

ADRC Steering Committee Meeting Minutes

DATE: 3/2/10

PRESENT: Maureen Henry, Louise Tonin, Mark Smith, Marilyn Hammond, Carrie Schonlaw, Nancy Bentley, Juliana Preston, Scott McBeth, Tonya Hales, Helen Rollins, Shauna O'Neil, Lorna Koci, Michael Styles (for Nels Holmgren), Debra Mair, Brooke Plumlee; Conf. phone: Michelle Benson, Yvette Woodland

ABSENT: Andrew Riggle, Bill Young, Chandler Menteer, Judith Holt (excused)

TOPIC	DISCUSSION	ACTION
National Meeting Report	<p>Maureen discussed the ADRC national meeting. The Center for Medicare & Medicaid Services (CMS) and the Administration on Aging (AOA) are being directed toward the ADRC as a model. The UT ADRC is unique because in most states it is based out of the state unit on aging but UT's is housed through the University's Center on Aging. Oklahoma was mentioned as one of the few other independent ADRCs and that we might look at a work group with other independents. The VA usually contracts with AAAs to be VDHCBS; however, any organization that meets the criteria can apply. The focus is on a person-centered model. UT doesn't have many waivers that other states do, so care options could be an issue for clients. Materials from the national meeting are available under "Past National Meetings" on the ADRC website.</p> <p>It was brought up that the ADRC grant has opened up a VA grant opportunity. If there is interest in submitting for this grant, we can set up a meeting to discuss it.</p>	<p>National meeting materials are available at http://www.adrc-tae.org/tiki-index.php?page=PastTAEvents</p> <p>Let Brooke know if there is interest in VA grants and a meeting will be planned.</p>
Pilot Sites	<p>Maureen discussed a meeting she had with Lauren O'Reilley from the Lewin Group, an independent, well-respected healthcare policy consulting firm, who said four pilot sites is an ambitious goal and the focus needs to be on having the sites doing what they need to do and not worry about having a fully-functional site that does everything by September 30. Utah should work toward the national model; learning and being representative of possible future sites.</p> <p>Sites were discussed, then were resolved and approved as: Logan (AAA), Moab (CIL), Mountainlands (AAA and Provo CIL). The objective, whether a pilot site or not, is to involve all UT CILs and AAAs as protocols and procedures are developed, to then be rolled out to others. The funding will be \$14,000 per site March 15, 2010 to March 15, 2011. Sites may choose how to spend the money, but it must be carefully tracked.</p> <p>The next step will be full-day site visits to evaluate current processes. Tracking and evaluation will be essential as options counselors define protocols, competencies, etc. September 7 is official launch, but the soft launch is intended to start sooner, to integrate the program into existing structures and work out any issues.</p> <p>Skype e-conferencing will be required of the sites and the grant (outside the per-site amount) will cover purchasing the webcam if needed.</p>	<p>Committee approved sites: Logan, Moab, Mountainlands.</p> <p>Sites will determine how they will use their annual allotted \$14,000 and carefully track it.</p> <p>Pilot sites will have a full-day evaluation visit by Maureen, Louise and Judith. Contracts need to be in place ASAP.</p> <p>Sites will be required to use Skype (free download at http://www.skype.com/)</p>
Subcommittee Formation	<p>Subcommittees can include anyone, including those not on Steering Committee. Information & Referral (I&R) needs to begin immediately, and should include Health & Human Services agency representation. Evaluation needs to look at what is the impact of ADRC on the state, on expenditures, etc. and will be the first step in supporting continuity in the future when ADRC shows success. Planning (5-year plan) is due March 30, 2011, so it was decided to table this committee until later. Single Point of Entry focuses on seamless access to benefits</p>	<p>I&R subcommittee will plan a meeting immediately.</p>

	and counseling for those not eligible for benefits; to be tabled until later. Marketing has already begun with the development of the web site, which will have comprehensive information, pertinent documents, lists, etc., and should be available by the April meeting. Committee members will let Brooke know what subcommittee they want to be on by the April meeting.	Louise will have the ADRC web site available April 6. Committee members notify Brooke which committee they will be on by April 6.
ADRC Acronym Change	The suggestion was made to change ADRN back to the original ADRC to be consistent with the national acronym. It was approved to rename Aging & Disability Resource Network to Aging & Disability Resource Connection.	ADRN has been renamed to Aging & Disability Resource Connection (ADRC).
Logo	Logo options were looked at and discussed. Health Insight offered their professional staff graphic designer for a pro bono design option, so it was decided to come back in April with more logo options.	Health Insight's graphic designer will design a logo for consideration on April 6.

Submitted by: Brooke Plumlee

Date: 3/17/2010