



**Detroit Long Term Care System Change Task Force  
Long-Term Care Stakeholder Engagement Subcommittee  
Meeting Minutes**

**Date:** Wednesday , December 17, 2008  
**Time:** 12:00 p.m. – 2:00 p.m.  
**Place:** The Wellness Plan  
7700 Second Avenue  
Detroit, MI 48202

**MEMBERS PRESENT**

Eric Foster, Co-Chair  
Thomas Cervenak, Co-Chair  
Rufus Gaston  
Alfonso Bermea, Jr.  
Joyce Henderson  
Jackie Raxter  
Leslie Wiggins  
Valerie Weatherly  
Karen Watson  
Sherry McGee  
Kendra Howard  
Hollis Turnham

**STAFF**

Joyce Henderson, Facilitator  
Jacqueline McCollum, Recorder  
Karen Watson  
Sherry McGee

**MEMBERS EXCUSED**

Amne Talab  
Leslie Wiggins  
Henry Johnson  
Cathy Mozham  
Sa'Trice Coleman  
Alex Shulman  
Kay Andrzejak  
P.A. Brooks  
Ann Leen  
Oscar King III  
George Cardwell  
Kevin Kelley  
Horatio Vargas  
Sarah Gleicher  
Louis Green

## **I. WELCOME & INTRODUCTIONS**

Eric Foster called the meeting to order at 12:19 p.m.

Eric Foster welcomed all members and asked everyone to introduce themselves and state what organization they represent: Members – Eric Foster, Thomas Cervenak, Leslie Wiggins, Alfonso Bermea Jr., Jackie Raxter, Valerie Weatherly, Kendra Howard, Rufus Gaston, Hollis Turnham. Staff – Joyce Henderson, Karen Watson, Sherry McGee. Guest – Jacqueline McCollum.

## **II. REVIEW AND APPROVAL OF MINUTES**

Mr. Foster asked if any members had any amendments or changes to the minutes of December 4, 2008. A motion was made to accept the minutes of December 4<sup>th</sup>, and seconded. Motion carried.

## **III. COMMITTEE TASKS**

View/approve work plan to finalize and have in format for discussion

### **A. Review of Family Council and Consumer Advocate Organization Models**

#### **Hollis Turnham reports:**

Hollis has made appointments and conducted interviews with organizations discussing their respective models regarding LTC. She has notes from two organizations COVE - General Aging Advocacy Organization and NCCNHR. Handouts with information regarding these models were distributed.

Conducted one other interview (notes from interview are forthcoming) with United Senior Action Organization of Indiana. This too is one of those General Aging Advocacy Organizations. This organization has done a lot of work with family counsel.

Remaining interviews needed to complete are with 1) Wisconsin Group and 2) FRIA – Family Organization in New York. Hollis is having a difficult time having Wisconsin Group respond back to her.

Sent organizations questions that Joyce and Eric discussed with her previously:

- 1) How are decisions made?
- 2) Why do people come to the meetings?
- 3) How to measure success?
- 4) Resistance the organization faces.
- 5) Best way to improve quality?

There are common themes that keep coming up in response may be helpful to group.

Hollis then asked the group for questions before proceeding with presentation.

Is the size of our 400+ member group consistent with other groups in other states?

Hollis responded that the group in Indiana has 10,000 members. COVE may have as many as a couple hundred members.

Member – One huge issue pointed out was; How are we going to mobilize a group this size to agree in order to move forward in decision making? 2

We have to be efficient and automated to make decisions.

Hollis: How policy gets changed?

COVE – Spoke with Dolly Fleming. The organization is 30 years old; its not a coalition. Membership organization controlled by elders. Seniors control their Board. They do have executive leader LTC providers on Board but do not have a provider from the nursing home sector.

Facts about Vermont:

- 1) 13 counties
- 2) 13 nursing homes organizations
- 3) 80,000 old people in whole state
- 4) Vermont is a huge rural/farm land
- 5) Referenced elderly who live in the upper peninsula

COVE is very specific to work with all stakeholders.

Funding – membership dues, donations, grants. They have grants that are related to the agency but not designated for LTC.

One of the problems dolly mentioned is they have to compete for money. Had grant from AOA – Administration on Aging to work on Medicaid fraud and used that funding towards this cause. Dolly cautions that the more members you have, the more competition you may invite regarding funding.

#2

Most foundations do not want to support advocacy or social justice work (minimum wage, health care).

#3

Current economy and many foundations are not only redesigning their portfolios but they are also reducing gifts from \$25,000 to \$5,000. She does not anticipate this to turn around until the economy changes.

Advocacy Priorities

How decisions are made

1 – Board (controlled by seniors)

Invited other advocacy organizations (AARP, Alzheimers, etc.) to come in and present to policy Board. They try to align their priorities with other organization advocacy priorities.

2 – Conduct Legislative Policy forums

Conducted in Townhall style. All elders are invited who reside within the district, the legislators are there and they all sit down and just talk. They want legislators to see and hear from their constituents directly. They use this as a way to find people who are articulate and strong to go to the State house and work. It helps legislators see COVE as a resource. Vermont legislature runs different from Michigan. People in Vermont do not have a physical office. They do not have the legislative staff Michigan has. Their schedule is very different and runs from January through April.

How are decisions made? They are tied to mission, principles and vision. They review things that falls within the scope of their work and goals. One of the assets they have is Michael Sirraken has work with COVE for decades.

Kendra Howard – what are the demographics of the elderly in Vermont?

With regards to COVE, does Dolly have a more proactive or reactive policy?

Hollis – suggests that Dolly is going to be more reactive in the upcoming months but will speak with Dolly further to determine.

Eric Foster – What does COVE do in the community?

Hollis – states she doesn't think COVE does as much in the community as organizations like FRIA. They do a lot of public outreach around Medicaid abuse. Have done a lot of education with care givers regarding some basic skills and assisting those who are care givers but don't have health insurance themselves. In addition, there are state associations who work very closely with COVE with regards to those who are home care providers. Hollis will talk with Dolly to see if they have done more but they have not done as much in the community as some of the other organizations.

What does COVE do with respect to education or service for care?

Public Outreach

Housed an association of aides VAPCAP

Done a lot on education with caregivers (paid staff)

Across country large state associations

How do you do governance/how do people get involved and working?

1) Relationships

Building strong relationships with respectful communication

2) Align values

3) Agreement on social issues

4) Gather people who believe that they can do something together

One of the challenges Dolly has to deal with is getting partners to jump in and take responsibility or be proactive on when it comes to certain tasks. The partners will say COVE will do it. I don't need to write a letter to my legislator, COVE will do it. Etc. This is a constant struggle she has in getting them to do things rather than assume COVE will handle it.

How do they manage success?

- Identify measure in grants

- Generic measures

- Project

- Process – did plan work?

- Results – did they get benefits; did they get the results they wanted?

Another point regarding results; are more Vermont seniors getting services because of their efforts? 4

- Relationship – did they get what they wanted but alienated stakeholders? If success alienated or violated organization's code, its not the most effective way to operate.

They've had better results with regard to adult day services.

How do you improve quality?

Adult day services

Senior services

Advice to us is not to put any one provider or organization in position of power. If you are going to put any organization in a position of power, you have to put them all on. Picking and choosing one over the other has ramification all over the place.

Have to work out in advance on how to slice the LTC pie.

One thing Dolly has not done but wish she could do is have a sustained culture change coalition

Process by which nursing homes abandon the hospital medical hierarchy of doctor orders nurse, nurse orders aide and so on. They are trying to move away from that and towards a more social model where they are built around neighborhoods. They have a gathering room and fireplaces to make it more socially friendly; and abandon medical hierarchy where the doctor is in control of everything and create a team environment.

Eric Foster – How successful is this model?

Hollis – Its clearly not where it should be. There is a very small percentage actively involved in culture change process. Vermont does not have a culture change coalition. Dolly feels there could be an improvement if they had a culture change coalition in place. Transformation has to come from top of an organization and they must support it in order for it to work and help a facility change.

Dolly states that she has a four-way partnership to help bring about change and that's with the ombudsmen program, providers of organizations and the state department. Together they sit down and discuss what is going wrong, what is going well and identifying what works and what does not.

Vermont legislature is a part-time legislature. Legislature orders department to study "smoking" for example. COVE makes sure the task force is properly framed, creates a task force and is selective on who participates on task force. You must have a membership in order to participate on the task force. The questions that are going to be asked are closely looked at.

If the group's focus is on the quality of LTC, it has to be the BEING of why this organization exists. Contrasted with COVE, their long term mission is not LTC. They provide a general service to aging issues. COVE has consumer aging advocacy model. 5

Member – What other items will be remaining on the list of deliverables, this group presents?

Eric Foster – Other groups will present their deliverable but Task Force group will continue on.

COVE: Policy committee is under Board. Begins there then goes to Board.

NCCNHR – National Coalition for Nursing Home Reform

Organizations who worked with family counsel

- 1) Maryland
- 2) Virginia
- 3) Chicago – family counsel of Illinois

Focus is on education, network, and family counsel to deal with current issues.

When want to do family counsel work, they affiliate themselves with or get involved with family counsel network such as Ombudsmen or COVE, rather than trying to organize over city. There are five owners with different rules and regulations for each establishment.

Developed resources on how to organize resources on family counsel:

- Website
- National conference calls you can listen to
- Other resources are available for review

Biggest success in Maryland:

- Arrange regulators who are in the nursing home and connecting regulators with real people.
- Met with supervisors in the nursing homes who don't get out quite as much.
- There's lots of training. Basic nursing home one on one that goes into detail for family member. For example, what is this facility? How does it operate? Who does what?

Major points getting back to community:

If model is going to be used through family counsel, is it going to be labor intensive? You can have support meeting/information meeting and those have become stronger. Family members can be pulled in to advocate once you've identified the strong, articulate family member who has been very active.

Valerie Weatherly – How successful are they at keeping advocates once they've been identified? Do they stay on or do they tend to die off or lose interest?

Hollis – For those family members who have been heavily involved and are in leadership positions tend to stay. Question then becomes do you recruit them after their family member has passed on? They are heavily involved and could stay in touch with the counsel and other resources and use it as a career ladder.

Have conducted one other interview and will have notes by the next we meet again and still trying to get in touch with the Coalition of Wisconsin and family counsel in New York City.

Member - Is it possible to put all models on spreadsheet to determine which has similarities where we can take a snapshot look at all?  
She is willing to create a spreadsheet in Excel that may potentially capture each model to identify similarities as well as differences.

**B. Approval of LTC Stakeholder Engagement Advocacy Model**

**C. Review Work Plan**

Review of the work plan will be tabled until January 7<sup>th</sup> meeting.  
Additionally, Hollis will obtain more information to present at next meeting. Brainstorming session to identify key elements for model.

**IV. AGENDA BUILDING/NEXT STEPS**

Suggest brainstorming session to identify key elements for model.

**V. ADJOURNMENT**

Meeting adjourned by Eric Foster at 1:43 p.m.

*Moving Towards Enhancing the Quality of Care*