TOGETHER WE'LL BE ABLE TO GIVE THE NAMES OF THOSE 2 CONTRACTS, AND THEY'LL BE WELL ON THEIR WAY TO GETTING THE WORK, STARTED NEXT ONE AND THEN OUR LAST KIND OF AREA, OF FUNDING THAT WE HAVE BEEN WORKING

12:59:29 ON IS OUR STANDARDS OF DEMENTIA CARE, AND WITH THIS WE'RE EXCITED BECAUSE WE'VE BEEN ABLE TO REFOCUS THIS PARTICULAR FUNDING GROUP TO REALLY LOOK AT BUILDING A PUBLIC HEALTH RISK REDUCTION.

12:59:41 MODEL, BUT ALSO PROVIDES SOME SUPPORT FOR POST-DIAGNOSIS RESEARCH RESOURCES FOR PROVIDERS, WHAT WE HEARD LOUD AND CLEAR AND WHAT WE'VE HEARD WHEN WE'RE WORKING WITH OUR DIMENSION, CARE, AWARE PARTNERS.

12:59:53 IS THAT ONCE SOMEONE IS DIAGNOSED PROVIDERS IN PARTICULAR ON THE PRIMARY CARE SIDE, NEED SOME HELP, AND SUPPORT ON HOW TO TREAT THAT PATIENT AND ALL THE PIECES THAT GO ALONG WITH IT BEYOND JUST THE TREATMENT, SO WHAT RESOURCES DO THEY, NEED AS PROVIDERS TO PROVIDE GOOD CARE, TO THEIR PATIENTS AND SO WE'VE BEEN

13:00:13 LOOKING, AND WORKING ON THOSE 2 PIECES, AND LOOKING AT A FINAL CONTRACTOR FOR THAT WORK AND THEN ALSO OUR RISK CALCULATOR.

13:00:21 SO, HAVING A WAY FOR PROVIDERS TO REALLY CALCULATE, RISK FOR INDIVIDUALS, AND REALLY HELP US, YOU KNOW DIAGNOSE, THOSE WHO HAVE NOT BEEN DIAGNOSED IN THE PAST. SO REALLY EXCITED ABOUT THIS WORK AS WELL, NEXT SLIDE

13:00:38 AND THEN FOR THIS ONE, I JUST WANTED TO LET EVERYONE KNOW, AND WE HAVE I HAVE SOME OF MY COHORTS ON WITH ME, THAT WE'RE IN ATTENDANCE AT THIS AS WELL, BUT THE ALZHEIMER'S ASSOCIATION, HAD THEIR FIRST EVER STATE DEMENTIA SERVICE COORDINATOR SUMMIT IN

13:00:52 OCTOBER, AND I WAS LUCKY TO ATTEND IT WAS REALLY GREAT.

13:00:55 IT WAS IN WASHINGTON, DC, AND A FEW OF THE KEEP TAKEAWAYS.

13:00:59 THAT I REALLY GOT FROM THIS CONFERENCE WAS THE IMPORTANCE OF ESTABLISHING A STATE GOVERNMENT RESPONSE TO ALL TIME GREAT ABOUT THAT IS, WE HAVE OUR RECOMMENDATION DOCUMENT.

13:01:09 WE HAVE OUR MASTER, PLAN OF AGING, ON AGING, AND SO WE REALLY HAVE IN THAT.

13:01:17 PARTICULAR, THE SECOND THING THAT I REALLY LEARNED WAS, WE HAVE TO KEEP RIGHT ON THE FUTURE OF ALZHEIMER'S TREATMENTS.

13:01:23 AND WHAT THAT MEANS FOR THE STANDARD OF CARE, AND WHAT THAT MEANS WILL CHANGE FOR OUR PROVIDER GROUPS AND WHAT THEY NEED AND WHAT WE NEED TO BE ABLE TO PROVIDE TO PATIENTS AS WELL, AND THAT KIND OF TIES INTO THE THIRD, PIECE WHICH WAS THE PUBLIC, A HEALTH, HEALTH, APPROACH TO DEMENTIA, HOW CAN WE START TO

13:01:40 SHIFT, THE CONVERSATION TOWARDS HEALTHY BRAIN, RISK, REDUCTION, PREVENTION OF THIS DISEASE.

13:01:47 AND HOW CAN WE REALLY CHANGE THE SOCIAL, NORM, AROUND WHAT ALZHEIMER'S IS AND THAT'S A HUGE PART OF I THINK THE NEXT PHASE FOR ALZHEIMER'S WORK IN PUBLIC HEALTH AND THEN JUST ALSO THE IMPORTANCE OF SUPPORTING CAREGIVERS I THINK EVERYONE ON THIS

13:02:03 CALL CAN AGREE THAT THAT IS EMBEDDED INTO EVERYTHING WE DO IN CALIFORNIA AND IT'S SUCH A BIG PART OF WHAT WE PLAN MOVING FORWARD.

13:02:12 BUT IT WAS REALLY GREAT TO HEAR FROM ALL THE STATES, AND GET THESE GREAT IDEAS ON NEW THINGS, FOR EVERYONE.

13:02:18 SO I'M JUST REALLY EXCITED ABOUT THAT AND THEN LAST SLIDE.

13:02:22 WE ALL OBVIOUSLY HAVE QUESTIONS. IF ANYONE, MIKE. BUT I JUST WANTED TO ALSO MENTION IN A MONTH, WE WERE CREATE A A NEW VERSION OF OUR COMMUNICATION KIT.

13:02:35 FOR SOCIAL MEDIA, SO I CAN PUT IN THE CHAT, BOX, A LINK TO THAT.

13:02:40 IF YOU'RE INTERESTED, BUT IT PROVIDES YOU IMAGES AND MESSAGING.

13:02:43 YOU CAN USE FOR SOCIAL MEDIA, AND THEN AS I MENTIONED. WE DO HAVE OUR NEW ALZHEIMER'S DISEASE SECTION CHIEF.

13:02:51 LINLEY STERN SO I'M GONNA TURN IT OVER TO HER, JUST REALLY QUICKLY TO INTRODUCE HERSELF AND THEN IF WE HAVE TIME I'M HAPPY TO TAKE QUESTIONS

13:03:00 THANK YOU, LAUREN. IT'S NICE TO MEET EVERYBODY TODAY AND BE A PART OF THE CONVERSATION.

13:03:05 I'VE RECENTLY BEEN SERVING AS THE RESEARCH PROGRAM LEAD, WITH ALZHEIMER'S DISEASE PROGRAM.

13:03:10 SO THIS IS A NATURAL PROGRESSION INTO THIS ROLE. I LOOK FORWARD TO WORKING WITH YOU, ALL AND

13:03:21 EXCELLENTLY, AND THEN DO WE HAVE TIME FOR QUESTIONS IS THAT OKAY, OR

13:03:24 SURE? DOES ANYONE HAVE A QUITE ANYONE ON THE ADVISORY COMMITTEE HAVE A QUESTION OF LAUREN FROM THAT VERY INFORMATIVE PRESENTATION?

13:03:32 THANK YOU SO MUCH.

13:03:37 I'M NOT SEE. OKAY, GO AHEAD.

13:03:38 WHILE WE'RE WAITING, I WAS GONNA SAY, WHILE WE'RE WAITING, I JUST WANNA SAY, I WANNA GIVE A HUGE

13:03:43 YOU KNOW, KIND OF SHOUT OUT TO THE ALZHEIMER'S DISEASE PROGRAM HERE AT THE DEPARTMENT THE TEAM IT WAS STARTED AS ONE PERSON IN JANUARY, AND IT'S UP TO A SIX-PERSON TEAM AND I JUST WANT TO SAY THEY'VE WORKED SO HARD TO REALLY UNDERSTAND THIS DISEASE REALLY UNDERSTAND WHAT

13:04:02 THE BEST PUBLIC HEALTH MODEL. LOOKS LIKE FOR ADDRESSING THIS DISEASE IN THE STATE, AND HAVE FOCUSED REALLY HARD ON GETTING THIS SUCH IMPORTANT FUNDING OUT TO THE COMMUNITY AND IN THE HANDS OF THE EXPERTS, AND SO I JUST WANT TO I'M SO PROUD OF THEM AND I'M SO LIKE ENTHUSED WITH WHAT THEY'VE, BEEN

13:04:20 ABLE TO DO IN A YEAR, AND I THINK YOU KNOW WE ALL KNOW THAT CONTRACTING IS NOT ALWAYS THE EASIEST PROCESS AND TO BE ABLE TO GET ALL OF THIS OUT THE DOOR HAS BEEN A HUGE YOU KNOW KIND OF PUSH IN THE RIGHT DIRECTION.

13:04:34 HAS HELPED US, MAKE GOOD PROGRESS ON THOSE RECOMMENDATIONS. SUSAN, MENTIONED AT THE BEGINNING OF HER PRESENTATION, SO I JUST WANT TO COMMEND ALL OF THEM, THEY'RE NOT ALL ON I'VE INVITED THEM IN THE PAST TO BE ON THAT WE'VE GOT A LOT.

13:04:52 PERFECT. THANK YOU. I KNOW THERE'S SOME QUESTIONS IN THAT CHAT.

13:04:58 SO WHAT MIGHT MAKE SENSE. I KNOW. MICHELLE WAS TYPING AN ANSWER TO SOMETHING. SO IF YOU DON'T MIND JUST LOOKING THROUGH THOSE AND SEEING IF THERE'S THERE LOOKS LIKE THE LAST ONE POTENTIALLY YOU'LL MIGHT WANNA MAYBE YOU COULD SPEAK. TO

13:04:47 OF THINGS TODAY THAT ARE HAPPENING. BUT THEY'VE WORKED REALLY HARD TO TO MOVE THIS FORWARD

13:05:13 YEAH, I'M I'M LOOKING AT THEM NOW TO SEE WHICH ONE THAT MIGHT BE

13:05:15 PERFECT. THAT'D BE GREAT. THANK YOU.

13:05:18 SO THERE'S ONE QUESTION WILL ALL OF THESE PROGRAMS SPECIFICALLY INCLUDE EXPERTISE, NEEDED FOR SERVING THE NEEDS OF THOSE WITH ID AND DEMENTIA, I THINK THAT IT'S NOT NECESSARY THAT ALL OF THEM WOULD SPECIFICALLY INCLUDE THAT EXPERTISE, I THINK THAT THAT LEVEL, OF EXPERTISE, IS GROWING IN THE STATE, I THINK WHAT

13:05:37 WE'RE DOING IS PUTTING EMPHASIS ON TRYING TO ENCOURAGE THAT EXPERTISE AND BRINGING THE RIGHT PEOPLE TO THE TABLE WITH THESE TYPES OF PROGRAMS.

13:05:45 SO I DON'T I DON'T KNOW IF THAT EXACTLY ANSWERED THE QUESTION, AND I DON'T KNOW IF IT WAS AT A SUBSET OF THE PRESENTATION.

13:05:51 BUT I THINK THAT ONE WAS A BIG ONE TO ASK, AND THEN THERE IS A QUESTION ABOUT DO ANY OF THE CALIFORNIA ALZHEIMER'S DISEASE CENTERS, HAVE THE EXPERTISE WITH WHICH TO

DIAGNOSE DEMENTIA AND THOSE WHO HAVE PRE-EXISTING COGNITIVE DEFICITS DIAGNOSIS FOR THEM INVOLVED

13:06:09 SPECIALIZED TRAINING IN TOOLS AND I'M GONNA SAY, YES, BUT I WILL HAVE TO CHECK ON WHICH ONE SPECIFICALLY THAT WOULD BE, BUT WE CAN CERTAINLY GET BACK TO THE GROUP ON THAT.

13:06:19 AND AND LET EVERYONE KNOW, BUT THERE ARE VARYING EXPERTISE WITHIN THE 10 CENTERS.

13:06:25 SO THEY ALL HAVE DIFFERENT EXPERTISE. THROUGHOUT THROUGHOUT THE CENTERS. BUT I WILL CHECK ON THAT.

13:06:30 AND GET BACK TO THE GROUP.

13:06:32 AND IT LOOKS LIKE THERE'S A LAST QUESTION ABOUT

13:06:36 OUR PEOPLE ARE INTERESTED IN LEARNING ABOUT THE UPCOMING FUNDING OPPORTUNITIES, AND SO FORTH. SO

13:06:42 YEAH, SO, THE UPCOMING FUNDING OPPORTUNITIES. AS THEY'RE AVAILABLE, WE DO POST THEM ON OUR, WEBSITE, THE CALIFORNIA ALZHEIMER'S, DISEASE PROGRAM, OUR CALIFORNIA, DEPARTMENT, PUBLIC HEALTH ALZHEIMER'S DISEASE PROGRAM, WEBSITE, I WILL SEND PUT A LINK IN THE Q A TO THAT WEB PAGE

13:06:59 SO YOU CAN SEE ANY OF OUR OPPORTUNITIES AT ANY TIME.

13:07:14 PERFECT THANKS AGAIN, LAUREN THANKS SO MUCH FOR ALL THE TERRIFIC INFORMATION BEFORE WE GO TO THE SCHEDULED MEETINGS.

13:07:24 JARED LET ME KNOW THAT HE IS GETTING ON A PLANE AT 120.

13:07:28 AND I THINK WE HAVE TIME FOR A VERY LIKE BRIEF, HIGH LEVEL.

13:07:33 LEDGE, UPDATE, THAT WE WERE GONNA TRY AND PUT INTO THE RIGHT BEFORE THE PUBLIC COMMENTS.

13:07:37 SO, JARED, IF YOU WANT TO JUST GIVE US SOME INFO, THAT'D BE GREAT THANKS SO MUCH

13:07:42 YEAH, THANK YOU, CATHERINE, THE THE FLIGHTS IN IN IN AN HOUR AND A HALF.

13:07:50 OH, NO! NO, NO, I KNEW YOU HAD TO LEAVE AT 1 22.

13:07:47 BUT GUY GETS TO THE AIRPORT. SO I'M NOT I'M NOT LIKE RIGHT AT THE AIRPORT ABOUT WELL, THANK YOU SO MUCH FOR FOR LETTING ME PRESENT VERY BRIEFLY, YOU KNOW, THE LEGISLATURE, RECONVENED AT THE BEGINNING OF THIS WEEK, AND WE WERE

13:08:05 FORTUNATE ENOUGH TO ONE. HAVE OUR FIRST SPONSORED BILL BE INTRODUCED, BUT I ALSO WANTED TO MENTION THAT THE WORK THAT WE HAD STARTED LAST YEAR WITH A B, 1618 BY ASSEMBLY MEMBER AGRAR CURRY WILL CONTINUE AS WELL SO FIRST OUR FIRST SPONSOR BILL A B 21

13:08:26 BY, ASSEMBLY MEMBER GIBSON. THIS IS A CONTINUATION OF THE PEACE OFFICER TRAINING PROPOSAL THAT WAS IN A. B.

13:08:31 2583 VERY SIMILAR IN AND IN AND STATUTE, RIGHT NOW OR OR IN PROPOSAL RIGHT NOW AND THEN WE'RE GOING TO CONTINUE TO WORK WITH POSTS AND OTHERS TO FINE-TUNE, THAT VIA, LEGISLATIVE PROCESS SECOND, WE WILL BE TAKING A PORTION, OF

13:08:48 A, B, 1618, THE PORTION THAT WAS RELATED TO THE ALZHEIMER'S ADVICE, THIS ADVISORY COMMITTEE AND BE REINTRODUCING THAT WITH ASSEMBLY MEMBER AGARA CURRY THE BILL HAS NOT YET BEEN RINGINTRODUCED I'D IMAGINE THAT ON INTRODUCTION IT'LL

13:09:05 LOOK VERY SIMILAR TO WHAT WE KIND OF FIND TUNE THROUGH THE LEGISLATIVE PROCESS WITH FEEDBACK FROM THE ADVISORY COMMITTEE, BUT ARE LOOKING FORWARD TO ACCOUNT CONTINUED CONVERSATION, SO YOU KNOW OUR HOP IS THAT WE'LL BE ABLE TO CONTINUE THIS CONVERSATION IN PARTICULAR AT THE NEXT ADVISORY, COMMITTEE STILL SEEK

13:07:54 I ASSUME ALRIGHT.

13:09:22 FEEDBACK AND INPUT AND FINE TUNE IT. SO THAT CAN BE THE BEST POSSIBLE, BILL POSSIBLE, POSSIBLE POSSIBLE POSSIBLE, AND THAT'S THE THAT'S THE END OF MY IN PRESENTATION, OR COMMENT

13:09:31 OKAY. THANKS FOR DOING THAT, GEORGE AND THANKS FOR YOUR WORK. AROUND THE ALZHEIMER'S COMMITTEE, MEMBERSHIP AND MAYBE YOU COULD JUST POST IN THE CHAT, IF YOU HAVE IT JUST SORT OF WHAT THE LANGUAGE WAS LAST YEAR, OR SOMEONE OR OR WE CAN SET IT OUT, LATER, JUST SO WE HAVE SOME NEW MEMBERS AND PEOPLE.

13:09:47 CAN KIND OF BE AWARE OF THAT SO THAT'D BE GREAT.

13:09:50 WE ARE NOW GONNA DO, JUST REVIEW OUR MEETING SCHEDULE FOR NEXT YEAR.

13:09:55 IT'S GONNA LOOK SOMEWHAT DIFFERENT THAN WHAT WE HAVE DONE THIS YEAR.

13:10:00 SO WE ARE MEETING STARTING IN FEBRUARY, MAY AUGUST AND NOVEMBER THE MEETINGS AGAIN, WILL BE FROM 10 UNTIL UNTIL 2, AND THAT HELPS US ALIGN WITH SOME OF THE THINGS THAT ARE HAPPENING LEGISLATIVELY, I THINK IN WAYS THAT WE HAVEN'T BEEN ABLE TO DO

13:10:19 BEFORE SO THE GOVERNOR'S BUDGET WILL BE OUT IN JANUARY, AND THAT'LL PROVIDE US WITH THE OPPORTUNITY.

13:10:24 TO HAVE SOME INFORMATION. MORE MORE TIMELY ABOUT THAT, SO THAT IS THE SCHEDULE, THAT CDA HAS PROPOSED SO ANY QUESTIONS, OR COMMENTS ABOUT THAT

13:10:42 AND AND THANK YOU. LISA WHO IS I THINK LEAVING US NOW SO PERFECT, WE APPRECIATE YOU BEING HERE.

13:10:49 OKAY, THE NEXT AREA. WE'RE GONNA TALK ABOUT IS, DO WE?

13:10:57 NEED, I THOUGHT, HOLD ON. I THINK WE'RE GONNA DO TOPIC, IDEAS RIGHT?

13:11:01 MICHELLE BEFORE WE SWITCH TO THE RECOMMENDATIONS. IS THAT RIGHT

13:11:04 YES, SO IF YOU GO BACK. ONE SIDE, PLEASE

13:11:10 YEAH, SO AT THIS POINT, WE'RE GONNA TALK ABOUT THE I DO, TOO. THANK YOU

13:11:14 OKAY, JUST MAKING, SURE, THANK YOU. SO AT THE BEGINNING. I HAD MENTIONED THAT ONE OF THE THINGS THIS COMMODITY HAS DONE IS HAVE THE ABILITY TO RECOMMEND TOPICS, THAT THEY'RE INTERESTED IN SO WE CAN WEAVE THEM INTO THE AGENDAS DURING THE YEAR AHEAD SO REALLY WANT TO HEAR FROM ALL OF THE MEMBERS OF

11:23:16 THAT'S SAME MESSAGING IS APPLICABLE TO THIS COMMUNITY AS WELL AND IF IT'S IF IT IS IF THAT'S SOMETHING THAT THERE NEEDS TO BE MORE OF AN EFFORT TO TO GET OUT TO THAT COMMUNITY TO EDUCATE PEOPLE ON

13:11:37 THE ADVISORY COMMITTEE? ARE THERE OTHER TOPICS THAT YOU WANT TO HAVE DISCUSSED AND I SEE THAT BARBARA HAS HER HAND RAISED

13:11:44 I DO. FIRST, I ALSO JUST WANTED TO SAY THAT

13:11:49 SO MY ORGANIZATIONAL TIMERS LOS ANGELES AND PARTNERSHIP WITH ULTIMAS, ORANGE KIND OF ALL TERM OF SAN DIEGO IS ALSO GOOD TO BE INTRODUCING, A COUPLE OF PIECES OF LEGISLATION THAT I WOULD LOVE, THIS COMMITTEE TO KEEP AN EYE ON AND CERTAINLY WOULD WELCOME SUPPORT AS WE MOVE

13:12:06 FORWARD AND JUST LIKE JARED THEY'RE GOING TO BE REINTRODUCTIONS OF EFFORTS FROM THE LAST TIME LAST SESSION WAS CHALLENGING, I THINK FOR FOR A LOT OF US.

13:12:13 SO ONE IS GOING TO BE A TASK FORCE OR I. GUESS WE'RE CALLING IT A WORK GROUP TO ADDRESS THE ISSUE OF WANDERING.

13:12:20 SO I'M SURE YOU ALL KNOW, YOU KNOW, 60% OF PEOPLE WHO ARE LIVING WITH A DEMENTIA ARE GOING TO WANDER AT SOME POINT AND AT THIS POINT, THERE IS NO COORDINATED WAY, FOR LAW ENFORCEMENT IN DIFFERENT COUNTIES.

13:12:33 TO COMMUNICATE THERE'S NO COORDINATE EFFORT TO HELP FAMILIES KNOW WHAT THEY CAN DO TO PREVENT WANDERING.

13:12:38 SO WE'RE HOPING TO CONVENE WITH STATE, DOJ AND EFFORT TO ADDRESS THAT, AND THEN THE SECOND IS WE'VE TALKED OFTEN ON TODAY, ABOUT THE DIMENSION CARE AWARE PROGRAM WHICH ACTUALLY THAT WOULD BE KIND OF I THINK VALUABLE GOING FORWARD ME TO HAVE A PRESENTATION, FROM THEM ABOUT WHAT THAT IS

13:12:54 IT'S FANTASTIC WORK, THAT'S ONGOING.

13:12:57 WE CERTAINLY HOPE THAT IT LEADS TO INCREASED A A A ACCURATE APPROPRIATE DIAGNOSIS, AND SO ANTICIPATING THAT HAPPENING, WE ARE GOING TO AGAIN BE LOOKING FOR FUNDING TO INCREASE ACCESS TO CAREGIVER SUPPORTS AND EDUCATION AND THEN THERE'S 2 OTHER FOR FUTURE

13:13:19 TOPICS, ISSUES, THAT I HAVE TALKED WITH WITH MICHELLE, BEFORE.

13:13:22 BUT I JUST WANNA RAISE. HERE ONE IS SOMETHING THAT WE'RE SEEING IN SOUTHERN CALIFORNIA.

13:13:26 I DON'T KNOW IF THIS IS HAPPENING IN NORTHERN CALIFORNIA AS MUCH.

13:13:29 BUT THEY'RE PREDATORY, CLINICS. SO THESE ARE PEOPLE WHO ARE PROPOSING.

13:13:34 THEY CAN DO THINGS LIKE CURE, ALZHEIMER'S, AND CHARGING A WHOLE LOT OF MONEY TO DO IT, AND SO YOU KNOW, WE WE'RE AGAIN, WE'RE TALKING WITH CALIFORNIA DEPARTMENT OF AGING ABOUT YOU KNOW WHAT KIND OF MESSAGING MIGHT GO OUT TO FAMILIES KIND OF LIKE A BUYER.

13:13:50 BEWARE, BUT ANYWAY, THAT MIGHT BE SOMETHING FOR THE COMMUNITY TO EXPLORE, AND THEN THE OTHER.

13:13:56 IS I KNOW CDA IS ALSO CONVENING A STAKEHOLDER GROUP, TO LOOK AT, ENSURING CAREGIVER ACCESS IN NURING FACILITIES.

13:14:04 YOU KNOW WHAT WE WENT THROUGH WITH THE RECENT COVID SITUATION, AND SO I WOULD BE INTERESTED IN HEARING WHAT WHAT'S COMING OUT OF THAT GROUP AND THE SAME ISSUE EXISTS IN THE HOSPITAL SETTING SO I KNOW THAT WORK GROUP IS VERY NARROWLY TASKED TO FOCUS ON ONLY PARTICULAR CARE SETTINGS SO

13:14:21 THEY'RE NOT GOING TO BE TAKING UP HOSPITALS, WHICH I UNDERSTAND.

13:14:24 BUT THIS IS STILL COMING UP FROM OUR SUPPORT GROUP MEMBERS THAT THEY DON'T HAVE CONSISTENT ACCESS.

13:14:30 WHEN THEIR LEVEL HAS TO GO INTO A HOSPITAL.

13:14:32 SO SO THANKS FOR THE IDEAS AND AT THE VERY BEGINNING, WHEN WE WERE REMINDING PEOPLE TO THINK ABOUT THIS, WE TALKED ABOUT A PRIORITY FOR LAST YEAR, HAD REALLY BEEN THE SOCIAL ISOLATION THAT PEOPLE EXPERIENCE IN A WHOLE.

13:14:46 VARIETY OF DIFFERENT SETTINGS, AND MY RECOLLECTION IS THAT DEREK WOULD DEREK LAM WAS GOING TO BE WORKING ON THAT ISSUE, AND THAT'S BEEN FOLDED INTO SOME OF THE WORK THAT CDA IS GOING TO BE STARTING I THINK AFTER JANUARY BUT MAYBE SUSAN CAN REMIND US AND THEN

13:15:02 WE COULD HAVE A REPORT AS SORT OF THAT WORK PROGRESSED, WHICH I THINK WOULD BE A NICE, A NICE LOOK BACK. SO SO CAN YOU AT LEAST REMIND US SUSAN WHAT WHAT'S HAPPENING

13:15:11 SURE, YES, SO THE WE'VE WE'VE FINALIZED, THE COMPOSITION OF THE GROUP.

13:15:16 AND I CAN ASSURE YOU THAT DEREK WILL BE INCLUDED TO REPRESENT THIS COMMITTEE, AND THERE WILL BE OTHERS WHO ALSO REPRESENT THE ALZHEIMER'S AND DIM DIMENSION, CAREGIVING COMMUNITIES, WE EXPECT ANNOUNCEMENTS TO GO OUT, IN EARLY JANUARY AND FOR THE FIRST MEETING TO BE IN

13:15:37 THAT'S WONDERFUL. SO THANKS THANKS FOR THE ADMIN. WE'LL LOOK FOR AN UPDATE AT SOME POINT.

13:15:41 ONCE THE COMMITTEE KIND OF GETS GOING IN IN IN THE YEAR, AND THE OTHER TOPIC, JUST TO REMIND EVERYONE IS THAT DR.

13:15:49 CANIO HAD RAISED THE QUESTION OF CAPACITY TO MAKE DECISIONS AND ALTERNATIVES TO DECISION-MAKING, HOW ONE DECIDES, IF IF SOMEONE HAS THE ABILITY TO MAKE DECISIONS OR DECISIONS WITH SUPPORTS AND THAT THAT TOPIC IT PARTICULARLY IN TERMS OF THE ALTERNATIVES, THERE'S A NEW BILL THAT WAS PASSED AT THE END

13:16:12 OF THE SESSION, A. B. 1,663 WHICH CREATES IN CALIFORNIA, BOTH SOME CONSERVATORSHIP, REFORMS, ALTHOUGH THOSE ARE NARROWER AND A SUPPORTED DECISION-MAKING OPTION, WHERE PEOPLE CAN ENTER INTO WRITTEN AGREEMENTS, TO HAVE SUPPORT IN MAKING THEIR DECISION SO AN INDIVIDUAL CAN HELP

13:16:32 THEM. SO I THINK THAT TOPIC, WE CAN LOOP BACK TO THIS YEAR, BOTH IN TERMS OF THE ISSUES THAT DR.

13:16:40 CANIO RAISED LAST YEAR, AS WELL AS THE THE NEW PIECE OF LEGISLATION, AND THE WORK THAT'S HAPPENING AT THE AT THE STATE, LEVEL, I THINK THERE'S AN AGENCY LEVEL GROUP, THAT'S, WORKING ON SOME OF THOSE ISSUES AND THE STATE COUNCIL, ON DEVELOPMENTAL DISABILITIES, HAS RECEIVED SOME

13:16:57 TECHNICAL ASSISTANCE, FUNDS IN THAT AREA, TOO. SO

13:17:00 I THINK A LOT LOTS OF WORK GOING ON IN THAT AREA.

13:17:04 THAT'LL BE INTERESTING FOR US TO HEAR ABOUT OTHER PEOPLE HAVE OTHER IDEAS OF THINGS.

13:17:08 WE, WANNA MAKE SURE, WE COVER NEXT YEAR.

13:17:12 ANDREA

13:17:16 HELLO, I REALLY ENJOYED ALL THE GOOD WORK THAT'S COMING OUT CALIFORNIA'S ALWAYS BEEN REALLY GOOD IN REGARDS TO BEING VERY ACTIVE IN REGARDS TO PROVIDING SERVICES FOR FOLKS ONE OF THE TOPICS, I WOULD LOVE TO SEE IS THAT AND I HEAR A LOT ABOUT IT IS REGARDING A LOT OF

13:17:38 PEOPLE ARE QUALIFIED TO RECEIVE MEDICAID AND IT WOULD BE A REALLY GOOD SERVICE, BECAUSE MEDICAID COVERS CUSTODIAL CARE THAT MEDICARE DOES NOT COVER AND THERE'S A LOT OF PEOPLE.

13:17:54 LIVING WITH YOU KNOW DEMENTIA, ALZHEIMER'S AND COGNITIVE IMPAIRMENT, THAT ARE HAVING A HARD TIME APPLYING FOR THESE SERVICES AND EACH YEAR.

13:18:03 YOU HAVE TO REAPPLY THE MAJORITY OF TIME. YOU HAVE TO DO IT ONLINE, WHEN YOU DO YOUR INITIAL APPLICATION FOR MEDICAID, YOU CAN DO IT THROUGH A 1, 800, NUMBER, BUT ONCE YOU GET ON AND YOU START RECEIVING SERVICES, YOU HAVE TO REAPPLY, SOMETIME THE CAREGIVERS, DON'T

13:18:20 HAVE ACCESS TO KNOW HOW TO APPLY FOR THESE SERVICES. ONCE YOU GET A PERSON GET MEDICAID.

13:18:26 IT REALLY COVERS A LOT OF CUSTODIAL CARE LIKE HOUSEKEEPING, LAUNDRY, MEAL PREP.

13:18:33 THAT WOULD BE REALLY HELPFUL TO THE CAREGIVER AS WELL AS THE PERSON LIVING WITH COGNITIVE IMPAIRMENT, LIKE MYSELF.

13:18:41 SO I RECEIVE IN HOME SUPPORTED SERVICES AND THEN HAS BEEN TREMENDOUSLY BENEFICIAL TO ME.

13:18:48 BUT THANK GOD THAT I CAN COGNITIVELY EVERY YEAR.

13:18:51 APPLY FOR THOSE SERVICES, SO I WOULD LOVE TO SEE HOW SOMEHOW WE CAN HELP WITH WORKING OR PARTNERSHIP WITH MAYBE CAPITAL ON AGING OR SENIOR CENTERS TO HELP PEOPLE BE ABLE TO QUALIFY FOR MEDICAID BECAUSE A LOT OF PEOPLE ARE UNDER THE OLD RULE, AS FAR AS YOU ONLY CAN HAVE 2

13:19:17 \$1,000 IN A BANK THAT HAS GONE UP TO 130,000 FOR ONE PERSON.

13:19:23 AND SO JUST REALLY TRYING TO GIVE FOLKS SOME PRACTICAL INFORMATION IN REGARDS TO HOW TO GET MORE HELP IN THEIR HOMES.

13:19:33 OH, OKAY.

13:19:32 SO, SO THANKS FOR THAT, AND I THINK MANY OF YOU MIGHT KNOW.

13:19:40 YEAH

13:19:36 SO MEDICAID. IS THE NAME OF THE FEDERAL STATUTE AND IN CALIFORNIA IS CALLED MEDICA, BECAUSE WE'RE CALIFORNIAN.

13:19:43 WE ALWAYS CHOOSE TO BE DIFFERENT. BUT IT'S A REALLY GOOD PROGRAM.

13:19:47 AS ANDREA SAID AND IF YOU'RE ELIGIBLE FOR MEDICAL IN CALIFORNIA, THEN YOU'RE AUTOMATICALLY ELIGIBLE TO TO APPLY FOR IN HOME SUPPORT SERVICES AND GET THAT KIND OF IN-HOME SUPPORT SO WE'LL WE'LL ADD THAT TO THE MIX OF THINGS AND FIGURE OUT WHAT ROLE, THIS

13:20:04 COMMITTEE MIGHT HAVE IN AND DOING A PRESENTATION OR SOMETHING ABOUT IT.

13:20:08 YOU'RE ABSOLUTELY RIGHT, THAT THE INCOME LIMITS JUST CHANGE.

13:20:12 THERE'S BEEN SEVERAL CHANGES LIKE THAT IN THE LAW, WHICH I THINK I THINK AGAIN, IS AN INDICATION OF CALIFORNIA'S MORE FORWARD THINKING APPROACH TO TO SERVICES.

13:20:22 SO THANKS FOR LOSING THE ISSUE.

13:20:20 OKAY, RIGHT, YEAH, AND THEN, ONE, QUICK QUESTION, I DON'T KNOW IF THERE'S A WAY THAT, BECAUSE THEY HAVE INCREASED THE AMOUNT OF MONEY YOU CAN HAVE TO 130,000, IF THERE'S A WAY THEY CAN INCREASE JUST A LITTLE BIT OF THE INCOME REQUIREMENT, BECAUSE YOU LITERALLY HAVE TO BE POOR AND IF

13:20:39 THEY CAN. JUST, AND YOU KNOW, INCREASE THE INCOME REQUIRING IT WOULD ALLOW OTHER PEOPLE TO APPLY FOR SERVICES, AND I DON'T KNOW IF WE CAN DO THAT AT YOU KNOW AT A DIFFERENT LEVEL.

13:20:52 SO YEAH.

13:20:54 YEAH. NO.

13:20:52 YEAH, THAT'S A LEGISLATIVE CHANGE, AND AND I DON'T ACTUALLY I MEAN SOME OF IT'S, A FEDERAL LEGISLATIVE FOR A FEDERAL REQUIREMENT.

13:21:00 YEAH, RIGHT.

13:21:03 YES, GOOD, THANK YOU

13:21:03 SO IT WOULD BE. IT'LL BE INTERESTING TO SEE HOW THAT BUT HELPFUL, HELPFUL COMMENT OTHER PEOPLE HAVE SUGGESTED PRESENTATIONS FOR THE UPCOMING YEAR

13:21:20 HELLO, THIS IS DOLORES IT

13:21:23 HI DOLORES, NICE TO SEE YOU

13:21:28 I I WANTED TO PUT IN A PITCH FOR MENTAL HEALTH CAREGIVERS.

13:21:31 I HAVEN'T HEARD MUCH ABOUT THAT YOU KNOW THE PROGRAMS THAT HAVE BEEN DESCRIBED HAVE BEEN FANTASTIC.

13:21:36 AND THEY ARE BILLING OF CLEAR NEEDS. BUT I THINK THERE IS ANOTHER NEED THAT ISN'T REALLY BEING ADDRESSED.

13:21:42 YET AND THAT IS MENTAL HEALTH. MANY CAREGIVERS ARE DEPRESSED.

13:21:47 THEY ARE THEY WOULD BE CLINICALLY DEPRESSED IF THEY WENT TO SEE A PHYSICIAN, OR A PSYCHIATRIST.

13:21:53 THEY WOULD BE THEY'RE ALMOST AT THAT LEVEL OF HAVING A DIAGNOSIS, BUT WE DON'T

13:21:59 YOU KNOW. WE DON'T WHAT'S THE WORD.

13:22:02 I'M LOOKING FOR IDENTIFY. WE DON'T HAVE A WAY TO IDENTIFY, BECAUSE EVEN THOUGH THE ACCOUNTGIVERS ARE GENERALLY, OR YOU KNOW, TO SOME EXTENT MORE INCLUDED IN CARE PLANNING THEIR NEEDS ARE NOT TYPICALLY LOOKED AT IT'S IT'S THE CARE PLANNING FOR THE PERSON MENTIONED BUT NOT THEIR

13:22:21 NEEDS, FOR THEIR OWN CARE, AND ESPECIALLY THE MENTAL HEALTH SIDE OF IT.

13:22:27 SO I THINK THAT WOULD BE AN IMPORTANT TOPIC FOR OUR COMMITTEE TO ADDRESS IN THE YEAR AHEAD

13:22:40 WOULD BE WRONG.

13:22:32 THANK YOU. THANK YOU FOR THE SUGGESTION A TOPIC THAT'S NOT ALL OFTEN TALKED ABOUT REALLY, SO HELPFUL, AND I THINK THINK ONE OF THE OTHER TOPICS.

13:22:43 I'VE HEARD THAT MIGHT BE READY FOR A PRESENTATION FOR US IS THE IN THE MASTER PLAN FOR AGING.

13:22:49 THERE WAS IDENTIFIES SORT OF THE NEED TO MAKE LONG TERM CARE SERVICES MORE AFFORDABLE AND EFFORTS TO LOOK AT MECHANISMS TO FUND.

13:22:58 THAT THAT PROGRAM AT A STATE, LEVEL. AND I THINK THERE'S SOME INTERESTING WORK THAT WE MIGHT WANNA HAVE A PRESENTATION ABOUT IN THE IN THE YEAR AHEAD, SO WE CAN ADD THAT TO THE THE LIST WE HAVE YOU KNOW WE HAVE NOW MORE TOPICS THAN WE HAVE MEETINGS, BUT THAT'S, OKAY, IT'LL GIVE US.

13:23:14 LOTS OF OPPORTUNITIES, TO CHOOSE THINGS, ANY OTHER COMMENTS FROM ADVISOR COMMITTED MEMBERS ABOUT THAT OKAY, I THINK WE'RE THEN READY TO TALK ABOUT RECOMMENDATIONS,

13:23:32 AT EACH OF THE MEETINGS. HMM IS THAT WE PROVIDE RECOMMENDATIONS TO THE SECRETARY, ABOUT WHAT WE HEARD TODAY WHAT WE'RE INTERESTED IN MAKING SURE ENDS UP IN THE REPORT THAT THE STAFF PROVIDES SO I WILL OPEN THAT UP AGAIN, TO COMMITTEE MEMBERS TO IDENTIFY TOPICS THAT

13:23:58 WE WANT TO CALL TO THE SECRETARY'S ATTENTION.

13:24:09 OKAY. WELL, I'M NEVER SHORT OF IDEAS. SO I REALLY, APPRECIATED THE DISCUSSION ABOUT THE INTERSECTION OF ALZHEIMER'S AND DEVELOPMENTAL DISABILITIES AND DOWN SYNDROME IN PARTICULAR AND I THOUGHT A LOT OF THOSE COMMENTS WERE ABOUT IDENTIFYING STRATEGIES, TO REDUCE THE SILOS AND BETTER

13:24:30 COLLABORATE, AMONG THE AGES, THE THE DEPARTMENTS THAT HAVE WORK IN THAT AREA.

13:24:36 SO I THINK THAT'S WORTHY OF CALLING OUT.

13:24:38 SINCE ALL OF THOSE DEPARTMENTS ARE UNDER THE HEALTH AND HUMAN SERVICES AGENCY.

13:24:44 OTHER PEOPLE HAVE IDEAS.

13:24:53 COULD WE BE FORWARD THINKING AND JUST TO RELATED TO THE SESSION, THAT'S UPCOMING?

13:25:00 AND YOU KNOW WE'RE I'M HEARING DISCUSSION ABOUT YOU KNOW BUDGET DEFICITS AND WE JUST REALLY WANT TO MAKE SURE THAT WE AREN'T PASTING CUTS.

13:25:07 I MEAN SO MUCH INCREDIBLE WORK IS HAPPENING WE DON'T WANT TO SEE ANY OF THAT YOU SLOW DOWN, ARE ELIMINATED IN ANY WAY.

13:25:15 WE WANNA SEE CALIFORNIA CONTINUE TO BUILD. SO MAYBE SOME KIND OF COMMENT ABOUT THAT, LIKE JUST

13:25:22 DESPITE, FISCAL CHALLENGES THE STATE MIGHT BE FACING.

13:25:37 WE LOOK FORWARD TO CONTINUED COMMITMENT OF BUILDING ON THE MASTER PLAN FOR AGING, AND ALL OF THE THE WORK.

13:25:45 EVEN IN YOU KNOW WHAT APPEARS TO BE A FISCALLY DIFFICULT TIME.

13:25:49 SO SOUNDS, GREAT

13:25:56 AND I WOULD I WOULD JUST SUGGEST THAT THE PILOT PROJECTS THAT ARE BEING OUTLINED ARE REALLY VERY VALUABLE.

13:26:01 YOU KNOW, I THINK ONE HAS THROUGH A PILOT, THE CHANCE TO REALLY LOOK AT SOME IDEAS.

13:26:07 TEST THEM OUT ON A SMALL SCALE, AND I'M HOPING THE PILOTS WILL IDENTIFY THE SAVINGS TO THE STATE, AS A RESULT OF THE INNOVATIONS THAT ARE BEING EXPLORED, I IT WOULD BE GREAT TO THINK THAT THE RESEARCH IS SO SOLID THAT'LL POINT TO REAL FINANCIAL BENEFITS, BY INSTITUTING PROGRAMS FOR YOU

13:26:28 KNOW ENHANCING THE QUALITY OF DIAGNOSIS THAT CARE SUPPORT FOR THE CAREGIVERS.

13:26:40 I THINK THAT'S A A GREAT COMMENT AS AS SOMEONE WHO DID WORK LONG AGO IN THE IN THE LAST REALLY BAD BUDGET TIME AROUND THE ADULT DAY HEALTH CARE CENTERS, AND THE IMPORTANT WORK THAT THEY WERE DOING I THINK THE CALC, COMPASS PILOTS, ARE REALLY WELCOME AND IT'LL BE INTERESTING TO SEE WHAT BUT THAT WHAT THE DATA.

13:27:00 FROM THOSE PROGRAMS. SHOW. SO I I APPRECIATE AGREE WITH YOUR RECOMMENDATION

13:27:07 AND I JUST WANTED TO COMMENT ON THE FACT THAT THE RESIDENTIAL CARE HOMES THAT TAUGHT AND KIMBERLY TALKED ABOUT EARLIER THEY ARE NOT EQUALLY DISTRIBUTED THROUGHOUT CALIFORNIA AND I'M WONDERING IF IF I NEED A TASK, FORCE OR SUBCOMMITTEE TO LOOK AT WHAT THE FACTORS MIGHT

13:27:26 BE THAT ENCOURAGE AND DISCOURAGE THE DEVELOPMENT AND IMPLEMENTATION OF THESE RESIDENTIAL CARE, HOMES FOR INDIVIDUALS WITH A DOUBLE WITH DISABILITIES I.

13:27:40 THINK IT'S REMARKABLE WHAT THEY'VE DONE IN SOUTHERN CALIFORNIA, BUT AS WAS POINTED OUT BY OTHERS.

13:27:44 IT'S NOT FOUND IN OTHER PARTS OF THE STATE.

13:27:48 SO WHY IS THAT? NO? IT SEEMS LIKE WE COULD INVESTIGATE THAT THAT COULD BE ONE OF OUR THE SUBCOMMITTEE TASK

13:27:55 AND I THINK THAT I I WAS TRYING TO DEFINE THAT IN A MORE A BROAD WAY, I THINK THAT'S A NICE SUBSTANCE OF OF WHAT I RAISED ABOUT HOW DO WE

13:28:05 TAKE THE PRESENTATION, THIS MORNING AND FOSTER THAT COLLABORATION ACROSS DEPARTMENTS, TO UNDERSTAND HOW RESOURCE THAT EACH HAVE AVAILABLE CAN BE USED AND THEN SUPPORTED AN ADDITIONAL RESOURCES DEVELOP SO I THINK I THINK THAT DOVETAILS NICELY WITH THE COMMENT EARLIER ABOUT THE IMPORTANCE OF OF SORT, OF BETTER UNDERSTANDING.

13:28:29 THE THE SERVICES TO PEOPLE WITH INTELLECTUAL, DEVELOPMENTAL DISABILITIES THAT ALSO HAVE DIMENSION.

13:28:34 HOW WE CAN IMPROVE THOSE SERVICES. SO THANK YOU FOR FOR THAT. YOURS.

13:15:35 FEBRUARY.

13:28:41 OH, YOU CAN SEE IT. IT'S HARD TO SEE ON MY

13:28:38 SUSAN.

13:28:44 I DID. WANT TO JUST GIVE AN UPDATE ON THE MASTER PLAN FOR AGING BEFORE WE CLOSE

13:28:49 I FAILED TO MENTION THAT. BUT WE ARE ON TRACK. WE PART OF THE MASTER PLAN PROCESS.

13:28:55 IS, WE SUBMIT AN ANNUAL REPORT TO THE LEGISLATURE, AND WE'RE ON TRACK TO DELIVER THAT IN JANUARY.

13:29:02 SO IT WILL BE A SUMMARY OF THE CALENDAR, YEAR.

13:29:05 EVERYTHING THAT HAPPENED IN 2022, AND IN ADDITION, IF YOU'LL RECALL THE FIRST 132 INITIATIVES WERE FOR THE YEARS, 2122, SO THE FEEDBACK, THAT YOU PROVIDED AT THE COUNT FOR ALL AGES, AND ABILITIES, DAY OF ACTION EXCUSE.

13:29:24 ME, AS WELL, AS, OTHER INPUT, WE HAVE NOW HAVE DRAFT INITIATIVES, FOR THE NEXT 2 YEARS WE'RE LOOKING AT ROUGHLY, A 100 OR SO THOSE WILL BE RELEASED ON THE SAME DAY.

13:29:37 AS THE ANNUAL REPORT AND WE ARE TARGETING JANUARY TWENTY-FOURTH FOR THAT EVENT.

13:29:43 IT WILL BE PUBLIC AND EVERYONE CAN ACCESS VIA ZOOM.

13:28:47 WONDERFUL!

13:29:51 THANKS FOR THAT UPDATE. AND WE CAN PROBABLY DO A SHORTER VERSION OF THAT ANNOUNCEMENT.

13:29:55 WHEN WE MEET IN FEBRUARY. THAT WOULD BE A REALLY TERRIFIC PIECE OF INFORMATION.

13:29:59 I THINK FOR ALL OF US TO HAVE, AND BE ABLE TO ANSWER QUESTIONS THAT COMMITTEE MEMBERS MIGHT HAVE SO MAYBE WE CAN ADD THAT TO THE TIMING SEEMS PERFECT FOR OUR FEBRUARY SECOND, I THINK IT IS MEETING THANK YOU, GLAD TO KNOW THAT'S ON TARGET TOO.

13:30:14 OKAY, ANY OTHER COMMENTS OR RECOMMENDATIONS FOR THE SECRETARY.

13:30:22 ANDREA

13:30:25 SO I DID HAVE A QUESTION. THERE'S A LOT OF GOOD PROGRAMS OUT THERE, BUT IN REGARDS TO THE RFPS, THAT GO OUT IS THERE LIKE A PERCENTAGE TO MAKE SURE, THAT PEOPLE WITH DISPARITY, AND UNDERSERVED COMMUNITY ARE BEING PART OF THOSE FUNDING AND YOU KNOW, SERVICES BECAUSE SOMETIMES YOU HEAR

13:30:48 ABOUT THE GREAT PROGRAM, BUT YOU DON'T KNOW WHAT IS THE PERCENTAGE, OR IS THAT A REQUIREMENT.

13:30:54 IS THERE REQUIREMENT EACH TIME A FUNDING OPPORTUNITY. COME UP.

13:30:58 THERE'S A PERCENTAGE OF PEOPLE, UNDISTURBED COMMUNITY GONNA BE ABLE TO TAKE ADVANTAGE OF THOSE SERVICES.

13:31:06 SO I'M JUST CURIOUS TO KNOW IF THAT'S A REQUIREMENT WHEN THEY APPLY FOR THE MONIES, AND WHEN THEY ARE AWARDED?

13:31:14 YOU KNOW THE MONEY CAUSE. I I I THINK CATHERINE MENTIONED THAT THERE'S THE COMMUNITY CALL, EMPIRE AND EMPIRE WHERE IT WAS A COMMUNITY, A LATIN, X AND IT WAS GOOD TO SEE FUNDING GOING TOWARDS THAT COMMUNITY SO I'M JUST CURIOUS TO KNOW THAT EACH TIME FUNDING IS AVAILABLE IS THERE A

13:07:03 AND ALSO, WHEN WE DO RELEASE OUR PHASE IN VARIOUS DIFFERENT FUNDING OPPORTUNITIES, WE'LL MAKE SURE TO SHARE WITH THIS GROUP AS WELL, SO THAT YOU ALL CAN SHARE WITH YOUR PARTNERS, AND THEN ALSO, FOR THOSE ON THE CALL

13:31:35 PERCENTAGE OF UNDISTURBED COMMUNITIES BEING ABLE TO PARTICIPATE IN IN THOSE FUNDING SOURCE

13:31:44 I DON'T KNOW IF THAT MAKES SENSE

13:31:46 I CAN

13:31:51 OKAY,

13:31:47 IT MAKES SENSE. THE DEPARTMENT HAS CERTAINLY A FOCUS ON EQUITY WHICH WOULD INCLUDE THEIR SERVE COMMUNITIES AND THERE MIGHT BE SOMEBODY FROM THE DEPARTMENT ONE OF THE DEPARTMENTS THAT CAN PROVIDE A BIT MORE INFORMATION.

13:31:58 OKAY. OKAY.

13:32:03 YEAH, I CAN JUMP IN FOR A PUBLIC HEALTH, SO IT DOES.

13:32:07 LIKE THE WAY IT IS VIEWED LOOKS A LITTLE DIFFERENT DEPENDING ON THE RFP, OR THE RFA THAT GOES OUT, IT JUST EACH ONE HAS ITS OWN SET OF REQUIREMENTS, SO I JUST WANT TO KIND OF LEVEL SET THAT EXPECTATION, BUT THAT BEING SAID HEALTH EQUITY AND REACHING UNDERSERVED

13:32:24 COMMUNITIES, IS BAKED IN AN INVISIBLE INTO EVERY ONE OF THOSE OPPORTUNITIES.

13:32:29 IT IS PART OF WHAT WE DO, AS A DEPARTMENT, AND IN OUR BRANCH, AND IN THIS, PROGRAM, TO BE SURE, WE'RE LOOKING AT THOSE UNDERSERVED COMMUNITIES, AND THAT THEY'RE BEING FAIRLY REPRESENTED IN THE PROJECTS, THAT WE'RE FUNDING SO IT THE EXACT, REQUIREMENT LOOKS A LITTLE DIFFERENT FROM TIME, TO TIME

13:32:45 BUT THAT IS EMBEDDED IN IN ALL OF OUR WORK, AND ALL OF OUR OPPORTUNITIES.

13:32:51 AND IS THERE LIKE A OVERSIGHT COMMAND TO TO MAKE SURE THAT THOSE FUNDING ARE GOING TO THOSE COMMUNITY, BECAUSE IT'S ONE THING TO HAVE THE MONEY'S AVAILABLE BUT IT'S, ANOTHER THING TO MAKE SURE THAT THE MONEY'S ARE BEING ALLOCATED TO THOSE COMMUNITY SO

13:33:09 SO WE WE DO HAVE OUR BRANCH IN OUR PROGRAM AT DEPARTMENT OF PUBLIC HEALTH SITS IN THE CENTER, FOR HEALTHY COMMUNITIES, WHICH HAS A HEALTH EQUITY PROGRAM COMPONENT THAT LOOKS AT ALL OF THOSE OPPORTUNITIES WHO'S FUNDED WHAT HAPPENS WITH THEM BUT WE ALSO HAVE AN OFFICE, OF HEALTH EQUITY, WITHIN THE DEPARTMENT THAT LOOKS AT

13:33:29 THOSE OPPORTUNITIES, AS WELL SO WE HAVE A FEW DIFFERENT PLACES WHERE IT'S VIEWED AND AND SORT OF ENSURED THAT IT'S PART OF WORK, THAT WE'RE DOING IN THAT YOU KNOW A BIG PART OF OUR PHILOSOPHY IS WAIT WAIT WHAT YOU MENTIONED BUT IS NOT TO JUST GOOD FUNDS TO A COMMUNITY BUT TO

13:33:49 HMM.

13:33:48 PROVIDE FUNDS FOR COMMUNITY THROUGH THAT COMMUNITY JUST TO THEM, YOU KNOW IN THE WAY THAT LIKE OH, NOW, THIS SERVICES PROVIDED BUT REALLY TO BE PART OF THAT COMMUNITY TO FUND, THE COMMUNITY TO TAKE CARE OF THE COMMUNITY AS OPPOSED TO US TRYING TO COME IN AND BE THE LEAD ON THAT SO I'D SAY THERE'S MULTIPLE DIFFERENT

13:31:58 IN RESPONSE SO SUSAN OR LAUREN, MAYBE

13:34:14 OKAY. GREAT THANKS LAUREN FOR THAT APPRECIATE IT

13:34:17 PERFECT, AND I THINK JUST THE OTHER. NOTE IS THE HEALTH AND HUMAN SERVICES AGENCY HAS AN ENTIRE SET OF EQUITY PRINCIPLES THAT GOVERN ALL OF ITS WORK,

13:29:47 WHEN WE RELEASE BOTH OF THOSE DOCUMENTS TOGETHER

13:34:28 SO MAYBE WE CAN SEND THOSE OUT TO THE LINK OUT TO COMMITTEE MEMBERS IT'S ON THE CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY WEB PAGE AND THAT THEY REALLY SPEAK TO EXACTLY THE ISSUES, YOU ARE AND IT'S, TO GUIDE, ALL OF THE WORK, OF THE DEPARTMENTS, NOT JUST ABOUT GRANT-MAKING, OPPORTUNITIES, AS

13:34:44 YOU'VE HEARD ABOUT, BUT BUT ALL OF THE WORK THAT'S BEING DONE.

13:34:46 SO REALLY REALLY FORWARD LOOKING OF OF CALIFORNIA? I THINK SO.

13:34:50 THANK YOU.

13:25:25 WE WANT TO SEE. YOU KNOW, CONTINUED COMMITMENT TO EXPANDING BUILDING ON THE GREAT WORK THAT'S BEING DONE

13:34:51 BARBARA, YOU HAD A COMMENT.

13:34:54 IT'S ACTUALLY A QUESTION THE MEETINGS FOR NEXT YEAR.

13:34:58 ARE THEY GOING TO BE VIRTUAL OR IN PERSON?

13:35:01 SO I THINK VIRTUAL IS ALLOWED THROUGH JUNE THIRTIETH, 2023.

13:35:08 AND I THINK WE DON'T KNOW WHETHER THAT'S AN OPTION, FOR AFTER THAT BECAUSE IT WAS A ONE YEAR LEGISLATIVE, EXTENSION.

13:35:15 IT'S MY UNDERSTANDING.

13:35:18 WOULD YOU

13:35:18 DO YOU HAVE ANY. DO YOU HAVE AN OPINION ABOUT WHAT WE SHOULD BE DOING? OR YOU JUST WANTED TO KNOW

13:35:22 I JUST WANTED TO KNOW, I MEAN, IF IT IT'S EASY TO BE VIRTUAL.

13:35:28 IT'S ALSO. SO IT'S NICE TO BE IN PERSON, I MEAN.

13:35:34 YEP, NO, DISAGREEMENT, AND I JUST WANNA NOTE, THAT SUSAN ADDED THE COMMENT THAT THE GOVERNOR'S NEW EXECUTIVE ORDER AND EQUITY INCLUDES TARGETS. MEASURES AND METRICS. AND SO THERE'S MORE, TO COME SO THANKS FOR FOR THAT AS WELL, SUSAN OKAY, YEAH.

13:35:52 COULD YOU PLEASE GIVE US THE DATES ONE MORE TIME FOR 23,

13:35:59 THANK YOU.

13:35:57 LET'S JUST PUT THAT SLIDE BACK UP. FEBRUARY, SECOND AND THEN MAY FOURTH.

13:36:00 AND THEN.

13:36:09 THANK YOU.

13:36:02 I REMEMBER THAT RIGHT FEBRUARY SECOND MAY FOURTH AUGUST THIRD AND NOVEMBER SECOND. SO IT WOULD APPEAR TO BE THE FIRST, WEDNESDAY OF SORRY SORRY, FIRST THURSDAY OF EVERY MONTH, OF OF THE MONTHS, IDENTIFIED

13:36:20 YOU'RE WELCOME

13:36:21 AFTER THIS MEETING, I WILL DROP THE CALENDAR INVITES FOR ALL OF THOSE DATES AND SEND THEM ALL OUT TO YOU.

13:36:29 SO YOU'LL HAVE THEM IN YOUR CALENDARS

13:36:31 ANOTHER REASON, WE APPRECIATE YOU, MICHELLE

13:36:35 OKAY, ANY OTHER, ANY OTHER COMMENTS, OR RECOMMENDATIONS. AND IF NOT WE'RE GONNA ALLOW TIME FOR ANYONE, IN THE PUBLIC WHO WANTS TO SPEAK IN THE FOR FOR ABOUT 2 MIN THAT WE HAVE REMAINING SO I THINK

13:36:54 CAN SEE. IF THERE'S ANYBODY WHO THERE

13:37:01 SO YOU, CAN USE THE Q. A FUNCTION TO ASK A QUESTION OR SELECT THE RACE HAND FEATURE.

13:37:08 AND YOU WILL THEN BE UNMUTED, SO PERFECT.

13:37:14 THANKS CATHERINE, IT DOESN'T LOOK LIKE WE HAVE ANY HANDS UP.

13:37:18 THERE WAS QUITE A BIT SUBMITTED THROUGH THE Q. A.

13:37:21 BUT IT LOOKS LIKE OUR PANELISTS AND COMMITTEE MEMBERS HAVE BEEN RESPONDING ON AND OFF THROUGHOUT THE MEETING.

13:37:26 SO THERE'S NO OPEN QUESTIONS OR COMMENTS. THERE HAVE BEEN SOME APPRECIATION FOR THE DISCUSSION TODAY, THAT WAS SHARED THROUGH Q, A.

13:37:41 PERFECT THANK YOU THANK YOU SO MUCH. AND I REALLY APPRECIATE EVERYONE WHO LIKE PARTICIPATED TODAY.

13:37:49 I THOUGHT THERE WAS A LOT OF ENGAGED PUBLIC COMMENT THROUGHOUT THE THE PRESENTATIONS, WHICH WAS GREAT TO SEE, AND ALL OF YOU WHO ANSWERED PEOPLE'S QUESTIONS WITH THE EXPERTISE, THAT YOU HAVE I'M SURE THAT THE MEMBERS OF THE PUBLIC APPRECIATED THAT AS WELL SO THANKS SO MUCH SO I THINK WE'RE

13:38:07 AT A TIME FOR ANY CLOSING COMMENTS. SUSAN, IS THERE ANYTHING YOU OR SOMEONE ELSE AT CDA, WANTS TO TO SAY, BEFORE WE LEAP

13:38:18 NO, JUST THANK YOU, CATHERINE, FOR YOUR EXTRAORDINARY LEADERSHIP.

13:38:22 BUT YOU'RE JUST SO ENGAGED IN HANDS-ON, AND I THINK TODAY'S AGENDA REALLY REFLECTS THE THE PRE-THOUGHT AND PRE-WORK THAT WENT INTO MAKING IT SUCH A SUBSTANTIVE MEETING.

13:38:32 OH, YOU'RE, YOU'RE SO WELCOME.

13:38:32 THANK YOU VERY MUCH, AND TO ALL OUR MEMBERS, INCLUDING THE NEW ONES JOINING

13:38:38 YEAH, THANKS, EVERYONE FOR FOR PARTICIPATING AND THANK YOU TO THE CDA STAFF.

13:38:44 WE, WE CAN HAVE LOTS OF GOOD IDEAS, AND THEY ACTUALLY TAKE SHAPE.

13:38:48 BECAUSE WE HAVE AMAZING CDA STAFF, WHO HELP PUT THE PANELS TOGETHER.

13:38:51 AND WORK HARD TO GET ALL OF THE MATERIALS DONE ON TIME.

13:38:55 I THINK IT'S PRETTY REMARKABLE. WE HAD EVERY PRESENTATION ON THE POWERPOINT SLIDE AND COORDINATED AND JUST A REALLY TERRIFIC DISCUSSION.

13:39:04 SO ANY OTHER, COMMITTEE MEMBER WITH A LAST WORD, AND IF NOT WE'RE GONNA GET YOU LIKE 1520 MIN.

13:39:09 IF YOU'RE DAY BACK, WHEN DOES THAT EVER HAPPEN?

END