



**ALZHEIMER'S DISEASE & RELATED DISORDERS (ADRD)  
ADVISORY COMMITTEE MEETING  
NOVEMBER 2, 2023**

(AUTOMATED ZOOM CAPTIONING TRANSCRIPT)

0:09

OKAY GOOD MORNING EVERYONE THANK YOU WE'RE WAITING FOR THE ATTENDEES TO JOIN IN SO WE'LL GIVE IT A FEW MORE

0:15

BEATS THANK

0:26

YOU WE'RE JUST WAITING A COUPLE MORE MOMENTS FOR FOLKS TO GET ON AND GET

0:37

SETTLED THANK YOU

0:43

OKAY IT'S 10:01 I THINK WE CAN START GOOD MORNING EVERYONE MY NAME

0:50

IS CARROLL DEANDREISIS AND I'M THE STAKEHOLDER AND PUBLIC ENGAGEMENT MANAGER ON THE MASTER PLAN FOR AGING TEAM HERE AT THE

0:56

CALIFORNIA DEPARTMENT OF AGING HAPPY TO BE WITH YOU TODAY HERE FOR THE ALZHEIMER'S DISEASE AND ELATED DISORDER

1:04

ADVISORY COMMITTEE TODAY IS NOVEMBER 2ND

1:09

2023 AND THIS IS THE COMMITTEE'S FINAL MEETING FOR 2023 I KNOW YOU MAY BE

1:16

THINKING WHERE DID 2023 GO I'M GOING TO GO AHEAD AND GO OVER A FEW

1:22

LOGISTICS FOR YOU AS EVERYONE GETS SETTLED SO LET'S MOVE TO THE NEXT SLIDE

1:27

THANKS ROSIE AS YOU CAN SEE HERE IS THE ZOOM LINK AND YOU CAN JOIN BY SMARTPHONE

1:34

TABLET OR COMPUTER TO JOIN BY PHONE FOR AUDIO HERE'S THE AUDIO

1:40

INFORMATION LIVE CAPTIONING IS AVAILABLE VIA THE ZOOM WEBINAR AND AS YOU CAN SEE

1:46

WE HAVE AMERICAN SIGN LANGUAGE INTERPRETATION THANK YOU TO TULIP AND TREY FOR THEIR EXPERTISE TODAY WE

1:53

APPRECIATE THAT CAN YOU GO BACKTHERE WE GO THANK YOU THIS

2:00

MEETING IS IN TWO FORMATS WE HAVE THE ZOOM VIRTUAL FORMAT AS WELL AS THERE

2:07

IS AN IN-PERSON AVAILABILITY AS WELL WHICH MICHELLE JOHNSTON IS WILL BE

2:12

THE IN-PERSON IN THE MEETING ROOM HERE AT CDA WE WILL BE POSTING ALL THE

2:20

MATERIALS TRANSCRIPTS RECORDING OF THIS WILL BE POSTED ON THE CAL HHS

2:25

ALZHEIMER'S DISEASE AND RELATED DISORDERS WEB PAGE AFTER WEBINAR NEXT

2:38

SLIDE WE WILL BE HAVING A PUBLIC COMMENT LATER IN THE AGENDA FOR ANY

2:47

IN PERSON YOU CAN RAISE YOUR HAND FOR OUR ZOOM PARTICIPANTS FOR OUR ZOOM

2:54

PARTICIPANTS WE CAN YOU CAN USE YOUR RAISED HAND FUNCTION IN THE ZOOM

2:59

WEBINAR FUNCTIONS AND FOR THOSE APPEARING ON THE PHONE YOU WOULD PRESS

3:05

STAR NINE ON YOUR DIAL PAD AND IN BOTH CASES WE WOULD UNMUTE YOUR LINE SO THANK YOU VERY MUCH AND OF COURSE WE ACCEPT

3:12

WRITTEN COMMENTS AT ANY TIME YOU CAN PUT THAT INTO THE ZOOM

3:19

Q&A NEXT SLIDE OKAY SO I'M GOING TO SPOTLIGHT

3:26

DARRICK LAM GOOD MORNING EVERYONE AND THANK YOU

3:31

CARROLL FOR THE INTRODUCTION SO I JUST WANT TO START BY SAYING THAT WE

3:38

RECOGNIZE THAT THE NEW LEGISLATION THAT PASSED RELATED TO BAGLEY KEENE ACT AND

3:45

THAT'S THE SB 143 AND 544 MAKES IT REALLY EASIER FOR PEOPLE TO AND THAT'S

3:53

US TO PARTICIPATE IN MEETINGS EVEN IF THEY AND ABLE TO TRAVEL INCLUDE A

3:59

PERSONS WITH DEMENTIA AND CAREGIVERS AND I WOULD LIKE TO HAVE A 4:05

QUICK ROLL CALL OF ALL THE MEMBERS WHO ARE PRESENT TODAY STARTING WITH

4:14

MEG BARRON HERE PRESENT THANK YOU DR WYN CANLAS CANIO

4:20

PRESENT AND THEN DR SARAH FARIAS I'M

4:26

HEREBARBRA MCLENDONHERE DR WILLIAM

4:37

MOBLEY CELINE REGALIA HERE ANDREA ROBERTS HERE

4:49

JULIE HI THIS IS THIS IS DARCI DELGADO I'M COVERING FOR JULIE SOULIERE AS THE

4:55

AGENCY REPRESENTATIVE TODAY THANKS THANK YOU SO MUCH DARCIDR DOLORES GALLAGHER THOMPSON YES

5:04

HI I'M HERE SALLY BERGMAN GOOD MORNING

5:10

ALL RIGHT THAT CONCLUDES OUR ROLL CALL SO I WOULD LIKE TO TURN TO THE MINUTES

5:15

WHICH HAS BEEN POSTED ON THE WEBSITE AND JUST WANT TO SEE IF WE HAVE A MOTION

5:21

TO APPROVE THE MINUTES I MOVE TO APPROVE THANK YOU

5:28

SALLY ANY SECOND SURE SECOND THANK YOU DOLORES ANY

5:36

DISCUSSION ALL RIGHT ALL THOSE IN FAVOR SIGNAL BY SAYING AYE ALL THOSE OPPOSE

5:43

ANY EXSTENSION OKAY MINUTES APPROVED

5:49

BEFORE I TURN TO THE NEXT GUEST I WOULD ALSO LIKE TO CONGRATULATE OUR FEARLESS

5:55

LEADER SUSAN ON BEING PROMOTED AND APPOINTED TO THE FEDERAL

6:03

ADVISORY COUNCIL ON ALZHEIMER'S RESEARCH CARE AND SERVICES IS A REALLY REALLY

6:08

GREAT HONOR TO YOU KNOW HAVE SUSAN JOINING US TODAY NOT ONLY REPRESENTING CDA BUT ALSO AS A MEMBER OF THIS FEDERAL

6:16

ADVISORY COUNCIL SO THANK YOU VERY MUCH FOR BEING HERE AND CONGRATULATIONS THANK YOU DARRICK THANK

6:22

YOU RIGHT SO NEXT ITEM I KNOW THAT DR

6:27

GHALY WON'T BE ABLE TO JOIN US AT THIS TIME BUT LIKE TO ASK DARCI TO

6:35

REPRESENT HIM AND TO SAY A FEW WORDS ABOUT THE TOPIC ON RECOGNIZING CALIFORNIANS LIVING WITH DEMENTIA AND

6:42

THEIR CAREGIVERS SO OVER TO YOU DARY YOU SO MUCH YES I DEFINITELY DON'T HAVE A

6:49

MEDICAL DEGREE NOR DO I HAVE A MASTER'S IN PUBLIC HEALTH SO DR GHALY BUT

6:56

I AM JUST REALLY APPRECIATIVE TO EVERYONE FOR BEING HERE TODAY I AM SO

7:03

PROUD TO BE JOINING AT THE START OF NATIONAL ALZHEIMER'S DISEASE AWARENESS MONTH AND NATIONAL FAMILY CAREGIVERS

7:10

MONTH AND REALLY WHEN YOU THINK ABOUT IT THE COMMITTEE HERE BRIDGES BOTH OF THOSE

7:15

TOPICS AND TODAY'S AGENDA WITH FOCUSING ON FAMILY CAREGIVERS IS JUST SO FITTING

7:21

FOR WHERE WE ARE THIS MONTH AND REALLY THE NUMBERS THAT WE LOOK AT TO REALLY

7:28

UNDERSTAND THE SCOPE OF THIS ISSUE AND YOU KNOW I WAS REVIEWING SOME OF THE NUMBERS AND PREPARATION FOR BEING HERE

7:35

TODAY AND ONE OF THE THINGS THAT REALLY STOOD OUT TO ME AND I KNOW WILL BE A TOPIC OF TODAY'S DISCUSSION IS CAREGIVER

7:42

HEALTH AND THE NUMBER THE PERCENTAGE OF CAREGIVERS WHO IN OF THEMSELVES ARE

7:48

FACING CHRONIC HEALTH CONDITIONS FACING DEPRESSION FACING  
BEHAVIORAL HEALTH  
7:55  
ISSUES IT REALLY JUST COMPOUNDS YOU KNOW I KNOW WE ARE INCREDIBLY  
FOCUSED ON  
8:01  
INDIVIDUALS IN CALIFORNIA WHO HAVE ALZHEIMER'S WHO HAVE OTHER  
DEMENTIAS AND  
8:07  
AND WHEN YOU THINK ABOUT THE SCOPE OF THOSE INDIVIDUALS AND THEN  
THE CAREGIVERS THAT ARE STRUGGLING BOTH WITH  
8:15  
THE THOSE THAT THEY ARE CARING FOR AND THEIR OWN THEIR OWN HEALTH  
AND MENTAL  
8:21  
HEALTH ISSUES IT JUST REALLY EMPHASIZES THE IMPORTANCE OF THE  
WORK THAT THIS  
8:27  
GROUP IS DOING THAT THIS COMMITTEE IS DOING TO REALLY ENSURE THAT  
THOSE TOPICS  
8:33  
STAY FRONT OF MIND FOR STATE POLICY MAKERS AND SO I JUST REALLY  
APPRECIATE  
8:39  
YOU ALL FOR SERVING IN THE ROLES THAT YOU SERVE INTO THIS  
COLLECTIVE COMMITTEE BECAUSE THE BREADTH OF YOUR EXPERIENCE  
8:46  
AND YOUR DEEP DEEP UNDERSTANDING OF THESE COMPLEX ISSUES  
RELATED TO ALZHEIMER'S RELATED TO DEMENTIA AND  
8:53  
RELATED TO CAREGIVERS IS JUST JUST INCREDIBLY IMPORTANT FOR THIS  
9:00  
ADMINISTRATION AND FOR CALIFORNIA HEALTH AND HUMAN SERVICES  
9:05  
AGENCY AND IT WAS ALSO POINTED OUT TO ME THAT THIS MIGHT BE ONE OF  
THE LONGEST  
9:11  
STANDING ADVISORY COMMITTEES IN OUR AGENCY AND BEING HAVING BEEN  
CREATED IN  
9:18  
THE 1980S REALLY PREPARES US FOR THIS EXACT MOMENT YOU KNOW  
CLOSE TO 800,000  
9:26  
CALIFORNIANS ARE LIVING WITH THIS DISEASE WITH OVER 1 MILLION FAMILY  
MEMBERS PROVIDING CARE AND SO THANK  
9:33  
GOODNESS THAT THIS GROUP IS AROUND TO HELP KEEP THESE ISSUES  
FOREFRONT BECAUSE FRANKLY IT'S SOMETHING THAT ALL OF US

9:40

ARE EXPERIENCING WHEN I WAS READING THROUGH THE AGENDA WAS THINKING ABOUT MY

9:45

OWN70 PROBABLY HE WOULD NOT WANT ME TO SAY THIS BUT PROBABLY 75Y OLD FATHER

9:52

WHO'S CARING FOR MY 95-YEAR-OLD GRANDMOTHER WHO HE HIMSELF STRUGGLES TO

9:59

TO TO GET HIM TO THE DOCTORS AND OFTEN TIMES WHEN I THINK AND WORRY ABOUT SOME OF THE PHYSICAL AILMENTS THAT HE HAS LET

10:07

ALONE AS A CAREGIVER HIMSELF SO JUST KNOW THAT YOU KNOW ALL OF THE PERSONAL

10:12

EXPERIENCES THAT YOU BRING TO THIS COMMITTEE ARE INCREDIBLY IMPACTFUL FOR

10:18

THE DISCUSSIONS AND THE DECISIONS THAT ARE BEING MADE AND AND I'LL TELL YOU AT LEAST THE DELGATO FAMILY THANKS YOU FOR

10:24

THE WORK THAT YOU'RE DOING BECAUSE IT IT IS REALLY FAR-REACHING

10:30

A COUPLE OF THINGS THAT I JUST WANT TO POINT OUT HOPEFULLY THEY WILL COME UP TODAY BUT VERY PROUD OF OF OUR NATION

10:37

LEADING DEMENTIA CARE AWARE INITIATIVE THE DIRECT CARE WORKER TRAINING AND STIEN PROGRAMS THAT ARE PUT OUT BY

10:46

BOTH DEPARTMENT OF AGING AND DEPARTMENT OF SOCIAL SERVICES ARE TWO ARE MULTIPLE

10:51

EFFORTS THAT I JUST WANT TO HIGHLIGHT AS WORK THAT COME POLICY WORK AND

10:57

PROGRAMMING THAT COMES STRAIGHT OUT OF DECISIONS AND RECOMMENDATIONS THAT COME OUT OF THIS COMMITTEE SO JUST VERY

11:04

THANKFUL FOR THAT AND WANTED TO LIFT THOSE UP AS AS GOOD PRACTICES AND HIGHLIGHTS THAT CONNECT TO THE WORK THAT

11:11

YOU ALL DO ON THIS COMMITTEE I ALSO WANT TO HIGHLIGHT YOU KNOW WE TOUCHED ON

11:16

BEHAVIORAL HEALTH ISSUES BUT AS COMM KIND OF COMMON KNOWLEDGE NOW IS

11:23

THAT WE AREN'T IN THE BEST BUDGET SITUATION WE DON'T HAVE THE FISCAL WINDFALL THAT WE MAY BE HAD THREE OR

11:29

FOUR YEARS AGO WITHIN THE STATE OF CALIFORNIA BUT DESPITE THAT LAST YEAR

11:34

DEPARTMENT OF AGING WAS GIVEN \$50 MILLION FOR THEIR ADULT

11:42

EXCUSE ME OLDER ADULT BEHAVIORAL HEALTH INITIATIVE SO \$50 MILLION I TOLD

11:49

SUSAN YESTERDAY I CAN PROBABLY COUNT ON ONE HAND ALL OF THE NEW INITIATIVES THAT

11:54

WERE FUNDED LAST YEAR AND THIS WAS REALLY JUST ONE OF VERY FEW BUT BUT REALLY EMPHASIZES THIS ADMINISTRATION'S

12:01

FOCUS ON BEHAVIORAL HEALTH AND RECOGNIZING THAT BEHAVIORAL HEALTH

12:07

ISSUES ARE HUGE FOR THE OLDER ADULT POPULATION IN MY PREVIOUS LIFE I WAS

12:13

A PSYCHOLOGIST AND WHEN YOU LOOK AT THE STATISTICS OF THE COMORBIDITY BETWEEN

12:19

DEMENTIA AND DEPRESSION OR DEMENTIA AND ANXIETY IT REALLY IS INCREDIBLY HIGH

12:26

THOSE TWO GO HAND IN HAND AND SO UNDERSTANDING THAT WE HAVE THOSE DOLLARS TO REALLY FOCUS ON BEHAVIORAL HEALTH ISSUES FOR OLDER

ADULTS I KNOW A LARGE PORTION OF THAT WILL BE GOING OUT

12:38

TO LOCAL COMMUNITY-BASED ORGANIZATIONS TO HELP TACKLE SOME OF THESE ISSUES SO

12:44

LOTS GOING ON BUT JUST IN TO CLOSE TO CLOSE I WANT TO ACKNOWLEDGE AND THANK AGAIN THE UNPRECEDENTED PARTNERSHIP

12:51

AMONGST OUR AGENCY DIRECTORS THE DEPARTMENT DIRECTORS AND REALLY YOU THE STAKEHOLDERS THAT HELP INFORM AND DRIVE

12:58

THE DECISIONS THAT OUR DEPARTMENTS ARE MAKING SO THANK YOU ALL FOR THIS WORK REALLY EXCITED TO HEAR ALL THE CONTENT

13:04

FOR TODAY AND DARRICK I THINK I'LL HAND IT BACK TO YOU THANKS SO MUCH EVERYONE THANK YOU SO MUCH DARCI IT'S

13:12

EXCITING TO HEAR THAT A GREAT STATE IS PAYING NOT ONLY ATTENTION TO

13:18

DEMENTIA BUT ALSO TO BEHAVIORAL HEALTH BECAUSE INDEED THIS TWO ARE VERY

13:23

CONNECTED AND ESPECIALLY WE HAVE SEEN YOU KNOW A LOT OF YOU KNOW CASES AFTER

13:29

COVID PANDEMIC STARTED A FEW YEARS AGO SO THANK YOU SO MUCH FOR BEING HERE

13:35

NEXT I WOULD LIKE TO INVITE EIGHT ESTEEM PANELISTS TO TALK ABOUT A

13:43

SUBJECT WHICH IS VERY CLOSE AND DEAR TO OUR HEART AND IS ON SUPPORTING AND

13:48

PAID CAREGIVERS OF PEOPLE LIVING WITH DEMENTIA SO TO START OUR DISCUSSION

13:55

I WOULD LIKE TO WELCOME DR ANGALAR CHI WHO IS A RESEARCH SCIENTIST WITH THE

14:04

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH AND SHE'S GOING TO TALK ABOUT CALIFORNIA'S BEHAVIORAL RISK FACTOR

14:12

SURVEILLANCE SYSTEM SO OVER TO YOU DR CHI THANK YOU THANK YOU FOR THE INTRODUCTION GOOD MORNING EVERYONE SO

14:20

THIS MORNING I'LL BE PRESENTING ON CALIFORNIA CAREGIVERS FOCUSING ON THOSE WHO PROVIDED CARE TO FAMILY MEMBERS OR

14:27

FRIENDS WITH ALZHEIMER'S DISEASE DEMENTIA OR OTHER COGNITIVE IMPAIRMENT DISORDER USING THE 2021 BEHAVIORAL RISK

14:35

FACTOR SURVEILLANCE SYSTEM SO THE ACRONYM FOR THAT IS BRFSS AND I PRONOUNCE IT AS BURUS SO

14:43

THIS WAS THE DATA FILE THAT WAS APPLIED BY THE CHRONIC DISEASE SURVEILLANCE AND RESEARCH BRANCH AND TODAY'S PRESENTATION

14:51

I WILL BE FOCUSING ON JUST THE STATEWIDE RESULTS AND NOT THE COUNTY LEVEL RESULTS DUE TO ISSUES WITH SAMPLE C

15:00

NEXT SLIDE PLEASE OKAY SO ON THIS SLIDE I WOULD

15:06

LIKE TO PROVIDE A BRIEF OVERVIEW OF THE METHODOLOGY SO BURUS IS THE NATION'S



15:12  
PREMIER SYSTEM OF HEALTH RATED TELEPHONE SURVEYS THEY COLLECT  
STATE DATA ABOUT US

15:18  
RESIDENTS REGARDING THEIR HEALTH RELATED RISK BEHAVIORS CHRONIC  
HEALTH CONDITIONS AND USE OF PREVENTIVE SERVICES AND BACE

15:25  
HAS THREE COMPONENTS THE FIRST COMPONENT IS THE CORE QUESTIONS  
THAT WERE DEVELOPED BY THE CDC IN COLLABORATION

15:32  
WITH STATE AGENCIES THE SECOND COMPONENT IS THE OPTIONAL MODULE  
QUESTIONS

15:38  
DEVELOPED BY THE CDC BUT IT THEY WERE SELECTED AND PURCHASED BY  
THE CDPH AND

15:44  
THE DIRT COMPONENT CONSISTS OF QUESTIONS DESIGNED BY THE STATE  
TO TO ADDRESS

15:49  
SPECIFIC ISSUES THAT CONCERN THE STATE FOR TODAY'S PURPOSE I'LL BE

15:54  
PRESENTING ON THE SECOND COMPONENT WHICH IS THE CAREGIVER  
MODULE OKAY SO MOVING ON TO ELIGIBILITY SO

16:02  
THERE ARE CRITERIA THAT MUST BE MET TO PARTICIPATE IN THIS SURVEY  
PARTICIPANTS

16:07  
MUST BE CALIFORNIA RESIDENTS BE AT LEAST 18 YEARS OF AGE AND LIVING  
IN HOUSEHOLDS

16:12  
OR COLLEGE HOUSING AND THE WAY THE PARTICIPANTS WERE SAMPLED  
WERE THROUGH

16:17  
RANDOM SELECTIONS SO THERE WERE TWO SAMPLING FRAMES WHICH  
CONSISTED OF A LIST OF RANDOMLY SELECTED LANDLINE PHONE

16:25  
NUMBERS AND A SECOND LIST OF RANDOMLY SELECT ED CELLULAR PHONE  
NUMBERS SO WITH

16:30  
THE L LINE METHOD ONLY ONE MEMBER OF THE HOUSEHOLD WAS  
RANDOMLY SELECTED TO TAKE THE SURVEY FOR THE HOUSEHOLD ONCE A

16:38  
RESPONDENT WAS SELECTED NO OTHER HOUSEHOLD MEMBERCOULD BE  
ELIGIBLE TO TAKE THE

16:43  
SURVEY SO FOR THE CELL PHONE METHOD THE PERSON WHO ANSWERED  
THE PHONE AND SELF-IDENTIFIED AS THE PRIMARY USER OF

16:51

THE PHONE WAS SELECTED TO TAKE THE SURVEY NOW THAT WE HAVE SOME UNDERSTANDING ON HOW PARTICIPANTS WERE

16:57

SELECTED TO TAKE THE SURVEY TO TAKE THE SURVEY I WOULD LIKE TO NOW PRESENT THE RESULTS HERE'S THE FUN PART IN

17:05

CALIFORNIA WE HAD A TOTAL OF 2,496 PARTICIPANTS RESPONDED TO THE 17:10

CAREGIVER SURVEY AND OF THOSE 2,496 PARTICIPANTS 528 STATED THAT THEY

17:18

PROVIDED CARE TO FAMILY MEMBERS OR FRIENDS WITH ALZHEIMER'S DISEASE OR AD

17:24

OTHER DEMENTIA OR OTHER COGNITIVE IMPAIRMENT DISORDER C DURING THE PAST 30

17:30

DAYS OKAY NEXT SLIDE PLEASE OKAY SO BEFORE I PROCEED FURTHER I WOULD LIKE TO

17:36

UNDERSCORE THAT ALL ESTIMATES ARE WEIGHTED STARTING FROM THIS SLIDE TO THE END OF MY PRESENTATION SO AS I MENTIONED

17:44

ON MY PREVIOUS SLIDE WE HAD 528 CAREGIVERS AND THAT WAS THE UNWEIGHTED

17:50

COUNT ONCE I ADJUSTED THE NUMBER WITH A CDC WEIGHT THE NEW NUMBER OF CAREGIVERS

17:55

IN CALIFORNIA WAS ESTIMATED TO BE APPROXIMATELY 5.4 MILLION AND OF THE 5.4 MILLION

18:02

CAREGIVERS 21% INDICATED THAT THEY PROVIDED CARE TO FAMILY MEMBERS OR FRIENDS WITH AD

18:09

DEMENTIA OR OTHER CB AND THIS MEANS THAT WE HAVE AN ESTIMATED 1.1 MILLION

18:16

CALIFORNIA RESIDENTS WHO PROVIDED REGULAR CARE TO FAMILY MEMBERS OR FRIENDS WITH 80 OTHER DEMENTIA OR OTHER

18:24

CID IN THE LAST 30 DAYS SO OF THESE 1.1 MILLION CAREGIVERS

18:30

IN CALIFORNIA THE MAJORITY WERE OLDER ADULTS WITH NEARLY 41% BELONGING TO 60

18:38

YEARS OR OLDER AGE BRACKET NEXT SLIDE

18:47

PLEASE CAREGIVERS WHO PROVIDED CARE TO THOSE WITH AD DEMENTIA OR OTHER CID WERE

18:53

59% FEMALES AND 41% MALES OKAY NEXT

18:59

SLIDE PLEASE ON THIS SLIDE WE ARE LOOKING AT

19:05

CAREGIVERS BY RACE AND ETHNICITY AS WE CAN SEE THIS TABLE HAS ASTERIS AND THAT

19:10

INDICATE THAT THE DATA WERE SUPPRESSED FOR THE CORRESPONDING CATEGORY DUE TO ISSUES WITH DATA RELIABILITY WHERE THE

19:16

RELATIVE STANDARD ERROR ACRONYM IS RSSE IS GREATER THAN 30% SO RSE TELLS US HOW

19:24

RELIABLE OUR ESTIMATES ARE THE HIGHER THE RSSE THE LESS RELIABLE THE ESTIMATES

19:29

AND CDC RECOMMENDS AN RSSE OF 30% AS THE CUT OFF WHICH MEANS THAT THE ONLY

19:35

CATEGORIES WHERE SAMPLE SIZES WERE SUFFICIENT WERE THE HISPANIC AND WHITE POPULATIONS ALMOST HALF OF THE

19:41

CAREGIVERS IDENTIFIED AS NON-HISPANIC WHITE AND NEARLY 30% IDENTIFIED AS

19:48

HISPANIC SO THE TAKEAWAY FOR THIS SLIDE IS THAT WE NEED TO DO MORE TO PROMOTE THE IMPORTANCE OF THE BIRTH SURVEY IN

19:55

THE COMMUNITIES WHERE DATA SUPPRESSION WAS APPLIED DUE TO SMALL SAMPLE

20:01

SIZES OKAY NEXT SLIDE MOVING ON TO THE CAREGIVERS

20:09

HOUSEHOLD INCOME AN ESTIMATED OF 32% OF CALIFORNIA CAREGIVERS REPORTED THEIR

20:15

ANNUAL HOUSEHOLD INCOME LEVELS TO BE UNDER 50,000 NEXT SLIDE

20:25

PLEASE OKAY SO ON THIS SLIDE WE ARE LOOKING LOOKING AT A BAR GRAPH STRATIFIED BY THE CAREGIVER'S

20:31

RELATIONSHIP TO THE CARE RECIPIENT THE GRAPH IS SHOWING THAT NEARLY 43% OF

20:37

CAREGIVERS WHO PROVIDED CARE TO THOSE WITH AD OTHER DEMENTIA OR OTHER CID

20:42

WHERE THE CAREGIVERS PARENTS ARE PARENTS IN-LAW 24% WERE THE CAREGIVERS OTHER

20:48

RELATIVES SO THOSE WOULD BE THE GRANDPARENTS SIBLINGS AND SIBLING SPOUSES WE ALSO HAVE NEARLY

20:55

19% THAT WERE THE CAREGIVERS NON RELATIVES OR FRIENDS SO THERE'S ONE THING THAT I

21:02

WOULD LIKE TO POINT OUT ON THIS SLIDE IS THIS SPOUSE OR PARTNER CATEGORY THAT PARTNER IS LIVING PARTNERS AND I THINK

21:10

THAT'S IMPORTANT TO POINT OUT NEXT SLIDE

21:16

PLEASE 58% OF CAREGIVERS PROVIDED CARE TO FAMILY MEMBERS OR FRIENDS WITH AD

21:22

OTHER DIMENSION OR OTHER CID FOR AT LEAST TWO YEARS AND OF THOSE 58%

21:28

29% PROVIDED CARE FOR MORE THAN 5

21:34

YEARS OKAY NEXT SLIDE

21:40

PLEASE OKAY SO ON THIS SLIDE DATA SUPPRESSION WAS AGAIN APPLIED TO THE 20 TO TO THE 20 TO 39 HOURS PER WEEK

21:48

CATEGORY WHICH IS WHY THERE'S A MISSING GRAPH FOR THAT CATEGORY THE BIG

21:54

TAKEAWAY FOR THIS SLIDE IS THAT NEARLY 21% OF CARE GIVERS PROVIDED CARE

21:59

FULLTIME AND MORE SO THAT'S 40 HOURS OR MORE TO THOSE WITH 80 OTHER DEMENTIA OR

22:05

OTHER CID NEXT SLIDE PLEASE 63% OF CAREGIVERS REPORTED THAT

22:14

THEY MANAGED PERSONAL CARE SUCH AS GIVING MEDICATIONS FEEDING DRESSING OR BATHING FOR THEIR CARE RECIPIENTS WITH

22:21

80 OTHER DEMENTIA OR OTHER C NEXT SLIDE

22:26

PLEASE 85% OF CAREGIVERS REPORTED THAT THEY ALSO MANAGED THE CARE RECIPIENT'S

22:32  
HOUSEHOLD TOURS SUCH AS CLEANING MANAGING MONEY AND PREPARING  
MEALS

22:38  
BEFORE I WRAP UP I WOULD LIKE TO EMPHASIZE THAT CAREGIVERS ARE NOT  
ONLY PROVIDING CARE TO RELATIVES BUT THEY ARE

22:44  
ALSO PROVIDING CARE TO NON-RELATIVES SUCH AS FRIENDS WITH AD  
OTHER DEMENTIA

22:49  
OR OTHER CID NEXT SLIDE PLEASE SO THIS SLIDE WILL CONCLUDE MY

22:56  
PRESENTATION IF YOU HAVE ANY QUESTIONS OR COMMENTS PLEASE  
CONTACT THE ALZHEIMER'S DISEASE PROGRAM OR YOU CAN

23:02  
TYPE IN YOUR COMMENTS IN THE COMMENTS BOX IF WE DON'T HAVE ENOUGH

23:08  
TIME TO TAKE QUESTIONS AFTER MY PRESENTATION YOU CAN ALSO FIND  
MORE INFORMATION ABOUT BURUS ON THE LINKS

23:13  
PROVIDED ON THE SLIDE THANK YOU THANK YOU SO MUCH DR CHI I JUST  
WANT TO

23:19  
MENTION THAT WE HAVE A Q&A SESSION AFTER THE LAST PRESENTER SO  
WHICH WILL HAPPEN

23:25  
BETWEEN QUARTER TO 12 AND 12 NEW ON SO WITH THAT SAID AS A PROUD  
AGGIE I WOULD

23:32  
LIKE TO INVITE OUR NEXT SPEAKER AND THAT IS DR JANICE BELL WHO IS THE  
DIRECTOR

23:38  
AND PROFESSOR ASSOCIATE DEAN OF THE BETTY IRENE MOORE SCHOOL OF  
NURSING AT UC

23:43  
DAVIS AND SHE'S GOING TO PRESENT ON THE SUBJECT ENTITLED PROFILE  
OF CAREGIVERS

23:49  
IN CALIFORNIA CAREGIVER RESOURCE CENTER SO OVER TO YOU THANK YOU  
SO MUCH FOR THE

23:55  
INTRODUCTION AND I REALLY APPRECIATE THIS INVITATION TO PRESENT  
SOME OF OUR FINDINGS FROM THE DATABASE CALLED

24:01  
CARE NAV WITH MY COLLEAGUE DR HEATHER YOUNG I'M A CPI ON  
EVALUATION

24:06

WORK WITH THE CALIFORNIA CAREGIVER RESOURCE CENTERS AND THE CALIFORNIA STATE DEPARTMENT OF AGING NEXT SLIDE I

24:13

JUST WANT TO QUICKLY ACKNOWLEDGE OUR TEAM WHO CONTRIBUTE TO THIS WORK THEY INCL INCLUDE JENNIFER MONGOVEN ROBIN

24:19

WHITNEY ORLE TONIK BEN LINK AND JESSICA FAMULA SO I THINK THERE'S GOING TO BE A

24:25

PRESENTATION A LITTLE BIT LATER ON BY KATHY DESCRIBING SOME OF THE WORK OF THE CALIFORNIA CAREGIVER RESOURCE CENTERS

24:32

AND THE ROLL OUT OF THE TECHNOLOGY PLATFORM CALLED CARE NAAV BUT I'M GOING TO SKIP RIGHT TO KARAV AND SAY THAT IT'S

24:38

A CLOUD-BASED HIPAA COMPLIANT CLIENT RECORD SYSTEM SO THIS IS A A TECHNOLOGY THAT HAS BEEN IMPLEMENTED ACROSS 11

24:45

CAREGIVER RESOURCE CENTERS IN CALIFORNIA WHERE CAREGIVERS CAN INTERACT WITH THE TECHNOLOGY THEY CAN ENTER THEIR OWN

24:51

INFORMATION AND THAT BEGINS A PROCESS OF GETTING SUPPORT THROUGH THE AGENCY THERE'S A CLIENT DASHBOARD THAT PRODUCES

24:58

TAILORED INFORMATION FOR THEIR SPECIFIC SITUATION AGENCY CONTACTS AND

25:04

INFORMATION A PERSONALIZED CARE PLAN SECURE COMMUNICATIONS WITH A CARE CONSULTANT WHO'S MOST OFTEN A SOCIAL

25:10

WORKER AND THERE'S A LOT OF SERVICE USE DATA SO INTAKE AND ASSESSMENT AND THEN

25:15

REASSESSMENT WHICH IS USUALLY SIX MONTHS LATER AND THAT'S THE DATA THAT WE EXPORTED FOR THIS

25:22

ANALYSIS SO THIS THIS SLIDE JUST SHOWS QUICKLY THETHE LANDING PAGE FOR CAR

25:27

WHEN WHERE A PERSON CAN COME IN THEY CAN SET UP AN ACCOUNT ENTER THE PORTAL ANDADD SOME OF THEIR

25:35

INFORMATION AND IN THE NEXT SLIDE YOU SEE THE CARE MODEL FORCARE NAAV

25:40

WHICH INCLUDES THIS ONLINE ASSESSMENT WHICH COVERSTHE ACTIVITIES OF

25:45

DAILY LIVING THAT THE CAREGIVER IS SUPPORTING WHETHER THEY'RE DOING MEDICAL OR NURSING TASKS WHETHER THE PERSON HAS

25:51

MEMORY OR BEHAVIOR PROBLEMS HEALTHCARE USE FOR THE CAREGIVER AND CARE RECIPIENT COMFORT WITH TECHNOLOGY USE THERE'S

25:58

INFORMATION ABOUT INSURANCE AND LEGAL DOCUMENTS PAID AND UNPAID SUPPORTS CAREGIVER HEALTH STATUS CAREGIVER BURDEN

26:05

WHICH IS MEASURED WITH THE ZERAT SHORT FORMFOUR ITEM SCALE THERE'S ASSESSMENT OF DEPRESSIVE SYMPTOMS USING

26:12

THE PHQ9 AND THEN THE UCLA LONELINESS SCALE TO MEASURE LONELINESS AND THE NICE THING ABOUT THIS DATA IS THAT IT FOLLOWS

26:19

THE CAREGIVER AS THEY ENTER THE SYSTEM RECEIVE SUPPORT AND THEN GET REASSESSED SO WE CAN ACTUALLY SEE IF THEHOW THE

26:27

PROGRAM IS SUPPORTING THE CAREGIVER OVER TIME THE NEXT SLIDE SO THIS IS A LITTLE

26:32

PROFILE OF THE CAREGIVERS WHO ARE SERVED THIS IS INCLUDES ABOUT 4,000 CAREGIVERS

26:38

YOU CAN SEE FROM AGE THAT THE DISTRIBUTION OF AGE OF THE CARE RECIPIENTS IS QUITE A BIT OLDER THAN THE

26:43

CAREGIVERS SO THE CAREGIVERS ABOUT HALF ARE 45 TO 64 YEARS OF AGE AND AMONG

26:49

THE CARE RECIPIENTS MOST ARE OLDER ADULTS 65 OR ABOVE SO THIS IS PROBABLY REFLECTING CHILDREN TAKING CARE OF THEIR

26:55

PARENTS IN TERMS OF GENDER MORE OF THE CAREGIVERS ARE FEMALE AND IN THE CARE RECIPIENTS THE YELLOW BARS OF GENDER YOU

27:02

SEE THOSE THAT IS A LITTLE BIT MORE EVEN AND THEN THIS IS A DIVERSE GROUP OF CAREGIVERS AND CARE RECIPIENTS SO

27:09

REFLECTING THE POPULATION OF CALIFORNIA REALLY WELL JUST A LITTLE OVER HALF ARE WHITE OR NON-HISPANIC ABOUT A THIRD ARE

27:16

HISPANIC OR LATINO AND THEN WE HAVE ABOUT 8% ASIAN-AMERICAN AND PACIFIC ISLANDER AND ALMOST 7% BLACK ARE

27:25

AFRICAN-AMERICAN ON THE NEXT SLIDE SOME OF THE CHAR ISTICS OF THE CAREGIVERS YOU SEE THAT MOST OF THEM ARE NOT WORKING

27:30

THERE'S ABOUT 26% THAT ARE WORKING FULL-TIME AND 11% PART-TIME  
PARTLY BECAUSE THEY'RE DOING THE CAREGIVING

27:36

ROLE AND PARTLY BECAUSE SOME ARE OLDER ADULTS 18% EARN BELOW  
THE FEDERAL POVERTY LEVEL ABOUT 65% ARE MARRIED OR

27:44

PARTNERED 90% IDENTIFY AS HETEROSEXUAL MEANING THAT THERE'S THIS  
LARGE AND GROWING DATABASE OF LGBTQ PLUS

27:52

CAREGIVERS THAT WE CAN LOOK AT IN THE FUTURE 18% ARE PROVIDING  
CARE TO MULTIPLE CARE RECIPIENTS ALSO A SPECIAL

27:58

GROUP THAT WE WANT TO LOOK AT MORE CLOSELY 13% LIVE IN A RURAL  
AREA AND 5%

28:03

HAVE VETERANS ADMINISTRATION BENEFITS SO LOOKING AT THE CARE

28:09

RECIPIENTS THEY TEND TO BE RELATED TO THE CAREGIVERS CAN TEND TO  
BE RELATED TO THE CARE RECIPIENTS AS CHILDREN ABOUT

28:16

HALF AND A THIRD ARE SPOUSES CARING FOR PARTNERS LOOKING AT THE  
CONDITIONS YOU

28:21

SEE THAT 91% OF THE CARE RECIPIENTS HAVE MEMORY LOST 46% CAN'T BE  
LEFT ALONE

28:27

ABOUT 6% 16% ARE PRONE TO WANDERING AND 68% HAVE A PRIMARY  
DIAGNOSIS OF

28:33

ALZHEIMER'S DISEASE OR RELATED DEMENTIA SO FOLLOWING DR CHI'S  
PRESENTATION I THINK THIS IS IMPORTANT TO THINK ABOUT

28:39

WE LOOK AT ALZHEIMER'S DIAGNOSIS BUT THERE'S A LOT OF PEOPLE BEING  
CARED FOR WHO DON'T YET HAVE A FORMAL DIAGNOSIS SO

28:45

IN THIS DATABASE WITH 91% HAVING SOME KIND OF MEMORY LOSS PERHAPS  
THESE ARE PEOPLE WHO ARE GOING TO BE DIAGNOSED IN

28:51

THE FUTURE IN THE NEXT SLIDE THANK YOU CAN SEE THE

28:57

CAREGIVING INTENSITY AND THIS IS A MEASURE THAT WAS DEVELOPED BY  
THE AARP AND IT LOOKS AT THE NUMBER OF HOURS

29:03

OF CAREGIVING PROVIDED PLUS THE NUMBER OF ACTIVITIES OF DAILY  
LIVING AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING

29:09

THAT THE PERSON IS SUPPORTING AND WHEN YOU LOOK DOWN THIS BAR  
YOU SEE ALMOST EVERYBODY IS BRIGHT RED SO MORE THAN 90%



29:16

OF THE CAREGIVERS IN THE CRC SYSTEM ARE DOING CARE AT A HIGH LEVEL OF INTENSITY WE SEE THIS INTENSITY INCREASES WITH AGE

29:23

IT'S MORE INTENSE AMONG CAREGIVERS WHO IDENTIFY AS NOT BEING WHITE OR NON-HISPANIC AND IT'S MORE INTENSE AMONG

29:30

CAREGIVERS WHO ARE LIVING BELOW THE FEDERAL POVERTY LEVEL IN THE NEXT SLIDE YOU CAN SEE THAT

29:36

ALONG WITH THIS INTENSITY COMES VERY LITTLE PAID AND UNPAID HELP SO THE LIGHTEST PART OF THESE BARS SHOW PEOPLE

29:41

WHO ARE GETTING ZERO TO 10 HOURS OF UNPAID HELP ON THE LEFT AND ZERO TO 10

29:46

HOURS OF UNPAID HELP ON THE RIGHT OF THE CAREGIVERS THAT ARE BEING SERVED HERE HAVE NO UNPAID PAID HELP WHEN THEY JOIN

29:53

WHEN THEY FIRST SIGN UP WITH KAV OR GET THEIR INTAKE THESE PERCENTAGES ARE DIFFERENT BY RACE AND ETHNICITY WE

30:00

SEE LESS PAID HELP UNPAID HELP WITH OLDER ADULTS MAYBE BECAUSE THEIR SOCIAL NETWORKS ARE DECREASING WE SEE LESS PAID

30:07

AND UNPAID HELP WITH LOWER INCOME AND LESS PAID AND UNPAID HELP WITH RURAL VERSUS URBAN RESIDENTS SO STARTING TO

30:14

SEE SOME INEQUALITIES IN HOW THESE THINGS PLAY OUT IN THE NEXT SLIDE WE WERE ABLE TO DO

30:21

A COMPARISON TO TWO DATABASES ONE WAS A STATE DATABASE A LOT LIKE THE BRIFF DATA

30:26

THAT DR CHI PRESENTED THIS IS THE CALIFORNIA HEALTH INTERVIEW SURVEY AND THEN WE LOOKED AT NATIONAL DATA

30:32

CAREGIVING IN THE US SURVEY THAT'S SPONSORED BY AARP AND THE NATIONAL ALLIANCE FOR CAREGIVERS SO YOU SEE HERE

30:39

THAT THE CCRC CAREGIVERS IN CALIFORNIA TEND TO BE OLDER THEY TEND TO BE MORE

30:44

FEMALE THEY'RE MORE DIVERSE THEY'RE LESS LIKELY TO BE WORKING AND THEY'RE MORE LIKELY TO BE MARRIED OR PARTNERED IN THE

30:51

NEXT SLIDE YOU SEE THANK YOU THAT THENUMBER

30:57

OF HOURS OF CAREGIVING A WEEK THAT THEY'RE ENGAGED IN IS MUCH MUCH HIGHER SO HERE WE'RE SEEING 73% OF THESE

31:03

CAREGIVERS ARE DOING MORE THAN 40 HOURS OF CAREGIVING A WEEK COMPARED TO 32% IN THE NATIONAL DATA AND 9% IN THE

31:10

CALIFORNIA HEALTH INTERVIEW SURVEY THE RELATIONSHIP TO THE CARE RECIPIENT IS DIFFERENT SO MORE OF THE CCRC CAREGIVERS

31:16

ARE CARING FOR A PARENT OR A SPOUSE PARTNER AND MOST OF THEM MORE OF THEM

31:23

HAVE A DIAGNOSIS OR THEY'RE CARING FOR A RECIPIENT WITH ADRD SO 68% HAVE

31:28

ALZHEIMER'S DISEASE OR RELATED DEMENTIA IN THE STATE AND NATIONAL SURVEYS THAT'S ONLY 5% THE CARE INTENSITY IS HIGHER SO

31:36

90% FOR THE CCRC CAREGIVERS COMPARED TO ONLY 40% IN THE NATIONAL DATA AND THAT

31:41

WAS USING EXACTLY THE SAME MEASURE AND MORE OF THE CCRC CAREGIVERS ARE HELPING

31:47

WITH MEDICAL AND NURSING TASKS SO I THINK IT'S IMPORTANT TO THINK ABOUT HOW THESE CAREGIVERS COME TO BE IN THESE

31:53

DATABASES SO THIS IS DR CHI TALKED ABOUT RANDOM SELECTION SO WHEN WE RANDOMLY

31:58

SELECT CAREGIVERS WE'RE GETTING A NICE SAMPLE OF DIFFERENT SITUATIONS AND

32:04

WE'RE PROBABLY GETTING PEOPLE WHO HAVE TIME TO FILL OUT LONG SURVEYS WITH THE CCRC CAREGIVERS WE'VE GOT THE PEOPLE WHO

32:10

ARE LOOKING FOR HELP THEY ARE CALLING UP AND SAYING I NEED YOU NOW AND SO IT'S A VERY DIFFERENT SAMPLE IT'S THE COMPLETE

32:16

OPPOSITE OF RANDOM AND IT MAY BE THE POPULATION THAT NEEDS HELP MOST SO IN THE NEXT SLIDE YOU SEE THAT THE OUTCOMES

32:23

OF CARE ARE A LITTLE BIT WORSE FOR CCRC CAREGIVERS SO MORE SAY THAT THEIR HEALTH IS FAIR OR POOR COMPARED TO

32:30

EXCELLENT VERY GOOD OR GOOD MORE SAY THAT THEIR CAREGIVING HAS MADE THEIR HEALTH WORSE AND MORE SCORE AS

32:36

LONELY ON THE UCLA LONELINESS SCALE SO JUST AS A DISCUSSION POINTS  
32:43  
WE'RE SEEING THAT MOST OF THESE CAREGIVERS SERVED BY THE  
CALIFORNIA CAREGIVER RESOURCE CENTERS ARE PROVIDING  
32:48  
CARE FOR PEOPLE WHO HAVE MEMORY LOSS OR ALZHEIMER'S OR RELATED  
DEMENTIAS THEY REPRESENT A HELP-SEEKING POPULATION THAT  
32:55  
IS ENGAGED IN VERY COMPLEX AND HIGH-INTENSITY CARE IN THE HOME WE  
THINK THAT STATE AND NATIONAL SURVEYS DON'T  
33:01  
CAPTURE THIS INTENSITY VERY WELL AND WE THINK THAT THE CARE NAAV  
DATA IS A VERY IMPORTANT ADENT WHEN WE'RE STARTING TO  
33:07  
THINK ABOUT DEVELOPING INTERVENTIONS AND POLICY FOR FAMILY  
CAREGIVERS WHO NEED SUPPORT THANK YOU VERY  
33:15  
MUCH THANK YOU SO MUCH DR BELL ANDIT'S REALLY IMPORTANT FOR US TO  
HAVE  
33:22  
DATA TO DRIVE DECISION MAKING SO I'M SO PLEASED THAT UC DAVIS  
SCHOOL OF  
33:28  
NURSING ALONG WITH YOU KNOW FAMILY CARE OF ALLIANCE HAVE DONE  
ALL THIS  
33:34  
YOU KNOW LIKE WORK SO WE HAVE A GREAT DISCUSSION COMING UP I  
UNDERSTAND  
33:39  
THAT OUR NEXT SPEAKER MAY NOT HAVE ARRIVED IN THE ZOOM ROOM SO  
I'M GOING TO  
33:45  
BASICALLY SWITCH TO OUR NEXT SPEAKER ANDIT'S U DENISE LINKAR SHE IS  
THE  
33:52  
DEPUTY DIRECTOR OF THE HOME AND COMMUNITY LIVING DIVISION AT THE  
33:57  
CALIFORNIA DEPARTMENT OF AGING AND SHE WILL TALK TO US ON THE  
SUBJECT CALIFORNIA SUPPORT FOR CAREGIVERS SO  
34:05  
PLEASE TAKE IT AWAY DENISE HI THANK YOU AND GOOD MORNING  
34:10  
EVERYONE SO WE'VE HEARD A LOT ABOUT SOME OF THE RESEARCH AND  
THE DATA THAT WE SEE IN THIS IN THE POPULATIONS AND IN  
34:18  
THE COMMUNITY AMONGST OUR CAREGIVERS AND WHAT THEY'RE GOING  
THROUGH IN TERMS OF CARING FOR OUR OUR LOVED ONES WHO  
34:24

ARE SUFFERING FROM THESE CHALLENGES BUT THE NEXT QUESTION IS  
WHAT'S

34:29

AVAILABLE WHAT ARE THE SERVICES OUT THERE FOR THOSE THAT ARE IN  
NEED OF

34:35

REALLY HAVING THAT SUPPORT IN THE COMMUNITY AND SO ON THIS SLIDE  
HERE WHAT YOU SEE IS REALLY THE START OF A

34:41

CONTINUUM OF CARE IF YOU WILL OF SERVICES A RANGE OF SERVICES THAT  
VARY

34:46

IN LEVELS OF INTENSITY FOR MANY AND STARTING WITH INFORMATION AND  
ASSISTANCE

34:52

AND EDUCATION AND THEN ALL THE WAY OVER TO THINGS LIKE DIRECT CARE  
CARE IN HOME SUPPORT SERVICES REST BIT AND CARE

34:59

MANAGEMENT SO WHEN YOU LOOK AT THESE BOXES ALONE YOU SEE A LOT  
OF THINGS

35:05

POTENTIALLY BEING AVAILABLE FOR THOSE THAT NEED THE SUPPORT AND  
THE HELP TO

35:10

REMAIN LIVING SUCCESSFULLY IN THE COMMUNITY BUT WHEN WE LOOK A  
LITTLE

35:16

DEEPER THERE ARE SOME CHALLENGES BEHIND THIS CONTINUUM ON THE  
NEXT SLIDE WHERE

35:22

WE START TO LOOK AT WHAT ARE SOME OF THOSE BARRIERS FOR ACCESS  
AND BARRIERS FOR THESE SERVICES REACHING THE

35:28

INDIVIDUALS IN NEED FIRST NOT ALL OF THE BOXES ON THE PREVIOUS PAGE  
ARE AVAILABLE

35:34

STATEWIDE AND THEN IF YOU LOOK COMMUNITY TO COMMUNITY YOU SEE  
INCONSISTENCY IN WHAT'S AVAILABLE AS WELL SO IT IS VERY

35:42

LOCALIZED IF YOU WILL IN TERMS OF WHAT IS EVEN BEING OFFERED THERE  
NEXT SOME

35:49

BARRIERS AROUND ELIGIBILITY CRITERIA MANY OF THE PROGRAMS I'M  
SORRY PREVIOUS SLIDE THANK YOU MANY OF THE

35:57

ELIGIBILITY CRITERIA MAY CREATE BARRIERS THEY MAY BE BASED ON  
INCOME NEEDS THEY MAY BE BASED ON

36:04

DIAGNOSIS THEY ALSO MAY HAVE LIMITS IN TERMS OF GEOGRAPHIC REACH SO THERE IS

36:10

DEFINITELY ANOTHER CHALLENGE THEY COULD BE FEE BASED AS WELL SOME SERVICES YOU HAVE TO QUALIFY

36:16

FOR FREE SERVICES OTHERS YOU MIGHT HAVE TO PAY AND THAT MAY LIMIT THE ABILITY FOR A FAMILY TO BE ABLE TO

36:23

ACCESS CAPACITY COULD BE LIMITED WE DO KNOW THAT THE NEED IS FOR MANY SERVICES

36:28

IN THE STATE OF CALIFORNIA THE NEED IS GREATER THAN THE CAPACITY THAT'S AVAILABLE AND SO THAT COULD BE A

36:35

CHALLENGE LANGUAGE BARRIERS THE ORGANIZATION PROVIDING THE SERVICES MAY NOT PROVIDE IT IN THE IN THE PREFERRED

36:42

LANGUAGE SPOKEN ALSO CULTURAL APPROPRIATENESS AND NAVIGATION

36:47

CHALLENGES TO BE ABLE TO REALLY FIND THESE SERVICES AND FIND THOSE THAT FIT AND MATCH THE ETHNIC AND DIVERSITY NEEDS

36:53

OF OUR POPULATION SO WITH ALL ALL OF THESE CHALLENGES THERE IS HOPE THOUGH SO ON

36:59

THE NEXT SLIDE LET'S LOOK AT WHAT WE'RE DOING TO TRY TO STRENGTHEN AND BROADEN

37:07

THIS WORK AND THE REACH OF THESE SERVICES FIRST ON THE LEFT YOU SEE OUR STATEWIDE INITIATIVES SEVERAL OF THEM

37:14

LISTED THERE TODAY HAVE ALREADY BEEN REFERENCED AS WELL AS WE HAVE SOME SOME SPEAKERS THAT WILL COME AFTER ME THAT

37:20

WE'LL TALK ABOUT THESE AS WELL SO WE HAVE MANY PROJECTS THAT THE STATE HAS BEEN WORKING COLLABORATIVELY WITH THE

37:27

COMMUNITIES AND WITH ORGANIZATIONS ACROSS THE STATE AND WITH STAKEHOLDERS LIKE EVERYBODY ON THIS CALL TO REALLY

37:32

START BRINGING CHANGE AND IMPROVING THE SYSTEM OF CARE ON THE RIGHT HAND SIDE WE

37:38

SEE MASTER PLAN FOR AGING INITIATIVES THAT ALSO FIT WITH THE EXISTING WORK THAT'S GOING ON IN ORDER TO BUILD AND

37:44

GROW OUR WORKFORCE AND TRAINING OUR COMMUNITY HEALTH WORKERS PROGRAMS THE

37:49

SERVICE GAPS AND IDENTIFY THE SERVICE GAPS AND BE ABLE TO START TO ADDRESS THEM AS WE PLAN FUTURE FOR THE FUTURE

37:55

AND FORWARD AS WELL AS BEING ABLE TO BRING IN MORE AWARENESS AND NEW PROGRAM MODELS LIKE

38:01

CAL COMPASS THAT WE'LL BE HEARING FROM HEARING NEXT IN OUR PANEL TODAY SO

38:07

ALL OF THIS COMES TOGETHER THAT ALTHOUGH WE HAVE A LOT AN ARRAY OF SERVICES THAT ARE

38:14

AVAILABLE AND MODELS THAT HAVE BEEN TESTED AND HAVE BEEN TRIED IN

38:19

COMMUNITIES AND WE HAVE SEEN TO BE SUCCESSFUL WE DO NEED TO CONTINUE TO

38:24

LOOK FORWARD ON HOW WE REMOVED EACH OF THE BARRIERS AND THE CHALLENGES SO THAT WE CAN HAVE A TRUE SYSTEM THAT IS MEETS

38:32

THE NEEDS IS READY AND CAPABLE OF BEING ABLE TO ADDRESS THE SUPPORT

38:39

SYSTEM AND BE ABLE TO WRAP AROUND THE CAREGIVERS AND THOSE LIVING WITH DEMENTIA AND OTHER DISORDERS

38:45

COGNITIVE DISORDERS BE ABLE TO REALLY THRIVE IN THE COMMUNITY OF THEIR CHOICE AND REMAIN

38:52

SAFE AND SO WITH THAT WE'LL GO AHEAD AND TURN IT OVER TO OUR NEXT SPEAKER

38:58

HEY THANK YOU SO MUCH DENISE AND I'M SO PLEASED TO LEARN THAT BOTH THE STATE AND

39:04

THE MASTER PLAN OF AGING ALREADY HAVE MANY INITIATIVES WORKING HAND IN HAND

39:09

AND TRY TO BREAK THE BARRIER ONE THING I WOULD LIKE TO POINT OUT IS IN BREAKING THE BARRIER WE NEED TO TAKE

39:16

INTO CONSIDERATION SERIOUSLY HOW TO ADDRESS THE ISSUES YOU KNOW FOR PEOPLE WHO ARE NON-ENGLISH SPEAKING OR LIMITED

39:24

ENGLISH SPEAKING AND MAKE SURE THAT THERE IS NO LANGUAGE BARRIER OTHERWISE YOU KNOW EVEN THOUGH WE HAVE WONDERFUL

39:30

YOU KNOW WORK IN A LINEUP FOR KNOW FUTURE YEARS WITHOUT THAT YOU KNOW ACCESSIBILITY WE WON'T BE ABLE TO

39:37

SERVE YOU KNOW EVERYONE IN A WONDERFUL STATE LIKE CALIFORNIA SO THANK YOU VERY MUCH GREAT I'D LIKE TO MOVE TO OUR

39:46

NEXT SPEAKER AND THAT IS CELINE REGALIA WHO IS THE DIRECTOR OF

39:51

OPERATIONS AT THE PROVIDENCE COMMUNITY HEALTH IN NAPA VALLEY SHE'S ALSO A

39:57

MEMBER OF OUR COMMITTEE AND SHE WILL COVER THE TOPIC ON CALIFORNIA COMMUNITY

40:03

PROGRAM FOR ALZHEIMER'S SERVICES AND SUPPORT SO OVER TO YOU

40:09

CELINE GOOD MORNING EVERYONE AND THANK YOU FOR GIVING ME THE OPPORTUNITY TO SPEAK ABOUT OUR OUR CAL COMPASS PROJECT

40:16

THAT WE RECEIVED GRANTS FOR SOME SITES THROUGHOUT CALIFORNIA WHICH WILL

40:22

TALK ABOUT THE SITES AND THE WORK THAT WE'VE BEEN DOING OVER THIS PAST YEAR NEXT SLIDE PLEASE

40:30

PLEASE SO FIRST OF ALL I JUST WANTED TO YOU KNOW GROUND US IN THE MODEL OF

40:36

FOR THOSE OF YOU WHO MAY NOT KNOW THESE ARE THE DESCRIPTIONS FROM

40:42

THE CALIFORNIA ASSOCIATION ADULT DAY SERVICES ON THE ADULT DAY SERVICES MODEL

40:47

AS DENISE WAS TALKING ABOUT YOU KNOW WHAT'S AVAILABLE IN EACH COMMUNITY

40:53

VARIES GREATLY AND WHAT YOU KNOW WHAT COMMUNITIES HAVE IN TERMS OF ADULT DAY SERVICES ALSO VARIES GREATLY SOME

41:01

COMMUNITIES HAVE SOCIAL MODELS SOME HAVE BOTH THE HEALTH MODEL AND THE SOCIAL MODEL AND THEN THE ALZHEIMER DAYCARE

41:07

RESOURCE CENTERS WAS SOMETHING THAT CAME OUT OF THE CALIFORNIA DEPARTMENT BACK IN THE 80S AND SO WE'LL TALK ABOUT HOW

41:14

CAL COMPASS EVOLVED AND IS THE EVOLUTION OF THE ADC RC MODEL SO DAY PROGRAMS

41:20

AGAIN PROVIDE CARE FOR THOSE LIVING IN THE COMMUNITY THAT DON'T REQUIRE 24

41:25

HOURS SKILLED NURSING CARE HOWEVER MANY TIMES OUR PARTICIPANTS MEET THE DE DEFINITION OF SOMEBODY WHO IS MEETS A

41:33

DEFINITION OF NURSING FACILITY LEVEL OF CARE AND THESE PROGRAMS HELP PEOPLE STAY MENTALLY AND PHYSICALLY ACTIVE AS WE

41:41

SAW IN THE PANDEMIC REDUCE HELP PEOPLE STAY CONNECTED TO COMMUNITY BE PART OF COMMUNITY IN THE DAY PROGRAM

41:48

IMPROVE NOT ONLY THE HEALTH OF THE PARTICIPANT BUT ALSO AS PREVIOUS SPEAKERS HAVE MENTIONED AND WE CAN SEE

41:55

THE IMPACT OF HEALTH ON THE CAREGIVER WE FOCUS ON BOTH THE WELLNESS OF THE PARTICIPANT ATTENDING OUR PROGRAMS AND

42:00

ALSO THE WELLNESS OF THE CAREGIVERS AND PREVENTING THE DECLINE OF THEIR ABILITIES OVER TIME SO WE'RE CONSIDERED

42:07

ONE OF THE LONG-TERM SERVICES AND SUPPORT PROGRAMS THAT IS OFFERED BY THE STATE AND THEN THIS IS THE

42:13

ALZHEIMER DAYCARE RESOURCE CENTER DESIGNATION REALLY WHERE WE'RE DESIGNED IN THE DAY AS CENTERS OF

42:20

EXCELLENT TO CARE FOR PEOPLE WITH MODERATE TO LATE STAGES OF ALZHEIMER'S DISEASE AND PROVIDE QUALITY CARE NOT

42:27

ONLY QUALITY CARE BUT PROVIDE TRAINING TO OUR TEAMS TO PROVIDE HIGH QUALITY

42:33

NON-PHARMACOLOGICAL INTERVENTIONS AND SUPPORT FOR PEOPLE LIVING WITH A DIAGNOSIS BUT ALSO WRAP THAT CARE PLAN

42:39

AROUND THE PARTICIPANTS SO IT'S A I MEAN THE CAREGIVERS SO IT'S A IT'S A TWO FOR ONE OF THE PARTICIPANT RECEIVING A CARE

42:45

PLAN AND THE CAREGIVER RECEIVING A CARE PLAN AND US FOLLOWING THEIR PROGRESS

42:50

OVER TIME NEXT SLIDE

42:58



SO I JUST WANTED TO THIS IS AN EXAMPLE SOIF YOU'VE BEEN TO ONE ADULT  
A SERVICES PROGRAM YOU'VE BEEN TO ONE

43:04

ADULT DAY SERVICES PROGRAM SAME THING WITH ALZHEIMER DAYCARE  
RESOURCE CENTERS AND MOST OF US THAT DELIVER THESE

43:10

SERVICES U ALSO DELIVER VERY PERSON- CENTERED CARE MODELS TO THE  
NEEDS IN OUR

43:16

COMMUNITY SO WE BECAME DESIGNATED AS AN ALZHEIMER DAYCARE  
RESOURCE CENTER IN

43:21

1999 ANDWHEN I FIRST STARTED25 %

43:26

OF OUR POPULATION THAT CAME TO THEIR DAY DAY PROGRAM HAD SOME  
FORM OF DEMENTIA AND TODAY IT IS ABOUT 60% OF THE PEOPLE

43:34

HAVE ALZHEIMER'S DISEASE OR RELATED DEMENTIA THAT IS EMITTED INTO  
OUR ADULT DAY SERVICES PROGRAM AND WE HAVE BOTH

43:40

THE ADULT DAY HEALTH MODEL AND WE HAVE THE ADULT DAY PROGRAM SO  
THE RESOURCE CENTER PROVIDES YOU KNOW ACCESSIBILITY

43:47

TO QUALITY DEMENTIA CAREWE ASSISTPARTICIPANTS TO FUNCTION AT THE  
HIGHEST

43:53

THROUGH THERAPEUTIC ACTIVITIES AND THE THERAPEUTIC ACTIVITIES ARE  
BASED ON BRAIN HEALTH PRINCIPLES IF WE'RE ADULT

44:00

IF YOU'RE AN ADULT DAY HEALTH CENTER THEN WE PROVIDE PHYSICAL  
THERAPY AND OCCUPATIONAL THERAPY AND IF IT'S AN ADULT DAY PROGRAM

44:07

PEOPLE ARE STILL GETTING YOU KNOW PHYSICAL ACTIVITY AND  
THERAPEUTIC ACTIVITIES THAT ARE PERSON CENTERED WE

44:13

THROUGHOUT OUR PROCESS AS I MENTIONED SUPPORT THE FAMILY  
CAREGIVERS BY COUNSELING CONSULTATIONS SUPPORT GROUPS

44:19

WE HAVE SUPPORT GROUPS IN ENGLISH AND SPANISH EDUCATION  
IN ENGLISH AND SPANISHWE PROVIDE REST FIT AND THEN

44:28

ALIGNED WITH SOME OF THE INITIATIVES THAT ARE MOVING FORWARD WE  
ALSO PROVIDE TRAINING OPPORTUNITIES FOR STUDENTS SO

44:34

INTERNSWE DO PROFESSIONAL CONSULTATIONS AND CONSULTATIONS AS I  
SAID WITH OUR

44:39

CAREGIVERSAND IN OUR PROGRAM WE'VE EVOLVED AS

44:45

WE WE STARTED WHEN I FIRST STARTED AS A SOCIAL WORKER WE WERE  
YOU KNOW FOCUSED ON THE MODERATE TO ADVANCED AND THEN WE

44:51

SAW THAT PEOPLE WERE WERE YOU KNOW NAVIGATING OUT OUT THERE  
WITH NOT MUCH

44:57

SUPPORT AND SO WE STARTED AN EARLY STAGE PROGRAM AND SO AGAIN  
THAT'S AN EXAMPLE OF HOW OUR COMMUNITIES CAN

45:04

DEVELOP SERVICES BASED ON THE NEED SOPRIOR TO THE PANDEMIC WHEN  
WE WERE

45:10

COMING IN PERSON WE OFFERED ABOUT 300 FAMILY CONSULTATIONS A  
YEAR AND THIS YEAR WE'RE DOING ABOUT YOU KNOW FIVE A

45:16

WEEK RIGHT NOW AND WE'RE DOING THINGS MORE IN PERSON AGAIN WITH  
THE SUPPORT GROUPS AND OUR EARLY STAGE PROGRAM

45:26

CONSULTATIONS ARE LED BY A A MEDICAL SOCIAL WORKER WE COME UP  
WITH A CARE PLAN AND WE ALSO FOLLOW UP TO MAKE

45:34

SURE THAT THE INFORMATION AND REFERRAL THAT WE'VE GIVEN TO THE  
CAREGIVER ARE YOU KNOW SUPPORT THE NEEDS THAT THEY

45:40

CURRENTLY HAVE AS PART OF THE CONSULTATION THEY GAIN YOU KNOW  
WHAT TO EXPECT ON THIS

45:46

JOURNEY TIPS AND TOOLS TO ENSURE SAFETY AND WE HELP DEAL WITH THE  
BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF

45:53

DEMENTIA AND THEN WE REFER AND COORDINATE WITH OTHER SERVICES IN  
OUR COMMUNITY NEXT

46:01

SLIDE SOCIAL COMPASSO THAT GIVES YOU AN IDEA OF WHAT AN ADCC AND  
THE CAL

46:09

COMPASSTHAT WE ARE CURRENTLY PARTICIPATING IS BASED ON THE ADCR  
MODEL

46:15

AND IT CONFORMS WITH EMERGING SCIENCE AND NATIONAL STANDARDS OF  
DEMENTIA CAPABLE CARE IT REALLY IS THIS

46:21

HOLISTIC APPROACH THAT FOCUSES ON THE PERSON WITH THE DIAGNOSIS  
AND THEIR CARE PARTNERSTO DO CULTURALLY

46:28

INFORMED WORK AND TO EXPAND WE YOU KNOW THE GOAL IS TO EXPAND  
THIS PROGRAM

46:34

TODAY PROGRAM STATEWIDE AS WE HEARD FROM DENISE NOT OT EVERY COMMUNITY HAS

46:42

THE SAME RESOURCES AND SO WE WANT TO BUILD THECAPACITY THROUGHOUT OUR STATE TO HAVETHE DIRECT CARE

46:49

SERVICES THAT OUR PARTICIPANTS NEED NEXT SLIDE

47:00

AND THIS THIS SLIDE JUST GIVES AN EXAMPLE AND DENISE SHOW THOSE EXAMPLES SO I WON'T READ ALL THESE BUT HOW WE ARE

47:06

REALLY TRYING TO ALIGN CAL COMPASS WITH THE CURRENT INITIATIVES SO DIMENSION FOCUSED FOCUSING AROUND EQUITY ISSUES

47:15

AND NOT ISOLATIONCAREGIVING THAT WORKS ALSO ISSUES AROUND THE DIRECT CARE

47:20

WORKFORCEALIGNING WITH THE ALZHEIMER TASK FORCE RECOMMENDATIONS AND THEN WE

47:25

KNOW THAT THERE'S HCBS GAP ANALYSIS THAT'S CURRENTLY GOING ON THE NAP UPDATE

47:31

THE RAISE PLAN THAT WE HEARD IN A PREVIOUS COMMITTEE MEETING AND NOW THE GUIDE MODEL THAT IS BEINGPUT OUT BY

47:39

CMS NEXT

47:45

SLIDE SO THE CURRENT CAL COMPASS PROJECT SITESSO THERE'S PROVIDENCE

47:51

IN NAPA COUNTY OPA IN LOS ANGELES HEARTS AND MIND IN SANTA CLARA PEG

47:56

TAYLOR AND BUTTE COUNTY AND TEHAMA THAT COVERS TEHAMA TRIP R IN SACRAMENTO

48:02

ALZHEIMER'S FAMILY CENTER OF ORANGE COUNTY AND CHOICE IN AGING IN CONTRA COSTA AND SO CURRENTLY AS COMPASS

48:09

SITES WE'RE SERVING OVER A THOUSAND INDIVIDUALS AND CAREGIVERS THROUGH THIS PROJECT AND WE HOPE AS I SAID WE HOPE TO

48:15

SPREAD THIS WORK STATEWIDE BY BUILDING THE DEMENTIACAPABILITY OF

48:21

ADULT DAY PROGRAMSTHROUGHOUT THE STATE NEXT SLIDE

48:30

AND SO A PARTNER IN THIS PROJECT HAS BEEN UC DAVIS AND THESE ARE SOME OF THE ORGANIZATION SPECIFIC OUTCOMES AND SO

48:37

THE FUNDING HELPED ALL OF US AT CENTERS TO INCREASE OUR OWN CAPACITY ABOUT WHAT WE FELT WE NEEDED IN OUR COMMUNITY SO

48:43

THESE ARE SOME OF THE EXAMPLES EXPANDING CAPACITY FOR LANGUAGE DIVERSITY EXPANDING ENROLLMENT

48:50

INCLUDING BETTER REPRESENTATION OF OUR COMMUNITY DIVERSITY INCREASING AWARENESS VISIBILITY AND OUTREACH OF OUR PROGRAMS

48:57

AND AWARENESS TO MAKE OUR COMMUNITIES MORE DEMENTIA CAPABLE AND DEMENTIA AWARE TO IMPROVE THE PRO

49:04

PROGRAMMING INCREASE OUR CAREGIVER SUPPORT PROGRAMS AND THEN PART OF WHAT

49:09

WE'VE BEEN DOING IN THIS PROJECT IS ALSO LOOKING AT OUR ASSESSMENTS TOOLS STANDARDIZATION AND SCREENING METHODS

49:16

THAT WE WILL USE IN OUR CAL COMPASS MODEL AND THEN AS U SAID PREVIOUSLY ALIGNING WITH THE MASTER PLAN ON AGING

49:22

OBJECTIVES THAT YOU SAW ON THE PREVIOUS SLIDE NEXT

49:30

SLIDE SO THIS IS THIS REPRESENTS ONE OF OUR PARTICIPANTS AND HE WAS

49:38

DIAGNOSED AT AGE OF 48 WITH ALZ ALZHEIMER'S DISEASE EARLY ONSET AND HIS

49:45

WIFE HE ATTENDED OUR DAY PROGRAM SHE ATTENDED OUR SUPPORT GROUPS AND

49:51

EVENTUALLY HE PASSED ON OUR HOSPICE PROGRAM AND SO HE GOT YEARS OF

49:56

SERVICE THROUGH NOT ONLY THE DAY PROGRAM BUT HIS WIFE ALSO GOT THAT SUPPORT THAT SHE NEEDED THEY HAD YOUNG

50:02

CHILDREN AND SO HAVING HIM ATTEND OUR PROGRAM ALLOWED HER TO KEEP HER JOB

50:08

AND WE PROVIDED OUR SOCIAL WORKER PROVIDED ONGOING EMOTIONAL SUPPORT THROUGH THAT AND THEN AFTER HE PASSED HE

50:14

WAS ABLE TO RECEIVE BEMENT SERVICES THROUGH OUR PROGRAM SO PRIOR TO I

50:20

THINK THE ALZHEIMER DAYCARE RESOURCE CENTERS WERE DEFUNDED IN 2009 THERE WAS

50:27

A STATEWIDE NETWORK OF OVER 50 ADCC SITESBUT MANY OF US CONTINUED TO

50:33

SERVE AS ADC RC'S ANDWITH OUR PROGRAM WEYOU KNOW DID THAT THROUGH

50:41

SOME FAMILY CAREGIVER SUPPORT PROGRAM FUNDINGAND ALSO THROUGH OUR FOUNDATION AND I WANT TO ALSO I

50:50

MEANT TO MENTION IT BUT YOU KNOW THE MIDDLE-INCOME FAMILIES ARE REALLY THE ONES THAT ALSO BEAR THE BRUNT THEY DON'T

50:57

QUALIFY FOR SOME OF THOSEPROGRAMS THAT DENISE WAS TALKING ABOUT IN TERMS OF ELIGIBILITY AND SO ONE OF THE WAYS

51:04

THAT WE ADDRESS THAT AFFORDABILITY AND ACCESS ISSUE IS BY OUR FOUNDATION HELPING US SUPPORT SLIDING FEES SCALES

51:10

SO THAT PEOPLE CAN AFFORD THAT THEY CAN'T AFFORD ASSISTED LIVING THEY CAN'T AFFORD MEMORY CARE AND SO ADULT A

51:15

SERVICES IS ONE OF THOSE AFFORDABLE OPTIONS THAT'S AVAILABLE IN OUR COMMUNITIESCAL COMPASS HAS THESE SEVEN

51:22

EXPERIENCED SITES TO REBUILD COMPREHENSIVE RESOURCE WE KNOW THAT

51:28

THERE ARE MORE THAN 690,000 INDIVIDUALS IN CALIFORNIA THAT ARE BEING IDENTIFIED

51:33

AND THAT THIS POPULATION IS GROWING AND WITH ALL THE GREAT THINGS LIKE DEMENTIA CARE WEAR AND THAT INFRASTRUCTURE THAT

51:40

DENISE SHOWED WE'RE GOING TO BE YOU KNOW SCREENING AND ADDING SUBSTANTIALLY TO THE NUMBERS OF PEOPLE AND PEOPLE NEED

51:48

DIRECT CARE PEOPLE NEED A PLACE TO GO TO AND SO WE HOPE THAT CAL COMPASS WILL BE

51:53

THAT SOLUTION FORCREATING A NETWORK OF SUPPORT FOR FAMILY CAREGIVERS AND PEOPLE LIVING WITH A

52:00

DIAGNOSISTHERE'S NO OTHER COMMUNITYBASED RESOURCES THAT HAVE THE EXPERTISE AND EFFECTIVENESSOF THE

52:06  
ALZHEIMER DAYCARE RESOURCE CENTERS FOR PREVENTING ISOLATION  
INCREASING ENGAGEMENT IN MAINTAINING IMPROVED  
52:12  
FUNCTION OVER TIME AND AS I MENTIONED EARLIER WE ARE ONE OF THE  
FEW NON-PHARMACOLOGICAL TREATMENTS FOR  
52:18  
PEOPLE LIVING WITH THE DIAGNOSIS AND CAN EXTEND AND MAINTAIN THEIR  
PHYSICAL  
52:24  
EMOTIONAL AND COGNITIVE FUNCTION NEXT  
52:32  
SLIDE KIND OF HAVE COVERED THIS SO BUT THIS  
52:38  
IS THE IDEA IS THAT THE LICENSED ADULT SERVICE PROGRAMS WILL SERVE  
AS THESE THERAPEUTIC HUBS AND THAT WE WILL BUILD  
52:44  
THE CAPACITY THROUGHOUT THE STATE NEXT  
52:53  
SLIDE AND THIS IS MY FINAL SLIDE SO THIS THIS IS WHERE WE ARE RIGHT NOW  
WITH THE CAL COMPASS AND OUR NEXT STEPS SOME  
53:02  
WANT TO BRING THESE WE WANT TO CREATE THESE DEMENTIA CAPABLE  
SERVICES  
53:07  
THROUGHOUT THE STATE BRIDGE FUNDING TO SUPPORT THE NEXT PHASE OF  
OUR WORK  
53:14  
AND THEN ALSO IDENTIFY INDIVIDUALS LIVING WITH DEMENTIA SPECIAL  
POPULATION WITH DISTINCT NEEDS AND WE THINK THAT  
53:20  
THERE'S SOME OPPORTUNITIES BOTH WITHIN CAL AIM TO NAME ALZHEIMER'S  
AS A SPECIAL POPULATION AND ALSO BUILD IN THAT EX  
53:28  
EXPERTISE WITH THE ADRCS WE WANT TO MENTOR SITES TO CREATE A STATE  
STATEWIDE  
53:33  
NETWORK CURRENTLY THERE'S OVER I THINK 270 ADULT DAY HEALTHCARE  
PROGRAMS IN CALIFORNIA AND 300 ADULT DAY PROGRAMS  
53:42  
OUR PROGRAMS AND SERVICES ARE ALSO SEEING INCREASED NEED OF  
SERVING THE PEOPLE WITH INTELLECTUAL DISABILITIES  
53:48  
AND I KNOW THAT OUR PROGRAM HAS SEEN A BIG RISE IN CARING FOR  
THAT POPULATION IN OUR ALZHEIMER DAYCARE  
53:54  
RESOURCE CENTERS AND THEN AT THE STATE LEVEL CALS THE CALIFORNIA  
ASSOCIATION OF ADULT SERVICES IS LOOKING AT RATE

54:02  
REFORM FOR THE SUSTAINABILITY OF OUR ADULT A SERVICES MODEL AND  
WITH THAT I

54:08  
THANK YOU VERY MUCH FOR YOUR TIME THANK YOU SO MUCH CELINE FOR  
PRESENTING THIS GREAT YOU KNOW

54:16  
INITIATIVE ON A PERSONAL NOTE I WANT TO MENTION THAT MY MOTHER  
BEFORE SHE

54:23  
PASSED AWAY ATTENDED THE ALZHEIMER'S ST CARE RESOURCE CENTER  
BASED IN SAN

54:28  
FRANCISCO SELF FOR THE ELDERLY AND MY SISTER WHO WAS THE PRIMARY  
CAREGIVER

54:34  
REALLY RECEIVED THE MUCH NEEDED YOU KNOW RESIT HAVING OUR MOM  
YOU

54:40  
KNOW ATTENDED THAT PROGRAM AND ALSO GOT SUPPORT FROM THE STAFF  
WHO PROVIDED US

54:45  
WITH YOU KNOW TIPS ON HOW TO HANDLE INDIVIDUALS WITH DEMENTIA AND  
MY MOM HAD

54:52  
VASC DEMENTIA EVENTUALLY HAD ALZHEIMER BUT YOU KNOW THE 690,000  
YOU KNOW IN

54:59  
2020 BASICALLY REMINDED MANY OF US AND OUR MOM WAS ONE OF THOSE  
INDIVIDUALS

55:06  
BEING COUNTERED TO THE 690K THAT THIS IS CONTINUING TO GROW AS  
CELINE MENTIONED

55:13  
YOU KNOW THE EARLY ONSET OF THAT PARTICIPANT THAT SHE SERVED  
REALLY

55:19  
REMINDED US THAT YOU KNOW THIS IS A BRAND NEW GAME AND WE NEED TO  
BE MORE AWARE OF ALZHEIMER'S AND RELATED DISORDERS AND SO

55:27  
HAVING A COMMITTEE SUCH AS THIS IS REALLY IMPORTANT BECAUSE WE'LL  
BRING YOU

55:32  
KNOW BEST PRACTICES YOU KNOW BRING YOU KNOW ISSUES TO THE  
ATTENTION OF THE STATE GOVERNMENT SO THAT THE GREAT STATE

55:39  
OF CALIFORNIA CAN CONTINUE TO YOU KNOW WORK ON THE POLICY AND  
PROVIDE WONDERFUL SERVICES SO TALKING ABOUT OUR PERSONAL

55:46  
EXPERIENCE I WOULD LIKE TO INVITE THE NEXT SPEAKER HER NAME IS HILDA  
GUTIERREZ SHE  
55:52  
IS A CAREGIVER AND SHE'S GOING TO TALK ABOUT HER EXPERIENCE SO  
OVER TO YOU  
56:06  
HILDA AND WE HAVE A SHORT VIDEO TO PLAY BEFORE HILDA IS GOING TO  
SPEAK SO CAN WE  
56:13  
START THE REEL PLEASE I  
56:18  
OPEN I TRIED TO OPEN MY CAMERA BUT IT'S NOT COME I DON'T KNOW  
56:25  
WHY OH MY GOSH BUT WELL I AM HERE ANYWAY LET ME SEE START VIDEO  
56:34  
WELCOME OKAY LET ME SEE SO WE SHOW THE VIDEO AFTER YOU  
56:41  
FINISHED SPEAKING  
56:53  
OH I ARE YOU HEAR ME YES GO AHEAD PLEASE  
56:58  
OKAY I DON'T SEE MY FACE ON THE TOP BUT MY MOTHER TERESA YOU WANT  
TO SEE  
57:04  
SOMETHING ABOUT THIS PICTURES OR I CAN SAY MY EXPERIENCE LIKE A  
CAREGIVER PLEASE TALK ABOUT YOUR  
57:11  
EXPERIENCE AS A CAREGIVER AND THEN WE CAN PLAY THE VIDEO OKAY  
OKAY GOOD  
57:18  
MORNING EVERYBODY MY NAME IS HILDA GUTIERREZ AND I AM CAREGIVER  
OF MY  
57:23  
MOTHER TERESA MY MOTHER IS 87 YEARS OLD SHE HAS  
57:29  
DIABETIC HEART PROBLEMS DEMENTIA AND DEPRESSION. SHE TAKE MANY  
57:35  
MEDICINES BUT SHE IS AVAILABLE TO WALK WITH THE WALKER I FEEL LUCKY  
TO BE  
57:42  
AVAILABLE TO CARE HER BUT IT IS VERY HARD BECAUSE SHE DOESN'T SLEEP  
WELL  
57:48  
WAKING UP EVERY ONE OR TWO HOURS ASKING FOR MEDICINES ALL THE  
TIME SHE IS VERY  
57:55



SAD AND CRIES AND BREAKS MY HEART SHE EATS ONLY A FEW THINGS IT IS  
VERY HARD  
58:03  
TO GIVING HER HEALTHY FOOD SHE LIKE TOO MANY  
58:08  
SWEETS SHE LIKE TO GO TO THE ADULT DAY PROGRAM I'M SORRY THE  
58:16  
PROGRAM IT IS VERY HELPFUL TO MY FAMILY AND BLESS SHE LOVE TO GO  
TO THE PROGRAM  
58:23  
AND SHARE HER STORIES JOKES AND TALENTS WITH HER FRIENDS MONDAYS  
IT IS THE BEST  
58:31  
DAY BECAUSE SHE SEWING AND BE PART OF THE GROUP THE PERSONNEL  
OF PROVIDENCE  
58:38  
ARE VERY PROFESSIONAL AND CAPACITE WORK WITH THE ADULT PEOPLE  
HAVE A NURSE A  
58:44  
STAFF AND ALL THEY NEED I WAS PARTICIPATE ON TRAININGS WITH  
DEMENTIA  
58:50  
AND ALZHEIMER MANY TIMES WHO WAS HELPING ME A LOT TO UNDERSTAND  
THE  
58:58  
CONDITION MY SUGGESTIONS ARE MAYBE HAVE SERVICES FOR  
59:04  
NIGHTSAND SERVICES FOR CRISIS TO CALL SOMEBODY WHEN WE HAVE  
QUESTIONS  
59:10  
AFTER HOURS PEOPLE WORK AND GIVING MORE HOURS FOR  
59:17  
IHSS AND PROBABLY I CAN TALK MORE BUT I HAVE ONLY A FEW MINUTES BUT  
THANK YOU  
59:23  
VERY MUCH FOR YOUR TO SUPPORT US AND FOR THE OTHERS FAMILIES TOO  
WHO NEED THESE  
59:29  
SERVICES GOD BLESS YOU THANK YOU THANK YOU SO MUCH HILDA AND I  
59:35  
UNDERSTAND WE HAVE A SHORT VIDEO RIGHT SO WE CAN PLAY IT  
59:53  
NOW  
59:59  
WELL WE'LL BRING IT UP AS SOON AS WE CAN SO ALL RIGHT HERE WE  
1:00:18  
GO I MEAN  
1:00:25

SHE WAS I WAS I WAS SENDING ANOTHER ONE I DON'T KNOW IF YOU WERE RECEIVING

1:00:31

BECAUSE SHE WAS TALKING ABOUT HOW SHE LOVE THE PROGRAM HOW LOVE ALL THE PEOPLE

1:00:39

AND SHE WAS APPRECIATE EVERY DAY WHAT IS THE PEOPLE ARE WORKING WITH

1:00:46

HER YEAH THAT WOULD BE GREAT THANK YOU FOR SHARING THAT AND ACTUALLY IT THAT

1:00:52

REMINDED ME OF MY MOM AND SHE TALK ABOUT HOW GLAD SHE WAS YOU KNOW

1:00:59

WHEN SHE ATTENDED THE PROGRAM AND REALLY MAKES A BIG DIFFERENCE IN YOU

1:01:05

KNOW ENHANCING THE QUALITY OF LIFE OF PEOPLE AFFLICTED WITH ALZHEIMER'S AND

1:01:11

RELATED DEMENTIA SO THANK YOU HILDA YOU'RE WELCOME AND I GUESS MAYBE WE CAN MOVE

1:01:19

FORWARD TO THE NEXT SPEAKER FIRST BEFORE WE COME BACK TO THE VIDEO IF WE CAN BRING IT UP

1:01:25

AGAIN SO THE NEXT SPEAKER ACTUALLY IS MY DEAR FRIEND AND COLLEAGUE WHOM I WORKED WITH FOR MANY YEARS THAT'S KATHY KELLY

1:01:33

SHE'S THE EXECUTIVE DIRECTOR OF THE FAMILY CAREGIVER ALLIANCE AND SHE'S

1:01:38

GOING TO DISCUSS WITH US THE CAREGIVER RESOURCE CENTERS SO OVER TO YOU

1:01:45

KATHY THANK YOU DARRICKWE TRULY HAVE BEEN IN IN THE TRENCHES TOGETHER FOR A

1:01:50

VERY LONG TIME ON THESE ISSUESNEXT SLIDE I'M GOING TO TALK A LITTLE BIT ABOUT THE

1:01:57

CAREGIVER RESOURCE CENTER SYSTEM IN IN THE STATE OF CALIFORNIA ANDAND

1:02:03

THE INCREASED USAGE OF TECHNOLOGY IN TERMS OF SERVICE DELIVERY ACROSS THE STATEWITHIN THE SYSTEM CALIFORNIA

1:02:11

YOU KNOW REALLY HAS LED THE COUNTRY VERY EARLY ON WE WE DID PASS THE FIRST

1:02:16

LEGISLATION THAT RECOGNIZED FAMILY CAREGIVERS AND OF PERSONS THAT HAVE COGNITIVE IMPAIRMENT MOSTLY DEMENTIA

1:02:25

AND THAT WAS THAT WAS ESTABLISHED IN A PILOT PROJECT BUT IN A REPLICATION IN 1984 SO CALIFORNIA HAS A LONG TRADITION

1:02:35

IN WORKING IN THIS AREA LONG BEFORE IT WAS REALLY YOU KNOW BECAME A

1:02:41

WELL-KNOWN AND A WELL RESEARCHED AREA AS IT IS NOW THE TO

1:02:49

UNDERSTAND THE CRC IS TO UNDERSTAND THAT WE LOOKED AT THE MODELS IN TERMS OF

1:02:56

THE REPLICATION ISSUES AND REALLY LOOKED AT THE REGIONAL CENTER

1:03:03

SYSTEM STATEWIDE IT'S A NETWORK OF COMMUNITY-BASED NONPROFITS THEY YOU KNOW

1:03:09

DO ASSESSMENTS AND COORDINATION OF INTERNAL AND EXTERNAL TYPES OF

1:03:14

SERVICES CONTRACTS FOR SERVICES YOU KNOW FOR THEIR CLIENTS

1:03:19

AND THE REAL IMPORTANT POINT IS THAT YOU LINK TO THE THE RESOURCES YOU HAVE INTERNAL AND EXTERNAL ABILITIES

1:03:28

OF COURSE BUT YOU ALSO FOLLOW CLIENTS OVER A LONG PERIOD OF TIME AND IN THE

1:03:34

CASE OF THE REGIONAL CENTERS IT'S BASICALLY YOU KNOW IT'S ALMOST THE CRADLE TO GRAVE LONG-TERM CARE SYSTEM

1:03:40

AND YOU LOOK AT THE CHANGING NEEDS OVER TIME AND OF COURSE WE KNOW THAT THERE ARE DEFINITELY CHANGING NEEDS IN

1:03:47

CERTAIN DEVELOPMENTAL DISABILITIES POPULATIONS AS THEY AGE AND IT'S

1:03:53

YOU KNOW LOCATED UNDER ONE DEPARTMENT BUT OPERATES UNIQUELY

1:03:59

WITHIN THE COMMUNITIES THAT THEY SERVE THIS FOLLOWS A MODEL FOR US

1:04:07

BECAUSE WE DO FOLLOW PEOPLE LONGITUDINALLY OVER TIME AND MANY OVER

1:04:13

HALF OF OUR CLIENTS THAT WE WORK WITH DURING THE COURSE OF A YEAR  
ARE ACTUALLY

1:04:18

RETURNING CLIENTS FROM PRIOR YEARS AND THAT COULD BE ANYWHERE  
FROM LAST YEAR'S

1:04:23

CLIENT YOU KNOW THAT WE TOUCHED TO SOMEBODY THAT WE'VE SEEN OVER  
1:04:28

THE COURSE OF 10 YEARS OR MORE SO THAT'S NOT UNUSUAL FOR US NEXT

1:04:38

SLIDE NEXT SLIDE PLEASE THANK

1:04:44

YOU SO WE'VE HAD A DEFINED PACKAGE OF SERVICES THAT ARE  
ADMINISTERED BY ALL

1:04:51

THE CAREGIVER RESOURCE CENTERS STATEWIDE WE TARGET PERSONS  
WITH ADULT

1:04:57

ONSET COGNITIVE IMPAIRMENT EXCLUDING DEVELOPMENTAL DISABILITIES  
AND BEHAVIORAL HEALTH THAT WAS A COMPONENT

1:05:04

OF THE LEGISLATION EARLY ON BUT WE HAVE MANY DIFFERENT TYPES OF  
COGNITIVE

1:05:09

IMPAIRMENTS THE LARGEST BEING WITH YOU SAW WITH JANICE'S READ OUT  
OF THE

1:05:16

OF THE DATA FROM THIS YEAR WERE SOME FORM OF DEMENTIA BUT WE  
ALSO DEAL

1:05:23

WITH A LOT OF OTHER DISABILITIES THAT MAY HAVE MORE SUDDEN ONSET  
LIKE STROKE

1:05:28

OR LAT AND LIFE HEAD INJURIES OR NOXIC BRAIN DAMAGE THERE'S A LOT OF  
DIFFERENT KINDS OF DIAGNOSIS THAT WE DEAL

1:05:36

WITH BUT ALL HAVE THE COMMONALITY OF LOSS OF COGNITIVE FUNCTIONING  
AND

1:05:42

FAMILY MEMBERS AND OTHERS NEEDING TO STEP IN FOR SUPPORT WE SERVE  
ALL

1:05:48

INCOME GROUPS ABOUT 25% ROUGHLY ARE THOSE THAT ARE ELIGIBLE FOR

1:05:54

FOR MEDICAL SERVICES BUT WE REALLY WERE CREATED IN PART TO SERVE

1:06:02

EVERYBODY THROUGHOUT THE STATE BUT WE LARGELY SERVE THE MISSING  
MIDDLE INCOME INDIVIDUALS AND PARTICULARLY LOWER

1:06:09  
MIDDLE INCOME INDIVIDUALS THAT ARE REALLY AT A DISTINCT  
DISADVANTAGE BECAUSE THERE'S FEW  
1:06:15  
SERVICES OUT THERE THAT ARE REALLY ACCESSIBLE ON A PRIVATE PAY  
BASIS OR  
1:06:20  
EVEN A SLIDING FEE SCALE BASIS WE USE AND ALWAYS HAVE USED THE  
UNIFORM INTAKE  
1:06:25  
AND ASSESSMENT WE COVER THE MULTIPLE DOMAINS THAT THAT  
JANICE ALLUDED  
1:06:31  
TOWE HAVE ACTUALLY FAIRLY IN-DEPTH INFORMATION COVERING YOU KNOW  
A LONG  
1:06:37  
PERIOD OF TIME OF TRACKING THESE CLIENTS OVER MANY YEARS WHICH  
MAKES IT A  
1:06:43  
FAIRLY UNIQUE KIND OF DATABASE TO BE DEVELOPING OUT IN THIS ITERATION  
WE  
1:06:50  
ALSO HAVE STANDARDIZED EDUCATION AND TRAINING FOR ONBOARDING  
STAFF AND  
1:06:56  
THERE'S ONBOARD THERE'S CONTINUAL TRAINING ACROSS THE STATE ON KEY  
ISSUES  
1:07:02  
THAT HAVE BEEN IDENTIFIED AS REALLY ESSENTIAL TO EITHER CHANGES IN  
PRACTICE  
1:07:08  
AND DEFINITELY FOR QUALITY ASSURANCE OF THE INTEGRITY OF  
INFORMATION AND  
1:07:14  
EXPERIENCE THAT THE CAREGIVERS YOU KNOW RECEIVE FROM THE  
1:07:20  
CRC THE DATA THAT IS COLLECTED IT CAN BE USED FOR SITE SPECIFIC  
1:07:26  
KNOWLEDGE IN OTHER WORDS BECAUSE IT'S COLLECTED WITHIN A RECORD  
SYSTEM ALL  
1:07:32  
SITES WILL HAVE THE ABILITY TO RUN THEIR OWN DATA IN TERMS OF WHO  
THEY'RE SERVING  
1:07:37  
WHERE THEIR WHERE THEIR CLIENTS ARE LOCATED THE DIVERSITY YOU  
KNOW OF  
1:07:43

THEIR POPULATION MANY DIFFERENT THINGS THEY CAN THEY ESSENTIALLY  
CAN RUN THEIR OWN DATA AND SEE WHAT'S GOING ON  
1:07:50  
WHICH IS A LITTLE BIT DIFFERENT IN TERMS OF GIVING PEOPLE THE ACCESS  
TO THAT INFORMATION ON A PROGRAM LEVEL  
1:07:57  
BASIS SO THEY CAN REALLY LOOK AT THEIR UNIQUE CHARACTERISTICS OF  
THE  
1:08:03  
COMMUNITY IN WHICH THEY SERVE IT ALSO DRIVES THIS MEASURE IMPACT  
AND  
1:08:09  
CHANGES IN POPULATION WE IDENTIFY PROBLEMS IT'S FOR BASICALLY  
DRIVING  
1:08:14  
QUALITY IMPROVEMENTS ACROSS THE SYSTEM THERE IS AN ANNUAL REPORT  
THERE  
1:08:19  
ALWAYS HAS BEEN EXCEPT FOR THE YEARS BETWEEN FISCAL YEAR YEAR  
2008 AND  
1:08:27  
FISCAL YEAR 2019 WHEN THERE WAS A SIGNIFICANT DECREASE IN THE  
CONTRACT  
1:08:33  
AMOUNTS BY 75% SO MANY OF THESE DATA COLLECTION PIECES WENT  
DORMANT  
1:08:40  
DURING THAT PERIOD UNFORTUNATELY BUT WE'VE PICKED THAT BACK UP  
WITH THE NEW RECORD SYSTEM THE DATA COLLECTION  
1:08:47  
SYSTEM THAT WE HAVE WITHIN KAV BUT THERE HAS ALWAYS BEEN AN  
ANNUAL REPORT SO ALL  
1:08:53  
OF THE YOU KNOW ANYBODY IT'S A PUBLIC DOCUMENT ANYONE CAN SEE  
THE  
1:08:58  
ANNUAL REPORT BUT MOST IMPORTANTLY IT DOES GO BACK TO THE STAFF  
TO SEE HOW  
1:09:04  
THE PRACTICE HAS CHANGED AND NEW ISSUES THAT HAVE COME UP ARE  
ALWAYS ADDRESSED  
1:09:09  
WITHIN THESE YOU KNOW THIS THIS PARTICULAR PROJECT DESCRIPTION  
1:09:17  
THAT'S DONE BY THE UC EVALUATION TEAM FOR THE STAFF EVERY SINGLE  
YEAR  
1:09:23  
HERE NEXT ONE NEXT SLIDE OKAY THE PACKAGES SERVICES THE

1:09:31  
INTAKE AND ASSESSMENT CARE PLAN CONSULTATION MANY OF THESE  
THINGS ARE THINGS THAT HAVE THESE ARE STANDARD

1:09:38  
STANDARDIZED PRACTICES WHETHER IT'S HERE OR WITHIN THE ADULT  
DAY

1:09:46  
CARE SYSTEM A LEGAL FINANCIAL INFORMATION AND CONSULTATION WE DO  
HAVE RESPIRE VOUCHERS WE USE A DIRECT

1:09:54  
CONSUMER DIRECTED CHOICE AND OPTIONS MODEL WHICH IS THE YOU  
KNOW CAREGIVERS

1:09:59  
CAN CHOOSE THE FAMILY CAN CHOOSE THE VALUES AND PREFERENCES FOR  
RECEIVING

1:10:04  
RESPIRE OPTIONS MANY DIFFERENT CBT PSYCHOEDUCATIONAL  
INTERVENTIONS ARE

1:10:10  
CONDUCTED THROUGHOUT THE CRC SYSTEM WE DO OUR SUPPORT  
GROUPS AS

1:10:15  
PROFESSIONALLY LED GROUPS OF COURSE THERE'S ALWAYS LINKAGES TO  
OTHER COMMUNITY RESOURCES NEXT SLIDE

1:10:22  
PLEASE

1:10:28  
WE HAVE SPECIALIZED TRAINING FOR DIRECT CARE ISSUES THAT COMES UP  
QUITE A BIT BECAUSE PARTICULARLY IN THIS THIS

1:10:36  
SAMPLE WE HAVE A MUCH MORE SERIOUS AND COMPLEX CARE NEED SO  
DIRECT CARE IS

1:10:43  
ACTUALLY VASTLY INCREASED WITH THIS PARTICULAR STAGE MANY MANY

1:10:50  
EDUCATION PROGRAMS ARE OFFERED THROUGHOUT THE STATE I WAS

1:10:55  
I'LL JUST GIVE YOU A SORT OF A LITTLE PREVIEW WE HAD ABOUT SEVEN  
SEVEN 100

1:11:02  
DIFFERENT CLASSES SOME WERE AVAILABLE TO CAREGIVERS

1:11:09  
THROUGHOUT THE STATE SOME WERE AVAILABLE ONLY IN THOSE REGIONS  
WE SERVED ABOUT 28,000 PEOPLE THROUGH THESE EDUCATION

1:11:17  
PROGRAMS SO IT'S A PRETTY ROBUST SYSTEM THE CALENDARS AND  
TRAINING

1:11:23

CLASSES FOR ANYWHERE ANYTIME IS YOU KNOW IS NOW EXCEEDING 50,000 SO

1:11:29

WE'RE REACHING PEOPLE WITH CONSISTENT INFORMATION WE ALSO HAVE A DATABASE OF

1:11:36

CONSUMER CONTENT I'LL TALK ABOUT THIS A LITTLE BIT LATER AND IN TERMS OF WHERE IT WRITES IT'S IN THE CARE NAV SYSTEM IT'S

1:11:43

OVER 400 DIFFERENT PIECES OF CONTENT ACROSS A VARIETY OF

1:11:50

PLATFORMS AND MANY OF THIS THESE PIECES OF CONTENT WITH FACT SHEETS

1:11:56

AND EVEN OUR AUDIO AND VIDEO ARE TRANSLATED THIS IS A MOVING TARGET THIS

1:12:03

IS SORT OF A THE A PULL OF SORT TO GIVE YOU AN IDEA OF SOME OF THE LANGUAGES 72

1:12:10

PIECES ARE IN SPANISH AND 60 ARE IN CHINESE 40 IN VIETNAMESE WE HAVE TAGALOG

1:12:16

WE HAVE KOREAN BUT WE START FROM THE MOST USED AND MOST OFTEN REQUESTED

1:12:24

AND THE BROADEST LEVEL OF CONTENT FIRST WE START TO TRANSLATE OUR FACT SHEETS

1:12:30

WITH THE ONES THAT ARE GOING TO GET OBVIOUSLY THE MOST USED SO THIS

1:12:36

CONTENT DOES RIDE IN THE CARE NAV DATABASE IT'S AVAILABLE TO THE STAFF

1:12:41

IT'S ALSO AVAILABLE TO CLIENTS THROUGH THE CARE NAV MODEL OR THROUGH REQUEST NEXT SLIDE

1:12:52

PLEASE SO IN 2019 THE CRC'S ADVOCATED FOR A BUDGET

1:12:58

AUGMENTATION TO INCREASE THE SERVICE DELIVERY IN THE CROSS CRC COLLABORATION BUT MORE IMPORTANTLY TO

1:13:05

UTILIZE THE NEW TECHNOLOGIES THAT WERE AVAILABLE AND EMERGING ACROSS THE

1:13:12

STATE AND THE EASE AND USE OF USE OF TECHNOLOGY FOR MANY OF OUR DAILY



1:13:18  
FUNCTIONS SORT OF POINTED US IN THE DIRECTION THAT THIS WAS A TIME  
TO  
1:13:24  
BE ABLE TO PUNT THIS INTERACTIVE CLIENT RECORD SYSTEM UP SINCE YOU  
KNOW MORE  
1:13:30  
PEOPLE ARE USING TECHNOLOGY THAN EVER TO DO JUST ALMOST EVERY  
FUNCTIONIN  
1:13:36  
THEIR DAILYIN TRANSACTIONS SO WE WANTED TO BE ABLE TO USE THESE  
1:13:41  
TECHNOLOGIES TO EXTEND SERVICES AND WE FOUND THAT TO BE YOU  
KNOW QUITE TRUE OBVIOUSLY WE WERE A LITTLE AHEAD OF THE  
1:13:48  
CURVE IT WASN'T DIDN'T EVER DAWN ON US THAT WE'D HAVE A PANDEMIC  
THAT YOU KNOW EXTENDING  
1:13:54  
SERVICES THIS WAY MIGHT BE THE ONLY WAY TO PROVIDE SERVICES  
DURING THE  
1:14:00  
COID PERIODWE ALSO WANTED TO STANDARDIZE THE QUALITY PRACTICE  
AND  
1:14:05  
CORE SERVICES AND COLLECT DATA FOR THE EVALUATION REPORT SO WE  
WENT FOR A  
1:14:10  
BUDGET AUGMENTATION NEXT SLIDE  
1:14:19  
PLEASE ANDWE RECEIVED30 MILLION OVER A THREE-YEAR ARC 10 MILLION A  
YEAR  
1:14:26  
IT BRINGS US UP TO A 15 MILLION A YEAR TOTAL APPROPRIATION THIS WAS  
LATER  
1:14:31  
MEMORIALIZED THIS WAS A THREE-YEAR PROJECT BUT MEMORIALIZED IN I  
THINK  
1:14:37  
2021SO WE WERE ABLE TO INSTALLCARE NAV THROUGHOUT THE SYSTEM  
THERE WERE  
1:14:44  
THREE CRC'S AT THAT POINT THAT WERE STARTING TO USE CARE NAV  
THERE IS A CLIENT  
1:14:49  
FACING PORTAL TO THIS FA YOU KNOW INDIVIDUALS CAN COME IN AND  
START THEIR OWN RECORDAND ALSO CONSULT THEIR  
1:14:57

DASHBOARD WHEN THEY SO CHOOSE SO WE DID THE CARE NAV INSTALL WE ALSO INSTALLED

1:15:04

AND TAUGHT TELE HEALTH CONSULTS SO INDIVIDUALS COULD

1:15:10

EXCUSE ME CRC'S COULD BE USING THE ZOOM HEALTH PLATFORM WHICH IS HIPAA COMPLIANT SO ALL OF THESE THINGS ARE

1:15:16

HIPAA COMPLIANT TECHNOLOGIES FOR ECONSULTS ENCOUNTERS SMALL GROUP

1:15:23

TRAINING SUPPORT GROUPS AND SO ON SO WE TRAIN STAFF ON CARE NAV ALL THESE

1:15:30

COMMUNICATION TECHNOLOGIES AND STARTED THE STATEWIDE EVALUATION AND OUTREACH

1:15:35

THE FIRST YEAR WAS ON THE PROCESS IMPLEMENTATION WHICH IS YOU KNOW

1:15:40

ACTUALLY A VERY GOOD EVALUATION OF WHAT IT TAKES TO REALLY START TO EMBED

1:15:47

TECHNOLOGIES BUT MOST IMPORTANTLY BRING ABOUT SYSTEM CHANGE NEXT SLIDE PLEASE

1:15:57

SO JANICE TALKED A LITTLE BIT ABOUT THIS CARE NAV IS A CLOUD-BASED HIPAA

1:16:02

COMPLIANT CLIENT RECORD SYSTEM IN FULL DISCLOSURE WE DID DEVELOP THIS AT A

1:16:09

FAMILY CAREGIVER ALLIANCE OVER A MULTI-YEAR PERIOD USING PRIVATE FOUNDATION DOLLARS FAMILIES CAN START

1:16:17

AND OPEN THEIR OWN RECORD THERE'S A CLIENT DASHBOARD WITH FUNCTIONALITIES

1:16:23

THERE'S ALSO A FAIRLY SOPHISTICATED BACKEND FOR DATA ENTRY FOR SERVICE

1:16:29

DATA AND REPORTS FOR PAYMENT SOURCES I WOULD ADD THAT THE CRC CONTRACTS

1:16:35

ARE NOT THE ONLY SOURCES OF FUNDING FOR THE SERVICES WE ALSO HAVE TITLE 3E AND

1:16:41

COUNTY FUNDS AND OTHER FOUNDATION GRANTS AND WE'RE ABLE TO TRACK THESE MULTIPLE

1:16:46

PAYER SOURCES AND BLEND THE FUNDING SOURCES SO IT'S NOT APPARENT TO

1:16:52

THE END USER THE FAMILY CAREGIVER WHY SHOULD THEY WORRY ABOUT THAT BUT WE CERTAINLY CAN DO THE REPORTING FOR ALL

1:16:59

OF THE DIFFERENT REQUIREMENTS ACROSS THESE PAYER SOURCES TOO I TALKED ABOUT THE REAL-TIME DATA FOR SITE USES

1:17:07

THAT'S THERE WE ALSO USE IT IN A VARIETY OF OTHER USE CASES

1:17:13

INCLUDING TWO NATIONAL RESEARCH PROJECTS THAT ARE GOING ON THAT USE CARENAV AS THE HUB FOR SERVICE

1:17:22

DELIVERY AND TRACKING INFORMATION AROUND ENGAGEMENT IN THE MATERIALS NEXT

1:17:29

SLIDE PLEASE EVERY CRC ON THEIR WEBSITE HAS A

1:17:37

PORTAL THAT YOU GO THROUGH THIS IS JUST OURS YOU CAN GO IMMEDIATELY TO

1:17:43

CARENAV NEXT SLIDE PLEASE YOU LOOKED AT THE THIS IS A

1:17:50

REGISTRATION WE HAVE A TWO-STEP AUTHENTICATION PROCESS I THINK YOU SAW THIS IN JANICE'S PRESENTATION

1:17:56

NEXT SLIDE PLEASE THIS IS A INTAKE THE START OF AN

1:18:02

INTAKE YOU CAN SEE THAT WE'RE ASKING ABOUT WE'RE BASICALLY ABOUT CAREGIVER

1:18:09

BASIC DEMOGRAPHICS WHO THEY ARE PROVIDING ASSISTANCE TO WHAT ARE THE

1:18:14

CURRENT NEEDS AND THEN IT GOES TO THE DASHBOARD THIS IS THE FIRST STAGE NEXT SLIDE

1:18:21

PLEASE THIS IS THE OPENING SHOT I DON'T THINK THIS IS VERY COMPELLING BUT

1:18:28

THIS IS A OBVIOUSLY A TEST CASE SARAH LOPEZ SHE DIDN'T FINISH THE INTAKE

1:18:35

IT SAYS THAT'S WHAT YOUR NEXT STEP IS BUT IT GIVES YOU AN IDEA THE LIBRARY MESSAGES SUPPORT GROUP CLASSES WILL

1:18:42

HAVE A MY RECORD SECTION IN THE IN THE NEXT PHASE NEXT SLIDE

1:18:49

PLEASE AS PEOPLE ARE ANSWERING QUESTIONS WHETHER IT'S ON INTAKE OR ASSESSMENT WE'VE SCORED THE CONTENT TO

1:18:56

COME UP SO THE SERVICE THE INFORMATION IS TAILORED TO RESPONSES IN THIS CASE

1:19:02

YOU'LL SEE THAT THERE ARE A JUST A WHOLE LINE OF RESOURCESTHAT U INFORMATION THAT'S

1:19:09

AVAILABLE WHERE IT'S COMING FROM WHETHER IT WAS RECOMMENDED BY CARE NAV OR BY THE CARE CONSULTANT OR WHETHER IT WAS

1:19:16

THEIR V THEIR PREFERENCE ALL OF THIS INFORMATION IS AVAILABLE THEY ALSO CAN BROWSE THE ENTIRE LIBRARY AND DIRECT

1:19:23

CARE PLANNING FOR CARE SELF-CARE AND HEALTH CONDITIONSTHERE ARE OTHER FUNCTIONSTHAT YOU CAN SEE WE ALWAYS

1:19:30

GIVE YOU KNOW A REALITY CHECK ABOUT THE AVAIL THE CONTACT INFORMATION ABOUT

1:19:36

THE CRC WHO THEIR FAMILY CONSULTANT IS THEY CAN SEND A A PRIVATE MESSAGE A

1:19:42

HIPAA COMPLIANT MESSAGE AND OTHER LINKS THAT WE SUPPLY THAT PROVIDES THEM

1:19:48

SOMEINFORMATION ABOUT NAVIGATION THROUGH THE SITE NEXT SLIDE PLEASE

1:19:56

ONE OF THE THINGS THAT WE HAVE MADE AN IMPROVEMENT ON IS BEING ABLE TO PUT THE STATEWIDE CLASSES

1:20:04

INFORMATION WORKSHOPSIN THERE THEY CAN GO THROUGH AND CHECK THE CLASSES WE

1:20:10

HAVE PROBABLY I'M TRYING TO THINKTHERE'S

1:20:15

THERE'S USUALLY SOMEWHERE BETWEEN 20 AND 30 CLASSES A MONTH THATCOME UP

1:20:22

FOR INDIVIDUAL UAL THEY CAN DIRECTLY REGISTER FROM THE SITE SO IT GIVES THEM A SECONDARY PATHWAY MOST OF

1:20:30  
THESE CLASSES THESE CLASSES GO ALSO GO OUT THROUGH MONTHLY  
NEWSLETTERS BUT

1:20:36  
WE'VE EMBEDDED THEM NOW IN CARE NAV SO THEY'RE ALWAYS THERE  
AVAILABLE FOR PEOPLE TO REVIEW NEXT

1:20:46  
SLIDE SO WHAT ARE THE NEXT STEPS THIS IS JUST GENERALIZED INCREASE  
REACH

1:20:52  
INTO DIVERSE COMMUNITIES WE KNOW WHO WE'VE REACHED WE'RE  
EMBARKING ON

1:20:58  
LOOKING AT DIVERSITY AND SOCIAL DETERMINANTS OF HEALTH AND  
MAPPING AREAS

1:21:05  
THAT ARE PROBABLY THE YOU KNOW WOULD CHOOSE TO BE YOU KNOW  
REALLY GOOD TARGETS WITHIN COMMUNITIES BASED ON A

1:21:12  
NUMBER OF DIFFERENT METRICS QUALITY ASSURANCE IS ALWAYS AN ISSUE  
TO MAKE

1:21:20  
SURE THAT THE STAFF HAS THE MOST UP TO DATE INFORMATION WE HAVE  
CONSISTENT PRACTICE STANDARDS WE'RE IMPROVING THE

1:21:27  
PRACTICE ACROSS THE STATE FOR STAFF THERE'S ABOUT 140 STAFF  
MEMBERS

1:21:33  
INCLUDING ADMIN STAFF WITHIN THE CRC SYSTEM BUT ASSURING QUALITY IS  
ALWAYS

1:21:41  
A NUMBER ONE PRIORITY PARTICULARLY IN DATA COLLECTIONS MAKE SURE  
THAT WE

1:21:46  
HAVE DATA INTEGRITY AND THEN HOW DO WE USE THE DATA WE HAVE A LOT  
OF

1:21:52  
INFORMATION AT OUR DISPOSAL BUT HOW DO WE BEST USE THAT DATA TO  
IDENTIFY AND

1:21:58  
TARGET THE HIGH NEED SERVICE AREAS SO WITH THAT I THINK THAT'S THE

1:22:03  
LAST SLIDE THANK YOU THANK YOU SO MUCH KATHY I'M ESPECIALLY  
IMPRESSED BY THE

1:22:10  
YOUR LANGUAGE CAPACITY HAVING INFORMATION YOU KNOW NOT JUST FOR

1:22:15

SPANISH OR CHINESE SPEAKING INDIVIDUALS BUT ALSO VIETNAMESE AND VERY IMPRESSIVE THANK YOU SO MUCH YOU'RE

1:22:22

WELCOME OUR NEXT SPEAKER BY THE WAY IS ONE OF OUR OWN MEMBERS OF OUR COMMITTEE AND ALSO A

1:22:27

DEAR FRIEND AND COLLEAGUE OF MINE THAT IS DR DOLORES GALLAGHER THOMPSON WHO IS A

1:22:34

PROFESSOR EMERITA OF STANFORD UNIVERSITY AND SHE'S GOING TO TALK ABOUT CAREGIVER

1:22:40

BEHAVIORAL HEALTH SO OVER TO YOU DOLORES OKAY THANK YOU VERY MUCH DARRICK SO MAY

1:22:46

I'M REALLY GLAD TO BE HERE AND TO HAVE THE OPPORTUNITY TO SHARE WITH YOU WHAT I'VE LEARNED OVER THE YEARS ABOUT

1:22:52

IMPROVING CAREGIVER BEHAVIORAL HEALTH SO MAY I HAVE THE NEXT SLIDE PLEASE I'D

1:22:57

LIKE TO CALL YOUR ATTENTION TO FIVE BOOKS THAT EXPAND ON THE INFORMATION THAT I WILL BE SHARING WITH YOU TODAY

1:23:05

THE FIRST I'M VERY PLEASED ABOUT IT'S A RECENT PUBLICATION BY SEVERAL COLLEAGUES AND MYSELF CALLED FAMILY CAREGIVER

1:23:11

DISTRESS AND THIS BOOK IS KIND OF A A PRIMER FOR THOSE WHO WOULD LIKE TO LEARN

1:23:16

MORE ABOUT MENTAL HEALTH ISSUES AND HOW TO ASSESS HOW TO TREAT WHAT ARE SOME OF THE EVIDENCE-BASED PROGRAMS

1:23:23

THAT ARE OUT THERE AND SO IT'S RECOMMENDED FOR PEOPLE WHO WOULD LIKE TO GET THAT BACKGROUND ALL IN ONE PLACE

1:23:30

THE MIDDLE TWO ARE UPDATES OF OUR BOOKS ON TREATING LATER LIFE DEPRESSION WHICH

1:23:36

CONTAINS SPECIFIC CHAPTERS ON WORKING WITH CAREGIVERS FROM A CBT PERSPECTIVE

1:23:41

THERE'S A CLINICIAN GUIDE AND A WORKBOOK FOR CLIENTS THEN TO THE FAR RIGHT WE HAVE PSYCHOLOGICAL ASSESSMENT

1:23:48

AND TREATMENT OF OLDER ADULTS AGAIN THERE ARE CHAPTERS SPECIFIC TO CAREGIVING AND LASTLY ETHNICITY IN THE

1:23:55

DEMENTIA THIS IS THE THIRD EDITION WHICH HAS CHAPTERS ON A VARIETY OF  
1:24:01  
DIVERSE GROUPS THE CHAPTERS GO INTO THE PATIENT HOW THE PATIENTS  
PRESENT IN  
1:24:06  
DIFFERENT WAYS BASED UPON THEIR CULTURAL BACKGROUNDS AND THEN  
WHAT CAN BE DONE WITH THE PATIENT AND WITH THE CAREGIVER  
1:24:13  
WHAT ARE SOME EFFECTIVE WAYS TO INTERVENE SO NEXT SLIDE PLEASE SO  
FOR  
1:24:18  
FURTHER MORE IN-DEPTH INFORMATION PLEASE CONSULT THOSE SOURCES I  
LOVE THIS SLIDE BOTH OF THEM FEEL  
1:24:25  
CONFUSED FRUSTRATED AND HELPLESS ONLY ONE OF THEM HAS  
ALZHEIMER'S NEXT SLIDE  
1:24:30  
PLEASE WE ALL KNOW THAT CAREGIVERS ARE THE HIDDEN PATIENT WE'VE  
HEARD FROM  
1:24:36  
SEVERAL SOURCES EARLIER THAT THEY ARE DEPRESSED MANY STUDIES  
PUT THE DEPRESSION RATE AT AS CLOSE TO 50%  
1:24:43  
SIGNIFICANTLY DEPRESSED ON INSTRUMENTS LIKE THE PHQ9 MANY SUFFER  
FROM HIGH STRESS  
1:24:49  
FEELINGS OF BEING OVERWHELMED ANXIETY ABOUT THE FUTURE OTHER  
NEGATIVE FEELINGS WE DON'T THINK ABOUT AS MUCH LIKE GUILT  
1:24:56  
AND FRUSTRATION AND FEELINGS OF INADEQUACY SOCIAL ISOLATION WE'VE  
1:25:02  
HEARD ABOUT THAT THAT INCREASES OVER TIME AND OF COURSE THE  
FINANCIAL STRAIN ON THE CAREGIVER MANY HAVE TO LEAVE  
1:25:10  
THEIR JOBS OR REDUCE THEIR NUMBER OF WORK HOURS SO THE NEXT  
SLIDE WE HEAR  
1:25:16  
FROM THE YEAH FROM THE REPORT OF THE NATIONAL ALLIANCE FOR  
CAREGIVING AND A P  
1:25:22  
IN MAY OF 2020 THEY USE A SLIGHTLY DIFFERENT WAY OF DESCRIBING THIS  
THEY TALK ABOUT FOUR IN 10 EXPERIENCING HIGH  
1:25:31  
EMOTIONAL STRAIN MOST OF WHICH ARE WOMEN AND THAT THIS LEVEL OF  
STRAIN OR  
1:25:36

REPORTED STRAIN VARIES BY RACE AND ETHNICITY ROUGHLY 40% OF ASIAN-AMERICANS

1:25:42

THAT THEY SURVEYED COMPARED TO ABOUT 30% OF AFRICAN-AMERICAN AND LATINO

1:25:49

INDIVIDUALS NEXT SLIDE SO CLEARLY MENTAL HEALTH ISSUES ARE A ARE A PROBLEM

1:25:57

OR ARE SALIENT FOR WHATEVER GROUP WE'RE TALKING ABOUT WE WE'VE SEEN THESE

1:26:02

WE'VE HEARD ABOUT THESE NEGATIVE EFFECTS BUT I'D LIKE TO CALL YOUR ATTENTION TO COGNITIVE PROBLEMS OF THE CAREGIVER

1:26:09

THESE ARE MORE COMMON IN OLDER CAREGIVERS WHO MAY THEMSELVES BE EXPERIENCING SOME MEMORY DIFFICULTIES

1:26:17

WE OFTEN DO NOT ASSESS THE CAREGIVER FOR COGNITIVE FUNCTION AND I WOULD SUGGEST

1:26:23

THAT IT IS IMPORTANT TO DO THAT WHEN THE CAREGIVER THEMSELVES ARE OVER 65 OR 70

1:26:28

WE ALSO KNOW THAT CAREGIVER CAREGIVING CAN HAVE NEGATIVE HEALTH EFFECTS TWO IN

1:26:34

PARTICULAR HAVE BEEN DELINEATED IN THE LITERATURE ONE IS COMPROMISED IMMUNE

1:26:39

SYSTEM CAREGIVERS TAKE LONGER TO HEAL FROM COLDS AND FLU AND THINGS OF THAT

1:26:45

NATURE BECAUSE THEIR IMMUNE SYSTEMS ARE RUN DOWN TYPICALLY AND THE OTHER ONE THAT'S

1:26:52

BEEN DOCUMENTED IS DISREGULATION OF THE HPA AXIS WHICH INVOLVES THE

1:26:58

HORMONE CORTISOL AND THAT'S IMPORTANT BECAUSE CORTISOL DISREGULATED CORTISOL

1:27:03

OVER A LONG TIME LIKE WE'VE SEEN THE LENGTH OF TIME THAT MANY ARE CAREGIVERS

1:27:09

IF THEY HAVE THAT PATTERN THIS CAN LEAD DOWNSTREAM TO SERIOUS MEDICAL ISSUES HEART DISEASE DIABETES AND THE

1:27:16



THINGS LIKE THAT SO WE WANT TO PRESERVE THE CAREGIVERS MENTAL HEALTH AND PHYSICAL HEALTH AS LONG AS WE CAN

1:27:24

NEXT SLIDE WE OVERLOOK OFTEN THE POSITIVE ASPECTS OF CAREGIVING THAT ARE

1:27:29

REALLY IMPORTANT IN PRESERVING MENTAL HEALTH WE DON'T WANT TO JUST FOCUS ON THE NEGATIVE WE WANT TO LOOK AT WHETHER

1:27:36

OR NOT THE CAREGIVER HAS BEEN ABLE TO EXPERIENCE SOME PERSONAL GROWTH WHETHER THE CAREGIVING HAS GIVEN THEIR LIFE SOME

1:27:43

MEANING AND PURPOSE PERHAPS THEIR COGNITIVE SKILLS HAVE SHARPENED BECAUSE

1:27:49

THEY HAVE SO MANY THINGS TO REMEMBER NOT ONLY ABOUT THEMSELVES AND THEIR OWN APPOINTMENTS AND MEDICINES AND SO

1:27:56

FORTH BUT THEY HAVE TO REMEMBER THEIR LOVED ONES AS WELL SO FOR SOME CAREGIVERS THIS IMPROVES THEIR MEMORY

1:28:03

FUNCTIONING AND SOME IF THEY HAVE THE ROUTINE OF PHYSICAL ACTIVITY WITH THEIR CARE RECIPIENT CAN HAVE HEALTH BENEFITS

1:28:11

SO IT DEPENDS ON HOW THEY PARTICIPATE IN PHYSICAL ACTIVITY AND FINALLY CAREGIVERS

1:28:18

WHO CAN REPORT BOTH POSITIVE AND NEGATIVE ASPECTS OF CAREGIVING TEND TO

1:28:23

HAVE BETTER MOOD THAN CAREGIVERS WHO FOCUS ON THE NEGATIVE THAT MAY SEEM OBVIOUS BUT IT'S IMPORTANT FOR

1:28:29

INTERVENTION DEVELOPMENT BECAUSE MANY OF OUR INTERVENTIONS HAVE WORKED ON REDUCING THE NEGATIVE RATHER THAN

1:28:36

INCREASING THE POSITIVE WHO ARE TRYING TO BALANCE THE TWO SO THE NEXT SLIDE

1:28:43

LET'S SKIP THAT ONE I THINK WE ALL KNOW NOW WHAT CAUSES CAREGIVING TO BE STRESSFUL I DON'T THINK WE NEED TO WORK

1:28:50

TALK ANYMORE ABOUT THAT THIS THIS ONE THOUGH I WOULD LIKE TO CALL YOUR ATTENTION TO MARIA ARANDA WHO I'M SURE

1:28:56

MANY OF YOU KNOW RECENTLY PUBLISHED A VERY INTERESTING PAPER ON HOW TO INVOLVE

1:29:02

LATINOS MORE IN ALZHEIMER'S DISEASE CLINICAL TRIALS WHAT SOME OF THE ISSUES

1:29:08

WERE WITH CLINICAL TRIAL ENROLLMENT BECAUSE WE KNOW THAT WE NEED MORE RESEARCH ON THE PATIENTS THEMSELVES WE

1:29:15

ALSO NEED RE CONCOMINANT RESEARCH ON THE CAREGIVERS BUT SHE POINTS OUT IN THE

1:29:20

PAPER THAT OFTEN PROVIDERS ARE NOT EQUIPPED WITH CULTURALLY RELEVANT OR LINGUISTICALLY APPROPRIATE METHODS THAT

1:29:27

ALLOW THEM TO UNDERSTAND THE UNIQUE NEEDS OF CAREGIVERS OF DIVERSE RACIAL AND ETHNIC BACKGROUNDS SO WE'VE MADE

1:29:34

SOME PROGRESS CLEARLY YOU'VE HEARD FROM OTHER SPEAKERS THAT THERE ARE PROGRAMS THERE ARE SERVICES THERE ARE EDUCATIONAL

1:29:41

MATERIALS AVAILABLE IN LANGUAGE MULTIPLE LANGUAGES AND SO FORTH BUT PROVIDERS

1:29:47

AREN'T NECESSARILY EQUIPPED IN OTHER WORDS THEY MAY NOT HAVE THE TRAINING OR THE BACKGROUND NECESSARY TO BE ABLE TO

1:29:55

IMPLEMENT MENTAL HEALTH INTERVENTION PROGRAMS IN A CULTURALLY SENSITIVE

1:30:00

WAYNEXT SLIDE PLEASEHERE WE SEE A CONCEPTUAL MODEL THAT WAS PUBLISHED

1:30:07

OVER A DECADE AGO BYBOB KNIGHT AND PHIL SAY AT USCIT'S THE MODEL IS

1:30:14

STILL VERY RELEVANT TODAY NOT ONLY FOR DIVERSE CAREGIVERS BUT PARTICULARLY FOR DIVERSE CAREGIVERS WHERE THE IMPORTANCE

1:30:21

OF LEARNING ABOUT CULTURAL VALUES BELIEFS AND PRACTICES IS EMPHASIZED SO

1:30:27

CULTURAL VALUES WHAT DO WE MEAN BY THAT WELL FOR EXAMPLE IN THE LATINO CULTURE FAMILISMO IS A CULTURAL VALUE THAT'S

1:30:36

CHERISHED AND IT CAN HAVE A POSITIVE EFFECT ON THE CAREGIVER'S MENTAL HEALTH OR A NEGATIVE EFFECT DEPENDING UPON HOW

1:30:44

IT IS CARRIED OUT SO FOR EXAMPLE WHEN THE IT WOULD MEAN THAT THE FAMILY WOULD

1:30:52

PROVIDE WOULD ENGAGE IN CAREGIVING TASKS AND RESPONSIBILITIES  
THEY WOULD SEE CAREGIVING AS KIND OF A FAMILY AFFAIR

1:30:59

AND ACT ACCORDINGLY BUT NOT ALL LATINO FAMILIES DO THAT SO THE  
GREATER THE

1:31:04

LEVEL OF ACCULTURATION OF THE MEMBERS PARTICULARLY THE YOUNGER  
CAREGIVERS

1:31:10

THE LESS THEY ARE LIKELY TO HELP WITH CAREGIVING TASKS AND  
RESPONSIBILITIES THE LESS THEY ARE LIKELY TO BE INVOLVED

1:31:17

SO IF WE UNDERSTAND THE CULTURAL VALUE AND WE UNDERSTAND HOW IT  
IS BEING DISPLAYED IN THAT PARTICULAR FAMILY IT

1:31:24

CAN HELP US WITH OUR INTERVENTIONSSIMILARLY THE KINDS OF SUPPORT

1:31:30

AVAILABLE SO MANY OF THE SOUTH ASIAN INDIAN CLIENTS THAT I'VE  
WORKED WITH

1:31:35

THEY'RE ONE OF THEIR CHIEF SORTS OF SOURCES OF SUPPORT IS IN INDIA  
SO IT'S A

1:31:41

CONTINENT AWAY IT IS NOT HERE AND THAT'S A DIFFERENT KIND OF  
SUPPORT THAN SUPPORT

1:31:47

THAT'S READILY AVAILABLE ON A DAY-TO-DAY BASIS THAT'S COLLOCATED  
WITH WHERE YOU ARE SO LEARNING ABOUT THESE THINGS IS

1:31:54

IMPORTANT IN HOW YOU CHOOSE AN INTERVENTION AND THEN HOW YOU  
ACTUALLY

1:32:00

ADMINISTER OR UTILIZE THAT INTERVENTIONNEXT SLIDE PLEASE IS A LITTLE  
MORE ON THE

1:32:07

SOCIOCULTURAL CONTEXT AND I'LL JUST GIVE ANOTHER EXAMPLE HERE OF  
HOW IT CAN

1:32:13

INFLUENCE A CAREGIVER DISTRESS SO IN MANY ASIAN CULTURES THE  
VALUE OF FILIAL

1:32:19

PIETY IS QUITE STRONG AND WHAT THIS GENERALLY MEANS IS THAT THE  
FAMILY COMES FIRST AND SO THE NEEDS OF THE CAREGIVER

1:32:27

MAY BE SECONDARY AND FOR CAREGIVERS WHO ARE VERY STRESSED THIS  
MAY LEAD TO THEIR

1:32:33

THEIR NEEDS BEING IGNORED UNTIL THEY ARE QUITE SERIOUS AND THE MENTAL HEALTH ISSUES REALLY NEED TO BE ADDRESSED SO

1:32:41

LANGUAGE BARRIERS WE'VE HEARD ABOUT THAT CULTURALLY INSENSITIVE SERVICES UNFORTUNATELY ARE PART OF WHAT WE

1:32:48

NEED TO BE AWARE OF WHEN WE'RE CH THINKING ABOUT IN OUR VENTIONS THE PROVIDER BRINGS THEIR OWN SOCIOCULTURAL

1:32:55

HISTORY AND IS THAT GOING TO PROMOTE A GOOD RELATIONSHIP OR GET IN THE WAY

1:33:02

IMPORTANT QUESTION FOR US TO ASK OURSELVES NEXT SLIDE PLEASE THE HERE

1:33:09

WE GIVE YOU A TREMENDOUS RESOURCE A SNAPSHOT OF THE WEBSITE FOR THE BEN THE

1:33:15

RESOURCE THAT'S BEEN CREATED BY FAMILY CAREGIVER ALLIANCE AND BENJAMIN ROSE INSTITUTE WORKING TOGETHER IT'S THE BEST

1:33:23

PRACTICE CAREGIVING REGISTRY SO FOR THOSE OF YOU NOT FAMILIAR WITH IT

1:33:28

GIVES THE IT GIVES A LOT OF INFORMATION ABOUT EVIDENCE-BASED

1:33:33

PROGRAMS AND FOR EXAMPLE NOT ONLY THE NAME OF THE PROGRAM BUT THE LENGTH OF

1:33:39

THE PROGRAM THE KIND OF TRAINING THAT'S NEEDED TO ADMINISTER THE PROGRAM THE

1:33:44

LANGUAGES THAT THE PROGRAM IS IN AND THEN HOW IT'S DONE IS IT DONE IN

1:33:50

A SMALL GROUP IS IT DONE FACE TO FACE OR ONLINE SO YOU GET A LOT OF INFORMATION

1:33:56

THESE PROGRAMS HAVE BEEN CAREFULLY VETTED BY THE TEAM AT BENJAMIN ROSE INSTITUTE SO YOU CAN FEEL CONFIDENT

1:34:03

IF YOU CHOOSE PROGRAMS FROM THIS REGISTRY THAT YOU'RE UP TO DATE THEY

1:34:09

THEY UPDATE THE REGISTRY VERY REGULARLY AND ALL THE PROGRAMS

1:34:15

PROGRAMS ARE REMOVED THAT ARE NO LONGER IN EXISTENCE FOR ONE REASON OR ANOTHER AND NEW PROGRAMS ARE ADDED SO IT'S A

1:34:21  
GREAT RESOURCE AND I HOPE YOU'LL YOU'LL UTILIZE IT NEXT SLIDE  
PRESENTS

1:34:27  
THE STEEP APPROACH THAT WE'VE DEVELOPED FOR THINKING ABOUT AND  
SELECTING

1:34:35  
INTERVENTIONS THERE ARE FOUR LEVELS OF CARE IN THIS STEPPED  
APPROACH THE

1:34:40  
FIRST TWO WE'VE HEARD A LOT ABOUT AND I THINK WE'D ALL AGREE THAT  
THEY ARE VERY ESSENTIAL TO GOOD MENTAL HEALTH OF THE

1:34:47  
CAREGIVER WHICH IS FIRST OF ALL EDUCATION ABOUT DEMENTIA AND THEN  
EDUCATION ABOUT SELF-CARE

1:34:54  
APPROACHES THAT'S LEVEL ONE LEVEL TWO WOULD BE USE OF THE  
COMMUNITY RESOURCES

1:34:59  
SO REFERRAL TO COMMUNITY RESOURCES PERHAPS HAVING A CARE  
MANAGER A SOCIAL

1:35:04  
WORKER TO HELP SORT THINGS OUT WHAT'S NEEDED TO REDUCE THE  
STRESS IN THE

1:35:10  
FAMILY AND ON THE CAREGIVER AND INVOLVING THE FAMILY MORE IF  
POSSIBLE

1:35:16  
NOW LEVELS THREE AND FOUR ARE THOSE THAT ARE GEARED MORE  
SPECIFICALLY TO MENTAL HEALTH SO LEVEL THREE WOULD BE THE

1:35:22  
PSYCHO EDUCATIONAL PROGRAMS OF WHICH THERE ARE A GOOD NUMBER  
NOW U SOME OF

1:35:28  
WHICH ARE ALREADY BEING OFFERED IN CALIFORNIA PROBABLY MOST OF  
YOU ARE

1:35:34  
FAMILIAR WITH THE SAVVY CAREGIVING PROGRAM BUT THERE ARE OTHERS  
THAT I'LL TALK ABOUT AND THEN LEVEL FOUR

1:35:39  
WOULD BE SPECIALIZED CARE WHERE A PERSON MIGHT NEED MEDICATION  
FOR DEPRESSION

1:35:45  
OR ANXIETY THEY MIGHT BENEFIT FROM PSYCHOTHERAPY SHORT-TERM  
THERAPY FOCUSED

1:35:50  
ON CARE GIVER ISSUES SO THOSE ARE LEVEL THREE AND FOUR IS WHAT I'LL  
FOCUS ON IN THE TIME REMAINING NEXT SLIDE

1:35:59

PLEASE I WANT TO SHOW YOU THIS DIAGRAM THAT WE CREATED ON THE TRAJECTORY OF

1:36:04

CAREGIVING IT'S OBVIOUSLY TOO COMPLICATED TO EXPLAIN IN DEPTH BUT YOU CAN REFER TO IT IN YOUR HANDOUTTHE

1:36:12

IDEA HERE IS THAT THE DIFFERENT INTERVENTIONS ARE GOING TO BE BETTER FOR CAREGIVERS AT DIFFERENT POINTS IN THE

1:36:19

TRAJECTORY SO WHAT A CARE GIVER NEEDS IN TERMS OF MENTAL HEALTH CARE AT WHEN THEY'RE IN THE EARLY STAGE THEIR LOVED

1:36:26

ONE IS IN THE EARLY STAGE OF DEMENTIA IS NOT THE SAME AS WHAT THEY'RE GOING TO NEED WHEN THE LOVED ONE IS IN THE LATER

1:36:31

STAGES OF DEMENTIA AND WE'VE TRIED TO FLESH IT OUT HERE IN THIS DIAGRAM WHICH IS PUBLISHED IN AN ISSUE IN THE

1:36:39

GERONTOLOGIST FEW YEARS BACK WE ALSO WANT TO POINT OUT THE CULTURE

1:36:46

AGAIN THE CULTURAL CONTEXT SO HERE THOUGH WE'RE TALKING ABOUT NOT ONLY THE HERITAGE CULTURE BUT THE HEALTH CARE

1:36:53

SYSTEMS CULTURE EVERY SYSTEM THAT WE'VE HEARD ABOUT TODAY HAS ITS OWN CULTURE

1:36:59

ITS OWN WAY OF OPERATING ITS OWN PLUSES AND MINUSES ITS OWN DOS AND

1:37:04

DON'TS AND SO FOR A CAREGIVER TO EFFECTIVELY USE TO EFFECTIVELY USE

1:37:12

HEALTH CARE SYSTEMS AND COMMUNITY-BASED ORGANIZATIONS THEY NEED TO LEARN

1:37:18

HOW THAT'S AN IMPORTANT ASPECT OF MENTAL HEALTH AS WELL WHY BECAUSE WE BECOME

1:37:23

VERY FRUSTRATED WHEN WE'RE CAREGIVERS AND WE'RE TRYING TO ACCESS SERVICES AND WE DON'T KNOW WHAT THE SERVICES ARE OR

1:37:31

WE MIGHT NOT KNOW HOW BEST TO ACCESS THEM SO THESE INTERSECT TO HELP US

1:37:37

DECIDE WHAT TO DO WHAT TO OFFER THE CAREGIVER THAT'S GOING TO IMPROVE THEIR

1:37:42  
MENTAL HEALTHNEXT SLIDE WE STRONGLY RECOMMEND THAT ANY AGENCY  
OR PROVIDER  
1:37:49  
WHO GIVES DIRECT SERVICE SERVICES TO CAREGIVERS SHOULD DO AT  
LEAST THREE  
1:37:54  
ASSESSMENTS THESE ARE QUICK THEY ARE ONLINE THEY ARE  
DOWNLOADABLE THEY ARE FREE AND THEY'RE IN MULTIPLE LANGUAGES  
1:38:02  
THE FIRST IS THE PHQ2 WHICH IS A SCREEN FOR DEPRESSION IF THE  
PERSON SPRING  
1:38:08  
POSITIVE THEN THE WHOLE PHQ9 IS ADMINISTERED AND THERE ARE  
ESTABLISHED CUT OFF SCORES AND VERY GOOD INFORMATION  
1:38:16  
ABOUT WHAT INTERVENTIONS MIGHT GO WITH WHAT LEVEL OF DEPRESSION  
BASED ON THE  
1:38:22  
PHQ9 THE GAD2 SCREENS FOR ANXIETY GAD IT STANDS FOR GENERALIZED  
ANXIETY DISORDER  
1:38:30  
THE SEVEN IS THE FOLLOWUP IT IT TO IT GETS AT MORE ASPECTS LIKE  
WORRY AND SO  
1:38:35  
FORTH AND AGAIN THERE ARE ESTABLISHED CUT OFFS THE CAREGIVER  
SELF- ASSESSMENT QUESTIONNAIRE FOCUSES ON STRESS RELATED  
1:38:42  
TO CAREGIVING ITSELF IF YOU NEXT SLIDE PLEASE IF YOU WANT FURTHER  
1:38:48  
INFORMATION ABOUT ASSESSMENT TOOLS PLEASE CHECK OUT OUR BOOK  
BECAUSE WE GO INTO GREAT DETAIL ABOUT OTHER KINDS  
1:38:55  
OF ASSESSMENT TOOLS AND WHERE TO GET THEM I SAID I WOULD FOCUS ON  
LEVELS THREE AND FOUR SO LEVEL THREE THE PSYCHO  
1:39:03  
EDUCATIONAL PROGRAMS THEY ARE EXTREMELY USEFUL BECAUSE THE AND  
THEY WERE DEVELOPED  
1:39:09  
BECAUSE CAREGIVERS DON'T USUALLY THINK OF THEMSELVES AS CLIENTS  
THEY DON'T  
1:39:15  
RECOGNIZE THEIR MENTAL HEALTH NEEDS OFTEN IF THEY DO THEY OFTEN  
DON'T SEEK  
1:39:20  
HELP BECAUSE THEIR FOCUS IS ON THE CARE RECIPIENT  
PSYCHOEDUCATIONAL PROGRAMS  
1:39:25

TAKE AWAY THE STIGMA THE CAREGIVER DOES NOT HAVE TO IDENTIFY AS A CLIENT OR A

1:39:30

PATIENT THEY ARE COMING TO GET INFORMATION THESE ARE TYPICALLY DONE IN A WORKSHOP FORMAT BUT THE THEORETICAL

1:39:39

BASIS IS COGNITIVE BEHAVIOR THERAPY AND DEVELOPMENT OF SELF-EFFICACY SKILLS

1:39:45

THAT'S WHERE ALL OF THESE PROGRAMS CAME FROM ORIGINALLY USUALLY THEY'RE SMALL

1:39:50

AND NUMBER THEY'RE CLOSED COHORT THEY MIGHT MEET WEEKLY OR ON SOME GIVEN

1:39:56

SCHEDULE FOR A SPECIFIC PERIOD OF TIME AND THEY CAN BE DONE IN PERSON MANY WERE

1:40:02

DEVELOPED IN PERSON ORIGINALLY AND NOW HAVE MIGRATED TO THE HIPPA COMPLIANT ZOOM

1:40:08

PLATFORM SO I'M GOING TO TALK A LITTLE BIT ABOUT TWO OF THEM THAT I'M PERSONALLY VERY INVOLVED WITH THE COPING

1:40:14

WITH CAREGIVING THAT I HELPED TO DEVELOP AND THE CAREGIVER THRIVE LEARN AND CONNECTSO COPING WITH CAREGIVING HAS

1:40:22

BEEN CULTURALLY ADAPTED AND IS AVAILABLE IN MANDARIN CHINESE IN VIETNAMESE AND IN

1:40:29

SPANISHTHE COPE THE CAREGIVER THRIVE LEARN AND CONNECT IS IN ENGLISH RIGHT

1:40:34

NOW BUT IT'S BEING CULTURALLY ADAPTED FOR SPANISH IN COLLABORATION WITH THE SOUTHERN CAREGIVER RESOURCE CENTER IN

1:40:41

SAN DIEGONEXT SLIDE PLEASE SO WHAT ARE THE CORE ELEMENTS OF THE COPING WITH

1:40:47

CAREGIVING PROGRAM THERE ARE FOUR SKILLS THAT WE TEACH IN COPING WITH CAREGIVING

1:40:52

AND AGAIN THIS IS COMPARABLE ACROSS THE OTHER PROGRAMS AS WELL BEHAVIORAL

1:40:58

ACTIVATION COGNITIVE REFRAMING IDENTIFYING PROBLEM BEHAVIORS WHAT CAME

1:41:03



BEFORE AND WHAT THE RESPONSE IS AND THEN IMPROVING  
COMMUNICATION WE BELIEVE THAT CHANGE

1:41:10

OCCURS BECAUSE OF INCREASED SELF-EFFICACY AND EMPHASIS ON  
PRACTICING SKILLS SO THAT THE CAREGIVERS LEARN NEW

1:41:18

HEALTHY HABITS THE NEXT SLIDE PLEASE THE CORE ELEMENTS OF THE T  
CAREGIVER

1:41:25

TLC PROGRAM IN THIS PROGRAM WE ADDED THE POSITIVE ASPECTS OF  
CAREGIVING THAT I

1:41:31

MENTIONED BEFORE WE FOCUS IN THIS PROGRAM ON BUILDING RESILIENCE  
SO THE

1:41:36

TWO TOPICS THAT WERE ADDED ARE CALLED BOUNCING BACK AND FILLING  
THE

1:41:42

WELL AND THEY THIS PROGRAM HAS GONE OVER EXTREMELY WELL FOR  
THAT FOR THAT PARTICULAR

1:41:50

POPULATION OF CAREGIVERS WHO AS I SAY PREVIOUSLY WE FOCUSED A  
LOT ON REDUCING

1:41:56

THE NEGATIVES BUT THIS PROGRAM BUILDS UP THE POSITIVES LET'S SKIP  
THE NEXT SLIDE AND LET ME GO QUICKLY INTO

1:42:05

INTERVENTION SO DARRICK YOU SAID I HAVE ABOUT TWO MORE MINUTES IS  
THAT RIGHT

1:42:10

YES PLEASE A COUPLE OF MINUTES OKAY SO LEVEL FOUR PSYCHOTHERAPY  
THIS IS WHEN

1:42:16

THE PHQ9 WOULD INDICATE THAT THE PERSON IS HIGHLY DISTRESSED  
HIGHLY DEPRESSED

1:42:22

THE TWO MOST COMMONLY USED WITH THE EVIDENCE BASE ARE COGNITIVE  
BEHAVIOR THERAPY AND ACCEPTANCE AND COMMITMENT

1:42:29

THERAPY SO NEXT SLIDE COGNITIVE BEHAVIOR THERAPY FOR THOSE OF  
YOU NOT FAMILIAR

1:42:35

WITH IT IT'S PRESENT ORIENTED PROBLEM FOCUSED AND ENCOURAGES

1:42:41

FLEXIBILITY IT ALSO USES A SKILL BUILDING APPROACH AND WE DEVELOP  
MAINTENANCE PLANS TO HELP THE CLIENT

1:42:49

PREPARE FOR THE FUTURE NEXT SLIDE USING IT WITH FAMILY CAREGIVERS  
I'LL GO AS FAST AS I CAN HERE USING IT WITH

1:42:56

FAMILY CAREGIVERS WE IDENTIFY WHAT ASPECTS OF CAREGIVING ARE  
MOST RELATED TO THE DEPRESSION AND TYPICALLY IT'S

1:43:02

UNHELPFUL NEGATIVE THINKING PATTERNS THAT CAREGIVERS HAVE ABOUT  
THEMSELVES PLUS UNHEALTHY BEHAVIORAL PATTERNS SO

1:43:10

CBT WITH FAMILY CAREGIVERS FOCUSES ON UNHEALTHFUL THINKING AND  
CHANGING OR

1:43:16

MODIFYING UNHELPFUL BEHAVIOR OF THE CAREGIVER SO THAT THEY CAN  
1:43:21

DO A BETTER JOB AND REMAIN CAREGIVERS LONGER SO WOULD YOU IF  
YOU'D

1:43:26

LIKE ME TO STOP THERE I'LL BE HAPPY TOO IF THERE'S TIME I COULD  
CONTINUE I HAVE A FEW MORE

1:43:32

SLIDES ACTUALLY GIVE YOU ONE MORE MINUTE SO BARARA ACTUALLY CAN  
TALK

1:43:39

ABOUT THE GAPS AND FUTURE DIRECTIONS OKAY DID YOU SAY ONE MORE  
1:43:44

MINUTE YES ONE MORE THANK YOU OKAY ALL RIGHT SO LET'S SKIP A  
FEW SLIDES

1:43:50

AND GO TO ACCEPTANCE AND COMMITMENT THERAPY SO IN THIS THERAPY  
KEEP

1:43:57

GOING YEAH THERE WE GO THE ITS STARTING POINT IS DIFFERENT IT'S  
ACCEPTING THE

1:44:03

PROBLEMS THAT ARE THERE RATHER THAN TRYING TO CHANGE THEM  
ACCEPTANCE IS A MENTAL PROCESS IT OFTEN INVOLVES

1:44:09

MINDFULNESS EXERCISES AND COGNITIVE REFRAMING THAT THERE ARE  
MANY THINGS IN

1:44:15

DEMENTIA CAREGIVING THAT YOU CANNOT CHANGE AND THAT YOU CANNOT  
CONTROL SO LEARN LEARNING TO ACCEPT AND BE

1:44:22

COMFORTABLE WITH THAT IS THE FIRST STEP ACCORDING TO THIS FORM OF  
THERAPY IT'S THE FIRST STEP TO IMPROVED MENTAL HEALTH

1:44:29

FROM THERE YOU CAN DEVELOP ACTIVE COPING STRATEGIES AND YOU CAN  
USE THEM VERY

1:44:35  
SUCCESSFULLY THE NEXT FEW SLIDES TALK ABOUT AUGMENTATION OF  
THERAPIES WITH ONLINE  
1:44:43  
SUPPORT GROUPS HELPLINES AND  
1:44:48  
TECHNOLOGY AND THEN FINALLY I'LL END WITH THE MAIN GAPS WHAT I THINK  
ARE  
1:44:53  
THE MAIN GAPS BEFORE BARBRA SPEAKS AND THE FIRST ONE I THINK THE  
MAIN THE FIRST  
1:44:58  
MAIN GAP IS TO RECOGNIZE THAT MENTAL HEALTH MATTERS AND THAT  
THERE ARE  
1:45:04  
INTERVENTIONS THERE ARE PROGRAMS FOR EFFECTIVE PROGRAMS TO HELP  
REDUCE THE  
1:45:10  
MENTAL HEALTH PROBLEMS OF CAREGIVERS PARTICULARLY DEPRESSION  
AND CHRONIC STRESS ANXIETY AS WELL THOSE ARE THE  
1:45:17  
THREE FOR WHICH THE PROGRAMS HAVE MAINLY BEEN EFFECTIVE THERE  
ARE SOME CULTURALLY AND  
1:45:23  
LINGUISTICALLY APPROPRIATE INTERVENTIONS BUT WE NEED MORE  
RESEARCH SO THAT WE CAN FIND THE FLEX POINT IN THAT TRAJECTORY  
1:45:31  
OF CAREGIVING WHEN WE WOULD USE ONE INTERVENTION OVER ANOTHER  
AND FEEL CONFIDENT THAT WE'RE MAKING THE RIGHT  
1:45:37  
DECISION SO THANK YOU VERY MUCH FOR GIVING ME THE TIME THANK YOU  
SO MUCH  
1:45:42  
LORES I GLAD TO SEE THAT YOU POINT OF THE IMPORTANCE OF HAVING  
CULTURALLY RELEVANT AND LINGUISTICALLY APPROPRIATE  
1:45:49  
INTERVENTIONS WELL WELL NEXT AND ACTUALLY I'M SO PLEASED TO ASK  
BARBRA  
1:45:55  
MCLENDON WHO IS ALSO A MEMBER OF A COMMITTEE AND SHE'S THE POLICY  
DIRECTOR AT THE ALZHEIMER'S OF LOS ANGELES TO  
1:46:02  
TALK ABOUT GAPS AND FUTURE DIRECTIONS SO OVER TO YOU BARBRA  
THANK YOU DARRICK SO I  
1:46:07  
KNOW WE'RE RUNNING A BIT BEHIND HOW MUCH TIME DO YOU WANT ME TO  
TAKE HERE I THINK  
1:46:12

WE SUPPOSED TO BE DONE YEAH IN TERMS OF TIME CHECK WE NEED TO  
HAVE A SEGMENT FOR Q&A BUT ALSO DR GHALY WILL BE JOINING US AT  
1:46:20  
11 FOR ONLY MINUTES OKAY SO SO MUCH  
1:46:25  
INFORMATION THIS MORNING AND I DON'T EVEN KNOW IF WE NEED THE  
THERE'S  
1:46:30  
NOTHING ELSE IN THAT SLIDE IF YOU WANT TO TAKE THE SLIDE DOWN BE  
GREAT TO SEE COMMITTEE MEMBERS IF WE CAN DO  
1:46:36  
THAT IF NOT THAT'S FINE YOU CAN LOOK AT ME AND THE ASL INTERPRETERS  
O A  
1:46:43  
COUPLE OF IDEAS JUST COME RIGHT TO MIND LISTENING TO BOTH THE DATA  
THAT WAS  
1:46:48  
PRESENTED AT FIRST AND THEN ALL THE INFORMATION ABOUT THE VARIETY  
OF SERVICES SO THERE'S A LOT OUT THERE I  
1:46:54  
THINK IS THE FIRST THING THAT COMES TO MIND RIGHT BUT HOW DO PEOPLE  
FIND IT AND  
1:47:00  
CONNECT TO IT AND SO I DON'T KNOW IF SUSAN DEMARROIS LATER MIGHT BE  
TALKING  
1:47:06  
TO US ABOUT THE NO WRONG DOOR INITIATIVE AND WHERE THAT STANDS I  
THINK THAT'S GOING TO BE ESSENTIAL BECAUSE WE NEED  
1:47:14  
PEOPLE TO BE ABLE TO ENTER THIS SYSTEM OF CONNECTING TO SERVICES  
AND SO IF  
1:47:21  
THAT NO WRONG DOOR SYSTEM CAN BE DONE COMPREHENSIVELY AND  
THOUGHTFULLY WHICH I  
1:47:27  
KNOW THAT'S WHAT YOU KNOW STATE STAFF WE WORKING ON SO HARD  
RIGHT NOW WITH A  
1:47:32  
AN EYE TOWARDS DEMENTIA AND COGNITIVE IMPAIRMENT SPECIFICALLY SO  
THAT WE CAN MAKE SURE THAT PEOPLE CAN ACTUALLY  
1:47:40  
GET TO SOME OF THESE SERVICES THAT HAVE BEEN IDENTIFIED HERE  
TODAY THOUGH OBVIOUSLY WE HAVE TO ACKNOWLEDGE THAT  
1:47:46  
THERE ARE AGAIN I THINK THE NUMBER EARLIER THIS IN OUR MEETING  
TODAY WAS 1.1 MILLION CAREGIVERS OF CAR FOR  
1:47:52

SOMEONE WHO'S LIVING WITH A DEMENTIA THAT'S A LOT OF CAREGIVERS SO THEY'RE GOING TO NEED A LOT OF SERVICES SO

1:47:58

OBVIOUSLY TO SOME DEGREE THERE'S NO GETTING AWAY FROM WE JUST NEED MORE MONEY TO FLOW INTO THIS AREA OF SERVICE

1:48:07

DELIVERY SOMETHING ELSE THAT REALLY STUCK OUT AT ME WHEN WE WERE LOOKING AT THAT DATA WAS HOW MANY PEOPLE WHO ARE

1:48:14

CARING FOR SOMEONE ARE IN THAT SANDWICH GENERATION SO IT REALLY STRIKES ME THAT

1:48:20

I THINK THERE'S A ROLE HERE FOR OUR EMPLOYERS AND AND I DON'T KNOW IF MAYBE THERE'S A A MATCHING ROLE FOR THE STATE

1:48:27

OR IF THIS COMMITTEE COULD MAKE A RECOMMENDATION YOU KNOW CAN WE PACKAGE FOR

1:48:33

EMPLOYERS SERVICES FOR CAREGIVERS SPECIFICALLY FOR PEOPLE WITH ALZHEIMER'S AND DEMENTIA AND SO WE CAN MAKE IT EASY

1:48:41

FOR EMPLOYERS TO CONNECT WITH THEIR EMPLOYEES I THINK WE ALSO HEARD TODAY THAT THERE NEEDS TO BE WORK DONE FOR

1:48:47

PEOPLE TO RECOGNIZE THAT THEY'RE A CAREGIVER TO SELF IDENTIFY IN THAT WAY TO EVEN BEGIN LOOKING FOR SERVICES SO I

1:48:54

THINK THERE'S A ROLE THERE TO FOR EMPLOYERS TO PLAY AS WELL AND SOTHAT

1:49:00

MIGHT BE ANOTHER AVENUE THAT WE CAN BRING PEOPLE INTO THIS SYSTEM HOPEFULLY

1:49:05

THIS FABULOUS NO WRONG DOOR SYSTEM THAT WE'LL HAVE SO THAT WE CAN THEN CONNECT PEOPLE TO SOME OF THESE SERVICES AND

1:49:12

THEN I CAN JUST WRAP WITH SPEAKING DIRECTLY TOWHERE WE WERE LEFT

1:49:18

WITH THAT FANTASTIC PRESENTATION ABOUT MENTAL HEALTH AND I KNOW THIS COMMITTEE OVER TIME HAS LOOKED AT THIS ISSUE

1:49:24

YOU KNOW WHEN WE'RE TALKING ABOUT MENTAL HEALTH AND ALZHEIMER'S AND DEMENTIA OFTEN WE'VE GOT A DOUBLE LAYER OF STIGMA

1:49:30

SO A LOT OF PEOPLE ACROSS A VARIETY OF CULTURES HAVE SOME RELUCTANCE TO

1:49:36

ACKNOWLEDGE AND ACCESS SERVICES FOR MENTAL HEALTH COMBINED  
WITH A FEELING OF STIGMA AROUND THE DEMENTIA THAT MAY  
1:49:44  
BE DRIVING THAT NEED TO ACCESS THOSE SUPPORTIVE SERVICES SOA  
DEEPER DIVE  
1:49:50  
INTO WHAT THE OLDER ADULT BEHAVIORAL HEALTH INITIATIVE INCLUDES  
MAY ALSO  
1:49:55  
HIGHLIGHT FOR US BOTHWHAT SOME OF THESE GAPS ARE AND MAYBE SOME  
WHAT SOME FUTURE STEPS ARE THAT THAT WE CAN TAKE I  
1:50:02  
I ALSO WILL JUST SAY FOR THE MENTAL HEALTH SERVICES THE OVERSIGHT  
AND ADVISORY COMMITTEE JUST WATCHING THEIR  
1:50:08  
WORK OVER TIME AND I AND I UNDERSTAND THIS BUT I HAVE TO ADMIT TO  
SOME FRUSTRATION WITH IT AND THAT IS JUST A  
1:50:14  
REALLY STRONG FOCUS ON YOUTH AND FAMILIES WHICH AGAIN I REALLY  
GET BUT  
1:50:20  
YOU KNOW IF OUR COMMITTEE COULD MAYBE DO SOME OUTREACH TO THAT  
ENTITY TO SAY HEY LET'S NOT FORGET ABOUT THE OLDER ADULTS  
1:50:27  
AND THE THE SIGNIFICANT MENTAL HEALTH NEEDS THAT THAT COMMUNITY  
HAS AS WELL  
1:50:32  
AND I'LL STOP THERE THANK YOU BARBRA FOR COVERING THIS VERY  
IMPORTANT SUBJECTNOW I  
1:50:40  
THINK BARARA IS CONTINUING TO FACILITATE THE COMMITTEE QUESTION  
AND ANSWER SO  
1:50:45  
OVER TO YOU AGAIN YEAH SO I GUESS WE'RE OPENING NOW TO  
1:50:52  
THOUGHTS THAT COMMITTEE MEMBERS HAVE ABOUT THE INFORMATION  
THAT YOUHEARD THIS MORNING QUESTIONSWE'VE GOT  
1:51:00  
FABULOUS STATE AGENCY STAFF WHO ARE WITH USTODAY SO CAN ANSWER  
SOME OF  
1:51:06  
THOSE QUESTIONS ANDI I CAN'T SEE EVERYBODY BECAUSE WE'VE GOT SOME  
OF US  
1:51:12  
SPOTLIGHTED SO I THINK YOU MAY NEED TO RAISE YOUR HAND OR JUST  
SPEAK UP IF  
1:51:17  
YOU'D LIKE TO MAKE A COMMENT OR ASK A

1:51:23  
QUESTION OH FABULOUS NOW I CAN SEE EVERYBODY THAT'S  
1:51:30  
GREAT THOUGHTS CONCERNS OTHER AREAS THAT YOU FEEL WE DIDN'T GET  
TO GAPS  
1:51:38  
THAT HAVEN'T BEEN IDENTIFIED THOUGHTS YOU HAVE ABOUT THE ROLE THIS  
1:51:44  
COMMITTEE CAN PLAY IN HELPING TO ADDRESS SOME OF THOSE ALL OF  
THAT IS WELCOME  
1:52:02  
WE'RE ALL JUST STUNNED INTO SILENCE BY THE AMOUNT OF INFORMATION  
THAT WE'VE BEEN GIVEN I MEAN  
1:52:10  
MAYBE DARRICK BECAUSE I DO THINK SOME OF WHAT SUSAN IS GOING TO BE  
SPEAKING TO  
1:52:15  
LATER THIS AFTERNOON IS JUST REALLY GOING TO BE SO RELEVANT TO THIS  
DISCUSSION SO IT MIGHT BE THAT WE  
1:52:23  
COULD KIND OF PICK THIS BACK UP AS PART OF THAT ABSOLUTELY HER  
PRESENTATION YEAH  
1:52:29  
ABSOLUTELY AND SO I THINK THE COMMITTEE CAN WAIT UNTIL THAT MOMENT  
IN  
1:52:34  
THE MEANTIME FROM THE PUBLIC WE DO HAVE ONE QUESTION AND THAT  
IS DOES  
1:52:41  
OUR COMMITTEE SEE A WAY TO SUPPORT THE CONTINUITY OF THE COW  
COMPASS MODEL SO  
1:52:49  
ANYONE WHO LIKE TO ADDRESS  
1:52:54  
THAT SO THAT QUESTION IS FROM DEBBIE TOS NOT A FRIEND OF MINE WHO  
WAS WITH CHOICE  
1:53:00  
IN AGING SO THANK YOU VERY MUCH DEBBIE SO I COULD JUST JUMP IN HERE  
AND  
1:53:06  
MICHELLE YOU CAN MAYBE CORROBORATE THIS OR OR NOT BUT I'M THIS  
COMMITTEE  
1:53:12  
HAS DEFINITELY MADE RECOMMENDATIONS ABOUT  
1:53:19  
BILLS WE THINK SHOULD BE SUPPORTED BUDGET ASKS THAT WE THINK  
SHOULD BE SUPPORTED SO I I THINK THAT THAT'S  
1:53:25

WITHIN THE PRVIEW OF THE COMMITTEE TO MAKE A STATEMENT THAT WE  
SEE THE VALUE  
1:53:31  
OF THIS PROGRAM AND YOU KNOW ENCOURAGE CONTINUED SUPPORT FOR  
IT I DON'T KNOW IF  
1:53:36  
THERE'S MICHELLE THERE'S LIMITATIONS AT ALL ON WHAT WE  
1:53:42  
CAN HOW ACTIVE OUR ADVOCACY CAN BE HOW DIRECT OUR ADVOCACY CAN  
1:53:48  
BE YOU'RE MUTED IF  
1:53:54  
YOU'RE NOW CAN YOU HEAR ME YEAH I CAN HEAR YOU YESI DON'T KNOW IT'S  
A COMMITTEE AS  
1:54:02  
HOW MUCH YOU'VE SPECIFICALLY TAKEN POSITIONS ON BILLS BUT I DO  
KNOW THAT SO AFTER EVERY MEETINGWE SEND A LETTER  
1:54:09  
TO SECRETARY GAHLY WITH YOUR RECOMMENDATIONS SO AT THE END OF  
THE MEETING TODAY WHEN DARRICK'S  
1:54:16  
COLLECTING NOTES IF THERE'S SOMETHING THAT PEOPLE WANT TO PUT  
FORWARD AROUND THESE TYPES YOU KNOW THE SPECIFIC  
1:54:21  
PROGRAMS OR SERVICES WE COULD DEFINITELY MAKE SURE THAT THAT IT'S  
NOTED IN THE LETTER THAT GOES TO SECRETARY  
1:54:28  
GAHLY BECAUSE ONE OF THE THINGS THAT REALLY STUCK OUT TO ME IN  
CELINE'S PRESENTATION WAS THAT THE SERVICES  
1:54:34  
THEY'RE OFFERING COVER THE WHOLE  
1:54:39  
THE JOURNEY THAT FAMILIES ARE ON RIGHT FROM THE VERY BEGINNING ALL  
THE WAY THROUGH THOSE BEREAVEMENT SERVICES I  
1:54:45  
MEAN I JUST THINK THAT'S SO IMPORTANT WHEN YOU'RE TALKING ABOUT  
ALZHEIMER'S AND DEMENTIA WHICH AS WE ALL KNOW IS A  
1:54:52  
PROGRESSIVE DISEASE SO THOSE CAREGIVER NEEDS ARE JUST SHIFTING  
ALL ALONG THAT  
1:54:58  
PROGRESSION ALONG WITH THE PERSON LIVING WITH THE DISEASE AND SO  
THAT YOU KNOW IF WE CAN BE ENCOURAGING A SERVICE DELIVERY SYSTEM  
1:55:06  
THAT MOVES WITH THEM WHICH YOU KNOW THE ADULT DAYCARE RESOURCE  
CENTERS DOES  
1:55:12



I MEAN THAT JUST SEEMS TO MAKE A LOT OF SENSE TO ME I'D LIKE TO TAKE A PAUSE RIGHT NOW

1:55:19

BECAUSE WE HAVE A SPECIAL GUEST WHOM WE JUST TALK ABOUT YOU KNOW HOW CAN WE

1:55:24

REALLY RECOMMEND YOU KNOW ANY ISSUES OR CONCERNS TO THIS INDIVIDUAL

1:55:30

AND THAT'S DR GHALY AND SO SECRETARY GHALY PLEASE GO AHEAD AND YOU KNOW THIS IS

1:55:36

YOUR AIR TIME SURE WELL THANK YOU AND BARBRA SORRY TO INTERRUPT YOUR

1:55:42

TRAIN OF THOUGHT AND THINKING PROBABLY MORE EXCITING FOR ME TO HEAR

1:55:47

WHAT YOU'RE TALKING ABOUT IN THE CONVERSATION TODAY THAN TO HEAR A FEW WORDS FROM ME BUT I'M GOING TO TRY TO DO

1:55:54

MY BEST AND HAPPY TO TAKE A COUPLE QUESTIONS AND HOPEFULLY I DON'T INTERRUPT THE FLOW OF CONVERSATION

1:56:00

TOO MUCH FIRST LET ME START WITH THE APOLOGY THAT I WASN'T AVAILABLE

1:56:06

EARLIER IN THE DAY THANK YOU DARCI FOR STEPPING IN AND SUSAN FOR

1:56:11

COORDINATING THAT IT IT'S PROBABLY NOT UNLIKE SOME OF THE CAREGIVER

1:56:16

SITUATIONS THAT I KNOW YOU GUYS HEAR ABOUT OR PARTICIPATE IN YOU GET THROWN A

1:56:22

A SORT OF UNEXPECTED CURVEBALL AND THEN YOU HAVE TO ADDRESS IT FOR A LITTLE

1:56:27

BIT LET ME JUST FIRST THANK YOU ALL FOR YOUR ONGOING SERVICE ON THE

1:56:33

ADVISORY COMMITTEE I KNOW THIS IS AN IMPORTANT MONTH BOTH FOR ALZHEIMER'S AWARENESS AND FAMILY CAREGIVERS AND I

1:56:40

KNOW THAT'S PART OF THE CONVERSATION YOU'RE HAVING TODAY I'VE BEEN SPENDING QUITE A BIT OF MY TIME TALKING

1:56:47

ABOUT CAREGIVING AND THE QUOTE CARE ECONOMY ON BOTH ENDS WHAT DOES THIS MEAN

1:56:53  
FOR YOUNG PEOPLE AND SUPPORTING KIDS AND CHILDREN AND WHAT DOES  
IT MEAN FOR THOSE

1:56:59  
LIVING WITH DISABILITIES AND THOSE OLDER CALIFORNIANS AND MAKING  
SURE THAT WE GET THEIR SUPPORT AND THROUGHOUT ALL

1:57:06  
OF IT I'M THINKING ABOUT WHAT IOFTEN CALL THE BIGGEST PRIVILEGE OF MY  
LIFE

1:57:12  
WHICH WAS PROVIDING CARE TO MY OWN FATHER AT THE END OF HIS LIFE I  
WAS A

1:57:17  
RESIDENT AT UCSF IN SAN FRANCISCO MY PARENTS HAD MOVED FROM THE  
MIDWEST TO

1:57:23  
LIVE NEAR THEIR KIDS DOWN IN SAN MATEO SO I DID THE 45 MINUTE  
COMMUTE DOWN THERE

1:57:31  
PROBABLY FOUR OR FIVE DAYS A WEEK HELPING MY DAD LIVE WITH  
CHRONIC

1:57:37  
RENAL DISEASE AND ON DIALYSIS WE WERE THE FIRST FAMILY IN CALIFORNIA  
TO DO

1:57:43  
HOME HEMODIALYSIS AND IT HELPED TO HAVE TWO PHYSICIAN SONS WHO  
COULD HELP SUPPORT

1:57:49  
THAT BUT IT WAS EXHAUSTING AND ALWAYS FULL OF UPS AND DOWNS AND

1:57:55  
EMOTIONAL BUT AS I SAID AND I THINK ARGUABLY IN THE ROLE THAT I'VE HAD  
OVER THE PAST FIVE YEARS I'VE HAD SOME PRETTY

1:58:02  
INCREDIBLE OPPORTUNITIES TO SERVE YET THAT MOMENT WITH MY DAD  
AND TAKING CARE OF HIM AT THE END OF HIS

1:58:08  
LIFE IS BY FAR THE MOST IMPORTANT THING I FEEL LIKE I'VE EVER HAD THE  
PRIVILEGE OF DOING YET IT WAS SUPER HARD

1:58:16  
AND SUPER DISRUPTIVE AND I JUST WANT TO SHARE THOSE THOUGHTS AND  
IDEAS BECAUSE I

1:58:21  
KNOW YOU GUYS ARE SEEPED IN A CONVERSATION OF HOW DO WE MAKE  
SURE WE'RE ADDRESSING A GROWING NEED IN

1:58:28  
CALIFORNIA WITH WHAT FEELS LIKE A DWINDLING SET OF OPPORTUNITIES  
AND SERVICES AND PEOPLE THE WORKFORCE RIGHT

1:58:35

AND SO HOW DO WE BALANCE THAT AND I JUST WANT TO ENCOURAGE YOU TO CONTINUE TO

1:58:41

WORK WITH SUSAN AND DARCI AND KIM JOHNSON AND MICHELLE BASS AND OTHERS AS

1:58:47

WE TRY TO LOOK FOR OPPORTUNITIES LIKE NO OTHER STATE TO ADDRESS THIS AND

1:58:52

TO THINK ABOUT THIS QUOTE CARE ECONOMY BOTH FROM THE PERSPECTIVE OF HOW DO WE SERVE THOSE WITH REAL NEEDS EFFECTIVELY

1:59:01

ADEQUATELY WITH DIGNITY AND WITH EQUITY BUT ALSO HOW DO WE MAKE SURE WE MAINTAIN AND BUILD UP A SKILLED WORKFORCE THAT IS

1:59:08

VALUED AND SUPPORTED AND THAT THESE EXPERIENCES AS I SAID I MADE THE QUOTE

1:59:15

SACRIFICE AS A RESIDENT WITH A PROMISING KNOWN CAREER IN FRONT OF ME AS A

1:59:21

PHYSICIAN I KNOW A LOT OF PEOPLE DON'T HAVE THE SAME SETS OF OPPORTUNITIES NECESSARILY THEY'RE

1:59:27

STEPPING OUT OF CAREERS THAT ARE JUST GETTING STARTED THAT AREN'T AS

1:59:33

WELL PRESCRIBED AND THEY'RE MAKING IMPORTANT SACRIFICES AND LOSING OPPORTUNITIES AND HOW DO WE MAKE SURE WE

1:59:40

BALANCE ALL OF THIS SO I SUSPECT AND KNOW THAT THIS IS IN THE MIDDLE OF SOME OF THE WORK AND ISSUE YOU ALL ARE

1:59:47

TALKING ABOUT AND JUST WANT WANTED TO SHARE SORT OF MY OWN EXPERIENCE

1:59:52

ENCOURAGE YOU TO KEEP WORKING AT THIS AS MUCH AS YOU POSSIBLY CAN AND SHARE

1:59:59

YOUR NEW AND FRESH IDEAS EVEN RECYCLE SOME OF THE OLD ONES THAT DIDN'T EXACTLY

2:00:05

STICK BECAUSE FRANKLY MOST OF THOSE THEY FIND THEIR TIME IN THEIR DAY AND

2:00:10

THEY CAN HELP US MAKE THE PROGRESS THAT I KNOW COLLECTIVELY ALL OF YOU SACRIFICE

2:00:15

YOUR TIME TO CONTRIBUTE TO AND I CERTAINLY FIND THAT A KEY PIECE OF WHAT OUR EFFORT IS AT CAL HHS AND CERTAINLY

2:00:24

SUSAN'S EFFORT AT THE DEPARTMENT OF AGING SO WITH THAT I'M GOING TO STOP HAPPY TO TAKE A COUPLE OF QUESTIONS

2:00:30

THROW SOME TOMATOES MY WAY SHARE SOME ENCOURAGEMENT OR DISAPPOINTMENT IN YOUR

2:00:35

OWN RIGHT BUT I CAN STAY FOR A FEW MINUTES IF IT'S NOT TOO DISRUPTIVE WELL THANK YOU SO MUCH DR GHALY VERY

2:00:43

THRILLED THAT YOU SHARE YOUR OWN PERSONAL STORY ABOUT TAKING CARE OF YOUR FATHER IN THE MEAN I'M VERY ENCOURAGED

2:00:51

BY YOU KNOW YOU SAYING THAT PLEASE KNOW KEEP ON YOU KNOW GIVING YOU SOME IDEAS OR EVEN RECYCLE SOME IDEAS AND THAT'S

2:00:58

REALLY WONDERFUL TO HEAR I' LIKE TO GO BACK TO BARBRA SO YOU CAN CONTINUE THE

2:01:04

Q&A AND EVEN ANSWERING SOME QUESTIONS FROM THE

2:01:10

PUBLIC ARE WE GONNA HAVE QUESTIONS FROM THE PUBLIC AT THIS POINT OR DO YOU JUST IF ANY OF THE

2:01:18

COMMITTEE HAVE QUESTIONS OR COMMENTS FOR DR GHALY AND THEN WE CAN DO THE PUBLIC COMMENT AND

2:01:28

BREING SO ARE THERE ANY QUESTIONS I THINK ANDREA HAS HER HAND UP

2:01:34

ANDREA I JUST HAD A COMMENT I REALLY APPRECIATE YOUR STORY DR

2:01:41

AND THAT'S WHY IT'S REALLY IMPORTANT FOR CONSUMERS TO GET MORE TERM TIME

2:01:46

BECAUSE RIGHT NOW WE'RE ONLY GETTING ONE YEAR AND THEN ONE EXTRA YEAR AND THOSE STORIES REALLY MAKES A BIG IMPACTIN

2:01:54

RELATION TO THE STORIES THE SATISTICS THE EXPERIENCE AND THE AREGIVERS

2:02:01

JOURNEY AND SO I'M HOPING THAT THEY'LL REALLY REVISIT THE TERM TIME IN REGARDS

2:02:07

TONOT SO MUCH FOR ME BUT PEOPLE THAT'S COMING BEHIND METO GET MORE

2:02:12

TIME ON A COMMITTEE IN REGARDS TO SHARING THEIR PERSONAL EXPERIENCE BECAUSE I THINK IT ALL COME TOGETHER AND

2:02:20

I'M JUST HOPING THAT THE STATE LEVEL REALLY LOOK AT THAT PARTICULAR BILL I CAN'T REMEMBER WHAT THE BILL NUMBER

2:02:26

IS BUT I THINK IT'S REALLY IMPORTANT BECAUSE YOUR STORY WAS

2:02:31

REALLY POWERFUL AND TO KNOW THAT MORE OF US YOU KNOW HAVE STORIES EITHER YOU

2:02:38

KNOW LIVING WITH THE CONDITION OR BEING FAMILY CAREGIVERS SO THAT WAS ONE

2:02:45

QUESTION ONE OTHER QUICK QUESTION IT'S REALLY IMPORTANT TO SUPPORT THE CAREGIVER WHETHER THEY'RE PAID OR UNPAID

2:02:52

IN REGARDS TO EDUCATIONAL TRAINING PAY BECAUSE THEY'RE THE FOUNDATION OF

2:02:57

ALL THESE EFFORT SO I'M JUST HOPING THAT YOU KNOW YOU KNOW YOU GUYS CONTINUE

2:03:02

TO LOOK AT THOSE RECOMMENDATIONS SO THANK YOU SO MUCH FOR SHARING IT WAS

2:03:08

SO POWERFUL AND I LOVE YOUR BACKGROUND IT IS SO FRIENDLY THANK YOU AND THANK YOU FOR

2:03:14

SHARING SOME OF THE FEEDBACK AND WE CERTAINLY WILL I THINK THIS ASPECT

2:03:21

OF TRAINING AND PROVIDING MORE TOOLS FOR PEOPLE TO DO THE WORK THAT THEY DO

2:03:27

GENUINELY FROM THE HEART AND WITH DEEP CONNECTION AND RELATIONSHIP WITH THOSE THEY'RE SERVING AND CARING FOR BUT

2:03:34

TO EQUIP WITH MORE SKILLS AND ABILITIES IS ALWAYS BETTER AND WE SHOULD FIND MORE

2:03:39

OPPORTUNITIES TO DO IT FOR

2:03:45

SURE TAKE ONE YEAH SECRETARY GHALLY I JUST WANT TO ANOTHER TOPIC A THREAD OF THIS

2:03:52

MORNING'S CONVERSATION WAS AND KATHY KELLY USED THE TERM MISSING MIDDLE SO IF

2:03:58

YOU'RE UNDER THE MEDICAL LIMIT AND I'M NOT SAYING THAT ALL THEIR NEEDS ARE MET BUT THERE'S A LOT HAPPENING IN THAT SPACE I MEAN THE CALAIM PROGRAM AND THE

2:04:05

STAFF WHO'VE BEEN WORKING ON EMBEDDING BEST PRACTICES ON DEMENTIA CARE AND THAT'S SOME TREMENDOUS PROGRESS HAS BEEN

2:04:10

MADE AND WE LOOK FORWARD TO MORE BUT NOW WE'VE GOT THIS HUGE GROUP OF FOLKS WHO

2:04:15

ARE ON THE OTHER SIDE OF THAT LINE RIGHT AND DON'T MAKE ENOUGH MONEY TO EASILY AFFORD CARE AND SUPPORT SO WHAT ARE

2:04:21

WE DOING FOR THEM SO I KNOW THERE'S BEEN WORK ON TRYING TO CREATE A LONG-TERM CARE BENEFIT HERE IN CALIFORNIA I

2:04:27

REALIZE HOW CHALLENGING THAT IS BUT I JUST WANT TO URGE AGAIN YOU KNOW ANYTHING THAT THAT WE CAN DO AS A

2:04:33

COMMITTEE OR THOSE OF US OUT IN THE COMMUNITY AS ADVOCATES TO HELP TO MOVE THAT FORWARD THAT DOESN'T SOLVE ALL

2:04:39

OF OUR PROBLEMS BUT IT WOULD BE A VERY IMPORTANT STEP IN THE RIGHT

2:04:45

DIRECTION II AGREE WITH YOU I THINK WE HAVE WE HAVE A LOT OF PLACES TO

2:04:51

LOOK TO SUPPORT THE QUOTE MISSING MIDDLE YOU KNOW THERE'S A THERE'S A NUMBER

2:04:57

OF STRATEGIES THAT WE ARE EXPLORING OBVIOUSLY WHERE THAT LINE IS DRAWN WE WANT TO MAKE SURE THAT WE'RE BEING

2:05:03

THOUGHTFUL AND AGGRESSIVE WITH IT HOW IF WE WERE TO CREATE A BENEFIT AND

2:05:10

ONLY ONE OTHER STATE AS FAR AS I KNOW HAS ONE OTHERS ARE LOOKING AT IT BUT WE ALSO WANT TO MAKE IT A WORTHWHILE

2:05:16

BENEFIT IF YOU'RE PAYING INTO A SYSTEM TO ONLY FIND THAT IT DOESN'T ACTUALLY GIVE YOU WHAT YOU HOPED FOR OR WHAT YOU

2:05:23

EXPECTED AND FAMILY IS STILL YOUR EXTENDED FAMILY IS STILL FIGURING IT OUT

2:05:28

FOR YOU THAT WOULD ALSO BE A MAJOR CHALLENGE AND LET DOWN SO I THINK ALL OF

2:05:34  
THESE IDEAS ARE MOVING ALBEIT SLOWLYBUT WE ARE ACTIVELY THINKING  
THROUGH

2:05:40  
THEM AND INVITE YOU TO CONTINUE I KNOW YOU ARE THROUGH THIS  
COMMITTEE THROUGH OTHER CHANNELS WITH SUSAN WITH DARCI

2:05:47  
WITH OTHER PEOPLE THAT I HAVE THE PRIVILEGE TO WORK WITH TO REALLY  
GET US TO STEP UP AND STEP BOLDLY INTO THIS

2:05:53  
SPACE AND I THINK THERE'S A REAL WILLINGNESS TO DO IT FIGURING OUT  
THE DETAILS IS ALWAYS THE MESSY PIECEBUT

2:05:59  
THE INTENT TO DO THAT AND THE LAST THING I WILL SAY AND WE'VE SPENT  
MORE TIME ON ITINTERNALLY IS JUST HOW DO WE PUSH

2:06:08  
MEDICARE RIGHT AND HOW DO WE FIGURE OUT WHAT MEDICARE'S ROLE IS  
IN SOME OF THIS

2:06:13  
BECAUSE WE HAVE SO MUCH CREATIVE SPACE ON THE MEDICAID SIDE AND  
PUSHING THOSE LIMITS AS FAR AS CAN BUT THE TRUTH IS

2:06:20  
THAT MISSING MIDDLE ALL HAVE A THING IN COMMON WHICH IS MEDICARE  
AND HOW ARE WE USING OUR OWN

2:06:28  
OFFICE OF MEDICAID MEDICARE INNOVATION TOINTEGRATION AND  
INNOVATION TO

2:06:33  
REALLY THINK ABOUT THIS PIECE SO WE DO HAVE LEVERS WE'RE TRYING TO  
THINK ABOUT THEM ALL AND ARE ENCOURAGED BY YOU GUYS

2:06:41  
PUSHING US TO THINK MORE CREATIVELY AS WELL I DON'T WANT TO I'M SURE  
IF I

2:06:50  
IF I KEPT PROMPTING QUESTIONS YOU COULD KEEP BRINGING THEM AND I  
APPRECIATE THAT BUT I KNOW YOU HAVE AN

2:06:56  
AGENDA AND YOU HAVE PUBLIC COMMENT AND OTHER IMPORTANT PEOPLE  
TO HEAR FROM SO I'LL LET YOU ALL GET BACK TO THE

2:07:03  
REGULAR SCHEDULED PROGRAM AND JUST THANK YOU AGAIN FOR YOUR  
PASSION YOUR WORK AND YOUR COMMITMENT TO WORKING WITH US TO

2:07:10  
FIND A BETTER WAY IN CALIFORNIA WOW DR GHALY THAN YOU SO MUCH FOR  
BEING HERE FOR ONLY

2:07:16  
FIVE MINUTES BUT YOU KNOW PLEASE COME BACK FROM TIME TO TIME  
BECAUSE WE LOVE TO HAVE YOU AND DIALOGUE WITH YOU SO WE

2:07:23  
CAN WORK TOGETHER AS PARTNERS THANK YOU VERY MUCH MY PLEASURE  
THANK YOU ALL

2:07:29  
BYE SO WITH THAT BARBRA DO WE HAVE ANY MORE COMMENTS OR  
FEEDBACK BECAUSE I

2:07:35  
DIDN'T ANSWER THE PUBLIC COMMENT FROM DIANE PUCKET ON THE Q&A  
CHAT BOX

2:07:44  
AND SO FOR THOSE OF YOU WHO WANTS TO READ US SHE HAS MENTIONED  
PLEASE

2:07:50  
YOU KNOW CLICK ON THE Q&A CHECK THE BOX AND THEN YOU CAN SEE HER

2:08:00  
FEEDBACK YEAH

2:08:11  
PLEASE HELLO EVERYONE THIS IS CARROLL DEANDREIS THIS IS OUR PUBLIC  
COMMENT

2:08:17  
PERIOD IF THE PUBLIC WOULD LIKE TO MAKE A COMMENT VIRTUALLY PLEASE  
USE

2:08:24  
YOUR ZOOM FUNCTIONS AND YOU CAN RAISE YOUR HAND AND WE WILL GO  
AHEAD AND

2:08:29  
CALL ON YOU WE'LL UNMUTE YOUR LINE AND CALL ON YOU IF YOU'RE  
DIALING IN BY PHONE IT IS STAR NINE ON THE DIAL PAD

2:08:38  
AND THEN WE WILL UNMUTE YOUR LINE SO

2:08:44  
IF YOU HAVE A PUBLIC COMMENT THIS IS A TIME TO GIVE IT TO THE

2:08:52  
COMMITTEE AND OF COURSE WRITTEN COMMENTS HAVE BEEN TAKEN  
THROUGH THE Q&A FUNCTION SO THANK YOU VERY MUCH FOR

2:08:58  
UTILIZING THAT AS WELL THANK YOU CARROLL FOR GIVING THAT

2:09:06

2:09:17  
INSTRUCTIONS DO WE HAVE ANYONE FROM THE PUBLIC WANTING TO MAKE A  
COMMENT OR ASK A

2:09:34  
QUESTION OKAY LET'S SEE THERE'S ONE IN

2:09:39  
THE Q&A BOX

2:09:44  
OKAY SO BASICALLY JUST YEAH DIANE WRITES THANK YOU DARRICK



2:09:50  
YEAH AND THANK YOU DIANE FOR YOUR  
2:10:07  
COMMENTS ALL RIGHT IT IS 1211 RIGHT NOW AND SO WE ARE GOING IF  
2:10:16  
WE DON'T HAVE ANY MORE PUBLIC COMMENT MAYBE WE CANTAKE A LUNCH  
BREAK  
2:10:23  
RIGHT NOW AND INSTEAD OF THE FULL 30 MINUTESWHY DON'T WE COME  
BACK AT  
2:10:29  
12:35 BECAUSE WE HAVE A VERY PACKED AGENDA TODAY SO SEE YOU IN  
ABOUT 25 MINUTES  
2:10:39  
OKAY THANK YOU VERY MUCH AND TALK TO YOU AGAIN  
2:10:47  
SOON  
2:11:08  
ALL OF THIS MORNING'S PRESENTERS OH MY GOSH THAT WAS LIKE A  
MASTER CLASS IN CAREGIVING TODAY AND THE WAY YOU WERE  
2:11:16  
ALL SO SUCCINCT WITH YOUR SLIDES BUT THEY WERE EACH ONE WAS SO  
MEATY THANK  
2:11:22  
YOU VERY MUCH I TOOK COPIOUS NOTES I WANTING TO SHARE AND BARBRA  
THANK  
2:11:28  
YOU ACTUALLY MADE A PERFECT SEGUE FOR WHAT WE'RE GOING TO TALK  
ABOUT HERE  
2:11:34  
MAYBE AS WE AS WE NARROWED THE FOCUS YOU KNOW TAKE US OUT A  
LITTLE BIT  
2:11:39  
INTO THE BROADER CONTEXT IN WHICHMUCH OF THIS ACTIVITY IS  
HAPPENING SO WE  
2:11:44  
CAN GO AHEAD AND START WITH THE FIRST SLIDE  
2:11:51  
THANK YOU ROSIE I WANTED TO JUST SUMMARIZE A  
2:11:57  
FEW OF THE ACTIVITIES UNDERWAY AT THE DEPARTMENT OF AGING  
TODAYSO FIRST  
2:12:03  
AND FOREMOSTWE DO PROVIDE THE BACKBONE OF CAREGIVING SERVICES  
AND  
2:12:09  
PROGRAMS AND SUPPORT AND FUNDING THROUGH OUR DEPARTMENT WE  
HAVE THE 33

2:12:16  
AREA AGENCIES ON AGING ALL OF WHICH RECEIVE OLDER AMERICANS  
2:12:22  
ACT FUNDING OLDER CALIFORNIANS ACT FUNDING IN SUPPORT OF FAMILY  
2:12:27  
CAREGIVERS AND WE ALSO SUPPORT THE 11 CAREGIVER RESOURCE  
CENTERS THAT WE  
2:12:32  
THANK YOU KATHY AND BEING ABLE TO HEAR ABOUT THE DATA FROM THE  
FROM CARE  
2:12:37  
NAV AND WHAT'S HAPPENING IN WITHIN THE NETWORK OF 11 CAREGIVER  
RESOURCE CENTERS  
2:12:43  
SO WHILE THERE ARE 33 AND 11 EACH OF THESE NETWORKS SUPPORT ALL  
58  
2:12:49  
COUNTIES WE ALSO TOUCHED A LITTLE BIT ON CAL GROWS THIS IS OUR  
HOME AND  
2:12:55  
COMMUNITY BASED SERVICES FUNDING THROUGH THE END OF NEXT YEAR  
THAT SUPPORTS THE  
2:13:00  
DIRECT CARE WORKFORCE AND WE NOW HAVE 76 GRANTEES THAT ARE  
PROVIDING TRAINING  
2:13:08  
TO THE DIRECT CARE WORKFORCE AND TO FAMILY CAREGIVERS AND THE  
STIPEND PROGRAM  
2:13:13  
HAS BEEN ACTIVATED I KNOW MANY OF YOU ON THIS ADVISORY COMMITTEE  
ARE GRANTEES  
2:13:18  
UNDER CAL GROWS AND WE ALSO HAV EOTHER EFFORTS  
2:13:24  
INCLUDING THE IHSS IN HOME SUPPORTIVE SERVICES CAREER PATHWAYS  
2:13:29  
INITIATIVE THAT HAS BEEN WILDLY SUCCESSFUL AND VERY POPULAR AMONG  
IHSS  
2:13:36  
WORKERS AGAIN PROVIDING TRAINING AND STIPENDS UPON COURSE  
COMPLETION AND  
2:13:43  
PART OF THAT TRAINING YOU KNOW IN BOTH CAL GROWS AND IN IHSS  
INCLUDES TRAINING ON ALZHEIMER'S  
2:13:51  
DEMENTIA AND OTHER COGNITIVE IMPAIRMENTS AND THEN WE'RE ALSO  
VERY EXCITED ABOUT THE WORK AT THE HEALTH CARE ACCESS AND  
2:13:58

INFORMATION DEPARTMENT HCAI THEY'RE ROLLING OUT THE COMMUNITY HEALTH

2:14:05

WORKERS PROGRAM THAT IS NOW AN ELIGIBLE JOB TYPE THAT IS FUNDED

2:14:12

ELIGIBLE FOR MEDICAL REIMBURSEMENT AND WITHIN THE CHWS COMMUNITY HEALTH WORKERS

2:14:18

THERE'S QUITE A BIT HAPPENING AROUND DEMENTIA CARE AS WELL WE ALSO ARE SUPER EXCITED ABOUT

2:14:25

OUR FEDERAL ADMINISTRATION FOR COMMUNITY LIVING GRANT CALZ CONNECT THIS IS IN

2:14:32

THREE COUNTIES CURRENTLY IMPERIAL VENTURA AND MARIN AND WE'RE PARTNERING

2:14:38

WITH OUR AREA AGENCIES ON AGING AND OUR INDEPENDENT LIVING CENTERS TO TEST A

2:14:44

MODEL AND WHEN WE HEARD FROM OUR PRESENTER HILDA I BELIEVE WAS HER NAME

2:14:51

ABOUT NEEDING SUPPORT AFTER HOURS THIS IS PART OF WHAT WE'RE PILOTING

2:14:57

WITH CALZ CONNECT IS ONE A ONE-STOP

2:15:02

SHOP FOR PEOPLE UPON DIAGNOSIS AND FAMILY CAREGIVERS TO GET SOME INTENSIVE

2:15:08

SERVICES USING THE CARE ECOSYSTEM MODEL SO RIGHT AWAY THEY GET PLUGGED INTO

2:15:13

SERVICES AND THEN THEY HAVE SUSTAINED SERVICES FOR A PERIOD OF TIME AND

2:15:19

THEN WE'RE PILOTING IN VENTURA COUNTY HOW WE MIGHT BE ABLE TO OFFER THAT 24/7 WHICH WOULD BE THE BEGINNING OF

2:15:27

ULTIMATELY SOME DAY A 24/7 CONTACT CENTER THAT CDA DREAMS OF SOMEDAY

2:15:35

WE'RE ALSO PARTNERING ON NUMBER FOUR WITH OUR DEPARTMENT OF HEALTH CARE SERVICES ON THE HOME AND COMMUNITY BASED

2:15:42

SERVICES GAP ANALYSIS THIS WAS FUNDED IN THE BUDGET A YEAR AGO

2:15:48

AND WE'RE SO EXCITED ABOUT THE WORK THAT'S NOW UNDERWAY WE'RE  
LOOKING AT EVERY MEDICAID FUNDED PROGRAM SO TO

2:15:55

BARBRA'S POINT EARLIER THAT IN SOME WAYS CALIFORNIA IS DOING FAR  
MORE UNDER

2:16:02

MEDI-CAL DEFINITELY MORE THAN OTHER STATES AND ACTUALLY MORE  
THAN PEOPLE WHO

2:16:07

WHO ARE PAYING PRIVATELY OUT OF POCKET WHO ARE PART OF THE  
FORGOTTEN OR MISSING MIDDLE MAY NOT EVEN BE ABLE

2:16:15

TO ACCESS A NUMBER OF SERVICES THAT OUR STATE'S MEDICAID  
BENEFICIARIES CAN ACCESS SO WE'RE LOOKING AT ALL OF THE MEDICAID

2:16:23

HCBS SERVICES THIS WOULD BE ADULT DAY HEALTH CARE MULTI-PURPOSE  
SENIOR

2:16:28

SERVICES PROGRAM PACE AND MANY OF THE OTHER WAIVER PROGRAMS  
ASSISTED LIVING

2:16:33

WAIVER FOR INSTANCE THAT'S ON THE DEPARTMENT OF HEALTH CARE  
SERVICES SIDE AT CDA WE'RE

2:16:40

LOOKING AT THE NON-MEDICAID HOME AND COMMUNITY BASED SERVICES SO  
THIS WOULD BE OUR CAREGIVER RESOURCE CENTERS OUR

2:16:47

ARE AGENCIES ON AGING ADULT DAY PROGRAMS OTHER PARTS OF OUR  
HCBS NETWORK

2:16:54

AND WE'RE DOING THIS STATEWIDE AND WE'LL BE ABLE TO SEE CLEARLY  
AND STARKLY

2:17:00

WHERE THE GAPS EXIST AND THEN WE'LL HAVE A ROAD MAP TO EVENTUALLY  
CLOSE THOSE

2:17:05

GAPS NUMBER FIVE IS THE ITEM BARBRA ASKED SECRETARY GHALY ABOUT  
IS LONG-TERM

2:17:12

SERVICES AND SUPPORTS FINANCING WHAT MORE COULD CALIFORNIA DO

2:17:18

TO HELP PEOPLE WHO ARE IN THE MISSING OR FORGOTTEN MIDDLE ACCESS  
HOME CARE

2:17:24

RESPIRE CARE COMMUNITY-BASED PROGRAMS AND SERVICES AND  
SUPPORTS THAT THEY NEED

2:17:31

TO LIVE AT HOME IN THE COMMUNITY AND TO AVOID OR DELAY LONG-TERM CARE

2:17:37

PLACEMENT WE'RE VERY EXCITED TO BE STARTING ON THE CAREGIVER EQUITY ROAD

2:17:43

MAP THIS IS ONE OF OUR CURRENT MASTER PLAN FOR AGING INITIATIVES AND

2:17:49

WHAT WE'RE DOING HERE IS WE'RE TAKING PRESIDENT BIDEN'S NATIONAL STRATEGY FOR

2:17:55

FAMILY CAREGIVING THAT CAME OUT A YEAR AGO AND WE'RE MAPPING IT TO ALL OF

2:18:00

CALIFORNIA'S CAREGIVER PROGRAMS AND WE'RE PUTTING AN EQUITY

2:18:05

LENS ON IT AND THEN WE'LL BE ABLE TO STEP AWAY FROM THAT AND SEE WHERE WE FALL SHORT SO THAT'S SOMETHING WE'RE

2:18:11

EXCITED TO BE WORKING WITH UC DAVIS BETTY IRENE MOORE SCHOOL OF NURSING ON AND IT WILL ENGAGE ALL OF OUR

2:18:18

PARTNERS OUR STATE PARTNERS OUR AAAS AND CAREGIVER RESOURCE CENTERS ALL OF

2:18:25

THE NON-PROFIT ORGANIZATIONS AND THE ALZHEIMER'S GROUPS THAT ARE SUPPORTING CAREGIVERS WILL ALL BE PART OF THAT

2:18:32

THAT WORK AND THEN YOU HEARD A BIT FROM CELINE ABOUT CAL COMPASS

2:18:39

YOU'RE FAMILIAR WITH THAT AND MICHELLE JOHNSTON'S DOING AN OUTSTANDING JOB LEADING THAT AT CDA WE ALSO ARE

2:18:47

PLEASED THAT WE JUST ISSUED THE FIRST ROUND OF FUNDING FOR BRIDGE TO RECOVERY

2:18:53

WE WERE ABLE TO LET OUT ABOUT \$20 MILLION TWO WEEKS

2:18:58

AGO IN SUPPORT OF ADULT DAYCARE ADULT DAY HEALTH CARE AND PACE CENTERS THAT

2:19:05

NEED DOLLARS TO SHORE UP THEIR STAFFING AND TO PUT IN PLACE SOME

2:19:11

MITIGATION EFFORTS LIKE HVAC FUNDING OR EXPANDED OUTDOOR ACCESS

2:19:18

SO THEY CAN BETTER SERVE THEIR POPULATION IN TIMES OF INFECTION

2:19:23  
OUTBREAKS OR WHAT WE LEARNED FROM THE PANDEMIC SO THOSE ARE  
THINGS HAPPENING AT CDA AND NOW I'LL MOVE

2:19:30  
TO LET'S SEE NEXT SLIDE

2:19:36  
PLEASE SO IN THE DEPARTMENT YOU KNOW WE'RE OUR MINDSET IS  
SHIFTING NOW

2:19:42  
WHETHER IT'S ALL OF THE ARPA FUNDING THE HCBS FUNDING THE COVID  
FUNDING OR EVEN

2:19:49  
THE HUNDREDS OF MASTER PLAN FOR AGING INITIATIVES WE'RE NOW  
MOVING OUR

2:19:55  
MOVING AWAY FROM ISOLATED PROGRAMS AND INITIATIVES TO MORE OF A  
SYSTEM

2:20:01  
SYSTEMWIDE STRATEGY AND APPROACH AND SO WE'RE CALLING THIS OUR  
CORE FOUR AT

2:20:07  
THE DEPARTMENT OF AGING AND IT STARTS WITH THE VISION OF A NO  
WRONG DOOR SYSTEM

2:20:14  
THIS WAS KEY TO BOTH THE GOVERNOR'S ALZHEIMER'S PREVENTION AND  
PREPAREDNESS

2:20:19  
TASK FORCE REPORT AND THE MASTER PLAN FOR AGING AND WE RECEIVED  
A FEDERAL GRANT

2:20:27  
THAT HAS ENABLED US TO WORK ACROSS THE CALIFORNIA HEALTH AND  
HUMAN SERVICES AGENCY AND TO ENLIST OTHER AGENCIES SUCH

2:20:35  
AS HOUSING TRANSPORTATION LABOR AND WORKFORCE DEVELOPMENT IN  
ESTABLISHING

2:20:42  
A NO WRONG DOOR GOVERNANCE COUNCIL FOR THE STATE SO WHAT WE  
OFTEN HEAR ON THE

2:20:47  
GROUND IN THE COMMUNITY IS YOU KNOW THINGS ARE FRAGMENTED  
THEY'RE SILOED

2:20:54  
PEOPLE GET CROSS REFERRED THERE'S NOT A ONE-STOP SHOP AND SO WE  
RECOGNIZE

2:20:59  
THAT A LOT OF THAT STARTS AT THE TOP IT IT'S BOTTOM UP AND TOP DOWN  
SO

2:21:04

WE'RE WORKING ON THAT TOP DOWN APPROACH BY ESTABLISHING THE STATE'S FIRST NO  
2:21:09  
WRONG DOOR GOVERNANCE STRUCTURE AND COUNCIL THE SECOND PIECE IN OUR CORE  
2:21:16  
FOUR AND EACH OF THESE YOU CAN SEE ON THE SCREEN IS TIED TO A MASTER PLAN FOR  
2:21:21  
AGING INITIATIVE THIS MONTH WE'RE WRAPPING UP A YEAR-LONG DEEP DIVE AND EXAMINATION OF  
2:21:28  
OUR 33 AREA AGENCIES ON AGING OUR AAA NETWORK WE CALL THIS INITIATIVE  
2:21:35  
CALIFORNIA 2030 BECAUSE WE'RE TRYING TO FUTURE PROOF THE AAA NETWORK MANY OF OUR  
2:21:41  
AAA'S ARE CELEBRATING THEIR 50TH ANNIVERSARY THIS YEAR AND WE ARE TRYING  
2:21:47  
TO PROJECT WHAT THE NEEDS AND DEMANDS WILL BE OVER THE NEXT 50 YEARS AND HOW  
2:21:53  
CAN WE STRENGTHEN OUR AAAS INDIVIDUALLY AND COLLECTIVELY TO MEET  
2:21:59  
THE GROWING DEMAND AND A CHANGING POPULATION IT'S NOT JUST THAT WE'LL HAVE MORE OLDER ADULTS BUT WE WILL HAVE MORE  
2:22:07  
MEDICALLY COMPLEX OLDER ADULTS MORE LOW INCOME OLDER ADULTS MORE DIVERSE  
2:22:12  
OLDER ADULTS MORE OLDER ADULTS WHO ARE LIVING ALONE MORE BEHAVIORAL HEALTH CHALLENGES MORE PEOPLE WHO ARE  
2:22:19  
HOUSING INSECURE AND MORE PEOPLE WHO ARE IMPACTED BY CLIMATE CHANGE AND  
2:22:27  
DISASTERS WHETHER IT'S EXTREME HEAT OR WILDFIRES AND OTHER ACTIVITIES  
2:22:34  
SO WE'LL BE PUTTING OUT A REPORT THE END OF THIS YEAR ON OUR TOP RECOMMENDATIONS ON HOW WE CAN STRENGTHEN THE AAA  
2:22:42  
NETWORK THE THIRD PRONG HERE IN OUR FOUR-PRONG STRATEGY IS HOW DO WE SUSTAIN  
2:22:48

THE AGING AND DISABILITY RESOURCE CONNECTION PROGRAM THIS IS REFERRED TO AS

2:22:53

ADRC AND THIS IS INTENSIVE INFORMATION AND ASSISTANCE AND REFERRAL

2:23:00

THAT IS A PARTNERSHIP BETWEEN THE AAA'S AND THE STATE'S INDEPENDENT LIVING

2:23:05

CENTERS AND WE'VE GROWN THIS NETWORK QUITE A BIT WHERE WE'RE COVERING MANY

2:23:12

MORE COUNTIES WE'RE STILL IN GROWTH MODE THERE AND SO WE'RE LOOKING AT WHAT IS THE NEXT ITERATION OF THE

2:23:18

ADRC MODEL ONCE WE GET THEM ALL ESTABLISHED HOW DO WE SUSTAIN THIS AND

2:23:23

EMBED THIS IN THE STRUCTURE THAT EXISTS AND THEN FINALLY THE LONGEST TERM STRATEGY WE HAVE IS OUR DATA

2:23:31

GOVERNANCE AND YOU KNOW HOW DO HOW INTEROPERABILITY STRATEGY HOW DOES CDA

2:23:38

INTERFACE WITH ALL OF OUR COMMUNITY PARTNERS AAA CAREGIVER RESOURCE CENTERS ADULT DAY HEALTH CARE SITES

2:23:45

MSSP ADRC'S AND MORE AND THEN ALSO HOW DO WE HAVE A PUBLIC FACING

2:23:52

CONSUMER DIRECTED YOU KNOW THESE WERE KEY GOALS IN THE MASTER PLAN FOR AGING IN

2:23:59

THE GOVERNOR'S ALZHEIMER'S TASK FORCE HOW DO WE HAVE A CONSUMER FRIENDLY

2:24:05

WEB PORTAL THAT PEOPLE CAN ACCESS INFORMATION AND THEY CAN ENTER INFORMATION AND GET TAILORED RESULTS

2:24:12

FOR THEIR ZIP CODE HOW CAN WE HAVE 247 SUPPORT BY PHONE

2:24:17

LIVE HELP SO WE'RE LOOKING AT CALL CENTERS CONTACT CENTERS AND A WEB PORTAL

2:24:23

WHERE WE MIGHT HAVE SOME COMMON INTAKE INFORMATION THAT GETS PATCHED TO SOMEBODY AT THE LOCAL LEVEL SO THE

2:24:31

THESE ARE OUR CORE FOUR AND IT'S REALLY BUILDING A SYSTEM THAT IF SUCCESSFUL AND



2:24:36

WHEN SUCCESSFUL WILL ABSOLUTELY SUPPORT PEOPLE WITH ALZHEIMER'S AND DEMENTIA

2:24:41

WILL ABSOLUTELY INCLUDE FAMILY CAREGIVERS OF ALL AGES YOU KNOW IN

2:24:48

PARTICULAR THIS DATA STRATEGY THAT PEOPLE CAN ACCESS INFORMATION IF

2:24:53

SOMEBODY'S CARING FOR A LOVED ONE IN A DIFFERENT PART OF THE STATE OR EVEN OUT OF STATE OR SOMEBODY WORKS OFF HOURS

2:25:01

AND NEEDS TO GET INFORMATION YOU KNOW OTHER THAN EIGHT TO FIVE THAT'S OUR AIM AND THEN AT THE CENTER OF IT THIS

2:25:09

WAS PART OF THE MASTER PLAN LTSS SUBCOMMITTEE REPORT THAT EVERYTHING YOU KNOW ALL FOUR OF THESE DOMAINS ARE

2:25:15

PERSON CENTERED EQUITY FOCUSED AND DATA DRIVEN SO IT'S NOT JUST THE DATA

2:25:21

STRATEGY THAT IS DATA DRIVEN IT'S THE NO WRONG DOOR SYSTEM THE AAA AND THE

2:25:27

ADRC'S AND I THINK THERE'S ONE MORE SLIDE AND THEN OUR TIME IS UP YEP THERE IT IS OH AND THIS IS JUST A

2:25:36

LITTLE BIT MORE ON THE CALIFORNIA 2030 INITIATIVE WE JUST HELD OUR FINAL STEERING COMMITTEE MEETING THIS WEEK

2:25:43

AND WE HAVE RICH RICH QUANTITATIVE AND QUALITATIVE DATA TO SHARE OUT WITH YOU BY THE END OF THIS YEAR AND

2:25:50

THESE ARE THE SIX AREAS THAT WE SO CLOSELY AND CAREFULLY EXAMINED AMONG

2:25:56

THE AAA'S HOW THEY'RE GOVERNED WHAT THE MAPPING IS AND HOW THEY'RE DESIGNATED

2:26:02

WHAT CORE PROGRAMS AND SERVICES ARE OFFERED CAREGIVING CAREGIVER SUPPORTS

2:26:08

AND HEALTH PROMOTION BEING AT THE TOP OF THE LIST KEY PERFORMANCE MEASURES

2:26:13

FUNDING SOURCES AND CAPACITIES WHAT MORE DO WE NEED FROM THE STATE FROM THE FEDERAL FROM OUR FEDERAL PARTNERS AND

2:26:21

HOW CAN WE BLEND AND BRAID FUNDING STREAMS LIKE MEDICARE WE HEARD DR GHALY SAY

2:26:27

LIKE MEDICAID LIKE PRIVATE PAY AND THEN HOW DO WE BRAND AND COMMUNICATE OUT

2:26:33

THIS NETWORK SO THAT IT'S EASIER FOR EVERYONE TO UNDERSTAND AND IDENTIFY IN

2:26:39

THEIR LOCAL COMMUNITIES OH THANK YOU MICHELLE AND MICHELLE JUST PUT THE LINK IN THE CHAT

2:26:45

SO THAT WRAPS IT FOR ME I DON'T KNOW I THINK THAT ALSO TAKES ALL OF OUR TIME SO I DON'T THINK THERE'S TIME FOR QUESTIONS

2:26:51

BUT I'M HERE TILL THE END OF TODAY'S MEETING THANK YOU SO MUCH SUSAN AND REALLY THRILLED TO HEAR ALL THE NEW

2:26:58

DEVELOPMENTS AND ALL THE UPDATES SO THANK YOU VERY MUCH AND NEXTWE

2:27:05

HAVE DR LYNNLEY STERN WHO IS THE INTERIM CHIEF OF THE CHRONIC DISEASE CONTROL

2:27:12

BRANCH AT THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH TO PROVIDE US WITH A

2:27:17

PRESENTATION ON PUBLIC HEALTH PROGRAM GRANT OVER TO YOU DR

2:27:23

STERN THANK YOU DARRICK GOOD AFTERNOON EVERYONE I'M JUST WAITING FOR MY SLIDE BOOK TO COME UP

2:27:31

THERE WE GO PERFECT THANK YOU WELLAS DARRICK MENTIONED MY NAME IS LYNNLEY STERN I AM THE SECTION CHIEF FOR THE ALZHEIMER'S

2:27:37

DISEASE PROGRAM AND WE ARE HOUSED WITHIN THE CHRONIC DISEASE CONTROL BRANCH WHERE I'M ALSO SERVING AS THE INTERIM CHRONIC

2:27:43

DISEASE CONTROL BRANCH CHIEF AND WE ARE WITHIN THE C CALIFORNIA DEPARTMENT OF PUBLIC HEALTH NEXT SLIDE

2:27:52

PLEASE SO TODAY I'M GOING TO GIVE YOU ALL AN UPDATE ABOUT OUR CALIFORNIA HEALTHY BRAIN INITIATIVE WORK AND A BOLD

2:27:59

UPDATE SO THIS PAST SPRING THE CDC RELEASED A NOTICE OF FUNDING NAMED BOLD

2:28:05

PUBLIC HEALTH PROGRAMS TO ADDRESS ALZHEIMER'S DISEASE AND RELATED DEMENTIAS THIS FUNDING IS SUPPORTED BY  
2:28:12  
THE BUILDING OUR LARGEST DEMENTIA INFRASTRUCTURE WHICH STANDS FOR BOLD FOR ALZHEIMER'S ACT PUBLIC LAW 115-4669  
2:28:47  
FOLLOWED BY THREE IMPLEMENTATION YEARS AND DUE TO CALIFORNIA'S ROBUST CALIFORNIA HEALTHY BRAIN INITIATIVE  
2:28:52  
INFRASTRUCTURE WE ARE FUNDED UNDER COMPONENT TWO WHICH IS FUNDING FOR FIVE IMPLEMENTATION YEARS BEGINNING THIS  
2:28:59  
SEPTEMBER 30TH OF 2023 THROUGH SEPTEMBER 29TH OF 2028 TO CONDUCT ALZHEIMER'S  
2:29:06  
DISEASE AND RELATED DEMENTIAS ACTIVITIES IN LINE WITH THE CDC'S STRATEGIC PLAN  
2:29:11  
AND ROAD MAP ACTIONS SO THROUGH OUR NOTIFICATION OF A WARD WE WERE FUNDED  
2:29:17  
\$400,000 ANNUALLY FOR STATEWIDE WORK THAT WILL ONE INCREASE AWARENESS AND  
2:29:23  
UNDERSTANDING AMONG THE GENERAL PUBLIC PROVIDERS AND OTHER PROFESSIONALS OF ALZHEIMER'S DISEASE AND RELATED DEMENTIA  
2:29:29  
TOPICS CORRESPONDING TO PRIMARY SECONDARY AND TERTIARY PREVENTION AND  
2:29:36  
SECONDLY TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH TO ACHIEVE HEALTH EQUITY GOALS INCLUDING BUT NOT LIMITED  
2:29:42  
TO THE IMPROVEMENT OF COMMUNITY AND CLINICAL LINKAGES AMONG HEALTH CARE SYSTEMS AND EXISTING SERVICES PUBLIC  
2:29:50  
HEALTH AGENCIES AND COMMUNITY-BASED ORGANIZATIONS SO AS NOTED IN THE MAP  
2:29:55  
PICTUR THE CDC DISTRIBUTED OUT ABOUT 43 AWARDS NATIONWIDE AND 22 OF THEM WERE  
2:30:02  
NEW AWARDS AND 21 OF THEM WERE REFUNDED AWARDS AND CALIFORNIA WAS LUCKY THAT WE  
2:30:07  
ARE PART OF THE NEW 22AWARDEES AND WE ARE PART OF 30 THAT WERE AWARDED  
2:30:13

UNDER COMPONENT TWO SO NEXT SLIDE PLEASE

2:30:21

TO ADDRESS ALZHEIMER'S DISEASE AND RELATED DEMENTIAS AT THE LOCAL AND COMMUNITY LEVEL THE ALZHEIMER'S

2:30:27

ASSOCIATION AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION DEVELOPED THE HEALTHY BRAIN INITIATIVE STATE AND LOCAL

2:30:33

PUBLIC HEALTH PARTNERSHIPS TO ADDRESS DEMENTIA THE 2018 TO 2022 THE ROAD MAP

2:30:38

IT'S ALSO REFERRED TO HERE AS THE HEALTHY BRAIN INITIATIVE ROAD MAP AND MOST RECENTLY IT WAS UPDATED AND THE

2:30:46

2023 TO 2027 ROAD MAP WAS RELEASED TO ADVANCE COGNITIVE HEALTH AS AN INTEGRAL

2:30:52

COMPONENT OF PUBLIC HEALTH THE HEALTHY BRAIN INITIATIVE ROAD MAP OUTLINES HOW TO PROMOTE COGNITIVE HEALTH ADDRESS

2:30:59

COGNITIVE IMPAIRMENT FOR PEOPLE LIVING IN THE COMMUNITY AND HELP MEET THE NEEDS OF CAREGIVERS SO OVERALL THERE ARE FOUR

2:31:06

OVERARCHING GOALS OF THE INITIATIVE THAT THE PROJECTS WORK TOWARDS AND THEY INCLUDE UTILIZING DATA TO MEASURE AND

2:31:13

EVALUATE THE HEALTH STATUS OF POPULATIONS TO IDENTIFY AND RESOLVE HEALTH ISSUES WHILE ALSO

2:31:19

ASSESSING THE EFFECTIVENESS ACCESSIBILITY AND QUALITY OF HEALTHCARE SERVICES AND PROGRAMS AVAILABLE IN

2:31:25

THEIR COUNTIES TWO ENGAGING AND EDUCATING COMMUNITY MEMBERS ABOUT BRAIN HEALTH AND

2:31:31

COGNITIVE DECLINE AND STRENGTHENING POLICIES AND MOBILIZING PARTNERSHIPS TO

2:31:36

SUPPORT HEALTH EFFORTS AND FIND SOLUTIONS AND LASTLY BUILDING A DIVERSE AND SKILLED WORKFORCE OF PUBLIC HEALTH

2:31:43

AND HEALTHCARE PROFESSIONALS WHO ARE KNOWLEDGEABLE AND RELIABLE SOURCES OF BRAIN HEALTH INFORMATION AND WAYS TO

2:31:49

INFORM THOSE THEY SERVE INCLUDING CAREGIVERS NEXT SLIDE

2:31:56

PLEASE SO UTILIZING THE AFOREMENTIONED HEALTHY BRAIN INITIATIVE ROAD MAP FROM THE CDC CALIFORNIA CONDUCTS THE

2:32:03

CALIFORNIA HEALTHY BRAIN INITIATIVE PROJECT WHICH IMPLEMENTS THE ROAD MAP AT A LOCAL LEVEL VIA LOCAL COUNTY HEALTH

2:32:09

DEPARTMENTS THEREFORE THE FUNDING RECEIVED THROUGH CDC'S BOLD AWARD WILL CONTINUE TO SUPPORT THE CALIFORNIA

2:32:14

HEALTHY BRAIN INITIATIVE ONGOING WORK FOR HISTORICAL CONTEXT THE ALZHEIMER'S

2:32:19

DISEASE PROGRAM RECEIVED STATE FUNDING FROM 2020 TO 2022 TO AWARD SIX LOCAL

2:32:25

HEALTH DEPARTMENTS TO PILOT THE HEALTHY BRAIN INITIATIVE WORK IN CALIFORNIA AND THOSE COUNTIES INCLUDED LOS ANGELES YOU

2:32:31

CAN SEE HERE ON THE MAP LOS ANGELES PLER SACRAMENTO SAN DIEGO SANTA CLARA

2:32:38

AND SHASTA COUNTIES AND THE PILOT WAS SO SUCCESSFUL THAT THROUGH THE 2022 BUDGET

2:32:43

ACT OUR PROGRAM RECEIVED 10 MILLION TO RUN THE HEALTHY BRAIN INITIATIVE PROJECT FOR A SECOND TIME SO IN 2023 WE

2:32:51

WERE ABLE TO AWARD UP TO 12 LOCAL HEALTH DEPARTMENTS TO CONTINUE AND EXPAND THE

2:32:56

CALIFORNIA HEALTHY BRAIN INITIATIVE WORK THROUGH 2025 WE PLAN TO CONTINUE TO FUND THE SIX

2:33:03

PILOT LOCAL HEALTH DEPARTMENTS FOR A SECOND PHASE OF WORK AND INTENDED TO FUND AN ADDITIONAL SIX NEW LOCAL HEALTH

2:33:09

DEPARTMENTS THROUGH A COMPETITIVE REQUEST FOR APPLICATIONS PROCESS AND WITH THE ADDITION OF THE CDC BOLD

2:33:14

FUNDING WE WERE ABLE TO ACTUALLY FUNDS SEVEN NEWLY FUNDED LOCAL HEALTH DEPARTMENTS TO CONDUCT CALIFORNIA

2:33:20

HEALTHY BRAIN INITIATIVE WORK WHICH IS REALLY EXCITING THE RENEWAL CONTRACTS

2:33:25

WITH THESE SIX COUNTY LOCAL HEALTH DEPARTMENTS THEY'LL CONTINUE TO WORK ON SUSTAINABILITY THROUGH PARTNERSHIPS BY

2:33:31

ENGAGING A LOCAL COALITION OR ADVISORY COMMITTEE AND DEVELOPMENT OF STRATEGIC PLANS TO MONITOR AND EVALUATE THEIR

2:33:38

CONTINUED SUCCESS AND REACH AND THEN IN OUR CURRENT SECOND PHASE OF THE CALIFORNIA HEALTHY BRAIN INITIATIVE WE

2:33:45

LOOK TO LEAD WITH EQUITY EVERYTHING WE ASK PROJECTS TO COMPLETE WILL BE WITH A LENS OF HEALTH EQUITY AND TAILORING THE

2:33:51

WORK TO THE COMMUNITIES OF GREATEST NEED WITHIN THEIR RESPECTIVE COUNTIES AND INCORPORATING MORE POLICY SYSTEM AND

2:33:58

ENVIRONMENTAL CHANGE AT A LOCAL LEVEL INCREASING SUSTAINABILITY BUILDING

2:34:03

PARTNERSHIPS AND INFRASTRUCTURE TO DO HEALTHY BRAIN INITIATIVE WORK MORE LONG-TERM AND FUND RURAL PROJECTS SO

2:34:10

ADDRESSING THE NEED OF RURAL COUNTIES WITH LIMITED ACCESS TO RESOURCES AND SPECIALTY SERVICES AND FROM THIS FIRST PILOT

2:34:17

PROJECT ITERATION WE ALSO IDENTIFIED SEVERAL LESSONS LEARNED AND BEST PRACTICES TO INFORM AND IMPROVE OUR

2:34:23

PROGRAMS EFFECTIVENESS AS WE CONTINUE TO EXPAND OUR WORK WITH THE NEWLY FUNDED SEVEN LOCAL HEALTH DEPARTMENTS WHICH INCLUDE

2:34:30

FROM THE MAP YOU SEE ABOVE ALAMEDA BUTTE MONTEREY ORANGE SAN LUIS OBISPO SISKIYOU AND

2:34:39

SUTTER COUNTIES SO THE ALZHEIMER'S DISEASE PROGRAM DEVELOPED A BEST PRACTICES

2:34:44

DOCUMENT AND SHARED THAT WITH A SEVEN NEWLY FUNDED LOCAL HEALTH DEPARTMENTS AND THESE BEST PRACTICES INCLUDE

2:34:51

BUILDING SUSTAINABILITY THROUGH PARTNERSHIPS EXPANSION TO RURAL COMMUNITIES IMPLEMENTATION AND

2:34:58

GROWTH OF THE HEALTHY BRAIN INITIATIVE TRAIN THE TRAINER IT'S A MENTORSHIP PROGRAM DISSEMINATION OF THE

2:35:03

CALIFORNIA HEALTHY BRAIN INITIATIVE BEST PRACTICES TOOLKIT AND FINALLY DEVELOPMENT AND IMPLEMENTATION OF

2:35:10

STRATEGIC PLANS TO MONITOR AND EVALUATE THE SUCCESS OF THEIR PROPOSED WORK SO

2:35:16

THE EXPECTED OUTCOMES OF OUR SEVEN NEWLY FUNDED COUNTIES INCLUDE CONDUCTING A COMMUNITY NEEDS ASSESSMENT INTEGRATING

2:35:23

DEMENTIA INTO THEIR PROGRAMS AT THE LOCAL HEALTH DEPARTMENT LEVEL AND FOCUSING ON PARTNERSHIP BUILDING TO

2:35:29

ADDRESS SUSTAINABILITY SO THE FUNDING RECEIVED FROM THE CDC BOLD AWARD NOT ONLY SUPPORTS AND EXPANDS OUR ONGOING

2:35:35

WORK BUT WILL CONTINUE TO DO SO IN FUTURE YEARS NEXT SLIDE

2:35:43

PLEASE IN THE ALZHEIMER'S DISEASE PROGRAM PROGRAMS BOLD APPLICATION WE IDENTIFIED OUR EXISTING STATEWIDE

2:35:49

ALZHEIMER'S ADVISORY COMMITTEE AS OUR COALITION AND PER STRATEGY ONE AS OUTLINED BY CDC BOLD FUNDINGS

2:35:56

REQUIREMENTS TO MAINTAIN A STATEWIDE COALITION THE ALZHEIMER'S DISEASE PROGRAM OUTLINED THE FOLLOWING

2:36:01

ACTIVITIES WHICH INCLUDE ATTENDING THESE QUARTERLY ALZHEIMER'S ADVISORY COMMITTEE MEETINGS PRESENTING QUARTERLY TO THE

2:36:08

ALZHEIMER'S ADVISORY COMMITTEE MEETING ON OUR STATEWIDE AND LOCAL EFFORTS

2:36:13

TO ADVANCE THE CALIFORNIA HEALTHY BRAIN INITIATIVE WORK AND THEN ALSO FACILITATING PARTNERSHIPS BUILDING WITH

2:36:19

OUR OTHER STATEWIDE PARTNERS WITHIN THE COMMITTEE INCLUDING THE DEPARTMENT OF AGING DEPARTMENT OF HEALTH CARE

2:36:25

SERVICES OUR CALIFORNIA ALZHEIMER'S DISEASE CENTERS AND OUR CLINICAL EXPERTS AT ACADEMIC INSTITUTIONS WHO ARE

2:36:31

CONDUCTING ALZHEIMER'S DISEASE AND RELATED DEMENTIAS RESEARCH SO THROUGH

2:36:36

THE CALIFORNIA HEALTH AND BREED INITIATIVE WORK AND FUNDING RECEIVED FROM THE CDC BOLD AWARD THE ALZHEIMER'S

2:36:42

DISEASE PROGRAM LOOKS FORWARD TO CONTINUING TO EXPAND THE GREAT WORK THAT WE ARE DOING STATE WIDE TO IMPLEMENT THE

2:36:47

10 RECOMMENDATIONS OUTLINED BY THE GOVERNOR'S TASK FORCE AS WELL AS AS WELL AS ADVANCED STRATEGIES RELATED TO

2:36:53

ALZHEIMER'S DISEASE AND RELATED DEMENTIAS IN THE MASTER PLAN FOR AGING NEXT SLIDE

2:37:01

PLEASE I THINK I HAVE ONE LAST SLIDE SO THANK YOU ALL FOR YOUR TIME  
UNFORTUNATELY I WON'T BE ABLE TO STAY

2:37:06

FOR THE Q&A SESSION AT THE END OF TODAY'S MEETING SO IF YOU HAVE  
ANY QUESTIONS PLEASE FEEL FREE TO REACH OUT AT ALIMER D

2:37:14

CDPH.CA.GOV THANK YOU THANK YOU SO MUCH DR STERN AND GLAD

2:37:21

THAT YOU CAN JOIN US NOW ALSO YOUR VERY BUSY SCHEDULE SONEXTWE  
HAVE ANOTHER

2:37:29

SEGMENT ON LOOKING ATTHE PRIORITIES FROM OUR AUGUST MEETING AND  
THAT IS THE

2:37:37

DIFFERENT OPPORTUNITIES THAT WE WOULD LIKE TO PRESENT TO B GALI  
FOR HIS

2:37:43

CONSIDERATION ANDSO AS A VERY QUICK RECAP YOU KNOW LAST TIME AT  
THE END OF

2:37:49

THAT DISCUSSIONWE FOCUSED ON SEVERAL HIGH LEVEL TOPICS AND THAT  
IS HIGH

2:37:55

QUALITY CARECARE COSTSDATA AND AWARENESS COLLABORATION AND  
CAREGIVER

2:38:03

SUPPORT AND I' LIKE TO THANK MICHELLE FOR REALLY PROVIDING GREAT  
STAFF WORK

2:38:10

HELPING ME AND DR WYN CANIO TO BE ABLE TO COME UP WITH SOME  
ADDITIONAL

2:38:16

SUGGESTIONS THAT DR CANIO WILL BE LEADING THE DISCUSSION IN THE  
NEXT YOU KNOW 20

2:38:21

MINUTES OR DR CANIO WITH THAT I'M GOING TO ASK WYN IF YOU CAN YOU  
KNOW START THE CONVERSATION THANK YOU GREAT THANK YOU

2:38:29

WELL AS DARRICK SAID WE HAD REVIEWED

2:38:35

THE NAPA AND THE RAISE OF PLANS LAST SESSION IN AUGUST AND WE  
2:38:43

IDENTIFIED OPPORTUNITIES FOR CALIFORNIA TO FOR THE THERE ARE  
EFFORTS IN ADVANCING THE CARE OF PEOPLE WITH

2:38:49

DEMENTIA AND THEIR CAREGIVERSI HOPE YOU HAD A CHANCE TO

2:38:54



REVIEW THE DRAFT THAT WE HAD SENT BUT I'LL WALK YOU THROUGH THESE AT THIS TIME

2:39:01

DO WE HAVE THE SLIDES UP MICHELLE DO WE DO THAT MICHELLE

2:39:06

OR WE WERE NOT GOING TO SHOW SLIDES FOR THIS PART AND I'M GONNA DROP NO THAT'S

2:39:11

OKAY YEAH SO AS ERIC SAID WE FOCUS ON THE HIGH QUALITY CARE CARE COSTS DATA

2:39:19

AND AWARENESS COLLABORATION AND CAREGIVER SUPPORT AND SO FOR HIGHQUALITY CARE I THINK ALL OF US KNOW HERE AND I'M

2:39:28

I'M IN THE HEALTH CARE SYSTEM WHERE YOU KNOW SOMETIMES WE FEEL LIKE WE'RE NOT DOING ENOUGH AND SOME OF THE

2:39:35

THINGS THAT WE ARE RECOMMENDING HERE ARE THINGS THAT I HOPE

2:39:41

WILL PROVIDE THAT PERCEPTION THAT WE ARE GOING WE WILL BE PROVIDING QUALITY CARE I THINK SO THE FIRST ONE

2:39:50

IS ENGAGE HEALTHCARE SETTINGS OUTSIDE OF PRIMARY CARE AND EDUCATED OTHER

2:39:55

PROVIDERS TO INCREASE EARLY DETECTION AND SENSITIVITY TO THE CARE NEEDS AND THAT IS INCLUDING COMMUNICATION

2:40:02

STRATEGIES OF PERSONS LIVING WITH DEMENTIA AND THEIR CAREGIVERS WE HAVE THE DEMENTIA CARE

2:40:07

AWARE TO HELP US WITH EARLY DETECTION IN THE PRIMARY CARE SETTING BUT WE KNOW THAT THERE'S A LOT OF ENTRY POINTS IN

2:40:13

THE HEALTH SYSTEM WHERE THE CARE COULD CHANGE IF THE REST OF THE THE HEALTH

2:40:21

HEALTH CARE SYSTEM STAFF ARE NOT ABLE TO COMMUNICATE WITH SOMEBODY WITH WITH A

2:40:27

DISEASE OR EVEN BE ABLE TO PROVIDE SOME TIPS FOR THE CAREGIVERS AS

2:40:35

THEY'RE TAKING CARE OF THEIR LOVED ONES WITH DEMENTIA EXPAND SUPPORT THROUGH CAL AIM

2:40:42

AND DDCA SO DEMENTIA CAREWAY TO HELP CARE HEALTHCARE SYSTEM DEVELOPED

2:40:48

TOOLS TRAININGS AND REFERRAL SYSTEMS FOR ALL THE THRESFOR ALL  
THRESHOLD LANGUAGES AND CULTURE SO WE WANT TO MAKE

2:40:54

SURE THAT I THINK WE ALL IN THE MORNING WE'RE TALKING ABOUT MAKING  
SURE THAT ALL OF OUR INFORMATION AND

2:41:03

RESOURCES ARE ARE SENSITIVE TO DIFFERENT LANGUAGES AND CULTURES  
PURSUE

2:41:09

EQUITY AND COMPREHENSIVE CARE INCLUDING PHARMACOLOGICAL AND  
NON-PHARMACOLOGICAL SUPPORT

2:41:16

SO YES THAT WE'RE TALKING ABOUT ALL THE DIFFERENT MEDICATIONS THAT  
ARE OUT

2:41:21

THERE AND ALSO NON-PHARMACOLOGICAL SUPPORT THAT'S ALREADY  
THERE

2:41:28

SOMETIMES FAMILY MEMBERS WOULD HAVE TO PAY FOR CERTAIN  
CAREGIVER TRAININGS THAT REALLY HOPEFULLY WILL BE MORE

2:41:34

AFFORDABLE FOR ALL INCREASE IN INTENSIVE DISCHARGE PLANNING

2:41:41

CAREGIVER ASSESSMENT AND POST VISIT FOLLOWUP IN EMERGENCY  
DEPARTMENT SKILLED NURSING FACILITIES SUBACUTE

2:41:48

POSTACUTE CARE AND HOSPITALS WE ALL KNOW THAT ONCE A PERSON IS  
DISCHARGED

2:41:54

FROM THE HOSPITAL THAT IF THEY DON'T RECEIVE ENOUGH INFORMATION TO  
BE ABLE TO

2:42:00

CARE FOR THEIR LOVED ONES THAT LIKELY HAS A WORSENING OF THE  
CONFUSION OR

2:42:06

OTHER ASSOCIATED SYMPTOMS WITH DEMENTIA IT MAKES IT MORE  
CHALLENGING TO CARE FOR THEM AND IT AND THEN THE

2:42:14

PATIENTS AND THE FAMILY MEMBERS ARE THEN GOING BACK TO THE  
FOLKS THAT DISCHARGED THEM AND IF WE'RE ABLE TO

2:42:22

HELP WITH THIS THIS WILL HELP THE THE THE PERSON WITH DEMENTIA AND  
THE

2:42:28

FAMILY MEMBER WE RECOGNIZE THE CARE COSTS RIGHT SO THE THREE OF  
OUR

2:42:34

RECOMMENDATIONS HERE IS ESTABLISHING CALIFORNIA VOLUNTARY SAVINGS ACCOUNTS FOR A LONG-TERM CARE DEVELOP AND LAUNCH

2:42:41

A ROBUST LONG-TERM SERVICES AND SUPPORT BENEFITS AND EXPAND ON AFFORDABLE REST

2:42:47

BIT BENEFITS FOR CAREGIVERS AND I THINK THE FOLKS IN THE MORNING KIND

2:42:52

OF TALKED ABOUT THESE THINGS ALREADY AND THEN JUST A SUMMARY OF

2:42:57

THE DA DATA AND AWARENESS FUND AN ANNUAL STATEWIDE PUBLIC AWARENESS CAMPAIGN INCLUDING INFORMATION ON HEALTH

2:43:04

AND COMMUNITY SUPPORTS AND FOCUS ON CAREGIVERS AND THAT THE CDPH

2:43:12

ALZHEIMER'S REPORT 2022 NEED FOR REGULAR UPDATES INCLUDING MORE DETAILED DATA ON

2:43:17

A COUNTY LEVEL ON PEOPLE WITH ADRD AND CAREGIVERS STRENGTHEN DATA

2:43:22

COLLECTION TO IDENTIFY CULTURAL AND SOCIOECONOMIC NEEDS OF PERSONS WITH ADRD

2:43:28

AND CAREGIVERS INCLUDING THOSE WHO ARE IN HOUSEBLACK INDIGENOUS AND

2:43:37

LGBTQ AND OTHER COMMUNITIES AND SHARE KYLE AIM DATA ON ENHANCED CARE MANAGEMENT AND COMMUNITY SUPPORT SO

2:43:44

LEARN FROM FROM FROM THIS INFORMATION AND U MAKE A BREAKFAST I

2:43:50

JUST LEARNED THAT THIS MORNING THAT YOU CALL IT BREAKFAST I WAS GOING TO SAY BR RFSS DATA MORE USER FRIENDLY AND

2:43:58

AVAILABLE THEN AS FAR AS COLLABORATIONS GO WE'RE HOPING TO INITIATE COLLABORATION WITH STATE AGENCIES AND

2:44:05

STATE FUNDED ORGANIZATIONS INVOLVING DEMENTIA RISK REDUCTION ISSUES

2:44:10

OUTSIDE OF HEALTHCARE YOU HEARD SOME OF THESE TODAY AS WELL AND I THINK WE

2:44:15

SEE AN OPPORTUNITY TO INCREASE THAT COLLABORATION EVEN MORE EXPAND ON

2:44:21

HEALTHY BRAIN AGING AND BOLD TO ALL INTERESTED COUNTIES AND YOU  
ALREADY HEARD JUST BEFORE THIS ABOUT THESE

2:44:28

EFFORTS IN INCORPORATE RACE INDICATORS OF SUCCESS INTO THE U  
MASTER PLAN FOR

2:44:33

AGING AND EXPLORE OPPORTUNITIES FOR INTERNATIONAL RESEARCH  
COLLABORATION AND DEMENTIA CARE DEMENTIA AWARE AND AND

2:44:40

AWARENESS AND CARE LASTLY OF COURSE BUT NOT THE LEAST THE  
CAREGIVER SUPPORT

2:44:47

WE SHOULD BE ABLE TO INCORPORATE FAMILY CAREGIVING INTO PLANNING  
INTO LOCAL COMMUNITIES ENSURE THAT PROVIDERS

2:44:55

IDENTIFY FAMILY CAREGIVERS IN THE DIAGNOSTIC PROCESS AND INCLUDE  
THEM IN

2:45:01

THE FUTURE PLANNING THAT THIS IS SOMETHING THAT SHOULD BE DONE FOR

2:45:06

EVERY SINGLE PERSON AND I DON'T SEE IT DONE ALL THE TIME EXPAND  
EXPAND

2:45:12

FAMILY CAREGIVER PROTECTIONS AND ACCESS WE ALL SAW THE DATA  
ON CAREGIVERS

2:45:18

THIS MORNING WE NEED TO INCLUDE A CAREGIVER ASSESSMENT  
REQUIREMENT AND

2:45:24

CAREGIVER RELATED QUALITY METRICS IN CAL AIM AND FINALLY INCLUDE  
CAREGIVER

2:45:29

EDUCATION AND SUPPORT AS AN ADDITIONAL COMMUNITY SUPPORT UNDER  
CAL AIM SO THESE

2:45:35

ARE THE RECOMMENDATIONS WE PRIORITIZE WOULD LOVE TO HEAR YOUR

2:45:41

COMMENTS ON ON THESE

2:45:47

ANY QUESTION I GUESS ANY QUESTIONS FIRST AND THEN YEAH WOULD LOVE  
YOUR FEEDBACK ON HOW WE PRIORITIZE OUR

2:46:01

RECOMMENDATIONS HEY WHEN THIS IS H BARBRA SO CAN I JUST H  
CLARIFYING QUESTION SURE ARE WE IS THIS ARE ARE YOU

2:46:09

YOU'RE PRESENTING FIRST OF ALL THANK YOU GUYS FOR PULLING THIS  
INFORMATION TOGETHER AND PRESENTING IT THIS AFTERNOON IT IS THE  
QUESTION ON THE

2:46:17  
TABLE WHETHER WE WANT TO PUT ALL OF THESE FORWARD TO THE  
SECRETARY IN OUR  
2:46:22  
LETTER OR IS IT A DIFFERENT QUESTION THAT  
2:46:28  
WERE GO AHEAD DARRICKI THINK WHEN WE TALK TO MICHELLEIT'S  
IMPORTANT FOR  
2:46:35  
US TO GETBUY IN FROM OUR MEMBERS AT A PUBLIC MEETING SO THATWE  
CAN ALL  
2:46:44  
EITHER YOU KNOW CONCLUDING WITH CONSENSUS THAT YEAH THIS IS THE  
WHOLE LIST WE WANT TO  
2:46:50  
PRESENT TO DR GHALY OR YOU KNOW ELSE SO MICHELLE MAYBE YOU WANT  
TO CLARIFY IF  
2:46:56  
THAT'S THE EXPECTATION YESSO LASTIN AUGUST  
2:47:01  
IN OUR MEETING WE DIDN'T HAVE ENOUGH TIME TO KIND OF HAVE A FULL  
DISCUSSION ON THE RECOMMENDATIONS AND THE  
2:47:08  
OPPORTUNITIES THAT WERE PRESENTED AND SO BEFORE WE SUBMITTED  
THIS WHOLE BATCH TO  
2:47:13  
DR G WE JUST WANTED TO MAKE SURE THATYOU ALL HAD A CHANCE TO  
WEIGH IF FOLKS WERE COMFORTABLE WITH THESE BEING SHARED  
2:47:20  
IF PEOPLE WANTED TO SHARE FEWER OR ALL OF THEM AND SO WE JUST  
KIND OF BUILT THIS TIME IN TODAY TO BE ABLE TO WRAP UP  
2:47:26  
THAT DISCUSSION SO THAT WE COULD PASS ON WHAT YOU WANTED TO DR  
GHALY OKAY CAN I ADD SOMETHING AS WELL SO WE AS YOU KNOWI  
2:47:34  
THINK NOT ALL OF OUR RECOMMENDATIONS WILL PROBABLY BE TAKEN INTO  
2:47:40  
ACCOUNT SO WE WE WANTED TO MAKE SURE THAT WE HIGHLIGHT THAT OUR  
PRIORITIES IN THE ON THE TOPRECOGNIZING THAT  
2:47:49  
YEAH THEY'RE ALL IMPORTANT BUTWE PRIORITIZE THEM  
2:47:56  
ACCORDINGLY I JUST WONDER IF WE WANT TO PRIORITIZE WITHIN THIS  
THOSE THAT THE  
2:48:02  
SECRETARY HAS PERVIEW OVER BECAUSE SOME OF THESE I'M NOT SURE  
ABOUT LIKE THE V  
2:48:10

ESTABLISH THE CALIFORNIA VOLUNTARY SAVINGS ACCOUNT FOR LONG-TERM CARE I DON'T ACTUALLY KNOW WHERE THAT WOULD LIVE IN STATE

2:48:18

GOVERNMENTS SO I DON'T KNOW WHAT YOU THINK OF THAT AND I

2:48:26

MEAN DOES THE ORDER MATTER LIKE I MEAN WE HAD OUR WHOLE CONVERSATION TODAY

2:48:31

ABOUT CAREGIVER SUPPORT KIND OF MAKES ME WANT TO PUT THAT ONE FIRST H NOT EXACTLY ACTUALLY IT'S WAY

2:48:38

BEFORE THAT I THINK WE AND I FELT VERY STRONGLY THAT YOU KNOW THIS IS A

2:48:45

GOOD WAY TO CAPTURE SOME OF OUR DISCUSSION AT OUR LAST MEETING IN

2:48:51

AUGUST AND SO IS NOT BASICALLY TAILORED TO WHAT OUR AGENDA LOOKS LIKE TODAY

2:48:57

RIGHT YEAH AND I THINK THAT FIRST ONE IS

2:49:02

ACKNOWLEDGING YEAH THERE ARE ALREADY A LOT OF SUPPORT OUT THERE BUT NOT

2:49:09

ENOUGH ESPECIALLY FOR THE MIDDLE CLASS THAT WE TALKED ABOUT THIS MORNING

2:49:15

AND THAT IS A WAY AND I THINK THIS IS ONE OF THE THINGS WE ACTUALLY RECOMMENDED AT OUR ALZHEIMER'S

2:49:20

PREVENTION AND PREPAREDNESS TESTS FOR RIGHT SUSAN SO IT'S ONE OF THOSE

2:49:26

THINGS THAT IT'S JUST KIND OF SITTING THERE RIGHT NOW AND HOPING THAT THERE'S SOME MOVEMENT

2:49:33

THERE H I REALLY LIKE THE SECRETARY'S COMMENT ABOUT MEDICARE I MEAN HE IS SPOT ON BUT THAT IS A FEDERAL PROGRAM WHICH

2:49:40

IS WHY WE DON'T TALK ABOUT IT AS MUCH AT THE STATE LEVEL IT'S IT'S VERY DIFFICULT FOR US TO INFLUENCE THAT BUT

2:49:47

YOU KNOW WE ALL KNOW THE LIMITATIONS OF MEDICARE RIGHT WHEN IT DOESN'T COVER PEOPLE THINKS IT COVERS IT COULD COVER

2:49:55

THOSE THINGS THAT'S A CHOICE RIGHT OF OUR FEDERAL GOVERNMENT SO I GUESS

2:50:01

THERE'S REALLY AGAIN BECAUSE WE'RE A STATE ADVISORY COMMITTEE I  
DON'T KNOW HOW MUCH WE COULD  
2:50:07  
EVER SAY ABOUT MEDICARE BUT IT IS A HUGE FACTOR  
2:50:12  
IN ALL SO MANY OF CERTAINLY THE HIGH QUALITY CARE ISSUE AND AND  
CAREGIVERS  
2:50:18  
BUT BUT WE DON'T USUALLY TALK ABOUT IT AS MUCH I DON'T KNOW SUSAN  
WILL BE SITTING IN THE  
2:50:25  
NATIONAL LEVEL SPEAK FOR I KNOW WHICH IS SO FABULOUS THAT WAS LIKE  
A EARLY  
2:50:30  
CHRISTMAS PRESENT WHEN I HEARD THAT NEWS THAT'S JUST REALLY  
WONDERFUL THAT SHE WILL BE THERE AS AN ADVOCATE I JUST I  
2:50:37  
DON'T KNOW THIS IS JUST LIKE IF THERE ARE WAYS FOR THIS I JUST WANT TO  
SUPPORT THAT WORK I GUESS IS WHAT I'M IN A  
2:50:42  
BUMBLING FASHION TRYING TO SAY I HAVE A COMMENT ACTUALLY TO ADD  
TO THAT  
2:50:48  
AND THAT IS THAT THE PERSON WHO'S RESPONSIBLE FOR THE MENTAL  
HEALTH SIDE  
2:50:54  
OF MEDICARE DEVELOPING MORE REIMBURSEMENT CHANNELS FOR MENTAL  
HEALTH  
2:51:00  
PROVIDERS AND ENCOURAGING SHE SHE SHE IS A COLLEAGUE OF MINE AND  
A FRIEND AND  
2:51:08  
SHE WAS ACTUALLY OUT HERE RECENTLY VISITING AND TALKING WITH  
MYSELF AND  
2:51:13  
OTHERS AT STANFORD IN PARTICULAR BUT ALSO SOME OF THE OTHER  
LOCAL MAJOR  
2:51:18  
MEDICAL CENTERS ABOUT HOW COULD THEY EXPAND MEDICARE COVERAGE  
THIS EXACT  
2:51:23  
TOPIC WE'RE TALKING ABOUT MEDICARE COVERAGE TO INCLUDE MENTAL  
MORE  
2:51:29  
MENTAL HEALTH CARE FOR THE PATIENT THE PERSON WITH DEMENTIA  
BECAUSE AS WE'VE HEARD THEY HAVE THEIR PROBLEMS TOO OFTEN  
2:51:36

DEPRESSION BEING ONE OF THEM BUT BUT THE CAREGIVER IN PARTICULAR  
BECAUSE THEY'RE

2:51:42

CAREGIVERS ARE TYPICALLY NOT INCLUDED WHEN THE PATIENT IS GIVEN  
THE SERVICES

2:51:48

THE CAREGIVER IS OFTEN NOT INCLUDED IN ANY WAY THE CAREGIVER IS  
NOT ASSESSED

2:51:53

THERE'S NO QUESTIONING OF WHAT MIGHT THE PROBLEMS BE WHAT KIND OF  
HELP DO THEY NEED OR WANT THEY'RE OFTEN AS I SAID

2:52:00

IN ONE OF THE SLIDES THE HIDDEN PATIENT SO ANYWAY SHE HAS A LOT OF  
INITIATIVES

2:52:05

IN MIND AND I THINK WOULD BE VERY OPEN TO FURTHER DISCUSSION WITH  
THIS

2:52:11

GROUP AND TO SUSAN WITH SUSAN PARTICULAR AS THE REPRESENTATIVE  
BUT YOU

2:52:17

KNOW HEARING FROM THE GROUP FROM THIS COMMITTEE AS TO WHAT OUR  
THOUGHTS ARE FOR EXPANDING MENTAL HEALTH COVERAGE FOR

2:52:25

CAREGIVERS IN PARTICULAR DOLORES THANK YOU FOR SHARING

2:52:32

THAT AND I THINK WE SHOULD HIGHLIGHT THAT ACTUALLY IN THE CAREGIVER  
SUPPORT PART

2:52:37

OF JUST ADD SOME LANGUAGE INTO SOME OF THOSE BULLETS WITH  
REGARDS TO

2:52:44

WHAT YOU JUST SAID BUT I'D BE HAPPY TO MAKE AN INTRODUCTION YOU  
KNOW PROVIDE SOME LINK

2:52:50

SO YOU KNOW OFTEN TIMES THAT PAVES THE WAY A LITTLE BIT FOR FOR  
FURTHER

2:52:56

DIALOGUE AND SHE DOES VISIT OUT HERE FAIRLY OFTEN BECAUSE SHE HAS  
A DAUGHTER IN GRADUATE SCHOOL IN STANFORD SO SO SHE

2:53:04

IT COULD EVEN BE POSSIBLE TO HAVE A FACE-TO-FACE MEETING THANK YOU  
IT LOOKS LIKE SUSAN

2:53:12

HAS HER HANDS UP YES IF IF THERE AREN'T OTHER COMMITTEE MEMBERS  
STILL THAT HAVEN'T SPOKEN YET

2:53:20



I I WAS ENCOURAGED BY SECRETARY G'S COMMENTS AROUND YOU KNOW THE ROLE AND  
2:53:26  
INFLUENCE OF MEDICARE AND YOU KNOW POINTING TO OUR OFFICE OF MEDICARE INNOVATION AND  
2:53:31  
INTEGRATION SO WE HAVE BEEN HAVING SOME CONVERSATIONS WITH THEM ON THE BEHAVIORAL HEALTH SIDE AND I THINK  
2:53:37  
THERE'S AN INTERSECTION HERE AND YOU KNOW THINKING OF YOUR LIST YOU DID JUST A  
2:53:43  
GREAT JOB PRESENTING ALL OF THOSE ITEMS THE THE PART ABOUT HOSPITAL  
2:53:50  
TRANSITIONS SO YOU KNOW I'M JUST THINKING IN THE MASTER PLAN FOR AGING WE HAVE THE GERIATRIC EMERGENCY DEPARTMENTS  
2:53:56  
NOW THAT ARE TAKING HOLD AROUND THE STATE WE HAVE THE AGE FRIENDLY HEALTH  
2:54:02  
SYSTEMS AND THEN YOU KNOW IF THERE'S A PRIORITY AROUND AND I KNOW THE  
2:54:07  
ALZHEIMER'S ASSOCIATION HAS GREAT DATA ON EMERGENCY ROOM UTILIZATION IN  
2:54:13  
CALIFORNIA AND HOSPITAL READMISSION RATES SO THAT THERE MIGHT BE SOMETHING THAT'S AROUND THAT POINT OF  
2:54:22  
CONTACT THAT WE MIGHT LOOK AT AROUND HOSPITAL ADMISSIONS ER USE AND DISCHARGE  
2:54:30  
PLANNING BECAUSE SOME ASSETS ARE STARTING TO LINE UP THERE AND THAT IS MORE IN THE MEDICARE  
2:54:36  
SPACE  
2:54:43  
RIGHT ANYONE  
2:54:49  
ELSE WELL I GUESS I'LL JUST PUT IN ANOTHER PLUG FOR FOR BEHAVIORAL HEALTH  
2:54:55  
TO BE CALLED OUT SPECIFICALLY YOU KNOW AND LOOKING AT THE AT THE SUMMARY I DIDN'T SEE THAT OH THAT'S WHAT I  
2:55:02  
MENTIONED EARLIER THAT YOU ADDED THAT WE WOULD LIKE I WOULD LIKE TO MAKE SURE THAT WE OKAY ADD THAT VERBAGE IN THERE

2:55:09  
THANK YOU YES CELINE

2:55:14  
I WAS JUST WONDERING YOU KNOW ALL OF THE NON-PHARMACOLOGICAL  
SUPPORTS YOU

2:55:19  
WERE ARE YOU'RE REFERENCING BECAUSE I THINK SOME OF THOSE MIGHT  
NEED TO BE DEFINED AND SUPPORTED BECAUSE THEY CAN

2:55:25  
COME FROM DIFFERENT SYSTEMS OF CARE YEAH GOOD

2:55:31  
CALL SO SOME OF THESE ARE OBVIOUSLY

2:55:37  
INTERTWINED SO THAT'S WHY WE PUT THE THE PRIORITY ON THE TOP OF  
HIGH QUALITY CARE

2:55:42  
THAT'S ALL QUALITY CARE FOR THE PATIENT FOR THE CAREGIVER FOR THE  
SYSTEM TO LEARN TO BE ABLE TO PROVIDE THE SERVICE

2:55:49  
AND CARE THAT HOPEFULLY WILL BE EMBEDDED IN ALL THE

2:56:04  
PROGRAMS ANDREA YOUR HAND IS UP SO ARE WE STILL TALKING ABOUT THE

2:56:10  
RECOMMENDATIONS YEAH OKAY SO JUST A QUICK QUICK I JUST WANT TO  
FIRST THANK

2:56:16  
EVERYBODY ON THIS COMMITTEE IN THE STATE OF CALIFORNIA YOU GUYS  
ARE DOING SUCH A WONDERFUL JOB AND IT'S A PRIVILEGE TO

2:56:22  
SEE FROM THE INSIDE OF THE WORK THAT'S BEING DONE SO WHEN I'M OUT  
YOU

2:56:28  
KNOW TALKING TO PEOPLE THAT'S LIVING WITH THIS CONDITION I CAN  
CONTEST TO

2:56:33  
SOME WORK IS BEING DONE AND THAT YOU ALL ARE LOOKING OUT  
FOR PATIENT CENTER

2:56:39  
CARE SO I JUST WANTED TO LET YOU KNOW THAT I'M I'M HONORED TO BE  
ABLE TO HEAR THIS INFORMATION SO IN REGARDS TO

2:56:45  
CAREGIVER SUPPORT JUST YOU KNOW FOR US TO CONTINUE TO THINK ABOUT  
THE

2:56:51  
THE PATHWAY I HAD A CHANCE TO MEET DR GONZALEZ I GO TO CHAFI  
COLLEGE AND I

2:56:58

TAKE USUALLY ONE OR TWO CLASSES AT THE COMMUNITY COLLEGE EVERY EVERY SEMESTER AND SHE WAS THERE AND SHE

2:57:05

TALKED ABOUT HOW THE PATHWAY IN REGARDS TO CAREGIVER THEY'RE PARTNER UP

2:57:12

THEY'RE ACTUALLY WORKING ALONE THE COMMITTEE OR ALONE THIS PARTICULAR

2:57:17

PROJECT TO MAKE SURE THAT THAT PATHWAY IS HAPPENING SO FOR UNPAID CAREGIVERS OR

2:57:23

YOU KNOW CAREGIVERS ON A PROFESSIONAL LEVEL THEY DO HAVE THAT PATHWAY BECAUSE RIGHT NOW WE'RE THERE'S MORE WORK AND

2:57:31

NOT ENOUGH CAREGIVERS AND IF WE DON'T MAKE IT ENTICING OR WE DON'T MAKE IT

2:57:37

WHERE THEY CAN BRIDGE INTO ANOTHER CAREER IT'S GOING TO BE REALLY HARD WE'RE ALREADY HAVING A TOUGH TIME

2:57:43

HAVING CAREGIVERS AND QUALITY CAREGIVERS BECAUSE THEY'RE BURNT OUT THEY'RE WORKING MULTIPLE JOBS AND SO I

2:57:49

JUST WANT TO TELL YOU FROM A PROF A PROFESSIONAL CAREGIVER AND A PERSON

2:57:55

LIVING WITH THIS CONDITION HOW IMPORTANT IT IS TO KEEP THE ENHANCED CAREER

2:58:03

PATHWAY IS PART OF THE THE RECOMMENDATION BECAUSE IT IS SO NEEDED

2:58:10

AND THERE ARE PEOPLE OUT THERE THAT'S WILLING TO PARTNERSHIP IN REGARD TO THIS PARTICULAR RECOMMENDATION AND AND I

2:58:18

JUST WANT TO SAY IT'S IMPORTANT BECAUSE LOOKING AHEAD THREE TO FIVE YEARS FROM

2:58:23

NOW IF WE DON'T REALLY TAKE THIS SERIOUSLY WE'RE GOING TO HAVE AN EVEN BIGGER ISSUE SO THANK YOU GUYS FOR

2:58:31

HEARING ME AND HEARING OTHER PEOPLE TO MAKE SURE THAT WE ADDRESS THIS

2:58:37

BECAUSE WE'RE WE'RE CONSTANTLY TALKING ABOUT EQUITY AND EQUITY IS GIVING FOLKS

2:58:42

A CHANCE TO ADVANCE THEIRSELFON ACADEMIC LEVEL AS WELL SO THAT  
THEY CAN

2:58:49

PROVIDE QUALITY CARE AND THEY DOTHEY HAVE THE OPPORTUNITY TO GO  
TO SCHOOL IF

2:58:55

THEY CHOOSE TO SO YOU KNOW THAT'S ALL PART OFEQUITY SO THAT  
WASMY PLUGIN

2:59:04

AND ALSO I WANTED TO LET YOU ALL KNOW BECAUSE I HAVE A CAREGIVER  
AND I SEE A LOT OF CAREGIVERS HERE ESPECIALLY WHEN

2:59:11

IT COMES TO IHS AND THE THEPATHWAYTHE CAREER PATHWAY IS SO  
SUCCESSFUL

2:59:19

MANY OF THEPROVIDERS CAN'T EVEN GET INTO A CLASS SO IT LOOKS LIKE  
THEY

2:59:25

HAVE ADDED MOREVENDORS TO MAKE SURE THEY HAVE MORECLASSES  
AVAILABLE

2:59:31

BECAUSE RIGHT NOW EITHER PEOPLE CAN'T GET IN THE CLASSES ARE FULL  
OR THERE'S

2:59:37

NOT ENOUGH VENDERS SO IT IS REALLY GOING VERY WELL ANDYOU KNOW I  
I'M JUST

2:59:43

TELLING YOU FROM A PERSON LIVING WITH THIS CONDITION THAT WHAT YOU  
ALL ARE DOING AND TAKING THE TIME AND PUTTING

2:59:49

YOUR HEART AND SOUL INTO THIS IT REALLY MATTERS THANK YOU ANDREA  
WE HAVE TWO

2:59:56

MINUTES BEFORE THE END OF THIS TOPIC I THINK WE MIGHT NEED TO HAVE  
A VOTE ON

3:00:02

THIS RIGHT MICHELLE AM I CORRECT YEAH I THINK IT YOU MIGHT

3:00:08

WANT TO JUSTVOTE JUST TO MAKE SURE YOU GET A POLL OF THE GROUP IF  
THEY'RE COMFORTABLE WITH PUTTING THESE FORWARD

3:00:14

WITH THE ADJUSTMENTS THAT SO I THINK WE DO HAVE A QUORUM

3:00:19

BECAUSE WHEN IDID THE HEAD COUNT ANDWE HAVE ONE TWO WE HAVE  
NINE OUT OF

3:00:27

13 MEMBERS OF THE ADVISORY COMMITTEEMEMBERSHIP PRESENT TODAY  
SOMAY I

3:00:35  
HAVE A MOTION FROM ONE OF YOU ONE OF THE MEMBERS WHO BASICALLY  
WILLALLOW US  
3:00:42  
TO ADOPT THIS REVISED LIST OF PRIORITIES ALL MOTION SECOND  
3:00:51  
THANK YOU AND DR MOBLEY YOU HAVE YOUR HAND UP NO I WAS JUST  
SECONDING THE MOTION  
3:01:00  
THANK YOU SO MUCH ANY FURTHER DISCUSSION ON  
3:01:06  
THIS RIGHT HEARING NONE ALL THOSE IN FAVOR SIGNAL BY SAYING I RAISE  
YOUR HAND  
3:01:12  
PLEASE OKAY ALL THOSE AREOS HEARING NONE OKAY THE  
3:01:20  
RECOMMENDATIONS WILL BE FORWARDED TO DR GHALY SO THANK YOU  
THANK YOU SO MUCH WELL NEXT TOPIC IS ALSO VERY  
3:01:28  
IMPORTANT BECAUSE WE NEED TO HAVE UPDATES ON THELEGISLATION  
AFFECTING  
3:01:35  
ALZHEIMER'S DISEASE AND RELATED DISORDER AND FAMILY MEMBERS  
CHARACTER DIVERSIONAL SO THAT WE BECOME MORE AWARE WHAT WE  
3:01:42  
NEED TO ADVOCATE FOR AND SO THE NEXT SEGMENT BASICALLY WILL HAVE  
BARARA M WHO  
3:01:49  
IS ACTUALLY FROM THE ALZHEIMER'S LOS ANGELES AND ALSO ERIC DOWDY  
BP OF THE  
3:01:55  
ALZHEIMER'S ASSOCIATION AND HE IS FOCUSING ON PUBLIC POLICY SO WHY  
DON'T YOU TWO JUST TAKE IT  
3:02:04  
AWAY DARRICK SO I GUESS I'M STARTINGWE  
3:02:09  
PRESENTED I SAY WE THAT WAS JARED NOW IT'S ERIC BUT IT'SWE WE DID  
TALK THROUGH I I THINK MOST  
3:02:17  
OF WHAT WE'RE GOING TO SHARE WITH YOU TODAYWHEN WE MET IN  
AUGUST BUT NOW WE ARE ON THE OTHER SIDE OF A COMPLETED  
3:02:23  
LEGISLATIVE SESSION SO GO TO THE NEXT SLIDEI AM GOING TO COVERSOME  
OF THE BILLS THAT WERE  
3:02:32  
CAREGIVER BILLS AND AND UNTIL VERY CLOSE TO THE END OF SESSION WE  
WERE VERY OPTIMISTIC THAT A LOT OF THESE WERE  
3:02:38

GOING TO PASS AND ACTUALLY THIS IS A TOPIC MAYBE FOR FUTURE MEETING  
3:02:46  
BECAUSE WE'VE HAD INTERNAL CONVERSATIONS ABOUT THE PAID FAMILY  
LEAVE PROGRAM AND AND I'VE TALKED WITH OUR CARE COUNSELORS  
3:02:52  
AND YOU KNOW HOW MANY OF OUR FAMILIES EVEN KNOW ABOUT IT AND  
ACCESS IT I THINK IT'S IT'S PRETTY SMALL MOST OF THE  
3:02:58  
PEOPLE WHO TAKE ADVANTAGE OF THE PROGRAM OR PEOPLE YOU KNOW  
WHO HAVE HAD NEW BABIES OR OR ADOPTED CHILDREN SO  
3:03:05  
WE'RE ACTUALLY GOING TO CREATE A FACT SHEET TO SHARE WITH OUR  
FAMILIES SO THAT WE CAN TRY AND ENCOURAGE PEOPLE BECAUSE I DO  
THINK THIS IS A VERY  
3:03:11  
IMPORTANT SUPPORT FOR CAREGIVERS WE WOULD LIKE TO SEE IT  
EXPANDED OUT AND EASIER TO USE WHICH IS WHAT SOME OF THIS  
3:03:17  
LEGISLATION WOULD HAVE DONE BUT AS YOU CAN SEE THIS PIECE OF  
LEGISLATION IN  
3:03:23  
PARTICULAR ALLOWING EXPANDING WHO CAN ACCESS THE PAID FAMILY  
PROGRAM TO  
3:03:28  
PROVIDE CARE ENDED UP BEING HELD AT THE REQUEST OF THE AUTHOR OF  
THE BILL IT'S NOW A TWO-YEAR BILL WHAT THAT MEANS  
3:03:35  
IS THE NEXT SESSION THAT BEGINS IN 2024 AT LEAST THEORETICALLY  
THERE'S A  
3:03:40  
FASTER PATH TO PASSAGE FOR A BILL THAT HAS BECOME A TWO-YEAR BILL  
NEXT  
3:03:52  
SLIDES SO AGAIN A COUPLE OF BILLS THAT DID PASS THE LEGISLATURE BUT  
THEN  
3:03:59  
WERE ULTIMATELY VETOED BY THE GOVERNOR WHICH AGAIN WAS A BIT OF A  
DISAPPOINTMENT ONE AB 524 RELATED TO  
3:04:07  
PREVENTING EMPLOYMENT DISCRIMINATION AGAINST PEOPLE WHO ARE  
CAREGIVERS AND THEN THE SECOND AGAIN MAKING SOME  
3:04:14  
CHANGES TO THE PAID FAMILY LEAVE PROGRAM TO MAKE IT EASIER TO USE  
AROUND YOU KNOW NO LONGER REQUIRING PEOPLE TO USE  
3:04:20  
VACATION TIME I'M EXPANDING HOW MANY INDIVIDUALS OR FAMILY MEMBERS  
COULD BE  
3:04:25

ACCESSING THE PROGRAM IN ORDER TO PROVIDE CARE FOR A LOVED ONE  
BUT AGAIN BOTH OF THESE WERE

3:04:31

VETOED NEXT SLIDE AND THEN WE HAVE SOME BILLS

3:04:37

HERE THAT WERE ASSIGNED BY THE GOVERNOR AGAIN SB 616 ALSO A  
REALLY IMPORTANT

3:04:42

BILL FOR CAREGIVERS THE ORIGINAL WOULD HAVE EXPANDED SICK LEAVE  
ACR FROM THREE TO SEVEN DAYS THAT GOT NEGOTIATED

3:04:49

DOWN TO FIVE BUT THIS WOULD REQUIRE FIVE DAYS OF ACUR SICK LEAVE A  
FOR PEOPLE

3:04:56

WORKING IN THE STATE OF CALIFORNIA WHICH ACTUALLY MAKES  
CALIFORNIA SOMEWHAT OF A LEADER IN THIS SPACE

3:05:03

NEXT ONE RELATED TO EXPANDING THE NURSING HOME RESIDENT BILL OF  
RIGHTS TO INCLUDE THE RIGHT TO RECEIVE INFORMATION

3:05:10

ON PSYCHOTHERAPEUTIC DRUGS IN ORDER TO CONSENT REFUSE THOSE  
DRUGS THIS

3:05:16

ONE DID ALSO PASS AS WELL AND THEN FINALLY AT LEAST I THINK IT'S  
FINALLY FOR WHAT I'M COVERING WAS THE PASSAGE

3:05:23

OF THE HEALTHCARE WORKER MINIMUM WAGE SO THIS IS A COMPLICATED  
PIECE OF LEGISLATION IT IS SPREAD OVER MULTIPLE

3:05:31

YEARS THREE YEARS THERE ARE DIFFERENT TIMELINES AND DIFFERENT PAY  
BUMPS FOR

3:05:36

DIFFERENT HEALTH CARE SETTINGS AND SIZES I'M DEFINITELY NOT GOING  
TO WAIT INTO ALL OF THAT I WILL JUST SAY

3:05:44

THAT AND ANDREA'S POINTS ABOUT NOT HAVING ENOUGH PEOPLE TO  
PROVIDE CARE

3:05:50

PARTICULARLY IN THE IHSS PROGRAM WE ARE VERY CONCERNED THAT THAT  
IS ONLY GOING

3:05:56

TO EXA BE EXACERBATED BECAUSE OTHER HEALTH CARE SETTINGS WILL BE  
PAYING

3:06:03

PEOPLE HIGHER WAGES AT LEAST IN PART DUE TO THIS PIECE OF  
LEGISLATION AND SO I DO THINK THAT'S GOING TO PUT EVEN MORE

3:06:09

PRESSURE ON BEING ABLE TO ACCESSOR FIND CARE WORKERSIF YOU ARE ELIGIBLE

3:06:16

FOR IHSS YOU KNOW IF YOU'VE GOT A FAMILY MEMBER WHO'S READY TO GO TO PROVIDE THAT CARE FOR YOU THAT'S ONE THING BUT IF YOU DON'T AND SO NOW HERE WE'RE WE'RE ALSO

3:06:23

TALKING ABOUT PEOPLE WHO LIVE ALONE WITH A DEMENTIAI JUST THINK THERE COULD BE A LOT OF FACTORS COMING INTO PLAY

3:06:30

HERE THAT COULD MAKE THATLANDSCAPE EVEN MORE CHALLENGING AND I THINK THAT'S MY LAST

3:06:37

SLIDE THANK YOU BARBRA YEAH ERIC GO ON

3:06:44

GREAT THANK YOU DARRICK THANK YOU BARBRA JUST WAIT FOR MY SLIDES TO SHOW

3:06:54

UP AND IF WE COULD JUST SKIP I THINK THERE'S A VISION AND MISSION WE CAN JUST SKIP TO THE FIRST

3:07:01

BILL AND GREAT SO THIS ISAB21 I KNOW WE UPDATED THE COMMITTEE ON THIS LAST

3:07:07

TIMEBUT THIS IS A BILL THAT WOULD HAVE UPDATED THE TRAINING REQUIREMENTS FOR LAW ENFORCEMENT OFF OFFICERS

3:07:14

UNFORTUNATELY THIS IS A TWO-YEAR BILL AND IT DOESN'T LOOK LIKE IT'S GOING TO GO INTO THE SECOND YEARBUT WE ARE

3:07:20

STILL WORKING ON THIS ISSUE AND ACTUALLY WE'VE ENGAGED WITH THECOMMISSION ON PEACE OFFICER STANDARDS AND TRAINING

3:07:26

ALREADY TO UPDATE THEIR CURRICULUM WITHOUT LEGISLATION SO THAT'S ALREADY OCCURRINGAND WE DO HAVE STAFF IN THE

3:07:33

LA AREA WORKING ON THAT SO ALTHOUGH THE BILL WILL NOT BE MOVEING AGAIN WE ARE

3:07:38

STILL WORKING ON THIS ISSUE YOU KNOW OUTSIDE OF THE LEG A

3:07:44

PROCESS NEXT SLIDEAND THIS BILL DEALS WITH THIS

3:07:50

COMMITTEE SO THIS IS AGAIN ANOTHER TWO-YEAR BILL WAS HELD IN THE APPROPRIATIONS COMMITTEEJUST A

3:07:56

REMINDER OF WHAT THE BILL WILL DOIT RENAMES THE THE COMMITTEE TO THE



3:08:01

ALZHEIMER'S DISEASE AND RELATED CONDITIONS ADVISORY COMMITTEE  
RATHER THAN DISORDERS EXPANDS

3:08:08

THE COMMITTEE FROM 14 TO 21 WITH A MAXIMUM OF 25 AND WE ARE  
REMOVING SOME

3:08:14

STIGMATIZING LANGUAGE SUCH AS SUFFERING FROM TO LIVING TO OR LIVING  
WITH

3:08:20

AND THEN IT REMOVES TERM LIMITS FOR MEMBERS LIVING WITH DEMENTIA  
AND THAT AMENDMENT HAS NOT ACTUALLY MADE IT INTO

3:08:26

THE PRINT VERSION OF THE BILL BUT IT IS ANTICIPATED WHEN WE  
DO REINTRODUCE

3:08:31

THE BILL NEXT YEAR THAT WILL BE INCLUDED AND THEN ALSO JUST A  
REMINDER IT IS ADDING MORE VOICES TO THE THE

3:08:39

COMMITTEE SO WE'LL HAVE LOCAL HEALTH JURISDICTIONS WE'LL HAVE FIRST  
RESPONDERS A CONSUMER ORGANIZATION THE

3:08:45

CALIFORNIA COMMISSION ON AGING THE PRIMARY CARE PHYSICIANS AND  
TWO EX OFFICIO NON-VOTING MEMBERS APPOINTED BY

3:08:52

A SENATOR AND AN ASSEMBLY MEMBER APPOINTED BY THEIR  
LEADERSHIP AND THEN ALSO FOUR MEMBERS APPOINTED BY

3:08:59

THE HHS SECRETARY AND JUST AS I HINTED THIS TO THIS A LITTLE BIT BUT  
THIS BILL WILL NOT

3:09:06

BETHE SAME NEXT YEAR WE DO NEED TO REINTRODUCE IT WITH A NEW BILL  
NUMBER SO

3:09:11

ASSEMBLY MEMBER AGAR CURRY'S OFFICE HAS ALREADY COMMITTED TO  
DOING THAT FOR US SO WHEN YOU LOOK FOR IT NEXT YEAR

3:09:18

WE'LL HAVE A DIFFERENT HIGHER BILL NUMBER WHEN AND IT'LL INCLUDE ALL  
THE AMENDMENTS THAT WE WERE JUST TALKING

3:09:24

ABOUT AND THEN THE NEXT SLIDE THIS IS OUR ALZHEIMER'S

3:09:32

DIAGNOSTIC HUBS THIS IS ANOTHER TWO-YEAR BILL FOCUSING ON THE CADC  
SO THE

3:09:38

CALIFORNIA ALZHEIMER'S DISEASE CENTERS TO REALLY HONE IN ON SOME  
DIAGNOSTIC WORK WHICH WE KNOW IS CRITICALLY

3:09:44

IMPORTANT AS WE HAVE NEW THERAPIES COMING DOWN THAT REALLY ARE GOING TO REQUIRE EARLY DIAGNOSIS SO TRYING TO

3:09:50

RAMP UP THE CC'S AS BEST WE CAN SO AS YOU MAY RECALL THEY ARE MANDATED TO DO

3:09:57

DIAGNOSTIC SERVICES RESEARCH TRAINING FOR INDIVIDUALS AND FAMILIES IMPACTED BY ALZHEIMER'S AND THEN ALSO

3:10:04

TRAINING OF HEALTH PROFESSIONALS AND WHAT WE'D LIKE TO DO IS MOVE THE DEMENTIA CARE AWARE PROGRAM UNDER THE

3:10:10

CADS AS WE THINK THEY'RE VERY APPROPRIATE TO EXPAND THE MODEL AND GIVE US A BETTER REACH THROUGHOUT THE STATE

3:10:16

AND WE ARE EXPLORING FUNDING OPTIONS FOR THAT AND I WILL NOTICE THERE'S A TYPO ON THE ON THE RIGHT SIDE THOSE ARE

3:10:23

THAT'S A CARRYOVER FROM THE LAST SLIDE SO WE CAN IGNORE THAT AND THE NEXT

3:10:29

SLIDE AND THIS IS JUST A LIST I WON'T GO THROUGH ALL OF THESE BUT AS BARBRA KIND OF ALLUDED TO THERE'S A LOT OF

3:10:36

TWO-YEAR BILLS SOME THAT WERE GUTTED AND AMENDED AND OTHERS WE NEED TO

3:10:43

WORK ON NEXT YEAR BUT I THINK THE ONE I WANT TO CALL OUT IS THE REYES BILL

3:10:48

THAT'S THE AB 820 THAT WILL NEED TO BE HARMONIZED WITH OUR ADVISORY BILL

3:10:55

WHATEVER BILL THAT BILL NUMBER THAT TURNS OUT TO BE SO THERE IS A LITTLE BIT OF OVERLAP BUT WE'LL BE WORKING WITH THE

3:11:02

COMMISSION ON AGING AND AND ASSEMBLY MEMBER REYES'S OFFICE ON THAT AND I'LL

3:11:07

JUST LEAVE THE REST THERE FOR YOUR REFERENCE IF YOU DO HAVE QUESTIONS IF YOU CAN SKIP TO THE NEXT SLIDE MY EMAIL

3:11:13

ADDRESS IS THERE AND JUST FEEL FREE TO REACH OUT ON WITH ANY QUESTIONS I'D BE HAPPY TO

3:11:19

PROVIDE MORE DETAIL ON ANYTHING THANK YOU THANK YOU SO MUCH

3:11:27

ERIC AND BARBRA FOR GIVING US SOME UPDATES ON

3:11:32

LEGISLATION AND AS I MENTIONED BEFORE IT'S INDEED VERY IMPORTANT FOR US TO BE KEEP A PRIZ OF WHAT'S GOING ON SO WE'LL

3:11:39

CONTINUE TO BE ADVOCATESFOR WHETHER THEY ARE OUR LOVED ONES FAMILY MEMBERS

3:11:45

OR WHERE THEY ARE OUR CLIENTS OR PARTICIPANTS SO WE ACTUALLY HAVE FIVE

3:11:51

MINUTES FOR QUESTION AND ANSWERWITH BARBRA AND ERIC SO ANYONE FROM THE

3:11:58

COMMITTEE WHO WOULD LIKE TO PISE YOUR CONCERNS OR

3:12:11

QUESTIONS

3:12:18

ANDREA YOU'RE NEXT OKAYTHANK YOU GUYS FOR REALLY ADVOCATING FORAB

3:12:26

387 THATTERM TIMEIT REALLY WOULD MAKE A BIG DIFFERENCE TO THE NEW

3:12:33

COMMITTEE MEMBERS COMING IN BECAUSE FROM MY EXP FROM MY PERSPECTIVEAS A CONSUMER WITH

3:12:40

COGNITIVE LIMITATION IT TAKES ALMOST A YEAR JUST TO UNDERSTAND THE PROCESS TO

3:12:47

UNDERSTAND THE PROCESS OF THE RECOMMENDATIONSPASSING BILLS I MEAN

3:12:54

I'M JUST REALLY GETTING COMFORTABLE UNDERSTANDING THIS WHOLE PROCESS AND TO

3:12:59

LIMIT THE TERM FOR THE PEOPLE THAT'S THE MOST IMPORTANT WE'RE LIKE THE SOIL AND

3:13:05

THEN THE OTHER PRIORITY IS LIKE THE TREE AND THE BRANCHES AND YOUYOU NEED THE

3:13:11

SOIL YOU NEED IT ALL BUT YOU NEED THE SO AND SO I'M HOPING THAT THE NEW PEOPLE COMING IN AND I KNOW THEY'RE GOING TO BE

3:13:18

FANTASTICTHE TERM TIME SHOULD BE LOOKED AT BECAUSE SOME PEOPLE MAY WANT

3:13:23

TO SERVE ONE YEAR AND THEY'RE G TO BE GOOD WITH IT AND THEN SOME MAY WANT TO DO TWO YEARS SO I'M JUST ASKING YOU ALL

3:13:31  
TO REALLY PUSH THAT IN REGARDS TO FROM A PERSPECTIVE OF A PERSON  
WITH  
3:13:38  
LIVED EXPERIENCE BECAUSE IT DOES TAKE TIME TO JUST UNDERSTAND THIS  
WHOLE PROCESS  
3:13:45  
THANK YOU ANDREA ANY OTHER COMMITTEE MEMBERS WOULD LIKE TO  
MAKE A COMMENT OR  
3:13:51  
RAISE A QUESTION YEAH HEARING NONE WHAT ABOUT  
3:13:58  
THE PUBLIC ANY QUESTIONS FOR THE  
3:14:07  
PUBLIC RIGHT I THINK WE CAN MOVE ON TO THE NEXT TOPIC BECAUSE WE  
HAVE  
3:14:13  
ANOTHER SEGMENT FOR PUBLIC COMMENTS RIGHT AFTER THIS SO THIS IS  
THE TIME FOR US TO FINALIZE THE RECOMMENDATIONS AND  
3:14:21  
ITEMS FOR SECRETARY G SO  
3:14:26  
[MUSIC] LET'S SEE SO MICHELLE ARE WE BACK TO  
3:14:32  
THE PUBLIC COMMENT FIRST OR ARE WE GOING TO FINALIZE THE  
RECOMMENDATIONS RIGHT  
3:14:37  
NOW WE ARE GOING TO FOLLOW THE FLOW OF THE AGENDA AND I  
BELIEVE THE NEXT  
3:14:42  
THING IS THE RECOMMENDATIONS SO GO BACK GREAT THANK YOU SO  
ANYONE WHO WOULD LIKE  
3:14:49  
TO MAKE SOME SUGGESTIONS ITEMS THAT YOU WOULD LIKE TO  
3:14:54  
BRING TO DR GOSO DARRICK I I KNOW WE TALKED SOME ABOUT THE  
3:15:01  
GAPS SORT OF FROM ALL OF THAT WHOLE LONG CONVERSATION I ACTUALLY  
I MEAN LIKE I  
3:15:07  
HAVE A WHOLE BUNCH OF THEM WRITTEN HERE SO BUT IT JUST SEEMS LIKE  
3:15:13  
IN SOME WAY WE SHOULD CAPTURE SOME OF THAT AND THAT SHOULD BE IN  
BECAUSE I KNOW WE'RE SENDING FORWARD YOU KNOW WHAT  
3:15:19  
CAME FROM OUR CONVERSATION IN AUGUST WHICH COVERS SOME OF IT  
BUT I DO THINK IT WOULD BE WORTH HAVING A SECTION OF  
3:15:25

THE LETTER THAT SPECIFICALLY FOCUSES ON YOU KNOW KIND OF  
TAKEAWAYS FROM OUR WHOLE MORNING PRESENTATION SO I DON'T

3:15:32

KNOW HOW BEST YOU WANNA I MEAN I CAN I CAN SAY THINGS NOW AND I  
KNOW I SAID

3:15:37

SOME THINGS DURING THE THE MEETING I COULD I CAN EMAIL THIS TO YOU  
MICHELLE I DON'T KNOW QUITE HOW YOU'D WANT TO YEAH

3:15:45

IF YOU COULD IF YOU COULD EMAIL THAT I WAS CAPTURING THEM AS WE  
WENT BUT IF YOU COULD EMAIL THEN I COULD MAKE SURE WE

3:15:51

GOT LISTED AS THE GAPS AND GET GREAT I WILL DO THAT THANKS THANK

3:15:57

YOU BARBARA ANYONE

3:16:08

ELSE WOULD YOU LIKE TO PUT UP THE PUBLIC COMMENTSLIDE AND REMIND  
PEOPLE HOW THAT THEY CAN

3:16:14

PARTICIPATE IF THEY WOULD LIKE TO YEAH SOUNDS GOOD YEAH PLEASE DO

3:16:27

OKAY GREAT THANK YOU THIS IS OUR SECOND PUBLIC COMMENT PERIOD IF

3:16:33

ATTENDEES WOULD LIKE TO MAKE A COMMENT TO THE COMMITTEE YOU MAY  
USE

3:16:39

YOUR ZOOM FUNCTIONS AND USE YOUR RAISE HAND FUNCTION AS PART OF  
YOUR ZOOM MENU

3:16:45

OF CHOICES IF YOU'RE ATTENDING BY PHONE YOU WOULD PRESS STAR NINE  
ON THE

3:16:51

DIAL PAD AND THAT'LL BRING YOU TO THE TOP OF THE QUEUE AND WE CAN  
UNMUTE YOUR LINE AND OF COURSE YOU CAN PUT

3:16:58

YOUR WRITTEN COMMENTS IN THE Q&A THANK YOU CARROLL BEFORE WE  
JUMP INTO

3:17:06

PUBLIC COMMENT I JUST WANTED TO MAKE SURE THAT WE CAPTURE THAT  
THERE WEREN'T OTHER PEOPLE WHO WANTED TO MAKE ANY  
RECOMMENDATIONS FOR B IN THE SECRETARY'S

3:17:13

LETTER

3:17:22

MAKE SO JUST BRIEFLY BARBARA WILL SEND MICHELLE A LIST OF THE BULLET  
POINT SO

3:17:29

WE CAN CAPTURE THAT AND SHARE WITH THE WHOLE COMMITTEE AND THEN WE CAN LOOK AT THAT BEFORE FINALIZING THE

3:17:37

RECOMMENDATIONS I'M I'M BACK DELAYED BUT I EVEN WITHIN THE RECOMMENDATIONS THAT

3:17:43

YOU AND DR CANO WORKED ON DARRICK I WAS JUST WONDERING I KNOW WE'RE NOT WE

3:17:48

MENTIONED SOME SPECIAL POPULATION BUT THERE WAS SO MUCH DISCUSSION TODAY ABOUT THE MISSING MIDDLE AND EVEN DR GHALY

3:17:55

REFERRED TO THAT AND JUST HIGHLIGHTING THAT I THINK IS A STRONG STATEMENT FOR

3:18:01

WHAT IS OUTSIDE OF THE PURVIEW OF MEDICAL YEAH THAT'S A GREAT POINT THANK

3:18:11

YOU ANYONE ELSE FROM THE COMMITTEE BEFORE WE

3:18:16

TURN TO THE PUBLIC FOR

3:18:30

COMMENTS RIGHT CARROLL DO WE HAVE ANYONE DIALING IN OR WANTING TO MAKE A

3:18:38

COMMENT NO HANDS ARE RAISED SO NO COMMENTS AT THIS TIME DARRICK THANK YOU

3:18:47

CARROLL SO HEARING NONE I LIKE TO MAYBE IF WE CAN CLOSE THE MEETING A

3:18:53

LITTLE BIT EARLY SO WE HAVE A FEW THINGS AS WE BEFORE WE ADJOURN THE

3:18:59

MEETING AND NUMBER ONE IS FOR THE

3:19:04

NEXT YEAR WE ACTUALLY HAVE A FEW MEETING DATES LINE UP ALREADY SO THE

3:19:12

FIRST MEETING IS SCHEDULED FOR FEBRUARY 1ST 2024 FOR THE MONTH OF MAY ACTUALLY WE

3:19:20

WILL HAVE THAT ON THE SECOND THURSDAY AND THAT IS MAY THE 9TH AND SO FOR THE THIRD ONE WE

3:19:30

HAVE SCHEDULED THAT FOR AUGUST 1ST AND THE LAST MEETING FOR YEAR 2024 WILL BE

3:19:37

NOVEMBER 7TH BARBRA ALSO MADE A VERY GOOD SUGGESTION THAT WE  
PICK A COUPLE OF  
3:19:43  
MEETINGS AND TO ENCOURAGE MEMBERS WHO CAN TO ATTEND IN PERSON  
SO ANY THOUGHTS  
3:19:51  
ABOUT THAT WHICH MONTH IS BETTER THAN  
3:20:02  
OTHERS BARBRA WHAT DO YOU THINK SORRY DID SOMEONE ELSE WANT TO  
3:20:09  
I WAS JUST GONNA SAY ROSIE CAN YOU PLEASE ADVANCE US TO THE NEXT  
SLIDE SO WE CAN SEE THE LIST OF  
3:20:15  
DATES THANK YOU I SO MAYBE THAT FEBRUARY MEETING WOULD BE A GOOD  
ONE  
3:20:24  
TO ENCOURAGE PEOPLE TO TRY TO BE IN  
3:20:29  
PERSON AND I THINK ISN'T THE FEBRUARY ONE BECAUSE DIDN'T WE PENDING  
THE DISCUSSION ABOUT THE OLDER ADULT  
3:20:36  
BEHAVIORAL HEALTH INITIATIVE WE WERE GOING TO TALK ABOUT THAT BUT  
NOW I THINK MAYBE THAT MIGHT BE ON THE AGENDA FOR  
3:20:41  
FEBRUARY SO THAT WOULD BE NICE TO HAVE THAT CONVERSATION IN  
3:20:46  
PERSON YEAH I THINK WHAT IT'S LOOKING LIKE FOR FEBRUARY IS THAT THE  
MAIN TOPIC IS PROBABLY GOING TO BE THE KIND  
3:20:54  
OF EMERGENCY AND DISASTER PREPAREDNESS AND RESPONSE BECAUSE  
THAT WAS THE TOPIC THAT HAD BEEN HIGH ON THE LIST THAT WE DIDN'T GET  
TO IN 2023 AND THEN ALSO A  
3:21:02  
SHORT PRESENTATION ON THE OLDER ADULT BEHAVIORAL HEALTH  
INITIATIVE SO THAT'S OKAY THAT SOUNDS GREAT GREAT  
3:21:11  
RIGHT SO LET'S DO IT FEBRUARY UNLESS WE HAVE SOMEONE  
3:21:17  
OBJECTING OKAY AND ALSO NOT TO BE REDUNDANT THIS SLIDE ALSO SHOW  
3:21:24  
THERE'S A MEETING ON OCTOBER 8TH THIS THE CALIFORNIA FOR ALL AGES  
AND  
3:21:30  
ABILITIES SO HOPEFULLY MEMBERS FROM THE COMMITTEE WILL BE YOU KNOW  
PLANNING TO  
3:21:37  
JOIN AS WELL WHERE IS IT GOING TO BE BY THE WAY SUSAN  
3:21:43

IT WILL BE HELD AT THE SACRAMENTO CONVENTION CENTER WHERE IT TOOK PLACE LAST YEAR SAME VENUE AESOME AWESOME ALL

3:21:51

RIGHT OKAY ALL RIGHT I ALSO LIKE TO MAKE U AN

3:21:57

ACKNOWLEDGEMENT AND AN ANNOUNCEMENT SO I WANT TO ACKNOWLEDGE THE GREAT WORK OF

3:22:04

MICHELLEDON'T WANT TO BE A BROKEN RECORD BUTSHE ACTUALLY HAS DONE

3:22:09

WONDERS WHICH HELPED MEASTHE VICE CHAIR WHOFUND THIS MEETING

3:22:16

TODAY TO GO SMOOTHLY SO THANK YOU VERY MUCH MICHELLE FOR SUPPORTING ME AND ALSO

3:22:21

SUPPORTING THE WHOLE COMMITTEE I JUST CAN'T YOU KNOW THANK YOU ENOUGHAND THEN AN ANNOUNCEMENT IS

3:22:28

THAT YOU KNOW I HAVE BEEN HOLDING MY TONGUE FOR THE WHOLE FOUR HOURS AND I'M SO GLAD THAT DR GHALY MENTION ABOUT THE

3:22:37

IMPORTANCE OF YOU KNOWHAVING MEDICARE INVOLVED IN ANY MAJOR MAJOR NEW

3:22:44

INITIATIVES OR VENTURE I'M VERY HONORED AND HUMBLLED TO LET YOU KNOW THAT I'VE BEEN

3:22:50

NAMED THE NEW REGIONAL ADMINISTRATOR OF CMS REGION 9 AND I WILL BE STARTING MY

3:22:58

JOB THEREON DECEMBER THE 4THI'M VERY THANKFUL TO HAVE THIS

3:23:04

OPPORTUNITY TO WORK WITH THIS COMMITTEE I HAVE TO CHECK WITH CMS TO SEE HOW I

3:23:09

CAN INVOLVE WITH THIS COMMITTEEAS A MEMBEROR AS A VICE CHAIR BUT ONE

3:23:16

THING I'M SURE IS THAT I CAN DEFINITELY WORK WITH YOUAS A FEDERAL ASON BEING

3:23:23

A SENI OFFICIAL AT CMS BECAUSE IN MY CAPACITY I NEED TO WORK CLOSELY WITH THE STATE GOVERNMENTS

3:23:29

AND CALIFORNIA IS A VERY IMPORTANT STATE GOVERNMENT WITHTHE CONTRACTORS WITH

3:23:37



HEALTH PLANS WITH BENEFICIARIES AND ALL THE STAKEHOLDERS SO I LOOK FORWARD TO BE

3:23:42

WORKING WITH YOU IN THAT CAPACITY I HAVE BEEN TAKING NOTES AS TO WHAT YOU ALL

3:23:47

MENTIONED BUT I'VE BEEN HOLDING MY TONG BECAUSE I DON'T WANT TO JUST STEAL THE LIMELIGHT AND I JUST DECIDE TO WAIT

3:23:55

UNTIL THE VERY END OF THIS MEETING TO DO SO GLAD TO HAVE THIS OPPORTUNITY

3:24:00

TO WORK WITH YOU IN THE CAPACITY AS A FAMILY CAREGIVER BUT I LOOK

3:24:07

FORWARD TO WORKING WITH YOU IN MY NEW CAPACITY AS THE FEDERAL LIASON YOU KNOW WHEN I START WORKING WITH CMS AS A

3:24:14

REGIONAL ADMINISTRATOR IN DECEMBER OKAY THANK YOU THANK YOU SO

3:24:21

WITH THAT IT'S ACTUALLY 158 I THINK WE CAN ADJOURN THE MEETING

3:24:32

EARLIER OKAY THANK YOU FOR EVERYONE

3:24:38

PARTICIPATION THANK YOU THANK YOU EVERYONE CONGRATULATIONS

DARRICK YEAH

3:24:44

CONGRATULATIONS THANK YOU BYE

3:24:56

BYE