



**Alzheimer's Disease & Related Disorders (ADRD)
Advisory Committee Meeting
May 4, 2023**

0:02

CALIFORNIA DEPARTMENT OF AGING GOOD MORNING THIS IS CARROLL DE ANDREIS WITH THE CALIFORNIA DEPARTMENT OF AGING

0:08

WE'RE GOING TO WAIT A MINUTE MORE FOR PEOPLE TO JOIN SO UM PLEASE HOLD ON

0:42

CATHERINE YES GOOD MORNING HI I JUST WANTED TO LET YOU KNOW I AM GOING TO NEED TO STEP

0:48

OFF AT 1 45 I HAVE A KID I NEED TO TAKE TO A DOCTOR'S APPOINTMENT NO PROBLEM BUT

0:54

THANKS FOR THE HEADS UP APPRECIATE IT YEAH

1:00

GOOD MORNING UM THIS IS CARROLL DE ANDREIS WITH THE CALIFORNIA DEPARTMENT OF AGING

1:07

IT IS 1001 AND UM

1:13

WE THOUGHT WE WOULD GET STARTED

1:20

WELCOME TO THE ALZHEIMER'S DISEASE AND RELATED DISORDERS ADVISORY COMMITTEE

1:25

MEETING THANK YOU FOR JOINING US NEXT SLIDE

1:33

UH THESE ARE THE MEETING LOGISTICS OBVIOUSLY YOU CAN JOIN BY SMARTPHONE

1:41

TABLET OR COMPUTER THROUGH THIS ZOOM LINK UM YOU CAN JOIN BY PHONE WITH THIS

1:48

INFORMATION I AM MEETING ID THERE IS LIVE CAPTIONING AVAILABLE

1:54

THROUGH YOUR ZOOM TOOLBAR AMERICAN SIGN LANGUAGE INTERPRETATION IS

2:01

ALSO AVAILABLE AND WE WILL BE POSTING THESE THIS

2:08

RECORDING THE SLIDES AND THE TRANSCRIPT OF TODAY'S MEETING IT WILL BE
POSTED ON

2:13

THE CAL HHS ALZHEIMER'S DISEASE AND RELATED DISORDER WEB PAGE SO PLEASE

2:19

CHECK BACK THERE FOR THE WEBINAR AND MATERIALS

2:26

NEXT SLIDE WE WILL HAVE PUBLIC COMMENT SO

2:33

UM PLEASE STAY TUNED FOR THAT THERE'LL BE TWO OPPORTUNITIES DURING THIS
MEETING UH ATTENDEES JOINING BY UH WEBINAR CAN

2:42

USE THE Q A FUNCTION TO ASK A QUESTION OR SELECT THE RAISED HAND ICON WE
WILL

2:48

UNMUTE YOU ANNOUNCE YOUR NAME AND UNMUTE YOUR LINE FOR YOUR
COMMENT

2:55

ATTENDEES JOINING BY PHONE CAN PRESS 9 ON THE DIAL PAD TO RAISE YOUR
HAND AGAIN

3:03

WE WILL ANNOUNCE YOU BY YOUR LAST FOUR DIGITS OF YOUR PHONE NUMBER
WE'LL UNMUTE

3:09

YOUR LINE FOR YOUR PUBLIC COMMENT NEXT SLIDE

3:16

NOW I WOULD LIKE TO TURN IT OVER TO CATHERINE BLAKEMORE WHO IS THE
COMMITTEE

3:22

CHAIR AND OUR FAMILY REPRESENTATIVE FOR THIS COMMITTEE CATHERINE GOOD
MORNING

3:28

GOOD MORNING AND THANKS FOR ALL OF THE HELPFUL INFORMATION CARROLL AS
WE

3:33

UM GET STARTED I WANT TO CALL THE MEETING TO ORDER AND WELCOME BOTH
THE

3:39

MEMBERS OF THE COMMISSION AND THE CDA STAFF I WANT TO PARTICULARLY
ACKNOWLEDGE

3:44

MICHELLE JOHNSTON WHO HAS WORKED INCREDIBLY HARD TO PUT TOGETHER A
REALLY

3:50

PACKED FULL OF GOOD INFORMATION AGENDA AND ALL OF THE MATERIALS UM WE
ARE JUST ALWAYS GRATEFUL FOR HER

3:57

UM TERRIFIC HELP UM AND I ALSO WANTED TO UM JUST MENTION THAT THIS
MONTH IS OLDER

4:04

CALIFORNIANS MONTH UM AND SUSAN DEMAROIS SENT OUT A NICE MESSAGE I
THINK THAT MOST OF YOU

4:11

UM RECEIVED AND THE REMINDER OF THE GOVERNOR'S PROCLAMATION

4:16

UM OF THIS MONTH AND THE DESIRE TO BUILD A VIBRANT AND EQUITABLE FUTURE
FOR ALL

4:23

CALIFORNIANS WHICH I THINK IS JUST A GREAT STATEMENT ABOUT ALL OF THE
WORK

4:28

THAT WE'VE BEEN UM DOING BOTH AS A COMMITTEE AND THOSE OF US THAT ALSO
WORK HAVE WORKED ON THE MASTER PLAN FOR AGING

4:34

SO UM A NICE TIME TO REFLECT ON THAT AND AS WE GET STARTED I WANTED TO
JUST

4:42

UM BRIEFLY GIVE THE COMMITTEE MEMBERS AN OPPORTUNITY TO SAY GOOD
MORNING SOMETHING BRIEF BECAUSE WE ARE GOING TO

4:50

JUMP INTO A PRESENT AFTER WE APPROVE THE MINUTES WE'RE GOING TO JUMP
INTO A PRESENTATION RIGHT AT 10 20 BUT

4:56

UM LET'S JUST START I'LL JUST CALL PEOPLE THEY ORDER THE AT THE MOMENT
OR ON MY SCREEN SO SALLY BERGMAN YOU WANT

5:02

TO JUST SAY GOOD MORNING GOOD MORNING EVERYONE GLAD TO BE HERE TODAY
AND DARRICK OR VICE EVERYONE CHAIR GOOD

5:11

MORNING THANKS FOR BEING HERE WYN GOOD MORNING EVERYONE WELCOME

5:18

UM SHE'S ONE OF OUR PRESENTERS TODAY WHICH IS GOING TO BE GREAT UH
BARBARA HI GOOD MORNING I'LL PUBLIC POLICY

5:25

DIRECTOR ALZHEIMER'S LOS ANGELES AND PART OF THE PANEL ON PUBLIC POLICY
MATTERS SO LOOKING FORWARD TO THAT AND

5:32

ANDREA GOOD MORNING EVERYONE NICE TO SEE YOU DR MOBLEY

5:40

HI EVERYBODY GOOD MORNING AND TODD SHUTTER GOOD MORNING EVERYBODY

5:46

FROM SAN DIEGO CALIFORNIA AND DR FARIAS

5:53

GOOD MORNING UH IT'S NICE TO BE A PART OF THIS GROUP I'M THE
REPRESENTATIVE FOR

5:59

THE CALIFORNIA ALZHEIMER'S DISEASE CENTERS THANKS SO MUCH TERRIFIC

6:04

UM AND JULIE UH SOLIERE GOOD MORNING EVERYBODY JULIE SOULIERE WITH
AGENCY

6:11

NICE TO SEE YOU AND I DON'T KNOW I CAN'T AT LEAST SEE ON MY SCREEN UM

6:19

ANY OTHER CDA STAFF SO IF I'M MISSING SOMEBODY WHAT AMANDA'S HERE
ACTUALLY

6:24

AMANDA LAWRENCE AND MICHELLE CAN SAY GOOD MORNING HI GOOD MORNING
AMANDA LAWRENCE PROJECT

6:30

DIRECTOR FOR CALIFORNIA'S MASTER PLAN FOR AGING ALWAYS GLAD TO HAVE
YOU MICHELLE DO YOU WANT TO SAY GOOD MORNING

6:35

YEAH GOOD MORNING MICHELLE JOHNSTON UH PROGRAM DIRECTOR FOR
DEMENTIA INITIATIVES AT CDA AND I THINK CATHERINE

6:41

IN TERMS OF COMMITTEE MEMBERS UM WE KNOW THAT PAM AND MEG ARE NOT
GOING TO BE ABLE TO ATTEND TODAY AND WE'RE

6:48

STILL WAITING ON CELINE AND DOLORES BUT UM EVERYBODY ELSE IS HERE AND WE
DO HAVE A QUORUM THAT IS GREAT NEWS

6:55

UM SO THANKS FOR EVERYONE UH INTRODUCING YOURSELF AND I ASSUME SOME
OTHERS WILL BE JOINING

7:01

UM AS SOON AS THEY ARE ABLE TO DO THAT THE OTHER THING WE NEED TO DO IS TO APPROVE

7:10

THE FEBRUARY MINUTES THOSE WERE SENT OUT AS PART OF THE AGENDA DOES ANYONE HAVE

7:16

ANY COMMENTS OR CORRECTIONS TO THE MINUTES

7:24

I'M NOT HEARING ANYBODY WITH ANY CONCERNS ABOUT THEM IS THERE A MOTION TO APPROVE THEM I MAKE A MOTION TO APPROVE

7:32

THANK YOU SALLY IS THERE A SECOND SORRY SECOND THANK YOU DARRICK ANY OTHER

7:38

DISCUSSION OKAY ALL IN FAVOR SAY AYE

7:45

AYE GREAT ANY UM OBJECTIONS

7:51

ANY ABSTENTIONS OKAY I THINK WE HAVE THE MINUTES

7:58

UM APPROVED SO THAT'S FABULOUS UM JUST AS UM SOME THINGS TO THINK ABOUT

8:06

UM BEFORE WE GET STARTED IS UH TOWARDS THE END OF THE AGENDA WE UM ALWAYS HAVE

8:11

THE OPPORTUNITY TO PROVIDE UH RECOMMENDATIONS UM FOR THE SECRETARY SO AS WE GO THROUGH

8:18

THE UH AGENDA TODAY OR OTHER THINGS THAT THAT ARE ON YOUR MIND PLEASE JUST UH USE

8:24

THAT AS THE OPPORTUNITY SO WE CAN INCLUDE A GOOD REPORT FROM THE MEETING AND FUTURE ITEMS

8:32

UM ONE OF THE STRENGTHS I THINK OF THIS COMMITTEE HAS BEEN THAT MEMBERS HAVE BEEN IDENTIFYING TOPICS THAT THEY WOULD

8:39

LIKE PRESENTATIONS ON AND IN JUST A LITTLE BIT WE WILL HAVE ONE OF THOSE UH

8:45

PRESENTATIONS ABOUT CAPACITY AND THE NEW SUPPORTED DECISION-MAKING LAW BUT I'M

8:50

SURE ALL OF YOU HAVE OTHER TOPICS THAT YOU'RE INTERESTED IN SO AS WE GET TOWARDS THE AGENDA END OF THE AGENDA

8:57

THAT'S ALSO A GREAT TIME TO IDENTIFY SOMETHING THAT YOU'D LIKE TO HAVE AT OUR NEXT MEETING OR TWO WE'VE DONE A

9:04

GOOD JOB OF INCORPORATING ALL THE FABULOUS INPUT THAT WE'VE RECEIVED SO

9:09

UM THANK YOU FOR THAT UM AND THEN TODAY WE'RE ALSO HAVING AS UH

9:15

CARROLL INDICATED TWO OPPORTUNITIES FOR A PUBLIC COMMENT ONE WILL BE FOLLOWING THE

9:21

FIRST PRESENTATION ABOUT UM CAPACITY CONSIDERATION SUPPORTED

9:26

DECISION MAKING AND OTHER DECISION MAKING TOOLS UM AND THE OTHER ONE WILL BE AS WE GET

9:31

TOWARDS THE END OF OUR AGENDA AND THEN JUST UM AT THE VERY END OF THE AGENDA JUST AS

9:37

A HEADS UP CURRENT FLEXIBILITIES ABOUT HOW WE CONDUCT OUR MEETINGS WHICH ARE FULLY

9:44

REMOTE BY ZOOM UM SEEM LIKE THEY WILL BE ENDING AT THE END OF JUNE ABSENT SOME LEGISLATIVE

9:51

ACTION UM SO MICHELLE WILL PROVIDE US WITH SOME INFORMATION ABOUT HOW WE'RE GOING TO

9:57

CONDUCT OUR NEXT MEETING WHICH IS IN AUGUST UM WHICH WE'LL NEED TO HAVE AT LEAST A

10:04

QUORUM OF PEOPLE IN THE SACRAMENTO AREA FOR THAT PARTICULAR MEETING SO YOU CAN

10:11

UM JUST BEGIN TO THINK ABOUT WHERE YOU'RE GOING TO BE IN AUGUST AND UM WE'LL COME TO THAT AT THE END OF END

10:17

OF THE END OF THE MEETING SO UM OKAY WITH THAT I THINK WE'RE GONNA

10:23

START OUR PRESENTATION UM UH DR CAMEO

10:29

UM AND SALLY BERGMAN ARE GOING TO DO THE PORTION OF THE PRESENTATION ABOUT
10:34
CAPACITY OF PEOPLE WITH DEMENTIA UM AND
10:40
UM APPROACH IT FROM BOTH THE PERSPECTIVE OF MEDICAL PROFESSIONAL UH DR CAMEO AND
10:45
AN ATTORNEY UM AND WE'LL SEE WHERE THOSE INTERSECTIONS ARE ABOUT HOW CAPACITY IS
10:51
VIEWED UM AND WHERE THERE MIGHT BE SOME DIFFERENCES AND THEN I'M GOING TO DO A BRIEF PRESENTATION ABOUT SUPPORTED
10:58
DECISION MAKING WHICH IS A NEW TOOL THAT'S COME IN TO CALIFORNIA AS A RESULT
11:04
OF A PIECE OF LEGISLATION LAST YEAR AND THEN WE'RE GONNA HAVE AN OPPORTUNITY TO KIND OF DISCUSS A HYPOTHETICAL AND HOW
11:11
EACH OF THOSE TOPICS MIGHT BE VIEWED AND WELCOME AFTER THAT YOUR COMMENTS TO THE
11:18
HYPOTHETICAL BECAUSE I THINK WE ALL COME FROM AND DO THIS WORK FROM DIFFERENT PERSPECTIVES AND IT'S ALWAYS INTERESTING
11:25
TO HEAR EVERYBODY'S THOUGHTS UM ABOUT THIS AND ALSO THEN HAVE THE
11:30
OPPORTUNITY TO ASK QUESTIONS AS MEMBERS OF THE OF THE COMMITTEE FOR
11:38
UM JUST CLARIFICATION OR OTHER KINDS OF COMMENTS THAT YOU HAVE SO I THINK THIS WILL BE A REALLY INTERESTING DISCUSSION
11:45
UM I'M REALLY GRATEFUL FOR THE CO-PRESENTERS AND ALL THE THOUGHT THEY'VE PUT INTO THE PRESENTATION IT'S A
11:51
REALLY INTERESTING AND COMPLEX TOPIC I THINK SO WITH THAT I'M GOING TO TURN IT
11:57
OVER TO UH DR WYNN CANNIO WHO'S GOING TO BE OUR FIRST PRESENTER AND THANKS
12:02
SO MUCH WYNN FOR ALL OF YOUR WORK WELL THANK YOU SO MUCH UH FOR HAVING US

12:08

PRESENT THIS VERY IMPORTANT TOPIC UM GO AHEAD AND GO TO THE NEXT SLIDE PLEASE

12:14

SO BEFORE I TALK ABOUT UM THE REST OF THE

12:20

UM INFORMATION WITH REGARDS TO CAPACITY I THINK IT'S IMPORTANT FOR US TO KNOW HOW WE DIAGNOSE DEMENTIA AND BY THE WAY

12:27

THAT IS ALSO CALLED MAJOR NEUROCOGNITIVE DISORDER NOW AND UM SO THIS IS STRICTLY

12:34

FROM THE DSM5 WHICH ARE REALLY OUR BIBLE AND PSYCHIATRY WHEN THE DIAGNOSING

12:40

OF PEOPLE UH WITH ANY PSYCHIATRIC OR NEUROCOGNITIVE ISSUES

12:46

SO WITH THAT WE NEED TO MAKE SURE THAT THERE'S AN EVIDENCE OF SIGNIFICANT COGNITIVE DECLINE FROM THE PREVIOUS

12:52

LEVEL OF PERFORMANCE IN ONE OR MORE COGNITIVE DOMAINS AND THAT'S NOT JUST

12:58

MEMORY BUT EXECUTIVE FUNCTION THAT MEANS BEING ABLE TO BE LOGICAL UH REASON

13:05

HAVING SOME AWARENESS LANGUAGE PERCEPTUAL MOTOR ISSUES AND SOCIAL

13:11

COGNITION AND THAT NEEDS TO COME FROM THE INDIVIDUAL PERHAPS IF THEY HAVE SOME

13:17

AWARENESS BUT A LOT OF THE TIMES IS COMING FROM A KNOWLEDGEABLE INFORMANT SUCH AS A FAMILY MEMBER OR FRIEND AND

13:25

SOMETIMES A CLINICIAN AND THAT NEEDS TO ALSO BE THEN UH TESTED IN A URUS LIKE

13:33

SCREENING AND ALL OF THIS COGNITIVE ISSUES HAVE TO INTERFERE WITH INDEPENDENCE IN EVERYDAY ACTIVITIES TO

13:41

MAKE THAT DIAGNOSIS OF DEMENTIA SO JUST BECAUSE SOMEONE HAS MEMORY ISSUES IT DOESN'T MEAN THEY HAVE DEMENTIA IT NEEDS

13:49

TO CORRESPOND TO A CHANGE IN FUNCTION IN ADDITION

13:56

THESE COGNITIVE DEFICITS CANNOT OCCUR IN CERTAIN CONDITIONS LIKE DELIRIUM WHICH

14:01

IS AN ACUTE CONFUSION DUE TO A MEDICAL PROBLEM IT HAS TO BE A GRADUAL DECLINE AND THAT THEY ARE NOT BETTER EXPLAINED

14:09

BY ANOTHER MEDICAL OR PSYCHIATRIC CONDITIONS SUCH AS UNTREATED SLEEP APNEA SCHIZOPHRENIA MAJOR DEPRESSIVE DISORDER

14:16

BUT THIS IS A VERY IMPORTANT SLIDE TO SET A CONTEXT FOR THIS GO AHEAD AND GO

14:21

TO THE NEXT SLIDE YEAH SO BY DEFINITION UH DEMENTIA PLACES AN INDIVIDUAL A

14:29

PARTICULAR RISK FOR DECISIONAL AND FUNCTIONAL CAPACITIES AS YOU RECALL I SAID COGNITIVE CHANGES THAT INCLUDES

14:35

AWARENESS DECISION MAKING JUDGMENT REASONING THAT'S ASSOCIATED WITH A

14:41

FUNCTIONAL DECLINE THAT GETS WORSE OVER TIME AND DEPENDING ON WHAT TYPE OF DEMENTIA THIS MAY OCCUR EARLY FOR PEOPLE

14:47

WITH FRONTAL TEMPORAL DEMENTIA USUALLY THE FRONTAL LOBE WHICH IS WHAT HELPS US

14:53

WITH OUR EXECUTIVE FUNCTION IS IMPAIRED OR WITH ALZHEIMER'S DISEASE WHERE A

14:59

PERSON CAN HAVE SOME DECISION-MAKING CAPACITY BUT AT THE SAME TIME THEIR SHORT-TERM MEMORY IS SO BAD THAT THEY

15:06

CANNOT RETAIN THE INFORMATION NEEDED TO MAKE AN IMPORTANT DECISION SO WHAT IS CAPACITY IT'S AN ASSESSMENT

15:13

AND OPINION AS TO WHETHER A PERSON HAS A REQUISITE ABILITY TO PERFORM A TASK OR

15:19

MAKE A DECISION THAT IS BEING QUESTIONED GO AHEAD AND GO TO THE NEXT SLIDE

15:24

WITH THAT IN MIND AS I SAID YOU KNOW THIS DISEASE PROGRESSED SO SLOWLY
OR

15:29

GRADUALLY OVER TIME IT'S IMPORTANT TO PLAN EARLY PLANNING EARLY
MEANING ESTABLISHING A

15:36

CERTAIN DECISION MAKER NOT JUST FOR HEALTH I'M A PHYSICIAN SO I'M GOING
TO SAY HEALTH BUT FOR THE LAWYERS OUT THERE

15:43

WE NEED TO MAKE SURE THAT FINANCES ARE THERE AS WELL AND I MEAN IT IS
IMPORTANT IN ORDER TO PROVIDE UH BETTER CARE WE

15:50

NEED THAT FINANCIAL CAPACITY TO SEE IF THEY CAN MAKE THOSE DECISIONS TO
IMPROVE

15:56

THEIR HEALTH SO COMPLETING A LIVING TRUST IF POSSIBLE IS A MUST SO WE
HAVE

16:01

SALLY HERE THAT WILL TALK TO YOU ABOUT ALL OF THAT NEXT SLIDE

16:08

ALL RIGHT SO UM WHEN I SEE PEOPLE WITH DEMENTIA IN THE EARLIER STAGE IT IS
IMPORTANT THAT I

16:15

LET THEM KNOW THAT THEY NEED TO PLAN HOWEVER AS THE DISEASE
PROGRESSES THERE

16:20

ARE A LOT OF DIFFERENT AREAS THAT WOULD ASK THAT THIS PERSON HAVE
CAPACITY

16:26

FAMILIES MAY ASK FINANCIAL INSTITUTIONS THEY USUALLY GET SOME REQUESTS
FROM THE

16:31

BANK OR LAWYERS SUCH AS CATHERINE AND SALLY FOR THIS DOES THIS PERSON
HAVE

16:36

CAPACITY TO DO A LIVING TRUST UM AND SO AND IF YOU HAVE COMPLETED AN

16:43

ADVANCED HEALTHCARE DIRECTIVE OR A LIVING TRUST EVEN THOUGH YOU'RE AN
AGENT FOR THAT

16:49

PERSON AS A SURROGATE A DECISION MAKER IT'S ACTUALLY NOT EFFECTIVE UNTIL
PEOPLE

16:55

LIKE ME AND SALLY DETERMINE IF THAT PERSON HAS CAPACITY TO MAKE THAT DECISION OR NOT AND WITH CAPACITY COULD

17:02

BE A ONE UH ONE TASK AT A TIME BUT IF

17:08

SOMEBODY PROGRESSES TO A LATER STAGE IT COULD BE MORE GLOBAL AND WHEN WE'RE

17:13

TRYING TO DETERMINE CAPACITY IT'S IMPORTANT TO HAVE TO REVIEW COGNITIVE

17:20

FUNCTION FUNCTIONAL ASSESSMENT HOW ARE THEY DOING PSYCHIATRICALY AND

17:26

EMOTIONALLY DURING THE VISIT AND THEN BALANCING THAT OUT WITH VALUES AND

17:31

PREFERENCES OF THE INDIVIDUAL WHAT ARE THE RISKS BEING CONSIDERED AND WHAT

17:37

ARE THE THINGS THAT CAN ACTUALLY MAKE OR HELP THIS PERSON BE ABLE TO

17:42

UM MAKE SURE THAT THEIR VALUES AND PREFERENCES ARE THERE BECAUSE JUST BECAUSE SOMEBODY HAS DEMENTIA DOESN'T

17:48

MEAN THAT THEY CAN'T DO THINGS THERE ARE A LOT OF THINGS THAT YOU CAN DO ACTUALLY TO SUPPORT THEM AS LONG AS THOSE THINGS

17:55

ARE UM GOAL CONCORDANT FROM WHATEVER THEY HAVE COMPLETED FOR THE ADVANCED HEALTHCARE DIRECTIVE OR THE

18:02

LIVING TRUST NEXT SLIDE AND THIS IS VERY IMPORTANT UH I KNOW

18:07

I'VE BEEN SAYING EVERYTHING IS IMPORTANT BUT UH IT'S IMPORTANT TO NOTE THAT EVERYBODY HAS CAPACITY RIGHT AND

18:15

DIAGNOSIS OF DEMENTIA DOES NOT MEAN THEY DON'T HAVE CAPACITY IT THE DIAGNOSIS DO

18:21

NOT EQUAL ABILITY AND IT FOCUSES ON THE ABILITY TO DO SPECIFIC DECISION AND TASK

18:28

AND WE WOULD LIKE TO MAKE SURE THAT WE SUPPORT PEOPLE BEFORE WE SUBTRACT AND

18:34

THAT SOMETIMES RESTORATION IS ACHIEVABLE IF THE CHANGE IN COGNITION
THAT MADE
18:40
THEM UNABLE TO MAKE DECISIONS UM IS BECAUSE DUE TO A DELIRIUM WE MIGHT
18:47
JUST NEED TO WAIT BEFORE THAT PERSON CAN ACTUALLY STILL MAKE CERTAIN
DECISIONS
18:52
IT DOESN'T MEAN THAT IF A PERSON IS GOING AGAINST MEDICAL ADVICE THAT
THEY
18:58
DON'T KNOW THEY NO LONGER HAVE AN ABILITY TO MAKE DECISIONS THAT'S VERY
IMPORTANT BECAUSE I KNOW A LOT OF FAMILY
19:03
MEMBERS WOULD SAY YOU NEED TO WRITE THAT INCAPACITY LETTER BECAUSE HE
OR SHE IS GOING AGAINST MEDICAL
19:10
ADVICE THAT'S NOT NECESSARILY THE CASE AND WE NEED TO REALLY MAKE SURE
THAT WE FOCUS ON THE PROCESS AND NOT THE OUTCOME
19:16
OF THIS GO AHEAD AND NEXT SLIDE ALL RIGHT SO HOW DO I ASSESS CAPACITY AS
19:25
A GERIATRICIAN OR A PSYCHIATRIST SO WE HAVE THIS MNEMONIC THAT WE USE
AS SOME
19:30
OF US USE UM AND THAT'S UH THE MNEMONIC YOU ARE AND YOU IS LIKE I SAID IT'S
USUALLY
19:38
A ONE TASK AT A TIME SO UNDERSTANDING WHAT IS THE PROBLEM I JUST
DESCRIBED
19:45
RIGHT WHAT KIND OF MEDICAL CONDITIONS DO YOU HAVE AND WHAT DOES THAT
MEAN APPRECIATION WHAT COULD HAPPEN TO YOU IF
19:53
YOU CHOOSE A CERTAIN INTERVENTION OR VERSUS IF YOU DIDN'T
19:59
UM CAN THAT PERSON FIND THAT RELEVANT TO THEM SOMEONE MIGHT SAY
20:05
YOU KNOW THAT THEY UNDERSTAND THIS MEDICAL CONDITION AND THAT THEY
UNDERSTAND THAT THERE ARE RISEN BENEFITS
20:11
OF THIS PARTICULAR PROCEDURE BUT AT THE SAME TIME THEY SAID THAT WON'T
HAPPEN TO ME BECAUSE I'M JUST FINE
20:17

THAT TO ME SUGGESTS THAT THAT PERSON DOESN'T HAVE AN APPRECIATION FOR THAT

20:22

AND REASONING WHAT LED THAT PERSON TO THAT CHOICE OF WEIGHING THE RISKS AND

20:28

BENEFITS OF EACH POSITION OPTION AND THEN FINALLY EXPRESSING A CHOICE THAT IS

20:34

CONSISTENT AND IT'S VERY IMPORTANT TO REVIEW THE LIVING TRUSTS OR A HEALTHCARE

20:40

DIRECTIVE IN THE PAST TO SEE IF THIS IS SOMETHING THAT'S ACTUALLY ALIGNED WITH THAT

20:46

UM AND SO THIS IS A VERY I THINK EVEN WITH UM

20:52

SALLY'S UH RECOMMENDATION THIS IS SOMEWHAT CONSISTENT TO THAT I THINK THAT'S ALL I HAVE

21:01

NEXT SLIDE YEAH TERRIFIC THANKS SO MUCH REALLY

21:08

INTERESTING INFORMATION I SO APPRECIATED THE FOCUS ON

21:13

A DIAGNOSIS DOESN'T DETERMINE CAPACITY THERE'S A PROCESS THAT ONE GOES THROUGH

21:19

SO THANKS FOR THAT AND WE'RE GOING TO TURN TO SALLY WELL I THINK IT'S GOING TO SHARE HER SLIDES AND WALK THROUGH HOW

21:24

LAWYERS THINK OF CAPACITY UH YES AND SOMEONE NEEDS TO STOP SHARING

21:31

THE SCREEN BEFORE I CAN SHARE MINE

21:40

HI SALLY GO AHEAD OKAY SCREEN IS READY THERE YOU GO THANK YOU

21:46

OKAY WELL GOOD MORNING EVERYONE AND YES

21:51

THANK YOU WIN IS INTERESTING THAT UM WHEN IS A PHYSICIAN AND I AM A LAWYER

22:00

WE WORK A LOT WITH THE SAME PEOPLE UH BUT PERHAPS THE APPROACH WE TAKE IS THE

22:07

SAME BUT THE GOAL THE APPROACH MAY BE DIFFERENT BUT THE GOAL IS THE SAME

22:13

UM GENERALLY SPEAKING AS YOU CAN SEE I AM AN ELDER LAW ATTORNEY WHO SERVES

22:19

PRIMARILY OLDER ADULTS AND I WAS REALLY EXCITED TO ADDRESS THIS TOPIC BECAUSE I

22:27

SADLY AM SEEING WITH INCREASING FREQUENCY THE NUMBER OF FAMILIES THAT

CALL ME WANTING HELP WITH ESTATE PLANNING AND BY THE TIME THEY CALL ME

THEIR DISEASE IS IN THE VERY LATE STAGES WHERE THERE'S NOTHING THAT CAN BE DONE

22:48

OTHER THAN SOME PRETTY SIGNIFICANT CONSERVATORSHIP PROCEEDINGS COURT PROCEEDINGS THAT ARE EXPENSIVE OBTRUSIVE

22:57

AND THE FAMILY IS NOT TYPICALLY HAPPY

23:03

UM AND IT MAKES ME WONDER WHY SO MANY PEOPLE AND FOR THE MOST PART

THESE ARE HIGHLY INTELLIGENT PEOPLE THEY'RE ENGINEERS THEY'RE BUSINESS PEOPLE WHO HAVE HAD THIS DISEASE FOR SO

23:19

MANY YEARS AND I WONDER WHY THEY DIDN'T MAKE ANY CHOICES EARLY IN THE DISEASE

23:27

WHEN THEY HAD THE OPPORTUNITY TO DO THAT YEAH

23:34

SO BEFORE WE START TALKING SPECIFICALLY WHAT LEGAL MENTAL CAPACITY IS UH WHY ARE

23:43

WE EVEN CONCERNED WITH IT IN THE FIRST PLACE WELL EVERY PERSON WITH LEGAL MENTAL

23:50

CAPACITY HAS A LEGAL RIGHT AND ABILITY TO MAKE CHOICES FOR HEALTH CARE AND

23:57

FINANCIAL MATTERS SO LONG AS THEY'RE NOT BREAKING THE LAW THEY HAVE A RIGHT TO MAKE ANY DECISION

24:04

UNFETTERED RESPECT TO THEIR HEALTH CARE AND FINANCIAL MATTERS AND I
DON'T KNOW

24:10

MANY PEOPLE WHO DON'T WANT TO BE IN CONTROL OF THEIR OWN CHOICES

24:18

THE FLIP SIDE OF THIS IS THE PERSON WHO HAS NOT

24:24

UH WHO DOES NOT HAVE MENTAL CAPACITY MAY NOT HAVE THOSE SAME RIGHTS
SO THEY DON'T

24:30

HAVE THE ABILITY TO PROTECT THEMSELVES BY THIS POINT IF THEY'RE IN THE
LATE

24:36

STAGES OF THE DISEASE THEY CANNOT SIGN THESE LEGAL DOCUMENTS THERE
ARE MANY

24:42

THINGS THAT THEY CAN'T DO AND THEY'VE COMPLETELY RELINQUISHED THEIR
CONTROL

24:49

AND THEY MAY HAVE RELINQUISHED IT TO SOMEONE THEY MAY NOT HAVE CHOSEN

24:57

SO THESE ARE SOME EXAMPLES OF UH JUST EVERYDAY EVENTS OCCURRENCES
THAT SOMEONE

25:06

WHO IS A JUDGE TO BE LACKING IN MENTAL CAPACITY

25:11

UH MAY NOT BE ABLE TO DO IF THEY HAVE NOT DONE AT LEAST SOME MINIMUM UH

25:19

PREPARE SOME LIMIT EXCUSE ME MINIMUM LEGAL DOCUMENTS UH THINGS LIKE
ANY KIND

25:27

OF BANKING TRANSACTION DEPOSITING OR WITHDRAWING FUNDS OPENING A NEW
BANK OR

25:33

INVESTMENT ACCOUNT ADDING OR CHANGING A BENEFICIARY ON A

25:38

BANK INVESTMENT OR RETIREMENT ACCOUNT UM AND PARTICULARLY WITH ALL
OF THESE

25:45

FINANCIAL INSTITUTION TRANSACTIONS YOU HAVE TO KEEP IN MIND

25:50

THAT BANKING HAS BECOME QUITE SOPHISTICATED AND THEY HAVE ALGORITHMS

25:57

BUILT INTO THEIR SYSTEMS AND THEY CAN

26:02

SEE IF SOMEBODY IS SUDDENLY MAKING TRANSACTIONS THAT ARE OUT OF THE

26:09

ORDINARY AND PROBABLY ONE OF THE MOST COMMON OF THOSE ARE

26:15

THESE ROMANCE SCAMS WHERE SUDDENLY THE PERSON IS ONLY SPENDING 500 A MONTH IS

26:22

NOW WIRING TEN THOUSAND DOLLARS A MONTH TO SOME PERSON IN A FOREIGN COUNTRY

26:28

SENDS UP RED FLAGS AND AS WELL THESE BANKING AND FINANCIAL INSTITUTIONS

26:36

ARE MANDATED REPORTERS OF FINANCIAL ELDER ABUSE SO IF THEY HAVE THE SLIGHTEST SUSPICION

26:44

THAT SOMETHING IS WRONG THEY'RE GOING TO REPORT IT TO

26:49

ADULT PROTECTIVE SERVICES THERE CAN BE A LOCK ON THE ACCOUNT AND THERE'S NOTHING

26:55

YOU CAN DO WITHOUT PERHAPS HAVING TO GO THROUGH A CONSERVATORSHIP

27:01

UM MAY NOT BE ABLE TO ENTER INTO A CONTRACT FOR GOODS OR SERVICES WHAT IF YOU NEED A

27:07

NEW ROOF ON YOUR HOUSE SO YOU NEED TO REBUILD AFTER A FIRE OR NATURAL DISASTER

27:12

YOU MAY NOT BE ABLE TO DO THAT UH MAY NOT BE ABLE TO MARRY OR A DIVORCE WHAT'S

27:19

KIND OF INTERESTING HERE IS THAT THE LAW OF PLACES A FAR LOWER MENTAL STANDARD

27:27

ON THE UH RIGHT TO GET MARRIED THAN IT DOES TO GET DIVORCED

27:37

UM MAY NOT BE ABLE TO BUY SELL OR MORTGAGE A HOUSE AND THIS CAN EVEN BE

27:43

THE EXAMPLE OF A MARRIED COUPLE WHO OWNS THE PROPERTY IN JOINT TENANCY THEY MAY

27:49

NEED TO SELL THAT PROPERTY TO FINANCE THEIR HEALTH CARE OR DEMAND
MEMORY CARE

27:57

ASSISTED LIVING FACILITY F1 SPOUSE DOES NOT HAVE MENTAL CAPACITY

28:04

THEY DO NOT THEY CANNOT SIGN ANY OF THE DOCUMENTS AND THE ONLY WAY
THAT CAN

28:11

HAPPEN IS BY A RATHER COMPLEX COURT PETITION

28:17

WHERE THE COUNTY WILL APPOINT A

28:22

AN ATTORNEY FOR THE INCAPACITATED SPOUSE TO MAKE

28:28

SURE NOBODY IS TAKING ADVANTAGE THE COURT INVESTIGATOR'S OFFICE MIGHT
GET

28:33

INVOLVED IN OTHER WORDS IT CAN BECOME EXPENSIVE AND IT'S ENTIRELY
UNNECESSARY

28:41

IF SOMEBODY HAS DONE THE PLANNING IN ADVANCE

28:51

UH MAY NOT BE ABLE TO ENTER INTO A RENTAL AGREEMENT FOR A NEW HOME
AND WHAT

28:58

HAPPENS THEN UH AND LAST BUT NOT LEAST IF YOU DO NOT

29:04

HAVE LEGAL MENTAL CAPACITY YOU CANNOT CREATE AND SIGN ESTATE
PLANNING

29:10

DOCUMENTS THESE ARE PERHAPS THE MOST IMPORTANT AND

29:17

BASIC DOCUMENTS AND MANY PEOPLE FOR EXAMPLE EVEN THAT FIRST
DOCUMENT THE

29:25

HEALTHCARE DIRECTIVE UM I DEAL WITH A LOT OF WHAT I CALL

29:31

OLDER SOLO ADULTS WHO MAY BE WIDOWS THEY

29:36

HAVE NO CHILDREN OR THEY HAVE CHILDREN WHO DON'T GET ALONG

29:42

UM THEY'VE LOST MOST OF THEIR FRIENDS AND IF THAT PERSON DIES WITHOUT A
HEALTH

29:48

CARE DIRECTIVE AS HORRID AS THIS SOUNDS THIS IS WHAT HAPPENS THEIR BODY IS ON

29:56

HOLD AT THE MORGUE THEY CANNOT BE BURIED UNTIL SOMEBODY ASSUMES RESPONSIBILITY

30:02

AND THAT MAY MEAN THE PUBLIC GUARDIAN THAT IS A LONG PROCESS AND IN THE

30:09

MEANTIME THAT PERSON'S BODY IS ON HOLD THERE HAVE ALSO BEEN TIMES WHERE I HAVE

30:15

HAD TO PETITION A COURT BECAUSE IF THERE ARE CHILDREN AND THEY DON'T AGREE YOU

30:21

HAVE TO PETITION THE COURT THE HIPAA AUTHORIZATION IS A SEPARATE

30:28

DOCUMENT SOMETIMES THE LANGUAGE IS INCLUDED IN THE HEALTHCARE DIRECTIVE BUT

30:33

NOT ALWAYS BUT THIS ALLOWS TRUSTED INDIVIDUALS TO SPEAK TO YOUR HEALTH CARE

30:39

PROVIDERS BECAUSE EVERYBODY NEEDS ADVOCATES AND UNLESS YOU ARE A SPOUSE IT

30:46

IS VERY UNLIKELY THOSE HEALTH CARE PROVIDERS ARE GOING TO GIVE YOU THE TIME OF THE DAY BECAUSE OF THEY HAVE

30:53

AUTHORIZATIONS UH NEXT FOR FINANCIAL MATTERS IS VERY

30:59

SPECIFICALLY THIS CALIFORNIA UNIFORM STATUTORY FOREIGN POWER OF ATTORNEY WHICH AUTHORIZES A TRUSTED INDIVIDUAL TO

31:09

CARRY OUT FINANCIAL UH MATTERS FOR YOU I CAUTION YOU HOWEVER

31:17

THAT BANKS ARE GENERALLY RESISTANT TO ACCEPTING THESE BECAUSE THEY CAN TOO

31:25

EASILY BE PROCURED BY FRAUD ANYBODY CAN DOWNLOAD THEM FROM THE INTERNET TAKE MOM

31:32

INTO A NOTARY PUBLIC WHO DOES NOT NECESSARILY

31:37

HAVE A LEGAL RESPONSIBILITY TO MAKE AN ASSESSMENT OF MENTAL CAPACITY AND WE NOW

31:46

HAVE A MOM SIGNING AWAY TO JOHNNY ALL OF

31:51

HER AUTHORITY TO DO WHATEVER HE WANTS AND THEN TO TWO DAYS LATER SUSIE DOES

31:57

THE EXACT SAME THING SO A BANK IS PRESENTED AND THEY JUST SAY NO WE'RE NOT

32:02

GOING TO ACCEPT IT UH MOVING INTO THE UH MORE INVOLVED

32:09

PLANNING IS THE REVOCABLE LIVING TRUST AND A WILL THE TRUST BEING UH PREFERABLE

32:18

UH PARTICULARLY IF YOU ARE OVER THE SMALL ESTATE AFFIDAVIT LIMIT WHICH

32:25

RAISES EACH YEAR IT'S RIGHT NOW ABOUT A HUNDRED AND EIGHTY NINE THOUSAND DOLLARS

32:30

BUT IF YOU OWN PROPERTY AND A BANK ACCOUNT YOU REALLY NEED A TRUST AND A

32:37

WILL IS A BIT SIMPLER BUT IT WILL REQUIRES PROBATE

32:48

CONSEQUENCES OF NO ESTATE PLANNING THIS MAY BE A SHORT SLIDE BUT I'LL TELL YOU

32:54

THAT PROBATE CODE IS A COUPLE THOUSAND PAGES AND THE CALIFORNIA CASES AND LAWS

33:02

THAT DEAL WITH IT ARE IN THE MILLIONS OF PAGES IT CAN GET VERY COMPLEX BUT

33:10

THE TWO ITEMS MOST EVERYONE NEEDS TO BE CONCERNED WITH OUR FIRST PROBATE IF YOU

33:19

DO NOT HAVE THE APPROPRIATE PLANNING WHICH TYPICALLY MEANS A TRUST YOU'RE

33:24

LOOKING AT A PROBATE AND IT'S EXPENSIVE IT TAKES A LONG TIME IN SOME COUNTIES

33:31

WHERE THE COURTS ARE BACKED UP IT CAN LITERALLY BE A FEW YEARS BEFORE ANYTHING

33:36

HAPPENS AND IT'S ALSO VERY EXPENSIVE FOR EXAMPLE

33:41

THE UH BETWEEN THE ADMINISTRATOR AND THE ATTORNEY FEES FOR A TWO HUNDRED AND

33:50

FIFTY THOUSAND DOLLAR PROBATE IS GOING TO BE SIXTEEN THOUSAND DOLLARS

33:56

PLUS SOME PRETTY SIGNIFICANT CAUSE BECAUSE THERE ARE COURT FEES INVESTIGATOR FEES PROBATE REFEREES BONDS

34:05

AND I CAN TELL YOU I KNOW NO ATTORNEY WHO CHARGES ANYWHERE NEAR THAT AMOUNT OF

34:12

MONEY TO PREPARE AN APPROPRIATE STATE PLAN UH CONSERVATORSHIP IS SOMETHING MANY

34:19

PEOPLE IN THE PUBLIC KNOW UH FAR LESS ABOUT THAN A PROBATE UH THIS IS WHEN

34:26

SOMEBODY IS NOT MAKING SOUND MEDICAL CHOICES AND OR SOUND FINANCIAL CHOICES

34:34

THE COURT WILL APPOINT AN INDIVIDUAL

34:39

TO MAKE THOSE CHOICES IT IS A VERY EXTENSIVE PROCESS IT'S VERY EXPENSIVE

34:49

IT'S REVIEWED EVERY ONE OR TWO YEARS AT GREAT EXPENSE I ALWAYS JOKE THAT THE

34:56

ONLY ONE WHO COMES OUT AHEAD OF THESE ARE THE LAWYERS BECAUSE THERE'S TYPICALLY QUITE A FEW INVOLVED AND THEY

35:04

GET QUITE EXPENSIVE SOME RESOURCES I KNOW YOU HAVE A HANDOUT

35:11

UM WHICH HAS A DISEASE IN GREATER DETAIL BUT FOR THOSE WHO CAN'T AFFORD AN

35:17

ATTORNEY I SUGGEST THE UH NAELA BECAUSE THESE ARE ATTORNEYS MOST FAMILIAR

35:25

WITH CLIENTS WHO MAY HAVE CAPACITY ISSUES YOU CAN ALSO GOOGLE FOR

35:33

CALIFORNIA ELDER LAW CLINICS BOTH THROUGH LAW SCHOOLS AND NON-PROFITS WHO

35:40

PROVIDE THESE SERVICES FREE TO LOW INCOME AND THEY'RE REALLY VERY GOOD

35:47

BECAUSE THEY HAVE EXCELLENT TRAINING PROGRAMS SO WHAT IS LEGAL MENTAL CAPACITY

35:56

CALIFORNIA PROBATE CODE SECTION 810 THE LAW GENERALLY ASSUMES EVERY PERSON HAS

36:03

THE RIGHT TO MAKE THEIR OWN LEGAL AND MEDICAL DECISIONS

36:09

AND EVEN A PERSON WHO MAY HAVE A MENTAL OR PHYSICAL DISORDER MAY STILL BE

36:16

CAPABLE OF MAKING LEGAL AND MENTAL DECISIONS SO WE SHOULD NEVER ASSUME

36:21

ANYTHING AND A DETERMINATION THAT A PERSON LACKS

36:27

MENTAL CAPACITY SHOULD BE BASED ON EVIDENCE OF A DEFICIT IN ONE OR MORE

36:33

MENTAL FUNCTIONS RATHER THAN ON A DIAGNOSIS OF A PERSON'S MENTAL OR

36:38

PHYSICAL ORDER TOO OFTEN SOMEONE HAS A DIAGNOSIS OF A MILD COGNITIVE DISORDER

36:47

AND MANY PEOPLE THINK THAT AUTOMATICALLY MEANS THAT HAVE LOST THEIR CAPACITY TO

36:55

MAKE MEDICAL AND LEGAL CHOICES AND THAT'S SIMPLY NOT TRUE THE LAW PRESUMES

37:02

UNTIL PROVEN OTHERWISE THAT THE PERSON HAS CAPACITY

37:08

UNDER PROBATE CODE SECTION 811 THERE MUST BE EVIDENCE OF A DEFICIT IN AT

37:15

LEAST ONE OF THE FOLLOWING MENTAL FUNCTIONS ALERTNESS AND ATTENTION THIS

37:21

CAN BE WHEN SOMEBODY'S SITTING BEFORE HERE AND YOU'RE TALKING AWAY AND THEY

:27

JUST STAND UP AND WALK OUT OF THE ROOM

37:32

UH IT CAN ALSO BE ORIENTATION TO TIME PLACE PERSON AND SITUATION DO THEY KNOW

37:41

WHAT DATE AND TIME IT IS DO THEY KNOW WHO THE CURRENT PRESIDENT IS

37:47

UH YOU WOULD BE SURPRISED WITH SOME OF THE RESPONSES I'VE HEARD DWIGHT

37:53

EISENHOWER MORE THAN ONCE

37:58

INFORMATION PROCESSING THIS IS ESSENTIALLY SHORT AND LONG-TERM MEMORY

38:05

PROCESSING INCLUDING IMMEDIATE RECALL THEIR ABILITY TO COMMUNICATE WITH OTHERS

38:11

THE RECOGNITION OF FAMILIAR OBJECTS AND PERSON'S ABILITY TO UNDERSTAND AND

38:19

APPRECIATE QUANTITIES APPRECIATE ABSTRACT CONCEPTS AND THE ABILITY TO

38:27

PLAN ORGANIZE AND CARRY OUT ACTIONS IN ONE'S OWN RATIONAL SELF-INTEREST THESE

38:33

ARE MANY OF THE ITEMS THAT DR CANIO WAS TALKING ABOUT

38:40

THOUGHT PROCESSES NOW WE'RE GETTING INTO THE MORE SERIOUS DEFICITS BECAUSE THIS

38:47

CAN BE SEVERELY DISORGANIZED THINKING HALLUCINATIONS DELUSIONS AND

38:53

UNCONTROLLABLE REPETITIVE OR INTRUSIVE THOUGHTS

38:58

AND LASTLY THE ABILITY TO MODULATE MOOD AND AFFECT AGAIN THIS IS AT A HIGHER

39:07

DEFICIT LEVEL WHICH HERE CAN BE DEMONSTRATED BY A

39:12

PROTESTANTS OF A PERVASIVE AND PERSISTENT OR RECURRENT STAGE OF

39:18

EUPHORIA ANGER ANXIETY FEAR PANIC

39:24

DEPRESSION HOPELESSNESS DESPAIR THAT IS INAPPROPRIATE IN DEGREE

39:32

TO THE CIRCUMSTANCES

39:38

AND DESPITE ANY OF THOSE DEFICITS NONE OF THEM CAN BE CONSIDERED UNLESS IT'S

39:46

SIGNIFICANTLY IMPAIRS THE PERSON'S ABILITY TO UNDERSTAND AND APPRECIATE

39:53

THE CONSEQUENCES OF HIS OR HER ACTIONS WITH REGARD TO THE TYPE OF ACT OR

39:59

QUESTION SO THIS KIND OF INVOLVES A BALANCING OF HOW MUCH PERSON HAS

40:08

CAPACITY AS COMPARED TO WHAT IT IS THEY'RE TRYING TO DO AND WE'LL TALK

40:14

ABOUT THAT A LITTLE MORE A COUPLE SLIDES LATER THE COURT MAY TAKE INTO CONSIDERATION

40:21

THE FREQUENCY SEVERITY AND DURATION OF PERIODS OF EMPLOYMENT IS THIS PERSON

40:29

PRESENTING AT EVERY VISIT UH WITH THE SAME SERIOUS UH SYMPTOMS

40:38

UM ARE IS IT ONLY OCCASIONALLY UH ARE WE LOOKING TO SEE IF THERE IS SOME OTHER

40:47

TRANSIENT CONDITION THAT MAY BE AFFECTING THAT PERSON'S

40:53

UM UH COGNITIVE PRESENTMENT

40:58

UH THE ONE THAT I'M MOST FAMILIAR WITH IS MANY OLDER ADULTS GET URINARY TRACT

41:07

INFECTIONS AND WHEN THEY'RE OLDER THE SYMPTOMS ARE VERY DIFFERENT AND DON'T

41:13

PRESENT THEMSELVES UNTIL OFTENTIMES THEY'RE ENTERING AN EMERGENCY ROOM

41:19

WITH SOMEONE THINKING THEY HAVE ADVANCED DEMENTIA SO THE POINT HERE IS WE NEED TO

41:26

ALWAYS SEE IS THERE SOMETHING WE CAN DO TO IMPROVE THE COGNITION DR CANIO

41:33 MENTIONED THE PERSON WHO HAS THE DELUSIONS CAN WE TRY TO HELP THAT PERSON
41:41 BEFORE WE MOVE FORWARD MAKING AN ASSESSMENT AS TO WHETHER OR NOT THAT
41:48 PERSON DOES OR DOES NOT HAVE MENTAL CAPACITY WE HAVE TO DO EVERYTHING WE CAN
41:54 TO GIVE THEM THE BENEFIT OF THE DOUBT AND MAKE THEM MAKE THEIR BEST
41:59 PRESENTMENT BEFORE WE REACH THAT CONCLUSION AND AGAIN THE
42:07 DIAGNOSIS OF A MENTAL OR PHYSICAL DISORDER ALONE IS NOT SUFFICIENT TO
42:14 DETERMINE UH TO SUPPORT A DETERMINATION THAT A PERSON LACKS THE CAPACITY TO DO A
42:21 CERTAIN THAT AGAIN THIS PROBATE CODE SECTION CLEAR MESSAGE WE PRESUME
42:27 EVERYONE HAS CAPACITY SO WE NEED TO LOOK FOR IT
42:33 UH THIS IS ONE OF THE FEW VERY SPECIFIC PROBATE CODE SECTIONS THAT DEFINES
42:40 CAPACITY FOR A SPECIFIC LEGAL DOCUMENT SO FOR THE
42:47 UM SINGLE MOM KNOWS WHAT PROPERTY THEY HAVE THEY HAVE A SINGLE DAUGHTER THEY
42:52 KNOW THEY WOULD LEAVE THAT PROPERTY AND THEY KNOW THAT WILL IS HOW PEOPLE
42:58 TYPICALLY DO THIS UH GENERALLY THERE'S NOT GOING TO BE ANY
43:05 KIND OF CONFLICT UH AS TO WHETHER OR NOT THAT PERSON HAS MENTAL CAPACITY BUT WHEN
43:12 WE START GETTING INTO THE MORE COMPLEX [MUSIC]
43:18 DECISION-MAKING PROCESSES IT IS A BALANCING ACT BECAUSE WE HAVE TO TAKE
43:24

WHAT IT IS WE'RE TRYING TO ACCOMPLISH ON ONE SIDE AND WE HAVE TO
BALANCE IT WITH
43:31
THE LEVEL OF CAPACITY THIS INDIVIDUAL HAS ON THE OTHER SIDE
43:37
SO WHEN WE START GETTING INTO MORE COMPLEX TRANSACTIONS
43:43
UM WE REALLY HAVE TO LOOK AT THIS UM AN EXAMPLE IS DISINHERITING A CHILD
43:50
IN A WILL OR A TRUST THIS IS TYPICALLY CONSIDERED
43:55
TO BE SOMETHING THAT A PARENT
44:00
UM TAKES VERY SERIOUSLY THERE IS TYPICALLY VERY SOUND REASONS FOR IT BUT
44:08
IF THEY ARE DISCUSSING IT WITH YOU AND UM THEY ARE DESCRIBING SOME VERY
MINOR
44:16
THING THAT DOESN'T WARRANT IT YOU REALLY NEED TO BE CAREFUL AND I WILL
SAY
44:23
MOST ATTORNEYS IF THEY HAVE ANY DOUBT AS TO A PERSON'S CAPACITY THEY
WILL WANT
44:31
NOT JUST A GERIATRIC CONSULTATION THEY WILL WANT A MORE EXTENSIVE UH
NEUROPSYCH
44:40
EVALUATION BECAUSE THERE WILL BE CONFLICT THERE WILL BE COURT
PROCEEDINGS
44:47
IF YOU HAVE A SPOUSE OR A CHILD WHO MAY
44:53
AT ANY POINT UM UH BE DEPENDENT ON GOVERNMENTAL
44:58
BENEFITS UH BECAUSE THEY HAVE A DISABILITY THIS TYPE OF PLANNING IS MORE
45:06
COMPLEX SO AGAIN THE LEVEL OF CAPACITY TO DO THIS PLANNING REQUIRES
THAT
45:13
GREATER LEVEL OF CAPACITY UH REAL PROPERTY TRANSACTIONS ANY KIND
45:19
OF GIFTING OR MORTGAGING OF PROPERTY MANY OLDER ADULTS
45:26
UM UH SECURE REVERSE MORTGAGES TO STAY IN THEIR HOME AND PAY FOR THEIR

45:34

CARE AND PART OF THAT PROCESS IS THEY SEND IT INDIVIDUAL TO THE HOME TO
45:40

CONDUCT AN INTERVIEW WITH THAT OLDER ADULT AND IF THAT PERSON CANNOT
45:46

RATIONALLY AND COMPETENTLY ANSWER THOSE QUESTIONS THEY'RE NOT GOING
TO GET THE

45:52

REVERSE MORTGAGE UNLESS THEY HAVE A VALID POWER OF ATTORNEY

45:57

AUTHORIZING SOMEBODY TO ACT IN THOSE CIRCUMSTANCES

46:03

SO WHAT I'D LIKE EVERYONE TO WALK AWAY FROM HERE IS THESE REALLY FOUR
IMPORTANT

46:12

POINTS NEVER SHOULD WE ASSUME ANYTHING NEVER ASSUME THAT A DIAGNOSIS
OF

46:18

DEMENTIA THAT A PERSON WITH A DIAGNOSIS OF DEMENTIA CANNOT MAKE
INFORMED MEDICAL

46:25

ILLEGAL DECISION ALWAYS PRESUME CAPACITY ALWAYS INQUIRE IS THERE
SOMETHING THAT

46:33

CAN BE DONE TO IMPROVE COGNITION BEFORE A CONCLUSION THAT THERE IS NO
LEGAL

46:40

CAPACITY AND THE LAST TWO MOST IMPORTANT

46:45

THE SOONER THE PERSON WITH THE DIAGNOSIS OF DEMENTIA ACTS THE BETTER

46:51

THE PERSON MUST MAKE EARLY CHOICES AND DECISIONS IN THE EARLY STAGES
IT'S THEIR

46:59

CHOICE IT'S THEIR AUTONOMY BUT IF THEY WAIT TOO LONG THE MORE

47:05

COMPLEX THE ISSUES BECOME AND THEY RISK LOSING THAT RIGHT TO MAKE THEIR
OWN

47:11

CHOICES AND DECISIONS SO SOMEONE ELSE THEY MAY NOT WANT MAY MAKE
THOSE

47:18

DECISIONS FOR THEM SO ALL OF US NEED TO IMPRESS ON EVERYONE

47:25

EARLY IN THE STAGES OF THESE DISEASE THAT THEY NEED TO SEEK HELP AND IF THEY

47:32

DON'T HAVE THE RESOURCES THE FINANCIAL RESOURCES THERE ARE RESOURCES OUT THERE

47:38

FOR THEM TO GET THE HELP THEY NEED THANK YOU VERY MUCH

47:43

THANKS SO MUCH SALLY - SUCH A LOT OF REALLY HELPFUL INFORMATION AND

47:49

I'LL BE INTERESTED IN SORT OF HEARING FROM YOU AND DR CANIO AGAIN ABOUT THE

47:54

INTERSECTION BETWEEN THE PROBATE CODE STANDARDS AND THE DSM STANDARDS WHICH I

48:01

THINK HAVE SOME SIMILARITIES AND SOME DIFFERENCES AND IT'S ALWAYS INTERESTING TO SORT OF LOOK AT IT FROM TWO SIDES AND

48:06

HOW WE HOW WE BRING THOSE TWO SIDES UM TOGETHER SO WE'RE REALLY LUCKY TO HAVE SALLY HAVE JOINED THE COMMISSION AT

48:13

JUST THE RIGHT MOMENT IN TIME SOMEBODY WAS AN EXPERTISE AROUND THESE ISSUES SO THANKS FOR UM FOR JOINING THE

48:21

PRESENTATION UM AND I THINK WE'VE HAD TWO OTHER MEMBERS JOIN UM IT IS

48:28

UM DR GALLAGHER IS JOINED ALTHOUGH MAY NOT BE A PARTICIPANT YET AND I THINK CELINE

48:33

MAY HAVE JOINED UM AS WELL BUT I WASN'T SEEING HER NAME BUT WE WILL WELCOME THEM

48:39

UM WHEN WE GET TO THE DISCUSSION UM AND I'M GOING TO TALK A LITTLE BIT ABOUT

48:44

UM THE CONCEPT OF SUPPORTED DECISION MAKING AND CALIFORNIA'S NEW LAW AND SOME

48:50

WAYS THAT SUPPORTED DECISION MAKING CAN SUPPORT SOME OF THESE DISCUSSIONS AROUND

48:55

UM AROUND CAPACITY SO UH JUST TAKE A LITTLE BIT OF TIME TO DO THAT SO WE CAN

49:01

GO TO THE TO THE NEXT SLIDE UM SUPPORTED DECISION MAKING IS A

49:07

CONCEPT THAT HAS BEEN AROUND FOR SEVERAL DECADES IN THE PRIMARILY INTELLECTUAL

49:13

AND DEVELOPMENTAL DISABILITY UM COMMUNITY BUT WHAT'S HAPPENING NOW IN

49:20

PART UH NATIONALLY BUT ALSO IN CALIFORNIA BECAUSE OF THE RECENT STATUTE

49:26

IS THAT THE CONCEPTS EXPANDING TO HOW DOES THIS APPLY TO OLDER ADULTS THE

49:32

CONCEPT OF SUPPORTED DECISION MAKING YOU'LL SEE A LIST OF JUST A SAMPLING OF THE ORGANIZATIONS THAT HAVE RECOGNIZED

49:40

THIS AS A AS AN IMPORTANT CONCEPT IT'S THE U.S SENATE COMMITTEE ON AGING

49:46

AARP THERE'S A MODEL A GUARDIANSHIP CONSERVATORSHIP AND OTHER PROTECTIVE

49:52

ARRANGEMENTS MODEL STATUTE FROM 2017 THAT RECOGNIZES IT AND IT'S ALSO

49:57

INCLUDED IN STATUTES IN 32 STATES AND THE DISTRICT OF COLUMBIA CALIFORNIA

50:03

STATUTE WAS PASSED BY THE LEGISLATURE LAST YEAR AND IT BECAME EFFECTIVE

50:08

JANUARY 1ST 2023 SO WE'RE JUST REALLY AT THE BEGINNING OF FIGURING OUT HOW WE CAN

50:16

PROVIDE PEOPLE WITH INFORMATION HOW WE MIGHT PROVIDE TOOLS AND OTHER DOCUMENTS

50:22

THAT PEOPLE COULD USE THERE'S A AGENCY TASK FORCE THAT'S WORKING ON THIS OR

50:27

AGENCY GROUP OF DIRECTORS THAT ARE WORKING ON THIS AND THERE WAS SOME MONEY PROVIDED TO THE STATE COUNCIL ON

50:33

DEVELOPMENTAL DISABILITIES TO DEVELOP SOME TRAINING IN MODEL PRACTICES THAT

50:39

MIGHT ALSO BE USEFUL IN THE OLDER ADULT COMMUNITY SO IF WE GO TO THE NEXT

50:44

SLIDE YEAH SO WHAT IS SUPPORTED DECISION MAKING AND

50:50

HOW DOES THAT COMPARE TO SUBSTITUTE OR SURROGATE DECISION MAKING SO SUPPORTED

50:57

DECISION MAKING IS A PERSON WHO'S BEEN IDENTIFIED BY THE OLDER ADULT OR THE

51:02

PERSON WITH A DISABILITY TO HELP THEM MAKE A DECISION IT THEREFORE ASSUMES

51:08

THAT THAT PERSON HAS THE CAPACITY TO MAKE A DECISION BUT MIGHT NEED SOME SUPPORT I THINK OF IT AS A AS AN

51:14

ACCOMMODATION HOW DO WE HELP PEOPLE MAKE THEIR OWN DECISIONS IT CAN BE

51:21

UM THEY CAN WORK WITH OTHER ADULTS COULD BE FAMILIES FRIENDS PROFESSIONALS UM

51:27

AND IT HELPS THEM UNDERSTAND THE SITUATIONS AND CHOICES THAT THEY FACE IT'S SOMEONE TO HELP THEM ASK QUESTIONS

51:35

THEY CAN RECEIVE EXPLANATIONS IN A WAY THAT THEY UNDERSTAND AND THEY CAN GET

51:41

HELP IN COMMUNICATING THEIR DECISIONS UH TO OTHERS THE OLDER ADULT OR PERSON WITH

51:47

THE DISABILITY IS THE DECISION MAKER THE SUPPORTER NEVER MAKES THE

51:53

DECISION FOR THE INDIVIDUAL THAT COMPARES TO THE SUBSTITUTE OR

51:59

SURROGATE DECISION MAKING IN THAT CASE SOMEONE ELSE IS LEGALLY DESIGNATED TO

52:04

MAKE DECISIONS FOR AND INSTEAD OF A OLDER ADULT OR THE PERSON WITH A DISABILITY SO THAT MIGHT BE A POWER OF

52:11

ATTORNEY OR PERHAPS AN ADVANCED HEALTH CARE DIRECTIVE OR THE PERSON'S IDENTIFIED SOMEONE THAT'S GOING TO MAKE

52:16
THAT DECISION FOR THEM UM THAT DECISION MAKER SHOULD CONSIDER
52:22
THE INDIVIDUALS EXPRESS INTEREST WHAT DID THEY IDENTIFY IN THE DOCUMENTS
THAT THEY SIGNED THAT THEY WANTED TO HAVE
52:28
HAPPEN AND THEY MUST ALWAYS ACT IN THE INDIVIDUAL'S UM BEST INTEREST
52:34
NEXT SLIDE SO I THINK OF SUPPORTED DECISION MAKING
52:39
AS BUILDING ON LEGAL AND MEDICAL STRATEGIES I THINK OF IT AS I SAID
52:45
BEFORE AS IN A LEGAL CONTEXT OF PROVIDING PEOPLE WITH ACCOMMODATIONS
FOR
52:50
THEIR DISABILITIES AND IT ALSO BUILDS ON UM SOME RESEARCH THAT'S BEEN
DONE IN THE
52:57
MEDICAL FIELD ABOUT WORKING FOR EXAMPLE WITH OLDER ADULTS AND HOW DO
YOU HELP
53:02
THEM UNDERSTAND THE DECISION THAT THEY'RE BEING ABLE UH THEY'RE BEING
53:08
ASKED TO MAKE SO THINGS LIKE PROVIDING EXTRA TIME INTRODUCING DECISIONS
SLOWLY
53:14
SOME OF OUR OTHER PRESENTERS TALKED ABOUT TALKING ABOUT DECISIONS ON
MORE THAN ONE OCCASION AND SEEING IF THEY'RE
53:20
SORT OF CONSISTENCY IN THE WAY PEOPLE ARE THINKING ABOUT THAT MAKING
SUGGESTIONS DEVELOPING A PLAN FORMING
53:27
STRATEGIES TOGETHER DEFINING A DECISION TOPIC AND THE GOALS USING
SIMPLE AND CLEAR LANGUAGE
53:34
SOMETIMES THAT'S SORT OF CALLED THE PLAIN LANGUAGE APPROACH LEGAL
DOCUMENTS ARE VERY CONFUSING MEDICAL CONSENT FORMS
53:42
CAN BE VERY CONFUSING AND BREAKING THAT DOWN INTO SORT OF THE BASICS
AND A
53:48
PLAINER WAY OF EXPLAINING IT IS OFTEN VERY HELPFUL STREAMLINING WHAT
THE OPTIONS ARE AND CONFIRMING AND CHECKING
53:56

FOR UNDERSTANDING IS THE PERSON UNDERSTANDING AND I THINK DR CANIO IN PARTICULAR SPOKE

54:02

UM SPOKE ABOUT THAT NEXT SLIDE

54:08

SO I THINK OF UM SUPPORTED DECISION MAKING AS ONE TOOL

54:13

AND KIND OF THE TOOLBOX OF WAYS WE CAN HELP PEOPLE IF WE START FROM THIS FRAMEWORK THAT THAT PEOPLE CAN MAKE

54:20

THEIR OWN DECISIONS UM WE ALSO HAVE TO THINK OF THE ARRAY OF WAYS THAT WE CAN HELP THEM SOME

54:29

OF WHICH WILL BE CONTINUING TO SUPPORT THEIR ABILITY TO MAKE THEIR DECISION AND OTHER TIMES IT WILL BE FINDING OTHER

54:35

KINDS OF TOOLS I DON'T THINK OF THESE TOOLS AS ONE VERSUS THE OTHER I THINK THERE'S

54:42

OPPORTUNITIES TO USE THOSE TOOLS TOGETHER SO WHEN I THINK OF SUPPORTED DECISION MAKING PEOPLE CAN MAKE SOME

54:49

DECISIONS THEY MAY NOT BE ABLE TO MAKE ALL DECISIONS AND SO SUPPORTED DECISION MAKING MAY HELP PEOPLE MAKE SOME

54:56

DECISIONS THAT THEY CAN MAKE WHILE OTHER TOOLS MAY BE NEEDED TO HELP WITH

55:02

SOMETHING THAT'S MORE COMPLICATED OTHER TOOLS THAT HAVE BEEN MENTIONED BEFORE SOME OF THEM POWER OF ATTORNEY ADVANCED

55:10

HEALTH CARE DIRECTIVE A REPRESENTATIVE PAYEE FOR SSI OR OTHER SOCIAL SECURITY

55:16

BENEFITS A JOINT BANK ACCOUNT AUTHORIZED REPRESENTATIVE WHICH WOULD BE

55:21

A CONSENT TO SHARE INFORMATION OR THE HIPAA FORM THAT SALLY MENTIONED AS BEING

55:26

AN IMPORTANT TOOL TO BE ABLE TO HAVE OTHERS ACCESS MEDICAL INFORMATION I

55:33

THINK DIFFERENT TOOLS AND APPLY AT DIFFERENT TIMES AND IN DIFFERENT UM CIRCUMSTANCES SO IF YOU'RE DEALING

55:39

WITH A COM COMPLEX FINANCIAL TRANSACTION YOU MAY WANT TO HAVE ANOTHER DOCUMENT IN PLACE BECAUSE IT MAY BE MORE DIFFICULT

55:46

TO USE A SUPPORTED DECISION-MAKING AGREEMENT AND AS I SAID CONSIDER HOW THE

55:51

DIFFERENT TOOLS CAN WORK UM WORK TOGETHER OUR NEXT SLIDE

55:58

I'M GOING TO TALK A LITTLE BIT ABOUT UM CALIFORNIA'S NEW LAW AS I SAID IT WAS

56:04

PASSED BY THE LEGISLATURE AND SIGNED INTO LAW LAST YEAR UM EFFECTIVE JANUARY 1ST 2023 THE BILL

56:12

NUMBER UM WHICH SOME PEOPLE STILL USE TO DESCRIBE IT IS ASSEMBLY BILL 1663 AND

56:19

THE AUTHOR OF THAT BILL WAS ASSEMBLY MEMBER MAIENSCHEIN SOME OF THIS UH JUST AS A INTERESTING

56:27

FACT SOME OF THIS CAME TO BE INITIATED AS A PART OF THE FREE BRITTANY MOVEMENT

56:33

WHICH WAS ABOUT THE SINGER SONGWRITER BRITNEY SPEARS WHO HAD BEEN UNDER A CONSERVATORSHIP FOR A VERY LONG TIME

56:40

PERHAPS WITHOUT THE APPROPRIATE REVIEW AND SOME SIGNIFICANT QUESTIONS ABOUT WHETHER SHE NEEDED TO BE CONSERVED AND

56:47

MORE IMPORTANTLY WHAT WERE THE OTHER OPTIONS THAT COULD HELP HER MAKE DECISIONS RATHER THAN BEING

56:55

CONSERVED UM BUT THE SUPPORTED DECISION-MAKING LAW INTENT IS TO PRESUME DECISION MAKING

57:02

CAPACITY UNLESS IT'S OTHERWISE DETERMINED THAT THE PERSON DOESN'T HAVE CAPACITY BY A COURT

57:10

UM AN ADULT'S CAPACITY SHOULD BE ASSESSED WITH ANY SUPPORTS THE PERSON IS

57:15

USING OR COULD USE SO IF YOU CAN MAKE DECISIONS WITH A SUPPORTER HELPING YOU

57:21

THINK ABOUT THE DECISIONS AND YOU HAVE THE ABILITY TO DO THAT THEN THAT'S

57:27

THAT'S WHAT SHOULD HAPPEN UM OLDER ADULTS AND PEOPLE WITH DISABILITIES SHOULD BE INFORMED ABOUT

57:33

AND PARTICIPATE IN THE MANAGEMENT OF THEIR AFFAIRS WITH THE SUPPORTS THAT THEY CHOOSE

57:40

VOLUNTARY SUPPORT ARRANGEMENTS ARE ENCOURAGED AND RECOGNIZED AND AN ACKNOWLEDGMENT THAT SUPPORTED

57:47

DECISION MAKING IS A TOOL TO HELP MAINTAIN AUTONOMY AND DECISION-MAKING AUTHORITY AND IT CAN ALSO STRENGTHEN

57:54

PEOPLE'S CAPACITY LET'S GO TO THE NEXT SLIDE

58:01

SO WHO CAN ENTER INTO SUPPORTED DECISION MAKING SO ONE IT'S AN ADULT WITH

58:07

DISABILITIES AND THERE'S A LIST OF TYPES OF DISABILITIES THAT UM THE STATUTE SPECIFICALLY ACKNOWLEDGES INTELLECTUAL

58:13

OR DEVELOPMENTAL DISABILITY LEARNING DISABILITY PSYCHIATRIC DISABILITY PHYSICAL OR SENSORY DISABILITY BUT THE

58:21

STATUTE ALSO SPECIFICALLY IDENTIFIES THAT OLDER ADULTS WITH DISABILITIES OR

58:26

AGE-RELATED DISABILITIES INCLUDING A COGNITIVE DISABILITY A COGNITIVE

58:32

IMPAIRMENT DEMENTIA ALZHEIMER'S DISEASE MAJOR NEUROCOGNITIVE DISORDER WHICH IS

58:37

THE TERM THAT DR CANIO WAS REFERRING TO IN HER PRESENTATION OR A CHRONIC ILLNESS

58:44

OR CONDITION SO THOSE ARE PEOPLE WHO COULD USE SUPPORTED DECISION MAKING IF

58:50

THEY'RE STILL ABLE TO MAKE DECISIONS WITH THOSE KINDS OF SUPPORTS AS I SAID BEFORE SUPPORTED DECISION MAKING IS WHEN

58:57

THE PERSON CAN MAKE THEIR OWN DECISION WITH SUPPORT IT'S NOT A TOOL BY WHICH SOMEONE CAN

59:04

STEP IN AND MAKE THE DECISION FOR THE INDIVIDUAL THAT'S WHEN THOSE OTHER TOOLS BECOME MUCH MORE IMPORTANT POWERS OF

59:11

ATTORNEY ADVANCED HEALTH CARE DIRECTIVES ETC OKAY NEXT SLIDE

59:19

SO CALIFORNIA ACTUALLY ALLOWS TWO KINDS OF

59:25

UM SUPPORTED DECISION MAKING BUT FIRST IS CALLED AN INFORMAL WAY OF DOING THAT AND

59:31

THE SECOND IS A MORE FORMAL WRITTEN SUPPORTED DECISION-MAKING AGREEMENT SO

59:37

AN INFORMAL SUPPORTED DECISION MAKING ALLOWS AN OLDER ADULT OR PERSON WITH A DISABILITY TO HAVE ONE OR MORE ADULT

59:44

SUPPORTERS PRESENT IN ANY MEETING DISCUSSION OR TO PARTICIPATE IN A

59:49

WRITTEN COMMUNICATION SO AN EXAMPLE OF THAT FOR AN OLDER ADULT MIGHT BE YOU'RE

59:55

IN A NURSING FACILITY TO RECOVER FROM A MEDICAL PROCEDURE AND THERE'S A DISCHARGE PLANNING MEETING YOU COULD HAVE A SUPPORTER PARTICIPATE IN THAT MEETING WITH YOU TO HELP YOU UNDERSTAND

1:00:02

WHAT YOUR CHOICES WERE WHAT YOUR OPTIONS WERE AND HELP YOU MAKE THE DECISION THAT YOU WANT TO MAKE

1:00:09

ADULTS CAN INDICATE THAT THEY WISH TO HAVE A SUPPORTER PARTICIPATE BY VERBALLY

1:00:16

SAYING I WANT THIS PERSON TO HELP ME FOR ADULTS THAT HAVE COMMUNICATION DISABILITIES THEY CAN MAKE A GESTURE

1:00:22

ABOUT THAT OR RESPOND TO A QUESTION ABOUT THAT IN SOME WAY OR THEY CAN USE AN ALTERNATIVE COMMUNICATION DEVICE SO

1:00:29

1:00:36

PARTICULARLY IN THE DISABILITY CONTEXT IT'S NOT UNCOMMON FOR PEOPLE TO HAVE

1:00:41

AUGMENTATIVE COMMUNICATION DEVICES THAT HELP THEM COMMUNICATE THEIR PREFERENCES

1:00:47

IT'S IMPORTANT TO RECOGNIZE THAT A THIRD PARTY MAY REFUSE THE PRESENCE OF A

1:00:52

SUPPORTER IF THEY REASONABLY BELIEVE THERE'S FRAUD COERCION ABUSE OR OTHER

1:00:57

ACTIONS THAT ARE REPORTED UNDER THE ELDER ABUSE ACT SO IF YOU HAVE SOMEONE

1:01:03

GO TO A BANK WITH YOU AND YOU SAY TO THE BANKER I WANT TO ADD THIS PERSON TO MY

1:01:10

ACCOUNT AND I WANT CHECKS ISSUED IN THEIR NAME AND I WANT THEM TO BE ABLE TO WITHDRAW TEN THOUSAND DOLLARS TODAY AND

1:01:16

THAT'S AN UNCOMMON OCCURRENCE SUCH AS WHAT SALLY WAS TALKING ABOUT THE

1:01:22

BANK MAY SAY I'M SORRY WE'RE NOT GOING TO BE ABLE TO DO THAT WITH YOUR SUPPORTER TODAY AND THE BANK WOULD THEN

1:01:28

MOST LIKELY ALSO REFER THAT UNDER THE ELDER ABUSE REPORTING ACT SO THAT'S ONE

1:01:33

OF THE TYPES OF GUARD RAILS THAT'S THERE TO BE CLEAR THAT UM YOU CAN HAVE A SUPPORTER BUT IF IT

1:01:39

RISES TO THE LEVEL OF SOMETHING THAT LOOKS LIKE IT IS ABUSE OR

1:01:45

UM MISUSE OF FINANCES AND SO FORTH THERE'S UM THAT THAT DOES NOT OBTAIN THE NEED

1:01:50

FOR THE OTHER KINDS OF PROCEDURES AND PROTECTIONS

1:01:56

OKAY WE'LL GO TO UM FORMAL DECISION MAKING SO FORMAL DECISION-MAKING AGREEMENTS REQUIRE THAT

1:02:04

THE ADULT AND QUALIFIED SUPPORTER HAVE A PLAIN LANGUAGE WRITTEN AGREEMENT

1:02:09

THE AGREEMENT SAYS THE AREAS WHERE THE ADULT WANTS HELP AND THE AREAS WHERE

1:02:15

THIS SUPPORTER WILL HELP THE ADULT CAN TAKE INDEPENDENT ACTION EVEN IF THEY HAVE A SUPPORTED

1:02:21

DECISION-MAKING AGREEMENT AND THE AGREEMENT MUST BE REVIEWED EVERY TWO YEARS AND UPDATED AS NEEDED THE

1:02:28

AGREEMENT ALSO HAS TO BE SIGNED BY WITNESSES AND OR NOTARIZED AS A WAY

1:02:34

OF ACKNOWLEDGING IT AND THERE'S VERY SPECIFIC UM SORT OF STATUTORY REQUIREMENTS ABOUT

1:02:41

WHAT HAS TO BE IN THE AGREEMENT IN ADDITION WHICH YOU CAN READ IN THE

1:02:47

BILL WHICH WILL BE ON THE ON THE RESOURCE PAGE LET'S GO TO THE NEXT SLIDE

1:02:55

WHO CAN BE A SUPPORTER IS ONE OR MORE ADULTS WHO MEET STATUTORY REQUIREMENTS

1:03:00

WHO ENTER INTO AN AGREEMENT THE SUPPORTER IS BOUND BY ALL LAWS THAT

1:03:05

PROTECT OLDER ADULTS FROM FRAUD ABUSE COERCION AND MISTREATMENT

1:03:10

THE LAW DOES NOT LIMIT UM A SUPPORTER CIVIL OR CRIMINAL LIABILITY UNDER THE ELDER ABUSE ACT AND OTHER LAWS SO IF YOU

1:03:18

BECOME A SUPPORTER BUT YOU ARE TAKING ADVANTAGE OF SOMEONE YOU'RE STILL SUBJECT TO THE SAME CIVIL AND CRIMINAL

1:03:24

LIABILITY THAT YOU WOULD OTHERWISE HAVE

1:03:30

FOREIGN AND THEN THE LAW PROVIDES WHAT I CALL

1:03:36

GUARD RAILS FOR SUPPORTED DECISION-MAKING AGREEMENTS SO AN

1:03:41

INDIVIDUAL CANNOT BE A SUPPORTER OR CONTINUOUS A SUPPORTER IF THE ADULT THE

1:03:47

OLDER ADULT FILED OR FILES AN ELDER ABUSE COMPLAINT THE ADULT HAD OR OBTAINS

1:03:53

AN ORDER OF PROTECTION FROM THE SUPPORTER THERE'S A CIVIL OR CRIMINAL RESTRAINING OR NO CONTACT ORDER THE

1:04:01

SUPPORTER WAS THE CONSERVATOR AND WAS REMOVED BASED ON THE FINDING THAT THEY DID NOT ACT IN THE INDIVIDUAL'S BEST

1:04:07

INTEREST OR THE SUPPORTER IS CRIMINALLY CIVILY OR ADMINISTRATIVE LIABLE FOR

1:04:12

ABUSE NEGLECT MISTREATMENT SO THERE'S BEEN A SPECIFIC ACTION TAKEN AGAINST UM AGAINST THE SUPPORTER

1:04:19

AND THEN A DIFFERENT KIND OF GUARD RAIL IS WHAT A SUPPORTER CANNOT DO SO LET'S

1:04:26

JUST GO TO THE NEXT SLIDE SORRY UM THEY CANNOT MAKE DECISIONS OH SORRY

1:04:31

ONE BACK SORRY I GOT YOU CONFUSED MAKE DECISIONS FOR OR ON BEHALF OF THE ADULT

1:04:38

THE OLDER ADULT UM WITH A DISABILITY AND THEY CANNOT SIGN UM DOCUMENTS ON BEHALF OF THE OLDER

1:04:44

ADULT OR A PERSON WITH A DISABILITY THEY CAN'T OBTAIN INFORMATION UNRELATED TO MATTERS FOR WHICH ASSISTANCE IS

1:04:51

REQUESTED AND A SUPPORTER MAY NOT PARTICIPATE IN ANY LIFE DECISION IN WHICH THEY HAVE A CONFLICT OF INTEREST

1:04:57

INCLUDING FINANCIAL OR OTHER TANGIBLE STAKE IN THE OUTCOME SO I THINK THAT'S

1:05:03

AN INTERESTING AREA SALLY AND I CHATTED A LITTLE BIT ABOUT WHAT DOES THAT MEAN UM AND YOU KNOW WOULD YOU BE ABLE TO

1:05:10

MAKE A MEDICAL DECISION AS A SUPPORT MAKING A MEDICAL DECISION FOR EXAMPLE

1:05:16

BUT NOT BE ABLE TO SUPPORT MAKING A FINANCIAL DECISION IF YOU WERE GOING TO

1:05:22

BE THE BENEFICIARY UNDER A UM A TRUST OR SOME OTHER KINDS OF
1:05:27
DOCUMENTS SO I THINK THERE'S SOME ADDITIONAL DISCUSSION AND INTEREST IN
UM AND HOW YOU AVOID CONFLICTS OF
1:05:34
INTEREST BUT DO IT IN A WAY THAT ALSO ALLOWS INDIVIDUALS TO CHOOSE
PEOPLE THAT THEY WANT TO GET
1:05:41
UM SUPPORT FROM SO JUST IN CLOSING WE GO TO THE NEXT SLIDE I WANTED TO
JUST TALK ABOUT SOME
1:05:49
THINGS WE'VE ALREADY BEGUN TO THINK ABOUT SUPPORTED DECISION MAKING A
CAPACITY I THINK THIS SUPPORTED DECISION
1:05:55
MAKING REQUIRES US TO THINK ABOUT A MORE FLEXIBLE DEFINITION OF DECISION
MAKING
1:06:01
UH CAPACITY BASED ON THE INDIVIDUAL RATHER THAN THE DIAGNOSIS WHICH I
THINK
1:06:07
YOU'VE HEARD SEVERAL TIMES TODAY WHICH DECISIONS CAN BE MADE WITH
1:06:12
ACCOMMODATIONS AND SUPPORTS LIKE SUPPORTED DECISION MAKING AND
WHEN OR WHEN IS A PERSON IN IN UM UNABLE TO
1:06:20
HAVE TO MAKE THOSE KIND OF DECISIONS EVEN WITH SUPPORTS HAVE TO LOOK
AT THE OLDER ADULTS' ABILITY
1:06:26
TO RECEIVE EVALUATE AND COMMUNICATE DECISIONS AND THAT'S GOING TO
DEPEND ON
1:06:31
THE INDIVIDUAL'S ABILITY AND THE COMPLEXITY OF THE DECISIONS THAT ARE
1:06:37
GOING TO BE MADE SUPPORTED DECISION MAKING CAN BE A TOOL THAT
PRESERVES AUTONOMY FOR AT LEAST
1:06:43
SOME PERIOD OF TIME PEOPLE'S NEEDS AND THE NATURE OF THEIR
1:06:49
DISABILITY CHANGE OVER TIME AND SO WE THINK OF THIS AS A TOOL THAT HAS
VALUE AT PARTICULAR PERIODS OF TIME FOR A
1:06:56
PERSON AND IT MAY NOT BE SOMETHING THAT'S HELPFUL AT A DIFFERENT TIME IT
CAN BE USED IN CONJUNCTION WITH OTHER
1:07:02

TOOLS IT CAN INCREASE THE SUPPORTED A CIRCUIT DECISION-MAKER KNOWLEDGE OF THE

1:07:08

OLDER'S ADULT CHOICES AND WILL SO IF YOU BECOME A SURROGATE DECISION MAKER BUT

1:07:14

YOU'VE PARTICIPATED IN IN DISCUSSIONS WHERE THERE WAS A SUPPORTER YOU MAY LEARN MORE ABOUT WHAT THE INDIVIDUALS

1:07:20

EXPRESS CHOICES WERE I THINK ON A SYSTEMIC ISSUE IT HELPS US

1:07:26

UM CONFRONT AGEISM IN PATERNALISM IN NEW WAYS UM TOO OFTEN I THINK I'M SO

1:07:33

IMPRESSED WITH DR CANIO WHO'VE USED THIS FROM A LENS THAT'S MUCH MORE SIMILAR TO MINE BUT I THINK TOO OFTEN WE THINK OF

1:07:40

PEOPLE WITH DEMENTIA AS PEOPLE THAT BECAUSE THEY HAVE A DIAGNOSIS ARE UNABLE

1:07:45

TO MAKE ANY DECISION ABOUT THEIR LIFE AND IT BECOMES VERY EASY PARTICULARLY

1:07:50

FOR PEOPLE LIVING IN FACILITIES FOR DECISION THEIR OWN DECISIONS TO BE UM

1:07:55

DISREGARDED I THINK IT MAKES US THINK ABOUT THE OLDER AMERICANS ACT VALUES OF

1:08:01

FREEDOM INDEPENDENCE AND FREE EXERCISE OF INDIVIDUAL INITIATIVE AND PLANNING

1:08:07

AND MANAGING THEIR OWN LIVES IN ADDITION TO THE PROTECTION FUNCTION THAT I'M SURE

1:08:12

ALL OF US ALL OF US CARE ABOUT SO THOSE ARE JUST THINGS I THINK IS THIS DEVELOPS

1:08:18

IN CALIFORNIA BECOME HELPFUL FOR ALL OF US TO KEEP IN THE BACK OF OUR MIND

1:08:23

SO THE LAST PART OF THIS PRESENTATION IS REALLY GOING TO BE UM A DISCUSSION OF AT LEAST ONE

1:08:31

HYPOTHETICAL AMONG THE THREE OF US UM BUT THEN WE'RE GONNA MOVE UM INTO

1:08:37

OFFERING ALL HEARING FROM ALL OF YOU ABOUT THOUGHTS YOU MAY HAVE ABOUT THE HYPOTHETICAL AND ANY QUESTIONS THAT YOU

1:08:45

WANT TO UM JUST RAISE OR OTHER POINTS YOU THINK ARE IMPORTANT TO CONSIDER ON THESE VERY

1:08:50

IMPORTANT TOPICS SO I THINK THERE'S A SLIDE ON THE FIRST HYPOTHETICAL AND WE

1:08:56

CAN BRING THAT UP MAYBE WELL FIRST THERE'S RESOURCES SO IN THE MATERIALS YOU'LL GET OR YOU ALREADY

1:09:02

RECEIVED THERE ARE RESOURCES AND THEY'RE POSTED AT ON THE WEBSITE SO YOU CAN LOOK

1:09:09

FOR ALL THE RESOURCES THAT HAVE BEEN MENTIONED HERE TODAY THERE'S UM A LIST OF LEGAL RESOURCES MEDICAL

1:09:16

RESOURCES INFORMATION ABOUT CAPACITY AND DECISION-MAKING SO THANKS MICHELLE FOR PUTTING THOSE

1:09:22

TOGETHER AND NOW WE'RE GOING TO TALK ABOUT PEDRO GOMEZ SO MR GOMEZ IS

1:09:29

UM A 79 YEAR OLD MAN NEWLY DIAGNOSED WITH ALZHEIMER'S DISEASE IN A MILD STAGE

1:09:36

HE RECENTLY FELL BROKE HIS HIP HAD SURGERY AND IS NOW IN A SKILLED NURSING

1:09:43

FACILITY THE FAMILY IS WORRIED ABOUT PEDRO LIVING ALONE THEY WANT HIM TO MOVE TO AN

1:09:49

ASSISTED LIVING FACILITY AFTER DISCHARGE AND FAMILIES ASKING PEDRO'S DOCTOR TO

1:09:55

PROVIDE AN INCAPACITY LETTER TO ACTIVATE THE POWER OF ATTORNEY THAT PEDRO SIGNED SOME YEARS AGO THE POWER OF ATTORNEY FOR

1:10:04

EXAMPLE MIGHT GIVE THE FAMILY THE AUTHORITY TO SIGN AN ADMISSION AGREEMENT TO AN ASSISTED LIVING FACILITY YOU MIGHT

1:10:11

REMEMBER WHAT SALLY TALKED ABOUT LIKE THE ABILITY TO CONTRACT RIGHT

1:10:16

UM MR GOMEZ ON THE OTHER HAND UM ONLY UH WANTS HE WANTS TO RETURN HOME

1:10:23

AND GET SERVICES TO HELP RECOVER HIM FROM HIS BROKEN HIP SO SOME ADDITIONAL

1:10:28

SUPPORT POTENTIALLY WHILE HE'S AT HOME AND HE WANTS HIS LONGTIME FRIEND TO HELP WITH SECURING THE SERVICES AND WITH

1:10:36

MANAGING UM HIS FINANCES SO GIVEN THAT SORT OF SCENARIO

1:10:42

UM LET'S START WITH DR CANIO AND THEN SALLY BERGMAN

1:10:48

UM AND HEAR WHAT THEY HAVE TO SAY ABOUT HOW THEY WOULD RESPOND TO KIND OF THE

1:10:53

WHOLE SCENARIO AND PARTICULARLY SINCE THEY'RE ASKING A DOCTOR TO PROVIDE AN

1:10:58

INCAPACITY LETTER UM DR CANIO WHAT WOULD YOU SAY

1:11:04

ALL RIGHT I THINK IT'S IMPORTANT TO NOTE THAT THIS PERSON HAS A MILD STAGE

1:11:10

ALZHEIMER'S DISEASE AND A LOT OF THE TIMES PEOPLE IN THE MOUTH THEY STILL

1:11:17

HAVE SOME REQUISITE SKILLS TO BE ABLE TO MAKE SOME DECISIONS IF YOU RECALL A FEW SEVERAL MINUTES AGO

1:11:24

I TALKED TO YOU ABOUT SOMETHING CALLED DELIRIUM WHICH IS AN ACUTE CONFUSION TOO TO A MEDICAL PROBLEM FOR HIS

1:11:32

PARTICULAR CASE HE BROKE HIS HIP SO HE MUST HAVE HAD SOME UM EFFECTS OF AN ANESTHESIA THAT MIGHT

1:11:39

BE CLOUDING HIS ABILITY TO MAKE DECISIONS UM HE COULD BE ON PAIN MEDICATIONS THAT

1:11:44

CAN ALSO AFFECT THAT AND PERHAPS UM KEEP WHEN THEY TALK TO HIM IF

1:11:53

THEY IF HE NEEDS SOMETHING TO MAKE SURE HE'S SAFE OR TO MAKE SURE THAT HE'S SAFE

1:11:58

IS TO GO TO AN ASSISTED LIVING FACILITY THAT ACTUALLY IS A QUESTION MARK
FOR ME I'LL SHARE THAT IN A LITTLE BIT

1:12:06

UM IT IT'S IMPORTANT TO ADDRESS THE YOU ARE THAT I MENTIONED

1:12:13

EARLIER SO FOR HIS PARTICULAR CASE IF I WAS DOING THIS MEDICALLY RIGHT THIS

1:12:19

PERSON HAS A CAPACITY TO MAKE THIS DECISION BECAUSE IT'S SOMEWHAT
MEDICAL BECAUSE IT'S PART OF HIS CARE

1:12:25

UM DOES UH PEDRO UH KNOW WHAT THE SITUATION IS WHAT JUST HAPPENED

1:12:33

WHAT DOES THE RECOMMENDATION IF THIS IS A RECOMMENDATION FROM THE
PHYSICIANS

1:12:40

OR THE CARE TEAMS TO MOVE TO A FACILITY VERSUS CAN HE ACTUALLY STAY AT

1:12:45

HOME WITH ENOUGH SUPERVISION SO THAT WE CAN AT

1:12:50

LEAST UM HONOR THAT RIGHT SO THAT'S ONE CAN HE DOES HE KNOW WHAT THE
PROBLEM IS AND

1:12:56

THEN APPRECIATION LIKE WHAT COULD HAPPEN TO HIM IF HE GOES HOME

1:13:02

WITHOUT THIS UM SUFFICIENT SUPERVISION THAT THE CHARACTER IS
RECOMMENDING

1:13:09

AND SO IF HE'S ABLE TO APPRECIATE THAT YES HE CAN OR NO HE CANNOT THAT'S
A

1:13:16

QUESTION MARK RIGHT AND THEN WHAT LED TO HIS CHOICE IS IT MERELY JUST
WELL I JUST

1:13:21

WANT TO GO HOME WITHOUT ACTUALLY UM IDENTIFYING OR RECOGNIZING THAT
THE

1:13:27

RISK OF GOING HOME MAY ACTUALLY NOT BE SAFE FOR HIM

1:13:34

UM AND WHAT ARE THE BENEFITS OF THE ALTERNATIVE AND THEN EXPRESSING A
CHOICE THAT IS CONSISTENT CONSISTENCY IS A ONE

1:13:42

KEY I MAY GO TO HIS ROOM SO LET'S SAY I'M IN THE HOSPITAL GO TO HIS ROOM A
FEW

1:13:48

MINUTES LATER OR AN HOUR LATER COME BACK HE CHANGES HIS DECISION

1:13:53

UM SO THAT TO ME IF THERE IS THERE ARE SOME CONCERNS WITH THAT YOU

1:13:59

ARE APPROACH THEN THAT PERSON DOES NOT HAVE CAPACITY TO MAKE THAT DECISION FOR

1:14:04

THAT FOR HIM TO GO TO A HOME VERSUS GOING HOME

1:14:10

UM SO IT I THINK THERE MIGHT BE AT TIMES IF HE DOES NOT HAVE A CAPACITY TO MAKE

1:14:16

THAT DECISION AT THAT TIME BECAUSE OF A DELIRIUM I SOMETIMES I'M ASKED TO WRITE AN

1:14:23

INCAPACITY LETTER TEMPORARILY AND THAT IS TO GET THEM TO A SAFE HOME

1:14:29

IF THAT'S THE CASE AND I'M A BIT CONCERNED WITH THE ASSISTED LIVING FACILITY RECOMMENDATION

1:14:36

KNOWING THAT THIS PERSON ACTUALLY HAS A DIAGNOSIS OF DEMENTIA A LOT OF ASSISTED

1:14:42

LIVING FACILITIES IN OUR STATE DO NOT ACCEPT PEOPLE WITH DEMENTIA BECAUSE OF

1:14:48

THE SAFETY CONCERNS AND SO DOES A FAMILY EVEN HAVE A GOOD PLAN TO CARRY THIS OUT

1:14:55

SO THAT'S ANOTHER THING THAT ANOTHER LAYER THAT'S NOT NECESSARILY RELATED TO CAPACITY THAT THEN I GET INVOLVED WITH

1:15:01

FAMILY DISCUSSION AS TO WHERE DOES THIS PERSON UM NEED TO GO TO CONTINUE TO BE SAFE

1:15:10

UM SO I THINK AND THEN AS FAR AS IF HE DOES WANT TO GO

1:15:15

HOME AND THIS LONG TIME FRIEND IS ACTUALLY GOING TO BE ABLE TO DO IT THAT'S ANOTHER QUESTION MARK RIGHT A LOT

1:15:23

OF TIMES WE THINK THIS IS A TEMPORARY MAYBE YOU KNOW A FEW WEEKS BUT IT COULD

1:15:28

BE THREE MONTHS TO HAVE A DELIRIUM IT COULD LAST UP TO THREE MONTHS

1:15:33

UM AND SO DOES THAT PERSON ACTUALLY KNOW UH TO WHAT EXTENT THIS PERSON UH CARE

1:15:40

WHAT KIND OF NEEDS THIS PERSON UM NEED TO BE ABLE TO UH RECOVER

1:15:47

I'LL STOP THERE AND GIVE SALLY SOME TIME OKAY

1:15:53

SO UH I WOULD SAY THAT IF I LEARNED ABOUT THIS GENTLEMAN OF THE FIRST CALL

1:16:01

LIKELY WOULD HAVE BEEN PLACED BY A FAMILY MEMBER AND IF THEY HAD RELATED

1:16:07

JUST WHAT YOU'RE SEEING HERE AND I PROBABLY WOULD HAVE ASKED A LOT OF

1:16:13

QUESTIONS MY THOUGHTS WOULD BE THAT THIS GENTLEMAN

1:16:18

IN ALL LIKELIHOOD UH DOES HAVE MENTAL CAPACITY AND I THINK

1:16:25

IT'S WORTH IT TO MEET WITH HIM TO UH TALK WITH HIM I WOULD TALK TO HIM ABOUT

1:16:32

HIS FAMILY I WOULD TALK TO HIM ABOUT PEDRO

1:16:38

UM I HAVE TO BE EXTREMELY CAREFUL UH BECAUSE

1:16:44

PARTICULARLY IN THE ELDER LAW ARENA THE ETHICS CAN BE A MINEFIELD I ALWAYS HAVE

1:16:51

TO ASK MYSELF WHO IS MY CLIENT IN THIS SITUATION WHEN I TALKED TO AFTER

1:16:59

A CONVERSATION WITH THIS FAMILY I WOULD MAKE IT VERY CLEAR TO THIS FAMILY

1:17:06

THAT I WILL MEET WITH THIS MAN BUT I WANT HIM TO MAKE THE CALL TO ME AND ASK

1:17:13

ME TO COME VISIT HIM AND I WOULD MAKE IT VERY CLEAR TO THE FAMILY THAT

1:17:21

PEDRO AND ONLY PEDRO WOULD BE MY CLIENT IF I DECIDE TO PROCEED I'D MAKE IT VERY

1:17:29

CLEAR THAT I WOULD MEET WITH HIM ALONE AND NOBODY ELSE SOMETIMES WE
LATER CAN

1:17:37

BRING IN FAMILY MEMBERS BUT I HAVE TO FIRST SATISFY MYSELF THAT THIS
GENTLEMAN

1:17:45

IS HAS SUFFICIENT COGNITION TO MAKE HIS OWN CHOICES AND THAT THERE ARE
NO FAMILY

1:17:53

MEMBERS WHO ARE UH NOT ACTING IN HIS BEST INTERESTS

1:18:02

UM I WOULD BE A LITTLE SKEPTICAL OF THIS FAMILY HERE UH BECAUSE I DO SEE
SOME

1:18:10

FAMILY MEMBERS AGAIN AS DR CANIO MENTIONED THEY HEAR THAT WORD
COGNITION

1:18:16

DEMENTIA JUST ANYTHING IN THIS UH DISEASE RANGE AND THE FAMILY THINKS
IT'S

1:18:24

TIME TO TAKE OVER AND I DO NOT BELIEVE THAT AT ALL UH I

1:18:31

ALSO RECOGNIZE WHAT DR CANIO MENTIONED HE'S IN THE HOSPITAL HE'S HAD

1:18:39

UM HE'S JUST HAD SURGERY AND A HOSPITALIZATION MY EXPERIENCE IS THIS IS

1:18:46

A VERY DISORIENTING EXPERIENCE FOR MOST OLDER ADULTS THEY DON'T LIKE
BEING OUT

1:18:53

OF THEIR ENVIRONMENT SO I WOULD ALWAYS EVEN IF I FOUND UH SOME ISSUES I
WOULD

1:19:01

WANT TO WAIT UNTIL HE GOT HOME OR AT LEAST DISCHARGED TO ANOTHER
FACILITY AND

1:19:08

IT'S AMAZING THE NIGHT AND DAY DIFFERENCE IT CAN BE SO AGAIN YOU ALWAYS

1:19:15

HAVE TO WORK TO CREATE THE BEST SCENARIO GIVE THIS

1:19:21

GENTLEMAN THE BEST HOPE AND THEN I ASSUMING THAT I CONCLUDED THAT HE
DOES

1:19:28

HAVE MENTAL CAPACITY I WOULD PROBABLY WANT TO REVIEW HIS DOCUMENTS
BECAUSE UH

1:19:36

SHOULD HE NOW BE CONCERNED THAT HIS CARER UH TRYING TO TAKE OVER

1:19:41

PREMATURELY THAT SENDS UP A RED FLAG TO ME I WOULD ALSO

1:19:47

TALK EXTENSIVELY ABOUT PEDRO'S FRIENDS BECAUSE HE COULD BE A BAD ACTOR TOO

1:19:55

UM YOU DO THIS ENOUGH AND YOU GET A PRETTY GOOD INSTINCT FOR PEOPLE AND THERE ARE SOMETIMES

1:20:04

SITUATIONS ON PAPER LOOK BAD BUT ONCE YOU MEET THEM AND YOU SEE HOW THEY

1:20:12

INTERACT YOU GET AN ENTIRELY DIFFERENT PICTURE SO AGAIN GIVE THEM THE BENEFIT OF THE

1:20:20

DOUBT NEVER ASSUME ANYTHING AND ALWAYS TRY TO FIND THAT CAPACITY

1:20:28

SO THANKS SO MUCH FOR THAT REALLY UH INSIGHTFUL I THANK BOTH OF YOU ABOUT

1:20:33

HOW YOU HOW YOU APPROACH IT I THINK THE ONLY THING I'LL ADD TO THIS AND THEN WE'RE GOING TO OPEN IT UP FOR ALL OF YOU

1:20:39

TO PARTICIPATE UH AS COMMITTEE MEMBERS IS TO THINK ABOUT IN THIS

1:20:44

DISCHARGE PLANNING HOW SUPPORTED DECISION MAKING MIGHT BE HELPFUL AND

1:20:51

UNDER THE KIND OF CALIFORNIA INFORMAL DECISION MAKING

1:20:56

UM PEDRO COULD ASK THAT HIS FRIEND COME TO THE DISCHARGE PLANNING MEETING WITH

1:21:02

HIM FROM THE NURSING HOME FOR EXAMPLE AND HELP HIM EXPLORE WHAT THE OPTIONS

1:21:07

ARE BECAUSE I THINK LEGITIMATELY THERE'S A CONCERN LIKE FOR PEDRO JUST TO GO HOME

1:21:12

BY HIMSELF AND THINK HE'S GONNA BE ABLE TO YOU KNOW MAKE IT GO

1:21:18

UM MIGHT NOT BE REALISTIC BUT THERE'S LOTS OF OPPORTUNITIES TO EXPLORE WHAT IN-HOME SUPPORTS WOULD BE AVAILABLE

1:21:25

THROUGH HIS INSURANCE PLAN WHAT IN-HOME SUPPORT SERVICES WOULD BE AVAILABLE

1:21:30

THROUGH OTHER ENTITIES LIKE IHSS WHAT'S THE APPLICATION PROCESS ALL OF THOSE

1:21:37

KINDS OF THINGS SO IN SOME WAYS SUPPORTED DECISION MAKING I THINK CAN HELP PEOPLE FRAMES OR REALISTIC PLANNING

1:21:44

FOR WHAT THEY NEED TO ACHIEVE THEIR OBJECTIVE UM HELP THEM ASK THE KINDS OF QUESTIONS

1:21:50

THAT MIGHT BE HARDER FOR THEM TO THINK ABOUT IN IN THE MIDST OF THIS

1:21:55

UM OF WHAT WHERE THEY'RE LIVING CURRENTLY AND FEELING A BIT OVERWHELMED SO MIGHT BE AN INTERESTING

1:22:01

TOOL TO EXPLORE AND USING IT THAT PARTICULAR WAY BUT WITHOUT US TAKING UP

1:22:07

ANY MORE OF THE TIME UM WE'D LOVE TO HEAR FROM ANY OF YOU ASK

1:22:12

QUESTIONS ABOUT THE PRESENTATIONS UM PROVIDE YOUR OWN PERSPECTIVE ABOUT THE PRESENTATION

1:22:19

WEIGH IN ABOUT THE UH PEDRO GOMEZ'S CIRCUMSTANCES DARREK PLEASE GO AHEAD

1:22:25

UH FIRST AND FOREMOST I'D LIKE TO THANK UH WYNN AND SALLY AND CATHERINE FOR UH

1:22:32

CREATING THIS PANEL AND ADDRESS A VERY IMPORTANT ISSUE UM IN MY PAST EXPERIENCE YOU KNOW AS UH

1:22:41

ON THE OPERATOR OF ASSISTED LIVING AND SKILLED NURSING WE HAVE WITNESSED FAMILY

1:22:47

MEMBERS WHO MADE DECISIONS FOR THE RESIDENTS WITHOUT REALLY TAKING

1:22:52

CONSIDERATION OF HOW TO INVOLVE THE INDIVIDUAL AND CREATE A PLAN WHICH

1:22:59

BASICALLY ADDRESS UH THE NEEDS OF THAT PARTICULAR RESIDENT SO I WANT TO THANK

1:23:05

YOU FOR TALKING ABOUT SELF-DETERMINATION AND WHEN DO WE NEED TO INVOLVE THE

1:23:11

INDIVIDUALS TO MAKE THAT CALL UM I ALSO WANT TO POINT OUT THAT A LOT OF TIMES PEOPLE THINK ABOUT ASSISTED

1:23:17

LIVING IS AND I'LL BE ALL FOR PEOPLE WHO NEED HELP OR EVEN SKILLED NURSING BUT UH

1:23:24

I'M GLAD THAT CATHERINE MENTIONED ABOUT UH IN-HOME SUPPORTED SERVICES BECAUSE IN THE SCHEME OF THINGS WOMEN COMMUNITY

1:23:31

SERVICES ACTUALLY ARE VERY IMPORTANT AS PART OF THE SOLUTION TO A PROBLEM

1:23:37

UH ESPECIALLY BECAUSE UH AS INDIVIDUALS WITH UH DECREASING CAPACITY

1:23:44

AND IF THEY WANT TO STAY HOME AS THEY EXPRESS WISHES WE SHOULD HONOR THAT ALSO

1:23:52

I'M THANKFUL TO UH SALLY TO TALK ABOUT THE NEED TO HAVE THE CREATION OF A TRUST

1:23:58

AND OR WILL AND UH PERSONALLY I WENT THROUGH THAT WITH MY MOM AND WE DEVELOP

1:24:05

A TRUST FOR HER WHEN SHE WAS STILL CONTINUALLY ABLE TO DO THAT AND IT

1:24:11

BASICALLY LESSENERED THE ANXIETY IF YOU WILL AND

1:24:16

ALSO THE KIND OF CONFUSION AMONG ALL MY SIBLINGS AS TO WHAT SHE WANTS US TO DO

1:24:23

I'M STILL TALKING ABOUT HER AS IN PRESENT TENSE WHAT SHE WANTED US TO DO IN THE TIME WHEN SHE PASSED AND THEN I

1:24:30

ALSO FACE ANOTHER YOU KNOW A LOSS OF MY DAUGHTER WHO HAD NO WILL AT ALL AND WE

1:24:36

HAD TO GO THROUGH PROCESS OF FIGURING OUT WHETHER WE NEED TO GO THROUGH

1:24:42

PROBATE WHICH WE DID NOT BECAUSE SHE HAS LESS THAN 189 THOUSAND DOLLARS IN OUR ASSET UH SO ALL THESE ARE VERY

1:24:49

IMPORTANT ISSUES I'M SO PLEASED THAT THE THREE OF YOU CREATED THIS PANEL AND

1:24:54

ADDRESSED ALL THESE ISSUES AND I HOPE THAT THE REST OF THE COMMITTEE AND ALSO THOSE ARE FROM THE PUBLIC WILL LEARN SO

1:25:01

MUCH FROM YOU SO THANK YOU VERY MUCH THANKS DEREK FOR THE COMMENTS DR MOBLEY

1:25:06

YEAH IT'S REALLY EXCELLENT PRESENTATION VERY THOROUGH AND VERY UH INFORMATIVE IT

1:25:13

IT'S CLEAR FROM HEARING FROM WYNN AND SALLY THAT THE COORDINATION OF THE

1:25:19

PHYSICIAN AND THE ELDER THE LAWYER FOR THE ELDERLY PERSON

1:25:25

IDEALLY THAT'S A HIGHLY BEAUTIFULLY COORDINATED DISCUSSION WHERE THERE ARE NOT OPPORTUNITIES FOR FAMILY MEMBERS TO

1:25:34

INSERT THEMSELVES IN SAYING HEY BUT THE LAWYER SAID THIS AND THE DOCTOR SAID THIS AND THERE'S A LOT OF CONFUSION SO

1:25:40

SALLY AND WYNN DO YOU FIND THERE'S A KIND OF WILLINGNESS AND AN ACTIVE

1:25:46

ABILITY TO COORDINATE THE PHYSICIAN LAWYER INTERACTION AROUND SUCH CASES

1:25:52

WHAT'S INTERESTING WHEN I CREATE AN ESTATE PLAN I HAVE A STANDALONE HIPAA

1:25:58

AUTHORIZATION FOR EVERY CLIENT AND MY NAME IS ON IT

1:26:03

AND THAT ALLOWS ME THE OPPORTUNITY TO CALL THE PHYSICIAN AND HAVE A

1:26:09

CONVERSATION BECAUSE WITHOUT THAT I'M NOT GOING TO GET IT AND UH IT MAKES SUCH A HUGE DIFFERENCE

1:26:16

IF I CAN TALK TO THAT PHYSICIAN MANY OF THEM WON'T TALK TO ME BUT IF THEY DO YOU

1:26:23

GET VERY DIFFERENT INSIDE AND YOU KNOW I CAN THINK OF ONE WHERE EVERYBODY WAS

1:26:30

JUST CONVINCED THE CASE CAME TO ME TO DO A

1:26:35

CONSERVATORSHIP AND MY INSTINCT WAS UH THIS MAN STILL HAD CAPACITY HE WAS AN

1:26:43

ENGINEER MY EXPERIENCE WITH MANY ENGINEERS IS THEY HAVE A PART OF THEIR BRAIN THAT JUST REALLY HANGS ON AND CAN

1:26:52

STILL MAKE A LOT OF SOUND DECISIONS AND UM I WAS ABLE TO COMMUNICATE WITH HIS

1:27:00

PHYSICIAN UH AND I CAN STILL REMEMBER HER SAYING ABSOLUTELY HE HAS CAPACITY

1:27:07

HE'S QUITE ARTICULATE AND I WAS ABLE TO KEEP HIM OUT OF A

1:27:13

CONSERVATORSHIP HE WAS ABLE TO STAY IN HIS HOME WE YOU KNOW EVENTUALLY HE

1:27:19

DECLINED PARTICULARLY WITH COVID BUT WE GOT IN REALLY GOOD DEMENTIA SPECIFIC

1:27:26

CAREGIVERS ALTHOUGH LIKE MANY WITH DEMENTIA THEY HATE THE WORD CAREGIVER

1:27:35

SO I TOLD THEM NOW WHEN YOU GO INTO THE HOUSE DON'T WEAR ANYTHING THAT LOOKS LIKE A

1:27:41

CAREGIVER AND DON'T SAY YOU'RE A CAREGIVER SAY I'M HERE TO COOK YOU SOME FOOD I'M HERE TO CLEAN YOUR HOUSE I'M

1:27:48

HERE TO DO THIS OR THAT AND THE GUY LOVED IT BECAUSE HE WAS VERY CHATTY AND

1:27:53

HE HAD ENJOYED THE COMPANY HE JUST DIDN'T WANT ANYTHING TO DO WITH SOMEBODY CALLED A CAREGIVER

1:28:00

THAT'S GOOD THANK YOU VERY MUCH WHEN WHAT DO YOU DO YOU HAVE DO YOU ROUTINELY

1:28:05

SORT OF ALLY YOURSELF WITH UH AN ELDER
1:28:10
LAW EXPERT TO HELP NAVIGATE THESE WATERS
1:28:16
THANK YOU FOR ASKING THAT QUESTION BECAUSE OFTEN FROM THE PHYSICIAN
PERSPECTIVE WE ARE
1:28:22
BEING ASKED TO MAKE THESE DECISIONS AS A PART FROM THE LAWYER I USUALLY
GET A
1:28:28
FAMILY MEMBER SAYING OUR LAWYER TOLD US TO TALK TO YOU TO GET AN
INCAPACITY
1:28:33
LETTER LIKE WAIT A MINUTE SO YOU KNOW AS YOU LEARNED TODAY AND
1:28:40
I'VE BEEN LEARNING A LOT FROM SALLY AND CATHERINE THE LAST SEVERAL OF
WEEKS UM THEY ACTUALLY HAVE WAYS TO ASSESS IF
1:28:48
PEOPLE HAVE CAPACITY AND THEY ARE THE BEST PEOPLE TO MAKE CAPACITY
WITH REGARDS TO LIVING TRUST BECAUSE THAT'S A
1:28:54
COMPLICATED DOCUMENT AND AS A PHYSICIAN I CAN ONLY REALLY COMMENT ON
THE MEDICAL
1:29:01
ASPECT OF THINGS LIKE YOU AND I RIGHT SO IF IT BECOMES FINANCIAL OR MY DAD
1:29:08
MARRIED THIS PERSON THEY NEED TO HAVE A DIVORCE I CANNOT I DON'T HAVE
ANY TOOLS
1:29:14
TO HELP ME MAKE THAT DETERMINATION WHETHER THAT PERSON HAS CAPACITY
OR NOT BUT I AM SO HAPPY I'VE BEEN I'VE BEEN
1:29:21
REALLY HAPPY TO HEAR FROM SAL AND CATHERINE THAT THEY ARE ACTUALLY
HAVE THE TRAINING TO BE ABLE TO DO THAT SO
1:29:29
NOW I CAN TELL MY PATIENTS UM YOU MAY WANT TO TALK TO YOUR LAWYER AND
SEE HOW THIS IS DONE BECAUSE I CAN
1:29:35
HELP YOU WITH THE MEDICAL CARE BUT I JUST DON'T HAVE THIS THE SKILLS OR
TOOLS
1:29:41
TO BE ABLE TO DO IT FOR FINANCIAL LEGAL MATTERS AND SOMETHING I DO ON
OCCASION
1:29:48

UH DEFINITELY DEPENDS UPON THE FAMILY UH
1:29:53
IF IT IS A SITUATION WHERE I HAVE MET ALL OF THE ADULT CHILDREN I'VE TALKED
TO
1:30:00
THE FAMILY LONG TIME MARRIAGE EVERYBODY IS ON THE SAME PAGE
1:30:06
WHEN IT COMES TIME TO DEFINE THE DEFINITION OF INCAPACITY I MAY TALK WITH
1:30:15
THEM ABOUT RATHER THAN USING THE STANDARD UH TWO DECLARATIONS FROM
TWO
1:30:23
PHYSICIANS OF INCAPACITY WHICH CAN GET DIFFICULT WHICH CAN GET VERY
EXPENSIVE I
1:30:30
PRESENT THEM WITH THE OPPORTUNITY TO SAY
1:30:35
DO YOU TRUST YOUR SPOUSE AND YOUR CHILD TO MAKE THE DECISION FOR YOU
1:30:43
AS TO WHEN YOU HAVE REACHED THAT POINT WERE YOU NO LONGER MAKING
1:30:48
UH SOUND DECISIONS AND MANY TIMES THEY DO AND IT'S SIMPLE IT'S EASY IT'S
1:30:56
UNOBTRUSIVE THERE'S NO PUBLIC RECORD OF IT UM IS THERE ALWAYS THE
POSSIBILITY THAT
1:31:04
I DO A UH A SUCCESSOR TRUSTEE CERTIFICATION NOW NAMING SOMEONE ELSE
1:31:12
WILL IS THERE A POSSIBILITY THAT THE FINANCIAL INSTITUTION WILL REFUSE IT
YES
1:31:19
BUT WE DEAL THAT WHEN THAT COMES ALONG BUT UH IF I LIKE THE DISABILITY
1:31:28
PANEL UH FOR THE RIGHT FAMILIES THANKS FOR THAT IDEA UH DR FARIAS
1:31:38
YES THANK YOU UM SO THANK YOU UM TO ALL THE PRESENTERS IT WAS A GREAT
UH PRESENTATION AND
1:31:44
SOMETHING THAT YOU KNOW WE DEAL WITH IN CLINIC UM ON A REGULAR BASIS
1:31:50
UM AND I HAD ONE QUESTION FOR THE PRESENTERS TO SEE IF YOU ALL HAD ANY
1:31:55
SUGGESTIONS SO I APPRECIATE THE UM THE EMPHASIS ON UH THE
1:32:02

UM AVOIDING THE ASSUMPTION THAT PEOPLE DON'T HAVE CAPACITY WHEN UM
THEY DO HAVE A DIAGNOSIS OF A MILD
1:32:10
DEMENTIA OR SOME TYPE OF COGNITIVE IMPAIRMENT ONE THING THAT UM I RUN
INTO UH IN CLINIC PRETTY FREQUENTLY IS EVEN
1:32:18
IN PEOPLE WHO HAVE UM MILD WHAT I WOULD CONSIDER MILD DEMENTIA OR MILD
COGNITIVE IMPAIRMENT
1:32:25
AND ARE STILL PRETTY FUNCTIONAL UM IS A LACK OF INSIGHT AND
1:32:31
UM HOW THAT INTERFERES WITH THEIR ABILITY TO PLAN AT A STAGE WHERE I FEEL
1:32:37
LIKE YOU KNOW MENTALLY COGNITIVELY THEY COULD SO I DON'T KNOW IF YOU
HAVE ANY
1:32:42
SUGGESTIONS ABOUT UM ABOUT ADDRESSING THAT ISSUE THANK YOU
1:32:50
I THINK FROM THE MEDICAL PERSPECTIVE THAT THAT IS BEING ADDRESSED BY
THAT APPRECIATION RIGHT THAT INSIGHT THAT
1:32:57
THIS COULD HAPPEN TO ME SO IF THAT PERSON DOES NOT HAVE AN
APPRECIATION OF WHATEVER IT IS THAT'S
1:33:03
BEING ADDRESSED THAT PERSON DID NOT HAVE CAPACITY BECAUSE WE ARE
MISSING ONE OF THE URS I'M JUST SIMPLIFYING IT
1:33:10
OBVIOUSLY HERE BUT UM A LOT OF THE TIMES YOU KNOW I'M FINE
1:33:17
UM LIKE RIGHT NOW BUT WE CANNOT REALLY THINK ABOUT WHAT'S REALLY GOING
ON OUTSIDE RIGHT FAMILY MEMBERS OR FRIENDS
1:33:24
ARE NOTICING THAT THEY'RE REALLY DECLINING IN THEY NEED SOME ASSISTANCE
UM AND IF THEY CAN APPLY THAT TO
1:33:31
THEMSELVES THAT PERSON UM HAS SOME CAPACITY ISSUES
1:33:37
YEAH I MEAN I'M THINKING ABOUT UM UH JUST A PATIENT IN PARTICULAR WHO'S
1:33:43
EVEN LIKE STILL WORKING UM AND LIVING ALONE SO YOU KNOW
1:33:49
UM YEAH I MEAN IT'S IT SOMETIMES JUST COMPLICATED I UNDERSTAND WHAT
1:33:56
YOU'RE SAYING UM BUT IT JUST SEEMS LIKE THERE ARE SOME TIMES

1:34:02

WHEN UM I YOU KNOW THIS PROBABLY YOU CAN'T PROBABLY CAN'T CONVINC
PEOPLE

1:34:08

I GUESS IN THIS SITUATION BUT I WISH THERE WAS SOMETHING I COULD SAY UM
SOME MAGIC WORDS THAT WOULD

1:34:15

UM ALLOW THEM TO EVEN PUT ASIDE WELL YOU KNOW MAYBE THIS STUFF ISN'T
GOING TO

1:34:20

HAPPEN TO ME BUT UM UH JUST IN CASE HERE'S WHAT I WOULD LIKE

1:34:25

TO HAVE HAPPEN I THINK WHAT'S IMPORTANT AS WELL IS THAT IF YOU HAVE A
PERSON

1:34:31

LIKE WHAT YOU'RE DESCRIBING WOULD MILD DEMENTIA STILL WORKING IT WOULD
BE IMPORTANT TO GET THE NURSE SAKE

1:34:38

EVALUATION TO SEE WHAT ABILITIES THEY STILL CONTINUE TO HAVE BECAUSE
THAT WILL

1:34:44

THEN HELP WITH FIGURING OUT WHAT DOES THIS PERSON IS WHAT IS THIS
PERSON

1:34:50

CAPABLE OF AND WHAT DO THEY NEED HELP WITH BECAUSE A SIMPLE
EVALUATION WITH

1:34:57

USING THE UR I DON'T THINK WOULD BE SUFFICIENT IN THIS MANNER AND THAT
COULD ALSO HELP YOU WITH THE DISCUSSION OR

1:35:02

THAT CONVERSATION WITH THAT INDIVIDUAL INCLUDING THE FAMILY MEMBERS

1:35:08

I WOULD ADD IN THIS SITUATION THAT UM

1:35:13

IF THAT LACK OF INSIGHT IF I FELT THAT COULD POTENTIALLY LEAD TO THIS

1:35:21

INDIVIDUAL MAKING DECISIONS THAT ARE HARMFUL EITHER TO

1:35:27

THEMSELVES OR TO SOMEONE ELSE WHERE THEY'RE NOT MAKING THE RIGHT
MEDICAL

1:35:32

CHOICES I WOULD THOSE ARE SITUATIONS FOR THE SAFETY OF THE INDIVIDUAL
AND THEIR

1:35:39

FAMILY MEMBERS I ERR ON THE SIDE OF PERHAPS NO CAPACITY

1:35:48

OKAY SO YOU CAN SEE THE I I'VE TAKE FROM THIS SORT OF THE COMPLEXITY OF IT
RIGHT

1:35:53

IT ISN'T LIKE THERE'S ALWAYS SUCH THIS BRIGHT LINE AND THAT'S WHY THE
DISCUSSIONS AND THE TALKING AND THE

1:36:00

THINKING THROUGH LIKE WHAT DOES IT MEAN I THINK IT'S JUST SO IMPORTANT I
WANT TO

1:36:05

GO TO ANDREA UM AND HEAR FROM YOU AND THEN RIGHT AFTER YOUR
COMMENTS OR

1:36:11

QUESTIONS WE'RE GONNA OPEN IT UP TO THE PUBLIC UM BECAUSE KIM MCCOY
WADE IS GOING TO

1:36:16

JOIN US AT 11 45. THANK YOU UM I REALLY ENJOYED THE

1:36:21

PRESENTER THANK YOU SO MUCH FOR THE CLARIFICATION UM I AM A PERSON
THAT'S LIVING WITH MILD

1:36:27

COGNITIVE IMPAIRMENT THERE'S JUST NOT ENOUGH TRAINING FOR A LOT OF
AGENCIES UH

1:36:32

TO UNDERSTAND SOMETIMES PEOPLE PUT MILD COGNITIVE IMPAIRMENT AND
THEY ASSOCIATE

1:36:37

THEY ASSUME PEOPLE HAVE DEMENTIA ALZHEIMER THAT IS NOT TRUE YOU HAVE
MILD COGNITIVE IMPAIRMENT THAT'S NOT

1:36:43

ASSOCIATED WITH UM DEMENTIA ARE ALZHEIMER'S AND THEN YOU HAVE A MILD
COGNITIVE IMPAIRMENT THAT

1:36:49

CAN BE THE EARLY STAGE OF DEMENTIA AND UM ALZHEIMER'S SO THAT'S A BIG
ISSUE

1:36:55

RIGHT THERE UM I FIND THAT AGAIN YOU GUYS MADE A VERY GOOD POINT
DIAGNOSIS DOES NOT

1:37:02

DETERMINE CAPACITY I DEAL WITH THIS ALL THE TIME RATHER I'M SITTING ON A
COMMITTEE

1:37:08

UM I'M GOING TO A CONFERENCE PEOPLE ASSUME THAT BECAUSE YOU HAVE A
DISABILITY THAT YOU DON'T HAVE A

1:37:15

CAPACITY TO DO THINGS FOR YOURSELF I DO PRETTY MUCH A HUNDRED PERCENT
OF THINGS

1:37:20

MYSELF I DO GET IN-HOME SUPPORTIVE SERVICES THEY ARE HERE TO ASSIST ME IT

1:37:26

DOES NOT MEAN THAT I DON'T HAVE THE CAPACITY TO TAKE CARE OF MYSELF UM
ALSO SOMETIMES AGENCY ASSUME AGAIN

1:37:34

THAT UM YOU JUST DON'T HAVE A CAPACITY ONE THING THAT HAPPENS TO ME A
LOT

1:37:39

UM SOMETIME I'M IN THE UM I'M IN UM SITUATION WHERE UM I DO A LOT OF

1:37:44

ADVOCACY WHERE WITH THE ALZHEIMER'S ASSOCIATION OR OTHER AGENCIES
THAT DEALING WITH COGNITIVE IMPAIRMENT AND

1:37:51

I'M ALWAYS ASKED ARE ALWAYS TOLD I HAVE TO HAVE A CAREGIVER WITH ME

1:37:57

THAT REALLY BOTHERS ME A LOT BECAUSE THEY'RE NOT ALLOWING ME TO MAKE
THE DECISION FOR MYSELF AND THEY ARE

1:38:03

ASSUMING BECAUSE I HAVE A COGNITIVE IMPAIRMENT THAT I'M NOT ABLE TO
TRAVEL I TRAVEL ALL THE TIME BY MYSELF

1:38:11

AND I THINK THERE NEED TO BE A LOT OF INSIGHT AND MORE TRAINING SO AGENCY
CAN

1:38:16

UNDERSTAND THAT WHEN SOMEONE HAVE A DIAGNOSIS IT DOES NOT MEAN
THEY'RE NOT ABLE TO DO ANYTHING FOR THEMSELVES I DO

1:38:23

EVERYTHING I MANAGE MY BILLS I TAKE TRIPS UM I SIT ON COM YOU KNOW
COMMITTEES AND

1:38:29

SO UM YOU KNOW IT THAT'S THE SITUATION I'M CONSTANTLY HAVING TO

1:38:34

ADVOCATE FOR MYSELF AND THERE'S BEEN TIMES WHERE I WAS TOLD THAT WELL
UNLESS

1:38:40

YOU HAVE A CAREGIVER YOU CAN'T PARTICIPATE AND I THINK THAT'S JUST NOT
RIGHT AND I THINK EVERYONE

1:38:47

UM HAVE A DIFFERENT UNIQUE SITUATION IT'S VERY NICE TO KNOW THAT UM
THERE'S
1:38:52
SAFEGUARDS IN PLACE UM IN THE EVENT THAT YOU KNOW MY CONDITION
1:38:59
UM YOU KNOW WORSEN UM AGAIN YOU KNOW I JUST HAD A NEUROLOGICAL UM
EXAM AND MINES HAVE NOT CHANGED IT
1:39:07
JUST EVERY SITUATION IS DIFFERENT UM AND AS A PERSON LIVING WITH A
1:39:15
DISABILITY WE DO NOT LIKE THE TERM CAREGIVERS ESPECIALLY WHEN YOU'RE IN
YOUR EARLY STAGES OF MILD KIND OF
1:39:22
IMPAIRMENT THAT MAY NEVER CHANGE IT CAN GET BETTER OR IT CAN STAY THE
SAME I
1:39:27
PREFER TO HAVE SOMEONE CALL A COMPANION BECAUSE WHEN SOMEONE SAYS
CAREGIVING IS
1:39:34
ALMOST LIKE I CAN'T DO FOR MYSELF AND I CAN'T SO I JUST ASKED EVERYONE
AGENCIES
1:39:41
INDIVIDUALS AND WORKERS FOR AGENCY PLEASE SEE INDIVIDUALS AS AN
INDIVIDUAL
1:39:47
AND ALLOW FOR ASSESSMENT ALLOW THE DOCTORS AND THE PRACTITIONER TO
MAKE A
1:39:54
DIAGNOSIS ON A PERSON AND NOT AS AN INDIVIDUAL'S WORKING FOR AGENCY TO
ASSUME THAT WE DON'T HAVE A CAPACITY TO
1:40:01
TO DO ANYTHING SO I JUST WANT TO LET YOU KNOW FROM A PERSON THAT'S
LIVING WITH
1:40:07
UM YOU KNOW A COGNITIVE IMPAIRMENT YOU KNOW ANDREA AND I HAVE TO SAY
YOU
1:40:15
MAKE A REALLY GOOD POINT HERE BECAUSE IT IS THOSE MISCONCEPTIONS
1:40:21
THEY ARE TAKING A LARGE POPULACE OF PEOPLE WITH THIS DISEASE WHO
SHOULD BE
1:40:28
MAKING THESE PLANS FOR THEMSELVES WHO SHOULD BE CREATING THESE
DOCUMENTS BUT

1:40:34
BECAUSE THEY'RE UNDER THE MISCONCEPTION THAT THEY'VE GOT THIS DISEASE
THAT THEY

1:40:39
CAN'T DO IT IT'S NOT GETTING DONE THAT'S WHAT REALLY NEEDS TO CHANGE SO

1:40:45
THANK YOU GREAT A GREAT POINT IN ADDITION AND THANK YOU ANDREA FOR
ALWAYS SORT OF TALKING ABOUT SORT OF WHAT IT'S

1:40:51
LIKE IN THE REAL WORLD AND THE IMPACT THAT IT HAS ON PEOPLE SO UM I THINK
WE'RE GOING TO TAKE THE NEXT FEW MINUTES

1:40:57
AND OPEN IT UP FOR ANY PUBLIC COMMENTS

1:41:03
IS THAT RIGHT MICHELLE YES ROSIE'S GOING TO BRING UP THE SLIDE

1:41:08
WITH INFORMATION ON PUBLIC COMMENT AND CARROLL'S GOING TO WALK US
THROUGH HOW THAT'S GOING TO WORK PERFECT THANKS SO

1:41:14
MUCH GOOD MORNING UH WE ARE GOING INTO OUR

1:41:20
PUBLIC COMMENT UM SECTION OF THE AGENDA SO IF THE PUBLIC HAS ANY
COMMENTS

1:41:27
UM THEY MAY RAISE THEIR RAISE HAND ICON OF ZOOM AND WE WILL CALL ON YOU

1:41:35
UM YOU MAY ALSO PUT YOUR COMMENT IN THE Q A AND IT WILL BE REGISTERED
UH

1:41:40
RESPONDED AND KEPT THERE IF YOU WOULD LIKE TO WRITE IT ATTENDEES ARE
JOINING BY PHONE MAY PRESS

1:41:48
NINE ON YOUR DIAL PAD TO RAISE YOUR HAND AND WE'LL WE WILL ANNOUNCE
YOUR LAST

1:41:54
FOUR DIGITS OF YOUR PHONE NUMBER AND ON ME UNMUTE YOU SO UM THANK
YOU VERY MUCH

1:42:01
JUST TO CLARIFY IF YOU'RE ON THE PHONE THAT IS STAR NINE STAR NINE THANK
YOU

1:42:13
NOT SEEING ANY PUBLIC COMMENTS OH WE DO HAVE ONE TERRIFIC THIS IS
JEANETTE

1:42:22

JEANETTE WELCOME HELLO MY NAME IS JANET VAN ZORN AND I

1:42:27

JUST WANT TO SAY THAT THIS WAS VERY INFORMATIVE PRESENTATION I REALLY APPRECIATED IT I'M THE PARENT OF

1:42:36

UM DAUGHTER WHO HAS DOWN SYNDROME AND UM YOU KNOW WE'VE BEEN CONSIDERING A LOT OF

1:42:41

THESE TYPES OF UM LEGAL DOCUMENTS AND SO FORTH

1:42:46

UM FORTUNATELY ON HER CONSERVATORSHIP UM WHICH WE

1:42:52

UM WHICH WE ATTAINED A FEW YEARS AGO WE WERE ABLE TO MAKE IT WRITTEN IN SUCH A

1:42:58

WAY THAT SHE HAS EQUAL UM OPPORTUNITY ALONG WITH HER

1:43:04

CONSERVATORS FOR MEDICAL DECISIONS SUCH THAT AS LONG AS SHE HAS SOMEONE

1:43:11

AVAILABLE WHO CAN EXPLAIN TO HER AT HER LEVEL OF UNDERSTANDING WHAT'S GOING ON

1:43:17

THAT SHE CAN MAKE THE DECISION AND OTHERWISE THEN HER PARENTS OR HER

1:43:24

BROTHER CAN HELP HER MAKE THAT DECISION I ALSO WANT TO THANK

1:43:29

UM ANDREA FOR HER COMMENTS ABOUT A COMPANION I THINK THAT THAT WAS AN

1:43:36

EXCELLENT COMMENT TO MAKE AND YOUR SITUATION IS

1:43:43

ONE WHICH I REALLY ADMIRE YOU THROUGH DOING WHAT YOU'RE DOING THANK YOU EVERYBODY

1:43:49

THANKS FOR JOINING UH JANET IT'S ALWAYS NICE TO HEAR FROM YOU

1:43:54

ARE THERE OTHER PUBLIC COMMENTS OR QUESTIONS

1:44:08

I WILL READ A QUESTION IN THE UM Q A IN THE Q A

1:44:14

THIS IS FROM BILL S-I-V-E SIVE HOW DOES THIS CONVERSATION SHIFT

1:44:21

WHEN YOU REALIZE PEDRO'S FRIEND IS HIS 30 YEAR OLD UNMARRIED BOYFRIEND PARTNER

1:44:30

PEDRO HAS BEEN ESTRANGED FROM HIS FAMILY FOR MULTIPLE YEARS AND HAVE NO CONSISTENT CONTACT WITH PEDRO

1:44:37

LIVED HIS LIFE PRIOR TO MARRIAGE EQUALITY

1:44:43

SO IT'S ACTUALLY INTERESTING BECAUSE I AT FIRST WAS CONFUSED IT SOUNDS LIKE THEY'VE BEEN A PARTNER FOR

1:44:49

30 YEARS AS OPPOSED TO THE PARTNER IS 30 YEARS OLD UM AND THAT MIGHT HAVE MADE A DIFFERENCE

1:44:55

TO ME AND HOW I VIEWED THAT BUT OH HIS 30-YEAR UNMARRIED BOYFRIEND OR PARTNER

1:45:00

SO I ASSUME HE'S BEEN HE IS THEY HAVE BEEN TOGETHER FOR 30 YEARS SO I THINK I

1:45:06

MEAN DR CANIO AND SALLY CAN SPEAK TO THIS BUT I YOU KNOW IT'S LOOKING AT ALL

1:45:13

OF THOSE FACTS THAT ACTUALLY MATTER IN TERMS OF WHAT ARE THE NATURE OF THE

1:45:19

RELATIONSHIPS UM IT'S INTERESTING IN THIS CASE THAT THERE WAS A POWER OF ATTORNEY OBTAINED

1:45:26

SOME TIME AGO UM BY A FAMILY MEMBER ALTHOUGH THE FAMILIES NOW ARE ESTRANGE SO I JUST THINK

1:45:31

LOTS OF FACTS AND LOOKING AT THE TOTALITY OF AN INDIVIDUAL CIRCUMSTANCE

1:45:38

UM IS KIND OF THE BIGGEST TAKEAWAY THAT THAT WE HAVE THAT THERE ISN'T LIKE

1:45:43

A BRIGHT LIGHT IT'S ON THIS SIDE OR THIS SIDE OF SOMETHING SO MAYBE QUICKLY A RESPONSE FROM DR CANIO OR SALLY BERGMAN

1:45:51

AND THEN UM WE MIGHT BE KIND OF APPROACHING THE END OF PUBLIC COMMENT BECAUSE I THINK UM SOME OTHERS ARE

1:45:56

JOINING US DR CANIO DID YOU WANT TO SAY ANYTHING OH

1:46:03

THIS IS A TOUGH ONE UM AREN'T THEY ALL YEAH BUT

1:46:10

UM YEAH IT'D BE IMPORTANT TO WELL IT'S GOOD THAT THERE IS A POA RIGHT

1:46:18

UM AND REALLY THAT LEADS TO THAT CAPACITY QUESTION BECAUSE THIS WILL COME

1:46:24

UP WITH DO WE DIDN'T NEED TO CHANGE THE LIVING TRUST OR ADVANCED HEALTHCARE

1:46:29

DIRECTIVE NOW THAT THIS INFORMATION IS THERE SO LOTS OF QUESTIONS IN MY HEAD RIGHT NOW I KNOW WE DON'T HAVE A LOT OF

1:46:35

TIME SO WITH LIKE SALLY'S INPUT IN THIS UM THIS ARE THE KIND OF SITUATIONS I

1:46:43

DEAL WITH AND IT'S PERHAPS WHY INITIALLY IT SAID YOU KNOW MY INITIAL IMPRESSION

1:46:49

IS I HAVE TO BE SKEPTICAL OF PEDRO BUT YOU NEVER KNOW UNTIL YOU SIT DOWN THERE

1:46:56

AND MEET WITH THEM AND YOU GET IMPRESSIONS UM AND I THINK IT'S REALLY IMPORTANT FOR

1:47:04

UH THE ATTORNEY TO HAVE THE DISCUSSION WITH PEDRO ABOUT HIS FAMILY BUT I THINK

1:47:11

IT'S REALLY IMPORTANT THAT FOR HIS OWN PEACE OF MIND

1:47:20

THAT HE HAD THE ESTATE PLAN THAT HE WANTS NOT WHAT HIS FAMILY WANTS SO THERE

1:47:27

HAS TO BE A DISCUSSION ABOUT DO YOU WANT YOUR FAMILY TO EVENTUALLY KNOW

1:47:32

THERE'S JUST A WHOLE LOT OF DYNAMICS HERE AND I AGAIN IT'S LIKE CATHERINE

1:47:39

SAID YOU HAVE TO LOOK AT THE TOTALITY AND THE FACT THAT HE'S SIGNIFICANTLY

1:47:45

YOUNGER UM I THINK WE DECIDED HE WASN'T YOUNGER I THINK IT'S THEY'VE BEEN PARTNERS FOR

1:47:52

30 YEARS IT WAS OH BUT THEN ALL THE MORE REASON THAT'S GREAT
1:47:59
WHAT IS THE DEFINITION OF FAMILY RIGHT I MEAN IT'S SORT OF RIGHT A BROADER
1:48:04
DEFINITION OF FAMILY THAT'S IMPORTANT TO YEAH YES BUT THE IN IN THERE ARE
1:48:12
SITUATIONS LIKE THIS WHERE THE FAMILIES ARE EXTREMELY RESENTFUL SO YOU
DO NEED
1:48:19
TO BE VERY CAREFUL HOW YOU UH
1:48:24
PREPARE THOSE ESTATE PLANNING DOCUMENTS PERFECT AND I SEE THAT DARREK
LAMB WANTED
1:48:29
TO JOIN TO ANSWER THE QUESTION LIVE OKAY REALLY QUICK DARREK BECAUSE
WE'RE
1:48:35
MOVING ON TO SUSAN'S PRESENTATION NO I JUST BASICALLY TRYING TO UH CLICK
1:48:41
ON THE BUTTON BECAUSE YOU ARE ALREADY ANSWERING THE QUESTION SO
THANK YOU OKAY THANKS SO MUCH
1:48:46
UM SO WITH THAT THANKS AGAIN TO MY CO-PRESENTERS UH DR CANIO AND SALLY
1:48:52
BERGMAN REALLY INTERESTING DISCUSSION UM AND I WANT TO TURN IT OVER TO
SUSAN
1:48:58
DEMARIOS WHO AS WE ALL KNOW THE DIRECTOR OF AGING WHO'S GOING TO GIVE
US AN UPDATE ON THE UM
1:49:05
IMPLEMENTATION OF THE ALZHEIMER'S TASK FORCE REPORT I BELIEVE UM SO
WITH THAT SUSAN TAKE IT AWAY WE'RE
1:49:13
GRATEFUL THAT YOU'RE HERE AND CONTINUE TO SO SUPPORT OUR COMMITTEE IN
SUCH A TERRIFIC FASHION
1:49:20
GOOD MORNING STILL STILL MORNING GOOD MORNING EVERYBODY AND MY GOSH
I'VE
1:49:26
BEEN LISTENING WHAT AN EXCELLENT CONVERSATION THANK YOU SO MUCH
1:49:31
FOR THE THIS MORNING'S PANEL UM SO SUBSTANTIVE AND MEATY
1:49:36

UM I JUST COMMEND THE WHOLE COMMITTEE THAT THIS ON THIS DIRECTION AND JUST THE REALLY

1:49:42

THE DEPTH OF THE CONVERSATION THANK YOU UH SO WE'VE GOT A FEW UPDATES I'M GOING

1:49:48

TO PARTNER WITH THE DEPARTMENT OF PUBLIC HEALTH WE'RE SHARING THIS PRESENTATION UH ABOUT SOME OF THE MAJOR UPDATES

1:49:55

ON THE ALZHEIMER'S TASK FORCE REPORT SINCE WE MET LAST AND I THINK WE'LL SEE

1:50:01

A SLIDE OF THE FIRST GOT A COUPLE SLIDES HERE TO

1:50:06

SHARE I'LL WAIT FOR THOSE TO COME UP THANK YOU ROSIE

1:50:14

GREAT SO AS A REFRESHER UH THESE ARE THE 10 BIG BOLD IDEAS THAT WERE

1:50:21

UM SET FORTH IN THE GOVERNOR'S ALZHEIMER'S PREVENTION AND PREPAREDNESS TASK FORCE REPORT WHICH IS REFERRED TO

1:50:29

AS THE PATH FORWARD IN NOVEMBER OF 2020. I DON'T EXPECT YOU TO READ THIS SMALL

1:50:34

PRINT BUT IT'S JUST A RECAP IT CAN GET CONFUSING WITH THE FIVE BOLD GOALS OF THE MASTER PLAN FOR AGING AND THE 10

1:50:41

BOLD GOALS ON THE ALZHEIMER'S REPORT NEXT SLIDE PLEASE

1:50:47

SO A FEW THINGS THAT WE ARE EXCITED TO SHARE UH ON MONDAY WE WILL BE ANNOUNCING

1:50:53

THE NEXT THE FIRST ROUND OF MASTER PLAN FOR AGING LOCAL PLANNING GRANTS WE HAD A

1:51:01

COMPETITIVE SOLICITATION UH THE DEPARTMENT OF AGING HAD A COMPETITIVE SOLICITATION

1:51:07

UH AND TOOK IN A LARGE NUMBER OF APPLICANTS REVIEWED WITH A REVIEW

1:51:14

COMMITTEE AND MADE DETERMINATIONS THAT WILL BE ANNOUNCED THIS MONDAY

1:51:20

MANY OF THE APPLICANTS WHO WILL BE AWARDED FUNDING MADE SPECIFIC REFERENCES

1:51:26

TO DEMENTIA AND WE'RE REALLY EXCITED TO GET THAT WORD OUT WE HAD REALLY HOPED WE COULD SHARE IT WITH YOU TODAY BUT WE'LL

1:51:33

BE SHARING THAT ON MONDAY ALSO THIS WEEK WE RELEASED THE LETTER OF INTENT FOR BRIDGE TO RECOVERY GRANTS I

1:51:42

KNOW CELINE KNOWS A LOT ABOUT THIS AND SO DO OTHERS ON THIS CALL THAT UM LAST

1:51:47

YEAR THE LEGISLATURE AND THE GOVERNOR APPROVED 61 MILLION DOLLARS TO SUPPORT

1:51:53

ADULT DAY HEALTH CARE CENTERS ALSO REFERRED TO AS SEA BASS (CBAS) ADULT DAY PROGRAMS AND PACE CENTERS TO HELP WITH

1:52:02

MITIGATION EFFORTS COMING OUT OF THE COVID-19 PANDEMIC SO TO HELP WITH SOME

1:52:09

STAFFING SOME PHYSICAL PLANT IMPROVEMENTS AROUND

1:52:14

UM UH AIR QUALITY UH SO THERE ARE SOME CAPITAL IMPROVEMENTS THAT ARE ALLOWED

1:52:20

AND SOME STAFFING RECRUITMENT AND RETENTION UM ELIGIBILITY SO WE HAVE SIGNED A

1:52:26

CONTRACT FOR THE BRIDGE TO RECOVERY GRANTS AND THIS WEEK WE GOT OUT

1:52:31

UM A PROCESS WHERE ANYONE WHO IS INTERESTED IN APPLYING IS ASKED TO

1:52:36

COMPLETE A LETTER OF INTENT AND THIS IS TO GIVE US A SENSE OF HOW MUCH INTEREST

1:52:41

AND DEMAND THERE WILL BE ON THESE DOLLARS TO HELP US ALLOCATE THOSE GRANT AWARDS SO WE'RE VERY VERY EXCITED UH TO

1:52:49

GET THIS MOVING UH WE ALSO ARE JUST THRILLED THAT THIS WAS ELEVATED AT THE

1:52:56

DAY OF ACTION BACK IN SEPTEMBER UM ABOUT OLDER ADULT BEHAVIORAL HEALTH

1:53:02

NEEDS IT WAS HEARD LOUD AND CLEAR IN THAT SETTING IN THE NEW INITIATIVES
IN THE MASTER PLAN FOR AGING WE FOR THE

1:53:11

2023-2024 YEAR WE HAVE ELEVATED OLDER ADULT BEHAVIORAL HEALTH AS A
PRIORITY

1:53:16

AND WE'VE BEEN PARTNERING WITH THE MENTAL HEALTH SERVICES OVERSIGHT
AND ACCOUNTABILITY COMMISSION SINCE LAST

1:53:22

OCTOBER NOVEMBER THEY ALSO HAD A 20 MILLION DOLLAR COMPETITIVE GRANT
PROCESS

1:53:29

THEY TOOK IN APPLIQUE LOCATIONS FOR TWO MODEL PROGRAMS SERVING OLDER
ADULTS ONE

1:53:35

IS PEARLS THE OTHER IS AGE-WISE AND THEY ANNOUNCED THEIR

1:53:40

TWO WEEKS AGO SO WE'RE JUST THRILLED THAT IN PARTNERSHIP WITH THE
OVERSIGHT AND ACCOUNTABILITY COMMISSION WERE ABLE

1:53:47

TO GET SOME PROGRAMS TAILORED TO OLDER ADULTS UP AND RUNNING IN NEW
COMMUNITIES

1:53:55

AND I THINK THIS LINK SHOULD BE LIVE IF IT'S NOT I'LL DROP IT INTO THE CHAT
WHEN I'M DONE TALKING SO YOU CAN SEE WHO

1:54:02

DID RECEIVE THOSE GRANTS AND NEXT SLIDE PLEASE

1:54:08

SO ON THAT HEY LOOK WHO'S HERE OR ONE OF OUR ADVISORY COMMITTEE
MEMBERS YOU JUST

1:54:13

HEARD FROM DR CANIO UM AS PART OF OUR WORK WITH THE MENTAL

1:54:18

HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION WE HELD FOUR
OLDER ADULT BEHAVIORAL HEALTH

1:54:23

ROUNDTABLES UM IN THE MONTH IN THE MONTH OF APRIL WE STARTED IN FRESNO
WENT TO THE INLAND

1:54:30

EMPIRE WE WERE IN UKIAH IN SAN FRANCISCO WRAPPED UP LAST WEEK AND WE'RE
PUTTING

1:54:35

THOSE PROCEEDINGS TOGETHER AND WE'LL SHARE OUT WITH EVERYBODY WHAT WE LEARNED

1:54:40

UM THANK YOU TO ALL WHO PARTICIPATED UM ALZHEIMER'S AND DEMENTIA AND FAMILY

1:54:47

CAREGIVING CAME UP IN ALL FOUR VENUES SO WHEN WE DO PUT OUT THE REPORT FROM

1:54:54

OUR TIME TOGETHER YOU WILL SEE YOUR WORK REFLECTED IN THAT REPORT AND WE'RE REALLY EXCITED TO BE ELEVATING THAT AS

1:55:01

AS THE AGENCY WORKS ON STRENGTHENING THE BEHAVIORAL HEALTH

1:55:08

CONTINUUM ACROSS THE LIFESPAN WE ALSO ARE THRILLED THAT THE STATE'S

1:55:15

BEHAVIORAL HEALTH TASK FORCE HAS NAMED ITS UM THE FIRST DESIGNEE REPRESENTING

1:55:22

OLDER ADULTS DR MARCY ADELMAN WHO IS A FOUNDER OF OPEN HOUSE IN SAN

1:55:29

FRANCISCO AND A RETIRED CLINICAL PSYCHOLOGIST RETIRED JUST LAST YEAR

1:55:34

AFTER 40 YEARS IN PRACTICE DR ADELMAN WAS APPOINTED TO THE BEHAVIORAL HEALTH TASK FORCE AND SHE HAS A DEEP DEEP

1:55:42

UNDERSTANDING OF ALZHEIMER'S AND DEMENTIA WE CONTINUE TO PARTNER WITH THE

1:55:47

DEPARTMENT OF HEALTH CARE SERVICES AND ARE EXCITED ABOUT WHAT'S HAPPENING WITH DEMENTIA CARE AWARE AS WELL AS THE

1:55:54

MEDICARE ADVANTAGE ROUNDTABLES THAT THE DEPARTMENT HAS BEEN HOSTING THE MOST RECENT THEY HAVE FOCUSED ON

1:56:02

ALZHEIMER'S AND DEMENTIA WITH ALL OF THE MEDICARE ADVANTAGE PLANS AND MOST RECENTLY THEY FOCUSED ON OLDER ADULT

1:56:08

BEHAVIORAL HEALTH JUST LAST MONTH WE'VE ALSO BEEN IN

1:56:14

PROMOTING AND I'LL PROMOTE IT AGAIN HERE ABOUT THE PATH CITED FUNDING OPPORTUNITY

1:56:20

THAT'S OPEN THROUGH THE END OF MAY AND ENCOURAGE ANY COMMUNITY-BASED ORGANIZATIONS THAT MAY BE ELIGIBLE TO

1:56:27

APPLY FOR THOSE FUNDS TO TAKE A LOOK AT THE DHCS WEBSITE TO SEEK THEIR TECHNICAL

1:56:34

ASSISTANCE THAT'S FREE AND AVAILABLE TO COMMUNITY-BASED ORGANIZATIONS AND TO

1:56:39

SERIOUSLY CONSIDER APPLYING FOR THAT FUNDING WE HELD A WEBINAR ON FRIDAY WITH ABOUT 200 PEOPLE SOME OF YOU HERE TODAY

1:56:48

MIGHT HAVE BEEN PART OF THAT ASKING QUESTIONS SO WE'VE GOT TILL THE END OF THIS MONTH

1:56:54

AND THEN WE'RE THRILLED THAT THE DEPARTMENT OF DEVELOPMENTAL SERVICES HAS

1:57:00

HIRED THEIR FIRST AGING INCLUSION SPECIALIST AND THIS FOLLOWS ON SOME OF THE WORK THAT WE DID

1:57:07

UM WAS IT THE LAST MEETING WHERE WE FOCUSED ON THE DOWN SYNDROME POPULATION IT WAS

1:57:13

JUST THE LAST MEETING YES UM SO THAT'S REALLY EXCITING AND I WANT TO UM THANK

1:57:19

UM DEPARTMENT OF DEVELOPMENTAL SERVICES DIRECTOR NANCY BARGMANN FOR INCLUDING ME IN THE INTERVIEW PROCESS IN BRINGING

1:57:27

THAT PERSON ON WEBSITE

1:57:34

ALL RIGHT SO MY UNDERSTANDING IS WE ARE NOT JOINED TODAY BY THE DEPARTMENT OF

1:57:41

PUBLIC HEALTH SO WE WANTED TO HEAR SUSAN LYNNLEY IS HERE AND SHE SAID OKAY

1:57:46

WONDERFUL I DON'T WANT TO STEAL YOUR THUNDER LYNNLEY IT'S YOUR TURN UH THANK YOU FOR TUNING OVER TO ME SO

1:57:53

WE'RE REALLY EXCITED TO NOTE THAT THE HEALTHY BRAND INITIATIVE WE RECENTLY AWARDED THROUGH OUR REQUESTS FOR APPLICATIONS PROCESS WHICH IS A

1:58:00

COMPETITIVE PROCESS SIX NEW LOCAL HEALTH JURISDICTIONS SO WE HAVE AWARDED UH

1:58:05

ALAMEDA SAN LUIS OBISPO ORANGE COUNTY MONTEREY COUNTY SISKIYOU SUTTER COUNTY

1:58:12

AND BUTTE COUNTY WHICH IS SUBJECT TO AVAILABLE FUNDING SO THAT WOULD BE THE SEVEN SHOULD UM WE HAVE UH THE ADEQUATE

1:58:20

AMOUNT OF FUNDING AVAILABLE SO WE'RE VERY EXCITED

1:58:28

I THINK YOU HAVE ONE MORE SLIDE

1:58:35

ROSIE CAN YOU GO TO THE NEXT SLIDE THERE WE GO OH THERE WE GO SORRY UM WE ALSO HAVE THREE STATEWIDE

1:58:41

STANDARDS OF DEMENTIA CARE PROGRAMS THAT ARE ANTICIPATED TO BE FUNDED IN THE NEXT FISCAL YEAR FROM

1:58:47

STARTING JULY 1ST IN 2023 WE HAVE A PUBLIC HEALTH RESTRICTION PROGRAM WE

1:58:53

ALSO HAVE A PUBLIC DIAGNOSIS RESOURCE CENTER FOR PROVIDERS AND THEN A DEMENTIA RISK CALCULATOR FOR PROVIDERS SO WE'RE

1:59:00

WORKING ON ALL THREE CONTRACTS THAT WE WILL BE IMPLEMENTED UH BY THIS SUMMER AND THEN A GREAT UPDATE IS THAT THE

1:59:07

DEPARTMENT OF PUBLIC HEALTH WE SUBMITTED OUR APPLICATION FOR CDC BOLD PUBLIC HEALTH PROGRAMS TO ADDRESS ALZHEIMER'S

1:59:13

DISEASE AND RELATED DEMENTIA FUNDING OUR HOPE IS TO INCREASE UH THE AMOUNT OF

1:59:18

COUNTIES THAT WE FUND FOR THE HEALTHY BRAIN INITIATIVE WORK THROUGHOUT CALIFORNIA AND WE ARE INTO ANTICIPATING

1:59:24

NOTIFICATION OF AWARD ON SEPTEMBER 30TH OF 2023 WOW EXCITING WORK GOING ON

1:59:33

THANK YOU SO MUCH FOR JOINING AND PROVIDING THE REALLY IMPORTANT INFORMATION

1:59:39

SUSAN IS THERE ANY OTHER INFORMATION YOU WANTED TO SHARE OR

1:59:46

NO JUST GRATITUDE FOR THIS COMMITTEE AND WE DID TALK LAST TIME ABOUT CAL

1:59:51

GROWS AND THAT IS SOMETHING THAT'S ROLLING OUT I KNOW UM MEMBERS OF THIS COMMITTEE ARE

1:59:57

PARTICIPATING WE'RE REALLY WE'RE JUST THRILLED THAT BOTH THE IHSS CAREER 2:00:02

PATHWAYS THAT'S PART OF THE DEPARTMENT OF SOCIAL SERVICES AND THE CAL GROWS WORK AT DEPARTMENT OF AGING REALLY

2:00:09

INVESTING IN THE WORKFORCE AND PROVIDING SPECIALIZED ALZHEIMER'S AND DEMENTIA TRAINING FOR BOTH PAID STAFF AND FAMILY

2:00:15

CAREGIVERS TERRIFIC THANKS AND I KNOW WE'RE NOW JOINED BY KIM MCCOY WADE FROM THE

2:00:22

GOVERNOR'S OFFICE UM WE'RE ALWAYS SO UM THRILLED TO HAVE YOU HERE AND JOINING

2:00:27

US UM I KNOW IT'S A REALLY BUSY TIME OF YEAR FOR YOU SO THANK YOU SO MUCH AND LOVE TO HAVE ANY COMMENTS YOU WANT TO

2:00:34

SHARE WITH US WELL I THINK THE SUM TOTAL OF MY COMMENTS AS WELL UH AND MAYBE ALSO

2:00:39

THANK YOU UH THIS IS JUST EXTRAORDINARY TO COME HERE AND UM HEAR THE CONTINUED PROGRESS ON THOSE 10 BOLD GOALS THAT

2:00:46

MARIA SHRIVER AND THE TASK FORCE UH I WANNA COMMEND DARRICK SO MANY OF YOU AS WELL AS THE INTERSECTION WITH THE

2:00:53

MASTER PLAN FOR AGING TO SEE THOSE DEMENTIA FRIENDLY COMMUNITIES TO SEE HOME AND COMMUNITY CARE THAT'S DEMENTIA

2:00:59

AWARE TO SEE SUPPORT FOR FAMILY CAREGIVERS TO SEE INCLUSION UH OF ALL 2:01:04

PEOPLE WITH DEMENTIA IT'S JUST REALLY EXCITING AND I JUST WANT TO TAKE I SAID I WOULD BE LESS THAN A MINUTE AND I WILL

2:01:10

CONTAIN MY EXCITEMENT TO JUST SAY ON BEHALF OF THE GOVERNOR AND THE FIRST PARTNER JUST HOW MEANINGFUL THIS WORK IS

2:01:15

NOT JUST UH WE JUST CAME FROM A COUPLE DAYS OF TALKING ABOUT ALL THE GOOD IDEAS IN CALIFORNIA AND WHAT REALLY MATTERS IS

2:01:22

WHO CAN DELIVER AND YOU ALL ARE DELIVERING YOU ALL ARE DELIVERING AND IT IS JUST REALLY MAKING A DIFFERENCE IN

2:01:28

PEOPLE'S LIVES SO ALL I WOULD ASK IS YOU TELL US THOSE STORIES UH SUSAN'S GOT THE NUMBERS AND THE DOLLARS AND WE JUST

2:01:34

CAN'T WAIT TO HEAR FROM EVERYBODY HOW IT'S TOUCHING PEOPLE'S LIVES SO PLEASE SEND THEM TO CATHERINE AND SUSAN AND CDPH AND DHCS AND DDS AND THE WHOLE OF

2:01:43

GOVERNMENT APPROACH WE HAVE IN PARTNERSHIP WITH ALL OF YOU SO WE CAN JUST CONTINUE TO LIFT IT UP AND UH DO

2:01:48

MORE SO THANK YOU AND CATHERINE THANK YOU FOR YOUR EXTRAORDINARY LEADERSHIP IN BRINGING THE TOPICS YOU'RE BRINGING TO THIS UH COMMISSION I'M SO UH

2:01:56

DELIGHTED TO SEE UH THE DISCUSSION THIS MORNING ON A SUPPORTED DECISION MAKING AND LOOK FORWARD TO CONTINUING THAT

2:02:02

CONVERSATION ACROSS ALL ADULT POPULATIONS SO THANK YOU GREAT WE LOOK FORWARD TO THAT AS WELL AND THANK YOU

2:02:08

FOR MAKING A LITTLE SLIVER OF TIME IT WAS A BUSY DAY FOR YOU SO THANK YOU

2:02:13

THANK YOU OKAY UM WITH THAT WE ARE UH SCHEDULED FOR A

2:02:20

30-MINUTE BREAK AND AN OPPORTUNITY TO GRAB SOMETHING TO EAT AND SO WE WILL

2:02:25

RESUME AT 12 30 WITH OUR LEGISLATIVE UM STARTING WITH OUR LEGISLATIVE UPDATE

2:02:31

SO I LOOK FORWARD TO SEEING ALL OF YOU THEN THANKS SO MUCH

2:02:52

OKAY JARED AND BARBRA TAKE IT AWAY THANKS AGAIN FOR ALWAYS SHARING ALL YOUR

2:02:58

KNOWLEDGE WITH ALL OF US OF COURSE UH AND I THINK BARBRA AM I

2:03:03

ARE MY SLIDES FIRST I ACTUALLY DON'T KNOW OKAY WE'LL ALL BE FUNNY YES
PURPLE

2:03:11

UM WELL AND I THINK I REFERENCED A COUPLE OF THE BILLS THAT YOU'RE GOING
TO TALK ABOUT SO I'LL MENTION THEM BRIEFLY AND THEN HAND THEM OFF TO
YOU

2:03:18

AND YOUR SLIDES UH THANK YOU UM AGAIN SO MUCH FOR ALLOWING ME THE
OPPORTUNITY TO

2:03:23

PARTICIPATE IN THIS PRESENTATION MY NAME IS JARED GIARRUSSO KHLOK I AM
THE GOVERNMENT AFFAIRS DIRECTOR FOR THE ALZHEIMER'S ASSOCIATION HERE'S
AN UPDATE

2:03:30

ON SOME OF OUR BILLS AS WELL AS BILLS THAT WE'VE TAKEN UH POSITIONS ON UH
DURING THIS LEGISLATIVE CYCLE UH NEXT

2:03:37

SLIDE PLEASE SO THE FIRST BILL THAT WE HAVE SPONSORED WITH ASSEMBLY
MEMBER GIBSON IS OUR

2:03:43

DEMENTIA TRAINING FOR UH PEACE OFFICERS BILL THIS AS YOU ALL PROBABLY UH

2:03:49

REMEMBER FROM LAST YEAR AS A CONTINUATION OF OUR WORK WITH ASSEMBLY
MEMBER MULLEN AND IT THIS BILL WAS

2:03:54

ACTUALLY INTRODUCED THE FIRST UH THE FIRST DAY OF SESSION INTO DECEMBER
SO I THINK I'VE TALKED ABOUT IT A FEW TIMES

2:04:00

NOW BUT THE BILL CURRENTLY IS AN ASSEMBLY APPROPRIATIONS AWAITING UM

2:04:07

AWAITING HEARING UM WE THINK WE'LL LIKELY GO INTO SUSPENSE AND WE'RE

2:04:12

OPTIMISTIC THAT IT'LL GET OUT OF THE APPROPRIATIONS COMMITTEE AND
CONTINUE TO MOVE THE BILL REQUIRES THAT ALL LAW

2:04:19

ENFORCEMENT RECEIVE A DEMENTIA SPECIFIC TRAINING BY 2030 AND ALSO
EMBEDS

2:04:24

DEMENTIA INTO EXISTING CRISIS INTERVENTION TRAINING THAT IS ALREADY
CONDUCTED BY OFFICERS AND WE KNOW THAT

2:04:31

IN PLACES LIKE LOS ANGELES AND SAN MATEO THAT THIS WORK IS ALREADY
OCCURRING SO ONE OF THE CHANGES THAT WE'VE MADE IN

2:04:37

THIS BILL ALREADY IS EXEMPTING JURISDICTIONS THAT ARE ALREADY
CONDUCTING THIS POST UM THIS WHAT WOULD

2:04:45

BE A POST UM REQUIRED TRAINING AND SORRY FOR THE ACRONYM POST IS THE
COMMISSION ON PEACE

2:04:51

OFFICER STANDARDS AND TRAINING THEY'RE THE ONES WHO REGULATE ALL UM
PEACE OFFICER UH TRAINING NEXT SLIDE

2:05:01

OUR NEXT BILL WHICH THIS COMMITTEE IS PROBABLY VERY FAMILIAR WITH IS
AB387 BY

2:05:06

ASSEMBLY MEMBER AGUIAR-CURRY THIS IS AN UPDATE TO THIS VERY
COMMITTEE'S STRUCTURE IT ADDS UH FROM THE 14 MEMBERS

2:05:14

CURRENTLY 21 MEMBERS IN IN STATUTE UH AS WELL AS UP TO 25 MEMBERS SO
FOUR MEMBERS

2:05:22

PER THE SECRETARY'S UH APPOINTMENT SO THE SECRETARY OF HEALTH AND
HUMAN SERVICES COULD APPOINT UP TO 25 MEMBERS

2:05:29

AND REALLY WHAT WE WERE WORKING ON AND THIS IS SOMETHING THAT WE
WORKED ON LAST YEAR AS WELL WAS EXPANDING THE EXPERTISE

2:05:36

THAT THIS COMMITTEE CURRENTLY HAS FROM THE FROM THE PRESENTATION
THAT WE HAD EARLIER TODAY AS WELL AS PRESENTATIONS

2:05:42

THAT I'VE SEEN THROUGHOUT MY TIME WITH THE ASSOCIATION WE SEE SUCH
GREAT CONVERSATIONS THAT ADVISE THE

2:05:49

ADMINISTRATION AND THE LEGISLATURE ON ISSUES RELATED TO ALZHEIMER'S BUT
WHAT WE WERE LOOKING AT IS YOU KNOW WHETHER

2:05:56

OR NOT FIRST RESPONDERS WERE ON THE UM THE COMMITTEE THE COMMISSION
ON AGING PRIMARY CARE PHYSICIANS AND THEN

2:06:03

ADDITIONAL REPRESENTATIVES THAT WE'VE MENTIONED SO THIS BILL UPDATES
THOSE THAT MEMBERSHIP AS WELL AS REMOVES BASED

2:06:12

ON OUR CONVERSATIONS WITH SOME OF THE MEMBERS OF THE COMMITTEE
REMOVES STIGMATIZING LANGUAGE AND CONFORMS THE

2:06:18

TERM LENGTHS FOR THOSE ON THE COMMITTEE LIVING WITH ALZHEIMER'S OR
DEMENTIA TO THE SAME TERM LINKS AS EVERYBODY ELSE

2:06:24

THIS BILL DOESN'T REQUIRE ANY FUNDING I SHOULD HAVE MENTIONED AB21 OUR

2:06:30

ASSUMPTION IS THAT IT REQUIRES IN ITS CURRENT ITERATION ABOUT 13.5 MILLION

2:06:35

DOLLARS IN ONE-TIME FUNDS AND ONE MILLION DOLLARS OF ANNUAL FUNDS THIS BILL REQUIRES NO FUNDING AND

2:06:42

UM SINCE THE TIME OF SINCE THE TIME OF THE UH WHEN I CREATED THIS SLIDE TO NOW THE BILL HAS ACTUALLY MOVED THROUGH THE

2:06:49

ASSEMBLY FLOOR AND IS NOW AWAITING A REFERRAL IN THE SENATE WE ASSUME IT WILL GO TO SENATE HEALTH AND SO IT IS ON A

2:06:57

FAIRLY FAST TRACK THROUGH THE LEGISLATIVE PROCESS NEXT SLIDE

2:07:02

FOREIGN BILL BY SENATOR LIMON IS MAYBE OUR MOST

2:07:09

COMPLEX BILL BUT UH I I'D LIKE TO TRY TO SIMPLIFY IT AS MUCH AS POSSIBLE OUR OUR

2:07:15

OUR ASSOCIATION'S FOCUS IN OUR POLICY PLATFORM UH ONE OF OUR MAIN FOCUSES IS

2:07:21

ON ENSURING EVERYBODY HAS ACCESS TO A TIMELY DIAGNOSIS IT'S WHAT MOTIVATED OUR

2:07:26

WORK IN PREVIOUS LEGISLATIVE SESSIONS PARTICULARLY TWO YEARS AGO IN SPONSORING

2:07:31

SB48 WHICH CREATED DEMENTIA CARE AWARE ALONG WITH THE HOME AND COMMUNITY-BASED SERVICES SPENDING PLAN

2:07:37

UM AND OVER THE COURSE OF THE LAST YEAR WE'VE SEEN DEMENTIA CARE AWARE UM

2:07:43

BE BUILT AND REALLY SEE UM SEE TREMENDOUS UM WORK BE UH HAPPENING

2:07:49

BETWEEN THEM AND PRIMARY CARE PROVIDERS BUT WHAT WE ALSO KNOW IS THERE IS THIS CRITICAL ROLE FOR THE CALIFORNIA

2:07:55

ALZHEIMER'S DISEASE CENTERS IN IN THIS ISSUE OF TIMELY DIAGNOSIS THEY ARE

2:08:00

CURRENTLY IN STATUTE REQUIRED TO PROVIDE DIRECT DIAGNOSIS DIAGNOSTIC SERVICES TO

2:08:06

CONDUCT RESEARCH AND TO PROVIDE TRAINING TO INDIVIDUALS AND FAMILIES IMPACTED BY ALZHEIMER'S AND HEALTH PROFESSIONALS AS

2:08:13

WELL AND WHAT WE ALSO KNOW IS THAT THESE UH THE CADCS AS WE REFERRED TO THEM

2:08:22

UM THEY ARE WOEFULLY UNDERFUNDED AND FOR THE LAST YEAR WE'VE TRIED TO ADVOCATE FOR ADDITIONAL FUNDING TO THEIR BASE

2:08:28

ALLOCATION AS WELL SO THAT THEY CAN DO MORE OF THIS GREAT WORK WHAT THIS BILL SEEKS TO DO IS FOLD IN AS

2:08:36

I MENTIONED DEMENTIA CARE AWARE FOLD IN THAT THAT PROGRAM INTO THE WORK OF THE CADCS CURRENTLY UH THAT THAT WORK IS

2:08:45

BEING LED AT UCSF WHICH IS ALSO A CADC AND BY FOLDING THAT WORK IN WHICH IS A

2:08:52

TRAINING PROGRAM FOR PRIMARY CARE PROVIDERS WE THINK THAT WE REALLY ARE STARTING TO THEN ORGANIZE WHAT WE WOULD

2:08:59

LIKE TO REFER TO AS A DIAGNOSTIC HUB ONE WHERE DIAGNOSTICS ARE OCCURRING AT THE

2:09:04

CADC AS WELL AS WITHIN THE COMMUNITY THROUGH TRAINING A PRIMARY CARE PROVIDERS ON HOW TO SCREEN AND DETECT

2:09:11

ALZHEIMER'S UM AND DEMENTIA SO UM THE BILL ALSO PRIORITIZES

2:09:18

DIAGNOSTICS FOR THE CADCS IT'S STILL UM IT STILL ALLOWS FOR ALL OF THE WORK THAT

2:09:23

THE CDCS ARE CURRENTLY DOING BUT IT UPLIFTS THAT DIAGNOSTIC WORK UM AND UM WITH THIS BILL ALSO UH

2:09:31

BENEFITS FROM IS IT SHOULDN'T REQUIRE ANY ADDITIONAL FUNDING HOWEVER IT IS A

2:09:36

PART OF OUR STRATEGY TO ULTIMATELY GET ADDITIONAL FUNDING TO THE CADCS BY

2:09:41

POSITIONING US FOR NEXT YEAR SO OUR HOPE IS THAT THIS BILL PASSES IT FOLDS
IN THE

2:09:47

DEMENTIA CARE AWARE PROGRAM INTO THE CDC'S UPLIFTS DIAGNOSTICS UM THE
WORK OF DIAGNOSTICS AT THE CDCS

2:09:54

AND THEN ALLOWS FOR US TO THEN PUSH FOR THAT ADDITIONAL FUNDING NEXT
YEAR BECAUSE WE'RE IN A DEFICIT YEAR WE

2:10:04

UM EXPERIENCE A LOT OF HURDLES AND GETTING LEGISLATIVE SUPPORT FOR ANY
NEW FUNDING AT ANY NEW PROGRAM ANYWHERE

2:10:10

UM AND SO THIS IS KIND OF OUR STRATEGY TO NOT ONLY UPLIFT DIAGNOSTICS
AND TO BURP TO PROVIDE DEMENTIA CARE WHERE

2:10:17

UM A HOME AT THE DEPARTMENT OF PUBLIC HEALTH WHICH THEY'RE CURRENTLY
AT DEPARTMENT OF HEALTHCARE SERVICES BUT ON

2:10:23

THAT ALIGNMENT WITH THE CADCS WE THINK IS VALUABLE AND THEN
ULTIMATELY REACH FOR ADDITIONAL FUNDING UM IN FUTURE

2:10:30

YEARS NEXT SLIDE OH AND THEN UH REALLY QUICK ON THAT IT UH BECAUSE IT
DOES NOT NEED

2:10:36

TO GO THROUGH THE APPROPRIATIONS PROCESS IT IS ALSO IN ITS SECOND HOUSE
SO IT'S IN THE ASSEMBLY AS WELL AND IT'S MOVING

2:10:42

FAIRLY QUICKLY UM SO THESE I THINK ALL OF THESE BILLS

2:10:47

UM BARBARA IS GOING TO TOUCH ON UH I WILL QUICKLY UH KNOW WE SUPPORT
ALL

2:10:52

OF THESE BILLS UM AND I'VE BEEN IN AND OUT OF THE ADVISORY COMMITTEE
TODAY BECAUSE I'VE

2:10:57

BEEN WORKING WITH THE WORKING FAMILY COALITION AND ADVOCATING FOR IN
PARTICULAR AB518 AND AB524 WHICH ARE

2:11:04

PAID FAMILY LEAVE BILLS ABSOLUTELY CRUCIAL FOR OUR POPULATION BUT I'LL
LET UH BARBARA TALK ABOUT ALL OF THESE

2:11:11

AND GO TO THE NEXT SLIDE

2:11:16

AND THEN THE UH THE LAST BILLS I DON'T THINK I SAW ON BARBARA'S SLIDES BUT THAT WE HAVE UM WE HAVE TAKEN A SUPPORT

2:11:23

POSITION ON OUR AB1313 WHICH UM REQUIRES THE DEPARTMENT OF AGING TO

2:11:29

CREATE A CASE MANAGEMENT SERVICES PROGRAM IN THREE COUNTIES ALAMEDA SONOMA AND MARIN THAT'S CURRENTLY IN THE

2:11:35

APPROPRIATIONS COMMITTEE UH AB1387 HELPS BROADEN ON THE IHSS WORKFORCE BY

2:11:42

ENCOURAGING OUTREACH TO IMMIGRANTS TO BECOME IHSS PROVIDERS THAT IS ALSO IN

2:11:48

APPROPRIATIONS AB 1672 THIS IS A UDW

2:11:54

A LABOR-LED BILL WHICH ALLOWS UM IHSS PROVIDERS TO NEGOTIATE THEIR CONTRACTS

2:12:00

AT THE STATEWIDE LEVEL THIS IS AN ISSUE THAT THEIR PROVIDERS ARE EXPERIENCING IN TERMS OF

2:12:06

UM WORK WORK RELATED ISSUES AND SO WE WANTED TO SUPPORT THEM IN THEIR AND THEIR ATTEMPT TO TRY TO CREATE A

2:12:13

BETTER ENVIRONMENT FOR THEIR PROVIDERS AND THEN LASTLY WE KNOW HOW CRUCIAL AND HOW FOUNDATIONAL HOUSING IS

2:12:19

FOR REALLY ALL OF THE ISSUES THAT WE FACE AND SO WE'RE SUPPORTING SB 37 I BELIEVE THAT THIS IS A LEADING AGE BILL

2:12:27

UM SPONSORED BY LEADING AGE WHICH CREATES A PROGRAM THAT OFFERS GRANTS TO NON-PROFIT COMMUNITY-BASED ORGANIZATIONS

2:12:33

AND THE OTHER ORGANIZATIONS LISTED HERE TO ADMINISTER HOUSING SUBSIDY PROGRAM

2:12:38

FOR OLDER ADULTS AND ADULTS WITH DISABILITIES WE THINK THAT IT WOULD BE AN ABSOLUTE GAME CHANGER

2:12:44

THE LAST BILL THAT I'LL MENTION BEFORE HANDING IT OFF TO BARBRA IS AB 820 WE

2:12:49

DO NOT CURRENTLY HAVE A POSITION ON THIS UH BILL IT'S SPONSORED BY THE COMMISSION ON AGING AND THE INTENT I THINK IS

2:12:56

FANTASTIC IT ADDS OLDER ADULTS TO A NUMBER OF COMMISSIONS AND COMMITTEES ON STATEWIDE COMMISSIONS AND COMMITTEES BUT

2:13:03

IT ALSO TOUCHES ON THIS PARTICULAR COMMITTEE THAT ALZHEIMER'S ADVISORY

2:13:08

COMMITTEE AND SEEKS TO ADD A MEMBER UM TO THE COMMITTEE AS IT CURRENTLY STANDS SO WE'RE WORKING WITH THE COMMISSION THE

2:13:16

COMMISSION STAFF AND THE AUTHORS OFFICE TO FIGURE OUT A WAY WHERE OUR BILL

2:13:22

AB387 AND THEIR BILL A AB820 ARE IN ALIGNMENT WITH ONE ANOTHER BECAUSE THE

2:13:28

GOALS VERY MUCH ARE IN ALIGNMENT WITH ONE ANOTHER THE REASON WHY WE'VE ADDED THE COMMISSION ON AGING UM TO OUR

2:13:35

BILL IS UM BECAUSE WE SEE THE VALUE OF THEIR WORK AND THEIR COMMITTEE

2:13:40

MEMBERS AND SO WE WANT TO MAKE SURE OR THEIR COMMISSION MEMBERS SO WE WANT TO MAKE SURE THAT WHAT WE'RE DOING IS IN

2:13:45

ALIGNMENT WITH THEIR BILL THAT THEY'RE SPONSORING SO WITH THAT I'LL HAND IT OFF TO BARBARA WHO I THINK HAS THE NEXT SLIDES GREAT

2:13:52

THANK YOU SO MUCH JARED SO IF WE CAN GO TO THE NEXT SLIDE PLEASE I'M GOING TO START BY UPDATING YOU ON

2:13:58

THE TWO BILLS THAT UM ALZHEIMER'S LOS ANGELES ALZHEIMER'S ORANGE COUNTY AND ALZHEIMER'S SAN DIEGO HAVE SPONSORED FOR

2:14:04

THIS SESSION THIS IS UM ANOTHER RUN AT A BILL THAT WE FILED LAST TIME THE IDEA

2:14:11

BEING TO BRING MORE RESOURCES INTO THE COMMUNITY TO PROVIDE CAREGIVER EDUCATION AND SUPPORT WHICH THAT SUPPORT INCLUDES

2:14:19

RESPIRE CARE AND SUPPORTIVE SUPPORT GROUPS AND DAY PROGRAMS AND YOU KIND OF

2:14:24

THE FULL CIRCLE OF WHAT WE KNOW CAREGIVERS NEED IN ORDER TO CONTINUE TO PROVIDE CARE

2:14:31

UM AS JARED MENTIONED THIS IS NOT A VERY

2:14:37

UM THIS IS LET ME SAY IT THIS WAY THIS IS A REALLY CHALLENGING ENVIRONMENT IN WHICH TO SEEK NEW FUNDING

2:14:43

UM ESSENTIALLY LEADERSHIP IN THE LEGISLATURE SAID FAIRLY EARLY IN THE SESSION THAT

2:14:48

THEY WEREN'T GOING TO CONSIDER NEW FUNDING UM AND SO BECAUSE THIS BILL WOULD HAVE

2:14:53

BEEN NEW FUNDING UM INSTEAD RATHER THAN JUST UM LOSE IT THROUGH THE PROCESS AND WE

2:14:59

DECIDED TO TURN IT INTO A TWO-YEAR BILL BECAUSE THIS IS THE FIRST YEAR OF A LEGISLATIVE SESSION SO UM HOPING THAT

2:15:06

MAYBE NEXT YEAR'S BUDGET SITUATION IS NOT QUITE AS BLEAK AS THIS YEAR'S AND THAT WE MAY HAVE AN OPPORTUNITY TO MOVE

2:15:12

THIS FORWARD SO FOR NOW UM IT IS IT'S IN A HOLDING PATTERN

2:15:17

UM WE CAN GO TO THE NEXT UM OUR SECOND BILL IS

2:15:25

UM TRYING TO ADDRESS THIS ISSUE OF WANDERING UM WHICH WE KNOW 60 OF PEOPLE

2:15:30

WHO ARE DIAGNOSED WITH ALZHEIMER'S OR ANOTHER FORM OF DEMENTIA WILL WANDER AT SOME POINT THIS IS ACTUALLY ALSO AN

2:15:36

ISSUE WITHIN THE AUTISM COMMUNITY SO IN LOS ANGELES COUNTY BOTH OF OUR COMMUNITIES CAME TOGETHER TO BUILD A

2:15:43

PROGRAM THAT WOULD HELP OUR FIRST RESPONDERS RESPOND MORE EFFECTIVELY WHEN EITHER SOMEONE WHO IS LIVING WITH AUTISM

2:15:49

OR SOMEONE WHO IS LIVING WITH A DEMENTIA DOES WANDER AWAY FROM HOME SO THEY CAN BE FOUND QUICKLY AND SAFELY

2:15:55

UM WE WANT THAT OPPORTUNITY TO BE AVAILABLE TO EVERYONE IN ACROSS THE STATE OF CALIFORNIA IN PART BECAUSE

2:16:01

PEOPLE WHO WANDER DON'T PAY ANY ATTENTION AT ALL TO CITY LINES COUNTY LINE STATE LINES FRANKLY EVEN

2:16:08

UM COUNTRY LINES UM SO AND WITH MASS TRANSPORTATION PEOPLE CAN ACTUALLY GET PRETTY FAR

2:16:14

PRETTY FAST AND SO THERE ARE OTHER COUNTIES ACROSS THE STATE THAT DO HAVE PROGRAMS LIKE THIS BUT THERE ARE THE

2:16:21

VAST MAJORITY DON'T AND WE HAVE HAD INTEREST FROM OTHER COUNTIES WHO ARE BEGINNING TO EXPLORE YOU KNOW WHAT DOES

2:16:26

IT LOOK LIKE ON THE GROUND THERE HOW MIGHT THEY BE ABLE TO DO SOMETHING LIKE THIS WE WANTED THIS WORKING GROUP TO BE

2:16:33

A RESOURCE FOR THOSE COUNTIES PUT TO PUT IT TOGETHER PUT FOR RECOMMENDATIONS UM TO HELP THEM MORE EFFICIENTLY AND

2:16:39

THEY'LL LEARN FROM WHAT WE DID AND MORE EFFECTIVELY BE ABLE TO BUILD WHATEVER KIND OF PROGRAM MAKES THE MOST SENSE FOR

2:16:45

THEIR UM THEIR COMMUNITIES SO WE DID PASS ON CONSENT WHICH BASICALLY JUST MEANS EVERYBODY ON THE COMMITTEE AGREED

2:16:52

UM THAT THEY WANTED TO SUPPORT THE BILL OUT OF PUBLIC SAFETY AND MOVE TO APPROPRIATIONS AND SO AS JARED MENTIONED

2:17:00

THE SUSPENSE FILE I MEAN THAT'S BASICALLY WHERE BILLS THAT HAVE BEEN REFERRED TO APPROPRIATIONS GO THAT HAVE MONEY ATTACHED TO THEM

2:17:06

UM BECAUSE THE LEGISLATIVE TEACHER DOESN'T REALLY QUITE YET KNOW HOW MUCH MONEY THE STATE IS GOING TO HAVE TO

2:17:11

SPEND THIS FISCAL YEAR WE ARE CONSIDERING SOME AMENDMENTS TO THIS BILL IT WAS ORIGINALLY DESIGNED SO

2:17:18

THAT IT WOULD LIVE AT THE DEPARTMENT OF JUSTICE THEY ATTACHED SOME QUITE SIGNIFICANT COSTS TO THE BILL IN THEIR

2:17:25

INTERPRETATION OF IT UM WE'RE EXPLORING WHETHER THE CALIFORNIA DEPARTMENT OF AGING MIGHT BE

2:17:31

A BETTER PLACE FOR THIS UM BUT THAT IS STILL IN PROCESS SO NOT QUITE SURE HOW THAT IS GOING TO PLAY OUT

2:17:38

NEXT SLIDE SO UM SOME OTHER BILLS THESE WERE THE BILLS THAT WERE ON ONE OF JARED'S SLIDES

2:17:45

AND UM SO I WILL SPEAK TO THEM THIS IS A BILL THAT WOULD CREATE A PUBLIC AWARENESS CAMPAIGN AT THE DEPARTMENT OF

2:17:52

PUBLIC HEALTH WHICH I NEED TO NOTE IS ALREADY IN PROCESS OF DOING A PUBLIC

2:17:57

AWARENESS CAMPAIGN ON ALZHEIMER'S AND DEMENTIA UM THIS ONE WOULD HAVE SPECIFIED AN

2:18:02

EMPHASIS ON EDUCATION FOR UNPAID CAREGIVERS UM AND IT IS UH WITH LOTS OF COMPANY

2:18:08

SITTING IN APPROPRIATIONS IN THE SUSPENSE FILE BECAUSE IT DOES HAVE A COST TO IT SO

2:18:14

UM I'M NOT TERRIBLY OPTIMISTIC THAT THIS WILL MOVE FORWARD BUT LIKE I SAID DEPARTMENT OF HEALTH IS ALREADY WORKING

2:18:22

WITH A OUTSIDE CONTRACTOR TO LAUNCH UM THEIR OWN PUBLIC AWARENESS CAMPAIGN

2:18:28

NOW SO THE STATE IS ENGAGED IN THIS WORK THIS BUILD IN PARTICULAR JUST

2:18:33

MAY NOT PASS THIS TIME NEXT SLIDE SO NEXT TWO BILLS AS JARED MENTIONED THESE

2:18:39

ARE CAREGIVER BILLS ABSOLUTELY CRITICAL FOR OUR FAMILY SO THE FIRST ONE AB518

2:18:45

WOULD PROHIBIT BASICALLY THIS IS A PROTECTED CLASS FOR FAMILY CAREGIVERS UM

2:18:51

SO UM YOU KNOW WHAT I THINK I'VE GOT MY TEXT

2:18:57

SWAPPED BECAUSE NOW I'M LOOKING AT UM SO PAID FAMILY LEAVE LET'S SO DON'T PAY

2:19:03

ATTENTION TO THE SMALLER TEXT THAT'S BELOW THE TOP THE TITLES UM SO PAID FAMILY LEAVE WOULD EXPAND ON THE CATEGORIES OF PEOPLE WHO COULD APPLY

2:19:09

FOR THAT SO IT'S FAMILY FRIEND UM AND WE THINK THAT OBVIOUSLY THAT'S JUST RESPONSIVE TO

2:19:15

UM PEOPLE'S LIVES TODAY AND WHO THEY WANT TO PROVIDE THEIR CARE AND WE WANT MORE PEOPLE TO HAVE ACCESS TO THE PAID

2:19:21

FAMILY LEAVE PROGRAM THAT CALIFORNIA HAS EVEN AS IT STANDS NOT ENOUGH PEOPLE TAKE ADVANTAGE OF IT I THINK PEOPLE WHO ARE

2:19:28

UM HAVING BABIES IT'S KIND OF AUTOMATIC TO THINK ABOUT UM TAKING ADVANTAGE OF THE PROGRAM BUT

2:19:34

PEOPLE CARING FOR OLDER ADULTS UM ARE STILL NOT TAKING ADVANTAGE OF IT TO THE RATES THAT WE WOULD LIKE TO SEE

2:19:41

AND THEN THE NEXT BILL IS A PROTECTED CLASS TO MAKE SURE THAT PEOPLE ARE NOT PENALIZED AT THEIR OWN BY THEIR EMPLOYER

2:19:47

FOR BEING UM FAMILY CAREGIVERS UH BOTH OF THESE BILLS ALSO SIT IN

2:19:53

APPROPRIATIONS SUSPENSE FILES SO UM WE ARE HOPING THERE'S A LOT OF SUPPORT FOR

2:19:59

THESE UM A STRONG PUSH AND HOPEFULLY WE WILL SEE THEM ADVANCE I AND THEN I SAID ONE MORE THAT I WANTED

2:20:05

TO HIGHLIGHT THIS MAY SEEM LIKE JUST A SUCH AN ADMINISTRATIVE BILL LIKE WHAT DIFFERENCE DOES THIS MAKE

2:20:11

UM I REALLY APPRECIATED UM ALL THE INFORMATION THAT SUSAN SHARED WITH US EARLIER ABOUT THE ACTIVITY THAT'S HAPPENING IN THE OLDER ADULT

2:20:17

SPACE THAT RELATES TO MENTAL HEALTH THIS HAS BEEN A REAL CHALLENGE FOR OUR

2:20:22

COMMUNITY A LOT OF MISUNDERSTANDING ABOUT WHETHER PEOPLE WHO ARE LIVING WITH A COGNITIVE IMPAIRMENT CAN EVEN BENEFIT

2:20:28

FROM MENTAL HEALTH SERVICES AND SUPPORTS WE KNOW THEY CAN UM EVEN QUESTIONS ABOUT WHETHER THEY

2:20:34

WERE ELIGIBLE UM AND WHAT HAPPENED A NUMBER OF YEARS AGO ACROSS THE STATE WAS A LOT OF

2:20:40

COUNTY DEPARTMENTS OF MENTAL HEALTH COLLAPSED THEIR OLDER ADULT MENTAL HEALTH OFFICES INTO JUST A BROADER ADULT

2:20:46

MENTAL HEALTH UM DEPARTMENT OR OFFICE AND WHAT WE

2:20:51

SAID AT THE TIME WHEN THAT HAPPENED WAS LOOK YOU'RE GOING TO LOSE A LOT OF THE EXPERTISE THEY'RE NOT ALL THE SAME

2:20:57

ISSUES YOU'RE AN ADULT WHEN YOU'RE 18 RIGHT AND THOSE ISSUES YOU HAVE IN YOUR EARLY 20S COULD BE QUITE DIFFERENT

2:21:03

DIFFERENT THAN ISSUES THAT PEOPLE HAVE WHEN THEY ARE OLDER ADULTS AND MIGHT BE FACING HEALTH ISSUES SUCH AS ALZHEIMER'S

2:21:09

AND DEMENTIA AND SO OUR CONCERN WAS THAT FOCUS WOULD BE LOST RESOURCES WOULD GO DIFFERENT DIRECTIONS EXPERTISE AT THE

2:21:16

STAFFING LEVEL WOULD BE LOST WITH THE COLLAPSING OF THOSE DEPARTMENTS AND LET ME SAY NOT ALL COUNTIES CHOSE TO DO THIS

2:21:22

SOME OF THEM DID MAINTAIN THEIR OLDER ADULT MENTAL HEALTH OFFICES BUT A LOT OF COUNTIES DIDN'T AND THAT'S

2:21:28

EXACTLY WHAT WE'VE SEEN HAPPENING SO THIS BILL WOULD ESTABLISH WITHIN THE DEPARTMENT OF HEALTH CARE SERVICES AND

2:21:34

OLDER ADULT BEHAVIORAL HEALTH SERVICES ADMINISTRATOR SO IT'S A START I THINK IT SUPPORTS ALL OF THE ACTIVITY THAT'S

2:21:41

HAPPENING IN THE MENTAL HEALTH SPACE AND MAYBE BEGINS TO HELP US BUILD BACK AT

2:21:46

THE COUNTY LEVEL HOPEFULLY EVENTUALLY SOME MORE OF THAT INFRASTRUCTURE TO SUPPORT THE DELIVERY OF OLDER ADULT

2:21:53

MENTAL HEALTH CARE AND THIS ONE IS MOVING IT WAS REFERRED TO APPROPRIATIONS BUT IT IS NOT IN THE SUSPENSE FILE

2:22:01

UM SO WE DO HOPE THAT WE WILL SEE THIS ONE PASS AND I THINK THAT'S IT FOR ME

2:22:07

THANKS TO BOTH OF YOU FOR ALL THE AMAZING WORK YOU'RE DOING IN THE CAPITAL

2:22:12

AND FOR SHARING THAT INFORMATION WITH US I THINK WE HAVE A LITTLE BIT OF TIME TO SEE IF

2:22:18

COMMITTEE MEMBERS HAVE QUESTIONS TO ASK ABOUT ANY OF THE BILLS OR

2:22:26

SOMETHING ELSE THEY'VE HEARD OF THAT THEY'RE INTERESTED IN

2:22:31

HEY CATHERINE THIS IS UH DARRICK I DO HAVE A QUESTION FOR BARBRA AND THANK YOU SO MUCH FOR PRESENTING AN UPDATE AND ALSO

2:22:39

TO JARED AS WELL I'M VERY INTERESTED IN THE LAST BILL THAT YOU MENTIONED IS

2:22:45

ABOUT THE UH WHAT ARE THOSE MENTAL HEALTH SO IN THE FORMATION OF THIS BILL

2:22:51

AND DRAFTING THE LANGUAGE HAVE YOU THOUGHT ABOUT USING BEHAVIORAL HEALTH INSTEAD OF MENTAL HEALTH BECAUSE

2:22:58

I THINK MENTAL HEALTH DOES HAVE A NEGATIVE CONNOTATION ON

2:23:03

THOSE WHO ARE GOING THROUGH THE UH YOU KNOW PROBLEMS RIGHT NOW BECAUSE MENTAL

2:23:10

HEALTH IS NOT JUST ABOUT SCHIZOPHRENIA WE ALSO TALK ABOUT DEPRESSION AND SOME OTHER ISSUES SO ANY THOUGHTS ABOUT THAT

2:23:20

SO UM THE THIRD BILL THE UM CREATION OF IT SO I'M NOT SURE

2:23:26

WHAT THEIR THOUGHT PROCESS UM MAY JUST BE REFLECTIVE OF STATE

2:23:32

BUREAUCRACY AND THE LANGUAGE THAT THE STATE HAS TYPICALLY USED IN THIS SPACE BUT YOU REALLY BRING UP AN INTERESTING POINT AND SOMETHING I THINK THIS

2:23:39

COMMITTEE SHOULD KEEP IN MIND WITH MATERIALS THAT WE CREATE UM SO THIS COMMITTEE DID A COUPLE OF

2:23:44

FACT SHEETS A COUPLE YEARS AGO UM ABOUT ACCESSING AND I THINK WE CALLED

2:23:50

THEM MENTAL HEALTH SERVICES IN THOSE FACT SHEETS UM AND MAYBE THAT'S SOMETHING WE NEED TO LOOK BACK AT AGAIN BECAUSE I THINK THAT

2:23:58

YOU'RE EXACTLY RIGHT WE HAVE THE DOUBLE WHAMMY OF STIGMA RIGHT SO WE HAVE STIGMA ABOUT ALZHEIMER'S AND DEMENTIA AND WE

2:24:04

HAVE STIGMA ABOUT ACCESSING MENTAL HEALTH SERVICES WE ARE TRYING TO OVERCOME BOTH OF THOSE TO TRY TO CONNECT

2:24:10

PEOPLE TO IMPORTANT SUPPORTIVE SERVICES SO UM I THINK THAT'S WE SHOULD KEEP THAT IN

2:24:16

MIND BOTH AGAIN FOR WHAT THIS COMMITTEE MIGHT CREATE BUT THEN CERTAINLY FOR ME IN MY ORGANIZATION AND OUR ADVOCACY

2:24:23

GOING FORWARD YEAH I APPRECIATE THAT BECAUSE UH SOME OF THE FAMILY MEMBERS HAVE UNDUE A

2:24:30

STRESS GOING THROUGH THIS PROCESS OF TAKING CARE OF THEIR LOVED ONES AND UH

2:24:36

THEY MAY HAVE DEPRESSION UH KNOWN TO US OR UNBEKNOWNST TO US SO IT'LL BE GREAT

2:24:41

IF WE CAN LOOK AT THAT MORE CLOSELY THANK YOU THANK YOU IT LOOKS LIKE ANDREA HAS A

2:24:49

COMMENT OR A QUESTION IT'S ME AGAIN FOLKS BARBARA

2:24:56

UM THANK YOU SO MUCH UM I WOULD SAY ALZHEIMER'S LA IS DOING AN EXCELLENT JOB

2:25:02

BY ME RECEIVING SERVICES FROM UM IHS I GET A CHANCE TO PARTICIPATE IN A LOT OF

2:25:08

THE TRAINING AND I THINK THE ALL-TIME ASSOCIATION JUST DID A TRAINING THROUGH

2:25:13

IHS IN REGARDS TO UNDERSTANDING DEMENTIA AND ALZHEIMER'S AND I HAVE GOTTEN SOME

2:25:19

AWESOME UM TRAINING SO YOU GUYS ARE DOING A REALLY GOOD JOB REALLY GOOD JOB MAN A

2:25:25

LOT OF YOU KNOW CONSUMERS LIKE MYSELF ARE REALLY TAKING ADVANTAGE OF SOME OF THOSE TRAININGS SO I WANT TO MENTION

2:25:30

THAT I DEFINITELY LIKE WHAT UM YOU GUYS WAS TALKING ABOUT IN REGARDS TO AND THEY'RE SOMETIME MENTAL HEALTH HAVE LIKE

2:25:38

A NEGATIVE UM VIEWPOINT MOST OF MY UM MY DIAGNOSIS WHEN MILD CONFIDENCE

2:25:45

IMPAIRMENT HAS A LOT TO DO WITH MAJOR DEPRESSION AND ANXIETY AND SO IT

2:25:52

UM A LOT OF TIMES UM I WOULD SAY DEMENTIA ESPECIALLY MIMIC

2:25:57

A LOT TO UM DEMENTIA AND SO AGAIN

2:26:03

UM YOU KNOW SOMETIME WHEN YOU TELL SOMEONE THAT YOU HAVE MILD COGNITIVE IMPAIRMENT ASSOCIATED WITH A MENTAL

2:26:09

ILLNESS YOU KNOW YOU GET A DIFFERENT LOOK BUT THE FACT IS SOMETIMES IT'S A

2:26:14

CONTRIBUTING FACTOR AND SO I JUST HAD MY NEUROLOGICAL EXAM AND SAW MY CONDITION

2:26:20

HAD NOT CHANGED BUT MY UM MY UH BUT THE NEUROLOGIST SAID THAT

2:26:27

IF I DON'T GET A HOME OF MY UM DEPRESSION THEN MY MEMORY WILL GET WORSE SO THANK YOU SO MUCH WE REALLY

2:26:35

NEED TO CONTINUE DOING THE WORK TO MAKE SURE THAT UM PEOPLE LIKE MYSELF ARE

2:26:41

GETTING THOSE SERVICES AND THERE'S NO NEGATIVE VIEWPOINT FROM IT

2:26:46

YEAH THANK YOU SO MUCH ANDREA REALLY POWERFUL COMMENTS

2:26:52

OTHER COMMENTS OR QUESTIONS AND I SEE SUSAN'S BEEN ADDING SOME ITEMS TO THE

2:26:57

CHAT YOU WANT TO JUST SAY FOR A SECOND WHAT THOSE ARE YOU BET AND I'M THANK YOU BARBRA FOR

2:27:05

THE PROMPT UM AND I I HAD THESE ON SPEED DIAL BECAUSE I JUST PULLED THEM UP

2:27:11

UM THIS WEEK AND WAS SHARING WITH DEPARTMENT OF HEALTH CARE SERVICES THE WORK THAT THIS COMMITTEE HAD DONE BACK

2:27:18

IN 2017 SO IT'S IT'S DEFINITELY UH STILL VERY RELEVANT AND ANDREA THANK YOU FOR

2:27:25

YOUR COMMENTS TOO THAT REALLY UM YOU JUST REINFORCED WHAT WE HEARD IN

2:27:30

THE ROUND TABLES WE HELD IN APRIL UM SO WATCH OUT WE MIGHT INVITE YOU TO

2:27:37

UM TO COME SPEAK TO THAT TOPIC SOUNDS GREAT THANK YOU

2:27:45

UM ALL RIGHT OTHER COMMENTS OR QUESTIONS ABOUT UM LEGISLATION

2:27:54

SURE JUST BECAUSE OF THE TWO BILLS THAT WOULD IMPACT THIS COMMITTEE I

2:27:59

DIDN'T QUITE UNDERSTAND THAT I MEAN I KNOW THE BILL THAT WE'VE BEEN FOLLOWING HAS SORT OF SPECIFICALLY IDENTIFIED

2:28:06

PLAYERS INCLUDING UM THAT UM

2:28:11

THE OLDER ADULTS COUNSELOR SORRY I MISSED THE NAME BUT UM

2:28:19

THAT'S RIGHT I JUST TRYING TO UNDERSTAND ARE THEY INTERESTED IN BEING APPOINTED TO THIS COMMITTEE OR THEY'RE INTERESTED

2:28:25

IN HAVING SOME PERCENTAGE OF OLDER ADULTS ON A WHOLE BUNCH OF DIFFERENT COMMITTEES SO I THINK IT'S KIND OF BOTH

2:28:33

MY UNDERSTANDING UM SO LAST YEAR WHEN WE INTRODUCED AB 1618

2:28:39

UM THEY WERE ONE OF THE FIRST ORGANIZATIONS TO REACH OUT TO US BE ADDED TO THE TO THE COMMISSION UH OR TO

2:28:45

THE TO THE ADVISORY COMMITTEE AND AT THAT POINT WE DIDN'T SEE ANY REASON WHY THAT SHOULDN'T HAPPEN AND WE

2:28:51

ACCEPTED THAT REQUEST FOR AMENDMENT AND SO IN IN OUR BILL LAST YEAR AND THIS YEAR IT SPECIFICALLY REFERS TO UH A

2:28:59

COMMISSIONER FROM THE COMMISSION ON AGING UM THIS YEAR THEY INTRODUCED WITH

2:29:04

UH ASSEMBLY MEMBER REYES AB 820 WHICH LOOKS TO HAVE SOMEBODY REPRESENTING THE

2:29:09

INTERESTS OR A WORK OF OLDER ADULTS ON I THINK IT'S LIKE SEVEN

2:29:15

UM COMMITTEES UM THROUGHOUT THE STATE AND THEY USE BROADER LANGUAGE IN IN HOW THEY

2:29:21

REFER TO THAT IT'S NOT SOMEBODY FROM THE COMMISSION ON AGING IT'S SOMEBODY REPRESENTING THE INTEREST I THINK THAT

2:29:27

THAT'S SOMETHING THAT THE ASSEMBLY MEMBER AS WELL AS LEDGE COUNSEL ADVISED THEM WOULD BE BETTER AS OPPOSED TO AS A

2:29:33

SO AS NOT TO APPEAR TO BE KIND OF SELF-SERVING TO THEIR COMMISSION BUT I THINK THE INTENT IS

2:29:39

VERY MUCH THE SAME AS WHAT WE WERE LOOKING TO DO IN IN UM AB 1618 AND NOW

2:29:44

AB 387 SO THAT'S KIND OF THE DIFFERENCE WHAT WE WOULD LIKE TO SEE IS

2:29:50

WHATEVER WE'RE TALKING ABOUT WITH RESPECT TO THE COMMISSION ON AGING BEING EXACTLY THE SAME AS WHAT THEY'RE ASKING

2:29:55

FOR THE ALZHEIMER'S ADVISORY COMMITTEE SO THAT THERE'S NO DISPUTE ABOUT WHAT YOU KNOW WHAT EVERYBODY WANTS

2:30:01

AND THEN WE'RE WORKING THROUGH THAT THAT PROCESS RIGHT NOW BUT I THINK THE INTERESTS ARE SAME AS THEY WERE BEFORE

2:30:08

WITH THE COMMISSION IN OUR WORK BUT DIFFERENT FOR WHAT THEY'RE TRYING TO DO WITH THEIR BILL YEAH ALL RIGHT THAT

2:30:13

MAKES SENSE THANK YOU UM AND CELINE YOU HAD A COMMENT OR A QUESTION AS WELL YES

2:30:19

THANK YOU UM SO MY QUESTION ISN'T RELATED TO LEGISLATION BUT THE PREVIOUS PRESENTATIONS AND I WAS JUST UM

2:30:28

CURIOUS ABOUT THE VISION FOR THE POST-DIAGNOSIS RESOURCE CENTER FOR PROVIDERS WITH THE DEMENTIA CARE WORK

2:30:34

AND KIND OF WHAT THE VISION IS FOR THAT AS WE'RE DOING OUR CAL COMPASS WORK AND WONDERING

2:30:40

WHAT THE VISION IS FOR THOSE FOR THOSE UH PROVIDER SUPPORT CENTERS

2:30:47

I KNOW ANYBODY CAN SPEAK TO THAT

2:30:54

DID THAT COME UP IN THE CONTEXT OF ONE OF THE BILLS THAT WERE JUST SAYS IT WASN'T LEGISLATIVE IT WAS THE

2:31:02

CALIFORNIA DEPARTMENT PUBLIC HEALTH WE WENT TO BREAK AND I MIGHT HAVE MISSED THE Q A SO I'M SORRY I HAD TO GO TO THE

2:31:07

ADHD REAL QUICKLY NO PROBLEM SO I DON'T KNOW WHETHER THEY'RE SORRY

2:31:13

THANK YOU UM I KNEW SHE WAS REFERRING TO SO FOR THE STANDARDS OF DEMENTIA CARE THAT'S

2:31:20

WHAT CELINE'S REFERRING TO IF THE POST-DIAGNOSIS CARE RESOURCES UM WHAT IT SHOULD LOOK LIKE IS ESSENTIALLY SUPPORTING

2:31:27

UM HEALTHCARE PROFESSIONALS SPECIFICALLY PRIMARY CARE PHYSICIANS IS WHAT OUR GOAL IN ENABLING THEM RESOURCES TO HELP UH

2:31:36

PROVIDE DIAGNOSTIC RESOURCES TO PATIENTS ONCE THEY

2:31:41

ONCE THEY TREAT THEM SO THAT COULD BE UH A WEB-BASED FORMAT UM SPECIFICALLY KIND OF BACK ENDING WHAT

2:31:48

DEMENTIA CARE AWARE HAS ALREADY DONE AND PROVIDING OKAY THEY'RE ALREADY HAVING SCREENING RESOURCES AND TOOLS HOW DO WE

2:31:53

BACK IN THAT WORK AND PROVIDE POST-DIAGNOSIS RESOURCES FOR THEM TO SUPPLEMENT THE WORK THAT THEY'RE DOING

2:31:58

ONCE THEY'VE DIAGNOSED THE PATIENT SO THAT'S ESSENTIALLY WHAT IT'S GOING TO LOOK LIKE FOREIGN

2:32:08

OKAY ANY OTHER QUESTIONS ABOUT ALL THE ALL OF THE LEGISLATION

2:32:16

CATHERINE CAN I UM IF HOPEFULLY UM THE BILL PASSES THAT ADDS PEOPLE

2:32:24

TO THIS COMMITTEE INCLUDING FIRST RESPONDERS ONE OF THE TOPICS I REALLY THINK UM WE SHOULD TAKE UP IS WHETHER

2:32:34

UM NO LET ME SAY IT THIS WAY HOW FIRST RESPONDERS AND COUNTIES ARE THINKING

2:32:40

ABOUT PEOPLE WITH COGNITIVE IMPAIRMENT IN THEIR EMERGENCY PLANNING BECAUSE I DON'T THINK IT'S HAPPENING TO THE DEGREE

2:32:46

IT SHOULD ESPECIALLY IN A STATE WHERE WE ARE OFTEN FACING UM THOSE KINDS OF CRISES EARTHQUAKES

2:32:52

FIRE SQUADS WE KIND OF SEE IT ALL AND UM WE'VE TRIED MIGHTILY HERE IN LA

2:32:59

COUNTY TO TRY TO GET OUR EMERGENCY PLANNING OFFICES TO INCORPORATE

THE

2:33:06

NEEDS OF PEOPLE WITH KIND OF IMPAIRMENT INTO THEIR PLANS BUT IT'S VERY SLOW GOING AND I THINK THIS COMMITTEE MIGHT

2:33:11

WITH A MEMBER ON IT REPRESENTING THAT SPACE MIGHT BE ABLE TO MOVE THE ISSUE

2:33:16

BOARD MORE QUICKLY SO THANKS FOR THE SUGGESTION THAT'S GOING TO COME UP AT THE END AND I KNOW YOU HAD TO HOP OFF A LITTLE BIT EARLY SO

2:33:23

THAT YOU MENTIONED UM A FUTURE TOPIC BECAUSE I THINK THIS COMMITTEE'S DONE A

2:33:29

LOT OF WORK OF SORT OF RAISING SOME CUTTING EDGE TOPICS THAT ARE REALLY YOU KNOW MOVING ISSUES FORWARD AND

2:33:35

BRINGING AWARENESS TO THEM SO THAT WOULD BE THAT'S GREAT SO THANKS FOR THAT

2:33:40

UM OKAY I THINK WE DON'T HAVE ANY OTHER QUESTIONS ABOUT UM THE LEGISLATION

2:33:47

UM AND I THINK WE'RE A LITTLE BIT AHEAD OF SCHEDULE MICHELLE WAS GOING TO CHECK AS TO WHETHER THE NEXT PRESENTER COULD

2:33:53

HOP ON EARLY OR PRESENTERS ONLINE AND I THINK DEREK WAS GOING TO INTRODUCE HERE IS GOING TO FACILITATING YEP I LET ROSS

2:34:01

KNOW HE HAS A LITTLE BIT OF EXTRA TIME BECAUSE WE'VE KIND OF SQUEEZED HIM IN PRETTY TIGHT OKAY THAT'S GREAT SO DARRICK

2:34:07

UM WHO'S THE VICE CHAIR OF THE OF THIS COMMITTEE IS GOING TO LEAD THE

2:34:12

INTRODUCE THE SPEAKER AND HELP FACILITATE ANY DISCUSSION WE WANT TO HAVE ABOUT THAT SO GRATEFUL FOR YOUR

2:34:18

WILLINGNESS TO DO THAT DARRICK THANK YOU THANK YOU CATHERINE UH WE HAVE UH ROSS

2:34:24

LALLIAN JOINING US IN THE NEXT SEGMENT AND HE IS NEWLY HIRED AS THE CHIEF OF

2:34:30

RESEARCH IN THE DIVISION OF POLICY RESEARCH AND EQUITY AT THE CALIFORNIA DEPARTMENT OF AGING SO UH IN HIS

2:34:38

CAPACITY HE WILL BE CRITICAL TO ADVANCING THE MASTER PLAN FOR AGING INCLUDING LEADING THE CALIFORNIA AGING

2:34:46

AND DISABILITY RESEARCH PARTNERSHIP THE DATA DASHBOARD FOR AGING AND MANY OTHER

2:34:51

EFFORTS AND IN THE NEXT SEGMENT HE'S GOING TO SPEND SOME TIME TO INTRODUCE TO ALL OF US THE CONCEPT OF THE MASTER PLAN

2:34:58

FOR AGING KEY OUTCOMES AND TO GATHER OUR INPUT ON DRAFT OUTCOME MEASURES

2:35:04

IN ADDITION HE'S GOING TO PROVIDE THE VIEW OF THE CALIFORNIA AGING AND DISABILITY

2:35:09

RESEARCH PARTNERSHIP AS WELL AS DISCUSSING OPPORTUNITIES FOR FUTURE COLLABORATION

2:35:15

SO WITHOUT FURTHER ADO UH PLEASE TAKE IT ON ROSS THANK YOU DARRICK SO MUCH WE CAN

2:35:21

GO TO THE NEXT SLIDE PLEASE THAT WAS A GREAT INTRODUCTION UM SO THE PRIMARY PURPOSE MY PRESENTATION TODAY IS INTRODUCE AND

2:35:26

GATHER YOUR FEEDBACK ABOUT THIS CONCEPT OF MPA KEY OUTCOME MEASURES SO WE'D LIKE TO DEVELOP AND UTILIZE A SET OF OUTCOME

2:35:32

MEASURES THAT HELP US MEASURE THE IMPACTS OF THE MPA WE PLAN ON DEVELOPING MEASURES THAT CUT ACROSS THE FIVE GOALS

2:35:37

OF THE MASTER PLAN AND TODAY WE'LL BE DISCUSSING MEASURES RELATED TO BEHAVIORAL HEALTH IN THE DIRECT CARE WORKFORCE SO ACTUALLY HAVE SOME DRAFT

2:35:44

MEASURES TO SHARE WITH YOU TODAY LOOKING FORWARD TO HEARING YOUR FEEDBACK AND I'LL PROVIDE MUCH MORE DETAIL ABOUT THE CONCEPT OF KEY OUTCOMES I ALSO LIKE TO

2:35:50

PROVIDE AN OVERVIEW OF OUR CALIFORNIA AGING AND DISABILITY RESEARCH PARTNERSHIP WE'RE GOING TO BE COLLABORATING WITH THIS RESEARCH PARTNERSHIP ON THIS WORK SO I THINK

2:35:57

IT'LL BE HELPFUL TO PROVIDE SOME CONTEXT ON THE PURPOSE OF THAT GROUP THEN FINALLY LIKE TO DISCUSS IDEAS FOR FUTURE

2:36:02

COLLABORATION WE KIND OF SEE THIS WORK IS KIND OF LONGER TERM FOR THE EXPANDS SEVERAL YEARS AS YOU TRACK

2:36:07

MPA PROGRESS HOPING WE CAN CONTINUE TO COLLABORATE ON THIS WORK NEXT SLIDE PLEASE

2:36:13

SO THIS IS MY I HAVEN'T HAD THE OPPORTUNITY TO WORK WITH YOU YET SO TO BEGIN I THOUGHT IT'D BE HELPFUL TO PROVIDE SOME BACKGROUND ABOUT MYSELF

2:36:19

UM I STARTED WITH CDA ON DECEMBER 1ST I'VE BEEN HERE FOR ABOUT FIVE MONTHS PRIOR TO JOINING CDA I WAS WITH THE DEPARTMENT OF HEALTHCARE ACCESS AND

2:36:26

INFORMATION OR HCAI AS THE HEALTH WORKERS THE HEALTH WORKFORCE DEVELOPMENT RESEARCH AND EVALUATION CHIEF I LED A

2:36:32

TEAM OF RESEARCHERS AT HCAI AND OUR CHARGE WAS COLLECTING A WIDE VARIETY OF DATA RELATED TO THE HEALTH WORKFORCE SO

2:36:37

DEMOGRAPHIC DATA ON SUPPLY AND DEMAND EQUITY DATA AND WE USE THESE DATA TO UNDERSTAND WHERE THE GAPS ARE IN

2:36:42

TERMS OF OUR HEALTH COULD WORKFORCE SO RACIAL NET THE GAPS LINGUISTIC GAPS IN TERMS OF AREAS THAT THIS DON'T HAVE

2:36:48

ENOUGH HEALTH CARE PROVIDERS AND WITH THESE DATA WE'RE ABLE TO UTILIZE IT AS AN INPUT INTO POLICY MAKING AND PROGRAM DEVELOPMENT OUR END GOAL WAS TO TARGET

2:36:55

RESOURCES TO UNDERSERVED COMMUNITIES AND DATA HELPED US BE MORE ACCURATE AND KIND OF PURPOSEFUL WITH ALLOCATING THOSE

2:37:00

RESOURCES SO I WAS RIGHT ON THE CDA TO MAKE SURE HOW WE INTERACT WITH DATA I THINK A BIG PIECE OF THAT IS USING DATA

2:37:06

TO HELP INFORM POLICY SO THERE'S A LOT OF PARALLELS WITH THE WORK UNDER TO GET HCAI WITH MY CHARGES HERE AT CDA I

2:37:12

HAVE EXPERIENCE WITH DATA MANAGEMENT PROGRAM EVALUATION USING DATA TO TELL STORIES AND THAT'S MY FAVORITE

2:37:17

PART ABOUT WORKING WITH DATA IS BEING ABLE TO TELL THOSE STORIES UM IS STORYTELLING KIND OF MAKES DATA COME TO LIFE AND IT'S WE'RE

2:37:22

ABLE TO COMMUNICATE EFFECTIVELY TO A WIDE VARIETY OF AUDIENCES BY TELLING THAT STORY SO NEXT SLIDE PLEASE

2:37:29

THESE KEY OUTCOME MEASURES WILL HELP US TELL THE STORY OF THE MASTER PLAN FOR AGING SO CAREER OF HEALTH AND THE

2:37:34

WORKFORCE ARE CRITICAL TOPICS OUTLINED WITHIN THE MASTER PLAN FOR AGING AND WE HAVE TO EFFECTIVELY UTILIZE

2:37:40

DATA TO UNDERSTAND THE IMPACTS OF THE GOALS AND STRATEGIES OF THE MASTER PLAN AND THAT'S WHAT THESE KEY OUTCOME MEASURES WILL ALLOW US TO DO IT'S KIND

2:37:47

OF A SYSTEMATIC METHOD FOR US AS A COMMUNITY TO TRACK PROGRESS OR UNDERSTAND IF WE'RE NOT MAKING ENOUGH

2:37:52

PROGRESS AND IF THAT'S THE CASE HOW DO WE DO A BETTER JOB OF UTILIZING OUR RESOURCES AND THERE'S SEVERAL COMPONENTS THAT MAKE THE FRAMEWORK OF THESE KEY

2:37:58

OUTCOMES AND I'LL WALK YOU THROUGH THOSE AS I INTRODUCE THE DRAFT MEASURES NEXT SLIDE PLEASE

2:38:04

AND AS WE THINK ABOUT DEVELOPING THESE KEY OUTCOMES WE LIKE TO ENSURE THAT THEY'RE RELATED EXCUSE ME TWO

2:38:10

CRITERIA THAT WE THINK ARE IMPORTANT SO THESE KEY OUTCOMES SHOULD BE CREATED WITH THE MPA IN MIND WHAT OUTCOMES OFFER

2:38:15

US THE GREATEST OPPORTUNITIES TO MEASURE PROGRESS DURING GOALS AND STRATEGIES UM THEY SHOULD ALSO ALIGN WITH KEY

2:38:21

POLICY PRIORITIES AND PROMOTE EQUITY FOR STRONG UNDERREPRESENTED COMMUNITIES BE ACHIEVABLE I THINK THIS IS CRITICAL AS

2:38:27

WE DEVELOP TARGETS WHAT CAN WE REALISTICALLY ACHIEVE DURING THE DURATION OF THE MPA WHICH IS BY 2030 AND

2:38:33

ALSO MEANINGFUL THESE MEASURES TO BE MEANINGFUL FOR ADULTS WITH DISABILITIES OLDER ADULTS IN THEIR FAMILIES

2:38:39

UM NEXT SLIDE PLEASE SO AS I MENTIONED WE'RE GOING TO BE WORKING CLOSELY WITH THE CALIFORNIA AGING DISABILITY RESEARCH PARTNERSHIP ON

2:38:45

THIS WORK AND THIS IS A PARTNERSHIP BETWEEN STATE GOVERNMENT AND ACADEMIA SO CDA ALONG WITH YOU CENTER FOR DATA

2:38:50

INSIGHTS INNOVATION COLLABORATIVE LEAD EFFORTS ON THE STATE GOVERNMENT SIDE AND WE'RE FORTUNATE TO PARTNER WITH SOME OF

2:38:56

THE TOP AGING DISABILITY RESEARCHERS TO FORM THIS PARTNERSHIP AND THE PARTNERSHIPS FOCUS ON COLLECTING DATA

2:39:02

AND CONDUCTING RESEARCH TO ADVANCE POLICY RELATED TO EQUITABLE OPPORTUNITIES FOR ADULTS WITH DISABILITIES IN OLDER ADULTS SO WE WANT

2:39:08

TO BE ABLE TO SHARE DATA WITH YOU ALL IN OTHER STAKEHOLDERS AND POLICY MAKERS TO SHOW PROGRESS THAT WE'RE MAKING AND

2:39:13

WHERE WE CONTINUE TO SEE GAPS THE RESEARCH PARTNERSHIP ALSO HELPED DEVELOP THESE KEY OUTCOME MEASURES AND PROVIDE INPUT ON KEY DATA SOURCES TO MEASURE

2:39:20

IMPACTS OF THE MASTER PLAN FOR AGING SO THIS GROUP UNDERSTANDS DATA REALLY WELL AND CAN REALLY ADD VALUE BY HELPING US

2:39:25

UNDERSTAND WHERE DATA SOURCES ARE LOCATED DATA LIMITATIONS ENSURING THAT WE'RE MEASURING APPROPRIATE METRICS WE

2:39:30

WORK WITH THE PARTNERSHIP TO DEVELOP THE DRAFT OUTCOME MEASURES I'LL BE SHARING WITH YOU TODAY AND WE'LL CONTINUE TO WORK WITH THEM BEFORE IT IS OUT IN AN

2:39:37

INCORPORATE YOUR INPUT NEXT SLIDE PLEASE BECAUSE THE MPA GOALS AND STRATEGIES ARE

2:39:43

MULTIFACETED IN TOUCH MANY DIFFERENT SECTORS WE THOUGHT THE MOST EFFECTIVE STRATEGY WAS TO DEVELOP WORK GROUPS WHO

2:39:48

COULD FOCUS ON A SUBSET OF KEY ISSUES AND THAT'S WHAT'S DISPLAYED ON THE SLIDE HERE SO WE HAVE A WORK GROUP FOR HOUSING

2:39:54

HOMELESSNESS TRANSPORTATION KNOWN FOR BEHAVIORAL HEALTH AND ISOLATION AND ALSO THE PAID UNPAID CAREGIVING WORKFORCE UH

2:40:00

THE RESPECTIVE RESEARCH PARTNERSHIP MEMBERS WHO HAVE SUBJECT MATTER EXPERTISE ON THESE TOPICS ARE LISTED HERE ON THE SLIDE AS WELL AND WE

2:40:06

DEFINITELY WELCOME THE OPPORTUNITY TO COLLABORATE ON THIS EFFORT AND THAT'S WHY I'M SO GRATEFUL TO PRESENT TO YOU TODAY

2:40:11

UM IF YOU'RE INTERESTED IN JOINING THE BEHAVIORAL HEALTH WORKFORCE MEETINGS WE'LL WORKFORCE MEETINGS PLEASE LET ME KNOW WE'D LOVE TO HAVE YOU AND WOULD APPRECIATE YOUR FEEDBACK

2:40:18

UM THESE ARE LONG-TERM MEASURES THAT WILL SPEND SEVERAL YEARS TO ANTICIPATE HAVING ONGOING MEETINGS AROUND THESE KEY OUTCOMES NEXT SLIDE PLEASE

2:40:26

SO I WANT TO HAVE A DISCUSSION WITH YOU TODAY ABOUT OUR DRAFT MEASURES I HAVE THREE DRAFT MEASURES TO SHARE WITH YOU

2:40:31

WOULD LOVE YOUR REACTION TO IT ARE WE ON THE RIGHT TRACK ARE THESE FEASIBLE MEASURES HOW CAN WE IMPROVE THESE DATA

2:40:37

SOURCES IF YOU HAVE IDEAS FOR NEW MEASURES PLEASE SHARE THAT AS WELL THESE ARE JUST DRAFTS FOR NOW AND ON FINAL AND

2:40:42

I'LL SHARE MY CONTACT INFORMATION WITH THIS GROUP THIS WILL BE YOUR FIRST TIME SEEING THESE MEASURES SO IF YOU HAVE FEEDBACK OR THOUGHTS AT A LATER TIME

2:40:48

PLEASE FEEL FREE TO REACH OUT DIRECTLY TO ME SO NEXT SLIDE PLEASE

2:40:54

OKAY SO I'M GONNA GO OVER EACH DRAFT MEASURES SEPARATELY AND THEN TAKE SOME TIME TO HEAR FROM YOU WE HAVE DIRECTOR MEASURES THAT CUT ACROSS THE FIVE GOALS

2:41:00

OF THE MASTER PLAN FOR AGING ARE LOOKING TO ELEVATE ABOUT FIVE MEASURES THAT WE CAN REALLY TRACK CLOSELY THAT PROVIDE

2:41:05

THE MOST VALUE THAT ALIGN WITH THE CRITERIA I SHARED WITH YOU EARLIER AND BRIEFLY I JUST WANT TO GO OVER THE COMPONENTS YOU SEE ON THIS TABLE THAT

2:41:12

KIND OF IN PART AND MAKE UP THE FRAMEWORK OF THESE KEY OUTCOME MEASURES SO THE KEY OUTCOME THAT'S ESSENTIALLY THE OUTCOME THAT WE WANT IN THIS EXAMPLE

2:41:18

IS REDUCING THE BURDEN FACED BY FAMILY AND FRIEND CAREGIVERS THE INDICATOR IS A QUANTIFIABLE WAY FOR US TO MEASURE

2:41:24

PROGRESS ESSENTIALLY HOW ARE WE GOING TO MEASURE THE OUTCOME IN THIS EXAMPLE IT'S A NUMBER OR PERCENTAGE OF ADULT CAREGIVERS WHO EXPERIENCE FINANCIAL

2:41:31

STRESS PHYSICAL BEHAVIORAL HEALTH ISSUES OR A CHANGE IN JOB STATUS AS A RESULT OF

2:41:36

THEIR CAREGIVING THE CURRENT INTERVENTIONS AND DRIVERS REPRESENT PROGRAMS THAT ARE IMPACTING THE KEY OUTCOME SO THESE KEY OUTCOME

2:41:43

MEASURES AREN'T PROGRAM RELATED MEASURES IN OTHER WORDS WE'RE NOT TRACKING DOLLARS OR SPECIFIC TO ONE PROGRAM RATHER WE'RE LOOKING AT POPULATION LEVEL

2:41:49

IMPACTS WITH THAT SAID WE STILL NEED TO UNDERSTAND TO THE BEST OF OUR ABILITY THE PROGRAMS THAT ARE OUT THERE AT THE

2:41:55

STATE LOCAL LEVEL THAT ARE IMPACTING OUR KEY OUTCOME IF THAT MAKES SENSE SO ESSENTIALLY ARE THE INVESTMENTS BEING MADE AT THE STATE AND LOCAL LEVEL MOVING

2:42:01

THE NEEDLE IN THE DIRECTION THAT WE WOULD LIKE AND THIS IS WHERE YOU THIS IS WHERE YOU MIGHT BE ABLE TO HELP US UNDERSTAND KIND OF THE BROADER LANDSCAPE

2:42:07

OF INTERVENTIONS AND PROGRAMS ASPIRATIONAL DRIVERS AS WE FLESH THIS PROCESS OUT WE MAY THINK OF IDEAS FOR

2:42:14

INTERVENTIONS TO HELP WITH THESE ISSUES AND THAT MAY LEAD TO POLICY CONCEPTS AND I THINK THAT'LL COME AT A LATER TIME IN

2:42:19

THIS PROCESS UM FACTORS REPRESENT PREDICTORIES ARE THE RISK FACTORS THAT SHOULD BE CONSIDERED I THINK DEMOGRAPHICS ARE

2:42:24

GOING TO FACTOR ARE GOING TO BE FACTORS NO MATTER WHAT THE KEY OUTCOME MEASURE IS SO AND YOU SEE SOME OF THOSE LISTED HERE ON THE SLIDE AS WELL TARGET

2:42:31

IS ESSENTIALLY WHAT DO WE WANT TO ACHIEVE BY 2030 WHICH IS A DURATION OF THE MPA WHAT'S A REALISTIC TARGET FOR

2:42:38

THE REDUCTION IN BURDEN WE'D LIKE TO SEE IN THIS EXAMPLE DATA SOURCE AND DATA GAPS ARE CRITICAL OBVIOUSLY WE LIKE TO

2:42:43

LEVERAGE THESE EXISTING DATA SOURCES THE EXISTING DATA IS GOING TO DICTATE A LOT OF WHAT WE CAN DO AND

2:42:48

THAT'S WHY UNDERSTANDING OUR DATA GAPS IS CRITICAL ON THE CALIFORNIA HEALTH INTERVIEW SURVEYS A VERY RICH DATA SET

2:42:54

THAT WE CAN LEVERAGE AS AN EXAMPLE I THINK I'M GOING TO STOP HERE BECAUSE THAT WAS A LOT OF INFORMATION ON THIS

2:42:59

TOO AT YOU WOULD LOVE TO HEAR ANY GENERAL THOUGHTS YOU HAVE ABOUT THIS POTENTIAL MEASURE IF IDEAS ABOUT SPECIFIC INTERVENTIONS OR DATA SOURCES

2:43:06

ETC I'M ALSO OF COURSE HAPPY TO ANSWER ANY QUESTIONS THAT YOU MAY HAVE UM SOMETHING I'M GOING TO PAUSE THERE

2:43:11

AND OPEN IT UP THANK YOU THANK YOU SO MUCH ROSS FOR UH MAKING THE

2:43:19

PRESENTATION I SEE BARBARA YOUR HAND IS UP SO COOL

2:43:24

SO UM ROSS I APPLAUD THE AMBITION UM I MY CONCERN WITH THE MEASURE IS
2:43:32
THERE ARE SO MANY FACTORS FAR BEYOND ANYTHING THAT'S IN THE MPA
2:43:38
THAT ARE AT THE ROOT OF THAT ISSUE OF CAREGIVER BURDEN
2:43:44
UM SO I JUST I GUESS I WORRY A LITTLE BIT ABOUT
2:43:50
CREATING AN INDICATOR THAT WILL BE SO HARD TO SHOW A POSITIVE TREND
BECAUSE I
2:43:56
DON'T THINK THAT THAT'S A REFLECTION OF A FAILURE ON THE MPA'S PART I
THINK THAT'S A REFLECTION OF A FAILURE ON UH
2:44:02
MUCH BIGGER LEVELS LIKE THE FACT THAT WE DON'T HAVE AN LTSS BENEFIT IN
THE STATE AND THAT HOUSING IS VERY EXPENSIVE AND I
2:44:09
COULD GO ON OKAY DEFINITELY APPRECIATE THAT I THINK THOSE DRIVERS THOSE
INTERVENTIONS AND
2:44:15
PROGRAMS IS GOING TO BE CHALLENGING TO THIS TO BE HONEST TO UNDERSTAND
ALL THE DIFFERENT DRIVERS THAT IMPACT THIS TO
2:44:20
YOUR POINT UM SO WE COULD DEFINITELY FOCUS THIS THIS UH KEY OUTCOME
MEASURE IF WE WANT TO MOVE FORWARD BUT I DEFINITELY
2:44:26
APPRECIATE THE FEEDBACK AND AGREE IT'S GOING TO BE CHALLENGING BECAUSE
THERE'S SO MUCH THAT IMPACTS IT'S OUTSIDE OF OUR CONTROL ABSOLUTELY
THANK YOU FOR THAT
2:44:35
THANK YOU BARBARA FOR THE QUESTION AND ALSO THE ANSWER ANYONE ELSE
FROM THE COMMITTEE WHO WOULD LIKE TO ASK
2:44:41
QUESTIONS I HAVE ANY COMMENTS FOR US
2:44:51
DO WE HAVE ANYONE FROM THE PUBLIC WHO WOULD LIKE TO ASK ANY QUESTIONS
OR HAVE ANY COMMENTS
2:45:02
SO THERE'S ONE UM DID YOU SEE THE THERE'S ONE UM COMMENT ABOUT I'M
CURIOUS HOW CAREGIVERS OF ADULTS WITH IDD ARE
2:45:09
INCLUDED IN THIS DATA SO WE'RE STILL FLUSHING THE ACTUAL DETAILS OUT I
WANT TO SHOW EXACTLY WHAT
2:45:15

DATA SAID WE'RE GOING TO MOVE FORWARD WITH UM THE CALIFORNIA HEALTH INTERVIEW SERVICE IS ONE EXAMPLE

2:45:20

UM SO YOU KNOW WE JUST HAVE TO FLUSH THOSE DETAILS OUT THESE KEY OUTCOME MEASURES ARE FAIRLY EARLY IN THIS DEVELOPMENTAL PROCESS AND SO WE'RE JUST

2:45:27

TRYING TO KIND OF NAIL DOWN WHAT OUTCOME MEASURES WE WANT TO KIND OF MOVE FORWARD WITH THAT ARE FEASIBLE YOU KNOW SO I THINK THINGS LIKE SPECIFIC DATA SOURCES

2:45:33

HOW TO MEASURE SPECIFIC POPULATIONS THAT'S GOING TO COME LATER

2:45:39

THANK YOU ROSS ANYONE ELSE WHO WOULD LIKE TO ASK UH QUESTIONS OR HAVE ANY

2:45:45

COMMENTS FROM THE PUBLIC

2:45:50

WELL HEARING NONE UH ROSS ANY GOOD WORDS FOR THE GOOD OF THE GROUP DARRICK YOU KNOW

2:45:55

WHAT IF I HAVE TIME I ACTUALLY HAVE A COUPLE OTHER MEASURES TO SHARE THERE'S ONLY ON THE SLIDE DECK SO YEAH I'M JUST GONNA THERE'S THREE TOTAL SO I WAS GONNA

2:46:02

DO ONE IN THE PAUSE AND GET FEEDBACK SO UM THANK YOU SO MUCH SO THE NEXT

2:46:08

MEASURES AROUND THE DIRECT CARE WORKFORCE SO IF YOU JUST GO TO THE NEXT SLIDE PLEASE THANK YOU SO THE GOAL HERE

2:46:14

IS TO ENSURE THAT THERE'S AN ADEQUATE SUPPLY OF PAID IN-HOME CAREGIVERS TO MEET THE NEEDS OF OLDER ADULTS AND ADULTS WITH DISABILITIES AND THE

2:46:20

PROPOSED INDICATOR HERE'S A RATIO OF IN-HOME CAREGIVERS PER 1000 ADULTS AGE 60 AND OVER AND THE CURRENT

2:46:27

DRIVERS HERE HCAI ADMINISTERS MANY HEALTH WORKFORCE BRAND PROGRAMS THAT KIND OF AIM TO INCREASE CAPACITY AND DIVERSITY

2:46:33

OF THE WORKFORCE SO PROBABLY ONE AREA TO KEEP TABS ON IN TERMS OF DATA SOURCES WE THINK EDD DATA AND HCAI DATA CAN BE

2:46:39

HELPFUL FOR US TO UNDERSTAND SUPPLY BUT A POTENTIAL GAP MAY BE RACIAL AND ETHNIC CONCORDANCE LINGUISTIC CONCORDANCE

2:46:45

BETWEEN THE WORKFORCE AND THE POPULATIONS THEY'RE SERVING ESSENTIALLY THERE'S SIMILARITIES WITH THE WORKFORCE AND WHO THEY'RE SERVING THAT MIGHT BE

2:46:52

ONE GAP FOR US SO UM AGAIN I'M GOING TO PAUSE AND JUST LOVE TO OPEN IT UP TO HEAR ANY FEEDBACK YOU HAVE IF YOU DON'T HAVE ANY FEEDBACK

2:46:58

YOU COULD ALWAYS GET BACK TO ME AND I'LL SHARE MY CONTACT INFORMATION THANK YOU

2:47:05

SO DARRICK I HAVE A QUESTION MY HAND SEEMS TO BE PART OF THE PICTURE

2:47:10

I'M IN FRONT OF UM SO I GUESS I WAS INTERESTED WITH THAT

2:47:15

HOW YOU ACCOUNT FOR CHANGES IN THE NUMBER OF IHSS WORKERS AS A PIECE

2:47:22

OF THAT WHICH YOU KNOW SO THERE'S A LOT OF INITIATIVES HAPPENING TO UM

2:47:30

ADDRESS WORKFORCE SHORTAGES IN THE IN-HOME SUPPORT SERVICES PROGRAM AND SO FORTH SO IS THAT A PIECE OF THIS DATA

2:47:37

WHEN YOU'RE TALKING ABOUT IN-HOME UM SUPPORTS FOR PEOPLE UM ANYWAY

2:47:43

ABSOLUTELY YES WE THINK THAT LIKE HCAI DATA EDD DATA IF YOU GET AN ONGOING BASIS LIKE ANNUALLY FOR EXAMPLE OR SOME

2:47:49

ANNUALLY IT CAN ACCOUNT FOR THIS WE CAN SEE THE CHANGES IN SUPPLY SO WE WANT TO SEE SUPPLY INCREASE OBVIOUSLY RIGHT SO

2:47:55

THAT'S A CRITICAL COMPONENT TO THIS CATHERINE ABSOLUTELY AND MAYBE EXPLAIN TO ME HOW THE EDD

2:48:02

DATA WOULD HOW WOULD WE KNOW IF THE NUMBER OF IHSS WORKERS FOR EXAMPLE INCREASE FROM EDD

2:48:09

DATA I GUESS I DON'T KNOW ENOUGH ABOUT THE DATA TO UNDERSTAND SORT OF WHAT THAT DATA LOOKS LIKE YEAH YOU KNOW SO I'M

2:48:16

GONNA I THINK THE HCAI DATA HONESTLY IS GONNA DO A BETTER JOB OF THAT BECAUSE I THINK THE AGE KIND OF AGE GUYS KIND OF

2:48:22

THE CENTRAL REPOSITORY FOR HEALTH WORKFORCE DATA AND I'M MORE FAMILIAR WITH THAT BECAUSE I CAME FROM HCAI AND HCAI

2:48:27

RECEIVES DATA FROM THE DEPARTMENT OF SOCIAL SERVICES AND DID THEY KIND OF ACCOUNT FOR THE SUPPLY OF THE WORKFORCE SO WE CAN GET KIND OF THE

2:48:34

SHARE VOLUME THERE ARE SOME GAPS THOUGH THAT WE DON'T UNDERSTAND HOW MUCH THESE FOLKS ARE WORKING WE KNOW THAT THEY'RE CERTIFIED FOR EXAMPLE BUT NOT HOW MANY

2:48:40

HOURS THEY WORK SO UM THERE ARE SOME GAPS THERE BUT WE DO THIS KIND OF THE SHEAR VOLUME IS WHAT WE

2:48:46

COULD START WITH AND AS WE KIND OF FLESH THESE OUTCOMES OUT HOPEFULLY WE'LL FIND OTHER DATA SOURCES THAT ARE MORE HELPFUL

2:48:51

AND I THINK IF YOU'RE TRACKING IHSS WORKERS AT LEAST UM IT YOU KNOW THEY'RE PAID THE

2:48:59

COMBINATION OF STATE AND COUNTY FUNDS AND SO THERE OUGHT TO BE A WAY TO TRACK SORT OF TOTAL NUMBER OF HOURS WORKED I

2:49:07

THINK UM ANYWAY I THINK THERE'S SOME DIFFERENT WAYS TO GET THAT DATA BUT THERE'S LOTS OF OTHER HAND SO I WILL UM

2:49:15

IT'S BEEN A CHALLENGE FOR US AT HCAI WHEN I WAS THERE SO I APPRECIATE THAT

2:49:20

THANK YOU CATHERINE NOW WE HAVE BARBRA YOU'RE NEXT THANKS ERIC

2:49:26

UM YOU DID

2:49:32

UM I KNOW YOU'RE NEXT GOING TO TALK TO US ABOUT THE BEHAVIORAL HEALTH ISOLATION JUST WE ARE THE ALZHEIMER'S AND RELATED

2:49:38

DISORDERS COMMITTEE RIGHT AND SOCIAL ISOLATION JUST HAS TREMENDOUS IMPACT ON

2:49:45

INCREASED RISK FOR DEVELOPING A DEMENTIA SO I'M PLEASED WITH THESE THREE BUCKETS TO THIS ONE SPECIFICALLY THIS

2:49:50

ONE SEEMS LIKE IT'S MUCH MORE UM POSSIBLE FOR STATE ACTION TO ACTUALLY INFLUENCE IT AND SO IMAGINE AS YOU FLESH

2:49:58

OUT THAT CHART YOU'RE GOING TO INCLUDE SO I THINK ALL OF THE MONEY THAT'S FLOWING INTO TRAINING FOR

2:50:04

UM YOU KNOW TO BUILD CAREER PATHWAYS I THINK I'M HOPING THAT THAT'S GOING TO KEEP MORE PEOPLE IN THIS PROFESSION AND

2:50:10

SO UM I THINK THAT IN ADDITION TO WHAT YOU'VE ALREADY GOT ON YOUR CHART THERE THERE'S A LOT THAT YOU CAN CAPTURE FOR

2:50:17

WHAT THE STATE IS DOING UM TO SUPPORT UH THESE KINDS OF CAREGIVERS

2:50:23

THANK YOU FOR THAT ABSOLUTELY YEAH THERE'S A LOT OF DIFFERENT INTERVENTIONS AND UM YEAH THERE'S GOING TO BE I THINK

2:50:29

REALLY HELPFUL HERE FOR MY STAKEHOLDERS ABOUT THOSE DIFFERENT PROGRAMS INTERVENTIONS WE DON'T WE DON'T MISS ANY BECAUSE THERE ARE QUITE A BIT SO THANK

2:50:35

YOU FOR THAT THANKS BARBARA FOR OUR COMMENTS AND UH ANDREA YOU'RE NEXT

2:50:43

HI THANK YOU FOR YOUR PRESENTATION I CAN GIVE YOU A LITTLE INSIGHT IN REGARDS TO THAT BECAUSE I'M ACTUALLY RECEIVING IHS

2:50:49

SERVICES UM SOMETIMES SOME OF THE CHALLENGES IS UM THE WAGES

2:50:55

UM ARE KIND OF LOW AND THAT MOST OF THE UM PROVIDERS LIKE MY PROVIDER CURRENTLY

2:51:01

THAT'S WORK ON ME I ONLY GET LIKE MAYBE I THINK I GET LIKE 48 HOURS A MONTH SO

2:51:07

SOMETIME IT'S A CHALLENGE FOR PEOPLE THAT DON'T GET A LOT OF HOURS UM TO FIND SOMEONE TO WORK BECAUSE

2:51:12

PEOPLE KNOW THEIR PERSONAL BUDGET AND THEY NEED MORE HOURS SO SOMETIMES IT CAN BE JUST NOT GETTING

2:51:20

ENOUGH HOUR FROM A PARTICULAR UM CLIENT OR THE WORKLOAD MAY BE TOO MUCH FOR A

2:51:26

PERSON YOU KNOW MAYBE THEY HAVE A PERSON TO HAVE MORE MOBILITY ISSUES AND THAT

2:51:31

MAY BE TOO MUCH OF WORK FOR THEM TO HANDLE BY THEMSELVES AND THEN ALSO A LOT

2:51:36

OF TIME BECAUSE THE WAGES ARE PRETTY LOW THEY HAVE TO WORK MULTIPLE JOBS RIGHT

2:51:43

AND THIS IS SOMETHING I SEE AS A PERSON RECEIVING IHS SERVICES AND A PERSON THAT

2:51:48

HAD USED TO BE A PERSONAL UM CAREGIVER UH WHAT I DO LIKE IS THE UH

2:51:55

THE PROGRAM THAT'S BEING IN PLACE IN REGARDS TO THE PATHWAY AND I'M SO HAPPY THAT I WAS ABLE TO MAKE SOME

2:52:01

RECOMMENDATION HOW IMPORTANT IT IS FOR PEOPLE THAT WORK AS NURSES AIDE OR

2:52:06

CAREGIVER THEY HAVE SOME TYPE OF BRIDGE TO BE ABLE TO MAKE MORE MONEY BECAUSE

2:52:12

THAT WAS NOT HAPPENING UM PEOPLE ARE GETTING CERTIFIED FOR A LOW WAGE

2:52:17

UM JOBS AND THERE WAS REALLY NO UM CAREER PATH FOR THEM SO IT IS SO NICE TO SEE THAT THE TRAINING INCLUDES UH A

2:52:26

CAREER PATH SO IF SOMEONE WANTS TO BECOME AN LVN OR RN OR SOME TYPE OF UM

2:52:32

TRAINING BUT UM LIKE I SAID COMING FROM A PERSON THAT'S RECEIVING SERVICES I CAN TELL YOU

2:52:38

THAT THAT IS SOME OF THE CHALLENGES THANK YOU SO MUCH ANDREA FOR THAT THAT PERSONAL STORY THERE YEAH THE I

2:52:44

THINK THE PAYS THAT'S A MASSIVE ISSUE RIGHT EVERYONE KNOWS THE PAY IS EXTREMELY LOW AND IT'S VERY CHALLENGING

2:52:50

IT'S UNFORTUNATE AND I THINK WE HAVE TO TACKLE THAT ISSUE AT SOME POINT I REALLY APPRECIATE THAT FEEDBACK AND ALL THE

2:52:55

DIFFERENT CHALLENGES THERE THANK YOU UH THANK YOU ANDREA FOR THE COMMENTS AND

2:53:01

ROSS FOR THE UH REMARKS AND UH THERE'S ALSO A LIVE QUESTION FROM THE PUBLIC

2:53:06

IT'S A BILL'S SIVE REGARDING IHSS WORKERS WILL THE DATA AT SOME POINT

2:53:12

INCLUDE COMMUNITY HEALTH CARE WORKERS OR PUBLIC TOWERS THIS GROUP IS IN A UNIQUE

2:53:18

POSITION IN A CAREGIVING SPECTRUM SO ROSS WE HOPE SO I THINK WE'RE GOING TO

2:53:23

RELY UNDER THE ACTUAL EXISTING DATA THAT'S OUT THERE AND I I THINK UH HCAI IS COLLECTING CHRONICLE DATA ON THE

2:53:30

COMMUNITY HEALTH WORKERS SO I ABSOLUTELY WANT TO COLLECT THE WHOLE SPECTRUM OF THE WORKFORCE AND THAT'S GOING TO BE CRITICAL SO WE LOOK FORWARD TO WORKING

2:53:35

WITH OUR STAKEHOLDERS TO TRY AND COLLECT AS MUCH DATA AS WE CAN ON THE SUPPLY OF THE WORKFORCE

2:53:40

THANK YOU ROSS ANY OTHER QUESTIONS BEFORE WE MOVE ON TO THE NEXT SEGMENT WHICH IS A BEHAVIORAL HEALTH

2:53:48

YES REAL QUICK UM ARE YOU GUYS COLLECTING THIS DATA

2:53:53

ALSO FROM THE PROVIDERS THEMSELVES UM TO KIND OF FIND OUT WHAT ARE SOME OF THE CHALLENGES

2:54:00

SO IT'S NOT AS STUCK IN THIS ACTUAL DATA ANDREAS SO WE'RE GOING TO RELY ON OUR YOU KNOW LIKE HCAI BRING THEM UP BECAUSE

2:54:05

I WANT TO THINK ABOUT THEM WITH THE HEALTH WORKFORCE AND SO HCAI FOR EXAMPLE COLLECTS SOME DATA ON LICENSED PROFESSIONALS BUT THESE FOLKS AREN'T

2:54:11

LICENSED RIGHT THESE ARE CERTIFIED PROFESSIONALS SO UM I'M NOT SURE IF THE DATA TO BE HONEST IS I DON'T KNOW IF

2:54:17

THEY'RE COLLECTED ON A REGULAR BASIS FROM THE PROVIDERS I THINK A TIME OF APPLICATION FOR CERTIFICATION THERE'S

2:54:23

SOME DATA COLLECTED UM BUT IT'D BE NICE TO SEE MORE OF WHAT KIND OF THIS ONGOING BASIS THAT WOULD BE REALLY REALLY HELPFUL

2:54:30

THANK YOU FOR THAT THANK YOU ANDREA AGAIN FOR BRINGING UP THAT QUESTION YEAH THAT'S A GOOD IDEA

2:54:36

FOR A FUTURE SURVEY OR SOMETHING ANDREA AS WE AS WE THINK THIS THROUGH BECAUSE I THINK THAT'S A CRITICAL PIECE OF THE STORY THAT WE NEED

2:54:44

ANYONE ELSE ALL RIGHT ROSS PLEASE UH MOVE ON WITH

2:54:50

THE BEHAVIORAL HEALTH OKAY THANK YOU SO IT'S A FINAL MEASURE I HAVE ABOUT BEHAVIORAL HEALTH AND OUR GOAL HERE IS TO REDUCE SELF-REPORTED PSYCHOLOGICAL

2:54:57

DISTRESS THE PROPOSED INDICATOR IS A PERCENTAGE OF OLDER ADULTS WHO SELF-REPORTED

2:55:03

PSYCHOLOGICAL DISTRESS WITHIN THE LAST YEAR AND AGAIN THIS DATA MIGHT COME FROM THE CALIFORNIA HEALTH INTERVIEW SURVEY BUT YOU KNOW WE'LL THINK ABOUT OTHER

2:55:09

DATA SOURCES AS WELL THEN DEMOGRAPHIC FACTORIES ARE INCLUDED IN THIS AS WELL AS FACTORS UM SO I'LL OPEN IT UP AGAIN

2:55:16

FOR YOUR FEEDBACK IT'S BEEN REALLY HELPFUL SO FAR THE ROSS BEFORE WE UH TALK ABOUT

2:55:22

BEHAVIORAL HEALTH THERE'S ANOTHER COMMENT ON THE WORKFORCES FROM KRISTEN

2:55:27

RANGE MENTIONING UH DDS IS ALSO TRAINING DIRECT SUPPORT PROFESSIONALS THESE

2:55:34

PEOPLE COULD ALSO BE INCLUDED IN YOUR DATA ALSO I THINK YOU'RE YOUNGER THAN 60 USE UH THE UH DIRECT SUPPORT

2:55:43

PROFESSIONALS I APPRECIATE THAT THANK YOU SO MUCH

2:55:51

THE SLIDE BEFORE THIS UM THANK YOU ANY QUESTIONS FROM THE COMMUNITY

2:55:57

REGARDING THIS PARTICULAR SUBJECT ON BEHAVIORAL HEALTH

2:56:04

BARBARA SO UM THE FIRST SLIDE WHERE YOU NOTED

2:56:09

THE THREE BUCKETS TO SPECIFICALLY CALL OUT SOCIAL ISOLATION UM SO I'D LOVE TO SEE

2:56:16

INDICATORS IN THIS SPACE UM SPECIFICALLY SPEAK TO THAT ISSUE TOO

2:56:23

SOMETIMES PEOPLE ARE SOCIALLY ISOLATED THEY MIGHT NOT BECAUSE THEY'RE SO ISOLATED

2:56:30

ESPECIALLY IN RURAL AREAS I'M NOT SURE WHO THEY'RE REPORTING IT TO THAT THEY'RE PSYCHOLOGICALLY DISTRESSED BY IT

2:56:36

UM OR MAYBE THEY ARE NOT PERCEIVING IT BUT AGAIN IT'S A PRETTY DRAMATIC INCREASE IN RISK FOR ALL FOR DEVELOPING

2:56:42

A DEMENTIA IF YOU ARE LIVING WITH SIGNIFICANT SOCIAL ISOLATION SO I'D JUST LIKE TO SEE SOMETHING NO THAT'S A REALLY GOOD POINT BARBARA MAYBE THAT'S A FACTOR BECAUSE

2:56:48

OBVIOUSLY IT'S ONE OF THE PREDICTORS RIGHT ON THIS UM SO YEAH WE HAVE TO INCLUDE THAT IN YOUR SOMEHOW THAT'S A REALLY GOOD POINT

2:56:53

THANK YOU ANY OTHER COMMENTS OR QUESTIONS FOR ROSS

2:57:07

CATHERINE SO I JUST WONDER AND DARRICK YOU YOU'RE SORT OF THE LEAD REPRESENTATIVE BUT

2:57:13

THERE'S THE UM CDA EFFORT TO LOOK AT SORT OF POLICIES RELATED TO SOCIAL ISOLATION AND IT SEEMS TO ME THAT THERE WAS SOME SORT OF GOOD UNDERLYING DATA

2:57:19

FROM THE ONE MEETING THAT I ATTENDED ABOUT UM THE DATA RELATED TO SOCIAL ISOLATION

2:57:25

THAT MIGHT BE YOU KNOW SOME BASELINE DATA OR OTHERWISE SO MAYBE THERE COULD JUST BE AN INTERSECTION BETWEEN THE WORK

2:57:39

OF THAT CDA COMMITTEE AND THE UH AND THIS PARTICULAR STUDY THAT MIGHT BE UM

2:57:45

HELPFUL YEAH I APPRECIATE THAT COMMENT CATHERINE SO ROSS ANY FEEDBACK ON THAT

2:57:53

2:57:53

SOUNDS EXTREMELY HELPFUL I'D LOVE TO CONNECT ON THAT WITH DARRICK
MAYBE I COULD TOUCH BASE WITH YOU OFFLINE REGARDING
2:57:58
THAT ABSOLUTELY THANK YOU THANK YOU ANY OTHER QUESTIONS OR COMMENTS
FOR ROSS
2:58:10
ANY COMMENTS OR QUESTIONS FROM THE PUBLIC
2:58:18
WE'RE HEARING NONE THANKS AGAIN ROSS FOR YOUR VALUABLE TIME YEAH
THANK YOU EVERYONE I APPRECIATE IT APPRECIATE YOUR
2:58:25
PRESENCE TODAY OKAY TAKE CARE EVERYONE FOLLOW THE INFORMATION
ABSOLUTELY I'M
2:58:31
GONNA TURN IT OVER BACK TO CATHERINE THANKS SO MUCH GREAT UM OOPS
GREAT THANKS SO MUCH GREAT
2:58:37
PRESENTATION REALLY INTERESTING AND I'M SURE WE LOOK FORWARD TO ALSO
GETTING KIND OF FUTURE UPDATES ABOUT
2:58:44
UM ABOUT THAT WORK UM SO WE HAVE TWO THINGS TO DISCUSS THAT
2:58:49
I THINK WE CAN KIND OF TAKE UP TOGETHER WE NEED TO MAKE
RECOMMENDATIONS
2:58:54
UM TO THE UH SECRETARY FROM THE MEETING TODAY
2:58:59
UM AND WE'VE STARTED ALSO SORT OF IDENTIFYING FUTURE PRESENTATION
TOPICS AND I THINK SOMETIMES THOSE COME UP
2:59:06
CONSISTENT WITH THE RECOMMENDATIONS SO WE HAVE BARBARA'S GOOD IDEA I
GOT A
2:59:11
SUGGESTION THAT WE COULD LOOK AT THE UM SELF-DIRECTED IHSS MODEL FOR
PERSONS
2:59:17
WITH ALZHEIMER'S AND DEMENTIA BECAUSE WE'VE TALKED SOME ABOUT WHAT
ARE THE DIFFERENT WAYS THAT YOU CAN GET COMMUNITY-BASED SERVICES SO I
THINK
2:59:24
THAT'S JUST TO JUMP START KIND OF THE THINKING BUT INTERESTED BOTH IN
THE RECOMMENDATIONS YOU WANT TO MAKE TO THE
2:59:30

SECRETARY TODAY FROM TODAY'S MEETING AS WELL AS FUTURE AGENDA ITEMS
SO THOUGHTS
2:59:36
FROM COMMITTEE MEMBERS ABOUT EITHER ONE OF THOSE
2:59:52
CELINE GO AHEAD I THINK I MAYBE WE GOT IT GOT CAPTURED I'M SORRY I'VE BEEN
KIND
2:59:58
OF HAVE IN AND OUT BUT UM BARBARA'S SUGGESTION ABOUT THE UM EMERGENCY
PREPAREDNESS AND ALZHEIMER'S
3:00:04
DISEASE UM I KNOW AT OUR LOCAL CO-ED FOR THE DISASTERS WE'VE HAD IN
3:00:10
NAPA WE HAVE AN ADULT WITH FUNCTIONAL NEEDS GROUP AND THAT'S PART OF
WHAT WE'RE TRYING TO WEAVE INTO THE WORK WE
3:00:16
DO IS WITH CALLING THAT OUT I THINK IT'S IMPORTANT WORK
3:00:24
CELINE I HAVE TO AGREE WITH YOU UM KNOWING THAT SO THE REASON UH UH
RAINS
3:00:32
YOU KNOW HAVE BROUGHT A LOT OF PRECIPITATION AND ALSO SNOW PACK TO
OUR
3:00:37
MOUNTAINS AND NOW WE ARE SEEING SOME OF THE LOW-LYING AREAS HAVE BEEN
FLOODED SO
3:00:44
HOW ARE WE GOING TO ASCERTAIN THAT UH WE'LL BE ABLE TO PROVIDE
NECESSARY SERVICES AND EMERGENCY KIND OF SERVICES
3:00:52
FOR THOSE IN NEED I THINK IT'S VERY TIMELY AND IT MIGHT BE INTERESTING TO
3:00:58
INCLUDE IN THAT PRESENTATION SOMETHING FROM UM HOW OLD UH CAL OFFICE
OF
3:01:04
EMERGENCY SERVICES AS WELL AS SOME LOCAL PEOPLE JUST TO GET A SORT OF A
BREADTH OF WHAT'S HAPPENING IN THE STATE SO UM
3:01:11
SOUNDS LIKE A TOPIC OF INTEREST TO PEOPLE SO THAT'S GREAT UH SUSAN
3:01:16
DID YOU HAVE A COMMENT FOR US JUST ON THAT POINT YOU ALREADY
ANTICIPATED IT BUT UM VANCE TAYLOR HAS
3:01:24

BEEN LEADING UM A WORK GROUP THAT FORMED THIS YEAR I THINK IT'D BE GREAT TO UPDATE THE

3:01:30

COMMITTEE ON THE VULNERABLE POPULATION THE PRIORITY POPULATIONS WORK GROUP THAT

3:01:35

WAS ESTABLISHED AND THEN ALSO I'M PROUD THAT UH CDA HAS THEIR FIRST DISASTER

3:01:41

EMERGENCY PREPAREDNESS STAFF IN PLACE EVER SO IT WOULD BE GREAT TO INTRODUCE

3:01:48

THEM AS WELL THAT SOUNDS LIKE A TIMELY TOPIC FOR OUR NEXT MEETING SO THAT THAT UM THAT LOOKS

3:01:54

GREAT OTHER COMMENTS DR MOBLEY I'M BUILDING ON THE TERRIFIC

3:02:00

PRESENTATIONS FROM SALLY AND FROM WHEN I

3:02:06

AND GIVEN THE EFFORT NOW TO GET TO PCPS ACROSS THE STATE AROUND DIAGNOSIS OF

3:02:14

ALZHEIMER'S DISEASE OR DEMENTIA GENERALLY QUESTION WOULD IT BE USEFUL

3:02:20

TO RECOMMEND IF YOU WILL OF BEST PRACTICES DOCUMENT

3:02:26

FOR PHYSICIANS AND PERHAPS LAWYERS AROUND EXACTLY WHAT WE LEARNED FROM WHEN

3:02:31

AND FROM SALLY UM I AM CONFIDENT I HAVE I'VE REALLY

3:02:37

NEVER HEARD SUCH A HELPFUL SET OF RECOMMENDATIONS REGARDING CAPACITY MEASUREMENT IN ANY

3:02:44

CLINIC THAT I'VE EVER ATTENDED SO I THINK THE WISDOM THAT WE GOT FROM WHEN AND SALLY I THINK MIGHT BE

3:02:51

CONDENSED INTO A BRIEF DOCUMENT THAT COULD BE PROVIDED TO PRIMARY CARE PROVIDERS ACROSS THE STATE

3:02:59

I THINK THAT'S A GREAT RECOMMENDATION TO MAKE THAT YOU KNOW PART OF THIS IS ALWAYS THINKING ABOUT WHERE IS THE STATE

3:03:05

AND WHAT NEEDS TO HAPPEN NEXT UM AND THAT'S THE KIND OF
RECOMMENDATION I THINK THE SECRETARY APPRECIATES SO
3:03:11
WHEN MAY HAVE SOME REACTION TO THAT AS WELL SO I'LL LET HER SPEAK TOO
3:03:16
YEAH I WAS THINKING ABOUT THAT AS BEING PART OF THE DEMENTIA CARE
AWARE
3:03:22
UM 2.0 IF YOU MUST BECAUSE THIS IS SUCH AN IMPORTANT TOPIC
3:03:28
AND AS YOU HEARD IT CAN LEAD TO A LOT OF COMPLEX ISSUES IF NOT DONE
CORRECTLY OF
3:03:35
NOT EVEN JUST FOR THE PLANNING BUT WHAT HAPPENS AFTERWARDS AND IT
REALLY NEEDS A COLLABORATION BETWEEN UH THE LAWYERS
3:03:44
THE DOCTORS THEIR FINANCIAL INSTITUTIONS AND GUIDING THE FAMILY
ACCORDINGLY BUT
3:03:50
UM WE DON'T HAVE WE DON'T GET ENOUGH EDUCATION ABOUT IT IN TRAINING
3:03:56
IF I MAY SUGGEST UH LIKE CATHERINE YOU AND WYNN AND SALLY TO TAKE
3:04:03
IT TO THE NEXT LEVEL IS THAT THERE ARE SEVERAL NATIONAL ORGANIZATIONS
SUCH AS LEADING AGE AND
3:04:09
THEN AMERICAN SOCIETY OF GERIATRICS AND IN AMERICA SOCIETY AND AGING
THEY HAVE
3:04:15
NATIONAL CONFERENCES AND THIS WILL BE A VERY GOOD TOPIC FOR YOU TO
PRESENT
3:04:20
AND TO SHOWCASE WHAT CALIFORNIA IS SERIOUSLY CONSIDERING AND HOW
OTHER STATES
3:04:26
CAN JOIN THE EFFORTS BECAUSE IT'S NOT ONLY A STATE ISSUE IT'S A NATIONAL
ISSUE DEFINITELY A NATIONAL ISSUE I THINK WYNN
3:04:33
IS ACTUALLY I AM DOUBLE DUTY TODAY AND AT THE AMERICAN MEDICAL
ASSOCIATION
3:04:40
CONFERENCE ON GERIATRICS AND YES I'M AT THE AMERICAN GERIATRIC SOCIETY
MEETING
3:04:45

AND ACTUALLY IT'S ONE OF THE TOPICS THAT WILL BE DISCUSSED TOMORROW
MORNING AND SO I'M CURIOUS TO SEE WHAT THEY'RE
3:04:51
PRESENTING AND UM SO TO SEE IF IT KIND OF ALIGNS WITH WHAT WE HAVE
3:04:57
YEAH AND I THINK FOR ME BUILDING ON THAT IT WAS KIM MCCOY WADE'S
COMMENT ABOUT
3:05:02
THE IMPORTANCE OF SO THE ADMINISTRATION IS DOING WORK GENERALLY ON
SUPPORTED
3:05:08
DECISION MAKING IT'S APPEARED IN A COUPLE OF DIFFERENT BILLS AND PLACES
AND I THINK HAVING A GROUP THAT FOCUSES ON A
3:05:17
SUPPORTIVE DECISION MAKING AND OLDER ADULTS WOULD BE REALLY HELPFUL TO
THINK ABOUT WAYS TO EDUCATE
3:05:24
UM PEOPLE ABOUT THAT BOTH INDIVIDUALS AS WELL AS FAMILY MEMBERS AND
PROFESSIONALS
3:05:29
AND THEN IDEALLY TO DEVELOP SOME MODEL KINDS OF FORMS THAT UM COULD
COULD BE
3:05:35
USED SO I AT LEAST WOULD LIKE TO HAVE THAT BE PART OF OUR
RECOMMENDATION AS A WAY TO MOVE THAT FORWARD AND REALLY
3:05:41
ENGAGE IN SOME THOUGHTFUL ADDITIONAL DISCUSSIONS ABOUT WHAT
INFORMATION WOULD BE HELPFUL
3:05:48
AND HOW TO GET THAT INFORMATION OUT TO PEOPLE SO THAT UM OLDER ADULTS
AREN'T LEFT OUT OF THE DISCUSSIONS THAT ARE
3:05:55
HAPPENING ABOUT SUPPORTED DECISION MAKING
3:06:00
OTHER IDEAS FROM COMMITTEE MEMBERS WE HAVE TWO GREAT
RECOMMENDATIONS AND A
3:06:07
COUPLE OF PRESENTATION TOPICS TOO SO WE'RE MAKING GOOD PROGRESS
3:06:19
OKAY IF YOU HAVE OTHER IDEAS AFTER TODAY FEEL FREE TO
3:06:25
SEND THEM TO MICHELLE WHO IS THE COLLECTOR OF ALL OF THIS COMMITTEE'S
GREAT WORK FOR
3:06:31

WHICH WE'RE ALWAYS GRATEFUL AND THAT HELPS US FRAME THE UM AGENDA FOR

3:06:37

THE UM FOR THE NEXT MEETING SO THAT'S GOING TO BE UH TERRIFIC AND I THINK WHAT WE'LL DO JUST BEFORE WE SWITCH TO PUBLIC

3:06:43

COMMENT MICHELLE IS JUST TAKE UP THE TOPIC OF THE NEXT MEETING UM SO IF YOU COULD PROVIDE A LITTLE

3:06:49

INFORMATION ABOUT WHAT IT IS WE'RE GOING TO NEED TO DO AND ALL OF THAT THAT WOULD BE GREAT

3:06:57

SOMEHOW TOO SO I DON'T KNOW WHAT WE CAN DO ABOUT THAT AND THEN WE'LL GIVE YOU BACK TO SALLY IF

3:07:03

SHE NEEDED TO SAY SOMETHING YEAH CARROLL YOU CAN SEE IF YOU CAN GET SALLY'S VIDEO ACCESS BACK SURE

3:07:11

UM SO YEAH SO UM WE'VE HAD THE ABILITY TO DO THESE MEETINGS AND FULLY REMOTE

3:07:17

UM FOR A WHILE NOW UM DUE TO THE PUBLIC HEALTH RESTRICTIONS AND ORDERS AND ALLOWANCES

3:07:24

UM AND THAT WILL BE CHANGING UM AS OF THE END OF JUNE SO THE TEMPORARY UM ALLOWANCES THAT ALLOWED US TO MEET

3:07:31

THIS WAY UM AND STILL FOLLOW BAG LEAKING HAVE ENDED WILL BE ENDING AND SO WHEN WE MEET

3:07:38

IN AUGUST WE'LL GO BACK TO THE WAY THAT UM SOME OF YOU UM MAY RECALL BEFORE I STARTED WORKING

3:07:45

HERE UH WHERE HE ACTUALLY MET IN A ROOM TOGETHER UM AND SO OUR AUGUST MEETING WILL BE THE

3:07:52

FIRST MEETING WHERE WE WILL BE COMING BACK TOGETHER UM PEOPLING WITH EACH OTHER AND THAT DATE

3:07:59

IS AUGUST 3RD IT'S THE FIRST THURSDAY UM SO WE WILL NEED TO HAVE A QUORUM SO

3:08:05

WE'LL NEED AT LEAST SEVEN OF THE MEMBERS TO BE IN ATTENDANCE IN SACRAMENTO

3:08:11

UM THERE IS STILL THE ABILITY FOR SOME PEOPLE TO JOIN UM REMOTELY SO FOR SOME OF YOU IF IT'S

3:08:18

UM IF YOU'VE GOT OTHER THINGS GOING ON THAT DAY YOU CAN JOIN THE MEETING BUT YOU CAN'T TRAVEL THAT WILL STILL BE AN

3:08:23

OPTION WE JUST NEED TO MAKE SURE THAT WE HAVE AT LEAST SEVEN MEMBERS UM IN PERSON IN SACRAMENTO TO HAVE OUR QUORUM AND

3:08:31

FOR THOSE FOLKS WHO ARE UM KIND OF GEEKS AROUND BAGLEY KEEN YOU KNOW THAT FOR SOME MEETINGS IF YOU'RE JOINING REMOTELY

3:08:38

YOU ACTUALLY HAVE TO LIKE NOTICE WHERE YOU'RE GOING TO BE AND SHARE YOUR ADDRESS AND BECAUSE WE'RE AN ADVISORY

3:08:44

COMMITTEE AND THAT IS NOT THE CASE FOR US SO THE FOLKS JOINING REMOTELY I WILL JUST NEED TO PUT IN THE MEETING

3:08:51

INFORMATION THE NAMES OF WHO WILL BE JOINING REMOTELY BUT WE WILL NOT NEED TO SHARE YOUR PRIVATE ADDRESS OR WHEREVER

3:08:57

YOU'RE AT FOR THAT MEETING SO AND SO I THOUGHT IF WE COULD GET A QUICK UH MAYBE YOU CAN JUST PUT IN THE CHAT

3:09:04

AND IF YOU ARE PLANNING TO BE JOINING US IN PERSON IN SACRAMENTO IN AUGUST LIKE

3:09:10

IF THAT LOOKS LIKE THAT WILL WORK IN YOUR SCHEDULE SO WE CAN START TO MAKE SURE WE'LL HAVE ENOUGH PEOPLE

3:09:16

UM AND THEN UM I WILL GET YOU ALL THE INFORMATION

3:09:21

UM FOR THE TRAVEL COORDINATOR AT THE HEALTH AND HUMAN SERVICES AGENCY WHO WILL HELP YOU WITH YOUR ARRANGEMENTS IN

3:09:27

TERMS OF HELPING TO BOOK SOME FLIGHTS OR RENTAL CARS FOR PEOPLE WHO NEED AND THEN GIVING YOU ALL THE INFORMATION ON HOW

3:09:34

YOU GET THE TRAVEL REIMBURSEMENTS TAKEN CARE OF SO THAT WILL BE FORTHCOMING I

3:09:39

BELIEVE THEY'RE HAVING A CHANGE IN TRAVEL COORDINATOR RIGHT NOW SO IT MAY TAKE A LITTLE BIT BUT I WILL GET ALL OF

3:09:44

THAT TO YOU SO THEN MAYBE YOU COULD SOME PEOPLE HAD TO LEAVE EARLY TODAY AND OTHERS YEAH AND SO IF YOU COULD JUST GET

3:09:51

SOMETHING OUT YEAH I'LL SEND A FOLLOW-UP TO EVERYBODY RIGHT YEAH GREAT UH THANK YOU FOR FOLKS WHO ARE DROPPING

3:09:58

IN THE CHAT SO WE CAN START TO GET OUR FIRST COUNT SO UM AND THEN THE SAME WILL BE TRUE UM FOR NOVEMBER SO THIS IS KIND OF A IN

3:10:05

PERSON GOING FORWARD AND THERE ARE SOME BILLS RIGHT NOW THAT WOULD MAKE SOME

3:10:10

CHANGES TO THE BAGLEY KEEN ACT UM SO IT MAY BE THAT IF BILL'S PASS THAT THINGS

3:10:16

CHANGE AFTER THAT BUT WE'RE PLANNING FOR AUGUST AND NOVEMBER BASED ON THE CURRENT UM CURRENT LOSS SO THANK YOU VERY MUCH

3:10:23

THANKS FOR ALL THE INFORMATION AND MANAGING ALL OF OUR MEETING LOCATIONS AND SALLY SINCE I THINK WE YOU WERE OFF

3:10:31

VIDEO AND WE MIGHT NOT HAVE OBSERVED THAT YOU HAD A HAND RAISED OR SOMETHING YOU WANT TO CONTRIBUTE TO THE

3:10:36

RECOMMENDATIONS OR TO THE TOPICS FEEL FREE TO DO THAT NOW

3:10:42

NO I WAS JUST FEELING KIND OF LEFT OUT

3:10:54

UM YOU'D BE SURPRISED WITH THE NUMBER OF ATTORNEYS WHO REALLY DO NOT UNDERSTAND MENTAL CAPACITY EITHER

3:11:01

I THINK THAT'S A TRUE STATEMENT SO EDUCATION ALL AROUND WOULD BE A GOOD

3:11:06

WOULD BE A GOOD UM WOULD BE A GOOD OUTCOME YES UM

3:11:12

OKAY I THINK IS THERE ANY OTHER COMMENT THAT THE UM MEMBERS OF THE COMMITTEES WOULD LIKE

3:11:20

TO MAKE AS WE'RE WINDING THINGS DOWN AND OR WHILE YOU'RE THINKING OF THAT MAYBE WHAT WE'LL DO IS OPEN UP

3:11:27

UM PUBLIC COMMENT FOR ANY LAST COMMENTS FROM MEMBERS OF THE PUBLIC AND DOLORES SAYS THANK YOU SO WE

3:11:35

APPRECIATE YOU TOO DOLORES OKAY

3:11:40

CARROLL DO WE NEED TO READ THIS AGAIN OR YES I'D BE GLAD TO DO THAT THANK YOU

3:11:46

THIS IS CARROLL D'ANDREES OF THE DEPARTMENT OF AGING UH PUBLIC COMMENT IS

3:11:51

BEING TAKEN AT THIS MOMENT SO IF YOU WOULD LIKE TO MAKE AN ORAL UH COMMENT

3:11:57

PLEASE RAISE YOUR HAND UH USING THE ZOOM FEATURE

3:12:02

UM UH WE'LL ASK FOR YOUR NAME AND AFFILIATION IF APPLICABLE

3:12:10

UM ALSO IF YOU'RE JOINING BY PHONE PLEASE PRESS STAR NINE ON YOUR DIAL PAD

3:12:15

WHICH WILL RAISE YOUR HAND AND WE'LL UNMUTE YOU AT THAT TIME THANK YOU

3:12:21

AND IT LOOKS LIKE WE HAVE JANET UH VAN ZOREN'S HAND RACE SO GO AHEAD JANET

3:12:31

MAYBE SHE HAS TO BE UNMUTED CAN YOU HEAR ME NOW WE SURE CAN

3:12:37

UH THERE'S TWO THINGS THAT I WANTED TO ADDRESS ONE IS WITH REGARD TO EQUITY

3:12:47

THERE IS NO EQUITY FOR ADULTS WITH DOWN SYNDROME WHEN THE VERY UNIQUE ASPECTS OF

3:12:53

THEIR EXPERIENCES WITH ALZHEIMER'S DISEASE ARE OVERLOOKED BY THOSE DRAFTING

3:12:58

THE DETAILS OF THE MASTER PLAN FOR AGING THE HEALTHY BRAIN INITIATIVE AND THE

3:13:04

PATH FORWARD THESE PROGRAMS THOUGH WELL INTENDED TO BE IN DONE TO BE DESIGNED TO

3:13:10

BE INCLUSIVE OF VULNERABLE AND UNDERSERVED DISPARITY

3:13:15

POPULATIONS AND OF PEOPLE AGING WITH DISABILITIES USUALLY FAIL TO ADDRESS THE
3:13:21
AGING NEEDS OF PEOPLE WITH DOWN SYNDROME BECAUSE THIS PARTICULAR GROUP WITH
3:13:27
PRE-EXISTING COGNITIVE DEFICITS AND THE HIGHEST RISK FOR ALZHEIMER'S DISEASE OF
3:13:33
ANY OTHER POPULATION GROUP AGES AS MANY AS 20 YEARS EARLIER THAN OTHERS
3:13:40
WHEN IN EXCUSE ME WHEN IN NEED OF A DIAGNOSIS OH WAIT A MINUTE I SKIPPED THE
3:13:47
WRONG PLACE A NEWLY DEVELOPED SCREENING PROGRAM FOR DEMENTIA IS BEING OFFERED TO
3:13:53
PRACTITIONERS BUT EVEN IT IS NOT TAILORED TO THE TO INCLUDE DEMENTIA
3:13:59
SCREENING FOR THOSE WITH DOWN SYNDROME THIS TOOL HAS BEEN DESIGNED FOR THOSE
3:14:04
OVER THE AGE OF 65. BY THAT AGE MOST PEOPLE WITH DOWN
3:14:10
SYNDROME AND DEMENTIA HAVE ALREADY DIED OF ALZHEIMER'S DISEASE SUCH ATTEMPTS TO
3:14:15
PROVIDE EQUALITY FOR THOSE DEVELOPING DEMENTIA CERTAINLY MISS THE BOAT WHEN IT
3:14:20
COMES TO EQUITY FOR THOSE WITH DOWN SYNDROME WHEN IN NEED OF A DIAGNOSIS REGARDING
3:14:28
DEMENTIA PEOPLE WITH DOWN SYNDROME ARE OFTEN TURNED AWAY FROM BENIGN FROM
3:14:35
NINE OF THE 10 CALIFORNIA ALZHEIMER'S DISEASE CENTERS BECAUSE THESE CENTERS
3:14:40
LACK THE EXPERTISE TO DIAGNOSE DEMENTIA IN THOSE WITH DOWN SYNDROME
3:14:47
THESE FAILURES TO ADDRESS THE NEEDS OF THOSE WITH DOWN SYNDROME CONTINUE

3:14:54

AS AN ONGOING PATTERN AN EXAMPLE OF THAT IS THAT THERE'S NOW A

3:15:00

NEW PROGRAM BEING DEVELOPED TO TRAIN PRACTITIONERS HOW TO SCREEN FOR

3:15:08

ALZHEIMER'S DISEASE BUT THAT IS PROGRAM IS DESIGNED THAT TOOL IS
DESIGNED FOR

3:15:14

THOSE OVER THE AGE OF 65. NOT ONLY DOES THAT SCREEN OUT

3:15:20

PEOPLE WITH DOWN SYNDROME FROM ACCESS TO THAT TOOL BUT EVEN IF THEY
HAD

3:15:26

ACCESS TO THE TOOL IT'S NOT DESIGNED FOR PEOPLE WITH PRE-EXISTING
COGNITIVE

3:15:32

DEFICITS THESE FAILURES TO ADDRESS THE NEEDS OF THOSE WITH DOWN
SYNDROME CONTINUE THE

3:15:39

ONGOING PROCESS THE ONGOING PATTERN OF SYSTEMS THAT ARE INACCESSIBLE
TO PEOPLE

3:15:45

WITH DOWN SYNDROME THIS IS THIS NOT DISCRIMINATION AS

3:15:51

WELL AS A LACK OF INCLUSION AND EQUITY UM

3:15:56

SB 3 6 39 THAT I JUST LEARNED ABOUT TODAY IN AT YOUR MEETING

3:16:03

UM DOES ADDRESS WHAT THESE UH DOWNS WHAT THESE DEMENTIA

3:16:11

DISEASE CENTERS ARE DOING YOU KNOW WHAT THEIR RESPONSIBILITIES ARE AND I

3:16:18

THINK IT WOULD BE WONDERFUL IF YOUR GROUP COULD ADVOCATE FOR THEM TO
INCLUDE PEOPLE WITH DOWN SYNDROME SO THAT THEY

3:16:26

HAVE ACCESS TO ALL 10 OF THESE DISEASE CENTERS NOT JUST ONE AS IS THE
CASE NOW

3:16:33

THANK YOU THANK YOU UH FOR YOUR THOUGHTFUL

3:16:39

COMMENTS JANET WE APPRECIATE UM HEARING THEM ARE OTHER COMMENTS
FROM THE PUBLIC

3:16:48

YES UH CLARA PARK HAS HER HAND RAISED PERFECT YOU GO AHEAD PLEASE

3:16:54

HI CAN YOU HEAR ME WE CAN THANK YOU GREAT THANKS FOR HAVING ME AND THANKS FOR THE GREAT PRESENTATIONS UM THIS IS

3:17:00

CLAIRE I'M WITH THE DEMENTIA CARE AWARE PROGRAM AND I ACTUALLY WANTED TO MAKE A COMMENT ON ONE OF YOUR EARLIER

3:17:06

PRESENTATIONS UM SALLY AND WHEN IT LOOKS LIKE MAYBE WHEN HAD TO LEAVE BUT

3:17:12

UM YOU GUYS HAD A REALLY GREAT PRESENTATION AND BROUGHT UP A REALLY IMPORTANT TOPIC AROUND CAPACITY AND JUST

3:17:17

WANTED TO POINT OUT THAT WITH DEMENTIA CARE AWARE WE DO HAVE A MEDICAL LEGAL PARTNERSHIP WHICH IS A NETWORK OF

3:17:23

CLINICIANS AS WELL AS LEGAL AID ORGANIZATIONS ACROSS CALIFORNIA AND WITH THIS MEDICAL LEGAL PARTNERSHIP WE ARE

3:17:31

OFFERING SPECIFIC TRAININGS ON A LOT OF TOPICS THAT ARE SPECIFIC TO MEDICAL LEGAL TOPICS AND ONE OF THEM IS ACTUALLY

3:17:38

ON CAPACITY SO THESE ARE ALL AVAILABLE UM GOING LIVE VERY SHORTLY SO JUST

3:17:43

WANTED TO POINT THAT OUT THAT WE ABSOLUTELY AGREE THAT THIS IS A VERY IMPORTANT TOPIC IN OUR PARTNERING WITH

3:17:49

THE MEDICAL LEGAL PARTNERSHIP TO OFFER THESE RESOURCES SO THANKS FOR THAT INFO INFORMATION

3:17:55

CLARA AND MAY I I'M NOT SURE IF SOMEBODY ALREADY AT DEPARTMENT OF AGING HAS LIKE WHERE

3:18:02

THIS PEOPLE ON THIS GROUP MIGHT BE ABLE TO ACCESS THOSE TRAININGS SO

3:18:07

UM MAYBE THAT INFORMATION COULD JUST BE MICHELLE SENT TO THE COMMITTEE MEMBERS AFTERWARDS BECAUSE I THINK IT'S A TOPIC

3:18:13

MANY OF MANY PEOPLE ARE INTERESTED IN SO I WILL ALSO POST THE DEMENTIA CARE AWARE LINK IN THE CHAT RIGHT NOW THANK YOU

3:18:18

PERFECT THANK YOU MICHELLE AND I'LL SEND YOU UM SOME MORE MATERIALS THAT MIGHT BE HELPFUL THANK YOU THAT'D BE GREAT

3:18:25

THANKS SO MUCH CLARA WE APPRECIATE THAT OKAY OTHER PUBLIC COMMENTS

3:18:43

OKAY ANY LAST COMMENTS FROM MEMBERS OF THE COMMITTEE ABOUT FUTURE TRAININGS OR

3:18:50

OTHER RECOMMENDATIONS TO THE UM SECRETARY

3:18:57

OKAY I AM NOT HEARING ANYTHING ELSE MICHELLE IS THERE ANYTHING ELSE WE NEED TO COVER TODAY

3:19:05

I BELIEVE THAT WE HAVE COVERED IT ALL HERE CATHERINE SO WE TALKED ABOUT THE

3:19:10

UPCOMING MEETINGS THAT WAS THE UM LAST PIECE THAT WE HAD IN THE CLOSING COMMENTS AND NEXT STEPS PERFECT ALL

3:19:18

RIGHT UH UPCOMING MEETINGS YOU HAVE THE TWO DATES IN FRONT OF YOU UM THANKS FOR EVERYONE RESPONDING THAT

3:19:24

WAS HERE ABOUT THE UM YOUR AVAILABILITY TO COME TO SACRAMENTO AND UM I LOOK FORWARD TO SEEING YOU IN

3:19:32

AUGUST AND I THINK WITH THAT WE ARE ADJOURNED FOR TODAY THANKS AGAIN

3:19:38

TO ALL OUR PRESENTERS REALLY EXCELLENT EXCELLENT INFORMATION TODAY ON LOTS OF

3:19:43

SUBJECTS ALL RIGHT TAKE CARE THANK YOU THANK YOU MICHELLE BYE-BYE