

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, November 12, 2015

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

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

- Present:** Akiko Takeshita, Anne Hinton, Anne Quaintance, Benson Nadell, Bill Hirsh, Carla Johnson, Cindy Kauffman, Dan Kaplan, Jacy Cohen, Jennifer Walsh, Jessica Lehman, Kelly Dearman, Marie Jobling, Marlene Hunn, Mivic Hirose, Sandy Mori, Traci Dobronravova, Valorie Villela, Victoria Tedder
- Absent:** Abbie Yant, Amie Haltman-Carson, Anne Romero, Cathy Davis, Cathy Spensley, Eileen Kunz, Jonathan Cheng, Kelly Hiramoto, Ken Hornby, Margaret Baran, Moli Steinert, Ramona Davies, Tom Ryan, Twima Earley
- Guests:** Rose Johns, Martha Peterson, Jeremy Wallenberg, Noah Lopez, Samantha Hogg, Jason Adamek, Dana Leavitt, Rachel Fontenot, Vince Crosostomo
- DAAS:** Shireen McSpadden, Linda Edelstein, Melissa McGee, Rick Appleby
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WELCOME & INTRODUCTIONS

ROLL CALL – ATTENDANCE

ACTION –

MOTION: That the LTCCC meeting minutes of September 10, 2015 be approved.

Vote: All in favor, with no changes.

ANNOUNCEMENTS –

Carla Johnson thanked the organizing committee for the “Party with a Purpose” SCAN constituent event on October 23. She was impressed with the level of participation and quality of workshops. Carla sees this event as a call to action to integrate people with disabilities in these events; not as an addition but as an integral part of the group. She suggests that speakers talk about what is on the slide presentation so all can participate. If needed, presenters need to describe slides.

Cindy Kauffman informed the group that the steering committee met with Kate Howard at the Mayor’s office. At that meeting, they discussed the retirement of Anne Hinton, and that the LTCCC would like to make recommendations as to what we want to see in the new Director. Based on discussion at last month’s meeting, Cindy distributed a draft list of qualifications from the Council. (Document attached.) This document will be sent to Steve Kava, Mayor Lee, and Trent Rohrer.

Anne Hinton shared with the group her thanks for all the work done by the Council, and states she has been fortunate to work with everyone.

ANNOUNCEMENT – SCAN Collaborative Update –

Anne Hinton provided an update to the group on the SCAN collaborative meeting held in Sacramento recently. Part of our SCAN grant is \$10,000 specifically for mentoring 3 other counties in development of long term care integration plan. Bill Haskell and Anne have worked with Ventura, Stanislaus, and Yolo counties over the past 18 months. The 3 counties have completed their draft LTCI plans. Anne pointed out that none are CCI counties, including San Francisco. Their final plans are due in December to the SCAN Foundation.

Now SCAN is evaluating new grant proposals that will begin in the new year. We have completed a grant application to continue our work.

Anne expresses that the Council should be proud of our work. Because of our LTCI plan, SCAN will now use funding to implement integration programs.

The SCAN Foundation goal is to have a statewide network of disability and aging collaborations.

WORKGROUP UPDATES –

Cindy Kauffman asked that in the interest of time and the presentations today that workgroup chairs send any updates to Melissa to be included with the minutes.

Palliative care –

Anne Hinton informed the group that the Moore Foundation has given 45K specifically for the Palliative Care workgroup to implement their goals. The group has recently developed a small workgroup working on an algorithm for talking with others, especially media and the press, about palliative care and what it is.

Nominations –

Marie Jobling informed the group that we are trying to move appointments through the process.

Housing –

Jessica Lehman informed that the affordable housing data portal is still being developed and that the housing bond recently passed. The housing group intends to follow-up on how that money is being spent. They want to advocate and ensure that the current shipyard housing development provides the housing that is needed.

PRESENTATION –Constituent Event of October 23 –

Marie Jobling presented a slide show from the “Party with a Purpose” event on October 23. The brochure outlining the event is attached.

PRESENTATION – Transitional Care Program –

Dana Leavitt and Jason Adamek from the DAAS Integrated Intake Unit provided information on the Transitional Care Program.

Dana passed around the new brochure for the new IHSS Care Transitions Program. (Attached)

Dana provided some history of the program, which started in San Francisco in 2002 as collaboration with the SF Senior Center and St. Francis Hospital. It was a part-time, donation and grants-funded program. There was no eligibility criteria, just need based.

In 2008, the SF senior center, along with 7 or 8 other community-based organizations used a little money to expand the program to provide transitional care. The model is designed to be short-term lasting between 4-6 weeks. The program was very successful so the group started looking toward more sustainable models. The group had developed a data collection system, forms, and systems.

In 2001, DAAS became involved with the CBO’s and hospitals in development of a strategic plan. This model was similar to the Coleman model of coaching, developed by Eric Coleman for care transitions. The Coleman model is a social program, which includes coaching for medication management, MD appointment follow-up, and assistance in following discharge instructions.

The Care Transitions Program steering committee applied for a CMS grant. This grant proposal used a coaching model and care coordination as a hybrid model. This program was created and was accepted by CMS as a demonstration project in October 2012. The program started in December 2012. This iteration of the program only served Medicare A fee-for-service patients.

CMS wanted the program to serve 422 individuals in a month through this collaboration with the CBO's. All referrals were funneled through the SF senior center / NCPHS as the lead agency.

The program did not get as many referrals as needed by CMS standard. This issue was pervasive through all the groups and demonstration models throughout the country.

In March 2014, the DAAS integrated unit became the front face of the process. The referrals came through the DAAS integrated intake, and were then assigned to various CBO's.

In May 2015, CMS cancelled the demonstration project in San Francisco and several other locations around the country.

The program developed in SF is an intervention model, with the goal of meeting the client where they are. The optimal process is to meet the client in the hospital, and help prepare them for the discharge home. It is a model of empowerment for the client. As this is a social model, social workers are the specialists working with the clients.

Once the client is home, then a home visit is done. Focus areas of intervention include medication self-management, follow-up with MD appointments, and any "red flags" that may come up affecting ability to avoid hospital readmission. Care coordination is part of the program, ensuring needed services such as home care, nutrition, and transportation are arranged.

The service package includes 14 days of home-delivered meals, 6 hours of home care, and 2 round-trip taxi vouchers for the first post-discharge MD appointment.

A question was asked about why the referrals were not there. Dana explained that this was a national issue. For this demonstration project, the patient had to have Medicare Part A fee-for-service – no managed Medicare / managed care and no MediCal. This was a hard shift for the program as previously most clients were MediCal. Also, the client had to embrace a coaching model. Then the referral had to turn into an enrollment. Many would refuse service when home visit scheduled. The home visit is crux of service. The program was averaging 500-600 referrals each month, but falling out with enrollments.

Jason talked about when the CMS contract ended, they had to decide what to do with the care transitions program. They realized they had to continue to serve this population. The program was receiving 400 - 500 referrals each month from the acute hospitals. In the new version of the program, the staff can spend less time finding referrals and more time doing the intervention. The program serves those individuals in the hospital who are eligible for or applying for IHSS. They are currently seeing about 75-80 people a month, and have served 320 people from July to now. Clients from every acute hospital are being referred and served. They are currently not many from skilled nursing centers because the referrals are coming through IHSS.

The service package is the same as previous programs, plus 24 hours of in-home care.

The intake unit works very closely with IHSS, so there is no gap in service.

The goal is to expand to serve existing IHSS clients.

The response after referral is within 1-2 days. With the new program, about 30-40% of cases start in home rather than the hospital because the person has already been discharged once referral is received. It is important to note that 60-70% of time the worker meets the client in the hospital.

The hope to expand capacity in future, with increased care coordination.

PRESENTATION – Legislative Update –

(The legislative update is attached.)

Rick Appleby reviewed the current important legislation.

Need to hear from Rick between mtgs.? – This update will be included as a regular agenda item during this legislative / billing / budget cycle.

DISCUSSION – Board of Supervisor visits –

Cindy states that the steering committee wants to start the discussion now. Council members should start thinking about BOS asks and topics.

Benson – w/ term outs, need to focus on the new people.

Jessica states that with the more progressive members of the board and money in the city, this may be the opportunity to get items we want.

Bill Hirsh states that we need to be a coalition around budget justice efforts, and at a minimum, we should have consensus on what the priorities are so we are all saying the same things. He states that the sooner we are clear about our priorities, the better. This is a rare opportunity that we are not fighting cuts, so focus on expanding capacity for unmet needs.

Cindy suggests we devote a full council session to this discussion.

All members are encouraged to e-mail Melissa your suggestions and focus items.

ADJOURNED at 3:00pm.

**NEXT MEETING: Thursday, December 10, 2015, 1:00 – 3:00pm
1 S. Van Ness Avenue, 2nd floor, Atrium Conference Room**

**Regional Coalition Conference Call Summary
Thursday, November 5, 2015 – 9:30 to 10:30 AM**

9: 30 AM Scott Graves, California Budget and Policy Center

Resources: Here are links to three Budget and Policy Center presentations:

The first links to an information graphic on the budget process

The second is a recent piece Scott did on the MCO tax.

The third is a recent budget overview presentation

http://ccfortltsconference.homestead.com/CCoC_Fall2015/Navigating_the_State_Budget_Process.pdf

<http://calbudgetcenter.org/blog/qa-the-special-legislative-session-on-funding-for-health-and-human-services/>

<http://calbudgetcenter.org/wp-content/uploads/2015-10-12-DD-Presentation-SCREEN.pdf>

Five key takeaways about the state budget process;

- State budget not just about dollars and sense: advocacy can focus on values and vision – what kind of California do we want to live in. So, start with “Why” – start with values and priorities
- The process is cyclical not linear – see the graphic from Scott (link above). Advocates need to be thinking about how to engage the budget at any point in the year.
- Governor has the lead role – he has the most power. He proposes a budget each year (released on January 10); then the revised budget released on May; then in June, the governor has line-item veto authority (delete or reduce any spending item).
- Legislature’s role is primarily to review and revise. Budget subcommittees hold many hearings in the spring: approve, modify, reject the governor’s proposal. During the process, most of the attention goes to the modifications and rejections.
- Public input does matter: e.g., this time of year, legislative leaders are thinking about their budget priorities; the governor is making final decisions, too, for his budget proposal. Also spend this time getting to know the budget subcommittee staff – once the budget proposal is released, their time is limited. This is also a good time to figure out who is who within the governor’s office and administration. (So, the late summer and fall are good times to try to convince people within the administration to adopt your proposal.) All year is the time to build coalitions.

One highlighted issue: the MCO tax. Current tax expires this coming summer. This tax on managed care organizations with Medi-Cal managed care plans brings in an additional \$1 billion for Medi-Cal and reduces General Fund expenditure by the same amount. We face a \$1 billion shortfall in 2016-17. Governor in January may assume that the tax will continue; or, he may assume that it won’t be there, so he’ll propose a budget with \$1 billion less in federal funds.

Replacing the current tax could be solved through the special session or may need to be solved through the budget process.

Question: do we guess that the governor will go with the pessimistic scenario?
Scott's response: he thinks it's more likely that the governor will propose cuts.

Question: what should organizations do in the next six weeks to push an MCO agreement? Scott's response: the discussions are at the level of governor's office, legislative leaders, and health plans. If you are in districts with Republican legislators, you can go into their office and talk to them: needs some Republican support to pass.

Comment: would like to interact further. Scott's email is sgraves@calbudgetcenter.org

Summit and Conference Review

Highlights and actions under way as a result of the Summit and Community of Constituents conference

Sheila Allen: think of your work as a website: people just want information, not necessarily how you got all the information.

Erlinda Bourcier: shared the materials with their coalition. Then asked what people thought of Darrell Steinberg's remarks. Note: Darrell Steinberg wrote an op-ed piece for the Sacramento Bee with remarks similar to those he gave at the conference:

<http://www.sacbee.com/opinion/op-ed/soapbox/article36452658.html>

Marilou Christina: thoughtful; great presentations. Importance of advocacy. Didn't hear much about future of CCI and Cal MediConnect. Any comments?

Debbie Toth and Amber Cutler: some advocates are supporting continuation of the CCI to keep from disrupting what's now in place. There is also fear of the impact on services if the MCO tax is not renewed.

Fran Smith: an "ah-ha" moment at the dinner: we have established a community.

Debbie Toth and Cindy Kaufman: high impact of the presentations on long term care financing at Summit and conference. Hopes to continue the dialogue with Joann Handy and others.

Kali Peterson: has notes from the early morning planning/brainstorming session (8 a.m. at the Community of Constituents conference): she will turn those notes into a Survey Monkey. This will be an opportunity for all to identify priorities for February one-day regional meetings, such as long term care financing.

Collaborative should invite Anne Tumlinson to present on long term care financing options after the release on November 17 of her data. Interested regional coalition members may want to participate as well as join the workgroup that Suzanne Reed and others at the Legislature will be putting together with the Collaborative.

Greg Underwood: Invite primary care providers to future conferences: that profession seems under enormous pressure.

Forest Harlan: two themes came up last week multiple times that we hadn't heard much about in past years: homelessness and social determinants of health.

Project Highlights:

San Mateo New Beginning Coalition

Cristina Ugaitafa and Marilyn Baker-Venturini: they have spent some time this year revamping the way they conduct business. This past year they have asked various experts from neighboring coalitions to speak. This year was also the year for a needs assessment and for recruitment of new members. A highlight was a discussion led by Faye Gordon of Justice in Aging. 2015-16 priorities were set in July: housing and transportation are a priority. The community assessment is now under way: access to services, housing, and transportation rise to the top. In January: adopt goals for next two years.

In December: Ventura County Evidence Based Health Promotion Coalition, Service and Advocacy Coalition, and San Diego's LTC Integration Project

SCAN Foundation Update

November 30 is last date for budget revisions to current grants.

Dec. 2 is TSF board meeting to consider next year's grants.

10:30 **Adjourn**

Notes:

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

- *December 3, guest will be Professor Karen Davis, Johns Hopkins University*
- *January 7, 9:30 a.m.*
- *February 4, 9:30 a.m. – calls on the first Thursday of each month*

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

Participants:

Guest: Scott Graves, California Budget and Policy Center

Alameda County: Wendy Peterson

Orange County: Mallory Vega

San Francisco: Melissa McGee and Cindy Kauffman

San Diego: Louis Frick

Bay Area Senior Health Policy: Katherine Kelly

Riverside: Renee Dar-Khan, Greg Underwood, Mary Rios, and Martha Durbin

L.A.: Amber Cutler, Brandi Orton, and Jason Moore

Santa Clara: Cara Sansonia and Marilou Cristina

Yolo: Sheila Allen, Pam Miller, Fran Smith

Chico: Sarah May and Forest Harlan

Central Valley: Marlene Hubbell

Stanislaus: Erlinda Bourcier and Linda Lowe

Nevada County: Pam Miller and Ana Acton

Monterey Bay: Patty Talbot

Ventura County: Blair Craddock, Sue Tatangelo, and Jamie Anderson

San Mateo: Cristina Ugaitafa, Deborah Owdom, and Marilyn Baker-Venturini

Service and Advocacy: Jennifer Griffin

Co. Co. Co.: Debbie Toth, Gerald Richards

Santa Barbara: Yolanda Perez

TSF: Kali Peterson and Rene Seidel

GACI: Jack Hailey