

**California Master Plan for Aging
Stakeholder Committee Meeting #2
November 4, 2019**

Meeting Transcript

Anastasia Dodson

Good morning, want to let you know we are going to be starting in a few minutes, please find a seat, and reminder restrooms are outside of the door here. There is wi-fi in the room, password on the board, (on board) but wi-fi ask in and out because of the number of people using it.

Good morning, just a second to talk to the operator.

Kim McCoy Wade

Welcome to get started we will have quick logistics to make sure everybody is hearing and participating fully.

Anastasia Dodson

We are here at 1700 K Street, a number of people have dialed in, hearing us through the mics that are in the room. So those folks should be able to hear us just fine and the folks who are in the room if you are in the back row you may want to move forward to the front row, a little further, if you find we have trouble with the room hearing us, we have a few mics we can pass around but really a lot easier to just speak up a little bit and then you don't need to use a mic, another thing for those in the room, wi-fi might go in and out because of number of people. See how that goes, restrooms outside for the stakeholder members there is beverages and lunch. There are stakeholder members participating on the phone, for those members your phones will be unmuted throughout the call, however just reminder as we said in e-mail, please don't put us on hold if you are doing something else in the background put us on mute, so we don't hear that. I ask for all of us to please identify before speaking so those on the phone can know who is speaking and so our person who is doing captioning and recording can keep track of who says what. I think that is it.

Kim McCoy Wade

Okay, we are expecting Secretary Ghaly to join us, maybe still doing a walk here, go ahead, I know he is eager to hear and speak with you about events of the last couple of weeks, PSPS and fires and impact on the aging and disabled community and many of your wonderful responses and cross department priorities like CalAIM. So, he will be here. Let's get started with introductions, I'm Kim McCoy Wade, thrilled to be the acting Director at the California Department of Aging, I will introduce my team now since we are here, we have had some changes at our team. Ellen Goodwin, began as project manager at CDA on October 1st, so increasingly she will know all, does know all already, very important person to have in your e-mail inbox and know, we also brought on two policy and research consultants there is a little policy and data work to do. Carrie Graham is with us, particularly working with the LTSS committee and Research subcommittee and Jennifer Wong first day was Friday, give her a minute, (laughter) working on all other issues, including age-friendly communities, health and well-being, and safety and security, so we are thrilled to have them joining the team. And Anastasia Dodson is transitioning to a new role, returning to DHCS, and we are thrilled she will be the Master Plan for Aging point person at DHCS, a little bit intersection with the DHCS and master plan. We are excited about that, thank you so much for the 60-90-day sprint we have done to get this project up and going on this very fast timeline. Will be filling the project director position and have news soon. That's the CDA team. You will hear from others but want you to know of the transitions with that, Kevin, take it away.

Kevin Prindiville

Executive Director at Justice in Aging.

Catherine Blackmore

Executive director of Disability Rights California.

Le Ondra Clark Harvey, PhD

Director of Policy and Legislative Affairs, California Council of Community Behavioral Health Agencies.

Peter Hansel

CalPACE representing the 15 programs involved in this.

Jeanne Parker Martin

President and CEO of LeadingAge California.

Marty Lynch

Lifelong Medical Care, a federally qualified health center.

Maya Altman

Health Plan of San Mateo which is a Medicaid managed care plan.

Jodi Reid

Executive director of the California Alliance for Retired Americans.

Clay Kempf

Executive Director of the Seniors Council and see for a legislative co-chair.

Susan DeMarois

Representing the Alzheimer's Association and the 2.4 million Californians living with the disease or caring for a loved one.

Brandi Wolf

Statewide Policy Research Director for SCIU local 2015, we represent about 385,000 long-term care workers, IHSS and 37 counties.

Heather Young

The Betty Irene Moore School of Nursing, University of California, Davis.

Donna Benton

From USC Family Caregiver Support Center Director and President of the Association of California Caregiver Resource Centers.

Christina Mills

California Foundation for Independent Living Centers. Just returning from Spain and I have candy for us all to enjoy.

Bernice Nunez-Constant

AltaMed Health Services, federally qualified health center.

Darrick Lam

President and CEO of ACC Senior Services.

Janny Castillo

St Mary Center Senior Service Provider.

Rigo Saborio

President and CEO of St. Barnabas Senior Services and also the Chair of the Los Angeles Aging Advocacy Coalition comprised of over 60 organizations.

Mercedes Kerr

President of Belmont Village Senior Living.

Debbie Toth

President and CEO of Choice in Aging, we are a non-profit that provides CBAS, MSSP, every acronym.

Jennie Chin Hansen

Former chief executive of the American Geriatrics Society.

Shelly Lyford

President and CEO of the Gary and Mary West Foundation.

Bruce Chernof

President and CEO of SCAN Foundation.

Nina Weiler-Harwell, PhD

AARP California.

Monica Banken

On behalf of LA County Supervisor Kathryn Barger.

Craig Cornett

President and CEO of the California Association of Health Facilities.

Kimberly Gallo

Director of Aging and Independence Services for the County of San Diego Health and Human Services.

Caroline Smith

Deputy director of the County of San Diego Health and Human Services.

Jose Arevalo

Physician, also Chief Medical Officer for Sutter Independent Physicians which is a Sutter Health affiliate of about 550 independent physicians practicing in the Sacramento region, and also the Chair of the Latino Physicians of California.

Anastasia Dodson

California Department of Aging.

Kim McCoy Wade

Do we have members of the committee on the phone?

Cheryl Brown

Hi I'm Cheryl Brown.

Fernando Gil-Torres

Fernando Gil-Torres.

Kim McCoy Wade

Sounds like we have both Cheryl Brown from the Commission on Aging and Dr. Fernando Gil-Torres on the phone from Southern California. Welcome to your both. Other SAC members on the phone? One more in the room.

Kristina Bas-Hamilton

United Domestic Workers of America/AFSCME local 3930, representing 21 counties of IHSS workers.

Kim McCoy Wade

Great, we have a full room. goals. Who we are and why we are here, timeline and deadlines. Any Questions?

Craig Cornett

On the December 13 how do you want us to communicate that?

Kim McCoy Wade

Great and we have a full room for those of you, sounds like we have many folks on the phone, particular welcome and thank you to other stakeholders here, as well as many colleagues from the legislature, thank you for joining us for our second meeting.

What we want to do is at the highest level, talk about the goals for today and how they're reflected in the agenda. Our agenda review, we have three things we're trying to do today in our four hours. One is to continue to lay the foundation for the master plan. And we have two parts of our agenda that are going to do that. One, we're going to have an example from the great state of San Diego about what a Master Plan for Aging can look like. We're very thankful to have them with us. And we have LA County teed up for our January meeting with their Purposeful Aging Initiative as another example of a large jurisdiction public private, person-centered data-driven goal. And the other example I know everyone's eager to get to our framework, our values, our goals, our objectives, and we'll come back from lunch and start with that right away.

The other thing we're doing is we're organizing our work again, the famous quote from the research subcommittee, we're boiling the ocean here talking about every issue across aging and so I'm so pleased that every subcommittee met, every work group, and planning group got going in October. We have a lot we want to share with you. We want to make sure everyone sees what's happening and also can help us see connections. There are all these proposals and lots of room for discussion improvement.

And third of all, we want to get to work on the first topic out of the gate, long-term services and supports. LTSS is on the fastest timeline, as many of you know, because of the March 2020 report due from the stakeholder advisory committee, and they had a great meeting. So, we will both be talking about how to coordinate the LTSS work, especially with our CalAIM partners at DHCS, CDSS, Department of Health Care Services with the California Advancing Medi-Cal initiative that kicked off last week. Monday we kicked off the LTSS committee, Tuesday DHCS kicked off CalAIM and Wednesday CDSS kicked off the IHSS listening sessions. Here we are Monday, we are going to try to talk about how to coordinate that, we also did get to the first topic, information and referral systems, and the subcommittee has some recommendations to bring to the full committee, so be ready to start that cycle. So, you will see that in the agenda, we have a lunch break and thank the foundations for generously providing food, very important, thank you to SCAN, and Gary and Mary West and Archstone for supporting our nourishment as well.

So just a quick reminder of who we are and why we're here. The Governor issued a Master Plan for Aging on June 10th, after lots of organizing and advocacy and personal experience that brought him to that and that really is our guiding document. We have five deliverables, March 2020 is the first one, the report from the stakeholder committee. Those of you who are eagle eye readers of the executive order it does say the subcommittee but that was a drafting error, the subcommittee will come to the full committee and the full committee will then issue, and we'll talk more about the logistics and then the four building blocks of the Master Plan really will be the state roadmap which will cover LTSS as well as the other issues with that person centered goals, data indicators and public private partnerships, a blueprint for local communities that will mirror it, but obviously need to be adapted and adopted by local communities depending on where they are and their priorities resource tool kit to pull from those model policies and best practices across California across the country and across the world, eager to hear what you learned in Madrid, and a data dashboard of state and local indicators so we can all monitor our progress and our opportunities, and just want to do a call out to I'm Senator Hannah-Beth Jackson. The other thing that happened in October is bills were signed. And this is one of four pieces of legislation supporting the master plan work in partnership between the legislature and administration. So, thank you for that. For those of you who somehow we're already turning the corner on 2020 I just want to lay out high level where we are and talk a little bit about process. So this is our second of an envisioned seven meetings.

We have a December conference call because there's so much happening, we thought we ought to at least touch base before the end of the year on all the pieces that you'll hear about today. But then be back together in person on that bi-monthly, January with a lot of recommendations we hope to be ready to dive into, March that report to finalize, May, probably the beginning of that the whole piece, all the pieces, and then July a kind of final input from stakeholders. And then of course it goes to the administration. The deadline the executive orders that the administration issues the master plan by October. You'll note their little sentence in bold and italics. This is a call for initial recommendations by December 13. And this is what this is an opportunity to please put on paper what you already know you want this plan to say that will help us really make sure that you'll see the January meeting in particular, but a whole series of meetings will be best informed by you're already done thinking we know you all have been working and thinking on this for years. And so, if you know those recommendations, it

will help us to have them. I will say that's particularly true for LTSS because of the aggressive timeline on that report. Now, that said, we're going to have a lot of discussions together, so we don't want to preempt the discussion. So of course, more can come, more will evolve, things will change, but we would rather not have it all come in March 31st and get to work then. So let's call that a target, an aspiration. If you could get that in Friday that will help our discussions be even more content rich. That's really all we wanted to say to kind of just set the table. Yes. Any questions?

Craig Cornett

On the December 13, how do you want us to communicate that?

Kim McCoy Wade

Yes, at this point, our thinking is that the emails to engage are just fine. We are looking for the three things. We're looking for recommendations. We're looking for data indicators, and we're looking for best practices. So, if you have a vision about, let's say, residential facilities, we'd love your policy and programs, what metrics you would suggest and where we could see models to lift up, that would be very helpful. It's a possibility as it gets going, we will automate this into a Google form. But for now, we're happy to have those as, as you would, we will be posting them for transparency so people can see those. And of course, we will be then looking at these three sources of recommendations, one, all these meetings, generating recommendations, two your written comments, and then three, we continue to get a lot of public comments, again, over 1000 that we're tracking and sorting so that we also have a sense of that to kind of individual comments and perspectives. So, all three of those things will be informing the plan. Yes, Bruce.

Bruce Chernof

Bruce from SCAN. Can you say a little bit more about how our work in this room will interact with the cabinet level group that Mark is leading? To be very specific about why I'm asking the question is one of the goals of this has always been a cross-departmental engagement and so things like transportation for veterans—there are many in this room other departments they would see as relevant to the discussion, housing, etc. they are not represented at this table, so I am just wondering if you can talk a little bit about what it is we are writing, relative to what they write, and how we inform their process.

Kim McCoy Wade

Yes, so there's a three-part phase happening there. This is our connection to the other cross department cross agency. So, first, we had a kickoff meeting September 3 with the cabinet work group, right before this first stakeholder meeting, and since then there have been smaller follow up meetings. So, a housing and transportation strategic growth council meeting, a parks meeting is coming up, a OES meeting is coming up a Cal Volunteers meeting is coming up. So those are kind of getting to know, getting that relationship built. A little spoiler alert for what you're going to hear in the afternoon is we're going to propose focus topic meetings. And they would be at those meetings, right. If we're having a housing conversation, we need to hear from government housing leaders, so that they'll be generating recommendations. And then we are also going to be convening them roughly quarterly so that they stay abreast of your work and your recommendations. So, we're planning to convene them in late December. So that's another reason Thank you for letting me highlight that, why we'd like to hear from you sooner rather than later. So, they can see where we are. We can highlight all the different ways that other departments are plugging in. So, we're going to kind of keep them both go deeper on specific issues, but then keep them engaged in the broader plan and open to other. The fourth thing is as we are having community events in those issue areas, we're inviting them. So, the first one was Secretary Ghaly and Senator Hurtado had an event on older workers in Bakersfield, and Secretary of Labor wasn't able to go, but they did a joint blog post and social media around that. So similarly, as we talked about other events with housing and transportation, we're engaging those secretaries and departments so they're on the ground too. That's great, we'll add an update on that to a future meeting. Very good. Okay. Without further ado, let's hear from sunny San Diego. I'm so thrilled that Kim Gallo was able to come up here with her team. And Kim, what's the easiest thing for you in terms of.

Kimberly Gallo

Good morning. If I talk really fast, we got up at 4AM and had lots of coffee, (laughter) also we have about 45 minute presentation to cover in about 15 minutes, so at any time whether it is today or after the fact, please reach out and we're happy to provide you with additional information or questions you might have. Again, I am Kim Gallo, Director of AIS in San Diego County, and Caroline Smith is our Deputy Director there, and we're thrilled to be here today to share the work that's happening in San Diego.

We, about 9 months ago, embarked on a roadmap for our region. I started this position a year ago today. One of the things I found right away was we had a lot of different goals and measures and a lot of different plans. We had goals and plans for or Older Americans Act funding, we had our op plan goals, we had our strategic plan goals, we had our county measures, we had our age well plan, probably 10 different places we were reporting different metrics on, so we decided to take a comprehensive look and really work with our stakeholders, our county leaders and community experts in the field of aging to develop a comprehensive regional plan that is going to guide our services for older adults in our county over the next 5-10 years. So, with that, came our aging road map. (on screen), one of the things that we have really worked on is to make sure we can remain flexible. So, when we thought about what do we call this? Is it an age well plan? Is it age friendly communities, how are we going to address this?

And then we really thought about a roadmap. And how many times are we on a journey or we're taking directions and you go on a detour. This really fits well, you know, because the needs of seniors today may be very different, even in 5, 10, 15 years. So, we need to have a plan that's really adaptable, and we're able to show the work that's being done. Not only by government, but by the wonderful community partners that we collaborate with on a day to day basis. And San Diego definitely has an aging population. And as you can see from our graph here, in 2010, we have close to 700,000 San Diego's over the age of 55, and our projections are that by 2025, those numbers going to be more than a million. So, we definitely have growth. And we know that a growing older adult population brings many gifts we can all benefit from however we also know that there's some challenges there, people are living longer and longer lifespans increases demands on our systems of care. San Diego region also has a very high cost of living. So, finding ways to ensure older adults are able to maintain a good standard of living is going to be critical for us. We also have an increasingly diverse, older adult population. So, our systems of care have to be able to meet the unique needs and preferences of older adults from different racial and ethnic groups as well. And one of the biggest challenges that we're facing in our region is the expected increase in Alzheimer's disease and related dementias. One demographic we highlighted in our annual Alzheimer's project report earlier this year is the number of San Diego county wide a 55 and older living with dementia. And that number is expected to increase by 36.5% between 2015 and 2030.

And so you can see from our projections here that we really have a lot of work to do and that we need to find services to prioritize those living disease as well as for the caregivers, and additionally we need to promote dementia friendly approaches, ways of making our communities more understanding and accessible to those living with dementia. Now Carolyn is going to cover some of our programs.

Carolyn Smith

So Kim kind of set the stage of where we are as a county and what our region looks like. Aging and Independent Services we're a division of the county health and human services agency. So, we do function as a super agency, which is extremely helpful when it comes to collaboration, at AIS we serve as the regions Area Agency on Aging. We administer all CDA programs, we're the driver of local age friendly and dementia friendly efforts and then not necessarily uniquely but somewhat special to us is we've grouped all of our aging programs under one shop. So in addition to the CDA programs and surveying of the area on aging, we operate IHSS, as well as protective services and MSSP, as well as our call center, serve both as the information and assistance line but also as the aps referral system, so all together in one shop, made us uniquely qualified to be able to start this road map.

So, we had goals everywhere, things all over the place. Kind of the reason why we have a lot of programs. As we look at that and also the board directive initiatives, we have Alzheimer's project, began in 2014 and worked with a bunch of partners in the area of clinical research for cure, caregiver support specific to caregivers in our region and also have a clinical round table, physicians and neurologists trying to train primary care positions and what the initial referral information looks like, that has been exciting. In addition to that, we have our Age Well San Diego Plan, I will get to in a second. Just in case you wonder where all of the information lives, we brought reports.

So I mentioned we have our Age Well San Diego Initiative, in 2016 we were designated an age friendly community by AARP and the WHO and we began our five-year planning process. One of the things our board of supervisors did at that time was directed county staff to become a dementia friendly community. So in San Diego we say both age friendly plus dementia friendly. We embarked to make that plan not only focused on age

friendly but making it inclusive for those living with dementia and caregivers.

As part of our five-year process for the age friendly communities, that two-year planning process was a community led process, our listening sessions were well attended and focus groups and things like that. We narrowed those age friendly domains down to five domains our county was going to focus on. (on screen). Health and community support, housing, social participation, transportation, and dementia friendly. And I'm sure some of those don't surprise you, as Kim mentioned, there is a high cost of living in San Diego, so housing goes to the top in all our listening sessions.

One of the things that became apparent as an agency, we know a lot about social services and don't know about building houses and transportation, luckily we were able to recruit multiple county departments. We partner daily with many of the public safety departments, the Sheriff's Department, District Attorney's Office, and office of emergency services through our Aging and Adult Services work. But this process really gave us an opportunity to reach out to the planning and development services, department of public works, the parks and recreation department, and sit down and look at how when they plan for a community in the future, how can we lend that aging voice at the table. And what was exciting was we shaped goals around feedback on how to include us in their conversations. About a year and a half into the process and most exciting take away, this year the county pre-approved plans for accessory dwelling units, as you know is a housing tool for older adults in the county where we have a large rural area. So now we have preapproved plans, so they don't need to pay for architect or county permit process, they exist and need to pay and build them, but estimates saves about 30 thousand. This was a huge win, before they drafted the plans, they sat down with our team and said what does an accessible dwelling unit look like that is beneficial to older adults? Has a zero-step entry, it has a bathroom handle, to be able to provide that lens, not only but they can actually use when they want to age in their home. Our goal is for older adults is that they can age where they choose, if they choose to be in assisted living, that is their choice, or if they choose to be in their home, but have we built a community that is possible for them.

That is our age well plan, and other thing is ride well guide, transportation is an issue for older adults especially in a large urban core and large urban

area, what does that look like, different throughout the county, so we made a guide of services and options for older adults and ways to access.

These teams meet on a monthly basis, with a big group meeting on a quarterly basis, they have co-leads, a county staff and a community member, each have taken the lead in each of these teams. We have a variety of stakeholders, professionals, older adults themselves that continue to serve on our teams to implement these goals.

That brings us to the road map, touched on it earlier, we have age well goals and age friendly communities, goals of the programs, the mandates, all of the things we are looking at and how to make that into a comprehensive report? We know that county and government cannot do it alone, many sectors, public private partnership is something we are proud of. This road map takes our age well goals, Alzheimer goals, and all of the op plans measures and mandates goals, and rolls it into one.

Now turn it to Kim to talk to you about the roadmap and how that unified direction helps aligns us. Our vision for the county of San Diego as a region where everybody is healthy safe and thriving and we think this roadmap helps us get there.

Kimberly Gallo

I just passed around a one pager which was part of a handout and the link to our guide. As I mentioned, we were flying so we couldn't bring too many, but we did bring some copies here of our Alzheimer's report, as well as our Age Well San Diego guide, and then our new aging roadmap booklet, which they also send out a link to. So if you want specific because this is the comprehensive guide has all of the goals and indicators and timelines, and was also sent out as part of the package today. And so as currently mentioned, with age well, we knew that we had a lot of things happening in the community and working with our private partnerships. But we wanted a way to capture the work that was happening in our aging and independence department. We do a lot of great work. And we have a unique setup, as you heard, where we have all of these programs under one umbrella. But again, we were listing them all over so it was hard to really tell the story of all the great things that were happening. So in addition to the five areas that you saw before, on our Age Well plan, the aging roadmap has the five following focus areas. We came to these by stakeholder interviews over the past, probably two to three years, we've

interviewed over 100 stakeholders in San Diego County, from education to nonprofit to hospital systems, all across the boards really see what are the issues that you're seeing, and you're hearing. And then as Caroline mentioned, we also work very closely with all of our county departments, planning and land use, all of these groups. Our Sheriff's Department is such a key partner for us with adult protective services. With our Alzheimer's project to make sure that we are caring for seniors in the best way possible for them to have good outcomes. And so we are really proud that of the areas that have really come from all of those stakeholder interviews, again, knowing there's probably more than 10 areas that any one state or jurisdiction could focus on, we felt these five additional areas of caregiver support, safety, preparedness, silver economy, and medical and social service systems was the big areas for us in our county.

The first thing, caregiver support, we all know that we are going to be facing serious shortage of caregivers in the future. And so one of the areas that we have really focused on in our region is caregiver support. We have great coalition's in San Diego where we work together and come together on a regular basis to figure out how we can really strategize to provide these supports. We also have advocates and people looking at how do we really support business and how do we support family caregivers to make sure that those of us who are in the sandwich generation, caring for kids and also older adults, are really taken care of and get respite. We also have some very unique respite programs in San Diego County, one of the first state actually that is a share-of-cost that's for all income. So it's above just those who qualify for in-home support services, we have a share-of-cost respite where the family pays half and then the county, through dedicated funding source, pays the other half. So that's one unique way that we're addressing some of the issues for the middle percentage that maybe don't qualify for other services and that would be a barrier. We also have kinship caregivers in our region we have over 21,000 grandparents who are raising their grandchildren. And we know for some of them this is the first time they had children in the home long time. So we do a lot of caregiver and we do a lot of monthly activities, camping trips, things like that to support those seniors who are raising children.

Our next area is safety. We know that older persons with disabilities need to be safe in their homes, and unfortunately, reports of elder abuse independent abuse are increasing. I don't know about other jurisdictions but this year in San Diego County we had our highest ever number of

referrals for Adult Protective Services. We had a big increase year after year. So, we know that this is continuing to be an issue.

So with that our strategies include expanding public awareness of elder abuse, strengthening legal supports doing and supporting older adults who are victims through prevention efforts, but also have a great relationship with our Sheriff's Department and district attorney's office. And even our other local law enforcement jurisdictions where we have our Elder Protection Council. A lot of great things that are happening really raise the awareness of elder abuse in our in our community.

And access I'm sure everyone across our state is concerned with right now. Preparedness. You know, we live in a region that is often impacted by wildfires and other natural disasters. And we know that are areas where first responders can't get to or that maybe we have issues of getting older adults out of those areas. As people always think of San Diego as sunny beaches along the coastline, but San Diego is actually a very large county going all the way to the imperial borders and have a lot of rural and unincorporated areas, which definitely has a different need for disaster preparedness. And so we have close partnerships with our Office of Emergency Services. And we do a ton of first responder training and we're working with them to have a system in place. And Caroline has our lead on that this year to make sure that we have disaster plans for all of our seniors living in a rural areas in our county and really strengthening the check in that we're doing. We last year served over a million meals through home delivered and congregate care and we're trying to use those two as an opportunity to check in with our seniors.

Silver economy, we know that our growing older population will increase the demand for skilled healthcare and social services workers. So our aging roadmap calls for increased capacity and training in those fields such as home care with a focus on diversity and cultural dynamics of the different groups within our communities. And also older adults want to be engaged in the community and many wish to be involved through employment or volunteer work. The aging roadmap promotes work or volunteer opportunities for older adults and encourages local businesses to attract, retain and protect older workers who want or need to stay in the workforce.

As far as medical and social services, the aging roadmap envisions a

medical and social services system that provides proactive, seamless, focused and responsive support. So on the prevention side, we're increasing the focus on the social determinants of health and improved screening for risks such as food insecurity and social isolation. Within the healthcare arena, we're elevating the importance of dental care for older adults as we know this impacts overall health. We finally have a Chief Dental Officer in our county which has been exciting and really focusing on our older adults for the first time in a long time to see our seniors getting the much-needed care. And one exciting area is that we also have hospital partners that are committed to providing appropriate patient centered care to older adults. So recently, two hospitals in our region Alvarado hospital and UCSD achieve various levels of geriatric emergency department accreditation, and this accreditation is awarded to emergency departments to ensure that older adult patients receive well-coordinated and appropriate care. The accreditation includes staffing protocols, training for staff, and the appropriate equipment and supplies on site. So, Alvarado hospital achieved a bronze level and UCSD a gold level, and leading the charge on this is the West Health Institute which is headquartered here in San Diego. And so one of our goals in the aging roadmap is that we are pleased that we're going to be partnering with West Health to have all of our hospital emergency departments in our region to be certified. And both entities will provide funding to match from AIS as well as West how to ensure that our hospital systems will be achieving with accreditation. So that's our ambitious and lofty goal and there but I think it's going to be a wonderful day to look forward to in San Diego County. And so, with that we're looking at our next step includes prioritizing actions and collaborating of statewide initiatives, such as your Master Plan on Aging, we are conducting outreach campaigns to raise awareness of critical resources and issues for older adults. We have launched our aging roadmap website with information and resources, which I believe is in the packet for today. The future of aging is bright our community and we are happy to be here today to share this Thank you.

Kim McCoy Wade

Please join me in thanking. That was wonderfully comprehensive and wonderfully fast. Thank you for both. We do have time for a few questions and comments for San Diego.

Kristina Bas-Hamilton

Hi, I was wondering if you could speak to the role IHSS plays in the roadmap?

Caroline Smith

Certainly. We operate IHSS out of our shop, so some of the things that we have tasked as our goals for IHSS, are timely recertification certifications, a lot of the goals in the roadmap are getting to clients quicker, helping providers provide those services quicker, coordinating with our public authority to make all of that happen seamlessly. And so we've started monthly check ins with our public authority where we sit around if you have caseload information that we need to discuss, we do it. Coordinating with our local health plans to see if there's any gaps in services or care. Setting up pathways for specific clients for IHSS that need to coordinate with our managed care plans. And so really, those goals for the roadmap for IHSS are focused on that and of course, as the program is growing, that does take a lot of work.

Fernando Gil-Torres

In the slides, I saw no reference of diversity breakdown by ethnic or minority or immigrant groups, can you give us some estimates on diversity in your county among elders?

Caroline Smith

We are still predominantly white alone, just a little over 75%. We're looking at a Hispanic and Latino percentage of 34%. And then coming up, we have a black African Americans alone about 5.5%. And then Asian alone is about 12.6%. Then there's a few other sprinkled in there, but those are the largest chunks.

Rigo Saborio

My question is around your outreach campaign. What we have found is that no matter how wonderful the infrastructure you build or services available, without people understanding it there, it's only utilized to a certain degree and when you add the layer of outreach to minority groups, I think it's a bigger issue. I'm curious to hear about your outreach campaign. What does that mean? And if that's available, something we can look at or if you had any successes early on?

Kimberly Gallo

We just started our outreach campaign about 2 months ago when we brought this plan to our Board of Supervisors. Next week we are doing a focus group with seniors throughout our region, we have a big group coming together to--we have a marketing company we are going to be working with to help us look at what resonates, in addition to that we are at a ton of community events and senior centers throughout our region. We also hold a conference every year, this was our largest, we have about 2500 in two locations for our vital aging where we had over a hundred community partners that set up exhibits and booths to talk about that. We do a monthly newsletter that goes to over ten thousand each month, so we're just trying new ways to get information out there, that is still a work in progress, but one of the goals is to make sure we have effective outreach campaign.

Rigo Saborio

I commend you, but what I hear is you are reaching out through the resources that are already connected to people, therefore I am afraid of those not aware, not connected at all, think about partner with different sources like faith based groups for example, just so it's not the usual suspects. Anyway, thank you.

Craig Cornett

Caregiver support, does that also involve bringing more people into the workforce, workforce development? And finally, on your very robust volunteer system, is there a relationship with the public guardian and APS?

Kimberly Gallo

Yes, everything is under one shop. So, although we have a separate ombudsman office that's, you know, locked away. But we have the largest number of volunteers in the state. We have over 82 volunteers that do this particular work and we start new training classes and almost everyone. They're part of our agency. So which is nice is where we're located. We're actually are kind of under our umbrella of public administrator, public guardian, and public conservator. So we walk people to different parts of our shop when they come in for services, but it's nice it's all under one roof.

Maya Altman

Great presentation. I think Carolyn referred to this a little bit, but curious I know that San Diego has had a comprehensive LTSS planning initiative for

many years and you have Cal connect and CCI, so what are connections with the plans how do you try to integrate that in your work?

Caroline Smith

We have what is called Healthy San Diego, and it is a monthly meeting that involves all of the plans, because across our super agency we do a tremendous amount of work with managed care plans, so we have a specific subcommittee for that meeting that is just for aging programs, includes how many connect, conversations around CCI, changed up a little bit a couple years back we've had to retool what that looks like, and that taskforce has been extremely helpful with representatives from every managed care plan there, including and all of the programs, including MSSP that we work with those health care plans on.

Jeanee Parker Martin

Leading Age California focuses on senior affordable housing health care as well as home and community based services, and the question that I have, we understand how complex it is to try to draw under one shop diverse voices and constituents, can you comment about how you initiated a conversation to coordinate under one shop, I think that would be critical as we look out 5 and 10 years, that we don't have silos but a coordinated approach to how we impact older adults in our state.

Kimberly Gallo

I think one unique thing is that we are a super agency, our Health and Human Services is very large, we have over 7 thousand employees now in the county as well as probably 20 divisions I would say now, and about a year, no two years now, they moved housing, which was under a different department, under health and human services since we know there is such a huge intersection between social services and housing. There has been a lot of dollars invested in our region, probably around a hundred million dollars over the last year or two, not just towards senior housing, but for housing across the region. So we have many--we had a plan, a project, our first one that opened in Ramona, which is a dedicated senior housing project. And have one coming up in Claremont. There is a lot of different projects, that in doing so, because they are part of our agency, we have access to individuals and we all have the same goals under our Live Well San Diego Plan, which is to have alignment, so whether you are looking for housing and you're a single family, or an older home, we are there as a one stop shop. And I think that's been really helpful. And then from the

community perspective, we are also unique, because we are the housing authority for unincorporated areas, and there is another 7-- for example the city has their own housing jurisdiction, part of that is monthly convenings where we are able to work with other housing jurisdictions to figure out what is happening in those areas. And then from the older adult perspective we use Aging Advisory Committee, which we have 30 appointed members who go through a process to be vetted that represent different cultures and have that diversity, and we have them sit on the different theme teams for the aging road map, they come together to make suggestions and see how to best house people in our region.

Le Ondra Clark Harvey

Yes, I'll make it really quick. First of all, I just wanted to commend you on the work and the focus specifically on quote, "The Silver Economy." I think workforce is obviously very important to the members I represent, might be interested, and we don't have time now to hear, about the specific strategies you are employing when you talk about increasing capacity and training how you do that, that will be helpful for this group.

Kimberly Gallo

We'd be happy to at a different time if you want to reach out, but just real quick we are part of our geriatric G Web it's called and we work very closely with UCSD San Diego State and community colleges in the area. And we meet on a regular basis as well, to see how we can recruit and retain talent and make sure that that our universities are in alignment to really work towards the workforce of the future for caregivers, health professionals that are geared towards geriatrics and also for older adults and adults with disabilities that may need our services but I'd be happy to share information on that.

Nina Weiler-Harwell

Good morning, heard wonderful things about you, I have a couple of questions, I will try to make it really quick. In terms of the caregiver support, is that for caregivers of any diagnosis, not just certain, I know we hear they are caring for someone with diabetes or other conditions not traditionally supported under such programs?

Caroline Smith

We have both, yes, we have general caregiver support programs that we have two programs designed specifically to folks with Alzheimer's disease

and related dementia care and caregivers. Nice thing is we contract out those services and so with those cases for the programs our contractors are the same, they are able to use that funding for whoever needs it, yes we have both.

Nina Weiler-Harwell

Other question I have heard a bit about the different certification programs, are we seeing more programs that are certified for somebody working through a local clinic as opposed to hospital?

Shelley Lyford

We are part of the certification process, 3 levels of certification. Only one possible west of the Mississippi river, and that is UCSD.

Debbie Toth

First of all, thank you for setting the bar so high, I think that is something that helps us in counties we don't have necessarily this kind of incredible buy-in and recognition and acknowledgment of what needs to happen. Thank you for that. Curious what your--you mentioned that your county has approved and streamlined the ADU permitting process, have you interacted with cities to get them on board as well? That is part 1, part 2

Kimberly Gallo

Yes is the quick answer, we have many cities now doing the same thing.

Debbie Toth

The next step is, is it possible to extend that to the services that need to be in the housing, that need to, like they used to be grants for Adult Day health care startups. It's incredibly expensive to just start that part of it like, is it? Have you looked at other services and community-based streamlining and avoiding permitting costs and things like that?

Kimberly Gallo

We haven't yet. That's wonderful. Thank you so much.

Debbie Toth

I would like you to achieve it.

Kimberly Gallo

Great idea thank you for that. We did see a huge spike in the number this year of ADU's in unincorporated areas, so we know it is something people are looking forward to, I think we will see increase across the county.

Debbie Toth

Is your respite program for people living independently or assisting living or everything?

Kimberly Gallo

Combination, voucher program.

Darrick Lam

Thank you for being here, actually I know about your super agency more than ten years ago when I was with the administration, thank you for bringing this model to the attention of the whole state. One thing, can you share with us those not familiar with the call center one success or example how you help an individual navigate the system?

Kimberly Gallo

I think our call center is really unique because a lot of places have outsourced the information and referral piece. So, our call center, all the calls are answered by an adult protective services specialist. And I think that has been very, you can call 211 which is a great resource, but sometimes people don't really know what they're asking for when they call. So it takes a lot of questions and trying to uncover what they're really calling for. They might not know the term respite care, they might not know caregiver support. And so I think having workers who have been trained and who have that background in aging issues has been really successful for us, as well as our Alzheimer's Response Team, which is a project that we've had in San Diego County, where we have a one hour to 24 hour response with law enforcement and Alzheimer support where we will go out and provide crisis care in an emergency. And I think for me, those are some of the stories that hit closest to home. My grandmother for years suffered from Alzheimer's. I personally, she lived with us, we had caregivers, and we know the challenges of somebody who may be wandering or combative and really keeping people out of jail, as that could be where they would end up, keeping people out of emergency departments. I think at the end of the day, is really having an intervention

time please make sure that people are getting the care they need. Our call center this year answered over 60,000 calls, so we know we are getting calls are for APS, some are for food, across the gamut. But I think the thing that's made it most successful is that we do have workers who specialize in serving older adults.

Kim McCoy Wade

Join me in thanking San Diego again. That will be a great segue to our next topic, but before we do that I want to give Secretary Ghaly a chance to say hello.

Mark Ghaly

Good morning everyone, sorry to be a little late, it's a real privilege to be here. Kim and I talked in prep of the meeting, and I'll keep the remarks brief because I want us to stay on task. Since we met last we've had a very busy time, and we've learned a lot the last two weeks during the PSPS shutoffs and the fires, and at some point I look forward to engaging this group on our follow up actions. We could probably take the remainder of this meeting to have a conversation on how we at the state continue to work better with local partners in a better way to make sure those people who are away, sort of off the beaten path, with real needs, who are older Californians, that we have a way to find them and support them across the state. And I think there were some heroic efforts, a number of you around the table partnered with the state and your local counties to do things that the state had never done before, in terms of identifying people and supporting them, but I will say that a lot more can be done. I spent a good bit of time with the Governor on this topic, and I think he's very interested in our best thinking on this issue to really advance something that puts California on the leading edge in how we make sure, in the case of disasters, or even efforts to avoid disasters, like the power shut offs, that we really protect our most vulnerable people. And this master planning group is really about that, in part. So, I look forward to having that conversation with a number of you. Also, I know we'll be privileged to listen to a bit of our Medicaid advancing—our thoughts on CalAIM—I think a number of you have had a chance to preview that document and DHCS's as we are in their building really kicking off those conversations. And I know that we're going to work hard to make sure in the vein that I try to push across our entire agency, that that plan doesn't happen over here, and this stakeholder process happen over here and we never talk. So, there will be goals and efforts to bring these conversations together for some meaningful dialogue, because

at the end we want it to be enriched with all voices. And I'll just preview, I know we'll be spending some time next talking about long-term services and supports. I'm very interested in this conversation and excited to be a part of it, and I'm also very interested in talking about not just the issue of quantity and where these services are located, but also how do we ensure there is a real strong quality agenda in this conversation. I think a number of you have been involved in increasing the quality across the state for these services and supports, but how do we make sure that that is a core piece of this conversation? I've had the chance to participate in conversations that really talk about the lack of scale across the state for these services, and that is of course, a very essential piece that this group needs to think about, but beyond that how do we make sure that the quality platform is there, so that as we build up and as we go out in areas that don't have enough of a given service, how do we make sure that it's built to really meet the needs of the folks that we are interested in serving well. And I think the quantity conversation, as important and interesting as that is, needs to be augmented and enriched with this quality conversation.

With that I will stop and turn it back over to you Kim, and just say thank you for your dedication and commitment. It sounds like every subcommittee had a chance to meet between now and the last meeting, which is very impressive. I think we have an ambitious next few months.

Engaging group on follow-up actions. How we at the state work with local partners to make sure people away off the beaten path, that we have a way to find and support them across the state. Protecting most vulnerable people. Look forward to having that conversation. Medicaid advancing, CalAIM. So there will be goals and efforts to...

Kim McCoy Wade

Thank you. Preparedness, coordination, and quality. Okay, so let's dive in. And I'm so glad you can be here for this really rich conversation on long term services and supports, which really is at the heart of coordination in our agency. We're just going to spend a little bit of time talking about how we're going to tackle this big topic. And again, we met on Monday, and there will no doubt be some new thinking because of CalAIM Tuesday, and IHSS listening session Wednesday. So all of this coming together. First of all, thank you to all of you who serve, I think you know almost 200 people applied to be on the subcommittee. Thank you to many of you who are

willing to do double duty or have a delegate, and some other folks who are stepping up too. So, these are your colleagues. Thank you to all of you. Reminder, there's two roles of this subcommittee uniquely, it's both informing the master plan, but it's also this March 2020 report to the administration from the committee. This is small font, but there's a lot of topics. And we'll get to this in terms of how we're tackling it. But if there's lots of things called out whether it's IHSS, in-home based services, but many programs are called out. It does talk a lot about sustainability and quantity, but quality is also there, caregivers, really the gamut. Here's what we're proposing for process. Again, keeping with the direction that we're asking you to please send us what you already know or what you already think as soon as possible. We're suggesting December 13th as a reasonable time for folks, this is not a final at by any means, but it's an initial target date as we discussed. We will bring you a draft report, the subcommittee report in January/February because then that needs to come to this full committee meeting at our March 2nd meeting. More revisions and then go to the administration. It is from the subcommittee but of course the CDA team is here to help where drafting is helpful, technical assistance, connecting, smoothing. We're here to help but really I loved the San Diego mention of the partnership that we'll be working on here as well. And again, coordination with three major other priorities DHCS CalAIM, CDSS IHSS, and of course the Governor's Alzheimer's Task Force, which is kicking off this month as well. So, on Monday, here's what we thought. And we'd love to bring it to all of you. We thought we needed to break this down into deep dives or focused topics and try to break it into conversations where we could line up stakeholder experts, consumer experts, state representatives, to have a focused conversation about a series of topics and try to get through them by January, given our timeline. And this was our initial attempt to do that. We began with information referral or call center and we'll hear about that in a moment. That we would then turn to what sometimes called the middle-class benefit, the public benefit that'll be next week. Then we will do a home and community-based services part one, IHSS, the largest program. And CDSS would obviously be there with us like, thrilled they are in the room. Thank you, Debbie Thompson and Kim Rutledge for being with us today. Then we would do all other HCBS, and this is where our DHCS colleagues had agreed to be with us and talk about the Medicaid funded programs as well as older Americans about possibilities, there's a range of other home and community-based services. I have heard from some of you that, in the light of CalAIM, may want to rethink that. And so, we can open up that discussion. But then again, have

a workforce, caregiver and technology conversation, conversation about financing and again, this is this question is this integration happened here. And then of course, residential care across the spectrum.

We are open to various ways to sequence somebody again, the idea would be a focused half day or full day and for each of these critically, we are recruiting stakeholder members to co-coordinate them with us to help us figure out the presenters, the content and really kick off the discussion. Those of you who are at the INR, we had information referral, we have that role served by the Alzheimer's Association, Independent Living Centers. And really, it really makes the bulk of the conversation much deeper. So that's some of the content. And I should say, even as we split into these deep focuses, we have to come back to person-centered, we have to come back up to quality. There are themes that will go throughout that we make sure, how is this dementia friendly, whatever the program is, how is this serving middle-income and low-income whatever the program, how are we advancing quality? This attempt to have these conversations is not at all the report format, or the report principles. In fact, several of you have sort of sent different ways to write the report. But this was just our best thinking last Monday which we are not wedded to, about how to have this conversation of quickly and deeply.

Let me pause and turn to, that's all we wanted to say about how we were organizing the work. But I did want to have this conversation given the need to coordinate, given the need to talk about quality and equity. Open it up to those of you who, either who are on LTSS or those of you who are hearing this for the first time, for reactions. Bruce?

Bruce Chernof, MD

This is terrific, a great start, a difficult topic with a lot of content areas to cover. I guess the thing I would like to challenge all of us to think about is how do we know we are serving the folks who need service? As we set up what we want to do with programs that we're focusing on the outcomes we want to achieve. What I mean by that is, if older Californians who have two or more should have access to support services at home, notice I didn't put an income. Just the idea that you want to be able to get to the services whether you pay yourself or come from the IHSS program, but there's the same quality for both. Let's say you don't qualify for IHSS, you're not shopping for caregiver support on craigslist, just for there to be something better. I just want to hang on our conversation, how do we get to a place

where we start to rationalize these programs a bit and start to say what our goals ought to be, in terms of service, then I think allows us to set priorities around what we need to fund, because I think a challenge is it is not more of everything in the same silos, and there are a lot of people who don't yet technically qualify for services, because they ride right above that service line, or programs don't line up ideally. So, I think we can set some rules around what does a safe, thriving system look like, and how do people help get to a quality system, whether it is the IHSS program, self-pay, or like the San Diego example. Not just this discussion but largely across the work, I want to recognize, and I think if there is feedback, I love to hear it.

Kim McCoy Wade

Yes, and I asked Catheryn if she would start to do that as she raised that same issue at the subcommittee.

Catherine Blakemore

Yes and we work with Justice in Aging, so Kevin will fill in whatever details I leave out. But similar to what you're saying is we thought it was important to start with a set of goals or principles about what a design of a long-term services and supports program would do, and how that would fold into a larger Master Plan for Aging. We identified some things for simply the purpose of sort of jump starting the discussion. And I think it's a little bit of a problem of chicken versus egg. You need to identify some goals, but you can't then end up having the in-depth discussion about what should the system look like when you're identifying goals, because there's a whole set of in-depth discussions that are going to be happening, right. It's how can we think broadly initially, and I'll give you some of the things that that we came up with, and then at the same time, leave space to know that those broad things may be modified and changed over the scope of the in-depth discussions, because some of this is about what don't we have now, how do we need to develop it, and how do we need to rethink things?

Part of things DRC and Justice in Aging identified was that all Californians regardless of income should have access to a universal long term services and support benefit, gets to your point of right now that we have a more siloed system where it is income based and lots of people don't have access to things they need, a whole presentation that is going to be happening about that. DRC views in-home support services as the backbone of how we have been providing services and from our perspective, we have to think about how we maintain that system, but be

willing to look at other options that can go with that, but it is still the backbone, and it's very hard at least at this point to think about how IHSS is not a really critical backbone for keeping people in their own homes, absent there being something else, so, we are wanting it that to continue that way. We think there is a need to look at all the other kinds of services that are currently available and figure out how they fit into a cohesive whole, that can be CBAS, MSSP, other targeted home and community-based waivers and services. So people can have this broad array of services that will assist them in the home. I don't list those programs to say they are exclusive but to say it is a piece of what we have, and provide building blocks and what else might we need to have. And then recognition that the care giving workforce is integral to success of any long-term services and support system. I think we heard about that today from San Diego and work they are doing. We think people need to have access to living wages if they are providing that type of support. There have to be career pathways and opportunities to increase the care giving workforce, including communities where there's high unemployment rate, I will raise people with intellectual developmental disabilities and high underemployment rates and how that might fit into solving a portion of caregiving needs.

Kevin Prindiville

Nothing to add to that.

Kim McCoy Wade

Okay, Marty?

Marty Lynch

Thank you. I wanted to ask what the subcommittee might have talked about on this financing and integration side. I think it's no surprise that you hear later we are interested in health, that we're very interested in integrated master plan and Cal Aging work and goes to Mark's point earlier, there is a lot of aging stuff in CalAIM that needs to be integrated with our work and vice versa, so I want to see if the subcommittee got into that discussion a little bit or what that looked like or what you can say about that?

Nina Weiler-Harwell

Rally quickly, the issue definitely came up that we needed to have a separate discussion. Next week is about the benefits, so, correct me if I am wrong, but I believe we added a date where we are talking about system

financing and integration. In January, so that had to have been there before. That's how we discussed it.

Kim McCoy Wade

I think that is right we both have to coordinate with DHCS on where and when to have the conversation, and then also within our own selves that our health and well-being said integrated and coordinated care is an absolute priority. I think that is what we are trying to figure out, when and how to have that conversation.

Cheryl Brown

There are a lot of people who don't qualify, and I thought we were looking at better ways to finance long-term care. And I know this is a little bit of what Nina was just saying, but is there any way we can, so that a person doesn't have to lose at home and be in poverty status. And I thought we would have focus on middle income people being able to have maybe a sliding scale with some of the necessary services that they will need.

Kim McCoy Wade

Again the committee can help me, but I believe that the meeting next week on the 12th is on the potential of a new public benefit for all. So that's one part of the middle-income. And then I think this question of how could existing a HCBS and frankly residential as well be more affordable is absolutely built into those conversations. I mean, the hope is that for each topic, we would have goals and objectives and recommendations and quality and access by all income part of each of these discussions because while we those are cross cutting themes, they raise different policy and program issues depending on which piece you're talking about.

Debbie Toth

I wanted to say that we need to be careful about the terminology that we use to describe these. Because LTSS seems like this arbitrary 4 prong thing that happened during CCI and maybe I missed the beginning part of that, but I'm almost two decades immersed in this world. And that just sort of popped up in our radar kind of I think at that time, what is the distinction between LTSS and HCBS and all these different acronyms, do we include Meals on Wheels in this, or is it only the Older Americans Act funded programs, like all of these different mushy bodies. Because ultimately, I think our goal is to have, the same way that we know how our kids navigate from being in preschool to being in kindergarten, like we know the roadmap

and what the services we'll need for our kids. We want to be able to educate the community about that same thing as we age. That there's this healthy aging, golf and cruises and whatever, going to Vegas, all this healthy, voluntary living, working, thriving and then as you start to need support what that looks like. So we want to be able to create a pathway that is not littered with acronyms that mean nothing to people. And so, I just don't see in there. Maybe you're just breaking it down in these different things, because that's how you're going to manage having these conversations. But I just want to be cognizant of the need for simplification. As we were talking about before the meeting, having names that mean something like in-home support services is a beautiful name, you know, being able to be thoughtful about these things. And also, I would add, I want to make sure that when we talk about integration, that we don't necessarily lose secret sauces in the process. So Denise reminded me like we went through this whole process of the beginning of CCI with MSSP, the site association for the multi purpose senior services programs got together and looked at what kind of things would we want to guarantee stay in place? So, having these sort of conversations. We did come up with a body of work around that, that we'd be happy to share. But we need to make sure that there are certain, and it goes to the quality. We know what quality needs to be in there. And so, making sure that's part of, built into what we do with integration. I think that makes sense. Kevin?

Kevin Prindiville

Yeah. I wanted to come back to the CalAIM conversation that we had a little bit, because I think it's really important to the work of our committee. And, we have real concerns about how that CalAIM proposal was rolled out. We have concerns about the substance as well as the process. On the substance side, many of us have been working for quite a long time now to create a more integrated system. We saw in that proposal, in very short order, a huge step, I think away from the types of integration that we've been working towards. So, I think there's some really important content in that proposal that will dictate really where we can take this conversation about LTSS as well as the healthcare stuff and integration. So really important on the content there. Outside of the proposal around dual eligible, there was really no mention of older adults in that entire proposal. And of course, there was important talk about integrated care, oral health care, behavioral health, and no mention of older adults as if they don't exist or aren't important to that conversation. That takes me to the. There's not representatives from older adult advocates on any of the many work

groups. And even if there were, it's not clear which of those work groups would even tackle the issues important to dual eligible, which are more than 30% of the Medical budget is expenses on dual eligible. And it was like, in that CalAIM proposal, they only show up in this one section, with a massive transformation in how they've receive their care. So, I think it really speaks to the importance of this group, that our time and effort here is about making sure that in the future, we don't have conversations where the needs of older adults aren't considered and represented in really front of mind. I think it really speaks to how important it is what we're all doing here. And I think I appreciate hearing your comments earlier, Secretary Ghaly, about how we do need to find a way to bring the work of this committee to that committee. But recognizing this committee is doing some long-term planning, that committee is doing some more immediate planning around the future of our medical program. So, like this committee can't replace the work that's happening there. So I think we need an immediate response from the administration on how the voices of older adults are going to be part of that CalAIM proposal, certainly around the dual eligible proposal, but then recognizing the whole rest of the Medical system is important to and touches the lives of older adults. So, I think that this is a kind of an immediate opportunity for us to be thinking about these tough questions. How does our work interact with other work? And I think that we need an immediate response from the administration about how we're going to bring that older adult voice into that very real CalAIM proposal that is live and moving through an important process.

Secretary Mark Ghaly

So, Kevin, of course, thank you for the comment. I think that the good news is the state is very active in a number of areas of innovation and moving forward. The challenge in all of that is bringing it all together, under as much as you can a single group or theme of what our goals are. I think CalAIM, whenever you take on that body of work, it's an enormous body of work, it has to come out in draft form, and I often emphasize that that's what it is. You are right, but it is going through a quick-moving process, 2020 January certain elements, actually we're not talking about them any longer, they are approved, they are part of what the state's plan is for the next five years. And then there's other milestones along the way. So, I take the feedback that we either don't have or have enough integration of voice, at least in those county conversations, from members around this table or the issues that are part of what this stakeholder group is trying to work on. And we'll come back with a response to how we bring those together. This

is not the only group that has had a similar reaction. So, we have our work cut out for us, we knew we would. I will say that people do the best they can and then we modify with a little bit of feedback and some time, and given that we are not even a week in of having that announced I feel like we still have time before people can say look you didn't take our feedback and integrate it. And I believe we will, over time. There's no doubt that the LTSS piece and carving in long-term care is an important part of the conversation. I think its impact on CCI and a number of other aspects of what has happened in the Medicaid space are parts of that conversation that this stakeholder process is meant to be enriched by, and if we don't have the voices there that are going to help us achieve a good and strong conversation for the state, then we have to figure that out. And I think, Kim, when is the date of CalAIM coming to our meeting?

Kim McCoy Wade

I believe it is December 5. Number 4. We want to have a couple of you volunteer like a couple of you have already. We have a couple for the first 3 meetings, already working, we need a couple for the next few, to shape what's the best conversation with DHCS to have, many at that point, I know they are also working to the requests made at CalAIM on where to fit it in on that side as well. Part of our placeholders if the December 5 is one conversation and becomes clear there needs to be a couple more, and different we have time. Not much but some time to shape them.

Mark Ghaly

And Kevin that's how CalAIM comes to this group, I think your question was how does the spirit of this group feel in with CalAIM? - which we will work on.

Jennie Chin Hansen

Thank you very much, I need to make comments thinking about more broadly, struck first of all by the San Diego report that really showed they were able to accomplish in a short period of time. One thing I want to pick up where Debbie brought up, this whole thing of design approach to this. Right now, understandably, we are going to work with programs that are regulatory defined already. Since our mission statement in some way is about starting person-centered, I wonder if we would be able to do a journey map of people on the trajectory, health and wealth people to people who need some kind of care. But doing it in addition to what we have to do structurally there. Thinking through about the number of people that fall into

that range. And the financing, from the aging money to dual-eligible. Component that is broadly consider what the population needs are, and voices are, what is going to function best. Housing and food. Basics. So just a different way to kind of crosswalk against the programs. With that seeking regulation, I am moved by federal work going on that basically de-professionalizes, appropriately, evidence that is available. I will give you example of diabetes. Diabetes prevention and management has been tested, and they have been able to produce outcomes at 25% the cost of what you would do in a classic rate. That ties into the workforce cycle and the workforce report that came out in February of this past year. And the fact that regulations and roles have to be adjusted. I don't know whether this is a right time to raise some of these things, that it's not just more of and deeper, but thinking back, like is there a different way to get this done with the amount of money that could be spent more wisely. And then finally the other area that I just would like to raise, is as we talk about having your voice, and having safety and regulation, oftentimes there is a--(inaudible) terms of decisions when their capacity is affected. Ethical issues that may need to be discussed about choice because choice is a big word for us, independence is a big word for us, but with it is risk as well of interdependence. And I know this is above my pay grade but there are some smart people who could tease out what we are going to be facing on this, it is not just about qualifying for programs based--it is ultimately--these things really create a lot of angst. And just ability to map that out as to how we do this. You know, decisional capacity, increasingly--just raising regulation. Can we do things differently, can we look at the life journey as well as financing and economic security.

Clay Kempf

I really love the comments that are being made and agree pretty much with what everyone's saying. Looking at this workforce for LTSS as it's pretty challenging to try to do that in such a compressed time. And I think one of the things that concerns me it's really difficult to dig deep enough to have anything meaningful, or I shouldn't say meaningful but anything comprehensive to come out. I hope and I'm interested in how we make this into a living plan so it evolves. And I think the integration piece is a big part of that because the first group may meet on whatever topic and then by the time there's been three other meetings, the discussion about how all of them integrate may change the direction of these groups. And in that spirit, I would encourage that every group talk about integration and where they fit into the system. Because otherwise, we're going to be kind of reaffirming

that silos are the correct approach. We take each of these things one at a time. I don't want to see us create, you know, five or six silos from our own work, when the goal really is to do the opposite of that. So, I would encourage integration being part of all of this. I also think transportation is a key issue that's not on here, that has to be placed. It's a huge topic and definitely a big thing about integration. And speaking of transportation, it makes me wonder, for our previous conversation, how the cabinet level discussions are going to work so that our work not only gets discussed at the cabinet level, but gets filtered down through whichever department. Department of Transportation for example. It's so huge, how do you just get off streets and roads, let alone have the work of this group integrated with what DOT is doing overall. So, I think that's part of the challenge goes in with the earlier discussion.

Lastly, I'm not sure if this is a good idea or not. But we might want to talk about financing for each of the individual topics as we address them. Because probably the players in the subcommittee are going to be rich topic committee are going to be experts compiled about where the financing does come from, a could come from, and I think that discussion also leads to the later discussion about where the integration can occur. Because we'll see each group will see lots of crossover and financing for how their services come about, or who pays for them. And that way, we almost have a premade list of the integration process, just looking at some of the funding sources.

Kim McCoy Wade

Yeah, let me say a couple things. So, we are going to talk about transportation a little bit later. And again, everything's connected to everything, but we're trying to, so that I'm really glad you surfaced it. One of the things that we were trying to do, that I'm thinking, we're trying to do both and, and so I think the reason people suggested having the financing integration meeting, and really it should be the last, is to kind of come back around and take a look at is this a system? So, I'm wondering if there's two things that I'm hearing one, your suggestion, every single meeting, we're talking quality, we're talking integration, we're talking equity, like, we can even formalize that, right? We could make that be part of the checklist, but then we have this Capstone meeting that then says, Does this work? Is the design meeting and maybe get some help to kind of have a different type of meeting? Because I think it's "both and" how do we get the expertise from the program but then connect the dots. So that's what we were struggling

with LTSS and I want to hear more from people. But that's the thought I have hearing this discussion today. Mercedes.

Mercedes Kerr

As we think about the population that we are trying to address here, they are going to have multiple requirements they are going to be assisting. They might have comorbidity. Living longer, a lot of people who have complex health care, try to follow their journey as describing earlier. Their needs are increasing, dramatically, and put a lot of pressure on the system. I think that is why we are here. My suggestion is we are going to think outside the box, even though I also am very supportive of independence and choice to live at home, sometimes people do have multiple comorbidities, living in the home they raise their children is a very difficult and complex alternative to try to manage, especially when we are trying to aim for safety, it is not only about making sure no elder abuse, but living in a place that is welcoming and conducive to whatever limitations they have given their health and conditions. I believe that because of what I said, care is becoming more expensive, more like one person at a time might be prohibitive in many cases we have to consider alternative of community living. If I am going to offer one, very different, maybe radical idea of what I have seen done, in Canada, people are offered vouchers or some other incentive, in some cases tax relief. Income taxes and other forms of relief if they live in a community. Because alternative even though a tax reduction or income reduction there, the cost of caring for the individual in the community is far less than if they had to care for one at a time in their homes. So if we're trying to think about how do we not just have more of everything that we already have in place, but rather, how do we optimize the services that are in place? I think that that that's something that I recommend for the subcommittee to think about, I'd be happy to participate in that conversation, because there are alternatives that I think make everything we are doing reach out much further must faster and optimize our resources.

Kim McCoy Wade

Excellent. Peter?

Peter Hansel

I appreciate the comments about CalAIM, my contacts Secretary has added that's is really important. I think our framework on integrated care with the it's definitely has to be a goal. It's indisputable that it's a correct

direction to go. It's really a question more about the pace and the direction when it's dried and how fast and are we building the evidence base for what we're doing as we go, so that's the only framework comment I would make on it. But the other point I want to make is on quality because I absolutely agree it has to be a major point. And it seems that it is getting into the agenda. And I'm hearing that you're going to be looking for not just recommendations and data and best practices but also quality embedded in that and we certainly can provide a lot. I think LTSS quality is evolving from a PR perspective. Community is certainly not perfect. Testing. Lots of metrics, lots of approaches, trying to get away from acute care-based metrics and see what's really happening with people, are they able to stay in the community, have high rates of satisfaction and so forth.

Janny Castillo

Appreciate conversations about the different levels of income, curious whether we are also thinking about whether folks are housed or unhoused, so what does long term services mean to our seniors who live outside, and I know that possibly we are thinking of a separate subcommittee just addressing homelessness, but it would be an interesting challenge...

I appreciate the conversations, particularly the ones about considering different levels of income. But I'm curious whether we're also thinking about whether folks are housed or unhoused. So, what does long term services mean to our seniors who live outside? What do those income support services mean to our people who live outside? And I know that possibly we're thinking of a separate subcommittee just to address senior homeless, but wouldn't it be an interesting challenge to actually incorporate them in all the different subcommittees because there's so much that we could do if we bring a senior who needs long term services into a unit and not have to deliver them back out to the streets that we actually can have them moving to affordable housing at the end of it. So, this is a brilliant time to consider addressing homelessness at all levels at all the subcommittees, and hope we could be challenged to do just that.

Heather Young

Building on the comment about Person Centered Care, I'd also urge the subcommittee and all of us to be thinking about community centered care as an overarching piece of this because when you think about capacity building, it's not just looking at the system level resources, but what's available within our communities, and as a commissioner on the California

future healthcare workforce group, and we were really struck by the geographic and cultural diversity of the state and the pockets of access and pockets of opportunity. And then thinking about this plan, I really think we should be connecting to the informal support through the many community base supports that don't exist within the system, maybe off the radar, that ultimately will be important to mobilize to truly address the needs of older adults in the state.

Christina Mills

I want to start by saying thank you to the LTSS subcommittee for working to put this together, I think the thing that stands out to me, it is not population specific, I appreciate, couple questions, in terms of number 3, December 2019, is the vision that when IHSS is presented, that it will also include feedback from the community meetings, or listening sessions that are occurring, that would be of interest certainly, and then also I am interested in knowing if No Wrong Door systems came up in the conversation of LTSS and if Aging and Disability Resource Centers were a model that was brought up?

Thank you to the LTSS subcommittee for putting this together. One thing that stands out to me is its not population specific. No wrong door? And aging disability resource centers were a model that was brought up?

Kim McCoy Wade

Yes, we did it last week and Ana presented.

Christina Mills

And then the last thing I was going to say is we previously heard a lot about throughout the year, related to LTSS, is people wanting to be employed. Did that come up? How do you continue to be employed and obtain LTSS in order to be employed?

Kim McCoy Wade

I don't know if that did come up. We had a conversation about older workers, but that connection back to older employment and LTSS I don't think has been called out, so that's great.

Cheryl Brown

We really to think about evolving workforce development if we are talking about older adults working.

Kim McCoy Wade

Yes, we are working with Secretary. We'll talk about this again. But yes, the three workforce issues that have surfaced. Older adults staying in the workforce, the healthcare workforce, and the gerontology professional workforce have all come up as three separate and related topics that we're working with Secretary Su on. Darrick, Christina and Susan?

Darrick Lam

Glad to see many of these topics included in the LTSS subcommittee. I would like to repeat is the fact we need to be focusing on diversity and inclusion, at each and every one of the topics and also looking how to make a system that address not only each new space by older adults but also those in rural areas, as well as the American Indian tribes I think actually have not been talked about.

Kristina Bas-Hamilton

My question is really to process or procedure. Can you speak to the role of the cabinet team/workgroup is playing vis a vis this group? My understanding reading the EO is it's the cabinet that is creating the plan and we are advising. What does that look like? Are they meeting quarterly? Second, it's really easy to get overwhelmed by all of this, I keep monkey mind meditation. Who, in which body or person lies the synthesizing of all these random pieces of information into something that looks like a plan that we then look out and say you captured it correctly? Because that's mammoth. So, is that you all, some other person? So, process.

Kim McCoy Wade

I think Bruce asked a similar question about the cabinet and let me try it again. In short, the cabinet is going to meet roughly quarterly. They met in September before we all met, we have been now having a bunch of one on one follow ups with them on their topics: housing, transportation, emergency services, parks, volunteerism, as well as all the ones within our agency, right, IHSS, CalAIM, Developmental Services, Mentally ill institutionalization. All those meetings are happening and then we are trying to, to your second point, we will be tracking the recommendations that come in from three sources. Subcommittee stakeholder all this work, from the written comments that come in that we've asked for by mid-December, and then the public comments that are coming in all the time. So, our job is these massive trappers that synthesize all that that come to

you all for your input and advice and recommendations. Hopefully beginning in January, probably will be LTSS focused because of that March report deadline. But then you all will be recommending and responding to that March May July and then the cabinet will have the final response but our job is to both have them inform it deeply, particularly in the ones outside of our agency and then be engaged with it so that it is part of theirs. So, for example, there are housing will talk about this this afternoon. There are housing goals, there are transportation goals, how do they do they not meet the needs of older Californians and their families? And then the short answer is this is part of the CDA transformation that we're going to talk about California Department of Aging for two minutes at the end of the day, we need to be different department to play this role which actually is foundational from the Older Americans Act of being the leader and convener of aging policy across state departments and agencies. So, it's in progress, and that's why you see the team growing and changing and why we're so deeply grateful for the partnership with you all because all of this is going to be.

Kristina Bas-Hamilton

So that report that SCAN produced with that design group, I assume that's kind of part of all of this receiving of information that then will be synthesized.

Kim McCoy Wade

As is the Workforce Commission report from February and there are many IHSS listening sessions that have just launched. I mean, yes.

Susan DeMarois

Alzheimer's association, I have a process question. I appreciate the work on the principles, the guiding principles, and in full agreement with the principles. But I'm not sure. Does each subcommittee of the subcommittee have its own principles? Or are we all working under a set of guiding principles? Were these adopted by the subcommittee? It would seem that we want one set of guiding principles that we all operate in and under.

Kim McCoy Wade

Yes, and we're going to take that up directly after lunch. But the idea after lunch is to show you the feedback we heard from all of you but to drive towards that December 18th, approval of master values and goals approach, but then below that every topic is going to be setting objectives

for housing, objectives for emergency preparedness, under that over framework, but that's what we want to talk about.

Susan DeMarois

And we heard a little when you talked about the lens around financing or equity that might be...

Kim McCoy Wade

That's right. So, I think that's a good point. One of the action items that I'm taking is people can live with these topics as one way to tackle this, this big topic, but that we need some more structure around the format and templates that we're hitting of cross cutting issues consistently at all of them. And then maybe that last capstone meeting to reflect back and see how it all comes together. So, I do think we need a couple volunteers from the LTSS subcommittee to work with us on that. Some of you have already volunteered by suggesting these types of things. I think that's a great question whether the kind of the things I caught, quantity of service, quality of service, equity, innovation will show up in the values in the same way. It's not It's not an exact crosswalk right now, but maybe that could or should be. So, as I said, we do have folks identify for the next. I'm not sure I cannot answer. Could you help me with who's been helping you on the new benefit meeting on the 12th?

Anastasia Dodson

Nina and Jeanee Parker Martin.

Kim McCoy Wade

Thank you. IHSS I know folks are hard at work, Brandi, you've been organizing us.

Brandi Wolf

Me, Christina, Claire, Karen, Catherine, some folks from aging as well.

Kim McCoy Wade

Looking for that ad hoc team for each of these topics. So, the one on Medicaid, I think we know will have some crossover with the Marty and Maya leadership and some other folks. But again, it depends if it's just a Medicaid meeting, if we're also talking about older Americans with disability so as we shape it well, volunteers, workforce family givers and caregivers and technology. I imagine Dr. Benton would want to be on family caregiver,

Susan. So again, we will be both asking and, so these are all the things that we want to get pulled out organized, put on paper and kind of landed.

Anastasia Dodson

Hoping to send an email out to LTSS subcommittee tomorrow or so, summarizing all that.

Kim McCoy Wade

Craig, residential, etc. We'll work with the people who we know bring that particular passion and expertise. We tried to model in the first meeting on information referral, where we had, if I can segue for a second. And we'll do a big next step at the end of the day too. But thank you for the input on LTSS process, we are organizing it, we hear you deeply that yes, it's good to go deep but before you run stop and think and have that framework and that connective approach and stay Person Centered, so we'll do that. So, we tried to model all that at our first LTSS meeting on the topic of information and referrals, the most person centered thing. How do you find us? Where do you start? If you don't have the word respite and you don't have the language? How do you find us? And we did a local model San Francisco Human Services came and blew us all away if I can say that, I think with their presentation on their hub, similar to San Diego brought a lot of programs and services together in one central place that's government wise and physically and with technology. Then we also heard from CDA, who in partnership with Department of Rehabilitation, has been leading the national effort to expand Aging and Disability Resource connections and we were very happy to have CFILC Ana Acton is there as well as CDA, and then we heard Commission on Aging, thank you shared some leading lights from across the country, other states are a little farther ahead in having statewide systems. So, then we had a discussion and Susan DeMarois who has a lot of experience also with information referral, and Ana, lead us in a stakeholder discussion and towards a recommendation. And I will say we miss Karen, accounting director because of course she was out responding to the fires and PSPS, but we did try to have a triple A and county voice as well. But with that Susan and Ana agreed to be here to kind of share the recommendation that came out of that discussion and elaborate.

Ana Acton

I can get us started, thank you very much, my name is Ana Acton with FREED, and the Aging and Disability Resource Connection of Nevada

County. We did look at information and referral and remember this is just the entry point. It was really difficult to not go into other areas; they are all so interrelated. We heard a few things from the advisory committee that you see on the board, I am going to quickly go through them, and if you want to chime in as well.

What is critical and we hear from the individuals on the ground level is that people have no idea where to go. They have no idea what's out there. Maybe have disability or child born with it. Maybe aging for the first time in their life, that happens, right? People don't even know what they need or what is out there, don't know terms or words, so we need a trusted source of information of people to go to get that information. There was a discussion about a statewide information and referral hub, where a single point of entry for information through the phone, through the web, and doing marketing as well. And I think it is important to note that statewide hub for information and referral would deeply be connected to local on the ground trusted partners at the local level. Right? Because, and we identified aging and disability resource connections and their infrastructure as a model that we could build upon, and those ADRC's have enhanced information and referral, short term service coordination, person-centered counseling and transition support from hospital to home and nursing home to community. So, that was kind of the piece that would be done through a warm hand off. Both from the state INR, to the local ADRC infrastructure which is a partnership between AAA's and independent living centers and a whole host of other organizations serving older adults and people with disabilities. So, I will pause there, do you want to add to that?

Susan DeMarois

Sure, I would just add, too bad San Diego just left, because they reinforced everything we talked about at the meeting, but there was quickly convergence on the why. The words comprehensive, efficient, streamlined, consumer focused, person-centered, wide agreement. Less agreement on how, but we saw examples in our first meeting and then again today of how it's being done. And these are the hallmarks of the model programs, not just in California, but in other states that we looked at as well. And access accessibility was a big piece. Whether it's language and culture, or hours of operations, we recognize that people don't live in the same community all the time. And so, people need to reach across geography, that's the reason for a statewide hub, and that not everyone can access services

between eight and five, so having expanded accessibility was very important.

Ana Acton

I think I would lastly say, there was a lot of discussion on shared intakes and standards, which I think will be an ongoing theme.

Susan DeMarois

Yes, that bullet could be bolded and underlined, because it shows up on the list as if it's equal. Nd Marty, I think the point was made too that sometimes information and assistance sounds passive, reading something or and we talked a lot about the complexity, Ana had examples, triage in Nevada County as we spoke, about people who were in the hospital. These these are not simple calls. So, staff training, professional staff capacity and training also came up quite a bit. And we've heard that from San Diego this morning as well, that they have expert staff for their APS program for fielding their calls.

Maya Altman

Do you want to talk about the Alzheimer's Association helpline?

Susan DeMarois

Sure, and part of the meeting was sharing the Alzheimer's Association national helpline, which is headquartered in Chicago where we also have a call and contact center similar to what you heard from San Diego, with master's level clinicians and quality metrics in terms of response time, following up with local offices and a warm hand off, direct referral, and the availability of the trained staff in multiple languages and access to hundreds of languages. We partner with AARP on a national level for a community resource finder, so anyone can access by zip code, pull up from the lightest, lowest level of services, through skilled nursing and hospital referrals. It is available 24/7, that was part of the presentation, walking people through the Alzheimer's association help line.

Ana Acton

We talked a lot about leveraging local resources and infrastructures. And I think that might be a theme throughout the various topics is who is providing the services and how do we expand our capacity to do this? We have the Older Americans Act, we have 211's. There are pieces in different areas, but we really need to look to see how we can leverage and build

their capacity to work with community partners, or an information and referral as being just the entry, just the beginning point.

Kim McCoy Wade

There are a few comments for folks who were there and not there.

Kristina Bas-Hamilton

I think we're just missing one recommendation which was expanding the ADRC footprint, because my understanding is that it doesn't exist all over the state, it actually only exists in certain areas. And it is only funded through the federal Older American's Act. So, I want to say that's a pretty key recommendation is that ADRC's should exist everywhere. And how that happens is a different story, but that is a major recommendation.

Bruce Chernof, MD

I just want to pick up on what Kristina said. First, I wanted to say to Susan and Ana these recommendations are really solid and clear. I really appreciate them. I think Kristina is absolutely right! One of the biggest problems is it's highly dependent on where you are. If you look at states that have been successful, the highest performing states when it comes to aging services and supports, they have something that feels like a strong foundation regardless of where you live. That is the strongest thing I can say. If we are going to put money towards it, these are best kept secrets, who knows what magic 800-number to call. Whether it is 211, 711, I need help with my mom, but I am talking to people about gas lines, the wrong 411 call. I think that point really highlighted. I think a couple of things that are really important, I want to reinforce is the idea that an assessment is really important. And that I think getting to a place we have an assessment that allows to be provided in a rationalized way, second thing you said that is really important, is this idea it is a warm hand off, it is a warm hand off to a service that can be provided, not a waiting list. Getting serious about what we mean and what a hand off looks like. Not just here is a number to call, I will connect you to somebody to put you on a list. Last point, there is a little bit of a care coordination piece, and I appreciate you raising this, I don't know where it fits, right now we offer care coordination predominantly within the programs, because that is how they are built, they are built to provide services and coordinate within the program. And I think at the end of the day, what's the right mix of CBAS or IHSS or transportation, would you be better off with less or more of what, what does the model look like if you don't qualify for the programs today. This idea that you raised, which

you don't have time to talk about today, what the right level of light touch care coordination that helps people get to that, how do you balance across those programs? I will stop. I really appreciate your comments.

Susan DeMarois

I want to add something that broke my heart, heard from a public comment at the close of this, without intake or assessment, they just give people the list of everything they can access. And they're referring people to programs that they will never qualify for and sending people on this scavenger hunt that is not fruitful. That really impressed me in a negative way.

Christina Mills

I think that's why the warm hand off is so very critical. We started in our office and technology act program where we answer a 800 number, not about the number of calls you can do in a day, it is how many people you are actually going to prevent from calling 10 places to get what they need, nothing more frustrating, we sort of made that a standard value now in our organization. But the other thing that really makes it different I think at ADRC's and independent living centers, is that I personally like to answer the calls once in a while, I have it in my phone to stay in touch with reality and what is happening on the ground level with community members, there is nothing better than being able to do that service, and referral, with something with lived experience and isn't just a social worker with a phone number or customer service representative, when I am able to walk somebody through what it is like for them to go to the doctor and get a prescription for a wheelchair as an example, versus them not knowing and going to find a goodwill to find a wheelchair, it is very different to get information and assistance with lived experience vs. an average person. And there's nothing I have seen compare to the level of quality service when you have that in place.

Kim McCoy Wade

Maya, Marty, Nina, and Clay.

Maya Altman

Following up on Bruce's comment. The reason I asked about the Alzheimer's Association, is I think it's nice. We do need standardization, which is a big word in CalAIM across the state. But think we need a solution that is both local and statewide. The nice thing about the Alzheimer's Association is that they developed some technology, so you

don't just have individual ADRC's, or independent living centers, each area doing their own thing. And instead of quality depending on where they happen to be, there is sort of a statewide leadership on this. That can then make sure that the people who know the resources the best are the local people that are connected up with. There is just one number.

Marty Lynch

Appreciate the comment about the warm hand off and importance of them. I thought this discussion is going to bump right up against our lack of capacity around home and community-based services, and other services for people in the state you know, what you have to refer people to. And it's like doing screening and medicine, if you can't offer treatment why do you do the screening, so in this case I think it is going to push us, which is a good thing. Other thing I want to ask both, San Diego is gone but you are here, I can still ask you, this use of professional level folks, what I have always seen in care coordination is very important to target what level of intervention you get to people and the only way it stays cost effective is if you target carefully and use your levels appropriately, so, was there that kind of discussion or believed you need to start with this very professional level of assessment, in these kinds of programs, or we talking different intervention?

Susan DeMarois

I think it is why we say intake and assessment, there is a first wave and then a more comprehensive, in terms of subcommittee discussion. I think it is both, my understanding is you would not start with a master level clinician when someone makes the first call, preliminary screen or intake and then referral to somebody who is maybe more specialized and more trained or outside you know, the warm hand off immediately to the appropriate setting, and I think that is why they are on the same line, intake and assessment.

Nina Weiler-Harwell

A couple things. Talking quality, assuring that our information and referral system that there's an evaluation and improvement process that is continuous. That brings me really quick to the research subcommittee, if at some point you can let us know. And I know one of their main objectives is develop those metrics.

Clay Kempf

I hate to go last with this, but it is what Marty was saying, we need to figure out a way or what to do or how to respond when whoever gets that call there are no solutions or options. And you know I have accidentally taken calls, they are really painful to hear, and there have been times I talk to somebody and I know next week they are going to be homeless with a variety of personal issues they have and there is nothing I can do or the system can do to change that given the situation they are in. As one example. So, I think we need to figure out, A) what to do about that, how to respond, and how to track those people. They are truly the people that fall through the gaps, maybe get one service that helps them a little bit, but nothing that does the major need they have, be it Medicare or housing or long list that puts people in that crisis. Hopefully that is what we are trying to do here, have more options for people that are not helped now, but a huge challenge as we all know resources are scarce, and that whole program capacity issue is a big part of that solution, I hope we work on how to get to referrals or some alternative for the majority of the callers we have, not just some of them.

Ana Acton

Linkages missing. Lots of things missing. As assessment where we can quantify who is calling, what their needs are, and whether or not we got them connected.

Clay Kempf

Nice thing would be after we identify those people to have some sort of vehicle or means to start developing the system that is missing or exists but is inadequate. I would love if that could be part of what our work is, not only make things better but identify the weaknesses so we know where to work 3 or 5 years from now or immediately. That is part of what I think I meant earlier, about having a plan that is dynamic and evolves in response to future or immediate needs and highest needs now, let's look at all of it.

Kim McCoy Wade

One more.

Rigo Saborio

Actually, you know, I am a bit concerned going back to promotion, I am thinking about a lot of people aren't aware of these numbers or know they exist. What I often encounter with caregivers is they are doing quite a bit of

work and highly stressed and not even knowing where to call until the crisis, until they end up in the ER or whatever they are dealing with. So, I think it is very important as we think about any information referral, and program statewide that there is promotion. I see the word marketing, but it's almost like an afterthought. I do think it has to be part of the whole process, a major significant campaign statewide to inform people about this, so people are not reaching out when they are already in crisis, already happened, that is difficult in terms of intervention.

Kim McCoy Wade

Great, so let me just do a process moment of what just happened. So, a subcommittee went out and had discussion, a deep dive on a topic, had some recommendations, and then brought them back here. We're going to do that about 50 more times. And really what's going to happen, because this whole committees only meeting every other month, is the subcommittees themselves are going to do that. So, when the next happens, you look back. So, this is the trackers that Kristina's talking about. This is all that co coordination work we're going to do with small groups of you to capture, refine, and then keep going. So that in January, we're doing this on another dozen or so. We'll see how far we get.

With that, I would like us to take the all-important lunch break. We did it 45 minutes because we were so lucky to have lunch on-site. And I do want to thank again the foundations and DHCS for having us here and doing this and all the people who are making it happen. I'm sure there are important instructions about lunch.

Anastasia Dodson

Right for the people who are on the phone. You can either stay on the line or call back in. But if you call back in, allow a few minutes to get into the operator assisted line operator knows we're going to have a break and we'll keep bar line open, but I think we're going to mute ourselves here in the room.

Kim McCoy Wade

Okay, all right, great. Thank you.

BREAK

Kim McCoy Wade

Welcome back, thank you for the second half of the meeting number 2. We are going to turn this afternoon now to our framework. Again, values and goals, also then do some topic focus of all of the other topics we have not gotten to. And then have quick touch base on the research subcommittee, Together We Engage and trance formation at CDA and 2:30 open for public comment and wrap up the next steps and promptly break.

Let's begin where we should always begin, with our big picture, vision, values and goals, when we were with you, last--the first stakeholder meeting, we brought you 4 goals, statements to divide the work, you rightly gave us 3 pieces of feedback. Start with the values and do revisions to the goals, they need more work. And of course, dig down, each of these goals has to get more specific on objectives and programs, so we began the work in all 3 of those areas. First, here are the values that have been articulated from the executive order and conversations as we heard them some with challenges for sure but let me lift them from the highest level.

Choices, so people have options, all have options as we age, caregivers and families, and communities present a range of choices. We also talk about dignity and disrupting age bias and discrimination, equity is a big word that incorporates a lot of meanings. And this is a very wordy attempt to reflect both a desire to address inequities, but also acknowledge cumulative inequities that come up later in life. That says that poorly, but call that out, inequities that present their own challenges and issues, not enough to be unbiased starting at 60, we have lifetime to address.

Rigo Saborio

Just a quick question on equity, when you say place is a geography?

Kim McCoy Wade

Zip code, rural, urban, but that is the intention there. Inclusion, fourth one that came up was inclusion. Fifth is innovation, a strong push from the Governor and Secretary to not just do business as usual, look and think differently, look at other states and countries, ask ourselves hard questions and partnership, clearly the local state partnership but also the public private. Talking about state programs here a lot, but always pushing yourself to bring it closer to the ground and bring in private partners, let me pause there in terms of those, and again, the challenge of trying to keep

them to a number that has meaning, there is many more values, too, how many is too many and too few, those kind of things, six for you to respond to and react to, and the floor is open.

Quality is missing.

Kevin Prindiville

I want to say I appreciate the emphasis on equity and finding the right words for that idea, which I think is the right idea, and you also put and name the types we are looking at, and I suggest considering something around immigration status and language.

I just have heard this mentioned a few times, in person and family centered.

May I make a suggestion that these values after being finalized be included in each and every agenda. Because it is important to remind everyone of the core values.

Jennie Chin

The concept of interdependence because socialization is part of well-being might come under health and wellness, think about where it would fit, and thinking about these are the kind not only socially, but across language, so it is not solely about aging.

Kim McCoy Wade

I am going to go around the room.

Brandi Wolf

So, I don't know necessarily that it goes in a framework of values but one thing I am seeing is sort of missing, I jumped ahead to the next slide as well. A value around actually dedicating resources to this, I mean we could put together an incredible set of recommendations but if there is not a value of funding what we want to do, or where we think the state should go, I fear we may end up in a place where the state has seen itself previously, where there is a creation of a master plan without funding to do it. So, it's a little bit of one of those things I address a problem but not coming to the table with a solution, sorry for that. But I think this is the group of people that has to be explicit there has to be resource allocation for this work.

Clay Kempf

Really kind of what Brandy just said, equity without quality of services is meaningless, we have same access to crappy services and not many of them, equity means nothing. I want to make sure somebody said quality earlier, make sure it got captured, not sure it did.

Debbie Toth

So, I want to echo everything everybody said, I agree, also the word innovation makes me a little uncomfortable when we have like foundations will fund innovation but won't fund things evidence based and proven. So, I don't want to not--innovation not tried and true, and evidence based, I don't know if that needs to be stated, but a personal frustration as nonprofit when we try to get funding and everybody wants innovation, but okay, also what works, right?

Jose Arevalo

Yeah, I raised up for Brandy, I want to echo what she said, really, this is great and I really support this, especially since I am chair of Latin Physicians of California so you know the issue of equity is so critical for us. And it is about how to find resources to really address this. To put the resources in so that everybody that does prioritize that, it is something we can get done through framework of resources and so again echoing what was said there are thank you.

Susan DeMarois

As we contemplate massive waiver renewal, I suggest we add federal to partnership and also redesigning the older men's act we are reliant on federal funding and so many seniors get care through Medicare advantage programs too.

Jeanne Parker Martin

I want to underscore something Debbie said in terms of innovation and evidence based and I think core value should reflect evidence based. So that if regardless of whether it is innovation, that what we promote over the course of 5-10 years should be evidence-based to the degree we have evidence, and based on the research committee or subcommittee meeting last week, there is certainly a lot of data we might be able to turn into evidence. That is number 1. Number 2 I want to underscore what was said in terms of place. We have heard a lot of geographic disparities and place does not scribe that; I encourage to change that language to reflect the

disparities. Also, under inclusion have consider a value that is inclusion accessibility for all older adults and people with disabilities in housing care and services. Affordable housing care and services so they can focus on the 3 elements if it seems appropriate.

Kim McCoy Wade

That is if first one I have questions about, tell me more about it, you try to lift it up, that what your intent is?

Jeanne Parker Martin

Right I think that as we think of housing care and services, services incorporate many different elements of what we are trying to provide to older adults, regardless of where they live and current circumstance is. Services could be transportation, can be caregivers, could be other workers. So, something to reflect on.

Donna Benton

I don't know how to integrate this in, but something that values the mental health aspects of people's lives, somewhere around holistic well-being, from not just health, but health perspective. And if we can also look at--I do want to underscore what was said about making sure I really do like equity. And we also look at innovation, we don't forget about what's already been out there, and what's proven, even with evidence based some of that may not be evidence based but maybe informed and move towards that.

Berenice Nunez Constant

Any comment around the first one, choices, so I think I would like to see something a little more inherit about the choice being a right. So, the right to a choice, because we talked about people not qualifying for particular services, so making it available does not make it equal access. So, I want to see it as a right. I think it ties to equity piece, and inclusion and accessibility piece. That would be my preference.

Maybe it is access to choices.

Kim McCoy Wade

Really meaningful, quantity and quality, a lot beyond choice, I am hearing that. Couple more.

Clay Kempf

My comment was stated, to use evidence informed or data driven rather than evidence based, because evidence based depending on it, can have specific ties to that term.

Catherine Blakemore

Talked a fair amount about person-centered and I don't see that as a value here. So that seems important to add. Unless you can give—

Kim McCoy Wade

This is where we have--terms of process, we get your feedback on vision and goals and something else we are going to land for that, heading into formation in a couple of weeks to land this, but I think my question too, everything agency does now is over all of the values, trying to figure out to restate it or umbrella, but yes, attention is person-centered, data driven is at a heart.

Marty Lynch

Simply I don't know if we have it spelled out, advocacy or empowerment, a lot of public health data says people who feel some control over their own life have better outcomes and such, maybe included, but I don't know.

Kim McCoy Wade

That was part of my questions, was that inclusion and accessibility was broader than service, but at the table as leaders and fully driving this plan and getting to that purpose and ownership, and maybe it is too obscure.

Marty Lynch

I am thinking a higher level, same level as dignity, generic. Empowerment.

Bruce Chernof

So just to be quick I do think the idea person-centered and not program centered, we have a program centered now, typically embrace how we do it today, not how we want to do it. To me choices was a little about the morning discussion, which is the whole system is built on safety mentality. I know what is good for you, a lot of sort of I get vulnerable older people need services but there is also this sense of like if I want to stay home with my rugs, that is my choice. And that is not a reason to institutionalize me as an older person. I want to flag the choices where we draw the safety autonomy line, how we draw the line.

Debbie Toth

I don't think we figured it out yet. I will sit and conference and social worker takes a position and nurse has another, and we have debates about self-determination and safety, all of this, I don't know we have it figured out, important to have regularly.

Bruce Chernof

Encouraging the value, we start with respecting what the person wants and help achieve that as opposed to saying you need to be safe. I remember as a doctor writing orders over and over again, you put them in bed, bed at 30 degrees and you guess what they fell out and broke bones on the way down. I worry about imposing evidence-based thinking like evidence I was trained in as a young doctor is actually incorrect. I am voicing some level of that.

Debbie Toth

I would ditto that from my morning comment about having some way to address the dilemma, because this is never clear, still based on choice, but having overt systematic discussion, I have mentioned that. But is there a framework how we think about how we have these discussions? My other quick one on innovation. There is a different kind we have not talked about, that is the innovation of spread, one of the things that is a problem, we have things, but we don't spread them. And it is not just going onto the new thing. But the innovation of implementation science and spread, and scaling, actually would be very helpful.

Kim McCoy Wade

Keep us moving and continue conversation on the next slide, refining the four goals, again, this is an attempt to organize the work, into the first goal we talked about this morning, services and supports. (on screen) (reading) second goal age friendly, shorthand, which can be tweaked. Live in and be engaged in friendly communities. Social environment component there and talk more about the second. Health and well-being maintain as we age, all have feedback, happy to have that conversation. Safety and security, we will have economic security and be safe from abuse and neglect, and emergency preparedness was mentioned. Current it rations as of November 4. Of the four goals we are using to organize the work, reflects feedback since September and then next slides drive deeper into what they mean? Comments on this?

Christina Mills

I know I submitted comments on this, two and three are challenging for me, if we are trying to be inclusive in goal number 2, it would make more sense if it said livable communities. I know age friendly communities has been around, when people talk about age-friendly they go to AARP, if we are trying to be broader than just aging community, I think we should consider changing it to livable communities. And the word health in goal 3, it's really difficult again, because a lot of people don't see disability as something that you can live with and be healthy. So, there is this automatic, if you are disabled you are not healthy, or you can't have a good well-being in life because you have a preexisting condition. So, if we could change it to be something more of that someone a hard one, but well-being is better than health. But I have a hard time with health part and always talking about people being healthy. Because I think my interpretation of being healthy is wider than a lot of people's interpretations of being healthy. Like a big example when you have a baby, what's the first question you ask? Was the baby born healthy, yea they have a disability but born healthy right? Trying to get out of using languages that continue to bring about stereo types.

Jennie Chin Hansen

So, on that to respond to what she said, we use age and disability friendly communities, doesn't resonate. I think livable is more inclusive.

Kim McCoy Wade

Push back is so inclusive it doesn't we lose the lifting up of age and disability.

If we made it age and disability, I would be willing to come around on that one, if we don't want to make it as big--how big do we want to make it?

Because just to be specific so we know the framework we talk about is age and disability.

Jennie Chin Hansen

I think the other thing about that though, older adults and people with disabilities they are not okay aging or being disabled or considered part of the commune they are not going to be part of the community regardless, but a livable community is something that would likely bring more people to the table.

Kim McCoy Wade

Maybe a modifier for livable communities, or some way to do both and, but I hear your points.

Monica Banken

When I see this term families and I think back for our discussion today, the only time we really discuss the role of family has been as a caregiver in a IHSS capacity and I think what we are seeing statewide and in my county, where has not including families led us in the behavior sense when we say autonomy is with the individual as rightly should be. But where does that leave family as a structure if the caring family cares for that person. If it is not in protective services sets or IHSS sense I feel like we lost that component of thinking forward about that. So that might be something really helpful we are seeing a lot. Talk about homelessness and behavioral health, how can we involve families legally. And are we at a place today where we think we have done an okay job in that structure, I don't know. Trying to think forward in the future about this.

Donna Benton

On Goal 3, I don't know if we can incorporate purpose and meaning in the terminology around well-being because I hear there is a lot of research that shows it is linked to having a purpose is linked to health. We talk about dementia and other things, if people have a purpose. So, I don't know how to integrate that in there.

Kim McCoy Wade

You see it coming up soon, this is a question of how we call things out.

Jodi Reid

This is on 3, sort of follow up on what Christina was saying, I wonder if not maintain our health and well-being, as we age, but more about having access to health care choices that are inclusive and incorporate all aspects of health, whether it is mental, dental. Because maintaining health where we are right now may not be the goal we have. Because we are just maintaining. We are not accessing all of the health care we really need to be a well-being, you know, I like the well-being part but I think maintaining health as it stands is not reflecting what we are trying to do here, which is talk about the bigger full health system that people have access to. Both access and can afford.

Kim McCoy Wade

I want to go down a level, some of this is starting to come up and see how we pull things back up.

Heather Young

Also addressing goal 3, attain optimal health, think of the world health organization, they define broad, I hate to define service delivery because our health is so much more than service, so many aspects and broad definition of health, spiritual, emotional, and physical and that together, I think goals should have aspirational elements to them, I don't think we are at the level of health across the board we want. If we to attain optimal health and well-being, optimal means whoever you are, what's your best.

Christina Mills

We keep talking about the term wellness. Does wellness capture health, health, well-being, and optimal health? Maybe just wellness.

Heather Young

I think always definitional, if you define wellness as broadly, I would be comfortable with that, really about your vitality and who you are at your best possible what you decide.

Kim McCoy Wade

Okay, hearing all that. We want to continue to revise the values and continue to revise the goals. What we did as you see we are starting the work as we are forming the work. We took the first draft of the goal 2, 3, 4, from September and ask you which you want to work on, and small planning on 2, 3, 4, where people came together and talk ability the goal language and drill down objectives and little further into topics. And what we would like to do is go through 2, 3, 4, now, having covered 1 this morning and have members of the subcommittee who were there share how they are thinking of framing this work and again, this is for the purpose of teeing up series of conversation to have the right Cal state, and stakeholder voices to generate recommendations not as fast as the March report but quickly. Run through the 3 conversations that happened and go to this proposal for focus formats encompassing all 3. For goal 2 livable communities for all ages, abilities and families. This one we wanted to talk about both built environment and social environment, looking at world health and AARP, and counties how they work with this, so half of this work

is around the infrastructure and built environment and the other half is around the social environment. (on screen) as we dug down a little further, here were the 6 topics that this group came up with worthy of a focus forum, and there are many more. Actually, this has a typo on it. Not employment, it is housing, employment is important but elsewhere. Housing housing housing housing. (laughter), transportation, parks and rec and outdoor spaces. Some discussion about parks and rec and outdoor spaces, what is in the built environment, but housing and transportation 1, and 2, for sure and parks on ward. And then in the social environment in 3 that bubbled up, quite interesting this discussion, social and civic engagement is a lot of the potentially volunteering, and classes, and recreational programming and ways for people to have purpose issues. Inclusion and respect, specifically looking at bias that isolates older Californians and making sure we welcome LGBTQ cross community and race and culture. Leadership is not on the world health, but it is really about in California this question, you heard in the presentation, where is aging being led and coordinating in our communities and in the state? And the question is certainly asked of CDA and we are also in partnership asking with triple a's and counties, how is aging and accessibility supported at the local level in government and private sector and nonprofit, as is fitting in California, every community does it differently, beauty of it but also a challenge in different struck and governing and resources and coordination opportunities based on where the leadership is. That was an amendment that came, those were the 6, I asked January running to the call from PSPS and fire, unfair to ask her, I also asked those who were there for part of it, to share back anything you would like to lift up.

Darrick Lam

Can I say something, I was the one who brought up the point of importance of employment, because we do have a Title IV senior employment program. I think if we want a livable community, or age friendly, we need to take consideration employment because not all older adults retire with income, they are able to live.

Kim McCoy Wade

Currently employment is in security and safety, but doesn't have to be, relates to purpose and income, so you are right, maybe that is why it is there, great employment conversation, but somehow bumped housing off, not okay. Maybe there is 7 employment could be on the list, you see it come up again in economic security as well.

Clay Kempf

Couple things I add how overlapping a lot of the issues, social and civic engagement, parks and sidewalks are part of a socially engaged community, they serve the same purpose in a different manner. The flavor, one thing I think was important we talk about how we want to approach these issues in a proactive way, we want to make good things happen rather than focus on shortcomings in terms of our action, but at the same time don't want to shy away from issues where there are shortcomings. An example of that I think was about ageism, in terms of addressing it, we want positive steps to addressing it, but don't want to shy away from the fact that ageism exists, and it is a problem. We don't want to be afraid of the difficult issues or controversy, or call them out for what they are, we want proactive responses to it. Other thing I think was interesting in the conversation was that the state just passed being an age friendly state, so how do we incorporate our work and local projects and state project and in that how do we make transition between livable community and age friendly community, I think her point is spot on with that, AARP does have a goal of making livable communities but under this other title and what we do with that and there is some tension there. I think value in age and disabled friendly versus livable. But at the same time the goal is clearly have a livable community, how do we weigh the pro's and con's into effective project. So I think that is a challenge we have, kind of a question for us, are we the entity that drive it is state effort or state legislation or do we react to the state legislation or partnership between us and some other entity, and how are we going to pull that forward in combination with local projects we have including the primary focus area.

Jan Arbuckle

I think, apologize I was not here this morning, I was at the homeless workshop down the street, so kind of bouncing around, apologize for that. One of the things that I picked up on the call is to go along with what Clay's point is, that is we really need to look at engaging our Public Works Department along the cities and counties to start looking at new developments that actually have a little more foresight with sidewalks and how we build new developments that can be age friendly, livable, disability friendly, whatever words we want to use. I agree, needs to be something other than age friendly. Because what does that mean? Maybe, to people 70 and older, or people 50. So how do you define what that age is? And I think that is an issue that is ongoing. But I think that we as a city and

county can also really start to engage in developments that come forward to try to make them a little bit more friendly towards everyone. So that was one of the takeaways I took from that. Also, to use the voices of seniors. Because they have so much information and knowledge in our communities. They don't know they have. How do we engage them, going to the social engagement, how do we glean that knowledge? And added bonus is make them feel valued. If they feel valued, they contribute more and tend to be, and have greater well-being and so, those were some of the things I took away from it as well.

Kim McCoy Wade

Keep us moving through the next two to see the whole as a picture, goal 3, well-being goal, also had two halves if you will. One is about living in communities and having access to programs that promote health and well-being, some of you may call this more public health side of the house. And then the other was access to quality and affordable person-centered health care, that aligns with the values. The group came up with only 3, gold star (chuckle) focus. Very important and large topics, well-being and prevention, coordinated integrated health systems, special shout out. And age friendly health systems. We asked discussions to share back and what you took away.

Marty Lynch

Sure, I am going to do two small pieces, a lot of the attention went towards coordination and integration discussion, by the way you gave that CalAIM shout out, us talking about this in preparation I can't tell you how important we thought it was that we add some kind of aging related work group to CalAIM process in cooperation with the work you lead in this area and LTSS area here, I am sure say it again in her way but big point for us. Two issues I want to talk about. One is the well-being and prevention side. Struck me when I was listening to Heather and we may want to include some of you. We had a relatively short discussion, but one thing that was clear was the belief it is very important to coordinate these efforts with the Department of Public Health and efforts going on in the public health. There is some good positive health and aging opposed to healthy community thing, good positive stuff going on there we want to take advantage of those, but really serious about naming a few people, we need some folks who might take on a forum and educational piece about that. And then the other side that we discussed was really about workforce in geriatrics and goes to Bruce's points about what he learned in school may not have been

absolutely right. (laughter). But my version of that was that when I started at the over 60 health center, the gray panthers. Brought in a Scottish trained doctor, in the late 70's and early 80's, and I pick up elder hood today, many of you have seen, and essentially what they is saying we made some progress but a lot of the issues are very much the same in terms of having a health workforce trained in geriatrics and dementia and understand the difference in older people. So, we thought in the work group we did really need some attention to geriatric professional trainings, we know in other tracks we have care giving workforce and other parts. But we are talking about physicians, nurse practitioners, PA, behavioral health practitioners. How we get them to deliver age appropriate. We have more older people than we have kids we need a workforce trained in that. So, integration side, was the next big area, she is going to talk about that, turn over to you. I might add on.

Maya Altman

CalAIM proposal had not come out when we had the call, came a few days later, I am going to talk a little bit more, he brought it up this morning, talk more about CalAIM and how we might fit into it. First of all, the proposals not on any one page, represents a lot of work. I have to say a lot of great things in there, enhanced care management and in lieu of services. I will define in a second. But there is a focus and can be a focus on older population. Definitely focus on people who are at risk of or in nursing homes, focus on making assisted living not a Medicaid benefit yet but giving managed care plans ability to pay for it and recognized in the rate, huge gap right now, there are plans working on that. Do want to say there is some really, I want to give credit, there is some great things in there. There are also things that are a little bit--that are big changes, for example the calls to the end of programs, a lot of people put a lot of work into them. Calls for change of direction, all plans having to start dual eligible special needs plans, but really begs the question, what that means for the overall effort. That was supposed to integrate LTSS and health care, what does that mean for the future, so, what I see, what we talked about, what we see a real gaps in CalAIM right now, there is really no vision or road map for how we integrate LTSS by 2026. Which is the date that is given. And how it becomes a statewide benefit by 2026. There is a work group of full integration, behavior health, oral health and physical, but doesn't mention LTSS, you know how does the older adult with disabilities fit into that over all framework is a real question, again, echo what he said, I think it is actually more important for the master plan in aging to fit into DHCS, there

is a lot of resources. And this has to be submitted to CMS by middle of 2020, and urgency around this, so we talked about a form, but I don't know if replaced with a working group that is a joint, not just guess, but a joint master plan on aging, give more thought to that, but I think there is a lot of critical things in there that need more work.

Marty Lynch

I have one thing before we leave our section here, simply that it is acknowledgment in discussion that we also have to get to the non Medi-Cal side of the house, non-low-income side of house, Medicare only and that sort of thing. We are more challenged, because Medicare advantage doesn't necessarily have responsibility for LTSS services like Medi-Cal does, but none the less we think that important piece of this work is coming up with a strategy for how we advance care for that side of the elderly population as well.

I have been trying to figure out how to insert the private sector, which has a role to play, and shared common interests I would suggest, especially in this category of well-being, because of the work I get to do and work I did before with well tower, I have spent a very long time with payers, they are very keen on managing the aging population which will be complex and expensive, preventative, (inaudible) they are really trying to establish relationships with these individuals much earlier with wellness inspired programs, preventative diet and other things. I don't know exactly how we connect the parts, but I do believe there is something that should be explored and be happy to participate in that, I think it should not be on the shoulders of the state.

Brandi Wolf

we sit on the CalAIM committee, we teed up a question about relationship between CalAIM and IHSS and there was not really an answer, oh we are in conversations with CDSS but as a program that is--we were looking at slides that CDSS produced in the next years the program is going to be \$25 billion projected. How are we having conversation about care coordination if there is not a plan for IHSS, I was a little taken aback by the lack of clarity of where IHSS is in the overall CalAIM discussion. I think she is right the work we do, could fit into the work that is resourced and part of the larger discussion, but I just don't think we can have conversation about the care coordination across the spectrum if we don't include IHSS.

Anastasia Dodson

I want to flag one thing just to clarify, some folks thought maybe to propose--that is not the proposal, (inaudible) not to say it is not important to have other conversations and integration, but for public and people on the phone, CalAIM proposal does not propose to include IHSS within managed care.

Brandi Wolf

Right, it is not, I think my colleague Christina and I went together on the CCI stuff not that we advocate IHSS be part of a managed care plan but to leave the program out as its own standalone \$25 billion target, it has--it is scary. So, just sort of putting that on the table.

Debbie Toth

I didn't hear a question... more a comment.

Kim McCoy Wade

Would you like to answer any questions or add any information?

Cheryl Brown

I just want to ask the question, as you are speaking about this master plan, are we looking at general plans and conditions these counties put on buildings or put on roads or sidewalks, talk about all of those planning issues, but I don't hear anybody speaking about how the general plans fit in with this.

Kim McCoy Wade

That has come up in the initial conversations with housing and transportation and growth council, those are levers that will be looked at, kind of thing as we have these topic conversations come up as policy options, that is the general plan.

Cheryl Brown

My background is planning, if in fact you have anything I might add to that discussion, please give me a call and let me know, let me listen in on whatever needs to happen.

Kim McCoy Wade

Do you want to comment and then keep moving?

Bruce Chernof

I want to highlight and don't want to sound overly negative but highlight what she said. So, I worry about DHCS's lack of clarity. And commitment to integrated care, but I don't mean as critique, but I sort of feel like we chase waiver opportunities because that is what we are built to do. Get serious about what a commitment to integrated care look like, and how does the master plan interact with that, I have yet to see previous leadership show commitment to that. Waivers and da, da. Could we start with the person and not the poison pill, serious about the commitment to get to good care. I don't--I think I know the answer, but I am going to say I don't know why we thought it was a good idea to carve IHSS back out of the CCI pilot, not sure why we talk away opposed to build on them. There has been, I just--(inaudible) answers my exist but not articulated clearly but I think it is important, but I want to keep this about work—

Kim McCoy Wade

Understood I think Secretary, we have the master plan side, we have at least one conversation with Medi-Cal coming and I expect more and then DHCS got this out Tuesday and a lot of the feedback on more and different conversations of forums and work through that with them. But I think there is commitment it will happen but how, where, when, why? And before January. (laughter) exactly.

Expect it to deliver by then.

Kim McCoy Wade

Yes, in that spirit let's move onto solving poverty and homelessness.

Jose Arevalo

I want to kind of make a comment around the Medicare and advantage, because clearly as Medicare now focused more on value and less on volume, there is really more opportunities around it, not just ACO's, but the next generation coming out, but really moving beyond what traditionally everything has been focused on. Particularly more and more on social determinants of health, investing on those, and particularly look at the new sort of ability for us in Medicare advantage to be able to do such thing as invest in transportation, which we have not been able to do before. I think having the conversations early on with integrated health system in terms of looking into the future and identifying the opportunities really understanding where we transition into more so called value, how we define beyond

volume, great opportunities for the non-Medicaid area, and being able to expand exactly what we talk about and bring all the values back to be more universal and so, great opportunities. We need to have those conversations right now, with the right people who are making the decisions and I think it will be more open ears on the side of integrated assistance, particularly.

Catherine Blakemore

Can I make one quick point, on health and well-being I guess the other thing from a more personal experience of taking care of my mom, we talk about when you enter and want a system to be this way, but people's needs change. And when you transition, what is the way that we do that? How do we ensure adequate discharge planning, somehow a scene system would not assume you are in a hospital and now have 12 hours to decide the nursing facility to go to? There would be discussion and revisit of what the person needs and best served. Seems like as we think about this health and well-being how we do that analysis in rethinking where a person can best be served and ensure all parts of the system have access to information to make choices we care about meaningful.

Kim McCoy Wade

4, economic security and safety, (on screen), this group also a large one. Protection from abuse neglect and exploitation and disaster and emergency, 3 elements of security and safety, and came up with 5 topics, here is where employment kind of landed. But many of these things cross, we have to figure it out. Older workers came up as separate issue from retirement security, savings, planning, status of the various retirement programs, poverty, homelessness and hunger. My favorite, abuse neglect and exploitation, so, so, many programs in one. And disaster preparedness, I will let others do reaction discussion about their conversation.

Kevin Prindiville

in the interest of time, keep it brief, our call was brief and efficient group. Spent a little time talking substance, about where particular topics fall within objectives we have more priority areas under them, make sure we get issues like hunger and parsing employment for retirement and poverty and SSI, and make sure we have space where experts on each of the issues hear from each other and come up to generate ideas, but I think that was it. In the interest of time. Others on the call can add.

Kim McCoy Wade

Others can add, tee up with making these 15 bullets, the whole goal is we are trying to set up a focused conversation, where again, the people with the expertise, with experience, innovation with shape and have that conversation, and at the same time manage a sprawling number of issues. So, the concept is that we would make these focus forums, and really the key verb is cocreate. For each of them would be 2-3, small group of committee members who would help form and shape and do this. Vision is a standard format, a local leader, we heard earlier, the state government actor, whoever that might be, state parks or housing, come with the recommendations, or goals and values to push discussion forward, and then public input. We heard a lot of feedback that webinar only is better for full accessible statewide participation. We would up our technology, we hear that the aging and disability alliance has great luck with zoom, if that works for lots of people to be polling and survey and capture that individual feedback. Of course, recording and posted. You have a series of forums; I mention you will be doing them with us. I think I have, and then this is a chance to brand these as a series. We were kicking around focus forum Friday, too much alliteration and hard to coordinate. (laughter).

Never too much alliteration.

Kim McCoy Wade

Promote to the network and get that engagement, if those could engage to ones of more interest and try to get more voices. And then do this between January and April, have 3-4 a month running January-April, LTSS committee is running now. Synthesize and writing and then these go. 6 months of topic forums, generating recommendations with metrics and best practices, that said, there will be some topics, for example integrated care that require a different approach, or additional supplement approach. I know some have talked about needing a day long workshop to think about different agencies, there is so much--physical exploitation. So, this doesn't standardize everything, but might give us a way to make it clearer to the public what we are doing, engage and make sure we have right expertise and make it doable, we have a lot to do. Next step is finalizing--on the sub calls, people said I will do this, we have people, on LTSS they are already doing it, she got the call going, and got the call for the benefit going, something similar here. Couple--lots of people. Do it.

Kevin Prindiville

I think this framework and strategy sounds great, one thing we did talk, important to your comment, to the extent we can have discussions driving toward recommendations not just explaining current systems or giving background, that might make it harder for some to participate if they don't have background, but given timeline, where we want to get, focus on what was your recommended objective and policy and strategies to be focused on what we do. Not where we are.

Maya Altman

At the same time, I would say there was discussion about the role of public and shaping the discussion, because we don't want to preach at people, we do the project and present and people react. There was a lot of tension between how to include the public and voices of consumers and provide expertise, finding balance is important and should be reflected in whatever we do.

Jodi Reid

On that same note, I think that we may want to think about as we design these, ways that groups that have consumers, can take some responsibility for you know convening our own constituents to best participate. Not a service provider but organizer of consumer, sometimes the language alone is--I need a whole new dictionary. To know all of the initials and regulations and it takes you away from what my personal experience is. And what I need. I think it is incumbent upon us as we design this. If we really want public input and not reaction, we have to be able to have a way and take what is presented in this standard format and translate it, not just in language but terms of accessibility to information so people with think about it. And then say, does that really make sense, would that work for me, how would I react, what was my experience and be able to internalize it enough to then be able to comment intelligently on what we are recommending, so I think that is another level of participation I think we have to think about and open ourselves up for, if we truly want to have community input we have to make this stuff accessible to the community. And us around the table, we are not. I don't know where that fits in here, I want to make sure we think about that, not just language accessibility. But in terms of different languages, but just how information is accessible. Being able to apply your personal experience being discharged from a hospital and what was made available and how that worked and how you

made decisions and were you given time and how to make recommendations about that based on what we talk about here. So?

Debbie Toth

I appreciate this format and appreciate the depth as which you are attempting endeavoring, is that a word, endeavoring to gather a tremendous amount of expertise and input, appreciate and think it is a great format, I would encourage to Jodi's point, mark, what's his last name in San Francisco on the group, any way he did some incredible work--(chuckle) in providing forums where people were in person but also had option to call in or webinar in and I think if we are going to make it accessible we maybe engage senior centers for example to have it on a big screen where everybody in the room can see it for people who don't--a lot of folks we serve are not on computers and webinar is not going to work. Maybe at the day health centers we have big screen TVs you know, make sure we are inclusive and do get. Because the number one thing I think on this stakeholder advisory committee, honor of my lifetime and thing taking time, is people reaching out to me, did they include this or think about this, not hear this voice, being really clear we are exhausting every opportunity to collect that feedback and I want to echo the point. I want to get some mm done. So, yea.

Kim McCoy Wade

Can't top that. (laughter) we are going to hear--so hear all that. Again, Jennifer started Friday a lot of her work, standardizing these, articulating values and goals around true accessibility and engagement and getting so many experts in California and outside, but a good solid combo of people in the slots to have them meaningful, aiming to start in January as we get through them. More on that, better update in December, thank you for volunteering already, if not we will come to you. Update on 3 things, research subcommittee is most jammed, apologize, turn over to you, thank you research subcommittee, look at the list, we are again, so lucky to have such a great line up of folks. (on screen), do you want to take it from here?

Carrie Graham

I decided to finally talk about the research subcommittee, in the order two subcommittees called out, LTSS and research, I think it is really incredible that this state has recognized the importance of not only evidence and evidence-based data, to inform the master plan but also to make an evaluation of the master plan that goes out one year, five year, ten years to

measure the process. As well as making a dashboard that makes that evaluation and metrics and indicators accessible to not just researchers. So, as Kim said this research subcommittee was put together, CDA took applications like they did for LTSS I think they did a great job trying to balance lots of different topic areas and expertise, I think it's an incredible group of people, Donna is here on the research subcommittee and he is going to take us through, and Laura, I am not sure if you are on the phone, also on the research subcommittee, they are the anchors to the subcommittee, take us through what is this research subcommittee, what is it doing and how is it doing it?

Donna Benton

as you see here, I know we have short time. We are here really to advise and act as research, for when you have questions about is this data available, look up this, where are we looking for gaps, the second thing we really talk about consistently was making a dashboard that would really make it easy for not just professional but the general public to see what's the progress we have on our plan, we have to be accountable, how, we need to make a dashboard that displays indicators and measures and talk about it in a minute, we have to of course, before we have the dashboard, we have to say what are we going to measure and indicators, for when we start with baseline and going for ten years, someone said it is not long enough yet too long (chuckle) also communicate and work back. Continue to work in iterative process, bring stuff back, go back and look for this information and then come back and this has to be done before March as she said. (chuckle) next slide. One of the programs I thought was really--if everybody could go look at this dashboard, presented to us in the research subcommittee. It was a good example to learn from and I think it had a lot of ways that you can really just look at data, all kinds of fun ways of looking at the data, but also not having to be a statistician I think it would be more a model on the final record and measures on the long run. (chiming) maybe that is Laura.

Laura Carstensen

I am on, yes. I think that was random, my computer. Let's Get Healthy California you can get down to really good micro levels and macro levels within the dashboard. Go ahead. And so, this is just really an illustration on how we go back and forth. Not just the stakeholder advisory board but the LTSS and work groups, asking questions to the research committee, they are going to come back and give you data you need to help begin your

recommendations for outputs and make recommendations, so that is it. I know we have to be out of here by 2:30.

Kim McCoy Wade

Well done, anything to add from the phone?

Laura Carstensen

If I can add the request for help from everybody, (laughter) we sat in the room and thought of all of the things we like to measure and we can do that, but, then there is the reality of what data are available and how can we access them and ideally we would have you know, various subsets of variables along these key areas that we are interested in, including if we could measuring values and how people are doing along those value driven dimensions. But we have to--request is for people to tell us both what they think is important to be measured and then where are the data sets, because that is going to be what everything really ultimately rests on.

Kim McCoy Wade

Part of making all of the forum person-centered and data driven, those questions she articulated are questions we want to see in the recommendations as well, what we are measuring and already have.

Laura Carstensen

Can I ask a question, is there any funding to collect new data as part of this effort?

Kim McCoy Wade

That can be a recommendation, (laughter).

Laura Carstensen

I recommend (laughter). I think that would be great, if I can add while I have the floor, so to speak here, I would really, I think what we need, I have been hearing you talk about it throughout the day, we need to hear from the voices of older Californians and what they feel they need and what they feel, how they feel I guess, what is working and not working, if we can measure that and get good indexes of it over time, would be incredibly useful for us.

Kim McCoy Wade

Good segue into engagement conversation, not that it is going to address it entirely, but it is a shared value, Carrie is staffing the research committee

and following up. See how these all fit together. Our goal is this week be back in touch having had this conversation. Last two things share with you a couple slides onto how we engage campaign, which is what the governor kicked off in August with the announcement of the advisory committee, this is about engaging beyond the expert group here. I asked Adam Willoughby, the Deputy Director at Public Affairs and Legislation, to do a 4-minute overview of what is happening in the space.

Adam Willoughby

Thank you so much Kim, I have a few slides I want to go over here fairly quickly, all related to the public and stakeholder engagement component. If there is one take away, that I can leave you with, is that the development of the master plan is open, iterative and collaborative, and despite the fact the meeting is taking Pelosi behind closed doors kind of. The master plan itself is not being developed behind closed doors, right? So, to that end, Health and Human Services Agency and Department of Aging are engaged in a deliberate campaign, together we everyone gauge, as you mentioned. Designed to make the planning process open and get input from public and stakeholders. One of the tools we are using to do this is a social media campaign strategy to share out master plan related information and get feedback. I will use this opportunity as a shameless plug, if you have not already followed us on Twitter and Facebook, please, do so.

(on screen) we have also put up a website, links off of the Health and Human Services website. On this site we share stakeholder advisory committee meeting details, engagement activities and additional organization and individual comments. Also, a pledge for action section of the web page. Where users submit comments and sign up for future updates. We have received over a thousand comments and they increase daily. Also provide master plan updates to the staff and stakeholders through the quarterly news letter, aging matters, you can also sign up for that on the CDA website. Next, I am going to say a couple of words about what we are calling the legislative round tables. So, in the spirit of collaboration, with our friends in the legislature, CDA is also working to stand up several regional round table discussions with a number of different members on issues important to them personally and in their districts. The round tables jointly hosted by the secretary or Kim. And a member. As you see here, we did one in September, (indicating) (on screen), on the topics of workforce and employment, and several others we are working on with senators on the screen. Very excited about those.

Kim McCoy Wade

We are also working on one focusing on rural communities in December, fast approaching, almost ready for that.

Adam Willoughby

I would be remiss if I did not mention that. Thank you, Kim. (on screen) partner events, I want to say a couple of things about partner events, in addition to round tables a number of events as you see here throughout the state on topic of the master plan, so to the extent we are able to, we have staff attending events to listen and learn about the aging related issues that are important in local areas. Right? I will also note this is not comprehensive, so, if you have events you are aware of that you would like to try for us to get to, please send them to us. Great, so finally, looking ahead. So many the spirit of continuous quality improvement, CDA is always looking to see how to do a better job on communication around the master plan. We have started working with a communication consultant to do a number of things including but not limited to, to developing and setting up a new micro website, with improved navigation and real-time comment features, expanding and featuring individual comments. Maybe as the comments alluded to pull out 30 of them and get a picture of the individual and maybe tie it to a goal of the master plan and feature that comment prominently. Developing tool kits, fact sheets, graphics, sample social media posts and more. And then finally, learn how to better partner and collaborate, and innovate with all of you.

Kim McCoy Wade

Thank you if I could ask in the audience if you can raise your hands, communication firm, foundation brought onto help us assess what we are doing and could do, if you have interest in weighing in on that or expertise, contact us, we would love to have you part of the conversation as we plan for 2020. Last but not least, I don't believe Mark is here, I will do it. We are working on two fronts, current initiatives, we are the state unit on aging. And we are taking a fresh look at everything, some of you are well aware of this. Are required act planning, endless contracting, local monitoring, even the fact we have 33 service areas we need a fresh look, LA county and city have two and looking at that themselves, whether it makes sense to have separate in the city and county, await the study and recommendations, other areas asking the same question in terms of assignment, all of that how we do business now process, look at partner with the business

innovation to rethink. Just kicked off strategic planning, looks like to vision stays the same, quite clear, what is different emerging is a mission, not just operating what we operate, but being a leader in state government, part of the Older Americans Act from the beginning, maybe everything old is new again in terms of leading and partnering, also public engagement piece, a bigger role engaging and aging, a lot of work to transform the department. Behind on technology and diversity, behind in 21st century state government, we will get to it. We have work cut out to make sure the plan is not a plan, more than that, becomes action. And that is underway as well. I so I hope you can meet Mark if you have not already, he is helping drive that work.

Where are we, take a breath. Thank you for those who brought your candy to share with us. So, here we are, I heard Heather at the break say moving from forming to norming. We are forming, and skip storming and go right to performing, Fall and Winter, in my mind many of these were driving to that December 18 call, to get the framework finalized, the charters. We have been doing that reach out across sector, more to do for sure, but that engagements, gather these recommendations, indicators, best practices, getting the relationships and policy programs together. And then the spring looking at deliver that long term services reports and kicking off this focus forum and develop the templates for the plan and blueprint and dashboard, by summer we will have received input and drafts and cabinet engagement will be deeper, and as you mentioned earlier, a deadline looking at the state designation for age friendly state. And October 20 deadline for the administration to release the master plan. (on screen) then the work begins, state implement and helping implement.

With that turn to public comment, 20 minutes set aside for those in the room and phone, we have asked a friendly request to be about 2 minutes that means more folks appreciate your patience and are happy to hear from you.

Anastasia Dodson

We will start with the people on the room, but ask those on the phone if they would like to speak (directions) So people in the room if you want to raise your hand, she has a mic and take the first couple people in the room and then go to the phone.

PUBLIC COMMENT

Lorinda Reynolds

American River College, a couple of things going backwards on the goals, I did want to mention that the first goal is worded in the way that says ability to, and the other goals do not include ability or being able to and they sound like I am making a proposition to do something, instead of going to be able to do something. And then going back to the equity statement, I really feel it is important that we think in terms of inequities, marital status. Spousal impoverishment is an issue, what is going to be more important over time, disparities in women who have not been married or have benefits from social security or Medicare, needs to be addressed somewhere, it is going to be bigger over time. And then to tack onto some of the other comments made earlier, belief in ability or self-advocacy is critical and ties into health promotion and ageism awareness and we really need to make sure those things, intersections are acknowledged to beef up the strength of those programs. Health prevention, that is going to reduce cost as population ages. With respect to terminology, sorry one of my bugaboo's so to speak as an educator if we can't at a table talk in common language, how am I supposed to teach my students to go out and talk to people and be able to express and meet their needs. If every area that serves the older population has a different structure and call themselves a different thing. How can I prepare students in online aa course to work in any county or part of the state or region to be able to step right into information or referral service program or a coordinator job if their knowledge has to be so specific? I really charge this group with the responsibility to make a list of description for services and give them lay language labels. That can unite how everyone at the table and in the field talks and give me a tool to teach my students so they can serve the population correctly. And one last thing. There is a difference between geriatrics and gerontology, health clinical licensed that is geriatrics, helping professions that look at people from a bio psycho social perspective, and understand a change in one area is going to be changes in other air I can't say, those are gerontologist. A number of different factions I would like to put on the table.

Katie Webber

Feedback on the goals, one item missing in the gap was food insecurity, not sure what that goes under, that is a challenge, not only affordable healthy food but getting food to home bound elderly, that is a voice that is

often not heard, getting the services into the home is very important. Also looking at goal number 3, emphasizing importance of health in there. Because I know says health and well-being, making sure, looking at integrated systems, health, I know we talked a t it here, but maybe put into the goal would be important.

Carlene Davis

I am speaking on behalf of sisters aging with grace and elegance and California black women's health project. I want to first concur with the first speaker regarding the experience of particularly older and aging black women who never married or had children, we are most likely to be living alone as we age. Outside of any other group in the state. Issues around equity I want to ensure that is accurately represented in the development of the plan. And also, for public engagement. I follow the engagement website pretty closely and I am having challenging having access to information in terms of where these conversations are happening, so I can plug my communities I serve into the conversations they are having in the community, I want to reiterate how important this engagement aspect of this work is and ensuring that local and grass roots communities really do have the opportunity to participate in the conversation and dialogue, that is not what I am experiencing right now for the community I serve.

Kim McCoy Wade

Agree, thank you.

Bill

Thank you for allowing me to participate, commenting earlier on the conversation of dementia, coming from the LGBTQ community, make sure all language regarding HIV and AIDS and caregivers, in my community we have a heavy population that does chemical abuse. Anything regarding dementia or Alzheimer's relates to meth would will appreciated for our community. A lot of the language is hetero normative, LGBTQ communities come from different social structures within the family, carefully, because it is not just one group it is many subgroups. Families of choice, opposed to families like mine rejected me. I have not seen them in almost 30 years. So, I can't depend on my family or have one to depend on. Many people like me don't have advocates as they get older, that needs to be a consideration as we look at language that is hetero normative. Words used earlier today evidence based, regarding federal government recall in 2017 current administration has 7 phrases vulnerable, entitlement, trans gender.

Evidence based and science based. Working with the current level of the white house, be careful with language we use. Regarding language and leadership, some can be toxic and better for someone like myself, who is community based speaks up on behalf of the community, I live in la, the county is open to public comment and feedback on the program, persons like me identify shortcomings, that has been really good in regards to workforce development. I have had a series of items (inaudible) for Sacramento how they can improve services older adults, more than once contributed regarding research for this committee again from the LGBTQ community I have many documents and resources available at my disposal I am willing to share. And together we engage and previously mentioned regarding tool kits, getting that out to committee, interested parties, nonprofits that can expand your voice and get out to their networks. Identify team to entrust the toolkits and send it out to networks on social media or some cases like networks I have, send out through snail mail, the way it is when you work with people in their 70's and 80's. Thank you for the comments.

Kim McCoy Wade

Thank you for getting through a lot so quickly, helpful.

Cheryl Brown

Hi everyone, listening to you all day, great conversation and happy to be a part of this, couple of things I want to bring up, all different things that happened throughout the day. But I was wondering should we look at the master plan to be flexible enough to change. I know we talked about it but seems like we are going to get into this thing if we put it under the Department of Health, they have this way of doing things that may not fit into what we do. The other thing I want to talk about is we need to look at and address the intergenerational issues that are really making problems I think right now. I had some folks come to me the other day and say why don't these people retire so I can move up. And that is an issue that is going to be something we need to address so that younger folks can move up, so that we don't have to put the older adults out in the pasture. I think when we talk earlier about people don't know where to go to make things happen, if we could really do more with the caregiver resource center and we could send them to the caregiver resource center, that is the best system that is already in place, and I am sure donna would agree with me on that. (chuckle) the other, let's see this is national care giving month I want to make sure we recognize that. And also, to tell you that inaudible

will be coming to my church we are doing a community function we are honoring family caregivers who give their free care to loved ones. And recently last week I spoke at the college and their whole symposium is about ageism in our society, they focus on intergenerational learning, that was important to them. Last thing I want to ask, do you want us as members of the stakeholder committee do you want us to hold forums here in our community or something you are doing with the members?

Kim McCoy Wade

Yes, just to quickly respond we welcome events and encourage it, relying, more than welcome, relying on people to have events and happy to provide tools and messages and get advice on how to make sure people's feedback comes back through, I know we work at events in a couple weeks, the more the merrier, we want diverse in many voices into this for sure.

Cheryl Brown

I am doing that event I told you honoring Holly, but day before we do a forum, I will see if you want to spend information not too late to add something, I can do that now, okay, thank you.

Kim McCoy Wade

Any other public comment?

Jeanne Parker Martin

I want to comment that the scan foundation has some unbelievable tools provided at the meeting, we used them last week at a stakeholder group at our annual conference they were terrific.

Bruce Chernof

Anybody that wants to use them we will work to make sure they are available to her team do what you want with them.

Nina Weiler-Harwell

Couple questions, I see forums coming up, I hope we can get a timely list of when they are, when and where. I have also found challenges if there is a way to get them front and center.

Kim McCoy Wade

The legislative round tables, yes, you are right they are not have been widely publicized but we can share them.

Kristina Bas-Hamilton

Finance or LAO would be very helpful to the ... how can I request that, email or?

Kim McCoy Wade

The request has been made.

Kristina Bas-Hamilton

Really quickly everyone is invited on Dec 4 at 11am Dr. Kathryn Kietzman will be at the capitol in room 113 doing an update on, last budget cycle able to get 3 million appropriation to expand California health interview survey to include questions on long-term care, two survey cycles in the middle of the first, coming to do a legislative briefing on what they have done and learned so far...

Carrie Graham

Likely going to be asking her to do the same briefing at a meeting coming up, tool, different opportunities.

Maya Altman

Really mild request, can you send out when you send out meetings to the stakeholder committee, would you send evites, so it goes to the calendars?

Kim McCoy Wade

Okay.

Peter Hansel

Can you do it in both formats?

Debbie Toth

Expand on Christina's request.

Kim McCoy Wade

Okay all right, logistics... framework, goals and objectives, feedback, cabinet process, vision and values, in addition to landing foundational documents really need to do a template and calendar for all of the LTSS

support meetings, making sure we have CalAIM coordination and also making sure each meeting has the key values built in throughout and then again, suggestion of adding a synthesis meeting, make sure we cross coordinate and transition and anything parking lot that came up. Look at refining that calendar between now and January to hit on. Availability of services, quality, equity, population, income, housing, marital, issues raised. More work to come to make that clearer. Similarly, template.

Anastasia Dodson

On recommendations.

Kim McCoy Wade

End of the month, two-pager on the progress report of where we are, sum up in a document what is happening and where we are, looking ahead... Have a wonderful afternoon.