

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, December 10, 2015

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

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

- Present:** Abbie Yant, Akiko Takeshita, Amie Haltman-Carson, Shireen McSpadden for Anne Hinton, Anne Quaintance, Anne Romero, Benson Nadell, Bill Hirsh, Carla Johnson, Cathy Spensley, Cindy Kauffman, Dan Kaplan, Jacy Cohen, Jennifer Walsh, Jessica Lehman, Kelly Dearman, Margaret Baran, Marie Jobling, Marlene Hunn, Debbie Tam for Mivic Hirose, Ramona Davies, Sandy Mori, Traci Dobronravova, Valorie Villela, Victoria Tedder
- Absent:** Cathy Davis, Eileen Kunz, Jonathan Cheng, Kelly Hiramoto, Ken Hornby, Moli Steinert, Tom Ryan, Twima Earley, Valorie Villela
- Guests:** Bernadette Navarro-Simeon, Chip Supanich, Jeremy Wallenberg, Rachel Fontenot, Vince Crosostomo, Marlon Woodward, Daniel Hennesy, Jesus Guillen, Ray Miller, Hanna Tessera, Tom Nolan, Seth Heninelgar, Mick Robinson, Brian Barassa, Daniel Litti, Michael Stokes, Hugo Ramirez, Bruce Ito, Joanna Fraguli, Kevin Robertson, Raquel Redondiez, Michael Rouppe, Tez Anderson, Loren Meissner
- DAAS:** Melissa McGee
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WELCOME & INTRODUCTIONS

ROLL CALL – ATTENDANCE

ACTION –

MOTION: That the LTCCC meeting minutes of November 12, 2015 be approved.

Vote: All in favor, with no changes.

ANNOUNCEMENTS –

Sandy Mori introduced Raquel Redondiez from Supervisor Mar's office.

WORKGROUP UPDATES –

In the interest of time for items on the agenda, please send any workgroup updates to Melissa by Monday, December 14 to be included with the meeting minutes.

PRESENTATION / ACTION – HIV and Aging Policy Recommendations –

PowerPoint presentation is attached to these minutes.

It was suggested that this presentation also be given to DPH, as so much in the HIV and Aging arena pertains to healthcare.

There was a comment that the HIV and Aging group wants DAAS to increase support of care navigation and linkages to services through the contracting process.

It was asked whether we need new programs or need to expand capacity of the existing structure. Resources are limited, and there is restriction to access to services, such as waiting lists. The presenters are open to new services or expansion of current providers.

We need the needs assessment, so the workgroup is asking for support for ROAH 2.0 and for the UCSF needs assessment. The needs assessment is a tool to advocate for resources.

A question was asked whether DAAS has the funds available now to start the needs assessment. Shireen explained that the Department is now figuring out what funds are available. Shireen and Dan will evaluate the request for consideration.

Action item – Vince asked for a vote from the Council to support the recommendations presented. Sandy made a motion, seconded by Marie, to support the recommendations. The vote was called and the Council was unanimously in favor of support.

DISCUSSION / ACTION – Budget and Policy Strategy –

Topics for budget and policy strategy sessions were presented. The activity involved members and guest self-selecting a small discussion group. The small groups were instructed to look at the topic, discuss, and develop recommendation(s) to bring back to the larger group. These recommendations will then be more fully vetted at the next meeting.

The small group topics were: Housing, Mental Health, HIV, Dignity Fund, and Homecare. There was discussion in small groups for 30 minutes, and then each group brought recommendations for consideration moving forward.

Recommendations put forward from small group discussions –

Housing –

The overall goal is to prevent homelessness through tenant outreach, stopping evictions, and providing housing subsidies.

Specific recommendations include:

Reduce homelessness by providing operating subsidies;

Provide modifications to homes so people can stay in current housing;

Provide housing navigators to help residents navigate the affordable housing process;

Provide input to the Mayor’s Homeless Department;

Explore and acquire funds through Medicaid waiver programs to complete capital improvements;

Strengthen supportive housing services to enable residents to age in place;

Provide input to the city’s RFP process for new development;

Expand the shared housing program pilot;

Access the housing trust fund for small site acquisitions to counter neighborhood displacement.

Mental health and substance use –

The primary recommendation is to reconstitute the behavioral health committee of the LTCCC.

Included on the committee should be higher level folks who can affect policy and implement change to processes as determined. The goal of the group would be to develop recommendations on how to cross silos and bring people in where gaps exist. Data-sharing between departments is crucial in this effort.

The group also recommends this committee look at the 5150 / 5250 processes for policy recommendations.

Dignity fund efforts –

This group recommends a presentation and discussion to the full LTCCC in February with an action item of a vote by the Council to support the efforts.

The group recommends that the coalition determine services they want to see funded when the measure is approved.

HIV –

The group recommends that older people with HIV be designated as a population with greater social need (Office on the Aging, 2012), with a spotlight on the psychosocial needs associated.

The group recommends support for funding for ROAH 2.0 study, in the amount of \$250,000.

The group recommends support for funding for mental health and psychosocial services specific to HIV and aging, in the amount of \$250,000.

Homecare –

The group recommendations include:

Developing the work force of homecare workers during this time of shortage of these workers, and teasing that out and if there are city funds available for this effort;

Develop and provide an educational strategy around homecare to help consumers at points of intersection with healthcare;

Focus on any prevention efforts to keep people out of institutions;

Provide consumer subsidies in the form of a share-of-cost pilot program, such as help to pay SOC so the individual can access MediCal. The group recommends developing a new pilot for people above MediCal eligibility limits, but do not have funds to pay for homecare.

These recommendations will be discussed and further developed at the January LTCCC meeting.

ADJOURNED at 3:00pm.

NEXT MEETING: Thursday, January 14, 2016, 1:00 – 3:00pm
NOTE LOCATION CHANGE --
1650 Mission Street, 4th floor, Planning Department Conference Room

Regional Coalition Conference Call
Thursday, December 3, 2015 – 9:30 to 10:30 AM

9: 30 AM

Improving Medicare Benefits for Beneficiaries with Complex Care Needs, Professor Karen Davis, Johns Hopkins University

PowerPoint presentation was attached to the email with the agenda

For a profile of Professor Davis, use this link:

<https://www.nasi.org/about/spotlight/karen-davis-0>

Here is the link to the issue brief by Marilyn Moon, Karen Davis, et al.

<http://www.commonwealthfund.org/publications/issue-briefs/2015/jul/serving-older-adults-complex-care-medicare?omnicid=CFC839501&mid=thomas@asahp.org>

Professor Davis: Interested in Community First Choice program and may be involved in a Maryland evaluation.

Turning to the paper on Medicare and persons with complex care needs:

- We are in need of a Medicare redesign – in order to meet people’s long term care needs.
- Fewer than one-third of Medicare beneficiaries are dually eligible for Medicaid.
- We need to redesign Medicare to support family caregivers and home and community based services.
- We are calling for a demonstration for those with complex care needs.
- Use of Health and Retirement Study is constrained but does give some useful data.
- 62 percent of those with complex needs are poor
- Particularly concerned with those spending 38.6 percent of income on out of pocket medical/social services: it’s the group of people who are below 200 percent of poverty
- About half of the expenses for this population are for long term care (as opposed to basic health care, dental care, and drugs)
- Those with complex care needs have more than twice the expenses of those without complex care needs
- The nation needs a long term care benefit – needs a share of cost
- See slides 11, 12, and 13 for recommendations
- Johns Hopkins University has a model it’s examining a home-care program for those with dementia
- How to design this model? We’re designing a complex care organization and would like to test it in demonstration

Discussion:

Brenda Schmitthenner: wants to be part of any work on this. For several years, San Diego has provided services to 40,000 people – and yet this program may end soon. Are you aware of any CMS conversations to continue such programs.

Prof Davis: It will probably will take new legislation to do this – there is potential for offsetting savings, but expanding home and community based services (HCBS) will be a net cost. It will make families’ situations better, but won’t save money. CMS won’t do this without legislative direction.

Brenda Schmitthenner: there is a grass roots effort to get federal legislation to direct CMS to work with home and community based service groups.

Debbie Case: Personal experience with parents in the mid-range of income. They don’t want to move out of their house, and the cost of many services is out of pocket.

Prof Davis: the problem is great for those above poverty. There needs to be a broader solution than Medicaid – which doesn’t reach 2/3rds of the population with complex care needs.

Debbie Case: what can we do to help?

Prof. Davis: This is an issue that hits all kinds of families of all political persuasions, so we believe it will have a sympathetic response in Congress. Would like to push for a major commitment to a demonstration.

In the Community First Choice experience in Maryland, we haven’t found an explosion of cost even though it provides payment for family members to care for a client. We need to answer the question of how much this approach will cost?

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Reflections on San Bernardino/Inland Regional Center

Renee Dar-Khan, Paul Van Doran, and Ben Jauregui spoke about knowing colleagues and family members who work for Inland Regional Center and for the San Bernardino County Department of Public Health. The hall where the shootings yesterday took place is the venue for frequent meetings of coalitions and other community groups. Everyone has personal experience there.

Project Highlights:

Ventura County Evidence Based Health Promotion Coalition (Sue Tatangelo reporting)

- Coalition came together to promote evidence-based services
- Sustainability has been the challenge. This past year, the coalition has sought and received special funding.
- Various funding sources have enabled training of facilitators. Check with Sue for more information about various funding opportunities.

Service and Advocacy Coalition (San Luis Obispo, Ventura, Santa Barbara)

Jenn Griffin reporting:

- Lots of changes within the coalition, with renewed focus on long term services and supports. Established an ADRC in Ventura – became the focus.
- Moving their office has also helped.
- Working with Sue Tatangelo’s coalition as well. Also working with Santa Barbara’s Adult and Aging Network – which has 30 partners.

San Diego LTC Integration Project (Brenda Schmitthenner, reporting):

- Started in 1999 with 50 stakeholders.
- Extensive focus on CCI – using a matrix to track activities and outcomes
- The Website is also beefed up with a web page on the CCI;
- Created a toolkit on the CCI
- Using tele-town halls to reach consumers
- Expanding ADRC from providing information and referral; now using 90 vendor contracts to reach out to improve access to HCBS – using Older Americans/Californians Act
- Question: Is San Diego documenting this journey, now 16 years in.
- Reply: somewhat via Internet – but not enough staff time to do a real history

SCAN Foundation Update

- Kali Peterson thanks everyone at the end of the two-year grant cycle.
- The TSF board of directors agrees, having approved another two-year grant cycle for the Community of Constituents.
- In 2016, we will continue the First Thursday conference call at 9:30, starting January 7. Please mark your calendars now.
- Revising the reporting requirements: they have been downsized to focus on scope of work and budget. There may be different reporting structures next year as well. Thank you for the feedback and recommendations on changes.
- The regional coalitions are a cornerstone of TSF’s work
- Planning committees for the various conferences will begin discussions soon

The California Collaborative

Discussion tomorrow (Friday) on new materials for the CCI from DHCS/Harbage

Consulting: a tool kit for beneficiaries; comments due Dec. 11. (9:45 a.m.)

Also, on Dec. 11, a look at the CCI as well as at a national family caregiver project.

All are welcome to listen in to either discussion

Same call in number and PIN for these discussions as for the monthly regional coalition call: 866-215-3402 PIN: 896-217-9013

Notes:

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

- *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: Professor Karen Davis, Johns Hopkins University

Alameda County: Karen Grimsich, Tracy Murray

Orange County: Alejandra Rodriguez

San Francisco: Melissa McGee

San Diego: Brenda Schmitthenner and Louis Frick

Bay Area Senior Health Policy:

Riverside: Renee Dar-Khan, Martha Durbin, Paul Van Doren, Ben Jauregui

L.A.: Brandi Orton and Anwar Zoueihid, Vivian _____

Santa Clara: Mary Gloner.

Yolo: Pam Miller, Sheila Allen, and 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: Sam Trevino

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

San Mateo: Deborah Owdom, and Marilyn Baker-Venturini

Service and Advocacy: Jennifer Griffin, Barbara Finch, and Cheri Jasinski

Co. Co. Co.: Debbie Toth, Gerald Richards, Ella Jones, and Shirley Krohn

TSF: Kali Peterson and Craig Terasawa

GACI: Jack Hailey