Coordinator: Welcome, and thank you for standing by. For today's conference, all parties will be on listen-only. During the question/answer session of today's conference, please press Star-1 if you'd like to ask a question. Today's call is being recorded. If you have any objections, please disconnect. I'll now turn the call over to Wilson Tam. Thank you, you may begin.

Paula Margeson: All right, this is not Wilson. This is Paula Margeson, co-chair, with my good friend Victoria Jump over here. And we're going to start with a welcome and introduction.

Victoria Jump: So I'll start. I'm Victoria Jump, with the Ventura County Aging and Disabilities (Group Connection).

Elsa Quezada: Good morning. Elsa Quezada with the Central (Center for Independent Living).

Maribel Marin: Maribel Marin with 211 LA County and (unintelligible).
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(Julia Harold): (Julia Harold), (unintelligible) Coordinator for (unintelligible) ADRC.

(Buster Towns): (Buster Towns), ADRC.

(Mary Wilson): (Mary Wilson) (unintelligible).

(Natasha Bailey): (Natasha Bailey), I'm the real-time captioner.

David Morikawa: (Natasha)?

(Natasha Bailey): Natasha, yes.

David Morikawa: I'm David Morikawa with the ADRC, (EDA).

Irene Walela: I'm Irene Walela from Department of Rehabilitation.

Ana Acton: Ana Acton with the ADRC of Nevada County and FREED.

(Anson Coldnine): (Anson Coldnine) with the Triple A here in town, and I'm working on the ADRC Center up and running in (Placer) and Nevada county, and also emerging ones in Yuba, Sutter, and Yolo County.

April Wick: And I'm April Wick. I'm with Resources for Independent Living, and also a core partner in the emerging ADRC in Yolo.

Dani Anderson: Dani Anderson, Executive Director of the Independent Living Resource Center, and core partner in the (Ventura) ADRC.

Wilson Tam: And Wilson Tam, with the California Department of Aging.
Elsa Quezada: Can I re-introduce...

Paula Margeson: Yes, if you'd like to.

Elsa Quezada: I'm going to re-introduce myself. Elsa Quesada with the Monterey Bay ADRC (unintelligible) ADRC. Woo woot.

Paula Margeson: And I'm Paula Margeson, the Executive Director of the Independent Living Center in Orange County, which is called the (Macintosh) Center, and also the ADRC for Orange County. And (Natasha), I'm sorry, I didn't hear who you're with.

(Natasha Bailey): I'm the real-time captioner.

Paula Margeson: Oh, okay.

Victoria Jump: All right. Do we have anybody on the phone?

Coordinator: Would you like me to open all lines? Right now, they are all on listen-only.

Victoria Jump: Oh, yes. Yes, please open them.

Coordinator: All right. All lines are now open for today's conference.

Christina Mills: Good morning, this is Christina Mills at the California Foundation for Independent Living Centers. Sorry I have to join virtual today. My son's home sick.

Victoria Jump: Welcome Christina.
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Paula Acosta: Hi, this is Paula Acosta, ADRC advisor.


Paula Acosta: Hello.

Victoria Jump: Anybody else on the phone?

(Marco Rodriguez): Yes, this is (Marco Rodriguez) from the County of Orange Office on Aging.


(Jewel Lee): (Jewel Lee), (Riverside) County Office on Aging.


(Jewel Lee): Hi.

(Evelyn Schaffer): This is (Evelyn Schaffer), Division Chief for the Integrated Systems of Care Division, Department of Health Care Services, and (Stephanie Johnson), Assistant Division Chief.

Victoria Jump: Welcome. Anyone else on the phone?

(Nicole Kessels): (Nicole Kessels) from (IFCD) and (DHCS).

So moving on to our next agenda item is reviewing the agenda and approving previous meeting minutes. I hope all that were here had a chance to review the minutes. Do we have any motion to accept them?

Ana Acton: I make the motion to accept. This is Ana.


Victoria Jump: Well then, are there any, you know, corrections or discussion about them? No? Okay, all in favor to accept them?

(Group): Aye.

Victoria Jump: Anybody opposing them, or abstaining?

Paula Margeson: I'm abstaining. Because I didn't...

Victoria Jump: So for the record, Paula is abstaining. So the notes passed. That was quick.

Maribel Marin: That was quick.

Victoria Jump: So our next agenda item are our ADRC fact sheets.

Paula Margeson: You want to do this one, or...

Wilson Tam: Sure.

Paula Margeson: Sure.
Wilson Tam: This is Wilson Tam with (CDA). And so we've put together at the (unintelligible) requested by the committee, we've put together some fact sheets. One version's going to be for, you know, legislative, and also for providers. And one version's for consumers. And that's in your packet that you have in front of you.

And just going through this, so the fact sheet for the provider piece, there is kind of a two piece two it. One of them is just talking about what are ADRCs, and staff facts. Our, you know, core functions and services.

And then there's a sheet behind it that's talking about a brief ADRC history, in case it's, you know, people want to know more about the history about ADRCs and where it started from.

And then so the consumers' piece is a tri-fold brochure that we've printed out for you. Again, these are all in draft form, so it's open for any suggestions or feedback. And the goal of it is again, to, you know, talk about ADRCs -- the value of ADRCs -- to the public and to providers who may be interested in becoming ADRCs. With that I'll...

Paula Margeson: So wait, I have questions. This tri-fold brochure - is there any chance that the fact sheets are going to be primarily paper, or are they going to be also available electronically? Like, on various Web sites, including our own?

Victoria Jump: I think ideally -- this is Victoria -- I think ideally they're - they will be available electronically, so that we're not having to...

Paula Margeson: Well...
Victoria Jump: ...maintain print copies of something unless we choose to.

Paula Margeson: And that's exactly what I envisioned. And I'm concerned about the accessibility of a tri-fold format, for people who use screen readers. And I'm also wondering -- because I can't see it -- does it have, like, a lot of graphics and stuff that would make it difficult for a screen reader to interpret?

Wilson Tam: This is Wilson. We've also -- along with the tri-fold -- we've come up with a text-only version as well.

Victoria Jump: Good.

Wilson Tam: And so that, you know, as we make updates to the tri-fold, we'll also make updates to the text-only version, and make sure we have that available. If we're not able to make the tri-fold in an accessible format.

Paula Margeson: So what are the, I mean, I know that I drafted a version of the consumer fact sheet, but I didn't envision it being a tri-fold. So now I guess I need to know how this is laid out, and what is (unintelligible).

Dani Anderson: Paula, do you want me to go through and read the headings?

Paula Margeson: Yes.

Dani Anderson: Okay, so on the front it says "Aging and Disability Resource Connection" as a logo. It says, "Connecting California to information and assistance for daily living." There's a picture of a female with who looks like a caregiver.
When you open it up, on the first side at the top there's a picture of seven older people looking very happy. It says - the header for that is "Aging and Disability Resource Connections help you," and then there's one, two, three, four, five, six bullets. Would you like me to go through each?

Paula Margeson: Let's just go through it. Yes.

Dani Anderson: So the first bullet says, "Getting information about services and benefits for a wide array of programs." Then it says, "Getting unbiased information about public programs and privately-funded services." "Coordinate health care and social support." "Get private option counseling that focuses on you and your individual goals for independence." "Fill out fewer applications for services, and make fewer phone calls." And "Speak privately about receiving services."

And then in the middle the header is, "With ADRC there is no wrong door." It says, "Arrangements for long term services and support can include," and then it has bullets for assistant devices, medical eligibility, Medicare services, disability benefits assistance, in-home care and support, home modification, family caregiver information, local caregiver resources, personal care assistance, health and nutrition, transportation, veteran services, assisted living, housing resources, and much more.

And then at the bottom of that, it says, "ADRC connects older individuals, individuals with disabilities, and caregivers to numerous benefits and services. Let us help you."
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And then on the right-hand side, the header says, "Let ADRC help you sort out your options." And it has the four core services listed, with a brief description. So information referral, in-person or online about a wide range of services and resources, option counseling about long-term services and support for now and in the future, short-term service coordination, when you have urgent needs, and want to avoid a stay in the nursing facility or hospital, and facilities for home transition services, when you want to move back home and need help arranging for your support.

And then under that, there's a picture of what looks like a mother using a wheelchair that she's not really in, because it's a stock photo, with, like, her kids or something.

And then on the back, it says - or not the back, to see full doc, page over. It says, "Get to know us before you need us. ADRC organizations can help you sort through options. ADRC organizations work together to give you trusted and reliable information about long-term services and support, no matter your age, income, or disability. ADRC services are free." And then there's a picture with the logo over it that is for (COR) info use it looks like, one being a wheelchair user.

And on the way back, it says, "Connection to ADRC is a connection of organizations that work together to make access to services and support easier for older individuals, individuals with disabilities, and family caregivers. To find out more, please contact," and then it has logos that (unintelligible). It has the California logo, the (DOR) logo, the (CDA) logo, and the DHCS logo, and then it has the Aging Web site on the bottom.
Paula Margeson: Wow.

Elsa Quezada: So this is Elsa. So once this is finalized, any materials on the (unintelligible) translated? The one for consumers to the community?

Wilson Tam: Now in the - yes. I'm...

Elsa Quezada: Okay.

Wilson Tam: Pretty sure they will.

Elsa Quezada: May I quickly see that draft before it goes to final? The Spanish?

Wilson Tam: Yes, we may actually -- this is Wilson -- we may actually, yes, get feedback from the bilingual committee to...

Elsa Quezada: Okay.

Wilson Tam: ...have it translated for that.

Elsa Quezada: Okay. We certainly would love to help.

Wilson Tam: Got you. That was in Google translate.

Elsa Quezada: Yes, I know. Don't want to do that.

Paula Margeson: I just have to say, this is (unintelligible) developed, and I just want to go record as saying that my intent was -- and I'm the one that brought this up in the first place -- was a one-page fact sheet that was very non-jargony, very concise and to the point, and not something that
looks like a (PRP) that needs to be flipped every (unintelligible) way, that has much more assistance on aging than people with disabilities.

So although I'm not pleased, but, if that's what the committee wants, that's fine with me.

Dani Anderson: This is Dani. I would say if we're going to go this route, I would like to see pictures that are more - I feel like there's way more aging representation in these pictures...

Paula Margeson: Right.

Dani Anderson: Than there is disability, and of the two pictures that have wheelchair users, only one of them appears to really be a wheelchair user, and that's the one with the (DOR) staff picture. The one on the inside, it's clear that woman doesn't really use that wheelchair, and it's a stock photo.

So if it's possible to find a picture that has realistic disability images, and perhaps even younger people with a disability, that would be great. And I know that's going to be hard to find, but it's really important to get the idea across.

Ana Acton: This is Ana...

Christina Mills: This is Christina, (DFILC). Can you hear me?

Dani Anderson: Yes.

Wilson Tam: Yes.
Christina Mills: All right. I just want to say that I very much agree with Paula, and I would love the opportunity for (DFILC)'s members to at least provide some feedback on this, that might make it more for among aging and disability community members.

And we also have some stock photos that are of the people with disabilities of all ages, and if this needs, we can possibly replace that photo.

Ana Acton: This is Ana. A couple things come to mind. One is there is mentioned there's no wrong door with the examples of (unintelligible). On the - basically on the back where it says, "Connections," to also include "No wrong door" in that piece? Because I think that is important language. It's identifiable with certain initiatives.

Also -- this is kind of came up in our status (unintelligible) data collection workgroup today -- under the list of services, it says information and referral. And so I think one thing that we're going to recommend to you guys anyway, is that we really have to get clear on the definition of the ARDC core services, and what they are, and what they're called.

Because under different documents we see enhanced information referrals slash assistance. We see person-centered options counseling. You know, there's person-centered transition. So there's, like, a lot - we're using a lot of different names, and we're really unclear on definitions as well on what enhanced exactly means. So I think we need to look at that. And I think information referrals definitely is not, you know, a core service.
But it's a larger conversation we need to have.

(Julia Harold): This is (Julia) from (unintelligible) ADRC. I just want to echo that point. Because I know that is our (unintelligible) information view, (unintelligible) enhanced information and referral, but I do think it's the core processes the committee to come up with a standard definition. And to say once and for all, you know, is it options counseling? Or is it benefits planning? To (unintelligible) centers, we need to have personal centers and titles that person-centered transition. So I'm...

Ana Acton: Yes, I think we're all (unintelligible) in that.

(Julia Harold): Yes. And I think for stability, membership, everything needs to have it really hashed out.

Victoria Jump: So that piece -- this is Victoria -- so that piece will come out of the once committee report our recommendations. But back to this fact sheet. So we had several different products. So for -- just to refresh everyone's memory -- we have the consumer piece. We have the overall - which is more of, like, explaining to, you know, elected officials, legislatures, you know, other organization, really what it is. And then there is talking points, and messaging as well.

So we hear that the consumer piece needs to be revised. It needs some more work. But what about the other pieces? Are people okay with the way - what they look like? So we can at least move some of this off of our plate.
Ana Acton: I just think that - this is Ana again. I would say that I think, yes, we need to develop something that really consumers of services can relate to. Whether it's, like, you know, are you confused? Where to go, how to get connected, or something. So maybe...

But I do like the start of it. It's nice to see these fact sheets, right?

Victoria Jump: So other than the consumer one...

Ana Acton: Okay.

Victoria Jump: ...do you - is everybody okay with the format and the concept of, like, the one page one that says, "Aging and Disability resource connection fact sheet"?

Wilson Tam: Well, the definition says there, so I think it's how we get, I mean as long as we need consistency there, and so that's a whole issue. This is Wilson by the way. Sorry.

Victoria Jump: Okay, so what he's referring to -- for everybody on the phone and the rest of you who don't follow the word choices carefully -- is on the - in the second - placed in the middle of the sheet for the Aging and Disability Resource Connection fact sheet, when it describes the four core services to consumers, one of the words in the second one has mentioned person-centered options counseling.

Right now, the legal definition is a state or state statute, it's not person-centered. Before it is just options counseling. And so do we -- knowing that the federal government and others where it's going towards using person-centered word -- do we keep that in? Or do we revise it back to
just straight options counseling until further - until it's changed, officially?

Paula Margeson: And that's sort of the same issue with the information and referrals. Because isn't it -- at least in some form of legislation -- identified as a core service?

Victoria Jump: Well it says right now enhanced information assistance, which is what it...

((Crosstalk))

Ana Acton: On the fact sheet...

Victoria Jump: Oh, okay.

Ana Acton: Or on the brochure?

Victoria Jump: Okay, so we're...

Ana Acton: We're talking about fact sheet?

Victoria Jump: Yes, we're talking about the fact sheet. No...

Ana Acton: Okay.

Victoria Jump: We know we have to do the brochures.

Ana Acton: Right. But I mean, my question is, in the legislation, you go through the (ACL) or the state legislation. Like when in (AB 1200) or whatever it
was, was that one of the core services - how is that defined? So we can stay consistent.

Victoria Jump: It would have been enhanced information and assistance, options counseling, short term service coordination, and transition.

Ana Acton: Okay. And just between the two facts - these two sheets, we have (unintelligible) plain options coming here. (Unintelligible).

Paula Margeson: And the irony is that all of these together may (unintelligible) (LTSS) from...

Victoria Jump: Right.

Okay, so just to be consistent with (AB 1200) as it exists, then my suggestion for the fact sheet -- the longer fact sheet -- we take out the word person-centered, leave it options counseling.

Maribel Marin: So can I just give some feedback on each one of those? The sense of commission, is the sense - I think it's limited to MediCal and non-MediCal (OCSF) facts, doesn't - it's much larger than what MediCal really won't pay for. So I think we need to get some of that other language that we see in the other ones about, you know, active (unintelligible) way...

Victoria Jump: Okay.

Maribel Marin: …of long-term service and support, regardless of age or income. I don't know if we want to put that somewhere in here.
Victoria Jump: Okay. (Unintelligible) offers of info and (unintelligible) defined...

Maribel Marin: Right, in the other one, right. Right. That might be better, even. And then for short-term service coordination, it say, "Interventions with at-risk situations and streamline applications to public programs." And in our (unintelligible) it's not just public, it's also private.

You know, so and there's other definitions that are better. So yes, there's three different ones. So I'd have to look at all of those.

And then the last one, "Facility transition," maybe we'd say transitions. And it only says nursing homes, and again it's also hospitals.

Victoria Jump: Okay.

Paula Margeson: So maybe what we could do is keep the headings consistent with the legislation, but then the definitions can be more inclusive of what it actually is.

Ana Acton: Yes.

Irene Walela: This is Irene. I would say that that brings a good point. On the fact sheet, it says person-centered options counseling, and if you go just to options counseling, your definition does call it person-centered (LCSS) decision support. So you still have the concept of what options counseling means, because those individuals who will not be familiar with options counseling. So person-centered is pretty clear, and it's reflected in some of your other - I like the idea of consistency across all the communications, so if the concepts are carried through. And that's an easy fix.
Wilson Tam: This is Wilson. And I think the committee has brought up a really good point in terms of we have not only (AB 1200), that outlined what ADRCs are about, but we also have the federal guidance. We also have previous guidance from, you know, when the program was with the California Health and Human Services.

So we have a lot of definitions floating out there. But what I'm hearing is that we're going to go in the direction of (AB 1200) with the headings, right, for each of the core services or functions, and then we're going to together come up with a more uniform, concise definition for each of those functions (unintelligible)? Okay.

Eldon Luce: This is Eldon. We just used something that...

Wilson Tam: Paula.

Eldon Luce: ...you sent me, and it's from the definitions - from the definitions...

Wilson Tam: From Paula, yes.

Eldon Luce: Yes. And it's my mind, because we added to our protocols. Because it did give a more defined definition of what each of those were. Now is it Paula that...

Paula Margeson: Yes.

Maribel Marin: This is Maribel. We looked at them in our committee meeting also, and found some inconsistencies of, you know, like for information and
assistance. We talked about, you know, five minutes and some of those things don't apply.

Like, it's not about time, it's about what happens (unintelligible), right? And so there's I think other definitions that we need to look at, including all those other things that you referenced from before. I don't think we should make our own definitions before looking at everybody else's, right? Because I also offered that we should look at the (unintelligible) definitions, which has a breakdown of information and assistance, versus information and referrals, for instance. We don't have anything there about options counseling or ADRCs, or any of that.

But I think we should look at the definitions that are already being used in the field before we...

Wilson Tam: And we just, huh?

Victoria Jump: Yes, and in our conversations about it, we have definitions for (INA) and (INR). But what makes it enhanced? And be more specific about that, so that we have good guidance.

Wilson Tam: Yes, and this is Wilson. This sounds like it has a really strong correlation with what we're talking about now, with our data collection sub-committee. And also when we're going to revise the ADRC designation criteria as well, I think having all these be in the, you know, in sync I think is going to be very important.

So it seems like we're kind of moving along on it, but we're finding now that there are a lot of inconsistencies just on here.
(Anson Coldnine): I think it's also -- this is (Anson) -- I think it's also important too when you have this discussion about the data categories for funding under (unintelligible) is that step we get these definitions right. So that if we have some changes in the data dictionary, we can find funding under these categories hopefully, and that they're clear and consistent.

Victoria Jump: Okay. So for the fact sheet, we will update that. The consumer piece needs more work. So...

Dani Anderson: Oh, I'm sorry. Which sub-committee does the brochure come through?

Victoria Jump: It didn't. It was a committee-wide kind of thing. Yes.

Dani Anderson: Okay. So I think we need to have a committee-wide decision about whether or not we should be continuing to work on a brochure, or if we should be putting facts through a fact sheet. And my opinion would be I like the consistency of having them all be fact sheets, and I think they're far more accessible as well.

Paula Margeson: Yes.

Dani Anderson: I apologize for any (unintelligible) on the brochure. It is...

Paula Margeson: No...

Dani Anderson: ...pretty, but I think consistency-wise and accessibility-wise it would be better. And if individual ADRCs have marketing of their own, like, I know we have Ventura County brochures that look good and things like that. So I think that's one of the more flashy marketing to kind of...
Paula Margeson: So we need to reach consensus on that, or have some kind of a motion? Or to - I'll agree.

Victoria Jump: Well I think -- and this is Victoria -- this would be easy to put onto like a two page front and back fact sheet. Because the core is there. But I think that, so that, you know, Wilson and David are our designers, you know, to figure out what everybody wants. If people could actually volunteer to actually help them, you know, with coming up with the pictures, and any of the text that needs to be (unintelligible) as well.

Dani Anderson: Do fact sheets typically have pictures? Because I'm...

Victoria Jump: It makes it pretty.

Dani Anderson: Who cares?

Victoria Jump: I knew you were going to say that. You don't care.

Ana Acton: I just want the information (unintelligible).

Christina Mills: This is Christina. I actually think that (unintelligible) helpful if they have an infographic attached to them, rather than just a picture.

Ana Acton: A what?

Victoria Jump: An infographic. So how do I describe an infographic? So it's like a picture, but not like a picture of a person kind of thing.

Dani Anderson: It's an informational graphic.
Victoria Jump: Yes.

Dani Anderson: Like, combining some sort of statistic or information, along with a representative image that conveys what they're trying...

Christina Mills: And we had done a survey, and people said that they were more likely to look at material if there was something eye-grabbing -- like an infographic -- on it.

Paula Margeson: There are some visual people. It is.

Victoria Jump: What are we going to do with you, Paula?

Okay, so does anybody want to help - volunteer to help?

(Janette): This is (Janette). I'd be happy to help, especially around the infographics and stuff.

Victoria Jump: Okay.

(Janette): I would definitely like to help.

Victoria Jump: Okay. Are you going to help too...

((Crosstalk))

Paula Margeson: Yes.

Victoria Jump: Okay.
Paula Margeson: I will.

Victoria Jump: Paula's going to help, too.

Paula Margeson: I'm going to keep at it.

Victoria Jump: She's the chief complainer.

Ana Acton: That's all right.

Christina Mills: And Victoria, I'm sorry, I didn't hear you. Which committee is it going to go through?

Victoria Jump: It's through its own, like, ad hoc, just to meet offline with Wilson enough to...

Christina Mills: I'm happy...

Victoria Jump: But we can...

Christina Mills: ...to (unintelligible) edit.


Wilson Tam: Okay. This is Wilson. So David and I and Paula Acosta will work on it, and then we'll go, you know, meet with (Julia), Paula Margeson, and also Christina to get your feedback before we move forward with distributing it (unintelligible).

Victoria Jump: Okay.
Wilson Tam: Okay.

Victoria Jump: That sounds good.

Wilson Tam: Everything's fine? Okay.


(Julia Harold): This is (Julia). On that note, I just can't keep from saying that I know for (unintelligible) ADRC, that one graphic that I use for our marketing material is an image of an airport, because I described the ADRC as it's like someone's connecting flight on their journey. That when someone is referred to the ADRC, that's part of their journey, but it's not their final destination. It's my job to get them to the final destination.

So I really like that. I think we can do some kind of visual around that this is the (unintelligible), because I think it's important also to clarify that ADRCs aren't the destination program. Like, (NMS)'s (unintelligible) program might be. That really we're the people who are facilitating that journey. So...

((Crosstalk))

Victoria Jump: We refer to that as concierge service, where we talk about our coordinated entry services. Although that makes it sound like you're going to get a whole lot more (unintelligible).

((Crosstalk))
Victoria Jump: ...concierge service. I already can ask (unintelligible) to change a lot of diapers and (unintelligible). Keeping things, like, you know, more bureaucratic, I guess.

(Julia Harold): Yes, yes, yes, yes.

Paula Margeson: Okay. So I think we have some direction. Okay. All right. Ready to move on to the next?

Yes, so, okay. So agency updates, right?

Dani Anderson: We never did our...

Victoria Jump: Oh yes.

Dani Anderson: (Unintelligible).

Paula Margeson: We have a new person at the table. Would you introduce yourself?

Mark Beckley: Hi, my name is Mark Beckley. I'm the Acting Chief Deputy Director for the California Department of Aging.

Paula Margeson: Welcome, welcome.

Mark Beckley: Thank you.

Dani Anderson: Can I get the other experts?

Paula Margeson: Yes, who are you?
Darrell Kelch: Darrell Kelch, (unintelligible).

Paula Margeson: Do we know you?

Dani Anderson: He looks kind of familiar.

Paula Margeson: Well, welcome. So who's giving the update report for CDA then?

Mark Beckley: I'd be happy, and I will provide some high-level updates. So nice meeting all of you. I'm the Acting Chief Deputy for CDA. I've been in this position since the middle of February, so I'm still relatively new. My other assignment - I'm on loan from another state department - the California Department of Child Support Services.

So at some point, and I'm sure that the agencies directory will appoint permanent positions for both myself interacting and director for (unintelligible).

So again, really nice to meet all of you. I'm really looking forward to learning more about the issues that you face. Just, like, hearing the conversation on the fact sheets, it's been helpful. You know, and the more we can provide more support to you, you know, we're definitely interested in doing that. I know that Wilson's been great at working with all of you, and helping to coordinate activities. And David who joined as well, we've been really happy to have come on board.

But, you know, again, any information that you want to provide to me or share with me about issues and concerns, happy to hear it. You know, from my perspective, this is a pretty exciting time for aging services and aging programs. We have a number of stakeholder
proposals that have been heard in the legislature. So it seems to be getting some traction. I mean, we'll learn more next week as to whether or not those proposals were approved and get funded, but, you know, hopefully a number of them well.

We also of course have a series of bills -- researching bills -- on different aging issues right now that we're actively tracking. So it's good to see that there's sort of a lot of momentum in the program areas.

You know, the governor declared at his State of the State Address, a master plan on aging. I know that master plan's been attempted in the past and has not been fully realized. But, you know, it is our hope that this one actually does come to fruition.

We're hoping that during the summer months there'll be more direction and guidance from the administration in terms of the planned approach to go from timelines of what the master plan looked like. But I know that (Richard Figaro) agency, (Markham Beach) - or (Richard Figaro) in the governor's office and (Markham Beach) at the agency have probably been working to put that plan together.

At the department level we are looking to fill a lot of our key vacancies. One is our program deputy for long-term care and aging services, a position that (Ed Long) has been covering. (Ed) has decided to re- retired, so he - (Ed) is, you know, not at the department currently. We do have an active recruitment. Hopefully we'll be making a hire soon into the program deputy position, so we're hoping that happens within the next month.
We're also recruiting for a deputy director for legislation and communications. We have an individual right now who's temporarily covering that assignment, but we do have a package with the governor's office if the governor's office appointment. So that departments have to be approved by the governor himself. So hopefully we'll get that position filled.

Anyway, recently we hired an additional attorney position to provide support to our two Council Chiefs. A lady by the name of Carmen - she's coming from the Department of Community Services Involvement, has a lot of energy, lots of enthusiasm. So I think she'll be a great addition to the team.

I think the only other notable update at this moment is that we are revising our public-facing Web site to be more customer and provider friendly. I've done a demo of the Web site. I think it looks great. I believe our team is going to be reaching out to some of the Triple As, the Four As, and several of you as well to demo the Web site, to make sure that it's meeting your needs. But we hope to have that Web site launched around the July or August time frame.

Other than that, I'd say those are some of the key updates that I have to share. Wilson, David, is there anything that I might have missed?

Wilson Tam: Sure. I'll share a few updates too from CDA. This is Wilson. So CDA, we received notification that there is a new applicant that's going to be submitting their application soon for designation. I won't talk more about it, I'm sure you'll talk more about it later, (Julia)?

(Julia Harold): Yes, I will.
Wilson Tam: Good. So that's exciting. That's - and we're hoping to, you know, get it soon and get it processed, and our partnership with (unintelligible) County.

CDA's also working with DHCS in renewing or extending our inter-agency agreement for state operations for the ADRC program. So that's underway, and so we'll be working closely with the (HDS) to have that.

Another update we have is regarding to CalFresh expansion. This has been a big endeavor, as I think many Triple As and ILCs know. Currently CDA is pending the finalization of contracts with the Department of Social Services. That's probably in the next few weeks, and then thereafter we'll be working on contracts with the Triple As to provide that outreach, and also application assistance for CalFresh extension.

April 25 was the official campaign kickoff day. With that, they rolled out a CalFreshfood.org website. That's for consumers and for providers. And those are - and then the last, the California Association of Food Banks will be providing training for the triple-As, and I believe also for the ILCs about the CalFresh expansion, and how to provide outreach and application assistance.

That's kind of the high-level updates. If you have any specific questions, you know, feel free to come see me later on. Our representative at CDA is (Mary Civet) for the CalFresh expansion, so if I can't answer the questions I'll be more than happy to bring it back, and (Mary) will help us answer, and then we'll reply back to you.
CDA is participating in a couple events in May. One of them, we participate in the Senior Rally Day - that was on May 7. Seems like a pretty high turnout that day. And the next one is going to be a Disability and Aging Capitol Action Day resource fair - that's on May 23 next week.

And that's really all the updates I have. And again, welcome aboard David Morikawa, who's joined our team now, what, six weeks?

David Morikawa: Six weeks.

Wilson Tam: Six whole weeks. Already can tell how awesome that is.

David Morikawa: It's a long time, huh?

Victoria Jump: No, I just...

David Morikawa: I keep learning a lot.

Wilson Tam: And that's all I think I have, Paula and Victoria.

Irene Walela: Want me to read (unintelligible)? Okay, this is Irene from the Department of Rehabilitation. Hello everyone. I'm going to just add a little bit to the CalFresh information that Wilson just shared with us. The Department of Rehabilitation is also working with the Department of Social Services to finalize an inter-agency agreement, which will we hope be very soon.
And then once that is fully executed, we will begin the contracting process with the independent living centers who have opted in to participate in doing application assistance at the local level. It is a very exciting expansion of benefits, and we are grateful to the participating in it with the independent living centers.

It does seem that many of the partners who are working with California Department of Social Services are becoming more familiar with the programs at aging, as well as the independent living centers. And that speaks well to future partnerships certainly, as there are a number of organizations that have been providing application assistance for some time. But this is an expansion - a tremendous expansion.

The other thing I will share is I was at the kickoff and then at the all-stakeholder meeting which was this week, and they reminded us -- Department of Social Services reminded us -- that they're mailing out postcards to all (SSI/SSP) recipients in California, to let them know that they have this new eligibility for food benefits. And those postcards have started going out on a rolling basis across the state.

The impact so far is -- as reported by the Department of Social Services this week -- was that their state-wide CalFresh information line phone calls have gone up by hundreds of percents. And the local calls are also going up at the counties. So there's a tremendous amount of interest, and I'm sure many of you have also seen that there's news coverage -- radio, newspaper -- so there's a lot of information being shared.

We will also look forward to hearing more about the training that's being developed by the California Food Banks that will be offered to
the independent living centers, as well as the triple-As, and as well as
the Department of Developmental Services, whatever their structure is,
which I'm not sure yet what they - they've just joined in April.

So very exciting. Stay tuned. It's a short program, but we are really so
thrilled that there's so much attention being given to it. It's a
remarkable expansion of food benefits.

I'll just mention that we're continuing to attend budget hearings, and of
interest to this group through the Department of Rehabilitation, have
been discussions around the traumatic brain injury program. May
revise came out a little bit early this year, and hearings are going
quickly. And I'll apologize now to the group - I need to excuse myself at
12:30 so I can get to the capitol by 1:00 for a meeting on TBI. Yes.

I'll be back here if they finish with me really quickly. But just wanted to
let you know.

On TBI too, I want to mention and invite everyone - the (TBI) advisory
board is having its second meeting on May 20, which is Monday. They
have formed subcommittees to address the first two of their
deliverables. The statewide needs assessment for people with
traumatic brain injuries, post-acute or long-term services, and then a
TBI -- traumatic brain injury -- registry, to start collecting usable data on
people with traumatic brain injury that will correlate with the needs
assessment.

Right now, what we have are the data on emergency room admissions.
We don't have data on what happens next. And this is of interest to
people of all ages, but I will mention that the highest incidence --
highest causation incidence -- falls amongst the elderly, and so a great deal of information could start being gathered on that incidence, as well as long-term needs.

After this year, the advisory board will use the needs assessment and the registry to start planning a state plan for services in California, and the related sustainable funding. So you're all welcome to come on Monday the 20th.

The transition fund -- which is a (Title 7B) fund -- is available to independent living centers - all 28 of them. Those dollars provided to assist with a consumer transitioning from a more restrictive setting, to a least restrictive community setting of their choice.

And so we had a fund this federal fiscal year of $200,000, limited to $4500 per individual. And just to update the information that was shared I believe last time, we had 79 transition requests, and have approved 66 of those. Thirty-four have been completed. At this time we've expended $83,000, but have encumbered $152,000. There is no waiting list, so we are expecting at this rate that the $200,000 will be expended by September 30.

Last but not least, we are reviewing applications for two vacancies. Our independent living grant administrator, and our traumatic brain injury grant administrator positions. So if you have questions, I'm happy to answer.

Victoria Jump: Wilson, or Irene...
Dani Anderson: This is Dani. I have questions about aging and (DOR) on CalFresh. Just wondering about the differences between how the funding for each department was distributed, so to the ILCs and then to the triple-As. I'm more familiar with how it's situated for the ILCs.

Irene Walela: Maybe it's more for your (unintelligible) project.

Wilson Tam: I apologize, I (unintelligible). This is Wilson. So it's really - the distribution was made one on sort of a base allocation. So there's a flat funding amount that was provided to triple-As, regardless of size.

And then I believe it was done based on the percentage of the SSI population in those planned service areas. So it was kind of a combination of those that determined...

Dani Anderson: Okay. Thank you.

Irene Walela: And as I could add that the amount given to aging and the amount given to the (DOR) were different, as well as the basis, as you know. We used the current consumers are reported on the (CIOR) report, rather than the census numbers. Census numbers -- if you may or may not be familiar -- but there are certain portions of the state that have a much higher reported population that would need to be served.

For instance, the Rolling Start catchment area would have - if we were using that as part of our measure, the funding would have gone very differently than how it did. Our focus is to show successful applications as a beginning data collection effort, to show that application assistance provided in a person-centered approach as (LSC)s do is of value to continuing the program.
And we are also allowing more time for application, rather than the shorter amount of time that's considered more of some of the other formulas that are out there.

So this is a pilot, and I think what we're learning of aging and (DOR) will learn through this, is what is the best way to work with funding? What is the best way to assist individuals on SSI and (SST) so that the highest number of them will get applications in and approved as quickly as possible? What really works? So that is the hope that the folks at (CDSS) have talked with me about, and certainly our intention to be a part of it.

I'm also not familiar with what Department of Developmental Services is doing, and how they may choose to divide their funding, which is also different than what we've got.

Elsa Quezada: I'm sorry, this is Elsa. I think the other thing that we're interested in learning is how well we all play together - the stakeholders, you know, the Department of Aging, the triple As, and other partners like the Catholic Church. I mean, there's a whole list...

Irene Walela: Yes.

Elsa Quezada: Of folks. I'm excited because we're going to be able to work with folks that we haven't worked with, that they don't know about us. But I think it will be challenging in the short period of time to develop, because it's all about developing relationships, not duplicating services, because I believe the triple As -- somebody mentioned -- they're doing also applications, right?
Wilson Tam: Correct.

Elsa Quezada: We, the ILCs, are not doing outreach. The triple-As are doing outreach. So that's what I'm concerned about - that we not confuse the consumers, or do double work.

Dani Anderson: And is DDS involved because of the regional centers, and the founding resource centers that are part of them? That how that works?

Irene Walela: This is Irene. I actually only know the Department of Developmental Services came to the kickoff in April, and I'm not - I have not yet heard how they are participating. I will also say that the pre-publicity that's going on is bringing a lot of people to call the numbers and get referred directly to County. So there's a lot of different ways that a person can get to that application. But there's also hundreds of thousands of individuals that need the help. So I think a lot of lessons will be learned.

Christina Mills: This is Christina. I see this as a real opportunity for ADRC especially. And I'm just wondering - I know it's new to everybody, but if there is an ADRC present or maybe not present that is willing to share maybe how they're collaborating on this project. I think that would be a great best practice to share among the network.

(Julia Harold): This is Julia from Marin. I was actually just about to say Christina that for our ADRC in Marin, I feel like because our ILC and Triple-A have a really strong relationship, what we're exploring is we're combining funding from our triple A as well as GOR for a position for this upcoming year, specifically for CalFresh enrollment. It's still being
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discussed between our ILC Executive Director and our Triple-A Director. But because funding is coming through multiple sources, we're definitely exploring how the ADRC can maximize that.

Woman: This is...

((Crosstalk))

Woman: I want to hear what (Stace) has to say.

Man: (Unintelligible)

Paula Margeson: This is Paula Margeson. I am just curious. You know, I think because of my own background, I assumed that 100 percentage of people with disabilities receive SSI than within the senior population. But perhaps I'm not correct about that. Does anybody have feedback about any kind of percentage or how that - does anybody have a clue? Okay. Well good. I'm glad I'm not in the dark alone. That's good.

(Daryl Kelch): I'm not sure of your question.

Paula Margeson: Did more - do you know if the percentage of SSI recipients is greater in the aging population than it - I always assumed that SSI was more prevalent within the disability population.

(Julia Harold): This is Julia. I just know -- as a service provider in Marin County -- most of my clients who are on SSI are under the age of 65. I would say I have quite a few consumers between the ages of 18 and 40 who receive SSI. So I would say actually the majority, at least in Marin, of the ADRC consumers who are SSI recipients are not old adults.
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Woman: And...

(Daryl Kelch): (Unintelligible) we just looked at this data because we were trying to respond to a Senator's question about how do we identify hunger, and the data shows that about 20% of those over age 60...

Woman: Twenty.

(Daryl Kelch): ...are on SSI. So your statement is - probably most disabled are SSI, right?

Woman: Yes.

(Daryl Kelch): So it - so the - over 60, it's 20%.

Man: Who are Medi-Meds? So they have Medicare and Medi-Cal SSI and Social Security, usually.

(Daryl Kelch): Well not if you're just 60. This is...

Man: Or...

(Daryl Kelch): The data shows 60 plus. So they'd have to be 65.

Man: So if they haven't - oh, straight SSI (unintelligible). Okay. Thank you.

(Daryl Kelch): Just the straight SSI.
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Woman: And I don't know about the regional centers. There's 21 of them as well as Independent Living Centers, and many of their clients are SSI.

Woman: Right, yes.

Woman: Most of them are younger, I believe.

Woman: Okay. And who's going to get the DHCS report?

(Evelyn Schaffer): This is (Evelyn Schaffer), the Integrated Systems of Care division - from the Integrated Systems Care division. I just actually - my first call with you all and Stephanie's as well. I do have some updates on things that we are working on. We also are updating our Web site that the state mandates that the departments...

Man: (Unintelligible)

(Evelyn Schaffer): ...become more user-friendly and ADA compliant. So we are also looking forward to a new interfacing Web site. And the documents that we have posted there, being more user-friendly as well as relevant and current. That is one of my goals for the division right now.

Man: (Unintelligible)

(Evelyn Schaffer): We have a number of waivers that I have some updates on. And we are also working with our sister department CDA -- as (Wilton) mentioned prior -- on ending our inter-agency agreement.

Man: Shall I ask?
(Evelyn Schaffer): There a question?

Woman: No, we were just talking here. Sorry.

Woman: (Unintelligible)

(Evelyn Schaffer): The Assisted Living Waivers. So we are looking to find a way to show the public where our waitlist is at. And some of the more interesting data points that we are asked about on a regular basis regarding our Assisted Living Waiver. Currently, like, how many slots there are, how many people have filled those slots? There are certain requests that we receive on a regular basis.

So we are looking to find a way to publicize that on the Internet. Of course, as soon as we embark on that adventure, they tell us we need to revamp the Web site. So we're not exactly sure when that's going to be posted yet. But look forward to seeing some of - some more statistics on the Web site regarding the waivers coming forward in the future.

Our In-Home Operations Waiver transition. That waiver expires on December 31, 2019. And we will not be seeking renewal of the waivers, since those identical services are available through the Home and Community-Based Alternatives Waiver.

Right now our nurses -- they're our state nurses -- are meeting with every IHO beneficiary to educate them about the transition and provide them a warm handoff into the care system of their choice. And at this time the face-to-face visits remain on schedule, and participants have already begun transitioning to the HCBA Waivers. So we're really
excited to see the movement - that this is occurring now and not -- obviously -- at the end of the year. And we're making progress there right now.

The HCBA Waiver. Our waiver agencies continue to build capacity. And we've been focusing on the reduction of the waivers waitlist. We have had and we are currently holding weekly conversations with them about the waitlist and next steps. So we're excited to see that they are providing their in-house - their providers and nurses, social workers to accommodate the waitlist and also actively working on reducing that in a - and moving it along, now that they're coming up to speed since their implementation.

And we're also developing new waiver agency training, in response to direct requests that we've been getting from waiver agencies. So we're excited about that as well. Our Pediatric Palliative Care Waiver has - was terminated -- I should say -- on December 31, 2018. And the closeout call with all the providers and counties is scheduled currently for Friday, May 31. So we are moving that along as well.

Our Money Follows the Person CCT. Updates to the budget will be occurring shortly and once submitted to CMS, will be evaluated to see if additional CCT transitions will be allowed to continue beyond June 30, 2019. At this point - we do not have further update at this point.

Since the April 18 approval of HR 1839, which funds the Money Follows the Person through September 2019, California has not received additional guidance from CMS about how and - to do the transitions, continuing them or not, for how long we can use these additional funds. So at this point the CCT transitions may occur and
continue for beneficiaries who are able to transition to the community by June 30, 2019. Any questions? Those are the DHCS ISCD update.

Paula Margeson: Yes I have a question. This is Paula Margeson. Why did the state choose to not renew the palliative care - Pediatric Palliative Care Waiver?

(Evelyn Schaffer): Because those services are also found in the CCS Whole Child Model or HCBA Waivers as well.

Paula Margeson: Okay.

(Evelyn Schaffer): So we're looking to, kind of, reduce the duplicativeness of some of the waivers. And the PPC Waiver and the IHO Waiver -- being two of them at this time. And as you may or may not have heard in the - there was a stakeholder meeting -- probably, a year, year and half ago now, at this point -- that we are also looking to roll the Assisted Living Waiver into the HCBA Waiver as well, and there's going to be more information forthcoming about that in the future too.

(Daryl Kelch): This is (Daryl Kelch). How much money is left in the Money Follows the Person Waiver? Isn't there some monies left? Can we keep spending until those monies are gone?

Man: Excuse me.

(Evelyn Schaffer): I don't have an exact amount that I could relay at this time. But we can follow up with that information.
Paula Margeson: But right now, there has been an - Paula Margeson. There has been an extension through September 30, when previously the program was going to end last December 31, right?

(Evelyn Schaffer): Right. There was a - CMS did offer an extension. That's coming to a close now -- soon too, really. So we're actually...

Woman: (Unintelligible)

(Evelyn Schaffer): ...rather anxiously waiting for CMS to give us an update on next steps. As soon as we hear that, there are multiple stakeholders who are curious to know what those updates are going to be. So we will definitely relay the information to our various stakeholders as soon as CMS relays it to us. And any guidance that we can provide as well.

All right. Well thank you so much. If there are any further questions, feel free. Wilson can definitely help you obtain contact information for us. So if anything comes through, we can assist any other questions or follow-up on.

Woman: Well thank you very much for joining us.

(Daryl Kelch): Thank you (Evelyn).

(Evelyn Schaffer): Great. Have a great day.

Woman: And then SILC. I don't think we...
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Woman: I don't think we have anyone on the call on the Stay Independent Living Council. Okay. So then we're moving to agenda Items 5, which is emergency planning toolkit presentation.

David Morikawa: This is David Morikawa (unintelligible) to give you ideas and few - bits of information. Earlier -- about a month or so ago -- we received some toolkit. It was a Capacity-Building Toolkit for including aging and disability networks in emergency planning. I think I - in your packet was a brief synopsis or summary of what's included in here. And we actually did print up one copy to show you what all 100 pages of that document looks like.

And I've been involved in disaster services for about 30 years through the American Red Cross and other organizations and - at the state and federal and national levels. And so it was a lot of fun for me to review the material because it has some very nice bits of information about the disaster services, emergency management that most people never get to hear about.

But basically the very first section of the material -- it's like 25 pages or so -- gives you a description of what - how emergency management works. And so if you never been involved in emergency operation, it kind of gives you a basic framework in which you and your department or agency can participate or get engaged in emergency response at a very high level.

Primarily for our operations or our programs, it would be the Emergency Services Function 6, which would be mass care or ESF 8, which would be public health and Medicaid/Medi-Cal services, or ESF
13, public safety and security, or ESF 14, which is long-term community recovery mitigation.

So when you start going into some national or larger scale operations, you'll hear what ESF you are. And so it gives you a real quick cue what you - what number you should say, and then they'll be - say, "Oh, you know what's going on here. You come on in. We'll get you going - get in here."

The remaining pages - there's about 67 pages which talks about --all right -- how do you work with your consumers? How do you work with your community agencies? How do you provide an effective communication messaging for your population? It gives you lots of samples. There's samples in there from the National League of Nursing, the Santa Clara Family Health Plan, cultural and linguistic competency in disaster preparedness and response, fact sheets. Gives you a lot of information, lots of tools throughout the entire document.

There's also sections in there in what to do in terms of emergency or evacuation planning. How do you work with your consumers, especially those that are older or have disability? How do you help them be better prepared for situations like that? And then also gives us tips on working with first responders, working with seniors, and working with different populations and how to work with them within shelter operations.

Within that little notebook there are 98 resource links. And all you got to do is say, "Hey, I'm more interested in these resources." It will direct you right to those resources. And so if you're curious about additional
fact sheets that you may be interested in sharing, it has those links right there. They all work.

If you're ever curious, one of the things was - if you're ever curious, ever - how many of you are on Facebook? But if you're curious, sometimes you see, are you marked safe, and even gives you the Web site and information about what happens when there is an emergency services situation. And all of a sudden you see people say, I'm - they're marked safe. It goes through what that whole process about and how that actually get activated.

Three ways for you to use this toolkit. First, share it with your emergency responders. I think just sharing it with your emergency responders will give you -- I guess -- an open door. If you haven't worked with any emergency personnel within your area, they'll see you as they recognize fire, and the importance of working with you and working with our population.

It also is good for your partners. A lot of our partners have to do some type of emergency preparedness planning within their own agency. And it gives them some really good tips and resources for them to identify and not having to re-create and come up with the wheel again. It's already there and - for you to use. And then also for you and your staff to glean over. There's a lot of good tips and information which you could actually share with your consumers --whether it's through enhanced information and referral and assistance or through any type of counseling or short-term assistance.
And so there's lots of good, helpful tools within that booklet that I want to just, kind of, make sure we highlight and share amongst the committee. That's it. Any questions?

Eldon Luce: This is Eldon. Did - I see we have the link to the full report. Did you send us a link or - to this previously at all?

Man: I got a (unintelligible).

Wilson Tam: This is Wilson. So the summary page that we came up with is posted on the ADRC Web site, and that summary page has a link to the full report, yes.

Eldon Luce: (Unintelligible) because it would be helpful to have the full report if we're going to share it with our emergency services.

Wilson Tam: Yes. So, yes, the full report - you just go to the link, and that's why I just printed one office copy. So that if you're interested in just thumbing through it, you can really see what's in there. It's somewhat sometimes tricky in the navigation because there's so many links in there. But - so if you play with it you'll be able to figure it out.

Woman: You know what's not mentioned in here -- I was looking through this whole thing -- is any reference to 211. And your 211 across the country is the public information hotline during disasters.

Wilson Tam: Yes.

Woman: And there's absolutely no reference to it in here at all.
Wilson Tam: I bet you I could find it. It's probably buried in with some of those resources.

Woman: (Unintelligible) from the pages here but, yes.

Wilson Tam: Yes. It's buried in all the resources, so.

Eldon Luce: The other thing - this is Eldon again - that (Mike) mentioned -- because certainly had it with the (Elsa Vere) project -- is how accessible -- with all of its links -- the report is. I wouldn't be able to say but before -- when we had links like this -- it was very difficult for people. It was (unintelligible) very difficult. I just wonder how accessible (unintelligible).

Woman: (Unintelligible) Thank you. Well then, that's an important rule of thumb, to make sure that with all of our ADRCs, or even the agencies that we also - our home-based agencies -- whether they're Triple-A's or independent centers or whatever -- that any link you give to the public is accessible. Because if you don't, then you're excluding a segment of the public, and I take that personally.

Man: And I think it does highlight some of that -- especially during emergency situations. It's helping emergency response planners and workers understand that and help provide some sensitivity to taking care of those needs.

Woman: Well this is Victoria. So we're part of a county structure and so we have access to resources and part of the whole process anyways. But the toolkit is, one, it's too long. I don't think most people are ever going to read through it until maybe after a disaster, and then they be, like, "Oh,
I should have paid attention." And so I'm, like, thinking, like, really what's the role, you know, of an ADRC and it's more of, you know - their module, really is through messaging.

Man: Correct.

Woman: And so my, you know, my question, I guess, question/suggestion is that we're a state that's prone to disasters. Maybe we could work on, like, together some kind of messaging that's already pre-canned for our state network. So if there are disaster, I don't have to re-create something. I can just - you know, Dani and I can (unintelligible) the fire likes Ventura County for some reason.

So we can just pull something that's already created and we can push out the messaging, rather than trying to figure out something during a disaster. It would be just helpful to have different things that we all agree on that we can use, and it also adds consistency -- I think -- to the network instead of me creating something that looks different from what LA creates.

Woman: Well it does talk about an emergency operations plan...

Woman: Right.

Woman: ...which, like, all the 211s have an emergency operations plan and (unintelligible) it should probably have one as well. But I think you're right.

Woman: Not that complicated.
Woman: Yes.

Woman: Well and we've - I've done a lot of work on emergency preparedness teams and response, like - similar to Dani and (Ventura) and (Elizabeth) have been blessed with these major disasters. Haven't got a, like, schooling 101 on these issues over the last couple of years.

But there are some very distinct things that our networks can be doing, not only on the planning side but on the response side. So, you know, 211s have their role, that they are amazing resource if you are lucky to have one. But we also, you know, called consumers that are in the affected area. Even the Triple-A has in our area - so the home-delivered meals as well as Independent Living Center, you know, consumers.

And that has made a huge difference. But there is also really this need to, kind of, coordinate and build some capacity because some of these disasters end up going on and on and on. And so what we're noticing is, one, we need to, you know, have the right information to give people.

We need to be calling people. We need to make sure there's transportation available. We need to be following up with people, visiting the shelter. And those pieces that - there's a lot to be done, and there's some FAST teams in certain communities and others don't have them.

But we need some way to, kind of, really coordinate through the long haul too. Because that's what we find, is that we start getting burned, you know, a couple weeks into a disaster, and you're, like, ran out of
capacity. And then when your organization is - your staffing is impacted by the disaster as well, it gets exhausting. So there's a lot on the subject but, yes.

Woman: And there's a lot of work being done right now around long-term recovery. And the counties are just now starting to develop that infrastructure because it's really only recently that we started to have these disasters that are really displacing people for so long. I mean, right now the - all of the housing stock in Northern California around the fire - the campfire - because we talked to 211s out there, and that's the biggest problem, right? All the hotels, motels. Everybody is just, you know, still in that long-term care mode.

So there's a lot of work being done but still being figured out. But I think we'd be able to tap into. I know we were involved in the topic, but I can't remember - there's another agency that's leading that effort - it could be Cal OES. They just put out a big RSP to do some community outreach. And so I noticed there's a lot of work around establishing a long-term recovery infrastructure that - then I think we would be able to tap into to that...

Woman: It's so ADRC related because there's a major connection between disasters and people going into nursing homes, right? And so the work that we can do can help prevent that from even happening or at least identify those people and get them back into the community.

We're still working with individuals right now from the campfire that are needing housing and are needing ramps still. And they found a mobile home to live in, but they haven't been able to get in or out for five months, you know, and stuff like that. I mean, it's really - is ongoing. So
it fits our core services of the IMA, short-term, long-term, and transition.

Man: I think a first step would be, really, to share it with your emergency personnel within your own county or your own area. Just get them aware of the resources that are available. I think that's always a very - there's a lot of good information in here. How do I say - they have a lot of information as well. But I haven't seen something like this so well put together. It's a very comprehensive piece.

We can't do it all. They can't do it all. But at least it gives them an awareness of what is available for them to maybe pick one or two and say, "All right, we want to work with you on these areas within the county emergency plan." And I think that would be a great start for establishing a good working rapport with the emergency personnel.

Paula Margeson: This is Paula Margeson. One of the programs that we have at our center and other centers here as well is a program for people who are aging and losing their sight as - through that process. And we developed a system at our center where we notify anyone on our consumer list who is in a zip-coded area where there is evacuation going on or imminent possibility of evacuation.

And I can tell you that it's just scary how many people in that bracket who are older, who are losing their sight, who do not know that an evacuation is going on. They - maybe they don't turn on the television. I don't know, but it happens more frequently than you would ever imagine.
So -- to me -- what I've taken away from that is that those of us who are directly involved with consumers really need to, at least, take responsibility for informing those people who are in the zip code where there is a disaster that - you know, what's going on and not just assume that they're picking it up through social media or traditional media. Because they may not be.

Dani Anderson: This is Dani. I think that (unintelligible) opportunities (unintelligible) ADRC lens. I know that Ana and I have worked together quite a bit with -- and Christina as well -- FEMA and Cal OES around the recent disasters. And so, you know, it's good to bring us all together because it is - people who are aging and people with disabilities are the ones that are being most affected by these emergencies for sure.

So on a soap box logistical piece, I would just like to remind everyone - and if he's not calling you out, then it could be brand new. Just an education piece, that we don't distribute anything that's not accessible for everybody in the room. So I think we all received the guide electronically, which is great. But some of us weren't able to look at the binder. So, next time, perhaps we won't pass that on.

Paula: This is Paula. Want to see the hundred pages too. That's why I'm an awareness raiser. Why do you…

Man: Thank you.

Woman: (Ella) wants to read through the 500 pages. That's translated.

Woman: That's translated. So do we want to do anything with this? Disasters is an ADRC or is it just for information and we just move on?
Dani Anderson: I think it should be an ongoing agenda item -- this is Dani -- just because we are heading into fire season -- which seems to be all year around lately. But supposedly we're moving into fire season. It'd be good if we just, you know, kind of check in within conversations about how the relationship on this subject can be increasing.

Christina Mills: This is Christina at CFLC. I recently invited C4A members to attend one of our disaster planning webinars with - that we did in collaboration with Cal OES on access and functional needs. And while a few Triple-A's were available to attend that, I think it really was powerful to have the disability and aging community present for those discussions for long-term practices and ways that we can improve.

And I'm certainly willing to keep those efforts ongoing. And we have some plans in the works that I hope I can continue to invite the Triple-A's to be a part of because I definitely see that this is one of those areas where there's certainly crossover and needs for (unintelligible).

(Aravel): This is (Aravel). I can also ask the 211s to give us some information about the long-term recovery effort they're involved in by county so that the counties - the effective counties can connect. If they're interested in getting involved in their local long-term recovery efforts, they should know who's leading those efforts. So I can provide that for the next meeting. Okay.

Ana Action: This is Ana. There's also a lot of Cal OES funding that RP's have gone out. An example is $11 million to help educate an outreach to vulnerable "populations." I know of one institute that applied for our
county and (unintelligible) with the independent living (unintelligible) and I don't know, we - it's not quite June 1.

Woman: We - what we know about that...

Woman: Yes.

Woman: ...grant is that the VOAD, the volunteer organization.

Man: (Unintelligible)

Woman: Yes. We were trying to get their members to apply in LA ENLA -- which is the VOAD for the LA area -- just apply. So I think that the word was going out to the VOADs to apply because it really is (unintelligible) member network kind of organization. Because it seems like peer-delivered networks to distribute...

Woman: Yes. You've got to have people going out.

Woman: Yes.

Woman: Yes.

Woman: But the point...

Woman: (Unintelligible)

Woman: ...so - and I know Alameda's VOAD was part of it. You know, Placer, Nevada, (Yuba Center), (Flusex). But, you know, there's going to - it just comes along to me. Once there was, like, a lot of money, basically,
to do a lot of education. So I think you do see (unintelligible), and we continue to see how we can leave this, and because there is (unintelligible) funding opportunities for us around this stuff as well.

Eldon Luce: And if I could -- this is Eldon again -- I agree. I think we should leave it in. And type out the long-term effects. We're having people -- and you are too, I knew -- come - move in to Placer County...

Woman: Yes.

Eldon Luce: ...from the (unintelligible) of the (unintelligible) Paradise area. And their future...

Woman: (Unintelligible)

Eldon Luce: ...is long-term -- if they ever get to go back. So they're affecting housing and services in our surrounding counties as well. The other reason I think it would be helpful -- because it's an ongoing issue (unintelligible) -- it would be helpful to know what all of us are doing - what and what our relationships are with our offices of emergency services.

What's our role and do we have an established role with the county and the emergency services? I mean, I know what ours are doing, and I know a little bit about how involved that you are. But I like to know, so we can use that agenda item for that too.

Woman: Okay. And to what extent are ILCs and Triple-A's involved -- well I don't think triple A's -- but ILCs involved in the VOAD? Do you know?
Man: Really don't.

Woman: (Unintelligible)

Christina Mills: Yes. This is Christina. Across the state I can say that it's hit and miss. It depends on how active the ILC is and how active the VOAD is. There doesn't seem to be consistency statewide.

Woman: Some counties don't even have VOADs. Like none of our counties. (Unintelligible) we do have -- yes -- active and functional use teams.

Woman: Yes.

Woman: It's different.

Woman: Well I know that the 211 is heavily involved with the long-term recovery in that area. Right now, I mean - I know that's what they're working with.

Woman: Yes.

Paula Margeson: I think one thing -- this is Paula Margeson -- that would really be helpful -- and this might go back to the training and technical assistance subcommittee, but -- ultimately to have some really - some kind of resource that would let ADRCs know care activities that you may want to implement, in regard to emergency response.

And so that - you know, sometimes you just don't know where to begin. And you need that start point. One thing that came to my mind was the continuation planning. Our ADRCs and their partner agencies in a
disaster, how - what plans do they have to keep functional? So it's a topic that really does affect us statewide. And just being able to have resources available to our partner agencies is crucial.

So I hope that we can eventually take that on as something else that we could develop that we could put up on the Web site -- or wherever it can be accessed -- for all ADRCs to look at and say, "Yes we can do this and this and this." Like, we have durable medical equipment we can distribute in a disaster. So just knowing what are - sometimes you have - you know, you don't think, "Oh yes, we could do that." You just don't. So it would be good to have something like that.

Woman: And part of (unintelligible).

Christina Mills: And this is Christina. Sorry. Just want to - because we were going to put this in our partner report, but it seems more relevant here. Wilson had mentioned earlier that Disability and Aging Capital Action Days next week. Part of our event is going to include doing an environmental scan of consumers who participate - conducting a survey to figure out what people with disabilities and the aging community would say the needs are during a disaster and after a disaster.

And putting together that information for all of us as providers to see. Because I think that some of us can assume what the needs are but don’t know necessarily firsthand what it is. So we're hoping to gather some really relevant information that will help us move forward in providing supports and services in the next disaster.

Woman: Well thank you for sharing that. So this potentially is something that can also go to the sustainability committee. Because there's funding
so. But we will keep it on the agenda. Are there any other questions, suggestions for this before we move to lunch? Okay. We will be breaking for lunch. Returning at...

Man: (Unintelligible)

Woman: I know.

Woman: ...1:30.

Woman: So we can see (unintelligible).

Man: You want to go to lunch?

Woman: (Unintelligible).

Woman: It's disengaged.

Man: You want to go to lunch?

Man: And I have to go to (unintelligible).

((Crosstalk))

Man: Operator, we're going to resume at 1:30.

((Crosstalk))

Coordinator: Okay. Thank you.
Coordinator: You may begin.

Man: We're back.

((Crosstalk))

Woman: (Unintelligible)

Woman: So are we live?

Man: Yes.

Woman: Okay. So welcome back. We will start back up on our agenda. Moving to item Number 6, subcommittee update. So our first update is from our data and outcomes chair, Ana.

Ana Action: Thank you. So this is Ana, and we have in your packet the data collection tool that we're bringing to you. This is - our request is for you guys to review this, provide feedback. Ultimately, we want to approve it. This idea of being able to collect (unintelligible). So we would be collecting data from July 1 through June 30, 2019 through '20 and ongoing. So if - this had gone through a few versions. If you'd like, I could go through those or -- if you've already had a chance to review it -- we could just open it up for discussion.

Woman: I need you to go through it.

Ana Action: Great. Okay. So the first section is total number of unduplicated consumer or contacts made on behalf of others during the reporting period. And we want you to break down those contacts by providers,
caregivers, family members, friends, spouse, and partners. And then we have total unduplicated new consumers during the reporting period. So these are total unduplicated new consumers served by the ADRC during this period.

And we have it broken down by ages -- beginning age 0 through 13, 14 through 24 years old, 25 to 59, 60 and over. And then we have a decline to state. So those -- by age -- should be the total unduplicated individuals that your ADRC has served for the reporting period.

Woman: Okay so wait. Go back to the first one. You…

Ana Action: So the first one is total number of unduplicated contacts made on behalf of others. So that's just - we just want to hear how many -- not consumers per se, I guess -- like, not (unintelligible) adults, but providers, caregivers, family members, spouses, or partners that have contacted you, but maybe you haven't actually made them a consumer of services. And then the second section is unduplicated consumers. Those are individuals who received one of the core services of the ADRC. And we're asking you to report them by age.

Woman: Okay.

Ana Action: And those age categories correspond -- I believe - through ILC age categories. And we wanted to make sure we're looking at youth as well. So that's why we had the whole age range covered. And then if you don't have that data, there's the decline to state.

We also are asking you to report unduplicated consumers by race. And these are the categories that you and the lead Triple-A's and ILCs are
both familiar with -- American Indian or Alaskan, Indian, black/African-American, Asian, Pacific Islander, multiple races, other races including Latino, white, and then decline to state or missing.

Woman: Okay. And I should know this but I don't. And really, that's under other?

Ana Action: Well for Independent Living Centers, don't really have a category specific to that. So for our case, we would have to report them under other unless...

((Crosstalk))

Woman: (Unintelligible) Latino is not even a word.

Woman: That is true.

Woman: (Unintelligible)

Woman: No this just goes along with the HUD...

((Crosstalk))

Woman: ...the Federal Government categories. It used to be included and then they kicked it out, like, 10 years ago. And so now it's other.

Woman: Really. Can you tell (unintelligible)?

Woman: He seems to know.

((Crosstalk))
Woman: There is no such thing as race. It's ethnicity or culture. So there's that added layer...

Woman: Yes.

Woman: ...to all of this too.

Woman: I know.

Ana Action: So for the next...

Woman: (Unintelligible) place under other.

Woman: I get it.

Ana Action: The next section is ethnicity.

Woman: Nobody wants...

Ana Action: And that includes the categories of non - not Hispanic Latino, Hispanic Latino, or declined to state or missing.

Woman: It just asks where...

Ana Action: Yes.

Woman: Wait. You're going to show Latino in two different places?

Ana Action: No. So you have...
Woman: (Unintelligible)

Ana Action: ...race. So if you are Latino, then you are other for your race. But it counts towards ethnicity. So for ethnicity you're either Latino or you're not, for your ethnicity. So they're your only...

Woman: Really.

Ana Action: ...ethnicity choices. And that comes from the Federal Government - how it's done.

Woman: ...counted.

Woman: I think that's confusing though because they're showing it in two different places. I know me. I'm going to fill in that and fill in - I already reported that number. They're going to think it's duplicates too. I don't think that's good.

(Ana Action): Yes, so if it was a Hispanic individual, you'd put them under other on the race, and then you'd put them under ethnicity in the appropriate category.

Woman: Correct.

Ana Action: That's Hispanic Latino.

Woman: Well we could just add Latino in here, knowing that it gets reported other ethnicity just to make it easier. And so you don't have that mistake of counting them twice. And it'll remove a line from the form.
Ana Action: Oh, so it could be unduplicated by race and ethnicity and then we just add not Hispanic Latino or Hispanic Latino to that. Does that make sense?

Woman: Yes.

Ana Action: Okay.

Woman: But does that still mean that you report it twice?

Woman: No.

Ana Action: No. Then you only report it once. That seems to make it fair.

Woman: Good.

Man: Right.

Woman: But you'll have to take includes Latino out of other race.

Ana Action: Right.

Man: Right.

Woman: Just put Latino.

Ana Action: You'll just have an other category just in case. And then we'll have...

Woman: Yes that's great.
((Crosstalk))

Woman: And then the name of the category is unduplicated race and ethnicity?

Ana Action: Correct.

Woman: That works.

Ana Action: Then we have unduplicated gender and then we have - the categories would be female, male, transgender female-to-male, transgender male-to-female, gender queer, gender non-binary, and decline to state.

Woman: And there'll be definitions, right?

Ana Action: Yes. So this is a little more expansive than what an Independent Living Center - unfortunately, like, for our funders it's either female, male, or other, which is - yes.

Woman: But that may be all that the independent living can...

Woman: It is.

Woman: ...track.

Ana Action: So everybody would fit into one of those.

Woman: Right.

Ana Action: But for Triple-A's, because we have to collect it in this way.
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May 17, 2019
Transcript

Woman: Because I think you guys are ahead of us -- frankly-- on this.

((Crosstalk))

Woman: So I'd say we keep this...

Woman: I agree.

((Crosstalk))

Man: So would it be helpful on this form to say decline to state, missing, or other? So...

Ana Action: We have a decline to state, missing.

Man: Or other?

Ana Action: Or missing. Oh or other. We could put or other in there, so the ILCs can know that that's where they're going to collect if they don't have that.

Man: Oh yes.

Ana Action: So - but we're going to go into this a little bit deeper. Just the Independent Living Centers - we should look at this because this is kind of how we change our intake to represent this because we are funded through the Open American (unintelligible) but...
So the next category is unduplicated sex at birth. And that's female, male, or decline to state. And then the next question goes into unduplicated sexual orientation or sexual identity, right? And that's straight, heterosexual, bisexual, gay/lesbian, same-gender loving, questioning or unsure, and then decline to state or missing.

Woman: Did you say loving?

Woman: Gender loving?

((Crosstalk))

Woman: I don't know.

Woman: The loving part.

Woman: I don't get that.

((Crosstalk))

Woman: Where do we get that from?

Woman: What's that mean?

((Crosstalk))

Woman: This is so (unintelligible).
Ana Action: Sexual orientation, gender identity. So there's an Assembly Bill that passed saying that certain state agencies and programs funded under them had to start asking these three questions. Department of Aging is one of them. So for all of our services we had to revise all of our forms, undergo a lot of training last - this time last year. And last July we had to start collecting this data on all of our consumers.

Man: And we love asking these questions, of course.

Woman: I was going to say...

Ana Action: Because we've had a lot of decline to state, which really is, that's none of your damn business. That's the way that it comes. Okay. Decline to state.

Woman: What does questioning/unsure mean?

Ana Action: It's like they're not sure.

Woman: Who's questioning?
Ana Action: The individual doesn't identify.

Ana Action: They’re questioning what...

Woman: We’re not saying that.

Woman: This is all new to me.

Woman: (Unintelligible)

Woman: I totally don't get the loving thing, though.

Woman: I've never heard that.

Woman: I like how positive it is.

Woman: I know.
Ana Action: So again it's in ILC. You may just be putting missing information here (unintelligible) collect this data.

((Crosstalk))

Woman: Oh my goodness.

Ana Action: That's something you might want to consider.

Man: (Unintelligible) of that.

((Crosstalk))

Woman: (Unintelligible) could be talking about data, you know.

((Crosstalk))

Woman: What if you don't...

Ana Action: Okay. So I know that was a lot but that's just question for a simple question. So then we go into attributes of consumers and we really added some of these pieces because we think it's important to show who we're serving. So this is duplicated count -- as individuals can fit into multiple categories. Do not count providers, family members, friends, spouse, or partners calling on behalf of the other person.

So these again are the consumers that we're providing the more - the core services to. And realize that they can be in multiple categories. But we want to collect this, right. We want to know if they're homeless.
Here are the categories -- homeless veterans with a disability, lives alone, on SSI, low income/below the federal poverty line, on Medi-Cal, an older adult over 60, Alzheimer's/dementia diagnosis, CalFresh, caregiver in need of assistance.

Woman: Oh my gosh.

Ana Action: So our conversations around these is some of these things were identified as being things where there are some major initiatives happening, like the homelessness initiative. And also we know that some people can be an older adult and have a disability. So we thought it would be good -- and with the CalFresh we had that one, right. So we're going to be doing that.

Woman: Yes.

Ana Action: And we also wanted to know about living alone. It's an example because there's really this great isolation people - the people that we work with deal with.

Woman: Because ultimately -- just to go on to what you said -- this data is, you know, can be used really to show the value of what we do. And if we are targeting our services to those most in need and it, you know, could potentially lead to funding in the future when they see the network of, "Oh, they're serving a huge amount of homeless individuals. Well we need to consider them in a conversation or..."

Woman: Yes but I feel like I have to say that most of us in the IL movement don't have data collection system that is going to render this information, and so that is going to skew your results.
Woman: Some of us do.

Woman: Yes.

Woman: A couple of the ILCs do.

Woman: Yes but a lot of us don't though.

Woman: Right. I - so caregiver in need means this is the consumer.

Woman: Yes but she could...

Woman: Right.

Woman: The person with the disability...

Woman: Right.

Woman: ...is calling on themselves.

Woman: On behalf of...

Woman: And then we're asking about if they're on Medi-Cal but not on Medicare or Medi-Medi.

Ana Action: Yes. I mean, we could do a Medi-Medi one or just the Medicare one.

Woman: Or Medicare one.
Woman: But most of them are going to be. That's the - Medicare doesn't really show risk. It just shows you're over 65.

Woman: You don't have to be over 65 to get on...

Woman: But for majority of people that are calling it to a Triple-A that are on Medicare are going to be...

Ana Action: So this is a way to identify specific target populations that really utilize and say, "Hey we should be a part of your conversations on (unintelligible)"

Woman: (Unintelligible)

Ana Action: ...you know, homelessness...

Woman: Do you ask Medicare that's in ILC? Do you ask if they're on Medi-Medi?

Ana Action: We ask her for insurance and type, and we collect the type of insurance.

Woman: We do drop down (unintelligible).

Ana Action: Yes we do. But - and here's the thing, is we have to balance, like, what majority do and where we should be going. And what I would say to this question here is that we -100% of us could at least answer one of these categories. For example here if you're in ILC, you can put everyone under disability, you know. But maybe that's all you fill out because you don't really easily collect the rest of the data.
But for those that do, it gives an opportunity to say, hey we have this many homeless individuals we're working with. So we could add to address, I think, the skewing of data. Because we don't want it look like, man everybody we serve has a disability, but we're not serving many homeless people. And that may be just a function of the database not being able to collect it.

Woman: Right.

Ana Action: So we could allow the sites - because this is going to go - people aren't going to fill this in paper. This is going to actually be an Excel workbook that's accessible. And so we could put the option -- don't collect this data. So we can know...

Woman: (Unintelligible)

Ana Action: ...that it's not that you had zero but you don't collect it.

Woman: I think that's a really good idea.

Man: Yes, I do because - I agree because otherwise it will be skewed.

Ana Action: That make sense. So could be a column of member consumer's initiative categories and another column that if you indicate we don't collect this data.

Woman: Yes.

Woman: Yes.
Ana Action: Okay.

Man: (Unintelligible)

Ana Action: Okay. Next one is services provided since the last reporting period. And this is where we go into the core services. It's the count of contacts and services provided. So the first one is total enhanced information referral/assistance contacts made -- either called or walk-in. And then the second category is going to be total number of options, counseling services provided in all settings and situations. And we're asking to collect the number of services here. So we're not just asking for the number of (unvisited) individuals because you've already recorded that under the age category. We can already see how many individuals you've worked with. Now we're asking for services. And the reason we wanted this is because we know that one person is one person is one person, right? So they're taking that one person to actually get 20 different services right?

And one of the way to show that right that it's not in, you know, that the intensity of the services so to speak that you may be, the individuals may be receiving. So in this category under enhanced information and assistance and options counseling you're going to report as far as INR contacts with older adults or actually this should be - should this be INR contacts and options counseling because we're providing those in the same...

Man: (Unintelligible).

Ana Action: ...area here?
Woman: Wait, which ones?

Ana Action: Under services for enhanced INA and options counseling we have over across we have INR contacts with older adults, people with disabilities, caregivers and providers.

Woman: Okay.

Woman: Is that also options counseling though right?

Woman: Options is right below it.

Man: Should be separated.

Ana Action: If we see the heading on it we should probably just change that so it says I and AR contracts.

Woman: Oh.

((Crosstalk))

Woman: So we can take that out.

((Crosstalk))

Ana Action: Take that out. Okay.

Man: Okay.
Ana Action: Okay, so then the question so with enhanced INA and options counseling we’ll ask you to report the number of services for both of those to older adults, people with disabilities, caregivers and providers. I don’t know how it’s going to be option counseling with provider but at least they’ll be doing enhanced INA.

Woman: When you said providers you’re talking about other stakeholders?

Ana Action: Yes, your adult services...

((Crosstalk))

Woman: We call our - we say care providers. One of us (unintelligible) members did not like caregiver.

Man: Well the Older American Act had caregivers and care receivers.

Woman: Okay.

Man: (Unintelligible).

Ana Action: But we thought it’d be good to break it up by people with disabilities, older adults. You still will probably run into the issue where the person is with an older adult and a person with a disability so you’ll have to decide which category to put it in in this case right?

Woman: But they can only choose one.

Ana Action: Yes, but they can get multiple services so one person might be counted five times in here. Then the next category is services provided
since the last reporting period. And this is for short-term service comp
coordination which is three months or less and the number of referrals
you provided during that and in short term service coordination and a
number of referrals acted on.

Man: So you take out the INA part then?

Ana Action: Yes. And then we ask you to report on these for older adults, people
with disabilities, caregivers and for providers or care providers, right?
They're breaking up by category. Anything before - any questions on
that before - so short term service coordination is basically being
reported as the number of referrals as well as number of referrals
acted on in this area.

Man: So that would...

Ana Action: There’s an assumption of service coordination includes coordination
across agencies right? And that’s hence where the referrals come in.
And then the acted on is that they actually - it wasn’t just referrals,
something they actually - and you would know that through the service
coordination piece and your follow-ups and stuff like that.

So the next category is transition services. And this goes back to
people, number of people served right because like with enhanced
INA, options counseling and short-term people could get multiple of
those services for as need as report services. But for transition we
basically just want to know how they could really transition.

Man: We don't care about the age?
Ana Action: We did not put the age here but that’s something yes we thought - we just wanted to know number of transitions.

Man: I think we need the age now because doesn’t the statute for in these centers have a age on the youth part of it like for - from school to work to school or employment if they’re (unintelligible)?

Man: Yes so (unintelligible)...

((Crosstalk))

Ana Action: Actually, we should add a category of youth transition.

Man: Yes.

Ana Action: I realized we missed that. Youth transition is not in here and we could put an age of 14 to 24, right?

Man: (Unintelligible).

Woman: No but my concern with that Ana Action is that I really think when IDOCs were defined that the category transition really related to...

Woman: (Unintelligible).

Woman: ...facility transition not youth transition in (unintelligible).

Ana Action: You’re right. It actually said from institutional settings so...

((Crosstalk))
Ana Action: ...unless you determine a parent’s home as an institutional setting.

Woman: No.

Woman: Well...

Ana Action: Right.

Woman: ...it needs to be discussed.

Ana Action: I know, I know on the local level we’ve had right.

Man: But that doesn’t mean that ADRC doesn’t offer youth transition through the ILCs. It just means right, it’s not like the official...

Ana Action: It’s not one of the four percentage.

Man: Right.

Ana Action: But we - but we’re collecting it by age of consumer first so you can make a case anyone in that age category is going to use transition services. That’s how our - yes.

Woman: And you could count a youth if you really did move them, you know, out of a facility of course.

Ana Action: Right.
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Woman: But the way we define youth transitions is something totally different. And I’m thinking - I have to go back to the one before about provider. Was there a way we could be - we could pick a better word because I think what you’re aiming for there is the community context kind of entity whether it be another agency that you’re working with, a doctor, who knows what.

Man: Don’t we call them extended partners. Is that just a language?

Woman: Yes we could call them that.

Ana Action: What did you say, what was that?

Man: Extended partners. We have core partners and extended partners. We...

Ana Action: But it’s not just going to be extended partners. It’s going to be any direct service medical, social, private, public...

Man: So...

Man: ...program. So I think - it’s like - this is (Lmac). It was (Collins) getting at least what I heard is - and it’s - and we talked about this before of finding out what we’re talking about, what are these definitions because provider means something different. The (unintelligible) may need to somebody else, it means something different in IHSS. I mean we say consumers it’s different.

I just think as I look at this I realize to the amount of training couple is one is what are we talking about in these definitions so they’re all
counting the same thing? The other is just training all of our core
providers on the document and how they’re going to collect this and
how we coordinate. So I think this, a lot of this as you say it’s not in
that other, those other databases. So all are going to be able to report
on easily and it won’t even be that easy. It’s to give me or anybody
that’s collecting it all from all the partners raw data or report then that
person becomes to feel to know on that report here’s what’s goes on
this report because it won’t be electronic in most of the cases for a long
time in my opinion.

Ana Action: Well we’re - what do you mean like this?

Man: Well I mean we all have our - we all meaning ILs and aging both have
their reports they have to do. And some of us are better at reading
those reports then others then how does - but that’s what will be
collected. It won’t be this. It will be collected as you always report
right? And they'll...

Ana Action: Not for us.

Man: ...have to come off of those reports.

Ana Action: I mean I suppose. I mean not for us but...

Man: Okay.

Ana Action: I mean the problem that yes, we’ll run a report, make a report and data
elements that...

Man: We can probably get that program for...
Ana Action: But you’re right, most ILCs are just going to go off their 704 report.

Man: Exact so...

Ana Action: Or (unintelligible) report.

Man: And I don’t know what aging is called but aging’s going to go off those reports so when...

Ana Action: You have ways to run data though right, reports?

Woman: Yes, we’re never on databases.

Woman: Yes right.

((Crosstalk))

Man: Some of it’s way ahead.

Ana Action: But you can manipulate though right, for a school that you want.

Man: Yes.

Woman: Correct plus we (unintelligible) to some degree.

((Crosstalk))

Ana Action: To some degree.
Woman: So this is voluntary so because there is no state database we’re not saying you must collect all those.

Man: Right, right. I understand that.

Woman: If you don’t have a mechanism to do it then we have to build in the boxes we don’t collect it so that we know where our holes are.

Man: And we have to get the - this is the answer. We have to get the definitions down so that we can just have the same meaning for the words that we’re using.

Woman: Can we do something like other service coordinators or something of that nature that would...

Woman: Yes. I like that other.

Ana Action: Yes and the thing is that we, you know, I’ve made an attempt at some definitions which I think as we go through this we’ll have to have a conversation about. Yes.

Woman: I think the only difference that we need to (unintelligible) if we’re going to change it with providers is to say that does not include caregiver.

Ana Action: Right, because caregivers is a done category.

Woman: Right.

Ana Action: And then the other thing I think is we made another column that just like we do with the other thing just find a state we’re missing because,
you know, an ILC right now so all they’re going to go off of is their 8204 report because there’s no money in this so why am I going to change my database for this or whatever. Then it’s like well you would - actually you would report all your - all your enhanced INA and options template under person with a disability at least right because they have to be in order to get services...

Woman: Right.

Ana Action: ...basically.

Man: Well I know in RAL we collected most of that - those data sets...

Ana Action: Yes.

Man: ...whether they were homeless or veterans or...

Woman: Okay so we have five more minutes on this slide (unintelligible).

Ana Action: Okay so we might just want to do missing data or define this data. So let me just, so we can cover if it’s not covered. Okay so last - so last on the transition it includes transitions from nursing homes from ICF MR.

Woman: What’s MR?

((Crosstalk))

Ana Action: Mental, wait ICA, the - I did the definition. One of those don’t have it. It’s - what’s the - it’s Developmental Disability Center?
Woman: Intermediate Care Facility?

Ana Action: Intermediate Care Facility and MR.

Woman: We just took it from the existing.

Ana Action: Yes.

Woman: Spell it out.

Ana Action: Yes, and we will give that to the definition.

Woman: It’s intermediate care facility for individuals with developmental disabilities.

Ana Action: Right, and MR means the word that we don’t really want to say. Okay.

((Crosstalk))

Ana Action: Maybe we change that. Okay.

Woman: (Unintelligible) that.

Ana Action: And then transition from hospitals...

((Crosstalk))

Ana Action: ...and then transition from other institutional settings. Okay so kind of covers the - (unintelligible) you’re back. Did you run?
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Woman: I just snuck in.

Ana Action: So that next we’re going to ask you to report on the on the number of outreach or enrollment activities that you do and/or specific categories. And this is just the total number that you’ve done for the reporting period. And our active presentations enrollment event, booths or exhibits, one on one beneficiary contacts, LIS application which is AAA, help me, LAS is...

Woman: Low Income Subsidy?

Ana Action: Thank you, and then MSP.

Woman: Medicare...

Ana Action: Medicare, supplement.

Woman: Yes, that’s a savings plan.

Ana Action: Savings plan, CalFresh outreach, CalFresh applications and then total audience reached. Then the last one is we’re asking new partnerships during the reporting period, have you developed a new partnership with any of this list of organizations? We basically went through anyone and everyone we can think of here. And then there’s...

Woman: And in that one before do you have an option for do not select or - we can - I think you need to add that.

Ana Action: Okay, do not select, okay.
(Julie): And Ana Action, this is (Julie). I have a question regarding a partnership. Are we talking about formal core or extended partners?

Ana Action: Yes.

Woman: So MOU partners?

Ana Action: Yes.

Woman: Okay we’re (unintelligible).

Ana Action: Okay, and so a whole lot here that’s (unintelligible) end in other.

Man: Going back on (Sylvan) again on the number of outreach education enrollment activities would assistance would probably benefit applications be part of that?

Ana Action: Yes.

Man: I didn’t see it there.

Man: That’s like a like NIPA work right?

Ana Action: I mean you can have the NIPA stuff, you can do the high...

Woman: What do we want add it?

Ana Action: Wait.

Man: Public benefits.
Other than...

Assistance with applications or education on applications for public benefit. Actually that’s listed in a number of publications, I don’t know if it’s from ACL or where. One of the things ADRCs will do will assist in input consistent and...

Benefits enrollment.

Yes.

...enrollment and to public benefits IHHS Medi-Cal. All this stuff goes to our counties assistance...

Great so you have LAS applications MSP and we have CalFresh but do we want to have SSI, SSP Medicare Medi-Cal, other public type of benefits?

((Crosstalk))

Yes, what about something about housing?

(Unintelligible).

Oh, Section 8.

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Woman: Right, exactly. I was going to say for transit first but then I thought no, Section 8 is more important about this area.

Man: And we certainly in ours I know we assist in applications for IHSS, applications for Medi-Cal which has to come first. We don’t do it because the county does it but we work with the county in expediting those applications. And I think that’s part of what we’ll (unintelligible)...

Ana Action: Yes.

Man: ...(unintelligible) ERC so (unintelligible) those yes.

Woman: But it’s more than Section 8. I mean what does it...

Man: Oh yes.

Woman: House?

Woman: Right, low income housing units, Section 202.

Ana Action: And so we’ll add low income housing. We’ll add other...

Woman: Other housing and homeless.

Ana Action: So we could do HMIS our - we can do the homeless and stuff.

((Crosstalk))

Woman: Because the H doc is reporting...
((Crosstalk))

Woman: ...(unintelligible) those out too.

Woman: Oh, yes.

Woman: Oh we’re still talking about outreach just to clarify…

Ana Action: Outreach?

Woman: …correct?

Ana Action: Yes, so they’re talking about the one above, not the new partnership.

Woman: Oh. I thought we’re talking about...

Ana Action: It’s outreach and the enrollment activities. So I think all those things that I just heard go under enrollment activities.

Man: Yes, that’s fine.

Woman: Yes.

Ana Action: Yes that’s fine.

Woman: Yes it’s public benefit enrollment I think.

Ana Action: Well you could have one thing that says public benefit.
Man: Well you could specify which like if you did a, won a bid for Compass you could have a state for the - like the number of - number that they turned in. Or just say CalFresh if it were mostly CalFresh (unintelligible) or whatever. Like that’s an option.

Ana Action: We have CalFresh separately. And I think the question is do we have one public benefit section or do we break it down by every kind of public benefit?

Man: But it’s saying if you have to limit that public benefit and if they wanted to state what it was the majority they could do that (unintelligible).

((Crosstalk))

Ana Action: Yes. Get a total number that were by line that we’re going to be reporting. So I think we want to do like almost just like break it up by all the different types of public benefits you could (unintelligible) enroll for.

Man: Yes, (unintelligible) but...

Woman: But do you need to know specifically what type of an enrollment is (unintelligible)?

Ana Action: I don’t know.

Woman: Just how does that help you?

Ana Action: No, other than (unintelligible) because we’re blessing that.

Woman: The other ones are...
Ana Action: But yes we’re collecting it in other places too.

Woman: (Unintelligible) in the...

((Crosstalk))

Woman: Yes.

Woman: Don’t you want to know...

Ana Action: (Unintelligible) public benefit.

Man: Just public benefit?

Woman: And you want to know about your outreach right? So think about outreach right?

Ana Action: And enrollment.

Man: And education and enrollment, right.

Man: And where did that come from that - was that from state guidance that...

Woman: Does that mean you’re trying to track the number of enrollment?

Man: It’s (unintelligible)

((Crosstalk))
Woman: But this comes from the AVR team NIPA tool.

Man: Oh okay.

Woman: And so the only funding’s right here.

Woman: That would be right to go mostly through the high cap program. And so these are for whatever reason they’re kept recording categories that never aligned with the core services. So this is a way for us to marry what they’re doing with what we’re doing and so that it’s consistent. And so then we added on those other applications because there’s a funding source. So we want to know CalFresh. But the other ones are there because of the NIPA ADRC funding. But we could add another public benefits category and include, you know, the Medi-Cal, that kind of thing.

Ana Action: This should be one line of the public, other public benefits...

Man: Well if you’re...

Ana Action: …and then we could catch it there if we wanted to.

Man: If your benefits enrollment center you do five applications is that right Victoria?

Victoria Jump: Depends on what they are, how they’re funded.

Man: Oh.
Victoria Jump: Yes, ours do but under traditional NIPA ADRC, no.

Ana Action: Okay, so we're out of time for this segment ...

Woman: Okay. So we're...

((Crosstalk))

Ana Action: Let's align public benefits and then we're going to do a do not collect data.

Woman: Okay.

Ana Action: And then (unintelligible) and in trainings. And we just looked at a bunch of trainings. Who's the training committee? There's a...

((Crosstalk))

Woman: April, April.

Woman: And we're...

((Crosstalk))

Ana Action: So we...

Woman: (Unintelligible) take a phone call.

Woman: Okay.
Ana Action: We would like to offer this to you and your committee to say here’s what we came up with of training areas that we think a first stab at training areas. What we want to do in the data collection tool is we just want to know how your cross training or agencies train each other, what kind of training are you providing to your staffing, and so we have a list here that was the ones that we thought - and just to say there’s a couple here that I really think should be part of providing this Web service like the person center options training counseling training.

There are some no hospital transition trainings out there, errors and cares, motivational interviewing, emergency preparedness. Anyway, so these are the ones we came up with. And then we have other category. So what we’d like you to do is report what kind of trainings you are doing for your organization and your partnership and then we also like that training committee to look at these in relation to what you’re doing.

Woman: Well...

Woman: Okay, so get to work.

Ana Action: And then lastly we’re going to ask for a success story and we’re going to ask for your biggest barrier.

Man: And this is based on how often, quarterly?

Ana Action: Quarterly.

Woman: Yes.
Ana Action: So I know we’re out of time. We’ve already listed subject before but the definitions, the definitions to have consistency for reporting became a big barrier for us. When we looked at things it’s really unfair what the names of the core services are all over the map. When you look at our different documents and the definitions are not really clear on what we’re actually choosing for our definitions at this point. So I think we need to have a larger conversation about that.

Woman: Absolutely. And we could send that in the training committee too that we don’t think that prison centered counseling and options counseling are synonymous. You know, options is letting people know what their options are but person centered is hey, what do you really want? This is about you. Just, you - they’re not interchangeable.

Ana Action: And right now state statutes with option counseling.

Woman: Yes.

Ana Action: So what we were thinking of doing is we’re recommending options counseling and not (unintelligible). I personally think we need (unintelligible) to be in that direction for person centered.

Woman: Well I think person centered is really a methodology. It’s the pair down of what an ADRC is. It’s really getting to what does the consumer want. And that’s a huge shift and we had a lot of discussion around that today because, you know, we come from a place in this society where so typically people with disabilities and people who are aging everybody does the planning for them. This is what you need and this is what you should have, et cetera. So that really is philosophical and it’s not a services how the services delivers is what it really is.
Woman: Yes.

Woman: It’s person - is at the center of that and that’s not a service. That’s a methodology.

(Julie): And this is (Julie) I think I said this before. I - with my sort of - and the - sort of my understanding of our work is through our ADRCs which are everything we do with person centered. So for me it seems repetitive to include person centered as a core service title because I know like for me when I do options counseling or benefits planning with my clients I’m going in not as I used to as a therapist and case manager where I go and say here’s what’s available to you and what do you feel about it. Okay first, you know, what are your goals and then I’ll give you what your options are based upon that sort of which is a huge asset.

Woman: That’s a very valuable tool (unintelligible) because it really gets at the core of what we were trying to articulate.

Ana Action: So definitions, I think before we have to work through this the training pieces that we’re going to require based on the definitions that this all can work together so we can give really good guidance for this tool.

(Anthon): And you know the ACL is doing a - this is (Anthon) is doing an 18 month work group on person centered definitions and (unintelligible). So if person centered yes it takes a lot more time I think than options counseling does and...

Woman: Absolutely.
...so that’s for agency I think that’s a big change. If you’re going to, say you’re going to do person centered it might really change the way your whole agency (unintelligible).

Woman: I think it’s a huge paradigm shift.

(Anthon): Yes.

Woman: I really do.

(Anthon): Me too.

Woman: I mean to me it - there really is the biggest sort of shift in the work that I used to do as a therapist versus what I do in the ILT now because really I enter the room with my client with my treatment plan because they - I would base it on the presenting symptoms but I didn’t (unintelligible) versus now I mean but like I was just - I know I was telling a few people here like this client of mine that’s terminally ill and that she does it because (unintelligible) but that’s the belief I’m operating under. She is going to get better, we’re going to get work (unintelligible) so I just I feel like option spanning the traditional sense (unintelligible).

Ana Action: Okay. Okay so moving on to our next committee our Membership Committee will be meeting. And we have a teleconference coming up on the...

Man: Friday, June 7.
Victoria Jump: ...on the June 7 which we'll be looking at who's on it, discussing upcoming our in turn and also filling in our vacant gaps that we have because we're not completely full.

Woman: All right.

Victoria Jump: Sustainability, Dani?

Dani Anderson: Thank you Victoria. So we're going (unintelligible).

((Crosstalk))

Dani Anderson: Oh I think (unintelligible). So we went over the ADR C101 Webinar. Victoria, Christina, Wilson and I have been working really hard. We've had about four prep calls for that. We had the presentation slides pretty much there. But sustainability looked at them today. They seem to like them. The Webinar will be on June 10 at 10:00 am. We have up to 100 slots available to have it watched live and then it will be archived about two weeks following that date on the CFILC Web site.

We also, we've had a standing agenda item of the overlay map for the AAAs and the ILCs and we were discussing the potential of looking at other way - other organizations we could have an overlay map and what that would look like as well as how it simplified how it looks and be able to highlight the ADRC counties a little bit better on that map.

We plus David and Wilson are working on the process around application review and the flooring criteria. And once they're finish with that project they'll be looking at recertification process as well.
And then for the purposes of education and only education I wanted to bring up a couple of the legislation bills that are coming up that affect long term service supports and ADRC, one being 8453 which is Clarita’s bill. It made it through appropriations yesterday as did SB-228 which is Jackson’s master plan bill. Eleven thirty-six which was the bill, Nazarian’s bill that was aimed at bringing together our organizations to create an administration on community living was held yesterday. However we’re still having a stakeholders call about that on June 6 and either (Ona) or Christina will be facilitating that meeting to continue working on the subject. And then on the LTSS side last master plan focused but still made it through appropriations pans bill 512 also made it through appropriations yesterday. So it was a big day for ADRC and long term services and support.

And then the last thing that we talked about was just kind of roles of sustainability and membership. I happen to be on both so I think we’ll probably talking piece between the two. But as far as what we were thinking is that sustainability will kind of keep track of the overarching important broad relationships for us to have both on the local and statewide levels and then make those suggestions to the membership.

So some of the things that we talked about were getting more veterans involve - veteran involvement, regional center. And then we talked at the last big meeting about bringing in a healthcare organization coming from the healthcare sector. so the suggestion to bring in Anthem as a managed care was brought up. And then also looking at some other perhaps not currently “required sectors” but things that would be beneficial could be CMS, a statewide nursing facility organization and Health Access California. That’s what we talked about, anything else that I missed?
Man: (Unintelligible) to the point.

Ana Action: Thank you, great summary.

Dani Anderson: Thank you so much.

Ana Action: Training subcommittee?

Woman: So we had a note taker. Actually David I hope you wrote down the things we discussed because...

David Morikawa: Thank you do you want me to…

Woman: Would you do that?

David Morikawa: …report for you?

Woman: Yes please.

David Morikawa: Okay. Let me grab my material. So we had a meeting on May 1. And so we started off with that meeting and we do our minutes from that meeting. We actually put together some two goals at the meeting on May 1 and we actually combined them today. so we have one goal of supporting the training of designated and emerging ADRCs and other stakeholders. And we’re going to combine that with our second goal which was also to provide technical support and so we’re going to provide training and technical support to our ADRCs and emerging ADRCs.
Our first objective is going to be to support the training of designated and emerging ADRCs and other stakeholders. And that’s where we had a very, a good conversation on what are the elements of various trainings, should we be talking about person centered thinking, person centered concepts, person centered methods before we actually start talking about person centered counseling. And so trying to distinguish between all of those different concepts that what elements we should be putting in which section of the training and then where does motivational thinking, where were those kind of like topics be best pointed within our training materials

And so we’ll - we’re focusing on that to start developing some objectives and some methodologies. We’re talking about trying to find some videos so that people could not just read but actually be able to see and actually practice some of those types of methods. And so it’s not just all book (unintelligible). So that’s one of our priorities is to get that training, start getting that organized and start moving that forward.

There is some larger discussions going on throughout the country in terms of what is really person centered thinking, what is person centered amply, what are those elements because everybody has been using those terms so interchangeably over the years that there really is no true person centered counseling, person centered thinking concepts anymore. So this is a 6, 12 to 18 month study that’s going to be just started but we’re going to continue to move forward in developing what we think is best for California and then make whatever adjustments necessary later on as that group finalizes its work.
The second objective was to provide technical support to our designated and emergent ADRCs through an informal forum. And so we discussed some opportunities rather than adding a resident expert that has to have one or two but really develop more of a blog one - as one way of sharing, a better way just to share information within our forum within our group as well as a - may be a listserv or something that people can pose questions to a particular groups or to the entire body so that there - we could basically share our experiences and our questions and answers amongst the entire ADRC group versus to a few select people who have offered to provide support. And so we’re just looking at the richness of experience and the richness of knowledge that we have within this room and within our ADRCs and being able to create a vehicle, a mechanism for it to be shared more universally throughout our many partners. So those are the two areas that we basically talked about.

Woman: So the idea was maybe that there would be opportunity through something like a drop box where we could, even people could pull up assemble, filled out mock applications for applying to be an ADRC so that it would eliminate some of the confusion or guesswork that might exist or just give people an idea you don’t have to say volumes, you just have to like a PR plan could be one page.

So having something that you really could look at as a guide to things like that if an ADRC developed something good promotional materials or something they might want to share, you know, then it would be something we all could access in addition to having our own listserv as ADRCs.
So as we discuss it one of the things that we kind of realized was that persons and counseling it is such a revolutionary concept and the consumers themselves don’t know what that is. So if we don’t have a really good handle on it how can we first train on it and secondly, how can we explain to the consumers this is what’s different, this is what sets this service delivery approach apart, you know? So as you’re all sitting here thinking about your consumers you know that that’s true. And particularly when it comes to long-term services and supports where a lot of times if you have a severe disability or as you age everyone thinks they know best what should happen to your life, you know?

And so giving people permission to take control of their lives and be the ones who say, “No this is what I want and this is how I see services for me,’ you know, that’s a new concept for these populations. It’s scary because they’re used to depending on service, you know, case managers and doctors and people that they think are in authority and will do those things. And so it’s a - there’s a lot of opportunity for trading and education here not just amongst ourselves but as it ripples out.

(Anthon): I think that’s exciting like the regional centers - this is (Anthon). They’re doing the self-determination program and are actually going to be in control of their own budget and be able to purchase their own services at (unintelligible) out in the community so that’s a whole person centered concept that I think is…

Woman: Yes that’s…

(Anthon): … Fabulous as well.
Woman: … Totally (unintelligible) yes.

(Anthon): And that’s called a self-determination program over there a well.

Ana Action: Thank you. Moving on to our next item which is sustainability, do we have any updates on grant partnership opportunities?

Wilson Tam: This is Wilson. I’ll provide a brief update. So CDA continues exploring funding opportunities for ADRP services from using Older American Act funds. Right now still in it’s very infant stages. We’re reaching out to ACL and scheduling like meeting with them to see, you know, what their thoughts on it and whether they have any states or best practices in mind that we can adopt in California. So again infant stages but that’s something we’re exploring as we know of other states that have done it. But whether it’s feasible in California and how it will work for the Department of Aging to authorize it that’s still, you know, yet to be determined yet.

Ana Action: Okay.

((Crosstalk))

Ana Action: Thank you. Moving on to partner update, Christina do you have an update?

Christina Mills: Sure take you off speaker. So Disability and Aging Capital Action Day is next Thursday the 23. It will begin at 10:00 am at Cesar Chavez Plaza along J Street. We have about between 30 and 40 different resource fair vendors representing the disability and aging community
that will be there. We expect over 1000 people to participate. And we will be holding a Webinar policy educational presentation for folks that plan to do legislative visits on Monday. If you're interested in getting information on that and haven't already please let me know and I'll forward that on to you.

In addition to that we have been working on a number of public policy issues and have been working closely with C4A and are excited to see our efforts really making a difference in moving forward. We also, our Executive Committee at CFILC has approved our IL conference, annual conference date and location. We will be having our annual conference October 9 in Anaheim at the Wolf Lodge. We just had a site visit done by our chair this week and everything seemed to pass our test so looking good.

We do have an IL conference committee that is going to be screening and working to recruit presenters. During our last ADRC meeting we - some of us got together to talk about some specific tracts and workshops would like to see offered. It does look as though the ADRC track will happen. So for those of you that were interested in that, it should be a go for sure at this point and it is also a way for us to reach out to more AAAs to participate.

And in light of that Darrell has asked me to participate in an upcoming ADR - or sorry a C4A board meeting. And I’m going to be asking (Darrell) to join our September board meeting in Sacramento. In fact (Darrell) might be provided the location of our board meeting so that’s exciting.
I think I’ll stop there. There is always more going on at CFILC. And what I will say that I don’t think is coming across tables is that a lot is going on in terms of the census and making sure that the hard to reach populations are a part of the conversation.

Ana Action: CFILC participated in a state wide presentation with the Census Complete Count Committee a few weeks ago and we will have that archived Webinar on how to reach the hard to come population with people with disabilities including those of the aging community next week up on the CFILC Web site.

And then in addition we’ll be participating in another state-wide presentation on the census next Tuesday with some lawmakers specifically on how to reach out to populations within their districts. And as soon as more information becomes available I will filter it out but I have heard that there might be some additional funds made available to organizations that want to do hard to reach outreach for the census.

Ana Action: Okay. Well you can share more if you want to because (Darrell)’s not here.

Christina Mills: Oh (Darrell), (Darrell), (Darrell).

((Crosstalk))

Christina Mills: That’s all I wrote down. I mean if you guys have questions or anything I’m happy to entertain anything that might be on your mind but in brief that’s where we’re at.

Woman: Okay.
Irena Walela: This is Irene. Hi Christina. I have a question because I didn’t get my pen out quick enough. The date and location of the conference again please?

Christina Mills: I’m sorry October 9 in Anaheim.

Woman: No, it’s Garden Grove.

Christina Mills: Oh, I’m sorry, Garden Grove.

Woman: Oh my gosh.

Woman: Garden Grove.

Woman: Excuse me, okay.

Christina Mills: The next-door neighbor to Anaheim.

Woman: True. Not to be confused…

Woman: Sure.

Woman: Thank you.

Ana Action: So this is Ana Action and I just wanted to - you know, Dani talked a little bit about the different bills and I think what I didn’t really hear Christina say is that CFILC has been slammed with working on legislative no wrong door ADRC related bills. So there’s just we are (unintelligible) at LTSS. And I feel like there - you know, I know
(Darrell) as well has been at a lot of these hearings a lot of them if not all of them. And I just want to just kind of give a shout out both CFILC and C4A on all the work that they’ve been doing on our behalf. And it has been quite the year at least in my experience.

Christina Mills: Thank you for that.

Ana Action: I’ve never seen such…

((Crosstalk))

Ana Action: Yes, I’ve never seen such (unintelligible)...

Christina Mills: Yes I will say although, you know, I’m just coming out of my first official year of being executive director in my almost 15 years at CF there’s not been anything like this year in terms of our public policy work that we’re really prioritizing. We, CFILC has been called more than we’ve ever documented at least and in my 15 years to the capital to be expert - to give expert testimony on a variety of different budget and legislative items. So it’s really exciting to know that the legislature can call on us and they know that we will be out there.

And I honestly I have to say, that some of that is also because I’m really fortunate to have a great board and many of them are active and are able to come down and be a part of those testimony opportunities when they come up because (Henry) and I are half-time public policy director and we can’t do it all. And so we quite often have to call on our closest board members to come up.
And Ana Action has done it. Our Alameda County (Ron Kellogg) has done it. We’ve had Dani. We’ve had (unintelligible) Center for Independent Living. We’ve had a number of people come up to different policy events. and I’m just really thankful to have a really working hard board. I don’t know that I’ve ever seen them this active and they’re really engaged in policy so that’s exciting.

Ana Action: Okay well thank you. Any other partner updates? Okay moving on to next steps, action items. So for our next agenda, so our next meeting is in August. Somebody mentioned the census. And so could we have something on the census for on our next agenda and maybe at least have a discussion about how at least how for our existing and emerging ADRCs how we can, you know, strategize that we can have a consistent message and make sure that our customers are counted in the census? And then we can discuss if there’s actually money to go to the outreach as well. So...

Woman: And also the emergency preparedness.

Ana Action: And emergency preparedness and leave that on there as well.

Woman: and maybe CalFresh just because it continues to be…

Ana Action: Yes.

Woman: We’ll be in our infancy to try to figure out what we’re doing there.

Ana Action: Yes.
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Woman: There was something else someone mentioned earlier maybe was (unintelligible) take a note they wish to have it at the next agenda in my - at the next meeting I mean.

Ana Action: Well (unintelligible)...

((Crosstalk))

Ana Action: ...the ADRC core service definition like the data tools committee. I mean we can start implementing this can make the updates. We should probably have the data collection tool by the way on the next one too.

Woman: Right.

Ana Action: But like we need those definitions. And I think that we need a real concerted effort by many of us kind of nail that down. I don't know if we want a working subcommittee. I just...

Woman: So that's kind of the question. I mean she just asked we're not meeting until August. That does seem like a faraway. (Unintelligible) do July?

Woman: They don't do it in July typically.

Woman: Oh because of the budget.

Woman: Unless the budget gets signed early…

Woman: Yes.
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Woman: …right?

Woman: So that does seem like a long way, I mean if we don’t have a tool that we everybody agrees to how are we going to go back in and August say, “Oh you needed X to start collecting this in July.”

Woman: Right.

Ana Action: But do we have the flexibility of adding additional meetings if we need to?

Man: I don’t see why not.

Ana Action: Because some of this I mean it is - like before it was like okay because we were moving slower. Now we’re kind of everything is sped up and so much is...

Woman: Well like...

((Crosstalk))

Ana Action: ...(unintelligible) changing.

Woman: So legislation right now is - just here in Sacramento we have so much ADRC and no (unintelligible) moving forward growing. But personally I feel like it’s important if we - as many of us who can’t make an accommodation for an additional meeting I think it’s really important.
Dani Anderson: So are you saying - this is Dani. Do July and then go back to the regular schedule come back in August again and then or are you saying revamp the whole schedule?

Woman: I don't know may we need - maybe you could consider meeting…

((Crosstalk))

Woman: The one thing that I will add - I’m sorry I didn't mean to cut you off is and I forgot to mention this, but some of you are involved in your local regional collaboratives or the statewide collaboratives. And many of them will five of them are holding community design workshops on the master plan between now and then. And I think it would be really wonderful if we could get as many ADRC partners attending those design workshops because the SCAN Foundation, you know, is essentially going to use them as part of their advocacy tools and ways of getting the administration to see what the priorities and the community are for the master plan related to the aging community.

And I know Ana Action's hosting one and I've been getting our other ILC directors a part of it but I'd love to send a list out to the five of you or I mean at the five workshops sorry -- I’m so tired -- and get you guys also in attendance at those just because I think that we have a lot to gain in that process for ADRCs and (unintelligible) to our systems. And the more of us that can be at them, the better off even if it’s not in our area.

Ana Action: What that - so Kern County, Nevada, Alameda, Orange,…

Dani Anderson: And Bakersfield. No, you said Kern, so Kern.
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((Crosstalk))

Woman: (Unintelligible) something in the LA area…

Ana Action: LA…

((Crosstalk))

Woman: … Ontario-ish?

Ana Action: Yes that’s right LA.

Woman: Who’s first? Who’s going first?

Woman: I think Ana Action’s is in July.

Woman: I think Alameda and Nevada are the...

Woman: Ours is July 11…


Woman: June 26. OK.

((Crosstalk))

Woman: (Unintelligible) I’m going to pull them up.

((Crosstalk))
Woman: Yes. So if we could wait until maybe after those.

Dani Anderson: This is Dani. If we’re trying to schedule an additional meeting as quickly as we can just given the new data requirement, given what Christina just reported plus there’s YLF and Nickel...

Woman: Yes.

Dani Anderson: ...in July our meeting for ADRCs I would think would have to be at like the first week of July to even be possible.

Woman: Okay.

Man: So Ana Action on the 11th, July 11 (unintelligible).

Woman: Yes.

Ana Action: Yes. Yes, so the way they’re designed is they’re trying to get 60 people next to consumers and providers and elected officials together in the same room to be (unintelligible) design workshop. And it’s - I mean I think we could do more than 60 but like if right around that number I think is the right mix right, so each of us has a list that we’ve submitted to the SCAN Foundation and that we’re going to start inviting.

I started inviting people yesterday. So and we’re doing it regionally so we’re looking at Placerville, Yuba City and Nevada as our primary target so we’re kind of the world community.
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Christina Mills: And I have the dates in front of me so Kern is Tuesday, June 25 from 10:00 am to 1:00 pm.

Woman: Can you email that to us Christina?

Christina Mills: Yes I don’t think I have a roster of everyone though.

Woman: Can you send it to Wilson?

Ana Action: Yes Wilson will send it to us.

Man: Okay.

Christina Mills: Okay, yes that’s fine. I can do that.

Ana Action: Okay so we are looking right now if the potential of scheduling a something in July. When and where how that will be coming at a later date because there’s a lot to location, time. All of that has to be decided.

Woman: When’s the (unintelligible)?

Woman: YLF’s the 15th to the 20th and Nickel’s the following week.

Woman: Okay so it’s got to be the week of 1st to be - of July?

Woman: And weekend - the 8th is too close to (unintelligible) so (unintelligible) the 1st.

((Crosstalk))
Ana Action: We'll figure something out.

Woman: Okay.

((Crosstalk))

Ana Action: Okay so anything else we need to discuss?

Man: (Unintelligible).

Ana Action: Okay we are adjourned. Yes.

((Crosstalk))

Man: (Unintelligible) inviting the (unintelligible) to those areas (unintelligible) talking about?

Woman: Yes I didn’t - I only invited our (unintelligible).

((Crosstalk))

Ana Action: I have a (unintelligible) overlap we can do a couple members.

Man: I think so.

Ana Action: But...