>> CHARLENE ELEFANTE: I'M GOING TO PULL UP THE SCREEN FOR THE MAIN PRESENTATION.

WE WILL WAIT A LITTLE MAYBE ABOUT LIKE TWO OR THREE MINUTES TO GET EVERYONE INTO THE ROOMS.

>> ELI GELARDIN: SOUNDS GOOD.

>> CHARLENE ELEFANTE: WE ARE GOING TO GIVE IT JUST A COUPLE OF MINUTES AND GIVE TIME FOR TRANSITION AND PEOPLE TO JOIN THE ROOM.

SO HANG TIGHT EVERYBODY.

>> CHARLENE ELEFANTE: A FEW MORE PEOPLE JOINING THE SESSION.

HEY, EVERYBODY.

WE'RE WAITING FOR PEOPLE TO BE ASSIGNED FOR ROOMS.

GIVE US A MINUTE WE WILL START ABOUT 1:40. THANK YOU FOR YOUR PATIENCE.

>> NO PROBLEM.

>> AARON ALARCON-BOWEN: WE HAVE MORE PEOPLE.

THE WAY THE GALLERY VIEW IS SETUP I CAN ONLY SEE SIX PEOPLE HERE. IT IS MORE PEOPLE. I WAS LIKE IT IS ONLY US.

>> ELI GELARDIN: AARON I THINK THERE IS A TOGGLE.

>> THERE IS A DOWN BUTTON.

HIT THE DOWN ARROW UNDER THE PICTURE.

>> THERE IS A TOGGLE BUTTON AS WELL TO SEE MORE PEOPLE DOWN THERE.

>> AARON ALARCON‑BOWEN: OH, OKAY. GOT IT. THANK YOU.

>> ELI GELARDIN: I SEE FAMILIAR FACES WHICH IS AWESOME. AND SOME FACES THAT I DON'T KNOW.

>> CHARLENE ELEFANTE: CAN YOU GUYS SEE THE PRESENTATION SCREEN?

>> ELI GELARDIN: YEP

>> CHARLENE ELEFANTE: OKAY. PERFECT.

SPEAKERS LET ME KNOW WHEN YOU WANT ME TO ADVANCE THE SLIDES I WILL TAKE CARE OF ALL OF THAT.

>> ELI GELARDIN: SOUNDS GOOD.

>> CHARLENE ELEFANTE: IT LOOKS LIKE IT IS 1:40.

JUST FOR THE INTEREST OF TIME WE WILL GO AHEAD AND GET STARTED.

>> ELI GELARDIN: WELCOME AGAIN.

JUST IN HAD TERMS OF ACCESS AND EQUITY I WANT TO REMIND FOLKS THAT WE HAVE CLOSED CAPTIONING REALTIME CAPTIONING AVAILABLE. THERE IS A LINK IN THE CHAT. SO PLEASE CHECK THAT OUT IF YOU NEED THAT RESOURCE OR JUST CURIOUS ABOUT IT.

I AM REALLY EXCITED TO BE PRESENTING AN AWESOME PANEL OF FRIENDS AROUND THE GOAL NUMBER 4 IN THE MASTER PLAN.

CAREGIVING THAT WORKS. I WILL SAY THAT KAREN AND LISA AND THE EXPERTISE IN THE CAREGIVING. ANNA AS WELL WON'T BE DOING HER PORTION OF THE PRESENTATION. THEY ALL EMBODY THE SPIRIT AND PASSION OF WHAT CAREGIVING MEANS. IT IS MORE THAN A VOCATION. IT IS REALLY A COMMITMENT TO LOVE, SUPPORT, FAMILY, TO THE HEALTH AND SAFETY OF OUR OLDER ADULTS.

OF PEOPLE WITH DISABILITIES AND A PEOPLE AGING INTO DISABILITY. AS WE WILL HEAR THROUGH THIS PRESENTATION AND THROUGH THE PANEL IT IS ONE OF THE MOST UNDER APPRECIATED AND RESOURCE SECTION OF OUR WORKFORCE. LET'S GO TO THE NEXT SLIDE.

SO AS I MENTIONED AARON ALARCON‑BOWEN, THE EXECUTIVE DIRECTOR OF THE PUBLIC AUTHORITY AT MARIN COUNTY.

ANNA KHACHATRYAN THAT WORKS IN THE INDEPENDENT LIVING AND ADMINISTRATOR UNFORTUNATELY IS NOT ABLE TO MAKE IT. I'LL BE SERVING IN HER PLACE. AND THEN MY FRIEND LISA BRINKMANN, GERONTOLOGIST AND FORMER DIRECTOR. NEXT SLIDE.

OKAY. WHO IS KICKING US OFF?

>> LISA BRINKMANN: I THINK ONE OF THE THINGS THAT WE WANT TO ACKNOWLEDGE DURING THIS PRESENTATION ARE SOME OF THE MAJOR HOMECARE OPTIONS.

BECAUSE OF THE TIME ALLOWANCE WE'RE NOT GOING TO DIG DEEP INTO MOST OF THEM. THERE ARE DIFFERENT HOMECARE OFFICES AND REGISTER AND INFORMAL CAREGIVERS AND ASSISTED FACILITY AND SENIOR HOUSING AND INDEPENDENT PEOPLE THAT GIVE HOMECARE WITHIN THE COMMUNITY. WE'RE GOING TO FOCUS ON THE REGISTRIES AND WHAT MARIN COUNTY IS DOING AND THE RESOURCES THERE.

I'M GOING TO SPEAK ABOUT THE INFORMAL FAMILY CAREGIVERS AND THE MASTER PLANNING AGING CAN HOPEFULLY GIVE US SOME RELIEVE. NEXT SLIDE.

>> AARON ALARCON‑BOWEN: THE ONE BEFORE, PLEASE.

THANK YOU LISA FOR THIS INTRODUCTION.

JUST TO COMPLEMENT WHAT YOU SAID ABOUT THE TYPE OF CAREGIVER THAT IS IN OUR STATE PARTICULARLY I WOULD GO A LITTLE FURTHER AND SAY THAT FROM ARE FUNDING PERSPECTIVE THERE IS THREE SOURCES OF CAREGIVER.

ONE OF THEM IS THE INFORMAL CAREGIVING BY A FAMILY MEMBER OR FREE THAT A LOT OF TIMES IS FREE.

THE OTHER IS THE PRIVATE CAREGIVING THAT IS OFFERED BY INDIVIDUAL PROVIDERS OR BY HOME HEALTH AGENCIES.

THEN THERE IS THE PUBLIC FUNDED CAREGIVING THAT IN CALIFORNIA IS CALLED IN HOME SUPPORTED SERVICES WHICH IS A MEDICAL BASED PROGRAM.

PROBABLY A LOT OF YOU ARE FAMILIAR WITH THE IN HOME SUPPORTIVE SERVICES.

I'M GOING TO GIVE YOU AN INTRODUCTION AND SUMMARY OF WHAT IN‑HOME SUPPORT SERVICES IS AND WHY IT IS IMPORTANT IN OUR COMMUNITY.

I REPRESENT ELI MENTIONED THE IN HOUSE AUTHORITY WE ARE AN INDEPENDENT AGENCY FROM MARIN COUNTY.

CAN SOMEBODY MOVE TO THE NEXT SLIDE. BUT BEFORE I GO INTO THE PUBLIC AUTHORITY LET ME RE‑WIND A LITTLE BIT.

LET ME GIVE YOU AN INTRODUCTION LIKE I SAID ABOUT WHAT IN‑HOME SUPPORTIVE SERVICES IS.

IT IS A WELFARE PROGRAM.

AN ENTITLEMENT PROGRAM THAT IS MEDICAL BASE.

IN ORDER TO BE ELIGIBLE FOR IN‑HOME SUPPORT SERVICES THE INDIVIDUAL HAS TO QUALIFY FIRST FOR MEDICAL.

WE ALL KNOW THAT MEDICAL IS INCOME BASE AND THERE IS AN EXCEPTION FOR PEOPLE THAT HAVE A DISABILITY IN THOSE CASES INDIVIDUALS CAN RECEIVE IN‑HOME SUPPORTIVE SERVICES EVEN IF THEY ARE NOT LOW‑INCOME.

IN‑HOME SUPPORTIVE SERVICES PROVIDES PERSONAL AND DOMESTIC CARE FOR PEOPLE THAT ARE AGING, BLIND, DISABLED SO THEY CAN STAY HOME.

WE NEED TO UNDERSTAND THAT THE PURPOSE OF IN‑HOME SUPPORTIVE SERVICES IS TO AVOID INSTITUTION.

MEANING AVOID THAT THE RECIPE ANT ENDS UP IN A NURSING HOME OR A HOSPITAL OR EVEN A GROUP HOME.

BECAUSE THE PROGRAM IS TO CREATE DIGNITY AND INDEPENDENCE SO THE RECIPIENT CAN STAY AT HOME.

IT HAS TO BE DETERMINED BY EACH COUNTY AND OR HANDLED OR MANAGED INDIVIDUAL BY EACH COUNTY OR STATE.

SOMETHING VERY PARTICULAR ABOUT THE IN‑HOME SUPPORTIVE SERVICES THE RECIPIENT IS THE EMPLOYER.

REMAINS INDEPENDENT IN MAKING THE DECISION ABOUT HIS OR HER OWN CARE.

THE COUNTY SOCIAL WORKERS ASSESS THE RECIPE ANT.

IT IS BASED ON FUNCTIONALITY.

LET'S SAY THEY HAVE DIABETES OR PAIN THERE NEEDS TO BE A FUNCTIONAL NEED.

MEANING THAT THE PERSON HAS TO HAVE SOME PHYSICAL IMPAIRMENTS TO PERFORM THEIR ACTIVITIES OF DAILY LIVING.

JESUS ASKED ME IN MANY ORDER TO QUALIFY SOMEBODY HAS TO QUALIFY FIRST? THE ANSWER IS THERE NEEDS TO BE MEDICAL ELIGIBILITY FIRST.

NOW WHO IS THE PUBLIC AUTHORITY? LIKE I SAID THE PUBLIC AUTHORITY IS AN INDEPENDENT GOVERNMENT AGENCY FROM THE COUNTY. WE ARE GOVERNED BY A BOARD OF DIRECTORS WHICH I REPORT TO. OUR MISSION AS YOU CAN SEE IN THE SCREEN IS TO EMPOWER IHSS RECIPIENTS TO BE SAFE AND SUPPLYING IN HOME CARE PROVIDERS WHO WE SELECT AND SUPPORT.

I WANT YOU TO PLEASE PAY ATTENTION TO THE LAST WORDS OF OUR MISSION STATEMENT.

WHOM WE SELECT AND SUPPORT. WHEN I JOINED THE PUBLIC AUTHORITY FOUR YEARS AGO I DID A FOCUS GROUP WITH STAKEHOLDERS ET CETERA TO COME UP WITH A MISSION THAT BETTER REFLECTED WHAT THE PUBLIC AUTHORITY DOES. WHAT THE MARIN COUNTY AND IN‑HOME SUPPORTIVE SERVICES THEIR LOYALTY FOR LACK OF A BETTER WORD REMAINS TO THE PROGRAM.

THE PUBLIC AUTHORITY THE RECIPIENT THEY ARE THE REASON THAT'S WHY WE EXIST.

WE CARE ABOUT THE CARE PROVIDERS.

WE BELIEVE THE CARE IS GOING TO IMPROVE THE SERVICES THAT THE RECIPIENT ENJOYS.

WE ENVISION A WORLD WHERE ALL THE IHSS RECIPIENTS RECEIVE AND REMAIN AT HOME. NEXT SLIDE, PLEASE.

THIS IS SOME OF THE THINGS THAT WHAT WE DO. WE RECRUIT A LOT OF OUR CARE PROVIDERS.

WE KEEP A REGISTRY. IT IS A DATABASE. PROVIDERS THAT WE PERSONALLY INTERVIEWED AND PERSONALLY SELECTED AND WHAT HAPPENS IS THAT THE RECIPIENTS OF THE PROGRAM THAT DO NOT HAVE A FAMILY PROVIDER AND DO NOT HAVE ANYBODY THAT IS GOING TO PERFORM THE IHSS AUTHORIZED TASK THEY COME TO US. THE PUBLIC AUTHORITY AND THEY REQUEST A LIST. WE SEND THAT LIST WITH THREE OR FOUR NAMES OF PROVIDERS WHO COULD POTENTIALLY WORK FOR THEM.

THE RECIPIENT RECEIVES THE LIST AND THEN THE RECIPIENT NEEDS TO CALL THEM AND SETUP INTERVIEWS, HIRE THEM, AND MANAGE THEM.

NOW DOES THIS SOUND LIKE SOMETHING THAT SOMEBODY WITH COGNITIVE DISABILITIES MIGHT DO? DOES THIS SOUND LIKE SOMETHING THAT SOMEBODY THAT IS BED WRITTEN MIGHT DO? THE ANSWER IS PROBABLY NOT. THAT'S WHY THE PUBLIC AUTHORITY IS VERY CONCERNED IN MAKING SURE THAT THE RECIPIENTS OF OUR PROGRAM HAVE THE TOOLS AND THE RESOURCES TO NAVIGATE THE IHSS SYSTEM.

THE IHSS SYSTEM CAN BE DIFFICULT TO NAVIGATE.

UNLESS YOU WERE A MANAGER IN YOUR CAREER. UNLESS YOU HAD THE CHANCE TO HIRE PEOPLE AND TO INTERVIEW THEM AND KNOW EXACTLY WHAT QUESTIONS YOU ARE GOING TO MAKE IMAGINE IF YOU ARE 75 OR 80 YEARS OLD AND SUDDENLY YOU HAVE TO GO THROUGH THOSE ‑‑ THROUGH THAT PROCESS? IT WOULD BE TERRIFYING. THAT'S WHY THE PUBLIC AUTHORITY HAS COME UP WITH TO HELP THAT POPULATION THAT HAS A DIFFICULT TIME NAVIGATING THE IHSS SYSTEM.

WE HAVE A REGISTER THAT IS EXPEDITED REGISTRY WHERE THE RECIPIENT LET'S US SELECT SOMEBODY THAT IN OUR VIEW WILL WORK BETTER FOR THAT PERSON.

WE SEND THAT PERSON AND THE RECIPIENT TELLS US AND HAS A CHOICE THAT THAT PERSON IS NOT GOING TO WORK AND SEND ME SOMEBODY ELSE.

IF THAT WORKS GREAT! THAT WAY THE RECIPIENT DOESN'T HAVE TO WORRY ABOUT MAKING THE PHONE CALLS. ABOUT INTERVIEWING AND ET CETERA. LIKE I SAID NUMERAL TIMES IT CAN BE INTIMIDATING. WE HAVE ANOTHER REGISTRY THAT IS ON‑CALL REGISTER. ELI AND I STARTED WORKING ON THIS REGISTRY YEARS AGO.

WE MET TO SAY HOW IMPORTANT IT IS FOR OUR COUNTY TO HAVE THIS KIND OF REGISTRY FOR RECIPIENT THAT SUDDENLY THE CARE PROVIDERS DOESN'T SHOW UP TO WORK, IS SICK, HAS FAMILY EMERGENCY.

WHAT HAPPENS WITH THESE RECIPIENTS? A LOT OF THEM END UP IN THE HOSPITAL. THEY CALL 9‑1‑1. THEY FALL AND DON'T HAVE ANYBODY TO GIVE THEM THEY ARE MEDICINE. YOU KNOW THE SILVER LINING OF THE PANDEMIC.

WHEN THE PANDEMIC STARTED, THANKS TO OUR GOVERN NEWSOM, THERE WAS A MANDATE THAT ALL THE AUTHORITIES IN THE STATE SHOULD HAVE AN ON‑CALL REGISTRY.

SOMEBODY THAT CAN IMMEDIATELY STEP UP ‑‑ I'M READING A QUESTION. HOLD ON.

UNTIL DECEMBER OF THIS YEAR.

HOWEVER THE PUBLIC AUTHORITY ALONG WITH ELI AND OTHER AGENCIES IN THE COMMUNITY ARE ADVOCATING SO OUR COUNTY KEEPS THE ON ‑ CALL REGISTRY PERMANENTLY.

CAN A FAMILY CAREGIVER BE IN YOUR REGISTRY AND BE ASSIGNED ONLY TO HIS/HER FAMILY MEMBER AND THUS GET PAID FOR HIS/HER SERVICES. IT IS FOR PEOPLE THAT DO NOT HAVE A FRIEND OR A NEIGHBOR. ACCORDING TO THE STATISTICS THE PERCENTAGE OF ALL THE RECIPIENTS IS APPROXIMATELY 30 TO 35%.

THE OTHER 65% ARE PEOPLE THAT HAVE A FAMILY MEMBER. SO ANSWER YOUR QUESTION A FAMILY MEMBER DOESN'T NEED TO ENROLL IN OUR REGISTRY BUT THEY NEED TO ENROLL AS IHSS CARE PROVIDERS. IHSS CARE PROVIDERS. IN MANY ORDER TO DO THAT THE STATE HAS A PROCESS TO REGISTER.

WE FINGERPRINT THEM AND TAKE BACKGROUND CHECKS AND MAKE SURE THAT THE INDIVIDUAL THAT IS GOING TO TAKE CARE OF THE POPULATION IS NOT GOING TO HARM THEM. THAT'S IN A NUTSHELL HOW IN‑HOME SUPPORTIVE SERVICES WORK AND THE DIFFERENCES WITH IHSS.

NOW I'M GOING TO GIVE IT TO ELI AND TALK ABOUT THE WONDERFUL REGISTRY THAT HIS AGENCY MANAGES.

>> ELI GELARDIN: THANK YOU AARON.

I WILL NOT DO AS GOOD AS BUT I WILL DO MY BEST.

BEFORE I GO I WANT TO SPOTLIGHT WHO IS ON OUR REGISTRY.

THOSE ARE INDIVIDUALS WHO ARE PRIMARILY PERSONS OF COLOR, IMMIGRANTS, WOMEN, INDIVIDUALS WHO DO NOT MAKE THE COST OF LIVING, WHICH IN MARIN COUNTY IS AROUND $28 AN HOUR.

RECOGNIZING THAT WHEN WE TALK ABOUT CARE LIVING AND EQUITY THE CARE LIVING WORKFORCE IS ESSENTIAL IN STOP LIGHTING AND SUSTAINING AND HELPING THE OLDER ADULTS AND AGING IN PLACE DURING COVID.

AS A GREATER EQUITY ISSUE AS HOW AS WE AS A COMMUNITY VALUE WORK AND CARE.

ALSO WE'RE TALKING ABOUT FAMILY CAREGIVERS.

THIS HAD IS HIGHLIGHTED AND I KNOW THAT LISA WILL HIGHLIGHT.

THERE IS SO MUCH UNPAID CAREGIVER IN MARIN.

ONE OF OUR FOUNDATIONAL PROGRAMS WAS THE PERSONAL ASSISTANCE REGISTRY.

RECOGNIZING THAT PEOPLE WITH DISABILITIES OUR FOUNDERS WERE YOUNG.

THEY REQUIRED PERSONAL ASSISTANCE TO PARTICIPATE IN COMMUNITY LIVING.

GOING TO WORK. GOING TO A PARTY. ACCESSING AND HAVING FUN.

CAREGIVING WAS ESSENTIAL.

RECOGNIZING THE STATE OF ALL AND PUBLIC AUTHORITIES CAME INTO PLACE.

NOT EVERYONE QUALIFIES FOR IN‑HOME SUPPORTIVE SERVICES.

THEY MIGHT NOT BE ABLE TO PAY FOR PRIVATE HOME SERVICE AGENCIES.

MANY OF THEM ARE EXCELLENT BUT THERE IS A HUGE LACK TO PAY FOR CARE MARIN COUNTY IN‑HOME SUPPORTIVE SERVICES SCREENS APPROXIMATELY 250 CAREGIVERS EVERY YEAR.

THEY REALLY SERVE AS INDEPENDENT PROVIDERS.

THEY HAVE EXPENSIVE EXPERIENCE AND DEBORAH ON OUR SCREEN IS THE CAREGIVER REGISTRY COORDINATOR.

WE LOOK FOR FOLKS TO MATCH WITH INDIVIDUAL UNIQUE NEEDS AND SETTINGS.

ANNA WOULD SHARE THIS STORY IF SHE WAS HERE.

WHEN WE ARE TALKING ABOUT LANGUAGE AND COMFORT LEVEL ANNA TELLS THE STORY OF HER FAMILY, HER MOTHER, WHO IS A PERSON WITH DISABILITY AND THAT THEIR FAMILY IMMIGRATED FROM ARMENIA.

SHE WAS NOT COMFORTABLE UNTIL SHE FOUND A CAREGIVER THAT SPOKE HER NATIVE LANGUAGE.

THAT MATCHED THE CONNECTION BETWEEN THE CAREGIVER AND INDIVIDUAL IS ESSENTIAL FOR SUCCESS.

AS I MENTIONED THE CONSUMER IS THE EMPLOYER OF RECORD.

TYPICALLY THAT IS PAID OUT OF POCKET.

IN SOME CASES IF SOMEONE HAS A LONG‑TERM CARE OR INSURANCE PLAN THAT WILL ALSO COVER IT.

WE WOULD CONNECT THE CONSUMER AND A FAMILY WITH A PAYROLL SERVICE IF THEY NEEDED HELP WITH THAT.

NEXT SLIDE.

YOU KNOW ONE OF THE TENANTS IN THE MASTER PLANS GOAL FOR CAREGIVING THAT WORKS IS VIRTUAL CARE EXPANSION.

ABOUT TEN, MAYBE TWELVE, I'VE BEEN AROUND FOR A WHILE NOW MARIN CENTER GOT WITH QUICK MATCH.

THE WEBSITE WHICH I DO NOT BELIEVE IS IN THE SLIDES, I WILL PUT IT IN THE CHAT.

QUICKMATCH.ORG IS A SITE THAT WE MANAGE AND WE LICENSE TO SEVEN DIFFERENT AGENCIES IN THE STATE TO PROVIDE VIRTUAL CONNECTION TO LINK WITH A CAREGIVER.

WHAT WE'RE OFFERING IS A HIGH‑TECH CARE SOLUTIONS.

IN MARIN MANY FAMILIES DON'T LIVE WITH OLDER ADULTS IN MANY MARIN.

THEY NEED HELP FINDING THAT CAREGIVER CONNECTION.

THROUGH QUICK MATCH WE HAVE INDIVIDUAL PROFILES WITH OUR ACTIVE CAREGIVERS AND BIO AND TRAININGS AND CERTIFICATION.

WHICH KIND OF SERVICES THEY OFFER.

DAILY LIVING, TRANSPORTATION, FEEDING, DRESSING AND UNIQUE SITUATIONS.

TAKING CARE OF PETS.

DRIVING TO AND FROM MEDICAL APPOINTMENTS.

THIS QUICK MATCH VIRTUAL CONNECTION HAS EXPANDED SIGNIFICANTLY OVER THE LAST YEAR PARTICULARLY DURING COVID.

AS AARON MENTIONED HE AND I HAVE WORKED MANY YEARS IN MANY ADVOCATING FOR ON‑CALL REGISTRY.

MARIN ALSO HAS AN ON‑CALL REGISTRY.

WHAT WE FOUND EARLY IN THE PANDEMIC WAS THAT INDIVIDUALS WERE NOT AVAILABLE TO IDENTIFY CAREGIVERS OR THERE WAS A LOT OF FEAR AND MISUNDERSTANDING OF HOW COVID WAS SPREAD AND REALLY EMPLOYING WHAT WE CALLED OUR DELTA FORCE.

SOME OF OUR MOST TRAINED AND EXPERIENCES CAREGIVERS AND SOME CASES COVID POSITIVE ENVIRONMENTS AND PERFORM AS FIRST RESPONDERS.

THAT CAREGIVER ON‑CALL REGISTRY CONTINUES TODAY.

NEXT SLIDE.

SO JUST IN TERMS OF THE EMERGING NEEDS AND WHAT WE'RE SEEING IN OUR COMMUNITY.

OVER 70% OF THE ADULTS OVER THE AGE OF 65 WILL NEED A CAREGIVER.

THAT IS APPROXIMATELY 14% OF OUR COUNTRIES POPULATION OR ROUGHLY 4.4 MILLION AMERICANS.

NEXT SLIDE.

AND THEN THE BAY AREA ALONE THAT ACCOUNTS FOR OVER 150,000 SENIORS AND PEOPLE WITH DISABILITIES.

NEXT SLIDE.

I BELIEVE THIS IS LISA'S SLIDE.

I JUST WANT TO END WITH IN TERMS OF OUR REGISTRY AND OUR WORK.

YOU KNOW ONE OF THE KEYS IN MANY EFFECTIVELY SUPPORTING FOLKS IN AGING IN PLACE IS PARTNERSHIP.

THE PUBLIC AUTHORITY AND MARIN VILLAGES AND MANY HAD OTHER CVO'S THAT ARE ON THIS WEBINAR WORK TOGETHER TO IDENTIFY FOLKS WHO ARE STRUGGLING AND MIGHT NOT BE ABLE TO GET TO THEIR MEDICAL APPOINTMENTS.

WHO MIGHT BE IDENTIFIED THROUGH MEALS ON WHEELS DELIVERY.

OR THE COUNTY LEVEL AND IHSS SOCIAL WORKERS AND BUILDING A NETWORK OF CARE AND COMMUNICATING WHETHER IT IS THROUGH THE RESOURCE CONNECTION AND THE ONE DOOR AS WE CALL IT.

THE AGING ACTION INITIATIVE WHICH IS OUR ADVOCACY COALITION WE AS A COMMUNITY NEED TO LIFT UP CAREGIVER AND COMMUNICATE AS PROVIDERS, PARTNERS, STAKEHOLDERS AND EDUCATE OUR ELECTED OFFICIALS IN THE BOARD OF SUPERVISORS LEVEL AND INCREASE THE COST OF LIVING.

INCREASE WHAT RESOURCES WE CAN PROVIDE TO CAREGIVERS.

WHETHER IT IS PAY, BENEFITS, THERE IS SO MANY OPPORTUNITIES THAT WE AS A COMMUNITY WE HAVE TO LIFT UP THIS PROFESSION.

I WILL PASS IT OVER TO LISA.

>> LISA BRINKMANN: ACTUALLY THESE ARE STILL ANNA'S SLIDES.

I THINK YOU HIT ON MOST OF THE TOPICS.

KEEP GOING FOR A LITTLE LONGER.

THESE ARE ALL WITH REGARDS TO PAID CAREGIVERS.

>> ELI GELARDIN: GREAT.

YOU LET ME KNOW WHEN THEY ARE NO LONGER ANNA'S SLIDES.

DRIVING THE POINT HOME MORE THAN HALF OF OUR HOME HEALTH CARE WORKERS HAVE COMPLETED NO FORMAL EDUCATION BEYOND HIGH SCHOOL.

I WILL SAY THAT AMONG THE IMMIGRANT CAREGIVERS MANY WERE MEDICAL TRAINED IN THEIR COUNTRIES OF ORIGINS.

THAT TRANSFER OF SKILLS DIDN'T NECESSARILY WORK BECAUSE IT REQUIRED 73% ARE BELOW THE NATIONAL POVERTY LEVEL.

THAT IS $10.49.

FROM 2014 TO 2024 HOME CARE WORKERS HAVE MORE JOBS THAN ANY OCCUPATION.

APPROXIMATELY SO MANY JOBS ANTICIPATED.

>> LISA BRINKMANN: THAT IS STILL YOURS.

>> ELI GELARDIN: OKAY.

WE TALKED ABOUT WAGES.

JUST TOUCHING ON MISTREATMENT.

THIS REALLY IS AN ISSUE OF EQUITY AND OFTEN RACISM AND DISCRIMINATION.

WHEN WE HAVE A WORKFORCE THAT IS PREDOMINANTLY IT IS AN OPPORTUNITY OF EXPLOITATION.

IMMIGRATION STATUS.

CALLING ICE.

GENERAL BLAME OR ACCUSATION OF STEALING PROPERTY FREQUENTLY COMES UP.

I THINK THE KEY AND WHAT OUR STAFF AND I KNOW AARON'S AND OTHER PROVIDERS IN HAD MARIN REALLY DO AND SERVE IS AN ADVOCATE FOR THE CAREGIVER AND THE CONSUMER AT THE SAME TIME.

MEDIATING MISUNDERSTANDINGS, MISTRUST, CULTURAL AND LANGUAGE BARRIERS.

OFTEN ESPECIALLY WITH THE OLDER ADULT POPULATION THERE MIGHT BE STIGMA OR FEAR OF LETTING A PERSON OF COLOR INTO THEIR HOME BASED ON GENERATIONAL RACISM.

I KNOW THAT OUR TEAM REALLY WORKS TO MITIGATE THAT AND BUILD TRUST AND UNDERSTANDING.

WITHIN A FEW WEEKS IT IS A BFF SITUATION BETWEEN THE PROVIDER AND CAREGIVER.

STILL RECOGNIZING THAT LANGUAGE AND CULTURE COMPETENCY AND ALL OF THESE ISSUES ARE MIXED UP IN THE SECRET SAUCE OF MAKING A GOOD CONNECTION BETWEEN THE CAREGIVER AND CONSUMER.

I MENTIONED SOME OF THE TECHNOLOGY BARRIERS.

I WILL SAY THAT MANY HAD OF OUR FOLKS DO NOT USE OR HAVE ACCESS TO THE INTERNET.

WITH AS AARON MENTIONED WITH THE ELECTRONIC VERIFICATION PROGRAM AND NOW EVERYBODY HAS TO DOCK THEIR TIME ELECTRONICALLY BOTH ARE ACCESSING AND BRIDGING THE DIGITAL DIVIDE.

IN SOME CASES PROVIDING CHROME BOOKS AND LAPTOPS.

NEXT SLIDE.

>> LISA BRINKMANN: I'M ON NOW.

>> ELI GELARDIN: ALL RIGHT TAKE IT AWAY LISA.

>> LISA BRINKMANN: OKAY.

FIRST OF ALL, JUST BACKGROUND MY NAME IS LISA BRINKMANN.

I WAS A FORMER EXECUTIVE DIRECTOR IN HAD MARIN VILLAGES.

IN HAD THAT CAPACITY I WAS CHALLENGED TO HELP MEMBERS TO LOCATE THE RIGHT TYPE OF CAREGIVER SITUATIONS FOR THEM.

WE DID WORK CLOSELY WITH THE CENTER FOR INDEPENDENT LIVING.

WE CALLED THE COUNTIES INFO NUMBER OFTEN.

WE WORKED WITH THE HOME CARE COALITIONS IN MANY MARIN COUNTY FOR THE AGENCIES.

SOMETIMES WITH THE FAMILY WHERE WE JUST WOULD PERHAPS GET CENTER FOR LIGHTHOUSE FOR THE BLIND.

IF THERE WAS A VISION ISSUE TO COME IN AND REVIEW THE HOUSE SO THAT THEY COULD LIVE A LITTLE BIT LONGER BY THEMSELVES.

I'M ALSO A COURT APPOINTED CONSERVATOR FOR A WOMAN IN THE CITY AND FINANCIAL.

I HAVE TO MANAGE CAREGIVERS.

I'M CURRENTLY A PART‑TIME CAREGIVER FOR MY MOM WHO LIVING IN HER OWN HOME ‑‑

>> ELI GELARDIN: LISA, YOU ARE CUTTING OUT.

LISA CAN YOU HEAR US? LISA IF YOU TURN YOUR VIDEO OFF YOUR SOUND MIGHT PLAY BETTER.

YOU CUTOUT AND WE CAN'T HEAR YOU.

WE MIGHT HAVE LOST LISA. I MEAN ZOOM IS ZOOM.

THIS HAPPENS.

WHILE WE'RE WAITING FOR LISA TO RECONNECT ‑‑

>> LISA BRINKMANN: I'M BACK.

>> ELI GELARDIN: GOOD.

GOOD.

>> AARON ALARCON‑BOWEN: SHE'S BACK.

>> LISA BRINKMANN: CHALLENGE WITH THE DIGITAL DRIVE.

>> ELI GELARDIN: SOMETIMES IF YOU STOP YOUR VIDEO THE SOUND PLAYS BETTER JUST FYI.

>> LISA BRINKMANN: I'M HAPPY IF YOU DON'T SEE MY FACE AS I'M TALKING SO THAT IS OKAY WITH ME.

JUST IF I (INTERNET CUTTING OUT) CAN YOU HEAR ME?

>> ELI GELARDIN: YEAH.

THERE YOU GO. NOW TRY.

NOPE.

>> LISA BRINKMANN: ARE YOU THERE?

>> ELI GELARDIN: UNFORTUNATELY IT IS STILL BAD.

>> LISA BRINKMANN: ARE YOU THERE NOW?

>> AARON ALARCON‑BOWEN: YEAH BUT IT IS COMING IN AND OUT.

>> ELI GELARDIN: THE OTHER OPTION IS TO CALL IN ON YOUR PHONE.

>> AARON ALARCON‑BOWEN: SHOULD WE SWITCH TO QUESTIONS ELI.

>> LISA BRINKMANN: I THINK I'M BACK.

>> ELI GELARDIN: OKAY.

GIVE IT ANOTHER TRY.

>> LISA BRINKMANN: YOU HEAR ME? OKAY. SORRY.

I THINK YOU READ THE SLIDES.

NEXT SLIDE PLEASE.

ONE OF THE THINGS THAT WE SOMETIMES OVERLOOK IS THE MIDDLE MARKET GAP.

THOSE ARE THE PEOPLE THAT MAY NOT QUALIFY FOR PUBLIC ASSISTANCE BECAUSE THEY MAKE TOO MUCH MONEY OR HAVE ASSETS.

THEY ARE UNABLE TO AFFORD INDEPENDENT LIVING OR TOO WEALTHY TO QUALIFY FOR MEDICAID OR MEDICAL.

THEY WANT TO STAY AT HOME.

I'M HOPEFULLY THAT THE MASTER PLAN ON AGING WITH THE REGARD OF THE MEDICAL ASSET LEVEL WILL INCREASE THAT SOMEWHAT SO THAT YOU DON'T HAVE TO SPEND DOWN TO $2,000 BEFORE YOU CAN QUALIFY FOR SOME OF THE ASSISTANCE.

YOU NEED MORE THAN A FEW THOUSAND DOLLARS TO JUST TAKE CARE OF YOUR HOME REPAIR.

NEXT SLIDE.

IT IS A BIG BUSINESS.

I MEAN CARING FOR FREE IF YOU HAVE TO MONETIZE THAT IT IS $375 BILLION A YEAR.

THAT IS MONEY THAT PEOPLE CAN'T AFFORD FIRST OF ALL, AND MONEY THAT FAMILY MEMBERS OR TO SOME EXTENT ABSORBING.

THEY'RE NOT BEING ABLE TO GO TO WORK.

THEY'RE TAKING CARE OF THEIR PARENTS.

FAMILY MEMBERS OR SO FORTH.

I'M A LITTLE RATTLED AS YOU CAN TELL.

NEXT SLIDE.

SO AT THE END OF THE DAY IT IS REALLY IMPORTANT BECAUSE WHAT WE'RE FINDING IS THAT CAREGIVER LIVING INDEPENDENTLY AND THE RESEARCH IS TELLING US THAT LIVING INDEPENDENTLY IS A HUGE CASE OF HEALTHY LIVING AND LONG LIVING FOR MOST PEOPLE.

AS A FAMILY CAREGIVER IS A TOTAL CHALLENGE BECAUSE NOT ONLY ARE YOU BEING CALLED UPON TO ASSESS THE PERSON'S HEALTH ISSUES BUT YOU'RE LOOKING AT THEIR HOUSING, TRANSPORTATION, MEDICAL SITUATION.

WHEN YOU HAVE TO FIND PEOPLE TO ASSIST SOMEBODY WITH DEMENTIA OR CHRONIC ILLNESS FINDING SOMEONE TO DO MEDICATION MANAGEMENT IS DIFFERENT THAN FINDING SOMEBODY TO HELP WITH BATHING AND FUNCTIONING OF THE INDEPENDENT LIVING.

THE CAREGIVER THAT IS THE FAMILY CAREGIVER NEEDS SO MUCH SUPPORT.

IF YOU DO HIRE THROUGH A REGISTRY OR AN INDEPENDENT CAREGIVER YOU HAVE TO KNOW HOW TO MANAGE PAYROLL AND SET THE PAYROLL UP AND FINANCES.

YOU HAVE TO UNDERSTAND THE CASH FLOW SITUATION.

YOU'RE DOING THE BILL SOMETIMES AND CLEANING OR FINDING PEOPLE TO HELP CLEAN.

THOSE RESOURCES ARE REALLY INVALUABLE.

I'M HAPPY TO SEE THAT THE MASTER PLAN ON AGING IN MANY 107 AND 109.

107 ADDRESSES THE PAID FAMILY LEAVE.

IF YOU HAVE TO TAKE TIME OFF TO CARE FOR A FAMILY MEMBER YOU DO NOT WANT TO FIND YOURSELF AS YOU AGE IN A FINANCIAL IN ADVANTAGED OR DISADVANTAGED SITUATION BECAUSE YOU'RE NOT EARNING MONEY OR PAYING INTO THE SYSTEM.

YOU'RE NOT SAVING MONEY.

THE SECTION 109 ADDRESSES THE SUPPORT FOR FAMILY CAREGIVER AND COMMUNITY CARE.

I THINK IT IS GOOD.

IT IS INTERESTING TO SEE WHAT KIND OF SUPPORT IT PROVIDES BECAUSE OFTEN FAMILY CAREGIVERS ARE SO BUSY THAT UNLESS IT IS REALLY EASY TO FIND YOU KNOW EITHER RESOURCES OR DOCUMENTATION OR THINGS LIKE THAT THEY REALLY DON'T HAVE TIME TO GO GOOGLING THROUGH A LOT OF DIFFERENT LINKS TO IDENTIFY WHAT RESOURCE MIGHT BE BEST FOR THEIR FAMILY MEMBER.

THE NEXT SLIDE, PLEASE.

THIS IS KIND OF JUST AN OVERVIEW OF THE DIFFERENT THINGS FAMILY CAREGIVERS DO FOR FAMILY MEMBERS.

IT IS BASICALLY EVERYTHING YOU DO FOR YOURSELF.

YOU'RE DOING IT FOR ANOTHER PERSON AND YOU ALSO HAVE TO MANAGE YOUR OWN LIFE.

POTENTIALLY A FAMILY.

YOU MIGHT HAVE CHILDREN.

YOU MIGHT HAVE SIBLINGS THAT ARE THE SAME AGE AS YOU THAT MAY NOT BE ABLE TO HELP CARE AND MAYBE THEY'RE WORKING.

IT IS A HUGE ‑‑ IT IS A HUGE OPPORTUNITY AND IT IS A WONDERFUL THING TO BE ABLE TO DO BECAUSE I DON'T THINK THERE IS ONE FAMILY CAREGIVER THAT EVER REALLY REGRETTED THE CARE THAT THEY'VE BEEN ABLE TO PROVIDE FOR THAT FAMILY MEMBER BUT IT TAKES A TOLL.

I'M HOPING THAT IN THE NEXT VERSION OF THE MASTER PLAN THEY WILL LOOK AT THE MIDDLE MARKET AND HOW PEOPLE NEED TO STAY IN THEIR OWN HOMES AND WANT TO STAY IN THEIR HOME AND LOOK AT THE NONPROFIT'S IN THE COMMUNITY AND SUPPORT THEM A LITTLE MORE.

THE DIFFERENCE BETWEEN STAYING IN THEIR OWN HOME AND NOT STAYING IN MANY THEIR HOME MIGHT BE HAVING A DRIVER.

HAVING SOMEBODY TO TALK WITH AND GOOGLE THAT ONE RESOURCE THAT THEY NEED TO CONNECT WITH.

THOSE THINGS TO SOME OF OUR NONPROFIT'S DO WELL AND THE FAMILY MEMBER CAN GET SOME RELIEVE BECAUSE IT OF.

CIRCLING BACK TO THE MASTER PLAN ON AGING I THINK IT ADDRESSES CAREGIVING AND HOPING IT GOES ANOTHER STEP FURTHER AND KIND OF FOCUSES A LITTLE MORE ON THE MIDDLE MARKET PIECE THAT ELIGIBILITY GAP.

BECAUSE HONESTLY TO STAY IN YOUR OWN HOME YOUR HOME HAS TO BE SAFE.

IF YOUR HOME ISN'T SAFE BECAUSE YOU DON'T HAVE THE MONEY TO CLEAR OUT YOUR WALKWAY AND FIX YOUR ROOF AND FIX A LEAK OR SOMETHING LIKE THAT YOU'RE GOING TO FALL.

YOU'RE GOING TO FIND YOURSELF CALLING 9‑1‑1 AND YOU PROBABLY WILL NO LONGER BE ABLE TO STAY IN YOUR OWN HOME.

IT IS A HUGE CHALLENGE THAT WE AS CALIFORNIANS ARE FACING IN MARIN SPECIFICALLY SINCE OUR POPULATION IS SO MUCH OLDER.

>> AARON ALARCON‑BOWEN: RIGHT.

>> LISA BRINKMANN: I'M VERY EXCITED AND HOPEFULLY THAT THE MASTER PLAN WILL HELP ADDRESS THESE THINGS.

>> ELI GELARDIN: LISA, AARON YOU GUYS ARE AWESOME.

WE HAVE ABOUT SIX MINUTES FOR QUESTIONS AND ANSWERS.

I WANT TO GET QUICKLY TO THE ONES IN THE CHAT FROM EARLIER.

THERE WAS A QUESTION FROM GWENDOLYN AROUND STATISTICS.

I'M PUTTING A LINK IN THE CHAT PHINATIONAL.ORG.

I WOULD CHECK OUT THAT RESOURCE.

GWENDOLYN SECOND PART OF THE QUESTION IS CAN YOU DESCRIBE PAY AND RECRUITMENT.

FOR INDEPENDENT LIVING THE CAREGIVER POOL THAT WE RECRUIT FROM IS TYPICALLY FOLKS WITH 3 TO 5 YEARS OF EXTENSIVE EXPERIENCE.

THE PAY IS OUT OF THE POCKET CONSUMER OR FAMILY.

OUR CAREGIVERS TYPICALLY CHARGE BETWEEN 22 AND $25 AND HOUR.

THEY RECEIVE ALL OF THAT.

OUR PROGRAM IS GRANT FUNDED.

WE DON'T TAKE A PERCENTAGE.

IT REALLY GOES BACK TO THE CAREGIVER.

THAT IS OUR COMMITMENT TO EQUITY.

MANY OF OUR CAREGIVERS ARE IHSS PROVIDERS AND ELIGIBLE FOR HEALTH INSURANCE AND YOU KNOW THAT'S AGAIN A PARTNERSHIP WHERE WE WORK TOGETHER TO LIFT UP OUR CAREGIVERS.

THERE WAS ANOTHER QUESTION AROUND SHARE OF COST.

AARON I'M WONDERING IF YOU CAN DISCUSS THE CARE OF COST.

>> AARON ALARCON‑BOWEN: YES.

IT IS LINKED TO MEDICAL.

THAT IS SOMETHING THAT THOSE DECISIONS ARE MADE ON THE STATE LEVEL.

THERE IS NOTHING THAT COUNTY OFFICIALS CAN DO ABOUT THAT.

WHAT YOU CAN DO AS A CONSTITUENT IS TO SEND LETTERS TO YOUR STATE SENATORS.

SEND LETTERS TO YOUR STATE REPRESENTATIVE.

TO PUSH THEM TO REMOVE THOSE REQUIREMENTS.

I CANNOT AGREE MORE.

THERE IS PEOPLE THAT ARE YOU KNOW IN THIS BRACKET.

WHEN IT COMES TO BEING ELIGIBLE FOR SOCIAL SERVICES UNFORTUNATELY THAT IS CAUSING A LOT OF PROBLEMS TO OUR POPULATION.

>> ELI GELARDIN: AARON, THANK YOU.

ANOTHER QUESTION FOR YOU AARON IS JUST WONDERING ABOUT THE ON BOARDING PROCESS FOR THE IHSS CAREGIVERS AND BACKGROUND CHECK AND INTERVIEWS, TRAINING, AND WHAT THAT PROCESS LOOKS LIKE.

>> AARON ALARCON‑BOWEN: SURE.

THE PROCESS TO BECOME AN IHSS CARE PROVIDER IS LONG.

THE INDIVIDUAL NEEDS TO GO THROUGH A BACKGROUND CHECK.

LIVE SCAN.

THAT IS LINKED TO THE INDIVIDUAL.

IF AN INDIVIDUAL IS ARRESTED WE IMMEDIATELY KNOW.

IN ORDER FOR PEOPLE TO BE IN OUR REGISTRY WE REQUIRE REFERENCES.

WE REQUIRE AN INTERVIEW.

FACE‑TO‑FACE INTERVIEW.

WE ASK QUESTIONS AND WANT TO KNOW IF THE PERSON HAS EXPERIENCE ET CETERA.

I HEAR YOU.

UNFORTUNATELY THERE IS A LOT OF PEOPLE THAT CHOOSE THIS PROFESSION IN ORDER TO EXPLOIT OTHERS.

IN MY EXPERIENCE THAT PERCENTAGE OF PROVIDERS IS VERY LOW.

AT THE SAME TIME I THINK THAT THIS ISOLATED INSTANCES ARE LINKED TO THE LOW‑WAGE THAT IHSS CARE PROVIDERS ARE PAID.

MARIN PAYS $15.40.

WE ARE THE SECOND HIGHEST PAID IN THE STATE.

WITH $15.40 STATES IT IS DIFFICULT TO DEMAND TRAINING AND THESE PEOPLE THAT ARE DOING IT OUT OF THE GOODNESS OF THEIR HEART.

I DON'T KNOW IF YOU SAW ONE OF THE SLIDES IN MANY ONE OF THE EARLIER SLIDES THAT THE LARGE MAJORITY OF PEOPLE THAT CHOOSE THIS PROFESSION DO IT BECAUSE THEY WANT TO HELP.

SO WHAT CAN YOU DO TO HELP THESE ON BOARDING PROCESS? TALK TO THE BOARD OF SUPERVISORS.

SHOW UP DURING THE PUBLIC COMMENT AND ENCOURAGE THEM TO INCREASE THE WAGE OF IHSS CAREGIVERS.

COUNTIES SETUP THE WAGE AND HAVE THE ABILITY TO PAY AS MUCH AS THEY CAN TO IHSS CAREGIVERS SAN FRANCISCO PAYS $17.20.

THERE IS NO WAY THAT MARIN COUNTY IS PAYING THE SAME TO THE IHSS CAREGIVERS.

>> ELI GELARDIN: AARON AWESOME.

WE DON'T HAVE TIME TO ANSWER ALL QUESTIONS.

LISA ANY THOUGHTS OR COMMENTS BEFORE WE GO BACK? OKAY.

VIDEO ISN'T WORKING.

EVERYONE THANK YOU SO MUCH.

THIS WAS A GREAT DISCUSSION.

OBVIOUSLY THIS IS JUST A START OF A LONGER ADVOCACY AND CONVERSATION AROUND EQUITY FOR OUR CAREGIVER WORKFORCE.

IF YOU ARE INTERESTED IN THE WORK CONTINUE TO FOLLOW US.

THE WORK OF THE AGING IN ACTION INITIATIVE.

A LOT OF THE GRANTS ARE BEING DONE AT THE LOCAL LEVEL AS WE MENTION AS WELL AS THE WORK BEING DONE AT THE STATE LEVEL.

ANY I GUESS WE STILL HAVE A MINUTE OR TWO.

ANY FINAL COMMENTS FROM ANY OF OUR PANELIST?