None of the faculty, planners, speakers, providers nor CME committee has any relevant financial relationships with commercial interest
There is no commercial support for this CME activity
Riverside County Office on Aging

Does THAT TOO?

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On June 18, 1974, the Board of Supervisors designated the Riverside County Office on Aging as a County Department on Aging for the Planning and Service Area (PSA) 21.

It serves as the Area Agency on Aging (AAA) for all of Riverside County and is one of 33 AAA’s within the State of California.
Major funding vehicle for delivery of social and nutritional services for older persons

The Administration on Aging in the Administration for Community Living in the U.S. Department of Health and Human Services administers most Older Americans Act programs

Services include:
- supportive services
- congregate nutrition services (meals served at group sites such as senior centers, schools, churches, or senior housing complexes)
- Home-delivered nutrition
- Family caregiver support
- Community service employment
- The long-term care ombudsman program
- Other services to prevent the abuse, neglect, and exploitation of older persons
Riverside County Office on Aging
Partnerships / Collaborations (A Partial List)

- Riverside University Health System
  - Behavioral Health
  - Medical Center
  - Mental Health Liaisons at the Office on Aging
- Riverside County Department of Public Social Services (DPSS)
  - Public Authority STAR program (Support, Training and Retention)
- Desert Regional Medical Center Care Transitions Intervention
- First5 (Grandparents Raising Grandchildren child care funding)
- Inland Empire Health Plan (IEHP) / Molina (Coordinated Care Initiative)
- Inland Caregiver Resource Center
- Alz-gla (Alzheimer’s Greater Los Angeles)
- City of Riverside Purple City Initiative (Dementia friendly city)
Riverside County Office on Aging
Referred / Contracted Services

- Respite for family caregivers
- Childcare for (GRG) Grandparents Raising Grandchildren
- Homemaker services
- HICAP (Health Insurance Counseling and Advocacy Program)
- Senior Legal Assistance
- Home Delivered / Congregate meals
- Adult Day Health Care Centers
- Long-Term Care Ombudsman Program
- Transportation Reimbursement Information Project (TRIP)
- Transportation Access bus tickets
- Adult Day Health Care (Eisenhower 5 Star Club)
Riverside County Office on Aging Direct Services

- Information and Assistance (Helplink I & A)
- InfoVan / Healthy Lifestyle Van
- Assistance At Home
- Case management:
  - Multipurpose Senior Services Program (MSSP) Case management services for seniors who have Medi-cal no share of cost, and have physical / cognitive limitations putting them at risk of nursing home placement
  - CareLink / Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) Case management services for functionally impaired adults 18+ with Healthy IDEAS evidenced based program embedded integrating depression awareness and management
  - Access Case management services for those 60+ disabled adults, with immediate need
  - Family Caregiver Support Program (FCSP) Case management services for family caregivers
  - Grandparents Raising Grandchildren (GRG) Case management, childcare and support groups
Direct Services (continued)

- Health Promotion Programs
  - (Fit After 50, Chronic Disease Self Management Program)
  - Healthy Options Program (HOP)
  - Bingosize
  - Walk With Ease Walking Program
  - SNAP-Ed (Supplemental Nutrition Assistance Program Education)

- Senior Community Service Employment Program (SCSEP) Subsidized work based training for low income, unemployed adults, 55+

- Retired and Senior Volunteer Program (RSVP) places volunteers aged 55+ in the public sector, and community based agencies

- Volunteer Connect Initiative volunteer activities bringing younger and older volunteers together

- Home Delivered Meals

- Congregate Meals
Direct Services (continued)

- Care Pathways family caregiver support and education program provides resources and support for non paid family caregivers
  - 12 week, psycho-educational series of classes providing support and education to family caregivers.
  - Pre and post test given. Center for Epidemiologic Studies Depression Scale (CES-D 20). Symptoms of depression and feelings excessive stress decrease after taking the series of classes.
  - Classes cover topics including Signs of Stress & Stress Reduction Techniques, Emotions and Caregiving, Taking Charge of Your Health, Living with Dementia, Legal issues Related to Caregiving, and Preventing Caregiver Burnout.
  - Respite and transportation is provided, if needed, to care receiver at home so caregiver can attend the classes.
  - Received a Bright Idea Award from the Ash Center for Democratic Governance and Innovation at Harvard Kennedy School.

-Bright Ideas is an initiative that recognizes creative and promising government programs and partnerships. The initiative is offered through the Innovations in Government Program, a program of the Ash Center for Democratic Governance and Innovation at Harvard Kennedy School. For more information, please visit http://innovationsaward.harvard.edu/BrightIdeas.cfm.
Direct Services (continued)

- Care Transitions Intervention Program (CTI)® / Hospital Liaison
  - Evidence Based model, developed by geriatrician Dr. Eric Coleman at the University of Colorado, Denver
  - Office on Aging CTI Coaches are embedded at RUHS Medical Center, and Desert Regional Medical Center
  - Hospital staff refer patients with core diagnoses (COPD, CHF, Diabetes, HTN, pneumonia, and fractured hips and joints) at risk of readmission
  - Patient seen at hospital bedside, home visit by CTI Coach within 24-72 hours of discharge, 3 follow up phone calls
  - Coach addresses four pillars of CTI: Medication self-management, use of a personal health record (PHR), Medical care follow-up, and knowledge of red flags
  - CTI is offered free of charge to all patients
Case Study A
Case Management to Care Pathways

- 84 year old married Latina female, residing in rural Anza
- Diagnoses include arthritis, Alzheimer’s disease, incontinence, and high blood pressure
- Difficulty managing ADL’s / IADL’s
- Daughter overwhelmed with her care
- Referred by social worker in the community to Helplink
- Enrolled in Multipurpose Senior Services Case Management Program (MSSP)
- Assessed at home visit by MSSP Social worker and RN
Case A
Care Plan / Interventions

- Monitor client’s compliance with medical care
- Referrals to dentists accepting her insurance
- Referral to In Home Supportive Services
- Follow up with Primary Care Physician for incontinence supplies and bathroom safety equipment
- Refer daughter to Care Pathways
- Care Pathways facilitator made referral to Dr. Hamade for geriatric assessment
Questions / Discussion

- Based on the case presented, what resources might be appropriate for this client?

- What else can WE do to collaborate?

- How would other agencies / disciplines approach this client?
Case Study B
CTI to Case Management

- 71 year old, married male, residing in rural Perris, on a half acre of unpaved, uneven terrain from the main road. Not accessible to public transportation.
- Diagnoses include complicated urinary tract infection, renal failure, on dialysis 3 times a week, and high blood pressure.
- Needs assistance with personal care.
- Ambulates slowly with a front wheel walker.
- Wife never learned how to drive, he can no longer drive.
- Does not have a primary care physician.
- Does not have enough money for food.
- Referred to Hospital Liaison by social worker at RUHS Medical Center for Care Transition Intervention.
Case B
Care Plan / Interventions

- Care Transitions Intervention coach completed pillars of CTI Program: Medication management, medical care follow-up, use of personal health record (PHR), and knowledge of red flags
- Provided transportation resources
- Primary Care Physicians accepting Medi-cal
- Obtained a $200 grocery store card using Office on Aging material aid funds
- CTI Coach referred client to Access Case Management program upon completion of CTI
- Access case manager connected client to LIHEAP utility assistance program, CTAP (California telephone assistance program), home delivered meals, IHSS; purchased installation of grab bars in the bathroom, and nutritional supplement drinks
Questions / Discussion

- Based on this case, what resources might be appropriate for this client?
- What else can WE do to collaborate?
- How would other agencies / disciplines approach this client?
Thank You.
For Referrals, call 1-800-510-2020

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