

ADRC Advisory Committee Meeting

December 8, 2011 / 11am-3pm

Location: Access to Independence,
8885 Rio San Diego Drive, Suite 100
San Diego, CA 92108

Goals and Objectives for Meeting Participants:

- To establish consensus on a vision statement for statewide implementation of ADRCs in California.
- To discuss the nature of partnerships in California ADRCs: Who should be involved? To what level of engagement?
- To review the first version of Options Counseling standards as developed by the Options Counseling Workgroup.
- To revisit the process of establishing designation criteria for ADRCs in California.

Agenda

Topics	Time	Leader
1) Welcome and Opening Business	11:00am-11:15am	Liz Pazdral & Karol Swartzlander
2) Vision Statement for ADRCs in California	11:15am-12:30pm	Ed Kako
LUNCH (working)	12:30pm	
3) Partnerships in ADRC Networks	12:30pm-1:30pm	Ed Kako
4) Options Counseling (OC) Pilot Project and California OC Standards v1.0	1:30pm-2:30pm	Karol Swartzlander, Ed Ahern & Paula Acosta
5) ADRC Designation Criteria: Next Steps	2:30pm-2:45pm	Ed Kako
6) Wrap-Up & Preview of February Meeting	2:45pm-3:00pm	Ed Kako, Liz Pazdral & Karol Swartzlander

Minutes

Attendees:

Members: (*In person*):, Wes Mukoyama, Teddie-Joy Remhild, , Brenda Schmitthenner, Manuel Jimenez, June Simmons, Ann Guerra Galen Ellis

(*By phone*):, Bob Petty, Eileen Koons, Teresa Favuzzi, Derrell Kelch, Paula Acosta



Staff: Liz Pazdral, Karol Swartzlander, Ed Kako, Mason Smith, Ed Ahern, Karla Bell, Eric Glunt, Ana Acton

Public: *(in person)* Paul Van Doren; *(by phone)* Vicky Stow, Mike Brim

Vision Statement for ADRCs in California

Ed Kako explained that the vision statement should be high-level or looking backwards from the future (e.g., in 30 years, what would a headline describing the rollout of the CA ADRC system say?). Compared to a mission statement, a vision statement is less operational and more philosophical. Kako read the current vision statement aloud and then asked if there was anyone had any objections or concerns. Responses included the following:

- confusion over the significance of including “income source”;
- concern that the acute hospital setting was not included;
- concern that use of parentheses diminishes the importance of the ideas within the parentheses;
- an apparent silence on the topic of caregivers;
- concerns that the statement should make consumers/individuals more prominent or, alternatively, make ADRCs the focal point; and
- the notion that the concept of CalCareNet will likely change with time.

There was consensus on the following draft for a vision statement:

“Every community in California has a highly visible, reliable, universal access point that provides information to facilitate access to LTSS.”

An effort will be made to eliminate one use of “access” in the above statement.

Options Counseling Pilot Project and California OC Standards v1.0

The purpose of the Options Counseling (OC) grant was to develop, pilot, and evaluate OC standards in California. For context, Karol Swartzlander read aloud each of the standards developed by the workgroup.

Ed Ahern then described the process used to develop the standards. Ahern described the OC workgroup as rich in experience and levels of service; the group included front line staff at AAAs and ILCs, executives and managers from AAAs and ILS, MFP representatives, and representatives of non-profits. Roughly three months ago, the workgroup began to look at OC standards drafted by ADRCs across the country. The standards subsequently developed by the workgroup go beyond standards elsewhere in the country by describing what an action plan looks like; how new OC standards can be integrated into existing structures; and how California aims to provide services to individuals of any age while promoting personal responsibility. Pilot sites, with diverse foci, are to submit a final plan by December 15.

Ahern then entertained questions and comments from the committee:

- Wes Mukoyama: How were the pilot sites recruited? Ahern: All established and interested ADRCs were accepted as pilot sites.
- Brenda Schmitthener: Risk stratification may be an effective way to deliver OC (phone vs. in person) and keep costs down.
- Ed Kako: Are pilot sites expected to indicate how much time they can devote an individual to provide OC (i.e. share of FTE)? Ahern: The share of FTE is not correlated with the number of individuals served. However, the group has started to determine the length of an average OC session.

Partnerships in ADRC Networks

This part of the meeting was devoted to discussing how partnerships within an ADRC could or should function. Specifically, the group discussed which groups should definitely be at the table and what the outcomes of a partnership should be. Specific discussion topics included:

- The value and practicality of blended funding;
- The value of including public authorities in the partnership;
- How the particular attributes of different communities affect the nature of local partnerships;
- How to address partners that are reluctant to come to the table, especially when those partners are ILCs and AAAs;
- What steps or actions could bring essential groups to the table;
- What incentivize partners to come to the table (funding, commitment)
- The difference between minimum and fully functional criteria;
- How change over time will affect the nature of partnerships;
- The importance of having consumers at the table, especially when representing consumer-controlled organizations;
- How “consumer control” could be incorporated in the partnership (i.e., a guiding principle or a requirement for an organization whose board is comprised primarily of consumers);
- The difference between consumer *control* and consumer *representation* (i.e., an organization with an advisory group that represents consumer interests);
- Inaccessibility of materials and websites as a problem that creates tension among the members of a partnership; and
- The importance of including ILCs, and how well a center that meets the definition of an ILC could serve as a substitute for an ILC proper.

The group agreed to frame the discussion of partnerships in two ways: one philosophical and broad, and the other practical and specific.

Philosophical: An ADRC must include membership that broadly reflects the constituents and communities it is designed to serve.



Practical: In an **ideal** world, with no budgetary or organizational barriers, an ADRC network would include the following organizations:

- AAAs
- ILCs
- Regional Centers
- Local Department of Rehabilitation (DOR) offices
- County Medi-Cal Offices
- Public authorities
- Public and private health plans (including county-organized health systems)
- Health care providers (including hospitals, nursing facilities, in-home support staff, etc.)
- Caregiver resource centers
- Money Follows the Person (MFP) transition staff
- MDS Section Q Local Contact Agencies (LCAs) (which are sometimes identical to the organizations listed above)
- 211
- Long-Term Care Ombudsman
- Organizations serving children and youth with sensory disabilities

The group agreed that a partnership could still be designated an ADRC even if some of these partners did not participate. It does not serve the state's interests – or the interests of the individuals in a community – to deny the designation because one or more stakeholder groups express reluctance unless the ADRC partnership is unable to provide defined **core** ADRC services.

ADRC Designation Criteria: Next Steps

Ed Kako noted that there was still work to be completed on the ADRC designation criteria. In the interest of time, the ADRC Planning Committee will distribute a new survey to the Advisory Committee via Survey Monkey. The survey will be distributed early in the new year; it will give Advisory Committee members a chance to indicate whether they agree or disagree with different designation criteria, and, if they disagree, to indicate the source of their disagreement.

Next Steps

- The group will make a flyer to share with the consumer advisory committees to recruit consumer representation.
- Final edits will be made to the vision statement.
- A survey on designation criteria will go out early in the New Year.