

LTCCC Finance & Policy Workgroup Meeting Notes

March 19, 2015

Present: Noelle Simmons, Cindy Kauffman, Eileen Kunz, Dan Kaplan, Martha Peterson, Rose Johns, Anne Quaintance, Catherine Omalev, Michael Wylie, Benson Nadell, Kelly Hiramoto, Margy Baran
Via phone: Mivic Hirose
DAAS: Melissa McGee

Controller's Study Update

Mid-income group / focus groups – list of sites.

Facilitator – no suggestions / will use controller's list to see who may be appropriate.

Focus group sites – will ask the organization if they have the consumer base that fall into that definition.

Income level – lower income level just about MediCal, don't know upper yet. Trying to stratify group, but see it as lower end of middle class. Want to come back next meeting with stratification of income. Trying to plug in recent numbers where they can find it. Using the elderly security index as a tool to identify.

Suggestion to combine a few groups at one location. For example, the Village located at IOA, draws Village and IOA clients.

Suggestion to use denials from IHSS because income is too high or share of cost clients.

Ask locations of focus groups whether they have people who fall in these ranges and can they help identify the appropriate clients.

Question whether homebound individuals will be involved. Discussion of use of phone survey. Will talk with the vendor regarding cost of some add-on phone surveys.

Eileen will work on focus group questions. *Send to Eileen questions in rough form.*

Suggestion to draft a letter of invitation. Letter to ask the host site, then flyer / letter for focus group participants.

Volunteers agreed to call sites / individuals on the list of suggestions regarding their interest.

Policy Discussion

Noelle reviewed list from LTCCC. (LTCCC minutes section with identified policy areas attached)

*Note correction – Discussion on establishing a policy around home-delivered meals waitlist.

Suggestion to remove the minimum wage policy recommendation.

Much discussion about behavioral health and whether we have had behavioral health as a policy piece in long term supports and services. It is always a carve-out and gets lost. Want to bring it to the forefront, both acute and chronic issues. It has a big impact on the folks we serve.

Suggestion to explore the 1115 waiver. look at waiver and see if we can we develop a policy from that around behavioral health.

Comment that if behavioral health is looked at in various workgroups (as suggested in LTCCC discussion at last meeting), there is concern that it may just get lost again. Invisibility creates lack of access to services.

Is there an expert, maybe DPH, who can work with us / share what is happening today with behavioral services in SF?

There is a lot of community based work happening, so what are the next steps?

Suggestions include: someone from old behavioral workgroup taking it on and being the champion; determine how are issues being targeted; do we want to assess people more, and if so, then what? Suggest that in terms of services / follow-up, have a workgroup that can look at what to do after assessment and identification of needs.

Question whether this is that policy or services? Do we have a clear understanding of the cost? Behavioral health needs often get buried rather than integrated.

Suggest to raise this issue at the next LTCCC meeting and ask who wants to take it on and lead a workgroup that can give it a lot more attention and thought on moving forward. Look at 2 questions – availability of services/ effect of not having services on other services, understanding that all the services are inter-related. What are we doing to our cost structure by not providing these services?

Discussion on holding a behavioral health panel at LTCCC meeting. Identify who we are looking to serve, i.e., MediCal v. non-MediCal.

In general, older adults with behavioral health issues and how do we enhance behavioral services for the population.

Take to steering – recommendation that we set up a presentation from a panel of experts related to how we expand and enhance services in behavioral health tailored to older adults.
Suggestions for panel include Joe Robinson from DPH / Steve Fields from Progress / consumer / Richard Heasley, and have a presentation on the city's mental health plan and the shape of mental health advocacy. Perhaps a general presentation of plan and then reactions to the plan. Long Term Care Integration – the agenda of the LTCI should include identifying the policy issues to give to this committee for further action. Identify the action items; the LTCI group needs to be the driver of policy issues for integration. (This topic be tabled here and let LTCI meet and make some decisions.)

Suggestion that we need to educate ourselves on the 1115 waiver, either in workgroup or at LTCCC so that we can attach ourselves to something that is moving at the state level. How should we learn about this? Suggest having a speaker / webinar; have a speaker at this committee and then decide what is relevant to larger council.

Consider Colleen Chawla as a speaker on this topic. *Noelle will contact.*

Discussion on what is the city's perspective on how we will serve the vulnerable population as we move forward? Non-profit sector is starved. Capability to serve is curtailed. What is the agenda of the city and county of SF? Not successful and not dealing with increasing numbers.

Is it a budget issue or a policy issue? What is the commitment of the city and county?

How do we serve everyone? Definition of vulnerability is access to services and resources.

Hoping controller's study will give us some idea for the first time of who these people are.

Next Meeting: April 16, 3:30 – 5:00