PUBLIC WORKS
COUNTY AIRPORTS
1960 JOE CROSSON DRIVE, EL CAJON, CA 92020
(619) 956-4800 FAX (619) 956-4801
www.sdcountyairports.com

WILLIAM P. MORGAN, P.E.
INTERIM DIRECTOR

COSD CLERK OF THE BOARD
2025 MAY 5 PM 12:40

May 1, 2025

To: Clerk of the Board (A45)
County Board of Supervisors

From: Maria Marmolejo
Real Property Agent, Airports (S119)
Department of Public Works

GILLESPIE FIELD – VERIDIAM, INC. – COUNTY CONTRACT NUMBER 117011 – FIFTH AMENDMENT TO INDUSTRIAL LEASE – REQUEST TO EXECUTE LEASE AMENDMENT AS APPROVED BY THE BOARD OF SUPERVISORS ON MAY 1, 2024 (03)

Enclosed are three (3) copies of the Fifth Amendment to Industrial Lease with Veridiam, Inc. which was approved for signature by the County Board of Supervisors on May 1 2024 (03). A copy of the Minute Order is attached for your reference.

Therefore, I respectfully request that the three (3) copies of the lease amendment be executed by the Clerk of the Board on behalf of the Board of Supervisors, and that two (2) original copies be held for pickup by County Airports. The third copy of this lease amendment is for your records.

Please contact me at (858) 935-5891 as soon as these documents are executed and available for pickup. Thank you!

Sincerely,

Maria Marmolejo

Enclosures

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS - LAND USE
WEDNESDAY, MAY 01, 2024

MINUTE ORDER NO. 3

SUBJECT: **GILLESPIE FIELD - FIFTH AMENDMENT TO INDUSTRIAL LEASE WITH VERIDIAM, INC. FOR SCHEDULED RENT ADJUSTMENT ONLY AND RELATED CEQA EXEMPTION (DISTRICT: 2)**

OVERVIEW

Gillespie Field is in the City of El Cajon and is one of eight airports owned by the County of San Diego (County) and operated by the County Department of Public Works (DPW). The County airports system is operated, maintained, and improved using lease revenues and federal and State grant funding. Gillespie Field airport infrastructure and facilities include runway, taxiways, air traffic control tower, communications, and related equipment. Services available to corporate and general aviation users at this airport include hangar and tie-down rentals, aviation fuel sales, aircraft repair, maintenance, parts, pilot supplies, and flight training. The airport serves the public by housing aviation facilities and equipment operated by local law enforcement agencies, aerial firefighting, and other emergency services providers. Gillespie Field also includes industrial-zoned land that accommodates uses compatible with the airport. Leasing of airport land generates revenue for the Airport Enterprise Fund, which is used by DPW to ensure that all County airports are properly maintained and safe for airport users and the surrounding communities.

Veridiam, Inc. (Veridiam), a leading custom tubing manufacturer, formerly known as Carpenter Special Products Corporation, occupies a 6.42-net acre parcel at Gillespie Field. The Board of Supervisors (Board) approved the existing ground lease on June 22, 2005 (11). The 35-year lease, with a 20-year extension option, commenced on May 1, 2004, and has been amended four times. The lease provides for periodic rental rate renegotiations every five years to keep pace with market rates. The upcoming renegotiated rental adjustment is due on May 1, 2024. Based on the recent appraisal of a nearby leasehold, which estimated the fair market rate at $7,773 per acre per month, Veridiam's rent would increase by about 27.14%. To mitigate such steep increase, the County and Veridiam have negotiated a lease amendment that would implement annual 5% fixed rent increases over the next five years.

This is a request to approve the fifth amendment to the industrial lease with Veridiam, Inc., to adjust the rent and to revise the rent adjustment schedule, as negotiated by the parties based on appraisal. If the proposed action is adopted, the lessee's current base monthly rent of $39,251 will be increased by five percent, or $1,963, to $41,214, effective May 1, 2024. Thereafter, fixed five percent increases would be implemented annually until the next renegotiated rent adjustment in 2029.

RECOMMENDATION(S)
CHIEF ADMINISTRATIVE OFFICER

1. Find, in accordance with Section 15301 of the California Environmental Quality Act (CEQA) Guidelines, that the proposed lease amendment is categorically exempt from CEQA review as it consists of the leasing of existing facilities involving negligible or no expansion of existing or former use.

2. Approve and authorize the Clerk of the Board to execute, upon receipt, three copies of the fifth amendment to industrial lease with Veridiam, Inc. (County Contract No. 117011). **(4 VOTES)**

EQUITY IMPACT STATEMENT
Gillespie Field is one of eight airports owned and operated by the County of San Diego (County) that provide vital air transportation hubs, emergency response facilities, and economic engines. The County pursues delivery of these services in a fair and equitable manner and actively works to remove barriers by providing airport guests with general airport information in the County's threshold languages, encouraging participation, and providing competitive opportunities for small businesses and business that traditionally have less working capital and business owners and managers who may be socially and economically underserved.

SUSTAINABILITY IMPACT STATEMENT
The proposal to amend the industrial lease with Veridiam, Inc. to increase the base monthly rent has economic and social sustainability benefits. This lease provides increased services for the region. The revenue from this lease is used to operate, maintain, and improve the County airports system consistent with the County sustainability goal of providing just and equitable access to County services and resources in support of sustainable communities.

FISCAL IMPACT
Funds for this request are included in the Fiscal Year (FY) 2023-24 Operational Plan in the Department of Public Works, Airport Enterprise Fund. If approved, this request will result in additional revenue of $3,926, for a total current year revenue of $474,938 in FY 2023-24, and $498,688 in FY 2024-25. The funding source is rental payments from the lessee under the terms of the amended lease. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT
Leases at airports benefit the local business community by creating jobs, increasing economic activity, providing business opportunities, and supporting infrastructure development. They attract visitors, generate revenue, and help small businesses grow, thus stimulating the local economy and improving the quality of life for residents. Airports connect individuals to jobs and local communities to the world. DPW operates and maintains the eight County airports safely and cost-effectively with the revenue derived from the airport leases. Today's action of implementing scheduled rent adjustments to industrial lease with Veridiam, Inc. promotes self-sufficiency of Gillespie Field and enhances the economic viability of the County airport system.

ACTION:
ON MOTION of Supervisor Desmond, seconded by Supervisor Anderson, the Board of Supervisors took action as recommended, on Consent.

AYES: Vargas, Anderson, Lawson-Remer, Montgomery Steppe, Desmond

State of California)
County of San Diego)

I hereby certify that the foregoing is a full, true and correct copy of the Original entered in the Minutes of the Board of Supervisors.

ANDREW POTTER
Clerk of the Board of Supervisors

Signed by Andrew Potter

FIFTH AMENDMENT TO INDUSTRIAL LEASE

THIS FIFTH AMENDMENT TO INDUSTRIAL LEASE ("Amendment") is made and entered into this 1 day of May, 2024, by and between the COUNTY OF SAN DIEGO, a political subdivision of the State of California ("County"), and VERIDIAM, INC., a Delaware corporation ("Lessee"), with reference to the following facts:

RECITALS

A. County and Veridiam, Inc., a Delaware corporation, previously known as Carpenter Special Products Corporation, are parties to that certain Industrial Lease ("Lease") dated June 22, 2005, said Industrial Lease also being known as County of San Diego Contract Number 117011 (formerly Contract Number 104565).

B. The Lease was amended: 1) on April 8, 2009, to adjust rent and revise the rental adjustment schedule; 2) on April 16, 2014, to adjust rent, revise the rental adjustment schedule, and update addresses; 3) on October 19, 2016, to decrease the size of the leasehold, proportionately reduce rent, update addresses, and revise certain lease language, and 4) on March 27, 2019, to adjust rent and revise language related to the compliance with laws.

C. County and Lessee desire to further amend the Lease to adjust rent and revise the rental adjustment schedule.

NOW THEREFORE, in consideration of the above Recitals and the mutual promises contained herein, the parties agree to amend and supplement the Lease as follows:

1. Amendment of Lease.

1.1 Section 4.1 Base Monthly Rent is hereby amended to read in its entirety as follows:

"4.1 Base Monthly Rent. Lessee shall pay as rent for the use and occupancy of the Premises the Base Monthly Rent as follows:

(a) For the period commencing May 1, 2024 and ending April 30, 2025, the amount of FORTY ONE THOUSAND TWO HUNDRED THIRTEEN DOLLARS AND FIFTY-ONE CENTS ($41,213.51) per month;

(b) For the period commencing May 1, 2025 and ending April 30, 2026, the amount of FORTY-THREE THOUSAND TWO HUNDRED SEVENTY-FOUR DOLLARS AND EIGHTEEN CENTS ($43,274.18) per month;

(c) For the period commencing May 1, 2026 and ending April 30, 2027, the amount of FORTY-FIVE THOUSAND FOUR HUNDRED THIRTY-SEVEN DOLLARS AND EIGHTY-NINE CENTS ($45,437.89) per month;

(d) For the period commencing May 1, 2027 and ending April 30, 2028, the amount of FORTY-SEVEN THOUSAND SEVEN HUNDRED NINE DOLLARS AND SEVENTY-NINE CENTS ($47,709.79) per month;

(e) For the period commencing May 1, 2028 and ending April 30, 2029, the amount of FIFTY THOUSAND NINETY-FIVE DOLLARS AND TWENTY-EIGHT CENTS ($50,095.28) per month.

Thereafter, the Base Monthly Rent shall be subject to adjustments as provided in Sections 4.2 Cost of Living Adjustments ("COLA") to the Base Monthly Rent and 4.3 Rent Rate Renegotiation.

Lessee shall pay said rent in advance, on the first day of each calendar month ("Rent Due Date"), without setoff, deduction, prior notice or demand, commencing on the Commencement Date. Should the rent Commencement Date be a day other than the first day of a calendar month, then the rent for such first fractional month shall be computed on a daily basis for the period from the Commencement Date to the end of such calendar month and at an amount equal to one thirtieth (1/30th) of the said monthly rent for each such day, and thereafter shall be computed and paid as aforesaid."

1.2 Section 4.2 Cost of Living Adjustments ("COLA") to the Base Rent is hereby amended to read in its entirety as follows:

"4.2 Cost of Living Adjustments ("COLA") to the Base Monthly Rent. Commencing on May 1st of the year 2030, and thereafter every year on such date for the remainder of the Term (each such one-year period is referred to herein as a "COLA Period"), except for the first twelve (12) months, or any portion thereof, after each Rent Adjustment Date as defined in Section 4.3 (RENT RATE RENEGOTIATION) below, the Base Monthly Rent, renegotiated pursuant to Section 4.3 (RENT RATE RENEGOTIATION), shall be adjusted to reflect any increase or decrease in the

purchasing power of the dollar. The rent adjustment to be effective during each COLA Period shall be determined by use of the following formula:

$$R=A\ (B/C)$$

Wherein:

"R" equals the adjusted Base Monthly Rent for each month of the COLA Period for which rent is being adjusted;

"A" equals the most recently renegotiated Base Monthly Rent as the parties determine pursuant to Section 4.3 Rent Rate Renegotiation, below;

"B" equals the monthly Consumer Price Index, as hereinafter defined, for the month of February immediately preceding the commencement of the COLA Period for which the rent is being adjusted; and

"C" equals the monthly Consumer Price Index, as hereinafter defined, for the month of February immediately preceding the most recent renegotiation of the rent pursuant to Section 4.3 Rent Rate Renegotiation.

4.2.1 Consumer Price Index. The consumer price index which shall be used as the source for the Consumer Price Index numbers shall be that published by the United States Department of Labor, entitled United States Department of Labor, Bureau of Labor Statistics, Consumer Price Index for the Los Angeles-Long Beach-Anaheim, CA area, all items of the index entitled "Consumer Price Index for All Urban Consumers" for the Los Angeles-Long Beach-Anaheim, CA area (1982-84 = 100). In the event that such index is not published for the Los Angeles-Long Beach-Anaheim, CA area, then another comparable index or source of such information generally recognized as authoritative shall be substituted by agreement of the parties. If the parties should not agree, such source of information shall be determined by arbitration pursuant to the provisions of the California Code of Civil Procedure."

1.3 Section 4.3 Rent Rate Renegotiation is hereby amended to read in its entirety as follows:

"4.3 Rent Rate Renegotiation. For each five-year period of this Lease or any portion thereof, commencing on May 1, 2029, the Base Monthly Rent for the first twelve (12) months, or any portion thereof, of any subsequent five-year period (the first day of each such period being referred to herein as the "Rent Adjustment Date"), shall be

adjusted, as applicable, to the higher of (i) then current rent in effect immediately prior to the Rent Adjustment Date, or (ii) fair market rent ("Fair Market Rent") for the Premises, as of the expiration of the preceding five-year period, calculated as follows:

(a) Commencing approximately two hundred (200) days prior to the applicable Rent Adjustment Date, County and Lessee ("the parties") shall attempt to agree upon the Fair Market Rent. If the parties are unable to agree upon the Fair Market Rent within thirty (30) days thereafter, then each party shall retain and designate, by written notice to the other party within fifteen (15) business days after expiration of said thirty (30) day period, a real estate appraiser who shall be a California State Certified General Appraiser, in active and good standing with the California Bureau of Real Estate Appraisers, and who also shall have at least five (5) years' full time commercial appraisal experience in the area in which the Premises is located, to appraise and determine the Fair Market Rent for the Premises for the first twelve (12) months of the next five-year period, and prepare a written narrative appraisal presented in a summary format as set forth in the then current Uniform Standards of Professional Appraisal Practice. The parties shall exchange the written appraisals within sixty (60) business days after designation of the second appraiser. If either party fails to designate and retain an appraiser, the appraiser that was designated and retained pursuant to this Section shall determine the Fair Market Value. If either appraiser fails to appraise and determine the Fair Market Rent for the Premises, or if either party fails to exchange appraisals as required by this Section, the Fair Market Value shall be based on the appraisal that was prepared and exchanged pursuant to this Section.

(b) If two appraisers are designated, the two shall promptly meet in an attempt to set the Fair Market Rent. If the two appraisers are unable to agree upon the Fair Market Rent for the Premises based on their respective appraisals within sixty (60) business days after designation of the second appraiser, they shall appoint a third appraiser meeting the qualifications stated above within twenty (20) business days after expiration of the sixty (60) day period provided to the two appraisers to set the Fair Market Rent. If the two appraisers are unable to agree on a third appraiser, either of the parties to this Lease, by giving ten (10) days' written notice to the other party, may apply to the then General Counsel of the San Diego Association of Realtors for the selection of a third appraiser, who will also appraise and determine the Fair Market Rent for the Premises. In the event that the General Counsel of the San Diego Association of Realtors is

unable or unwilling to select an appraiser, a party may, with ten (10) days' written notice to the other party, apply to the County of San Diego Department of General Services to obtain a list of appraisers meeting the qualifications stated above. A third appraiser shall then be randomly selected from such list. Each party shall pay the fees of the appraiser it designates and one half (1/2) the cost of the third appraiser. Within sixty (60) business days after the selection of the third appraiser, a majority of the appraisers shall set the Fair Market Rent. If a majority of the appraisers are unable to agree, then the average of the three appraisals shall be the Fair Market Rent; provided, however, if the low appraisal is more than ten percent (10%) lower and/or if the high appraisal is more than ten percent (10%) higher than the middle appraisal, then the low appraisal and/or high appraisal shall be disregarded in averaging the appraisals. If any of the designated appraisers shall fail to appraise and determine the Fair Market Rent for the Premises within the timeframes set forth herein, then the Fair Market Rent shall be set based on the average of the appraisal(s) that were completed pursuant to this Section.

(c) In determining the Fair Market Rent, the appraisals shall evaluate the monthly rental amount that the Premises could be expected to return to the County if offered for lease on the open market under normal circumstances, giving due consideration to other properties located in the geographic vicinity of the Premises, desirability and utility of the Premises and similar relevant matters. Improvements placed upon the Premises by the Lessee since the Commencement Date of this Lease shall not be considered in arriving at the Fair Market Rent. After the Fair Market Rent has been set, the appraisers shall immediately notify the parties in writing, and the Fair Market Rent determination shall be binding on the parties.

(d) If the parties cannot arrive at the Fair Market Rent through use of the foregoing procedure, the question may thereafter be submitted to arbitration by notice to the other party. The judgment in any such arbitration may be entered in any court having jurisdiction and shall be final and binding between the parties. The arbitration shall be conducted in accordance with California Code of Civil Procedure §1280, et seq., including any future amendments thereto. The arbitrator's fee shall be split equally between the parties. If the process for determining Fair Market Rent under this Section extends beyond the effective date for the Rent Rate Renegotiation, then Fair Market Rent shall be retroactively applied to that effective date once determined; provided,

however, Lessee shall not be relieved of its obligation to pay Base Monthly Rent when due."

Effect of Amendment. Except as amended by this Amendment, the Lease and previous amendments shall remain in full force and effect. In the event of a conflict between the provisions of the Lease, previous amendments, and those of this Amendment, this Amendment shall control.

IN WITNESS WHEREOF, the parties have executed this Fifth Amendment effective as of the date first written above.

LESSEE:
VERIDIAM, INC., a Delaware corporation

By: _____
Name Antonio E. Vega Title VP of Finance & Accounting

COUNTY:
COUNTY OF SAN DIEGO, a political subdivision of the State of California

By: _____
Clerk, Board of Supervisors

Approved and/or authorized by the Board of Supervisors of the County of San Diego.
Meeting Date: 05/01/2024 Minute Order No. 03
By: _____ Date: 05/05/2025
Deputy Clerk of the Board Supervisors

APPROVED AS TO FORM AND LEGALITY
COUNTY COUNSEL

BY Thomas L. Bosworth
SENIOR DEPUTY

COSB CLERK OF THE BOARD
2025 APR 30 PM 3:02

DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY
P.O. Box 129261, San Diego, CA 92112-9261
(858) 505-6700 or (800) 253-9933
www.sdcdehq.org

AMY HARBERT
DIRECTOR

HEATHER BUONOMO
DIRECTOR OF ENVIRONMENTAL HEALTH

April 21, 2025

TO: Andrew Potter
Clerk of the Board of Supervisors

VIA: Dahvia Lynch
Deputy Chief Administrative Officer

FROM: Amy Harbert, Director
Department of Environmental Health and Quality

EXECUTION AND DISTRIBUTION OF REVENUE AGREEMENT WITH THE CITY OF SAN DIEGO

Attached for your execution, pursuant to San Diego County Administrative Code, Article VIII, Section 123, is a revenue agreement with the City of San Diego for Industrial Hygiene services. The term of the agreement is from the final date signed by all parties through June 30, 2029. These services are provided by the Department of Environmental Health and Quality (DEHQ) Community Health Division.

Please execute and return two copies of the enclosed revenue agreement to:

Department of Environmental Health and Quality
Attn: Traci Mitchell
Mail Stop: O-560

If you have any questions regarding this request, please contact Traci Mitchell, DEHQ Contract Coordinator at (858) 505-6975.

Attachments

DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY

AMY HARBERT
DIRECTOR

P.O. Box 129261, San Diego, CA 92112-9261
(858) 505-6700 or (800) 253-9933
www.sdcdehq.org

HEATHER BUONOMO
DIRECTOR OF ENVIRONMENTAL HEALTH

April 21, 2025

TO: Dahvia Lynch, Deputy Chief Administrative Officer
Land Use and Environment Group

FROM: Amy Harbert, Director
Department of Environmental Health and Quality

REQUEST FOR APPROVAL OF A REVENUE AGREEMENT WITH THE CITY OF SAN DIEGO FOR OCCUPATIONAL HEALTH SERVICES

Pursuant to San Diego County Administrative Code, Article VIII, Section 123, the Department of Environmental Health and Quality (DEHQ) is requesting CAO approval of a revenue agreement for DEHQ to provide Industrial Hygiene services to the City of San Diego.

A. SERVICES: The services shall include, but not be limited to:
   a. Respiratory Protection Program
   b. Ventilation System Design and Monitoring
   c. Hazard Evaluations
   d. Health and Safety Training
   e. Noise Exposure Monitoring
   f. Asbestos and Lead Management Services
   g. Workstation Design and Ergonomic Training

B. ALTERNATIVES: There are no direct impacts to the County if this revenue agreement is not approved. The impact would be a public health risk to employees of the City, and to the public who use their facilities, due to possible exposure to mold, asbestos and other possibly hazardous materials.

C. FISCAL IMPACT: Funds for this revenue agreement are included in the Fiscal Year 2024-25 Operational Plan for the Department of Environmental Health and Quality. Compensation shall not exceed $200,000 annually for services provided from the final date signed by all parties through June 30, 2029. The City will be billed at an hourly rate which is calculated to include all overheads and indirect costs. The rate is calculated each billing period to ensure full cost recovery and will result in no net County cost.

D. AWARD NUMBER: The Award Number assigned by the Auditor and Control for this agreement is 123263.

If there are any questions, please contact DEHQ Contract Coordinator, Traci Mitchell at (858) 505-6975.

Request For Approval of Revenue Contract or Grant
Not Exceeding $250,000 Annually
(Per County Admin. Code Section 123 & Board Policy B-29)

Date: 4/21/25 Department: Environmental Health and Quality

Contract Begin Date: upon Execution End Date: 6/30/2029 Grant: No

*Oracle Award #: 123263 Org #: 44500 Amount: $200,000

Contact Person: Traci Mitchell Phone #: 858-505-6975

Contracting Agency/Grantor: City of San Diego

Description: DEHQ Occupational Health Program will provide Industrial Hygiene services to the City of San Diego, as requested. This is a full cost recovery agreement, billing shall be based on actual hourly costs plus laboratory costs

☒ The Department certifies that the contract or grant recovers full cost, including overheads (A-87), per Board Policy B-29.

☐ The Department will not recover full costs. Justification is included in the CAO letter.

Department Approval: Amy Harbert Date: 4/21/25

Approved By:

Group Finance Director: Annie Leighton Date: 4/29/25

County Counsel: Jason Anderson Date: 4-22-25

Chief Administrative Officer: Jennifer Lawson Date: 4/29/25

Office of Financial Planning: Angelina Kennedy Date: 4/30/2025

* An Award Initiation request must be completed for all new revenue agreements. This form, along with instructions can be found at the ERP website under Forms.

Attachments:
- Letter to the CAO/DCAO/Agency Director
- Letter to the Clerk of the Board of Supervisors
- Revenue or Grant Agreement

OFP USE ONLY
Init: TK OFP#: 25-85

SERVICE AGREEMENT BETWEEN THE CITY OF SAN DIEGO AND THE COUNTY OF SAN DIEGO FOR INDUSTRIAL HYGIENE SERVICES

This agreement (the "Agreement") is made between the City of San Diego, a municipal corporation, hereinafter referred to as "CITY", and the County of San Diego, hereinafter referred to as "COUNTY".

WITNESS THAT WHEREAS:

A. CITY desires that Industrial Hygiene services be provided by the COUNTY; and

B. California Government Code section 53060 grants the CITY the authority to contract with and employ public agencies for the furnishing to CITY of special services if such public agencies employ persons who are specially trained, experienced, and competent to perform the special services requested; and

C. The COUNTY employs personnel trained and qualified to perform the services contemplated herein, including employing one or more specialists, each appropriately licensed in the State of California, and the result of which is that the COUNTY is otherwise qualified to render professional services to CITY; and

D. Pursuant to San Diego Municipal Code section 22.3210, the Purchasing Agent for CITY has certified that this Agreement is exempt from competitive bidding requirements because this Agreement furthers a specific public policy, is in the public interest, and does not exceed the threshold set forth in the SDMC.

NOW THEREFORE, it is mutually agreed by and between CITY and COUNTY as follows:

1. This Agreement shall be effective on the date it is executed by the last party to sign the Agreement and approved by the City Attorney in accordance with San Diego Charter Section 40.

2. The term of this Agreement shall be from its effective date through June 30, 2029.

3. Compensation shall be in the amount not to exceed $200,000 each fiscal year (July – June) for services through June 30, 2029, and pursuant to the conditions contained in Exhibit A, which is attached and incorporated by this reference.

4. COUNTY shall provide the services as described in Exhibit A.

5. All services provided by the COUNTY pursuant to this Agreement will be supervised by the supervising industrial hygienist for the COUNTY (or other equally qualified staff in the event of a vacancy). COUNTY agrees that it will direct the services of COUNTY personnel who provide the services under this Agreement. COUNTY makes no other warranty concerning these services and disclaims all implied warranties that may legally be disclaimed.

6. COUNTY agrees that it will provide and maintain workers' compensation as required by the law of the State of California for all personnel who provide services under this Agreement.

7. Except for extensions pursuant to paragraph 19 below, this Agreement may only be amended upon written mutual agreement between the CITY and the COUNTY.

8. This Agreement does not obligate the COUNTY to detect violations of law or regulations or unsafe conditions created or allowed to continue in existence as a result of CITY action or inaction, nor does it obligate the COUNTY to notify the CITY of such violations or conditions whether or not known to the COUNTY.

9. To the fullest extent permitted by law, COUNTY hereby agrees to defend, indemnify, and hold harmless CITY, its elected officials, agents, officers, employees, and representatives(hereinafter collectively referred to in this paragraph as "CITY PARTIES"), from any and all claims, losses, costs, damages, injuries (including, without limitation, injury to or death of an employee of COUNTY) expense, and liability of every kind, nature and description arising in whole or in part out of the acts or omissions of COUNTY in the performance of this Agreement. The obligation to defend and indemnify does not apply to CITY PARTIES' established sole negligence, gross negligence, or willful misconduct. At its sole discretion, CITY PARTIES may participate at its own expense in the defense of any claim, action or proceeding, but such participation shall not relieve COUNTY of any obligation imposed by this Agreement. CITY PARTIES shall notify COUNTY promptly of any claim, action or proceeding and cooperate fully in the defense.

10. CITY hereby agrees to defend and indemnify the COUNTY, its agents, officers and employees (hereafter collectively referred to in this paragraph as "COUNTY PARTIES") from any claim, action or proceeding against COUNTY PARTIES, arising out of the acts or omissions of CITY in the performance of this Agreement. The obligation to defend and indemnify does not apply to COUNTY PARTIES' sole negligence, gross negligence, or willful misconduct. At its sole discretion, COUNTY PARTIES may participate at its own expense in the defense of any such claim, action or proceeding, but such participation shall not relieve CITY of any obligation imposed by this Agreement. COUNTY PARTIES shall notify CITY promptly of any claim, action or proceeding and cooperate fully in the defense.

11. COUNTY hereby agrees to defend itself, and the CITY hereby agrees to defend itself, from any claim, action or proceeding arising out of the concurrent acts or omissions of COUNTY and CITY. In such cases, COUNTY and CITY agree to retain their own legal counsel, bear their own defense costs, and waive their right to seek reimbursement of such costs, except as provided in paragraph 11 below.

12. Notwithstanding paragraph 9 above, in cases where COUNTY and CITY agree in writing to a joint defense, COUNTY and CITY may appoint joint defense counsel to defend the claim, action or proceeding arising out of the concurrent acts or omissions of CITY and COUNTY. Joint defense counsel shall be selected by mutual agreement of COUNTY and CITY. COUNTY and CITY agree to share the costs of such joint defense and any agreed

settlement in equal amounts, except as provided in paragraph 11 below. COUNTY and CITY further agree that neither party may bind the other to a settlement agreement without the written consent of both COUNTY and CITY.

13. Where a trial verdict or arbitration award allocates or determines the comparative fault of the parties, COUNTY and CITY may seek reimbursement and/or reallocation of defense costs, settlement payments, judgments and awards, consistent with such comparative fault.

14. Either COUNTY or CITY may terminate this Agreement with thirty (30) days advance written notice given by the Authorized representative or his or her designee.

15. The COUNTY's authorized representative shall be the Director of the Department of Environmental Health and Quality or the Director of Environmental Health and the CITY's authorized representative shall be the Program Manager for the Compliance Department's Safety and Environmental Health Division.

16. This Agreement and its Exhibits are the entire understanding of the parties, and there are no other terms or conditions, written or oral, controlling this matter. In the event of any conflict between the provisions of this Agreement and any of its Exhibits, the provisions of this Agreement shall prevail.

17. This Agreement shall be governed by the laws of the State of California.

18. COUNTY is an independent contractor and no agency relationship, either express or implied, is created by the execution of this Agreement. Any provisions of this Agreement that may appear to give City any right to direct COUNTY concerning the details of performing the services, or to exercise any control over performance of the Agreement, shall mean only that COUNTY shall follow the direction of CITY concerning the end results of the performance. COUNTY acknowledges and agrees that all persons assigned to perform any work related to this Agreement will be employees of COUNTY.

19. This Agreement shall continue beyond the final date of the term as set forth in paragraph 2, above or in any agreed extension, pending renewal of the Agreement, if CITY's Authorized Representative has notified COUNTY's Authorized Representative of an intention to renew the Agreement, and neither party has terminated this Agreement pursuant to paragraph 14, above. CITY shall pay for such extended services at the rate or rates provided in a subsequent agreement, or if no such agreement is reached, at the rates provided in this Agreement.

20. If compensation, as set forth in paragraph 3, above, is projected to be insufficient to pay for services through the final date of this Agreement, COUNTY agrees to continue to provide services pending amendment of the compensation terms of this Agreement, provided that CITY provides COUNTY with a written notice to proceed and agrees to compensate COUNTY for services in accordance with the terms of this Agreement until an amendment to this Agreement is executed.

21. Nothing in this Agreement and no action by the COUNTY pursuant to this Agreement shall shift responsibility for compliance with applicable law at CITY facilities from the CITY to COUNTY.

22. Nothing in this Agreement and no action by the COUNTY pursuant to this Agreement shall preclude the COUNTY from taking any enforcement action against the CITY in the COUNTY's capacity as a regulatory and enforcement agency. CITY covenants that it will not assert that this Agreement provides or supports any defense against any such COUNTY enforcement action. COUNTY acknowledges and agrees that it does not have a regulatory or enforcement role concerning the services provided by COUNTY under this Agreement.

23. Any notice permitted or required under this Agreement shall be in writing and signed by the party giving or serving the same, and shall be served either by personal delivery or certified mail to the following persons and at the following addresses:

County of San Diego
Traci Mitchell
Dept of Environmental Health & Quality
PO Box 129261
San Diego, California 92112-9261
Email: traci.mitchell@sdcounty.ca.gov
858-505-6975

City of San Diego
Matthew Griffith, OSH Program Manager
Compliance Department
202 C Street, MS 8A
San Diego, CA 92101
Email: griffithm@sandiego.gov
619-533-4503

IN WITNESS WHEREOF, the parties have executed this Agreement as the day and year first above written.

CITY OF SAN DIEGO

Signature — Dec 23, 2024 — Date

Claudia Abarca, Director, Purchasing and Contracting
Name and Title

COUNTY OF SAN DIEGO:

Signature — 4/30/25 — Date

Andrew Potter, Clerk of the Board
Name and Title

Approved and/or authorized pursuant to County of San Diego Administrative Code §123.
By: _____ Date: 4/30/25
Deputy Clerk of the Board Supervisors

APPROVED AS TO FORM
CITY OF SAN DIEGO
Heather Ferbert, City Attorney

Date: Jan 6, 2025

By: Alison P. Adema
Alison P. Adema (Jan 6, 2025 11:27 PST)
Signature, Deputy City Attorney

Printed Name

APPROVED AS TO FORM AND LEGALITY
COUNTY COUNSEL

Date: 4-22-25

By Gregory Lusitana
Senior Deputy County Counsel, DEHQ
COUNTY OF SAN DIEGO

Agency Agreement - 50000023-24-G_County of San Diego, Environmental Health and Quality

Final Audit Report 2025-01-06

Created:	2024-12-23
By:	Jerry Gibbs (jggibbs@sandiego.gov)
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Agreement completed.

2025-01-06 - 7:27:23 PM GMT

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EXHIBIT A

STATEMENT OF WORK:

The COUNTY shall provide industrial hygiene-related services as requested, subject to available COUNTY resources at the time a request is received, including but not limited to services in the following areas:

1. Ventilation System Design and Monitoring
2. Hazard Evaluations
3. Health and Safety Training
4. Hazardous Waste/Materials Management

All services will be supervised by the supervising industrial hygienist (or other equally qualified staff in the event of a vacancy).

The approach, scope, and methodology of the above services shall conform to the written instructions of the CITY, but if such instructions are not issued or incomplete, services shall take into account the requirements of regulating agencies such as the California Occupational Safety and Health Administration (Cal/OSHA), State and County Health Departments, and the California and Federal Environmental Protection Agency (EPA). If specific instructions are not issued and specific regulations do not exist, the COUNTY shall take into account the published recommendations of relevant government agencies or professional organizations.

COMPENSATION:

This is a full cost recovery agreement. The CITY shall be billed based on actual labor and material costs plus laboratory costs incurred in the performance of the above services. The full cost recovery rate is currently budgeted at $196 an hour plus laboratory costs. Actual hourly costs, and billing, may vary from the budgeted hourly rate depending on actual costs for services provided.

CITY shall compensate COUNTY for any actual labor and material costs incurred by COUNTY pursuant to any request by CITY. This includes any labor and material costs incurred by COUNTY in response to any request by CITY even if services are not completed for any reason.

COUNTY shall invoice the CITY on a quarterly basis. The COUNTY's minimum billing increment is 1/10th of an hour. The invoice shall reference the contract number and the dates of service covered.

State of California—Health and Human Services Agency
Department of Health Care Services

DHCS

Michelle Baass
DIRECTOR

GAVIN NEWSOM
GOVERNOR

April 8, 2025

COSD CLERK OF THE BOARD
2025 APR 29 AM10:46

County of San Diego
Attn: Andrew potter
3255 Camino Del Rio South
San Diego, CA 92108

Agreement # 21-10107 A2

Dear Andrew Potter,

Enclosed is the fully executed agreement for your records. You are now authorized to provide the agreed upon services. Include DHCS' agreement number on all invoices and future correspondence related to this agreement.

1. Enclosed is the Voluntary Statistical Data Sheet (DGS PD 802)*. Pursuant to Public Contracting Code section 10111, State agencies are required to capture voluntary information on ethnicity, race and gender of business owners on all awarded contracts and procurements.
   - ☐ Complete and return to:
     DHCS Procurement and Contracting Division
     ATTN: SB/DVBE Advocate
     PO Box 997143, MS 4200
     Sacramento, CA 95899-7413 **OR** Email: contracts@dhcs.ca.gov

   **Note the completion of this form is completely voluntary.*

2. For matters such as invoice/payment issues or scope of work, please contact the Contract Manager identified in Exhibit A of the executed agreement.

For any other questions concerning this agreement, please contact the Procurement and Contracting Division at (916) 552-8006.

Sincerely,

DHCS Procurement and Contracting Division

DGS PD 802 (Rev 04/19)

VOLUNTARY STATISTICAL DATA SHEET

Information to be used for reporting purposes only

Public Contract Code 10111 requires state agencies to capture information on ethnicity, race and gender (ERG) of business owners on all awarded contracts and procurements to the extent that the information has been voluntarily reported to the department. The awarding department is prohibited from using this data to discriminate or provide a preference in the solicitation or acceptance of bids, quotes, or estimates for goods, services, construction and/or information technology. This information shall not be collected until after the contract award is made. The completion of this form is **strictly voluntary**.

The data you provide on this form should best describe the *ownership of your business.* Ownership of a business should be determined as follows:

- For a business that is a sole proprietorship, partnership, corporation, or joint venture at least 51 percent is owned by one or more individuals in a classification designated below or, in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more individuals in a designated classification, or

- For other business entities, the owner is the person controlling management and daily operations and who "owns" the business.

For purposes of this report, respond only if the business has its home office in the United States and which is not a branch or subsidiary of a foreign corporation, firm, or other business.

Ethnicity/Minority Classification – As defined in Public Contract Code Section 2051 (c)

☐ **Asian-Indian** – a person whose origins are from India, Pakistan, or Bangladesh.

☐ **Black** – a person having origins in any of the Black racial groups of Africa.

☐ **Hispanic** – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race.

☐ **Native American** – an American Indian, Inuk, Aleut, or Native Hawaiian.

☐ **Pacific Asian** – a person whose origins are from Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Trust Territories of the Pacific including the Northern Marianas

☐ **Other** – Any other group of natural persons identified as minorities in the respective project specifications of an awarding department or participating local agency.

Race Classification – As defined by the Office of Management and Budget, Federal Register Notice, October 30, 1997, at https://www.whitehouse.gov/wp-content/uploads/2017/11/Revisions-to-the-Standards-for-the-Classification-of-Federal-Data-on-Race-and-Ethnicity-October30-1997.pdf

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other

Gender Classification

- ☐ Female
- ☐ Male
- ☐ Transgender

Sexual Orientation Classification – As defined by Public Contract Code 10111(f)

- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual

ITEMS BELOW TO BE COMPLETED BY STATE AGENCY/DEPARTMENT ONLY

- ☐ **Goods**
- ☐ **Services**
- ☐ **Construction**

Total Contract Purchase:_____
Contract Award Date: _____

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

SCO ID: 4260-2110107-A2

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020) N.P.

☒ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 26 PAGES

AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Authority Number
21-10107	A2	

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME
Department of Health Care Services

CONTRACTOR NAME
County of San Diego

2. The term of this Agreement is:

START DATE
July 1, 2021

THROUGH END DATE
June 30, 2026

3. The maximum amount of this Agreement after this Amendment is:
$0.00 (Zero Dollars)

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

I. The effective date of this Amendment is the date approved by DHCS.

II. Purpose of amendment: This amendment extends the contract term end date by 12 (twelve) months. All references to the former contract term of July 1, 2021 through June 30, 2025 in any incorporated exhibit are hereinafter deemed to read July 1, 2021 through June 30, 2026.

III. Certain changes made in this amendment are shown as: Text Additions are displayed in bold and underline. Text deletions are displayed as strike through text.

IV. All other terms and conditions shall remain the same.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)
County of San Diego

CONTRACTOR BUSINESS ADDRESS	CITY	STATE	ZIP
3255 Camino Del Rio South	San Diego	CA	92108

PRINTED NAME OF PERSON SIGNING	TITLE
Andrew Potter	Clerk of the Board of Supervisors

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED
3/25/25

APPROVED AS TO FORM AND LEGALITY
COUNTY COUNSEL
BY Andrew Gregor
ANDREW GREGOR, SENIOR DEPUTY

Approved and/or authorized by the Board of Supervisors of the County of San Diego.
Meeting Date: 1/26/21 Minute Order No. 11
By: Deputy Clerk of the Board Supervisors Date: 3/25/25

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

☒ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 2 N.P. 25 PAGES

SCO ID: 4260-2110107-A2

AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Authority Number
21-10107	A2	

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME			
Department of Health Care Services			
CONTRACTING AGENCY ADDRESS	CITY	STATE	ZIP
1501 Capitol Avenue, MS 4200	Sacramento	CA	95814
PRINTED NAME OF PERSON SIGNING	TITLE		
Nga Pham	Chief, Contract Services Section		
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED		
	4/7/2025		
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable)		
	2024 Budget Act-AB1812		

Exhibit A
Program Specifications

1. Service Overview

The California Department of Health Care Services (hereafter referred to as DHCS or Department) administers the Mental Health Services Act, Lanterman-Petris-Short (LPS) Act, Projects for Assistance in Transition from Homelessness (PATH), Community Mental Health Services Block Grant (MHBG), Substance Abuse Treatment and Prevention Block Grant (SABG), and Crisis Counseling Assistance and Training Program (CCP) programs and oversees county provision of community mental health services pursuant to the Bronzan-McCorquodale Act. Contractor (hereafter referred to as County in this Exhibit) must meet certain conditions and requirements to receive funding for these programs and community mental health services.

This Agreement, which is County's performance contract, as required by Welfare and Institutions Code (Welf. & Inst. Code) sections 5650, subd. (a), 5651, 5897, and California Code of Regulations (Cal. Code Regs.), Title 9, section 3310, sets forth conditions and requirements that County must meet in order to receive this funding. This Agreement does not cover federal financial participation or State general funds as they relate to Medi-Cal services provided through the Mental Health Plan Contracts. County agrees to comply with all of the conditions and requirements described herein.

DHCS shall monitor this Agreement to ensure compliance with applicable federal and State law and applicable regulations. (Gov. Code, §§ 11180-11182; Welf. & Inst. Code, §§ 5614, 5717, subd. (b), 5651, subd. (b)(10) & 14124.2, subd. (a).)

2. Service Location

The services shall be performed at appropriate sites as described in this contract.

3. Service Hours

The services shall be provided during times required by this contract.

Exhibit A
Program Specifications

4. Project Representatives

A. The project representatives during the term of this Agreement will be:

Department of Health Care Service	County of San Diego
Contract Manager: Ivan Bhardwaj Telephone: (916) 345-7483 Fax: (916) 440-7621 Email: Ivan.Bhardwaj@dhcs.ca.gov	Luke Bergmann, PhD, Mental Health Director Telephone: (619) 515-6923 Email: luke.bergmann@sdcounty.ca.gov

B. Direct all inquiries to:

Department of Health Care Services	County of San Diego
Behavioral Health – Community Services Division/Federal Grants Section Attention: DeAnn Harrison 1501 Capitol Avenue, MS 2624 P.O. Box Number 997413 Sacramento, CA, 95899-7413 Phone: (916) 345-8700 Email: DeAnn.Harrison@dhcs.ca.gov	Attention: Tabatha Lang P. O. Box 85524 San Diego, CA, 92108 Phone: (619) 563-2741 Email: Tabatha.Lang@sdcounty.ca.gov

C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this Agreement.

5. General Requirements for Agreement

Welfare and Institutions Code section 5651, subdivision (b), provides specific assurances, which are listed below, that must be included in this Agreement. County shall:

A. Comply with the expenditure requirements of Welfare and Institutions Code section 17608.05,

B. Provide services to persons receiving involuntary treatment as required by Part 1 (commencing with section 5000) and Part 1.5 (commencing with section 5585) of Division 5 of the Welfare and Institutions Code,

Exhibit A
Program Specifications

C. Comply with all of the requirements necessary for Medi-Cal reimbursement for mental health treatment services and case management programs provided to Medi-Cal eligible individuals, including, but not limited to, the provisions set forth in Chapter 3 (commencing with section 5700) of Division 5 of the Welfare and Institutions Code, and submit cost reports and other data to DHCS in the form and manner determined by the DHCS,

D. Ensure that the Local Mental Health Advisory Board has reviewed and approved procedures ensuring citizen and professional involvement at all stages of the planning process pursuant to Welfare and Institutions Code section 5604.2,

E. Comply with all provisions and requirements in law pertaining to patient rights,

F. Comply with all requirements in federal law and regulation, and all agreements, certifications, assurances, and policy letters, pertaining to federally funded mental/behavioral health programs, including, but not limited to, the Projects for Assistance in Transition from Homelessness grant, Community Mental Health Services Block Grant, and Substance Abuse Prevention and Treatment Block Grant programs.

G. Provide all data and information set forth in sections 5610 and 5664 of the Welfare and Institutions Code,

H. If County elects to provide the services described in Chapter 2.5 (commencing with section 5670) of Division 5 of the Welfare and Institutions Code, comply with guidelines established for program initiatives outlined in this chapter, and

I. Comply with all applicable laws and regulations for all services delivered, including all laws, regulations, and guidelines of the Mental Health Services Act.

6. Services Authority

A. The Mental Health Services Act Program

1) Program Description

Proposition 63, which created the Mental Health Services Act (MHSA), was approved by the voters of California on November 2, 2004. The Mental Health Services (MHS) Fund, which provides funds to counties for the implementation of its MHSA programs, was established pursuant to Welfare and Institutions Code section 5890. The MHSA was designed to expand California's public mental health programs and services through

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Program Specifications

funding received by a one percent tax on personal incomes in excess of $1 million. Counties use this funding for projects and programs for prevention and early intervention, community services and supports, workforce development and training, innovation, plus capital facilities and technological needs through mental health projects and programs. The State Controller distributes MHS Funds to the counties to plan for and provide mental health programs and other related activities outlined in a county's three-year program and expenditure plan or annual update. MHS Funds are distributed by the State Controller's Office to the counties on a monthly basis.

DHCS shall monitor County's use of MHS Funds to ensure that the County meets the MHSA and MHS Fund requirements. (Gov. Code §§ 11180-11182; Welf. & Inst. Code, §§ 5651, subd. (b)(10), 5897, subd. (d), & 14124.2, subd. (a).)

2) Issue Resolution Process

County shall have an Issue Resolution Process (Process) to handle client disputes related to the provision of their mental health services. The Process shall be completed in an expedient and appropriate manner. County shall develop a log to record issues submitted as part of the Process. The log shall contain the date the issue was received; a brief synopsis of the issue; the final issue resolution outcome; and the date the final issue resolution was reached.

3) Revenue and Expenditure Report

County shall submit its Revenue and Expenditure Report (RER) electronically to the Department and the Mental Health Services Oversight and Accountability Commission by January 31 following the close of the fiscal year in accordance with Welfare and Institutions Code sections 5705 and 5899, regulations, and DHCS-issued guidelines. The RER shall be certified by the County's Behavioral Health Director (also referred to as "mental health director"), using the DHCS-issued certification form (DHCS Form 1820). Data submitted shall be full and complete. If the RER does not meet the requirements, in accordance with the procedure in section 9 of this Agreement, DHCS may withhold payments from the MHS Fund until the County submits a complete RER. (Welf. & Inst. Code, §§ 5655; Cal. Code Regs., tit. 9, § 3510, subd. (a.)

4) Distribution and Use of Local Mental Health Services Funds:

a. Welfare and Institutions Code section 5891, subdivision (c), provides that commencing July 1, 2012, on or before the 15th day of each

Exhibit A
Program Specifications

month, pursuant to a methodology provided by DHCS, the State Controller shall distribute to County's Local Mental Health Services Fund (MHS Fund) (established by County pursuant to Welfare and Institutions Code section 5892, subdivision (f)) all unexpended and unreserved funds on deposit as of the last day of the prior month in the Mental Health Services Fund for the provision of specified programs and other related activities.

b. The expenditure for Prevention and Early Intervention (PEI) may be increased by County if DHCS determines that the increase will decrease the need and cost for additional services to severely mentally ill persons in County by an amount at least commensurate with the proposed increase. (Welf. & Inst. Code, § 5892, subd. (a)(4).)

   Local MHS Fund money distributed to counties by the State Controller's Office includes funding for annual planning costs pursuant to Welfare and Institutions Code section 5848. The total of these costs shall not exceed five percent of the total annual revenues received for the Local MHS Fund. The planning costs shall include money for County's mental health programs to pay for the costs of having consumers, family members, and other stakeholders participate in the planning process, and for the planning and implementation required for private provider contracts to be expanded to provide additional services. (Welf. & Inst. Code, § 5892, subd. (c).)

c. County shall use Local MHS Fund monies to pay for those portions of the mental health programs/services for children and adults for which there is no other source of funds available. (Welf. & Inst. Code, §§ 5813.5, subd. (b), 5878.3 subd. (a); Cal. Code Regs., tit. 9, § 3610, subd. (d).)

d. County shall only use Local MHS Funds to expand mental health services. These funds shall not be used to supplant existing State or County funds utilized to provide mental health services. These funds shall only be used to pay for the programs authorized in Welfare and Institutions Code sections 5890 and 5892. These funds may not be used to pay for any other program and may not be loaned to County's general fund or any other County fund for any purpose. (Welf. & Inst. Code, § 5891, subd. (a).)

e. All expenditures for County mental health programs shall be consistent with a currently approved three-year program and expenditure plan or

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Program Specifications

annual update pursuant to Welfare and Institutions Code section 5847. (Welf. & Inst. Code, §§ 5891, subd. (d), 5892, subd. (g).)

5) Three-Year Program and Expenditure Plan and Annual Updates:

a. County shall prepare and submit a three-year program and expenditure plan, and annual updates, adopted by County's Board of Supervisors, to the Mental Health Services Oversight and Accountability Commission (MHSOAC) and DHCS within 30 calendar days after adoption. (Welf. & Inst. Code, § 5847, subd. (a).) The three-year program and expenditure plan and annual updates shall include all of the following:

i. A program for PEI in accordance with Part 3.6 of Division 5 of the Welfare and Institutions Code (commencing with section 5840). (Welf. & Inst. Code, § 5847, subd. (b)(1).)

ii. A program for services to children in accordance with Part 4 of Division 5 of the Welfare and Institutions Code (commencing with section 5850), to include a wraparound program pursuant to Chapter 4 of Part 6 of Division 9 of the Welfare and Institutions Code (commencing with section 18250), or provide substantial evidence that it is not feasible to establish a wraparound program in the County. (Welf. & Inst. Code, § 5847, subd. (b)(2).)

iii. A program for services to adults and seniors in accordance with Part 3 of Division 5 of the Welfare and Institutions Code (commencing with section 5800). (Welf. & Inst. Code, § 5847, subd. (b)(3).)

iv. A program for innovation in accordance with Part 3.2 of Division 5 of the Welfare and Institutions Code (commencing with section 5830). (Welf. & Inst. Code, § 5847, subd. (b)(4).) Counties shall expend funds for their innovation programs upon approval by the Mental Health Services Oversight and Accountability Commission. (Welf. & Inst. Code, § 5830, subd. (e).)

v. A program for technological needs and capital facilities needed to provide services pursuant to Part 3 of Division 5 of the Welfare and Institutions Code (commencing with section 5800), Part 3.6 of Division 5 of the Welfare and Institutions Code (commencing with section 5840), and Part 4 of Division 5 of the

Exhibit A
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Welfare and Institutions Code (commencing with section 5850). All plans for proposed facilities with restrictive settings shall demonstrate that the needs of the people to be served cannot be met in a less restrictive or more integrated setting. (Welf. & Inst. Code, § 5847, subd. (b)(5).)

vi. Identification of shortages in personnel to provide services pursuant to the above programs and the additional assistance needed from the education and training programs established pursuant to Part 3.1 of Division 5 of the Welfare and Institutions Code (commencing with section 5820). (Welf. & Inst. Code, § 5847, subd. (b)(6); Cal. Code Regs., tit. 9, § 3830, subd. (b).)

vii. Establishment and maintenance of a prudent reserve to ensure the County program will continue to be able to serve children, adults, and seniors that it is currently serving pursuant to Part 3 of Division 5 of the Welfare and Institutions Code (commencing with section 5800), Part 3.6 of Division 5 of the Welfare and Institutions Code (commencing with section 5840), and Part 4 of Division 5 of the Welfare and Institutions Code (commencing with section 5850), during years in which revenues for the Local MHS Fund are below recent averages adjusted by changes in the State population and the California Consumer Price Index. (Welf. & Inst. Code, § 5847, subd. (b)(7).)

viii. Certification by County's Behavioral Health Director, which ensures that County has complied with all pertinent regulations, laws, and statutes of the MHSA, including stakeholder participation and non-supplantation requirements. (Welf. & Inst. Code, § 5847, subd. (b)(8).)

ix. Certification by County's Behavioral Health Director and County's Auditor-Controller that the County has complied with any fiscal accountability requirements as directed by DHCS, and that all expenditures are consistent with the requirements of the MHSA pursuant to California Code of Regulations, Title 9, sections 3500 and 3505. (Welf. & Inst. Code, § 5847, subd. (b)(9).)

b. County shall include services in the programs described in section 6, subparagraphs A, 5.a.i. through 5.a.v., inclusive, to address the needs of transition age youth between the ages of 16 and 25 years old,

Exhibit A
Program Specifications

including the needs of transition age foster youth. (Welf. & Inst. Code, § 5847, subd. (c).)

c. County shall prepare expenditure plans for the programs described in section 6, subparagraphs A, 5.a.i. through 5.a.v., inclusive, and annual expenditure updates. Each expenditure plan and annual update shall indicate the number of children, adults, and seniors to be served, and the cost per person. The expenditure update shall also include utilization of unspent funds allocated in the previous year and the proposed expenditure for the same purpose. (Welf. & Inst. Code, § 5847, subd. (e).)

d. County's three-year program and expenditure plan and annual updates shall include reports on the achievement of performance outcomes for services provided pursuant to the Adult and Older Adult Mental Health System of Care Act, Prevention and Early Intervention, and the Children's Mental Health Services Act, which are funded by the Local MHS Fund and established jointly by DHCS and the MHSOAC, in collaboration with the County Behavioral Health Directors Association of California. (Welf. & Inst. Code, § 5848, subd. (c).) County contracts with providers shall include the performance goals from the County's three-year program and expenditure plan and annual updates that apply to each provider's programs and services.

e. County's three-year program and expenditure plan and annual update shall consider ways to provide services to adults and older adults that are similar to those established pursuant to the Mentally Ill Offender Crime Reduction Grant Program. Funds shall not be used to pay for persons incarcerated in State prison or parolees from State prisons. (Welf. & Inst. Code, § 5813.5, subd. (f).)

6) Planning Requirements and Stakeholder Involvement:

a. County shall develop its three-year program and expenditure plan and annual update with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests. Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations. County shall prepare and circulate a draft plan and

Exhibit A
Program Specifications

update for review and comment for at least 30 calendar days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans. (Welf. & Inst. Code, § 5848, subd. (a); Cal. Code Regs., tit. 9, §§ 3300, 3310, 3315 & 3320.)

b. County's mental health board, established pursuant to Welfare and Institutions Code section 5604, shall conduct a public hearing on the County's draft three-year program and expenditure plan and annual updates at the close of the 30 calendar day comment period. Each adopted three-year program and expenditure plan or annual update shall summarize and analyze substantive recommendations and describe substantive changes to the three-year program and expenditure plan and annual updates. The County's mental health board shall review the adopted three-year program and expenditure plan and annual updates and recommend revisions to the County's mental health department. (Welf. & Inst. Code, § 5848, subd. (b); Cal. Code Regs., tit. 9, § 3315.)

c. The County shall provide for a Community Planning Process as the basis for developing the Three-Year Program and Expenditure Plans and updates. The County shall designate positions and or units responsible for the overall Community Program Planning Process; coordination and management of the Community Program Planning Process; ensuring stakeholders have the opportunity to participate; ensuring that stakeholders reflect the diversity of the demographics of the County; and providing outreach to clients and their family members. The Community Program Planning process shall, at a minimum, include involvement of clients and their family members in all aspects of the Process; participation of stakeholders; and training, as needed, to County staff and stakeholders, clients, and family members regarding the stakeholder process. (Cal. Code Regs., tit. 9, § 3300.)

Exhibit A
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d. The County shall adopt the following standards in planning, implementing, and evaluating the programs and/or services provided with MHSA funds:
   i. Community Collaboration, as defined in California Code of Regulations, Title 9, section 3200.060
   ii. Cultural Competence, as defined in section 3200.100;
   iii. Client Driven, as defined in section 3200.050;
   iv. Family Driven, as defined in section 3200.120;
   v. Wellness, Recovery and Resilience focused; and
   vi. Integrated Service Experiences for clients and their families, as defined in section 3200.190.

   The planning, implementation and evaluation process includes, but is not limited to, the Community Program Planning Process; development of the Three-Year Program and Expenditure Plans and updates; and the manner in which the County delivers services and evaluates service delivery. (Cal. Code Regs., tit. 9, § 3320.)

7) County Requirements for Handling MHSA Funds

   a. County shall place all funds received from the State MHS Fund into a Local MHS Fund. The Local MHS Fund balance shall be invested consistent with other County funds and the interest earned on the investments shall be transferred into the Local MHS Fund. (Welf. & Inst. Code, § 5892, subd. (f).)

   b. When accounting for all receipts and expenditures of MHSA funds, County must adhere to uniform accounting standards and procedures that conform to the Generally Accepted Accounting Principles (GAAP), as prescribed by the State Controller in California Code of Regulations, Title 2, division 2, chapter 2, subchapter 1, Accounting Procedures for Counties, sections 901-949, and a manual, which is currently entitled "Accounting Standards and Procedures for Counties" and available at http://www.sco.ca.gov/pubs_guides.html, (Gov. Code, § 30200),

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except County shall report as spent the full cost of an asset purchased with Capital Facilities and Technological Needs funds.

8) Department Compliance Investigations:

   a. DHCS may investigate County's performance of the Mental Health Services Act related provisions of this Agreement and compliance with the provisions of the Mental Health Services Act, and relevant regulations. In conducting such an investigation, DHCS may inspect and copy books, records, papers, accounts, documents and any writing, as defined by Evidence Code section 250, that is pertinent or material to the investigation of the County. For purposes of this Paragraph, "provider" means any person or entity that provides services, goods, supplies or merchandise, which are directly or indirectly funded pursuant to MHSA. (Gov. Code, §§ 11180, 11181, & 11182; Welf. & Inst. Code, §§ 5651, subd. (b)(9), 5897, subd. (d), & 14124.2.)

9) County Breach, Plan of Correction and Withholding of State Mental Health Funds:

   a. If DHCS determines that County is out-of-compliance with the Mental Health Services Act related provisions of this Agreement, DHCS may request that County submit a plan of correction, including a specific timeline to correct the deficiencies, to DHCS. (Welf. & Inst. Code, § 5897, subd. (e).)

   b. In accordance with Welfare and Institutions Code section 5655, if DHCS considers County to be substantially out-of-compliance with any provision of the Mental Health Services Act or relevant regulations, including all reporting requirements, other than timely submission of a complete Revenue and Expenditure Report, the director shall order County to appear at a hearing before the Director or the Director's designee to show cause why the Department should not take administrative action. County shall be given at least twenty (20) days' notice before the hearing.

   c. If the Director determines that there is or has been a failure, in a substantial manner, on the part of County to comply with any provision of the Welfare and Institutions Code or its implementing regulations, and that administrative sanctions are necessary, the Department may

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invoke any, or any combination of, the following sanctions per Welfare and Institutions Code section 5655:

i. Withhold part or all State mental health funds from County.
ii. Require County to enter into negotiations with DHCS to agree on a plan for County to address County's non-compliance.
iii. Bring an action in mandamus or any other action in court as may be appropriate to compel compliance. Any action filed in accordance with the section shall be entitled to a preference in setting a date for hearing.

B. **Bronzan-McCorquodale Act**

1) Description

The Bronzan-McCorquodale Act realigned responsibility for administration of community mental health services, for the indigent population, to counties (Welf. & Inst. Code, § 5600) and provided a dedicated funding source. The County's primary goal in using the funds is to provide an array of treatment options to seriously emotionally disturbed children and adults who have a serious mental disorder, in every geographic area, to the extent resources are available to the County. (Welf. & Inst. Code, §§ 5600.3, 5600.35, 5600.4) The mission of California's mental health system shall be to enable persons experiencing severe and disabling mental illnesses and children with serious emotional disturbances to access services and programs that assist them, in a manner tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living the most constructive and satisfying lives possible in the least restrictive available settings. (Welf. & Inst. Code, § 5600.1)

2) County Obligations

County shall comply with all requirements in the Bronzan McCorquodale Act (Welf. & Inst. Code, § 5600 et. Seq.) and specifically, county shall comply with the following:

a. County shall fund children's services pursuant to the requirements of Welfare and Institutions Code sections 5704.5 and 5704.6.

b. County shall comply with reporting requirements developed by the Department. (Welf. & Inst. Code, §§ 5610, 5664, 5614, subd. (b)(4))

c. To the extent resources are available, County shall maintain the program principles and array of treatment options required under

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Welfare and Institutions Code sections 5600.2 to 5600.9, inclusive. (Welf. & Inst. Code, § 5614, subd. (b)(5))

d. County shall report data to the state required by the performance outcome systems for adults and children. (Welf. & Inst. Code, §§ 5610, 5664, 5614, subd. (b)(6))

C. **Lanterman-Petris-Short Act**

1) Description

The Lanterman-Petris-Short (LPS) Act was enacted to end indefinite involuntary commitment of persons with mental health disorders and to provide prompt evaluation and treatment, to establish consistent personal rights standards, and to provide services in the least restrictive setting for individuals served under the Act. (Welf. & Inst. Code § 5001.) Pursuant to Welfare and Institutions Code section 5400, DHCS administers the LPS Act and may adopt standards as necessary.

2) Reporting and Data Submission Requirements

a. The County shall maintain data on the number of persons admitted for 72-hour evaluation and treatment, 14-day and 30-day periods of intensive treatment, and 180-day post-certification intensive treatment, the number of persons transferred to mental health facilities pursuant to Section 4011.6 of the Penal Code, the number of persons for whom temporary conservatorships are established, and the number of persons for whom conservatorships are established in the County. (Welf. & Inst. Code § 5402, subds. (a)-(b).) Upon request from DHCS, the County shall provide the aforementioned data or other information, records, and reports, which DHCS deems necessary for the purposes of Welfare and Institutions Code section 5402. (*Id.* at subd. (b).)

b. The County shall maintain data on the number of persons whose rights were denied under the LPS Act and the right or rights which were denied. Quarterly, the County shall provide DHCS with a report of the number of persons whose rights were denied under the LPS Act and shall identify the right or rights which were denied. (Welf. & Inst. Code § 5326.1.)

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c. The County shall collect information and submit reports to DHCS as specified in Welfare and Institutions Code section 5326.15, subdivision (a).

3) Laura's Law

If the County operates an Assisted Outpatient Treatment Program pursuant to Welfare and Institution Code, Division 5, Part 1, Chapter 2, Article 9, (Laura's Law), it shall be required to comply with all applicable statutes including, but not limited to, Welfare and Institutions Code sections 5345 through 5349.1, inclusive. In addition, a county or group of counties that has a Laura's Law program shall:

a. Maintain and provide data to DHCS regarding the services the county provides under Laura's Law. (Welf. & Inst. Code § 5348 (d).) The report shall include an evaluation of the effectiveness of the strategies employed by each program in reducing homelessness and hospitalization of persons in the program and in reducing involvement with local law enforcement by persons in the program. The County shall maintain and include in the report to DHCS all of the information enumerated in Welfare and Institutions Code section 5348, subdivision (d), paragraphs (1) through (14).

b. Pay for the provision of services under Welfare and Institutions Code sections 5347 and 5348 using funds distributed to the counties from the Mental Health Subaccount, the Mental Health Equity Subaccount, and the Vehicle License Collection Account of the Local Revenue Fund, funds from the Mental Health Account and the Behavioral Health Subaccount within the Support Services Account of the Local Revenue Fund 2011, funds from the Mental Health Services Fund when included in county plans pursuant to Section 5847, and any other funds from which the Controller makes distributions to the counties for those purposes. (Welf. & Inst. Code § 5349.)

D. **Projects For Assistance In Transition From Homelessness Program (42 U.S.C. §§ 290cc-21 -290cc-35, inclusive)**

Pursuant to Title 42 of the United States Code, sections 290cc-21 through 290cc-35, inclusive, the State of California has been awarded federal homeless funds through the federal McKinney Projects for Assistance in Transition from Homelessness (PATH) formula grant. The PATH grant funds community based outreach, mental health and substance abuse

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referral/treatment, case management and other support services, as well as a limited set of housing services for the homeless mentally ill.

County shall submit its Request for Application (RFA) responses and required documentation specified in DHCS' RFA to receive PATH funds. County shall complete its RFA responses in accordance with the instructions, enclosures and attachments available on the DHCS website at: http://www.dhcs.ca.gov/services/MH/Pages/PATH.aspx.

If County applied for and DHCS approved its request to receive PATH grant funds, the RFA, County's RFA responses and required documentation, and DHCS' approval constitute provisions of this Agreement and are incorporated by reference herein. County shall comply with all provisions of the RFA and the County's RFA responses.

The PATH grant is a federal award within the meaning of Title 2 Code of Federal Regulations part 200. This contract is a subaward to County. County is a subrecipient and subject to all applicable requirements in Title 2 Code of Federal Regulations part 200 and Title 45 Code of Federal Regulations part 75, including, but not limited to, the County requirement to have a single audit performed for PATH funds in accordance with the audit requirements in Title 2 Code of Federal Regulations part 200, subpart F, or Title 45 Code of Federal Regulations part 75.

E. **Community Mental Health Services Grant Program (42 U.S.C. § 300x-1 et seq.)**

Pursuant to Title 42 United States Code section 300x et seq., the State of California has been awarded the federal Community Mental Health Services Block Grant funds, known as Mental Health Block Grant (MHBG). County mental health agencies utilize MHBG funding to provide a broad array of mental health services within their mental health system of care (SOC) programs. These programs provide services to the following target populations: children and youth with serious emotional disturbances (SED) and adults and older adults with serious mental illnesses (SMI).

County shall submit its RFA responses and required documentation specified in DHCS' RFA to receive MHBG funding. County shall complete its RFA responses in accordance with the instructions, enclosures and attachments.

If County applied for and DHCS approved its request to receive MHBG grant funds, the RFA, County's RFA responses and required documentation, and DHCS' approval constitute provisions of this Agreement and are incorporated

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by reference herein. County shall comply with all provisions of the RFA and the County's RFA responses.

The MHBG is a federal award within the meaning of Title 2 Code of Federal Regulations part 200. This contract is a subaward to County. County is a subrecipient and subject to all applicable requirements in Title 2 Code of Federal Regulations part 200 and Title 45 Code of Federal Regulations part 75, including, but not limited to, the County requirement to have a single audit performed for MHBG funds in accordance with the audit requirements in Title 2 Code of Federal Regulations part 200, subpart F, or Title 45 Code of Federal Regulations part 75.

F. **Substance Abuse Prevention And Treatment Block Grant Program (42 U.S.C. § 300x-1 et seq.)**

Pursuant to Title 42 United States Code section 300x et seq., the State of California has been awarded the federal Substance Abuse Treatment and Prevention Block Grant funds (known as SABG). County Alcohol and Other Drug Programs utilize SABG funding to provide a broad array of alcohol and other drug program treatment and prevention services within their system of care programs.

County shall submit its RFA responses and required documentation specified in DHCS' RFA to receive SABG funding. County shall complete its RFA responses in accordance with the instructions, enclosures and attachments.

If County applied for, and DHCS approved its request to receive SABG funds, the RFA, County's RFA responses and required documentation, and DHCS' approval constitute provisions of this Agreement and are incorporated by reference herein. County shall comply with all provisions of the RFA and the County's RFA responses.

The SABG is a federal award within the meaning of Title 2 Code of Federal Regulations part 200. This contract is a subaward to County. County is a subrecipient and subject to all applicable requirements in Title 2 Code of Federal Regulations part 200 and Title 45 Code of Federal Regulations part 75, including, but not limited to, the County requirement to have a single audit performed for SABG funds in accordance with the audit requirements in Title 2 Code of Federal Regulations part 200, subpart F, or Title 45 Code of Federal Regulations part 75.

G. **Crisis Counseling Assistance And Training Program (42 U.S.C. § 5183)**

Pursuant to Title 42 United States Code section 5183, and upon the issuance of a Presidential declaration of a major disaster, the State of California may

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be awarded Federal Emergency Management Agency (FEMA) funding for the Crisis Counseling Assistance and Training Program (CCP). The CCP supports short-term interventions that involve assisting disaster survivors in understanding their current situation and reactions, mitigating stress, developing coping strategies, providing emotional support, and encouraging linkages with other individuals and agencies that help survivors in their recovery process. These funds are used to provide services to all individuals affected during a disaster.

1) The CCP is comprised of three funding terms:

   a. Immediate Services Program (ISP) – Funding is provided for the CCP for 60 days from the date of the Presidential declaration.

   b. Immediate Services Program Extension (ISP Extension) – Funding is provided to cover the period from the day after the end of the ISP to the award date of the Regular Services Program (RSP).

   c. Regular Services Program (RSP) – Funding is provided for 9 months from award date to continue and expand the provision of crisis counseling program services.

2) Participation in the CCP is optional. County's request to the State of California that it apply for CCP funding on behalf of the County shall be County's agreement to comply with all applicable federal and State requirements, including the FEMA or Substance Abuse and Mental Health Services Administration (SAMHSA) approved funding application and budget; applicable requirements in the Notice of Award (from FEMA or SAMHSA) to the State, including special and standard program conditions or terms, supplemental grant information, and the federal Health and Human Services Grants Policy Statement; 44 Code of Federal Regulations part 206.171, 42 Code of Federal Regulations part 38 and FEMA or SAMHSA CCP secondary guidance that is in effect on the date County receives the award of funding.

3) The CCP is a federal award within the meaning of Title 2 Code of Federal Regulations part 200. This contract is a subaward to County. County is a subrecipient and subject to all applicable requirements in Title 2 Code of Federal Regulations part 200 and Title 45 Code of Federal Regulations part 75, including, but not limited to, the County requirement to have a single audit performed for CCP funds in accordance with the audit requirements in Title 2 Code of Federal Regulations part 200, subpart F, or Title 45 Code of Federal Regulations part 75. CCP Funding shall not be used to supplant existing resources. County expenditure of CCP Funds are subject to State and federal oversight, including on-sight

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program performance reviews and federal audits. (44 C.F.R. § 206.171(k) & 42 C.F.R. § 38.9.)

4) For reference, FEMA Crisis Counseling Assistance and Training Program (FEMA secondary guidance), is accessible at the following link: https://www.samhsa.gov/dtac/ccp-toolkit.

7. Reporting and Data Submission Requirements

County shall comply with all data and information submission requirements specified in this Agreement.

A. County shall provide all applicable data and information required by federal and/or State law in order to receive any funds to pay for its MHSA programs, PATH grant (if the County receives funds from this grant), MHBG grant (if the County receives funds from this grant), SABG grant (if the County receives funds from this grant), CCP program, or County provision of community mental health services provided with 1991 realignment funds (other than Medi-Cal). These federal and State laws include Title 42 of the United States Code, sections 290cc-21 through 290ee-10 and 300x through 300x-68, inclusive, Welfare & Institutions Code sections 5610 and 5664 and the regulations that implement, interpret or make specific, these federal and State laws and any DHCS-issued guidelines that relate to the programs or services.

B. County shall comply with DHCS reporting requirements related to the County's receipt of federal or State funding for mental/behavioral health programs. County shall submit complete and accurate information to DHCS, and as applicable the Mental Health Services Oversight and Accountability Commission, including, but not limited, to the following:

1) Client and Service Information (CSI) System Data, as specified in Title 9 of the California Code of Regulations, section 3530.10. (See also section 7, subparagraph (C) of this Agreement.)

2) MHSA Quarterly Progress Reports, as specified in the California Code of Regulations, Title 9, section 3530.20. MHSA Quarterly Progress Reports

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provide the actual number of clients served by MHSA-funded program. Reports are submitted on a quarterly basis.

3) Full Service Partnership Performance Outcome data, as specified in the California Code of Regulations, Title 9, section 3530.30.

4) Consumer Perception Survey data, as specified in the California Code of Regulations, Title 9, section 3530.40.

5) The Annual Mental Health Services Act Revenue and Expenditure Report, as specified in Welfare and Institutions Code section 5899, subdivision (a), and the California Code of Regulations, Title 9, sections 3510, 3510.010, and 3510.020 and DHCS-issued guidelines.

6) Innovative Project Reports (annual, final and supplements), as specified in the California Code of Regulations, Title 9, sections 3580 through 3580.020.

7) The Annual Prevention and Early Intervention report, as specified in the California Code of Regulations, Title 9, sections 3560 and 3560.010.

8) Three Year Program and Evaluation Reports, as specified in the California Code of Regulations, Title 9, sections 3560 and 3560.020.

9) Co-occurring Mental Health and Substance Use Disorder Assessments in accordance with Welfare & Institutions Code section 5891.5.

C. County shall submit CSI data to DHCS, in accordance with Title 9 of the California Code of Regulations, section 3530.10, and according to the specifications set forth in DHCS' CSI Data Dictionary. County shall:

1) Report complete and accurate monthly CSI data to DHCS within 60 calendar days after the end of the month in which services were provided.

2) If complete and accurate data are not reported within 60 calendar days, the county must be in compliance with an approved plan of correction.

3) Make diligent efforts to minimize errors on the CSI error file.

4) Correct all errors on the CSI error file.

5) Notify DHCS 90 calendar days prior to any change in reporting system and/or change of automated system vendor.

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D. In the event that DHCS or County determines that, due to federal or State law changes or business requirements, an amendment is needed of either County's or DHCS' obligations under this contract relating to either DHCS' or County's information needs, both DHCS and County agree to provide notice to the other party as soon as feasible prior to implementation. This notice shall include information and comments regarding the anticipated requirements and impacts of the projected changes. DHCS and County agree to meet and discuss the design, development, and costs of the anticipated changes prior to implementation.

E. For all mental health funding sources received by County that require submission of a cost report, County shall submit a fiscal year-end cost report by December 31 following the close of the fiscal year in accordance with applicable federal and State law, regulations and DHCS-issued guidelines. (Welf. & Inst. Code § 5705; Cal. Code Regs., tit. 9, §§ 3500, 3505.) The cost report shall be certified as true and correct, and with respect to Local Mental Health Service Fund moneys, that the County is in compliance with the California Code of Regulations, Title 9, section 3410, Non-Supplant. The certification must be completed by the Behavioral Health Director and one of the following: the County mental health department's chief financial officer (or equivalent), an individual who has delegated authority to sign for and reports directly to the County mental health department's chief financial officer (or equivalent), or the County's auditor-controller (or equivalent). Data submitted shall be full and complete. County shall also submit a reconciled cost report certified by the Behavioral Health Director and the County's auditor-controller as being true and correct no later than 18 months after the close of the following fiscal year.

F. If applicable to a specific federal or State funding source covered by this Agreement, County shall require each of its subcontractors to submit a fiscal year-end cost report to DHCS no later than December 31 following the close of the fiscal year, in accordance with applicable federal and State laws, regulations, and DHCS-issued guidelines.

8. Special Terms and Conditions

A. Audit and Record Retention

(Applicable to agreements in excess of $10,000)

1) County and/or Subcontractor(s) shall maintain records, including books, documents, and other evidence, accounting procedures and practices, sufficient to properly support all direct and indirect costs of whatever nature claimed to have been incurred in the performance of this

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Agreement, including any matching costs and expenses. The forgoing constitutes "records" for the purpose of this provision.

2) County's and/or Subcontractor's facility or office or such part thereof as may be engaged in the performance of this Agreement and his/her records shall be subject at all reasonable times to inspection, audit, and reproduction.

3) County agrees that DHCS, the Department of General Services, the Bureau of State Audits, or their designated representatives including the Comptroller General of the United States, shall have the right to review and copy any records and supporting documentation pertaining to the performance of this Agreement. County agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, County agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement.

4) County and/or Subcontractor(s) shall preserve and make available his/her records (1) for a period of ten years from the date of final payment under this Agreement, and (2) for such longer period, if any, as is required by applicable statute, by any other provision of this Agreement, or by subparagraphs (a) or (b) below.

   a. If this Agreement is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of three years from the date of any resulting final settlement.

   b. If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the ten-year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular ten-year period, whichever is later.

5) County and/or Subcontractor(s) may, at its discretion, following receipt of final payment under this Agreement, reduce its accounts, books, and records related to this Agreement to microfilm, computer disk, CD ROM, DVD, or other data storage medium. Upon request by an authorized representative to inspect, audit or obtain copies of said records, County and/or Subcontractor(s) must supply or make available applicable devices, hardware, and/or software necessary to view, copy, and/or print said records. Applicable devices may include, but are not limited to, microfilm readers and microfilm printers, etc.

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6) County shall, if applicable, comply with the Single Audit Act and the audit reporting requirements set forth in 2 Code of Federal Regulations part 200.

B. Dispute Resolution Process for Projects for Assistance in Transition from Homelessness Program Grant, Community Mental Health Services Grant Program, and Substance Abuse Prevention and Treatment Block Grant Program.

If a dispute arises between the Contractor and DHCS regarding Contractor compliance with Section 6 of this Agreement, subparagraph D, Projects for Assistance in Transition from Homelessness Program, subparagraph E, Community Mental Health Services Grant Program, or subparagraph F, Substance Abuse Prevention and Treatment Block Grant Program, the Contractor must seek resolution using the process outlined below.

1) The Contractor must first informally discuss the problem with the DHCS Project Representative listed in subparagraph 3 below. If the parties are unable to resolve the problem informally, the Contractor must mail a written Statement of Dispute, with supporting evidence, to DHCS at the address listed in subparagraph 3 below. The Statement of Dispute must describe the issues in dispute, the legal authority or other basis for the Contractor's position, and the remedy sought.

2) The Branch Chief of DHCS' Operations Branch will decide the dispute and mail a written decision to the Contractor within twenty (20) working days of receiving the Statement of Dispute from the Contractor. The decision will be in writing, resolve the dispute, and include a statement of the reasons for the decision that addresses each issue raised by the Contractor. If applicable, the decision will also indicate any action Contractor must take to comply with the decision. The Branch Chief's decision shall be the final administrative determination of DHCS.

3) Unless otherwise agreed to in writing by DHCS, the Statement of Dispute, supporting documentation, and all correspondence and documents related to the dispute resolution process shall be directed to the following:

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Department of Health Care Services
Community Services Division/Federal Grants Section
Attention: Waheeda Sabah
1500 Capitol Avenue, MS 2624
P.O. Box Number 997413
Sacramento, CA, 95899-7413

C. Novation

If County proposes any novation agreement, DHCS shall act upon the proposal within 60 days after receipt of the written proposal. DHCS may review and consider the proposal, consult and negotiate with County, and accept or reject all or part of the proposal. Acceptance or rejection of the proposal may be made orally within the 60-day period and confirmed in writing within five days of said decision. Upon written acceptance of the proposal, DHCS will initiate an amendment to this Agreement to formally implement the approved proposal.

D. Welfare and Institutions Code section 5751.7 Waiver

1) County shall comply with Welfare and Institutions Code section 5751.7 and ensure that minors are not admitted into inpatient psychiatric treatment with adults. If this requirement creates undue hardship to County due to inadequate or unavailable alternative resources, County may request a waiver of this requirement. County shall submit the waiver request on Attachment I of this Agreement to DHCS.

2) DHCS shall review County's waiver request and provide a written notice of approval or denial of the waiver. If County's waiver request is denied, County shall prohibit health facilities from admitting minors into psychiatric treatment with adults.

3) County shall submit the waiver request to DHCS at the time County submits this Agreement, signed by County, to DHCS for execution. County shall complete Attachment I and attach it to this Agreement. See Exhibit A, Attachment I, entitled "Request For Waiver" of this Agreement for additional submission information.

4) Execution of this Agreement by DHCS shall not constitute approval of a waiver submitted pursuant to this section.

5) Any waiver granted in the prior fiscal year's Agreement shall be deemed to continue until either party chooses to discontinue it, as specified in Exhibit

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A, Attachment I. Execution of this Agreement shall continue independently of the waiver review and approval process.

6) In unusual or emergency circumstances, when County needs to request waivers after the annual Performance Contract has been executed, these requests should be e-mailed, with the subject line "Performance Contract: Unusual or Emergency Circumstances", immediately to:

California Department of Health Care Services
Community Services Division/Community Support Branch
Policy, Monitoring, & Finance Section
e-mail: MHSA@dhcs.ca.gov.

7) Each admission of a minor to a facility that has an approved waiver shall be reported to the Local Behavioral Health Director.

E. Americans with Disabilities Act

Contractor agrees to ensure that deliverables developed and produced pursuant to this Agreement shall comply with the accessibility requirements of section 508 of the Rehabilitation Act and the Americans with Disabilities Act of 1973 as amended (29 U.S.C. § 794(d)), and regulations implementing that Act as set forth in Part 1194 of Title 36 of the Code of Federal Regulations. In 1998, Congress amended the Rehabilitation Act of 1973 to require federal agencies to make their electronic and information technology (EIT) accessible to people with disabilities. California Government Code section 11135 codifies section 508 of the Act requiring accessibility of electronic and information technology.

F. Change in County Behavioral Health Director

County agrees to notify DHCS immediately if there is any change in the position of the County Behavioral Health Director. County shall provide DHCS the contact information for any new County Behavioral Health Director appointed

9. **GenAI Technology Use & Reporting**

A. During the term of the contract, Contractor must notify the State in writing if their services or any work under this contract includes, or makes available, any previously unreported GenAI technology, including GenAI from third parties or subcontractors. Contractor shall immediately complete the GenAI Reporting and Factsheet (STD 1000) to notify the State of any new or previously unreported GenAI technology. At the direction of the State, Contractor shall discontinue the use of any

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new or previously undisclosed GenAI technology that materially impacts functionality, risk or contract performance, until use of such GenAI technology has been approved by the State.

B. Failure to disclose GenAI use to the State and submit the GenAI Reporting and Factsheet (STD 1000) may be considered a breach of the contract by the State at its sole discretion and the State may consider such failure to disclose GenAI and/or failure to submit the GenAI Reporting and Factsheet (STD 1000) as grounds for the immediate termination of the contract. The State is entitled to seek any and all relief it may be entitled to as a result of such non-disclosure.

C. The State reserves the right to amend the contract, without additional cost, to incorporate GenAI Special Provisions into the contract at its sole discretion and/or terminate any contract that presents an unacceptable level of risk to the State.

10 Executive Order N-6-22 – Russia Sanctions

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. "Economic Sanctions" refers to sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as well as any sanctions imposed under state law. The EO directs state agencies to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should the State determine Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities that will be grounds for termination of this agreement. The State must provide Contractor advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination will be at the sole discretion of the State.

Contractor Certification Clauses

CCC 04/2017

APPROVED AS TO FORM AND LEGALITY
COUNTY COUNSEL
BY Andrew Gregor
ANDREW GREGOR, SENIOR DEPUTY

CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

Contractor/Bidder Firm Name (Printed)	Federal ID Number
County of San Diego	95-6000934

By (Authorized Signature)

Approved and/or authorized by the Board of Supervisors of the County of San Diego.
Meeting Date: 1/26/21 Minute Order No. 11
By: _____ Date: 3/25/25
Deputy Clerk of the Board Supervisors

Printed Name and Title of Person Signing

Andrew Potter, Clerk of the Board of Supervisors

Date Executed	Executed in the County of
3/25/25	San Diego

CONTRACTOR CERTIFICATION CLAUSES

1. STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)

2. DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

1) the dangers of drug abuse in the workplace;

2) the person's or organization's policy of maintaining a drug-free workplace;

3) any available counseling, rehabilitation and employee assistance programs; and,

4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

1) receive a copy of the company's drug-free workplace policy statement; and,

2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES $50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lessor of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably

required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts of $100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

8. GENDER IDENTITY: For contracts of $100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.

2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.

2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and

Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

COUNTY OF SAN DIEGO

INTER-DEPARTMENTAL CORRESPONDENCE

CLERK OF THE BOARD
2025 APR 23 PM 1:44

April 21, 2025

TO: Andrew Potter, Clerk of the Board of Supervisors

FROM: Andrew Strong, Deputy Chief Administrative Officer
Public Safety Group

EXECUTION AND DISTRIBUTION OF REVENUE AGREEMENT WITH CALIFORNIA STATE UNIVERSITY SAN MARCOS

Attached for your execution, pursuant to San Diego County Administrative Code, Section 123, and Board Policy B-29; Fees, Grants, Revenue Contracts - Department Responsibility for Cost Recovery.

Enclosed is a revenue agreement with the California State University San Marcos and the County of San Diego, Sheriff's Office, for law enforcement security services for CSUSM Commencement, on May 16, 2025 to May 17, 2025.

The value of this contract will not exceed $30,742.60 The exact amount will be determined by the amount of cost for actual usage.

Please execute and email a copy and return two (2) copies of the enclosed revenue agreement to:

Sheriff's Office
Contracts Division
Attn: Christy Moreno
Christy.Moreno@sdsheriff.org
Mail Stop: O-41

If you have any questions regarding this request, please contact Christy Moreno, Admin Analyst at (858) 314-9615.

Andrew Strong,
Deputy Chief Administrative Officer

Request For Approval of Revenue Contract or Grant
Not Exceeding $250,000 Annually
(Per County Admin. Code Section 123 & Board Policy B-29)

Date: 4/21/25 Department: SHERIFF

Contract Begin Date: 5/16/25 End Date: 5/17/25 Grant: NO

*Oracle Award #: 508505 Org #: 39555 Amount: $30,742.60

Contact Person: Christy Moreno Phone #: (858) 314-9615

Contracting Agency/Grantor: California State University San Marcos

Description: Law Enforcement Security Service for the CSUSM Commencement

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☒ The Department certifies that the contract or grant recovers full cost, including overheads (A-87), per Board Policy B-29.

☐ The Department will not recover full costs. Justification is included in the CAO letter.

Department Approval: Gapuz, Dane Digitally signed by Gapuz, Dane Date: 2025.04.21 12:15:05 -07'00' Date: 04/21/2025

Approved By:

Group Finance Director: Karen Kalvar Date: 4/21/25

County Counsel: Mark Day Date: 4/23/2025

Chief Administrative Officer: Date: 4/22/25

Office of Financial Planning: Date: 4/28/2025

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* An Award Initiation request must be completed for all new revenue agreements. This form, along with instructions can be found at the ERP website under Forms.

Attachments:
- Letter to the CAO/DCAO/Agency Director
- Letter to the Clerk of the Board of Supervisors
- Revenue or Grant Agreement

OFP USE ONLY
Init: TK OFP#: 25-80

San Diego County
SHERIFF'S OFFICE

MEMORANDUM/ROUTE SLIP

From:	Bureau/Division, or Section:	Date:
Christy Moreno, (858) 314-9615	MSB - Contracts	APRIL 21, 2025

Subject:

Reimbursable Services Agreement - CALIFORNIA STATE UNIVERSITY SAN MARCOS, CSUSM Commencement on May 16, 2025 - May 17, 2025, 2025 - $30,742.60

To: (PLEASE INITIAL AND ROUTE IN ORDER INDICATED BELOW)	Information Only	Approval	Your Recommendation	Action	Prepare Reply	Written Report To Me	See Me	Signature Needed	Return to Me	Copy for You	File	Other (See Below)
1. Dane Gapuz, Sheriff's Contract Manager DG	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
2. Karina Galvan, Assistant Group Finance Director, Public Safety Group KG	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
3. Andrew Strong, Deputy Chief Administrative Officer, Public Safety Group	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
4. Mark Day, Sr. Deputy County Counsel M.D	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
5. Toroshinia Kennedy, Office of Financial Planning TK	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
6. Andrew Potter, Clerk of the Board	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☑
7.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

COMMENTS:

Other: Please email signed copy to Christy.Moreno@sdsheriff.org and return the two (2) signed copies of the agreement to Christy Moreno, Contracts Division, Mail Stop O-41

Thank you.

COUNTY OF SAN DIEGO

INTER-DEPARTMENTAL CORRESPONDENCE

April 21, 2025

TO: Andrew Strong, Deputy Chief Administrative Officer
Public Safety Group

FROM: Dane Gapuz, Contracts Manager
Sheriff's Office

REVENUE CONTRACT WITH THE CALIFORNIA STATE UNIVERSITY SAN MARCOS PER BOARD POLICY B-29 AND ADMINISTRATIVE CODE SECTION 123

The County of San Diego through the Sheriff's Office, Law Enforcement Bureau is entering into a revenue agreement with California State University San Marcos to provide law enforcement security services for CSUSM Commencement on May 16, 2025 through May 17, 2025

The value of this contract will not exceed $30,742.60. The exact amount will be determined by the amount of cost for actual usage. I am asking that you please review the contract and let me know if you have any concerns. You may contact me at (858) 974-2051 if you have any questions.

This contract supports the Board of Supervisor's Community Initiative of the County of San Diego's Strategic Plan by supporting safety for all communities, including protection from crime, availability of emergency medical services and fire response, community preparedness and regional readiness to respond to a disaster.

KELLY A. MARTINEZ, SHERIFF

Dane Gapuz

Dane Gapuz, Manager
Sheriff's Office, Contracts Division

REIMBURSABLE SERVICES AGREEMENT
AMONG THE CALIFORNIA STATE UNIVERSITY SAN MARCOS, THE COUNTY OF SAN DIEGO, AND
THE SAN DIEGO COUNTY SHERIFF RSA #67
TRAFFIC SERVICES

THIS AGREEMENT made and entered into this 18th day of April 2025, by and between the TRUSTEES OF THE CSU on behalf of CALIFORNIA STATE UNIVERSITY SAN MARCOS (REQUESTOR), and THE COUNTY OF SAN DIEGO (COUNTY), for services to be provided by THE SAN DIEGO COUNTY SHERIFF (SHERIFF).

WITNESSETH: For valuable consideration, the receipt and sufficiency of which is hereby acknowledged, COUNTY and REQUESTOR jointly intend that REQUESTOR will fund and COUNTY will provide a level of law enforcement services as set forth in this Agreement.

1. When ☒ traffic control or ☐ security services or REQUESTOR are required, COUNTY through SHERIFF will provide uniformed personnel with motorcycles and/or patrol vehicles to assist with the 2025 CSUSM Commencement.

2. The term of this Agreement shall commence on May 16, 2025, shall continue in effect through and terminate after May 17, 2025.

3. COUNTY Coordinator of this Agreement shall be Sergeant Collins at (760) 510-5295.

4. During the period of any public safety emergency or exigent circumstance such as mutual aid, SHERIFF may cancel this Agreement without prior notice. Services shall be restored by Sheriff as soon as practical.

5. This Agreement may be amended in writing by mutual consent of the parties hereto.

6. The hours and mileage indicated in this Agreement are estimated. Actual hours and mileage, to include mileage from SHERIFF Station or Division to the service location, will be charged to REQUESTOR.

7. The rates specified in Exhibit A are estimated and are incorporated by reference. Any increases in overhead, mileage, damaged uniforms, privately-owned safety equipment, and salaries and benefits are governed by the collective bargaining agreement and/or statute. In the event of a rate increase, REQUESTOR agrees to pay the increased rates. The COUNTY reserves the right to require a deposit of the estimated charges. Failure to pay the deposit will result in the cancellation of this agreement. If required charges exceed the deposit, REQUESTOR shall pay the additional cost. If required charges are less than the deposit, Sheriff will refund the difference to REQUESTOR.

8. REQUESTOR agrees to reimburse COUNTY through SHERIFF for any additional charges directly related to the services provided, e.g., Sheriff supplies, additional equipment utilized, damage to uniforms, or property repaired or replaced at Sheriff's expense.

9. SHERIFF shall invoice REQUESTOR for actual costs incurred for the services received. REQUESTOR within thirty (30) business days from date of invoice shall pay to the County Treasurer through the Sheriff's Department at P. O. Box 939062, San Diego, CA 92193-9062 for the services agreed to.

10. Indemnification

Indemnification related to Workers Compensation and Employment Issues.

10.1. The COUNTY shall fully indemnify and hold harmless the REQUESTOR, its officers, employees and agents, from any claims, losses, fines, expenses, costs, damages or liabilities arising from or related to (1) any worker's compensation claim or demand or other workers compensation proceeding arising from or related to, or claimed to arise from or relate to, employment which is brought by an employee of the COUNTY or an contract labor provider retained by the COUNTY, or (2) any claim, demand, suite or other proceeding arising from or related to, or claimed to arise from or relate to, the status of employment (including without limitation compensation, demotion, promotion, discipline, termination, hiring, work assignment, transfer, disability, leave or other such matters) which is brought by an employee of the COUNTY or any contract labor provider retained by the COUNTY.

The REQUESTOR shall fully indemnify and hold harmless the COUNTY, its officers, employees and agents, from any claims, losses, fines, expenses, costs, damages or liabilities arising from or related to (1) any workers' compensation claim or demand or other workers compensation proceeding arising from or related to, or claimed to arise from or relate to, employment which is brought by an employee of the REQUESTOR or any contract labor provider retained by the REQUESTOR, or (2) any claim, demand, suite or other proceeding arising from or related to, or claimed to arise from or relate to, the status of employment (including without limitation compensation, demotion, promotion, discipline, termination, hiring, work assignment, transfer, disability, leave or other such matters) which is brought by an employee of the REQUESTOR or any contract labor provider retained by the REQUESTOR.

Indemnification related to Acts or Omissions, Negligence.

10.2. **Claims Arising from Sole Acts or Omissions of COUNTY.** The County of San Diego, (COUNTY), hereby agrees to defend and indemnify REQUESTOR and its agents, officers, and employees (hereinafter collectively referred to in section 10 as the 'REQUESTOR'), from any claim, action or proceeding against the REQUESTOR arising solely out of the acts or omissions of COUNTY in the performance of this Agreement. At their sole discretion, REQUESTOR may participate at its own expense in the defense of any claim, action or proceeding, but such participation shall not relieve COUNTY of any obligation imposed by this Agreement. REQUESTOR shall notify COUNTY promptly of any claim, action or proceeding and cooperate fully in the defense.

10.3. **Claims Arising from Sole Acts or Omissions of REQUESTOR.** REQUESTOR hereby agrees to defend and indemnify the COUNTY, its agents, officers and employees from any claim, action or proceeding against COUNTY, arising solely out of the acts or omissions of REQUESTOR in the performance of this Agreement. At its sole discretion, COUNTY may participate at its own expense in the defense of any such claim, action or proceeding, but such participation shall not relieve REQUESTOR of any obligation imposed by this Agreement. COUNTY shall notify REQUESTOR promptly of any claim, action or proceeding and cooperate fully in the defense.

10.4. **Claims Arising from Concurrent Acts or Omissions.** The COUNTY hereby agrees to defend itself, and REQUESTOR hereby agrees to defend itself, from any claim, action or proceeding arising out of the concurrent acts or omissions of COUNTY and REQUESTOR. In such cases, COUNTY and REQUESTOR agree to retain their own legal counsel, bear their own defense costs, and waive their right to seek reimbursement of such costs, except as provided in paragraph 10.6 below.

10.5. **Joint Defense.** Notwithstanding paragraph 10.4 above, in cases where COUNTY and REQUESTOR agree in writing to a joint defense, COUNTY and REQUESTOR may appoint joint defense counsel to defend the claim, action or proceeding arising out of the concurrent acts or omissions of REQUESTOR and COUNTY. Joint defense counsel shall be selected by mutual agreement of COUNTY and REQUESTOR. COUNTY and REQUESTOR agree to share the costs of such joint defense and any agreed settlement in equal amounts, except as provided in paragraph 10.6 below. COUNTY and REQUESTOR further agree that neither party may bind the other to a settlement agreement without the written consent of both COUNTY and REQUESTOR.

10.6. **Reimbursement and/or Reallocation.** Where a trial verdict or arbitration award allocates or determines the comparative fault of the parties, COUNTY and REQUESTOR may seek reimbursement and/or reallocation of settlement payments, judgments, and awards, consistent with such comparative fault.

11. Any notice, request, demand or other communication required or permitted hereunder shall be in writing and may be personally delivered or given as of the date of mailing by depositing such notice in the United States mail, first-class postage prepaid and addressed as follows; or to such other place as each party may designate by subsequent written notice to each other:

To REQUESTOR:

California State University San Marcos
333 S. Twin Oaks Valley Road
Christina Norita (760) 750-7509
cnorita@csusm.edu with copy to procurementservices@csusm.edu

To SHERIFF:
Sheriff Contracts Division
County of San Diego
P. O. Box 939062
San Diego, CA 92193-9062

A notice shall be effective on the date of personal delivery if personally delivered before 5:00 p.m. on a business day or otherwise on the first business day following personal delivery; or two (2) business days following the date the notice is postmarked, if mailed; or on the first business day following delivery to the applicable overnight courier, if sent by overnight courier for next business day delivery and otherwise when actually received.

12. This Agreement may be modified or amended only by a written document signed by both parties, and no oral understanding or agreement shall be binding on the parties. No party shall assign any of its rights or delegate any of its obligations hereunder without the prior written consent of the other parties.

13. This Agreement shall become effective as of the date of execution hereof and unless sooner terminated as provided for herein, shall continue in full force and effect to the completion of the contract period. Any party may terminate this Agreement by giving thirty (30) days' notice in writing to the other party. The Agreement may also be terminated at any time by mutual agreement in writing to the parties and may be renegotiated or modified at any time by mutual agreement in writing.

14. This Agreement, including the Exhibit hereto, constitute the complete exclusive statement of agreement between the COUNTY and REQUESTOR with respect to the subject matter hereof. As such, all prior written and oral understandings are superseded in total by this Agreement.

IN WITNESS WHEREOF, the parties by their duly authorized officers have executed this Agreement on the day and year first written above.

SAN DIEGO COUNTY
SHERIFF'S DEPARTMENT

Dane Gapuz
Signature Title/Rank

Dane Gapuz
Sheriff's Contract Manager
Print Name

CALIFORNIA STATE UNIVERSITY
SAN MARCOS / MARIA FROEHLE

Maria Froehle Digitally signed by Maria Froehle Date: 2025.04.18 16:48:32 -07'00'
Signature Title/Rank

Print Name

APPROVED AS TO FORM AND LEGALITY
COUNTY COUNSEL

Mark Day
Signature- Senior Deputy County Counsel

Mark Day
Print Name

COUNTY OF SAN DIEGO

Signature- Clerk of the Board

Andrew Potter
Print Name

Approved and/or authorized pursuant to County of San Diego Administrative Code §123.
By: _____ Date: 04/28/2025
Deputy Clerk of the Board Supervisors

Do not sign this contract at the station level. Please forward three originals to the Contracts Division (O-41) for signature on behalf of the County.

3 Signed Originals
DISTRIBUTION:
1 – Requestor
1 – Station/Facility/Division File
1 – Contracts Division

EXHIBIT A

COST ESTIMATE

	# of POSITIONS	# of HOURS	# of MILES	RATE or COST *WITH OVERHEAD**	TOTAL
Day 1 5/16/25 / Deputy	7	14.0		$ 156.85	$ 15,371.30
Day 2 5/17/25 / Deputy	7	14.0		$ 156.85	$ 15,371.30
Addt'l Positions: *(Specify on Lines Below)*					$ -
					$ -
					$ -
					$ -
				Sub-Total	$ 30,742.60
				TOTAL	$ 30,742.60
Vehicle Minimum or Mileage					$ -
Motorcycle Mileage					$ -
				TOTAL	$ -
Other Expenses: *(List)*					
					$ -
					$ -
				TOTAL	$ -
				TOTAL ESTIMATED COSTS	$ 30,742.60

Contact the Sheriff's Department Contracts Management Unit at (858) 974-2236 for assistance.

COUNTY OF SAN DIEGO

INTER-DEPARTMENTAL CORRESPONDENCE

April 9, 2025

TO: Andrew Potter, Clerk of the Board of Supervisors

FROM: Andrew Strong, Deputy Chief Administrative Officer
Public Safety Group

EXECUTION AND DISTRIBUTION OF REVENUE AGREEMENT WITH FRIAS PRESENTS LLC.

Attached for your execution, pursuant to San Diego County Administrative Code, Section 123, and Board Policy B-29; Fees, Grants, Revenue Contracts - Department Responsibility for Cost Recovery.

Enclosed is a revenue agreement with the Frias Presents LLC and the County of San Diego, Sheriff's Office, for law enforcement security services for Frias Event, on May 25, 2025.

The value of this contract will not exceed $8,469.90 The exact amount will be determined by the amount of cost for actual usage.

Please execute and email a copy and return two (2) copies of the enclosed revenue agreement to:

Sheriff's Office
Contracts Division
Attn: Christy Moreno
Christy.Moreno@sdsheriff.org
Mail Stop: O-41

If you have any questions regarding this request, please contact Christy Moreno, Admin Analyst at (858) 314-~~9615~~

Andrew Strong,
Deputy Chief Administrative Officer

Request For Approval of Revenue Contract or Grant
Not Exceeding $250,000 Annually
(Per County Admin. Code Section 123 & Board Policy B-29)

Date: 4/9/25 Department: SHERIFF

Contract Begin Date: 5/25/25 End Date: 5/25/25 Grant: NO

*Oracle Award #: 509890 Org #: 39741 Amount: $8,469.90

Contact Person: Christy Moreno Phone #: (858) 314-9615

Contracting Agency/Grantor: Frias Presents LLC

Description: Law Enforcement Security Service for the Frias Event

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☒ The Department certifies that the contract or grant recovers full cost, including overheads (A-87), per Board Policy B-29.

☐ The Department will not recover full costs. Justification is included in the CAO letter.

Department Approval: Gapuz, Dane Digitally signed by Gapuz, Dane Date: 2025.04.10 15:12:23 -07'00' Date: 04/10/2025

Approved By:

Group Finance Director: Date: 4/23/25

County Counsel: Mark Day Date: 4/28/2025

Chief Administrative Officer: Date: 4/24/25

Office of Financial Planning: Date: 4/29/2025

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* An Award Initiation request must be completed for all new revenue agreements. This form, along with instructions can be found at the ERP website under Forms.

Attachments:
- Letter to the CAO/DCAO/Agency Director
- Letter to the Clerk of the Board of Supervisors
- Revenue or Grant Agreement

OFP USE ONLY
Init: TK OFP#: 25-82

San Diego County
SHERIFF'S OFFICE

MEMORANDUM/ROUTE SLIP

From:	Bureau/Division, or Section:	Date:
Christy Moreno, (858) 314-9615	MSB - Contracts	April 9, 2025

Subject:

Reimbursable Services Agreement - FRIAS PRESENTS LLC, FRIAS EVENT on May 25, 2025 - $8,469.90

To: (PLEASE INITIAL AND ROUTE IN ORDER INDICATED BELOW)	Information Only	Approval	Your Recommendation	Action	Prepare Reply	Written Report To Me	See Me	Signature Needed	Return to Me	Copy for You	File	Other (See Below)
1. Dane Gapuz, Sheriff's Contract Manager DG	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
2. Kanna Galvan, Ass stant Group Finance Director, Public Safety Group	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
3. Andrew Strong, Deputy Chief Administrative Officer, Public Safety Group	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
4. Mark Day, Sr. Deputy County Counsel M.D.	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
5. Toroshinia Kennedy, Office of Financial Planning TK	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
6. Andrew Potter, Clerk of the Board	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☑
7.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

COMMENTS:

Other: Please email signed copy to Christy.Moreno@sdsheriff.org and return the two (2) signed copies of the agreement to Christy Moreno, Contracts Division, Mail Stop O-41

Thank you.

SO 11 (06/24)

COUNTY OF SAN DIEGO

INTER-DEPARTMENTAL CORRESPONDENCE

April 9, 2025

TO: Andrew Strong, Interim Deputy Chief Administrative Officer
Public Safety Group

FROM: Dane Gapuz, Contracts Manager
Sheriff's Office

REVENUE CONTRACT WITH THE FRIAS PRESENTS LLC PER BOARD POLICY B-29 AND ADMINISTRATIVE CODE SECTION 123

The County of San Diego through the Sheriff's Office, Law Enforcement Bureau is entering into a revenue agreement with Frias Presents LLC to provide law enforcement security services for Frias Event on May 25, 2025.

The value of this contract will not exceed $8,469.90. The exact amount will be determined by the amount of cost for actual usage. I am asking that you please review the contract and let me know if you have any concerns. You may contact me at (858) 974-2051 if you have any questions.

This contract supports the Board of Supervisor's Community Initiative of the County of San Diego's Strategic Plan by supporting safety for all communities, including protection from crime, availability of emergency medical services and fire response, community preparedness and regional readiness to respond to a disaster.

KELLY A. MARTINEZ, SHERIFF

Dane Gapuz

Dane Gapuz, Manager
Sheriff's Office, Contracts Division

REIMBURSABLE SERVICES AGREEMENT
AMONG THE FRIAS PRESENTS LLC, THE COUNTY OF SAN DIEGO AND
THE SAN DIEGO COUNTY SHERIFF RSA #34-3

SECURITY SERVICES

THIS AGREEMENT made and entered into this 27th day of March 2025 by and between Frias Presents LLC (REQUESTOR), and THE COUNTY OF SAN DIEGO (COUNTY), for services to be provided by THE SAN DIEGO COUNTY SHERIFF (SHERIFF).

WITNESSETH: For valuable consideration, the receipt and sufficiency of which is hereby acknowledged, COUNTY and REQUESTOR jointly intend that REQUESTOR will fund and COUNTY will provide a level of law enforcement services as set forth in this Agreement.

1. When ☐ traffic control or ☒ security services for REQUESTOR are required, COUNTY through SHERIFF will provide uniformed personnel with motorcycles and/or patrol vehicles to assist with the Frias Para La Musica Rodeo with Pequenos Music.

2. The term of this Agreement shall commence on May 25, 2025, at 11:30am, and shall continue in effect through and terminate after May 25, 2025, at 09:30pm.

3. COUNTY Coordinator of this Agreement shall be Lt. Beaumont, (619) 938-1370.

4. During the period of any public safety emergency or exigent circumstance such as mutual aid, SHERIFF may cancel this Agreement without prior notice. Services shall be restored by Sheriff as soon as practical.

5. This Agreement may be amended in writing by mutual consent of the parties hereto.

6. The hours and mileage indicated in this Agreement are estimated. Actual hours and mileage, to include mileage from SHERIFF Station or Division to the service location, will be charged to REQUESTOR.

7. The rates specified in Exhibit A are estimated and are incorporated by reference. Any increases in overhead, mileage, damaged uniforms, privately-owned safety equipment, and salaries and benefits are governed by the collective bargaining agreement and/or statute. In the event of a rate increase, REQUESTOR agrees to pay the increased rates. The COUNTY reserves the right to require a deposit of the estimated charges. Failure to pay the deposit will result in the cancellation of this agreement. If required charges exceed the deposit, REQUESTOR shall pay the additional cost. If required charges are less than the deposit, Sheriff will refund the difference to REQUESTOR.

8. REQUESTOR agrees to reimburse COUNTY through SHERIFF for any additional charges directly related to the services provided, e.g., Sheriff supplies, additional equipment utilized, damage to uniforms, or property repaired or replaced at Sheriff's expense.

9. SHERIFF shall invoice REQUESTOR for actual costs incurred for the services received. REQUESTOR within thirty (30) business days from date of invoice shall pay to the County Treasurer through the Sheriff's Office at P. O. Box 939062, San Diego, CA 92193-9062 for the services agreed to.

10. Indemnification

Indemnification related to Workers Compensation and Employment Issues.

10.1. The COUNTY shall fully indemnify and hold harmless the REQUESTOR, its officers, employees and agents, from any claims, losses, fines, expenses (including attorneys' fees and court costs or arbitration costs), costs, damages or liabilities arising from or related to (1) any worker's compensation claim or demand or other workers compensation proceeding arising from or related to, or claimed to arise from or relate to, employment which is brought by an employee of the COUNTY or an contract labor provider retained by the COUNTY, or (2) any claim, demand, suite or other proceeding arising from or related to, or claimed to arise from or relate to, the status of employment (including without limitation compensation, demotion, promotion, discipline, termination, hiring, work assignment, transfer, disability, leave or other such matters) which is brought by an employee of the COUNTY or any contract labor provider retained by the COUNTY.

The REQUESTOR shall fully indemnify and hold harmless the COUNTY, its officers, employees and agents, from any claims, losses, fines, expenses (including attorneys' fees and court costs or arbitration costs), costs, damages or liabilities arising from or related to (1) any workers' compensation claim or demand or other workers compensation proceeding arising from or related to, or claimed to arise from or relate to, employment which is brought by an employee of the REQUESTOR or any contract labor provider retained by the REQUESTOR, or (2) any claim, demand, suite or other proceeding arising from or related to, or claimed to arise from or relate to, the status of employment (including without limitation compensation, demotion, promotion, discipline, termination, hiring, work assignment, transfer, disability, leave or other such matters) which is brought by an employee of the REQUESTOR or any contract labor provider retained by the REQUESTOR.

Indemnification related to Acts or Omissions, Negligence.

10.2. **Claims Arising from Sole Acts or Omissions of COUNTY.** The County of San Diego, (COUNTY), hereby agrees to defend and indemnify REQUESTOR and its agents, officers, and employees (hereinafter collectively referred to in section 10 as the 'REQUESTOR'), from any claim, action or proceeding against the REQUESTOR arising solely out of the acts or omissions of COUNTY in the performance of this Agreement. At their sole discretion, REQUESTOR may participate at its own expense in the defense of any claim, action or proceeding, but such participation shall not relieve COUNTY of any obligation imposed by this Agreement. REQUESTOR shall notify COUNTY promptly of any claim, action or proceeding and cooperate fully in the defense.

10.3. **Claims Arising from Sole Acts or Omissions of REQUESTOR.** REQUESTOR hereby agrees to defend and indemnify the COUNTY, its agents, officers and employees from any claim, action or proceeding against COUNTY, arising solely out of the acts or omissions of REQUESTOR in the performance of this Agreement. At its sole discretion, COUNTY may participate at its own expense in the defense of any such claim, action or proceeding, but such participation shall not relieve REQUESTOR of any obligation imposed by this Agreement. COUNTY shall notify REQUESTOR promptly of any claim, action or proceeding and cooperate fully in the defense.

10.4. **Claims Arising from Concurrent Acts or Omissions.** The COUNTY hereby agrees to defend itself, and REQUESTOR hereby agrees to defend itself, from any claim, action or proceeding arising out of the concurrent acts or omissions of COUNTY and REQUESTOR. In such cases, COUNTY and REQUESTOR agree to retain their own

legal counsel, bear their own defense costs, and waive their right to seek reimbursement of such costs, except as provided in paragraph 10.6 below.

10.5. **Joint Defense.** Notwithstanding paragraph 10.4 above, in cases where COUNTY and REQUESTOR agree in writing to a joint defense, COUNTY and REQUESTOR may appoint joint defense counsel to defend the claim, action or proceeding arising out of the concurrent acts or omissions of REQUESTOR and COUNTY. Joint defense counsel shall be selected by mutual agreement of COUNTY and REQUESTOR. COUNTY and REQUESTOR agree to share the costs of such joint defense and any agreed settlement in equal amounts, except as provided in paragraph 10.6 below. COUNTY and REQUESTOR further agree that neither party may bind the other to a settlement agreement without the written consent of both COUNTY and REQUESTOR.

10.6. **Reimbursement and/or Reallocation.** Where a trial verdict or arbitration award allocates or determines the comparative fault of the parties, COUNTY and REQUESTOR may seek reimbursement and/or reallocation of defense costs, settlement payments, judgments, and awards, consistent with such comparative fault.

11. Any notice, request, demand, or other communication required or permitted hereunder shall be in writing and may be personally delivered or given as of the date of mailing by depositing such notice in the United States mail, first-class postage prepaid and addressed as follows; or to such other place as each party may designate by subsequent written notice to each other:

To REQUESTOR:

Frias Presents LLC
Attn: Elvis Frias
219 E. Washington Ave
Santa Ana, CA 92701
(949) 456-6121
elvis@friaspresents.com

To SHERIFF:
Sheriff Contracts Division
County of San Diego
P. O. Box 939062
San Diego, CA 92193-9062

A notice shall be effective on the date of personal delivery if personally delivered before 5:00 p.m. on a business day or otherwise on the first business day following personal delivery; or two (2) business days following the date the notice is postmarked, if mailed; or on the first business day following delivery to the applicable overnight courier, if sent by overnight courier for next business day delivery and otherwise when actually received.

12. This Agreement may be modified or amended only by a written document signed by both parties, and no oral understanding or agreement shall be binding on the parties. No party shall assign any of its rights or delegate any of its obligations hereunder without the prior written consent of the other parties.

13. This Agreement shall become effective as of the date of execution hereof and unless sooner terminated as provided for herein, shall continue in full force and effect to the completion of the contract period. Any party may terminate this Agreement by giving thirty (30) days' notice in writing

to the other party. The Agreement may also be terminated at any time by mutual agreement in writing to the parties and may be renegotiated or modified at any time by mutual agreement in writing.

14. This Agreement, including the Exhibit hereto, constitute the complete exclusive statement of agreement between the COUNTY and REQUESTOR with respect to the subject matter hereof. As such, all prior written and oral understandings are superseded in total by this Agreement.

IN WITNESS WHEREOF, the parties by their duly authorized officers have executed this Agreement on the day and year first written above.

SAN DIEGO COUNTY
SHERIFF'S OFFICE

Dane Gapuz
Signature Title/Rank

Dane Gapuz
Sheriff's Contract Manager
Print Name

ELVIS FRIAS
FRIAS PRESENTS LLC

Managing Director
Signature Title/Rank

Elvis Frias
Print Name

APPROVED AS TO FORM AND LEGALITY
COUNTY COUNSEL

Mark Day
Signature- Senior Deputy County Counsel

Mark Day
Print Name

COUNTY OF SAN DIEGO

Signature- Clerk of the Board

Andrew Potter
Print Name

Do not sign this contract at the station level. Please forward three originals to the Contracts Division (O-41) for signature on behalf of the County.

Approved and/or authorized pursuant to County of San Diego Administrative Code §123.
By: _____ Date: 4/30/25
Deputy Clerk of the Board Supervisors

3 Signed Originals

DISTRIBUTION:
1 – Requestor
1 – Station/Facility/Division File
1 – Contracts Division

EXHIBIT A

COST ESTIMATE

	# of POSITIONS	# of HOURS	# of MILES	RATE or COST *WITH OVERHEAD**	TOTAL
Deputy May 25, 2025	6	9.0		$ 156.85	$ 8,469.90
				$ 156.85	$ -
					$ -
Addt'l Positions: *(Specify on Lines Below)*					$ -
Licutenant	1			$ 218.61	$ -
Dispatcher	1			$ 100.33	$ -
					$ -
				Sub-Total	$ 8,469.90
				TOTAL	$ 8,469.90
Vehicle Minimum or Mileage				$ 59.96	$ -
Motorcycle Mileage					$ -
				TOTAL	$ -
Other Expenses: *(List)*					
					$ -
					$ -
				TOTAL	$ -
				TOTAL ESTIMATED COSTS	$ 8,469.90

*USE CURRENT FY RATE WITH OVERHEAD. IF NO SERGEANT WILL BE PRESENT AT EVENT, USE RATE

Contact the Sheriff's Office Contracts Management Unit at (858) 974-2236 for assistance.

COUNTY OF SAN DIEGO

INTER-DEPARTMENTAL CORRESPONDENCE

COSD CLERK OF THE BOARD
2025 APR 28 PM4:44

April 3, 2025

TO: Andrew Potter, Clerk of the Board of Supervisors

FROM: Andrew Strong, Deputy Chief Administrative Officer
Public Safety Group

EXECUTION AND DISTRIBUTION OF REVENUE AGREEMENT WITH KOZ EVENTS

Attached for your execution, pursuant to San Diego County Administrative Code, Section 123, and Board Policy B-29; Fees, Grants, Revenue Contracts - Department Responsibility for Cost Recovery.

Enclosed is a revenue agreement with the Koz Events and the County of San Diego, Sheriff's Office, for law enforcement security services for the Solana Beach Triathlon, on July 30, 2025.

The value of this contract will not exceed $9,583.05 The exact amount will be determined by the amount of cost for actual usage.

Please execute and email a copy and return two (2) copies of the enclosed revenue agreement to:

Sheriff's Office
Contracts Division
Attn: Christy Moreno
Christy.Moreno@sdsheriff.org
Mail Stop: O-41

If you have any questions regarding this request, please contact Christy Moreno, Admin Analyst at (858) 314-9615

Andrew Strong,
Deputy Chief Administrative Officer

Request For Approval of Revenue Contract or Grant
Not Exceeding $250,000 Annually
(Per County Admin. Code Section 123 & Board Policy B-29)

Date: 4/3/25 Department: SHERIFF

Contract Begin Date: 7/30/25 End Date: 7/30/25 Grant: NO

*Oracle Award #: 508304 Org #: 39656 Amount: $9,583.05

Contact Person: Christy Moreno Phone #: (858) 314-9615

Contracting Agency/Grantor: Koz Events

Description: Law Enforcement Security Service for the Solana Beach Triathlon

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☒ The Department certifies that the contract or grant recovers full cost, including overheads (A-87), per Board Policy B-29.

☐ The Department will not recover full costs. Justification is included in the CAO letter.

Department Approval: Gapuz, Dane Digitally signed by Gapuz, Dane Date: 2025.04.03 15:41:05 -07'00' Date: 04/03/2025

Approved By:

Group Finance Director: [signature] Date: 4-23-25

County Counsel: Mark Day Date: 4/23/2025

Chief Administrative Officer: [signature] Date: 4/23/25

Office of Financial Planning: [signature] Date: 4/28/2025

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* An Award Initiation request must be completed for all new revenue agreements. This form, along with instructions can be found at the ERP website under Forms.

Attachments:
- Letter to the CAO/DCAO/Agency Director
- Letter to the Clerk of the Board of Supervisors
- Revenue or Grant Agreement

OFP USE ONLY
Init: TK OFP#: 25-79

San Diego County
SHERIFF'S OFFICE
MEMORANDUM/ROUTE SLIP

From:	Bureau/Division, or Section:	Date:
Christy Moreno, (858) 314-9615	MSB - Contracts	April 3, 2025

Subject:

Reimbursable Services Agreement - KOZ EVENTS, SOLANA BEACH TRIATHLON on July 30, 2025 - $9,583.05

To: (PLEASE INITIAL AND ROUTE IN ORDER INDICATED BELOW)	Information Only	Approval	Your Recommendation	Action	Prepare Reply	Written Report To Me	See Me	Signature Needed	Return to Me	Copy for You	File	Other (See Below)
1. Dane Gapuz, Sheriff's Contract Manager DG	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
2. Karina Galvan, Assistant Group Finance Director, Public Safety Group	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
3. Andrew Strong, Deputy Chief Administrative Officer, Public Safety Group	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
4. Mark Day, Sr. Deputy County Counsel M.D.	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
5. Toroshinia Kennedy, Office of Financial Planning TK	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
6. Andrew Potter, Clerk of the Board	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☑
7.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

COMMENTS:

Other: Please email signed copy to Christy.Moreno@sdsheriff.org and return the two (2) signed copies of the agreement to Christy Moreno, Contracts Division, Mail Stop O-41

Thank you.

COUNTY OF SAN DIEGO

INTER-DEPARTMENTAL CORRESPONDENCE

April 3, 2025

TO: Andrew Strong, Deputy Chief Administrative Officer
Public Safety Group

FROM: Dane Gapuz, Contracts Manager
Sheriff's Office

REVENUE CONTRACT WITH THE KOZ EVENTS PER BOARD POLICY B-29 AND ADMINISTRATIVE CODE SECTION 123

The County of San Diego through the Sheriff's Office, Law Enforcement Bureau is entering into a revenue agreement with the Koz Events to provide law enforcement security services for the Solana Beach Triathlon on July 30, 2025.

The value of this contract will not exceed $9,583.05. The exact amount will be determined by the amount of cost for actual usage. I am asking that you please review the contract and let me know if you have any concerns. You may contact me at (858) 974-2051 if you have any questions.

This contract supports the Board of Supervisor's Community Initiative of the County of San Diego's Strategic Plan by supporting safety for all communities, including protection from crime, availability of emergency medical services and fire response, community preparedness and regional readiness to respond to a disaster.

KELLY A. MARTINEZ, SHERIFF

Dane Gapuz

Dane Gapuz, Manager
Sheriff's Office, Contracts Division

REIMBURSABLE SERVICES AGREEMENT
AMONG THE KOZ EVENTS, THE COUNTY OF SAN DIEGO, AND
THE SAN DIEGO COUNTY SHERIFF RSA #02
SECURITY SERVICES

THIS AGREEMENT made and entered into this 25th day of March 2025 by and between the Koz Events (REQUESTOR), and THE COUNTY OF SAN DIEGO (COUNTY), for services to be provided by THE SAN DIEGO COUNTY SHERIFF (SHERIFF).

WITNESSETH: For valuable consideration, the receipt and sufficiency of which is hereby acknowledged, COUNTY and REQUESTOR jointly intend that REQUESTOR will fund and COUNTY will provide a level of law enforcement services as set forth in this Agreement.

1. When ☐ traffic control or ☒ security services for REQUESTOR are required, COUNTY through SHERIFF will provide uniformed personnel with motorcycles and/or patrol vehicles to assist with the Solana Beach Triathlon.

2. The term of this Agreement shall commence on July 30, 2025, at 06:00am, and shall continue in effect through and terminate after July 30th, 2025, at 10:00PM.

3. COUNTY Coordinator of this Agreement shall be Lieutenant Davis, (760) 966-3500

4. During the period of any public safety emergency or exigent circumstance such as mutual aid, SHERIFF may cancel this Agreement without prior notice. Services shall be restored by Sheriff as soon as practical.

5. This Agreement may be amended in writing by mutual consent of the parties hereto.

6. The hours and mileage indicated in this Agreement are estimated. Actual hours and mileage, to include mileage from SHERIFF Station or Division to the service location, will be charged to REQUESTOR.

7. The rates specified in Exhibit A are estimated and are incorporated by reference. Any increases in overhead, mileage, damaged uniforms, privately-owned safety equipment, and salaries and benefits are governed by the collective bargaining agreement and/or statute. In the event of a rate increase, REQUESTOR agrees to pay the increased rates. The COUNTY reserves the right to require a deposit of the estimated charges. Failure to pay the deposit will result in the cancelation of this agreement. If required charges exceed the deposit, REQUESTOR shall pay the additional cost. If required charges are less than the deposit, Sheriff will refund the difference to REQUESTOR.

8. REQUESTOR agrees to reimburse COUNTY through SHERIFF for any additional charges directly related to the services provided, e.g., Sheriff supplies, additional equipment utilized, damage to uniforms, or property repaired or replaced at Sheriff's expense.

9. SHERIFF shall invoice REQUESTOR for actual costs incurred for the services received. REQUESTOR within thirty (30) business days from date of invoice shall pay to the County Treasurer through the Sheriff's Office at P. O. Box 939062, San Diego, CA 92193-9062 for the services agreed to.

10. Indemnification

Indemnification related to Workers Compensation and Employment Issues.

10.1. The COUNTY shall fully indemnify and hold harmless the REQUESTOR, its officers, employees and agents, from any claims, losses, fines, expenses (including attorneys' fees and court costs or arbitration costs), costs, damages or liabilities arising from or related to (1) any worker's compensation claim or demand or other workers compensation proceeding arising from or related to, or claimed to arise from or relate to, employment which is brought by an employee of the COUNTY or an contract labor provider retained by the COUNTY, or (2) any claim, demand, suite or other proceeding arising from or related to, or claimed to arise from or relate to, the status of employment (including without limitation compensation, demotion, promotion, discipline, termination, hiring, work assignment, transfer, disability, leave or other such matters) which is brought by an employee of the COUNTY or any contract labor provider retained by the COUNTY.

The REQUESTOR shall fully indemnify and hold harmless the COUNTY, its officers, employees and agents, from any claims, losses, fines, expenses (including attorneys' fees and court costs or arbitration costs), costs, damages or liabilities arising from or related to (1) any workers' compensation claim or demand or other workers compensation proceeding arising from or related to, or claimed to arise from or relate to, employment which is brought by an employee of the REQUESTOR or any contract labor provider retained by the REQUESTOR, or (2) any claim, demand, suite or other proceeding arising from or related to, or claimed to arise from or relate to, the status of employment (including without limitation compensation, demotion, promotion, discipline, termination, hiring, work assignment, transfer, disability, leave or other such matters) which is brought by an employee of the REQUESTOR or any contract labor provider retained by the REQUESTOR.

Indemnification related to Acts or Omissions, Negligence.

10.2. **Claims Arising from Sole Acts or Omissions of COUNTY.** The County of San Diego, (COUNTY), hereby agrees to defend and indemnify REQUESTOR and its agents, officers, and employees (hereinafter collectively referred to in section 10 as the 'REQUESTOR'), from any claim, action or proceeding against the REQUESTOR arising solely out of the acts or omissions of COUNTY in the performance of this Agreement. At their sole discretion, REQUESTOR may participate at its own expense in the defense of any claim, action or proceeding, but such participation shall not relieve COUNTY of any obligation imposed by this Agreement. REQUESTOR shall notify COUNTY promptly of any claim, action or proceeding and cooperate fully in the defense.

10.3. **Claims Arising from Sole Acts or Omissions of REQUESTOR.** REQUESTOR hereby agrees to defend and indemnify the COUNTY, its agents, officers and employees from any claim, action or proceeding against COUNTY, arising solely out of the acts or omissions of REQUESTOR in the performance of this Agreement. At its sole discretion, COUNTY may participate at its own expense in the defense of any such claim, action or proceeding, but such participation shall not relieve REQUESTOR of any obligation imposed by this Agreement. COUNTY shall notify REQUESTOR promptly of any claim, action or proceeding and cooperate fully in the defense.

10.4. **Claims Arising from Concurrent Acts or Omissions.** The COUNTY hereby agrees to defend itself, and REQUESTOR hereby agrees to defend itself, from any claim, action or proceeding arising out of the concurrent acts or omissions of COUNTY and REQUESTOR. In such cases, COUNTY and REQUESTOR agree to retain their own legal counsel, bear their own defense costs, and waive their right to seek reimbursement of such costs, except as provided in paragraph 10.6 below.

10.5. **Joint Defense.** Notwithstanding paragraph 10.4 above, in cases where COUNTY and REQUESTOR agree in writing to a joint defense, COUNTY and REQUESTOR may appoint joint defense counsel to defend the claim, action or proceeding arising out of the concurrent acts or omissions of REQUESTOR and COUNTY. Joint defense counsel shall be selected by mutual agreement of COUNTY and REQUESTOR. COUNTY and REQUESTOR agree to share the costs of such joint defense and any agreed settlement in equal amounts, except as provided in paragraph 10.6 below. COUNTY and REQUESTOR further agree that neither party may bind the other to a settlement agreement without the written consent of both COUNTY and REQUESTOR.

10.6. **Reimbursement and/or Reallocation.** Where a trial verdict or arbitration award allocates or determines the comparative fault of the parties, COUNTY and REQUESTOR may seek reimbursement and/or reallocation of defense costs, settlement payments, judgments, and awards, consistent with such comparative fault.

11. Any notice, request, demand, or other communication required or permitted hereunder shall be in writing and may be personally delivered or given as of the date of mailing by depositing such notice in the United States mail, first-class postage prepaid and addressed as follows; or to such other place as each party may designate by subsequent written notice to each other:

To REQUESTOR:

KOZ Events
C/O: Tobais Panek
16805 Highland Valley RD
Ramona CA 92065
858-268-1250, 858-255-9709
Tobais@gftours.com

To SHERIFF:
Sheriff Contracts Division
County of San Diego
P. O. Box 939062
San Diego, CA 92193-9062

A notice shall be effective on the date of personal delivery if personally delivered before 5:00 p.m. on a business day or otherwise on the first business day following personal delivery; or two (2) business days following the date the notice is postmarked, if mailed; or on the first business day following delivery to the applicable overnight courier, if sent by overnight courier for next business day delivery and otherwise when actually received.

12. This Agreement may be modified or amended only by a written document signed by both parties, and no oral understanding or agreement shall be binding on the parties. No party shall assign any of its rights or delegate any of its obligations hereunder without the prior written consent of the other parties.

13. This Agreement shall become effective as of the date of execution hereof and unless sooner terminated as provided for herein, shall continue in full force and effect to the completion of the contract period. Any party may terminate this Agreement by giving thirty (30) days' notice in writing to the other party. The Agreement may also be terminated at any time by mutual agreement in

writing to the parties and may be renegotiated or modified at any time by mutual agreement in writing.

14. This Agreement, including the Exhibit hereto, constitute the complete exclusive statement of agreement between the COUNTY and REQUESTOR with respect to the subject matter hereof. As such, all prior written and oral understandings are superseded in total by this Agreement.

IN WITNESS WHEREOF, the parties by their duly authorized officers have executed this Agreement on the day and year first written above.

SAN DIEGO COUNTY
SHERIFF'S OFFICE

Dane Gapuz
Signature

Title/Rank

Dane Gapuz
Sheriff's Contract Manager
Print Name

TOBAIS PANEK
KOZ EVENTS

Tobias Panek
Signature

Event manager
Title/Rank

Tobias Panek
Print Name

APPROVED AS TO FORM AND LEGALITY
COUNTY COUNSEL

Mark Day
Signature- Senior Deputy County Counsel

Mark Day
Print Name

COUNTY OF SAN DIEGO

Signature- Clerk of the Board

Andrew Potter
Print Name

Approved and/or authorized pursuant to
County of San Diego Administrative Code §123.
By: _____ Date: 04/28/202
Deputy Clerk of the Board Supervisors

Do not sign this contract at the station level. Please forward three originals to the Contracts Division (O-41) for signature on behalf of the County.

3 Signed Originals
DISTRIBUTION:
1 – Requestor

1 – Station/Facility/Division File
1 – Contracts Division

EXHIBIT A

COST ESTIMATE

	# of POSITIONS	# of HOURS	# of MILES	RATE or COST *WITH OVERHEAD**	TOTAL
Sergeant	1	5.0		$ 191.26	$ 956.30
Deputy	11	5.0		$ 156.85	$ 8,626.75
Addt'l Positions: *(Specify on Lines Below)*					$ -
					$ -
					$ -
					$ -
				Sub-Total	$ 9,583.05
				TOTAL	$ 9,583.05
Vehicle Minimum or Mileage				$ 59.96	$ -
Motorcycle Mileage					$ -
				TOTAL	$ -
Other Expenses: *(List)*					
					$ -
					$ -
				TOTAL	$ -
				TOTAL ESTIMATED COSTS	$ 9,583.05

Contact the Sheriff's Office Contracts Management Unit at (858) 974-2236 for assistance.

County of San Diego

COSD CLERK OF THE BOARD
2025 APR 28 AM 9:47

KIMBERLY GIARDINA, DSW, MSW
DEPUTY CHIEF ADMINISTRATIVE OFFICER

HEALTH AND HUMAN SERVICES AGENCY
1600 PACIFIC HIGHWAY, SUITE 206, MAIL STOP P-501
SAN DIEGO, CA 92101-2417
(619) 515-6555 • FAX (619) 515-6556

PATTY KAY DANON
CHIEF OPERATIONS OFFICER

April 30, 2025

TO: Andrew Potter
Clerk of the Board of Supervisors

FROM: Kimberly Giardina, DSW, MSW, Deputy Chief Administrative Officer
Health and Human Services Agency

EXECUTION OF WASTEWATER SURVEILLANCE MENTORSHIP PROGRAM WITH NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO)

1. **Action Requested:**
   a. Enclosed is the NACCHO Wastewater Surveillance Mentorship Program contract agreement requesting Clerk of the Board signature.

2. **Background:**
   a. The Wastewater Surveillance Mentorship Program is offered by NACCHO with support from the United States Centers for Disease Control and Prevention.
   b. On January 15, 2025, the Public Health Laboratory was notified it has been selected as one of 12 mentee awards for the program and was awarded $20,000.00 in funding.
   c. This program is full cost recovery.
   d. The term of the revenue agreement is February 3, 2025, through July 31, 2025.

Attachments include two (2) copies of the agreement. Please retain one copy for your records.

Please feel free to call Jacqueline Dazo at (858)-833-5585 if there are any questions.

Sincerely,

KIMBERLY GIARDINA, DSW, MSW
Deputy Chief Administrative Officer
Health and Human Services Agency

KG/jr
Attachment

Request For Approval of Revenue Contract or Grant
Not Exceeding $250,000 Annually
(Per County Admin. Code Section 123 & Board Policy B-29)

Date: 1/29/25 Department: Health and Human Services Agency

Contract Begin Date: 2/3/25 End Date: 7/31/25 Grant: Yes

*Oracle Award #: Org #: 45075 Amount: 20000

Contact Person: Jacqueline Dazo Phone #: 858-833-5585

Contracting Agency/Grantor: National Association of County and City

Description: A mentorship program, where a local health department with expertise in wastewater surveillance have the opportunity to share their knowledge with a mentee (Public Health Laboratory)

☒ The Department certifies that the contract or grant recovers full cost, including overheads (A-87), per Board Policy B-29.

☐ The Department will not recover full costs. Justification is included in the CAO letter.

Department Approval: Hernandez, Elizabeth A. Digitally signed by Hernandez, Elizabeth A. Date: 2025.03.14 14:03:25 -07'00' Date: 3/14/2025

Approved By:

Group Finance Director: Date: 4/17/25

County Counsel: Katherine Hart Digitally signed by Katherine Hart Date: 2025.02.12 08:13:27 -08'00' Date:

Chief Administrative Officer: Date: 04/22/25

Office of Financial Planning: Date: 4/28/2025

---

* An Award Initiation request must be completed for all new revenue agreements. This form, along with instructions can be found at the ERP website under Forms.

Attachments:
- Letter to the CAO/DCAO/Agency Director
- Letter to the Clerk of the Board of Supervisors
- Revenue or Grant Agreement

OFP USE ONLY
Init: TK OFP#: 25-81

County of San Diego
Revenue Fact Sheet

O.F.P. Use Only
Date Rec'd

ACCOUNT NUMBER ASSIGNED: 45755

1. Department ORG: # A5940 Department Name: Health and Human Services Agency
   Contact Person: Jan Rivera Phone: (619) 709-8147
   Low Org: # 45075 (optional)

2. Requested Revenue Account Title: FED OTHER

3. Anticipated Annual Revenue: $ 20,000

4. Revenue will be Budgeted Beginning with: F.Y. 24-25

5. A. Source of Revenue: (•) Federal ( ) Federal ARRA* Stimulus ( ) State
   ( ) Public Agency ( ) Individual ( ) Other
   * ARRA - American Recovery and Reinvestment Act of 2009
   Please Explain: Federal funding from Center for Disease Control and Prevention (CDC)

   B. Authority: Admin code article VIII, Section 123: under $250,000

   C. Form of Revenue: ( ) Grant ( ) Subvention ( ) Fee
   ( ) License (•) Contract ( ) Other
   If Fee or License, indicate amount: $
   Please Explain:

   D. Service Provided: A mentorship program, where a local health department with expertise in wastewater surveillance have the opportunity to share their knowledge with a mentee (Public Health Laboratory).

   E. Means of Projecting for Budget (formula used): NACCHO provided Budget Worksheet Template

   F. How is the Revenue Received: ( ) Reimbursements ( ) Advances (•) Other
   Please Explain: NACCHO will disburse payment to awardees upon receipt of invoices and deliverables as scheduled.

   G. When is the Revenue Received: ( ) Annually ( ) Quarterly
   ( ) Monthly ( ) Daily (•) Other
   Please Explain: NACCHO will disburse payment to awardees upon receipt of invoices and deliverables as scheduled.

6. Cost Recovery: (•) Full Recovery ( ) A-87 ( ) Other
   Please Explain: NACCHO will disburse payment to awardees upon receipt of invoices and deliverables.

7. Other Comments - Attach additional pages as necessary.

8. Miscellaneous Revenue - Attach additional pages as necessary.

Signature: Dazo, Jacqueline Digitally signed by Dazo, Jacqueline Date: 2025.03.11 15:56:49 -07'00' Date: Mar 11, 2025

B-29 Costs

Staffing	
Salaries	8,465
Benefit @ 72.82% (FY 24/25)	6,164
TOTAL S&B	14,629

Services and Supplies	
Office supplies	
Telecom	
IT	
Contract Costs	
Travel	
Contract ISF	
Rent	
Utilities	
Other	
TOTAL S&S	-

TOTAL DIRECT COSTS	14,629

INDIRECT COSTS	
Internal Indirects	4,096
External Indirects	1,273
TOTAL INDIRECTS	5,369

TOTAL COSTS (B20+B26)	19,998

REVENUE	
Direct Revenue Allowed	14,631
Indirect Revenue Allowed	5,369
TOTAL REVENUE	**20,000**

Unrecovered Direct Cost	-
Unrecovered Indirect Cost	-
Total B-29 Costs	-

Revenue Located

Low Org	**45075**
Revenue Account	**45755**

PROGRAM INDIRECT RATES*	
Internal Rate	28.00%
External Rate	8.70%

*Contact Fiscal Services, Patrick Bondoc (619-952-6463) for your program's rates

NACCHO CONTRACT #2025-012704

CONTRACTOR AGREEMENT

This Contractor Agreement is entered into, effective as of the date of the later signature indicated below, by and between the **National Association of County and City Health Officials** (hereinafter referred to as "NACCHO"), with its principal place of business at 1201 (I) Eye Street NW 4th Fl., Washington, DC 20005, and **County of San Diego Public Health Services** (hereinafter referred to as "Contractor"), with its principal place of business at 5469 Kearney Villa rd., STE 2000, San Diego, CA 92123-1144.

WHEREAS, NACCHO wishes to hire Contractor to provide certain goods and/or services to NACCHO;

WHEREAS, Contractor wishes to provide such goods and/or services to NACCHO;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties, intending to be legally bound, do hereby agree as follows:

ARTICLE I: SPECIAL PROVISIONS

1. PURPOSE OF AGREEMENT: Contractor agrees to provide the goods and/or services to NACCHO to enhance the programmatic activities of CDC GRANT #6 NU38PW000037-01-01, CFDA #93.421, as described in Attachment I. The terms of Attachment I shall be incorporated into this Agreement as if fully set forth herein. Contractor shall act at all times in a professional manner consistent with the standards of the industry.

2. TERM OF AGREEMENT: The term of the Agreement shall begin on February 03, 2025, and shall continue in effect until July 31, 2025, unless earlier terminated in accordance with the terms herein. Expiration of the term or termination of this Agreement shall not extinguish any rights or obligations of the parties that have accrued prior thereto. The term of this Agreement may be extended by mutual agreement of the parties.

3. PAYMENT FOR SERVICES: In consideration for professional services to be performed, NACCHO agrees to pay Contractor an amount not to exceed $20,000.00. All payments will be made within 30 days of receipt of invoice(s) from Contractor and following approval by NACCHO for approved services, as outlined on Attachment I. Two invoices must be submitted as follows:

Invoice No.	Amount	Deliverable	Due date
Invoice I	$15,500.00	1. Submit a brief introductory paragraph describing your jurisdiction's characteristics, prior wastewater surveillance efforts, and planned activities during mentorship program. Instructions to be provided by NACCHO. Due February 11, 2025. ($500)	July 15, 2025

		2. Participate in a mentorship program kick-off call scheduled tentatively February 13, 2025, at 1 PM EST. NACCHO to record attendance. ($1,000) 3. Complete a pre-assessment to establish a baseline for the status of wastewater surveillance in your jurisdiction. Due February 28, 2025. ($500) 4. Participate in five (5) regular check-in calls with NACCHO, mentors and other mentee sites. NACCHO to record attendance and meeting date. ($800 per regular check-in call. 5 x $800 = $4,000) 5. Present during one (1) regular check-in call to share progress towards improving wastewater surveillance capacity, challenges faced, or lessons learned. This presentation will be 5-10 minutes long. Submit presentation slides and any relevant materials. NACCHO to record attendance and presentation date. ($500) 6. Participate in at least one (1) site visit with your assigned mentor. Submit site visit agenda, attendee list, resources, pictures, and other relevant materials. ($5,000) 7. Participate in four (4) check-in meetings with assigned mentors. Submit agenda, notes, attendee list, and other relevant documentation. ($1,000 per mentor x mentee call. 4 x $1,000 = $4,000)	
Invoice II	$4,500.00	1. Submit a final report (format to be determined by NACCHO) summarizing all activities conducted during the project, lessons learned, and any materials, including tools, standard operating procedures, sampling plans, etc. produced as a part of this project. Due July 31, 2025. ($1,000) 2. Complete a post-assessment to determine successes, challenges, and lessons learned at the conclusion of program. Due by July 31, 2025. ($500) 3. Participate in an exit interview with NACCHO's RED Team. NACCHO to	July 31, 2025

		schedule the interview, record interview date, attendees, and collect relevant materials. Exit interviews anticipated to be during the month of July 2025. ($3,000)	

NACCHO Contract number must be included on all invoices. Unless otherwise expressly stated in this Agreement, all amounts specified in, and all payments to be made under, this Agreement shall be in United States Dollars. The parties agree that payment method shall be made by check, via postage-paid first-class mail, at the address for the giving of notices as set forth in Section 26 of this Agreement. Any changes of payment method would require a modification signed by both parties. The final invoice must be received by NACCHO no later than 15 days after the end date of the Agreement. Contractor will be given an opportunity to revise as needed but the final revised invoice must be received no later than 30 days after the end date of the Agreement. NACCHO will not accept any invoices past 30 days of the end date of the Agreement.

ARTICLE II: GENERAL PROVISIONS

1. INDEPENDENT CONTRACTOR: Contractor shall act as an independent contractor, and Contractor shall not be entitled to any benefits to which NACCHO employees may be entitled.

2. PAYMENT OF TAXES AND OTHER LEVIES: Contractor shall be exclusively responsible for reporting and payment of all income tax payments, unemployment insurance, worker's compensation insurance, social security obligations, and similar taxes and levies.

3. LIABILITY: All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, to be carried out by the Contractor in the performance of this agreement shall be the responsibility of the Contractor, and not the responsibility of NACCHO, if the liability, loss, or damage is caused by, or arises out of, the actions of failure to act on the part of the Contractor, any subcontractor, anyone directly or indirectly employed by the Contractor.

   All liability to third parties, loss, or damage as result of claims, demands, costs, or judgments arising out of activities, such as the provision of policy and procedural direction, to be carried out by NACCHO in the performance of this agreement shall be the responsibility of NACCHO, and not the responsibility of the Contractor, if the liability, loss, or damage is caused by, or arises out of, the action or failure to act on the part of any NACCHO employee.

   In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Contractor and NACCHO in fulfillment of their responsibilities under this agreement, such liability, loss, or damage shall be borne by the Contractor and NACCHO in relation to each party's responsibilities under these joint activities.

4. REVISIONS AND AMENDMENTS: Any revisions or amendments to this Agreement must be made in writing and signed by both parties.

5. ASSIGNMENT: Without prior written consent of NACCHO, Contractor may not assign this Agreement nor delegate any duties herein.

6. CONTINGENCY CLAUSE: This Agreement is subject to the terms of any agreement between NACCHO and its Primary Funder and in particular may be terminated by NACCHO without penalty or further obligation if the Primary Funder terminates, suspends or materially reduces its funding for any reason. Additionally, the payment obligations of NACCHO under this Agreement are subject to the timely fulfillment by the Primary Funder of its funding obligations to NACCHO.

7. INTERFERING CONDITIONS: Contractor shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Contractor's duties and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Contractor of said duties and responsibilities under this Agreement.

8. OWNERSHIP OF MATERIALS: Contractor hereby transfers and assigns to NACCHO all right, title and interest (including copyright rights) in and to all materials created or developed by Contractor pursuant to this Agreement, including, without limitation, reports, summaries, articles, pictures and art (collectively, the "Materials") (subject to any licensed third-party rights retained therein). Contractor shall inform NACCHO in writing of any third-party rights retained within the Materials and the terms of all license agreements to use any materials owned by others. Contractor understands and agrees that Contractor shall retain no rights to the Materials and shall assist NACCHO, upon reasonable request, with respect to the protection and/or registrability of the Materials. Contractor represents and warrants that, unless otherwise stated to NACCHO in writing, the Materials shall be original works and shall not infringe or violate the rights of any third party or violate any law. The obligations of this paragraph are subject to any applicable requirements of the Federal funding agency. Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR Part 401.14.

9. RESOLUTION OF DISPUTES: The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under the Agreement while attempting to resolve the dispute under this section. If a dispute arises between the parties that cannot be resolved by direct negotiation, the dispute shall be submitted to a dispute board for a nonbinding determination. Members of the dispute board shall be the Director or Chief Executive Officer of the Contractor, the Chief Executive Officer of NACCHO, and the Senior Staff of NACCHO responsible for this Agreement. The costs of the dispute board shall be paid by the Contractor and NACCHO in relation to the actual

costs incurred by each of the parties. The dispute board shall timely review the facts, Agreement terms and applicable law and rules, and make its determination.

10. TERMINATION: Either party may terminate this Agreement upon at least fifteen (15) days prior written notice to the other party. NACCHO will pay Contractor for services rendered through the date of termination.

11. ENTIRE AGREEMENT: This Agreement contains all agreements, representations, and understandings of the parties regarding the subject matter hereof and supersedes and replaces any and all previous understandings, commitments, or agreements, whether oral or written, regarding such subject matter.

12. PARTIAL INVALIDITY: If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law, such part, term or provision shall be restated in accordance with applicable law to best reflect the intentions of the parties and the remaining portions or provisions shall remain in full force and effect and shall not be affected.

13. GOVERNING LAW: This Agreement shall be governed by and construed in accordance with the laws of the District of Columbia (without regard to its conflict of law's provisions).

14. ADDITIONAL FUNDING: Unless prior written authorization is received from NACCHO, no additional funds will be allocated to this project for work performed beyond the scope specified or time frame cited in this Agreement.

15. REMEDIES FOR MISTAKES: If work that is prepared by the Contractor contains errors or misinformation, the Contractor will correct error(s) within five business days. The Contractor will not charge NACCHO for the time it takes to rectify the situation.

16. COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS: Contractor's use of funds under this Agreement is subject to the directives of and full compliance with 2 CFR Part 200 (Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards), and 45 C.F.R. Part 75 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards), It is the Contractor's responsibility to understand and comply with all requirements set forth therein.

17. EQUAL EMPLOYMENT OPPORTUNITY: Pursuant to 2 CFR 200 Subpart D, Contractor will comply with E.O. 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at 41 C.F.R. part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

18. DEBARRED OR SUSPENDED CONTRACTORS: Pursuant to Executive Order 12549 and Executive Order 12689 entitled "Debarment and Suspension" and 2 CFR 180, Contractor hereby certifies to the best of its knowledge that it is not presently debarred or suspended and

will execute no subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Non-procurement Programs.

19. LOBBYING RESTRICTIONS AND DISCLOSURES: Pursuant to 2 CFR 200 Subpart E, Contractor hereby certifies to NACCHO that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Contractor will also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

20. SALARY LIMITATION: Pursuant to CDC Additional Requirement – 32: Appropriation Act, General Provisions, cap on Salaries (Division H, Title II, General Provisions, Sec. 202): None of the funds appropriated in this Agreement shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with federal funds.

21. COMPLIANCE WITH FEDERAL ENVIRONMENTAL REGULATIONS: Pursuant to 2 CFR 200 Subpart F, Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.).

22. WHISTLEBLOWER PROTECTION: Pursuant to 41 U.S.C. 4712 employees of a contractor, subcontractor, or subrecipient will not be discharged, demoted, or otherwise discriminated against as reprisal for "whistleblowing."

23. CORONAVIRUS DISEASE 2019 (COVID-19) Funds: The contractor acknowledged that the project is funded under the Coronavirus Preparedness and Response Supplemental Appropriation Act, 2020 (P.L 116-123); the Coronavirus Aid, Relief and Economic Security Act, 2020 (the "CARES Act) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139) and/or the Consolidated Appropriation Act, 2021 (P.L. 116-260), Division M – Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260) and hereby agrees, as to applicable to the award, to 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measure and 3) assist the United States Government in implementation and enforcement of federal orders related to quarantine and isolation. The Contractor will comply, to the extend applicable, with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC.

Furthermore, consistent with 45 C.F.R. 75.322, the Contractor agrees to provide to CDC copies and/or access to COVID-19 data collected including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

24. Domestic Preferences for Procurement - Maximizing Use of American-Made Goods, Products, and Materials (E.O. 13881): Executive Order 13881 promotes the Buy American Act, 41 U.S.C. §§ 8301-8305, proposing the policy of the United States to buy American and to maximize, consistent with law, the use of goods, products, and materials produced in, and services offered in, the United States. The proposed rule revives heightened restrictions for commercially available-off-the-shelf ("COTS") products. The Buy American Act ("BAA") restricts the country of origin of goods bought by the U.S. government, requiring the purchase of "manufactured articles, materials, and supplies that have been manufactured in the United States substantially all from articles, materials, or supplies, mined, produced, or manufactured, in the United States." 41 U.S.C. § 8302(a).

    Under the current FAR rules (particularly Subparts 25.1, 25.2, and 25.5), a domestic end product is one where: (1) the end-product is manufactured in the United States, and (2) more than 50 percent of the cost of all component parts are manufactured in the United States. FAR 25.101. The agencies anticipated to be impacted by this executive order include the Departments of Defense and Commerce, the National Aeronautics and Space Administration, the General Services Administration (GSA), and the Executive Office of the President. Consistent with this Order, Contractors shall insert the substance of this clause, including this paragraph (c), in all subcontracts.

    Pursuant to §200.322, to the greatest extent practicable, provide a preference for the purchase, acquisition, or use of goods, products or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products which means items and construction materials composed in whole or in part of non-ferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates such as concrete; glass, including optical fiber; and lumber).

25. EXECUTION AND DELIVERY: This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same Agreement. The counterparts of this Agreement and all Ancillary Documents may be executed and delivered by facsimile or electronic mail by any of the parties to any other party and the receiving party may rely on the receipt of such document so executed and delivered by facsimile or electronic mail as if the original had been received.

26. NOTICE: All notices, including invoices, required to be delivered to the other party pursuant to this Agreement shall be in writing and shall be sent via email, facsimile, with a copy sent via US mail, postage prepaid, to the parties at the addresses set forth below. Either party may send a notice to the other party, pursuant to this provision, to change the address to which notices shall

be sent.

FOR NACCHO:

National Association of County and City Health Officials
Attn: Lema Mansoury
1201 (I) Eye Street NW 4th Fl.,
Washington, DC 20005
Tel. (202) 471-1205
Fax (202) 783-1583
Email: lmansoury@naccho.org

With a copy to:
National Association of County and City Health Officials
Attn: Ade Hutapea, LL.M., CFCM, CCCM
Senior Director, Grants and Contracts
1201 (I) Eye Street NW 4th Fl.,
Washington, DC 20005
Tel. (202) 507-4272
Fax (202) 783-1583
Email: ahutapea@naccho.org

FOR CONTRACTOR:

County of San Diego Public Health Services
Attn.: Nicholas Rhoades
Senior Epidemiologist
5469 Kearney Villa rd., STE 2000,
San Diego, CA 92123-1144
Tel. (858) 298-4999
Email:
nicholassamuel.rhoades@sdcounty.ca.gov

With a copy to:
County of San Diego Public Health Services
Attn.: Nicholas Rhoades
Senior Epidemiologist
5570 Overland Ave., suite 103,
San Diego, CA 92123-1144
Tel. (858) 298-4999
Email:
nicholassamuel.rhoades@sdcounty.ca.gov

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IN WITNESS WHEREOF, the persons signing below warrant that they are duly authorized to sign for and on behalf of, the respective parties.

AGREED AND ACCEPTED AS ABOVE:

NACCHO:

By : _____

Name : Jerome Chester

Title : Chief Financial Officer

Date : _____

CONTRACTOR:

By : _____

Name : Andrew Potter

Title : Clerk of the Board of Supervisors

Date : 4/28/25

Federal Tax ID No.: 39-6005671
UEID.: KTWAJNF4SJE5

Approved and/or authorized pursuant to
County of San Diego Administrative Code §123.
By: _____ Date: 4/28/25
Deputy Clerk of the Board Supervisors

APPROVED AS TO FORM AND LEGALITY
COUNTY COUNSEL
BY Katherine Hart
SENIOR DEPUTY COUNTY COUNSEL

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS
CONTRACTOR AGREEMENT – ATTACHMENT I
SCOPE OF WORK

Wastewater Surveillance Mentorship Program

Mentee Scope of Work

February 3, 2025 – July 31, 2025

- Submit a brief **introductory paragraph** describing your jurisdiction's characteristics, prior wastewater surveillance efforts, and planned activities during the mentorship program. NACCHO will provide instructions. Due by February 11, 2025.
- Participate in a mentorship program **kick-off call** scheduled tentatively for February 13, 2025, at 1 PM EST. The call will introduce program contacts from the National Association of County and City Health Officials (NACCHO), Centers for Disease Control and Prevention (CDC), mentor and mentee sites, and discuss program expectations and requirements.
- Complete a **pre-assessment** to establish a baseline for the status of wastewater surveillance in your jurisdiction. Due by February 28, 2025.
- Participate in **five (5) regular check-in calls** with NACCHO, mentors, and other mentee sites. These 60-minute calls are designed for mentorship program participants to share progress towards the workplan, describe any challenges they may be facing, share tools and resources, and work with program staff to re-focus efforts as appropriate. NACCHO to schedule calls in advance and finalize dates during the kick-off call. NACCHO to record attendance and meeting date.*
- **Present during one (1) regular check-in call** to share progress towards improving wastewater surveillance capacity, challenges faced, and/or lessons learned. This presentation will be 5-10 minutes long. NACCHO to provide slide template with prompts. Submit presentation slides and any relevant materials. NACCHO to record attendance and presentation date.
- Participate in at least **four (4) check-in meetings with assigned mentors**. These check-in meetings will be used to work with your mentor through your wastewater surveillance activities and challenges, share updates, answer questions, and more. The mentor and mentee should schedule these meetings on their own. Submit agenda, notes, attendee list, and other relevant documentation.
- Participate in at least **one (1) site visit** with your assigned mentor. Submit site visit agenda, attendee list, resources, pictures, and other relevant materials.
    - Mentor: Schedule and host at least one site visit with mentees. NACCHO strongly recommends that site visits be scheduled in-person and early in the project period if possible. Site visits can be held with all assigned mentees or scheduled separately based on mentor/mentee availability. Mentors and mentees are

expected to work together to identify areas of interest in advance of the site visit and focus on the tools, resources, and processes entailed in improving wastewater surveillance capabilities. NACCHO to share sample site visit agenda.

- Mentees: Attend and participate in at least one site visit with mentor.

- Submit a **final report** (format to be determined by NACCHO) summarizing all activities conducted during the project, lessons learned, and any materials, including tools, standard operating procedures, sampling plans, etc. produced as a part of this project. NACCHO to provide information on format and prompts. Due July 31, 2025.
- Complete a **post-assessment** to determine successes, challenges, and lessons learned at the conclusion of the program. Due by July 31, 2025.
- Participate in an **exit interview** with NACCHO's Research, Evaluation, and Data Communication (RED) Team. This 60-minute exit interview will be conducted following the completion of the post-assessment. It will be used to discuss successes, challenges, and lessons learned at the conclusion of the program. It will also be used to share feedback on the mentorship program. NACCHO to schedule the interview, record interview date and attendees, and collect relevant materials. Exit interviews anticipated to be during the month of July 2025.
- Submit **invoices** by the following NACCHO deadlines:

Mentee Deliverables		
Invoice	**Project Deliverables**	**Amount**
Invoice #1 due July 15, 2025 Invoice period: February 3, 2025 – June 30, 2025	1. Submit a brief **introductory paragraph** describing your jurisdiction's characteristics, prior wastewater surveillance efforts, and planned activities during mentorship program. Instructions to be provided by NACCHO. Due February 11, 2025. ($500)	$500
	2. Participate in a mentorship program **kick-off call** scheduled tentatively February 13, 2025, at 1 PM EST. NACCHO to record attendance. ($1,000)	$1,000
	3. Complete a **pre-assessment** to establish a baseline for the status of wastewater surveillance in your jurisdiction. Due February 28, 2025. ($500)	$500
	4. Participate in **five (5) regular check-in calls** with NACCHO, mentors and other mentee sites. NACCHO to record attendance and meeting date. ($800 per regular check-in call. 5 x $800 = $4,000)	$4,000
	5. **Present during one (1) regular check-in call** to share progress towards improving wastewater surveillance capacity, challenges faced, or lessons learned. This presentation will be 5-10 minutes long. Submit presentation slides and any relevant materials. NACCHO to record attendance and presentation date. ($500)	$500
	6. Participate in at least **one (1) site visit** with your assigned mentor. Submit site visit agenda, attendee list, resources, pictures, and other relevant materials. ($5,000)	$5,000
	7. Participate in **four (4) check-in meetings with assigned mentors.** Submit agenda, notes, attendee list, and other relevant documentation. ($1,000 per mentor x mentee call. 4 x $1,000 = $4,000)	$4,000
Invoice 1 Total		**$15,500**

Invoice #2 due July 1, 2025 Invoice period: July 1, 2025 – July 31, 2025	1. Submit a **final report** (format to be determined by NACCHO) summarizing all activities conducted during the project, lessons learned, and any materials, including tools, standard operating procedures, sampling plans, etc. produced as a part of this project. Due July 31, 2025. ($1,000)	$1,000
	2. Complete a **post-assessment** to determine successes, challenges, and lessons learned at the conclusion of program. Due by July 31, 2025. ($500)	$500
	3. Participate in an **exit interview** with NACCHO's RED Team. NACCHO to schedule the interview, record interview date, attendees, and collect relevant materials. Exit interviews anticipated to be during the month of July 2025. ($3,000)	$3,000
Invoice 2 Total		**$4,500**
Award Total		**$20,000**

** A progress report may be substituted in lieu of a regular check-in call (e.g. cancelation, unavailability). Subject to NACCHO approval. Template to be provided by NACCHO.*

COUNTY OF SAN DIEGO

INTER-DEPARTMENTAL CORRESPONDENCE

April 8, 2025

TO: Andrew Potter, Clerk of the Board of Supervisors

FROM: Andrew Strong, Deputy Chief Administrative Officer
Public Safety Group

EXECUTION AND DISTRIBUTION OF REVENUE AGREEMENT WITH SWITCHFOOT BRO-AM FOUNDATION

Attached for your execution, pursuant to San Diego County Administrative Code, Section 123, and Board Policy B-29; Fees, Grants, Revenue Contracts - Department Responsibility for Cost Recovery.

Enclosed is a revenue agreement with the Switchfoot Bro-Am Foundation and the County of San Diego, Sheriff's Office, for law enforcement security services for the 21st Annual Switchfoot Bro-Am, on June 21, 2025.

The value of this contract will not exceed $21,858.85 The exact amount will be determined by the amount of cost for actual usage.

Please execute and email a copy and return two (2) copies of the enclosed revenue agreement to:

Sheriff's Office
Contracts Division
Attn: Christy Moreno
Christy.Moreno@sdsheriff.org
Mail Stop: O-41

If you have any questions regarding this request, please contact Christy Moreno, Admin Analyst at (858) 314-9615

Andrew Strong,
Deputy Chief Administrative Officer

Request For Approval of Revenue Contract or Grant
Not Exceeding $250,000 Annually
(Per County Admin. Code Section 123 & Board Policy B-29)

Date: 4/8/25 Department: SHERIFF

Contract Begin Date: 6/21/25 End Date: 6/21/25 Grant: NO

*Oracle Award #: 509204 Org #: 39565 Amount: $21,858.85

Contact Person: Christy Moreno Phone #: (858) 314-9615

Contracting Agency/Grantor: Switchfoot Bro-Am Foundation

Description: Law Enforcement Security Service for the 21th Annual Switchfoot Bro-Am

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☒ The Department certifies that the contract or grant recovers full cost, including overheads (A-87), per Board Policy B-29.

☐ The Department will not recover full costs. Justification is included in the CAO letter.

Department Approval: Gapuz, Dane Digitally signed by Gapuz, Dane Date: 2025.04.10 15:14:46 -07'00' Date: 04/10/2025

Approved By:

Group Finance Director: Date: 4/23/25

County Counsel: Mark Day Date: 4/28/2025

Chief Administrative Officer: Date: 4/24/25

Office of Financial Planning: Date: 4/29/2025

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* An Award Initiation request must be completed for all new revenue agreements. This form, along with instructions can be found at the ERP website under Forms.

Attachments:
- Letter to the CAO/DCAO/Agency Director
- Letter to the Clerk of the Board of Supervisors
- Revenue or Grant Agreement

OFP USE ONLY
Init: TK OFP#: 25-83

San Diego County
SHERIFF'S OFFICE

MEMORANDUM/ROUTE SLIP

From:	Bureau/Division, or Section:	Date:
Christy Moreno, (858) 314-9615	MSB - Contracts	April 8, 2025

Subject:

Reimbursable Services Agreement - Switchfoot Bro-Am Foundation, 21st Switchfoot Bro-AM on June 21, 2025 - $21,858.85

To: (PLEASE INITIAL AND ROUTE IN ORDER INDICATED BELOW)	Information Only	Approval	Your Recommendation	Action	Prepare Reply	Written Report To Me	See Me	Signature Needed	Return to Me	Copy for You	File	Other (See Below)
1. Dane Gapuz, Sheriff's Contract Manager DG	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
2. Karina Galvan, Assistant Group Finance Director, Public Safety Group	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
3. Andrew Strong, Deputy Chief Administrative Officer, Public Safety Group	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
4. Mark Day, Sr. Deputy County Counsel M.D.	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
5. Toroshinia Kennedy, Office of Financial Planning TK	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
6. Andrew Potter, Clerk of the Board AP	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☑
7.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

COMMENTS:

Other: Please email signed copy to Christy.Moreno@sdsheriff.org and return the two (2) signed copies of the agreement to Christy Moreno, Contracts Division, Mail Stop O-41

Thank you.

SO 11 (06/24)

COUNTY OF SAN DIEGO

INTER-DEPARTMENTAL CORRESPONDENCE

April 8, 2025

TO: Andrew Strong, Deputy Chief Administrative Officer
Public Safety Group

FROM: Dane Gapuz, Contracts Manager
Sheriff's Office

REVENUE CONTRACT WITH THE SWITCHFOOT BRO-AM FOUNDATION PER BOARD POLICY B-29 AND ADMINISTRATIVE CODE SECTION 123

The County of San Diego through the Sheriff's Office, Law Enforcement Bureau is entering into a revenue agreement with the Switchfoot Bro-Am Foundation to provide law enforcement security services for the 21st Annual Switchfoot Bro-Am on June 21, 2025.

The value of this contract will not exceed $21,858.85. The exact amount will be determined by the amount of cost for actual usage. I am asking that you please review the contract and let me know if you have any concerns. You may contact me at (858) 974-2051 if you have any questions.

This contract supports the Board of Supervisor's Community Initiative of the County of San Diego's Strategic Plan by supporting safety for all communities, including protection from crime, availability of emergency medical services and fire response, community preparedness and regional readiness to respond to a disaster.

KELLY A. MARTINEZ, SHERIFF

Dane Gapuz

Dane Gapuz, Manager
Sheriff's Office, Contracts Division

REIMBURSABLE SERVICES AGREEMENT
AMONG THE SWITCHFOOT BRO-AM FOUNDATION, THE COUNTY OF SAN DIEGO, AND THE SAN DIEGO COUNTY SHERIFF RSA #54
SECURITY SERVICES

THIS AGREEMENT made and entered into this 8th day of April 2025 by and between the Switchfoot Bro-Am (REQUESTOR), and THE COUNTY OF SAN DIEGO (COUNTY), for services to be provided by THE SAN DIEGO COUNTY SHERIFF (SHERIFF).

WITNESSETH: For valuable consideration, the receipt and sufficiency of which is hereby acknowledged, COUNTY and REQUESTOR jointly intend that REQUESTOR will fund and COUNTY will provide a level of law enforcement services as set forth in this Agreement.

1. When ☐ traffic control or ☒ security services for REQUESTOR are required, COUNTY through SHERIFF will provide uniformed personnel with motorcycles and/or patrol vehicles to assist with the 21st Annual Switchfoot Bro-Am.

2. The term of this Agreement shall commence on June 21, 2025, at 04:00am, and shall continue in effect through and terminate after June 21, 2025, at 08:00pm.

3. COUNTY Coordinator of this Agreement shall be Lieutenant Davis, (760) 966-3500.

4. During the period of any public safety emergency or exigent circumstance such as mutual aid, SHERIFF may cancel this Agreement without prior notice. Services shall be restored by Sheriff as soon as practical.

5. This Agreement may be amended in writing by mutual consent of the parties hereto.

6. The hours and mileage indicated in this Agreement are estimated. Actual hours and mileage, to include mileage from SHERIFF Station or Division to the service location, will be charged to REQUESTOR.

7. The rates specified in Exhibit A are estimated and are incorporated by reference. Any increases in overhead, mileage, damaged uniforms, privately-owned safety equipment, and salaries and benefits are governed by the collective bargaining agreement and/or statute. In the event of a rate increase, REQUESTOR agrees to pay the increased rates. The COUNTY reserves the right to require a deposit of the estimated charges. Failure to pay the deposit will result in the cancelation of this agreement. If required charges exceed the deposit, REQUESTOR shall pay the additional cost. If required charges are less than the deposit, Sheriff will refund the difference to REQUESTOR.

8. REQUESTOR agrees to reimburse COUNTY through SHERIFF for any additional charges directly related to the services provided, e.g., Sheriff supplies, additional equipment utilized, damage to uniforms, or property repaired or replaced at Sheriff's expense.

9. SHERIFF shall invoice REQUESTOR for actual costs incurred for the services received. REQUESTOR within thirty (30) business days from date of invoice shall pay to the County Treasurer through the Sheriff's Office at P. O. Box 939062, San Diego, CA 92193-9062 for the services agreed to.

10. Indemnification

<u>Indemnification related to Workers Compensation and Employment Issues</u>.

10.1. The COUNTY shall fully indemnify and hold harmless the REQUESTOR, its officers, employees and agents, from any claims, losses, fines, expenses (including attorneys' fees and court costs or arbitration costs), costs, damages or liabilities arising from or related to (1) any worker's compensation claim or demand or other workers compensation proceeding arising from or related to, or claimed to arise from or relate to, employment which is brought by an employee of the COUNTY or an contract labor provider retained by the COUNTY, or (2) any claim, demand, suite or other proceeding arising from or related to, or claimed to arise from or relate to, the status of employment (including without limitation compensation, demotion, promotion, discipline, termination, hiring, work assignment, transfer, disability, leave or other such matters) which is brought by an employee of the COUNTY or any contract labor provider retained by the COUNTY.

The REQUESTOR shall fully indemnify and hold harmless the COUNTY, its officers, employees and agents, from any claims, losses, fines, expenses (including attorneys' fees and court costs or arbitration costs), costs, damages or liabilities arising from or related to (1) any workers' compensation claim or demand or other workers compensation proceeding arising from or related to, or claimed to arise from or relate to, employment which is brought by an employee of the REQUESTOR or any contract labor provider retained by the REQUESTOR, or (2) any claim, demand, suite or other proceeding arising from or related to, or claimed to arise from or relate to, the status of employment (including without limitation compensation, demotion, promotion, discipline, termination, hiring, work assignment, transfer, disability, leave or other such matters) which is brought by an employee of the REQUESTOR or any contract labor provider retained by the REQUESTOR.

Indemnification related to Acts or Omissions, Negligence.

10.2. **Claims Arising from Sole Acts or Omissions of COUNTY.** The County of San Diego, (COUNTY), hereby agrees to defend and indemnify REQUESTOR and its agents, officers, and employees (hereinafter collectively referred to in section 10 as the 'REQUESTOR'), from any claim, action or proceeding against the REQUESTOR arising solely out of the acts or omissions of COUNTY in the performance of this Agreement. At their sole discretion, REQUESTOR may participate at its own expense in the defense of any claim, action or proceeding, but such participation shall not relieve COUNTY of any obligation imposed by this Agreement. REQUESTOR shall notify COUNTY promptly of any claim, action or proceeding and cooperate fully in the defense.

10.3. **Claims Arising from Sole Acts or Omissions of REQUESTOR.** REQUESTOR hereby agrees to defend and indemnify the COUNTY, its agents, officers and employees from any claim, action or proceeding against COUNTY, arising solely out of the acts or omissions of REQUESTOR in the performance of this Agreement. At its sole discretion, COUNTY may participate at its own expense in the defense of any such claim, action or proceeding, but such participation shall not relieve REQUESTOR of any obligation imposed by this Agreement. COUNTY shall notify REQUESTOR promptly of any claim, action or proceeding and cooperate fully in the defense.

10.4. **Claims Arising from Concurrent Acts or Omissions.** The COUNTY hereby agrees to defend itself, and REQUESTOR hereby agrees to defend itself, from any claim, action or proceeding arising out of the concurrent acts or omissions of COUNTY and REQUESTOR. In such cases, COUNTY and REQUESTOR agree to retain their own legal counsel, bear their own defense costs, and waive their right to seek reimbursement of such costs, except as provided in paragraph 10.6 below.

10.5. **Joint Defense.** Notwithstanding paragraph 10.4 above, in cases where COUNTY and REQUESTOR agree in writing to a joint defense, COUNTY and REQUESTOR may appoint joint defense counsel to defend the claim, action or proceeding arising out of the concurrent acts or omissions of REQUESTOR and COUNTY. Joint defense counsel shall be selected by mutual agreement of COUNTY and REQUESTOR. COUNTY and REQUESTOR agree to share the costs of such joint defense and any agreed settlement in equal amounts, except as provided in paragraph 10.6 below. COUNTY and REQUESTOR further agree that neither party may bind the other to a settlement agreement without the written consent of both COUNTY and REQUESTOR.

10.6. **Reimbursement and/or Reallocation.** Where a trial verdict or arbitration award allocates or determines the comparative fault of the parties, COUNTY and REQUESTOR may seek reimbursement and/or reallocation of defense costs, settlement payments, judgments, and awards, consistent with such comparative fault.

11. Any notice, request, demand, or other communication required or permitted hereunder shall be in writing and may be personally delivered or given as of the date of mailing by depositing such notice in the United States mail, first-class postage prepaid and addressed as follows; or to such other place as each party may designate by subsequent written notice to each other:

To REQUESTOR:
Switchfoot Bro-Am Foundation
C/O: Chris Frederick
2820 Roosevelt Rd #104
San Diego, CA 92106
chris@broam.org

To SHERIFF:
Sheriff Contracts Division
County of San Diego
P. O. Box 939062
San Diego, CA 92193-9062

A notice shall be effective on the date of personal delivery if personally delivered before 5:00 p.m. on a business day or otherwise on the first business day following personal delivery; or two (2) business days following the date the notice is postmarked, if mailed; or on the first business day following delivery to the applicable overnight courier, if sent by overnight courier for next business day delivery and otherwise when actually received.

12. This Agreement may be modified or amended only by a written document signed by both parties, and no oral understanding or agreement shall be binding on the parties. No party shall assign any of its rights or delegate any of its obligations hereunder without the prior written consent of the other parties.

13. This Agreement shall become effective as of the date of execution hereof and unless sooner terminated as provided for herein, shall continue in full force and effect to the completion of the contract period. Any party may terminate this Agreement by giving thirty (30) days' notice in writing to the other party. The Agreement may also be terminated at any time by mutual agreement in writing to the parties and may be renegotiated or modified at any time by mutual agreement in writing.

14. This Agreement, including the Exhibit hereto, constitute the complete exclusive statement of agreement between the COUNTY and REQUESTOR with respect to the subject matter hereof. As such, all prior written and oral understandings are superseded in total by this Agreement.

IN WITNESS WHEREOF, the parties by their duly authorized officers have executed this Agreement on the day and year first written above.

SAN DIEGO COUNTY
SHERIFF'S OFFICE

Dane Gapuz
Signature

Title/Rank

Dane Gapuz
Sheriff's Contract Manager
Print Name

Chris Frederick
Switchfoot Bro-Am (Fiscally sponsored project of MESD)

Signature

Foundation Director
Title/Rank

CHRIS FREDERICK
Print Name

APPROVED AS TO FORM AND LEGALITY
COUNTY COUNSEL

Mark Day
Signature- Senior Deputy County Counsel

Mark Day
Print Name

COUNTY OF SAN DIEGO

Signature- Clerk of the Board

Andrew Potter
Print Name

Do not sign this contract at the station level. Please forward three originals to the Contracts Division (O-41) for signature on behalf of the County.

Approved and/or authorized pursuant to County of San Diego Administrative Code §123.
By: _____ Date: 4/30/25
Deputy Clerk of the Board Supervisors

3 Signed Originals
DISTRIBUTION:
1 – Requestor
1 – Station/Facility/Division File
1 – Contracts Division

EXHIBIT A

COST ESTIMATE

Please contact the Contracts Division for the correct rates.

	# of POSITIONS	# of HOURS	# of MILES	RATE or COST *WITH OVERHEAD**	TOTAL
Sergeant	1	10.0		$ 191.26	$ 1,912.60
Deputy (Patrol)	7	9.0		$ 121.31	$ 7,642.53
Deputy (Traffic)	1	9.0		$ 121.31	
Motor	2	9.0		$ 121.31	$ 2,183.58
Expolorer Advisor	1	14.0		$ 121.31	$ 1,698.34
Deputy (ATV)	2	10.0		$ 121.31	$ 2,426.20
Deputy Admin	2	15.0		$ 121.31	$ 3,639.30
CSO	2	15.0		$ 68.55	$ 2,056.50
				Sub-Total	$ 21,559.05
				TOTAL	$ 21,559.05
Vehicle Minimum or Mileage	5			$ 59.96	$ 299.80
Motorcycle Mileage					$ -
				TOTAL	$ 299.80
Other Expenses: *(List)*					$ -
					$ -
				TOTAL	$ -
				TOTAL ESTIMATED COSTS	$ 21,858.85

Contact the Sheriff's Office Contracts Management Unit at (858) 974-2236 for assistance.

COUNTY OF SAN DIEGO

INTER-DEPARTMENTAL CORRESPONDENCE

2025 APR 30 A11:53

April 24, 2025

TO: Andrew Potter, Clerk of the Board of Supervisors

FROM: Andrew Strong, Deputy Chief Administrative Officer
Public Safety Group

EXECUTION AND RATIFICATION OF REVENUE CONTRACT BETWEEN UNITED STATES CAPITOL POLICE AND THE COUNTY OF SAN DIEGO SHERIFF'S OFFICE PURSUANT TO ADMINISTRATIVE CODE SECTION 123 AND BOARD POLICY B-29

Attached for your execution, pursuant to San Diego County Administrative Code, Section 123, and Board Policy B-29; Fees, Grants, Revenue Contracts - Department Responsibility for Cost Recovery.

Enclosed is a revenue agreement with United States Capitol Police and the County of San Diego, Sheriff's Office, for Sara Jacobs GCCCD Town Hall on April 22, 2025. Ratification of contract is requested as the start date preceded the execution of the contract.

The value of this contract will not exceed $6,794.16. The exact amount will be determined by the amount of cost for actual usage.

Accordingly, please ratify the attached documents and when fully executed, email a copy, and return two (2) copies of the enclosed revenue agreement to:

Sheriff's Office
Contracts Division
Attn: Rina Molina
Mail Stop: O-41
Rina.Molina2@sdsheriff.gov

If you have any questions regarding this request, please contact Rina Molina at (858) 480-5561.

Andrew Strong
Deputy Chief Administrative Officer

Request For Approval of Revenue Contract or Grant
Not Exceeding $250,000 Annually
(Per County Admin. Code Section 123 & Board Policy B-29)

Date: 4/24/25 Department: SHERIFF

Contract Begin Date: 4/22/25 End Date: 4/22/25 Grant: NO

*Oracle Award #: PENDING Org #: 39741 Amount: $6,794.16

Contact Person: Rina Molina Phone #: (858) 480-5561

Contracting Agency/Grantor: United States Capitol Police

Description: Law Enforcement Security Services for Sara Jacobs GCCCD Town Hall

☒ The Department certifies that the contract or grant recovers full cost, including overheads (A-87), per Board Policy B-29.

☐ The Department will not recover full costs. Justification is included in the CAO letter.

Department Approval: Gapuz, Dane Digitally signed by Gapuz, Dane Date: 2025.04.24 14:48:37 -07'00' Date: 04/24/2025

Approved By:

Group Finance Director: Karina Kalina Date: 4/28/25

County Counsel: Mark Day Date: 4/28/2025

Chief Administrative Officer: Date: 4/23/25

Office of Financial Planning: Date: 4/29/2025

* An Award Initiation request must be completed for all new revenue agreements. This form, along with instructions can be found at the ERP website under Forms.

Attachments:
- Letter to the CAO/DCAO/Agency Director
- Letter to the Clerk of the Board of Supervisors
- Revenue or Grant Agreement

OFP USE ONLY
Init: TK OFP#: 25-84

San Diego County
SHERIFF'S DEPARTMENT
MEMORANDUM/ROUTE SLIP

From:	Bureau/Division, or Section:	Date:
Rina Molina, (858) 480-5561	MSB- Contracts	April 24, 2025

Subject:
Reimbursable Services Agreement- UNITED STATES CAPITOL POLICE, SARA JACOBS GCCCD TOWN HALL on April 22, 2025- $6,794.16.

To: (PLEASE INITIAL AND ROUTE IN ORDER INDICATED BELOW)	Information Only	Approval	Your Recommendation	Action	Prepare Reply	Written Report To Me	See Me	Signature Needed	Return to Me	Copy for You	File	Other (See Below)
1. Dane Gapuz, Contracts Manager DG		X										
2. Karina Galvan, Assistant Group Finance Director, Public Safety Group KG		X						X				
3. Andrew Strong, Deputy Chief Administrative Officer, Public Safety		X						X				
4. Mark Day, Sr. Deputy County Counsel M.D.		X						X				
5. Toroshinia Kennedy, Office of Financial Planning TK		X						X				
6. Andrew Potter, Clerk of the Board		X						X				X
7.												
8.												
9.												
10.												

COMMENTS:

Please email signed copy to Rina.Molina2@sdsheriff.gov and return the two (2) signed copies of the agreement to Rina Molina, Contracts Division, Mail Stop: 041

Thank you.

SO 11 (06/03)

COUNTY OF SAN DIEGO

INTER-DEPARTMENTAL CORRESPONDENCE

April 24, 2025

TO: Andrew Strong, Deputy Chief Administrative Officer
Public Safety Group

FROM: Dane Gapuz, Contracts Manager
Sheriff's Office

EXECUTION AND RATIFICATION OF REVENUE CONTRACT BETWEEN UNITED STATES CAPITOL POLICE AND THE COUNTY OF SAN DIEGO SHERIFF'S OFFICE PURSUANT TO ADMINISTRATIVE CODE SECTION 123 AND BOARD POLICY B-29

The County of San Diego through the Sheriff's Office, Law Enforcement Bureau is entering into a revenue agreement with United States Capitol Police to provide law enforcement security services for the Sara Jacobs GCCCD Town Hall on April 22, 2025. Ratification of contract is requested as the start date preceded the execution of the contract.

The value of this contract will not exceed $6,794.16. The exact amount will be determined by the amount of cost for actual usage. I am asking that you please review the contract and let me know if you have any concerns. You may contact me at (619) 851-4943 if you have any questions. After your approval, we will route the contract for signatures.

This contract supports the Board of Supervisor's Living Safely Initiative of the County's Strategic Plan by ensuring the public's safety at this location.

KELLY A. MARTINEZ, SHERIFF

Dane Gapuz

Dane Gapuz, Manager
Sheriff's Contracts Division

REIMBURSABLE SERVICES AGREEMENT
AMONG THE UNITED STATES CAPITOL POLICE, THE COUNTY OF SAN DIEGO, AND THE SAN DIEGO COUNTY SHERIFF RSA #66

SECURITY SERVICES

THIS AGREEMENT made and entered into this 15th of April 2025 by and between the United States Capitol Police (REQUESTOR), and THE COUNTY OF SAN DIEGO (COUNTY), for services to be provided by THE SAN DIEGO COUNTY SHERIFF (SHERIFF).

WITNESSETH: For valuable consideration, the receipt and sufficiency of which is hereby acknowledged, COUNTY and REQUESTOR jointly intend that REQUESTOR will fund and COUNTY will provide a level of law enforcement services as set forth in this Agreement.

1. When ☐ traffic control or ☒ security services for REQUESTOR are required, COUNTY through SHERIFF will provide uniformed personnel with motorcycles and/or patrol vehicles to assist with the Sara Jacobs GCCCD Town Hall April 2025.

2. The term of this Agreement shall commence on April 22, 2025, at 3:30 PM, and shall continue in effect through and terminate after April 22, 2025, at 9:30 PM.

3. COUNTY Coordinator of this Agreement shall be Sgt. Rene Kirchhoefer, (619) 987-0186.

4. During the period of any public safety emergency or exigent circumstance such as mutual aid, SHERIFF may cancel this Agreement without prior notice. Services shall be restored by Sheriff as soon as practical.

5. This Agreement may be amended in writing by mutual consent of the parties hereto.

6. The hours and mileage indicated in this Agreement are estimated. Actual hours and mileage, to include mileage from SHERIFF Station or Division to the service location, will be charged to REQUESTOR.

7. The rates specified in Exhibit A are estimated and are incorporated by reference. Any increases in overhead, mileage, damaged uniforms, privately-owned safety equipment, and salaries and benefits are governed by the collective bargaining agreement and/or statute. In the event of a rate increase, REQUESTOR agrees to pay the increased rates. The COUNTY reserves the right to require a deposit of the estimated charges. Failure to pay the deposit will result in the cancellation of this agreement. If required charges exceed the deposit, REQUESTOR shall pay the additional cost. If required charges are less than the deposit, Sheriff will refund the difference to REQUESTOR.

8. REQUESTOR agrees to reimburse COUNTY through SHERIFF for any additional charges directly related to the services provided, e.g., Sheriff supplies, additional equipment utilized, damage to uniforms, or property repaired or replaced at Sheriff's expense.

9. SHERIFF shall invoice REQUESTOR for actual costs incurred for the services received. Approximately thirty (30) business days from date of invoice, REQUESTOR shall pay to the County Treasurer through the Sheriff's Office at P. O. Box 939062, San Diego, CA 92193-9062 for the services agreed to.

10. Indemnification: Federal law prohibits Requestor from promising to indemnify County to such an extent that Requestor's liability would be indefinite, indeterminate, or potentially unlimited (31 U.S.C.§665 and 41 U.S.C. §11.) Under the Federal Tort Claims Act, however, the Federal Government is liable for the negligent or wrongful acts of its employees or agents. (28 U.S.C. §§ 1346(B), 2671-2680.) Requestor agrees to process and pay all claims arising out of this Agreement, to the full extent authorized under the Federal Tort Claims Act and any other applicable federal law, rule, or regulation.

11. Any notice, request, demand, or other communication required or permitted hereunder shall be in writing and may be personally delivered or given as of the date of mailing by depositing such notice in the United States mail, first-class postage prepaid and addressed as follows; or to such other place as each party may designate by subsequent written notice to each other:

    To REQUESTOR:

    United States Capitol Police
    Jeanita Mitchell
    Acting Asst. Chief of Police for Protective and Intelligence Operations
    119 D Street, NE Washington, DC 20510
    (202) 384-8720

    To SHERIFF:
    Sheriff Contracts Division
    County of San Diego
    P. O. Box 939062
    San Diego, CA 92193-9062

    A notice shall be effective on the date of personal delivery if personally delivered before 5:00 p.m. on a business day or otherwise on the first business day following personal delivery; or two (2) business days following the date the notice is postmarked, if mailed; or on the first business day following delivery to the applicable overnight courier, if sent by overnight courier for next business day delivery and otherwise when actually received.

12. This Agreement may be modified or amended only by a written document signed by both parties, and no oral understanding or agreement shall be binding on the parties. No party shall assign any of its rights or delegate any of its obligations hereunder without the prior written consent of the other parties.

13. This Agreement shall become effective as of the date of execution hereof and unless sooner terminated as provided for herein, shall continue in full force and effect to the completion of the contract period. Any party may terminate this Agreement by giving thirty (30) days' notice in writing to the other party. The Agreement may also be terminated at any time by mutual agreement in writing to the parties and may be renegotiated or modified at any time by mutual agreement in writing.

14. This Agreement, including the Exhibit hereto, constitute the complete exclusive statement of agreement between the COUNTY and REQUESTOR with respect to the subject matter hereof. As such, all prior written and oral understandings are superseded in total by this Agreement.

IN WITNESS WHEREOF, the parties by their duly authorized officers have executed this Agreement on the day and year first written above.

SAN DIEGO COUNTY
SHERIFF'S OFFICE

Dane Gapuz
Signature Title/Rank

Dane Gapuz
Sheriff's Contract Manager
Print Name

J. THOMAS MANGER
UNITED STATES CAPITOL POLICE

Signature Title/Rank

Print Name

APPROVED AS TO FORM AND LEGALITY
COUNTY COUNSEL

Mark Day
Signature- Senior Deputy County Counsel

Mark Day
Print Name

COUNTY OF SAN DIEGO

Signature- Clerk of the Board

Andrew Potter
Print Name

Approved and/or authorized pursuant to
County of San Diego Administrative Code §123.
By: Date: 7/30/25
Deputy Clerk of the Board of Supervisors

Do not sign this contract at the station level. Please forward three originals to the Contracts Division (O-41) for signature on behalf of the County.

3 Signed Originals
DISTRIBUTION:
1 – Requestor
1 – Station/Facility/Division File
1 – Contracts Division

EXHIBIT A

COST ESTIMATE

Please contact the Contracts Division for the correct rates.

	# of POSITIONS	# of HOURS	# of MILES	RATE or COST *WITH OVERHEAD**	TOTAL
Deputy	6	6.0		$ 156.85	$ 5,646.60
Sergeant	1	6.0		$ 191.26	$ 1,147.56
Addt'l Positions: *(Specify on Lines Below)*					$ -
Liutenant	1			$ 218.61	$ -
Dispatcher	1			$ 100.33	$ -
					$ -
				Sub-Total	$ 6,794.16
				TOTAL	$ 6,794.16
Vehicle Minimum or Mileage				$ 59.96	$ -
Motorcycle Mileage					$ -
				TOTAL	$ -
Other Expenses: *(List)*					
					$ -
					$ -
				TOTAL	$ -
				TOTAL ESTIMATED COSTS	$ 6,794.16

Contact the Sheriff's Office Contracts Management Unit at (858) 974-2236 for assistance.

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS
TUESDAY, APRIL 30, 2024

COSD CLERK OF THE BOARD
2025 MAY 7 PM 1:26

MINUTE ORDER NO. 7

SUBJECT: AUTHORIZE ACCEPTANCE OF OLDER ADULT SERVICES REVENUE AGREEMENTS, MEMORANDUM OF UNDERSTANDING, AND GRANTS FOR FISCAL YEAR 2024-25, AND AUTHORIZE APPLICATION FOR FUTURE FUNDING OPPORTUNITIES FOR PROGRAMS SERVING OLDER ADULTS AND PERSONS WITH DISABILITIES (DISTRICTS: ALL)

OVERVIEW

The County of San Diego (County) Health and Human Services Agency, Aging & Independence Services (AIS) serves as the region's federally designated Area Agency on Aging (AAA) and administers programs focused on the safety and well-being of older adults and persons with disabilities. These services align with the Aging Roadmap, the County regional plan to ensure the region has programs and communities that equitably support the needs and leverage the contributions of all older adults in the county. On May 2, 2023 (4), the San Diego County Board of Supervisors (Board) approved Fiscal Year (FY) 2023-24 revenue agreements to fund various programs that support older adults and persons with disabilities, allowing them to remain safely in their homes and access needed community resources. Subsequently, on January 23, 2024 (2), the Board approved an additional FY 2023-24 revenue agreement to further support and expand these programs and services. These programs and services support the goals and objectives established in the AIS 2024-2028 Area Plan, approved by the Board on April 9, 2024 (6). Required by the Older Americans Act (OAA), the AIS Area Plan 2024-2028 details how AIS will utilize funds received through the OAA to provide services that meet the identified needs of older adults, persons with disabilities, and their caregivers throughout the county.

The California Department of Aging is transitioning from revenue agreements to a multi-year memorandum of understanding (MOU) for the Area Plan and Medicare Improvements for Patients and Providers Act Program and intends to transition to an MOU for the Health Insurance Counseling and Advocacy Program. The process for this transition is currently underway, however it is not yet known when the Health Insurance Counseling and Advocacy Program MOU will be finalized. This item requests the Board authorize acceptance of $33,284,979 of federal and State revenue agreements, MOU, and grants for FY 2024-25 to support these programs and services.

If approved, today's action would authorize acceptance of funding through revenue agreements, MOU, and grants, and authorize Clerk of the Board to execute revenue agreements, MOU, and grants upon receipt, and authorize the Agency Director, Health and Human Services Agency to pursue future funding opportunities.

This action supports the County vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe and thriving communities. This will be accomplished by ensuring the County will continue to receive federal, State, and other funding to administer necessary programs and services for older adults, persons with disabilities, and their caregivers.

RECOMMENDATION(S)
CHIEF ADMINISTRATIVE OFFICER

1. Waive Board Policy B-29: Fees, Grants, Revenue Contracts - Department Responsibility for Full Cost Recovery, which requires full cost recovery of grants and revenue contracts.

2. Approve and authorize the Clerk of the Board to execute, upon receipt, the following revenue agreements, memorandum of understanding, and grants:
   - California Department of Aging Agreements
     - Older Californians Act Modernization (OM-2223-23 & NM-2324-23)
     - Health Insurance Counseling and Advocacy Program (HI-2425-23)
     - CalFresh Expansion and SNAP-Ed/CalFresh Healthy Living (CF-2223-23)
     - Multipurpose Senior Services Program (MS-2425-07)
   - California Department of Aging Memorandum of Understanding for Area Plan services, Health Insurance Counseling and Advocacy Program, and Medicare Improvements for Patients and Providers Act Programs (AAA-2425-23)
   - San Diego Gas & Electric (Cool Zone program)
   - Partners in Care Foundation
   - Veterans Administration San Diego Healthcare System (Veteran Directed Home and Community Based Service Program)
   - San Diego State University Research Foundation/Geriatric Workforce Enhancement Program
   - University of California San Diego - Dementia Aware

3. Authorize the Clerk of the Board, subject to the approval of the Agency Director, Health and Human Services Agency or designee, to execute all required documents related to the revenue agreements, memorandum of understanding, and grants in Recommendation 2, including any extensions, amendments or revisions thereto that do not materially impact either the program or the funding level.

4. Authorize acceptance of the grant from the Corporation for National & Community Service for the Retired Senior and Volunteer Program.

5. Authorize the Agency Director, Health and Human Services Agency or designee, to apply for future funding opportunities that support programs serving older adults, persons with disabilities and their caregivers.

EQUITY IMPACT STATEMENT

There are approximately 710,000 San Diegans over the age of 60, and by 2030, that number is expected to grow to more than 850,000. Additionally, the population over the age of 85 in San Diego County is projected to diversify and grow faster than any other age group. The County of San Diego (County) Health and Human Services Agency, Aging & Independence Services (AIS) provides a wide array of services to meet the needs of this growing population and ensures the welfare of older adults, caregivers, and persons with disabilities. Community input regarding resources, services, and programs related to funding sources included in today's request began in Fall 2023. AIS conducted 17 community feedback sessions with older adults, caregivers, persons with disabilities, and service providers across a range of topic areas and localities throughout the county for programs and services included in the Aging Roadmap and Area Plan. Many underserved communities including people of color, individuals with limited English proficiency, LGBTQI+ individuals, persons with Alzheimer's Disease and related

dementias, and low-income individuals provided input to AIS during feedback sessions. Additionally, AIS conducted a public hearing on March 11, 2024 for the Area Plan, where services recipients and other members of the public provided input on the resources, services, and programs related to many of the funding sources included in today's request. Translation services for the feedback sessions and public hearing were made available in county threshold languages. AIS also advertised the public hearing in all of the county threshold languages.

AIS will continue to seek community input and feedback through public hearings held annually during the annual update of the Area Plan, a planning document required by the Older Americans Act (OAA), detailing how AIS will utilize funds received through the OAA to provide services that meet the identified needs of older adults, persons with disabilities and their caregivers throughout the county. Community input and collaboration are also obtained through Aging Roadmap community teams, comprised of community members, subject matter experts, and County staff to develop and implement goals in the 10 priority areas of the Aging Roadmap. Today's recommendations will allow the County to continue administering vital programs and services for older adults and persons with disabilities, improving the quality of life for equity-seeking groups of all ages, including Black, Indigenous, and people of color, women, persons with disabilities, immigrants, and the LGBTQI+ community.

SUSTAINABILITY IMPACT STATEMENT

Working with partners to improve and expand programs and services that contribute to the safety and welfare of older adults and persons with disabilities will advance the County of San Diego (County) Sustainability Goal #1 to engage the community in meaningful ways; Sustainability Goal #2 to provide just and equitable access to County services; and Sustainability Goal #4 to protect the health and well-being of everyone in the region. Specifically, programs and services provided with this funding allow older adults and persons with disabilities to remain safely in their homes and access necessary community resources. Additionally, the funded programs help meet the needs of caregivers, reduce isolation, and increase social connections. These efforts are designed to improve the overall health and well-being and reduce barriers for underserved populations, which benefits individuals, and the community at large, who include younger generations today and as they age.

FISCAL IMPACT

Funds for this request are included in the Fiscal Year (FY) 2024-25 CAO Recommended Operational Plan in the Health and Human Services Agency. If approved, this request will result in costs of $34,018,262 and revenue of $33,284,979 in FY 2024-25. The funding sources are:

- State General Fund, Federal Medicaid Program;
- Titles III and VII of the Older Americans Act;
- Older Californians Act Modernization;
- Federal and State Health Insurance Counseling and Advocacy Program;
- Federal SNAP-ED/CalFresh - Healthy Living, U.S. Department of Health and Human Services;
- Partners In Care Foundation;
- San Diego Gas & Electric;
- Veterans Administration San Diego Healthcare System;
- San Diego State University Research Foundation;
- Corporation for National & Community Service; and
- University of California San Diego.

A waiver of Board Policy B-29 is requested because the funding does not offset all costs. B-29 costs are $733,283 for FY 2024-25 and will be funded with existing General Purpose Revenue allocated for these programs. The public benefit for providing these services, which allow older adults and those with disabilities to remain safely in their homes and access resources, far outweighs these costs. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT
N/A

ACTION:
ON MOTION of Supervisor Desmond, seconded by Supervisor Lawson-Remer, the Board of Supervisors took action as recommended, on Consent.

AYES: Vargas, Anderson, Lawson-Remer, Montgomery Steppe, Desmond

State of California)
County of San Diego) §

I hereby certify that the foregoing is a full, true and correct copy of the Original entered in the Minutes of the Board of Supervisors.

ANDREW POTTER
Clerk of the Board of Supervisors

Signed by Andrew Potter

FDP Subaward Amendment

Amendment No: 001 | Subaward No: 706215

Pass-Through Entity (PTE)		Subrecipient	
University of California San Diego	Entity Name	SAN DIEGO COUNTY COUNCIL ON AGING	
skpaul@ucsd.edu	Contact Email	jing.zhou@sdcounty.ca.gov	
ROOPALI GUPTA	Principal Investigator	Jing Zhou	

Project Title: Dementia Aware

PTE/Prime Award No.: Sub 13434sc (21-10420) | Awarding Agency: UC SAN FRANCISCO

Cumulative Budget Period(s) (Agreement Start Date)	(End Date of Latest Budget Period)	Amount Funded This Action	Total Amount of Funds Obligated to Date
Start Date: 03/15/2022	End Date: 06/30/2024	$82,500.00	$126,500.00

Subrecipient Cost Share ☐ | Subject to FFATA ☐ | Subrecipient UEI (Unique Entity Identifier - May leave blank if unchanged from prior Agreement):

Amendment(s) to Original Terms and Conditions

This Amendment revises the above-referenced Subaward Agreement as follows:

☒ **Additional Budget Period**

Additional budget period 07/01/2023 - 06/30/2024 is hereby added to this Subaward.

☐ **No Cost Extension**

☒ **Additional Funding**

Additional funding in the amount of $ 82,500.00 is hereby obligated to this Subaward.

☐ **Deobligation**

Carryover is Not Automatic — Carryover across budget periods requires prior approval.

☐ **Carryover Authorized**

If carryover is not automatic, the "Total Amount of Funds Obligated to Date" stated above may not reflect the actual balance available. The Subrecipient is responsible for tracking unobligated balances and subsequent carryover approvals from prior budget periods. In the event that funding was not fully expended by the Subrecipient during the prior period, the Subrecipient is not authorized to use funds from any prior periods, unless approval is granted by the PTE.

☒ **Detailed Budget/Scope of Work/Notice of Award Attached** (Specify if the Budget and Scope of Work are "New", "Revised", or "Supplemental" in dropdown or "Other")

A Notice of Award and Budget is incorporated by attachment to this Amendment.

☒ **Other (See Below)**

For clarity: all amounts stated in this amendment are in United States Dollars.

All other terms and conditions of this Subaward Agreement remain in full force and effect.

By an Authorized Official of PTE:		By an Authorized Official of Subrecipient:	
Date		Date	5/7/25
Name		Name	Andrew Potter
Title		Title	Clerk of the Board

Approved and/or authorized by the Board of Supervisors of the County of San Diego.
Meeting Date: 04/30/24 Minute Order No. 07
By: [signature] Date: 05/06/2025
Deputy Clerk of the Board of Supervisors

APPROVED AS TO FORM AND LEGALITY
Emily Genovese 4/29/2025

Revised 2/2021

Dementia Care Aware Budget 2023-2024

Total Allocation: $82,500

Timeframe: Jan 2024 - June 2024

PERSONNEL	Monthly Base	Months	FTE	Salary	Benefits	FY23-24
Health Planning and Program Specialist	$8,684.00	6	0.05	$ 2,605	$ 1,941	$ 4,546.33
Community Health Program Specialist	$7,332.00	6	0.10	$ 4,399	$ 3,278	$ 7,677.04
Aging Program Specialist II	$6,179.33	6	0.10	$ 3,708	$ 2,763	$ 6,470.13
Chief Geriatric Officer (Medical Director)	$22,912.00	6	0.08	$ 10,310	$ 7,682	$ 17,992.68
Chief, Agency Operations	$11,027.47	6	0.10	$ 6,616	$ 4,930	$ 11,546.42
TOTAL SALARIES						$ 27,639
TOTAL BENEFITS						$ 20,594
TOTAL PERSONNEL COSTS						$ 48,233

MAINTENANCE AND OPERATIONS COSTS	AIS
Travel	-
Printing - Updated Clinical Guidelines	$ 26,767.00
Other Direct Costs	
TOTAL MAINTENACE AND OPERATIONS COSTS	$ 26,767
Indirect Costs (max of 10%)	$ 7,500
TOTAL	$ 82,500

* Use the Step 3 of the position you are indicating.

UNIVERSITY OF CALIFORNIA

UC Multiple-Campus Award No. 13434sc
AMENDMENT No. 03
Date Issued: 05/03/2024

Supported by Extramural Funds

PARTIES

Direct questions regarding administration of this award to the appropriate Central Email, below.
Direct questions regarding project-specific terms and conditions to the Prime Campus Principal Investigator and/or Departmental/Financial Contact, below.

	Prime Campus	Participating Campus
Campus and REMS Sponsor Code:	San Francisco (6762)	San Diego (6778)
Principal Investigator:	Anna Chodos	Roopali Gupta, MD
PI Email:	Anna.Chodos@ucsf.edu	rog007@health.ucsd.edu
Central Email:	CGSuboutTeam@ucsf.edu	multicampusawards@ucsd.edu
Department/Financial Contact:	Thomas Yu (Thomas.Yu@ucsf.edu)	Jennifer Reichstadt (jreichstadt@health.ucsd.edu)

PRIME AWARD

Project Title: Dementia Care Aware

Prime Award No: 21-10420
FAIN: N/A

Sponsor: CALIF H&W Dept of Health Care Services
Assistance Listing Number (ALN): N/A

REMS Sponsor Code: 6485
REMS Sponsor Category: 02 (CA State Govt.)

Prime Campus Fund/Project No.: A139031
☐ The fund source is partially or entirely U.S. Federal.

BUDGET AND PERFORMANCE PERIOD

Cumulative Budget Period(s):
MCA Start Date: 03/15/2022
End of Latest Budget Period: 09/30/2024
Amount Funded This Action: $ 0.00
Total Funds Obligated to Date: $ 1,333,397.00

☐ Participating Campus is responsible for cost-sharing (see Exhibit B).

CARRY-FORWARD

Carry-forward of unobligated funds is: restricted by the Sponsor. Carry-forward across budget periods requires prior approval.

The Total Funds Obligated to Date may not reflect the actual balance available. The Participating Campus is responsible for tracking unobligated balances and carry-forward approvals, and is not authorized to use unexpended funds from any prior periods without approval.

SUMMARY OF AMENDMENT ACTION

The purpose of this amendment is outlined above and/or summarized below. Except as modified herein, all other terms and conditions of the original UC Multiple-Campus Award and successive previous amendments are unchanged and remain in effect.

Updating budget and adding an additional budget period for UCSD to reflect the new amendment (A2).

Year 1 (03/15/2022-06/30/2022): $0
Year 2 (07/01/2022-06/30/2023): $432,909
Year 3 (07/01/2023-06/30/2024): $863,884
Year 4 (07/01/2024-09/30/2024: $36,604
Total: $1,333,397

UCSD budget can be found on page 134.

SCO ID: 4260-2110420-A2

STATE OF CALIFORNIA
AGREEMENT SUMMARY
STD 215 (Rev. 04/2020)

AGREEMENT NUMBER	AMENDMENT NUMBER
21-10420	A2

☐ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED

1. CONTRACTOR'S NAME		2. FEDERAL I.D. NUMBER
The Regents of the University of California, San Francisco		94-6036493
3. AGENCY TRANSMITTING AGREEMENT	4. DIVISION, BUREAU, OR OTHER UNIT	5. AGENCY BILLING CODE
Department of Health Care Services	Office of the Medical Director	085516
6a. CONTRACT ANALYST NAME	6b. EMAIL	6c. PHONE NUMBER
Raymond Ng	raymond.ng@dhcs.ca.gov	(916) 345-7901

7. HAS YOUR AGENCY CONTRACTED FOR THESE SERVICES BEFORE?
☐ No ☐ Yes *(If Yes, enter prior Contractor Name and Agreement Number)*
PRIOR CONTRACTOR NAME _____ PRIOR AGREEMENT NUMBER _____

8. BRIEF DESCRIPTION OF SERVICES
The contractor will perform the following services: 1. Develop an annual cognitive health assessment that identifies signs of Alzheimer's disease or other dementias in Medi-Cal beneficiaries; 2. Develop a referral protocol on cognitive health and culturally competent dementia care for Medi-Cal beneficiaries; 3. Provide DHCS with a list of trained providers eligible for Cognitive Health Assessment reimbursement.

9. AGREEMENT OUTLINE *(Include reason for Agreement: Identify specific problem, administrative requirement, program need or other circumstances making the Agreement necessary; include special or unusual terms and conditions.)*
This amendment extends the term of the contract to 9/30/2024, modifies the Scope of Work and Deliverable Rates, and revises the budget and adds Year 4.

10. PAYMENT TERMS *(More than one may apply)*
☐ Monthly Flat Rate ☑ Quarterly ☐ One-Time Payment ☐ Progress Payment
☐ Itemized Invoice ☐ Withhold _____ % ☐ Advanced Payment Not To Exceed
☐ Reimbursement / Revenue _____ or _____ %
☑ Other *(Explain)* not more frequently than quarterly.

11. PROJECTED EXPENDITURES

FUND TITLE	ITEM	FISCAL YEAR	CHAPTER	STATUTE	PROJECTED EXPENDITURES
State Fund	*4260-001-0890*	21/22	21	2021	$197,530.00
State Fund	*4260-001-8507*	21/22	240	2021	$197,530.00
State Fund	*4260-001-0890*	22/23	43	2022	$4,512,342.50
State Fund	*4260-001-8507*	22/23	240	2021	$4,512,342.50
State Fund	*4260-001-0890*	23/24	12	2023	$5,875,143.00
State Fund	*4260-001-8507*	23/24	240	2021	$5,875,143.00
State Fund	*4260-001-0890*	24/25	TBD	2024	$942,984.50
State Fund	*4260-001-8507*	24/25	TBD	2021	$942,984.50
OBJECT CODE See Optional Use.				AGREEMENT TOTAL	**$23,056,000.00**

SCO ID: 4260-2110420-A2

STATE OF CALIFORNIA
AGREEMENT SUMMARY
STD 215 (Rev. 04/2020)

AGREEMENT NUMBER	AMENDMENT NUMBER
21-10420	A2

OPTIONAL USE
FY 23/24; Reporting Structure: 4260QA0B; Service Location: 21142; Program: 3960; Ref: 001; Fund: 0890, 8507; Account: 5432000; Alt Account: 5432000112; Project: M2021HCBSF8507, M2022S, M2022HCBSF8507, M2023HCBSF8507; Activity: HCBS50

AMOUNT ENCUMBERED BY THIS DOCUMENT
($1,885,969.00)

PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT
$23,056,000.00

I certify upon my own personal knowledge that the budgeted funds for the current budget year are available for the period and purpose of the expenditure stated above.

TOTAL AMOUNT ENCUMBERED TO DATE
$21,170,031.00

ACCOUNTING OFFICER'S SIGNATURE	ACCOUNTING OFFICER'S NAME *(Print or Type)*	DATE SIGNED
DocuSigned by: Uyen Pham (Christine) 6AA95CB88F4742C...	Uyen Pham (Christine)	March 15, 2024

12. AGREEMENT

AGREEMENT	TERM FROM	TERM THROUGH	TOTAL COST OF THIS TRANSACTION	BID, SOLE SOURCE, EXEMPT
Original	3/15/2022	3/31/2024	$23,056,000.00	Exempt. See Item #13.
Amendment 1	3/15/2022	3/31/2024	$0.00	Exempt. See Item #13.
Amendment 2	3/15/2022	9/30/2024	$0.00	Exempt. See Item #13.
Amendment 3				
		TOTAL	$23,056,000.00	

13. BIDDING METHOD USED
- ☐ Request for Proposal (RFP) *(Attach justification if secondary method is used)*
- ☐ Use of Master Service Agreement
- ☐ Invitation for Bid (IFB)
- ☑ Exempt from Bidding *(Give authority for exempt status)*
- ☐ Sole Source Contract *(Attach STD. 821)*
- ☑ Other *(Explain)* W&I 14124.12 (g)(5)

Note: Proof of advertisement in the State Contracts Register or an approved form STD. 821, Contract Advertising Exemption Request, must be attached

14. SUMMARY OF BIDS *(List of bidders, bid amount and small business status) (If an amendment, sole source, or exempt, leave blank)*
N/A - Amendment.

15. IF AWARD OF AGREEMENT IS TO OTHER THAN THE LOWER BIDDER, EXPLAIN REASON(S) *(If an amendment, sole source, or exempt, leave blank)*
N/A - Amendment.

16. WHAT IS THE BASIS FOR DETERMINING THAT THE PRICE OR RATE IS REASONABLE?
Rates align with college university pay scales.

17a. JUSTIFICATION FOR CONTRACTING OUT *(Check one)*
- ☐ Contracting out is based on cost savings per Government Code 19130(a). The State Personnel Board has been so notified.
- ☐ Contracting out is justified based on Government Code 19130(b). When this box is checked, a completed JUSTIFICATION - CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTION 547.60 must be attached to this document.
- ☑ Not Applicable (Interagency / Public Works / Other IA with UC)

17b. EMPLOYEE BARGAINING UNIT NOTIFICATION
- ☑ *By checking this box, I hereby certify compliance with Government Code section 19132(b)(1).*

AUTHORIZED SIGNATURE	SIGNER'S NAME *(Print or Type)*	DATE SIGNED
DocuSigned by: Manpreet Singh 2F7A4661A86E4A4...	Manpreet Singh	March 15, 2024

18. FOR AGREEMENTS IN EXCESS OF $5,000: Has the letting of the agreement been reported to the Department of Fair Employment and Housing? ☐ No ☑ Yes ☐ N/A

19. HAVE CONFLICT OF INTEREST ISSUES BEEN IDENTIFIED AND RESOLVED AS REQUIRED BY THE STATE CONTRACT MANUAL SECTION 7.10? ☐ No ☑ Yes ☐ N/A

20. FOR CONSULTING AGREEMENTS: Did you review any contractor evaluations on file with the DGS Legal Office? ☐ None on file ☐ No ☐ Yes ☑ N/A

21. IS A SIGNED COPY OF THE FOLLOWING ON FILE AT YOUR AGENCY FOR THIS CONTRACTOR?
A. Contractor Certification Clauses ☐ No ☐ Yes ☑ N/A
B. STD 204 Vendor Data Record ☐ No ☐ Yes ☑ N/A

22. REQUIRED RESOLUTIONS ARE ATTACHED ☐ No ☐ Yes ☑ N/A

23. IS THIS A SMALL BUSINESS AND/OR A DISABLED VETERAN BUSINESS CERTIFIED BY DGS? ☑ No ☐ Yes
SB/DVBE Certification Number: N/A

SCO ID: 4260-2110420-A2

STATE OF CALIFORNIA
AGREEMENT SUMMARY
STD 215 (Rev. 04/2020)

AGREEMENT NUMBER	AMENDMENT NUMBER
21-10420	A2

24. ARE DISABLED VETERANS BUSINESS ENTERPRISE GOALS REQUIRED? (If an amendment, explain changes if any)
N/A - IA with CSU/UC

☑ No *(Explain below)* ☐ Yes _____ % of Agreement

25. IS THIS AGREEMENT (WITH AMENDMENTS) FOR A PERIOD OF TIME LONGER THAN THREE YEARS?

☑ No ☐ Yes *(If Yes, provide justification below)*

I certify that all copies of the referenced Agreement will conform to the original agreement sent to the Department of General Services.

SIGNATURE	NAME/TITLE *(Print or Type)*	DATE SIGNED
DocuSigned by: Raymond Ng B0A171D7FA02484...	Raymond Ng AGPA	March 15, 2024

SCO ID: 4260-2110420-A2

STATE OF CALIFORNIA
AGREEMENT SUMMARY
STD 215 (Rev. 04/2020)

AGREEMENT NUMBER	AMENDMENT NUMBER
21-10420	A2

JUSTIFICATION - CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTION 547.60

In the space provided below, the undersigned authorized state representative documents, with specificity and detailed factual information, the reasons why the contract satisfies one or more of the conditions set forth in Government Code section 19130(b). Please specify the applicable subsection. Attach extra pages if necessary.

N/A: Exempt Per W&I 14124.12(g)

The undersigned represents that, based upon his or her personal knowledge, information or belief the above justification correctly reflects the reasons why the contract satisfies Government Code section 19130(b).

SIGNATURE	NAME/TITLE *(Print or Type)*	DATE SIGNED	
PHONE NUMBER	STREET ADDRESS		
EMAIL	CITY	STATE	ZIP

DocuSign

Certificate Of Completion

Envelope Id: BE228CB7C463492D806F574D21D8E540
Status: Completed
Subject: Complete with DocuSign: 21-10420 A2 Internal Signatures.pdf - Regents SF
Source Envelope:
Document Pages: 7
Signatures: 3
Certificate Pages: 5
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Envelope Originator:
Raymond Ng
1501 Capitol Ave
Sacramento, CA 95814-5005
Raymond.Ng@dhcs.ca.gov
IP Address: 165.85.133.51

Record Tracking

Status: Original
3/12/2024 4:20:43 PM
Security Appliance Status: Connected
Storage Appliance Status: Connected

Holder: Raymond Ng
Raymond.Ng@dhcs.ca.gov
Pool: FedRamp
Pool: Department of Health Care Services (CA DHCS)

Location: DocuSign

Location: DocuSign

Signer Events	Signature	Timestamp
Uyen Pham (Christine) Uyen.Pham@dhcs.ca.gov Uyen Pham Security Level: Email, Account Authentication (None)	DocuSigned by: Uyen Pham (Christine) 6AA95CB88F4742C... Signature Adoption: Pre-selected Style Using IP Address: 134.238.202.91	Sent: 3/12/2024 4:24:01 PM Resent: 3/15/2024 10:42:04 AM Resent: 3/15/2024 10:42:11 AM Resent: 3/15/2024 11:52:13 AM Viewed: 3/15/2024 12:00:43 PM Signed: 3/15/2024 12:01:11 PM
Electronic Record and Signature Disclosure: Accepted: 3/15/2024 11:24:47 AM ID: 238f3c94-fdac-470a-9034-eebf612acfa3		
Manpreet Singh Manpreet.Singh@dhcs.ca.gov Unit Chief Department of Health Care Services Security Level: Email, Account Authentication (None)	DocuSigned by: Manpreet Singh 312B266DA66C4A4... Signature Adoption: Pre-selected Style Using IP Address: 104.220.218.127 Signed using mobile	Sent: 3/15/2024 12:01:12 PM Viewed: 3/15/2024 1:17:46 PM Signed: 3/15/2024 1:17:53 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Raymond Ng raymond.ng@dhcs.ca.gov AGPA Department of Health Care Services (CA DHCS) Security Level: Email, Account Authentication (None)	DocuSigned by: Raymond Ng B0A171D7FA02484... Signature Adoption: Pre-selected Style Using IP Address: 134.238.202.91	Sent: 3/15/2024 1:17:54 PM Viewed: 3/15/2024 1:19:05 PM Signed: 3/15/2024 1:19:27 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/12/2024 4:24:01 PM
Envelope Updated	Security Checked	3/15/2024 10:42:03 AM
Envelope Updated	Security Checked	3/15/2024 10:42:03 AM
Envelope Updated	Security Checked	3/15/2024 11:52:01 AM
Envelope Updated	Security Checked	3/15/2024 11:52:01 AM
Envelope Updated	Security Checked	3/15/2024 11:52:01 AM
Envelope Updated	Security Checked	3/15/2024 11:52:01 AM
Certified Delivered	Security Checked	3/15/2024 1:19:05 PM
Signing Complete	Security Checked	3/15/2024 1:19:27 PM
Completed	Security Checked	3/15/2024 1:19:27 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Department of Health Care Services (CA DHCS) (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Department of Health Care Services (CA DHCS):

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: Russ.Rogers@dhcs.ca.gov

To advise Department of Health Care Services (CA DHCS) of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at Russ.Rogers@dhcs.ca.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

To request paper copies from Department of Health Care Services (CA DHCS)
To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to Russ.Rogers@dhcs.ca.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.
To withdraw your consent with Department of Health Care Services (CA DHCS)

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an e-mail to Russ.Rogers@dhcs.ca.gov and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	• Allow per session cookies

	• Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Department of Health Care Services (CA DHCS) as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Department of Health Care Services (CA DHCS) during the course of my relationship with you.

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SCO ID: 4260-2110420-A2

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

☒ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 142 PAGES

AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Authority Number
21-10420	A2	

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME
Department of Health Care Services

CONTRACTOR NAME
The Regents of the University of California, San Francisco

2. The term of this Agreement is:

START DATE
March 15, 2022

THROUGH END DATE
September 30, 2024

3. The maximum amount of this Agreement after this Amendment is:
$23,056,000 (Twenty-Three Million, Fifty-Six Thousand Dollars)

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

I. The effective date of this amendment is the date approved by DHCS.

II. Purpose of amendment: This amendment extends the term of the contract, modifies the Scope of Work, Deliverable Rates, and revises the budget in order to align with the updated deliverables.

(Continue on next page)

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)
The Regents of the University of California, San Francisco

CONTRACTOR BUSINESS ADDRESS	CITY	STATE	ZIP
Office of Sponsored Research, Box 0962, 490 Illinois Street, 4th Floor	San Francisco	CA	94142

PRINTED NAME OF PERSON SIGNING	TITLE
Erica Anderson	Government Contract Officer

CONTRACTOR AUTHORIZED SIGNATURE
DocuSigned by:
Erica Anderson
B3D45F782F4B4B3...

DATE SIGNED
March 13, 2024

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SCO ID: 4260-2110420-A2

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

☒ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 142 PAGES

AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Authority Number
21-10420	A2	

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME			
Department of Health Care Services			
CONTRACTING AGENCY ADDRESS	CITY	STATE	ZIP
1501 Capitol Avenue, MS 4200	Sacramento	CA	95814
PRINTED NAME OF PERSON SIGNING	TITLE		
Robert Strom	Chief, Contract Services Section		
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED		
DocuSigned by: Robert Strom	March 13, 2024		
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable)		
	W&I 14124.12(g)(5)		

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STD 213A Continuation Page

III. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike though text. (i.e., ~~Strike~~).

IV. Paragraph 2 (term) on the face of the original STD 213 is amended to read: March 15, 2022 through ~~March 31, 2024~~ **September 30, 2024**. All references to the former contract of March 15, 2022 through March 31, 2024 in any exhibit incorporated into this agreement are hereinafter deemed to read March 15, 2022 through September 30, 2024.

V. Paragraph 4 (incorporated exhibits) on the face of the original STD 213 is amended to add the following revised exhibits:

Exhibit A - Scope of Work	(9 Pages)
Exhibit A1 - Deliverables	(2 Pages)
Exhibit A5 - Resumes	(44 Pages)
Exhibit B - Budget	(19 Pages)
Exhibit B2 - Subwardee Budgets	(67 Pages)

Exhibit A, Exhibit A1, Exhibit B, and Exhibit B2 shall hereinafter be replaced with the above-mentioned revised exhibits in the amendment A2. Exhibit A5 shall hereinafter be replaced in its entirety with the above-mentioned exhibit in the amendment A2.

VI. All other terms and conditions shall remain the same.

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Exhibit A – Scope of Work

Project Summary & Scope of Work

☒ Contract ☐ Grant

Does this project include Research (as defined in the UTC)? ☐ Yes ☒ No

PI Name: Anna Chodos, MD, MPH

Project Title: Dementia Care Aware

Project Summary/Abstract

Briefly describe the long-term objectives for achieving the stated goals of the project.

Background: Dementia is an umbrella term for several diseases of the brain that affect cognitive and motor functions, as well as behavioral and emotional health, and that interfere significantly with a person's ability to maintain their activities of daily living independently. There are reversible and irreversible causes of dementia, with Alzheimer's disease (AD) being the most common irreversible form of dementia worldwide. Persons with AD and related neurodegenerative diseases progress through clinical stages, beginning with subjective cognitive decline, progressing into mild cognitive impairment, and later entering dementia stages of illness. Persons with AD and related diseases of the brain demand a whole-person approach to diagnosis and care, beginning early stages of disease, to ensure that appropriate healthcare goals, good quality of life, and adequate long-term planning occur for the patient, their family and caregivers.

The greatest risk factor for AD and related brain diseases is age, with those 65 and older being at highest risk. However, there are other known risk factors for AD and related diseases, including hypertension, diabetes, depression, head trauma, heavy alcohol use, obesity, social isolation, among others. This means that certain groups in California that tend to strongly embody these risk factors, such as Latino Americans and African Americans, or older adults experiencing homelessness, for example, carry an increased risk of AD and related diseases that extends beyond old age.

Currently, detection of AD and related disease and care planning occurs at a low rate at all stages, with early disease being the least diagnosed. Approximately 75% of patients with AD and related diseases live without an accurate diagnosis and management plan. Delayed and inaccurate diagnosis of AD and related diseases is a challenge that affects different health care settings, but primary care is at the frontline of this challenge. For Medi-Cal recipients 65 years of age and older who are ineligible for an annual wellness visit under the Medicare program and provides a cognitive assessment, there is a new benefit, available upon appropriation by the state legislature, that now allows these providers to be reimbursed for a cognitive health assessment. Dementia Aware is being implemented to address this urgent challenge and opportunity.

Objectives: The program will: 1) create the Cognitive Health Assessment and accompanying toolkit for team-based implementation in primary care, 2) offering training for California's Medi-Cal providers in early detection of neurocognitive impairment and care planning in all CA counties, 3) increase Medi-Cal provider self-efficacy in detecting and diagnosing neurocognitive disorders, 4) increase detection of

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dementia in primary care settings serving Medi-Cal patients, and 5) improve the clinical staging and documentation of care planning for patients living with dementia.

Methods and Activities: In Phase I (March 2022 to August 2022), we will form our core project management team at UCSF to bring together California's experts in dementia and primary care in a Clinical Advisory Board and create a Cognitive Health Assessment (CHA) that is inclusive and targeted to the diverse needs of the Medi-Cal population over 65. We will create a new website and hub for Dementia Care Aware activities that will include an on-line training that allows providers to get trained on the CHA and their care teams to implement the CHA in a primary care workflow. Outreach efforts will begin to ensure that providers in all counties have an opportunity to engage with Dementia Care Aware. Key partners in this work are the Alzheimer's Association and the partner UC campuses of UCSD, UCLA, UCI, UCF, and Harbor-UCLA.

In Phase II (**September 2022 to ~~March~~ September 2024**), we will roll out a full toolkit for dementia care planning and practice support activities. Practice support will include centralized activities, such as a warmline and virtual case conferences, practice support teams for interested practices or providers that do hands-on support through tailored case conferences, and practice coaches for implementation. For ongoing education, centralized monthly webinars for the entire state will be held for updates and as an on-going educational opportunity for providers, and a podcast with cases and practice challenges will be available. All educational activities will provide continuing education and maintenance of certification credits. All partners as described above will take an active role in outreaching and supporting their local Medi-Cal providers or be specifically dedicated to remote practice support. Through a targeted outreach campaign to Medi-Cal providers and through social media, we will also raise awareness among Medi-Cal providers and recipients about the availability of the CHA and care planning resources.

Impact: Dementia Care Aware in a short time will empower Medi-Cal providers to feel capable and comfortable with the assessment of and care planning for dementia, and it will create a dementia-friendly California for the population in need of equitable and excellent care—older adults who receive Medi-Cal benefits.

If Third-Party Confidential Information is to be provided by the State:

☒ Performance of the Scope of Work is anticipated to involve use of third-party Confidential Information and is subject to the terms of this Agreement; ***OR***

☐ A separate CNDA between the University and third-party is required by the third-party and is incorporated in this Agreement as Exhibit A7, Third Party Confidential Information.

Scope of Work

Describe the goals and specific objectives of the proposed project and summarize the expected outcomes. If applicable, describe the overall strategy, methodology, and analyses to be used. Include how the data will be collected, analyzed, and interpreted as well as any resource sharing plans as appropriate. Discuss potential problems, alternative strategies, and benchmarks for success anticipated to achieve the goals and objectives.

Goals

To improve the lives of people living with dementia and the people who support them, Dementia Care Aware will rapidly improve the ability of primary care to assess and care plan for people living

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with dementia. We will create a Cognitive Health Assessment (CHA) with evidence-based tools, a training for Medi-Cal providers on team-based use of the CHA, a toolkit for care planning once dementia is diagnosed, and practice support coaching to learn how to implement the CHA and toolkit effectively.
The goals of Dementia Care Aware are to increase dementia detection among Medi-Cal recipients 65 and older and ensure that patients living with dementia have stage-appropriate care plans. Medi-Cal providers who do our training will report feeling more empowered and competent to address dementia in primary care.

Broad Overview of Activities and Objectives

- Centrally, Dementia Care Aware will be administered and project managed through UCSF with a leadership and project management team that will be responsible for ensuring all deliverables.
- To both provide critical expertise and address key deliverables, as well as provide support for Dementia Care Aware implementation in their local areas, several sister UC campuses will be major partners including UC Irvine, UCLA, Harbor UCLA, UCF, and UC San Diego, and additional campuses will be connected to the program including UC Davis's Family Caregiver Institute. The Alzheimer's Association will be a major partner in ensuring adequate outreach and practice support activities for the entire state, especially in those areas not reached by the UC partners. Services where our core team and partners lack expertise or skill (e.g. website design, on-line training development) will be contracted out to fulfill the objectives of this contract.
- Dementia Care Aware will have a Clinical Advisory Board comprised of key stakeholders as listed below.
- The core activities include: 1) curriculum and materials development and on-going improvement (Education Core), 2) outreach to Medi-Cal providers in all 58 counties (Outreach Core), 3) practice support for CHA and toolkit implementation (Practice Support Core), 4) evaluation and reporting on training activities and outcomes of the program (Evaluation Core). There will be a program lead for each of these activities.

Project Management and Technical Assistance:

1) Create a Project Management core based at UCSF to oversee and support all Dementia Care Aware operations throughout the state and support subcontracting sites. Core activities will include:
   a. organizing meetings, maintaining meeting notes and agendas, overseeing meeting follow-up action items
   b. organizing and executing evaluation activities as described in Training Evaluation and Update below.
   c. producing reports on trainings completed and trainees reached, practice-level outcomes, and evaluation data to DHCS.

   UCSF will produce a report to DHCS for their use with information on training completion and feedback, any available stakeholder interview data, and practice support activities on the following dates:
   - January 31, 2023
   - July 31, 2023

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- October 31, 2023*

** This report will include utilization data on the Medi-Cal Cognitive Health Assessment benefit and Dementia Aware's clinical outcomes (e.g., dementia diagnosis rate) and will be prepared for public reporting on the DHCS website.*

d. Organize regular convenings of advisory boarda, starting with a Clinical Advisory Board that convenes at least monthly from March 2022-Dec 2022 and at least every other month from Jan 2023 to May 2023. After which, from June 2023-March 2024 the program will convene a broader implementation advisory board that meets no less than quarterly.
e. Maintain organized lists of stakeholders for engagement, outreach, publicity, and relevant expertise across the state, and send regular updates and communications to those stakeholders.
f. Maintain and organize operations of the Dementia Care Aware warm line for practice implementation support.
g. Organize two Dementia Care Aware program 1-2-day meetings for all Dementia Care Aware partners at a California location to review progress of the program and share ideas, best practices, and train on skills to advocate for and promote the Dementia Care Aware program.
h. Ensure timely execution of all deliverables.

2) Select a project management tool by **April 1, 2022** and ensure all Dementia Care Aware program personnel have access.
3) Establish a Clinical Advisory Board by **March 20, 2022** that includes members from:
a. primary care (Family Medicine and Internal Medicine, Advance Practice Clinicians), community health centers, other types of practices
b. experts in dementia and dementia care from UC campuses and the CADCs, CDPH Alzheimer's Disease Program, Alzheimer's Disease and Related Disorders Advisory Committee of CalHHS
c. stakeholders from community-based organizations that serve people living with dementia and patient advocates, particularly those who are experiencing poverty
d. stakeholders from organizations serving caregivers of people living with dementia and experts in caregiver needs, particularly those who are experiencing poverty
4) Convene the Clinical Advisory Board at least once a month (Mar 2022-Dec 2022) to every other month (Jan 2023-March 2024) and provide full administrative support for the meetings.
5) Provide CME and other continuing education credits based on field, and MOC to providers who take the training and ensure administration of credit to participants. This includes maintaining an up-to-date list of these providers for submission to DHCS starting at the launch of the training (July 1, 2022) and continuing through ~~**March 31,**~~ **September 30, 2024.**
    a. Lists provided to DHCS will meet criteria to allow providers to receive reimbursement for the CHA.
    b. Transfer certified/trained provider list to DHCS using DHCS' Secure File Transfer Protocol (SFTP) system, MoveIT, at the frequency specified by DHCS.
6) Design a Dementia Care Aware website compliant with California Government Code sections 7405 and 11135 and Web Content Accessibility Guidelines (WCAG) 2.0, or a subsequent version, published by the Web Accessibility Initiative of the World Wide Web Consortium at a minimum Level AA success criteria, by June 20, 2022 in preparation for the July 2022 launch of Dementia Care Aware training. A Privacy Statement, as defined by DHCS, needs to be included on the website that is managed by the vendor.

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The project management team will be responsible for ensuring DHCS approval of how the website is built as far as technology, methods, and security, and that it can be transferred to DHCS for on-going management by ~~March 15, 2024~~ **September 30, 2024.**

Educational Activities:

7) Create a Cognitive Health Assessment (CHA) that includes options for detection of adults with symptoms, assessment of cognitive and functional complaints, and specific tools and strategies to address the unique concerns affecting the Medi-Cal population 65 and older and provide culturally competent care. This will be achieved by convening experts in primary care and dementia in our Clinical Advisory Board, reviewing the current evidence base for detection of dementia in primary care, ensuring the tool is consistent with key specialty organizations' recommendations (e.g. American Academy of Neurology), and receiving DHCS approval by **April 21, 2022.**
8) Create an on-line high-quality, evidence-based training to educate providers on utilizing the CHA and implementing it into their practices, available by **July 1, 2022**. The training will be created in collaboration with the Clinical Advisory Board.
    a. The training registration will create a list of all providers who complete the assessment for submission to DHCS and it will give CME and educational credits depending on specialty and including MOC credits and serve as a list by which to provide updates to trainees throughout the program.
    b. The training will include how to do the components of the CHA, which must include more than one assessment tool for cognitive symptom assessment, and how to implement next steps in clinical care of the patient. It will include considerations for a team-based approach to the CHA and dementia care planning, including connection to and integration with local county agencies and community-based organizations that serve people living with dementia.
    c. The training components will include considerations and next steps for the assessment of adults with:
        i. Non-English speaking beneficiaries
        ii. Beneficiaries with co-morbid medical conditions
        iii. Beneficiaries with co-morbid psychiatric conditions
        iv. Homeless beneficiaries
        v. Beneficiaries with disabilities
        vi. Racial and ethnic groups experiencing disparities in dementia screening and dementia care
        vii. Other populations and marginalized groups experiencing disparities related to dementia screening and dementia care
9) Schedule and promote the Dementia Aware launch through primary care organizations, social media, and through outreach to all Medi-Cal providers starting **July 1, 2022.**
10) Create and deliver monthly webinars open to all Medi-Cal providers on Dementia Aware educational content and updates, incorporating quality improvement strategies for practices, starting in **July 2022 and ending ~~March~~ September 2024**. Eligible providers will get continuing education credits as appropriate for their profession, including CME and MOC, for attending these webinars.
11) Additional educational activities include:

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   a. creating additional on-line trainings for the CHA and toolkit that address frequently encountered topics in dementia care that are done in collaboration with the subcontracting sites and allow trainees to receive continuing education credits, CME, and MOC.
   b. create a podcast in case examples to accompany the trainings that will be eligible for continuing education credits, CME, and MOC and allows for a different modality of learning. These will be available through the Dementia Care Aware website as well with accompanying materials.
   c. frequent updates on the website of the materials for clinical assessment, information updates, and improved trainings.

12) Partner UCs will play a unique role in their localities, doing outreach, Dementia Care Aware trainings and practice implementation support, as well as drive engagement with the website.

Practice-level Implementation Support

13) Conduct stakeholder interviews with primary care providers and primary care team members on potential best practices for team-based care models of dementia detection and management such that we will have information to improve both the CHA and toolkit. (*See Methods below.*)
   a. At a minimum, 70% of participants will be from practices that serve a patient population that
   experiences disparities in dementia care, specifically those populations listed in 8c.
   b. Summarize findings of the stakeholder interviews by **October 31, 2022**, and use these results to inform provider training and training outreach and engagement strategy.

14) By **November 30, 2022,** develop an enhanced referral protocol and full provider toolkit that is:
   a. consistent with the standards for detecting cognitive impairment under the federal Medicare Program and the recommendations by the American Academy of Neurology, CDPH's Alzheimer's Disease Program, and its ten CADCs.
   b. informed by Clinical Advisory Board input.
   c. comprehensive regarding the spectrum of care planning needs of a person living with dementia and their caregiver/s regarding cultural and linguistic considerations.
   d. locally relevant, i.e. contains specific detail about resources in that county
   e. addresses team-based care for CHA and toolkit implementation, including a practice readiness tool for assessment of care gaps within a practice.

15) For those practices that are not partnered with a UC campus in this initiative, Dementia Care Aware will provide options for practice support through multiple modalities, including: centralized webinars, ECHO-like case conference opportunities, a warm line for support Monday through Friday during regular clinic hours. Alzheimer's Association, UCLA and UCSF will in combined resources be able to provide these supports.

16) A warm line for practice implementation support will be created by October 31, 2022. It will be maintained by the UCSF project management team, will include software to easily track and review all activities for internal review and quality control, and will be staffed by Dementia Aware Key Personnel across the state. This data will be included in regular reports to DHCS on training activities.

17) Monitor clinical outcomes related to CHA implementation and practice implementation-support activities based on the data collection plan as described in Methods.
   a. Data collection plan will be finalized by **July 1, 2022** and the CAB and DHCS will have the opportunity to review and provide input.
   b. Data on clinical outcomes will be included in the report to DHCS due on **Jan 31, 2024.**

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Training Evaluation and Updating

18) Evaluate trainee feedback through post-training surveys, qualitative interviews of a sample of providers that assesses providers' self-rated feelings of self-efficacy around implementation of the CHA and toolkit and summarize findings every 6 months (**January 31, 2023**, **July 31, 2023, January 31, 2024**)
19) Reassess and update training curricula at least annually based on findings, first update due **February 28, 2023**.

Training Outreach and Engagement Strategy

20) Map all California counties and Medi-Cal providers and create an outreach strategy **by July 1, 2022**.
    a. The Outreach Core will target those providers, primary care teams, and practices that do not have a relationship with a UC included here.
    b. Outreach and engagement will be done with stakeholder and Clinical Advisory Board input to have the greatest impact and likelihood of success.
    c. The Outreach Core will develop an outreach strategy to target providers and practices serving beneficiaries experiencing the most disparities in dementia assessment and care (populations described in 8c).
21) Create a provider marketing strategy using best practices that have shown engagement for other similar initiatives, submit the plan to DHCS by November 1, 2022, and begin execution of the plan once approved.
22) Create key provider message platform and communications materials by **July 1, 2022 and** continue to update throughout Dementia Aware activities.
23) Create key stakeholder communications in coordination with the project management team to increase engagement and continue to update throughout Dementia Aware activities.
24) Update the website monthly with announcements, highlights from across the state, new educational materials, events, and new practice improvement tools. Use these updates to drive engagement.
25) Use the monthly learning collaborative webinars to increase engagement by:
    a. featuring continuous quality improvement methodologies.
    b. provide continuing education credits, CME/MOC credits for eligible participating providers.
26) Identify and engage lead spokespeople and influencers **by July 1, 2022**.
27) Leverage paid traditional media and social media placements to promote Dementia Aware at regular intervals after the July 2022 launch and until 2024.

Evaluation Procedures and Methods

For outcomes, the following procedures and methods will be used:

For stakeholder input:

Review of existing data (by **April 15, 2022**):

A literature search will be conducted to ensure that existing relevant data on primary care practices and needs related to dementia care will be incorporated. In addition, current Key Personnel have already conducted in-depth interviews and surveys with 36 primary care providers (MD/DO, and NPs) in FQHCs and other safety net settings in three regions across California. These interviews focused on practices and challenges when evaluating and caring for patients with dementia. A subset of these

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providers were subsequently trained on the CDPH Alzheimer's Disease toolkit. Interviews included questions about the care of those from underrepresented groups, of those who are experiencing adverse social determinants of health, and of patients who have competing chronic illnesses, serious mental illness, or substance use disorder. Surveys on current practices, attitudes, and confidence with regard to dementia evaluation, workup and care planning were also administered.
Current Key Personnel have also conducted a qualitative evaluation of the Alzheimer's Disease Project ECHO being implemented at UCSF. The evaluation includes surveys of primary care providers about practices, attitudes, and confidence in dementia evaluation and care, as well as identification of key areas of concern raised by primary care team members during the ECHO sessions. The team has systematically categorized primary care questions and concerns in order to identify target areas of greatest need for more training.

We will further add focus groups for caregivers and people living with dementia, especially those who are experiencing disparities in dementia care. As above, we will identify existing qualitative literature to inform this work, and then recruit participants to ensure the perspective of those living with dementia and their caregivers is incorporated.

We will identify preliminary themes and findings from this data and participant characteristics. The findings, in addition to information from a literature search, will be used to inform CHA development and revision. These interviews will also be assessed for gaps in provider and practice type (e.g. type of provider, practice setting, region, etc.) as well as gaps in information that would be relevant to the planned components of the CHA and implementation for Dementia Aware that may be missing from the current data.

Focus groups (completed report by ~~October 2023~~ **January 2024)**
Once the CHA and practice implementation support is available to trainees, we will plan to reach out to practices and providers who have learned the CHA, and conduct focus groups with primary care providers and non-PCP staff (e.g. RN, LCSW, MA) involved in the dementia evaluation and care planning.

The target number of focus groups will be 10-15 groups total of approximately 6-8 participants each and will represent a diversity of practice settings (solo, group, rural, urban, academic-affiliated, etc.). A focus group guide will contain questions about challenges in using the CHA and associated materials, including the toolkit, and ideas for improvement. These findings will be used to improve the trainings, materials, and practice implementation support (e.g. ECHO conferences, practice coaching). Findings will be incorporated into trainee feedback data, starting with the October 31, 2023 report.

Using our sites (sub-contractors) and contacts from our outreach team, we will recruit people living with dementia and their caregivers. Our target number of focus groups will be 6-8 groups total of approximately 4-6 participants each, and will represent a diversity of backgrounds and languages. A focus group guide will contain questions about challenges of receiving care for dementia, concerns of patients and caregivers around adequate diagnosis and care, as well as other open-ended topics. Findings will be incorporated into our reports, starting with the ~~October 31, 2023~~ **January 31, 2024** report.

Clinical Outcomes:
Create a data collection plan (by **July 1, 2022**)

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Key Personnel have extensive experience with data collection and analysis of dementia care metrics in the primary care setting, including documentation of dementia diagnoses, practice change indicators that support high quality dementia care, health care utilization, and improvement in care planning for people with dementia and their caregivers.

A clinical outcomes data collection plan will be created after the following steps: 1) review of all current metrics related to dementia care being collected by partners already, e.g. in partner clinics and through practice coaching programs, such as the ADC program through UCLA, 2) review of these metrics in the context of the CHA and toolkit for candidate metrics to show meaningful impact of the Dementia Aware program, 3) identification of gaps in current metrics and determination of additional metrics to consider, 4) identification of key demographic (race/ethnicity, language, etc.) and socioeconomic factors (income, education, rural/urban, etc.) that will allow data to be stratified and reported to show impact on disparities, 5) identification of clinics and providers who can participate in data collection, 6) identification of current DHCS data and CMS data that can additionally support monitoring of Dementia Aware impact, and 7) finalization of data collection and analysis plan. The Clinical Advisory Board and DHCS will have an opportunity to review the data collection plan no later than **July 1, 2022**.

Data collection and reporting on clinical outcomes such as percentage of dementia diagnosis in patients over 65 and percentage of dementia diagnosed patients with a care plan will start once the plan is finalized and these findings will be included in the **January 31, 2024** progress report to DHCS.

Billing Data: UCSF will also incorporate billing data from DHCS in program evaluation efforts. The evaluation will look at data from encounters that are associated with the CPT-4 code 1494F to understand the utilization of the billing code. The evaluation will also compare the billing code usage information with the CHA use data (including payor information) gathered from EHRs at pilot sites and identify gaps to improve the reach and processes of the program to increase CHA and associated billing code usage for eligible Medi-Cal-only beneficiaries.

Frequency: DHCS will provide data from encounters associated with CPT-4 code 1494F to UCSF on a quarterly basis, with the first submission in June 2023.

Data Flow: DHCS will share data using SFTP. MoveIT folder will be set up for this data exchange.

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Exhibit A1 - Deliverables

SCHEDULE OF DELIVERABLES

List all items that will be delivered to the State under the proposed Scope of Work. Include all reports, including draft reports for State review, and any other Deliverables, if requested by the State and agreed to by the Parties.

If use of any Deliverable is restricted or is anticipated to contain preexisting Intellectual Property with any restricted use, it will be clearly identified in Exhibit A4, Use of Preexisting Intellectual Property & Data.

Unless otherwise directed by the State, the University Principal Investigator shall submit all Deliverables to the State Contract Project Manager, identified in Exhibit A3, Authorized Representatives.

Deliverable	Description	Due Date
Clinical Advisory Board	Assembly of Clinical Advisory Board (CAB), meets monthly or every other month thereafter	March 20, 2022
CHA Assessment	Development of the CHA Assessment Starts	March 20, 2022
Project Management Team	Assembly of Project Management Team and selection of PM tool	April 1, 2022
Stakeholder input	Review of existing data and existing stakeholder interviews completed	April 15, 2022
CHA Sent for Approval	CHA Provided to DHCS for Approval	April 21, 2022
Website	Dementia Aware Website created	June 20, 2022
Quarterly Progress Report to DHCS	Document progress through quarterly progress reports	Quarterly throughout project years
Outreach Plan	Outreach plan submitted to DHCS	July 1, 2022
Clinical Outcomes	Data plan for clinical outcomes sent to DHCS for input	July 1, 2022
CME/MOC	CME and MOC available and operational for providers who do training and subsequent webinars	July 1, 2022
CHA Launch	Launch Dementia Aware and CHA training and first toolkit	July 1, 2022
Webinars	Start monthly webinars	July 15, 2022
Identify influencers	Identify influencers who can help drive engagement with Dementia Aware	Aug 1, 2022

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List of providers	Monthly provide DHCS with an accurate list of trained providers eligible to be reimbursed for the CHA	Aug 1, 2022
Provider marketing	Create a provider marketing strategy and submit to DHCS for approval	Nov 1, 2022
Website improvements	Start monthly website improvements and updates	Aug 1, 2022
Warmline	Creation of Dementia Aware warm line	Oct 31, 2022
Provider interviews	Interviews with Medi-Cal providers on implementation constraints for Dementia Aware CHA and toolkit and summary of findings	Oct 31, 2022
Toolkit	Creation of improved Dementia Aware toolkit	Nov 30, 2022
Training data report	Compile training completion data and trainee feedback data and report to DHCS	Jan 31, 2023
Training update	Improve trainings based on feedback	Feb 28, 2023
Warmline Phone Line Launch	Launch the full service phoneline open for calls from providers	Mar 16, 2023
Training data report	Compile training completion data and trainee feedback data and report to DHCS	July 31, 2023
Training and Utilization data report	Deliver to DHCS report for public posting on DHCS website that will compile training completion data, trainee feedback data and utilization data	Oct 31, 2023
Focus Groups	Focus groups findings submitted to DHCS	~~October 31, 2023~~ **Jan 31, 2024**
Final Utilization, training, and outcomes report	Compile outcomes and utilization data to training completion and feedback reports and provide to DHCS for incorporation onto the DHCS website	Jan 31, 2024
Website transfer	Transfer of website and all content to DHCS at conclusion of program	~~March 31, 2024~~ **September 30, 2024**
The following Deliverables are subject to Section 19. Copyrights, paragraph B of Exhibit C		

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Exhibit A5 Resumes

Anna Hines FNP-C, MPH
707.695.3653 annalieshines@gmail.com . anna.hines@ucsf.edu

Summary of Qualifications:

- 1 year of experience as APP in the Age-Friendly Emergency Department at UCSF
- Nine years of experience as a Family Nurse Practitioner in safety-net primary care settings
- Supervisorial experience as Care Team Clinical Supervisor for 5 providers and 1 RN within a clinical Pod as well as an interim team lead clinician
- Recent transition into role of Pain Squad Lead Clinician to improve safe prescribing of controlled substances and improve QI metrics; currently participating in UC Davis Treating Pain in Primary Care Fellowship (2021-2022)
- Fluency in Spanish, successful completion of Spanish Oral Proficiency Exam given by SF DPH Human Resources
- Six years precepting UCSF FNP Students
- Experience with Electronic Medical Records (EMR), eCW super-user, NextGen, and Epic
- Participation in several implicit bias and racial inequity trainings through San Francisco Health Network
- Data collection and analysis skills through Master in Public Health program and MPH Capstone project
- Certified as a FNP by American Association of Nurse Practitioners and licensed by the California Board of Nursing.

Professional Experience:

Nurse Practitioner, Age-Friendly Emergency Department (AFED) at University of California, San Francisco
San Francisco, CA (June 2022- present)

- Conduct comprehensive geriatric assessments in the emergency room
- Assess for cognitive impairment, functional impairment, delirium, caregiver stress, elder abuse, fall risk with appropriate screening tools
- Work closely with an interdisciplinary team including AFED social worker and pharmacist as well as Emergency Department nurses, providers, and case managers
- Refer patients and caregivers to community partners and for further neurocognitive evaluation
- Help create safe discharge plans to avoid unnecessary hospital admissions

Family Nurse Practitioner, Family Health Center at Zuckerberg San Francisco General

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San Francisco, CA (January 2017—June 2022)

- FNP providing primary care for a panel of medically complex patients
- Care for patients with acute complaints and chronic diseases with a focus on prevention and wellness.
- Perform well woman exams, well child visits, and routine health care maintenance visits

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- Refer to speciality care when warranted through robust eConsult system
- Provide compassionate chronic pain management with focus on maintaining functional status and holistically treating pain. Have active DEA license and x waiver
- Pain Squad Lead Clinician with focus on improving safe prescribing practices and QI metrics within an interdisciplinary team
- Interim Lead Clinician within a team of the health center for total of 18 months
- During pandemic have served as Covid clinician of the day several shifts a week providing consultation to nurses and providers as well as doing telehealth visits with positive cases-- linking patients to food assistance programs and other resources in San Francisco
- Adjunct Faculty at UCSF precepting FNP students

Adjunct Faculty, Volunteer Associate Clinical Professor at University of California, San Francisco *San Francisco, CA (January 2018 --present)*

- Precept UCSF Family Nurse Practitioner students at Family Health Center (and previously at OLE Health) 1-2 days per week
- Provide evaluation and feedback
- Led a problem based learning course at UCSF for first year FNP students.

Family Nurse Practitioner, Mission Neighborhood Health Center *San Francisco, CA (2015-2016)*

- Helped develop PrEP clinic
- Provided HIV testing/counseling and PrEP

Family Nurse Practitioner, OLE Health
Napa, CA (November 2012 — January 2017)

- Full-time FNP starting 11/2012; additional role of Care Team Clinical Supervisor since 1/2014.
- Provide comprehensive primary care to patients of all ages in a fast-paced, collaborative community health center. Provide linguistically and culturally competent care to a large Latinx population including migrant farm workers and families.
- Care for patients with acute complaints and chronic diseases with a focus on prevention and wellness.
- Trained in IUD and Nexplanon insertions
- Participated in creating new Pain Management protocols to increase safety and appropriateness of long-term opioid use.
- Run a bi-monthly Tuberculosis group providing education and treatment to latently infected individuals.
- Precept UCSF Family Nurse Practitioner students.
- Member of the Security Response Team, responsible for implementing

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workplace safety protocols.

Registered Nurse, Wald Community Nursing Center
Baltimore, MD (May 2011 — August 2012)

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- Coordinated care for uninsured individuals: health education, follow-up, health insurance obtainment, and referrals. Performed health screenings, physical assessments, lab work, and immunizations.
- Provided education and referrals to women and children via the WIC program.
- Trained new nurses.

Cal-SEARCH Intern, Marin Community Clinics
Novato, CA (December 2011 — January 2012)

- Participated in a six-week internship funded by the U.S. Department of Health and Human Services, HRSA, and NHSC in collaboration with the California Primary Care Association.
- Completed 108 hours on site, 90 hours of precepted clinical time and 18 hours spent on project.
- Collected information on 60 randomly selected patients with type II diabetes mellitus and performed statistical analysis to evaluate the effect of continuity of care on receipt of recommended preventive services.

Nursing Support Technician, Mercy Medical Center
Baltimore, MD (November 2009 — June 2010)

- Obtained routine vital signs and blood glucose tests for all patients on a medical surgical floor.
- Carried out patient care, bed baths, EKG placements, blood draws and IV placements.

Continuing Education:

- May 2013: NPACE National Primary Care/pharm Conference: (30 contact hours)
- October 2013: UCSF Primary Care Medicine: (20.25 credits)
- March 2014: Chronic Pain CME Touro University (5 credits)
- May 2014: Partnership HealthPlan's Quality Conference
- June 2014: ADA Diabetes is primary (5.5 credits)
- September 2014: LTBI webinar
- October 2014: Healing, Mindfulness, and Compassion Retreat (9 contact hours)
- October 2014: Managing Pain Safely Forum -- Partnership. AAFP (7 contact hours)
- December 2014: UCSF Annual Review of Family Medicine (13.5 credits)
- April 2015: UCSF Advances in Infectious Diseases: New Directions for Primary Care (18.75 credits)
- December 2015: UCSF musculoskeletal (13.75 credits)
- March 2016: UCSF Vulnerable populations conference (21.75 credits)
- January 2017: San Francisco Health Network Quarterly Provider: Headaches (2 credits)
- April 2017: DPH Advanced Practice Provider Conference (5.5 credits)

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- July 2017: San Francisco Health Network Quarterly Provider Meeting (2 credits)
- August 2017: Fittzgerald Ed Associates pharmacology modules
- September 2017: San Francisco Health Network Managing Chronic Pain Together: How Patients & Providers can work together to create sustainable treatment plans (5 credits)

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- October 2017 UCSF Primary Care Medicine Principles & Practice; (20.25 credits; 15.25 pharmacotherapeutic credits)
- October 2017: Focus on LTBI Oakland, 4.75 credits
- April 2018- DPH Advanced Practice Provider Spring Conference (6 credits)
- September 2018: San Francisco Health Network: A shift in Pain management (5 credits)
- October 2018: DPH Advanced Practice Provider Fall Conference (6 credits)
- October 2018: UCSF Primary Care Medicine: Principles and Practice (25 credits)
- February 2019: UCSF Medical Care for Vulnerable Populations (21.75 credits)
- October 2019: DPH APP Fall Conference (6 credits)
- December 2019: Controversies in Women's Health (13.5 credits; 8.75 pharm)
- February 2020: UCSF Medical Care for Vulnerable Populations (26.75 credits ; 8.75 pharm)
- February 2021: The Relationship Between Social Media and Mental Health: Anna Lembke, MD (1 contact hour)
- April 2021: DPH Advanced Practice Provider Spring Conference (6 credits)
- April 2021: San Francisco Health Network Quarterly Provider Meeting with CMEs (2 credits)
- July 2021: San Francisco Health Network Quarterly Provider Meeting with CMEs (2 credits)
- October 2021: UC Davis T3 Pain Management for Primary Care Fellowship Intensive Workshop (13 credits)
- June 2022: Several geriatric focused modules

through GEDC Education:

Johns Hopkins University School of Nursing and School of Public Health *(August 2012)*

- Master of Science in Nursing, Family Nurse Practitioner Program
- Master of Public Health

Course work: Nurse Practitioner (NP), Public Health Nursing (PHN), Public Health (PH) NP: Philosophical, Theoretical and Ethical Basis of Adv. Practice
NP: Physiology/Pathophysiology
NP: Application of Research to Practice NP: Context of Health Care
NP: Clinical Pharmacology
NP: Adv. Health Assessment& Measurement
NP: Advanced Health Assessment and Measurement – Adult/Geriatric variations NP: Advanced Health Assessment and Measurement –Pediatric
NP: Human Development across the Life Span
NP: Diagnosis, Symptom and Illness Management I
Adult NP: Diagnosis, Symptom and Illness Management I Pediatric NP: Diagnosis, Symptom

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and Illness Management II Adult NP: Diagnosis,
Symptom and Illness Management II Pediatric NP:
Adv. Practice in Primary Care I – Adults
NP: Adv. Practice in Primary Care I –
Pediatric NP: Adv. Practice in
Women's Health

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NP: Family as a Unit –Clinical
Integration PHN: Program Design
and Evaluation PHN: Theory and
Practice
PHN: Theory and Practice
Practicum PHN: Leadership and
Management PHN/NP: Capstone
PH: Statistical Reasoning in Public
Health I PH: Statistical Reasoning in
Public Health II PH: Making Changes
Through Policy
PH: Environmental Health
PH: Principles of
Epidemiology PH: Intro to
MPH Studies
PH: Food Production, Public Health, and the
Environment PH: Epidemiologic Basis for
Tuberculosis Control
PH: Health and Homelessness
PH: Latino Health: Measures and
Predictors PH: Fundamentals in
Reproductive Biology
PH: Pharmaceuticals Management for Under-served
Populations PH: Sexually Transmitted Infections in
Public Health Practice PH: Epidemiology of Obesity
and Diabetes
PH: Introduction to the U.S. Health Care

System Honors:

- Johns Hopkins University School of Nursing "Leadership Award" for Graduate Students *(2012)*
- Johns Hopkins Masters Program Merit Scholar *(2010-2011)*
- Sigma Theta Tau International Honors Society of Nursing *(May 2010)*
- Deans Highest Honors – Santa Rosa Junior College, CA *(May 2009)*
- Phi Beta Kappa Honors – University of California, Santa Cruz, CA *(June 2007)*

Johns Hopkins University School of Nursing, Baltimore, MD *(July 2010)*

- Bachelor of Science in Nursing

University of California Santa Cruz, Santa Cruz, CA *(June 2007)*

- Bachelor of Arts in Latin American and Latino Studies with a focus in Immigration

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- Two semesters abroad: Universidad de Granada, Spain and Universidad de

Guadalajara, México Language Skills:

- Fluent in speaking, reading, and writing Spanish.
- Obtained Certificate of Bilingual Proficiency in Spanish through Oral Proficiency Exam given by the SFDPH Human Resources

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- Completed courses in Intermediate Medical Spanish and Advanced Spanish Topics for Health Personnel at Johns Hopkins University, School of Nursing.

Volunteer Experience:

Volunteer, Bienestar Baltimore
Baltimore, MD (June 2009 — August 2012)

- Provided follow up case management for Latino adults with latent tuberculosis infection to help coordinate care and provide health education.
- Participated in TB screening program: intakes, PPD readings, and patient education.
- Co-led a presentation on diabetes education and coordinated events for Hispanic Heritage Month.

Volunteer, Health Care for the Homeless
Baltimore, MD (February 2011 — July 2011)

- Provided Spanish- English medical interpretation for clients, providers, administrators, and pharmacy staff.

Volunteer, SOURCE HIV Testing/ Counseling Program
Baltimore, MD (October 2009 — July 2010)

- Completed HIV Counseling Skills Level 1: Prevention & Test- Decision Counseling.
- Tested patients on a walk in basis using Oraquick rapid HIV tests at Chase Brexton Health Services.
- Provided pre and post-test counseling and education to minimize risk factors and contraction/transmission of HIV.

Volunteer, Project HEALTH
Baltimore, MD (January 2010 — May 2010)

- Volunteered in Johns Hopkins Bayview Emergency Department.
- Interviewed low-income patients to help facilitate referrals to community resources and obtain health insurance.

Teachers Aid, Santa Rosa Junior College
Santa Rosa, CA (August 2008 — May 2009)

- Served as an Anatomy tutor in the college laboratory twice a week.
- Helped students learn the material with models, cadavers, and pro-sections.

Volunteer, Petaluma Valley Hospital
Petaluma, CA (February 2008 — May 2009)

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- Worked in Emergency Department providing assistance to health care workers and patients.

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Tutor, Familia Center
Santa Cruz, CA (January 2007 — March 2007)

- Tutored children in community non-profit that provides a wide range of services for low-income Latino residents.

Volunteer, Immigration Project
Watsonville, CA (March 2006 — June 2006)

- Interviewed Spanish-speaking immigrants, including migrant farm workers and victims of domestic violence.
- Helped complete legal documents for legal permanent residence and/or citizenship.

Professional Memberships:

- American Association of Nurse Practitioners
- California Academy of Nurse

Practitioners References:

- Curt Wands, Colleague/Team Lead, PA, Family Health Center at ZSFGH curt.wands@sfdph.org; 510.417.1195
- Elizabeth Uy- Smith, Medical Director, MD, MPH Family Health Center Elizabeth.Uy-Smith@ucsf.edu
- Mary-Anne Cabansagan, AFED colleague, MSW Age-Friendly Emergency Department mary-anne.cabansagan@ucsf.edu
- More upon request

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Ashley Renee Johnson, DNP, MSN, AGPCNP-C, RN, CCRN

1026 Masonic Ave · San Francisco, CA 94117 · (225) 892-4241 · Ashley4LSU@gmail.com

EDUCATION

University of California, San Francisco
Doctor of Nursing Practice (DNP), 06/22

University of California, San Francisco
Master of Science in Nursing: Specialty: Adult Gerontology Primary Care Nurse Practitioner, 06/20

Western Governors University
Bachelor of Nursing, 01/13

Our Lady of the Lake College
Associate Degree of Nursing, 06/10

Louisiana State University
Bachelor of Science: Kinesiology, 05/07

LICENSURE/CERTIFICATIONS

- AANP Certification, August 2020
- Registered Nurse, California License # 840419
- American Association of Critical Care Nurses: CCRN Certified since April 2016
- Advanced Cardiac Life Support (ACLS) exp: January 2025
- Basic Life Support (BLS) exp: June 2023

SCHOLARLY INTERESTS

- Implementing a Stress Reduction Toolkit for ICU Nurses: A Practice Improvement Project-publication pending
- Developing improved methods for nursing retention and resiliency
- Healthcare worker wellbeing promotion and institutional implementation
- Improving skill development and learner success in critical thinking of career advancement program participants Presentations:
- UCSF APP Conference: 10/21/22- Presented in the education tract on the Implementation of a stress reduction toolkit in ICU nurses: A Practice Improvement Project

ADULT GERONTOLOGY PRIMARY CARE NURSE PRACTITIONER CLINICAL ROTATIONS

Primary Care

San Francisco Veterans Hospital Home-Based Primary Care (HBPC), 08/2019-03/2020

- Provided comprehensive care at-home to eligible veterans whose disabilities prevent them from attending medical clinics for primary care
- Educated patients on managing chronic health conditions such as diabetes, hypertension, congestive heart failure, frailty, bowel and bladder incontinence, and limited mobility
- Diagnosed and treated acute medical concerns
- Collaborated with social work, pharmacy, nutrition, physical and occupational therapy, and physicians to address functional, nutritional, and societal needs

San Francisco Veterans Hospital Women's Health Care Center, 08/2019-03/2020

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- Provided specialized care to women veterans focusing on primary health care
- Conducted breast and cervical cancer screening in conjunction with preventative health screening
- Counseled and managed contraceptive needs
- Assessed and treated acute health conditions such as upper respiratory infections, dermatological conditions, and pain

Urgent Care

Concentra Urgent Care, 10/2018- 06/2019

- Diagnosed and treated acute health conditions such as influenza, urinary tract infections, dermatological conditions and occupational injuries
- Conducted pre-employment physical examinations

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RN EXPERIENCE

UCSF Health, Parnassus Campus 06/14- Present
Staff Nurse, Medical/Surgical Intensive Care Unit

- Provide extensive treatment measures to critically ill pre and post-operative patients and those with chronic medical conditions
- Assist resident and attending physicians with central line placement, respiratory intubation, and other emergent procedures
- Titrate vasoactive cardiac medications and sedative medications for unstable critically ill patients
- Provide post liver transplantation education to patient and family
- Collaborate with the interdisciplinary team for positive patient outcomes

Charge Nurse

- Coordinates unit flow and collaborates with all disciplines
- Unit resource for policy, procedures, and protocols
- Critical care leadership committee member

Clinical InQuERI Council Member

- Coordinates leading the department of nursing in developing engagement in Clinical InQuERI as a basis for achieving sustained and cutting-edge practice excellence
- Increase the capacity of staff to understand, participate, and engage in clinical research
- Provide educational/professional development opportunities, fellowships, programs to enhance clinical inquiry
- Disseminate current research and quality improvement projects through conferences (posters and presentations), publications

Magnet Council Member

- MICU nurse champion
- Highlights achievements, accomplishments, and valued works of nurses on the unit
- Educates staff on Magnet designation requirements and site visit expectations
- Develops a Brag Book for Magnet surveyors

Travel Nurse Contracts at various ICUs in California and Texas 07/2013-06/2014

- Adapted to policy, procedures, and fluid work environments of each facility
- Provided safe and effective care to critically ill patients
- Quickly learned new EMR systems
- Collaborated with the interdisciplinary team

Our Lady of the Lake Regional Medical Center, Baton Rouge, Louisiana 09/2010- 07/2013
Staff Nurse, Medical Intensive Care Unit

- Developed critical thinking skills to provide quality care for critically ill patients
- Managed pre and post-operative patients
- Cared for critically ill trauma patients in the southern region of Louisiana

TEACHING EXPERIENCE

UCSF Health Medical/Surgical ICU, 2017 to current
Clinical Preceptor for nursing staff and student learners

- Supervised and trained nursing staff transitioning to the ICU
- Trained new graduate nurses in the ICU
- Evaluated skills and safety of student nurses
- Provided constructive feedback for successful learning

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NURSING AWARDS

- ~~**Safety Star Recipient**, UCSF Health Medical/Surgical ICU, 2016~~
- **Star Employee of the Month**, UCSF Health Medical/Surgical ICU, 2018
- **9/13 Medical/Surgical ICU UCSF Health Pride Experience Award,** 2020

PROFESSIONAL AFFILIATIONS

- California Association of Nurse Practitioners (CANP)
  - Golden Gate Chapter/Bay Area UCSF student representative 2019-2020
  - Golden Gate Chapter/Bay Area Board Member- co membership chair 2021 to present

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- American Association of Nurse Practitioners (AANP)
- American Association of Critical Care Nurses (AACN)
- American Holistic Nursing Association (AHNA)
- American College of Lifestyle Medicine (ACLM) o RN/APRN leadership committee member
- University of California San Francisco School of Nursing o DNP Council student representative cohort 4

EXTRACURRICULAR SERVICE ORGANIZATION

- San Francisco Delta Gamma Alumnae Chapter – president
  - Glaucoma Research Foundation Gala - volunteer
  - San Francisco Light House for the Blind- volunteer

Presentations and Publications

- UCSF Schwartz Rounds Panelist: How the COVID-19 pandemic has changed us, 2021
- Nursing Grand Rounds on Lyme Disease in Primary Care, 2020
- Healthy Nurse Healthy Nation: Nurse uses aromatherapy, meditation, and deep breathing to improve her own job satisfaction, 2021
- Sigma Theta Tau International creating healthy work environements conference: 2023 oral presentataion A Stress Reduction Toolkit Practice Improvement Project to Promote Wellness in Intensive Care Unit Nurses

Conferences

- Plant Based Prevention of Disease (P-POD) 2021
- American College of Lifestyle Medicine (ACLM) 2021
- American Holistic Nurses Association (AHNA) 2021
- American Association of Nurse Practitioners (AANP) Health Policy 2021
- California Association of Nurse Practitioners (CANP) 43rd Annual Education Conference 2021
- UCSF Clinical Inqueri Conference 2021, 2022
- UCSF APP Conference: 2022
- Sigma Theta Tau International creating healthy work environements conference: 2023

Continued Education Seminars

- ACLM certification exam webinar
- ANA increasing nurses' presence in policy and politics conference
- Emory University: improve nurse retention and resiliency
- UCSF emotional well-being series webinar
- ANA: the challenges of being an up-and-coming nurse leader during the pandemic: how to avoid burnout and strengthen your well being
- AHNA: Stress and Self Care for Nurses in the Time of COVID-19
- AHNA: The Pleasure & Power of Aromatherapy for Self-Care
- AHNA: Resilience: Mindfulness without Meditation & Presence without Techniques
- AHNA: Aromatherapy, Breathing & Guided Imagery: Superheroes for Health

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3

Ashley Johnson

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BEKAH MCLEAN
Pasadena, CA | 714.357.2430 |
philosbek@gmail.com
https://www.linkedin.com/in/bekah-laning-mclean-93026331/

Senior healthcare professional with over 10 years experience working with non-profit, public health, and philanthropy organizations. Strong program manager who is passionately committed to healthcare transformation, patient experience, and community engagement. Curious critical thinker with a willingness to listen and learn.

- Program Development and Implementation
- Patient Engagement, Care Experience
- Quality Improvement
- Strategic Planning
- Curriculum Development and Training
- MyChart, Epic, G Suite, Microsoft Office, Jira, Figma, Sharepoint

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WORK EXPERIENCE

Health Systems Director **Apr 2023 - present**
ALZHEIMER'S ASSOCIATION, LOS ANGELES, CA

- Working closely with local health systems to improve diagnosis, disclosure, and quality of care for patients facing dementia or Alzhiemer's disease
- Increasing the uptake of effective dementia care clinical practices and quality improvement efforts
- Working closely with local public health entities to promote whole-person care
- Collaborates with teams across the Alzheimer's Association to promote early detection of dementia
- Supporting health systems in their data analysis, EMR enhancements, and training programs
- Relationship building, curriculum development, outreach, and engagement

Director, Patient Engagement **Apr 2021 – June 2022**
Assistant Director, Patient Engagement **Jan 2020 – Mar 2021**
NYC HEALTH + HOSPITALS, NEW YORK, NY

- Increased patient portal adoption from 11% to 72% across the enterprise
- Co-chair of system-wide MyChart Executive Steering Committee, working directly with system leadership to optimize the patient portal experience for both staff and patients
- Led creation of custom language build in MyChart (Mandarin) // PRESENTATION: "MyChart Custom Language Build: Expanding Access to our Patient Portal," *Society of General Internal Medicine Annual Conference.* Orlando, Florida, April 2022. (Author/Speaker)
- Created a centralized library of patient portal resources, including web-based training, tip sheets, eLearnings, and more!
- Delivered high quality training content/curriculum to multidisciplinary workforce audience, including workflows, products, and standards of work to ensure high utilization and

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compliance

- Created a patient-facing telehealth website, including translated MyChart tipsheets, explanation of telehealth services, technical support, and MyChart Helpline information
- Worked closely with Patient Portal Liaisons (PPLs), technical teams, partner offices, councils, and workgroups across the system to identify patient portal projects and support portal engagement, utilization, and optimization
- Led overall design, implementation, and evaluation of technology (and non-technology-based) patient engagement initiatives as a member of the telehealth team
- Conducted Epic site visits and gathered patient feedback in support of patient portal engagement, utilization, and optimization

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Program Manager/Business Analyst **May 2018 - Dec 2019**
READY COMPUTING, NEW YORK, NY

- Designed, implemented, and managed the Medicaid Eligible Professional (EP2) Program – worked directly with providers to assist them in attesting for Meaningful Use (Promoting Interoperability) of their certified electronic health record systems (CEHRTs) in the NYSDOH's online MEIPASS system
- Served as liaison to Programmatic Partners – worked closely with the New York eHealth Collaborative (NYeC), and other stakeholders, to create effective partnerships and identify opportunities for collaboration
- Created User Stories in JIRA for product development and led discovery sessions with stakeholders

Associate, Programs **Jul 2016 - Jun 2017**
SOUTHERN CALIFORNIA GRANTMAKERS, LOS ANGELES, CA

- Lead for all Program Production - planning, logistics, note taking, and resource management for a diverse portfolio of program topics including public health, education, immigration, and the environment.
- Served as liaison between Program Managers, communicated program/project deliverables, identified cross-program themes, and mapped program team workflow
- Operationalized webinars throughout the organization, including training other staff in webinar procedures, software capabilities, and best practices

Program Associate – Safety Net Programs **Jul 2014 - Feb 2015**
Senior Program Assistant – Safety Net Programs **Jul 2012 - Jun 2014**
Program Assistant – Safety Net Programs **Jan 2011 - Jun 2012**
COMMUNITY PARTNERS, LOS ANGELES, CA

- Managed all portfolio projects, operations and contracts for the Safety Net Program Team.
- Facilitated contract management, including working with consultants, evaluation team, and grants.
- Served as Project Lead during implementation phase of Solutions Fund grant projects
- Piloted creation of a Patient Navigator Resource Guide for Safety Net Community Clinics
- Co-founder of staff mentorship program

EDUCATION

- **UX Design (Anticipated Completion 2024)** | Grow with Google
- **Fundamentals of Grantmaking** | Southern California Grantmakers, Los Angeles, CA
- **Project Management - The Basics for Success** | University of California, Irvine – Extension
- **BA Anthropology** | California State University, Fullerton

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AWARDS

- 2020 NYC[x] Tech & Innovation Award | Breakthrough Innovation *(Honorable Mention)*

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1455 RESPONSE ROAD, SUITE 190 • SACRAMENTO, CALIFORNIA 958 15 • BREA@ALZ.ORG

BONNIE REA, M.S.W.

EDUCATION

Master of Social Work, May 2010
California State University, Sacramento
Member of Phi Alpha Honor Society

Bachelor of Arts, Human Development, June 2008 Minors in Health Care-Social Issues and Sociology **University of California, San Diego**
Member of Phi Kappa Phi National Honor Society, Alpha Kappa Delta Sociology Honor Society, Earl Warren College Honors Program and University of California San Diego Provost's Honor List

SKILL SETS

IN MICRO-LEVEL PRACTICE

- Provide care management to older adults, at-risk youth, low-income individuals and families
- Facilitate caregiver support group and community education workshops
- Complete comprehensive bio-psycho-social assessments to determine social service needs
- Collaborate with interdisciplinary team to develop and modify individualized plan of care
- Provide access and coordinate referrals to community and government resources/ programs
- Counsel individuals and families using a client-directed, strengths-based approach

IN MACRO-LEVEL PRACTICE

- Develop and evaluate program protocols, assessment, care planning, and evaluation forms
- Facilitate staff/volunteer in-service trainings and workshops
- Represent agency in coalition meetings, advocacy, lobbying and outreach events
- Develop and assemble outreach material, newsletter articles and program evaluation reports

SOCIAL WORK EXPERIENCE

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Family Care Specialist Jan 2013 – Present
Alzheimer's Association – Northern California & Northern Nevada Chapter, Sacramento, CA

- Coordinate early stage programs for individuals living with dementia, including the facilitation of support groups and development of annual education forum
- Conduct disease education, information & assistance, care consultation, and crisis intervention counseling to individuals living with dementia and caregiving families
- Develop collaborative relationship building strategies and outreach with targeted ethnic and underrepresented communities (Asian Pacific Islander and LGBTQI) and the healthcare professional community
- Administered the Dementia Care and Support Navigation program between 2018-2020 – responsibilities included program management, data analysis, grant reporting and direct services to clients.

Care Advocate Sept 2011 – Dec 2012
Alzheimer's Association – Northern California & Northern Nevada Chapter, Sacramento, CA

- Re-organized the Bridge to Healthy Families direct service program to improve scope of service in order to meet grant goals and impact to the API community
- Provided psychoeducation and crisis intervention to assist Asian/Pacific Islander (API) families to cope with Alzheimer's disease and related dementia
- Engage ethnic and underrepresented families in the Association's advocacy, research and development work

Social Services Manager May 2010 – Sept 2011
Asian Community Center of Sacramento Valley – ACC Nursing Home, Sacramento, CA

- The ACC Nursing Home is a 99-bed skilled nursing facility that is an operational unit of the Asian Community Center (ACC)
- Assessed residents' psychosocial functioning and support system for care planning purposes
- Improved facility's incident reporting process by developing and implementing clear investigation and

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RESUME OF BONNIE REA, M.S.W. - PAGE 2

documentation procedures for staff
- Responsible for improving department's compliance with Title 22, resulting in zero deficiency in the 2011 State survey

Social Work Intern Sept 2009 – May 2010
Asian Community Center of Sacramento Valley – ACC Park City, Sacramento, CA
- The ACC Park City is an operational unit of the Asian Community Center (ACC) that supports lifelong learning and wellness
- Organized the Center's first annual health fair at William Land Elementary School
- Authored successful grant ($1,000) to implement an intergenerational walking club
- Developed Bridge to Healthy Families direct services program and expanded Park City's lifelong learning and wellness programs into the Southside Park neighborhood

Social Work Intern Sept 2008 – May 2009
Sacramento County of Human Assistance – Mathers Community Campus, Sacramento, CA
- Facilitated career workshops for adults to develop job search and retention skills

Local Programs and Policy Intern Mar 2008 – Jun 2008
Wider Opportunities for Women, Washington, DC
- Assisted in coordination and implementation of a national reproductive and economic security project to reduce teen pregnancy and foster economic self-sufficiency
- Researched and updated eligibility requirements/benefits for DC Metro Area Self-Sufficiency Calculator which enable understanding of self-sufficiency standards
- Advocated on behalf of constituents at local government meetings and community outreach events to promote economic independence and equality of opportunity for women and girls

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Dana Fong

San Francisco, CA
www.danafongdesigns.weebly.com
www.linkedin.com/in/danafong



EDUCATION

UNIVERSITY OF CALIFORNIA, DAVIS 2008-2010;
Bachelor of Arts in Design: Interior Architecture
Minor: Art Studio

THE PIEVE INTERNATIONAL SCHOOL
Corciano, Italy 2009;
Summer Study Abroad; Art Studio

COURSEA, Project Management Principles and Practices Specialization Certificate 2023

QUALIFICATIONS

LEED Green Associate

Proficient: Adobe Creative Suite (Photoshop, Illustrator, In-Design, Premiere) DaVinci,Vectorworks,

AutoCad, Revit, Staffbase - Banatag, Mailchimp, Constant

Contact, Digital Rendering, Studio IT, Word, Excel,

WEBSITE AND SOCIAL MEDIA EXPERIENCE

UCSF **San Francisco**

Dementia Care Aware - Website, Social Media, and Communications
07/2023- present

• Create educational webpages using WordPress that are informative, visually appealing and targeted for primary care providers.
•Design and build webpages to meet the needs and attract distinct audiences while aligning with Dementia Care Aware's brand identity standards.
•Upload webinars to YouTube and to the website as well as update the structural website to improve site integrity and user experience.
•Oversee the websites compatibility from Site Improve by including accessibility checks to ensure the site meets the site target for accessibility.
•Monitor website metrics via Google Analytics to identify areas of improvement.
•Coordinate with program partners to promote social media, website, and newsletters.
•Strategically manage social media and content on multiple platforms: Facebook and LinkedIn – create social media content and graphics, maintain records for posts, create relevent research and newspaper posts, identify relevant holiday posts, and Gerinews posts.
•Monitor progress and monthly report the metrics in collaboration with the strategy team.
•Design custom graphics for specific topics, facts and holiday events using Canva and Adobe Creative Suite.
• Apply best practices in social media to maximize engagement: Increased LinkedIn followers by 18.4% in the first 90 days on the job as well as increased viewership and impressions by implementing industry standards and best practices.
•Collaborate with program partners - coordinate, design and create monthly email campaign newsletters by using Banatag – Staffbase, to listservs.

UCSF **San Francisco**

PREPARE for Your Care - Project Policy Analyst II 07/2021- 07/2023
Social Media

Power- Point, Squarespace, Drupel, Kanban, Canva, Wordpress

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AWARDS

• UCSF Spot Award 2022 for the exceptional work developing and marketing the PREPARE for Your Care advance care planning materials.

FINE ART SHOWN

• Sports Basement: Portrero Hill Inside Out Exhibition
• Design by Design: UCD
• EAC Gallery
• The Pieve Art Gallery
• City College Art Gallery

•Strategically managed all social media and content on multiple platforms – updated social media posts, created relevant research, newspaper or awards posts, maintained records for posts, identified relevant holiday posts, and Gerinews posts.
•Designed custom graphics for specific topics and holiday events using Canva and Adobe Creative Suite.
•Applied best practices in social media to maximize engagement: Increased twitter engagement rate by 4%. Saw an increase of audience viewership of 24.4k impressions. Increased the number of followers by 29% from 2021 to 2023.
•Designed and created 5 newsletters with an increase of open rate and engagement of clicks.

Design Lead
•Design lead & project coordinator for promotional marketing materials.
•Executed multiple design options and versions to reflect the brand.
•Ensured consultants met deliverables.
•Created educational materials that are informative, visually appealing and targeted for special audiences.

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•Designed two webpages to meet the needs and attract distinct audiences. Learned Drupel, website platform to integrate the designs into the website.

Project Management
•Project management lead - initiated, planned, executed, and monitored multiple projects to ensure timely execution & completion. Oversaw, created improvements and solutions for updating PREPARE materials by collaborating with the peers to update the PREPARE Advance Care Planning Toolkit and PREPARE Pamphlets as well as coordinated to have it translated into Traditional Chinese, Simplified Chinese and Spanish with the translation team.

UCSF **San Francisco**
Administrative Assistant III (Occupational Health)
•Communicated with patients, taking actions to uphold clinic guidelines
in support of vaccinations distributions. 01/2021-05/2021
•Transported vaccines from pharmacy clinic to vaccinators.

DANA FONG **San Francisco**
Freelance 09/2012-present
• Graphic Designer & Marketing: Design brochures, flyers & marketing material for upcoming workshops, camps and events. Design, maintain mutliple websites using Weebly and Squarespace. Create monthly content for social media on Instagram and Facebook to generate new users and traffic towards their websites. Create paid advertisements. Saw a high increase of new traffic and revenue profits. Sent monthly newsletters using MailChimp & Constant Contact.
• SFPL art & crafts instructor (2015 - present)
• Virtual craft instructor for over 30+ students for Starcity - Coliving (2018-2020) & International Art Museum of America (2021-2022)
• Birthday party instructor for face painting (2015 - present)

AEF4KIDS **Los Angeles**
Website Designer - Contract 09/2020- present
•Design and maintain the website monthly to meet the needs and attract distinct audiences while aligning with their brand identity standards.
•Design promotional social media content for Instagram and Facebook to increase viewership and to promote their course offerings.

CREATIVE CANOPY **San Francisco**
Website Designer & Social Media Contract 09/2012-05/2021
•Design brochures, flyers & marketing material for upcoming workshops, camps and events. Sent monthly newsletters using Mailchimp.

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•Design and maintain website weekly using Weebly that was informative, visually appealing and targeted to a specific audience.
•Create and maintain all social media. Create paid advertisements as a result, high increase of new traffic and revenue profits.

JS SULLIVAN DEVELOPMENT **San Francisco**
Project Assistant 08/2012-11/2013
• Created FF&E specification packages for HOA.
• Prepared RFI's, bid packages, take-offs, and bank draws.
• Produced AutoCad drawings and Google Sketch-Up perspectives for design revision, construction and permits.
• Created detailed project schedules and subcontractor contracts.

MINTED **San Francisco**
Graphic Design Associate 11/2010-01/2011
• Created customer proofs by editing and designing print-ready files for an online print corporation utilizing Adobe Design Suite.

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GABRIELA VANEGAS

235 Cotter Street · SF· CA· 94112
Email: vanegas.gaby@gmail.com
Phone: (415) 678-6883

Professional dedicated to improving the health of diverse communities with an emphasis on individuals who suffer from economic and/or social disparity. Confident working with patients from diverse backgrounds, and attentive to patients' varying needs and circumstances. Highly dependable, empathetic and a collaborative team player.

Qualifications:

- Bilingual/Bicultural: Literate/fluent in Spanish and English
- Expertise in communicating with diverse groups from a wide range of socio-economic backgrounds
- Strong team-work and multi-tasking skills
- Proficient and confident in working under pressure in fast-paced environments

Professional Experience:

Health Care Navigator – UCSF Division of Palliative Medicine, San Francisco, CA November 2020- Present

Conduct patient outreach to screen patients for palliative care or supportive care needs and help guide patients to appropriate services.

- Act as the main communication liaison between patients and the palliative care team
- Determine patient eligibility and screen for needs to help guide patients to appropriate services
- Help develop interventions and services in response to screen
- Complete documentation of advanced care planning in Apex (electronic health record)
- Manage health care records; manage follow up visits and ensuring continuation of care and linkage to community resources
- Work with clinical staff to ensure patients obtain the most optimal medical care
- Compile and manage monthly report of study progression and maintain up-to-date patient database of needs and services
- Update program website

Health Care Navigator – UCSF Division of Geriatrics, San Francisco, CA March 2018-Present

Provide support, guidance and assistance for patients and families as they engage in advanced care planning.

- Act as a communication liaison to understand the patient's individual needs, values, goals, and preferences for their medical care
- Assess readiness of patients to engage in advance care planning
- Help patients designate surrogate decision makers, and help guide them through advanced care planning, including completion of an advanced directive if desired

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- Complete documentation of advanced care planning in Epic (electronic health record)
- Developed a manual of processes and procedures to be used by other Health Care Navigators
- Work with clinical staff to ensure patients obtain the most optimal medical care
- Run reports to obtain patient registries for CipherHealth patient enrollment

Assistant Clinical Research Coordinator -The PREPARE Study, Division of Geriatrics, UCSF June 2014-June 2017

Implemented day-to-day research activities in a fast-paced research study involving the development and implementation of advance care planning tools for English- and Spanish-speaking patients with limited health literacy.

- Recruited, consented, and retained diverse English- and Spanish-speaking older adults in two randomized control trials from San Francisco General Hospital (total cohort > 900 patients)
- Conducted lengthy interviews (in-home, on site and over the phone) with older adults in both English and Spanish
- Managed a caseload of patients and monitored their progress and follow-up over the course of the study
- Managed multiple petty cash funds, replenishments and check requests, accounting duties, grant account reconciliation, and prepared budget purchase orders, while acting as communication liaison between the VA, NCIRE, and UCSF
- Scheduled and reminded patients of upcoming appointments using various scheduling tools and calendars
- Obtained clinician consent for patient recruitment as well as for audio-recorded interviews
- Conducted real-time data entry as well as quality control and data monitoring in various databases including REDCap, Access, Excel and Word
- Trained new personnel and volunteers in study protocol and methodology
- Conducted chart review by utilizing knowledge of medical terminology to abstract data from clinical charts in multiple EMRs
- Adhered strictly to data security and HIPAA requirements
- Screened for cognitive impairment, depression, anxiety, and limited health literacy
- Helped to create Spanish surveys in REDCap
- Translated documents ranging from video scripts to clinical surveys from English to Spanish

Project Manager - Medic Mobile, San Francisco, CA June 2013-May 2014

Managed project goals/expectations to execute a clinical trial of an appointment reminder system for diabetic patients.

- Defined project goals and deadlines
- Proactively managed project changes, identified potential issues and devised contingency plans
- Coordinated communication between Medic Mobile team members and partner organizations
- Continually managed project expectations with team members
- Coordinated with development team to facilitate software testing and execution of clinical trial

Patient Enrollment Coordinator- Medic Mobile, San Francisco, CA July 2012- May 2014

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Data collection in a research study involving the development and implementation of an appointment reminder system for diabetic patients.

- Obtained informed consent and conduct interviews (Fair Oaks and Willow Clinic) with younger and older adults in both English and Spanish using real-time data entry
- Recruited patients in clinic and through cold-calling
- Performed HBA1c blood test and process specimen through an analyzer
- Processed participant payments
- Scheduled appointments and remind patients of appointments
- Translated documents/materials from English to Spanish

In Home Care Provider - IHSS, San Francisco, CA Dec 2009-July 2012

Assisted a disabled adult in home with daily life activities to ensure a healthy and safe independent lifestyle.

- Organized a well-managed schedule in order to provide for quotidian activities while arranging for medical and other necessary appointments
- Assisted in managing budgets to ensure bills were maintained
- Provided transportation between medical appointments and pharmaceutical needs
- Knowledgeable about aiding a patient with sleep apnea, tendonitis and chronic pain syndrome

Sales Associate- Macy's (Impulse), San Francisco, CA June 2012-Dec 2012

Provided customer service to understand consumer's needs/wants in order to yield sales.

- Utilized computer software to perform cash, check, and credit transactions, process returns, payments and exchanges, input data, locate inventory and re-ticket items
- Acquired thorough knowledge of merchandise in order to tactfully and professionally handle customers and their needs
- Achieved store goals such as providing outstanding customer service, opening new accounts and reaching sales quotas

Education:

Bachelor of Science in Management, Menlo College, Atherton, CA May 2010

Technical Skills:

Microsoft	Other Software	Language fluency
Word	REDCap	Spanish
Excel	Epic	
PowerPoint		
Access		

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References:

- Dr. Rebecca Sudore, Professor of
  Medicine Division of Geriatrics
  Prepare Study, Principal Investigator
  Supervisor in Healthcare Navigator position and Assistant Research Coordinator
  Phone: (415) 407-7254
  Email: Rebecca.Sudore@ucsf.edu

- Dr. Kara Bischoff, Medical Director of the UCSF Outpatient
  Palliative Care Service Division of Palliative Medicine
  Phone: (415) 606-1041
  Email: kara. bischoff@ucsf.edu

- Jessica Lin, Manager
  University Medical
  Partners Phone: (951)
  660-0801
  Email: Jelin@stanfordhealthcare.org

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Jada Mylan Smith
Antioch, CA 94509 | 757-298-3691
Jada.mylan@gmail | LinkedIn

Project Manager | Data Specialist & Researcher, Quantitative | Mathematician | Instructional

Curriculum Designer Education

Master of Science | May 2022 | CSU East Bay

Mathematics

- ***Related coursework:*** *Optimization, Linear Algebra, Statistical Linear & Logistic Regression, Statistical Machine Learning, Stanford University, Code in Place*

Bachelor of Science & Art | May 2020 | CSU East Bay

Mathematics

- ***Related coursework:*** *Mathematical Software, Differential Equations, Statistics for Engineering, Computer Programming C++*

Spanish

- ***Related coursework:*** *Spanish Linguistics & Phonetics, Spanish Conversation, Spanish Composition & Syntax*

Professional Accomplishments

Training Facilitation:

- Lead cross-functional teams to produce department-wide presentations for over 50 participants using impactful ideation and programs such as mathematics and statistical principle. Present material via virtual meeting systems.
- Conduct training sessions and create successful learning environments to empower direct reports, and offer leadership opportunities and growth opportunities to direct reports.
- Facilitated department-wide presentations to over 50 participants across disciplines to ensure programs and class activities are punctually and effectively communicated.
- Instructed college-level mathematics curriculum to over 40 participants using mathematics and statistical principles, virtual meeting systems, and computer programming languages using the asset-based mindset model.
- Delivered training and presentations to over 15 organizations that serve youth to promote the State of California Programs.

Design & Development:

- Superheaded strategy and high-level thinking to design data-driven visuals for clear, and concise communication.
- Research new and innovative material to incorporate into educational business projects for content development.
- Designed and Implemented DEI activities in lower-division mathematics courses influenced by student data.

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- Led department-level data reports, and facilitated discussions for at least 70 participants.
- Authored mathematics and statistical material using learning design systems to set up curriculum schedules.
- Developed strategies to improve the design for PowerPoint presentations, and instructor material using task lists and department data provided by supervisors.
- Pioneered the creation of print materials and marketing media for programs managed.
- Groomed cross-collaborative relationships with colleagues to empower teams and develop project material.

Data Analysis:

- Generated quantitative data reports analyzing a variety of demographics to determine department needs. Manage Databases and communicate findings with various teams.
- Identified youth client and student progress, success trends, needs, performance, and effectiveness. Managed a database containing over 150 clients,
- Audited client and student records, assignments, and participation to ensure the effectiveness of programs.
- Analyzed youth client data for Contra Costa County to maintain a client caseload of up to 15 youths.

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Projects Managed

Created Master Proprietary Data Document
Digitalized Speaker Series Program
Developed Diversity, Equity & Inclusion
Activities Sourced and Implement New Grants,
Grant Prospecting Recorded and Processed
Data on Harmful Chemicals
Career Path Development
Group Food Bank of Contra
Costa California State
University East Bay HIP
Housing
Center for Environmental Health

Professional Experience

Data Management Specialist | Career Path Development Group | 10/2022 – Present

- Analyze company-gathered data and organize it into a master database, lead systematic integration and utilization of CPD's website and associated tools including data auditing, cleansing, and alignment to ensure accurately informed participant accounts.
- Prepare and summarizes business needs, enhance existing systems and processes, recommend and implement changes in processes and procedures where needed, and advised.

Co-Founder & CFO | Jasiri Coder LLC | 07/2021 – Present

- Facilitate and manage all content for training sessions, set up schedules, manage parent payments, and instruct various mathematical topics and courses including college level.
- Manage all fund balances for the business including but not limited to: donations, site payments, scholarship monies, payroll, and monthly expenses.
- Maintain and manage all prospective and existing partnerships.
- Remain point person with parents and partner agencies for the implementation of contract opportunities and improvement of processes.

Programs Instructor | Diablo Valley College | 06/2020 – Present, Seasonal

- Oversee and provide instruction for assigned classrooms. Author mathematics and statistical material using learning design systems, to analyze student improvement.
- Facilitate all assessment plans, and surveys, for teachers and students. Curate, design, and implement mathematics content for over 40 students.
- Prepare interactive and educational presentation materials for all students. Integrate technology to strengthen student access to online curriculum and tools.

Teaching Associate | California State University East Bay | 08/2019 – 05/2022

- Develop and deploy instructional content specific to pedagogic style, create and manage databases of student data, provide analytical visualizations, Manage, and reconcile data to provide insight on improving program processes.
- Participated in collaborative analysis projects to identify student demographics and possible success trends. Implement and lead special projects within the mathematics department at CSU East Bay.
- Provided cross-training to Learning Assistants and other Teaching Associates in the mathematics

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department.
- Attended and contributed cross-functionally to professional development activities related to the Teaching Associate position.

YEOP Program Specialist | State of California, Employment Development Department | 06/2018 – 12/2021

- Generated quantitative reasoning data reports based on personal client needs, to better serve a caseload of 15 youths. Mentored at-risk youth and assist with planning future educational and vocational goals.
- Established and maintained a client database containing documents, reports, and confidential information.
- Developed and disseminated comprehensive reports associated with YEOP performance.
- Cross-functionally collaborated in all staff meetings and training, provided follow-up reports to the entire team
- Worked cross-functionally with workforce development teams to ensure California unemployment claims were processed efficiently.

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Linda Loera

South Pasadena, CA 91030 c. (562) 396-6437 loera_linda@hotmail.com

Education

University of California, Los Angeles
Master of Arts, Urban Planning — June 2003
Concentration: Regional/International Development

Master of Arts, Latin American Studies — June
2003 Concentration: Geography

Bachelor of Arts, Latin American Studies with Minor in Spanish — June 2000

Work Experience

Program and Education Manager — February 2020-Present
Alzheimer's Association, CA Southland Chapter

- Develop & implement a data-informed, community impact plan to expand reach in each assigned market of opportunity defined by a strategic geography or population.
- Conduct ongoing community assessments through Community Forums in each market to ensure that volunteer-led programs are aligned with community needs and offered where demand is high.
- Recruit, train and lead volunteers to deliver and grow programs in designated markets.
- Manage and maintain a portfolio of high-impact community partners using a relationship sales approach to grow the Association's program reach.
- Ensure timely and accurate reporting of program, community impact and volunteer performance data as well as grant-funded projects.

Community Outreach Specialist — April 2016-Feb 2020
Alzheimer's Association, CA Southland Chapter

- Plan, schedule, market and deliver Association community education programs, care consultation, support groups, conference presentations and other trainings and activities as needed.
- Conduct timely and effective promotion and outreach on behalf of the organization, with a focus on increasing awareness of and promoting care and support programs.
- Conduct outreach and education with physicians and other healthcare providers.
- Represent the chapter at appropriate and assigned meetings and events.
- Remain knowledgeable and current in information related to Alzheimer's and related dementias as well as national, state, and local initiatives that affect the targeted population.
- Provide ongoing support and resources for volunteers.

HICAP Quality Control Specialist — Aug. 2013-March 2016

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Council on Aging-Orange County (State Health Insurance Counseling & Assistance Program)

- Perform quality assurance on information collected in counseling sessions
- Provide technical assistance to staff and volunteers
- Participate in trainings to stay up-to-date on issues affecting the health care industry, particularly government programs like Medicare, Medi-Cal, and Covered California

HICAP Program Manager June 2012-July 2013
Council on Aging-Orange County (State Health Insurance Counseling & Assistance Program)

- Directed staff of twelve and assigned staff caseloads

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- Oversaw more than 75 volunteers, including volunteer call center, and ensured all volunteers maintained state certification
- Managed $500,000 budget
- Met all contract requirements with local, state and federal agencies
- Trained staff and volunteers on Medicare and related health care programs
- Represented organization at local, state, and federal levels; built relationships with community partners
- Counseled Medicare and Medi-Cal beneficiaries regarding their benefits

Education and Latino Outreach Specialist June 2011-June 2012
Council on Aging-Orange County (State Health Insurance Counseling & Assistance Program)

- Conducted multi-lingual educational seminars and trainings for beneficiaries and health care professionals on Medicare, Medi-Cal, and other related health care topics
- Provided one-on-one counseling to Medicare and Medi-Cal beneficiaries regarding their benefits
- Assisted in development of culturally and linguistically appropriate curriculum and educational materials current with recent industry developments
- Trained volunteer counselors and community partners
- Conducted outreach activities to low-income and multi-ethnic communities
- Represented the organization at community events, with elected officials, and through Spanish and English- language interviews with various media

Education and Outreach Specialist March 2005-May 2011
Center for Health Care Rights (State Health Insurance Counseling & Assistance Program)

- Conducted multi-lingual educational seminars and trainings for beneficiaries and health care professionals on Medicare, Medi-Cal, and other related health care topics
- Counseled Medicare and Medi-Cal beneficiaries regarding their benefits
- Assisted in development of culturally and linguistically appropriate curriculum and educational materials current with recent industry developments
- Assisted in the recruitment, training, and assessment of volunteer counselors and community partners
- Conducted outreach activities to low-income and multi-ethnic communities
- Represented the organization at community events, with elected officials, and through Spanish and English- language interviews with various media
- Trained new employees to provide counseling and trainings

Skills

Foreign Languages

- Fluent in spoken and written Spanish (Native speaker)

Computer Skills

- Proficient in Microsoft Word, Excel, PowerPoint, Access, Photo Editor, Lexis-Nexis, Internet

Training

- Completed Healthcare Interpreter Training funded by the County of Los Angeles Department of Health Services Office of AIDS Programs & Policy
- Completed Manager Certificate Program funded by Torrance Memorial.

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References

- Available upon request

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ONDINE BOULTER

Education

Colorado College
Colorado Springs, CO
BA, International Political Economy

Palacký University
Olomouc, Czech Republic Study abroad

Bauman College
Certified Nutrition Educator

Professional Profile

- Strategic and committed nonprofit leader with a demonstrated track record of success in building resources, developing partnerships and mobilizing diverse communities

- Experienced in relationship cultivation, building trust, consultative sales, and culturally competent community engagement

- Proven ability to engage, motivate, and inspire people of diverse backgrounds to develop and execute high impact health-focused initiatives

- Collaborative advisor skilled in product marketing, strategic ideation, lead generation, data analysis, and account management.

Technical
MS Office, Project
Google Suite
Blackbaud, Personify
CRM Asana
Salesforce

Personal
Caregiver,Cyclist
World Traveler,
Cook Gardener,
Volunteer

Recognition
Speaker, National Volunteer Leadership Summit (2019-2022) **Member**, National Consumer Education Program Innovation Workgroup (2021-2022)

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408.372.9918
Oboulter@alz.org

Alzheimer's Association, Northern CA/Northern NV
*(*2015– present)
Director, *Health Systems*
Improve diagnosis, disclosure, and care through development of consultative relationships with health systems. Assess a health system's readiness, capacity, and interests and use this assessment to guide the uptake of effective clinical practices.

American Cancer Society, San Francisco, CA
Community Engagement Specialist (2014)
- Owned full project lifecycle of mass-market community awareness and fundraising campaign (Making Strides Against Breast Cancer) in SF Bay Area
- Cultivated and managed partnerships with Kaiser, Blue Shield, Oakland Raiders, and iHeart
- Partnered with Skechers Shoes for inaugural cause marketing activation

Hoffman Real Estate, Oakland, CA
Marketing Manager (2013-2014)
- Managed marketing, sales and operations for historic commercial/retail real estate portfolio
- Managed community engagement initiatives and social media inquires

UC Davis Health System, Sacramento, CA ***Community Outreach Project Manager*** *(grant contract)* (2011-2012)
- Established public and private healthcare relationships across rural CA, including FQHCs, primary care physicians and specialists
- Increased uptake of UCDHS products and services in rural communities
- Improved access to diagnosis and care for rural cancer patients

Gibbs Design Build, Berkeley, CA
Owner (2005-2010)
- Supervised all administrative and sales operations for residential design build company

University of California Cooperative Extension, Alameda, CA
Program Representative (2004)
- Managed a pilot public health education and awareness campaign in collaboration with federal, state and local government agencies
- Mobilized and convened key public and private sector community stakeholders to form advisory board

Exhibit B - Budget

Budget for Project Period

Principal Investigator (Last, First): Chodos, Anna

Exhibit B

~~Updated 7.3.2023~~

Updated 12.7.23

COMPOSITE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

03/15/2022 to ~~3/31/2024~~ 9/30/2024

From: / To: / BUDGET CATEGORY	3/15/2022 6/30/2022 Year 1	7/1/2022 6/30/2023 Year 2	7/1/2023 ~~3/31/2024~~ 6/30/2024 Year 3	7/1/2024 9/30/2024 Year 4	TOTAL
PERSONNEL: *Salary and fringe benefits.*	$214,342	~~$2,056,976~~ **$1,958,640**	~~$3,084,276~~ **$3,212,536**	**$622,847**	~~$5,355,594~~ **$6,008,365**
TRAVEL	$2,343	~~$165,000~~ **$120,566**	~~$165,000~~ **$140,000**	**$6,000**	~~$332,343~~ **$268,909**
MATERIALS & SUPPLIES	$4,969	~~$103,552~~ **$113,433**	~~$14,960~~ **$21,500**	**$487**	~~$123,481~~ **$140,389**
EQUIPMENT	$0	$0	$0	**$0**	$0
CONSULTANTS					
~~Instructional Design & Marketing Campaign~~ Instructional Design	$45,000	~~$456,368~~ **$367,824**	~~$0~~ **$158,590**	**$0**	~~$501,368~~ **$571,414**
Marketing Campaign	$0	~~$1,110,566~~ **$884,065**	~~$619,108~~ **$559,500**	**$24,000**	~~$1,729,674~~ **$1,467,565**
Website Development	$0	~~$168,557~~ **$160,642**	~~$22,500~~ **$27,285**	**$5,700**	~~$191,057~~ **$193,627**
Web Hosting Platform	$0	$22,800	~~$0~~ **$3,550**	**$1,000**	~~$22,800~~ **$27,350**
Translations	$0	~~$9,000~~ **$5,460**	$10,000	**$0**	~~$19,000~~ **$15,460**
SUBRECIPIENT				-	
University of California College of the Law, San Francisco	$4,553	~~$635,801~~ **$480,145**	~~$467,505~~ **$544,233**	**$78,928**	$1,107,859
Alzheimer's Association	$0	~~$1,296,875~~ **$1,260,579**	~~$1,070,405~~ **$1,221,565**	**$137,136**	~~$2,367,280~~ **$2,619,280**
The Regents of the University of California, Los Angeles	$15,427	~~$1,671,764~~ **$371,149**	~~$784,641~~ **$1,370,984**	**$214,272**	~~$2,471,832~~ **$1,971,832**
UC Regents of the University of CA, Irvine	$23,968	~~$1,741,146~~ **$986,062**	~~$955,073~~ **$1,554,175**	**$415,981**	~~$2,720,187~~ **$2,980,186**
The Regents of the University of California, San Diego	$0	~~$1,075,628~~ **$432,909**	~~$615,983~~ **$863,884**	**$36,604**	~~$1,691,611~~ **$1,333,397**
Ranch Research Institute- Los Angeles County Department of Health Services	$0	~~$668,200~~ **$580,233**	~~$530,786~~ **$530,989**	**$87,764**	$1,198,986
OTHER DIRECT COSTS (ODC) ***Subject to IDC Calc***				-	

UCSF Recharges (ITFS, Network Recharge, GAEL)	Y	$2,381	~~$24,873~~ **$23,270**	~~$38,425~~ **$40,164**	**$8,031**	~~$65,679~~ **$73,846**
CME	Y	$0	~~$52,000~~ **$23,540**	~~$0~~ **$31,455**	**$10,000**	~~$52,000~~ **$64,995**
Focus Group Participant Remuneration/Subject Matter Expert Fees	Y	$0	~~$44,000~~ **$9,788**	$20,000	**$0**	~~$64,000~~ **$29,788**
Traditional media/flyers/SWAG/etc	Y	$0	~~$50,000~~ **$50,666**	~~$40,000~~ **$39,000**	**$1,000**	~~$90,000~~ **$90,666**
Warm Line	Y	$0	~~$37,500~~ **$18,931**	~~$33,000~~ **$46,194**	**$15,000**	~~$70,500~~ **$80,125**
Meeting Costs	Y	$0	~~$8,000~~ **$5,544**	~~$202,000~~ **$47,500**	**$10,000**	~~$210,000~~ **$63,044**
					-	
TOTAL DIRECT COSTS		**$312,983**	~~$11,398,606~~ **$7,876,246**	~~$8,673,662~~ **$10,443,104**	**$1,674,750**	~~$20,385,251~~ **$20,307,083**
Indirect (F&A) Costs	**F&A Base**					
Rate	*MTDC **	$273,588	~~$4,379,639~~ $3,835,615	~~$4,249,269~~ $4,357,274	$704,066	~~$8,902,496~~ $9,170,542
30%		**$82,077**	~~$1,313,892~~ **$1,148,439**	~~$1,274,780~~ **$1,307,182**	**$211,219**	~~$2,670,749~~ **$2,748,917**
TOTAL COSTS PER YEAR		**$395,060**	~~$12,712,498~~ **$9,024,685**	~~$9,948,442~~ **$11,750,286**	**$1,885,969**	
TOTAL COSTS FOR PROPOSED PROJECT PERIOD						**$23,056,000**

* MTDC = Modified Total Direct Cost

JUSTIFICATION. *See Exhibit B1 - Follow the budget justification instructions.*

Funds Reversion Dates: Unless otherwise specified as following, fund reversion dates are three years from fiscal year end of year funded

Annual Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.

% **10.00%**

Or

Amount *$10,000*

Principal Investigator (Last, First): Chodos, Anna

Exhibit B

Page 2

Anticipated Program Income
(applicable only when the funded portion of the project generates income)

03/01/2022 **to** ~~03/31/2024~~ **09/30/2024**

From:	03/01/2022	07/01/2022	07/01/2023	**07/01/2024**	
To:	06/30/2022	6/30/2023	~~03/31/2024~~ **06/30/2024**	**09/30/2024**	
	Year 1	**Year 2**	**Year 3**	**Year 4**	**TOTAL**
ANTICIPATED PROGRAM INCOME	**$0**	**$0**	**$0**	**$0**	**$0**

Anticipated Program Income is an estimate of gross income earned by the University that is directly generated by a supported activity and earned only as a result of the State funded project, and this fact is known by the University at time of proposal. Anticipated Program Income is an estimate of potential income and not a guarantee of income to support the project.

Page 2 of Exhibit B will only be incorporated in the Agreement when Program Income is anticipated and proposed.

Program Income is subject to Section 14.D of Exhibit C of this Agreement.

If known, provide source(s) of Program Income:

	Estimated Amount

Exhibit B1 Budget Justification

(The Regents of the University of California, San Francisco)

Personnel

Name. Starting with the Principal Investigator list the names of all known personnel who will be involved on the project for each year of the proposed project period. Include all collaborating investigators, individuals in training, technical and support staff or include as "to be determined" (TBD).

Role on Project. For all personnel by name, position, function, and a percentage level of effort (as appropriate), including "to-be-determined" positions.

The personnel changes we request are the following: Year 1: $214,342.00 Year 2: ~~$2,056,976.00~~ **$1,958,640.00**, ~~and~~ Year 3: ~~$3,084,276.00~~ **$3,212,536.00 and Year 4 $622,847.00**. The Total ~~$5,355,594~~ **$6,008,365.00.**

Key Personnel (UCSF)

Anna Chodos, MD, MPH (Director), ~~50% FTE (all years)~~ **50% FTE (Years 1-2), 41% (Year 3), 47.5% (Year 4)** – Dr. Chodos is an Associate Professor in Geriatrics and Internal Medicine. She will direct the Dementia Care Aware program and be involved in all aspects of its operations and implementation. She is the Director of Whole Person Geriatrics for the SFHN, leading an initiative to create an outpatient Age-Friendly Health System. She directs two geriatrics clinics in the San Francisco Health Network (SFHN): the Geriatrics-Neurology Cognitive Clinic, an interdisciplinary dementia clinic for the assessment of adults with cognitive symptoms and the Outpatient Geriatrics Clinic, a geriatrics consult clinic serving SFHN's 14 primary care clinics. She also provides geriatrics care in a co-management clinic in one of the adult primary care clinics, where she has implemented workflows to improve geriatrics care. She is a Physician Fellow this year in the Kaizen Promotion Office at Zuckerberg San Francisco General where she is strengthening her skills in leadership and quality improvement in health care. She is also co-lead, with Dr. Rivera, on the Geriatrics Workforce Enhancement Program at UCSF and does several trainings a month for primary care and social service providers in San Francisco on geriatrics care and management.

Josette Rivera, MD (Co-Director and Education Lead), 40% FTE (Years 1-4) ~~(Years 1-2) 53% FTE (Year 3)~~ – Dr. Rivera is a Professor of Medicine and a clinician educator in the UCSF Division of Geriatrics. She will lead the Education Core and therefore the development and improvement of all trainings, educational materials, toolkit, and collaborative webinars. She is the current Director of the Geriatrics Workforce Enhancement Program (GWEP) at UCSF, a $3.5 million, competitive HRSA-funded program that trains primary care and social service providers in nine counites across Northern California, almost all serving low-income Californians, in how to care for older adults. A specific focus with an

additional $500,000 in funding is on Alzheimer's Disease and Related Dementias. The UCSF GWEP includes partnerships with over a dozen primary care, public health departments, and community-based organizations. She is also an inducted member in the UCSF Academy of Medical Educators since 2015 and has been co-Principal Investigator on multiple education grants to develop innovative geriatrics curricula for learners and practitioners at all levels. This has included the HRSA-funded Northern California Geriatric Education Center (2012-2015), the UCSF D. W. Reynolds Foundation Next Steps grant (2013-2017), the UCSF School of Medicine Interprofessional Education Program (2013-present). She is a national leader at the American Geriatrics Society in interprofessional education, including as the Chair of the Special Interest Group (SIG) in Interprofessional Education and Practice.

Serggio Lanata, MD, MS (Co-Lead Education Core), 20% FTE **(Years 1-3)** ~~(Years 1-2)~~, ~~27% FTE (Year 3)~~ **5% Year 4** – Dr. Lanata is an Associate Professor of Clinical Neurology at the Memory and Aging Center. He is the Roland Nyegaard, MD, Endowed Professor in Vulnerable Populations. He will co-lead the Education Core. He is also the director of the UCSF Memory and Aging Center Community Outreach Program, which does outreach and education with underserved and underrepresented communities on brain health and dementia topics and to improve their access to prevention. He is a faculty member of the Global Brain Health Institute. He is the Neurology Clinical Director lead for the Geriatrics-Neurology Cognitive Clinic at ZSFG.

Howard Rosen, MD (Lead, Dementia Care Aware ECHO at UCSF), 5% FTE (~~all years~~ **Years 1-3)** – Dr. Rosen is a Behavioral Neurologist with 22 years of experience in dementia care. His research focuses on early and accurate diagnosis of dementia. He will joint eh Clinical Advisory Board and lead the UCSF Dementia Care Aware ECHO program, which will be a crucial resource for practices and providers in the Central Valley, Northern and Eastern areas of California. He is an experienced educator, having led the Outreach, Recruitment and Engagement Core for UCSF's Alzheimer's Disease Research Center and UCSF's Behavioral Neurology Training Program since 2004. He also created an innovative curriculum for the Global Brain Health Institute on prevention and treatment of dementia. He directs the California Alzheimer's Disease Center (CADC) at UCSF, and in 2018 he led the development of the Assessment of Cognitive Complaints Toolkit for Alzheimer's disease, which is the CADC toolkit designed to support diagnosis of dementia in primary care. In 2020, he partnered with the Alzheimer's Association to create Project ECHO for dementia, a case-based educational venue that brings primary care practitioners together with experts for biweekly teleconferences to support diagnosis and care for people with dementia.

Katherine Possin, PhD (Content Expert - Detection, Diagnosis, and Caregiver Support), 5% FTE ~~(Years 1-2)~~ **(Years 1-3)** ~~7% FTE (Year 3)~~ – Dr. Possin is a neuropsychologist and researcher focused on improving the detection, diagnosis and care for people with neurodegenerative disease from diverse backgrounds and settings in a way that reduces disparities that current exist. She will be a key

member of the Clinical Advisory Board and contribute to the development of the toolkit and caregiver resources. She is the project lead of TabCAT, a software platform for tablet-based cognitive testing. The Brain Health Assessment is a 10-minute assessment on TabCAT designed for the detection of cognitive impairment in everyday clinical settings that is available in 18 languages and administered in a way that it can be done by a variety of team members. She is also the principal investigator of the Care Ecosystem, a telephone-based supportive care program for persons with dementia and their caregivers. She currently holds the John Douglas French Alzheimer's Foundation Endowed Professorship at the UCSF Memory and Aging Center and the Global Brain Health Institute.

Loren Alving, MD (UCSF Fresno Lead), ~~10% FTE (Years 1 – 2), 5% FTE (Year 3)~~ **5% Years 1-3**– Dr. Alving is a Behavioral Neurologist at UCSF Fresno and has co-lead the recruitment of FQHCs for participation in Dr. Rosed UCSF Project ECHO. For Dementia Care Aware, she will help recruit practices in the Fresno area and promote Dementia Care Aware in the area, as well as support practices in using Dementia Care Aware resources and toolkit.

Other Key Personnel (Sub-Sites) [please Subawardee Budget & Justification for full details]

University of California College of the Law, San Francisco

Sarah Hooper, JD (Site Director, Lead for Medical-Legal Content Expertise)
Yvonne Troya (Co-Investigator)
Sara Huffman (Co-Investigator)

Alzheimer's Association

Elizabeth Edgerly, PhD (Site Director (Northern California))
Meg Barron (Site Director (Southern California))
Morgan Daven, MA (Health Systems Expert)

The Regents of the University of California, Los Angeles

David B. Reuben, MD (Site Director)
Susan Charette, MD (CME Course Co-Chair)
Leslie C. Evertson, MD (Co-I, Dementia Care Specialist)
Dan Osterweil, MD (CME Course Co-Chair)
Michelle Panlilio, MD (Dementia Care Specialist)

The Regents of the University of California, Irvine

Lisa Gibbs, MD (Site Director)
Steven Tam, MD (Co-Investigator)
Katherine de Azambuja, MD, (Co-Investigator)

The Regents of the University of California, San Diego

Roopali Gupta, MD (Site Director)
Lindsey Yourman, MD (Co-Investigator)
Ian Neel, MD (Co-Investigator)
Steve Huege, MD (Co-Investigator)
Elizabeth Bevins, MD, PhD (Co-Investigator)
Zvinka Zlatar, PhD (Co-Investigator)
Tala Al-Rousan, MD, MPH (Co-Investigator)

Los Angeles County Department of Health Services

Freddi Segal-Gidan, PA, PhD (Site Principal Investigator)
Katherine Ward, MD (Lead, Internal Medicine and Geriatrics)
Heather Schickedanz, MD (Lead, Family Medicine and Geriatrics)
Ellen Wong, MD (Lead, Implementation, HUCLA)
Emiley Chang, MD (Provider educator/Site lead – Harbor)

Other Personnel (UCSF-Fresno)

Andres Sviercovich (UCSF Fresno Social Worker), ~~13%~~ 5% FTE (Year 3) – Andres is a Clinical Social Worker at UCSF Fresno. For Dementia Care Aware, they will help promote DCA training in clinics and FQHCs in their area, provide connections to the central DCA program, support implementation of cognitive health assessment screenings, and assist providers with creating workflows and providing next steps in management and care planning.

Other Personnel (UCSF)

Kathryn Eubank, MD (Expert), 25% FTE (Year 2-Year 4) ~~33% FTE (Year 3)~~ – Dr. Kathryn Eubank is a geriatrics educator and Medical Director of the SF Veteran Affairs Medical Center's Acute Care for Elders Unit. She will be involved in curriculum development, teaching in ECHO series, working on warmline, and will be a webinar contributor.

Christine Soran, MD, MPH (Expert), 7.5% FTE (Year 2-Year 3) ~~10% FTE (Year 3)~~ – Dr. Christine Soran is faculty in the Division of General Internal Medicine and Medical Director of the Buprenorphine Induction Clinic through the Division of Substance Use and Addiction Medicine. She will be involved in curriculum development on substance use disorders and cognitive symptoms, webinar contributor, and promotion of Dementia Care Aware in the San Francisco Health Network.

~~Anne Fabiny, MD (Expert), 10% FTE (Year 2), 14% FTE (Year 3) – Beginning in June 2023, Dr. Anne Fabiny, who is Adjunct Faculty at the Division of Geriatrics and previously the Chief of the clinical service line in Geriatrics at the SF Veteran Affairs Medical Center. She was previously the Geriatrics Fellowship Director at the Beth Israel Deaconess Medical Center in Boston, MA. She will be involved in program strategy and policy alignment, teaching in ECHO series, working on warmline, and a webinar contributor.~~

Triveni Defries, MD, MPH (Expert), 5% FTE (Year 2), 10% FTE (Year 3) – Dr. Triveni Defries is faculty in the Division of General Internal Medicine and will be involved in curriculum development on substance use disorders and cognitive symptoms, working on warmline, webinar contributor, SFHN DCA promotion and training.

Meredith Mirrer, MD (Expert), 20% FTE (Year 2), ~~27%~~ **13.75% FTE (Year 3)** – Dr. Meredith Mirrer is a geriatrician and family medicine provider who is a practicing geriatrician and a provider in the 4A Skilled Nursing Facility at Zuckerberg San Francisco General, and she will be involved in the co-development of the program in the San Francisco Health Network and will work on the warmline.

Charles Windon, MD (Expert), 20% FTE (Year 2-Year 3), 5% Year 4 ~~27% FTE (Year 3)~~ – Dr. Charles Windon is a behavioral neurologist based in the Memory and Aging Center. He will be involved in teaching in ECHO, specialty consults, practice coaching in SFHN and educating providers in SFHN, and working on the warmline.

Alexandra Nelson, MD, PhD (Expert), 5% FTE (Year 2), ~~7%~~ **5% FTE (Year 3-4)** – Dr. Alexandra Nelson is a behavioral neurologist based in the Memory and Aging Center. She will be involved in teaching in ECHO, specialty consults, practice coaching in SFHN and educating providers in SFHN, and working on the warmline.

Jessica De Leon, MD (Expert), 5% FTE (Year 2), ~~7%~~ **5% FTE (Year 3-4)** – Dr. Jessica De Leon is a behavioral neurologist based in the Memory and Aging Center. She will be involved in teaching in ECHO, specialty consults, practice coaching in SFHN and educating providers in SFHN, and working on the warmline.

Anuradha Madhavan, MD, PhD (Expert), 22% FTE (Year 3) – Beginning in September 2023, Dr. Anuradha Madhavan, based in the Division of Geriatrics, will be involved in curriculum development and teaching, e.g. live trainings, teaching in the ECHO series, and working on the warmline.

Monica Cheng, MD (Expert), 21% FTE (Year 3) – Beginning in September 2023, Dr. Monica Cheng, based in the Division of Geriatrics, will be involved in curriculum development and teaching, e.g. live trainings, teaching in the ECHO series, and working on the warmline.

Alissa Bernstein-Sideman, PhD (Content Expert- Evaluation), 5% FTE (Years ~~1~~**-2), 7% FTE (Year 3)** – Ms. Bernstein-Sideman is a medical anthropologist and health policy researcher focused on understanding and improving the assessment, diagnosis, and care of people with Alzheimer's disease and related dementias,

with a specific focus on primary care in safety net settings. She will lead our qualitative evaluation. She is the principal investigator and co-investigator on a number of California state and NIH-funded grants focused on improving the diagnosis and care of people with ADRD in primary care settings and has done substantial research that is relevant to this project and will be used immediately to inform CHA and toolkit development. She has expertise in qualitative research, including interviews and focus groups, and she has interviewed and surveyed primary care providers and primary care nurse practitioners at safety net sites across California about their practices, experiences, and attitudes regarding dementia diagnosis and care. She has engaged with primary care providers about topics related to the impact of caring for patients with dementia in regards to: homelessness, refugee status, immigration, drug addiction, structural inequalities, caring for patients who are historically underserved or underrepresented, racism, and language and cultural differences. She is running an evaluation of the Alzheimer's Disease Project Echo program at UCSF directed by Dr. Rosen and has gained insights about the types of skills and didactic areas most needed to engage primary care providers.

Wagahta Semere, MD, (Content Expert - Communication and Caregivers), 10% FTE (~~all years~~ Years 1-3) – Dr. Semere is an Assistant Professor of Medicine at UCSF in the Division of General Internal Medicine and a primary care provider in the Richard H. Fine People's Clinic at Zuckerberg San Francisco General Hospital. She will lead the development of our trainings focused on caregiver support. She is a health services researcher focused on developing strategies, informatics-based tools, and computer science to better engage racially and ethnically diverse patients and their caregivers with their providers. Her current work focuses on examining communication between culturally and linguistically diverse patients, their caregivers, and providers. She is also Champion Provider Fellow at UCSF, a program that trains physicians to be advocates for underserved communities.

Shirley Wong, PharmD, (Content Expert - Geriatrics Pharmacy), 35% FTE (~~all years~~ Years 1-3) – A clinical pharmacist in the UCSF School of Pharmacy, Ms. Wong has been part of the Geriatrics Workforce Enhancement Program since 2015 and has helped develop and deliver trainings to primary care providers on the cognitive impacts of medications and optimal medication management in dementia. She will lead the development of trainings and tools on the use of medications in people living with dementia. She is currently leading a QI effort in SFHN primary care to implement new workflows for providers to reduce inappropriate medication prescribing and support deprescribing for older adults.

~~TBH~~ **Anna Hines (Nurse Practitioner ~~[2] or Equivalent~~, Lead, SF Dementia Care Aware Practice Implementation Team), ~~200%~~ 40% FTE (Years 3-4 ~~2-3~~)** – ~~Two skilled~~ **Skilled** nurse practitioners with experience managing dementia in primary care and practice improvement or management will oversee and lead our practice implementation support team for San Francisco Health Network providers. They will work with the Medical Director and lead the Dementia Care Aware team. They will receive training, if needed, in the Dementia Care Specialist skills developed through ADC.

Ashley Johnson (Nurse Practitioner, Lead, SF Dementia Care Aware Practice Implementation Team), 100% FTE (Years 3-4) – Skilled nurse practitioners with experience managing dementia in primary care and practice improvement or management will oversee and lead our practice implementation support team for San Francisco Health Network providers. They will work with the Medical Director and lead the Dementia Care Aware team. They will receive training, if needed, in the Dementia Care Specialist skills developed through ADC.

~~Ivette Ruiz and TBH~~ **Gaby Vanegas (Practice Coach Lead, SF Dementia Care Aware Practice Implementation Team),** ~~200%~~ **100%** FTE (**Years 3-4** ~~Years 2-3~~) – The Practice Coach Lead will help direct and support lower-level Practice Coaches in the development and refinement of workflows for dementia care and support. They will help to ensure success of the San Francisco Health Network Practice Implementation Team.

Jacqueline Carranza (Practice Coach, SF Dementia Care Aware Practice Implementation Team), 100% FTE (Years 3-4 ~~2-3~~**)** – One full-time practice coach will be hired to support and coach practices in the San Francisco Health Network in the implementation of the Dementia Care Aware CHA and toolkit, and help patients with positive CHA assessments connect to resources, as part of the SF Dementia Care Aware Practice Implementation Team.

Missy Cheese & Jackie Buente (Social Service Specialists), 200% FTE (Years 3-4 ~~2-3~~**)** – Two full-time Social Service Specialists will be hired to work with the San Francisco Health Network Dementia Care Aware Implementation Team and focus on creating and embedding sustainable workflows from primary care to social services in San Francisco.

Sarah Bronstein (Director of Marketing and Events, Dementia Care Aware), 40% FTE (Years 2-3) – Mrs. Bronstein will oversee and coordinate all DCA marketing initiatives and events including securing venues, booking vendors, coordinating logistics, and ensuring adequate support and staffing for event/campaign success. Mrs. Bronstein will also work closely with the finance control to ensure vendors/contractors/consultants are paid in a timely manner. The Director of Marketing and events is an expert in marketing and outreach and will work closely with our hired marketing company to ensure we achieve our program goals.

Sarah Ngo, MLIS (Data Infrastructure Specialist, Dementia Care Aware), 10% (Year 2 -3) – Ms. Sarah Ngo, serving as the Data Infrastructure Specialist will be in charge of high-level building and management of data reports, registry development, and EHR infrastructure to support Dementia Care Aware monitoring of impact.

Izabel Pisikyan ~~& Margarita Archakova~~ **(Program Coordinator, Dementia Care Aware),** ~~200% FTE (all years)~~ **100% FTE Year 1-2, 65% Year 3, 100% Year 4** – ~~Hired in May 2022,~~ the Dementia Care Aware Program Coordinators will provide

administrative support to the program. They will report directly to the Director of Strategy and/or Director of Operations and assist in completing all program activities, including administrative tasks and all support functions.

~~Izabel Pisikyan &~~ **Margarita Archakova (Program Coordinator, Dementia Care Aware),** ~~200% FTE (all years)~~ **100% Year 1-2, 43% Year 3** – ~~Hired in May 2022,~~ the Dementia Care Aware Program Coordinators will provide administrative support to the program. They will report directly to the Director of Strategy and/or Director of Operations and assist in completing all program activities, including administrative tasks and all support functions.

Elliane Hough (Clinical Research Coordinator, Dementia Care Aware), 100% FTE (Years 2-~~3~~) – The Clinical Research Coordinator will be hired to support the Program Director in completing all program activities, including administrative tasks and all support functions. In addition, they will have a role in the training evaluation, compilation of data for qualitative evaluation, and collection, organization and analysis of clinical outcomes data.

Jada Smith (Clinical Research Coordinator, Dementia Care Aware), 100% FTE (Years 3-4) – The Clinical Research Coordinator will be hired to support the Program Director in completing all program activities, including administrative tasks and all support functions. In addition, they will have a role in the training evaluation, compilation of data for qualitative evaluation, and collection, organization and analysis of clinical outcomes data.

Brenda Fagan (Program Manager, Dementia Care Aware), 100% FTE ~~(Years 2-3)~~ **Year 2, 75% Year 3**– hired in August 2022, Ms. Fagan will be responsible for leading health systems implementation projects. Ms. Fagan will lead and co-lead regular meetings with DCA experts and leadership on the core function and operation of the health systems activities including setting up and managing the warmline, organizing and managing the ECHO series, running triage and connections of interested practices and providers to needed resources, communicating with stakeholders on the outreach, marketing and education teams about developments in the Health Systems' offerings, and managing data and evaluation activities related to the Health Systems programs. Ms. Fagan will keep DCA program leadership informed about challenges and developments in the Health Systems implementation work and will be actively involved in program refinement and improvement tasks. Ms. Fagan will co-manage (with the Director of Operations) program staff to achieve these goals.

Maia Miller (Program Manager, San Francisco Health Network), 100% FTE (Years 2-3) – hired in November 2022, the Program Manager for the San Francisco Health Network will work with DCA Leadership to implement all San Francisco Health Network programs and initiatives, ensuring an expansive reach to all our primary care clinics, coordinating of schedules, setting up and organizing trainings, organizing team activities and schedules to support clinics. They will also plan all necessary tasks to meet our deliverables, and plan for sustainability of our efforts by working with clinic administration and staff for next steps.

Qiao Yu Kuang, MPH (Data Analyst, San Francisco Health Network), 50% FTE (Years 2-~~3~~4) – Ms. Qiao Yu Kuang, hired in April 2023, will serve as the part-time Data Analyst will be responsible for compiling, organizing and managing data, including performing chart review to support monitoring of the impact of the Dementia Care Aware program.

Dana Fong , (Social Media, Website, and Communications Manager), 100% FTE (Years 3-4) – Ms. Fong assists DCA with maintaining a high volume and quality of our primary means of marketing and reaching learners.

Catherine Escher (Post-Doc Researcher, San Francisco Health Network), 100% FTE (Years 2-~~3~~) – Ms. Catherine Escher, post-doctoral fellow in Neuropsychology, specializing in the care of underserved patients and those who speak a language other than English as their primary language, will join the San Francisco Health Network team to provide guidance on the assessments of patients with cognitive complaints, develop workflows for the care of these patients from Primary Care to specialty Neuropsychology, and do assessments as well as coaching of primary care assessments of cognition prior to referral. They will be integrated members of the practice coaching team to improve primary cars assessment and referrals.

Clara Park (Director of Strategy, Dementia Care Aware), 100% FTE Years 1-2, 65% Year 3, 90% Year 4– hired in August 2022, Ms. Clara Park will seek opportunities to maximize the work we are doing, to update policymakers, and to create a strategy for sustainability for Dementia Care Aware. She manages connections with outside entities with an interest in Dementia Care Aware activities and seeks opportunities to potentiate our impact. She also manages our outcomes and evaluation work.

Danielle Taylor (Director of Operations, Dementia Care Aware), 100% FTE Years 1-2, 75% FTE Year 3, 100% FTE Year 4– The Director of Operations will work very closely with the PI and manage all program-wide activities that support the statewide Dementia Care Aware program, including organizing and documenting program meetings, organizing the formation of the Clinical Advisory Board, organizing stakeholder meetings, creating and maintaining the website, providing CME, maintaining lists of CHA-trained participants for submission to DHCS, creating and disseminating media campaigns, managing incentive payments for participants to do trainings, producing reports for DHCS, and supervising the UCSF project management team of three additional project staff.

Karen Yuan (Hiring Manager), 20% FTE (Years 2-~~3~~4) – Ms. Karen Yuan (Division Manager) will serve as DCA Hiring Manager and will be responsible for staffing the Dementia Care Aware team, including creating job descriptions, leading recruitment, providing onboarding and training, as well as granting access to systems.

Thomas Yu (Grants Administrator), 30% FTE (all years) – The UCSF Grants Administrator will be responsible for the fiscal oversight and control of the program. They will support the hiring and onboarding of project personnel, and support the

Director in financial reports submission, budget management, provide purchasing oversight, as well as coordinate with the sponsor on budgetary deliverables.

Itzel Carmona (Student Intern), 100% FTE (Year 2-3) – Ms. Itzel Carmona will be helping to build out the Dementia Care Aware resource library utilizing pre-determined criteria and templates, support program marketing efforts by sourcing information for posts and drafting content, as well as other administrative activities as needed such as scheduling, note taking, organizing materials, shipping items, etc. This position will be from June through August 2023.

Fringe Benefits: Consist of two benefit assessments. The UC-managed Composite Benefit Rates (CBR) and the UCSF-managed Faculty Childbearing Childrearing assessment.

UCSF uses UC-approved Composite Benefit Rates (CBRs) to charge fringe benefits on proposal budgets. Benefits supported include retirement, payroll taxes and assessments, and health & welfare. CBRs are an average of all eligible benefits applicable to a benefits group. Employees are assigned to a benefits group based on job code and benefits eligibility. The composite benefit rate equals the total cost of benefits for the group divided by the total salaries for that group. The CBRs were reviewed and added to the Federally negotiated rate agreement on June 29, 2020, by the University's Federal cognizant agency, HHS Office of the Inspector General, Office of Audit Services.

Note: This campus implements a Faculty Family-Friendly policy to provide faculty a childbearing and childrearing leave benefit, which are assessed separately and reflected in the rates below. *The assessment rate is 1% of requested salary only for faculty roles in addition to the CBR. The faculty CBCR is an allowable benefit as provided in 2 CFR § 200.431 and 2 CFR § 200.437 as this leave is provided under established published policies and are allocated equitably and consistently to both federal and non-federal activities. Please visit: https://brm.ucsf.edu/cbr/rates for updated rates.

Travel

Itemize all travel requests separately by trip and justify in Exhibit B1, in accordance with University travel guidelines. Provide the purpose, destination, travelers (name or position/role), and duration of each trip. Include detail on airfare, lodging and mileage expenses, if applicable. Should the application include a request for travel outside of the state of California, justify the need for those out-of-state trips separately and completely.

The travel changes we request are the following: Year 1: $2,343.00, Year 2: ~~$165,000.00~~ **$120,566.00**, ~~and~~ Year 3: ~~$165,000.00~~ **$140,000.00, and Year 4: $6,000.00**. The Total ~~$332,343.00~~ **$268,909.00**

$2,343.00 in Year 1, ~~$165,000.00 in Year 2, and $165,000.00 in Year 3~~ **$120,566.00 in Year 2, $140,000.00 in Year 3 and $6,000.00 Year 4** to cover

travel costs for two program-wide conferences including the UCSF main site as well as the multiple subsites totaling about 60 to 80 people at each meeting, as well as national conferences for program development and dissemination of our work. Costs will include meeting venue/technology fees, airfare, ground transportation, lodging, meals, and other allowable incidental costs.

Materials and Supplies

Itemize materials supplies in separate categories. ***Include a complete justification of the project's need for these items. Theft sensitive equipment (under $5,000) must be justified and tracked separately in accordance with State Contracting Manual Section 7.29.***

The material and supply changes we request are the following: Year 1: $4,969.00, Year 2: ~~$103,552.00~~ **$113,433.00**, ~~and~~ Year 3: ~~$14,960.00~~ **$21,500.00, and Year 4: $487.00.** The Total ~~$123,481.00~~ **$140,389.00.**

$4,969**.00** in Year 1, ~~$103,552 in Year 2, and $14,960 in Year 3~~ **$113,433.00 in Year 2, $21,500.00 in Year 3, and $487.00 in Year 4** for program supplies including phone lines, computing devices and peripherals for program personnel, software & subscriptions, as well as promotional, marketing supplies and other project supplies.

Equipment

List each item of equipment (greater than or equal to $5,000 with a useful life of more than one year) with amount requested separately and justify each.

N/A

Consultant Costs

Consultants are individuals/organizations who provide expert advisory or other services for brief or limited periods and do not provide a percentage of effort to the project or program. Consultants are not involved in the scientific or technical direction of the project as a whole.
Provide the names and organizational affiliations of all consultants. Describe the services to be performed, and include the number of days of anticipated consultation, the expected rate of compensation, travel, per diem, and other related costs.

The consultant cost changes we request are the following: Year 1: $45,000.00, Year 2: ~~$1,767,291.00~~ **$1,440,791.00**, ~~and~~ Year 3: ~~$651,608.00~~ **$758,925.00, and Year 4: $30,700.00.** The Total ~~$2,463,899.00~~ **$2,275,416.00.**

Instructional Design

The changes we request are the following: Year 1: $45,000.00, Year 2: ~~$456,368.00~~ **$367,824.00**, ~~and~~ Year 3: ~~$0~~ **$158,590.00**. The Total ~~$501,368.00~~ **$571,414.00**

We request funds for Instructional Design to build training materials and resources to help providers to administer the appropriate cognitive assessment and then follow through with appropriate care for patients. We will hire 1-2 companies to fulfill this work depending on the fit with our program and proposed value to our program.

Marketing Campaign

The changes we request are the following: Year 1: $0, Year 2: ~~$1,110,566.00~~ **$884,065.00**, ~~and~~ Year 3: ~~$619,108.00~~ **$559,500.00, and Year 4: $24,000.00**. The Total ~~$1,729,674.00~~ **$1,467,565.00.**

The hired company(ies) will support the development of a brand, highly targeted marketing strategies across all aspects of the program, and broad promotional efforts (e.g. ads) and promotional materials in order to reach diverse communities of Medi-Cal providers, their patients in California, and obtain the widest reach possible. They will also support the implementation of tools to measure the impact of our marketing campaign, including organizing and implementing focus groups with target audiences, measuring the network built by Dementia Care Aware. These funds will also be used to create educational videos about the program and its goals for broader audience outreach and engagement with Dementia Care Aware.

Website Development

The changes we request are the following: Year 1: $0, Year 2: ~~$168,557.00~~ **$160,642.00**, ~~and~~ Year 3: ~~$22,500.00~~ **$27,285.00 and Year 4: $5,700.00**. The total ~~$191,057.00~~ **$193,627.00 for website development and maintenance costs.**

Web Hosting Platform

The changes we request are the following: Year 1: $0, Year 2: $22,800.00, ~~and~~ Year 3: ~~$0~~ **$3,550.00, and Year 4: $1,000.00.** The Total ~~$22,800.00~~ **$27,350.00.**

We request ~~$22,800~~ **$27,350** total to support web hosting costs for Dementia Care Aware (DCA) educational modules and website through the learning management system (LMS) platform.

Translations

The changes we request are the following: Year 1: $0, Year 2: ~~$9,000.00~~ **$5,460.00**, ~~and~~ Year 3: $10,000.00. The Total ~~$19,000.00~~ **$15,460.00.**

We request ~~$9,000.00 in Year 2 and $10,000.00 in Year 3~~ **$15,460.00** for translation costs, primarily for caregiver and patient facing materials for Dementia Care Aware.

Subawardee (Consortium/Subrecipient) Costs

Each participating consortium organization must submit a separate detailed budget for every year in the project period in Exhibit B2 Subcontracts. Include a complete justification for the need for any subawardee listed in the application.

[see **Subawardee Budget & Justification** attachment for full details]

University of California College of the Law, San Francisco: The changes we request are the following: Year 1: $4,553.00, Year 2: $635,801.00, and Year 3: $467,505.00. The Total $1,107,859.00

Alzheimer's Association: The changes we request are the following: Year 1: $0, Year 2: ~~$1,296,875.00~~**$1,260,579**, and Year 3: ~~$1,070,405.00~~**$1,221,565, and Year 4: $137,136.** The Total ~~$2,367,280.00~~ **$2,619,280.00.**

The Regents of the University of California, Los Angeles: The changes we request are the following: Year 1: $15,427.00, Year 2: ~~$1,671,764.00~~ **$371,149.00**, ~~and~~ Year 3: ~~$784,641.00~~ **$1,370,984.00, and Year 4: $214,272.00**. The Total ~~$2,471,832.00~~ **$1,971,832.00.**

The Regents of the University of California, Irvine: The changes we request are the following: Year 1: $23,968.00, Year 2: ~~$1,741,146.00~~ **$986,062.00**, ~~and~~ Year 3: ~~$955,073.00~~ **$1,554,175.00, and Year 4: $415,981.00**. The Total ~~$2,720,187.00~~ **$2,980,186.00.**

The Regents of the University of California, San Diego: The changes we request are the following: Year 1: $0, Year 2: ~~$1,075,628.00~~ **$432,909.00**, ~~and~~ Year 3: ~~$615,983.00~~ **$863,884.00, and Year 4: $36,604.00**. The Total ~~$1,691,611.00~~ **$1,333,397.00.**

Ranch Research Institute- Los Angeles County Department of Health Services: The changes we request are the following: Year 1: $0, Year 2: ~~$668,200.00~~ **$580,233.00**, ~~and~~ Year 3: ~~$530,786.00~~ **$530,989.00, and Year 4: $87,764.00**. The Total $1,198,986.00.

Other Direct Costs

Itemize any other expenses by category and cost. Specifically justify costs that may typically be treated as indirect costs. For example, if insurance, telecommunication, or IT costs are charged as a direct expense, explain reason and methodology.

The changes we request are the following: Year 1: $2,381.00, Year 2: ~~$24,873.00~~ **$23,270.00**, ~~and~~ Year 3: ~~$38,425.00~~ **$40,164.00. and Year 4: $8,03001**. The Total ~~$65,679.00~~ **$73,846.00.**

IT Field Services Support (ITFS) – On July 1, 2013, the University initiated direct charging for ITFS as an integral component of its Enterprise Network Services (ENS) to provide support to campus voice and data technology functions. ITFS includes software installation/updates, internet security, hardware setup/configuration, and centrally managed patching, storage and backup. Direct charging of these support services in conjunction with the Data Network Recharge are covered under Part 3.2.0 – Service Centers, Communication Services, of the University's Cost Accounting Standards Board Disclosure Statement (CASB Form DS-2) ensuring that there is no duplicate reimbursement from Federal and non-Federal sponsors. The ITFS charge is based on the current rate per FTE, consistent with the current billing rates for ITFS. Recharge rates are computed in accordance with the requirements of 2 CFR Part 200 and will be reviewed and adjusted annually.

Data Network Recharge – The Campus Data Network Recharge fee provides funding for critical equipment in support of the campus network. The funding model for data network services includes a UCSF-wide per capita recharge of $45/month/FTE in FY 2021 and is adjusted by $1 annually until 2025. Per review and agreement by our cognizant federal agency, UCSF data network costs are an allowable direct expense. Questions from the sponsoring agency regarding this charge should be directed to the Department of Health and Human Services – Division of Cost Allocation, San Francisco CA.

GAEL (General Automobile Employee Liability insurance) – The campus is responsible for its claims and expenses against the University's General, Automobile & Employee Liability (GAEL) self-insurance program. GAEL is business travel accident insurance. When traveling on official University business, the employee will be covered worldwide, 24 hours a day, for a wide variety of accidents and incidents while away from the workplace. GAEL insurance assessment is calculated by applying the current GAEL rate x $100 of salaries budgeted. GAEL is not reflected as part of the employee's fringe benefits. Instead, the product of this calculation is listed in the "Other Expenses" category of the budget and identified as a "General, Automobile & Employee Liability insurance" cost.

Continuing Medical Education (CME)

The changes we request are the following: Year 1: $0, Year 2: ~~$52,000.00~~ **$23,540.00**, ~~and~~ Year 3: ~~$0~~ **$31,455.00. and $10,000.00 in Year 4**. The Total ~~$52,000.00~~ **$64,995.00**.

We request funds for Continuing Medical Education (CME) costs to provide continuing education credits for multiple professions, including MOC credits for physician trainees.

Focus Group Participant Remuneration/Subject Matter Expert Fees

We request ~~$44,000.00~~ **$9,788.00** in Year 2 and $20,000.00 in Year 3. The total ~~$64,000~~.00 **$29,788.00** for focus group participant remuneration or subject matter expert fees. This will be used to meet our evaluation deliverables on the focus groups, and appropriately compensate people for time spent in the focus group to give their expertise, travel expenses to the meeting, and any other charges incurred to participate in these focus groups.

Printed materials and promotional items for outreach

The changes we request are the following: Year 1: $0, Year 2: ~~$50,000.00~~ **$50,666.00**, ~~and~~ Year 3: ~~$40,000.00~~ **$39,000.00, and Year 4: $1,000.00**. The Total ~~$90,000.00~~ **$90,666.00**.

We request ~~$50,000.00~~ **$50,666.00** in Year 2 and ~~$40,000~~ **$39,000** in Year 3 **and $1,000 in Year 4** for printed materials and promotional items for outreach activities.

Warm Line

The changes we request are the following: Year 1: $0, Year 2: ~~$37,500.00~~ **$18,931.00**, ~~and~~ Year 3: ~~$33,000.00~~ **$46,194.00 and $15,000.00 in Year 4**. The Total ~~$70,500.00~~ **$80,125.00**.

We request ~~$37,500.00~~ **$18,931.00** in Year 2, ~~and~~ ~~$33,000.00~~ **$46,194.00** in Year 3 **and $15,000.00 in Year 4** to create and maintain a "Warm Line" dedicated to real time consultation for Medi-Cal providers and their clinics to get guidance for implementation of the CHA and the toolkit.

Meeting Costs

The changes we request are the following: Year 1: $0, Year 2: ~~$8,000.00~~ **$5,544.00**, ~~and~~ year 3: ~~$202,000.00~~ **$47,500.00 and Year 4: $10,000.00**. The Total ~~$210,000.00~~ **$63,044.00**

We request ~~$8,000.00~~ **$5,544.00** in Year 2, ~~and~~ ~~$202,000.00~~ **$47,500.00** in Year 3 **and $10,000.00 in Year 4** to cover the costs of hosting on-site events such as: program launches, meetings, promotion of the event, outreach events, and training events. We are significantly ramping up meetings now that the program is more mature and able to be promoted more aggressively. For example, holding meetings and events with health plans, clinics, and/or community organizations in multiple regions that were not possible before the program was built.

Rent

If the Scope of Work will be performed in an off-campus facility rented from a third party for a specific project or projects, then rent may be charged as a direct expense to the award.

N/A

Indirect (F&A) Costs

Indirect costs are calculated in accordance with the budgeted indirect cost rate in Exhibit B.

Per the Department of Health Care Services (DHCS)'s allowable Facilities and Administrative Cost Rates policy, an annual indirect cost rate of 30% is applied to Modified Total Direct Costs.

The indirect cost changes we request are the following: Year 1: $82,077.00, Year 2: ~~$1,313,892.00~~ **$1,148,439.00**, ~~and~~ year 3: ~~$1,274,780.00~~ **$1,307,182.00, and Year 4: $211,219.00.** The Total ~~$2,670,749.00.~~ **$2,748,917.00.**

The Total Costs we request are the following: Year 1: $395,060.00, Year 2: ~~$12,712,498.00~~ **$9,024,685.00**, ~~and~~ Year 3: ~~$9,948,442.00.~~ **$11,750,286.00, and Year 4: $1,885,969.00.**

Exhibit B2 – Subawardee Budgets

Budget Pertaining to Subawardee(s) (when applicable)

Subawardee Name: University of California College of the Law, San Francisco **Exhibit B2**

Principal Investigator (Last, First): Hooper, Sarah

Updated ~~7.3.2023~~ **12.7.23**

COMPOSITE SUBAWARDEE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

03/15/2022 to ~~3/31/2024~~ **9/30/2024**

From: / To:		3/15/2022 – 6/30/2022	7/1/2022 – 6/30/2023	7/1/2023 – ~~3/31/2024~~ 6/30/2024	7/1/2024 – 9/30/2024	
BUDGET CATEGORY		**Year 1**	**Year 2**	**Year 3**	**Year 4**	**TOTAL**
PERSONNEL: *Salary and fringe benefits.*		$3,502	~~$226,868~~ **$203,560**	~~$206,470~~ **$220,760**	**$60,103**	~~$436,840~~ **$487,925**
TRAVEL		$0	~~$6,877~~ **$5,663**	~~$8,331~~ **$39,246**	**$611**	~~$15,208~~ **$45,520**
MATERIALS & SUPPLIES		~~$5,404~~ **$0**	~~$6,615~~ **$147**	~~$908~~ **$2,000**	**$0**	~~$7,523~~ **$2,147**
EQUIPMENT		$0	$0	$0	**$0**	$0
CONSULTANT		$0	~~$164,469~~ **$143,910**	~~$123,351~~ **$143,910**	**$0**	$287,820
SUBRECIPIENT		$0	$0	$0	**$0**	$0
OTHER DIRECT COSTS (ODC)	***Subject to IDC Calc***				-	
Catering	*Y*	$0	~~$6,808~~ **$10,062**	~~$0~~ **$9,000**	**$0**	~~$6,808~~ **$19,062**
Venue Rental/Meeting Costs	*Y*	$0	~~$98,000~~ **$0**	~~$0~~ **$3,725**	**$0**	~~$98,000~~ **$3,725**
Participant Remuneration	*Y*	$0	~~$0~~ **$6,000**	$0	**$0**	~~$0~~ **$6,000**
ODC #4	*Y*	$0	$0	$0	**$0**	$0
ODC #5	*Y*	$0	$0	$0	**$0**	$0
ODC #6	*Y*	$0	$0	$0	**$0**	$0
TOTAL DIRECT COSTS		$3,502	~~$489,078~~ **$369,342**	~~$359,619~~ **$418,641**	**$60,714**	$852,199
Indirect (F&A) Costs	**F&A Base**				-	
Rate	*MTDC **	*$3,502*	*~~$489,078~~ $369,342*	*~~$359,619~~ $418,641*	*$60,714*	*$852,199*
30%		$1,051	~~$146,723~~ **$110,803**	~~$107,886~~ **$125,592**	**$18,214**	$255,660
TOTAL COSTS PER YEAR		$4,553	~~$635,801~~ **$480,145**	~~$467,505~~ **$544,233**	**$78,928**	
TOTAL COSTS FOR PROPOSED PROJECT PERIOD						$1,107,859

* MTDC = Modified Total Direct Cost

JUSTIFICATION. *See Exhibit B1 - Follow the budget justification instructions.*

Annual Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.	**%**	**10.00%**
		or
	Amount	*$10,000*

Exhibit B2 (Subawardee)

Subawardee Budget Justification
University of California College of the Law, San Francisco

The Budget Justification will include the following items in this format.

Personnel

Name. *Starting with the Principal Investigator list the names of all known personnel who will be involved on the project for each year of the proposed project period. Include all collaborating investigators, individuals in training, technical and support staff or include as "to be determined" (TBD).*

Role on Project. *For all personnel by name, position, function, and a percentage level of effort (as appropriate), including "to-be-determined" positions.*

The personnel changes we request are the following: Year 1: $3,502.00, Year 2: ~~$226,868.00~~ **$203,560.00**, ~~and~~ Year 3: ~~$206,470.00~~ **$220,760.00 and Year 4: $60,103.00.** The Total ~~$436,840.00~~ **$487,925.00**

Key Personnel

Sarah Hooper (Site Director, Lead for Medical-Legal Content Expertise) will devote 10% FTE in Years ~~1-3~~ **1-4**. She will be responsible for leading and overseeing all aspects of the project, including developing the medical-legal learning collaborative, providing legal content expertise for training materials, and conducting trainings, particularly in the areas of advance care planning, capacity, financial/legal planning in dementia, conservatorship, and the medical-legal partnership model.

Yvonne Troya (Co-Investigator) is budgeted for a $6,500 stipend per 12-month period in Years 1-3. She will be responsible for contributing legal content expertise to training materials and providing trainings, particularly in the areas of public benefits in California and immigrants' planning needs.

Sara Huffman (Co-Investigator) is budgeted for a $6,500 stipend per 12-month period in Years 1-3. She will be responsible for contributing legal content expertise to training materials and providing trainings, particularly in the area of veterans' benefits and access to care.

Other Personnel

Denise Watt (Grad Fellow) is budgeted ~~for stipend equivalent to 10.3% FTE at an annual salary of $81,000 in Year 2 and salary/stipend equivalent to 17.7% FTE at an annual salary of $81,000 in Year 3~~ **at an annual salary of $81,000 at 20% FTE in Years 2-3 and 50% in Year 4.** She will be responsible for contributing legal content expertise to training materials and providing trainings, particularly in the areas of advance care planning, financial and legal planning, and elder abuse and exploitation.

Elizabeth Peters (Grad Fellow) is budgeted for ~~salary equivalent to 70.92% FTE at~~ **an annual salary of $75,000** for 70% FTE in Years 2-3 **and 100% FTE in Year 4.** She will be responsible for contributing legal content expertise and staffing to the Health Implementation arm of the DCA project and will focus on trainings and consultation for the San Francisco Health Network.

Robin Davison (Grad Fellow) is budgeted at an annual salary of $110,000 ~~for 25% FTE in Years 1-2~~ **at 25% FTE in Year 2.** She will be responsible for evaluation and dissemination of the MLPS component of the DCA project.

Mahnoor Yunus (Grad Fellow) is budgeted ~~for salary equivalent to 100% FTE~~ at an annual salary of $75,000 for 100% FTE in Years 1-3 **and 50% FTE in Year 4.** She will be responsible for coordinating the MLPS Network, coordinating in-person and remote meetings, assisting in development of training materials, and assisting in dissemination and publication.

Fringe Benefits.
In accordance with University policy, explain the costs included in the budgeted fringe benefit percentages used, which could include tuition/fee remission for qualifying personnel to the extent that such costs are provided for by University policy, to estimate the fringe benefit expenses on Exhibit B.

Fringe benefits are budgeted at 32% for faculty and 41% for exempt staff, in accordance with UC ~~Hastings~~ College of the Law, San Francisco fringe benefits policy.

Travel
Itemize all travel requests separately by trip and justify in Exhibit B1, in accordance with University travel guidelines. Provide the purpose, destination, travelers (name or position/role), and duration of each trip. Include detail on airfare, lodging and mileage expenses, if applicable. Should the application include a request for travel outside of the state of California, justify the need for those out-of-state trips separately and completely.

The travel changes we request are the following: Year 1: $0; Year 2: ~~$6,877.00~~ **$5,663.00**; Year 3: ~~$8,331.00~~ **$39,246.00**; Year 4: **$611.00**. The total ~~$15,208.00~~ **$45,520.00**

The following travel expenses are budgeted to convene medical and legal partners for DCA convenings and trainings in Los Angeles, San Diego, Fresno, and Newport Beach:

- **Year 2: $5,664**
- **Year 3: $39,246**
- **Year 4: $611**

Budgeted travel expenses will be allocated to cover airfare, lodging, local transport, M&IE, and misc. local travel expenses, as needed, to complete the above listed trainings.

~~We request $6,877 in Year 2 and $8,331 in Year 3 for travel expenses which covers travel expenses for medical and legal partners for meetings, workshops and conferences. Travel costs may include conference registration fees, airfare, lodging, ground transportation, meals and allowable miscellaneous incidental travel costs.~~

Materials and Supplies
Itemize materials supplies in separate categories. ***Include a complete justification of the project's need for these items. Theft sensitive equipment (under $5,000) must be justified and tracked separately in accordance with State Contracting Manual Section 7.29.***

The materials and supplies changes we request are the following: Year 1: $0, Year 2: ~~$6,615.00~~ **$147.00**, Year 3: ~~$908.00~~ **$2,000.00**. The total ~~$7,523.00~~ **$2,147.00.**

The following materials and supplies are budgeted in Years 1-3. The bulk of this will be spent in Year 3 on the Fresno conference:

- **Training materials, supplies, and associated printing costs are budgeted at $2,147.19 total for Years 1-3.**

~~We request $6,615 in Year 2 and $908 in Year 3 for Materials and Supplies including training materials, as well as laptops/computing devices and supplies for graduate fellows, coordinators, and other program staff.~~

Equipment

List each item of equipment (greater than or equal to $5,000 with a useful life of more than one year) with amount requested separately and justify each.

N/A

Consultant Costs

Consultants are individuals/organizations who provide expert advisory or other services for brief or limited periods and do not provide a percentage of effort to the project or program. Consultants are not involved in the scientific or technical direction of the project as a whole. Provide the names and organizational affiliations of all consultants. Describe the services to be performed, and include the number of days of anticipated consultation, the expected rate of compensation, travel, per diem, and other related costs.

The consultant costs changes we request are the following: Year 1: $0, Year 2: $143,910.00, and Year 3: $143,910.00. The total $287,820.00.

The following consultancies are budgeted for Years 2 & 3:

- ~~TBD Legal Aid Expert/Partner 1: $3,426.43/month * 21 months in Years 2 & 3~~ **Elder Law & Advocacy: $3,426.43/month * 21 months in Years 2 & 3**
- ~~TBD Legal Aid Expert/Partner 2: $3,426.43/month * 21 months in Years 2 & 3~~ **Legal Services of Northern California: $3,426.43/month * 21 months in Years 2 & 3**
- ~~TBD Legal Aid Expert/Partner 3: $3,426.43/month * 21 months in Years 2 & 3~~ **Public Law Center: $3,426.43/month * 21 months in Years 2 & 3**
- ~~TBD Legal Aid Expert/Partner 4: $3,426.43/month * 21 months in Years 2 & 3~~ **Neighborhood Legal Services of Los Angeles: $3,426.43/month * 21 months in Years 2 & 3**
- Total: $287,820 ($71,955/consultant)

Consultants will provide the following services: Legal aid partners at four sites across California will contribute legal content expertise on training materials, especially regional/county expertise, will deliver trainings to designated health care partner/s in their region, participate in the intensive workshop, and participate in regular meetings.

Subawardee (Consortium/Subrecipient) Costs

Each participating consortium organization must submit a separate detailed budget for every year in the project period in Exhibit B2 Subcontracts. Include a complete justification for the need for any subawardee listed in the application.

N/A

Other Direct Costs

Itemize any other expenses by category and cost. Specifically justify costs that may typically be treated as indirect costs. For example, if insurance, telecommunication, or IT costs are charged as a direct expense, explain reason and methodology.

Catering

The catering costs changes we request are the following: Year 1: $0, Year 2: ~~$6,808.00~~ **$10,062.00**, and Year 3: ~~$0~~ **$9,000.00**. The total ~~$6,808.00~~ **$19,062.00.**

The following costs are budgeted for catering at workshops/conferences in Fresno:

- **Year 2: $10,062**
- **Year 3: $9,000**

~~We are budgeting $6,808 in Year 2 for catering for meetings/workshops/conferences in San Francisco, Los Angeles, and San Diego.~~

Venue Rental/Meeting Costs

The venue rental/meeting costs changes we request are the following: Year 1: $0, Year 2: ~~$98,000.00~~ **$0**, and Year 3: ~~$0~~ **$3,725.00.** The total ~~$98,000.00~~ **$3,725.00**

Rental of an off-campus venue for a workshop/conference in Fresno is budgeted at $3,725/rental * 1 rental in Year 3.

~~We are budgeting $98,000 in Year 2 for venue rental and other miscellaneous costs for meetings / workshops / conferences (including the cost of hosting promotional/marketing events) in San Francisco, Los Angeles, and San Diego.~~

Participant Remuneration

The following costs are budgeted for honoraria in Year 2: $6,000.00. This was paid to Elizabeth Peters as she onboarded the project from another position. She is now paid salary rather than honoraria.

Rent

If the Scope of Work will be performed in an off-campus facility rented from a third party for a specific project or projects, then rent may be charged as a direct expense to the award.

~~Rental of an off-campus venue for a workshop/conference in Fresno is budgeted at $3,725/rental * 1 rental in Year 3.~~
N/A

Indirect (F&A) Costs

Indirect costs are calculated in accordance with the budgeted indirect cost rate in Exhibit B.

The indirect cost changes we request are the following: Year 1: $1,051.00, Year 2: ~~$146,723.00~~ **$110,803.00**, ~~and~~ Year 3: ~~$107,886.00~~ **$125,592.00 and Year 4: $18,214.00**. The Total $255,660.00.

Indirect costs are budgeted at 30% of Modified Total Direct Costs (MTDC) in accordance with UC San Francisco indirect cost policy for subawardees.

The Total Costs we request are the following: Year 1: $4,553.00, Year 2: ~~$635,801.00~~ **$480,145.00**, ~~and~~ Year 3: ~~$467,505.00~~ **$544,233.00 and Year 4: $78,928.**

Exhibit B2 – Subawardee Budgets

Budget Pertaining to Subawardee(s) (when applicable)

Subawardee Name: Alzheimer's Association

Principal Investigator (Last, First): Edgerly, Elizabeth

Exhibit B2

~~Rebudget 6.13.2023~~
Updated 12.7.23

COMPOSITE SUBAWARDEE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

03/15/2022 to ~~3/31/2024~~ 9/30/2024

	From: / To:	3/15/2022 6/30/2022	7/1/2022 6/30/2023	7/1/2023 ~~3/31/2024~~ 6/30/2024	7/1/2024 9/30/2024	
BUDGET CATEGORY		**Year 1**	**Year 2**	**Year 3**	**Year 4**	**TOTAL**
PERSONNEL: *Salary and fringe benefits.*		$0	~~$949,842~~ **$964,303**	~~$547,908~~ **$663,582**	**$83,838**	~~$1,497,750~~ **$1,711,723**
TRAVEL		$0	~~$30,000~~ **$17,706**	~~$19,120~~ **$36,414**	**$0**	~~$49,120~~ **$54,120**
MATERIALS & SUPPLIES		$0	~~$20,924~~ **$7,259**	~~$1,000~~ **$5,000**	**$0**	~~$21,924~~ **$12,259**
EQUIPMENT		$0	$0	$0	**$0**	$0
CONSULTANT		$0	$0	$200,000	**$25,000**	~~$200,000~~ **$225,000**
SUBRECIPIENT		$0	$0	$0	**$0**	$0
OTHER DIRECT COSTS (ODC)	***Subject to IDC Calc***					
PRINTING	*Y*	$0	~~$3,000~~ **$326**	~~$2,500~~ **$3,000**	**$0**	~~$5,500~~ **$3,326**
POSTAGE	*Y*	$0	~~$2,000~~ **$391**	~~$500~~ **$2,500**	**$0**	~~$2,500~~ **$2,891**
ADVERTISING	*Y*	$0	~~$7,500~~ **$5,998**	~~$7,500~~ **$4,000**	**$0**	~~$15,000~~ **$9,998**
ECHO CME	*Y*	$0	~~$5,000~~ **$0**	~~$5,000~~ **$0**	**$0**	~~$10,000~~ **$0**
Meeting Costs	*Y*	$0	~~$5,000~~ **$611**	~~$66,000~~ **$15,000**	**$0**	~~$0~~ ~~$71,000~~ **$15,611**
Exhibit Fees	*Y*	$0	~~$6,000~~ **$3,866**	~~$0~~ **$15,000**	**$0**	~~$0~~ ~~$6,000~~ **$18,866**
Honorarium	*Y*	**$0**	**$0**	~~$0~~ **$25,000**	**$0**	~~$0~~ **$25,000**
TOTAL DIRECT COSTS		**$0**	~~$1,029,266~~ **$1,000,460**	~~$849,528~~ **$969,496**	**$108,838**	~~$1,878,794~~ **$2,078,794**
Indirect (F&A) Costs	**F&A Base**					
Rate	*MTDC **	*$0*	~~$1,029,266~~ $1,000,460	~~$849,528~~ $969,496	$108,838	~~$1,878,794~~ $2,078,794

	26%	$0	~~$267,609~~ **$260,119**	~~$220,877~~ **$252,069**	**$28,298**	~~$488,486~~ **$540,486**
TOTAL COSTS PER YEAR		**$0**	~~$1,296,875~~ **$1,260,579**	~~$1,070,405~~ **$1,221,565**	**$137,136**	
TOTAL COSTS FOR PROPOSED PROJECT PERIOD						~~$2,367,280~~ **$2,619,280**

* MTDC = Modified Total Direct Cost

JUSTIFICATION. *See Exhibit B1 - Follow the budget justification instructions.*

Annual Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.

% **10.00%**

or

Amount *$10,000*

Exhibit B2

Budget Justification - Alzheimer's Association

The Budget Justification will include the following items in this format.

Personnel

Name. *Starting with the Principal Investigator list the names of all known personnel who will be involved on the project for each year of the proposed project period. Include all collaborating investigators, individuals in training, technical and support staff or include as "to be determined" (TBD).*

Role on Project. *For all personnel by name, position, function, and a percentage level of effort (as appropriate), including "to-be-determined" positions.*

The personnel changes we request are the following: Year 1: $0, Year 2: ~~$949,842.00~~ **$964,303.00**, ~~and~~ Year 3: ~~$547,908.00~~ **$663,582.00, and Year 4: $83,838.00.** The Total ~~$1,497,750.00~~ **$1,711,723.00.**

Key Personnel

Elizabeth Edgerly, PhD, Co-Investigator (10% FTE, 1.2 CM in Phase 1, ~~18.7% FTE, 2.4CM~~ **17% FTE, 2.04 CM** in Phase 2, ~~18.7% FTE, 2.24CM~~ **24.37%FTE, 2.93 CM** in Phase 3), Executive Director, Alzheimer's Association, Northern California and Northern Nevada Chapter.

As Executive Director of the Alzheimer's Association's Northern California and Northern Nevada Chapter, Dr. Edgerly oversees 11 offices throughout Northern California and Northern Nevada. She is an active presenter and spokesperson for the Alzheimer's Association and has appeared on television, radio and in numerous national and local publications, speaking on topics related to brain health and Alzheimer's. In 2013 the Women's HealthCare Executives named Elizabeth Woman of the Year for her work on behalf of thousands of individuals living with Alzheimer's and related disorders.

Dr. Edgerly's role in the project will be to provide high level program oversight and direction for the Northern California team. **She is a Principal Investigator on the project and serves on the advisory boards. She also supervises all outreach staff at the Alzheimer's Association and brings together the outreach and health systems teams to coordinate efforts.**

Meg Barron, Co-Investigator (5% FTE, 0.60 CM in Phases 1, ~~19.2% FTE, 2.05CM~~ **17.1% FTE, 2.05 CM in Phase 2**, ~~5% FTE, 0.6CM~~ **3% FTE, 0.36 CM** in Phase 3), Executive Director, Alzheimer's Association, California Southland Chapter.

As Executive Director of the Alzheimer's Association's California Southland Chapter, Ms. Barron has led the Central and Southern California regions to new heights across Alzheimer's and dementia research; advocacy; and diversity, equity and inclusion initiatives. Under Ms. Barron's direction, the region's team was able to pivot from in-person to online support groups and education during the COVID-19 pandemic, and services provided grew throughout the territories she oversees. Ms. Barron also serves on the California Health and Human Services Agency Alzheimer's Disease and Related Disorders Advisory Committee as a consumer representative.

Ms. Barron's role in the project will be to provide high level program oversight and direction for the Southern California team. **She is actively involved in leading efforts in Southern CA and providing supervision to the care and support and DEI team in that region.**

Morgan Daven, (5% FTE, 0.60 CM in Phase 1, 3.8% FTE, 0.45CM in Phase 2, Vice President Health Systems, Alzheimer's Association, Home Office)

As Vice President Health Systems of the Alzheimer's Association's Home Office, Mr. Daven leads the Association's health systems strategy to increase access to timely diagnosis and quality care through partnerships with health systems, clinical leaders, and health care payers. In 2018 he established the Alzheimer's and Dementia Care ECHO® Program, which uses interactive, case-based learning to help care teams improve person centered care in primary care and long- term care settings.

Mr. Daven's role in the project will be to focus on working with health systems to increase access to timely diagnosis and quality care through the Dementia Aware initiative across the state of California.

Claire Day, MSW, (0% FTE, 0.0 CM in Phase 1, 5% FTE, .60 CM in Phase 2, ~~3% FTE, .36CM~~ **20% FTE, 2.4 CM** in Phase 3 Chief Program Officer, Alzheimer's Association, Northern California Northern Nevada Chapter.

As Chief Program Office of the Alzheimer's Association's Northern California Northern Nevada Chapter, Ms. Day oversees all clinical operations and service delivery throughout the Chapter's territory. She and her highly trained staff deliver community social services in the form of education, support, advocacy and care management to people with dementia and their families, as well as to professional caregivers. In addition, Ms. Day oversees all research initiatives. Prior to joining the Northern California Northern Nevada Chapter in 2017, Ms. Day was the Senior Vice President at the Delaware Valley Chapter in Philadelphia, Pennsylvania, serving in a similar role.

Ms. Day's role in the project will be to provide high level program oversight and direction for the Northern California program team. **She will work to oversee promotion of programs to DCA trained providers and also to help cover outreach activities with health systems in Northern CA.**

Susan Howland, MSG, (0% FTE, 0.0 CM in Phase 1, 5% FTE, .60 CM in Phase 2, ~~3% FTE, 0.36CM~~ **15% FTE, 1.8CM** in Phase 3), Chief Program Officer, Alzheimer's Association, California Southland Chapter.

As Chief Program Officer with the Alzheimer's Association, California Southland Chapter, Ms. Howland is responsible for the delivery of care and support programs in the organization's seven county territory as well as developing the dementia capacity of health systems and community-based organizations. In addition to her role as Program Director, Susan is a Research Champion for Central and Southern California and delivers research related topics to the general public. Susan has worked in the field of aging and Alzheimer's disease for over 25 years and has received numerous national awards recognizing her contribution to the field, including Rosalynn Carter Leadership in Caregiving Award for bringing the Savvy Caregiver Program to the State of California. She holds a Master's Degree in Gerontology from the University of Southern California.

Ms. Howland's role in the project will be to provide high level program oversight and direction for the Southern California program team. **She will work to oversee promotion of programs to DCA trained providers and also to help cover outreach activities with health systems in Southern CA.**

Ronald Spingarn, Lead ~~(100 % FTE, 12.0 CM in Phases 1, 75% FTE, 9.00 CM in Phase 2)~~ **100 % FTE, 12.0 CM in Phases 1-2),** Dementia Aware Director, Alzheimer's Association, Northern California Northern Nevada Chapter.

The Dementia Aware Director's role in the project will be to oversee the Alzheimer's Association's role in partnership with the UC systems to conduct outreach and develop relationships with primary care providers and other specialists who work with diverse and underserved populations. This position will work collaboratively to ensure successful delivery on all components of this project.

Laura McEntire, (15% FTE, 1.8 CM in Phase 2, **10% FTE, 1.2CM in Phase 3**), Sr. Health Systems Director, Alzheimer's Association, Home Office.

As a Senior Director, Health Systems for the Alzheimer's Association, Laura McEntire, LCSW is responsible for overseeing the Health Systems Directors in California. Ms. McEntire has more than 20 years of experience working in healthcare delivery systems as both a clinician and in leadership to influence the delivery of high-quality healthcare. For the last 6 years, Ms. McEntire had served in care and support management positions to motivate healthcare influencers to increase timely detection and enhance quality care for all those impacted by dementia.

Ms. McEntire's role in the project will be to support her team's outreach and engagement strategy across the state. She will assist in identifying key primary care leadership and supporting his efforts in the statewide rollout of the Dementia Care Aware Program. Laura supervises the Health Systems team across the state.

Ondine Boulter, (20 % FTE, 2.4 CM in Phases 1-2, 10% FTE 1.2 CM in Phase 3), Health Systems Director, Alzheimer's Association, Northern California and Northern Nevada Chapter.

As Health Systems Director of the Alzheimer's Association's Northern California and Northern Nevada Chapter, Ms. Boulter is responsible for leading outreach and engagement of health systems throughout Northern and Central California. Ondine joined the Alzheimer's Association in 2012 as fundraiser, overseeing the Chapter's Walk to End Alzheimer's strategy. In 2021 Ondine became the chapter's Health System Director, taking a lead role in outreach to FQHC's and community health clinics.

Ondine's role in the project will be to connect Health Systems, specifically Medi-Cal providers, in Northern and Central California to the Dementia Aware project.

Cheryl Brunk, (~~20% FTE 1.2 CM in Phases 1-3~~ **20 % FTE, 2.4 CM in Phases 1-2, 15% FTE 1.8CM in Phase 3**), Health Systems Director, Alzheimer's Association, Northern California and Northern Nevada Chapter.

As Health Systems Director of the Alzheimer's Association's Northern California and Northern Nevada Chapter, Ms. Brunk is responsible for leading outreach and engagement of health systems throughout Northern and Central California. Cheryl joined the Alzheimer's Association in 2014 as Senior Director, overseeing the Chapter's Walk to End Alzheimer's strategy. As a leader, Cheryl has demonstrated experience in cultivating and managing successful, complex relationships with key health systems and corporations. Cheryl mobilizes high impact volunteer leaders and staff members in community engagement and outreach efforts to create systems change.

Ms. Brunk's role in the project will be to connect Health Systems, specifically Medi-Cal providers, in Northern and Central California to the Dementia Aware project.

~~Patrice Hall~~ **Bekah McLean,** (~~20% FTE, 2.4CM in Phased 1-3~~ **15% FTE, 1.8 CM in Phases 2-3),** Health Systems Director, Alzheimer's Association, California Southland Chapter

As Health Systems Director of the Alzheimer's Association's Northern California and Northern Nevada Chapter, Ms. ~~Hall~~ **McLean** is responsible for leading outreach and engagement of health systems throughout Central and Southern California.

Ms. McLean's's role in the project will be to connect Health Systems, specifically Medi-Cal providers, in Central and Southern California to the Dementia Aware project.

~~Ms. Hall has over 20 years of sales and business development experience in the healthcare marketplace – working for both large organizations, including Abbott Laboratories and Oracle Corporation – and with startups. She has successfully guided health systems and public health organizations in transforming their business processes and positively impacting health outcomes. Ms. Hall's role in the project will be to connect Health Systems, specifically Medi-Cal providers, in Central and Southern California to the Dementia Aware project.~~

Amanda Valenzuela, (100% FTE, 12.0 CM in Phases 1-3), Dementia Care Coach, Alzheimer's Association, Northern California Northern Nevada Chapter.

This position will be focused on building new relationships within health systems at multiple levels and identify key individuals in Northern and Central California to receive in-depth consultation from the Health System Director. This position will cultivate the key relationships, complete appropriate discovery, and work with and under the direction of the Health System Director to advance system level goals.

Elizabeth Monteadora, (100% FTE, 12.0 CM in Phases 1-3), Dementia Care Coach, Alzheimer's Association, Northern California Northern Nevada Chapter.

This position will be focused on building new relationships within health systems at multiple levels and identify key individuals in Northern and Central California to receive in-depth consultation from the Health System Director. This position will cultivate the key relationships, complete appropriate discovery, and work with and under the direction of the Health System Director to advance system level goals.

Dallian Carter, (100% FTE, 12.0 CM in Phases 1-3), Dementia Care Coach, Alzheimer's Association, California Southland Chapter. **Dallian left the project on October 2nd, 2023 and will be replaced by team members from the Project ECHO hub of the Alzheimer's Association**

This position will be focused on building new relationships within health systems at multiple levels and identify key individuals in Central and Southern California to receive in-depth consultation from the Health System Director. This position will cultivate the key relationships, complete appropriate discovery, and work with and under the direction of the Health System Director to advance system level goals.

Stella De La Pena, (0% FTE, 0.0 CM in Phase 1, 25% FTE, 3 CM in Phases 2, ~~20% FTE, 2.4CM~~ **5% FTE,0.6 CM in Phase 3)**, Diversity, Equity and Inclusion Director, Alzheimer's Association, Northern California and Northern Nevada Chapter.

As Diversity, Equity and Inclusion Director of the Alzheimer's Association's Northern California and Northern Nevada Chapter, Ms. De La Pena leads the Diversity, Equity, and Inclusion strategy for the Northern California Northern Nevada Chapter, overseeing a team that elevates awareness about health disparities around Alzheimer's disease, serves diverse communities and engages diverse partners in the full mission of the organization.

She also works with health systems to address health equity, improve and transform the way dementia care is delivered.

Ms. De La Pena's role in the project will be to oversee the project's delivery to diverse audiences in Northern and Central California.

Tia Delaney, (0% FTE, 0.0 CM in Phase 1, 25% FTE, 3 CM in Phase 2, ~~20% FTE, 2.4CM~~ **15% FTE, 1.8 CM in Phases 3**), Diversity, Equity and Inclusion Director, Alzheimer's Association, California Southland Chapter.

As Diversity, Equity and Inclusion Director of the Alzheimer's Association's California Southland Chapter, Ms. Delaney oversees all diversity, equity and inclusion programs, services, events, outreach and strategic planning to best serve the many communities of the Alzheimer's Association California Southland Chapter. A registered nurse with over 28 years in the healthcare industry, she has overseen the many facets required to deliver quality clinical care to thousands of home health, palliative, hospice, and hospital-based clients.
Ms. Delaney's role in the project will be to oversee the project's delivery to diverse audiences in Central and Southern California.

Liliana Kaszuba, CSA (Certified Senior Advisor), (0% FTE, 0.0 CM in Phase 1, ~~20% FTE, 2.4CM in Phase 2, 30% FTE, 3.6CM in Phase 3~~), Community Relations Manager, Northern California and Northern Nevada Chapter Liliana is no longer working on this project.

As a Community Relations Manager of the Alzheimer's Association's Northern California Northern Nevada Chapter, with a special focus on the Latinx Community, Ms. Kaszuba is responsible for leading outreach efforts in the community with the goal of increasing Hispanic/Latino participation in the programs offered by the Alzheimer's Association. Liliana has more than a decade of experience working with older adults. She is certified nationally as a Senior Advisor helping them with the challenges they face at this stage. Liliana has gained experience working as a Director of Community Relations for corporations that offer CCRC, IL, AL and Memory Care Centers for adult care.

Ms. Kaszuba's role in the project will be to oversee outreach efforts to LatinX audiences in Northern California.

Bonnie Rea will replace the Northern CA care and support team who have been working on this project. (35% FTE, 4.2 CM, Phase 3) Family Care Specialist at Alzheimer's Association Northern California and Northern Nevada

Bonnie has served a a care consultant for the Alzheimer's Association NCNV for 12 years and is highly experienced in direct service provision, crisis intervention counseling, workshop facilitation, support group facilitation, outreach and collaboration building. Specializes in dementia care to individuals and families, with a focus on engaging diverse communities. In the first two years of the Dementia Care Aware project she was one of the best at outreach to

the medical community. Bonnie will act as the key care and support team liaison with DCA, providing information to providers about caregiver services throughout the year.

Judith Martinez, (0% FTE, 0.0 CM in Phase 1, 20% FTE, 2.4 CM in Phase 2, ~~30% FTE, 3.6 CM~~ **15% FTE, 1.8 CM** in Phase 3), ~~Diversity, Equity and Inclusion Outreach Specialist~~ **Health Systems Director**, Alzheimer's Association, California Southland Chapter

~~As a Diversity, Equity and Inclusion Outreach Specialist for the Alzheimer's Association, California Southland Chapter, Ms. Martinez teaches classes, facilitates support groups, and works with local health systems to increase awareness about the Alzheimer's Association free programs and services. Judith has a Master's Degree in Public Health from Loma Linda University and a Bachelor's Degree in Chemistry from UC Riverside. Ms. Martinez's role in the project will be to oversee outreach efforts to LatinX audiences in Southern California.~~

As a Health Systems Director for the Alzheimer's Association, California Southland Chapter, Ms. Martinez works with local health systems to increase awareness about the Alzheimer's Association free programs and services. Judith has a Master's Degree in Public Health from Loma Linda University and a Bachelor's Degree in Chemistry from UC Riverside.

Ms. Martinez's role in the project will be to oversee outreach efforts to LatinX audiences in Southern California and conduct outreach and health systems implementation work in Southern CA

Patty Dailey, (0% FTE, 0.0 CM in Phase 1, 20% FTE, 2.4 CM in Phase 2, ~~30% FTE, 3.6 CM in Phase 3~~), Diversity, Equity and Inclusion Outreach Specialist, Alzheimer's Association, Northern California and Northern Nevada Chapter.

As Diversity, Equity and Inclusion Outreach Specialist of the Alzheimer's Northern California and Northern Nevada Chapter, Ms. Dailey performs Community Outreach activities to diverse audiences in the Fresno area. She has 22 years experience working in the local community and assisting minorities with services such as case management, home delivered meals, Information and Assistance, recruitment, training and retention of volunteers.

Ms. Dailey's role in the project will be to oversee outreach efforts to LatinX audiences in Central California.

Sergio Cendejas, (0% FTE, 0.0 CM in Phase 1, 20% FTE, 2.4 CM in Phase 2, ~~30% FTE, 3.6 CM in Phase 3~~), Diversity, Equity and Inclusion Outreach Specialist, Alzheimer's Association, California Southland Chapter.

As Diversity, Equity and Inclusion Outreach Specialist of the Alzheimer's California Southland Chapter, Mr. Cendejas provides education and support through group classes and one-to-one care consultations to the underserved community of Ventura county, which includes, monolingual Spanish speaking Latinos, the LGBQT community, and people who live alone with dementia. Mr. Cendejas joined the Alzheimer's Association in December 2019. Since then, he has made important connections in the community that have been instrumental in growing numbers for education classes and care consultations, especially within the Latino community.

Mr. Cendejas' role in the project will be to provide service delivery in Southern California.

Linda Loera will replace the Sergio Cendejas on this project. (35% FTE, 4.2 CM, Phase 3) Community Outreach Manager at Alzheimer's Association in Southern CA

Linda Loera is our SoCal lead on outreach to the Latino community. She is highly experienced in direct service provision, workshop facilitation, support group facilitation, outreach and collaboration building. Specializes in dementia care to individuals and families, with a focus on engaging diverse communities. Linda will act as the key care and support team liaison with DCA for Southern CA, providing information to providers about caregiver services throughout the year.

Sandra Green, (0% FTE, 0.0 CM in Phase 1, 20% FTE, 2.4 CM in Phase 2, 30% FTE, 3.6 CM in Phase 3), Family Care Consultant, Alzheimer's Association, Northern California Northern Nevada Chapter.

As a Family Care Consultant for the Alzheimer's Association's Northern California Northern Nevada Chapter, Ms. Green helps families navigate through the challenges of Alzheimer's disease, offering support, information, connections to community resources and participates in the coordination of Alzheimer's educational events in Spanish for the Hispanic/Latino community.

Ms. Green's role in the project will be to provide service delivery in Northern California.

Elizabeth Martinez, (0% FTE, 0.0 CM in Phase 1, 20% FTE, 2.4 CM in Phase 2, ~~30% FTE, 3.6 C< in Phase 3~~), Family Care Consultant, Alzheimer's Association, California Southland Chapter.

As a Family Care Consultant for the Alzheimer's Association's California Southland Chapter, Ms. Martinez provides Helpline services to family caregivers, supports volunteer engagement, and implements the association core programs and services in Central California, specializing in service delivery to the Latino community. She has worked as a Community Health Worker, Health policy Organizer, Community Organizer, Health Educator and Regional Program Supervisor, and State Program Assistant Coordinator. Ms. Martinez attended Taft College and California State University Bakersfield.

Ms. Martinez's role in the project will be to provide service delivery in Central California.

Alejandra Pulido, MSW, (0% FTE, 0.0 CM in Phase 1, 20% FTE, 2.4CM in Phase 2, ~~30% FTE, 3.6 CM in Phase 3~~), Family Care Consultant, Alzheimer's Association, California Southland Chapter.

As a Family Care Consultant for the Alzheimer's Association's California Southland Chapter, Ms. Pulido provides in depth education on what it means to live with Alzheimer's disease, advocates for culturally sensitive programs, and guides supportive interventions for families navigating the Alzheimer's journey. Currently, Ms. Pulido volunteers as an Associate Counselor providing grief therapy and serves on the board of the Sigma Kappa San Diego County Alumnae Chapter to increase philanthropic awareness on Alzheimer's disease research.

Ms. Pulido's role in the project will be to provide service delivery in Southern California.

Brenda Herrera, (0% FTE, 0.0 CM in Phase 1, 20% FTE 2.4 CM in Phase 2, ~~30% FTE, 3.6 CM in Phase 3~~), Family Care Consultant, Alzheimer's Association, Northern California and Northern Nevada Chapter.

As Family Care Consultant of the Alzheimer's Association's Northern California and Northern Nevada Chapter, Ms. Herrera provides Helpline services to family caregivers, supports volunteer engagement, and implements the association core programs and services in Fresno, Madera, and Merced counties. Ms. Herrera began her career at a federally qualified health center where she developed a volunteer grass roots community leadership program focused on chronic disease prevention and local policy and environmental changes. She assisted with curriculum development for community health workers and has established partnerships with research institutions and community-based organizations for health research, promotion, education, and health intervention implementation.

Ms. Herrera's role in the project will be to provide service delivery in Central California.

Lisa A. Hall, (0% FTE, 0.0 CM in Phase 1, ~~7.5% FTE, 0.90 CM in Phase 2~~), Sr. Specialist, Health Systems, Alzheimer's Association, Home Office.

As Director, Health Systems Strategy of the Alzheimer's Association's Home Office, Ms. Hall serves as the lead representative of the Alzheimer's Association in its work with some of the largest and most complex health care organizations in the United States, to improve access to timely diagnosis and quality care for Alzheimer's disease and other dementias. In this senior account management position she also provides strategic coaching for Health Systems Directors working regionally with health systems accounts. Ms. Hall has over 15 years of years of expertise in client management in the healthcare industry. She has led health systems consultant teams at the American Cancer Society and has worked for and with managed care organizations in healthcare sales positions. Ms. Hall holds a Masters degree in Healthcare Administration and Management and is a licensed Worksite Benefits Insurance Producer for Health, Life, and AD&D in Arizona.

Ms. Hall's role in the project will be to provide strategic guidance to the two Health Systems Directors and the three Dementia Aware Practice Coaches working on the project, as they partner with providers and systems of care to implement validated models for improving the quality of dementia care and increasing access for their patients to early and accurate diagnosis.

Fringe Benefits

In accordance with University policy, explain the costs included in the budgeted fringe benefit percentages used, which could include tuition/fee remission for qualifying personnel to the extent that such costs are provided for by University policy, to estimate the fringe benefit expenses on Exhibit B.

Fringe Benefits for all Alzheimer's Association employees is based on historical averages.

~~Activity~~	~~Rate~~	~~Total Cost~~
~~Social Security~~	~~6.68%~~	~~$79,298~~
~~Health Benefits~~	~~10.29%~~	~~$121,022~~
~~Workers Compensation~~	~~0.33%~~	~~$3,828~~
~~Pension~~	~~8.44%~~	~~$98,770~~
~~State Unemployment Tax~~	~~0.85%~~	~~$9,600~~
~~Supplemental Insurance~~	~~$27.05%~~	~~$317,845~~

Social Security Tax	**6.87%**
Health Benefits	**12.77%**
Supplemental Insurance	**0.91%**
Workers Compensation	**0.22%**
Pension	**9.05%**
State Unemployment Tax	**0.18%**
	30.00 %

Travel

Itemize all travel requests separately by trip and justify in Exhibit B1, in accordance with University travel guidelines. Provide the purpose, destination, travelers (name or position/role), and duration of each trip. Include detail on airfare, lodging and mileage expenses, if applicable. Should the application include a request for travel outside of the state of California, justify the need for those out-of-state trips separately and completely.

The travel changes we request are the following: Year 1: $0, Year 2: ~~$30,000.00~~ **$17,706.00**, Year 3: ~~$19,120.00~~ **$36,414.00**, **and Year 4 $0.** The Total ~~$49,120.00~~ **$54,120.00.**

Travel	
Phase 2	~~$30,000~~ **$17,706** is requested to cover travel expenses associated with recruitment, hiring, onboarding and engagement of staff engaged in outreach to MediCal providers and project partners and meeting with MediCal providers. This includes quarterly face to face meetings to gather statewide team to discuss project, track goals, and implement strategy. Cost Details: $6,500 to convene Health Systems and Project Team to create plan of execution (7 flights, 8 hotels, mileage and 13 meals) $3,000 to cover airfare for DCA team members (6 flights within region per year x $500/flight) $3,600 to cover lodging for DCA team members (6 trips/year, 2 nights each, $300/night) $2,750 to cover meals & incidentals for DCA Director's travel days (50 days x $55/day) $625 to cover Program Manager's mileage (1,000 miles x $0.625/mile)

	~~$2,775 to cover Health Systems Managers' DCA Managers' mileage (3 staff x 1,000 1,480 miles x $0.585 $0.625/mile)~~ ~~$2,500~~ **$231** to cover DEI & Care Staff mileage (3700 miles x $0.625/mile)
Phase 3	~~$19,120~~ **$36,414** is requested to cover travel expenses associated with recruitment, hiring, onboarding and engagement of staff engaged in outreach to MediCal providers and project partners. This includes quarterly face to face meetings to gather statewide team to discuss project, track goals, implement strategy PLUS caregiver program engagement with MediCal practices. Cost Details: ~~$1,500~~ **$2,500** to cover airfare for Project Manager (~~3~~**5** flights within region per year x $500/flight) ~~$1,800~~ **$14,400** to cover lodging for Project Manager **and Health systems Managers** (6 trips/year, 2 nights each, ~~$150~~ **$200**/night **for 6 people)** $2,200 to cover meals & incidentals for Project Manager's travel days (40 days x $55/day) ~~$6,600~~ **$8,800** to cover meals & incidentals for the ~~3~~ **4** Health Systems Managers' travel days. (~~3~~ **4** staff x 40 days x $55/day) **$1,704 to cover meals while meeting partners for health systems.** ~~$585~~ **$1,310** to cover Program Manager's mileage (~~1000~~ **2,000** miles x ~~$0.585~~ **$0.655**/mile) ~~$1,755~~ **$2,620** to cover Health Systems Managers' mileage (~~3~~ **4** staff x 1,000 miles x ~~$0.585~~ **$0.655**/mile) ~~$4,680~~ **$2,880** to cover DEI & Care Staff mileage (8 staff x ~~1,000~~ **550** miles x ~~$0.585~~ **$0.655**/mile)

Materials and Supplies

Itemize materials supplies in separate categories. ***Include a complete justification of the project's need for these items. Theft sensitive equipment (under $5,000) must be justified and tracked separately in accordance with Stat Contracting Manual Section 7.29.***

The material and supply changes we request are the following: Year 1: $0, Year 2: ~~$20,924.00~~ **$7,259.00**, Year 3: ~~$1,000.00~~ **$5,000.00, and Year 4: $0.** The Total ~~$21,924.00~~ **$12,259.00**

Promotional Supplies	
Phase 1	N/A
Phase 2	~~$1,000~~ **$2,259** is requested for promotional leave behind materials including MD pocket cards, tool kits, caregiver resources and educational brochures.
Phase 3	~~$1,000~~ **$5,000** is requested for promotional leave behind materials including MD pocket cards, tool kits, caregiver resources and educational brochures.

Computer Equipment	
Phase 2	**$2,500 is requested for the purchase of laptops for new dementia aware staff hired in the first 4 months including software and peripherals.**
Phase ~~2~~ **3**	Due to the present challenge in hiring we anticipate that some of the new team members will be hired and will start in Phase 1, while others will join in July 2022. ~~$19,924~~ **$2,500** is requested for the purchase of laptops for new dementia aware staff hired in Phase 2 including software and peripherals.
~~Phase 3~~	~~N/A~~

Equipment

List each item of equipment (greater than or equal to $5,000 with a useful life of more than one year) with amount requested separately and justify each.

N/A

Consultant Costs

Consultants are individuals/organizations who provide expert advisory or other services for brief or limited periods and do not provide a percentage of effort to the project or program. Consultants are not involved in the scientific or technical direction of the project as a whole.
Provide the names and organizational affiliations of all consultants. Describe the services to be performed, and include the number of days of anticipated consultation, the expected rate of compensation, travel, per diem, and other related costs.

The consultant cost changes we request are the following: Year 1: $0, Year 2: $0, Year 3: $200,000.00, **and Year 4: $25,000.** The Total ~~$0~~ ~~$200,000~~ **$225,000**

We are partnering with Aurrera Health. Aurrera Health led the ACES Aware program for the state - DCA is based on the ACES Aware model - which involved training 25,000 MediCal providers (MD's) statewide on adverse childhood exposure. DCA's goal is to train 10,000 providers on dementia diagnosis and assessment.

Aurrera Health Group, Sacramento, California Aurrera Health Group is a mission-driven, national health policy and strategic communications firm with extensive experience designing and administering public programs at the federal and state levels. They have extensive experience engaging and educating primary care providers and encouraging them to take action – including to complete trainings, conduct screenings, and to coordinate care for individuals dually eligible for Medicaid and Medicare as well as those with chronic health conditions. Aurrera Health uses a range of strategies to achieve these goals – from 1:1 meetings with providers to engaging with provider associations and health plans to executing statewide marketing campaigns. As a contractor, their team will leverage their experience and expertise with the Alzheimer's Association in support of Dementia Care Aware.

Consultant Costs	
Phase 1	N/A
Phase 2	N/A
Phase 3	~~$200,000~~ **$225,000** is requested to support Aurrera Health Group's contract

Subawardee (Consortium/Subrecipient) Costs

Each participating consortium organization must submit a separate detailed budget for every year in the project period in Exhibit B2 Subcontracts. Include a complete justification for the need for any subawardee listed in the application.

N/A

Other Direct Costs

Itemize any other expenses by category and cost. Specifically justify costs that may typically be treated as indirect costs. For example, if insurance, telecommunication, or IT costs are charged as a direct expense, explain reason and methodology.

The printing cost changes we request are the following: Year 1: $0, **Year 2:** ~~$3,000.00~~ **$326.00**, Year 3: ~~$2,500.00~~ **$3,000.00.** The Total ~~$5,500.00~~ **$3,326.00**

Printing	
Phase 1	N/A
Phase 2	~~$3,000~~ **$326** is for the printing of materials specific to the project for the purposes of recruitment (of MD's)
Phase 3	~~$2,500~~ **$3,000** is for the printing of materials specific to the project for the purposes of recruitment (of MD's)

The postage cost changes we request are the following: Year 1: $0, Year 2: ~~$2,000.00~~ **$391.00**, Year 3: ~~$500.00~~ **$2,500.00**. The Total ~~$2,500.00~~ **$2,891.00**

Postage	
Phase 1	N/A
Phase 2	~~$2,000~~ **$391** requested for distribution of promotional materials
Phase 3	~~$500~~ **$2,500** is requested for distribution of promotional materials

The advertising cost changes we request are the following: Year 1: $0, Year 2: $5,998, Year 3: $4,000. The total $9,998

Advertising	
Phase 1	N/A
Phase 2	~~$7,500~~ **$5,998** is requested for paid advertising to recruit practices for this training and practice change and to promote caregiver and patient educational programs
Phase 3	~~$7,500~~ **$4,000** is requested for paid advertising to recruit practices for this training and practice change and to promote caregiver and patient educational programs

Project ECHO - CME Courses	
Phase 1	N/A
~~Phase 2~~	~~$5,000 is requested to cover 2 courses ($2,500 each) in Phase 2~~
~~Phase 3~~	~~$5,000 is requested to cover 2 courses ($2,500 each) in Phase 3~~

The meeting cost changes we request are the following: Year 1: $0, Year 2: ~~$5,000.00~~ **$611.00,** Year 3: ~~$66,000.00~~ **$15,000.00**. The total ~~$71,000.00~~. **$15,611.00.**

Meeting Meals /Costs	
Phase 1	N/A
Phase 2	~~$5,000~~ **$611** is requested for lunch and learn opportunities
Phase 3	~~$66,000~~ **$15,000** is requested for lunch and learn opportunities

The exhibit fees cost changes we request are the following: Year 1: $0, Year 2: ~~$6,000.00~~ **$3,866.00,** Year 3: ~~$0~~ **$15,000.00.** The Total ~~$6,000~~ **$18,866.00.**

Exhibit Fees	
Phase 1	N/A
Phase 2	~~$6,000~~ **$3,866** is requested for tabling and outreach opportunities - Note that UCSF should review and confirm if they intend to attend any of the list events, in which case, another event may be substituted for one or more of those listed. ~~$475 registration before 9/26/22 - 10/12/22 – 10/14/22 Health Officers Association of CA plus CA Conference of Local Health Officers, semi-annual conference, San Diego~~

	~~$500 estimated registration/exhibitor fee - Health Officers Association of CA, Membership Meeting Spring 2023 (date TBD)~~ ~~$2,500 Exhibitor fees CA Assn of Public Hospitals and Health Systems and Safety Net Institute, Annual Conference, 12/7-12/9, 2022, Napa, CA, agenda and other details~~ ~~$1,275 estimated exhibitor fee. CA Academy of Family Physicians Conference Spring 2023, Date TBD (instead of $200 non member registration fee as a member guest) https://education.familydocs.org/content/2022-family-medicine-clinical-forum~~ ~~$750 registration fee (instead of $6,000 exhibitor fee) CA Association of Health Plans, Annual Conference, Oct 17 – 19, Palm Springs https://www.calhealthplans.org/wp-content/uploads/2022/09/ExhibitorProspectus-09-06-22.pdf~~ ~~$500 estimated exhibitor fee Pri-Med, Conference, July 13 – 15, 2023 (registration~~ ~~$90)~~
Phase 3	~~N/A~~ **$15,000 is requested for tabling and outreach opportunities**

Honarium for Speakers	
Phase 1	**N/A**
Phase 2	**N/A**
Phase 3	**$25,000 is required to provide Honarium to the doctors for the trainings provided**

Rent

If the Scope of Work will be performed in an off-campus facility rented from a third party for a specific project or projects, then rent may be charged as a direct expense to the award.

N/A

Indirect (F&A) Costs
Indirect costs are calculated in accordance with the budgeted indirect cost rate in Exhibit B.

The changes we request are the following: Year 1: $0, Year 2: ~~$267,609.00~~ **$260,119.00**, Year 3: ~~$220,887.00~~ **$252,069.00, and Year 4: $28,298.** The Total ~~$488,486.00~~ **$540,486.00.**

The Alzheimer's Association's facilities and administrative costs rate of 26% was approved by the Department of Health and Human Services on November 22, 2021 and has been applied to the MTDC base.

The Total Costs we request are the following: Year 1: $0, Year 2: ~~$1,296,875.00~~ **$1,260,579.00**, Year 3: ~~$1,070,405.00~~ **$1,221,565, and Year 4: $137,136.**

Exhibit B2 – Subawardee Budgets

Budget Pertaining to Subawardee(s) (when applicable)

Subawardee Name: The Regents of the University of California, Los Angeles **Exhibit B2**

Principal Investigator (Last, First): Reuben, David

~~Updated 7.3.2023~~ **Updated 12.7.23**

COMPOSITE SUBAWARDEE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

03/15/2022 to ~~3/31/2024~~ 9/30/2024

From: / To:		3/15/2022 6/30/2022	7/1/2022 6/30/2023	7/1/2023 ~~3/31/2024~~ 6/30/2024	7/1/2024 9/30/2024	
BUDGET CATEGORY		**Year 1**	**Year 2**	**Year 3**	**Year 4**	**TOTAL**
PERSONNEL: *Salary and fringe benefits.*		$11,757	~~$304,879~~ **$280,917**	~~$288,299~~ **$573,695**	**$143,423**	~~$604,935~~ **$1,009,792**
TRAVEL		$0	~~$5,000~~ **$1,585**	~~$10,000~~ **$15,000**	**$5,000**	~~$15,000~~ **$21,585**
MATERIALS & SUPPLIES		$0	~~$3,550~~ **$20**	~~$3,750~~ **$6,050**	**$1,500**	~~$7,300~~ **$7,570**
EQUIPMENT		$0	$0	$0	**$0**	$0
CONSULTANT		$0	~~$200,250~~ **$0**	~~$39,000~~ **$38,100**	**$9,600**	~~$239,250~~ **$47,700**
SUBRECIPIENT		$0	$0	$0	**$0**	$0
OTHER DIRECT COSTS (ODC)	***Subject to IDC Calc***					
Stipend to Dr. Dan Osterweil, Intensive Course Director	*Y*	$0	~~$8,500~~ **$0**	~~$0~~ **$8,500**	**$0**	$8,500
Technology Infrastructure Fee (TIF)	*Y*	$11	~~$1,002~~ **$811**	~~$772~~ **$1,411**	**$353**	~~$1,785~~ **$2,586**
General Liability Insurance (GAEL)	*Y*	$99	~~$2,478~~ **$2,166**	~~$2,189~~ **$5,474**	**$1,368**	~~$4,766~~ **$9,107**
Statistical Support	*Y*	$0	~~$10,313~~ **$0**	~~$9,560~~ **$6,373**	**$3,581**	~~$19,873~~ **$9,954**
Adopting Sites Scholarships	*Y*	$0	~~$750,000~~ **$0**	~~$250,000~~ **$400,000**	**$0**	~~$1,000,000~~ **$400,000**
	Y	$0	$0	$0	**$0**	$0
TOTAL DIRECT COSTS		$11,867	~~$1,285,972~~ **$285,499**	~~$603,570~~ **$1,054,603**	**$164,825**	~~$1,901,409~~ **$1,516,794**
Indirect (F&A) Costs	**F&A Base**					
Rate	*MTDC **	*$11,867*	~~$1,285,972~~ $285,499	~~$603,570~~ $1,054,603	$164,825	~~$1,901,409~~ $1,516,794
30%		**$3,560**	~~$385,792~~ **$85,650**	~~$181,071~~ **$316,381**	**$49,447**	~~$570,423~~ **$455,038**
TOTAL COSTS PER YEAR		**$15,427**	~~$1,671,764~~ **$371,149**	~~$784,641~~ **$1,370,984**	**$214,272**	

TOTAL COSTS FOR PROPOSED PROJECT PERIOD					~~$2,471,832~~ **$1,971,832**

* MTDC = Modified Total Direct Cost

JUSTIFICATION. *See Exhibit B1 - Follow the budget justification instructions.*

Annual Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.

% **10.00%**

or

Amount *$10,000*

Exhibit B2 (Subawardee)

Subawardee Budget Justification
(The Regents of the University of California, Los Angeles)

The Budget Justification will include the following items in this format.

Personnel

Name. *Starting with the Principal Investigator list the names of all known personnel who will be involved on the project for each year of the proposed project period. Include all collaborating investigators, individuals in training, technical and support staff or include as "to be determined" (TBD).*

Role on Project. *For all personnel by name, position, function, and a percentage level of effort (as appropriate), including "to-be-determined" positions.*

Staff and basic operational costs have been maintained at current levels to the new end-date of the award. Based on revised expectations of number of sites adopting the Alzheimer's and Dementia Care Program, we have reduced the amount allocated to Adopting Sites Training and Technical Assistance by 60% (from 20 sites to 8 sites and a corresponding 60% reduction in consultant costs. We have also reduced statistical support by 50%.

The personnel changes we request are the following: Year 1: $11,757.00, Year 2: ~~$304,879.00~~ **$280,917.00**, Year 3: ~~$288,299.00~~ **$573,695.00, and Year 4: $143,423.00.** The Total ~~$604,935.00~~ **$1,009,792.00.**

Key Personnel

David B. Reuben, MD
UCLA Site Principal Investigator
Level of effort: 10% in Year 1, 10% in Year 2, 17.5% in Year 3 ~~(over 25 months),~~ **17.5% in Year 4**
Dr. Reuben will serve on the Clinical Advisory Board and participate in the creation of the Cognitive Health Assessment. He will also anticipate in monthly webinars and other educational activities as well as the Dementia Aware meetings. Dr. Reuben will lead the UCLA team in all aspects of completion of the project. Specifically, he will establish an organizational structure for administration of the tasks to be completed, supervise personnel completing these tasks, be responsible for the solution of any problems that arise during the project, and participate in the evaluation and preparation of written and oral reports. Dr. Reuben will also participate on calls with sites considering adoption of the ADC program or other models of comprehensive dementia care. He will serve as faculty for UCLA ADC Project ECHO training.

~~**Susan Charette, MD**~~
~~**UCLA Site Co-Investigator**~~
~~**Level of effort: 5% in Year 2 (over 6 months)**~~
~~With Dr. Dan Osterweil, Dr. Charette will create a distinct a dementia curriculum to be held in conjunction with the UCLA Intensive Course in Geriatric Medicine that is aimed at training health professionals in the screening, diagnosis, and culturally competent management of dementia, particularly in the context of Medi-Cal practices that may not have the same resources as those relying on PLWD who are covered by traditional fee-for-service Medicare or commercial insurance. This training will allow Medi-Cal providers to receive reimbursement for completing an annual cognitive health assessment for Medi-Cal only beneficiaries who are 65 years of age or older.~~

Leslie C. Evertson, DNP, GNP
UCLA Site Co-Investigator
Level of effort: 10% in Year 2, 10% in Year 3 ~~(over 19 months),~~ **10% in Year 4**
Dr. Evertson, the UCLA lead Dementia Care Specialists (DCS), will participate in the creation of the Cognitive Health Assessment. She will work with Drs. Reuben and Panlilio to develop the menu of

options for practices that plan implementation of comprehensive dementia care beyond physician education through CME. She will serve as faculty for UCLA ADC Project ECHO training. She will also cover for Dr. Panlilio when she is away and provide assistance during surge times.

~~**Dan Osterweil, MD**~~
~~**UCLA Intensive Course Director**~~
~~**Level of effort: as needed and paid as a stipend described below**~~
~~With Dr. Susan Charette, Dr. Osterweil will create a distinct a dementia curriculum to be held in conjunction with the UCLA Intensive Course in Geriatric Medicine that is aimed at additional training for health professionals in components of the Cognitive Health Assessment for Dementia Aware, for example screening, diagnosis, and culturally competent management of dementia, particularly in the context of patients with Medi-Cal benefits. This training will provide CE credits, including CME and MOC.~~

Michelle Panlilio, DNP
Dementia Care Specialist (DCS)
Level of effort: 26% in Year 2, ~~35%~~ 60% in Year 3 ~~(over 19 months),~~ and 60% in Year 4
Dr. Panlilio will serve on the Clinical Advisory Board and participate in the creation of the Cognitive Health Assessment. She will work with Drs. Reuben and Panlilio to develop the menu of options for practices that plan implementation of comprehensive dementia care beyond physician education through CME. She will work with sites in the pre-adoption phase and provide technical assistance to adopting sites which includes DCS training, teaching appropriate billing, and DCA training. DCS training includes: a 22-module on-line curriculum; in-person or virtual training for skills; weekly clinical and implementation assistance including intensive 1:1 training on the DCS roles, the ADC model, and clinical cases for 8 weeks, which then decreases to monthly for up to 2 years; and weekly "office hours" with Dr. Panlilio or the Dementia Care Specialist Trainer, which are available to adopting DCSs. Fidelity is ascertained by the dissemination team DCS's review of 5 de-identified initial intake notes and subsequent case review of patients treated by each adoption site DCS. She will serve as faculty for UCLA ADC Project ECHO training. **She will** also lead the development of the Dementia Care Specialist Train-the-trainer curriculum and supervise consultant trainers of Dementia Care Specialists for adopting sites in California.

Other Personnel

Andrea Centeno, MPH
Dementia Care Assistant (DCA)
Level of effort: 20% in Year 2, ~~30%~~ 60% in Year 3 ~~(over 19 months),~~ and 60% in Year 4
Ms. Centeno, who serves part-time as a DCA in the UCLA ADC, will develop a curriculum for office staff DCAs to facilitate the work of clinicians providing dementia care by scheduling visits, making interval calls to caregivers of persons living with dementia who are clinically stable, and triaging incoming calls to Dementia Care Specialists or other clinicians. She will also provide direct training and office hours for DCA's at adopting sites. She will staff the Train-the-trainers curriculum.

Jagrup Kaur
Project Manager
Level of effort: 100% in Year 1, 100% in Year 2, 100% in Year 3 ~~(over 25 months),~~ and 100% in Year 4
Ms. Kaur will be the primary project Manager for the UCLA component of the Initiative and will manage day-to-day aspects of the project. Following introductions to practices interested in participating in Dementia Aware, she will lead the triage functions to help practices determine and adopt the best dementia care model for their specific goals and resources. She will begin

by admit by administering a Readiness Assessment Instrument (modified from the existing instrument aimed at potential ADC adopting sites) that will identify the practices' specific goals for improving dementia care and the resources that can be brought to accomplishing these goals. She will then triage practices to receiving materials about the toolkit or scheduling an initial planning call with the UCLA team and product champions and leadership, as appropriate, from the practices. She will also plan and facilitate technical assistance by the UCLA ADC team or by referral to developers of other dementia care models. Ms. Kaur will coordinate the UCLA ADC Project ECHO training. She will also be responsible for ensuring that sites that adopt models collect appropriate evaluation data. handle inquiries, schedule pre-adoption calls and distribute relevant materials, including expectations of adopting sites and Letters of Agreement. She will also be responsible for meeting planning, scheduling, report preparation such as travel expense receipts and other administrative activities.

Katherine Serrano, MPH
Senior Project Manager
Level of effort: 9% in Year 2, ~~10%~~ 20% in Year 3 ~~(over 19 months),~~ and 20% in Year 4
Ms. Serrano, who has led the day-to-day management of dissemination of the ADC program, will train and supervise Ms. Kaur. She has extensive experience working with adoption sites and coordinating the steps and UCLA personnel who are needed for successful implementation. She will also cover for Ms. Kaur when she is away and provide assistance during surge times. She will coordinate DCA dissemination efforts with national ADC efforts to bring DCA sites into the ADC National Learning Collaborative.

Fringe Benefits.
In accordance with University policy, explain the costs included in the budgeted fringe benefit percentages used, which could include tuition/fee remission for qualifying personnel to the extent that such costs are provided for by University policy, to estimate the fringe benefit expenses on Exhibit B.

~~Fringe benefit costs for all personnel were calculated using the FY 21-22 UCLA composite benefit rate (CBR) in Year 1 and the FY 22-23 CBR in Years 2 and 3 as follows:~~

~~Year 1~~

~~39.6% for HCOMP faculty (Reuben)~~

~~53.9% for non-exempt staff (Knotts)~~

~~Years 2 and 3~~

~~38.8% for HCOMP faculty (Reuben, Charette)~~

~~54.1% for non-exempt staff (Centeno, Evertson, Knotts, Panlilio)~~

~~48.5% for exempt staff (Serrano)~~

Fringe benefit costs for all personnel were calculated using the FY23-24 CBR in Year 3 and Year 4 as follows:

Years 3 and 4

33.49% for HCOMP faculty (Reuben)

49.69% for non-exempt staff (Evertson, Panlilio)

44.69% for exempt staff (Centeno, Kaur, Serrano)

The Fringe benefit rates used have been proposed to DHHS. The following fringe benefits are included in the CBR: Retirement: Matching Retirement Contribution, UCRP Supplemental Assessment, and Faculty Summer Retirement. Taxes: OASDI, Medicare, Workers Compensation, Unemployment Insurance, UCDI Insurance, PSBP Disability, and PSBP Workers Compensation. Health & Welfare: Health Insurance Contribution, OPEB Health, Dental Insurance, Vision Insurance, Benefits Administration, Employee Support Program, Core Medical Insurance, Life Insurance, Senior Management Supplement, PSBP Broker Fee, PSBP Life Insurance, Core Life Insurance, and proposing Pay for Family Care and Bonding (PFCB).

Travel

Itemize all travel requests separately by trip and justify in Exhibit B1, in accordance with University travel guidelines. Provide the purpose, destination, travelers (name or position/role), and duration of each trip. Include detail on airfare, lodging and mileage expenses, if applicable. Should the application include a request for travel outside of the state of California, justify the need for those out-of-state trips separately and completely.

The travel changes we request are the following: Year 1: $0, Year 2: ~~$0~~ ~~$5,000.00~~ **$1,585.00**, Year 3: ~~$0~~ ~~$10,000.00~~ **$15,000.00 and Year 4: $5,000.00.** The Total ~~$15,000.00~~ **$21,585.00**

~~Year 2: $5,000 This will include for marketing the program as well as travel and registration at 5 statewide meetings of relevant stakeholders (e.g., the California Associations of Nurse Practitioners) for marketing the program.~~

~~Year 3: $10,000 This will include travel and registration at 5 statewide meetings of relevant stakeholders for marketing the program as well as travel for Dementia Care Specialists who will train to become trainers of Dementia Care Specialists who will implement ADC through DCA.~~

This will include travel and registration at statewide meetings of relevant stakeholders for marketing the program as well as travel for Dementia Care Specialists who will train to become trainers of Dementia Care Specialists who will implement ADC through DCA.

Materials and Supplies

Itemize materials supplies in separate categories. ***Include a complete justification of the project's need for these items. Theft sensitive equipment (under $5,000) must be justified and tracked separately in accordance with State Contracting Manual Section 7.29.***

The material and supply changes we request are the following: Year 1: $0, Year 2~~$3,500.00~~ **$20.00**, Year 3: ~~$0~~ ~~$3,750.00~~ **$6,050.00 and Year 4: $1,500.00.** The Total ~~$7,300.00~~ **$7,570.00.**

~~Year 2: $3,550 This will include marketing materials, bulk printing, shipping, office supplies. Will also include conference necessities (Lead Retrieval licenses, giveaways), telephone, IT equipment, and software licenses.~~

~~Year 3: $3,750 This will include marketing materials, bulk printing, shipping, office supplies. Will also include conference necessities (Lead Retrieval licenses, giveaways), telephone~~

This will include marketing materials, bulk printing, shipping, office supplies. Will also include conference necessities (Lead Retrieval licenses, giveaways), telephone.

Equipment

List each item of equipment (greater than or equal to $5,000 with a useful life of more than one year) with amount requested separately and justify each.

N/A

Consultant Costs

Consultants are individuals/organizations who provide expert advisory or other services for brief or limited periods and do not provide a percentage of effort to the project or program. Consultants are not involved in the scientific or technical direction of the project as a whole.
Provide the names and organizational affiliations of all consultants. Describe the services to be performed, and include the number of days of anticipated consultation, the expected rate of compensation, travel, per diem, and other related costs.

The consultant cost changes we request are the following: Year 1: $0, Year 2: ~~$200,250.00~~ **$0**, Year 3: ~~$39,000.00~~ **$38,100.00, and Year 4: $9,600.00**. The Total ~~$239,250.00~~ **$47,700.00.**

TBN Dementia Care Specialist Trainer(s) ($150/hour)
~~Year 2: 1,335 hours for a total of $200,250~~
Year 3: ~~260~~ **254** hours for a total of ~~$39,000~~ **$38,100**
Year 4: 64 hours for a total of $9,600

The Dementia Care Specialist trainers will provide technical assistance to adopting sites which includes DCS training, teaching appropriate billing, and DCA training. DCS training includes weekly clinical and implementation assistance including intensive 1:1 training on the DCS roles, the ADC model, and clinical cases for 8 weeks, which then decreases to monthly for up to 2 years; and weekly "office hours", which are available to adopting DCSs. Fidelity is ascertained by the dissemination team DCS's review of 5 de-identified initial intake notes and subsequent case review of patients treated by each adoption site DCS.

Subawardee (Consortium/Subrecipient) Costs

Each participating consortium organization must submit a separate detailed budget for every year in the project period in Exhibit B2 Subcontracts. Include a complete justification for the need for any subawardee listed in the application.

N/A

Other Direct Costs

Itemize any other expenses by category and cost. Specifically justify costs that may typically be treated as indirect costs. For example, if insurance, telecommunication, or IT costs are charged as a direct expense, explain reason and methodology.

Intensive Course Director Stipend (Dan Osterweil, MD)
$8,500 in Year ~~2~~ 3

With Dr. Susan Charette, Dr. Osterweil created a distinct dementia curriculum held in conjunction with the UCLA Intensive Course in Geriatric Medicine aimed at additional training for health professionals in components of the Cognitive Health Assessment for Dementia Aware, for example screening, diagnosis, and culturally competent management of dementia, particularly in the context of patients with Medi-Cal benefits. This training provided CE credits, including CME and MOC. **Dr. Osterweil has not yet been compensated for this effort and we would like to carry over the unexpended funds to pay him in Year 3.**

The Technology Infrastructure Fee (TIF) is a consistently-applied direct charge that is assessed to each and every campus activity unit, regardless of funding source, including units identified as individual grant and contract awards. The TIF pays for campus communication services on the basis of a monthly accounting of actual usage data. These costs are charged as direct costs and are not recovered as indirect costs. ~~We anticipate this expense will cost this project $11 in Year 1, $1,002 in Year 2 and $772 in Year 3.~~

The changes we request are the following: Year 1: $11.00, Year 2: ~~$1,002.00~~ **$811.00**, Year 3: ~~$772.00~~ **$1,411.00, and Year 4: $353.00**. The Total ~~$1,785.00~~ **$2,586.00.**

General Liability Assessment Program Costs: These charges represent a share of the cost of claims paid by the University under its General Liability self-insurance program ~~($1.38~~ **$1.17**/$100 salary). ~~We anticipate this expense will cost this project $99 in Year 1, $2,478 in Year 2 and $2,189 in Year 3.~~

The changes we request are the following: Year 1: $99.00, Year 2: ~~$2,478.00~~ **$2,166.00**, Year 3: ~~$2,189.00~~ **$5,474.00, and Year 4: $1,368.00.** The Total ~~$4,766.00~~ **$9,107.00.**

Statistical Support

The Department of Medicine Statistical Core (DOMStat) provides statistical collaboration to researchers in the Department of Medicine. Collaboration includes assisting researchers in developing projects that improve efficiency, interpretability and generalizability of data, selecting the best methods in experimental design, improving measurements to increase sensitivity and precision, analyzing data using the best and most innovative statistical techniques, interpreting results using language that is easily comprehensible by the non-statistical community, and assisting in manuscript and proposal writing. Tahmineh Romero, MS, who has worked extensively with the UCLA ADC program will take the lead in the evaluation of programs that implement the ADC and wish to compare clinical outcomes and utilization with that of the original UCLA ADC and other adoption sites. ~~($10,313 in Year 2 and $9,560 in Year 3)~~ **($6,373 in Year 3 and $3,581 in Year 4).**

Adopting Sites Training and Technical Assistance
~~Year 2: 15 sites at $50,000 each: $750,000~~
~~Year 3: 5 sites at $50,000 each: $250,000~~

Year 3: 8 sites at $50,000 each: $400,000
UCLA has created a Sales & Service mechanism that includes a fee to support the infrastructure costs of disseminating the ADC program. This fee includes customizing the ADC program to meet adopting site goals and resources and 2 years of support for adopting sites, including technical support and site visits, as appropriate. We have budgeted for the costs of up to ~~20~~ **8** adopting sites. ~~If, however, fewer than 20 adopt the ADC program, funds that are unused will be re-budgeted to provide training to Medi-Cal providers for "Dementia Champions" through the UCLA Intensive Course in Geriatric Medicine, which will include the newly developed dementia curriculum, and provide CE/CME/MOC.~~

Rent

If the Scope of Work will be performed in an off-campus facility rented from a third party for a specific project or projects, then rent may be charged as a direct expense to the award.

N/A

Indirect (F&A) Costs

Indirect costs are calculated in accordance with the budgeted indirect cost rate in Exhibit B.

The indirect cost changes we request are the following: Year 1: $3,560.00, Year 2: ~~$385,792.00~~ **$85,650.00**, Year 3: ~~$181,071~~.00 **$316,381.00 and Year 4: $49,447.00.** Total: ~~$570,423.00~~ **$455,038.00.**

Per the Department of Health Care Services (DHCS)'s allowable Facilities and Administrative Cost Rates policy, an annual indirect cost rate of 30% is applied to Modified Total Direct Costs.

The Total Costs we request are the following: Year 1: $15,427.00, Year 2: ~~$1,671,764.00~~ **$371,149.00**, Year 3: ~~$784,641.00~~ **$1,370,984.00 and Year 4: $214,272.00.**

Exhibit B2 – Subawardee Budgets

Budget Pertaining to Subawardee(s) (when applicable)

Subawardee Name: UC Regents of the University of CA, Irvine **Exhibit B2**

Principal Investigator (Last, First): Gibbs, Lisa

~~Updated 7.3.2023~~
Updated 12.7.23

COMPOSITE SUBAWARDEE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

03/15/2022 to ~~3/31/2024~~ 9/30/2024

From: / To:		3/15/2022 6/30/2022	7/1/2022 6/30/2023	7/1/2023 ~~3/31/2024~~ 6/30/2024	7/1/2024 9/30/2024	
BUDGET CATEGORY		**Year 1**	**Year 2**	**Year 3**	**Year 4**	**TOTAL**
PERSONNEL: *Salary and fringe benefits.*		$18,324	~~$836,888~~ **$534,737**	~~$572,709~~ **$574,936**	**$226,022**	~~$1,427,921~~ **$1,354,019**
TRAVEL		$0	~~$5,000~~ **$1,035**	~~$0~~ **$4,500**	**$3,286**	~~$5,000~~ **$8,821**
MATERIALS & SUPPLIES		$0	~~$2,055~~ **$30**	~~$2,500~~ **$600**	**$334**	~~$4,555~~ **$964**
EQUIPMENT		$0	~~$10,000~~ **$0**	$0	**$0**	~~$10,000~~ **$0**
CONSULTANT		$0	$0	~~$0~~ **$200,000**	**$0**	~~$0~~ **$200,000**
SUBRECIPIENT						
	Alzheimer's Orange County	$0	~~$190,017~~ **$142,676**	~~$106,885~~ **$154,226**	**$0**	$296,902
	Alzheimer's Los Angeles	$0	~~$127,350~~ **$111,658**	~~$95,320~~ **$211,012**	**$50,000**	~~$222,670~~ **$372,670**
	UC Regents of the University of CA, Davis	$0	$0	$0	**$0**	$0
OTHER DIRECT COSTS (ODC)	***Subject to IDC Calc***					
GAEL	***Y***	$113	~~$4,045~~ **$5,523**	~~$3,420~~ **$3,365**	**$1,582**	~~$7,578~~ **$10,583**
CME/MOC Fees	***Y***	$0	~~$2,500~~ **$129**	~~$500~~ **$2,500**	**$2,500**	~~$3,000~~ **$5,129**
Social Media	***Y***	$0	~~$3,000~~ **$0**	~~$0~~ **$2,500**	~~$0~~ **$2,000**	~~$3,000~~ **$4,500**
Conference/Meetings & Outreach	***Y***	$0	~~$184,000~~ **$21,414**	~~$0~~ **$100,000**	**$43,800**	~~$184,000~~ **$165,214**
Graduate Fees/Remission	***N***	$0	~~$24,045~~ **$0**	~~$0~~ **$8,015**	**$0**	~~$24,045~~ **$8,015**
Educational Training/Tool Kits	***Y***	$0	~~$20,000~~ **$0**	~~$0~~ **$20,000**	**$2,000**	~~$20,000~~ **$22,000**
TOTAL DIRECT COSTS		$18,437	~~$1,408,900~~ **$817,202**	~~$781,334~~ **$1,281,654**	**$331,524**	~~$2,208,671~~ **$2,448,817**
Indirect (F&A) Costs	**F&A Base**					

	• Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Department of Health Care Services (CA DHCS) as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Department of Health Care Services (CA DHCS) during the course of my relationship with you.

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: Russ.Rogers@dhcs.ca.gov

To advise Department of Health Care Services (CA DHCS) of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at Russ.Rogers@dhcs.ca.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

To request paper copies from Department of Health Care Services (CA DHCS)
To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to Russ.Rogers@dhcs.ca.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.
To withdraw your consent with Department of Health Care Services (CA DHCS)

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an e-mail to Russ.Rogers@dhcs.ca.gov and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	• Allow per session cookies

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Department of Health Care Services (CA DHCS) (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Department of Health Care Services (CA DHCS):

Carbon Copy Events	Status	Timestamp
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Manpreet Singh Manpreet.Singh@dhcs.ca.gov Unit Chief Department of Health Care Services Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: 3/13/2024 2:00:30 PM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/12/2024 4:20:35 PM
Certified Delivered	Security Checked	3/13/2024 1:56:19 PM
Signing Complete	Security Checked	3/13/2024 2:00:28 PM
Completed	Security Checked	3/13/2024 2:00:30 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

DocuSign

Certificate Of Completion

Envelope Id: 810F42DC71D040EB8DC28D09ECE2D5A3
Status: Completed
Subject: Complete with DocuSign: 21-10420 A2 External Signatures.pdf - Regents SF
Source Envelope:
Document Pages: 145
Signatures: 3
Certificate Pages: 5
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Envelope Originator:
Raymond Ng
1501 Capitol Ave
Sacramento, CA 95814-5005
Raymond.Ng@dhcs.ca.gov
IP Address: 165.85.133.51

Record Tracking

Status: Original
3/12/2024 3:43:24 PM
Security Appliance Status: Connected
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Raymond.Ng@dhcs.ca.gov
Pool: FedRamp
Pool: Department of Health Care Services (CA DHCS)

Location: DocuSign

Location: DocuSign

Signer Events	Signature	Timestamp
Erica Anderson Erica.Anderson2@ucsf.edu Government Contract Officer Security Level: Email, Account Authentication (None)	DocuSigned by: Erica Anderson B3D45F782F4B4B3... Signature Adoption: Pre-selected Style Using IP Address: 128.218.42.255	Sent: 3/12/2024 4:20:35 PM Viewed: 3/13/2024 1:36:28 PM Signed: 3/13/2024 1:46:59 PM
Electronic Record and Signature Disclosure: Accepted: 3/13/2024 1:36:28 PM ID: efbf8736-08a9-41a5-975a-03f0fb24aa90		
Robert Strom robert.strom@dhcs.ca.gov Chief, Contract Services Section Department of Health Care Services Security Level: Email, Account Authentication (None)	DocuSigned by: Robert Strom EE053A0F26AE46E... Signature Adoption: Pre-selected Style Using IP Address: 165.85.133.52	Sent: 3/13/2024 1:47:02 PM Viewed: 3/13/2024 1:56:19 PM Signed: 3/13/2024 2:00:28 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

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Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Christina Soares christina.soares@dhcs.ca.gov CEA, Procurement & Contracting Division Administration, Contracts Division Security Level: Email, Account Authentication (None)	COPIED	Sent: 3/13/2024 2:00:30 PM

~~funds to Meeting Costs in order to pay for table space for proper marketing and dissemination.~~

~~Indirect (F&A) Costs – as a result of redistributing Participant Remuneration/Incentives and Meetings budgets to subsites, the Indirect (F&A) Costs category for UCSF Main Budget has decreased from $2,770,203 to $2,654,517.~~

The Total Costs we request are the following: Year 1: $0, Year 2: ~~$668,200.00~~ **$580,233.00**, Year 3: ~~$530,786.00~~ **$530,989.00, and Year 4: $87,764.00.**

~~PERSONNEL: Salary and fringe benefits – decreased from $5,655,765 to $5,355,594 as a result of delays in hiring/staffing the DCA and SFHN teams.~~

~~TRAVEL – increased from $300,000 to $332,343 to accommodate the attendance of key personnel at more California and national conferences to promote our work more aggressively.~~

~~MATERIALS & SUPPLIES – increased from $50,000 to $68,481 because promotional, marketing and other project supplies (such as software) is projected to be higher due to additional staff FTEs, and because we have a more aggressive plan for conferences and therefore need more promotional supplies.~~

~~CONSULTANTS – this entire budget category, which includes sub-categories Instructional Design & Marketing Campaign, Website development, Web Hosting Platform and Translations, increased from $1,230,000 to $2,200,291 due to our marketing campaign and website development costs being higher than we had projected back in February 2022. This was after we fully developed our plan to reach as many providers and health care administrators who work in primary care in California as possible in the short time that we have. Regarding the website development specifically, we re-budgeted after securing our vendors. Our initial cost, $20,000 total, was based on a simple, rough estimate from a web designer for the design of a few pages, but not development of any content. We realized that we would need to integrate our web design work with our educational and marketing plans, including interactive and navigable pages for providers to implement Dementia Care Aware tools into practice. On further scoping, we are requesting additional funds in Year 2 for an extensive design integrated with our educational content and marketing and on a tight time frame. The funds will go to scoping the content and planned organizational structure of the website and the development of the interactive web pages and user interface. Costs were proven to be more than anticipated in order to meet our specific needs and deliverables. All consultant costs were discovered through conducting national open bid opportunities required by the University of California through CalUSource.~~

~~SUBRECIPIENT – this entire budget category within the UCSF Main Budget increased from $11,126,785 to $11,631,095 as a result of redistributing Participant Remuneration/Incentives and Meetings budgets to the five subsites: University of California College of the Law, San Francisco, Alzheimer's Association, The Regent of the University of California, San Diego, and Rancho Research Institute Los Angeles County Department of Health Services. For efficiency and accounting accuracy, it's best practice for subsites to issue Participant Remuneration/Incentives directly from their sites and support Meetings expenses directly from their budgets.~~

~~OTHER DIRECT COSTS (ODC) – this entire budget category, which includes subcategories UCSF Recharges (ITFS, Network Recharge, GAEL), CME, Participant Remuneration, Traditional media/flyers/etc., Warm Line, and Meeting Costs (a newly added category), decreased from $1,923,247 to $816,679 because CME costs were much lower than expected and because we have redistributed Participant Remuneration/Incentives to subsites. The Warm Line cost was higher than expected after we received an final quote from a vendor. We also learned that we needed to allocate~~

Other Direct Costs

~~Promotional/ Social Media~~

~~We request $10,000 for promotional and social media costs in Year 2 to engage providers across sites, promote development of a community of engaged providers and others in the exchange of information and to support the goals of the project.~~

Conference/Meetings & Outreach

The changes we request are the following: Year 1: $0, Year 2: ~~$45,000.00~~ **$0** and Year 3: ~~$0~~ **$8,000.00.** The total ~~$45,000.00~~ **$8,000.00.**

We request ~~$45,000.00 in Year 2 to cover the costs of attending or hosting conferences and/or meetings as well as outreach/promotional/marketing expenses. These opportunities are hosted on a local level in the Los Angeles County area for in-person working meetings/retreats of partners/participants to develop a plan for ensuring the deliverables of the grant are met, including outreach and training initiatives.~~ **$8,000.00 in Year 3 to support participation in conferences, meetings, and outreach activities. This funding will enable us to enhance our team's professional development, establish valuable industry connections, and contribute to our community outreach efforts.**

Rent

If the Scope of Work will be performed in an off-campus facility rented from a third party for a specific project or projects, then rent may be charged as a direct expense to the award.

N/A

Indirect (F&A) Costs

Per the Department of Health Care Services (DHCS)'s allowable Facilities and Administrative Cost Rates policy, an annual indirect cost rate of 30% is applied to Modified Total Direct Costs.

The indirect cost changes we request are the following: Year 1: $0, Year 2: ~~$129,542.00~~ **$114,556.00**, Year 3: ~~$97,476.00~~ **$98,716.00, and Year 4: $17,327.00**. The Total ~~$227,018.00~~ **$230,599.00.**

Per the Rancho Research Institute, Inc. NONPROFIT RATE AGREEMENT dated 10/23/2018, an annual indirect cost rate of 24.60% is applied to Modified Total Direct Costs.

~~Explanation for significant budget changes between approved budget categories~~

venue/technology fees, airfare, ground transportation, lodging, meals, and other allowable incidental costs.

Materials and Supplies

The material and supply changes we request are the following: Year 1: $0, Year 2: ~~$12,000.00~~ **$11,364.00**, ~~and~~ Year 3: ~~$3,000.00~~ **$1,200.00 and Year 4: $437.00**. The Total ~~$15,000.00~~ **$13,001.00.**

We request ~~$12,000.00~~ **$11,364.00** in Year 2, ~~$3000.00~~ **$1,200.00 in Year 3, and $437.00 in Year 4** for program supplies including computing devices costs (and accessories), cell phones and office supplies for use by TBH personnel.

Equipment

List each item of equipment (greater than or equal to $5,000 with a useful life of more than one year) with amount requested separately and justify each.

N/A

Consultant Costs

Consultants are individuals/organizations who provide expert advisory or other services for brief or limited periods and do not provide a percentage of effort to the project or program. Consultants are not involved in the scientific or technical direction of the project as a whole. Provide the names and organizational affiliations of all consultants. Describe the services to be performed, and include the number of days of anticipated consultation, the expected rate of compensation, travel, per diem, and other related costs.

N/A

Subawardee (Consortium/Subrecipient) Costs

The subawardee cost changes we request are the following: Year 1: $0, Year 2: ~~$37,066.00~~ **$18,924.00**, Year 3: $37,066.00. The Total ~~$74,132.00~~ **$55,990.00.**

Subawards will be made to Charles R. Drew University of Medicine and Science. We request $0 in Year 1 ~~$37,066~~ **$18,924** in Year 2, and $37,066 in Year 3. Charles R. Dew University will provide a board-certified family physician and geriatrician, Dr. Sayaka Weis Tokumitsu, MD, who will serve as the Site Lead at Martin Luther King Jr Outpatient Center (MLK OPC) for the Dementia Care Aware project and will be responsible for the implementation of the clinic, as well as for planning and coordination of training and coaching primary care providers in troubleshooting barriers and challenges that arise during the incorporation of cognitive screening and assessment into routine patient care.

address the unique needs of the nursing staff and patients and families served by LAC-DHS.

Stephanie Yuen-Perales (Program Manager), 100% FTE ~~(years 2-3)~~ **– (years 2-4)** the Program Manager will manage all program-wide activities that support the state-wide Dementia Aware program, including organizing and documenting program meetings, organizing the formation of the Clinical Advisory Board, organizing stakeholder meetings, creating and maintaining the website, providing CME, maintaining lists of CHA-trained participants for submission to DHCS, creating and disseminating media campaigns, producing reports for DHCS, and supervising additional staff of the LAC-DHS project management team.

Frankia Medina (Program Coordinator), ~~100%~~ **45% FTE** ~~(years 2-3)~~ **– (years 2-4)** – the Program Coordinator will assist the Program Manager with all program activities in the implementation of the state-wide Dementia Aware program across LAC-DHS sites. They will serve as staff support with responsibility for managing communications, scheduling and organization of meetings of project staff across sites and assisting with compilation of materials for reports.

TBH (Health IT Support Specialist), 20% FTE (years 2-3) – the Health IT Support Specialist will provide the technology and programming expertise for changes in the electronic health record (HER) to facilitate the documentation of provider behavior change the Dementia Aware program is designed to promote.

TBH (Practice Coach), 100% FTE (years 2-3) – the Practice Coach will work across sites with primary care providers, social workers, nurses and other project staff to assist in the implementation of practice changes associated with the Dementia Aware program. They will be available both in-person and electronically to work with individual providers and administrators at different clinical implementation sites on workflow changes and other practice site-specific needs as identified.

Fringe Benefits.

The RRI institutional fringe rate currently is calculated at 35% for staff employed at 75% more, 22% for staff 50% - 74% and 15%, of total direct project cost for staff working less than 50 percent effort.

Travel

The travel changes we request are the following: Year 1: $0, Year 2: ~~$15,000.00~~ **$691.00,** Year 3: ~~$5000.00~~ **$5,007.00**. The total ~~$20,000.00~~ **$5,698.00.**

We request ~~$15,000~~ **$691.00** in Year 2, and ~~$5,000.00~~ **$5,007.00** in Year 3, for program travel to regional meetings and conferences to promote the project and participation across and wide spectrum of stakeholders. Costs may include meeting

Ellen Wong, MD (Lead, Implementation, HUCLA), 10% FTE (all years) – Dr. Wong is a board-certified neurologist who leads behavioral neurology dementia assessment at Harbor-UCLA Medical Center and Rancho Los Amigos National Rehabilitation Center. She completed her neurology residency at LAC+USC before going on to complete neurorehabilitation fellowship at UCLA and behavioral neurology fellowship at USC. She is Clinical Assistant Professor of Neurology at Keck School of Medicine at USC, and a co-investigator on an NIH-funded study on genetic and non-genetic risk factors for Alzheimer disease in the Asian population.

Emiley Chang, MD (Provider educator/Site lead - Harbor), 10% FTE (all years) – Dr. Emiley Chang is a geriatrician at Harbor-UCLA Medical Center. She graduated from Stanford University School of Medicine, with an additional MPH degree from UC Berkeley. After training in internal medicine at UC Davis Medical Center, she completed a subspecialty geriatrics fellowship at UCLA. She then went on to complete a NRSA research fellowship in General Internal Medicine at UCLA. During this time, she obtained an MS in Health Policy and Management at the Fielding School of Public Health in health services research methodology, biostatistics, and social marketing.

Other Personnel

Herrera, Joseph (Social Work Educator), ~~15%~~ 50% FTE ~~(years 2-3)~~ (years 2-4)– the Social Work Educator will be responsible for facilitating training for social workers and case managers across sites. They will have primary responsibility for establishing contact with social work departments across sites to arrange for trainings and embed trainings within existing programs so that they will be ongoing and sustainable. The SWE will engage with the other members of the team to review and provide input into training materials to ensure that they address the unique needs of the social work staff and patients and families served by LAC-DHS.

Torres, Eva (Social Work Educator), 50% FTE (years 2-3) – the Social Work Educator will be responsible for facilitating training for social workers and case managers across sites. They will have primary responsibility for establishing contact with social work departments across sites to arrange for trainings and embed trainings within existing programs so that they will be ongoing and sustainable. The SWE will engage with the other members of the team to review and provide input into training materials to ensure that they address the unique needs of the social work staff and patients and families served by LAC-DHS.

TBH (Nursing Educator), 10% FTE (years 2-3) – the Nursing Educator will be responsible for facilitating trainings for nursing staff across sites. They will have primary responsibility for establishing contact with nursing departments across sites to arrange for trainings and embed trainings within existing programs so that they will be ongoing and sustainable. The NE will engage with the other members of the team to review and provide input into training materials to ensure that they

Exhibit B2 (Subawardee)

Subawardee Budget Justification
Rancho Research Institute-Los Angeles County Department of Health Services)

The personnel changes we request are the following: Year 1: $0, Year 2: ~~$414,592.00~~ **$434,698.00**, Year 3: ~~$378,244.00~~ **$381,000.00, and Year 4: $70,000.00.** The Total ~~$792,836.00~~ **$885,698.00.**

Key Personnel

Freddi Segal-Gidan, PA, PhD (Site Principal Investigator), ~~24%~~ **15% FTE (all years)** – Dr. Segal-Gidan is a physician assistant and gerontologist who serves as the Director of the Rancho/USC California Alzheimer's Disease Center. She actively sees patients for dementia assessment and care planning in her role as a clinician at the Rancho Geriatric Neurobehavior and Alzheimer's Center. She is Co-PI for "Dementia Navigators for DHS" and holds appointments as Assistant Clinical Professor in the Departments of Neurology and Family Medicine in the Keck School of Medicine, University of Southern California (USC), and Assistant Clinical Professor of Gerontology at the L. Davis School of Gerontology at USC. She will also lead implementation at the RLA site.

Katherine Ward, MD (Lead, Internal Medicine and Geriatrics), 10% FTE (all years) – Dr. Ward is a board-certified internist and geriatrician who serves as the Executive Vice Chair of the Department of Medicine and Section Head of Geriatrics at Harbor-UCLA. She is the Harbor-UCLA Geriatrics representative of the Special Populations Executive Committee for the Clinical and Translational Science Institute (CTSI) at UCLA. She co-chairs the Los Angeles Health Agency -Department of Health Services Geriatrics Workgroup. She leads the Harbor-UCLA geriatric primary care clinic and the geriatric inpatient consult service. She is PI of "Dementia Navigators for DHS" CTSI Implementation Science in partnership with the Department of Health Services of Los Angeles County.

Heather Schickedanz, MD (Lead, Family Medicine and Geriatrics), 10% FTE (all years) – Dr. Schickedanz is a board-certified family physician and geriatrician who serves as the Chair of the Department of Family Medicine at Harbor-UCLA, Vice Chair at UCLA Department of Family Medicine, and Assistant Professor, Health Sciences, at David Geffen School of Medicine at UCLA. She is the founder and co-chair of the Los Angeles Health Agency - Department of Health Services Geriatrics Workgroup. She was the Curriculum Lead for the UCLA Geriatrics Workforce Enhancement Program first cohort, creating and implementing interdisciplinary team-based dementia trainings for safety net providers across LA and Riverside Counties while she served as the Primary Care Director and Geriatrics Clinic Director at Olive View-UCLA Medical Center. She is co-PI for "Dementia Navigators for DHS," currently serves on the "Health Brain Los Angeles" Task Force and is a steering committee member representing LAC-DHS for the "Los Angeles Alliance for Community Health and Aging."

TOTAL COSTS FOR PROPOSED PROJECT PERIOD					**$1,198,986**

* MTDC = Modified Total Direct Cost

JUSTIFICATION. *See Exhibit B1 - Follow the budget justification instructions.*

Annual Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.

% **10.00%**

or

Amount *$10,000*

Exhibit B2 – Subawardee Budgets

Budget Pertaining to Subawardee(s) (when applicable)

Subawardee Name: Rancho Research Institute- Los Angeles County Department of Health Services

Exhibit B2

Principal Investigator (Last, First): Segal-Gidan, Freddi

~~Updated 7.3.2023~~
Updated 12.7.23

COMPOSITE SUBAWARDEE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

03/15/2022 to ~~3/31/2024~~ 9/30/2024

From: / To:	3/15/2022 – 6/30/2022	7/1/2022 – 6/30/2023	7/1/2023 – ~~3/31/2024~~ 6/30/2024	7/1/2024 – 9/30/2024	
BUDGET CATEGORY	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**TOTAL**
PERSONNEL: *Salary and fringe benefits.*	$0	~~$414,592~~ **$434,698**	~~$378,244~~ **$381,000**	**$70,000**	~~$792,836~~ **$885,698**
TRAVEL	$0	~~$15,000~~ **$691**	~~$5,000~~ **$5,007**	**$0**	~~$20,000~~ **$5,698**
MATERIALS & SUPPLIES	$0	~~$12,000~~ **$11,364**	~~$3,000~~ **$1,200**	**$437**	~~$15,000~~ **$13,001**
EQUIPMENT	$0	$0	$0	**$0**	$0
CONSULTANT	$0	$0	$0	**$0**	$0
SUBRECIPIENT	$0	~~$37,066~~ **$18,924**	$37,066	**$0**	~~$74,132~~ **$55,990**
OTHER DIRECT COSTS (ODC) — *Subject to IDC Calc*					
Training Incentives — *Y*	$0	$0	$0	**$0**	$0
Promotional/Social Media — *Y*	$0	~~$15,000~~ **$0**	~~$10,000~~ **$0**	**$0**	~~$25,000~~ **$0**
Conference/Meetings & Outreach — *Y*	$0	~~$45,000~~ **$0**	~~$0~~ **$8,000**	**$0**	~~$45,000~~ **$8,000**
ODC #4 — *Y*	$0	$0	$0	**$0**	$0
ODC #5 — *Y*	$0	$0	$0	**$0**	$0
ODC #6 — *Y*	$0	$0	$0	**$0**	$0
TOTAL DIRECT COSTS	$0	~~$538,658~~ **$465,677**	~~$433,310~~ **$432,273**	**$70,437**	~~$971,968~~ **$968,387**
Indirect (F&A) Costs — F&A Base: *MTDC **					
Rate	*$0*	*~~$526,592~~ $465,677*	*~~$396,244~~ $401,283*	*$70,437*	*~~$922,836~~ $937,397*
24.6%	$0	~~$129,542~~ **$114,556**	~~$97,476~~ **$98,716**	**$17,327**	~~$227,018~~ **$230,599**
TOTAL COSTS PER YEAR	**$0**	~~$668,200~~ **$580,233**	~~$530,786~~ **$530,989**	**$87,764**	

and contract funds. Accordingly, an allocable portion of these Technology Services costs are included in this proposal as direct project costs.

Meeting Expenses: The changes we request are the following: Year 1 $0, Year 2: ~~$24,000.00~~ **$3,502.00,** Year 3: ~~$11,000.00~~ **$6,000.00.** The total ~~$35,000.00~~ **$9,502.00**

Funds are being requested to host a local, in-person working meeting/retreat of partners to develop a plan for ensuring the deliverables of the grant are met, **including outreach and training**. ~~These funds will also support meetings costs for local outreach and training events.~~

Incentives/Meals: Funds are being requested ($267.00 in Year 2; $5,000.00 in Year 3) to provide incentives to providers, as needed, including meal expenses as part of local provider training events.

Rent

If the Scope of Work will be performed in an off-campus facility rented from a third party for a specific project or projects, then rent may be charged as a direct expense to the award.

N/A

Indirect (F&A) Costs

Indirect costs are calculated in accordance with the budgeted indirect cost rate in Exhibit B.
UC San Diego has included indirect costs at the State of California Sponsorship rate of 30% in all years.

The indirect cost changes we request are the following: Year 1: $0, Year 2: ~~$186,731.00~~ **$93,487.00**, Year 3: ~~$78,413.00~~ **$111,044.00, and Year 4: $8,447.00.** The Total ~~$265,144.00~~ **$212,978.00**

The Total Costs we request are the following: Year 1: $0, Year 2: ~~$1,075,628.00~~ **$432,909.00**, Year 3: ~~$615,983.00~~ **$863,884.00, and Year 4: $36,604.00.**

Champions for Health has helped execute many elements of the local *Alzheimer's Project Initiative*, including physician training on the developed Alzheimer's Clinical Guidelines, development of a mobile app, module development, a media campaign and outreach. As part of their training development, multiple focus groups were completed, with materials culturally translated. In addition, along with training providers across multiple health systems in San Diego County, this organization has established relationships with three FQHCs in North County. They will share developed materials with the Dementia Aware leadership team to contribute to curriculum development and training. In addition, they will help with outreach (particularly to additional local FQHCs) and engagement and can help with ensuring materials are culturally relevant.

Other Direct Costs

Itemize any other expenses by category and cost. Specifically justify costs that may typically be treated as indirect costs. For example, if insurance, telecommunication, or IT costs are charged as a direct expense, explain reason and methodology.

NGN Communications: The changes we request are the following: Year 1 $0, Year 2: ~~$2,899.00~~ **$954.00**, Year 3: ~~$1,895.00~~ **$1,973.00 and Year 4: $203.** The Total ~~$4,794.00~~ **$3,130.00.**

UC San Diego Information and Technology Services (ITS) charges a flat per month fee for services to provide state-of-the-art technology infrastructure and services to the campus community. These charges are directly attributable and proportionally applied for the individual(s) included in the proposed budget on the project. These costs are not included in the campus' Facilities & Administration (F&A) rate as an indirect cost. UC San Diego auditors have determined that it is both equitable and consistent with the OMB Circular 2 CFR 200 provisions on cost allocability that the costs be assigned to FTE on grant and contract funds. Accordingly, an allocable portion of these NGN costs are included in this budget as direct project costs.

ADP/Computer Services (Health Sciences Technology Services Charge (HS-TSC): The changes we request are the following: Year 1 $0, Year 2: ~~$3,267.00~~ **$1,569.00**, Year 3: ~~$2,136.00~~ **$2,353.00 and Year 4: $247.00.** The Total ~~$5,403.00~~ **$4,169.00.**

UC San Diego Health Information Services (IS) provides mandatory Information Technology Services to all of Health Sciences faculty and investigators, to include costs associated with the increased level of security required for all personnel within UC San Diego Health, which includes UC San Diego School of Medicine, Skaggs School of Pharmacy and Pharmaceutical Sciences and the hospitals and clinics. To mitigate the specific risk profile of this highly connected environment, UC San Diego Health Information Services ensures that all PIs who IS provides services to, whether they directly access patient information or not, operate in a highly secure desktop, application and server environment with dedicated and highly trained support. Charges are based on percent of FTE working on a grant and are charged on a monthly basis. These costs are not included in the campus' Facilities & Administration (F&A) rate as an indirect cost. UC San Diego auditors have determined that it is both equitable and consistent with the OMB Circular 2 CFR 200 provisions on cost allocability that the costs be assigned to FTE on grant

management program that serves clients who would otherwise need skilled nursing care (AIS has 550 clients.); Other Case Management Programs (e.g., SD-VISA, Linkages); and Legacy Corps, a volunteer respite program for veteran families in which many of the elders have dementia. AIS is also lead on three key programs related to the GWEP that could have applicability to the Dementia Aware grant, including *The Alzheimer's Project*, Age Well San Diego, and the Alzheimer's Response Team. *The Alzheimer's Project* is a San Diego County-wide regional initiative designed to address the toll of ADRD on families, communities and health care systems. This project has brought together a powerful team of experts and decision-makers to develop clinical guidelines and promote best practices for primary care physicians and other healthcare professionals, support for caregivers, and outreach and education. Its products will be shared with the Dementia Aware leadership and key individuals are also personnel on this grant. The main goal of Age Well San Diego is to help create age- and dementia-friendly communities in San Diego County where older adults can thrive, with ADRD and dementia-friendly training provided to local service providers. The Alzheimer's Response Team (ART) is a pilot project designed to determine if an emergency response team can make a difference in the trajectory of older adults in emergency situations. The response team, supported by other partner agencies on the GWEP (and proposed here for the Dementia Aware grant), responds when needed to community situations where first responders are concerned about the older adults involved. Additionally, AIS has created an ADRD caregiver guide. AIS can contribute to outreach, engagement, referrals, and caregiver support, in addition to providing expertise pertaining to the local initiatives already in place and training of services providers, as needed. Dr. Lindsey Yourman was also recently appointed as the Chief Geriatrics Officer for the County of San Diego and will contribute her expertise to the Dementia Care Aware Initiative.

Area Agency on Aging, Imperial County: ~~Year 2: $52,800.00~~ **Year 3: $39,600.00**

Based in El Centro, CA, this AAA provides similar services as AIS to the Imperial County communities. Its mission is to provide leadership at the local level in developing systems of senior services, with an emphasis on maximum independence and dignity through comprehensive and coordinated home and community-based care. ICAAA serves a low-income area, with 85-90% on Medi-Cal. They also serve a diverse geographic region ranging from small towns to rural agricultural and desert areas. As a result, services vary widely depending on where the older adult lives in the County. ICAAA does not have the infrastructure that AIS enjoys, which limits what they are currently able to provide, yet through their involvement with the GWEP, they have had an opportunity to share best practices and assist in developing programs and infrastructure to enhance the care of older adults in Imperial County. They provide county-wide ADRD Physician Guidelines, standardized dementia training for formal caregivers, training of law enforcement and first responders, a Promotora program for family caregivers, and an Imperial County resource guide. For the Dementia Aware grant, they can help with outreach and engagement across this community, assist with training community-based providers, and ensure the curriculum is culturally competent and meets the needs of vulnerable populations.

Champions for Health: The changes we request are the following: Year 1: $0, Year 2: ~~$55,200.00~~ **$20,566.00**, Year 3: ~~$28,750.00~~ **$63,384.00.** The total ~~$69,000.00~~ **$83,950.00.**

Aging. They also have experience providing support to Medi-Cal providers. They will play a significant role with outreach, engagement, referrals and caregiver support.

Federally Qualified Health Centers (FQHCs): Our three partner FQHCs have large numbers of patients, who are either uninsured or on MediCal, low-income and/or medically underserved.

Family Health Centers of San Diego: The changes we request are the following: Year 1: $0, Year 2: ~~$102,300.00~~ **$16,548.00,** Year 3: ~~$49,104.00~~ **$134,856.00.** The Total ~~$141,856.00~~ **$151,404.00**

Family Health Centers of San Diego is one of the top 10 largest community clinic organizations in the nation with multiple internal resources in place to help support this grant, including an Older Adult Services department focused on meeting the needs of older adults and vulnerable seniors and its recent opening of its first Program of All Inclusive Care for the Elderly (PACE).

San Ysidro Health/San Diego PACE: The changes we request are the following: Year 1: $0, Year 2: ~~$79,360.00~~ **$0** and Year 3: $44,640.00. The total is ~~$124,000.00~~ **$44,640.00.**

San Ysidro Health provides care to a large number of people near the Mexico border with a vast and integrated network of program sites in San Diego County's South Bay region, in addition to a well-established PACE.

Partnerships have already been established with these FQHCs. Through our GWEP, we have been actively developing and delivering training to providers at these FQHCs, supporting their clinical practices and discussing modifications of work flows, incorporating more materials and support services for Spanish-speaking individuals, and improving knowledge of and connections with community resources and support services. In addition to ensuring their providers complete the developed training, these FQHCs can serve a key role in helping to guide the development of a toolkit, practice-level implementation, and ensuring local relevance, the provision of culturally competent care and meeting the needs of the Medi-Cal population.

Area Agency on Aging, San Diego County (Aging & Independence Services):

The changes we request are the following: Year 1: $0, Year 2: ~~$44,000.00~~ **$0**, and Year 3: ~~$38,500.00~~ **$82,500.00**. The Total $82,500.00.

San Diego County Aging and Independence Services (AIS) is a key agency for educating providers about the community services available for their older patients, caregivers, and patients with ADRD, and can provide training for other service providers on dementia-specific case management methods. Programs include Adult Protective Services (APS); In-Home Supportive Services (IHSS), which provide personal care assistance for MediCal (Medicaid) eligible people who would otherwise not be able to live at home (AIS has 30,000 clients, with at least 17,000 older adults and an unknown percentage of which also have dementia); Multi-purpose Senior Services Program (MSSP) – MediCal waiver program including a case

compensation, travel, per diem, and other related costs.

N/A

Subawardee (Consortium/Subrecipient) Costs

Each participating consortium organization must submit a separate detailed budget for every year in the project period in Exhibit B2 Subcontracts. Include a complete justification for the need for any subawardee listed in the application.

Year 2: $89,914; Year 3: $495,580

All selected partner agencies serve a unique role and have been key to the successes within our local region thus far pertaining to educational activities and services provided related to ADRD. These partners have been involved with the GWEP (the San Diego/Imperial Geriatric Education Center (SDIGEC)) and many have been involved with *The Alzheimer's Project*, a San Diego county-wide regional initiative designed to address the toll of ADRD on families, communities, and health care systems. Each partner below will serve a key role in helping with the Dementia Aware grant, including practice-level implementation support, training outreach and engagement, and where applicable, input into the development of the toolkit and referral protocols.

Southern Caregiver Resource Center: Year 2: $52,800; Years 3: $39,600

Southern Caregiver Resource Center (SCRC) is one of 11 California Caregiver Resource Centers and represents both San Diego and Imperial Counties. They are a non-profit organization providing free caregiver support services for families caring for people living with ADRD. They train community and family caregivers with an emphasis on providing culturally appropriate training for Latino caregivers delivered in both Spanish and English. They also do a tremendous amount of work in outreach. Support services include comprehensive assessments/care planning, case management/ counseling, education, community outreach, respite care and support groups. Additionally, SCRC has developed successful cooperative models (i.e., REACH, Partners in Care, ACCESS), with significant community impact. They will play a significant role with outreach, engagement, referrals, and caregiver support.

Alzheimer's San Diego: The changes we request are the following: Year 1: $0, Year 2: ~~$55,000.00~~ **$0**, Year 3: ~~$36,000.00~~ **$91,000.00.** The total $91,000.00.

Alzheimer's San Diego is a local leader with extensive connections throughout San Diego. Their services include a 24-hour Helpline and website, Family Care Consultations, community education classes, support and discussion groups, a Companion Respite Program, and social engagement programs. They deliver a tremendous amount of education to people with memory loss, their families and caregivers on basic ADRD education, legal and financial planning, home safety, and communication strategies. They are also part of the *Alzheimer's Project Initiative* and recently completed work on the *Healthy Brain Initiative* in collaboration with the County Area Agency on

Benefits have been listed at the current composite rates for each salaried employee in accordance with University proposed rates. Faculty: 29.80% (Year 1), 30.40% (Year 2), 33.25% (Year 3) and 33.92% (Year 4); Staff: 43.90% (Year 1), 44.78% (Year 2), 48.25% (Year 3) and 49.21% (Year 4). Composite rates are a weighted average percentage which includes CRS retirement contribution, health plan contribution, Social Security (FICA), dental plan, vision contribution, workers' compensation insurance, Employee Support Program, unemployment insurance, non-industrial disability insurance, employer-paid life insurance, Annuitant Health/Dental Program and general liability insurance.

Travel

Itemize all travel requests separately by trip and justify in Exhibit B1, in accordance with University travel guidelines. Provide the purpose, destination, travelers (name or position/role), and duration of each trip. Include detail on airfare, lodging and mileage expenses, if applicable. Should the application include a request for travel outside of the state of California, justify the need for those out-of-state trips separately and completely.

The travel changes we request are the following: Year 1: $0, Year 2: ~~$5,000.00~~ **$0**, Year 3: $5,000.00. The total ~~$10,000.00~~ **$5,000.00.**

Funds are requested for travel to meetings with the various partners on this project, including UCSF, along with mileage expenses for travel across both San Diego and Imperial Counties, as needed, for meetings and trainings. Current mileage rate is 58.5 cents/mile. Individuals will be encouraged to carpool, when feasible.

Materials and Supplies

Itemize materials supplies in separate categories. ***Include a complete justification of the project's need for these items. Theft sensitive equipment (under $5,000) must be justified and tracked separately in accordance with State Contracting Manual Section 7.29.***

The material and supply changes we request are the following: Year 1: $0, Year 2: ~~$14,890.00~~ **$6,877.00** and Year 3: ~~$4,817.00~~ **$1,000.00**. The total ~~$19,707.00~~ **$7,877.00**

Funds are being requested to cover expenses for a computer and/or tablet, along with other educational materials, printing, and office supplies that may be needed to provide training and ensure the successful execution of grant activities.

Equipment

List each item of equipment (greater than or equal to $5,000 with a useful life of more than one year) with amount requested separately and justify each.

N/A

Consultant Costs

Consultants are individuals/organizations who provide expert advisory or other services for brief or limited periods and do not provide a percentage of effort to the project or program. Consultants are not involved in the scientific or technical direction of the project as a whole. Provide the names and organizational affiliations of all consultants. Describe the services to be performed, and include the number of days of anticipated consultation, the expected rate of

Alzheimer's Project Initiative. She has a master's in gerontology and over 20 years of experience in program development and management, education, and research in aging. She will work closely with all local key personnel and partners to ensure the successful execution of the grant, in addition to collaborating with the UCSF central management team, when applicable.

Vanessa Serrano, RN, Clinical Practice Manager/Coordinator (1.2 Calendar Months (10% effort) **(Years 1-2) & 0.9 Calendar Months (Year 3)):** Ms. Serrano is a clinical resource nurse for UC San Diego in the senior medicine primary care clinic and works closely with Dr. Gupta and Dr. Yourman. She has extensive experience in leadership, practice management, and working with older adults and will provide nursing and practice management expertise to the grant. She will also serve as an implementation coach and provide practice management consultation.

Claudia Marie Huynh, Administrative Assistant (2.0 Calendar Months (2% effort) Year 2)): Ms, Huynh will provide administrative support to Dr. Gupta, Ms. Reichstadt and the overall team to achieve the goals of the Dementia Aware grant, including assistance with coordination between UCSF, other Co-PIs and our local partners, meeting planning, communications, and data collection.

Paula Smith, Administrative Assistant (0.6 Calendar Months (5% effort) Year 2 ~~& 3~~): Ms. Smith is part of the administrative staff for the UC San Diego Division of Geriatrics, Gerontology and Palliative Care and will provide administrative support to Dr. Gupta and Ms. Reichstadt, including assistance with travel, reimbursements, and meeting planning.

Sasha Weiss, Communications ~~(4.2 Calendar Months (35% effort (Years 2&3)~~ **(4.2 Calendar Months (Year 2)) & 30% effort (3.6 Calendar Months (Year 3))**: Ms. Weiss is part of the administrative staff for the UC San Diego Division of Geriatrics, Gerontology and Palliative Care and works closely with Dr. Gupta and Ms. Reichstadt. She will provide support to the project by assisting with communications, developing materials, as needed, and assisting with outreach.

Ivonne Arias, MSW, Social Worker (1.2 Calendar Months (Year 2 ~~& 3~~): Ms. Arias is a bilingual, bicultural social worker for the UC San Diego Alzheimer's Disease Resource Center and part of their bilingual outreach, engagement and recruitment team. She also completed a dementia-specific internship while completing her Master's degree in Social Work. She is also co-lead of the GWEP "Mentation" 4Ms clinical education team. She will provide practice implementation support, access to community resources, and help with outreach efforts.

Fringe Benefits.
In accordance with University policy, explain the costs included in the budgeted fringe benefit percentages used, which could include tuition/fee remission for qualifying personnel to the extent that such costs are provided for by University policy, to estimate the fringe benefit expenses on Exhibit B.

brain health during aging. She will contribute neurology and dementia expertise to the grant and assist with curriculum development and practice implementation.

Zvinka Zlatar, PhD, Co-Investigator (~~1.2 Calendar Months (10% effort)~~ **10% effort (1.2 Calendar Months (Years 1-2) & 0.9 Calendar Months (Year 3))**: Dr. Zlatar is a bilingual and bicultural (Spanish, born and raised in Chile) neuropsychologist and Assistant Professor in the Department of Psychiatry at UCSD. She is also core faculty of the UCSD Alzheimer's Disease Research Center (ADRC) Latino Core and the UCSD's Center for Wireless and Population Health Systems (CWPHS), member of the UCSD's Mental Health Technology Center (MHTech), and alumni of the inaugural class of the NIA-funded Institute on Methods and Protocols for Advancement of Clinical Trials in ADRD. She has extensive expertise in the 1) assessment of subjective and objective cognitive function in aging, 2) measurement of brain health markers using magnetic resonance imaging (structural and functional MRI), and 3) development of behavioral interventions to prevent/delay cognitive decline (i.e., exercise and diet). She has more than five years of experience running NIA-funded studies that focus specifically on early detection of pre-clinical AD in older Latinx adults. She is also working on the cultural adaptation of intervention materials for the Latinx community of San Diego and has expertise working with diverse populations. She will contribute content expertise in neuropsychology to the grant, in addition to her expertise in working with older Latinx populations. She will assist with curriculum development, practice implementation and outreach.

Tala Al-Rousan, MD, MPH, Co-Investigator (~~1.2 Calendar Months (10% effort)~~ **10% effort (1.2 Calendar Months (Years 1-2) & 0.9 Calendar Months (Year 3))**: Dr. Tala Al-Rousan is Assistant Professor in the Herbert Wertheim School of Public Health and Human Longevity. She is a physician in public health with expertise in working with refugee populations (including refugees in San Diego and Imperial Counties). She is currently doing research and working with both Arabic and African refugees, in collaboration with FQHCs and community-based organizations to address a lack of dementia detection, prevention and services, and increase dementia awareness and the need for improved assessment and access to resources that take into account language barriers and cultural considerations. As part of Dementia Aware, Dr. Al-Rousan will contribute her expertise in working with refugee populations and assist with curriculum development, practice implementation and outreach.

Other Personnel

Jennifer Reichstadt, MSG, Project Manager (~~2.4 Calendar Months (20% effort (Year 1): 35% effort (Year 2) and 40% effort (Year 3)~~ **20% effort (2.4 Calendar Months (Years 1-2)); 35% effort (4.2 Calendar Months (Year 3) and 1.05 Calendar Months (Year 4)):** Ms. Reichstadt will serve as the project manager for this grant. She is the Director of Education and Development in the UC San Diego Division of Geriatrics, Gerontology and Palliative Care and administrator for the HRSA-funded GWEP (the San Diego/Imperial Geriatric Education Center (SDIGEC)). She is also administrator for the NIA-funded San Diego Alzheimer's Disease Resource Center for Minority Aging Research (AD-RCMAR) and is also an active member of the San Diego County

implementation and evaluation. As of November 1, 2023, Dr. Yourman was appointed as the inaugural Chief Geriatrics Officer for the County of San Diego. She will still be involved with the Dementia Care Aware Initiative in a new capacity, with support provided through the San Diego County sub-contract (see below).

Ian Neel, MD, Co-Investigator (1.2 Calendar Months (10% effort) ~~(Years 1 & 3); 15% effort (Year 2))~~ **(Year 1); 1.8 Calendar Months (15% effort) (Year 2) & 0.9 Calendar Months (Year 3))**: Dr. Neel is Associate Clinical Professor within the UC San Diego Division of Geriatrics, Gerontology and Palliative Care, and Medical Director of the Geriatrics Consult Service within the Senior Behavioral Health geriatric psychiatry inpatient unit. He has tremendous expertise in dementia care, is a board-certified geriatrician, and sees patients as part of UC San Diego's Memory Clinic. He is co-lead of the GWEP "Mentation" 4Ms clinical education team. He is also an active contributor to the San Diego County *Alzheimer's Project Initiative*, and most recently, the *Healthy Brain Initiative*. He has tremendous expertise in ADRD and works with trainees at multiple levels. He will provide content expertise in geriatrics and dementia and assist with curriculum development and practice implementation.

Steve Huege, MD, Co-Investigator (~~1.2 Calendar Months (10% effort)~~ **10% effort (1.2 Calendar Months (Years 1-2) & 0.9 Calendar Months (Year 3))**: Dr. Huege is Associate Clinical Professor and Geriatric Psychiatry Fellowship Director in the UC San Diego Division of Geriatric Psychiatry. His academic and clinical focus centers around providing clinical care for patients with neurodegenerative disorders and supervising fellows, residents and medical students. He is a board-certified geriatric psychiatrist, who sees patients in outpatient primary care at both UC San Diego and the VA, along with UC San Diego's Memory Clinic. He has had prior experience working at a Program of All-Inclusive Care for the Elderly (PACE) and has been involved in Alzheimer's disease clinical trials, including current work with the Alzheimer's Disease Cooperative Study. He is the Geriatric Psychiatry Lead for the San Diego/Imperial GWEP, along with being a member of the "Mentation" Team. He will bring geriatric psychiatry and dementia expertise to his role on the grant and assist with curriculum development and practice implementation.

Elizabeth Bevins, MD, PhD, Co-Investigator (~~1.2 Calendar Months (10% effort)~~ **10% effort (1.2. Calendar Months (Years 1-2) & 0.9 Calendar Months (Year 3)**): Dr. Bevins is an assistant professor in the UCSD Department of Neurosciences and a master clinician educator for the UCSD School of Medicine with specialized training in the diagnosis and management of neurodegenerative disease. She completed a residency in Neurology and a fellowship in Memory Disorders. In addition, she completed a PhD in Neurosciences. Her doctoral work focused on the use of imaging modalities to enhance early detection and differential diagnosis of neurodegenerative disease. She has taken particular interest in modifiable contributors to neurodegenerative disease, including underlying mood disorders, obstructive sleep apnea, hearing loss and the use of anticholinergic medications. In addition, she actively educates patients, medical trainees and primary care providers on interventions and practices to promote

Exhibit B2 (Subawardee)

Subawardee Budget Justification
(The Regents of the University of California, San Diego)
The Budget Justification will include the following items in this format.

Personnel

Name. *Starting with the Principal Investigator list the names of all known personnel who will be involved on the project for each year of the proposed project period. Include all collaborating investigators, individuals in training, technical and support staff or include as "to be determined" (TBD).*

Role on Project. *For all personnel by name, position, function, and a percentage level of effort (as appropriate), including "to-be-determined" positions.*

The personnel changes we request are the following: Year 1: $0, Year 2: $236,339, Year 3: 235,934, Year 4: $27,707. Total requested: $499,980

Key Personnel

Roopali Gupta, MD, Site Director (2.4 Calendar Months (20% effort **Years 1-3); 0.6 Calendar Months (Year 4)):** Dr. Gupta will serve as the project site director for UC San Diego on this grant. Dr. Gupta is Associate Clinical Professor, Chief of Education, and Geriatrics Fellowship Director in the UC San Diego Division of Geriatrics, Gerontology and Palliative Care. She is the Program Director for the HRSA-funded Geriatric Workforce Enhancement Program (the San Diego/Imperial Geriatric Education Center (SDIGEC)). This GWEP is co-lead by San Diego State University and UC San Diego. Dr. Gupta is a board-certified geriatrician and provides primary care to patients at the UC San Diego senior medicine clinic. In her role as a primary care provider, she practices person-centered medicine with an emphasis on age friendly healthcare with experience in the complexities of providing dementia evaluation and management in the primary care setting. She holds a passion for medical education, has been the recipient of local teaching awards, and is actively involved with curriculum development and teaching of trainees at multiple levels. She will oversee all UC San Diego activities, be the lead liaison with UCSF, contribute to the development of the Dementia Aware curriculum and assist with practice implementation, and work closely with all local partners involved to ensure the successful implementation and execution of this grant.

Lindsey Yourman, MD, Co-Investigator (2.4 Calendar Months (20% effort) **Years 1 and 2 (through November 2022):** Dr. Yourman was an Assistant Clinical Professor within the UC San Diego Division of Geriatrics, Gerontology and Palliative Care and the Age-Friendly Health System Quality Improvement Director for UC San Diego. She was leading the effort at UC San Diego to become an Age-Friendly Health System, providing primary care to patients at the UC San Diego senior medicine outpatient clinic, leading group Advance Care Planning sessions and was actively involved with the Delirium Collaborative. She was also the Quality Improvement Curriculum Director for the geriatrics fellowship program. She was co-lead of the "GWEP What Matters" 4Ms clinical education team. Dr. Yourman is Spanish-speaking and worked in a local Federally Qualified Health Center prior and has a large amount of expertise to bring to her role on the grant, including content expertise in geriatrics and primary care, along with practice

HS-TSC	Y	$0	~~$3,267~~ **$1,569**	~~$2,136~~ **$2,353**	**$247**	~~$5,403~~ **$4,169**
Meeting Expenses	Y	$0	~~$24,000~~ **$3502**	~~$11,000~~ **$6,000**	**$0**	~~$35,000~~ **$9,502**
Incentives/Meals	Y	**$0**	**$267**	**$5,000**	**$0**	**$5,267**
TOTAL DIRECT COSTS		$0	~~$888,897~~ **$339,422**	~~$537,570~~ **$752,840**	**$28,157**	~~$1,426,467~~ **$1,120,419**
Indirect (F&A) Costs	**F&A Base**					
Rate	*MTDC **	*$0*	~~*$622,437*~~ *$311,622*	~~*$261,376*~~ *$370,146*	*$28,157*	~~*$883,813*~~ *$709,925*
30%		**$0**	~~$186,731~~ **$93,487**	~~$78,413~~ **$111,044**	**$8,447**	~~$265,144~~ **$212,978**
TOTAL COSTS PER YEAR		**$0**	~~$1,075,628~~ **$432,909**	~~$615,983~~ **$863,884**	**$36,604**	
TOTAL COSTS FOR PROPOSED PROJECT PERIOD						~~$1,691,611~~ **$1,333,397**

* MTDC = Modified Total Direct Cost

JUSTIFICATION. *See Exhibit B1 - Follow the budget justification instructions.*

Annual Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.

% **10.00%**

or

Amount *$10,000*

Exhibit B2 – Subawardee Budgets

Budget Pertaining to Subawardee(s) (when applicable)

Subawardee Name: The Regents of the University of California, San Diego **Exhibit B2**

Principal Investigator (Last, First): Gupta, Roopali

~~Updated 7.3.2023~~
Updated 12.7.23

COMPOSITE SUBAWARDEE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

03/15/2022 to ~~3/31/2024~~ 9/30/2024

From: / To: / BUDGET CATEGORY	3/15/2022 – 6/30/2022 Year 1	7/1/2022 – 6/30/2023 Year 2	7/1/2023 – ~~3/31/2024~~ 6/30/2024 Year 3	7/1/2024 – 9/30/2024 Year 4	TOTAL
PERSONNEL: *Salary and fringe benefits.*	$0	~~$397,381~~ **$236,339**	~~$236,528~~ **$235,934**	**$27,707**	~~$633,909~~ **$499,980**
TRAVEL	$0	~~$5,000~~ **$0**	~~$5,000~~ **$5,000**	**$0**	~~$10,000~~ **$5,000**
MATERIALS & SUPPLIES	$0	~~$14,890~~ **$6,877**	~~$4,817~~ **$1,000**	**$0**	~~$19,707~~ **$7,877**
EQUIPMENT	$0	$0	$0	**$0**	$0
CONSULTANT	$0	$0	$0	**$0**	$0
SUBRECIPIENT					
Southern Caregiver Resource Center	$0	$52,800	$39,600	**$0**	$92,400
Alzheimer's San Diego	$0	~~$55,000~~ **$0**	~~$36,000~~ **$91,000**	**$0**	$91,000
Family Health Centers of San Diego	$0	~~$102,300~~ **$16,548**	~~$49,104~~ **$134,856**	**$0**	$151,404
San Ysidro Health/San Diego PACE	$0	~~$79,360~~ **$0**	$44,640	**$0**	~~$124,000~~ **$44,640**
Clinicas de Salud del Pueblo	$0	$0	$0	$0	$0
Area Agency on Aging, San Diego County **(Aging & Independence Services)**	$0	~~$44,000~~ **$0**	~~$38,500~~ **$82,500**	**$0**	$82,500
Area Agency on Aging, Imperial County	$0	~~$52,800~~ **$0**	$39,600	**$0**	~~$92,400~~ **$39,600**
Champions for Health	$0	~~$55,200~~ **$20,566**	~~$28,750~~ **$63,384**	**$0**	$83,950
OTHER DIRECT COSTS (ODC) ***Subject to IDC Calc***					
NGN Communication Charges ***Y***	$0	~~$2,899~~ **$954**	~~$1,895~~ **$1,973**	**$203**	~~$4,794~~ **$3,130**

The indirect cost changes we request are the following: Year 1: $5,531.00, Year 2: ~~$332,246.00~~ **$168,861.00**, Year 3: ~~$173,739.00~~ **$272,521.00 and Year 4: $84,457.00**. The Total ~~$511,516.00~~ **$531,370.00.**

The Total Costs we request are the following: Year 1: $23,968.00, Year 2: ~~$1,741,146.00~~ **$986,063.00**, and Year 3: ~~$955,073.00~~ **$1,554,175.00, and Year 4: $415,981.00.**

(for example: at the American Geriatric Society (AGS) Conference). Materials for display and handouts will be produced. Rentals fees for conference will include carpeting, table, chairs, backdrop, tablecloth, electricity, and internet. These purchases will allow us to have broader outreach and target those in the geriatric/older adults medical specialty and raise number of individuals trained on the CHA and those billing.

- Graduate Fees/Remission - Graduate Student Researcher fees and tuition are estimates based on currently approved amounts. The breakdown for California resident student fees are as follows:

  Fall: $14,686.46
  Winter: $14,534.46

  Spring: $14,613.92

  Summer: $4,254.33

  Total: $48,089 split funded with UCI School of Nursing

  (~~$24,045~~ **$8,015** will be directly supported on DCA)

The changes we request are the following: Year 1: $0, Year 2: ~~$24,045.00~~ **$0**, and Year 3: ~~$0~~ **$8,015.00**. The Total ~~$24,045.00~~ **$8,015.00**

Educational Training Materials/Tool Kits/Flyers/Marketing Materials (~~$20,000~~ **$22,000**)

Funds are requested to purchase online materials and related items to develop curricula and toolkits for Medi-Cal providers and team-based members (approximately 12,000 Medi-Cal participants reached).

The changes we request are the following: Year 1: $0, Year 2: ~~$20,000.00~~ **$0**, and Year 3: ~~$0~~ **$20,000.00 and Year 4: $2,000.00**. The Total ~~$20,000.00~~ **$22,000.00.**

Rent

Not Applicable

Indirect (F&A) Costs

Indirect costs are calculated at the capped rate of 30% of total modified direct cost. This calculation excludes direct cost amounts for equipment and capital expenditures, tuition and fees, and sub-awards and contracts in excess of $25,000.

This project builds upon work that Alzheimer's LA is known for, and they have solid, working relationships with MediCal. Los Angeles is an enormous County and has the largest number of providers serving the Medi-Cal population. The leadership of Alzheimer's LA are well known to Medi-Cal health plans and providers in Los Angeles. They have experience leading a five-year dementia quality improvement project with Cal MediConnect health plans and their subcontracting provider groups.

UC Regents of the University of CA, Davis. The changes we request are the following: Year 1: $0, Year 2: $0, and Year 3: $0. The Total $0.

Other Direct Costs

- **General, Automobile, and Employment Liability (GAEL)** is a University of California assessment to cover various liability and related loss prevention assessed on the salaries of all university employees based upon funding source. GAEL assessment is calculated at .082%.

  The changes we request are the following: Year 1: $113.00, Year 2: ~~$4,045.00~~ **$5,523.00**, Year 3: ~~$3,420.00~~ **$3,365.00, and Year 4: $1,582.00**. The total ~~$7,578.00~~ **$10,583.00.**

- **CME/Maintenance Of Certification (MOC) Workshop Fee and Certification.** Cost is estimated at ~~$2,500.00~~ **$129.00** in Year 2, ~~and~~ ~~$500.00~~ **$2,500.00 in Year 3 and $2,500.00 in Year 4.** The total ~~$3,000.00~~ **$5,129.00.**

- **Social Media and Marketing** ($3,000) is requested for developing the Dementia AWARE website. These funds will be utilized to provide design and content in the creation of the website and for marketing materials.

  The changes we request are the following: Year 1: $0, Year 2: ~~$3,000.00~~ **$0**, Year 3: ~~$0~~ **$2,500.00**, **and Year 4: $2,000.00**. The Total ~~$3,000.00~~ **$4,500.00.**

- **Conference/Meetings & Outreach** (~~$184,000~~ **$165,214)**

  The changes we request are the following: Year 1: $0, Year 2: ~~$184,000.00~~ **$21,414.00,** Year 3: ~~$0~~ **$100,000.00 and Year 4: $43,800.00**. The Total ~~$184,000.00~~ **$165,214.00.**

  • Funds are requested to cover the cost of meetings & events for DCA including the cost of hosting promotional/marketing/outreach events, as well as lunch and learn sessions.

  • Funds are requested to cover the cost of Conference/Professional Association Outreach, such as the conference/venue fees for the Dementia Care Aware booth

Equipment

The equipment changes we request are the following: Year 1: $0, Year 2: $10,000.00, and Year 3: $0. The Total $10,000.00.

Vibe Board Pro 75" ($10,000)

Promoting interactive workshops, the vibe board will help us partner with local clinics and DCA rollout. This Vibe Board will be an essential part of helping us raise the number of CHA trained individuals, as it will allow for our clinicians to provide trainings from the Senior Health Center to large groups over Zoom.

Consultant **Costs ($200,000)**

~~N/A~~

LA Outreach and Advocacy Professional. This consultant will focus on LA County outreach expansion, targeting. Given that LA has over 12,000 primary care providers for us to reach, we will hire a consultant to coordinate reaching medical practices, with a focus on clinics serving diverse older adults.

We will hire a consultant for expanded outreach efforts in San Bernardino and Riverside counties and beyond. The consultant will be tasked with recruiting rural-area and IHS primary care providers and clinical teams to expand our training to these clinics. In addition, we will use the funds for direct door-to-door outreach efforts and a new expanded on-line live training option for our learners.

Subawardee (Consortium/Subrecipient) Costs

Alzheimer's Orange County, Mark Odom, Lead. The changes we request are the following: Year 1: $0, Year 2: ~~$190,017.00~~ **$142,676.00**, Year 3: ~~$106,885.00~~ **$154,226.00, and Year 4: $0.** The total $296,902.00.

Alzheimer's OC has been a leader in Orange County aging services for decades. Mr. Odom has been working in the aging and mental health field for over 30 years where he has served as a clinician, clinical supervisor and program director of various aging and mental health programs and services. Mr. Odom is responsible for all aspects of the administration and operations of the education and programs department serving individuals with dementia and their family care providers. Responsibilities include the hiring, development and performance management of support, professional staff, and volunteers.

Alzheimer's Los Angeles, Jennifer Schlesinger, Lead. The changes we request are the following: Year 1: ~~$2,945.00~~ $0, Year 2: ~~$127,350.00~~ **$111,658.00**, Year 3: ~~$95,320.00~~ **$211,012.00, and Year 4: $50,000.00**. The Total ~~$222,670.00~~ **$372,670.00.**

		Campus Rates		Estimate
	Employee Groups	FY22	FY23	FY24
	For Employees with Full Benefits			
1	Faculty	35.60%	32.70%	34.00%
2	Other Academic	33.10%	41.30%	42.60%
3	Post Doc	21.40%	19.80%	21.20%
4	HCOMP Faculty/Physician (MSP)/Nurse/Law Faculty/Police	24.20%	24.40%	26.20%
5	Staff Exempt	39.90%	41.30%	42.60%
6	Staff Non-Exempt	49.00%	48.70%	51.30%
7	Food-Custodian-Grounds-Building Maintenance Workers	57.80%	48.70%	51.30%
	For Employees with Less than Full Benefits and Students			
8	Faculty Summer Salary	9.80%	6.60%	8.10%
9	Students and Employees with No Eligibility	1.60%	2.60%	2.80%
10	Partial Benefit Eligibility	11.30%	2.60%	2.80%

Travel (~~$5,000~~**$8,821**)

The travel changes we request are the following: Year 1: $0, Year 2: ~~$5,000.00~~ **$1,035.00**, Year 3: ~~$0~~ **$4,500.00, and Year 4: $3,286.00** . The total ~~$5,000.00~~ **$8,821.00.**

- DCA Conference, San Diego. Mileage and Parking Reimbursement for project personnel to attend the annual meeting in San Diego, Ca.
- Mileage Reimbursement is requested for project personnel to travel to the various off-site locations in Orange County and Los Angeles County to conduct in-person trainings. Mileage is calculated at .655 centers per mile.
- AGS Conference, Long Beach, CA. Funds are request for project personnel to attend the American Geriatric Society Annual Conference. Costs are for mileage, parking, and public transportation (i.e. Uber, Cab, Lyft)

Materials and Supplies (~~$4,555~~ **$964**)

The material and supplies changes we request are the following: Year 1: $0, Year 2: ~~$2,055.00~~ **$30.00**, Year 3: ~~$2,500.00~~ **$600.00, and Year 4: $334.00.** The total ~~$4,555.00~~ **$964.00.**

- Project Supplies. A modest amount is requested for project-specific supplies for items such as folders, notepads, memory drives. For training and educational grants, these costs rise above the normal costs that are generally covered by overhead.

TBH, Program Manager (100% Effort in All Years). The MPH level Program Manager will provide support to the Dementia Aware project personnel. He/she will be responsible for synchronizing activities, tracking project deadlines, arranging meetings, and assist in writing publics abstracts, and technical reports, as well as day-to-day coordination and work with Department Administration to procure supplies and services.

Jacklyn Schult, Geriatrics Division Administrator (25% in All Years) Ms. Schult will be responsible for the fiscal and administrative oversight of the multi-site program. She will support the hiring and onboarding of project personnel, and support the Director in report submission, budget management, provide purchasing oversight, as well as coordinate with the sponsor on budgetary deliverables.

Fringe Benefits.

Composite Benefit Rates (CBR)

The composite benefit rate is an average cost of benefits for an employee group, where groups are defined by attributes such as benefit eligibility, employee class, exempt and non-exempt status, and job code. Benefits will be charged based on the CBRs for their employee group(s). CBR's are fixed for the entire fiscal year and adjusted on an annual basis.

Vacation Leave Accruals are excluded from the Composite Benefit Rate and are assessed 7% on all fund sources.

separate HRSA funded Geriatrics Workforce Enhancement Program (GWEP) grants. She has designed geriatric educational interventions with In-Home Supportive Services (Orange County Health Care Agency), AltaMed, Southland Health, Korean Community Clinics, and our own UCI FQHCs. Currently, she is working on the Dementia Friendly Community initiatives in Orange County in partnership with Alzheimer's OC. She will contribute her expertise on inclusive and innovative pedagogy and strategies for outreach and engagement with providers and our communities. **Role in Outreach Core, Practice Support Core. Evaluation Core.**

TBD, Content Expert- Primary Care Nursing, School of Nursing (35% Effort in All Years). He/she will be a faculty member in the School of Nursing at UCI. This faculty member will be a strong educator, with a clinical interest in primary care, older adults and dementia care. He/she will have clinical experience in a community setting caring for underserved patients. taught graduate courses on Primary care of Older Adults, Physical Assessment, Role in Education Core, Outreach Core, Practice Support Core. Evaluation Core

TBD, Content Expert- Primary Care PA/NP (20% Effort). He/she will be an active clinician at UCI with an expertise in Geriatrics and dementia screening. This clinician will be a strong educator, with a clinical experience in primary care, older adults, and dementia care and a focus on caring for underserved patients. He/she will have clinical experience in a primary care setting and will work on outreach and implementation strategies for DCA in our FQHC and our partner sites. In addition, the clinician will have a passion for training inter-professional teams in DCA's Cognitive Health Assessments both in-person and in webinars.

TBD, PhD Student, School of Nursing (50% Summer, 25% Academic Year). He/she will contribute to in-person and on Zoom Dementia Care Aware trainings, with a focus on clinical nursing, social work pharmacy, and MA staff. She will contribute research and evaluation to our UCI DCA team. They will have expertise and a research focus on dementia and caregiving. They will lead educational ECHO series and help design future trainings.

TBD, Student Intern (100% Effort in Summer, 25%). He/she will be an undergraduate student at UCI. This individual will be a student intern, who will help assist the project manager with content creation, outreach, data gathering and analysis. The student will have an interest/ background in primary care, older adults, and dementia care.

TBD, Media, and Outreach Specialist (50% Effort). They will have a strong background in health and policy journalism. They will focus on reaching local media and generating press releases and stories for DCA in local media markets. They will be tasked with generating a public health campaign to promote dementia screening in targeted underserved communities in both Orange County and Los Angeles.

with the interprofessional trainers, including medical, nursing, pharmacy, and psychology faculty. **(Expert in Medical Education) Role in Education Core, Outreach Core, Practice Support Core**

Maryam Rahimi, MD, Practice-Implementation Team and Content Expert-Advance Care Planning (20% Effort in All Years). Dr. Rahimi, Professor in Internal Medicine at UCI, has a unique specialization in Advance Care Planning. She is a co-investigator on a PCORI grant with UCSF and UCLA studying the most effective way to encourage ACP (Advance Care Planning) in patients with chronic illnesses. She has participated in system changes at UCI. In addition, she is fluent in Farsi and can advise on the ethnic perspectives for Southern California's large Farsi speaking population. **Role in Education Core, Outreach Core, Practice Support Core.**

Tatyana Gurvich, PharmD, Practice-Implementation Team and Content Expert-Geriatric Pharmacy (20% Effort in All Years). Dr. Gurvich is a staff member in the Division of Geriatric Medicine and is the Pharmacist for UCI's Accountable Care Organization (ACO). She has extensive experience training medical professionals in the care of people with dementia. Areas of focus include polypharmacy, and management of dementia. Dr. Gurvich is an expert in geriatric pharmacology who is a pharmacist consultant with patient care responsibilities in the Senior Health Center. **Role in Education Core, Outreach Core, Practice Support Core.**

Jung-Ah Lee, BSN, PhD, Associate Professor, Practice-Implementation Team and Content Expert- Caregiving in Underserved Communities (~~5%~~ 20% Effort in All Years). Dr. Jung-Ah Lee is an Associate Professor at University of California, Irvine (UCI), Sue & Bill Gross School of Nursing. She is a nurse scientist with expertise in gerontological research using mixed methods (qualitative and quantitative research methods). Her research focuses primarily on translational approach to improve care delivery and quality of life for patients and caregivers. Within this focus, a recurring theme of her work is to explore racial and ethnic disparities in quality of care. Culturally sensitive approaches to care delivery in chronic diseases including dementia are a primary consideration of her research. Currently, Dr. Lee is the primary principal investigator of a NIH/NIA funded dementia caregiver support study as well as the Program Evaluator/Co-Investigator of the DHHS/HRSA funded UCI GWEP. Dr. Lee served as Equity Advisor for the UCI School of Nursing and currently serving as President-elect of American Asian and Pacific Islander Nurses Association (AAPINA) to contribute to the improvement of diversity/equity in healthcare system.

Dr. Lee is named as a Fellow of Gerontological Society of American and Fellow of American Academy of Nursing. **Role in Education Core, Evaluation Core.**

Julie Rousseau, PhD, CNM, RN, Content Expert- Educational Methods and Outreach (~~50%~~ <u>20%</u> Effort in All Years). Dr. Rousseau is a Project Scientist and the Director of Strategic Initiatives for the Division of Geriatric Medicine and is a volunteer Professor in the School of Nursing. She has built interprofessional teams and partnered with community-based organizations, spearheading our collaborative work with the School of Nursing in two

dementia and their families and caregivers. She was awarded the OC Physician of the Year in 2017 by the OC Medical Association (OCMA). Dr. Gibbs has an extensive and successful history of developing multifaceted programs, bringing together collaborators from both university and community-based organizations. Her grant leadership experience is best exemplified by her role as developer and PI of the DW Reynold Physicians in Training grant (2009- 2013) and two consecutive federal grants, USDHHS/Health Resources and Services Administration (HRSA) – Geriatric Workforce Enhancement Program (GWEP) 'C3OA' (2015-2019) and HRSA-GWEP 'TAG-TEAM' (2019-2024). Dr. Gibbs has also led a pilot grant for innovative care of dementia patients by linking the medical system with community-based resources. In addition, she is a national expert on elder abuse, an issue many people with dementia face. **Role in Education Core, Outreach Core, Practice Support Core, Evaluation Core**

Steven Tam, MD, Co-I, HS Associate Clinical Professor, Practice-Implementation Team and Content Expert-Dementia, Geriatrics and Primary Care (25% Effort in All Years). Dr. Tam is an Associate Professor in the Division of Geriatric Medicine/Internal Medicine. He is the Director of UCI's Senior Health Center Memory Disorders consultation clinic, and a clinical lead with Neurology for UCI's developing Cognitive Resource Center. His prior training includes fellowship training in geriatrics and geriatric neurology with an emphasis on dementia at UCSD. His clinical care practice involves caring for patient with memory problems and dementia, and his expertise is in the primary care management of patients with dementia in addition to his work as a dementia specialist. He developed a web-based 'Point of Care' Dementia app for primary care providers. **Role in Education Core, Outreach Core, Practice Support Core, Evaluation Core**

Katherine de Azambuja, MD, Co-I, HS Assistant Clinical Professor, Practice-Implementation Team and Content Expert-Latinx Populations and Dementia (20% Effort in All Years). Dr. de Azambuja leads a Geriatric clinic in UCI's Federally Qualified Health Center, seated in Santa Ana, serving a largely Latinx population. She speaks Spanish fluently. She is often the first clinician diagnosing memory problems in an underserved population and is knowledgeable of the unique circumstances, including social determinants of health, of these patients. She completed her residency in Family Medicine UCI's FQHC, which has a significant MediCal (CalOptima) patient base. **Role in Education Core, Outreach Core, Practice Support Core, Evaluation Core**

Sonia Sehgal, MD, Director of Curriculum, HS Clinical Professor (~~25%~~ 20% Effort in All Years). Dr. Sehgal, Professor and Assistant Chief of the Division of Geriatric Medicine, and Director of the Geriatric Fellowship Program, has an expertise in medical education and has developed training for all levels of inter- professional learners. She will help to coordinate partners to ensure IPE learning across sites. Dr. Sehgal is an expert in patient doctor relationships, including 'breaking bad news' with diagnoses such as dementia. She will contribute to the development of the core Dementia AWARE curriculum, and will work closely

Exhibit B2

Subawardee Budget Justification

UC Regents of the University of California, Irvine

The Budget Justification will include the following items in this format.

Personnel

Name. *Starting with the Principal Investigator list the names of all known personnel who will be involved on the project for each year of the proposed project period. Include all collaborating investigators, individuals in training, technical and support staff or include as "to be determined" (TBD).*

Role on Project. *For all personnel by name, position, function, and a percentage level of effort (as appropriate), including "to-be-determined" positions.*

The personnel changes we request are the following: Year 1: $18,324.00, Year 2: ~~$836,888.00~~ **$534,737.00**, Year 3: ~~$572,709.00~~ **$574,936.00, and Year 4: $226,022.00.** The total ~~$1,427,921.00~~ **$1,354,019.00.**

All salaries include a cost-of-living adjustment of approximately 3% per year for staff and a scale adjustment of 3% for academic personnel every two – three years.

Lisa M. Gibbs, MD, UCI Principal Investigator, HS Clinical Professor, (20% Effort in All Years) The Division of Geriatric Medicine will lead this effort. UCI has been a leader in geriatrics care in the Orange County safety net serviced by CalOptima and in geriatrics education of primary care providers and interprofessional teams since2009. We have two competitive GWEP grants from 2015-2019 and 2019- 2024. Building on work done through their GWEP, we will work with Alta Med, the nation's largest FQHC with 43 sites across Los Angeles and Orange Counties, including: UCI's Family Health Center in Santa Ana, a safety net center serving over 23,000 patients and providing 20% of the primary care visits for Orange County's underserved; and Southland and Korean Community Services, both serving over 75% Asian Americans, over half of which are non-English speaking. All of our GWEP partners are experts in caring for uninsured multi-generational families with complex social determinants of health. Dr. Gibbs, Clinical Professor of Family Medicine and Chief of the Division of Geriatric Medicine and Gerontology and ACO Medical Director for UCI Health. In addition, she is the Medical Director of UC Irvine's premier Senior Health Center, a primary care and consultative clinic. She will have the primary role of overseeing UCI activities. Dr. Gibbs serves on the leadership council of the Orange County's Strategic Planning for Aging, an oversight group for the Orange County Aging Services Collaborative, a collective of 40+ organizations dedicated to care of older adults.

CalOptima, (Medi-Cal in OC) is also a member of the OCSPA and OCASC. OCSPA is a core group charged with the oversight of planning for aging services for Orange County. She maintains an active geriatric medicine practice with a focus on the care of patients with

Rate	*MTDC **	*$18,437*	~~$1,107,488~~ $612,868	~~$579,129~~ $908,401	$281,524	~~$1,705,054~~ $1,539,706
30%		~~$78,124~~ $5,531	~~$332,246~~ $168,861	~~$173,739~~ $272,521	$84,457	~~$511,516~~ $531,370
TOTAL COSTS PER YEAR		**$23,968**	~~$1,741,146~~ $986,063	~~$955,07~~ $1,554,175	$415,981	
TOTAL COSTS FOR PROPOSED PROJECT PERIOD						~~$2,720,187~~ $2,980,187

* MTDC = Modified Total Direct Cost

JUSTIFICATION. *See Exhibit B1 - Follow the budget justification instructions.*

Annual Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.

% **10.00%**

or

Amount *$10,000*

ORIGINAL AGREEMENT

Research Subaward Agreement (Non-Government Prime)

Institution/Organization ("Pass-through Entity (PTE)"	Institution/Organization ("Subrecipient")
The Regents of the University of California; University of California, San Diego	Name: SAN DIEGO COUNTY COUNCIL ON AGING
Prime Award No.: 21-10420	
Awarding Agency ("Prime Award"): California Department of Health Care Services	Funded amount $44,000.00 Est. Total (if incrementally funded) if applicable
UCSD PI: Roopali Gupta	Subrecipient PI: Jing Zhou

Subaward Period of Performance:
Budget Period: From: 03/15/2022 To: 06/30/2023

Subaward No.: 706215

Project Title:
Dementia Care Aware

☐ Special Reporting Requirements

Cost share requirement:

Terms & Conditions

1) PTE hereby awards a cost reimbursable subaward, as described above, to Subrecipient. The statement of work and budget for this subaward are as shown in Attachment 4. In its performance of subaward work, Subrecipient shall be an independent entity and not an employee or agent of UCSD.

2) PTE shall reimburse Subrecipient not more often than monthly for allowable costs. All invoices shall be submitted using Subrecipient's standard invoice, but at a minimum shall include current and cumulative costs (including cost sharing), subaward number, and certification as to truth and accuracy of invoice. *Invoices that do not reference PTE's Subaward Number shall be returned to Subrecipient.* Reimbursement shall be in US dollars. UCSD reserves the right to reject an invoice.

3) A final statement of cumulative costs incurred, including cost sharing, marked "FINAL" must be submitted to PTE's Financial Contact, as shown in Attachments 3, NOT LATER THAN sixty (60) days after subaward end date. The final statement of costs shall constitute Subrecipient's final financial report.

4) All payments shall be considered provisional and subject to adjustment within the total estimated cost in the event such adjustment is necessary as a result of an adverse audit finding against the Subrecipient.

5) Matters concerning the technical performance of this subaward should be directed to the appropriate party's Principal Investigator, as shown in Attachments 3. Technical reports are required as shown above, "Reporting Requirements".

6) Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this subaward agreement, and any changes requiring prior approval, should be directed to the appropriate party's Contract Officer Contact, as shown in Attachments 3. Any such changes made to this subaward agreement require the written approval of each party's Authorized Official as shown in Attachments 3. PTE may issue unilateral non-substantive changes to the Period of Performance and Budget. Unilateral modifications shall be considered valid 14 days after receipt unless otherwise indicated by Subrecipient.

7) Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or director's, to the extent allowed by law.

8) The Period of Performance ("POP") is deemed to be subject to or modified by any special terms (if present) of the Prime agreement that require the Subrecipient to have an IRB approval either before beginning any work or beginning work on such subjects, as specified. Costs incurred in violation of any such terms are both un-allocable as being outside the POP and unallowable by the terms of the Prime Award.

9) Either party may terminate this subaward with thirty days written notice to the appropriate party's Contract Officer Contact as shown in Attachments 3. PTE shall pay Subrecipient for termination costs as allowable under 2 CFR part 200 or 45 CFR Part 74 Appendix E, "Principles for Determining Costs Applicable to Research and Development under Grants and Contracts with Hospitals" as applicable.

10) No-cost extensions require the approval of the PTE. Any requests for a no-cost extension should be addressed to and received by the Financial Contact, as shown in Attachments 3, not less than thirty (30) days prior to the desired effective date of the requested change.

11) The Subaward is subject to applicable terms and conditions of the Prime Award, Attachment 2, and other special terms and conditions, as identified in Attachment 1 and 2 (if present). Should any conflicts occur with this agreement and that of the Prime Award, the Prime Award shall prevail.

12) By signing below Subrecipient makes the certifications and assurances shown in Attachments 1 and 2, if present and applicable.

APPROVED AS TO FORM AND LEGALITY
Raquel Young Digitally signed by Raquel Young Date: 2023.08.02 18:10:22 -07'00'

By an Authorized Official of Pass-through Entity (UCSD)		By an Authorized Official of Subrecipient	
Derek Jackson Derek Jackson Contract & Grant Officer	8/16/2023 Date	8-7-23 Date	

Approved and/or authorized by the Board of Supervisors of the County of San Diego.
Meeting Date: 5/2/23 Minute Order No. 4
By: _____ Date: 8/7/23
Deputy Clerk of the Board Supervisors

Attachment 1
Research Subaward Agreement
Certifications and Assurances

By signing the Subaward Agreement, the authorized official of Subrecipient Certifies, to the best of his/her knowledge and belief that:

Debarment, Suspension, and Other Responsibility Matters

Subrecipient certifies by signing this Subaward Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.

Animal welfare certification

Applicable only if Subrecipient intends to conduct or subcontract for any work with animals as part of this project. Subrecipient certifies that research supported by this subaward is performed in accordance with the Animal Welfare Act as amended (7 USC 2131 et seq.) and the regulations promulgated thereunder by the Secretary of Agriculture (9 CFR, Subchapter A) pertaining to the care, handling, and treatment of warm-blooded animals held or used for research, teaching, or other activities supported by Federal funds. Execution of this document by Subrecipient's authorized official certifies that Subrecipient has an approved PHS Animal Welfare Assurance on file with the NIH Office of Laboratory Animal Welfare and that Subrecipient is fully accredited by the Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC).

Attachment 2
Terms and Conditions- Non Government Prime

Prime Award attached, # of pages 202

1. **Copyrights:** Subrecipient shall grant to UCSD an irrevocable, royalty-free, non-transferable, non-exclusive right and license to use, reproduce, make derivative works, display, and perform publicly any copyrights or copyrighted material (including any computer software and its documentation and/or databases) first developed and delivered under this Subaward Agreement solely for the purpose of and only to the extent required to meet UCSD's obligations to the Prime Award.
2. **Data Rights**: Subrecipient grants to UCSD the right to use data created in the performance of this Subaward Agreement solely for the purpose of and only to the extent required to meet UCSD's obligations to the Prime Award.
3. **Reporting Requirements:**
   - A. Technical Reports. Subrecipient shall submit annual technical reports to the UCSD PI, describing accomplishments and significant research findings derived from the work conducted under this Agreement, 60 days prior to the budget period end date.
   - B. Property Reports. If property is acquired under this Agreement, Subrecipient shall submit a report of equipment purchased to UCSD's Property Management Office within 60 days of the Agreement end date.
   - C. Invention Reports. Subrecipient shall notify UCSD's Administrative Contact, as identified in Attachment 3, within 60 days after Subrecipient's inventor discloses invention(s).
4. **Export Controls:** Each party shall comply with all applicable export control laws and regulations. Neither party shall provide export controlled information to the other party without prior written approval by the other party's Authorized Official listed in Attachment 3. The burden shall be on the party disclosing the export controlled information to make it available only to eligible individuals as designated by the receiving party.
5. **Institutional Review Board: (IRB):** If Subrecipient will be conducting research on human subjects or if IRB is otherwise necessary, Subrecipient shall insure that Subrecipient PI obtains the approval to conduct the research with Subrecipient's Institutional Review Board ("IRB") and shall not initiate the research until such approval is obtained. Subrecipient certifies that it has filed a federalwide assurance with the Office of Human Research Protections if required in the Prime Award (Attachment 2). Please provide a copy of the IRB approval or the FWA number.
6. **Animal ownership and responsibility.** As between the parties, regardless of who may hold intellectual property interests in the animals or how animals are obtained, transported, stored or cared for, Subrecipient shall be responsible for all animals it performs research on, upon which it subcontracts to have research performed, or are in its physical possession under this subaward. Subrecipient's responsibilities shall include, but not be limited to, ensuring proper IACUC approvals, proper care, proper disposal, and full legal and regulatory responsibility. Subrecipient shall indemnify UCSD for any third party claims or actions regarding such animals. Any costs for research upon animals for which there is no applicable and current IACUC approval are unallowable. Subrecipient shall notify UCSD's Compliance Officer of any compliance issues reported to the USDA or OLAW related to the work performed under this subcontract within 2 business days.

UNIVERSITY
OF
CALIFORNIA

UC Multiple-Campus Award No.
Amendment No.

University of California, San Francisco	**University of California,** (Participating Campus/Division)
PI:	PI:
Department:	Department:
Authorized Official: Date issued:	Authorized Official:
Email Address:	Email Address:

The direction and monitoring of the research effort will be carried out as described in the **scope of work (Exhibit A).**

Please advise your Extramural Funds Office of this award. Funds should be appropriated in accordance with the **budget (Exhibit B)**, including direct costs, F&A costs, and cost-sharing elements. (In the event any budgeted cost-sharing commitment is not met, the Participating Campus/Division agrees to bear responsibility for any resulting payments to the Prime Sponsor) Please note that any actions which require prior approval must be coordinated with this office. Please arrange for your Extramural Funds Accounting Office to submit to our Extramural Funds Accounting Office copies of the Intercampus Request for Reimbursement (IRR) for billing purposes (please refer to RPAC Guidance Memo No. 02-02). The final IRR should be marked "Final" and submitted to our Extramural Funds Accounting Office on or before the date listed above. Funds to cover expenditures will be transferred to your campus according to procedures outlined in Accounting Manual Sec. F-351.

Copies of all **prime award** documents are enclosed **(Exhibit C).**

See above for the reporting requirements and schedule (e.g., technical progress reports, equipment inventory reports, final patent report, etc.)

Before funds are expended, Participating Campus/Division will ensure that all campus policies and prime sponsor terms and conditions, including as applicable COI, IRB, IACUC, or other ancillary approvals, have been met and followed. Appropriate approvals will be in place prior to commencement of any affected work, and that work will not take place outside of the approved period.

Prior Approval of Carry Forward Required Yes
This amount by this action will not be exceeded nor shall any portion be carried forward without prior written approval of UCSF Principal Investigator and an amendment to this Agreement is issued. Carry Forward requests by UC San Diego's Principal Investigator must be submitted to UCSF's Principal Investigator.

Please direct any questions regarding administration of this award to the Authorized Official listed above.

Department Contact:
Name: Karen Yuan

Phone:

Email: Karen.Yuan@ucsf.edu

Scope of Work

Project Title: Dementia Aware, UC San Diego

Start/End Dates: 03/15/2022-03/31/2024

- Year 1 – 3/15/22-6/30/22 (3.5 mos)
- Year 2 – 7/1/22-6/30/23 (12 mos)
- Year 3 – 7/1/23-3/31/24 (9 mos)

Sub-PI Name: Roopali Gupta, MD

Project Description (including objectives, tasks, and deliverables as applicable):
UCSD will contribute to all aspect of training and content development, be responsible for outreach to their Federally-Qualified Health Center partners in the San Diego area and practice implementation with their local partners, coordinate and oversee collaboration with their local partners (such as the local Caregiver Resource Center and including social service agencies and organizations such as Alzheimer's San Diego).

UCSD will:

- Contribute to training and curriculum development for Dementia Aware.
- Outreach to their clinical sites to engage with Dementia Aware.
- Support their clinical sites with practice coaching for Dementia Aware implementation.
- Coordinate with their local social services and organizations that they are contracting with to provide coordinated services to primary care providers doing Dementia Aware.
- Assist in design of and execution of the program evaluation plan.

Exhibit B2 – Subawardee Budgets

Budget Pertaining to Subawardee(s) (when applicable)

Subawardee Name: The Regents of the University of California, San Diego

Principal Investigator (Last, First): Gupta, Roopali

Exhibit B2

COMPOSITE SUBAWARDEE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
03/15/2022 to 3/31/2024

From: / To:		3/15/2022 6/30/2022	7/1/2022 6/30/2023	7/1/2023 3/31/2024	
BUDGET CATEGORY		**Year 1**	**Year 2**	**Year 3**	**TOTAL**
PERSONNEL: *Salary and fringe benefits.*		$ 94,386.00	$ 327,029.00	$ 246,587.00	$ 668,002.00
TRAVEL		$ 400.00	$ 1,000.00	$ 1,000.00	$ 2,400.00
MATERIALS & SUPPLIES		$ 5,000.00	$ 2,500.00	$ 2,478.00	$ 9,978.00
EQUIPMENT		$ -	$ -	$ -	$ -
CONSULTANT		$ -	$ -	$ -	$ -
SUBRECIPIENT					
Southern Caregiver Resource Center		$ -	$ 52,800.00	$ 39,600.00	$ 92,400.00
Alzheimer's San Diego		$ -	$ 48,000.00	$ 36,000.00	$ 84,000.00
Family Health Centers of San Diego		$ 27,280.00	$ 65,472.00	$ 49,104.00	$ 141,856.00
San Ysidro Health/San Diego PACE		$ 19,840.00	$ 59,520.00	$ 44,640.00	$ 124,000.00
Clinicas de Salud del Pueblo		$ -	$ 23,960.00	$ 17,970.00	$ 41,930.00
on Aging, San Diego County (Aging & Independence Services)		$ -	$ 38,500.00	$ 27,500.00	$ 66,000.00
Area Agency on Aging, Imperial County		$ -	$ 52,800.00	$ 39,600.00	$ 92,400.00
Champions for Health		$ -	$ 40,250.00	$ 28,750.00	$ 69,000.00
OTHER DIRECT COSTS (ODC)	*Subject to IDC*				
NGN Communication Charges	Y	$ 878.00	$ 2,712.00	$ 2,095.00	$ 5,685.00
HS-TSC	Y	$ 989.00	$ 3,057.00	$ 2,361.00	$ 6,407.00
ODC #3	Y	$ -	$ -	$ -	$ -
ODC #4	Y	$ -	$ -	$ -	$ -
ODC #5	Y	$ -	$ -	$ -	$ -
ODC #6	Y	$ -	$ -	$ -	$ -
TOTAL DIRECT COSTS		**$ 148,773.00**	**$ 717,600.00**	**$ 537,685.00**	**$ 1,404,058.00**
Indirect (F&A) Costs	**F&A Base**				
Rate	*MTDC **	*$ 146,493.00*	*$ 491,458.00*	*$ 255,561.00*	*$ 893,512.00*
30%		**$ 43,948.00**	**$ 147,437.00**	**$ 76,668.00**	**$ 268,053.00**
TOTAL COSTS PER YEAR		**$ 192,721.00**	**$ 865,037.00**	**$ 614,353.00**	
TOTAL COSTS FOR PROPOSED PROJECT PERIOD					**$ 1,672,111.00**

* MTDC = Modified Total Direct Cost

JUSTIFICATION. *See Exhibit B1 - Follow the budget justification instructions.*

Annual Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.

% **10.00%**

or

Amount *$10,000*

Exhibit B1 (Subawardee)

Subawardee Budget Justification
(The Regents of the University of California, San Diego)

The Budget Justification will include the following items in this format.

Personnel

Name. *Starting with the Principal Investigator list the names of all known personnel who will be involved on the project for each year of the proposed project period. Include all collaborating investigators, individuals in training, technical and support staff or include as "to be determined" (TBD).*

Role on Project. *For all personnel by name, position, function, and a percentage level of effort (as appropriate), including "to-be-determined" positions.*

Key Personnel

Roopali Gupta, MD, Site Director (2.4 Calendar Months (20% effort)): Dr. Gupta will serve as the project site director for UC San Diego on this grant. Dr. Gupta is Associate Clinical Professor, Chief of Education, and Geriatrics Fellowship Director in the UC San Diego Division of Geriatrics, Gerontology and Palliative Care. She is the Program Director for the HRSA-funded Geriatric Workforce Enhancement Program (the San Diego/Imperial Geriatric Education Center (SDIGEC)). This GWEP is co-lead by San Diego State University and UC San Diego. Dr. Gupta is a board-certified geriatrician and provides primary care to patients at the UC San Diego senior medicine clinic. In her role as a primary care provider, she practices person-centered medicine with an emphasis on age friendly healthcare with experience in the complexities of providing dementia evaluation and management in the primary care setting. She holds a passion for medical education, has been the recipient of local teaching awards, and is actively involved with curriculum development and teaching of trainees at multiple levels. She will oversee all UC San Diego activities, be the lead liaison with UCSF, contribute to the development of the Dementia Aware curriculum and assist with practice implementation, and work closely with all local partners involved to ensure the successful implementation and execution of this grant.

Lindsey Yourman, MD, Co-Investigator (2.4 Calendar Months (20% effort)): Dr. Yourman is an Assistant Clinical Professor within the UC San Diego Division of Geriatrics, Gerontology and Palliative Care and was recently appointed as the Age-Friendly Health System Quality Improvement Director for UC San Diego. She is leading the effort at UC San Diego to become an Age-Friendly Health System, provides primary care to patients at the UC San Diego senior medicine outpatient clinic, leads group Advance Care Planning sessions and is actively involved with the Delirium Collaborative. She is also the Quality Improvement Curriculum Director for the geriatrics fellowship program. She is currently co-lead of the "GWEP What Matters" 4Ms clinical education team. Starting in 2022, she will also lead quality improvement efforts for the San Diego/Imperial GWEP. Dr. Yourman is Spanish-speaking and worked in a local Federally Qualified Health Center prior and has a large amount of expertise to bring to her role on the grant, including content expertise in geriatrics and primary care, along with practice implementation and evaluation.

Ian Neel, MD, Co-Investigator (1.2 Calendar Months (10% effort)): Dr. Neel is Associate Clinical Professor within the UC San Diego Division of Geriatrics, Gerontology and Palliative Care, and Medical Director of the Geriatrics Consult Service within the Senior Behavioral Health geriatric psychiatry inpatient unit. He has tremendous expertise in dementia care, is a board-certified geriatrician, and sees patients as part of UC San Diego's Memory Clinic. He is co-lead of the GWEP "Mentation" 4Ms clinical education team. He is also an active contributor to the San Diego County *Alzheimer's Project Initiative*, and most recently, the *Healthy Brain Initiative*. He has tremendous expertise in ADRD and works with trainees at multiple levels. He will provide content expertise in geriatrics and dementia and assist with curriculum development and practice implementation.

Steve Huege, MD, Co-Investigator (1.2 Calendar Months (10% effort)): Dr. Huege is Associate Clinical Professor and Geriatric Psychiatry Fellowship Director in the UC San Diego Division of Geriatric Psychiatry. His academic and clinical focus centers around providing clinical care for patients with neurodegenerative disorders and supervising fellows, residents and medical students. He is a board-certified geriatric psychiatrist, who sees patients in outpatient primary care at both UC San Diego and the VA, along with UC San Diego's Memory Clinic. He has had prior experience working at a Program of All-Inclusive Care for the Elderly (PACE) and has been involved in Alzheimer's disease clinical trials, including current work with the Alzheimer's Disease Cooperative Study. He is the Geriatric

Psychiatry Lead for the San Diego/Imperial GWEP, along with being a member of the "Mentation" Team. He will bring geriatric psychiatry and dementia expertise to his role on the grant and assist with curriculum development and practice implementation.

Elizabeth Bevins, MD, PhD, Co-Investigator (1.2. Calendar Months (10% effort): Dr. Bevins is an assistant professor in the UCSD Department of Neurosciences and a master clinician educator for the UCSD School of Medicine with specialized training in the diagnosis and management of neurodegenerative disease. She completed a residency in Neurology and a fellowship in Memory Disorders. In addition, she completed a PhD in Neurosciences. Her doctoral work focused on the use of imaging modalities to enhance early detection and differential diagnosis of neurodegenerative disease. She has taken particular interest in modifiable contributors to neurodegenerative disease, including underlying mood disorders, obstructive sleep apnea, hearing loss and the use of anticholinergic medications. In addition, she actively educates patients, medical trainees and primary care providers on interventions and practices to promote brain health during aging. She will contribute neurology and dementia expertise to the grant and assist with curriculum development and practice implementation.

Zvinka Zlatar, PhD, Co-Investigator (1.2 Calendar Months (10% effort): Dr. Zlatar is a bilingual and bicultural (Spanish, born and raised in Chile) neuropsychologist and Assistant Professor in the Department of Psychiatry at UCSD. She is also core faculty of the UCSD Alzheimer's Disease Research Center (ADRC) Latino Core and the UCSD's Center for Wireless and Population Health Systems (CWPHS), member of the UCSD's Mental Health Technology Center (MHTech), and alumni of the inaugural class of the NIA-funded Institute on Methods and Protocols for Advancement of Clinical Trials in ADRD. She has extensive expertise in the 1) assessment of subjective and objective cognitive function in aging, 2) measurement of brain health markers using magnetic resonance imaging (structural and functional MRI), and 3) development of behavioral interventions to prevent/delay cognitive decline (i.e., exercise and diet). She has more than five years of experience running NIA-funded studies that focus specifically on early detection of pre-clinical AD in older Latinx adults. She is also working on the cultural adaptation of intervention materials for the Latinx community of San Diego and has expertise working with diverse populations. She will contribute content expertise in neuropsychology to the grant, in addition to her expertise in working with older Latinx populations. She will assist with curriculum development, practice implementation and outreach.

Other Personnel

Jennifer Reichstadt, MSG, Project Manager (2.4 Calendar Months (20% effort)): Ms. Reichstadt will serve as the project manager for this grant. She is the Director of Education and Development in the UC San Diego Division of Geriatrics, Gerontology and Palliative Care and administrator for the HRSA-funded GWEP (the San Diego/Imperial Geriatric Education Center (SDIGEC)). She is also administrator for the NIA-funded San Diego Alzheimer's Disease Resource Center for Minority Aging Research (AD-RCMAR) and is also an active member of the San Diego County *Alzheimer's Project Initiative*. She has a master's in gerontology and over 20 years of experience in program development and management, education, and research in aging. She will work closely with all local key personnel and partners to ensure the successful execution of the grant, in addition to collaborating with the UCSF central management team, when applicable.

Vanessa Serrano, RN, Clinical Practice Manager/Coordinator (1.2 Calendar Months (10% effort): Ms. Serrano is a clinical resource nurse for UC San Diego in the senior medicine primary care clinic and works closely with Dr. Gupta and Dr. Yourman. She has extensive experience in leadership, practice management, and working with older adults and will provide nursing and practice management expertise to the grant. She will also serve as an implementation coach and provide practice management consultation.

TBA, Administrative Assistant (12.0 Calendar Months (100% effort): This individual will provide administrative support to Dr. Gupta, Ms. Reichstadt and the overall team to achieve the goals of the Dementia Aware grant, including assistance with coordination between UCSF, other Co-PIs and our local partners, meeting planning, communications, and data collection.

Fringe Benefits.

In accordance with University policy, explain the costs included in the budgeted fringe benefit percentages used, which could include tuition/fee remission for qualifying personnel to the extent that such costs are provided for by University policy, to estimate the fringe benefit expenses on Exhibit B.

Benefits have been listed at the current composite rates for each salaried employee in accordance with University proposed rates. Faculty: 29.80% (Year 1), 30.40% (Year 2) and 31.00% (Year 3); Staff: 43.90% (Year 1), 44.78% (Year 2), and 45.67% (Year 3). Composite rates are a weighted average percentage which includes CRS retirement contribution, health plan contribution, Social Security (FICA), dental plan, vision contribution, workers' compensation insurance, Employee Support Program, unemployment insurance, non-industrial disability insurance, employer-paid life insurance, Annuitant Health/Dental Program and general liability insurance.

Travel

Itemize all travel requests separately by trip and justify in Exhibit B1, in accordance with University travel guidelines. Provide the purpose, destination, travelers (name or position/role), and duration of each trip. Include detail on airfare, lodging and mileage expenses, if applicable. Should the application include a request for travel outside of the state of California, justify the need for those out-of-state trips separately and completely.

Year 1: $400; Years 2-3: $1,000 each

Funds are requested for mileage expenses for travel across both San Diego and Imperial Counties, as needed, for meetings and trainings. Current mileage rate is 58.5 cents/mile. Individuals will be encouraged to carpool, when feasible.

Materials and Supplies

Itemize materials supplies in separate categories. ***Include a complete justification of the project's need for these items. Theft sensitive equipment (under $5,000) must be justified and tracked separately in accordance with State Contracting Manual Section 7.29.***

Year 1: $5,000; Year 2: $2,500; Year 3: $2,478

Funds are being requested to cover expenses for a computer and/or tablet, along with other educational materials, printing, and office supplies that may be needed to provide training and ensure the successful execution of grant activities.

Equipment

List each item of equipment (greater than or equal to $5,000 with a useful life of more than one year) with amount requested separately and justify each.

N/A

Consultant Costs

Consultants are individuals/organizations who provide expert advisory or other services for brief or limited periods and do not provide a percentage of effort to the project or program. Consultants are not involved in the scientific or technical direction of the project as a whole.

Provide the names and organizational affiliations of all consultants. Describe the services to be performed, and include the number of days of anticipated consultation, the expected rate of compensation, travel, per diem, and other related costs.

N/A

Subawardee (Consortium/Subrecipient) Costs

Each participating consortium organization must submit a separate detailed budget for every year in the project period in Exhibit B2 Subcontracts. Include a complete justification for the need for any subawardee listed in the application.

Year 1: $47,120; Year 2: $381,302; Year 3: $283,164

All selected partner agencies serve a unique role and have been key to the successes within our local region thus far pertaining to educational activities and services provided related to ADRD. These partners have been involved with the GWEP (the San Diego/Imperial Geriatric Education Center (SDIGEC)) and many have been involved with *The Alzheimer's Project*, a San Diego county-wide regional initiative designed to address the toll of ADRD on families, communities, and health care systems. Each partner below will serve a key role in helping with the Dementia Aware grant, including practice-level implementation support, training outreach and engagement, and where applicable, input into the development of the toolkit and referral protocols.

Southern Caregiver Resource Center: Year 2: $52,800; Years 3: $39,600

Southern Caregiver Resource Center (SCRC) is one of 11 California Caregiver Resource Centers and represents both San Diego and Imperial Counties. They are a non-profit organization providing free caregiver support services for families caring for people living with ADRD. They train community and family caregivers with an emphasis on providing culturally appropriate training for Latino caregivers delivered in both Spanish and English. They also do a tremendous amount of work in outreach. Support services include comprehensive assessments/care planning, case management/ counseling, education, community outreach, respite care and support groups. Additionally, SCRC has developed successful cooperative models (i.e., REACH, Partners in Care, ACCESS), with significant community impact. They will play a significant role with outreach, engagement, referrals, and caregiver support.

Alzheimer's San Diego: Year 2: $48,000; Year 3: $36,000
Alzheimer's San Diego is a local leader with extensive connections throughout San Diego. Their services include a 24-hour Helpline and website, Family Care Consultations, community education classes, support and discussion groups, a Companion Respite Program, and social engagement programs, They deliver a tremendous amount of education to people with memory loss, their families and caregivers on basic ADRD education, legal and financial planning, home safety, and communication strategies. They are also part of the *Alzheimer's Project Initiative* and recently completed work on the *Healthy Brain Initiative* in collaboration with the County Area Agency on Aging. They also have experience providing support to Medi-Cal providers. They will play a significant role with outreach, engagement, referrals and caregiver support.

Federally Qualified Health Centers (FQHCs): Our three partner FQHCs have large numbers of patients, who are either uninsured or on MediCal, low-income and/or medically underserved.

> **Family Health Centers of San Diego: Year 1: $27,280; Year 2: 65,472; Year 3: $49,104**
> Family Health Centers of San Diego is one of the top 10 largest community clinic organizations in the nation with multiple internal resources in place to help support this grant, including an Older Adult Services department focused on meeting the needs of older adults and vulnerable seniors and its recent opening of its first Program of All Inclusive Care for the Elderly (PACE).
>
> **San Ysidro Health/San Diego PACE: Year 1: $19,840; Year 2: 59,520; Year 3: $44,640**
> San Ysidro Health provides care to a large number of people near the Mexico border with a vast and integrated network of program sites in San Diego County's South Bay region, in addition to a well-established PACE.
>
> **Clinicas de Salud del Pueblo: Year 2: $23,960; Years 3: $17,970**
> Clinicas de Salud del Pueblo is the only FQHC in Imperial County and provides an array of comprehensive primary care services to residents throughout Imperial and Eastern Riverside Counties. They provide services to special populations including season/migrant farmworkers and the homeless.

Partnerships have already been established with these FQHCs. Through our GWEP, we have been actively developing and delivering training to providers at these FQHCs, supporting their clinical practices and discussing modifications of work flows, incorporating more materials and support services for Spanish-speaking individuals, and improving knowledge of and connections with community resources and support services. In addition to ensuring their providers complete the developed training, these FQHCs can serve a key role in helping to guide the development of a toolkit, practice-level implementation, and ensuring local relevance, the provision of culturally competent care and meeting the needs of the Medi-Cal population. Based on infrastructure available, FHCSD and San Ysidro Health will be involved to a greater extent with the Dementia Aware grant than Clinicas de Salud.

Area Agency on Aging, San Diego County (Aging & Independence Services):
Year 2: $38,500; Year 3: $27,500
San Diego County Aging and Independence Services (AIS) is a key agency for educating providers about the community services available for their older patients, caregivers, and patients with ADRD, and can provide training for other service providers on dementia-specific case management methods. Programs include Adult Protective Services (APS); In-Home Supportive Services (IHSS), which provide personal care assistance for MediCal (Medicaid) eligible people who would otherwise not be able to live at home (AIS has 30,000 clients, with at least 17,000 older adults and an unknown percentage of which also have dementia); Multi-purpose Senior Services Program (MSSP) – MediCal waiver program including a case management program that serves clients who would otherwise need skilled nursing care (AIS has 550 clients.); Other Case Management Programs (e.g., SD-VISA, Linkages); and Legacy Corps,

a volunteer respite program for veteran families in which many of the elders have dementia. AIS is also lead on three key programs related to the GWEP that could have applicability to the Dementia Aware grant, including *The Alzheimer's Project*, Age Well San Diego, and the Alzheimer's Response Team. *The Alzheimer's Project* is a San Diego County-wide regional initiative designed to address the toll of ADRD on families, communities and health care systems. This project has brought together a powerful team of experts and decision-makers to develop clinical guidelines and promote best practices for primary care physicians and other healthcare professionals, support for caregivers, and outreach and education. Its products will be shared with the Dementia Aware leadership and key individuals are also personnel on this grant. The main goal of Age Well San Diego is to help create age- and dementia-friendly communities in San Diego County where older adults can thrive, with ADRD and dementia-friendly training provided to local service providers. The Alzheimer's Response Team (ART) is a pilot project designed to determine if an emergency response team can make a difference in the trajectory of older adults in emergency situations. The response team, supported by other partner agencies on the GWEP (and proposed here for the Dementia Aware grant), responds when needed to community situations where first responders are concerned about the older adults involved. Additionally, AIS has created an ADRD caregiver guide. AIS can contribute to outreach, engagement, referrals, and caregiver support, in addition to providing expertise pertaining to the local initiatives already in place and training of services providers, as needed.

Area Agency on Aging, Imperial County: Year 2: $52,800; Year 3: $39,600
Based in El Centro, CA, this AAA provides similar services as AIS to the Imperial County communities. Its mission is to provide leadership at the local level in developing systems of senior services, with an emphasis on maximum independence and dignity through comprehensive and coordinated home and community-based care. ICAAA serves a low-income area, with 85-90% on Medi-Cal. They also serve a diverse geographic region ranging from small towns to rural agricultural and desert areas. As a result, services vary widely depending on where the older adult lives in the County. ICAAA does not have the infrastructure that AIS enjoys, which limits what they are currently able to provide, yet through their involvement with the GWEP, they have had an opportunity to share best practices and assist in developing programs and infrastructure to enhance the care of older adults in Imperial County. They provide county-wide ADRD Physician Guidelines, standardized dementia training for formal caregivers, training of law enforcement and first responders, a Promotora program for family caregivers, and an Imperial County resource guide. For the Dementia Aware grant, they can help with outreach and engagement across this community, assist with training community-based providers, and ensure the curriculum is culturally competent and meets the needs of vulnerable populations.

Champions for Health: Year 2: $40,250; Year 3: $28,750
Champions for Health has helped execute many elements of the local *Alzheimer's Project Initiative*, including physician training on the developed Alzheimer's Clinical Guidelines, development of a mobile app, module development, a media campaign and outreach. As part of their training development, multiple focus groups were completed, with materials culturally translated. In addition, along with training providers across multiple health systems in San Diego County, this organization has established relationships with three FQHCs in North County. They will share developed materials with the Dementia Aware leadership team to contribute to curriculum development and training. In addition, they will help with outreach (particularly to additional local FQHCs) and engagement and can help with ensuring materials are culturally relevant.

Other Direct Costs

Itemize any other expenses by category and cost. Specifically justify costs that may typically be treated as indirect costs. For example, if insurance, telecommunication, or IT costs are charged as a direct expense, explain reason and methodology.

NGN Communications:
UC San Diego Information and Technology Services (ITS) charges a flat per month fee for services to provide state-of-the-art technology infrastructure and services to the campus community. These charges are directly attributable and proportionally applied for the individual(s) included in the proposed budget on the project. These costs are not included in the campus' Facilities & Administration (F&A) rate as an indirect cost. UC San Diego auditors have determined that it is both equitable and consistent with the OMB Circular 2 CFR 200 provisions on cost allocability that the costs be assigned to FTE on grant and contract funds. Accordingly, an allocable portion of these NGN costs are included in this budget as direct project costs.

ADP/Computer Services (Health Sciences Technology Services Charge (HS-TSC):

UC San Diego Health Information Services (IS) provides mandatory Information Technology Services to all of Health Sciences faculty and investigators, to include costs associated with the increased level of security required for all personnel within UC San Diego Health, which includes UC San Diego School of Medicine, Skaggs School of Pharmacy and Pharmaceutical Sciences and the hospitals and clinics. To mitigate the specific risk profile of this highly connected environment, UC San Diego Health Information Services ensures that all PIs who IS provides services to, whether they directly access patient information or not, operate in a highly secure desktop, application and server environment with dedicated and highly trained support. Charges are based on percent of FTE working on a grant and are charged on a monthly basis. These costs are not included in the campus' Facilities & Administration (F&A) rate as an indirect cost. UC San Diego auditors have determined that it is both equitable and consistent with the OMB Circular 2 CFR 200 provisions on cost allocability that the costs be assigned to FTE on grant and contract funds. Accordingly, an allocable portion of these Technology Services costs are included in this proposal as direct project costs.

Rent

If the Scope of Work will be performed in an off-campus facility rented from a third party for a specific project or projects, then rent may be charged as a direct expense to the award.

N/A

Indirect (F&A) Costs

Indirect costs are calculated in accordance with the budgeted indirect cost rate in Exhibit B.

UC San Diego has included indirect costs at the State of California Sponsorship rate of 30% in all years.

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STATE OF CALIFORNIA

STANDARD AGREEMENT

STD 213 (Rev 02/20)

AGREEMENT NUMBER	REGISTRATION NUMBER
21-10420	

STATE CONTROLLER'S OFFICE IDENTIFIER
4260-2110420

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME
Department of Health Care Services, hereinafter referred to as "State"

CONTRACTOR'S NAME
The Regents of the University of California, San Francisco, hereinafter referred to as "University"

2. The term of this Agreement is: **March 15, 2022** **through** **March 31, 2024**

3. The maximum amount of this Agreement is: ***$ 23,056,000.00 (Twenty Three Million, Fifty- Six Thousand Dollars)***

4. The Parties agree to comply with the terms and conditions of the following Exhibits, which by this reference are made a part of the Agreement.

Exhibit A – A7: A–Scope of Work; A1–Deliverables; A2–Key Personnel; A3–Authorized Representatives; A4–Use of Intellectual Property & Data; A5–Resumes/Biosketch; A6–Current & Pending Support; A7-Third Party Confidential Information (if applicable)	139 page(s)
Exhibit B – B–Budget; B1–Budget Justification; B2– Subawardee Budgets (if applicable); B3–Invoice Elements	46 page(s)
Exhibit C* – University Terms and Conditions	UTC-220

Check mark additional Exhibits below, and attach applicable Exhibits or provide internet link:

☐ **Exhibit D** – Additional Requirements Associated with Funding Sources		page(s)
☒ **Exhibit E** – Special Conditions for Security of Confidential Information	9	page(s)
☐ **Exhibit F** – Access to State Facilities or Computing Resources		
☐ **Exhibit G** – Negotiated Alternate UTC Terms		
☒ **Exhibit H** – Contractor Equipment Purchased with DHCS Funds	2	page(s)
☒ **Exhibit I** – Inventory/Disposition of DHCS Funded Equipment	2	page(s)

Items shown with an Asterisk (*) are hereby incorporated by reference and made part of this agreement as if attached hereto. You can find these documents on the University of California, Office of the President and the California Department of General Services websites.

IN WITNESS WHEREOF, this Agreement has been executed by the Parties hereto.

CONTRACTOR

CONTRACTOR'S NAME *(if other than an individual, state whether a corporation, partnership, etc.)*
The Regents of the University of California, San Francisco

BY *(Authorized Signature)*: DocuSigned by: Randi Jenkins, Senior Research Policy Manager — DATE SIGNED *(Do not type)*: April 11, 2022

PRINTED NAME AND TITLE OF PERSON SIGNING
Randi Jenkins, Senior Research Policy Manager

ADDRESS
University of California-Office of the Pres., 111 Franklin Street, Oakland, CA 94607

STATE OF CALIFORNIA

AGENCY NAME
Department of Health Care Services

BY *(Authorized Signature)*: DocuSigned by: Robert Strom — DATE SIGNED *(Do not type)*: April 11, 2022

PRINTED NAME AND TITLE OF PERSON SIGNING
Robert Strom — Chief, Contracts Section

ADDRESS
1501 Capitol Avenue, MS 4200, Sacramento, CA 95814

California Department of General Services Use Only

☒ Exempt per: W&I 14124.12 (g)(5)

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Exhibit A – Scope of Work

Project Summary & Scope of Work

☒ Contract ☐ Grant

Does this project include Research (as defined in the UTC)? ☐ Yes ☒ No

PI Name: Anna Chodos, MD, MPH

Project Title: Dementia Aware

Project Summary/Abstract

Briefly describe the long-term objectives for achieving the stated goals of the project.

Background: Dementia is an umbrella term for several diseases of the brain that affect cognitive and motor functions, as well as behavioral and emotional health, and that interfere significantly with a person's ability to maintain their activities of daily living independently. There are reversible and irreversible causes of dementia, with Alzheimer's disease (AD) being the most common irreversible form of dementia worldwide. Persons with AD and related neurodegenerative diseases progress through clinical stages, beginning with subjective cognitive decline, progressing into mild cognitive impairment, and later entering dementia stages of illness. Persons with AD and related diseases of the brain demand a whole-person approach to diagnosis and care, beginning early stages of disease, to ensure that appropriate healthcare goals, good quality of life, and adequate long-term planning occur for the patient, their family and caregivers.

The greatest risk factor for AD and related brain diseases is age, with those 65 and older being at highest risk. However, there are other known risk factors for AD and related diseases, including hypertension, diabetes, depression, head trauma, heavy alcohol use, obesity, social isolation, among others. This means that certain groups in California that tend to strongly embody these risk factors, such as Latino Americans and African Americans, or older adults experiencing homelessness, for example, carry an increased risk of AD and related diseases that extends beyond old age.

Currently, detection of AD and related disease and care planning occurs at a low rate at all stages, with early disease being the least diagnosed. Approximately 75% of patients with AD and related diseases live without an accurate diagnosis and management plan. Delayed and inaccurate diagnosis of AD and related diseases is a challenge that affects different health caresettings, but primary care is at the frontline of this challenge. For Medi-Cal recipients 65 years of age and older who are ineligible for an annual wellness visit under the Medicare program and provides a cognitive assessment, there is a new benefit,available upon appropriation by the state legislature, that now allows these providers to be reimbursed for a cognitive health assessment. Dementia Aware is being implemented to address this urgent challenge and opportunity.

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Objectives: The program will: 1) create the Cognitive Health Assessment and accompanying toolkit for team-based implementation in primary care, 2) offer training for California's Medi-Cal providers in early detection of neurocognitive impairment and care planning in all CA counties, 3) increase Medi-Cal provider self-efficacy in detecting and diagnosing neurocognitive disorders, 4) increase detection of dementia in primary care settings serving Medi-Cal patients, and 5) improvethe clinical staging and documentation of care planning for patients living with dementia.

Methods and Activities: In Phase I (March 2022 to August 2022), we will form our core project management team at UCSF to bring together California's experts in dementia and primary care in a Clinical Advisory Board and create a Cognitive Health Assessment (CHA) that is inclusive and targeted to the diverse needs of the Medi-Cal population over 65. We will create a new website and hub for Dementia Aware activities that will include an on-line training that allows providers to get trained on the CHA and their care teams to implement the CHA in a primary care workflow. Outreach efforts will begin to ensure that providers in all counties have an opportunity to engage with Dementia Aware. Key partners in this work are the Alzheimer's Associationand the partner UC campuses of UCSD, UCLA, UCI, UCF, and Harbor-UCLA.

In Phase II (**September 2022 to March 2024**), we will roll out a full toolkit for dementia care planning and practice support activities. Practice support will include centralized activities, such as a warm line and virtual case conferences, practice support teams for interested practices or providers that do hands-on support through tailored case conferences, and practice coaches for implementation. For ongoing education, centralized monthly webinars for the entire state will be held for updates and as anon-going educational opportunity for providers, and a podcast with cases and practice challenges will be available. All educational activities will provide continuing education and maintenance of certification credits. All partners as described abovewill take an active role in outreaching and supporting their local Medi-Cal providers or be specifically dedicated to remote practice support. Through a targeted outreach campaign to Medi-Cal providers and through social media, we will also raise awareness among Medi-Cal providers and recipients about the availability of the CHA and care planning resources.

Impact: Dementia Aware in a short time will empower Medi-Cal providers to feel capable and comfortable with the assessmentof and care planning for dementia, and it will create a dementia-friendly California for the population in need of equitable and excellent care—older adults who receive Medi-Cal benefits.

If Third-Party Confidential Information is to be provided by the State:

☐ Performance of the Scope of Work is anticipated to involve use of third-partyConfidential Information and is subject to the terms of this Agreement; ***OR***

☐ A separate CNDA between the University and third-party is required by the third-partyand is incorporated in this Agreement as Exhibit A7, Third Party Confidential Information.

Scope of Work

Describe the goals and specific objectives of the proposed project and summarize the expected outcomes. If applicable, describe the overall strategy, methodology, and analyses to be used. Include how the data will be collected, analyzed, andinterpreted as well as any resource sharing plans as appropriate. Discuss potential problems, alternative strategies, and benchmarks for success anticipated to achieve the goals and objectives.

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Goals

To improve the lives of people living with dementia and the people who support them, Dementia Aware will rapidly improvethe ability of primary care to assess and care plan for people living with dementia. We will create a Cognitive Health Assessment (CHA) with evidence-based tools, a training for Medi-Cal providers on team-based use of the CHA, a toolkit for care planning once dementia is diagnosed, and practice support coaching to learn how to implement the CHA and toolkit effectively.
The goals of Dementia Aware are to increase dementia detection among Medi-Cal recipients 65 and older and ensure that patients living with dementia have stage-appropriate care plans. Medi-Cal providers who do our training will report feelingmore empowered and competent to address dementia in primary care.

Broad Overview of Activities and Objectives

- Centrally, Dementia Aware will be administered and project managed through UCSF with a leadership and projectmanagement team that will be responsible for ensuring all deliverables.
- To both provide critical expertise and address key deliverables, as well as provide support for Dementia Aware implementation in their local areas, several sister UC campuses will be major partners including UC Irvine, UCLA, HarborUCLA, UCF, and UC San Diego, and additional campuses will be connected to the program including UC Davis's Family Caregiver Institute. The Alzheimer's Association will be a major partner in ensuring adequate outreach and practice support activities for the entire state, especially in those areas not reached by the UC partners. Services where our core team and partners lack expertise or skill (e.g. website design, on-line training development) will be contracted out to fulfill the objectives of this contract.
- Dementia Aware will have a Clinical Advisory Board comprised of key stakeholders as listed below.
- The core activities include: 1) curriculum and materials development and on-going improvement (Education Core), 2)outreach to Medi-Cal providers in all 58 counties (Outreach Core), 3) practice support for CHA and toolkit implementation (Practice Support Core), and 4) evaluation and reporting on training activities and outcomes of the program (Evaluation Core). There will be a program lead for each of these activities.

Project Management and Technical Assistance:

1) Create a Project Management core based at UCSF to oversee and support all Dementia Aware operations throughout the state and support subcontracting sites. Core activities will include:
   a. Organizing meetings, maintaining meeting notes and agendas, overseeing meeting follow-up action items
   b. Organizing and executing evaluation activities as described in Training Evaluation and Update below
   c. Producing reports on trainings completed and trainees reached, practice-level outcomes, and evaluation data to DHCS
      i. Every six (6) months, produce a report to DHCS for their use and public reporting on training completion andfeedback, any available stakeholder interview data, and practice support activities with the first report due **January 1, 2023**.
      ii. To that report, add utilization data on the Medi-Cal Cognitive Health Assessment benefit as provided byDHCS, and Dementia Aware's clinical outcomes starting **January 1, 2024.**

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d. Organize regular convenings, at least monthly (for March 2022-Dec 2022) or every other month (Jan 2023-March2024), of the Clinical Advisory Board.
e. Maintain organized lists of stakeholders for engagement, outreach, publicity, and relevant expertise across the state,and send regular updates and communications to those stakeholders.
f. Maintain and organize operations of the Dementia Aware warm line for practice implementation support.
g. Organize two (2) Dementia Aware program 1-2-day meetings for all Dementia Aware partners at a California locationto review progress of the program and share ideas, best practices, and train on skills to advocate for and promote the Dementia Aware program.
h. Ensure timely execution of all deliverables.

2) Select a project management tool by **April 1, 2022** and ensure all Dementia Aware program personnel have access.
3) Establish a Clinical Advisory Board by **March 20, 2022** that includes members from:
   a. primary care (Family Medicine and Internal Medicine, Advance Practice Clinicians), community health centers, othertypes of practices
   b. experts in dementia and dementia care from UC campuses and the CADCs, CDPH Alzheimer's Disease Program, Alzheimer's Disease and Related Disorders Advisory Committee of CalHHS
   c. stakeholders from community-based organizations that serve people living with dementia and patient advocates,particularly those who are experiencing poverty
   d. stakeholders from organizations serving caregivers of people living with dementia and experts in caregiver needs,particularly those who are experiencing poverty
4) Convene the Clinical Advisory Board at least once a month (Mar 2022-Dec 2022) to every other month (Jan 2023-March2024) and provide full administrative support for the meetings.
5) Provide CME and other continuing education credits based on field, and MOC to providers who take the training andensure administration of credit to participants. This includes maintaining an up-to-date list of these providers for submission to DHCS starting at the launch of the training (July 1, 2022) and continuing through **March 31, 2024**
   a. Lists provided to DHCS will meet criteria to allow providers to receive reimbursement for the CHA.
   b. Transfer certified/trained provider list to DHCS using DHCS' Secure File Transfer Protocol (SFTP) system, MoveIT,at the frequency specified by DHCS.
6) Design a Dementia Aware website compliant with California Government Code sections 7405 and 11135 and Web Content Accessibility Guidelines (WCAG) 2.0, or a subsequent version, published by the Web Accessibility Initiative of theWorld Wide Web Consortium at a minimum Level AA success criteria, by **June 20, 2022** in preparation for the July launchof Dementia Aware training. A Privacy Statement, as defined by DHCS, needs to be included on the website that is managed by the vendor. The project management team will be responsible for ensuring DHCS approval of how the website is built as far as technology, methods, and security, and that it can be transferred to DHCS for on-going management at the conclusion of Dementia Aware on **March 31, 2024**.

Educational Activities:

7) Create a Cognitive Health Assessment (CHA) that includes options for detection of adults with symptoms, assessment of cognitive and functional complaints, and specific tools and strategies to address the unique concerns affecting the Medi-Cal population 65 and older and provide culturally competent care. This will be achieved by convening experts in primarycare and dementia in our Clinical Advisory Board, reviewing the current evidence base for detection of dementia in primary

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care, ensuring the tool is consistent with key specialty organizations' recommendations (e.g. American Academyof Neurology), and receiving DHCS approval by **April 21, 2022.**

8) Create an on-line high-quality, evidence-based training to educate providers on utilizing the CHA and implementing itinto their practices, available by **July 1, 2022**. The training will be created in collaboration with the Clinical Advisory Board.
    a. The training registration will create a list of all providers who complete the assessment for submission to DHCS and it will give CME and educational credits depending on specialty and including MOC credits and serve as a listby which to provide updates to trainees throughout the program.
    b. The training will include how to do the components of the CHA, which must include more than one assessment tool for cognitive symptom assessment, and how to implement next steps in clinical care of the patient. It will include considerations for a team-based approach to the CHA and dementia care planning, including connectionto and integration with local county agencies and community-based organizations that serve people living with dementia.
    c. The training components will include considerations and next steps for the assessment of adults with:
        i. Non-English speaking beneficiaries
        ii. Beneficiaries with co-morbid medical conditions
        iii. Beneficiaries with co-morbid psychiatric conditions
        iv. Homeless beneficiaries
        v. Beneficiaries with disabilities
        vi. Racial and ethnic groups experiencing disparities in dementia screening and dementia care
        vii. Other populations and marginalized groups experiencing disparities related to dementia screening anddementia care
9) Schedule and promote the Dementia Aware launch through primary care organizations, social media, and throughoutreach to all Medi-Cal providers starting **July 1, 2022.**
10) Create and deliver monthly webinars open to all Medi-Cal providers on Dementia Aware educational content and updates, incorporating quality improvement strategies for practices, starting in **July 2022 and ending March 2024**. Eligible providers will get continuing education credits as appropriate for their profession, including CME and MOC, forattending these webinars.
11) Additional educational activities include:
    a. creating additional on-line trainings for the CHA and toolkit that address frequently encountered topics indementia care that are done in collaboration with the subcontracting sites and allow trainees to receive continuing education credits, CME, and MOC.
    b. create a podcast in case examples to accompany the trainings that will be eligible for continuing educationcredits, CME, and MOC and allows for a different modality of learning. These will be available through the Dementia Aware website as well with accompanying materials.
    c. frequent updates on the website of the materials for clinical assessment, information updates, and improvedtrainings.

12) Partner UCs will play a unique role in their localities, doing outreach, Dementia Aware

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trainings and practiceimplementation support, as well as drive engagement with the website.

Practice-level Implementation Support

13) Conduct stakeholder interviews with primary care providers and primary care team member on potential best practicesfor team-based care models of dementia detection and management such that we will have information to improve both the CHA and toolkit. (*See Methods below.*)
    a. At a minimum, 70% of participants will be from practices that serve a patient population that experiences disparities in dementia care, specifically those populations listed in 8c.
    b. Summarize findings of the stakeholder interviews by **October 31, 2022**, and use these results to inform providertraining and training outreach and engagement strategy.
14) By **November 30, 2022,** develop an enhanced referral protocol and full provider toolkit that is:
    a. consistent with the standards for detecting cognitive impairment under the federal Medicare Program and therecommendations by the American Academy of Neurology, CDPH's Alzheimer's Disease Program, and its ten CADCs.
    b. informed by Clinical Advisory Board input.
    c. comprehensive regarding the spectrum of care planning needs of a person living with dementia and theircaregiver/s regarding cultural and linguistic considerations.
    d. locally relevant, i.e. contains specific detail about resources in that county
    e. addresses team-based care for CHA and toolkit implementation, including a practice readiness tool forassessment of care gaps within a practice.
15) For those practices that are not partnered with a UC campus in this initiative, Dementia Aware will provide options for practice support through multiple modalities, including: centralized webinars, ECHO-like case conference opportunities, a warm line for support Monday through Friday during regular clinic hours. Alzheimer's Association, UCLA and UCSF willin combined resources be able to provide these supports.
16) A warm line for practice implementation support will be created **by October 1, 2022**. It will be maintained by the UCSFproject management team, will include software to easily track and review all activities for internal review and quality control, and will be staffed by Dementia Aware Key Personnel across the state. This data will be included in regular reports to DHCS on training activities.
17) Monitor clinical outcomes related to CHA implementation and practice implementation-support activities based on thedata collection plan as described in Methods.
    a. Data collection plan will be finalized by **July 1, 2022** and the CAB and DHCS will have the opportunity to reviewand provide input.
    b. Data on clinical outcomes will be included in the report to DHCS due on **Jan 1, 2024**.

Training Evaluation and Updating

18) Evaluate trainee feedback through post-training surveys, qualitative interviews of a sample of providers that assessesproviders' self-rated feelings of self-efficacy around implementation of the CHA and toolkit, and summarize findings every 6 months with first findings **due in January 2023**.
19) Reassess and update training curricula at least annually based on findings, first update due **February 2023**.

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Training Outreach and Engagement Strategy

20) Map all California counties and Medi-Cal providers and create an outreach strategy **by July 1, 2022** and that will include detail on the following activities:
    a. The Outreach Core will target those providers, primary care teams, and practices that do not have a relationshipwith a UC included here.
    b. Outreach and engagement will be done with stakeholder and Clinical Advisory Board input to have the greatestimpact and likelihood of success.
    c. The Outreach Core will develop an outreach strategy to target providers and practices serving beneficiaries experiencing the most disparities in dementia assessment and care (populations described in 8c).
21) Create a provider marketing strategy using best practices that have shown engagement for other similar initiatives,submit the plan to DHCS **by August 1, 2022**, and begin execution of the plan once approved.
22) Create key provider message platform and communications materials by **July 1, 2022** and continue to update throughoutDementia Aware activities.
23) Create key stakeholder communications in coordination with the project management team to increase engagementand continue to update throughout Dementia Aware activities.
24) Update the website monthly with announcements, highlights from across the state, new educational materials, events,and new practice improvement tools. Use these updates to drive engagement.
25) Use the monthly learning collaborative webinars to increase engagement by:
    a. featuring continuous quality improvement methodologies.
    b. provide continuing education credits, CME/MOC credits for eligible participating providers.
26) Identify and engage lead spokespeople and influencers **by July 1, 2022**.
27) Leverage paid traditional media and social media placements to promote Dementia Aware at regular intervals after theJuly 2022 launch and until 2024.

Evaluation Procedures and Methods

For outcomes, the following procedures and methods will be used:

For stakeholder input:

Review of existing data (by **April 15, 2022**):

A literature search will be conducted to ensure that existing relevant data on primary care practices and needs related to dementia care will be incorporated, including data on the care gaps for populations experiencing disparities in dementia assessment and care in California. In addition, current Key Personnel have already conducted in-depth interviews and surveys with 36 primary care providers (MD/DO, and NPs) in FQHCs and other safety net settings in three regions across California. Theseinterviews focused on practices and challenges when evaluating and caring for patients with dementia. A subset of these providers were subsequently trained on the CDPH Alzheimer's Disease toolkit. Interviews included questions about the care of those from underrepresented groups, of those who are experiencing adverse social determinants of health, and of patients who have competing chronic illnesses, serious mental illness, or substance use disorder. Surveys on current practices, attitudes, and confidence with regard to dementia evaluation, workup and care planning were also administered.

Current Key Personnel have also conducted a qualitative evaluation of the Alzheimer's Disease Project ECHO being implementedat UCSF. The evaluation includes surveys of primary care providers about practices, attitudes, and confidence in dementia evaluation and care, as well as identification of key areas of concern

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raised by primary care team members during the ECHO sessions. The team has systematically categorized primary care questions and concerns in order to identify target areas of greatest need for more training.
We will further add focus groups for caregivers and people living with dementia, especially those who are experiencing disparities in dementia care. As above, we will identify existing qualitative literature to inform this work, and then recruit participants to ensure the perspective of those living with dementia and their caregivers is incorporated.
We will identify preliminary themes and findings from this data and participant characteristics. The findings, in addition to information from a literature search, will be used to inform the early stages of CHA development. These interviews will also be assessed for gaps in provider and practice type (e.g. type of provider, practice setting, region, etc.) as well as gaps in informationthat would be relevant to the planned components of the CHA and implementation for Dementia Aware that may be missing from the current data. Additional interviews will be conducted to address these gaps if present, and completed by **September 15, 2022** to allow for revisions and modifications of Dementia Aware CHA, trainings, and tools.
Focus groups **(start September 15, 2022)**:
Once the CHA and practice implementation support is available to trainees, we will plan to reach out to practices and providers who have learned the CHA, and conduct focus groups with primary care providers and non-PCP staff (e.g. RN, LCSW, MA)
involved in the dementia evaluation and care planning.

The target number of focus groups will be 10-15 groups total of approximately 6-8 participants each, and will represent a diversity of practice settings (solo, group, rural, urban, academic-affiliated, etc.). A focus group guide will contain questions about challenges in using the CHA and associated materials, including the toolkit, and ideas for improvement. These findings will be used to improve the trainings, materials, and practice implementation support (e.g. ECHO conferences, practice coaching).Findings will be incorporated into trainee feedback data, starting with the **Jan 2023** report.

Using our sites (sub-contractors) and contacts from our outreach team, we will recruit people living with dementia and their caregivers. Our target number of focus groups will be 6-8 groups total of approximately 4-6 participants each, and will represent a diversity of backgrounds and languages. A focus group guide will contain questions about challenges of receiving care for dementia, concerns of patients and caregivers around adequate diagnosis and care, as well as other open-ended topics. Findings will be incorporated into our reports, starting with the Jan 2023 report.

Clinical Outcomes:

Create a data collection plan (by **July 1, 2022**)
Key Personnel have extensive experience with data collection and analysis of dementia care metrics in the primary care setting, including documentation of dementia diagnoses, practice change indicators that support high quality dementia care, health careutilization, and improvement in care planning for people with dementia and their caregivers. A goal of the evaluation will be to map care gaps, impact of Dementia Aware training, and a specific emphasis on narrowing care gaps in diagnosis and care planning for Medi-Cal beneficiaries experiencing disparities.

A clinical outcomes data collection plan will be created after the following steps: 1) review of all current metrics related to dementia care being collected by partners already, e.g. in partner clinics and through practice coaching programs, such as the ADC program through UCLA, 2) review of these metrics in the context of the CHA and toolkit for candidate metrics to show meaningful impact of the Dementia Aware program, 3) identification of gaps in current metrics and determination of additional metrics to consider, 4)

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identification of key demographic (race/ethnicity, language, etc.) and socioeconomic factors (income, education, rural/urban, etc.) that will allow data to be stratified and reported to show impact on disparities, 5) identification of clinics and providers who can participate in data collection, 6) identification of current DHCS data and CMS data that can additionally support monitoring of Dementia Aware impact, and 7) finalization of data collection and analysis plan. The Clinical Advisory Board and DHCS will have an opportunity to review the data collection plan no later than **July 1, 2022**.

Data collection and reporting on clinical outcomes will start once the plan is finalized and these findings will be included in the

January 24, 2024 report to DHCS.

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Exhibit A1 - Deliverables

SCHEDULE OF DELIVERABLES

List all items that will be delivered to the State under the proposed Scope of Work. Include all reports, including draftreports for State review, and any other Deliverables, if requested by the State and agreed to by the Parties.

If use of any Deliverable is restricted or is anticipated to contain preexisting Intellectual Property with any restricteduse, it will be clearly identified in Exhibit A4, Use of Preexisting Intellectual Property & Data.

Unless otherwise directed by the State, the University Principal Investigator shall submit all Deliverables to the StateContract Project Manager, identified in Exhibit A3, Authorized Representatives.

Deliverable	Description	Due Date
Clinical Advisory Board	Assembly of Clinical Advisory Board (CAB), meets monthly or every other month thereafter	March 20, 2022
CHA Assessment	Development of the CHA Assessment Starts	March 20, 2022
Project Management Team	Assembly of Project Management Team and selection of PM tool	April 1, 2022
Stakeholder input	Review of existing data and existing stakeholder interviews completed	April 15, 2022
CHA Sent for Approval	CHA Provided to DHCS for Approval	April 21, 2022
Website	Dementia Aware Website created	June 20, 2022
Quarterly Progress Report to DHCS	Document progress through quarterly progress reports	Quarterly throughout project years
Outreach Plan	Outreach plan submitted to DHCS	July 1, 2022
Clinical Outcomes	Data plan for clinical outcomes sent to DHCS for input	July 1, 2022
CME/MOC	CME and MOC available and operational for providers who do training and subsequent webinars	July 1, 2022
CHA Launch	Launch Dementia Aware and CHA training and first toolkit	July 1, 2022
Webinars	Start monthly webinars	July 15, 2022
Identify influencers	Identify influencers who can help drive engagement with Dementia Aware	Aug 1, 2022
List of providers	Provide DHCS with an accurate list of trained providers eligible to be reimbursed for the CHA	Aug 1, 2022
Provider marketing	Create a provider marketing strategy and submit to DHCS for approval	Aug 1, 2022
Website improvements	Start monthly website improvements and updates	Aug 1, 2022

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Stakeholder interviews and Focus Groups	Additional stakeholder interviews complete (if necessary) and focus groups begin	Aug 31, 2022
Warm line	Creation of Dementia Aware warm line	Oct 1, 2022
Provider interviews	Interviews with Medi-Cal providers on implementation constraints for Dementia Aware CHA and toolkit and summary of findings	Oct 31, 2022
Toolkit	Creation of improved Dementia Aware toolkit	Nov 30, 2022
Training report	Compile training completion data and trainee feedback data and report to DHCS every 6 months thereafter	Jan 1, 2023
Training update	Improve trainings based on feedback, annually	Feb 1, 2023
Utilization data	Add utilization data to training complete reports as provided by DHCS	Jan 1, 2024
Outcome data	Add clinical outcome data to training completion reports as provided by DHCS	Jan 1, 2024
Website transfer	Transfer of website and all content to DHCS at conclusion of program	March 31, 2024
The following Deliverables are subject to Section 19. Copyrights, paragraph B of Exhibit C		

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Exhibit A2 – Key Personnel

KEY PERSONNEL

List Key Personnel as defined in the Agreement starting with the PI, by last name, first name followed by Co-PIs. Then list all other Key Personnel in alphabetical order by last name. For each individual listed include his/her name, institutional affiliation, and role on the proposed project. Use additional consecutively numbered pages as necessary.

Last Name, First Name	Institutional Affiliation	Role on Project
PI:		
Chodos, Anna	*The Regents of the University of California, San Francisco (UCSF)*	*Director*
Co-PI(s) – if applicable:		
Rivera, Josette	*The Regents of the University of California, San Francisco (UCSF)*	*Co-Director and Education Lead*
Other Key Personnel (if applicable):		
Lanata, Serggio	*The Regents of the University of California, San Francisco (UCSF)*	*Education Co-Lead*
Rosen, Howard	*The Regents of the University of California, San Francisco (UCSF)*	*Content Expert-Dementia and ECHO at UCSF*
Possin, Katherine	*The Regents of the University of California, San Francisco (UCSF)*	*Content Expert-Detection, Diagnosis, and Caregiver Support*
Alving, Loren	*The Regents of the University of California, San Francisco (UCSF)*	*UCSF Fresno Site Principal Investigator*
Hooper, Sarah	*UC Hastings College of the Law*	*Site Director,* Lead for Medical-Legal Content Expertise
Troya, Yvonne	*UC Hastings College of the Law*	*Co-Investigator*
Huffman, Sara	*UC Hastings College of the Law*	*Co-Investigator*
Edgerly, Elizabeth	*Alzheimer's Association, Northern California and Northern Nevada Chapter*	*Site Director (Northern California)*
Barron, Meg	*Alzheimer's Association, California Southland*	*Site Director (Southern California)*
Daven, Morgan	*Alzheimer's Association*	*Health Systems Expert*
Reuben, David B.	*The Regents of the University of California, Los Angeles (UCLA)*	*UCLA Site PI*

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Charette, Susan	*The Regents of the University of California, Los Angeles (UCLA)*	*CME Course Co-Chair*
Evertson, Leslie C.	*The Regents of the University of California, Los Angeles (UCLA)*	*Co-I, Dementia Care Specialist*
Osterweil, Dan	*The Regents of the University of California, Los Angeles (UCLA)*	*CME Course Co-Chair*
Panlilio, Michelle	*The Regents of the University of California, Los Angeles (UCLA)*	*Dementia Care Specialist*
Gibbs, Lisa	*The Regents of the University of California, Irvine (UCI)*	Site Director
Tam, Steven	*The Regents of the University of California, Irvine (UCI)*	Co-Investigator
de Azambuja, Katherine	*The Regents of the University of California, Irvine (UCI)*	Co-Investigator
Gupta, Roopali	*The Regents of the University of California, San Diego (UCSD)*	Site Principal Investigator
Yourman, Lindsey	*The Regents of the University of California, San Diego (UCSD)*	*Geriatrician*
Neel, Ian	*The Regents of the University of California, San Diego (UCSD)*	*Geriatrician*
Huege, Steve	*The Regents of the University of California, San Diego (UCSD)*	*Geriatric Psychiatrist*
Bevins, Elizabeth	*The Regents of the University of California, San Diego (UCSD)*	*Neurologist*
Zlatar, Zvinka	*The Regents of the University of California, San Diego (UCSD)*	*Neuropsychologist*
Segal-Gidan, Freddi	*Los Angeles County Department of Health Services*	Site Principal Investigator
Ward, Katherine	*Los Angeles County Department of Health Services*	Lead, Internal Medicine and Geriatrics
Schickedanz, Heather	*Los Angeles County Department of Health Services*	Lead, Family Medicine and Geriatrics
Wong, Ellen	*Los Angeles County Department of Health Services*	Lead, Implementation, HUCLA
Weis Tokumitsu, Sayaka	*Los Angeles County Department of Health Services*	Lead, Implementation, MLK Clinic

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Exhibit A3 – Authorized Representatives

AUTHORIZED REPRESENTATIVES AND NOTICES

The following individuals are the authorized representatives for the State and the University under this Agreement. Anyofficial Notices issued under the terms of this Agreement shall be addressed to the Authorized Official identified below, unless otherwise identified in the Agreement.

State Agency Contacts	**University Contacts**
Agency Name: Department of Health Care Services	University Name: The Regents of the University of California, San Francisco
Contract Project Manager (Technical) Name: Karen Mark, MD, PhD Medical Director, OMD Address: Department of Health Care Services 1501 Capitol Avenue Sacramento, CA 95814 Telephone: (916) 345-7637 Fax: <Fax#, if available> Email: Karen.Mark@dhcs.ca.gov	***Principal Investigator*** Name: Anna Chodos, MD, MPH Associate Director Address: UCSF Division of Geriatrics 490 Illinois Street, Floor 08 San Francisco CA 94143-1265 Telephone: 415-206-4852 Fax: 415-514-8192 Email: anna.chodos@ucsf.edu Designees to certify invoices under Section 14 of Exhibit Con behalf of PI: 1. Josette Rivera, MD, Professor, josette.rivera@ucsf.edu 2. Louise C. Walter, MD, Professor, louise.walter@ucsf.edu
Authorized Official (contract officer) Name: Robert Strom Section Chief, Contracts Division Address: Department of Health Care Services 1501 Capitol Avenue, MS4200 Sacramento, CA 95814 Telephone: (916) 345-7653 Fax: <Fax#, if available> Email: Robert.Strom@dhcs.ca.gov ***Send notices to (if different):*** Name: <Name> <Title>	***Authorized Official*** Name: Randi Jenkins Senior Research Policy Manger Address: University of California Office of the President 111 Franklin Street Oakland, CA 94607 Telephone: (510) 987-9713 Fax: N/A Email: Randi.jenkins@ucop.edu ***Send notices to (if different):*** Name: N/A

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Address: <Department> <Address> <City,State,Zip> Telephone: <Telephone#> Email: <EmailAddress>	<Title> Address: <Department> <Address> <City,State,Zip> Telephone: <Telephone#> Email: <EmailAddress>
Administrative Contact Name: Marissa Jacinto Associate Governmental Program Analyst Address: Department of Health Care Services 1501 Capitol Avenue, MS0020 Sacramento, CA 95814 Telephone: (916) 345-8328 Fax: <Fax#, if available> Email: Marissa.Jacinto@dhcs.ca.gov	***Administrative Contact*** Name: Karen Yuan Assistant Division Manager Address: UCSF Division of Geriatrics 490 Illinois Street, Floor 08 San Francisco CA 94143-1265 Telephone: 415-476-0234 Fax: 415-514-8192 Email: Karen.Yuan@ucsf.edu
Financial Contact/Accounting Name: Marissa Jacinto Associate Governmental Program Analyst Address: Department of Health Care Services 1501 Capitol Avenue, MS0020 Sacramento, CA 95814 Telephone: (916) 345-8328 Fax: <Fax#, if available> Email: Marissa.Jacinto@dhcs.ca.gov	***Authorized Financial Contact/Invoicing/Remittance*** Name: Controller's Office Contracts and Grants Accounting, Box 0897 Address: UCSF MAIN DEPOSITORY P.O. Box 748872 Los Angeles, CA 90074-4872 Telephone: (415) 502-4986 Fax: N/A Email: CGAsvcdesk@ucsf.edu Designees for invoice certification in accordance with Section 14 of Exhibit C on behalf of the Financial Contact: 1. N/A

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Exhibit A4 – Use of Intellectual Property & Data

USE OF INTELLECTUAL PROPERTY & DATA

If either Party will be using any third-party or pre-existing intellectual property (including, but not limited to copyrighted works, known patents, trademarks, service marks and trade secrets) "IP" and/or Data with restrictions on use, then list allsuch IP/Data and the nature of the restriction below. If no third-party or pre-existing IP/Data will be used, check "none" inthis section.

A. State: Preexisting IP/Data to be provided to the University from the State or a third party for use in theperformance in the Scope of Work.

☒ None or ☐ list

Owner (Name of State Agency or 3rd Party)	Description	Nature of restriction:

B. University: Restrictions in Preexisting IP/Data included in Deliverables identified in Exhibit A1, Deliverables.

☒ None or ☐ List

Owner (Name of University or 3rd Party)	Description	Nature of restriction:

C. Anticipated restrictions on use of Project Data.

If the University PI anticipates that any of the Project Data generated during the performance of the Scope of Work willhave a restriction on use (such as subject identifying information in a data set) then list all such anticipated restrictionsbelow. If there are no restrictions anticipated in the Project Data, then check "None" in this section.

☐ None or ☒ List

Owner (University or 3rd Party)	Description	Nature of Restriction:
DHCS	All project data except for preexisting data owned by others	The university and its subcontractors can use the data for purposes detailed in this agreement and PII and PHI are governed by the Exhibit E Business Associate Addendum

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Exhibit A5 Resume

OMB No. 0925-0001 and 0925-0002 (Rev. 12/2020 Approved Through 02/28/2023)

NAME: **Chodos, Anna H.**

eRA COMMONS USER NAME (credential, e.g., agency login): ANNACHODOS

POSITION TITLE: Associate Professor

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
Columbia University, New York, NY	B.A.	05/2001	Comparative Literature
Harvard Medical School, Boston, MA	M.D.	06/2008	Medicine
Harvard School of Public Health, Boston, MA	M.P.H.	06/2008	Public Health

A. Personal Statement

My career focus is on designing, implementing and studying models of geriatric care for vulnerable older adults, especially those with dementia, in the safety net and supporting primary care providers who care for these adults. My methods include those of implementation science as well as traditional clinical research methods. As a Co-PI of the Geriatrics Workforce Enhancement Program, I am also deeply engaged in integrating geriatrics into our community and primary care workforce. For the COVID pandemic, for 6 months I supported Skilled Nursing Facilities (SNF) during outbreaks as the Medical Lead for the SNF Outbreak Team for the San Francisco COVID Command Center and gained expertise in the care of frail older adults who use long term supports and services. I am currently a Fellow in the Kaizen Promotion Office at Zuckerberg San Francisco General Hospital where I am strengthening my skills in quality improvement methodologies. My expertise in geriatrics, prior and ongoing work with low-income older adults, and practice change in primary care and the safety net makes me the ideal Principal Investigator for Dementia Aware. My role will be to oversee and direct all activities.

Research projects I'd like to highlight include:

Ongoing Research Support

No Grant # (Chodos) 07/01/2019 – 06/30/2022
Hellman Fellows Fund
Ethical Dilemmas in the Care of Unrepresented Adults in the Safety Net
The goal of this project is to develop an in-depth understanding of the experiences and ethical dilemmas facing older adults at risk for becoming unrepresented and the providers who care for them
Role: Principal-Investigator

U1QHP28727 (Rivera) 07/01/2019 – 06/30/2024
DHHS/HRSA
Geriatrics Workforce Enhancement Program (GWEP)
Over the five-year funding period, UCSF will: 1) expand the UCSF GWEP to meet Northern California needs and serve as a national model by implementing and disseminating innovative geriatrics education and training via cross-sector partnerships; 2) implement and evaluate geriatrics-primary care integrations in diverse health systems in Northern California to improve care of underserved older adults; 3) partner with government, community, and public health departments to increase the competence of the aging services workforce and build linkages across the spectrum of older adult care; 4) implement and evaluate trainings for interprofessional trainees to provide optimal care for underserved older adults and to promote age-friendly health systems; 5).

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increase competence in ADRDs by implementing workforce training, resource development, and patient-caregiver education.
Role: Associate Director

UG3NS105557 (Possin) 09/25/2017 – 08/31/2022
NIH Natl Inst Neurological Disord &Stroke
The UCSF Brain Health Assessment for the Detection of Cognitive Impairment Among Diverse Populations in Primary Care
The primary goals of the proposed work are to optimize and validate the UCSF Brain Health Assessment for older adults who are diverse in terms of education and language spoken, to perform cross-validation studies of other paradigms funded by this award, and to evaluate and address barriers to detecting cognitive impairment in primary care.
Role: Co-Investigator

Grant #19-10614 (Bernstein) 04/01/2020 – 06/30/2022
California Department of Public Health Alzheimer's Disease Program
Understanding How Comorbid Conditions Impact Primary Care Management in Dementia
The goal of this research is to use qualitative and quantitative methods to advance knowledge about the ADRD diagnostic pathway, and the experiences and needs of Primary Care Physicians (PCPs) and people with ADRD and complex comorbid conditions from underserved and underrepresented populations. We hope to identify intervention targets to make ADRD evaluation and care more equitable by helping providers to better serve the ·most at-risk patients.
Role: Co-Investigator

Completed Research Support (selected)

U1QHP28727 (Walter) 07/01/2015 – 06/30/2019
DHHS/HRSA
Geriatrics Workforce Enhancement Program (GWEP)
The overarching goal of this project is to integrate geriatrics training into primary care and community services todevelop an interprofessional health care workforce with the skills to meet the complex needs of under- served urban older adults and their families.
Role: Associate Director

No Grant # (Chodos) 01/31/2018 – 01/30/2019
Global Brain Health Institute (GBHI)
Geriatrics Neurology Center of Excellence at Zuckerberg San Francisco General Hospital: A Collaboration Between the University of California, San Francisco's Memory and Aging Center and Zuckerberg San Francisco General's Geriatrics, Division of General Internal Medicine
The major goals of this project seek to build upon and expand our GNCC model of care at ZSFG to create a unique center for excellence that is dedicated to the promotion of brain health and prevention of cognitive decline, as well as to the proactive, personalized, and integrated care of vulnerable elders with NDDB. Role: Principal Investigator

T32 AG000212-21 (Steinman) 09/01/1991 – 04/30/2018
National Institute of Health/National Institute on Aging
Research Training Program in Geriatric Medicine
The research training grant allows me to be funded for full-time research training through the Advanced Training in Clinical Research program at UCSF and pursue research projects in determining best practices in the care of vulnerable elders.
Role: Research Fellow

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Relevant Publications

Louie JK, Scott HM, Lu W, **Chodos A**, DuBois A, Sturtz N, Stoltey J. COVID-19-Associated Deaths in San Francisco: the Important Role of Dementia and Atypical Presentations in Long-term Care Facilities. J Gen Intern Med. 2020 Nov;35(11):3413-3415. doi: 10.1007/s11606-020-06206-1. Epub 2020 Sep 15. PMID: 32935309; PMCID: PMC7491360.

Chodos AH, Cassel CK, Ritchie CS. Can the Safety Net be Age-Friendly? How to Address Its Important Rolein Caring for Older Adults with Geriatric Conditions. J Gen Intern Med. 2020 Nov;35(11):3338-3341. doi: 10.1007/s11606-020-06010-x. Epub 2020 Jul 6. PMID: 32632790; PMCID: PMC7661593.

Chodos AH, Kushel MB, Greysen SR, Guzman D, Kessell ER, Sarkar U, Goldman LE, Critchfield JM, Pierluissi E. Hospitalization-Associated Disability in Adults Admitted to a Safety-Net Hospital. J Gen InternMed. 2015 Dec;30(12): 1765-72. doi: 10.1007/s11606- 015-3395-2. PMID: 25986139

B. Positions, Scientific Appointments, and Honors

Principal Positions Held

2019: Associate Professor of Medicine, Division of General Internal Medicine, Division of Geriatrics, University of California, San Francisco
2014-19: Assistant Professor of Medicine, Division of General Internal Medicine, Division of Geriatrics, University of California, San Francisco
2012-14: Research Fellowship, T32 Research Training Program, Division of Geriatrics, University of California, San Francisco

- Advanced Training in Clinical Research Certificate program, University of California, San Francisco, CA
- Affiliate Scholar, Veterans Affairs Quality Scholars program, University of California, San Francisco, CA

2011-12: Clinical Fellowship, Division of Geriatrics, University of California, San Francisco
2008-11: Internal Medicine Residency, San Francisco General Hospital Primary Care Track, University of California, San Francisco, CA

Professional Memberships

2013 Member, Society of General Internal Medicine
2010 Member, American Geriatrics Society

Honors

2015 Excellence in Teaching Award, Academy of Medical Educators, University of California, San Francisco
2015 Richard J. Haber Excellence in Teaching in Primary Care Award, Div of General Internal Medicine, ZSFG, UCSF
2014 Program for the Aging Century Practice Change Leader, Division of Geriatrics, UCSF
2012 Hartford Scholar in Geriatric Medicine
2012 Bechtel Research Fellow, Program for the Aging Century
2012 The Institute for Incentives in Health Care Award, Division of Geriatrics, UCSF
2011 Reza Gandjei Humanism Award for 2010-2011
2010 Leadership Committee, Primary Care Progress, UCSF Chapter
2009 Global Health Clinical Scholar, Global Health Sciences, UCSF
2007 Fellow, Zuckerman Fellowship, Center for Public Leadership, Kennedy School of Government
2007 First Place, Harvard Business School Business Plan Competition, Social Enterprise Track
2007 President, Unite for Health!

C. Contributions to Science

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1. Understanding the health care needs of vulnerable older adults cared for in the safety net.

Through my work in primary care, geriatrics and the care of vulnerable older adults, I have contributed to understanding the unique health care needs of vulnerable older adults. This has allowed targeted intervention andplanning to meet their needs.
See:

1) **Chodos AH**, Cassel CK, Ritchie CS. Can the Safety Net be Age-Friendly? How to Address Its Important Role in Caring for Older Adults with Geriatric Conditions. J Gen Intern Med. 2020 Nov;35(11):3338-3341. doi: 10.1007/s11606-020-06010-x. Epub 2020 Jul 6. PMID: 32632790; PMCID: PMC7661593.
2) **Chodos AH,** Kushel MB, Greysen SR, Guzman D, Kessell ER, Sarkar U, Goldman LE, Critchfield JM, Pierluissi E. Hospitalization-Associated Disability in Adults Admitted to a Safety-Net Hospital. J Gen Intern Med. 2015 Dec;30(12): 1765-72. doi: 10.1007/s11606- 015-3395-2. PMID: 25986139
3) **Chodos AH**, Ahalt C, Cenzer IS, Myers J, Goldenson J, Williams BA. Older jail inmates and community acute care use. Am J Public Health. 2014 Sep; 104(9):1728-33. PMID: 25033146; PMCID: PMC4151907.

Complete List of Published Work: https://www.ncbi.nlm.nih.gov/pubmed/?term=chodos+AH

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Prepared: February 16, 2022

University of California, San Francisco

CURRICULUM VITAE

Name: **Josette A Rivera, MD**

Position: Professor of Clinical Medicine, Step 2
Medicine
School of Medicine

Address: Box 1265
3333 California St, Suite 380
University of California, San Francisco
San Francisco, CA 94143
Voice: 476-1589
Fax: 514-0702
Email: josette.rivera@ucsf.edu

EDUCATION

1991 - 1996	University of California, Davis	B.S.	Psychology
1997 - 2001	University of Rochester School of Medicine	M.D.	
2001 - 2002	Johns Hopkins Bayview Medical Center	Intern	Internal Medicine
2002 - 2004	Johns Hopkins Bayview Medical Center	Resident	Internal Medicine
2004 - 2005	Johns Hopkins Bloomberg School of Public Health		Epidemiology, Biostatistics
2004 - 2007	Johns Hopkins University School of Medicine	Fellow	Geriatric Medicine
2011 - 2012	University of California, San Francisco		Teaching Scholars Program

LICENSES, CERTIFICATION

2004	Diplomate, American Board of Internal Medicine
2007	Medical Licensure, California A99590, current
2007	DEA Controlled Substance Registration Certificate, current
2009	Board Certification, Geriatric Medicine; re-certified 2019
2012	Board Certification, Hospice and Palliative Medicine

PRINCIPAL POSITIONS HELD

2007 - 2008	On Lok Lifeways	Staff Physician	Geriatrics

Prepared: February 16, 2022

2008 - 2013 Clinical Professor	University of California, San Francisco	HS Assistant	Geriatrics
2013 - 2017 Clinical Professor	University of California, San Francisco	HS Associate	Geriatrics
2018 - present Clinical Medicine	University of California, San Francisco	Professor of	Medicine/Geriatrics

OTHER POSITIONS HELD CONCURRENTLY

2011 - 2014 Aging and Palliative Care Course Director	UCSF	Interprofessional
2012 - 2015 Education Center	UCSF/Northern California Geriatric	Associate Director for Evaluation and Interprofessional Education/Practice
2013 - present UCSF Program in Interprofessional Education and Practice	UCSF	SOM Faculty Lead,
2017 - 2018 SOM Life Stages Course	UCSF	Assistant Director,
2018 - present Life Stages Course	UCSF	Co-Director, SOM

HONORS AND AWARDS

1991	Regents Scholarship (1991-1995)	University of California, Davis
1997	Dean's Scholarship (1997-2001)	University of Rochester School of Medicine and Dentistry
2010	Geriatric Academic Career Award (2010-2015)	Health Resources and Services Administration, U.S. Dept. of Health and Human Services
2011	UCSF Teaching Scholar	UCSF
2012	Hartford Foundation Center of Excellence Faculty Scholar	The John A. Hartford Foundation
2012	Excellence in Teaching Award	UCSF Academy of Medical Educators

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Prepared: February 16, 2022

2014	Reynolds Foundation Educational Product of the Year Award, 2nd Place,for the Interprofessional Standardized Patient Exercise: Case of Elsie Smith	The D.W. Reynolds Foundation
2015	Induction	UCSF Haile T. Debas Academy of Medical Educators
2020	Interprofessional Educator Award	The American Interprofessional Health Collaborative

KEYWORDS/AREAS OF INTEREST

Interprofessional education, interprofessional practice, medical education, faculty development, house calls,primary care, geriatric medicine

CLINICAL ACTIVITIES

CLINICAL ACTIVITIES SUMMARY

Attending Physician, UCSF Care at Home Program, boarded in both Geriatrics and Palliative Medicine. Since my initial appointment in 2008, I provide primary and palliative care to home- bound older adults throughout San Francisco. This program serves over 400 patients annually, many of whom have not previously received primary medical care for years.

Within Care at Home, I have taught a spectrum of trainees: 1) third year medical students during their Family and Community Medicine rotation (2008-2011), 2) primary care internal medicine interns (2008-10), and 3) geriatric medicine fellows (2008-present), focusing on how to do a home visit and collaboratewith interprofessional home care and hospice teams.

In 2017, a grateful family of one of my patients made a donation to the UCSF Division of Geriatrics to establish the Laurene Wu McClain and Charles J. McClain Geriatrics Education Endowment.

CLINICAL SERVICES

2008 - present UCSF Housecalls Program, Attending Physician 1 day/week

PROFESSIONAL ACTIVITIES

MEMBERSHIPS

1999 - 2001 American College of Physicians-American Society of Internal Medicine

2001 - 2004 Society of General Internal Medicine

2005 - 2009 The Gerontological Society of America

2005 - present The American Geriatrics Society

2009 - 2012 The American Academy of Home Care Physicians

2016 - present American Interprofessional Health Collaborative

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SERVICE TO PROFESSIONAL ORGANIZATIONS

2011 - present American Geriatrics Society Interprofessional Educationand Practice Founding Chair
Special Interest Group

2012 - Donald W. Reynolds Foundation Western Region
Meeting PlanningCommittee member

2012 - Association of American Medical Colleges Conference on Abstract Reviewer
Research in Medical Education

2012 - American Interprofessional Health CollaborativeCollaborating Across Borders IV
InterprofessionalEducation/Practice Conference

Abstract Reviewer

2013 - All Together Better Health VII Conference Abstract Reviewer

2019 - present American Geriatrics Society Mentorship Program Mentor

SERVICE TO PROFESSIONAL PUBLICATIONS

2012 - present Reviewer, Journal of Interprofessional Care2012 - present

Reviewer, Academic Medicine

2018 - present Reviewer, Journal of the American Geriatrics Society

2019 - present Arizona Geriatrics Workforce Enhancement Program Editorial Board Member2018 - present

Associate Editor, Current Diagnosis and Treatment: Geriatrics. McGraw-Hill
Lange Series.

INVITED PRESENTATIONS - INTERNATIONAL

2011	Poster Presentation, Collaborating Across Borders III Interprofessional Education Conference, Tucson, AZ	Presenter
2015	Oral Paper (Podium) Presentation, Collaborating Across Borders V Interprofessional Education Conference, Roanoke, VA	Presenter
2015	Workshop, Collaborating Across Borders V Interprofessional Education Conference, Roanoke, VA	Co-presenter
2017	Symposium, Collaborating Across Borders VI Interprofessional Education Conference, Banff, Alberta, Canada	Co-presenter

INVITED PRESENTATIONS - NATIONAL

2006 Poster Presentation, The Gerontological Society of Presenter
America Annual Meeting

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2012	Oral Paper (Podium) Presentation, American Geriatrics Society Annual Meeting	Presenter
2012	Workshop, American Geriatrics Society Annual Meeting	Presenter
2014	Podium Presentation, National Association of Advisors for theHealth Professions National Meeting	Presenter
2015	Symposium Presentation, American Geriatrics Society Annual Meeting	Presenter
2016	Workshop, American Geriatrics Society Annual Meeting	Presenter
2016	Workshop, DW Reynolds Foundation Annual Meeting	Presenter
2018	Plenary Presentation, Developing Medical Educators ofthe 21st Century, San Francisco, CA	Presenter
2020	Workshop, Developing Medical Educators of the 21st Century, San Francisco, CA	Presenter
2021	Oral Paper Presentation, Health Literacy Series, Finger Lakes Geriatric Education Center/Ithaca College Gerontology Institute.	Presenter

INVITED PRESENTATIONS - REGIONAL AND OTHER INVITED PRESENTATIONS

2007	Invited Lecture, Clinical Research Branch, National Institute on Aging	Lecturer
2007	Grand Rounds, Johns Hopkins Division of Geriatric Medicine and Gerontology	Lecturer
2007	Grand Rounds, J. Paul Sticht Center on Aging and Rehabilitation, Wake Forest University Baptist Medical Center	Lecturer
2010	Center for Vulnerable Populations and the Northern California Geriatric Education Center, San Francisco	Lecturer
2011	Institute on Aging, San Francisco	Lecturer
2012	Stanford University Geriatric Education Center	Lecturer
2012	Western States Consortium (Geri-West), Reynolds Foundation Meeting	Lecturer
2012	UCSF Division of Geriatrics Grand Rounds Introductory Presentation	Lecturer
2015	UCSF Education Showcase	Presenter
2018	Western Group on Educational Affairs Regional Meeting, Denver, CO	Presenter

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2018	UCSF Education Showcase	Presenter

BIOGRAPHICAL SKETCH

NAME: **Lanata, Serggio C.**

eRA COMMONS USER NAME: SLANATA

POSITION TITLE: Associate Professor of Clinical Neurology

EDUCATION/TRAINING:

INSTITUTION AND LOCATION	DEGREE	Completion Date	FIELD OF STUDY
Universidad Ricardo Palma, Lima, Peru	--	06/2000	Biological Sciences
University of Florida, Gainesville, Florida	B.S	07/2003	Food Science & Nutrition
Georgetown University, Washington, DC	M.S	07/2005	Physiology
University of South Florida, Tampa, Florida	M.D	06/2009	Medicine
Brown University, Providence, Rhode Island	Residency	06/2013	Medicine and Neurology
University of California, San Francisco	Fellowship	06/2015	Behavioral Neurology and Neuropsychiatry

A. Personal Statement

I am a Peruvian-American behavioral neurologist and neuropsychiatrist at the University of California San Francisco (UCSF) Memory and Aging Center (MAC), where I serve as a clinican, educator, and clinical researcher in the field of neurodegenerative disorders. I am faculty and mentor in the Global Brain Health Institute (GBHI) and I lead the Outreach, Recruitment, and Engagement (ORE) core of the UCSF Alzheimer's Disease Research Center (ADRC) as well as our center's Community Outreach Program. My research interest is centered on studying how exposures to various social determinants of health (SDOH) throughout the lifespan influence neurocognitive health outcomes late in life, including risk of cerebrovascular disease and neurodegenerative disease, thereby contributing to existing racial/ethnic neurocognitive health disparities in older adults. As PI or co-Investigator on NIH-funded grants at the MAC, I have led the development of a robust community outreach program that has enhanced our center's abilitiy to engarge and recruit persons from diverse backgrounds into our ADRC and other large research projects at the MAC and has also improved our center's ability to diagnose and care for persons from diverse backgrounds; I have also led the development of a multidomain SDOH questionnaire for research, which captures exposures to various SDOH throughout the lifespan, such as adverse childhood experiences, poor access to health care, and resource strain. The goal of this questionnaire is to measure a person's cumulative social vulnerability and correlate it with specific late life brain health outcomes, including risk of Alzheimer's disease. My position as leader of the ORE core of our ADRCand investigator has given me the opportunity to aquire significant experience in the proper administration of differenttypes of research and community-based clinical and outreach projects, while also contributing to peer-reviewed publications. As co-lead of the Education Core of Dementia Aware, I will leverage my experience and leadership position in outreach and community-based education to underserved populations to meet the educational training goals of the project.

Ongoing and recently completed projects that I would like to highlight include:

UG3 NS105557
Possin (PI), Role: Co-Investigator
The UCSF Brain Health Assessment for the Detection of Cognitive Impairment Among Diverse Populations in Primary Care
09/25/2017 – 08/31/2022

P30 AG062422
Miller (PI), Role: Co-Investigator
New Approaches to Dementia Heterogeneity
05/01/2019 – 03/31/2024

RF1 AG032289
Kramer (PI), Role: Key Personnel
Biological predictors of brain aging trajectories
09/15/2020 – 08/31/2024

1R01AG070883-01 (Lanata)
Kind (PI), Role: Co-PI
The Neighborhoods Study: Contextual Disadvantage and Alzheimer's Disease and Related Dementias (ADRD)
03/01/2021 – 02/28/2022

B. Positions, Scientific Appointments, and Honors

Positions

2021 - present Associate Professor of Clinical Neurology, Department of Neurology, University of California, San Francisco
2018 - 2021 Assistant Professor of Clinical Neurology, Department of Neurology, University of California, San Francisco
2017 - present Recipient of the Roland Nyegaard, MD, Endowed Professorship in Vulnerable Populations
2015 - present Faculty, Global Brain Health Institute, Memory and Aging Center, Department of Neurology, University of California, San Francisco
2015 - present Assistant Adjunct Professor, Department of Neurology, University of California, San Francisco
2013 - 2015 Behavioral Neurology and Neuropsychiatry Fellow, Memory and Aging Center, Department of Neurology, University of California, San Francisco

Other Experience and Professional Memberships

2017 - present Reviewer, GBHI – Alzheimer's Association Pilot Project Applications
2014 - present Reviewer, Neuroimage Clinical
2013 - present Reviewer, Neurocase
2012 - present Chief Resident in Neurology, Department of Neurology, Brown University, Providence, RI
2010 - present Member, American Academy of Neurology

Honors

2019 UCSF School of Medicine Population Health and Health Equity Scholar
2013 Awarded the American Academy of Neurology (AAN) Resident Scholarship to attend 2013 AAN Annual Meeting
2013 Recipient Neurology Chief Resident Teaching Award, Brown University, Department of Neurology, Providence, RI
2003 Selected to participate in the University of Florida Scholars Program Summer Research Program, University of Florida, Gainesville

2001 - 2003 Scholar of the Upper Division Honors Program of the College of Agricultural and Life Sciences at the University of Florida

C. Contributions to Science

1. Late diagnosis of dementia in vulnerable Latinos living in the US is a major challenge. A major factor leading to late diagnosis is the lack of brief cognitive assessment tools that can reliably detect early signs of cognitive impairment in Spanish speaking Latinos with low education and different national and cultural backgrounds. Our center led the creation and validation of the Brain Health Assessment (BHA) in English-speaking populations of low vulnerability. The BHA is 10-minute, tablet based cognitive assessment tool that is 100% sensitive to dementia and 84% to MCI, compared to the MoCA's 75% and 25% sensitivity, respectively. The BHA assumes low educational attainment from participants and is relatively weakly influenced by cultural background, hence in 2016 I led to translation of the BHA from English to Spanish and I am co-leading efforts to validate the use of this tool in our cohort of Latinos of diverse backgrounds and low education; in addition, we are working with colleagues in Cuba, Spain, and Argentina in order to validate the BHA in other Spanish speaking countries.
    a. Possin KL, Merrilees JJ, Dulaney S, et al. Effect of Collaborative Dementia Care via Telephone and Internet on Quality of Life, Caregiver Well-being, and Health Care Use: The Care Ecosystem Randomized Clinical Trial [published online ahead of print, 2019 Sep 30]. JAMA Intern Med. 2019;179(12):1658-1667. doi:10.1001/jamainternmed.2019.4101
    b. Tsoy E, Erlhoff SJ, Goode CA, et al. BHA-CS: A novel cognitive composite for Alzheimer's disease and related disorders. Alzheimers Dement (Amst). 2020;12(1):e12042. Published 2020 Jun 21. doi:10.1002/dad2.12042

2. Age-related neurodegenerative diseases of the brain, such as Alzheimer's disease and frontotemporal lobar degeneration, lead to focal neurocognitive deficits that contribute to the experience of homelessness, particularly when these occur in the setting of socioeconomic hardship and unsupportive social environments. We explored this hypothesis within existing research participants in the UCSF MAC. We found that homelessness was overrepresented in our cohort of persons with neurodegenerative disease, compared to the general population. Moreover, we found that early neurocognitive deficits caused by neurodegenerative disease contributed to homelessness in some of these participants.
    a. Piña-Escudero SD, López L, Sriram S, Longoria Ibarrola EM, Miller B, Lanata S. Neurodegenerative Disease and the Experience of Homelessness. Front Neurol. 2021 Jan 13;11:562218. doi: 10.3389/fneur.2020.562218. PMID: 33519660; PMCID: PMC7838483.

3. The accurate diagnosis of neurocognitive disorders (mild and major neurocognitive disorder) in illiterate populations is challenging, largely owing to scarcity of validated brief cognitive screening tools (BCST) in these populations. The Peruvian version of the Rowland Universal Dementia Assessment Scale (RUDAS-PE) is a BCST that relies minimally on educational attainment and has shown good diagnostic accuracy in an urban illiterate population in Peru, yet its psychometric properties in illiterate populations in rural settings of the country have not been previously investigated. We recently conducted a study testing the performance of the RUDAS-PE in an population of illiterate persons living in a rural region of Peru and found it to perform satisfactorily compared to gold standard clinical diagnostic procedures.
    a. Custodio N, Montesinos R, Diaz MM, Herrera-Perez E, Chavez K, Alva-Diaz C, Reynoso-Guzman W, Pintado-Caipa M, Cuenca J, Gamboa C, Lanata S. Performance of the Rowland Universal Dementia Assessment Scale for the Detection of Mild Cognitive Impairment and Dementia in a Diverse Cohort of Illiterate Persons From Rural Communities in Peru. Front Neurol. 2021 Jul 7;12:629325. doi: 10.3389/fneur.2021.629325. PMID: 34305773; PMCID: PMC8292605.

OMB No. 0925-0001 and 0925-0002 (Rev. 12/2020 Approved Through 02/28/2023)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors
.Followthis format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: **Rosen, Howard J.**

eRA COMMONS USER NAME (credential, e.g., agency login): HJROSEN

POSITION TITLE: Professor of Neurology

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
Boston University College of Liberal Arts, Six-Year BA/MD Program, Boston MA	B.A./M.D	06/1989	Medical Science, Minor: Philosophy
Albert Einstein College of Medicine/Bronx Municipal Hospital Center, Bronx NY	Resident	07/1992	Internal Medicine
University of California, San Francisco CA	Resident	07/1996	Adult Neurology
Washington University, Saint Louis MO	Fellow	07/1999	Neuroimaging

A. Personal Statement. I am a behavioral neurologist with extensive clinical and research experience in neurodegenerative disease. For the past 22 years, most of my work has focused on characterizing typical and atypical neurodegenerative diseases using a variety of behavioral and imaging techniques. In particular, I have focused on clinical and imaging characterization of FTD, and on facilitating earlier and more accurate diagnosis. I have experience with both traditional and experimental measures for assessment of cognition and behavior in FTD, including laboratory-based measures of emotion, and extensive experience with brain imaging, encompassing multiple structural and functional imaging approaches. I am a PI or co-I on multiple grants that use brain imaging to better understand aging and neurodegenerative disease. Since 2009, I have led multicenter longitudinal clinical and biomarker studies of FTD, with goals that included preparation for clinical trials. I am currently MPI of ALLFTD, a multisite study of familial and sporadic FTD. I am also the director of the MR imaging core at the UCSF Memory and Aging Center and have served as director of the imaging cores for the UCSF Alzheimer's disease research center (ADRC) UCSF's program project grant on FTD for several years. I am also director of the California Alzheimer's Disease Center at UCSF. In that role, I tracked clinical assessments at our center and directed many regional training activities, and I have represented our center as part of the CA public health system, and led the development of a toolkit for diagnosis of dementia for use by primary care practices, and I am continuing to work with primary care practices to implement this toolkit through state-funded projects. I was also director of the UCSF ADRC Outreach, Recruitment and Engagement Core from 2004 to 2020. In that role, I helped implement our center's efforts to recruit diverse populations into research, focusing in particular on Chinese Americans. I am also highly committed to training. I direct UCSF's Behavioral Neurology Training Program and I direct the core curriculum for the Global Brain Health Institute, a program run in partnership with Trinity College, Dublin that welcomes 30 new trainees from diverse disciplines each year to develop careers in brain health. I have mentored over 60 students, post-doctoral scholars, and junior faculty members.

Relevant ongoing and recently completed grants I would like to highlightU19

AG063911
Boeve, Boxer, Rosen (MPI)
09/15/2019–06/30/2024

NIH/Mayo Foundation/Mayo Clinic
ARTFL LEFFTDS Longitudinal Study of Frontotemporal Lobar Degeneration (ALLFTD)

The purpose of this project is to utilize a North American network of clinical research centers to characterize thenatural history of FTLD and prepare for future clinical trials in FTLD.

P30 AG062422
Mille (PI), Role: Core Lead, Imaging Core, REC, Clinical Core.
05/01/19 – 03/31/24
NIH/NIA
New Approaches to Dementia Heterogeneity (Alzheimer's Disease Research Centers)
The overall goal for this project is to define and detect the subtypes of healthy aging, MCI, AD, FTD, PSP, CBS, and CJD that predict specific molecular and physiological causes for dementia; improve early recognition and tracking of transitions from normal aging to dementia; and stimulate drug development and clinical trials.

R01 AG056749
Wang, Rosen (MPI) 09/01/17 –
08/31/22 (NCE)NIH/NIA
PREDICT-ADFTD: Multimodal Imaging Prediction of AD/FTD and Differential Diagnosis
This project will use multiple types of brain imaging combined with advanced techniques for brain morphometryto improve imaging-based differential diagnosis of neurodegenerative disease.
Role: Multiple PD/PI.

K24 AG045333
Rosen (PI) 09/01/13 –
01/31/24NIH/NIA
Multimodal imaging in frontotemporal degeneration
The goals of this proposal are 1) to support time for Dr. Rosen to provide mentoring to a growing number of clinical researchers, 2) to support time for him to augment his skills as an investigator and 3) to increase his ability to conduct patient oriented research (POR) and to impart these skills to his mentees.

P01 AG019724
Miller (PI), Role: Imaging core lead.
09/01/02– 05/31/22
NIH/NIA
FTD: Genes, Images and Emotions
The overall goal of this project is to investigate the early changes in FTLD using imaging, and cognitive and behavioral assessment.

09-11410
Rosen (PI) 07/01/18 –
06/30/23
CA DHS/ADP/CADC
Multidisciplinary Research Program to Improve the Differential Diagnosis of Dementia
This is a clinical center that provides diagnosis and care to patients with dementia. It funds UCSF as one ten California Alzheimer's Disease Centers (CADCs)

U01 AG045390
Boeve, Rosen (MPI)
09/30/14–11/30/19
NIH/Mayo Foundation/Mayo Clinic
Longitudinal Evaluation of Familial Frontotemporal Dementia Subjects (LEFFTDS)
The goal of this project is to characterize longitudinal decline in participants from families affected by autosomal dominant mutations that cause frontotemporal dementia.

U54 NS092089
Boxer (PI), Role: Administrative director, project director

09/30/14 – 07/31/19 (NCE)
NIH/NINDS

Advancing Research and Treatment for Frontotemporal Lobar Degeneration (ARTFL)
This grant provides funds to create a 14 site North American rare disease network focused on FTLD to develop biomarkers and prepare for clinical trials.
Role: Project 2 Lead, Training (Career Development) Component Director.

Citations:

1. Staffaroni AM, Ljubenkov PA, Kornak J, Cobigo Y, Datta S, Marx G, Walters SM, Chiang K, Olney N, Elahi FM, Knopman DS, Dickerson BC, Boeve BF, Gorno-Tempini ML, Spina S, Grinberg LT, Seeley WW, Miller BL, Kramer JH, Boxer AL, **Rosen HJ**. Longitudinal multimodal imaging and clinical endpoints for frontotemporal dementia clinical trials. Brain. 2019 Feb 1;142(2):443-459. doi: 10.1093/brain/awy319. PMID: 30698757; PMCID: PMC6351779.
2. Bejanin A, Tammewar G, Marx G, Cobigo Y, Iaccarino L, Kornak J, Staffaroni AM, Dickerson BC, Boeve BF, Knopman DS, Gorno-Tempini M, Miller BL, Jagust WJ, Boxer AL, **Rosen HJ**, Rabinovici GD. Longitudinal structural and metabolic changes in frontotemporal dementia. Neurology. 2020 Jul 14;95(2):e140-e154. doi: 10.1212/WNL.0000000000009760. Epub 2020 Jun 26. PMID: 32591470; PMCID: PMC7455324.
3. Casaletto KB, Staffaroni AM, Wolf A, Appleby B, Brushaber D, Coppola G, Dickerson B, Domoto-Reilly K, Elahi FM, Fields J, Fong JC, Forsberg L, Ghoshal N, Graff-Radford N, Grossman M, Heuer HW, Hsiung GY, Huey ED, Irwin D, Kantarci K, Kaufer D, Kerwin D, Knopman D, Kornak J, Kramer JH, Litvan I, Mackenzie IR, Mendez M, Miller B, Rademakers R, Ramos EM, Rascovsky K, Roberson ED, Syrjanen JA, Tartaglia MC, Weintraub S, Boeve B, Boxer AL, **Rosen H**, Yaffe K; ARTFL/LEFFTDS Study. Active lifestyles moderate clinical outcomes in autosomal dominant frontotemporal degeneration. Alzheimers Dement. 2020 Jan;16(1):91-105. doi: 10.1002/alz.12001. PMID: 31914227; PMCID: PMC6953618.
4. Illán-Gala I, Casaletto KB, Borrego-Écija S, Arenaza-Urquijo EM, Wolf A, Cobigo Y, Goh SYM, Staffaroni AM, Alcolea D, Fortea J, Blesa R, Clarimon J, Iulita MF, Brugulat-Serrat A, Lladó A, Grinberg LT, Possin K, Rankin KP, Kramer JH, Rabinovici GD, Boxer A, Seeley WW, Sturm VE, Gorno-Tempini ML, Miller BL, Sánchez-Valle R, Perry DC, Lleó A, **Rosen HJ**. Sex differences in the behavioral variant of frontotemporal dementia: A new window to executive and behavioral reserve. Alzheimers Dement. 2021 Aug;17(8):1329-1341. doi: 10.1002/alz.12299. Epub 2021 Feb 16. PMID: 33590953; PMCID: PMC8364861.

B. Positions, Scientific Appointments, and Honors

Positions and Employment

1992-1993: Office of Medical Diagnostics, Nuclear Claims Tribunal, Republic of The Marshall Islands, Medical Diagnostic Officer
1999-2007: Assistant Professor in Neurology, University of California at San Francisco
2004- Director of Outreach and Education, UCSF Alzheimer's Disease Research Center
2005- Co-director, UCSF Behavioral Neurology Training Program
2007-2013: Associate Professor in Neurology, University of California at San Francisco
2011- Director, UCSF State of California Alzheimer's Care Center
2012- Associate Director, UCSF Alzheimer's Disease Research Center
2013- Professor of Neurology, University of California at San Francisco

Honors

2020 Received Dorothy Kirsten French Foundation Endowed Professor for Parkinsonian and Other Neurodegenerative Disorders

Other Experience and Professional Memberships

1995- Member, American Academy of Neurology
2005- Member, American Neurological Association
2000- Medical Advisory Board, Association for Frontotemporal Degeneration

C. Contributions to Science

Much of my work early work has focused on the characterization of FTD using clinical measures and brain imaging. The goals of this work were to improve our understanding of how FTD causes changes in socioemotional behavior and to identify patterns of abnormalities that can be used to improve diagnosis. This work led to the recognition that FTD affects a specific network of brain regions dedicated to social and emotional processing and my work demonstrated that the degree of abnormality in these regions is correlated with specific cognitive and behavioral deficits. My early findings were generated using quantitative analysis of structural brain imaging, and I was an early adopter of voxel-based morphometry, which has since been used many times to examine structural change in neurodegenerative disease. Subsequently, as part of a multidisciplinary team, I contributed to studies demonstrating that newer imaging techniques such as diffusion tensor imaging, MR perfusion, FDG-PET and amyloid and tau PET added value in diagnosis of FTD. All of this work contributed to current theories that FTD is a network-specific disorder, and to the body of evidence indicating that imaging is a valuable diagnostic tool in FTD, ultimately leading to the inclusion of brain imaging in the current diagnostic criteria for FTD. These findings also led to my work examining longitudinal clinical and imaging changes in FTD, including projects that track and predict symptom onset in familial FTD (https://www.allftd.org/). These projects are providing extensive clinical and imaging data that can be used to plan clinical trials in symptomatic and presymptomatic FTD, and data predicting onset of symptoms in familial FTD.

a. Tosun D, **Rosen H**, Miller BL, Weiner MW, Schuff N. MRI patterns of atrophy and hypoperfusion associations across brain regions in frontotemporal dementia. Neuroimage. 2012 Feb 1;59(3):2098-109. doi: 10.1016/j.neuroimage.2011.10.031. Epub 2011 Oct 20. PMID: 22036676; PMCID: PMC3254855.
b. Ljubenkov PA, Staffaroni AM, Rojas JC, Allen IE, Wang P, Heuer H, Karydas A, Kornak J, Cobigo Y, Seeley WW, Grinberg LT, Spina S, Fagan AM, Jerome G, Knopman D, Boeve BF, Dickerson BC, Kramer J, Miller B, Boxer AL, **Rosen HJ**. Cerebrospinal fluid biomarkers predict frontotemporal dementia trajectory. Ann Clin Transl Neurol. 2018 Sep 20;5(10):1250-1263. doi: 10.1002/acn3.643. PMID: 30349860; PMCID: PMC6186942.
c. Staffaroni AM, Goh SM, Cobigo Y, Ong E, Lee SE, Casaletto KB, Wolf A, Forsberg LK, Ghoshal N, Graff-Radford NR, Grossman M, Heuer HW, Hsiung GR, Kantarci K, Knopman DS, Kremers WK, Mackenzie IR, Miller BL, Pedraza O, Rascovsky K, Tartaglia MC, Wszolek ZK, Kramer JH, Kornak J, Boeve BF, Boxer AL, **Rosen HJ**; ARTFL-LEFFTDS Longitudinal Frontotemporal Lobar Degeneration Consortium. Rates of Brain Atrophy Across Disease Stages in Familial Frontotemporal Dementia Associated With MAPT, GRN, and C9orf72 Pathogenic Variants. JAMA Netw Open. 2020 Oct 1;3(10):e2022847. doi: 10.1001/jamanetworkopen.2020.22847. PMID: 33112398; PMCID: PMC7593814
d. Lesman-Segev OH, La Joie R, Iaccarino L, Lobach I, **Rosen HJ**, Seo SW, Janabi M, Baker SL, Edwards L, Pham J, Olichney J, Boxer A, Huang E, Gorno-Tempini M, DeCarli C, Hepker M, Hwang JL, Miller BL, Spina S, Grinberg LT, Seeley WW, Jagust WJ, Rabinovici GD. Diagnostic Accuracy of Amyloid versus ^{18}F-Fluorodeoxyglucose Positron Emission Tomography in Autopsy-Confirmed Dementia. Ann Neurol. 2021 Feb;89(2):389-401. doi: 10.1002/ana.25968. Epub 2020 Dec 7. PMID: 33219525; PMCID: PMC7856004

I have also led the development of measures for characterization of FTD and for tracking FTD longitudinally in order to improve recognition of FTD and improve efficiency of FTD clinical trials. This work has included novel techniques for assessment of cognition and emotion in dementia, focusing in particular on self-monitoring. My studies were among the earliest to document impaired recognition of emotions in FTD, and a large body of work refining these deficits has developed since then.

a. Scherling CS, Zakrzewski J, Datta S, Levenson RW, Shimamura AP, Sturm VE, Miller BL, **Rosen HJ**. Mistakes, Too Few to Mention? Impaired Self-conscious Emotional Processing of Errors in the Behavioral Variant of Frontotemporal Dementia. Front Behav Neurosci. 2017 Oct 17;11:189. doi: 10.3389/fnbeh.2017.00189. PMID: 29089874; PMCID: PMC5651000.
b. Perry DC, Datta S, Sturm VE, Wood KA, Zakrzewski J, Seeley WW, Miller BL, Kramer JH, **Rosen HJ**. Reward deficits in behavioural variant frontotemporal dementia include insensitivity to negative stimuli. Brain. 2017 Dec 1;140(12):3346-3356. doi: 10.1093/brain/awx259. PMID: 29053832; PMCID: PMC5841034.
c. Chen KH, Hua AY, Lwi SJ, Haase CM, **Rosen HJ**, Miller BL, Levenson RW. Smaller Volume in Left-

Lateralized Brain Structures Correlates with Greater Experience of Negative Non-target Emotions in Neurodegenerative Diseases. Cereb Cortex. 2021 Jan 1;31(1):15-31. doi: 10.1093/cercor/bhaa193.PMID: 32820325; PMCID: PMC7727364.

d. Toller G, Ranasinghe K, Cobigo Y, Staffaroni A, Appleby B, Brushaber D, Coppola G, Dickerson B, Domoto-Reilly K, Fields J, Fong J, Forsberg L, Ghoshal N, Graff-Radford N, Grossman M, Heuer H, Hsiung GY, Huey E, Irwin D, Kantarci K, Kaufer D, Kerwin D, Knopman D, Kornak J, Kramer J, Litvan I, Mackenzie I, Mendez M, Miller B, Rademakers R, Ramos E, Rascovsky K, Roberson E, Syrjanen J, Tartaglia C, Weintraub S, Boeve B, Boxer A, **Rosen H,** Rankin K; **ARTFL/LEFFTDS Consortium**. Revised Self-Monitoring Scale: A potential endpoint for frontotemporal dementia clinical trials. Neurology. 2020 Jun 2;94(22):e2384-e2395. doi: 10.1212/WNL.0000000000009451. Epub 2020 May 5. PMID: 32371446; PMCID: PMC7357291.

As head of the UCSF ADRC outreach core from 2004 to 2020 I was a leader in promoting the inclusion of Chinese Americans into research on aging and cognition in the U.S. Through these efforts, I have published several papers focusing on Chinese Americans, including papers discussing the barriers preventing their inclusion in research, the relationship between cognitive and depressive symptoms, and the utility of new tasks for quantifying cognitive impairment in Chinese Americans. Because of our leadership in this area, our center has now been included in the recently initiated Asian Cohort for Alzheimer's Disease (ACAD) study, which is working to understand the risks for dementia in Asian Americans.

a. Chao SZ, **Rosen HJ**, Azor V, Ong H, Tse MM, Lai NB, Hou CE, Seeley WW, Miller BL, Matthews BR. Frontotemporal dementia in eight Chinese individuals. *Neurocase*. 2013; 19(1):76-84. PMCID: PMC2744649.

b. Chao SZ, Matthews BR, Yokoyama JS, Lai NB, Ong H, Tse M, Yuan RF, Lin A, Kramer J, Yaffe K, Kornak J, Miller BL, **Rosen HJ**. Depressive symptoms in Chinese-American subjects with cognitive impairment. *Am J Geriatr Psychiatry*. 2014 Jul; 22(7):642-52. PMCID: PMC2443737.

c. Yokoyama JS, Lee AK, Takada LT, Busovaca E, Bonham LW, Chao SZ, Tse M, He J, Schwarz CG, Carmichael OT, Matthews BR, Karydas A, Weiner MW, Coppola G, DeCarli CS, Miller BL, **Rosen HJ**. Apolipoprotein ε4 is associated with lower brain volume in cognitively normal Chinese but not white older adults. *PLoS One*. 2015 Mar 4;10(3): PMCID: PMC4349764.

d. Fan J, Tse M, Carr JS, Miller BL, Kramer JH, **Rosen HJ**, Bonham LW, Yokoyama JS. Alzheimer Disease-associated Cortical Atrophy Does not Differ Between Chinese and Whites. Alzheimer Dis Assoc Disord. 2019 Jul-Sep;33(3):186-193. doi: 10.1097/WAD.0000000000000315. PMID: 31094707; PMCID: PMC6527333

Complete List of Published Work in MyBibliography:
http://www.ncbi.nlm.nih.gov/sites/myncbi/howard.rosen.1/bibliography/40953334/public/?sort=date&direction=a_scending

Prepared: February 18, 2022

Name: **Loren I Alving, MD**

Position: HS Clinical Professor
Neurology
School of Medicine

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EDUCATION

1979 - 1983	California Institute of Technology w/honors	BS	Biology
1983 - 1988	UC San Diego	MD	Medicine
1988 - 1989	Veterans Administration, UCSF Fresno	Internship	Medicine
1989 - 1992	Mayo Clinic	Residency	Neurology
1992 - 1993 Fellowship	Mayo Clinic	Research	Computational Neural Modeling

LICENSES, CERTIFICATION

1992 Medical Licensure: California #G75668

1994 American Board of Psychiatry & Neurology, certificate valid indefinitely

2007 Diplomate, Behavioral Neurology and Neuropsychiatry, subspecialty certification, United Council forNeurologic Subspecialties Re-certification valid until 2027

HONORS AND AWARDS

1992	General Mills foundation Clinician-Investigator Fellowship Award
2011	LIFE Student Excellence in Teaching Award, Neurology
2012	Haile T. Debas Academy of Medical Educators Excellence in Teaching Award
2014	LIFE Student Excellence in Teaching Award, Neurology
2018	Elected to membership Haile T. Debas Academy of Medical Educators

INTERNATIONAL INVITED PRESENTATIONS

2020	Perspectives in Dementia Care and Running an Alzheimer Disease Center in the San Joaquin Valley, Global Brain Health Institute Fellows Group	Invited Speaker

Prepared: February 18, 2022

REGIONAL AND OTHER INVITED PRESENTATIONS

2002	Lewy body Dementia in Dementia: Translating Research intoPractice, annual ARCC Conference, Fresno, CA	Presenter
2003	Alzheimers and Other Dementias: Clinical Correlations, Annual Caregiver Conference, Sonora, CA	Presenter
2004	Neurological Emergencies, Kaiser Permanente, Fresno, CA	Presenter
2004	New Frontiers: Prevention and Novel Therapies in Dementia, Annual ARCC Conference, Fresno, CA	Presenter
2005	New Frontiers; Prevention and Novel Therapies in Alzheimers Disease, UCSF Fresno, Grand Rounds	Presenter
2005	Fresno, Grand Rounds , Everything Your Patients Need to Know About the Prevention of Alzheimers Disease, Kaiser Permanente, Fresno, CA	Presenter
2006	Frontotemporal Dementia, UCSF Fresno Grand Rounds	Presenter

2007	Recent Advances in Dementia, Central Coast Alzheimers Ed Conference, San Luis Obispo, CA	Presenter
2007	Dementia with Lewy Bodies, UCSF Fresno Grand Rounds	Presenter
2010	Neuroscience, Fresno Pacific University, Fresno, CA	Presenter
2011	Red Flags in Neurology, Kaiser Permanente, Fresno, CA	Presenter
2011	Rapidly Declining Mental Status, Kaiser Permanente, Fresno, CA	Presenter
2011	Red Flags in Neurology, CRMC Neuroscience Symposium	Presenter
2011	Rapidly Progressive Dementias, Kaiser Permanente, Fresno, CA	Presenter
2012	Red Flags in Neurology, UCSF Fresno Neuroscience Grand Rounds	Presenter
2012	Rapidly Progressive Dementias, UCSF Fresno Grand Rounds	Presenter
2012	What's New With Mad Cow: A Primer on Prions, UCSF Fresno Neuroscience Grand Rounds	Presenter
2012	West Nile Virus, UCSF Fresno Neuroscience Journal Club	Presenter
2013	Why Do Neurodegenerative Disorders Present as Specific Clinical Syndromes? Selective Vulnerability, Connectivity Networks, and Prion Proteins, UCSF Fresno Neuroscience Journal Club	Presenter
2014	Dementia, Kaiser Permanente, Fresno, CA	Presenter
2014	How to Manage Behavioral Problems in Dementia, Kaiser Permanente, Fresno, CA	Presenter

2014	Will I Get Alzheimer Disease?, Kaiser Permanente, Fresno, CA	Presenter
2014	Will I Get Alzheimer Disease? - What your patients want to Know, Grand Rounds UCSF Fresno	Presenter
2014	Overview of Alzheimer Disease and Dementia, Regional RCFE conference	Presenter
2015	Clovis Community Medical Center Health Quest Forum Speaker: Introducing Dementia	Presenter
2016	Neuroscience Patient Case Presentation w/ Ernestina Saxton, MD, PhD: Difficult Diagnostic and Therapeutic Issues in a Patient with an Autoimmune History and Persistent Cognitive Issues, Headaches, Seizures - 03/2016	Presenter
2016	Clovis Community Medical Center Health Quest Forum Speaker: Understanding Alzheimer's Disease - What is known about its causes?	Presenter

2017	UC Davis/Sonora Caregiver Conference: Managing Difficult Behaviors in Dementia	Presenter
2017	Alzheimer's Foundation, San Francisco: Update on Alzheimer's Disease	Presenter
2017	Department of Psychiatry Grand Rounds: Do you see what I see? Hallucinations in the Elderly and their Utility in the Clinical Setting	Presenter
2017	Central California Psychiatric Society, Monterey, CA: Do you see what I see? Hallucinations in the Elderly and their Utility inthe Clinical Setting.	Presenter
2017	Clovis Community Medical Center Health Quest Forum Speaker: When Dementia is not Alzheimer disease: Lewy Body Dementia	Presenter
2018	Central California Psychiatry Society, Fish Camp, CA: Frontotemporal Dementia	Presenter
2018	Alzheimer Caregiver Conference: Capacity	Presenter
2018	Clovis Community Medical Center Health Quest Forum Speaker: Through the Looking Glass, What Dementia CanTell About How the Brain Works	Presenter
2020	University of California, San Francisco Education Showcase 2020 (Presentation on Sept 8). Plenary Session Selection. Addressing a critical physician workforce shortage: the University of California, San Francisco San Joaquin Valley (SJV) Program in Medical Education (PRIME)	Presenter

Prepared: February 18, 2022

GOVERNMENT AND OTHER PROFESSIONAL SERVICE

2021 - present California Institute for Regenerative Medicine Member IndependentCitizens' Oversight Committee	Alternate Board

UNIVERSITY SERVICE - SYSTEM

2016 - 2021 committee	UC Davis IOR (instructor of record = clerkship director)	SJV PRIME Fresno Representative
2010 - present California State University, Fresno, Annual Central California Research Symposium		Academic Committee Member

UNIVERSITY SERVICE - CAMPUS

2019 - 2020	UCSF Haile T. Debas Academy of Medical Educators (AME) Excellence in Teaching Awards Action Group	Member
2020 - 2021	UCSF Haile T. Debas Academy of Medical Educators (AME) applicant coach	Coach

2021 - present UCSF Haile T. Debas Academy of Medical Educators (AME) Membership Committee Member

UNIVERSITY SERVICE - SCHOOL OF MEDICINE

2013 - 2017	Clinical Core Operations Committee (CCOC)	Member
2014 - 2016	Longitudinal Integrated Clerkship Committee (LIC)	Member
2016 - 2021	Doctoring 3 course (UCSF Fresno/UC Davis and San Joaquin Valley Prime Student Program)	Instructor Curriculum
2016 - 2021	UCSF Fresno/UC Davis San Joaquin Valley Prime Program	Director
2017 - present	Foundations 2 Operations Committee (F2 Ops)	Voting Member
2018 - present	UCSF Haile T. Debas Academy of Medical Educators(AME)	Member
2018 - present	UCSF School of Medicine Admissions Committee	SJV PRIME member
2018 - present	San Joaquin Valley Prime Program(SJV PRIME) UCSF,UCSF Fresno and UC Merce.	Director

2018 - 2019 San Joaquin Valley Programs in Medical Education (SJV PRIME) Task Force UCSF, UCSF Fresno and UC Merced Co-Chair

2018 - present Longitudinal Integrated Clerkship (LIC) committee Member

2018 - present Career Launch Operations Committee (CL Ops) Fresno Representative

2019 - 2019 Student, Resident, and Faculty Development Member
Presidential Chair working group 2

Prepared: February 18, 2022

2019 - present Committee on Curriculum and Educational Policy(CCEP) Member

2020 - 2021 SJV PRIME Program planning group - UCSF/UCSF Fresno/UC Merced group to develop expansion of SJVPRIME

2021 - present SJV PRIME+ Coordinating Committee Member

2021 - present SJV PRIME+ F2 Workstream Lead

2021 - present SJV PRIME+ Admissions Workstream Member

2021 - present Fresno Faculty Development Committee Member

DEPARTMENTAL SERVICE

2002 - 2015	UCSF Fresno Alzheimer & Memory Center	Co-Director
2009 - 2013	Department of Neurology	Fresno Site Director for Visiting 4th Year Students
2011 - 2013	Department of Medicine	Interviewer for Resident Interviews
2010 - 2013	Longitudinal Integrated Fresno Experience Committee	Member, Neurology representative
2012 - 2013	Department of Neurology	3rd Year Site Director, Neurology Clerkship
2013 - present	UCSF Fresno Undergraduate Medical Education Committee (UMEC)	Member

2013 - present Longitudinal Integrated Fresno Experience (LIFE)Clerkship Co-Director

2015 - present UCSF Fresno Alzheimer & Memory Center Director

2020 - 2021 Department of Neurology Acting site director, Fresno

UNIVERSITY SERVICE - OTHERS

2007 - 2012 Advisory Board NIH Fresno State RIMI (Research Infrastructure for Minority Institution) Fresno, CA

OMB No. 0925-0001 and 0925-0002 (Rev. 03/2020 Approved Through 02/28/2023

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: **Sarah M. Hooper**

eRA COMMONS USER NAME (credential, e.g., agency login): hoopers

POSITION TITLE: Executive Director and Lecturer in Law

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing ,include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
University of California, Santa Barbara	BA	06/2005	Law & Society
University of London, Queen Mary; University of California	N/A	06/2004	Law; English Literature
University of California, Hastings College of the Law	JD	05/2008	Law
George Washington University School of Public Health, Atlantic Fellows for Health Equity Fellowship	n/a	01/2018	Health Equity

A. Personal Statement

My interests and experience in understanding and addressing the medical-legal needs of vulnerable older adults, and particularly those with dementia, are well-suited to this proposed research project. I have broad training in the law as well as specific experience and training in legal, bioethical, and policy issues related to aging and dementia care. My approach to research and teaching in this field has been highly interdisciplinary and collaborative. In nearly all of my research work, I have partnered with health researchers in investigating the many intersecting socio-legal determinants of healthy aging, such as legal barriers to effective advance care planning, civil legal approaches to addressing elder exploitation, and enforcement of safety and quality standards in long term care settings. This research has informed my work to develop and implement medical- legal interventions aimed at improving care and health outcomes in vulnerable older adults. In 2010, I conceptualized, developed, and established a medical-legal partnership (MLP) clinic that provides free, comprehensive medical and financial/legal planning to vulnerable older patients at geriatrics and palliative care clinics at UCSF and the San Francisco Veterans Administration. This clinic has been named a "Statewide Health Innovation" by the California Department of Health and Human Services and the Department of Public Health. My experience designing and implementing this model has led to subsequent research collaborations, including the CMMI-funded Care Ecosystem, the PREPARE initiative to develop low-literacy advance directives for all fifty states, and the HRSA-funded Geriatric Workforce Enhancement Program (GWEP). In each of these, I have led and managed the legal teams in collaboration with health partners, and thus appreciate the logistical and other needs of interdisciplinary grant collaboration. These collaborations have advanced our understanding of the clinical and systemic opportunities and challenges for implementing effective medical-legal interventions to address the needs of vulnerable older adults. This proposed research project represents an important next step in my aim to further scale and test interventions that address the medical-legal needs of older adults with dementia.

1. **Hooper S,** Sabatino C, Sudore R. Improving medical-legal advance care planning, Journal of Pain and Symptom Management, 2020; 60(2): 487-494.
2. **Hooper S.** The medical-legal partnership model: an opportunity to bridge civil justice and health for vulnerable older adults, Journal of the American Society on Aging, 2020; 43(4), 99-102.
3. **Hooper S,** Teitelbaum J, Parekh A, Fabiny A. (May 17,2019) Legal advocacy to improve care for older adults with complex needs. Health Affairs Blog, Copyright © 2019 Health Affairs by Project HOPE – The People-to-People Health Foundation, Inc.

4. Possin KL, Merrilees JJ, Dulaney S, Bonasera S, Chiong W, Lee K, **Hooper S**, Allen I, Braley T, Bernstein A, Rosa T, Harrison K, Begert-Hellings H, Kornak J, Kahn J, Naasan G, Lanata S, Clark A, Chodos A, Gearhart R, Ritchie C, Miller B. Effect of Collaborative Dementia Care via Telephone and Internet on Quality of Life, Caregiver Well-being, and Health Care Use: The Care Ecosystem Randomized Clinical Trial. JAMA Intern Med. 2019;179(12):1658–1667. doi:10.1001/jamainternmed.2019.4101
5. **Hooper, S.**, & Chiong, W. (2017). Decision-making capacity and frontal lobe dysfunction. In The Human Frontal Lobes: Functions and Disorders (3rd ed.). New York, New York: The Guilford Press.

B. Positions and Honors

2020-present Faculty Director, Concentration in Health Law & Policy, UC Hastings Law
2015-present Executive Director, UCSF/UC Hastings Consortium on Law, Science & Health Policy
2011-present Law Faculty, UC Hastings Law (Lecturer in Law, 2020-present, Adjunct Professor of Law 2011-2020) Courses taught: Elder Law & Policy, Health Research Ethics & Compliance, Medical-Legal Partnership for Seniors Seminar; Law of End of Life Care, Concentration in Health Law & Policy Seminar, Master of Studies in Law Seminar
2010-present Founding Policy Director, UCSF/UC Hastings Medical-Legal Partnership for Seniors
2018-present Senior Fellow, Atlantic Fellows for Health Equity, Milken Institute School of Public Health, George Washington University
2016-present Instructor, Global Brain Health Institute, University of California San Francisco and Trinity College Dublin
2008-present Licensed Member, California State Bar
2010-2015 Assistant Director, UCSF/UC Hastings Consortium on Law, Science & Health Policy
2009-2010 Senior Consortium Law Fellow, UCSF/UC Hastings Consortium on Law, Science & Health Policy
2008-2009 Contract Attorney, Lieff, Cabraser, Heimann & Bernstein, LLP
2007 Witkin and Cali Awards in Healthcare Decisionmaking, Bioethics & Law

C. Contributions to Science

1. **Design and dissemination of an integrated medical-legal care model to address social determinants of health in vulnerable older adults, including those with ADRD**

Our work on the link between law and health care for older adults laid the foundation for the conception, development and implementation of a medical-legal partnership (MLP) model targeted to older adults. The MLP model has existed for over a decade and aims to address social determinants of health by directly integrating legal assistance into healthcare delivery. Historically this model has been targeted to children and families rather than older adults. We saw a need and opportunity to adapt the medical- legal partnership model for this population and have articulated a concept of "comprehensive advance care planning" which defines the bundle of medical, financial, and legal planning needs that are unique to vulnerable older adults and uniquely health-impacting. We developed and established the Medical- Legal Partnership for Seniors Clinic (MLPS) in 2012, in which UC Hastings law students and faculty provide direct legal assistance to vulnerable older patients at clinics, hospitals, long term care facilities associated with UCSF Medical Center and the San Francisco Veterans Administration, as well as in patient homes. The legal services are holistic and begin with a "legal checkup" from which advocates develop a tailored legal care plan, which can include assistance with advance directives, estate planning, Medicaid, Medicare, private health insurance, consumer protection, elder financial abuse protection, income maintenance, food access, housing advocacy, and other issues. Legal advocates work closely with the older adults' health care team and other social service providers in advocacy. The MLPS also provides workforce development and training to healthcare staff in the socio-legal needs of this population, often enabling them to advocate for patients without the need for the legal team. We have worked to disseminate and scale this model through scientific, legal, and policy meetings and conferences and by consulting with legal and healthcare staff around the country who are seeking to adopt the model at their clinics. MLPS is one of only four medical-legal partnerships in the country focused on older adults and is the longest-running.

a. **Hooper S.** The medical-legal partnership model: an opportunity to bridge civil justice and health for vulnerable older adults, Journal of the American Society on Aging, 2020; 43(4), 99-102.

b. **Hooper S,** Teitelbaum J, Parekh A, Fabiny A. (May 17,2019) Legal advocacy to improve care for older adults with complex needs. Health Affairs Blog, Copyright © 2019 Health Affairs by Project HOPE – The People-to-People Health Foundation, Inc.
c. **Hooper, S**. (2015) Articulating a model of comprehensive advance care planning for vulnerable older adults in medical-legal partnership. Presentation at the National Center for Medical-Legal Partnership, Annual Summit, McLean, Virginia.
d. **Hooper, S**, Kao H, Troya Y, Newman J. (2014). Beyond malpractice: developing constructive partnerships between health and law to optimize the health of older adults. Presentation at the American Geriatrics Society Annual Conference, Orlando, Florida

2. **Design, testing, and dissemination of an integrated medical, legal, and financial planning intervention to support patients with dementia and their caregivers**

The Care Ecosystem clinical trial is a phone and internet-based care model that supports patients with dementia and their caregivers across the stages of illness. Within this model, we designed and implemented the "Decisions Module," which supports medical, legal, and financial planning for patients with dementia and their caregivers. This module includes clinical team trainings, workflow protocols, screening tools, and patient and caregiver-facing materials to address medical, financial, and legal planning needs in dementia. The intervention was developed and tested across three states and materials tailored to those states' laws: California, Nebraska and Iowa. In the first randomized controlled trial, with 1560 participants, the Care Ecosystem was found to improve quality of life of people with dementia, reduce emergency department visits, and decrease caregiver depression and burden.

a. Possin KL, Merrilees JJ, Dulaney S, Bonasera S, Chiong W, Lee K, **Hooper S**, Allen I, Braley T, Bernstein A, Rosa T, Harrison K, Begert-Hellings H, Kornak J, Kahn J, Naasan G, Lanata S, Clark A, Chodos A, Gearhart R, Ritchie C, Miller B. Effect of Collaborative Dementia Care via Telephone and Internet on Quality of Life, Caregiver Well-being, and Health Care Use: The Care Ecosystem Randomized Clinical Trial. JAMA Intern Med. 2019;179(12):1658–1667. doi:10.1001/jamainternmed.2019.4101
b. **Hooper S,** Widera E, Godfrey D. (March 2018). The law of caregiving: what providers should know and how to help. Symposium at Aging in America Conference. San Francisco, CA.
c. Chiong W, **Hooper S,** Lui K, Bonasera S, Merrilees J, Dulaney S, Lee K, Wilson L, Miller B, Possin K. (2017). Financial activities and errors in patients with dementia: baseline findings from the Care Ecosystem Study. Poster at the Alzheimer's Association International Conference, London, England.
d. **Hooper S**, Chiong W, Feuer J (2017) Integrating legal information and tools into a dementia-focused patient navigator model. Presentation at the National Center for Medical-Legal Partnership Summit, National Harbor, Maryland.
e. Possin KL, Merrilees J, Bonasera SJ, Bernstein A, Chiong W, Lee K, Wilson, L., **Hooper S,** Dulaney S, Braley T, Laohavanich S, Feuer, J, Clark A, Miller, B (2017) Development of an adaptive, personalized, and scalable dementia care program: early findings from the care ecosystem. PLoS Med 14(3): e1002260. doi:10.1371/journal.pmed.1002260

3. **Design and dissemination of evidence-based, legally valid and language inclusive tools and practices in advance care planning**

We've identified gaps between medical and legal conceptions and practices of advance care planning which inhibit effectiveness as well as access for a range of populations, including vulnerable older adults. We found that, while legal requirements for valid creation of advance directives are intended to protect patient autonomy by preventing coercion, those same requirements pose barriers for individuals with limited literacy, limited English proficiency, those with "non-traditional" surrogate choices; and unbefriended, institutionalized, or homeless patients who may be without witnesses and suitable surrogates. We have also found that significant gaps in understanding exist between the health and legal professions regarding the function and purpose of such requirements, as well as on evidence-based practices more generally. We have developed and tested the PREPAREforyourcare.org website, which provides evidence-based, legally valid information, worksheets, and advance directive forms for all fifty states in accessible format and language. This website has been tested and validated with lawyers, health care providers and users around the country and has been found to increase ACP engagement, including among non-English speakers. (See Rebecca Sudore biosketch for publications.)

Additionally, we have convened experts across law and the health professions to begin improving and aligning practices according to best available evidence. The evidence-based recommendations we developed for legal professionals were adopted unanimously by the American Bar Association House of Delegates in March of 2019.

a. **Hooper S,** Sabatino C, Sudore R. Improving medical-legal advance care planning, Journal of Pain and Symptom Management, 2020; 60(2): 487-494.
b. Berman A, Godfrey D, **Hooper S**., Sudore R. (March 2019) Advancing legal and medical collaboration in advance care planning. Panel presentation at the American Association of Hospice & Palliative Medicine Annual Meeting. Orlando, Florida.
c. Castillo S, Williams B, **Hooper S**, Sabatino C, Weithorn L, Sudore R. Lost in translation: the unintended consequences of advance directive law on clinical care. Ann Intern Med. 2011; 154:121-128.
d. Ungerleider S, **Hooper S**, Grant M, Barnes M, Anderson S (July 2020) Advance care planning in the age of COVID: Lessons learned and policy implications. Panel discussion hosted by Petris-Flom Center for Health Law Policy, Biotechnology, and Bioethics at Harvard Law School and the Coalition to Transform Advanced Care (CTAC). Online.

4. Elucidating the role of law in addressing health of vulnerable older adults

Civil legal mechanisms to address the health needs of older adults exist but are poorly understood among the health and social service providers who serve them. My research has focused on mapping and addressing conceptual and practice gaps between legal and health systems that serve vulnerable older adults. In the area of elder financial abuse, we described the role of law in addressing this problem and mapped the existing systemic barriers to effective deployment of civil legal supports for victims. These barriers include a lack of integration of civil legal resources with health and social services, a lack of training in elder abuse in the legal academy, and a dearth of sound empirical data on rates and outcomes of civil legal intervention in elder financial abuse. In the area of longterm care safety and quality, we found that one civil class action lawsuit had more impact than regulatory oversighton ensuring minimum compliance with staffing and quality requirements in a large for-profit nursing home chain in California.

a. **Hooper S**, Falk E. (2012) Improving the civil legal response to elder financial abuse: making the law matter. [White paper] Retrieved May 3, 2017 from Institute on Aging Access to Justice Initiative: https://www.ioaging.org/wp-content/uploads/2015/03/Improving-the-Civil-Legal-Response-to-Elder-Financial-Abuse-3-.pdf
b. Harrington C, Stockton J, **Hooper S**. The effects of regulation and litigation on a large for-profit nursing home chain. Journal of Health Politics, Policy and Law 2014; 39(no. 4): August 2014.

D. Additional Information: Research Support and/or Scholastic Performance

No Award Number **Hooper (PI)** **07/01/2019—7/01/2020**
City & County of San Francisco
Medical-Legal Partnership for Seniors: Veterans Administration and Zuckerberg San Francisco General Hospital
Goal: To expand the Medical-Legal Partnership for Seniors model to serve older adults with complex health and social care needs at the San Francisco Veterans Administration and the San Francisco Health Network. The UCHastings legal team provides training and consultation to healthcare teams in legal strategies to address social determinants of health. The team also provides free legal services onsite at hospitals, health clinics, long term care facilities and patient homes.

Award No. U1QHP28727 **Walter (PI)** **070/1/2015-06/30/2024**
Health Resources & Services Administration
Optimizing Aging: A National Geriatrics Workforce Model to Secure the Safety Net for Underserved Seniors Goals: Develop, implement and evaluate a Geriatrics Workforce Enhancement Program in San Francisco City& County that will (1) integrate geriatrics and primary care across health systems, (2) create novel community, social service, and population health partnerships that will enable local resource centers to maximize patient and family engagement and improve health outcomes for underserved older adults, and (3) serve as an incubator of local innovations with national applications for primary care-, community- and patient-engagement for underserved elders, particularly those with dementia (ADRD), living alone, or LGBT.
Role: Subaward Project Director

No Award Number **Sudore (PI)** **05/05/2016-05/04/2021**
Gordon & Betty Moore Foundation
Integration of Easy-to- Read, Culturally-Appropriate, Evidenced-based Advance Directives for all US States into the PREPARE Website
Goal: Develop, validate, and integrate legal and literacy-appropriate advance directive forms for all 50 states into an online decision aid. I am leading the legal research team in conducting a 50-state analysis of advance directive statutes, drafting low-literacy versions of legal language for forms, and validating with a network of medical-legal partners in each state.
Role: Co-Investigator/Subaward Project Director

No Award Number **Possin (PI)** **07/01/18-06/30/20**
HealthPartners Minnesota/Merck Foundation
The UCSF and UNMC Dementia Care Ecosystem: Using Innovative Technologies to Personalize and Deliver Coordinated Dementia Care
Goal: Adapt Care Ecosystem model to Minnesota law and health system. I am co-leading the "Decisions Module" which is the component of the intervention that supports medical, legal, and financial decision making for enrolled dyads.
Role: Subaward Project Director

No Award Number **Sabatino (PI)** **10/1/2017 – 09/30/2018**
John A. Hartford Foundation
Advancing Legal and Medical Collaboration in Advance Care Planning
Goal: Develop and disseminate a national framework and guidelines for medical-legal collaboration in advance care planning. The investigators will convene a summit of national experts to discuss existing models, identify opportunities, challenges, and achieve consensus on best practices.
Role: Co-Investigator

Award No. 1C1CMS331346-01-01 **Possin (PI)** **09/01/2014-08/31/2017**
Centers for Medicare & Medicaid Innovation
The UCSF and UNMC Dementia Care Ecosystem: Using Innovative Technologies to Personalize and Deliver Coordinated Dementia Care
Goal: Implement and test a multi-faceted clinical intervention to support and coordinate dementia care. I am co-leading the "Decisions Module" which is the component of the intervention that supports medical, legal, and financial decision making for enrolled dyads.
Role: Subaward Project Director

No Award Number **Chen (PI)** **07/01/2017-06/30/2018**
Haile T. Debas Academy of Medical Educators, UCSF Tideswell
Creating an Interprofessional Learning Community in Ambulatory Primary Care for Older Adults
Goals: Design, implement, and evaluate a pilot interprofessional geriatric fellows' training community and platform that includes UCSF geriatric fellows, social work interns from UC-Berkeley, SFSU, or CSU-East Bay, UCSF pharmacy students and residents, and UC-Hastings law students.
Role: Key Personnel

No Award Number **Falk/Hooper (PI)** **04/15/2011-04/14/2012**
Borchard Foundation Center on Law & Aging and True North Foundation
San Francisco Elder Financial Abuse Collaboration
Goals: The aims of this research were: 1) to comprehensively research and analyze existing programs, frameworks, and policies that address elder financial abuse, with a particular focus on civil legal remedies and,
2) to translate the findings into a blueprint to guide San Francisco's implementation of a comprehensive, coordinated civil response to elder financial abuse.
Role: Co-PI

No Award Number **Sudore (PI)** **09/01/2009-08/31/2010**
Veterans Administration
Investigating legal barriers to advance directive validity across the fifty states.
Goals: Research and analyze advance directive statutes and case law in all fifty states to identify legal barriersto their use and implementation in clinical settings.
Role: Subcontract Project Director

YVONNE TROYA

752 SHOTWELL STREET, UNIT 1 • SAN FRANCISCO, CA • 94110 PHONE 415/430-8547 • E-MAIL YVONNE.TROYA@GMAIL.COM

LEGAL EXPERIENCE

University of California, Hastings College of Law, San Francisco, CA
Clinical Professor of Law
Founding Legal Director, **Medical-Legal Partnership for Seniors Clinic (MLPS)**
(June 2012-present)

- Created, designed, and implemented all aspects of an award-winning holistic law clinic and law school training program in close partnership with two large medical centers.
- Successfully created and implemented plans to expand law clinic operations to a large VA medical center, including obtaining buy-in and funding from stakeholders, setting measurable goals, negotiating contract terms, and hiring an attorney fellow.
- Lead, manage, and administer all aspects of the clinic's day-to-day functions, including case evaluation and assignment, staff selection, collaboration with medical partners, clinic outreach, media contact, web content, designing of all protocols, and budget creation and management.
- Train and equip law students through an intensive semester-long clinical course on substantive law, skills, ethics, and self-reflection to provide wrap-around legal services to lower-income seniors.
- Closely supervise clinic staff consisting of law students, staff attorney, and volunteer attorneys as they meet with clients on-site at outpatient medical clinics and client homes and provide holistic legal representation involving multiple areas of law, including health care planning; estate planning; conservatorship and other Probate Court matters; federal, state and county public benefits; housing; and consumer law.
- Design and implement practical systems and processes to maximize efficiency for case screening, data collection, course management, monitoring, reporting, and program evaluation.
- Provide regular, detailed, and individualized feedback to law student and attorney staff.
- Present regularly at local and national meetings and conferences regarding the medical-legal partnership model and MLPS clinic design.
- Engage in other faculty duties, including teaching a capstone seminar for law students seeking to graduate with a concentration in Social Justice, designing and implementing strategies for promotion of Clinical Law Program, and serving in leadership positions on faculty governance committees.

University of California, Berkeley Law School, Berkeley, CA
Lecturer, Berkeley Law School
Supervising Attorney, **Health Practice, East Bay Community Law Center**
(Feb. 2007-May 2012)

- Provided all levels of limited and full-scope representation to low-income families and disabled individual in multiple areas of poverty law, including public benefits appeals, unlawful detainer, habitability, foreclosure, conservatorship, guardianship, private health insurance, consumer law, and immigration.
- Advocated for clients before California Superior Court and at administrative hearings.

- Closely supervised and mentored law student interns using clinical models of teaching and reflective supervision.
- Created substantive legal training and case-related materials and conducted intensive trainings for law student interns in relevant law, case-based legal analysis, legal research, and lawyering skills.
- Administered, monitored, and continually improved all aspects of daily functioning of a pediatric medical-legal partnership with local Children's Hospital.
- Trained and counseled medical providers to identify the legal needs of patients and advocate on their behalf.

Gender and Justice Program, Heal Africa, Goma, Democratic Republic of the Congo
Attorney Volunteer (July 2009-December 2011, including two 2-week trips to Congo, DRC)

- Initiated on-site discussions and planning for future creation of a new law school clinic in Eastern Congo, a partnership between the hospital-based non-profit Heal Africa and the Law School of the Université des Pais des Grands Lacs (ULPGL), with the goal of offering free legal services to survivors of gender-based violence while providing essential skill building for law students.
- Worked closely with ULPGL Law School leadership and Congolese lawyers to assess the school's capacity to operate a successful experiential clinical law program and created a customized and practical plan for implementation.
- Initiated collaboration between law school clinics in Rwanda and DRC by arranging for a site visit with a successful law school clinic in Butare, Rwanda, thereby facilitating creation of a legal services network in the Great Lakes Region.
- Co-led a local group of attorney and law student volunteers in California to support the planning process of Congolese attorneys in DRC.
- Created a draft budget and funding proposal for use by future legal clinics.

OTHER LEGAL EXPERIENCE

Boalt Hall International Human Rights Law Clinic, Berkeley, CA
Legal Intern (Aug. 2005-Dec. 2005)

- Prepared analysis and critique of draft rules of procedure of the African Commission on Human and People's Rights (ACHPR) to be circulated to ACHPR Working Group members.

Drinker, Biddle & Reath LLP, San Francisco, CA
Summer Associate, Litigation Practice (May 2005-July 2005). Received offer of employment.

- Researched and prepared memoranda analyzing complex civil litigation issues in the areas of employment, contracts, torts, and the scope of discovery.

World Organization against Torture (OMCT), Geneva, Switzerland
Legal Intern (Feb. 2005-May 2005)

- Conducted client meetings, researched and otherwise prepared all aspects of a successful Tunisian Convention against Torture claim filed with an international human rights tribunal.

La Raza Centro Legal, San Francisco, CA
Employment Law Intern (June 2003-Aug. 2003)

- Analyzed and filed wage & hour claims on behalf of indigent immigrant workers.

- Designed a long-term health & safety law awareness program for Spanish-speaking day laborers.

Lawyers' Committee for Civil Rights of the San Francisco Bay Area, San Francisco, CA
Legal Assistant, Pro Bono Asylum Program (Aug. 1997-Aug. 2002)

- Interviewed over 300 indigent asylum-seekers from over 50 different countries and advised them about their rights under immigration law.
- Advocated for unrepresented asylum-seekers at Immigration Court hearings and drafted pleadings and client declarations.
- Mentored and trained law students and volunteer attorneys in asylum law procedure and case theory.
- Served as Spanish interpreter for ongoing asylum cases.

BAR MEMBERSHIP & EDUCATION

State Bar of California, December 2006.

Berkeley Law School (Boalt Hall), Berkeley, CA, J.D., May 2006.
Honors & Fellowships: Jurisprudence Award for International Human Rights Law, Prosser Prizes for Refugee Law & Evidence Advocacy, Moot Court Award, Philip Ehrlich Fellowship (awarded to one Boalt student per class year for commitment to public interest law), San Francisco La Raza Lawyers' Association Public Interest Law Fellowship, Boalt Hall Summer Fellowship.

Bowdoin College, Brunswick, ME
B.A., *summa cum laude*, Biology & Latin American Studies, 1996.

PUBLICATIONS

"Exercising Control or Giving It Up? What Elder Law Attorneys Should Advise Their Clients about CCRCs,"NAELA Journal, forthcoming Spring 2022 Edition.

SPEAKING ENGAGEMENTS- REGIONAL & NATIONAL CONFERENCES

"Competent Care for Immigrants and Refugees," American Geriatrics Society (AGS) Annual Conference, May2021.

"Legal and Financial Decision-Making during Covid-19: Who is Who, Who Can Do What, and Why is it so Important?" American Society on Aging (ASA) Annual Conference, April 2021.

"Appointing Legal and Financial Decision-Makers: The Durable Power of Attorney for Finances," Geriatric Workforce Enhancement Project (GWEP) of UCSF, August 2020.

"Medical-Legal Collaboration: Tackling Social Determinants of Health," UCSF Interprofessional Roundtable Series, August 2020.

"Comparing the Advance Health Care Directive and Durable Power of Attorney for Finances," UCSF Interprofessional Roundtable Series, December 2020.

"How MLPs Serve Socially Vulnerable Older Adults," National Medical-Legal Partnership Summit, September2019.

"Elder Abuse and the Medical-Legal Model," National Conference on Health and Domestic Violence, September 2017.

"Medical-Legal Partnership for Seniors (MLPS): Integrating Medical and Legal Services for Older Adults," National Hartford Center of Gerontological Nursing Excellence Leadership Conference, poster presentation, July 2017.

"Teaching Empathy to Millennials for These Tumultuous Times," Association of American Law Schools Annual Conference on Clinical Education, May 2017.

"Confronting Public Health Challenges among the Homeless and Other Vulnerable Populations," PublicHealth Law Summit- Western Region, March 2017.

"Medical-Legal Partnerships: Upstream Service Delivery to Older Adults," National Aging in the Law AnnualConference, October 2016.

"Where the Jobs Are Now and What They Require: Preparing Law Students for an Interprofesssional World," Association of American Law Schools Annual Conference on Clinical Education, May 2015.

"Medical-Legal Partnership for Seniors: Addressing the Needs of an Aging Population," American Society of Law, Medicine & Ethics Annual Conference, June 2014.

"Beyond Malpractice: Developing Constructive Partnerships Between Health and Law to Optimize the Health of Older Adults," American Geriatric Society Annual Conference, May 2014.

"Developing Constructive Partnerships Between Health and Law to Optimize the Health of Older Adults," American Society onAging Annual Conference, March 2014.

"Developing & Sustaining Regional Collaborations," National Medical-Legal Partnership Annual Conference, April 2012.

LANGUAGES, TRAVEL & INTERESTS

Strongly proficient in written and spoken French & Spanish; lived abroad in Ecuador, Costa Rica, & Switzerland; additional extensive travel in Central & South America, Eastern & Western Europe, Africa, and Central and Southeast Asia; enjoy traveling, guitar, ukulele, rainforest ecology.

SARA HUFFMAN

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EXPERIENCE

UCSF/UC Hastings Medical Legal Partnership for Seniors, San Francisco, CA
Managing Attorney, September 2017-Current
Equal Justice Works Fellow, August 2015-August 2017

- Manage a Medical-Legal Partnership between UC Hastings and San Francisco VA Medical Center
- Represent seniors in legal matters such as health and income benefits (Medi-Cal, Medicare, In-Home Supportive Services, SSI/SSRI, VA, Food Stamps, etc.), life and disability planning (Advance Health Care Directives, Durable Powers of Attorney for Finances, simple), nursing home issues, pre-eviction housing matters, and consumer debt
- Manage all client cases referred through the San Francisco VA Medical Center from intake to resolution, including conducting interviews, identifying potential ethical dilemmas, assessing mental capacity, drafting letters, counseling clients, drafting and executing legal documents, and researching legal issues
- Conduct regular educational trainings for medical providers and social workers on relevant medical-legal issues such as mental capacity, elder abuse, advance health and financial planning, and public benefits
- Supervise and support staff attorneys, legal interns and volunteers on their legal representation of seniors

BraunHagey & Borden, LLP, San Francisco, CA
Contract Attorney, December 2014-July 2015

- Created exhibits and assisted drafting motions including motions to dismiss and motions for sanctions in large elder law and nursing home violation impact litigation cases
- Performed document review and legal research in elder law and complex business litigation cases

UCSF/UC Hastings Consortium on Law, Science & Health Policy, San Francisco, CA
Law and Aging Fellow, September 2014-July 2015

- Researched multi-state medical-legal related laws such as wills, trusts, health care directives, conservatorships, and long-term care benefits for a medical-legal coordinated care dementia trial.
- Created consumer resource handouts in areas like conservatorships and how to find elder law attorneys

California Department of Justice, San Francisco, CA
Honors Summer Clerkship – Certified Law Student, Summer 2013

- Defended the state, its agencies and employees under attorney supervision in state and federal civil actions in which medical malpractice, personal injury, wrongful death, property damage and civil rights claims were alleged.
- Argued a dispositive motion in the United States District Court, Northern District of California.
- Deposed lead plaintiff in federal civil rights health care case; Attended an early neutral evaluation.
- Drafted summary judgment motion, motion to dismiss and reply brief in federal civil rights cases.

San Francisco Public Defender's Office, San Francisco, CA
Community Justice Center Legal Intern, Summer 2012

- Assisted the Public Defender in conferences with the Judge, District Attorney and case managers to assess each client and determine the best approach to encourage program compliance.
- Aided the Public Defender in representing clients in court; Completed client intake interviews and prepared client files for court.

LICENSURE

State Bar of California, December 2014
U.S. Dept. of Veterans Affairs Accredited Attorney, September 2015
California Notary Public, October 2015

PRESENTATIONS & POSTERS

"Legal Determinants of Health: Medical-Legal Partnerships in Patient Care," SFVA/ZSFGHMedical Grand Rounds, San Francisco, CA, March 2021.

"Getting Back on TRAC: A Novel Multi-Disciplinary 'Tumor Board' Approach to Dealing with Complex Patient Problems," Care for Patients with Complex Problems (CP)2: Promising Practices Webinar Series, Webinar, October 2020.

"Integrating Medical Care and Legal Care to Improve the Health of Older Veterans." Workshop at Aging in America Conference, San Francisco, CA, March 2018.

"Addressing Unmet Legal Needs In A Geriatric Practice," Poster at National Hartford Center of Gerontological Nursing Excellence Leadership Conference, San Francisco, CA, July 2017.

"Advance Care Planning: Preparing for Medical Decision making," Presentation at UCSFOsher Mini Medical School for the Public, San Francisco, CA, November 2016.

EDUCATION

University of California, Hastings College of the Law, San Francisco, CAJ.D.,
Law & Health Sciences Concentration, May 2014
Honors: Witkin Awards: Women's Health & Law (Fall 2013), Legal Writing (Fall 2011); National Juvenile Law Moot Court Team: Second Place Overall, Second Place Brief (Spring 2013); Moot Court: Best Brief, Best Oral Argument (Spring 2012); Legal Writing: Best Brief (Fall 2011).

San Francisco State University, San Francisco, CAB.A.,
Sociology, May 2007

Elizabeth Edgerly, Ph.D.

License #PSY16262

San Jose, CA | 408-981-8291 (cell) | eedgerly@alz.org

Executive Director & Regional Leader

Strategic Leadership | Care & Support | Medical & Scientific Affairs | Fundraising | Donor Cultivation Public Policy & Advocacy |Spokesperson | Diversity & Inclusion

Biography:

Elizabeth Edgerly, Ph.D., is the executive director of the Alzheimer's Association, Northern California & Northern Nevada chapter, and the regional leader for the Alzheimer's Association region that encompasses Hawaii, Arizona, Nevada, and Northern California. Dr. Edgerly, a licensed clinical psychologist, joined the Association in 1995 as chief program officer, managing care and support programs for persons with dementia, their families and professionals. In 2016 Dr. Edgerly was named as the Northern California and Northern Nevada chapter executive director, overseeing 11 offices throughout Northern California and Northern Nevada. She was named regional leader later that year.

Dr. Edgerly is an active presenter and spokesperson for the Alzheimer's Association and has appeared on television, radio and in numerous national and local publications, speaking on topics related to brain health and Alzheimer's. In 2013 the Women's HealthCare Executives named Dr. Edgerly *Woman of the Year* for her work on behalf of thousands of individuals living with Alzheimer's and related disorders.

Educational, employment and publication background:

Education

PhD: Clinical Psychology, Binghamton University –1995
BS: Psychology, University of Maine, Orono –1988

Professional Experience

ALZHEIMER'S ASSOCIATION — October 2016-present
Executive Director & Regional Leader

ALZHEIMER'S ASSOCIATION — 1995-2016
Chief Program Officer

FELLOW VA MEDICAL CENTER, Palo Alto
Geropsychology Postdoctoral — 1994-1995

Board & Committee Experience

- IMPACT Committee (oversight committee Master Plan on Aging) - State of CA. January 2022 to present
- Stanford Alzheimer's Disease Research Center – Advisory Board – community engagement. Chair 2016 – present
- UCSF Memory & Aging Center, Care Ecosystem – Advisory Board. 2015 – 2020.
- Ray Dolby Brain Health Center – Advisory Board. 2013 - Present.
- Kaiser Permanente Northern California, Dementia Advisory Committee. 2008 – 2011.
- GRECC Advisory Council, community member. 2010 – 2016.
- California Culture Change Coalition – committee to reduce use of antipsychotics in long term care. 2014 – 2016.
- Caregiver Collaborative Network, San Mateo County. Member since 2005. Chair 2008-2015.
- Network of Aging Providers. 1995-2000. Chair 1998-2000.

Publications & Scientific Presentations

A Dementia Capable Services and Support Network: Enhancing Quality of Care for Persons with Dementia who Live Alone Elizabeth Edgerly, Stefanie Bonigut, Rachel Kast, Jennifer Shannon, Jarmin Yeh & Brooke Hollister poster presented at 2017 Alzheimer's Association International Conference, London, England.

"LEAVE ME ALONE": THE LIVE ALONE PROJECTS—SUPPORTING LIVING ALONE WITH DEMENTIA
Elizabeth S. Edgerly, Stefanie Bonigut, Jennifer Shannon & Brooke Hollister. Poster presented at 2017 Alzheimer's Association International Conference, London, England.

The San Francisco Dementia Support Network: Redesigning Dementia Care. Elizabeth Edgerly & Brooke Hollister.
Symposium presented at the American Society on Aging conference, March 2014, San Diego, CA.

The San Francisco Dementia Support Network: Enhancing Quality of Care for Persons with Dementia in Managed Care. Elizabeth Edgerly, Joanne Robinson-Teran, Melissa Buhbe, Hanh Nguyen, Jarmin Yeh, Leslie Ross, Pat Fox, Brook Hollister. Poster presented at the Alzheimer's Association International Conference, July 2013, Boston, MA.

The San Francisco Dementia Support Network: Providing Supports and Services. Symposium at the American Society on AgingConference, March 2013, Chicago, IL.

Partnering to Improve Care: Developing a partnership between philanthropy, a private medical center and the Alzheimer's Association of Northern California and Northern Nevada. Catherine Madison, MD & Elizabeth S. Edgerly, Ph.D.Poster presented at the Alzheimer's Association International Conference, July 2012, Vancouver B.C.

Assessing Care of Vulnerable Elders – Alzheimer's disease: A Pilot Study of a Practice Redesign Intervention to Improve the Quality of Dementia Care. Reuben, D. B., Roth, C., Frank, J. C., Hirsch, S. H., Katz, D., McCreath, H., Younger, J.,Murawski, M., Edgerly, E., Maher, J., Maslow, K. & Wenger, N. Journal of the American Geriatrics Society, July 2010.

Reaching diverse caregiving families through community partnerships. Edgerly, E & Sullivan T. In G. Yeo & D. Gallagher-Thompson Eds: Ethnicity and the Dementias, Second Edition. Routledge Press. 2006.

Evaluation of Five Procedures for Classification of Participants' fear levels. Edgerly, E. & Levis, D. Journal of Psychopathology & Behavioral Assessment, 27 (3), pp 201-209, September 2005.

Cracking a Hard Nut: A Model for Developing Partnerships with Physicians and healthcare Organizations, Edgerly, E. &Lau, A. Presented at the 2004 Joint Conference of the American Society on Aging and the National Council on Aging, San Francisco, CA. April 2004.

Maximizing Safety for Persons with Dementia: Strategies to Prevent Wandering and Getting Lost. Votava, K. M. & Edgerly, E. Presented at the 2004 Joint Conference of the American Society on Aging and the National Council on Aging, San Francisco, CA. April 2004.

The Northern California Chronic Care Network for Dementia Project. Coon, D.W., Williams, M, Moore, R.J., Edgerly, E., Steinbach, C, Roth, S., Phillips, C., Nguyen, H., Dowling, G. A., Dunning, E. A. and Feigenbaum, L.Z. Journal of the AmericanGeriatrics Society, Jan 2004.

The Asian and Pacific Islander Dementia Care Network. Edgerly, E. & Yau. E. Poster presented at the 11th National Alzheimer'sDisease Education Conference. Chicago, Il. July 2003.

Community Resources for the Dementia population. Edgerly, E. Presented at UC Davis sponsored conference Alzheimer's, Dementia andthe Primary Care Physician. Napa, CA. May 2003.

Chronic Care Networks for AD: An Exploration of Providers' Attitudes. Coon, D., W., Edgerly, E., Peters, B. K. and Bass, **D.Poster presented at the annual American Psychological Association conference, San Francisco, CA. June 2001.**

Innovative interventions for ethnic minority caregivers. Edgerly, E., Montes, L., Redd, D., Stokes, S. & Yau, E. In D. Coon &

D. Gallagher-Thompson Eds: Effective interventions to reduce caregiver distress: A sourcebook & clinical guide. Springer New York. 2001.

A walk with no return: Strategies for educating a world about the dangers of wandering. Edgerly, E. Presented at the World Alzheimer's Congress, Washington D.C. July 2000.

Overview of the Alzheimer's Association managed care pilot projects & Coordination of care among providers, patients and families. Edgerly, E. Two sessions presented at the Alzheimer's disease Medicare Managed Care Regional Advisory Council meetings held in San Francisco & Charleston, South Carolina. April & July 1999.

The personal and social consequences of Alzheimer disease. Coon, D & Edgerly, E. Genetic Testing, (1999) Volume 3,Number 1, pp. 29-36.

Neuropsychological correlates of wandering behavior in persons with dementia. Edgerly, E. S. & Donovick, P. American Journal of Alzheimer's Disease, November/December 1998.

Opportunities and pitfalls in the delivery of managed healthcare to people with dementia. Maslow, K., Cherry, D., Bass, D.,Harper, A. & Edgerly, E. Presented at the 44th Annual Meeting of the American Society on Aging. March 1998.

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Margaret Joy Barron
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PROFILE

Dedicated, energetic, and highly motivated non-profit executive with a successful record of accomplishments in buildingBoards, raising awareness and cultivating funds. Proven ability to create fresh ideas to attract desired growth and development as well as enhancing an organization's reputation. Recognized for having strong leadership and management skills; and the extraordinary ability to generate enthusiasm, motivation and commitment from others.

PROFESSIONAL EXPERIENCE

Alzheimer's Association
Region Lead – Central and Southern California July 1, 2020 - present

- Oversees the four Chapters/10 offices in the California Region
- Supervises 3 Chapter Executive Directors and 60 staff
- Responsible for developing and overseeing a $15 million-dollar budget with plans to double in five years
- In 2021, California Southland chapter was named #2 for educational outreach for the association
- In 2021, two chapters in the top 10 for strongest Support Groups in the association

Region Lead – Texas December 15, 2016 – June 30, 2020

- Oversaw the six Chapters/13 offices in the Texas Region
- Supervised 5 Chapter Executive Directors and 108 staff throughout Texas
- As responsible for developing and overseeing a $23 million-dollar budget
- In 2019, three Texas Walks were in the Top 30 Walk to End Alzheimer's in the country
- In 2019, had the #1 Program producing Chapter in the country and two Chapters in the Top 10 New Programs
- Consistently has the highest Health Systems reach of any Region in the Association
- In 2019, led in Donated Media Impressions
- In fiscal year 2019, increased revenue by 12%
- In 2016, was part of the 18 member Structural Operations Task Force that lead the design effort focused ondefining the Association's new organizational structure

Executive Director – San Antonio and South Texas Chapter April 29, 2013 – June 30, 2020

- Oversees the daily operations of the San Antonio & South Texas Chapter as well as supervise all Program,Advocacy, Communications and Development outreach for 47 counties in South Texas
- Oversee the financial operations of the Chapter's $1,800,000 budget. Developed and successfully executinga 5-year plan to increase revenue and programming by 50%
- Created and oversees a new 16 member Leadership Board (non-governing), overseeing Board development,correspondence and training
- Supervises 12 full-time staff members and numerous volunteers

San Antonio Symphony, San Antonio, Texas
Vice President, Development October 2012 – April 2013
Oversaw the development office for the 90 plus person Symphony. Managed the $2,000,000 budget. Oversaw the

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writing of all foundation and government grants. Managed the planning and implementation of all receptions/events aimed at increasing individual and corporate support. Managed a planned giving program and annual fund campaigns. Increased community knowledge of the Symphony by identifying donor prospects and marketing the services offered to the community. Sat on two Symphony Board committees: the Development Committee and the Marketing Committee.Supervised 2 full-time staff members and numerous volunteers.

Center for Family Relations, San Antonio, Texas
Executive Director/ August 2008 – September 2012
Development and Marketing Director August 2005 – May 2006
Oversaw the daily operations of the organization as well as the development and public relations office. Oversaw the financial operations of the $600,000 budget. Wrote all foundation and government grants. Managed the planning and implementation of the charity's two major fundraisers and oversaw several receptions/events aimed at increasing individual and corporate support. Instituted and managed a planned giving program. Established and managed the annual fund campaigns. Increased community knowledge of the charity by identifying donor prospects and marketing the services offered to its clients. Administered Board development and oversaw all Board meetings and correspondence. Supervised twenty-six full and part-time staff members and numerous volunteers.

Citibank Alamo Heights, San Antonio, Texas
Community Relations Officer/Personal Banker October 2007 to August 2008
Developed relationships with persons desiring to bank with Citibank. Explain banking services available to prospectivecustomers and assist them in preparing application form. Taught financial education classes to business clients and theiremployees. Represented Citibank and its values in the community.

McNay Art Museum, San Antonio, Texas
Development Officer, Membership and Annual Giving May 2006 to October 2007
Managed the corporate and individual giving programs for the Museum. Responsible for identifying new membership prospects utilizing strong knowledge of the local community. Retain current donors while expanding their financial involvement with the museum. Managed the museum volunteer programs. Achievements: increased corporate membership by 60%, increased individual giving by 15%, grew annual fund program by 25% each year, and developed speaker forum to inform local business professionals about the opportunities for community involvement in the local arts. Worked on the Team that raised $54 million for major Capital Campaign. Supervised one staff member and numerous volunteers.

EDUCATION

Master of Arts, Specialization: Museum/Non-Profit Management, City College of New York, NYBachelor of Arts, Art History and History, Richmond University, London, UK

COMMUNITY INVOLVMENT

- Member, Alzheimer's Advisory Committee for the State of California
- Board Member, LA5 Rotary Club
- Member, City Club of Los Angeles

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Morgan Daven, MA
mdaven@alz.org 312-819-2140

Career Profile

Collaborative and innovative public health professional. Over 25 years of experience working with health systems to improve quality, increase access to care, and promote health equity.
Leads teams that are consistently successful in environments requiring high levels of accountability, continuous improvement, and compliance. A lead developer of large scale, nationally recognized health programs that last.
Expertise:

♦ Coalition Building ♦ Program Development ♦ Health Equity ♦ Leading Diverse Teams
♦ Grant Management ♦ Conflict Resolution ♦ Quality Improvement

Professional Experience

Alzheimer's Association

Vice President, Health Systems, 2019-present; Senior Director, Health Systems 2017-2019

- Leads the Association's engagement with clinicians and more than 350 health systems and managed care organizations, increasing equitable access to early detection, accurate diagnosis, and quality, person-centered dementia care for millions of older adults in the United States
- Developed the Association's strategic framework for health system engagement
- Leads the development of new solutions for clinicians and health systems
- Established the Association's Project ECHO Hub, which provides interactive, case-based learning to improve person-centered care in primary care and long-term care settings

American Cancer Society, Inc.

Strategic Director, Primary Care Systems, 2015-2017

- Led the Society's primary care strategy to engage clinicians, practices, and related organizations to improve cancer prevention, detection, and survivorship, especially among the medically underserved
- Served as lead representative in national partnerships with primary care and Community Health Center organizations, including HRSA, NACHC, and AAFP
- Led the Society's Quality Improvement initiative for primary care, including the development of a formal Quality Improvement Coach training program for over 100 staff
- Collaborated with Society intervention specialists in the design and deployment of evidence-based interventions through a network of more than 600 Community Health Center relationships nationwide

Senior Director, Primary Care Systems, South Atlantic Division, 2013-2015

- Led team of 22 staff in 7 states to provide technical assistance to Community Health Centers to improve access to cancer prevention and detection for low-income patients
- Secured one of 3 competitive national grants to bring primary care, specialty, and hospital systems together for improved coordination of care
- Provided leadership for the Community Health Advisor Collaborative for community mobilization and cancer screening in diverse, high need communities

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American Cancer Society, South Atlantic Division, Inc.

Vice President, Health Disparities & Community Outreach, South Atlantic Division, 2007-2013

- Managed a portfolio of collaborations with 7 state health departments, 71 hospitals, and 55 Federally Qualified Health Centers to increase cancer screening and reduce disparities
- Led and restructured the Public Health Initiatives Department to focus on translation of cancer control science into practice
- Created and developed the Bridges Community Health Worker Network, which received CDC recognition in 2012 and helped 60 organizations in 6 states navigate their clients to 3,000 cancer screenings in 4 years
- Secured and managed over $1 million annually in government grants and contracts

Director of Public Health Initiatives, Manager of Survivorship Initiatives, and Community Development Director, South Atlantic and Southeast Divisions, 1997-2007

- Supervised ACS staff employed through state or publicly funded contracts and grants
- Led state and federal grant implementation, compliance, reporting, and fiscal management
- Led development of programs for access to care and quality of life
- Created a college scholarship program for childhood cancer survivors
- Managed community-based, volunteer-led services in 22-county area of North Carolina

Buncombe County Medical Society, Asheville, NC

Project Access Coordinator, 1995-1997

- One of two staff who, with two physicians, created an innovative health care access program for the uninsured, based on voluntary participation by physicians, hospitals, and pharmacies; replicated in over 50 communities nationwide; project received the Ford Foundation Award for Innovation in Government
- Helped recruit physician practices, hospitals, and pharmacies for provision of health care
- Helped develop patient enrollment and referral systems
- Provided technical assistance to health systems
- Program reduced ER use by uninsured patients to levels comparable to insured population

Education

MA in English, University of Virginia, Charlottesville, VA
BA in English with Honors, Warren Wilson College, Asheville, NC

Other Healthcare Innovation Experience

Centers for Disease Control and Prevention, Promising Practices Assessment of the National Breast and Cervical Cancer Early Detection Program, 2011-2012

Led the development of 2 of the 15 programs recognized by the CDC, after an assessment of100 programs nationwide:

- Bridges CHW Network: training and practice change in 6 states for FQHCs and other organizations employing Community Health Workers, to increase cancer screening
- Team Up: Cooking for a Lifetime Cancer Cooking Schools, with Cooperative Extension Service, for BCCEDP patient recruitment in Georgia

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Management Academy in Public Health, University of North Carolina, 2007-2008

- Conducted by the UNC schools of Public Health and Business
- Worked on a multi-agency team that developed a self-funded business plan to expand patient navigation services through training and technical assistance for health systems

Comprehensive Cancer Control Leadership Institutes, 2001-2007

- Served on the Institute's national faculty, presenting modules and facilitating state coalition teams across the United States
- Convened by the ACS, CDC, NCI, and other national organizations, for training on effective practices for states, tribes, territories, and their cancer coalitions to plan and implement comprehensive cancer control strategies

Publications Contributing to Health Science and Health Care Quality and Access

B. Kallmyer ; M. Daven ; L. Thornhill ; K. Clifford ; R. Conant ; M. Carrillo (2021): Impact of Aduhelm Approval on Care and Policy. The Journal of Prevention of Alzheimer's Disease (JPAD). http://dx.doi.org/10.14283/jpad.2021.42

Perry W, Lacritz L, Roebuck-Spencer T, Silver C, Denney RL, Meyers J, McConnel CE, Pliskin N, Adler D, Alban C, Bondi M, Braun M, Cagigas X, Daven M, Drozdick L, Foster NL, Hwang U, IveyL, Iverson G, Kramer J, Lantz M, Latts L, Maria Lopez A, Malone M, Martin-Plank L, Maslow K, Melady D, Messer M, Most R, Norris MP, Shafer D, Thomas CM, Thornhill L, Tsai J, Vakharia N,Waters M, Golden T. Population Health Solutions for Assessing Cognitive Impairment in Geriatric Patients. Clin Neuropsychol. 2018 Aug-Oct;32(7):1193-1225. doi: 10.1080/13854046.2018.1517503. PMID: 30396329.

Riehman K, Fisher-Borne M, Martinez J, Daven M, Thompson L, Fouad M, Partridge E. A Community Health Advisor Program to Reduce Cancer Screening Disparities in the Deep Southand Appalachia: The American Cancer Society's CHA Collaborative. Health Promotion Practice,2017.

Brown PK, Heady HR, Gainor SJ, Harrison D, Daven M, 2009. Perspectives on cancer health disparities in West Virginia. W V Med J. 2009 Oct;105 Spec No:60-2.

Katz ML, Tatum C, Dickinson SL, Murray DM, Long-Foley K, Cooper MR, Daven M, Paskett ED, 2007. Improving colorectal cancer screening by using community volunteers: results of the Carolinas cancer education and screening (CARES) project. Cancer. Vol. 110, no. 7: 1602-1610.

Selig WK, Jenkins KL, Reynolds SL, Benson D, Daven M, 2005. Examining advocacy and comprehensive cancer control. Cancer Causes Control. 2005 Oct; 16 Suppl 1:61-8.

Official Appointments

North Carolina Advisory Committee on Cancer Coordination and Control, appointed by the Governor, 2010-2016; Co-Chair 2012-2014; Chair 2014-2016

Comprehensive Cancer Control in Appalachia Project, Advisory Board Member, appointed by the CDC and the Appalachian Regional Commission, 2006-2012

OMB No. 0925-0001 and 0925-0002 (Rev. 12/2020 Approved Through 02/28/2023)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: **David B. Reuben**

eRA COMMONS USER NAME (credential, e.g., agency login): REUBEN2

POSITION TITLE: Professor of Medicine

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
Emory College, Atlanta, GA			Pre-Medicine
Emory University School of Medicine, Atlanta, GA	M.D.	05/1977	Medicine
Rhode Island Hospital/Brown University, RI	Resident	06/1980	Internal Medicine
UCLA, Los Angeles, CA	Fellowship	06/1988	Geriatrics

A. PERSONAL STATEMENT

I am the Director of the Multicampus Program in Geriatrics Medicine and Gerontology (MPGMG); Chief, Division of Geriatrics; Archstone Foundation Chair; and Professor at the David Geffen School of Medicine at UCLA. From 1993-2019, I was Director of the NIA-funded UCLA Claude D. Pepper Older Americans Independence Center and also direct the UCLA Alzheimer's and Dementia Care program. I received the Dennis H. Jahnigen Memorial Award for outstanding contributions to education in the field of geriatrics (2000), the Joseph T. Freeman Award by the Gerontological Society of America (2008), and the Henderson Award from the American Geriatrics Society (AGS) (2012). I was part of the team that received the 2008 John M. Eisenberg Patient Safety and Quality Award for Research - Joint Commission and National Quality Forum (NQF), for Assessing Care of the Vulnerable Elderly (ACOVE). I have served leadership positions with the Association of Directors of Geriatric Academic Programs (President), AGS (President), and the American Board of Internal Medicine (Board of Directors and Board Chair). I am primarily known for my health services research, including clinical epidemiology, practice redesign, and implementation science. I have conducted research on quality of care, caregiver needs, and alternative models of care for Alzheimer's disease and other dementias. I have served as principal investigator (PI) of numerous large studies including one of the first Centers for Medicare and Medicaid Services Innovation Challenge awards for the UCLA Alzheimer's and Dementia Care program. I am the PI of the PCORI/NIA-funded pragmatic trial of comparative effectiveness of two models of dementia (health systems-based and community-based) care and the effectiveness and cost- effectiveness of both compared to usual care. I am also the PI of a grant from the John A. Hartford Foundation to disseminate the UCLA Alzheimer's and Alzheimer's and Dementia Care program. Finally, I have served as joint PI of the PCORI/NIA-sponsored STRIDE Study, the largest fall injury prevention clinical trial todate, and I led the development and implementation of the intervention.

Relevant ongoing and recently completed research projects:

PCS-2017C1-6534 04/01/18 - 09/30/24
Patient-Centered Outcomes Research Institute (PCORI)
Comparative Effectiveness of Health System-based versus Community-based Dementia Care
The proposed pragmatic trial seeks to determine which of two approaches, health system-based versus community-based dementia care, is more effective in achieving better self-reported patient and caregiver outcomes across 4 clinical sites. Role: PI (Reuben)

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R01 AG061078 NIH/NIA 09/30/18 - 05/31/24
Pragmatic Trial of the Effectiveness and Cost-Effectiveness of Dementia Care
The proposed research will augment the PCORI-funded 4-site pragmatic trial by adding a third arm that reflectsusual care (UC) (i.e., educational materials with referral to CBOs without care management) and by expanding outcomes to include costs and health care utilization from claims data or internal electronic health records of utilization. Role: PI (Reuben)

2021-0160 01/01/22 – 12/31/24
The John A. Hartford Foundation
UCLA Alzheimers and Dementia Care Program: Creating a Sustainable Health Systems Model for National Dissemination
The proposed grant will enable the next steps necessary for creating a sustainable health systems model fornational dissemination. Role: PI (Reuben)

1U54AG063546 (Mor) NIH/NIA – Subaward from Brown University 09/01/19 – 06/30/24
NIA AD/ADRD Health Care Systems Research Collaboratory
The overarching objective of this proposal is to build on the model of the NIH Collaboratory to establish the National Institute on Aging (NIA) Alzheimer's Disease (AD) and AD-related dementia Research Collaboratory with the goal of improving care provided to patients with dementia and their caregivers by health care systems. Role: UCLA subaward PI / Executive Committee Member

R01AG068633 (Tsugawa) 09/15/20 – 05/31/25
NIH/NIA
The Impact of Physician and Health System Factors on the Quality of Care for Persons with Alzheimer's Disease and Related Dementias at the End of Life
This project will identify key physician and health system factors associated with the quality of care for persons withADRD at the end of life with the goal of offering novel approaches for unraveling physician- and health system- level determinants of the quality of palliative and end-of-life care for persons with ADRD.
Role: Co-Investigator

2018-0088 01/01/19 – 12/31/21
The John A. Hartford Foundation
Dissemination of a Comprehensive Dementia Care Program for Patients and Their Caregivers Planning Grant The proposed grant will enable the next steps necessary for dissemination of the UCLA Alzheimer's and Dementia Care Program. Role: PI (Reuben)

1 R21 AG054681 NIH/NIA 07/01/17- 05/31/21
Caregiver Outcomes of an Alzheimer's and Dementia Care Program
The proposed research will evaluate the UCLA Alzheimer's and Dementia Care Program, which has demonstrated success in reducing caregiver stress and depression, to better determine characteristics of caregivers who benefit from the program and the costs associated with this improvement. Role: PI (Reuben)

20170955 05/01/17 –10/31/19
The Commonwealth Fund
UCLA Alzheimer's and Dementia Care Program: Cost Analysis and Support Guide
The proposed grant will conduct research to identify patients who are more likely to benefit from the *UCLA Alzheimer's and Dementia Care* program and will generate important information about the cost effectivenessof the program. Additionally, a return-on-investment analyses and the creation of a guide to support adoption will help other organizations go through the decision-making process to adopt the program and will promote implementation of this model in their health systems and communities. Role: PI (Reuben)

Citations:

a. **Reuben DB,** Gazarian P, Alexander N, Araujo K, Baker D, et al. The STRIDE Intervention: Falls Risk Factor Assessment and Management, Patient Engagement, and Nurse Co-management. *J Am Geriatr Soc.* 2017 Dec;65(12):2733-2739. doi: 10.1111/jgs.15121. Epub 2017 Oct 17. PMCID: PMC5729112.

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b. Jennings LA, Laffan AM, Schissel AC, Colligan E, Tan ZT, Wenger NS, **Reuben DB**. Health Care Utilization and Cost Outcomes of a Comprehensive Dementia Care Program for Medicare Beneficiaries. *JAMA Intern Med.* 2018 Dec 21. doi: 10.1001/jamainternmed.2018.5579. PMID:30575846; PMCID: PMC6439653

c. **Reuben DB**, Tan ZS, Romero T, Wenger NS, Keeler E, Jennings LA. Patient and Caregiver Benefit From a Comprehensive Dementia Care Program: 1-Year Results From the UCLA Alzheimer's and Dementia Care Program. J Am Geriatr Soc. 2019 Jul 29.doi: 10.1111/jgs.16085. [Epub ahead of print] PubMed PMID: 31355423; PMCID: PMC6861615 (available on 2020-11-01)

d. Bhasin S, Gill TM, **Reuben DB**, et al. A Randomized Trial of a Multifactorial Strategy to Prevent Serious Fall Injuries. *N Engl J Med.* 2020;383(2):129-140. doi:10.1056/NEJMoa2002183. PMID: 32640131

B. POSITIONS, SCIENTIFIC APPOINTMENTS, AND HONORS

Positions and Employment

1997-Present Professor of Medicine, UCLA School of Medicine
1994-Present Director, Multi campus Program in Geriatric Medicine & Gerontology
1993-Present Chief, Division of Geriatric Medicine, UCLA Center for Health Sciences1991-1997 Associate Professor of Medicine, UCLA School of Medicine
1989-1992 Associate Director, Multi campus Program in Geriatric Medicine & Gerontology
1989-1991 Assistant Professor of Medicine, UCLA School of Medicine
1983-1989 Assistant Professor of Medicine in Community Health, Brown University
1980-1982 Instructor in Community Health, Brown University

Other Experience and Professional Memberships 2007-Present Gerontological Society of America
2006-Present American Geriatrics Society

Honors

2021 National Advisory Council on Aging (NIA Council) Edward
2012 Henderson Award, American Geriatrics Society
2011-Present Lifetime National Associate, National Research Council (NRC) of the National Academies, National Academy of Sciences (NAS)
2008 John M. Eisenberg Patient Safety & Quality Award for Research – Joint Commission and National Quality Forum(NQF), for Assessing Care of the Vulnerable Elderly (ACOVE), Neil Wenger, Paul Shekelle, David Solomon, Carol Roth, Debra Saliba, David Reuben, and Roy Young
2008 Joseph T. Freeman Award, The Gerontological Society of America
2004-Present Archstone Foundation Endowed Chair in Geriatrics
2001-2003 California Health Care Foundation Health Care Leadership Program, Scholar Bureau of
2001 Health Professions, Health Services & Resources Administration Health Workforce Achievement Award
2000 American Geriatrics Society Dennis H. Jahnigen Award for Excellence in Geriatrics Education American Geriatrics Society Award for Excellence in Research
1992 Geriatric Faculty Leadership Award: California Academic Geriatric Resource Program John A.
1989-1991 Hartford Foundation Faculty Development Award in Geriatrics
1987-1988 Rhode Island Hospital House staff Association Teaching Award in Medicine Senior
1986-1989 Class Award, Brown University Program in Medicine
1986 Senior Class Award, Brown University Program in Medicine
1985 Rhode Island Hospital House staff Association Teaching Award in Medicine
1980-1983

C. CONTRIBUTION TO SCIENCE

1. Development and validation of performance-based measures of functional status: Measurement of health outcomes measures in older persons has been challenging because of limitations of self-report instruments (e.g., cognitive impairment, expectations regarding aging). Early in my career, I led the developing of the Physical Performance Test, which objectively measures an older person's ability to perform tasks that are essential to complete daily activities. Along with the Short Physical Performance Battery (SPPB), the PPT has been among the most widely used performance-based outcome measure in studies of older people. In addition, Ihave contacted validation research on the SPPB, including its value in predicting hospital costs and determining what it contributes beyond self-report measures in predicting mortality.

a. **Reuben DB**, Siu AL. An objective measure of physical function of elderly outpatients. The Physical Performance Test. *J Am Geriatr Soc.* 1990 Oct;38(10):1105-12. PMID: 2229864
b. **Reuben DB**, Seeman TE, Keeler E, Hayes RP, Bowman L, Sewall A, Hirsch SH, Wallace RB, Guralnik JM. The effect of self-reported and performance-based functional impairment on future hospital costs of community-dwelling older persons. Gerontologist. 2004;44:401-407. PMID: 15197294
c. **Reuben DB**, Seeman TE, Keeler E, Hayes RP, Bowman L, Sewall A, Hirsch SH, Wallace RB, Guralnik JM. Refining the categorization of physical functional status: the added value of combining self-reported and performance-based measures. J Gerontol A Biol Sci Med Sci. 2004;59:1056-1061. PMID: 15528778
d. **Reuben DB**, Magasi S, McCreath HE, Bohannon RW, Wang YC, Bubela DJ, Rymer WZ, Beaumont J, Lai JS, Gershon RC. Motor Assessment Using the NIH Toolbox. *Neurology.* 2013 Mar 12;80(11 Suppl 3):S65-75. PMCID: PMC3662336.

2. Determination of the value of functional status in predicting health outcomes : Although the value of measuring functional status in clinical settings is well-established, the importance of functional impairment on key outcome measures had not been established. Early in my career, I began a series of studies that more precisely identify the impact of functional status on outcomes such as future functional decline, institutionalization, mortality, and more recently costs and life expectancy.

a. **Reuben DB**, Siu AL, Kimpau S. The predictive validity of self-report and performance-based measures of function and health. *J Gerontol.* 1992 Jul;47(4):M106-10. PMID: 1624692
b. **Reuben DB**, Rubenstein LV, Hirsch SH, Hays RD. Value of functional status as a predictor of mortality: results of a prospective study. *Am J Med.* 1992 Dec;93(6):663-9. Erratum in: *Am J Med* 1993 Feb;94(2):232. *Am J Med.* 1993 May;94(5):560. PMID: 1466363
c. **Reuben DB**, Seeman TE, Keeler E, Hayes RP, Bowman L, Sewall A, Hirsch SH, Wallace RB, Guralnik JM. The effect of self-reported and performance-based functional impairment on future hospital costs of community-dwelling older persons. *Gerontologist.* 2004 Jun;44(3):401-7. PMID: 15197294
d. Keeler E, Guralnik JM, Tian H, Wallace RB, **Reuben DB**. The impact of functional status on life expectancy in older persons. J Gerontol A Biol Sci Med Sci. 2010 Jul;65(7):727-33. Epub 2010 Apr 2. PMCID: PMC2884085

3. Identification of biomarkers that predict mortality and functional decline: Although physiologic disturbances have long been known to be pathways in the development and outcomes of diseases, their prognostic role had been unclear. In a series of studies that I led, we were are able to determine the importance of biomarkers (e.g. urinary catecholamine, CRP, IL6, albumin, uric acid) on outcomes such as mortality and functional decline. The studies were important in the increasing recognition of the role of inflammation in independence and disability of older persons.

a. **Reuben DB**, Ix JH, Greendale GA, Seeman TE. The predictive value of combined hypoalbuminemia and hypocholesterolemia in high functioning community-dwelling older persons: MacArthur Studies of Successful Aging. *J Am Geriatr Soc.* 1999 Apr;47(4):402-6. PMID: 10203113
b. **Reuben DB**, Talvi SL, Rowe JW, Seeman TE. High urinary catecholamine excretion predicts mortality and functional decline in high-functioning, community-dwelling older persons: MacArthur Studies of Successful Aging. J Gerontol A Biol Sci Med Sci. 2000;55:M618-624. PMID: 11034236
c. **Reuben DB**, Ferrucci L, Wallace R, Tracy RP, Corti MC, Heimovitz H, Harris TB. The prognostic value of serum albumin in healthy older persons with low and high serum interleukin-6 (IL-6) levels. *J Am Geriatr Soc.* 2000 Nov;48(11):1404-7. PMID: 11083315
d. Hu P, Seeman TE, Harris TB, **Reuben DB**. Is serum uric acid level associated with all-cause mortality in

high-functioning older persons: MacArthur studies of successful aging? *J Am Geriatr Soc*. 2001 Dec;49(12):1679-84. PMID: 11844003

4. Determining the role of comprehensive geriatric assessment (CGA) in the care of older persons: In the 1980s when it became apparent that older persons' health needs required a more comprehensive evaluation and management strategy, a variety of models of comprehensive geriatric assessment were developed and implemented. I led a series of studies that further developed CGA and meticulously evaluated this process in a variety of settings. These studies further advanced the field including determining what approaches worked (e.g., outpatient CGA with an intervention to increase physician adherence) and, equally important, which did not (e.g., inpatient hospital CGA consultation). As part of this research, our team identified determinants of both physician and patient adherence to recommendations resulting from combat the geriatric assessment consultation.

a. **Reuben DB**, Borok GM, Wolde-Tsadik G, Ershoff DH, Fishman LK, Ambrosini VL, Liu Y, Rubenstein LZ, Beck JC. A randomized clinical trial of comprehensive geriatric assessment consultation for hospitalized health maintenance organization patients. New England Journal of Medicine 1995; 332:1345-1350. PMID: 7715645
b. Maly RC, Abrahamse AF, Hirsch SH, Frank JC**, Reuben DB**. What influences physician practice behavior? An interview study of physicians who received consultative geriatric assessment recommendations. *Arch Fam Med*. 1996 Sep;5(8):448-54. PMID: 8797548
c. Frank JC, Hirsch SH, Chernoff J, Wallace SP, Abrahamse A, Maly R, **Reuben DB**. Determinants of patient adherence to consultative comprehensive geriatric assessment recommendations. *J Gerontol A Biol Sci Med Sci*. 1997 Jan;52(1):M44-51. PMID: 9008668
d. **Reuben DB**, Maly RC, Frank JC, Hirsch SH, McGuigan KA. A Randomized Clinical Trial of Outpatient Comprehensive Geriatric Assessment Coupled with an Intervention to Increase Adherence to Recommendations. J Am Ger Soc. 1999;47:269-276. PMID: 10078887

5. Development of new models of care for geriatric conditions: The quality of care for geriatric syndromes (e.g., falls, dementia, urinary incontinence) is poor as measured by quality indicators. Beginning in the 1990s, I have led the development and evaluation of new approaches to care for older persons in outpatient settings, including care by geriatricians, primary care physicians, and more recently, nurses. The innovations have led to higher quality of care and better patient outcomes.

a. Wenger NS, Roth CP, Hall WJ, Ganz DA, Snow V, Byrkit J, Dzielak E, Gullen DJ, Loepfe TR, Sahler C, Snooks Q, Beckman R, Adams J, Rosen M, **Reuben DB**. Practice redesign to improve care for falls and urinary incontinence: primary care intervention for older patients. Arch Int Med. 2010;170(19):1765-72. PMID: 20975026
b. **Reuben DB**, Ganz DA, Roth CP, McCreath HE, Ramirez KD, Wenger NS. The Effect of Nurse Practitioner Co-Management on the Care of Geriatric Conditions. *J Am Geriatr Soc*. 2013 Jun;61(6):857-67. PMCID: PMC3694740
c. **Reuben DB,** Gazarian P, Alexander N, Araujo K, Baker D, et al. The STRIDE Intervention: Falls Risk Factor Assessment and Management, Patient Engagement, and Nurse Co-management. *J Am Geriatr Soc.* 2017 Dec;65(12):2733-2739. doi: 10.1111/jgs.15121. Epub 2017 Oct 17. PMCID: PMC5729112.
d. S Bhasin, TM Gill, **DB Reuben**, et al. A Randomized Trial of a Multifactorial Strategy to Prevent Serious Fall Injuries. *N Engl J Med*. 2020;383(2):129-140. doi:10.1056/NEJMoa2002183. PMID: 32640131; PMCID: PMC7421468 (available on 2021-01-09)

Complete List of Published Work in MyBibliography:

http://www.ncbi.nlm.nih.gov/sites/myncbi/david.reuben.1/collections/48213290/public/

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CHARETTE, SUSAN LOUISE, M.D.

EDUCATION:
B.A., Human Biology, Stanford University, 1989

M.D., University of California, Los Angeles Center for Health Sciences, 1995

Residency in Internal Medicine,
University of California, Los Angeles Center for Health Sciences, 1999

Fellowship in Geriatric Medicine,
VA-UCLA Geriatric Medicine Fellowship Program, 2001

Fellowship in Medical Education,
David Geffen School of Medicine at UCLA, 2004

LICENSURE:
California, A065322

BOARD CERTIFICATION:

Internal Medicine (ABIM), 1999, 2009

Geriatric Medicine (ABIM), 2001, 2011Palliative

Medicine (AAHPM), 2004

Hospice & Palliative Medicine (ABIM), 2012

PROFESSIONAL EXPERIENCE

Present Position:
Health Sciences Clinical Professor,
Department of Medicine, Division of Geriatrics, David Geffen School of Medicine at UCLA, July 2016 –

Previous Positions Held:

Health Sciences Associate Clinical Professor, Department of Medicine, Division of Geriatrics, David Geffen School of Medicine at UCLA, July 2009 – June 2016

Health Sciences Assistant Clinical Professor, Department of Medicine, Division of Geriatrics, David Geffen School of Medicine at UCLA, July 2001 – June 2009

Clinical Fellow,
VA-UCLA Geriatric Medicine Fellowship Program, July 2000 –June 2001

Clinical Instructor,
Department of Medicine, UCLA Medical Center, July 1999 – June 2000

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Research Assistant,
Department of Medicine, Division of Gerontology,
StanfordUniversity,
October 1987 – June 1991

PROFESSIONAL ACTIVITIES :

Selected Committee Service:

Co-Director, UCLA Geriatric Medicine Intensive Course and Board Review ,December 2002 – September 2020

*Co-Chair, UCLA Geriatric Medicine Intensive Course and Board Review, October2020 –

Co-Director, UCLA Geriatric Fellowship Medical Education Rotation, July 2003 –June 2006
Member, Advisory Committee on Interdisciplinary, Community-Based Linkages, Health Resources and ServicesAdministration, October 2003 – 2007

Co-Advisor, David Geffen School of Medicine at UCLA Geriatric Medicine Interest Group, July 2004 –December 2014

*Member, UCLA Geriatric Equity, Diversity, and Inclusion (EDI) Patient Experience Working Group, July 2020 -

Selected Teaching Activities:

*Geriatric Consult Attending for Neuropsychiatry Institute/Ronald Reagan UCLA Medical Center, geriatricmedicine fellows, 2001 – 2004, 2018 – present

*ME356.01 Geriatric Medicine Clerkship Course, fourth year medical students, 2001 –

*AM011 Ambulatory Geriatric Review, Ambulatory Medicine Core Clerkship; David Geffen School of Medicine; 3-5 times a year, third year medical students. 2001-

*Block 8: Geriatric Clinical Skills Workshop (HBD 408, Medical Neurosciences II – Clinical Skills),2001 –

*UCLA Geriatric Medicine Fellows Continuity Clinic (as needed), 3 geriatric fellows/session, 2001 –

*Clinic Preceptor-Medical Plaza: NIH/Lillian R. Gleitsman Medical Student Training in Aging Research SummerProgram (MSTAR), 1st/2nd Year Medical Students, July 2001 –

*Family Medicine Internship Ambulatory Medicine Rotation preceptor, family medicine interns, 2018 –

*MS3 Ambulatory Orientation Geriatric Lectures (3-5x/year), 2019 –

HONORS AND SPECIAL AWARDS :

Certificate for Outstanding Medical Student, Department of Radiological Sciences, Olive View-UCLA Medical Center, December 1995

Listed as a "Best Doctor in So Cal" for Geriatric Medicine in the *Los Angeles Times*, October 4, 2009

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The Arthur Cherk in Award from the Multi campus Program in Geriatric Medicine & Gerontology and the VA-UCLAGeriatric Medicine Fellowship Program, June 23, 2010

Best Clinical Mentor for the National Institute of Aging funded Medical Student Training in Aging ResearchSummer Program (T35) in Geriatrics, UCLA 2010

RESEARCH GRANTS AND FELLOWSHIPS RECEIVED:

Bureau of Health Professions, Health Resources and Services Administration, Department of Health and Human Services, Geriatric Academic Career Award, $59,658 for Year 4, September 2002 – 2006, Principal Investigator

National Cancer Institute/National Institutes of Health, 1R25 CA 098467-01A1, "Statewide Initiative: Disseminate End-of-Life Education" Goal: To improve practice patterns of physicians in delivering end of life, $4,114,550 (10% of salary per year), August 2005 – December 2006, Co- Investigator

RESEARCH PAPERS (PEER REVIEWED)

1. Snow-Harter C, Bouxsein M, Lewis B, **Charette S**, Weinstein P, Marcus R. Muscle strength as a predictor of bone mineral density in young women. *Journal of Bone and Mineral Research*, 5(6): 589-595, 1990. PMID: 2382585
2. **Charette SL**, McEvoy L, Pyka G, Snow-Harter C, Guido D, Wiswell RA, Marcus R. Muscle hypertrophy response to resistance training in older women. *Journal of Applied Physiology*, 70(5): 1912-1916, 1991. PMID: 1864770
3. Myburgh KH, **Charette S**, Zhou L, Steele CR, Arnaud S, Marcus R. The influence of recreational activity and muscle strength on ulnar bending stiffness in men. *Medicine and Science in Sport and Exercise*, 25(5): 592-596, 1993. PMID: 8492687
4. Pyka, G, Lindenberger E, **Charette S**, Marcus R. Muscle strength and fiber adaptations to a year-long resistance training program in elderly men and women. *Journal of Gerontology*, 49(1): M22-M27, 1994. PMD: 8282977
5. Gross MM, Stevenson PJ, **Charette SL**, Pyka G, Marcus R. Effect of muscle strength and movement speed on the biomechanics of rising from a chair in healthy elderly and young women. *Gait Posture*, 8(3): 175-185, 1998. PMID: 10200407
6. Seeman TT, Merkin SS, Crimmins E, Koretz B, **Charette S**, Karlamangla A. Education, income and ethnic differences in cumulative biological risk profiles in a national sample of US adults: NHANES III (1988-1994). *Social Science and Medicine*, 66(1): 72-87, 2008. PMID: 17920177
7. Merkin SS, Karlamangla A, Crimmins E, **Charette SL**, Hayward M, Kim JK, Koretz B, Seeman T. Education differentials by race and ethnicity in the diagnosis and management of hypercholesterolemia: a national sample of U.S. adults (NHANES 1999-2002). *International Journal of Public Health*, 54(3):166-74, 2009. PMID: 19219403

OMB No. 0925-0001 and 0925-0002 (Rev. 03/2020 Approved Through 02/28/2023)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: **Leslie C. Evertson**

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE: Dementia Care Specialist

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
California State University, Sonoma	BSN	05/1998	Nursing
University of Colorado at Colorado Springs	MSN	12/2005	Nursing
California State University, Northern California Consortium	DNP	05/2019	Nursing

A. Personal Statement

I am the Lead Dementia Care Specialist for the UCLA Alzheimer's and Dementia Care (ADC) Program. I have played an integral role in the program's development and implementation. I have expanded the reach of the ADC to three additional clinics in Los Angeles and Ventura County. I am a member of the UCLA Dementia Design Team for Population Health and work closely with the healthcare system to find ways to help UCLA patients with dementia by improving communication and accessibility working with multiple specialties and optimizing the electronic health care record. I am content expert and lead education, training and dissemination efforts for the program funded by the John A. Hartford Foundation. I am Co-chair of a healthcare system dementia care intervention and software content expert for a PCORI/NIA-funded pragmatic trial of comparative effectiveness of two models of dementia care (health systems-based and community-based) and the effectiveness of both compared to usual care. I am analyzing interviews and surveys for a NIH/R21 grant on the perspective of caregivers who did not benefit from the ADC based on our current assessment tools. I am a member of the Alzheimer's Association Dementia Care Navigator Task Force. I work with the Gerontological Advance Practice Nurse Association leadership to create dementia care skills training for day long seminars in conjunction with their Annual meeting. I am passionate about caring for, supporting and educating patients with dementia and their family caregivers.

a. Reuben DB, **Evertson LC**, Wenger NS, Serrano K, Chodosh J, Ercoli L, Tan ZS. The University of California at Los Angeles Alzheimer's and Dementia Care program for comprehensive, coordinated, patient-centered care: preliminary data. J Am Geriatr Soc. 2013 Dec;61(12):2214-8. doi: 10.1111/jgs.12562. Epub 2013 Dec 3. PubMed PMID: 24329821; PubMed Central PMCID: PMC3889469.

b. Jennings LA, Reuben DB, **Evertson LC**, Serrano KS, Ercoli L, Grill J, Chodosh J, Tan Z, Wenger NS. Unmet needs of caregivers of individuals referred to a dementia care program.J Am Geriatr Soc. 2015 Feb;63(2):282-9. doi: 10.1111/jgs.13251. PubMed PMID: 25688604; PubMed Central PMCID: PMC4332558.

Relevant ongoing and recently completed research projects:

R01 AG061078 NIH/NIA (Reuben) 09/30/18 - 05/31/24
Pragmatic Trial of the Effectiveness and Cost-Effectiveness of Dementia Care
The proposed research will augment the PCORI-funded 4-site pragmatic trial by adding a third arm that reflects usual care (UC) (i.e., educational materials with referral to CBOs without care management) and by expanding outcomes to include costs and health care utilization from claims data or internal electronic health records of utilization.
Role: Co-Investigator

PCS-2017C1-6534 (Reuben) 04/01/18 - 03/31/23
Patient-Centered Outcomes Research Institute (PCORI)
Comparative Effectiveness of Health System-based versus Community-based Dementia Care
The proposed pragmatic trial seeks to determine which of two approaches, health system-based versus community-based dementia care, is more effective in achieving better self-reported patient and caregiver outcomes across 4 clinical sites.
Role: Co-Investigator

2021-0160 01/01/22 – 12/31/24
The John A. Hartford Foundation
UCLA Alzheimers and Dementia Care Program: Creating a Sustainable Health Systems Model for National Dissemination
The proposed grant will enable the next steps necessary for creating a sustainable health systems model for national dissemination.
Role: Co-Investigator

2018-0088 (Reuben) 01/01/19 – 12/31/21
The John A. Hartford Foundation
Dissemination of a Comprehensive Dementia Care Program for Patients and Their Caregivers Planning Grant The proposed grant will enable the next steps necessary for dissemination of the UCLA Alzheimer's and Dementia Care Program.
Role: Co-Investigator

B. Positions, Scientific Appointments and Honors

PROFESSIONAL EXPERIENCE.

Nurse Practitioner III, UCLA Health, 2012-present
Nurse Practitioner II, California State Veterans Home West Los Angeles, 2010-2012 Nurse
Practitioner II, Greater LA VA Healthcare System West Los Angeles, 2008-2010Geriatric
Nurse Practitioner, Valley Geriatric Medical Group, 2006-2008
Critical Care Float Nurse, UCLA Medical Center, 2005-2006
Sexual Assault Nurse Examiner, St. Anthony's North Hospital, 2003-2004Charge
Nurse, Presbyterian/St. Luke's Hospital, 2001-2004
Staff Nurse, Memorial Hospital, 2001-2002
Staff Nurse, Presbyterian/St. Luke's Hospital, 2001 Infusion
Nurse, City of Hope West LA Cancer Center, 2000Clinical
Nurse II, UCLA Medical Center. 1998-2000

HONORS

American Academy of Nursing Edge Runner for the UCLA Alzheimer's and Dementia Care Program: 2018 Innovation in Healthcare Awardee, SCAN Foundation's 2017 California Summit on Long-Term Services and Supports Sacramento, California: 2017

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DAN OSTERWEIL, M. D., FACP, CMD

EDUCATION:

Through December 2023	Certified, Medical Director ,ABPLM
2000 & 2011 (CMD/AMDA)	Re-Certified, Medical Director of a Long Term Care Facility
June 1993 (CMD/AMDA)	Certified, Medical Director of a Long Term Care Facility
July 1982 - June 1984	Geriatric Fellow, UCLA/VA Geriatric Fellowship Program, Los Angeles, California
Sept. 1981 - July 1982	Resident Internal Medicine, Rambam Medical Center, Haifa, Israel
June 1981	M.Sc., Ed., University of Southern California School of Education.

Diploma in postdoctoral training in Medical Education, USC School of Medicine, Los Angeles, CA.

1980 - 1981	Fellow, Department of Medical Education, Division of Research in Medical Education, University of Southern California School of Medicine, Los Angeles, CA.
December 1980	Passed FLEX, California
September 1979	Course in evaluation and teaching techniques, Dundee, Scotland
July 1976 - August 1980	Resident, Dept. of Int. Med. A, Rambam Medical Center, Haifa, Israel
May 8, 1977	M.D. degree received, Faculty of Medicine, Technion-Israel Institute of Technology, Haifa, Israel. (Thesis: "Assessment of Home Care Needs for the Elderly in the Emek Yizreel District")

PROFESSIONAL EXPERIENCE (SINCE 2000):

2021-Present	Co Director Intensive Course in Geriatric Medicine and Board review , UCLA
January2022-present	Geriatric Consultant to CMO, SCAN Health Plan
January 2013-2021	Vice-President/ Medical Director of SCAN Health Plan
January 2013-2021	President/ Medical Director, SCAN Health Check Assessment Centers.
2012-Present	CEO, California Association of Long Term Care Medicine (CALTCM), California chapter of the American Medical Directors Association.
2009-2012	President, California Association of Long Term Care Medicine (CALTCM), California chapter of the American Medical Directors Association.
July 2011-Present	Clinical Professor Health Sciences, Step VI, David Geffen School of Medicine, Division of Geriatrics, UCLA
2008- June 2013	Medical Director, Garden Crest Convalescent Hospital, Los Angeles, CA
July 2008-June 2011	Clinical Professor Health Sciences, Step V, David Geffen School of Medicine, Division of Geriatrics, UCLA
January 2007-Present	Editor Emeritus, Journal of the American Medical Directors Association
January 2006 – Present	Editorial Board, Journal of the American Medical Directors Association
January 2006 – Present	Editorial Board, Caring for the Ages
July 2005-June 2008	Clinical Professor Health Sciences Step IV, David Geffen School of Medicine, Division of Geriatrics, UCLA
2003 – December 2012	Consultant, Geriatric Innovation Unit and member of the SCAN Geriatric Advisory Board, SCAN Health Plan, Long Beach, CA1999 – April 2013 Medical Director, Silverado Senior Living, Calabasas, CA

1996 - Present	Clinical Professor, David Geffen School of Medicine, Division of Geriatrics, UCLA
September 1998 – June 2008	Medical Director, Gerontology Service, Sherman Oaks Hospital, CA
August 1998 – August 2015	Medical Director, Specialized Ambulatory Geriatric Evaluation Clinic (S+AGE) at Sherman Oaks Hospital, Sherman Oaks, CA
July 1999 – December 2006	Editor-in-Chief, Journal of the American Medical Directors Association
2000 – Present	Research Associate, UCLA/Jewish Home for the Aging Borun Center for Gerontological Research
July 1999 – December 2000	Editor, Caring for the Ages, American Medical Directors Association
December 1996 - June 1999	Editor, Annals of Long Term Care (AMDA)
May 1996 – November 2000	CAL-LA Area Medical Director, Beverly Health and Rehabilitation Inc.

HONORS AND SPECIAL AWARDS (SINCE 2000):

July 2006	The Gerontological Society of America Fellowship
March 2007	AMDA William Dodd Founder's Award for Distinguished Service
March 2007	AMDA's Recognition of Service Award
January 2009	Elected as a Fellow to the American College of Physicians
2009	Consumer Guide of Best Doctors published in the Los Angeles Times
2000-2013	Best Doctor's Award, selected by his peers in 2000, 2007, 2010, 2012, 2013
2013-2015	Super Doctor's Award, selected by his peers in 2013, 2014 and 2015

RESEARCH GRANTS AND FELLOWSHIPS RECEIVED (SINCE 2000):

Principal Investigator	Nursing Home and Health Plan Partnership: Honoring Wishes and Reducing Hospital Transfers, California HealthCare Foundation, (August2015-September 2017.)
Principal Investigator	Merck & Co., Inc.: Rotavirus Gastroenteritis in a Long-Term Care Facility (April 2007-April 2010.)
Principal Investigator	Real Choice Systems Change grants for Community Living - Money Follows the Person, Grant 03-75891/11-P-92077/9.
Co-Principal Investigator	Real Choice Systems Change grants for Community Living - Money Follows the Person, Grant 03-75891/11-P-92077/9 (March 01, 2004-August 31, 2006.) Principal Investigator: Jack Schnelle, PhD.
Consultant	Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Professionals.
Consultant	HRSA/Charles R. Drew University of Medicine and Science. (July 1, 2002- June 30, 2007) Principal Investigator: Arnel M. Juaquin, MD.
Consultant	California Geriatric Education Center Grant D031 AH 70011. HRSA.Principal Investigator: Janet Frank, DrPH. (7/1/01-6/30/06)
Consultant	Geriatric Education Centers. PHS/HRSA. Award No. D31 HP70137-03. Principle Investigator: Janet Frank, DrPH. (07/01/03–06/30/04)Co- Principal Investigator California Consumer Information Systems for Nursing Homes. California Healthcare Foundation. Principal Investigator: J. Schnelle,PhD. (4/1/00-11/31/02)

SELECTED RESEARCH PAPERS - PEER REVIEWED

1. Simmons SF, Walker KA, Osterweil, D. The Effect of Megestrol Acetate on Oral Food and Fluid Intake in Nursing Home Residents: A Pilot Study. J Am Med Dir Assoc. 2004;5(1): 24-30.
2. Osterweil D. Alzheimer's Disease in the Long-Term Care Setting - Management of Behavioral Disturbances with Cholinesterase Inhibitors. Annals of Long-Term Care. 2004;12(7):18-24.

3. Cadogan M, Schnelle JF, Al-Samarrai NR, Yamamoto-Mitani N, Cabrera G, Osterweil D, Simmons SF. A Standardized Quality Assessment System to Evaluate Pain Detection and Management in the Nursing Home. J Am Med Dir Assoc 2004;6(1):1-9.
4. Simmons SF, Cadogan MP, Carbonera G, Al-Samarrai N, Jorge JS, Levy-Storms L, Osterweil D & Schnelle JF. The Minimum Data Set depression quality indicator: Is it accurate and does it reflect differences in care processes? The Gerontologist.2004; 44(4): 554-564.
5. Chu, L, Schnelle, JF, Osterweil, D. Prescription analgesic & antidepressant utilization & cost among elderly Medicaid beneficiaries before & after nursing home admission. J Am Med Dir Assoc. 2004; 5(2);75-81.
6. Thomas DR, Osterweil D. Is a pressure ulcer a marker for quality of care? J Am Med Dir Assoc. May-Jun 2005; 6(3):228-30.
7. Schnelle J, Osterweil D, Simmons S. Improving the Quality of Nursing Home Care & Medical Record Accuracy with Direct Observational Technologies. Gerontologist Oct 2005; 45:5;576-582.
8. Gravenstein S, Drinka P, McElhaney, J, Osterweil, D., et al. Inhaled Zanamavir versus Rimantadine for the control of influenza in a highly vaccinated long-term care population. J Am Geriatr Soc. November/December 2005 6(6): 359-366.
9. Cadogan, Schnelle, Al-Sammarrai, Yamamoto-Mitani, Cabrera, Osterweil, Simmons, A standardized quality assessment system to evaluate pain detection and management in the nursing home. J Am Med Dir Assoc. 2006 Mar; 7(3 Suppl):S11-9, S10.
10. Osterweil D, Dimant J, Gelman LL. Introduction. J Am Med Dir Assoc. March 2007; 8(3 Suppl):S1.
11. Simonson W, Bergeron C, Crecelius C, Murphy R, Maguire S, Osterweil D, et al, Improving Sleep Management in the Elderly, Annals of Long-Term Care, December 2007. Supplement to Annals of Long-Term Care: Clinical Care and Aging 2007; 15(12;suppl 1):1-16.
12. Schnelle J, Osterweil D, et al., Chronic kidney disease, anemia and the association between chronic kidney disease-related anemia and activities of daily living in older nursing home residents. J Am Med Dir Assoc, 2009 Feb;10(2):120-6. Epub 2008 Dec 20.
13. Heflin MT, Bragg EJ, Osterweil D, et al., The Donald W. Reynolds Consortium for Faculty Development to Advance Geriatrics Education (FD~AGE): a model for dissemination of subspecialty educational expertise. J Am Med Dir Assoc. 2012 May;87(5):618-26.
14. Nguyen N, Osterweil D, et al., Charles Bonnet Syndrome: Treating Nonpsychiatric Hallucinations, The Consultant Pharmacist, March 2013, Vol. 28: No.3; 184-188.
15. Rahman AN, Schnelle JF, Osterweil D; Implementing toileting trials in nursing homes: evaluation of a dissemination strategy, Geriatr Nurs. 2014 Jul-Aug;35(4):283-9. doi: 10.1016/j.gerinurse.2014.03.002. Epub 2014 Apr 17.
16. Chodosh J, Price RM, Cadogan MP, Damron-Rodriguez J, Osterweil D, Czerwinski A, Tan ZS, Merkin SS, Gans D, Frank JC.A Practice Improvement Education Program Using a Mentored Approach to Improve Nursing Facility Depression Care-Preliminary Data, J Am Geriatr Soc. 2015 Nov;63(11):2395-9. doi: 10.1111/jgs.13775. Epub 2015 Oct 27.
17. Gans, D, Ganz DA, Seneclick W, McCreath H, Jew J, Osterweil D, Batra R, Tan Z, Jennings L, Reuben D A Strategy for Identifying and Disseminating Best Practice Innovations in the Care of Patients with Multiple Chronic Conditions or End-of-Life Care Needs,. Managed Care, July 2016.
18. Arlene Fink, Lorna Kwan, Dan Osterweil, Jenna Van Draanen, Alexis Cooke, John Beck Assessing the Usability of Web-Based Alcohol Education for Older Adults: A Feasibility Study JMIR Res Protoc 2016 vol. 5
19. Joshua Chodosh, Karen Connor, Romilla Batra, Dan Osterweil A Comprehensive Geriatric Evaluation Center for High-Need Patients in an Under-Resourced Community J Gerontol Geriatr Res 2018 vol. 7, doi; 10.4172/2167-7182.1000481

Michelle Tricia Panlilio, DNP, GNP-BC

EDUCATION

UCLA School of Nursing, Los Angeles	Doctor of Nursing Practice	June 2021
UCLA School of Nursing, Los Angeles	Master's Degree in the Science of Nursing (Geriatric Specialty)	June 2005
Mount St. Mary's College, Los Angeles	Bachelor's Degree in the Science of Nursing	June 2001

PROFESSIONAL EXPERIENCE

UCLA Health, Alzheimer's and Dementia Care Program (Los Angeles, CA)
Nurse Practitioner III/Dementia Care Specialist 2013 - present

- Assisted in developing evidence-based, collaborative care protocols for patients with various types of dementia.
- Provided patient/family education on behavioral modifications to avoid and manage behavioral issues related to dementia
- Provided supportive care and recommendations for the caregivers of the patients with dementia
- Initiated and participated in goals of care management and POLST completion
- Assisted families in legal and financial planning for patients with dementia
- Participated in quality improvement efforts, which demonstrated an overall reduction in patient hospitalizations, emergency room visits, psychiatric admissions, and nursing home admissions
- Assisted in training all incoming Dementia Care Specialists
- Assisted in hiring and training process of Dementia Care Assistants
- Participated as a speaker in various symposiums in dementia, geriatric care, palliative care, and the UCLA Annual Review in Geriatrics
- Assisting in UCLA ADC program nationwide dissemination efforts funded by the John A. Hartford Foundation (60% of role)
- Maintained a case load of 150 patients (40% assignment to clinical patient care).
- Supervised Dementia Care Assistants and other administrative support
- Served as Clinical Preceptor for UCLA Advanced Practice Nursing students (2014-present, pending approval as Volunteer Associate Clinical Professor)
- Developed the Inpatient UCLA Dementia Guidebook and served as project lead for the implementation in 2020-2021. This book is a resource that was developed for the caregivers of the patients with dementia who are admitted for an acute hospitalization. It has since been adopted by the UCLA Health system and available at the bedside iPads. Additionally, this guidebook has been revised to be disseminated to other healthcare organizations.
- Assisted in the training of UCLA geriatric fellows (2020-present)
- Participating member in the UCLA Department of Geriatrics EDI Committee
- Faculty lector in Project ECHO, a collaboration between the UCLA Alzheimer's and Dementia Care Program and the Alzheimer's Association.
- Active member of the Southern California Working Group on Dementia Care Improvement
- Active member of the NP III Clinical Advisory Board Committee

Staywell Research (Northridge, CA)
Nurse Practitioner/Sub-Investigator 2012 - 2013

- Sub-Investigator for clinical trials for conditions such as joint health, weight loss, sexual dysfunction, vitamin bioavailability, gastrointestinal health, glucose tolerance, weight loss in menopause, and cardiovascular health
- Assessed subjects for patient safety, adverse events, serious adverse events, determine causality, and fill out appropriate paperwork for International Review Board (IRB) and sponsor notification.

Pharmacology Research Institute (Encino, CA)
Nurse Practitioner/Sub-Investigator 2009 – 2012

- Sub-Investigator for clinical trials for medical conditions such as Alzheimer's Disease, Parkinson's Disease, Major Depressive Disorder, Bipolar Disorder, Schizophrenia, Anxiety Disorder, and Nicotine Addiction
- Collaborated with international pharmaceutical companies such as Bristol-Myer Squibb, Pfizer, Nabi, Genentech, Janssen, Astra Zeneca, and Takeda

The Laser Image (Tarzana, CA)
Nurse Practitioner (Part-time) 2007 – 2012

- Supervised a medical weight loss program
- Performed aesthetic procedures

UCLA Medical Center (Westwood and Santa Monica, CA)
Clinical Nurse II: Medical-Surgical/ Telemetry Unit/Geriatrics 2001 – 2008

- Precept recently graduated nurses and students to the nursing profession

UCLA Internal Medicine: Dr. Edwin Jacobson (Los Angeles, CA)
Nurse Practitioner 2005 – 2007

- Provided primary care to patients 18 years old and older
- Executed extensive patient teaching for the primary care health conditions.
- Study Sub-Investigator in the international JUPITER Trial sponsored by Astra Zeneca, under Primary Investigator Dr. Edwin Jacobson.

Cedar Sinai Medical Center: Jay N. Schapira Cardiology Clinic (Los Angeles, CA)
Nurse Practitioner Intern 2004 – 2005

Veteran's Association: Internal Medicine (West Los Angeles, CA)
Nurse Practitioner Stipend Intern 2004 – 2005

Kaiser Permanente: Long-Term Care Facility (Downey, CA)
Nurse Practitioner Intern 2004 – 2005

CLINICAL EDUCATION WORK

- Developed written and audio modules for training future Dementia Care Specialists, in preparation for the dissemination of the UCLA Alzheimer's and Dementia Care Program to other sites nationwide. As of 2021, these modules have been disseminated to other healthcare institutions nationwide. Modules also utilized by the Gerontological Advanced Practice Nurses Association (GAPNA) for continuing CMEs.
- Assisted in the writing, development, and production of the UCLA Alzheimer's and Dementia Care Program Videos: Problematic Behaviors in patients with dementia. These videos have been utilized as educational tools worldwide by caregivers for patients with dementia and schools of nursing, as well as

various chapters of the Alzheimer's Association. Furthermore, these videos have been translated into Spanish,Vietnamese, Korean, Greek, and Ukrainian.

- Assisted in the development of a software management program for UCLA Alzheimer's and Dementia Care Program, which determines clinical patient acuity and daily responsibilities of each Dementia Care Specialist and Dementia Care Assistants.
- Participated as lead Nurse Practitioner in the Unihealth Grant for two years, which determined and reconstructed the model of care currently adopted in the UCLA Alzheimer's and Dementia Care Program.
- Assisted UCLA geriatric faculty physicians training geriatric fellows during their psychiatric and dementia rotations (2020-present).
- Author and project lead of the UCLA Inpatient Geriatric Guidebook Quality Improvement project. The guidebook necessitated extensive collaboration with geriatric faculty physicians, nursing administration and staff, nursing hospital leadership, the UCLA NICHE program, UCLA department of development, and UCLA Department of marketing and design.

CERTIFICATIONS AND CREDENTIALS

ANCC Gerontological Nurse Practitioner Board Certification (Certificate # 2008002586)	Expires 8/4/2023
Nurse Practitioner (License # NP15979)	Expires 7/31/2023
Federal Furnishing License (MP 140-86-75)	Expires 7/31/2023
Registered Nurse (License #584409)	Expires 7/31/2023
Public Health Nurse (License #63950)	Expires 7/31/2023
Basic Life Support	Expires 7/2022

AWARDS

American Academy of Nursing: Edge Runner Award (2018)

SCHOLARSHIPS

Veterans Association Stipend Scholarship (2004-2005)Adrienne
Moseley Scholarship (2001-2003)
Bing Crosby Scholarship (1997-2000)Connie Cole
Scholarship (1999-2001)
Mount St. Mary's College Women's Leadership Scholarship (1997-2000)

PUBLICATIONS

Reuben, D. R., Evertson, L. C., Panlilio, M., Kim, M., Stander, K., & Tan, Z., S. (2019). The UCLA Alzheimer'sand Dementia Care Program: A model program provides comprehensive, coordinated, patient-centered care to people with dementia. *Journal of the American Society on Aging: Supplement.*
Reuben, D. B., Evertson, L. C., Panlilio, M., Moreno, J., Kim, M., Serrano, K., Jennings, L. A., & Tan, Z. S. (2015). The UCLA Dementia Care Program for Comprehensive, Coordinated, and Patient-Centered Care. In Malone, M., Capezuti, E., & Palmer, R. (eds). Geriatrics Models of Care: Bringing st Practice' to an Aging America. Springer, Cham. https://doi.org/10.1007/978-3-319-16068-9_20

PROFESSIONAL ASSOCIATIONS

Gerontological Advanced Practice Nurses Association (GAPNA): 2018 to present

OMB No. 0925-0001 and 0925-0002 (Rev. 09/17 Approved Through 03/31/2020)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. DO NOT EXCEED FIVE PAGES.

NAME: **Gibbs, Lisa M.**

eRA COMMONS USER NAME (credential, e.g., agency login): LMGIBBS

POSITION TITLE: Professor of Family Medicine; Chief, Division of Geriatrics and Gerontology; Ronald Reagan Endowed Chair in Geriatric Medicine; ACO Medical Director, UCI Health

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing,include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
Stanford University, Stanford, CA	M.D.	06/1996	Medicine
University of California, Davis, Sacramento, CA	Residency	06/1999	Family Medicine Geriatric
University of California, Davis, Sacramento, CA	Fellowship	06/2000	Medicine

A. Personal Statement

I am the Chief of Geriatric Medicine and Gerontology and the Ronald Reagan Endowed Chair of Geriatric Medicine at University of California Irvine (UCI). I have an extensive and successful history of developing multifaceted programs, bringing together collaborators from both university and community-based organizations. My grant leadership experience is best exemplified by my role as developer and PI of the DW Reynold Physicians in Training grant (2009-2013) and two consecutive federal grants, US-DHHS/Health Resources and Services Administration (HRSA) – Geriatric Workforce Enhancement Program (GWEP) 'C^{3}OA'(2015-2019) and HRSA-GWEP 'TAG-TEAM' (2019-2024). As Medical Director of the UC Irvine Senior Health Center, a primary care and consultative practice, I have led the development of innovative programs to advance the delivery of care, including a geriatric-focused Patient Centered Medical Home, and telemedicine program- inclusive of tele-pharmacy and tele-consults. I have been the recipient of academic and leadership training beginning with the Geriatric Academic Career Award from the US Department of Health and Human Services. I was awarded a fellowship from the University of California Office of the President's Center for Health Quality and Innovation (CQHI) program and am currently a representative to a University of California wide Primary Care Collaborative. I have assumed medical directorship of UC Irvine Health's ACO and have founded the program on geriatric care principles, with a particular emphasis on social determinants of health. As a leader in the community, I am a member of the Steering Committee for the Orange County Strategic Plan for Aging (OCSPA), a core group charged with the oversight of planning for aging services for Orange County. Perhaps most importantly, I maintain an active geriatric medicine practice which reminds me daily of the ultimate aim of all other academic activities--the health and wellbeing of each and every patient.

The current proposal builds upon my ongoing practice on geriatrics and research into family-based caregiving for our vulnerable and underserved populations, including those with dementia. I have helped develop dementia care models linking the medical system with community services, and collaborated dementia family caregivers' researchprojects funded by UCI ICTS. Currently I am partnering with dementia care specialists to develop a new center for dementia care at UCI. I will oversee the UCI Dementia Aware program, enhancing regional and academic collaborations.

1) Kim, HJ, Kehoe, P., **Gibbs, L. & Lee, JA**. (2019). Caregiving Experience of Dementia Among Korean-American Family Caregivers. *Issues in Mental Health Nursing* 8:1-8. doi: 10.1080/01612840.2018.1534909. PMID: 30620625.
2) Nguyen, H., **Lee, JA.,** Sorkin, D., & **Gibbs, L**. "Living happily despite having an illness": Perceptions

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of healthy aging among Korean American, Vietnamese American, and Latino older adults. *Applied Nursing Research*. DOI: 10.1016/j.apnr.2019.04.002. (In Press)

3) **Lee, JA**., Kim, HJ., Nguyen, H., Le, K., Sorkin, D., & **Gibbs, L.** (2019, April). Asian older immigrants' perceptions on depression, dementia, and elder abuse. *Western Institute of Nursing* annual meeting, San Diego, CA. (Best Research Poster Award)
4) **Lee, JA**. Campbell, S., Rousseau, J., Di Sano, A., **Gibbs, L.** (2020, April). Geriatric in-home caregivers' support: a community and academic partnership for cultural and linguistic tailored education. *Journal of American Geriatrics of Society*, Supplement Page 8. https://doi.org/10.1111/jgs.16432. (Presidential Best Paper Award).

B. Positions and Honors

Positions and Employment

2008-2014	Director, Geriatric Fellowship, Program in Geriatrics, UC Irvine Medical Center, Orange, CA
2011-Present	Medical Director, UC Irvine Senior Health Center, UC Irvine Medical Center, Orange, CA
2012-Present	Clinical Professor, Department of Family Medicine, UC Irvine Medical Center, Orange, CA
2013-Present	Division Chief, Division of Geriatric Medicine and Gerontology, UC Irvine Medical Center, Orange, CA
2015-Present	Director, Center of Excellence in Elder Abuse and Neglect, UC Irvine, Orange, CA
2018-Present	ACO Medical Director, UC Irvine, Orange, CA

Other Experiences and Honors

2012-2019	Geriatric Certification Exam Committee, American Board of Internal Medicine (ABIM)
2012	Office of Educational Affairs MVP Outstanding Service Award, UC Irvine School of Medicine
2012	University of California's Center for Quality and Innovation Fellowship Program Award recipient
2012	Fellow of the American Geriatrics Society, Awarded May 2012
2013	Orange County Medical Association Physicians of Excellence Award
2013	Best Doctor® in America in Geriatric Medicine Best Doctors, Inc.
2014	Orange County Medical Association Physicians of Excellence Award
2014	Best Doctor® in America in Geriatric Medicine Best Doctors, Inc.
2017	Orange County Physician of the Year, Orange County Medical Association
2019	UCI Engage Faculty Great Partner Award

C. Contribution to Science/Healthcare

1. Older Adult Care and Caregiving

In the pilot projects for this proposed study, I have built upon collaborative research with Dr. Lee in addressing caregiving needs of our underserved populations, specifically focusing on dementia patients and frail, at-risk older adults and their family caregivers.

1) **Lee JA**., Nguyen, H., Rousseau J., **Gibbs L.,** Sorkin, D., Zaragoza1, M., & **Nyamathi, A**. Perceived Experiences and Unmet Needs of Asian American Dementia Family Caregivers. (2017, May). *American Geriatric Society* Conference, Orlando, FL.
2) **Lee, JA**., Rousseau, J., Kang, K., Diep, H., You, SY., Lee, JW., Le, C., Hong, KJ, Sorkin, D., & **Gibbs, L.** (2019, April). Community-based dementia care education for underserved Asian Americans. *Western Institute of Nursing* annual meeting, San Diego, CA.
3) Lee DR, Kawas CH, **Gibbs L** et al: Prevalence of frailty and factors associated with frailty in individuals aged 90 and older: The 90+ study. J Am Geriatr Soc 64:2257-2262, 2016.
4) Burton, C., **Lee, JA**, Waalen, A., & **Gibbs, L**. (2019). "Things are Different Now But": Older LGBT adults' experiences and unmet needs in health care. *Journal of Transcultural Nursing,* 19;1043659619895099. doi: 10.1177/1043659619895099. Online ahead of print. PMID: 31854263 (In Press)

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2. Elder Abuse and Neglect

I have developed an expertise and national recognition in the field of elder abuse and currently serve as the Director of UC Irvine's Center of Excellence in Elder Abuse and Neglect, which provides education and technical assistance regionally, nationally, and abroad. In my research on elder abuse, I have explored screening, identification of risk factors, and clinical best practices for diagnosis and management of neglect and abused individuals.

1) Mosqueda, M., Wiglesworth, A., Moore, A.A., Nguyen, A.L., Gironda, M.W., **Gibbs, L**. Variability in Findings from Adult Protective Services Investigations of Elder Abuse in California. *Journal of Evidence Based Social Work*, 2016;13(1):34-44.
2) Vognar, L, **Gibbs, L**M, Care of the Victim. *Clinics in Geriatric Medicine*, 30:4, Pgs 869-880, Nov 2014.
3) **Gibbs, L**. Understanding the Medical Markers of Elder Abuse and Neglect: Physical Examination Findings. *Clinics in Geriatric Medicine*, 30:4, Pgs 687-712, Nov 2014.
4) **Gibbs LM**, Mosqueda L. Editors: Medical Implications of Elder Abuse and Neglect. Clinics in Geriatric Medicine, 30:4. November 2014.

3. Innovation of Gerontology and Geriatrics

I have led the development of innovative programs to advance the delivery of care, including a geriatric-focused Patient Centered Medical Home, and telemedicine program- inclusive of tele-pharmacy and tele-consults.

1) **Gibbs L**, Olsen B, Youm J, O'Toole E. GeriTeam Communication: University of California, Irvine, 2014; www.pogoe.org/productid/21764, October 2014.
2) Shapiro J, **Gibbs L**. Souls on a Walk: An Enduring Love Story Unbroken by Alzheimer's. Family Medicine, 6:2, February 2014.
3) **Gibbs, L.** POGOe - Portal of Geriatrics Online Education; University of California, Irvine,. 2013 Available from: http://www.pogoe.org/webgem/9499
4) **Gibbs, L.** UC Health Care Planning Study Team. Three Health System Efforts to Semi-Automate Targeted Advance Care Planning Among Seriously Ill Primary Care Patients. Presented at: EPIC's 2019 Users Group Meeting, August 24-27, 2019; Verona, WI.

D. Research Support

Ongoing Research Support

Health Resources and Services Administration (HRSA) Gibbs (PI) 07/2019 - 06/2024
TAG- TEAM; Technology Advanced Geriatrics: Together Educating, Advocating and Mentoring
This grant funds the development and evaluation of a geriatric workforce enhancement program through geriatric telehealth, age friendly health systems of care, and disaster planning for vulnerable adults. ($3.75M)

Unihealth Foundation Tam (PI); Gibbs (Mentor) 07/2019 - 06/2022
SWIFT-DC program, Social Work Intervention for Transformation of Dementia Care
This grant funds an innovative model to utilized social work interns to partner with caregivers and bridge the community and healthcare systems. ($375K)

Patient Center Outcomes Research Institute Gibbs (UCI site co-PI) 07/2017 – 06/2022
Population-Based Comparison of Evidence Based, Patient Centered Advance Care Planning Interventions ($2.1M)

Completed Research Support

Health Resources and Services Administration (HRSA) Gibbs (PI) 07/2015 - 06/2019
Cultivating a culture of caring for older adults: C3OA (GWEP)
This grant funds the development and evaluation of a geriatric workforce enhancement program (GWEP)designed to improve health care delivery to older adults. ($3.3M)

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West Health Institute Gibbs (PI) 07/2016 - 06/2019
The 360 degree Caregiving Solution: Linking UC Irvine Health's PCMH Services and Community Based Services ($1.8M)

Health and Human Services Administration for Community Living (ACL) Gibbs (PI) 07/2016 - 06/2019
Orange County Harm Reduction Initiative ($1M)

OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 09/30/2024)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: **Tam, Steven**

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE: Associate Clinical Professor of Internal Medicine

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
University of California, Los Angeles, Los Angeles, CA	BS	06/99	Economics, Microbiology & Molecular Genetics
University of California, San Diego, San Diego, CA	MD	06/04	
Scripps Green Hospital, La Jolla, CA	Residency	06/07	Internal Medicine
University of California, San Diego, San Diego, CA	Fellowship	06/08	Geriatrics
University of California, San Diego, VA, San Diego, CA	Fellowship	06/09	Dementia

A. Personal Statement

One of the goals of the current proposal will be the development of training to Medi-Cal primary care providers and clinical staff on dementia screening and care. I am well suited for this role because of prior background experiences in providing education on caring for persons with dementia as well as my ongoing clinical practice for caring for persons with dementia. I have had prior experiences developing and disseminating dementia related educational materials to providers from prior work on various educations and training grants (Reynold's Foundation, HRSA Geriatric Workforce Enhancement Program), which also included the development of a web-based "Point of Care" Dementia app for primary care providers. Also, one of my duties as a faculty member in the Division of Geriatrics is to provide lectures on Cognitive Health to medical students, residents in Family Medicine and Internal Medicine, and Geriatrics Fellows.

My clinical training includes fellowship training in Geriatrics and Geriatric Neurology with an emphasis on Dementia care at UC San Diego. As part of my clinical care practice, I am the director of UC Irvine's Senior Health Center Memory Disorders consultation clinic and a clinical lead with Neurology fur UC Irvine's developing Cognitive Resource Center. My clinical practice significantly involves providing primary care and consultative services to persons with memory concerns and dementia. I believe that my longstanding dedication to clinical education and experience in caring for those with memory problems provides a strong foundation for this important role of the current proposal.

Recently completed project related to education of professionals:
2015-2018 US DHHS/HRSA (1 U1QHP28724-01-00 Gibbs)
Project Title: Geriatrics Workforce Enhancement Program

Currently I am also a principal investigator on an ongoing UniHealth funded grant, to develop a care model for patients with dementia, that integrates community resources with a medical center to ensure that care needs for patients are being addressed in between doctor's visits.
7/1/19-6/30/22 Unihealth Foundation #3502 Project Title: Social Work Intervention for Transforming Dementia Care:SWIFT-DC. Role: Principal Investigator

B. Positions, Scientific Appointments, and Honors

2014 - 2016 Medical Director, Rehabilitation, Chapman Care Center (Skilled Nursing Facility)
2014 - 2019 Director, Health Assessment Program for Seniors, UC Irvine
2013 - present Faculty Advisor, QUEST/EPIC (EMR) Implementation project, UC Irvine

2009 – present Associate Clinical Professor, Dept of Medicine (Geriatrics), UC Irvine School of Medicine

C. Contributions to Science

1. As a fellow in Geriatrics, I cared for a patient with significant neuropsychiatric symptoms initially being treated as a patient with dementia. Upon further workup, it was discovered that this patient had primary hyperparathyroidism and treatment of the endocrinological condition resolved her symptoms. This case added to the body of known reversible cognitive problems and I was the lead author of the published case report.
   a. **Tam S**, Meeks T, Daly J, Sewell D. Calcimimetic Agent Resolves Cognitive Deficits and Psychotic Symptoms in an Older Patient. Clinical Geriatrics. May 18, 2010; 5:45-48.
2. Also during my second year of fellowship in Geriatric Neurology, I was a co-investigator on a project to further understand neuropsychiatric features in patients with autopsy confirmed Lewy Body Disease and Alzheimer's Disease. I collected and analyzed data working alongside the other investigators to provide further understanding of neuropsychiatric symptoms in the presentation of these neurodegenerative diseases.
   a. Peavy G, Salmon D, **Tam S,** Hansen L, Masliah E, Edland S, Galasko D, Hamilton J. Neuropsychiatric Features of Frontal Lobe Dysfunction in Autopsy-Confirmed Patients with Lewy Bodies and "Pure" Alzheimer's Disease. American Journal of Geriatric Psychiatry. Jun 2013; 21(6): 509-519.
3. Previous co-investigator on The SAFER Lines Project. A comprehensive infection prevention bundle is implemented in nursing facilities to reduce infections and improve clinical outcomes. As a co-investigator, I interacted with the nursing facilities, their clinicians to help implement the bundle protocols and in reviewing the design of the bundle.

4,. Previous co-investigator on Project PROTECT, a research project to reduce the spread of serious infections through the use of an antiseptic bacterial soap and topical nasal antiseptics. During this project, myrole was to interface with nursing facilities, assist with implementation of protocols/acceptability in nursing facilities and provide education related to the protocols.

5. Other Publications

a) Sah VP, Minamisawa S, **Tam SP**, Wu TH, Dorn GW 2nd, Ross J Jr, Chien KR, Brown JH. Cardiac-specific overexpression of RhoA results in sinus and atrioventricular nodal dysfunction and contractilefailure. *J Clin Invest.* 1999 Jun;103(12):1627-34.

b) Tangkijvanich P, **Tam SP**, Yee HF Jr. Wound-induced migration of rat hepatic stellate cells is modulated by endothelin-1 through rho-kinase-mediated alterations in the acto-myosin cytoskeleton. *Hepatology.* 2001 Jan;33(1):74-80.

c) Saab S, **Tam SP**, Tran BN, Melton AC, Tangkijvanich P, Wong H, Yee HF Jr. Myosin Mediates Contractile force generation by hepatic stellate cells in response to endotheline-1. *J Biomed Sci.* 2002 Nov-Dec;9(6 Pt 2):607-612

d) Kernochan LE, Tran BN, Tangkijvanich P, Melton AC, **Tam SP**, Yee HF Jr. Endothelin-1 stimulates human colonic myofibroblast contraction and migration. *Gut.* 2002 Jan;50(1):65-70.

e) Atanasov AG, **Tam S**, Rocken JM, Baker ME, Odermatt A. Inhibition of 11 beta-hydroxysteroid dehydrogenase type 2 by dithiocarbamates. *Biochem Biophys Res Commun.* 2003 Aug 22;308(2): 257-262.

f) Arnold P, **Tam S**, Yan L, Baker ME, Frey FJ, Odermatt A. Glutamate-115 renders specificity of human 11beta-hydroxysteroid dehydrogenase type 2 for the cofactor NAD+. *Mol Cell Endocrinol.* 2003 Mar 28;201(1-2):177-87.

g) Rebuffat AG, **Tam S**, Nawrocki AR, Baker ME, Frey BM, Frey FJ, Odermatt A. The 11-ketosteroid 11-ketodexamethasone is a glucocorticoid receptor agonist. *Mol Cell Endocrinol.* 2004 Feb 12;214(1-2):27-37.

h) Atanasov, AG, Nashev LG, **Tam S**, Baker ME, Odermatt A. Organotins Disrupt the 11B-Hydroxysteroid Dehydrogenase Type 2-dependent Local Inactivation of Glucocorticoids. *Environmental Health Perspectives.* 2005 Nov 11;113 1600-1606 – Online www.ehponline.org

i) Sciotti MA, **Tam S**, Wermuth B, Baker ME. Differences in Catalytic Activity Between Rat Testicular and Ovarian Carbonyl Reductases are Due to Two Amino Acids. *FEBS Letters*, 2006 Jan 9; 580(1): 67-71.

j) McKinnell JA, Miller LG, Singh R, Kleinman K, Peterson EM, Evans KD, Dutciuc TD, Heim L, Gombosev A, Estevez M, Launer B, Tjoa T, **Tam S**, Bolaris MA, Huang SS Prevalence of and Factors Associated With Multidrug Resistant Organism (MDRO) Colonization in 3 Nursing Homes. Infect Control Hosp Epidemiol 2016 Dec; 37(12): 1485-1488. Epub 2016 Sep 27.

k) McKinnell JA, Miller LG, Singh RD, Gussin G, Kleinman K, Mendez J, Laurner B, Catuna TD, Heim L, Saavedra R, Felix J, Torres C, Chang J, Estevez M, Mendez J, Tchakalian G, Bloomfield L, Ceja S, Franco R, Miner A, Hurtado A, Hean R, Varasteh A, Robinson PA, Park S, **Tam S**, Tjoa T, He J, Agrawal S, Yamaguchi S, Custodio H, Nguyen J, Bittencourt CE, Evans KD, Mor V, McConeghy K, Weinstein RA, Hayden MK, Stone ND, Steinberg K, Beecham N, Montgomery J, DeAnn W, Peterson EM, Huang SS. High Prevalence of Multidrug-Resistant Organism Colonization in 28 Nursing Homes: An "Iceberg Effect". J Am Med Dir Assoc. 2020 Dec;21(12):1937-1943

l) McKinnell JA, Singh RD, Miller LG, Kleinman K, Gussin G, He J, Saavedra R, Dutciuc TD, Estevez M, Chang J, Heim L, Yamaguchi S, Custodio H, Gohil SK, Park S, **Tam S**, Robinson PA, Tjoa T, Nguyen J, Evans KD, Bittencourt CE, Lee BY, Mueller LE, Bartsch SM, Jernigan JA, Slayton RB, Stone ND, Zahn M, Mor V, McConeghy K, Baier RR, Janssen L, O'Donnell K, Weinstein RA, Hayden MK, Coady MH, Bhattarai M, Peterson EM, Huang SS. The SHIELD Orange County Project: Multidrug-resistant Organism Prevalence in 21 Nursing Homes and Long-term Acute Care Facilities in Southern California. Clin Infect Dis. 2019 Oct 15;69(9): 1566-1573

m) Aladdin H. Shadyab, Andrea Z. LaCroix, Howard H. Feldman, Christopher H. van Dyck, Ozioma C. Okonkwo, **Steven P. Tam,** J. Kaci Fairchild, Kathleen A. Welsh-Bohmer, Genevieve Matthews, Daniel Bennett, Alexandre A. Shadyab, Kimberly A. Schafer, Rosemary H. Morrison, Sean A. Kipperman, Jennifer Mason, Donna Tan, Ronald G. Thomas, Carl W. Cotman, Laura D. Baker, for the ADCS EXERT Study Group. Recruitment of a multi-site randomized controlled trial of aerobic exercise for older adults with amnestic mild cognitive impairment: The EXERT trial. Alzheimer's Dement. 2021;1–10.

Other Research Support

1/1/09 – 12/31/12. Donald W. Reynolds Foundation. Project
Title: Communication: The Art of Geriatric Medicine. Role:
Co-investigator

2015-2016 CDC (Supplement 1U54 CK000172-01, Joint PI : Platt/Huang)
Project Title : "Project PROTECT: Protecting Nursing Homes from Viral and Bacterial Pathogens Using Decolonization"This project evaluates the ability for antiseptic bathing soap and a topical nasal antiseptic to reduce the spread of serious viral and bacterial contagious pathogens in nursing homes.
Role: Co-Investigator

9/23/2015 – 8/31/18. (AHRQ R01HS024424 Gohil)
Project Title: The SAFER Lines Project: Standardizing Assessment For Effective Response The major goals of this project are to apply a standardized (Central Line Insertion Site Assessment, CLISA) scoring tool to monitor for high risk lines and will create an electronic software application alerting responsible clinicians to high risk scores that initiate a structured response.
Role: Co-Investigator

2016-2017 UniHealth Planning Grant #2828(Gibbs)
Project Title: A Comprehensive Agile Response Team for Dementia Care: CART-DC.
Role:Co-Investigator

11/18/13 – 12/31/18 H8A-MC-LZAZ(a)/ADC-040-A4 (Eli Lilly and Company)
Project Title: Anti-Amyloid Treatment in Asymptomatic Alzheimer's Disease (A4 Study)Role:
Co-Investigator

Katherine Marie De Azambuja

1641 Brookshire Ave, Tustin, CA 92780 Phone 714-348-0014, E-mail Kdeazamb@uci.edu

Education

September 2005-June 2009 University of California, Los Angeles
- Degree: Bachelor of Science, Microbiology, Immunology, Molecular Genetics
- Minor: French

August 2013-May 2017
New York Medical School, School of Medicine- Valhalla, NY
- Degree: Doctor of Medicine

July 2017-June 2020
University of California, Irvine, School of Medicine – Irvine, CA
- Degree: Residency in Family Medicine
- Program in Medical Education for Latino Communities (PRIME-LC) track certificate
- ABFM Board certified in July 2020

July 2020-July 2021
University of California, Irvine, School of Medicine – Irvine, CA
- Degree: Fellowship in Geriatric Medicine

Certifications

California Medical License: A159349	valid until 11/30/2022
DEA with CURES	valid until 06/30/2024
ACLS	valid until 5/31/2023
Board Certification in Family Medicine	07/20/2020

Professional Experience

2006-2007
University of California, Los Angeles, Department of General Internal Medicine
Research clerk
Meta-analysis project investigating the prevalence and comorbidity rates of non-HIV chronic diseases within the HIV-infected populations

Spring 2008
University of California, Los Angeles, Department of Radiation Oncology
Laboratory assistant
Investigating the activity of proteasomes in cancer cells and their role in carcinogenesis

Spring 2008-Spring 2013
University of California, Los Angeles, Department of General Internal Medicine
Research Associate
Reviewed the medical records of 1000 patients who have been diagnosed with acute strokes from 40 California hospitals between 2007 and 2008, validated the Patient Discharge Data submitted to OSHPD (Office of Statewide Health Planning and Development), and assessed the care and outcomes of these patients

Summer 2009 to Spring 2013
University of California, Los Angeles, School of Nursing
Research Associate
Investigating the Human Papilloma Virus (HPV) and HPV-related cancers including cervical and anal cancers. Were searched prevention of HPV infection through vaccination, pathology of HPV infection into cancer, screening for HPV-related dysplasia, and treatment of HPV-related cancers using HPV16-mouse model.

Fall 2015-Spring 2016

Westchester Medical Center, Department of Pediatrics, Allergy and Pulmonology Medicine
Student researcher

Investigating the association between history of allergies and asthma and the development of immunity as indicated by IgE and IgG titers after administration of Streptococcus Pneumo vaccination and booster among acohort of pediatric patients within a 2-year span.

6/2017-7/2020
University of California, Irvine, School of Medicine Family Medicine Residency
Resident physician
Description: Provided continuity visits to >2000 patients at Family Health Center in Santa Ana, CA, an academic federally qualified health center. Provided inpatient family medicine and internal medicine care, including six weeks in a senior position and 12 24-hour calls. Completed additional training in home visits, medical specialties, nursing home.

7/2020-7/2021
University of California, Irvine, School of Medicine Geriatric Medicine Fellowship
Fellow physician
Description: Provided continuity care in outpatient academic geriatric clinic. Rotated through various ambulatory geriatric settings such as neurology, urogynecology, palliative care and inpatient and long-term care settings such as geropsychiatry,spinal cord injury and skilled nursing facilities.

9/2021-present:
University of California, Irvine, School of Medicine, Department of Family Medicine and Division of Geriatric Medicine and Gerontology
Assistant Clinical Professor
Description: Member of UCI Family Medicine and Geriatrics Faculty. Work as a clinician at UCI Senior Health Center in Orange, CA and at the UCI Health Family Health Center in Santa Ana, CA. Provide clinical teaching in Geriatrics and FamilyMedicine to medical students, residents and fellow physicians.

Oral Presentations

Medical School Grand Rounds Presentation:
March 10, 2016
Morris JM, Roberts CL, Bowen JR, et al. *Immediate delivery compared with expectant management after pretermpre-labour rupture of the membranes close to term (PPROMT trial): a randomized controlled trial.* New York Medical College, Westchester Medical Center, Department of Obstetrics and Gynecology, Valhalla, NY, USA

Geriatric Fellowship Journal Club Presentations:
July24, 2020
Is there evidence to support the efficacy of anticholinesterase inhibitors in treating vascular dementia?

September 8, 2020
Caregiver Burden in Patients with Dementia: Are there interventions or resources to help decrease the burden carried bycaregivers of loved ones with dementia?

February 26, 2021
Frailty in the Elderly and Life Expectancy: Is there a point of no return where mortality is imminent in a patient with increasing frailty?

April 23, 2021
Immobility and its consequences in the older patient: How can we prevent this?

Activities

2007-2009
University of California, Los Angeles, Ronald Reagan Hospital and UCLA hospital system Language Interpreting and Caretaking (LINC)
Spanish Interpreter
Provided Spanish interpreting services to Spanish-speaking patients at the UCLA Ronald Regan hospital and UCLA hospital system and assisted in the Office of Patient Affairs with taking calls, scheduling interpreter appointments, and interpreting for conference calls.

2013-2015
New York Medical CollegeLa Casita de
la Salud

Volunteer and Executive Board member
Volunteered as a first year medical student in a student-assisted medical clinic providing care to under privileged patients living in East Harlem. As a second year medical student, I held the position as Patient Education coordinator in the Executive Board of La Casita de la Salud and organized health education presentations that were presented to patients in the clinic.

2014-2015
New York Medical College
Latino Medical Student Association
Vice President
Served as Vice President for the 2014-2015 Academic year and helped organize events for the club members and for the school. LMSA participated in food drives, offered a workshop for Spanish medical terminology, volunteered at a local high school to offer advice to students interested in medical school and organized a salsa night for the school.

2015-2017
Westchester Medical Center, Chaplaincy services
Eucharistic Minister
Providing Holy Communion at bed-side to Catholic patients and offering prayers and words of comfort to the sick.

2017-2020
UCI Family Medicine California Association of Family Practitioners (CAFP) residency representative Represented UCI Family Medicine at the annual national American Academy of Family Practitioners (AAFP)meeting.

2017-2020
UCI Family Medicine Prime LC track.
Residency track focused on training linguistically and culturally fluent resident physicians to become leaders in the healthcare community in addressing healthcare disparities of underserved and underrepresented communities.

2018-2020
UCI Lestonnac free clinic in Orange, CA
Served as a licensed preceptor to medical students seeing underserved patients at an Orange county free clinic.

2020-2021
Mentee in UCI Resident and Fellows Scholar Academy (RFSA)
A group of medicine trainees and mentors with the shared interest in a career in academic medicine and serving underrepresented groups.

2021-present
Mentor in UCI Resident and Fellows Scholar Academy (RFSA)

Academic Awards

2006
Inaugurated member of Alpha Lambda Delta and Phi Eta Sigma

2006
Inaugurated member of National Society of Collegiate Scholars

2016
Elected into Senior AOA (Alpha Omega Alpha Honor Medical Society), New York Medical College Class of 2017

2020
UCI Family Medicine Residency graduation: Dean Fujii Award
"To the resident who best embodies the spirit of family medicine with regard to empathy, teamwork, and patientcare"

OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 09/30/2024)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: **Gupta, Roopali B.**

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE: Associate Clinical Professor of Health Sciences, UC San Diego

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing,include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
University of Michigan, Ann Arbor, MI	BA	05/2001	English
University of Michigan SOM, Ann Arbor, MI	MD	05/2006	Medicine
University of Texas Southwestern, Dallas, TX	Residency	06/2009	Internal Medicine
University of Texas Southwestern, Dallas, TX	Fellowship	06/2010	Geriatrics

A. Personal Statement

As Education Chief for the UC San Diego Division of Geriatrics, Program Director for our Geriatrics Fellowship ,andProject Director for our San Diego/Imperial County Geriatrics Workforce Enhancement Program, I hold a passion for leading programs related to geriatrics education for trainees of all levels and community education and outreach. I remain actively involved with curriculum development and teaching in training programs locally and in geriatrics CME programs. In my role as a primary care provider at our university geriatrics clinic, I practice person centered medicine with an emphasis on age friendly healthcare with experience in the complexities of providing dementia evaluation and management in the primary care setting.

Ongoing projects that I would like to highlight include:

HRSA U1QHP28717
Gupta (PD) (assumed role of PD in 2021; Co-PD prior)
07/01/19 – 06/30/24
Geriatric Workforce Enhancement Program – geriatrics training of interprofessional healthcare providers, witha focus on community partnerships and training.

Archstone Foundation
Olsen (PI – USC), Role: Co-PI
4/1/21—3/31/23
Elder Abuse Curriculum for Residents

B. Positions, Scientific Appointments, and Honors

Positions and Scientific Appointments

2017-present Associate Clinical Professor of Health Sciences, UC San Diego

2016-present	Education Chief, Division of Geriatrics and Gerontology, UC San Diego
2016-present	Program Director, UC San Diego Geriatrics Fellowship Program
2015-2019	Co-Director, Clinical Foundations Course, UC San Diego SOM
2013-2016	Assistant Clinical Professor of Health Sciences, UC San Diego
2010-2012	Assistant Professor, University of Texas Southwestern, Dallas, TX

Honors

2019	Chief Medical Resident Teaching Award
2018	Tideswell, AGS, and ADGAP Emerging Leaders in Aging Scholars
2010	HRSA Geriatric Academic Career Award Recipient.
2005	American College of Gastroenterology (ACG)/Olympus Award
2005	WE CARE Research Conference Trainee Travel Award
2004	Doris Duke Clinical Research Fellowship at Mount Sinai SOM
2002	Alexander S. Vida Memorial Scholarship
2002	Memorial Sloan Kettering Research Scholarship

C. Contributions to Science

Peer Reviewed Publications

1. Devlin S, Guan J, Reichstadt J, Sladek E, **Gupta R**. *The University of California San Diego Geriatrics Escape Room: A Didactic Innovation*. J Am Geriatr Soc. 2021 Jan;69(1):E1-E3. doi: 10.1111/jgs.16913. Epub 2020 Nov 3. PMID: 33140847.

2. Kamm K, Simpkins S, Shah A, Quiceno M, **Gupta R**, Hoggatt Krumwiede K. *Acknowledging Roles and Abilities of Team Members: A simulated geriatric care team meeting with the Coopers*. MedEdPORTAL; 2013. Available from: www.mededportal.org/publication/9305

3. **Gupta RB**, Harpaz N, Itzkowitz S, Hossain S, Matula S, Kornbluth A, Bodian C, Ullman T. *Histologic inflammation is a risk factor for progression to colorectal neoplasia in ulcerative colitis: a cohort study*. Gastroenterology. 2007 Oct;133(4):1099-105; quiz 1340-1.

4. Friedlander P, **Bansal R**, Schwartz L, Wagman R, Posner J, Kemeny N. *Gemcitabine-Related Radiation Recall Preferentially Involves Internal Tissue and Organs.* Cancer. 2004 May1;100(9):1793-9.

Oral Research Presentations

1. Devlin S, Guan J, Sladek E, Reichstadt J, **Gupta R**. *The UCSD Geriatrics Escape Room: an innovative way for healthcare providers to learn the 4Ms of age-friendly healthcare*. Accepted for Oral Presentation at the Geriatrics Education Paper Session at the American Geriatrics Society Annual Scientific Meeting, Long Beach, May 7, 2020 (conference was cancelled due to COVID19 but abstract was still published in conference supplement)

2. Goldberg CG, **Gupta RB**, Parr M, Awdishu L. *Development and implementation of an interprofessional educational activity within the structure of academic communities.* Oral Presentation at the Learning Communities Institute 12th Annual Conference, San Diego, California, September 18, 2015

3. **Gupta RB**, Simpkins S, Hocking J, Latson B, Hoggatt K. *Interprofessional Education in Geriatrics: A Pilot Study.* Oral Presentation at Geriatrics Education Paper Session. American Geriatrics Society Annual Meeting, Grapevine, Texas, May 2, 2013.

4. **Bansal R**, Itzkowitz S, Harpaz N, Hossain S, Matula S, Bodian C, Ullman T. *Severity of Inflammation*

Predicts Progression to Colorectal Neoplasia in Ulcerative Collitis. Oral Presentation in Plenary Session at the 70th ACG (American College of Gastroenterology) Annual Scientific Meeting, Honolulu, Hawaii, October 31, 2005.

Published Abstracts with Poster Presentations

1. Petry R, Yourman L, **Gupta R**. *Self-Reported Barriers to Osteoporosis Treatment Among Geriatricians.* Accepted for Poster Presentation at the American Geriatrics Society Annual Meeting, Orlando, FL May 2022

2. Abrams A, **Gupta R**, Reichstadt J. *Training Healthcare Providers Valuable Communication Skills for Working with Patients with Dementia through the Use of Improvisation Techniques.* Accepted for the Bureau of Health Workforce (BHW) Virtual All Grantee and Stakeholder Meeting. April 2022

3. Sato Y, **Gupta R**, Neel I. *5Ms in Inpatient Consultation: A Framework for Comprehensive Care.* Presidential Poster Presentation at the American Geriatrics Society Annual Meeting (eposter) May 2021.

4. Wu L, Ye E, **Gupta R**, Neel I. *"Social Security is a Scam":the Ethical Dilemmas in Treating Overvalued Ideas.* Poster Presentation at the American Geriatrics Society Annual Meeting (eposter) May 2021.

5. Pujji A, Nguyen K, **Gupta R**. *5Ms Approach to an Older Adult on the Head and Neck Surgical Oncology Service.* Poster Presentation at the American Geriatrics Society Annual Meeting (eposter) May 2021.

6. Abrams A, Reichstadt J, **Gupta R** *Using Improvisation Techniques to Teach Communication Skills for Dementia Care.* Poster Presentation at the Innovations in Medical Education Online Conference (eposter) February 2021.

7. Faul A, Lee Jung-Ah, Gibbs L, Olsen B, Gupta R, Tumosa N. *Changing Safety Net Healthcare Systems to Age-Friendly Healthcare Systems: Lessons Learned: Presenter Discussion.* Symposium. GSA 2020 Annual Scientific Meeting Online. November 2020.

8. Guan J, Devlin S, Sladek E, **Gupta R**. *Sustained Impact of Geriatrics Curriculum Redesign on Internal Medicine Residents.* Accepted for Poster Presentation at the American Geriatrics Society Annual Meeting, Long Beach, May 7, 2020 (conference was cancelled due to COVID19 but abstract was still published in conference supplement).

9. Pujji A, Chrisman T, **Gupta R.** *What Matters: Senior Emergency Care of a Cold Foot in a Patient with Advanced Dementia.* Accepted for Poster Presentation at the American Geriatrics Society Annual Meeting, Long Beach, May 7, 2020 (conference was cancelled due to COVID19 but abstract was still published in conference supplement).

10. Spilman S, **Gupta R**, Kunkel D. *Efficacy of biofeedback therapy for dyssynergic constipation among older adults.* Accepted for Poster Presentation at the American Geriatrics Society Annual Meeting, Long Beach, May 8, 2020 (conference was cancelled due to COVID19 but abstract was still published in conference supplement).

11. Farasat S, **Gupta R**. *Atypical complications of Herpes Zoster in an older adult.* Poster Presentation at the American Geriatrics Society Conference, Portland, OR May 2019.

12. Yourman L, Nguyen K, **Gupta R**. *Quality improvement for quality improvement education in Geriatrics.* Poster Presentation at the American Geriatrics Society Conference, Portland, OR May 2019.

13. Winter WK, **Gupta R**. *Metastatic squamous cell carcinoma of the scalp*. Poster Presentation at the

American Geriatrics Society Conference, Portland, OR May 2019.

14. Guan J, Devlin S, Sladek E, **Gupta R**. *Impact of geriatric curriculum changes on internal medicine residents.* Poster Presentation at the American Geriatrics Society Conference, Portland, OR May 2019.

15. Guan J, **Gupta R**. *Assessment of Comfort Level with Geriatric Core Competencies in Internal Medicine*. Poster Presentation at the American Geriatrics Society Conference, Orlando, FL May 2018

16. Chandra, N. V., Goldberg, C., **Gupta, R**., Johnson, M. *Implementation of Web-Based Educational Tool to Promote Clinical Reasoning in Problem-Based Learning.* Poster Presentation presented at the Western Group on Educational Affairs Regional Meeting, Denver, CO March 2018

17. Shao Y, Neel IC, Moore AA, Nguyen K, Romero J, Gonzalez V, **Gupta RB**. *Geriatrics Assessment in Primary Care Clinic Setting.* Poster Presentation at the American Geriatrics Society Conference, San Antonio, TX May 2017

18. Gonzalez VV, **Gupta RB**. *Pancreatic Adenocarcinoma and Associated Risk Factors.* Poster Presentation at the American Geriatrics Society Conference, Long Beach, CA May 2016.

19. **Gupta RB**, Simpkins S, Latson B, Hocking J, Hoggatt K. *An Innovative Electronic Health Record Based Teaching Intervention is Effective for Achieving Interprofessional Education Competencies in Geriatrics: A Pilot Study.* Poster Presentation at the UT Innovations in Health Sciences Education Annual Conference, Austin, TX February 2013.

20. **Gupta RB,** Shah A, Rubin C, Kirk L. *Needs Assessment for Interprofessional Students to Appropriately Screen Geriatric Patients.* Presidential Poster Session Presentation at AGS (American Geriatrics Society) Annual Meeting, Washington DC, May 12, 2011.

21. **Gupta RB,** Gupta S, Roche V. *Ileus as a Complication of Herpes Zoster.* Poster Presentation at AGS (American Geriatrics Society) Annual Meeting, Orlando, Florida, May 14, 2010.

22. **Gupta RB,** Arnouville J, Kirk L, Eubank K. *Needs Assessment for Internal Medicine Resident Curriculum to Appropriately Screen Geriatric Patients.* Poster Presentation at AGS (American Geriatrics Society) Annual Meeting, Orlando, Florida, May 14, 2010.

23. Gruppen LD, **Bansal R**, Grum CM, Hengstebeck LL, Stern DT. *Gender and ethnicity differences in self-assessment of communication skills.* Presented at the AAMC National Conference, New Orleans, Louisiana, November 1998.

24. **Bansal R**, Gruppen LD, Oh MS, Hengstebeck L, Grum CM, Zweifler AJ. *The stability of medical communication performance through four years of medical school.* Presented at the 8th International Ottawa Conference on Medical Education, Philadelphia, Pennsylvania, July 1998.

Book Chapter

1. Yourman LC, Guan JY, **Gupta R.** (2019). Chapter 28: Individualized Decision-Making for Preventive Medicine in Older Adults. In A. Chun (Ed.). Geriatric Practice: A Competency Based Approach to Caring for Older Adults" (pp. 346-354). Switzerland: Springer. **ISBN 978-3-030-19625-7**
E book/chapter links- https://link.springer.com/book/10.1007%2F978-3-030-19625-7

Non Peer Reviewed Publication

1. **Gupta RB**, Han B, Moore A. *Boomers on a Bender* Today's Geriatric Medicine Vol. 10 No. 3 P. 10,May 2017. www.todaysgeriatricmedicine.com/archive/MJ17p10.shtml

OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 09/30/2024)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: **Yourman, Lindsey**

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE: Medical Director, Geriatrics Quality Improvement / Assistant Professor of Medicine

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing ,include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
Harvard University, Cambridge, MA	BA	06/2005	Psychology, Spanish
University of California, San Francisco, CA	MD	06/2011	Medicine
Scripps Mercy Hospital, San Diego, CA	Residency	06/2014	Internal Medicine
University of California, San Diego, CA	Fellowship	06/2015	Geriatric Medicine
University of California, San Diego, CA	Postdoc	06/2019	Quality Improvement

A. Personal Statement

I am an Assistant Clinical Professor of Geriatrics, with a focus on improving the quality of healthcare delivery for older adults. I have a broad background in quality improvement for older adults and underserved populations, including work as a Health Advocacy Fellow at the Medicare Rights Center, and completion of the Model SFGH clinical clerkship program at UCSF Medical School that provides specialized training with underserved populations. I completed my Internal Medicine Residency at a safety not hospital serving underinsured or uninsured patients in San Diego, and my fellowship in Geriatric Medicine at UCSD. After my Geriatrics Fellowship, I spent two years working as a Primary Care Physician with an interprofressional team at a PACE program, and then came to UCSD in 2018 to co-found and undergo the West Health-UCSD Postdoctoral Fellowship in Geriatrics Quality Improvement Science. Upon graduation from my Quality Improvement fellowship, I became UCSD's inaugural Medical Director of Geriatrics Quality Improvement and since then have been leading UCSD's Age-Friendly Health System's Initiative. I also have participated in UCSD's Geriatric Workforce Enhancement Program by creating educational seminars about Age-Friendly Health Systems for Federal Quality Health Centers, and Direct our Fellows Quality Improvement curriculum. Working on the Dementia Aware initiative is a great fit for my longstanding interest and experience working with underserved older adults, leading quality improvement for an Age-Friendly Health System and providing practical education to facilitate behavior change.

B. Positions, Scientific Appointments, and Honors

Positions and Scientific Appointments

2020 - present UCSD Medical Director of Geriatrics Quality Improvement
2020 - present Assistant Professor, Division of Geriatrics, Gerontology, and Palliative Care
2018-2020 Co-founder and first fellow of West-UCSD Geriatrics Quality Improvement Science Fellowship

2018-2019	ACTRI TL-1 Postdoctoral Fellow, UCSD
2015-2017	Primary Care Physician, St. Paul's Program of All-Inclusive Care for the Elderly (PACE), Chula Vista, CA
2010-2011	NIH T-32 Pre-Doctoral Fellowship, UCSF
2007	MSTAR, Division of Geriatrics, Yale University
2005-2006	Medicare Rights Center Health Advocacy Fellowship, New York, NY

Honors

2013	Eprognosis product of the year by Donald W. Reynolds Foundation
2012	Betchel National Scholarship Awardee for Achievements in Geriatrics

C. Contributions to Science

While at UCSF Medical School, I was the Project Manager of a multi-site study about palliative care preferences of diverse older adults in the Program of All Inclusive Care for the Elderly. To better address their desire for prognostic information, I performed a systematic review of prognostic indices that was published in the Journal of American Medical Association (JAMA) and provided the basis for a website that I helped to develop called www.eprognosis.org, which currently has over 70,000 users per month (November 2021, Google Analytics). I am part of a working group that continues to ensure continuous quality improvement of the website over time. My most recent focus on improving the website's utility is to make information about the Time-to-Benefit of medications more available to clinicians in order to facilitate shared decision-making.

a. **Yourman LC**, Lee SJ, Schonberg MA, Widera EW, Smith AK. Prognostic indices for older adults: a systematic review. **JAMA.** 2012 Jan 11;307(2):182-92. PMCID: PMC3792853.

b. Ahalt C, Walter LC, **Yourman LC,** Eng C, Pérez-Stable EJ, Smith AK. "Knowing is better": preferences of diverse older adults for discussing prognosis. **J Gen Intern Med**. 2012 May;27(5):568-75. PMCID: PMC3326105.

c. **Yourman LC,** Cenzer IS, Boscardin WJ, Nguyen BT, Smith AK, Schonberg MA, Schoenborn NL, Widera EW, Orkaby A, Rodriguez A, Lee SJ. Evaluation of Time to Benefit of Statins for the Primary Prevention of Cardiovascular Events in Adults Aged

OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 09/30/2024)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: **Neel, Ian C.**

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE: Associate Clinical Professor of Medicine

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing ,include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
San Diego State University, CA	B.S.	12/2007	Biology
University of California, San Diego, CA	M.D.	06/2012	Medicine
University of California, San Diego, CA	Internship	06/2013	Internal Medicine
University of California, San Diego, CA	Residency	06/2015	Internal Medicine
University of California, San Diego, CA	Fellowship	06/2016	Geriatric Medicine

A. Personal Statement

I am an Associate Clinical Professor within the UC San Diego Division of Geriatrics, Gerontology and Palliative Care, and Medical Director of the Geriatrics Consult Service within the Senior Behavioral Health (SBH) geriatric psychiatry inpatient unit. I have tremendous expertise in dementia care, am a board-certified geriatrician, and see patients as part of UC San Diego's Memory Clinic. My inpatient clinical duties involve co-managing patients admitted to SBH where we manage a population of frail seniors, many with dementia. I am an active contributor to the San Diego County Alzheimer's Project Initiative, and most recently, the Healthy Brain Initiative.

An ongoing project I would like to highlight includes:

HRSA U1QHP28717
Gupta (PI); Role: co-investigator
07/01/19 – 06/30/24
Geriatric Workforce Enhancement Program – Alzheimer's Disease and Related Dementias (ADRD) and Age-Friendly Health System Implementation

B. Positions, Scientific Appointments, and Honors

Positions and Scientific Appointments

2021 – Present	Associate Clinical Professor, Department of Medicine, University of California, San Diego
2021 – Present	Consultant, Community Health Accreditation Partners – edited policy on dementia standards
2020 – Present	Course Director, MED 410: Geriatric Medicine – Caring for Older Adults
2020 – Present	Health Net Pharmacy & Therapeutics Committee, Voting Member
2020 – Present	UC San Diego Medical Ethics Committee, Member

2019 – Present	UC San Diego Delirium Collaborative, Work Group Leader
2019 – Present	NICHE, Elder Care Task Force, Member
2019	Biogen Alzheimer's Dementia Geriatrician Advisory Board, Member
2018 – Present	Alzheimer's Project Initiative San Diego Roundtable and Work Group, Member
2018 – Present	UC San Diego School of Medicine Admissions Committee, Member
2017 – Present	Clinical Medical Director, Senior Behavioral Health – Geriatrics Consult Service
2016 – 2021	Assistant Clinical Professor, Department of Medicine, University of California, San Diego
2016 – Present	UC San Diego Geriatrics Fellowship Program, Key Clinical Faculty and Site Lead
2016 – 2020	UC San Diego Medical Student Geriatrics Interest Group, Faculty Advisor
2014 – Present	American Geriatrics Society, Member
2013 – 2016	UC San Diego Medical Ethics Committee, Member

Honors

2021	San Diego Top Doc Award, San Diego Magazine and San Diego County Medical Society
2018	Great Catch Award from UC San Diego Patient Safety Committee
2014	Medelita Honoring Excellent Resident Observations Award Semi-Finalist
2013	UCSD Internal Medicine Intern of the Year

C. Contributions to Science

1. My contributions largely include the development of unique case reports, often relating to dementia. These case reports are often an opportunity to provide guidance and mentorship to trainees. The most recent case report below was further developed into a review of the literature.

a. Abraham, P., **Neel, I.**, Bishay S., Sewell D.D. Central Nervous System Systemic Lupus Erythematosus (CNS-SLE) Vasculitis Mimicking Lewy Body Dementia: A Case Report Emphasizing the Role of Imaging with an Analysis of 33 Comparable Cases from the Scientific Literature. J Geriatr Psychiatry Neurol. 2021 03; 34(2):128-141. PMID: 31996085.
b. Saenz, H, Cours, A, and **Neel, I**. *PSEN1 mutations as cause of Early Onset Familial Alzheimer Disease and the ethical dilemma of offspring genetic counseling.* Journal of the American Geriatrics Society, volume 68, issue S1: S106. April 2020.
c. Devlin, S, Scanlon, A, and **Neel, I**. *Creutzfeldt-Jakob Disease in an Older Adult: A Reminder of the Accelerated Timeline.* Journal of the American Geriatrics Society, volume 68, issue S1: S191. April 2020

2. I was a contributing question author for the geriatric medicine board review question bank contained in this three-volume series, with questions submitted on the subject of substance use in the elderly. Questions were published in print and in an online question bank by the American Geriatrics Society. This is the primary board review source for the geriatric medicine boards in the United States.

a. Harper, G, Lyons, W, and Potter, J (Eds.) *Geriatric Review Syllabus, 10th Edition*. American Geriatrics Society. 2019.

3. I have also been a lead or co-lead author for two book chapters pertaining to critical topics in geriatrics care.

a. Garcia, S, **Neel, I**, Gonzalez, V, Mansour, M, and Romero, J. Geriatric Diabetic Homeless Patients and Their Care. In D. Chau & A. Gass (Eds.), *Homeless Older Populations, A Practical Guide for the Interdisciplinary Care Team.* Springer Publishing Company. 2018.
b. **Neel, I**, Aminbakhsh, R, Cook, L, and McCallum, T.J. Technology and Cognitive Impairment. In D. Chau & T. Osborne (Eds.), *Critical Topics in an Aging Society: Application of Technology to the Care of the Older Adult.* Springer Publishing Company. 2017.

4. My contributions also include the ability to develop and provide guidance on quality improvement projects, evaluate outcomes, and share the results.

   a. Guan, J, Saenz, H, Neel, I, Yourman L, Devlin, S. *Effects of Electronic Medical Record Order Set Changes on Number of Duplicate Lab Orders.* Journal of the American Geriatrics Society, volume 68, issue S1: S215-216. April 2020.

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BIOGRAPHICAL SKETCH

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NAME: **Huege, Steven F.**

eRA COMMONS USER NAME (credential, e.g., agency login): shuege

POSITION TITLE: HS Clinical Professor of Psychiatry, UC San Diego

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing ,include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
Duke University, Durham, NC	BS	05/1998	Chemistry
University of Texas – Southwestern Medical Center, Dallas, TX	MD	05/2002	Medicine
Thomas Jefferson University Hospital, Philadelphia, PA	Residency	06/2006	Psychiatry
Thomas Jefferson University Hospital	Chief Resident	06/2006	Psychiatry
Hospital of the University of Pennsylvania, Philadelphia, PA	Fellowship	06/2007	Geriatric Psychiatry
University of Pennsylvania Graduate School of Education, Philadelphia, PA	MSEd	06/2016	Medical Education

A. Personal Statement

As a faculty member of the University of California San Diego and Program Director of the Geriatric Psychiatry Fellowship Program, my academic and clinical focus centers around providing clinical care for patients with neurodegenerative disorders and supervising fellows, residents and medical students. I am a board certified geriatric psychiatrist. Additionally, throughout my career I have been involved in Alzheimer's disease clinical trials work as a site PI, Sub-I, and clinical faculty, beginning at Penn's Memory Disorder's Clinic and later at UC San Diego. I have served as the Site-PI for the PEACE-AD Trial, a multi-site clinical trial examining the use of prazosin to treat agitation in patients with Alzheimer's dementia.

Board Certification:
American Board of Psychiatry and Neurology: General Psychiatry June 2007
American Board of Psychiatry and Neurology: Geriatric Psychiatry May 2008

Ongoing projects that I would like to highlight include:

HRSA U1QHP28717
Gupta (PD); Role: co-investigator
07/01/19 – 06/30/24
Geriatric Workforce Enhancement Program

NCT03710642
Alzheimer's Disease Cooperative Study
Role: Sub-Investigator
07/30/2019 – 12/31/2022

B. Positions, Scientific Appointments, and Honors

Positions and Scientific Appointments

2020 - Present	Chair, UCSD Health Physician Well-being Committee
2020 - Present	Interim Associate Vice Chair of CME, Department of Psychiatry
2018	American Association for Geriatric Psychiatry, Annual Meeting Program Directors' Meeting Co-Chair
2016 - Present	Associate Clinical Professor, Division of Geriatric Psychiatry, University of California San Diego
2016 - Present	VA San Diego Health System, Staff Psychiatrist
2016 – Present	Program Director, University of California San Diego Geriatric Psychiatry Fellowship Program
2015 - 2017	University of Sciences Philadelphia, Adjunct Assistant Professor
2010	Chief Resident Immersion Training in Geriatrics, Faculty Member
2008 – 2016	Associate Program Director, Geriatric Psychiatry Fellowship Program, University of Pennsylvania
2008 - 2016	Assistant Professor of Clinical Psychiatry, Section of Geriatric Psychiatry, University of Pennsylvania School of Medicine
2008 - 2016	Staff Psychiatrist, Philadelphia VA Medical Center
2007 - 2008	Full-Time Staff Psychiatrist, Hampton Behavioral Health
2006 - 2007	American Association for Geriatric Psychiatry, Member-in-Training Board Member
2004 - present	American Association for Geriatric Psychiatry, Member

Honors

2022	Distinguished Fellow, American Association for Geriatric Psychiatry
2017	University of California San Diego, Health Leadership Academy
2010	The Donald W. Reynolds FD/AGE Mini-Fellowship in Graduate Medical Education: Duke University School of Medicine
2009	Stanford Clinical Teaching Program
2005	American Association for Geriatric Psychiatry for Second Annual Public Policy Institute
2005	Laughlin Foundation Merit Award for Outstanding Psychiatry Resident, Thomas Jefferson University Hospital
2004 - 2006	American Association for Geriatric Psychiatry Fellows Program for Psychiatry Residents

C. Contributions to Science

Mago R, Huege S, Ahuja N, Kunkel EJS.Zonisamide-Induced Suicidal Ideation, Psychosomatics 2006 47:68-69

Huege S, AAGP Public Policy Institute: A Primer in Geriatric Psychiatry Advocacy, GeriatricPsychiatry News, June 2006

Huege, S.F. and Streim, J.E. (2009) Delirium in the Nursing Home Setting. In W.E. Reichman & P.R. Katz(Eds), Psychiatry in Long-Term Care, 2nd edition (pp 54-66). New York: Oxford University Press

Cacchione, P.Z., Eible, L., Gill, L.L., **Huege, S.F**. Person-Centered Care for older adults with serious mental illness and substance misuse within a Program of All-Inclusive Care for the Elderly. Journal of Gerontological Nursing. 2016: 42(5): 11-17.

Jeste, D., Avanzino, J., Depp, C., Gawronska, M., Tu, X., Sewell, D., and **Huege, S**. Effect of short-term research training programs on medical students' attitudes toward aging. Gerontology & Geriatrics Education.2017 38:1-9.

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Lee, E., Chang, B., **Huege, S.,** Hirst, J. Complex Clinical Intersection: Palliative Care in Patients with Dementia. Am J. Geriatr Psychiatry 2018:26(2): 224-234

Palmer, B. Friend, S., Huege, S., Mulvaney, M, Badawood, A., Almaghraby, A. Lohr, J. Aging and Trauma: Post-Traumatic Stress Disorder Among Korean War Veterans. Fed Pract. 2019, Dec; 36(12): 554-562

Aftab, A., Depp, C. Daly, R. Huege, S., Sutherland, A. Soontornniyomkij, B., Eyler, L.T. Short-lived mixed affective states in bipolar disorder. Psychiatry Research. 2020; 284:112496

Swerdlow, N. Kotz, J. Joshi, Y., Talledo, J., Sprok, J. Molina, J. Huisa, B. Huege, S., Romero, J., Walsh, M., Delano-Wood, L., Light, G., Using Biomarkers to Predict Memantine Effects in Alzheimer's Disease: A Proposal and Proof-of-Concept Demonstration. Journal of Alzheimer's Disease 2021; 84(4):1431-1438

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BIOGRAPHICAL SKETCH

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NAME: **Bevins, Elizabeth, M.D. Ph.D.**

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE: Assistant Clinical Professor

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
University of California, San Diego	B.A.	06/2007	Mathematics
University of California, San Diego	Ph.D.	06/2013	Neurosciences
University of California, San Diego	M.D.	06/2015	Medicine Internal
University of California, San Diego	Internship	06/2016	Medicine
University of California, San Diego	Residency	06/2019	Neurology
University of California, San Diego / Veterans Affairs, San Diego	Fellowship	06/2020	Memory Disorders

A. Personal Statement

I am an assistant professor in the UCSD Department of Neurosciences and a master clinician educator for the UCSD School of Medicine with specialized training in the diagnosis and management of neurodegenerative disease. My doctoralwork focused on the use of imaging modalities to enhance early detection and differential diagnosis of neurodegenerative disease. My fellowship training provided clinical expertise in dementia including Alzheimer's disease, Lewy body disease, frontotemporal dementia, normal pressure hydrocephalus and primary progressive aphasia. I have taken particular interest in modifiable contributors to neurodegenerative disease, including underlying mood disorders, obstructive sleep apnea, hearing loss and the use of anticholinergic medications. It has been a priority to educate patients, medical trainees and primary care providers on interventions and practices to promote brain health during aging.

B. Positions, Scientific Appointments, and Honors

Positions
07/2020 – 12/2020 University of California, San Diego: staff physician
01/2021 – present University of California, San Diego: assistant clinical professor

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Honors
2009 Alzheimer's Association Young Scholar Award: awarded to three post-doctoral fellows or graduate students per year who show promise in their early career pursuits involving Alzheimer's Disease
2012 California Neurology Society Young Investigator Palatucci Award: awarded to one neurology resident/fellow each year following a presentation of research at the annual CNS meeting
2012 Leon Thal Award: faculty-selected award to a neurosciences graduate student for outstanding scholarship
2015 American Academy of Neurology student award

Other Experience & Invited Lectures
"Professor Rounds." Clinical case presentation at UCSD Neurosciences Grand Rounds conference. June 23, 2017.
"Professor Rounds." Clinical case presentation at UCSD Neurosciences Grand Rounds conference. May 24, 2019.

"Reversible Dementias." Presented at the Shiley Marcos Alzheimer's Disease Research Center Lunch and Learn Series.Oct 14, 2020.

Recipient of an educational funding grant to record a CME activity webinar Feb 19, 2021 titled "Dementia: Prevention, Diagnosis & Management," which is distributed on Continuing Medical Education from Cleveland Heart Lab website

through April 2022. Describes a clinical approach and investigation of dementia for primary care physicians and discusses evidence surrounding prevention and management.

"Dementia for Palliative Care." Presented to UCSD palliative care fellows. Apr 16, 2021.

"Reversible Dementias." Presented at the virtual CME event *Pivoting during the Pandemic: Biopsychosocial Considerations in Neurodegeneration*, co-hosted by the Shiley-Marcos Alzheimer's Disease Research Center and the San Diego Alzheimer's Disease Resource Center for Minority Aging Research, June 2, 2021

C. Contributions to Science

Seibert TM, **Murphy EA**, Kaestner EJ, Brewer JB. Interregional correlations in Parkinson disease and Parkinson-related dementia with resting functional MR imaging. *Radiology*. 2012 Apr; 263(1):226-34.

Murphy EA, Roddey JC, McEvoy LK, Holland D, Hagler DJ Jr., Dale AM, Brewer JB, Alzheimer's Disease Neuroimaging Initiative. CETP polymorphisms associate with brain structure, atrophy rate, and Alzheimer's disease risk in an APO- dependent manner. *Brain Imaging Behav*. 2011 Sep 3.

Murphy EA, Holland D, Donohue M, McEvoy LK, Hagler DJ Jr, Dale AM, Brewer JB, Alzheimer's Disease Neuroimaging Initiative. Six-month atrophy in MTL structures is associated with subsequent memory decline in elderly controls. *Neuroimage*. 2010 Jul 13.

Bevins EA, Peters J, Léger GC. The diagnosis and management of reversible dementia syndromes. *Curr Treat Options Neurol*. 2021 Jan 23:3

Timmons GM, Rempe T, **Bevins EA**, Goodwill V, Miner A, Kavanaugh A, Ritter M, Graves JS. CNS lymphocytic vasculitisin young woman with COVID-19 infection. *Neurol Neuroimmunol Neuroinflamm*. 2021 Sep, 8(5) e1048

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BIOGRAPHICAL SKETCH

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NAME: **Zvinka Zoe Zlatar**

eRA COMMONS USER NAME: ZVINKA

POSITION TITLE: Assistant Professor

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE	Completion Date	FIELD OF STUDY
University of Nevada Las Vegas, NV	B.A.	05/05	Psychology
University of Florida, Gainesville, FL	M.S.	05/09	Psychology
University of California, Los Angeles, CA	Internship	06/12	Neuropsychology
University of Florida, Gainesville, FL	Ph.D.	08/12	Clinical Psychology/ Geropsychology
California Board of Psychology, CA	License	02/14	Clinical Psychology
University of California, San Diego, CA	Postdoctoral Fellowship	07/15	Neuropsychology/ Cognitive Aging

A. Personal Statement

I am a bilingual and bicultural (Spanish, born and raised in Chile) neuropsychologist and Assistant Professor in the department of Psychiatry at the University of California, San Diego (UCSD). I am also a core faculty member of the UCSD Alzheimer's disease research center (ADRC) Latino Core and the UCSD's Center for Wireless and Population Health Systems (CWPHS), member of the UCSD's Mental Health Technology Center (MHTech), and alumni of the inaugural class of the NIA-funded Institute on Methods and Protocols for Advancement of Clinical Trials in Alzheimer's disease and related dementias (ADRD). I am the PI of the Wellness Initiative for Senior Enrichment (WISE) lab, where I investigate the neural mechanisms by which modifiable lifestyle factors such as physical activity, diet, sedentary time, and fitness affect brain plasticity, cognition, and dementia risk in aging, with an emphasis in diverse populations. By developing novel, free-living mobile health technology (mHealth) interventions to promote brain health, my research seeks to modify risk markers of cognitive decline to prevent ADRD. I have extensive expertise in the 1) assessment of subjective and objective cognitive function in aging, 2) measurement of brain health markers using magnetic resonance imaging (structural and functional MRI), and 3) development of behavioral interventions to prevent/delay cognitive decline (i.e., exercise and diet). I am PI of the Independent Walking for Brain Health clinical trial (NIA:K23AG049906) where I use remote heart rate tracking to provide just in time (JIT) alerts (haptic and visual feedback) during exercise sessions to help participants adjust their walking pace in real time while exercising independently. We found that older adults increased time spent in moderate intensity physical activity by 95% over a period of 12 weeks, with concomitant improvements in total brain gray matter volume favoring the exercise group. Participants also reported that they enjoyed participating in the trial (98%), that they would recommend it to a friend or family member (93%) and would continue to implement what they learned during the study in the future (98%). Importantly, 100% of those assigned to the walking group reported that wearing the device helped them to walk faster.

I have more than five years of experience running NIA-funded studies that focus specifically on early detection of pre-clinical AD in older Latinx adults (Pilot PI: P30AG059299 & P30AG021684). Currently, I am PIof an NIA-funded R01 entitled "Subjective Cognitive Decline and Objective Cognitive Trajectories in Older Hispanics/Latinos" (R01AG066657). This project examines whether reports of subjective cognitive decline (in both individuals and their study partners/informants) are predictive of objective cognitive changes over three years in Latinx older adults enrolled in the UCSD and Florida ADRCs. I am also co-investigator of the "Healthy Actions and Lifestyles to Avoid Dementia or Hispanos y el ALTo a la Demencia program (HALT-AD)" program at UCSD, where I lead the cultural

adaptation of intervention materials for the Latinx community of San Diego.

Ongoing and completed projects I would like to highlight include:

K23 AG049906
Zlatar (PI)
5/1/2016-4/30/2022
A Novel Mobile Health Exercise Intervention in Aging: Brain Perfusion and Cognition
To develop and implement a novel physical activity intervention using mobile health technologies to promote physical activity levels (moderate to vigorous) likely to affect cerebral blood flow and cognition in real world environments in cognitively normal older adults.

UCSD Sanford Institute for Empathy and Compassion.
Banks & Feldman (MPIs). Role: Co-investigator
05/01/2021-04/30/2023
Healthy Actions and Lifestyles to Avoid Dementia or Hispanos y el ALTo a la Demencia program (HALT-AD)
Through interactive modules, the educational content of HALT-AD (provided in English and Spanish) will provide guidance on modifiable risk factors and the identification of treatable medical conditions including cerebrovascular health, sleep, sensory loss, social isolation, mood, diet, and physical activity to prevent dementia.

R01 AG066657
Zlatar (PI)
Subjective Cognitive Decline (SCD) and Objective Cognitive Trajectories in Older Hispanics/Latinos
01/01/2021-12/31/2026
This study will investigate the associations of self and informant reports of SCD with biomarker profiles of A Dand objective cognitive trajectories in Hispanic/Latino older adults living in the United States over 3 years to improve early AD detection.

Relevant publications related to this grant are listed below:

1. **Zlatar, Z.Z.**, Campbell, L.M., Tang, B., Gabin, S., Heaton, A., Higgins, M., Swedsen, J., Moore, D.J., Moore, R.C. (in press). Daily Level Association of Physical Activity and Performance on Ecological Momentary Cognitive Tests in Free-Living Environments: a Mobile Health Observational Study. Article accepted for publication at the *JMIR mHealth and uHealth*.
2. Nebeker, C. & **Zlatar, Z.Z.** (2021). Learning From Older Adults to Promote Independent Physical Activity Using Mobile Health (mHealth). Frontiers in Public Health, 9, 1156. PMCID: PMC8406525 DOI: 10.3389/fpubh.2021.703910
3. **Zlatar, Z.Z.**, Godbole, S., Takemoto, M., Crist, K., Castro Sweet, C.M., Kerr, J., *Rosenberg, D.E.* (2019). Changes in moderate intensity physical activity are associated with better cognition in the Multilevel Intervention for Physical Activity in Retirement Communities (MIPARC) study. American Journal of Geriatric Psychiatry. 2019 Apr 29. pii: S1064-7481(19)30345-8. doi: 10.1016/j.jagp.2019.04.011.
4. **Zlatar, Z.Z.**, Hays, C, Mestre, Z., Campbell, L., Meloy, M.J., Bangen, K., Liu, T., Kerr, J., Wierenga, C. (2019). Dose-dependent association of accelerometer-measured physical activity and sedentary time with brain perfusion in aging. Experimental Gerontology. Oct 1; 125: 110679. PMCID: PMC6719795. DOI: 10.1016/j.exger.2019.110679

B. Positions, Scientific Appointments, and Honors

Positions and Scientific Appointments

2022-Present	Core Faculty Member, Latino Core of the UCSD Alzheimer's disease research center
2022	Ad Hoc Reviewer, NIH Adult Psychopathology and Disorders of Aging (APDA) Study Section
2021	Associate Editor, Frontiers in Public Health - Aging and Public Health
2020	Fellow, Inaugural Class of the Institute on Methods and Protocols for Advancement of

Clinical Trials in ADRD (IMPACT-AD). Virtual training.
2020 Member of the Gerontological Society of America
2020-Present Faculty Mentor, Hispanic Neuropsychological Society's Mentoring Program

2019-2021 Scholar, Hispanic Center of Excellence, UCSD
2019 Associate Editor, Journal of Alzheimer's Disease
2018-Present Core Faculty Member, Center for Wireless and Population Health Systems, UCSD
2017-Present Faculty Member, Joint Doctoral Program – Neuropsychology Track, SDSU/UCSD
2017 Alumni, New Vision Research-Donors Cure: Annual Charleston Conferences on Alzheimer's Disease (CCAD), Charleston, SC
2016-Present Member, Hispanic Neuropsychological Society
2016-Present Assistant Professor, Department of Psychiatry, UCSD
2013-2017 Research Health Science Specialist, VA San Diego Healthcare System
2013 Alumni, NIA Butler-Williams Scholar Program, Aging Training, Bethesda, MD
2009-2011 Junior Scholar, Claude D. Pepper Older Americans Independence Center (OAIC), University of Florida, Gainesville, FL
2007-Present Member, International Neuropsychological Society

Honors (selected)

2020 2020 Outstanding Young Alumna of the Year Award. Department of Clinical and Health Psychology. College of Public Health and Health Professions. University of Florida, Gainesville, FL
2017 UC San Diego Vice Chancellor 2017 Women in Health Sciences Award.
2004 Latino Achiever Award. Hispanic Alliance for Career Enhancement. University of Nevada, Las Vegas, NV
2004 Outstanding Research Award. Neuropsychology Research Program. University of Nevada, Las Vegas, NV

C. Contributions to Science

Google Scholar reports that my research has been cited 1131 times, with an h-index of 19.

1) Development of novel behavioral interventions to promote brain and cognitive health in aging. The unprecedented growth of the older adult population across the globe, accompanied by chronic age-related conditions and Alzheimer's disease (AD) have presented a challenge for healthcare professionals. Emphasis in the prevention of cognitive decline by targeting AD risk factors (i.e., hypertension, hypercholesterolemia, obesity, diabetes, cardiovascular disease, sedentary lifestyle) while individuals are still healthy has become paramount in the study of cognitive aging and health promotion. My research focuses on developing novel "in the wild" behavioral interventions to promote brain and cognitive health amongst older adults. These interventions have focused on increasing moderate intensity activity (using mobile health – mHealth-technology to track heart rate, adherence, and provide just in time adaptive feedback) and improving adherence to neuroprotective diets while investigating their effects on brain and cognitive health. We have found that providing just in time feedback using mHealth helped older adults increase time spent in moderate intensity physical activity by 95% after 12-weeks while engaging cerebral blood flow and brain volume and thickness mechanisms. Moreover, our interventions have high adherence (86%) and are well tolerated. This line of work fills an important gap in AD prevention research by developing novel interventions that individuals can perform independently, at home, thus increasing ecological validity and reaching a larger sector of the population who may not otherwise be able to attend clinical trials visits.

a. Nebeker, C. & **Zlatar, Z.Z**. Learning from Older Adults to Promote Independent Physical Activity using Mobile Health (2021). Front. Public Health, 12 August 2021. PMCID: PMC8406525
b. Crist, K., Jankowska, M., Schipperijn, J., Rosenberg, D., Takemoto, M., **Zlatar, Z.Z.**, Natarajan, L., Benmarhnia, T. (2021). Change in GPS-assessed walking locations following a cluster-randomized

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controlled physical activity trial in older adults, results from the MIPARC trial. Health and Place, 69, 102573. PMID: 33934062.

c. **Zlatar Z.Z.**, Nebeker, C. Promoting Adherence to Exercise Prescription Using Mobile Health Technology: Lessons Learned from Older Adults. (2020). Innovation in Aging. 2020;4(Supplement_1):843-843. doi:10.1093/geroni/igaa057.3090

d. **Zlatar, Z.Z.**, Godbole, S., Takemoto, M., Crist, K., Castro Sweet, C.M., Kerr, J., Rosenberg, D.E. (2019). Changes in moderate intensity physical activity are associated with better cognition in the Multilevel Intervention for Physical Activity in Retirement Communities (MIPARC) study. American Journal of Geriatric Psychiatry. Oct;27(10):1110-1121. doi: 10.1016/j.jagp.2019.04.011. Epub 2019 Apr 29. PMID: 31138456 PMCID: PMC6739142

2) The neural and cognitive correlates of physical activity and sedentary behavior in aging. Physical activity has been identified as an effective mechanism to improve or maintain cognitive function and enhance neuroplasticity in aging. Similarly, sedentary behavior is a risk factor for poor mental and physical outcomes, independent of time spent in moderate intensity physical activity. In this set of studies, I investigate the associations of physical activity, sedentary time, fitness level, cognitive function, and brain structure/blood flow in cognitively normal individuals and in those at risk for Alzheimer's disease (based on cognitive or apolipoprotein E allelic status). Findings advance the literature by employing objective rather than subjective measurement of physical activity and sedentary time (i.e., research grade accelerometry) to measure these associations more accurately. Findings extend the neuroscience of exercise field by studying not only the protective effects of physical activity on brain and cognitive outcomes, but also the independent detrimental role of sedentary time as a risk factor for cognitive and brain deterioration.

a. **Zlatar, Z.Z.**, Hays, C, Mestre, Z., Campbell, L., Meloy, M.J., Bangen, K., Liu, T., Kerr, J., Wierenga, C. (2019). Dose-dependent association of accelerometer-measured physical activity and sedentary time with brain perfusion in aging. Exp Gerontol. Oct 1;125:110679. doi: 10.1016/j.exger.2019.110679. Epub 2019 Aug 2. PMID: 31382010; PMCID: PMC6719795.
b. **Zlatar, Z.Z.**, McGregor, K.M., Towler, S., Nocera, J., Dzierzewski, J.M., Crosson, B. (2015). Self-reported physical activity and objective aerobic fitness: Differential associations with gray matter density in healthy aging. Frontiers in Aging Neuroscience, Front Aging Neurosci. Feb 3;7:5. doi: 10.3389/fnagi.2015.00005. eCollection 2015. PMC4315095. PMID: 25691866
c. **Zlatar, Z.Z.**, Wierenga, C. E., Bangen, K.J., Liu, T.T., Jak, A.J. (2014). Increased hippocampal blood flow in sedentary older adults at genetic risk for Alzheimer's disease. Journal of Alzheimer's Disease, 41(3), 809-817. doi: 10.3233/JAD-132252. PMC4259215. PMID: 24685629
d. **Zlatar, Z.Z.**, Towler, S., McGregor, K.M., Dzierzewski, J. M., Bauer, A., Phan, S., Cohen, M., Marsiske, M., Manini, T., Crosson, B. (2013). Functional language networks in sedentary and physically active older adults. Journal of the International Neuropsychological Society, 19, 625-634. doi:10.1017/S1355617713000246. PMC3691286. Epub 2013 Mar 5. PMID: 23458438

3) Subjective cognitive decline and objective cognition in Latinx and non-Hispanic White older adults. The clinical utility of subjective cognitive decline (SCD) in middle age and late life is not yet well understood, although research with Non-Hispanic Whites suggests that SCD in those with normal cognition may be an early sign of progression to mild cognitive impairment (MCI) and dementia. In this set of manuscripts, I examine associations of neurocognition, symptoms of depression, and SCD in Latinx and non-Hispanic White older adults. Findings suggest that self-reported SCD is associated with symptoms of depression and not with concurrent objectively measured neurocognition in community-based and clinic-based samples of older adults, including Latinx. However, when using a culturally sensitive and validated SCD questionnaire with Latinx individuals, SCD predicts concurrent neurocognition after adjusting for demographics and symptoms of depression. Moreover, SCD reports in Latinx older adults is associated with neural signatures of AD risk. Results indicate that SCD may be sensitive to neurocognition in Latinx older adults and inform clinical geriatric practice. I am currently exploring if self and informant SCD reports predict longitudinal neurocognitive decline and biomarkers of Alzheimer's disease in Latinx older adults. This line of works fills a major scientific gap, since knowledge about SCD'a association to neurocognition in Latinx older adults living in the U.S. is lacking. My work in this area will help improve early detection of AD in Latinx adults and advance the identification of

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those at high risk who may be eligible for neuropsychological testing, neurology referral, and AD prevention and treatment trials.

a. Nakhla, M.N, Cohen, L., Salmon, D., Smirnov, D.S., Marquine, M.J., Moore, A., Schiehser, D.M., & **Zlatar, Z.Z.** (2021). Self Rather than Informant Reported Subjective Cognitive Decline is Associated with Global Cognition in Latinos/as Living in the United States. J Clin Exp Neuropsychol, Sep;43(7):663-676. doi: 10.1080/13803395.2021.1989381 PMCID: PMC8720066
b. **Zlatar, Z.Z.,** Tarraf, W., González, K.A., Vásquez, P.M., Marquine, M.J, Lipton, R.B., Gallo, L.C., Khambaty, T., Zeng, D., Youngblood, M.E, Estrella, M.L, Isasi, C.R., Daviglus, M., González, H.M. (2021). Subjective cognitive decline and objective cognition among diverse U.S. Hispanics/Latinos: Results from the Study of Latinos-Investigation of Neurocognitive Aging (SOL-INCA). Alzheimer's & Dementia; 1–10. PMID: 34057776. https://doi.org/10.1002/alz.12381
c. **Zlatar Z.Z.,** Muniz M, Galasko D, Salmon DP. (2018). Subjective cognitive decline correlates with depression symptoms and not with concurrent objective cognition in a clinic-based sample of older adults. J Gerontol B Psychol Sci Soc Sci., 73(7), 1198-1202. doi: 10.1093/geronb/gbw207. PMID: 28329816; PMCID: PMC6146771.
d. **Zlatar Z.Z.**, Muniz MC, Espinoza SG, Gratianne R, Gollan TH, Galasko D, Salmon DP. (2018). Subjective Cognitive Decline, Objective Cognition, and Depression in Older Hispanics Screened for Memory Impairment. J Alzheimers Dis, 63(3), 949-956. doi: 10.3233/JAD-170865. PMID: 29689718; PMCID: PMC5988433.

Complete List of Published Work from PubMed "MyBibliography":

https://www.ncbi.nlm.nih.gov/myncbi/zvinka.zlatar.1/bibliography/public/

OMB No. 0925-0001 and 0925-0002 (Rev. 03/2020 Approved Through 02/28/2023)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: **Freddi Segal-Gidan**

eRA COMMONS USER NAME (credential, e.g., agency login): Segalgi

POSITION TITLE: Associate Clinical Professor Neurology, Family Medicine & Gerontology

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
Reed College, Portland, OR	BA	05/1976	Psychology & biology
The Johns Hopkins University, Baltimore, MD	BS	05/1978	Health sciences
University of Southern California, Los Angeles, CA	PA Fellow	07/1987	Geriatric medicine
University of Southern California, Los Angeles, CA	PhD	05/1997	Gerontology-public policy
University of Southern California, Los Angeles, CA	Post Doc	12/2000	Neurobiology & Aging

A. Personal Statement

My professional career as clinician, researcher and educator has been devoted to improving the care of older adults, and for the past three decades focused primarily on those with dementia, along with other conditions that impact cognitive function I began as staff PA for the State of California Alzheimers Disease Diagnostic and Treatment Center (ADDTC) at Rancho Los Amigos, affiliated with USC, led the Education Core for the renamed Alzheimers Disease Research Center of California (ARCC), became the co-director of the Rancho/USC ARCC, and for the past fifteen years have been the director of the (renamed) USC-Rancho California Alzheimers Disease Center (CADC). I have been affiliated with the USC Alzheimers Disease Reseach Center (ADRC) since my post-doctoral fellowship in Neurobiology and Aging with the USC-Rancho CADC serving as part of the Clinical Core for the USC ADRC. Most recently I served 3 yrs as the director of the USC ADRC's Outreach and Recruitment Core. I was a co-investigator for the LALES-cog project of the USC ADRC (2005-2009), participated in the clinical evaluation of research subjects for the NIH-NIA Aging Brain Program Project, and continue to perform clinical evaluations for patients involved in the USC-ADRC's longitudinal study. . I established the USC Alzheimers Disease Consortium which began the bi-annual Many Faces of Dementia conference, which for 20 years has provided ongoing education focused on the latest research and care practices in dementia for health professionals in the greater Los Angeles area. As the patient population served by the USC-Rancho CADC has evolved to include a majority of persons of Hispanic heritage my interest in the barriers faced by individuals with dementia and their families from these communities has increased. In 2019 the USC-Rancho CADC was awarded funds from the California Alzheimers Research Program to investigate the needs of caregivers of persons with an inherited form for Alzheimers disease of Mexican origin. That same year the Center received pilot funds to investigate dementia caregiver self care practices and the use of alternative therapies. My background as a geriatric trained clinician, my extensive experience working with patients and families with dementia and my long term association with both the USC-Rancho CADC and the USC ADRC provide me with the experience and leadership skills to be able to oversee an increasing number of interrelated research projects.

a. Kaskie B, Bobbit J, Herrera JW, Bhagianadh D, **Segal-Gidan F**, Brummel-Smith K. Cannabis Use among Persons with Dementia and Their Caregivers: Lighting up an Emerging Issue for Clinical Gerontologists, Clinical Gerontologist, 2021: 44 (1),42-52.
b. Cannabis Use and Older Adults: What Do We Know? (Symposium) Gerontology Society of America, annual meeting, Nov. 2019.

B. Positions and Honors

Positions and Employment

1978-1979 Physician Assistant, Wainaie Comprehensive Health Care Center, Wainaie, HI
1979-1984 Physician Assistant, Internal Medicine, Cranford L. Scott, M.D., Inglewood, CA
1984 Physician Assistant, Rehabilitation Medicine, Walker Institute, West Los Angeles, CA
1985-1989 Physician Assistant, Internal Medicine, California Primary Physicians, Los Angeles, CA
1986-1989 Clinical Instructor, Department of Family Medicine, Physician Assistant Program, USC
1989-2000 Adjunct Lecturer & Clinical Instructor, Department of Family Medicine Physician Assistant Program, University of Southern California School of Medicine, Los Angeles, CA1989-2000
Clinical Instructor, Neurology Department, USC, School of Medicine
1991 Policy Intern: AARP-ANDRUS Leadership in Policy and Aging Programs, Kellogg Foundation Project: An In-Home Intervention Prog for Community-Dwelling Elders Over Age75, LA, CA
1995 Lecturer, Health Policy, USC, School of Social Work. Los Angeles, CA
1997-2001 Lecturer, Gerontology & Health Policy. L. Davis School of Gerontology, USC
1997 Adjunct Professor, School of Policy, Planning and Development, USC
1997-2003 Director, Inpatient Stroke Rehabilitation Services, Rancho Los Amigos National Rehabilitation Center, Downey, CA
1998-2000 Director, Stroke Education and Research, Rancho Los Amigos National Rehabilitation Center, Downey, CA
2000-2014 Assistant Clinical Professor, Neurology, Family Medicine & Gerontology USC, Keck School of Medicine
2003-2007 Co-Director, Alzheimer Disease Research Center of California (ARCC), Rancho Los Amigos National Rehabilitation Center/ USC, Downey, CA
2007-present Director, Alzheimer's Disease Research Center of California (ARCC)/ California Alzheimer's Disease Center, Rancho Los Amigos National Rehabilitation Center/ USC, Downey, CA
2014-present Associate Clinical Professor, Neurology Department, USC, Keck School of Medicine

Scientific Appointments

1979- present California PA License #10482

2008-present Member, Medical Scientific Advisory Board, Alzheimers Los Angeles
2019-2021 Member, Health of the Profession Commission, American Academy of PAs
2020-present Member, Provider Leadership Group, Brain Health Partnership, Us Against Alzheimers

Honors

1994 President's Annual Leadership Award, California Academy of Physician Assistants
2008 Paragon Award PA-Physician Partnership, American Academy of Physician Assistants
2016 Fulbright Specialist Program, Roster Candidate
2020 Founders Award, Many Faces of Dementia

C. Contributions to Science

1. An essential element toward improving care for older adults with dementia is the translation of research into clinical practice. Through written publications aimed at primary care providers that discuss the most current

knowledge about dementia care and practice I have attempted to educate primary care providers to

understand changes in practice to better meet the needs of patients with dementing illnesses and their families.

Segal-Gidan, F. Cognitive Decline and Dementia: Primary Care Evaluation and When to Refer. Physician AssistantClinics 3 (2018) 487-494.

Segal-Gidan, F. Post-operative Confusion in the Older Patient. J America Academy of Physician Assistants.2017; 30(4):12-15.

Segal-Gidan F. Normal Pressure Hydrocephalus; A Case Presentation of Challenges in Recognition and Diagnosis. Clinicians Review 2015; 26(12):44-49.

Segal-Gidan F. Cognitive Screening Tools. Clinicians Review, 23(1):12-18, January 2013.

e. Segal-Gidan F, Cherry D, Jones R, Williams B, Hewett L, Chodosh J and the California Workgroup on Guidelines for Alzheimer's Disease Management. "Alzheimer's disease management guideline: update 2008," Alzheimer's & Dementia: 7 (2011), pp. 51-59, May 2011. PMID: 21546322.

2. Interprofessional team care (previously called multidisciplinary team care) has been recognized as an essential component for improving care and outcomes for older adults. Based on my experiences as part of an interprofessional dementia care team I was invited to serve as faculty of the HRSA funded Geriatric Workforce Enhancement Project (GWEP). This funding supported expansion of a geriatric interprofessional (IP) curriculum program involving health professional students that was developed under a prior HRSA funded primary care grant, as well as development of an additional IP student program and IP geriatric clinic.

Reilly JM, Halle A, Resnik C, Teo J, Williams B, Harris P, **Segal-Gidan F.** Qualitative analysis of an interprofessional in-home, community geriatric education program. Gerontology and Geriatric Medicine, March 2021.

Reilly JM, Stevens G, Halle A, Resnik C, Teoh J, Williams B, Joosten-Hagye D, **Segal-Gidan F.** Interprofessional, older adult, team-based home visits: A 6-year prospective analysis. Gerontol Geriatr Educ.2020 May 3:1-11. doi: 10.1080/02701960.2020.1758081

Reilly JM, Williams B, Resnik C, Halle A, **Segal-Gidan F**. Changes in attitude toward peers from an interprofessional geriatric learning experience among health professional students. Journal of Home Health,Nov 2014.

Segal-Gidan F, Walsh A, Lie D, Fung CC Lohenry K. Knowledge and attitude change in physician Assistant students after an interprofessional geriatric care experience: a mixed methods study. J PhysicianAssist Educ 2014; 25(2):25-30.

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3. Increasing involvement of individuals from underserved Hispanic communities has been a focus of my clinical career that I have tried to expand into the research arena. Funding through the USC ADRC supported expansion of the NIH-funded Los Angeles Latino Eye Study (LALES) research project that added a cognitive assessment component to the study of participants over age 55. In recent years my clinical practice has included a growing number of early onset dementia patients of Mexican heritage that carry a rare autosomal dominant genetic defect. In conjunction with researchers at the USC ADRC I am engaged in several research projects with this population to better understand the impact of EOAD on families and learn from their experiences to better meet the patient and caregiver needs.

Whithers M, **Segal-Gidan F,** Herrera J, Sanchez-Cortez K, Ringman J. My backpack is so heavy': Experiencesof Latino Caregivers of Family with Early-Onset Alzheimer's. J Ameri Geriatri Soc, 2021 https://doi.org/10.1111/jgs.17091

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Gatto NM, Varma R, Torres M, Wong TY, Johnson PL, Segal-Gidan F, Mack WJ. Retinal microvascular abnormalities and cognitive function in Latino adults in Los Angeles. Ophthalmic Epidemiol. 2012; 19(3):127-36. PMID: 22568425.

Segal-Gidan F, Varma R, Mack W. Factors influencing driving status in a Latino population, J Aging and Health, 22(3): 332-347, April 2010. PMID: 20142628.

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: **Katherine T. Ward M.D.**

POSITION TITLE: Health Sciences Clinical Professor, Vice Chair of Dept of Medicine, Director of Geriatrics

eRA COMMONS USER NAME (credential, e.g., agency login): katieward

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
UC San Diego, San Diego, CA	B. S.	07/1992	Biochem and Cell Bio
St. Louis University, St. Louis, MO	M.D.	06/1998	Medicine
Oregon Health & Sciences University, Portland		06/2001	Residency
David Geffen School of Medicine, UCLA, Los Angeles, CA		06/2002	Fellowship

A. Personal Statement

I am an academic geriatrician with an interest in improving the quality of care in older adults and reducing ethnic and socioeconomic disparities in this population. My training includes residency at OHSU and fellowship at the UCLA Multicampus Program in Geriatric Medicine. I have an extensive background in geriatric medicine, caring for patients with dementia and their caregivers and working with interdisciplinaryt eams. I am currently the Executive Vice Chair of the Department of Medicine and Section Head of Geriatrics at Harbor-UCLA. I have the leadership and experience to co-lead this DHS Dementia Aware project at Harbor-UCLA and other DHS sites. I have worked across institutions to improve connections in research as the Harbor-UCLA geriatrics representative of the "Special Populations" Executive Committee for the Clinical and Translational Science Institute (CTSI) at UCLA. I have been able to successfully bringother geriatric projects to our institution include an elder abuse screening program. I have also implemented new clinics and services at Harbor-UCLA including the geriatric primary care clinic and the geriatric inpatient consult service. I have received an award from the CTSI Implementation Science in partnership with the Department of Health Services of Los Angeles County.

B. Positions and Employment

2017-present Health Sciences Clinical Professor, David Geffen School of Medicine, UCLA
2012-present Director of Geriatrics, LA BioMed/Harbor-UCLA Medical Center
2014-present Chief, General Internal Medicine, LA BioMed/Harbor-UCLA Medical Center

Honors

2011-2012 Faculty Recognition Award, VA-UCLA Geriatric Medicine Fellowship Program
2017 The Arthur Cherkin Award in recognition of improving the medical care of older persons, conducting research on aging, and training to geriatric medicine fellows, UCLA Multi campus program in Geriatric Medicine and Gerontology

C. Contributions to Science

http://www.ncbi.nlm.nih.gov/sites/myncbi/1dknbb9Lay-ku/bibliography/48727565/public/?sort=date&direction=ascending

Contribution #1

Moore A, Whiteman E, **Ward K**. "Risks of Combined Alcohol-Medication Use in Older Adults," The American Journal of Geriatric Pharmacotherapy 2007; 5(1): 64-74.

Alcohol use in the older adult population can be problematic since this population is the highest utilizer of medications. This paper reviews the literature on alcohol and medication interactions with a focus on older adults. This was one of the first reviews to recognize that there are serious medication interactions with alcohol use of the older adult. This paper has been referenced over one hundred times. Since being

published more work in the area of prevalence as well as related harm has been done. An education intervention has been studied to reduce the harms of alcohol use and medications in older adults. Dr. Ward contributed to the research done for the manuscript as well as the writing of the manuscript.

Contribution #2
Ward KT, Bates-Jensen B, Eslami MS, Whiteman E, Dattoma L, Friedman JL, Mariano J, Moore AA. Addressing delays in medication administration for patients transferred from the hospital to the nursing home: A pilot quality improvement project. Am J Geriatr Pharmacother 2008;6:205-211.

Care transitions for older adults have become an important focus of patient safety initiatives as well as healthcare expenditures. This study involved the development of an intervention to improve medication transfer and administration to older adult patients transitioning from the acute hospital to a nursing home (NH). Whilethe pilot intervention failed, the study was able to quantify the problem in greater detail. Specifically it was noted that every patient transferred to the NH experienced a >12 hour delay in medication administration and a mean number of missed doses of medications was greater than 3. The study pointed out that there isa need to further explore solutions to the delay. It also noted that further work needs to be done to look at the impact of these delays on patient outcomes, adverse drug events, emergency department visits and rehospitalizations. Dr. Ward designed the pilot and conducted the research for this pilot as well as writing much of the manuscript.

Contribution #3
Whiteman EA, **Ward K**, Simmons SF, Sarkisian CA, Moore AA. Testing the effect of specific orders to provide oral liquid nutritional supplements to nursing home residents: a quality improvement project. J Nutr Health Aging 2008;12:622-625.

Weight loss and malnutrition are a large problem in nursing homes (NH). This study attempted to address the problem by providing very specific time orders to the nursing staff to deliver a high protein supplement. While the specific orders did not statistically improve the delivery of supplements we did note that when offered most residents consumed 100% of the supplement. This study added knowledge to the problem of weight loss in the nursing homes. Other studies have changed their approach based on this negative study. Dr. Ward contributed to the writing of this manuscript.

Contribution #4
Ward KT, Garcia M, Eslami MS, McCreath HE. Do Internal Medicine Residents Know Enough About Skilled Nursing Facilities to Orchestrate a Good Care Transition? Journal of American Medical Director Association2014: 15 (11): 841–843.

As previously mentioned care transitions for older adults are considered high-risk events. Lack of knowledge about NH care after hospitalization has been implicated as a cause of re-hospitalizations and adverse drug events during transitions. This paper looked at the baseline knowledge of Internal Medicine residents about NHs and their services.It showed a lack of knowledge about NH care which may affect care transitions of older adults when these residentsset up transfers from the acute hospital to the NHs. Dr. Ward wrote the knowledge test for this study as well as tookpart in administering the test to residents. Dr. Ward was a major contributor to the writing of the manuscript. This issueis one aspect of hospital readmissions in older adult sgoing to NH.

Contribution #5
Ward KT, Reuben DB. Comprehensive Geriatric Assessment. Up to Date 2019. (updated yearly)

The comprehensive geriatric assessment (CGA) is a multidisciplinary diagnostic and treatment process that identifies medical, psychosocial, and functional limitations of a frail older person in order to develop a coordinated plan to maximize over health with aging. CGA leads to improved detection and documentation of geriatric problems it may also improve outcomes such as decreased hospitalization, nursing home admission, and mortality (depending upon the model and the setting). Dr. Ward co-wrote this chapter in Up To Date. Up To Date is a computerized clinical knowledge management system which is written, reviewed and continuously updated to provide specific, practical recommendations for diagnosis and treatment.

Active Grants

Source: Los Angeles County Community and Senior Services/Adult Protective Services Program (Principal Investigator)
Title: *Early, Medical-Based Detection of Elder and Dependent Adults Who Have Been Abused and/or Neglected*
Amount: $457,500 Dates:
FY 2019-2020

Source: CTSI pilot award (Co-PI) Title:
Dementia Navigators in DHS Amount:
$75,000
Dates: FY 2020-2021

Completed Grants

Source: California Health Care Foundation (Co-Investigator)
Title: *An Integrated, Whole-Person Approach to Opioid Addiction in the LA County Agency*
Amount: $100,000 Dates:
12/2015-6/2017

Source: National Center for Advancing Translational Sciences through UCLA CTSI (Co-Investigator)Title:
Integrating Special Populations
Amount: $12,725.63
Dates: 7/2016-5/2017

Source: Donald W. Reynolds Faculty Development to Advance Geriatric Education (FD-AGE)
Program (Junior Faculty Investigator)
Title: *Junior Faculty Quality Improvement Project*
Amount: $10,000
Dates: 2005-2006

Source: Multi-CTSI Healthy Aging in Los Angeles Team Science (Co-Investigator)
Title: *The Use of Evidence-based Aging Initiatives in LA County and Developing Community-Informed Metrics of their Effectiveness*
Amount: $30,000 Dates:
7/2014-5/2016

Source: John A. Hartford Foundation (Faculty Mentor)
Title*: UCLA/Hartford Center of Excellence (CoE), Teacher Scholar*
Amount: $15,000
Dates: 2014-2016

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: **Heather Bennett Schickedanz, MD** (*formerly Heather Dawn Bennett, MD*)eRA

COMMONS USER NAME (credential, e.g., agency login): 77783971

POSITION TITLE: Health Sciences Assistant Professor of Medicine, UCLA David Geffen School of Medicine

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
University of California, Berkeley	BA	06/2002	Psychology, English
The Johns Hopkins University, Baltimore MD	N/A: Post-Baccalaureate	06/2004	Premedical Program
University of California, San Francisco School of Medicine	MD	06/2010	Medicine
Center for Excellence in Primary Care, San Francisco, CA	N/A: Fellowship	05/2009	Primary Care Health Policy/Research
University of California, San Francisco	N/A: Internship and Residency	06/2013	Family and Community Medicine
University of California, San Francisco	N/A: Fellowship	06/2014	Geriatric Medicine

A. Personal Statement

As founder and Co-Chair of the Los Angeles County Department of Health Services (LAC-DHS) Geriatrics Workgroup, Chair of the Department of Family Medicine at Harbor-UCLA Medical Center, faculty of the UCLA School of Medicine, and a Family Physician-Geriatrician primary care provider serving lower income older adult patients, I am well-positioned to provide leadership, expertise, and support to the Dementia Aware program. I have worked extensively with the Dementia Aware leads (Dr. Anna Chodos at UCSF, Dr. Freddi Segal-Gidan at LAC-DHS) and leadership across the geriatrics and primary care infrastructure at UCLA and LAC-DHS. Beyond my role as a clinician, I have been deeply involved in the development and implementation of collaborative programs for workforce education and program implementation in geriatrics and primary care. During the era of the COVID19 pandemic more than ever before, I recognize the critical need to develop and implement innovative health professions workforce education and programs attuned to the needs of older adults living with dementia and their caregivers. In the diverse LAC-DHS population, it is essential to provide culturally-responsive dementia programs for those with socioeconomic, linguistic and other barriers to health care. I hope that my efforts on the Dementia Aware training and clinical workflows development will help ensure that interprofessional care teams are equipped to appropriately screen for and treat aging patients living with dementia in the LAC-DHS safety net so that they receive equitable, effective care.

My professional passion is for geriatrics and dementia care, primary care and workforce education, and developing interprofessional care teams to better serve marginalized populations. After completing my medical training, fellowship in primary care health policy, Family and Community Residency, and Clinical Geriatrics Fellowship at UCSF, I joined the UCLA Division of Geriatrics as a clinician educator in 2014. On faculty at UCLA, I provided holistic geriatric clinical care across primary care, skilled nursing, and inpatient settings. I led the ambulatory geriatrics clinical experience for Family Medicine trainees and was faculty for the MS1-2 "Doctoring" course in longitudinal clinical skills. I was instrumental in teaching and disseminating the California Geriatric Education Center (CGEC) team-based interprofessional competency training in dementia workshops. In each of these settings, I saw firsthand the high prevalence of caregiver strain and dementia care

needs, and the challenge of adequately assessing and addressing these needs in the traditional primary care office visit.

In 2015, I was recruited to serve as the Director of Primary Care at Olive View-UCLA Medical Center, where I facilitated large scale interprofessional quality improvement and educational initiatives, oversaw primary care clinics for adult and pediatric patients, and created and ran an ambulatory geriatrics clinic. I continued to work with the UCLA Division of Geriatrics on the UCLA Geriatrics Workforce Education Program (GWEP) HRSA grant, serving as the Education Coordinator. In this role, I helped create, implement, and evaluate a caregiver training program for the Riverside Department of Public Social Services, In Home Support Services. This training was focused on equipping IHSS caregivers serving clients with dementia to provide appropriate safety and daily activities support. During my tenure at Olive View, I facilitated the training and integration of interprofessional nursing- and provider-driven workflows to screen for and address dementia and other geriatric conditions in primary care. In collaboration with a local community-based organization, Partners In Care Foundation, I brought the "Gero-Friendly Health System" and "Evidence-Based Group Visits for Wellness" projects to Olive View-UCLA.

In 2017, I proposed, created and currently serve as Co-Chair for the first Los Angeles County Health Agency Geriatrics Workgroup. This workgroup is currently implementing a Dementia Navigators program across the Department of Health Services in LA County. In 2018, I was recruited to serve as the Chair of the Department of Family Medicine at Harbor-UCLA Medical Center. In my current position, I oversee a large family health center and multiple service lines, including inpatient service, home based care, specialty-primary care, and full spectrum family care including perinatal, pediatric, adolescent, adult, behavioral, mental health and geriatric care. We were a key pilot site for ACEs Aware-LA and continually seek to be at the leading edge of holistic care programs. The department hosts trainees from UCLA, Charles Drew and Western University Health Professions students, as well as our 36-resident Family Medicine Residency Program.

Beginning in 2020 and continuing today, the staggering impact of COVID-19 on LA County's persons of color and those living in poverty drives me to seek community-academic partnerships that employ innovative educational approaches to prepare our care team to provide culturally-responsive screening and dementia care toour marginalized populations. I will serve as both a study co-investigator and the Family Medicine site lead for the Dementia Aware project. As the Department Chair and clinician-educator at a multidisciplinary safety-net program implementation site, my experience will contribute greatly to the success of this proposal.

B. Positions and Honors

- Chair, Harbor-UCLA Department of Family Medicine. October 2018 – Present.
- Vice Chair, UCLA Department of Family Medicine. October 2018 – Present.
- Steering Committee, Los Angeles Alliance of Community Health and Aging. July 2019-Present.
- Co-Chair, Los Angeles County Health Agency Geriatrics Workgroup. January 2017 – Present.
- Director of Primary Care, Olive View-UCLA Medical Center. July 2015-September 2018.
- Education Coordinator, UCLA Geriatrics Workforce Enhancement Program (GWEP) July 2015 – June 2018.
- Health Sciences Assistant Professor of Medicine. UCLA School of Medicine, September 2014-Present.
- Clinician-Educator, Division of Geriatrics, David Geffen School of Medicine at UCLA, 2014-2015.
- Educator, CGEC Team-Based Interprofessional Competency Training in Dementia Screening and Management. Los Angeles, CA, September 2014.
- Preceptor, Family Medicine Residents Geriatrics ambulatory clinical experience. UCLA, 2014.
- Preceptor, Doctoring course MS1-2 longitudinal clinical experience. UCLA, 2015.
- Tideswell-UCSF Geriatrics Leadership Fellow. 2017-18.
- Clinical Learning Award, California Association of Public Hospitals/Safety Net Institute Quality Leaders for "The Financial Fitness Clinic at San Francisco General Hospital: Addressing Social Determinants for Improved Health." November 2011.
- American Academy of Family Physicians Bristol-Squibb Myers Award for Excellence in Graduate Medical Education. October 2012.
- Golden Headed Cane Award, Most Representative of a True Physician. UCSF School of Medicine Class of 2010 and faculty, May 2010.

- Alpha Omega Alpha. UCSF School of Medicine, May 2010.

Professional Memberships

2005 – 2010	American Medical Student Association
2010 – Present	California Academy of Family Physicians
2011 – Present	Society of Teachers of Family Medicine
2013 – Present	American Geriatrics Society
2016 – Present	Safety Net Innovations Network
2019 – Present	Association of Departments of Family Medicine

C. Contributions to Science

My primary research interest is in models for training and workforce development in geriatric medicine, in underserved areas and safety-net health care systems. I have also studied approaches to effectively educate and support caregivers. My focus is on the feasibility of programs to prepare the workforce to care for older adults withgeriatric syndromes such as dementia and mobility impairment.

1. Reuben D, Rosen S, **Schickedanz HB**. "Principals of Geriatric Assessment." *Hazzards Geriatric Medicine and Gerontology, Seventh Edition.* Ed. Jeffrey Halter et al. New York: McGraw-Hill, 2015. 148-152.
2. **Schickedanz HB,** Howell K, Dunn J, Kim K, Moore A. American Geriatrics Society Annual Meeting. Oral presentation: "Preparing Community Health Centers to Improve Care for Older Adults". Long Beach, CA, May 2016.
3. Tan ZS, Damron-Rodriguez J, Cadogan M, Gans D, Price RM, Merkin SS, Jennings L, **Schickedanz H,** Shimomura S, Osterweil D, Chodosh J. Team-Based Interprofessional Competency Training for Dementia Screening and Management. J Am Geriatr Soc. 2017 Jan;65(1):207-211.
4. Guerrero LR, Shim A, Gans D, **Schickedanz HB**, Tan ZS. Training for In-Home Supportive Services Caregivers in an Underserved Area. J Health Care Poor Underserved. 2019;30(2):739–748.
5. Guerrero LR, Richter Lagha R, Shim A, Gans D, **Schickedanz H**, Shiner L, Tan Z. Geriatric workforce development for the underserved: Using RCQI methodology to evaluate the training of IHSS caregivers. Journal of Applied Gerontology. 2020 Jul;39(7):770-777.

My research has also focused on redesign of primary care delivery in the health care safety net, including studying health coaching for chronic disease management and evidence-based quality initiatives. I have presented at national academic conferences data from programs which identify and address the complex social and clinical needs of marginalized patients.

1. Bodenheimer T, Chen E, **Bennett H**. Confronting the growing burden of chronic disease; can the U.S. health care workforce do the job? *Health Aff.* 2009 Jan-Feb;28(1):64-74.
2. **Bennett HD**, Coleman EA, Parry C, Bodenheimer T, Chen EH. Health coaching for patients with chronic illness. *Fam Pract Manag.* 2010 Sep-Oct;17(5):24-9.
3. **Bennett H**, Bazemore A, et al. The impact of community health centers on health outcomes in areas of high social deprivation: a pilot analysis of two urban centers. North American Primary Care Research Group. New Orleans, LA. November 2012.

As a health systems leader, I have implemented and evaluated quality improvement projects across a variety of safety-net primary care settings, including evidence-based approaches to improve mental health and social connection, chronic disease management, preventive health, social service navigation, and advance care planning. I have worked with teams to implement large scale preventive and screening campaigns.

1. **Schickedanz, H.** "80% by 2018: Colorectal Cancer Roundtable." American Cancer Society. Oral Presentation: "FluFIT Implementation in Los Angeles County Department of Health Services." Los Angeles, CA. March 2018
2. Ishibashi O, **Schickedanz H**. Geriatrics eConsult Community Resource Portal and Navigation Service in the Los Angeles County (LAC) Health Care Safety-Net. Society of Teachers of Family Medicine, Conference on Practice and Quality Improvement. Phoenix, AZ. December 2019
3. **Schickedanz HB,** Polzin R, Vassar SD, Brown AF, Kim KJ. Primary care provider-led group visits for

advance care planning in the safety net. J Am Geriatr Soc. 2021 May;69(5):1404-1406.

In collaboration with colleagues across specialties and disciplines, I have been involved in research, education andprograms to promote health equity for marginalized and disenfranchised communities:

1. Shah S, Brown A, **Schickedanz H**. Immigrant Health Summits: Educating Care Teams in an Academic Safety Net Setting About Immigration and Health Policy. Society for General Internal Medicine, Regional Innovations Summit. Los Angeles, CA. January 2019
2. Benedict D, Delgado D, Puvvula J, Cheng J, **Schickedanz H**. Implementation and Evaluation of a Social Needs Screening Program in a Large Safety Net Family Medicine Clinic and Residency Program. Society of Teachers of Family Medicine, Annual Conference. Toronto, Canada. April 2019
3. **Schickedanz HB**, Jennings LA, Schickedanz A. The Association Between Adverse Childhood Experiences and Positive Dementia Screen in American Older Adults. J Gen Intern Med. 2021 Nov 15.

Please reference this link to my NCBI Bibliography:
https://www.ncbi.nlm.nih.gov/myncbi/1VwI48sgqT-EMs/bibliography/public/

D. Additional Information: Research Support

Ongoing
GUL1TR001881. Ward, Hess (PIs) 03/01/2020 – 02/29/2021
NIH NCATS UCLA CTSI, "Dementia Navigators for DHS" Grant. Training and supporting Care Ecosystem Dementia Navigator staff for patients with cognitive impairment/dementia and their caregivers in the Los Angeles County Department of Health Services ambulatory clinics.
Harbor-UCLA Medical Center. Torrence, CA.
Role: Co-Investigator (In-Kind)

Completed
G30590. Schickedanz (PI) 11/06/2019 – 11/31/2021
California Healthcare Foundation, "Transitions Clinic Network" Clinic Grant. Establishing a transitions clinic for formerly incarcerated persons in Los Angeles County to access Primary Care with wraparound support at Lomita Family Health Center, Harbor-UCLA Department of Family Medicine.
Harbor-UCLA Medical Center. Torrance, CA.
Role: Principal Investigator (In-Kind)

Schickedanz (PI) 01/01/2017 – 01/01/2018.
Center for Care Innovations, "Spreading Solutions That Work" Grant. Design, implement and evaluate alternative "Group Visits for Advance Care Planning" model in primary care.
Olive View-UCLA. Sylmar, CA.
Role: Principal Investigator

U1QHP28725 Tan (PI) 07/01/2015-06/30/2018
Geriatrics Workforce Enhancement Program Grant. The UCLA GWEP AGEducate program was a collaboration between academic and community-based organizations in Riverside County to improve the health outcomes of geriatric patients/caregivers through integration of geriatrics care into primary care clinics, and to create a sustainable interprofessional workforce and educational program for direct caregivers of older adults.
University of California, Los Angeles.
Role: Education Coordinator

OMB No. 0925-0001 and 0925-0002 (Rev. 12/2020 Approved Through 02/28/2023)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: **Ellen Chang Wong**

eRA COMMONS USER NAME (credential, e.g., agency login): ellen.wong

POSITION TITLE: Clinical Assistant Professor of Neurology

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY
University of California Los Angeles, Los Angeles, CA	BS	06/2011	Psychobiology with Departmental Honors and Minor in Biomedical Research
McGovern Medical School at UT Health, Houston, TX	MD	06/2015	
Eisenhower Medical Center, Rancho Mirage, CA	Intern	06/2016	Internal Medicine
Los Angeles County + University of Southern California, Los Angeles, CA	Resident	06/2019	Neurology
University of California Los Angeles, Los Angeles, CA	Fellow	06/2020	Neurorehabilitation
University of Southern California Keck School of Medicine, Los Angeles, CA	Fellow	06/2021	Neurobehavior

A. Personal Statement

I am a Clinical Assistant Professor of Neurology at Keck School of Medicine and Physician Specialist at Rancho Los Amigos National Rehabilitation Center, a county institution. I have completed clinical fellowships in both neurobehavior and neurorehabilitation. With this background, my priority is to serve a broad range of patients including the underserved and underrepresented, in a multi-disciplinary fashion to holistically address the needs of patients who suffer from neurodegenerative disease.

Throughout my years of training, I have maintained my commitment to academic pursuit as evidenced by my contributions to several publications over the years. Since July 2020, I worked as co-investigator & subinvestigator on several NIA-funded projects with USC's Alzheimer's Disease Research Center (ADRC), recruiting patients, obtaining informed consent, performing cognitive assessments and neurological examinations on study participants, obtaining collateral information from study partners, and integrating clinical, imaging, and laboratory information to determine participants' diagnoses. I also serve as co-investigator for thecurrent Asian cohort for Alzheimer disease (ACAD) R56

As a neurologist specializing in management of patients with neurodegenerative disease, I have a strong understanding of the challenges that clinicians face in assessing patients with dementia in the county system. As one of the few neurobehavior specialists within DHS, and as someone embedded into several DHS facilities (Rancho Los Amigos National Rehabilitation Center, Los Angeles County + University of Southern California, and Harbor-University of California Los Angeles), I understand the importance of and challenges associated with educating and assisting a wide range of providers to assess and manage patients with dementia. I am thus uniquely suited to be lead for the implementation of Dementia Aware within the Los Angeles County Department of

Health Services (LAC-DHS) environment.

Ongoing projects that I would like to highlight include:
5R56AG069130-02
Wang (PI), Role: Site PI
09/30/20-5/31/22
Asian cohort for Alzheimer disease (ACAD)
Most genome-wide association studies (GWAS) for Alzheimer disease (AD) have been performed on participants of European ancestry, but efforts to study AD genetics in minority populations are ongoing. The goal of this project is to investigate the genetic underpinnings of AD in those of Asian descent in the US and Canada.

Maiden Name: Ellen Chang

B. Positions, Scientific Appointments, and Honors

2021-Present Clinical Assistant Professor, Department of Neurology, University of Southern California Keck School of Medicine, Los Angeles, CA
2021-Present Member, International Society to Advance Alzheimer's Research and Treatment
2021-Present Physician Specialist, Department of Neurology, Rancho Los Amigos National Rehabilitation Center, Downey, CA
2020-Present Staff Physician, Department of Physical Medicine & Rehabilitation, California Rehabilitation Institute, Los Angeles, CA
2019-Present Diplomate, American Board of Psychiatry and Neurology
2019-Present Member, American Society of Neuro rehabilitation
2018-2019 Education Chief Resident, Los Angeles County + University of Southern California, Los Angeles, CA
2016-Present Member, American Academy of Neurology
2007-2011 Departmental Honors, University of California Los Angeles College of Letters & Science, Los Angeles, CA

C. Contributions to Science

1. My early research was with the University of California Los Angeles Addictions Laboratory, where I contributed to several clinical trials investigating the use of pharmacotherapies for smoking cessation and alcohol use disorder, with a focus on Asian American alcohol drinkers. These studies included investigating the genetic link to pharmacotherapy response as well as functional MRI studies which linked behavior to its anatomical basis. We found that quetiapine may reduce alcohol craving, and that naltrexone may do the same in subsets of Asian American alcohol drinkers who have the Asp40 allele of the opioid receptor mu 1 (OPRM1) gene, targeted by naltrexone. I assisted in recruitment, consenting, administering questionnaires regarding substance use and behavioral measures of impulsivity, and longitudinal follow-up of participants in several distinct cohorts. I also entered and analyzed data using SPSS. My work in that laboratory culminated in my departmental honors thesis, *Testing the combined effects of smoking and drinking on impulsive behavior.* Further studies of impulsivity in heavy drinking smokers were continued after my departure.

a. Moallem, N. & Ray, L.A. (2012). Dimensions of impulsivity among heavy drinkers, smokers, and heavy drinking smokers: singular and combined effects. Addictive Behaviors, 37(7), 871-874.
b. Ray, L.A., Bujarski, S., Chin, P.F., & Miotto, K. (2012). Pharmacogenetics of naltrexone in Asian Americans: A randomized placebo-controlled laboratory study. Neuropsychopharmacology, 37(2), 445-455.
c. Courtney, K. & Ray, L.A. (2014). Subjective response to alcohol in the lab predicts neural response to alcohol cues. Journal of Studies on Alcohol and Drugs, 75(1), 124-35.
d. Ray, L.A., Chin, P.F., Heydari, A., & Miotto, K. (2011). A human laboratory study of the effects of quetiapine on subjective intoxication and alcohol craving. Psychopharmacology, 317(3), 341-351.

2. Switching gears as I transitioned into my neurology career, I worked together with neuropathologists and neurologists to link the neuropathological findings of TAR DNA-binding protein 43 (TDP-43) in patients with amyotrophic lateral sclerosis (ALS) to clinical correlates. TDP-43 has been implicated in ALS and

frontotemporal dementia (FTD). Patients with chromosome 9 open reading frame 72 (C9orf72) gene mutations commonly manifest an ALS+FTD phenotype. For this project, I assisted in synthesizing the clinical data from participants' history and neuropsychological testing. Our research revealed that greater TDP-43 pathology burden was associated with increased cognitive impairment, and with ALS associated with C9orf72 mutations, though it was not associated with disease duration or rate of progression.

a. M.D. Cykowski, S.Z. Powell, L. Peterson, J.W. Appel, A. Rivera, H. Takei, **E. Chang**, and S.H. Appel, Clinical significance of TDP-43 neuropathology in amyotrophic lateral sclerosis. Journal of Neuropathology and Experimental Neurology. 76(5): p. 402-413, 2017

Complete List of Published Work in MyBibliography:
https://www.ncbi.nlm.nih.gov/myncbi/ellen.wong.1/bibliography/public/

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Sayaka Weis Tokumitsu, MD MPH

10382 Longden Street • Cypress, California 90630 • (818) 621-0678 • stokumitsu@dhs.lacounty.gov

EDUCATION

HARBOR-UCLA MEDICAL CENTER, DEPARTMENT OF FAMILY MEDICINE Expected date of graduation: June 30, 2020
- Chief Resident

HARBOR-UCLA MEDICAL CENTER, DEPARTMENT OF FAMILY MEDICINE August 11, 2019
- Resident Physician

UCLA DAVID GEFFEN SCHOOL OF MEDICINE/CHARLES R. DREW UNIVERSITY OF MEDICINE & SCIENCE June 17, 2016
- Doctor of Medicine

FIELDING SCHOOL OF PUBLIC HEALTH AT UCLA December 11, 2015
- Master in Public Health, Community Health Sciences

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO SCHOOL OF MEDICINE POSTBACCALAUREATE PROGRAM 2008-2009
- San Francisco State University GPA: 4.0

CALIFORNIA STATE UNIVERSITY, LOS ANGELES 1999-2004
- Bachelor of Science, Biology (Cum Laude) GPA: 3.78

PROFESSIONAL EXPERIENCE

GERIATRIC MEDICINE-FOCUSED TRAINING, Harbor-UCLA Family Medicine Residency Program ..... 2016 – present
- Provided on the inpatient Geriatric Consult service
- Conducted a comprehensive geriatric assessment in both inpatient and outpatient settings
- Conducted and supervised Geriatric Home Visits
- Provided care to Nursing Home patients in two Skilled Nursing Facilities
- Coordinated transition of care for patients from the inpatient setting to the Nursing Home and from the Nursing Home to the community
- Facilitated educational presentations to residents on topics of Geriatric Care

ACADEMIC ADVISOR, Summer Medical and Dental Education Program at UCLA ..... Summer 2015
- Facilitated Academic Advisement sessions for 60 under-represented pre-medical undergraduate students
- Counseled students with Curriculum Vitae feedback

LEAD LECTURER & TUTOR, Summer Medical and Dental Education Program at UCLA ..... Summer 2014
- Led weekly case-based lectures for 80 under-represented pre-medical and pre-dental students
- Facilitated twice weekly problem-based learning sessions for 9 pre-medical and pre-dental students
- Mentored and provided academic advisement to 9 pre-medical and pre-dental students

MEDICAL STUDENT TUTOR, UCLA David Geffen School of Medicine Teaching Fellowship ..... 2013 - 2015
- Facilitated and led biweekly doctoring sessions for first year medical students
- Counseled first year medical students with feedback on patient interviewing skills
- Participated in eight monthly medical student tutor development seminars

PUBLIC HEALTH INTERN, Little Tokyo Service Center ..... June – December 2014
- Designed and conducted health education seminars for mono-lingual Japanese-speaking older adults and mono-lingual Japanese-speaking mothers in Los Angeles County

- Designed and facilitated focus groups exploring understanding and health needs of Japanese and Japanese American older adults in Los Angeles County with regard to depression and dementia
- Advocated for Japanese residents in low-income housing in Little Tokyo through case management

EXTENDED CARE TEACHER, Stratford Schools at San Francisco ..... 2009 - 2010
- Facilitated homework help and tutoring for kindergarten students in all subjects
- Coordinated and developed enrichment activities for kindergarten and first grade students

PROGRAM SUPERVISOR & PLAYGROUND WORKER, LA'S BEST After-School Enrichment Program ..... 2007 - 2008
- Coordinated the after-school enrichment program for elementary school students in Boyle Heights
- Collaborated closely with school administrators, staff, and parents
- Monitored program attendance and discipline of over 200 students
- Designed lesson plans for daily enrichment activities
- Led Science Club and prepared students for Regional Science Fair at which they won second place

ASSISTANT LANGUAGE TEACHER, JET Programme 2006-2007
- Developed English conversation and writing classes for Japanese High School students in Kobe, Japan
- Facilitated the after-school English Speaking Society club for students interested in intensive English study
- Guided English conversation classes for older adults through the local community center

COMMUNITY SERVICE

RESIDENT VOLUNTEER, Harbor-UCLA Family Medicine Free Clinic ..... 2016 - 2019
- Provided free medical care at resident-run Free Clinic for homeless patients in South Bay, Los Angeles
- Mentored high school and undergraduate students pursuing careers in Medicine with commitment to service of underserved populations

RESIDENT COORDINATOR, Youth Opportunities Life Options (YOLO) 2017-present
- Redeveloped a curriculum for an after-school program addressing healthy life habits and college readiness
- Facilitated interactive educational sessions on healthy body image, healthy eating, and healthy relationships
- Provided a source of social support for at-risk youth
- Mentored high school students at Gardena High School

RESIDENT PROGRAM COORDINATOR, Summer Urban Health Fellowship ..... Summer 2018
- Mentored local high school, undergraduate, and medical students
- Conducted social justice lectures on the correctional system and prison reform advocacy efforts
- Provided academic advisement for undergraduate students pursuing careers in Medicine
- Collected community-based data on environmental factors affecting health in the community of Watts

MEDICAL STUDENT MENTOR, UCLA/CDU Latino Medical Student Association ..... 2010 - 2016
- Guided UCLA and CSULA Chicanos/Latinos for Community Medicine (CCM) undergraduate students interested in careers in medicine and allied health professions
- Advised three disadvantaged students on course choices and applications to medical school
- Motivated students as a speaker on medical student panels
- Strengthened students' interviewing skills through service as a mock interviewer

MEDICAL STUDENT VOLUNTEER, UCLA/CDU LMSA Lennox Health Fair 2010-2013
- Served as a Patient Advocate by ensuring that patients and their families benefited from available services
- Performed blood pressure readings and provided health education
- Raised awareness of health fair by distributing fliers in the community

MEDICAL STUDENT MENTOR, CDU Partners 4 Progress ..... 2010 - 2011
- Mentored a disadvantaged high school student from King Drew Medical Magnet High School interested in attending college and pursuing careers in the sciences

- Guided a disadvantaged high school senior through college application cycle

MEDICAL STUDENT COORDINATOR, Summer Urban Health Fellowship..... Summer 2011
- Served on the Logistics committee to organize two free health fairs in Wilmington, CA
- Mentored local high school and undergraduate students
- Oversaw and guided current affairs presentations done by high school participants
- Led health education sessions at low-income housing units and Riley High School for Pregnant Teens

MEDICAL STUDENT VOLUNTEER, Student-Run Homeless Clinic..... 2010-2011
- Provided patient care to the homeless adults of Santa Monica, West Los Angeles, and Glendale by taking a history, performing a physical exam, and presenting to an attending physician
- Counseled clients regarding medication compliance and self-care through health education

MEDICAL STUDENT MENTOR, Asian Pacific American Medical Student Association at UCLA..... 2010 - 2011
- Provided support and guidance to UCLA undergraduate students interested in careers in medicine and allied health professions

VOLUNTEER, Harbor-UCLA Department of Family Medicine Free Homeless Clinic..... 2005-2006
- Organized patient files, guided patients from station to station, and took vital signs
- Collaborated closely with resident and attending physicians to ensure patient-centered care coordination

UNDERGRADUATE PARTICIPANT, Summer Urban Health Fellowship ..... Summer 2005
- Served on the Donations committee to organize two health fairs in Wilmington, CA
- Mentored local high school students
- Gathered data for a community-based needs assessment of children in the city of Wilmington
- Planned and presented preliminary data from the community based research at the Health summit attended by officials of the local government and community members
- Led health education seminars at the local Boys and Girls Club and Riley High School for Pregnant Teens

POSTER PRESENTATIONS

PRESENTER, UCLA Multi-Campus Research Symposium ..... May 2019
Title: Need for a Formal Correctional Health Curriculum in a County-Based Family Medicine Residency Program
- Presented above scholarly activity developing a formal curriculum along with data assessing baseline resident familiarity with the correctional system and levels of comfort serving the incarcerated and recently incarcerated population

RESEARCH EXPERIENCE

PCMH RESIDENT PARTICIPANT, Harbor-UCLA Family Medicine Residency Program..... 2016 - present
- Participated in several PDSA (Plan-Do-Study- Act) Cycles within small groups in an effort to improve quality of patient care and the patient experience at the Lomita Family Medicine Clinic, including projects to streamline follow-up appointments, streamline routine Pap exams, improve performance in meeting AAP guidelines on pediatric care at Well-Child Visits, and assessment of new policy requiring Nurse Chaperones for all sensitive exams
- Presented data from PDSA cycles quarterly to clinic-wide audience with colleagues to explore implementation of quality improvement projects clinic-wide

PRINCIPAL INVESTIGATOR, CDU Medical Student Thesis..... June 2014 – June 2016
- Completed a literature review on the prevalence and risk factors for anxiety in minority youth, the association between locus of control and anxiety, as well as the school to prison pipeline
- Presented findings of literature review at school-wide Research Symposium
- Developed a research questions and research protocol to study the association between exclusionary disciplinary policies in Los Angeles high schools, youth incarceration, and anxiety

MEDICAL STUDENT RESEARCHER, Summer Urban Health Fellowship .....Summer 2011

- Gathered data for community-based needs assessment among Day Laborers in the city of Wilmington
- Analyzed data evaluating the association between wage theft, work-related injuries and immigration status among Day Laborers
- Presented preliminary community-based needs assessment data at the Josiah Brown Poster Fair

LEADERSHIP ACTIVITIES

CORRECTIONAL HEALTH CURRICULUM COORDINATOR, Harbor-UCLA Family Med Residency .....July 2019 - present

- Researched, vetted, and organized a 5-part podcast-based correctional health curriculum for Family Medicine Resident Physicians in collaboration with 1 other co-resident under the guidance of a supervising attending physician

RESIDENT REPRESENTATIVE, Harbor-UCLA Family Medicine Program and Curriculum Committees ..... 2017 - present

- Provided resident perspective on programmatic and curricular issues in efforts to improve the educational experience of resident physicians

RESIDENT INTERVIEWER, Harbor-UCLA Family Medicine Residency Program ..... 2017 – 2019

- Interviewed applicants to the Harbor-UCLA Family Medicine Residency Program
- Recruited incoming interns as an intern representative, and tour guide, answering questions about the program

PRIME COUNCIL CO-CHAIR, UCLA PRIME.....2015 - 2016

- Oversaw the coordination and planning of student enrichment activities by the board of the UCLA PRIME Council
- Coordinated and planned the biannual UCLA PRIME Retreat where students built lasting mentoring relationships and brainstormed curricular improvements for the program
- Maintained communication between program administration and UCLA PRIME students on a monthly basis regarding needs of students and student leadership activities

COORDINATOR, CDU Post baccalaureate Mentorship Program..... 2013 - 2016

- Coordinated mentorship events and networking events for disadvantaged post baccalaureate students
- Matched medical student mentors with post-baccalaureate students at Charles R. Drew University

MEDICAL STUDENT INTERVIEWER, UCLA PRIME.....2012 - 2016

- Interviewed applicants to the UCLA PRIME program
- Recruited incoming medical students as a panel speaker to answer questions about the program

MEDICAL STUDENT INTERVIEWER, Charles R. Drew University College of Medicine ..... 2013 - 2016

- Interviewed applicants to the Charles R. Drew University College of Medicine
- Recruited incoming medical students as a panel speaker to answer questions about the program

CLASS PRESIDENT, CDU Class of 2014.....2012 - 2013

- Represented CDU Class of 2014 in monthly Educational Policy and Curriculum Committee Meetings
- Served as liaison between the CDU College of Medicine administration and my colleagues

MENTORSHIP COORDINATOR, UCLA/CDU Latino Medical Student Association (LMSA) ..... 2011 - 2012

- Served on medical student panels at UCLA and CSULA to answer questions from undergraduate students about the medical school application process and the first year of medical school
- Organized events for LMSA mentors and undergraduate mentees to strengthen mentoring relationships

UCLA STATEWIDE PRIME COUNCIL REPRESENTATIVE, Statewide PRIME Council .....January 2011 – July 2012

- Developed a mission statement, objectives, and logic models for each objective of the Statewide Council
- Led and facilitated in monthly conference calls with representatives from each of five programs
- Built effective collaboration among PRIME programs in California and foster inter-program team-building

FUNDRAISING CO-CHAIR, Charles R. Drew University of Medicine and Science Class of 2014 .....2010 - 2011

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- Coordinated fundraising activities for the CDU Class of 2014
- Raised $1000 for a scholarship to benefit a disadvantaged high school student at the King Drew Medical Magnet HighSchool participating in the Partners 4 Progress mentorship program

COORDINATOR, UCLA PRIME Garden of Health
.....20
10 - 2011

- Collaborated with 17 other PRIME students to develop a community engagement project in Watts, CA
- Developed a health education curriculum focusing on nutrition and healthy eating as it relates to BMI
- Empowered South Los Angeles Gardeners with information to incorporate the foods they grow into a well-balanced, plant-based diet

SKILLS

- California Medical Board License: A152195
- Fluent Conversational Japanese
- Intermediate Level Medical Spanish
- Nexplanon Trained
- DEA License: FT7208831
- BLS Certified (expires June 2021)
- ACLS Certified (expires June 2021)
- Medication Assisted Treatment Trained
- LEAN Trained: LEAN is a systematic approach to increasing value from the patient's perspective, lowering costs through the elimination of waste in health care in our work processes, and respecting both patient and staff in an effort to continuously improve the quality of care we provide

CAREER GOALS

- Clinical Practice in Family and Geriatric Medicine
- Position in Clinical Education of Medical Students and Residents
- Design and Evaluate Community-Based Health Promotion Programs

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: **Possin, Katherine L.**

eRA COMMONS USER NAME (credential, e.g., agency login): kpossin

POSITION TITLE: John Douglas French Alzheimer's Foundation Endowed Professorship, Associate Professor in Residence

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE	Completion Date	FIELD OF STUDY
Tufts University	BA	06/1997	Psychology, magna cum laude
Pacific Graduate School of Psychology	MS	07/1998	Psychology
San Diego State / University of CA, San Diego Joint Doctoral Program	MS PhD	06/2007	Clinical Neuropsychology
University of California, San Francisco	Intern & Postdoctoral Fellow	06/2010	Neuropsychology and Behavioral Neurology

A. Personal Statement

My research aims to bridge science, practice, and policy to address major gaps in the detection, diagnosis and care for people with dementia. I have two major projects in this area: the Care Ecosystem, and TabCAT. The Care Ecosystem is a nurse-led, telemedicine-based care model that extends the reach of dementia specialists. To develop,test, and implement this model of care, I am the PI of an RCT that was funded by a Centers for Medicare and Medicaid Healthcare Innovations Award, now extended by an R01 from NIA. The Care Ecosystem improves patient quality of life, reduces emergency room visits, improves caregiver well-being, and reduces potentially inappropriate medication use. I consult on Care Ecosystem implementations around the country, and work with the Center for Medicare and Medicaid Innovation and the Alzheimer's Association to advance dementia care payment models.

I pioneer novel methods for the detection and diagnosis of cognitive disorders, with a focus on diverse and underserved populations. With neuropsychology colleagues, I developed tablet-based cognitive assessments, including the UCSF Brain Health Assessment, along with the software platform "TabCAT" on which the assessments are delivered. TabCAT tests provide clinical phenotyping in a format that is easy to use in everyday clinical settings. Tests are designed to minimize cultural bias, have been adapted into 18 languages, and are included in >70 active studies including national (eg, ALLFTD, LEADS) and international (eg, GBHI, ReDLat) initiatives. I direct the clinical core for ReDLat, a multinational study of ADRD in Latin America. I direct the NINDS-funded Consortium for Detecting Cognitive Impairment, including Dementia (DetectCID), which is focused on improving the detection of cognitive impairment in everyday clinical settings.

Ongoing and recently completed projects that I would like to highlight include:

R35 AG072362
Rabinovici/Possin (MPI)
04/15/2021 – 03/31/2026
Reimagining Precision Medicine Approaches to AD Diagnosis

R01 AG057234
Ibanez/Miller/Yokoyama/Possin/Custodio/Lopera/Takada (MPI)
09/30/2019 – 03/31/2024
US-South American Initiative for Genetic-Neural-Behavioral Interactions in Human Neurodegenerative Research

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Rainwater Charitable FoundationPossin (PI)
09/01/2019 – 07/31/2022
Multi-partner Consortium for Dementia Research in Latin America

P30 AG062422
Miller (PI), Role: Associate
Director of the Clinical Core – B
05/01/2019 - 03/31/2024
New Approaches to Dementia Heterogeneity

R01 AG056715
Possin (PI)
09/30/2017 – 05/31/2022
The Care Ecosystem: Navigating patients and caregivers through stages of dementia care

UH3 NS105557
Possin (PI)
07/25/2017 – 08/31/2022
The UCSF Brain Health Assessment for the Detection of Cognitive Impairment Among Diverse Populations inPrimary Care

R01 NS099564
Lupo/Hess (MPI),
Role: Co-Investigator
07/01/2017 –
06/30/2022
Improved Monitoring of Premanifest and Early Huntingtons Using 7T Multimodal MRI

P01 AG019724
Miller (PI), Role: Co-
Investigator, Project 7
06/01/2017 –
05/31/2022
Frontotemporal Dementia: Genes, Images, and Emotions

Administration for Community Living
Merrilees (PI), Role: Co-Investigator
09/30/2016 – 09/29/2019
The Care Ecosystem: Person-Centered Care for People with Dementia
and their Caregivers.Citations:

1. **Possin KL**, Moskowitz T, Erlhoff SJ, Rogers KM, Johnson ET, Steele NZR, Higgins JJ, Stiver J, AliotoAG, Farias ST, Miller BL, Rankin KP. The Brain Health Assessment for Detecting and Diagnosing Neurocognitive Disorders. J Am Geriatr Soc. 2018 Jan;66(1):150-156. doi: 10.1111/jgs.15208. PMID: 29355911; PMCID: PMC5889617.
2. Tsoy E, Sideman AB, Piña Escudero SD, Pintado-Caipa M, Kanjanapong S, Al-Rousan T, Mbakile- Mahlanza L, de Oliveira MO, De la Cruz Puebla M, Zygouris S, Mohamed AA, Ibrahim H, Goode CA,Miller BL, Valcour V, **Possin KL**. Global Perspectives on Brief Cognitive Assessments for

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Dementia Diagnosis. J Alzheimers Dis. 2021;82(3):1001-1013. doi: 10.3233/JAD-201403. PMID: 34120897.

3. **Possin KL**, Tsoy E, Windon CC. Perils of Race-Based Norms in Cognitive Testing: The Case of FormerNFL Players. JAMA Neurol. 2021 Apr 1;78(4):377-378. doi: 10.1001/jamaneurol.2020.4763. PMID: 33346785; PMCID: PMC8218717.
4. Ibanez A, Yokoyama JS, **Possin KL**, Matallana D, Lopera F, Nitrini R, Takada LT, Custodio N, Sosa OrtizAL, Avila-Funes JA, Behrens MI, Slachevsky A, Myers RM, Cochran JN, Brusco LI, Bruno MA, Brucki SMD, Pina-Escudero SD, Okada de Oliveira M, Donnelly Kehoe P, Garcia AM, Cardona JF, Santamaria- Garcia H, Moguilner S, Duran-Aniotz C, Tagliazucchi E, Maito M, Longoria Ibarrola EM, Pintado-Caipa M,Godoy ME, Bakman V, Javandel S, Kosik KS, Valcour V, Miller BL. The Multi-Partner Consortium to Expand Dementia Research in Latin America (ReDLat): Driving Multicentric Research and ImplementationScience. Front Neurol. 2021 Mar 11;12:631722. doi: 10.3389/fneur.2021.631722. PMID: 33776890; PMCID: PMC7992978.
5. Tsoy E, Kiekhofer RE, Guterman EL, Tee BL, Windon CC, Dorsman KA, Lanata SC, Rabinovici GD, MillerBL, Kind AJH, **Possin KL**. Assessment of Racial/Ethnic Disparities in Timeliness and Comprehensivenessof Dementia Diagnosis in California. JAMA Neurol. 2021 Jun 1;78(6):657-665. doi: 10.1001/jamaneurol.2021.0399. PMID: 33779684; PMCID: PMC8008426.

B. Positions, Scientific Appointments, and Honors

Positions and Scientific Appointments

2016-Present Associate Professor In-Residence, Department of Neurology, Memory and Aging Center, Universityof California, San Francisco
2010-2016 Adjunct Assistant Professor, Department of Neurology, Memory and Aging Center, University ofCalifornia, San Francisco
1999-2001 Research Analyst, Neuroscience Research Laboratory of Edith Sullivan, Ph.D. and AdolfPfefferbaum, M.D, Stanford University

Honors

2022 NINDS ADRD Summit Chair of the Multiple Etiologies Dementia Subcommittee Session2020 Prince Mahidol Award Youth Program Mentor
2020 John Douglas French Endowed Professorship
2019 NINDS ADRD Summit Co-Chair of the Multiple Etiologies Dementia Session2013 UCSF Digital Health Award
2011 The John S. Spice Award in Aging Research
2008 Robert E. Harris Memorial Award – awarded to the outstanding fellow in clinical psychology,University of California, San Francisco

C. Contribution to Science

2. Pioneering sensitive and anatomically-specific methods for measuring

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cognition in neurodegenerative disease research. I have 15+ years of experience in cognitive assessment and test development, and my early work probed brain-behavior relationships with a cognitive neuroscience approach. During my fellowship at UCSF, I designed a battery of executive function tests "the NIH EXAMINER" with Joel Kramer, funded by a contract withNINDS. This best tests from this battery are now in TabCAT. Based on a model of spatial cognition that I proposed (Possin, 2010), I designed a series of visuospatial tests that detect important cognitive distinctions in neurodegenerative disease, and demonstrated robust, translational methods for measuring visuospatial functionsfrom mice to people.

a. **Possin KL**, LaMarre AK, Wood KA, Mungas DM, Kramer JH. Ecological validity and neuroanatomical correlates of the NIH EXAMINER executive composite score. J Int Neuropsychol Soc. 2014 Jan;20(1):20-8. doi: 10.1017/S1355617713000611. Epub 2013 Jun 14. PMID: 23764015; PMCID: PMC4059410.
b. Bott NT, Johnson ET, Schuff N, Galifianakis N, Subas T, Pollock J, Pressman P, Kramer JH, **Possin KL**.Sensitive measures of executive dysfunction in non-demented Parkinson's disease. Parkinsonism Relat Disord. 2014 Dec;20(12):1430-3. doi: 10.1016/j.parkreldis.2014.10.007. Epub 2014 Oct 15. PMID: 25454318; PMCID: PMC4314390.
c. **Possin KL**, Sanchez PE, Anderson-Bergman C, Fernandez R, Kerchner GA, Johnson ET, Davis A, Lo I,Bott NT, Kiely T, Fenesy MC, Miller BL, Kramer JH, Finkbeiner S. Cross-species translation of the Morrismaze for Alzheimer's disease. J Clin Invest. 2016 Feb;126(2):779-83. doi: 10.1172/JCI78464. Epub 2016Jan 19. PMID: 26784542; PMCID: PMC4731157.
d. **Possin KL**, Kim H, Geschwind MD, Moskowitz T, Johnson ET, Sha SJ, Apple A, Xu D, Miller BL, Finkbeiner S, Hess CP, Kramer JH. Egocentric and allocentric visuospatial working memory in premotor Huntington's disease: A double dissociation with caudate and hippocampal volumes. Neuropsychologia. 2017 Jul 1;101:57-64. doi: 10.1016/j.neuropsychologia.2017.04.022. Epub 2017 Apr 17. PMID: 28427989;PMCID: PMC5765862.

3. ***Translating advances in cognitive assessment to efficient and user-friendly tablet-based paradigms foruse in diverse clinical and research settings.*** Starting in 2014, I have led a team of neuropsychologists and

technical specialists to develop a tablet-based cognitive testing software platform 'TabCAT,' which I use for developing and validating cognitive tests that are useful in everyday clinical and research settings. We have demonstrated that the UCSF Brain Health Assessment on TabCAT is highly sensitive to cognitive impairment inEnglish- and Spanish--speakers, reliably measures cognitive change, is sensitive to AD biomarkers including amyloid and tau, and can be self-administered even by older adults without prior experience with smartphones, tablets, or other computers. I mentor new investigators on their funded projects to validate and implement the Brain Health Assessment in many countries including Botswana, Brazil, Peru, Cuba, Colombia, and Thailand.
With a UH3 award from NINDS, I am studying how the Brain Health Assessment improves detection and care in primary care clinics, and I am the mentor of a Diversity Supplement to extend this to the preoperative setting. I leadan international interest

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group "Cognitive Assessment in Diverse Populations." As the director of the NINDS DetectCID Consortium (Detecting Cognitive Impairment, including Dementia), I collaborate and direct national workto address gaps in dementia detection, diagnosis, and post-diagnostic care.

a. Tsoy E, Erlhoff SJ, Goode CA, Dorsman KA, Kanjanapong S, Lindbergh CA, La Joie R, Strom A, Rabinovici GD, Lanata SC, Miller BL, Tomaszewski Farias SE, Kramer JH, Rankin KP, **Possin KL**. BHA-CS: A novel cognitive composite for Alzheimer's disease and related disorders. Alzheimers Dement (Amst). 2020 Jun 21;12(1):e12042. doi: 10.1002/dad2.12042. PMID: 32582835; PMCID: PMC7306517.
b. Tsoy E, **Possin KL**, Thompson N, Patel K, Garrigues SK, Maravilla I, Erlhoff SJ, Ritchie CS. Self- Administered Cognitive Testing by Older Adults At-Risk for Cognitive Decline. J Prev Alzheimers Dis. 2020;7(4):283-287. doi: 10.14283/jpad.2020.25. PMID: 32920631; PMCID: PMC7837058.
c. Rodríguez-Salgado AM, Llibre-Guerra JJ, Tsoy E, Ibis Peñalver-Guia A, Bringas G, Erlhoff SJ, Kramer JH,Allen IE, Valcour V, Miller BL, Llibre-Rodríguez JJ, **Possin KL** (2021). A brief digital cognitive assessmentfor detection of cognitive impairment in Cuban older adults. *Journal of Alzheimer's Disease,* 79(1), 85-94. PMID: 33216033.
d. Tsoy E, Strom A, Iaccarino L, Erlhoff SJ, Goode CA, Rodriguez A, Rabinovici GD, Miller BL, Kramer JH,Rankin KP, La Joie R, **Possin KL** (2021). Detecting Alzheimer's disease biomarkers with a brief tablet- based cognitive battery: sensitivity to Aβ and tau PET. *Alzheimer's Research and Therapy,* 13(1), 36. PMCID: PMC7871372.

4. ***Developing a new model of dementia care.*** I direct a team to develop, test, and implement a new model of telephone and web-based care that is continuous, personalized, and proactive while at the same time cost efficient (the "Care Ecosystem"). Care is focused on supporting and educating caregivers, addressing medicationissues, preparing families for medical, legal and financial issues, and managing challenging behaviors. We demonstrated that it improves patient quality of life, reduces caregiver burden and depression, reduces emergency department use, reduces potentially inappropriate medication use, and we hope will delay the time to long term care placement. We have adapted and are now studying our care model with patients and caregivers who are monolingual Spanish or Cantonese-speaking, rural-dwelling, and with low socioeconomic status.

a. **Possin KL**, Merrilees JJ, Dulaney S, Bonasera SJ, Chiong W, Lee K, Hooper SM, Allen IE, Braley T, Bernstein A, Rosa TD, Harrison K, Begert-Hellings H, Kornak J, Kahn JG, Naasan G, Lanata S, Clark AM,Chodos A, Gearhart R, Ritchie C, Miller BL. Effect of Collaborative Dementia Care via Telephone and Internet on Quality of Life, Caregiver Well-being, and Health Care Use: The Care Ecosystem RandomizedClinical Trial. JAMA Intern Med. 2019 Dec 1;179(12):1658-1667. doi: 10.1001/jamainternmed.2019.4101. PMID: 31566651; PMCID: PMC6777227.
b. **Possin KL**, Merrilees J, Bonasera SJ, Bernstein A, Chiong W, Lee K, Wilson L, Hooper SM, Dulaney S, Braley T, Laohavanich S, Feuer JE, Clark AM,

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Schaffer MW, Schenk AK, Heunis J, Ong P, Cook KM, Bowhay AD, Gearhart R, Chodos A, Naasan G, Bindman AB, Dohan D, Ritchie C, Miller BL. Developmentof an adaptive, personalized, and scalable dementia care program: Early findings from the Care Ecosystem. PLoS Med. 2017 Mar 21;14(3):e1002260. doi: 10.1371/journal.pmed.1002260. PMID: 28323819; PMCID: PMC5360211.

c. Rosa TD, **Possin KL**, Bernstein A, Merrilees J, Dulaney S, Matuoka J, Lee KP, Chiong W, Bonasera SJ,Harrison KL, Kahn JG. Variations in Costs of a Collaborative Care Model for Dementia. J Am Geriatr Soc.2019 Dec;67(12):2628-2633. doi: 10.1111/jgs.16076. Epub 2019 Jul 18. PMID: 31317539; PMCID: PMC6898731.
d. Bernstein A, Harrison KL, Dulaney S, Merrilees J, Bowhay A, Heunis J, Choi J, Feuer JE, Clark AM, Chiong W, Lee K, Braley TL, Bonasera SJ, Ritchie CS, Dohan D, Miller BL, **Possin KL**. The Role of Care

Navigators Working with People with Dementia and Their Caregivers. J Alzheimers Dis. 2019;71(1):45-55.doi:10.3233/JAD-180957. PMID: 31322558; PMCID: PMC7004209.

5. ***Elucidating the current landscape of dementia diagnosis and care.*** I have identified important drivers of healthcare costs and gaps in care using large datasets including Medicare claims, and focused on questions important to policy makers. Findings include that caregiver depression is associated with increased medical care costs in dementia; Lewy body dementia is the most expensive subtype to Medicare; and Down syndrome dementia is associated with frequent and often treatable comorbidities.

    a. Guterman EL, Allen IE, Josephson SA, Merrilees JJ, Dulaney S, Chiong W, Lee K, Bonasera SJ, MillerBL, **Possin KL**. Association Between Caregiver Depression and Emergency Department Use Among Patients With Dementia. JAMA Neurol. 2019 Oct 1;76(10):1166-1173. doi: 10.1001/jamaneurol.2019.1820. PMID: 31282955; PMCID: PMC6618767.
    b. Chen Y, Wilson L, Kornak J, Dudley RA, Merrilees J, Bonasera SJ, Byrne CM, Lee K, Chiong W, Miller BL, **Possin KL**. The costs of dementia subtypes to California Medicare fee-for-service, 2015. AlzheimersDement. 2019 Jul;15(7):899-906. doi: 10.1016/j.jalz.2019.03.015. Epub 2019 Jun 4. PMID: 31175026; PMCID: PMC7183386.
    c. Bayen E, **Possin KL**, Chen Y, Cleret de Langavant L, Yaffe K. Prevalence of Aging, Dementia, and Multimorbidity in Older Adults With Down Syndrome. JAMA Neurol. 2018 Nov 1;75(11):1399-1406. doi: 10.1001/jamaneurol.2018.2210. PMID: 30032260; PMCID: PMC6248113.
    d. Tsoy E, Kiekhofer RE, Guterman EL, Tee BL, Windon CC, Dorsman KA, Lanata SC, Rabinovici GD, MillerBL, Kind AJH, **Possin KL**. Assessment of Racial/Ethnic Disparities in Timeliness and Comprehensivenessof Dementia Diagnosis in California. JAMA Neurol. 2021 Jun 1;78(6):657-665. doi: 10.1001/jamaneurol.2021.0399. PMID: 33779684; PMCID: PMC8008426.

Complete List of Published Work in MyBibliography:
https://www.ncbi.nlm.nih.gov/myncbi/katherine.possin.2/bibliography/public/

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Exhibit A6 – Current & Pending Support

CURRENT & PENDING SUPPORT

University will provide current & pending support information for Key Personnel identified in Exhibit A2 at time of proposal and upon request from State agency. The "Proposed Project" is this application that is submitted to the State. Add pages as needed.

PI: Anna Chodos

Status (currently active or pending approval)	Award # (if available)	Source (name of the sponsor)	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	U1QHP28727	DHHS/HRSA	Geriatrics Workforce Enhancement Program (GWEP)	07/01/2019	06/30/2024
CURRENT	UG3NS105557	NIH/NINDS	The UCSF Brain Health Assessment for the Detection of Cognitive Impairment Among Diverse Populations in Primary Care	09/25/2017	08/31/2022
CURRENT	19-10614	California Department of Public Health	Understanding how comorbid conditions impact primary care management of dementia	04/01/2020	06/30/2022

Josette Rivera

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	U1QHP28727	DHHS/HRSA	Geriatrics Workforce Enhancement Program (GWEP)	07/01/2019	06/30/2024
CURRENT	N/A	Medical College of Wisconsin	National Transformation Network	03/01/2017	06/30/2022

Serggio Lanata

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	UG3NS105557	NIH/NINDS	The UCSF Brain Health Assessment for the Detection of Cognitive Impairment Among Diverse Populations in Primary Care	09/25/2017	08/31/2022
CURRENT	P30AG062422	NIH/NIA	New Approaches to Dementia Heterogeneity	05/01/2019	03/31/2024
CURRENT	RF1AG032289	NIH/NIA	Biological predictors of brain aging trajectories	09/15/2020	08/31/2024
CURRENT	R01AG070883	NIH/NIA	The Neighborhoods Study: Contextual Disadvantage and Alzheimer's Disease and Related Dementias (ADRD)	03/01/2021	02/28/2022
CURRENT	R56AG069130	NIH/NIA	Asian American Cohort on Alzheimer's Disease (ACAD)	09/30/2020	05/31/2022
CURRENT	UF1NS100608	NIH/NINDS	Novel Imaging and Biofluid Biomarkers of Small Vessel Cerebrovascular Disease	09/29/2021	07/31/2023
PENDING	N/A				

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Howard Rosen

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	U19AG063911	NIH/Mayo Foundation/Mayo Clinic	ARTFL LEFFTDS Longitudinal Study of Frontotemporal Lobar Degeneration (ALLFTD)	09/15/2019	06/30/2024
CURRENT	P30AG062422	NIH/NIA	New Approaches to Dementia Heterogeneity (Alzheimer's Disease Research Centers)	05/01/2019	03/31/2024
CURRENT	R01AG056749	NIH/NIA	PREDICT-ADFTD: Multimodal Imaging Prediction of AD/FTD and Differential Diagnosis	09/01/2017	08/31/2022
CURRENT	K24AG045333	NIH/NIA	Multimodal imaging in frontotemporal degeneration	09/01/2013	01/31/2024
CURRENT	P01AG019724	NIH/NIA	FTD: Genes, Images and Emotions	09/01/2002	05/31/2022
CURRENT	09-11410	CA DHS/ADP/CADC	Multidisciplinary Research Program to Improve the Differential Diagnosis of Dementia	07/01/2018	06/30/2023
CURRENT	R35AG071916	NIH/NIA	Population Based Research for Alzheimer's Innovation (POP BRAIN)	07/01/2021	06/30/2026
CURRENT	R01AG062562	NIH/NIA	Tracking longitudinal change in presymptomatic genetic prion disease (TLC-Pre-gPrD)	08/01/2019	05/31/2024
CURRENT	18-10921	California Department of Public Health	ACCT-AD Implementation for Dementia Diagnosis in Primary Care Practice	06/28/2019	06/30/2024
CURRENT	R01AG058233	NIH/NIA	Defining Trajectories of Dynamic Biomarkers and Disease Trajectories in C9orf72 Repeat Expansion Carriers	08/15/2018	04/30/2023
CURRENT	18-10202	California Department of Public Health	Alzheimer's Disease Program	07/01/2018	06/30/2023
PENDING	PENDING	J. David Gladstone Institutes	The Lewy Body Dementias: A Longitudinal Clinical & Biomarker Investigation	07/01/2022	06/30/2027
PENDING	PENDING	American Brain Foundation	Improving Diagnosis of Lewy Body Dementia with AI and Biochemical and Genetic and Cell-based Biomarkers	01/01/2022	12/31/2026
PENDING	PENDING	NIH/NIA	Biomarker Evaluation in Young Onset Dementia from Diverse Populations (BEYONDD)	07/01/2022	06/30/2027

Katherine Possin

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	R01AG056715	NIH/NIA	The Care Ecosystem: Navigating patients and caregivers through stages of dementia care	09/30/2017	05/31/2022
CURRENT	UG3NS105557	NIH/NINDS	The UCSF Brain Health Assessment for the Detection of Cognitive Impairment Among Diverse Populations in Primary Care	07/25/2017	08/31/2022
CURRENT	R01NS099564	NIH/NINDS	Improved Monitoring of Premanifest and Early Huntingtons Using 7T Multimodal MRI	07/01/2017	06/30/2022
CURRENT	P01AG019724	NIH/NIA	Frontotemporal Dementia: Genes, Images, and Emotions	09/02/2002	05/31/2022

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CURRENT	P30AG062422	NIH/NIA	New Approaches to Dementia Heterogeneity (Alzheimer's Disease Research Centers)	05/01/2019	03/31/2024
CURRENT	R01AG062639	NIH/NIA	Predicting Risk for Adverse Outcomes in Dementia Caregivers	09/15/2019	06/30/2024
CURRENT	N/A	Rainwater Charitable Foundation	Multi-partner Consortium for Dementia Research in Latin America	10/01/2019	09/30/2022
CURRENT	R01AG057234	NIH/NIA	US-South American Initiative for Genetic-Neural-Behavioral Interactions in Human Neurodegenerative	04/01/2020	03/31/2024
CURRENT	R35AG072362	NIH/NIA	Reimagining Precision Medicine Approaches to AD Diagnosis	04/01/2021	03/31/2026
PENDING	P054817	NIH/ Center for Scientific Review	Unraveling the earliest stage of vascular cognitive impairment and dementia (VCID) using CADASIL - a monogenic small vessel cerebrovascular disease	07/01/2021	06/30/2026
PENDING	P0550761	NIH/ Center for Scientific Review	The Care Ecosystem Response to COVID-19: Accelerating Research on Dementia Care that Meets the Needs of Caregivers and Persons with Dementia during COVID-19	04/01/2021	03/31/2024
PENDING	P0555604	NIH/NIA	Assessing the Long-term Impact of COVID-induced Telemedicine Expansion on Dementia Care	04/01/2022	03/31/2027
PENDING	P0557334	NIH/NIA	Innovative Detection of Alzheimer's Disease in Rural Uganda	05/01/2022	04/30/2023
PENDING	P0558508	NIH/ Center for Scientific Review	A Pragmatic Trial of the UCSF Brain Health Assessment for the Detection of Cognitive Impairment in Primary Care	07/01/2022	06/30/2027
PENDING	P0558131	NIH/NIA	Biomarker Evaluation in Young Onset Dementia from Diverse Populations (BEYONDD)	07/01/2022	06/30/2027

Loren Alving

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	18-10921	California Department of Public Health	ACCT-AD Implementation for Dementia Diagnosis in Primary Care Practice	06/28/2019	06/30/2024
CURRENT	18-10199	California Department of Public Health	CA Alzheimer's Disease Centers	07/01/2018	06/30/2023
PENDING	N/A				

Sarah Hooper

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	11685sc	DHHS/HRSA	Expanding the Optimizing Aging Collaborative: A National Model for Developing Age-Friendly Health Systems for Underserved Older Adults	07/01/2020	06/30/2024
CURRENT	U1QHP28727	DHHS/HRSA	An eHealth platform to facilitate financial understanding and legal preparation for patients with dementia and their caregivers	09/01/2021	05/31/2024
PENDING	N/A				

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Yvonne Troya

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	11685sc	DHHS/HRSA	Expanding the Optimizing Aging Collaborative: A National Model for Developing Age-Friendly Health Systems for Underserved Older Adults	07/01/2020	06/30/2024
PENDING	N/A				

Sara Huffman

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	100020360	City and County of San Francisco / Department of Disability and Aging Services (DAAS)	Legal Services for Older Adults	01/01/2021	06/30/2024
PENDING	N/A				

Elizabeth Edgerly

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	N/A				
PENDING	N/A				

Meg Barron

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	N/A				
PENDING	N/A				

Morgan Daven

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	N/A	The John A. Hartford Foundation	UCLA Alzheimer's and Dementia Care Program: Creating a Sustainable Model for National Dissemination Phase II	01/01/2022	12/31/2024
PENDING	N/A				

PI: David B. Reuben

Status (currently active or pending approval)	Award # (if available)	Source (name of the sponsor)	Project Title	Start Date	End Date

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Proposed Project		California Department of Health Care Services	Dementia Aware	03/01/22	03/31/24
CURRENT	R01 AG061078	National Institute on Aging	Pragmatic Trial of the Effectiveness and Cost-Effectiveness of Dementia Care	09/01/18	05/31/24
CURRENT	PCS-2017C1-6534	Patient-Centered Outcomes Research Institute (PCORI)	Comparative Effectiveness of Health System-based versus Community-based Dementia Care	04/01/18	09/30/25
CURRENT	20191672	The Eisner Foundation, Inc.	Eisner Foundation Intergenerational Programs at UCLA	10/29/18	10/29/22
CURRENT	U54AG063546	Brown University / NIH	NIA AD/ADRD Health Care Systems Research Collaboratory	09/01/19	06/30/24
CURRENT	R01AG068633	National Institute on Aging	The Impact of Physician and Health System Factors on the Quality of Care for Persons with Alzheimer's Disease and Related Dementias at the End of Life	09/01/20	05/31/25
CURRENT	R33AG057806	U Mass / NIH	Advancing Geriatrics Infrastructure & Network Growth (AGING) Initiative	09/01/20	08/31/23
CURRENT	R33AG069794	U Mass / NIH	Developing a Program to Educate and Sensitize Caregivers to Reduce the Inappropriate Prescription Burden with Alzheimer's Disease Study (D-PRESCRIBE-AD) -Implementation Phase	09/01/21	08/31/25
CURRENT	19-01-05	The Archstone Foundation	Improving Caregiving for Dementia II	10/01/18	10/01/22
CURRENT	2021-0160	The John A. Hartford Foundation	UCLA Alzheimers and Dementia Care Program: Creating a Sustainable Health Systems Model for National Dissemination	01/01/22	12/31/24
PENDING	U18HS028740	UCSD / AHRQ	A Practice-based Intervention to Improve Care for a Diverse Population of Women with Urinary Incontinence	04/01/22	03/31/27
PENDING	23690	UCSD / PCORI	Comparative Efficacy of Advanced Practice Provider Co-Management vs. Electronic Decision Support in Non-surgical Options for Women with Urinary Incontinence	08/01/22	07/31/27
PENDING	N/A	Arthur N. Rupe Foundation	Training Dementia Care Assistants to Support Successful Dementia Care Programs	04/01/22	03/31/23
PENDING	R33AG057806	U Mass / NIH	Advancing Geriatrics Infrastructure & Network Growth (AGING) Initiative	09/01/23	08/31/28

Susan Charette

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project		California Department of Health Care Services	Dementia Aware	03/01/22	03/31/24
CURRENT	N/A				
PENDING	N/A				

Leslie C. Evertson

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project		California Department of Health Care Services	Dementia Aware	03/01/22	03/31/24
CURRENT	R01 AG061078	National Institute on Aging	Pragmatic Trial of the Effectiveness and Cost-Effectiveness of Dementia Care	09/01/18	05/31/24
CURRENT	PCS-2017C1-6534	Patient-Centered Outcomes Research Institute (PCORI)	Comparative Effectiveness of Health System-based versus Community-based Dementia Care	04/01/18	09/30/25

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CURRENT	20191672	The Eisner Foundation, Inc.	Eisner Foundation Intergenerational Programs at UCLA	10/29/18	10/29/22
CURRENT	2021-0160	The John A. Hartford Foundation	UCLA Alzheimers and Dementia Care Program: Creating a Sustainable Health Systems Model for National Dissemination	01/01/22	12/31/24
PENDING	N/A				

Dan Osterweil

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project		California Department of Health Care Services	Dementia Aware	03/01/22	03/31/24
CURRENT	N/A				
PENDING	N/A				

Michelle Panlilio

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project		California Department of Health Care Services	Dementia Aware	03/01/22	03/31/24
CURRENT	N/A				
PENDING	N/A	Arthur N. Rupe Foundation	Training Dementia Care Assistants to Support Successful Dementia Care Programs	04/01/22	03/31/23

Lisa Gibbs

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	U1QHP28724	DHHS/HRSA	Geriatric Workforce Enhancement Program (GWEP)	07/01/2019	06/30/2024
CURRENT	U1QHP28724	DHHS/HRSA	GWEP COVID SNF Supplement	07/01/2021	06/30/2023
CURRENT	90EJIG0028	DHHS Administration For Community Living	ENDEAR Program	09/01/2021	08/31/2023
CURRENT	PLC-1609-36291	PCORI	Population Based Comparison of Evidence-Based, Patient-Centered Advance Care Planning Interventions	12/01/2017	11/30/2022
CURRENT	SMR0321	OC-Social Services Agency	Elder Abuse Forensic Center	07/01/2021	06/30/2022
CURRENT	AG069074	NIH/NIA	A Home-Base, Culturally and Language Specific Intervention for Dementia Family Caregivers	09/17/2020	05/31/2025
CURRENT	2133391	National Science Foundation	CaReDeX: Enabling Disaster Resilient in Aging Communities via a Secure Data Exchange	10/01/2021	09/30/2022
CURRENT	SCON-00002175	Archstone Foundation	Elder Abuse Curriculum	04/01/2021	03/31/2023
PENDING	N/A				

Steven Tam

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	3502	UniHealth Foundation	Social Work Intervention for Transforming Dementia Care: SWIFT-DC	07/01/2019	06/30/2022
CURRENT	SMR0321	OC-Social Services Agency	Elder Abuse Forensic Center	07/01/2021	06/30/2022

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CURRENT	CTAA4029	Eli Lilly and Company	Anti-Amyloid Treatment in Asymptomatic Alzheimer's Disease	12/11/2015	12/31/2022
PENDING	N/A				

Katherine De Azambuja

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	U1QHP28724	DHHS/HRSA	Geriatric Workforce Enhancement Program (GWEP)	07/01/2019	06/30/2024
PENDING	N/A				

Roopali Gupta

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	U1QHP28717	DHHS/HRSA	Geriatrics Workforce Enhancement Program (GWEP)	07/01/2019	06/30/2024
CURRENT	N/A	Archstone Foundation	Elder Abuse Curriculum for Residents	04/01/2021	03/31/2023
PENDING	N/A				

Lindsey Yourman

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	U1QHP28717	DHHS/HRSA	Geriatrics Workforce Enhancement Program (GWEP)	07/01/2019	06/30/2024
PENDING	N/A				

Ian Neel

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	U1QHP28717	DHHS/HRSA	Geriatrics Workforce Enhancement Program (GWEP)	07/01/2019	06/30/2024
PENDING	N/A				

Steve Huege

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	U1QHP28717	DHHS/HRSA	Geriatrics Workforce Enhancement Program (GWEP)	07/01/2019	06/30/2024
CURRENT	NCT03710642	Alzheimer's Disease Cooperative Study	Prazosin for Disruptive Agitation in Alzheimer's Disease (PEACE-AD)	07/30/2019	12/31/2022
PENDING	N/A				

Elizabeth Bevins

Status	Award #	Source	Project Title	Start Date	End Date

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Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	P30AG062429	NIA	Alzheimer's Disease Research Center	05/01/2019	03/31/2024
CURRENT	NCT03919162	Vivoryon Therapeutics NV / NIA / ADCS	A Trial to Evaluate the Efficacy and Safety of PQ912 in Patients with Early AD	11/15/2021	05/31/2023
CURRENT	NCT04149197	LuMind Down Syndrome Foundation	Study of Alzheimer's Disease in Down Syndrome (Life-DSR)	06/01/2019	12/31/2023
PENDING	N/A				

Zvinka Zlatar

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	K23AG049906 05	NIH/NIA	A Novel Mobile Health Exercise Intervention in Aging: Brain Perfusion and Cognition	05/01/2016	04/30/2022
CURRENT	R01 AG066657-01A1	NIH/NIA	Subjective Cognitive Decline and Objective Cognitive Trajectories in Older Hispanics/Latinos	01/01/2021	12/31/2026
CURRENT	N/A	UC San Diego Sanford Institute For Empathy and Compassion	Healthy Actions and Lifestyles to Avoid Dementia or Hispanos y el ALTo a la Demencia program (HALT-AD)	05/01/2021	04/30/2023
PENDING	N/A				

Freddi Segal-Gidan

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	CDPH 94-20356-02	CA Dept. of Public Health	US – Rancho California Alzheimers Disease Center (CADC)	07/01/2019	06/30/2024
CURRENT	CDPH 18-10921	CA Dept. of Public Health	ACCT-AD Implementation for Dementia Diagnosis in Primary Care Practice (AIDDPCP)	07/01/2019	06/30/2024
CURRENT	P30AG066530	NIH/NIA	USC Alzheimers Disease Research Center (USC ADRC)	04/01/2020	03/31/2025
CURRENT	R01AG060096	NIH/NIA	Uncovering the Causes, Contexts, and Consequences of Elder Mistreatment in People with Dementia	08/15/2018	03/31/2023
CURRENT	U1QHP28740	DHHS/HRSA	USC Geriatric Workforce Enhancement Program (USC-GWEP)	07/01/2019	06/30/2023
PENDING	N/A				

Katherine Ward

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	N/A				
PENDING	N/A				

Heather Schickedanz

Status	Award #	Source	Project Title	Start Date	End Date

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Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	N/A				
PENDING	N/A				

Ellen Wong

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	R56AG069130	NIH/NIA	Asian Cohort for Alzheimer Disease	09/30/2020	05/31/2022
PENDING	N/A				

Sayaka Weis Tokumitsu

Status	Award #	Source	Project Title	Start Date	End Date
Proposed Project	PENDING	California Department of Health Care Services	Dementia Aware	03/01/2022	03/31/2024
CURRENT	N/A				
PENDING	N/A				

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Exhibit A7

Third Party Confidential Information

Confidential Nondisclosure Agreement

(Identified in Exhibit A, Scope of Work – will be incorporated, if applicable)

If the Scope of Work requires the provision of third party confidential information to either the State or the Universities, then any requirement of the third party in the use and disposition of the confidential information will be listed below.
The third party may require a separate Confidential Nondisclosure Agreement (CNDA) as a requirement to use theconfidential information. Any CNDA will be identified in this Exhibit A7.

N/A

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Exhibit B - Budget

Budget for Project Period

Principal Investigator (Last, First): Chodos, Anna **Exhibit B**

COMPOSITE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

03/15/2022 to 3/31/2024

	From:	3/15/2022	7/1/2022	7/1/2023	
	To:	6/30/2022	6/30/2023	3/31/2024	
BUDGET CATEGORY		**Year 1**	**Year 2**	**Year 3**	**TOTAL**
PERSONNEL: *Salary and fringe benefits.*		$267,098	$3,013,211	$2,375,456	**$5,655,765**
TRAVEL		$0	$150,000	$150,000	**$300,000**
MATERIALS & SUPPLIES		$50,000	$0	$0	**$50,000**
EQUIPMENT		$0	$0	$0	**$0**
CONSULTANTS					
Instructional Design & Marketing Campaign		$350,000	$450,000	$290,000	**$1,090,000**
Website Development		$10,000	$5,000	$5,000	**$20,000**
Translations		$40,000	$70,000	$10,000	**$120,000**
SUBRECIPIENT					
UC Hastings College of the Law		$65,852	$547,245	$371,262	**$984,359**
Alzheimer's Association		$260,733	$1,099,142	$924,245	**$2,284,120**
The Regents of the University of California, Los Angeles		$119,763	$1,567,428	$784,641	**$2,471,832**
UC Regents of the University of CA, Irvine		$353,606	$1,250,308	$955,073	**$2,558,987**
The Regents of the University of California, San Diego		$192,721	$865,037	$614,353	**$1,672,111**
Los Angeles County Department of Health Services		$35,369	$669,700	$450,307	**$1,155,376**
OTHER DIRECT COSTS (ODC)	***Subject to IDC Calc***				
UCSF Recharges (ITFS, Network Recharge, GAEL	*Y*	$7,441	$40,206	$30,600	**$78,247**
CME	*Y*	$0	$360,000	$540,000	**$900,000**
Participant Remuneration	*Y*	$0	$320,000	$480,000	**$800,000**
Traditional media/flyers/etc	*Y*	$10,000	$50,000	$40,000	**$100,000**
Warm Line	*Y*	$0	$40,000	$5,000	**$45,000**
TOTAL DIRECT COSTS		**$1,762,583**	**$10,497,277**	**$8,025,937**	**$20,285,797**
Indirect (F&A) Costs	**F&A Base**				
Rate	*MTDC **	*$809,539*	*$4,498,417*	*$3,926,056*	*$9,234,012*
30%		**$242,861**	**$1,349,525**	**$1,177,817**	**$2,770,203**
TOTAL COSTS PER YEAR		**$2,005,444**	**$11,846,802**	**$9,203,754**	
TOTAL COSTS FOR PROPOSED PROJECT PERIOD					**$23,056,000**

* MTDC = Modified Total Direct Cost

JUSTIFICATION. *See Exhibit B1 - Follow the budget justification instructions.*

Funds Reversion Dates: Unless otherwise specified as following, fund reversion dates are three years from fiscal year end of year funded

Annual Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.

% **10.00%**

Or

Amount *$10,000*

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Principal Investigator (Last, First): Chodos, Anna

Exhibit BPage 2

Anticipated Program Income
(applicable only when the funded portion of the project generates income)
03/01/2022 **to** **03/31/2024**

From: / To:	03/01/2022 06/30/2022	07/01/2022 06/30/2023	07/01/2023 03/31/2024	
	Year 1	Year 2	Year 3	TOTAL
ANTICIPATED PROGRAM INCOME	$0	$0	$0	$0

Anticipated Program Income is an estimate of gross income earned by the University that is directly generated by a supported activityand earned only as a result of the State funded project, and this fact is known by the University at time of proposal. Anticipated Program Income is an estimate of potential income and not a guarantee of income to support the project.

Page 2 of Exhibit B will only be incorporated in the Agreement when Program

Income is anticipated and proposed.Program Income is subject to Section 14.D of

Exhibit C of this Agreement.

If known, provide source(s) of Program Income:

Source	Estimated Amount

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Exhibit B1

Budget Justification
(The Regents of the University of California, San Francisco)

Personnel

Name. Starting with the Principal Investigator list the names of all known personnel who will be involved on the project for each year of the proposed project period. Include all collaborating investigators, individuals in training, technical and support staff or include as "to be determined" (TBD).

Role on Project. For all personnel by name, position, function, and a percentage level of effort (as appropriate), including "to-be-determined" positions.

Key Personnel (UCSF)

Anna Chodos, MD, MPH (Director), 50% FTE (all years) – Dr. Chodos is an Associate Professor in Geriatrics and Internal Medicine. She will direct the Dementia Aware program and be involved in all aspects of its operations and implementation. She is the Director of Whole Person Geriatrics for the SFHN, leading an initiative to create an outpatient Age-Friendly Health System. She directs two geriatrics clinics in the San Francisco Health Network (SFHN): the Geriatrics-Neurology Cognitive Clinic, an interdisciplinary dementia clinic for the assessment of adults with cognitive symptoms and the Outpatient Geriatrics Clinic, a geriatrics consult clinic serving SFHN's 14 primary care clinics. She also provides geriatrics care in a co-management clinic in one of the adult primary care clinics, where she has implemented workflows to improve geriatrics care. She is a Physician Fellow this year in the Kaizen Promotion Office at Zuckerberg San Francisco General where she is strengthening her skills in leadership and quality improvement in health care. She is also co-lead, with Dr. Rivera, on the Geriatrics Workforce Enhancement Program at UCSF and does several trainings a month for primary care and social service providers in San Francisco on geriatrics care and management.

Josette Rivera, MD (Co-Director and Education Lead), 40% FTE (all years) – Dr. Rivera is a Professor of Medicine and a clinician educator in the UCSF Division of Geriatrics. She will lead the Education Core and therefore the development and improvement of all trainings, educational materials, toolkit, and collaborative webinars. She is the current Director of the Geriatrics Workforce Enhancement Program (GWEP) at UCSF, a $3.5 million, competitive HRSA-funded program that trains primary care and social service providers in nine counites across Northern California, almost all serving low-income Californians, in how to care for older adults. A specific focus with an additional $500,000 in funding is on Alzheimer's Disease and Related Dementias. The UCSF GWEP includes partnerships with over a dozen primary care, public health departments, and community-based organizations. She is also an inducted member in the UCSF Academy of Medical Educators since 2015 and has been co-Principal Investigator on multiple education grants to develop innovative geriatrics curricula for learners and practitioners at all levels. This has included the HRSA-funded Northern California Geriatric Education Center (2012-2015), the UCSF D. W. Reynolds Foundation Next Steps grant (2013-2017), the UCSF School of Medicine Interprofessional Education Program (2013-present). She is a national leader at the American Geriatrics Society in interprofessional education, including as the Chair of the Special Interest Group (SIG) in Interprofessional Education and Practice.

Serggio Lanata, MD, MS (Co-Lead Education Core), 20% FTE (all years) – Dr. Lanata is an Associate Professor of Clinical Neurology at the Memory and Aging Center. He is the Roland Nyegaard, MD, Endowed Professor in Vulnerable Populations. He will co-lead the Education Core. He is also the director of the UCSF Memory and Aging Center Community Outreach Program, which does outreach and education with underserved and underrepresented communities on brain health and dementia topics and to improve their access to prevention. He is a faculty member of the Global Brain Health Institute. He is the Neurology Clinical Director lead for the Geriatrics-Neurology Cognitive Clinic at ZSFG.

Howard Rosen, MD (Lead, Dementia Aware ECHO at UCSF), 5% FTE (all years) – Dr. Rosen is a Behavioral Neurologist with 22 years of experience in dementia care. His research focuses on early and accurate diagnosis of dementia. He will joint eh Clinical Advisory Board and lead the UCSF Dementia Aware ECHO program, which will be a crucial resource for practices and providers in the Central Valley, Northern and Eastern areas of California. He is an experienced educator, having led the Outreach, Recruitment and Engagement Core for UCSF's Alzheimer's Disease Research Center and UCSF's Behavioral Neurology Training Program since 2004. He also created an innovative curriculum for the Global Brain Health Institute on prevention and treatment of dementia. He directs the California Alzheimer's Disease Center (CADC) at UCSF, and in 2018 he led the development of the Assessment of Cognitive Complaints Toolkit for Alzheimer's disease, which is the CADC toolkit designed to support diagnosis of dementia in primary care. In 2020, he partnered with

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the Alzheimer's Association to create Project ECHO for dementia, a case-based educational venue that brings primary care practitioners together with experts for biweekly teleconferences to support diagnosis and care for people with dementia.

Katherine Possin, PhD (Content Expert - Detection, Diagnosis, and Caregiver Support), 5% FTE (all years) – Dr. Possin is a neuropsychologist and researcher focused on improving the detection, diagnosis and care for people with neurodegenerative disease from diverse backgrounds and settings in a way that reduces disparities that current exist. She will be a key member of the Clinical Advisory Board and contribute to the development of the toolkit and caregiver resources. She is the project lead of TabCAT, a software platform for tablet-based cognitive testing. The Brain Health Assessment is a 10-minute assessment on TabCAT designed for the detection of cognitive impairment in everyday clinical settings that is available in 18 languages and administered in a way that it can be done by a variety of team members. She is also the principal investigator of the Care Ecosystem, a telephone-based supportive care program for persons with dementia and their caregivers. She currently holds the John Douglas French Alzheimer's Foundation Endowed Professorship at the UCSF Memory and Aging Center and the Global Brain Health Institute.

Loren Alving, MD (UCSF Fresno Lead), 10% FTE (all years) – Dr. Alving is a Behavioral Neurologist at UCSF Fresno and has co-lead the recruitment of FQHCs for participation in Dr. Rosed UCSF Project ECHO. For Dementia Aware, she will help recruit practices in the Fresno area and promote Dementia Aware in the area, as well as support practices in using Dementia Aware resources and toolkit.

Other Key Personnel (Sub-Sites) [please Subawardee Budget & Justification for full details]

UC Hastings College of the Law

Sarah Hooper, JD (Site Director, Lead for Medical-Legal Content Expertise)
Yvonne Troya (Co-Investigator)
Sara Huffman (Co-Investigator)

Alzheimer's Association

Elizabeth Edgerly, PhD (Site Director (Northern California))
Meg Barron (Site Director (Southern California))
Morgan Daven, MA (Health Systems Expert)

The Regents of the University of California, Los Angeles

David B. Reuben, MD (Site Director)
Susan Charette, MD (CME Course Co-Chair)
Leslie C. Evertson, MD (Co-I, Dementia Care Specialist)
Dan Osterweil, MD (CME Course Co-Chair)
Michelle Panlilio, MD (Dementia Care Specialist)

The Regents of the University of California, Irvine

Lisa Gibbs, MD (Site Director)
Steven Tam, MD (Co-Investigator)
Katherine de Azambuja, MD, (Co-Investigator)

The Regents of the University of California, San Diego

Roopali Gupta, MD (Site Director)
Lindsey Yourman, MD (Co-Investigator)
Ian Neel, MD (Co-Investigator)
Steve Huege, MD (Co-Investigator)
Elizabeth Bevins, MD, PhD (Co-Investigator)
Zvinka Zlatar, PhD (Co-Investigator)

Los Angeles County Department of Health Services

Freddi Segal-Gidan, PA, PhD (Site Principal Investigator)
Katherine Ward, MD (Lead, Internal Medicine and Geriatrics)
Heather Schickedanz, MD (Lead, Family Medicine and Geriatrics)

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Ellen Wong, MD (Lead, Implementation, HUCLA)
Sayaka Weis Tokumitsu, MD (Lead, Implementation, MLK Clinic)

Other Personnel (UCSF)

TBH faculty (San Francisco Dementia Aware Lead), 100% FTE (Years 2-3) – We are recruiting an additional provider for the following roles: 1) Recruitment of and practice-implementation support of San Francisco Medi-Cal providers, especially in the San Francisco Health Network and non-profit clinics, 2) development of San Francisco specific workflows for working with dementia social service agencies, 3) community engagement for patient-facing awareness activities of Dementia Aware, 4) be the Medical Director for the clinical Dementia Aware practice implementation support teams.

TBH faculty (Northern and Central California Lead), 100% FTE (Years 2-3) – We are recruiting an additional provider for the following roles: 1) Recruitment of and practice-implementation support of Northern and Central counties, working in partnership with Alzheimer's Association, UCLA, and UCSF ECHO to support practices, 2) development of county-specific workflows for working with dementia social service agencies, 3) add content to our toolkit and trainings on dementia management and substance use disorders.

Alissa Bernstein-Sideman, PhD, (Content Expert- Evaluation), 5% FTE (all years) – Ms. Bernstein-Sideman is a medical anthropologist and health policy researcher focused on understanding and improving the assessment, diagnosis, and care of people with Alzheimer's disease and related dementias, with a specific focus on primary care in safety net settings. She will lead our qualitative evaluation. She is the principal investigator and co-investigator on a number of California state and NIH-funded grants focused on improving the diagnosis and care of people with ADRD in primary care settings and has done substantial research that is relevant to this project and will be used immediately to inform CHA and toolkit development. She has expertise in qualitative research, including interviews and focus groups, and she has interviewed and surveyed primary care providers and primary care nurse practitioners at safety net sites across California about their practices, experiences, and attitudes regarding dementia diagnosis and care. She has engaged with primary care providers about topics related to the impact of caring for patients with dementia in regards to: homelessness, refugee status, immigration, drug addiction, structural inequalities, caring for patients who are historically underserved or underrepresented, racism, and language and cultural differences. She is running an evaluation of the Alzheimer's Disease Project Echo program at UCSF directed by Dr. Rosen and has gained insights about the types of skills and didactic areas most needed to engage primary care providers.

Wagahta Semere, MD, (Content Expert - Communication and Caregivers), 10% FTE (all years) – Dr. Semere is an Assistant Professor of Medicine at UCSF in the Division of General Internal Medicine and a primary care provider in the Richard H. Fine People's Clinic at Zuckerberg San Francisco General Hospital. She will lead the development of our trainings focused on caregiver support. She is a health services researcher focused on developing strategies, informatics-based tools, and computer science to better engage racially and ethnically diverse patients and their caregivers with their providers. Her current work focuses on examining communication between culturally and linguistically diverse patients, their caregivers, and providers. She is also Champion Provider Fellow at UCSF, a program that trains physicians to be advocates for underserved communities.

Shirley Wong, PharmD, (Content Expert - Geriatrics Pharmacy), 35% FTE (all years) – A clinical pharmacist in the UCSF School of Pharmacy, Ms. Wong has been part of the Geriatrics Workforce Enhancement Program since 2015 and has helped develop and deliver trainings to primary care providers on the cognitive impacts of medications and optimal medication management in dementia. She will lead the development of trainings and tools on the use of medications in people living with dementia. She is currently leading a QI effort in SFHN primary care to implement new workflows for providers to reduce inappropriate medication prescribing and support deprescribing for older adults.

TBH (Nurse Practitioner or Equivalent, Lead, SF Dementia Aware Practice Implementation Team), 100% FTE (Years 2-3) –A skilled nurse practitioner with experience managing dementia in primary care and practice improvement or management will be hired to oversee and lead our practice implementation support team for San Francisco Medi-Cal providers. They will work with the Medical Director and lead the Dementia Aware team. They will receive training, if needed, in the Dementia Care Specialist skills developed through ADC.

TBH (RN or Equivalent skill, SF Dementia Aware Practice Implementation Team), 200% FTE (Years 2-3) – Two full-time nurses will be hired to support and coach a total of 14-20 practices in San Francisco in the implementation of the Dementia Aware CHA and toolkit. They will receive training, if needed, in the Dementia Care Specialist skills developed through ADC.

TBH (Practice Coach, SF Dementia Aware Practice Implementation Team), 200% FTE (Years 2-3) – Two full-time practice coaches, college degree with primary care experience in management or quality improvement, will be hired to

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support and coach a total of 14-20 practices in San Francisco in the implementation of the Dementia Aware CHA and toolkit as part of the SF Dementia Aware Practice Implementation Team.

TBH (Social Service Specialist), 200% FTE (Years 2-3) – Two full-time Social Service Specialists will be hired to work with the Dementia Aware Implementation Team and focus on creating and embedding sustainable workflows from primary care to social services in San Francisco.

TBH (Program Director, Dementia Aware), 100% FTE (all years) – The Program Director will work very closely with the PI and manage all program-wide activities that support the statewide Dementia Aware program, including organizing and documenting program meetings, organizing the formation of the Clinical Advisory Board, organizing stakeholder meetings, creating and maintaining the website, providing CME, maintaining lists of CHA-trained participants for submission to DHCS, creating and disseminating media campaigns, managing incentive payments for participants to do trainings, producing reports for DHCS, and supervising the UCSF project management team of three additional project staff.

TBH (Program Analysts, Dementia Aware), 100% FTE (Year 1) and 200% FTE (Years 2-3) – The Dementia Program Analysts will be hired to provide administrative support to the program. They will report directly to the Program Director and assist in completing all program activities, including administrative tasks and all support functions. One Program Analyst will spend 50% also supporting the San Francisco Dementia Aware Practice Implementation Team.

TBH (Clinical Research Coordinators, Dementia Aware), 200% FTE (Years 2-3) – The Clinical Research Coordinators will be hired to support the Program Director in completing all program activities, including administrative tasks and all support functions. In addition they will have a role in the training evaluation, compilation of data for qualitative evaluation, and collection, organization and analysis of clinical outcomes data.

TBH (Statistician), 25% FTE (Years 2-3) – The TBH Statistician will be hired to organize data, maintain databases and analyze outcome data for monitoring of clinical outcomes of Dementia Aware.

Karen Yuan (Grants Administrator), 30% FTE (all years) – Ms. Yuan will be responsible for the fiscal oversight and control of the program. She will support the hiring and onboarding of project personnel, and support the Director in reports submission, budget management, provide purchasing oversight, as well as coordinate with the sponsor on budgetary deliverables.

Fringe Benefits: Consist of two benefit assessments. The UC-managed Composite Benefit Rates (CBR) and the UCSF-managed Faculty Childbearing Childrearing assessment.

UCSF uses UC-approved Composite Benefit Rates (CBRs) to charge fringe benefits on proposal budgets. Benefits supported include retirement, payroll taxes and assessments, and health & welfare. CBRs are an average of all eligible benefits applicable to a benefits group. Employees are assigned to a benefits group based on job code and benefits eligibility. The composite benefit rate equals the total cost of benefits for the group divided by the total salaries for that group. The CBRs were reviewed and added to the Federally negotiated rate agreement on June 29, 2020, by the University's Federal cognizant agency, HHS Office of the Inspector General, Office of Audit Services.

Note: This campus implements a Faculty Family-Friendly policy to provide faculty a childbearing and childrearing leave benefit, which are assessed separately and reflected in the rates below. *The assessment rate is 1% of requested salary only for faculty roles in addition to the CBR. The faculty CBCR is an allowable benefit as provided in 2 CFR § 200.431 and 2 CFR § 200.437 as this leave is provided under established published policies and are allocated equitably and consistently to both federal and non-federal activities. Please visit: https://brm.ucsf.edu/cbr/rates for updated rates.

Travel

Itemize all travel requests separately by trip and justify in Exhibit B1, in accordance with University travel guidelines. Provide the purpose, destination, travelers (name or position/role), and duration of each trip. Include detail on airfare, lodging and mileage expenses, if applicable. Should the application include a request for travel outside of the state of California, justify the need for those out-of-state trips separately and completely.

$150,000 per year is requested for Years 2 and 3 to cover travel costs for two program-wide conferences including the UCSF main site as well as the multiple subsites totaling about 60 people at each meeting, as well as national conferences for program development and dissemination of our work. Costs will include meeting venue/technology fees, airfare, ground transportation, lodging, meals, and other allowable incidental costs.

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Materials and Supplies

Itemize materials supplies in separate categories. ***Include a complete justification of the project's need for these items. Theft sensitiveequipment (under $5,000) must be justified and tracked separately in accordance with State Contracting Manual Section 7.29.***

We request $50,000 in Year 1 for program supplies including computing devices costs for to-be-hired personnel, as well aspromotional, marketing supplies and other project supplies.

Equipment

List each item of equipment (greater than or equal to $5,000 with a useful life of more than one year) with amount requested separatelyand justify each.

N/A

Consultant Costs

Consultants are individuals/organizations who provide expert advisory or other services for brief or limited periods and do not provide apercentage of effort to the project or program. Consultants are not involved in the scientific or technical direction of the project as a whole.
Provide the names and organizational affiliations of all consultants. Describe the services to be performed, and include the number ofdays of anticipated consultation, the expected rate of compensation, travel, per diem, and other related costs.

Instructional Design & Marketing Campaign

We request $350,000 in Year 1, $450,000 in Year 3 and $290,000 in Year 3 for Instructional Design & Marketing Campaign costs. We will hire 1-2 companies to fulfill this work depending on the fit with our program and proposed valueto our program.

Website Development

We request $10,000 in Year 1, $5,000 in Year 3 and $5,000 in Year 3 for website development and maintenance costs.

Translations

We request $40,000 in Year 1, $70,000 in Year 3 and $10,000 in Year 3 for translation costs, primarily for caregiver andpatient facing materials for Dementia Aware.

Subawardee (Consortium/Subrecipient) Costs

Each participating consortium organization must submit a separate detailed budget for every year in the project period in Exhibit B2Subcontracts. Include a complete justification for the need for any subawardee listed in the application.

[see **Subawardee Budget & Justification** attachment for full details]

UC Hastings College of the Law $984,359 Total Cost
Alzheimer's Association $2,284,120 Total Cost
The Regents of the University of California, Los Angeles $2,471,832 Total Cost
The Regents of the University of California, Irvine $2,558,987 Total Cost
The Regents of the University of California, San Diego $1,672,111 Total Cost
Los Angeles County Department of Health Services $1,155,376 Total Cost

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Other Direct Costs

Itemize any other expenses by category and cost. Specifically justify costs that may typically be treated as indirect costs. For example, ifinsurance, telecommunication, or IT costs are charged as a direct expense, explain reason and methodology.

IT Field Services Support (ITFS) – On July 1, 2013, the University initiated direct charging for ITFS as an integral component of its Enterprise Network Services (ENS) to provide support to campus voice and data technology functions. ITFS includes software installation/updates, internet security, hardware setup/configuration, and centrally managed patching, storage and backup. Direct charging of these support services in conjunction with the Data Network Recharge arecovered under Part 3.2.0 – Service Centers, Communication Services, of the University's Cost Accounting Standards Board

Disclosure Statement (CASB Form DS-2) ensuring that there is no duplicate reimbursement from Federal and non-Federal sponsors. The ITFS charge is based on the current rate per FTE, consistent with the current billing rates for ITFS. Rechargerates are computed in accordance with the requirements of 2 CFR Part 200 and will be reviewed and adjusted annually.

Data Network Recharge – The Campus Data Network Recharge fee provides funding for critical equipment in support ofthe campus network. The funding model for data network services includes a UCSF-wide per capita recharge of $45/month/FTE in FY 2021 and is adjusted by $1 annually until 2025. Per review and agreement by our cognizant federalagency, UCSF data network costs are an allowable direct expense. Questions from the sponsoring agency regarding this charge should be directed to the Department of Health and Human Services – Division of Cost Allocation, San Francisco CA.

GAEL (General Automobile Employee Liability insurance) – The campus is responsible for its claims and expenses against the University's General, Automobile & Employee Liability (GAEL) self-insurance program. GAEL is business travel accident insurance. When traveling on official University business, the employee will be covered worldwide, 24 hours a day, for a wide variety of accidents and incidents while away from the workplace. GAEL insurance assessment is calculated by applying the current GAEL rate x $100 of salaries budgeted. GAEL is not reflected as part of the employee'sfringe benefits. Instead, the product of this calculation is listed in the "Other Expenses" category of the budget and identified as a "General, Automobile & Employee Liability insurance" cost.

Continuing Medical Education (CME)

We request $360,000 in Year 2 and $540,000 in Year 3 for Continuing Medical Education (CME) costs to providecontinuing education credits for multiple professions, including MOC credits for physician trainees.

Participant Remuneration/Incentives

We request $320,000 in Year 2 and $480,000 in Year 3 for Participant Remuneration/Incentives to participate in trainingand focus groups.

Printed materials and promotional items for outreach

We request $10,000 in Year 1, $50,000 in Year 3 and $40,000 in Year 3 for printed materials and promotional items foroutreach activities.

Warm Line

We request $40,000 in Year 2 and $5,000 in Year 3 to create and maintain a "Warm Line" dedicated to real time consultation for Medi-Cal providers and their clinics to get guidance for implementation of the CHA and the toolkit.

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Rent

If the Scope of Work will be performed in an off-campus facility rented from a third party for a specific project or projects, then rent maybe charged as a direct expense to the award.

N/A

Indirect (F&A) Costs

Indirect costs are calculated in accordance with the budgeted indirect cost rate in Exhibit B.

Per the Department of Health Care Services (DHCS)'s allowable Facilities and Administrative Cost Rates policy, an annual indirect cost rate of 30% is applied to Modified Total Direct Costs.

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Exhibit B2 – Subawardee Budgets

Budget Pertaining to Subawardee(s) (when applicable)

Subawardee Name: UC Hastings College of the Law **Exhibit B2**

Principal Investigator (Last, First): Hooper, Sarah

COMPOSITE SUBAWARDEE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

03/15/2022 to 3/31/2024

		From:	3/15/2022	7/1/2022	7/1/2023	
		To:	6/30/2022	6/30/2023	3/31/2024	
BUDGET CATEGORY			**Year 1**	**Year 2**	**Year 3**	**TOTAL**
PERSONNEL: *Salary and fringe benefits.*			$45,251	$203,994	$152,996	$402,241
TRAVEL			$0	$41,484	$8,331	$49,815
MATERIALS & SUPPLIES			$5,404	$1,211	$908	$7,523
EQUIPMENT			$0	$0	$0	$0
CONSULTANT			$0	$164,469	$123,351	$287,820
SUBRECIPIENT			$0	$0	$0	$0
OTHER DIRECT COSTS (ODC)		*Subject to IDC Calc*				
	Catering	*Y*	$0	$6,800	$0	$6,800
	Venue Rental	*Y*	$0	$3,000	$0	$3,000
	ODC #3	*Y*	$0	$0	$0	$0
	ODC #4	*Y*	$0	$0	$0	$0
	ODC #5	*Y*	$0	$0	$0	$0
	ODC #6	*Y*	$0	$0	$0	$0
TOTAL DIRECT COSTS			**$50,655**	**$420,958**	**$285,586**	**$757,199**
Indirect (F&A) Costs		F&A Base				
	Rate	*MTDC **	*$50,655*	*$420,958*	*$285,586*	*$757,199*
	30%		**$15,197**	**$126,287**	**$85,676**	**$227,160**
TOTAL COSTS PER YEAR			**$65,852**	**$547,245**	**$371,262**	
TOTAL COSTS FOR PROPOSED PROJECT PERIOD						**$984,359**

* MTDC = Modified Total Direct Cost

JUSTIFICATION. *See Exhibit B1 - Follow the budget justification instructions.*

Annual Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.

% **10.00%**

or

Amount *$10,000*

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Subawardee Budget Justification
(UC Hastings College of the Law)

The Budget Justification will include the following items in this format.

Personnel

Name. *Starting with the Principal Investigator list the names of all known personnel who will be involved on the project for each year of the proposed project period. Include all collaborating investigators, individuals in training, technical and support staff or include as "to be determined" (TBD).*

Role on Project. *For all personnel by name, position, function, and a percentage level of effort (as appropriate), including "to-be-determined" positions.*

Key Personnel

Sarah Hooper (Site Director, Lead for Medical-Legal Content Expertise) will devote 10% FTE in Years 1-3. She will be responsible for leading and overseeing all aspects of the project, including developing the medical-legal learning collaborative, providing legal content expertise for training materials, and conducting trainings, particularly in the areas of advance care planning, capacity, financial/legal planning in dementia, conservatorship, and the medical-legal partnership model.

Yvonne Troya (Co-Investigator) is budgeted for a $6,500 stipend per 12-month period in Years 1-3. She will be responsible for contributing legal content expertise to training materials and providing trainings, particularly in theareas of public benefits in California and immigrants' planning needs.

Sara Huffman (Co-Investigator) is budgeted for a $6,500 stipend per 12-month period in Years 1-3. She will be responsible for contributing legal content expertise to training materials and providing trainings, particularly in the area of veterans' benefits and access to care.

Other Personnel

TBD (Grad Fellow) is budgeted for a $6,500 stipend per 12-month period in Years 1-3. S S/he will be responsible for contributing legal content expertise to training materials and providing trainings, particularly in the area of elder abuse and exploitation.

TBD (Grad Fellow) will devote 100% FTE in Years 1-3. S/he will be responsible for coordinating legal partner expertise and content, assisting in development of training materials, and providing legal content expertise, particularly in the area of housing.

TBD (Project Coordinator) will devote 55% FTE in Years 2 & 3. S/he will be responsible for coordinating in-person and remote meetings, site visits, and the workshop, including travel and event logistics.

Fringe Benefits.
In accordance with University policy, explain the costs included in the budgeted fringe benefit percentages used, which could include tuition/fee remission for qualifying personnel to the extent that such costs are provided for by University policy, to estimatethe fringe benefit expenses on Exhibit B.

Fringe benefits are budgeted at 32% for faculty and 41% for exempt staff, in accordance with UC Hastings fringebenefits policy.

Travel

Itemize all travel requests separately by trip and justify in Exhibit B1, in accordance with University travel guidelines. Provide the purpose, destination, travelers (name or position/role), and duration of each trip. Include detail on airfare, lodging and mileage expenses, if applicable. Should the application include a request for travel outside of the state of California, justify the need for those out-of-state trips separately and completely.

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The following travel expenses are budgeted to convene medical and legal partners for an intensive workshop/conference training in San Francisco in Year 2:

- Airfare: $500/roundtrip flight * 1 trip * 25 persons
- Lodging: $250/night * 2 nights * 1 trip * 25 persons
- Taxis: $80/person * 1 trip * 25 persons
- M&IE: $100/person * 1 trip * 25 persons
- Misc. local travel expense (e.g., parking): $35/trip * 1 trip * 25 persons
- Total: $30,375

The following travel expenses are budgeted for key MLPS project personnel conducting in-person trainings at partner sites in Years 2 & 3:

- Airfare: $500/roundtrip flight * 4 trips * 4 persons
- Lodging: $250/night * 2 nights * 4 trips * 4 persons
- Taxis: $80/trip * 4 trips * 4 persons
- M&IE: $100/trips * 4 trips * 4 persons
- Misc. local travel expenses (e.g., parking): $35/trip * 4 trips * 4 persons
- Total: $19,440

Materials and Supplies

Itemize materials supplies in separate categories. ***Include a complete justification of the project's need for these items. Theft sensitive equipment (under $5,000) must be justified and tracked separately in accordance with State Contracting Manual Section 7.29.***

The following materials and supplies are budgeted in Years 1-3:

- Training materials, supplies, and associated printing costs are budgeted at $2,523.50 total for Years 1-3.
- Two laptops for Grad Fellow and Project Coordinator are budgeted at $2,500 each for a total of $5,000 in Year 1. Laptops will be used to develop online and print training materials, conduct remote trainings and meetings with partners, and all project management activities.

Equipment

List each item of equipment (greater than or equal to $5,000 with a useful life of more than one year) with amount requested separately and justify each.

N/A

Consultant Costs

Consultants are individuals/organizations who provide expert advisory or other services for brief or limited periods and do not provide a percentage of effort to the project or program. Consultants are not involved in the scientific or technical direction of the project as a whole.

Provide the names and organizational affiliations of all consultants. Describe the services to be performed, and include the number of days of anticipated consultation, the expected rate of compensation, travel, per diem, and other related costs.

The following consultancies are budgeted for Years 2 & 3:

- TBD Legal Aid Expert/Partner 1: $3,426.43/month * 21 months in Years 2 & 3
- TBD Legal Aid Expert/Partner 2: $3,426.43/month * 21 months in Years 2 & 3
- TBD Legal Aid Expert/Partner 3: $3,426.43/month * 21 months in Years 2 & 3
- TBD Legal Aid Expert/Partner 4: $3,426.43/month * 21 months in Years 2 & 3
- Total: $287,820 ($71,955/consultant)

Consultants will provide the following services: Legal aid partners at four sites across California will contribute legal content expertise on training materials, especially regional/county expertise, will deliver trainings to designated health care partner/s in their region, participate in the intensive workshop, and participate in regular meetings.

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Subawardee (Consortium/Subrecipient) Costs

Each participating consortium organization must submit a separate detailed budget for every year in the project period in ExhibitB2 Subcontracts. Include a complete justification for the need for any subawardee listed in the application.

N/A

Other Direct Costs

Itemize any other expenses by category and cost. Specifically justify costs that may typically be treated as indirect costs. For example, if insurance, telecommunication, or IT costs are charged as a direct expense, explain reason and methodology.

The following costs are budgeted for catering at a workshop/conference in San Francisco in Year 2:

- Breakfast: $20/person * 40 persons * 1 workshop/conference
- Lunch: $50/person * 40 persons * 1 workshop/conference
- Dinner: $100/person * 40 persons * 1 workshop/conference
- Total: $6,800

Rent

If the Scope of Work will be performed in an off-campus facility rented from a third party for a specific project or projects, then rent may be charged as a direct expense to the award.

Rental of an off-campus venue for a workshop/conference in San Francisco is budgeted at $3,000/rental * 1 rental inYear 2.

Indirect (F&A) Costs

Indirect costs are calculated in accordance with the budgeted indirect cost rate in Exhibit B.

Indirect costs are budgeted at 30% of Modified Total Direct Costs (MTDC) in accordance with UC San Francisco indirect cost policy for subawardees.

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Exhibit B2 – Subawardee Budgets

Budget Pertaining to Subawardee(s) (when applicable)

Subawardee Name: Alzheimer's Association **Exhibit B2**

Principal Investigator (Last, First): Edgerly, Elizabeth

COMPOSITE SUBAWARDEE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

03/15/2022 to 3/31/2024

	From:	3/15/2022	7/1/2022	7/1/2023	
	To:	6/30/2022	6/30/2023	3/31/2024	
BUDGET CATEGORY		**Year 1**	**Year 2**	**Year 3**	**TOTAL**
PERSONNEL: *Salary and fringe benefits.*		$197,181	$830,305	$697,908	$1,725,394
TRAVEL		$1,000	$16,780	$19,120	$36,900
MATERIALS & SUPPLIES		$8,750	$9,750	$1,000	$19,500
EQUIPMENT		$0	$0	$0	$0
CONSULTANT		$0	$0	$0	$0
SUBRECIPIENT		$0	$0	$0	$0
OTHER DIRECT COSTS (ODC)	*Subject to IDC Calc*				
PRINTING	*Y*	$0	$2,500	$2,500	$5,000
POSTAGE	*Y*	$0	$500	$500	$1,000
ADVERTISING	*Y*	$0	$7,500	$7,500	$15,000
ECHO CME	*Y*	$0	$5,000	$5,000	$10,000
ODC #5	*Y*	$0	$0	$0	$0
ODC #6	*Y*	$0	$0	$0	$0
TOTAL DIRECT COSTS		**$206,931**	**$872,335**	**$733,528**	**$1,812,794**
Indirect (F&A) Costs	**F&A Base**				
Rate	*MTDC **	*$206,931*	*$872,335*	*$733,528*	*$1,812,794*
26%		**$53,802**	**$226,807**	**$190,717**	**$471,326**
TOTAL COSTS PER YEAR		**$260,733**	**$1,099,142**	**$924,245**	
TOTAL COSTS FOR PROPOSED PROJECT PERIOD					**$2,284,120**

* MTDC = Modified Total Direct Cost

JUSTIFICATION. *See Exhibit B1 - Follow the budget justification instructions.*

Annual Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.

% **10.00%**

or

Amount *$10,000*

Subawardee Budget Justification
(Alzheimer's Association)

The Budget Justification will include the following items in this format.

Personnel

Name. *Starting with the Principal Investigator list the names of all known personnel who will be involved on the project for each year of the proposed project period. Include all collaborating investigators, individuals in training, technical and support staff or include as "to be determined" (TBD).*

Role on Project. *For all personnel by name, position, function, and a percentage level of effort (as appropriate), including "to-be-determined" positions.*

Elizabeth Edgerly, PhD, Co-Investigator (10% FTE, 1.2 CM in Phases 1-3), Executive Director, Alzheimer's Association, Northern California and Northern Nevada Chapter

As Executive Director of the Alzheimer's Association's Northern California and Northern Nevada Chapter, Dr. Edgerly oversees 11 offices throughout Northern California and Northern Nevada. She is an active presenter and spokesperson for the Alzheimer's Association and has appeared on television, radio and in numerous national and local publications, speaking on topics related to brain health and Alzheimer's. In 2013 the Women's HealthCare Executives named Elizabeth Woman of the Year for her work on behalf of thousands of individuals living with Alzheimer's and related disorders.

Dr. Edgerly's role in the project will be to provide high level program oversight and direction for the Northern California team.

Meg Barron, Co-Investigator (5 % FTE, 0.60 CM in Phases 1-3), Executive Director, Alzheimer's Association, California Southland Chapter

As Executive Director of the Alzheimer's Association's California Southland Chapter, Ms. Barron has led the Central and Southern California regions to new heights across Alzheimer's and dementia research; advocacy; and diversity, equity and inclusion initiatives. Under Ms. Barron's direction, the region's team was able to pivot from in-person to online support groups and education during the COVID-19 pandemic, and services provided grew throughout the territories she oversees. Ms. Barron also serves on the California Health and Human Services Agency Alzheimer's Disease and Related Disorders Advisory Committee as a consumer representative.

Ms. Barron's role in the project will be to provide high level program oversight and direction for the Southern California team.

Morgan Daven, (5% FTE, 0.60 CM in Phases 1-3), Vice President Health Systems, Alzheimer's Association, Home Office

As Vice President Health Systems of the Alzheimer's Association's Home Office, Mr. Daven leads the Association's health systems strategy to increase access to timely diagnosis and quality care through partnerships with health systems, clinical leaders and health care payers. In 2018 he established the Alzheimer's and Dementia Care ECHO® Program, which uses interactive, case-based learning to help care teams improve person-centered care in primary care and long-term care settings.

Mr. Daven's role in the project will be to focus on working with health systems to increase access to timely diagnosis and quality care through the Dementia Aware initiative across the state of California.

Claire Day, MSW, (0% FTE, 0.0 CM in Phase 1, 2% FTE, .24 CM in Phase 2, 3% FTE, .36 CM in Phase 3), Chief Program Officer, Alzheimer's Association, Northern California Northern Nevada Chapter

As Chief Program Office of the Alzheimer's Association's Northern California Northern Nevada Chapter, Ms. Day oversees all clinical operations and service delivery throughout the Chapter's territory. She and her highly trained staff deliver community social services in the form of education, support, advocacy and care management to people with dementia and their families, as well as to professional caregivers. In addition, Ms. Day oversees all research initiatives. Prior to joining the Northern California Northern Nevada Chapter in 2017, Ms. Day was the Senior Vice President at the Delaware Valley Chapter in Philadelphia, Pennsylvania, serving in a similar role.

Ms. Day's role in the project will be to provide high level program oversight and direction for the Northern California program team.

Susan Howland, MSG, (0% FTE, 0.0 CM in Phase 1, 2% FTE, .24 CM in Phase 2, 3% FTE, .36 CM in Phase 3), Chief Program Officer, Alzheimer's Association, California Southland Chapter

As Chief Program Officer with the Alzheimer's Association, California Southland Chapter, Ms. Howland is responsible for the delivery of care and support programs in the organization's seven county territory as well as developing the dementia capacity of health systems and community based organizations. In addition to her role as Program Director, Susan is a Research Champion for Central and Southern California and delivers research related topics to the general public. Susan has worked in the field of aging and Alzheimer's disease for over 25 years and has received numerous national awards recognizing her contribution to the field, including Rosalynn Carter Leadership in Caregiving Award for bringing the Savvy Caregiver Program to the State of California. She holds a Master's Degree in Gerontology from the University of Southern California.

Ms. Howland's role in the project will be to provide high level program oversight and direction for the Southern California program team.

TBD, Lead (100 % FTE, 12.0 CM in Phases 1-3), Dementia Aware Director, Alzheimer's Association, Northern California Northern Nevada Chapter

The Dementia Aware Director's role in the project will be to oversee the Alzheimer's Association's role in partnership with the UC systems to conduct outreach and develop relationships with primary care providers and other specialists who work with diverse and underserved populations. This position will work collaboratively to ensure successful delivery on all components of this project.

Cheryl Brunk, (20 % FTE, 1.2 CM in Phases 1-3), Health Systems Director, Alzheimer's Association, Northern California and Northern Nevada Chapter

As Health Systems Director of the Alzheimer's Association's Northern California and Northern Nevada Chapter, Ms. Brunk is responsible for leading outreach and engagement of health systems throughout Northern and Central California. Cheryl joined the Alzheimer's Association in 2014 as Senior Director, overseeing the Chapter's Walk to End Alzheimer's strategy. As a leader, Cheryl has demonstrated experience in cultivating and managing successful, complex relationships with key health systems and corporations. Cheryl mobilizes high impact volunteer leaders and staff members in community engagement and outreach efforts to create systems change.

Ms. Brunk's role in the project will be to connect Health Systems, specifically Medi-Cal providers, in Northern and Central California to the Dementia Aware project.

Patrice Hall, (20% FTE, 2.4 CM in Phases 1-3), Health Systems Director, Alzheimer's Association, California Southland Chapter

As Health Systems Director of the Alzheimer's Association's Northern California and Northern Nevada Chapter, Ms. Hall is responsible for leading outreach and engagement of health systems throughout Central and Southern California. Ms. Hall has over 20 years of sales and business development experience in the healthcare marketplace - working for

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both large organizations, including Abbott Laboratories and Oracle Corporation – and with startups. She has successfully guided health systems and public health organizations in transforming their business processes and positively impacting health outcomes.

Ms. Hall's role in the project will be to connect Health Systems, specifically Medi-Cal providers, in Central and Southern California to the Dementia Aware project.

TBD, (100% FTE, 12.0 CM in Phases 1-3), Dementia Care Coach, Alzheimer's Association, Northern California Northern Nevada Chapter

This position will be focused on building new relationships within health systems at multiple levels and identify key individuals in Northern and Central California to receive in-depth consultation from the Health System Director. This position will cultivate the key relationships, complete appropriate discovery, and work with and under the direction of the Health System Director to advance system level goals.

TBD, (100% FTE, 12.0 CM in Phases 1-3), Dementia Care Coach, Alzheimer's Association, Northern California Northern Nevada Chapter

This position will be focused on building new relationships within health systems at multiple levels and identify key individuals in Northern and Central California to receive in-depth consultation from the Health System Director. This position will cultivate the key relationships, complete appropriate discovery, and work with and under the direction of the Health System Director to advance system level goals.

TBD, (100% FTE, 12.0 CM in Phases 1-3), Dementia Care Coach, Alzheimer's Association, California Southland Chapter

This position will be focused on building new relationships within health systems at multiple levels and identify key individuals in Central and Southern California to receive in-depth consultation from the Health System Director. This position will cultivate the key relationships, complete appropriate discovery, and work with and under the direction of the Health System Director to advance system level goals.

Stella De La Pena, (0% FTE, 0.0 CM in Phase 1, 20% FTE, 2.4 CM in Phases 2-3), Diversity, Equity and Inclusion Director, Alzheimer's Association, Northern California and Northern Nevada Chapter

As Diversity, Equity and Inclusion Director of the Alzheimer's Association's Northern California and Northern Nevada Chapter, Ms. De La Pena leads the Diversity, Equity, and Inclusion strategy for the Northern California Northern Nevada Chapter, overseeing a team that elevates awareness about health disparities around Alzheimer's disease, serves diverse communities and engages diverse partners in the full mission of the organization. She also works with health systems to address health equity, improve and transform the way dementia care is delivered.

Ms. De La Pena's role in the project will be to oversee the project's delivery to diverse audiences in Northern and Central California.

Tia Delaney, (0% FTE, 0.0 CM in Phase 1, 20% FTE, 2.4 CM in Phases 2-3), Diversity, Equity and Inclusion Director, Alzheimer's Association, California Southland Chapter

As Diversity, Equity and Inclusion Director of the Alzheimer's Association's California Southland Chapter, Ms. Delaney oversees all diversity, equity and inclusion programs, services, events, outreach and strategic planning to best serve the many communities of the Alzheimer's Association California Southland Chapter. A registered nurse with over 28 years in the healthcare industry, she has overseen the many facets required to deliver quality clinical care to thousands of home health, palliative, hospice, and hospital-based clients.

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Ms. Delaney's role in the project will be to oversee the project's delivery to diverse audiences in Central and Southern California.

Liliana Kaszuba, CSA (Certified Senior Advisor), (0% FTE, 0.0 CM in Phase 1, 20% FTE, 2.4 CM in Phase 2, 30% FTE, 3.6 CM in Phase 3), Community Relations Manager, Northern California and Northern Nevada Chapter

As a Community Relations Manager of the Alzheimer's Association's Northern California Northern Nevada Chapter, with a special focus on the Latinx Community, Ms. Kaszuba is responsible for leading outreach efforts in the community with the goal of increasing Hispanic/Latino participation in the programs offered by the Alzheimer's Association. Liliana has more than a decade of experience working with older adults. She is certified nationally as a Senior Advisor helping them with the challenges they face at this stage. Liliana has gained experience working as a Director of Community Relations for corporations that offer CCRC, IL, AL and Memory Care Centers for adult care.

Ms. Kaszuba's role in the project will be to oversee outreach efforts to LatinX audiences in Northern California.

Judith Martinez, (0% FTE, 0.0 CM in Phase 1, 20% FTE, 2.4 CM in Phase 2, 30% FTE, 3.6 CM in Phase 3), Diversity, Equity and Inclusion Outreach Specialist, Alzheimer's Association, California Southland Chapter

As a Diversity, Equity and Inclusion Outreach Specialist for the Alzheimer's Association, California Southland Chapter, Ms. Martinez teaches classes, facilitates support groups, and works with local health systems to increase awareness about the Alzheimer's Association free programs and services. Judith has a Master's Degree in Public Health from Loma Linda University and a Bachelor's Degree in Chemistry from UC Riverside.

Ms. Martinez's role in the project will be to oversee outreach efforts to LatinX audiences in Southern California.

Patty Dailey, (0% FTE, 0.0 CM in Phase 1, 20% FTE, 2.4 CM in Phase 2, 30% FTE, 3.6 CM in Phase 3), Diversity, Equity and Inclusion Outreach Specialist, Alzheimer's Association, Northern California and Northern Nevada Chapter

As Diversity, Equity and Inclusion Outreach Specialist of the Alzheimer's Northern California and Northern Nevada Chapter, Ms. Dailey performs Community Outreach activities to diverse audiences in the Fresno area. She has 22 years experience working in the local community and assisting minorities with services such as case management, home delivered meals, Information and Assistance, recruitment, training and retention of volunteers.

Ms. Dailey's role in the project will be to oversee outreach efforts to LatinX audiences in Central California.

Sergio Cendejas, (0% FTE, 0.0 CM in Phase 1, 20% FTE, 2.4 CM in Phase 2, 30% FTE, 3.6 CM in Phase 3), Diversity, Equity and Inclusion Outreach Specialist, Alzheimer's Association, California Southland Chapter

As Diversity, Equity and Inclusion Outreach Specialist of the Alzheimer's California Southland Chapter, Mr. Cendejas provides education and support through group classes and one-to-one care consultations to the underserved community of Ventura county, which includes, monolingual Spanish speaking Latinos, the LGBQT community, and people who live alone with dementia. Mr. Cendejas joined the Alzheimer's Association in December 2019. Since then, he has made important connections in the community that have been instrumental in growing numbers for education classes and care consultations, especially within the Latino community.

Mr. Cendejas' role in the project will be to provide service delivery in Southern California.

Sandra Green, (0% FTE, 0.0 CM in Phase 1, 20% FTE, 2.4 CM in Phase 2, 30% FTE, 3.6 CM in Phase 3), Family Care Consultant, Alzheimer's Association, Northern California Northern Nevada Chapter

As a Family Care Consultant for the Alzheimer's Association's Northern California Northern Nevada Chapter, Ms. Green helps families navigate through the challenges of Alzheimer's disease, offering support, information, connections

to community resources and participates in the coordination of Alzheimer's educational events in Spanish for the Hispanic/Latino community.

Ms. Green's role in the project will be to provide service delivery in Northern California.

Elizabeth Martinez, (0% FTE, 0.0 CM in Phase 1, 20% FTE, 2.4 CM in Phase 2, 30% FTE, 3.6 CM in Phase 3), Family Care Consultant, Alzheimer's Association, California Southland Chapter

As a Family Care Consultant for the Alzheimer's Association's California Southland Chapter, Ms. Martinez provides Helpline services to family caregivers, supports volunteer engagement, and implements the association core programs and services in Central California, specializing in service delivery to the Latino community. She has worked as a Community Health Worker, Health policy Organizer, Community Organizer, Health Educator and Regional Program Supervisor, and State Program Assistant Coordinator. Ms. Martinez attended Taft College and California State University Bakersfield.

Ms. Martinez's role in the project will be to provide service delivery in Central California.

Alejandra Pulido, MSW, (0% FTE, 0.0 CM in Phase 1, 20% FTE, 2.4 CM in Phase 2, 30% FTE, 3.6 CM in Phase 3), Family Care Consultant, Alzheimer's Association, California Southland Chapter

As a Family Care Consultant for the Alzheimer's Association's California Southland Chapter, Ms. Pulido provides in-depth education on what it means to live with Alzheimer's disease, advocates for culturally sensitive programs, and guides supportive interventions for families navigating the Alzheimer's journey. Currently, Ms. Pulido volunteers as an Associate Counselor providing grief therapy and serves on the board of the Sigma Kappa San Diego County Alumnae Chapter to increase philanthropic awareness on Alzheimer's disease research.

Ms. Pulido's role in the project will be to provide service delivery in Southern California.

Brenda Herrera, (0% FTE, 0.0 CM in Phase 1, 20% FTE, 2.4 CM in Phase 2, 30% FTE, 3.6 CM in Phase 3), Family Care Consultant, Alzheimer's Association, Northern California and Northern Nevada Chapter

As Family Care Consultant of the Alzheimer's Association's Northern California and Northern Nevada Chapter, Ms. Herrera provides Helpline services to family caregivers, supports volunteer engagement, and implements the association core programs and services in Fresno, Madera, and Merced counties. Ms. Herrera began her career at a federally qualified health center where she developed a volunteer grass roots community leadership program focused onchronic disease prevention and local policy and environmental changes. She assisted with curriculum development for community health workers and has established partnerships with research institutions and community-based organizations for health research, promotion, education, and health intervention implementation.

Ms. Herrera's role in the project will be to provide service delivery in Central California.

Lisa A. Hall, (0% FTE, 0.0 CM in Phase 1, 10% FTE, 1.2 CM in Phases 2-3), Director, Health Systems Strategy, Alzheimer's Association, Home Office

As Director, Health Systems Strategy of the Alzheimer's Association's Home Office, Ms. Hall serves as the lead representative of the Alzheimer's Association in its work with some of the largest and most complex health care organizations in the United States, to improve access to timely diagnosis and quality care for Alzheimer's disease and other dementias. In this senior account management position she also provides strategic coaching for Health Systems Directors working regionally with health systems accounts. Ms. Hall has over 15 years of years of expertise in client management in the healthcare industry. She has led health systems consultant teams at the American Cancer Society and has worked for and with managed care organizations in healthcare sales positions. Ms. Hall holds a Masters degree in Hea;thcare Administration and Management and is a licensed Worksite Benefits Insurance Producer for Health, Life, and AD&D in Arizona.

Ms. Hall's role in the project will be to provide strategic guidance to the two Health Systems Directors and the three Dementia Aware Practice Coaches working on the project, as they partner with providers and systems of care to implement validated models for improving the quality of dementia care and increasing access for their patients to early and accurate diagnosis.

Fringe Benefits

In accordance with University policy, explain the costs included in the budgeted fringe benefit percentages used, which could include tuition/fee remission for qualifying personnel to the extent that such costs are provided for by University policy, to estimate the fringe benefit expenses on Exhibit B.

Fringe Benefits for all Alzheimer's Association employees is based on historical averages.

Activity	**Rate**	**Total Cost**
Social Security	6.20%	$ 85,806
Social Security Medicare	1.43%	$ 19,791
Health Benefits	9.48%	$ 131,200
Workers Compensation	0.20%	$ 2,768
Pension	7.06%	$ 97,708
State Unemployment Tax	0.30%	$ 4,152
	24.67%	**$ 341,425**

Travel

Itemize all travel requests separately by trip and justify in Exhibit B1, in accordance with University travel guidelines. Provide the purpose, destination, travelers (name or position/role), and duration of each trip. Include detail on airfare, lodging and mileage expenses, if applicable. Should the application include a request for travel outside of the state of California, justify the need for those out-of-state trips separately and completely.

Travel	
Phase 1	$1,000 is requested to cover mileage for recruitment, hiring and onboarding of the Dementia Aware Director (1,709 miles x $0.585/mile)
Phase 2	$16,780 is requested to cover travel expenses associated with the recruitment, hiring, onboarding and engagement of staff engaged in outreach to MediCal providers and project partners. This includes quarterly face to face meetings to gather statewide team to discuss project, track goals, and implement strategy. Cost Details: $1,500 to cover airfare for Project Manager (3 flights within region per year x $500/flight) $1,800 to cover lodging for Project Manager (6 trips/year, 2 nights each, $150/night) $2,200 to cover meals & incidentals for Project Manager's travel days (40 days x $55/day) $6,600 to cover meals & incidentals for the 3 Health Systems Managers' travel days. (3 staff x 40 days x $55/day) $585 to cover Program Manager's mileage (1,000 miles x $0.585/mile)

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	$1,755 to cover Health Systems Managers' mileage (3 staff x 1,000 miles x $0.585/mile) $2,340 to cover DEI & Care Staff mileage (8 staff x 500 miles x $0.585/mile)
Phase 3	$19,120 is requested to cover travel expenses associated with recruitment, hiring, onboarding and engagement of staff engaged in outreach to MediCal providers and project partners. This includes quarterly face to face meetings to gather statewide team to discuss project, track goals, implement strategy PLUS caregiver program engagement with MediCal practices. Cost Details: $1,500 to cover airfare for Project Manager (3 flights within region per year x $500/flight) $1,800 to cover lodging for Project Manager (6 trips/year, 2 nights each, $150/night) $2,200 to cover meals & incidentals for Project Manager's travel days (40 days x $55/day) $6,600 to cover meals & incidentals for the 3 Health Systems Managers' travel days. (3 staff x 40 days x $55/day) $585 to cover Program Manager's mileage (1,000 miles x $0.585/mile) $1,755 to cover Health Systems Managers' mileage (3 staff x 1,000 miles x $0.585/mile) $4,680 to cover DEI & Care Staff mileage (8 staff x 1,000 miles x $0.585/mile)

Materials and Supplies

Itemize materials supplies in separate categories. ***Include a complete justification of the project's need for these items. Theft sensitive equipment (under $5,000) must be justified and tracked separately in accordance with State Contracting Manual Section 7.29.***

Promotional Supplies	
Phase 1	N/A
Phase 2	$1,000 is requested for promotional leave behind materials including MD pocket cards, tool kits, caregiver resources and educational brochures.
Phase 3	$1,000 is requested for promotional leave behind materials including MD pocket cards, tool kits, caregiver resources and educational brochures.

Computer Equipment	
Phase 1	$8,750 is requested for the purchase of laptops for new dementia aware staff hired in the first 4 months including software and peripherals.
Phase 2	Due to the present challenge in hiring we anticipate that some of the new team members will be hired and will start in Phase 1, while others will join in July 2022. $8,750 is requested for the purchase of laptops for new dementia aware staff hired in Phase 2 including software and peripherals.

Phase 3	N/A

Equipment

List each item of equipment (greater than or equal to $5,000 with a useful life of more than one year) with amount requested separately and justify each.

N/A

Consultant Costs

Consultants are individuals/organizations who provide expert advisory or other services for brief or limited periods and do not provide a percentage of effort to the project or program. Consultants are not involved in the scientific or technical direction of the project as a whole.
Provide the names and organizational affiliations of all consultants. Describe the services to be performed, and include the number of days of anticipated consultation, the expected rate of compensation, travel, per diem, and other related costs.

N/A

Subawardee (Consortium/Subrecipient) Costs

Each participating consortium organization must submit a separate detailed budget for every year in the project period in Exhibit B2 Subcontracts. Include a complete justification for the need for any subawardee listed in the application.

N/A

Other Direct Costs

Itemize any other expenses by category and cost. Specifically justify costs that may typically be treated as indirect costs. For example, if insurance, telecommunication, or IT costs are charged as a direct expense, explain reason and methodology.

Advertising	
Phase 1	N/A
Phase 2	$7,500 is requested for paid advertising to recruit practices for this training and practice change and to promote caregiver and patient educational programs
Phase 3	$7,500 is requested for paid advertising to recruit practices for this training and practice change and to promote caregiver and patient educational programs

Project ECHO - CME Courses	
Phase 1	N/A
Phase 2	$5,000 is requested to cover 2 courses ($2,500 each) in Phase 2
Phase 3	$5,000 is requested to cover 2 courses ($2,500 each) in Phase 3

Printing	
Phase 1	N/A
Phase 2	$2,500 is requested for the printing of materials specific to the project for the purposes of recruitment (of MD's)
Phase 3	$2,500 is requested for the printing of materials specific to the project for the purposes of recruitment (of MD's)

Postage	
Phase 1	N/A
Phase 2	$500 is requested for distribution of promotional materials
Phase 3	$500 is requested for distribution of promotional materials

Rent

If the Scope of Work will be performed in an off-campus facility rented from a third party for a specific project or projects, then rent may be charged as a direct expense to the award.

N/A

Indirect (F&A) Costs

Indirect costs are calculated in accordance with the budgeted indirect cost rate in Exhibit B.

The Alzheimer's Association's facilities and administrative costs rate of 26% was approved by the Department of Health and Human Services on November 22, 2021 and has been applied to the MTDC base.

Exhibit B2 – Subawardee Budgets

Budget Pertaining to Subawardee(s) (when applicable)

Subawardee Name: The Regents of the University of California, Los Angeles **Exhibit B2**

Principal Investigator (Last, First): Reuben, David

COMPOSITE SUBAWARDEE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

03/15/2022 to 3/31/2024

	From:	3/15/2022	7/1/2022	7/1/2023	
	To:	6/30/2022	6/30/2023	3/31/2024	
BUDGET CATEGORY		**Year 1**	**Year 2**	**Year 3**	**TOTAL**
PERSONNEL: *Salary and fringe benefits.*		$39,318	$277,318	$224,171	$540,807
TRAVEL		$0	$0	$0	$0
MATERIALS & SUPPLIES		$0	$0	$0	$0
EQUIPMENT		$0	$0	$0	$0
CONSULTANT		$52,200	$156,600	$117,450	$326,250
SUBRECIPIENT		$0	$0	$0	$0
OTHER DIRECT COSTS (ODC)	*Subject to IDC Calc*				
Stipend to Dr. Dan Osterweil, Intensive Course Director	*Y*	$0	$8,500	$0	$8,500
Technology Infrastructure Fee (TIF)	*Y*	$193	$820	$647	$1,660
General Liability Insurance (GAEL)	*Y*	$414	$2,163	$1,742	$4,319
Statistical Support	*Y*	$0	$10,313	$9,560	$19,873
Adopting Sites Training and Technical Assistance	*Y*	$0	$750,000	$250,000	$1,000,000
	Y	$0	$0	$0	$0
TOTAL DIRECT COSTS		**$92,125**	**$1,205,714**	**$603,570**	**$1,901,409**
Indirect (F&A) Costs	**F&A Base**				
Rate	*MTDC **	*$92,125*	*$1,205,714*	*$603,570*	*$1,901,409*
30%		**$27,638**	**$361,714**	**$181,071**	**$570,423**
TOTAL COSTS PER YEAR		**$119,763**	**$1,567,428**	**$784,641**	
TOTAL COSTS FOR PROPOSED PROJECT PERIOD					**$2,471,832**

* MTDC = Modified Total Direct Cost

JUSTIFICATION. *See Exhibit B1 - Follow the budget justification instructions.*

Annual Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.

% **10.00%**

or

Amount *$10,000*

Subawardee Budget Justification

(The Regents of the University of California, Los Angeles)

The Budget Justification will include the following items in this format.

Personnel

Name. *Starting with the Principal Investigator list the names of all known personnel who will be involved on the project for each year of the proposed project period. Include all collaborating investigators, individuals in training, technical and support staff or include as "to be determined" (TBD).*

Role on Project. *For all personnel by name, position, function, and a percentage level of effort (as appropriate), including "to-be-determined" positions.*

Key Personnel

David B. Reuben, MD
UCLA Site Principal Investigator
Level of effort: 10% in Year 1, 10% in Year 2 and 10% in Year 3 (over 25 months)
Dr. Reuben will serve on the Clinical Advisory Board and participate in the creation of the Cognitive Health Assessment. He will also anticipate in monthly webinars and other educational activities as well as the Dementia Aware meetings. Dr. Reuben will lead the UCLA team in all aspects of completion of the project. Specifically, he will establish an organizational structure for administration of the tasks to be completed, supervise personnel completing these tasks, be responsible for the solution of any problems that arise during the project, and participate in the evaluation and preparation of written and oral reports. Dr. Reuben will also participate on calls with sites considering adoption of the ADC program or other models of comprehensive dementia care. He will serve as faculty for UCLA ADC Project ECHO training.

Susan Charette, MD
UCLA Site Co-Investigator
Level of effort: 5% in Year 2 (over 6 months)
With Dr. Dan Osterweil, Dr. Charette will create a distinct a dementia curriculum to be held in conjunction with the UCLA Intensive Course in Geriatric Medicine that is aimed at training health professionals in the screening, diagnosis, and culturally competent management of dementia, particularly in the context of Medi-Cal practices that may not have the same resources as those relying on PLWD who are covered by traditional fee-for-service Medicare or commercial insurance. This training will allow Medi-Cal providers to receive reimbursement for completing an annual cognitive health assessment for Medi-Cal-only beneficiaries who are 65 years of age or older.

Leslie C. Evertson, DNP, GNP
UCLA Site Co-Investigator
Level of effort: 10% in Year 2, 10% in Year 3 (over 19 months)
Dr. Evertson, the UCLA lead Dementia Care Specialists (DCS), will participate in the creation of the Cognitive Health Assessment. She will work with Drs. Reuben and Panlilio to develop the menu of options for practices that plan implementation of comprehensive dementia care beyond physician education through CME. She will serve as faculty for UCLA ADC Project ECHO training. She will also cover for Dr. Panlilio when she is away and provide assistance during surge times.

Michelle Panlilio, DNP
Dementia Care Specialist (DCS)
Level of effort: 20% in Year 2, 20% in Year 3 (over 19 months)
Dr. Panlilio will serve on the Clinical Advisory Board and participate in the creation of the Cognitive Health Assessment. She will work with Drs. Reuben and Panlilio to develop the menu of options for practices that plan implementation of comprehensive dementia care beyond physician education through CME. She will work with sites in the pre-adoption phase and provide technical assistance to adopting sites which includes DCS training, teaching appropriate billing, and DCA training. DCS training includes: a 22-module on-line curriculum; in-person or virtual training for skills; weekly clinical and implementation assistance including intensive 1:1 training on the DCS roles, the ADC model, and clinical cases for 8 weeks, which then decreases to monthly for up to 2 years; and weekly

"office hours" with Dr. Panlilio or the Dementia Care Specialist Trainer , which are available to adopting DCSs. Fidelity is ascertained by the dissemination team DCS's review of 5 de-identified initial intake notes and subsequent case review of patients treated by each adoption site DCS. She will serve as faculty for UCLA ADC Project ECHO training. She will also supervise the Dementia Care Specialist Trainer.

Other Personnel

Andrea Centeno, MPH
Dementia Care Assistant (DCA)
Level of effort: 15% in Year 2, 15% in Year 3 (over 19 months)
Ms. Centeno, who serves part-time as a DCA in the UCLA ADC, will develop a curriculum for office staff DCAs to facilitate the work of clinicians providing dementia care by scheduling visits, making interval calls to caregivers of persons living with dementia who are clinically stable, and triaging incoming calls to Dementia Care Specialists or other clinicians. She will also provide direct training and office hours for DCA's at adopting sites.

Alexis Knotts, MS
Project Manager
Level of effort: 100% in Year 1, 100% in Year 2, 100% in Year 3 (over 25 months)
Ms. Knotts will be the primary project Manager for the UCLA component of the Initiative and will manage day-to-day aspects of the project. Following introductions to practices interested in participating in Dementia Aware, she will lead the triage functions to help practices determine and adopt the best dementia care model for their specific goals and resources. She will begin by admit by administering a Readiness Assessment Instrument (modified from the existing instrument aimed at potential ADC adopting sites) that will identify the practices' specific goals for improving dementia care and the resources that can be brought to accomplishing these goals. She will then triage practices to receiving materials about the toolkit or scheduling an initial planning call with the UCLA team and product champions and leadership, as appropriate, from the practices. She will also plan and facilitate technical assistance by the UCLA ADC team or by referral to developers of other dementia care models. Ms. Knotts will coordinate the UCLA ADC Project ECHO training. She will also be responsible for ensuring that sites that adopt models collect appropriate evaluation data. handle inquiries, schedule pre-adoption calls and distribute relevant materials, including expectations of adopting sites and Letters of Agreement. She will also be responsible for meeting planning, scheduling, report preparation such as travel expense receipts and other administrative activities.

Katherine Serrano, MPH
Senior Project Manager
Level of effort: 8.5% in Year 2, 8.5% in Year 3 (over 19 months)
Ms. Serrano, who has led the day-to-day management of dissemination of the ADC program, will train and supervise Ms. Knott. She has extensive experience working with adoption sites and coordinating the steps and UCLA personnel who are needed for successful implementation. She will also cover for Ms. Knott when she is away and provide assistance during surge times.

Fringe Benefits.
In accordance with University policy, explain the costs included in the budgeted fringe benefit percentages used, which could include tuition/fee remission for qualifying personnel to the extent that such costs are provided for by University policy, to estimate the fringe benefit expenses on Exhibit B.

Fringe benefit costs for all personnel were calculated using the FY 21-22 UCLA composite benefit rate (CBR) in Year 1 and the FY 22-23 CBR in Years 2 and 3 as follows:

Year 1
39.6% for HCOMP faculty (Reuben)
53.9% for non-exempt staff (Knotts)

Years 2 and 3
38.8% for HCOMP faculty (Reuben, Charette)
54.1% for non-exempt staff (Centeno, Evertson, Knotts, Panlilio)
48.5% for exempt staff (Serrano)

The Fringe benefit rates used have been proposed to DHHS. The following fringe benefits are included in the CBR: Retirement: Matching Retirement Contribution, UCRP Supplemental Assessment, and Faculty Summer Retirement. Taxes: OASDI, Medicare, Workers Compensation, Unemployment Insurance, UCDI Insurance, PSBP Disability, and PSBP Workers Compensation. Health & Welfare: Health Insurance Contribution, OPEB Health, Dental Insurance, Vision Insurance, Benefits Administration, Employee Support Program, Core Medical Insurance, Life Insurance, Senior Management Supplement, PSBP Broker Fee, PSBP Life Insurance, Core Life Insurance, and proposing Pay for Family Care and Bonding (PFCB).

Travel

Itemize all travel requests separately by trip and justify in Exhibit B1, in accordance with University travel guidelines. Provide the purpose, destination, travelers (name or position/role), and duration of each trip. Include detail on airfare, lodging and mileage expenses, if applicable. Should the application include a request for travel outside of the state of California, justify the need for those out-of-state trips separately and completely.

N/A

Materials and Supplies

Itemize materials supplies in separate categories. ***Include a complete justification of the project's need for these items. Theft sensitive equipment (under $5,000) must be justified and tracked separately in accordance with State Contracting Manual Section 7.29.***

N/A

Equipment

List each item of equipment (greater than or equal to $5,000 with a useful life of more than one year) with amount requested separately and justify each.

N/A

Consultant Costs

Consultants are individuals/organizations who provide expert advisory or other services for brief or limited periods and do not provide a percentage of effort to the project or program. Consultants are not involved in the scientific or technical direction of the project as a whole.
Provide the names and organizational affiliations of all consultants. Describe the services to be performed, and include the number of days of anticipated consultation, the expected rate of compensation, travel, per diem, and other related costs.

TBN Dementia Care Specialist Trainer(s) ($150/hour)
Year 1: 348 hours for a total of $52,200
Year 2: 1,044 hours for a total of $156,600
Year 3: 783 hours for a total of $117,450
The Dementia Care Specialist trainer will provide technical assistance to adopting sites which includes DCS training, teaching appropriate billing, and DCA training. DCS training includes weekly clinical and implementation assistance including intensive 1:1 training on the DCS roles, the ADC model, and clinical cases for 8 weeks, which then decreases to monthly for up to 2 years; and weekly "office hours", which are available to adopting DCSs. Fidelity is ascertained by the dissemination team DCS's review of 5 de-identified initial intake notes and subsequent case review of patients treated by each adoption site DCS.

Subawardee (Consortium/Subrecipient) Costs

Each participating consortium organization must submit a separate detailed budget for every year in the project period in Exhibit B2 Subcontracts. Include a complete justification for the need for any subawardee listed in the application.

N/A

Other Direct Costs

Itemize any other expenses by category and cost. Specifically justify costs that may typically be treated as indirect costs. For example, if insurance, telecommunication, or IT costs are charged as a direct expense, explain reason and methodology.

Intensive Course Director Stipend (Dan Osterweil, MD)
$8,500 in Year 2
With Dr. Susan Charette, Dr. Charette will create a distinct a dementia curriculum to be held in conjunction with the UCLA Intensive Course in Geriatric Medicine that is aimed at additional training for health professionals in components of the Cognitive Health Assessment for Dementia Aware, for example screening, diagnosis, and culturally competent management of dementia, particularly in the context of patients with Medi-Cal benefits. This training will provide CE credits, including CME and MOC.

The Technology Infrastructure Fee (TIF) is a consistently-applied direct charge that is assessed to each and every campus activity unit, regardless of funding source, including units identified as individual grant and contract awards. The TIF pays for campus communication services on the basis of a monthly accounting of actual usage data. These costs are charged as direct costs and are not recovered as indirect costs. We anticipate this expense will cost thisproject $193 in Year 1, $820 in Year 2 and $647 in Year 3.

General Liability Assessment Program Costs: These charges represent a share of the cost of claims paid by the University under its General Liability self-insurance program ($1.17/$100 salary). We anticipate this expense will cost this project $414 in Year 1, $2,163 in Year 2 and $1,742 in Year 3.

Statistical Support
The Department of Medicine Statistical Core (DOMStat) provides statistical collaboration to researchers in the Department of Medicine. Collaboration includes assisting researchers in developing projects that improve efficiency, interpretability and generalizability of data, selecting the best methods in experimental design, improving measurements to increase sensitivity and precision, analyzing data using the best and most innovative statistical techniques, interpreting results using language that is easily comprehensible by the non-statistical community, and assisting in manuscript and proposal writing. Tahmineh Romero, MS, who has worked extensively with the UCLA ADC program will take the lead in the evaluation of programs that implement the ADC and wish to compare clinical outcomes and utilization with that of the original UCLA ADC and other adoption sites. ($10,313 in Year 2 and $9,560 In Year 3)

Adopting Sites Training and Technical Assistance
Year 2: 15 sites at $50,000 each: $750,000
Year 3: 5 sites at $50,000 each: $250,000
UCLA has created a Sales & Service mechanism that includes a fee to support the infrastructure costs of disseminating the ADC program. This fee includes customizing the ADC program to meet adopting site goals and resources and 2 years of support for adopting sites, including technical support and site visits, as appropriate. We have budgeted for the costs of up to 20 adopting sites. If, however, fewer than 20 adopt the ADC program, funds that are unused will be re-budgeted to provide training to Medi-Cal providers for "Dementia Champions" through the UCLA Intensive Course in Geriatric Medicine, which will include the newly developed dementia curriculum, and provide CE/CME/MOC.

Rent

If the Scope of Work will be performed in an off-campus facility rented from a third party for a specific project or projects, then rent may be charged as a direct expense to the award.

N/A

Indirect (F&A) Costs

Indirect costs are calculated in accordance with the budgeted indirect cost rate in Exhibit B.

Per the Department of Health Care Services (DHCS)'s allowable Facilities and Administrative Cost Rates policy, an annual indirect cost rate of 30% is applied to Modified Total Direct Costs.

Exhibit B2 – Subawardee Budgets

Budget Pertaining to Subawardee(s) (when applicable)

Subawardee Name: UC Regents of the University of CA, Irvine — Exhibit B2

Principal Investigator (Last, First): Gibbs, Lisa

COMPOSITE SUBAWARDEE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

03/15/2022 to 3/31/2024

From: / To:		3/15/2022 6/30/2022	7/1/2022 6/30/2023	7/1/2023 3/31/2024	
BUDGET CATEGORY		**Year 1**	**Year 2**	**Year 3**	**TOTAL**
PERSONNEL: *Salary and fringe benefits.*		$201,458	$741,220	$572,709	$1,515,387
TRAVEL		$0	$1,755	$0	$1,755
MATERIALS & SUPPLIES		$7,500	$5,500	$2,500	$15,500
EQUIPMENT		$0	$0	$0	$0
CONSULTANT		$0	$0	$0	$0
SUBRECIPIENT					
Alzheimer's Orange County		$47,504	$142,513	$106,885	$296,902
Alzheimer's Los Angeles		$2,945	$124,405	$95,320	$222,670
UC Regents of the University of CA, Davis		$14,620	$0	$0	$14,620
OTHER DIRECT COSTS (ODC)	*Subject to IDC*				
GAEL	Y	$1,455	$4,479	$3,420	$9,354
CME/MOC Fees	Y	$0	$2,000	$500	$2,500
Social Media	Y	$0	$1,500	$0	$1,500
ODC #4	Y	$0	$0	$0	$0
ODC #5	Y	$0	$0	$0	$0
ODC #6	Y	$0	$0	$0	$0
TOTAL DIRECT COSTS		**$275,482**	**$1,023,372**	**$781,334**	**$2,080,188**
Indirect (F&A) Costs	**F&A Base**				
Rate	*MTDC **	*$260,410*	*$756,454*	*$579,129*	*$1,595,996*
30%		**$78,124**	**$226,936**	**$173,739**	**$478,799**
TOTAL COSTS PER YEAR		**$353,606**	**$1,250,308**	**$955,073**	
TOTAL COSTS FOR PROPOSED PROJECT PERIOD					**$2,558,987**

* MTDC = Modified Total Direct Cost

JUSTIFICATION. *See Exhibit B1 - Follow the budget justification instructions.*

Annual Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.

% 10.00%

or

Amount *$10,000*

Subawardee Budget Justification

(UC Regents of the University of CA, Irvine)

The Budget Justification will include the following items in this format.

Personnel

Name. *Starting with the Principal Investigator list the names of all known personnel who will be involved on the project for each year of the proposed project period. Include all collaborating investigators, individuals in training, technical and support staff or include as "to be determined" (TBD).*

Role on Project. *For all personnel by name, position, function, and a percentage level of effort (as appropriate), including "to-be-determined" positions.*

All salaries include a cost-of-living adjustment of approximately 3% per year for staff and a scale adjustment of 3% for academic personnel every two – three years.

Lisa M. Gibbs, MD, UCI Principal Investigator, HS Clinical Professor, (20% Effort in All Years) The Division of Geriatric Medicine will lead this effort. UCI has been a leader in geriatrics care in the Orange County safety net serviced by CalOptima and in geriatrics education of primary care providers and interprofessional teams since2009. We have two competitive GWEP grants from 2015-2019 and 2019-2024. Building on work done through their GWEP, we will work with Alta Med, the nation's largest FQHC with 43 sites across Los Angeles and Orange Counties, including: UCI's Family Health Center in Santa Ana, a safety net center serving over 23,000 patients and providing 20% of the primary care visits for Orange County's underserved; and Southland and Korean Community Services, both serving over 75% Asian Americans, over half of which are non-English speaking. All of our GWEP partners are experts in caring for uninsured multi-generational families with complex social determinants of health. Dr. Gibbs, Clinical Professor of Family Medicine and Chief of the Division of Geriatric Medicine and Gerontology and ACO Medical Director for UCI Health. In addition, she is the Medical Director of UC Irvine's premier SeniorHealth Center, a primary care and consultative clinic. She will have the primary role of overseeing UCI activities. Dr. Gibbs serves on the leadership council of the Orange County's Strategic Planning for Aging, an oversight group for the Orange County Aging Services Collaborative, a collective of 40+ organizations dedicated to care of older adults.

CalOptima, (Medi-Cal in OC) is also a member of the OCSPA and OCASC. OCSPA is a core group charged with the oversight of planning for aging services for Orange County. She maintains an active geriatric medicine practice with a focus on the care of patients with dementia and their families and caregivers. She was awarded the OC Physician of the Year in 2017 by the OC Medical Association (OCMA). Dr. Gibbs has an extensive and successful history of developing multifaceted programs, bringing together collaborators from both university and community-based organizations. Her grant leadership experience is best exemplified by her role as developer and PI of the DW Reynold Physicians in Training grant (2009-2013) and two consecutive federal grants, USDHHS/Health Resources and Services Administration (HRSA) – Geriatric Workforce Enhancement Program (GWEP) 'C3OA' (2015-2019) and HRSA-GWEP 'TAG-TEAM' (2019-2024). Dr. Gibbs has also led a pilot grant for innovative care of dementia patients by linking the medical system with community-based resources. In addition, she is a national expert on elder abuse, an issue many people with dementia face. **Role in Education Core, Outreach Core, Practice Support Core, Evaluation Core**

Steven Tam, MD, Co-I, HS Associate Clinical Professor, Practice-Implementation Team and Content Expert-Dementia, Geriatrics and Primary Care (25% Effort in All Years). Dr. Tam is an Associate Professor in the Division of Geriatric Medicine/Internal Medicine. He is the Director of UCI's SeniorHealth Center Memory Disorders consultation clinic, and a clinical lead with Neurology for UCI's developing Cognitive Resource Center. His prior training includes fellowship training in geriatrics and geriatric neurology with an emphasis on dementia at UCSD. His clinical care practice involves caring for patients

with memory problems and dementia, and his expertise is in the primary care management of patients with dementia in addition to his work as a dementia specialist. He developed a web-based 'Point of Care' Dementia app for primary care providers. **Role in Education Core, Outreach Core, Practice Support Core, Evaluation Core**

Katherine de Azambuja, MD, Co-I, HS Assistant Clinical Professor, Practice-Implementation Team and Content Expert-Latinx Populations and Dementia (20% Effort in All Years). Dr. de Azambuja leads a Geriatric clinic in UCI's Federally Qualified Health Center, seated in Santa Ana, serving a largely Latinx population. She speaks Spanish fluently. She is often the first clinician diagnosing memory problems in an underserved population and is knowledgeable of the unique circumstances, including social determinants of health, of these patients. She completed her residency in Family Medicine UCI's FQHC, which has a significant MediCal (CalOptima) patient base. **Role in Education Core, Outreach Core, Practice Support Core, Evaluation Core**

Sonia Sehgal, MD, Director of Curriculum, HS Clinical Professor (20% Effort in All Years). Dr. Sehgal, Professor and Assistant Chief of the Division of Geriatric Medicine, and Director of the Geriatric Fellowship Program, has an expertise in medical education and has developed training for all levels of inter-professional learners. She will help to coordinate partners to ensure IPE learning across sites. Dr. Sehgal is an expert in patient doctor relationships, including 'breaking bad news' with diagnoses such as dementia. She will contribute to the development of the core Dementia AWARE curriculum, and will work closely with the interprofessional trainers, including medical, nursing, pharmacy, and psychology faculty. **(Expert in Medical Education) Role in Education Core, Outreach Core, Practice Support Core**

Maryam Rahimi, MD, Practice-Implementation Team and Content Expert-Advance Care Planning (20% Effort in All Years). Dr. Rahimi, Professor in Internal Medicine at UCI, has a unique specialization in Advance Care Planning. She is a co-investigator on a PCORI grant with UCSF and UCLA studying the most effective way to encourage ACP (Advance Care Planning) in patients with chronic illnesses. She has participated in system changes at UCI. In addition, she is fluent in Farsi and can advise on the ethnic perspectives for Southern California's large Farsi speaking population. **Role in Education Core, Outreach Core, Practice Support Core**

Tatyana Gurvich, PharmD, Practice-Implementation Team and Content Expert-Geriatric Pharmacy (20% Effort in All Years). Dr. Gurvich is a staff member in the Division of Geriatric Medicine and is the Pharmacist for UCI's Accountable Care Organization (ACO). She has extensive experience training medical professionals in the care of people with dementia. Areas of focus include polypharmacy, and management of dementia. Dr. Gurvich is an expert in geriatric pharmacology who is a pharmacist consultant with patient care responsibilities in the SeniorHealth Center. **Role in Education Core, Outreach Core, Practice Support Core**

Jung-Ah Lee, BSN, PhD, Associate Professor, Practice-Implementation Team and Content Expert-Caregiving in Underserved Communities (20% Effort in All Years). Dr. Jung-Ah Lee is an Associate Professor at University of California, Irvine (UCI), Sue & Bill Gross School of Nursing. She is a nurse scientist with expertise in gerontological research using mixed methods (qualitative and quantitative research methods). Her research focuses primarily on translational approach to improve care delivery and quality of life for patients and caregivers. Within this focus, a recurring theme of her work is to explore racial and ethnic disparities in quality of care. Culturally sensitive approaches to care delivery in chronic diseases including dementia are a primary consideration of her research. Currently, Dr. Lee is the primary principal investigator of a NIH/NIA funded dementia caregiver support study as well as the Program Evaluator/Co-Investigator of the DHHS/HRSA funded UCI GWEP. Dr. Lee served as Equity Advisor for the UCI School of Nursing and currently serving as President-elect of American Asian and Pacific Islander Nurses Association (AAPINA) to contribute to the improvement of diversity/equity in healthcare system.

Dr. Lee is named as a Fellow of Gerontological Society of American and Fellow of American Academy of Nursing. **Role in Education Core, Evaluation Core**

TBD, Psychiatry MD, Practice-Implementation Team (20% Effort in All Years). He/She will be a psychiatrist with a specialization in dementia care and education. **Role in Education Core, Outreach Core, Practice Support Core**

Julie Rousseau, PhD, CNM, RN, Content Expert- Educational Methods and Outreach (20% Effort in All Years). Dr. Rousseau is a Project Scientist and the Director of Strategic Initiatives for the Division of Geriatric Medicine and is a volunteer Professor in the School of Nursing. She has built interprofessional teams and partnered with community-based organizations, spearheading our collaborative work with the School of Nursing in two separate HRSA funded Geriatrics Workforce Enhancement Program (GWEP) grants. She has designed geriatric educational interventions with In-Home Supportive Services (Orange County Health Care Agency), AltaMed, Southland Health, Korean Community Clinics, and our own UCI FQHCs. Currently, she is working on the Dementia Friendly Community initiatives in Orange County in partnership with Alzheimer's OC. She will contribute her expertise on inclusive and innovative pedagogy and strategies for outreach and engagement with providers and our communities. **Role in Outreach Core, Practice Support Core. Evaluation Core**

TBD, Content Expert- Primary Care Nursing, School of Nursing (30% Effort in All Years). He/she will be a faculty member in the School of Nursing at UCI. This faculty member will be a strong educator, with a clinical interest in primary care, older adults and dementia care. He/she will have clinical experience in a community setting caring for underserved patients. taught graduate courses on Primary care of Older Adults, Physical Assessment, **Role in Education Core, Outreach Core, Practice Support Core. Evaluation Core**

TBH, Program Manager (100% Effort in All Years). The MPH level Program Manager will provide support to the Dementia Aware project personnel. He/she will be responsible for synchronizing activities, tracking project deadlines, arranging meetings, and assist in writing publics abstracts, and technical reports, as well as day-to-day coordination and work with Department Administration to procure supplies and services.

Jacklyn Schult, Geriatrics Division Administrator (15% in All Years) Ms. Schult will be responsible for the fiscal and administrative oversight of the multi-site program. She will support the hiring and onboarding of project personnel, and support the Director in report submission, budget management, provide purchasing oversight, as well as coordinate with the sponsor on budgetary deliverables.

Fringe Benefits.

Composite Benefit Rates (CBR)

The composite benefit rate is an average cost of benefits for an employee group, where groups are defined by attributes such as benefit eligibility, employee class, exempt and non-exempt status, and job code. Benefits will be charged based on the CBRs for their employee group(s). CBR's are fixed for the entire fiscal year and adjusted on an annual basis.

Vacation Leave Accruals are excluded from the Composite Benefit Rate and are assessed 7% on all fund sources.

	Employee Groups	Campus Rates FY22	FY23	Estimate FY24
	For Employees with Full Benefits			
1	Faculty	35.60%	32.70%	34.00%
2	Other Academic	33.10%	41.30%	42.60%
3	Post Doc	21.40%	19.80%	21.20%
4	HCOMP Faculty/Physician (MSP)/Nurse/Law Faculty/Police	24.20%	24.40%	26.20%
5	Staff Exempt	39.90%	41.30%	42.60%
6	Staff Non-Exempt	49.00%	48.70%	51.30%
7	Food-Custodian-Grounds-Building Maintenance Workers	57.80%	48.70%	51.30%
	For Employees with Less than Full Benefits and Students			
8	Faculty Summer Salary	9.80%	6.60%	8.10%
9	Students and Employees with No Eligibility	1.60%	2.60%	2.80%
10	Partial Benefit Eligibility	11.30%	2.60%	2.80%

Travel

Mileage Reimbursement is requested for team members to visit the clinics estimated at 100 trips x 30 miles RT x .585 cents/mile = $1,755

Materials and Supplies

- Educational Training Materials/Tool Kits/Flyers ($10,000). Funds are requested to purchase online materials and related items to develop curricula and toolkits for Medi-Cal providers and team based members (approximately 12,000 Medi-Cal participants reached).
- Laptops (3 at $1,500 each) is needed for new project personnel to be purchased at the inception of the project.
- Project Supplies ($1,000). A modest amount is requested for project-specific supplies for items such as folders, notepads, memory drives. For training and educational grants, these costs rise above the normal costs that are generally covered by overhead.

Equipment

None

Consultant Costs

Subawardee (Consortium/Subrecipient) Costs

Alzheimer's Orange County, Mark Odom, Lead. Alzheimer's OC has been a leader in Orange County aging services for decades. Mr. Odom has been working in the aging and mental health field for over 30 years where he has served as a clinician, clinical supervisor and program director of various aging and mental health programs and services. Mr. Odom is responsible for all aspects of the administration and operations of the education and programs department serving individuals with dementia and their family care providers. Responsibilities include the hiring, development and performance management of support, professional staff, and volunteers.

Alzheimer's Los Angeles, Jennifer Schlesinger, Lead. This project builds upon work that Alzheimer's LA is known for, and they have solid, working relationships with MediCal. Los Angeles is an enormous County and has the largest number of providers serving the Medi-Cal population. The leadership of Alzheimer's LA are well known to Medi-Cal health plans and providers in Los Angeles. They have experience leading a five-year dementia quality improvement project with Cal MediConnect health plans and their subcontracting provider groups.

UC Davis
Terri Harvath, PhD, Lead- C- Dr. Harvath is a Clinical Professor in the UCD School of Nursing and a geriatric nurse practitioner at the UCDH Betty Irene Moore School of Nursing. As a national expert in geriatric care and caregiving support, Dr. Harvath is Senior Director for Strategic Initiatives at the UCD Family Caregiving Institute Director. She is the co-lead for the UC Davis Hospital Healthy Aging Initiative. She has a clinical educational role at the new Geriatric Clinic at UC Davis, educating FNP residents, FNP students, medical students and residents. She is the past president of the Gerontology Society of America (GSA).

Other Direct Costs

- Social Media and Marketing ($2,000) is requested for developing the Dementia AWARE website. These funds will be utilized to provide design and content in the creation of the website and for marketing materials.
- CME/Maintenance Of Certification (MOC) Workshop Fee and Certification ($2,000). Cost is estimated at $2,000.
- General, Automobile, and Employment Liability (GAEL) is a University of California assessment to cover various liability and related loss prevention assessed on the salaries of all university employees based upon funding source. GAEL assessment is calculated at .082%.

Rent
Not Applicable

Indirect (F&A) Costs

Indirect costs are calculated at the capped rate of 30% of total modified direct cost. This calculation excludes direct cost amounts for equipment and capital expenditures, tuition and fees, and sub-awards and contracts in excess of $25,000. F&A will not be assessed on the sub-award to UC Davis.

Exhibit B2 – Subawardee Budgets

Budget Pertaining to Subawardee(s) (when applicable)

Subawardee Name: The Regents of the University of California, San Diego **Exhibit B2**

Principal Investigator (Last, First): Gupta, Roopali

COMPOSITE SUBAWARDEE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

03/15/2022 to 3/31/2024

	From:	3/15/2022	7/1/2022	7/1/2023	
	To:	6/30/2022	6/30/2023	3/31/2024	
BUDGET CATEGORY		**Year 1**	**Year 2**	**Year 3**	**TOTAL**
PERSONNEL: *Salary and fringe benefits.*		$94,386	$327,029	$246,587	$668,002
TRAVEL		$400	$1,000	$1,000	$2,400
MATERIALS & SUPPLIES		$5,000	$2,500	$2,478	$9,978
EQUIPMENT		$0	$0	$0	$0
CONSULTANT		$0	$0	$0	$0
SUBRECIPIENT					
Southern Caregiver Resource Center		$0	$52,800	$39,600	$92,400
Alzheimer's San Diego		$0	$48,000	$36,000	$84,000
Family Health Centers of San Diego		$27,280	$65,472	$49,104	$141,856
San Ysidro Health/San Diego PACE		$19,840	$59,520	$44,640	$124,000
Clinicas de Salud del Pueblo		$0	$23,960	$17,970	$41,930
Area Agency on Aging, San Diego County (Aging & Independence Services)		$0	$38,500	$27,500	$66,000
Area Agency on Aging, Imperial County		$0	$52,800	$39,600	$92,400
Champions for Health		$0	$40,250	$28,750	$69,000
OTHER DIRECT COSTS (ODC)	*Subject to IDC Calc*				
NGN Communication Charges	*Y*	$878	$2,712	$2,095	$5,685
HS-TSC	*Y*	$989	$3,057	$2,361	$6,407
ODC #3	*Y*	$0	$0	$0	$0
TOTAL DIRECT COSTS		**$148,773**	**$717,600**	**$537,685**	**$1,404,058**
Indirect (F&A) Costs	**F&A Base**				
Rate	*MTDC **	*$146,493*	*$491,458*	*$255,561*	*$893,512*
30%		**$43,948**	**$147,437**	**$76,668**	**$268,053**
TOTAL COSTS PER YEAR		**$192,721**	**$865,037**	**$614,353**	
TOTAL COSTS FOR PROPOSED PROJECT PERIOD					**$1,672,111**

* MTDC = Modified Total Direct Cost

JUSTIFICATION. *See Exhibit B1 - Follow the budget justification instructions.*

Annual Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.

% **10.00%**

or

Amount *$10,000*

Subawardee Budget Justification
(The Regents of the University of California, San Diego)
The Budget Justification will include the following items in this format.

Personnel

Name. *Starting with the Principal Investigator list the names of all known personnel who will be involved on the project for each year of the proposed project period. Include all collaborating investigators, individuals in training, technical and support staff or include as "to be determined" (TBD).*

Role on Project. *For all personnel by name, position, function, and a percentage level of effort (as appropriate), including "to-be-determined" positions.*

Key Personnel

Roopali Gupta, MD, Site Director (2.4 Calendar Months (20% effort)): Dr. Gupta will serve as the project site director for UC San Diego on this grant. Dr. Gupta is Associate Clinical Professor, Chief of Education, and Geriatrics Fellowship Director in the UC San Diego Division of Geriatrics, Gerontology and Palliative Care. She is the Program Director for the HRSA-funded Geriatric Workforce Enhancement Program (the San Diego/Imperial Geriatric Education Center (SDIGEC)). This GWEP is co-lead by San Diego State University and UC San Diego. Dr. Gupta is a board-certified geriatrician and provides primary care to patients at the UC San Diego senior medicine clinic. In her role as a primary care provider, she practices person-centered medicine with an emphasis on age friendly healthcare with experience in the complexities of providing dementia evaluation and management in the primary care setting. She holds a passion for medical education, has been the recipient of local teaching awards, and is actively involved with curriculum development and teaching of trainees at multiple levels. She will oversee all UC San Diego activities, be the lead liaison with UCSF, contribute to the development of the Dementia Aware curriculum and assist with practice implementation, and work closely with all local partners involved to ensure the successful implementation and execution of this grant.

Lindsey Yourman, MD, Co-Investigator (2.4 Calendar Months (20% effort)): Dr. Yourman is an Assistant Clinical Professor within the UC San Diego Division of Geriatrics, Gerontology and Palliative Care and was recently appointed as the Age-Friendly Health System Quality Improvement Director for UC San Diego. She is leading the effort at UC San Diego to become an Age-Friendly Health System, provides primary care to patients at the UC San Diego senior medicine outpatient clinic, leads group Advance Care Planning sessions and is actively involved with the Delirium Collaborative. She is also the Quality Improvement Curriculum Director for the geriatrics fellowship program. She is currently co-lead of the "GWEP What Matters" 4Ms clinical education team. Starting in 2022, she will also lead quality improvement efforts for the San Diego/Imperial GWEP. Dr. Yourman is Spanish-speaking and worked in a local Federally Qualified Health Center prior and has a large amount of expertise to bring to her role on the grant, including content expertise in geriatrics and primary care, along with practice implementation and evaluation.

Ian Neel, MD, Co-Investigator (1.2 Calendar Months (10% effort)): Dr. Neel is Associate Clinical Professor within the UC San Diego Division of Geriatrics, Gerontology and Palliative Care, and Medical Director of the Geriatrics Consult Service within the Senior Behavioral Health geriatric psychiatry inpatient unit. He has tremendous expertise in dementia care, is a board-certified geriatrician, and sees patients as part of UC San Diego's Memory Clinic. He is co-lead of the GWEP "Mentation" 4Ms clinical education team. He is also an active contributor to the San Diego County *Alzheimer's Project Initiative*, and most recently, the *Healthy Brain Initiative*. He has tremendous expertise in ADRD and works with trainees at multiple levels. He will provide content expertise in geriatrics and dementia and assist with curriculum development and practice implementation.

Steve Huege, MD, Co-Investigator (1.2 Calendar Months (10% effort)): Dr. Huege is Associate Clinical Professor and Geriatric Psychiatry Fellowship Director in the UC San Diego Division of Geriatric Psychiatry. His academic and clinical focus centers around providing clinical care for patients with neurodegenerative disorders and supervising fellows, residents and medical students. He is a board-certified geriatric psychiatrist, who sees patients in outpatient primary care at both UC San Diego and the VA, along with UC San Diego's Memory Clinic. He has had prior experience working at a Program of All-Inclusive Care for the Elderly (PACE) and has been involved in Alzheimer's disease clinical trials, including current work with the Alzheimer's Disease Cooperative Study. He is the Geriatric

Psychiatry Lead for the San Diego/Imperial GWEP, along with being a member of the "Mentation" Team. He will bring geriatric psychiatry and dementia expertise to his role on the grant and assist with curriculum development and practice implementation.

Elizabeth Bevins, MD, PhD, Co-Investigator (1.2. Calendar Months (10% effort): Dr. Bevins is an assistant professor in the UCSD Department of Neurosciences and a master clinician educator for the UCSD School of Medicine with specialized training in the diagnosis and management of neurodegenerative disease. She completed a residency in Neurology and a fellowship in Memory Disorders. In addition, she completed a PhD in Neurosciences. Her doctoral work focused on the use of imaging modalities to enhance early detection and differential diagnosis of neurodegenerative disease. She has taken particular interest in modifiable contributors to neurodegenerative disease, including underlying mood disorders, obstructive sleep apnea, hearing loss and the use of anticholinergic medications. In addition, she actively educates patients, medical trainees and primary care providers on interventions and practices to promote brain health during aging. She will contribute neurology and dementia expertise to the grant and assist with curriculum development and practice implementation.

Zvinka Zlatar, PhD, Co-Investigator (1.2 Calendar Months (10% effort): Dr. Zlatar is a bilingual and bicultural (Spanish, born and raised in Chile) neuropsychologist and Assistant Professor in the Department of Psychiatry at UCSD. She is also core faculty of the UCSD Alzheimer's Disease Research Center (ADRC) Latino Core and the UCSD's Center for Wireless and Population Health Systems (CWPHS), member of the UCSD's Mental Health Technology Center (MHTech), and alumni of the inaugural class of the NIA-funded Institute on Methods and Protocols for Advancement of Clinical Trials in ADRD. She has extensive expertise in the 1) assessment of subjective and objective cognitive function in aging, 2) measurement of brain health markers using magnetic resonance imaging (structural and functional MRI), and 3) development of behavioral interventions to prevent/delay cognitive decline (i.e., exercise and diet). She has more than five years of experience running NIA-funded studies that focus specifically on early detection of pre-clinical AD in older Latinx adults. She is also working on the cultural adaptation of intervention materials for the Latinx community of San Diego and has expertise working with diverse populations. She will contribute content expertise in neuropsychology to the grant, in addition to her expertise in working with older Latinx populations. She will assist with curriculum development, practice implementation and outreach.

Other Personnel

Jennifer Reichstadt, MSG, Project Manager (2.4 Calendar Months (20% effort)): Ms. Reichstadt will serve as the project manager for this grant. She is the Director of Education and Development in the UC San Diego Division of Geriatrics, Gerontology and Palliative Care and administrator for the HRSA-funded GWEP (the San Diego/Imperial Geriatric Education Center (SDIGEC)). She is also administrator for the NIA-funded San Diego Alzheimer's Disease Resource Center for Minority Aging Research (AD-RCMAR) and is also an active member of the San Diego County *Alzheimer's Project Initiative*. She has a master's in gerontology and over 20 years of experience in program development and management, education, and research in aging. She will work closely with all local key personnel and partners to ensure the successful execution of the grant, in addition to collaborating with the UCSF central management team, when applicable.

Vanessa Serrano, RN, Clinical Practice Manager/Coordinator (1.2 Calendar Months (10% effort): Ms. Serrano is a clinical resource nurse for UC San Diego in the senior medicine primary care clinic and works closely with Dr. Gupta and Dr. Yourman. She has extensive experience in leadership, practice management, and working with older adults and will provide nursing and practice management expertise to the grant. She will also serve as an implementation coach and provide practice management consultation.

TBA, Administrative Assistant (12.0 Calendar Months (100% effort): This individual will provide administrative support to Dr. Gupta, Ms. Reichstadt and the overall team to achieve the goals of the Dementia Aware grant, including assistance with coordination between UCSF, other Co-PIs and our local partners, meeting planning, communications, and data collection.

Fringe Benefits.
In accordance with University policy, explain the costs included in the budgeted fringe benefit percentages used, which could include tuition/fee remission for qualifying personnel to the extent that such costs are provided for by University policy, to estimate the fringe benefit expenses on Exhibit B.

Benefits have been listed at the current composite rates for each salaried employee in accordance with University proposed rates. Faculty: 29.80% (Year 1), 30.40% (Year 2) and 31.00% (Year 3); Staff: 43.90% (Year 1), 44.78% (Year 2), and 45.67% (Year 3). Composite rates are a weighted average percentage which includes CRS retirement contribution, health plan contribution, Social Security (FICA), dental plan, vision contribution, workers' compensation insurance, Employee Support Program, unemployment insurance, non-industrial disability insurance, employer-paid life insurance, Annuitant Health/Dental Program and general liability insurance.

Travel

Itemize all travel requests separately by trip and justify in Exhibit B1, in accordance with University travel guidelines. Provide the purpose, destination, travelers (name or position/role), and duration of each trip. Include detail on airfare, lodging and mileage expenses, if applicable. Should the application include a request for travel outside of the state of California, justify the need for those out-of-state trips separately and completely.

Year 1: $400; Years 2-3: $1,000 each

Funds are requested for mileage expenses for travel across both San Diego and Imperial Counties, as needed, for meetings and trainings. Current mileage rate is 58.5 cents/mile. Individuals will be encouraged to carpool, when feasible.

Materials and Supplies

Itemize materials supplies in separate categories. ***Include a complete justification of the project's need for these items. Theft sensitive equipment (under $5,000) must be justified and tracked separately in accordance with State Contracting Manual Section 7.29.***

Year 1: $5,000; Year 2: $2,500; Year 3: $2,478

Funds are being requested to cover expenses for a computer and/or tablet, along with other educational materials, printing, and office supplies that may be needed to provide training and ensure the successful execution of grant activities.

Equipment

List each item of equipment (greater than or equal to $5,000 with a useful life of more than one year) with amount requested separately and justify each.

N/A

Consultant Costs

Consultants are individuals/organizations who provide expert advisory or other services for brief or limited periods and do not provide a percentage of effort to the project or program. Consultants are not involved in the scientific or technical direction of the project as a whole.

Provide the names and organizational affiliations of all consultants. Describe the services to be performed, and include the number of days of anticipated consultation, the expected rate of compensation, travel, per diem, and other related costs.

N/A

Subawardee (Consortium/Subrecipient) Costs

Each participating consortium organization must submit a separate detailed budget for every year in the project period in Exhibit B2 Subcontracts. Include a complete justification for the need for any subawardee listed in the application.

Year 1: $47,120; Year 2: $381,302; Year 3: $283,164

All selected partner agencies serve a unique role and have been key to the successes within our local region thus far pertaining to educational activities and services provided related to ADRD. These partners have been involved with the GWEP (the San Diego/Imperial Geriatric Education Center (SDIGEC)) and many have been involved with *The Alzheimer's Project*, a San Diego county-wide regional initiative designed to address the toll of ADRD on families, communities, and health care systems. Each partner below will serve a key role in helping with the Dementia Aware grant, including practice-level implementation support, training outreach and engagement, and where applicable, input into the development of the toolkit and referral protocols.

Southern Caregiver Resource Center: Year 2: $52,800; Years 3: $39,600

Southern Caregiver Resource Center (SCRC) is one of 11 California Caregiver Resource Centers and represents both San Diego and Imperial Counties. They are a non-profit organization providing free caregiver support services for families caring for people living with ADRD. They train community and family caregivers with an emphasis on providing culturally appropriate training for Latino caregivers delivered in both Spanish and English. They also do a tremendous amount of work in outreach. Support services include comprehensive assessments/care planning, case management/ counseling, education, community outreach, respite care and support groups. Additionally, SCRC has developed successful cooperative models (i.e., REACH, Partners in Care, ACCESS), with significant community impact. They will play a significant role with outreach, engagement, referrals, and caregiver support.

Alzheimer's San Diego: Year 2: $48,000; Year 3: $36,000
Alzheimer's San Diego is a local leader with extensive connections throughout San Diego. Their services include a 24-hour Helpline and website, Family Care Consultations, community education classes, support and discussion groups, a Companion Respite Program, and social engagement programs, They deliver a tremendous amount of education to people with memory loss, their families and caregivers on basic ADRD education, legal and financial planning, home safety, and communication strategies. They are also part of the *Alzheimer's Project Initiative* and recently completed work on the *Healthy Brain Initiative* in collaboration with the County Area Agency on Aging. They also have experience providing support to Medi-Cal providers. They will play a significant role with outreach, engagement, referrals and caregiver support.

Federally Qualified Health Centers (FQHCs): Our three partner FQHCs have large numbers of patients, who are either uninsured or on MediCal, low-income and/or medically underserved.

> **Family Health Centers of San Diego: Year 1: $27,280; Year 2: 65,472; Year 3: $49,104**
> Family Health Centers of San Diego is one of the top 10 largest community clinic organizations in the nation with multiple internal resources in place to help support this grant, including an Older Adult Services department focused on meeting the needs of older adults and vulnerable seniors and its recent opening of its first Program of All Inclusive Care for the Elderly (PACE).
>
> **San Ysidro Health/San Diego PACE: Year 1: $19,840; Year 2: 59,520; Year 3: $44,640**
> San Ysidro Health provides care to a large number of people near the Mexico border with a vast and integrated network of program sites in San Diego County's South Bay region, in addition to a well-established PACE.
>
> **Clinicas de Salud del Pueblo: Year 2: $23,960; Years 3: $17,970**
> Clinicas de Salud del Pueblo is the only FQHC in Imperial County and provides an array of comprehensive primary care services to residents throughout Imperial and Eastern Riverside Counties. They provide services to special populations including season/migrant farmworkers and the homeless.

Partnerships have already been established with these FQHCs. Through our GWEP, we have been actively developing and delivering training to providers at these FQHCs, supporting their clinical practices and discussing modifications of work flows, incorporating more materials and support services for Spanish-speaking individuals, and improving knowledge of and connections with community resources and support services. In addition to ensuring their providers complete the developed training, these FQHCs can serve a key role in helping to guide the development of a toolkit, practice-level implementation, and ensuring local relevance, the provision of culturally competent care and meeting the needs of the Medi-Cal population. Based on infrastructure available, FHCSD and San Ysidro Health will be involved to a greater extent with the Dementia Aware grant than Clinicas de Salud.

Area Agency on Aging, San Diego County (Aging & Independence Services):
Year 2: $38,500; Year 3: $27,500
San Diego County Aging and Independence Services (AIS) is a key agency for educating providers about the community services available for their older patients, caregivers, and patients with ADRD, and can provide training for other service providers on dementia-specific case management methods. Programs include Adult Protective Services (APS); In-Home Supportive Services (IHSS), which provide personal care assistance for MediCal (Medicaid) eligible people who would otherwise not be able to live at home (AIS has 30,000 clients, with at least 17,000 older adults and an unknown percentage of which also have dementia); Multi-purpose Senior Services Program (MSSP) – MediCal waiver program including a case management program that serves clients who would otherwise need skilled nursing care (AIS has 550 clients.); Other Case Management Programs (e.g., SD-VISA, Linkages); and Legacy Corps,

a volunteer respite program for veteran families in which many of the elders have dementia. AIS is also lead on three key programs related to the GWEP that could have applicability to the Dementia Aware grant, including *The Alzheimer's Project*, Age Well San Diego, and the Alzheimer's Response Team. *The Alzheimer's Project* is a San Diego County-wide regional initiative designed to address the toll of ADRD on families, communities and health care systems. This project has brought together a powerful team of experts and decision-makers to develop clinical guidelines and promote best practices for primary care physicians and other healthcare professionals, support for caregivers, and outreach and education. Its products will be shared with the Dementia Aware leadership and key individuals are also personnel on this grant. The main goal of Age Well San Diego is to help create age- and dementia-friendly communities in San Diego County where older adults can thrive, with ADRD and dementia-friendly training provided to local service providers. The Alzheimer's Response Team (ART) is a pilot project designed to determine if an emergency response team can make a difference in the trajectory of older adults in emergency situations. The response team, supported by other partner agencies on the GWEP (and proposed here for the Dementia Aware grant), responds when needed to community situations where first responders are concerned about the older adults involved. Additionally, AIS has created an ADRD caregiver guide. AIS can contribute to outreach, engagement, referrals, and caregiver support, in addition to providing expertise pertaining to the local initiatives already in place and training of services providers, as needed.

Area Agency on Aging, Imperial County: Year 2: $52,800; Year 3: $39,600
Based in El Centro, CA, this AAA provides similar services as AIS to the Imperial County communities. Its mission is to provide leadership at the local level in developing systems of senior services, with an emphasis on maximum independence and dignity through comprehensive and coordinated home and community-based care. ICAAA serves a low-income area, with 85-90% on Medi-Cal. They also serve a diverse geographic region ranging from small towns to rural agricultural and desert areas. As a result, services vary widely depending on where the older adult lives in the County. ICAAA does not have the infrastructure that AIS enjoys, which limits what they are currently able to provide, yet through their involvement with the GWEP, they have had an opportunity to share best practices and assist in developing programs and infrastructure to enhance the care of older adults in Imperial County. They provide county-wide ADRD Physician Guidelines, standardized dementia training for formal caregivers, training of law enforcement and first responders, a Promotora program for family caregivers, and an Imperial County resource guide. For the Dementia Aware grant, they can help with outreach and engagement across this community, assist with training community-based providers, and ensure the curriculum is culturally competent and meets the needs of vulnerable populations.

Champions for Health: Year 2: $40,250; Year 3: $28,750
Champions for Health has helped execute many elements of the local *Alzheimer's Project Initiative*, including physician training on the developed Alzheimer's Clinical Guidelines, development of a mobile app, module development, a media campaign and outreach. As part of their training development, multiple focus groups were completed, with materials culturally translated. In addition, along with training providers across multiple health systems in San Diego County, this organization has established relationships with three FQHCs in North County. They will share developed materials with the Dementia Aware leadership team to contribute to curriculum development and training. In addition, they will help with outreach (particularly to additional local FQHCs) and engagement and can help with ensuring materials are culturally relevant.

Other Direct Costs

Itemize any other expenses by category and cost. Specifically justify costs that may typically be treated as indirect costs. For example, if insurance, telecommunication, or IT costs are charged as a direct expense, explain reason and methodology.

NGN Communications:
UC San Diego Information and Technology Services (ITS) charges a flat per month fee for services to provide state-of-the-art technology infrastructure and services to the campus community. These charges are directly attributable and proportionally applied for the individual(s) included in the proposed budget on the project. These costs are not included in the campus' Facilities & Administration (F&A) rate as an indirect cost. UC San Diego auditors have determined that it is both equitable and consistent with the OMB Circular 2 CFR 200 provisions on cost allocability that the costs be assigned to FTE on grant and contract funds. Accordingly, an allocable portion of these NGN costs are included in this budget as direct project costs.

ADP/Computer Services (Health Sciences Technology Services Charge (HS-TSC):

UC San Diego Health Information Services (IS) provides mandatory Information Technology Services to all of Health Sciences faculty and investigators, to include costs associated with the increased level of security required for all personnel within UC San Diego Health, which includes UC San Diego School of Medicine, Skaggs School of Pharmacy and Pharmaceutical Sciences and the hospitals and clinics. To mitigate the specific risk profile of this highly connected environment, UC San Diego Health Information Services ensures that all PIs who IS provides services to, whether they directly access patient information or not, operate in a highly secure desktop, application and server environment with dedicated and highly trained support. Charges are based on percent of FTE working on a grant and are charged on a monthly basis. These costs are not included in the campus' Facilities & Administration (F&A) rate as an indirect cost. UC San Diego auditors have determined that it is both equitable and consistent with the OMB Circular 2 CFR 200 provisions on cost allocability that the costs be assigned to FTE on grant and contract funds. Accordingly, an allocable portion of these Technology Services costs are included in this proposal as direct project costs.

Rent

If the Scope of Work will be performed in an off-campus facility rented from a third party for a specific project or projects, then rent may be charged as a direct expense to the award.

N/A

Indirect (F&A) Costs

Indirect costs are calculated in accordance with the budgeted indirect cost rate in Exhibit B.

UC San Diego has included indirect costs at the State of California Sponsorship rate of 30% in all years.

Exhibit B2 – Subawardee Budgets

Budget Pertaining to Subawardee(s) (when applicable)

Subawardee Name: Los Angeles County Department of Health Services **Exhibit B2**

Principal Investigator (Last, First): Segal-Gidan, Freddi

COMPOSITE SUBAWARDEE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

03/15/2022 to 3/31/2024

	From: / To:	3/15/2022 6/30/2022	7/1/2022 6/30/2023	7/1/2023 3/31/2024	
BUDGET CATEGORY		**Year 1**	**Year 2**	**Year 3**	**TOTAL**
PERSONNEL: *Salary and fringe benefits.*		$27,207	$473,154	$346,390	$846,751
TRAVEL		$0	$10,000	$0	$10,000
MATERIALS & SUPPLIES		$0	$12,000	$0	$12,000
EQUIPMENT		$0	$0	$0	$0
CONSULTANT		$0	$0	$0	$0
SUBRECIPIENT		$0	$0	$0	$0
OTHER DIRECT COSTS (ODC)	*Subject to IDC Calc*				
Training Incentives	*Y*	$0	$10,000	$0	$10,000
Promotional/Social Media	*Y*	$0	$10,000	$0	$10,000
ODC #3	*Y*	$0	$0	$0	$0
ODC #4	*Y*	$0	$0	$0	$0
ODC #5	*Y*	$0	$0	$0	$0
ODC #6	*Y*	$0	$0	$0	$0
TOTAL DIRECT COSTS		**$27,207**	**$515,154**	**$346,390**	**$888,751**
Indirect (F&A) Costs	**F&A Base**				
Rate	*MTDC **	*$27,207*	*$515,154*	*$346,390*	*$888,751*
30%		**$8,162**	**$154,546**	**$103,917**	**$266,625**
TOTAL COSTS PER YEAR		**$35,369**	**$669,700**	**$450,307**	
TOTAL COSTS FOR PROPOSED PROJECT PERIOD					**$1,155,376**

* MTDC = Modified Total Direct Cost

JUSTIFICATION. *See Exhibit B1 - Follow the budget justification instructions.*

Annual Budget Flexibility (lesser of % or Amount)

Prior approval required for budget changes between approved budget categories above the thresholds identified.

% **10.00%**

or

Amount *$10,000*

Subawardee Budget Justification
(Los Angeles County Department of Health Services)
The Budget Justification will include the following items in this format.

Personnel

Name. *Starting with the Principal Investigator list the names of all known personnel who will be involved on the project for each year of the proposed project period. Include all collaborating investigators, individuals in training, technical and support staff or include as "to be determined" (TBD).*

Role on Project. *For all personnel by name, position, function, and a percentage level of effort (as appropriate), including "to-be-determined" positions.*

Key Personnel

Freddi Segal-Gidan, PA, PhD (Site Principal Investigator), 15% FTE (all years) – Dr. Segal-Gidan is a physician assistant and gerontologist who serves as the Director of the Rancho/USC California Alzheimer's Disease Center. She actively sees patients for dementia assessment and care planning in her role as a clinician at the Rancho Geriatric Neurobehavior and Alzheimer's Center. She is Co-PI for "Dementia Navigators for DHS" and holds appointments as Assistant Clinical Professor in the Departments of Neurology and Family Medicine in the Keck School of Medicine, University of Southern California (USC), and Assistant Clinical Professor of Gerontology at the L. Davis School of Gerontology at USC. She will also lead implementation at the RLA site.

Katherine Ward, MD (Lead, Internal Medicine and Geriatrics), 10% FTE (all years) – Dr. Ward is a board-certified internist and geriatrician who serves as the Executive Vice Chair of the Department of Medicine and Section Head of Geriatrics at Harbor-UCLA. She is the Harbor-UCLA Geriatrics representative of the Special Populations Executive Committee for the Clinical and Translational Science Institute (CTSI) at UCLA. She co-chairs the Los Angeles Health Agency -Department of Health Services Geriatrics Workgroup. She leads the Harbor-UCLA geriatric primary care clinic and the geriatric inpatient consult service. She is PI of "Dementia Navigators for DHS" CTSI Implementation Science in partnership with the Department of Health Services of Los Angeles County.

Heather Schickedanz, MD (Lead, Family Medicine and Geriatrics), 10% FTE (all years) – Dr. Schickedanz is a board-certified family physician and geriatrician who serves as the Chair of the Department of Family Medicine at Harbor-UCLA, Vice Chair at UCLA Department of Family Medicine, and Assistant Professor, Health Sciences, at David Geffen School of Medicine at UCLA. She is the founder and co-chair of the Los Angeles Health Agency - Department of Health Services Geriatrics Workgroup. She was the Curriculum Lead for the UCLA Geriatrics Workforce Enhancement Program first cohort, creating and implementing interdisciplinary team-based dementia trainings for safety net providers across LA and Riverside Counties while she served as the Primary Care Director and Geriatrics Clinic Director at Olive View-UCLA Medical Center. She is co-PI for "Dementia Navigators for DHS," currently serves on the "Health Brain Los Angeles" Task Force and is a steering committee member representing LAC-DHS for the "Los Angeles Alliance for Community Health and Aging."

Ellen Wong, MD (Lead, Implementation, HUCLA), 10% FTE (all years) – Dr. Wong is a board-certified neurologist who leads behavioral neurology dementia assessment at Harbor-UCLA Medical Center and Rancho Los Amigos National Rehabilitation Center. She completed her neurology residency at LAC+USC before going on to complete neurorehabilitation fellowship at UCLA and behavioral neurology fellowship at USC. She is Clinical Assistant Professor of Neurology at Keck School of Medicine at USC, and a co-investigator on an NIH-funded study on genetic and non-genetic risk factors for Alzheimer disease in the Asian population.

Sayaka Weis Tokumitsu, MD (Lead, Implementation, MLK Clinic), 10% FTE (all years) – Dr. Tokumitsuis a board-certified family physician and geriatrician who serves as the Geriatric Medicine Curriculum Lead for the CDU Family Medicine Residency Program and Family Medicine-Geriatrics Attending Physician at the Martin Luther King, Jr. Outpatient Center. She completed Family Medicine Residency Training and Chief Residency at Harbor-UCLA Medical Center, followed by a Geriatric Medicine Fellowship at Kaiser Permanente, Los Angeles Medical Center. She is Assistant Professor, Career Academic Series, Department of Family Medicine at Charles Drew University.

Other Personnel

TBH (Social Work Educator), 10% FTE (years 2-3) – the Social Work Educator will be responsible for facilitating trainings for social workers and case managers across sites. They will have primary responsibility for establishing contact with social work departments across sites to arrange for trainings and embed trainings within existing programs so that they will be ongoing and sustainable. The SWE will engage with the other members of the team to review and provide input into training materials to ensure that they address the unique needs of the social work staff and patients and families served by LAC-DHS.

TBH (Nursing Educator), 10% FTE (years 2-3) – the Nursing Educator will be responsible for facilitating trainings for nursing staff across sites. They will have primary responsibility for establishing contact with nursing departments across sites to arrange for trainings and embed trainings within existing programs so that they will be ongoing and sustainable. The NE will engage with the other members of the team to review and provide input into training materials to ensure that they address the unique needs of the nursing staff and patients and families served by LAC-DHS.

TBH (Program Manager), 100% FTE (years 2-3) – the Program Manager will manage all program-wide activities that support the state-wide Dementia Aware program, including organizing and documenting program meetings, organizing the formation of the Clinical Advisory Board, organizing stakeholder meetings, creating and maintaining the website, providing CME, maintaining lists of CHA-trained participants for submission to DHCS, creating and disseminating media campaigns, managing incentive payments for participants to do trainings, producing reports for DHCS, and supervising additional staff of the LAC-DHS project management team.

TBH (Program Coordinator), 100% FTE (years 2-3) – the Program Coordinator will assist the Program Manager with all program activities in the implementation of the state-wide Dementia Aware program across LAC-DHS sites. They will serve as staff support with responsibility for managing communications, scheduling and organization of meetings of project staff across sites and assisting with compilation of materials for reports.

TBH (Health IT Support Specialist), 20% FTE (years 2-3) – the Health IT Support Specialist will provide the technology and programming expertise for changes in the electronic health record (HER) to facilitate the documentation of provider behavior change the Dementia Aware program is designed to promote.

TBH (Practice Coach), 100% FTE (years 2-3) – the Practice Coach will work across sites with primary care providers, social workers, nurses and other project staff to assist in the implementation of practice changes associated with the Dementia Aware program. They will be available both in-person and electronically to work with individual providers and administrators at different clinical implementation sites on workflow changes and other practice site-specific needs as identified.

Fringe Benefits.
In accordance with University policy, explain the costs included in the budgeted fringe benefit percentages used, which could include tuition/fee remission for qualifying personnel to the extent that such costs are provided for by University policy, to estimate the fringe benefit expenses on Exhibit B.

The RRI institutional fringe rate currently is calculated at 24.6% for staff employed at 50% more and 15%, of total direct project cost for staff working less than 50 percent effort.

Travel

Itemize all travel requests separately by trip and justify in Exhibit B1, in accordance with University travel guidelines. Provide the purpose, destination, travelers (name or position/role), and duration of each trip. Include detail on airfare, lodging and mileage expenses, if applicable. Should the application include a request for travel outside of the state of California, justify the need for those out-of-state trips separately and completely.

We request $10,000 in Year 2 for program travel to regional meetings and conferences to promote the project and participation across and wide spectrum of stakeholders. Costs may include meeting venue/technology fees, airfare, ground transportation, lodging, meals, and other allowable incidental costs.

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Materials and Supplies

Itemize materials supplies in separate categories. ***Include a complete justification of the project's need for these items. Theftsensitive equipment (under $5,000) must be justified and tracked separately in accordance with State Contracting Manual Section 7.29.***

We request $12,000 in Year 2 for program supplies including computing devices costs (and accessories), cell phonesand office supplies for use by TBH personnel.

Equipment

List each item of equipment (greater than or equal to $5,000 with a useful life of more than one year) with amount requestedseparately and justify each.

N/A

Consultant Costs

Consultants are individuals/organizations who provide expert advisory or other services for brief or limited periods and do not provide a percentage of effort to the project or program. Consultants are not involved in the scientific or technical direction of theproject as a whole. Provide the names and organizational affiliations of all consultants. Describe the services to be performed, and include the numberof days of anticipated consultation, the expected rate of compensation, travel, per diem, and other related costs.

N/A

Subawardee (Consortium/Subrecipient) Costs

Each participating consortium organization must submit a separate detailed budget for every year in the project period in ExhibitB2 Subcontracts. Include a complete justification for the need for any subawardee listed in the application.

N/A

Other Direct Costs

Itemize any other expenses by category and cost. Specifically justify costs that may typically be treated as indirect costs. Forexample, if insurance, telecommunication, or IT costs are charged as a direct expense, explain reason and methodology.

Training Incentives

We request $10,000 for training incentives in Year 2 to be used for project logo imprinted items and gift cards that willbe provided to encourage trainee participation in project activities.

Promotional/Social Media

We request $10,000 for promotional and social media costs in Year 2 to engage providers across sites, promote development of a community of engaged providers and others in the exchange of information and to support the goalsof the project.

Rent

If the Scope of Work will be performed in an off-campus facility rented from a third party for a specific project or projects, then
rent may be charged as a direct expense to the award.

N/A

Indirect (F&A) Costs

Indirect costs are calculated in accordance with the budgeted indirect cost rate in Exhibit B.

Per the Department of Health Care Services (DHCS)'s allowable Facilities and Administrative Cost Rates policy, anannual indirect cost rate of 30% is applied to Modified Total Direct Costs.

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Exhibit B3 – Invoice Elements

Invoice and Detailed Transaction Ledger Elements

In accordance with Section 14 of Exhibit C – Payment and Invoicing, the invoice, summary report and/or transaction/payroll ledger shall be certified by the University's Financial Contact and the PI (or their respective designees).

Invoicing frequency

☒ Quarterly ☐ Monthly

Invoicing signature format

☐ Ink ☒ Facsimile/Electronic Approval

Summary Invoice – includes either on the invoice or in a separate summary document – by approved budget category(Exhibit B) – expenditures for the invoice period, approved budget, cumulative expenditures and budget balance available[1]

- Personnel
- Equipment
- Travel
- Subawardee – Consultants
- Subawardee – Subcontract/Subrecipients
- Materials & Supplies
- Other Direct Costs
  - TOTAL DIRECT COSTS (if available from system)
- Indirect Costs
  - TOTAL

Detailed transaction ledger and/or payroll ledger for the invoice period [2]

- University Fund OR Agency Award # (to connect to invoice summary)
- Invoice/Report Period (matching invoice summary)
- GL Account/Object Code
- Doc Type (or subledger reference)
- Transaction Reference#
- Transaction Description, Vendor and/or Employee Name
- Transaction Posting Date
- Time Worked
- Transaction Amount

[1] If this information is not on the invoice or summary attachment, it may be included in a detailed transaction ledger.

[2] For salaries and wages, these elements are anticipated to be included in the detailed transaction ledger. If all elements are not contained in the transaction ledger, then a separate payroll ledger may be provided with the required elements.

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Exhibit D- Additional Requirements Associated with Funding Sources

(if applicable)

If the Agreement is subject to any additional requirements imposed on the funding State agency by applicable law (including, but not limited to, bond, proposition and federal funding), then these additional requirements will be set forth in Exhibit D. If the University is a subrecipient, as defined in 2 CFR 200 (Uniform Guidance on Administrative Requirements, Audit Requirements and Cost Principles for Federal Financial Assistance), and the external funding entity is the federal government, the below table must be completed by the State agency. (Please see sections 10.A and 10.B of the Exhibit C.)

State Agency to Complete (Required for Federal Funding Source):

Federal Agency	
Federal Award Identification Number	
Federal Award Date	
Catalog of Federal Domestic Assistance (CFDA) Number and Name	**N/A**
Amount Awarded to State Agency	
Effective Dates for State Agency	
Federal Award to State Agency is Research & Development (Yes/No)	

University to Complete:

Research and Development (R&D) means all research activities, both basic and applied, and all development activities that are performed by non-Federal entities. The term research also includes activities involving the training of individuals in research techniques where such activities utilize the same facilities as other R&D activities and where such activities are not included in the instruction function.

This award ☐ does ☑ does not support Research & Development.

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Exhibit E – Special Conditions for Security of Confidential Information

(if applicable)

If the Scope of Work or project results in additional legal and regulatory requirements regarding security of Confidential Information, those requirements regarding the use and disposition of the information, will be provided by the funding State agency in Exhibit E. (Please see section 8.E of Exhibit C.)

Business Associate Addendum

1. This Agreement has been determined to constitute a business associate relationship under the Health Insurance Portability and Accountability Act (HIPAA) and its implementing privacy and security regulations at 45 Code of Federal Regulations, Parts160 and 164 (collectively, and as used in this Agreement)

2. The term "Agreement" as used in this document refers to and includes both this Business Associate Addendum and the contract to which this Business Associate Agreement is attached as an exhibit, if any.

3. For purposes of this Agreement, the term "Business Associate" shall have the samemeaning as set forth in 45 CFR section 160.103.

4. The Department of Health Care Services (DHCS) intends that Business Associate may create, receive, maintain, transmit or aggregate certain information pursuant to the terms of this Agreement, some of which information may constitute Protected Health Information (PHI) and/or confidential information protected by Federal and/or state laws.

   4.1 As used in this Agreement and unless otherwise stated, the term "PHI" refers to and includes both "PHI" as defined at45 CFR section 160.103 and Personal Information (PI) as defined in the Information Practices Act(IPA) at California Civil Code section 1798.3(a). PHI includes information in any form, including paper, oral, and electronic.

   4.2 As used in this Agreement, the term "confidential information" refers to information not otherwise defined as PHI in Section 4.1 of this Agreement, but to which state and/or federal privacy and/or security protections apply.

5. Contractor (however named elsewhere in this Agreement) is the Business Associate of DHCS acting on DHCS's behalf and provides services or arranges, performs or assists in theperformance of functions or activities on behalf of DHCS, and may create, receive, maintain,transmit, aggregate, use or disclose PHI (collectively, "use or disclose PHI") in order to fulfillBusiness Associate's obligations under this Agreement. DHCS and Business Associate areeach a party to this Agreement and are collectively referred to as the "parties."

6. The terms used in this Agreement, but not otherwise defined, shall have the same meanings as those terms in HIPAA and/or the IPA. Any reference to statutory or regulatory language shall be to such language as in effector as amended.

7. **Permitted Uses and Disclosures of PHI by Business Associate**

   Except as otherwise indicated in this Agreement, Business Associate may use or disclose PHI, inclusive of de-identified data derived from such PHI, only to perform functions, activities

or services specified in this Agreement on behalf of DHCS, provided that such use or disclosure would not violate HIPAA or other applicable laws if done by DHCS.

7.1 Specific Use and Disclosure Provisions

Except as otherwise indicated in this Agreement, Business Associate may use and disclose PHI if necessary for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate. Business Associate may disclose PHI for this purpose if the disclosure is required by law, or the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person. The person shall notify the Business Associate of any instances of which the person is aware that the confidentiality of the information has been breached, unless such person is a treatment provider not acting as a business associate of Business Associate.

8. Compliance with Other Applicable Law

8.1 To the extent that other state and/or federal laws provide additional, stricter and/or more protective (collectively, more protective) privacy and/or security protections to PHI or other confidential information covered under this Agreement beyond those provided through HIPAA, Business Associate agrees:

8.1.1 To comply with the more protective of the privacy and security standards set forth in applicable state or federal laws to the extent such standards provide a greater degree of protection and security than HIPAA or are otherwise more favorable to the individuals whose information is concerned; and

8.1.2 To treat any violation of such additional and/or more protective standards as abreach or security incident, as appropriate, pursuant to Section 18. of this Agreement.

8.2 Examples of laws that provide additional and/or stricter privacy protections to certain types of PHI and/or confidential information, as defined in Section 4. of this Agreement, include, but are not limited to the Information Practices Act, California CivilCode sections 1798-1798.78, Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, Welfare and Institutions Code section 5328, and California Health and Safety Code section 11845.5.

8.3 If Business Associate is a Qualified Service Organization (QSO) as defined in 42 CFR section 2.11, Business Associate agrees to be bound by and comply with subdivisions (2)(i) and (2)(ii) under the definition of QSO in 42 CFR section 2.11.

9. Additional Responsibilities of Business Associate

9.1 Nondisclosure

9.1.1 Business Associate shall not use or disclose PHI or other confidential information other than as permitted or required by this Agreement or as

required by law.

9.2 Safeguards and Security

9.2.1 Business Associate shall use safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of PHI and other confidential data and comply, where applicable, with subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the information other than as provided for by this Agreement. Such safeguards shall be based on applicable Federal Information Processing Standards (FIPS) Publication 199 protection levels.

9.2.2 Business Associate shall, at a minimum, utilize a National Institute of Standards and Technology Special Publication (NISTSP) 800-53 compliant security framework when selecting and implementing its security controls and shall maintain continuous compliance with NIST SP 800-53 as it may beupdated from time to time. The current version of NIST SP 800-53, Revision
§, is available online at; updates will be available online through theComputer Security Resource Center website.

9.2.3 Business Associate shall employ FIPS 140-2 validated encryption of PHI at rest and in motion unless Business Associate determines it is not reasonable and appropriate to do so based upon a risk assessment, and equivalent alternative measures are in place and documented as such. FIPS 140-2 validation can be determined online through the Cryptographic Module Validation Program Search, with information about the Cryptographic Module Validation Program under FIPS 140-2. In addition, Business Associate shall maintain, at a minimum, the most current industry standards for transmission and storage of PHI and other confidential information.

9.2.4 Business Associate shall apply security patches and upgrades, and keep virus software up-to-date, on all systems on which PHI and other confidentialinformation may be used.

9.2.5 Business Associate shall ensure that all members of its workforce with access to PHI and/or other confidential information sign a confidentiality statement prior to access to such data. The statement must be renewed annually.

9.2.6 Business Associate shall identify the security official who is responsible for the development and implementation of the policies and procedures required by 45 CFR Part 164, Subpart C.

9.3 Business Associate's Agent

Business Associate shall ensure that any agents, subcontractors, subawardees, vendors or others (collectively, "agents") that use or disclose PHI and/or confidential information on behalf of Business Associate agree to the same restrictions and conditions that apply to Business Associate with respect to such PHI and/or confidential information.

10. Mitigation of Harmful Effects

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Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI and other confidential information in violation of the requirements of this Agreement.

11. Access to PHI

Business Associate shall make PHI available in accordance with 45 CFR section164.524.

12. Amendment of PHI

Business Associate shall make PHI available for amendment and incorporate any amendments to protected health information in accordance with 45 CFR section 164.526.

13. Accounting for Disclosures

Business Associate shall make available the information required to provide an accounting of disclosures in accordance with 45 CFR section 164.528.

14. Compliance with DHCS Obligations

To the extent Business Associate is to carry out an obligation of DHCS under45 CFR Part 164, Subpart E, comply with the requirements of the subpart that apply to DHCS in the performance of such obligation.

15. Access to Practices, Books and Records

Business Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI on behalf of DHCS available to DHCS upon reasonable request, and to the federal Secretary of Health and Human Services for purposes of determining DHCS' compliance with 45 CFR Part 164, Subpart E.

16. Return or Destroy PHI on Termination; Survival

At termination of this Agreement, if feasible, Business Associate shall return or destroy all PHI and other confidential information received from, or created or received by Business Associate on behalf of, DHCS that Business Associate still maintains in any form and retain no copies of such information. If return or destruction is not feasible, Business Associate shall notify DHCS of the conditions that make the return or destruction infeasible, and DHCS and Business Associate shall determine the terms and conditions under which Business Associate may retain the PHI. If such return or destruction is not feasible, Business Associate shall extend the protections of this Agreement to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.

17. Special Provision for SSA Data

If Business Associate receives data from or on behalf of DHCS that was verified by or provided by the Social Security Administration (SSA data) and is subject to an agreement

between DHCS and SSA, Business Associate shall provide, upon request by DHCS, a list ofall employees and agents and employees who have access to such data, including employees and agents of its agents, to DHCS.

18. Breaches and Security Incidents

Business Associate shall implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and take the following steps:

18.1 Notice to DHCS

18.1.1 Business Associate shall notify DHCS immediately upon the discovery of a suspected breach or security incident that involves SSA data. This notification will be provided by email upon discovery of the breach. If Business Associate is unable to provide notification by email, then BusinessAssociate shall provide notice by telephone to DHCS.

18.1.2 Business Associate shall notify DHCS within 24 hours by email (or by telephone if Business Associate is unable to email DHCS)of the discovery of the following, unless attributable to a treatment provider that is not acting as a business associate of Business Associate:

18.1.2.1 Unsecured PHI if the PHI is reasonably believed to have been accessed or acquired by an unauthorized person;

18.1.2.2 Any suspected security incident which risks unauthorized access to PHI and/or other confidential information;

18.1.2.3 Any intrusion or unauthorized access, use or disclosure of PHI in violation of this Agreement; or

18.1.2.4 Potential loss of confidential information affecting this Agreement.

18.1.3 Notice shall be provided to the DHCS Program Contract Manager (as applicable), the DHCS Privacy Office, and the DHCS Information Security Office (collectively, "DHCS Contacts") using the DHCS Contact Information in Section 18.6.

Notice shall be made using the current DHCS "Privacy Incident Reporting Form" ("PIR Form"; the initial notice of a security incident or breach that is submitted is referred to as an "Initial PIR Form") and shall include all information known at the time the incident is reported. The form is available online at the DHCS Data Privacy webpage.

Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of PHI, Business Associate shall take:

18.1.3.1 Prompt action to mitigate any risks or damages involved with the security incident or breach; and

18.1.3.2 Any action pertaining to such unauthorized disclosure required byapplicable Federal and State law.

18.2 Investigation

Business Associate shall immediately investigate such security incident or breach.

18.3 Complete Report

To provide a complete report of the investigation to the DHCS contacts within ten (10) working days of the discovery of the security incident or breach. This "Final PIR" must include any applicable additional information not included in the Initial Form. The Final PIR Form shall include an assessment of all known factors relevant to a determination of whether a breach occurred under HIPAA and other applicable federal and state laws. The report shall also include a full, detailed corrective action plan, including its implementation date and information on mitigation measures taken to halt and/or contain the improper use or disclosure. If DHCS requests information in addition to that requested through the PIR form, Business Associate shall make reasonable efforts to provide DHCS with such information. A "Supplemental PIR" may be used to submit revised or additional information after the Final PIR is submitted. DHCS will review and approve or disapprove Business Associate's determination of whether a breach occurred, whether the security incident or breach is reportable to the appropriate entities, if individual notifications are required, and Business Associate's corrective action plan.

18.3.1 If Business Associate does not complete a Final PIR within the ten (10) working day timeframe, Business Associate shall request approval from DHCS within the ten (10) working day timeframe of a new submission timeframe for the Final PIR.

18.4 Notification of Individuals

If the cause of a breach is attributable to Business Associate or its agents, other than when attributable to a treatment provider that is not acting as a business associate of Business Associate, Business Associate shall notify individuals accordingly and shall pay all costs of such notifications, as well as all costs associated with the breach. The notifications shall comply with applicable federal and state law. DHCS shall approve the time, manner and content of any such notifications and their review and approval must be obtained before the notifications are made.

18.5 Responsibility for Reporting of Breaches to Entities Other than DHCS

If the cause of a breach of PHI is attributable to Business Associate or its agents, other than when attributable to a treatment provider that is not acting as a business associate of Business Associate, Business Associate is responsible for all required reporting of the breach as required by applicable federal and state law.

18.6 DHCS Contact Information

To direct communications to the above referenced DHCS staff, the Contractor shall

initiate contact as indicated here. DHCS reserves the right to make changes to the contact information below by giving written notice to Business Associate. These changes shall not require an amendment to this Agreement.

18.6.1 DHCS Program Contract Manager

See the Scope of Work exhibit for Program Contract Manager information. If this Business Associate Agreement is not attached as an exhibit to a contract, contact the DHCS signatory to this Agreement.

18.6.2 DHCS Privacy Office

Privacy Office
c/o: Office of HIPAA Compliance Department of Health Care Services
P.O. Box 997413, MS 4722 Sacramento,
CA 95899-7413

Email: incidents@dhcs.ca.govTelephone:

(916) 445-4646

18.6.3 DHCS Information Security Office

Information Security Office DHCS
Information Security OfficeP.0. Box 997413,
MS 6400
Sacramento, CA 95899-7413 Email:

incidents@dhcs.ca.gov

19. Responsibility of DHCS

DHCS agrees to not request the Business Associate to use or disclose PHI in any manner that would not be permissible under HIPAA and/or other applicable federal and/or state law.

20. Audits, Inspection and Enforcement

20.1 From time to time, DHCS may inspect the facilities, systems, books and records of Business Associate to monitor compliance with this Agreement. Business Associate shall promptly remedy any violation of this Agreement and shall certify the same to theDHCS Privacy Officer in writing. Whether or how DHCS exercises this provision shall not in any respect relieve Business Associate of its responsibility to comply with this Agreement.

20.2 If Business Associate is the subject of an audit, compliance review, investigation or any proceeding that is related to the performance of its obligations pursuant to this Agreement, or is the subject of any judicial or administrative proceeding alleging a violation of HIPAA, Business Associate shall promptly notify DHCS unless it is legally prohibited from doing so.

21. Termination

21.1 Termination for Cause

Upon DHCS' knowledge of a violation of this Agreement by Business Associate, DHCSmay in its discretion:

21.1.1 Provide an opportunity for Business Associate to cure the violation and terminate this Agreement if Business Associate does not do so within thetime specified by DHCS; or

21.1.2 Terminate this Agreement if Business Associate has violated a materialterm of this Agreement.

21.2 Judicial or Administrative Proceedings

DHCS may terminate this Agreement if Business Associate is found to have violated HIPAA, or stipulates or consents to any such conclusion, in any judicial or administrative proceeding.

22. Miscellaneous Provisions

22.1 Disclaimer

DHCS makes no warranty or representation that compliance by Business Associate with this Agreement will satisfy Business Associate's business needs or compliance obligations. Business Associate is solely responsible for all decisions made by Business Associate regarding the safeguarding of PHI and other confidential information.

22.2 Amendment

22.2.1 Any provision of this Agreement which is in conflict with current or future applicable Federal or State laws is hereby amended to conform to the provisions of those laws. Such amendment of this Agreement shall be effective on the effective date of the laws necessitating it, and shall be binding on the parties even though such amendment may not have been reduced to writing and formally agreed upon and executed by the parties.

22.2.2 Failure by Business Associate to take necessary actions required by amendments to this Agreement under Section 22.2.1 shall constitute a material violation of this Agreement.

22.3 Assistance in Litigation or Administrative Proceedings

Business Associate shall make itself and its employees and agents available to DHCS at no cost to DHCS to testify as witnesses, or otherwise, in the event of litigation or

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administrative proceedings being commenced against DHCS, its directors, officers and/or employees based upon claimed violation of HIPAA, which involve inactions or actions by the Business Associate.

22.4 No Third-Party Beneficiaries

Nothing in this Agreement is intended to or shall confer, upon any third person any rights or remedies whatsoever.

22.5 Interpretation

The terms and conditions in this Agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA and other applicable laws.

22.6 No Waiver of Obligations

No change, waiver or discharge of any liability or obligation hereunder on any one ormore occasions shall be deemed a waiver of performance of any continuing or otherobligation, or shall prohibit Enforcement of any obligation, on any other occasion.

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Exhibit F – Access to State Facilities or Computing Resources

(if applicable)

If the Scope of Work or project requires that the Universities have access to State agency facilities or computing systems and a separate agreement between the individual accessing the facility or system and the State agency is necessary, then the requirement for the agreement and the agreement itself will be listed in Exhibit F. (Please see section 21 of Exhibit C.)

N/A

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Exhibit G – Negotiated Alternate UTC Terms (if applicable)

An alternate provision in Exhibit G must clearly identify whether it is replacing, deleting or modifying a provision of Exhibit C. The Order of Precedence incorporated in Exhibit C clearly identifies that the provisions on Exhibit G take precedence over those in Exhibit C.

*While every effort has been made to keep the UTC as universal in its application as possible, there may be unique projects where a given term in the UTC may be inappropriate or inadequate, or additional terms may be necessary. California Education Code §67327(b) allows for terms to be changed or added, but only through the mutual agreement and negotiation of the State agency and the University campus. If a given term in the UTC is to be changed, the change should **not** be noted in Exhibit C, but rather noted separately in Exhibit G.*

N/A

Exhibit H

CONTRACTOR EQUIPMENT PURCHASED WITH DHCS FUNDS

Current Contract Number: 21-10420	Contract Expiration Date: 03/31/24
Previous Contract (if applicable):	Program Name: Office of The Medical Director
Contractor's Name: The Regents of the University of California, San	Program Contract Manager: Marissa Jacinto
Contractor's Address: 490 Illinois Street, Floor 08 San Francisco, CA	Program Address: 1501 Capitol Ave., Sacramento, CA 95814
Contractor's Phone number: (415) 476-0234	Program Contract Manager Phone Number: (916) 345-8328
Contractor's Contact: Karen Yuan	Date:

DHCS Property Tag	Item Description (Item Type, Manufacture's name, model, size, etc.)	Serial Number	Unit Cost (Before Tax)	Purchase Date	Equipment Location	Capitalized	Sensitive Equipment
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
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INSTRUCTIONS FOR DHCS 1203

(Please read carefully.)

The information on this form will be used by the Department of Health Care Services (DHCS) Asset Management Coordinator (AMC) to tag contract equipment and/or property (see definitions A and B) which is purchased with DHCS funds and is used to conduct state business under this contract. After the Standard Agreement has been approved and each time state/ DHCS equipment and/or property has been received, the DHCS Program Contract Manager is responsible for obtaining the information from the Contractor and submitting this form to the AMC. The DHCS Program Contract Manager is responsible for ensuring the information is complete and accurate. (See *Health Administrative Manual (HAM),* Section 2-3100.6.)

Upon receipt of DHCS assets purchased/reimbursed with agreement funds or furnished by DHCS under the terms of contract, the DHCS Program Contract Manager is required to complete and submit the DHCS 1203 (add DHCS tag number once provided by Coordinator).

Procedures:

1. Provide the description, serial number, cost, purchase date, location, capitalization status, and sensitive equipment status for each item of:
   A. Capitalized: Tangible item having a base unit cost of $5,000 or more and a life expectancy of one (1) year or more. These items are issued green numbered state property tags.
   B. Non-Capitalized: Specific tangible items with a life expectancy of one (1) year or more that have a base unit cost less than $5,000. These items are issued blue numbered state property tags. NOTE: It is DHCS policy not to tag items valued less than $100/ea and/or modular furniture. (See your Federal rules, if applicable.)
2. Upon receipt of the DHCS 1203, AMC will complete the "DHCS Property Tag Number" column and provide the form and asset tags to the Program Contract Manager.
3. The Program Contact Manager is required to tag all assets listed on the DHCS 1203 and maintain an automated inventory database of DHCS assets for each contract. If inventory changes or disposition of assets is needed, use DHCS 1204.
4. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to DHCS Vehicle Services.
5. If all items being reported do not fit on one form, make copies and write the number of pages being sent in the upper right-hand corner (e.g., "Page 1 of 3.")
6. The DHCS Program Contract Manager should retain one copy and submit completed form via email to assets@dhcs.ca.gov.
7. Use the version on the DHCS Intranet forms site. The DHCS 1203 consists of one page for completion and one page with information and instructions.

For more information on completing this form, call Asset Management at (916) 650-0150 or email assets@dhcs.ca.gov.

Exhibit I

INVENTORY/DISPOSITION OF DHCS FUNDED EQUIPMENT

Current Contract Number: 21-10420	Contract Expiration Date: 03/31/24
Previous Contract (if applicable):	Program Name: Office of the Medical Director
Contractor's Name: The Regents of the University of California, San	Program Contract Manager: Marissa Jacinto
Contractor's Address: 490 Illinois Street, Floor 08 San Francisco, CA	Program Address: 1501 Capitol Ave., Sacramento, CA 95814
Contractor's Phone number: (415) 476-0234	Program Contract Manager Phone Number: (916) 345-8328
Contractor's Contact: Karen Yuan	Date:

DHCS Property Tag	Item Description (Item Type, Manufacture's name, model, size, etc.)	Serial Number	Unit Cost (Before Tax)	Purchase Date	Equipment Location	Capitalized	Sensitive Equipment
						☐	☐
						☐	☐
						☐	☐
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						☐	☐

INSTRUCTIONS FOR DHCS 1204
(Please read carefully.)

The information on this form will be used by the Department of Health Care Services (DHCS) Asset Management Coordinator (AMC) to; (a) conduct an inventory of DHCS equipment and/or property (see definitions A and B) in the possession of the Contractor and/or Subcontractors, and (b) dispose of these same items. Report all items, regardless of the items' ages, per number 1 below, purchased with DHCS funds and used to conduct state business under this contract. (See *Health Adminstraive Manual (HAM)*, Section 2-3100.6.)

The DHCS Program Contract Manager is responsible for obtaining information from the Contractor for this form. The DHCS Program Contract Manager is responsible for the accuracy and completeness of the information and for submitting it to AMC.

Inventory: List all DHCS tagged equipment and/or property on this form and submit it within 30 days prior to the three-year anniversary of the contract's effective date, if applicable. **The inventory should be based on previously submitted DHCS 1203s**, "Contractor Equipment Purchased with DHCS Funds." The Coordinator will contact the DHCS Program Contract Manager if there are any discrepancies.

Disposal: *(Definition: Trade in, sell, junk, salvage, donate, or transfer; also, items lost, stolen, or destroyed (as by fire).)* The DHCS 1204 should be completed, along with a "Property Survey Report" (STD. 152) or a "Property Transfer Report" (STD. 158), whenever items need to be disposed of; (a) during the term of this contract and (b) 30 calendar days before the termination of this contract. In addition, a DHCS 9091 form must be included for all items identified as sensitive equipment. After receipt of this form, AMC will contact the DHCS Program Contract Manager to arrange for the appropriate disposal/transfer of the items.

1. List the DHCS property tag, description, serial number, base unit cost, purchase date, location, capitalization status, and sensitive equipment status for each item of;
   A. Capitalized:Tangible items having a base unit cost of $5,000 or more, purchased with DHCS funds, and a life expectancy of one (1) year or more. These items shall be issued green numbered DHCS tags that begin with 4000000.
   B. Non-Capitalized: Tangible items with a life expectancy of one (1) year or more that have a base unit cost less than $5,000. These items are tagged with blue DHCS asset tags that begin with 7000000. Items valued at $100 or less are not tagged.
2. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to DHCS Vehicle Services.
3. If all items being reported do not fit on one page, make copies and write the number of pages being sent in the upper right-hand corner (e.g. "Page 1 of 3.")
4. The DHCS Program Contract Manager should retain one copy and submit completed form via email to assets@dhcs.ca.gov.
5. Use the version on the DHCS Intranet forms site. The DHCS 1204 consists of one page for completion and one page with information and instructions.

For more information on completing this form, call Asset Management at (916) 650-0150 or email assets@dhcs.ca.gov.

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STATE OF CALIFORNIA
CALIFORNIA CIVIL RIGHTS LAWS ATTACHMENT
DGS OLS 04 (Rev. 01/17)

DEPARTMENT OF GENERAL SERVICES
OFFICE OF LEGAL SERVICES

Pursuant to Public Contract Code section 2010, a person that submits a bid or proposal to, or otherwise proposes to enter into or renew a contract with, a state agency with respect to any contract in the amount of $100,000 or above shall certify, under penalty of perjury, at the time the bid or proposal is submitted or the contract is renewed, all of the following:

1. CALIFORNIA CIVIL RIGHTS LAWS: For contracts executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and

2. EMPLOYER DISCRIMINATORY POLICIES: For contracts executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

CERTIFICATION

I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Proposer/Bidder Firm Name (Printed)	Federal ID Number
The Regents of the University of California, San Francisco	94-6036493

By (Authorized Signature)

DocuSigned by:
Randi Jenkins, Senior Research Policy Manager
E1140EC7AB714EF...

Printed Name and Title of Person Signing

Randi Jenkins, Senior Research Policy Manager

Executed in the County of	Executed in the State of
Sacramento	California

Date Executed

April 11, 2022

Attachment 3

Subaward

Subrecipient Contacts

706215

Name: County of San Diego - Aging & Independence Services

Address: 5560 Overland Ave

City: San Diego State: CA Zip + 4: 92123

EIN: E22MQWUAMFF5 Institution Type: County Goverment

DUNS: 9321639

Parent DUNS (if applicable):

Is the Performance Site the same address as above? (•) yes ( ) no

If no, is the Performance Site the same as PI address below? ( ) yes ( ) no

central email:

Administrative Contact

Name: Roberto Ramirez

Address: 5500 Overland Ave, Suite 410

City: San Diego State: CA Zip+4: 92123

Telephone: 858-495-5061 Email: roberto.ramirez2@sdcounty.ca.gov

Principal Investigator

Name: Kristen Smith

Address: 5560 Overland Ave, Suite 310

City: San Diego State: CA Zip+4: 92123

Telephone: 858-495-5853 Email: kristen.smith@sdcounty.ca.gov

Financial Contact

Name: Jing Zhou

Address: 5560 Overland Ave

City: San Diego State: CA Zip+4: 92123

Telephone: 858-505-6524 Email: jing.zhou@sdcounty.ca.gov

Authorized Contact

Name: Carolyn Kendle

Address: 5500 Overland Ave, Suite 410

City: San Diego State: CA Zip+4: 92123

Telephone: 858-495-5998 Email: carolynm.kendle@sdcounty.ca.gov

PTE Contacts

Subaward

706215

Institution/Organization ("PTE")
University of California, San Diego Address:
9500 Gilman Drive,
La Jolla CA 92093

Contract Officer and Authorized Official:

Name: Derek Jackson

Address: 9500 Gilman Drive, Mailcode #0934
La Jolla CA 92093-0934

Phone: 858-534-1915

Email: djackson@ucsd.edu

Principal Investigator:

Name: Roopali Gupta

Address: 9500 Gilman Drive La Jolla, Ca 92093-0975 Mail Code: 0975

Phone: Email: rog007@ucsd.edu

Administrative Department Contact/Fund Manager:

Name: Jeffrey Graham

Address: 200 W. Arbor Drive San Diego, Ca 92103 Mail Code: 8797

Phone: Email: j1graham@health.ucsd.edu

Invoices should be directed to:
UCSD Disbursements
https://paymentcompass.ucsd.edu/

Physical Mailing Address:
9500 Gilman Dr.
Mailcode #0955
La Jolla, CA 92093-0955

Attachment 4
Statement of Work, Budget

Statement of Work: ☒ Attached

Cost Sharing: ☐ Yes Yes, amount: ☐ No

Budget Information: ☒ Attached

Scope of Work

Project Title: Dementia Aware, UC San Diego

Start/End Dates: 03/15/2022-03/31/2024

- Year 1 – 3/15/22-6/30/22 (3.5 mos)
- Year 2 – 7/1/22-6/30/23 (12 mos)
- Year 3 – 7/1/23-3/31/24 (9 mos)

Sub-PI Name: Roopali Gupta, MD

Project Description (including objectives, tasks, and deliverables as applicable):
UCSD will contribute to all aspect of training and content development, be responsible for outreach to their Federally-Qualified Health Center partners in the San Diego area and practice implementation with their local partners, coordinate and oversee collaboration with their local partners (such as the local Caregiver Resource Center and including social service agencies and organizations such as Alzheimer's San Diego).

UCSD will:

- Contribute to training and curriculum development for Dementia Aware.
- Outreach to their clinical sites to engage with Dementia Aware.
- Support their clinical sites with practice coaching for Dementia Aware implementation.
- Coordinate with their local social services and organizations that they are contracting
- with to provide coordinated services to primary care providers doing Dementia Aware.
- Assist in design of and execution of the program evaluation plan.

Dementia Aware Grant Budget

Aging & Independence Services (AIS)

PERSONNEL	MONTHLY BASE	Months	FTE	SALARY	BENEFITS	Annual Base+	FFY 22-23 Year 1 - 12 month
Health Planning and Program Spec	$ 9,317	12	0.05	$ 5,590	$ 3,968	$ 9,558	$ 9,558
Community Health Program Specialist	$ 7,885	12	0.05	$ 4,731	$ 3,359	$ 8,089	$ 8,089
Aging Program Specialist II	$ 6,401	12	0.10	$ 7,681	$ 5,453	$ 13,134	$ 13,134
HHSA - Medical Care Services: Chief Geriatric Officer	$ 22,917	12	0.025	$ 6,875	$ 4,881	$ 11,756	$ 11,756
TOTAL SALARIES						$ 24,877	$24,877
TOTAL BENEFITS						$ 17,660	$17,660
TOTAL PERSONNEL COSTS							$42,538

MAINTENANCE AND OPERATIONS COSTS	AIS	
Travel	$ -	
Materials and Supplies	$ -	
Other Direct Costs	$ -	
TOTAL MAINTENACE AND OPERATIONS	**$ -**	
Indirect Costs (max of 10%)		**$1,462**
TOTAL		**$44,000**