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Event: Long-Term Services and Supports Subcommittee Meeting
Date: 10/1/2025

>> Good morning everyone this is Kathy Cubit and I want to welcome everyone to Octobers LTSS MAAC meeting. It looks like members are still joining so I'm going to begin with the house keep talking points and then we will move on to introductions. To begin this meeting is being recorded. Your participation in this meeting is your consent to be recorded in this meeting is being conducted as a webinar with remote streaming and to comply with logistical agreements we will end promptly at 1:00. To avoid background noise please keep your devices muted and microphones off unless you are speaking. Remote captioning is available at every meeting and the car captioning link is on the agenda and in the chat and it is important for only one person to speak at a time. Please state your name before commenting and speak slowly and clearly so the caption or it may capture conversations and identify speakers. Please keep your questions and comments conciseto allow time for everyone to be heard. You may select questionsinto o the questions box and go to webinar or use the raise hand teacher to be put in queue to speak live time is allotted on the meeting agenda. Public comment periods and if you have questions or comments that were not heard please send them to the resource account email found at the bottom of the meeting agenda on the L TSS setback webpage. With that we will move to roll all. . First on the listt is Allie Crumley who sent regrets for the first hour excuse me. She won't be here. Is Joey men tree here?

>> I'm here on behalf of Allie Crumley.

>> Anna war height.

>> Good morning this is Anna.

>> Hi Anna. Paramore Vesey? Good morning. Kathy Bullinger?

>> Good morning this is Kathy.

>> Cindy Seeley sent regrets. Is Angel Berger here? Okay. Neil Brady. Gail Weidman? Jay Harner. Juanita Gray. Laura Wilmer Roszak.

>> Good morning this is Laura.

>> Leslie Gilman.

>> Good morning I'm here.

>> Hi Leslie. Linda Lytton.

>> Hi everybody. Linda here.

>> Hi Linda. Lloyd works.

>> Present.

>> Lynn Weidner.

>> Good morning.

>> Matt Seeley.

>> Present.

>> Michelle Garrett.

>> I'm here.

>> Michael Galvin. Minto Livengood. Monica Vaccaro. Pam walls.

>> Hi I'm here. Good morning.

>> Hi Pam.

>> Patricia canola sensor regrets. Is all he Anna here?

>> Present.

>> Welcome.

>> Rebecca Meikle?

>> Good morning I'm here.

>> Hi Rebecca. Has any member joined since the start of the meeting that did not announce themselves?

>> Angel Berger?

>> I heard Angel Berger and I did not hear the other name.

>> Good morning this is Neil Brady.

>> Hi Neil welcome. Anyone else?

>> Angel is standing in for Sandy Seeley.

>> Thank you. Anyone else? Thank you. With that we are going to move on to O LTL updates. Juliet had a last-minute conflict and she hopes to join later in the meeting and hopefully in about an hour or so so Montréal Fletcher will be providing updates. Montréal the floor is yours.

>> Thank you Kathy and good morning everyone. Thank you for joining the October LTSS committee meeting. My name is Montréal Fletcher and I'm the executive assistant to the deputy secretary in the office of long-term living. Today is a special day because this is my first time taking over the OLTL updates for the LTSS. Hopefully I can get everybody through the updates and to our first public comment period. Really quick before we get started I wanted to highlight an important date. That we released on September 20 third 2025. Regarding the LTSS subcommittee meeting changes. Due to the budget constraints impacting travel reimbursement all LTSS subcommittee meetings scheduled from today's meeting October 1 through June 2026 will now be held virtual only. This change will facilitate continued accessibility and participation in meetings by members, stakeholders and the public. If you have any questions about the LTSS subcommittee meetings or anything I just shared please email R a □ P W LTS SUB M AAC @PA.gov. With that we can move on to the next slide. Taking a look at today's agenda we will be covering the procurement updates and direct care careers platform and some recent OLTL communications. Next slide. Moving on to our procurement updates. As you can see we don't have any updates. The CHC RFA is in a state so all activity pertaining to the RFA has ceased and we don't have any new timelines to share today. We are still asking that any questions regarding the RFA and its content be directed to procurement via RA □ PW RFA questions at PA.gov. Next slide. This is something big that we just accomplished in OLTL on September 25 2025. Community health choices launched a direct care careers platform. Which is of pre-used national job platform designed to connect direct care workers with employment opportunities. State resources and training programs where available. The platform also allows participants nts who direct their own care to easily connect with skilled direct care workers to support them and staying independent and living in the community which is really important. To find additional information and learn more about the direct care careers platform you can visit direct care careers.com r if you have a phone nearby you can can the QR code that is on the screen here. Just to give it a quick second and casebooks want to do that. This tool is going to pay her qualified direct workers with employees including agencies and self directing individuals based on their location, skills and needs. Really pairing the worker with the participants and making the process be a little more hands-on. We can go ahead and move on to the next slide. Transitioning over to our OLTL communications. On September 9, 2025 OLTL released a list sharing messaging from the American Red Cross seeking volunteers to install free smoke alarms nationwide. They sound the alarm event helps save lives by installing free smoke alarms in homes that don't have hem of educating people about a home fire safety. If you would like to

take part in this opportunity please visit the home fire safety page using the link provided in the PowerPoint presentation. Or you can call one ☐ 833 ☐ 315 ☐ 0882. Next slide. Lastly we wanted to note and highlight October being National disability employment awareness month. The importance of equal employment opportunities for individuals with disabilities. Established in 1945 national disability, if I could talk National disability employment awareness month helps to promote awareness about workforce inclusion, celebrate the contributions of workers with disabilities and challenge persistent stereotypes and barriers. As you all do every day we would like to encourage everyone to continue having dialogue with policymakers and businesses to enforce policy changes at all levels and empower individuals with disabilities in the workplace. If you are interested in more details please visit the office of disability employment policies webpage using the link embedded in the PowerPoint presentation. I know they have some good resources on that page as well as a nice video that goes over the history of the month and everything that is included with that. I kept it short and sweet this month. If we moved over to the next slide I think that was it. With that I can take any questions that may be in the chat or that the committee may have been.

>> Thank you. Before we do that I'm not sure because I did not hear if Gail Weidman was present. Are there any other members that joined since roll call that have yet to be announced? Please announce yourself now. Okay with that we can open it up to questions. I did have one quick question about the direct care careers resource. Is that open to act one for the participants too?

>> That is a good question. I believe it is open to all individuals within the CHC program. I believe Randy is on and he can correct me if I'm wrong. As far as I know I believe it is going out to all CHC participants.

>> Okay.

>> We will have to check about the act 150. I don't know if it is so we can follow-up on that.

>> Thank you. I appreciate that. Any questions from members? I see a hand raised. Carol came the floor is yours.

>> Good morning everybody. I was wondering does anyone know when (indiscernible) will begin?

>> If I heard you correctly the question was doing no when the program is going to begin?

>> The direct care. The direct care worker.

>> The program went live on September 25. Everything you here today is live and you should be hearing more details from the CHC plans and like I mentioned previously if you want to come if you haven't been contacted or heard anything from the platform just yet feel free to visit that link. There are a host of resources available today for individuals participating as well as workers who are looking to take part in the program.

>> Thank you.

>> You're welcome.

>> This is Kathy. Any other member questions? Okay seeing none are there any questions in the chat from the general audience? I am not hearing a response. Are there questions from the general audience?

>> I think my voice was too soothing Kathy.

>> Hi Kathy this is Paula. There is a question from Jeff Eiseman. Jeff I did unmute you and you should be able to unmute yourself.

>> This is Jeff, can you hear me?

>> Yes.

>> Yes we can hear you Jeff.

>> My question is does OLTL have any perspectives on credentialing for direct care workers in the three community-based programs? ODP does the board direct support for professionals. It kind of seems to raise the bar in the opinion of some for those jobs. I'm just kind of curious to see where the department is that or if you've had discussions on that and pros and cons on it.

>> I don't know the end of discussions that but I do know in years past we have offered various training opportunities for our direct care workforce. To up the amount of training that they had available to them. I don't know that we have looked directly into a credentialing system. But I do know we want the strongest workforce that we can possibly have and have offered various trainings as well as the MCO hold in high regard for their staff. Others are aware of things or any discussions that I may not have been aware of feel free to correct me.

>> I'm thinking I could potentially help with advocacy in terms of raising the provider rates and direct care wages too. Thanks.

>> Okay I see a hand raised. Was that Jeff's hand or is there another general audience member with a question?

>> Kathy is Frank Santoro. .

>> OkayOkay. Go ahead the floor is yours.

>> If you are speaking frankly can't hear you. .

>> If you are speaking no one can hear you.

>> Hi this is Frank Santoro from Keystone. Can you hear me okay now?

>> I apologize for that. I just wanted to address a question about the direct care worker registry. I represent help Keystone the three CHC MCO's work together to design and build this with our chosen vendor. It was esigned for the CHC participants and it did not include act 150 clients or participants. Just wanted to let you know that.

>> Thank you for the clarification.

>> Thank you. Are there any questions in the chat Paula?

>> No. Thank you Kathy.

>> Thank you. I think we are also now in the public comment period and thank you Montréal for the updates. You have is ahead of schedule. We can formally open up the first public comment period. Is there anything that members would like to raise at this time? Okay. It looks like we have a general audience. Now I see the hand is down. Anyone from the general audience. Raise your hand or put in the chat. Since we are ahead of schedule I will give another moment for that.

>> Kathy?

>> Hi Linda I hear you. The floor is yours.

>> Thank you. I did not remember how to raise my hand. I'm showing the smoke alarm page. Is that what is up there?

>> The go to webinar screen is on the questions, question marks slide that says questions and public comments.

>> Mind is a technical issue but I can still hear what's going on. I will just make this move along. Thank ou.

>> Okay. If you are having trouble with seeing the slides folks can download the slides. There's a little thing that looks like a paperclip with paper in the top right hand corner of go to webinar. You can follow along the slides that way if you're having trouble with the screen. I see a hand raised. Can that person be on muted?

>> This is Brenda. Can you hear me all right?

>> Yes we can hear you.

>> I just wanted to put a comment on record as an act 150 participants that it seems that a lot of

resources are being put exclusively toward CHC. I understand that happens when they come from the MCO's. But it would be nice if we were extended the courtesy of being able to use that platform and able to connect with direct care workers. We are affected by the workforce crisis as well.

>> Thank you for the important point Brenda. I don't know if anyone from OLTL is able to respond to that or if it should be noted for the record.

>> Thanks Kathy. We will take that back.

>> I'm having problems. Brenda thanks for your comment I understand that we will take it back and have an internal discussion about when we put programs into place we need to extend it across all programs. We will certainly go back and have that discussion.

>> Thank you.

>> Thank you both. Are there any other either questions in the chat? I don't see any hands raised. Or comments in the chat?

>> Kathy I have nothing else in the chat.

>> Okay. Anything else from members? Otherwise we can move on to our first guest speaker. Late I see a hand raised. Cannot person be on muted to speak? k?

>> Kathy I am not sure if they see it on there and that may be a glitch. I keep seeing it appear and disappear.

>> Okay I am seeing the same thing. I just wanted to make sure we are getting everyone. Okay we will proceed and. The first guest speaker is Stephanie Meyer who is a special assistant to the secretary of the Department of human services and she's here to talk to us about Pennsylvania's housing action plan. Welcome Stephanie and the floor is yours.

>> Thank you kindly and I very much appreciate the invitation to join this morning. As folks noted my name is Stephanie Meyer and I must special assistant to Secretary at the Department of human services. My primary focus is on housing and homelessness. I also do have background I'm a social worker and I worked in community health as well as for aging and disability resource Center. One of the affiliates in the past. It is really helpful I think to bring that lens were you bored with folks with disabilities in many different system and housing connect that to this really important work and initiative that I'm going to tell you about today. The establishment of Pennsylvania's first action plan and we can move to the next slide. The background for this initiative is Governor Shapiro in September 2024 issued an executive order 20 2403 in Philadelphia. And that he provides for the creation of the first ever statewide housing action plan over Pennsylvania. This is a rather new initiative. You didn't necessarily see states creating housing action plans or articulating their role within the housing market and meeting the housing needs of communities. There has only been three or four seats who have done so prior and now increasingly we see more seats to do so as we want to ensure we have that vision. The goals that we identified were to make sure we use research and data with Pennsylvanians and communities to determine state and reasonable housing needs. To identify goals that are achievable with measurable outcomes. We wanted to assess the effectiveness of existing programs. When folks looked around the Commonwealth I can tell you more about that we found there were so many programs and initiatives and grants and ways that folks can access benefits that tightened the housing related services and to development and preservation. But as we know sometimes those tend to be silo so we want to assess what is working and understand how we can improve for the future. And of course that ties into recommending initiatives to improve our housing outcomes for the future. We were provided a deadline of September 2025 to deliver those recommendations to the governor. I can share with you that did occur. A housing action plan and many recommendations were shared with the governor by

September 12 2025. We are looking forward to the publication of the plan and we do anticipate that it will release sometime after the passing of the budget. We can connect to the next. When we dove into the data to look at the state of the Pennsylvania housing market there were a few things that really jumped out at us. Many might be aware there is a initiative looking at population that folks are doing over at the center for Pennsylvania and we are glad to note Pennsylvania's population is growing at a moderate rate projection over the next 10, 15, 20 years. All modest there is growth in a number of regions and anticipated to vary in certain communities. Other things we noted is Pennsylvania households are getting smaller. We have a growing older adult population we have some folks who may be living on their own we also have a decreased window that went down from 2.6 people per household to an average of 2.3 I were having a significant increase in single adult households. A portion of Pennsylvania's housing needs to be replaced. Nearly 60 ly 60 percent, 54 percent of housing stock was built prior to 1960 compared to many other states surrounding states we do tend to have older housing stock that has needs over time and potentially needs to be significantly replaced or have repairs done to ensure a king be useful for decades to come. Every single region around the state has some need for new construction. Although how much of the need varies we know certain communities noted we may be dealing with blight and we want resources to be able to rehabilitate vacant homes so the needs may vary but every single region throughout the Commonwealth has some need for new construction and that's going to be very important as we move forward. Next slide please. What was interesting only looked at the history is there was the financial crisis and the housing bubble that burst around 2008 through 2010. Prior to that Pennsylvania had been building at a rate where we were delivering what we needed. We were able to deliver new construction and communities folks wanted to we were largely on track to do all right. Around that time due to a number of different factors demand for new construction fell restrictions around lending bell and we really came down and how much new housing we were producing and we haven't yet come back. And made up for that gap over the many years. We are really working to move ahead and we now ranks 45th in the nation for share of housing units will be for 2010 I will note that is a little of coming up. We are very committed with his housing action plan to significantly improving that in years and decades to come. Next slide. As we thought about approaching this this is will see the Department of community economic development is noted in the bottom right corner. This is very much a partnership and team effort. There was a specific charge of the Department of community and economic development to work with the Department of human services, the Pennsylvania housing finance agency, the Governors office as well as stakeholders inside and outside of government all throughout the state to inform this plan. We really are looking at and all of the above approach to housing and we are narrowing it in particular phases and some of the ways we thought about the framing. Ensuring building more units to get more homes and more front doors making housing more affordable for Pennsylvanians and individuals are cost burden by housing because we want to significantly address that. Now and in the future. We want to preserve our existing units. I mentioned stock is older and we have heard through demonstration programs like whole home repairs program that D CAD has been administering that many folks around the state say I need to address roof epairs or I have a critical need with my steps and it's unsafe to come in and out of my home or any accessibility and I need help to be able to do that. We want to preserve existing units and make them usable and functional bowl for folks. We also looked at supporting vulnerable populations. Of course in the Department of human services we are here when you need us and we thought about the needs of older adults and people with disabilities as well as individuals with mental illness, families, youth, veterans. There are so many folks we want to

make sure we are thinking about as we develop initiatives and recommendations. We want to ensure equity in housing outcomes. We know that there are history of factors that have affected access to housing. Access to mortgages and ability to live in neighborhoods that people want. We want to ensure that we are increasing access for all Pennsylvanians. And getting those disparities out of our systems. We want to achieve operational excellence. I noted earlier we identified over 100 programs but they are operating across many many different state agencies. We wanted to ensure we are looking at how we can best work together across the Commonwealth and blend approaches and understand what's working and what is it that as secretary Zeiger sometimes noted to participants this is the chance to BS up a little bit and tell us where the state is it beating the market and how we need to do better in the future and we do have some time reserved for discussion at the end and I'm happy to hear where we can improve. Next slide. In this we hosted 15 regional roundtables including at least to and every region we actually work for the Governors office to invite representatives from centers for independent living and from agencies on aging at a lot of different stakeholders from different backgrounds to inform these. We received over 2500 survey responses from every single county in the state. There was some themes that jumped out from those roundtables. One of the things that popped up was the need to build infrastructure in a number of communities told us that the ability to create sites ready for housing was really hard. Maybe it really hard to install sewer access or utility access in rural communities. They needed to build and grow housing workforce with shortage of contractors or individuals in certain trades. We heard again and again that many local communities which they could do more with housing. But they would like capacity to do so. They needed the staff to be able to go after some of these funding opportunities or programs people might recommend that they proceed in order to grow that capacity so never ending cycle but we need to help them with people so they can go out the capacity for other strategic actions. We want to ensure we are integrating and aligning wraparound services with housing. The needs of people for supportive services may vary but we want to make sure that we have a variety of approaches that work for people. Some qualities that folks came up with we heard again and again affordability. As we have a limited stop the rent burden and the cost of mortgages and home purchases has gone up so much need to address affordability for many people. Proximity to public services and amenities and community distance for some of the things that folks were really excited as important in their decision-making and needs. We can move to the next slide. Thank you. In the governorship euros per post 2025 □ 26 et he noted we are not waiting any reference to housing action plan but he wanted to put early ly action and and downpayments to act as a foundation for the housing action plan. He proposed \$50 million for a new housing stock restoration program that can address safety and urgent repair needs and housing across the Commonwealth as well as the ability to address accessibility and make reasonable accommodations within different homes. We really hope the legislature has support for this housing stock restoration in administering the home repairs program. It was noted there was tens of thousands of applications that cannot be served throughout the Commonwealth due to the lack of continued fundings we hope to continue that further in the future. It proposes \$10 million for first time home buyer program to help with closing costs and help with down payment assistance and some other things that make it hard for some families and individuals to achieve home ownership for the first time. We want to continue the Pennsylvania Housing Authority and rehabilitation enhancement fund, increase to 110 million. It is commonly ommonly known as our states housing trust funds. It has grown significantly over the last ears we have continued to raise the the cap and positively there was a proposal that would allow it to go to \$100 million

over a few years and Governor Schapiro noted we know we need more so let's go ahead and move the timeline up and increase the cap to \$110 million. Because it is one of our most flexible resources for addressing housing and services needs throughout the Commonwealth. We want to step up estate planning board and this is a important one. The staff planning board is an advisory board to Governor Schapiro and DCD helps convene individuals and has not had an executive director. One of the things we want to do is provide dedicated leadership and also hire some staff who can work more closely with local communities. I mentioned earlier folks told us we needed more capacity and more help to look at their zoning and look at land use and look at permitting and how they can be more innovative and look at adjusting potential regulations. We want to directly hire staff in the executive dining board and the role will be too work with communities around these exact needs and help with model ordinances and other needs that might be identified. The governor called for a ceiling of eviction records. One of the things he noted and we are very well aware those of us in this field and in this place and having eviction on a record and act as a black box and a check mark against you in future housing ortunities. It happens quite a bit and there are not restrictions aroundound when the information comes across your ecord. He highlighted that individuals regardless of the findings whether it was resolved with the landlord or dismissed, whatever the outcome is, folks who had not evicted had that on the record and that black box was following them so is calling for the ceiling of eviction records and there are some legislation that has been going through the General assembly that would address that. And last but certainly not least the governor called for creating interagency Council on on homelessness. We have continuums of care, counties and many many caring community providers and partners who are working to address and respond to homelessness including increasing unsheltered homelessness and encampments around the state. We want to provide the structure to lift up best practices, to allocate resources and help ensure we are doing the very best we can to reduce homelessness across the Commonwealth and increase access to housing. Next slide. I wanted to share with you as I noted we have put forward recommendations and a plan to the governor and we hope that will be dissipated shortly coming out for publication once the budget is enacted. We wanted to know some of the housing initiatives under consideration at what we heard was needed in our engagements around the state at roundtables and meeting with experts and folks who would be affected. I noted housing infrastructure. Folks wanted to see the ability to convert offices to residential. Sometimes Main Street districts. We want to support small developers and help them grow capacity through mentoring, training and the home reservation came up again and again and again as of folks would like to see continued and a new funding source dedicated to it. Modernizing regulations. We are looking to do a statewide regulatory review so this would be across agencies. Many many agencies have a role in housing. That could be over with the Department of labor and industry and with construction code and may be over with other areas that look at permitting or that look at zoning. This affects everywhere so we intend to do a regulatory review and that will be in partnership with the state planning board and we are really looking into some housing ready community designations. We have many program opportunities where folks can apply to the Commonwealth for programs such as community development grant dollars and emergency solutions grant and home funds in different ways housing gets built. There is a low income housing tax credits and other programs through the Pennsylvania housing finance agency whose partner in this process. And our thought here is that we would have a housing ready designation where we could incentivize and give higher preferential points in a scoring, communities who have taken the steps to address an update making it easier to build the communities. Having looked at adjusting their minimum lot size? Have they looked at reducing,

making it easier to get through the zoning process and addressing permitting. Things we see communities taking committed action to make it easier to build and have homes in their communities and making them more competitive for the state resources that we have been we want to expand and streamline the housing toolkit. This would involve looking at the programs we have in making more information available for folks I will talk about some connected initiatives on that in a bit. Here again and again there are hundreds of programs but they are spread out across many agencies and they can be hard to navigate and know what is active and open and the capabilities are. We also want to look at addressing corporate investments in residential homes. We have seen in a number of communities there have been private investors and equity investors who are investing heavily in the residential market especially in single-family homes. We want to think about ways that we can ensure that families and Pennsylvanians who want to live in those homes have first access in seeking to purchase them. Those are some things where we have some considerations in place for what can help us to do that. Next slide. I mentioned the first time home buyer program and that one is really really important for housing opportunity. We are looking at ways we can fund needs for accessibility and homes. In addition to the existing programs and build some synergy and also eventually considers some dedicated funds that could be addressed at this. Aging in place support. We wanted to note here that there were two things we heard around the state. A number of folks that I want to age in place where I am and I want to stay in my family home. There was conversely a number of people who said my home is actually more than I need. I have a large three or four bedroom home where I raise my family it's actually too much for me to take her up right now. I struggle with that. I would like to downsize to something else to a smaller home or to an apartment. They simply can't find one that meets their needs within a price range. We want to think about a variety of options that meet people's needs here and we want to prevent resolved tangled titles. What that means is sometimes when a individual passes away or they are no longer having title to their home there can be a lot of things that happened that can make it where if there is no estate or if there is no will sometimes other individuals have a hard time showing that the home was meant to be intended for their use. They want to think about legal aid and potentially transfer on death policies that would make it easier to ensure that generational wealth stays with people when they pass on. We want to increase funding for homelessness services. Unfortunately we did see a fairly significant increase in homelessness in Pennsylvania in the most recent point in time annual count that required by the United States Department of Housing and Urban Development. Some of the things that did jump out to us is when we look to individuals who were 55 and up the number had jumped pretty significantly. We are seeing increased older adults expressing homelessness as well as people experiencing unsheltered homelessness, perhaps on the street and encampments or places not meant for human habitation like abandoned building. We want to ensure we have programs and resources and technical assistance to help communities respond effectively to get people into housing. We want to strengthen our eviction and foreclosure prevention there are a variety of avenues including legal aid, aviation and ceiling of records and the use of Medicaid to cover housing supports. Many folks s know we have put forward and received proval for our 1115 waiver that would allow us to add new housing services for targeted populations. We look forward to moving forward on that contingent upon preparations from the general assembly in the next budget cycle. We want to permanently extend the winter utility moratorium. We do have had that in place for certain utilities during the winter some of those provisions expired last year's we want to ensure that those are addressed and people have access and don't have access restricted during the critical winter months when safety is at risk. We can move to the next slide.

This one is exciting to me. We are looking at the operational excellence peace and better aligning our efforts. One of the things we are looking to do and we heard folks would really like is to create a public facing housing one stop shop. Helping people understand what community resources might be available and how to navigate them. I do sometimes refer to this as resource navigation which is something I know we heard was of interest in terms of education and navigation in the Department of aging this could master plan. There's a lot of synergy here and certainly we would work with our sister agencies in planning will look like but making it easier for folks to know what's available and had access though supports. And potentially for people who are seeking to build housing and helping them also better understand resources available. We want to improve our housing data and look at tracking the expiration of affordable units. And I already noted the discussion about the interagency Council on homelessness which is very very and we have not wanted to get started. We did host our very first meeting in July and actually I think a couple of attendees on this call are on that counsel including Laura Wilmer from self-determination in Pennsylvania. We are looking forward to aligning those efforts and prioritizing goals that that group of folks and agencies will work on. I do link the resource account email address if anyone wants to engage with the team and working on the housing plan. If you send that to us it goes to a whole bunch of us who are able to see inquiries or receive information if there are ideas that folks have four things you want to be lifted up. There's also a link to the Pennsylvania housing action plans that you can check out. I hope this was informative and interesting to you. I'm happy to have some time for any discussion and questions of interest. Thank you.

>> Thank you Stephanie. It was an excellent presentation and such important work. I know there will be plenty of questions. I did want to announce Michael Galvin may still be on the general audience side. He is present. With that members who have questions for Stephanie? Anyone?

>> Hi Stephanie this is Carol from the brain injury Association. Wonderful hesitation and exciting developments. I just wanted to sensitize the group to the situation we are experiencing and the brain injury committee you're getting an increasing number of contacts from people who are vulnerably housed and who are in some cases homeless. We've learned a little bit about the system and we learned a lot about the system but it is very challenging to navigate as you can imagine that when a person has a comminuted apparent are some of the impairments like emotional dysregulation that makes them kind of challenging for people to work with. It has been a big emerging problem we would love an opportunity if possible to participate in some way and talk about this unique needs of this population.

>> Absolutely. Thank you for that Carol. I will note there is actually a body of research and evidence that clearly shows that individuals with traumatic brain injury are overrepresented within the homeless population. I think there could be tremendous value in helping to educate providers and educate systems. As you noted sometimes emotional regulation are certain factors folks have and can make others perceive that there might be difficulty engaging or perceived as someone who is aggressive. I think some education and partnership in this space would be very welcome to. Down the road we've had some folks attend some of r 1115 housing stakeholder sessions but maybe that is something we can keep in mind for the agency counsel in homelessness to develop resources to educate those systems and providers on this fact. I do think this is often an area of gap so thank you for that.

>> Thank you and you expressed it perfectly. That's exactly the situation that occurs. If you have any information you mentioned there's data to suggest that brain injuries overrepresented in the homelessness community, if you have anything like that I would appreciate it. We've been

looking for data.

>> I we will take a look.

>> Thank you.

>> Thank you. I know someone was starting to speak at the same time as Monica. Does that person want to come forward and we will move to Carol?

>> That person does want to come forward. This is the Lloyd. I work with behavioral health and thank you for your presentation. Stephanie I'm wondering if there's any indication the funding that was hoped to be secured through the 1115 waiver has any chance of making it through the federal or Commonwealth from your perspective?

>> What I can note is that in the 25, 26 proposed budget be included the proposal for the reentry support initiative. The proposed initiatives originally in four areas. We are currently moving forward with three of them. With reentry, housing and food and nutrition. We only included the state for reentry in this 25, 26 initiative strategically because it is an area where this opportunity from CMS came about from a directive of Congress from the 2018 support act to address opioid use disorders and improve outcomes amongst re-entrance. This was an act of Congress during the first trump administration with bipartisan support. We have seen states of all colors and backgrounds pursuing this opportunity so that was when we felt confident about and we have looked to include that that bonding is there and we hope General assembly will approve that bonding. And we hope to o have funding for food and nutrition support and the new housing services and the proposal for the 26, 27 budget cycle and move forward. What I would note is we have seen some changes from the federal administration. However they were very clear that they would not rollback approvals on waivers that had already been approved. Our proposal is safe. We are very much actively meeting and working with CMS to plan out the potential future to provide deliverables and reports them on planning of how we would implement this if we have matching funds. I certainly hope again that the general assembly chooses to include that bonding within the next enacted budget for the 26, 27 cycle.

>> Thank you very much. I appreciate it.

>> Thank you.

>> Thank you. Carol can you unmute yourself and ask your question or comment?

>> Stephanie I'm really glad that your doing this. (indiscernible) I was wondering if there are any plans to add a bill where you could come and go (indiscernible).

>> I think I received that and I will try to read the back and you can let me know if I missed some of that. I think I heard pieces about wanting to ensure access to homes and access to attendance meetings of people with disabilities and wanting to ensure folks do not have to go into a nursing home. I will note with that absolutely. I think this whole group is only committed and we want to ensure that people have the services they need and a variety of options. Through committee services and making sure those homes are accessible. I think there are a lot of different ways people can work together to achieve outcomes that's very much a commitment and something we want to ensure we are very proud of how many folks have been transitioning into living in the community. Through other waivers we have but we also will be listening here if there are ways we can better improve an online no supports or make sure people have access to resources so addressing the direct care worker shortage and doing things we can to recruit and retain folks. Certainly we will try to do everything we can and I appreciate any ideas folks have we can make sure to advance.

>> And like to be a member of the committee to get ideas.

>> We e a list of recommendations and a plan drafted with the e governor. When that is published I do think there might be some potential new groups or structures set up. It is a bit

early yet but absolutely we can keep in touch if the LTSS would like to meet or other folks from the housing action team. We are happy to do so and certainly as you noted there is some potential that there might be some workgroups set up in the future but the isn't one that is formal at this time.

>> My other question real quick (indiscernible). I have been on the waiting list. (indiscernible) I heard you talk about the very long waiting list and wanted to make sure you come up in those. I think we hope to build very much so in this there might be a potential to work with housing authorities and work with the Pennsylvania housing finance ce agency and d other private e operators who operate HUD funded housing or received some subsidy to help make it affordable to people at modest and low incomes. Sometimes there are ways to try to influence their attendance selection plans or their admin plans to seek city of preferences or friendly insurance sometimes some of these buildings have a reserve number of payments that are supposed to be folks with access abilities. Maybe at some point in the background history they did not have someone who needed the futures of that unit so they housed someone else. We can try to work with PHA and others to ensure when folks with disabilities need the unit work through a process to move those individuals so an individual who needs those features can be moved and ould think there's a few different ways we can try to do that but we also really want to build new housing this is area I will give some credit to the federal nistration and the current Congress. There was some legislation passed that was one of the few bright spots in the recent Republican reconciliation bill could providing additional flexibility and resources to the low income housing tax credit program that pH FA uses to build new affordable housing and the state. We can try to do what we can. Your point is well taken. I'm also hopeful we might be able to do some other juicing things that we've seen some other communities due to streamlined.

>> (indiscernible) I don't know who to go to.

>> PROFESSOR: I will find and put in the chat or share with the office of long-term living information. Pennsylvania housing finance agency has their PA housing search.com also have a statewide customer service center where folks can call and get help with resources over the phone. As well as information like navigating. There is a hand program so I can find and share info with other folks at OLTL if that's how old.

>> Thank you so much.

>> Thank you. This is Kathy. Thank you both. Any questions or comments from Stephanie before we moved to the general audience? Hearing none. Paula is there anything in the chat?

>> Jeff has a question. Jeff you are on muted. If you can unmute yourself.

>> This is Jeff. Can you hear me? ?

>> Yes Jeff we can hear you.

>> My question is on zoning reforms. I know it's been a discussion in the state legislature for flexibility for more places like shopping malls where you can do with some of the properties seeming to be redeveloped a lot are in zoning and they would need state legislative changes. Is that something you are looking at? Policy changes to change the landscape where you have mixed use developments or residential with the commercial and that kind of thing? Thanks.

>> I can know certainly there are things we've identified that would require a potential legislative changes. I hope we've seen some bills connecting to some of this. We are hopeful there will be some movement and in action on this. I will note some of these are areas where folks can help with the policies at a global level we are helping some of the incentives and housing ready designations and that might spur some change in action locally with lot sizes and flexibility. The consideration and ability to add esidential into a mixed use districts or enter commercial districts are obsolete things that have come under consideration.

>> Thank you. This is Kathy. Paula, any other questions or comments from the chat?

>> No other comments or questions in the chat Kathy.

>> Thank you. Since we have a bit of time I wanted to pick up on Carol's point and also asked a question. I'm glad to hear there's thought being given to creating options for people so they can avoid nursing home but also associate it with that is people that want, people transitioning out is affordable and accessible housing. It sounds s like that is is incorporated into your plan that's s appreciated. ed. I wanted to lift up and ask if there's anye's any attention being given to the fact that we are losing a lot of personal care homes for people to depend upon as SSI and I didn't know if you could comment on any work in that regard.

>> I will note there have been some discussions that I've been a part of related to personal care homes. And anecdotally I think some of us have heard that a number of operators are reaching retirement age and not necessarily finding others to take over. In some cases it might be folks having older holdings and needing resources to rehabilitate. There has historically a great program available for the United States Department of Housing and Urban Development that might help with some pieces of this. We hope to see continued support for the so we have had some conversations and that being said we are open to suggestions. If there are things that folks would think would help in that space.

>> Thank you so much. Before we take a 10 minute break are there any final questions or comments from the general audience or members? Okay thank you so much Stephanie. Hopefully you will come back at some point in the future because I know you are dealing with a lot of issues that are important to members of this group. We really thank you for your time and work.

>> Thank you.

>> With that we will take a 10 minute break. If we can get started in about 10 minutes we will start in 10 minutes. And use the extra few minutes in our public comment time. Again we will take a break and reconvene around 11:22 AM. Thank you. This is Kathy I want to welcome everyone back from our 10 minute break. We will proceed with our next speaker or fellow committee member Rebecca May-Lobe. Who is here to talk to us about reframing aging and dismantling ageism. It is always timely but next Thursday, October 9 is ageism awareness day. This is such an important issue that many of us were eager to have Rebecca here today to help raise awareness, especially for those of us fighting ageism every day. Rebecca the floor is yours.

>> Thank you are you able to hear me okay?

>> Yes we can hear you.

>> Great. You never know with technology these days whether or not it is going to work so I'm glad it seems to be working. First of all I want to say what an honor and pleasure it is to be talking with you today. I need to recognize the fact that this is probably the group that I at least would need to be talking to you because of the fact that you are also sensitive and how you talk about people. People's first language and understanding you don't use certain terminology because it can be seen as having negative stereotypes or all kinds of things. I also want to recognize that language changes over time. Some things that were okay to say maybe 10 years ago are not as acceptable to be used nowadays. With that said I want to first recognize that some of what I will talk about may be new terminology for you but I think a lot of you this is not going to be a surprise. I do hope this will open your eyes a little bit more to the idea that ageism and how prevalent and pervasive it is in our society and in our culture. That is what I wanted to start by sharing with you. Next slide please. Who is aging? I'm unable to have a show of hands but hopefully when I asked this question all of you would raise your hand and say we are all

aging. Next slide please. We are all aging. From the child that was just born a few months ago to the oldest person in the room to everybody in between. Everybody is aging and it's a fact of life and of the part of the life course that this is a reality we are all experiencing. I don't want to say facing because that sounds like a negative but we are all experiencing aging and there's a lot of positive aspects to aging we will talk about that too. Next slide please. I am speaking as a facilitator for the national Center to reframe aging. You can see at the bottom right there is a link to the national centers website. It is reframing aging.org. I highly recommend that you check out their website. There's a lot of resources available to you. It is a great organization. Next slide please. As a presenter or facilitator for the national Center there has been some great organizations were involved in the creation of the national Center. I don't want to take a whole lot of time other than the site you probably recognize a number of these names. In particular AARP is probably the one that is most recognizable to most of you. These organizations have all been part of the development of the national Center and a great effort that's been underway to address and recognize ages in our society and address it and try to determine how we can better eliminate ageism in our society as a whole. Next slide please. This is a list of funding sources for the national Center both national Center as well as ongoing funding. The national Center certainly appreciates the foundational source of funds received from these organizations and the ongoing support. We can continue again. What I will be sharing with you is a result of a partnership between the national Center and organization called the frameworks Institute. It is a nonprofit think tank and it tries to reframe social issues. It's had a variety of different topics that it tried to reframe and ageism is one and aging and the story of aging and how we talk about aging is one of those areas. The research done by the framework Institute is what underpins what we will be talking about today. Next slide please. Of course there's always a disclosure. I'm trained as a facilitator not employed by the national Center. I'm not an employee and I work independently. I work for P48 Association of areas of aging and I have no investments or conflict of interest with the following information. Next slide please. With this way of interacting with you we don't have an opportunity for a much back and forth but I would like you to stop and think about each of these items for a moment. First off what do you think it means to be old or young? In your mind if you were to close your eyes and think about being old. What does that mean? What does it mean to be young? How would you define either of those terms? And then think about how you would feel about your own aging. Is it something you embrace or something you try to hide? Is it something that is not an issue. I am aging. So what move on. There are a variety of feelings people have about aging and some of us tried to hide it. A lady will never share her age. How many of you have heard that phrase before? There is a variety of ways people feel about their own aging and how do you talk about growing older? Do you use as I have in the past self disparaging remarks? I'm the old lady in the room so therefore do you talk about it in a positive way? There's a lot of ways we talk about growing older as well. Next slide please. For today I have a couple of objectives that I'm hoping that you will all feel you have experienced today as a result of having this discussion. Number one is to recognize ageism in yourself in healthcare and in society as a whole. When I said it yourself I also made myself. I have been a facilitator for three years, maybe four years. But I still experience ageism with and my own self. Probably on a daily basis even though I've been talking about it and working at it. I think I'm saying today is intended in any way for it to be blaming or pointing fingers or anything but a recognition as a whole our society is ages and we were raised in an ages society and one of the first things you can do to try to combat that ageism is to recognize it in all those different areas. Then we will be exposed to the power of reframing so we can change attitudes and behaviors. And then I'm hoping you will all be encouraged and

empowered and excited to start reframing aging for yourself. Next slide. What is ageism? Next slide. Ageism is discrimination based on negative assumptions about age. How many of you have heard that phrase about assumptions and assuming? It makes a blank out of you and me when we assume. Very true. Discrimination based on things we assume about a wide group of people. At any age. Ageism can happen at a younger age and ageism can happen at an older age and everything in between. I know when I was younger first in the workforce I had people tell me you don't look old enough to be working and you look like you should be in high school. Those kinds of assumptions or statements are a form of ageism. Next slide. When does ageism start? Next slide. It starts at a very early age. As I mentioned our society as a whole is ages and most of us who were raised in the United States have been raised in that kind of society so it starts at an early age. The next question on the next slide is whether or not ageism is intentional. Next slide please. I would say the vast majority of the time it is not intentional. People are not intending to say some bad or make somebody feel bad about their age. It is something people don't realize they are doing. Let's move on to the next slide. Some of these are rather painful to look at. If you see this picture we have an image of three people. The woman on the left says on her card she's holding treated like I was senile. Gentlemen and the middle is holding a card that says passed over for being near retirement. And the gentleman on the right his signs is prorated and called a waste of time. The two people on the left and look like they might be a little older I'm making an assumption based on the appearance of the color of their hair as opposed to the gentleman on the right. One would assume that this image is being shared because these people have experienced ageism in one way or another. Next slide please. The gentleman in the middle apparently was passed over for a new position for maybe a promotion because he was near retirement. There was an assumption he would retire soon so we don't want to hire him. This isn't in the slides but actually older adults tend to stay in their job for on average nine years whereas younger adults people more at the beginning of their career stay on average 2 to 2 and a half years. If you're going to play the numbers the likelihood you will get someone that stays for longer is actually a older adult as opposed to a younger adult and that's not giving any kind of judgment but that's what research has shown us. When thinking about employment older adults actually score high in leadership which makes sense. They have more experience and they probably been in more leadership kinds of roles. They are more experienced in detail oriented tasks and can excel in those. This is a generalization. They tend to be better at writing skills and problem solving. Problem solving makes sense because they've had a lot of time to experience various problems so it would make sense they would be able to do better at problem-solving. Next slide please. These are the types of ageism according to the research with what's been identified at this point. We are going to start off by talking about compassionate ageism. There is internalized and there is institutional ageism, there is unintentional ageism which I think is where if any of us is doing it I can guarantee it is not intentionally. There is external ageism and of course like I said compassionate ageism which we are going to talk about in a few moments. Next slide please. This study asked a group of people aged 50 to 80 about their experiences with ageism on a daily basis. I want to point out two of the statistics and the first one is the top. 82 percent of people experience one or more forms of everyday ageism in their day-to-day lives. On any given day 82 percent experienced ageism. The second one I want to point out is the one at the bottom. 36 percent reported internalized ageism. Ageism against ourselves and that to me is one of the statistics that this is something we are perpetuating against ourselves. The next slide please. . Back to compassionate ageism. Those two terms don't seem to belong in the same sentence or same phrase. How can you be compassionate and also ageist, that sort elders speak comes in and there's been a lot of

research about elders speak and I will share a resource from a leading researcher in the area of elders speak. Elders speak is usually used to convey care however it is mistakenly used. We may think that we are being especially nice to somebody, the older adult we might see but in actuality it's a form of elders speak which is a form of ageism. The next slide please. We will talk about what that looks like. With elders speak the first thing we think of is over accommodation. Are you automatically sort of dumbing down the way you speak to somebody. Because they are old and there's no way they will understand me so I need to simplify this. Not necessarily needed. The fact that you do that automatically without having any opportunity to talk with the person verse and determine whether they may need that assistance or a combination is a form of ageism because you are making an assumption the person will understand your level of speaking because they are an older person. How many of you have heard people talk about this?

>> I don't mean to be a problem but I'm going to come across that way. How is what you're talking about not compelled speech and why is the state supporting it?

>> What do you mean compelled speech?

>> You are telling us what you are supposed to say. I am not against what you are saying but I don't know if you should be using this form to do it.

>> This is talking about ageism.

>> I understand what you are talking about.

>> I was asked to present this so if this is a you would prefer not to listen to that is something you can take up with the office of long-term living.

>> I suggest they address this now. Kathy:

>> That this was something? (multiple Speakers).

>> I want what I'm saying to be put on the record. You can disagree with it but I want what I said to be put on the record.

>> Thank you. Rebecca go ahead.

>> Thank you. When you think about the way you talk to an older adult I have heard often people talk to older adults by using juvenile word choices. Or taking a really high pitched tone similar to how you would talk to a child. Hello Mrs. Jones how are we doing today. Those kinds of things. Unfortunately people do that with an older adult. Again it is not meant to be offensive or be ageist but it is something that has been accepted in our society for a long time and therefore something that's been used. It is used to express care and it is sometimes used because people think they are trying to make sure they understand what they are saying. It can also be a way of exerting control on another person. If you go to the next slide it can lead to negative self-perceptions in older adults. You've probably heard about learned helplessness. If someone is treated like a child over and over again sometimes that can be internalized and the person can have negative self-perceptions. It actually has been demonstrated to have a higher likelihood of challenging behaviors in people with dementia and it can double the likelihood of resistance to care. If you treat me like a child and I'm an adult I don't want to do what you're telling me to do because you don't have respect for me that is due to me. It can generate mistrust. Not only of the person you are speaking with but also those around you and viewing you. Just to be mindful of the way you speak to an older adult and speaking to them with respect and as you would want to be spoken with. Of course if you are not sure how somebody needs to receive information you can talk to them and ask them. You can make a determination based on what you are experiencing in the conversation but don't start a conversation with assuming that somebody is unable to understand what you're talking about right off the get-go because of how they look. The next slide actually has some links and you should be receiving a

copy of this. I think you can download it. Great research by Mary Lou she healthy at the University of Maine about elders speak if that's something you want to learn n about. This is not intended to be a blaming of of anybody. I did not realize I was using elders speak until I started learning more about it and that's part of what I'm trying to do here is raise awareness of how you speak can affect other people and can perhaps negatively affect other eople. e. Next slide. You may be familiar with some of these images. When I put in a search bar older adults I get a lot of pictures of older adults hunched over. Maybe sitting lower with the caregiver above them or other kinds of things that make you think that the person is not as capable perhaps. That is not something that is true. We have a whole wide variety of experiences of aging and age as we get older. It is important to make sure we are showing the wide variety that exists. The middle image here is the image of a book that is available that you can buy. It actually is pitting decades against each other. How the baby boomers stole the millennials economic future. Again it is a way of sort of us versus them and it is not necessarily a positive way of approaching ageism. At the bottom left you see an image of an older person superimposed with a younger person on the other side. We talk about ageism and we talk about fighting wrinkles. It is a battle against ageism and there's a lot of information out there. Turn on the TV and within a couple minutes you will see all this information about how we should fight aging. That's because as a society we feel that somebody who looks like the person on the left ear isn't as beautiful or successful or worthy of respect or whatever as the person on the right. And this one on the far right, the blue wave, I have heard this concept of the silver tsunami a number of times. For me when I hear that term I think okay a lot of older adults are coming so we need to be prepared. Most people, the average person, if they hear a tsunami is coming they will turn around and run the other direction. I don't know any situation where a tsunami is considered a good thing or a positive thing. Something you can do a heck of a lot to address or make a change. If there is a tsunami coming you are running because it is not safe and it will cause a lot of damage. That is not something we want to associate with older adults. Next slide. For the next slide some of you may appreciate sort of the way that this I don't know can kind of be a little bit of a negative. But as we were raised in the society we were some people may laugh and it's okay to laugh. I just want to say that again. Not trying to put judgment out there but asking for recognition or understanding. There are a lot of birthday cards you can see if you go to the grocery store down the street. The next slide please. This is one example. I have a number of them but this is just one. What could be more fun than getting older? Next slide. Almost anything actually. I know I've given cards that were kind of disparaging against older adults. There's another card that I've seen that unfortunately it wasn't clear enough to show in this slide presentation but on the one side on the outside it says getting older can be dangerous to your health. On the inside it says lifeguards don't try as hard. When you think about it from that can kind of hurt if you receive it. Again as a society we think it is funny and it's kind of making fun of or making light of getting older but at the same time it can hurt somebody. Being mindful when giving birthday cards even that it may be something that is perpetuating ageism. Ageism can hurt all of us. If you go to the next slide there are health impacts and financial impacts. One study down here in the left corner actually showed that 63 million dollars in one year is spent on preventable healthcare costs associated with ageism. That's a lot of money. Of course health impacts of ageism can lead to poor physical health and negatively affect mental health and there's a variety of different ways ageism can negatively affect individuals and society as a whole. The next slide please. If you think about these phrases when you say something like I'm having a senior moment usually it is because you forgot something. That is usually seen as a negative so you are associated the negative of forgetting something with being older when in reality a lot of the time forgetting

something has more to do with the fact that we have a lot on our minds and a lot going on at any given moment that unnecessarily would have with being older. I'm not talking about dementia or anything like that but a general rule. Should you still be driving? If somebody is driving and they are an older adult and their eyesight is perfectly fine you don't know what their driving abilities are. Making the assumption based on their age, should you be driving? It could be seen as offensive. Saying somebody looks good for their age. That is another one. Are you saying if I was younger I would look bad? Again people say this all the time. She looks great for her age and it is seen as a positive but in reality it could be considered as a negative picture qualifying rather than just saying she looks good. You are saying she looks good for her age. More recognition of the ways we talk about things that may not necessarily be supportive and encouraging and kind of a positive for people. Next slide. Again in this forum we can't have as much of a discussion but I would ask you to pause and think have you seen ageism have you experienced it in yourself? I've experienced it when I was early on in my career. I experienced it and I looked younger than I was at the time. Also have you perpetuated ageism? I will be the first to say I absolutely have. And again I'm not trying to pass blame on anybody but to recognize that maybe we were not aware that the way we talk about somebody or talk to somebody could actually be perceived negatively and may not be a positive experience for them. Next slide please. There is some good news. If you have a positive view of aging research has shown you can increase the number of years in your life. Granted you're talking statistically not necessarily with every person here. But in general statistically a person who was a positive view of aging lives a certain number of years longer. It asks you to remember what your answer is if you were to choose one of these and then I will give the answer shortly. Think about whether you think if you have a positive view of aging statistically you could live one and a half years longer, three years longer, 7 and a half years longer or 10 years longer? Statistically people with positive views live an average of 7 and a half years longer. They have a lower statistical risk for diabetes, stroke, cancer, heart disease and all those things. Embracing and thinking positively about our own age actually can have a great outcome for us. That is something I want to embrace. I want to embrace my age and not live the rest of my life regretting that I'm getting older. But rather embracing what the future has to bring with it. We can counter ageism and do that. Next slide please. By changing how we talk about aging. Sorry. One more slide. I got ahead of myself. Now we are going to talk about framing and why framing matters. We will talk about what framing is actually. You've got it already. Framing is how we present information to someone else. It is what we use to emphasize and how we explain something and it can be what we don't say. Those are aspects of framing. Next slide please. In general public nowadays this is somebody you may recognize from television who is a fantastic framer and has had a impact goal, has made a impact in sphere of influence. . Next slide please. Anybody recognize Guy Fieri from diners drive-ins and dives. I don't know how long he's been doing his show but 20 years ago before he's doing it someone talk about I'm going to a dive or a drive in somebody may think the food is not going to be great and it's going to be greasy and not the kind of place I would want to go to. Guy Fieri has reframed how we talk about how we experience diners, drive-ins and dives because he's been showing all the positive sides of these kinds of cases. Those hole in the wall places that only locals are aware of that maybe somebody might not walk into because the outtake might not look as great as another but actually has fantastic food. It is farm to table, locally ground and everything is made from scratch or whatever it is. He is a fine example of a good framer. Next slide please. Again talking about framing. The way we talk about things can really influence people's response. This is an example that was research that was done by, excuse me the framework Institute. Given the

importance of free speech would you favor allowing a radical group to hold a political rally? Phrased in this way 85 percent were in favor. Given the risk of violence would you favor allowing a radical group to hold a political rally? 40 percent were in favor. Next slide please. I've highlighted hear the change in wording. It is three or four words different and it's the way we frame it and you can see the difference in people's perception based on how we talk about something. Next slide. Why do we need to reframe it? On the left-hand side in the dark blue color is the aging field or I would say probably social services and the fields we are all in. Those of us who are on this call. On the right is the general public. Your neighbor who is not involved in human services or aging or any of those kinds of things and how they perceive the things that are listed in the middle. If you were to ask somebody in the human services world how should we approach aging? We are going to say probably we should embrace it it is a good thing and it's something we all want to be doing is aging. If you ask the public the person on the street how should we approach aging? It is a battle and we need to fight it and exercise more and get Botox and do whatever. It is not seen as a positive. What determines outcomes and who is responsible for the outcomes? If you ask aging field and services field our environment plays a big part in outcomes and who is responsible for somebody's outcomes or a group of people's outcomes. If you ask the public they likely will say individuals are the ones to determine their own outcomes. How big of a concern is ageism? Aging field or human services says it's an important concern and a big concern is something we should pay attention to. The general public may not even think about it. It is absent entirely from thinking. What can be done to ensure well-being in older age? The aging field human services there's a lot we can do to ensure older age. There's a lot of things people can do themselves but things we can do systematically, services we can provide to ensure well-being in older age. In the public a lot of times they may say there's nothing we can really do to ensure well-being. Again maybe they are not even thinking about it. What is the role of public policy? I would say public policy is central in supporting the way we approach aging and supporting older adults and people who are aging. And those in the public may feel there is a limited role. It is a difference and how people perceive aging and in a lot of ways older adults and views of aging are not even on the radar for many people. I've heard people say they feel invisible when they become an older adult. Next slide. Communication leads to behavior change. I don't think this is a surprise but when we change the way we communicate it can change the way people think like the example a couple slides earlier when we were talking about holding a rally. You phrase it in one way and people think about it in one way at a different way people think differently. When you think differently oftentimes that major behavior changes so that's part of why talking today, hopefully there's a greater recognition of our words and the way we talk about aging. And then maybe we can see changes in behaviors and for policy changes or other things that embrace older adults and aging and see a more positive response to aging. Next slide. What are some things we can do to reframe aging? We can talk about the process of aging as something that is universal. We are all experiencing aging. The baby that was born a few minutes ago are aging just like I am. It is a universal experience everyone experiences. That's why using words like as we age we are all aging. It is something we are all doing. Also emphasized the benefit of positive views on aging and the benefit of aging in general. It got a lot more experience. We are better at problem-solving and maybe we've gone through a lot of things in life that we can use to build on to be able to make better positions to harps those are positive things. And to talk to people with spect and talk to eople as adults and not talking to them as children as can again unintentionally and not meant to be a nt to be a negative but I certainly don't want to be talked to as a as a child and others don't want to either. Next slide please. This is a great example of reframing. The bus on

the left is a bus in Boston that was used to transport older adults in the Boston area. They called the senior shuttle as you can see on the left. On the right they decided to rebrand it after they went through reframing kind of presentation at some technical assistance and they decided to change the outside of the buses and instead it says transporting Boston's most experienced people. I don't know about you but I would be pretty proud to get on the bus that says I'm one of the most experienced people. It gives a much more positive view of people who are on the bus. To me it was a major aha moment when I saw a presentation and saw these two buses. Such a difference by the way we talk about aging. Next slide. Something you can do. The word senior has actually been researched. When asked to the general public to rate things like how do you view an older adult versus how you view a senior. Senior was a word associated more negatively with decline and with poor health and a lot of things associated with the word senior was actually more negative than the phrase older adults. In general I've been trying to use older adult or older Pennsylvanian or older American or older person more than I use the term senior. Sometimes I do use the word senior but generally I try to use the words associated more positively with aging. Same with elderly. I'm not saying it is right or wrong. This was the research that was done and people perceived elderly is something more negative like older adults. Aging dependence other terms. Those old people are doing XYZ. YZ. Those people are costing society a lot of money meaning older adults. When we talk about it in terms of us we are more likely to want to be involved and have a stake in things instead of making someone and other in which case they are different from me so I don't need to worry about them. They are out of mind. Next slide. You can go through two slides. There we go. Use the frame as we age. Especially using Wii and us. I talk about as we age. And as we experience aging this is what we may go through. Next slide. Some resources and tools available throughout the national Center to reframe aging. This is the webpage you can get to a lot of useful tools. If you go to the next slide. This is some of what is available. It will be in a couple slides. What will be available to you through the national Center but there are some things you can do. There's a quick start guide available at that link and it is great to give, go back one more slide. Sorry about that. I just froze I think. Sorry go forward again. My screen froze. Practicing and talking about aging in a more positive way and using the quick start guide. You can learn more through the national Center and there are a lot of resources. There's actually a test you can take. A online test you can take that was developed by Harvard and on the next slide you will see you can find it. It is not so easy to find. If you go to this link and click on this project in place and social attitudes and then go to the next slide then you click on this age IT one you can take a test and it will determine, I say determine but obviously it is a test is not necessarily 100 percent accurate. We've all taken some of those tests. They used to be in magazines and would tell you what kind of person you were. Do you like cats or dogs or whatever. To answer questions and it gives you an idea of how positively or negatively you view age. Next slide please. If you are into social media the national Center has information on their Facebook page. I don't know what they are called. The handle you can use to find the Facebook page. At national Center to reframe aging on Instagram. It is at reframe aging. On LinkedIn it is at national Center to reframe aging. You can find a lot of great videos on YouTube if you search for at reframing aging. On twitter or X its reframing aging and of course their website which I already shared. Next slide please. And thank you. Great resources. I really hope folks will make use of those if this is something of use and interest to you. I know for me this has been a quite powerful experience to go through and recognize the way that I had been thinking about aging. And how I've changed the way I think about aging. Honestly as I'm getting older I am feeling much more positively and much more like I embrace my age in a way I did not before. I will pause there or stop there and see if there are

any questions or comments that folks would like to share.

>> This is Kathy. Thank you Rebecca I really appreciate this presentation and sharing your personal thoughts as well. As someone that has seen how ageism can so easily strip older people of rights and autonomy and how our society accepts ageism this is such an important work and I think it gives good resources for people to think about should they desire to explore from your own personal self. Which makes ageism unique because it is something you can have against yourself. As well as the broader impacts. With that I see some hands raised. I will go first to Carol.

>> (indiscernible) If you want to jump in and interpret that's okay. (indiscernible) .

>> Absolutely. They are freely available to anybody. Through their website. I would be thrilled if you found them beneficial and wanted to share them.

>> (indiscernible) .

>> I think I did and I agree 100 percent that Alzheimer's is not something that you want to necessarily make a joke about. It is a very serious disease. Any inform dementia is a disease. He would not talk about cancer necessarily so why would you joke about something like you're getting Alzheimer's. I hear you 100 percent.

>> (indiscernible).

>> We had a discussion about this and I was being trained to do the facilitation and how do you respond when someone says something that is ageist. Number one is not to necessarily say that's a horrible thing you just said. You are such an ages person but saying tell me more about that. What you mean by that? I forgot a name or a word. Tell me more about the. Why do you say that? They may come around and say they may put my foot in my mouth and that's not the best thing to say. I hope that helps.

>> (indiscernible).

>> Do I think people with Alzheimer's would get offended by someone saying?

>> No really early.

>> Really early stages of Alzheimer's? It is very possible. I can't predict how everyone would respond. I could see maybe someone would be offended or hurt or upset. If someone made a joke.

>> May be they would even ruminate.

>> Thank you for ringing up that important point and these are difficult conversations. I want to give others an opportunity to speak and I see Pam has her hand raised.

>> Hi Rebecca I wanted to thank you for this. I think this is a worthwhile discussion and being for us to enhance our understanding of. I know that and the last several years I've really thought about how I speak to people because I want to make sure I'm speaking to people and giving them respect that I would want and they deserve and that I would want and I've seen it in my own behavior. I've seen how I can do better. I also think it is important for us to recognize ageism because I think recognizing it is important in policy work and I think it underlies a lot of for instance looking the other way when we see quality of care problems at nursing facilities. I think a lot is driven by ageism and that recognizing that and it can inform understanding the importance of doing this policy work. And family I wanted to say I think as I've thought about this and as I get older and age I've definitely noticed him making a difference in how I think about where I am and where I'm going and I found it kind of inspiring and positive. I just think all of this is worth thinking about and also reframing in general is a really powerful advocacy tool and a bunch of different context so I appreciate that being a part of this and you sharing it with us so thank you.

>> Thanks Pam. Other members with questions or comments? Paula is there anything else? I

don't see any hands raised but is there anything in the chat?

>> Paula Jeff has a question.

>> My question is how does ageism impact the assessment of individuals long-term care particularly for home base settings or perception of their ability to live in a community? I'm just curious in terms of this topic and the intersectionality around that.

>> That's a great question that I can't answer. I haven't done any research or team specific research relating to assessing someone. I think the perception of somebody's ability to live in the community definitely can be impacted by ageism. There may be an older adult that someone may think because they are older adult they cannot live in the community and of discussion. Not looking at what the strengths are or resources available or what kind of family and friends are around them. I think it is more common in the general public. Hopefully at least and people in our area would be doing the assessing. I haven't seen the research but I think it is likely that ageism comes into play when people are thinking about somebody's ability to live in the community.

>> I'm wondering and curious to hear OLTL's comments on this. I don't know if today is the day but maybe in the future. I think it would be helpful to see with the illustrations leadership use the impact of this .

>> Thanks Jeff. I don't know if OLTL wants to , , now or put this in the in the future.

>> Hi Kathy it's Randy. y. It is something we can review and bring back to the next meeting.

>> Thank you. Paula, anything else in the chat?

>> Hi Kathy Paula here. Nothing else in the chat.

>> Okay thank you. Thanks again Rebecca. I appreciate you being a member of the committee and your contributions today and always. Thank you.

>> Thank you.

>> With that we will move on to our second public comment period. With that I will open the floor to any members that wish to make any comments or have any questions. It looks like I see hands up but I think that's from the general audience. When we shift there. Paula do you want to unmute one of the two?

>> Brenda there you are.

>> Hello I just want to follow up on what Deborah said. As a person with experience with disability was entering the sphere considered being an older adult I think that how ageism impacts assessments can't really be separated from reviewing cognitive functioning impacts everything. That disabled people experience. I don't know my assessments have changed much in terms of my age but I can tell you that when I was 35 and first beginning, I was newer to the program. I was very ill one of the days I had to be assessed. I could not speak very well. Just that difference I could see because I knew the people that were doing that ongoing assessment. They had known me for years. I could see how their perception of me changed because I was ill. I think people with disabilities fight against that stigma every time anything changes in our functioning. It is not so much about the number of our age but the perception of our functioning is always on a wire. And given the change anytime we experience what would be a ordinary illness for anyone else. I think it compels it to answer Jeff's question but I don't necessarily think it is age but related to functioning.

>> This is Kathy thank you Brenda. I appreciate you raising that point. I do know from our work we've seen different forms of discrimination be compounded by ageism. I think to Jeff and your point it is important to have these discussions to ensure peoples rights and autonomy. Especially through the assessment process. Paula can you unmute the next person?

>> Rico you are unmute it.

>> Thank you so much. This is Rico Sheppard from community legal services. I'm also going to build on this conversation around how ageism may manifest in assessments. If when OLTL goes back and thinks about how to respond and does they can also address some notes about the inter-REI upgrade. My understanding is in the current enter REI version, and the section the assessor is both collecting capacity to perform tasks and also asking the person about their performance of those tasks within the last three days. That is changing in version 10 and version REI. Now the assessor is only going to ask for capacity which is defined as this assumes capacity to perform the IED L. There is explicit guidance that is going to require some speculation. On behalf of the assessor. I think that is also related to this conversation around making assumptions that could be a just and maybe ablest as well so those are hard to disentangle. But as OL TL prepares for the upgrade I think understanding what are the instructions the assessors have to make sure they are not substituting their own assumptions when collecting those data points for the IDL tasks.

>> This is Kathy. Thank you Rico. I see Jill has her hand up. Jill I assume you want to respond to that?

>> Yes thank you Kathy. I just wanted to say that during the training that is still under development for the version 10 upgrade items such as that will be incorporated into the training or the assessors. And there will be plenty of opportunity for review of that training with comments. We will be including a couple stakeholders as we did previously. Just to point out any areas such as that that we would want to highlight in the training program for assessors across the board. More to come on that. That is a very good example of something that we will need to address and highlight in a comprehensive training program for assessors. That is definitely our intent to do so. I hope that helps.

>> This is Kathy. Thanks Jill. That is helpful. I see Carol has your hand raised. You can go ahead Carol.

>> (indiscernible) .

>> Thanks Carol. Jill are you able to respond to that? To that point?

>> I'm sorry I did not catch everything Carol was saying.

>> Carol please correct me if I'm wrong but Carol was trying to make a point that the REI doesn't seem to be user-friendly for participants and how do you ensure I think she was raising the issues of ageism and ableism and making sure the consumers you know wishes and preferences are identified and incorporated into the plan. The care plan.

>> Honestly we can make sure the MCO's address that. That is something that supposed to be occurring today. I don't think that would be something impacted with the software upgrade. There are some questions that are adding additional options. Together more information absolutely that is the intent for the MCO's to use the tool to help develop the person centered plan. That is something that will be reiterated in the version 10 training. The version 9 training already does address a lot of capturing likes and preferences and that type of thing of participants to ensure it is a person centered plan. That would definitely carry over.

>> Thank you.

>> Did that help Carol?

>> (indiscernible) .

>> Yes Carol. As for the rest of the group Carol was part of the workgroup Jill mentioned earlier. I don't think training materials were necessarily shared but anyway yes. You are raising very important points. Any other questions or comments Carol?

>> No. Thank you very much.

>> You're welcome.

>> Okay I see a hand raised. It looks like it is from the general audience. Paula are you able to unmute that person?

>> Brenda you are unmute it.

>> I just wanted to state for the record what I heard Carol say. She was asking specifically if questions could be added to the inter-REI to capture different issues based on peoples ages or cognitive abilities. I know that when that was first established there was some adaptation specific to Pennsylvania and I think what she was asking was in light of reframing how we think of aging and not thinking of ableism with it, is there any plan to revisit adding a couple questions that Taylor the new version to this way of thinking? Am I correct in that Carol?

>> I don't know what she's unmute it but I think it is still a good question.

>> Go ahead Carol.

>> (indiscernible) .

>> Thanks Carol and Brenda. I don't know Jill if you are able to respond.

>> If I understand correctly you are basically asking about potentially adding additional questions to get likes and dislikes and previous preferences. At this time for version 10 we are not adding additional questions. We have to get the software upgraded and in order to make the changes for Pennsylvania from version 9 to 10 we do need to have review and approval of the inter-I which is underway right now. If there is, like I said before, the whole process of capturing that information and likes and dislikes and helping to get to a more person centered plan is supposed to be happening right now. It is some thing we are highlighting for training. I just want to make sure that the MCO's are on this call as well and they know that is something that OLTL expects to be occurring with the development of the person centered plans. And like I said for training for version 10 we absolutely want to make sure that we highlight any key points that will be most helpful for training assessors and make sure everyone using the tool is being trained consistently. So everyone knows the expectation and understands the reason for the assessment itself and what the expectations are in developing the person centered plan. We can absolutely highlight that their training. At this time there isn't a plan to propose additional questions because it is a international tool. That being said if we see that there is a need to add any Pennsylvania specific questions after version 10 upgrade we can always have those conversations. I absolutely don't want to say that will never happen but at this point in time it is our intent to address these types of issues through enhanced training.

>> Thank you.

>> Absolutely.

>> Thanks again Jill, Carol and Brenda. I don't see any hands raised. Paula, is there anything in the chat?

>> Hi Kathy Paula. No other questions in the chat.

>> Okay we are ahead of time. I will give a few more minutes in case there's other members that wish to provide, or if someone wants to raise their hand. The general audience or type something in the chat. When we are waiting for those few minutes I want to reiterate what Montreux mentioned in the public notices that went out. That for future meetings through June will be a virtual only. We are scheduled to meet next on Wednesday November 12. From 10 to 1. With that I just want to pause for a moment to see if there is any other additional questions or comments from other members or the general audience. Paula I assume there is nothing in the chat?

>> There are no questions in the chat Kathy.

>> With that I appreciate everyone today for your time and contributing to these important conversations and I look forward to meeting on November 12 and I want to thank everyone for

attending today. With that the meeting is adjourned.