

***Administration for Community Living  
Affordable Care Act Webinar  
Building Integrated Care Coalitions: The California Community of Constituents  
Initiative  
December 11, 2012  
2:30-4:00 pm Eastern***

Coordinator: Welcome and thank you for standing by.

At this time all participants are in a listen-only mode until the question-and-answer session.

To ask a question at that time, please press star 1.

Today's conference is being recorded. If you have any objections, you may disconnect at this time.

I would now like to turn the call over to Marisa Scala-Foley. You may begin.

Marisa Scala-Foley: Thank you, Daniela. Good afternoon. Good morning to those of you who are on the West Coast.

As Daniela mentioned, my name is Marisa Scala-Foley. I work in the Office of Policy Analysis and Development in the Center for Disability and Aging Policy at the Administration for Community Living.

And we are glad that you joined us today. We thank you for joining for this month's webinar -- which is our latest in a series of webinars and our last one

for 2012 but focused on the Patient Protection and Affordable Care Act -- also known as the Affordable Care Act or the ACA -- and its impact on older adults, people with disabilities and aging and disability organizations.

Our webinar series is designed to provide aging and disability organizations with the tools that you need to participate in ACA-related efforts in your area such as accountable care organizations, state integration for dual-eligibles, health homes, managed long-term services and supports and more.

If you've joined us for our webinar series over the past year or two or even if you've just been tracking these changes in the news, you know that the health and care and long-term services and supports world are changing very rapidly. And if the speed at which states are transforming their system seems daunting to you, you're not alone.

In our description of this webinar, we talked about finding strength in numbers. And what we're hearing from many of you in the field is that aging and disability organizations in many states are doing just that to respond to these systems changes.

They're coming together to form networks to respond to the changes happening in their states -- both in terms of advocacy as well as business practice.

In this webinar we'll focus on one such collaborative effort -- the California Community of Constituents Initiative funded by The SCAN Foundation.

We'll present an overview of this initiative and spotlight three of the funded communities -- one of which is a statewide collaborative -- as well as two local city or county-based coalitions that are part of this initiative.

So before I introduce our panel of speakers, we have a couple of housekeeping announcements.

First of all if you have not yet done so, please use the link included in your e-mail confirmation to get onto WebEx so that you can not only follow along with the slides as we go through them but also ask your questions through chat when you have them.

If you don't have access to the link we e-mailed you, you can also go to [www.WebEx.com](http://www.WebEx.com), click on the Attend a Meeting button at the top of the page, then enter our meeting number -- which is 669580677 -- again that's 669580677 -- and the passcode is ACLWEBINAR -- again that's ACLWEBINAR -- and you need to enter that in all caps and there's no space there.

If you have any problems getting into WebEx, we invite you to call WebEx technical support at 1-866-569-3239. Again WebEx technical support can be reached at 1-866-569-3239.

As Daniela mentioned, all participants are in listen-only mode. However we do welcome your questions throughout the course of the webinar. There are two ways that you can ask your questions.

First is through the Web using the chat function in WebEx as I mentioned earlier. You can enter your questions and we'll sort through them and answer them as best we can when take breaks for questions after each team presents.

In addition after our presenters wrap up, we'll offer you a chance to ask your questions through the audio line. When that time comes, Daniela will give you instructions as to how to queue up to ask your questions.

And as always if you think of any questions after the webinar or have any questions that we didn't get a chance to answer that you'd like us to follow up on, please do e-mail them to us at [affordablecareact@aoa.hhs.gov](mailto:affordablecareact@aoa.hhs.gov).

One last thing we always get this question. You cannot print the slides from WebEx. We will post them on our Web site within the next week or so. But if you would like them sooner, please e-mail us at [affordablecareact@aoa.hhs.gov](mailto:affordablecareact@aoa.hhs.gov).

And as Daniela mentioned, we are recording this webinar and we'll post the slides, the recording and a transcript of the webinar on our Web site hopefully by early next week.

So today now to the content of today's webinar we're thrilled to be joined by a terrific of panel of presenters from California. And I'm going to introduce them in the order in which they will be presenting.

So first will Kali Peterson. Kali Peterson is a Program Officer at The SCAN Foundation and she brings both policy and programmatic expertise in aging and long-term care to the foundation. Her policy experience includes governance and policy analysis with the United Nations' Department of Economic and Social Affairs. She also served as a police analyst for the 2005 White House Conference on Aging. She holds a joint master's of science in gerontology degree from the USC Davis School of Gerontology and a master's of public administration from the USC School of Policy, Planning and Development.

Next will be Jack Hailey. Through the nonprofit Government Action and Communication Institute, Jack Hailey provides staff support to the California Collaborative for Long-term Services and Supports -- which he'll be talking about today. He joined GACI in 2011 after 25 years with the California state senate at its Office of Research and staff director of the Health and Human Services committee. While with the senate, Jack served on the executive committee of the National Conference of State Legislatures and was the staff chair of several policy committees.

Next will be Leane Marchese, who recently joined Silverado Senior Living as their administrator for their at-home division in San Diego. Silverado specializes in helping seniors who are living with Alzheimer's disease and provides individuals and their families a full continuum of care that includes support at home engaging communities in hospice care. Prior to joining Silverado, Leane was the Executive Director of the ElderHelp -- a community-based nonprofit organization that helped seniors remain living in their own homes and communities. She holds a bachelor's degree from the California State Chico in the recreation leadership and a master's degree from Clemson University in group dynamics in recreation.

Daniela?

Coordinator: Yes, ma'am.

Marisa Scala-Foley: I'm sorry. We're getting a lot of feedback through the line. I don't know if you have any way of isolating.

Coordinator: I'm trying to find out whose line it's coming from.

Marisa Scala-Foley: Okay, thank you so much.

Coordinator: You're welcome.

Marisa Scala-Foley: Okay. So next we have Wendy Peterson. Wendy has worked in the field aging policy and services for 15 years after leaving the computer industry where she managed technology development start-ups for 15 years. She served as marketing and development director for Center for Elders Independence, a Program of All-inclusive Care for the Elderly in Oakland, California. Since 2002, she's directed the Senior Services Coalition in Alameda County representing providers of health care and supportive services for seniors throughout the county. The coalition and its members advocate for policy changes that improve the lives of vulnerable older adults. She also serves as the President of the board of the Adult Day Services Network of Alameda County and holds a bachelor's degree in English from the University of California at Los Angeles.

Finally our speaker who will be batting clean up will be Erin Westphal. Erin currently serves as Program Officer for The SCAN Foundation where her work focuses on supporting the dissemination and assessment of promising program models that inform and strengthen long-term care policy development. Prior to joining the foundation, she was the special project coordinator for the city of Los Angeles Department of Aging. She holds a master of science in gerontology degree from USC Davis School of Gerontology and a bachelor's degree in psychology from San Diego State University.

So with that I will turn things over to Kali to start us off. Kali?

Kali Peterson: Thank you so very much, Marisa, and thank you to the Administration for Community Living for this wonderful opportunity to showcase the Community of Constituents Initiative.

Again my name is Kali Peterson and I'm a Program Officer for The SCAN Foundation.

The SCAN Foundation is based in Long Beach, California. We are the only foundation dedicated solely to long-term care.

Our mission as outlined on the slide is to advance the development of a sustainable continuum of quality care for seniors. We do this through three funding priorities -- public engagement or communication, policy solutions and promising programs.

I am the Program Officer for our first two funding priorities. Our public engagement work is about elevating the discussion of long-term care. This body of work is about understanding the terms people use when they talk about long-term care to support this dialogue at every level -- from the kitchen table if you will to Congress.

This work has included extensive focus groups and polling efforts and you may have even heard us on NPR as of late.

Our second funding priority is to develop policy solutions and tools for stakeholders to use as they work to transform the system of long-term care.

An example of this work would be the AARP Long-Term Care Scorecard -- which was funded jointly by the AARP Foundation, the Commonwealth Fund and The SCAN Foundation.

Another important part of this funding priority is stakeholder engagement -- which is where the bulk of the Community of Constituents' work reside.

Erin Westphal is our Program Officer for our third funding priority where we look most like traditional foundation.

Our promising program work helps proven models be taken to the next level applying that model to a new population or building the business acumen for community-based organizations.

We fund nationally and in California for the first two funding priorities. But we only fund in California for our third funding priority.

The Community of Constituents Initiative is building a statewide movement to transform the system of care so that all Californians can age with dignity, choice and independence.

Before I go into greater detail on this specific initiative, I think it's important to understand the roots of this effort.

In 2009, The SCAN Foundation was approached by a group of national aging and disability organizations working to strengthen home and community-based services and to ensure that long-term care was a part of the Affordable Care Act.

This D.C.-based group -- which is called the Friday Morning Collaborative -- still exists with more than 30 national members. These include AARP, the Arc of the United States, Alzheimer's Association, Community Catalyst, Direct Care Alliance, Easter Seals, Families USA and LeadingAge.

Based on the success on the Friday Morning Collaborative, The SCAN Foundation wanted to support the development of a similar group in Sacramento, California.

At the time, a group like the Friday Morning Collaborative did not exist. So we worked methodically and inclusively to help build what has now become the statewide group or the California Collaborative -- which Jack Hailey will speak to shortly.

During the nascent stages of this effort, we learned about a number of regional coalitions doing similar work and started attending their meetings. We found that half of what was being discussed was very localized but the other half was nearly identical -- whether you were in San Francisco, San Diego, Orange County, Humboldt, et cetera.

This solidified for the foundation that we needed regional representation as part of the Community of Constituents Initiative. There are currently 12 regional aging and disability service and advocacy coalitions representing 48% of California's counties all working to improve both the quality and access to care for older adults and persons with disabilities.

Today you will hear more about two of these coalitions -- the Senior Services Coalition of Alameda County and the San Diego Senior Alliance.

The Community of Constituents Initiative also has local or grassroots components -- which include community-based organizations working to engage older adults, their caregivers and others to be agents for change by participating in social action to improve the care they receive.

I'd like to direct you to the Web site that is located on this slide. This will take you to the webpage on The SCAN Foundation's Web site that will tell you in great detail about the 60-plus organizations that make up the Community of Constituents Initiative.

And with that I will turn over the presentation to Jack Hailey, who will tell you more about the California Collaborative.

Jack Hailey: Thank you, Kali. And let people know or somehow let people know if they're not hearing me well.

Greetings from California. Those from other states and the District of Columbia might be thinking, you know, what possible relevance can that state have for mine? It's huge. It has too many people, too much land and the state capitol's 400 miles from the center of the population.

The renaissance sort of had this right on their maps showing it as an island off the coast of Nevada and Arizona and I think that mindset may still be with people today.

But I do today want to give you some ideas about a way to talk about public policy in your state.

Over the past two years, we've put together a way to do this, but it's not just the specifics of how of what we do now that I hope to convey today but rather what our process was to get to this point and a process that I think translates to other states and settings.

So who are we? What is it I'm describing today? That first slide who we are tells you that our collaborative is 40 statewide aging, disability and provider

organizations dedicated to advancing long-term services and supports in California.

Early on the collaborative agreed to a mission statement and I know it's in front of you. If you don't mind, I'll read it though.

The collaborative is a coalition of statewide organizations serving seniors and persons with disabilities. These organizations have agreed to a set of principles and meet regularly to exchange information and worked toward consensus on the design of an integrated system of long-term services and supports in California.

The collaborative also serves as a sounding board for the legislature and the administration as they consider changes in services for seniors and persons with disabilities from acute care hospitalization and nursing home care to home and community-based services.

And the next slide is sort of a fun one. It just shows the logos of most of those 40 organizations. And although the type on them is pretty small, there are organizations you recognize like AARP and organizations and the Arc of California and organizations that are more specific to California and some of those, you know, fairly small.

And there's diversity here and variety. We include labor unions. We include organizations that are run by seniors or persons with disabilities, organizations that advocate for them and organizations that provide services to them. So there's a sort of more the merrier approach to this membership that I'll touch on again a little later.

In addition to the mission statement, in the first few months of the collaborative all member organizations agreed to a set of principles. They're about one page long. I can send you a copy. But it's not so much what's the content that's of value in this presentation but that hashing through this was very important to give the us as a collaborative an identity.

We used a small workgroup that met several times and then backed each other up when the draft was presented to the full group. And rather than wordsmith on it, everyone agreed to adopt them as presented and then revisit them in about six months. And this was an artful way to get passed a conversation that had the potential of fraying some of the relationships and it's a lesson we learned early on that it's okay to punt. It's okay to put off some decisions.

So these principles as you can see have keywords and then there's a sentence or two about each of those keywords in the actual principles themselves. So we focus on dignity and choice, affordability, quality, independence, cultural competence, accessibility, flexibility, inclusivity and legality -- all of them sort of basic words and you can fill in the blanks.

We also defined long-term services and supports -- which was another basic for us. Personal, medical, social and financial assistance needed by persons with functional limitations over an extended time. The services may be publicly or privately financed, delivered in a wide range of settings and may change as the needs of the individual who uses the services change.

So as you can there's a sort of global outlook in the mission principles and definitions.

Kali's already mentioned some of how we started. The SCAN Foundation had a vision of public policy discussions with a broad group of organizational

representatives to discuss and seek consensus on what an integrated system of long-term services and supports in California should look like.

So a couple of people -- one from The SCAN Foundation and one from AARP -- both of whom have great reputations and work for the legislature before joining the other organizations -- they divided up the list of organizations and visited folks one-on-one and asked them a simple question: Would you want to talk about statewide long-term policy issues for a few hours each month?

And to their surprise virtually everyone said yes. So the group convened in December of 2010, met monthly in 2011 and has met weekly in 2012.

The last two bullets on this how we started just seem like good lessons learned. We had difficult early meetings, but perseverance really counts. And as I mentioned already, deferring decisions when we couldn't agree was a good decision to make.

The characteristics of the collaborative is that it now meets weekly in person and with call-in capability. Thanks to a grant from the SCAN Foundation, the collaborative does have staff. I work almost full time and then I have two assistants -- one of who attends each meeting for minutes and the other is sort of our conference organizer and the two of them do a lot of backup for me.

We used a Google Group as a listserv for anyone in the collaborative to send a message to the whole group and you can reply to that whole group as well and it's a good way to get news articles, summaries of studies, organizational newsletters out.

We pay a lot of attention to accessibility. I mentioned that we meet each week in a physical place and then have phone-in capability. And that phone-in

capability is important. We had to move venues to have a better auditory system -- a better phone system -- so that people who phone in can actually hear and follow the conversation.

And then we've used workgroups I think fairly strategically as needed to hash things out over time and then bring them back to our larger group.

A lot of what we've accomplished so far is around notions of relationships. There's a great deal of cohesion now among these members and given that they vary in size a great deal from an organization that's larger is well funded and staffed as AARP or the Arc of California down to very small, to organizations that don't have their own dedicated paid staff but have volunteer staff that may change every year as boards elect new chairs and vice-chairs and policy directors.

So those folks have an extraordinary entrée into weekly intelligence sharing and that increases we believe their policy capacity.

We do not have state agencies as members of the collaborative. We do not have members of the legislature or their staff as members of the collaborative. But we do invite them to meetings regularly.

And we have over the last two years I think established ourselves as an authoritative, trusted, unified voice on long-term services and supports for the state.

It's a we're a one-stop shop for a lot of these folks. We're not just inviting them to come to our meetings now. They're often calling us and asking if they can get on the agenda, if they can present a working document to us because of the breadth of the membership and the confidentiality of the discussions.

We've also had pretty good access to federal officials -- particular at CMS. And we have sort of evolved into this position of sometimes speaking with a unified voice but always our member organizations can speak independently and voice their own concerns. Even though they remain members of the collaborative, they may frequently make public comments on the issues that we may have also been considering.

We've held three statewide conferences in 18 months. For those folks in the map that Kali showed you, the pins in that map our organizations, those regional coalitions and the agents for change projects.

And we have monthly calls in which I report on the doings of the collaborative to the 12 regional coalitions that Kali's map had the green pins I think it was.

So that's sort of where we've evolved and we had this overall goal of coming up with an integrated system for long-term services and support. And low and behold along comes with the federal government and the state government announcing their duals demonstration project and the need for that agenda item was suddenly overtaken by the state presenting us with their version of a comprehensive system. And so that has been the major agenda item for our organization for the last year.

There have been some challenges and one that you all will consider if you think about doing this in your state is how do you include consumers. Well first of all we've tried to make sure that organizations representing consumers are invited to attend.

But beyond that there's a question of whether you have individual consumers nominated to be members of the collaborative or coalition you're putting together. It's an important discussion point. We've had that discussion regularly and have chosen not to invite individuals who are a part from an organization, but it's an important discussion to have.

I've mentioned the importance of accessibility for our meetings using a good phone system. Everything that I mail out if I'm passing it on from someone else, I try to redo it so that it's in a Word or a text document so that it's 14-point type at least so with sans-serif fonts so that is accessible so a person who is blind and has a reader attached to his or her computer can read those lines. I'm constantly learning about what makes something accessible and what doesn't and it's an important part of what I do.

There's a question of advocacy. For us we don't send many letters as a group. We don't take positions on bills. We don't testify at the legislature as an organization. But we do talk as I said to elected officials and their staff, the leaders of state government as well as agency and department staff.

So I think of as being more of a sounding board and not sounding off; although that has a pejorative sense that I don't mean. Sounding off isn't a bad thing.

But we're not a traditional advocacy organization in my mind at least and that leads to some tough balancing we have to do. I don't know if this analogy works of trying to land a marlin with a ten-pound test line, but if you ever try it, you have to be very delicate because it's pretty easy to snap that line.

And so we need to be frank and we need to maintain a working relationship with state agencies and sometimes that's a challenge.

Last and maybe most important what has been the impact of the collaborative on the duals demonstration and I've made a few notes here.

We have become a trusted one-stop shop for them. It's a very complicated process this duals demonstration project. In California it's going to be in up to eight counties -- seven of which have more than a million people each. So it's not a traditional pilot in any way, shape or form.

And by meeting in private, we can really allow a lot of candor.

As I mentioned our members keep autonomy to lobby separately. But what we've been able to do is share information across the various workgroups that our state has set up. So all of us know which each one of those groups - all of us know what each one of those groups is discussing. All of us have a chance to coach each other before we go to various meetings.

And in between these closed-door meetings with members of our governors administration and Department of Health and Social Services and our closed-door meetings with legislative staff we've been able to what I'd say is plant some ideas that has been reflected now in the legislation that's guiding our duals demonstration.

And it's not so much that we've slowed it down as that we've advocated for putting various checkpoints into this process whereby the administration must come back to the legislature with a report in public and there's an opportunity for comment.

Because we have more than a million dual-eligible individuals in California and potentially half of them could be in on the demonstration, so there's a great deal of importance to how well this is enacted or administered.

So in closing the world of seniors and persons with disabilities have faced difficult times during the recession and will continue to face a lot of challenges.

So although there may be differences among organizations -- let's say client groups on one side, provider groups on another and general advocates on a third or there may be institutional care on one side of the table and community-based services on the other or disability focus and a senior focus - - for us we're at sort of 30,000 feet, so we really see how much more we have in common. How all of us -- clients, providers, advocates, institutional care, community-based services, disability focus, senior focus -- all of us in essence are in the same foxhole during these budget negotiations, during these negotiations to bring managed care to more and more seniors and persons with disability.

So there may be some small differences but there's extraordinary commonalities that make this weekly discussion very valuable. For you it could be monthly. You could do statewide-only groups as we do or regional groups. We don't include state government departments as members, but you could. And you start out I think by bringing people together to share information and you build from there.

If we can help in any way to export this approach, please let us know. Thank you.

Marisa Scala-Foley: All right, thank you so much, Jack. I just want to remind everyone that while we will be taking audio questions, that will not happen until all of the presenters have gone. So we do invite you to ask your questions through chat in WebEx if you have any at this point.

I actually had a question for you, Jack. We hear a lot from the organizations that we serve here at the Administration for Community Living. We get this question a lot about how do we get to the table. How do we get, you know, sort of the state or health plans or whomever to take us, you know, sort of seriously and how do we get involved in these discussions?

And it sounds like you all at the collaborative have done that. What do you think was most critical in building that trust that enables the state to turn to you all as a sounding board when they're making proposals and so forth?

Jack Hailey: Well I think -- and Kali may want to jump in on this as well -- that it's having a broad array of organizations in the membership having hashed out a few agreed upon positions like our mission statement and our principles and then being viable by meeting every month as you said you would and having substantive agendas.

And then you invite people in and they sort of come away either saying this was a rich experience or it wasn't. And in our case I think people who've come have been pleased -- people from the state and the legislature.

So I may be giving too simplistic an answer but I think it is that broad-based of having everybody in the room or on the phone at once and then keeping people's confidence.

Kali Peterson: Marisa, this is Kali. I just want to agree with everything Jack said. But I'd even take it one step back -- which is efforts like this may have existed before, been attempted and really learning from those past experiences to understand what are the key puzzle pieces that you need to set up a successful that can be trusted and be seen as the go-to resource for whether it's the health plans or the state officials and really learning from those past experiences and understanding where those pressure points or maybe those uncomfortable discussions that need to be had to move through a failed attempt in the past.

The California collaborative paid special attention and really worked methodically and slowly to work through those potential issues so that they had a really strong foundation for the membership that I think has allowed them to be as successful as they have been.

Marisa Scala-Foley: Great. We got one question -- another question for Jack. And, Jack, you mentioned that at times the collaborative decides to sort of speak collaboratively and other times individual members may speak on their own.

How do you decide? Do you have criteria that you use from when you speak - - when the collaborative sort of speaks with one voice?

Jack Hailey: It's more ad hoc. Someone will say, you know, we had this discussion. We all we're pretty much in agreement with this. Let's put a letter together and circulate it among the membership and see if it makes sense to send.

And other times our conversations will be basically to make sure within the collaborative has the same information and knows about the deadline for comment and then they take off and do it.

So sort when someone sitting around the table saying hey this is a really big deal. Can we see if we should make a comment?

I'd say the other piece is sort of organic and that if we have a meeting with the agency secretary or a department head, our letter thanking them for that conversation will summarize our points and our point of view. So then that's a kind of logical time for the group to speak together.

Marisa Scala-Foley: Okay, great. With that we've got one more question, but I think I'm going to hold it until after Leane and Wendy both have had a chance to talk, so all three of you can sort - because I think it's a question that's relevant to all three of you with regard to your communities.

So with that I think at this point we will turn things over to Leane.

Leane Marchese: Great. Hello, I'm Leane Marchese with Silverado at Home in San Diego.

Just hearing I guess the introductions and the journey of California, it's just so great to be a part of it with the San Diego Senior Alliance. And I guess just thinking about what Jack was talking about I love the idea of fishing for the marlin with the ten-pound test line I suppose.

But when you're doing a regional coalition and I think part of California and to support the work of the collaborative and the vision of The SCAN Foundation and long-term care really has been to support and grow regional coalitions.

And the San Diego Senior Alliance is definitely one of those coalitions that, you know, began some time ago and has really been fortified through the

efforts of building this regional actually statewide group of regional coalitions.

So I'll kind of share a little bit and move through our slides and then of course we can get to some questions.

So talking a little bit the history of how the group came together, you know, San Diego is a community with a very rich and sophisticated group of folks who are working on long-term care from the county level to community-based organizations. It is a rich community. And even in that community, there has not been a lot of integration of community-based organizations.

So in 2009, there were a group of us that sat around the table thinking especially with the economic downturn, you know, how are we going to continue to be, you know, fruitful and bring the resources to the region for seniors -- especially low and middle-income seniors.

And we decided to give a go and see if we could invite other CEOs of mainly community-based organizations, mainly nonprofit organizations even though within the coalition we do have one or two for-profits.

But we brought people together, invited people to a meeting and began to envision what has become the San Diego Senior Alliance. And it's really devised of a very passionate group of senior-serving organizations -- mainly people in the senior executive arena.

But we came together really with the focus on advocacy and advocating in the public policy arena for funds for seniors in San Diego. It was an extremely challenging environment in 2009. And in addition we also had members who didn't know a lot about advocacy. I was one of those included. You know,

selfishly I wanted to learn from my colleagues and I felt that bringing people together would help us all to kind of float those boats of advocacy a little higher and help seniors and help our own organizations.

And we really came under and established to unify public policy and to share program information and to build a synergy.

And we are currently we are definitely at about I think 20 or 21 members. We're growing a little bit and mainly, you know, CEOs at this point with some programmatic folks that are also at the table.

And we really do focus on local government but we also try to extend out to statewide and federal as a group.

So that's a little bit about our history, you know, kind of formally.

I think, you know, informally coming together it hasn't been very clean and it's not always very pretty when you pull all these organizations together.

You know, we came together probably in the first couple of years and found some really accomplishments. We worked on the Elder Economic Index. We worked on getting food stamps, you know, being able to be accepted in more areas. We had some good success.

We also built a tremendous amount of trust and started to build trust among organizations that historically had to fight for funding and still do -- both from private funds and also government funds -- but we started build that trust and those relationships.

And then of course now -- and I'll talk a little bit later of how we've started now to try form around the duals demonstration project which now has come to San Diego -- membership as I shared it was initially a group of CEOs. We pulled all the CEOs together for the first several meetings and, you know, that happened for about a year. And then we kind of moved into the CEOs bringing their program staff and then just sending program staff.

And at that point we really realized as a leadership group of the original CEOs that we were getting a little diluted with more programmatic types of things.

So we really kind of pulled the reins in and then reached out to CEOs and said hey listen we need to have the CEO-level involvement here. And we went through a lot of reiterations of that membership.

We also reached out. We thought it was very important to reach out to legislative offices -- both on the local level, statewide level and federal level -- and bring them into the membership list.

They're not voting members of the membership, but they are consistent attendees and are involved at that level. And to this day a huge recommendation to bring those people in early and keep them engaged in the group.

In addition we did take a look at the CEOs as far as forming our membership. So currently we have CEOs who are members and voting members of the group and then there's program staff that can come and represent. But the only people who can vote are the CEOs.

And, you know, having people actually come in enough the group we thought would kind of be easy. Well if you're a community-based organization, come on into the group.

But there definitely has been some feedback on how we do that and we're still kind of out to lunch as we look at members in the community that some members may not think should come into group. So those are some things that kind of come up and to be aware of.

But for the most part, we have a strong membership. We have a dedicated membership and we've had that continuous membership since, you know, 2009, 2010.

Looking at different types of characteristics of our group, you know, we meet on a monthly basis and we have a leadership team that has really been has two of the original members. There's three of us and there's two of the original kind of founding members still on that leadership team and there's definitely some issues with like succession and get other people involved -- which we're trying to tackle. But having that continuity has been really helpful.

The entire group meets -- oh I'm sorry -- every other month and the leadership team meets monthly. But we are in community probably weekly as a leadership team kind of moving things through and trying to reach our goals and objectives.

Each meeting is hosted by each member at their offices or at their facility. Usually it includes, you know, a little food. Food's always good to bring to meetings. And they're hosted by the members and supported by those members.

And then of course we have right now we have a fiscal agency that is one of our group members -- one of our founding group members -- and they provide -- have provided in the past -- clerical support. And that is one of the things we're trying to transition from clerical to coordination.

But it's been a really great arrangement to get us started to have one of our members be able to dedicate one of their staff and it's been a great staff person -- and shout-out to her -- I think she's on the call -- but has been really influential in getting us, you know, kind of to where we are.

And but we did have a fiscal agency. We are not a 501(c)(3) yet. And we're kind of moving hopefully in a direction that we can be a 501(c)(3); although that has been definitely added some conflict to our group -- which I'll talk a little bit about.

The funding from The SCAN Foundation really kind of catapulted us into a place where we are really looking at achieving the goals in advocacy, in our formation of a formal coalition, also our communications plan. We've been able to complete and now have a Web site -- which has really been the hub and will be the hub of our communications. And it's just really moving us towards being a more structured coalition.

We talk a little bit on this slide and I kind of read through it as far as potential members. You know, we're definitely kind of moving through how we invite members on and how we bring members on and what the characteristics and commitments have to be from members.

So, you know, I think we're always taking a look at that. But one of the things we really do feel is strong is that the principals of the organization or the

CEOs have to be voting members and have to be kind of tied in to make it successful -- at least on our end.

And again I want to share there are so many different types of coalitions, types of focus for coalitions in California. Even in the I guess initiative through the SCAN Foundation, we're all kind of different. And I know Wendy will share a little bit as well.

So we had kind of put into place goals and objectives. We were working on a couple of different fronts and this about maybe a year and a half ago. We had a policy agenda. We had some different committees that were looking at state and federal policy, maintaining the basic needs of seniors. We had a communications committee, a mental health committee.

And then all of a sudden, boom, the duals demonstration. I love how Jack kind of describes it. It was kind of this asteroid that just came in and kind of landed within our community.

And I think one of the things that we're very - has been extremely beneficial from having the regional coalition is the fact that wow we finally - we had a group together ready to go and ready to start discussing how we might work together as the duals demonstration project has come online.

And certainly the duals demonstration pilot is the integration of long-term social supports and medical care. And it's really what is at the heart of community-based organizations and both for-profit and nonprofit and what they're having to wrestle with, with long-term care.

Now that I've transitioned from nonprofit to for-profit, it is just as fragmented as it is in, you know, nonprofit or for-profits, so there's just as fragmentation so just as much need for this integration.

And the San Diego Senior Alliance has really been able to respond to the duals demonstration and kind of start our engine. You know, we had some big dreams of integrating a little bit more than we've been able to so far. But we have been able to initiate a discussion, initiate a vision and really start to build relationships with the health plans that are going to be working to serve the duals population.

I think that one of the accomplishments we've had around the duals is we have been able to put together as a San Diego Senior Alliance we agreed on and put together a presentation that we have used with foundations. One in particular it was an innovation grant for a million dollars. We were one of the top three that got to present. We did not get chosen. But we'll have another chance next year to take a look at this again.

So we've been able to coalesce as a group to go for some very large pieces of funding and feel like we're within reach of that funding where we wouldn't have been before if we didn't have the regional coalition in place.

I'm just checking my time here.

In addition we also were able to there's a duals-eligible advisory board that was formulated in San Diego and we have been able to have a seat on that committee -- which is I think limited to 25 members -- which is phenomenal.

And we also were able to put together in a presentation to that board -- which comprises all the groups who were focused on the duals demonstration pilot

and also the health plans -- the representatives from the health plans -- which basically are the people who are going to make decisions on who to contract with.

The San Diego Senior Alliance members have had a vision to integrate and have a one-stop shop. That vision has been contested and massaged and discussed as a group and we continue to do that as we move forward in responding to the duals project. So I think those are again I think we've wrestled.

We originally had felt that we would immediately every member would want to become a 501(c)(3). But what we found is that some members aren't sure about San Diego Senior Alliance becoming a 501(c)(3), so those discussions continue.

But we have had some very good success in understanding who we are, what we have to offer, what our members have to offer and also building trust and relationships for us to really be ahead of the curve in having the conversations with the health plans as a group and individually.

And I think the health plans are ahead of us. You know, we have a little catching up to do because, you know, we have to react so quickly and that's really one of our challenges.

So am at a - I think I have 26 seconds to give some takeaways.

One of the things that I think will make a regional coalitions successful and things that we are continuing to look at again participation from the decision makers within each of the organizations is essential and having that participation and not just participation but the engagement. You know, how

do you engage members between meetings, how do you engage them for decisions.

You know, the 501(c)(3) decision that vote was kind of crucial one for us and now we have to go back to the table and find out how we move forward on it. But we found out that some members just weren't as engaged or as informed.

And that leads me to the communication plan. It's essential those member-to-member. I knew Jack talked about maybe having consumers involved. Well my gosh we have been able - we realize now that we have to just focus on our membership, communicate with our membership and have our membership on the same page in moving forward and communications plan is a huge foundation for that.

And commitment from members of the group to centralize coordination. Going from clerical administrative to coordination, you know, we're there and now we're trying to find that right person who not only will do the job today but will carry and grow the San Diego Senior Alliance forward.

So that continues to be a focus for us is having, you know, understanding the difference between administrative support and then the actual coordination -- which will really elevate the San Diego Senior Alliance and help the members who are now just continuously volunteering. We have CEOs who are volunteering as coordinators and it sometimes can be challenging.

I think that is about it. I'm going to go ahead and hand off back to the moderator and then on to Wendy and thanks so much.

Marisa Scala-Foley: Right. I think we're going to hold on questions until after Wendy and Erin both go. So, Wendy, I will turn things over to you.

Wendy Peterson: Thank you very much. Hi everybody. Good afternoon I think it is some of those people now.

I'm Wendy Peterson and I am the staff person for the Senior Services Coalition of Alameda County. And I'm just going to jump into the history section.

I think I was invited to speak today because I represent a very old coalition. We were formed back in 1996 and I think that where we are today represents what kind of a culture of collaboration and advocacy you can get to in a county if you just stick with it long enough.

So back in 1996 there was a great deal of conflict and controversy because the county was changing the formulas that it used to distribute federal dollars throughout the county to aging service providers. And you can imagine every service provider in every part of the county was coming to the area agency on aging individually and lobbying and going (unintelligible) supervisors and lobbying. It was real chaos.

And wise person -- the administrator at the area agency on aging -- said you know everybody you can't do this. You have to come together. You have to work to build some consensus here.

And so they did. They were successful with that effort and so much so that when it was over, they really decided that it made sense to continue as a coalition -- to form a coalition that would be a forum for members to share information, talk about innovations and best practices and make forays into public policy advocacy and special projects. So they met monthly for several years doing that work.

And then in 2002 a staff position was created in order to take advantage of some opportunities that were emerging in the county and also recognizing that the policy environment was getting pretty complicated. And without staff, the coordination, the understanding, the kind of indexing of the information coming in and new developments was falling on volunteers who sometimes could and sometimes couldn't manage it all -- depending on their own obligations with their own organizations.

And so a staff position was pretty key to a change that happened in the Senior Services Coalition.

Over the last decade the purchase of the coalition has really been honed so that there's a recognition that advancing public policy is what we do -- public policy that strengthens community-based supports and also improves the system in the county so that seniors can thrive.

Over this last decade we've done a lot of things, but there are a number of things that we continue to do that consistently work to drive public policy discussion and change. And that includes convening events -- large events that are forums to focus attention on senior issues -- particular issues -- and to include policymakers and the community in those meetings.

We've worked hard to build relationships and deepen relationships with our local and state elected officials.

We've produced ongoing policy impact reports that analyze just what things -- what changes -- coming, proposed or implemented really mean for seniors in our county. And that coupled with our advocacy work has really built a

reputation for the Senior Services Coalition as a good local resource -- a place to go on senior issues and policy.

We've expanded our membership since the early days so that it really represents organizations beyond simply those funded through the area agency on aging.

And we have built and continue to build cooperative partnerships with our partners across this safety net.

I wonder if you could back up that slide. I think it was advanced a little. Thank you.

So we work to respond in a coordinated way to push advocacy efforts that are trying to block or mitigate the effect of state and local budget decisions and that all by itself has helped us to form solid partnerships with other organizations in other parts of the safety net. And those have helped us to move forward on policy issues that affect a lot of people in the county.

So collectively the Senior Services Coalition members provide a really broad array of health, social and supportive services to tens of thousands of seniors in Alameda County.

You can move to the membership slide now.

What they have all done is committed to improving the system of care for older adults, but they all do have a special commitment and attention to improving the system of care for the most vulnerable people who are of frail health with cognitive impairment or disability or financially insecure.

You can move to our next slide -- the characteristics.

As I said we're staffed. There's a dedicated staff of one. This is a contract position. The hours ebb and flow based on funding and the workload and initiative of the Senior Services Coalition over time.

We're about to add a really important part-time staff person -- a Web communicates coordinator. And that role is important for broadening our reach through Web-based communications but also making it much more regular so that our activities are more transparent and our members are able to follow everything that we're doing -- even when it involves, you know, just basic meetings with elected officials that aren't big productions.

We used to convene monthly. A couple of years ago we decided to convene as needed around issues. We've found that it was really effective to bring policymakers, supervisors, staff, you know, agency people into the meetings -- that those were incredibly productive meetings. And so what we decided to do was convene our forums around issues that would draw, you know, those audience members in.

And so our forums tend to be quarterly. We have at least one workgroup meeting -- maybe more -- every month and weekly visits with policymakers and attendance at county and provider meetings.

We're a membership organization. Our core members are organizations that serve seniors -- both nonprofit and public entities that provide services for seniors.

We don't exclude for-profits, but we really haven't had any for-profits interested in joining and that might be something that we want to change in the future.

We have a dues structure for our members -- our core members who have voting rights. But there is flexibility around that for small organizations and commissions on aging are dues exempt since they don't really have budgets to pay dues.

We're run by a steering committee and the make up of that committee has changed over time and it really reflects some strategic thinking on our part. Right now the steering committee is made of representatives of member organizations in all four quadrants of the county. We're a fairly large county -- a city-based provider, a countywide provider, the area agency on aging, a commission on aging member -- right now it's the county commission on aging -- and a representative from a consumer group and of course our fiscal sponsor.

We're a fiscally sponsored organization and well this is a conscious choice to be lean and flexible and not worry about focusing resources or precious time on sort of the care and feeling of a corporate structure.

The steering committee and the fiscal sponsor in a sense work together to give oversight to the staff. They're my boss. The fiscal sponsor providing oversight on a daily and weekly basis and the steering committee really looking to the scope of work to make sure that we're on track.

That scope of work is developed annually. It's driven by our annual policy agenda -- which the members define and vote on annually. So the policy

agenda is really at the heart of our organization and the work that we do and where we're trying to get.

We function on foundation grants from year to year and member dues. And we've been working to increase the percentage of our budget that member dues represent and that's a slow but steady gain.

And then there are occasions where we realize we need more funding for instance for a media communicates (unintelligible) and we just don't have it. And so we'll put the word out to our members and everybody contributes to the pot, so we some cautionary around that.

If you were to ask what we do on any given and what we do all day, it kind of boils down to these things. We're continually tracking and analyzing new developments -- both at the local and the state level.

And I should say that the California Collaborative and the work that Jack has been doing and The SCAN Foundation those have been incredibly valuable assists for us in keeping tabs on what's going on outside of our county.

Communicating with our membership and with our stakeholders and with our partners is something that we do. This is the main thing that we do and it's via phone, it's e-mail, it's through our Web site, it's using our eNews letter updates and we'll also do media alerts around our forums and other issues that we think are timely and need that push out into the public.

We convene forums of course, workgroups, trainings for our members and coordinate policy advocacy. Sometimes this is lobbying and sometimes it's simply educating our electeds.

And the work that I do is to organize all of our members around defining the issues, deciding who we need to talk to, organizing the approach and taking care of the follow up.

So let's move on to the duals demonstration. We've already heard from Jack and Leane about this tremendous change that is coming to California and it is coming to Alameda County like San Diego next year.

And we have been trying to get ahead of the curve. Fortunately I'll sort of back up. When we look to our membership for our policy advocacy every year, we really listen to them.

Several years ago, our members started to say, you know, the state's thinking of making these changes in Medi-Cal -- which is our state's Medicaid program -- and it would probably be helpful if we could get some relationship building going with our local managed care plans.

And so we did that. Several years ago we reached out to our local plans, started to get to know them, had conversations, invited them in and at some point they became one of our member organizations, so they're there at the table with us as we move forward and that's been very helpful.

In July we convened forum that really had a pivotal effect on our coalition's direction. We brought all of our members together and stakeholders and elected officials to look at just what this changing landscape of long-term services and supports will mean to the county.

And out of that we came to some strategy, some consensus about what we need to do to move forward. It is proactive, it's participatory and it very much involves the communications plan.

We've also been working on some targeted efforts to preserve some of the existing pieces of what we think long-term service and supports needs to be in this county -- some programs that have been at great risk.

And I'll just very briefly tell you about two of them. One was the adult day health care crisis. We were in danger of losing funding for adult day health care -- which we consider a pivotal resource and service in this county.

So we mounted not only a grassroots effort with families, public and the press and just, you know, all of those things that you do in a grassroots effort to pull people together and have events and talk to the press.

But we also worked to mobilize our elected officials and agency heads so that they could work through their channels to communicate to the state, to negotiate and also to create some opportunities in the county that allowed us to preserve some of these adult day health care programs that were at risk of closing.

With case management we realized that there were a whole lot of various organizations in the county that provide case management services and small and large. And we knew ahead of time that we really wanted them to be involved in the duals demonstration.

And in order to get recognition from our local managed care plan and also the other plan that's in the county we mapped the case management capacity. We created an asset map that was really detailed and went pretty deep into what the various services were and what their expertise was.

And we presented that to the local managed care plan and the other plan and it turns out that the local managed care plan it was the time that we presented it was perfect in their planning schedule. And so this map and the understanding that these services were there and could possibly be contracted with went into our local plan's proposal to the state and it's there in the planning and implementation process. It's moving forward now.

Right now we're working really hard to secure county funding for a local health insurance counseling and advocacy program so that next year consumers will have the assistance that they need to make informed choices and so that our member organizations and all of the community-based organizations out there will have some back up -- some help with when they're trying to help their own clients.

We're coordinating Senior Services Coalition members and partner organizations for next year's series of trainings so that all CEOs will be prepared. And we really reaching across the safety net and working with as many disability organizations as we possibly can. Some of them now working with them shoulder to shoulder -- including the local independent living centers -- that they are completely involved in our process and nearly working with us as members.

So I think I'll move to the takeaways -- I think I've used up my time -- top three takeaways for what it takes to put together a coalition and keep it together.

I think that a coalition of those who show up, those who have the time to get to a meeting or the interest that is simply just it's not good enough. If that's all you have, you will not be able to change the conversation and the culture in your county.

You have to develop the habit of asking who else needs to be at this table and reaching out and engaging them in whatever way works -- whether it's simply listening and understanding their point of view, whether it's bringing to the table, you know, whatever it takes -- you have to continually reach out.

And connected to that I think is that you have to continuously push your efforts out to the edges of your coalition to engage those who aren't engaged. I think of it in terms of consecutive - concentric circles. If you imagine the center circle being your steering committee and outside of that are the member organizations that are always engaged and always showing up. There are circles outside of that that are sometimes involved and sometimes not depending on the issue or their energy. And then members that just way out there.

And you've got to continually go out to the edge, listen, offer opportunities, get them involved in decision making even if they can't be at the table through surveys or whatever it takes and engage those who aren't engaged.

And then lastly by doing this you're going to build trust and building trust is more important than any one issue. I think that Jack and Leane spoke to this.

You have to honor consensus. There's no issue that is so important that you should ignore the need to have consensus. You've got to take the long view and expect each organization to have their best interest in mind and have their own agenda and honor that.

So with that I'll hand it off to Erin.

Erin Westphal: Great. Thank you, Wendy.

So I know that we're just coming up on the last 15 minutes here and I'll try to make my comments quick just in case we have some additional questions that folks would like to pose.

I'm just going to spend a couple of minutes talking about some of the work that I've been doing here to help community-based organizations really build their business acumen to partner with the health care sector so it can begin to engage in partnerships where they can essentially sell their services -- the things that they do best -- doing care coordination, supporting transitions and help the health care sector see the value in partnering with those.

And this is really important or this is a time where this type of work we believe is maybe more seizable (sic) than it could has been 5, 10 or 15 years ago really given environmental changes that are occurring from the Affordable Care Act to duals integration.

And, you know, our previous speakers have spent a bit of time talking about duals integration in California -- which is our coordinated care initiative.

But when we think about the Affordable Care Act, I think that there are really four opportunities that - I only listed three on my slide but I think that there really are four opportunities that community-based organizations can think of -- whether they're working independently or working collaboratively to leverage these opportunities -- from reducing hospital readmissions to working with accountable care organizations that being developed in our communities to working on the rebalancing part of work that's happening from the 1115 waivers to Money Follows the Person and through the Community-based Care Transitions Program.

All of these are an opportunity for community-based organizations to again really leverage where their areas of expertise are to address issues of transitions and care coordination.

I think what's been really interesting for me as we've done this work is that we've working with organizations not only in the development of our RFP that was released but then in reviewing applications that came in, doing site visits, having further conversations that there is a diversity of organization types that want to participate in this work but that there isn't one type of organization that can essentially do it all.

And so you can see we're not making a formal announcement or a public announcement of those who were selected to participate in our initiative. We're still just going through putting all of our contracts in place. But they range from pace providers to traditional and home and community-based services organizations to those who provide adult day health care.

But if you think about an organization that may just be an adult day health care provider, when you're looking at where are the needs with transitions, an adult day health care entity can really do one thing really well -- which is adult day health care.

And this is where I think -- especially as Leane talked about in San Diego as their collaborative is thinking how do we come together as a group of community-based organizations to say, you know, this is what we can do for you and have really one contracting body that can the organize the home and community-based service providers.

But that's going to be difficult because just like building a coalition is difficult, being able to think through pricing structures, reimbursement, how

services are going to be provided, the roles and responsibilities. It's not something that can just happen overnight.

But I also think that a number of organizations who either lead or participate in community-based care transition initiatives in their communities can really leverage that experience to further build on developing these partnerships.

We did with the foundation release a couple of papers -- one for that's really specific to California and defining who the potential health care sector partners are but the other that really has national reach that talks about or it lays out what the business case is for home and community-based providers to engage in these relationships.

It is on our Web site. The author is Victor Tabbush. If it's something that you're interested in, I would encourage you to take a look at it and I believe it's going to be listed as one of the resources on our PowerPoint slide, so it may be a little bit easier to get to it.

But like I said I'm just going to really keep at a quick summary of that. Our contact information is available if you want to reach out to me directly to learn more about the work that we're doing but this way so we have some time for questions as we come up to the end of the webinar. Marisa?

Marisa Scala-Foley: Okay thank you, Erin. Just getting myself off mute there.

Thank you all so much for your presentations. I just want to really quickly go through the last couple of slides so we have time to answer the questions that have come in through chat and all offer people on the audio line a chance to queue up to ask their questions with the remaining ten minutes that we have.

First as always we've included a listing of Web resources that may be useful to you as you explore this issue of managed long-term services and supports as well as coalition building and so forth.

So we've included several slides on here. I'm not going to go through each and every and link. First several resources -- including the one that Erin just mentioned -- from our friends at the SCAN Foundation.

We've also included a number of resources related to managed long-term services and supports from other partner organizations such as the National Senior Citizens Law Center, the National Association of States United for Aging and Diagonally, AARP, Kaiser Family Foundation and more.

So rather than have everyone sort of frantically scribble down these URLs -- some of which are very complicated -- we will post these slides as I mentioned earlier on our Web site likely by early next week. If you would like them sooner than that, please feel free to e-mail us at [affordablecareact@aoa.hhs.gov](mailto:affordablecareact@aoa.hhs.gov). Again that's [affordablecareact@aoa.hhs.gov](mailto:affordablecareact@aoa.hhs.gov).

We will continue our webinar series in 2013 focusing as we've done this past year in addressing how the ACA affects you and the clients you serve -- including topics such as health homes, the exchanges and Medicaid expansion, a continued look at managed long-term services and supports -- which we know is a critical issue for all of the organizations we serve -- and more.

So please do watch your e-mail for information that will come via ACL's weekly eNews.

So with that, Daniela, if you want to give people instructions as to how to queue up on the audio line, while they're doing that, then we'll take some more questions that have come in through chat.

Coordinator: Thank you.

To ask a question at this time, please press star 1. You will be prompted to record your name. It is required to introduce your questions. You may withdraw your question by pressing star 2.

Once again to ask a question, please press star 1.

One moment please.

Marisa Scala-Foley: Okay. So while people are queuing up, let's take a couple of the chat questions.

The first comes from Dean who works for a hospital system in Virginia. He mentioned that they're working on a research proposal that would build collaboration between the health care community and spiritual or faith-based communities focused on advance care planning.

And he wondered if any of you could talk about the extent to which spiritual or faith-based communities have been involved in your efforts.

Erin Westphal: This is Erin. I think that, you know, Kali and I are looking at each other here and kind of thinking through our work. And, you know, I'll be interested, Jack and Leane and Wendy, to see what your response is.

You know, I think that as I think about what we've been doing specific to what we presented today on the coalitions, that there hasn't been a large presence of faith-based communities.

I will say that though that as an organization we've been supporting some work through Faith in Action -- which is now the National Volunteer Caregiver -- want to say -- Association -- they changed their name, but I still think of them as Faith in Action -- about how to take that model of volunteer caregiving and have that replicated within non-faith-based organizations to do that work.

And many of the organizations where that replication is taking place in California do have a connection and have been thinking about how to build partnerships with the health care sector.

I don't know that if they'll use the volunteer caregiving as one of their potential products or as part of their service line, but it's certainly something they've considered.

But I don't know if our other presenters have something they want to add.

Marisa Scala-Foley: Jack, Wendy or Leane, any of you want to talk about the extent to which faith communities or organizations related to them have been involved in your coalitions?

Wendy Peterson: Yes, this is Wendy. And just briefly we haven't seen a lot of involvement in our coalition formally and yet among our stakeholder group -- those who are community members but really involved in advocacy so that they consider themselves stakeholders -- are on our e-mail lists.

We have, you know, a handful of people who are associated with churches and faith-based groups. I do know that our member organizations tend to have some of the pretty robust connections to local churches and other faith-based groups in their own communities.

Jack Hailey: This is Jack. The California Collaborative not yet had any member -- any faith-based group -- approach us for membership.

Leane Marchese: This is Leane. We have community-based organizations that are faith-based that are also social service organizations serving seniors -- Catholic Charities, St. Paul's -- but not churches per se.

Marisa Scala-Foley: Okay. Daniela, did we have anyone queue up on the audio line for questions?

Coordinator: No there are no questions.

Marisa Scala-Foley: Okay then we'll continue to go through with the remaining few minutes that we have questions that have come in through chat.

Jackie asks I think a clarifying question from Wendy. You mentioned the term fiscal sponsor. Can you talk about what that means?

Wendy Peterson: Sure. A fiscal sponsor is a 501(c)(3) organization that becomes the rep payee in a sense for our coalition, so that foundations are able to give grants to us via the fiscal sponsor.

These days most foundations do understand the fiscal sponsor format and most of them have policies that allow giving to organizations that are fiscally sponsored but not all of them.

Marisa Scala-Foley: Okay. We got a question in and I think this will probably unfortunately be the last question we can take since we're running out of time.

We got a question in from Christine who asks she didn't see any mention of the Aging and Disability Resource Centers in the presentations. Can you talk a little bit about how they have been involved in any of our coalitions?

Leane Marchese: Well, that's an interesting question. This is Leane in San Diego.

I think that when we looked at aggressively becoming kind of a one-stop shop for health plans to access services for the duals population, we definitely were approached. And one of our members of our coalition is Aging and Independent Services -- which is the county program that focuses on seniors -- which the ADRC -- Aging and Disability Resource - I forgot the last - what the last one stands for. But anyway the ADRC.

That they felt that it might be redundant or that is the role that they should take. And of course there has been some funding issues with ADRCs; although I think they've just gotten some brand new funding -- which puts them perhaps back in the driver's seat.

So it was kind of a competitive, not quite as collaborative, you know, kind of - so I think that's still out to, you know, interpretation. A lot of our members serve. You know, I'm on the ADRC committee so kind of seen what's happening but the lack of funding has kind of stalled.

And, you know, I do think that, you know, whoever gets the funding and kind of develops this network and this structure is going to kind of move forward

but there's great opportunities to work with the ADRC and partner. I think it has to be a collaborative effort but it has to be kind of sorted out.

Kali Peterson: Marisa, this is Kali. I'd just like to express that one of our regional coalition based in Riverside County but also has members in San Bernardino County -- which are both counties that will likely or have been listed as part of a coordinated care initiative here in California.

They have a coalition that was formed around their ADRC. It started as an advisory group around the ADRC and now is really focused on long-term care.

So they are a constant member of our group and participate on our monthly calls and our in-person meetings that Jack referenced at the beginning and bring some important discussion points to bear for the group to address as Leane noted.

These are all part of those more complicated discussions that need to take place for coalitions.

Marisa Scala-Foley: All right and with that I believe we have run out of time.

I want to thank our speakers -- Kali, Jack, Leane, Wendy and Erin -- for a terrific, thought-provoking presentation and we want to thank all of you for being on the line today and for the questions that you've had.

If you have any additional questions or if you have suggestions for future webinar topics -- particularly if they relate to integrated care and managed long-term services and supports -- we do want to hear from you so please do

e-mail us at [affordablecareact@aoa.hhs.gov](mailto:affordablecareact@aoa.hhs.gov). We do welcome your suggestions because we want these webinars to be as useful to you as possible.

Thank you all for joining us today and we look forward to having you with us on future webinars and we wish you all a happy and healthy holiday season.  
Thank you very much.

Coordinator: Thank you for participating in today's conference. You may disconnect at this time.

END