

LONG TERM CARE COORDINATING COUNCIL

Guiding the development of an integrated network of home, community-based, and institutional services for older adults and adults with disabilities

DATE: THURSDAY, January 8, 2015

TIME: 1:00 p.m. to 3:00 p.m.

**LOCATION: 1 SOUTH VAN NESS AVENUE / MARKET
2ND FLOOR, ATRIUM CONFERENCE ROOM**

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- Present:** Abbie Yant, Amie Haltman-Carson, Anna LeMon, Anne Romero, Benson Nadell, Cathy Davis, Cathy Spensley, Cindy Kauffman, Eileen Kunz, Jacy Cohen, Jennifer Walsh, Jessica Lehman, Jonathan Cheng, Kelly Dearman, Kelly Hiramoto, Ken Hornby, Margaret Baran, Marie Jobling, Marlene Hunn, Debbie Tam (for Mivic Hirose), Noelle Simmons, Ramona Davies, Sandy Mori, Traci Dobronravova, Valorie Villela , Victoria Tedder
- Absent:** Akiko Takeshita, Anne Hinton, Anne Quaintance, Bill Hirsh, Carla Johnson, Moli Steinert, Patricia Webb, Steve Fields, Tom Ryan, Twima Earley
- Guests:** Chip Supanich, Raenika Butler, Ria Mercado, Ruth Gay, Martha Peterson, Rose Johns, Noah Lopez, Laura Liesem, Dustin Harper
- DAAS:** Shireen McSpadden, Melissa McGee, Rick Appleby, Carrie Wong, Fanny Lapitan
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WELCOME & INTRODUCTIONS

ROLL CALL – ATTENDANCE

ACTION

MOTION: That the LTCCC meeting minutes of November 13, 2014 be approved.

Vote: All in favor, with no changes.

PRESENTATION AND ACTION -- LTCCC Agenda Planning (continued from previous meeting.)

Cindy reviewed the conversation on agenda planning that occurred at the November meeting, and reminded the group that we are trying to set up policy agenda for the upcoming year. Cindy reviewed the questions asked of the council members.

Sense that the workgroups have had success in putting forth policy issues.

The MSO is looking at bringing services together.

The LTCI project identifies outcome measures. Group is coming together in early February. It seems currently there is a lot of discussion but not a lot of action with the LTCI objectives.

Cindy explained that would like to see an increase participation in steering committee and have a representative from each workgroup. Would like to have the chair but if not possible, having a representative is important; need each workgroup represented.

Benson would like the Council to revisit the behavioral health group.

Margy presented that the Council has the various committees, but not sure of the outcome and / or impact; asking what is the impact implementation of that work is having. It is critical to evaluate.

Eileen suggests regularizing when updates occur; for example the state and city budgets and knowing when are our opportunities? What is the timing? Council can work around this and the

issues we want to weigh in on. She suggests getting a timeline for introduction of bills; look at a specific group to direct us. Get a synopsis and get those on the calendar.

Jacy would like to see a discussion about minimum wage ordinance and get a policy recommendation to the mayor.

Benson talked about the Council report out function to mayor's office, so we have a public side and have not only input but output. Provide information and create more public awareness about long term care in the city.

Ken suggests taking the speaker's bureau to the next step.

Cathy Davis suggests exploring a way to have direct impact on what mayor is thinking; make sure he knows all CBO's on aging are getting together. Does he see us as an asset to him? She suggests asking for a meeting specifically to re-educate him on this group. Then keep meetings ongoing.

We need to focus on our policy issues. Housing is number one problem.

Marie talked about a public event for the 10-year anniversary of the LTCCC. Use this opportunity to raise our visibility. Need to be at a higher level.

"Party with a Purpose" committee formed, with volunteers Marie Jobling, Cathy Spensley, Cathy Davis, and Jacy Cohen. Group will also include Rick Crane as a constituent event is part of the SCAN grant.

Margy talked about the mayor having no policy agenda on how he will serve vulnerable populations in SF; therefore we need to bring ours to him. How is he going to engage us?

Cathy Davie suggests the theme of the party is age friendly SF. Have the mayor here to publicly acknowledge us. Perhaps have a symposium and he has to attend

Amie talked about first responder training and how to deal with people with disabilities. Provide education to first responders. Jacy has done training for first responders in the past and will revisit. Provided education on when met w person with a disability, what to do. She will make connection with the police.

Ramona suggests that beyond what mayor needs to know, there are issues that require federal attention. What and to whom does the mayor want us to do? Beyond SF, the mayor needs to commit to take issues from group and move forward.

Cindy suggests the group keep a focus on outcomes; what do we want to get out of it?

Abbie talked about the community health assessment, and suggests the Council working to develop partnership. She is responsible for administering the web page through the hospital council, and perhaps there is a way to link the LTCCC web page there and house LTCCC information on the website.

Ken suggests looking at how some workgroups overlap and can collaborate with each other; i.e., Dementia with HIV and Aging.

Noelle talked about looking at what is policy angle and how do policies cross with other workgroups.

Sandy wants to identify who in the mayor's office is the person with whom to have ongoing dialogue. The LTCCC needs to have communication with somebody in the mayor's office. Have to be strategic about this. Mayor needs some substantive issues to deal with. Need to increase awareness issues for older adults. *Persons identified are Lani Kent and Kate Howard.*

Traci informed that the sign-up sheet for Board of Supervisor visits is not getting much response. Part is to educate them on who we are. Go to them on a regular basis. (Sign-up sheet sent around to group.)

Marie suggests that something specific to ask for would be good for BOS meetings. Wants a specific ask for CLF increases.

Valorie discussed that there is a platform with CASE. There is confusion whether the BOS visits are policy specific and about asks also.

Marie informs that historically council would get budgets and figure out gaps. CLF started here so good ask. Suggests asking BOS – what do you want us to do? Look for a supervisor to adopt one an issue and focus on that.

Ramona suggests that CLF is a piece to age friendly SF.

LTCCC would benefit from having a presentation from CASE. Good to integrate so we don't have silos. Good to know what different coalitions are doing. Have to have broad view.

As we look at policies, ongoing policy issues, work with workgroups to identify specific policy issues to get their feedback so that work is targeted.

PRESENTATION -- Diversion and Community Integration Program; presented by:
Ria Mercado, DAAS, Mivic Hirose, DPH / Laguna Honda, and Laura Liesem, CLF / IOA

DCIP began 5 years with settlement of a court order. Upon implementation of the program, the group met twice a month, serving an average of 10-12 clients.

The DAAS Quality Assurance program tracks DCIP clients for 2 years. Areas included in tracking are client satisfaction, outcomes, and client ability to remain in the community.

In 2014, the program was placed on hold. DPH had concerned over issues regarding HIPAA protections. The group does continue to meet live but there are no electronic communications or sharing of client data to all members.

Laura presented on an overview of impacts of DCIP being on hold to CLF program.

She discussed concerns with care coordination. When clients are discharged with no services, CLF is scrambling. DCIP could put discharges on hold until services in place but CLF cannot do that. DCIP members had the benefit of expedited services; i.e., IHSS.

The electronic database aspect of the plan made information available to all involved in discharge and client care. All involved could see notes and had access. This is not currently available.

DCIP provided for a collaborative discharge process. Those involved with the client could get history and have all needed professionals involved.

Post-discharge support looked at plans and housing. Clients could be brought back to the forum if discharge started to waver.

The LTCI has been stalled by data sharing issue. No one in city has capacity to talk to each other electronically; therefore it is a larger city issue than just DCIP.

There was an electronic security breach that happened elsewhere in So Cal, which affected comfort of sharing information here. The Controller's office has convened a stakeholder group to look at this issue, with the goal of pushing this forward with next steps. The group was reminded that DCIP resulted from a lawsuit, in which the electronic sharing of data was required. The conclusion of that settlement states that the city has met its obligations. This resulted in there no longer being a legal mechanism to electronically share data.

The security breach was a MediCal claims office in SoCal. The third party vendor and the city were liable. This caused alarm in SF, and data sharing was suspended until it could be looked into.

Encourage leaning on the city attorney's office to fix language in the business associate agreement so we can share again. City has to be able to talk to each other as a covered entity.

Why can't the client meetings be done without the electronic data now? Meetings are continuing, and to the extent folks can coordinate they are. The prior program arrangement was efficient and quick, and now back to where we were before.

Suggestion to go to department heads rather than city attorney. Encourage them to work it out and they will consult with the attorney.

Steering can decide and make decision to address department heads and city attorney. The steering committee will draft a letter to department heads at next steering committee meeting.

WORKGROUP UPDATES

Aging and Disability Friendly SF – Cathy Spensley

There was no December meeting. The group attended the White House Conference on Aging meeting instead. There will be regional meetings throughout the country, but not likely in SF. Cathy presented at IDEA design firm.

At the January 6 meeting, the group discussed strategy for moving forward. They are currently completing the baseline assessment for the World Health Organization. Group is looking at where they are and where they're going. The website is moving forward. At this point, it will be very basic and is being done pro bono.

The group has signed up with AARP, who is working with the WHO. Now that we are official members, there may be opportunities for funding.

Next meeting February 5, 3:30 – 5:00pm at DAAS.

Housing Workgroup – Jessica Lehman

The group is focused on 3 issues; affordable housing database, RAD and services, and shipyard housing development.

The shipyard housing development will be 10 - 12,000 units over next 10 years.

In lieu of the next committee meeting, there will be a tour of the shipyard housing site on January 23, 12:30 – 5:00pm.

We are still waiting to hear news from the mayor's office about the affordable housing database; which will allow consumers to see waiting lists and complete applications.

Nominations Committee – Marie Jobling

We have formally seated the 3 new members. Yay! Our newest Council members are Ramona Davies, Kelly Dearman, and Cathy Spensley.

The LTCCC currently has 3 openings plus a labor slot.

The committee reviewed attendance for 2014. We made calls to everyone we have missed more than 3 meetings and our hope is that all current members continue.

Nomination form has been sent out widely.

Dementia Care Oversight Committee – Ruth Gay

The dementia committee met in December. The group is looking addendum items to reflect current strategies. The group has identified 4 key workgroups; transportation, live alone state grant, urgent care and emergency care including hospitals and transitional care, and new developments around identifying and diagnosing earlier and providing supports to allow at home.

Next meeting is February 12, 10:30am – 12noon at DAAS.

HIV and Aging Workgroup – Ken Hornby

The group identified the biggest issue is housing, so all work from the group will involve how housing is also affected.

At the next meeting, the group will be doing mission statement for the group and discussing an needs assessment survey.

The group has a goal to become more diverse and wants everyone at the table.

Next meeting is January 12, 2:00 – 3:30pm at DAAS.

Palliative Care Committee – Cindy Kauffman

At the first meeting, the group went through the recommendations developed by the task force.

Workgroups were identified and a steering committee selected. Anne Hinton and Christine Ritchie will be co-chairs.

Next meeting is January 23, 1:00 – 3:00pm at DAAS.

ANNOUNCEMENTS

Jessica Lehman informed the group of the state budget rally on Friday in front of state building. The free MUNI program will be voted on at the SFMTA meeting on January 20.

NEXT MEETING: Thursday, February 12, 2015, 1:00 – 3:00pm
All meetings for 2015 at 1 S. Van Ness Avenue, 2nd floor, Atrium Conference Room

Summary, Regional Coalition Conference Call
Thursday, January 8, 2015 – 9:30 to 10:30 AM

9: 30 AM **Health Homes**

Note: background papers are available: DHCS concept paper; DHCS PowerPoint;

and, The SCAN Foundation comments on the concept paper. All were circulated the agenda for the conference call

Brian Hansen, DHCS; Richard Figueroa, The California Endowment

- What are health homes?
- How is state government promoting them?
- Do foundations have an interest?
- What are ways coalitions or their member organizations can be involved?

Richard Figueroa, TCE:

- See section 2703 of ACA – through Medicaid, states can invest in a health home option; this includes focus on whole person (payments allowed for things like clinical social workers and linking those with chronic conditions to supportive services).
- California is looking at health homes as an optional Medi-Cal benefit: the administration, responding to AB 361 (Mitchell), is putting together a plan to implement starting in January 2016.
- Federal government is providing a 9 to 1 match for at least first two years of the health home optional benefit.

Brian Hansen, DHCS

- Health homes are a new benefit to be paid for as a Medi-Cal service, with focus on “whole person.” See the DHCS health home concept paper for details.
- Slated to begin January 2016.
- Concept was originally developed with the California State Innovations Model (Cal SIM). However, California did not get a grant for Cal SIM.)
- This year: DHCS is identifying what each health plan provides in the area of care coordination and what needs to be added to achieve the healthy home concept.
- The focus is on those with chronic conditions: to improve their health and to save money.
- Health home services are to be overlaid on an individual’s current services; the idea is for them to receive new care coordination services and other non-clinical services within the network they are part of.
- At end of DHCS PowerPoint on health homes, is information for further contact: to be on the health home listserve, send a note to HHP@dhcs.ca.gov. That is also the email address to use to send comments on the concept paper or to ask questions or provide other comment. Brian advises that each coalition leaders and others be on the list: further opportunities for stakeholder involvement will occur all year

Richard Figueroa, TCE:

- TCE sees this funding as additional “glue” for providing those with chronic conditions (see list of conditions in the concept paper) with additional care coordination services.
- TCE will provide \$25 million for each of two years to provide the state’s match for first two years of activities.
- TCE hopes it will cover as broad a set of services as possible. Recognize links to supportive services to get at some of the community causes of ill health (Note: see TCE’s earlier project, *UnNatural Causes*, <http://www.unnaturalcauses.org/>)

Discussion:

- How are different elements weighed to determine eligibility? Answer: first would have to have one of the conditions identified; second, have acuity level in a “top level of risk.” Not determined yet how to measure that acuity. Goal is to identify those with potential for better outcomes.
- What kind of entity can be a health home: e.g., CBAS centers? Answer: Still developing this set of criteria for both providers and services to be delivered. The broad concept is that health plans would be the leads and they would identify a network of health homes
- How does the health home initiative align with 1115 waiver activities; they sound similar. Answer: health homes are being designed with an eye toward some of the 1115 waiver initiatives. E.g., housing. DHCS sees them as aligned.
- How can regional coalitions be involved? Answer: within your counties, look at the current concept paper and convey any strongly-felt comments. While DHCS believes in a standard for goals and services, the delivery system can be specific to a region.
- Is there be a rollout timeline? Yes, some counties will begin in Jan of 2016 and the rest of the state in July 2016. But this timeline is flexible.
- In the housing arena: could people form their own housing collective? Answer: there are interactions in this program with housing, but no answer yet to this question.
- How does the health home concept interact with ADRCs? Answer: this is not yet clear. Look at the delivery model as stated in the concept paper and send in comments if you believe there are links to ADRCs that should be built in.

Send all comments and questions to the health homes email: hhp@dhcs.ca.gov

Health Plan Advisory Boards

Brenda Premo, Harris Family Center for Disability and Health Policy

- There are 21 plans active in California; Brenda has worked with California Health Care Foundation, The SCAN Foundation, and the Department of

Managed Health Care as well as advocates, area agencies on aging (AAAs), and independent living centers (ILCs).

- Each health plan has a policy committee to advise plans on the unique needs of those with a disability under the ADA (including seniors).
- Some plans have separate disability and policy committees while some have a unified disability and a policy committee
- What regional coalitions can do: identify consumers who would be good committee members; determine which plan they are a member of; and, assist them to volunteer to be on a disability/policy committees.
- Plans need to get input – regional coalitions can talk about ways to identify and assist people who can serve on one of these committees.

Discussion:

- Do we have a list of contact people in health plans in non CCI county? Answer, there may be information on the DHCS website, or call the office of a plan's CEO and talk to the secretary or assistant there: these folks will know who, within a plan, are the contact person responsible for staffing the advisory group.
- Lisa Hayes (Molina): nominees do not have to be a dually-eligible consumers, but they would need to be someone who uses LTSS.

SCAN Foundation Update

- Kali Peterson reports that TSF is now using a new process for submitting quarterly reports. Project leads should participate in an orientation on January 13 at 10 a.m.
- The content of reports will be the same as in the past. Q4 reports are due on January 15.

Collaborative Update

- Budget overview and discussion Monday, January 12, 1 p.m.
- County by county look at the CCI, Friday, January 16, 9 a.m.
- Regional coalition members are welcome to dial in to these discussions; use the same call-in number and PIN as the monthly regional coalition calls
- By the February call, we will have a list of chairs and vice chairs of relevant legislative committees – with their county identified.

Notes:

The next calls, first Thursdays of the month, from 9:30 to 10:30:

- *February 5*
- *March 5*
- *April 2: no call, it's the day of the Community of Constituents conference*
- *May 7*

Agendas go out two days before each call. *Regional coalitions are welcome to include additional members on the calls, whenever topics are of interest.*

Call Participants:

Brian Hansen, DHCS

Richard Figueroa, The California Endowment

Brenda Premo, Harris Family Center for Disability and Health Policy

Alameda County: Wendy Peterson, Sheri Burns, and Tracy Murray

Orange County: Christine Chow

San Francisco: Melissa McGee

San Diego: Brenda Schmitthenner and Lisa Hayes

Bay Area Senior Health Policy: Katherine Kelly

Riverside: Renee Dar-Khan and Lisa Hayes

L.A.: Sherry Revord, Jason _____, Anwar Zoueihid, and Amber Cutler

Santa Clara: Marilou Cristina, Cara Sansonia, and Sonali Parnami

Yolo: Sheila Allen, Fran Smith, and Seth Brunner

Chico: Forest Harlan and Sarah May

Central Valley: Marlene Hubble, Donald Fischer and Terri Deits

Stanislaus: Dianna Olsen, Linda Lowe, and Erlinda Bourcier

Nevada County:

Monterey Bay: Olivia Quezada

Ventura County: Sue Tatangelo, Monique Nowlin, and Blair Craddock

San Mateo: Marilyn Baker-Venturini

Service and Advocacy:

Co. Co. Co.: Shirley Krohn and Ella James

TSF: Rene Seidel and Kali Peterson

GACI: Jack Hailey