

MEETING NOTICE & AGENDA

ADVISORY COUNCIL

LOCATION	YOLO COUNTY (DAVIS) Mary L. Stephens-Davis Branch Library 315 E 14th Street Davis, CA 95616
ALTERNATE LOCATION:	None
DATE:	May 21, 2026
TIME:	10:00AM – 12:00PM
ZOOM:	Members of the public wishing to join the meeting via Zoom, please use this link: Click here to join

I. CALL TO ORDER, PLEDGE OF ALLEGIANCE, WELCOME & INTRODUCTIONS

II. PUBLIC COMMENT

AAA4 welcomes comments on any agenda item as it is addressed. Individuals will be limited to five minutes; fifteen minutes for a representative of a group. Comments may be made on any subject not on the agenda. The specific time limit will be established based on the number of persons wishing to speak for a total of fifteen minutes per subject.

III. CONSENT

- A. Adopt the agenda
- B. Approve the minutes from 4/10/2026

IV. CORRESPONDENCE

- A. Support for Funding Four Additional Nurse Evaluator II Positions at DHCS to process PACE Level of Care Determinations
- B. CDA Pre-Award Decision Letter for 2 Bits Express

V. ACTION ITEM

- A. California Senior Legislature Election
- B. Adopt Recommendations for Teleconferencing per SB 707

VI. DISCUSSION/PRESENTATION

- A. The Behavioral Health Services Act and Older Adults: An Overview, *presented by Will Tift*
- B. An Update on the Executive Director Transition Plan, *presented by Julie Bates, PhD*
- C. An Update on CA 2030 Implementation, *presented by Will Tift & Julie Bates, PhD*

VII. REPORTS

- A. Executive Committee
 - What's Your Why? – *Pam Epley*
- B. Governing Board
- C. Bylaws Committee
- D. Joint Program Evaluation Committee (JPEC)
- E. Legislative Committee
- F. Executive Director

VIII. ANNOUNCEMENTS

IX. ADJOURN

ATTACHMENTS TO BE SENT UNDER SEPARATE COVER:

None.

Disability Accommodations:

If you need a disability-related reasonable accommodation to participate in this meeting, please contact the AAA4 office at (916) 486-1876 or email AdvisoryCouncil@agencyonaging4.org at least 3 days in advance with your accommodation request. Every effort will be made to accommodate. However, we cannot guarantee we will be able to honor requests received less than 3 days in advance.

Upcoming Committee Meetings:

EXECUTIVE COMMITTEE

5/21/2026, 9:30am – 10:00am

LEGISLATIVE COMMITTEE

5/21/2026, 12:15pm – 1:45pm

**JOINT MEETING MINUTES
Advisory Council & Governing Board**

Date: April 10, 2026

Location: **Sacramento County**

I. CALL TO ORDER, PLEDGE OF ALLEGIANCE, WELCOME & INTRODUCTIONS**

Audit/Finance Meghan Rose called the meeting to order at 10:05 a.m. and welcomed guests. The Pledge of Allegiance was said by all.

Advisory Council Attendance

<i>County</i>	<i>Members Present – 16</i>	<i>Excused = 3; Absent = 2</i>
Nevada	K. Carpenter	A. Mikal-Heine (E)
Placer	K. Flanagan, Sue Klabunde	
Sacramento	A. Zonderman, S. McBride, M. Jacobs, Dr. T. Abah	Dr. C. Koss (E)
Sierra		W. Church-Bergstrom (E)
Sutter	T. Thomas, P. Epley	
Yolo	S. Brunner, J. Bohon	
Yuba	P. DeHaan, Y. Jacobs	
At-Large	P. Nelson, H. Linder, Dr. L. Tate	M. Moreno (A), R. Saenz (A)

Governing Board Attendance

<i>County</i>	<i>Members Present - 9</i>	<i>Excused = 7; Absent = 1</i>
Nevada		Supv. L. Swarthout (E), E. Minett (E)
Placer	W. Reed, Supv. S. Jones	
Sacramento	L. Klotz; C. Burton; M. Rose; M. Sawamura, L. Batten	
Sierra		Supv. S. Dryden (E), L. Heuer (A)
Sutter		Supv. J. Boone (E), T. Beebe (E)
Yolo	Supv. S. Allen, G. Bourguignon	
Yuba		Supv. A. Vasquez (E), W. Peters (E)

**Teleconferencing according to AB 2449 Brown Act Emergency Provision.*

On-site AAA4 Staff

Will Tift, Dr. Julie Bates, Sara Martinez, Jennifer Hassouna, Tina Linn, Dagne Buck, Diane Swanson

AAA4 Staff via Zoom

Julie Beckner, Nancy Vasquez, Yvonne Pacheco-Vong, Anson Houghton, Jodi Mesa, Rebecca Hensley, Clayton Wyatt, Alyssa Venezuela, Cindy Reigert

On-site Guests
John Boyer, Sutter County; Sinil Kang, Two Bits Express, Andrew Blaskovich and Christine, Drewski's Hot Rod Kitchen; Pamela Rasada, N.C. AFSC
Guests via Zoom
Magdalene DeBerg, <i>Inc. Senior Citizens of Sierra County</i> , Jennifer Massello, <i>ACC Senior Services</i> , Mai Xiong; Margarita Minero, <i>County of Sacramento</i> ; Mindy Klick, <i>MOW Sacramento</i> ; Rachel Polivka, <i>MOW Sacramento</i> ; Tink Miller, <i>PIRS</i>

II. PUBLIC COMMENT – None

III. ROLL CALL & CONSENT**

A. Advisory Council

1. A quorum was established with Roll Call taken by Sylvia McBride.
2. Adopt the Agenda and Approve the Minutes from March 19, 2026
3. Approve Revised 2026 Meeting Calendar

Motion	Second	Passed
Dr. L. Tate	P. DeHaan	Y= 16; N= 0; Abstain= 0

B. Governing Board

1. A quorum was established with Roll Call taken by Leesa Klotz.
 2. Adopt the Agenda and Approve the Minutes from March 13, 2026
 3. Approve Same Day Addition to Today's Agenda
- Supv. Allen suggested there be a hiring committee discussion today during Section VII regarding Executive Director Position Transition

Motion #1 & #2	Second	Passed
W. Reed	M. Sawamura	Y= 9; N= 0; Abstain= 0
Motion #3	Second	Passed
W. Reed	Supv. S. Jones	Y= 9; N= 0; Abstain= 0

IV. CORRESPONDENCE

- A. Letter from CDA re: January 2026 Monitoring Visit
 - B. Letter from State Controller re: Delinquent Report
- Meghan asked for a motion from the Governing Board to acknowledge receipt of the two letters that will be discussed during Will's Acting Executive Director report.

Motion	Second	Passed
W. Reed	Supv. S. Allen	Governing Board: Y =9; N = 0; Abstain = 0

V. PUBLIC HEARING (Area Plan Changes)

Action items A, B, & C were discussed during the Public Hearing portion of the meeting. This was done to fulfill AAA4s requirement to have an opportunity to receive public comment on changes to the Area Plan. Board Members, Council Members, and AAA Staff are not considered the public.

VI. ACTION ITEMS

A. Approve Amendments to the 2025-26 Area Plan Update (Advisory Council & Governing Board)

- Action Items A, B & C were part of the Public Hearing done in a presentation format. Will reviewed the updates with those in the room. Both Will and Jim Bohon commented that these changes were the result of three separate Area Plan meetings. There were no questions from the public.
- After the Public Hearing, Tanna Thomas requested an update to page 6 by removing the words “serving one city” as the Senior Center is available to anyone in any city or county.

Motion	Second	Passed
P. Epley	A. Zonderman	Advisory Council: Y =16; N = 0; Abstain = 0
Motion	Second	Passed
M. Sawamura	W. Reed	Governing Board: Y =9; N = 0; Abstain = 0

B. Approve the 2026-27 Area Plan Update (Advisory Council & Governing Board)

- Sara Martinez reviewed the updates made to the 2026-2027 Area Plan. Sara only included the pages with changes as the document is 284 pages and is available for review on the website. The updates that were made were either at the direction of the State or because the information was outdated. Members were encouraged to view the entire Area Plan on the website and provide any feedback or comments. Sylvia McBride did request that a footnote be added to indicate some of the changes.
- Rebecca Hensley also discussed some of the changes made to the Area Plan regarding AAA’s contract/agreement with Legal Service Providers and how we have integrated statewide guidelines into our program specifications and application portions of the RFPs.
- Sara reviewed the section with updated Advisory Council and Governing Board member names and term dates. Sara also shared the results of the Advisory Council Members Race/Ethnic Composition as required by the State.
- The new Organizational Chart was shared showing Will as the Acting Executive Director found on page 267 of the Area Plan. Diane printed and handed out copies of the Org Chart to the Members and guests.
- There are also some new items added to the Area Plan that will organize all of the changes in a plan summary format comparing the prior year to the current year.

Motion	Second	Passed
J. Bohon	K. Carpenter	Advisory Council: Y =16; N = 0; Abstain = 0
Motion	Second	Passed
M. Sawamura	G. Bourguignon	Governing Board: Y =9; N = 0; Abstain = 0

C. Approve New Program Development Objective for Sierra County Mobile Pharmacy Project (Advisory Council & Governing Board)

- Clayton Wyatt shared that Sierra County currently has no operating pharmacy which presents barriers for medication access, adherence and health outcomes. The idea would be to build a mobile pharmacy by coordinating with Plumas Health Clinic, county staff, and the Older Americans Act funded programs. There would be a licensed pharmacist involved and perhaps use a locker system, similar to what Amazon currently uses. This would launch in year two of the project and would be funded from program development designation.

- Will said there is not a designated budget for this project, but there is a program development category. This would need approval by the Department of Aging to move forward.
- Clayton said that the costs have not been fully determined, but would come from hiring a pharmacist, outreach, and possible brick and mortar costs.
- Dr. Tate suggested that Clayton consider investigating some national models in states that have large populations of rural communities. Clayton thought it was a good point. He also mentioned the Sierra County Collaborative that meets quarterly where needs can be addressed and if the Board agrees, will bring this topic up when they meet next week. He emphasized that there will be a whole task force involved to develop and move this project forward. It will not just fall on the AAA to advance it.
- The Public Hearing was closed and was voted on by the Advisory Council and Governing Board.

Motion	Second	Passed
P. Epley	S. McBride	Advisory Council: Y =16; N = 0; Abstain = 0
Motion	Second	Passed
W. Reed	Supv. Jones	Governing Board: Y =9; N = 0; Abstain = 0

D. Award Funds to a Meal Vendor to Support Yuba Sutter Meals on Wheels (Governing Board)

- Yvonne Pacheco-Vong reviewed the summary and recommendations for the Yuba Sutter Meals on Wheels meal vendor. The funding is \$315,000 for a term from July 1, 2026 through June 30th, 2027 with the option to renew for an additional year through June 30th, 2028.
- There were four (4) proposals submitted. Each of these were reviewed by AAA4 staff and the Yuba Sutter review team. Summaries were then provided to the Grants Review Committee. While CDA would prefer that the vendor be non-profit, the committee recommendation is to fully fund a for profit.
- The rationale for recommending Sinil Kang dba 2 Bits Express was primarily that the vendor has been serving older adults within the Yuba Sutter community for the past six (6) years. 2 Bits Express is based within Yuba-Sutter, has a strong knowledge of state and federal requirements using a farm to fork approach, and works directly with local farmers to source fresh produce for their meals.
- Andrew Blascovich and Christine from Drewski’s Hot Rod Kitchen and Sinil Kang from 2 Bits Express were present in the audience to promote their services.
- Meghan Rose asked for feedback as to why one vendor was chosen instead of splitting the contract between the two vendors as it is currently being done. Nancy Vasquez reiterated the rationale as above for 2 Bits and explained that Drewski’s also received an A rating, but is based out of Sacramento which increases the meal travel distance. Drewski’s also doesn’t have partnerships with local farmers and food producers in the service area.
- Alyssa Venenzuela addressed Carl Burton’s question regarding the number of consumers on the waiting list for meals. There are currently 107 people on the waiting list.
- Carl also asked if increased gasoline prices have affected the contract and ability to deliver food. Will said that JPEC is meeting on April 30th which will provide an opportunity to get feedback from the nutrition providers. Will suspects there may be some difficult decisions to be made about cutting down the number of delivery days if fuel costs remain high for an extended time period.

- Supervisor Allen noted that Yolo County has a great relationship with Drewski's and requested they be considered in the future. Will said that none of the Yuba or Sutter County Supervisors were able to be present, but during the last cycle there was a strong preference for the meal provider to be based in their counties. So, while there were two grade A proposals, only one vendor is based locally.
- Andrew with Drewski's said he understood but remains available and happy to help if ever needed.
- After the vote, Yvonne shared that she will be sending an email to the CDA to approve the request to support and fully fund 2 Bits Express since they are a for profit vendor.

Motion	Second	Passed
Supv. Jones	W. Reed	Governing Board: Y =9; N = 0; Abstain = 0

E. Approve AAA4 Financial Statements (Governing Board)

- Controller Jennifer Hassouna explained the Consolidated Statement of Position for 3/31/26. At the last meeting the total assets were \$465,000. This report shows a dramatic increase in total net assets at \$2,170,000 due to the fiscal team billing all unearned federal grant revenue and to the CDA processing payments.
- The payments to funded partners for services rendered through January 2026 are being paid by the Agency now.
- Supervisor Allen thanked Jennifer for joining the Agency and appreciated the Governing Board taking interest in the Agency's finances. Supervisor Allen hopes in the future the financial documents can be released in time for Members to review prior to the meeting. She is pleased to see the numbers going up and in the right direction and happy to move to accept the financials for a voice vote.

Motion	Second	Passed
Supv. Allen	G. Bourguignon	Governing Board: Y =9; N = 0; Abstain = 0

VII. DISCUSSION

A. AAA4's Executive Director Position: Transition Planning, Part 2

- Dr. Julie Bates explained to the Advisory Council what had been discussed at the last Governing Board Meeting with the 30, 60, 90-day Transition Plan. This is now the 30-day portion of the transition plan with Will Tift as the Acting Executive Director.
- The plan is designed to stay on task by working directly with the Board and ultimately recruiting, selecting, and hiring a new Executive Director to lead the Agency into the future. It was felt that the Agency needs to be in a better fiscal position before recruiting a new Executive Director.
- This process has been an opportunity to look at systems, policies, procedures, and adjust where necessary. The leadership team of Will, Dr. Julie, Nancy Vasquez, and Anson Houghton have been active partners in this transition.
- Dr. Julie mentioned that Jennifer Hassouna introduced Loop to the Agency as it has been a valuable tool for everyone to view and interact with the transition plan document no matter where they are working.
- Some of the things Staff is looking at is another salary survey, the employee handbook, position descriptions, and updating the strategic plan.
- There will be an HR Consultant, hired by the Board, to provide an outside perspective of Agency systems and culture.

- Another Staff Satisfaction Survey will be conducted on July, 1, 2026. The survey (which began conducted before the departure of the Executive Director and Fiscal Administrator but concluded afterwards) has been sent to the Governing Board and will be sent to the Advisory Council.
- Tanna Thomas asked if the Advisory Council could be kept more informed on the progress towards hiring a new Executive Director. Dr. Bates offered to give updates at the Advisory Council Meetings.
- Meghan Rose felt that Dr. Bates provided a good synopsis of the events of the Agency over the course of the last 30 days. Meghan indicated that the strategic plan is one of the items that may be on pause for the new Executive Director to oversee.
- Supervisor Allen had a question regarding a recruiting committee which Meghan said she would address during her report. Supervisor Allen also asked if exit interviews are currently being conducted with so much turn over. Dr. Bates said they are. Lastly, Supervisor Allen believes we are on the right path to a better place, but that the Governing Board should evaluate if there was just negligence versus any criminal activity. Meghan said obviously that has been a huge concern, since the Board was not aware of the financial issues. The CDA was also concerned, but so far with all of the consulting and careful review of the financial records, there has been no evidence of any criminal activity. The credit card reconciliation is next to be completed. Jennifer and her team are working diligently to get that done.

VIII. REPORTS

A. Advisory Council

1. Executive Committee – *V. Chair Karen Flanagan*
 - The committee met prior to the Joint meeting to discuss the agenda items.
2. Area Plan Committee
 - Will said the Area Plan Committee will be meeting again within the next month to have the committee review and approve the Area Plan Budget.
3. Legislative Committee
 - Jim Bohon said the Leg Committee met 3 weeks ago. Thirteen (13) bills were reviewed and they voted to support eight (8) with letters and will watch the remaining five (5) bills.
 - Dr. Julie announced that the Leg Committee will be meeting today and will wait for any Governing Board members to join after the closed session.
4. Bylaws Committee
 - Sara Martinez shared that the Bylaws Committee met on March 23rd with a tentative date to meet again on April 28, 2026. The committee began reviewing the Advisory Council Bylaws and plan to review SB707 and the changes to the Brown Act.

B. Governing Board

1. Executive Committee – *Audit/Finance Meghan Rose*
 - The committee met this morning and approved of hiring an HR consultant to evaluate the culture of the organization and review some complaints made between October of 2025 and February 2026. Three consulting companies were interviewed, and HR Done Right was chosen. They will begin consulting once the contract has been executed. The consultants will be digging deep to learn what is going on and where there are opportunities for improvement. They will also review the Employee Handbook to make sure everything is compliant and current.

2. Audit/Finance Committee – Auditor/Treasurer Meghan Rose

- The committee met prior to the Joint meeting to go through the agenda.
- Jennifer provided an update on how well things are going as her team continues to work with Gilbert CPA Associates.
- The Fiscal Department is making headway towards getting the audits completed. Bank reconciliation is completed through August 2025. Jennifer prepared the financial reports handed out today.
- This process has discovered that the former Fiscal Administrator left a lot of Federal money unbilled which may not be able to be recovered.
- Once the Agency has completed the audits and is in a better financial position, the committee would like to consider an investment plan for long-term financial growth and build a rainy-day fund
- The CDA financial audit resulted in having to pay more than \$300,000 to the CDA. There were eight (8) findings which are being worked through. One item Jennifer is working on is creating policies and procedures, so everyone knows what is expected and controls are in place.

C. Acting Executive Director, Acting Executive Director, Will Tift

- Will shared that a 3% step increase was given to eligible staff.
- There were 30 more pages of the first letter under correspondence listing the problematic areas found by the CDA. Two (2) of the eight (8) findings have been resolved and updates will be brought to the next meeting.
- A policy is being developed to have controls in place on voluntary contributions versus donations.
- The second letter from the State Controller's office is regarding the outstanding audits. Jennifer is in communication with the SCO and will be posting a special district report next week.
- The President's budget is out and while many programs have been cut, many of those same cuts were also proposed last year which did not happen. It will depend on what the House and Senate do.
- Will is thankful to Dr. Julie Bates for being the lead on the Transition Plan.
- A round of applause was given for Jennifer and all the work she has done to get four years of bank records reconciled in the last six (6) weeks. In her free time, she is also working towards her MBA and learning Arabic. Amazing!
- Communications Specialist, Julie Beckner, received a shout out for receiving an honorable mention from our National Association, and her work will be noted at their meeting in San Diego.
- There is an SB`1249 rollout webinar this week. Will and Dr. Julie have provided testimony and continue to be outspoken on the issues regarding revoking designation of AAA status. More will be shared on this next month.

IX. ANNOUNCEMENTS –

- Carl Burton discussed a bicycle program he heard about for senior citizens in the Sacramento community. Meghan suggested that maybe someone could present and share more about it.
- Carl also was concerned that when he picked up his packet it wasn't complete as it should have been seventy-two (72) hours in advance.
- Carl wanted to know more about the food bank opening in Galt. Leesa Klotz and Meghan said there will be a follow up at the next meeting.
- Sara let everyone know that there was olive oil in the lobby for sale.

- X. ADJOURN (ADVISORY COUNCIL ONLY)
- XI. **CLOSED SESSION (Personnel Discussion)**
- XII. ADJOURN (GOVERNING BOARD)

******TO LISTEN TO THE FULL AUDIO OR REQUEST MATERIALS FROM THIS MEETING, PLEASE EMAIL GoverningBoard@AgencyOnAging4.org

Recordings are on file for one (1) year.



May 1, 2026

The Honorable Jesse Gabriel
Chair, Assembly Committee on Budget
1021 O Street, Suite 8230
Sacramento, CA 95814

The Honorable John Laird
Chair, Senate Budget & Fiscal Review
Committee
1020 N. Street, Room 502
Sacramento, CA 95814

The Honorable Dawn Addis
Chair, Assembly Budget Subcommittee #1
on Health #3
1021 O Street, Suite 4120
Sacramento, CA 95814

The Honorable Caroline Menjivar
Chair, Senate Budget Subcommittee
on Health and Human Services
1021 O Street, Suite 6630
Sacramento, CA 95814

RE: Support for Funding Four Additional Nurse Evaluator II Positions at DHCS to Process PACE Level of Care Determinations

Dear California Budget Leaders,

We, the 15 undersigned organizations, strongly support the California PACE Association's request to fund four additional Nurse Evaluator II (NE II) positions at the California Department of Health Care Services (DHCS) dedicated to processing Level of Care (LOC) determinations for the Program of All-Inclusive Care for the Elderly (PACE).

PACE plays a critical role in allowing medically frail older adults to remain safely in their homes and communities rather than enter institutional care. A timely nursing facility level of care

determination by DHCS is a required gateway to enrollment in PACE, and delays at this stage can postpone access to urgently needed care. Behind each LOC determination is an individual—and often a family—navigating a moment of significant medical and social need, where timely access to services can make a profound difference in outcomes.

Currently, DHCS receives approximately 1,500 to 1,800 PACE LOC forms each month. To manage this volume, the Department has adjusted internal submission timelines. While this approach helps maintain processing schedules, it can delay when eligible individuals are able to enroll and begin receiving services. These determinations are not administrative in nature—they require clinical judgment by licensed nurse evaluators.

As aging and disability service providers and advocates, we see firsthand the impact these timing constraints have on participants and families. Delays in accessing care can contribute to avoidable health deterioration, increased caregiver strain, and, in some cases, preventable institutionalization. While PACE organizations are prepared to serve eligible individuals, enrollment cannot be finalized without DHCS approval.

Importantly, this challenge is structural rather than temporary. PACE enrollment in California has more than tripled over the past decade, and growth is expected to continue as additional organizations come online. Without a corresponding investment in clinical review capacity at DHCS, access to PACE may increasingly be constrained by state processing capacity rather than participant need or provider readiness.

In addition to improving timely access to care, investing in adequate staffing capacity at DHCS is also fiscally prudent. PACE is a proven cost-effective model of care, saving the state an estimated \$350 million annually by reducing reliance on more expensive institutional services. Ensuring timely enrollment through sufficient LOC review capacity helps maximize these savings by allowing eligible individuals to access PACE services sooner.

We appreciate the Department's efforts to manage increasing demand and believe this targeted investment will further support those efforts. For these reasons, we strongly support the request for \$700,000 Total Funds (\$350,000 General Fund) annually to support four additional NE II positions. This investment will help ensure timely and appropriate access to PACE, support responsible program growth, and align state capacity with increasing demand.

Thank you for your consideration and for your continued commitment to California's aging population.

Respectfully,

Agency on Aging Area 4
Alzheimer's Los Angeles
California Association for Adult Day Services
California Collaborative for Long-Term Services and Supports
Californians for Disability Rights Inc
CalPACE
Cardea Health
CFILC
Corporation for Supportive Housing
Disability Rights California
Family Caregiver Alliance
Institute on Aging
LeadingAge California
Placer Independent Resource Services
Tenderloin Neighborhood Development Corporation

CALIFORNIA DEPARTMENT OF AGING
Division of Home and Community Living

2880 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833
www.aging.ca.gov
TEL 916-419-7500
FAX 916-928-2267
TTY1-800-735-2929



May 7, 2026

Will Tift, Interim Director
Agency on Aging Area 4
1401 El Camino Ave, 4th Floor
Sacramento, CA 95815-2700

Dear Mr. Tift:

This letter is in response to the Agency on Aging Area 4 (AAA4) request for approval to award a contract to the for-profit entity, Sunil Kang DBA 2 Bits Express (2 Bits Express), for meals for the Title IIIC-2 Home-Delivered Meal Program for Yuba and Sutter Counties. For the California Department of Aging (CDA) to approve an award to a for-profit entity, an AAA must comply with all applicable regulations that govern contracting for AAAs. Failure to satisfy the requirements of Title 22 California Code of Regulations (CCR), or any other applicable law, will result in the denial of an award to a for-profit entity.

Based on our review of the documentation submitted, CDA approves the award of the Title IIIC-2 meal vendor contract for Yuba and Sutter Counties to 2 Bits Express.

If you have any questions or require technical assistance regarding the RFP, please contact Linda Wonderly, Health Program Specialist II, at Linda.Wonderly@aging.ca.gov.

Sincerely,

Nakia Thierry

Nakia Thierry, EdD, MSG, Branch Chief
Older Adults Branch
Division of Home and Community Living

CC:

Denise Likar, Deputy Director
Division of Home and Community Living

Brandie Devall, Chief Counsel
Office of Legal Services

Lana Reynolds, M.S., Chief
Nutrition and Wellness Section

Jeremy Jackson, CPA, Audit Chief
Audits and Risk Management Branch

Jamie Pope, Chief
Planning, Monitoring, and Data Section

Kevin Kern, Manager I
Planning, Monitoring, and Data Section

ACTION ITEM V. A.

TO: AAA4 ADVISORY COUNCIL

FROM: Will Tift, Acting Executive Director

DATE: May 13, 2026

SUBJECT: California Senior Legislature (CSL) Election

In accordance with current California Senior Legislature rules and procedures, AAA4 is responsible for conducting elections for candidates who reside within our seven-county service area. There are two Senate seats and four Assembly seats.

Any qualified resident may apply to CSL to be certified to serve. The following individuals have been pre-certified by CSL to seek election for the 2026 to 2030 term.

CSL Assembly Members

James "Jim" Bohon (Yolo County)
Karen Flanagan (Placer County)
Phyllis Kalbach (Placer County)
VACANT

CSL Senators

Sharon Jennings (Sacramento County)
VACANT

During the May 21 Advisory Council meeting, each candidate will be invited (one by one) to make a five-minute presentation to the Council, focusing on these topics:

1. A brief overview of their current advocacy activities/efforts.
2. Key issues they wish to address during the next legislative session (2026-27).
3. Any potential conflicts of interest that may arise.
4. Their ability to participate in Legislative Committee meetings (participation is strongly encouraged but not required).

Following each presentation, Advisory Council members will have an opportunity to ask questions.

All candidates will be asked to step outside the meeting room while the Council deliberates and makes their selections by adopting one or more motions.

This item requires a roll call vote.

ACTION ITEM V. B.

TO: AAA4 ADVISORY COUNCIL
FROM: Will Tift
DATE: May 14, 2026
SUBJECT: Adopt Recommendations for Teleconferencing per SB 707

As discussed at the March Advisory Council meeting, beginning July 1, 2026 Senate Bill (SB) 707 allows “eligible subsidiary bodies” to conduct meetings remotely through technologies such as Zoom and Teams when certain provisions are met.

Both the Advisory Council and Committees under the purview of the Council meet the definition of eligible subsidiary bodies. Through the discussion and approval of this Action Item, AAA4 Staff invite each Council member to have a voice in setting a policy which will define the parameters for remote participation in future meetings.

While there is value in having regular in-person gatherings, there is also value in being able to appear on camera when unusual circumstances make traveling to a meeting impossible or impractical. The goal is to arrive at a balance between these alternatives. AAA4 Staff will facilitate a structured discussion.

This item requires a voice vote (as opposed to a roll-call vote) unless a Council member is voting remotely.

DISCUSSION ITEM VI. A.

TO: AAA4 ADVISORY COUNCIL
FROM: Will Tift
DATE: May 14, 2026
SUBJECT: The Behavioral Health Services Act and Older Adults: An Overview

This discussion is meant to raise awareness around the ongoing implementation of California's Behavioral Health Services Act (BHSA) as it relates to people age 60 and older in our seven-county service area. Upon voter approval of Proposition 1 in 2024, the BHSA is now replacing the programs and services that were created under the Mental Health Services Act of 2004.

To provide a foundation of understanding, please read in advance the attached Fact Sheet from Justice in Aging.

FACT SHEET

Behavioral Health Services Act Advocacy for Older Californians

March 10, 2026

by [Vivianne Mbaku](#)

Introduction

Older adults often have significant behavioral health needs but accessing care is challenging. The Behavioral Health Services Act (BHSA) offers the state of California an opportunity to address the behavioral health needs of older adults in a manner that reduces barriers to care and prioritizes the highest-need populations among those eligible.

As the state and counties prepare to determine how new BHSA funds will be spent, older adult advocates have an opportunity to help shape a system that will support older adults as they age. This fact sheet explains why behavioral health matters for older adults, provides background on the development and scope of the BHSA, and highlights upcoming advocacy opportunities for older adult advocates.

Why are Behavioral Health Services Important for Older Adults?

Behavioral health services are integral in supporting older adults to age with dignity. Older adults face significant behavioral health needs, and existing data show these needs often go unmet. California's Department of Aging conducted a survey of older adults in 2023, which found that 40% of respondents felt lonely or isolated, and 45% reported feeling depressed.^[1] This data is consistent with national data that show that social isolation is highest among older adults.^[2]

The risk of suicide also increases with age, and is highest for those 85 and older.^[3] In 2019, 21% of all suicide deaths in California occurred among individuals age 65 and older.^[4] At the same time, drug overdoses and deaths among older adults have tripled in the last 20 years.^[5] Older adults also experience high rates of cognitive decline and dementia that can compound their behavioral health needs and also impact the behavioral health of their caregivers.^[6]

Further, experiences of racism and discrimination prevent older adults from seeking care, "more than a quarter of U.S. older adults said they did not get the care or treatment they felt they needed because of discrimination."^[7] Over one-quarter of LGBTQ+ older adults in California report being treated unfairly or discriminated against in the past year.^[8]

Rising rates of older adult homelessness further complicate behavioral health treatment. Older adults are the fastest growing cohort experiencing homelessness, with a majority experiencing homeless for the first time in their life in old age.^[9] Mirroring the demographics of the greater homeless population, Black older adults are overrepresented.

^[10] These data are a representation of the cumulative impacts of discriminatory social services and housing policies and highlight the need for a culturally-competent approach.

Many older adults also have trouble accessing behavioral health services because coverage is fragmented and complex. Medicare is the primary insurer for most older adults, but it has significant gaps in behavioral health coverage. For older adults with limited resources who are dually eligible for Medicare and Medi-Cal, Medi-Cal helps fill many of those gaps – offering more comprehensive benefits and covering Medicare out-of-pocket costs like co-pays and co-insurance.

However, Medi-Cal behavioral health services are split between county mental health plans and Medi-Cal managed care plans. The difficulty navigating Medicare coverage and the two Medi-Cal delivery systems reduces the likelihood that older adults get the care they need. At the same time, there is a lack of behavioral health services targeted to older adults.^[11]

These challenges make clear that older adult advocates have an important role in guiding behavioral health systems to better serve the unique needs of older adults.

Behavioral Health Services Act (BHSA) History and Scope

In March of 2024, voters approved Proposition 1, which consisted of two legislative bills: the Behavioral Health Services Act ([SB 326](#)) and the Behavioral Health Infrastructure Bond Act ([AB 531](#)).^[12] These two bills replace the Mental Health Services Act (MHSA) of 2004. [The Behavioral Health Services Act \(BHSA\)](#) modernizes the state’s approach to mental health services by expanding eligibility and the range of available services and supports.

The state aims to use BHSA to “improve access to care, increase accountability and transparency ... and expand the capacity of behavioral health care facilities across California.”^[13] In addition, the Behavioral Health Infrastructure Bond Act provides \$6.38 Billion for new behavioral health treatment beds and supportive housing units. Uniting housing with behavioral health services establishes a new approach to serving community members with the greatest needs.

There are several major changes in the transition from the previous Mental Health Services Act (MHSA) to BHSA:

Eligibility Expansion

All older adults who meet BHSA eligibility requirements are eligible for behavioral health services.^[14] BHSA does not specify an age range for “older adults” and there is no requirement to be enrolled in Medi-Cal.^[15] BHSA also expands eligibility for services to include “treatment for substance use disorder, regardless of the presence of a co-occurring mental health condition.”^[16]

Priority Populations

In addition to the basic BHSA eligibility requirements, BHSA requires counties to prioritize several sub-groups of adults and older adults with “the highest need and at greatest risk for

negative outcomes along the care continuum.” [17] These include older adults at risk or experiencing homelessness, at risk of conservatorship, and at risk for institutionalization. [18]

Population-Based Prevention

BHSA carves out dedicated funding to the California Department of Public Health (CDPH) for behavioral health prevention services. CDPH population prevention services include public awareness efforts and coordination of statewide suicide prevention efforts. [19]

Funding Structure

BHSA reallocates behavioral health funding to counties. County funding is divided into the following allocations: 35% for Behavioral Health services and supports (BHSS) [20], 35% for Full-Service Partnerships (FSP) [21], and 30% for Housing interventions. Of the 30% for Housing Interventions, 50% must be used for people who are chronically homeless, with a focus on those in encampments. [22]

Culturally-Competent Approaches

BHSA requires the Department of Health Care Services (DHCS) to establish standards for BHSA services. These standards require service planning to “consider cultural, linguistic, gender, age and special needs of target populations.” Further, service provision must be made for a “workforce with the cultural background and linguistic skills necessary to remove barriers” to access. [23]

Advocacy Opportunities

Integrated Plans

BHSA requires each county to submit a 3-year Integrated Plan (IP) for Behavioral Health Services and Outcomes to the Department of Health Care Services (DHCS). Unlike MHSA plans, BHSA uses the IP as a “prospective global spending plan” demonstrating how counties intend to use all available behavioral health funding, not just BHSA funding, to address unmet need and reduce disparities. [24] IPs must be data-backed. [25] Drafts of IP’s are due to DHCS March 31, 2026. A final IP will be due no later than June 30, 2026. Counties are required to update their IP annually on the same schedule. [26]

As a part of the IP drafting process, counties are required to conduct “meaningful stakeholder involvement” with constituents and stakeholders. DHCS requires engagement with various groups including (but not limited to): eligible older adults, individuals with lived experience, Area Agencies on Aging, independent living centers, continuums of care, and community-based organizations serving culturally and linguistically diverse constituents. [27]

It is essential for older adult advocates to uplift the needs of older adults by participating in their county’s IP stakeholder engagement process. Of importance, advocates should highlight where age-based behavioral health disparities exist in their community. Older adults’ increased risk of isolation, abuse and exploitation, and institutionalization are unique factors that can impact their ability to access behavioral health services.

Advocates can also uplift the lived experience of older adults currently navigating behavioral health systems. The unique positions of older adults must be highlighted in IPs to avoid creating additional barriers to care.

Population-Based Prevention

CDPH is responsible for funding and administering population-based prevention programs and strategies under the BHSA. Four percent of BHSA funding was allocated to CDPH for prevention, and at least 51% of the funds must be used for populations who are 25 years of age and younger.

Given that just 49% of funding is allocated for adults, including older adults, it is imperative for advocates to engage with CDPH and their counties to ensure the continuation of prevention strategies and programs targeted at older adults.

Uplifting the Needs of Older Adults in Stakeholder Meetings

Under BHSA, there are several new stakeholder meetings to track and monitor implementation. It is important that older adult advocates are engaged in these spaces. These stakeholder meetings include, for example: Behavioral Health Planning Council at DHCS, Commission for Behavioral Health, CalHHS Behavioral Health Taskforce, and the Behavioral Health Stakeholder Advisory Committee at DHCS. These meetings are generally open to the public, offer public comment, and meet regularly. See resources below for more information.

Justice in Aging is actively monitoring commenting opportunities for BHSA. To stay updated on California Behavioral Health updates check back here **and email us at info@justiceinaging.org to join our California Older Adults Behavioral Health listserv.**

Other Resources

- [CDA/West Health BH OA Report](#)
- [DHCS Policy Manual](#)
- [CDPH Behavioral Health Transformation Website](#)
- [DHCS Behavioral Health Planning Council](#)
- [DHCS Behavioral Health Stakeholder Advisory Committee](#)
- [Commission for Behavioral Health](#)
- [California Health and Human Services Behavioral Health Task Force](#)

Endnotes

1. California Department of Aging [Community Assessment of Older Adults](#), 2023. ¹.

2. Office of the U.S. Surgeon General, [Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community](#), p. 19. ↑
3. CDPH, [Older Adult Suicide in California 2021](#) Fact Sheet. ↑
4. *Id.* ↑
5. Centers for Disease Control, [Drug & Alcohol Deaths on the Rise Among Older Americans](#). ↑
6. Insure the Uninsured Project, [California's Behavioral Health Older Adults Survey Report](#) (2025). ↑
7. Michelle M. Doty et. al., [How Discrimination in Health Care Affect Older Americans, and What Health Systems and Providers Can Do](#), Commonwealth Fund. ↑
8. California Department of Aging, [Survey of LGBTQIA+ Older Adults in California: From Challenges to Resilience Summary Document](#). ↑
9. Ana B. Ibarra, [The Fastest-Growing Homeless Population? Seniors](#), Cal Matters. ↑
10. *Id.* ↑
11. Insure the Uninsured Project, [California's Behavioral Health Older Adults Survey Report](#) (2025). 41.8% of respondents reported lack of behavioral health services targeting older adults, and 38.2% of respondents reported fragmented service delivery and lack of care coordination as significant service gaps. ↑
12. The state refers to these two bills together as "Behavioral Health Transformation" (BHT). ↑
13. Department of Health Care Services, [Behavioral Health Services Act County Policy Manual, Section 2.A.](#) ↑
14. *Id.* Section 2.B. Eligible Adult and Older Adults are those over 26 years of age who (1) Meet criteria specified in WIC Section 14184.402(c) OR (2) have at least one diagnosis of moderate or severe substance use disorder from the most current version of the DSM for Substance-Related and Addictive Disorders, excluding tobacco-related disorders and non- substance-related disorders. ↑
15. *Id.* Section 2.B.3. ↑
16. *Id.* Section 2.A. ↑
17. California Department of Public Health, [Behavioral Health Transformation](#). ↑
18. WIC 5892(d). ↑
19. CDPH acknowledges that "many counties may be funding population prevention services through other sources" other than BHSA. Therefore, BHSA prevention programs aim to be

- aligned with local level efforts. California Department of Public Health, [Behavioral Health Transformation](#). ↑
20. BHSS includes Older adult systems of care. 51% of BHSS funding is required to be used for early intervention programs. DHCS Behavioral Health Policy Manual, Section 7.A.1. ↑
 21. FSP's provide "individualized, team-based care" for those living with significant behavioral health needs. DHCS Behavioral Health Policy Manual Section, 7.B.1. ↑
 22. Housing interventions include: rental subsidies, operating subsidies, shared housing, family housing, project-based housing, and capital development projects. DHCS, [Behavioral Health Transformation](#). ↑
 23. WIC Section 5806(a). ↑
 24. DHCS Behavioral Health Policy Manual, Section 3.A. ↑
 25. *Id.* ↑
 26. Drafts of annual updates are submitted by March 31, with final update due no later than June 30. DHCS Behavioral Health Policy Manual, Section 3.A.3. ↑
 27. *Id.* Section B.1. ↑

DISCUSSION ITEM VI. B.

TO: AAA4 ADVISORY COUNCIL
FROM: Will Tift
DATE: May 13, 2026
SUBJECT: AAA4's Executive Director Position: Transition Planning, Part 3

Work continues on a transition plan which includes immediate, short-term and intermediate steps for the Fiscal Administrator position (including the Fiscal Department), for the Executive Director position, and for the Agency as a whole (Board, Council, Staff, Funded Partners, ADRC Partners and Community Partners). An update will be shared during the May 21 meeting.

PRESENTATION ITEM VI. C.

TO: AAA4 ADVISORY COUNCIL
FROM: Will Tift
DATE: May 14, 2026
SUBJECT: An Update on California 2030 Implementation

As reported at previous Advisory Council meetings, California 2030 is an initiative within the California Department of Aging (CDA) designed “*to proactively prepare to serve a larger, older, and more diverse population of older Californians*” by seeking out “*opportunities for Area Agency on Aging (AAA) network-wide advancement and enhancement.*”

California 2030 incorporates the directive of SB 1249 (Roth): Mello-Granlund Older Californians Act, with respect to:

- Designations of Planning and Service Areas (PSAs)
- Establishing “Core” Programs to be Offered in every PSA
- Exploring Changes to the Intrastate Funding Formula (IFF)

All three of these topics could have significant ramifications for AAA4. To date, two public hearings have been held on proposed changes to the California Code of Regulations – one which would narrow the definition of units of local general-purpose government to mean counties rather than cities, and one intended to streamline the process for revoking the designation of an existing Area Agency on Aging.

In addition, public comment was sought on two other topics – Minimum Adequate Proportion percentages for the State, and the new IFF.

AAA4 Staff will provide an update on input provided thus far and on next steps.

Additional information about this initiative, including the 22-page final report *California 2030: Recommendations for a Future-Ready California Aging Network*, can be found online at: <https://www.aging.ca.gov/CA2030/>