CONTENTS FROM THE VIRTUAL CHAT

FEBRUARY 24, 2023

We've organized the chat contents by program section, and gathered resources and reference materials into their own sections at the end of the document.

Also, we gathered questions that were asked in the Chat and moved them to a Q&A section in this document (sometimes with answers included). The questions left answered during the conference will be answered in the conference proceedings, which will be released about two weeks following the event.

We chose to make the comments anonymous except where the person's name is relevant to the information provided. To save space, we deleted reactions to the speakers and chat comments that didn't include any substantive information (although it was fun to see the appreciations and emojis).

We hope that this gentle reorganization helps you to access the information, while remaining true to the rich dialog and diverse perspectives that were shared during the conference.

WHEN YOU THINK ABOUT INEQUITIES IN ELDERHOOD, WHAT COMES TO MIND?

Cost, housing and care.

Inequities-funding, money, COVID-19

Age discrimination

Lack of presence in planning and decision making

health inequalities

Health Care inequity, access to care, self-care deficit, Social determinant of health challenges

Housing

Access to services- many seniors do not know what is available and many have no access to a computer- nor do they have an affinity for the use of same. Seniors have the most restricted incomes and in most cases they have no ability to find and access additional sources as their expenses mount.

fears and concerns around engaging with social services

Media-Older Adults and issues faced during the Pandemic. Media has focused on how children/youth have been impacted on learning loss. Yet no coverage on how social isolation has adversely impacted our Older Adult population

Healthcare and Food needs

Accessibility of HC system - it's abysmal for anyone with functional limitations

Housing and access to health services including mental health resources

lack of residential care

Lack of access to supportive affordable housing that's ADA compliant.

There is a lack of homelessness/prevention services designed to meet the specific needs of older adults because older adults have not been identified as a priority group.

Dependence on increasingly complex electronic/non human interfaces to access services.

inequities: the perception that as you get older you become less valuable, a burden and not a contributor to community

Inequities - online access to health care (messaging doctors, video visits, etc)

I think of a person sitting, sleeping and living alone on a recliner barely able to move.

Lack of available resources in service area.

1) Lack of access to care providers;
2) Lack of living wages for attracting care providers and differential pay for providers of recipients/persons with severe impairments;
3) Lack of backup emergency services 24/7;
4) Lack of access to very low-income accessible and affordable housing;
5) Lack of transportation access including for disaster evacuations/situations;
6) Low-income supports and benefits that fails to support independent living;
7) Lack of a focus on independent living and quality of life outcomes....

Lack of participation by stakeholders who are both seniors and persons with disabilities in the engagement process which includes active listening and implementation of ideas from those with lived experiences. This conference should not start early in the morning, it should start no earlier than noon to allow participation from members in the disability community with care provider routines.

THINKING ABOUT WHAT YOU'VE HEARD THIS MORNING, WHEN YOU THINK ABOUT INEQUITIES IN ELDERHOOD, WHAT COMES TO MIND?

big issue is financial access to MediCal

The assumption that people need to be taken care of, likely in a facility, and do not need to be part of all community spaces.

What comes to mind is....We ALL have to continue to strengthen our partnership to work together to create a better, safer, resourceful and supportive environment for our Seniors.

Language access, not just for other languages but also in terms of complexity

Inequities are affordable housing

CHAT COMMENTS & QUESTIONS DURING THE KEYNOTE CONVERSATION

Low-provider wages and benefits across counties accounts for some of the reasons approved IHSS recipients cannot access care. Others not eligible for income-based care programs cannot afford to pay privately for care from their incomes.

IHSS and similar home and community-based services assessments should be made without consideration of an individual recipients' access to family or friend support in the assessment process to determine the actual level of care needs that the individual senior or person with a disability has for access to the actual level of their care needs they have.

The care workforce shortages are directly tied to work disincentives to attract a workforce. Meaningful access to care is unavailable when there are limited workers to provide care, and people with the highest level of disabilities, including quadriplegics, functional quadriplegics, and individuals with complex chronic care needs have the hardest time obtaining access to care and are subject to the greatest discrimination based on ableism, ageism, sexism, and racism.

Profit sectors capitalize off institutionalization which typically benefits from the "patient" model. The most disabled become institutionalized no matter the age.

Family caregivers provide much of that high acuity care at home as well, and those that don't qualify for MediCal and IHSS rely solely on family caregivers.

The voices of persons with disabilities and seniors, particularly those with severe impairments, are critical to creating the kind of portable and transparent services associated with an individuals' needs that all people desire with their goal to age in place at home with supportive services to be able to thrive in their life.

Great point Terry. Working outside of our silos for greater impact.

Policies are ableist, ageist, sexist, and racist. . I am a college educated person with a severe wheelchair disability who requires extensive attendant care service hours for help every day. I am white. I am being denied access to independent living because I am unable to find care providers, have meaningful access to immediate emergency backup provider services 24/7, and unable to find competent, trustworthy, reliable, and dependable non-relative community care providers. Even if a person has a fully accessible home or living space, it is meaningless if I do not have access to care to live at home in the community.

Policies and pay for care providers need to change to create an abundant care workforce to allow persons with disabilities meaningful access to care and choice.

Persons with disabilities of all ages are the ones to end up in institutional placements because of lack of access to care.

CHAT COMMENTS & QUESTIONS DURING PANEL I: THE POWER OF COMMUNITY-BASED APPROACHES

The healthcare systems first priority is to making a profit. The priority is on cost-containment, not quality of life or promoting independent living.

The healthcare industry sees people as patients, and fails to focus on person-centered care, independent living, and fails to engage with recipients needing daily care assistance. This "patient" industry denies the ability of people to thrive in their ability to attain their desires, goals, and dreams.

People with disabilities require meaningful access to very low-income accessible housing with roll-in stepless showers!

Life is more than "patient care." The view on disability needs to come from an independent living approach. People are not "elder care," "social determinants of health."

People with disabilities require access to housing, competent care providers, meals three times a day, and supportive services to engage in life.

Cost containment is not promotion of life.

This [Home Safe] is a great partnership as patients get resources outside of the healthcare system - safe housing, social engagement, food , in home care.

Developing a life plan tends to be medical in terms of nurses under waivers and these plans never determine whether an outcome in the plan was achieved.

I agree with Sophay "Pai". People are endowed with choice!

Pai's comments are on point! Let's stop blaming, and work to figure out what's important to the individual. The First M "What Matters to the person" and step towards age-friendly work, services, policies!

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I'm in Sacramento County. One of the first problems with assisting the homeless is the 211 and 311 system. There are no or few, if any, mobile vans to assist persons with their needs. For example, I tried to help a homeless man who was an older adult in the community outside McDonald's. I had others come up to me and ask for money for incontinent briefs. I called 211 and 311, and they had no immediate help, just would try to find him in two weeks. His scooter battery had been cut and stolen, his wallet and ID were stolen, and he couldn't:

1) get to the DMV (needed transportation for ID);
2) didn't have paratransit (requires application, doctor to sign form, and a 30-day wait for approval in Sac County);
3) get to his bank (needed transportation);
4) didn't have mailing address to get to location to apply for benefits or get a Medi-Cal phone;
5) couldn't get to place to fix scooter or even have Medi-Cal;
6) didn't have income for rental.

Agencies collect funds, but need to be responsible for outcomes. This person needed to be helped.

If in Alameda County, call DayBreak in Alameda county 834-8414 as we can take on cases without a direct referral from Adult Protective Services. We can speak w a client within 24 hours and meet within two days. However we don't have immediate emergency on the spot assistance.

Our constraint is instead making sure people have safe housing

Want to reiterate that PACE is good socialization and heathcare and behavioral heath supports for isolated seniors - please refer your isolated elders in Alameda county to Center for Elders Independence or On Lok.

CHAT COMMENTS & QUESTIONS DURING PANEL II: NEW POPULATIONS OF FOCUS IN CalAIM

From Steve OBrien - Alameda Alliance to Everyone: Our medically tailored meals are underutilized and we would love referrals for members who might benefit from short term meals for medical reasons.

Persons with disabilities prefer to talk with other persons with disabilities and not social workers and nurses. People with disabilities want in-home respite, not "facility respite" in general. When a person with a disability needs assistance with paramedical services, it is harder to find care providers who are non-relative community care providers. Caps on home adaptive environment at $5,000 is too low. Roll-in showers, ceiling lifts for independent living and safety are needed, but not provided under $5,000 Medi-Cal caps.

Some persons with disabilities can manage their lives if they had access to competent, trustworthy, reliable, and dependable non-relative community care providers. Some persons need case management.

YES, so much of it comes down to affordability - from in home care to ICFs and LTC.

Empowered Aging is the provider for Ombudsman Services in Alameda for residents in LTC facilities and may be a great partner in getting to know facilities and addressing level of care issues in SNFs.

Language barriers caused by stroke/brain injury can prevent access to medical and community services. More info about information about aphasia and services at the Aphasia Center of California at https://www.aphasiacenter.net

Lack of affordable memory care is a huge issue for our constituents. Dr. Hill's presentation laid this problem out very well.

CHAT COMMENTS & QUESTIONS DURING PANEL III: MAKING IT REAL - CHANGING THE TRAJECTORY FOR AT-RISK OLDER ADULTS

I don't think anyone has mentioned how inaccessible quality primary care is right now. Doctors don't have time to address anything out of the clinic visit. Case managers (like me) are limited by our ability to interact with primary care providers (who are gatekeepers to many resources). Also reiterate what others have said-lack of caregiving and appropriate housing are the number one barrier to improving quality of life and safety for seniors. Case managers/ navigators cannot link to resources that do not exist.

Important distinction: PACE is case-CARE not just case-management. PACE is responsible.

I work as a case manager and some of the issues I face include: language barriers, affordable housing , clutter, and lack of dependable caregivers.

When assisting consumers in LTC, or living with others or living on their own, especially those in facilities - though it's important to focus on medical conditions and community based issues, food, transportation etc. - we also must remember fun!! allowing opportunities to get out and enhance their minds, attend baseball games, basketball games, go to the movies, attend classes at local community colleges, art and music activities, volunteering at an animal shelter - vs the daily bingo games and sing-alongs - are not enough - no matter where a person lives - we all something we can enjoy - makes life worth living.

[in response to previous comment] You are talking about quality of life and desires, goals, and dreams of individuals with disabilities of all ages to actively participate in life as they are able to engage in the level, ability, and capacity that person can handle. Red-tape blocks the ability for persons with severe disabilities to travel because of state-imposed provider overtime caps

I wish we can move towards medically based versus financially based - the baby boomers are coming!!!

Counties should be made to pay a percentage for cost of care in nursing homes for IHSS and Waiver Personal Care Services if the person ends up institutionalized, a penalty, because currently counties have no incentive to keep IHSS recipients in the community.

The need for expanding caregiver staff availability is clear from many presenters. What can we do at the County level to improve this? Training? how to increase pay levels? career ladders into other healthcare careers?
There is a $55 million CalGrows program providing training and workforce development and cash incentives to paid and family caregivers in calendar 2023z

From Terry Hill: Contra Costa Health unifies health plan, hospital, clinics, public health and social services. San Francisco has a Health Commission overseeing its unified health plan, hospital, clinics, public health and social services. Alameda County suffers from much more fragmentation than our neighbors. Is it time for an oversight group in which we could all participate and hold each other accountable for addressing equity and population health? I should add that the model of Accountable Communities for Health also engages the business community, schools & etc. Such cross-sectoral work would improve our political power.

Most people have not needed these services and have no experience with the service availability. Then all of a sudden they have an accident or have a stroke, catastrophic illness, and now they're thrown in the world of social services - and have now idea of what to do -

I find it unacceptable that I'm hearing from vulnerable seniors and people with disabilities from across California who are unable to live independently because they are unable to find and keep attendants.

Yes! We do have much work to do, but have many wonderful, committed people and organizations to support this critical work.

And the reason they are not able to keep attendants is due to the fact that caregivers can get paid substantially more if they work in institutions. As attendants, they may be able to make $12 an hour with no vacation or, in most cases, health care coverage as they can when working in an institution where many make up to $25 per hour.

The IHSS program has completely failed most California residents who expected to be able to depend on that program to get and keep attendants.

And, I just lost a friend of over 40 years because Kaiser allowed pressure sores to get infected, then she was sent, by Kaiser, to one of the Kentfield Medical facility in San Francisco where they started her on so much Morphine, within a month, she was dead!

People are not getting the support from attendants that the Olmstead decision (by the U.S. Supreme Court) promised. To be able to live independently in their home! Nothing today discussed the present,

unacceptable condition people with disabilities are experiencing in California. And I heard nothing today that has any chance of fixing that!

QUESTIONS & ANSWERS FROM THE CHAT

During the Keynote Conversation

Q: This is powerful and troubling information. I know this is focused on Alameda County, but do you have a sense of how Laguna Honda fits into the for-profit/nonprofit beds by race?

Q: Please put in chat the website's that Terry Hill shared at the end of his presentation. Thank you.
A: Those websites are listed in the Links & Reference Materials section of this document.

Q: Denny, please post in the chat the name of the person you said you are a big fan of. Also, any book/s or articles this person has written.
A: Ibram Kendi, How to Be An Antiracist

Q: Dr. Hill, do you have any data on how persons with IDD/DD are affected by discrimination for long term care?
A: I don't have any good data re IDD/DD, but here are some excerpts from a recent editorial.: The true count of adults and children with IDDs is unknown. Large gaps in US public health surveillance produce systematic undercounts, especially for adults.

Persons with IDDs have shorter average life expectancies, by 20 years for some conditions. Although some differences reflect biological factors, many are related to modifiable disparities such individuals experience within communities, social service delivery, and health systems.

Although average life spans have increased substantially among persons with IDDs, most research and funding has focused on children and does not include follow-up of persons with IDDs into adulthood. This pattern reflects and reinforces the framing of people with IDDs as children or child-like and also may reflect public and policy-maker perceptions that adults with IDDs are less worthy of support than children

During Panel 1/The Power of Community-based Approaches:

Q: Can you share what concrete items are purchased for clients using tangible services?
A: (From Faith Battles, Alameda County Department of Aging & Adult Services) We can purchase furniture, cleaning supplies, clothing, etc. in tangible services for our clients. The tangible services category is pretty broad and we are able to fit a lot of various services and purchases within that category

Q: Where is the majority of the $3million [annual funding for APS Home Safe program in Alameda County] going? Tangible services looks like a small portion.

A: (From Faith Battles, Alameda County Department of Aging & Adult Services) A good amount goes to clean out homes that are cluttered, paying back rent/mortgage, paying for hotel stays, SNF stays, board and care stays and paying for caregiver support pending IHSS Application approvals. The majority goes to contracts that provide the Core Component Services I mentioned in the beginning of my presentation. We have had to increase the case management contract funding over time due to increased client needs.

Q: Are clients offered access to PACE program as a support for staying in the community?
A: (From Faith Battles, Alameda County Department of Aging & Adult Services) Yes...that is a referral possibility for eligible clients that are willing to participate in the services PACE offers.
A: (From Lisa LaMagna, DayBreak board member) Yes, in fact DayBreak (a Home Safe provider) is working with OnLok for a group of referrals in S Alameda county, and we have convos with CEI about referrals. One constraint is clients often have high behavioral healthcare needs.

Q: Serom Sanftner, East Bay Innovations is on the road to success. The question I have is how you arrange and locate care for non-Lanterman Act persons with disabilities who are quadriplegics, functional quadriplegics, and people with very complex chronic care needs? Was what you did for Joe who had CP, was this through the California Community Transitions (CCT) program?
A: [to be provided in the conference proceedings]

Q: Can you please go back to Serom contact information?
A: Serum's contact information (also in her slides):

East Bay Innovations
2450 Washington Ave., Ste. 240
San Leandro, CA 94577

Serom Sanftner
510-306-5794
ssanftner@eastbayinnovations.org
info@eastbayinnovations.org

<u>During Panel 2/New Populations of Focus in CalAIM:</u>

Q: AAH (Amy) Are both your ECM and your Complex CM services home visiting?
A: Enhanced Care Management is home visiting. Complex CM is telephonic.

Q: Do you offer long term case management to members?
A: ECM (Enhanced Care Management) is effectively long term case management.

Q: How many people with severe disabilities have been transitioned from long-term care facilities that shows a non-bias against providing assistance to such individuals with severe impairments i.e. quadriplegics, functional quadriplegics, and individuals with complex chronic care conditions?

A: [to be provided in the conference proceedings]

Q: Where will we house elders who have incomes < $1000, who can't pay $2,500/month for long-term supportive group housing?
A: [to be provided in the conference proceedings]

Q: Why is California's Medi-Cal Assisted Living Waivers (ALW) simply a room shared by two people with one toilet in a nursing home considered an Assisted Living or independent living? Who oversees compliance with nursing home compliance with state accessibility building codes?
A: [to be provided in the conference proceedings]

Q: What about continuity of care between Counties - residents of LTCF transitioning from a SNF in one County to a home in another County. How do we get services set up in AC when the person still resides in another County but has a d/c date and plan to transition to an apartment? MediCal has to stay in the SNF county until the resident actually leaves the SNF and takes up residence here in AC?? Transitions between Counties Is common. Are you working to bridge gaps and smooth these transitions? Thanks for your help.
A: [to be provided in the conference proceedings]

<u>During Panel 3/Changing the Trajectory for At-Risk Older Adults:</u>

Q: I'd like to know about Kaiser's advanced care at home: who is eligible, what services are provided, how long will services be provided and how does a Kaiser member get referred?
A: [to be provided in the conference proceedings]

Q: So is more case manager new hire in the forecast? And will 2nd Chances opportunity be able to apply if this is a forecast position that is coming in the future?
A: While we couldn't find a conclusive answer to this question, we want to lift up this organization and its case management expertise. Second Chance is a nonprofit in Alameda County that provides treatment and recovery services for substance use disorders, as well as domestic violence and homelessness services. Second Chance values lived experience. Many of the organization's counselors and staff have personal experience in their areas of focus. The organization's web site is at https://your2ndchanceinc.com/.

Q: Dr. Mittelberger, it occurs to me that so much of the conversation today is about piecing together all the services that are needed for seniors and getting better as a county and service providers at coordinating those services. PACE is at the other end of the spectrum. They have policy and funding that requires that coordination - it's built in. How can we use PACE experience to create structural policy and funding changes that help community providers have an easier time?
A: (From James Mittelberger MD CEI) My analysis, after many years of working with patching pieces together, that our participants should receive reliable coordinated care from organizations that are truly responsible for coordinating the full range of social and medical care including food and transportation. PACE does this.

Q: Do you [the ADRC] also provide out of Alameda County information/references for this type of assistance?
A: Currently, if a community member contacting Alameda County's ADRC is seeking information about resources in another county, the ADRC (Aging and Disability Resource Connection) would provide referrals to other ADRCs, Area Agencies on Aging and Independent Living Centers in other counties, so that community member can work directly with the entities that best know their counties.

Q: The need for expanding caregiver staff availability is clear from many presenters. What can we do at the County level to improve this? Training? how to increase pay levels? career ladders into other healthcare careers?
A: There is a $55 million CalGrows program providing training and workforce development and cash incentives to paid and family caregivers in calendar 2023. The RFP closed in November 2022. The state indicates that programs were funded in every county, and features free on-line trainings as well as financial incentives to help caregivers participate. Learn more at https://www.calgrows.org/

LINKS AND REFERENCE MATERIALS

California Health Policy Survey from California Health Care Foundation:
https://www.chcf.org/publication/2023-chcf-california-health-policy-survey/

Conference materials and slides are available here:
https://seniorservicescoalition.org/working-in-coalition/conferences-convenings/

The websites that Dr. Terry Hill listed are:

California's Master Plan for Aging: https://mpa.aging.ca.gov
- The highly informative first annual report was released in January

Local MPA Grant Program:
https://mpa.aging.ca.gov/LocalMPAGrantProgram
- Deadline for Local Aging & Disability Action Planning Grant Program is March 24th

Cal Long Term Care Compare:
https://callongtermcarecompare.org
- Comparisons of home health agencies and hospices to be added by July
- Other provider types to follow, thanks to $1M in state funding

California Dept of Social Services Facility Search:
www.cdss.ca.gov/inforesources/community-care-licensing/facility-search-welcome
- Until Cal LTC Compare expands, this is the only comprehensive database on CDSS-licensed providers
- Includes resource guide and useful glossary

The SCAN Foundation:
www.thescanfoundation.org
• Practical and policy resources for empowering older adults

PHI: www.phinational.org
• "Caring, committed relationships between direct care workers and their clients are at the heart of quality"
• PHI hosts the National Direct Care Workforce Resource Center (for home and institutional care)

The fastest growing homeless population? Seniors (CalMatters,Feb. 10, 2023)
https://calmatters.org/health/2023/02/california-homeless-seniors/?utm_medium=email&utm_source=CalMatters%20Newsletters&utm_campaign=88d643d58e-EMAIL_CAMPAIGN_2023_02_10_07_49&utm_term=0_-88d643d58e-%5BLIST_EMAIL_ID%5D&mc_cid=88d643d58e&mc_eid=ca20627b2d

California Association for Nursing Home Reform:
https://canhrlegislation.com/
https://canhrlegislation.com/category/bills/sponsored-by-canhr/
https://canhrlegislation.com/ab-48-aguiar-curry-nursing-facility-resident-informed-consent-protection-act-of-2023/

The ARC: https://thearc.org/policy-advocacy/housing/

Federal Register/Affirmatively Furthering Fair Housing:
https://www.federalregister.gov/documents/2023/02/09/2023-00625/affirmatively-furthering-fair-housing

https://disabilityjustice.org/justice-denied/dehumanization-discrimination-and-segregation/

REFERRAL FORMS

Forms for referring Alameda Alliance members to CalAIM services:

Enhanced Care Management Approval Request:
https://seniorservicescoalition.org/wp-content/uploads/ECM-Approval-Request-Form_120820222.pdf

Case Management Program Referral:
https://seniorservicescoalition.org/wp-content/uploads/AAH-CMDM-Program-Referral-Form-updated-2021-03-101.pdf

RESOURCES AND ORGANIZATION CONTACTS SHARED IN THE CHAT

Language barriers caused by stroke/brain injury can prevent access to medical and community services. More info about information about aphasia and services at the **Aphasia Center of California** at https://www.aphasiacenter.net

SOS Meals on Wheels (primary MOW in Oakland), we do currently have a waitlist for "Qualifying Need/Priority C" (as defined/determined by the OAA) homebound elders, but are actively enrolling "Urgent Need/Priority A" & "Significant Need/Priority B" older Oaklanders. We HIGHLY encourage all applications, as even growing our waitlist helps identify the true need in Oakland and greater Alameda County. Also, those who do not currently qualify, or who would potentially qualify for Congregate Meal programs, grocery deliveries, et al, will receive referral info on all applicable programs. www.sosmow.org Call (510) 582-1263 or email to info@sosmow.org

DayBreak is accepting Case Management referrals, and offers 1:1 counseling to family caregivers, and more. Go to www.daybreakcenters.org or call 510-834-8314

Center for Elders' Independence can be reached at 510-433-1150 or www.elders.org. we specialize in coordinated medical, dental, home care and social care for elders if you know someone who needs that.

Please include **Gold Star Shared Housing** as a resource to connect Seniors living alone with senior tenants looking for affordable housing. I am happy to speak with anyone 510.909.2510. Lois Snell, Executive Director

From Kim Thompson, **Leukemia and Lymphoma Society**: Although the LLS is blood cancer focused, we do offer grants for patients and additional support. I would love to share with anyone who has crossover care. Contact Kimberly.Thompson@lls.org

ATTENDEES (the following is a subset of conference attendees, as self-announced in the Chat)

Michelle Williams from BOSS (Building Opportunities for Self-Sufficiency)

Rachel Matthews Program Manager at Home Match for Alameda County

Sonya Frost, Alameda County APS

Katherine Kelly, On Lok PACE

Marcy Braidman and I am from Open Heart Kitchen

Luke Barnesmoore, Director of Strategy, Home Match - Front Porch

Rolang Gigon, Kaiser Permanente

Dianna Olsen - Senior Coalition of Stanislaus County

Terry Hill, California Association of Long Term Care Medicine

Tami Lewis, Alameda Alliance for Health

Ben Bloom - Homewatch CareGivers of Oakland

Kim Thompson with the Leukemia and Lymphoma Society. Responsible for the Myeloma Link program in Oakland. All services are free. Reach out if you have a resource center for sharing. https://www.lls.org/myeloma-link, Kimberly.Thompson@lls.org

Lynette Harvey from Ventura County Hospital to Home Alliance listening into the good work you are doing in your county.

Steve Lustig, Ashby Village

Connie Arnold, Disability Rights Advocate 30+ Years, Email: ihss_advocate@yahoo.com, mobile: (916) 743-9007

Sigrid Duesberg, Ashby Village

Dianna Garrett - Center for Elders' Independence and Oakland Commission on Aging

Denise Thompson, Alameda County Social Services Government and Community Relations, Management Analyst

Veta Jacqulin - J-Sei agency

Nina Rea, Occupational Therapist. Independent contractor, Aging in Place, Fall Prevention, Home Modification and therapy in the home.

Mary Graham, Ashby Village

Rhonda Giarretto, Supervising Public Health Nurse, APS Public Health Nursing Unit, Public Health Department

Susana Chan, RN Older Adults, Healthy Results

Faith M. Battles, Department of Adult & Aging

Donna Griggs-Murphy, Resident Services Supervisor HumanGood

Susana Chan, Public Health Nurse, Alameda County Older Adults, Healthy Results case management

Dan Ashbrook, Development Director, SOS Meals on Wheels.

Lucy Hernandez-Guido, Supervising Case Manager- MSSP, City of Oakland

Mary Bradd, United Seniors of Oakland and Alameda County

Michele Burke, ACPHD

Colette.Radford-Anderson, Management Analyst in Alameda County Social Services Agency

Regis Harvey, Service Coordinator from SAHA

Melvin Cowan, COO - Building Opportunities for Self-Sufficiency.

Maria Zamora, CEO Center for Elders' Independence. We are the East Bay provider of Program of All-Inclusive Care for the Elderly (PACE).

Flo Raskin, Board Chair at Center for Elders' Independence and Commissioner on Alameda County Advisory Commission on Aging

Janny Castillo, St. Mary's Center

Sonia Hsieh from Southlake Tower (Christian Church Homes)

Serom Sanftner with East Bay Innovations. Good morning!

Faith M. Battles, Assistant Agency Director with Alameda County's Department of Adult & Aging Services

Kathryn Stambaugh, LifeLong Medical Care

Denicia Gressel, Service Coordinator at SAHA -Vineyard Village.

Karina Rivera, Alameda Alliance for Health

Charlie Deterline, SOS Meals on Wheels

Maura from California Advocates for Nursing Home Reform (CANHR).

Nalleli Albarran - Cruz with the Unity Council / Fruitvale - San Antonio Senior Center

Christina Irving, Family Caregiver Alliance

Sally Song, service coordinator -SAHA

Matthew Miu, North Berkeley Senior Center

Carol Powers, Alameda County Emergency Medical Services Senior Injury Prevention

Ebony Young, Lead Service Coordinator and Case Manager, Satellite Affordable Housing Associate

Bab Freiberg, Executive Director, Ashby Village

Karen Grimsich City of Fremont.

Roberta Elman, Aphasia Center of California

Lisa Malul, Rebuilding Together Oakland East Bay

Jessica Rothhaar, Alzheimer's Association

Erin Armstrong, Office of Sup. Nate Miley

Karishma Khatri, Office of Asm. Liz Ortega