



**Master Plan for Aging  
Webinar Wednesday  
Isolation, Inclusion, & Respect  
February 26, 2020  
*Captioners Transcript***

**>> KIM MCCOY-WADE: WELCOME TO THE MASTER PLAN FOR AGING WEBINAR WEDNESDAY. I'M DIRECTOR OF THE CALIFORNIA DEPARTMENT OF AGING AND CONVENER OF ALL THINGS MASTER PLAN WITH OUR HEALTH AND HUMAN SERVICES AGENCY. I'M SO GLAD TO SEE THE NUMBERS CLIMBING, WE'RE OVER 50 PEOPLE WHO JOINED, SO WELCOME. TODAY IS A VERY SPECIFIC TOPIC THAT WE HAVE BEEN EAGER TO TURN TO SINCE WE HAVE HEARD IT FROM SO MANY FORMS, ISOLATION, INCLUSION AND RESPECT. THIS IS ONE OF OUR PARTS OF THE EXAMINATION OF THE SOCIAL ENVIRONMENT, HOW WE BUILD A CALIFORNIA FOR ALL. WE'RE LISTENING THROUGH THE WEBINAR WEDNESDAYS. WE'RE DOING THIS EVERY WEDNESDAY, STARTING IN JANUARY THROUGH APRIL, FROM 9:30 TO 11. YOU CAN FIND INFORMATION ON THE WEBSITE. NO REGISTRATION NECESSARY, LOTS IS OF POLLING. ALL MATERIAL IS POSTED AFTERWARDS. AS PART OF HEARING FROM YOU, THERE WILL BE POLLS RUNNING THROUGHOUT THE PRESENTATION. WE WANT TO KNOW WHO IS HERE, WHAT YOUR EXPERIENCE HAS BEEN AND WE WANT TO KNOW YOUR RECOMMENDATIONS FOR THE MASTER PLAN. WHILE I'M DOING THE OPENING REMARKS ABOUT THE MASTER PLAN AND THE TOPIC, YOU WILL SEE A FEW POLLS START TO RUN AS WE FIGURE OUT WHO IS WITH US TODAY. THANK YOU IN ADVANCE FOR ANSWERING POLLS AS YOU ARE ABLE. WE HAVE A SERIES OF THESE WEBINARS. I WANT TO CALL YOUR ATTENTION TO LIVABLE COMMUNITIES AND PURPOSE. WE HAVE A SERIES BUILT ON THE ENVIRONMENT AND SOCIAL**

**ENVIRONMENT AND WE TALK ABOUT HOUSING AND TRANSPORTATION AND PARKS IS COMING RIGHT UP. THIS IS OUR FIRST CONVERSATION ABOUT THE SOCIAL ENVIRONMENT. AND WE'LL TURN TO CIVIC AND SOCIAL ENGAGEMENT WITH FOCUS ON VOLUNTEERISM. AND CONCLUDING WITH THE TOPIC OF LEADERSHIP, BY AND WITH OLDER ADULTS AND PEOPLE WITH DISABILITIES AND I URGE YOU TO TUNE IN.**

**TODAY WE ARE DELIGHTED TO HAVE A WONDERFUL PANEL. A STATE PARTNER HERE WITH US AT STATE GOVERNMENT AND A LOCAL LEADER AND A STAKEHOLDER ADVISORY COMMITTEE MEMBER. WE HAVE DR. CLARK HARVEY, DIRECTOR OF THE CALIFORNIA COMMUNITY AND BEHAVIORAL HEALTH AGENCIES. DR. JOHN CONNOLLY, DEPUTY SECRETARY FOR BEHAVIORAL HEALTH. AND MIKE MCCONNELL, ARE THE FIRST PEOPLE I MET WHEN I VISITED WITH SANTA CRUZ COUNTY. HE IS ADULT DIVISION SERVICES MANAGER.**

**SO, THE MASTER PLAN FOR AGING, A TOUR OF WHERE WE GOT WE ARE. THIS BEGAN IN JUNE AFTER MONTHS OF ORGANIZING AND ADVOCACY AND EDUCATION. GOVERNOR NEWSOM WAS HONORED TO CREATE THIS. TO CONVENE, BOTH THE STAKEHOLDER ADVISORY GROUP AND A CABINET WORK GROUP TO ISSUE A 10 YEAR MASTER PLAN WITH A FOCUS ON LONG-TERM SERVICES AND SUPPORTS WITH THE HELP WE ALL NEED TO LIVE IN HOMES OF OUR CHOICE. AND A RESEARCH SUBCOMMITTEE. AGING IS CHANGING IN INTERESTING AND IMPORTANT WAYS. MORE DIVERSITY, MORE OF US LIVING ALONE AND AT RISK OF POVERTY. MORE AWARENESS OF AGES AND IT IS ALL DIFFERENT CHAPTERS OF OUR LIVES. JUST TO BE DATA-DRIVEN, LOOK AT THE GROWTH IN THE OLDER ADULT POPULATION, THE ORANGE BOX. IN 2010, WE HAVE 4.3 MILLION OLDER ADULTS, BY 2060, THAT DOUBLED. WE ARE GROWING. AND SIGNIFICANTLY, WHO IS AGING IS CHANGING. IN 2010, 38.1% AND BY 2060, 67%. ONE WAY TO LOOK AT THAT IS LOOK AT THE BOX THAT IS WHITE IS THE LATINO GROUP. 2.8 MILLION. AND BY 2065, 5.5 MILLION. THE MASTER GROWTH, THIS IS DIVERSIFYING. WE TALKED ABOUT LIVING ALONE, AN IMPORTANT POINT FOR THIS CONVERSATION ABOUT**

**ISOLATION. MORE OF US ARE LIVING ALONE AND THAT IS LINKED TO POOR HEALTH OUTCOMES AND HAS GEOGRAPHIC COMPONENTS. AND WE HAVE HEARD FROM THE LGBTQ COMMUNITY ABOUT THE DIFFERENT FAMILY STRUCTURES AND EXPERIENCES. AND MAKING SURE THAT THE MASTER PLAN FOR AGING IS RELEVANT TO ALL OF THE FAMILY SIZES, STRUCTURES AND SHAPES. FAMILIES OF ALL CHOICES KINDS.**

**ANOTHER WAY IT IS CHANGING IS THAT THERE ARE INCREASING RISK OF POVERTY AND NEAR POVERTY. THAT MAY NOT BE AS SURPRISING TO MANY OF YOU. THERE ARE MANY DISPARITIES ACROSS GENDER AND RACE. WE CAN SEE THIS ACROSS RACE. LATINO, AFRICAN AMERICAN AND NATIVE AMERICAN, CLOSE TO 40% OF ELDERS ARE POOR OR NEAR POOR. SLIGHTLY LESS FOR ASIAN, CLOSER TO 33 AND WHITE, CLOSER TO 25. BUT SIGNIFICANT RATES ACROSS ALL RACES OF POVERTY AND NEAR POVERTY. AND LASTLY, A LOOK AT HOW AGING IS CHANGING. THESE POPULATIONS CHARTS SHOW AT THE BOTTOM HOW MANY PEOPLE ARE ZERO AND ALL THE WAY UP TO ONE HUNDRED. ON THE LEFT IS MALE, RIGHT IS FEMALE. YOU CAN SEE BACK IN 89, WE WERE MORE OF A PYRAMID WITH THAT BULGE AT 2030 FOR CAMPUSES AND MILITARY BASES. LAST YEAR WE ARE LOOKING MORE LIKE A PYRAMID WITH EQUAL NUMBERS AT ZERO AND 60. AS YOU LOOK OUT TO THE FUTURE, MORE OF US, 70, 80, 90 AND 100 AND WHAT THOSE YEARS LOOK LIKE AND EACH OF THOSE DEDICATES ARE CRITICAL TO UNDERSTAND AND WE CONTINUE TO CHANGE AND GROW AS WE AGE.**

**GIVEN THE BACKDROP OF THAT AND GIVEN THE EXPERIENCE OF THE GOVERNOR, WE HAVE A BOLD VISION OF A CALIFORNIA FOR ALL AND ROOTED IN CALIFORNIA EQUALS, CHOICE, EQUITY, DIGNITY, INCLUSION AND ACCESSIBILITY. BOTH INNOVATION, WHAT IS HAS WHAT HAS BEEN PROVEN BY THE OUTREACH. IT IS ALL OF US WORKING TOGETHER.**

**THE MISSION WE WERE GIVEN IS A PERSON-CENTERED, DATA-DRIVEN 10-YEAR PLAN BY THIS OCTOBER. NOT A PLAN THAT SITS ON THE SHELF BUT A TWO-ACTION PLAN THAT DRIVES PRIORITIES AND HELPS LOCAL**

**COMMUNITIES WHO ARE MAKING PLANS FOR AGING AND SEEING OPPORTUNITIES AND NEEDS, WHETHER IT IS HOUSING, TRANSPORTATION OR MANY OTHER COMMUNITY ISSUES. TOTALLY DATA DRIVEN, WE ARE WORKING TO STAND UP A DASHBOARD FOR OCTOBER. THAT IS WHAT YOU CAN USE TO MEASURE YOUR PROGRESS. AS ALWAYS, BEST PRACTICE RESOURCES TO LEARN FROM EACH OTHER, WHAT IS WORK AND WHAT CAN BE REPLICATED THE COMMUNITIES. WE ARE AIMING TO TACKLE FOUR GOALS THAT ARE KEY TO SUCCESSFUL AND HAPPY AGING. LONGEVITY IS GREAT, BUT WE NEED HEALTH AS OUR DAILY NEEDS CHANGE AS WE AGE. WE NEED TO HAVE HELP TO DO THAT. WE WANT TO LIVE IN COMMUNITIES THAT WELCOME AND INCLUDE US, AGE AND DEMENTIA AND DISABILITY FRIENDLY. WE WANT TO STAY HEALTHY AND WE WANT TO NOT RUN OUT OF MONEY. WE WANT TO HAVE ECONOMIC SECURITY AND BE SAFE FROM ABUSE, NEGLECT, EXPLOITATION AND UNFORTUNATELY, DISASTERS AND EMERGENCIES THAT ARE FAR TOO COMMON IN CALIFORNIA.**

**GIVEN ALL THAT, ONE LAST SLIDE, HERE IS THE TIMELINE. WE ARE ABOUT TO HIT MARCH. WE'VE BEEN LISTENING IN JUNE, CONVENED IN AUGUST AND LISTENING AND ANALYZING ALL FALL AND WINTER. WE'RE EXCITED IN MARCH TO RECEIVE FROM THE STAKEHOLDERS, THERE RECOMMENDATIONS ON LONG-TERM SERVICES AND SUPPORTS AND WE'LL CONTINUE WORKING THROUGH THE SUMMER TO HEAR AND SYNTHESIZE THE FEEDBACK AND BRING IT TO THE WORK GROUP AND BE OUT WITH THE PLAN THIS FALL.**

**AS I SAID, IT HAS BECOME CLEAR THAT ISSUES OF ISOLATION, INCLUSION, RESPECT, BEHAVIORAL HEALTH ARE FUNDAMENTAL TO THE PLAN. OF ALL THE ISSUES WE TALKED ABOUT, THIS IS ONE OF THE TOP ONES IN TERMS OF THE URGENCY AND THE FREQUENCY AT WHICH IT IS RAISED. WE WANT TO SAY, WE ARE DELIGHTED THAT WE HAVE THE STAKEHOLDER ADVISORY COMMITTEE, THE AGENCY COMMITMENT. AND WE HAVE OUR RESEARCH SUBCOMMITTEE, DR. JANET FRANK AND I WANTED TO POINT OUT HER WORK AS WELL AS DR. CATHERINE K. A GREAT RESOURCE FROM DR. FRANK. I WANT TO DO A SHOUT OUT TO THE CABINET WORK GROUP MASTER**

**PLAN FOR VETERANS' HOMES. THEY HAVE A MASTER PLAN AND BEHAVIORAL HEALTH IS IN THERE. CLEARLY, BEHAVIORAL HEALTH COMING FROM ALL DIRECTIONS. WHEN I'M OUT IN THE COMMUNITY I'M EXCITED TO HEAR THINGS. I WAS JUST IN SAN BERNARDINO AND WAS EXCITED TO HEAR ABOUT THEIR PROGRAMS. PROVIDING IN HOME BEHAVIORAL HEALTH AND CASE MANAGEMENT SERVICES TO MENTALLY ILL OLDER ADULTS, 60 AND OVER. COUNSELING, SENIOR PEER COUNSELING, ALL PART OF THAT PROGRAM. AND I HAVEN'T BEEN TO WASHINGTON BUT ALSO USING MEALS ON WHEELS AS NOT JUST TO DO MEALS ON WHEELS IN THE HOME, WHICH IS CRITICAL, BUT HAVE ABOUT A CAFE WHERE PEOPLE COME TOGETHER -- A DINER TYPE EXPERIENCE AND HAVE THAT COMMUNITY. REALLY EXCITED TO SEE THE INNOVATION AND YOU ARE GOING TO HEAR MORE ABOUT THAT. CALIFORNIA IS DOING GREAT WORK AS PART OF THE CALIFORNIA FOR ALL VISION. I HOPE YOU HEARD ABOUT THE GREAT CAMPAIGN IN SAN FRANCISCO. REALLY WONDERFUL EXPERIENCE, NEVER GETS OLD PRIDE, INNOVATION, NEVER GETS OLD WITH THE FACES OF OLDER SAN FRANCISCANS. AND THE DIRECTOR, SHIREEN MCSPADDEN, WAS NAMED ONE OF TIME MAGAZINES ACTIVIST OF THE YEAR. AND HERE IN CALIFORNIA YOU HAVE THE LEADING AGE CALIFORNIA AGE ON, RAGE ON. THEIR PHRASE AND CAMPAIGN TO CHALLENGE OUR STEREOTYPES THAT OFTEN DO LEAD US TO EXCLUDE OLDER PEOPLE AS WE AGE. THERE IS A LOT OF RESOURCES IN THIS AREA AND WE WANTED TO HIGHLIGHT A FEW AS WE TURN TO THE TURN EXPERTS WHO ARE GOING TO TACKLE ALL OF THESE PIECES, ISOLATION, BIAS, BEHAVIORAL HEALTH AND ONCE AGAIN, WE ARE LUCKY THAT NOT ONLY DO WE HAVE GREAT RESOURCES IN CALIFORNIA, WE HAVE GREAT NATIONAL RESOURCES FROM THE ADMINISTRATION ON COMMUNITY LIVING IN SUBSTANCE ABUSE AND MENTAL HEALTH SERVICE ADMINISTRATION. LOTS OF RESOURCES THAT WE USE, EVERYTHING FROM SUBSTANCE ABUSE TO EMOTIONAL HEALTH TO SUICIDE WITH OLDER ADULTS. GREAT RESOURCES OUT THERE. WITH THAT, VERY QUICK PREVIEW OF THE SERVICE. I WANT TO REALLY HAND THE MIC OVER TO THE EXPERTS. THE PEOPLE WHO WILL GIVE US THE DEEP DIVE IN WHERE WE ARE AND WHERE WE NEED TO BE. FIRST UP,**

**DR. CLARK HARVEY, DIRECTOR OF LEGISLATIVE AFFAIRS OF CALIFORNIA COMMUNITY HEALTH AGENCIES. DR. CLARK HARVEY.**

**>> DR. LE ONDRA CLARK HARVEY: GOOD MORNING EVERYBODY. THANK YOU FOR THE OPPORTUNITY TO PARTICIPATE. I AM THE DIRECTOR OF POLICY AND LEGISLATIVE AFFAIRS AT THE CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES. WE CALL IT CDHA. I'M A PSYCHOLOGIST BY TRAINING AND IT IS MY EXPERIENCE AS A CLINICIAN THAT LED ME TO ADVOCACY ON BEHALF OF COMMUNITY BEHAVIORAL HEALTH ORGANIZATIONS. WE REPRESENT CLINICS, AND MENTAL HEALTH CLINICS THAT PROVIDE SERVICES ACROSS THE AGE SPECTRUM. AN EXAMPLE WOULD BE IN SOUTHERN CALIFORNIA WE HAVE A CLINIC THAT PROVIDES SERVICES TO OLDER ADULTS. IN NORTHERN CALIFORNIA, WE HAVE A CLINIC THAT PROVIDES TO OLDER ADULTS AND FAMILIES. WE BELIEVE IN PROVIDING LIFE LONG SERVICES AND COMPREHENSIVE SERVICES TO ALL OF THE FOLKS THAT OUR AGENCIES PROVIDE SERVICES TO.**

**WHEN IT COMES TO OLDER ADULTS ACROSS THE NATION, WE KNOW THERE IS SIGNIFICANT ATTENTION PAID TO OLDER ADULT HEALTH, INCLUDING THE IMPACT OF ISOLATION, HEALTH AND LONELINESS. ON THE NEXT SLIDE I OUTLINED A NUMBER OF REPORTS THAT HAVE TAKEN PLACE OVER THE YEARS. AND WE END WITH 2020 ON THE MASTER PLAN FOR AGING. EXCITED TO BE A PART OF THIS PROCESS AND BRING THAT BEHAVIORAL HEALTH LENS TO THE WORK THAT IS HAPPENING AS PART OF THE MASTER PLAN.**

**SO, I START WITH THIS QUOTE BECAUSE I THINK IT IS REALLY IMPORTANT TO DISCUSS THIS TOPIC. AS YOU CAN SEE, ISOLATION CAN REALLY BE A POSITIVE COPING STRATEGY. I HAVE TWO TODDLERS AND I LOVE TO ISOLATE MYSELF FROM THEM AT TIMES. TODAY WE WANT TO FOCUS ON THE NEGATIVE EFFECTS AND HOW TO COMBAT IT IN ORDER TO REALLY LEAD A HEALTHY LIFE. THIS QUOTE SAYS, BEING CONNECTED IS WIDELY ...[READING] A FUNDAMENTAL HUMAN NEED.**

**SO THERE ARE A NUMBER OF SOCIAL VARIABLES THAT ARE CONTRIBUTING TO ISOLATION AND LONELINESS. SO AS FAMILY SIZE SHRUNK AND OLDER ADULTS ARE LIVING ALONE, THEY ARE BECOMING MORE SUSCEPTIBLE. WE SEE THAT VOLUNTEERISM IS DECLINING AND AFFILIATIONS WITH RELIGIOUS ORGANIZATIONS THAT HELPED FOSTER COMMUNITIES HAVE DECREASED AS WELL. WHAT IS THIS ISOLATION LONELINESS PHENOMENON? ISOLATION IS DEFINED AS PHYSICAL SEPARATION FROM OTHERS. AND LONELINESS IS MORE OF A FEELING THAT CAUSES DISTRESS. IT IS IMPORTANT TO NOTE THAT LONELINESS CAN OCCUR WHEN PEOPLE ARE SURROUNDED BY OTHERS. ON A SUBWAY, A CLASSROOM. EVEN WHEN YOU ARE WITH SPOUSES AND CHILDREN. HOW YOU FEEL, NOT NECESSARILY WHO IS AROUND YOU.**

**AND IT IS IMPORTANT TO FOCUS ON VARIOUS FACTORS THAT CAN LEAD TO FEELINGS OF LONELINESS, INCLUDING ELDER ABUSE, WHICH CAN INCLUDE PHYSICAL, VERBAL, PSYCHOLOGICAL, FINANCIAL AND SEXUAL ABUSE AND LEAD TO FEELINGS OF ABANDONMENT, NEGLECT AND LOSSES OF DIGNITY AND RESPECT. THE EVIDENCE SUGGESTS THAT ONE IN SIX OLDER ADULTS EXPERIENCE ELDER ABUSE. THAT IS PROBLEMATIC. IT CAN LEAD TO PHYSICAL INJURES AND LONG LASTING CONSEQUENCES. WE HAVE TO PAY ATTENTION AND MAKE SURE THAT EVERYONE IS TRAINED ON THE IMPACTS OF ELDER ABUSE.**

**WHEN WE TALK ABOUT THE HEALTH EFFECTS, WE KNOW THAT ISOLATION AND LONELINESS CAN LEAD TO NEGATIVE PHYSICAL HEALTH EFFECTS. OF NOTE IS THE FACT THAT LONELINESS IS TWICE AS DANGEROUS AS OBESITY. THIS IS HUGE. THAT IS WHAT A LACK OF SOCIAL CAN DO TO A PERSON. AND WHEN WE LOOK AT THE IMPACT ON MENTAL HEALTH, WE FIND THAT LONELINESS AND ISOLATION MAY LEAD TO OR EVEN EXACERBATE ANXIETY, DEPRESSION AND FEELINGS OF LOW SELF-ESTEEM.**

**I WANT TO TAKE A FEW MINUTES TO CONTINUE TO DISCUSS SOME OF THE MENTAL HEALTH IMPACTS. THE WORLD HEALTH ORGANIZATION**

**INCLUDES MENTAL HEALTH AS PART OF THE OVER ALL DEFINITION OF HEALTH, IMPORTANT TO NOTE. AMONG THE OLDER ADULT POPULATION, 20% OVER THE AGE OF 55 HAVE A MENTAL HEALTH DIAGNOSIS. OLDER ADULT MEN HAVE THE HIGHEST SUICIDE RATE AND OLDER ADULTS WITH DEPRESSION HAVE HIGH RATES OF MEDICATION. AS YOU CAN SEE ON THE SLIDE. BUT IMPORTANTLY TO NOTE, DEPRESSION IS TREATABLE. 80% OF DEPRESSION CASES ARE TREATABLE. THOSE STATISTICS ARE BLEAK, THERE IS HOPE WITH APPROPRIATE TREATMENT.**

**IT IS IMPORTANT TO TALK ABOUT DEMENTIA, BECAUSE WE SEE HOW ISOLATION AND LONELINESS CAN BE HARMFUL. IT IS A GROWING CHRONIC DISEASE AND CAN IMPACT ACTIVITIES OF DAILY LIVING. IT IS ESTIMATED THAT BY 2030, THERE WILL BE 82 MILLION PEOPLE LIVE WITH DEMENTIA. SO THERE NEEDS TO BE INVESTMENT IN SUPPORT SERVICES FOR THOSE WITH DEMENTIA AND CAREGIVERS TO COMBAT EFFECTS AND HOW ISOLATION AND LONELINESS CAN LEAD TO MORE OUTCOMES FOR THOSE.**

**I LIKE TO TALK ABOUT CULTURAL CONSIDERATIONS AS WELL. AS WE TALK ABOUT SUPPORT, WE HAVE TO RECOGNIZE THE SPECIFIC CULTURAL FACTORS THAT CAN IMPEDE GETTING THE SUPPORTS. THERE IS A STUDY CONNECTED BY THE CDC FINDING THAT CERTAIN POPULATIONS ENCOUNTER SIGMA, DEPORTATION WHICH CAN LEAD TO FURTHER ISOLATION. I'M GOING TO END THIS WITH QUOTE, THIS REALLY RECOGNIZES THAT THERE IS NO ONE SIZE FIT ALL APPROACH TO COMBATING EFFECTS OF LONELINESS AND ISOLATION. THERE HAS TO BE VARIETY AND COPING STRATEGIES WHICH I HOPE TO SHARE TODAY. THROUGHOUT THE REST OF THE PRESENTATION, YOU ARE GOING TO HEAR HOW THE STATE IS WORKING TO ADDRESS THE ISSUE AS WELL AS A LOCAL PROGRAM THAT IS PROVIDING SUPPORT TO OLDER ADULTS TO COMBAT ISOLATION AND LONELINESS. WHEN I RETURN, WILL I SHARE COMMENTS WE RECEIVED FROM THE PUBLIC REGARDING THIS, THE MASTER PLAN AGING PROCESS AND GENERAL RECOMMENDATIONS FOR THE WORKFORCE AND WHAT COMMUNITY MEMBERS AND CAREGIVERS DO TO PROVIDE THE CRITICAL SUPPORT TO OLDER ADULTS. THANK YOU.**

**>> KIM MCCOY-WADE: THANK YOU. THE COMMENTS AND CHATS ARE COMING IN. LET'S TAKE A SECOND FOR MY COLLEAGUE TO SHARE THE RESULTS. ADAM, WHO IS HERE?**

**>> WE ASKED A NUMBER OF QUESTIONS DURING KIM'S INTRODUCTORY COMMENTS. THE FIRST OF WHICH WE ASKED, ARE YOU AN INTERESTED MEMBER OF THE PUBLIC OR EMPLOYED OR FIELD IN FIELDS OF AGING? 71% INDICATE THEY ARE EMPLOYED OR INVOLVED IN FIELDS OF AGING. 16% INDICATED THEY ARE EMPLOYED OR INVOLVED IN FIELDS OF BEHAVIORAL HEALTH. 13% INDICATED THEY ARE AN INTERESTED MEMBER OF THE PUBLIC.**

**THE SECOND QUESTION WE ASKED, WHAT AGE GROUP DO YOU BELONG TO? 26% INDICATED THEY ARE BETWEEN AGES OF 55 AND 64.**

**24% INDICATED THEY ARE BETWEEN THE AGES OF 65 AND 74.**

**16% INDICATED THEY ARE BETWEEN THE AGES OF 45 AND 54.**

**WE'LL MOVE ON TO THE THIRD POLL. WHERE DO YOU LIVE IN CALIFORNIA?**

**LOOKS LIKE WE HAVE A TIE, COMING IN AT 25%. SACRAMENTO REGION AND SAN FRANCISCO BAY AREA. COMING IN AT 15% IS LOS ANGELES. 13% IS SOUTHERN CALIFORNIA. 10% IS NORTH COAST AND 8% IS CENTRAL COAST. THANK YOU VERY MUCH FOR RESPONDING TO THE POLLS. AND PLEASE BE LOOKING FOR ADDITIONAL QUESTIONS AS THIS WEBINAR CONTINUES.**

**>> KIM MCCOY-WADE: THANK YOU. AND I WANT TO THANK ALL OF YOU THAT ARE ANSWERING THE POLLS ABOUT EXPERIENCES AND EXPERIENCES OF OLDER PEOPLE YOU KNOW. WE ASKED HOW MANY OF YOU DO YOU OR AN OLDER ADULT YOU KNOW EXPERIENCE ISOLATION. 53% SAID YES. 47% SAID NO. WE ASKED ABOUT AGEISM, EVEN HIGHER, 72 ARE% YES, 28% NO. ON -- 80% YES, 20% NO. I WANT TO SHARE COMMENTS YOU TRUSTED US**

**WITH, LISA SAYS, I VISIT OLDER ADULTS AT HOME AND MANY USE THE TELEVISION FOR COMPANIONSHIP. IT WAS SAID, I SEE A NUMBER OF PEOPLE THAT LIVE ALONE BUT DON'T RECOGNIZE THAT ABILITIES ARE AFFECTED. ISOLATION CAN LEAD TO SENSORY DEPRIVATION, WHICH CAN BE ADDRESSED, BUT THERE ARE HEALTH IMPACTS. JESSICA IS FOCUSING GRADUATE WORK ON LONELINESS AND ELDER IMMIGRANT COMMUNITIES AND TALKS ABOUT LANGUAGE BARRIERS, ACCESSING SERVICES, FEELING CONNECTED SOCIALLY AND RECOMMENDS THE MASTER PLAN BE SURE AND ADDRESS THIS COMMUNITY AS WELL. WHICH IS ABSOLUTELY OUR INTENTION.**

**INTERESTING PERSPECTIVE ALSO FROM JACK. TALKS ABOUT DEPRESSION AMONG CAREGIVERS AND ISOLATION. YOU ARE TAKING CARE OF YOUR MOM, BECAME ISOLATED, HAD TO QUIT HIS JOB. IT AFFECTS CAREGIVERS AS WELL AS ELDERS. SHEILA SAID HER FATHER SUFFERED THROUGH LONG DETERMINE DEPRESSION AND COMMITTED SUICIDE AT AGE 59. WE ARE SEEING HIGHER RATES AMONG MEN IN PARTICULAR. WE'RE GRATEFUL FOR THE SHARING OF THE STORIES REALLY EAGER TO HEAR FROM THE NEXT PRESENTERS ABOUT WHAT CAN BE DONE. WHAT LOCAL STATE POLICY AND PROGRAM, FAMILY AND GOVERNMENT INTERVENTIONS MAKE A DIFFERENCE.**

**WITH THAT, I'D LIKE TO HAND IT OVER TO MY COLLEAGUE, DR. CONNOLLY FROM OUR CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY. JOHN?**

**>> DR. JOHN CONNOLLY: THANK YOU. GLAD TO BE HERE AS A STATE COLLEAGUE AND PARTNER WITH KIM AND THE OTHER PANELISTS TODAY. LET'S MOVE ON TO THE NEXT SLIDE.**

**THANK YOU. JUST I THOUGHT I WOULD START WITH A SNAPSHOT OF BEHAVIORAL HEALTH ACROSS CALIFORNIA STATE DEPARTMENTS WE HAVE ABOUT 12 DEPARTMENTS, EXACTLY 12 DEPARTMENTS AND 6 OFFICES WITHIN**

**THE CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY COVERING A WIDE VARIETY OF PROGRAMMING. BEHAVIORAL HEALTH IS THROUGHOUT THE DEPARTMENTS. THERE ARE DIFFERENT PIECES OF THE DEPARTMENTS WORKING ON ISSUES WE WILL DISCUSS TODAY. FIRST AT THE AGENCY LEVEL, I AM THE DEPUTY SECRETARY FOR BEHAVIORAL HEALTH AND MY ROLE IS TO DEVELOP AND INTEGRATE AND COORDINATE OR ALIGN PROGRAMMING ACROSS THE DEPARTMENTS AND OFFICES. AND SO WE HAVE A BRAND NEW POSITION THAT I'M IN HERE AS THE DEPUTY SECRETARY FOR BEHAVIORAL HEALTH TO REFLECT THE PRIOR OF THE GOVERNOR AS WELL AS SECRETARY GHALY. FOCUSING ON BEHAVIORAL HEALTH AS URGENT AND ALMOST CRISIS LEVEL ISSUE IN THE STATE OF CALIFORNIA.**

**THERE IS A BEHAVIORAL HEALTH DIVISION, WHICH COMPRISES MANY THINGS RELATED TO LICENSING AND CERTIFICATION OF MENTAL HEALTH AND SUBSTANCE ABUSE DISORDER FACILITIES AND COVERS THE MEDI-CAL BEHAVIORAL HEALTH PORTFOLIO. THE MEDI-CAL PROGRAM IS THE BIGGEST PIECE WHAT HAVE HEALTH CARE SERVICES DOES IN ITS PROGRAMMING. AND A SIGNIFICANT PORTION OF THAT IS BEHAVIORAL HEALTH SERVICES. THEY ALSO HAVE OTHER PROGRAMMING WITHIN DHCS FOCUSED ON OTHER COMMUNITY PROGRAMMING FUNDED BY THE MENTAL HEALTH SERVICES ACT AS WELL AS FEDERAL BLOCK GRANT OPPORTUNITIES FOR MENTAL HEALTH OR SUBSTANCE ABUSE, PREVENTION AND TREATMENT. MOVING ON TO THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, THEY DO A GREAT DEAL OF WORK FOCUSED ON SURVEILLANCE, THINGS LIKE THE OPIOID DASHBOARD, CONVENING PARTNERS IN THE COMMUNITY TO ENSURE THAT WE ARE THINKING UP STREAM ABOUT HOW WE REDUCE SUBSTANCE ABUSE, OPIOID PRESCRIBING, DEPARTMENTS OF BEHAVIORAL HEALTH WORKING TOGETHER TO THINK ABOUT THIS IN A HOLISTIC WAY.**

**DPH IS WORKING HARD ON THIS. A CRITICAL PARTNER HERE WORKING ON OVERSITE KNOWN AS THE MENTAL HEALTH SERVICES ACT. THEIR PRINCIPLE ROLE IS TO LOOK AT FUNDING TO APPROVE AT THE COUNTY LEVEL. AND ARE IN CHARGE OF PUTTING OUT ANNOUNCEMENTS FOR FUNDING**

**OPPORTUNITIES, INNOVATE PROGRAMMING AND PROVIDING TECHNICAL ASSISTANCE. SERVICES RELATED TO THE MHSA ARE IN CHARGE OF THE FINANCING AND IN CONTACT WITH THE COUNTIES IN AUDITING THE WORK AT THE MORE LOCAL LEVEL. THE CALIFORNIA DEPARTMENT OF STATE HOSPITALS. THEY HAVE AN IMPORTANT ROLE IN THE INFRASTRUCTURE AND SERVICE DELIVERY ACROSS THE STATE. THEY SERVE A FEW DIFFERENT GROUPS OF PEOPLE. THERE ARE FOLKS WHO ARE CONSERVED TO THE LANTERMAN ACT AND THEY CARE FOR THAT POPULATION. THERE ARE A VARIETY OF FORENSIC REFERRALS, DUE TO MENTAL ILLNESS, INCAPABLE OF STANDING TRIAL, PRISONS IN THE STATE FACILITIES WITH THE CALIFORNIA DEPARTMENT OF CORRECTIONS THAT ARE REFERRED TO THE STATE HOSPITAL FOR REHABILITATION AND ALSO CARING FOR A GROUP OF SEX OFFENDERS AS WELL AS THEY ARE BEING EVALUATED FOR BEING RELEASED FROM PRISON AND REENTERING THE COMMUNITY.**

**I WANT TO REPORT ON A PROJECT FOCUSED ON PEOPLE WHO ARE NOT ABLE TO STAND TRIAL BECAUSE OF MENTAL ILLNESS. THE DEPARTMENT OF STATE HOSPITALS IS COLLABORATING WITH COUNTIES TO ENSURE THAT THERE ARE OPPORTUNITIES FOR FOLKS IN THAT SITUATION OR FACING THAT SITUATION TO RECEIVE TREATMENT AND RESTORATION IN THE COMMUNITY INSTEAD OF BEING PUT IN A STATE HOSPITAL. A PARTNERSHIP BETWEEN THE STATE AND COUNTIES.**

**ONE OF THE PRIORITIES IS TO IMPROVE THE LIVES OF CALIFORNIANS MOST VULNERABLE. ONE OF THE GROUPS THAT IS CALLED OUT IN THE LISTING OF STRATEGIC PRIORITIES IS THE GROWING AGING POPULATION. JUST A FEW POINTS TO SET THE STAGE FOR SOME OF OUR INITIATIVES AND TO PROVIDE SOME CONTEXT FOR THE PROGRAMING THAT I JUST DESCRIBED WOULD BE CDC DATA INDICATED THAT ROUGHLY 20% OF PEOPLE, 55 OR OLDER HAVE A BEHAVIORAL HEALTH CONCERN. ONE IN FIVE PEOPLE 55 AND ABOVE, DEALING WITH ISSUES RELATED TO MENTAL HEALTH, DEPRESSION, SUBSTANCE ABUSE, THINGS OF THAT NATURE. THIS IS NOT COMMON, MANY OF US WHO HAVE A FRIEND OR FAMILY OR ASSOCIATE IN THAT AGE GROUP**

**MAY BE STRUGGLING WITH THESE CONCERNS. OLDER MEN HAVE THE HIGHEST SUICIDE RATE, FOUR TIMES THAT OF OTHER AGE GROUPS. THESE ISSUES ARE VERY PRIMARY AND CRITICAL TO CONSIDER WHEN THINKING THROUGH HOW TO KEEP FOLKS EMPOWERED, ENGAGED AND PRESERVING CHOICE AND ABLE TO LIVE LIVES THE WAY THAT IS MOST SATISFYING AND ENGAGING.**

**THIRD, DEPRESSION AS WE KNOW IS ASSOCIATED WITH POOR HEALTH OUTCOMES. MANY BEHAVIORAL CONDITIONS HAVE AFFECT ON ALL KINDS OF HEALTH CONDITIONS AND OUTCOMES OF LIFE EXPECTANCY. HOW WELL WE CARE FOR PEOPLE IN BEHAVIORAL HEALTH NEEDS WILL IMPACT ON WHAT WE SEE IN TERMS OF PHYSICAL HEALTH AND NEED FOR HEALTH CARE AND OTHER SERVICES AND SUPPORTS. FINALLY, OF PARTICULAR CONCERN TO US AT THE STATE LEVEL FROM A PROGRAM AND FINANCING AND PLANNING PERSPECTIVE, CALIFORNIA DOES NOT SCORE PARTICULARLY WELL AMONG STATES WHEN WE LOOK AT MEASURES OF SOCIAL AND EMOTIONAL SUPPORT AMONG FOLKS WHO ARE AGING. LIFE SATISFACTION SELF REPORTED BY PEOPLE IN THIS AGE GROUP, IN ADDITION TO FREQUENT MENTAL HEALTH DISTRESS AND CURRENT RATES OF DEPRESSION. WE'RE CONCERNED ABOUT THOSE FINDINGS AND SIGNALING THE URGENCY OF WHAT WE ARE DISCUSSING HERE TODAY.**

**JUST A DESCRIPTION OF A SPECIALTY MENTAL HEALTH SERVICES ON THE MEDI-CAL SIDE, JUST ECHOING SOME OF THE CONCERNS AND NEED FOR SOME OF THE PROGRAMMING AND INTERVENTIONS DISCUSSED TODAY. WE FIND THAT PENETRATION AND ENGAGEMENT RATES AMONG ELDER ADULTS SERVED BUT THE PROGRAM ARE LOWER. WHEN WE LOOK AT SPECIALTY HEALTH SERVICES IN THE COUNTY BEHAVIORAL HEALTH PLANS RELATIVE TO OTHER AGE GROUPS SERVED IN THE MEDI-CAL PROGRAMMING. THAT IS LOOKING AT EVERYBODY WHO IS ELIGIBLE FOR THE BENEFIT. WE HAVE SOME WORK TO DO IN THAT RESPECT IN TERMS OF ANY KIND OF SERVICE DELIVERY OR UTILIZATION AMONG THAT AGE GROUP. WHEN LOOKING AT LEVEL OF ENGAGEMENT IN THE SERVICES OF PEOPLE WHO ARE ABLE TO ACCESS ANY**

**SPECIAL IF I MENTAL HEALTH SERVICES, THIS IS FIVE OR MORE VISITS THE SYSTEMS, THERE ARE LOWER RATES OF ENGAGEMENT AT THAT LEVEL AMONG PEOPLE WHO ARE OLDER ADULTS RELATIVE TO OTHER AGE GROUPS. CERTAINLY MANY ISSUES COULD BE AT PLAY HERE. MEDICARE IS ANOTHER PROGRAM THAT SERVES PEOPLE WHO ARE OLDER ADULTS, BUT LOOKING AT ALL FOLKS ELIGIBLE FOR THE BENEFIT, I THINK THERE IS WORK TO DO TO DEVELOP MORE HUMAN-CENTERED, OLDER ADULT FOCUSED PROGRAMMING OR SERVICE MODELS, IN ADDITION TO HAVING SAVVY OUT REACH TO CONTACT PEOPLE AND REFLECT TRENDS IN REGARD TO THE CHANGING DYNAMICS OF FOLKS WHO ARE AGING.**

**SO, JUST A QUICK REVIEW, GIVEN ALL OF THE THINGS THAT I TALKED ABOUT, WHAT ARE SOME OF THE ACTIONS THAT THEY ARE TAKING? ONE OF THE BIG HIGHLIGHTS IN TERMS OF OUR BUDGET PROPOSAL AND IN TERMS OF OUR OVERALL PROGRAMMATIC PRIORITIES IS THE CAL AIM INITIATIVE. WHICH IS CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL. CONTAINED THIS IS A RANGE OF DIFFERENT PROGRAMMATIC AND FINANCING REFORMS. AND JUST A FEW ON THE BEHAVIORAL HEALTH SIDE OF THINGS IS THE INTEGRATION OF MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES. THIS IS PART OF A TRANSFORMATION OF THE MEDI-CAL PROGRAM THROUGHOUT THE NEXT 5 TO 10 YEARS. RATHER THAN HAVING SEPARATE DELIVERY SYSTEMS AND BENEFITS AND PROVIDER NETWORKS FOR SPECIALTY MENTAL HEALTH SERVICES AND SUBSTANCE ABUSE SERVICES, THE IDEA IS TO MERGE THE TWO TO HAVE INTEGRATED DELIVERY SYSTEMS AND PROVIDERS OF THOSE SERVICES. WE ARE NOT GOING TO SPLIT THAT BENEFIT IN HALF AND IN MANY CASES, REQUIRE FOLKS TO THE PEOPLE WE SERVE TO GO TO DIFFERENT AGENCIES OR PROVIDERS TO RECEIVE THE SERVICES.**

**TO THE EXTENT THAT WE CAN, WE HOPE TO INTEGRATE SERVICE DELIVERY TREATMENT PLANS, CASE MANAGEMENT AND ASSESSMENT PROCESSES. IN ADDITION, THE DRUG MEDI-CAL ORGANIZED SYSTEM IS THE FIRST IN THE NATION, THAT PROGRAM TO EXPAND AND IMPROVE THROUGH A MANAGED CARE MODEL THAT WAS DONE HERE IN CALIFORNIA. MANY STATES**

**FOLLOWED IN OUR FOOT STEPS AND MANY PEOPLE, PARTICULAR IN CALIFORNIA, BUT ELSEWHERE IN THE NATION, ARE RECEIVING MANY MORE SERVICES IN A MUCH MORE TIMELY FASHION.**

**THE PROPOSAL WITHIN CAL AIM IS TO EXPAND AND BUILD UPON THE PREVIOUS DEMONSTRATION PROJECT. IT IS GOING TO MORPH INTO SUD MANAGED CARE. AND MORE AND MORE COUNTIES ARE JOINING THAT EFFORT AND WE ARE COVERING THE VAST MAJORITY OF CALIFORNIANS WHO ARE ELIGIBLE FOR THE PROGRAM WITH THAT BENEFIT. IN ADDITION TO THE COUNTIES THAT ARE ALREADY DOING GREAT WORK AND PARTICIPATING IN THAT OPPORTUNITY. IN ADDITION, PAYMENT REFORM JUST BRIEFLY, PROVIDERS ARE BURDENED WITH A GREAT DEAL OF PAPERWORK IN MEDICAL, PARTICULARLY IN BEHAVIORAL HEALTH SYSTEMS. THE IDEA IS TO STREAMLINE AND SIMPLIFY AND CREATE MORE OPPORTUNITIES FOR INNOVATION INCLUDE THE WAYS THAT THEY ARE REIMBURSED AND THE WAY THEY REPORT SERVICES. THERE IS A LOT OF ENTHUSIASM AMONG PROVIDERS AND DELIVERY SYSTEMS ABOUT THE REFORMS AND WE'RE PROUD TO PUSH THEM FORWARD. MEDICAL NECESSITY REVISIONS, THAT IS OUT THERE TO GREAT PROPOSALS FOR GETTING SERVICES TO FOLKS TIMELY WAYS AND ALSO DOING TREATMENT PLANNING AND GETTING ACCESS TO SERVICES FOR THE PEOPLE WHO REALLY NEED THEM IN A FASTER AND MORE HUMAN-CENTERED FASHION. IN WAYS THAT DON'T JUST REFLECT DIAGNOSIS, BUT ALSO REFLECT THE NEEDS AND LEVEL OF ACUITY OR SEVERITY.**

**IN LIEU OF SERVICES, THAT SOUNDS LIKE A CLUNKY NAME, IS A KEY AREA WITH REGARD TO FOCUSING ON PEOPLE WHO ARE AGING IN CAL AIM. IN LIEU OF SERVICES IS A TERM FOR DESCRIBING NEW AND INNOVATIVE SERVICES THAT MEDICAID, MEDI-CAL AS NOT TYPICALLY PAID FOR, BUT BECAUSE WE HAVE REALIZED THROUGH RESEARCH AND DEMONSTRATION AND THROUGH INNOVATIVE PROGRAMS, THAT HELPING FOLKS WHO ARE AGING LIVE SAFELY IN HOMES BY REDUCING RISK OF FALLS. THIS IS A WAY OF REDUCING OUR RISK OF NOT ONLY BAD OUTCOMES FOR PEOPLE WHO ARE AT RISK OF BEING INJURED IN HOMES, BUT ALSO REDUCING THE RISK THAT**

**THEY END UP IN A LONG-TERM CARE FACILITY IN A HOSPITAL, HAVE AN EMERGENCY ROOM VISIT. IT IS A WIN, WIN PROPOSAL AND A WAY TO INCREASE PRODUCTIVITY OF SERVICE PROVIDERS HELPING PEOPLE LIVE HEALTHIER AND MORE SAFELY. ENHANCED CARE MANAGEMENT IS A WAY OF COORDINATING ALL BENEFITS IN THE MEDICAL PROGRAM THROUGH ONE STRONG CASE MANAGER. THAT INCLUDES PRIMARY CARE, SPECIALTY, INCLUDING BEHAVIORAL HEALTH, DENTAL CARE, LONG-TERM SERVICES AND SUPPORTS AND THE IDEA IS ASSIGNING ONE SKILLED CASE MANAGER TO COORDINATE CARE ACROSS ALL OF THE DELIVERY SYSTEMS. IT IS NOT APPROPRIATE FOR US TO PLACE THE RESPONSIBILITY OR THE BURDEN OF COORDINATING ALL THOSE CARE OPTIONS OR ELEMENTS OF CARE ON THE PEOPLE THAT WE SERVE.**

**IN ADDITION, THERE ARE PROGRAMS TO INCREASE QUALITY SEEKING ALIGNMENT AMONG DIFFERENT PAIRS. THAT INCLUDES MANAGED CARE PLAN WHOSE HAVE A BENEFIT FOR MILD TO MODERATE MENTAL HEALTH CONDITIONS AS WELL AS THE COUNTY BEHAVIORAL HEALTH SYSTEM THAT FOCUSED ON MANY TREATMENTS. WE SEEK TO INCREASE THE QUALITY OF THE DATA COLLECTION TO PROVIDE A BETTER DASHBOARD AT THE STATE LEVEL IN TERMS OF HOW WE'RE REPORTING THE PERFORMANCE OF THE SYSTEMS AND PROVIDERS. WITH THE LONG-TERM AIM OF INCREASING VALUE-BASED. WE LOOK AT HOW WELL WE DID IN TERMS OF THE QUALITY OF CARE AND OUTCOMES WE'RE SEEING. TO HELP DO THAT WORK, THERE IS A PROGRAM THAT IS GOING TO PROVIDE FUNDING FOR COUNTIES TO UPDATE THE DATA REPORTING INFRASTRUCTURE. SINCE WE'RE RAISING THE BAR IN TERMS OF EXPECTATIONS AND REPORTING, WE ALSO WANT TO SUPPORT COUNTIES IN MAKING THOSE ADVANCEMENTS PT. FINALLY, THE BEHAVIORAL HEALTH TASK FORCE WILL BE LAUNCHING NEXT WEEK, A WEEK FROM TODAY ON MARCH 4TH. THERE WILL BE AN ANNOUNCEMENT OF ALL OF THE PARTICIPANTS SELECTED FOR THAT. A BROAD GROUP OF STAKEHOLDERS FROM ACROSS HEALTH AND HUMAN SERVICES, BOTH THE PUBLIC AND PRIVATE SECTORS. AND THE IDEA IS TO CREATE A PLAN, A SET OF STRATEGIES TO ADDRESS THE MOST PRESSING GAPS AND TIMELY ACCESS**

**QUALITY DEFICITS WE SEE. INTEGRATION, NOT ONLY IN THE BROADER HEALTH CARE SYSTEM, BUT INTEGRATION OF BEHAVIORAL HEALTH AND SOCIAL SERVICES AND OTHER COMMUNITY ORGANIZATIONS. AND ALSO SEEKING GREATER FUNDING AND PROGRAMMATIC ALIGNMENT SUCH THAT WE MAXIMIZE AND ALIGN ALL OF THE STATE AND LOCAL DOLLARS INVESTED IN THE SERVICES, BUT MAXIMIZE THE FEDERAL PARTNER'S DEVELOPMENT IN THE INNOVATIVE PROGRAMMING. I THINK THAT IS THE CONCLUSION OF MY PORTION OF THE PRESENTATION. AND WE'LL PAUSE THERE.**

**>> KIM MCCOY-WADE: THANK YOU DR. CONNOLLY, FOR THAT OVERVIEW OF ALL THAT IS HAPPENING AS THE ADMINISTRATION PRIORITIZES BEHAVIORAL HEALTH. WE DID ASK, HAVE YOU OR SOMEONE YOU KNOW EXPERIENCED BARRIERS TO ACCESSING BEHAVIORAL HEALTH SERVICES FOR DEPRESSION? AND NO SURPRISE TO OUR PANELISTS, 55% SAY YES. AND A RANGE OF BARRIERS WERE SHARED IN THE CHAT. COST, COST OF MENTAL HEALTH SERVICES IF YOU ARE NOT ON MEDI-CAL IS PROHIBITIVE. IT IS CONFUSING NAVIGATING. AND JOHN, SOME OF THE COMMENTS AROUND COORDINATING CARE SPEAK TO THAT. AN INTERESTING COMMENT CAME IN FROM AARP, IN ADDITION TO BARRIERS WITH SYSTEMS, IT IS IMPORTANT TO CONSIDER THE CULTURAL AND PERSONAL BARRIERS THAT INDIVIDUALS FACE WHEN SEEKING MENTAL HEALTH SUPPORT. PULL YOURSELF UP BY YOUR BOOT STRAPS MENTALITY OR THE TENDENCY NOT TO TALK ABOUT THE ISSUES IS SOMETHING WE NEED TO ADDRESS. GREAT POINT.**

**BUT THE NUMBER ONE COMMENT THROUGHOUT WAS JUST THE LACK OF SERVICES. MANY PEOPLE SPOKE TO, THERE IS A SHORTAGE OF PSYCHIATRISTS WHO ACCEPT MEDI-CAL. THERE IS A LACK OF PROVIDERS. VIRTUALLY NON EXISTENT. WE HAD A COMMENT AND SHE AND ENDED HER REMARKS WITH, 'WE HAVE A LONG WAY TO GO.' GIVEN THE BARRIERS OF COST, NAVIGATION, OF CULTURAL AND PERSONAL AND ACCESS, WE DO HAVE A LONG WAY TO GO. BUT THERE ARE PEOPLE LIKE MIKE MCCONNELL AND THE PEOPLE WHO ARE ON THAT PATH AND STARTED IT. AND WE ARE PLEASED TO HAVE THEM SHARE THEIR STORY. MIKE MCCONNELL I WILL TURN TO OVER TO**

**YOU. BEFORE I DO, LET ME PAUSE FOR ONE SECOND, HAVING HEARD FROM SO MANY OF YOU ABOUT THE BARRIERS AND ABOUT THE CHALLENGES YOU ARE FACING, WE ARE GOING TO PUT IN CHAT RESOURCES. OF COURSE THE IMMEDIATE RESOURCE IF YOU ARE EXPERIENCING MENTAL HEALTH CRISIS IS TO CALL 911. BUT WE WANT TO BE SURE YOU HAVE CONTACTS OF COUNTY BEHAVIORAL HEALTH DEPARTMENT. EACH COUNTY HAS ONE. IF YOU ARE FEELING AN IMMEDIATE OR EVEN JUST AN ONGOING NEED AND WANT TO SEEK ASSISTANCE, ARE THERE IS RESOURCES TO GET YOU STARTED. NOW MIKE, I WILL HAND TO OVER TO YOU TO TELL US THE STORY OF SANTA CRUZ'S RESPONSE.**

**>> MIKE MCCONNELL: AND CAN YOU HEAR ME OKAY?**

**>> KIM MCCOY-WADE: YES, WE CAN.**

**>> MIKE MCCONNELL: WONDERFUL. I JOINED IN A LOW TECH WAY, SO I APOLOGIZE. I'M THE DIVISION DIRECTOR FOR ADULT SOCIAL SERVICES IN THE COUNTY OF SANTA CRUZ. AND I'VE WORKED TWO COUNTIES, RIVERSIDE AND NOW SANTA CRUZ COUNTY. AND I WANT TO TALK ABOUT OUR LOCAL RESPONSE TO OLDER ADULT ISOLATION AND LONELINESS. I ALSO WANT TO SAY HOW GRATEFUL I AM THAT WE'RE WORKING ON A MASTER PLAN ON AGING. IT HAS BEEN A LONG TIME COMING AND VERY EXCITING TO SEE IT HAPPEN. KIM, THANK YOU SO MUCH FOR YOUR LEADERSHIP AND COMING TO OUR COUNTIES AND SEEING WHAT WE DO AND VISITING OUR EXHIBIT HERE. I WANT TO SHOUT OUT TO CLAY WHO IS THE EXECUTIVE DIRECTOR OF THE LOCAL AREA ON AGING AND SENIORS COUNCIL AND A STAKEHOLDER ON THE GROUP. SOME OF THE PROGRAMS THAT WE RUN HERE IN ADULT SERVICES ARE ADULT PROTECTIVE SERVICES. WE HAVE IN HOME SUPPORTIVE SERVICES AND VETERAN'S SERVICES. OUR CLOSE PARTNER, AREA AGENCY ON AGING. WE HAVE ADDED LONG-TERM CASE MANAGEMENT FOR SOME OF THE MORE VULNERABLE CLIENTS. THAT INCLUDES SOME PUBLIC HEALTH AND LICENSED CLINICAL SOCIAL WORKERS. WE ARE PART OF THE PILOT PROGRAM CALLED HOME SAFE, WHICH IS LOOKING AT EVICTION PREVENTION AND HOMELESS**

**ISSUES OF OLDER ADULTS. BEING IN THE COMMUNITIES, ISOLATION AND LONELINESS FOR OLDER ADULTS IS ONE OF THE TWO BIGGEST PROBLEMS THAT WE FACE IN THIS AREA. I WOULD SAY THE SECOND ONE THAT DR. DR. CLARK HARVEY TOUCHED ON IS COGNITIVE IMPAIRMENT. AND SHE EXPLAINED, FOLKS WITH DEMENTIA OR COGNITIVE IMPAIRMENT ARE ESPECIALLY AT RISK AND CAN HAVE OUTCOMES THAT ARE MORE DIFFICULT.**

**AND I JUST MENTION THAT ISSUE AND KIM, YOU KNOW THIS, BUT I'M GLAD WE'RE WORKING ON STREAMLINING BEHAVIORAL HEALTH SERVICES. BUT IT IS ALSO IMPORTANT AND I KNOW THE TASK FORCE AND THE MASTER PLAN IS ALSO CONSIDERING HOW WE HELP WITH COGNITIVE IMPAIRMENT IN OLDER ADULTS, INCLUDING DEMENTIA AND TRAUMATIC BRAIN INJURY.**

**SO I WANT TO TALK ABOUT ISOLATION AND LONELINESS, BUT FROM THE PERSPECTIVES OF THE COMMUNITY, IT SOMETIMES JUST THE NATURE OF ISOLATION THAT IS A HIT AND MISS ISSUE AND NOT ALWAYS SEEN IN THE COMMUNITY. BUT THE TRUTH IS, IT IS IN EVERY COMMUNITY. EVEN IN SANTA CRUZ WHERE PEOPLE SURF WITHOUT HEARING THE THEME TO JAWS. WHERE PEOPLE PLAY AT THE BOARD WALK AND PEOPLE WALK THROUGH THE FOREST AND EVEN HUG A TREE. IT IS HERE. AND YOU CAN SEE IN THE SLIDE THAT ONE IN THREE SENIORS REPORTS STRUGGLING WITH FEELINGS OF ISOLATION AND DEPRESSION. 43% OF THE IN HOME SUPPORTIVE SERVICES RECIPIENTS OVER 60 LIVE ALONE. AND OLDER ADULTS IS THE SECOND FASTEST GROWING HOMELESS POPULATION IN SANTA CRUZ COUNTY.**

**SO, OUR RESPONSE TO THIS WAS TO FIGURE OUT WHAT IS OUR BEST TOOL TO DEAL WITH THIS? AND EVEN THOUGH WE HAVE SOME GREAT SERVICES AND PROGRAMS AND RESOURCES IN THE COUNTY, REALLY, THE BEST TOOL THAT WE HAVE IN ANY COMMUNITY IS THE COMMUNITY ITSELF. AND SPECIFICALLY THE PEOPLE IN THE COMMUNITY. SO WE DECIDED TO ENGAGE THE OLDER ADULT IN THE ART COMMUNITY TO ILLUSTRATE THE PROBLEM AND TAKE IT OUT OF ITS HIDING PLACE AND REVEAL IT TO OTHERS.**

**SO WE WORKED WITH OUR LOCAL MUSEUM OF ART AND HISTORY AND WE DID A 7 MONTH PLANNING PROCESS AND THEY HELPED FACILITATE MEETINGS THIS ON A MONTHLY BASIS. WE HAD 186 SENIORS AND AGING ADVOCATES AS PART OF THAT PLANNING GROUP. OVER 100 OF THOSE SENIORS THEMSELVES OF THEY FACILITATED THE PROCESS OF PICKING THE TITLE, COMING UP WITH THE FIVE BIG IDEAS AND SELECTING ARTISTS AND CREATING ACTION CARDS. AND I WILL EXPLAIN ALL OF THESE.**

**SO THE EXHIBIT TITLE THAT WE CAME UP WITHS THAT "WE'RE STILL HERE." AND MOST OF THE OLDER ADULTS IN THE GROUP REALLY FELT LIKE EVEN WHEN THEY ARE OUT IN THE COMMUNITY THEY SOMETIMES FEEL INVISIBLE. BUT IT REFLECTS THAT THE ISSUE ITSELF IS SOMETIMES INVISIBLE TO THE COMMUNITY.**

**SO HERE ARE THE FIVE BIG IDEAS THAT THEY CAME UP WITH THAT THEY WANTED THE ART EXHIBIT AND THE MUSEUM TO EXPRESS. THEY WANTED VISITORS TO UNDERSTAND THE DIVERSE CAUSES AND BUILD EMPATHY BY EXPERIENCING WHAT LONELINESS AND ISOLATION MIGHT FEEL LIKE. THEY WANTED VISITORS TO HONOR AND LEARN FROM THE WISDOM OF CULTURALLY DIVERSE SENIORS. THEY WANTED VISITORS TO BUILD A COLLECTIVE VISION OF WHAT A MORE INCLUSIVE INNER GENERATIONAL SANTA CRUZ COUNTY WOULD LOOK LIKE. AND THEY WANTED THEM TO TAKE ACTION BEYOND THE EXHIBITION TO END ISOLATION IN OUR COMMUNITY.**

**SO, WE PICKED SOME ARTISTS AND EXHIBITS. ONE OF THOSE THAT WE PICKED WAS LISTEN TO SENIOR WORDS OF WISDOM. AND THIS ARTIST FOUND A BUNCH OF ROTARY PHONES THAT WERE PLACED THROUGHOUT THE EXHIBIT. AND YOU PICK UP THE PHONES, THERE ARE VOICE RECORDINGS OF OLDER ADULTS GIVING US THEIR WORDS OF WISDOM.**

**ANOTHER EXHIBIT WE HAD AND I WILL FEATURE ONE OF THESE OLDER ADULTS IN A MOMENT, WAS TO HAVE POWERFUL PORTRAITS OF FIVE DIFFERENT THAT ONE RUN BY GINA OR LAN DO. SHE HAD THEM TAKE**

**PICTURES AND HAD THEM SHOW HOW THEY WERE EXPERIENCING LONELINESS AND ISOLATION.**

**WE ALSO WORKED WITH AN ARTIST NAMED RY, WHO CAME UP WITH THE GAME OF LIFE. I DON'T KNOW IF YOU REMEMBER THAT BOARD GAME. BUT IT WAS A WAY TO GIVE PEOPLE HANDS ON EXPERIENCE OF WHAT OLDER ADULTS MIGHT BE FACING. YOU WILL SEE IN THE PICTURE, THAT PEOPLE WERE GIVEN 3 COINS TO PUT INTO 5 DIFFERENT SLOTS. AND THOSE SLOTS INCLUDED TYPICAL MONTHLY EXPENSES THAT AN OLDER ADULT MIGHT HAVE. THERE IS RENT, TRANSPORTATION, MEDICINE, FUN AND FOOD. WITH THE 3 COINS, WHICH OF THOSE AREAS WOULD YOU PUT THOSE COINS IN? THERE WAS ALSO ANOTHER PART OF THE EXHIBIT WHERE THERE WERE CAR KEYS HANGING ON A HOOK AND EMPTY HOOKS FOR YOU TO PUT KEYS ON AND THINK ABOUT WHAT HAPPENS WHEN YOU EITHER LOSE YOUR DRIVER'S LICENSES OR THE ABILITY TO DRIVE.**

**WE ALSO WANTED TO EXPRESS IT THROUGH DANCE AND PHYSICAL MOVEMENT. SO CID SET UP ROOMS THAT YOU CAN SEE BEHIND THE DANCERS THAT ILLUSTRATED SORT OF THE STAGES OF LONELINESS AND DEPRESSION. AND THE DANCERS DID PHYSICAL WILL EXPRESSION TO DEMONSTRATE WHAT THAT FELT LIKE FROM A MORE EMOTIONAL LEVEL.**

**ONE OF THE REALLY FUN PARTS OF IT WAS THE QUILTING ASSOCIATION HAS A TABLE THERE WHERE PEOPLE COULD CREATE THEIR OWN QUILT SQUARES. SO YOUNG PEOPLE AND FAMILIES THAT CAME THROUGH COULD EXPRESS WHAT THEY WOULD LIKE TO SEE IN AN INNER GENERATIONAL SANTA CRUZ TO LOOK LIKE AND THEY WERE PUT TOGETHER IN A QUILT.**

**WE WANTED PEOPLE TO TAKE ACTION, NOT JUST SEE THE EXHIBITION AND HAVE THE FEELINGS, BUT WHAT CAN WE DO TO MAKE A DIFFERENCE IN OUR COMMUNITY. WE HAD AN ACTION WALL AND PEOPLE COULD TAKE THE BUSINESS SIZED CARDS THAT HAD THINGS LIKE BE A MEALS ON WHEELS**

**VOLUNTEER OR READ A BOOK TO A SENIOR. ON THE BACK OF THE CARD WAS THE PERSON THEY COULD CONTACT TO BE ABLE TO DO THAT.**

**ONE OF THE OLDER ADULTS FEATURES AT THE EXHIBIT IS TIM ZNAMIROWSKI. AND THERE IS A LINK THERE TO A POWERFUL RADIO INTERVIEW THAT HE DID TALKING ABOUT HIS EXPERIENCE. BUT TIM SHARES HOW HE ENDED UP BECOMING ISOLATED AND DEPRESSED. HE TALKS ABOUT THE LOSS AND TIM WAS A VERY SUCCESSFUL DENTIST. AGAIN, MAYBE NOT SOMEBODY YOU WOULD EXPECT TO DEAL WITH ISOLATION AND LONELINESS. WITH THE LOSS OF A CHILD, WITH THE DIVORCE, WITH THE DIAGNOSIS OF PARKINSON'S, TIM ENDED UP BECOMING ISOLATED AND DEPRESSED. AND HOW HE FOUND HIS WAY BACK TO THAT WAS BY BEING ENGAGED IN ROCK STEADY, WHICH HAS CLASSES FOR PARKINSON'S PATIENTS TO LEARN BOXING. AND TO REENGAGE THEIR PHYSICAL AND MENTAL HEALTH. AND TIM TALKS ABOUT WHAT A WONDERFUL EXPERIENCE THAT WAS. BUT YOU HAVE TO THINK THAT SOMEBODY GAVE TIM THAT IDEA, A PERSON TALKED TO HIM. A PERSON ENCOURAGED HIM. WHEN HE GOT THERE, HE CONNECTED WITH PEOPLE. SO AGAIN, THE BEST TOOL THAT WE HAVE, NOT ONLY IN PLANNING TO TAKE CARE OF NEEDS IN OUR COMMUNITY, BUT THE COMMUNITY AND PEOPLE IN THE COMMUNITY THEMSELVES IS THE BEST TOOL FOR HELPING TO END ISOLATION AND LONELINESS.**

**SO THE RESULTS OF THE EXHIBIT IT RAN FROM APRIL 2019 TO JANUARY 2020. OVER 52,000 PEOPLE WENT THROUGH THE EXHIBIT, THE ENTIRE POPULATION OF THE CITY OF SANTA CRUZ WHERE THE MUSEUM IS, IT IS 65,000. YOU CAN SEE THAT A LOT OF PEOPLE WENT THROUGH THAT.**

**ONE OF THE OTHER RESULTS WAS THAT ALMOST 7700 ACTION CARDS WERE TAKEN. THIS MEANS PEOPLE WANTED TO DO SOMETHING ABOUT IT IN THE COMMUNITY AND GOT ENGAGED IN THE COMMUNITY.**

**AND THEN A LOT OF PEOPLE VISITED THE MUSEUM AND WERE IMPACTED, KIM CAME DOWN. I KNOW IT IMPACTED HER. AHEAD OF ALEXA WITH AMAZON**

**CAME THROUGH THE EXHIBIT. WAS IMPACTED BY THE EXHIBIT AND HAD HER MANAGERS GO THROUGH. THEY CAME BACK AND MET WITH 24 OLDER ADULTS TO GET THEIR ADVICE ON HOW THEY CAN USE ALEXA TO PROVIDE AGING WITH EASE AND INDEPENDENCE.**

**SOME OF THE OTHER RESULTS, WE'RE STILL HAVING EVENTS THAT BRIDGE PEOPLE OF DIFFERENT AGES. YOU CAN SEE THAT A CONNECTING CRUZ. YOU CAN SEE SENIOR NIGHT, WHERE SENIORS IN THE COMMUNITIES AND SENIORS FROM THE LOCAL HIGH SCHOOL GOT TOGETHER AND INTERACTS AND READ SOME OF THEIR FAVORITE STUFF TO EACH OTHER. THEY ARE CONTINUING WORK BY CLAY'S GROUP, THE SENIOR COUNCIL, OUR AREA AGENCY ON AGING. IT HAS HAD AN ISOLATION AND LONELINESS TASK FORCE. THEY CAME OUT OF A WONDERFUL SUMMIT THEY DID ON SENIOR NEEDS THAT CONTINUES. CLAY'S GROUP IS HELPING TO INITIATE A COUNTY-WIDE AGE FRIENDLY INITIATIVE FOR US. THE GREAT THING ABOUT THIS IS PEOPLE FROM OTHER COUNTIES HAVE COME THROUGH SOME OF MY COLLEAGUES, AND THIS EXHIBIT OR PARTS ARE TRAVEL TO OTHER COUNTIES. AND THEY WILL PUT THEIR OWN LOCAL IMPRINT ON TO THAT.**

**SO SANTA CRUZ WE WOULD SAY THAT ALL OF THIS IS PRETTY GROOVY AND HAVING A LOCAL RESPONSE IS VERY POWERFUL. AGAIN, I JUST WANT TO EMPHASIZE THAT THE BEST TOOL THAT COMMUNITIES HAVE IS THE COMMUNITY ITSELF AND THE PEOPLE IN THE COMMUNITY. IT IS NOT ALWAYS PROGRAMS AND RESOURCES. THEY ARE IMPORTANT. IF WE THROW ALL OF THAT INTO THE ISSUES AND BEGIN TO RESOLVE THE ISSUES, IF PEOPLE DON'T CONNECT WITH PEOPLE AND TO THE COMMUNITY, OLDER ADULT ISOLATION AND LONELINESS WILL CONTINUE TO BE A PROBLEM. THANK YOU.**

**>> KIM MCCOY-WADE: THANK YOU SO MUCH. THE COMMENTS ARE REFLECTING WHAT YOU ALREADY KNOW. HOW MOVING THIS EXHIBIT IS AND EXTRAORDINARY IT IS AND EVERYBODY WANTS IT TO COME TO THEIR COMMUNITY NEXT. AS YOU SAY, NOT JUST DROP IN, BUT THE EXPERIENCE OF**

**THE PLANNING, THE EXPERIENCE OF THE ACTION. WHAT GROWS OUT OF IT FROM ALL THE CONNECTIONS IS JUST SO POWERFUL.**

**WE TRIED A LITTLE EXERCISE VIRTUALLY. WE ASKED PEOPLE TO SPEND THEIR LAST 3 COINS, REST AND FOOD OR THE WINNERS. WE KNOW THOSE ARE MAJOR PRESSURES AND MEDICINE TRANSPORTATION AND GOT VOTES AS WELL. IT IS HARD TO HAVE THAT BUDGET FOR FUN WHEN RENT AND FOOD AND HEALTH ARE PRESSING. IT IS THE WONDERFUL AND OPPORTUNITY AND RESPONSIBILITY OF THE STAKEHOLDER ADVISORY COMMITTEE TO BRING ALL THIS TOGETHER, THE COMMUNITY AND FAMILY PIECES, SYSTEM, WORKFORCE, HEALTH CARE. AND WE ARE LUCKY TO HAVE DR. CLARK HARVEY ADVISING US ON HOW TO DO THAT. I WILL HAND TO OVER TO YOU TO SHARE THE RECOMMENDATIONS THAT WE HAVE HEARD SO FAR AND THAT YOU BRING FROM YOUR PROFESSIONAL EXPERTISE TO OUR PROCESS.**

**>> DR. LE ONDRA CLARK HARVEY: THANK YOU. SO THE FIRST SLIDE TALKS ABOUT THE ROLE OF THE STAKEHOLDER ADVISORY COMMITTEE. IT IS BEST TO TALK A BIT ABOUT THAT**

**>> KIM MCCOY-WADE: YES, SHE IS ONE OF 34 OF THE STAKEHOLDERS THAT ARE HEARING THE HUNDREDS AND I'M GETTING INTO THE LOW THOUSANDS OF RECOMMENDATIONS COMING IN. WE'VE BEEN GETTING THEM FROM THE PUBLIC WEBSITE, THANKS TO ALL OF YOU. SOME OF THE ORGANIZATIONS SENT DETAILED POLICY RECOMMENDATIONS WITH PROGRAM AND DATA RECOMMENDATIONS. AGAIN, ISOLATION, ABOUT 15% OF THE PUBLIC COMMENTS, IT MAY BE SOMEWHAT INVISIBLE, BUT TOP OF MIND. WE HAVE THE RESEARCH COMMITTEE WHO IS LOOKING AT IT, DR. FRANK BRINGING THAT EXPERTISE. AND APOLOGIES FOR THE ACRONYM. WE HAVE A LONG-TERM SERVICES AND SUPPORTS SUBCOMMITTEE THAT IS CLEAR IN THE RECOMMENDATIONS COMING TO US. BEHAVIORAL HEALTH IS A CRITICAL PART OF THE LONG-TERM SERVICES AND SUPPORTS. WE HAVE A BRAND NEW EQUITY WORK GROUP AND USING AN EQUITY TOOL TO LOOK AT ALL RECOMMENDATIONS TO ENSURE THAT OUR PLAN IS RELEVANT TO ALL**

**COMMUNITIES AND CONNECTS WITH THE ASSETS, WHICH IS SO MANY AND ADDRESSES DISPARITIES AND BIAS. ALL OF THOSE FLOWS OF INPUT ARE COMING TO OUR STAKEHOLDER ADVISORY COMMITTEE THIS SPRING TO INTEGRATE AND SYNTHESIZE AND TURN RECOMMENDATIONS INTO THE CABINET WORK GROUP AND ULTIMATELY THE ADMINISTRATION. IT IS A LONG PROCESS AND WE'RE HALFWAY THROUGH IT. THIS IS RIGHT ON TIME TO HEAR ALL OF YOUR FEEDBACK AND MERGE IT WITH THE EXPERTISE. I HOPE THAT GIVES YOU A BETTER INTRODUCTION, DR. CLARK HARVEY.**

**>> DR. LE ONDRA CLARK HARVEY: THANK YOU. THERE ARE MANY, MANY COMMENTS AND IT HAS BEEN HEARTENING TO HEAR THE PERSONAL STORIES AND THE RECOMMENDATIONS COMING FROM THE COMMUNITY. BECAUSE THAT REALLY IS THE PURPOSE OF ALL OF THIS WORK THAT WE'RE DOING. WE REALLY WANT TO GET A SENSE OF WHAT CALIFORNIANS THINK ABOUT HOW TO COMBAT ISOLATION AND LONELINESS IN PARTICULAR AS PART OF THIS WEBINAR. AS I WAS WATCHING POLLS AND COMMENTS, THERE WERE A LOT OF THINGS MENTIONED AND STORIES SHARED. I WANT TO THANK YOU FOR BEING TRANSPARENT AND SHARING THAT INFORMATION BECAUSE IT REALLY DOES HELP US AS WE WORK TOGETHER IN CREATING THE PLAN TO BE WELL INFORMED AND ARE HEARING YOUR VOICES. I WANTED TO TALK ABOUT SOME OF THE COMMENTS A ARE RELATED TO ISOLATION AND LONELINESS OR MENTAL HEALTH OR BEHAVIORAL HEALTH SUBSTANCE DISORDER AND THAT HAVE COME UP OVER THE TIME WE HAVE BEEN WORKING. IN THE COMMENTS TODAY I HEARD SIGMA MENTIONED AND I WANTED TO CALL THAT OUT. WE CAN HAVE RESOURCES AND RECOMMENDATIONS, BUT WE ALSO NEED TO PAY ATTENTION TO THE FACT THAT THERE ARE CULTURAL DIFFERENCES AND HOW PEOPLE EXPERIENCE THEIR MENTAL WELL BEING. AND THUS, WE HAVE TO COME UP WITH STRATEGIES THAT ARE TAILORED TO PEOPLE ACROSS DIFFERENT CULTURES AND HOW THEY BEST GET THE HELP THAT THEY NEED. I WANTED TO RESPOND TO THAT.**

**IN SOME OF THE COMMENTS WHAT WE'RE HEARING IN TERMS OF CONSIST THINGS, PEOPLE ARE ASKING FOR CONSIST AND RELIABLE**

**SERVICES. THEY SPECIFICALLY TALK ABOUT THE NEED FOR GOOD TRANSPORTATION. TALK ABOUT EXPERIENCING POVERTY AND THOSE IMPACTS ON MENTAL HEALTH. THE IMPORTANCE OF HAVING SCREENINGS TAKE PLACE AT ALL VISITS THAT ARE SOCIAL SERVICES FOCUSED, WHETHER YOU ARE GOING TO THE PHYSICIAN OR GETTING AID FROM THE COUNTY OR THE STATE, HAVING PROFESSIONALS THERE TO BE ABLE TO PROVIDE SCREENINGS AND REALLY DETECT IF THERE IS AN ISSUE THAT NEEDS FURTHER FOLLOW UP. SOME TALKED ABOUT THE IMPORTANCE OF ASSESSING DEMENTIA AND DOING EXAMS. AND FINANCES. WHAT THAT HAS ON SOMEONE'S MENTAL HEALTH. GRANTS FOR SERVICE PROVIDERS IS A RECOMMENDATION. AND MANY FOLKS TALKED ABOUT AGING IN PLACE. THE IMPORTANCE OF BEING ABLE TO STAY HOME AND AGE COMFORTABLY IN YOUR ENVIRONMENT. TALK ABOUT BUILDING SUPPORTS FOR THOSE AT HOME. DEMENTIA FRIENDLY CITIES. TALKS URBAN LANDSCAPE AND HOW TO DESIGN CITIES IN A WAY THAT IS FRIENDLY TO FOLKS THAT HAVE ISOLATION AND LONELINESS ISSUES AND DEMENTIA IN PARTICULAR. THERE WAS TALK ABOUT AWARENESS CAMPAIGNS, ABOUT SIGMA, REALLY MAKING SURE THERE IS AWARENESS OF THE ISSUES AND IMPACTS ON OLDER ADULTS. ALSO TALKED ABOUT AFFORDABLE SOCIAL OPTIONS. PROVIDING DISCOUNTS FOR THINGS LIKE YOGA AND OTHER ACTIVITIES.**

**THERE WERE SOME OTHER COMMENTS ABOUT EDUCATION ABOUT AGING, REALLY BEGINNING DURING PRIMARY SCHOOL AND MAKING SURE THAT AS WE TALK ABOUT THE MASTER PLAN FOR AGING, WE ARE NOT JUST FOCUSING ON THE OLDER ADULT. TALKING ABOUT WANTING TO MAKE SURE THIS IS A MASTER PLAN FOR AGING, ON NOT AGING. WE SHOULD THEN INCORPORATE INTERVENTIONS THAT START TALKING TO PEOPLE. THE FACT THAT YOU GET OLDER IS A NATURAL PART OF LIFE AND SHOULD BE SUPPORTED. THERE ALSO WERE COMMENTS INNER GENERATIONAL ACTIVITIES. RELATING TO CULTURAL DIFFERENCES AS WELL. FAMILY AND COMMUNITY -- AND THE AGING PROCESS FOR SO MANY DIFFERENT ADULTS ACROSS DIFFERENT CULTURES. IF THERE ARE OPPORTUNITIES TO BUILD IN NEW MENTORSHIP AND ACTIVITIES THAT DON'T JUST AFFECT THE OLDER ADULT, BUT ALSO**

**INCLUDE AND IMPACT THE FAMILY AND THE COMMUNITY AROUND THEM. THOSE ARE SOME OF THE COMMENTS WE ARE HEARING FROM STAKEHOLDERS.**

**THE IMPORTANCE OF VOLUNTEERISM AND BEING INVOLVED. AND IT IS DECLINING. PEOPLES' OPPORTUNITIES TO PARTICIPATE IS DECLINING AND MAKING IT A FOCUS AND BOOST ON PROMOTING VOLUNTEERISM SO THAT SERVICES CAN BE OFFERED. THERE WERE MORE TRADITIONAL MEANS OF GETTING SUPPORT THAT PEOPLE WERE ASKING ABOUT. GROUP THERAPY. AND MAKING SURE THAT CAREGIVERS HAVE THE SUPPORT AS WELL. THESE ARE A SYNOPSIS OF SOME OF THE DIFFERENT RECOMMENDATIONS THAT CAME FROM THE STAKEHOLDERS THAT WE ARE PAYING ATTENTION TO. I HOPE TO BE ABLE TO INCORPORATE AS PART OF THIS PROCESS. I WANTED TO GIVE SOME INFORMATION IN TERMS OF RESEARCH OF WHAT IS MOST RECOMMENDED FOR THE DIFFERENT SEGMENTS.**

**SO ONE OF THE FOCUS AREAS THAT I WANTED TO SHARE AND FOCUS ON WORKFORCE. MAY GRANDFATHER SUFFERS FROM ALZHEIMER'S AND IS IN A FACILITY. AND I KNOW ABOUT THE IMPORTANCE OF HEALTH CARE. SO THERE IS A LOT OF COMMENTS THAT WERE SUBMITTED THROUGH THE CHAT FUNCTION ABOUT THE FOCUS AND THE INTERSECTION OF PHYSICAL AND BEHAVIORAL HEALTH. AND SO IN CONCERT WITH THAT, SOME OF THE RECOMMENDATIONS THAT I WILL SHARE ONE, THERE NEEDS TO BE QUALITY WITH OLDER PERSONS AND INTEGRATED CLINICAL CARE THAT IS PROVIDED TO THE OLDER ADULTS IN OUR FAMILIES AND COMMUNITIES. THERE ALSO NEEDS TO BE A SUSTAINABLY TRAINED HEALTH FORCE. THAT IS IMPORTANT MANY FOLKS THAT ARE SEEING PEOPLE AND ARE DEALING WITH THEIR ISSUES NEED TO UNDERSTAND HOW AGING IMPACTS THE MENTAL AND BEHAVIORAL HEALTH AND BE PREPARED TO MAKE REFERRALS AND PROVIDE THE CARE THAT IS NEEDED. FOCUS ON FUNCTIONAL ABILITIES AND STRENGTHS. SO MUCH OF OUR CONVERSATION WHEN WE TALK ABOUT OLDER ADULTS AND BEHAVIORAL HEALTH, SOMETIMES FOCUSES ON SOME OF THE NEGATIVE STATISTICS. BUT WE KNOW THAT FOCUSING ON ABILITIES STRENGTH OF OLDER ADULTS AS A POPULATION, THIS IS SOMETHING THAT**

**NOT ONLY HELPS THE MENTAL HEALTH, BUT PROVIDES AWARENESS THAT AGING IS A POSITIVE THING AND SHOULD BE SUPPORTED. THERE NEEDS TO BE EARLY DIAGNOSIS. FAR TOO OFTEN WE SEE PEOPLE THAT ARE DIAGNOSED WITH DEMENTIA OR OTHER CONCERNS VERY LATE IN THE PROCESS. WHEN A LOT OF THE EMERGENCY CARE IS NEEDED. IF THERE IS TRAIN BY THE WORKFORCE TO BE ABLE TO RECOGNIZE EARLY SIGNS AND SYMPTOMS, IT IS RECOMMENDED THAT WILL HELP DEFRAY A LOT OF THE COSTS, AND FOR THE OLDER ADULTS AND FAMILIES SUPPORTING THEM. BEING REALLY AWARE OF ELDER ABUSE AND MAKING SURE THAT PEOPLE ARE FULLY TRAINED AND UNDERSTAND HOW TO DETECT AND TREAT THAT.**

**LAST I WILL FOCUS ON CAREGIVERS AND COMMUNITIES. SO THIS IS SUCH A CRITICAL ELEMENT THAT OFTEN TIMES IT IS NOT FOCUSED ON. WE FOCUS ON THE INDIVIDUAL CLIENT AND WE FORGET THERE IS A COMMUNITY AND FAMILY THAT SURROUNDS THEM THAT NEEDS TO BE WELL INFORMED AND SUPPORTED. AND AGAIN, IN THE CHAT FUNCTION, YOU ALL TALK ABOUT, AS I WAS READING COMMENTS, THERE IS A LOT OF FOCUS ON SUPPORTING CAREGIVERS. MY FAMILY SUPPORTS MY GRANDFATHER. MY MOTHER LIVES OUT OF STATE AND NOT ABLE TO HELP AND MY SISTER AND I DO THE CARE TAKING. WE HAVE OUR OWN EXTENDED FAMILY MEMBERS THAT ARE IN OUR HOUSEHOLDS AND IT BECOMES VERY TAXING AND MENTALLY AND PHYSICALLY AND FINANCIALLY. THAT IS WHY THIS IS REALLY A MULTI-APPROACH TO MAKE SURE THAT EVERYONE IS TRAINED PROVIDING THE CARE.**

**IN TERMS OF RECOMMENDATIONS THAT THE RESEARCH SAYS, THERE REALLY NEEDS TO BE INFORMATION IN LONG-TERM SUPPORT OF CAREGIVERS AS WELL AS THE OLDER ADULT FAMILY MEMBER THAT THEY ARE CARING FOR. ADEQUATE HOUSING IS IMPORTANT. SOCIAL SUPPORT IS CRITICAL. AND REALLY THE HEALTH AND SOCIAL PROGRAMS THAT ARE TARGETED AT VULNERABLE GROUPS NEED TO BE BOLSTERED. SO PEOPLE THAT LIVE ALONE, IN RURAL AREAS AND PEOPLE THAT SUFFER FROM CHRONIC OR RELAPSING MENTAL OR PHYSICAL, THESE ARE THE FOLKS WE NEED TO PAY ATTENTION TO AS WELL AND OFTEN GO OVERLOOKED. AND ARE SUFFERING INCREDIBLY.**

**THERE NEEDS TO BE EARLIER PROGRAMS SET IN PLACE TO PREVENT. ALL OF THESE THINGS TO SUPPORT THE CAREGIVERS IN THE COMMUNITY IF THEY HOPE TO SUPPORT THE OLDER ADULT AS THEY AGE.**

**ISOLATION AND LONELINESS, IT IS REAL. WE SEE THAT. BUT AS WE JUST REVIEWED, THERE ARE STRATEGIES THAT CAN BE EMPLOYED TO COMBAT THE NEGATIVE EFFECTS OF THIS. I AM REALLY ENCOURAGED AND HEARTENED BY THE MODELS THAT WERE TALKED ABOUT. I WILL SAY IN CLOSING, AGING IS NOT ABOUT GETTING OLD, IT IS REALLY ABOUT LIVING AND LEARNING THAT YOU CAN AGE WELL. AND HELP YOU TO AGE BETTER. LET'S START CELEBRATING AND LIVING A TRULY ENGAGED LIFE. THANK YOU.**

**>> KIM MCCOY-WADE: THANK YOU. THANK YOU TO ALL OF YOU WHO HAVE BEEN WEIGHING IN WITH YOUR RECOMMENDATIONS, UNDERSCORE AND EXPANDING ON WHAT WAS PRESENTED. WE HAVE HEARD FROM SO MANY OF YOU. ONE MAJOR AREA OF ALL OF THE CIVIC AND SOCIAL ACTIVITIES. PEOPLE ARE TALKING ABOUT LOCAL GROUP EXERCISE CLASSES THAT NEED FUNDING. SILVER SNEAKERS HAS GONE AWAY. AND SEVERAL PEOPLE MENTION LIFE LONG LEARNING AND CALL OUT THAT. THERE IS A CAUTION ABOUT TECHNOLOGY, HOW IMPORTANT IT IS FOR THE SOCIAL AND PHYSICAL ENGAGEMENT ACTIVITIES, BUT OF COURSE, TECHNOLOGY DOES HAVE A ROLE FOR PEOPLE WHO ARE PARTICULARLY HOME BOUND. THE SECOND AREA OF FOCUS WE'RE HEARING IS THE COMMUNITY ITSELF. HOW DO WE DESTIGMATIZE SOLUTIONS LIKE HOME SHARING. SAFETY, WORKS WITH LOCAL REGULATIONS. DOES IT AFFECT HOUSING, HOW DO WE MAKE HOME SHARING POSSIBLE. AND PEOPLE ASKING ABOUT TRANSPORTATION SOLUTIONS. IS THERE UBER FOR OLDER FOLKS? MOUNTAIN VIEW IS WORKING ON LISTS SO THEY KNOW WHERE PEOPLE ARE FOR EMERGENCIES. SEVERAL PEOPLE ARE HERE FROM THE VILLAGE MOVEMENT WHERE PEOPLE CAN JOIN AND BE CONNECTED TO RIDES AND SOCIAL ENGAGEMENT AND OTHER ACTIVITIES. SO LOTS HAPPENING AT THE COMMUNITY LEVEL. A REAL THEME I'M HEARING IS THE NEED FOR INNER GENERATIONAL AND STARTING YOUNG. ONE COMMENTER TALKS ABOUT THE FRIENDLY VISITOR VOLUNTEER**

**PROGRAM. WHERE YOU CAN HAVE VISITS FROM A COMMUNITY ORGANIZATION. PARTICULARLY COLLEGE STUDENTS. LOT OF ADVICE TO START THE WORK ON AGEISM ONE WITH KIDS AT SCHOOL AGE. AND ANOTHER SHOUT OUT FOR A PROGRAM THAT IS NO LONGER HERE FROM ORANGE COUNTY. RECONNECT AROUND AGING THAT TARGETED PEOPLE IN 40S AND 50S TO DESTIGMATIZE AND TALK ABOUT AGING ACROSS THE LIFE SPAN. ANOTHER BUCKET OF FEEDBACK COMING IN IS AROUND OUR SYSTEMS. EVERY CAREGIVER AND SERVICE PROVIDER SERVING AN OLDER PERSON NEEDS TO BE ABLE TO SCREEN FOR BEHAVIORAL HEALTH AND PROVIDE REFERRALS. LOTS OF INTEREST IN THAT. AND MORE SUPPORT FOR WORKERS, INCLUDING DIRECT CARE WORKERS AROUND TRAINING AROUND AGE BIAS THAT MANY OF US CAN BRING TO THE TABLE, NOT EVEN KNOWING IT. AND MORE SUPPORT FOR THE ADULT PROTECTIVE SERVICES SYSTEM THAT OFTEN IS THE POINT OF ENTRY FOR A CRISIS AROUND BEHAVIORAL HEALTH. SIMILARLY IN HOME SUPPORTIVE SERVICES ARE THE STATE'S LARGEST, HOW DO WE PROVIDE THE RESOURCES THROUGH THAT? A LOT OF SYSTEM RECOMMENDATIONS. MANY OF YOU MENTION THE MEDIA, HOW DO WE GET REALISTIC PORTRAYALS INTO THE MEDIA? THAT IS SOMETHING WE ARE THINKING ABOUT. WE ARE IN CALIFORNIA AND HOW CAN THE MASTER PLAN ENGAGE WITH OUR ENTERTAINMENT INDUSTRY TO REFRAME AGING? I COMMEND TO YOU THE SAN FRANCISCO CAMPAIGN TO REFRAME AGING, NEVER GETS OLD. AS INSPIRING AND SOMETHING TO REPLICATE.**

**AND THEN GRATEFUL TO THE RESEARCHER FRIENDS, RECONNECT AND ORANGE COUNTY IS STILL THRIVING. THE RECOMMENDATION, LET IT SERVE PEOPLE BELOW 60S. BACK TO THE RESEARCH AGENDA, MORE RESEARCH IS NEEDED TO EVALUATE WHICH OF THE PROGRAMS HAVE THE IMPACT WE'RE SEEKING, HOW DO WE REALLY FOCUS AND TARGET AND EVALUATE OUTCOMES. THANK YOU FOR CALLING THAT OUT. ONE OF OUR EXPERTS WHO HAS BEEN COMMENTS MENTIONED THERE IS A NEW ON LINE COURSE ON THE GERONTOLOGICAL SOCIETY TO HELP GET MORE CONNECTIONS LINKS WILL BE SHARED. THE GOOD NEWS IS WE HAVE A LONG PATH TO GO, THERE ARE -- THIS IS MORE FRONT OF MIND TO PEOPLE. MORE RESOURCES AND**

**CONNECTIONS ARE COMING AT THAT PERSONAL COMMUNITY SYSTEM, LOCAL AND STATE LEVEL. IT IS GRATEFUL TO SEE THIS AND GIVES ME GREAT OPTIMISM. ONE MORE SECOND TO SCAN BECAUSE YOU ALL ARE COMMENTING. MORE SHOUT OUTS, FOR MULTI-GENERATIONAL HOUSING. THE LGBTQ CENTER IN LOS ANGELES HAS A GREAT MODEL. KAREN SAYS, WHAT ABOUT A POOL OF MENTAL HEALTH PRACTITIONERS AND CASE MANAGERS TO SUPPORT SOCIAL SERVICES WITH IN HOUSE SERVICES. PUBLIC CAMPAIGNS TO REACH THE ACTUAL PEOPLE. SO MUCH THERE.**

**THANK YOU FOR ALL OF THIS INPUT. WHAT HAPPENS IS IT GOES TO THE STAKEHOLDER ADVISORY COMMITTEE TO REFINE AND EVALUATE AND TRANSLATE INTO RECOMMENDATIONS FOR THE STATE PLAN, LOCAL BLUEPRINT AND DATA DASHBOARD AND RESEARCH AGENDA AND OUR TOOLKIT OF BEST PRACTICES. THAT WILL ALL BE IN WORK THROUGH THE SUMMER AND COMING THIS FALL. I DO WANT TO JUST TAKE A MOMENT AND HIGH LIGHT THE NEXT WEBINAR WEDNESDAYS. THE THING ABOUT BEHAVIORAL HEALTH IT IS EVERYWHERE. WE ARE TALKING IN MARCH ABOUT ABUSE, EXPLOITATION, PARKS AND CIVIC AND SOCIAL ENGAGEMENT AND FOCUS ON VOLUNTEERISM. AND GERIATRIC MEDICINE. ALL OF THESE WILL INCLUDE BEHAVIORAL HEALTH ELEMENTS BECAUSE IT IS SO CENTRAL. I HOPE YOU WILL COME JOIN US AGAIN AND INVITE FRIENDS. IF YOU CAN'T BE THERE ON WEDNESDAY, THE MATERIALS WILL BE POSTED. WITH THAT, PLEASE DO KEEP THE COMMENTS COMING HERE AND THROUGH THE ENGAGE WEB PAGE. WE ARE SO, SO GRATEFUL FOR YOUR DEEP AND THOUGHTFUL BOTH HEART AND HEAD LEADERSHIP ON THIS CENTRAL ISSUE TO MAKING CALIFORNIA THE PLACE WE ALL WANT TO AGE AND THRIVE. THIS IS AN ISSUE THAT IS A BIG ONE AND A HARD ONE, BUT AGAIN, I AM LEAVING WITH OPTIMISM AND INSPIRATION THAT IT IS PRIORITIZED AND TACKLED BY SUCH GREAT MINDS AND PARTNER. SO THANK YOU TO ALL OF YOU FOR JOINING US TODAY AND MORE TO COME.**