



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

Date: Thursday, December 4, 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
Leslie Wiggins
Alfonso Bermea, Jr.
Sarah Gleicher
Jackie Raxter
Horatio Vargas
Valerie Weatherly
Kevin Kelley
Louis Green
Kendra Howard
Rufus Gaston
Hollis Turnham (via phone)
Rufus Gaston

STAFF

Joyce Henderson, Facilitator
Rachel McLaury, Recorder
Paul Bridgewater
Karen Watson
Sherry McGee

CALL TO ORDER

Eric Foster called the meeting to order at 12:10 p.m.

MEMBERS EXCUSED

Martin Manna
Amne Talab
Henry Johnson
Cathy Mozham
Sa'Trice Coleman
Alex Shulman
John O'Brien
P.A. Brooks
Ann Leen
Regina Strong
Oscar King III
Kay Andrzejak
Hester Wheeler
Joyce Hyttinen
George Cardwell
Thomas Terence

GUEST

Abby Witford
Jacqueline McCollum

MATERIAL DISTRIBUTED

Meeting Minutes—November 11, 2008
Subcommittee Mission and Scope of Work
Detroit LTC System Change Task Force PowerPoint Presentation

WELCOME & INTRODUCTIONS

Mr. Foster welcomed all members and asked everyone to introduce themselves and state what organization they represent.

REVIEW AND APPROVAL OF MINUTES

Mr. Foster asked if any members had any amendments or changes to the minutes. Jackie Raxter made a motion to accept the minutes of November 11, 2008, seconded by Sarah Gleicher. Motion carried.

VISION AND PURPOSE

Paul Bridgewater, DAAA President and CEO welcomed all subcommittee members and thanked all members for their willing to participate in this important long term care consumer advocacy initiative. Mr. Bridgewater explained this committee will need to focus on looking at the full long-term care system including nursing facilities, home and community based care. Currently, 107 million dollars are being spent on residents in nursing facilities who do not receive adequate or quality care. What are some alternatives ways to provide quality long term care services and spend the same amount of dollars already being spent in the City of Detroit? Mr. Bridgewater expressed that this committee will need to take a look at the full long term care industry and see what organizations and/or providers are making an impact.

Mr. Bridgewater explained the goal of Long Term Care Stakeholders Engagement subcommittee core group is to develop an advocacy model that can be used to organize a city-wide network which engages community organizations, faith based groups, corporations, consumers, and care givers to advocate for change for Long Term Care. Mr. Bridgewater stated providers need to be held accountable for quality services. The advocacy network can advocate for system change and become a catalyst to make a difference in the Long Term Care system. This committee will need to help to engage the community to build a strong advocacy network .

COMMITTEE TASKS

Hollis Turnham explained three Models “Consumer Voice for Quality”. The first model discussed was Residents Council Model in this model resident within a nursing home create a resident council to meet and discuss how to improve quality of care and services. The second model reviewed was Family Council Model in this model family and friends of nursing home residents discuss issues affecting nursing home residents and advocate for change. Some facilities that have multiple homes may have a

regional family council. The last model explained was Consumer Advocacy Organization for Elders this model is where regional, city, state or national advocacy networks promote and advocate for change for senior citizens. Mr. Foster asked Ms. Turnham to explain how these models funded and staffed. Ms. Turnham explained that these three models have a wide variety of funding. Some models have membership dues or fees that are used to fund the advocacy group. If the advocacy network is non-profit they apply for a grant from a community foundation for funding. Some advocacy groups request funding from the state government out of the civil penalty fund. The only problem with receiving civil penalty dollars is that money can only be used for nursing home improvements. Another possible funding source is the bed tax money in Michigan it is called QUAP.

All three models explained have paid staff ranging from two to fifteen people. Ms. Turnham explained that whatever model the core group decides to use it would be essential and effective to have a full time staff person to at least get the advocacy network developed and begin advocating in the community.

Mr. Bridgewater asked Ms. Turnham if there are any models in the state of Michigan that advocate for Long Term Care. Ms. Turnham explained the only program she knows of is the Long Term Care Ombudsman program funded through the state and federal government. The state representative is Sarah Slocum and the local representative is Elaine Hearn from Citizens for Better Care.

There are other organizations that do advocacy work including Michigan Campaign for Quality Care which is an organization made up of residents, family members, and individuals who use to live in a nursing home. This organization is funded completely from donations and uses volunteers. Each year this group comes to Lansing and meets with every Legislator and discusses their Long Term Care priorities and their plan for change. Another group is the Olmstead coalition which is a coalition made up of organizations that want to improve Long Term Care as a result of the Olmstead ruling. This organization advocates for the elderly and persons with disabilities.

Ms. Turnham explained every advocacy group faces difficulties and resistance. The difficulty is the fear of change while the resistance may come from advocacy members, consumers, providers and government. The first challenge is to work with the system itself and acknowledge that there will be difficulties and resistance. It is important to have a clear mission and clear definition of the purpose of your advocacy group. Also, to decide who are going to be members of your advocacy network.

SCOPE OF WORK

The subcommittee reviewed the scope of work Ms. Gleicher suggested a work change under the section deliverables number 4 change the word develop to support. The statement will read "Support Policy Recommendations by Priority Ranking (Top Priority to forwarded to Full Task Force and Legislative Body).

Ms. Gleicher made a motion to accept the Scope of Work, seconded by Ms. Weatherly
Motion carried.

PROCESS OF THE LTC STAKEHOLDER ENGAGEMENT SUBCOMMITTEE

The subcommittee will for 2-3 more sessions to define the type of advocacy group that will be formed, as well as its goals , objectives and processes. The initial large community stakeholder group will meet on January 23, 2009 at Tabernacle Missionary Baptist Church. The group will also have subcommittees that are divided into the 12 legislative districts . Training will be provided to these groups on becoming advocates in February or March.

SCHEDULE NEXT MEETING DATES, LOCATIONS AND TIMES

The next meeting will be held on December 17, 2008 from 12:00 p.m. to 2:00 p.m. at the Wellness Plan Building at 7700 Second Avenue, Detroit, MI 48202.

ADJOURNMENT

Meeting was adjourned at 2:00 p.m.

Respectfully submitted by:
Rachel McLaury

Attachment

Moving Towards Enhancing the Quality of Care