

Long Term Care Coordinating Council (LTCCC)
Communications Plan for 2014-2015
(To Promote the Work of the LTCCC & its Policy Agenda for 2014-2015)

FINAL

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Long Term Care Coordinating Council (LTCCC)
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I. LTCCC Summary

In November 2004, then Mayor Gavin Newsom announced the appointment of the Long Term Care Coordinating Council (LTCCC) in San Francisco as an advisory body to provide policy guidance to the Mayor's Office.

The LTCCC is charged to: (1) advise, implement, and monitor community-based long term care planning; and (2) facilitate the improved coordination of home, community-based, and institutional services for older adults and adults with disabilities. It is the single body in San Francisco that evaluates issues related to improving community-based long term care and supportive services, and periodically provides related policy guidance to the Mayor's Office.

The LTCCC has 40 membership slots. Categories of membership have been created to ensure representation from a variety of consumers, advocates, and service providers (non-profit and public). The Mayor appoints people to fill 32 slots, which represent non-profit service provider organizations, and consumers and advocates. The additional 9 slots represent City and County departments including: Human Services, Aging and Adult Services, Public Health (two slots), Mayor's Office on Disability, Mayor's Office of Housing, San Francisco Housing Authority, and the Municipal Railway, plus one non-voting slot to enable representation of the Mayor's Office, which was added in October 2010.

Each year, the LTCCC establishes an LTCCC Policy Agenda, which is the basis for guiding the direction of the LTCCC and formulating monthly LTCCC meeting agendas. The LTCCC evaluates how service delivery systems interact to serve people, and recommends ways to improve service coordination and system interaction. Workgroups responsible for carrying out the activities identified in the annual LTCCC Policy Agenda provide periodic progress reports through presentations to the LTCCC.

II. LTCCC Mission and Vision

The mission of the LTCCC is guide the development of an integrated network of home, community-based and institutional long term services and support so they assure dignity, independence, and choice for the older adults (60+ years of age), adults with disabilities of all ages (18+ years of age), and informal caregivers who need assistance and require care or support.

The target population includes older adults and adults with disabilities of all income levels, including those who:

- have physical or mental disabilities
- have developmental disabilities
- have chronic illnesses including:
 - HIV/AIDS
 - Alzheimer's disease or another form of dementia
- are veterans

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- are younger adults with disabilities (18-24) aging out of systems focused on children
- are in acute care settings or nursing facilities and are willing and able to return to community living
- are aging in place in public housing

- are aging in place in their own homes and apartments
- are living in shelters
- are living in assisted living facilities
- are living in single room occupancy hotels
- are homeless
- are hidden seniors:
 - served in programs that do not identify them
 - not connected to any programs or services

The vision of the LTCCC is that long term services and supports (LTSS) will be provided through a well coordinated service delivery network that will enable older adults and adults with disabilities of all income levels to remain as independent as possible in their homes and communities in the most integrated settings. Services will be provided by a range of community-based service providers and public agencies that collaborate effectively as part of a proactive public-private partnership. The network will include home and community-based services and, for those who require it, institutional care. The services and delivery system will be monitored to evaluate the quality and the success of incremental improvements being made.

The network will be consumer-responsive and user-friendly, giving consumers and caregivers choices in the services they receive and opportunities to participate in oversight and accountability. Consumer direction is an option for consumers that will increase control, independence, and choice. No matter where people enter the network of services, they will get the information and services they need in a culturally and linguistically appropriate manner. Proactive outreach will be undertaken to those older adults and adults with disabilities who are isolated and alone, and often homebound.

At the heart of the LTCCC Policy Agenda are six broad goals, which will be achieved through the implementation of specific strategies and focused activities.

The goals of the LTCCC include:

- GOAL 1: Improve Quality of Life
- GOAL 2: Establish Better Coordination of Services
- GOAL 3: Increase Access to Services
- GOAL 4: Improve Service Quality
- GOAL 5: Secure Financial and Political Resources
- GOAL 6: Expand Service Capacity

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The values of the LTCCC emphasize:

- ❖ An independent living philosophy, which encompasses consumer choice and participation;
- ❖ An inherent respect for the people we serve and with whom we work; and
- ❖ A focus on high quality, culturally and linguistically appropriate services and support.

III. Benefits of LTCCC Membership

The LTCCC is forum for:

2. Collaborating with LTSS providers, consumers, advocates, and city departments to explore issues re LTSS services.
3. Enabling participation and involvement in the network of LTSS service providers.
4. Learning about issues related to:
 - a. The provision of LTSS across the city.
 - b. Budget and policy matters in the city.
 - c. Concerns raised about LTSS by consumers and advocates.
 - d. Policies and programs being implemented at both a state and a federal level.
5. Participating in workgroups that investigate issues in greater detail and make recommendations back to the LTCCC.
6. Influencing policy and city as well as state and federal legislation.
7. Having an impact on funding priorities.

IV. LTCCC Situational Analysis (SWOT)

Strengths	Weaknesses	Opportunities	Threats
LTCCC members appointed by Mayor or city departments.	One third of members do not attend meetings regularly.	Health Care Reform across the country.	Reduced federal and state funding for services
LTCCC provides policy guidance to the Mayor's Office	When only one third of members show up, visibility shrinks	Transition to Medi-Cal managed care for long term services and supports in California.	Population of older adults and adults of all ages with disabilities is growing. San Francisco is not prepared

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Regular meetings of service providers, consumers and advocates, and city departments, and the Mayor's Office	Not clear to community at large which workgroups are operating	People are listening to the LTCCC: <ul style="list-style-type: none"> • Mayor's Office • CASE • LTCI Design Group • SCAN Foundation 	
History of success in exploring issues re home and community-based services, and accomplishing systems improvements.	Web page is not easily accessible.	It would be helpful if all LTCCC documents, including all plans and strategies, are all available in one place – such as the SF GetCare website.	
Interest in the community about the work of the LTCCC.	Communications strategies have been minimal.	It would be helpful if there could be a link to the LTCCC web page from the Mayor's website.	
Have a Policy Agenda developed for 2013.	People could have better access to LTCCC materials via internet & technology	DAAS Integrated Intake Unit could be used as a resource to get feedback from consumers.	
Well organized meetings and materials	Need to improve networking with other groups re their work: <ul style="list-style-type: none"> • Housing groups • HIV & Aging 	DAAS client surveys provide an opportunity to get feedback from consumers.	
Continuing staff support to facilitate LTCCC meetings and workgroups	Acronyms need to be defined	The values of the LTCCC include having a diverse membership to represent the diverse racial, ethnic and cultural communities in San Francisco.	
City departments on LTCCC that have planning units, which can be helpful		The LTCCC has experts in nutrition, home care, HIV services, and many other services – when thinking about developing an ambassador program	

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		The LTCCC wants consumers to come to meetings to express their concerns about LTSS.	
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V. Communication Goals

1. Informing the Board of Supervisors and the Mayor’s Office about the work of the LTCCC.
2. Informing constituents – older adults and adults with disabilities – about the work of the LTCCC.
3. Communicating high priority strategies of the LTCCC based on the 2014-2015 LTCCC Policy Agenda. Some strategies are short term and others are longer term.
4. Increase visibility of LTCCC
5. Increase access to LTCCC for consumers

VI. Target Audiences

INTERNAL:

LTCCC Members

EXTERNAL:

Policy Makers and Government Officials:

- Mayor’s Office
- Board of Supervisors

City Departments:

- DAAS staff and commission
- DPH staff and commission
- DHS staff and commission
- Mayor’s Office on Disability
- San Francisco Housing Authority

Consumers:

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- Older Adults
- Adults with Disabilities

Advocacy groups:

- Coalition of Agencies Serving the Elderly
- Advisory Council on Aging
- Human Services Network
- Others

Service Providers

- Staff
- Board
- Leadership
- Donors and Supporters

Caregivers – with needs for long term services and support

Researchers

Students

The Press

Think Tanks/Policy Firms

Foundations

VII. Overarching Messages and Supporting Messages

Overarching Message:

Dignity, Independence, and Choice must be available for all older adults and adults with disabilities who need long term services and supports, who want to remain living at home and in the community.

Supporting Messages:

1. Community living is a viable alternative to nursing home placement.
2. The need for LTSS will dramatically grow in San Francisco.
3. Many caregivers (family members, partners, spouses) who provide care and support for older adults and adults with disabilities also need care and support.
4. Services should be caregiver and family-focused, partner-focused, and responsive to consumer needs, as well as culturally and linguistically appropriate.
5. Health promotion and risk prevention services, as well as care and support should be provided in the most appropriate, least restrictive setting, with the greatest level of independence that is consumer-directed and most cost beneficial.

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6. The quality of services needs to be ensured, taking into account consumer satisfaction and high service standards.
7. The quality of life for older adults and adults with disabilities, as well as efficiency and cost effectiveness, are important to consumers.
8. LTSS should be viewed as a collection of inter-related services (health, mental health, home and community-based care, caregiver services, housing, and transportation, etc) provided through a coordinated delivery system focused on the individual consumer.
9. LTSS need to be protected and promoted on behalf of the community.

VIII. Communication Strategies and Tactics

- To promote the 2014-2015 LTCCC Policy Agenda:
 - Meetings with individuals – like BOS members
 - Presentations to boards and commissions
 - Materials for presentations
 - Talking points for presentations
- To set up meetings with target audiences.
- To provide monthly LTCCC presentations to DAAS Commission.
- To support the implementation of other communications plans, such as the LTCI Communications Plan and those of other spin-off projects that will continue to occur.
- To form an LTCCC Outreach or Speaker's Program.
 - Trainings for LTCCC outreach volunteers
 - Training materials
- To survey LTCCC members annually re what they get and contribute.
- To hold an LTCCC Service Providers/Constituents Event annually in collaboration with DAAS. This would:
 - provide an opportunity to learn about what is being explored by the LTCCC.
 - provide an opportunity to celebrate accomplishments.
 - help to enable service providers to experience themselves as part of a network.
 - enable service providers to feel they are part of something larger than themselves.

IX. Evaluation

Meetings

- How many BOS met?
- How many Mayor's staff met?

Presentations

- How many presentations made?
- Where were presentations made?

Visibility and Outreach

- Was the visibility of the LTCCC increased?
- What kinds of community outreach done?
 - More community interest demonstrated?

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- More consumers attending LTCCC meetings?

Information Gathered and Presented

- What kinds of surveys taken/community forums held:
 - Senior LGBT survey
 - HIV Health Services Planning Council on Aging and HIV: Survey
 - LTCI Community Forums

LTCCC Outreach or Speaker's Program Implementation

- Evaluation of outreach program
 - Was implementation considered to be successful?
 - How many LTCCC members participated?
 - Outreach volunteers can give presentations to LTCCC monthly or quarterly.

Annual LTCCC Service Providers/Constituents Event Implementation

- Evaluation of annual LTCCC event.
 - How many people attended?
 - What was presented re LTCCC Policy Agenda and accomplishments?
 - What was presented on outreach program and accomplishments?
 - What was achieved through holding this event?

The SCAN Foundation has funded a series of communications activities to strengthen the LTCCC in 2014-2015. Following are these activities:

APPENDIX I

**Communications activities to strengthen the LTCCC in 2014-2015
Supported by The SCAN Foundation**

The LTCCC received a grant of \$48,000 from The SCAN Foundation, for the period from January 2014 to December 2015. PART A Objective: Participate in collective action to develop a shared vision and forge a united voice for the reform of California's system of long term services and supports. PART B Objective: Provide services to help strengthen San Francisco's Long Term Care Coordinating Council and prepare for California's Coordinated Care Initiative.

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Services to be Provided under PART B – (by Rick Crane and Senior & Disability Action)

The LTCCC received funds under The SCAN Foundation Grant, PART B, for the following work to be accomplished:

- (1) producing a 2014-2015 LTCCC Policy Agenda (*completed*);
- (2) conducting both an external scan of key local stakeholders and policy makers and a companion internal scan of LTCCC members;
- (3) producing an LTCCC Communications Plan, which will include a strong technology component, including redesign of the LTCCC website, a plan to use the city's SF Connected sites and social media platform to message the LTCCC's work, and using the SF-GetCare website to connect with the work of the LTCCC. This will include:
 - Organizing and holding five town hall meetings with older adults and adults with disabilities.
 - Organizing and holding the first annual LTCCC Constituents event.
 - Forming an LTCCC Outreach Program to reach consumers, service providers, and other constituents to inform them about the work of the LTCCC (*in process by LTCCC*).
- (4) initiating the implementation of the LTCI Strategic Plan (*in process by LTCCC & DAAS*);
- (5) developing a long range sustainability plan to address both the financial and organizational sustainability of the LTCCC; and
- (6) forming relationships with under-represented communities (*in process by LTCCC*).

SCHEDULE FOR SPECIFIC COMMUNICATIONS ACTIVITIES

Scans:

- External Scan – Start by 7/01/14 & end by 10/15/14
- Internal Scan – 7/01/14 & end by 10/15/14

Stakeholder Meetings:

- Town Hall meetings – Start planning by 9/15/14 & end meetings by 10/15/15
- Constituents event – Start planning by 11/15/14 & end event by 12/15/15

Communications Plan with Technology Component:

- Social media – Start by 7/01/14 & create platform by 1/15/15
- LTCCC Web page redesign – Start by 9/15/14 & end by 7/15/15

Financial and Programmatic Sustainability Plan

- Sustainability Plan – Start by 7/01/14 & end by 12/15/14.
Implement by 1/1/15

APPENDIX II

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2014 - 2015 LTCCC Policy Agenda

Adopted: January 9, 2014

GOAL 1: Improve Quality of Life

GOAL 2: Establish Better Coordination of Services

GOAL 3. Increase Access to Services

GOAL 4: Improve Service Quality

GOAL 5: Secure Financial and Political Resources

GOAL 6: Expand Service Capacity

ACTIVE INVOLVEMENT IN POLICY & STRATEGY DEVELOPMENT
- TO CONTINUE IN 2014 & 2015

Strategy A. Oversee implementation of San Francisco's Long Term Care Integration (LTCI) Strategic Plan

With the development and implementation of California's Coordinated Care Initiative (CCI), the state has begun the process of integrating health care and supportive social services while looking to reduce escalating health care costs. The desired results are: (1) a coordinated health care delivery system; (2) better health outcomes for consumers; and (3) greater control on spending.

In preparation, in December 2011, the LTCCC in collaboration with DAAS, appointed the Long Term Care Integration (LTCI) Design Group to: (1) explore the potential for long-term care integration (LTCI) in San Francisco; (2) determine what is required to improve the provision of long-term services and supports (LTSS) that will benefit older adults and adults with disabilities; and (3) develop an LTCI Strategic Plan that includes recommendations to guide improvements in the organization, availability, and financing of long-term services and supports (LTSS). That plan was completed in August 2013 and published in October 2014.

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An LTCI Implementation Body will be created that will be responsible for ensuring implementation of all recommendations in the LTCI Strategic Plan. The LTCCC will be represented on that LTCI Implementation Body.

Following are the objectives to be achieved from the implementation of the LTCI Strategic Plan between 2014 and 2016, which will improve access and coordination of LTSS for older adults and adults with disabilities:

- Objective 1: Strengthened collaboration among county departments, including the Department of Aging and Adult Services (DAAS), Human Service Agency (HSA), and Department of Public Health (DPH), and among the three managed care plans (Health Plans), which include the San Francisco Health Plan, Anthem Blue Cross, and On Lok Lifeways.
- Objective 2: Improved access to long term services and supports (LTSS) for seniors and people with disabilities.
- Objective 3: Improved ways to obtain information for consumers and service providers.
- Objective 4: Enhanced coordination of services and efficiency.
- Objective 5: Linked data systems to improve efficiency and collaboration.
- Objective 6: Improved quality of services provided for consumers.
- Objective 7: Expanded supports for family caregivers, independent providers, community caregivers and individuals who are socially isolated.
- Objective 8: Incorporated LTSS, crucial in keeping older adults and adults with disabilities healthy and safe in the community, into San Francisco's LTSS managed care system.
- Objective 9: Enhanced direct care workforce to meet current and projected service needs.
- Objective 10. Improved In-Home Supportive Services (IHSS) Program
- Objective 11: Improved resources for people with Alzheimer's and other dementias served by Health Plans.
- Objective 12: Clear, consistent messaging delivered to consumers, stakeholders and advocates through a robust communications plan regarding the recommendations to improve access to and coordination of LTSS.
- Objective 13: Opportunities for aging and disability service providers to collaborate in the development of integrated business models and plans for the delivery and financing of community-based LTSS.

Cal MediConnect Pilot Project. California's has established a *Cal MediConnect Pilot Project*, which focuses on individuals who are full benefit Medicare and Medi-Cal beneficiaries (dual eligibles). The three-year project will combine all health services (medical, behavioral health, home and community-based services, and long-term services and supports) into a single benefit package, which will be delivered through a coordinated system. A capitated payment model will be used to provide both Medicare and Medi-Cal benefits through the state's existing network of Medi-Cal Health Plans.

This pilot project will initially launch in 2014 with eight approved demonstration counties, including: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.

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Expansion from the original eight counties cannot begin without state legislative approval. The state's goal is to expand to eight additional demonstration counties (which may include San Francisco), with full statewide implementation will begin after that. Since additional legislation is needed, the most likely timeframe for CCI expansion to San Francisco is 2016.

Accordingly, time is available to prepare for this transition so that the City and County of San Francisco, the Health Plans, and older adults and adults with disabilities eligible for Medi-Cal – all are ready for this transition.

The LTCCC is the policy body that can: (1) oversee San Francisco's Long Term Care Integration (LTCI) Strategic Plan, to be managed by an LTCI implementation body; (2) advocate for the realization of all recommendations; and (3) communicate with key stakeholders, policy makers, and the community about the need to prepare for the transition to LTCI, which will strongly impact Medi-Cal eligible older adults and adults with disabilities.

To do this, the LTCCC should create improved public information, outreach, and community education mechanisms that inform key local stakeholders, policy makers, and consumers about: (1) the work of the LTCCC; and (2) the implementation of the LTCI Strategic Plan. Toward this end,

1. Review this 2014 - 2015 LTCCC Policy Agenda.
2. Develop the 2014 - 2015 LTCCC communications strategy.
3. Review the LTCI communications strategy found at the end of the LTCI Strategic Plan.
4. Consider how the transition to Medi-Cal managed care for LTSS will be communicated to Medi-Cal eligible older adults and adults with disabilities, and to the larger San Francisco community.
5. Learn what County departments (DPH, DAAS, MOD) are doing in regard to communications.
6. Consider the role of the Mayor's Office in implementing this LTCI communications strategy.
7. Consider obtaining mainstream media coverage (print and television) to educate the public.
8. Participate in presentations about: (1) the work of the LTCCC as identified in the 2014 LTCCC Policy Agenda; and (2) the LTCI Strategic Plan and its recommendations - to key local stakeholders, policy makers, and consumers, including the following:

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<p><u>Mayor's Office:</u></p> <ul style="list-style-type: none">• Mayor's Office of Housing• Mayor's Office on Disability <p><u>Controller's Office</u></p> <p><u>Board of Supervisors</u></p> <p><u>City Commissions:</u></p> <ul style="list-style-type: none">• Aging and Adult Services Commission• Health Commission• Human Services Commission• MUNI Commission• Housing Authority Commission• Council on Disability	<p><u>Health Plans:</u></p> <ul style="list-style-type: none">• San Francisco Health Plan• Anthem Blue Cross• On Lok Lifeways <p><u>Consumers:</u></p> <ul style="list-style-type: none">• Older Adults• Adults with Disabilities <p><u>Policy and Advocacy groups:</u></p> <ul style="list-style-type: none">• Coalition of Agencies Serving the Elderly• Senior & Disability Action• Advisory Council on Aging
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Strategy B. Provide leadership re implementation of California's Coordinated Care Initiative (CCI) and San Francisco's LTCI Strategic Plan, which is the local response to the CCI. Be the recognized, trusted source of CCI Information

1. Track the State's implementation of the Coordinated Care Initiative (CCI).
2. Be the recognized, trusted source of information about the CCI in California, and implementation progress in San Francisco as it prepares for the transition to LTCI and the provision of LTSS by managed care Health Plans:
 - Become informed about the LTCI Strategic Plan and the CCI.
 - Become familiar with all recommendations in the LTCI Strategic Plan.
 - While not every LTCCC member will be an expert on the LTCI Strategic Plan and the CCI, know how to direct inquiries to LTCCC members who are experts.

Strategy C. Facilitate San Francisco becoming an age and disability friendly city

The Age and Disability Friendly San Francisco Workgroup is working with the Planning Department and the Office of Economic and Workforce Development to:

1. Select 25 commercial corridors for improvements. This Workgroup is adding age and disability criteria into the toolkit for these corridors.

The Workgroup is working with the Mayor's Office and other stakeholders and policy makers to:

2. Enable San Francisco to join the WHO (World Health Organization) network for Age Friendly Cities. WHO provides expertise, resources, and an exchange with other cities in the network throughout the world.
3. The WHO application, if accepted, will endorse the city as a member of this network. Then there is a three year implementation period.

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4. WHO wants continual improvement in five year increments. There are eight domains for improvements.
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Strategy D. Support efforts to increase the availability of a range of safe, affordable, accessible and adaptable housing options

1. Reactivate the Housing and Services Workgroup:
 - Explore options to increase the availability of housing and services.
 - Meet and work with housing developers re the development of housing and services.
 - Advocate with Mayor's Office of Housing re uses of Housing Trust Fund to address the needs for accessible, adaptable and affordable housing for:
 - older adults,
 - adults with disabilities,
 - adults aging with HIV/AIDS,
 - adults with Alzheimer's disease and other forms of dementia, and
 - families caring for children with disabilities
 - Explore opportunities to provide input into decisions about the uses of the Housing Trust Fund.
 - Advocate with Mayor's Office of Housing re issues raised in Housing Impediments Report.
 - Explore issues related to shelters and SRO hotels.
 - Evaluate issues involving housing and health care reform.