



**Alzheimer's Disease & Related Disorders Advisory Committee Meeting
February 2, 2023**

(AUTOMATED ZOOM CAPTIONING TRANSCRIPT)

10:01:06 GOOD MORNING, EVERYONE, AND WELCOME TO THE ALZHEIMER'S DISEASE.

10:01:09 AND RELATED DISORDERS. ADVISORY COMMITTEE MEETING, WE'RE HAPPY TO HAVE YOU HERE TODAY WITH US.

10:01:17 WE CAN GO TO THE NEXT SLIDE AND JUST GO OVER A FEW OF THE MEETING LOGISTICS, AS EVERYONE'S JOINING THE ROOM.

10:01:25 JUST REMEMBER, YOU CAN JOIN BY PHONE, BY TABLET OR COMPUTER USING THE LINK, OR YOU CAN JOIN THE AUDIO BY TELEPHONE.

10:01:33 ONLY THE MEETING ID IS ON THE SCREEN HERE THERE IS LIVE CAPTIONING AVAILABLE.

10:01:40 RIGHT NOW, YOU CAN ACCESS THIS THROUGH ZOOM, AND WE ALSO HAVE AMERICAN SIGN LANGUAGE INTERPRETATION.

10:01:46 THANK YOU. BYRON, WHO IS SIGNING RIGHT NOW FOR OUR PARTICIPANTS, AND JUST A REMINDER THAT THIS RECORDING THIS MEETING IS BEING RECORDED.

10:01:55 AND SO ALL THE SLIDES AND THE TRANSCRIPTS WILL BE POSTED TO THE CAL HHS.

10:02:01 ALZHEIMER'S DISEASE, AND RELATED DISORDERS.

10:02:04 WEB PAGE AFTER THE WEBINAR IS COMPLETE WITHIN A COUPLE OF BUSINESS DAYS

10:02:09 AND ONTO THE NEXT SLIDE, JUST TO MAKE SURE EVERYONE KNOWS THAT WE'RE GOING TO HAVE PUBLIC COMMENT.

10:02:16 SO THERE IS TIME THAT'S RESERVED FOR THAT. LATER ON, IN THE MEETING AGENDA.

10:02:19 AND SO ATTENDEES WHO ARE HERE JOINING FROM ZOOM CAN USE THE Q.

10:02:23 AND A FUNCTION WHICH IS LOCATED AT THE BOTTOM OF YOUR SCREEN TO ASK A QUESTION, OR YOU CAN JUST SELECT THE RAISE HAND, ICON, AND IT WILL SHOW UP ON YOUR SCREEN, AND THEN WE'LL CALL YOUR NAME AND UNMUTE YOUR LINE.

10:02:36 IF YOU'RE JOINING US BY PHONE, YOU CAN PRESS *9 ON YOUR DIAL PAD TO RAISE YOUR HAND, AND THEN WE CAN FOLLOW THE LAST 4 DIGITS OF YOUR PHONE NUMBER AND UNMUTE YOUR LINE SO THAT YOU CAN SPEAK.

10:02:48 THANKS AGAIN TO EVERYONE FOR BEING HERE TODAY, AND I WANT TO TURN IT OVER TO CATHERINE BLAKEMORE, WHO IS THE COMMITTEE CHAIR AND A FAMILY MEMBER REPRESENTATIVE

10:03:01 THANK YOU SO MUCH. GOOD MORNING, EVERYONE. IT'S GREAT TO SEE EVERYONE THAT'S JOINED, OR IN THE PROCESS OF JOINING, AS YOU CAN SEE FROM THE AGENDA.

10:03:10 WE HAVE A LOT TO COVER TODAY. SO, WE'RE GONNA NEED TO MAKE OUR INTRODUCTIONS AND SO FORTH.

10:03:18 PRETTY MUCH SHORTER TODAY. SO JUST SO WE CAN GET THROUGH THAT.

10:03:23 AND IF WE HAVE A TIME AT THE END, WE CAN ALLOW PEOPLE A LITTLE MORE TIME TO PROVIDE SOME ADDITIONAL INFORMATION.

10:03:30 I WANT TO START BY WELCOMING OUR NEW MEETING.

10:03:35 WHO IS SALLY BERGMAN? SHE? THIS IS HER FIRST MEETING.

10:03:40 SALLY IS AN ATTORNEY IN CALIFORNIA AND FILLS OUR ATTORNEY POSITION ON THE ADVISORY COMMITTEE.

10:03:48 SHE HAS A LOT OF EXPERTISE IN ELDERLY TRUST WILLS ESTATE PLANNING.

10:03:52 I'M PARTICULARLY IMPRESSED AND EXCITED BECAUSE SHE HAS SOME ADVANCED LAW DEGREES AND ELDER LAW.

10:04:00 SHE HAS BEEN CERTIFIED BY THE ALZHEIMER'S ASSOCIATION IN DIMENSION AND OF LIFE CARE, AND HE HAS GIVEN GENEROUSLY OF HER TIME TO SERVE ON A LOT OF DIFFERENT BOARDS AND COMMITTEES SOME NATIONAL ORGANIZATIONS.

10:04:18 THE NATIONAL ACADEMY OF ELDER LAW, ATTORNEYS, INCLUDING BEING THE IMMEDIATE PAST PRESIDENT OF THE NORTHERN CALIFORNIA CHAPTER.

10:04:26 SO WE'RE JUST EXCITED TO WELCOME YOU, SALLY, AND THANK YOU SO MUCH FOR DONATING YOUR TIME TO THIS COMMITTEE AS WELL.

10:04:33 I'M SURE WILL BENEFIT FROM YOUR EXPERTISE.

10:04:37 SO WITH THAT, I WANNA JUST IT BE ABLE TO GO THROUGH A PROCESS OF ACKNOWLEDGEGING WHICH OF THE WHICH OF THE COMMITTEE MEMBERS ARE HERE WHICH IS GOING TO BE THERE.

10:04:50 SO DARRICK LAM, I BELIEVE, IS HERE.

10:04:55 DARRICK WANNA SAY GOOD MORNING.

10:04:57 THANK YOU. CATHERINE DARRICK. LAMB, VICE CHAIR TO THIS COMMITTEE.

10:05:02 GLAD TO BE HERE TODAY. ALSO, ONCE YOU MENTIONED THAT THE STATE OF CALIFORNIA HAS CREATED A LONG-TERM CARE FACILITY, ACCESS POLICY WORK GROUP, THEY'RE GONNA HAVE A KICKOFF MEETING ON FEBRUARY EIGHTH AND I WILL BE THE DESIGNATED REPRESENTATIVE FROM THIS COMMITTEE TO THE GROUP.

10:05:20 YOU'RE ALSO LOOKING FOR AN AUTONOMOUS. SO, ANYONE INTERESTED IN BEING ALTERNATIVE, PLEASE LET ME KNOW.

10:05:28 THANK YOU, AND ALSO WELCOME TO SALLY.

10:05:31 YEAH.

10:05:28 THANKS, SO MUCH PERFECT THANKS, SO MUCH DARRICK AND THE COMMITTEE DARRICK REFERRED TO HAS BEEN ONE OF THE LONGSTANDING PRIORITIES OF THIS COMMITTEE.

10:05:37 SO WE'RE JUST VERY EXCITED THAT CDA IS TAKEN THAT UP AND HAVE A BROAD GROUP OF STAKEHOLDERS THAT ARE GOING TO REALLY LOOK AT LONG-TERM CARE FACILITY.

10:05:46 SOCIAL ISOLATION, THE THINGS THAT WE'VE CARED ABOUT MEG BARRON.

10:05:52 GOOD MORNING!

10:05:52 HI, MEG, BARRON, WITH THE ALZHEIMER'S ASSOCIATION, AND I ALSO WANT TO SAY WELCOME, SO

10:06:00 THANK YOU.

10:05:59 PERFECT, WHEN DANIEL

10:06:06 GOOD MORNING. EVERYONE WHEN CAN YOU? I AM A PSYCHIATRIST, AND GERIATRICIAN, TAKING CARE OF OLDER ADULTS IN MARIN AND CINEMA COUNTY.

10:06:14 THANK YOU.

10:06:14 EXCELLENT, I THINK, DR. FARIAS COULDN'T JOIN TODAY UNLESS I'M MISTAKEN.

10:06:22 OKAY, THAT'S RIGHT. BARBARA MCCLENDON.

10:06:27 HI! GOOD MORNING!

10:06:26 HI! YES, GOOD MORNING. BARBARA MCCLELLAN.

10:06:30 I'M THE PUBLIC POLICY DIRECTOR WITH ALZHEIMER'S LOS ANGELES

10:06:34 TERRIFIC. THANK YOU, DR. MOBELEY

10:06:40 DON'T SEE. DR. MOBELEY YET. PAM MONTANA

10:06:45 HI

10:06:45 HI, EVERYBODY. PAM MONTANA, LIVING WITH ALZHEIMER'S AND DOING PRETTY WELL.

10:06:52 HAPPY TO BE HERE WITH YOU ALL TODAY

10:06:53 AND PAM WAS JUST FEATURED IN A NEWS ARTICLE, AND I THINK MICHELLE IS GOING TO PUT A LINK TO THAT IN THE WEBSITE.

10:07:01 SO REALLY, INTERESTING ARTICLE ABOUT SOME OF THE NEW TREATMENTS AND THERAPEUTICS THAT ARE AVAILABLE FOR DEMENTIA.

10:07:09 SO CONGRATULATIONS ON THAT

10:07:11 CELINE REGALIA

10:07:09 YEAH, THANK YOU. THANK YOU.

10:07:14 GOOD MORNING, CELINE. REGALIA, EXECUTIVE DIRECTOR OF CLAUDIA KARA.

10:07:18 HERE IN NELSON.

10:07:20 PERFECT. ANDREA ROBERTS.

10:07:25 GOOD MORNING. MY NAME IS ANDREA ROBERTS. I LIVE WITH MY COGNITIVE IMPAIRMENT, AND I'M VERY HAPPY TO BE PART OF THIS COMMITTEE

10:07:33 HAPPY TO HAVE YOU ALWAYS. ANDREA TODD SHETTER

10:07:37 YES.

10:07:37 GOOD MORNING, EVERYBODY TODD SHETTER I'M THE CHIEF OPERATING OFFICER FOR ACTIVE CARE. LIVING.

10:07:44 WE ARE A MEMORY CARE PROVIDER RESIDENTIAL CARE IN SOUTHERN CALIFORNIA. IN BOTH THE SAN DIEGO AND ORANGE COUNTY

10:07:52 PERFECT, JULIE SOULIERE.

10:07:55 MORNING, EVERYBODY JULIE SOULIERE, ASSISTANT SECRETARY AT AGENCY, HELPING TO STAFF THE COMMITTEE ALONG WITH SEVERAL OTHERS.

10:08:05 NICE TO SEE YOU AGAIN, SALLY. WELCOME TO THE COMMITTEE

10:08:09 DORIS THOMPSON

10:08:13 HI, EVERYONE! I'M HERE. BUT MY VIDEO IS NOT WORKING RIGHT TODAY.

10:08:18 BUT YEAH, SO I'M AN EMERITUS PROFESSOR OF RESEARCH AT STANFORD.

10:08:24 AND I'M HERE AS A SOCIAL SCIENCE RESEARCH REPRESENTATIVE.

10:08:28 I'VE DONE RESEARCH FOR THE LAST, PROBABLY 40 YEARS. NOW ON CAREGIVING AND HAVE DEVELOPED SOME INTERVENTIONS THAT HAVE BEEN USEFUL AND USED IN IN DIFFERENT PROGRAMS ACROSS THE COUNTRY.

10:08:43 SO I'M VERY INTERESTED IN PROMOTING FURTHER INTERVENTIONS, PARTICULARLY TO PROMOTE THE MENTAL HEALTH OF FAMILY CAREGIVERS.

10:08:53 TERRIFIC THANKS SO MUCH. AND, SALLY, WE JUST WANTED TO GIVE YOU AN OPPORTUNITY TO SAY GOOD MORNING TO YOUR NEW TEAM.

10:09:01 GOOD MORNING, EVERYONE. I'M REALLY EXCITED TO BE HERE, AND I CAN TELL THAT I'M GONNA LEARN A LOT FROM EVERYONE HERE

10:09:11 I THINK WE ALL LEARN FROM EACH OTHER, WHICH IS REALLY TERRIFIC.

10:09:15 I WANTED TO WELCOME US, SUSAN DE MAROIS, WHO'S THE DIRECTOR OF THE CALIFORNIA DEPARTMENT OF AGING.

10:09:21 SO GRATEFUL THAT YOU COULD JOIN US AGAIN I DON'T KNOW IS KIM MCCOY.

10:09:27 WADE HERE YET

10:09:33 NOT AT THE MOMENT, BUT SHE WILL BE JOINING LATER.

10:09:29 COME HERE. YES, MAYBE NOT. SHE'LL BE HERE SO WE'LL WELCOME HER WHEN SHE COMES, AND THEN WE'RE GONNA BE.

10:09:40 I'M GONNA PUT THE MINUTES OFF A LITTLE BIT JUST TO KEEP THIS KIND OF ON TIME, BECAUSE WE HAVE OUR FIRST PRESENTATION, WHICH IS ALWAYS OF IN AND TREMENDOUS INTEREST TO THE COMMITTEE, WHICH IS OUR MASTER PLAN FOR AGING.

10:09:54 AND WE HAVE 2 OF THE PHENOMENAL CD.

10:09:57 A STAFF, BOTH OF WHOM HAVE DONE A LOT OF WORK IN OTHER AREAS.

10:10:03 AND I'VE HAD THE PLEASURE OF WORKING WITH BOTH OF THEM.

10:10:05 SARAH STEENHAUSEN, WHO'S THE DEPUTY DIRECTOR OF POLICY, RESEARCH, AND EQUITY FOR CDA AND RENITA POLK, WHO'S THE ASSISTANT DIRECTOR OF THE OFFICE OF DIRECT CARE WORKFORCE AT THE CALIFORNIA DEPARTMENT OF AGING.

10:10:18 SO GRATEFUL. YOU COULD BOTH JOIN US AND GIVE US AN UPDATE ABOUT THE MASTER PLAN FOR AGING SO MANY GOOD THINGS HAPPENING THERE.

10:10:26 SO I'M GONNA TURN IT OVER TO THE 2 OF YOU

10:10:27 GREAT. WELL, THANK YOU SO MUCH. CATHERINE. IT'S WONDERFUL TO BE HERE WITH ALL OF YOU, AND ALWAYS APPRECIATE THE OPPORTUNITY TO TOUCH BASE WE COULD GO TO THE NEXT SLIDE, PLEASE, SO WE'RE GONNA TALK ABOUT TODAY IS FOR FIRST WE'LL BE COVERING I WANNA TOUCH FIRST ON THE STATE.

10:10:45 BUDGET, BUT THEN ALSO TALK ABOUT OUR ANNUAL REPORT THAT WAS RELEASED ON THE MASTER PLAN FOR AGING AS WELL AS THE NEW INITIATIVES.

10:10:52 WE LAUNCHED LAST WEEK A NEW MASTER PLAN FOR AGING PROGRESS TRACKER.

10:10:58 AND THEN I'M JUST SO PLEASED THAT RENITA POLK IS GOING TO BE HERE TO TALK ABOUT OUR DIRECT CARE WORK INITIATIVE, WHICH IS JUST LAUNCHING.

10:11:05 AND THEN, OF COURSE, YOU CAN ASK QUESTIONS AND DISCUSSION. WELCOME QUESTIONS.

10:11:12 THROUGHOUT AS WELL. NEXT SLIDE, PLEASE. SO, BEFORE I GET INTO THE DETAILS OF OUR EXCITING LAUNCH OF THE NEW INITIATIVES IN THE MASTER PLAN FOR AGING AND OUR PROGRESS REPORT, I DID WANT TO JUST TAKE A FEW MOMENTS TO TALK ABOUT THE GOVERNOR'S PROPOSAL 2,02324

10:11:30 BUDGET. YOU KNOW, WE'RE REALLY PLEASED BECAUSE, DESPITE THE ADMINISTRATION, FACING A SHORTFALL OF 22 MILLION DOLLARS, WE ARE REALLY PLEASED THAT THE PROGRAM SERVING OLDER ADULTS, PEOPLE WITH DISABILITIES AND CAREGIVERS ARE FOR THE MOST EXTENT UNTOUCHED

10:11:51 AND THE ADMINISTRATION HAS REALLY REMAINED COMMUNITY TO DOUBLING DOWN IN ITS EFFORTS TO ADVANCE THE SIGNIFICANT INITIATIVES THAT RECEIVED MILLIONS AND HUNDREDS OF MILLIONS OF DOLLARS IN FUNDING OVER THE PAST FEW YEARS.

10:12:05 SO JUST WANTED TO START OFF WITH THAT I CAN SAY FOR SURE THAT WE'RE REALLY PLEASED THAT NO PROGRAM SERVING CAREGIVERS OR INDIVIDUALS WITH ALZHEIMER'S HAVE BEEN CUT AT THIS TIME.

10:12:17 SO THAT'S VERY EXCITING. SO NEXT SLIDE, PLEASE.

10:12:25 THANK YOU. SO, I'M GOING TO TALK ABOUT SOME OF THE HIGHLIGHTS FROM OUR ANNUAL REPORT THAT WE RELEASE EVERY YEAR TO TOUCH ON SOME OF THESE SIGNIFICANT ADVANCEMENTS IN THE MASTER PLAN FOR AGING, AND THIS, AGAIN, IS JUST A VERY HIGH-LEVEL HIGHLIGHTS AND ENCOURAGE YOU TO LOOK AT ALL

10:12:45 THROUGH THE LINK AVAILABLE ONLINE THAT I CAN POST IN THE CHAT UNDER THE AREA OF AFFORDABLE HOUSING AND INVESTMENTS THE GOVERNOR AND ADMINISTRATION AND THE LEGISLATURE HAVE INVESTED MORE THAN 20 BILLION DOLLARS IN AFFORDABLE HOUSING.

10:12:59 AND WE KNOW THAT A LOT OF THOSE RESOURCES WILL AND DO IMPACT OLDER ADULTS AND PEOPLE WITH DISABILITY.

10:13:05 SECOND IS FOCUSING ON EXPANDING CAPACITY FOR HOUSING AND SERVICES TO PREVENT HOMELESSNESS.

10:13:13 THE DEPARTMENT OF SOCIAL SERVICES HAS LAUNCHED THEIR COMMUNITY CARE EXPANSION PROGRAM, WHICH IS INVESTED OVER A 100 MILLION DOLLARS TO FUND 19 PROJECTS THAT CREATE MORE RESIDENTIAL CARE. OPTIONS FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES NEXT SLIDE PLEASE

10:13:30 UNDER GOAL 2 OF FOCUSING ON REIMAGINING OUR HEALTH CARE SYSTEM TO BE FOCUSED MORE ON A WHOLE PERSON.

10:13:38 APPROACH, TO CARE ACROSS BOTH HOME AND COMMUNITY-BASED SERVICES.

10:13:41 LONG-TERM SERVICES AND SUPPORTS AND HEALTH CARE. WE'RE REALLY PLEASED ABOUT THE TREMENDOUS INVESTMENTS THAT HAVE BEEN MADE TO EXPAND HEALTH CARE, AFFORDABILITY, AND ACCESS.

10:13:52 WE NOW SEE COVERAGE FOR PEOPLE IN THE MEDICAL PROGRAM WHO ARE 50 PLUS YEARS OLD, WHO ARE UNDOCUMENTED, UNDOCUMENTED.

10:13:59 WE ARE GOING TO ELIMINATE THE MEDICAL ASSET TEST BY 2024, WHICH IS REALLY SIGNIFICANT FOR THE NEEDS OF OUR OLDER ADULT POPULATION.

10:14:12 ADDITIONALLY, THE WORKING DISABLED PREMIUM.

10:14:15 IT HAS BEEN ELIMINATED IN THE METACAL PROGRAM.

10:14:18 WE SAW A NUMBER OF INVESTMENTS IN OUR HOME AND COMMUNITY-BASED SERVICES INFRASTRUCTURE.

10:14:24 THERE WERE INVESTMENTS TO RESTORE THE PREVIOUS REDUCTIONS TO THE IN-HOME SUPPORT OF SERVICES PROGRAM THE LAST YEAR'S BUDGET INCLUDED 60 MILLION DOLLARS FOR OUR ADULT DAYS SERVICES PROGRAMS AND COVID RECOVERY.

10:14:38 AND WE'RE REALLY EXCITED THAT THE DEPARTMENT OF REHABILITATION IS LAUNCHING A COMMUNITY LIVING FUND, A 10 MILLION DOLLAR PROJECT THAT'S FOCUSED ON PREVENTING INSTITUTIONALIZATION AND ASSISTING INDIVIDUALS WITH THEIR TREASURE TO THE COMMUNITY.

10:14:52 AND OF COURSE, SIGNIFICANT ADVANCEMENTS IN INVESTING IN ALZHEIMER'S SUPPORT.

10:15:00 OF COURSE, REALLY PLEASED ABOUT THE LAUNCH OF THE DEMENTIA CARE.

10:15:03 AWARE, THE NATION'S FIRST SCREENING AND DETECTION PROGRAM THAT I KNOW YOU ALL HAVE BEEN TRACKING AS WELL. NEXT SLIDE, PLEASE

10:15:12 IN GOAL 3 AREA OF ENSURING INCLUSION AND EQUITY, AND NOT ISOLATION.

10:15:20 WE'VE SEEN 10 MILLION DOLLARS TO EXPAND VOLUNTEERISM AND INTERGENERATIONAL ENGAGEMENT THROUGH THE FOSTER GRANDPARENT AND SENIOR COMPANION PROGRAM.

10:15:29 SICK OVER 6 BILLION DOLLARS INVESTED TO BRIDGE THE DIGITAL DIVIDE.

10:15:34 THE DEPARTMENT OF AGING HAS IMPLEMENTED THE 50 MILLION DOLLAR ACCESS TO TECHNOLOGY INITIATIVE TO ENSURE THAT MORE OLDER ADULTS THROUGHOUT THE STATE CAN ACCESS THE DEVICES THAT THEY NEED TO STAY CONNECTED.

10:15:50 WE'RE REALLY PLEASED WITH THE EXPANSION OF OUR AGING AND DISABILITY RESOURCE CONNECTION PROGRAM.

10:15:54 THAT IS A KEY COMPONENT TO ADVANCING A NO WRONG DOOR SYSTEM FOR OLDER ADULTS.

10:16:00 PEOPLE WOULD DISABILITIES AND CAREGIVERS. WE NOW HAVE REPRESENTATION OF OUR ADRCS.

10:16:05 IN 15 COMMUNITIES, WITH 9 EMERGING. AND WE ALSO RECEIVED A VERY IMPORTANT GRANT FROM THE FEDERAL ADMINISTRATION AND COMMUNITY LIVING TO DEVELOP A STATEWIDE.

10:16:16 NO WRONG DOOR COUNCIL, SO THAT WE HAVE KIND OF A STATE LEADERSHIP COUNCIL.

10:16:21 THAT'S FOCUSED ON HOW WE LOOK ACROSS THE SYSTEM TO ENSURE THAT PEOPLE CAN ACCESS THE SERVICES THEY NEED IN A MUCH MORE STREAMLINED FASHION.

10:16:31 FINALLY, WE ARE REALLY PLEASED TO BE. IF YOU COULD JUST GO BACK ONE SLIDE IN TERMS OF PROTECTING OLDER ADULTS AND PEOPLE WITH DISABILITIES FROM ABUSE AND NEGLECT REALLY CRITICAL, THAT THE ELIGIBILITY FOR THE ADULT PROTECTIVE SERVICES PROGRAM HAS BEEN EXPANDED FROM AGE 65 AND OVER TO NOW 60 AND OVER WHICH IS

10:16:51 REALLY CRITICAL NEXT SLIDE, PLEASE. REALLY, A LOT MOVING IN TERMS OF SUPPORTING OUR DIRECT CARE WORKFORCE.

10:17:01 THIS IS BOTH OUR FAMILY AND FRIEND UNPAID, CAREGIVING WORKFORCE, AS WELL AS OUR PAID DIRECT CARE WORKFORCE THE IN-HOME SUPPORTIVE SERVICES PROGRAM AND DEPARTMENT OF SOCIAL SERVICES HAS LAUNCHED THEIR CAREER PATHWAYS PROGRAM WHICH HAS BEEN A VERY SUCCESSFUL WAY TO ENGAGE IHSS WORKERS IN TRAINING AND

10:17:21 INCENTIVES, AND YOU WILL. HE'LL HEAR MORE ABOUT THIS IN JUST A MOMENT.

10:17:25 BUT RENITA POLK HAS BEEN LEADING OUR EFFORTS TO LAUNCH OUR CALENDAR GROWS DIRECT CARE, WORKFORCE INITIATIVE WHICH WE'RE REALLY EXCITED ABOUT.

10:17:34 AND WITH ALL OF THESE IT'S TREMENDOUS OPPORTUNITY TO DELIVER TARGETED TRAINING TO THE DIRECT CARE WORKERS THAT SERVE OLDER ADULTS.

10:17:43 PEOPLE WITH DISABILITIES, INCLUDING INDIVIDUALS, WITH ALZHEIMER'S AS WELL AS FAMILY CAREGIVERS.

10:17:50 SO LOOK FORWARD TO HEARING MORE ABOUT THAT FROM RENITA IN JUST A MOMENT.

10:17:54 NEXT SLIDE.

10:17:56 AND FINALLY FOR US TO WRAP OUT, WRAP UP OUR ANNUAL REPORT.

10:18:02 HIGHLIGHTS IN THE AREA OF A FORWARDING AGENT.

10:18:04 GOAL, 5, REALLY, PLEASE, THAT THE HOUSING AND DISABILITY ADVOCACY PROGRAM HAS RECEIVED NEARLY 3 OVER 300 MILLION DOLLARS INVESTMENT.

10:18:14 AS WELL AS THE HOMESAFE PROGRAM, WITH 185 MILLION DOLLARS.

10:18:19 BOTH OF THESE PROGRAMS ARE REALLY CRITICAL AT ASSISTING BOTH PEOPLE WHO ARE AT RISK OF HOMELESSNESS, OR THOSE WHO ARE CURRENTLY UNHOUSED IN SECURING THE HOUSING.

10:18:29 THAT THEY NEED, AND THE ACCESS TO SERVICES IN THE COMMUNITY.

10:18:36 AND FINALLY WE SAW INCREASES LAST YEAR OF ABOUT 24%.

10:18:41 AND THIS YEAR OF OVER 10% FOR THE SSI SSP PROGRAM NEXT SLIDE, PLEASE

10:18:49 SO WITH ALL OF THAT, THAT WAS OUR ACCOMPLISHMENTS.

10:18:52 FROM THE LAST YEAR. FEW YEARS OF THE MASTER PLAN FOR AGING, AND IN THAT SAME TIME WE HAVE HEARD A LOT FROM OUR STAKEHOLDERS, INCLUDING THIS ADVISORY COMMITTEE.

10:19:03 ALL OF OUR STAKEHOLDER ADVISORY COMMITTEES HAVE BEEN CRITICAL TO INFORMING OUR UNDERSTANDING OF THE SYSTEM AND WHAT WE NEED TO DO TO CONTINUE BUILDING UP A MASTER PLAN FOR AGING.

10:19:14 SO YOU MAY RECALL THAT IN OUR SEPTEMBER DAY OF ACTION, WHICH WAS JUST A WONDERFUL ENGAGEMENT, AND ABOUT A 1,000 PEOPLE, BOTH VIRTUAL AND IN PERSON, WHERE WE HEARD FROM OUR STAKEHOLDER ADVISORY COMMITTEES, AND THEY PRESENTED THEIR KEY POLICY RECOMMENDATIONS FOR THE NEXT ITERATION OF THE MASTER

10:19:32 PLAN FOR AGING. WE TOOK THOSE RECOMMENDATIONS AND WORKED WITH OUR STATE PARTNERS, BUILT FROM THOSE RECOMMENDATIONS TO PRODUCE 95 NEW INITIATIVES FOR THE 2023, 24 YEAR OF THE MASTER PLAN FOR AGING.

10:19:49 I DO WANT TO NOTE THAT IT'S NOT AS IF WE HAVE FORGOTTEN ABOUT THE 132 INITIATIVES FROM THE LAST 2 YEARS.

10:19:55 MANY OF THOSE INITIATIVES HAVE BEEN BUILT INTO THESE INITIATIVES, AND SOME OF THEM, YOU KNOW, HAVE ALREADY.

10:20:04 YOU KNOW WE'VE ALREADY DONE SOME OF THE WORK ON THEM, AND SO THERE'S THEY REMAIN IN THE MASTER PLAN FOR AGING.

10:20:09 BUT FOR THE FIRST 2 YEARS OF OUR EFFORT, SO WE'LL SHOW YOU HOW YOU CAN GET IMMEDIATE UPDATES ON THE STATUS OF BOTH THE 20.

10:20:16 2122 INITIATIVES, AS WELL AS THE 2324 INITIATIVES BY LOOKING AT OUR PROGRESS TRACKER.

10:20:24 BUT RIGHT NOW, WHAT I'M GOING TO DO IS WALK THROUGH VERY HIGH LEVEL.

10:20:28 WHAT ARE SOME OF THE KEY INITIATIVES THAT IMPACT PEOPLE LIVING WITH ALZHEIMER'S AND CAREGIVERS THAT ARE TARGETED TOWARDS THIS POPULATION, BUT ALSO THOSE THAT ARE INCLUDED OF IT.

10:20:39 AND I ENCOURAGE YOU TO LOOK AT THE LINK THAT WE'RE GONNA PUT UP IN THE CHAT SO THAT YOU CAN ACTUALLY EXPLORE ALL OF THE DIFFERENT 95 NEW INITIATIVES THAT WE HAVE IN OUR 5 BOLD GOALS.

10:20:49 NEXT SLIDE, PLEASE.

10:20:52 SO I WANTED TO START OUT BY JUST HIGHLIGHTING THE KEY INITIATIVES THAT RESPOND TO OUR GOAL TO ER OF ALZHEIMER'S AND DOMESTICIA.

10:21:04 REALLY IN FOCUS OF THIS POPULATION. INITIATIVE 43 CALLS ON THE STATE TO IMPROVE ACCESS TO THE ALZHEIMER'S DAYCARE RESOURCE CENTER MODEL.

10:21:13 WE WANT TO TAKE A LOT OF THE LESSONS LEARNED FROM THE CAL COMPASS PROGRAM THAT MICHELLE JOHNSTON IS LEADING AND REALLY HOPE TO BUILD FROM THOSE LESSONS.

10:21:21 LEARN AND EXPAND ACCESS TO THOSE MODELS IN THE COMMUNITY. THE SECOND INITIATIVE I WANT TO.

10:21:27 HIGHLIGHT IS INITIATIVE NUMBER 44, WHICH IS CALLING ON THE STATE TO REPLICATE BEST PRACTICES OF THE HEALTHY BRAIN INITIATIVE AND THE BLUE ZONE EFFORTS WHICH ARE SO CRITICAL TO PREPARING OUR LOCAL COMMUNITIES TO RESPOND TO THE NEEDS OF THE POPULATION INITIATIVE

10:21:46 45 WE KNOW THAT THE DEMENTIA CARE AWARE PROGRAM, THE FIRST IN THE NATION HAS BEEN INCREDIBLY IT'S KIND OF INCREDIBLY TRANSFORMATIVE.

10:21:54 AND WE REALLY WANT TO CONTINUE TO BUILD OFF THAT WORK IMPROVING DEMENTIA ASSESSMENTS AND DIAGNOSTIC PROCESS THROUGH THIS PROGRAM, AND PARTICULARLY HIGHLIGHTING HOW THAT IMPACTS PEOPLE DOWN SYNDROME.

10:22:08 OF COURSE THIS WAS AN ISSUE THAT YOU ALL FOCUSED ON IT YOUR LAST MEETING, AND WE'RE REALLY PLEASED.

10:22:13 THAT DEPARTMENT OF HEALTH CARE, SERVICE, HEALTH CARE SERVICES HAS REALLY COMMITTED TO CONTINUING ADVANCING THIS WORK.

10:22:19 I ALSO ENROLL, REALLY PLEASED TO ANNOUNCE INITIATIVE.

10:22:23 75 YOU KNOW WE'VE THE MEETING THAT YOU HAD YOUR LAST MEETING.

10:22:27 REALLY CALLING OUT THIS ISSUE OF A BETTER ALIGNING SYSTEMS ACROSS DISABILITY AND AGING.

10:22:33 PARTICULARLY AS IT RELATES TO PEOPLE WHO ARE AGING WITH DEVELOPMENTAL DISABILITIES AND THE NEED TO HAVE THESE SYSTEMS UNDERSTAND EACH OTHER.

10:22:43 SO THIS INITIATIVE FOCUSES ON CREATING A DISABILITY AND AGING COMMUNITY OF PRACTICE TO ADDRESS THE NEEDS OF OLDER ADULTS AND PEOPLE WITH DISABILITIES TO DO TRAINING TO DO, TO IDENTIFY BEST PRACTICES.

10:22:56 AND WE DID JUST APPLY FOR AND RECEIVE A GRANT IN PARTNERSHIP WITH THE DEPARTMENT OF REIMBURSEMENT, AND UNDER THE LEADERSHIP OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES, OUR 3 DEPARTMENTS ARE WORKING TOGETHER FROM A GRANT WE RECEIVED FROM THE NATIONAL ASSOCIATION OF COUNCILS ON DEVELOPMENTAL DISABILITIES TO ENGAGE IN A

10:23:16 STATE LEVEL WORK GROUP, THAT WILL FOCUS ON KIND OF DEVELOPING THIS COMMUNITY OF PRACTICE.

10:23:22 AND WE WILL PARTICIPATE WITH 15 OTHER STATES IN A KIND OF NATIONAL LEVEL WORK GROUP TO SHARE BEST PRACTICES AND ADDRESS THESE ISSUES.

10:23:33 SO WE'RE REALLY EXCITED ABOUT THAT NEXT SLIDE. PLEASE.

10:23:38 SO I WANTED TO OUTLINE SOME OF THE OTHER KEY INITIATIVES THAT DON'T TARGET SOLELY PEOPLE WITH ALZHEIMER'S ARE CAREGIVERS, BUT THAT ARE CERTAINLY INCLUSIVE OF IN TOUCH ON THE NEEDS OF THIS POPULATION.

10:23:50 FIRST IS HOW OUR INITIATIVE NUMBER 2 IS REALLY FOCUSING ON LOOKING AT SOME OF THE RENTAL SUBSIDY PROGRAMS THAT HAVE BEEN DEVELOPED FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES.

10:24:01 WE'VE SEEN SAN DIEGO RECENTLY LAUNCHED ONE SANTA MONICA HAD ONE, AND WE WANT TO LEARN FROM THOSE LOCAL GOVERNMENT MODELS TO INFORM OUR OWN CONSIDERATION OF HOW THE STATE CAN THINK THROUGH THESE SORTS OF REYNOLDS SUBSIDY NEEDS FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES

10:24:17 GIVEN THE TREMENDOUS CHALLENGE OF RENTAL, THE HIGH COST OF RENT FOR IMPACTING OLDER ADULTS AND PEOPLE WHO DISABILITIES THE AREA OF TRANSPORTATION.

10:24:30 WE'RE REALLY EXCITED TO DOUBLE DOWN ON OUR EFFORTS HERE TO SUPPORT THE EXPANSION OF INTEGRATED ACCESSIBLE TRANSPORTATION MODELS.

10:24:38 THIS IS SOMETHING THAT OUR DISABILITY AND AGING COMMUNITY LIVING ADVISORY COMMITTEE HAS REALLY FOCUSED IN ON THROUGH THE TRANSPORTATION WORK GROUP AND LOOKING AT WAYS TO STRENGTHEN OUR CONSOLIDATED TRANSPORTATION SERVICE AGENCIES ACROSS THE STATE IN THE AREA OF LTSS FINANCING WE KNOW SERVICE THAT

10:24:56 THIS IS AN AREA THAT THIS COMMITTEE HAS SPOKEN UP A LOT ABOUT, AND HOW TO ENSURE THAT PEOPLE WHO ARE IN THE MISSING MIDDLE OR THE FORGOTTEN MIDDLE, WHO DON'T YET QUALIFY FOR A MEDICAL OR OTHER COVERAGE OF LONG-TERM SERVICES, AND SUPPORTS, AND HOW CAN WE ENSURE THAT THEY DON'T HAVE

10:25:13 TO EXPEND ALL THEIR RESOURCES, TO FINANCE. THEIR LTSS NEEDS.

10:25:18 SO WE ARE REALLY LOOKING FORWARD TO CONTINUING TO EVALUATE THE OPTIONS FOR DEVELOPING A UNIVERSAL LONG-TERM SERVICES AND SUPPORTS BENEFIT THE DEPARTMENT OF AGING.

10:25:28 WILL LAUNCH AN INITIATIVE OVER THE NEXT, VERY IN THE NEAR FUTURE TO LOOK AT FINANCING AND AFFORDABILITY OF LTSS BY BUILDING OFF OF SOME OF THE WORK THAT'S BEEN DONE AT THE STATE LEVEL THROUGH THE DEPARTMENT OF INSURANCES.

10:25:45 LONG-TERM CARE, INSURANCE TASK FORCE AS WELL AS OTHER ACTUARY ANALYSES THAT HAVE TAKEN PLACE AND THE AREA OF HOME AND COMMUNITY-BASED SERVICES INFRASTRUCTURE.

10:25:54 WE KNOW THAT MANY PEOPLE ACROSS THE STATE CAN'T ACCESS THE SERVICES THEY NEED, WHETHER DUE TO WAIT LISTS OR JUST LACK OF AVAILABILITY OF SERVICES.

10:26:03 SO DEVELOPING OUR INFRASTRUCTURE IS A REALLY KEY COMPONENT TO ENSURING THAT PEOPLE CAN AGE WITH DIGNITY AND INDEPENDENCE.

10:26:10 THE DEPARTMENT OF AGING IS VERY PLEASED TO BE WORKING ON A PROJECT THAT THE DEPARTMENT OF HEALTH CARE SERVICES IS ALSO LAUNCHING.

10:26:19 WE KIND OF HAVE A TWO-PART HOME AND COMMUNITY-BASED SERVICE, A MULTI YEAR ROADMAP WHERE WE'RE LOOKING DHCS IS FOCUSING ON THE MEDICAL HOME AND COMMUNITY-BASED SERVICES AND CDA IS WORKING ON FOCUSING ON THE NON-MEDICAL HOME AND COMMUNITY-BASED

10:26:37 SERVICES WE'RE WORKING WITH A CONTRACTOR, MATHEMATICA, TO DO AN ANALYSIS OF THE GAPS IN THE SERVICE DELIVERY SYSTEM ACROSS THESE SYSTEM OF CARE.

10:26:46 AND THEN SECOND, TO BUILD OUT A MULTI YEAR ROADMAP, TO ACTUALLY BUILD OUT THE INFRASTRUCTURE AT THE STATE LEVEL, SO THAT WHEREVER YOU LIVE AND WHATEVER YOUR NEEDS ARE, YOU CAN ACCESS THE NEEDS YOUR HOME AND COMMUNITY BASED SERVICE NEEDS WE JUST LAUNCHED THAT EFFORT ON JANUARY TWENTIETH AND HAPPY

10:27:05 TO FOLLOW UP WITH MORE INFORMATION IF YOU'D LIKE. WE ARE ALSO THE NEXT AREA OF OLDER ADULT BEHAVIORAL HEALTH.

10:27:12 THAT IS ANOTHER AREA, THAT THIS COMMITTEE HAS BEEN HIGHLY ENGAGED IN.

10:27:15 WE'RE REALLY EXCITED TO BE REALLY DOUBLING DOWN ON OUR EFFORTS TO EXPAND ACCESS TO BEHAVIORAL HEALTH FOR OLDER ADULTS.

10:27:23 AND RECENTLY THE DEPARTMENT OF AGING, PARTNERED WITH THE MENTAL HEALTH SERVICES, OVERSIGHT AND ACCOUNTABILITY COMMISSION, WE WERE THRILLED THAT THE COMMISSION APPROVED 20 MILLION DOLLARS TO EXPAND EVIDENCE-BASED BEHAVIORAL HEALTH PROGRAMS.

10:27:40 SO THIS JUST HAPPENED IN THE PAST, I THINK. 6 WEEKS OR SO.

10:27:44 SO WE'RE WORKING CLOSELY WITH THE COMMISSION TO PARTNER WITH THEM ON EXPANDING ACCESS TO 2 PROGRAMS, ONE OF WHICH IS CALLED PEARLS, AND THE OTHER IS CALLED AGE-WISE AND WE WILL BE RELEASING THE REQUEST OR SORRY.

10:27:57 THE MH. THE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION WILL BE RELEASING THE RFA.

10:28:05 IN THE VERY NEAR FUTURE. ANOTHER KEY COMPONENT TO SYSTEM CHANGE IS ENSURING THAT PEOPLE HAVE STREAMLINED ACCESS TO SERVICES, AND THIS IS THROUGH THE DEVELOPMENT OF A KIND OF NO WRONG DOOR SYSTEM SOME PEOPLE CALL IT ONE DOOR.

10:28:18 IT CAN BE CALLED WHATEVER YOU WANT IT, BUT IT'S A WAY TO ENSURE THAT PEOPLE DO NOT HAVE TO HAVE SUCH A CHALLENGE IN ACCESSING THE SERVICES THAT THEY NEED.

10:28:28 SO THIS INITIATIVE IS FOCUSED ON PROMOTING THE SUSTAINABILITY OF OUR LOCAL NECK NETWORK OF AGING AND DISABILITY.

10:28:36 RESEARCH RESOURCE CONNECTIONS, AND REALLY A NUMBER OF INITIATIVES THAT WERE OUTLINING TO EXPAND, ACCESS AND DEVELOP A STATEWIDE.

10:28:44 NO ROUND DOOR SYSTEM, AND THEN FINALLY, LAST, BUT NOT LEAST, WE'RE REALLY EXCITED ABOUT CONTINUING TO ADVANCE CAREGIVER, SUPPORT AND SUPPORTING OUR OVER 6 MILLION UNPAID FAMILY CAREGIVERS BY DEVELOPING A STATEWIDE CAREGIVER EQUITY ROADMAP AND STRIKING THIS IS VERY MUCH IN LINE

10:29:03 WITH THE FEDERAL GOVERNMENT'S EFFORTS RIGHT NOW THROUGH THE RAISE FAMILY CAREGIVER ACT, AND WE'RE LOOKING FORWARD TO DEVELOPING A STRATEGY SO THAT WE CAN ENSURE THAT OUR CAREGIVERS GET THE SERVICES AND SUPPORTS THEY NEED TO TAKE CARE OF THE LOVED ONES IN THE HOME IN THE COMMUNITY NEXT SLIDE PLEASE

10:29:22 SO, SARAH, I JUST WANNA DR. GHALY IS HERE, AND HE IS SLATED TO BE ON AT 1030.

10:29:25 OH, GREAT, PERFECT.

10:29:31 ABSOLUTELY.

10:29:34 ABSOLUTELY.

10:29:29 SO IF WE CAN JUST TAKE A PAUSE AND CONTINUE YOUR PRESENTATION AFTERWARDS WITH THE GREAT INFORMATION, I'M SURE RENEWABLE SHARE THAT WILL BE AMAZING, TOO.

10:29:40 SO, DR. GHALY, I WANT TO WELCOME YOU TO THE ADVISORY COMMITTEE.

10:29:45 IT'S TERRIFIC THAT YOU'RE ABLE TO SPEND SOME TIME WITH US.

10:29:48 WE SO APPRECIATE YOUR VISION FOR OLDER ADULTS AND PEOPLE OF DISABILITIES IN CALIFORNIA, REALLY THINKING ABOUT CALIFORNIA FOR ALL AND ALL YOUR WORK TO PROMOTE A BUDGET THAT ALLOWS SO MUCH OF THIS GOOD WORK TO CONTINUE AND BE SUSTAINED EVEN DURING KIND OF A MORE DIFFICULT BUDGET PERIOD SO WITH THAT I WANT TO

10:30:08 JUST SAY WELCOME, AND WE LOOK FORWARD TO HEARING FROM THANKS FOR JOINING

10:30:12 YEAH, CATHERINE, SO TERRIFIC TO SEE YOU AS ALWAYS, THE COMMITTEE MEMBERS SHOULD KNOW THAT CATHERINE HAS BEEN ONE OF THE MOST IMPORTANT PEOPLE AND ADVISORS TO ME THROUGHOUT THIS WORK I MET HER IN MY FIRST WEEKS IN THE ADMINISTRATION.

10:30:36 WHEN SOME PEOPLE PASSED OUT, MULTIPLE PEOPLE PASSED ON HER NUMBER AND SAID, PLEASE GO MEET WITH CATHERINE, GET HER PERSPECTIVE.

10:30:44 LET HER TEACH YOU SOME OF THE HISTORY OF THE MOVEMENT AND WORK, AND HOW I CAN GLOB ON, JUMP ON AND HELP SUPPORT IT.

10:30:53 THANK YOU.

10:30:53 SO CATHERINE LOT OF GRATITUDE TO YOU FOR YOUR YEARS OF LEADERSHIP, BOTH FORMALLY A DRC.

10:31:00 AND OTHER PLACES ALONG THE WAY, BUT REALLY, PERSONALLY, FOR ALL THE SUPPORT THAT YOU'VE GIVEN ME ON SOME CHALLENGING YET EXCITING OPPORTUNITIES THAT THE ADMINISTRATION IN THE STATE HAS TAKEN ON.

10:31:15 SO IT'S REALLY A PLEASURE TO HAVE A MOMENT. SO, CATCH UP WITH THIS GROUP AND SHARE A FEW THOUGHTS I DO WANT TO ALSO START BY STARTUP.

10:31:24 I THINK JUST THIS COMMITTEE, AND THE LITERALLY DECADES.

10:31:30 I THINK YOU ARE THE LONGEST RUNNING ADVISORY COMMITTEE TO CALHHS AND OUR DEPARTMENT AND IT'S BEEN A VERY MEANINGFUL PARTNER.

10:31:42 YOU DON'T HAVE QUARTERLY MEETINGS FOR ALL OF THESE YEARS WITHOUT SHARED RECOGNITION OF THE VALUE.

10:31:48 THE ITERATIVE NATURE, THE BACK AND FORTH, AND I HOPE YOU SEE THE WORK THAT YOU DO EVERY SINGLE DAY THROUGH YOUR LEADERSHIP, THROUGH THE COMMITTEE WORK THAT HAPPENS THAT IT MAKES A DIFFERENCE.

10:32:00 FOR US, AND I WANNA ALSO JUST ACKNOWLEDGE ANDREA ROBERT PAM, MONTANA BEING SORT OF THE VOICE OF COMMUNITY.

10:32:11 THE VOICE OF YOU KNOW, NEAR AND FAR, AND MAKING SURE THAT WE CONTINUE TO ELEVATE YOUR WORK AND YOUR CONTRIBUTIONS TO THIS, I'D ALWAYS ASK OUR TEAM.

10:32:21 HOW CAN WE CAN MORE DEEPLY GET CLOSE TO THAT FRONTLINE VOICE?

10:32:25 WHERE IS MY MOM? FOR EXAMPLE, IN THE WORK THAT WE DO?

10:32:30 AND I THINK THIS COMMITTEE NO, NO SURPRISE BECAUSE OF THE YEARS.

10:32:36 IT'S KIND OF DONE ITS WORK. YOU'VE FIGURED IT OUT IN A WAY THAT MANY OTHERS HAVE YET TO FIGURE OUT.

10:32:41 SO LET THAT BE JUST SORT OF ANOTHER FEATHER IN THE CAP OF THE WORK THAT YOU ALL ARE DOING.

10:32:47 I, MY TEAM, SHARED WITH ME THE AGENDA.

10:32:50 WHAT YOU GUYS ARE UP TO TODAY. I HAVE TO SAY MY EYES ALL WAS GRAVITATE TO THIS CONCEPT OF HOW WE USE SOME OF THE OPPORTUNITIES FROM THROUGHOUT THE VARIOUS DEPARTMENTS IN OUR AGENCY, AND EVEN BEYOND OUR AGENCY TO REALLY AMPLIFY AND CATAPULT FORWARD THE WORK.

10:33:10 SO I HAVE TO SAY, I'M REALLY EXCITED TO HEAR WHAT HAPPENS AROUND COMMUNITY.

10:33:13 HEALTH WORKERS, EMBEDDING THAT RESOURCE IN SOME OF THIS WORK.

10:33:18 HOW WE TURN THE QUOTE PARA PROFESSIONALS, THE COMMUNITY PROFESSIONALS, AS I LIKE TO CALL THEM, THE PEOPLE WHO KNOW WHAT'S ACTUALLY HAPPENING.

10:33:26 4 INDIVIDUALS, FAMILIES AND COMMUNITIES INTO THE WORKFORCE THAT WE'RE MISSING.

10:33:33 TO DO THIS WORK MORE THOUGHTFULLY. SO, I SEE THIS IS A REALLY TREMENDOUS CHANCE TO ELEVATE THE CONNECTEDNESS OF WORK THAT'S HAPPENING IN ONE PART OF THE AGENCY TO THE WORK THAT YOU ALL ARE CONSIDERING QUEUE HERE AND NOW, KATHERINE, I ALSO JUST WANNA ACKNOWLEDGE THAT

10:33:54 THE MASTER PLAN FOR AGING THE RELEASE OF THE RECENT UPDATE TO THE LEGENDARY THAT BOTH CELEBRATES THE ACHIEVEMENTS.

10:34:03 THAT ALSO REFLECT THE WORK OF THE ADVISORY COMMITTEE.

10:34:10 BUT MORE THAN THAT, IT'S STARTS TO MOVE US DOWN THE ROAD.

10:34:15 WHERE DO WE GO NEXT? WHAT'S ON TAP FOR 2324.

10:34:20 WHERE ARE WE CONTINUING TO LEAN IN? AND DESPITE WHAT I WOULD SAY IS An UNCERTAIN, CHALLENGING BUDGET COMPARED TO THE LAST FEW, WE'RE NO STRANGERS TO THIS CHALLENGE.

10:34:34 WE'VE DEALT WITH IT, AND WEATHERED THIS STORM BEFORE, AND I HAVE TO SAY, AND I SAY THIS IN A SLIGHTLY GREAT VOICE.

10:34:42 THE HHS FAMILY. WE WEREN'T MESSED WITH THAT MUCH.

10:34:47 ACTUALLY SO MUCH WAS CONTINUED. AND THAT IS NOT BECAUSE OF BEING FORGOTTEN.

10:34:56 I THINK, NO MATTER WHERE YOU ARE IN THE ADMINISTRATION, NO MATTER WHERE YOU ARE, IN THE LEGISLATURE, THE WORK THAT HAPPENS TO THE MASTER PLAN TO WHAT YOU ALL ARE DOING MATTERS A LOT, AND THAT'S WHY PEOPLE DIDN'T SAY, OH, LET'S GIVE THIS PROGRAM OR THIS PIECE.

10:35:13 A HAIRCUT, AND I KNOCKED ON WOOD.

10:35:18 I PINCH MYSELF. I TRIED TO TALK ABOUT IT QUIETLY, BECAUSE YOU KNOW THERE'S STILL TIME FOR THINGS TO HAPPEN, BUT I'M REALLY BOTH PROUD AND AMAZED OF THE ABILITY THIS TEAM HAS HAD TO STAND UP AND ADVOCATE AND SPEAK WITH BOTH IN INTELLIGENT AND COMPASSIONATE VOICE OR

10:35:39 WHAT WE CONTINUE TO TRY TO DO, AND THAT IS IN NO PART, IN NO SMALL PART, BECAUSE OF THE RELIANCE ON PARTNERS LIKE YOU.

10:35:49 I WOULD JUST WANNA HIGHLIGHT A FEW REALLY IMPORTANT MILESTONES AND ACHIEVEMENTS THAT I KNOW.

10:35:54 YOU ALL HAVE BEEN A PART OF, AND YOU CAN TALK TO THIS GROUP, ESPECIALLY WHEN YOU LOOK AT WHERE WE ARE GOING TO BOTH SUPPORT AND GARNER THE STRENGTH OF OLDER ADULTS AND CUSTOMERS LIVING WITH DISABILITIES, INCLUDING ALZHEIMER'S DEMENTIA, THINKING ABOUT THE EXPANSION

10:36:16 OF HEALTH COVERAGE THAT HAS BEEN REALLY IN THE WORKS FOR A FEW YEARS, AND WHAT WE SAW REALLY TAKE FALL LAST YEAR WITH INDIVIDUALS ON DOCUMENTED CALIFORNIANS OVER THE AGE OF 50, GETTING ACCESS TO FULL SCOPE MEDICAID COVERAGE.

10:36:34 THIS IS IN ESSENTIAL PIECE. WE KNOW THE COVERAGE IS NOT SUFFICIENT, BUT IT IS A START, AND THIS HAS BEEN AN IMPORTANT PIECE, AND I'M PROUD OF BEING IN AN ADMINISTRATION.

10:36:46 THAT SORT OF PROTECTED THIS CAUSE LIKE WE'RE GONNA PROTECT THE WHOLE NOTION OF HEALTH CARE FOR ALL TO INCLUDE ALL CALIFORNIA.

10:36:54 AND NO MATTER THEIR DOCUMENTATION STATUS BY EARLY 24 TO RECEIVE THAT COVERAGE BUT THIS IS AN IMPORTANT MILESTONE, AND ONE THAT I DON'T THINK HAPPENS WITHOUT THE ADVOCACY OF GROUPS LIKE THIS ONE.

10:37:07 ADDITIONALLY, THE DEPARTMENT OF HEALTH CARE SERVICES IN SOME WAYS ANCHORED IN CALAIM, ANCHORED IN THE OFFICE OF MEDICARE INNOVATION IN INTEGRATION, LOOKING TO DO MORE FOR INDIVIDUALS WHO ARE QUOTE JEWELS, MEDICARE MEDICAID ELIGIBLE?

10:37:26 HOW DO WE REALLY PUSH THE ENVELOPE FORWARD WITH NEW PROGRAMS?

10:37:29 I OFTEN SAY IT'S A SHAME THIS STATE DOESN'T HAVE A BIGGER ROLE IN THE MEDICARE PROGRAM, BECAUSE I THINK SOME OF THE SOCIAL SUPPORTS AND THINGS THAT WE DO TO LOOK AT SOCIAL DRIVERS OF HEALTH REALLY SHOULD BE NOT JUST GLOMMED ON IN A MEDICAID SENSE, BUT REALLY FOR

10:37:49 THE MEDICARE PROGRAM. SO, I'M REALLY HOPEFUL ABOUT THE WORK THAT THAT OFFICE WILL CONTINUE TO JOIN.

10:37:55 AND THEN THE WORK THAT DHCS THROUGH THE MEDICAID PROGRAM IS DOING ON DEALS AND IT WITHIN CALAIM.

10:38:04 SOME OF THE IMPORTANT SUPPORTS COMMUNITY SUPPORTS THAT WERE PASSED OR APPROVED AS PART OF THE CATALAN PROGRAM.

10:38:12 14 COMMUNITY SUPPORTS THAT INCLUDE SORT OF RESPITE, SUPPORT SERVICES THAT I THINK WILL TOUCH STRONGLY THOSE WHO ARE ELIGIBLE FOR THE MEDICAID PROGRAM.

10:38:22 THE WORKFORCE TRAINING WORK. I THINK THERE'S I STARTED TALKING ABOUT CHWS THAT'S GOING TO BE AN INCREDIBLE OPPORTUNITY.

10:38:32 THAT ONLY IS FULLY REALIZED IF WE HAVE SUFFICIENT INVESTMENT IN THE TRAINING PROGRAMS.

10:38:37 THIS IS ONE AREA THAT HONESTLY, NOT THAT I WAKE UP EVERY DAY, BUT I WONDER EVERY WEEK IF IT'S GONNA TAKE A LITTLE BIT MORE OF A HAIRCUT THAN IT ALREADY HAS.

10:38:47 IF WE'RE GOING TO BE DELAYING SOME OF THESE EFFORTS MORE THAN I KNOW.

10:38:51 I WISH THEY WOULD BE DELAYED, BUT KNOW THAT WE ACROSS OUR AGENCY ACROSS THE VARIOUS DIFFERENT DEPARTMENTS, INCLUDING THE WORK THAT SUSAN'S LEADING IT, CDA, ARE ON TOP OF WORKFORCE OPPORTUNITIES LOOKING TO DRIVE AS I LIKE TO SAY, A TRUCK THROUGH THESE OPPORTUNITIES.

10:39:09 LET'S SEE HOW MUCH WE CAN ACTUALLY GET DONE AND DO ON WORKFORCE.

10:39:16 AND THE RECENT AWARDS BY HK.

10:39:20 FOR EVERYTHING, FROM BEHAVIORAL HEALTH TO CERTIFIED NURSING ASSISTANCE.

10:39:27 THAT WORK ON CAREGIVER SUPPORTS ALL OF THIS.

10:39:31 I THINK, BUILDS INTO HOPEFULLY CREATING, NOT JUST IN NUMBER, BUT IN SKILL IN TALENT.

10:39:40 THE WORKFORCE THAT WE KNOW WE NEED TO DO TO ADDRESS SOME OF THE CHALLENGES THAT THAT WE'RE TALKING THROUGH.

10:39:48 I'M GONNA WRAP UP THERE. THERE'S A LOT OF OTHER INVESTMENTS THAT ARE WORTHY OF HIGHLIGHTING.

10:39:55 BUT I DO, CATHERINE, IF IT'S IN THE CARDS, BECAUSE I DON'T REALLY GET THIS OPPORTUNITY OFTEN AND GET TIRED OF HEARING MY OWN SELF RAMBLE AND TALK, WOULD LOVE TO SPEND 5 TO 10 MIN JUST ENGAGING ON A FEW QUESTIONS AND CRITIQUES LIKE HEY?

10:40:13 I WISH YOU WERE DOING MORE OF THIS AND LESS OF THAT.

10:40:16 I KNOW SUSAN GETS IT OFTEN. OTHER DIRECTORS AND DEPARTMENTS HEAR ABOUT IT AS WELL, BUT I ALWAYS ENJOY THE OPPORTUNITY TO HEAR CLEARLY FROM ALL OF YOU WHAT YOU WISH.

10:40:27 WE WERE DOING DIFFERENTLY, AND IF YOU WANT TO GIVE US A THUMBS UP ON SOMETHING THAT IS, I'M ALREADY.

10:40:36 I'M ALWAYS WILLING TO TAKE THOSE ACKNOWLEDGEMENTS AS WELL.

10:40:40 BUT, CATHERINE, IF IT'S IN THE CARDS ON THE AGENDA, WE'D LOVE TO ENGAGE ON THAT A BIT

10:40:41 PERFECT, READ. WE'D LOVE THE OPPORTUNITY AND I'LL JUST SAY WE JUST HAD BEGUN HEARING ABOUT THE NEW COMMUNITY OF PRACTICE WHICH I THINK ADVANCES THE HHS OBJECTIVES OF INTEGRATING THE WORK OF VARIOUS DEPARTMENTS AND TO HAVE DIFFERENT DEPARTMENTS THINKING ABOUT COURSES STRATEGIES FOR AGING

10:41:02 IS REALLY SIGNIFICANT. SO, THANKS TO YOU AND YOUR TEAM FOR YOUR WORK ON THAT.

10:41:07 AND I NOTICED THAT DARRICK LAM HAS HIS HAND UP SO HE HAS SOMETHING TO SAY, TOO. I THINK

10:41:11 GREAT

10:41:11 THANK YOU, CATHERINE, AND THANK YOU SO MUCH. DR.

10:41:14 GHALY FOR YOUR LEADERSHIP AND ALSO YOUR TEAM WORKING TOGETHER TO ENHANCE THE LIVES OF MANY PEOPLE WITHIN THE YOU KNOW UMBRELLA OF YOUR DEPARTMENT.

10:41:25 SO A COUPLE OF DAYS AGO, PRESIDENT BIDEN ANNOUNCED THAT HE'S GOING TO END THE NATIONAL.

10:41:30 EMERGENCY ON THE COVID-19. SO, WHAT IS THE IMPACT ON YOUR DEPARTMENT IN TERMS OF THE PEOPLE USE SURFING

10:41:39 YEAH, REALLY, TREMENDOUS QUESTION. I THINK A COUPLE OF THINGS TO SAY, DARRICK.

10:41:45 AND FIRST, IT'S GOOD TO SEE YOU, AND REALLY ENCOURAGED.

10:41:52 KNOW YOUR CONTINUED INVOLVEMENT IN THIS GROUP, AND IN THE WORK THAT YOU HAVE DONE FOR SO LONG FOR SO MANY CALIFORNIANS SO JUST WANNA ACKNOWLEDGE THAT?

10:42:00 IN IN RELATION TO YOUR QUESTION. FIRST, CALIFORNIA HAS BEEN PREPARING FOR THIS MOMENT FOR A LONG, LONG TIME.

10:42:07 I THINK OTHER STATES HAVE AS WELL, AND WE HAVE DONE.

10:42:12 I SORT OF THINK ABOUT THE CATEGORY OF 3 3 AREAS.

10:42:16 THERE ARE THINGS THAT CALIFORNIA GAINED AS A RESULT OF THE PUBLIC HEALTH EMERGENCY ALONG THE WAY THAT WE HAVE BOTH FORTIFIED AND MADE PERMANENT SO SOME OF THE TELE HEALTH OPTIONS THAT REALLY FLIPPED ON A TIME, ESPECIALLY IN THE HEALTH CARE SPACE EARLY IN THE PANDEMIC CALIFORNIA'S AGREED

10:42:35 TO KEEP THOSE GOING, AS IT RELATES TO THINGS WE PAY FOR AND ENCOURAGING THE DEPARTMENT OF MANAGED HEALTH CARE AND OTHER PROVIDERS THROUGH LEGISLATION.

10:42:43 OTHER HEALTH, PLAN, PROVIDERS THROUGH LEGISLATION TO KEEP THAT WORK GOING TO AND PAYING FOR THOSE VISITS AT THE SAME LEVEL, THAT YOU WOULD PAY FOR AND FACE TO FACE.

10:42:53 AND I THINK THIS IS A KEY PIECE OF UNLOCKING THE POTENTIAL OF OUR WORKFORCE AND MAKING SURE THAT ACCESS ISN'T JUST LIP SERVICE.

10:43:00 BUT MAKE YOU KNOW, OLDER CALIFORNIANS WHO CAN'T EASILY GET TO EVERY SINGLE APPOINTMENT AND IMAGINE THAT THEY HAD 12 A YEAR IN NORMAL TIMES.

10:43:12 NOW THEY MIGHT GET 6 IN PERSON AND 8 VIRTUAL VISITS, BECAUSE THEY CAN BE SUPPORTED IN THEIR PROVIDER, CAN KEEP BELOW KEEP THE LIGHTS ON, AND STAY OPEN, BECAUSE WE ARE REIMBURSED, FOR SO THERE'S THE CATEGORY OF THINGS LIKE TELEHEALTH THAT WE ARE GOING TO CONTINUE TO SUPPORT AND I THINK

10:43:29 FORTIFIED, EVEN MORE THAN THE FEDS DID THEN. THERE ARE SOME THINGS THAT WILL CHANGE, BUT BECAUSE OF LEGISLATION, LIKE SP.

10:43:38 510, WHICH PROTECTED TESTING VACCINATIONS.

10:43:42 A THERAPEUTICS AT FULL COVERAGE, IN AND OUT OF NETWORK FOR 6 MONTHS AFTER MAY ELEVENTH, AND THEN, AFTER THAT, 6 MONTHS IN NETWORK, WITHOUT COST, SHARING FOR CALIFORNIANS, YOU KNOW, MOVING FORWARD ALLOWS CALIFORNIANS TO FEEL SECURE THAT THEY'RE WHAT I'M GOING TO SAY COVID HYGIENE

10:44:04 RIGHT, VACCINES TESTING AND TREE MAKERS ARE GOING TO BE WITHIN REACH, NO MATTER WHAT HAPPENS.

10:44:12 SORT OF WITHIN THE FEDERAL CONTRACT. AND THEN THERE ARE THINGS THAT REALLY IMPACT THE SAFETY NET.

10:44:19 SO THERE'S GONNA BE SOME REAL LOSSES, RIGHT? CALIFORNIA, WHEN I LOOK AT OUR ACHIEVEMENTS AND LIKE PROGRAMS LIKE CAL FRESH, WHERE WE'VE BEEN ABLE TO THROUGH SOME ADDITIONAL AID EMERGENCY AID AND GRANTS BEEN ABLE TO REALLY BUTTRESS AND STRENGTHEN THE AMOUNT OF SUPPORT, WE'RE GIVING

10:44:38 LOW-INCOME INDIVIDUALS AND FAMILIES IN CALIFORNIA. SOME OF THAT IS GONNA GO AWAY.

10:44:42 AND SO WE ARE GOING TO BE FACED WITH NOT JUST SOME HARD TO DECISIONS, BUT THE NEED TO RALLY AROUND PEOPLE THAT ARE EXPECTING AND HAVE BECOME A CUSTOM TO A LEVEL OF SUPPORT, AND FRANKLY, MAYBE THRIVING BECAUSE OF IT.

10:44:56 AND HAVING TO BACKFILL THERE. SO I DON'T WANT TO MAKE IT SOUND LIKE CALIFORNIA'S SQUEAKY CLEAN THROUGH ALL OF THIS THERE'S GONNA BE SOME CHALLENGES.

10:45:04 BUT I THINK BECAUSE OF DECISIONS THAT PEOPLE HAVE HELPED THE LEGISLATURE AND THE ADMINISTRATION MAKE, WE'RE BETTER OFF THAN SOME OTHER STATES, DARRICK, YOU JUST GOT THE FIRST EXPLANATION OF THIS.

10:45:19 HONESTLY, THERE'S BEEN A LOT OF PRESS INTEREST, AND YOU MAY ACTUALLY, DARRICK KNOW EVEN MORE THAN THE GOVERNOR KNOWS AT THE MOMENT ON THIS ISSUE, BECAUSE HE'S BEEN ASKING ME AS WELL

10:45:31 THANK YOU SO MUCH, STOPPING DOWN.

10:45:32 YEAH.

10:45:38 I SEE, ANDREA'S HAND UP, CATHERINE.

10:45:40 I DON'T KNOW IF IT'S OKAY TO GO TO HER

10:45:44 YEAH, LET'S DO IT.

10:45:46 JUST REAL QUICK. THANK YOU. DR. GHALY.

10:45:54 HMM.

10:45:50 I'M ACTUALLY BENEFITING FROM A LOT OF THESE SERVICES IN HOME SUPPORTER SERVICES.

10:45:57 I WAS, GONNA HAVE YOU GUYS MEET MY WORKER? SHE'S ACTUALLY DOING SOME LAUNDRY FOR ME.

10:46:01 BUT I AM ACTUALLY BENEFITING FROM A LOT OF THESE SERVICES IN HOME SUPPORTER SERVICES, AFFORDABLE HOUSING, MEDIEVAL, AND IT'S SO NICE TO HEAR THAT THESE PROGRAMS ARE NOT BEING ELIMINATED.

10:46:14 BUT THEY'VE BEEN EXPANDED. I WAS REALLY IMPRESSED WITH I THINK IT WAS 2,021 WHEN THEY EXPANDED MEDICARE.

10:46:24 I WAS IN VIRGINIA AT THE TIME, SO THAT MEAN PEOPLE LIKE MYSELF THAT WAS UNDER 65 WAS ABLE TO BENEFIT FROM MEDICATION.

10:46:33 AND THEN ALSO IN REAL TIME AGAIN, I'M BENEFIT FROM NOW.

10:46:38 THESE SERVICES, THE WORKFORCE GROUP, MY AT HOME, SUPPORTIVE SERVICES WORKER IS HAPPY, MAKES ME HAPPY.

10:46:47 ALL THESE SERVICES I ALWAYS SHARE WITH MYSELF. I AVERAGE FOR MYSELF ALL THE TIME, AND I ALSO SHARE WITH MY PEERS.

10:46:56 THERE'S A LOT OF PEOPLE DON'T REALIZE THAT MANY CURRENTLY HAVE THE ACCESS.

10:47:05 130,000 A YEAR. PEOPLE ARE UNDER THE OLD IMPRESSION THAT YOU CAN ONLY HAVE, LIKE \$2,000 IN A BANK, SO I'M CONSTANTLY TRYING TO REMIND PEOPLE AND UPDATE PEOPLE OF SOME OF THE NEWER POLICIES IN REGARDS TO MEDICAID SO THAT THEY CAN APPLY SO AGAIN, THANK YOU

10:47:23 GUYS SO MUCH, YOU KNOW, SARAH REALLY ENJOYED YOUR PRESENTATION.

10:47:29 BUT AGAIN AS A PERSON, THAT'S ON THIS COMMITTEE, I AM BENEFITING FROM A LOT OF THESE SERVICES, AND IT'S VERY HELPFUL.

10:47:36 AND IT. IT'S HELPS ME TO HAVE LESS STRESS. THANK YOU.

10:47:40 JUST TO JUST NO, NOT A QUESTION, BUT A COMMENT AND RIGHT.

10:47:46 THANK YOU SO MUCH. IT'S GOOD TO HEAR MOVING FROM THE EAST TO THE WEST HAS BEEN HOPEFULLY A FEELING OF UPGRADE IN TERMS OF THE SERVICES, AND THAT THE SUPPORT AND WHAT SARAH AND SUSAN AND SO MANY OTHERS ARE PROMOTING.

10:48:00 I THINK THE THAT THE ASSET LIMIT AND THE ASSET TEST FUNCTIONS.

10:48:05 AND WHAT HAS CHANGED THERE, I THINK THEY SNEAK BY A LOT OF PEOPLE. SO, I'M REALLY GRATEFUL.

10:48:10 YOU BROUGHT IT UP. THEY DID NOT COME AT A SMALL PRICE OF ADMISSION FOR YEARS, I WOULD EVEN SAY DECADES, AND TO SEE THOSE THINGS GET TRANSFORMED AND CHANGED, I THINK, IS A HUGE DEAL, AND I GUESS 1 ONE COMMENT.

10:48:26 AND CATHERINE, NOT TO AGAIN SCREW UP A MEETING AGENDA, BUT I WOULD LOVE TO HEAR MORE, NOT RIGHT.

10:48:34 THIS MOMENT, BUT AT THE END OF THIS MEETING BELOW, BLOW THE PLAYBOOK OPEN ON COMMUNITY HEALTH WORKERS RIGHT ANDREA IS TALKING ABOUT.

10:48:43 I HSS, BUT THERE'S THIS NEW GAME IN TOWN.

10:48:46 OF, HOW DO WE USE PEOPLE, PROFESSIONALS IN THE COMMUNITY?

10:48:49 I'M NOT TALKING ABOUT, YOU KNOW, CERTIFIED PROFESSIONALS THE PEOPLE WHO KNOW THE COMMUNITIES KNOW THE FAMILIES.

10:48:55 NO, THE WHAT'S AROUND THE BLOCK. AND HOW DO WE USE THEM TO REALLY SUPPORT ANDREA YOURSELF AND OTHERS WHO MAY JUST NEED A LITTLE BIT MORE SUPPORT THIS IS A TREMENDOUS CHANCE TO REALLY BRING ANOTHER WORKFORCE TO BEAR IN CALIFORNIA AND MY DREAM IS A DECADE FROM NOW OR 5 YEARS FROM NOW, WE LOOK BACK

10:49:14 AND SAY, HOW DID WE EVER DO WITH THIS LIKE? HOW DID WE EVER FIGURE OUT HOW TO SUPPORT ONE ANOTHER WITHOUT KNOWING THAT THERE'S INDIVIDUALS WHO ARE DOING SOME OF THIS WORK ANYHOW?

10:49:25 BUT NOW CAN BE SUPPORTED AND FRANKLY PAID FOR THE WORK THROUGH SOME OF THE INVESTMENTS AT THE STATE AND FEDERAL LEVEL.

10:49:30 SO I HOPE THAT YOUR COLLECTIVE CREATIVITY WILL GIVE US NEW WAYS OF THINKING ABOUT THIS RESOURCE.

10:49:37 AS IT RELATES TO THE WORK. YOU GUYS ARE CONCERNED ABOUT

10:49:40 WELL, WE LOOK FORWARD TO REPORTING ON THAT, TO YOU. WE HAVE A LITTLE DISCUSSION AT THE END OF THINGS.

10:49:45 WE MIGHT WANT TO TELL YOU SO THAT'LL BE GREAT OPPORTUNITY.

10:49:51 OH!

10:49:48 THANKS FOR FRAMING A GOOD QUESTION FOR US. DOES ANYONE ELSE HAVE A COMMENT OR A QUESTION FOR DR.

10:49:54 GHALY.

10:49:56 OKAY, THANK YOU AGAIN FOR JOINING US. WE I ALWAYS SAY I'M SO PROUD TO BE ACCOUNTED BECAUSE OF THE ADVANCES WE'VE MADE.

10:50:05 WE ARE REALLY IN SUCH A DIFFERENT PLACE, AND A LOT OF THAT GOES TO YOUR LEADERSHIP.

10:50:11 SO. THANK YOU. THANK YOU.

10:50:12 OH, IT'S A PRIVILEGE, AND I JUST END BY THANKING YOU AND SUSAN.

10:50:15 YOU IN PARTICULAR DESERVE A SHOUT OUT FOR THE LEADERSHIP YOU BRING, AND THE TEAM YOU HAVE ASSEMBLED TO KEEP DOING THIS WORK.

10:50:24 SO IN PARTNERSHIP. I HAVE A GOOD REST OF YOUR MEETING, AND THANKS AGAIN

10:50:28 THANKS, SO MUCH

10:50:29 SECRETARY.

10:50:33 OH, THAT WAS A TERRIFIC OPPORTUNITY BOTH TO HEAR AND BE ABLE TO ADD, ASK SOME QUESTIONS AND REALLY GOOD QUESTIONS THAT THAT PEOPLE ON THE COMMITTEE ASKED. SO, THANKS FOR DOING THAT. AND SARAH, I'M NOT SURE WHETHER YOU WERE DONE, AND WE'RE READY TO GO TO RENITA'S ABOUT WHERE WE

10:50:47 YEAH, I AM. I AM LIKE, 20 S WILL BE REALLY QUICK.

10:50:52 I WANT RENEWED TO COVER THE WORKFORCE INITIATIVE.

10:50:55 IF THAT'S OKAY. IF WE COULD JUST PULL UP THE SLIDES.

10:50:57 IT WAS WONDERFUL TO HEAR FROM SECRETARY GHALY. I'M VERY AWARE OF THE TIME.

10:51:02 CONSTRAINTS YOU ALL HAVE HERE, SO WE'LL BE QUICK.

10:51:03 YEAH. AND I THINK THEM. AND THEN WE'RE GONNA MOVE INTO LAUREN RIGHT AFTER THAT. SO

10:51:04 I JUST WANTED TO. RIGHT? EXACTLY. THANK YOU. SO MUCH. I JUST WANTED TO NOTE THAT WE HAVE THIS IMPLEMENTATION TRACKER THAT'S AVAILABLE ONLINE THAT YOU CAN LOOK UP EACH INITIATIVE AND ITS STATUS.

10:51:16 SO I DEFINITELY ENCOURAGE YOU TO UTILIZE THAT, AND WE'LL PUT THE LINK UP.

10:51:20 AND AT THIS POINT YOU WE CAN GO TO THE NEXT SLIDE.

10:51:25 AND I'M JUST REALLY PLEASED AGAIN, THIS JUST TALKS ABOUT OUR DATA DASHBOARD FOR AGING.

10:51:31 WE ALSO ONE LAST THING, HAVE AN AGING AND DISABILITY PLANNING GRANT PROGRAM THAT WE'RE ABOUT TO LAUNCH FOR LOCAL PLANNING AT THE COMMUNITY LEVEL.

10:51:40 SO WE ENCOURAGE YOU ALL TO LOOK FOR THAT OPPORTUNITY IN OUR ANNOUNCEMENTS.

10:51:44 NEXT SLIDE, PLEASE. SO NOW IT'S MY PLEASURE TO TURN IT OVER TO RENITA POLK TO TALK ABOUT THE CALIFORNIA GROWS WORKFORCE PROGRAM. THANK YOU.

10:51:52 GOOD MORNING, EVERYONE. THANK YOU, SARAH, AND THANK YOU. COMMITTEE, FOR HAVING ME.

10:52:01 I'M GONNA PROVIDE A PRETTY HIGH-LEVEL OVERVIEW OF OUR CAL GROWS PROGRAM.

10:52:08 WHICH IS OUR DIRECT CARE WORKFORCE TRAINING PROGRAM THAT WE ARE JUST LAUNCHING AT CDA NEXT SLIDE. PLEASE

10:52:19 SO SARAH ALREADY DISCUSSED THE 5 GOALS IN THE MASTER PLAN FOR AGING, AND SO I WON'T SAY MUCH MORE ABOUT THAT.

10:52:28 JUST POINT OUT THAT THE CAL GROWS PROGRAM IS FITS INTO THAT GOAL FOR CAREGIVING NETWORKS AND PROVIDING SUPPORT FOR CAREGIVERS.

10:52:39 NEXT SLIDE. SO, THIS SLIDE HERE, WHAT I REALLY WANTED TO GET AT WITH THIS SLIDE IS A DISCUSSION OF THE GOALS OF OUR CALGARY PROGRAM, AND HOW WE'RE GOING TO ACCOMPLISH THOSE GOALS.

10:52:55 SO THE PROGRAM IS FUNDED THROUGH THE AMERICAN RESCUE PLAN ACT.

10:53:01 AND SO THE STATE RECEIVED 150 MILLION DOLLARS TO IMPLEMENT A TRAINING AND STIPEND PROGRAM WHICH IS NOW CAL GROWS IN THE GOALS OF THE PROGRAM IS THAT FIRST HIGHLIGHTED PHRASE THERE TO IMPROVE QUALITY OF CARE AND TO HELP KEEP OLDER ADULTS AND FOLKS WITH

10:53:22 DISABILITIES IN THEIR HOMES, AND OUT OF INSTITUTIONS, WHEN IT'S NOT NEEDED.

10:53:27 AND TO RESPOND TO SHORTAGES WITHIN THE WORKFORCE. SO THOSE ARE THE GOALS.

10:53:32 SO, EVEN THOUGH THIS IS A TRAINING PROGRAM FOR DIRECT CARE WORKERS.

10:53:37 ULTIMATELY THE GOAL IS TO IMPROVE THE QUALITY OF CARE FOR THOSE THAT ARE RECEIVING CARE, RECIPIENTS OF CARE AND HOW WE'RE GOING TO DO THAT WITH THIS PROGRAM IS TO HELP PROVIDE CONSISTENT CARE BY RETAINING DIRECT CARE WORKERS AND BY TRAINING DIRECT CARE WORKERS HELPING TO IMPROVE THEIR SKILLS AND BY

10:54:01 RETAINING WORKERS, AND WILL MAINTAIN CONSISTENT CARE FOR THOSE FOLKS THAT NEED IT.

10:54:06 NEXT SLIDE, PLEASE.

10:54:09 SO THE CAL GROWS PROGRAM. THERE ARE A COUPLE DIFFERENT PIECES THAT I WILL TALK ABOUT PRETTY QUICKLY.

10:54:16 SO THE 5 TRAIN PATHWAYS. THIS IS ALSO A KNOWN AS IHSS CAREER PATHWAYS PROGRAM.

10:54:24 BUT WE ARE LEVERAGING THAT PROGRAM AT THE DEPARTMENT OF SOCIAL SERVICES WHICH SARAH ALSO TOUCHED ON THIS PROGRAM.

10:54:33 BRIEFLY, IN HER MASTER PLAN FOR AGING UPDATE. BUT WORKERS THAT ARE PARTICIPANTS IN THE CAL GROWS PROGRAM ALSO HAVE THE OPPORTUNITY TO TAKE THE COURSES THAT ARE BEING OFFERED BY THE DEPARTMENT OF SOCIAL SERVICES.

10:54:49 PEOPLE ARE LEARNING IT IN AN INNOVATIONS INSTITUTE. SO CDA IS BUILDING A DATABASE THAT WILL HAVE DIFFERENT TRAINING OPPORTUNITIES.

10:55:01 I CAN KIND OF THINK OF IT AS AN INVENTORY FOR TRAINING COURSES, AND THIS WILL BE A SMALL PART OF THE LARGER LEARNING AND INNOVATIONS INSTITUTE, AND WE ARE WORKING WITH UCSF TO CONDUCT AN EVALUATION OF THE CALGROWS PROGRAM.

10:55:22 AND THEN THE LAST PIECE ON THE SLIDE. HERE IS THE CAL INNOVATION FUND, WHICH IS THE LARGEST PART OF THIS PROGRAM, AND I'LL TALK ABOUT THAT. I'M A LITTLE BIT ON THE NEXT SLIDE

10:55:36 SO THE INNOVATION FUND. IT'S A PART OF FUNDING THAT WILL FUND GRANTS FOR INNOVATIVE APPROACHES TO TRAINING AND INCENTIVES FOR DIRECT CARE WORKERS.

10:55:51 THESE FUNDS WILL BE GOING TO EMPLOYERS TRAINING PROVIDERS.

10:55:57 A WIDE VARIETY OF DIFFERENT TYPES OF ORGANIZATIONS.

10:56:00 SO WE ACTUALLY JUST NOTIFIED SUCCESSFUL APPLICANTS A FEW DAYS AGO, AND JANUARY 30, FIRST AND THE PLAN IS TO HAVE ALL OF THESE PROGRAMS LAUNCHING NO LATER THAN MARCH FIRST.

10:56:17 THAT NEXT SLIDE, PLEASE. AND SO, I DIDN'T MENTION ON PREVIOUS SLIDE.

10:56:24 BUT THE WHAT THE FUNDING WILL BE USED FOR IT, A VARIETY OF THINGS, BUT REALLY WHAT WE WANT TO FOCUS ON IS HER ADDRESSING ACCESSIBILITY FOR TRAINING.

10:56:37 SO HELPING DIRECT CARE WORKERS GET ACCESS TO TRAINING AND HELPING THEM ADDRESS ANY BARRIERS THAT THEY ENCOUNTER WHILE TRYING TO ACCESS TRAINING.

10:56:49 BUT FOR THE INNOVATION FUND. SO, WE RECEIVED ABOUT 143 APPS, WHICH WAS OVER 150 MILLION DOLLARS WAS REQUESTED, AND I APOLOGIZE.

10:57:04 THERE IS AN ERROR IN THIS SLIDE. IT ACTUALLY SHOULD BE 89 MILLION.

10:57:10 THAT WAS AWARDED. SO NOT THE 82.6 ON THE SLIDE, BUT 89 MILLION DOLLARS.

10:57:16 THAT WILL BE AWARDED TO 78 DIFFERENT APPLICANTS, AND SINCE I KNOW THIS IS THE ALZHEIMER'S AND DEMENTIA RELATED COMMITTEE, I WANTED TO POINT OUT THE FOCUS ON TRAINING WORKERS TO WORK WITH FOLKS THAT HAVE ALZHEIMER'S OR OTHER TYPES OF RELATED

10:57:36 DEMENTIA. SO, THERE'S 24 MILLION TOTAL IN THE INNOVATION FUND THAT WILL FOCUS ON TRAINING RELATING TO ALZHEIMER'S AND DEMENTIA, WHICH IS FOR 19 APPLICANTS.

10:57:52 SO I KNOW WE ARE RUNNING LOW ON TIME, SO I WILL STOP THERE AND PASS IT BACK TO CATHERINE. I BELIEVE

10:58:01 TERRIFIC. AND I THINK WE'RE GONNA DO IS HAVE LAUREN PRESENT. AND I'M HOPING RENITA, SARAH AND LAUREN CAN ALL STAY AND ANSWER ANY QUESTIONS AT THE END OF KIND OF THAT COMBINED PRESENTATION OF THAT IF THAT WORKS FOR ALL OF YOU SO LAUREN TAKE IT AWAY

10:58:15 FANTASTIC. THANK YOU, CATHERINE, AND I SHOULD BE FAIRLY QUICK AND DON'T NEED THE ENTIRE 20 MIN THAT WAS ORIGINALLY PROVIDED SO HOPEFULLY, WE'LL HELP WITH TIME A LITTLE BIT MOVING FORWARD.

10:58:25 THANK YOU.

10:58:27 SO I AM JUST GOING TO PRESENT ON A FEW OF THE KEY INITIATIVES AT THE DEPARTMENT OF PUBLIC HEALTH IS WORKING ON TOWARDS THE MASTER PLAN ON AGING, AND SOME OF THOSE YOU HEARD FROM SARAH EARLIER AS WELL.

10:58:40 SO NEXT SLIDE.

10:58:42 SO FOR OUR TEAM HERE AT THE DEPARTMENT OF PUBLIC HEALTH, ONE OF THE BIG INITIATIVES THAT IS IN THE CURRENT MESS PLAN ON AGING AND A FUTURE INITIATIVE IS TO PROMOTE THE BLUE ZONES FOR DEMENTIA FRIENDLY COMMUNITIES, AND WE ARE HAPPY TO SAY THAT WE HAVE STARTED PROGRESS.

10:58:58 ON THIS WE HAVE A PILOT PROJECT WITH SACRAMENTO COUNTY ON A BLUE ZONE PROJECT, AND THAT WORK WILL CONTINUE, AND IDEALLY WITH A PILOT PROJECT.

10:59:08 WE'LL LEARN SOME SUCCESSES AND BE ABLE TO CONTINUE REALLY IMPLEMENTING THIS AND PROMOTING IT IN A LARGER FASHION IN THE FUTURE, AS WELL SO THAT'S OUR FIRST INITIATIVE.

10:59:20 NEXT SLIDE. WE ALSO HAVE AN INITIATIVE. OH, I'M SORRY IF SOMEONE COULD MOVE THE SIDE ONE MORE.

10:59:30 THAT WOULD BE GREAT. OH, PERFECT! THANK YOU. WE ALSO HAVE AN INITIATIVE TO SHARE PUBLIC HEALTH, MESSAGING EDUCATION, CULTURALLY CONFERENCE, EQUITY TARGETED APPROACHES, AND WE'VE BEEN FORTUNATE AT THE DEPARTMENT OF PUBLIC HEALTH TO THIS IN A COUPLE OF DIFFERENT WAYS.

10:59:45 WE HAVE DEVELOPED AN ALZHEIMER'S AWARENESS.

10:59:48 SOCIAL MEDIA TOOLKIT, THAT OTHER PROJECTS ARE ABLE TO USE, AND IT GETS UPDATED ABOUT 4 OR 5 TIMES A YEAR WITH VARYING DIFFERENT MESSAGES AND IMAGES FOREVER TO UTILIZE.

11:00:00 IT ALSO GETS POSTED ON THE CDPH SOCIAL MEDIA PLATFORMS AS WELL.

11:00:04 AND THEN ALSO THIS KIND OF CULTURALLY COMPETENT EQUITY TARGETED APPROACH FOR AWARENESS AND EDUCATION IS EMBEDDED IN THE HEALTHY BRAIN INITIATIVE AS WELL.

11:00:13 AND SO ALL 6 COUNTIES THAT ARE CURRENTLY WORKING ON THE HEALTHY BRAIN INITIATIVE CONTINUE TO COMMUNICATE AS WELL, AND THEY'RE IN THEIR COMMUNITIES THROUGH PUBLIC AWARENESS AND COMMUNITY ENGAGEMENT STRATEGIES.

11:00:26 AND THEN AN ADDITIONAL PIECE IS THAT WE'RE REALLY EXCITED TO ANNOUNCE THAT I KNOW WE ANNOUNCED LAST AT OUR LAST MEETING.

11:00:34 BUT WE'LL JUST SAY AGAIN THAT WE'RE GONNA HAVE OUR FIRST PUBLIC AWARENESS CAMPAIGN FOCUSED ON EDUCATING THE PUBLIC, ON THE SIGNS AND SYMPTOMS OF THE ALZHEIMER'S DISEASE AND RELATED DEMENTIA.

11:00:44 AND SO WE'RE REALLY EXCITED. REYNOLDSMAN STARTS WITH US HERE SHORTLY.

11:00:48 WE'RE FINALIZING OUR CONTRACT, AND WE'LL BE ABLE TO HAVE THAT CAMPAIGN ONGOING OVER THE NEXT YEAR OR SO NEXT SLIDE

11:00:59 ANOTHER INITIATIVE IS REALLY TO BUILD IN OUR OLDER ADULT FOCUS, TO EXISTING SUICIDE PREVENTION PROGRAMS.

11:01:07 AND LUCKILY HERE AT THE DEPARTMENT OF PUBLIC HEALTH, WE DO HAVE A CDC.

11:01:11 FUNDED COMPREHENSIVE SUICIDE PREVENTION PROGRAM.

11:01:14 AND THEY DO FOCUS THOSE AT STRATEGIES ON THE IMPACT OF OLDER ADULTS.

11:01:18 SO THIS IS AN AREA, WHERE WE'VE BEEN ABLE TO REALLY INCREASE OUR MESSAGING AROUND OLDER ADULTS AND EXISTING SUICIDE PREVENTION PROGRAMS AND REALLY INCREASE OUR MESSAGING OUR EDUCATION MATERIALS.

11:01:34 ALL OF THOSE VARIOUS COMPONENTS AS WELL. NEXT SLIDE. OH, AND I DO WANNA SAY OVERARCHINGLY, BEFORE WE GO INTO THIS PARTICULAR ONE.

11:01:44 SOMETHING THAT'S REALLY IMPORTANT IS THE INITIATIVES THAT YOU'RE SEEING HERE.

11:01:49 THEY WERE ALL PART OF THE PRIOR MASTER PLAN, AGING INITIATIVES, AND IN THE COMING YEAR THEY'RE GOING TO CONTINUE ON.

11:01:56 SO WE FELT REALLY FORTUNATE TO CONTINUE TO WORK TOWARDS THESE INITIATIVES, AND, YOU KNOW, BUILD ON WHAT SUCCESSES WE'VE HAD ALREADY.

11:02:04 AND THEN ALSO CONTINUE TO SEE BIGGER IMPACT AND OUTCOME OVER THE NEXT YEAR AS WELL AND AS WE'VE HEARD FROM EVERYONE THIS MORNING, WE'VE BEEN VERY FORTUNATE IN THE ALZHEIMER'S WORK HERE AT THE DEPARTMENT OF PUBLIC HEALTH THAT WE HAVE NOT RECEIVED ANY BUDGET REDUCTIONS

11:02:22 IN THE WORK THAT WE'RE DOING. SO, WE'RE ABLE TO CONTINUE ALL OF THESE PROGRAMS AT THIS TIME.

11:02:27 SO REALLY EXCITED THAT THAT HAS HAPPENED, MOVING FORWARD. SO THIS INITIATIVE THAT WE HAVE HERE IS REALLY TO CONTINUE CALIFORNIA'S COMMITMENT TO TARGET CLINICAL RESEARCH.

11:02:38 AND SO THIS PARTICULAR PIECE WE WERE ABLE IN THE LAST YEAR IN 2,022, TO AWARD 7 NEW RESEARCH GRANTEES.

11:02:47 AND THAT'S AT 8.7 MILLION DOLLARS. AND SO, THE THAT WORK WILL CONTINUE.

11:02:52 THOSE ARE 2, YOUR RESEARCH PROGRAMS. AND THEN WE PLAN TO CONTINUE TO FUND ADDITIONAL RESEARCH.

11:02:58 AFTER THAT AS WELL. SOMETHING WE'RE DOING THAT'S A LITTLE DIFFERENT THAN WHAT WE'VE DONE IN THE PAST IS WE PLAN TO HAVE A SYMPOSIUM SERIES WITH OUR RESEARCHERS SO THAT OTHERS CAN LEARN MORE ABOUT THE RESEARCH THAT WE'RE FUNDING BOTH THE IMPACT AND SUCCESSES OF THE PROGRAMS THAT WE OR

11:03:15 THE RESEARCH THAT WE HAVE FUNDED IN THE PAST AS WELL AS THE RESEARCH WE'RE CURRENTLY FUNDING.

11:03:20 SO MORE TO COME ON THAT. AND I LOOK FORWARD TO SHARING WITH YOU ALL WHEN WE HAVE THAT, YOU KNOW, SET UP AND AVAILABLE FOR EVERYONE NEXT SLIDE

11:03:30 WE ALSO ARE WORKING ON DEVELOPING A PLAN FOR EQUITY FOCUSED DEMENTIA PREVENTION, PUBLIC HEALTH CAMPAIGNS.

11:03:36 AND SO WITH THIS, WE'RE REALLY EXCITED TO CONTINUE OUR HEALTHY BRAIN INITIATIVE.

11:03:42 AND SO WITH THAT, WE'RE GOING TO CONTINUE TO FUND THE 6 PILOT COUNTIES THAT WERE PART OF THE PROGRAM.

11:03:48 AND JUST YESTERDAY WE RELEASED OUR HEALTHY BRAIN INITIATIVE, RFA.

11:03:54 TO INCLUDE 6 OR MORE NEW COUNTIES. AND SO, WE'RE REALLY EXCITED TO BRING ON MORE COUNTIES INTO THAT INITIATIVE, IT'S REALLY FOCUSED ON PREVENTION IN THE LOCAL COMMUNITY LEVEL.

11:04:04 AND MAKING BRAIN HEALTH, AND ALZHEIMER'S, AND RELATED DEMENTIA.

11:04:09 PART OF THE CONVERSATION WITHIN LOCAL HEALTH DEPARTMENT, SO THAT INITIATIVE WILL CONTINUE.

11:04:14 AND IS ONGOING AS WELL, AND WE'LL HAVE 2 TO 3 MORE YEARS DEPENDING ON WHICH PROJECT WE'RE TALKING ABOUT TO CONTINUE THAT WORK AT THE LOCAL LEVEL.

11:04:22 NEXT SLIDE. WE ALSO AT THE DEPARTMENT OF PUBLIC HEALTH, ARE WHAT HAVE AN INITIATIVE TO CONTINUE TO EXPAND TRANSPARENCY ON STATE DATA UNDER NURSING HOMES, AND THAT INCLUDES QUALITY STAFFING, FINANCING.

11:04:37 AND YOU KNOW, BOTH DURING COVID-19 AND ONGOING AND OUR HOME AND COMMUNITY BASED SERVICE SPENDING PLAN INCLUDES RESOURCES TO DEVELOP THIS LONG-TERM SERVICES AND

SUPPORT DATA DASHBOARD TO REALLY BE ABLE TO PROVIDE THAT TRANSPARENCY IN THAT DATA
MOVING FORWARD NEXT SLIDE

11:04:57 ANOTHER ONE OF OUR INITIATIVES HERE AT THE DEPARTMENT IS TO CONTINUE TO EXPAND,
CULTURALLY AND LINGUISTICALLY COMPETENT COMMUNICATIONS FOR OLDER ADULTS AND PEOPLE
AT DISABILITIES AND THEIR FAMILIES. AND SO I'M EXCITED TO SAY, THIS HAS CONTINUED AS WELL, AND
IN THE 2122 STATE BUDGET WE

11:05:13 INVESTED 10 MILLION AND ONGOING GENERAL FUNDS FOR LANGUAGE, ACCESS, AND
CULTURAL COMPETENCY.

11:05:19 AND THIS INCLUDES FOR OLDER ADULTS JUST THOSE WITH DISABILITIES AND FAMILY
MEMBERS.

11:05:24 AND SO THIS IS A REALLY BIG CAMPUS THAT WE'RE LUCKY TO MOVE FORWARD AND
CONTINUE IN THE COMING YEAR AS WELL.

11:05:32 AND LAST SLIDE. ANOTHER ITEM THAT WE DO HAVE IN OUR PORTFOLIO FOR CDPH, AND IS IN
THE COMING YEAR, IS TO REVIEW THE RULES OF LICENSING LONG TERM CARE BUNSMAN AND ADULT
PROTECTIVE SERVICES AND THEIR EXPERIENCES TO OTHER STATES TO PREVENT AND ADDRESS ABUSE
AND NEGLECT AND

11:05:53 LONG-TERM CARE FACILITIES. AND I'M REALLY EXCITED TO SAY THAT THE INTERAGENCY
CALIFORNIA ELDER DISABILITY, JUSTICE GROUP COORDINATING COUNCIL IS GONNA PRIORITIZE THIS
INITIATIVE IN THE COMING YEAR.

11:06:03 SO YOU KNOW, WE'VE GOT QUITE A FEW INITIATIVES HERE AT THE DEPARTMENT OF PUBLIC
HEALTH THAT INTERSECT WITH THE MASTER PLAN ON AGING AND WE'RE REALLY EXCITED THAT WE'VE
BEEN ABLE TO SEE SOME SUCCESS THIS LAST YEAR AND REALLY CONTINUE TO BUILD ON THAT IN THE
COMING YEAR AS WELL, AND JUST WANT TO

11:06:18 REALLY SAY HOW GREAT IT IS TO PARTNER WITH THE DEPARTMENT OF AGING.

11:06:22 WE HAVE A LOT OF CONVERSATIONS, AND WE CONTINUE TO MOVE THIS WORK TOGETHER AS
A TEAM.

11:06:27 AND EVEN THOUGH YOU KNOW THERE MAY BE DIFFERENT DEPARTMENTS ASSIGNED TO
DIFFERENT INITIATIVES, IT'S REALLY TEAMWORK, THAT COMES TOGETHER BY ALL OF US PARTNERING
AND HAVING THOSE CONTINUE CONVERSATIONS SO YOU KNOW, THAT'S JUST A QUICK OVERVIEW OF
WHERE WE'RE AT THE DEPARTMENT OF PUBLIC HEALTH BUT

11:06:42 CATHERINE. I THINK WE'RE GONNA TURN IT OVER FOR QUESTIONS.

11:06:44 WE ARE THANKS SO MUCH, LAUREN, THAT WAS REALLY INFORMATIVE.

11:06:47 A LOT OF A LOT OF GOOD INFORMATION. SO REALLY APPRECIATE YOU TAKING TIME TO JOIN
US TODAY.

11:06:52 SO WE HAVE FIRST OPPORTUNITY FOR MEMBERS OF THE COMMITTEE TO ASK QUESTIONS OF
ANY OF OUR 3 PRESENTERS, AND I SEE BARBARA'S HAND RAISED.

11:07:06 SO GO AHEAD. BARBARA. OKAY.

11:07:06 THANKS. CATHERINE, SO TO OUR IDEAS FOR FUTURE DISCUSSION OR PRESENTATIONS AT FUTURE MEETINGS, THAT I JUST CAME TO ME AS PRESENTATIONS FOR BEING MADE.

11:07:22 THANK YOU.

11:07:18 ONE OF THEM IS ABOUT THE ADRCS. I WOULD LOVE TO HAVE SOMEONE COME TO THIS COMMITTEE AND REALLY LAY OUT THE VISION FOR THAT WHERE WE'RE AT WITH THIS.

11:07:30 AND I THINK WE NEED TO HAVE SOME CONVERSATIONS. ONE.

11:07:33 THIS WAS PROMPTED IN ANOTHER MEETING I WAS IN EARLIER IN THE WEEK ABOUT HOW IS CALIFORNIA GOING TO ENSURE THAT THESE ADRCS HAVE ALL OF THE INFORMATION AT HAND ABOUT THE FULL ARRAY OF SERVICES.

11:07:51 SO THE CONVERSATION I WAS IN, PEOPLE STARTED ASKING, WELL, IF IT'S A LIST WE'LL IT ADDRESS THE QUALITY OF THESE SERVICES AND SO I THINK THERE'S A LOT OF QUESTIONS AROUND.

11:08:00 YOU KNOW? HOW CAN WE ENSURE THAT THIS NO WRONG DOOR, THAT WE WANT EVERYONE TO WALK THROUGH IS REALLY GOING TO GIVE PEOPLE ACCESS TO GOOD INFORMATION ABOUT INCLUDING THE QUALITY OF THESE SERVICES?

11:08:12 THE FULL ARRAY OF SERVICES. FROM WHAT YOU GET IN THE HOME AND COMMUNITIES ALL THE WAY UP TO WHAT SOMEONE MIGHT WANT IN AN ASSISTED LIVING OR LONG-TERM CARE, AND IF IT MAY BE INTERESTING TO ASK SOMEONE FROM WISCONSIN TO COME IN AND DO A LITTLE PRESENTATION FOR US BECAUSE THEY'VE DONE SOME REALLY INTERESTING

11:08:29 THINGS WITH THEIR AD ISSUES WHEN IT COMES TO DEMENTIA SO EMBEDDING DEMENTIA SPECIALISTS IN THEIR ADRCS.

11:08:36 THEY'VE DONE IT STATEWIDE NOW, SO THAT MIGHT BE KIND OF INTERESTING FOR US TO THINK ABOUT A DIRECTION.

11:08:42 MAYBE WE COULD URGE THE STATE TO MOVE, GOING FORWARD. SECONDLY, LAUREN, THIS IS YOU.

11:08:47 YOU WERE TALKING ABOUT THE GRANT MADE TO SACRAMENTO.

11:08:50 AS THAT GETS FURTHER OUT, AND THEY'VE GOT SOMETHING TO TALK ABOUT IT'D BE VERY COOL TO HAVE THEM COME AND SAY, WHAT ARE THEY DOING TO MAKE SACRAMENTO COUNTY MORE DIMENSION FRIENDLY, BECAUSE MAYBE WE CAN GET IDEAS THAT WE CAN THEN TAKE BACK INTO OUR LOCAL COMMUNITIES OR COUNTIES TO TRY AND SEE

11:09:04 IF MAYBE WE CAN JUMP, START SOME THINGS, AND THEN THE LAST SARAH FOR YOU IS, AND I KNOW YOU HAD TO GO QUICKLY, BECAUSE OUR TIME IS SHORT, THERE'S SO MUCH INFORMATION.

11:09:14 BUT IS THERE ANYTHING WHERE YOU CAN SAY ABOUT THE 4.5 MILLION THAT IS GOING OUT TO COMMUNITIES FOR DEMENTIA? FRIENDLY WORK

11:09:22 OH, OKAY, THANK YOU FOR THAT. SO, 2 QUESTIONS, ONE, I DID WANT TO POINT OUT GREAT QUESTIONS AND POINT ON THE ADRC ISSUE.

11:09:29 WE'VE DONE. I THINK IT COULD BE A GREAT AGENDA ITEM.

11:09:32 WE'VE DONE WORK WITH A WONDERFUL CONSULTANCY CALLED COLLABORATIVE CONSULTING THAT HAS HELPED NEED OUR WORK IN KIND OF AN ANALYSIS OF OUR ADRC PROGRAM AND LOOKING AT OTHER STATES AND DOING INDEX STAKEHOLDER INTERVIEWS.

11:09:45 SO ANYWAYS LIKE THEY THINK THERE'S A LOT TO TALK ABOUT HIGHLIGHTING THE ISSUES YOU'VE DISCUSSED.

11:09:51 AND IN REGARD TO THE 4.5 MILLION INVESTMENT THAT I HAD TO RUN THROUGH REALLY QUICKLY AT THE END.

11:10:01 OKAY, THAT WAS IT.

11:09:57 SORRY ABOUT THAT, FOR AGE AND DISABILITY, PLANNING AT THE LOCAL LEVEL, WHICH INCLUDES WHICH INCLUDES ALZHEIMER'S.

11:10:05 SO I DON'T. I DO THINK THERE WERE INCLUSIVE OF ALL WE NEED TO BE AWARE OF AND INCLUSIVE OF ALL THAT THE RFA.

11:10:12 WILL BE V BEING RELEASED HOPEFULLY IN THE NEXT FEW WEEKS. SO AS LONG AS YOU ARE ON OUR WEB, YOU KNOW, EMAIL DISTRIBUTION LIST, YOU WILL GET INFORMATION ON THAT.

11:10:22 I CAN ALSO SEND YOU THE CONTACT INFORMATION FOR OUR LEADS ON THAT

11:10:26 GREAT. THANK YOU SO MUCH

11:10:28 OKAY. GREAT.

11:10:28 THANK YOU FOR THE SUGGESTIONS ABOUT PRESENTATIONS. IT'S ONE OF THE THINGS THAT WE REALLY APPRECIATE.

11:10:34 I REALLY APPRECIATE ABOUT THE COMMITTEE IS LOTS OF GOOD IDEAS AND SORT OF COMMITTEE THINGS THAT ARE IMPORTANT TO THE COMMITTEE TO LEARN ABOUT AND BECOME INFORMED ABOUT AND ASK QUESTIONS ABOUT.

11:10:43 SO I'M SURE MICHELLE, WHO'S ALWAYS TAKING AMAZING NOTES.

11:10:46 WELL ADD THAT TO THE LIST OF THINGS THAT WE CAN DO IN THE FUTURE, DOES ANYONE ELSE ON THE COMMITTEE HAVE A QUESTION?

11:10:53 AND I DID. WANT TO JUST MAKE SURE. YOU DIDN'T SEE DR.

11:10:55 MOBELEY. HE'S HERE, AND WITH US. SO, THANK YOU SO MUCH FOR MAKING TIME TO JOIN US.

11:11:01 I HAD ONE QUESTION ABOUT WORKFORCE. I REALLY APPRECIATE THE SORT OF INTEGRATION OF HOW INDIVIDUALS BEYOND HSS WORKERS CAN ACCESS TRAINING OPPORTUNITIES.

11:11:17 AND I'M INTERESTED IN SORT OF WHAT'S THE COMMUNICATION STRATEGY.

11:11:21 SO WORKERS AND KNOW ABOUT THAT OPPORTUNITY AND ARE THEY THEN ELIGIBLE FOR THE SAME SORT OF STIPENDS AND OTHER FOR YOUR ADVANCEMENT OPPORTUNITY?

11:11:31 YEAH, I CAN ANSWER THAT QUESTION. RONITA HAD TO GO INTO ANOTHER MEETING.

11:11:31 SO SOMEONE LIKE RENEWED COOL. OH, PERFECT. NO PROBLEM, THANK YOU.

11:11:43 GREAT

11:11:34 SO IF I HEARD YOUR QUESTION CORRECTLY, IT'S HOW, FOR THE PART OF OUR PROGRAM THAT IS LEVERAGING THE CAREER PATHWAYS PROGRAM, HOW ARE WE GOING TO ENSURE THAT THE NON IHSS DIRECT CARE WORKFORCE CAN ACCESS THOSE TRAINING OPPORTUNITIES.

11:11:49 YEP.

11:11:49 GREAT QUESTION, AND THE INCENTIVES, BECAUSE THEY ALSO GET THE INCENTIVES THAT GO WITH IT.

11:11:53 RIGHT.

11:11:55 SO WE ARE WORKING WITH A THIRD-PARTY ADMINISTRATOR THAT WE WERE REFERRED TO AND CONNECTED TO BY DEPARTMENT OF SOCIAL SERVICES.

11:12:02 THEY'RE CALLED SELLED, AND IN THAT CAPACITY THERE ADMINISTERING OUR INNOVATION FUND PROGRAM.

11:12:07 BUT THEY'RE ALSO SERVING AS THEY HAVE A COACHING SERVICE THAT THEY PROVIDE TO THE DIRECT CARE WORKERS.

11:12:14 THEY'RE DOING THAT FOR IHSS CAREER, PATHWAYS, AND THEY'RE DOING IT FOR OUR NON.

11:12:19 IHSS DIRECT CARE WORKFORCE. SO, WE HAVE A NUMBER OF STRATEGIES FOR OUTREACH TO THE DIRECT CARE WORKERS, WORKFORCE POPULATION REACHING OUT INTO THE COMMUNITIES TO ENSURE THAT THOSE POPULATIONS KNOW ABOUT THE OPPORTUNITY IS AVAILABLE IN THAT WE WILL BE LAUNCHING THAT EFFORT.

11:12:37 I THINK, WOULD WITHIN THE NEXT MONTH. SO, IT'S A REALLY IMPORTANT QUESTION.

11:12:42 I THINK WE'RE GONNA LEARN A LOT BECAUSE WE DON'T HAVE A NATURAL PATHWAY LIKE IHSS DOES RIGHT?

11:12:48 IT'S MANY DIFFERENT. THERE ARE MANY DIFFERENT SETTINGS AND PROGRAMS, AND ALL OF THAT.

11:12:52 SO WE WILL KEEP YOU UPDATED, BUT HAPPY TO ANSWER ANY QUESTIONS ABOUT

11:12:56 YEAH, THAT THAT'S GREAT. I THINK YOU KNOW, 6 MONTHS FROM NOW, SORT OF HEARING HOW IT WENT AND WHAT THE PARTICIPATION LEVEL.

11:12:59 YEAH. LOTS OF LESSONS LEARNED, I'M SURE. YES.

11:13:02 BUT YEAH, WOULD BE WOULD BE GREAT. I JUST I WORKFORCE IS SO IMPORTANT TO MAKING SYSTEMS WORK WELL.

11:13:11 ABSOLUTELY.

11:13:10 AND PEOPLE GETTING THE CARE THEY NEED SO REALLY APPRECIATE THE ENERGY YOU'RE INVESTING IN PROVIDING THOSE TRAINING OPPORTUNITIES.

11:13:18 DO OTHER COMMITTEE MEMBERS HAVE ANY QUESTIONS. SO, IF I'M NOT IF THERE AREN'T ANY, MY UNDERSTANDING IS, WE WERE ALSO GONNA HAVE AN OPPORTUNITY FOR PUBLIC COMMENT.

11:13:29 IS NOW. IS THAT CORRECT, SARAH? IS THAT THAT SARAH MICHELLE

11:13:36 MAYBE

11:13:36 YES, WE CAN. IF YOU DON'T HAVE FURTHER QUESTIONS FROM THE COMMITTEE, WE CAN OPEN FOR

11:13:39 IT DOES NOT LOOK LIKE WE DO AT THE MOMENT, SO I THOUGHT WE COULD OPEN IT UP AND SEE IF ANYBODY ELSE HAD ANY QUESTIONS

11:13:54 AND WHILE SHE'S KIND OF COORDINATING THE PUBLIC COMMENT PERIOD, I'LL JUST KNOW.

11:14:00 LOTS OF PEOPLE HAVE BEEN ADDING ITEMS AND LINKS IN THE CHAT, SO IF YOU'RE LIKE ME AND YOU HAVE A HARD TIME LIKE FOCUSING ON ALL THE GOOD INFORMATION VERBALLY AND IN THE CHAT, JUST KNOW THAT THERE'S LOTS OF GOOD INFORMATION THAT SUSAN AND OTHERS HAVE POSTED IN THE

11:14:15 CHAT THAT YOU MIGHT BE INTERESTED IN

11:14:21 THERE IS ONE HAND RAISED IN THE ATTENDEES FOR JANET VINCENT

11:14:27 TERRIFIC.

11:14:28 JANET, I'VE UNMUTED YOUR LINE, SO YOU JUST PRESS UNMUTE AS WELL, AND YOU CAN GO AHEAD AND ASK YOUR QUESTION.

11:14:34 HELLO! I'M HAPPY TO SEE EVERYBODY HERE TODAY, AND I JUST HAVE A FEW COMMENTS FIRST, I WANNA THANK YOU FOR THE WONDERFUL OPPORTUNITY FOR PRESENTATIONS THAT YOU HAD LAST MONTH REALLY APPRECIATED THAT.

11:14:50 AND SECONDLY, I WANT TO. I JUST WANNA SAY HOW HAPPY I AM TO HEAR THAT ON SOME OF THE INITIATIVES THE DOWN SYNDROME COMMUNITY AND PEOPLE WITH ID WERE MENTIONED AS BEING INCLUDED IN INITIATIVES THAT ARE ON THE TABLE NOW AND I'M REALLY EXCITED TO SEE THAT AND

11:15:14 THIRDLY, WITH REGARD TO THE ADRCS. I'M WONDERING WHETHER OR NOT THERE'S GOING TO BE AN INTEREST IN BRINGING THEM UP TO AT POINT WHERE THEY HAVE THE EXPERTISE WITH WHICH TO DIAGNOSE DEMENTIA IN PEOPLE WHO HAVE PRE-EXISTING COGNITIVE

11:15:39 IMPAIRMENTS, AND ALSO WHETHER OR NOT THE ADRCS WILL BE WELL VOICED.

11:15:44 ON WHAT RESOURCES ARE AVAILABLE TO THOSE POPULATIONS AGAIN. THANK YOU.

11:15:50 FOR ALL THE WORK THAT YOU GUYS ARE DOING. I REALLY APPRECIATE IT

11:15:53 THANKS JANET, FOR ALWAYS JOINING AND ASKING.

11:15:57 ASKING GOOD QUESTIONS.

11:16:00 THANK YOU.

11:16:02 WAS THERE ANY OTHER PUBLIC COMMENT?

11:16:09 HOW ARE YOU, DR. MOBLEY? PLEASE GO AHEAD.

11:16:07 BUT SO IF I YEAH, JUST THANKS, I THINK I THANKS FOR TO JANET FOR THAT, YOU KNOW.

11:16:15 I THINK THIS COMMITTEE CAN HAVE A VERY POSITIVE ROLE FOR THE 80 RCS.

11:16:22 IN CALIFORNIA THERE'S ONLY ONE ADRC. THAT HAS COMMITTED IN A VERY POT POWERFUL WAY TO FOLKS WITH DOWN SYNDROME, AND THAT'S THE UC.

11:16:33 IRVINE, ADRC. IT'S BEEN IN OPERATION FOR MANY, MANY YEARS UNDER IRA LOTS OF GUIDANCE, AND THEY THEY'VE DONE AN OUTSTANDING JOB AT UCSD.

11:16:45 WE NOW ARE INCREASINGLY FOCUSED ON THAT POPULATION. AND I'M HAPPY FOR THAT.

11:16:49 BUT I THINK THAT I KNOW THAT THIS IS NOT THE CASE MORE GENERALLY.

11:16:54 IN THE STATE, AND I COULD IMAGINE THIS COMMITTEE BECOMING VERY ACTIVE IN PROMOTING PROGRAMS AND AWARENESS, AND REALLY EVEN TRAINING AROUND THE CARE OF ELDERLY PEOPLE WITH DOWN SYNDROME AND INTELLECTUAL DISABILITIES AT THE EIGHTY 80 RCS ACROSS THE STATE I THINK IT WOULD BE A

11:17:17 GREAT SERVICE TO THEM, AND I THINK IT WOULD BE A WONDERFUL THING FOR THOSE 80 RCS.

11:17:23 TO BE MUCH MORE AWARE OF THIS POPULATION IN CALIFORNIA. A ROUGH ESTIMATE IS THAT THERE WOULD BE ABOUT A 1,000 PEOPLE WITH DOWN SYNDROME, FOR EXAMPLE, JUST FOR DOWN SYNDROME THAT WOULD BENEFIT BY ACCESS TO ADR SEASON.

11:17:39 IN FACT, 80 ORGS WOULD BENEFIT BY CARING FOR THEM, BUT ALSO, YOU KNOW, ALLOWING THEM TO TAKE PART IN CLINICAL TRIALS AND IN OTHER ACTIVITIES, RESEARCH ACTIVITIES.

11:17:49 SO I THINK THIS COMMITTEE COULD HAVE A VERY PRO-SOCIAL ROLE IN THAT REGARD.

11:17:53 OKAY. THANKS. YUP.

11:17:53 CATHERINE, COULD I JUMP IN AND CLARIFY SOMETHING FOR DR.

11:17:58 PLEASE.

11:17:57 MOBLEY, TOO. OKAY, SO THANK YOU. DR. MOBLEY, I DO.

11:18:01 I THINK WE'RE IN OUR ACRONYM ALPHABET SOUP A LITTLE BIT BECAUSE YOU RAISE A VERY IMPORTANT POINT ABOUT THE DIAGNOSIS AND ASSESSMENT OF INDIVIDUALS WITH COGNITIVE IMPAIRMENT THROUGH THE ALZHEIMER'S DISEASE CENTERS WHEN WE TALK ABOUT THE

11:18:15 ADRCS. IT'S THE IT'S THE AGING AND DISABILITY RESOURCE CONNECTIONS WHICH ARE A KIND OF CLEARINGHOUSE OF INFORMATION.

11:18:22 HOWEVER, TO JANET'S POINT, VERY IMPORTANT POINT ABOUT HOW WE ENSURE THAT PEOPLE WHO GO TO THE ADRCS, WHETHER THEY'RE FAMILY MEMBERS OR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES OR CAREGIVERS OR WHAT HAVE YOU THAT THEY GET CONNECTED TO THE SERVICES AT THE ALZHEIMER'S

11:18:39 DISEASE CENTER PROGRAMS THAT THEY NEED, AND THAT THERE IS THIS AWARENESS THAT THE PROGRAMS ACROSS THE SYSTEM THAT SERVE THE POPULATION.

11:18:45 SO IT'S A REALLY IMPORTANT POINT SO I JUST WANTED TO CLARIFY THE ACRONYMS.

11:18:50 THERE, BUT

11:18:50 THANK YOU.

11:18:50 HEY? THANKS FOR THANKS FOR DOING THAT, AND I THINK ONE OF THE OPPORTUNITIES I SEE IS IN THIS NEW COMMUNITY OF PRACTICE.

11:19:00 THAT'S CROSS AGENCY IS TO HAVE A DISCUSSION ABOUT SORT OF HOW THAT INFORMATION SHARING WORKS BETTER. RIGHT?

11:19:08 THERE'S A REGIONAL CENTER SYSTEM THAT PROVIDES SERVICES TO PEOPLE WITH ID.

11:19:12 HOW DO WE MAKE SURE THAT YOU KNOW THE ADRCS.

11:19:16 THE COMMUNITY RESOURCE KNOWS ABOUT THAT, AND THE OTHER RESEARCH CENTERS RIGHT?

11:19:21 SO I THINK WE, I JUST THINK THIS IS SUCH A OH, A NICE WAY TO BEGIN TO THINK OF A MORE INTEGRATED AGING SYSTEM THAN JUST ONE ENTITY OR THE OTHER.

11:19:31 SO REALLY LOOK FORWARD TO HEARING MORE ABOUT THAT. AND DARRICK, YOU HAD A QUESTION WHICH I THINK WILL BE OUR LAST ONE, BECAUSE WE WANT TO.

11:19:37 THEN MOVE ON TO THE COMMUNITY. HEALTH WORKER, PRESENTATION

11:19:41 ALRIGHT, ACTUALLY COMMENT. THANK YOU, SARAH, FOR MAKING THAT CLARIFICATION.

11:19:44 I WAS ABOUT TO JUMP TO. THAT'S TOO. BY NO TIME.

11:19:46 OKAY, PERFECT. I THINK MANY OF US WERE, YEAH.

11:19:50 I I LIKE TO PROPOSE THAT THIS COMMITTEE EXPANDS THE SCOPE BY NOT ONLY LOOKING AT DIMENSION, BUT ALSO BRAIN HEALTH. IN GENERAL.

11:20:01 I THINK IT'S INTERCONNECTED, YOU KNOW MANY WAYS, AND I DO THINK THAT'S YOUNGER ADULTS WHO MIGHT HAVE PROPENSITY TO DEVELOP DIMENSION.

11:20:14 MY BENEFITS FROM AN EARLY, YOU KNOW. BRAIN SCAN.

11:20:18 IF YOU WILL, AND I THINK THIS IS ALSO PERSONAL TO ME.

11:20:22 AFTER WHAT MY FAMILY HAS JUST GONE THROUGH WITH A YOUNGER DAUGHTER.

11:20:28 BUT I DO THINK THAT'S NO. THIS IS SOMETHING WHICH THE STATE THEY WANT TO LOOK AT.

11:20:32 THE RISK. SO, THANK YOU. WE CAN TALK ABOUT THAT

11:20:35 PERFECT THANKS, SO MUCH, DARRICK, FOR THAT. SO, I THINK WE ARE READY TO MOVE ON TO OUR NEXT PRESENTATION.

11:20:45 AND WE ARE GOING TO BE TALKING ABOUT A SUBJECT THAT DR.

11:20:48 GHALY WAS PARTICULARLY INTERESTED IN HEARING OUR INPUT ON WHICH IS COMMUNITY HEALTH WORKERS AND PROMOTERUS.

11:20:58 AND WE'RE REALLY FORTUNATE TO HAVE 2 VERY EXPERIENCED INDIVIDUALS PRESENT TO US ABOUT THE WORK THAT'S CURRENTLY GOING ON IT'S A IT'S JAMES REGAN WHO'S THE ASSISTANT DEPUTY DIRECTOR OF THE HEALTH WORKFORCE DEVELOPMENT OF THE DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION AND HE PREVIOUSLY HAS

11:21:19 WORKED IN OTHER CAPACITIES, WORKING ON PROMOTING HEALTH AND GETTING THAT INFORMATION TO DIVERSE COMMUNITIES IN THE IN THE CENTRAL VALLEY AND MARIA LEMUS, WHO IS THE FOUNDING EXECUTIVE DIRECTOR OF HIS OWN ECOMPRO MISO.

11:21:34 SHE'S BEEN IN THAT POSITION SINCE 2,000 AND IS ALSO A FOUNDING MEMBER OF A NATIONAL ASSOCIATION THAT LOOKS AT WAYS TO BEST UTILIZE AND STRENGTHEN COMMUNITY HEALTH WORKERS.

11:21:47 SO WITH THAT, IT'S REALLY MY PLEASURE TO TURN IT OVER TO JAMES AND MARIA, AND HEAR THE GOOD WORK THAT'S HAPPENING, AND I KNOW THEY'RE ALSO AVAILABLE AT THE END TO ANSWER SOME QUESTIONS FOR US.

11:21:57 SO. THANK YOU, JAMES, AND MARIA. I'M NOT SURE WHICH ONE OF YOU IS GOING FIRST, SO LET YOU TAKE IT AWAY, AND I THINK WE NEED THE NEXT SLIDE

11:22:05 THERE WE GO, PERFECT.

11:22:09 NICE. LOOKS LIKE MAYBE I'M GOING FIRST. SO, THANK YOU SO MUCH FOR THE INTRODUCTION FOR HAVING ME HERE TODAY.

11:22:15 VERY, VERY EXCITED TO SHARE A LITTLE BIT OF THE PROGRESS AROUND THE DEPARTMENT OF HEALTH CARE, ACCESS, AND INFORMATION OTHERWISE KNOWN AS H.

11:22:23 K. WHAT WE'RE DOING TO PROMOTE AND GROW THE COMMUNITY HEALTH WORKER, CHROMATIAL WORKFORCE.

11:22:31 AND SO A LITTLE BIT OF BACKGROUND, AND THEN WE CAN GET INTO, MAYBE, HOW, HOW IT RELATES AND INTERCONNECTS WITH THIS GROUP.

11:22:38 SO THERE WAS A STATE PLAN, AMENDMENT AND METACAL BENEFIT IMPLEMENTED IN CALIFORNIA FOR CHWP.

11:22:46 SERVICES, WHICH IS AN AMAZING DEPARTMENT OF HEALTH CARE SERVICES PUT IN A TON OF WORK ON THAT BECAME ACTIVE THIS PAST JULY, AND SO EACH GUY'S PORTION NOW IS TO BUILD ON THAT AND CARRY TO WORK FORWARD BY DEVELOPING A STATE CERTIFICATE PROGRAM TO ALLOW CHWP WORKFORCE TO BILL THROUGH

11:23:07 METADATA, AND RIGHT NOW, WHERE WE ARE IS IN THE PROCESS OF OUTLINING THE CORE COMPETENCIES AND TRAINING PROGRAMS.

11:23:16 AND SPECIALIZATIONS FOR THIS WORKFORCE THAT HAS BEEN PROVIDING CARING AND CRUCIAL SERVICES AND COMMUNITIES ACROSS THE STATE FOR A LONG TIME.

11:23:28 BUT WE'RE TAKING SORT OF THE NEXT STEP AND FORMALIZING SOME OF THE TRAINING PROGRAMS, INCLUDING SPECIALIZATIONS, SUCH AS ALZHEIMER'S, TO BE ABLE TO PROVIDE THAT VERY SPECIALIZED COORDINATION OF CARE THAT EXISTS FOR THE ALZHEIMER'S COMMUNITY AND SO ON THE NEXT

11:23:49 SLIDE, I THINK, IS A LITTLE BIT MORE INFORMATION ABOUT OUR GOALS WHAT WE'RE TRYING TO ACHIEVE THROUGH THIS IS ULTIMATELY TO INCREASE THIS WORKFORCE ACROSS CALIFORNIA WITH A LITTLE BIT OF A LOFTY NUMBER TARGET THERE OF AN ADDITIONAL.

11:24:08 YOU KNOW CERTIFIED 15,000 BY 2028, BUT WHAT'S CRUCIAL RIGHT NOW IS THAT OVER THE COURSE OF DEVELOPMENT OF THIS CERTIFICATE PROCESS AND THE TRAINING PROGRAMS IN PARTICULAR AROUND THE SPECIALTIES THAT MAY EXIST IS THAT WE WANT TO ENGAGE ALL OF YOU AND MANY

11:24:32 MANY OTHERS OVER THE COURSE OF THE NEXT FEW MONTHS, THROUGH A PRETTY EXTENSIVE STAKEHOLDER ENGAGEMENT PROCESS, TO DEVELOP AND LAUNCH THIS CERTIFICATE AND TRAINING, AND ALSO THEN EXPLORE FUTURE GRANT OPPORTUNITIES FOR THESE TRAINING PROGRAMS AND OTHER POTENTIAL RECIPIENTS OF THIS WORKFORCE AND SO ON THEN ON THE

11:24:56 NEXT SLIDE. I KNOW WE'RE A LITTLE BIT SHORT ON TIME, SO I'M GOING QUICKER THAN I THINK I NORMALLY WOULD, BUT THERE'D BE PLENTY OF TIME.

11:24:59 WHAT WE'RE ACTUALLY CAUGHT UP. SO, USE THE TIME THAT YOU WANT. YEAH.

11:25:00 ARE WE CAUGHT UP? OKAY? I APPRECIATE. SO, A LITTLE BIT OF AN OVERVIEW, YOU KNOW, BECAUSE STAKEHOLDER ENGAGEMENT CAN MEAN A LOT OF THINGS.

11:25:10 WE HAVE THIS 2 PHASE PROCESS THAT WE'RE GOING THROUGH RIGHT NOW.

11:25:13 ACTUALLY, WE JUST WRAPPED UP THE FIRST ONE WAS REALLY BACKGROUND RESEARCH AND A LITTLE BIT OF ANALYSIS SORT OF A LANDSCAPE ANALYSIS ON THE CURRENT STATE OF THE CHWP WORKFORCE IN CALIFORNIA.

11:25:32 SO WE DID A LOT OF SORT OF KEY INTERVIEWS, INCLUDING WITH COMMUNITY BASED ORGANIZATIONS EXISTING.

11:25:40 CHWP, WORKFORCE, TRIBAL ORGANIZATIONS, ETC.

11:25:44 WHO COULD HELP? HK, I GET A BETTER GRASP ON THE CURRENT STATE OF THIS WORKFORCE IN CALIFORNIA, AND WHERE TO START IS FAR AS A TRAINING MODEL.

11:25:56 TO THEN PRESENT IN PHASE 2. AND SO, PHASE 2.

11:26:00 JUST STARTED THIS WEEK. WE'RE DOING A SERIES OF THE NEXT FEW MONTHS WITH IN-PERSON FEEDBACK SESSIONS, ONLINE FEEDBACK SETS.

11:26:13 AND THEN INFORMATIONAL WEBINARS. WE HIRE TAKING ALL OF YOUR FEEDBACK AND THEN PRESENTING IT BACK TO ENSURE THAT IT WAS INCORPORATED CORRECTLY WITH UNDERSTANDING AND SORT OF TO SHOW YOU THE PROGRESS OF YOUR WORK AS STAKEHOLDERS IN THIS EFFORT, AND SO I REALLY APPRECIATE THE OPPORTUNITY

11:26:32 TO PRESENT TO YOU TODAY FOR JUST BEING ABLE TO SHARE ABOUT THE WORK, BUT ALSO TO SHARE THE OPPORTUNITY TO GET INVOLVED.

11:26:41 IF YOU'D LIKE TO, AND PROVIDE YOUR FEEDBACK ON IN PARTICULAR, YOU KNOW THAT I MEAN THE TRAINING PROGRAM AT LARGE.

11:26:47 BUT IN PARTICULAR, THE POTENTIAL FOR AN ALZHEIMER'S SPECIALTY.

11:26:50 SO IF YOU ARE INTERESTED IN GETTING INVOLVED, THERE'S AN EMAIL ADDRESS RIGHT HERE.

11:26:55 CHW@HKIDOTCA.COM, AND THEN THERE'S ALSO A LINK HERE IN THE SLIDES THAT ARE POSTED IN IN CASE YOU WANT A LITTLE MORE INFORMATION.

11:27:07 FIRST, HCAI HAS A TON OF INFORMATION POSTED ON WHAT'S GOING ON.

11:27:11 WITH THIS EFFORT, AND THEN I THINK I HAVE ONE MORE SLIDE HERE BEFORE I PASS IT ON TO MARIA.

11:27:18 JUST I'M NOT GONNA GO THROUGH THIS LINE BY LINE, BUT THIS DOES INCLUDE MORE INFORMATION ON WHAT IS INCLUDED IN STAKEHOLDER ENGAGEMENT AND WAYS.

11:27:26 YOU CAN GET INVOLVED. WE'RE DOING HALF DAY IN PERSON.

11:27:31 REGIONAL MEETINGS WE'RE ACCOMMODATING MULTIPLE LANGUAGES.

11:27:36 WE WANT FEEDBACK, VERY SPECIFIC FEEDBACK ON NEEDS AND TRAINING AREAS.

11:27:41 AND THEN THERE WILL BE SORT OF AN ITERATIVE PROCESS BETWEEN VIRTUAL GROUP SESSIONS, WHICH IS, I THINK, A FANCY WAY OF SAYING JUST SESSIONS WHERE WE GET YOUR FEEDBACK AND TAKING MORE TO THE DIVE ON AT SPECIFIC AREAS WITHIN THE SERVICE PROCESS WITHIN SPECIALTY DEVELOPMENT AND WITHIN TRAINING PROGRAM YOU KNOW SORT OF

11:28:08 DESIGN, THAT WE WOULD THEN TAKE BACK AND INCORPORATE TO THE MODEL, AND THEN PRESENT BACK IN VIRTUAL INFORMATION SESSIONS TO SHOW PROGRESS, AND HOW THE MODEL IS CHANGING, BASED ON YOUR FEEDBACK AND OTHER THINGS IN THE END, THE PRODUCT THAT WE WANT TO HAVE YOU KNOW SORT OF BUILT TOGETHER.

11:28:29 IS A HIGH-LEVEL SET OF CORE COMPETENCIES TO INCORPORATE INTO CHWP TRAINING PROGRAMS, INCLUDING SPECIALTY PROGRAMS LIKE FOR ALL FARMERS. AND ALSO, WE'RE THE REQUIREMENTS FOR AN INDIVIDUAL TO BECOME SERVE BY AS A CHWP AND CALENDAR

11:28:48 SO I THINK THAT'S REALLY WHAT I HAD AS A VERY HIGH-LEVEL OVERVIEW ONCE AGAIN I APPRECIATE YOUR TIME AND REALLY EXCITED ABOUT THIS.

11:28:59 SO WITH THAT, I KNOW THERE'S GONNA BE, I THINK, A JOINT Q.

11:29:03 A AT THE END, BUT I'M HAPPY TO PASS IT ALONG TO MARIA.

11:29:05 THAT'S PERFECT. PERFECT. THANK YOU. WELCOME, MARIA. WE'RE SO GRATEFUL FOR YOU JOINING US TODAY.

11:29:10 THANK YOU VERY MUCH, CATHERINE. THANK YOU, JARED, FOR THAT OVERVIEW.

11:29:15 I'M REALLY EXCITED AND PLEASED TO BE HERE TODAY.

11:29:19 I THINK THAT THE MORE WE'RE ABLE TO ARTICULATE OUR FRAME, OUR FRAMEWORK, AS WE SEND A COMPANY, SO IS I TOTALLY APPRECIATE IT, AND ALZHEIMER'S IS A IS AN AREA THAT'S FOR 2 AGING AND ALZHEIMER'S ARE PARTICULARLY IMPORTANT TO US AS THE NUMBERS OF

11:29:35 LATINOS, WHO ARE EXPERIENCING DEMENTIA, AND ALZHEIMER'S IS INCREASING, AND AS AN OLDER ADULT, I HAVE PARTICULAR INTEREST IN THIS, OF COURSE, AS WE'D LIKE TO SEE WHAT IS IN STORE FIRST IN THE FUTURE, AND I'M GLAD TO BE HERE, SO I'M GONNA START WITH JUST A LITTLE

11:29:53 OVERVIEW, OF VISENA COMPROMISEA.

11:29:56 WE'RE INTO OUR TWENTY-THIRD YEAR VISITING COMPANY MESO AND OUR NETWORK UPGRADED WITH US AND COMMITTEE HEALTH WORKERS ACROSS CALIFORNIA, AND WE STARTED WITH WOMEN COMING TOGETHER.

11:30:05 AND WE'RE CALLED THE NETWORK OF BROMATOTAS, BECAUSE WE'RE PRIMARILY WOMEN.

11:30:11 AND WE STARTED WITH THE IDEA THAT WE WANTED TO SHARE INFORMATION.

11:30:14 20 SOME YEARS AGO, PROMETHEUS ARE PRIMARILY VOLUNTEERS, AND MANY OF THEM ARE STILL TODAY.

11:30:19 AND THERE REALLY WASN'T A LARGE COMMUNITY HEALTH WORKER COMPONENT.

11:30:22 I CAME FROM THE WORLD OF A HIV AIDS, AND WE HAD CHARLES WHEN WE HAD A FEW COMMUNITY WORKERS.

11:30:28 BUT REALLY THE WASN'T AN INSTITUTIONAL SPACE FOR COMMUNITY HEALTH WORKERS UNTIL PROBABLY I'D SAY 15 YEARS, 18 YEARS, ONE UNIVERSITY STARTED REALLY DOING RESEARCH REGARDING TO CHRONIC DISEASE DIABETES, HYPERTENSION.

11:30:42 AND THE MODEL BECAME A LITTLE MORE POPULAR, AND CERTAINLY WAS INTEGRATED THROUGH A PHA.

11:30:47 IN SOME OTHER VENUES, BUT WHEN YOU, WHEN YOU LOOK AT WHO ARE PROMOTOR, THIS WILL GIVE YOU AN IDEA.

11:30:53 NO, I'LL GO BACK TO THE FIRST SLIDE, SO WE ARE YOUNGER.

11:30:56 WE'RE OLDER. WE'RE MOSTLY WOMEN. WE'RE INDIGENOUS.

11:31:00 WE'RE FOR LATINO. WE COME FROM MANY COUNTRIES, LATIN, AMERICAN COUNTRIES, NATIVE BORN IN THE US.

11:31:07 WHEN YOU THINK ABOUT THE LATINO COMMUNITY IN THE US.

11:31:10 WE'RE ABOUT 62 MILLION IN CALIFORNIA. WE'RE ALMOST MAJORITY.

11:31:14 AND YOU THINK ABOUT THE DIVERSITY OF WHO WE ARE AND WHAT KINDS OF PLANS AND SOLUTIONS ARE BEING OFFERED TO US WHEN WE'RE SO DIVERSE, YOU TRY TO DEVELOP A PLAN FOR A MIXTURE COMMUNITY THAT DOESN'T RELATE TO THE THIRD GENERATION.

11:31:30 ENGLISH SPEAKING LATINO. WE'RE JUST SO DIVERSE.

11:31:33 AND I THINK THAT THIS PICTURE SHOWS HOW, WHEN WE LOOK AT PLANS AND OPTIONS AND SOLUTIONS AND RECOMMENDATIONS FOR AT LEAST THE LATINO COMMUNITY, WE HAVE TO LOOK AT IT WITH AN EYE OF DIVERSITY, OF WHO WE ARE, WHERE WE COME FROM, WHAT ARE, WHAT LANGUAGE DO WE SPEAK, THEN WHAT CULTURE DO WE HAVE, IN

11:31:49 ORDER TO RELATE TO THOSE THE ESSENCE OF WHO WE ARE.

11:31:53 THE NEXT SLIDE. PLEASE

11:31:57 THIS IS OUR MODEL OF CHANGE. WE BELIEVE THAT IF WE SUPPORT THE PROMETHEUS WITH INFORMATION, EDUCATION, TRAINING, LEADERSHIP, I PERSONALLY WILL CHANGE.

11:32:09 THEY WILL CHANGE THEIR FAMILIES AND THEY WILL CHANGE THEIR COMMUNITY. AND THAT'S WHAT WE'VE SEEN OVER THE LAST 20 YEARS.

11:32:15 WE STARTED PROVIDING THE PHARMACEUTICALS WANTED INFORMATION SO WE WOULD GATHER IT AS SHARE, AND THEN THEY WANTED TRAINING.

11:32:21 SO WE HAVE OUR COURT TRAINING, WHICH DOES MEET THE CP 3, AND I HOPE WILL BE ACCEPTED BY HK.

11:32:27 AND WE STARTED TO DEVELOP A LOT. PROBABLY WE HAVE 15 OR 18 CURRICULA ON ISSUES THAT WERE IMPORTANT TO THEM, SO IT COULD BE ON GAMBLING.

11:32:36 IT COULD BE OUR REPRODUCTIVE JUSTICE. WE DID A LOT OF WORKSHOPS BECAUSE OF THE TRAUMA THAT COMMUNITIES ARE EXPERIENCING, BUT BECAUSE OF JUST COMING TO A NEW COUNTRY AND THEN THE PANDEMIC, THE PANDEMIC EXACERBATED THAT WE REALLY DID A LOT OF WORK IN THE COMMUNITY

11:32:53 EXPLAINING WHAT THE PANDEMIC WAS, AND BUT I THINK THE PANDEMIC IS AN EXAMPLE OF THE KIND OF INFORMATION THAT WE NEED TO GET OUT TO OUR COMMUNITY.

11:33:00 THAT'S THE THAT'S RELEVANT TO THEIR LANGUAGE, RELEVANT TO THEIR CULTURE AND PROVIDED TO THEM BY THOSE THAT THEY UNDERSTAND, AND THAT CAN THEY CAN RELATE TO.

11:33:09 IN PARTICULAR, WE'VE BEEN CALLED ESSENTIAL WORKERS, BUT WE'VE BEEN HERE SINCE BEFORE I STARTED 23 YEARS AGO.

11:33:15 MY MOTHER WAS A PRETTY MUCH. SHE WAS THE ONE IN THE COMMUNITY IN SEGREGATED AMERICA WHEN SHE WOULD GO OUT AND BRING INFORMATION TO THE COMMUNITY.

11:33:22 SO MANY OF US HAVE GROWN UP WITH THAT TYPE OF LEADER, THAT TYPE OF PERSON, I THINK.

11:33:27 WHAT WE'RE ASKING IS THAT PERSON TO BE RECOGNIZED AS KEY TO SOCIAL CHANGE AND WELLNESS?

11:33:33 WE FOCUS ON THEM, THEY FOCUS ON THEIR FAMILIES, THEY FOCUS ON THE COMMUNITY.

11:33:37 AND WHAT YOU SEE NOW ACROSS CALIFORNIA IS MANY AGENCIES THAT ARE NOW INTEGRATING THE MODEL OR WANT TO KNOW HOW TO INTEGRATE IT, OR HOW TO FORMALIZE THOSE HAVE BEEN THAT HAVE BEEN ASSOCIATED WITH THEM AS VOLUNTEERS.

11:33:50 THE NEXT SIDE, PLEASE. SO, THIS I BRING THIS UP BECAUSE THIS IS A PRO.

11:33:58 SOME PROGRAMS THAT WE HAVE THIS ONE IS A WELLNESS PROGRAM THAT STARTED BECAUSE RAMADAN HAS WANTED A PLACE TO EXERCISE AND TO TALK TO EACH OTHER.

11:34:07 AND SO WE DEVELOPED THIS MAYBE MISINFORMATION, AND IT TALKS ABOUT NUTRITION.

11:34:11 EXERCISE, AND IT HAS A WELLNESS COMPONENT. IT'S IMPORTANT, BECAUSE AS WE START TO LOOK AT, WHAT DOES THE COMMUNITY OFFER?

11:34:20 MANY ORGANIZATIONS LIKE OURS HAVE DEVELOPED THESE WONDERFUL PROGRAMS THAT ARE SUPPORT THE SUPPORT THE COMMUNITY, AND THAT ACTUALLY FORM COULD FORM PARTNERSHIPS WITH AGENCIES.

11:34:32 SOME HAVE FORMED THESE 4 RELATIONSHIPS, BUT MANY LIKE US.

11:34:37 THIS PROGRAM, VALIDRAPPA IS FUNDED ON A NICKEL AND A DIME, BUT WE TRAIN THESE LEADERS IN THE COMMUNITY.

11:34:43 THEY'RE CERTIFIED BY US. WE CARRY THEIR INSURANCE SO THAT THEN THEY CAN DO THESE.

11:34:47 THESE TRAININGS, THESE EXERCISES IN DIFFERENT PLACES DURING THE SUMMER THEY WORK WITH PARKS, AND RACK, AND DO THEM IN THE IN THE PARKS AND YOU'LL SEE THEY DO IT IN DIFFERENT LOCATIONS, AND THEY DO TRAININGS.

11:34:59 THESE ARE THE KINDS OF THINGS THAT CBOS PROVIDE TO THE, TO THE HEALTH SYSTEM AS A PARTNER, AND HAS BEEN HISTORICALLY, WE'VE BEEN INFORMAL PARTNERS.

11:35:09 SO FEEL GOOD TO THE NEXT SLIDE. THE REASON I BRING THIS UP IS BECAUSE, AS WE START LOOKING AT WHO WE'RE TALKING ABOUT, IF YOU LOOK AT THE SLIDE ON THE BOTTOM RIGHT SIDE, THAT'S ME ON THE RIGHT WITH A WIDE SHARE 20 YEARS AGO, BUT THIS IS A LOT OF THE BRONZE AND THE STAFF AND IF YOU LOOK AT

11:35:26 THE CONTINUUM, YOU'LL SEE HOW WE'RE AGING.

11:35:30 WE HAVE. SO THOSE OF US WHO WORK 20 YEARS AGO, WE'RE YOUNG ENOUGH TO REMEMBER, ARE NOW AGING, AND WHAT HAS BROUGHT TO MIND FOR US IS THAT WE REALLY ARE LOOKING AT THIS IS A CONTINUUM THAT WE START PREPARING TO AGE.

11:35:44 WELL AND THAT'S OUR MANTRA. I KNOW THAT YOU HAVE A DIFFERENT.

11:35:48 IF YOU GO TO THE NEXT PAGE WE'LL TALK ABOUT IT. HERE.

11:35:50 YOU TALK ABOUT AGING ACROSS THE LIFESPAN, AND WE INTEGRATE THIS AS PART OF THE ALZHEIMER'S PIECE, BECAUSE WE REALLY WANT TO LOOK AT WHAT RESOURCES ARE AVAILABLE FOR THOSE WHO HAVE MY MOTHER-IN-LAW PASSED AWAY FROM ALZHEIMER'S AND MY

11:36:09 SISTER-IN-LAW HAS ALZHEIMER'S, AND SO I'M UNFORTUNATELY INTIMATELY INVOLVED WITH IT.

11:36:13 BUT I KNOW THAT ALL THESE ISSUES, WHEN YOU TALK ABOUT AGING ACROSS THE LIFESPAN, ARE REALLY IMPORTANT, AND I HAVE SOME NAMES HERE BECAUSE I THINK IT'S IMPORTANT TO US TO ACKNOWLEDGE THAT COMMUNITIES ARE ALREADY WORKING IN THESE AREAS.

11:36:26 THEY'RE NOT RECOGNIZED, NOR THEY TIP, NOR ARE THEY NECESSARILY FUNDED, BUT THEY PROVIDE THIS LEADERSHIP.

11:36:32 THEY PROVIDE THE RESOURCES. FOR INSTANCE, THE LATINA CENTER HAS A GROUP CALLED LAS PALOMITAS, AND THEY'RE OLDER ADULTS WHO GET TOGETHER.

11:36:42 THEY'RE MOST OF THEM, I THINK, ARE OVER 80, AND THEY GET TOGETHER, AND THEY FORM THE SUPPORT GROUP THEY DON'T GO TO RESEARCH CENTER.

11:36:48 THEY DON'T GO TO SENIOR CENTER. THEY GO TO LATINA CENTER, WHICH IS A SMALL RESOURCE CENTER IN RICHMOND.

11:36:53 THE, BOTAN THATAPIA I MENTIONED. THAT IS ONE WAY FOR US TO REALLY ENGAGE WITH THE COMMUNITY TO WAY THAT THAT IS SUPPORTED, AND CAREGIVING IS REALLY AN IMPORTANT PIECE THAT WE'VE MOVED INTO.

11:37:07 WE HAVE A PILOT THAT'S FOR CRYING DISEASES AND DEATH AND DYING.

11:37:10 LOOKING AT THE CAREGIVING ROLE IN DEATH, AND 9 IN PARTICULAR.

11:37:13 AND HOW DO WE SUPPORT OUR FAMILIES? AS I MENTIONED, I.

11:37:17 2 OF MY RELATIVES HAVE HAD ALZHEIMER'S IT'S A VERY DIFFICULT PATH TO TREAD.

11:37:24 IF YOU'RE UNINFORMED, IT'S EVEN MORE DIFFICULT.

11:37:26 AND SO WE'VE BEEN TREND. WE'VE BEEN, WE'RE DEVELOPING THIS PROJECT TO SEE HOW WE CAN GO OUT IN THE COMMUNITY AS PROMETHEUS, AND BE THAT SUPPORT SYSTEM SO THAT WE CAN EDUCATE AN INFORM.

11:37:38 BUT MORE, BUT MORE OFTEN BE THAT A MISSION, EMOTIONAL RESOURCE FOR THE INDIVIDUALS, IN, ESPECIALLY DURING THE DEATH AND DYING PEACE, WHEN THERE'S NOT CULTURALLY CONFIDENT RESOURCES.

11:37:54 MY SISTER JUST PASSED AWAY A MONTH AGO, AND SHE WAS ON HOSPICE, AND SO I'VE GONE THROUGH THE PROCESS OF, AND WHAT I SAW WAS SO MANY RESOURCES WERE NOT AVAILABLE TO HER IN HER LANGUAGE, IN HER CULTURE, IN IN A WAY THAT WAS RELEVANT TO HER.

11:38:10 AND TO HER FAMILY, TO CHILDREN, AND SO I THINK THAT THERE'S A LOT OF PLACES WHERE IN THIS SPAN THAT COMMUNITY AGENCIES CAN REALLY BE A BENEFIT IN REGARD TO THE COMMITTEE HEALTH WORKER BENEFIT.

11:38:23 I THINK THAT IT'S A GREAT. IT WAS A GREAT, AND IT IS A GREAT IDEA, BUT IT DOES IT BECAUSE IT'S TIED TO MEDICAL AND TO MEDICAL PROVIDERS.

11:38:33 MOST OF THE CBOS ARE NOT ABLE TO ACCESS THOSE RESOURCES IN THOSE FUNDS.

11:38:37 SO WE'VE BEEN ADVOCATING THAT THERE SHOULD BE A WAY THAT WE CAN HAVE A AND OR IF CLAUSE SOMEWHERE.

11:38:45 SO THAT RESOURCES CAN COME TO CBOS, WHO ARE ALREADY PARTNERING.

11:38:50 AS I MENTIONED. YOU SEE, SOME OF THESE AREAS THAT CBOS, SMALL AND MEDIUM S.

11:38:55 ICB IS ALREADY DEVELOPING PROGRAMS THAT SUPPORT THE THAT INDIVIDUAL.

11:38:59 SO FIRST, IF I WALKED OUT THE DOOR AND I'M DIAGNOSED WITH DIABETES, OR I'M DIAGNOSED WITH EARLY ONSET.

11:39:06 ALZHEIMER'S. WHERE DO I GO FOR THAT SUPPORT?

11:39:08 THERE MAY NOT BE ANY CULTURALLY, LINGUISTICALLY RELEVANT RESOURCE NEAR ME.

11:39:13 IF I LIVE IN MADEIRA, OR IF I LIVE IN UPPER NORTH, DEAR MODOC, WHERE DO I FIND THOSE YET?

11:39:20 YOU'LL FIND PROMATON AS IN MOST ALL THOSE PLACES, AND WE'RE ABLE TO REALLY TRAIN THEM TO BE THAT RESOURCE IN THE LOCAL COMMUNITY.

11:39:27 WE DO ADVOCATE FOR THAT, AND WE'VE BEEN TALKING TO.

11:39:32 I'M CERTAINLY TO HCAI. WE'VE HAD CONVERSATION WHAT MEANT MUCH CONVERSATION WITH DHCS.

11:39:37 AND HOW CAN WE ENGAGE AND LIFT UP COMMUNITY BASED ORGANIZATIONS AS PARTNERS IN THE ALL TIME?

11:39:43 IN, IN AGING AND IN WELLNESS, BUT IN THE ALZHEIMER'S REALM THERE'S SO LITTLE KNOWN IN OUR COMMUNITIES THAT WE REALLY NEED TO ENGAGE US AS PARTNERS.

11:39:55 PROMETHEUS AND CBOS, SO THAT WE CAN HELP THE HELP COMMUNITY.

11:40:01 WE CAN. WE CAN HELP OUT WHEN SOMEBODY IS HAVING AN EPISODE OF 3 O'CLOCK IN THE MORNING.

11:40:08 THEY CAN CALL ON, BUT I WANT TO COME AND HELP THEM.

11:40:12 WE CAN HELP WITH EARLY DIAGNOSIS OR TRAINING.

11:40:15 I THINK THOSE ARE THE BENEFITS OF HAVING WHAT WE CALL THE ARMY OF PROMETHEUS AVAILABLE ACROSS CALIFORNIA.

11:40:21 WE'RE REALLY FORTUNATE IN CALIFORNIA TO HAVE A RICH HERITAGE UP, BUT I THOUGHT, IT'S IN COMMUNITY HEALTH WORKERS.

11:40:27 WE'RE OUT THERE. I THINK WE JUST NEED ELEVATION AND RECOGNITION, TRAINING, SUPPORT AND FUNDING FOR CBOS TO BE ABLE TO REALLY PLAY AN ACTIVE ROLE IN OUR IN PROVIDING A SERVICE TO OUR COMMUNITIES.

11:40:40 THE NEXT SLIDE, PLEASE, AND THIS IS WHAT WE BELIEVE IN.

11:40:45 IT IS IN A COMPANY SO WORKING TOWARDS A HEALTHY AND DIGNIFIED LIFE, AND EVERYTHING THAT WE DO IS CENTERED AROUND THE FAMILY CENTERED AROUND THE WELLNESS FOR THE COMMUNITY, AND HOW WE CAN SUPPORT ACTIVITIES.

11:40:59 SO I'M HAPPY TO ANSWER ANY QUESTIONS I KNOW THAT'S A SHORT OVERVIEW OF WHAT WE DO, BUT WE'RE LARGE.

11:41:07 WE'RE LARGE. ORGANIZATIONS WERE STRONG, AND ONE OF THE THINGS THAT WE FORMED RECENTLY IS A GROUP CALLED THE ANSA, WHICH IS COALITION OF CBO.

11:41:16 SMALL MEDIUMS, I, CBO, SO WE CAN HELP LIFT UP THEIR SUCCESS AT THE COUNTY LEVEL SO THAT THEY CAN GROW, AND THEY CAN PARTNER WITH LOCAL AGENCIES

11:41:30 THAT'S REALLY TERRIFIC, MARIA. THANK YOU SO MUCH FOR ALL THE GOOD INFORMATION I KNOW FROM OTHER WORK THAT I DO, JUST THE IMPORTANCE OF THOSE COMMUNITY CONNECTIONS, AND RELYING ON PEOPLE WITH THE EXPERTISE AND THE CONNECTION TO THE COMMUNITY TO HELP DISTRIBUTE INFORMATION AND BRING THEM AND LIFT UP THE COMMUNITY

11:41:50 NEEDS TO OTHER PLACES SO JUST GRATEFUL FOR YOU FOR YOUR KNOWLEDGE AND YOUR EXPERTISE, AND WE WANT TO TAKE A FEW MINUTES AND BOTH, I THINK BOTH JARED AND MARIA ARE HERE TO ANSWER THE ANY QUESTIONS THAT PEOPLE HAVE PEOPLE ON THE COMMITTEE HAVE QUESTIONS.

11:42:09 YES, ANDREA, PLEASE.

11:42:13 SO, MARIA, THANK YOU SO MUCH FOR YOUR PRESENTATION. I TOTALLY AGREE WITH YOU.

11:42:19 THERE ARE SO MANY STRONG COMMUNITIES THAT ARE ALREADY DOING THE WORK, AND I DON'T UNDERSTAND WHAT THE DISCONNECT IS IN REGARD TO LARGER ORGANIZATIONS.

11:42:31 NOT PARTNER WENT STRONG ORGANIZATION LIKE YOURSELF, BECAUSE THERE ARE SO MANY COMMUNITIES THAT ARE ALREADY DOING THE WORK, AND I'M NOT SURE WHY WE ARE RE INBIDDEN THE WILL WHEN WE ALREADY HAVE THE PEOPLE THAT'S OUT THERE THAT'S TRAINED TO DO THIS WORK.

11:42:43 AND I THINK WE REALLY, REALLY NEED TO HAVE A CONVERSATION ABOUT THAT IN REGARD TO THE MILLIONS AND MILLIONS OF MONEY GOING TOWARDS ORGANIZATION, WHY AREN'T SMALL AND STRONG ORGANIZATION NOT GETTING FUNDING?

11:42:58 BECAUSE WHEN WE'RE DOING THESE GROUPS AND WE'RE DOING THIS WORK, IT COSTS MONEY, YOU KNOW.

11:43:03 IT'S NECESSARY BECAUSE YOU NEED TO BE THE SUPPORT. YOUR CALLS AS WELL AS SUPPORT THE PEOPLE THAT ARE OUT THERE DOING THE OUTREACH.

11:43:13 SO I DON'T UNDERSTAND WHY PEOPLE THAT'S OUT THERE DOING WORK.

11:43:17 THEY'RE NOT BEING FUNDED OR SUPPORTED, AND WE DO NEED BETTER PARTNERSHIP, BECAUSE IT'S ALREADY THERE.

11:43:24 I MEAN, THERE'S NO NEED TO HAVE AN ORGANIZATION THAT TRIED TO GO TO THESE COMMUNITY OR MAKE IT ACCESSIBLE.

11:43:33 WHEN THE PEOPLE ARE ALREADY OUT THERE DOING THE WORK. AND SO, THANK YOU FOR JUST HIGHLIGHTING.

11:43:38 JUST ONE COMMUNITY ORGANIZATION THAT'S DOING THE WORK AND SHE'S A PRIME EXAMPLE OF ASKING FOR THE HEALTH AND THE HELP NOT BEING PROVIDED.

11:43:49 SO THANK YOU.

11:43:51 SO I THINK, QUICK! OH, GO AHEAD, HENRY, PLEASE.

11:43:51 AND OH, OKAY, ANDREW, YOU SOUND LIKE A YOU'RE FROM THE COMMUNITY.

11:43:57 AND YOU UNDERSTAND THE IMPORTANCE OF BASED ORGANIZATIONS.

11:43:58 YES, YES.

11:44:00 I THINK, TO BE VERY FRANK WITH YOU, I THINK PART OF IT HAS BEEN AN ISSUE OF PROPRIETY THAT THERE ARE UNIVERSITIES THERE, INSTITUTIONS WHO HAVE INTERPRETED THE ROLE OF THE BROMAT OR THE COMMUNITY HEALTH WORKER IN AND IN AN INSTITUTIONAL WAY, AND THE WANT THE FUNDING TO GO THAT GOES WITH

11:44:17 IT, AND THERE'S ALSO AN ISSUE OF WE WORKING, CONSIDERED QUOTE JUST, YOU KNOW, THAT WHOLE DIMINISHING OF POWER AND RECOGNITION.

11:44:27 AND WE HAVE FOUGHT VERY HARD FOR 20. SOME YEARS TO LIFT UP THE RECOGNITION AND THE IMPORTANCE.

11:44:32 WE ARE NOT JUST FROM AUTHORITIES, WE ARE. WE MAY OUT LIKE MY MOTHER.

11:44:34 WE MAY NOT SPEAK ENGLISH, WE MAY NOT HAVE EVEN A HIGH SCHOOL DEGREE, BUT WE ARE THE ONES WHO CAN GET INTO THE COMMUNITY AND REALLY REACH COMMUNITY, AND I THINK IF WE'RE VALUED FOR THAT AS ESSENTIAL WORKERS, OR WHATEVER TERM THEY WANT TO CALL US THEN WE NEED TO DIVERSIFY THE FUNDING STREAMS

11:44:52 AND REALLY REACH THOSE SMALL AND MEDIUM-SIZE ORGANIZATIONS.

11:44:55 WE'RE ACTING AS INTERMEDIARY FOR MANY OF THEM BUILDING UP THEIR CAPACITY TO HAVE THAT ORGANIZATIONAL INFRASTRUCTURE.

11:45:02 YOU KNOW WE'RE VERY LARGE. WE INTENTIONALLY OUR LARGE ORGANIZATION OF PRIMARILY PROMOTIONAL.

11:45:07 WE HIRE BETWEEN 180 AND 200, I THINK WE'RE THE LARGEST IN THE NATION.

11:45:13 WE'RE INTENTIONAL IN BRINGING IN SOME OF OUR PROMETHEUS, COME IN FROM THE FIELDS ONE DAY, AND THEN THEY'RE WORKING FOR US.

11:45:20 THEY GET PROMOTED TO COORDINATORS, TO MANAGERS, TO DIRECTORS.

11:45:24 THAT'S THE MODEL THAT WE WANT TO SHOW. THAT IS THE POTENTIAL YOU DO.

11:45:29 IF YOU WANT TO HAVE A REPORT BY A DR. PH. THEN GIVE ME THE MONEY TO HIRE THE DRPH.

11:45:34 DON'T GIVE IT TO THE UNIVERSITY. YOU WON'T HAVE TO PAY ALL THAT INDIRECT, AND I CAN GIVE YOU THE REPORT.

11:45:39 I THINK IT IS REALLY RECONFIGURING WHO ARE THE EXPERTS IN THE FIELD.

11:45:44 AND HOW DO YOU SUPPORT THOSE EXPERTS

11:45:46 I THINK WHAT I WOULD, I WAS JUST GONNA ADD, IS, I THINK THERE IS THIS MOMENT IN TIME, AND IT CONNECTS TO THE WORK THAT JAMES IS DOING OF AN EFFORT TO FUND PROMOTORUS AND OTHER COMMUNITY HEALTH WORKERS THROUGH MEDICAL RIGHT AND I THINK THE CHALLENGES HOW DO WE ESTABLISH A SET OF QUALIFICATIONS THAT DOESN'T

11:46:10 ACT AS A BARRIER TO PEOPLE BEING ABLE TO PROVIDE THOSE SERVICES THAT THEY ARE NOW RIGHT.

11:46:15 SO, YOU KNOW, IN A TRADITIONAL SORT OF MEDICALLY BASED HEALTHCARE DELIVERY SYSTEM, YOU'RE GONNA FOCUS A LOT ON DEGREES AND KIND OF FORMAL EDUCATION.

11:46:29 AND I THINK WE DON'T WANT TO LOSE THAT IN IN KIND OF THE WORK THAT JAMES IS DOING INSTEAD FOCUSING ON THE COMMUNITY.

11:46:41 HELLO!

11:46:36 AND WHAT ARE THE SKILLS PEOPLE NEED TO BE EFFECTIVE WITH THEIR COMMUNITIES, WHICH SHOULD THEN ENABLE FUNDING TO GO THROUGH THAT COMMUNITY?

11:46:44 SO, ANDREA, I I'M ALWAYS RELYING ON YOU.

11:46:48 BUT I IT'S LIKE, YOU KNOW, JARED, PROVIDED YOU KNOW, SORT OF A LINK TO A WAY TO PARTICIPATE IN THAT PROCESS AND HELP DEVELOP WHAT THE QUALIFICATIONS ARE OVERALL AND WHAT THE QUALIFICATIONS ARE FOR ADDITIONAL ALZHEIMER'S WORK AND I HOPE THAT YOU WILL SORT OF TAKE UP THAT

11:47:04 OPPORTUNITY TO BRING THAT BREADTH OF EXPERIENCE YOU HAVE FROM YOUR WORK IN THE COMMUNITY, AND YOU KNOW WE HEARD DR.

11:47:10 GHALY SAY HE WOULD LOVE THIS COMMITTEE'S INPUT ABOUT THESE PARTICULAR PROGRAMS.

11:47:17 AND YOU KNOW IF IT MEANS BLOWING UP BOXES, THEN IT MEANS BLOWING UP BOXES RIGHT?

11:47:22 SO WE'LL HAVE THAT DISCUSSION AT THE END ABOUT WHAT?

11:47:25 WHAT IS A VISION OF WHAT THIS COULD LOOK LIKE TO SUPPORT PEOPLE WHO ARE US, YOU KNOW, OFTEN UNDERSERVED BY TRADITIONAL HEALTH CARE SYSTEMS.

11:47:33 SO.

11:47:33 CATHERINE, CAN I JUST TAG ON TO THAT? I THINK THAT I WAS.

11:47:35 PLEASE.

11:47:37 WE I WAS PART OF A COALITION WITH DHS.

11:47:41 THAT INITIALLY DID ALL THIS DISCOVERY, AND WITH THE INFORMATION THAT MOVED OVER TO HKI THAT THEY'RE DEVELOPING.

11:47:51 YEAH.

11:47:46 BUT ONE OF THE ISSUES FOR US IS THAT YOU STILL HAVE TO BE A MEDICAL PROVIDER TO RECEIVE SOME OF THESE FUNDS, SO THAT LEAVES OUT THE PRIMITIVE MAJORITY OF THE CPOS THAT WE'RE TRYING TO WHERE THE PROMATOS ARE AND THE COMMUNITY HEALTH WORKERS.

11:47:59 IN THE COMMUNITY. SO, WE'RE TRYING TO FIGURE OUT A WAY HOW TO GET AROUND IT, AND CMS WOULDN'T ALLOW US TO, BECAUSE IT'S IT WAS ASSIGNED AS MEDICAL TO SUPPORT MEDICAL.

11:48:09 BUT YOU'RE NOT GONNA GET COMMUNITIES. YOU'RE NOT GONNA GET CBOS.

11:48:14 AND YOU'RE NOT GONNA EVEN NO MATTER WHAT JARED DOES AND HOW HE OPENS IT UP.

11:48:18 AND THERE'S THE 2,000 H, AND ALL THOSE REQUIREMENTS THAT HAVE BEEN REDUCED FOR COMMUNITY COMMUNITY-BASED ORGANIZATIONS ARE NOT GOING TO BE ABLE TO QUALIFY UNLESS WE FIGURE OUT A MECHANISM TO ALLOW US TO APPLY FOR THOSE FUNDS.

11:48:34 NOT. I WAS HOPING THAT THAT COULD BE PART OF THE DISCUSSION WITH JARED WE CAN HAVE THAT CONVERSATION LATER.

11:48:40 HOW CAN WE PROVIDE THE SERVICE TO CBO? SO THAT THEN WE CAN DO THE BACK END, OR WE CAN DO ALL THAT, AND WE CAN STILL ENGAGE CBOS.

11:48:48 OTHERWISE. IT'S THE SAME SYSTEM THAT LEAVES US OUT OF THE AS RECIPIENTS OF THOSE SUPPORT FUNDS

11:48:52 SO. SO I THINK WE HAVE A FEW MINUTES. IF YOU HAVE THOUGHTS ABOUT THAT, AND I SEE SO SELENE ALSO HAS A COMMENT.

11:49:00 BUT LET'S JUST CELINE'S QUESTION, AND THEN WE'LL LOOP BACK TO SAY, LIKE, HAVE PEOPLE THOUGHT ABOUT WHAT SOME OF THOSE SOLUTIONS ARE TO REDUCE THAT BARRIER.

11:49:11 SO, CELINE, GO AHEAD.

11:49:11 WELL, I WAS JUST THINKING ABOUT ALL THESE INTERSECTIONS, YOU KNOW.

11:49:16 CAL AIM, THE AGING AND DISABILITY RESOURCE CENTERS.

11:49:19 WE'RE THE INFORMATION AND A SYSTEMS PROVIDER FOR NAPA COUNTY, AND WE DID HIRE A COMMUNITY HEALTH WORKER.

11:49:26 FOR THAT VERY REASON, AND WE GOT FUNDING THROUGH THE MENTAL HEALTH SERVICES ACT TO BE ABLE TO HAVE A BILINGUAL BY CULTURAL COMMUNITY HEALTH WORKER.

11:49:33 AND I'M THINKING ABOUT YOUR ROLE WITH ALL SUMMER DAYCARE RESOURCE CENTER. SO, I'M JUST WONDERING HOW WE CAN KIND OF YOU KNOW, TIE ALL THESE INITIATIVES THAT ARE HAPPENING IN A DIFFERENT WAYS TO, BECAUSE WE NEED YOU IN OUR COMMUNITY.

11:49:45 YOU ARE IN OUR COMMUNITY, YOU ARE OUR COMMUNITY TO REALLY BE PART OF OUR ORGANIZATIONS AND PART OF I KNOW THE WORK THAT WE'RE DOING WITH ALZHEIMER'S DAYCARE RESOURCE CENTER PROJECT IS LOOKING AT THAT YOU KNOW, THE HEALTH DISPARITIES AND THROUGH ALL YOU KNOW ALL THE

11:50:01 DI TYPE OF ISSUES. AND SO, YOU REALLY HAVE TO BE AT THE TABLE FOR US TO KIND OF NAVIGATE AND LOOK AT THAT.

11:50:08 LOOK AT THAT ISSUE. SO, THANK YOU FOR YOUR PRESENTATION, MARIA

11:50:10 THANK YOU. I THINK A WAY TO MAXIMIZE OR TO GET TO THAT 18,000 NUMBER FOR ME.

11:50:17 IT REALLY, REALISTICALLY, IS NOT GOING TO HAPPEN. GOING THROUGH A COUNTY THROUGH EXISTING SYSTEMS, BECAUSE THE BARRIERS ARE SO NARROW AND SO MUCH OF THE MONEY IS USED UP BY THE INFRASTRUCTURE.

11:50:28 BUT REALLY IT'S PARTNERING WITH CBOS. IF YOU GO TO A CBO AND VERSUS IF I CONTRACT TO DO AVERAGE EDUCATION ON ALZHEIMER'S, I COULD HIRE AT THIRTY-FIFTY, PUT ON MYTHOS LIKE THAT AND MANY CBOS CAN DO THAT SO YOU'RE MORE LIKELY TO

11:50:41 REACH SCALE. IF YOU PARTNER WITH CBOS, WE JUST GET HAVE TO GET BEYOND THIS LITTLE THING OF WHO QUALIFIES FOR THE FUNDS.

11:50:50 AND HOW CAN WE GET ACCESS TO THEM? WHICH IS JAMES, THAT YOU AND I HAVING A CONVERSATION AND BUT YOU EXPONENTIALLY, YOU CAN REACH THOSE 18,000 FASTER IF YOU PARTNER WITH CBOS, AND IT'S A MORE RELEVANT MODEL BECAUSE WE'RE IN THE COMMUNITY ALREADY

11:51:04 YEAH, AND WE'VE TALKED ABOUT THIS A COUPLE OF TIMES ALREADY, AND I LOVE THE CONVERSATION AND LET'S KEEP IT GOING, YOU KNOW, IN OTHER AREAS AS WELL.

11:51:14 HKI IS REALLY EXPLORING NEW WAYS OF DOING THINGS THAT PARTNERS WITH CDOS MORE DIRECTLY, BECAUSE YOU, FOR THE EXACT REASONS THAT YOU AND THE REST, THE REST OF THE ATTENDEES, YOU KNOW, HAVE BEEN HAVE BEEN EXPLAINING TODAY IS NO IT'S NOT ONLY ABOUT SCALE, BUT IT'S ABOUT REALLY REACHING THE COMMUNITIES.

11:51:33 THAT NEED THE SERVICES NOW THROUGH A WORKFORCE THAT REALLY ALREADY EXISTS.

11:51:38 SO IT'S LIKE THE DEFINITION OF A WIN WIN.

11:51:45 IF WE CAN, JUST PARTNER AND GET IT RIGHT

11:51:47 THE PANDEMIC SHOWED US THE IMPORTANCE AND THE AND THE IT SHOWED US HOW PROMOTORAS ARE SO IMPORTANT.

11:51:57 YOU KNOW WE WERE PLOTTED FOR OUR BUSINESS TO REACH, AND THIS IS A CROSS CULTURES.

11:52:01 IT WASN'T JUST LATINO, SO IT WAS AFRICAN AMERICANS.

11:52:03 IT WAS AS YOUR PACIFIC ISLANDER. IT WAS JAKARI, YOU KNOW, WITH YOUR ASIAN PACIFIC

11:52:08 I MEAN, IT WAS ALL OF US WHO GOT INTO WHO WERE IN THE COMMUNITY WHO HELPED FIND A SOLUTION.

11:52:13 SO WE'RE OUT THERE I KEEP SAYING WE'RE AN ARMY OF PROMATOS AND COMMUNITY HEALTH WORKERS.

11:52:17 WE JUST NEED TO FIND THIS THIS PATH TO BE ABLE TO JOIN TOGETHER INTO SUPPORT FOR MUTUAL SUPPORT.

11:52:24 SO APPRECIATE ALL OF THAT, AND JUST THE THINKING THAT GOES ON, OF HOW DO WE TRANSFORM SYSTEMS TO ALLOW FOR A LOW DIVERSITY OF SERVICES, AND AT THE SAME TIME ALLOW THE STATE TO GET THE FEDERAL DOLLARS THAT THEY'RE TRYING TO GET TO SUPPORT THESE KINDS OF PROGRAMS?

11:52:45 SO I THINK THIS IS ANOTHER AREA IN WHICH IT WOULD BE JUST GREAT TO HAVE A REPORT BACK ON OCCASION ABOUT HOW YOU'RE THREADING THAT NEEDLE AND BRINGING IN TO THE SYSTEM THE STRENGTHS THAT THE PROMETHEUS AND NAVIGATORS FROM OTHER COMMUNITIES.

11:53:03 PROVIDE SO REALLY, REALLY A LOVELY OPPORTUNITY. AND CELINE, I JUST REALLY WANTED TO CALL OUT SORT OF YOUR COMMENTS ABOUT THE AGING AND DISABILITY RESOURCE CENTERS AND RECOGNIZE YOUR COMMITMENT TO BRINGING IN A COMMUNITY HEALTH WORKER AND I THINK THOSE KINDS OF CONNECTIONS OF KNOWING WHO EXISTS

11:53:23 IN THE COMMUNITY, AND HOW YOU HOW ADRCS CAN USE THE YOU KNOW, EXISTING OTHER CBOS AS A RESOURCE FOR COMMUNITY MEMBERS THAT MIGHT WANT TO USE THAT KIND OF ASSISTANCE.

11:53:37 SO JUST IT SEEMS LIKE YOU'RE TAKING ON A GOOD STEP FORWARD IN IN TERMS OF DOING THAT.

11:53:41 SO THANKS FOR CALLING THAT OUT THAT WAS PERFECT TO HEAR ANY OTHER COMMENTS, QUESTIONS.

11:53:49 SO WE ARE ACTUALLY A FEW MINUTES AHEAD OF SCHEDULE.

11:53:54 IS THAT REMARKABLE? SO, I'M GONNA HAVE JACK LIKE 2 MIN OF THAT TIME.

11:54:00 SAY THANK YOU TO OUR SPEAKERS. GOOD INFORMATION ABOUT HOW TO CONTACT JAMES.

11:54:05 THANK YOU TO MARIA FOR ALL THAT YOU BROUGHT, MARIE AND I ACTUALLY SHARE WE WENT TO THE SAME UNDERGRADUATE SCHOOL.

11:54:14 THANK YOU.

11:54:14 SO LOTS OF GOOD WORK HAPPENING AT UC. RIVER SITE, AND GOOD PEOPLE THAT THAT CAME OUT OF THAT BUT I WANT TO GET OUR MINUTES APPROVED BECAUSE MICHELLE REMIND ME THAT WE NEED TO DO THAT.

11:54:25 SO I THOUGHT WE MIGHT JUST TAKE AN OPPORTUNITY TO. YOU ALL GOT A COPY OF THE COMMITTEE MEMBERS, ALL GOT A COPY OF THE DECEMBER MEETING MINUTES, AND I HOPE YOU'VE ALL HAD ACHIEVED TO LOOK AT THOSE AND OOPS.

11:54:40 SORRY, AND WANTED TO SEE IF THERE WERE ANY COMMENTS OR CORRECTIONS TO THE MINUTES

11:54:50 NOT SEEING ANY. WOULD ANYONE LIKE TO MAKE A MOTION TO APPROVE THE MINUTES

11:54:55 SO MOVED TODD

11:54:57 THANK YOU. TODD. IS THERE A SECOND? THANK YOU. THANK YOU, MIKE.

11:55:00 A SECOND. MEG.

11:55:04 ANY OTHER DISCUSSION ABOUT THE MINUTES AND, THANKS TO MICHELLE, WHO PREPARED THEM FOR US, TOO.

11:55:10 OKAY, NOT SEEING ANY OTHER DISCUSSION, ALL IN FAVOR OF APPROVING THE MINUTE.

11:55:15 SAY I, HI!

11:55:16 ALRIGHT!

11:55:16 AYE.

11:55:17 OKAY.

11:55:20 AYE.

11:55:16 AYE.

11:55:18 ANY OPPOSITION, ANY ABSTENTIONS.

11:55:23 NO.

11:55:23 I ABSTAIN BECAUSE I WASN'T AT THE MEETING

11:55:25 THANK YOU. DARRICK. OKAY, ALRIGHT. SO, WITH THAT, IT'S 1155.

11:55:35 SO, MICHELLE, WOULD YOU PREFER THAT WE COME BACK EARLIER?

11:55:38 WHAT? WHAT SHOULD BE OUR PROTOCOL

11:55:40 YEAH, HOW ABOUT IF WE COME BACK AT 1230,

11:55:43 WE WILL BE BACK AT 1230, SO YOU GET A NICE LUNCH BREAK AND A BREAK FROM INFORMATION OVERLOAD FOR A MINUTE CAUSE.

11:55:51 THERE'S SO MUCH GOOD INFORMATION BEING SHARED, AND WE WILL SEE EVERYONE AT 1230.

11:55:55 THANKS EVERYONE. SEE YOU. THEN

11:55:57 THANK YOU. EVERYBODY.

12:30:25 PEOPLE. JUST WAIT A SECOND TO SEE IF A FEW MORE PEOPLE.

12:30:29 OKAY.

12:30:53 MICHELLE, DO YOU WANT TO LET US KNOW WHEN WE HAVE KIND OF CRITICAL MASS TO GET STARTED?

12:30:59 SEEMS LIKE WE'RE GETTING THIS, OF COURSE, SO PROMPT

12:31:03 PLEASE, THE SECOND.

12:31:12 IT LOOKS LIKE WE'RE GOOD, CATHERINE

12:31:14 SOUNDS GREAT. THANK YOU. SO, AS ALWAYS, WE ARE REALLY FORTUNATE TO HAVE 2 OF OUR PARTNERS BARBARA MCPHERSON AND JARED JERUSALEM CLOCK, DO A PRESENTATION A LITTLE LEGISLATIVE UPDATE AND THEN WE'RE GONNA HAVE TIME FOR SOME QUESTIONS.

12:31:32 AND ANSWER. SO, WE'RE REALLY LOOK FORWARD TO WHAT YOU HAVE TO SHARE WITH US.

12:31:37 BARBARA AND JARED. THANKS FOR BEING HERE

12:31:39 THANK YOU. I THINK MICHELLE'S GONNA START OUR SLIDES.

12:31:44 WE'LL SEE WHO COMES UP FIRST. IT'S MINOR JARED.

12:31:46 I THINK IT'S WORTH

12:31:46 THAT'S FINE. OKAY? SO, AS SARAH SAID EARLIER, THE GOVERNOR'S BUDGET, I THINK ALL OF US IN THE AGING SPACE AND SPECIFICALLY IN THE ULTIMATE AND DIMENSION SPACE, WE'RE GLAD TO SEE THAT THERE WEREN'T SO SIGNIFICANT CUTS PROPOSED.

12:32:05 AND SO NOW OUR ATTENTION TURNS TO LEGISLATIVE SESSION.

12:32:12 BILL FILING HAS BEEN. I MEAN, THIS IS TYPICAL SLOW.

12:32:15 AND THEN, AS WE APPROACH THE DEADLINE WHICH IS FEBRUARY SEVENTEENTH, IT WILL BECOME AN A TSUNAMI OF BILLS, AND SO I DON'T KNOW HOW THIS COMMITTEE IS THAT IF I THINK ABOUT WHAT WHEN THE NEXT MEETING IS I DON'T KNOW HOW WE MIGHT WANT TO HANDLE

12:32:33 TAKING A POSITION, OR MAYBE BEING IN SUPPORT OF LEGISLATION, BECAUSE WE'LL HAVE A MUCH CLEAR SENSE AFTER THE SEVENTEENTH OF WHAT THE LANDSCAPE IS, AS FAR AS POLICY BILLS AND BUDGET REQUESTS.

12:32:47 SO MAYBE THAT'S SOMETHING TO THINK ABOUT. BUT I WILL START WITH THE POLICY BILLS.

12:32:54 AND ACTUALLY, THEY BOTH HAVE BUDGET REQUESTS TO THAT ALSO.

12:32:58 LOS ANGELES IS GOING TO BE PURSUING THIS LEGISLATIVE SESSION.

12:33:00 AND OF COURSE WE WOULD LOVE TO HAVE THIS COMMITTEE SUPPORT US, SO IF WE CAN GO TO THE NEXT SLIDE

12:33:11 SO THIS IS JUST TO START US OFF. THIS IS WHAT OUR POLICY PLATFORM PRIORITIES ARE.

12:33:16 AND I, I SHOULD ALSO SAY THAT WE DO OUR PUBLIC POLICY IN A PARTNERSHIP WITH ALZHEIMER'S ORANGE COUNTY AND ALZHEIMER'S SAN DIEGO.

12:33:24 SO OUR 3 ORGANIZATIONS HAVE REPRESENTATION IN SACRAMENTO, MONICA, MILLER, AND SO ALL OF THE LEGISLATION THAT THE 2 BUILT THAT I'M GOING TO BE TALKING ABOUT TODAY.

12:33:37 ALL 3 OF OUR ORGANIZATIONS ARE PUTTING FORWARD, AND OUR PRIORITIES, GENERALLY SPEAKING, IN OUR 2 BILLS, SUPPORT.

12:33:45 THESE ARE EXPANDING ACCESS TO HOME AND COMMUNITY-BASED SERVICES SUPPORTING FAMILY CAREGIVERS, BUILDING AN INVENTION CAPABLE WORKFORCE WHICH WE'VE TALKED QUITE A BIT ABOUT WORKFORCE THIS MORNING, WHICH IS FANTASTIC, AND THEN ADDRESSING COST OF CARE WHICH SARAH SPOKE TO BRIEFLY WITH THE LTSS

12:34:02 BENEFIT, DISPLAY THAT IS ONGOING AT THE SAME LEVEL, AND WE CERTAINLY HOPE THAT SOONER RATHER THAN LATER, THAT ACTUALLY RESULTS IN A BENEFIT THAT PEOPLE CAN TAKE ADVANTAGE OF NEXT SLIDE.

12:34:14 OKAY. SO, DIVING IN AND GO THE NEXT SLIDE

12:34:20 AND SO I WILL SAY ALSO THAT BOTH OF THESE ISSUES THAT I'M GOING TO BRING FORWARD.

12:34:26 THEY DO HAVE SPONSORS, BUT IN THE INTEREST OF NOT JINXING ANYTHING, I'M NOT GONNA SAY WHO THEY ARE.

12:34:34 THEY'RE ACTUALLY ACROSS THE DESK, AND WE HAVE BILL NUMBERS. SO.

12:34:36 BUT YOU WILL SEE BOTH OF THESE IDEAS AND AS LEGISLATION WILL BE WITH NUMBERS, I JUST DON'T HAVE THAT TODAY.

12:34:45 SO THE FIRST ONE AND I KNOW IN OUR FOLLOWING OUR CONVERSATION HERE, WE'RE GONNA HAVE A PRESENTATION ON DEMENTIA CARE, AWARE WHICH IS FANTASTIC.

12:34:55 IT'S A REALLY WONDERFUL PROGRAM. AND SO, THIS IDEA, WHICH WE DID PUT FORWARD IN A DIFFERENT FORM OF IT LAST YEAR, AND WE DID GET FUNDING FOR IN THE BUDGET.

12:35:06 AND THEN THE GOVERNOR REMOVED IT FROM THE BUDGET.

12:35:08 SO WE ARE COMING UP THIS AGAIN. BUT FROM A MORE HOLISTIC PERSPECTIVE, AS DIMENSION CARE AWARE, RULES OUT ONE OF THE GOALS OF THAT PROGRAM THAT I'M SURE DR.

12:35:16 CHODOS WILL SPEAK TO IS THAT WE HOPE HERE IN CALIFORNIA WE DO A BETTER JOB OF SCREENING PEOPLE AND ASSESSING THEM FOR THEIR COGNITION, AND SO, IF WE CAN GET BETTER AT D DIAGNOSING PEOPLE ACCURATELY WITH ALZHEIMER'S OR ANOTHER FORM OF DEMENTIA WHICH

12:35:34 ARE AGING POPULATION INDICATES THAT THAT'S THE DIRECTION THAT WE ARE LIKELY GOING THAT MEANS WE'RE GOING TO END UP WITH A WHOLE BUNCH OF FOLKS WHO ARE GOING TO BECOME FAMILY CAREGIVERS.

12:35:45 AND SO WE WOULD LIKE TO SEE EXPANDED ACCESS TO THAT WHOLE SUITE OF SERVICES THAT WE KNOW CAREGIVERS NEED.

12:35:53 SO THE EDUCATION FOR SURE AND HOW TO PROVIDE QUALITY, DIMENSION CARE AS A FAMILY CAREGIVER, BUT ALSO THE SUPPORT GROUPS AND ALL THE OTHER.

12:36:04 THE RESPITE, CARE, THE RESOURCES THAT THEY NEED. SO, THIS WOULD BE STRUCTURED AS A PILOT, AND WOULD PROVIDE FUNDING.

12:36:10 IT'D BE A COMPETITIVE BID PROCESS WITH A REAL FOCUS ON UNDERSERVED, HISTORICALLY UNDERSERVED COMMUNITIES.

12:36:16 SO, BECAUSE THOSE ARE SOME OF THE COMMUNITIES THAT WE KNOW NEED THESE SERVICES.

12:36:19 THE MOST AND WE'D LIKE TO EXPAND ACCESS TO THEM SO THAT'S WHAT THIS WOULD DO.

12:36:22 OKAY.

12:36:23 I DO NOT HAVE A DOLLAR AMOUNT FOR YOU ON THIS YET.

12:36:26 THAT IS ALL BEING WORKED OUT. SO, WE'LL GO TO THE NEXT ONE

12:36:34 SO HE, THIS IS GROWN OUT OF AN INITIATIVE HERE IN LOS ANGELES COUNTY.

12:36:41 THERE ARE OTHER COUNTIES ACROSS CALIFORNIA, SAN DIEGO IS ONE OF THEM THAT HAS A PROGRAM THAT ATTEMPTS TO HELP FAMILIES PREVENT WANDERING.

12:36:49 THAT COULD BE AN OLDER ADULT WITH CONSENT IMPAIRMENT THAT COULD ALSO BE SOMEONE LIVING WITH AUTISM OR ANOTHER DEVELOPMENTAL DISABILITY WANDERING IS AN ISSUE ACROSS BOTH OF THOSE COMMUNITIES.

12:37:01 SO WE BUILT A PROGRAM HERE IN LA COUNTY. WE WERE AWARE OF SAND DIEGO.

12:37:06 THERE ARE SOME OTHERS, INVENTURA, BUT IT'S A PATCHWORK.

12:37:09 AND OF COURSE, WHEN SOMEONE WANDERS THEY PAY NO ATTENTION TO COUNTY LINES.

12:37:13 CITIES FRANKLY STATES OF COUNTRIES EVEN. IT'S KIND OF INCREDIBLE HOW FAR SOMEONE CAN GET WHEN THEY WANDER AND SO THIS WOULD CREATE A TASK FORCE HOUSED UNDER A STATE DEPARTMENT OF JUSTICE IN THEIR BUREAU OF MISSING AN UNIDENTIFIED PERSON TO BUILD RECOMMENDATIONS JUST LIKE WHAT WE DID IN

12:37:31 LA COUNTY. FOR WHAT COULD A COUNTY DO TO BETTER TO BUILD A BETTER SYSTEM, TO SUPPORT FAMILIES, PREVENT WANDERING IN THE FIRST PLACE, AND RESPOND MORE EFFECTIVELY IF AND WHEN SOMEONE DOES WANDER?

12:37:43 AND IF IT WOULD NOT BE REQUIRING ANYTHING SPECIFIC FOR ANY COUNTY WHICH JUST BE BUILDING RESOURCES AND HOPEFULLY HAVING THOSE CONVERSATIONS ABOUT HOW WE CAN DO BETTER WITH COORDINATION BETWEEN AGENCIES ACROSS THE STATE

12:38:00 AND I THINK THAT'S IT'S FOR ME, AND I THINK, JARED, I CAN AND I'M ASSUMING, CATHERINE, WE YOU WANT TO DO QUESTIONS AFTER WE'RE ALL DONE.

12:38:08 THAT'D BE GREAT, I THINK, IF YOU DON'T MIND.

12:38:09 YEAH, RIGHT? YEAH, YEAH, NO. PROBLEM.

12:38:11 THANK YOU SO MUCH. THANKS FOR THE PRESENTATION. SO, FAR. WELL.

12:38:16 WELL, THANK YOU ALL SO MUCH. THANK YOU, BARBARA.

12:38:18 WELCOME TO IT.

12:38:19 THANK YOU. THANK YOU. THANK YOU ALSO, JUST FOR ALLOWING US THE OPPORTUNITY TO PRESENT ON SOME OF OUR BILL PRIORITIES.

12:38:28 AND JUST TO KIND OF GIVE YOU, AS I, YOU KNOW.

12:38:37 HMM.

12:38:32 I THINK BARBARA DID A KIND OF A BROADER OVERVIEW OF WHAT WE'RE SEEING IN THE LEGISLATURE. CAN YOU ADVANCE TO THE I THINK THE NEXT SLIDE, AND MAYBE EVEN THE FOLLOWING SLIDE

12:38:40 YEP, THAT PERFECT. SO JUST LIKE ALL'S LA ORANGE COUNTY AND SAN DIEGO ARE ASSOCIATIONS, STATE PRIORITIES ARE GUIDED BY THESE.

12:38:53 THESE PRIORITIES I ALWAYS KEEP THIS IN EVERY PRESENTATION THAT WE DO.

12:38:57 AND I. YOU KNOW, I THINK VERY MUCH OUR PRIORITIES, JUST LIKE BARBARA'S ORGANIZATIONS, REALLY ARE ALIGNED WITH WHAT WE SEE IN THE MASTER PLAN WITH THE ALZHEIMER'S TASK FORCE, AND MANY OF THE CONVERSATIONS THAT WE SEE HAPPENING AT THIS ADVISORY COMMITTEE NEXT SLIDE

12:39:16 SO THIS YEAR WE HAVE A NUMBER OF LEGISLATIVE AND BUDGET PRIORITIES THAT WE'RE LOOKING TO ADVANCE.

12:39:23 WE HAVE A FEW OF THEM INTRODUCED AND THEN THERE'S ANOTHER ONE THAT WE'RE STILL KIND OF WORKING ON.

12:39:27 SO NEXT SLIDE, PLEASE.

12:39:30 AS ALL OF YOU PROBABLY ARE AWARE, LAST YEAR WE MOVE FORWARD A BILL A.

12:39:37 B, 2583, BY ASSEMBLY MEMBER MULLEN, WHICH WAS DEMENTIA TRAINING FOR PEACE OFFICERS.

12:39:43 THAT BILL WAS HELD IN THE FIRST HOUSE APPROPRIATIONS COMMITTEE, AND WITH THE ASSEMBLY MEMBER TRANSITIONING TO CONGRESS WE WERE FORTUNATE ENOUGH TO HAVE THE SUPPORT OF ASSEMBLY MEMBER MIKE GIPSON, WHO HAS PRIORITIZED LAW ENFORCEMENT REFORM IN THE LEGISLATURE AND

12:40:01 WAS INTERESTED IN, OUR BILL EFFORTS LAST YEAR, AND DECIDED TO REINTRODUCE THE BILL.

12:40:07 THE THERE'S VERY LITTLE THAT'S DIFFERENT. ABOUT A B 21 TO A, B 2583.

12:40:11 LAST YEAR. BUT GIVEN, YOU KNOW, THE DEFICIT THAT THE STATE IS CURRENTLY EXPERIENCING 22.5 BILLION DOLLARS IN THE JANUARY.

12:40:19 BUDGET PROPOSAL BY THE GOVERNOR. WE'RE TRYING TO BE AS MINDFUL AS POSSIBLE ABOUT COST OF THE BILL LAST YEAR'S BILL COST 13.5 MILLION DOLLARS TO IMPLEMENT AND 1 MILLION DOLLARS IN ONGOING FUNDING.

12:40:30 SO THE ONLY CHANGE THAT HAS THAT YOU'LL SEE IN A B 21 COMPARED TO A. B 2,583 IS AN EXEMPTION FOR JURISDICTIONS THAT ARE CURRENTLY DOING ALZHEIMER'S SPECIFIC TRAINING FOR THEIR LAW ENFORCEMENT.

12:40:45 THE THOUGHT THERE IS THAT THAT WOULD DRAW DOWN THE COST, AND WE'VE BEEN IN COLLABORATION WITH POST.

12:40:48 THE COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING TO EVALUATE OTHER OPTIONS IF WE NEED IT.

12:40:54 ONCE THE BILL GETS TO APPROPRIATIONS TO BE ABLE TO MONITOR COSTS AS WELL WHILE PRESERVING THE INTENT.

12:41:01 THE BILL IS SLATED FOR ASSEMBLY PUBLIC SAFETY ON FEBRUARY FOURTEENTH, LAST YEAR IT WAS ON CONSENT, BUT YOU KNOW WHO KNOWS WHAT WILL HAPPEN THIS YEAR, ALTHOUGH WE FEEL FAIRLY CONFIDENT ABOUT HOW WE'RE STANDING IN THAT COMMITTEE AND WOULD LOVE EVERYBODY'S SUPPORT ON THAT BILL IF YOU COULD MOVE ON

12:41:19 TO THE NEXT SLIDE

12:41:24 SO VERY EXCITING NEWS. ACTUALLY, JUST TODAY, OUR BILL BY ASSEMBLY MEMBER AGARA CURRY THAT UPDATES THIS ALZHEIMER'S ADVISORY COMMITTEE WAS INTRODUCED.

12:41:36 IT WAS COST. ACROSS THE DESK. TODAY WE HAVE A BILL NUMBER AB, 38, 3, 8, 7, 3, 8, 7, AND THIS BILL TAKES A KEY COMPONENT OF AB, 1618, BY ASSEMBLY MEMBER AG YAR CURRY FROM LAST YEAR AND MOVES IT FORWARD WHICH IS THE UPDATE OF THE ADVISORY

12:41:56 COMMITTEE. YOU'LL SEE SOME OF THE THINGS THAT YOU KNOW IN CLOSE COLLABORATION WITH COMMITTEE MEMBERS LAST YEAR WE'RE BRINGING FORWARD ON THIS YEAR AND A.

12:42:06 B, 3, 8, 7, AND YOU KNOW WE'RE SO GRATEFUL FOR THAT ONGOING CONVERSATION, THAT DIALOGUE AND THAT FEEDBACK THAT HELPED US TO UNDERSTAND SOME OF THE ADDITIONS THAT NEEDED TO BE BROUGHT TO THE TO THE COMMITTEE STIGMATIZING LANGUAGE THAT NEEDED TO BE REMOVED UP LIVING

12:42:26 UPLIFTING DIVERSITY AS A PRIORITY FOR THE FOR THE ADVISORY COMMITTEE, AND THEN THROUGH COMMITTEE ON DEBATE.

12:42:34 WE ALSO INCLUDED THE ABILITY FOR THE SECRETARY OF HHS TO APPOINT ADDITIONAL MEMBERS UP TO 25 AS NEEDED.

12:42:43 SO, YOU KNOW, WHILE WE ARE SO APPRECIATIVE, OF THAT INPUT AND THAT FEEDBACK THAT GOT US WHERE WE ARE.

12:42:48 NOW YOU KNOW THIS BILL IS, YOU KNOW, IN IN MANY WAYS A NEW BILL.

12:42:53 SO YOU KNOW, WE'RE ALSO LOOKING FORWARD TO, YOU KNOW.

12:42:55 CONTINUED DIALOGUE THIS YEAR. IF THERE ARE THINGS THAT YOU ALL ARE THINKING COULD BE MADE TO MAKE THIS BILL STRONGER, WE'RE VERY MUCH OPEN TO THAT TO THAT, TO THAT ENGAGEMENT.

12:43:08 THE, AND WE'RE HOPEFUL THAT THIS BILL CARRIES WITH IT NO FISCAL IMPACT TO THE STATE.

12:43:13 SO WE CAN AVOID THE TREACHEROUS APPROPRIATION COMMITTEES.

12:43:17 SO I AGAIN, WE'RE HAPPY TO CONTINUE THE CONVERSATION MYSELF, OR AMARANO MARCELLOS, WHO IS OUR ADVOCACY MANAGER?

12:43:24 WHO'S BEEN STAFFING THIS BILL FOR US, VERY MUCH HAPPY TO START A DIALOGUE.

12:43:30 IF THERE'S AN INPUT OR FEEDBACK ON THIS BILL AS WELL MOVING TO, I THINK MY LAST SLIDE

12:43:37 SO YOU KNOW, AS YOU ALL KNOW, THE CALIFORNIA ALZHEIMER'S DISEASE CENTERS ARE ABSOLUTELY CRUCIAL TO A NUMBER OF THE PRIORITIES OF THIS COMMITTEE, YOU KNOW, YOU'VE ALREADY KIND OF DISCUSSED THE ROLE OF THESE OF THESE CENTERS.

12:43:52 HOW THEY ARE UPLIFTING, UPLIFTED IN THE ALZHEIMER'S TASK FORCE REPORT, AND HOW THEY REALLY HELP ADVANCE.

12:44:01 MANY OF THE MASTER PLAN FOR AGING ALZHEIMER'S PRIORITIES.

12:44:04 YOU MAY ALSO REMEMBER THAT LAST YEAR THE CENTER IS PUT FORWARD A REQUEST FOR ADDITIONAL FUNDING THAT I THINK WAS MOVED FORWARD THROUGH THIS COMMITTEE TO THE

SECRETARY, AND WE HAVE BEEN UNFORTUNATELY, THAT FUNDING DID NOT DID NOT OCCUR, AND WE HAVE BEEN WORKING WITH THE DIRECTORS OF THE CADCS TO COME UP WITH

12:44:26 A BUDGET REQUEST FOR THIS UPCOMING YEAR. AS I'VE ALREADY MENTIONED, THE STATE HAS A PRETTY SIGNIFICANT DEFICIT, AND I THINK THAT THAT HAS MADE IT MORE CHALLENGING FOR LEGISLATORS TO MOVE FORWARD ANY KIND OF NEW SPENDING OPPORTUNITIES OR NEW ONGOING NEW SPENDING ALLEGATIONS FOR THE

12:44:43 STATE, BUT WE HAVE BEEN ENCOURAGED BY LEGISLATIVE CHAMPIONS TO THINK ABOUT WHAT REQUEST TO SUPPORT THE CDCS.

12:44:53 COULD LOOK LIKE POTENTIALLY IN A GEAR WHERE NOTHING NEW WILL BE FUNDED.

12:44:56 SO I WILL SAY THAT WE DO HAVE AT LEAST ONE COMMITMENT FROM A LEGISLATOR TO INTRODUCE A BILL ON THE CDC'S.

12:45:04 THIS YEAR, THAT POTENTIALLY WOULD EITHER CARRY WITH IT A BUDGET REQUEST FOR EITHER THIS YEAR OR FOR NEXT YEAR.

12:45:12 IF IT'S NEXT YEAR. THIS IS REALLY OUR OPPORTUNITY TO GAIN SUPPORT AMONGST THE LEGISLATURE, AND TO BE WELL POSITIONED FOR ANY OPPORTUNITY.

12:45:20 OPPORTUNITIES, BUT I DID WANT TO MENTION A FEW KEY KINDS OF THOUGHTS THAT WE'VE BEEN HAVING, AND CONVERSATIONS THAT WE'VE BEEN HAVING WITH THE CDC.

12:45:29 DIRECTORS, SO FIRST, I THINK YOU KNOW IDEALLY, WE CAN ALL AGREE, YOU KNOW, WITH THE WITH OUR ASSOCIATIONS PERSPECTIVE AS WELL AS THE CDC.

12:45:38 'S THAT WITH THE EXCITING ADVANCEMENTS OF THERAPEUTICS, THE CDCS SHOULD REALLY BE AT THE FOREFRONT AND ENSURING CALIFORNIANS HAVE TRUE ACCESS TO A TIMELY AND ACCURATE DIAGNOSIS, WE THINK THAT THAT THAT WORK IS AND MORE IMPORTANT NOW THAN EVER AND WE'LL CONTINUE TO

12:45:53 GROW AS BEING SO IMPORTANT TO ENSURE PEOPLE HAVE ACCESS TO WHATEVER THERAPEUTICS COME ONLINE, YOU KNOW.

12:46:00 AND SECONDLY, GIVEN THE WORK OF DEMENTIA CARE WHERE WHICH OUR ASSOCIATION IS KEENLY INTERESTED IN BECAUSE OF OUR WORK ON SP.

12:46:08 48, BUT IS ALSO HIGHLIGHTED IN THE NEW ITERATION OF THE MASTER PLAN FOR AGING, WHICH YOU ALL HEARD ABOUT EARLIER.

12:46:15 YOU KNOW, AND HAS ALREADY KIND OF SEEN KEY KIND OF LINKAGES TO THE CADCS.

12:46:22 BUT WE CAN COMPLETELY RUN OUT OF FUNDING IN MARCH OF NEXT YEAR.

12:46:27 WE ARE ALSO TRYING TO THINK ABOUT WHAT THAT LONG STANDING, OR ONGOING RELATIONSHIP BETWEEN THE CDCS AND DEMENTIA CARE AWARE, COULD BE GIVEN KIND OF THE RELATIONSHIP THAT ALREADY EXISTS.

12:46:40 AND THEN LASTLY, I THINK WE'RE VERY MUCH INTERESTED IN HOW THE CDCS CAN BE.

12:46:45 EQUITY FOCUSED, AND THEN HOW THEY CAN, YOU KNOW, BE STRENGTHENED TO SERVE THROUGH THEIR MANY ARMS IN THE COMMUNITY.

12:46:51 ALL CALIFORNIANS IMPACTED BY DEMENTIA. SO, YOU KNOW, I THINK BY OUR NEXT ADVISORY COMMITTEE MEETING WE'LL HAVE MORE TO SHARE A LIKELIHOOD, A BILL THAT'S INTRODUCED THAT SPELLS ALL OF THIS OUT AND WE'RE EXCITED TO TALK ABOUT THAT MORE WITH THE COMMITTEE

12:47:07 WHEN THAT HAPPENS, YOU KNOW THE LAST THING I'LL MENTION.

12:47:10 AND BARBARA TOUCHED ON IT. WE'RE SEEING A SLOW GOING OF BILLS THAT ARE BEING INTRODUCED THAT WOULD BE RELEVANT TO US AS AN ASSISTANT AS WELL AS THE COMMITTEE, AND SO WE'RE HOPEFUL THAT IF WE'RE INVITED BACK TO PRESENT DURING THE NEXT COMMITTEE HEARING THAT

12:47:23 WE'VE BE ABLE TO TALK ABOUT SOME OF THE BILLS THAT WE'VE SEEN INTRODUCED THAT ARE ALZHEIMER'S SPECIFIC.

12:47:28 I AM FAMILIAR THAT TODAY ANOTHER ALZHEIMER'S BILL WAS INTRODUCED, AS WELL BY THE AGING AND LONG-TERM CARE VICE CHAIR, A FAMILY MEMBER, TOD, WHO IS, I THINK, MOVING FORWARD A BILL BY ASSEMBLY MEMBER VOPEL LAST YEAR RELATED TO ALZHEIMER'S

12:47:46 PUBLIC HEALTH. SO WE'LL HAVE MORE TO SHARE MORE INFORMATION.

12:47:49 I'M SURE, BY THE NEXT COMMITTEE MEETING, AND EXCITED TO AGAIN CONTINUE THIS DIALOGUE

12:47:56 THANKS SO MUCH SO, BOTH OF YOU AND I. SO MY IMPRESSION IS, AND I WOULD LOVE JULIE OR MICHELLE OR SUSAN TO SORT OF GIVE US OPINION ABOUT THAT IS THAT WE'RE IN ADVISORY COMMITTEE TO THE SECRETARY THAT'S HOW WE'RE SET UP AND WE GIVE

12:48:16 ADVICE TO THE SECRETARY ABOUT THINGS, BUT WE DON'T TAKE OUR OWN POSITIONS ABOUT BILLS IN THE LEGISLATURE, SO I THINK THAT'S OUR ROLE.

12:48:25 BUT I HAVEN'T BEEN HERE FOR THE WHOLE HISTORY OF THE OF THE ADVISORY COMMITTEE.

12:48:31 SO WELCOME ANY OF THE STAFF PROVIDING INPUT ABOUT OUR ROLE, JUST AS THAT'S AS THAT'S APPROPRIATE.

12:48:40 AND THEN IN THE MEANTIME, REALLY LOOK FORWARD TO ANY QUESTIONS THAT PEOPLE HAVE ABOUT THE VERY BEGINNINGS OF A 2 YEAR LEGISLATIVE CYCLE, THAT THAT WILL CONTINUE TO ON THE BALL.

12:48:55 SO WE'LL ASK OF ANY COMMITTEE. MEMBERS HAVE QUESTIONS

12:49:00 PAM, AND THEN TODD.

12:49:02 HI! I DON'T KNOW IF IT'S APPROPRIATE TO TALK ABOUT IT RIGHT NOW, BUT WHEN JARED WAS TALKING IT REMINDED ME OF MY STORY OF WHEN I WENT TO MY PRIMARY CARE.

12:49:13 DOCTOR, AND I TOLD THEM THAT I WAS HAVING. YOU KNOW, ISSUES I DON'T EVEN REMEMBER WHAT I TOLD HIM, AND HE SAID TO ME, WELL, YOU DON'T LOOK LIKE YOU HAVE

ALZHEIMER'S, AND SO YEAH, I'M LIKE, OKAY, WELL, BECAUSE I DIDN'T KNOW ANYTHING ABOUT IT. EITHER.

12:49:28 BUT AT THAT HAS BEEN LIKE A FRUSTRATION, AND I THINK FOR SO MANY PEOPLE THAT THERE ARE PRIMARY DOCTORS OUT THERE THAT DON'T UNDERSTAND WHAT EARLY STAGE LOOKS LIKE, AND I DON'T KNOW IF THERE'S A BILL.

12:49:42 MAYBE THERE IS ALREADY, BUT IT'S JUST KIND OF A LITTLE SOMETHING THAT BUGS ME, AND SO I WANTED TO MENTION IT.

12:49:50 JARED FOR YOU, AND YOU KNOW YOU KNOW ALL THE BILL NUMBERS.

12:49:53 I DON'T KNOW ANY OF THEM, BECAUSE MY BRAIN DOESN'T WORK ANYMORE.

12:49:55 BUT ANYWAY, I JUST THINK THAT'S JUST SOMETHING THAT WE REALLY NEED TO TAKE CARE OF, AND TO MAKE SURE THAT THEY'RE GETTING MORE EDUCATION, AND THAT PEOPLE CAN LOOK LIKE THEY'RE 20 OR 30.

12:50:07 THEY DON'T NEED TO LOOK LIKE THEY'RE 80 BEFORE THEY NEED TO GO, YOU KNOW.

12:50:12 GO TO THE DOCTOR.

12:50:14 OKAY.

12:50:14 THANKS, THANKS FOR THAT REMINDER, PAM. REALLY IMPORTANT. AND I THINK A NUMBER OF THE THINGS WE'RE GONNA BE HEARING ABOUT THIS AFTERNOON, ALSO ADDRESS EXACTLY THAT POINT.

12:50:25 OKAY.

12:50:25 SO REALLY GOOD POINT, AND I THINK TODD HAD A QUESTION

12:50:28 YEAH, JUST I JUST WANTED TO SPEAK TO THE WANDERING ASPECT.

12:50:34 I THINK THAT IS A REALLY IMPORTANT INITIATIVE IS EVERYBODY.

12:50:39 I'M SURE, ON THIS CALL, KNOWS THERE IS A PREDICTION OF WANDERING.

12:50:42 ONCE DEMENTIA ALZHEIMER'S IS IN PLACE FOR ANY INDIVIDUAL. AND SAN DIEGO.

12:50:47 COUNTY REALLY HAD A MODEL PROGRAM WITH THE SAN DIEGO COUNTY SHERIFF'S DEPARTMENT CALLED, TAKE ME HOME AND IT'S BASICALLY LIKE A REGISTRY.

12:50:55 SO IT WORKS VERY MUCH LIKE THE AMBER, ALERT WITHIN THE COUNTY, AND COULD CROSS JURISDICTIONS TO SENDING A POLICE DEPARTMENT AND FIRE.

12:51:05 AND WE REALLY NEED SOMETHING LIKE THAT NETWORK STATEWIDE.

12:51:10 AND THEY ALSO WERE VERY INCLUSIVE OF ANYBODY WITH AUTISM, ANY KIND OF INTELLECTUAL DISABILITIES, ANY OF THOSE ADULTS ARE AT RISK FOR WANDERING AND BEING LOST, AND TIME IS OF THE ESSENCE, IS, AS WE ALL KNOW, WHEN WE READ THIS RIPPING STORIES AT LEAST PAY FOR THAT WITHIN

12:51:26 THE FIRST 24 H. IF SOMEBODY'S NOT FOUND THE RISK GOES UP 10 FULL FOR THEM BEING FOUND ALIVE.

12:51:34 SO THE DEMOGRAPHICS AND THE STATE ARE CHANGING, AND IN THE NATION SO VERY QUICKLY OVER THE AGE OF 80 THAT WE'D GOT TO HAVE A REALLY VIABLE NETWORK AND REGISTRY IN PLACE IN CALIFORNIA.

12:51:45 I'VE BEEN DOING THIS FOR 30 YEARS, AND IT REALLY HASN'T ADVANCED MUCH FURTHER THAN THE PROGRAM HERE IN SAN DIEGO COUNTY.

12:51:54 BUT WE REALLY NEED TO MODEL THAT AND TAKE IT SO

12:51:55 SO, TODD, JUST ONE CALL, I SAID. THE PROGRAM IN SAN DIEGO IS STILL ONGOING.

12:52:00 RIGHT IS THAT

12:52:00 AS FAR AS I KNOW. YEAH, WE USED TO MEET ON A REGULAR BASIS WITH THE ALZHEIMER'S PROJECT COMMITTEE IN THE COUNTY AND WOULD GET UPDATES DIRECTLY FROM THE STANDING OF A COUNTY POLICE DEPARTMENT.

12:52:12 THERE IS STILL A REGISTRY. WE ENCOURAGE ALL OF OUR FAMILY MEMBERS TO REGISTER THEIR LOVED ONES WHEN THEY MOVE INTO ONE OF OUR COMMUNITIES.

12:52:19 SO IT'S STILL ACTIVE, AS FAR AS I KNOW.

12:52:21 GOOD. ALRIGHT! THANKS FOR THAT! I HAD ONE QUESTION, JARED.

12:52:25 I THINK THERE WAS SOME DISCUSSION, AND I DIDN'T SEE IT ON THE SLIDE OF IT MIGHT HAVE MISSED IT ABOUT REVISING THE NAME OF THE COMMITTEE.

12:52:35 IS THAT STILL HAPPENING, OR THIS COMMITTEE, AS PART OF THE A. THE BILL THAT YOU MENTIONED AS SB.

12:52:42 3, 87, I THINK, WHATEVER THE NUMBER WAS, OR AB

12:52:47 YEAH.

12:52:45 YEAH, A, A, B, 3, 87. GOOD JOB. SO, I'M HAVING TO REMEMBER IT NOW, JUST BECAUSE IT JUST WAS INTRODUCED.

12:52:54 SO. SO WE ARE STILL VERY MUCH GOING TO MOVE FORWARD.

12:52:58 A CHANGE OF THE NAME OF THE COMMITTEE FROM ALZHEIMER'S AND RELATED DISORDERS.

12:53:02 ADVISORY COMMITTEE TO ALZHEIMER'S, AND RELATED TO MENTIONED, RELATED DEMENTIA'S ADVISORY COMMITTEE.

12:53:08 I'M NOT SURE IF THAT WAS IN KIND OF THE DRAFT, JUST BECAUSE OF THE TIMELINE FOR INTRODUCTION.

12:53:13 BUT IF IT ISN'T IN IT'LL BE THERE WHEN IT REACHES FIRST COMMITTEE.

12:53:17 AND I CAN CONFIRM WITH OUR STAFF AS WELL TO SEE WHETHER OR NOT IT'S IN OR NOT.

12:53:22 AND THEN LET YOU KNOW TOMORROW

12:53:25 HEY? THANKS. SO MUCH. APPRECIATE THAT OTHER COMMENTS OR QUESTIONS ABOUT LEGISLATION.

12:53:32 JULIE.

12:53:33 I CAN JUMP IN. I THINK I JUST WANNA MAKE SURE I HAVE YOUR QUESTION CORRECT.

12:53:37 CATHERINE, I THINK IT'S REALLY WHAT IS THE ROLE OF THE ADVISORY COMMITTEE ON ACTIVE BILLS AND MAKING RECOMMENDATIONS ON THOSE.

12:53:46 YES.

12:53:48 AND I THINK BECAUSE THE FORM OF THE FORMATION OF THE COMMITTEE, I THINK WHAT I WOULD SUGGEST IS CAPTURING ANY SPECIFIC VIEWPOINTS THAT THE COMMITTEE HAS ON LEGISLATION IN THE SECRETARY MEMO, SO THAT AS THE BILLS ARE MOVING THROUGH THE PROCESS AND OUR DEPARTMENTS, ARE EVALUATING THOSE

12:54:07 BILLS, AND PUTTING FORWARD THEIR INTERNAL RECOMMENDATIONS OF THE SECRETARY, HAS THE INFORMATION TO TAKE THAT INTO ACCOUNT.

12:54:15 THANK YOU.

12:54:15 SO I DON'T THINK IT NEEDS TO BE LIKE A FORMAL ACTION, BUT CAN CAPTURE.

12:54:21 AND THE SECRETARY'S MEMO. THAT WOULD BE MY SUGGESTION.

12:54:21 OKAY. THANK YOU. THANKS SO MUCH FOR CLARIFYING. I THINK YOU KNOW, AS OUR MEMBERSHIP CHANGES, WE'RE ALL A LITTLE UNCERTAIN SOMETIMES.

12:54:30 SORT OF WHAT'S OUR ROLE IN THE BEST WAY TO PROCEED.

12:54:32 SO APPRECIATE YOUR WISDOM AND KNOWLEDGE ABOUT ALL OF THAT.

12:54:36 SO WHEN WE GET TO THAT, I MEMO, AS WELL AS WHEN WE GET TO THAT SECTION OF THE REPORT.

12:54:42 I THINK THAT'S GOOD INFORMATION TO GIVE. WE GAVE THE SECRETARY SOME RECOMMENDATIONS LAST YEAR ABOUT THE COMPOSITION BILL SEVERAL MEMBERS OF THIS COMMITTEE WORKED TO SORT OF REFINE WHAT THE COMPOSITION LOOKED LIKE, AND THAT WAS AN INCREDIBLY VALUABLE PROCESS.

12:54:58 I THINK AND I'M GLAD TO SEE THAT IT REFLECTS ALL OF THE WISDOM THAT THIS GROUP HAD HAD LAST YEAR.

12:55:05 SO I THINK WE WERE INFLUENTIAL IN IN THAT WAY, AND I GUESS MY OTHER QUESTION IS, I THINK IT WAS YOU, JARED, THAT WAS TALKING ABOUT THE RESEARCH CENTERS.

12:55:18 AND WHAT DID I HEAR CORRECTLY THAT THE CURRENT FUNDING EXPIRES IN 2024 OR 5?

12:55:26 SOMETHING LIKE THAT, OR

12:55:26 YEAH. SO NOT TO CONFUSE THE ISSUE. THE ALZHEIMER'S IS Z CENTERS HAVE ONGOING FUNDING.

12:55:32 I THINK IT'S ROUGHLY, JUST OVER \$200,000 PER CENTER FOR ALL 10 CENTERS.

12:55:38 THAT CONTINUES BUT DEMENTIA CARE AWARE WHICH IS FUNDED BY THE HCBS SPENDING PLAN, THEY WILL RUN OUT OF FUNDING AND MARCH OF NEXT YEAR, AND SO I THINK, BECAUSE OF THE RELEVANT CONNECTION BETWEEN THE 2, AND GIVEN THAT WE MIGHT BE MOVING FORWARD A POLICY CONVERSATION ON THE ISSUE THERE COULD

12:55:56 BE A BRIDGING OF THOSE 2 THINGS THROUGH THE LEGISLATIVE EFFORT

12:56:10 EXACTLY.

12:56:00 AND IS THE REASON THEY RUN OUT OF FUNDING BECAUSE IT WAS AMERICAN RECOVERY ACT FUNDING, OR THIS RIGHT AND THAT'S WHEN THAT JUST NATURALLY EXPIRES RIGHT SO NOW THERE'S AN OPPORTUNITY TO THINK ABOUT HOW BEST TO FUND THOSE FOR CALIFORNIA.

12:56:16 SO THAT'S SOMETHING. I THINK THE COMMITTEE CAN KIND OF TAKE UP IN THE RECOMMENDATIONS TO THE SECRETARY ABOUT THAT, AND IT KIND OF TIES NICELY TO OUR NEXT PRESENTATION.

12:56:25 AS WELL, SO I'M NOT SEEING IT. ANY OTHER COMMENTS FROM OR QUESTIONS.

12:56:31 SO WITH THAT DEREK, WHO HAS A WEALTH OF PROFESSIONAL AND PERSONAL EXPERIENCE WITH DEMENTIA, AND BRINGS ALL OF THAT TO THE COMMITTEE, HAS GRACIOUSLY AGREED TO LEAD THE NEXT DISCUSSION, INCLUDING FACILITATING THE QUESTIONS ABOUT DEMENTIA CARE AWARE SO I'M GOING TO TURN IT OVER TO

12:56:51 DARRICK, WITH A BIG THANK YOU FOR TAKING ON THIS ROLE

12:56:54 THANK YOU SO MUCH, CATHERINE. SO TODAY WE HAVE 3 GUESTS FROM THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, WHO WILL PROVIDE ALL OF US AND UPDATE ON DEMENTIA CARE. AWARE.

12:57:10 SO FIRST OF ALL, LIKE TO INTRODUCE DR. ANNA CHODOS, WHO IS THE PRINCIPAL INVESTOR OF OH, THE DIMENSIONAL CARE WHERE AND THEN JOINING HER IS.

12:57:23 DANIELLE TAYLOR, WHO IS THE DIRECTOR OF OPERATIONS.

12:57:27 SO IS CLARA PARK, THE DIRECTOR OF NEUROLOGY, ALSO WITH ALFREDO.

12:57:32 SO I LIKE TO TURN OVER TO DR. CHODOS SO SHE CAN PROVIDE US.

12:57:36 WITH AN OVERVIEW AND AN UPDATE. SO OVER TO YOU

12:57:43 YEAH, ABSOLUTELY. AND REALLY WANT TO THANK EVERYBODY FOR HAVING US AND ALLOWING US TO PROVIDE THIS UPDATE AND WAS GLAD TO HEAR.

12:57:51 YOU KNOW SOME CONVERSATION ABOUT OUR PROGRAM AND GRATEFUL FOR YOU GUYS WANTING TO LEARN MORE.

12:57:57 SO WE'RE GONNA GO OVER THE AN OVERVIEW OF THE PROGRAM.

12:58:02 OUR SORT OF FOUNDATIONAL WORK IN SOMETHING CALLED THE COGNITIVE HEALTH ASSESSMENT, WHICH WAS REALLY THE LEGISLATIVE MANDATE TO CREATE THAT FOR THE STATE.

12:58:11 WHY DEMENTIA CARE AWARE IS IMPORTANT, AND I WASN'T ABLE TO GET ON EARLY ENOUGH.

12:58:16 BUT I DID HEAR SOME DISCUSSION ABOUT DETECTION AND EARLY DETECTION OF DEMENTIA OR MILD IMPAIRMENT.

12:58:24 SO REALLY HIGHLIGHTING SOME OF WHAT WE'RE HOPING TO IMPACT.

12:58:28 AND THEN OUR ACCOMPLISHMENTS SO FAR, AND OUR YEAR AHEAD JUST WANT TO CHECK IN WITH MY TEAM.

12:58:37 IS IT OKAY? IF I PROCEED OR

12:58:38 OH, ANNA, I CAN DO THAT FIRST COUPLE OF SLIDES.

12:58:40 OKAY, SOUNDS GOOD. I THOUGHT, THAT'S COOL.

12:58:42 HMM, AND THEN I'LL HAND IT BACK TO YOU AT SOME POINT.

12:58:46 ALRIGHT! THANK YOU, AND I'M SURE MOST OF YOU ALL ARE AWARE OF DEMENTIA CARE, AWARE, BUT WANTED TO JUST GIVE A BRIEF OVERVIEW OF WHO WE ARE.

12:58:55 WE OFFER PROVIDER TRAINING AND SUPPORT AND CULTURALLY COMPETENT TO MENTION CARE.

12:59:00 THE BILL WAS PASSED AND SIGNED IN MARCH OF 2,022, AND WE HAVE UNTIL, AS AGAIN JARED MENTIONED, MARCH OF 2024, FOR OUR PROGRAM.

12:59:11 BETWEEN. YOU KNOW, THESE 2 YEARS WE ARE CREATING AND DISSEMINATING TRAINING, SUPPORTING PRIMARY CARE AND IMPLEMENTING THE TRAINING AND IMPROVING DEMENTIA CARE IN GENERAL SO OVERALL THE GOAL IS REALLY TO EMPOWER PRIMARY CARE, SERVING MEDICAL PATIENTS, TO IMPROVE THEIR SCREENING DETECTION, AND CARE, OF THOSE LIVING WITH

12:59:28 DEMENTIA. I DO WANT TO POINT OUT THAT AS WE WERE, YOU KNOW, INCORPORATED INTO SP.

12:59:34 48, AND THE WAY THAT WE WE'RE KIND OF BORN AS A PROGRAM, WE ARE FOCUSED ON MEDICAL, BUT VERY QUICKLY.

12:59:40 WE KIND OF PIVOTED AND MADE SURE THAT WE ARE NOT JUST FOCUSING ON MEDICAL PATIENTS, BUT MEDICAL MEDICARE AND DUAL ELIGIBLE UNDERSTANDING THAT THE SERVICES IN THE TRAININGS THAT WE PROVIDE REALLY SHOULD BE OFFERED TO ALL OF THOSE PATIENTS.

12:59:54 NEXT SLIDE, PLEASE.

12:59:59 SO WE ARE A CALIFORNIA STATEWIDE PROGRAM. AGAIN, WE OFFICIALLY LAUNCHED IN MARCH OF LAST YEAR.

13:00:05 BUT AGAIN WE HAD TO GO THROUGH AHEAD OF THE BEGINNING STAGE OF SETTING UP A WHOLE STATEWIDE PROGRAM.

13:00:12 OUR FIRST COUPLE OF TEAM MEMBERS WERE HIRED IN MARCH AND IN MAY, FOR EXAMPLE, AND THEN WE HAVE ALL OF THESE AMAZING PARTNERS ACROSS THE STATE, AS YOU ALL PROBABLY KNOW, BETTER THAN WE DO THERE'S JUST SO MANY, GREAT X PERSON.

13:00:23 ORGANIZATIONS OUT THERE DOING REALLY GREAT WORK WITH ALZHEIMER'S AND DEMENTIA.

13:00:27 SO WE REALLY WANTED TO MAKE SURE THAT WE WERE PARTNERING WITH ALL OF THESE SPECIALISTS AND EXPERTS.

13:00:32 SO HERE ARE ALL OF OUR REALLY GREAT PARTNERS. WE WOULDN'T BE ABLE TO DO THE GREAT WORK THAT WE DO WITHOUT THEM.

13:00:37 AND REALLY THE PAST 6 MONTHS OR SO HAVE BEEN SPENT ON MAKING SURE THAT WE HAVE REALLY STRONG PARTNERSHIPS WITH ALL OF THESE ORGANIZATIONS MOVING FORWARD.

13:00:48 NEXT SLIDE. PLEASE. SO, WE'D LIKE TO THINK ABOUT OUR PROGRAM AS HAVING 4 MAIN PILLARS.

13:00:54 SO THE FIRST PILLAR IS AROUND EDUCATION SO WE DO HAVE ONLINE TRAINING MODULES AVAILABLE RIGHT NOW ON OUR WEBSITE, OUR CORNERSTONE MODULE IS AROUND THE COGNITIVE HEALTH ASSESSMENT, WHICH AGAIN AND WE'LL TALK ABOUT IN SUBSEQUENT SLIDES.

13:01:09 WE ALSO OFFER A REGULAR WEBINARS. WE'VE BEEN HOSTING MONTHLY WEBINARS SINCE JULY OF LAST YEAR, AND THEN WE ALSO OFFER PODCAST.

13:01:18 S WHICH WE'LL ALSO TALK ABOUT IN SUBSEQUENT SLIDES.

13:01:21 ALL OF THESE EDUCATIONAL OFFERINGS WE HAVE CONTINUING EDUCATION CREDITS TIED TO THEM AND THEN THE SECOND PILLAR IS AROUND OUTREACH.

13:01:28 SO AGAIN, WE'RE A CALIFORNIA STATEWIDE PROGRAM.

13:01:31 OUR HOPE IS TO REALLY REACH OUT TO ALL PRIMARY CARE PROVIDERS HERE, AND TRYING TO REACH ALL OF THEM IN ALL 58 COUNTIES IN CALIFORNIA.

13:01:42 WE'RE DOING THIS THROUGH A LOT OF DIFFERENT EVENTS IN PERSON AS WELL AS VIRTUAL EVENTS.

13:01:47 AND THEN WE HAVE A VERY EXCITING MEDIA CAMPAIGN THAT'S GOING TO BE LAUNCHING ANY DAY NOW, SO WE'LL HEAR A LITTLE BIT MORE ABOUT THAT AS WELL.

13:01:53 AND THEN THE THIRD PILLAR IS HEALTH SYSTEMS IMPLEMENTATION.

13:01:57 SO UNDERSTANDING THAT OF COURSE, WE'RE OFFERING THESE EDUCATIONAL MODULES AND TRAININGS.

13:02:03 BUT WE ALSO WANTED TO PROVIDE MORE RESOURCE SUPPORT. SO, OUR WEBSITE DOES HAVE A LOT OF PRACTICE SUPPORT RESOURCES AND WE'RE CONSTANTLY ADDING TO IT.

13:02:12 WE WATCHED A WARM LINE FOR CLINICIANS. SO CURRENTLY, IT'S A WEBSITE FORM.

13:02:17 SO JUST FILL IT OUT ONLINE AND THIS IS MEANT FOR CLINICIANS TO KIND OF GET REAL-TIME SUPPORT AND DECISION-MAKING AROUND DIMENSION CARE.

13:02:24 WE ALSO HAVE ECHO CONFERENCES, WHICH ARE, OF COURSE, VIRTUAL TEACHING CONFERENCES, AND THEN HAVE PARTNERSHIPS WITH OTHER ORGANIZATIONS THAT REALLY PROVIDE AMAZING HANDS-ON COACHING AROUND DIMENSION CARE.

13:02:35 AND THEN THE LAST PILLAR IS EVALUATION.

13:02:38 OF COURSE WE HAVE 2 YEARS, AS WE MENTIONED, AND WE HAVE ALL THESE GREAT ACTIVITIES GOING ON.

13:02:42 WE WANT TO MAKE SURE THAT WE'RE CAPTURING AS MUCH OF IT AS POSSIBLE.

13:02:46 SO WE'RE TRACKING KIND OF PROCESSING OUTCOME MEASURES.

13:02:50 AND WE'RE ALSO DOING SOME SORT OF MIXED METHODS. ANALYSIS.

13:02:52 SO TRACKING QUANTITATIVE AS WELL AS QUALITATIVE METHODS AND WE'RE REALLY TRYING TO UNDERSTAND KIND OF THE UPDATE AND USEFULNESS OF OUR TRAINING AS WELL AS UNDERSTANDING ANY CARE GAPS THAT EMERGE IN DIMENSION CARE.

13:03:05 NEXT SLIDE, PLEASE. SO THE THIS IS THE COGNITIVE HEALTH ASSESSMENT.

13:03:09 AS I MENTIONED BEFORE, THIS IS REALLY THE CORNERSTONE OF OUR TRAINING MEANT TO BE AN ANNUAL ASSESSMENT FOR PATIENT 65, AND OLDER, BUT IT SHOULD BE VERY QUICK.

13:03:22 SO ROUGHLY 5 TO 10 MIN IT'S AN ASSESSMENT, ON THE PATIENT'S COGNITIVE ANSWER.

13:03:27 AND FUNCTIONAL SYMPTOMS, AS WELL AS ASSESSMENT OF THEIR SUPPORT SYSTEM.

13:03:31 THIS IS MEANT TO BE THE START OF A DIAGNOSTIC ASSESSMENT, AND REALLY A JUMP START ON THEIR OVERALL.

13:03:37 BRAIN HEALTH, AND, AS I MENTIONED BEFORE, WE DO OFFER CME.

13:03:42 CE. AND MOC CREDITS, SO THAT PROVIDERS CAN REALLY FIND THIS USEFUL FOR THEM.

13:03:46 NEXT SLIDE, PLEASE, AND I BELIEVE I'M HANDING IT OFF TO ANNA

13:03:51 I APPRECIATE THAT I'VE BEEN A PRIMARY CARE PROVIDER HERE AT SAN FRANCISCO, GENERAL, AND I OUTPATIENT SETTINGS SINCE ABOUT 2,008, WITH TRAINING AND POST TRAINING COMBINED.

13:04:04 AND NOW I DO CONSULTATIVE, GERIATRICS AND DEMENTIA CARE.

13:04:08 FOR PRIMARY CARE. SO, THIS AFTERNOON I'M IN A PRIMARY CARE CLINIC SCENE.

13:04:12 FOLKS, PATIENTS AND WHAT I CALL SORT OF JUST A CO-MANAGEMENT APPROACH.

13:04:18 BUT IT'S JUST ME, SO I DON'T HAVE OTHER TEAM MEMBERS THAT I WOULD LOVE TO HAVE, AND THAT WE KNOW ARE SO IMPORTANT FOR GOOD DEMENTIA CARE.

13:04:26 BUT THE BULK OF MY EVALUATIONS REALLY ARE ON DEMENTIA, AND I THINK I APPRECIATE EVERY DAY, AND THIS SLIDE IS MEANT TO GIVE US AN OPPORTUNITY TO SHARE WITH YOU.

13:04:35 I YOU KNOW I HEARD BRIEFLY. YOU GUYS WERE ALREADY TALKING ABOUT THIS, BUT DETECTION AND PRIMARY CARE IS CHALLENGING AND INCONSISTENT AT BEST.

13:04:45 AND WE KNOW A LOT ABOUT WHY, IN FACT, IT'S FOLKS IN CALIFORNIA AND PEOPLE AT UCSF WHO'VE CONTRIBUTED TO SOME OF THAT RESEARCH A LOT OF IT QUALITATIVE ABOUT WHAT THOSE GAPS ARE AND WHY THEY HAPPEN SO WE KNOW THAT PROVIDERS MISS OR DON'T DETECT

13:05:05 DEMENTIA, IN PART, BECAUSE EDUCATION IS NOT REALLY CAUGHT UP.

13:05:10 SO FOUNDATIONAL EDUCATION IN MEDICAL SCHOOL AND TRAINING ISN'T REALLY ADEQUATE FOR MANY PROVIDERS.

13:05:18 AND THEN A LOT OF PROVIDERS ENDORSE THAT THEY REALLY FEEL UNCOMFORTABLE WITH THE ASSIGNMENT TOOLS THAT ARE AVAILABLE IN THE PROTOTYPE.

13:05:26 AND THERE'S A LOT OF CONFLICTING INFORMATION. I THINK THIS GETS EVEN MORE TRUE WHEN WE'RE TALKING ABOUT POPULATIONS THAT SPEAK A LANGUAGE OTHER THAN ENGLISH OR HAVE VARYING CULTURAL OR EDUCATIONAL BACKGROUNDS.

13:05:38 SO I'M FROM A RURAL AREA. I HAD ONLY A COUPLE YEARS EDUCATION, AND I SPEAK A LANGUAGE OTHER THAN ENGLISH.

13:05:44 THAT MIGHT BE SOMEONE WHO THE TOOLS THAT WE'VE BEEN TRAINED ON.

13:05:47 IF WE HAVE ARE PRETTY, YOU KNOW, INADEQUATE AND INAPPROPRIATE EVEN.

13:05:54 AND SO PEOPLE FEEL UNCOMFORTABLE WITH A LOT OF THE TOOLS THAT THEY'RE SORT OF HANDED TO ASSESS.

13:06:01 TO BEGIN WITH, AND THEN WE KNOW THAT ACTUALLY, THERE'S A LOT OF FOLKS WHO SORT OF INDICATE IN THE CHART THAT THEY THINK THIS IS GOING ON, OR THEY EVEN KNOW THIS IS GOING ON.

13:06:10 BUT IT'S NOT CLEARLY DIAGNOSED, OR DO DISCLOSE TO THE PATIENT.

13:06:15 AND THERE'S SOME EVIDENCE TO SUGGEST THAT THAT HAS TO DO WITH SOME OF THE STIGMA AROUND A DIMENSION DIAGNOSIS AND NIHILISM AROUND WHAT WE'RE GONNA DO ABOUT IT AS A HEALTH CARE TEAM AS A PRIMARY HEALTH CARE TEAM WHEN PROVIDERS WERE ASKED ABOUT WHAT WOULD

13:06:31 HELP TO SUPPORT THEM IN DETECTING AND ADDRESSING DEMENTIA.

13:06:36 64%. THIS WAS AN A CALIFORNIA SAFETY NET STUDY, SAID THAT THEY WERE HIGHLY CONFIDENT IN PROVIDING GENERAL MEDICAL CARE TO PEOPLE WITH DEMENTIA.

13:06:48 SO WE'RE GOING TO USE THE TERM NEURO COGNITIVE DISORDER HERE.

13:06:51 AND CD, BUT WE MEAN DEMENTIA ESSENTIALLY, BUT AROUND SPECIFICALLY FOR THE NEURAL COGNITIVE DISORDER.

13:07:01 ONLY 21% FELT CONFIDENT, HIGHLY CONFIDENT IN RECOGNIZING WHEN A PATIENT HAD DEMENTIA ONLY 13% SAID THEY WERE HIGHLY CONFIDENT IN GIVING AND DELIVERING A DIAGNOSIS, AND THEN ONLY 20% SAID THEY WERE HIGHLY CONFIDENT IN INTERPRETING TEST RESULTS.

13:07:17 SO IT'S A LOT OF THE SAME THEMES OF DISCOMFORT AROUND DETECTING DOING THE CLINICAL ASSESSMENTS AND WITH THE DIAGNOSTIC TOOLS THAT THEY KNOW ABOUT.

13:07:27 AND THEN TALKING, EVEN TALKING ABOUT IT WITH PATIENTS, AND IT'S TAKEN ME A VERY LONG TIME TO GET COMFORTABLE WITH IT.

13:07:35 SO I DEFINITELY UNDERSTAND WHERE THEY'RE COMING FROM. BUT NEXT SLIDE, PLEASE

13:07:42 BUT WE KNOW THAT EARLY DETECTION IS EXTREMELY IMPORTANT IN DEMENTIA.

13:07:49 AS IT IS, YOU KNOW, TIMELY DETECTION IS IMPORTANT IN EVERY CONDITION THAT WE CAN.

13:07:56 YOU KNOW, HELP PATIENTS WITH, AND IT'S A KEY FEATURE OF HIGH-QUALITY CARE.

13:08:03 SO IN DEMENTIA CARE WHERE WE REALLY WANNA EMPHASIZE HOW WE CAN HELP PROVIDERS MAKE TIMELY EARLIER D DIAGNOSES, AND THEY MIGHT OTHERWISE NOT NECESSARILY EARLY BY SOME MEASURE OF THE DISEASE OR PRE-CLINICAL OR SOMETHING LIKE THAT.

13:08:18 BUT CERTAINLY TIMELY WITH REGARD TO THE PATIENTS COURSE WITH THE DISEASE, AND EARLIER THAN WE WOULD HAVE OTHERWISE, AND THAT THIS IS SHOULD BE CONSIDERED A KEY FEATURE OF QUALITY.

13:08:30 CARE FOR THIS CONDITION, AND THE EVIDENCE IS REALLY ABUNDANT THAT EARLY DETECTION DOES ALLOW FOR IDENTIFYING AND TREATING REVERSIBLE CONDITIONS.

13:08:39 THERE AREN'T MANY THAT WOULD TOTALLY REVERSE SYMPTOMS, BUT CERTAINLY MAKE THEM MUCH BETTER.

13:08:45 NOW WE HAVE, OF COURSE, INCREASING OPTIONS POTENTIALLY FOR SLOWING, DECLINED TO DEPEND DEPENDING ON WHAT'S GOING ON WITH THE PERSON, BUT HONESTLY, THINGS LIKE CORRECTING HEARING RADICALLY SLOW DECLINE, YOU KNOW, ENCOURAGING EXERCISE.

13:09:02 SO THESE ARE REALLY, YOU KNOW, DOABLE INTERVENTIONS DEPENDS ON THE PERSON AND THEIR RESOURCES MAY NOT ALWAYS BE AFFORDABLE, BUT THAT, OF COURSE, IS ANOTHER ISSUE.

13:09:14 IT ALLOWS PEOPLE TO BE EDUCATED, LEARN MORE, KNOW ABOUT THEIR HEALTH.

13:09:20 THAT IS A BIG FACTOR AND A LOT OF PEOPLE EXPRESSING SATISFACTION WITH CARE AND FEELING EMPOWERED.

13:09:25 AND MORE TIME FOR CARE, PLANNING, AND AS CLARA WAS SAYING SO MANY OF THE PEOPLE ON THIS CALL AND SO MANY OF THE PEOPLE ON THAT SLIDE AND ORGANIZATIONS THAT YOU SAW ARE THE PEOPLE DOING THIS INCREDIBLY IMPORTANT WORK AROUND REALLY MEANINGFUL CARE PLANNING AND SUPPORT FOR ESPECIALLY CARE PARTNERS OR PEOPLE

13:09:44 IF THEY DON'T HAVE A CARE PARTNER OR CAREGIVER YOU KNOW, MAKING SURE THAT THEY'RE SUPPORTED IN OTHER WAYS IN JUST WHAT'S IMPORTANT IN LIFE, YOU KNOW, PLANNING ALL

ASPECTS OF LIFE, BUT ESPECIALLY THOSE AROUND WHAT MIGHT COME UP WITH INCREASING COGNITIVE AND FUNCTIONAL DECLINE AND SO

13:09:59 ALLOWING PEOPLE, PATIENTS AND FAMILIES TO PREPARE IS A KEY FEATURE OF THIS, AND THEN FINALLY, TIMELY REFERRALS FOR THE EDUCATION THAT WE KNOW MAKES SUCH A DIFFERENCE IN HIGH QUALITY OF LIFE AS PEOPLE HAVE MORE AND MORE SYMPTOMS.

13:10:15 THE CAREGIVER, COUNSELING AND SUPPORT AND SOCIAL SERVICES.

13:10:18 SO WE REALLY WANNA EMPHASIZE THAT AN ANNUAL APPROACH TO SCREENING WITH THE COGNITIVE HEALTH ASSESSMENT WILL LEAD TO TIMELIER IDENTIFICATION AND DIAGNOSIS AND MUCH BETTER OUTCOMES WITH REGARD TO QUALITY OF LIFE TREATING REVERSIBLE CONDITIONS AND MAYBE SOME POINT HERE SOON MORE UNIVERSAL

13:10:38 ACCESS TO CERTAIN TREATMENTS. NEXT SLIDE. PLEASE

13:10:44 THERE'S ALSO SOME, A LOT OF OVERLAP IN MANY OF THE PEOPLE HERE MAYBE ACTUALLY HAVE EDUCATED ME A TON, AND MAY EVEN BE BETTER POISED TO SPEAK ON THIS IN DETAIL, BUT JUST WANTED TO POINT OUT BRIEFLY THAT WE KNOW THAT THERE'S GOING TO BE MORE RESPONSIBILITY FOR FOLKS

13:11:03 INSURERS AND PLANS THROUGH CAL AIM AND OTHER INITIATIVES, TO MAKE SURE THAT YOU KNOW PEOPLE ARE RESPONSIBLE FOR THE CONTINUUM OF CARE.

13:11:14 LONG TERM CARE IS A HUGE ISSUE WITH DEMENTIA. PEOPLE WITH DEMENTIA, LIVING WITH DEMENTIA OR HIGH USERS, OF COURSE, OF LONG-TERM CARE.

13:11:22 AND SO THIS IS A VERY RELEVANT ISSUE. SO HOW DO WE KNOW, HOW DO WE INTERVENE?

13:11:25 SOONER AND HELP DELAY ANY NEED. IF THERE IS GONNA BE ONE FOR LONG TERM.

13:11:31 CARE, YOU KNOW, AS PART OF SOME OF THESE PROGRAMS WITH THE LONG-TERM CARE CARBON AND THE ENHANCED CARE MANAGEMENT PROGRAM.

13:11:39 SO THERE MAY BE SOME OPERATOR TO JUST SYNERGIZE WITH THESE EFFORTS AND THESE NEW WAYS OF CARING FOR FOLKS AND ADDRESSING ALL THE SOCIAL DETERMINANTS OF HEALTH AND OF THEIR NEEDS.

13:11:51 CARE NEEDS THAT AREN'T AS STRICTLY MEDICAL, AND THE DEMENTIA POPULATION IS A KEY ONE.

13:11:56 THAT THIS WOULD BE RELEVANT TO. BUT WHO ARE THOSE FOLKS?

13:12:00 I THINK THAT AGAIN THAT IT KEEPS COMING BACK TO THE ISSUE.

13:12:03 ARE WE IDENTIFYING FOLKS AND ARE WE IDENTIFYING THEM EARLY ENOUGH TO BE MORE RESPONSIBLE FOR THESE ASPECTS OF THEIR CARE?

13:12:09 NEXT SLIDE, PLEASE, AND THEN D SNIPS. I THINK ENROLLMENT IS HIGHER IN SOUTHERN CALIFORNIA.

13:12:17 I KNOW IN NORTHERN CALIFORNIA WE'RE DON'T HAVEN'T SEEN IT AS MUCH, BUT THERE'S ALSO A QUALITY MEASURE AROUND REPORTING, SCREENING FOR DEMENTIA.

13:12:27 SO THE KIND OF HEALTH ASSESSMENT THAT WE'VE DEVELOPED IS AND GIVES PEOPLE THE TOOLS TO DO THAT ANNUALLY COULD BE A WAY FOR PROVIDERS TO MEET THIS QUALITY MEASURE.

13:12:39 SO AS D SNIPS EXPAND FOR DUAL ELIGIBLE RECIPIENTS OR BENEFICIARIES.

13:12:46 EXCUSE ME, I THINK CO. THE COGNITIVE HEALTH ASSESSMENT AND DIMENSION CAREWARE PROGRAM OVERALL COULD BE A REALLY TREMENDOUS RESOURCE, AND WE JUST HOPE THAT AT LEAST OUR RESOURCES AND OUR TOOLS ARE AVAILABLE AT THE SAME TIME, TIMELINE THAT ARE NEEDED FOR FOLKS TO GET ON BOARD WITH THIS BENEFIT

13:13:05 AND REQUIREMENT. NEXT SLIDE, PLEASE

13:13:09 SO I JUST WANTED TO BRIEFLY MENTION, IF YOU GO TO OUR WEBSITE, WHICH WE ARE REVAMPING, AND WE'LL LOOK A LITTLE DIFFERENT WITHIN ABOUT A MONTH.

13:13:19 WE HAVE ONE ONLINE MODULE, WHICH IS THE COGNITIVE HEALTH ASSESSMENT.

13:13:26 AND YOU KNOW, REALLY, REALLY WANT PEOPLE TO BE VERY FAMILIAR WITH THAT AS THEY LOOK AT SOME OF OUR OTHER OFFERINGS.

13:13:32 BUT WITHIN THE NEXT FEW MONTHS WE'LL BE RELEASING ADDITIONAL ONLINE MODULES THAT PROVIDE CONTINUING EDUCATION, CREDITS.

13:13:38 WE'RE REALLY HOPING. THAT'S AN INCENTIVE FOR PEOPLE TO DO THE MODULES AND TO LEARN.

13:13:44 BUT WE'RE REALLY TRYING TO HIT THE CORE AREAS OF NEED AND OF PRACTICAL IMPLEMENTATION FOR PRIMARY CARE.

13:13:51 SO FOR EXAMPLE, HOW DO I DO THIS WITH MY TEAM, SO THAT I IS THE PRIMARY CARE PROVIDER?

13:13:56 I DON'T HAVE TO DO THE WHOLE THING. HOW DO I DO IT?

13:13:59 USING A TELEHEALTH MODEL, AS WE'RE MOVING. I KNOW MY CLINICS MOVING VERY SWIFTLY TO A LOT MORE VIDEO VISITS AND PHONE VISITS.

13:14:07 EVEN I MEAN, EVEN AFTER THE PANDEMIC, WE'RE STILL DOING THIS, ADAPTING THE KIND OF HEALTH ASSESSMENT FOR PEOPLE'S NEEDS AROUND LANGUAGE, DEVELOPMENTAL DISABILITIES, SERIOUS MENTAL ILLNESS, AND OTHER VERY COMMON ISSUES THAT COME UP WHEN YOU'RE DEALING WITH REGULAR PATIENTS DAY TO DAY WHAT TO

13:14:28 DO NEXT AFTER YOU GET A POSITIVE SCREEN FOR THE COGNITIVE HEALTH ASSESSMENT.

13:14:34 SO STARTING TO GET PEOPLE DOWN THE ROAD, OF GETTING TO A DIAGNOSIS, ADVANCED CARE, PLANNING, AND LEGAL RESOURCES, AND THEN WORKING WITH CARE, PARTNERS, AND CAREGIVERS.

13:14:47 AND WE'RE ALMOST AT THE POINT OF RELEASING. WE KNOW EVERYBODY'S GOT A 1 MILLION PODCASTS THAT THEY LISTEN TO.

13:14:53 BUT THIS IS ONE MORE, AND WE'RE MAKING. WE WANT TO MAKE THEM SHORT AND VERY DIGESTIBLE, SO THAT PROVIDERS CAN GET THE INFORMATION AND HEALTHCARE MEMBERS.

13:15:02 TEAM MEMBERS CAN GET THE INFORMATION OR LEARN THINGS ABOUT DEMENTIA AND DEMENTIA WORKUP AND GET CREDIT FOR IT AS WELL.

13:15:09 SO WE'RE OFFERING. CME, SO WE'RE KIND OF TRYING TO PUT IT AS MANY FORMATS AS POSSIBLE.

13:15:12 ALSO TO MAKE SURE THAT PEOPLE GET AS MUCH EXPOSURE TO THE MATERIAL, OR FIND A WAY THAT WORKS FOR THEM TO LEARN IT.

13:15:19 SO DEFINITELY LOOK OUT FOR THAT AND THINK, OKAY, TO GO TO THE NEXT SLIDE

13:15:27 GREAT, AND I WILL PASS IT TO MY DIRECTOR OF OPERATIONS. DANIELLE.

13:15:32 THANKS, ANNA. SO, AS ANNA WAS INTRODUCING BEFORE, WE ARE TRYING TO HAVE ALL THIS CONTENT DELIVERED IN WAYS THAT PEOPLE CAN DIGEST SO ANOTHER WAY THAT WE ARE DELIVERING EDUCATIONAL CONTENT IS THROUGH MONTHLY WEBINARS AS WELL AS ECHO SERIES, THE CASE CONFERENCES THROUGH UC

13:15:54 IRVINE, WE HAVE ONE COMING UP WITH UCSF, AND THEN ALSO THE ALL SAN FRANCISCO HAS THESE ECHO SERIES AS WELL.

13:16:02 WE HAVE A MONTHLY WEBINAR SERIES THAT COVERS TOPICS SIMILAR TO THAT MENTIONED IN THE ADDITIONAL MODULE.

13:16:09 SO IT'S REALLY INTENDED TO BE KIND OF YOU.

13:16:11 CAN YOU CAN ACCESS THIS INFORMATION THROUGH DIFFERENT MOTIVES. SO, OUR UPCOMING WEBINAR, OUR NEXT ONE, IS ON TUESDAY, FEBRUARY THE SEVENTH, AROUND ASSESSING AND CONNECTING WITH THE CAREGIVER.

13:16:22 WE'VE HAD GREAT ATTENDANCE AT THESE WEBINARS, AND HAVE GOTTEN FEEDBACK POSITIVE FEEDBACK FROM ATTENDEES, SO WE'LL BE RELEASING THESE ON A MONTHLY BASIS.

13:16:29 AND ALL OF THESE CAN BE FOUND ON OUR WEBSITE, AND THOSE WHO ATTEND LIVE CAN ALSO RECEIVE CONTINUING EDUCATION, CREDIT AS WELL.

13:16:38 SO IF YOU WANT TO ATTEND, WE HAVE THE QR CODE UP THERE. NOW.

13:16:40 YOU CAN SCAN AND SIGN UP AND REGISTER FOR THE UPCOMING ONE, AND WE ALSO HAVE AN ADDITIONAL ONE.

13:16:45 LATER IN FEBRUARY, I BELIEVE, ON MED LEGAL TOPIC. NEXT SLIDE

13:16:52 AND, AS CLARA MENTIONED BEFORE, WE HAVE THESE PILLARS OF OUR PROGRAM, AND ESPECIALLY A AS A NEWER PROGRAM THAT HAS SPENT, YOU KNOW, APPROXIMATELY, YOU KNOW, 6 TO 8 MONTHS, REALLY GETTING OFF THE GROUND.

13:17:04 TRULY, ONCE WE LAUNCHED IN JULY, WE REALLY WANT TO GET THE WORD OUT TO AS MANY FOLKS AS POSSIBLE.

13:17:10 ALSO CONSIDERING THAT WE ARE A STATEWIDE PROGRAM. SO, WE HAVE A MARKETING TEAM.

13:17:14 WORKING WITH US ON PAID MEETINGS AND ADVERTISEMENT, SO THAT WE CAN REACH A BROAD NUMBER OF PRIMARY CARE PROVIDERS ACROSS THE STATE, SO THEY WILL BE DOING KIND OF TARGETED MARKETING.

13:17:25 VIA ONLINE ADS THROUGH A CAMPAIGN, AND THAT SHOULD START SOMETIME THIS WEEK.

13:17:32 ACTUALLY, BECAUSE WE ARE IN FEBRUARY 2,023. AND WE'RE ALSO WORKING ON A PR CAMPAIGN.

13:17:37 SO TRYING TO FIGURE OUT HOW WE CAN LOG EXISTING MEDIA CHANNELS TO PROMOTE OUR PROGRAM AND THAT ISOLATED TO START SOMETIME IN MARCH.

13:17:45 AND THEN WE'RE ALSO FINALIZING OUR SOCIAL MEDIA POSTS WILL BE ON LINKEDIN AND I BELIEVE FACEBOOK AT THIS TIME.

13:17:51 SO WE'RE FINALLY USING THOSE POSTS NOW TO GO LIVE IN FEBRUARY, REALLY, JUST TRYING TO PUT OUR NAME OUT THERE.

13:17:56 GET AWARENESS AND DRIVE PEOPLE TO OUR WEBSITE, OUR TRAINING AND OUR SERVICES.

13:18:00 ANOTHER WAY THAT WE'RE REACHING FOLKS IS THROUGH OUR PARTNER ORGANIZATIONS.

13:18:05 WE'RE WORKING WITH THE ALZHEIMER'S ASSOCIATION, AS LA, AND ALSO SEE TO CONDUCT RE OUTREACH TO WARMING COLD CONNECTION.

13:18:13 SO THEY ARE WORKING THROUGH SOME OF MAYBE THEIR EXISTING RELATIONSHIPS THAT THEY HAVE TO INTRODUCE THE PROGRAM.

13:18:18 REALLY SPEAKING WITH INDIVIDUALS ABOUT THE PROGRAM. AND YOU KNOW, UNDERSTANDING WHETHER OR NOT HOW TO DRIVE THEM, TO TAKE THE TRAINING AND GET FEEDBACK FROM THEM AS WELL.

13:18:29 WE'RE ALSO ATTENDED ATTENDING CONFERENCES AND EVENTS TO PROMOTE THE PROGRAM, BUT TO PROMOTE DIMENSION CAREWARE.

13:18:35 AND WE'VE ESTABLISHED MAILING LISTS AND LISTS, SERVES THAT FOLKS CAN SIGN UP FOR TO GET REGULAR UPDATES ABOUT UPCOMING PROGRAM ANNOUNCEMENTS AND EVENTS.

13:18:42 NEXT SLIDE.

13:18:45 AND CLARA HAD ALSO MENTIONED BEFORE, AND I DON'T KNOW IF ANNA ALLUDED TO THIS AS WELL, BUT WE HAVE A WARM LINE WHICH WE'RE REALLY EXCITED ABOUT.

13:18:52 IT'S A PROVIDER SUPPORT AND CONSULTATIVE SERVICE.

13:18:55 SO REALLY WANTING TO HELP PROVIDE DECISION-MAKING AND CONFLICTIVE SUPPORT TO CLINICIANS AND KIND OF PRIMARY CARE TEAMS.

13:19:04 CURRENTLY WE HAVE A FORM ON OUR WEBSITE THAT FOLKS CAN FILL OUT WITH QUESTIONS, COMMENTS, CONCERNS, AND WE WILL GET BACK TO THEM WITHIN 2 BUSINESS DAYS WITH ANSWERS, HOPEFULLY SOONER THAN THAT.

13:19:13 BUT UP TO 2 BUSINESS DAYS, JUST TO PROVIDE THEM WITH RESOURCES, FEEDBACK, ANSWER THEIR QUESTIONS, DIRECT THEM TO THE CORRECT PLACE, TO BASED ON THEIR QUESTIONS.

13:19:24 BUT IN MARCH WE ARE FINALIZING A FULL PHONE, WARM LINE.

13:19:30 SO THIS WARM LINE IS INTENDED TO BE A PHONE LINE THAT PROVIDERS CAN CALL BETWEEN THIS HOURS OF 9 AND 5.

13:19:36 NOT EVEN 5 PM. OR THEY CAN GET REAL-TIME SUPPORT WITH ANY QUESTIONS THAT THEY HAVE.

13:19:42 SO SOME EXAMPLES OF POTENTIAL QUESTIONS THAT WE MIGHT RECEIVE ARE IN THESE CUTE LITTLE BLURBS.

13:19:47 SO, IS THE COGNITIVE HEALTH ASSESSMENT COVERED FOR PATIENTS OVER 65 WHO HAVE MEDICARE BUT NOT MEDICAL.

13:19:53 HOW DO I PRIORITIZE POSITIVE COCKTAIL PRIORITIZE AFTER A POSITIVE HEALTH ASSESSMENT?

13:20:00 SO ESSENTIALLY QUESTIONS THAT COULD HELP THEM WORK THROUGH HOW TO IMPLEMENT THE COGNITIVE HEALTH ASSESSMENT IN THEIR PRACTICE.

13:20:07 AND YEAH, WE'RE REALLY EXCITED ABOUT THE SERVICE AND HOPE TO PROVIDE THAT STARTING IN MARCH NEXT SLIDE

13:20:17 SO I LOOK BACK EVERY NOW AND AGAIN, AND THINK, OH, MY GOSH!

13:20:21 WE'VE ACCOMPLISHED SO MUCH, AND IT'S REALLY COOL TO PUT IT HERE ON A THING.

13:20:25 THIS IS NOT EVEN ALL OF IT. BUT THIS IS JUST SOME OF THE HIGHLIGHTS THAT WE THOUGHT WOULD BE IMPORTANT TO SHARE WITH YOU ALL.

13:20:30 BUT WE'VE WE COMPLETED. WE'VE DEVELOPED THE CORE MODULE, AND WE'VE HAD OVER 180 COMPLETIONS AND CLIMBING.

13:20:38 AND AS MY OTHER COLLEAGUES REFERRED TO, WE ARE CREATING ADDITIONAL ONLINE MODULES TO BE RELEASED, WHICH WE'RE REALLY EXCITED ABOUT OUR WEBINARS HAVE BEEN A HUGE HIT.

13:20:47 WE'VE HAD 5 SO FAR, WITH A TOTAL OF 706 ATTENDEES, AND WE WILL BE LAUNCHING AGAIN.

13:20:52 12 MORE, ONE EACH MONTH FOR THE REST OF THE YEAR.

13:20:57 WE ALSO HAVE THE PODCAST, AND WE ARE REALLY JUST DRIVING MORE ENGAGEMENT FOR OUR LIST SERVES.

13:21:03 AND I WAS REALLY EXCITED TO SEE THAT OUR FIRST MONTHLY NEWSLETTER HAD A PRETTY GOOD OPEN RATE, SO WE HOPE THAT PEOPLE ARE CONTINUING TO ENGAGE WITH OUR COMMUNICATIONS AND SUSTAIN THROUGH CONTACT EFFORTS AND OUR COMMUNICATIONS EFFORTS TO REALLY DRIVE FOLKS TO ACCESS THESE REALLY AMAZING RESOURCES THAT WE HAVE BUILT

13:21:21 OR COLLATED SO FAR. NEXT SLIDE

13:21:24 SO KIND OF JUST TO SUMMARIZE ALL OF THE EFFORTS IN A LITTLE BIT OF AN ANALOGY IS THAT WE'RE REALLY RUBBING UP THE DEMENTIA CARE ENGINE. THE SECOND HALF OF 2,022, AS THEY SAID, WE KIND OF WERE GETTING ALL THE PIECES TOGETHER GETTING ALL THE THINGS.

13:21:38 SETTING THE FOUNDATION AND FRAMEWORK FOR OUR PROGRAM WHICH WE BUILT, AND MOST ENTIRELY FROM SCRATCH.

13:21:44 AND WE'RE REALLY EXCITED FOR 2,023. IT FELT LIKE THIS MONTH OF JANUARY WAS REALLY A LOT OF THE MOVING PIECES SLOTTING TOGETHER IN A VERY EXCITING WAY.

13:21:52 AND WE ARE REALLY, WE ARE REALLY EXCITED TO START STRONG THROUGH THIS YEAR AND HIT THE GROUND RUNNING WITH MANY OF OUR INITIATIVES AND NEXT SLIDE

13:22:01 AND SO HOW CAN YOU HELP? WE ALWAYS LOVE A CALL TO ACTION AT THE END OF A PRESENTATION.

13:22:07 BUT WE REALLY WANT FOLKS TO LEARN. SIGN UP FOR OUR NEWSLETTER, RECEIVE UPDATES, REALLY ENGAGE IN SOME OF THE OPPORTUNITIES THAT WE HAVE THROUGH WEBINARS AS WELL.

13:22:17 WE ALWAYS APPRECIATE KIND OF POTENTIATION OF OUR INFORMATION.

13:22:21 WE HAVE OUR LIST SERVES, BUT WE ALL KNOW WE ALL KNOW THAT EVERYONE ON THIS CALL HAS A NETWORK THAT MIGHT BE INTERESTED IN THIS AS WELL.

13:22:27 SO ALWAYS ASKING TO SHARE WITH YOUR NETWORK AND GIVE FEEDBACK.

13:22:30 WE'RE REALLY LEARNING OR ITERATING, WE'RE IN THE EARLY STAGES OF OUR PROGRAM.

13:22:33 SO IF YOU HAVE ANY FEEDBACK, COPYRIGHT QUESTIONS OR CONCERNS, WE ARE ALWAYS WELCOME TO HEAR THOSE AS WELL

13:22:40 I THINK THAT MIGHT BE IT NEXT SLIDE. THANK YOU.

13:22:45 WELL, THANK YOU SO MUCH TO CLARA, DR. CHODOS, AND ALSO DANIELLE.

13:22:52 SHARING WITH THE COMMITTEE ABOUT THE MANAGER. K.

13:22:56 AWARE. IT REMINDS ME BACK IN 1990 YOU SAYS I'VE ACTUALLY HAD A MEMORY CLINIC, AND THAT'S WHEN THEY PIGGYBACK WITH THE CHINESE COMMUNITY TO DO A LOT OF DIANEASTIC WORKUP WITH CHINESE SPEAKING INDIVIDUALS BUT SUSPECTED OF HAVING A DIMENSION SO READ THIS HAS COME A LONG WAY.

13:23:18 SO I JUST HAVE A QUICK QUESTION, AND THEN I WILL TURN TO THE REST OF THE GROUP, YOU KNOW, TO ASK.

13:23:23 SO KNOWING THAT YOU'RE GOING TO HAVE AN ANNUAL COGNITIVE HEALTH ASSESSMENT, WHICH I THINK IS VERY, VERY IMPORTANT.

13:23:31 HAS THERE BE ANY THOUGHTS ABOUT EXTENDING THAT? SO, WHAT IF YOU NEED SOME CONFIRMATION?

13:23:37 WOULD THERE BE ANY KIND OF BRAIN SCAN TO CONFIRM THE DIAGNOSIS, SO THAT FOR SURE, YOU KNOW, THIS INDIVIDUAL IS BEING AFFLICTED WITH YOU MENTIONED

13:23:47 YEAH, WE. SO, FIRST OF ALL, I THINK THE OTHER BIG PICTURE THING ABOUT THE PROGRAM IS WE WANNA REALLY SUPPORT ALL THE OTHER WORK THAT'S ALREADY BEEN DONE FOR SO LONG.

13:24:01 IN DEMENTIA, ACROSS THE STATE, AND THAT INCLUDES, LIKE, YOU KNOW, ALL THE INCREDIBLE ORGANIZATIONS ACROSS THE STATE THAT ARE DOING A LOT OF SUPPORT EITHER FOR A HEALTH CARE OR FOR COMMUNITY ORGANIZATIONS, AND JUST DIRECT TO PATIENTS AND CAREGIVERS SO ONE THING, WE WANT TO HIGHLIGHT IS LIKE CDPH HAS

13:24:18 A TOOLKIT. SAN DIEGO HAS A DIMENSION TOOLKIT FOR THAT.

13:24:23 THEY DEVELOPED WITH, I THINK, LIKE CHAMPIONS FOR HEALTH. IT'S A TOTALLY BEAUTIFUL TOOLKIT, AND THEN THERE'S SOME OTHER INITIATIVES ACROSS THE STATE THAT HELP SUPPORT LIKE THE NEXT STEPS.

13:24:35 WE HAVE A MODULE. WE DID A WEBINAR, AND WE HAVE A MODULE ON WHAT YOU WOULD DO NEXT.

13:24:40 AND HOW YOU WOULD THINK THROUGH WHAT THE NEXT STEPS AND DIAGNOSIS WOULD BE, AND WHAT WE'RE TRYING TO DO CONCEPTUALLY IS REALLY CREATE AND HIGHLIGHT FOR FOLKS' KIND OF LIKE A ROADMAP LIKE, WHERE AM I NOW?

13:24:51 OKAY, I DID A SCREENING. THERE'S THIS RESULT. WHERE AM I?

13:24:54 AND WHAT WOULD THE NEXT STEPS BE? AND YOU KNOW FOR WHOM IS HEAD IMAGING APPROPRIATE AND WHEN CAN I FEEL COMFORTABLE USING CERTAIN WORDS LIKE DEMENTIA AND THEN DEMENTIA DUE TO BLAH BLAH BLAH!

13:25:07 AND YOU KNOW, AND TRY TO ENCOURAGE PROVIDERS AND GIVE THEM THE TOOLS TO BE MORE DIRECT WITH PATIENTS AND CAREGIVERS.

13:25:17 IF THAT'S WHAT'S GOING ON. AND YEAH, I TOTALLY LOOK TO COLLEAGUES HERE LIKE DR.

13:25:22 MOBELEY, WHO HAVE BEEN PART OF OTHER EFFORTS TO LIKE, MAKE THAT PART OF THE WORKUP REALLY CLEAR.

13:25:30 THERE IS A I THINK, THE CDPH TOOLKIT IS LIKE, IF PEOPLE ARE REALLY ALZHEIMER'S TYPICAL, AND ESPECIALLY IN LATER LIFE, THAT I DON'T KNOW THAT THERE'S A STRONGER RECOMMENDATION TO CONFIRM WITH HEAD IMAGING SPECIFICALLY THINGS LIKE THAT BUT WE'RE TRYING TO MAKE

13:25:49 SURE THAT PEOPLE DO HAVE THAT LIST OF THINGS TO DO. AND AT THIS POINT, MAYBE PREVIOUSLY HEAD IMAGING OR CERTAIN DIAGNOSTICS WERE MORE CHALLENGING AND NOW LESS SO.

13:26:00 AND IN FACT, IT'S KIND OF THE OTHER WAY, LIKE WHERE CAN YOU GET AN AMYLOID PET SCAN?

13:26:03 YOU KNOW THERE'S THEIR RESEARCH WAYS TO DO THAT.

13:26:07 HOW CAN WE CONNECT YOU TO A CADC THAT CAN HELP DO NEXT LEVEL DIAGNOSTICS FOR SOME FOLKS?

13:26:14 SO THERE'S ACTUALLY MODEL IN GEORGIA, WHERE THEY BASICALLY CREATED A STATEWIDE HUB TO GET PEOPLE TO ESSENTIALLY MEMORY HUBS ACROSS THE STATE SO THAT THEY WOULD GET THE FULL WORKUP, AND THAT IS A VERY INSPIRING MODEL.

13:26:29 YOU KNOW, IF WE REALLY ENCOURAGE PEOPLE TO SCREEN, WE WANT THEM TO KNOW WHAT NEXT STEPS WOULD BE IN TERMS OF SOCIAL SERVICES IN THEIR AREA.

13:26:35 YOU KNOW, CARRIER SUPPORT AND NEXT LEVEL DIAGNOSTICS.

13:26:38 SO VERY LONG-WINDED ANSWER TO YOUR QUESTION. BUT YES, WE'RE TRYING TO BE CLEAR WITH WHERE PEOPLE ARE IN THEIR IN THEIR ROADMAP, OF DOING THE THOROUGH WORKUP FOR THESE ISSUES.

13:26:51 BUT I GUESS THE BIG MESSAGES. LET'S JUST START ALSO WITH ANNUAL ASSESSMENTS AND SCREENING

13:26:58 THANK YOU SO MUCH. I'D LIKE TO SHOW THOSE ANY QUESTIONS FROM THE COMMITTEE

13:27:08 HOW ARE YOU NEXT

13:27:10 I JUST WANT TO UNDERSCORE. THAT'S SOME REALLY EXTRAORDINARY WORK HAS BEEN DONE IS BEING DONE BETWEEN THE CALAIS PROGRAM AND DEMENTIA CARE WHERE TO IMPROVE CARE ACROSS THE CONTINUUM, FOR PEOPLE LIVING WITH A COGNITIVE IMPAIRMENT AND ENGAGING THEIR CAREGIVERS AND THE NEW

13:27:30 QUALITY MEASURE THAT THE STATE PUT FORWARD. I MEAN, IT'S THAT LOOKS MAYBE VERY BORING ON A SCREEN, LIKE, HOW MANY PEOPLE HAVE YOU HAVE BEEN ASSESSED?

13:27:40 WE COULD TALK ABOUT LIKE, HOW'S THE STATE DEFINING ASSESSMENT?

13:27:43 THAT'S ACTUALLY AN IMPORTANT QUESTION TO BE ASKING. BUT THAT WOULD ACTUALLY BE INCREDIBLY HELPFUL TO THOSE WHO ARE IN THE ADVOCACY.

13:27:51 SPACE TO GET THAT KIND OF INFORMATION CAUSE. THE ANSWER TO THAT SHOULD BE A 100%.

13:27:57 BECAUSE MEDICARE SAYS EVERYBODY SHOULD GET AN ANNUAL MEMORY SCREEN RIGHT AS PART OF THEIR ANNUAL WELLNESS.

13:28:02 VISIT. BUT IT IS NOT HAPPENING, AND SO, IF PLANS START, IT'S FUNNY HOW NO DISRESPECT TO THE PLANS.

13:28:09 IT'S FUNNY HOW ONCE THEY HAVE TO START REPORTING SOMETHING AS A QUALITY MEASURE.

13:28:14 THEN IT GETS THEIR ATTENTION AND THINGS INTERNALLY IN THE PLAN.

13:28:17 START TO SHIFT AROUND, AND IT BECOMES MORE OF A PRIORITY TO GET THAT DONE.

13:28:23 AND IF THOSE INITIAL SCREENINGS WERE REALLY HAPPENING AT THE RATE THEY SHOULD BE, THEN HOW THAT FLOWS INTO ACCURATE DIAGNOSES AND CARE AND SUPPORT! I MEAN IT.

13:28:32 IT REALLY COULD BE A GAME CHANGER. SO, I JUST WANT TO APPLAUD ANNA HER TEAM.

13:28:37 AND THEN, WHAT THEY'RE DOING, AND I KNOW DHS ISN'T HERE.

13:28:39 WITH US TODAY, BUT THERE'S SOME REAL CHAMPIONS WITHIN THEM WITHIN DHCS, AND THEY'VE BEEN GREAT PARTNERS WITH MY ORGANIZATION.

13:28:49 AND IT'S SLOW, BUT WE ARE MOVING IN THE DIRECTION I THINK OF BETTER CARE

13:28:57 THANK YOU, BARBARA, FOR YOUR COMMENT, CATHERINE. YOU NEXT

13:29:02 THANK YOU. GREAT AND VERY INFORMATIVE PRESENTATIONS. THANKS SO MUCH.

13:29:08 WE HEARD EARLIER TODAY ABOUT THE IMPORTANT WORK THAT'S BEING DONE WITH COMMUNITY HEALTH WORKERS AND PROMOTORIES AND WHILE I THINK THEY MIGHT NOT BE DOING THE ASSESSMENT DID, I?

13:29:20 I GUESS I'M CURIOUS WHETHER THERE'S LINKAGES BETWEEN USING THEM SORT OF AS AN OUTREACH TOOL AND A MECHANISM TO GET INTO COMMUNITIES THAT MIGHT BE LESS FAMILIAR WITH THE RESOURCES, AND WONDERED IF ANY OF YOU COULD SPEAK TO THAT

13:29:36 YEAH, I THINK THERE'S HUGE POTENTIAL. WE I DON'T THINK WE HAVE ANY PARTNERS WHERE THAT'S EXACTLY THEIR MODEL, RIGHT?

13:29:44 THAT THAT I'M AWARE OF, AND IT MAY BE HAPPENING SOMEWHERE ELSE IN CALIFORNIA.

13:29:50 SO, THAT'S NOT A SUPER INFORMATIVE ANSWER, BUT IN THERE'S A LOT OF MODELS THAT LEAN VERY HEAVILY ON COMMUNITY HEALTH WORKERS FOR DEMENTIA.

13:29:59 SO THERE'S THE AGING BRAIN CARE MODEL IN INDIANA THAT ESSENTIALLY TRAINED UP COMMUNITY HEALTH WORKERS, PEERS, YOU KNOW, REALLY PURE LITTLE, LIKE MIDDLE AGED AND OLDER PEOPLE TO WORK WITH PEOPLE AT DEMENTIA AND HELP GUIDE CARE PARTNERS VERY SPECIFICALLY AROUND BEHAVIORAL SYMPTOMS AND DEPRESSION AND DIMENSION I

13:30:18 MEAN A REALLY BRILLIANT MODEL, BECAUSE IT'S LIKE THE RIGHT PEOPLE TO BE SUPPORTING PEOPLE WITH DEMENTIA.

13:30:26 AND IT'S THE RIGHT EMPHASIS.

13:30:28 IF YOU WANT TO REALLY IMPROVE QUALITY OF LIFE AND REDUCE, YOU KNOW, QUEUE CARRIES THE OTHER THING THAT MAKES ME THINK OF IS WISCONSIN, I BELIEVE, HAS A MODEL WHERE THEY ARE SCREENING IN THE COMMUNITY SETTING.

13:30:41 SO NOT I DON'T KNOW IF IT'S WITH COMMUNITY HEALTH WORKERS, BUT LIKE FRONTLINE COMMUNITY SERVICE SPECIALISTS DO THE SCREENING AND THEN COMMUNICATE TO PRIMARY CARE OR OTHER MEDICAL SETTINGS LIKE WHAT THEY'VE LEARNED TO HELP BE PART OF THE TEAM AS THEY ALREADY ARE RIGHT AND CARING FOR PEOPLE AND

13:30:59 THEN I THINK A LITTLE BIT ABOUT OUR OWN ECM.

13:31:01 TEAMS THAT USE HEALTH WORKERS REALLY HEAVILY TO IN THE CALIM WORKFLOW THAT THEY'RE DOING TO, YOU KNOW.

13:31:09 GET STUFF DONE AND SUPPORT PEOPLE AND BE NAVIGATORS FOR THEM IN THE COMMUNITY.

13:31:13 SO IT SEEMS LIKE I'M SORRY I MISSED THAT PRESENTATION.

13:31:17 SEEMS LIKE A VERY VIABLE MODEL, IS A VERY LIKE RESOURCE.

13:31:21 SAVVY MODEL TO SUPPORT, BECAUSE HONESTLY, FROM A PRIMARY CARE CLINIC FROM A 4 WALLS APPROACH TO ADVISING PEOPLE GOING TO MENTION, HELPING THEM REALLY GET, YOU KNOW, RESOURCES, SKILLS, EDUCATION CONNECTIONS.

13:31:36 IT'S, YOU KNOW. WE'RE TERRIBLE FROM AN OFFICE SETTING, DOING THAT.

13:31:41 IT'S JUST THE WRONG, THE WRONG PLACE TO BE DOING THAT.

13:31:44 AND THEN MOST PROVIDERS. I WELL SORRY. I HAVE NO IDEA.

13:31:49 MOST MANY PROVIDERS DON'T ACTUALLY HAVE EXPERIENCE CARING FOR SOMEBODY WITH DEMENTIA OR MANY DO.

13:31:56 OF COURSE IT'S EXTREMELY COMMON, BUT I THINK SOME PEOPLE JUST DON'T REALLY KNOW IF IT'S ALL IN THE HEALTH CARE TEAM OR HEALTH CARE PROVIDER.

13:32:04 I THINK SOCIAL WORKERS ARE OBVIOUSLY REALLY VALUABLE WE DON'T EVEN REALLY HAVE A ROBUST SOCIAL WORK SYSTEM WHERE WE ARE I DON'T THINK I'LL PRIMARY CARE.

13:32:10 CLINICS DO, BUT PROVIDERS ARE THE MEDICAL SIDE OF THINGS.

13:32:15 DON'T REALLY, ALWAYS HAVE THOSE SKILLS AND THE COMMUNITY HEALTH WORKERS REALLY DO.

13:32:20 SO I WOULD. I WOULD REALLY THINK THAT WOULD BE AN IMPORTANT AVENUE AND POTENTIALLY VERY FRUITFUL

13:32:28 OKAY, THANKS FOR THAT. APPRECIATE IT.

13:32:31 ANYONE ELSE WOULD LIKE TO MAKE ANY COMMENTS OR QUESTIONS

13:32:39 OR HEARING. NONE. I'D LIKE TO THANK DELTA CHODOS, AND THEN DANIELLE, AND ALSO CLARA, FOR ATTENDING THIS MEETING, AND GIVE US AN OVERVIEW AND SOME UPDATES ABOUT THE DEMENTIA CARE AWARE I'M VERY DEPRESSED BY THE SLIDE DECK THAT YOU PUT TOGETHER.

13:32:55 ESPECIALLY TO CALL TO ACTION. SO AGAIN, JUST TO REMIND EVERYONE, WE NEED TO LEARN TO ENGAGE, TO SHARE, TO GIVE.

13:33:01 SO THAT YOU KNOW I HOPE THEY WILL KNOW MORE ABOUT THIS VERY IMPORTANT VENTURE.

13:33:07 SO, HAVING SAID THAT, I WOULD LIKE TO CONCLUDE THE DISCUSSION ABOUT THIS TOPIC, I'D LIKE TO GIVE IT BACK TO CATHERINE, WHO WILL LEAD THE NEXT DISCUSSION TO FINALIZE RECOMMENDATIONS AND ITEMS FOR SECRETARY GHALY OVER TO YOU

13:33:26 GREAT PRESENTATIONS TODAY JUST REALLY APPRECIATE ALL THE WONDERFUL INFORMATION WE'RE AT THE POINT IN OUR AGENDA WHERE WE'RE GONNA TALK ABOUT SOME RECOMMENDATIONS TO THE TO THE SECRETARY, AS YOU'RE THINKING ABOUT THAT I'D ALSO LIKE YOU TO JUST THINK ABOUT THE 3 OPPORTUNITIES WE HAVE FOR

13:33:47 COMMITTEE ENGAGEMENT BEFORE OUR NEXT MEETING. WE WILL BE DOING A PRESENTATION IN MAY 2023, ABOUT DECISION-MAKING CAPACITY, AND SUPPORTED DECISION MAKING WHICH CAME OUT OF A PIECE OF LEGISLATION LAST YEAR AS ANOTHER WAY TO SUPPORT PEOPLE ARE MAKING DECISIONS IF YOU'RE INTERESTED IN HELPING FRAME

13:34:12 WHAT THAT PANEL PRESENTATION LOOKS LIKE. JUST DROP YOUR NAME IN THE CHAT AND MICHELLE WILL PICK IT UP OR SEPARATELY, EMAIL HER, AND WE'LL BE SETTING UP SOME TIME FOR A SMALL GROUP TO GET TOGETHER TO PLAN THAT PRESENTATION AND THEN THE NOW THERE'S A NATIONAL PLAN TO ADDRESS ALZHEIMER'S

13:34:30 BEEN, WHICH IS RECENTLY BEEN RELEASED, AND WE ARE LOOKING FOR A SUBGROUP TO PUT TOGETHER A PRESENTATION ABOUT THAT AND SO IF YOU'RE INTERESTED AND WORKING ON AND LOOKING AT THE NATIONAL STRATEGY, SO TO SUPPORT FAMILY CAREGIVERS AGAIN, PUT YOUR NAME IN THE CHAT, OR SEPARATELY, TALK TO

13:34:52 MICHELLE, AND WE CAN INCLUDE YOU IN THAT PART OF THE PRESENTATION.

13:34:56 ONE OF THE THINGS THAT I REALLY LIKE ABOUT THIS COMMITTEE IS PEOPLE'S ENGAGEMENT IN HELPING PLAN PRESENTATIONS THAT ARE OF TOPICS OF INTEREST, THAT WERE SORT OF IDENTIFIED AT PRIOR MEETINGS.

13:35:08 AND WE'VE BEEN WORKING OUR WAY THROUGH ALL OF THOSE TOPICS.

13:35:12 AND THEN LAST IS DARRICK AND HIS REMARKS THIS MORNING INDICATED THAT THERE'S THE LONG-TERM SORT OF SERVICES AND SUPPORTS COMMITTEES THAT'S LOOKING AT WAYS TO ADDRESS SOCIAL ISOLATION AND OTHER CARE ISSUES THAT WERE SORT OF BROUGHT TO THE FOREFRONT IN

13:35:32 THE PANDEMIC. DARRICK IS OUR PRIMARY.

13:35:36 LINK ON TO THAT COMMITTEE. THANK YOU FOR DOING THAT, DARRICK, BUT WE NEED A SECOND PERSON.

13:35:41 SO IF YOU'RE INTERESTED IN PARTICIPATING IN THAT, PLEASE, PLEASE ALSO LET MICHELLE KNOW OR DROP IT IN CHAT, AND WE CAN KIND OF GET THE RIGHT PEOPLE IN IN THE RIGHT PLACE TO

CONTINUE THE GOOD WORK WE'RE DOING IN BETWEEN OUR QUARTERLY OUR QUARTERLY MEETINGS
SO

13:35:58 YOU HEARD DR. GHALY SAY HE WOULD SPECIFICALLY WELCOME OUR ADVICE ABOUT THE
COMMUNITY HEALTH WORKER PROMOTORIES THAT WE'VE HEARD A LOT OF PRESENTATION ABOUT.

13:36:11 SO THAT'S ONE TOPIC. AND THEN SEVERAL ITEMS CAME UP IN THE LEGISLATIVE PLATFORM,
INCLUDING THE COMPOSITION OF THIS COMMITTEE.

13:36:19 IF WE WANT TO GIVE ANY ADVICE ABOUT THAT, WE ARE FRED IN THE LEGISLATIVE
PRESENTATION AS WELL AS IN THIS SORT OF THE PROGRESS INTO MEDICARE, AWARE AND WHAT MAY
NEED TO HAPPEN LONG TERM, AND CONNECTIONS BETWEEN THAT AND THE OTHER RESEARCH
DIMENSION RESEARCH, CENTER, SO JUST OPENING IT UP FOR ANY OF

13:36:40 THOSE TOPICS AS WELL AS OTHERS, THAT YOU MIGHT WANT TO HAVE INCLUDED IN THE LIST
OF ITEMS THAT WE SEND AS A REPORT TO THE SECRETARY AFTER EACH MEETING, AND THANKS IN
ADVANCE TO MICHELLE AND JULIE, WHO HELP PUT THAT THAT LIST TOGETHER. SO, I'LL OPEN IT UP FOR
PEOPLE'S IDEAS

13:37:02 DEREK

13:37:03 YEAH, LIKE TO KIND OF TALK MORE ABOUT THE IDEA OF HAVING OFFICE CELL PHONE BRAIN
HEALTH, I THINK, IS A VERY IMPORTANT NO NOT ONLY IN THE SENSE OF PREVENTING, YOU KNOW, ANY
DETERIORATION IN DIMENSION, BUT ALSO IN TERMS OF THE GENERAL HEALTH OF INDIVIDUAL SO SAY
FOR EXAMPLE, WE ALL ASKED TO HAVE AN

13:37:32 ANNUAL FEASIBLE CHECKUP, SO MIGHT HAVE BUT WORK AND THAT KIND OF STUFF TO
DETERMINE WHAT WE HAVE BY CHOLESTEROL OR HYPERTENSION, OR A HIGH SUGAR, RIGHT?

13:37:43 SO. BUT IMAGINE YOU KNOW THIS LIKE THIS GRAPHIC, WHICH YOU SAYS I'VE PUT TOGETHER
IS WRAPPING THE ENGINE.

13:37:51 SO IMAGINE OUR BRAIN IS THE MAIN ENGINE OF THE BODY, SO IT MAKES SENSE TO ME.

13:37:56 THAT'S THAT WE SHOULD HAVE A REGULAR BRAIN SCAN, SO THAT WE KNOW EXACTLY
WHAT'S GOING ON, AND WE CAN HAVE A LOT OF IDEA HOW TO PREVENT THINGS FROM GETTING
WATER, SO THAT'S MY PLEASE TO THIS GROUP IS TO SEE IF WE CAN YOU KNOW TALK TO DR.

13:38:14 GALLEY, AND HAVE THIS PUT INTO CONSIDERATION

13:38:17 THANKS FOR THANKS FOR THE COMMENT. DEREK, AND THE GOOD THINKING THAT YOU'VE
BROUGHT TO THE IMPORTANCE OF BRAIN HEALTH AND PEOPLE BEING AWARE OF, YOU KNOW, ANY
UNDERLYING CONDITIONS.

13:38:29 AND SO FORTH, SO THANKS FOR THAT OTHER COMMENTS. DR.

13:38:33 MOBLEY

13:38:34 WELL, JUST TO JUST RESPOND TO DARRICK. I THINK I MIGHT REFRAME THE THOUGHT AS FAR
AS WHAT DATA DO WE HAVE?

13:38:47 WHAT RIGOROUS EVIDENCE-BASED DATA DO WE HAVE THAT TEACHES US WHAT IS USEFUL IN TERMS OF PREDICTING AND RESPONDING TO CHANGES IN COGNITION WITH AGING IT?

13:39:03 MAY BE. FOR EXAMPLE, THE BRAIN SCAN. IT'S NOT VERY SENSITIVE, IN FACT, AND THE VERY EARLY STAGES OF DEMENTIA, OR PRECEDING DEMENTIA.

13:39:15 THERE CAN BE CHANGES IN BLOOD, BIOMARKERS THAT MIGHT BE MUCH MORE INFORMATIVE THAN BRAIN SCAN.

13:39:19 SO I THINK IT'S REALLY. AND ANNA AND CLARA AND OTHERS PART OF THE DEMENTIA CARE WHERE I THINK THAT'S A GOOD PLACE FOR THAT DISCUSSION TO HAPPEN, BECAUSE ULTIMATELY GUIDELINES THAT WILL SORT OF SUPPORT PCPS MIGHT WELL INCLUDE A RICH SORT OF DISCUSSION AROUND WHAT

13:39:42 BIOMARKERS WHAT OTHER MEASURES MIGHT BE USED TO PREDICT THE ONSET?

13:39:46 OF ALZHEIMER'S DISEASE, OR OTHER DEMENTIA, OR IN THE EARLY STAGES, WHAT ADDITIONAL TESTS MIGHT BE USED TO CHARACTERIZE THE EXTENT OF THE OF THE DAMAGE.

13:39:57 SO I THINK THIS IS FUNDAMENTALLY A QUESTION FOR NEUROLOGISTS, FOR THOSE WHO STUDY THE BRAIN TO KIND OF COME UP WITH A REALLY A RICH SET, A VERY INFORMATIVE BIOMARKERS

13:40:11 THANKS FOR THAT, AND I THINK ERIC WAS. DARRICK WAS TALKING, YOU KNOW, KIND OF IN THE WAY YOU WERE OF THINKING ABOUT WHAT REPRESENTS GOOD BRAIN HEALTH, AND HOW WE MIGHT ASSESS THAT.

13:40:22 BUT THINKING THAT THAT SHOULD BE PART OF THE THINGS THAT ARE LOOKED AT DURING A PERSON'S ANNUAL PHYSICAL EXAM IS A WAY OF IDENTIFYING, YOU KNOW, HELPING IDENTIFY EARLY SIGNS OF DEMENTIA OR OTHER BRAIN CHECKS. RIGHT?

13:40:41 SO THINK THAT I THINK THAT'S A GOOD ADDITION. SO, THANK YOU FOR THAT.

13:40:45 OTHERS HAVE COMMENTS THAT THEY WANT TO RAISE WITH DR. GHALY.

13:40:54 ANDREA, I THINK YOU USE YOU. WHEN HE WAS SPEAKING YOU TALKED ABOUT THE IMPORTANCE I THINK, OF ENSURING THAT AS WE THINK ABOUT COMMUNITY HEALTH WORKERS THAT WE THINK ABOUT ORGANIZATIONS THAT MAY BE SMALLER, BUT VERY WELL CONNECTED TO LOCAL COMMUNITIES AND THE STRENGTH THAT THOSE ORGANIZATIONS CAN BRING TO PROVIDING INFORMATION BEING A

13:41:21 REFERRAL IDENTIFYING PLACES THAT PEOPLE CAN BE REFERRED. SO, IF I'M SUMMARIZING THAT CORRECTLY, I JUST WANNA MAKE SURE THAT THAT GETS THAT THAT GETS ADDED TO THE LIST OF THINGS THAT THAT WE INCLUDE IN THE IN THE FORMAL REPORT SO FEEL FREE TO ADD OTHER TO THAT

13:41:36 YEAH, YES, YES, AND NOT ONLY THAT. WHAT ARE THE BARRIERS THAT KEEP SMALL ORGANIZATION FROM TAP INTO THE RESOURCES AND THE FUNDING SOURCE?

13:41:49 BECAUSE WE ASSUME THAT COMMUNITIES UNDERSERVED COMMUNITIES ARE GETTING THESE FUNDS.

13:41:56 BUT IF THERE'S A BARRIER FROM THEM GETTING THESE FUNDS, THEN THE WORK IS NOT BEING DONE, AND THEN THEY HELP US UNDERSTAND.

13:42:04 WHY FOR YEARS THAT THEY'RE STILL NOT BEING FUNDED THROUGH OUR COMMUNITIES, I MEAN, THERE'S JUST NOT A LOT OF FUNDS IN OUR COMMUNITY.

13:42:15 AND IT COULD BE BECAUSE THERE'S A BARRIER AND A MORE UPPER LEVEL, YOU KNOW, BETWEEN, YOU KNOW BETTER ON STATE OR THAT ARE THE ORGANIZATION THAT'S GETTING THE FUNDS.

13:42:26 AND THEN THE PEOPLE THAT'S TRYING TO TAP INTO THEIR RESOURCES.

13:42:29 THEY'RE NOT ABLE TO. MAYBE THEY'RE NOT QUALIFIED.

13:42:32 I DON'T KNOW, BUT THERE'S DEFINITELY A DISCONNECT BECAUSE IT'S NOT TRIPLE THEM DOWN TO THE COMMUNITIES THAT NEED IT.

13:42:39 OKAY, THANK YOU FOR THAT. AND I THINK I THINK THERE'S WISDOM IN THAT ONE WE'RE THINKING ABOUT THE COMMUNITY HEALTH WORKER PROJECTS.

13:42:47 SO KEEPING A QUALIFICATION SUCH THAT INDIVIDUALS FROM DIVERSE COMMUNITIES CAN BE IDENTIFIED AS MEDICAID PROVIDERS.

13:42:58 COMMUNITY HEALTH SERVICES. AND I THINK THAT'S ONE OF THE CHALLENGES THAT JAMES AND OTHERS ARE TRYING TO FIGURE OUT.

13:43:06 HOW, HOW DO YOU? HOW DO YOU DO THAT? SO, I APPRECIATE

13:43:09 JUST ONE YEAH, AND JUST ONE ON THE POINT. AND SO THAT REALLY HELP PEOPLE UNDERSTAND SYSTEMIC ISSUES.

13:43:19 BECAUSE IF THERE'S BARRIERS WITHIN THE SYSTEM, THEN THE FUNDS ARE NOT GETTING INTO THE COMMUNITY.

13:43:27 AND THIS IS A. THIS IS A SYSTEMIC ISSUE, YOU KNOW.

13:43:31 IT'S BIG, IT'S REALLY BIG.

13:43:35 SO, AND IT ONLY MAKES SENSE FOR THEM TO PARTNER TOGETHER TO MAKE SURE THE WORK GETS OUT THERE TO UNDERSERVE COMMUNITY.

13:43:46 AND I'M TALKING ALL UNDER SERVED COMMUNITY

13:43:50 THANK YOU.

13:43:50 OKAY, THANKS. THANK YOU, PAM. I KNOW EARLIER YOU MENTIONED THE IMPORTANCE OF THE TRAINING OF PHYSICIANS FOR EARLY DIAGNOSIS AND TREATMENT, AND WE JUST FINISHED THAT GREAT PRESENTATION ABOUT DEMENTIA CARE WHERE I DIDN'T KNOW IF YOU HAD ANY.

13:44:09 ANY COMMENTS OR HOPE. HOPE. HAVING HEARD THAT PRESENTATION ABOUT WHAT THE FUTURE MIGHT TELL.

13:44:15 BUT REALLY INTERESTED IN YOUR PERSPECTIVE. TO ADD TO THE REPORT

13:44:18 YEAH. YOU KNOW, I THINK THAT ONE THING THAT CAME TO MIND, AND I DON'T EVEN KNOW IF IT'S APPROPRIATE IS WHEN I STARTED GOING THROUGH, YOU KNOW, FILLING OUT LIKE I HAD SOME SOMETHING GOING ON.

13:44:33 AND MY HUSBAND AND I KIND OF FIGURED SOMETHING WAS GOING ON.

13:44:36 I MADE THE MISTAKE OF GOING TO THE DOCTORS BY MYSELF, AND I DON'T THINK WE'VE TALKED ABOUT THAT AT ALL.

13:44:44 AND I WAS TRYING TO FIGURE OUT A WAY TO KIND OF, YOU KNOW.

13:44:48 TALK ABOUT THAT A LITTLE BIT, AND I ALREADY MENTIONED EARLIER THAT YOU KNOW I WENT TO MY PRIMARY CARE, AND HE SAID YOU KNOW YOU DON'T LOOK LIKE YOU HAVE ALZHEIMER'S.

13:44:57 THANKFULLY HE DID REFER ME TO A NEUROLOGIST, AND I DID GO TO THE NEUROLOGIST AND HEY, KEN, I WENT TO LOAN, AND IT, I THINK THAT THERE'S GOTTA BE.

13:45:08 I WAS. I KIND OF WANTED TO JUMP IN AND TALK ABOUT THE PAPERWORK, OR, YOU KNOW, LIKE, DOES IT SAY IN IN, YOU KNOW, WHATEVER'S WRITTEN DOWN THAT MAKE SURE YOU HAVE SOMEBODY WITH YOU.

13:45:20 MAKE SURE YOU HAVE A COMPANION WITH YOU. MAKE SURE YOU HAVE SOMEBODY THAT KNOWS YOU, NOT JUST SOMEBODY DRIVING WITH YOU, BECAUSE MY HUSBAND WAS THE ONE THAT WAS LIKE.

13:45:29 WELL, WAIT A MINUTE, YOU KNOW THIS IS, YOU KNOW, THERE'S MORE THAT'S GOING ON WITH THIS, BECAUSE I CAN'T.

13:45:35 AND I WASN'T I COULDN'T. I WASN'T ARTICULATING WHAT I NEEDED TO.

13:45:39 YOU KNOW WHAT I NEEDED TO SAY, SO I THAT WAS ONE OF THE THINGS THAT THAT YOU KNOW, THAT POPPED INTO MY MIND, AND THE OTHER THING IS, I'M JUST REALLY CURIOUS ABOUT UCSF.

13:45:50 AND BECAUSE THAT'S MY HOSPITAL, AND THAT'S WHERE I GOT MY DIAGNOSIS.

13:45:54 AND THAT'S WHY I'VE HAD ALL MY I'VE HAD 2 CLINICAL TRIALS THERE.

13:46:00 AND YOU KNOW, I JUST I WOULD LIKE TO BE MORE INVOLVED IN SOME OF THAT.

13:46:04 BUT I DON'T REALLY KNOW HOW TO, AND I KNOW I DON'T HAVE THE ABILITY TO GET THERE BY MYSELF AND ALL THAT OTHER KIND OF STUFF.

13:46:10 SO I WAS. I WAS I WAS LISTENING, AND LIKE TRYING TO FIGURE OUT LIKE WHAT MAKES SENSE, YOU KNOW, FOR ME, OR FOR ME TO LIKE SHARE WHAT'S GOING ON WITH ME WITH MY STORY.

13:46:19 AND DEFINITELY THINGS HAVE CHANGED IN THE LAST YEAR, QUITE FRANKLY.

13:46:23 I MEAN I KNOW THAT I'M GOING DOWNHILL, BUT AT THE SAME TIME I CAN STILL DRIVE, AND I CAN STILL COOK, AND I CAN, YOU KNOW, TAKE CARE OF MYSELF.

13:46:31 BUT I'M JUST. I'M HAPPY TO BE HERE, SO I DON'T KNOW IF I ANSWERED YOUR QUESTION, BUT THERE'S JUST A LOT OF YOU KNOW INS AND OUTS OF THIS WHOLE THING.

13:46:39 THAT'S KIND OF FRUSTRATING AT TIMES.

13:46:41 YEAH. SO, I THINK I THINK THE POINT IS LIKE, HOW DO WE?

13:46:45 HERE'S WHAT I HEARD LIKE IN SOME WAYS. HOW DO WE?

13:46:49 SUPPORT PEOPLE WHO ARE GOING THROUGH THE PROCESS OF GETTING AN ASSESSMENT AND ENCOURAGE THE USE OF SUPPORTER.

13:46:58 I'LL JUST SAY THE WORD SUPPORTER GENERALLY, AND THAT COULD BE A FAMILY MEMBER OR SOMEONE ELSE THAT NO?

13:47:00 YEAH.

13:47:03 WELL RIGHT, AND THAT THOSE KIND OF CONNECTIONS ARE IMPORTANT, PARTICULARLY WHEN WE'RE FOR ALL OF US WHEN WE'RE EMBARKING ON SOMETHING STRESSFUL OR UNKNOWN, ETC.

13:47:12 YEAH, YEAH.

13:47:14 SO I THINK I THINK WE CAN FIND A WAY TO INCLUDE THAT IN THE REPORT.

13:47:18 SO THANKS FOR THAT.

13:47:18 YEAH, AND I WAS WONDERING IF YOU KNOW THEY WANTED TO MAKE THAT LIKE THEY HAVE TO HAVE SOMEBODY WITH THEM, YOU KNOW, LIKE THEY CAN'T GO TO THE DOCTOR UNLESS THEY HAVE SOMEBODY THAT'S WITH THEM, SO THAT THEY CAN BOUNCE BACK AND YOU KNOW, BOUNCE, BACK AND FORTH.

13:47:34 LIKE I SAID I DON'T REMEMBER WHAT I DID OR DIDN'T SAY THAT ONCE I GOT TO THE DOCTOR, YOU KNOW I GOT MY DIAGNOSIS.

13:47:42 THEN WE KNEW, AND THEN WE KIND OF WENT DOWN THE PATH.

13:47:44 BUT YEAH, THANKS FOR ASKING

13:47:46 YEAH, PERFECT THANKS FOR THANKS FOR JOINING AND PARTICIPATING WE HAVE BARBARA.

13:47:50 AND THEN SALLY

13:47:52 I'M JUST WONDERING IF WE COULD INCLUDE SOME LANGUAGE KEEPING IN MIND THE POINT THAT THE DEMENTIA CAREWARE FUNDING IS IN SOON.

13:48:01 THERE'S SO MUCH GOOD WORK THAT THIS PROGRAM IS GENERATED.

13:48:05 I DON'T WANT TO SEE IT JUST DISAPPEAR AND THAT FUNDING IS GONE.

13:48:09 SO I'D LOVE THE SECRETARY TO START THINKING NOW ABOUT HOW TO MAINTAIN AND BUILD ON WHAT DEMENTIA CARE, WHERE THEIR WORK.

13:48:22 SO I DON'T KNOW IF THAT'S ASKING FOR FUNDING TO KEEP IT GOING OR JUST THINKING ABOUT, HOW CAN YOU INTEGRATE THEIR WORK INTO ONGOING PROGRAMS.

13:48:31 BUT I JUST SOME LANGUAGE AROUND YOU KNOW. LET'S NOT LOSE.

13:48:35 OH, A GOOD ONE!

13:48:34 SO, MAYBE IT'S LIKE THE WORK IS IMPORTANT, AND YOU KNOW THE EFFORTS THAT ARE ADVANCING KIND OF THE SCREENING AND ASSESSMENT SHOULD BE BUILT UPON AND CONTINUE SOMETHING LIKE THAT, AND WE DON'T YET KNOW WHAT FORM THAT WOULD TAKE BUT I THINK WORTHY OF A RECOMMENDATION.

13:48:50 RIGHT.

13:48:52 SO PERFECT. THANK YOU, BARBARA. SALLY

13:48:57 YES, SPEAKING TO PAM, AND PERHAPS BECAUSE I'M AN ATTORNEY, I HAVE A LITTLE DIFFERENT APPROACH OR THOUGHTS ABOUT IT.

13:49:07 AS FAR AS BRINGING SOMEBODY INTO THE PHYSICIAN, THERE IS ALWAYS A CONCERN, AND I HAVE SEEN IT HAPPEN WHERE THAT MAY BE.

13:49:19 A FAMILY MEMBER WHO IS TRYING FOR THAT PHYSICIAN TO SAY, HEY, MOM IS INCAPACITATED BECAUSE THEY'RE TRYING TO EXERT UNDO INFLUENCE OVER THEM.

13:49:32 SO IT JUST AS I, AS AN ATTORNEY. IT IS EXTREMELY CRITICAL.

13:49:37 MANY TIMES THOSE OLDER ADULTS COME TO ME BY THEIR CHILDREN.

13:49:43 IT'S CRITICAL THAT I TELL THEM I MUST MEET WITH THAT OLDER ADULT ALONE.

13:49:49 I HAVE TO BE SATISFIED THAT THEY HAVE MENTAL CAPACITY OF WHAT THEY'RE DOING IS OF THEIR OWN INITIATIVE

13:49:59 AND YOU KNOW, PARTICULARLY WHEN IT WAS THE DOCTOR CHOSE WHO WAS SAYING THE NUMBER OF PRACT PRIMARY CARE PHYSICIANS DON'T UNDERSTAND OR APPRECIATE WHO DOES AND DOESN'T HAVE CAPACITY.

13:50:17 THAT NUMBER IS PRETTY FRIGHTENING. SO, I THINK IT'S I.

13:50:24 I UNDERSTAND. I THINK IT IS IMPORTANT TO HAVE AT ANY CRITICAL LIFE MEDICAL EVENT, TO HAVE SOME FAMILY MEMBER OR A GOOD FRIEND TO COME WITH YOU TO THE PHYSICIAN.

13:50:38 OF APPOINTMENTS. I KNOW WHEN MY DAD GOT SICK MY MOM GOT SICK.

13:50:43 I ATTENDED EVERY SINGLE APPOINTMENT WITH THEM, BECAUSE THEY CAN'T THINK VERY CLEARLY AT THOSE TIMES, SO THEY NEED SOMEBODY. SO, I'M JUST SAYING AT LEAST THE FIRST VISIT THE DOCTOR HAS TO MAKE THAT ASSESSMENT ON THEIR OWN

13:50:56 YEAH, I THINK I MEAN, I THINK THAT YOU KNOW, LIKE, SO WE ALL AGREE.

13:51:00 SUPPORTS IMPORTANT, AND WE ALSO ALL AGREE THAT WE DON'T WANT PEOPLE TAKEN ADVANTAGE OF, AND THAT MAYBE A COMPONENT OF THE TRAINING IS SORT OF HELPING PHYSICIANS

THAT MIGHT BE DOING THIS ASSESSMENT OR TALKING WITH SOMEONE UNDERSTAND WHEN THE PERSON IS ABLE TO THINK FOR THEMSELVES AND WHEN ONE SHOULD BE WHAT ARE SOME

13:51:21 RED FLAGS FOR A TIME WHEN MAYBE THERE SHOULD BE A SEPARATE CONVERSATION, SO THAT YOU COULD DO AN ASSESSMENT WITHOUT SUPPORTER BEING THERE.

13:51:29 SO COMPLICATED ISSUES THAT I THINK WILL COME UP AND THANK YOU FOR VOLUNTEERING FOR OUR NEXT.

13:51:34 OUR NEXT, PRESENT, OUR PRESENTATION NEXT MONTH, ON CONSENTING CAPACITY.

13:51:39 YOU'RE WELCOME.

13:51:38 SO THAT'D BE GREAT. THANK YOU, CLARA.

13:51:42 YES, I JUST WANTED TO SAY I'M SO APPRECIATIVE AND GRATEFUL TO HEAR FROM ALL OF YOU, AND PAM.

13:51:49 IT WAS REALLY GREAT TO HEAR YOUR STORY, SO THANKS FOR SHARING.

13:51:52 I WANTED TO EMPHASIZE THAT THE COGNITIVE HEALTH ASSESSMENT, THAT DIMENSION CAREARE HAS DEVELOPED.

13:51:57 IT'S REALLY LOOKING FOR 3 MAIN COMPONENTS WHERE WE'RE ASKING PROVIDERS TO DO A COGNITIVE SCREENING, A FUNCTIONAL SCREENING AND THEN THIRD COMPONENT IS ACTUALLY THE PATIENT SUPPORT SYSTEM.

13:52:08 BUT THAT'S KIND OF THE 3 MAIN COMPONENTS THAT ARE HIGHLIGHTED WITHIN THE COGNITIVE HEALTH ASSESSMENT.

13:52:12 AND I THINK THAT REALLY GETS TO ALL OF YOUR GREAT POINTS ABOUT HOW THE PATIENT SUPPORT SYSTEM IS AN INCREDIBLY KEY COMPONENT THAT OFTEN GETS MISSED.

13:52:21 AND THAT'S WHY, AGAIN, WE'VE DEVELOP THIS TRAINING.

13:52:23 WE'RE DOING ALL THIS GREAT WORK TO TRY TO ADVOCATE FOR IT AND SPREAD IT TO ALL THE DIFFERENT PRIMARY CARE PROVIDERS.

13:52:31 I JUST WANT TO EMPHASIZE KIND OF WHAT BARBARA AND JARED AND OTHERS HAVE BROUGHT UP.

13:52:36 WE OBVIOUSLY DID RECEIVE FUNDING, BUT OUR FUNDING HAS TO BE USED BY THE END OF MARCH 2024.

13:52:42 SO WE KIND OF SEE THAT AS A VERY SCARY CLIFF THAT'S COMING DOWN THE PIPE FOR US, SO WE WOULD LOVE ALL OF YOUR THOUGHTS AND INPUT ON HOW I CAN CONTINUE OUR EFFORTS, BECAUSE, AS YOU ALL CAN IMAGINE, GETTING A STATEWIDE PROGRAM TOGETHER, IT TAKES SO MUCH EFFORT IN TIME I WOULD HATE TO SEE

13:52:56 THAT ALL GO TO WASTE. WE'VE DEVELOPED SOME REALLY GREAT MOMENTUM AND TO CONTINUE WITH THAT CAR ANALOGY, I FEEL LIKE WE'RE JUST NOW GETTING OFF OF THAT STARTING LINE.

13:53:04 AND I WOULD REALLY LIKE THAT TO CONTINUE AND NOT HAVE TO STOP AFTER JUST, YOU KNOW, A MILE INTO THE ROAD. SO DEFINITELY APPRECIATE ALL YOUR GUYS'S INPUT AND SUPPORT SOMETHING TO

13:53:14 TERRIFIC THANKS. THANKS FOR THAT OTHER COMMENTS FROM A COMMITTEE MEMBERS ABOUT WHAT WE WANT TO INCLUDE IN THE REPORT

13:53:25 OKAY. I'M NOT SEEING ANY OTHER HANDS, AND I THINK WE ARE NOW AT ANOTHER OPPORTUNITY TO HEAR FROM ANY MEMBERS OF THE PUBLIC THAT WANT TO SPEAK.

13:53:38 SO IF WE COULD ASK SO THE CDA FOLKS TO FACILITATE THAT THAT WOULD BE GREAT

13:53:50 PERFECT, SO JUST REMINDING EVERYONE YOU CAN USE THE Q A FUNCTION TO ASK THE QUESTION OR SELECT THE RAISE HAND.

13:53:57 ICON AND WE WILL UNMUTE YOUR LINE IF YOU'RE JOINING BY PHONE, YOU CAN PRESS STAR 9 ON YOUR DIAL PAD AND RAISE YOUR HAND, AND WE'LL CALL IT THE LAST 4 DIGITS OF YOUR PHONE NUMBER.

13:54:07 I'M SEEING ONE HAND RAISED CURRENTLY FOR JANET VAN ZOEREN.

13:54:12 JANET, I'VE UNMUTED YOUR LINE, AND JUST GET YOU TO UNMUTE YOURSELF AS WELL, AND GO AHEAD

13:54:17 HELLO! I JUST WANTED TO COMMENT ON THE DEMENTIA CARE OF PROGRAM.

13:54:25 IT SOUNDS LIKE THEY'RE DOING WONDERFUL WORK, AND I'M SO PLEASED TO SEE THAT THAT'S BEING DONE FOR THE FOR THE GENERAL POPULATION.

13:54:35 I HOPE THAT THEY WILL CONTINUE, AND I HOPE THAT IF IT DOES CONTAIN THAT THEY TAKE ON ALSO.

13:54:42 ADDRESSING THE NEEDS OF THOSE PEOPLE WHO ALREADY HAVE COGNITIVE DEFICITS, AND ALSO NEED FOR DEMENTIA.

13:54:54 AND ALL THE WONDERFUL THINGS THAT THE PROGRAM IS DOING FOR EVERY ONE ELSE NEEDS TO BE DONE FOR PEOPLE WITH DOWN SYNDROME AND FOR THOSE WITH IDD, WHO ALSO DEVELOPED TO MENTION.

13:55:07 SO I JUST NEED TO PUT THAT PLUG IN FOR THAT ALSO.

13:55:11 ANOTHER COMMENT. I FORGOT NOW WHO MADE THE COMMENT ABOUT THE DIAGNOSIS, AND CHECKING FOR OTHER THINGS WHEN SOMEONE IS THOUGHT TO HAVE ALZHEIMER'S OR THAT TYPE OF DEMENTIA.

13:55:32 MY DAUGHTER HAS HAD AN EXPERIENCE WITH DEMENTIA, AND WAS AT 1 POINT DIAGNOSED BY NEUROLOGY AS HAVING ALZHEIMER'S.

13:55:44 SHE. WE WERE TOLD THAT SHE HAD ALZHEIMER'S BECAUSE SHE HAD DOWNS.

13:55:48 WE DIDN'T THINK SHE HAD ALZHEIMER'S.

13:55:51 WE KNEW THAT SHE HAD DOWNS HER SYMPTOMS DIDN'T MATCH, SO WE KEPT PURSUING WHAT WAS GOING ON, AND IT TURNED OUT THAT SHE HAD A METABOLIC DEMENTIA, A TYPE OF DEMENTIA THAT CAUSES METABOLIC ABNORMALITIES THAT RESULTED IN

13:56:12 DEMENTIA, AND THAT TYPE OF DEMENTIA CAN BE DIMINISHED.

13:56:19 ENORMOUSLY THROUGH MEDICATION. IT TURNS OUT THAT SHE HAS ADDISON'S DISEASE, WHICH MEANS THAT HER ADRENAL GLANDS WERE NOT PRODUCING ENOUGH CORTISOL.

13:56:30 AND NOW THAT SHE'S ON TREATMENT FOR CORTISOL, SHE'S RECOVERING FROM DEMENTIA.

13:56:36 WHETHER OR NOT SHE'LL EVER REGAIN THE COMPETENCIES THAT SHE ONCE HAD IS STILL QUESTIONABLE.

13:56:43 BUT THE IMPROVEMENT HAS BEEN VERY REMARKABLE, SO IT'S VERY IMPORTANT THAT WHEN SOMEONE IS DIAGNOSED WITH ALZHEIMER'S THAT OTHER TYPES OF DEMENTIA ARE RULED OUT.

13:56:55 THANK YOU.

13:56:56 THANKS FOR THANKS FOR YOUR COMMENT. ARE THERE ANY OTHER COMMENTS FROM MEMBERS OF THE PUBLIC

13:57:04 NOT CURRENTLY SEEING ANY OTHER HANDS RAISED, CATHERINE

13:57:08 THANK YOU. THANKS FOR LETTING US KNOW ANYTHING. LAST WORDS FROM MEMBERS OF THE COMMITTEE

13:57:17 I DON'T THINK WE HAVE ANY LAST WORDS EITHER, SO THANK YOU FOR JOINING TODAY.

13:57:22 I THINK OUR NEXT MEETING IS MAYBE MAY FOURTH. IF I'M REMEMBERING CORRECTLY.

13:57:28 THANKS TO THE STAFF FOR GETTING ALL OF THOSE SETUP AND SENDING US SOME APPOINTMENTS ABOUT THOSE SO AGAIN, IT WILL BE ON.

13:57:36 IT'LL BE ON ZOOM FROM 10 UNTIL 2 WITH A LITTLE LUNCH BREAK, AND AS YOU CAN TELL, WE'LL HAVE SOME PRESENTATIONS THAT ARE HELP FRAMED BY MEMBERS OF THE COMMITTEE.

13:57:50 SO WE LOOK FORWARD TO THAT WORK AS WELL. THANKS SO MUCH.

13:57:53 EVERYONE HAVE A GREAT FEBRUARY

13:57:55 THANK YOU. BYE, BYE.