

>> BEFORE WE GET STARTED I DID WANT TO SHARE A NEW RESOURCE PAGE THAT THE COLLABORATIVE HAS LAUNCHED. IF YOU GO TO THE WEBSITE (ON SCREEN), YOU CAN FIND IT UNDER YOUR RESOURCES DROP DOWN. THAT VERY FIRST ITEM THERE. AND ON THAT RESOURCES PAGE YOU CAN FIND INFORMATION ABOUT THE COLLABORATIVE COVID-19 WEBINAR SERIES, INCLUDING LINKS TO PREVIOUS RECORDING, TRYING OUR BEST TO KEEP UP WITH AND POST OTHER OPPORTUNITIES INCLUDING WEBINARS AND DISCUSSIONS WITH OUR COLLEAGUES AND PARTNERSMENT THERE ARE STATE AND FEDERAL RESOURCES AND ADDED A SECTION OR INNOVATIONS AND ADVOCACY, AND INCLUDES LINKS TO LOCAL ADVOCACY AND INNOVATION PIECES AND ENCOURAGE YOU TO CHECK IT OUT. AND IF YOU HAVE SUGGESTIONS FOR WHAT THE ADD LET ME KNOW. LASTLY WE HAVE POLICY BRIEFS AND RESEARCH, THIS PAGE WAS LAUNCHED YESTERDAY IN THE EVENING, IF YOU TAKE A LOOK NOW OR SHORTLY AFTER THE WEBINAR, YOU SEE WE ARE SLIM ON CONTENT BUT WE WILL BE WORKING HARD TO FILL IT OUT OVER THE NEXT COUPLE OF WEEKS AND EXPECT IT TO GROW AND , AND UPDATE FREQUENTLY.

IF YOU ARE MEMBER OF THE COLLABORATIVE AND PART OF THE COALITION, AND HAVE CONTENT YOU WOULD LIKE TO SHARE, E-MAIL ME, AND WE WILL DO OUR BEST TO GET IT ADDED.

>> GOOD MORNING EVERYONE, THANK YOU FOR JOINING US, WE ARE GOING TO KICK OFF TODAY WITH LEGISLATIVE AND STATE LEADERSHIP UPDATES, WE HAVE OUR ASSEMBLY MEMBERS HERE TODAY. AND WE WILL INTRODUCE THEM LY AND Q

AND A WITH BOTH OF THEM AND MOVE INTO THE BULK OF THE AGENDA TO DISCUSS CARE TRANSITIONS AND HAVE A GREAT PANEL TO DISCUSS VARIOUS LEVELS OF TRANSITIONS TO AND FROM NURSING HOMES.

HAVE TIME FOR ADDITIONAL Q AND A AND HAVE A OPPORTUNITY FROM JUSTICE OF AGING ABOUT ISSUES EFFECTING OLDER ADULTS AND THOSE WITH DISABILITIES AROUND THE CARE TRANSITION ISSUES AND WAYS TO USE TOOLS THAT MIGHT HELP WITH THAT. WE WILL GO AHEAD AND JUMP INTO THAT AND THEN WE WILL SEE AND HAVE A OPPORTUNITY TO SURVEY FOLKS AND SEE WHAT YOU WOULD LIKE TO HEAR ABOUT UPCOMING WEBINARS. SO, A FULL AGENDA, WE WILL GO AHEAD AND JUMP IN, I AM GOING TO WELCOME OUR ASSEMBLY MEMBER, CHAIR OF THE ASSEMBLY COMMITTEE ON AGING AND LONG TERM CARE. HE IS GOING TO GIVE US UPDATES WITH HOW THINGS ARE LOOKING FROM HIS PERSPECTIVE. WE WILL HAND IT OFF TO YOU.

>> THANK YOU FOR HAVING ME AGAIN. THIS IS BECOMING A REGULAR SITUATION. FIRST OF ALL THANK YOU TO THE CALIFORNIA COLLABORATIVE FOR YOUR WONDERFUL WORK, THANK YOU TO SARA FOR ALWAYS INCLUDING ME, AND ALWAYS GIVING ME GREAT DATA, THANK YOU TO FOR BEING SUCH FUL PARTNER AND ALLY, AND JOINING IN ON ALL OF THESE CALLS AS WELL. AND I JUST WANTED TO HIGHLIGHT A QUICK LITTLE STUDY THAT HAD COME OUT A COUPLE DAYS AGO THAT I LY HIGHLIGHTED IN OTHERS AS WELL. BY THE HARTFORD AND SCAN FOUNDATIONS. TALKS ABOUT HOW 55% OF OLDER CALIFORNIANS MEDICARE HAS BEEN DISRUPTED Especially AT A TIME LIKE WHEN WE ARE DISCUSSING CARE TRANSITIONS IT IS GOING TO BE CRITICAL TO THINK ABOUT HOW THIS PROPORTIONATELY SOME OF US ARE BEING MORE IMPACTED THAN OTHERS. AND, I AM CERTAIN AS MOST OF YOU ARE THAT

SENIOR POPULATION IS AMONG THOSE COMMUNITIES THAT IS GOING TO BE IMPACTED MORE SEVERELY THAN OTHER SUBGROUPS. CRITICAL TO BE THINKING ABOUT THIS AT A TIME WHEN WE KNOW OUR NUMBERS IN CALIFORNIA ARE GOING TO BE INCREASING. SO, THANK YOU FOR THIS TIMELY DISCUSSION, I AM HAPPY TO STAY ON, I AM GOING TO MUTE MYSELF SO YOU DON'T HEAR MY TWO-YEAR-OLD IN THE BACKGROUND BUT I LOOK FORWARD TO THE CONVERSATION, AND THANK YOU AGAIN FOR WHAT YOU DO.

>> GREAT THANK YOU SO MUCH FOR THAT AND ALL OF YOUR WORK IN THIS IMPORTANT AREA, FOR JOINING US THIS MORNING, APPRECIATE THAT, THERE SHE IS, LOOKS LIKE JUST JOINED US, INTRODUCE HER AND GIVE UPDATES AND THOUGHTS AND HAVE TIME FOR Q AND A, PLEASE JOIN ME IN WELCOMING , DIRECTOR OF CALIFORNIA DEPARTMENT OF AGING AND HERE WE ARE LUCKY ENOUGH TO HAVE HER HERE AGAIN FOR THIS OPENING PANEL. HANDING OFF TO YOU .

>>KIM MCCOY WADE: GOOD MORNING, GREAT TO BE WITH YOU ALL AGAIN, CAN YOU HEAR ME OKAY? GOOD, EVERY TIME I DO THIS I AM IN A DIFFERENT TECHNOLOGY SET UP. GLAD THIS ONE IS WORKING I DON'T HAVE MY 7-YEAR-OLD IN THE BACKGROUND TODAY (LAUGHTER). BUT GLAD TO BE WITH YOU AND YOUR FAMILY AGAIN. I JUST WANTED TO CALL YOUR ATTENTION TO A COUPLE OF THINGS, FIRST OF ALL THANK YOU SO MUCH FOR THIS TOPIC AND FOCUS. IT COULD NOT BE MORE TIMELY, IT WAS TIMELY BEFORE WE GOT IN THIS SITUATION AND EVEN MORE URGENT NOW, THANK YOU FOR THE FOCUS ON TRANSITION TODAY, I WANT TO SAY A COUPLE OF THINGS I KNOW I WAS WITH YOU A FEW WEEKS AGO. SUCH A FLUID AND CHALLENGING SITUATION, I DON'T WANT TO REPEAT MYSELF, THERE ARE SOME PERSISTENT ISSUES AND NEW ISSUES. LET ME SAY THIS MORNING WE RELEASED OUR FIRST SPECIAL REPORT ON

EVERYTHING THAT THE DEPARTMENT OF AGING HAS DONE IN PARTNERSHIP WITH PUBLIC AND GROUPS LIKE YOU AND PROVIDERS AND FAMILIES IN THE FIRST SIX WEEKS OF RESPONSE, AGING MATTERS NEW LETTER WENT OUT THIS MORNING, SUMMARIZING OF THE WORK 2 COMMUNITY HAS DONE. LOOK AT IF YOU HAVE ANY QUESTIONS OR CORRECTIONS OR OMISSIONS PLEASE LET ME KNOW, WE WILL CONTINUE TO IMPROVE THAT. THAT COVERS OUR WORK IN FOUR AREAS, REDESIGNING ALL OF OUR SERVICES TO MEET TO MOMENT OF PEOPLE AT HOME WHO HAVE BEEN IN COMMUNITY SETTING AND IN HOME HEALTH CARE. HOW DO WE SERVE PEOPLE, AND MORE PEOPLE WHO ARE HOME. AND SECOND TALKS ABOUT ENGAGING THE PUBLIC IN THE CHECKING CAMPAIGN. AND NEW CAMPAIGN I WILL TALK ABOUT. AND THIRD THE MASTER PLAN FOR AGING, HOW IT WAS PAUSED AND PART OF THE RESPONSE EFFORT AND RECONVENING MAY 28. WE ANNOUNCED WE WILL HAVE THE MAY 28TH MEETING AS REGULARLY SCHEDULED, OPPOSED TO HALF DAY. SAVE THE DATE, MAY 28 IF YOU ARE NOT ALREADY. AND OF COURSE, WE ARE MODERNIZING AND STREAMLINING CDA TO SERVE ALL OF YOU, WHERE I WANT TO FOCUS, READ THE UPDATE AND HAPPEN TO ANSWER ANY QUESTIONS, ON 3 HIGH RISKS THAT CONTINUE TO FACE US. AND WE AS A COMMUNITY NEED TO DO MORE AND BETTER ON AS WE CONTINUE TO RESPOND. FIRST, YES, WE HAVE KNOWN FROM THE BEGINNING, CDC, OLDER ADULTS, 65 AND ELDER AND UNDERLYING HEALTH CONDITIONS ARE ABSOLUTELY A POPULATION AT RISK AND THOSE POPULATIONS, PEOPLE WERE ASKED TO STAY HOME, HAVE BEEN STAYING HOME THE LONGEST, AND WE HAVE BEEN WORKING HARD TO MAKE SURE THAT ON THE ONE HAND THEIR IMMEDIATE BASIC NEEDS FOR FOOD AND MEDICINE ARE MET. BUT INCREASINGLY ISOLATION AND COMMUNITY CONNECTION AND MENTAL HEALTH NEEDS ARE MET AS WE DOUBLE DOWN AND STAY IN FOR WEEKS AND MONTHS ON THE ROAD MAP THE ER IS LAYING OUT. STARTED WITH THE FRIENDSHIP LINE, I HOPE YOU ARE AWARE OF THE 24/7 EXPANSION

OF THE LONG STANDING WONDERFUL RESOURCE FRIENDSHIP LINE, EXPANSION TO HAVE CAPACITY TO SERVE STATEWIDE AS 24/7 RESOURCE, LOOKING FOR CONVERSATION AND SUPPORT. SO MUCH MORE TO DO IN THAT AREA AMONG THE WHOLE DIVERSITY OF OLDER CALIFORNIANS LIVING ALONE, SPEAKING DIFFERENT LANGUAGES AT HOME, FACING INCREASED POVERTIES OR PREEXISTING POVERTY OR HEALTH CONDITIONS FROM THE DISRUPTION OF SUPPORTS. SO MUCH TO DO IN THAT AREA, DID JUST GET A NEW PROPOSAL FROM THE PLAN ON AGING, YESTERDAY WE ARE EXCITED ABOUT AND REVIEWING AND WILL BE FOLLOWING UP WITH THEM. THAT IS ONE POPULATION, AT RISK AND STAYING AT HOME. CASES AND DEATHS PARTICULARLY AMONG LATINO, AFRICAN AMERICAN AND PACIFIC ISLANDER, NOT NEW, WE HAD EQUITY WORK GROUP, KNOWN ISSUES AND WE NEED TO DO MORE AND BETTER, WHAT THAT MEANS IN TERMS OF HEALTH RESPONSE AND SOCIAL AND ECONOMIC RESPONSE AND WHAT WE DO IN THE SHORT MEDIUM AND LONG TERM TO GET AT THE ROOT CAUSE OF THE DISPARITIES, INEQUITY AND DISCRIMINATION IN THE SYSTEM AND SOCIETY. MORE TO DO TO FLATTEN THE CURVE OR EQUALIZE, I AM NOT SURE. AND THEN THE THIRD RISK AREA THAT THEN THIS GROUP HAS BEEN CENTRAL IN ELEVATING IS WHAT I JUST HEARD AS SENSITIVE SETTINGS, SOS. AND WHAT THIS MEANS IS THERE ARE RESIDENTIAL AREAS, PARTICULARLY SKILLED NURSING FACILITIES WHERE THE RESIDENTS AND WORKERS ARE AT PARTICULAR RISK OF OUT BREAK, THIS OF COURSE IMPACTS NOT JUST OLDER ADULTS, AND UNDERLYING CONDITIONS, AND DISABILITIES, ANYONE IN THE SKILLED NURSING FACILITIES SHORT TERM OR LONG TERM, SO MUCH RISK ASSOCIATED WITH THE SETTINGS THAT MORE PROTECTION AND SUPPORT IS NEEDED IN SHORT TERM. AND REALLY A OPPORTUNITY ALSO AMONGST THIS HORRIBLE CRISIS TO ASK QUESTIONS AND THINK DIFFERENT ABOUT WHAT COULD BE, WHAT COULD RESIDENTIAL LIVING AND HELP SUPPORTED LIVING LOOK LIKE FOR US AS WE AGE. WHAT'S THE NEW FUTURE LOOK

LIKE? REALLY FOCUS ON THE 3 RISKS, STAYING AT HOME, FOLKS IN THE SETTING WITH HIGH RISK OF TRAN MISSION, AND IMPACTS HITTING COMMUNITIES DIFFERENTLY. THAT IS WHERE WE ARE, HAPPY MAY 1, OLDER CALIFORNIAN MONTH, EVEN WITH THE SACK AND LOSSES IN THE COMMUNITY, YOU SEE IN THE REPORT AGAIN, THAT OVER 65, ARE THE OVER WHELMING MAJORITY OF LIVES LOST, THERE ARE PEOPLE MAKING THEIR MARK, MANY OF YOU ON THE CALL ARE IN THE CATEGORY, JOIN US IN SHARING YOUR STORIES, COLLECTING STORIES, MULTIPLE LANGUAGES AND IMAGES OF HEROS, LIFT UP THE OLDER CALIFORNIANS WHO ARE GIVING SO MUCH FOR THIS MOMENT, MEETING THE MOMENT TRULY. THAT WAS MORE THAN I MEANT TO PLACE, APOLOGIZE, BUT THAT IS WHAT IS HAPPENING IN SACRAMENTO.

>> ALL RIGHT THANK YOU SO MUCH, APPRECIATE THOSE UPDATES IT IS CRAZY IT IS MAY ALREADY, BUT HAPPY TO CELEBRATE OLDER ADULTS MONTH AND WORK YOU DO, APPRECIATE IT AND GLAD TO HEAR THE MASTER PLAN FOR AGING IS BACK ON IN A FORM. ALL GOOD, A LITTLE REMINDER, THAT YOU NEED TO SUBMIT YOUR QUESTIONS OR COMMENTS USING THE Q AND A ICON ON YOUR TOOLBAR, READ THEM OUT. WE HAD TO DISABLED THE CHAT FEATURE TO AVOID ZOOM BOMBERS, WE HAVE EXPERIENCED IF YOU PARTICIPATED IN THE LAST ONE. SO I WILL START WITH THE FIRST QUESTIONS, SO, VILLAGE MOVEMENT CALIFORNIA, ASKING WHAT IS THE ADMINISTRATION THINKING AMONG THE LENGTH OF SHELTER IN PLACE OLDER FOR ADULTS AND MEDICALLY VULNERABLE FOLKS? YOU WANT TO START WITH THAT?

>>KIM MCCOY WADE: I WOULD POINT YOU TO THE ROAD MAP THAT THE GOVERNOR HAS BEEN SPEAKING ABOUT. LAST WEEK HE TALKED ABOUT THE SIX INDICATORS AND ONE OF THEM WAS DIRECTLY ABOUT OLDER AND VULNERABLE ADULTS, INCLUDING PEOPLE WHO DON'T HAVE HOMES OR CORRECTIONAL FACILITIES, AGAIN, ALL

OF THE RISKS I TALKED ABOUT. THIS WEEK WE TALK ABOUT THAT ROAD MAP OF STAGE 1, 2, 3, 4, RIGHT NOW WE ARE STILL IN 1, ALL STAYING AT HOME. YOU SEE IN THE DIRECTIONS AROUND ALL ACTIVITY, BUT I THINK IN HOPE WITH WEEKS THERE BE A STAGE 2 WITH SOME MORE OPENING. BUT I THINK THE REAL QUESTION FOR OUR COMMUNITY, UNTIL THERE ARE MEANINGFUL THERAPEUTICS AND VACCINES WE ARE REALLY LOOKING AT MONTHS, THERE IS ARTICLE I BELIEVE IN THE CHRONICLE TODAY TALKING ABOUT THIS, I WOULD COMMEND TO YOU. PEOPLE THINK ABOUT WHAT IT MEANS, I SAY THAT FOR A COUPLE OF REASONS, WE ARE THINKING ABOUT WHAT LONG ISOLATION MEANS AND WE ARE ALSO THINKING ABOUT WHAT IT MEANS WHEN PART OF THE COMMUNITY COMES BACK, PART REMAINS PHYSICALLY ISOLATED. SO, YES, NOW WE ARE ALL MEETING ON ZOOM AND DOING CONFERENCE CALLS AND MAKING LIFE WORK VIRTUALLY, BUT WE HAVE TO BE INCREDIBLY SURE WHEN SOME OF US ARE ABLE TO GO BACK TO HALLS OF SHIP OR WORKPLACE WE DON'T END UP WITH UNINTENTIONAL BECAUSE OF OUR DIFFERENT MEDICAL VULNERABLETYINGS. I THINK WORKING WITH OTHERS ABOUT HOW WE BUILD LIVABLE COMMUNITIES FOR ALL EVEN IN THIS EXTRAORDINARY TIME. AT ALL OF THE DIFFERENT STAGES WE ARE GOING TO GO THROUGH, IT IS GOING TO REQUIRE THE BEST THINKING AND MOST INCLUSIVE, AND INTENTIONAL WORK TOGETHER.

>> THANK YOU FOR THAT, THAT WAS A GREAT ANSWER, WE HAVE FOLKS THANKING YOU FOR ALL OF YOUR WORK, WE GOT A WE LOVE HER. SO WE WILL SHARE THAT.

>> OH MY GOSH I LOVE YOU GUYS RIGHT BACK, WE ARE ALL IN THIS TOGETHER, SO GRATEFUL FOR PARTNERSHIPS, TRULY BEEN A PARTICULARLY ROUGH COUPLE OF

WEEKS AND WORKING THROUGH WONDERFUL WORK AND HARD ISSUES TOGETHER AND GRATEFUL FOR THE PARTNERSHIP.

>> AWESOME, LOOKS LIKE ANOTHER QUESTION. SO, LET'S SEE, TODAY I RECEIVED SPECIAL ADDITION AGING MATTER AND INFORMATION PROVIDED. CONCERNED ABOUT THE MEDICARE BENEFICIARIES HAVING TROUBLE ACCESS CARE AND I BELIEVE THE HIGH CAPS ARE CLOSED.

>> THAT IS THE THING, HIGH CAP IS OPEN. SO FUNNY WE HAD E-MAIL EXCHANGE ABOUT WHY WE DID NOT PUT HIGH CAP IN THERE. FIRST OF ALL IT IS EXTRAORDINARILY VALUABLE, DOING THE MEDICAID COUNSELING AND CALLED OUT IN THE JUSTICE AND AGING LETTER, AND IT'S OUR SERVICE AND OUR PROGRAM THAT HAS BEEN THE LEAST IMPACTED. BUT COVID-19, AND MAYBE, THAT SAYS SOMETHING AND SHOULD HAVE BEEN, I WOULD LOVE TO HEAR FEEDBACK, BECAUSE IT WAS TELEPHONE ONLY SERVICE FROM THE GET GO, THEY WERE NOT REINVENTING SAY, ADULT DAY CARE COMMUNITY CENTERS, ALL OF THE PROGRAMS THAT REQUIRE IN PERSON CONTACT AND COMMUNITY CENTERS, SO, I THINK THAT IS WHY WE LEFT THEM OUT. BUT I FEEL LIKE IT IS OMISSION TOO, SO, LET ME KNOW IF YOU THINK HIGH CAP IMPACTS LIKE YOU SAY, MORE FOLKS HAVE HEALTH CARE QUESTIONS WE SHOULD HAVE ADDED. WE CAN ALWAYS UPDATE. APPRECIATE THAT, READ OUR MIND, WE HAD THAT CONVERSATION EARLY, THANK YOU FOR RAISING IT.

>> GREAT, GOOD TO KNOW WE ARE NOT THE ONLY ONES, WE HAVE THAT UPDATE. ANOTHER QUESTION ASKING FOR FEMA RESTAURANT PROGRAM LAUNCHED AND NEWS AROUND THAT AND MORE ABILITY THAT?

>> SURE, YEA, LEADERSHIP TEAM AT OFFICE OF EMERGENCY SERVICES, I BELIEVE NIGHT, IF YOU GO TO COVID-19 PAGE AND SEE WHAT ABOUT FOOD, GET THERE AND HAS PROGRAM GUIDES AND OES IS WORKING WITH YOUR LOCAL COUNTY OFFICE OF EMERGENCY SERVICES, THAT IS WHO GOT THE GUIDE, AND PUTTING TOGETHER A COLLABORATIVE, I BELIEVE THERE WILL BE CALLS, 34 CALLS TODAY WITH DIFFERENT NETWORKS, TRIPLE A'S, AND COUNTIES AND CITIES, I BELIEVE THERE WILL BE MORE THROUGH THE WEEKEND TO ABS THAT INFORMATION. AND I BELIEVE I SAW THAT A COUPLE OF PEOPLE HAVE INDICATED INTEREST ALREADY. SAYING THEY WANT TO PARTICIPATE, SO, IT'S STARTING TO ROLL AND MORE COMMUNICATION WILL BE COMING FROM THE LEADERSHIP TEAM EVERY DAY TO GO FORWARD

>> OKAY, LOOKS LIKE A FOLLOW UP QUESTION, NOT SURE IF THIS WAS ANSWERED BUT WHY THE PROGRAM IS NOT WORKING WITH CURRENT NEW PROVIDERS.

>> YEA, WELL THE LOCAL GOVERNMENT NEEDS TO BE THE PARTNER IN TERMS OF THE AGENCY DETERMINATION, IN MANY CASES THAT WILL BE TRIPLE A AND MALE NETWORK, IN THE GUIDES, EXCUSE ME--AGENCY ON AGING AND PROVIDERS ARE ALLED OUT AS PARTNERS AND HOPEFULLY THAT PARTNERSHIP WILL BE HAPPENING, THERE IS A DUAL PARTICIPATION RIGHT. THAT THE FEMA WOULD LIKE TO ENSURE THAT PEOPLE ARE NOT RECEIVING CAL FRESH OR OLDER AMERICANS ACT MEALS. BUT, HOPEFULLY THAT PARTNERSHIP LANGUAGE WILL SUPPORT THAT WORK THAT IT IS DOING. TRIPLEA AND MEALS ON WHEELS. TALKING WITH THE LEADERSHIP TODAY.

>> OKAY, GREAT. WE HAVE A COUPLE MORE, I KNOW WE HAVE ABOUT 5 MINUTES, WE WILL KEEP GOING HERE, LOOKS LIKE WE HAVE A NOTE FROM CHRISTINA MILLS, AT CFILC, THANK YOU FOR YOUR TEAM, AND AMPLIFYING PEOPLE WITH DISABILITIES IN THE COVID-19 DISCUSSION AND GUIDES, MANY OF US ARE LEFT OUT OF DISCUSSIONS, MORE OF A COMMENT, BUT THANK YOU AGAIN. AND FOLLOWING UP ON THE HIGH CAP, THANK YOU FOR THE PROMOTION OF HIGH CAP. LOOK FORWARD TO LEARNING MORE ABOUT THAT.

>> THANK YOU, I WILL FIX THAT, THANK YOU. FOR , SEEMS LIKE WE ARE LOOKING AT THE IMMEDIATE PROBLEM OF PEOPLE IN SETTINGS RATHER THAN PUTTING RESOURCES TO TRANSITION FOLKS OUT OF THE SETTINGS TO INDEPENDENT LIVING CENTERS OR COMMUNITY BASED SETTINGS, ANY THOUGHTS ON THAT, RELEVANT TO TODAY, TALKING ABOUT TRANSITIONS FOLLOWING YOURS.

>>KIM MCCOY WADE: BOTH ARE HAPPENING, I MEAN BOTH, LOTS OF WORK, THE GOVERNOR ANNOUNCED A COUPLE OF WEEKS AGO, WITH ADDITIONAL STRIKE FORCES AND PPE AND TESTING AND TRAINING, AND ABSOLUTELY WORK IS BEING DONE ON ALTERNATIVE SETTINGS, PARTICULARLY COVID-19 POSITIVE FOLKS, THERE IS WORK, SURGE CAPACITY IDENTIFIED, AND BECAUSE OF WORK STAYING HOME, AND FOLLOWING PUBLIC HEALTH GUIDANCE, TO DATE HAS NOT BEEN USED ALL THOUGH WE OPEN BACK UP, THERE IS A REAL POSSIBILITY WE NEED THAT. USING THE SURGE CAPACITY IS DECOMPRESS, SKILLED NURSING FACILITIES TO MAKE GREATER DISTANCE AND FEWER PEOPLE EXPOSED AND FEWER STAFF. MUCH LOGISTICS PLANNING IS HAPPENING ON THE FRONT. AND RECOGNIZE NEEDS TO BE MORE COMMUNICATION FROM THE TEAM. THAT WAS A RECOMMENDATION OF THE MASTER PLAN FOR AGING, YESTERDAY IN THE MEETING. WITH THE DIRECTORS. WAS THAT THE LEADERSHIP VISIBILITY ON THESE

STRATEGIES NEEDS TO BE CLEAR AND HIGHER IN COMMUNICATION SO EVERYONE CAN SEE IT. A LOT HAPPENING ON THE FRONT AND ON THE DATA FRONT. I MENTIONED THAT WE KNOW MORE ABOUT AGE AND RACE ON THE CASES AND DEATHS OF THE DATA GETTING BETTER AND BETTER ALL OF THE TIME. BUT WE DON'T QUITE HAVE THAT CROSSWALK WITH WHO IS COMING OUT. THERE IS A LOT OF DATA WORK FIGURING OUT WHAT WE KNOW AND DON'T KNOW AND DATA SETS, SO, WE CAN DO MORE EFFECTIVE. IN PREVENTING BREAK OUTS AND REDUCING DEATHS.

>> OKAY, SO, WE HAVE I KNOW A COUPLE MORE MIN S, MAYBE RIGHT AT TIME. IF YOU AND ASSEMBLY MEMBER HAVE A FEW MORE MINUTES I WILL DO ANOTHER COUPLE OF QUESTIONS, QUICKLY, ASSEMBLY MEMBER ARE YOU STILL AVAILABLE? I WANT TO SHIFT TO YOU FOR A MOMENT, A QUESTION WE TALK ABOUT CCT AND THE PERSON AND WHETHER THAT IS EXPANDED AND THAT IS ON YOUR RADAR AND I THINK GENERALLY QUESTIONS ABOUT HOW WE CAN BE HELPFUL TO THE ASSEMBLY AS THE LEGISLATURE COMES BACK INTO SESSION STARTING NEXT WEEK. HOPEFULLY YOU ARE STILL THERE, IF NOT JUMP BACK TO . THERE YOU ARE.

>> SORRY I AM HERE, WHAT WAS THE QUESTION AGAIN?

>> HOW THE COLLABORATIVE CAN BE HELPFUL TO YOU, AND RESOURCES AND INFORMATION THAT WOULD BE FUL AS WE GET THROUGH THAT I THINKS AS THE LEGISLATURE COMES BACK INTO SESSION SOMEWHAT. AND ALSO SPECIFIC TO THE COMMUNIQUE CARE TRANSITIONS PROGRAM. MONEY PHYSICAL LOWS THE PERSON, ANY THOUGHT OR ACTION AROUND WORKING WITH THE GOVERNMENT TO EXPAND THAT PROGRAM. AND CONTINUE THAT.

>> FIRST OF ALL, AGAIN, THANK YOU FOR WHAT YOU ARE DOING. AND STAYING ENGAGED THE WAY YOU ARE. AND, BY STAYING ENGAGED YOU ARE ALLOWING FOR PREPARATION FOR THE DIFFICULT TIMES TO COME. I THINK AS THE NEXT FEW WEEKS UNROLL AND HOPEFULLY AS--AND WAS TALKING ABOUT IT AS WE GO THROUGH THE STAGES OF OPENING UP AGAIN, IN TIME. WE ARE GOING TO START REALIZING HOW DIFFICULT OF A ROAD WE ARE GOING TO HAVE IN THE ROAD AHEAD. WE ALREADY KNEW THAT, AT A START OF THE DOWNTURN IN ECONOMY, AND GIVEN ALL OF THE NUMBERS WE SEE, WE KNOW WHAT IS AHEAD. BUT THE DOWNTURN FOR THOSE OF US THAT REMEMBER 2008 AND ITS IMPACTS AND SOME OF US, IN OUR COMMUNITIES, KNOW THIS ALL WELL BECAUSE WE ARE STILL ING WITH SOME OF THE SHORTAGES, THAT TRANCE PYRED BECAUSE OF THE 2008 ECONOMIC DOWNTURN. BUT, UMM, THE NEXT FEW YEARS ARE GOING TO BE VERY CHALLENGING. AND I THINK THE ECONOMY IS GOING TO RIVAL WHERE WE WERE AT BEFORE. AND WHAT CONCERNS ME ABOUT THAT IS ALL OF THE CUTS THAT WE ARE GOING TO BE FACING. ESPECIALLY AMONGST THE UNPROTECTED SERVICE AREAS, SO, PLEASE STAY ENGAGED AND STAY INVOLVED YOU HAVE ACCESS TO MY OFFICE. I FAILED TO MENTION, INITIALLY IN MY OPENING REMARKS THAT LIZ FULLER IS ON THE CALL AS WELL. ALWAYS AVAILABLE AND CHIEF CONSULTANT TO THE AGING COMMITTEE. SO, PLEASE BE ENGAGED AND WORK WITH ME, AND WORK WITH AS WE TRY TO GET THROUGH NOT ONLY THIS NEXT YEAR, BUT THE YEARS AHEAD. IN MAKING SURE THAT THE VULNERABLE COMMUNITIES, WHETHER DISABILITY OR AGING, THEY ARE NOT SEVERELY IMPACTED.

>> ALL RIGHT THANK YOU SO MUCH FOR YOUR TIME, COMING UP WITH TIME,

MORE QUESTIONS HERE, WE ARE GOING TO SAVE THEM, AND FOLLOW UP WITH YOU, AND DIRECTOR WADE ON ISSUES THAT COME UP. AND WE REALLY THANK YOU FOR COMING AND GIVING US YOUR TIME AND HOPE TO SEE YOU AGAIN AT THE NEXT WEBINAR, PLEASE, IF THERE IS ANYTHING WE CAN DO FOR EITHER OF YOU RESOURCES, FEEDBACK, REACH OUT ANY TIME WE ARE HAPPY TO HELP, THANK YOU AGAIN, YOU ARE WELCOME TO STAY ON, BUT MOVE FORWARD ON THE AGENDA, WE HAVE LOTS OF DISCUSSION.

>> THANK YOU.

>> SO, MOVING FORWARD, WE WILL AS I ED SOME OF THE FOLKS HAVE QUESTIONS IN LINE, I AM SORRY WE DID NOT GET TO ALL OF THEM, WE WILL WORK TO HAVE MAYBE A LONGER SESSION OR REACTION PANEL WITH THEM NEXT TIME AND KEEP TRACK OF THOSE QUESTIONS. SO, MOVING ONTO OUR NEXT PIECE OF AGENDA, ABOUT CARE TRANSITIONS DURING COVID-19 EMERGENCY, FOCUSING ON THOSE HAPPENING TO NURSING HOMES AND HOSPITALS. WE ARE GOING TO START ARE THE CALIFORNIA LONG TERM CARE OMBUDSMAN ASSOCIATION.

>> THANK YOU. AND THANK YOU ALL THAT ARE ON THE CALL TODAY, IT IS SO NICE TO SEE SO MANY NAMES, GOOD TO KNOW YOU ARE WELL. AND WE WILL SEE EACH OTHER IN PERSON AT SOME POINT IN THE FUTURE. I HAVE-- SO CARE TRANSITIONS, COVID-19 HAS HIGHLIGHTED STRENGTHS AND WEAKNESSES IN THIS INDUSTRY, AND IT IS IMPORTANT TO FOCUS ON BOTH WHAT WE ARE DOING WELL, AND, WHERE WE CAN IMPROVE UMM, I THINK. FROM MY PERSPECTIVE WITH THE UMM BUDS MAN CARE TRANSITIONS THAT THE SKILLED NURSING AND HOSPITALS, THE BIGGEST ISSUE REALLY HAS BEEN INCONSISTENCY IN MESSAGING AND UNDERSTANDING

WHO REALLY HOLDS THE BALL. CMS SENDS OUT GUIDELINES, CDPH AT A STATE LEVEL, AND LOCAL COUNTY HEALTH, THEY SEND OUT GUIDELINES, AND FOR THOSE OF US THAT RAIN STATEWIDE ORGANIZATIONS IT IS PARTICULARLY CHALLENGING TO KNOW WHAT IS THE RIGHT INSTRUCTION TO BE--TO GIVE TO PEOPLE. BECAUSE, IT REALLY DOES DEPEND, SOME FACILITIES, YES. TAKE PEOPLE. NO, DON'T TAKE PEOPLE. POSITIVE PEOPLE, TESTED PEOPLE. JUST BACK AND FORTH, REALLY CHALLENGING. AND I GET THAT WAS VERY HARD ON THE INDUSTRY, AND BEEN VERY CONFUSING TO THE RESIDENTS AND FAMILY MEMBERS. SO, I WOULD SAY INCONSISTENCY IN MESSAGING IS PROBABLY OUR BIGGEST PROBLEM STILL FOR THIS CARE TRANSITIONING. THE INDUSTRY HAS ALWAYS STRUGGLED IN CERTAIN AREAS, AND, THOSE AREAS ARE REALLY BEING AMPLIFIED RIGHT NOW. INFECTION CONTROL. IF YOU LOOK AT DEPARTMENT OF PUBLIC HEALTH WEBSITE THE MOST FREQUENT VIOLATION IS INFECTION CONTROL. AND SHORT STAFF, HAVING FEW CAREGIVERS. FACILITIES OFTEN DON'T HAVE A WIDE B TEAM TO CALL FROM? AND NOW EVEN MORE CRITICAL FOR LOSS OF CAREGIVERS, AND I THINK THE BURDEN WE ARE PLACING ON THE CAREGIVERS, THAT I'LLY WORRY ABOUT WHAT THE LONG TERM S ARE GOING TO BE ON THIS INDUSTRY, WHEN CAREGIVERS IF THEY COME TO THINK THEY INADD LY BROUGHT THAT DISEASE INTO A FACILITY AND GAVE IT TO PEOPLE THEY CARE FOR I WORRY FOR THE LONG TERM CONSEQUENCES IN THAT WAY.

I THINK WE HAVE ALSO DONE A PROBLEM IN THIS INDUSTRY, IS WE ARE NOT REAL GOOD AT WORKING COOPERTIVELY, WE GET INTO OUR SILOS, AND PART OF THAT IS YOU HAVE CONTRACTS. SO, THE CONTRACT SAYS THIS IS WHO I SEND PERSON TO, THIS IS THE HOSPITAL THEY HAVE TO GO TO, AND EVEN IF THEY DO HAVE COVID-19, THAT IS WHERE I SEND THE PERSON WHO HAS FALLEN DOWN WITH A BUMP ON THEIR HEAD. I HOPE AS WE MOVE OUT OF THIS, LESSONS LEARNED ARE TO THINK BROADLY AND UNIVERSALLY IN

HOW WE MOVE PEOPLE BACK AND FORTH, AND WHAT IS THE APPROPRIATE PLACE FOR A PERSON WITH AN INFECTIOUS DISEASE, ANY ONE OF HUNDREDS OF DIFFERENT THINGS. RIGHT NOW THE PROGRAM AND OTHER ADVOCATES, WE REALLY HAVE TO FLOOD FACILITIES WITH RESOURCES, WE HAVE TO HELP THEM GET PPE AND HELP THEM WITH EDUCATING THE PUBLIC, SO, THAT PEOPLE UNDERSTAND THE RULES AND WHY THE SHELTERING IN PLACE IS OCCURRING. AND AT THE SAME TIME WE HAVE TO HOLD FACILITIES ACCOUNTABLE FOR LAPSES OF CARE. THIS IS NOT A PASS, THIS IS A TIME FOR US TO WORK TOGETHER. YOU KNOW MY GRANDMOTHER USED TO SAY THAT THERE IS NO SHAME IN GETTING HEAD LICE. THE SHAME IS IN KEEPING HEAD LICE. I WOULD USE THAT AS A BROAD, THERE IS NO SHAME IN WHERE WE ARE TODAY UNLESS WE DON'T LEARN FROM IT. SO I REALLY HOPE THAT IN THE RETURNING BACK TO NORMAL WE ARE GOING TO SEE THINGS ABOUT A MORE--HOW WE CAN SUPPORT WAGES FOR CAREGIVERS TO HAVE A PROFESSIONAL WORKFORCE, THAT SOFA SILTIES HAVE A BROADER BASE TO CHOOSE FROM. AS FAR AS GETTING BACK TO THE CARE TRANSITIONS, I JUST WANT TO CAUTION PEOPLE OF THE UNINTENDED CONSEQUENCES THAT CAN OCCUR WHEN WE SEEK TO MOVE VULNERABLE PEOPLE OUT OF SKILLED NURSING FACILITIES. THERE IS A REASON WHY WE HAVE THEM, IT IS A NECESSITY IN OUR HEALTH SYSTEM, AND I AM STARTING TO HEAR OF AN OLDER ADULT THAT ARE NEEDLESSLY SUFFERING IN THEIR OWN HOMES, OUT OF UNWARRANTED FEAR THAT GOING TO THE HOSPITAL OR GOING TO A NURSING HOME IS GOING TO CAUSE THEM TO DIE. THAT IS NOT TRUE, AND I DON'T WANT--I CAUTION US FROM THROWING THE BABY OUT WITH THE BATH WATER. THERE IS A LOT OF GOOD CARE THAT IS HAPPENING IN SKILLED NURSING FACILITIES, THERE IS A LOT WE ARE DOING WELL. GOSH I COULD GO ON, BUT I THINK.

>> WE WOULD LOVE TO HEAR MORE, THANK YOU FOR KICKING OFF THIS DISCUSSION, WHAT FROM YOU HEAR ON THE GROUND. RELEVANT TOPIC OF THE DAY, HEARING ABOUT THE CARE TRANSITIONS BROADLY AND TALKED TO FOLKS ABOUT HOW TO FOCUS FOR WHAT WE CAN COVER IN THE TIME WE HAVE. AND SO WE DID THINK IT WAS FUL TO TALK ABOUT TRANSITIONS TO PARTNERS. AS WE HEARD FROM THE FIRST TWO, THIS IS EXPOSING PROBLEMS IN THE SYSTEM. THAT HOPEFULLY CAN BECOME LESSONS LEARNED AND THAT WE CAN FIND SOME WAYS TO MOVE THINGS FORWARD AS A RESULT OF THIS AND IMPROVE THE SYSTEM GOING FORWARD. MOVE ON THROUGH THE SPEAKERS HERE, MOVING ON NEXT TO PAT FROM THE CALIFORNIA HOSPITAL ASSOCIATION, WHO WILL GIVE US PERSPECTIVE FROM THE HOSPITALS AND THEN WE WILL MOVE. PASS IT ON THE PAT.

>> PAT: THANK YOU, FIRST OF ALL I WANT TO UNDERSCORE EVERYTHING SHE JUST SAID, ALL THINGS WE HAVE HEARD ABOUT AND HAVE BEEN CHALLENGED BY, IN MY ROLE HERE AT CHA A LOT OF THE WORK I DO IS WITH THE HOSPITAL BASED CASE MANAGERS AND THOSE FOLKS THAT ARE LOOKING TO TRANSITION FOLKS TO OR FROM SKILLED NURSING FACILITIES, I WOULD SAY BIGGEST ISSUE I HAVE FOUND IS REALLY CHALLENGES OF THE ABILITY OF THE SNIFFS AND OTHER LIVING SITUATIONS, THAT HAS RESULTED IN A LOT OF ISSUES RELATED TO INDIVIDUAL PATIENTS OR RESIDENTS GOING BACK AND FORTH, LY CHANGING GUIDANCE AND YES VERY BROAD INCONSISTENT S AND OUT RIGHT CONFLICTS IN GUIDES BETWEEN WHAT CDPH MIGHT SAY AND LOCAL HEALTH DEPARTMENT. MANY OF THE LOCAL HEALTH DEPARTMENTS HAVE TAKEN POSITIONS THAT ARE SOMEWHAT DIFFERENT OR SOMETIMES VERY DIFFERENT THAN WHAT THE STATE HAS SAID. MADE IT DIFFICULT TO TRY TO DEAL WITH THIS ON A BROAD BASED LEVEL. WE ARE ALSO SEEING AGAIN, A VERY INCONSISTENT ABILITY TO

SNIFFS TO BE ABLE TO ADMIT AND CARE FOR INDIVIDUALS WHO HAVE COVID-19. WHICH IN TURN AS RESULTED IN SOME SNIFFS REALLY CHANGING PRACTICES AND SOME HAVE DEVELOPED REALLY NICE WAYS OF BRINGING INDIVIDUALS IN AND KEEP THEM ISOLATED UNTIL THEY ARE SURE THEY ARE NOT INFECTED. AND MANY OTHERS HAVE EITHER BECAUSE THEY HAVE SUFFERED SHORT STAFFING OR WHATEVER REASON HAVE CLOSED TO ADMISSIONS OR SENT PATIENTS TO HOSPITAL, UNABLE TO TAKE THEM BACK. OF COURSE IS A PROBLEM, BECAUSE THAT IS THE INDIVIDUAL RESIDENT'S HOME BEFORE THEY CAME TO THE HOSPITAL. OR MAYBE SENDING PEOPLE TO THE HOSPITAL THAT REALLY DON'T NEED TO BE IN THE HOSPITAL. AND THAT IN THE SHORT TERM WE HAVE BEEN ABLE TO MANAGE. SOME POINT IN THE FALL WE MAY HAVE DIFFICULTY BEING ABLE TO ADDRESS THAT, THE WHOLE IDEA OF HOSPITAL THAT MIGHT BE NEEDED FOR ACUTE CARE PATIENTS, IF WE DON'T CAPACITY IN THE POST ACUTE SETTINGS THAT ENDS UP AS A CATCH 22 THERE. SO WE ARE SEEING INCONSISTENT ABILITY OF SNIFFS TO ADMIT AND CARE FOR PATIENTS DOESN'T APPLY ONLY TO COVID-19 PATIENTS, ALSO THOSE WHO MAY NOT HAVE INFECTION. BUT FOR WHATEVER REASON THE SNIFF IS CONCERNED THEY MIGHT HAVE UNDERLYING INFECTION. AND HAS NOT BEEN IDENTIFIED. NOW THE STATE HAS TURNED THEIR ATTENTION TO SNIFFS AND IN THE INITIAL FEW WEEKS, LOTS OF FOCUS ON VENTILATORS AND PPE FOR ACUTE CARE SETTING AND ICU BEDS AND SO ON. BUT OVER THE PAST, BECAUSE OF SOME VERY BAD HIGH PROFILE ISSUES, AND AS THE SURGE SORT OF BECAME A LITTLE MORE OF A YOU KNOW, WE DON'T HAVE A PEEK, WE DON'T HAVE A SLOW RISE. FLATTEN THE CURVE IF YOU WILL. STATE HAS STARTED TO TUNE INTO ISSUES THAT ARE NEEDED AND NEED ADDRESSING IN THE SKILLED NURSING SETTING, NOW DOING DAILY DATA COLLECTION FROM THEM AS THEY WERE FOR HOSPITALS, IDENTIFY SNIFFS THAT MIGHT BE ENCOUNTERING DIFFICULTY BEFORE IT GETTINGS TO THE POINT OF FACILITY FAILURE.

THEY ARE DOING MORE FOCUSED ASSESSMENTS ON SURVEYS, FOCUSED ON INFECTION PROTECTION. AND THEY ARE ALSO JUST STARTING, I THINK NEXT WEEK, THEY ARE STARTING SPECIFIC CALLS FOR INFECTION PREVENTION IN SKILLED NURSING FACILITIES. ALL VERY POSITIVE AS WITH MANY THINGS, PROBABLY WOULD HAVE BEEN HELPFUL HAD THEY BEEN IN PLACE A WHILE BACK. BUT I THINK NOW IS A OPPORTUNITY TO REALLY PUT SOMETHING BEHIND THAT AND MAKE SURE WE GO FORWARD AND IF WE ENCOUNTER CONTINUED EXPOSURE AND SURGES WE MAKE SURE THESE THINGS ARE ADDRESSED. THAT BEING SAID IT IS NOT ENOUGH, HAVING REVIEWS IS GREAT, BUT WE DON'T HAVE GOOD INFORMATION ON WHAT THAT MEANS ON HOW THEY CAN ADMIT OR CARE FOR PATIENTS. STATE ALSO LOOKED AT STANDING UP SO CALLED DEDICATED COVID-19 FACILITIES, AND IDENTIFYING SKILLED NURSING FACILITIES THAT ARE COVID-19 READY, MEANING THEY MIGHT HAVE A DEDICATED UNIT AND PRACTICE THAT CAN SUPPORT HANDLING PATIENTS WHO ARE INFECTED OR POTENTIALLY. THIS HAS BEEN A GREAT STEP BUT AGAIN NOT ENOUGH, THE COVID-19 READY FACILITIES WE HAVE ALREADY AT CAPACITY AND THEN SOME. AND SOME OF THEM DON'T HAVE A FULL RANGE OF SERVICES SO REALLY CAN'T ACCEPT ALL OF THE PATIENTS WHO NEED A SKILLED NURSING LEVEL OF CARE. HOSPITALS HAVE BEEN PARTNERING A LOT. WE WORK CLOSELY WITH CDPH IN TRYING TO STAND UP A COUPLE MORE URGENT SITUATIONS ON A REGIONAL LEVEL, OUR HOSPITALS HAVE BEEN GOING INTO THEIR PARTNER SNIFFS TO PROVIDE INFECTION TRAINING, IN SOME CASES THEY HAVE BEEN PROVIDING STAFFING AND EVEN VISE SUPPORT FOR NURSING TO HELP STAND UP A FACILITY THAT OTHER WISE MIGHT HAVE HAD TO CLOSE. HOWEVER THAT HAS ALSO OPENED OUR EYES OF THE HOSPITALS TO THE VARIABLE PRACTICE AND THE NEED FOR MORE STANDARDIZATION AND CONSISTENCY IN PRACTICE LEVELS OF WHAT CAN HAPPEN IN SKILLED NURSING FACILITIES, AS A RESULT WE HAVE SEEN A

NUMBER OF SYSTEM FAILURES AND A LOT OF PEOPLE GET SICK AND SEVERAL NUMBER OF PEOPLE HAVE DIED BECAUSE OF THE SYSTEM HAS FAILED THEM. WE ARE SEEING A LOT OF PATIENTS CONTINUING TO REMAIN IN HOSPITAL BEDS AND BEEN A PROBLEM FOR SOME TIME, YOU HAVE HEARD ME TALK ABOUT IT. THIS EXACERBATED IT IN PART BECAUSE A SNIFF MAY NOT WANT TO TAKE THEM BACK, MAY NOT BE ABLE TO TAKE THEM BACK, AND WE DON'T HAVE A LOT OF ALTERNATIVES, SO, I THINK, WE ARE SEEING SOME COLLABORATION, AGAIN, THAT I THINK TO CONTINUE, OFTENTIMES SNIFFS HAVE BEEN RELUCTANT TO LET HOSPITAL TEAMS IN, AND NOW WE ARE SEEING MORE OF THEM AND INVITING THEM IN TO KIND OF HELP WITH THE CARE TRANSITION, I THINK THERE IS SOME THINGS WE CAN BUILD ON THERE, AGAIN, CAN'T BE THAT THE HOSPITALS GO INTO THE SNIFFS AND TAKE CARE OF THINGS, WE--BUT THEY CAN BE EFFECTIVE PARTNERS IN HELPING IMPROVE TO OVER ALL SYSTEM OF CARE. AND BEFORE I WIND UP I DO WANT TO MENTION THAT I AM ALSO VERY CONCERNED ON SOME OF THE LONG TERM CONSEQUENCES I THINK. SOME OF THE PREVIOUS SPEAKERS HAVE ALREADY COMMENTED THAT THERE IS A LOT OF WORK TO BE DONE IN SURING UP THE SYSTEM AND INSURING THAT WE HAVE A SYSTEM THAT SUPPORTS OUR ELDERS AND INDIVIDUALS WITH DISABILITIES TO BE ABLE TO RESIDE IN SITUATIONS THAT ARE--HELP THEM MAINTAIN FUNCTION AND HEALTH AT THE HIGHEST LEVEL POSSIBLE. SO THERE IS A LOT OF POLICY CHANGES, I THINK SOME THINGS WE HAVE SEEN IN RESPONSE TO PANDEMIC HAVE BEEN POSITIVE AND WE HOPE THEY CAN REMAIN IN REGARDS TO SOME INCREASED FLEX ABOUT WHERE PATIENTS CAN BE TO RECEIVE TREATMENT. VAST EXPANSION ON ABILITY TO PROVIDE HEALTH SERVICES, I THINK ALL OF THOSE THINGS ARE THINGS WE MIGHT WANT TO THINK ABOUT AS LONG TERM STRATEGIES TO IMPROVE TO HEALTH CARE SYSTEM. I AM ALSO CONCERNED ABOUT WHAT I SEE. WE ARE BEGINNING TO SEE EVIDENCE ABOUT WHAT THE LONG TERM MEDICAL FUNCTIONAL

COGNITIVE MOBILITY IMPLICATIONS OF THE COVID-19 PANDEMIC ARE. WE ARE SEEING MORE EVIDENCE THAT LONG TERM COVID-19 PATIENTS CERTAINLY THERE IS A HIGH DEGREE OF DECONDITIONING IF WE DON'T AGGRESS ON A PROACTIVE BASIS, WILL RESULT IN GREATER LEVELS OF THAN WE MIGHT OTHER WISE HAVE HAD. PROMISING PRACTICES ABOUT MOBILITY TRAINING EARLY ON IN RECOVERY FROM COVID-19 THAT COULD HELP AVOID THAT. WE ARE ALSO SEEING HOWEVER SOME INCREASED INCIDENTS OF STROKE IN CERTAIN PATIENTS INCREASED INCIDENTS OF AMPUTATIONS IN CERTAIN PATIENTS. AS WELL AS SOME EVIDENCE INDICATES THAT NEITHER THE VIRUS OR LONG TERM VENTILATION CARE CAN RESULT IN COGNITIVE DEFICITS, NOT TO MENTION PTSD AND ALL THINGS ASSOCIATED WITH LONG TERM VENTILATORS. I THINK THAT IS GOING TO CHALLENGE THOSE OF US IN REHAB AND ACUTE CARE WORLD. MEDICARE, RESIDENTIAL CARE, SUPPORT FOR INDEPENDENCE AND ACCESS ACROSS THE CONTINUUM AND IN THE COMMUNITIES, I THINK THEY ARE ALL THINGS THAT MAKE THE WORK WE ARE DOING TOGETHER THAT MORE IMPORTANT GOING TOGETHER.

I WILL STOP AND HAPPY TO ANSWER QUESTIONS AT THE APPROPRIATE TIME.

>> THANK YOU HIGHLIGHTING MORE LESSONS LEARNED AND MAYBE ADDITIONAL CHALLENGES TO TACKLE AND THANK YOU FOR THAT GO AHEAD AND MOVE THROUGH THE PANEL. AND NEXT WE HAVE MIA. WITH THE HEALTH PLAN PERSPECTIVE ON WHAT YOU SEE ON THE GROUND.

>> THANK YOU. HELLO EVERYBODY, THANK YOU FOR THE INVITATION TO SPEAK TO YOU FOR A FEW MINUTES AND I DO WANT TO THANK AGAIN. SHE HAS BEEN A FANTASTIC LEADER. SO I DO WANT TO RECOGNIZE HER AGAIN. I AM GOING TO TALK

ABOUT WHAT WE ARE SEEING FROM THE LOCAL LEVEL, IN OUR COUNTY AROUND THESE ISSUES. AND WHAT WE HAVE TRIED TO DO TO ADDRESS SOME OF THESE ISSUES THAT THEY HAVE TALKED ABOUT. SO, WE ARE REALLY CONCERNED ABOUT THE SKILLED NURSING FACILITIES AS WELL AS ALL OF THE LIVING FACILITIES IN THE COMMUNITY. AND, I AM ALSO GOING TO TALK A LITTLE ABOUT A PERSPECTIVE THROUGH MASSIVE PLANS FOR AGING I AM A MEMBER OF THE COMMITTEE. WE HAVE HAD A COUPLE OF CALLS WITH THE SECRETARY, AND STAFF. AND BOTH HAVE FOCUSED IN PART OF THESE LIVING ISSUES. SO, WHAT WE DID FAIRLY EARLY ON, WE RECOGNIZE THAT EVEN WHEN A SURGE WAS BEING PREDICTED IN HOSPITALS, SKILLED NURSING FACILITIES WERE A CRITICAL PIECE, BECAUSE PEOPLE NEED TO BE ABLE TO DECOMPRESS THE HOSPITALS AND PEOPLE IN NURSING FACILITIES AS NECESSARY.

WE HAVE WORKED WITH OUR NURSING TILLS FOR MANY YEARS, AS MEDICARE PAIR. WE HAVE A COLLABORATIVE THAT FOCUSED ON QUALITY AND PAYMENT TYPE TO QUALITY, WE ALREADY HAD STRONG RELATIONSHIPS WITH THEM. SO, WHAT WE DID IS TOGETHER WITH THE LOCAL PUBLIC HEALTH DEPARTMENT, WE DEVELOPED A CENTERS OF EXCELLENCE PROGRAM, WHICH IS THE SAME THING AS DESIGNATING COVID-19 POSITIVE FACILITIES BUT TRY TO MAKE IT SOUND LIKE YOU KNOW, IT IS TRUE, I MEAN FACILITIES THAT STEPPED UP AND DO THIS WORK, SHOULD BE PROUD AND THEY HAVE REALLY DONE A GREAT JOB OF PREPARING FOR THIS CRISIS. SO, WE IDENTIFY AS MANY AS 5 LOCAL FACILITIES, TO AGREE TO CARE AND ADMIT COVID-19 POSITIVE PATIENTS, 3 ACTIVE SO FAR WORKING WELL. SELECTED AFTER REVIEW BY THE COUNTY PUBLIC HEALTH TEAM. AND HIGH CAPABILITY, AND WELL TRAINED STAFF, INFECTION CONTROL. WELL SET UP FACILITIES, SO, THAT THEY GET TO SEPARATE COVID-19 POSITIVE IN SEPARATE WINGS OR FLOORS. AND, THE ADMISSIONS TO THOSE FACILITIES ARE BEING DIRECTED BY COUNTY PUBLIC HEALTH. AS WELL AS ANY

LATERAL TRANSFERS REQUIRED. AND THE APPROACH IS TO KEEP THE COVID-19 POSITIVE PATIENTS AND SPECIALIZED HIGHLY SKILLED SETTING AND KEEP THEM BY NOT LIMITING EXPOSURE.

THE HEALTH PLAN FORRIST PART HAS AGREED TO PAY FOR ITS MEMBERS IN THESE FACILITIES, ON MEDICARE FOR MOST OF THESE FOLKS IN THE FACILITIES THAT ARE COMING OUT OF HOSPITALS ON MEDICARE.

TO PAY A HIGHER RATE, SO ANOTHER FURTHER INCENTIVE FOR THEM. AS PAT SAID THE STATE HAS MOVED TO A SIMILAR APPROACH. AND, SO, WE ARE HAPPY TO SEE THAT. BUT, GIVEN THAT. I THINK WE ALL RECOGNIZE THAT ALL OF THE SKILLED NURSING FACILITIES AS WELL AS ALL LIVING FACILITIES REALLY HAVE TO PREPARE TO DEAL WITH COVID-19 RESIDENTS. SINCE WE HAVE OUT BREAKS HAPPENING POPPING UP ALL THE TIME. MAYBE ONE OR TWO PEOPLE IN A SKILLED NURSING FACILITIES WITH 250 PEOPLE, WE KNOW FROM EXPERIENCE AND NUMBER OF PEOPLE WHO HAVE COVID-19 AMONG STAFF AND RESIDENTS, THAT IS A WARNING SIGN. SO, AS MENTIONED IN THE MINING, WE HAVE A MASTER PLAN FOR AGING ADVOCATING FOR THINGS. AND I THINK FIRST AND FOREMOST AS MENTIONED, YOU KNOW, REALLY A SINGLE STATE LEADERSHIP STRUCTURE IN BETTER COORDINATION WITH THE PUBLIC HEALTH DEPARTMENTS, AROUND ALL LIVINGS, SNIFF OR RCFE'S. MANDATING AND PRIORITIZING TESTING IN ALL CARE SETTINGS. AND NEW GUIDELINES POSTED YESTERDAY, WHICH ARE GREAT. IN THEIR GUIDELINES, IT IS UP TO LOCAL PUBLIC HEALTH OFFICER. AND THE DEPARTMENT. AND WE ARE PUSHING OURS TO DO MORE TESTING IN FACILITIES, SO, THAT WE ARE PREPARED AND THERE IS NOT A AN OUT BREAK AND WE ARE NOT SCRAMBLING AT THE LAST MINUTE, MANDATING REPORTING AND PUBLISHING DATA FROM THE RCFE'S, AND I AGAIN UNDERSTAND THIS IS STARTING TO HAPPEN NOW. COUPLE DAYS AGO THERE WAS DATA POSTED BY DEPARTMENT OF SOCIAL

SERVICES ON RCFE'S, AND I UNDERSTAND THEY ARE REQUIRED TO REPORT NOW, THEY DON'T REPORT IF WE DON'T KNOW THERE ARE PROBLEMS, WE CAN'T REACT. AND THEN FINALLY REALLY LEVERAGING STAFF RESOURCES THROUGH THE HEALTH PORT. A LOT OF PEOPLE TALK ABOUT STAFFING SHORTAGES, WE SEE SITUATIONS WHERE TESTING DONE, AND SHOWN THAT THERE WERE DOZENS OF ASYMPTOM ATTIC PEOPLE RESIDENTS AND STAFF WITH COVID-19. AND THEN THE STAFF REALLY FREAKS OUT AND DOESN'T SHOW UP FOR WORK. AND IN A NURSING FACILITY YOU HAVE TO HAVE THEM THERE. THE COUNTY IS SCRAMBLING TO REPLACE WORKERS BUT NEED RESOURCES TO REALLY LINK UP TO RESOURCE. HAVE LOTS OF VOLUNTEERS FOR THE HEALTH CORP. BUT LINKING UP TO LOCAL NEEDS, THOSE ARE AREAS WE ARE THINKING ABOUT AND TRYING TO ADDRESS BOTH LOCALLY IN THE COUNTY AND WITH THE STATE. AND I HAVE TO STAY THEY HAVE BEEN REALLY OPEN TO SUGGESTIONS AND EVERYBODY IS TRYING TO FIGURE THIS OUT VERY QUICKLY.

>> GREAT THANK YOU, LOTS OF GOOD INFORMATION AND BEST PRACTICES WE WILL COME BACK SHORTLY. LAST BUT NOT LEAST WE HAVE OUR FINAL PANELIST FOR THIS DISCUSSION. FROM THE SILICONE VALLEY INDEPENDENT LIVING CENTER.

>> HI EVERYONE, I WANT TO START BY THANKING YOU FOR INVITING US TO SHARE EXPERIENCE AT THIS TIME. IN ADDITION TO WHAT COSPEAKERS TALKED ABOUT I WILL GO INTO WHAT WE ARE SEEING ON THE GROUND, STAYING ENGAGED IN WHAT WE LEARN, FINDING SOLUTIONS AND MOVING FORWARD. SO, SINCE SHELTER IN PLACE, WE HAVE DONE A FEW TRANSITIONS, ON AVERAGE WE DO ABOUT 35 A YEAR, AND SINCE SIP WE HAVE DONE ABOUT 3 SO FAR. AND, YOU KNOW THE INDEPENDENT LIVING CENTERS HAVE ACCESS TO FUNDING RESOURCES THROUGH THE DEPARTMENT OF REHABILITATION.

AND THE STATE TO TRANSITION THOSE WHO ARE IN INSTITUTIONS THAT NEED SUPPORT IN TRANSITIONING OUT. WE ARE EXPERIENCING DELAYS AND WE ARE WORKING WITH IN HOME SUPPORTIVE SERVICES, YOU KNOW, KEEPING PAPERWORK, AND ASSESSMENTS STARTED. WE ARE GETTING VENDORS TO GIVE SUPPORT FOR SETTINGS. SUCH AS HOME SET UP TO MAKE IT ACCESSIBLE FOR CONSUMER AND CLIENTS. WE ARE EXPERIENCING PREMATURE DISCHARGES DUE TO CONSUMER OR CLIENT WANTING TO LEAVE FACILITY FOR A MINUTE OR DUOAND SEE A FRIEND AND THEY ARE NOT ALLOWED TO REENTER. I WILL GIVE YOU AN EXAMPLE. OR STORY THAT TURNED OUT TO BE SUCCESS. BUT ONE OF OUR CLIENTS STEPPED OUT TO SEE A SICK FRIEND. AND THE ADMINISTRATOR WOULD NOT ALLOW HER TO RETURN BACK. WE WERE LUCKY ENOUGH THAT THE DIRECTOR OF THIS FACILITY REACHED OUT TO A CARE TRANSITION COORDINATOR TO LET THEM KNOW OF THE SITUATION. AND QUICKLY JUMPED ON IT AND SCHOOL BOARD ED WITH THE HEALTH PLAN. TO MAKE SURE THAT IT WAS SAFE IN PROPER DISCHARGE. SO WE MADE SURE OF MEDICATIONS AND PERSONAL BELONGINGS WERE RETURNED TO HER, AND ALSO REACHED OUT TO PROPERTY MANAGER THAT HAD A GROUP WITH A CAREGIVER. I THINK ALL OF THIS WORKED OUT IN OUR FAVOR. IN THAT, YOU KNOW, CONSUMER WAS SAFELY AND PROPERLY DISCHARGED. BUT WE HAD A LOT OF CONCERNS WHY IT HAD OCCURRED IN THE FIRST PLACE. SO, JUST FROM LEARNING FROM SOME OF THOSE THINGS WE HAVE LEARNED THAT YOU KNOW, IT IS REALLY GOOD TO CONNECT WITH THE FAMILY. WE PUT A LOT OF PRESSURE ON THE CLIENT'S SISTER TO BE VERY INVOLVED. AND, THOSE ARE SOME THINGS THAT WE HAVE LEARNED AS WE WENT A , AND WE ALSO LEARNED THAT TALKING AND COMMUNICATION TO THE DIRECTOR AND FACILITIES, OF THE NURSING FACILITIES AND STAFF WAS VERY IMPORTANT AS WELL AS CONNECTING WITH LOCAL HEALTH CARE MANAGEMENT TEAM. SUM OF THE VARIANCES WE ARE EXPERIENCES ONCE CONSUMER

MOVED OUT. IS GETTING THE PROPER CARE AND BENEFITS SET UP. WE ARE GETTING DELAYED AGAIN WITH IN HOME SUPPORTIVE SERVICES, AND, DELAYS IN DELIVERY OF PURCHASES SUCH AS ASSISTIVE TECHNOLOGY, HOME SET UP, ARRANGING FOR NEW HOME TO BE ACCESSIBLE. DURING THE SITUATIONS, SOME OF THE FOLKS, WE ARE HAVING DIFFICULTIES AT HOME TIMES COMMUNICATING WITH RESIDENTS AND AS WELL AS DIFFICULTIES AS TIMES COMMUNICATING WITH ADMIN STATION . WE ALSO NOTICE SOCIAL ISOLATION AND BORE DUMB IS CHALLENGING, WE ARE BEING CREATIVE IN INVOLVING AS MANY MEMBERS OF THE FAMILY THAT YOU KNOW TO DO MORE INTERACTION WITH THEIR MEMBERS. WITH THEIR FAMILY MEMBERS IN FACILITIES. WE ARE CONNECTING THEM WITH FACE TIME, AND SOCIAL MEDIA. JUST TO KEEP THEM SORT OF MENTALLY STIM ED AND COMFORTED. AND WE NOTICE STAFF SHORTAGES AND LENT THEM PPE AND TANKS AND NURSING STRUGGLING TO CARE FOR PATIENTS. SO, WE HAVE LEARNED BEST PRACTICES IS YOU KNOW, MORE EDUCATION ABOUT THE VIRUS, MORE ADVOCACY, ASKING FOR ACCOUNTABILITY. AND YOU KNOW QUESTIONS OF PPE STATUS, AND WE WANT TO MAKE SURE WE INVOLVE ALL CARE PROVIDERS AND FAMILY MEMBERS AND ASK STAFF WHO THE CLOSEST FAMILY MEMBERS ARE, TO, WE CAN AT LEAST CONNECT WITH THE MEMBERS RIGHT AWAY, AND ALSO WORK WITH AND PARTNER WITH HEALTH PLANS. WE UNDERSTAND THAT SOME OF THESE NURSING HOMES ARE GENERALLY FOR MEDICAL CONDITIONS AND NEED FURTHER SUPPORT. SO, THIS WHOLE INDEPENDENCE IS REALLY POINTING OUT THE WEAKNESSES IN SOME FACILITIES AND WE ARE WILLING TO WORK WITH THEM TO POINT OUT SOME OF THESE THINGS. AND WE WILL WORK TOGETHER OF COURSE. AND, SOME OF THE QUESTIONS WE ASK ARE YOU KNOW, DOES THE FACILITY HAVE PRIVATE ROOMS FOR THOSE WHO DEVELOP SIGNS OR SYMPTOMS, COUGHING, FEVER, DO THEY PROVIDE EDGE CASAL MATERIALS FOR THE FAMILIES ON THE TOPICS. ARE THEY YOURTIZING WE ARE

COMMUNICATION WITH FACILITIES, AND MAKE SURE EVERYBODY IS ACCOUNTABLE AND CIRCLE OF SUPPORT. THE CLIENT AND CONSUMER HAS. AND I WILL BRING IT OVER TO YOU.

>> GREAT THANK YOU SO MUCH TO THE PANEL, WE ARE STARTING TO GET QUESTIONS IN HERE, ANOTHER REMINDER TO USE YOUR Q AND A CHAT FEATURE IF YOU WOULD LIKE TO ASK A QUESTION. WE WILL GO AHEAD AND OPEN IT UP. I HAVE BEEN GOING THROUGH A THEME TO SEVERAL OF THE QUESTIONS, I AM GOING TO TRY TO SUMMARIZE IT, ONE OF THE BIGGEST QUESTIONS THAT COMES UP IN THE FIRST SET IS SORT OF ABOUT TRANSITIONS AND HOW FAMILIES ARE INVOLVED AND IF THERE IS ANY SORT OF HOLDING OF PEOPLE LONGER IN HOSPITALS AS A RESULT OF THIS. MAYBE YOU WANT TO TAKE THIS FIRST ONE ABOUT TRANSFERS AND, INVOLVEMENT OF FAMILIES AND HOW MUCH YOUR PROCESSES KIND OF CHANGES OR ED AS A RESULT OF THIS.

>> OKAY, NUMBER OF QUESTIONS HERE, UMM, LET ME TRY TO ADDRESS A COUPLE OF ONES THAT I SEE HERE, NOT SURE I WAS READING THE SAME ONE WHAT YOU WERE ASKING ABOUT. BUT, YES, WE ARE FINDING THAT MANY HOSPITALS ARE KEEPING PATIENTS LONGER THAN THEY SHOULD OR LONGER THAN THE PATIENT SHOULD HAVE TO BE THERE, I GUESS IS WHAT I AM SAYING, BECAUSE THERE IS NOT A DISPOSITION FOR THAT, HAS BEEN A LONG STANDING PROBLEM AND FOR CERTAIN KINDS OF PATIENTS THAT JUST DON'T HAVE ACCESS TO SKILLED NURSING FACILITIES, SOMETIMES THEY CAN HAVE COMPLEX MEDICAL NEEDS OR BEHAVIOR ISSUES AND NOW WON'T TAKE A PATIENT IF THEY CONSIDER THEM AT RISK. I SEE SOMEBODY NOTED THEY HAVE A RIGHT TO CHOOSE WHICH THEY CAN BE TRANSFERRED TO, THAT IS TRUE, ALL THOUGH IMPLEMENTATION OF THAT, AND, HAS BEEN MANY REGULATORY REQUIREMENTS HAVE

BEEN WAIVED DURING THE COURSE OF PANDEMIC, RIGHT NOW THEY DON'T HAVE AS MUCH CHOICE AND HOSPITALS DON'T HAVE TO PROVIDE THEM A COMPLETE LIST OF FACILITIES OR QUALITY INFORMATION THEY WERE HAVING TO DO PRIOR TO PANDEMIC. SOME OF THE THINGS HAVE BEEN WAIVED IN THE SHORT TERM. ONE IS ARE FACILITIES DENYING ACCESS TO NEW PATIENTS FROM HOSPITALS? YES, YES, THEY ARE. UMM, SO, WAS THAT THE QUESTION YOU ASKED ME? OR WAS I REACTING TO ONES I SAW IN FRONT OF ME?

>> I THINK I WAS TRYING TO SUMMARIZE A FEW IN ASKING ABOUT YOU KNOW, WHAT THE PROCESS FOR CHANGE, ONE OF THEM, AND THEN ALSO WHAT IS THE INVOLVEMENT OF FAMILIES. THERE IS A MOVE TO TRANSFER SOMEBODY, BECAUSE THERE IS A SORT OF YOU KNOW, COVID-19 THAT NO ONE IS ALLOWED IN THE HOSPITAL OR NURSING HOME THAT DOESN'T NEED TO BE THERE. BUT THAT IS HAS BEEN HARD FOR PEOPLE. THEY WANT TO BE WITH THE LOVED ONE AND HAVE THAT.

>> WELL THE ACTUAL PROCESS HAS NOT CHANGED A LOT. EXCEPT SUPPOSED TO BE MORE--A LOT HAPPENING ON THE TELEPHONE. CASE MANAGERS CONTINUE TO HAVE TO GET CONSENT FROM THE PATIENT OR FAMILY TO LEAVE, EVEN IF THEY DON'T HAVE AS MUCH FLEXIBILITY ABOUT WHERE THAT PATIENT CAN GO. NOW THAT WILL HAPPEN HOPEFULLY FACE TO FACE WITH THE INDIVIDUAL PATIENT. IF THEY ARE MAKING THEIR OWN DECISIONS WITH THE INVOLVEMENT OF THE FAMILY. AND THAT WOULD HAPPEN ON THE PHONE. THAT IS NOT A LOT DIFFERENT THAN IT WAS. MIGHT BE HARDER. IN TERMS OF HOW IT CHANGED THOUGH, I THINK HAS SHE REFERENCED, THE GUIDANCE HAS BEEN SO INCONSISTENT, THEY ARE SUPPOSED TO BE WORKING WITH THE LOCAL HEALTH DEPARTMENT ABOUT WHICH FACILITIES CAN HANDLE THE PATIENTS AND WHICH

CAN'T, NOT ALL LOCAL HEALTH DEPARTMENTS ARE PREPARED TO DO THAT. AND
SOMETIMES THEIR GUIDES ABOUT CAN GO WHERE IS DIFFERENT THAN THE STATE.
HOSPITAL CASE MANAGERS ARE FRUSTRATED WITH NOT BEING SURE WHO THEY CAN
SEND A PATIENT TO. AS I MENTIONED THEY NOW HAVE COVID-19 POSITIVE FACILITIES
SO TO SPEAK, IN SOME PARTS OF THE STATE, THOSE ARE NOT TERRIBLY ACCESSIBLE.
AND IN OTHER CASES MANY SNIFFS HAVE CLOSED TO ADMISSIONS ALL TOGETHER.
REGARDLESS OF WHETHER OR NOT THE PATIENT HAS A COVID-19 POSITIVE RESULT OR AT
RISK. SO, AND SO, CASE MANAGERS ARE KIND OF CHALLENGED WITH CALLING AROUND
AND GETTING NO, AND MAYBE, AND, THEN NOT KNOWING EXACTLY HOW TO PROCEED, SO,
IT'S YOU KNOW KIND OF A MESS ACTUALLY, KIND OF A BIG MESS.

>> OTHER PANELISTS I THINK WE HAVE A QUESTION ABOUT END OF LIFE
NURSING. LACK OF FOR FAMILY MEMBERS THERE, PEOPLE ARE PASSING AWAY
IN NURSING HOMES, I DON'T KNOW IF ANYBODY HAD EXPERIENCE WITH HOW TO MAKE
THAT ACCESS, AND THEN RELATED TO THAT, THE EXTENT THAT TELE HEALTH TO BE USED
TO REDUCE THE TRANSFERS. SORT OF TWO QUESTIONS IN ONE I WOULD LOVE TO HEAR
FROM THE PANEL ON THIS.

>> I WILL TRY TO ANSWER A COUPLE OF THOSE. SO, AT LEAST LOCALLY WHAT
WE ARE DOING IS WE HAVE A WEEKLY CALL WITH THE NURSING HOMES AND PUBLIC
HEALTH AND THE HEALTH PLAN AND BRING IN EXPERTS AND WE DO FOCUS ON DIFFERENT
ISSUES, SO IT IS END OF LIFE CARE, PALLATIVE CARE, HOW TO BRING IN CARING BEST
PRACTICES. AND BRING IN FAMILY MEMBERS THROUGH TELEPHONE OR THROUGH
DEVICES. SOME OF THE NURSING FACILITIES WITH MORE RESOURCES HAVE ALREADY
PROVIDED I PADS OR OTHER VICES SO THEY CAN COMMUNICATE WITH FAMILIES.

AND ALSO GRANT S AND PROGRAMS TO APPLY FOR THOSE WHO ARE SPREADING INFORMATION AROUND THAT. SO I THINK IT IS, BUT IT IS VERY MUCH A LOCAL EFFORT OF ING TO DO EDUCATION. I ALSO WANT TO RESPOND, I SAW A QUESTION ABOUT IF ANYBODY IS DOING ANYTHING WITH LOCAL RESIDENTIAL CARE FACILITIES TRYING TO EDUCATE THEM. AND BELIEVE ME OUR LOCAL PUBLIC HEALTH IS TRYING, IT'S A MASSIVE EFFORT, 3 OR 4 HUNDRED IN THIS COUNTY ALONE. AND WE ARE A SMALLISH COUNTY, BUT WE HAVE TRYING, PRIORITIZING THOSE THAT HAVE HAD POSITIVE RESIDENTS, BUT, IT IS AN EFFORT TO BRING AND WOULD LOVE TO SEE A COORDINATION--I WOULD LOVE TO SEE A STATE LOCAL COORDINATION EFFORT TO GET TO AS MANY OF THEM AS POSSIBLE FROM TRAINING. FOR DOING ASSESSMENTS AND SEEING WHAT THE GAPS ARE, TRYING TO HELP THEM MITIGATE SOME OF THE GAPS, MOVING PEOPLE, ABSOLUTELY NECESSARY. BUT THERE REALLY NEEDS TO BE A LARGE COORDINATED EFFORT TO DO THAT. BUT, THAT'S A GREAT QUESTION. AND A REALLY, I THINK, YOU KNOW THE SNIFFS ARE EXTREMELY IMPORTANT, BUT THERE ARE SO MANY PEOPLE LIVING IN THE LIVING SITUATIONS THAT ARE NOT IN SKILLED NURSING FACILITIES, MANY OF THESE PLACES DON'T HAVE EXPERTISE AT ALL. SNIFFS YOU HAVE NURSES AND DOCTORS SO I THINK IT IS A HUGE AREA THAT WE NEED TO FOCUS ON.

>> GREAT.

>> I DID WANT TO SPEAK TO THAT, GOVERNOR PUT \$41 MILLION IN THE BUDGET FOR CCL SPECIFICALLY UP TO FOCUS ON THE A ED LIVING. AND THEY HAVE DONE A HEROIC EFFORT, REALLY PIVOTED FROM REGULAR COMPLIANCE AND MONITORING TO DO OUT REACH SPECIFICALLY ABOUT INFECTION CONTROL IN THESE ASSISTED LIVING

FACILITIES, AS SAID, THIS IS NOT A MEDICAL MODEL, THIS IS A SOCIAL MODEL THAT IS HAVING TO LEARN QUICKLY MEDICAL STUFF. I THINK THEY HAVE DONE A GOOD JOB WITH THAT. IF THERE IS ONE SHINING THING THAT I THINK COMES OUTS OF ALL OF THIS, IS WE ARE STARTING TO EXAMINE ARBITRARY BOUNDARIES. IN A WEEK--WE HAVE ALWAYS DONE SOMETHING SOME WAY AND WE SHOULD ALWAYS DO IT AND I THINK TELE HEALTH IS EXCELLENT EXAMPLE THAT WILL BE USED NOR YEARS TO COME. THAT IF A PERSON DOES NOT HAVE TO LEAVE THEIR SETTING TO GET ASSISTANCE. THAT THE OMBUDSMAN PROGRAM IS CERTAINLY USING TABLETS AND I PADS TO MAINTAIN A PRESENCE IN FACILITIES AND THE OMBUDSMAN PROGRAMS JUST RECEIVED MONEY AS A PART OF THE CARES ACT. \$2 MILLION CAME TO CALIFORNIA JUST THIS LAST WEEK GONE FROM CDA TO TRIPLEA'S, AND HOPEFULLY SOON THAT WILL GO OUT TO LOCAL OMBUDSMAN, AND THAT IS SPECIFICALLY EARMARKED FOR ENHANCING COMMUNICATION BETWEEN RESIDENTS AND OMBUDSMAN. AND LOCAL PROGRAMS ARE GOING TO HAVE FLEXIBILITY, DOES THAT MEAN PURCHASING A HUNDRED TABLETS OR 3 HUNDRED, AS IN THE AREA, OR DOES THAT MEAN PROVIDING EACH OF THEM WITH TWO TABLETS SO THEY CAN GO TO A BUILDING AND HAND THAT TO THE STAFF PERSON IF THEY WALK AROUND THE BUILDING TO HAND THE TABLET TO RESIDENTS, WELL YOU KNOW. THE OPPORTUNITY FOR NEW FORMS OF ADVOCACY ARE THERE, SO THAT PART IS ENCOURAGING. THERE IS SOME QUESTIONS, SUSAN ASKED A QUESTION ABOUT THE CHALLENGES OF FAMILY MEMBERS NOT BEING ABLE TO SUPPORT LOVED ONES AND HOSPITALS AND IN SKILLED NURSING. AS SAID, USE OF VIDEOS TO HELP SUPPORT IT. BUT I DO THINK THERE MAY BE MOVEMENT ON THIS. WE HAVE SEEN ON THE OTHER END OF THE SPECTRUM FROM THE CHILDREN'S SIDE, HOSPITALS ARE RECOGNIZING THAT, A CHILD NEEDS TO HAVE A SUPPORT PERSON. AND IF THE SUPPORT PERSON IS APPROPRIATELY NOW USING PPE CORRECTLY, THE HOSPITALS ARE ALLOWING FOR THAT

PARENT OR SUPPORT PERSON. I AM HOPEFUL THAT IN THE WEEKS AND MONTHS TO COME WE ARE GOING TO SEE THAT KIND OF A MORE PERMISSIVE APPROACH. FOR CARING FOR THE OLDER ADULTS I AM HOPEFUL SOME OF THE BOUNDARIES ARE GOING TO BE LET GO AND DO THINGS DIFFERENTLY BECAUSE WE LEARNED BETTER WAYS.

>> SUMMARIZE A FEW QUESTIONS HERE, I THINK MAYBE SEE IF YOU HAVE INITIAL THOUGHTS ON THIS. QUESTIONS ABOUT ISN'T IT MORE IMPORTANT NOW THAN EVER TO MOVE PEOPLE OUT OF FACILITIES AND NURSING HOMES AND HOSPITALS BACK TO THE COMMUNITY WHERE THEY CAN APPROPRIATELY SOCIAL DISTANCE AND BE WITH FAMILY AND AVOID BARRIERS TO SEEING LOVED ONES. SO, WHAT IS BEING DONE TO YOU KNOW INCREASE THE YOU KNOW, LOOK AT ALTERNATIVES YOU KNOW, THINGS USING YOU KNOW, EMPTY HOTEL ROOMS YOU KNOW OTHER INNOVATIVE THINGS MAYBE YOU ARE SEEING OR HEARING OR WOULD LIKE TO SEE MORE OF HOW WE ARE GOING TO USE THE RESOURCES OF THE COMMUNITY BASED TRANSITIONS.

>> YEA, SO, WE KNOW, WE USE A COUPLE OF FUNDING RESOURCES TO SUPPORT OUR TRANSITIONS, AND, YOU KNOW, UNFORTUNATELY WHAT I SEE ON THE GROUND IS THAT YOU KNOW, IMPLIMENTING SOME OF THESE YOU KNOW RULES THAT A GRANT IS ENFORCING, YOU KNOW, LIMITS US, FOR US TO SAY YOU KNOW MOVE THEM OUT BECAUSE THEY EXPRESS INTEREST IS REALLY NOT LOOKING AT LONG TERM YOU KNOW S. IF WE ARE FOCUSED ON JUST THE COVID-19 AND WHAT ASK HAPPENING YOU KNOW, IT MIGHT NOT BE SUCCESSFUL DOWN THE ROAD, MIGHT JUST BRING UP READMISSION RATES AGAIN. SO, YES WE WANT TO LOOK AT MOST SUCCESSFUL CANDIDATE THAT CAN BE SUCCESS , WITH THE GRANTS AND THE FUNDING RESOURCES TO SUPPORT. THAT IS THE--UNLESS WE ARE BEING CREATIVE WITH THE FUNDING SOURCES AND ALLOWS US

TO WORK WITH THE INDIVIDUAL RIGHT THEN AND NOW, THEN YEA, WE BECOME MORE CREATIVE WITH COLLUSION SOLUTIONS. UNFORTUNATELY SOME OF THEM CAN'T ALLOW TO WORK WITH SOMEONE WHO SAID YES THEY (INAUDIBLE), WHAT DO WE DO AFTER THAT. SOMEONE EXPRESS THEY WANT MORE ABOUT TY, AND SO MUCH MORE AFTER THAT. MORE LONG TERM FOR US TO LOOK AT. WE NEED TO HAVE MORE FUNDING TO LOOK AT WHAT YOU KNOW IS SHORT TERM, WHAT IS IMMEDIATE AND NEEDS TO ADDRESS, AND CAN THAT FUNDING THAT. AND SOME OF THE FUNDING, OH MY GOD AGREE WITH ALL OF THE COSPEAKERS, CAN WE HAVE MONEY TO COVER TECHNOLOGY, THAT CAN SUPPORT THEM WHILE THEY ARE IN FACILITIES, LIKE TELE MEDICINE. YOU KNOW, GETTING THEM INTO A HOTEL TO SEPARATE SOME OF THE FOLKS, RIGHT? YOU KNOW, THOSE ARE QUESTIONS WE WANT TO A , AND WORK WITH FACILITIES.

>> I LIKE TO ADDRESS THIS ONE, I GET A LOT OF CALLS, I KNOW THE LOCAL PROGRAM IS GETTING CALLS FROM FAMILIES, THINKING ABOUT MOVING LOVED ONES OUT OF SKILLED NURSING. I SAID BEFORE, UNINTENDED CONSEQUENCES YOU KNOW, FAMILIES FORGET WHY MOM OR DAD OR THE SPOUSE MOVED INTO A FACILITY IN THE BEGINNING. THEY FORGET THE LONG HOURS. AND, NOW THINGS ARE DIFFERENT. YOU KNOW, FAMILY MEMBERS ARE UNEMPLOYED. FAMILY MEMBERS ARE AT HOME. SO, MAYBE MORE FEASIBLE RIGHT NOW, BECAUSE THERE IS GREATER SUPERVISION FOR THAT. BUT, WE WON'T BE STAYING AT HOME FOREVER, WORKERS WILL BE GOING BACK. YES, MOM MAY WANT TO LIVE AT HOME, BUT A REASON WHY SHE DID NOT IN THE BEGINNING, BUT IF YOU DO DECIDE THAT YOU WANT TO TAKE A LOVED ONE OUT OF A SETTING, I WOULD CAUTION YOU TO GET A LOT OF INFORMATION IN WRITING,S SPECIALLY IF YOU ARE IN A NURSING HOME AND YOU ARE USING MEDI-CAL. BECAUSE,

YEA, YOU CAN TAKE MOM HOME FOR TWO WEEKS, BUT YOU NEED TO HAVE IT IN WRITING THAT THE FACILITY SAYS THAT YOU CAN COME BACK AND THEY WILL CONTINUE TO HONOR MEDI-CAL REIMBURSEMENT. I AM VERY CONCERNED WE HAVE GOING TO HAVE A LOT OF FAMILIES THAT TAKE PEOPLE HOME IN 90 DAYS WHEN LIFE GOES BACK TO NORMAL, WE ARE GOING TO GET THE CALLS. I CAN'T FIND A PLACE FOR MOM TO LIVE, I CAN'T FIND A PLACE MOM CAN AFFORD. FACILITY MOM LIVED IN IS NOT TAKING HER BACK, BED NO LONGER AVAILABLE. IF YOU ARE GOING TO TAKE SOMEONE HOME, GET IT IN WRITING THAT THE FACILITY SAYS THEY WILL TAKE THIS PERSON BACK, AND UNDER WHAT CONDITIONS THEY WILL TAKE THEM BACK. LONG TERM CONSEQUENCES YOU KNOW, THERE IS GOING TO BE CARE COSTS WE HAVE NOT GUILTY CONTEMPLATED WITH THIS. WE JOKE ABOUT HOW THE ONLY EXERCISE I GET IS LEAVING MY DESK TO GO TO THE FRIDGE. HOW MUCH WEIGHT AM I GAINING, HOW MUCH MUSCLE MASS AM I LOSING, THAT IS GOING ON IN LARGE LIVING FACILITIES, MEALS ARE BROUGHT TO THEM. IN--WHEN THIS IS DONE, HAVING MEALS BROUGHT TO YOU IS A SERVICE THAT IS VERY EXPENSIVE. IF YOU CAN NO LONGER WALK TO THE DINING ROOM UNASSISTED, WHO IS PAYING FOR THAT ADDITIONAL COST, REALLY THINGS WE HAVE TO START THINKING ABOUT. HOW DO WE COME OUT OF THIS? WHAT IS THE OTHER SIDE OF NORMAL? BUT, MY BIG WARNING TO FOLKS, I KNOW YOU WANT TO BRING PEOPLE HOME, I KNOW A FEELING HOME A SAFER. AS FAR AS THE VIRUS MAYBE. BUT, TRUST YOUR GUT. THERE WAS A REASON WHY YOU CHOSE WHERE YOUR FAMILY MEMBER IS. AND THAT HAS NOT CHANGED. AND, SO, HOW CAN YOU SUPPORT A FACILITY THAT YOUR LOVED ONE IS STAYING IN? CAN YOU SECURE PPE FOR THEM? CAN YOU HELP GET THEM TOILET PAPER SO THE ADMINISTRATION IS NOT OUT OF THE BUILDING MORE OFTEN TRYING TO FIND TOILET PAPER, WHAT CAN YOU DO TO MAKE IT BETTER FOR THE FACILITY AND EVERYONE IN THERE.

>> THAT IS A GOOD POINT.

>> THAT IS A GREAT POINT, CAN I ADD THAT BEING GRAY, LOOKING AT BLACK AND WHITE HERE, YOU KNOW, QUESTION I WANT TO ASK, ARE THERE RESOURCES AND FUNDING TO ALLOW US TO MOVE SOMEONE BACK INTO THE COMMUNITY?

>> YES, WE CAN SAY THEY WERE HERE FOR A REASON IN THE FIRST PLACE, BUT WHAT ABOUT HAVING CREATIVE SOLUTION AND SAYING WHAT ARE THE RESOURCES, YOU KNOW? CAN WE PUT THIS PERSON BACK INTO THE COMMUNITY GIVEN WHAT IS GOING ON? RIGHT?

>> I WANT TO ADD SOMETHING IF THERE IS TIME, OTHER WISE I WILL TYPE IT

>> GO AHEAD, PLEASE.

>> YEA, I MEAN I THINK WE HAVE HAD TRANSITION PROGRAM FOR SEVERAL YEARS AND THERE ARE OF COURSE PEOPLE WHO DO NOT WANT TO BE IN A NURSING HOME. AND, ARE ABLE TO MOVE BACK INTO THE COMMUNITY AND EXPRESS THE DESIRE TO MOVE BACK INTO THE COMMUNITY. THAT PROGRAM HAS GOTTEN A LITTLE BIT PAUSED. BECAUSE OF ALL OF THE PROBLEMS, PROBLEMS, BUT WE ARE STARTING TO RAMP IT BACK UP AND WHAT WE ARE THINKING ABOUT IS WHAT SOME OF THE QUESTIONERS HAVE SUGGESTED, WE ARE MOVING PEOPLE THAT COULD BE MOVED INTO ASSISTED LIVING, THOUGH THEY DON'T TAKE PEOPLE RIGHT NOW. BUT MOVING THEM, OR MAYBE WE HAVE A THAT MIGHT BE READY IN A FEW MONTHS, BUT IN THE

MEANTIME MOVING THEM TO ANOTHER SITE. WHETHER IT BE HOTEL ROOM OR SOMETHING TEMPORARY. BECAUSE, I DO AGREE, THAT, I KNOW IF I WANT TO BE IN A NURSING HOME RIGHT NOW, ESPECIALLY RIGHT NOW. OR ANY SETTING. IT IS VERY DANGEROUS, SO, I THINK AS WAS SAYING, THERE IS A LOT OF GRAY IN HERE. I WANT TO SEE THESE TRANSITION PROGRAMS CONTINUE TO WORK, BUT THERE NEEDS TO BE FUNDING AND SO FORTH, AND CONTINUE TO TRANSITION PEOPLE OUT TO EXTENT WE CAN.

>> THANK YOU, I WANT TO SWITCH CONVERSATION A LITTLE BIT TO SORT OF THESE, WE TALK ABOUT CONFUSION ABOUT WHOSE RULES WE ARE SUPPOSED TO FOLLOW, YOU KNOW, BECOME CLEAR THIS CONVERSATION IS THAT LOCAL AUTHORITY, SORT OF YOU KNOW, WHY IS THE LOCAL AUTHORITY GIVEN SO MUCH FLEXIBILITY, STATEWIDE STANDARDS, YOU KNOW, COMMENT I HEAR FROM JUNE THAT FEEDS INTO THIS QUESTION, ABOUT YOU KNOW, WE DON'T HOLD IT ALL ACCOUNTABLE STATEWIDE HAS STANDARD YOU KNOW, HOW DO WE SORT OF MAKE SURE WE ARE DOING THE RIGHT THING AND ALL THE LOCALS HAVE SO MUCH AUTHORITY AND PRO'S AND CONS TO THAT APPROACH, OPEN THAT UP TO THE PANEL, IF ANYBODY WANTS TO TAKE THAT ON.

>> WELL I WILL COMMENT I DON'T HAVE AN ANSWER TO THAT. IT HAS BEEN INTERESTING. I DON'T HAVE A SOLUTION TO THAT, BUT YOU ARE RIGHT, IT'S A BIG PROBLEM, I AM NOT SURE THE ANSWER IS, HAVING THE LOCAL COUNTIES ACCOUNTABLE TO THE STATE. I THINK THERE ARE IN TERMS OF THE HEALTH OFFICER, I THINK THERE WOULD CONTINUE TO BE A NEED TO HAVE SOME REGIONAL APPROACHES, JUST SIDE BAR I READ A VERY INTERESTING COMMENT ABOUT HOW THE LOCAL BAY AREA, PUBLIC HEALTH OFFICERS KIND OF WORK TOGETHER THEIR OWN AUTHORITY TO START WITH

STAY AT HOME IN A POSITIVE WAY, THEY COULD NOT HAVE DONE THAT IF IT HAD TO GO THROUGH THE STATE. THAT BEING SAID I KNOW ONE OF THE THINGS I TALKED TO THEM ABOUT IS THIS GREAT FRUSTRATION. AND I WAS ED TO LEARN, THERE IS LITTLE TO NO ROUTINE COMMUNICATION BETWEEN CDPH AND LOCAL PUBLIC HEALTH OFFICERS AND THINK THEY HAVE A TRIED TO. I KNOW THEY HAVE IDENTIFIED AS A CONCERN SHE HAS GOING FORWARD. THAT WILL BE BETTER COORDINATION AND INFORMATION SHARING. SO, I DON'T KNOW IF IT IS AN ALL OR NOTHING THING, BUT I DO THINK SOME STEPS SHOULD BE TAKEN TO ENSURE A GREATER COORDINATION. IF NOTHING ELSE, THAT THE YOU KNOW THE DEPARTMENT WAS TELLING ALL OF THE HOSPITALS THAT THE CASE MANAGER SHOULD CALL THE HOE CAL PUBLIC HEALTH DEPARTMENT WHEN THEY HAD A COVID-19 PATIENT THEY NEED TO DISCHARGE. THE LOCAL HEALTH DEPARTMENTS APPARENTLY OR AT LEAST WHEN YOU CALL THEM UP DID NOT SEEM TO KNOW ABOUT THAT, CLEARLY SOME NEED AND DESIRE. WHILE MAINTAINING A CERTAIN LEVEL OF REGION SPECIFIC AUTHORITIES, SO, JUST MY TAKE ON IT. NOT SURE WE NEED TO, OR CAN OR SHOULD GO ALL THE WAY TO A STATEWIDE POLICY. THAT IS DIRECTIVE BUT MAINTAIN SOME PARAMETERS ABOUT HOW THE LOCAL PUBLIC HEALTH DEPARTMENT COORDINATES WITH THE STATE DEPARTMENT OF PUBLIC HEALTH AND VICE VERSE.

>> I AGREE WITH PAT I THINK ALSO, I MEAN DEFINITELY NEEDS TO BE MORE COORDINATION AND COMMUNICATION, THAT IS GIVEN. BUT I WOULD ARGUE THAT THE--DEPENDS ON THE ISSUE. BUT, THAT WITH SOME CASES I THINK THE STATE NEEDS TO TAKE A STRONGER ROLE. EXAMPLE OF TESTING, ALL TESTING IN FACILITIES I THINK THAT IT IS URGENT THAT BE STEPPED UP IMMEDIATELY. AND, THERE ARE A LOT OF ASSOCIATED PROBLEMS WITH THAT, WHAT ARE YOU GOING TO DO WITH STAFF IF YOU

FIND A LARGE NUMBER OF STAFF TEST POSITIVE, WHAT ARE YOU GOING TO DO IN TERMS OF PPE, IS THERE ENOUGH TESTING AVAILABLE. BUT AS THE THINGS RAMP UP I THINK THE STATE HAS TO MAKE A STRONGER STATEMENT, EVEN STRONGER THAN WHAT THEY MADE SO FAR. BUT I THINK SOME OF THE LOCAL PUBLIC HEALTH THEY DON'T REALLY UNDERSTAND SNIFFS, THEY DON'T UNDERSTAND. YOU KNOW, SORT OF THE LACK OF KNOWLEDGE THERE. AND SO I THINK THAT THE STATE NEEDS TO TAKE A MUCH STRONGER STANCE ABOUT THIS TESTING REALLY NEEDS TO HAPPEN. AND PPE PRIORITIZED AND TESTING KITS. BECAUSE THAT, 40% OF THE PEOPLE WHO ARE DYING IN SNIFFS, THAT IS WHERE THE DEATHS ARE OCCURRING AND WHERE THE CRISIS IS. AT LEAST ON THAT ISSUE I ARGUE THE STATE NEEDS TO BE STRONGER.

>> VERY GOOD, HOSPITALS AND LEAH PLANS AGREEING ON THINGS, BRINGING PEOPLE TOGETHER HERE (LAUGHTER). I THINK WE HAVE ANOTHER YOU KNOW MINUTE OR SO, I KNOW WE HAVE SOME QUESTIONS HERE ABOUT YOU KNOW, ADDITIONAL RESOURCES YOU KNOW THINKING ABOUT USING LOCAL NURSING AND VOCATIONAL NURSING EDUCATIONAL INSTITUTIONS AND HOSPITALS TO HELP PROVIDE SOME OF THESE TRANSITION SERVICES AND PEOPLE OUT OF SOME OF THESE, AND LOOK AT HOW TECHNOLOGY AND TRAINING FOR TECHNOLOGY PEOPLE CAN USE IT AT HOME, IF THAT IS A BARRIER TO GETTING PEOPLE BACK TO THE COMMUNITY AND KEEPING THEM THERE, SO, I WILL OPEN UP FOR THAT--THOUGHTS ON THAT LAST SORT OF HOW WE CAN USE ADDITIONAL RESOURCES AND MAYBE I GIVE FOLKS A DIGITAL TECHNOLOGY ACCESS AND INFORMATION. AND THEN WE WILL GO ONTO THE FINAL SESSION. ANYBODY HAVE ANYTHING? THOUGHTS ON THAT? YOU'RE MUTED PAT.

>> SHOULD HAVE UNMUTED I SHOULD SAY I KNOW IN SOME CASES STUDENTS OF

VARIOUS HEALTH PROFESSIONS WERE ENCOURAGED OR OFFERED OR SOME OF THEM SHOULD HAVE BEEN ANY WAYS OFFERED THE OPPORTUNITY TO KIND OF SIGN UP FOR THE HEALTH CORP. WHICH AGAIN WAS INITIALLY ENVISION AS A WAY TO PROVIDE EXCESS STAFFING FOR A LOT OF ALTERNATIVE CARE SITES BUT I THINK MORE DISCUSSION OF LATE ON HOW TO DEPLOY THEM IN THE SKILLED NURSING SETTINGS.

>> THERE IS A LOT OF COMPLEXITY ABOUT PRACTICE LEVELLED AND LICENSES AND THINGS LIKE THAT. THAT WOULD NEED TO BE COORDINATED. BUT IT HAS BEEN PART OF THE CONVERSATION.

>> THAT'S GREAT. OTHERS HAVE THOUGHTS ON THAT? HOW TO INCREASE THE ACCESS USING AVAILABILITY OF TRAINING PROFESSIONALS OR TECHNOLOGY?

>> OTHER THOUGHT I HAD, I KNOW LEADING AGE POINTED OUT THERE IS A--SHE SAYS THERE IS A GOOD ONLINE TRAINING OPPORTUNITY FOR CNA'S, AND, TO TRAIN CNA'S, AND, THAT HAS NOT BEEN BLESSED BY THE STATE YET AND ONE RECOMMENDATION IS TO ADOPT THAT IMMEDIATELY, SO, PEOPLE THAT ARE NOT COMING THROUGH HEALTH CORP., WHETHER THEY ARE TRAINED OR LICENSED OR NOT, THAT WE CAN QUICKLY GET TRAINING DONE. I MEAN THE MOST IMPORTANT THING, IS FOR PEOPLE WORKING IN SKILLED NURSING FACILITIES THEY NEED TO LOVE CARING FOR OLDER PEOPLE. AND YOU KNOW, I THINK THE TRAINING, YOU HAVE THE RIGHT ATTITUDE, WAYS PEOPLE CAN BE QUICKLY TRAINED. SO, ANYTHING WE CAN EXPEDITE SOMETHING LIKE THAT.

>> RIGHT AT TIME I WANT TO THANK YOU PANEL AS THE GREAT DISCUSSION, LOTS OF QUESTIONS, AND I KNOW SOME OF YOU TYPING IN ANSWERS AS WE ARE GOING

ALONG. THANK YOU FOR THAT. AND HOPEFULLY WE ARE ABLE TO HEAR FROM YOU AGAIN SOON.

MOVE RIGHT INTO THE FINAL PANELIST HERE, TALK ABOUT EMERGING ISSUES WE WANT TO HIGHLIGHT AND THEN WE WILL ALSO PUT UP THE SURVEY SO YOU CAN TELL US ABOUT TOPICS YOU WOULD LIKE TO HEAR ABOUT ON THE WEBINAR. LUCKY TO HAVE JUSTICE AND AGING TALKING ABOUT CRISIS CARE AND GUIDELINES, EMERGING ISSUE AND A QUICK OVER VIEW. THANK YOU SO MUCH.

>> GREAT THANK YOU FOR INVITING US TO PRESENT ON THIS SUPER TIMELY TOPIC. THERE HAS BEEN A LOT HAPPENING. AND I AM GOING TO BE CHALLENGED TO KIND OF FIT IT ALL IN FOUR MINUTES BUT I WILL DO MY BEST, BUT YOU SHOULD FEEL FREE TO REACH OUT TO ME IF YOU WANT DETAILS. SO ESSENTIALLY, CRISIS CARE GUIDELINES, IF YOU DON'T HAVE BACKGROUND, ARE ESSENTIALLY POLICIES AND GUIDES RELEASED BY STATE AND LOCAL JURISDICTIONS AND HEALTH CARE SYSTEMS. THAT ANSWER THE QUESTION OF HOW DO YOU ALLOCATE LIMITED RESOURCES AND HOW DO YOU TRIAGE LIMITED RESOURCES IN A MEDICAL EMERGENCY. SO WE HAVE BEEN FOLLOWING THIS ISSUE IN MULTIPLE STATES AND THE MAIN ISSUE REALLY, IS THAT A NUMBER OF THESE STATE POLICIES ARE POTENTIALLY CHRIS ANYMORE AGAINST OLDER ADULTS AND PEOPLES WITH DISABILITIES. WE HAVE BEEN FOLLOWING THIS EFFORT IN NUMBERS OF STATES AND ENCOURAGED WHEN CALIFORNIA HEALTH AND HUMAN SERVICES RELEASED GUIDES--I HAVE LOST TRACK OF THE WEEKS. ABOUT A MONTH AGO THAT SAID ALL HEALTH CARE PROVIDERS BOUND BY STATE AND FEDERAL LAW DURING THE PANDEMIC, INCLUDING NONDISCRIMINATION LAWS. EXPLICIT REMINDER WE THOUGHT WAS HELPFUL AND INCLUDED MORE ROBUST DISCUSSION AROUND AGE. AND WROTE TO THE SECRETARY TO COMMUNICATE THAT, BUT PLEASED

TO SEE AS A GOOD SIGN. AND THEN LATE--OR EARLY LAST WEEK ABOUT SUNDAY NIGHT THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH RELEASED CALIFORNIA'S CRISIS CARE GUIDES. AND UNFORTUNATELY, YOU KNOW WE WERE PRETTY DISA ED TO SEE, THAT IT BASICALLY INCORPORATED ALL OF THE AGEIST ABLIST PARTS OF OTHER STATE POLICIES, BASED ON A UNIVERSITY TEMPLATE AND PLUGGED IN FOR THE HEALTH CARE PROVIDERS ACROSS THE STATE. THINGS THAT WERE A PROBLEM, IN ED THIS ALGORITHM TO DETERMINE OF WHAT BUCKET OF CARE PRIORITY YOU FALL INTO. IF THERE IS A TIE AMONG TWO PATIENTS IT ALLOWS YOU TO USE AGE AS A TIE BREAKER. AND IN DOING SO, SITED THE SORT OF GENERAL PERCEPTION THAT PEOPLE ARE COMFORTABLE WITH THAT IDEA. SORT OF USING COMMONLY HELD AGEIST BELIEFS TO SUPPORT A AGEIST POLICY. IN A POLICY POINTED OUT SPECIFIC COMORBIDITIES THAT WERE ASSOCIATED WITH SORT OF SHORTER TERM LIFE EXPECTANCY AND ALLOWED THAT TO BE INCORPORATED INTO THE SCORING FORMULA. FOR EXAMPLE, PEOPLE WITH ALZHEIMER'S CONSIDERED HIGHER RISK AND LESS LIKELY TO LIVE LONGER. SO, THERE IS A REAL BIG FOCUS ON BOTH PRESERVING THE NUMBER OF LIVES, BUT ALSO PRESERVING THE NUMBER OF LIFE YEARS. SO, YOU SEE EVEN THAT IN AND OF ITSELF THERE IS AGEIST AND ABLIST IDEAS THAT FLOW INTO THAT. WE HAVE BEEN BACK AND FORTH WITH THE STATE NOW, AND THEY HAVE ASKED FOR FEEDBACK AND APOLOGIZED THEY RELEASED THIS GUIDE. AND ALMOST IMMEDIATELY THEY PULLED THE GUIDE REUPLOADED IT AND NOW IT HAS A DRAFT WATER MARK ON IT. AND SAYING THAT MORE COMING. SMALL GROUP OF US HAVE BEEN GIVING THEM DETAILED LINE BY LINE FEEDBACK. AND, IT'S UNCLEAR WHERE THAT WILL END UP GOING. I KNOW THE STATE IS PROPOSING A STAKE HOLD PROCESS ON THIS. LIKE A WORK GROUP. I THINK MORE IS TO COME. LUCKILY WE ARE ABLE TO CONVINCED THEM WE DON'T CURRENTLY HAVE A VENTILATOR SHORT , NOW IS NOT THE TIME TO BE RUSHING THIS

POLICY. SO EVERYONE KNOWS, THERE ARE POLICIES THAT DON'T TAKE AGING INTO ACCOUNT. FORMULATED BY OFFICERS, ATTORNEYS, KNOW THEY ARE NOT FOLLOWING THE LAW. BETTER MODELS ARE OUT THERE, AND NOW I THINK THE CHALLENGE ENSURING THAT CALIFORNIA GETS THERE. YOU ARE STILL ON MUTE.

>> THANK YOU JUST TALKING AWAY, YOU CAN SEE ME, HUH? (LAUGHTER) THANK YOU, RIGHT ON TIME THERE. I KNOW FOLKS HAVE TO HEAD OUT. WE PUT THE SURVEY UP, AND GOT SOME GOOD IDEAS FOR THE NEXT WEBINARS AND MAYBE COME BACK WITH MORE INFORMATION AND FUTURE DATES AS THAT CONVERSATION WAS--THANK YOU FOR THE TIMELY UPDATE, OUR NEXT ONE IS FRIDAY MAY 15, LOOK OUT FOR THAT. WE WILL START TO DEVELOP THE AGENDA AND THANK YOU TO ALL OF PANELISTS AND EVERYONE FOR PARTICIPATING TODAY, AND STAY SAFE AND HEALTHY, THANK YOU EVERYBODY.