>> HELLO. THANK YOU FOR JOINING. MY NAME IS SHELLY AND FOR THE NORTH BAY, NORTHERN CALIFORNIA, NORTH NEVADA CHAPTER. I WILL BE OUR MODERATOR. WE WILL BE OPENING UP QUESTIONS AROUND 2. IF YOU HAVE QUESTIONS THE CHAT BUTTON IS AT THE BOTTOM PUT YOUR QUESTIONS IN THAT CHAT.

SO WHILE THERE IS MUCH WE CAN DO TO STAY HEALTHY AS WE AGE WE ALL KNOW THAT DISABILITY CAN COME TO ANY PERSON AT ANY TIME AND THE LONGER WE LIVE THE HIGHER OUR RISK IS IN DEVELOPING ONE OR MORE CHRONIC DISABLING CONDITIONS SO WE NEED TO MAKE SURE OUR HEALTHCARE SYSTEM IS EQUIP. WHETHER IT IS GOING IN FOR ANNUAL CHECK UPS OR TAKING A TRIP TO THE EMERGENCY ROOM OR HOW WE CAN CONTINUE LIVING IN OUR HOME WHILE WE CAN NO LONGER MANAGE THE STAIRS.

OF THE HEALTHY REIMAGINED IN THE MASTER PLAN WE ARE GOING TO FOCUS ON TWO OF THOSE STRATEGIES. STRATEGY A AND STRATEGY D BRIDGING HEALTHCARE WITH HOME.

TODAY'S PANEL I THINK THERE IS A SLIDE FOR THE LIST OF PANELIST. I WANT TO INTRODUCE THEM JENNIFER FOR ACUTE CARE OF HEALTH AT KAISER MARIN AND A MEMBER OF ALZHEIMER'S TASK FORCE.

SHE IS QUEEN OF THE VALLEY AND PROJECT LEAD AT QUEEN OF THE VALLEY GERIATRIC EMERGENCY DEPARTMENT ACCREDITATION AND THEN CHLOE COOK UNIT SUPERVISOR AGING AND ADULT SERVICES MARIN HEALTH HUMAN SERVICES AGING AND ADULT SERVICES. WE HAVE A SEVERE SHORTAGE OF HOW TO INCREASE GERIATRIC COMPETENCE. SO HOW TO DO THAT WILL BE THE FOCUS OF DR. CANIO PRESENTATION AND AS EVERYBODY KNOWS WE HAVE A BIG DISCONNECT OF EVERYONE'S HEALTHCARE SYSTEM THAT MANY OF US WILL NEED TO CONTINUE LIVING SAFELY IN OUR HOME. SO A SUCCESSFUL MODEL FOR BRIDGING THAT GAP THE FOCUS WILL BE MS. COOK'S PRESENTATION. SO EACH OF OUR PANELIST ARE GOING TO OPEN UP WITH AN OPENING STATEMENT AND WE ARE GOING TO BEGIN THIS WITH DR. CANIO.

>> CAN YOU HEAR ME OKAY? THANK YOU SO MUCH. SO IMAGINE 30,000 OLDER ADULTS IN SANTA ROSA THAT WAS MY DILEMMA ABOUT 9 YEARS AGO AND THIS IS NOT UNIQUE TO KP SANTA ROSA IS A IN 2018 THERE WAS ONLY 736 IN THE STATE OF CALIFORNIA. ONLY ABOUT 3500 WERE PRACTICING GERIATRIC. I WAS TELLING PEOPLE THAT I WAS A GERIATRIC TRANSITION I THINK WE HAVE COME ALONG WAY.

RESEARCH SHOWS THAT 30 PERCENT OF 65 YEARS OR OLDER NEED A GERIATRIC TRANSITION. WE KNOW THAT THE HEALTH SYSTEMS HAVE BEEN IMPACTED THE RAPIDLY CHANGING MEDICARE REIMBURSEMENT. I HAD TO IMPLEMENT A GERIATRIC MODEL OF CARE THAT WILL BE ABLE TO PROVIDE CARE TO MANY OLDER ADULT IN THE HEALTH SYSTEM.

NEXT SLIDE, PLEASE. SO THE GOOD NEWS IS THAT THERE IS A LOT OF EVIDENCE BASED GERIATRIC MODELS OF CARE THAT HAVE PROVEN TO BE EFFECTIVE I DID NOT NECESSARILY TO REINVENT THE WHEEL COMPREHENSIVE GERIATRIC ASSESSMENT HAS BEEN SHOWN TO IMPROVE OUTCOMES FOR TRAIL ELDERS AND GERIATRIC OUT TEACH TEAMS HAVE BEEN SHOWN TO SHOW POSITIVE OUTCOME AND HIGHER LEVEL OF FUNCTION MAKING IT POSSIBLE FOR PEOPLE TO LIVE INDEPENDENTLY LONGER I WAS ABLE TO IMPLEMENT ALL OF THESE PROGRAMS THE FIRST OF ITS KIND IN KP NORTHERN CALIFORNIA.

SO WHAT MAKES SAFETY AND LIFE STRESSORS SO IN ADDITION TO APPLYING THE 5 M'S IN GERIATRIC CLINIC WITH OUR COMMUNITY ORGANIZATION PARTNERS AND REDWOOD CAREGIVER RESOURCE CENTER. THEY PROVIDE ON GOING CAREGIVER AND SUPPORT PROVIDING COUNSELORS ESPECIALLY FOR PEOPLE WHO HAVE DEMENTIA. THIS LEVEL OF CARE THE CARE DEVELOPED FROM THIS MODEL IS BEING STANDARDIZED THROUGHOUT NORTHERN CALIFORNIA IF YOU WOULD LIKE TO DEVELOP MORE CONTACT ME AFTER THIS MEETING. POLICY MAKERS AND COMMUNITY LEADERS AS WE REIMAGINE OUR HEALTHCARE SYSTEMS 10 YEARS FROM NOW ALL OF THE OLDER ADULT INS THIS COMMUNITY WILL BE PROVIDED A QUALITY CARE THAT THEY DESERVE FROM EVERY ONE OF US.

>> THANK YOU, DR. CANIO. WE WILL NOW HEAR FROM JENNIFER WINTERS.

>> THANK YOU, SHELLY. I'M JENNIFER WINTERS. AS I MENTIONED, I WAS A GERIATRIC LEAD AT QUEEN OF THE VALLEY AND I'M A MAJOR OFFICE WITHIN THE FOUNDATION AND I STUMBLED UPON THIS PROJECT JUST BY BEING AN ADVOCATE AND BY TALKING TO THE CHIEF OF STAFF AND MEDICAL DIRECTOR AND WE FOUND THAT THERE WAS A DEFINITE NEED AND THIS WAS BACK IN 2018 AND IT DEVELOPED INTO US RECEIVING OUR ACCREDITATION IN MARCH OF 2020 AND I'LL GO AHEAD AND GO THROUGH THESE SLIDES THEY ARE VERY INTERESTING AND IMPORTANT INFORMATION AND SO WHY WOULD WE WANT GERIATRIC EMERGENCY DEPARTMENTS SO OVER 60 PERCENT OF EMERGENCY DEPARTMENTS ARE OVER THE AGE OF 60 THAT IS HUGE AMOUNT OF INPATIENTS COMING IN. AND ONCE OLDER ADULTS ARE IN THE EMERGENCY DEPARTMENT THEY ARE MORE LIKELY TO HAVE AN EMERGENT CONDITION AND BE HOSPITALIZED AND ADMITTED SO COMING INTO THE EMERGENCY ROOM AND GETTING TO GO HOME IS NOT WHAT WE ARE SEE FOR THOSE OVER 60. THEY RECEIVE A GREATER NUMBER OF DIAGNOSTIC TESTS AND SPEND LONGER TIME INS THE ED AND HAVE HIGHER CHARGES FOR THEIR ED SERVICES. THERE IS SUCH A HIGH NEED OF THE AREAS THAT FLEETED FOR THE OLDER PATIENTS AND IT IS A LOT DIFFERENT THAN WHAT YOU SEE WITH SOMEONE WHO IS YOUNGER AFTER AN ED VIRTUAL OLDER ADULTS ARE AT GREATER RISK FOR MEDICAL COMPLICATIONS AND FUNCTIONAL DECLINE AND POORER HEALTH RELATED QUALITY OF LIFE THAN THEY WERE BEFORE.

THIS IS VERY CONCERNING YOU DON'T WANT TO GO INTO A HOSPITAL TO BE HELPED AND LEAVING IN WORST CONDITION. THAT IS WHY WE ARE REALLY FOCUSED ON MAKING SURE THAT IS NOT HAPPENING. SO FOR THE NEXT SLIDE PLEASE.

I DON'T THINK I HAVE CONTROL OF THAT. THERE WE GO. SO THE BRONZE SYMBOL ON THE RIGHT THE QUEEN OF THE VALLEY IS A BRONZE CERTIFIED GERIATRIC EMERGENCY DEPARTMENT AND WE ‑‑ GED FOR SHORT AS YOU HAVE SEEN. AND THE ACCREDITATION IS BY THE ASSOCIATION OF CALIFORNIA EMERGENCY PHYSICIANS. THE PROCESS IS QUITE STRAIGHTFORWARD THERE IS A FEE AND I WANT YOU TO BE ENCOURAGED TO KNOW THAT A LOT OF BRONZE NEEDS THAT THEY ARE ASKING FOR MOST HOSPITALS SHOULD BE DOING AND IT IS ADDITIONAL TRAINING FOR YOUR MEDICAL DIRECTOR AND REGISTERED NURSE THAT MAKES IT POSSIBLE FOR YOUR NURSE TO RECEIVE THE ACCREDITATION. IT DOES WORK WITH STAFF AND NURSING CARE AND EVIDENCE BASED PROTOCOLS AS WELL THAT ARE COMMON FOR GERIATRIC SYNDROMES AND BEING MORE FAMILIAR WITH THAT. QUIETER ROOMS DEMENTIA FRIENDLY DESIGN THOSE AREAS ARE UNDER THE GOLD ACCREDITATION THE GOLD LEVEL AND LUCKILY THIS WAS POSSIBLE FOR US TO RECEIVE OUR ACCREDITATION AND THERE WAS A BIG MOTIVATION BECAUSE OUR EMERGENCY DEPARTMENT WAS RECEIVING A COMPLETE REFRESH AND WE ARE USING THE GUIDANCE OF THE GED TO SHOW WE CAN HAVE DIFFERENT COLORS OR THE NOISES OF A CURTAIN AND WHEN A GARBAGE CAN CLOSES NOT MAKING A NOISE AND HELPS WITH AGITATION ESPECIALLY THOSE ARE SIGNS OF DEMENTIA. IT REDUCES THE RISK OF DELIRIUM, COMPLICATIONS CAUSED BY MEDICAL TREATMENT COST HOSPITAL LENGTH OF STAY AND TRANSFER TO LONG‑TERM CARE FACILITIES.

I WOULD LIKE TO TOUCH ON LENGTH OF STAY THE HOSPITAL HAS A LOT OF TRANSITION WE WANT PEOPLE TO GO HOME AND THEN BEING TRANSFERRED TO A LONG TERM CARE FACILITY THAT IS FOR EXTENDED CARE IF WE CAN DO WELL WHILE IN THE HOSPITAL THE PATIENT SHOULD BE ABLE TO GO HOME AS COMPARED TO HAVING AN EXTENDED STAY IN A DIFFERENT FACILITY.

IT ALSO PRESERVES PATIENT FUNCTION AND PROVIDES THE BEST CARE FOR THE MOST VULNERABLE AND I'D LIKE TO CLOSE AT LEAST FOR THIS MOMENT FROM WITH A QUOTE FROM DR. ANDREW HE WAS OUR CHAMPION FOR RECEIVING THIS ACCREDITATION. WE WILL ENHANCE THE CARE WE DELIVER TO ALL. THANK YOU.

>> VERY EXCITING. THANKS JENNIFER AND NOW WE ARE GOING TO HEAR FROM CHLOE COOK.

>> HI EVERYBODY. I'M SO GLAD TO BE HERE. I THINK THE IMPORTANT THING ABOUT THE PRESENTATION THAT I'M GOING TO PROVIDE TODAY IS THAT WE ARE THE CATCHERS IN THE FIELD WE ARE THE PROGRAMS THAT WE RECEIVE THE PATIENTS WHO COME OUT OF THE EMERGENCY ROOM COME OUT OF THE SKILLED NURSING FACILITIES COME OUT OF KAISER APPOINTMENTS AND LONG TERM CARE WE ARE THE ONES THAT CAN FACILITY AND SUPPORT COMMUNITY LIVING AND WITH OUR AGING AND DISABILITY RESOURCE CONNECTION OUR ONE DOOR HERE IN MARIN WE ARE A COLLABORATION BETWEEN AN INDEPENDENT LIVING CERTAIN AND GOVERNMENT PROGRAM ‑‑ WE COMBINE THE GOVERNMENT PROGRAM SUCH AS IN HOME ALL OF THE GOVERNMENT PROGRAMS THAT IS WHAT THE AGING AND ADULT SERVICES BRINGING TO THE ONE DOOR AND THEN MARIN CENTER FOR INDEPENDENT LIVING THEIR CAREGIVER REGISTRY THEIR IMPORTANT AROUND BENEFITS COUNSELING AND BENEFITS ACQUISITION THOSE ARE ALL REALLY IMPORTANT ELEMENTS TO SUPPORTING INDIVIDUALS LIVING SAFELY AND HAPPILY IN THE COMMUNITY. IT DOESN'T MEAN THAT INDIVIDUALS DON'T NEED HELP IT MEANS THAT THEY GET THE HELP THEY NEED TO HAVE AS MUCH INDEPENDENCE AS POSSIBLE REGARDLESS OF THEIR CONDITIONS. SO ANY WAY I'LL CONTINUE ON. SO I THINK REALLY WHEN WE ARE TALKING ABOUT COLLABORATIVE PROGRAMS AND COLLABORATIVE RELATIONSHIPS AROUND SUPPORTING OLDER ADULTS AND INDIVIDUALS WITH DISABILITIES IN THE COMMUNITY USING A COLLABORATIVE MODEL IS THE WAY IN WHICH YOU SERVE CLIENT INS A WRAP AROUND FULL SERVICE WAY.

NEXT SLIDE, PLEASE. SO WHEN WE GET THE NEXT SLIDE THESE ARE THE CORE SERVICES THAT ARE AGING DISABILITY RESOURCE PROVIDES. THESE ARE MANDATED SERVICES BY ALL CERTIFIED ADRC'S OUR ONE DOOR IS A CALIFORNIA CERTIFIED RESOURCE CONNECTION WE ALL IT A CONNECTION ADRC CENTERS THERE IS CONNECTIONS WE DON'T HAVE A PHYSICAL PLAN BUT WE HAVE AN UMBRELLA UNDER WHICH OUR SERVICES LIVE OUR UMBRELLA IS OUR ONE DOOR AND IN THAT ONE DOOR UNDER THAT UMBRELLA WE PROVIDE ENHANCED INFORMATION AND ASSISTANCE AND WHAT THAT MEANS IS WE HAVE A CENTRALIZED TELEPHONE NUMBER AND SOMEONE CAN CALL IN AND RECEIVE OPTIONS PLANNING SERVICES WHICH ESSENTIALLY ANY NEEDS BROUGHT TO US ANY CONCERN ANY QUESTION OUR STAFF ARE TRAINED SPECIALISTS IN RESOURCE NAVIGATION AND INFORMATION. SO IT IS A ONE STOP SHOP WHERE INDIVIDUALS CAN GET THEIR QUESTIONS ANSWERED DISCUSS THEIR OPTIONS AND ACTUALLY SIGN UP DO THE INTAKES FOR PROGRAMS AND SO THEY CAN LIVE COMFORTABLY AND SAFELY. WE WORK WITH HOSPITALS AND CLINICS WE WORK WITH DOCTORS WE HAVE A PROGRAM THAT IS AN IN PROFESSOR PROGRAM WE HAD INTERNS WORKING WITH OUR CLIENTS WE SERVED OVER 200 CLIENTS JUST IN THE SPRING SEMESTER ALONE THOSE INTERNS ARE PROVIDING A BRIDGE BETWEEN THE HOSPITAL AND COMMUNITY LIVING. SO THE SERVICES THAT WE PROVIDE ARE INTENDED TO BE A ONE DOOR APPROACH ONE CALL APPROACH ONE WALK IN APPROACH TO CONNECTING INDIVIDUALS TO THE SERVICES THEY NEED.

SO OPTION PLANNING IS A SERVICE WHERE AN INDIVIDUAL WILL RELATE TO US THEIR SITUATION THEY ARE MARGINALLY HOUSED IN AN APARTMENT THEY CAN'T AFFORD AND THEY NEED SOME IN HOME SUPPORT SO WE WILL ASSESS THEIR INCOME AND LIVING SITUATION SOMETIMES THAT MEANS ADVOCATING FOR LANDLORD FOR RENT REDUCTIONS SOMETIMES IT MIGHT HELP LOOK FOR A MORE AFFORDABLE PLACE TO LIVE LOOK FOR OPTIONS WHICH COULD INVOLVE SHARED HOUSING OR RENTING A ROOM IN A HOME WITH OTHER OLDER ADULTS. SO THERE IS A LOT OF OPTIONS SO WE ARE TRAINED TO LOOK AT THE WIDTH AND BREATH REGARDLESS OF THEIR NEED AND SITUATION WE CAN THINK CREATIVELY AND SHARE WITH US THEIR GOALS AND IT IS PERSON CENTERED EACH PERSON GETS TO US GETS A PERSONALLY CHATTERED SENSE OF SUPPORT. IT IS CLIENT LED SERVICES AND THEN BENEFITS ASSISTANCE IS AGAIN PART OF THAT PLANNING IT LOOKS AT WHAT SOMEONE IS ALREADY RECEIVING WHAT THEY ARE ELIGIBLE FOR AND CONNECT TO THOSE SERVICES AND SUPPORT. SO THEY CAN MAINTAIN THEIR INDEPENDENCE.

AND SHORT TERM SERVICE NAVIGATION THAT IS WHAT WE DO THAT IS WHERE ASSISTANCE AND OPTION TRANSITIONS FROM MEDICAL FACILITIES TO HOME IT COULD INVOLVE HOME MODE INDICATIONS IT WOULD INCLUDE CAREGIVER REGISTRY IT IS ABOUT CONNECTING INDIVIDUALS TO WHAT THEY WANT AND HAVE IDENTIFIED AS PRIORITIES FOR THEM.

SO LET ME JUST GO QUICKLY THROUGH SO THE TRANSITION FROM HOSPITAL TO HOME AS TO DO WITH A LOT OF DIFFERENT THINGS WE WORK WITH DISCHARGE PLANNERS AND SKILLED NURSES WE WORK WITH DOCTORS AND HOSPITALS MARIN HEALTH KAISER. WE WORK WITH THEIR SOCIAL WORKINGS PHYSICAL THERAPIST ANYONE WHO IS APART OF THAT DISCHARGE TEAM OR TRANSITION TEAM WE ARE SORT OF THE RING LEADERS WE BRING TOGETHER ALL OF THE SERVICES AND CONVERSATIONS AROUND VERY SPECIFIC SERVICES. IF YOU ARE A MEDICAL PROVIDER YOU WILL BE FOCUSING ON A PERSON'S MEDICAL CARE AND WE CAN BRING IN A CONVERSATION ABOUT SOCIALIZATION ABOUT NUTRITION ABOUT TRANSPORTATION AND SO BY, YOU KNOW, CREATING THAT WRAP AROUND TEAM AND WE MAKE SURE THAT ALL OF THOSE SOCIAL DETERMINE INNOCENTS ARE ADDRESSED AS SOMEONE IS LOOKING AT COMING HOME OR TRANSITIONING TO ANOTHER LIVING SITUATION OR TRANSITIONING TO A FAMILY MEMBER HOME OR TRANSITIONING BACK MAYBE NOT TO THEIR HOME BUT SOMETHING THAT FITS THEIR BETTER NEEDS AND WANTS.

AND HOME MODIFICATIONS ARE PRETTY CLEAR THESE ARE GRAB BARS, ELEVATORS, LIFT CHAIRS ANYTHING THAT A PERSON MIGHT NEED THAT COULD FACILITY A SAFE RETURN HOME OR SAFETY ADDITIONS TO THEIR HOME AS THEY AGE IN PLACE AND THAT IS REALLY IMPORTANT THAT THE HOME IS ASSESSED AND THE INDIVIDUALS WANTS AND NEEDS ARE DISCUSSED AND HAVING A LIST OF CONTRACTORS AND PROVIDERS THAT CAN DO THAT WORK IN A TIMELY MANNER AND ALTHOUGH THOSE FUNDING AROUND THOSE HOME MODIFICATIONS. WE HAVE A PROGRAM CURRENTLY GOING ON THAT CAN HELP WITH THOSE HOME MODIFICATIONS.

AND WHEN YOU THINK ABOUT CAREGIVER REGISTRY SO THESE ARE VETTED CAREGIVERS SO WE DON'T JUST SERVE MODERATE OR MIDDLE INCOME WE SERVE THE ENTIRE INCOME SPAN. SO WE PROVIDE LEVELS OF WHATEVER IT IS PRIVATE PAY HOUSING OR PRIVATE PAY TRANSPORTATION WE CAN DO THAT WE HAVE THOSE SERVICES KNOWN TO US AND IN OUR TOOL KIT. IF SOMEONE WANTS PRIVATE CARE 24 HOURS A DAY WE HAVE CAREGIVERS ARE THAT VETTED AND WE CAN CONNECT THEM. IF THEY WANT AN IHSS CAREGIVER WHICH IS MED CAL WE CAN PUT THAT IN AS WELL.

SO, AGAIN, YOU KNOW, THE SERVICES WE PROVIDE ARE PROVIDED BY TRAINED SOCIAL WORKINGS HEALTH PROFESSION INTERNS, LICENSED RN'S AND PUBLIC HEALTH NURSES AND LICENSED MEDICAL PROVIDERS ACROSS THE SPECTRUM AND INTERNSHIP PROGRAM WE HAVE CONTACT WITH AND WE HAVE SUPPORT FROM INTERNS IN A NURSE PRACTITIONERS, RN'S AND MASTER'S IN NURSING. WE HAVE PUBLIC HEALTH NURSES INTERNING WITH US SO IT IS ALL LEVELS OF CERTIFICATION AND LICENSING ARE AVAILABLE AT DIFFERENT TIMES THROUGH OUR SERVICES BUT THE PRIMARY SERVICES ARE PROVIDED BY SOCIAL WORKINGS THESE ARE PROVIDED BY DEPARTMENT OF AGING AND ALL OF OUR STAFF ARE CERTIFIED IN OPTION COUNSELING IN A VARIETY OF DIFFERENT AREAS OF EXPERTISE SO THAT IS A PROFILE OF OUR STAFF.

I HAVE ALLUDED TO THIS AND SPOKEN TO THIS IN PRESENTATION BUT CAREGIVER REGISTRY SERVICES IS PIVOTAL TO THE WORK WE DO WE HOLD OUR CLIENT'S NEEDS IN PRIMARY FOCUS. WE MAY NOT KNOW PROFESSIONALLY WHAT SOMEONE NEEDS BUT THAT IS IN THE BACK OF OUR MINDS OUR FOCUS AND WORK IS ALL AROUND TALKING TO GET TO GO KNOW AND SPENDING TIME WITH OUR CLIENT SO THEY CAN FEEL SAFE WITH US WHAT THEIR REAL CENTRAL WANTS AND NEEDS ARE AND THEN OF COURSE I SPOKE TO THIS ALREADY IN HOME HOUSE RESPONSIVE SERVICES WE CAN SUPPORT PEOPLE IN THE GOVERNMENT PROGRAMS CAN BE DAUNTING IN THEIR APPLICATION PROCESS AND WE PROVIDE VERY DIRECT AND PROFESSIONAL SUPPORT FOR INDIVIDUALS GOING THROUGH THAT APPLICATION PROCESS.

WE HELP THEM UNDERSTAND WHAT THE TIMING IS. AND WHAT THE REQUIRED DOCUMENTATION IS AND WE CAN REALLY HOLD THE CLIENT THROUGH THE WHOLE PROCESS THAT THEY CAN MAKE IT THROUGH KIND OF A LONG AND SOMETIMES ARDUOUS PROCESS.

IT IS A NEW REQUIREMENT FOR HEALTH SERVICES IT IS NOT EASY. ADULTS NAVIGATING THE ONLINE OR TELEPHONIC APPROACH TO THIS ELECTRONIC VISIT VERIFICATION SO WE CAN VIE TRAINING ON GOING SUPPORT FOR THIS AGAIN COMPUTER BASED WAY OF PAYING THEIR CAREGIVERS AND IN HOME SERVICES.

THEY BRING A HUGE WIDTH AND BREATH OF MEDICAL SUPPORT AND KNOWLEDGE. THEY WORK UNDER THE GUIDANCE OF THEIR DOCTORAL PROFESSORS THEY WORK WITH SELF MANAGEMENT THEY HELP PEOPLE SIGN UP FOR PROGRAMS THEY HELP PEOPLE FILL OUT APPLICATIONS FOR HOUSING FOR ADAPTIVE EQUIPMENT THEY WILL WORK WITH CLIENTS THROUGH THIS WHOLE VACCINATION AND THE PANDEMIC THEY HAVE WORKED WITH CLIENTS ON UNDERSTANDING THE IMPORTANCE OF VACCINATION ACCESSING VACCINATIONS GETTING VACCINATIONS IN THEIR HOMES FOR HOME BOUND INDIVIDUALS. SO THEY BRING SUCH WEALTH TO THE WHAT WE DO. BETWEEN HEALTHCARE AND SOCIAL SERVICES AND THEN AS WE TALK ABOUT ADVOCATING AND SUPPORT ACCESSING SERVICES ALL SERVICES ANY SERVICES NEEDED FOR THAT CLIENT AND FRANKLY WE EVEN DEVELOPED PROGRAMS WITHIN OUR ADRC WHEN WE SEE A NEED. FOR EXAMPLE OUR 911 FIRST RESPONDER PROGRAM FROM SHERIFF'S IN THE COMMUNITY, AMBULANCE AND FIRE. SO WE HAVE A DIRECT REFERRAL PROCESS AND DIRECT RELATIONSHIP WITH OUR EMERGENCY FIRST RESPONDERS AND THOSE WOULD BE PEOPLE THAT HAVE FALLS MEDICATION MISMANAGEMENT HAD DEMENTIA CONDITIONS AND FOUND THEMSELVES DISORIENTED AND LOST IN THE COMMUNITY. SO AGAIN WE ARE NOT ONLY PROVIDING AND COORDINATING SERVICES BUT WE ARE DEVELOPING SERVICES AS WE SEE THEM WITH OUR WORK THROUGHOUT THE COMMUNITY. IT IS HARD WORK AND I'M PROUD A NONPROFIT AND GOVERNMENT AGENCY COMING TOGETHER AND BRIDGE THOSE PATHWAYS BETWEEN HEALTHCARE, SOCIAL SERVICES IN THE COMMUNITY AND AGAIN, FACILITATING INDEPENDENCE TO THE BEST AS FAR AS WE CAN FOR OUR OLDER ADULTS AND AGAIN OUR TRANSITION PROGRAM WORKS CLOSELY WITH THE OMBUDSMAN WHICH IS THE PATIENT FOR IN SKILLED NURSING. SO OUR IN SKILLED NURSING ARE WORKING CLOSELY WITH OMBUDSMAN ‑‑ THAT'S THE END OF OUR PRESENTATION SO I'M THRILLED TO BE HERE AND I'M HAPPY TO ANSWER ANY QUESTIONS AS THEY COME UP THANK YOU.

>> THANK YOU, CHLOE. YEAH, WE ARE GOING TO ‑‑ I HAVE SOME QUESTION THAT IS BEFORE GOING INTO THE Q AND A FOR ALL PANELISTS SO IF WE CAN PULL UP DR. CANIO AND JENNIFER WINTERS. THE FIRST ONE SO GREAT IDEAS GREAT PRACTICES. IN REFERENCING THE MASTER PLAN ON AGING PLAY BOOK THERE ARE THREE MAIN ELEMENTS IN ACHIEVING RESULTS IT IS FORMING KEY PARTNERS, EXPLORING DATA AND REVIEWING RESULTS. WHO ARE YOUR KEY PARTNERS LOCALLY AND GETTING THIS INNOVATION OFF THE GROUND AND WHO ARE THEY NOW CHLOE WHY DON'T WE START WITH YOU.

>> SO AGAIN HEALTH AND HUMAN SERVICES WE STARTED THIS CONVERSATION IN 2015. SO OUR ADRC START WEDNESDAY A CONVERSATION BETWEEN ELI THE EXECUTIVE DIRECTOR OF ECIL AND OUR AGING AND ADULT SERVICES WHEN THAT CONVERSATION STARTED EVERYTHING STARTED TO ROLL OUT I WAS HIRED IN 2017 TO WORK FOR THE PROGRAM SO OUR KEY PARTNER IN THE ADRC ARE MCIL AND AGING AND ADULT SERVICES PARTNERS ARE BUILT EVERY DAY POLICE, SHERIFF, FIRE. I LOOK AT NERVE THE COMMUNITY THAT IS PROVIDING AND WORKING ANY OLDER ADULT AS OUR PARTNER. WE ARE CONSTANTLY BRINGING IN PARTNERSHIPS. JULIA HALES WORKS TIRELESSLY AT THE STATE LEVEL TO ADVOCATE WHEN I SAY ONE DOOR THAT ONE DOOR LEADS TO ALL OF OUR PARTNERSHIPS AND STRONG PARTNERSHIPS WITH MARIN HEALTH OUR LOCAL UNIVERSITIES ARE TRAINING OUR HEALTH PROFESSIONALS THEY ARE ALL MY PARTNERS I MEET WITH THEM WEEKLY SO THESE ARE DEAN OF DEPARTMENT OF HEALTH PROFESSIONS SO THEY ARE MEETING WITH US TO TALK ABOUT SERVICES FOR ADULTS AND THE STRONG AP PARTNERSHIPS ARE WHAT HAPPENS ACROSS MARIN AND ABLE TO HAPPEN. SO ANYONE WHO IS SERVING OLDER ADULTS ARE PARTNERS AND SHELLY YOU KNOW.

>> I KNOW FIRSTHAND. YES. JENNIFER WINTERS HOW WOULD YOU DESCRIBE YOUR PARTNERS, YOU KNOW, GETS YOUR CERTIFICATION OFF THE GROUND AND THEN NOW. ARE YOU THERE JENNIFER? LET ME SEE.

>> I WAS TRYING REALLY HARD TO REMEMBER TO UNMUTE. SO WHEN WE FIRST STARTED IT WAS DR. VENT NEXT QUESTION AND HE HAD WRITTEN A LETTER SIZE OF A PROPOSAL AND THEN IT WAS THE PRESIDENT OF THE FOUNDATION ASSISTING ME TO MEET WITH THE CEO TO GET THE APPROVAL FOR THIS ACCREDITATION YOU SAW THE 5 M'S WE HAVE SOMETHING SIMILAR AS WELL AND NOW WE HAVE PROVIDENCE THAT HAS 50 HOSPITALS BEHIND US TRYING TO BECOME MORE GERIATRIC FRIENDLY. AND THEN YOU HAVE DEMENTIA CAPABLE NAPA COUNTY AND THAT IS WORKING WITH THE HOSPITAL FOR TRAINING SO WE DEFINITELY HAVE A LOT OF ANYONE WHO IS AGE FRIENDLY AND WANT TO THE PARTNER WITH THE HOSPITAL I'M SURELY THE PERSON THEY TRY TO CONTACT AND I TRY TO BRANCH IT OUT THROUGHOUT THE SYSTEM.

>> DR. CANIO?

>> KIND OF THE SAME AS JENNIFER I'M KIND OF THE CONTACT PERSON FOR ANY OLDER ADULTS WHEN I STARTED 9 YEARS AGO I REMEMBER GOING TO SHELLY'S OFFICE IN SANTA ROSA THIS IS MY VISION I CAN DO THE MEDICAL CARE AND A LOT OF COMPLEXITIES BUT I NEED HELP WITH HELPING THE CAREGIVER MAKE IT SO THAT PATIENTS CAN STAY AT HOME AS LONG AS POSSIBLE AND WE JUST KIND OF DISCUSSED WHAT RESOURCES THAT THEY ALREADY HAVE AND HOW WE CAN COMBINE THEM TOGETHER AND I DID THE SAME FOR REDWOOD CAREGIVER RESOURCE CENTER AND THAT HELPED DEVELOP OUR MEMORY CARE PROGRAM OF SONOMA COUNTY AS A EXPANDED MY ROLE AT KAISER PERMANENTE WE ARE TRYING TO STANDARDIZE MENTION CARE IN THE ENTIRE NORTHERN CALIFORNIA WITH PARTNERING WITH THE NORTHERN CALIFORNIA ALZHEIMER'S ASSOCIATION AND OTHER CALIFORNIA RESOURCE CENTERS AND SINCE A FEW MONTHS AGO I STARTED TALKING TO OUR LOCAL COMMUNITY ORGANIZATIONS MARIN INDIVIDUAL AND MARIN VILLAGE.

>> YEAH I KNOW WITH COVID 19 IT KIND OF DID PUT A RELAY ON THINGS EVEN FOR JENNIFER AS WELL BUT WE REALLY APPRECIATE OUR PARTNERSHIP WITH KAISER AND DR. CANIO THEY WERE ONE OF THE FIRST TO IMPLEMENT THE FACTS REFERRAL PROGRAM SO WHEN A PATIENT WAS DIAGNOSED THEY ARE IMMEDIATELY IF THEY WANT TO BE CONTACTED BY THE RESOURCE CENTER OR FAMILY CAREGIVER ALLIANCE WE GET THE FORM AND WE CONTACT THEM WITHIN 48 HOURS AND THAT WAS AN ISSUE WITH FAMILIES THAT WE SERVE AND THAT THEY, YOU KNOW, THEY WOULD LEAVE THE OFFICE AND NOW WHAT SO NOW WE CAN FORM THAT CONNECTION WITH THEM RIGHT AWAY WHICH IS WONDERFUL AND WHILE YOU ARE STILL HERE I THINK MEANINGFUL METRICS IS THE FOUNDATION OF OUR WORK WHAT DATA WAS HELPFUL IN MAKING THE CASE FOR YOUR NEW INNOVATIONS IN GERIATRIC CARE.

>> I DON'T KNOW WHAT DATA ACTUALLY HELPED BUT I GATHERED A LOT OF DATA OVER TIME I START WEDNESDAY A NUMBER OF ADULTS IN THE KAISER PERMANENTE CENTER WITH THE HEALTH SYSTEM AND HOW MANY OLDER ADULTS WE HAVE IN THE ENTIRE COUNTY I'M TRYING TO FIND OUT HOW MANY MORE ADULT ARE GOING TO JOIN KAISER. THOSE WITH DEMENTIA ARE MORE OF CHALLENGING SO TRYING TO FIND OUT FOR SPECIALIZED SYSTEM FOR THEM. HOW MANY OLDER ADULTS DID HIGH HISTORIC MEDICATIONS IN THE ELDERLY AND I THINK THIS IS MOST IMPORTANT ONE JUST BASELINE DATA OF ER UTILIZATION HOSPITAL ADMISSION AND LENGTH OF STAY.

>> THANKS. JENNIFER?

>> OUR DATA WAS SIMILAR TO WHAT I READ ON THE FIRST SLIDE WITH THE NUMBER OF PEOPLE THAT ARE OVER 60 AND SUCH A LARGE PERCENTILE OF THAT COMING THROUGH THE EMERGENCY DEPARTMENT I'LL TELL A FUNNY STORY THE CEO WASN'T IN THE BEST OF MOODS WHEN I HAD TO PRESENT TO HIM BUT YOU COULD NOT DENY THE NEED WE WOULD LIKE TO HAVE A WING THAT IS DEDICATED TO OLDER ADULTS AND THOSE THAT ARE STRUGGLING AND THOSE ARE DEMENTIA AND DILEMMA AND WE HAVE A LONG WAY TO GO AND THE STATISTICS ARE BEHIND US TO LUCKILY WE ARE CONTINUING TO ADVANCE.

>> CHLOE?

>> WELL, I THINK THAT SORT OF THE ORIGINAL IMPETUS IS OUR TRIPLE A SURVEY AND THEIR ASSESSMENT OF NEEDS IN THE COMMUNITY AND INFORMATION ACCESS TO RESOURCES CAME UP OVER AND OVER AGAIN OVER THE YEARS LEADING UP TO THE DEVELOPMENT OF OUR ENHANCING DEVELOPMENT AND I THINK IN LISTENING TO THE COMMUNITY AND PAYING ATTENTION TO THE CONCERNS OF OLDER ADULTS REALLY HELPED US MAKE THE CASE AND AGAIN THE AGING POPULATION THE AGING POPULATION TO REMAIN AT HOME AND WE WERE LISTENING TO THE COMMUNITY AND WHAT THEIR GOALS WERE FOR THEIR AGING PROCESS. MOST PEOPLE WANT TO AGE IN PLACE THEY DON'T WANT TO BE INSTITUTIONALIZED HOW CAN WE ENHANCE THE ACCESS HOW CAN WE PROVIDE SERVICES SO THEY CAN STAY AT HOME AND IT NATURALLY FELL INTO THAT SO WE SAW WHAT CALIFORNIA SAW IN THE DEVELOPMENT OF THE ADRC'S ACROSS THE STATE AND RODE THOSE NUMBERS RIGHT UP TO WHERE WE ARE TODAY AND I THINK THE JUST INDICATION AND SURVEYS WE ARE DOING ON QUALITY OF LIFE THAT WE DEVELOPED AND SO WE ARE SEEING REMARKABLE RESULTS AS FAR AS INDIVIDUALS EXPRESSION OF QUALITY OF LIFE ONCE THEY HAVE OBTAINED OUR SERVICES AND WE HAVE BEEN ABLE TO PUT IN PLACE SOME SERVICES AND SUPPORTS TO REMAIN AT HOME SO I THINK THOSE TELL THE STORY OF QUALITY OF LIFE.

>> I WANT TO REMIND ANYONE IF THEY HAVE ANY QUESTION. FEEL FREE TO PUT YOUR QUESTIONS IN THE CHAT. YOU KNOW, WHAT SHOULD PEOPLE WHO WANT TO BRING AND CHLOE I'LL START WITH YOU BRING THIS BEST PRACTICE THROUGH MAYBE THEIR LOCAL COUNTY HEALTH SYSTEM WHAT ADVISE WOULD YOU GIVE TO THEM.

>> WELL I THINK IT IS A GREAT TIME TO HAVE THE CONVERSATION AT A COUNTY LEVEL BECAUSE IT IS FUNDING LEVEL FOR EMERGING ADRC'S WE ARE MORE THAN WILLING AND HAPPY TO SUPPORT CONVERSATIONS WITH ANYONE TO DO ZOOM TALKS AT THIS STAGE AND SOME DAY DO FIELD TRIPS, HOST VISITS TO SEE WHAT WE ARE DOING AND HOW WE ARE DOING IT SO I THINK WITH THE FUND THAT COMES DOWN TO THIS MASTER PLAN ON AGING I THINK NOW IS THE BEST TIME THAT WE CAN CERTAINLY KEEP IN TOUCH GO TO ADRC WEBSITE THERE IS GREAT OPPORTUNITY I THINK THAT IS WHEN FUNDING IS AVAILABLE THAT IS WHERE PROGRAMS GET DEVELOPED.

>> JENNIFER?

>> AS FAR AS ADVOCATING FOR YOUR COMMUNITY AND WITHIN YOUR COUNTY THERE IS ONLY A HANDFUL OF GEDA'S WITHIN NORTHERN CALIFORNIA AND GOING TO YOUR HOSPITAL AND ASKING WHO TO SPEAK TO WE ARE GOING TO TOP SEND A LETTER TO THE CEO BECAUSE BECOMING A GERIATRIC AND BEING ACCREDITED IS A MATTER OF GOING TO THE WEBSITE AND FILLING OUT AN APPLICATION THERE IS A $125 FEE FOR THE FIRST LEVEL IT SHOULD BE ABLE TO GO THROUGH WITHOUT A WHOLE LOT OF RED TAPE AND IT IS ENOUGH THAT EVEN WITH THE EMERGENCY DEPARTMENT AS BUSY AS THEY ARE THEY ARE VERY HANDS ON AND FRIENDLY ABOUT ‑‑ USER FRIENDLY THEY GO ABOUT IT. SO I WOULD SAY JUST MAKING THAT MAUVE WHY AREN'T YOU ACCREDITED AND START ASKING THOSE QUESTION TOSS YOUR COMMUNITY LEADERS AND BE ABLE TO GET IT DONE YOU WILL HAVE MY CONTACT IF YOU NEED ANY HELP.

>> DR. CANIO?

>> WELL, SO IT IS A LOT FOR SURE FOLLOW THE MPA PLAY BOOK TRY TO SPEAK THE LANGUAGE AND EXPLAIN THE GOALS. STAKEHOLDER INCLUDING PATIENTS THAT MATTERS A LOT WE THINK THEY KNOW WHAT THEY WANT BUT WE NEED TO ASK WHAT THEY WANT AND CAREGIVERS WE CAN'T FORGET THEM. THAT ARE PROVIDING RESOURCES REVIEW EXISTING MODELS TALK TO ME I TRIED ALL OF THEM PROBABLY THINK OUTSIDE THE BOX AND ACCESS AS NEEDED CONNECT WITH FOLK THAT IS ARE ALREADY DOING THIS AND MOST OF ALL HAVE A MENTOR OR 2 AVAILABLE WHEN TIMES GET TOUGH BECAUSE THEY DO GET TOUGH EVEN THOUGH WE HAVE NOW PUBLIC POLICY THE BLUEPRINT I THINK IT IS STILL GOING TO BE TOUGH AND DON'T GIVE UP.

>> OKAY. WELL, I HAD THEM THERE I HAVE ONE MORE QUESTION SO I TALKED ABOUT THE FIRST STRATEGY IN THE MASTER PLAN BRIDGING HEALTHCARE WITH HOME WHICH IS AN AREA THAT HAS BEEN PARTICULARLY CHALLENGING HOW DOES YOUR INNOVATION BRIDGE HEALTHCARE WITH HOME CARE.

>> SO I THINK THE FIRST ONE IS WE ARE LEVERAGING THE ASSIST GOVERNMENT TO PROVIDE THE TIME THAT I NOW OVER SEE. THAT NEEDS FOR CASE MANAGEMENT WE ARE IN THE PROCESS OF IMPLEMENTING THE 5 M'S IN THE SETTINGS THAT IS GREAT EXCITING AND THAT HAS NOT BEEN IMPLEMENTED YET. IN SAN RAFAEL WE HAVE THE THRIVE AT HOME.

>> I WANTED TO MENTION JESSICA PUT IN THE CHAT CANADA PUBLISHED A GREAT TOOL KIT FOR COMPREHENSIVE GERIATRIC ASSESSMENT. WE PUT IN THE PLAY BOOK AND MASTER PLAN FOR AGING IT IS ALSO IN AN E‑MAIL THAT IS ON YOUR REMINDER REGISTRATIONS.

JENNIFER?

>> AS FAR AS BRIDGING HEALTHCARE TO HOME, YOU KNOW, CHLOE'S PROGRAM IS JUST DISCUSSING WITH SOMEONE WHO IS ALSO IN THIS BREAK OUT ROOM ABOUT HOW NAPA COUNTY CAN USE SOME HELP WITH THEM BECAUSE IT IS WHEN YOU HAVE SOCIAL WORKINGS WHO ARE WORKING ON DISCHARGES AND BEING ABLE TO HOLD SOMEONE'S HAND AND GET THEM THROUGH THE PROCESS WHAT IS AVAILABLE WHEN YOU GO HOME AND SKILLED NURSES ARE DIFFERENT WE HAVE QUITE A FEW HERE AND KNOWING WHERE TO GO AND WHAT TO DO SO WE ARE STRIVING FOR IMPROVEMENT IN THAT AREA WHEN YOU GO UP WITH THE ACCREDITATION THEY FOCUS ON THAT AS WELL SO WE ARE CONSISTENTLY LOOKING FOR WAYS TO IMPROVE. BUT THERE IS MORE THAT CAN BE DONE.

>> AND CHLOE, YEAH SO THIS IS YOUR QUESTION BECAUSE YOU ARE ALREADY DOING THIS SO I WANT TO ‑‑ THERE ARE A COUPLE QUESTIONS FOR YOU IN CHLOE IN THE CHAT. CAN YOUR SERVICES SCALE TO INCLUDE SONOMA COUNTY THIS IS FOR CHLOE?

>> I WOULD SAY NO I WOULD LIKE TO SEE ANA DRC IN SONOMA COUNTY I THINK THAT IS THE BEST WAY TO DO IT THAT IS THE MODEL THAT EVERY COUNTY HAS BEEN ADRC AND COLLABORATING WITH THEIR LIVING CENTER. EVERY COUNTY IS DIFFERENT AND WE ARE THE SPECIALIST FOR MARIN AND THAT IS THE WHOLE POINT BECAUSE AGAIN SERVICES WHEN YOU ARE PERSON CENTERED ARE VERY NUANCES ED AND VERY ‑‑ IT WOULD BE A STRETCH FOR US TO TAKE ON SONOMA COUNTY AND IT WOULD GO AGAINST WHAT WE ARE DOING IS TO BE COUNTY SPECIFIC. WE ARE HAPPY TO HELP. EVERY PROGRAM IS WORK BUT IT IS NOT WORK THAT NEED TO PIONEER. WE HAVE POLICIES AND PROCEDURES YOU CAN SHARE THOSE ABSOLUTELY WE WANT TO DEVELOP THE SUPPORT OF ADRC'S.

>> I'M SO GLAD THIS IS BEING RERECORDED BECAUSE I KNOW WE CAN'T GO TO ALL OF THE BREAK OUT SESSIONS BUT EVERYONE IS GOING TO BE ABLE TO REVIEW WHAT THE PANELISTS SAID. WHAT IS YOUR STAFFING LEVEL AND CREDENTIAL S.

>> SO I HAVE SOCIAL WORKERS SOME OF THEM ARE LICENSED AND SOME OF THEM ARE NOT I HIRE STAFF BASED ON THEIR ABILITIES THEIR WILLINGNESS TO LEARN AND GROW IN THEIR POSITION SO I DON'T NOT HIRE LICENSE PEOPLE AND I DON'T ONLY HIRE LICENSED PEOPLE. WE HAVE A VERY DIVERSE STAFF AND IF YOU WANT TO LOOK AT THE INTERNS THAT COME IN AND THE DOCTORS THAT ARE ASSOCIATED WITH THOSE INTERNS THEY COME FROM ALL LICENSED PERSPECTIVES WITHIN THE SCHOOL OF HEALTH PROFESSIONS AND THEY COME FROM ALL BACKGROUNDS. MANY LANGUAGES SPOKEN. PART OF THE PROGRAM IS A DIGITAL LITERACY. SO IT IS VERY DIVERSE AND I THINK THAT IS HOW YOU BEST SERVE YOUR COMMUNITY IS WHEN YOU LOOK LIKE YOUR COMMUNITY AND THAT DOESN'T HOLD A LICENSE OR DEGREE IT ENCOMPASSES MANY PEOPLE AND THAT'S WHAT MAKES OUR STAFFING ROBUST.

>> I DO WANT TO THANK YOU FOR ATTENDING. WE ACTUALLY TIME FLEW. THANK YOU I WANT TO ACKNOWLEDGE JESSICA SHE IS THE ALZHEIMER'S ASSOCIATION TEAM AND PUBLIC POLICY MEMBER SHE WAS OTHER THEN THE PLANNING COMMITTEE FOR HEALTH REIMAGINED AND PUT TOGETHER THIS PROGRAM SHE IS GOING TO BE DOING THE RECAP ONCE WE GET INTO THE MAIN ROOM BUT THANK YOU JESSICA THIS COULD NOT HAVE BEEN DONE WITHOUT YOU DID AN INCREDIBLE JOB.

>> THANK YOU SO MUCH, SHELLY.

>> THANK YOU, SHELLY. YOU DID A GREAT JOB.

>> THANK YOU TO YOU SHELLY AND TO ALL OF OUR PANELISTS. THANK YOU TO EVERYONE WHO JOINED US WE WILL SEE YOU ALL BACK IN THE MAIN ROOM. THANK YOU DR. CANIO, JENNIFER, CHLOE. WONDERFUL PRESENTATION. GREAT.