



# Santa Cruz County Seniors Commission

701 Ocean Street, Room 510, Santa Cruz, CA 95060  
P: (831) 454-2772 F: (831) 454-2411 TTY/TDD 711

[commissions@santacruzcountyca.gov](mailto:commissions@santacruzcountyca.gov)

[www.sccseniors.org](http://www.sccseniors.org)

## Notice of Public Meeting and Agenda

**DATE** **Tuesday, June 9, 2026**  
**TIME:** **12:30 PM – 2:30 PM**  
**LOCATION:** **United Way of Santa Cruz County**  
**4450 Capitola Road, Ste 106, Capitola, CA 95010**

**\*\*As a courtesy to those who are affected, kindly attend the meeting *scent-free* and *smoke-free*.\*\***

### AGENDA

1. Call to Order/Roll Call/Agenda Review
2. Approval of *April 21, 2026 Meeting Minutes*
3. Public Comment  
*Any member of the public may address the Commission for a period not to exceed 3 minutes on any issue within the jurisdiction of the Commission not on the agenda.*
4. New and Continuing Business/Action Items:
  - 4.1. Alzheimer's Association Presentation – Dr. Peter Heublein
  - 4.2. Consider MPA Local Playbook Implementation Advocacy
  - 4.3. Consider Medi-Cal Asset Limit Advocacy
5. District Reports
  - 5.1. District 1
  - 5.2. District 2
  - 5.3. District 3
  - 5.4. District 4
  - 5.5. District 5
6. Senior Legislature Report
7. Staff Report
8. Correspondence
9. Emerging Matters and Commissioner Announcements
10. Adjournment

**Next Regular Meeting: August 18, 2026 at 12:30 PM United Way, Capitola CA 95010**

*The County of Santa Cruz does not discriminate on the basis of disability, and no person shall, by reason of a disability, be denied the benefits of its services, programs, or activities. If you are a person with a disability and require assistance to participate in the meeting, please contact (831) 454-2772 TTY/TDD:711 at least 72 hours in advance of the meeting to make arrangements.*



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## Meeting Minutes

DATE: Tuesday, April 21, 2026  
TIME: 12:30 PM  
LOCATION: United Way, 4450 Capitola Road, Ste 106, Capitola CA 95010  
PRESENT: Suzanne Doty (*Chair - 1<sup>st</sup> District*), Dena Taylor (*1<sup>st</sup> District*), Antonio Rivas (*2<sup>nd</sup> District*), Mark Johannessen (*2<sup>nd</sup> District*), Lois Sones (*3<sup>rd</sup> District*), Katie Limas (*Vice Chair - 4<sup>th</sup> District*), Carol Childers (*5<sup>th</sup> District*), Roger Wapner (*5<sup>th</sup> District*)  
EXCUSED: None  
ABSENT: None  
STAFF: Kaite McGrew (*Commissions Manager*)  
GUESTS: Amanda Gullings (*Emergency Services Analyst*), Kendra Webster (*County Access and Functional Needs Coordinator*) and one member of the public were present.

1. Call to Order/Roll Call/Agenda Review  
Meeting convened at 12:31 PM.
2. **Motion to Approve February 17, 2026 Meeting Minutes**  
**Motion to approve minutes as written.**  
Motion/Second: Sones/Wapner  
**Motion passed unanimously.**
3. Public Comment
4. New Business/Action Items:
  - 4.1. Disaster Response and Recovery for Older Adults Presentation  
Gullings and Webster presented on the importance of emergency preparedness for seniors and outlined emergency notification systems and other resources for seniors.
  - 4.2. Officer Elections  
**Motion to elect Childers Commission Chair and Johannessen Vice Chair**  
Motion/Second: Wapner/Rivas  
**Motion passed unanimously.**
  - 4.3. Consider 2027 Meeting Schedule  
**Motion to approve the 2027 Meeting Schedule**  
Motion/Second: Limas/Johannessen  
**Motion passed unanimously.**
  - 4.4. BHSA Integrated Plan Advocacy  
Commission reviewed a call for action to advocate for seniors programs in the County's *Behavioral Health Services Integrated Plan*. Although the deadline for feedback to the

Behavioral Health Advisory Commission has passed, the Commission discussed advocating directly with the Board for increased considerations.

**Motion to establish an Ad Hoc BHS Integrated Plan Advocacy Subcommittee to draft and submit an advocacy letter to the Board.**

Motion/Second: Rivas/Sones

**Motion passed unanimously.**

**Chair appointed Childers, Johannessen, and Wapner.**

5. District Reports

5.1. District 1: No Report

5.2. District 2

Rivas reported that the Watsonville Senior Center has been working with the Watsonville City Council to develop a draft "Age Friendly Watsonville Plan". Commission will review the plan when finalized. Johannessen gave an update on SB-1249 which, if passed, would allow Counties to take over administration of area agencies on aging. Additionally, he requested that the Commission consider how best to advocate for an actionable implementation plan for the Master Plan for Aging. Johannessen shared his experience at an assisted living facility in Sacramento where virtual reality was being used therapeutically with seniors to delay or prevent cognitive decline and social isolation.

5.3. District 3

Sones shared senior data from a fact sheet recently published by the Seniors Council. (Older Americans Act funding,

5.4. District 4: No Report

5.5. District 5: No Report

6. Senior Legislature Report:

Rivas summarized a senior housing policy being developed by the California Senior Legislature (CSL) that would require new housing developments to have a certain percentage of housing units be earmarked specifically for seniors. Commission will consider recommending priorities for proposed legislation.

7. Staff Report: No Report

8. Correspondence: None

9. Emerging Matters and Commissioner Announcements: None

10. Adjournment: Meeting adjourned at 2:41 PM.

Respectfully submitted by:

Kaite McGrew, *Commissions Manager*



# The Impact of **Alzheimer's and Dementia** in Our Community



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## 2026 ALZHEIMER'S DISEASE FACTS AND FIGURES



OVER  
**7 MILLION**  
Americans  
are living  
with  
Alzheimer's




**1 in 3** older adults  
dies with Alzheimer's  
or another dementia

Between 2000 and  
2024 deaths from heart  
disease have decreased **3.8%** ↓  
while deaths from  
Alzheimer's disease  
have increased over **134%** ↑

It kills more than  
breast cancer and  
prostate cancer **+** COMBINED

NEARLY  
**13 MILLION**  
Americans provide  
unpaid care for people  
with Alzheimer's or  
other dementias



These caregivers  
provided more  
than 19 billion  
hours valued over  
**\$446 BILLION**



In 2026, Alzheimer's  
and other dementias  
will cost the nation  
**\$409  
BILLION**

By 2050,  
these costs  
could rise to nearly



**\$1 TRILLION**

The lifetime  
risk for  
Alzheimer's  
at age 45 is

**1 in 5**  
for women

**1 in 10**  
for men

**3 out of 4**  
Americans say  
lifestyle behaviors  
are important  
for brain health,



but only  
**46%**  
strongly connect  
these behaviors to  
reducing dementia risk



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### About the Alzheimer's Association

The Alzheimer's Association leads the way to end Alzheimer's and all other dementia — by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support.

Our vision is a world without Alzheimer's and all other dementia®.



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## Dementia

An umbrella term for loss of memory and other thinking abilities **severe enough to interfere with daily life.**



Alzheimer's

Vascular

Lewy body

Frontotemporal

Other, including Huntington's

Mixed dementia: dementia from more than one cause

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# What is Alzheimer's?



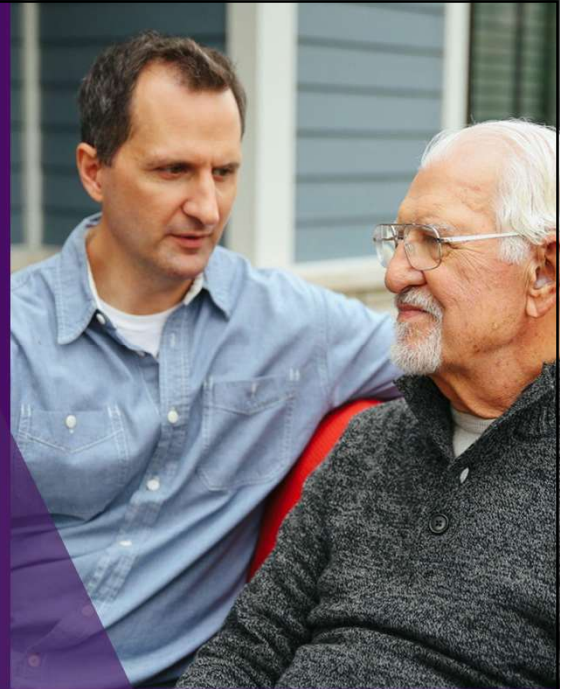
Alzheimer's is a brain disease that causes problems with **memory, thinking and behavior**. Symptoms eventually grow severe enough to interfere with daily tasks.



Alzheimer's is a progressive disease, where **symptoms gradually worsen** over a number of years.



In the early stage, memory loss is mild. But as the disease progresses, **individuals will need around-the-clock care**. The disease is ultimately fatal.



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# Populations at Higher Risk



Black Americans are about **twice as likely** as White Americans to have Alzheimer's or another dementia.



Hispanic Americans are **one and a half times** as likely to have the disease as White Americans.



Almost **two-thirds** of Americans living with Alzheimer's are women.



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# 10 Warning Signs of Alzheimer's

- 1. Memory loss that disrupts daily life
- 2. Challenges in planning or solving problems
- 3. Difficulty completing familiar tasks
- 4. Confusion with time or place
- 5. Trouble understanding visual images and spatial relationships
- 6. New problems with words in speaking or writing
- 7. Misplacing things and losing the ability to retrace steps
- 8. Decreased or poor judgment
- 9. Withdrawal from work or social activities
- 10. Changes in mood and personality

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## Importance of Early Detection



Pay attention to any changes in **memory**, thinking or behavior that you notice in yourself or someone else.



If you see changes that are new or unusual, **take action** by having a conversation with a doctor, or a trusted family member or friend.

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# Treatments for Alzheimer's

While there's currently no cure for Alzheimer's, there are treatments that can change disease progression, and drug and non-drug options that may help treat symptoms. Talk to your doctor to learn more about treatment options. Learn more at [alz.org/treatments](http://alz.org/treatments).



New treatments are available that slow disease progression for those in the earliest stages.



Drug and non-drugs options are available that **may help treat symptoms**, such as memory loss and confusion.



Everyone experiences Alzheimer's differently, treatments **work in varying degrees and are not effective for everyone**.



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# Take Charge of Your Brain Health



There are several risk factors for cognitive decline and dementia. Some, such as age, we can't control. But there are **actions we can take to improve our brain health**.



Growing evidence shows that **healthy living can lower the risk of cognitive decline and possibly dementia**.



Our brains need to be taken care of at all ages. It is never **too early or too late** to take action to protect brain health.

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# THE U.S. POINTER BRAIN HEALTH RECIPE\*

**PHYSICAL EXERCISE**  
30–35 minutes of moderate-to-intense aerobic activity four times a week, plus strength and flexibility exercises twice a week.

**COGNITIVE EXERCISE**  
Computer-based brain training program three times a week for 30 minutes, plus regular engagement in other intellectually challenging and social activities.

**HEALTH MONITORING**  
Regular check-ins on blood pressure, weight and lab results.

**NUTRITION**  
Adherence to the MIND diet, which emphasizes dark leafy greens, berries, nuts, whole grains, olive oil and fish, and limits sugar and unhealthy fats.

\*Participants followed either a self-guided or structured lifestyle program. The two interventions both focused on the same lifestyle domains, but differed in structure, accountability and support provided.

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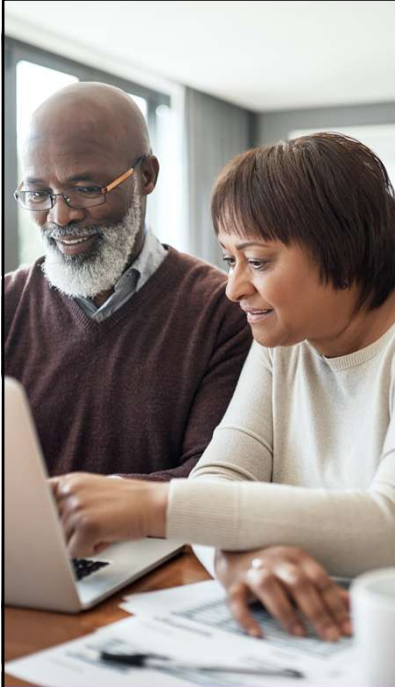
# 10 HEALTHY HABITS FOR YOUR BRAIN

- Protect your head
- Challenge your mind
- Stay in school
- Be smoke-free
- Eat right
- Control your blood pressure
- Manage diabetes
- Get moving
- Sleep well
- Maintain a healthy weight

Learn more at [alz.org/healthyhabits](https://alz.org/healthyhabits)

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### 24/7 Helpline



The Alzheimer's Association 24/7 Helpline (800.272.3900) is a free service offering confidential information and support for people living with dementia, caregivers, families and the public.



### Free Education and Support

The Association offers robust information, education and support both in person and online, and helps to connect individuals with resources in the community.

### TrialMatch®



The Association connects individuals living with cognitive impairment, Alzheimer's disease or another dementia, caregivers and healthy participants with current research studies. This free, easy-to-use service helps you find clinical research that may be a good fit.

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**My ALZ Journey**  
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**Support, guidance and connection for newly diagnosed people and care partners – all in one app**

Free mobile app for newly diagnosed individuals and care partners

Provides personalized guidance, trusted resources and local connections

Helps users understand their diagnosis, stay independent and plan for the future

Connects users to their local Alzheimer's Association chapter for programs and support

Built with input from people living with dementia and care partners

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# WALK TO END ALZHEIMER'S

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Held annually in more than 600 communities nationwide, the **Alzheimer's Association Walk to End Alzheimer's®** is the world's largest fundraiser for Alzheimer's care, support and research. [alz.org/walk](http://alz.org/walk)



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Do What You Love to End ALZ makes it easy to make a difference. It's simple, flexible and starts with you — doing something you love and turning it into a fundraiser to end Alzheimer's and all other dementia.

There's no limit to what you can do!

From hiking, golfing, gaming, or crafting, to playing pickleball or bridge, hosting a cookout or purple party — choose your passion, add the power of your community, and get started.

## DO WHAT YOU LOVE TO END ALZ

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[alz.org/dowhatyoulove](http://alz.org/dowhatyoulove)



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## Join Us!

- ✓ Share your personal story as an advocate.
- ✓ Help your neighbors by providing education or a support group.
- ✓ Get involved in clinical trials or a research study.
- ✓ Fight Alzheimer's through a fundraising activity of your choice on a day that works for you.
- ✓ Visit [alz.org](https://www.alz.org) or call our helpline to learn more.

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## Act Now: Support the ASAP Act

**Congress can pass this essential bill — but only with your voice**

- Simple **blood tests can detect Alzheimer's** before symptoms appear — but a legal barrier prevents Medicare from covering them.
- **This is our “mammogram moment.”** Just as routine screening transformed breast cancer outcomes, the bipartisan ASAP Act will make early detection the standard for Alzheimer's.
- **Your story moves Congress.** Contact your members and share why early detection matters!

**Take Action!**



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Thank  
you!





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June 9, 2026

Santa Cruz County Board of Supervisors  
701 Ocean Street  
Santa Cruz, CA 95060

RE: Request for Board Advocacy in Support of the Alzheimer's Screening and Prevention (ASAP) Act

Dear Chair Martinez and Members of the Board of Supervisors:

On behalf of the Santa Cruz County Seniors Commission, we respectfully request that the Board of Supervisors formally advocate to California's Congressional delegation in support of the federal Alzheimer's Screening and Prevention (ASAP) Act.

The ASAP Act seeks to expand access to early detection and screening for Alzheimer's disease and related dementias through improved coverage of emerging diagnostic tools. Early detection is critical to ensuring that individuals and families can access appropriate care, plan for the future, and connect with supportive services at the earliest possible stage of disease progression.

As Santa Cruz County's population continues to age, Alzheimer's disease and related dementias are having an increasing impact on residents, caregivers, health systems, and community-based services. Early diagnosis can reduce crisis-driven care, improve quality of life, and support more effective long-term planning for individuals and families.

The Seniors Commission believes this legislation represents an important step forward in modernizing the national approach to dementia care. We respectfully request that the Board of Supervisors:

1. Communicate formal support for the ASAP Act to California's Congressional delegation representing Santa Cruz County;
2. Encourage our federal representatives to support and cosponsor the legislation; and
3. Advocate for timely committee consideration and passage of the bill.

Coordinated advocacy at the local level is an important tool for elevating issues affecting older adults and caregivers and ensuring they are reflected in federal policy decisions. The Seniors Commission appreciates the Board's continued leadership on issues impacting the aging population in Santa Cruz County.

Thank you for your leadership and consideration.

Respectfully,

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Carol Childers  
*Seniors Commission Chair*

DRAFT

# DEPARTMENT OF HEALTH CARE SERVICES

## PROPOSED TRAILER BILL LEGISLATION

### Reinstate Medi-Cal Asset Limit FACT SHEET

**Issue Title: Reinstatement of the Medi-Cal Asset Limit.** The Department of Health Care Services (DHCS) proposes, effective no sooner than January 1, 2027, to reinstitute the Medi-Cal Asset Limit to federal resource levels, when determining Medi-Cal eligibility for applicants or members whose eligibility is not based on modified adjusted gross income (MAGI) financial methods.

**Background:** The Medi-Cal program's asset limits have historically aligned with those of the federal Supplemental Security Income (SSI) program. However, as part of the Budget Act of 2021, the health omnibus trailer bill, Assembly Bill (AB) 133 (Chapter 143, Statutes of 2021), modified these limits through a two-phased approach: Phase I increased the asset limits, and Phase II eliminated them entirely.

To implement these changes, DHCS sought federal approval to disregard up to \$130,000 in nonexempt property for a single-member household, and an additional \$65,000 for each additional household member, up to a maximum of ten members, effective July 1, 2022. Beginning January 1, 2024, all assets were fully disregarded in determining Medi-Cal eligibility.

As part of the Budget Act of 2025, the health omnibus trailer bill, AB 116 (Chapter 21, Statutes of 2025), reinstated Medi-Cal Asset Limit to consider resources beginning January 1, 2026, at the 2022 Phase I increased level, when determining Medi-Cal eligibility for applicants or members whose eligibility is not based on MAGI financial methods.

**Justification for the Change:** DHCS proposes, effective no sooner than January 1, 2027, to align the Medi-Cal Asset Limit to the federal SSI program, when determining Medi-Cal eligibility for applicants or members whose eligibility is not based on MAGI financial methods. The proposal is needed to address the state's budget deficit.

DHCS will seek federal approval to implement updated asset limits for applicants or beneficiaries whose eligibility is not determined using the MAGI-based financial methods no sooner than January 1, 2027.

Specifically, this proposal would:

- Make the existing section of law which partially restores the Asset Test, enacted in the Budget Act of 2025, inoperative on January 1, 2027, and sunset the section on January 1, 2028 (Welfare & Institutions Code (WIC) Section 14005.62).
- Recast the section of law to fully restore the Asset Test, which would:
  - Require DHCS to seek federal approval to restore alignment with federal resource limits, as specified (proposed WIC Section 14005.62(a)(1)).
  - Make implementation contingent upon the DHCS Director notifying the Department of Finance that systems have been programmed according to the new resource limits, no sooner than January 1, 2027 (proposed WIC Section 14005.62(a)(2)).
  - Apply the new resource limits beginning with the beneficiary's first annual redetermination, after the section becomes operative (proposed WIC Section 14005.62(b)).
  - Make this section of law operative on January 1, 2027 (proposed WIC Section 14005.62(f)).
- Repeal the former section of law that eliminates the Asset Test, enacted in the Budget Act of 2021, on July 1, 2026, rather than January 1, 2027 (WIC Section 14005.11, as amended by Section 53 of Chapter 21 of the Statutes of 2025).
- Amend the existing section of law that implemented the partial restoration of the Asset Test, enacted in the Budget Act of 2025, to make it inoperative on January 1, 2027, and to repeal the section effective January 1, 2028 (WIC Section 14005.11, as amended by Section 52 of Chapter 21 of the Statutes of 2025).
- Recast the section of the law to fully restore the Asset Test which would:
  - Restore alignment with federal SSI resource limits, as specified (proposed WIC Section 14005.11(a)).
  - Apply the new resource limits beginning with the beneficiary's first annual redetermination, after the section becomes operative (proposed WIC Section 14005.11(b)).
  - Make this section operative on January 1, 2027 (proposed WIC Section 14005.11(i)).

**Summary of Arguments in support:**

- The proposal will help to address California's budget deficit and achieve a balanced budget.

**BCP or Estimate Issue # and Title:** 4260-338-ECP-2026-MR, Reinstate Medi-Cal Asset Limit Test



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June 9, 2026

Santa Cruz County Board of Supervisors

701 Ocean Street

Santa Cruz, CA 95060

Re: Opposition to Proposed Dramatic Reduction in Medi-Cal Asset Limits for Older Adults and People with Disabilities

Dear Chair Martinez and Members of the Board:

On behalf of the Santa Cruz County Seniors Commission, we respectfully request that the Board of Supervisors advocate with the Governor and the County's state legislative delegation to oppose proposals that would reinstate a severely restrictive Medi-Cal asset limit for older adults and people with disabilities.

California recently eliminated the Medi-Cal asset test and then reinstated it at a significantly higher threshold—up to approximately \$130,000 in countable assets for a single individual under current policy. Current state budget proposals would dramatically reduce this limit to the federal Supplemental Security Income (SSI) standard of \$2,000 for an individual and \$3,000 for a couple. This represents a precipitous and destabilizing reduction in allowable savings.

The Seniors Commission is deeply concerned about the impact this change would have not only on older adults, but also on people with disabilities who rely on Medi-Cal under Non-MAGI eligibility rules. Both populations depend on the ability to retain modest savings for emergencies, housing stability, transportation, caregiving needs, and out-of-pocket medical expenses. Reducing the asset threshold from approximately \$130,000 to \$2,000 would effectively require individuals to remain at or near poverty-level savings in order to maintain access to essential health care coverage.

In a county with an extremely high cost of living, even modest savings are critical to maintaining independence and avoiding crisis situations. Policies that penalize saving undermine financial stability and run counter to the goal of supporting aging with dignity in the community.

The Seniors Commission respectfully requests that the Board communicate to state leadership that Santa Cruz County opposes this dramatic reduction in Medi-Cal asset limits and supports

maintaining eligibility rules that allow older adults and people with disabilities to retain reasonable savings while accessing essential health care services.

Thank you for your consideration and continued commitment to the well-being of older adults and people with disabilities in Santa Cruz County.

Thank you for your leadership and consideration.

Respectfully,

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Carol Childers  
*Seniors Commission Chair*

cc: Santa Cruz County Commission on Disabilities  
Santa Cruz County IHSS Advisory Commission

DRAFT



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June 3, 2026

## Santa Cruz County Board of Supervisors

Attn: Chair Martinez  
701 Ocean Avenue, Room 500  
Santa Cruz, CA 95060

### **Subject: Seniors Commission Recommendations: Draft Behavioral Health Services Act (BHSA) Integrated Plan for 2026–2029**

Dear Chair Martinez and Members of the Board,

I am writing on behalf of the Santa Cruz County Seniors Commission to provide feedback on the County's proposed *2026–2029 Behavioral Health Services Act (BHSA) Integrated Plan*.

Older adults in Santa Cruz County are a rapidly growing population representing a quarter of County residents. Santa Cruz County outpaces the rest of the state in population growth of residents ages 65–84. Despite this, older adults continue to receive a disproportionately small share of behavioral health services relative to need.

The Commission recognizes that the County's Master Plan for Aging Local Playbook is intended to guide the County's response to this demographic shift. However, as currently structured, this document functions only as a high-level playbook and does not yet include specific, actionable strategies or measurable outcomes related to senior mental health. This places increased importance on the BHSA Integrated Plan as a near-term opportunity to translate the senior mental health priorities identified in the Local Playbook into more concrete direction.

The Commission appreciates that the proposed BHSA Plan includes a range of services that benefit older adults, including prevention and early intervention programs and targeted efforts such as in-home counseling. These are important and necessary components of a well-functioning system. However, even as a high-level planning document, the BHSA Plan should also clearly articulate how the County intends to meet the behavioral health needs of this rapidly growing population at a systems level.

At present, the Plan does not establish clear, age-specific goals, strategies, or metrics that would allow the County or the public to assess whether services for older adults are sufficient, appropriately scaled, or achieving intended outcomes. Older adults are included within broader adult service categories, but there is no overarching framework that defines priorities, expected impacts, or accountability specific to this population.

Given these realities, the Commission respectfully urges your Board to review the BHSA Integrated Plan through the MPA Local Playbook lens to ensure that it more clearly defines how the County will specifically meet the behavioral health needs of older adults in the coming years.

Specifically, we urge you to:

- Establish clear goals, metrics, and accountability measures related to older adult behavioral health, including indicators such as access to care, service utilization, and social isolation.
- Articulate age-responsive strategies that reflect the unique needs and circumstances of older adults across the continuum of care.
- Ensure that funding and program planning are aligned with the scale and growth of the senior population.
- Clarify how existing and proposed programs will be coordinated and expanded to meet population-level need.
- Promote meaningful and accessible community engagement with older adults, caregivers, and providers to inform implementation.

The BHSA Integrated Plan represents an important opportunity to strengthen the County's behavioral health system overall and to operationalize the MPA Local Playbook's goals related to health, mental health, and social connection for older adults. Doing so with greater clarity, specificity, and accountability will be essential if the County is to effectively meet the behavioral health needs of its rapidly growing senior population and achieve equitable outcomes.

We urge your Board to take an active role in ensuring that the final Integrated Plan reflects a clear, actionable, and accountable approach to serving Santa Cruz County's growing senior population.

Thank you for your leadership and consideration.

Respectfully,



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Carol Childers, *Seniors Commission Chair*

cc: Santa Cruz County Behavioral Health Advisory Board



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## Scheduled Meetings

Unless otherwise specified, regularly scheduled Seniors Commission meetings are generally held as follows:

DAY: Third (3<sup>rd</sup>) Tuesday\*  
MONTH: Every other month (February, April, June, August, October, and December)  
TIME: 12:30 PM – 2:30 PM\*  
LOCATION: **United Way of Santa Cruz County\***  
**4450 Capitola Road, Ste 106, Capitola, CA 95010**

\* Unless noted otherwise below

Changes to the schedule, including special meetings, changes of location/date/time, or meeting cancellations, will be listed on the website at [www.sccseniors.org](http://www.sccseniors.org) as soon as information becomes available.

2026 Meeting Dates		
DATE	TIME	LOCATION
February 17, 2026	12:30 – 2:30 PM	United Way
April 21, 2026	12:30 – 2:30 PM	United Way
June 9, 2026	12:30 – 2:30 PM	United Way
August 18, 2026	12:30 – 2:30 PM	United Way
October 20, 2026	12:30 – 2:30 PM	United Way
December 15, 2026	12:30 – 2:30 PM	United Way

### Public Participation

- Please check the meeting agenda to learn details about how to participate in the commission meeting.
- If you need special accommodations, please call 454-2935 or TDD: 711 (California Relay Service) at least 48 hours before the meeting.