

**California Master Plan for Aging
Stakeholder Committee Meeting #3
January 21, 2020**

Meeting Transcript

Kim McCoy Wade 0:00

Good morning. If I could ask you to take your seats, I see that we have critical mass in the room and on the phone and with Zoom. Come on down. Welcome, welcome. I'm Kim McCoy Wade from the Department of Aging and happy to welcome you here to our third Master Plan for Aging meeting. I hope everyone had a restful and recharging Dr. Martin Luther King Jr. holiday. And is now back ready to continue bending the arc of justice towards justice. Why don't we start with welcome from my boss and my colleague, Dr. and Secretary Mark Ghaly? And one logistics note our closed captioning is coming momentarily running a moment behind schedule, but it'll be visible very shortly.

Mark Ghaly 0:57

So again, Kim, thank you for, as always, setting this up for success. Our third meeting, it's really exciting to see the progress that we're making. I get a chance to speak to some of you outside of this room and I think all things feel like we're heading in the right direction. And as you can see from the recently announced budget, we have a governor who's really serious about investing in populations that have not always received a significant investment in prior budgets. And I'm excited. We've had a chance to talk a little bit about our CalAIM proposal, its name change, potentially moving back to CalAIM, we're still working that piece out. But I'm glad that we're really just focused on the name because the investment in the program was pretty incredible. The first time the state has put a significant portion of general fund in our Medicaid demonstration or Medicaid transformation project, and really focusing on some of the most vulnerable people in the Medicaid program with some elements that really impact folks that our group is thinking about and trying to drive change for. Additionally, a major investment in housing and homelessness, moving that work to our agency and the Department of Social Services, and doing something that no other state has ever done, not just how do we build more housing, but how do we

support people who can't make their rent actually start making their rent. And we know that for older Californians who live at the margins, often that kind of subsidy from the state could make a big difference. There'll be a focus on older Californians as well. So, it's a very exciting additional part of our budget, and then there's so much more I know that we don't have a ton of time to go through it all. But I just want to acknowledge that this year and this master planning process, as it comes together finally, will really give us the roadmap to impact future investments. I know Kim is working hard now to structure the Department of Aging, to be ready for the new work that will come out of the work product of this group. And it will be an exciting next few months with our March report on Long Term Services and Supports, and then ultimately with final work product in October. So, thank you very much and welcome. And I look forward to hearing the update at the end of the day.

Kim McCoy Wade 3:44

Thank you so much. And again, I heard from so many of you excited about the expansion of Medical and particularly to people over 65 who are immigrants. So, thank you for walking our commitment to health and equity and all ages. Before we do introductions of the esteemed Advisory Committee, Nelson, any update on logistics, are all of our logistics working? You can see on the slide; we are continuing our full move to Zoom so that you can participate by that platform. You can always comment through the web page and we'll talk more about that, and captioning is beginning shortly. Alright, let's take a minute to get here. Happy New Year. Here we are in a new year. Actually, no, let's introduce ourselves and then we'll talk about why we're here. Let's do that first. I'm so delighted to have our esteemed guests and colleagues from Los Angeles. Let's go.

Laura Trejo 4:31

Laura Trejo, general manager, City of Los Angeles, Department of Aging.

Lorenza Sanchez 4:34

Good morning. Lorenza Sanchez, Assistant Director, Los Angeles County.

Jennie Chin Hansen 4:40

Jennie Chin Hansen, former CEO of the American Geriatrics Society.

Kevin Prindiville 4:45

Kevin Prindiville, Executive Director at Justice in Aging.

Rigo Saborio 4:49

Rigo Saborio, President and CEO of St. Barnabas Senior Services.

Christina Mills 4:52

Christina Mills, Executive Director of the California Foundation for Independent Living Centers.

Maya Altman 4:58

Maya Altman, Health Plan of San Mateo.

Ana Acton 5:00

Ana Acton with the Nevada County Aging and Disability Resource Connection and I'm on the LTSS subcommittee.

Shelley Lyford 5:14

Hi, good morning. I'm Shelly Lyford, representing the Gary and Mary West Foundation from San Diego.

Peter Hansel 5:20

Peter Hansel with CalPACE representing the programs of all-inclusive care for the elderly.

Darrick Lam 5:26

Darrick Lam, President and CEO of ACC Senior Services in Sacramento.

Clay Kempf 5:32

Clay Kempf, Seniors Council of Santa Cruz and San Diego counties and California Association of Area Agencies on Aging legislative co-chair.

Debbie Toth 5:41

Debbie Toth, President and CEO of Choice in Aging.

Monica Banken 5:45

Hello Monica Banken on behalf of LA County Board of Supervisors supervisor Kathryn Barger.

Donna Benton, PhD 5:52

Hello Donna Benton, University of Southern California and Association of California Caregiver Resource Centers.

Marty Lynch 5:59

Marty Lynch, Lifelong Medical Care.

Jeanne Parker Martin 6:03

Jeanne Parker Martin, Leading Age California and I'm on the Research Subcommittee as well.

Bruce Chernof, MD 6:09

Bruce Chernof, the SCAN Foundation.

David Lindeman, PhD 6:13

Good morning, David Lindeman, CITRUS, University of California.

Janny Castillo 6:16

Janny Castillo, coordinator of St. Mary's Center, senior service provider in West Oakland.

Judy Thomas 6:23

Judy Thomas, Coalition for Compassionate Care of California.

Nina Weiler-Harwell, PhD 6:27

Nina Weiler-Harwell, AARP California, also LTSS subcommittee.

Jose Arevalo, MD 6:34

Good morning, I'm Jose Arevalo, I'm the Chief Medical Officer for Sutter Independent Physicians and I'm also the chairman of Latinx Physicians of California.

Le Ondra Clark Harvey, PhD 6:41

Good morning, Dr. Le Ondra Clark Harvey with the California Council for Community Behavioral Health Agencies.

Mark Beckley 6:48

Mark Beckley, California Department of Aging.

Catherine Blakemore 6:51

Catherine Blakemore, Executive Director of Disability Rights California,

Ellen Goodwin 6:56

Ellen Goodwin, Department of Aging

Kristina Bas-Hamilton 6:59

Good morning. Kristin Bas-Hamilton with United Domestic Workers, UDW, and also on the LTSS subcommittee.

Heather Young, PhD, RN 7:08

Heather Young, University of California Davis and board member of the Archstone Foundation,

Susan DeMarois 7:14

Susan DeMarois, Alzheimer's Association.

Jodi Reid 7:18

Jodi Reid, California Alliance for Retired Americans.

Carrie Graham 7:23

Hi, Carrie Graham. I am from University of California and I'm acting as a consultant to CDA.

Kim McCoy Wade 7:32

We have a room full of people, I'm going to do a guess 50-75 folks and Nelson, how many folks are on the on the Zoom? Can you see? 34, okay, great. So, as I was starting to say, I'm just going to take a couple minutes to orient us in the new year where we are. Today, I'm really seeing as a pivot meeting, and here's what I mean by that. We have been really, really focused on engagement. Together We Engage in every sense, with the stakeholder advisory committee here, with our cabinet workgroup, with the LTSS excuse me, an acronym came in the first 10 minutes of the meeting, Long Term Services and Supports subcommittee, the Research subcommittee, community roundtables across the state. And now of course, you'll hear more about the new website, the new Webinar Wednesdays and the new Equity work group. The good news is we're getting more and more diverse and more detailed recommendations. Many of you know we're in the hundreds and thousands of recommendations, which is wonderful. But as we round the corner on our calendar, and on the New Year, it's time to move from engagement to recommendations and the remaining meetings we will be really engaging and recommendations. And

in order to do that, we need to talk as a group about how we want to do that. We're going to do that at the end of the day today, but I wanted to tee it up at the beginning. So, when you hear about the long-term services and supports recommended report that will be coming to you in March. You can be thinking about that. When you hear about the Webinar Wednesday's that are beginning to tee up recommendations for livable communities and purpose, health and well-being, and economic security and safety, you can be thinking about that. When you hear about the dashboard plans coming to you. Because we would really like in March to get concrete feedback from you on long term services and support. And on the overall approach of the state plan. Should it look like LA's, or San Diego's or New York's or our own California has been. And we'd really like in May to have some pretty concrete direction on the other goals and the data dashboard, so that we can be writing and working and coming back to you in August with some really concrete things for you to look at. How do we do that? Are we voting? Are we consensus? Are we work grouping? That's what we'll be talking about with some of your peers, helping us facilitate that at the end of the day. Thank you for all the engagement and get ready to get to work even more. To do that today, we've got a packed agenda. First, we're going to hear from our local partners. We've got a Los Angeles, the great state of LA as I always say, and demonstrating wonderful city and county partnership. Thank you, supervisor Barger, Monica Banken, to lead us off and then we also have rural voices here. We had a wonderful roundtable in Nevada County hosted by I'm sorry, I say Nevada wrong. I did, didn't I? Nevada County, I'm working on it. With Dan Arbuckle and Ana Acton and the village movement so we can hear from different communities in our state about what planning for aging looks like. Then we will have a robust policy discussion and process discussion with LTSS. Thank you, Susan DeMarois and team. We have lunch, again provided by our generous group of funders. Every time I look around, there's another funder at the table. Thank you to the funders who are growing and supporting us and nourishing us. Then we'll do some quick state updates. We've got the brand-new public website EngagedCA.org that got launched last week. The first webinar Wednesday with Professor Fernando Torres-Gil was last Wednesday. Data dashboard underway with some new resources and partnerships. And then we'll look at our new equity work group that was requested at our last meeting to talk about how we make sure equity is baked in before, during, and after every one of our deliverables. You'll hear about our strategic plan. And then we'll finish the day strong with our how are we going to digest and prioritize and process all this? Plenty of time for

public comment, and then we'll summarize. Anything else you want to do today? Alright, let's get started. I can't say enough about LA, but I won't, I'm going to hand it off. And they did us the wonderful favor of both providing an incredibly robust and detailed slide deck and promising not to read them all to us. That's the perfect combo. Thank you, without further ado, Laura Trejo and Lorenza Sanchez, who really are national leaders in this field, and we are so blessed to have in California and in Los Angeles and at our table today. Take it away.

Lorenza Sanchez 11:57

Good morning, everyone. It's a pleasure to be here with you today. Laura and I are going to give you a quick overview of our Purposeful Aging Los Angeles initiative. Before we get started, the PowerPoint presentation will be available to you. There'll be a sign in sheet that's going around with your email information, we'd be more than happy to send that to you. We also have our Purposeful Aging initiative booklet that we prepared. And it is a comprehensive hundred-page document that we can also send to you via hard copy if you'd like one, we could also email it to you as well. I just wanted to say that before we get started. So, to talk about Purposeful Aging Los Angeles, this initiative started in May of 2016 when Los Angeles was identified and approved by the World Health Organization, as an Age Friendly city and county. Both the Board of Supervisors and the Mayor of the City of Los Angeles approved Purposeful Aging, in addition to also it being part of the strategic plan for the county and also being part of the strategic initiative for the city. You already heard a little bit about the Area Agency on Aging, which you all know about. There are two Area Agency on Aging in Los Angeles, the city and the county. We have the core functions as all the other triple A's have. Laura has the city of Los Angeles Department of Aging, and the aging services and in the county is within the Workforce Development, Aging and Community Services. Why is Purposeful Aging needed in Los Angeles? Well, first of all, everyone calls us the state of LA and we sometimes do feel like a state. We are also larger than 41 states. And we really needed to come up with a concept and idea, a plan and an initiative of a roadmap of what we see ourselves in the next three to five years. Just to give you a little quick update on Los Angeles, only 10 states have an older adult population larger than Los Angeles. You also know that the population will double by 2030. You also are aware that Los Angeles has an ethnic and also racial diversity that is, amongst all others, a very robust population. And also, you know that life expectancy has increased over the years. Just to provide you with a little bit

of a projection and where Los Angeles is now, if you look at the 2030 population components that we've identified by ethnicity, it will show you that Los Angeles has a large ethnic population of which we have a diverse group, but our ethnic population is increasing tremendously. And that's how we need to address all our services. To give you a little bit of population in Los Angeles and the city. 1.9 million persons 60 years and older live in Los Angeles, one in every four Californian older adults live in LA. And there are 88 cities in Los Angeles that covers approximately 4,000 square miles. In the city of Los Angeles, they're known as the second most populous city in the United States. People more than 180 countries, speaking 140 different languages all call Los Angeles home. 701,000 people are over the age of 60 and 50% of the population are minorities. We talked about ethnic and racial diversity. We talked about the concept of aging, what it encompasses and all the different components. We also wanted to mention quickly about Alzheimer's disease because it is the fifth leading cause of death in Los Angeles and in Los Angeles County. There's approximately 147,000 people that have Alzheimer's disease. And with the Baby Boomer population we have taken steps to address some of these issues in Los Angeles. We want to give you a little broad overview of who is leading Purposeful Aging, how we've done it, and where we are as of today. First of all, this project and initiative would not have been possible without the partnership of all those different organizations, including all the different aging network partners that you see up above. Also, so you know, Purposeful Aging, Los Angeles has zero funding associated to it. Laura right now has one person and I have now one person, but this has really been an effort of community engagement, aging network providers, in addition to a team of individuals that we both have in the aging network. So, to give you a little idea, we started with a process of first identifying ourselves and approved by the World Health Organization as an Age Friendly city. Then we also worked with our partners, with AARP, because they are the leaders in the World Health Organization. And then we also seek designation from the highest elected officials, which was the City Council and the Board of Supervisors. Our goal was to adapt city and county structure, merge them into one so that we could address the older adult population in Los Angeles. A city of choice for all generations is how we see ourselves and also to ensure that one of the goals is to benefit age friendly environments. It doesn't matter where you live in Los Angeles, what it matters is the service that an older adult receives. Purposeful Aging Los Angeles, we came up with a vision and that's to make the Los Angeles region the most Age Friendly city in the world. The mission is to really prepare ourselves to have a good initiative

with private leadership resources, ideas and strategies in addition to community organizations that help improve the lives of all older adults in Los Angeles. If you know a little bit about Purposeful Aging, or the Age Friendly movement, there are different domains associated within the Purposeful Aging initiative and their livability domain. We've identified all the livability domains, but we added one to Los Angeles and that's the Emergency Preparedness and Resilience component that we thought was critical because of all the issues that have happened in the last couple of years with emergencies with older adults. So, we have the livability domains known as social participation, transportation, outdoor spaces and buildings, emergency preparedness, communication and information, civic participation, and housing. And then what we also did, if you look on the right hand side we have age, accessibility, dementia and inclusiveness. So, the goal is to try and combine all of these livability domains within the realm of that. This PowerPoint presentation will be available to you via email, we can also provide you a hard copy. We also have a website and we can also provide that to you. To provide you with some background, we really wanted to engage our residents and really obtain information about Purposeful Aging and what people thought. We had approximately 14,000 surveys completed in nine languages in Los Angeles. It was really an undertaking, but also with the collaboration and partnership of all our networking partners.

Laura Trejo 20:18

We went into the community and we asked them what they wanted us to do, what was working, what wasn't working, but in order to do that engagement our process has been a critical element of our success. Remember, we did not have a fully funded initiative or a fully staffed division to assign this to so it's been really a labor of commitment and love from all the stakeholders. The instructions of the mayor and the board to the almost 80 city and county departments has been critical to our success, because that's really where we got the labor force to do a lot of this work. That is just to give you an idea of the number of working groups, all but one have been established. Our steering committee has been critical to our success. Our action planning groups were designated representatives of the board and city council members and AARP. We also have a series of working groups, city and county internal, those are the staff meetings. City departments have been meeting under executive directive 17, which the mayor issued. The county departments under the strategic initiative of the board. We've also had a working assembly of a research and evaluation

committee. All the eight livability domain working groups have been launched. We also have been working around the area of becoming a dementia friendly community, I'll share a little bit more of that. We've also had a long-standing relationship with our aging and disability communities looking really at how do we bridge the gap between aging and disability. We've also just launched a task force of the other 87 cities, one of the things my boss said, bring them along. So, we're about to do so. We've also been looking at the strategy that you may want to envision, how do we bring together all of the different stakeholder coalition's and the amount of work going on in our community and just really give it a home and elevate and magnify the impact? Los Angeles has a number of organizations that were already meeting, for example the social isolation and impact coalition over three years, looking at the issues of social isolation. We've had the Falls Prevention Coalition again, many years that they've existed, the Alliance for Community Health and Aging. We've had the Los Angeles Advocacy and Aging Coalition. And the most recent of these groups has been the Los Angeles Food Access Working Group, really looking at the issues of hunger among older adults. The role of Purposeful Aging has to be a coordinating body and really a focal point in the community of how all of these issues affect livability domains, and how we can support each other's work. This is just to give you a sense of what we've achieved so far, like I mentioned, we have a mayoral directive, which is the executive order of our mayor. We have incorporated the board's leadership incorporating it in the county strategic plan. We've had the plan actually adopted, that's the sign up that's going around if you want an actual hard copy. We've also been looking at, for example, the city has over 90 neighborhood councils. We have now almost 70 liaisons identified within each of the neighborhood councils. That's at the real community level, residents who volunteer to become our liaison, so we are now having annual get togethers to brief them on what's going on. We've also had the city stepped up with us some staff funding which we're very happy, Mariela Fraiser you're sitting right there. All questions will be answered by her if you reach out to us, no pressure Mariela. And we also are now working with LA County to look for dedicated staff, which they've already identified. And we've launched a website, which we welcome all of you to please visit. We're incredibly proud that supervisor Barger was named to this workgroup, and we'd actually like to take a little bit of the credit for that, we said it's part of positioning Los Angeles in this work that I think makes all of that synergy possible. That's just to show you a shot from our new website. The hope is that all of the domain elements will now become a home to the different stakeholder

groups. So, it's a one portal to all of Los Angeles. This is just to give you a sense of some of the work that's been happening at the individual level. This is a plane we're building while we fly it. We could not wait for three to five years to start offering things to the community. We felt compelled to start looking for signature programs that we could launch as part of this process. Part of what we're trying to do is we're trying not to wait for the perfect and to have all the programming done. We've launched some programs, very modest ones. For example, the Age Mastery Program has been a long-standing partnership we've had with the National Council on Aging, we did a lot of grants development to be able to do that. LA Found, again, with leadership through supervisor Han and the Board of Supervisors, really compelling out of the issues of addressing the unique needs of persons with dementia and autism who wander. We've also been looking at how our executive directors have helped develop new processes. So, for example, in the city, our one of our departments actually evaluated every bus stop in the city of LA to see how it would be user friendly to an older adult population or not. And really evaluate what could you do about it. If you want people to use public transportation in the city that drives. So, we thought a survey of 4000 was pretty good. And they're already halfway to their goal of trying to re-structure each of the ones they identified as priorities. The homesafe program is a great example where we were looking at the issues of homelessness. We can't wait, that is a crisis right now. So, Lorenza took leadership and really brought the homesafe grant to Los Angeles and we're very proud of that work. We continue to look for opportunities to embed into the initiative as it moves. At the community level, we partnered with the Alzheimer's Los Angeles and we launched Dementia Friends LA. We also have had a partnership of St. Barnabas Senior Services; we've offered aging summits which really are now focusing on technology and the role of technology in the lives of older people. We do a challenge with our universities to become part of the network of age friendly universities, three of them have accepted our challenge and have now joined, which, again, is creating opportunities in our community. As I mentioned, we've already launched a series of working committees and groups that are helping to bring life to the opportunities of recommendation. This is just to show you, part of our work has always been to encourage other cities, we now have a list of age friendly cities that have been designated while we have been rolling out our work. We have also been working with AARP to encourage other cities to join. We've been engaging local coalition's, through a lot of work that we've been doing with them. We have, for example, Dr. Kate Wilbur and one of her pre doctoral

students, Haley Gallo, actually, part of the commitment of USC was to send them to Europe last summer to look at age friendly work going on over there so that they could bring some best practices to Los Angeles. We've also have been adopting work that's been going on in other parts of the country and the world. One of the things that la did as part of his surveys, we surveyed city employees and county employees. We asked them, most of them live there. We said, how would you like this place to look if you're going to age here? Because they're going to be the architects that will help us to change and reshape whatever we do. We thought it was only fair to ask them what they wanted for themselves and their families. What are some of the possibilities that we're looking at? How do we innovate, really changing infrastructure within the city and the county, looking at the opportunities that older adults as consumers bring to the table, whether it be in business, tourism, technology, a lot of our, we're silicon beach down there, we're saying how could we leverage the opportunities technology brings not only as an industry, but also as an opportunity to improve the lives of older people. We have been very hard at work, we're actually, Rigo and I are about to launch a Tech Challenge. We've secured grant funds to be able to award innovator, an award for showing us the work that they're doing to improve the quality of life of older people. That will be launching at the next Aging into the Future conference. This is just to share with you our our timeline in the total. This is a five-year initiative of the World Health Organization that we agreed to. We're in year three, so we're on time with the work that we're doing. We currently have about 350 community stakeholders and leaders engaged in our livability domain, bringing life to the to the implementation of our recommendations. We're very proud that one of the first recommendations that was a fully embraced by our board and our mayor and our city council was to evaluate the feasibility of creating a comprehensive Department of Aging for all of Los Angeles County. And we are working with Dr. Kate Wilbur on that, she was secured as our feasibility consultant, and she's evaluating models across the country to help inform the process in Los Angeles. Our initiative has been very much embraced and a very robust work product of what can be accomplished when you have the leadership of communities come together to really share a vision of how to improve the quality of life for older people. That is our picture of our Advisory Planning Committee. We're very proud of everybody who has helped us, our evaluation team, we're grateful to the universities. Not a single dollar exchange hands to do all of the work that we do. These are professors who work in the space of aging who stepped up and said what can we do to support the community and so they did and

we're incredibly grateful. They basically took the responsibility of doing all the analysis of our surveys and writing everything pretty much that you see and hear except for the recommendations. I wanted to share with you the process of our recommendation generation, it was done in two phases. We had the formal phase of the needs assessment survey, but we also had stakeholder groups that met to discuss the findings of the survey. And then once the stakeholders, the professionals, the people who've been working in this field for many years, developed hundreds of recommendations, then we took it to older people in our community, and about 300 older adults took us up on the challenge. And we said out of all of this, which is the most important to you? We really have at our foundation a co-creation philosophy that we don't want to do anything without older adults being heard. So, we asked them if we're going to build something that works for them, we felt it was critical to have them tell us what the most important things were. And so, the recommendations you see in our report, we now have 34. Those are the 34 recommendations that older people told us were the most important to them. Some of them we left behind begrudgingly, but we felt it was critical to honor the process of working with older people, our deliverability domains are co creation processes of older adult leadership, with community leaders together. We're carrying this out in every aspect that we do. Our steering committee, we're incredibly grateful for all the work and time people have put in to help lead this process with us. We're open to your questions and thank you.

Kim McCoy Wade 32:47

Thank you both for the work and the comprehensive presentation. Let's take a couple minutes for questions from the Stakeholder Advisory Committee before we go to the other end of the state.

Le Ondra Clark Harvey, PhD 33:15

Well, first, thank you for doing some excellent work and advocacy on behalf of this population. It's really clear, and I love that you're including community stakeholders. I love that you're getting the feedback from older adults, hearing from them what they want. My question is just about in that stakeholder process, is there anyone that's dedicated to looking at mental health and substance use disorders among older adults? Of the stakeholders that you put up, it wasn't readily apparent, but it's still important and intersects.

Laura Trejo 33:41

It was, to the degree that actually one of our domains is about community health and mental health is a very part of that. And the Department of Mental Health was very present as well as advocates for the mental health community in all of our discussions. So yeah.

Debbie Toth 34:05

I'm totally blown away. I love this. Thank you for coming. And as I said to San Diego, thank you for setting the bar so high. I took pictures, I know you kept saying that the slides are going to be given to us. But I took pictures because I want to be able to tweet about this to our Board of Supervisors. And I think that what this does, in addition to laying some of the framework that other people can replicate is that it makes it real so that cities can't say that's impossible for us to do because if LA can do it, anybody can do it. So, I love to echo your sentiments that you bring in the community stakeholders, but I have to ask this question because it comes up over and over again. So, we ask people what they want. Inquiring minds want to know, you know, we survey 300 seniors and ask them what they want. What about those that don't know what exists? For example, we all know when we're going to go to work, and we've had a baby that we have to find childcare. But we don't know as aging people or as people caring for aging parents or whatever, that the multi-purpose senior services program exists or that adult day healthcare exists or that an Alzheimer's Daycare Resource Center exists, or that linkages doesn't any longer exist, but it once upon a time did exist. And so, if we don't know that these things exist, how can we voice that these are priorities for the aging population? How did you tease that out?

Laura Trejo 35:33

That's part of the survey, to ask some of those intentional questions of people about the different types of resources in their communities, and literally listing them, so they knew that we knew that they were there. The other part is also I think, one of our domains is on communication. And part of what our discussion right now is how do we communicate to a population growing every day so there's always new people coming that don't know that need to know, how will we communicate our messaging? How will we make sure that we have a robust way of and a footprint in the community that makes us accessible? So, these are part of the questions that we're having. I think one of the unique parts of this initiative is that we don't have all the answers, but it's helping us to identify a lot of questions that will require a lot more work. The hope is that this is really, we see it as the

beginning the baseline, that from then we can launch. Picking dementia as a lens that we would see every recommendation through was a critical step because we were saying we don't want to create anything that didn't ask the question, what if the person experiences a cognitive impairment? And I can tell you, it changes the discussion. We've had incredibly robust discussions about transportation. What if somebody has to take a public bus with a person with dementia? We also didn't want to have a discussion about any of these domains if we didn't entertain, how would it affect people with different abilities? Because why would we want to do this without considering that everybody may have different needs in the community? So, it changes the intentionality of the discussion. It's not that we know the answer, but at least we know that we have touched points that we want to make sure we're covering in our work, so that it leads us to hopefully a better answer than we've had. That's really what we're working on right now in that space.

Kim McCoy Wade 37:42

Darrick and Craig, can I ask you to be quick so we can move on to the next?

Darrick Lam 37:46

Laura and Lorenza, I've worked with you in a former capacity with ACL, I'm so pleased you were invited to this meeting because you two actually have demonstrated the highest quality of care for the seniors in your respective communities. My question to you is since you mentioned diversity in both LA city and county, in your survey, so what have you done to make sure that those inputs will be taken into consideration?

Laura Trejo 38:17

Part of the work, and I'll turn to Lorenza, but we conducted for the first time in our history, a survey in nine different languages. That was most small task for Los Angeles.

Lorenza Sanchez 38:27

We also did 23 public hearings in all parts of Los Angeles, in diverse and underserved areas as well, in all different languages.

Laura Trejo 38:39

We have been very intentional across all of the work that we're doing, to always ask also the question of how this will affect communities that may not have equal access to information, to resources, etc.

Craig Cornett 38:52

Thank you, this is an extremely impressive operation you've got going. And I'm just curious about the level of engagement you're getting. You have so many different cities in Los Angeles, clearly the city of Los Angeles heavily engaged. And I think that's great. I just read recently about all the good work going on in each city, certainly, too. But I'm just curious with that level of diversity in the cities, how much engagement are you able to get in there? And they are kind of competitive with each other too.

Laura Trejo 39:21

We've been, and I don't know if it's us, we tend to be real friendly. But the other part is, we also have great bosses. So, for example, Mayor of our city has really introduced us to the other mayor's personally by making the work that we're doing a priority. So it does matter, that we have support from our Board of Supervisors from our mayor, our city council members, because when we reach out, one of the things I've been doing over the last two years, has been literally going out and meeting with mayors in the 87 cities. Well, I've only ever worked with my boss. I've never worked with any of them. But I can tell you, you know how I got in? Not because of him. I have been reaching out to older adults in the community and I say, please introduce me to your mayor. And when I get there, I have red carpets in every city I have gone in. And I have mayors who literally go, what do you want for me, Laura, you got it. Because I have constituents that are very known to them. And again, we are co creating with older people. This is not my challenge. I see it as my opportunity. My work is to identify those amazing older people in the community who basically can open almost any door I want to open it's a matter of asking for their support and assistance. I literally have older adults in Los Angeles email me and calling me going, dear, you said you wanted to meet the mayor of Pasadena whatever, what day would you like that to happen? That is really the power of this initiative, is through really understanding the role of older adults as leaders in communities. The life that this initiative has really been brought there by the older adults themselves.

Lorenza Sanchez 40:15

And then the other thing is really messaging with the cities. Because this is a lot of work and a lot of cities have definitely stated, "We don't have the funding, we don't have the resources," and what we said was identify something that you're currently doing that really fits into the initiative. You don't have to reinvent the wheel. There's something that you've probably already done, currently doing, or about to do that really is part of the initiative. And so that's how we were able to get a lot of the cities engaged and now to become Age Friendly cities.

Kim McCoy Wade 41:46

Well, thank you so much for being a North Star, maybe a southern star if that metaphor works to us. It's very inspiring in every way. I would like to travel across the state. I know we are already behind time Bruce, what do you think, can we hear from Nevada County first and then come back? Or do you want to make it quick?

Bruce Chernof, MD 42:03

I'd actually like to make a comment. So Lauren, Lorenza and team first, again, like everybody, thank you for a fabulous presentation and leadership in the county you've shown, but as somebody who actually ran the health department in LA County, and lived in LA County my whole life, I have two questions for you. And these are hard questions, but they're the questions that this group should be wrestling with. The first is LA County and LA City has substantially under invested in the needs of older adults. And the other cities that make up LA County have substantially under invested in the needs of older adults. If bringing this work together is viewed as an efficiency exercise, and I'm not saying it is but if it is viewed that way, that's a problem. And I guess, I would also say that just having cities and counties reflect something they're doing and say, well, that helps make us an Age Friendly city is not the same thing as investing prospectively in needs of a population that's only going to get older because California is a young state as is LA County. So, I guess my question to you is, this cannot be done with current investments and inefficiency, and when you look at other places, other states, they've invested much more in their program. How do we get to an investment strategy that makes sense around the program that you set up? And then I guess my other question is, how will we know that you've been successful? What are the outcomes? As opposed to saying, well, we improved 84 bus stops, which I think is terrific, the flip side is of the X number of bus stops, we prioritized them in three categories and by the end of fiscal year 2022 we want all the A bus stops,

because we're the most used bus stops brought up to speed. How do we start to set metrics? Because I think it's the same issue for the state. There's a fixed amount of money, right? We all understand that. If money is going to go to an issue, a recommendation that this group is going to make, or that ultimately, the Cabinet Committee has to work, there isn't going to be enough money for every idea. We all know that. I just think how you wrestle with these issues would help us.

Laura Trejo 44:25

Sure. I probably wouldn't answer in depth as I would love to, I'll give you a couple of other areas. One is we are very painfully aware of the under resourced issue. We look at it in different ways. One of them is we also look at the tremendous investments that our communities are already making in a variety of areas. I call it repurposing. I walk around looking at what departments are already funded to do. And I go figure out how can that be retooled to do the work that I need done. For example, currently, we're working with 156 public libraries who all have technologists on staff. We've identified over 100 people. I'm now trying to figure out how I'm going to recruit all of them to start doing older adult education on how to use your smartphone and all of that. I know that I don't have to go buy a new staff person. Part of what Lorenza and I do, because we've been doing this for a real long time, is that we're very good investigators about what already the budget lines are paying for. And so, we're looking and saying, you know what, we don't have to change what you're doing, we have to tweak it. The bus stops, just so you know, we actually did prioritize 150 of them. 80 of them were the number one priorities, they were geo-mapped to older adult concentrations, and 50 of them have already been completed. Every recommendation that we're doing has a metrics component to it. Everything that we are going to be touching will have an impact statement about what it achieved. Because the last thing we want to do is busy work. We want to make sure that when we're finished, people will know that that was an important thing. In our spare time, Lorenza and I are looking at funding streams that are present in the federal government, state government, local government, we're studying how other states are financing aging. For example, in the Midwest, there's a lot of fear of levees, we've been looking very intentionally at that work. New York has a senior tax, a community tax, that sponsors older adult programs, San Francisco's dignity tax. We're looking at initiatives that can be tax driven, perhaps, so that the voters make a decision. But we're also looking at existing funding streams that are available already in our space. Community block grants, because we both

use different financing schemes to support senior programs, we're trying to learn from one another so that maybe we can maximize the effect when we're done. The financing is not lost in us especially because of volume that we have to serve in LA. We understand that nothing will be done without a very substantial financing plan to move this forward. Otherwise, it's just going to be moving things around slightly and working on the edges. And this will require transformational work. So, we're with you, and we look forward to your advocacy at the local level.

Debbie Toth 47:29

And there is one other SAC member from Los Angeles who's on the phone who wants to get a word in, so we are going to let Professor Fernando Torres-Gil perhaps have the last word.

Fernando Torres-Gil, PhD 47:38

Thank you very much. I hope you can hear me. Oh, wonderful. Yes, sorry I cannot be there in person but between Laura and Lorenza we are well represented. I'm just wanting to compliment the two of them for both representing the city and county of Los Angeles so well, but also for serving as a model for what all others can do. Well done Lorenza and Laura, and I look forward to being at the next meeting in person, but I'll be on Zoom for the rest of this meeting, but well done.

Kim McCoy Wade 48:15

Hear hear, thank you so much. All right. Okay. Jan Arbuckle, we're so happy to have you here to share something that has been a theme of I would say every meeting whether stakeholder advisory, research or long term services and supports, or webinar, which is rural communities, and where the needs are similar and where the needs and opportunities are different. Thank you so much for hosting a Master Plan for Aging roundtable in December, we managed to avoid the snow and had a wonderful forum and invite your report now.

Jan Arbuckle 48:47

Well, thank you very much for number one for coming up because there was a lot of snow and so fortunately, we had a wonderful day out there. And I love listening to all the resources that Los Angeles has. Unfortunately, in direct contrast, rural communities, we don't have that. We don't have the resources; we don't have the staff. We don't have a lot of the things that make the larger cities able to do a lot more than that. What we

do, and what we try to do and as best we can, is we work together, as a regional, with public private partnerships, with our nonprofits, with our other organizations, and with our local governments. It is the only way we can make anything happen. When we were there, I was just so pleased that everybody came up and we had a very engaging conversation. We have representatives from 211 connecting point, Ana Acton was there representing FREED, we had our Gold Country Community Services person there who does the Meals on Wheels, and we have kind of a unique program for seniors, which is firewood, because a lot of rural areas, they depend on firewood, they are not hooked up necessarily to services. We get free firewood and have that delivered. And again, it is on a volunteer basis as well. We also had at the table our county CEO was there because they are very engaged in this because again, we all have to work together. We also had our Director of Transportation even though we're a small community, we have our own bus system. And so, one of the unique things that we have done with transit is that we have something it's called the golden ticket. If you're 80 years old or older, you can ride the bus unlimited for the rest of your life. It is one of those things that a lot of people when they are used to being in their cars and whatever, they've never used public transportation, so how do they know how to use it? Well we partner again with 211 connecting point and they offer a "let me teach you how to ride the bus" program at which enables them to learn how to maneuver the bus, how it works, and there's a lot of interactive and it makes our seniors feel like they're not just old, and they have to rely on other people to give them a ride because up in Nevada County as well as most of the rural areas, we don't have Uber. We don't have Lyft. We don't have either and some places don't even have public transportation. We're very fortunate in Nevada County to have our own transportation system. But so how do we make them feel not left out? They have been productive people their entire lives. How do we enable them to continue to live independently with services and just the ability to get around? Again, our community if you live in, in town as we call it, in downtown Grass Valley, which is where most of the services are, the hospital, our grocery stores, that type of thing is all in Grass Valley. So, they can come in, they negotiate, and it's just one of the things that we've had to do because we don't have the resources. When we send out for and I think Ana's going to speak on this a little more because she's a lot more familiar with it than I am on, we need flexible funding. You apply for a grant and it has all these criteria. Well, the rural communities don't necessarily, can check all the boxes, but we need it. And if we do get one if it's so targeted for one specific thing, so again, it was a great

experience. I think everybody that was there got a lot out of it. We could have continued on for I think, for another hour. And so, I really thank Kim and Adam and Ellen for coming up and I got your name right. I called her Charlotte all day. And so now I'd like to turn it over to Ana Acton.

Ana Acton 54:00

Thank you so much. Ana Acton with FREED, and we are the only rural designated Aging and Disability Resource connection at the moment. So, I just want to say that we've really been working to elevate the voices of rural individuals and community members into the master plan process. With the SCAN Foundation, we were one of five community design workshops. When you look at the SCAN Foundation recommendations, you're going to see infused in that input from rural Nevada County and surrounding areas. And then the roundtable that we did in December, we really focused on three areas that we think were maybe a little unique to rural communities, and that is transportation, volunteerism, and emergency preparedness. As Jan mentioned, the transportation piece, that ends up being one of the biggest needs in every community, so it's not necessarily unique to Nevada County. But what is unique is the dispersion of people. We have about 98,000 residents in Nevada County, only three incorporated cities and about almost 1000 square miles within our community. That's 103 residents per square mile. What we have and it's kind of related to housing as well is, I live 20 miles out of town and there are people that live a lot farther out of town, so that's 20 miles from the closest bus stop, right? Or actually, we just got a pilot that's coming closer to my area that we're trying out. But people are really dispersed throughout the community. And one of the interesting conversations that came up during the roundtable was around housing and transportation. And well, there was a comment made, "We just need people to move closer to town." But there's a few issues there. One is we're all about choice, right? There's a reason why people are living on the hillsides with their goats and their horses and their animals. We have a very diverse population, not necessarily an ethnicity, I want to say in Nevada county, but and political and practices and interesting diverse people that live in our community and a lot of the more affordable housing is in some of those rural areas. People may be living in yurts and not necessarily "to code" places because frankly, they're living on SSI, and they can't afford anything closer. We have a higher than average older adult population at 23%. We have a lot of people that are back to the landers from the Bay Area, moved there in the 60s and 70s right for a different type of lifestyle and they choose to live out in the countryside. The question becomes how

do we get people connected to the services as they age? And the real part is that we just don't have enough housing. And in Grass Valley or Nevada city, Grass Valley holds the bulk of our "affordable housing" subsidized units, but it's a long way for people to get there or be able to afford or be able to get to the services. The example that came up around transportation also relates to volunteerism. There are these organizations and about a county that step in with volunteer basis to help address an unmet need. A good example is, even if we had the money to send the paratransit bus up to 20 miles and then down a dirt road for another mile, that's just physically not going to work, let alone the affordability of it. So, the example that came up was how do we leverage volunteers, maybe neighbors that live on the road that could pick the person up and transport them in to the bus stop or to the local health clinic or to other services. I think that's what I really heard was about local control and flexibility in these recommendations and service recommendations and in funding, because of those unique nuances that play out in a rural community. I want to address emergency preparedness. Christina and I talk a lot about emergency preparedness, so you can tap into her as well. But people with disabilities and older adults are disproportionately impacted during every major disaster. We focus a lot on fires, because that's what really is our biggest threat in Nevada County. We see this time and time again. I think it's really appropriate that was something that came up there that we addressed. And something I think, for all of you to consider, because this is kind of, we know this is the case. And so maybe one of the recommendations that came out was looking at a statewide campaign for older adults and people with disabilities around emergency preparedness. There's a lot that needs to be done both on the planning and response and recovery phases of major disasters, and really targeting those older adults and people with disabilities in those three different phases. I also wanted to make a note on services as Jan brought up. We don't have any Medical waivers in Nevada County, there's no MSSP program. There are no assisted living waivers. There's no CBAS programs. There's no PACE. One of the things we really want to look at with our recommendations is how do we scale some of these programs to rural communities? And that's where the collaboration that Jan mentioned comes in. What we have is relationships and great collaboration in rural communities. And that's why we have things like an aging and disability resource connection, right? That's really about leveraging those collaborations. We really want to look at some of these programs and figure out, we'd love to have a PACE, we'd love to have an MSSP. But we really have to figure out how we could make

those work in a rural community. I also just wanted to mention on long term services and supports, Jan brought up a really good point about firewood. And it's something that I have said before, what is long term services and supports? Our definition in Nevada County is really broad. Any kind of service and support that helps that individual remain living safely and independently where and how they want to live, to me as an LTSS. Firewood is a long-term service and support. If we can get the older adult firewood and they can remain healthy in their home, that's what we're working towards. So, I just want to encourage us to think really broadly when we think about these services and supports that help individuals live where and how they want to live.

Debbie Toth 1:01:07

Thank you. Thank you. Thank you again for a wonderful session and discussion. Questions about the rural perspective? I see Marty.

Marty Lynch 1:01:21

Thank you, Marty Lynch, Lifelong Medical. I wanted to ask, could have been asked to LA too but this is a different question for LA, which is, first of all, I hear the access issues to many of the programs that we talk about, and it just reminds me that one of the things we're going to need to do as part of the plan are some kind of access standards and a strategy for how we develop services around the state and they'll be a different strategy and provider in Nevada County than it is in LA. But I wanted to ask you, so in a rural county, we're going to come up with a plan here. Hopefully, we're going to agree to some good stuff. It's going to be something that we hope the governor can go around the state and announce and what role are you imagining the aging system in Nevada County being able to play once that plan comes out? Will it be something that's totally done at the state level? Or will you guys actually be able to do something that helps carry it forward and have a local role in that? How you how you thinking about that?

Ana Acton 1:02:36

Yeah, we can get a lot of good stuff done in rural Nevada County. One of the pieces that came out of what I heard from a caregiver whose husband just passed away was just not even spent all the work not knowing what resources exist and how to access those resources. I think there's really a need for not just a statewide but a local campaign on LTSS, on disability and aging services, and that's something that we can absolutely do. We have, like I mentioned the only rural aging and disability resource

connection. So, we really have to leverage the strengths, we're not competing with each other. Between aging and disability, we're leveraging the strengths of our triple A partner, our Area Agency on Aging, our independent living center, our 211 connecting point which by the way, is an amazing model housed within the IHSS public authority. They know about aging and disability so we can create a local No Wrong Door system that will ensure that people do not fall through the cracks regardless of which door they go into. They're never told that we can't help you. They get connected to the resources that are there and then we can leverage those local organizations to enhance some of these waiver programs to make sure they're scalable and meet the needs of our local rural communities. I think there's a lot of potential for us to grow the programs, increase education and access through coordination and collaboration, no wrong door model.

Kim McCoy Wade 1:04:12

Okay, Peter Hansel.

Peter Hansel 1:04:17

I think some work is being done on trying to adapt some of the programs you mentioned that you wish you had. I know that's true of PACE. And I think it may be true of some of the waiver programs. There are rural based variations of PACE, they probably need a little more testing and they may need a little upfront support. I think that is worth putting on the list of how do we adapt some of these resources so they work in a more rural setting, for PACE for example, it has to be a little bit less center based, a little more community based, it has to be supported by community based providers, but it can be done we have one at Humboldt for example, so there is potential there.

Clay Kempf 1:05:06

I don't have a question as much as just echoing some of the comments you both made, which I think are critical. And that is flexibility and funding and partnering locally. And we need to make sure our system has that flexibility built into it. One thing I think of immediately from an aging perspective, is Title IIIB, which is supportive services, which has a whole lot of things that are in there. And we seem to never talk about funding IIIB and funding supportive services. It's never in the budget discussions, and it really needs to be, and California actually contributes no money to Title IIIB, they used to, but a decade ago all the funding was eliminated. So in our discussions

about how to make these things happen, we really need to reinvigorate that title, and that allows agencies to look at what the community need is and create something like a firewood program, because we're all different and have not only unique needs, but unique opportunities to create something that's effective. So, kudos to that. And to everybody, we need to just make sure that flexibility in funding not only happens, but that it's also available. It's great to have a flexible program, but if there's no money in it, it's useless. So, let's make it happen.

Kim McCoy Wade 1:06:23

We have a long queue building and we'll try and do it in about five minutes so we can move on with our agenda. But we have not talked about rural yet as a group, so it's a very important moment. Can we go to Nina?

Nina Weiler-Harwell, PhD 1:06:34

Thank you for both presentations. As you know, AARP has been intimately involved nationwide with the Age Friendly networks, so I want to make a couple of really quick comments. I really do see the Age Friendly network to be a framework for whatever our master plan will look like. And I appreciate that we've had the two examples from the big cities. I do want to know flexibility is something we really appreciate here and AARP California. Every city does it its own way. Therefore, LA did it a way, San Diego did it some way, San Francisco did its own thing. But I would really envision, and you saw me sending email is me sending an email to our experts saying, I'd like to know more about our rural toolkit. Because we signed on like 300 municipalities throughout the country. There's got to be a rural community somewhere. So, what are our learnings there? And what is the role of private foundations maybe in helping some of this workout understanding the limited resources and staff that you talked about? Finally, just putting a pin in this maybe for later discussion, but I think you mentioned something about New York having a Senior Services fund. So, I'll just say I would love at some point to have a discussion, I have a dream that California gets serious about creating a dedicated fund for older Californian and persons with disabilities, so that we're not constantly going through this ebb and flow.

Heather Young, PhD, RN 1:06:38

Thank you so much for your presentation, I want to raise the issue of diversity of rural, and that you've gone to one rural community, you've gone to one rural community and I really appreciate your comment about

firewood because I imagine the deepest part of Imperial Valley it's a very different set of circumstances. My question to you is, what's your advice to us around how to capture and think about that diversity beyond the idea of flexibility, which is a point well taken, but to understand the characteristics in a comprehensive enough way, because I think in many respects, rural communities are even more different from one another than cities can be because rural doesn't have the infrastructure that unifies.

Ana Acton 1:09:06

Absolutely, you make a very good point. I am also part of the League of California Cities, I'm the immediate past president and we just this year put together a rural working group, and we've been working towards that for the last couple of years. And that was our biggest thing. How do you define rural? Because rural to different people are different things. Do you use the federal government's definition, or you do use the state, do you use Department of Ag, what do you use? So, we just said, "If you think you're rural, you probably are." Because most people won't self-identify as rural, unless they truly are, and they are all different and that's one of the things that I learned doing this process is the people who are rural in Southern California, are rural because they have large, huge horse properties. And their challenges are different than somebody that lives in, let's say Siskiyou County, Yreka, who is rural, and they're pretty much cut off from most services or have to drive an hour to two hours just go to a grocery store. It was a challenge for us too, I don't have an answer. Again, we just said if you think you're rural, you're rural and then try to engage with those people to actually say, okay, what makes you rural, and what do you need to help you through the process.

Heather Young, PhD, RN 1:10:48

My question wasn't so much definition because I think that can be debated forever and this frontier as well. It's more about how do we get that fully articulated for the deliberation?

Ana Acton 1:11:00

I'd just like to add that this process is really a human design process. So I think that if there is a built in mechanism for local communities to have a planning process to help identify those gaps and what needs there are so that if there's funding or programs, that there is that local process with stakeholders to identify gaps and needs and most effective methods for service delivery.

Kim McCoy Wade 1:11:31

Great. Thank you for bringing this critical topic to the conversation. And more broadly, I do want to thank both Jan Arbuckle and the California League of Cities and Monica Banken and your boss supervisor Barger, and the California State Association of Counties and the County Welfare Directors Association of California who have all been extremely active partners and supporters in all of this work and will continue to be because it has to work for cities and counties for it to roll up and work for the State. I also want to just say we are thrilled that we have more roundtables coming with legislators. The next three on the books are Senator Jim Beall down in Silicon Valley, Senator Hannah-Beth Jackson in the Central Coast and Assemblymember Adrin Nazarian, whose staff is here in Los Angeles. Those three are coming up in the next few weeks, and we will continue to learn and are grateful for the partnership with the legislature for those forums.

Cheryl Brown 1:12:25

Kim, I think we have one other person in the queue over here, Judy.

Judy Thomas 1:12:34

Thank you. Judy Thomas, Coalition for Compassionate Care. Something about your transportation and thinking about that conversation and in the rural communities made me think transportation in and of itself isn't an end. It's a means to an end. There could be a lot of different reasons why people need transportation. And maybe I'm just thinking in healthcare in particular, sometimes it's access to an expert, and are there other ways to achieve that? And technology is definitely part of it. So that kind of ties into technology infrastructure.

Ana Acton 1:13:08

And actually, you're absolutely right. But another one of the challenges of rural communities is the access to broadband and internet. It's very sketchy. There is no fiber to most of Nevada County and is not just confined to Nevada County, is confined to most of the rural areas. I know that when I was in Washington, DC, I was talking to one of the new Congresswomen who lives in Southern California. And speaking to her, it was like, oh thank goodness, people are going to talk about this and maybe we can do something now that I'm here. She has to go to the end of her road, just to make phone calls. So, she totally got it. But in most rural

areas, you don't have the access to technology. That was one of the problems that they had in Paradise during the fire. There were people that had no idea it was happening until it was on their door, because there was no access. It is one of the biggest challenges in rural, not just rural California, but rural America.

Kim McCoy Wade 1:14:22

Thank you. We will now turn after that wonderful presentation, to hear from our Long-Term Services and Supports subcommittee. I will do my best to make the slides turn. Susan Damaris from the Alzheimer's Association, who's both on the SAC and on the subcommittee will take it away and tell us where we are with both content and process. Thank you, Susan.

Susan DeMarois 1:14:45

You're welcome. I want to start by asking everyone who served on the LTSS work group to raise their hand because there are many in this room. Yes. So, the visual that we're sharing and walking through today reflects all of our work. And I want to thank everybody for their contributions, as Kim said, we're pivoting. We're moving from many inputs, a lot of stakeholder input that's all been organized, categorized catalogued hundreds upon hundreds upon hundreds of LTSS recommendations. And we've also had more than six LTSS work group meetings with loaded panels of experts at each meeting, so we've had a lot of inputs, and this is our first output today. We wanted to walk through with you a vision and a visual to capture where we want to head and lead with the recommendations that will come out of the LTSS workgroup. A couple of quick caveats before we launch into the visual. The LTSS workgroup report is not the Master Plan for Aging. We have had to sit up, bite our tongues and sit on our hands because we want to put everything into this. This is the LTSS workgroup report, and the recommendations that are due in March. We're under a 10-year charge, so this is over a decade that we hope to accomplish this work. And it's larger than Medical. This is a public private vision. Medical is central to it, but it's not a Medical report. Those are just some caveats. One of the first things that the workgroup recognized is in the executive order, which we're so grateful for, the tone bordered on an imminent crisis that our state faces and especially some of the language around IHSS that we've got to get a handle on it, we wanted from the start to set a tone that this is also an opportunity and to use more positive language. The heading of this, which is wordy, and hopefully everyone can see it and you have in your packets. But it's a framework for all Californians, not only those who will use the

services directly. And we will take as a state a decade to design, develop, and deliver this framework. Bring your expectations down, the work group report will not design, develop, and deliver by March 2nd. It's a framework that we can all move forward on over the next decade. And we identified in taking all of those inputs, three major buckets and an overarching theme and we have people in the room who are heading up those efforts. I would start by the center, the visual in the middle, it was very important that it be Person Centered so that the center of the circle is an individual, but that individual is not alone. They are surrounded by a community. That's what you see there, the linked hands. The community could be family, it could be family of choice. It could be Community Services; it could be government. And then we wanted to make sure that in that circle, this isn't a bucket, but we have a work group focused on leadership we just heard from LA County. I think leadership was key to that effort. Leadership is very important, vision and strategy. We will have recommendations around estate vision and strategy, public and private investments, data and analytics where other groups are working on the dashboards, but it all comes together. And then certainly equity. We now have an equity work group we'll be hearing today initial thoughts from that work group. So, we need to figure out how much gets explicitly stated in the LTSS work group report, where will it show up otherwise, how we can best integrate equity into the LTSS work group report. Then we get to our three buckets which are numbered 1, 2, 3. And we have leads for each of those. On the first bucket "Building Pathways to Care" Maya has been leading that effort. Think of on-ramps and exits. You see that care transitions are here. How do people get on a pathway? What happens when there's a difficulty and they are off the pathway and get back on track with care transitions? You see topics here, I'm going to say it out loud for people who are on the phone who can't see the visual: information and assistance, standardized screening and assessment, care transitions, and integration of medical, social, and behavioral health services. Much of this blurs into what was CalAIM and now is Healthy California for All and as we heard from Dr. Ghaly might be CalAIM again. But integrating integration. The second bucket is "Promoting Access" and this is really the heart of our work. This is where consumers are feeling the gaps in the access bucket. Support for family caregivers, IHSS sustainability which was called out specifically in the executive order and we have directed that we need to meet around IHSS sustainability, comprehensive statewide infrastructure for LTSS. I love that Ana shared that in Nevada County many of the programs we rely on and other counties don't even exist, CBAS for instance. How do we

develop an infrastructure across all 58 counties? Plan for and accelerate workforce development, and 24/7 residential care. With the access bucket, we're looking at the full continuum of care from light care needs in the home through end of life and residential setting. And the scale, I liked hearing about scale, and it's certainly this really is where we include a lot of the Medical home and community-based services, but it's not limited to Medical home and community-based services. And then the leads for that group are here. Lydia Missaelides is leading this up and Kathryn and Christina have been helping with a subgroup of the subgroup focused on IHSS. Brandi Wolf also who's joining us by the phone, they've been doing a lot of work on that. The third group, "Ensuring Affordability" is led by Nina. And this is looking at affordability for individuals. The cost of care, the out of pocket costs, whether it's for individuals who are eligible for Medical, but are paying out of pocket or the middle class that are not eligible for Medicaid programs. It's also looking at local and state and federal financing and where we can blend all of those funding streams as we heard, so well described by LA County. And that's where we'll be examining a public benefit for long term services and supports. I will stop there, and would any of the leads from those buckets like to add or any of the LTSS work group members like to offer anything in addition that I left out?

Debbie Toth 1:23:22

No comment at this time.

Nina Weiler-Harwell, PhD 1:23:24

Great summary, Susan, thank you so much.

Susan DeMarois 1:23:27

Also, Sarah Steenhausen has been doing a ton of work and Ellen from San Diego County also has been doing a lot, and Claire Ramsey with Justice in Aging, a lot of work behind the scenes. Actually, everybody's working really, really hard. Kim and Carrie and Ellen have been doing a lot too.

Kim McCoy Wade 1:23:52

Who wants to take Susan's offer, Maya or Nina or Kathryn or others want to comment more on your part of the graph?

Maya Altman 1:24:00

That was a great summary. Thank you. I think people have been working incredibly hard. We've actually been organizing with the help of the state,

planning the meetings and kind of writing the report. So, we are writing the report, so be kind. But one of the challenges is we have hundreds of recommendations. Sometimes there aren't that many in a certain specific area, and sometimes like in the access area, I don't know Lydia is looking at, I don't know how many, just enormous number and so we're really struggling with how to summarize those recommendations and pull out themes. And because we don't want to just give you a list. We don't want to give anybody a list of recommendations. We really want to pull it out and try to consolidate them. And the other issues that we're working on is not everybody agrees with all the recommendations. So how we present those, and we do want to reflect the disagreement in the report. We also want to, as Kim pointed out, it's not our job to reflect every single recommendation that every single person in the state submits, that's the state's that's her job. But we will try to help with that and whether it's a summary or appendix at the end, but we want to make it a readable, usable report. Those are just some of the dynamics we're dealing with and of course, all in a very short amount of time. That's what I would add.

Nina Weiler-Harwell, PhD 1:24:11

You did remind me of something I want to add. In terms of the recommendations also, some of the areas did have a lot of recommendations, financing not so much most of them echoed each other. We'll find out on our 4pm call today what I missed. But we are talking about prioritization and what will get fleshed out in terms of the final report. I did also want to note AARP did commission this graphic and happy to take feedback we're working with a wonderful design company. We can figure out a process for that.

Bruce Chernof, MD 1:26:27

So, I just want to say to you Susan, and your co-chairs and everybody who's worked on this. You set a really high bar for us in a very short period of time and I just think we should recognize the incredible amount of work that's been done here. I also think it's really important for all of us as advisory board members to recognize this creates. I really appreciate what you said, Susan about this being not the full report, but the very specific piece in the charge that was about long term services and supports financing question raises an important question for all of us, which I think will wrestle with this afternoon, Kim, about how do we want to surface recommendations and visualize thinking in the other areas. I just want to flag for us that's a really important point you raised. Like I said, you've set a

really high bar even if you guys had a specific charge. I guess I would just ask and Susan, you or Maya or any of the other leads, I get the point about curating the themes that are bubbling up and trying to capture which have the most consensus, without negating ones that have either less consensus but still need to be discussed. How do you think about ranking them? There are two questions that I always wrestle with. There's the size recommendation, like something can be kind of very focused, but super important. And then there's the sort of time recommendation like this is a really important thing to do, but it can't be done tomorrow. And this report, the master plan is meant to have our time horizon that isn't just one budget cycle. I just wonder if any of you can chime in about how your thinking is beginning to form there, because that might help us later.

Jeanne Parker Martin 1:28:34

Can I ask my question before you answer because I think they going might tie together? So, along the same theme, as you've been thinking about this, an idea might be, there might be a lot of people behind a recommendation, but is it the right recommendation? And I also would like you to consider that as you're making comments to Bruce's question.

Susan DeMarois 1:29:05

So, no single person is in charge of this process, certainly not me. We have looked to Bruce's question about the short, intermediate and long term so that in the recommendations, each of the work groups is staging where it's warranted. Some are not. In terms of prioritization, we're waiting to see. You're exactly right, Jeanne, maybe someone's very organized and they were able to generate 1000 recommendations. Does that mean it's more important than the ones that got four? We don't know until now. Thankfully, through all of the work of those who've kept organized and categorized and grouped, the work groups will be reporting that back to us. And we'll be flagging, recognizing that some of the things, maybe realignment for example is complex, we won't have a recommendation by March 2nd. But there will be things where we'll say this came up repeatedly and warrants attention, where we'll highlight areas that need to be resolved. And we want to allow that there may be other avenues after the Master Plan for Aging for specific work groups or the homestead advisory committee and the future of work in California, groups that might pick some of this up.

Kim McCoy Wade 1:30:31

Susan, I'll just also in the spirit of Lorenza and Laura, we are co-creating this process. And we saw the state's role as making sure we comprehensively reflect back everything that we heard so that there is transparency around that and we are grateful to all the work Carrie is also doing weekends and evenings and our comms team to help us figure out how to meaningfully communicate out, so it's not just spreadsheets upon spreadsheets. We are working hard on the transparency. What we're asking of the group is to try to prioritize. And that's part of the challenge is how to bring that to the full SAC, who at the next meeting, the charge will be to approve the report with some feedback, but that is what the objective we have what this one is stakeholder report on this topic approved at the March 2 meeting. So, the prioritization piece is big. And I would just say exactly how you said it about where is there consensus? And where is there not and needs to be and we can't jam it by March 2nd, that wouldn't be thoughtful, but we continue to prioritize working towards it.

Clay Kempf 1:31:34

Thanks, Charlotte. I just had to do that. I love this slide and the graphic, whoever you hired to do it, this graphic is outstanding and really captures the spirit of person centered and then various avenues to get support. Good job by everybody. A couple comments that I think would augment this a little bit better. In promoting access, it seems to be transportation has to be an element of that. I don't think we can really talk about access to anything if people can't get there. In service it is often said if you don't have a ride to place, the service doesn't exist. So, I would encourage that being included. Also, under building pathways to care, just one suggestion and one comment. I'm not sure what to do with the comment, but in building pathways to care I think ADRCs should be considered as an addition if for no other reason than the depth of conversation we've been having here about the importance and effectiveness of ADRCs and especially with Grass Valley trying to do you know a rural model kind of setting the stage where ADRCs could happen everywhere in the state. Then under standardized screening and assessments, just a question or thought about that. I love the spirit of it. And part of me thinks we should have universal intakes, but I don't know if we want standardized screening because I get again, I think about the screening that happens in a rural community and how different that is in an urban community. So somehow in this, we need to have some flexibility in the screening in the assessment process, if for no other reason than that in certain areas there's a whole list of assessment tools you might go through in an urban area that are just off, they're not

even possible in a rural area. And then like the two of you have emphasized, there's different needs that you would want to ask for, like can you drive across your road in a large vehicle? And that's just too real, unfortunately, in terms of serving rural communities. Those are my suggestions. The last one is kind of a question. How do you have that flexibility and screening and assessment to allow for the different challenges people face in different communities?

Kim McCoy Wade 1:34:15

Do you want to take up that answer that question, or should we keep going with the queue?

Maya Altman 1:34:19

I think that's attention through all of this, what do we standardize? Because there's some recommendations that say, well, it should be this way in every county in the state and so I think that is the tension especially in a state as large as California but I know Sarah's at enough assessment and she heard you.

Susan DeMarois 1:34:42

I'm going to call and I know intake is part of, you may not see the word universal or intake but it's embedded in that, that's part of that little bullet.

Kim McCoy Wade 1:34:57

People in the queue who we have not heard from yet are Kevin, and then I'm going to go to Christina, then Cheryl on the phone in just a moment. So, Kevin?

Kevin Prindiville 1:35:05

I want to again, thank the group. And thanks, Susan. I think that was a particularly good strategic decision by the group to ask her to summarize because you have a wonderful ability to pull together a tremendous array of complex topics and make them seem simple. For the sake of challenge of ours is that we're not all as good at doing that. And so, as I look at all this, and I see how well you've pulled it all together, I think of Maya's comments and Bruce's questions and Bruce's questions to LA County. How do we and is the group wrestling with--you've done a great job of capturing everything and making it more organized than I've ever seen it before--but what are the big ideas that we all can communicate to the community and to the administration and to legislatures? What are the big ideas in here that

they're going to remember and turn around and be able to talk about when they're trying to convince their colleagues or the state to move with them and with all of us? And I think that the process today, and I've been on some of the phone calls, it's really an incredibly robust, rich conversation, where in our process, but I'm also curious as the group is ready to maybe lay down some markers on substance. We look at all of it, we're starting to get a sense of everything that's there. And now can we step back and say, we've got it all documented, and for 10 years, we can work on all of it. But what are the three or four huge ideas here that are going to be the rallying cry for our community of what we demand from our elected officials and what we organize the community around? And it's going to be resources, I think to Bruce's earlier question. We don't want to give them 10 ideas that don't require a new dime and one that does, and we know where they'll put their energy. And so, what I think about is what's the governor going to say about this plan or the whole master plan in the next State of the State? Or the next budget address? Right? He can't do what Susan just did, he's not Susan. So, what are we going to ask that he does do? I think if the committee's already seeing some themes when you're all in it, and I know you get deep, but can you start to get wide as well? That's one big question. And then the other big thing is where's equity coming up in your conversations and in the plan and report?

Kim McCoy Wade 1:36:59

Does anyone on the subcommittee want to take either of those challenges, the big ideas and the equity embed?

Debbie Toth 1:37:58

It's an LTSS Report and our understanding is the Stakeholder Advisory Committee will advance recommendations. Is that correct? And that we are informing the Stakeholder Advisory Committee on the big ideas, and I think you will see the focus areas come through in the report about the bigger ideas. But I don't, please jump in LTSS work group, that the report will not lay out the big ideas. It's advisory to the SAC. Am I mistaken?

Kim McCoy Wade 1:38:37

I would put a slight spin on it. We can talk about this. I think you were drafting the report for the full SAC to go forward with. So, if you wanted to have this conversation here to get SAC feedback about what the big ideas are that they're looking to see in the subcommittee that could help guide

the writing that you write and bring to them, but Catherine's also waving her hands so.

Catherine Blakemore 1:38:59

Thank you. I guess I view much as Susan said, I wonder, it's going to be very difficult for the people that are doing the writing, because our reports are actually due to the whole LTSS committee by the end of the week, essentially. But I'd like Kevin's idea of this group and Susan's idea of being the ones that think through. So, there's going to be a series of recommendations. I think it's to this group, once you see the report, and my goal, honestly, is to get it to you in enough time, so that you can actually read it before we have our March, I think its second discussion. And in that process on March 2, then to frame one of the questions to be what are the big ideas? How should that prioritization that several people have talked about, because it's the SACs report, we don't view it as our report, I think that's how we should proceed. We also view equity, I'm not sure it made it onto the slider that was mentioned, but in one of the larger circles around that, to have added equity in that, and I think one of the really positive developments is then there's going to have been an equity work group established, that's going to look through an equity lens of what are the recommendations, and that then can get reflected depending on when that work is done. And things can be added to it as well. I feel like we're always in a little bit of this messy period right now. And honestly, I've been personally pretty freaked out about like, how is this going to come together? But I actually think it is going to come together. I feel we had a good phone call yesterday to sort of talk about how we're going to write it, how we're going to, you know, then have a discussion about what's there what needs to be cleaned up so that we really can then use the wisdom of this larger group to help us sort through priorities and look at equity issues and so forth.

Kim McCoy Wade 1:41:01

Let me try to say that back. A lot of nodding in the room but let me see. So writing is happening as we speak. And the goal is to get the full SAC, a draft in advance of March 2 so there'll be time to reflect and read and think. And as you said, that will also be going to the equity work group in early February to give that feedback, but that at the March 2 meeting, it wouldn't be just accepting the report is written, it would be actually providing some discussion and direction on prioritization and to use Kevin's word, the big ideas. Is that, Catherine and Susan, a fair summary?

Catherine Blakemore 1:41:41

I thought you did a much better job. Really good summary.

Kim McCoy Wade 1:41:44

This is co creation, really. Any friendly amendments, clarifications, corrections to that? Just on process, we have a long queue I want to get to, but just on that specific issue. Darrick did you want to speak to it?

Darrick Lam 1:42:00

I'm thinking should we have an additional meeting before the March 2, because we would like to have the opportunity to really read the recommendations and then have time to really flesh out differences and come with some big ideas.

Kim McCoy Wade 1:42:17

I think we can take that back whether another meeting is possible, I will say we are presuming we will spend two hours, a significant amount of the time on the 2nd on it. I know today we're only spending an hour on it, a little bit less. But as much as the subcommittee would like. So that's one idea is we need another meeting either in person or on the phone to do that, to hit the March deadline. Let me come back to the queue because it is robust if that's okay. Christina and Cheryl. Christina.

Christina Mills 1:42:47

Thank you. And I was going to suggest same thing as Darrick in terms of having an additional meeting, but I know that there might not be time for that. I also want to say that I really agree with Kevin in terms of looking at it through an equitable lens, but also my plan is looking at it through a No Wrong Door lens. And taking it from a point of if we were looking at it through a No Wrong Door lens statewide and locally. And really, I should share with you guys briefly that CFILC has been holding community forums around the state in rural and urban areas. And I cannot agree with Ana and Jan more about every community being so diverse and different and what their priorities are, even when they're next door to one another. I really think if we took it as a No Wrong Door lens statewide and then implemented that or asked that local communities implement that locally. What would it look like statewide and across each county, if that were the way it was rolled out? But in addition, I also think that it's really important to be transparent to the wider community and I love, love, love this diagram

and it makes me feel like I understand where we are in the process. But I also want to make sure that we're staying relevant to the community that we serve and making sure that no one feels like we've left anything. Well, while we're going to agree and disagree on our priorities, making sure that things like housing and transportation and other comments that have been brought up, like Internet access, are things that the community are still seeing are top priority issues and that might be part of the larger discussion and what we get to after reviewing the report, but making sure that our constituents know that we're still doing what the community wants through this process and through this diagram and looking at implementing it through a No Wrong Door system statewide or by each county and of course, I would absolutely agree with Clay in terms of the ADRCs being a missing piece in the diagram. Thank you.

Kim McCoy Wade 1:44:57

Cheryl Brown, on the phone? You're unmuted you can go ahead. Thank you for your patience.

Cheryl Brown 1:45:17

Yes, yes. Can you hear me?

Kim McCoy Wade 1:45:21

Absolutely, continue.

Cheryl Brown 1:45:28

First of all, this has been a very, very rich conversation this morning and I wish I was there with you to just get the feel of the room because it sounds like everyone is so excited. But quickly, I wanted to ask as they were talking about the rural communities. I wanted to ask because we're getting ready to do the homeless count, do they have a lot of homeless people in those and what are they doing to help the seniors as I understand more seniors are homeless. I'm going out on the count tomorrow. That's number one. Number two, are we going to be able to talk about the cost of LTSS? And how we can look at a sliding scale for people who are middle income? And then three, we're looking at equity, and I'm on that work committee, and we're looking at everything we're doing through that lens. We had some suggestions as to how we're going to propose that, and that's it, but it's a great, great meeting.

Debbie Toth 1:46:43

Wonderful. We've got about five or six folks in the queue. Peter, thank you for your patience.

Peter Hansel 1:46:49

Thanks, Peter Hansel, CalPACE. I have to add my commendation, a wonderful framework, and I think it's probably the most impressive graphic I've ever seen. I just want to come to a point Susan touched on, which is how this embellishes or wraps around CalAIM. The point I'd like to make is CalAIM is certainly an important initiative. It is targeted on Medical population and dual population. And I just hope that as these recommendations come down, we start thinking and looking for ways to promote access and integration for the broader populations of seniors and persons with disabilities. We have maybe 1 million plus seniors and persons with disabilities in Medical and we have 8 million plus statewide. This is a 10-year plan and it just seems like this is the right time to try to get to that bigger question.

Heather Young, PhD, RN 1:47:46

Thank you, fantastic graphic. Mike's comment comes back to Bruce's question to the group around synthesis of the recommendations and time and size. I'd like to add another dimension I think is important in light of the decade to design, develop, and deliver. Sometimes the ideas that are going to be the truly transformative bold ideas are controversial. So I would encourage us not to always try to seek consensus around everything because I think there's some envelopes we need to push that might require discomfort, and add another d, discomfort, and dialogue another d, that we actually need to be committing to a process where we think differently about the old problems.

Marty Lynch 1:48:36

Yes, great graphic, and different way of thinking about how to pick the priorities. Some of you heard me say, but I got to say to everybody, which is I was very impressed with the governor's tour on homelessness in the last week. I would like us when we finished this Master Plan on Aging, to have some major initiatives that the governor would be comfortable traveling around the state announcing victories or plans to have victories in those areas. To me that says, as each of our groups work, we should be thinking, what are those one or two issues that are going to be the things that we're proud of, the governor would be proud of, we can push the

governor for and would be really good sound bites for all of us. So, I just put that little layer of how to prioritize on that as well. Thank you.

David Lindeman, PhD 1:49:42

I just like to layer on or follow through with several of the recommendations starting with Bruce, Kevin, etc. and with Marty, as we do move forward, I think would be extremely helpful to identify the lens, the very specific criteria that will help identify those primary areas, whether it's number of individuals to be served, the impact on financing, leveraging other resources. And again, what is both realistic in the short term, so that we identify those that give the governor etc. opportunities to move forward, but not lose those that will take the 10-year process. And just a process corollary, it could be very helpful since we've had so many amazing recommendations that as the staff puts this together a mechanism or making sure that appendixes, etc. all of those recommendations are captured for future access, even though we're looking for the primary ones to put forward. Thank you.

Nina Weiler-Harwell, PhD 1:50:50

Nina again, AARP. Just a couple of comments. I know Clay, appreciate the comments you made about transportation. There were comments about housing. Access team, I believe there is a recommendation that's being developed that includes core services, as I recall, that was coming in from Patty. And I would just flag that transit is really important to the process. We have three more pieces of the master plan that we have to work on and transportation, will be part of that age friendly conversation. So that's going to be ongoing. And by the way, appreciate the comments about the graphic, it's the same folks that made the graphic that you've seen for meeting guidelines. It's an outside firm that we use, but implementation process, I was very inspired by what Los Angeles had to say in terms of what they've done to ensure that all those great plans actually happened. They mentioned having work groups in each domain area, that's one way to go. Again, later conversation, but just wanted to make that comment.

Jennie Chin Hansen 1:52:11

Again, affirming all that the acknowledgement of the work that has gone thus far as well as the ability to convey an image of where they're going. And Marty, your last comment about the governor going around and having a real, visible, concrete, digestible message that touches every life. It strikes me then and I know Kim, you've heard this from me, but to bring it

back up that this is the Master Plan for Aging. And one of the elements that kind of buried in there is that there's an intergenerational cross-link to this, so that it's not solely about older people. I'm struck by the caregivers, that now cross generations that have to do with chronicity. I'm not quite sure where that fits. But it's one of those things, Marty that struck me that it is about a state that cares for its residents. And residents will age, residents are young, and people are affected by that. I just wanted to bookmark that comment of the interdependency and the intergenerational nature of a state whose residents need well-being.

Kim McCoy Wade 1:53:39

And I would just, I believe it's correct that feedback on the graphic while we all love it, is still welcome and iterative. And in fact, in a previous version, the person centered was an individual person, and the group said people whether you have a family in your home or not, we are in a community, Dr. Benton raised this point and others echoed it and now there are this circle of people around it. So, I'm sure again, this will continue to evolve. And so those big picture ideas and specific edits are still welcome, correct?

Nina Weiler-Harwell, PhD 1:54:10

Absolutely.

Kim McCoy Wade 1:54:11

Okay Thank you so much, Professor Fernando Gil-Torres on the phone and then we'll go to Catherine.

Fernando Torres-Gil, PhD 1:54:16

Yes. Thank you are hopefully you're hearing me. Okay. Just a quick comment in addition to the kudos. But building on Kevin's big idea suggestion. I think it would be helpful when we do get the first iteration of this report, if there can be a broader context within which we better understand how does California compare to the rest of the nation in terms of where we want to go with long term care. Secondly, what are some of the policy and political and financing issues at the national level that can impact our ability to move forward with whatever recommendations we're going to provide for California. There's much at the national level that may help or hinder our ability, but I think it would be useful to have a context and maybe a preamble of sorts at the beginning, just so that we all keep it in perspective that California is not alone and we still have to adjust to what's happening around the country. Thank you.

Catherine Blakemore 1:55:24

Just a short comment, the first commenter indicated there was interest of knowing how this fit with individuals who are without homes, homeless people, and I just wanted to say that that was an issue identified in IHSS at least and being considered as part of that set of consumer access issues.

Bruce Chernof, MD 1:55:48

So quick response to Fernando's point because I think it's a really good one. Fernando so the SCAN Foundation, the Commonwealth Fund, the AARP Public Policy Institute put out a long-term services and supports scorecard every three years. The fourth edition will come out I believe this June. And so it will actually give some comparitors and it has domains that are, it's not just the sort of medicalized model, but caregiver support access, so it could answer some of the questions that Fernando is raising, and at least give us a comparison of where California is and where we might want to go. Just want to re-second what Kevin said, and Marty said for one sec, because I think this idea that we will make technical recommendations that hopefully are useful to the cabinet, we should also want to create a plain spoken argument for what transformation looks like. If we can't see the governor talking about these four or five big points and that the recommendations really drive this, then we haven't as an advisory group, I think, leveraged all that we could as a group to lead the effort.

Kim McCoy Wade 1:56:56

Janny I'll give you your last comment, and then we will try to sum up our next steps and move to lunch.

Janny Castillo 1:57:03

Janny Castillo, St. Mary's Center. In the Los Angeles presentation, there was a point where they finalize the report, they went back to the seniors to make sure that it was right. And I want to make sure that our reports and even the master plan does that. And secondly, when we speak about transportation, it's so critical for both cities and rural that we create mobile services to go to where people are, so as we try to bring folks to services, let's also expand our mobile health services, dental clinics, food. Hopefully, those are some of the big ideas that we will put forward. Thank you.

Kim McCoy Wade 1:57:45

Wonderful. Okay, Susan, who wants to sum up the next steps me or you? Who wants to take the first crack? I'll start then you'll correct me, right? Okay. So, the group will continue working, writing, drafting, editing, their call is beginning at four o'clock this afternoon, no break, continues to work, drafting report that will go to the equity work group. So, what we need to do is write a clear communication about the next steps in the process so everyone's on the same page. But it will be this writing the equity work group, there's a new request from the SAC to have a pre additional meeting, I'm going to say slash webinar given schedules, but put a pin on that before March 2, to have a chance to be walked through and have a chance to think before this task of March 2 big ideas and approval. So, we'll take that back to see about what's effective and workable as a process step. On content I heard a lot of make sure you have the context on transportation and housing, other things that aren't here but that are absolutely core. The federal context needs to be absolutely referred to. Equity is not visible in the way that we all know and want it to be. There are some things like that that were shared that we'll continue to work on the content side. Besides that, process communication about the clear next steps between here and March 2, and the continued work of the of the subcommittee, are there other things that you're capturing or want to correct on that summary? Anything else for the group wants to or needs to have

Clay Kempf 1:59:27

Just really quickly, I would say that the additional meeting in this group could happen after March 2 as well. I just think we need more time to discuss. How quickly it is, is less important.

Kim McCoy Wade 1:59:41

Yes, we are all trying to meet the executive orders task of the stakeholder report going to the governor in March. That's our first choice. And so that's true a second meeting after March 2 is another way to do that. So, noted.

Carrie Graham 2:00:14

I was just wanted to point out schedule wise that the LTSS subcommittee has a meeting on March 10, to respond to SAC feedback that they got on March 2. So, there might be an opportunity in that week to provide more feedback.

Kim McCoy Wade 2:00:30

You see where we're balancing enormous complexity of issues and speed and busy schedules, some of you may be working on budget and Bill items, and other issues in CalAIM and other priorities. We will take all that back because this is important to get to get right. Is there anything else from anyone in LTSS for now? Okay, and I do want to get to your point about how we are going to reengage the community when we're talking more about Webinar Wednesday, and communications we have a seed of an idea for June. That's your teaser to come back after lunch. But let's break for lunch. Somebody who's not me is going to tell us all how it's going to work. But I just want to again, this is just one small sign of the support that this effort is getting from the six foundations who do not want to be named, but I'm going to do it. The Archstone Foundation, the San Diego Foundation, the Rosalinde and Arthur Gilbert Foundation, the MetaFund, the Gary and Mary West Foundation, and SCAN Foundation are all making consultants on policy, consultants on research, the website, all those things that you're thinking, wow, isn't the state government working in new and different ways. We are. Thank you to the support of that public private partnership, including lunch today. Thank you. Can someone give people what the directions are?

Marcia Tennyson 2:01:49

I'd be happy to do that. Lunch is provided for the committee members by Ambrosia. All the boxes are labeled with what's inside. If you happen to be somebody that submitted a special request, you'll see there's ink marks, so it might say turkey but then in ink they put no cheese or whatever the special requests was. Drinks are there, coffee remains over on the other side, and I happen to know from prior experience with Ambrosia that your napkin and fork and your cookie are inside your box.

Kim McCoy Wade 2:02:16

Very important information. And with that we do have a short lunch break because we're here on site back at 1230. Thank you so much.

Kim McCoy Wade

We have a packed afternoon with about seven topics, on each of these we are trying to provide an update on engagement, process will come throughout, and finish the day with this discussion about SAC progress on other goals, the data dashboard and board. I'm thrilled to lead off with the new website, to make it easier for more folks to be engaged. A couple

things we are excited to show off. The web address is EngageCA.org, Webinar Wednesdays and where those are going.

Adam Willoughby 2:02:29

What we did is we took those comments and recommendations to heart, and with the generous support of our funders, and the fabulous team at Paschal Roth, Mike and Justin, we developed this fabulous website that I think it looks great, and it's also functional. I just wanted to give that background. And then finally I want to clarify that this site is not going to replace the existing CHHS website, they are going to exist in unison and they're going to complement one another. The focus of this one is more publicly facing, so that's the intent with this one. Okay, and so now I'm going to showcase some highlights of the site. Nelson, can we click on the masterplan tab? You'll notice that the site is organized into three primary tabs, the first being the master plan. What this one talks about is general information about the master plan itself. It has a link to the executive order, and then something I'm actually very pleased with. While we're on the topic of fantastic graphics, I would like to submit this one for your consideration. This is a longitudinal view of the process in the master plan, where we've been and where we're going. And so, it's just a quick at a glance that I think is very helpful when you're explaining to folks who may or may not be familiar with this process. Obviously, right now we're in the Winter 2020. So that's something that I'm very proud of. And then as we scroll down, we have each of the four goals that populate, the pictures will pop up on the screen. It looks really stunning. And then that's the end of this tab. Nelson, can we go to the second tab, please? This is the Get Engaged tab. And really the focus of this one is it's all about public outreach. And so, as we as we scroll down, there's an opportunity right there, that orange link that goes to a public comment survey. As I mentioned, we've received upwards of 1000 comments we receive those, we look at those comments. And it's just it's an easy place if folks want to provide their input on the master plan. Now, you can just say go to EngageCA.org instead of giving the longer explanation of going to CHHS website and navigate to the master plan tab. We're really pleased with the placement of that. And then if we can scroll down a little bit more. This is something I'm also very excited about. A lot of folks have asked for a calendar feature. What we've done here is we've created a Google Calendar, and this is comprehensive. This includes SAC meetings. This includes LTSS research subcommittee, as well as all of our Webinar Wednesday meetings, and it includes if there are collateral materials agenda, etc., those materials are going to be posted here. And

so, users can come here and they can peruse, they can say, hey, I want to attend this Webinar Wednesday, let me download this individual event to my calendar. Or you can subscribe to the entire calendar and it will auto sync with your iPhone calendar or your Outlook calendar. Those are a couple options of how folks can use that. Yes, and Google Calendar. Alright, can we back out of that Nelson? And then this Serve tab right here. I'm not going to say a whole lot about it to get in front of my colleague Jen here, but this is where we're talking about our Webinar Wednesdays, so the times and the topics are bucketed under those three respective goals. And then as we identify dates for the respective topics, we're plugging those dates in there and those hyperlinks that you're seeing there, those link to the Google Calendar. That's the end of the Get Engaged tab. We'll go to the third and final tab. We call it For Stakeholders. This one is designed to be a little bit more detailed. It's for you folks here. It's for our subcommittee members, it's a little bit more inside baseball. The first tab that you see there, links to a more detailed survey for folks to submit policy recommendations, which Carrie has been dutifully receiving and evaluating. It's a more complex form than the other one I showed you on the previous tab, which is designed to be 50 and capture comments from the lay public. So, let's scroll down a little bit here. And then finally we have stakeholder information. These links here are going to link to the CHHS website, where the idea is to continue to archive and place meeting materials for the SAC and the two subcommittees. That's how I mentioned that these sites are going to exist in unison and be complimentary of one another. And then finally, there's the stakeholder advisory committee members. That's a really high-level overview of the website. We're very excited about it and would really encourage everyone to sort of give us a plug when you have the opportunity.

Kim McCoy Wade 2:08:43

As well as any and all feedback, corrections, additions, it will always be refreshing, so appreciate that. It went up a week ago, just in time as to be the public facing foundation for our new Webinar Wednesday series, but I'll let Jennifer and Professor Fernando Torres-Gil give us a report on.

Jennifer Wong 2:09:08

Good afternoon and Fernando should be on and will be joining us in a little bit. Hi, Fernando. So, as many of you have heard, and we've been talking about for quite a while, we have launched our Webinar Wednesday series. And as Adam pointed out, this is where you can find the information on the

new website. And each of these will link to the calendar and we will be releasing new dates for the additional topics in batches as we finalize with each of you and our state partners. What dates work for everyone and how that will work within our creation of the master plan, and how we might get recommendations and work on suggestions of how to better incorporate the Webinar Wednesdays into final recommendations, and we're talking about that a little bit later. In terms of what these are and how we'll be engaging with you, you've heard that we are partnering with state partners, we are looking to partner with at least one staff member for every topic. And many of you I've already reached out to and seeing you on Zoom calls. And I'm so grateful for your time, energy, effort and leadership on each of those. I will be connecting with many more of you. As you can see, we have 15 topics and we are constantly being suggested that we create new topics and new webinars series and additional ideas. So, we're trying to figure out the best way to go about that and as well as how to incorporate it back into this larger plan. And Fernando, I'd like to pass it off to you so you can tell folks, what our first webinar was like, what it was like being our stakeholder, what you did, a little about how you used recommendations and public comments, and anything else you might want to add to your fellow committee members.

Fernando Torres-Gil, PhD 2:11:19

Great. Thank you, Jennifer. And thank you all for allowing us to give you feedback on our very first webinar, which I must say turned out to be, at least for myself, a great experience in large part because of superb staff work by Jennifer, Adam, and others and CDA, and I'd like to first encourage each of us on the Stakeholder Advisory Committee to consider being part of the upcoming webinars because we bring a certain perspective, and I believe we add greater gravitas by being part of these important webinars. Our first one on healthy aging benefited tremendously from two excellent presentations, which I think is a good model. Firstly, Amanda Lawrence provided just exquisite graphs and demographics on aging in California, which was both fascinating in terms of the aging of the population, but also really struck home because she brought out some of the great challenges we are facing in terms of promoting healthy aging, the incidence of the chronic conditions that are broken down by gender and race and language and this city, and also geography, for example, it's really clear that it's different to practice healthy aging if you're in Palo Alto, then if you're in Stockton, California, because zip codes really matter. But Amanda really brought out a great context and trends which will set the stage for our work

and then we had a wonderful combination with Victoria Jump, who really brought out the tremendous work that Ventura County is doing, in particular on one of the key areas of falls prevention. And Victoria was able to bring it home to the local county municipal level, I think much as Lorenza and Laura did earlier today with Los Angeles. And I think that's important to have a combination of a, perhaps a state agency, and then a partner, whether it's a county, or whether it's another organization so that we have those two different perspectives. But that was a great combination. And on my part, I took full advantage of the public comments and I think that's important that we take those seriously and I went through thanks to the staff and pulled out those that were relevant to healthy aging. It brought up really important feedback from the public, certainly how they're trying to address healthy aging, but also some of the concerns that they have, whether it's recognizing the value of exercise and diet, but also the concern about the high cost of prescription drugs, as well as difficulties in accessing medical care, or the importance of transportation, which can make it possible or not possible to get the medical care we have. I would suggest for subsequent webinars that we go through relevant public comments and integrate it so that the public knows we're taking them seriously. And then one of the main themes that came out and for Jennie Chin Hansen who mentioned the importance of intergenerational, our webinar did this within the lens of longevity and the lifespan perspective, which truly reinforced that while we focus on serving older adults in California, certainly with healthy aging, but I think with many other areas, what we do and don't do when we are younger, and how we work with younger middle age persons has a lot to do with how they will age later on. So that lifespan perspective, I believe will be an excellent way to start moving forward with our webinar. And then finally, we ended with reinforcing that of all the things we can do. Falls prevention is certainly an important area. It's one of the leading causes of hospitalization, of the high cost, of the downward slide in terms of health and ability. But overall, I enjoyed it. I encourage other members to be part of it. It provides a way to reach across this incredibly disparate, huge and diverse state and bring out the important issues and educate the public while we ourselves are being educated in terms of the public comments. Thank you all for moving forward with the webinars. Thank you, Jennifer and all of those who make this possible.

Jennifer Wong 2:16:19

Thank you, Fernando. Moving forward, we have our next batch, so Work Opportunities next with Darrick and Housing and Transportation and

Poverty, Hunger and Homelessness, Emergency and Disaster Preparedness and Response. As you now know, and have been oriented you can follow along by clicking on those on the new website and it'll take you straight to the calendar invites and, and then we'll link you to Zoom. Go ahead, Marty.

Marty Lynch 2:16:53

Is the content from the Healthy Aging one?

Jennifer Wong 2:16:56

Oh, that's a great question. Yeah, definitely. Every webinar is being recorded and then transcribed as well. And we look forward to posting all of those. As a video and a transcription in there. And the slide deck.

Adam Willoughby 2:17:21

If it's not there now, it'll be there shortly.

Shelley Lyford 2:17:26

Quick question, Jennifer, so for everything that's happening after. How are those of us who have put in requests to host a webinar on different topics, how are we being communicated with?

Kim McCoy Wade 2:17:40

For each of these, we are putting together you saw the previous slide three things, the SAC member is co creating with us, the state partner and the local leader. And then of course, there's this interactive polling that we got to play with this first time that we'll continue to refine, it was great to see live action polling although a little bit tightrope walking, but it was great. For these if we can just take a second on Work Opportunity, not only is the SAC co creating but I'll just say it's also wonderful cabinet level engagement for all of these if I could just lift up for a second. On Work Opportunity, it is Darrick Lam the SAC who is joining us and we have people from Secretary Julie Su Labor Workforce Development Agency working on that one. Housing, that's Jeannee Parker Martin. And of course, we have folks from Secretary David Kim, the Cal State Transportation Agency working with us. Transport, both look at you all sitting together to help me, Debbie Toth and Clay Kempf tag team working on transportation. I said Podesta is our housing secretary of course and Kim is our Transportation Secretary so they're working with us on the slides, the presentation. Poverty, hunger, and homelessness will have our state's the

brand new Undersecretary for Homelessness Ali Sutton joining I believe Kevin Prindiville and Janny Castillo in that one, and then Office of Emergency Services, the Governor's Office of Emergency Services, of course working with us on that with Jan and Christina, who've had far too much experience recently, with disasters, as well as Karen Fies from Sonoma County who's on our LTSS subcommittee. So that's how we're co-creating/convening, there is another batch coming. I know you all have a different idea of a webinar, so we should talk more about what to do with that idea. We welcome other partnerships and conversations, and these would go through the end of April, which gets me to this process point that we want to talk about again. So once again, we just this morning we're talking about goal one, LTSS. The subcommittee is coming forward with recommendations for the report and we will take those to SAC at the March meeting here. We will have 15 webinars, each of which will have a summary of what was what came out of it with that SAC, but then how do we put that together into a set of goal two recommendations that could come to the SAC to evaluate at our main meeting? That's one of the process conversations we want to tee up for this afternoon is are we creating goal two work groups, goal three work groups, goal four work groups with the people who did the webinars and other interested folks to take again more feedback and turn it into priorities and beautiful graphics. Again, with the high bar the goal one has set by going first. Let me pause, there's one other piece I wanted to say to get to Janny's point that, it's a half a thought so for so forgive me. But we do take seriously Lorenza and Laura's experience, advice and challenge to us to come back to the people. After hearing from people all Fall on the website, all Spring at these webinars, we are thinking about what would it look like in June to do a capstone in person, remote, multi-location, same day and share it back everything. If you want to think about that, but we do feel like that would be great to bring it all back in an interactive and perhaps ideally add the in-person component so that communities can meet together like they have at round tables and forums. We need some thought partners on that. But we do think that there's one more to come that's the capstone to reengage. Questions and comments on any of it. Debbie?

Debbie Toth 2:19:25

I would just say Mark Burns is not a part of this group, but he is in San Francisco, and in terms of SCAN founded regional coalitions, they did a really phenomenal job of that kind of an opportunity when they did one of their town halls. It was an election year and they did it around some

election that was happening locally, it may have been the mayor. But they were able to convene a ton of people in the room as well as electronically connected people out in the universe, and they did a phenomenal job. They probably have some experience and expertise to share with us. And I just want to say that I think that that's a beautiful idea. I also want to say that in thinking about what I heard from rural today, how we connect and how we arrange that ahead of time so that folks can access that is going to be a really important piece of the puzzle.

Craig Cornett 2:22:39

I have a quick question. It's a very slick looking website, which I think is appealing to people. And just curious being up for only a week is have you gotten people engaged? Have you got new ideas and come in just this week?

Adam Willoughby 2:23:16

Yes. We have looked at our hit count on the website. And I don't know the exact numbers, Justin in the back probably does. But many, many hundreds of new unique URLs have visited the site. And relatedly we have seen an uptick in the number of public comments that we've been receiving.

Kim McCoy Wade 2:23:46

What is the status of the Spanish and traditional Chinese version of the website?

Adam Willoughby 2:23:54

Great question. If it's not already up, traditional Chinese and Spanish language interpretations of the website should be up very soon. I see Justin shaking his head back there. Probably by the end of the week I'm going to guess.

Kim McCoy Wade 2:24:22

Moving from goal two, goal three, goal four of the master plan we, of course, absolutely are going to be data driven and one core piece of that is our research subcommittee and their work on the deliverables around metrics and data dashboard. Carrie Graham, when she's not working on LTSS, can give us an update on the research subcommittee.

Carrie Graham 2:24:46

Alright, the elusive research subcommittee. I want to start with, can everyone in the room raise your hand if you're on the research subcommittee, we have David Lindemann, Jeanne Parker Martin, Donna Benton. Sorry, anybody else? And Chris Langston from Archstone. Welcome. The purpose of the research subcommittee was a little less well defined in the executive order. But the purpose of the research subcommittee is to ensure that everything that happens with the Master Plan for Aging is measured, is benchmarked, and we have a way of knowing whether the master plan is successful in the short term, midterm, and long term. How that's playing out practically, is that the research subcommittee is tasked with advising on a data dashboard. And the research subcommittees meeting about once a month or a third meeting so far, there's a lot of really incredible researchers and other representatives from around California. And so, there's a meeting on Friday, and the meetings are shadowing the LTSS subcommittee to a certain extent, in the topics we've been covering. And this next meeting on Friday will be the final meeting to talk about research data and metrics related to goal one, which is LTSS and caregiving. We are also, I'm happy to report, going on the road to UC Berkeley where David Lindemann is hosting us at the CITRUS center. And we will be having a meeting in February which is going to be covering goal two livable communities and purpose. Similar to the LTSS subcommittee, this is another working committee. We put the stakeholders to work so we have different people who are helping us within the committee advise on what we should be covering, giving presentations, helping to facilitate, that sort of thing. The goal three meetings is in March and we will be going on the road to West Health to talk about health and well-being measures, to what should be included in the data dashboard. The committee really is advising on the data dashboard. Goal four is going to be in April where we're going to be talking about economic security and safety. And then we have a few more meetings in May, where we'll be, some TBD, this is a living, breathing, kind of a timeline. But what these meetings typically are shaping up to look like is that we have updates from the state and partners who are going to be working in a concrete way on the data dashboard. Then we have what will we serve colloquially call "smart people using data in interesting ways that could inform the master plan," otherwise known as partner research. We typically have a presentation that lifts up an issue around equity or a vulnerable population and then we have a couple more presentations for people using data in interesting ways. This Friday we have Amanda Brewster coming from UC Berkeley. She does research that looks at health outcomes and institute

and skilled nursing facility outcomes relating to the functioning of the AAA in the county. We have Ed Marasco from Health Net talking about how they use dashboards to monitor quality for skilled nursing facilities. Then we usually have a section, a little over an hour where we actually talking a really concrete way about the dashboard and this week we'll be having Gretchen Alkema from the SCAN Foundation, Kathryn Kietzman from UCLA, and a bunch of other stakeholders. Kathy Kelly from Family Caregiver Alliance. And we'll be talking in a really concrete way about what measures and different data sources we could potentially advise to measure that on LTSS and caregiving. And then in a lot of our research subcommittee meetings, we also do want to lift up technology. So, this week, we're lucky enough to have David Lindemann. He'll be co presenting with Chris on issues around advanced technology applications for caregiving and workforce. That's just a little plug for this Friday. And anybody have any questions or Kim wants to add?

Kim McCoy Wade 2:29:35

So, these are packed. I urge you to come or to Zoom or look at the deck afterwards. We are finding them to be incredibly energizing. And similar to the conversation earlier that Kevin made about big ideas. Gretchen Alkema from SCAN is challenging us to think about that big indicator that captures how we're doing and then all the drivers below it that drive that indicator, so that we can have that high level what are the four or five or six things that make us the most age and disability friendly state in the country, but then of course be very specific about the drivers. So, it's that comprehensive and elevation conversation as well. While you're thinking if you have questions or comments, two exciting capacity updates for us at CDA, where we do not have a researcher data shop whatsoever is that we are thrilled that our partner agency, the Department of Public Health, who has great track record on health data and user friendly dashboards and an equity lens. Let's Get healthy is probably the most famous example. But there are others the opioids and other databases will be partnering with us to actually host and build this. We are meeting in the next few weeks to get real specific about what that means. But that is a big relief to those of us at CDA that we have a partner with an agency who can host, so stay tuned. And then equally important to us, is all the feedback we've heard about, yes, we have our work cut out for us to organize the data we have, but we also know we don't have all the data we need. And so we, again, with the support of the funders are able to have a new consultant who's here with us today, Terry Shaw in the back of the room, who many of you may know

from Covered California, where user design work, or California Healthcare Foundation work or other hats she's worn over the years. But Terry will be running alongside the dashboard work and helping to identify where there are gaps in data quality, in data access, in data integration, in data systems so that we can really have, it's an action plan, quite literally to hit the ground running of where we need to prioritize on data, even while we're launching a dashboard, 1.0 in October, what are our next steps to continuously improve that? Those are three, four or five updates on the data work. Questions and comments? Or David, our host on Friday or anyone else from the committee want to add? Looks like we have one comment on the phone from Fernando.

Fernando Torres-Gil, PhD 2:32:19

I'm sorry, no comment. My hands are down.

Kim McCoy Wade 2:32:26

Okay. Well, and again, just that process feed. The charge of this research subcommittee is that at the main meetings will come to you for action and response and feedback. So again, thinking about what's the most helpful way to get that and have that cycle work? Anything else on research and data?

Debbie Toth 2:32:52

Kudos for getting the Department of Public Health involved. Our experiences on the Alzheimer's committee has been tremendous with them, and I'm super happy that they're a part of it.

Kim McCoy Wade 2:33:02

Yes, they have been full hearted, full minded partners. That's part of why they helped us kick off the Webinar Wednesday with healthy aging. And we are grateful for that partnership, so that aging is not just at aging, it's everywhere. With that I will segue into one of the proposals that came up at our last meeting when we met on the phone in December, was a new equity work group and to give us an update on that as we go. Rigo Saborio from St. Barnabas and Kevin Prindiville from Justice In Aging.

Rigo Saborio 2:33:33

All right, good afternoon, everyone. First of all, I like to thank the SAC members for supporting the concept of adding the equity work group to this valuable discussion and work. And so, as a result of that, moving forward, a

small group came together to begin to plan out how we're going to do this. Clearly at the last meeting we discussed what this is going to be about. We are wanting to review and analyze the recommendations put forth. Again, it's not to develop new recommendations, but to review and analyze the recommendations that have been put forth from an equity lens assuring that equity is being thought through this process. Then the question is, how are we going to make that happen? The small work group came together and identified that we wanted to add a number of folks to this work group. We have identified a total of eight or six members of the SAC that are part of this. Besides Kevin and I, we have Berenice Constant, Darrick Lam, Cheryl Brown, and Catherine Blakemore on this group, and we felt that we wanted to add two more from the SAC as well as eight additional members, non-SAC members. So, we have equal representation from within and from without. And with that you all saw I believe, an email that went out and seeking applications to fill out the workgroup. And they had until today to fill out those applications. And then from there, we're going to be making decisions based on wanting to make sure that we have the appropriate representation to make the appropriate analysis that is very much needed at through this process. And we will make that those decisions by the end of January. In addition to identifying the members of the workgroup, we also discussed how we're going to meet. Right now we definitely have one meeting set up, but we see this as a series of maybe three to four meetings between now and the end of the process. The very first meeting happening on February 13 in person, and one of our first tasks is going to be looking at the report from the LTSS work group and beginning to do the analysis there. There's more work to be done in terms of the tools and the framework we're going to use to do the analysis but that we anticipate is the work that's going to be happening between now and February 13. And with that, I'm going to pass it over to Kevin. Anything else to add?

Kevin Prindiville 2:36:31

No, nothing to add. Excited to hear what others have questions about.

Kim McCoy Wade 2:36:38

And just to thank Kevin and Rigo for their leadership in this. This is already having an impact on how we think about the goal one report, on the Webinar Wednesday, on the data dashboard, all of those products will go through the equity work group now as we design this process, and so that just strengthens the governor's commitment from the very top and of course the master plan values around equity and inclusion. Thank you for

helping us make it real. As we've said before, we're very excited about this as a master plan process that then can inform CDA's process and structures going forward as well. So, thank you for partnering, co designing once again, and how we embed equity work and all that we do. Questions, comments, Bruce?

Bruce Chernof, MD 2:37:24

Thank you both for your leadership and getting this off the ground. One of the things I'm wondering about, it may go back to one of our earlier discussions, is whether there will be Webinar Wednesday's, or some other kind of listening strategy. Is that something that we can do? And I realize this subcommittee is getting started late and timeline at the end isn't moving, the start time is moving. I'm just wondering if there's communities that we're not listening to, and there's only so much time to get this done. But, for example, we're in Sacramento, right, so probably the largest mong community in the world outside of Southeast Asian lives right here. And as much as we may have done to try to listen to be open, that community is not really going to have any meaningful chance for input in this process, unless we're lucky enough that there's somebody who's bilingual. So, I'm just raising, are there some communities that are so left out because of language or geography? And I realize this is a very simplistic way to think about equity, I'm thinking equity sort of small e, but I'm just wondering if it's an avenue for some additional listening in the time that remains for communities that just aren't going to go to a website that's in Spanish, traditional Chinese or English or just, it's literally maybe a bad idea. Just a question.

Kevin Prindiville 2:39:01

Yeah, I think that's an excellent question, Bruce and thought, I think part of our idea of creating this equity work group, and expanding that include to include non-SAC members was to start to tap into some of those other networks, and individuals that like us maybe have expertise in aging, have expertise working with those other communities. And so, I think we've gotten given I have both heard from a few groups that we particularly had in mind that we hoped would apply. And we can put these questions in front of those groups. I think the answer is unlikely to be using the structures we've set up already, like Webinar Wednesday, but rather what works for that community? And who are the thought leaders in that community that we could invite to a meeting or have a meeting with and listen in a way that works for them? Because we've kind of set up the structures that we think

are going to work best for a mainstream and now I think this equity work group will give us a place to brainstorm how we reach people where they have these conversations. I think that that's something we can put on the agenda for the first meeting, because we won't have everybody, has filled the 16 members. But we're going to hopefully have at the table people that are connected to and live more in the space of how we're relating to and connecting with and reaching a diverse array of community.

Kim McCoy Wade 2:40:25

And I would just add, that's part of why we're holding off on the June Capstone event development because that one we want to, from the start of the equity work group have, I don't think capstone is the right word. I don't think townhall is the right word, etc. Like what is what is this thing that we're beginning to co imagine together? So yes, I think it's great, that we should name not just the master plan deliverables, but the master plan engagement strategies, and are there things that we can continuously improve in the Webinar Wednesday, in the website, in the community roundtables each and every time to be better? Even designing the June TBD with from the start with that expertise.

Jennie Chin Hansen 2:41:14

Again, thank you. Thank you very much for taking the lead on this. It just struck me and you probably have already thought about it. The national aging groups that have focused on specific racial ethnic populations that are again, represented in in California. I wondered whether or not that was going to be a source of referral for you. And also, the Bruce Chernof isn't here he just stepped out, but there is the group that is doing all the regional coalition development and because they're so close to their local leadership and understanding whether or not, again, there are some networks that we wouldn't think about right away. But the fact that they've existed historically, or the fact that in recent couple of, five years, up and down the state we've got to rural communities and other places, so I just wondered whether they are just kind of natural resources that are ready, that you may have tapped on or if not might be a good resource.

Rigo Saborio 2:42:30

Thank you, Jennie. Those are excellent suggestions. Obviously, our goal is to look at this from a very comprehensive way and certainly so that being said, we are looking at diversity across geography and the groups from a local and a national perspective. I think, certainly the groups at a national

level, representing diverse audiences and consumers, we are definitely going to be reaching out and have been in conversations with already. Some of us individually and so on. But there are other particular areas that we have yet to think about. And that's what makes this group so important. We are a group that's going to need to be intentional about acting on those kinds of things. That again, I think you, myself and others have been involved in incredible work, but we get so tunnel vision in that work, that we build a house and then we ask ourselves if we include these other groups, right? And so our hope is to do as much work as possible up front to be able to be as inclusive as possible. But that said, we also welcome ideas and suggestions from everyone because we don't want to miss anything.

Kevin Prindiville 2:43:43

I would just add to that, that I think, as Kim mentioned, when she was starting this off here, the way that CDA is hoping to use this work to inform CDAs work on growing its focus on equity over time. I think this is also an opportunity for our aging community. We're actually maybe we've been reached at thinking about equity issues or identifying those communities and partners that we don't normally connect with This is a chance to call ourselves to this question and whether that's in some of our existing coalition's or a new ones that we create, but I hope that this is work that expands far beyond just the master planning process.

Kim McCoy Wade 2:44:24

Yes, and thank you, there's a cube, a wonderful queue building so as I hand it off to Cheryl I'll call on you in just one second, we have very much been relying on your network to help us get the word out as well as making new relationships with groups like California Pan Ethnic Health Network, or Latino Coalition for Healthy California and the Black Women's Health Project to try to help us grow our CDA relationships. We're also at this point, very much counting on you to help spread the word and forward it so that we can reach as many people as possible. In the queue I have Cheryl, Jodi, Susan and Debbie.

Cheryl Brown 2:45:01

We talked about this as an equity work group and we've done at least a lot of talking about it. But at the last meeting of the CCLA, we had a person who came as a part of the community, quite angry about not being included. So, we really need to make sure that we include people. This person was of Pakistani background. And he just thought what we were

talking about was fine, except that his community was not included. I agree with everyone that's talking about we have to work harder to include those communities.

Jodi Reid 2:45:55

Thank you. This is just another idea to throw out there that we found, successful in some communities where we work and wanted to try and be more inclusive. One is that the faith community is a really important ally, especially for some of these more disconnected ethnic groups, which is where a lot of important information gets shared, and where there's a comfort level to receive and participate in information. To the extent that we can connect with some of the religious leaders and those communities to engage them. The other community that I keep hearing about that has not really found their voice with us yet, is the LGBTQ community. And so, I also would urge us to reach out to groups like Old Lesbians Organizing for Change and Lavender Seniors and other groups that have not really found their way in.

Susan DeMarois 2:47:03

Thank you, Rigo and Kevin, can you remind me, does the lens include income inequality? Was that part of the thinking? And I'm asking because when Peter said 1 million Californians are on Medical and 8 million older adults are not that I think if we only, I think there's a group of people that are on lower middle class that I want to make sure are included who are locked out of Medical services. So, if income is going to be part of the lens, I want to make sure it's beyond Medical.

Kevin Prindiville 2:47:49

I don't think that income was explicitly called out in this equity work group. Our focus with this equity work group was to get racial ethnic systemic disparities, and then also LGBTQ. We thought that disability will also probably come in here. But we thought disability was, thanks to our wonderful disability advocates, had been brought to the table in a very forward way. And we think that issues of income inequality are being addressed in the economic security and safety work group. I think we'll get to those issues. I think the equity group work group is designed to get to something we weren't sure was otherwise being called out explicitly in other parts of the planning process.

Debbie Toth 2:48:41

I would like to echo the group's sentiments and thank you again for doing this because I think it's vitally important. I would say, a bit of nuance, to add to Susan's question just in terms of the folks that we serve when we created a Russian program we created a Farsi speaking program, so we have these culturally specific programs, which also had some religious identities associated with them as well. When we try to do the same thing for the Latino community, this was before Latinx conversations were happening, and it was almost impossible to do in an adult day healthcare setting because coming to this country, they didn't have access to Medical. They're very, very low income. So, I think that there will be some painting of that in the work that you do. But I want to bring part of the conversation that was happening this morning to the awareness of the group to say when they talked about the dementia lens this morning. I don't know if you all had the same experience that I did, but the second they said that we ask in everything that comes up, "What about somebody with dementia?" And I knew exactly what that looks like, right? And I went, oh my god. Wow, what a totally different answer to the question. I think we all knew exactly what that was. What are the exact right questions that are going to get us to thinking about equity? And can we replicate that same kind of process, that it's that simple that we have? And maybe the answer is no. But can we or can the group devise a set of questions that would get to these issues on everything we do, as they said this morning, that's what we're doing with dementia. That would be my hope that everything we're doing in this process, like we want the state to filter aging for everything they do in legislation and budget, we'd want to include equity in everything we do in this group.

Rigo Saborio 2:51:01

I think the answer is, we hope to get this something that's simplified, right? Something that can be utilized and replicated. It's to be determined. And that's going to be the work of this group right now, we still have to figure out how to best do that. And I know in conversations with Kevin, and the work that he's been doing, or with just to Justice in Aging and other groups are focusing not just from an aging perspective on the whole issue of equity, they haven't quite figured that out yet. We actually will be pioneering something; I believe through this process as well. I guess the best answer right now is to be determined, but those are excellent points.

Jose Arevalo, MD 2:51:49

Thank you going, Kevin, this is really a key item, especially for some of us and in the community. One of the really important areas, as we prepare for the report for the next 10 years is, is really looking at the commission that was recently completed, a report on the future of the California workforce that we will need in order to address all healthcare, in particular of the aging population. And so a key component of this will be to look at some of the material that's been, because there's a huge volume of information that's been put together by the commission, because of the issue of equity in the workforce, because it's very clear that an equitable workforce with especially some of the sub populations we just talked about then and including what Susan pointed out at the LGBTQ community, and looking at, at the need to really have a workforce that reflects the population that you're serving. And so, a key component of this would be to look those commission reports, and really try to see what we can glean from them about how to address this really important issue and in terms of preparing the workforce.

Judy Thomas 2:53:12

One group that I know is representative the cabinet level, but I haven't had for them brought up here. I'm not sure how they fit in is veterans.

Kim McCoy Wade 2:53:21

Yes, they absolutely are. Great question for equity work group, but they absolutely are at the cabinet work group. And if you haven't seen they released their master plan last week, the Master Plan for Veterans. Beautiful model, about 100-page binder with recommendations. I spent the weekend with it, enjoyed it very much, recommend it to you highly, is a good master plan example. And we very much have included veterans' homes and our discussion at LTSS about residential setting, there of course veterans homeless programs. So, we are weaving veterans, but we need to also circle back as the equity work group does to make sure how does this work for veterans? How does this work for dementia, how does this work for mong communities? All those questions get asked the systemic way. Thank you.

Kevin Prindiville 2:54:11

One other comment, Kim. It just occurred to me as you were talking about hearing rumblings about different ideas that people have four master plans that are being sparked by the work of this group is doing which is great. And I was thinking of a conversation I had with a colleague who has been

talking with folks from lots of different states who've been talking about how they're really waiting to see what California does. And again, that big idea, right, what are the big ideas that are going to spark other states tackle something big, and I think this equity piece is really crucial in that where California is such a leader on equity hopefully in the country, and so again, thinking about how we're prioritizing that as a SAC and hopefully in the plan, and what message that sends to other states as they tackle these issues to the equity is thought about at the front and all throughout. Like Rigo has been saying. So thank you for everybody's support.

Kim McCoy Wade 2:55:06

Well, thank you for the support and the leadership so that we really are going beyond the California for All logo and making it real in California and in our communities and nationally changing the dialogue. If there's nothing else, I'll keep us moving to a topic Secretary Ghaly teed up this morning which is the California Department of Aging strategic planning process. We have been charged to do a strategic planning process so that we can actually do this work that we're doing now and do more importantly, the implementation work of the plan itself. 2020-2030 a 10-year plan requires continued coordination, leadership, support. Just a word on strategic planning. The state government has a way of doing strategic planning, a very formal way that many of you may have seen if you've been at the Department of Rehabilitation. They have the posters on their wall. So that's the process we are going through with consultant's support from Sacramento State vision, mission, values, goals. We began with our staff, our internal management and all staff have been engaged and we are now turning externally we will be reaching out you all are the first to see this very, I think it stated yesterday because it keeps changing, which is out as it should. And we will be turning soon to our state association partners such as the triple A's and high cap and ombuds cetera MSSP, CBAS, I hope I didn't leave an acronym out. And then of course to their membership as well. And then looking at the equity work group as well to get these new voices and new perspectives on what should CDA look like. So, you are being handed if you're in the room, hot off the presses, today's version of and it will change the next time you see it because you're going to inform it. I am so grateful that Mark Beckley is now our, well he's been since I became here, our Acting Chief Deputy, he is our official chief deputy and he's our full-time chief deputy. We're so grateful. He is leading this process and I will let him take it away.

Mark Beckley 2:57:16

All right. Good afternoon, everybody. As Kim mentioned, we've been working on the strategic plan since October. Our process has been to engage our managers, executive staff, all of our staff. We really want this to be an inclusive strategic plan that really incorporates all of your thoughts. Our current plan expires June 30 of this year, so the timing really couldn't have been better to develop a new strategic plan, especially since we'll be able to incorporate all the elements or concepts of the master plan for aging into our plan. What we'll be going over with you today are the key components of our strategic plan. So, you do have this handout, and I'll explain the format. I think it's pretty self-explanatory. The first column is vision. This is the strategic plan element. The second column is how our current strategic plan reads. So, this is, for instance, the current vision statement. And then we have proposed alternative language. I will say for vision, we really struggled with this one, we have come up with several different alternatives, but nothing that really seems quite inspirational enough for us. You'll see a few alternatives there will then walk through the mission statement and values and then goals. And under goals, you'll notice we have four goals and then we have sample objectives under each one of those goals. Those objectives aren't intended to be all encompassing. They're really just to give you an idea of what that goal is intended to achieve. Some of you may have thoughts and ideas about additional objectives, we definitely welcome that feedback. We'll start with vision. And in second column, you'll see how our current vision stays which is, "We envision every California to have the opportunity to enjoy wellness, longevity, quality of life and strong, healthy communities." It's a great vision. And I think what we're hoping for is something less wordy and something that people can really remember. And it resonates with them. Something that we had come up with internally was longevity, dignity, and quality of life for all Californians. What is it that we want to achieve for older adults and individuals with disabilities, and being all encompassing, so this is for all Californians. The second one is even a bit simpler, which is enhancing aging for all Californians again, encompassing that "all" concept. And then this is one that Kim had found or come across that is simple, and you know, very positive. It Scotland's aging tagline which is "Love later life," right? Simple, to the point, but it gets the concept across. When we solicit your feedback, you'll be receiving a survey. If you have alternative language for vision statement, we'd love to see it and love to hear it.

Okay, I'm going to move on to mission unless you want more of this. For mission statement, the mission statement that we currently have we felt was a little too lengthy. It's definitely not something that is easy to keep in your head. It's a mission to promote the independence, well-being of older adults, adults with disabilities and families through access information and services, to improve quality of their lives, opportunities for community involvement, support for family members providing care and collaboration with other state and local agencies. A lot of these bullet points are really the how we do something which we thought would really be best captured under goals and objectives versus a mission statement. So the revised mission statement reads, "We lead innovative programs, planning, and partnerships to support the well-being of all older adults and people with disabilities, families, caregivers and communities." I think what was a few key concepts for us and the revised mission statement is one capturing that concept of leading that the California Department has been given the mandate and charge to lead on issues to actively promote and advocate on issues of aging and disability, and then our role, which is as planners to do our leadership collaboratively and form partnerships, and then the what that we're trying to achieve, which is wellbeing for adults, individuals with disabilities and all the communities that we serve.

Okay, moving on to values. The values and I'm not going to read all of the ones that we currently have. It's a list, there's 10 values that are in our current strategic plan. And it's one of those issues that if you have too many, what do you really stand for. We tried to simplify the values and Kim came up with this great concept of pairing values together. We had six values that we're really comfortable with. And we said, let's pair them together, it'll be easy to remember and they kind of logically align. The first one is Leadership & Collaboration. We lead with vision and expertise, passion and accountability, and collaborate with our internal and external partners to create a livable California across the lifespan, which is what is the role of the department is to be leaders, to be collaborative, and to really serve all Californians. The second pairing of values Person-Centered & Outcome-Based, so this also aligns with the Health and Human Services Agency strategic plan, and the existing core values captured in there. Of course, we want a person-centered system and we want to have outcomes that we can measure. This one reads, "We value people and results. We partner with our participants and with each other to understand individual and collective needs and move together toward impactful, data-driven solutions." And then the last thing is Innovation & Inclusivity. So again, this

is capturing that we do want to continue to change, to improve, to continually revisit our programs, and we want to do in a very inclusive manner. This one reads, "We turn ideas into meaningful solutions for individuals and communities and promote the participation and perspective of all people." Okay. So that's our vision, mission, values. So, we have four goals. And these goals are really to capture, you'll notice we've got three goals that are more focused on our customers and the communities we serve, and then the final goal really is more inward facing towards CDA, but again, the better job that we can do, the better job that we can do to serve all of our partners and providers. So strategic goal number one is to implement the Master Plan for Aging for 2020-2030. And I really don't think I need to say a lot on that one, I'll let that one speak for itself. The second one is to deliver quality services. And this really looks at the way that CDA does this work, and how we support our partners in doing their work. And some examples of how we plan on improving would be to really be policy subject matter experts, program experts, and partnering with all of our providers and agencies to help them better do their jobs. If you look at the way that the department has been structured, designed, it's really been more of a federal passer agency, we receive funds, we distribute funds, and then we ensure compliance with those funds. But again, as I say, our role is changing. So, we really want to capture that. Again, we get to the outcomes. Measuring the outcomes of the services, are they what we want for our providers and for our agencies? And is this what we want for our customers? And against the Kim's point about building up a research section that's able to do that work. And then finally, streamlining our business processes, I think of business processes as sometimes being like barnacles on a ship, they accumulate their weigh down the ship, you really have to go through and periodically look at that, scrape them off, and streamline your processes. Then if you flip to the last page, goal number three, engage around age. This really talks about engaging with all Californian, all communities throughout the state, ensuring that we're looking at things through an equity lens and that we're ensuring that we're promoting and outreaching to all the communities that we serve. And then finally, create a modern CDA. So, it's really taking a look at the way that we're currently structured and updating it so that we're able to deliver on a Master Plan for Aging help to implement that plan. And of course, to serve our own workforce, to make sure that their careers are developed, that we invest in training for them, and we're always looking to do things better. That is our draft strategic plan. For any of you who've been involved in strategic planning efforts, very grueling process. A lot of ensuring that we're

capturing the concepts that we need to capture in a strategic plan, as well as lots of wordsmithing to make sure that we get it right. So, this is still draft and that's why your input is so important to us in this process.

Kim McCoy Wade 3:06:59

Let me just say two additional points. One on the last one, create a modern CDA. I hope some of you dug enough into your governor's budget documents to see that there is funding in the governor's budget proposal in January for CDA to move to a building closer to downtown with meeting space and technology and join the rest of our state government partners. We are excited by that proposal in the January budget and commend it to you if you haven't gotten to that one yet. And then to say that what's not in here is what has come in through a lot of recommendations about reorganizing aging and disability services-- and that we are not tackling that at this point to the strategic planning process. We're tackling that through the master planning process. So this should neither foreclose those conversations are presume the answers to those questions, if that makes sense. With that, let's get the queue going. I saw Darrick first so I'm going to go right to you.

Darrick Lam 3:07:57

Thank you, Kim. Actually, I just wanted to commend the CDA for taking on this charge to develop a very exciting strategic plan. I'm saying this because I've been following you guys since the mid-80s. I actually have not seen anything like this as a previous provider and then with the triple A and then with the federal government. I think this is exciting that you're incorporating the Master Plan of Aging as part of your strategy and also to repurpose what you're doing and to be more innovative and create more exciting things, not only for older adults and people with disabilities so I just want to congratulate you for taking the first steps.

Kim McCoy Wade 3:08:38

Thank you. Nina, you'll start and then we have Susan and I see Jeannee.

Nina Weiler-Harwell, PhD 3:08:47

Hello again, Nina Weiler-Harwell, AARP. This is very exciting. And I could say we would appreciate that the language is setting you up for success with the master plan and out years. I did reshare also a comment I heard about the department having acted as a pastor in the past. So, you know, when we talk about equity and so forth, I know Susan already mentioned

this, even just being middle class doesn't mean you have all the resources. You've already seen a story from a member in Cathedral city last week who couldn't access services despite being able to pay for some of them. And I had another point I was going to make.

Kim McCoy Wade 3:09:35

I thought you were going to solve our vision problem for us, Nina. Susan?

Susan DeMarois 3:09:44

This is Susan DeMarois with the Alzheimer's Association. This is excellent and I just wanted to home in under strategic goal number one, the word champion. We have been waiting for a champion. So, I love the inclusion of that word, especially. If other things change, don't change that.

Jeanne Parker Martin 3:10:08

Congratulations on this first draft. It is excellent. Having spent most of my career doing strategic planning with organizations, I would say that you've hit on many right points. In terms of division, I think what's most important is to think out 10 years and what you want. What does it look like? These all say something, but I would think of that kind of simple four or five letter four or five word vision. And the first one may be a longevity, dignity and quality of life for all Californians, but maybe not. So, I would think through that. Enhancing aging for all Californians is also nice but doesn't seem like a strong look forward. What do you want in 10 years kind of vision. After the master plan for aging has been successful, what should it look like? And then the goals I think are terrific. And the only change I would suggest that you consider is on strategic goal number four, I would make that stronger and just say modernize CDA, not create a modern CDA, it is a kind of semantic. But I think you've got a lot to work from here. And it's a great, great start. It won't take you long to refine this to the final documents.

Kim McCoy Wade 3:11:33

I'll just go around this way. Kevin, Christina, Craig, if that's all right.

Kevin Prindiville 3:11:43

Yeah, and maybe others that have more experience than me can add a little bit more flavor here. But I thought this looks great. One word that was in the old plan that didn't make it to the new plan is advocacy. And I just wanted to note that the Older Americans Act is really different than a lot of other pieces of legislation and that it really calls out the role of anybody

who's operating under the Act to be an advocate for older people and people with disabilities. And so that word has conferred a special responsibility, and I think has special meaning here that would be useful to also migrate into this new plan. I think it pairs well with champion. And so, I'd love to see that continue to be part of CDAs call to action and mission and vision.

Christina Mills 3:12:33

Just want to point out that I love the accountability portion of leadership and collaboration. But the reason why I love it is because disability is included in this and it's not often that, while others have said this is a great change from where we've seen CDA, the fact that the department is willing to take on life span issues and encompass disability as a part of that conversation really shows the leadership of the department moving in the right direction. And makes it seem as though the master plan isn't just one document that includes disability and aging, but that there's also some longevity to make it really happen.

Peter Hansel 3:13:12

Yeah, just a quick comment as someone who said that the state capitals for 30 years and it looked at how state agencies do things, this is a huge change. I think I congratulate you for it. Was that good or bad? This exudes leadership. And I think that's a great thing. And I don't know if it was if the governor did this or if the agency secretary empowered the department to do this, but I think it's really, really good.

Kim McCoy Wade 3:13:40

It really, for Dr. Ghaly, it emphasizes that the plan is important, but the implementation is where we're all going to see the results and drive it. Are there others in the queue?

Jennie Chin Hansen 3:13:51

The word champion I'd like to acknowledge also from Susan, but one other energy that comes out is a word of catalyze. You really are putting in some firepower into this. So, there's the sense of energy of going forward and bringing people together. You really have become a catalytic engine.

Nina Weiler-Harwell, PhD 3:14:36

I did want to add one other thing. I see the language "for all" throughout the document, which is great, but I'm hoping somewhere there'll be some

further definition of that that reflects the language we've been talking about here in Stakeholder Advisory Committee about regardless of income, education so forth all the different categories.

Janny Castillo 3:15:13

Janny Castillo, St. Mary's Center, I want to concur with Kevin concerning advocacy that we put that up to the forefront. In these processes that I've seen over and over again down through the years, there's always a thinking that does this little to include what California will look like in 10 years. And often we're very short sighted when we create these plans. I remember I was at a meeting that transportation plan for 10 years was unveiled. And they were in the process of creating what they thought it would look like. Yet, they did not think about the shared economy and the impact that it had on the city itself. And so that was a great oversight. I want to make sure that we are really capitalizing on what California will look like in 10 years so that we can get above the curve. The other thing is whether in the weeds here is the collaboration across the state departments, and how we can collaborate and build on each other's objectives over the next 10 years. So I'd love to see more of that. Thank you.

Clay Kempf 3:16:32

So, ditto on what everybody said. Great comments. Love the advocacy and leadership piece. I can't let this go without commenting or complimenting on goal one and the goal objectives, the part where you say continuously improve the plan components. I think that's essential to this. We've talked many times about how do we keep this from just being a plan that sits on the shelf and this is exactly how, keep that dialogue going. And then the second part also, to regularly engage with stakeholders of the plan, because that's how you get accountability is having external input and participation. Thanks very much for including that.

Kim McCoy Wade 3:17:14

I want to leave you with, Janny you actually kind of encompassed where the discomfort with the vision has been, that the vision feels like a vision you could have written 10 years ago right? Longevity, dignity and quality of life, enhancing aging. We're really being challenged and charged to imagine. And so I'm going to take the liberty of giving you all that homework as you drive home, fly home, train home, transit home to imagine and help us with that. That's why the Scotland one is in there to kind of get the juices going on "love later life" to help us. What does the future look like so that

you can really tell it's the vision of the moment? As well as building on our strong history, but that is what we are trying to do and we haven't gotten there yet. Thank you. Thank you for the challenge and the partnership. Okay, anything else on that? Mark, thank you so much for your continued leadership with that. And those of you who are in partner relationships with us, you'll see it again and again and again as we continue to refine it in the coming weeks and months. Okay, we are ready January 2020, to begin mapping out our process to get us across the finish line in October. Again, those of you who are on the call in December, remember that this came up as "Are we ready now to be clear about our processes that will allow us to reflect our values, continue to collaborate, and hit our deadlines?" We have an LTSS report in March, we have a plan with four goals and a dashboard. And we want all of them to be using your work and the public input and the roundtable input effectively. Since that time there have been a few conversations that small groups of us have had and individuals of us have had, where it's time for us to decide on our process. And so, we thought we would have that conversation today, not to decide it, but to begin to surface it. And I've asked a few people to help us kick off that conversation today, so that we can decide how we want to use our time together at meetings, our time together in between meetings, what is staff work, what is stakeholder work, to get us to the big bold place we want to be? I gave Jeannee a little bit of a heads up that I was going to ask her to start the conversation. But Catherine and Bruce and Kevin and Jodi and others have been really calling the question. And Marty I think you are too part of this. Yeah. Marty's usually part of us, right? I invite Jeannee to start up and then those of you to join in to help move this forward.

Jeannee Parker Martin 3:19:59

Thanks Kim. And I think this is a very critical time to think about the process, particularly given the great presentation earlier today, not only by the LTSS subcommittee but also by our partners from LA. I thought that was really helpful to start to think about what is meaningful as we go forward and what kinds of things should we be thinking about. A couple of things resonated. Since Kim gave me the heads up, I thought I'd better pay a lot of attention. A couple of things that came out earlier today and in bear with me just for a minute, but one of the things that was said early in the day from LA was the importance of engagement and ongoing coalition's, and you say that in your strategic plan, to a degree, I think all of us have had conversations and ongoing dialogue, but this is really the beginning. It's not a process. It's just a discussion, that part of those conversations.

The ongoing engagement is going to be really critical. And another thing that was stated, don't wait for perfect, but move forward with what I said was good enough to progress around. We may not have the final analysis, we may not have all the data, we may not have all the inputs, we may not have every constituent identified and vetted. But we should be able to move forward without absolute clarity on every point with the expectation that it's iterative. A 10-year process doesn't start today and end today. But it's iterative along the way. And course corrections will have to be made, really on a not just a continuous basis, but a very deliberate continuous basis. Maybe every quarter in the beginning, we're thinking about what did we decide at this point? The other thing that really resonates and many of you have said it over and over is what Kevin brought up and what are the big ideas that has to be communicated. The legislature and the governor that they get their teeth behind, and that they're willing then to fund through, what investments I think were these were the words that were used, what investments will be made, not just in real dollars and tangible dollars, but investments in leadership? What is it that we're going to put forth over this next 10-year period? I think that leads us to what is the process that the SAC has now going forward as the Advisory Committee to the process? What do we want the process to be? On one hand, it can be dictated to us, we can be told what it is. But as I have experienced listening to the LTSS, not just today, but throughout a very extended period of time, really. It's the LTSS that has driven the process. And so, it's a bit up to us to decide, do we want to drive the process ourselves? Or would we rather react to the process? And I think the example today was a very, again, iterative and deliberate process that has resulted in a tangible outcome, maybe not perfect yet, but a tangible outcome. I think we need to think about that, and maybe today could have a bit of a discussion with others. What is the role of the stakeholder advisory committee in all of this? How will decisions be made on the recommendations? We've got potentially a list of recommendations. I don't know if that's a list of 10 or 20, or 30, that aren't yet prioritized is what I think I heard earlier. How are we as a group, and as a very important group to this process, going to prioritize and make sure that the recommendations resonate going forward for the master plan on aging? And how are we going to decide if at all, what decisions are the right decisions? We've used words at some meetings, like evidence-based, which I know isn't the right term, evidence-informed, evidence-based? Does it matter? Is it consensus? Those are the kinds of things I think we have to think about. Some things may or may not be evidence-based or evidence-informed. And some things may just have come up 3000 times in

the comments of those hundred thousand times. How will the metrics be decided on? At the research subcommittee, we've been told that we are not deciding on the recommendations, we're informing metrics for recommendations that have been made. So essentially, we hand over to the Stakeholder Advisory Committee, a list of metrics that go with recommendations. So those are some of the things that I've been thinking about and I think a number of us have talked about and tried to think what do we need to do as the Stakeholder Advisory Committee? Those are some initial comments I could go on for another hour probably can but I will respect there's a big queue.

Kim McCoy Wade 3:25:21
Thank you. Marty?

Marty Lynch 3:25:27

I didn't even put my card up! She knows I look guilty! Well, I think it's a pretty good discussion. Always, if you give me the choice of do you design a process yourself or do you have one given to you I'm going to say, design it, and control it, but I think it's a hard process that we have to come up with. I'm hoping for some kind of prioritization process that allows us to really get out on the table some way of stating, voting, emphasizing what our priorities are, where we actually develop clusters of ideas that have a lot of support behind them. Now, one could imagine different kinds of voting, guide voting, all that kind of stuff, hard to imagine without facilitation. But I think it's worth thinking about a process that we come up with, at least for that March 2 meeting as a start for LTSS. But then that would be used or tweaked to be used on the final master plan as well. That allows us really to call out priorities and get us down from the hundreds of things we want to do to the few things. Now, those still may not be the ones that Governor tracks around the state. But we're getting closer to that. I hope we'll put some kind of group together that will plan out March 2 discussion for us, I think we got to do a little work on it. There's no set way

Bruce Chernof, MD 3:27:14

Really building on what Marty said, I want to raise my hand and say, what's this going to look like? And how does it interact with the with what's happening at the cabinet? I still think at some point, Kim, we need some clear insight, either from you or from Mark what's actually happening at the cabinet level group, because we've not had that, and I actually would request that. Just sort of putting a pin in that for a sec, I think we all need to

recognize that we been offered the opportunity to advise but we're not writing the play. I think what's critical here is that we put forward a set of recommendations, some of which we're likely to see, maybe lock stock and barrel, some of which we're going to see in an altered form. Some of which is not going to make it. I'm just sort of echoing you maybe for a sec Marty. And we all have to be okay with that. And so, echoing one other thing Marty said, this is a tough thing for us to solve in this room, whatever it is three dozen of us plus folks on the phone. I actually think the idea of, well, as you suggested, also Marty this has a pendulum, right? One pendulum is, we look at Kim, I don't mean to make you uncomfortable Kim, but we look at Kim and say, you guys summarize all this stuff for us. You put it in themes, you come back, you all present the themes to us and we will tell you whether we like them or not. Another strategy is one that may look a lot more like the Long Term Services and Supports work group where it feels to me, and I've not been on any calls or been in any meetings, but you guys have done a lot of the writing yourselves. There's something like a middle ground in there. I mean, before we think about what we're committing to here, where we asked the state to do some summarizing, I've heard you say very clearly every single idea is going to be represented there, they'll be an appendix of everything. And you all are willing to do some summarizing for us, which I think is helpful. Ultimately, I think we need to get to a place where we have a series of recommendations that are large enough that they actually represent spaces that work can be done. And then there may be many ways to solve those problems, some of which may be politically difficult, some of which may be politically hard, some of which some folks in this room might agree with, and others might not. But the idea that the theme is at the right level, it's big enough, it's actionable, how you go about the tactical solve, that detail is what gets developed next. For me, there's these two questions, which is where does the information come from to do that kind of work? And how does everybody feel like they've had an opportunity to get input at the right level? And so it feels to me like designing that process is something that needs to be done and my suggestion for us would be that a small group of us actually think a little bit about some of these details. Actually sketch it out for all of us, circulate it between now and March. Ask for everybody's input. We don't even have a straw proposal in front of us yet. Right? So, it's a little hard to ask any one of us to react. I think if we can sort through that process a little bit, one that seems to get to the right level of goals, that actually answers Kevin's challenge about are we are we going to surface some big ideas here that leads to a statewide engagement with the governor, that we take into a lot

of what we've heard today and see if we can't design a little bit of a process, but I think one, and I'll stop at this point and sort of echoing you one more time Marty, that leans into us having more. My personal, is that we look to the state to do some of the summarizing for us, because I'm not sure we'll have quite as much writing support as a long term services and support groups, and maybe we will, I don't know, but I think the idea here is some summarizing would be helpful, but then we sort of cluster around the remaining goals. That there's some groups that participate in helping think through that, that that comes to this whole group, but we know what that process is like when it shows up. What are we all asking each other to do with that content? It feels to me like we need a little bit of designing so there's a straw proposal that we're all comfortable that we're on the same page

Kevin Prindiville 3:31:28

I agree with everything that's been said. One interesting thing that was sticking in my mind that Bruce said was about the concept that we're going to put a lot of things out on the table and some will get in and some won't, and we have to be okay with that. I don't think this is what you meant Bruce, but I was thinking there are certain things that we should not be okay with. If they don't show up there. And that's what I think we need some process around. And it's a little unusual because this SAC process is really the administration's process, but we don't have as comprehensive of a process outside of this room, so I think this is a room that gives us an opportunity to do this prioritization with that in mind, right? So when the plan comes out, and we get questions from partners or from press, how is it? Is it good? I think having some united perspective of us in the room to say like, yeah, it includes the things we said were most important, or we're happy about these things even included, but we're going to keep pushing for these things that were left out that we say are really important, rather than all of us having a different answer to that question. And it's as close as we can get, as this group to a united voice on that. I think that'll give us more power. I hope it would give Kim and her team more power with these cabinet conversations they have. And to some degree, this is really maybe a conversation not for us to put at this table. But I don't see another place for us to have it as robustly so I think we can leverage this time that we are spending together, recognizing that a lot of bandwidth is going into this massive task and really using this space and I like Bruce's idea of having a group that tries to map out, looking at the calendar and looking at the pace of work, where and when best to stage some of these conversations.

Kim McCoy Wade 3:33:21

Jodi, Clay, Nina, Heather. Jodi, you were part of a call about this. You want to say anything?

Jodi Reid 3:33:33

Not because I was on the call, but because it kind of follows what Kevin and Bruce just said, which is that as we think about this, and talk about having a unified, or as unified of a position and recommendations from this group as possible, I think it's a question of power, really. And all of us here represent other folks who were trying to engage in whatever capacity they are able and willing to engage in this process, which is why I really liked the June, whatever you're calling that thing, idea. And figuring out a way to circle back with the folks in June once we have our initial set of our recommendations, to also be able to go back to the people who participate in the initial conversation about is this right, and get their input. Because if we want to strengthen our recommendation to the administration, I think we're going to need not just this advisory groups unity, but the wind behind our sails of the people who we represent. And so, they've got to be somehow circled back in this process at some point. Otherwise, why are we even asking them to engage as it says on the website. There's got to be some commitment to that engagement. And there was something else I was going to say that I lost.

Clay Kempf 3:35:14

I'm not sure exactly where this fits in. But I know that it does. And it's a discussion we had at the first meeting in this group and diverted. And that's how do we pay for it? It seems like that, maybe it should, maybe it shouldn't be. But at some point, when we have our wish list, we might want to put a price tag on that. Because if I can get 19 things on that wish list versus one thing on that wish list, the number one might be my top priority but if I can get 19 other things instead, I might switch that. So, I'm not sure where we have that discussion. Department of Finance was here at the first meeting and they really punted it. And one of their messages was that there's no new funding in this effort, but one of the counters that we put out was that well, we know the state is going to spend a lot more on this population just by the sheer growth of our numbers. So if they're planning productively, they should be looking at what the increased spending they're going to have in the next 10 years is, and part of what we could look at is how can we use however many billions of dollars that is in a more effective way than

is currently being done? That's just one approach to it. But that discussion to me is, is kind of the elephant in the room that none of these things or a lot of these things are not going to come free. So what are we going to do about that? And how does that play into the prioritization?

Jodi Reid 3:36:40

But it's not just how we pay for it, it's also what do we save by doing it this way?

Clay Kempf 3:36:44

Exactly. Yeah, absolutely.

Kim McCoy Wade 3:36:51

It's going to be Nina and Heather, so you can share that over there. And then we'll come to Dr. Benson and Janny.

Heather Young, PhD, RN 3:37:00

I'm building on Marty's comment about a process. And I don't know if you're familiar with World Cafe, you can Google that. It's a process where you divide a group into subgroups of six called World Cafe. And essentially, it's a voting vetting discussion process where you rotate from table to table and build on each other's work. So a smaller group grapples with some issues, leaves it on the table with some notes, and then we rotate and the next person group comes along, as the time you're done with it in a very relatively short period of time, everyone's had a chance to engage with every item, and it gets a little more conversation going, it may be helpful to this group because when we each wait in line to make one comment, we're not reacting to the comment five behind that was the point, so World Cafe does facilitate that. And it's a structured way to get a lot done, especially when you have diverse opinions, and lots of different perspectives. It's very helpful. I've used it a number of ways and would recommend thinking about it.

Nina Weiler-Harwell, PhD 3:38:05

Nina, AARP. I may not be hearing things right, the conversation seems to be going in several directions right now. We're kind of talking about who's going to do it, what it's going to be and how it's going to be done. I'd be happy to be part of a group that develops our process. I would just, something that, and it is work, that as a member of the LTSS subcommittee, I did appreciate that we developed the recommendations for

the administration to react to. I know people have a lot on their plates. I'd like us to at least create a placeholder for that with the Stakeholder Advisory Committee so that individual advocates can submit well thought out recommendations that is thrown into the mix, we put a lot of work into the ones that we've developed for the LTSS subcommittee. AARP is already working on one for the next round. So anyway, I'm happy to participate any way I can.

Donna Benton, PhD 3:39:25

So much I agree with. I'm just going to underscore those things that I really think we have to keep in mind. One thing is how we're going to be doing that prioritization. You mentioned that we may have a minority and a majority opinion. I think that is going to be important to put into the report that we don't ignore those items that not everybody can agree on. But I do agree that we do have to have some kind of line in the sand type things that we really want to see in there that include all of our overlay of equity for the plan. The other thing that I'm worried about in our deliverables is, this was a very short process. We're doing a ten-year plan for aging issues in California. And so, I think we need to address that. How are we going to sustain this? And I know that it's going to fall a lot on your department. But there's so many other players that aren't here. And again, I would keep thinking, I've been talking to faith-based groups, and they're just starting to hear about the master plan. And they're like, oh, well, when is this coming out? That's kind of short. And I've gone to five different faith-based groups. And they have, none of them had heard about it until I walked in there. So, I just want to point that out.

Jennie Chin Hansen 3:41:00

Actually, Clay, you brought up the comment in the area that I am thinking about, that as we talk about both the content and the process that ultimately whether it's the triple aim of health, the well-being of people, that care is good and that we can afford it and make that the case. And I know that that's really the purview of the state per se. But there's enough knowledge that we have, that there's so much waste in what we do. The Institute of Medicine itself says that anywhere from 30 to 40% of the way we spend money now is not productive use. And so, I don't know how that features into it. But I know that one of the areas of work, Kim, that you've identified is creating a way to gain efficiency as well as effectiveness in bureaucracy or the systems, and it just seems that when we think about per capita costs over the long run, when you multiply the end with a larger end,

somehow, perhaps we could spend less per individual if we spent more wisely from that. This doesn't fit in quite neatly, but it's one of the big factors in the room is how much money do we have and what proportion of the state budget and personal budgets does this start to consume? Because we already know personally people are moving into bankruptcy quite quickly. The ability to intelligently discuss this both on the personal level, our counties and our state. How do we think about the money that we've spent? We all know that there has been less optimal, I mean, when I ran on lock in San Francisco, I had probably eight agencies coming to visit me with their reviews. And I would say 80% of it was the same. 20% might be different. I even asked them, I said, can you guys get together? So there's something about just using the expenditures more wisely, so that we can serve more people with the amount of money but serve it well, with some of the things that we could do upstream, as well as you know, right down to the end of life process. So just some thought about the fact that the finances are important. We could spend differently, and I'll end with one quickie. When I was in college, we had a nutrition class, and we were given three kinds of budgets. The class is divided up. One group had a high-end budget where they could spend a good amount of money, a middle-income budget, and then a low-income budget, but our job was at the end of it to have a nourishing meal. And how can we do that? And so, people with the lowest budget were able to do that. And so, it's just a concept of how do we use our resources wisely.

Susan DeMarois 3:44:26

This is Susan DeMarois with the Alzheimer's Association. This is reminding me of the times I've been on jury duty and they say don't take a vote before you talk. And then the first thing that group does is take a vote. But I also serve on the governor's task force for Alzheimer's prevention and preparedness and something that they did with that process was before we even met, we had to turn in our top two priorities. And it was anonymous, and there was a lot of grouping and I know that all of us represent different interests and stakeholders. And that might be a way also to quickly move things and find that there are several top priorities that we all share. And then there we might be able to group things quickly. In that way. It was very effective.

Kim McCoy Wade 3:45:20

Peter, Darrick and Catherine and then I'm going to try to bring it home.

Peter Hansel 3:45:25

Peter Hansel, CalPACE. I agree with most of the comments on the need to get our arms around the decision-making process. My observation is it seems to me the process by which recommendations are coming to us is not even across the areas, so in the LTSS area, it's very much a delegated robust bottom up approach, which I think is great. In the other goal areas, I don't quite see how things make it from one bucket to the next. So it's more work and more to think about, but could additional subcommittees be created to solicit additional recommendations, to take those kernels and bring that, I kind of think we're jumping the gun a little bit on deciding how we're going to decide on what we don't even know is to us yet, and maybe there's a way to make sure what comes is really good.

Darrick Lam 3:46:20

Darrick Lam, thank you for allowing me to give my two cents. I think everything we decide we need to come from the person-centered approach, because I think that's the bottom line of how we make a decision. And I think really appreciate what have I mentioned about the World Cafe model. ACC Senior Services currently use this model in crafting the strategic plan for the next five years. And everyone came with a different idea. I think through this process we were able to come to a consensus. So, I really love to endorse this methodology. Thank you.

Catherine Blakemore 3:46:57

I actually thought it's been a really terrific rich discussion both about process and content. And I just in thinking about content and issue I don't hear often raised, which is the work that I do is around disability. And there are issues around how do we ensure accessibility, not just of places, but also of materials and access to information? And then also how do we ensure access to assistive technology, which for people that are aging generally, but also folks that have disabilities and aging becomes very important. So how do we get rid of arcane rules that say you can't use a power wheelchair in a nursing home? How do we ensure that people have access to augmentative communication devices if that's what they need, in ways that make it affordable and accessible to them, so I just planting a place so that those things don't get lost in the larger discussions about reaching. Thank you.

Kim McCoy Wade 3:48:08

Debbie, and then Jeannee and then we'll wrap.

Debbie Toth 3:48:11

I love this conversation and I'm glad we're having it. I like the idea that you elevated Susan about the two topic ideas anonymously going in just to give the room a sense of where folks stand. I was going to remain silent because I assumed that given that we have an LTSS subcommittee that that would be obvious that that would be a priority, but evidently, it's not. I feel the need to say, to illustrate the point that Jennie Chin Hansen was making. We knew in the state of California two years ago, Department of Health Care Services did an analysis of how much money was saved in the California Community Transitions Project. When we transition somebody from skilled nursing living to community living. That the year post transition, we were saving \$60,000 per person per year, that's the number Department of Health Care Services gave us and yet, we aren't doing anything as a state to keep that program going. So we make decisions, as you were just saying, these ridiculous rules and things that we have, is there a way for us to come up with a set of guidelines that says "if then," if we can show that serving somebody in the community saves money, in MSSP, for example, where we may be paying \$85,000 per year to have somebody in a skilled nursing facility, but that same person who qualified for MSSP we're paying \$5,000 a year to keep them in the community, like if then statements that force us to look at these regulatory confines. Another one would be that if somebody is on dialysis, and also has intravenous feeding that they can't be in a skilled nursing facility, yet we can house them in a hospital which costs more money, like there are all these things. I just wonder if there is an opportunity to come up with some guiding principles that allow us to make these changes as we see them. But I do want us to be able to come back to prioritizing. And I don't know what that looks like except to say that it's also possible for us to be having phone conversations offline and that might be happening.

Kim McCoy Wade

Jeanne you started this; do you want to bring it home?

Jeanne Parker Martin 3:50:34

This is so interesting, because everybody's got such great ideas. And I just want to make a recommendation. I'd just like to make a couple of recommendations for you to consider and then maybe we can make a decision as a group on whether or not this is appropriate. You may have some other recommendations you were going to make. I'd like to

recommend based on all of this very rich conversation, that we identify maybe five or six people from the stakeholder advisory group that meets separately, that focuses on process related to the deliverables, timelines, and the models. And I think a lot of the comments that were just made relate to either one or all three of those bullet points in front of us. So that's number one. And my recommendation would be that maybe we email you or Carrie, whoever you decide if we are interested in participant emails,

Kim McCoy Wade 3:51:48

Not Carrie. That was a workload comment not I would love it to be Carrie, but she's got a lot of emails.

Jeanne Parker Martin 3:51:54

So whoever it is, you decide who, we email somebody and tell them of our interest in participating and that that group meet a couple of times before, would have to be sometime in the next few weeks before the March meeting, but also before we really deliberate the LTSS workforce document. So that's number one. Number two, I'd like to recommend what Susan suggested, and I don't recall where this came with LTSS because both of you talked about that or some other area. But I think it would be really helpful if each of us in the group submitted our top two or three priorities. I think that is a terrific idea. And then we synthesize and aggregate where the common themes are that will help us prioritize. And so then the third relates really to the first, the small group, because everyone won't have an interest in being on a small group, I think would be really helpful if we got input from everyone in the group or those of you are interested on what you think the process should be, since we don't have time to talk about all of that today, so what key elements, many of you have recommended some elements. So those are some suggestions that may help us move to getting to the process that all of us would then buy into in the end. So, the way we would do that would have some sort of circulated process draft. This is what we've come up with as a group, whoever that small group is, and the stakeholder advisory group then give input into that or votes on it. We somehow decide, and maybe it's not by consensus, what I would say, based on some of the comments that have been made, everything can't be by consensus, but I think it's the sort of the best thinking has to go forward right? Somehow.

Kim McCoy Wade 3:53:56

I am going to mirror in many ways, I think the headline is a small group makes all kinds of sense, both to wrestle with these questions and write it up, both to bring it back in March but also to pilot it in March. We've got to start doing it in March and as always, we will continuously improve. My friendly amendment would be to pause on asking anybody for any more input for just one sec. Let's get together and make sure we know what we're going to do with that input and use that input. I'm not opposed to that idea, but I just want to make sure now is the time we really goal two through four has had one webinar. Goal one has had about 12 meetings, I'm not even count how many conference calls, so part of your point is it is a-symmetrical right now. Goal one is moving to the report and has to your point primarily involved California Health and Human Service Agency and not other cabinets. Goal two through four, just left the station, and is what primarily involves the cabinet work group, housing, transportation. And they're different processes, we have a subcommittee process and we have a Webinar Wednesday co-curator, which could then be grouped into work groups or sub committees to bring us goal two through four. But they are a different process, a different sequence and different players. Get all that? I think those are the questions that the group needs to wrestle with is how do we sync all that up? The group, the goal one, the goal two through four, and the dashboard, adding in the equity lens that we've just decided to cycle in, adding in the cabinet work group, iterative back and forth. So they are basically meeting every other with you all. We're kind of sharing with them, and the Webinar Wednesday is really deepening substantive content engagement with the cabinet. Just what are the housing and aging recommendations, what are the workforce and aging, those are just starting to be developed through the art of the Webinar Wednesday curation that Jen is leading us through. So I think a small group of people to see all those inputs that are different and shaped different, different in time, different in people, and then they will pay attention to what does that mean for bringing them together in a way that has the workload in the right place, the power in the right place, the prioritization in the right place, I think we can make a lot of progress on that. There just are a lot of moving pieces. And then to get to the final point of bringing it all together, I don't want to make sure, we're not just a widget focus that we then lose that chance to come back around and say what are the big things or the cross cutting financing things with the equity? How do we bring it all together? And have something to share with the public in June? Have something to really yeah, so also take some time off in July. Did I say that? Yes. The legislature takes some time off in July and I heartily encourage all of us to take some

time off in July. Let the minutes reflect! So with that friendly amendment summary with Jeannee, I guess the only question remains, so any burning issues on that I do want us to go to public comment and I'm going to let Ellen Goodwin who's our project manager, be the recipient of if that plan works if people want to volunteer for process work group, Ellen can be the point of contact and she'll help us do that. Marty and Bruce want to say something, so please.

Marty Lynch

Very simply, yes. How does that tie to your LTSS goal for the end of March? We get all these other inputs coming, but they won't come for a while, versus you have a product. Say a little bit more about that.

Kim McCoy Wade

LTSS goes first in March, 2 and 4 go in May, August pulls it all together. That's the one sentence version. There's a lot of who, what, where, when, why to go below it. But 1, 2, 4 and we can add more meetings, but I just want to be respectful of how much work is getting done outside of the meeting and how travel and so open. So, the process committee will process work group will work on. Bruce?

Bruce Chernof, MD

Maybe just two quick thoughts. One is I do think we need a process in place that everybody here has looked at and is at least comfortable piloting in time to use it in March. That means whoever chooses to be on the group, I would want all of us to feel comfortable that we know what the rules of the road are as we piloted on what was likely to be one of the strongest of the four goals just because of the amount of time it has had. It will also be the one that spends the most time in training wheels as we figure out the process itself. It's a good way to learn how to use the process. But we've got to have it done in time. I just wanted to support your suggestion that we take a moment before we ask for individual advisory board members goals for a couple of reasons. So, one is I'm not sure, are we asking for your two top recommendations in this goal space? What is it we're asking for? We need a little more structure and I'm saying this out loud because whoever's on this work group, I hope this would be considered as part of it. If we're going to do a round of input from here let's be clear about how much input and structured in what way? Is it just your two biggest ideas, or is it your two biggest ideas by goal, because I love the idea otherwise, but I just think a little more context would make it more useful? Now they just one thing I

want to say to all of us, as if this were a public comment, is this is not about more of the same in the same bucket. Not that anybody would do that intentionally. But the idea is, we're building a better system for the future. And this is not suddenly a moment to make a recommendation that we should fund more of this siloed process. Our goal is to make sure that we keep a process that runs above that, and I just think a little more structure helps us from not doing that even accidentally.

Kim McCoy Wade

Any other comments?

Nina Weiler-Harwell, PhD

I appreciate what Bruce just said. If we're still talking about top two recommendations, I can sit here and tell you what those are, but they're not going to happen without some other pieces that are also really vital. So yeah, I would say we need to put some thought into that.

Kim McCoy Wade

There are some people who are going to put some thought to that with us. Please by a show of hands who may be interested in working on this in the next couple of weeks. Okay, we do have enough, I was afraid there is nobody and we would be in another pickle, but there are enough people, so thank you. First, this is the work that goes in behind the scenes to make the outcomes that we all want. Please do email, Ellen and CC me if you can, ideally, but we'll connect so that we have a shortlist and try to get a first call going very soon, because I do think there will be some work to do before the March meeting. And, I'd love some advice on the agenda. One thing we haven't done is seen other states, other countries talk about the format of the plan, the AARP, is that something we want to do here, not here. It's not content, those kinds of things. Nina says yes. So, we'll use that. I'm going to use the heck out process group to help us continually improve our meeting. Thank you in advance for volunteering to be on that. Let us go to public comments if we may. Thank you for hanging in here, everybody. I will look to my colleagues. Let's see, what's the process in the room. Marcia is running the microphone and nobody on the phone, according to Nelson.

-- Public Comment --

Chris Langston

Thank you. Chris Langston, Arch Stone Foundation, I guess semipublic. But as one of the funders, I just want to make a couple of observations. First off as the funder, that really good cookie in the lunch? That was from us. That was from Gary and Mary West. Thank you all very much for all of your work here and in between. A couple of observations early on, I think Bruce and Laura were kind of getting into it on this issue of spending the money we're spending now better versus more money, I think both have to happen, there's not any way around it. Sorry, finance department. But the best kind of money to spend is other people's money. So I just want to continue to try to drive this home. There are a lot of things that we would like to have part of the support for aging in California, the federal government will pay for it through other programs, and Medicare is the biggest payer in the whole wide world. I mean, it's much bigger than Medicaid. And we haven't even talked anything about it. So if you want screening of people for cognitive impairment, if you want people to get hospice, there's somebody else who will pay for it, we just have to create circumstances through regulation of MA plans or license for providers, such as those things happen. It's like virtually free. We just have to make somebody do it and there are problems and whatnot. But we can get through those if we insist. And similarly, lot of federal money around health information exchange, health information technology, bringing a real infrastructure around that, again, the major investments are being made by others, the state has an enormous regulatory influence. And we could get a lot more out of the tax dollars that are already being spent on our behalf if we took a tougher stance on interoperability, information exchange, information sharing, personal control, blah, blah, blah. Happy to help.

Kim McCoy Wade

Thank you for packing a lot into what I forgot to say, we ask people to try to hit that two minute mark. I think you did just perfectly. Next please.

Joanne Lynn

Hi, I'm Joanne Lynn, an interloper observing your process, working for congressman on Long Term Care financing, social insurance for the long period of long term care and I've long been an advocate in Long Term Services and Supports. And it's really marvelous to see all this brainpower and experience around the table and working together for the state. And I just thought that would help you to have a little perspective of how you're seen from outside. This is the most exciting thing going in the country to improve the possibilities that we will not have disaster in elder care in the

decade. We face as a country having half of people who live in the middle class having no housing, we face having just untold suffering. We have almost half of people at retirement having no savings. You have the chance to reach well beyond the ordinary fixes and try out some really high leverage fixes. Why not free up half a dozen of your counties to build the care system of the future, and put just everything you can into building the example that would inspire everybody else? Think about things like geographic provision of services in the home, cut the per capita cost of care, because we're going to double the number of capitas. How can we generate a culture of volunteerism? Because there's no way we can pay for all the services that we need. Maybe all the IADL type services could be mostly done by volunteers. We need such a radical change. The two things that are going to take the longest time are housing and financing. So when you're thinking about priorities, I'd really push for dealing with financing and housing because you can't fix them overnight no matter what you do. But, you know, this is the chance for the country to see what could be done. And I really encourage you not to just sort of work around the margins and do the things that are well established... I mean do those things, of course. I recommend stopping paying doctors who don't see people through time, this thing of cutting up all of medical care into snippets in hospitals and so forth is just crazy in a world of chronic illness. The kinds of things that I'm sure some of you have up your sleeve could be brought forward even if just in a test market. Maybe you can't pull it off. And also speak to the feds say what you need in order to do it right, because no one else is. It's exciting to be here, but I just really encourage you to take the bull by the horns and see how far you could get because no one else is doing it. And my Lord, we need it. Thank you.

Kim McCoy Wade

Thank you so much.

Gina Fortaleza

Hi, I just have a general comment. My name is Gina Fortaleza. I'm here on behalf of California Relay Service. This is my first meeting and seeing everything in the collaboration and all the efforts being put in for this plan is just incredible. I think advocacy, collaboration, empowerment were the three things that stuck out to me the most, and I don't have a direct comment on the plan. But I feel like I can be a very useful resource for some of you. I hope to work alongside some of you in the future. Thank you.

Kim McCoy Wade

Wonderful. Thank you.

John Pointer

Good afternoon, John Pointer, California Senior Legislature. I want to acknowledge your efforts. What a difficult, difficult task you're facing. I would urge you though, to think about spending as much time as you have on the engagement piece at the front end. Also consider that process at the back end. Make sure stakeholders have an opportunity to look at what you have done. Don't get surprised by thinking I've created the perfect beast and then get blindsided. Great effort. This has really been a great meeting today. I'm very energized by what I've seen today. Congratulations. Thank you very much.

Kim McCoy Wade

Other comments in the room or on the phone? Okay. Then I will quickly turn, well, before I do this, I just want to take a second to thank all the CDA team who is here today staff and consultants who have really worked overtime for January. I don't how many, three or four LTSS meetings, couple research meetings, a webinar Wednesday, new website, roundtables, SAC meeting and launch of equity work group. It really has been unprecedented and everybody had a cold I think during that and had sick kids and sick parents and sick dogs and everything else in between. So if you are from CDA, can you just raise your hand, not sure everybody knows all of us and many of us are on the phone but we have Carmen Gibbs from legal, Nelson, Adam, Mark many, many, many people, so we literally would not be here without the team effort. So just want to thank them. Before I went to the long list of things we're going to do next.

Carrie Graham

Including you.

Kim McCoy Wade

Well, thank you, but I also got to step away for a couple days to go be with my parents who are in the midst of a big transition. So, it was very meaningful to me to be able to know that the work continues and the team continues while life continues. So, what we'll do next, a few notes. The LTSS subcommittee is going to be continuing its work but also clarifying and communicating out the process in partnership with us, including

possibly another meeting which we would need to get clear pretty quickly given everyone's calendars. The brand new to be named SAC process work group, volunteer with Ellen, we will work organize this quick, probably next week, to get on the phone to start developing and piloting how we bring material to SAC and how SAC then acts on that material to share the work and to be big and bold, go beyond the margins as our public commenter charged us to do. I would like to have a few folks who are interested in working on this June thing email me and let me know and we will start with our comms team thinking about what the June capstone slash Town Hall could be. Susan was emailing about it during the meeting, so I think she's interested. And then all the LTSS you heard is continuing to work, research meets Friday, equity members are chosen by Friday, webinar Wednesday tune in tomorrow at 9:30 AM for Workforce right Darrick. Ready? And that's it. Thank you all very much. Enjoy your 15 minutes back and we'll be in touch soon. Thank you.