

Alaska Commission on Aging  
Homer Senior Center/Land's End Conference Room  
3935 Svedlund / 4786 Homer Spit Road, Homer Alaska  
August 21 – 23, 2012  
Approved Meeting Minutes

**Roll Call:** Commission Members Present: Paula Pawlowski, Pat Branson, Sharon Howerton-Clark, Sandi Doyle, Marie Darlin, Iver Malutin, Betty Keegan, Eleanor Dementi, Nita Madsen, Duane Mayes, Banarsi Lal. Staff present: Denise Daniello, Jon Erickson, Lesley Thompson, Sherice Cole.

**Safety Moment:** Pat Branson reviewed the emergency exit plan at the Homer Senior Center.

**Meeting Agenda:** Pat moved motion to approve meeting agenda, Sandi seconded the motion.

**Meeting minutes April 25<sup>th</sup> & 26<sup>th</sup>** - Iver moved motion to approve the meeting minutes, Pat Branson seconded the meeting minutes.

**Passing the Gavel Ceremony & Recognition:**

Sharon Howerton, Chair from FY09-FY12 to Paula Pawlowski, Chair FY13-FY15

**Office of U.S. Senator Mark Begich: Letter to the Commission**

Paula read letter from Mark Begich. Congressman Mark Begich addressed the Commission and its members. He wrote about the importance of senior services and the care of our seniors. He mentioned Senate bill 738 the hope for Alzheimer's Act.

**Introduction of Special Guests from the U.S. Administration on Aging  
Chazz Kawabori, Retired Region X Administrator & Guest Speaker**

Chaz started by saying that Paula will do a grand job as the new ACoA Chair.

Chaz was with the Administration on Aging for 37 years. Terry Duffin has been with the Administration on Aging for 35 years.

Chazz said Terry always wanted to do something exciting and to be an advocate for seniors.

In 1965 the US Congress legislated the Administration on Aging. There used to be an appropriation of \$6 million dollars for 10% of U.S. Population. Today the budget is \$1.9 billion which accounts for 12% of the US population. Medicare and Medicaid have a budget of \$890 billion.

It is up to the communities to figure out how we get the money. This is where the Commission comes in to figure out how we do it.

In 1971 Administration on Aging had a Region 10 White House Conference on Aging; this was a precursor to National 1981 White House Conference on aging. The different Regions present to the National

Conference what your state wants done. The states that were represented at the Regional Conference were Alaska, Idaho, Oregon and Washington. At the conference the topics of income, housing, transportation, health and how to improve federal programs for aging were discussed.

In 1971, Alaska was represented by Dr. Fred McGinnis, he brought the first aging Director David Harmon and David Harmon brought his assistant Vern Perry. They went over 72 colored slides and covered 9 major areas and said the first area for Alaskan residents is income; 2) was health and mental health, 3) housing; 4) education, 5) employment, 6) retired population rolled into activities, 7) spiritual well – being, 8) transportation, 9) continuing misc. topics.

Chazz asked if the Commission has done something on these topics.

Pat said we have been working on the topics you mentioned and one very important topic is transportation, this has moved up and has been very successful in what we have advocated for. We have established a new advisory board. The Commission was successful with getting money dedicated from the state for transportation. Pat said she believes all of the items Chazz mentioned have been on the agenda with the Legislative Advocacy Committee as well as the Health & Social Services Commissioner. Pat doesn't think we could ever achieve all of the things mentioned but we are working on all of those things. We are working on advocating for these topics to the legislature.

Chazz said we want the federal government to start doing something about federal housing. We want to address these issues for people and want senior programs throughout the state.

Chazz said in 1971 the topics of, health, mental health and spiritual well-being in Alaska is what the communities wanted to be protected.

Chaz had an opportunity for coming to Alaska from 1971 to 1972 and working with the community – advocates. There were happy and unhappy people. The advocates weren't doing enough for the people. The first person he worked with was Frank Heden with the ACTION group.

By 1971 the Administration on Aging had developed 9 area wide models in 10 regions.

San Diego didn't get a model, their model from Phoenix, Arizona. The models are supposed to consist of people working together.

The states areas of Portland, Juneau, Seattle, and Idaho competed for one of the models but Portland got it. The administration had the Mayor of the town come and the service providers and legislature come. Seattle came and had 100 social workers; they said they liked the concept.

Region 10 got the model. Region 10 had multiple service areas that became service planning areas.

Chazz talked about the federal agency program ACTION, it was a volunteer program; it consolidated all volunteer programs. They put a lot of money into the ACTION Program.

The Administration also had a Foster Parent Program that helped the ACTION Program get off of the ground.

One rule that the Administration had was if a person worked with any aging services they had to check with the administration to make sure the program worked with the program at the Administration on Aging.

People that are very important in his mind are advocates for the aging. Some of the advocates are, Frank Heden; Rose, she was a real advocate and pioneer, she ended up getting Alzheimer's Disease; Nona, Frank Heden's wife; Danny Plotnick, an army reservist and he became an Aging Director and Aging Advocate.

Billy Conner as the Salvation Army Nutrition Director, he was very cooperative and really knew his stuff. Billy had a different attitude than other Alaskan Advocates; he really broke things down to where a person could really understand what he was saying.

Ella Craig, she worked with Alaskan Elders and the Nutrition Program; Keith Mortinsen, he empowered the elderly attitude; Ted graham and Laura Richardson, made senior housing.

Elizabeth Terrian, Oregon needed \$3,000 dollars for manuals on Elder Abuse and needed to get them out to the U.S. population. Elizabeth okayed some of the money in the Alaska State budget to pay for the manuals. Connie made summary for the state plan.

One day called a meeting was called, Terry said it was important that the commission meet 4 times a year. Chazz spoke to Danny the Aging Director and told him that there needed to be a meeting every quarter.

In closing Chazz said the Administration on Aging wants Alaska to keep working the way it is.

### **Administration on Aging, David Ishida, Region X Administrator**

David presented the Administration's power point.

#### **Overview**

The new health and human services division brings together the administration on aging (AOA), the office on Disability (OD) and the Administration on Developmental Disabilities (ADD)

This single agency is charged with developing policies and improving supports for seniors and people with disabilities.

#### **Background**

Olmstead Decision

Giving people the ability to live in their communities

### **Real Choice Systems Change grants**

Beginning of Medicaid Policy to change the federal bias toward institutional care

### **Money Follows the Person**

Person-centered recognition of reversing federal payment incentives

### **Background**

In 2009, on the anniversary of the Supreme Courts' landmark Olmstead decision, President Obama announced the Year of Community Living.

He directed the Health & Human Services (HHS) and HUD Secretaries to work together to identify ways to improve access to housing, community supports, and independent living for people with disabilities.

In 2009 HHS Secretary Sebelius established an interagency Coordinating Council co-led by the Director of the Office on Disability and the Assistant Secretary for Aging

Through the Community Living initiative, stakeholders and states have been engaged, investments made to improve access to housing and critical long-term services and supports; increase in communities that have Aging and Disability Resource Centers and enhanced state participation in the Money Follows the Person program.

### **Why is this important**

The common interests of the aging and disability populations have been recognized at the local and state levels. The mechanisms for providing supports that facilitate community living have been brought together into local and state agencies that serve both populations.

Yet at the federal level; policy development, community-outreach and program implementation are related.

David went over the organizational structure of the Department of Health and Human Services Administration for Community Living.

### **ACL Vision statement**

All people, regardless of age and disability, live with dignity, make their own choices, and participate fully in society. Maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers by advancing effective policies, services, and supports.

## **Administration on Aging Commitment**

### **For the people we serve**

To promote community living strategies so that people have the support they need.

### **For Administration on Aging Networks**

Our leadership and support to maximize quality outcomes for the people we serve.

### **For AOA employees**

To expect our employees to be mission driven, innovative, and results oriented and to value them by supporting their contributions, professional growth, and work-life balance.

### **For the public**

To promote the value of full participation of all individuals in society and be effective stewards of public resources.

## **Strategic Direction**

### **Role of the Assistant Secretary on Aging in Creating Long-Term Care Systems and Supports**

Section 202 (b) to promote the development and implementation of comprehensive, coordinated systems at Federal, State, and local levels that enable older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers.

**AOA's Major Initiatives: OAA Programs;** Aging and Disability Resource Centers; Care transitions Activities; Consumer Direction; Veteran directed home and community based Service Program; Provides veterans of all ages programs and helps support family and family caregivers - You would work with an options counselor. They give the veteran a budget so they can pay for the program or personal care attendant.

**AOA Programs:** Title III B-Supportive Services; Title III C-1-Congregate Nutrition Services; Title III C – II- Home Delivered Meals Nutrition Services; Title III D-Disease Prevention & Health Promotion Services.

## **Alaska Mental Health Trust Authority**

### **Nancy Burke, Program Officer**

#### **Nancy**

Trust has been closely linked with the Commission with the last month and half on budget items. The Commission did very well at the last Planning Committee meeting. The Trust really appreciates the Commissions hard work; that comes from the grass roots, and that is very clear.

Nancy said the 1970 review from Chazz Kawabori with the Administration on Aging on the items is so relevant with what we are working on today; especially in the housing area. We have been working very closely with communities that are having housing issues such as Nome, Barrow and the southeast. The Trust is focusing on people that are falling out of the housing continuum. This shows that we have to partner with the network that the Commission is connected to; to promote affordable housing for all Alaskans and particularly seniors that fall out of the housing market as the housing crisis escalates. Anchorage has been working at the Municipal level so they can promote eliminating barriers with constructing new housing. We need to look at where the communities are at with constructing new developments. They are finding that if the Contractors run into too many challenges, they fall into constructing new \$350 thousand dollar homes instead of affordable housing developments. The Mayor of Anchorage facilitated that conversation. Nancy requested that the Commission promote this topic and help the Trust to connect to the local leaders on this issue.

Nancy said the question came up of what would happen if Anchorage had 3000 new families move into Anchorage when there is less than a 2% vacancy rate for affordable housing. We know from experience that the types of people that fall out of that type of housing are people that need extra help. If you look at the Olmstead act, this is what the Trust is; the Trust is the tool to make sure the Olmstead Act is implemented in the state of Alaska. One of the major programs that the Trust has funded for a long time is the Home Modification Program. Nancy said she believes that we need to put some more thought into this program. It is a million dollar program. There have been discussions with the Alaska Housing Finance Corporation (AHFC) on finding ways to link this home modification program to weatherization. She thinks this is a model we can use and strike a collaboration with that program to implement the program into communities where we can't get contractors to do smaller home jobs in. The Trust has been talking with independent living Centers. These centers can do home assessments to see if the people in their homes have any conditions, and see what some of the things are that need to be considered which would benefit any future health issues.

Nancy said she looks forward to the discussions on ADRD.

Nancy said the Trust has been in communication with the Department of Health & Social Services around the statewide view of the strategic plan for long-term care services. They think there is movement on this project and thinks they will see something shortly on the Deputy Commissioner level.

Sharon Howerton-Clark thanked Nancy for the collaboration with the Commission; we enjoy working with you on housing and with Jim with the Alaska Housing Finance Corporation.

Diana Weber, Long-Term Care Ombudsman passed out the Annual Report from the Long-Term Care Ombudsman's office. Diana said she is extremely grateful for the Commission supporting her as the

Long-Term Care Ombudsman. Diana said the Alaska Commission on Aging's advocacy for Senate Bill 86 was wonderful. The Governor signed the bill into law in July.

**Public Comment:**

**Marianne Mills, Southeast Senior Services**

Marianne talked about the problems with the Long-Term Care Plan with the State of Alaska. Marianne said she received a letter from a family caregiver, Mary Larsen. Marianne sent the Commission this letter. MaryAnn said Mary Larsen is working with Southeast Senior Services on her issues with the plan.

The letter summarizes the three challenges that she experienced with the process.

One is communication with the person that coordinates the plan for the State of Alaska.

Mary Larsen experienced difficulty with getting clear instructions from this person.

The second is the lack of eligible home health care agencies in the State of Alaska. The criteria is so high for agencies to comply with the plan that most provider agencies don't meet the plan requirements; whether it be adult day programs or home health agencies, the criteria doesn't apply to Alaska. For example the Adult Day Program requires 4 hours of a registered nurse on staff. This is not feasible in Alaska.

MaryAnn said she wanted to bring this to the Commissions attention that there are state retired individuals that are having problems with the Long-Term Care Program.

**Rachel Greenberg Director, Mat-Su Senior Center**

Rachel said the last time the Commission met in Palmer in 2011 the Mat-Su Health Foundation did a presentation on the regional health plan they put together along with Denali Commission, the Trust, the United Way of Mat-Su, Rasmussen. They did a regional plan for delivery of senior services for Mat-Su. They now have a coalition with the senior centers that have been in effect for 5 years but are now trying to do more collaboration knowing that the senior population is growing the fastest in the state of Alaska. One of the things that were identified in the regional plan was the development of the Mat-Su Aging and Disability Resource Center. One of the things they have done they called 30 to 35 different agencies together in Mat-Su that includes the senior center the senior service providers, the disability providers including the mental health disabilities the mental health disabilities to try and create something that is specific to Mat-Su and will really work for Mat-Su. They submitted a grant to the Mat-Su Health Foundation for some startup funds; they also met with Duane Mayes, Senior & Disabilities Director. They have also had Kelda Barstad and Lisa Morely with Senior & Disabilities Services attend their meetings so they can get the state support as well.

In addition to this they have also been also working on identifying organizations that could house a new Aging & Disability Resource Agency and can help seniors and would not have conflicts with the state requirements.

They have found one organization that they have found that will start meeting with them on this. The Aging & Disability Resource Center will have an oversight committee; this committee would consist of providers of all of the various disabilities so there would be quality assurance and a lot of oversight, so that knowledge base would be there.

They have created a feedback system so they can start going outside of the provider community and go to the community at large so they can see if what they are envisioning is something that the community can support.

Pat Branson asked – can you identify what agency that is interested in doing this ADRC.

Rachel said it is Link Mat-Su Resource Center works closely with the disabled community in the schools.

### **Alaska Legal Services, Karen Godnick**

Karen said it was a tough year; they lost a lot of funding. They had to let two attorneys in Anchorage go. They opened up an office in Barrow with one attorney from New York.

Denise asked about the appropriation that Alaska Legal Services had.

Karen said they lost some local funding.

The North Slope Borough has been provided funding through a grant through the Administration on Aging. Karen is in her last and final year of her grant funding. She went to Norwich and Selvig. Karen said they are going to be doing some outreach at senior centers.

She is working on creating some informative pamphlets.

They would like to create a state plan.

One critical problem they are looking at is how Medicaid can put a lean on a person's home.

People are worried about the cuts. Karen is encouraging the other offices to get to know the people in their area. Some states are starting to require pro-bono hours from lawyers; Alaska has not adopted this new regulation.

One of the positive thing about the grant is she has worked with the Commission and has been able to help with these services.

### **Donna Stevens**

Donna thanked Sharon for her work on the Commission and thanked Paula as Chair and all of the Commission for all of their work. She is with Hospice of Anchorage and wanted to remind the Commission of how important the Commission's roll is as the Health System gets more and more complicated. End of life becomes more difficult than it was years ago. She wanted to remind the commission that she is there. She specializes in education and would be glad to help with that.

**Denise Daniello, Executive Director, welcomed everyone that is there to take part in the ADRD Forum.**

**Alzheimer's Disease & Related Dementia Homer Community Forum, Homer Senior Center.**

Educational presentation provided by Lisa Wawrzonek, Alzheimer's Disease Resource Agency of Alaska, followed by a community discussion.

**Lisa explained Alzheimer's Disease and Related Dementia**

**Day 2 10-19-2012**

**Meeting started at 8:30 A.M.**

**Roll Call:** All Commissioners and staff were present as noted on the first business meeting day.

**Commissioner Discussion of Rural Outreach Visits and Next Steps:**

**Site visit reports on the Seldovia Group**

**Pat Branson reported,** Pat said she enjoyed the site visit. Seldovia is a quant town. What she learned the most about being in Seldovia was what she thought about what could be done to make things better between Title 6 and Title 3.

Her perspective is that there is a historic division there that has been carried over with the change in people with perhaps not understanding grant regulations and how those different funds of title 6 and title 3 can be melted together to bring the most benefits to the seniors in that community. She hopes the Commission made an impression with the information that was given, and that the information is carried back where the city and where the tribe can meet and resolve those differences and work for the number of people in the community. The number of elders is quite a high percent of the population. In Seldovia, even though the number of school age children is diminishing, there are 42 in the school now. She believes 34% of the village population is 60 years and older.

They had lunch at Seldovia's City Hall.

Pat said they had received an interesting perspective by Dr. Reynolds and his wife that provides care there in Seldovia. They are having a hard time with independent providers and physicians.

Dr. Reynolds and his wife said they are trying to provide good healthcare in Seldovia; but there are new hurdles they are facing with the new federal regulations and the reimbursement rates.

They all went to the Lakeside Housing; they were nice apartments with a mixed population. There were 18 apartments, all but one apartment was full.

They also went to visit the Tribe; they were very hospitable and had food for them.

They also met with Tim Dillon the City Manager. Then they met Walter, he is on the City Council and gave his perspective on the city lunch program and told us what was going on with the City Council. The city has Title 3 money and serves meals on Mondays, Wednesdays and Fridays.

Then they went to see the Seldovia Tribe, they have a beautiful building and a wonderful hall. They serve dinner on Tuesdays and Thursdays. The Tribe has Title 6 money. The Tribe continues to have Title 6 money.

Pat said they had Terry Duffin with the Administration on Aging explain the Federal Government funding and where it comes from.

Pat said she hopes there will be some resolve between the City and the Tribe working together. She heard the pronouns they and them being used.

From this visit and the previous visits, that some of the Commissioners did in Seldovia they noticed that a lot of the merchants have closed their doors.

The Tribe in Seldovia provides health care but with Dr. Reynolds looking to retire, health care is going to be hard to come by because of the distance you have to go to be medivaced. The town's residents need to problem solve with building up their community with having health care for everyone and hopefully resolve the problem with title 3 and title 6 funding so that everyone is included and they can work together.

**Duane Mayes reported**, Duane said he was really impressed with Dr. Reynolds and his wife. Duane thought there visit with Dr. Reynolds was very telling. They really talked about quality care, and how it's not just a 15 minute visit, when you go into their clinic, if it takes an hour or two they take the time to treat you. Duane said he wonders who will take Dr. Reynolds place. It's rare to see that kind of quality care.

**Eleanor Dementi reported**, Eleanor said she was sad to see the dividing in the community, she hasn't seen that in a long time and she has been in a lot of communities. She thinks that they should try to work things out and not be divided like that. Eleanor said that Pat did a really good report and believes that it covers everything.

**Nita Madsen reported**, Nita said she thought that Dr. Reynolds with his practice and the service he provides in that community is amazing and it has to be truly appreciated but the gap is going to be somewhat devastating unless they start addressing it. Nita really appreciated what they shared with us.

**Iver Malutin reported**, Iver said from his perspective, being a Native he talks like a Native. Iver said that the situation over in Seldovia is nothing new, the Natives vs. the white people, but it is getting better.

He really thought it was something how the people there put together the Senior Center without any money. One couple from Palmer and one from Homer, they go to the Seldovia Senior Center. The center has meals three times a week and has meals on wheels. In Kodiak the meals were \$19.75 per meal, in the villages it is over \$20.00 a meal. Iver said when he talked to the native people there and they said things are really getting better and are really pleased. They are worried that when Dr. Reynolds leaves they won't be able to get another doctor since there are not enough people there. Iver said he believes that part of the problem is that the children are getting money to go to school and after they get out of school they can't go back to Seldovia because there are no jobs there for them.

**Sandi Doyle reported**, Sandi said she was raised in a farming community that had about 250 residents. In 1980 the community was divided because they were putting in a water and sewer system. Dedicated people in that community did come together and the whole community all had a vision and worked toward the project, it took a few years. Now they are putting in gas lines in and are gladly doing it so they don't have to cut wood and pay for oil. The people throughout the state and the Feds are keeping an eye on this. Sandi said it broke her heart seeing what was going on in Seldovia. It is going to be sad when Dr. Reynolds retires, they need to come together. Sandi said it would be good if they can get a nurse practitioner in to serve the community. Sandi said that she knows that we are going to try and help the different communities that we see.

**Banarsi Lal reported**, Banarsi said he has lived in Alaska for 40 years, it seems that nothing has changed. Banarsi said he thinks that everyone's reports cover what we saw in Seldovia. It seems there are different ways of doing things and that it seems that things are becoming more difficult; and there are more reasons why people can't do things together.

With his service on the Commission and the Pioneer Home board he has talked with the Commissioners he has talked about the budgets being cut or staying the same.

Banarsi said he also talked with the different Department Commissioners about maybe getting together with the Alaska Tribal Health Consortium and other Tribal organizations to pull resources and design a program unique to Alaska that helps and covers the needs of everyone and he thinks that there is enough money in the system to put together one that would be wonderful. He hopes that in his life time that it does happen.

One of the things he noticed in the housing projects is that the Alaska Housing Finance Corporation and other agencies require a business plan and a community needs assessment and all kinds of documentation before they would fund a project.

In spite of the federal paperwork, it seems that everyone has a new form. There is too much paperwork. Banarsi said he believes that we should work on reducing the paperwork requirement.

**Marie Darlin reported,** Marie said that it is a good example of where there is a big lack of trained people on how to do these things with paperwork. They got a first-hand report from the Dr. in Seldovia, he showed them all of the paperwork they have to do for their patients. It was a perfect example of how for a long time all of these things are supposed to help, but if you put it down to the local level, it doesn't help.

Another thing that interested her is the housing. It seems that the Tribal housing has a lot more leeway in doing things than other groups have and that should be looked at.

**Jon Erickson reported,** Jon said as a former city manager, and trying to put up a medical clinic in Thorne Bay, it was very burdensome to try but, there was a company there that was able to do it in about a year. It seems that there should be some oversight on this.

**Denise Daniello reported,** Denise said she heard about the importance of volunteers in small communities, and in terms of health care services from the Seldovia Tribe when they met with them about volunteers helping to make sure they have emergency medical services and about dispatching. Everyone in the community at one point or another was involved with that project. They heard about the importance of volunteers while they had lunch at the multi-purpose building. There are many roles that the residence play in the community whether it be paid or volunteer based.

Denise said she was also impressed by the misunderstanding and miscommunication between the use of Title 3 and Title 6 funds. She thinks that the presence of the Commission and other Health & Social Services employees in the community and the fact that Teri Duffin with the Administration on Aging was there to help address some of those misunderstandings, it was very positive and productive because if they are able to put those two funding sources together there would be meals served 5 days a week for all of the older people that live there in the community.

If you are an elder or a senior with a low income you have food there and a little extra. There are two cooks at the senior center.

Denise said she hopes that we are going to follow up with Tim Dillon and with the Seldovia folks so people understand how to use those Title 3 and Title 6 funds.

Duane said he wanted to add, he doesn't think they heard that at the end. That is the history of back and forth. They are so entrenched, he thinks that Teri explained how the funding works 4 times before they left.

Duane said the confusion exists so he suggested that Teri sits down with him and Lisa to talk about this.

Denise said she also heard that they know about the Title 3 and Title 6 money for meals.

Denise said when she was talking with Tracey the senior housing manager, Tracey talked about how other services would be welcome like chore and respite and that a lot of seniors didn't income qualify, so Denise told her about the senior in home grant funded services. Then Duane gave Tracey his card.

Denise said she hopes the city will apply for the grant funded services as well so the city will have a new set of services in the community.

Denise said she also heard that there was a need for assisted living housing. People that were living at the independent living center at lakeside terrace really needed more help than they were getting. Especially if they didn't qualify for Personal Care Attendant (PCA) services, so there was not a desire for assisted living because those people didn't want to leave Seldovia.

Another thing that was talked about with the Dr. was Tele-medicine. The Dr. said they were limited in their connectivity; so they weren't able to do that. They did kind of do it with the telephone and Skyping so he was innovated.

Denise said maybe the Innovated approach Dr. Reynolds has been doing can help when he retires.

**Paula Pawlowski reported**, Paula said she wanted to add that Seldovia that she thinks has additional burden that is different from the other rural small communities, part of the issue is God forbid that if someone gets sick at night they do not have a lighted landing strip so pilots can't get in or out at night. Then you add the winter light to that and the window shrinks. They are trying to work with the Coast Guard to see what is working.

One thing that really warmed her heart was that Walter who part city manager and currently working in the community center with the meals. The ex-mayor would not have the meals delivered.

The people in the community won't except charity.

### **Representative Seaton**

Presented and read the Legislative Citation for Sharon Howerton-Clark that acknowledged and thanked Sharon for her service with many volunteer positions with various agencies that helped the lives of our Alaskan Seniors and Elders.

**Betty Keegan reported** – Seldovia village tribe Health Clinic, has been open for 5 years, it is a beautiful facility. Regular Dr. Offices and the clinic also has a wellness center with a Naturapathic Dr and massage therapists.

Betty said she is not understanding why Seldovia is having a hard time when there is a Seldovia Village Tribe in Homer.

Pat said she heard that in the villages that there is a community medical clinic that is funded by federal dollars that is attached to the Seldovia Tribe.

Went to Nikiski senior center – lakefront property – senior apartments, their market rate is very reasonable with heating included.

Her group stopped in Anchor Point on the way back.

Sharon said the commission was at anchor point several years ago her feelings is that they don't seem to care if they are going ahead or not. They do have housing.

Betty said they have an issue of vacancies and filling them.

Sharon said they didn't know who the Alaska Commission on Aging was.

Sharon said it seems like they don't think they really care about the seniors there. They get 30 thousand from the City of Anchor Point. They get money from one other source she believes is United Way.

Betty said they serve one meal a week and dinner on Thursday night dinner. And Sunday breakfast once a month.

**Lesley Thompson reported** said in Homer the assisted living at the Friendship Terrace was beautiful and apartments were very nice with very reasonable rent. The senior housing has about 40 on the waiting list.

The Anchor Point staff that greeted them had just started a month ago.

**Sherice Cole reported**, Sherice said that the Friendship Terrace was a very nice assisted living facility, it was good to see how they can live somewhat independent but to also have assistance when needed. The Kenai Senior Center was very nice, the onsite apartment complex was beautiful, the apartments are about 600 sq. ft. The age to move in is 60 and the big thing there is aging in place. The managers live on site so if there are any issues with the residents, the managers would be able to help.

Rita Bowen said there was a waitlist at the Kenai Senior Housing Complex of a 150.

Iver said he wants to really thank the legislature for allowing us to do the visits. One thing that might be a good idea is to see where the residents are from to see if they are really from Alaska.

Paula said it is very important to see what is needed and to get the perspective from people in their communities.

Duane said it is really great how these site visits were put together. He thinks that prior to the site visits it would be good to know some of the information from the Commission staff that arranged the visits so we all can be prepared for what we will see.

**Lisa Morley reported**, Lisa said at ADRC Independent living facility Patti Laboil gave an overview, they have 3 offices that they work out of and one person in each office that gives counseling through the Aging and Disability Resource Center. They have an office in Homer, Soldotna, and Seward. The offices partner the funds from the Independent Living Center and the Aging and Disability Resource Center (ADRC) funds to be able to outreach in more areas instead of just in Homer.

She went over the services they offer, Medicaid and Medicare counseling for patients is a full time position.

This is a program that is provided by Federal funds and CMS that pays for two full time counselors. Historically they have taken the calls and have done the counseling. As the population ages we need more counseling for Medicare.

We need to partner with the Aging and Disability Resource Centers and be able to grant out money for this, so there can be some dedicated staff time and trainings done by Judith Bendersky.

Friendship Terrace was quite a big assisted living home. They have a capacity of 40 but have 32 residents there now. What struck her was that the assisted living home spaces are big and connected to the Senior Center but are not able to pay for, or provide a higher level of care. If someone begins to have Dementia they need a higher level of care and have to be moved to a different facility. She asked how can we allow that to happen.

Lisa said her and Nancy went to the Arc Assisted Living Facility, a six bed facility. A nurse owns and manages the home. They are a smaller facility but it has a 3 to 1 ratio.

They have been able to accommodate a higher level of care that can care for dementia etc.

## **ACoA Chair/Vice Chair, Executive Director & Committee Reports**

### **ACoA Chair Report, Paula Pawlowski**

Paula said she attended the Health Centers and Community Planning sessions for two days with Lesley and Betty; Paula spent two days at the Anchorage Senior Center at their first We are all Elders in Training Summit, it was fun and interesting and a lot of variety; Paula also attended the Governor's signing for the Senate Bill 86 Protection of Vulnerable Adults Bill, the Commission did an Alzheimer's Disease and Related Dementia's (ADRD) Forum in Fairbanks at the Pioneer Home, Jim McCall took notes for them; there was a great amount of participation from the audience. Paula attended the AARP tele-conference, she attended the 4<sup>th</sup> Annual Veterans Summit.

Paula also attended the Common Wealth North Forum, there was discussion about private sector solutions to cost of care. Different companies came and talked about what they were doing in their

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health care, they had consumer driven plans and consumer direct care. Companies are struggling with their employees providing affordable care.

Paula said she spent a great deal of time calling partners and Commissioners.

Paula also attended a housing fair in Anchorage. Paula said she doesn't think people realize how much housing is available, she doesn't know where the information is housed.

She attended the opening of the Community Health Center in Anchorage, it was a beautiful facility and thinks that it is great that this has opened but she noticed that there is no bus stop for blocks near this health Center, Paula said she will keep an eye on that issue.

#### **ACoA Vice-Chair Report, Pat Branson**

Pat Branson reported that the Executive Committee have decided to have monthly Executive Committee meetings. Pat said she got a call from the Governor's Office, she will be serving on the newly established Transportation Advisory Group and representing seniors.

#### **Executive Director & Staff Report, Denise Daniello**

##### **Report attached**

Denise said since the last meeting the ACoA staff has focused on developing Budget and Policy Recommendations that will form the base for the Commission's advocacy efforts for the upcoming legislative Session.

In May we sent out a Stakeholder Survey to get input from people statewide about the needs for seniors and about needs being unmet and for people to tell us about that. The input that we received provided a source for our Budget and Policy Recommendations. Also from the Alzheimer's disease and Related Dementias (ADRD) Forums, we looked a lot at our findings from those forums. We had done three forums in Anchorage, Juneau, and Fairbanks, so we had a lot of good information gathered from there. Most of the summer has been devoted to developing presentations to the Department of Health and Social Services for big picture meetings and also to the Trust. Denise said Sharon and she did a presentation to the Trust in May, the Commission reports to the Trust four times a year and then the Commission also does supplemental presentations to the Trust as well as to the Planning Committee mostly. The presentations used to be presented to the Finance Committee but now the Planning Committee has taken over that role. In our May presentation to the Trust, we focused on data. We presented the data that which based on the Senior Trust Beneficiary population that has Alzheimer's and Dementia, and did an overview on Alzheimer's disease and Related Dementias (ADRD) that outlined the types of services provided; services for family caregivers; cost estimates to provide those services; and some information that we learned through the Alzheimer's disease and Related Dementias (ADRD) Forums.

Denise said she also gave a presentation in June to the Trust Planning Committee, the Committee is becoming more involved in understanding the needs for the comprehensive integrative mental health planning process, so they are going to be more involved in the request for recommendations and those are usually Budget Recommendations. All of the boards and commissions have given presentations to the Planning Committee.

The Commission did a review of the Long-Term Care Services for Senior Trust Beneficiaries and estimated the cost of providing those services, and also provided a 10 year projection.

In July Denise presented the Commission's report to the Department of Health & Social Services leadership, the Commissioner, Deputy Commissioner, all of the Division Directors etc. Denise presented the Commission's Budget Recommendations that were approved by the legislative advocacy committee and executive committee.

Denise went over the Commission's Budget Recommendations – see attached report.

The Commission and Division of Public Health applied for money from the National Association of Chronic Disease Directors to include a module of questions under the behavioral risk factor surveillance system which is a telephone survey nationwide to help assess people's health needs that live in the state. They are going to have a set of questions about Alzheimer's disease and the model is going to be called the perceived cognitive impairment module, all of our info that we have in our state a lot of is based on prevalence estimates so it is second-hand information so we will get the information directly from people experiencing this as well as from our forums and this will be started in Jan.

Working with the Division of Public Health, the University of Anchorage Alaska, and the National Alzheimer's Resource Agency and the Alaska Chapter of Alzheimer's Resource Agency on developing a webinar about Alzheimer disease and our efforts to develop a state plan for people with Alzheimer's disease and Related Dementias (ARD) in November during Alzheimer disease awareness month and we will also be making a presentation in January.

The Commission has also been working on an Alzheimer's disease and Related Dementias (ARD) Caregiver Survey.

Denise thanked Sharon Howerton-Clark and Betty Keegan for their service on the Commission.

**Alaska Commission on Aging  
Executive Director's Report  
August 21<sup>st</sup>-23<sup>rd</sup>, 2012  
Rural Outreach Meeting: Homer, Alaska**

**ADVOCACY**

**ACoA FY2014 Operating Budget Recommendations:** The ACoA Legislative Advocacy Committee and Executive Committee prioritized and approved five budget recommendations that were presented in order of priority to the Department of Health and Social Services (DHSS) leadership during the "Big Picture" meetings (7/17-7/18/2012), and later reduced to four budget recommendations following that presentation. The Commission decided to drop a recommendation for an increment to the Senior Access Program, a grant program for community health centers to improve senior access to primary care, due to the lack of support from the Division of Public Health for this budget item. Four budget recommendations were presented to the Alaska Mental Health Trust Authority Planning Committee (8/8/2012). We thank ACoA Commissioner Sharon Howerton for her excellent participation in presenting ACoA's budget recommendations with me to the Trust at their August meeting.

ACoA's budget recommendations are being considered for inclusion in the Department's budget proposals to the Governor's Office of Management and Budget (OMB) for the Governor's budget that will be released in mid-December, and by the Trust (at their September meeting) for GF/MH (General Funds/Mental Health) budget items in the Mental Health bill. Our budget recommendations were developed from a variety of sources that include findings from the ADRD community forums that will be used to develop the needs assessment for the new State Plan for Persons with Alzheimer's Disease and Related Dementias (ADRD), a stakeholder needs survey and public comment presented to the Commission over the last year.

Below is a summary of ACoA's FY2014 operating budget recommendations in ranked order:

**1. National Family Caregiver Support Program (NFCSP): \$450,000 (\$250,000 GF/MH and \$200,000 GF).** This increment is proposed to build NFCSP grant-funded services administered by Senior and Disabilities targeting unpaid caregivers (mostly family caregivers) who serve (1) Alaskans age 60+ years with ADRD and debilitating health conditions at-risk for nursing home placement; (2) Grandparents and other elderly caregivers raising children; and (3) to provide legal assistance to unpaid NFCSP eligible caregivers addressing the legal system on behalf of loved ones under their care. NFCSP services include case management, counseling, support groups, respite, caregiver training and education, supplemental services, legal assistance, and information/referral. This increment is intended to enhance existing services and to increase the number of new caregivers to 211. Currently, NFCSP services serve 1,309 unpaid caregivers through nine grantees. The increment would increase the total number of unpaid caregivers to 1,520 by the end of FY2014. Base funding for the NFCSP program is a total of \$1,026,575, a combination of federal (\$764,933) and state funds (\$261,642). Unpaid caregivers provide the foundation of long-term care for Alaska's elderly and prevent the need for foster care of children without parents.

**2. Health Promotion, Disease Prevention (HPDP) for Older Alaskans - *Senior Fall Prevention*: \$300,000 (\$150,000 GF/MH and \$150,000 GF).** This proposal targets an increment for the Health Promotion,

Disease Prevention for Older Alaskans senior grant program administered by Senior and Disabilities to providers for evidence-based senior fall prevention activities that will reduce the high rate of senior injury and deaths related to falls. Falls are the top injury for older adults and have been increasing according to a report published by the Division of Public Health (January 2012) along with associated health care and long-term care costs. Proposed activities include increased public awareness about senior falls, health care screening for fall risks, exercise programs that reduce falls, home hazard reduction program, senior medication management, and hospital discharge programs that incorporate fall prevention strategies, among other efforts, particularly for seniors hospitalized for a fall. Base funding for the HP/DP is a combination of federal (\$105,130) and state (\$18,552) funds for a total of \$123,682. HPDP funding has been flat since 2006 when funding was decreased by \$2,000.

**3. Alzheimer’s Disease and Related Dementia Education & Support Program (ADR-ESP): \$230,000 GF/MH.** This proposal recommends an increment for this senior grants program that is administered by Senior and Disabilities Services to build capacity for the ADR-ESP by enhancing education, training, counseling, and other supports for persons with ADRD and their caregivers and adding two new services, “Dementia Care Mapping” and translation of educational materials into other languages to reach diverse cultural communities. The increment is also intended to increase the numbers served by at least 10% annually targeting underserved individuals and rural/remote communities. (The ADRD population has been increasing at about 5% annually.) The Alzheimer’s Disease Resource Agency of Alaska has been the sole statewide service provider since the inception of the ADRD-ESP program twenty-eight years ago. In FY11, this program served 430 unduplicated individuals (335 persons with ADRD) and 253 service providers (all serve persons with ADRD).

**4. Complex Behavior Collaborative Consultation and Training: \$650,000 GF/MH.** This proposal supports the joint board recommendation to annualize the \$650,000 GF/MH approved last session by the Legislature and the Trust as a one-time increment to provide intensive consultation services and training for providers and family caregivers of children and adults (including seniors with ADRD and mental illness) with complex behavior needs. According to data provided by the Alaska Psychiatric Institute (API), the number of API older patients (60+) has been increasing, with a 42% increase in older patients served over the last two years. Not only is the number of older adults at API increasing, their length of stay is twice as long as patients younger than 60: 10.56 days for younger than 60 patients compared to 23.23 days for people over age 60. API expects this trend to continue.

#### **Joint Capital Budget Recommendations**

ACoA and our advisory board partners also presented three joint capital budget recommendations to the DHSS and the Trust in order of priority:

**1. Medical Appliances and Assistive Technology for Alaska Mental Health Trust Authority (AMHTA) Beneficiaries Who Experience Sensory Impairments: \$500,000 GF/MH.** This proposal recommends funding to Trust beneficiaries (who include older adults with/at risk for ADRD and other cognitive impairments) with vision and hearing impairments who lack access to medical devices to alleviate their negative effects which in turn, impairs their ability to function independently in daily life, communicate, and participate in education, employment, and treatment. This funding would be used to cover the costs of vision and hearing exams, hearing aids, eye glasses and other sensory-enhancing devices. Funds will be made available to Alaska’s assistive technology organizations (Alaska Center for the Blind and Visually

Impaired and Assistive Technology of Alaska) to expand Trust beneficiary access to hearing and vision aids. These agencies could also administer “mini-grant” programs by which individuals/caregivers can apply for subsidized appliance/assistive technology devices. Medicare and Medicaid cover the costs for these devices only when they are medically necessary. Medicare and Medicaid do not cover the costs for routine eye and hearing exams or glasses and hearing aids. Many Trust beneficiaries with limited access to private insurance or Indian Health Service (IHS) benefits cannot afford these devices. An estimated 1,300 beneficiaries would be served with this funding.

**2. Deferred Maintenance and Accessibility Improvements: \$1 million GF/MH.** This funding assists nonprofit organizations who serve Trust beneficiaries (such as senior centers, adult day programs, and other entities serving seniors) with their deferred maintenance items targeting weatherization and energy upgrades (\$800,000 or 80% of funding) and accessibility improvements (\$200,000 or 20% of funding). In recent years, nonprofit organizations have struggled with increased costs for fuel oil and utilities, which reduces their program dollars to provide services. Nonprofit organizations are not eligible for weatherization programs through AHFC, RurAL Cap, the Alaska Community Development Corporation and others unless their buildings are owned by a public entity such as the State, municipality, regional educational attendance area or the University of Alaska. The remainder of the funding (20%) will be designated for accessibility improvement projects, which have been in continuous demand over the life of this capital grant program.

**3. Replacement of DHSS e/Grants System: \$700,000 GF/MH.** A consistent theme in stakeholder input is the desire for a streamlined electronic grant application and reporting process to reduce the paper burden for grantees and Department grant management staff. Funds would be used to purchase the *Microsoft Dynamics CRM* which has the necessary functions required to manage both operating and capital grants; includes licenses for use; and would support the migration of data from the old to the new system. This platform has tailored functions for health and social services, captures and tracks data for real-time analysis and decision-making, and would improve financial management leading to more timely payments for grantees and enhanced performance-based funding practices by the divisions.

These budget recommendations are currently under review by the DHSS leadership and the Trust. The Trust will make budget decisions at the September 5<sup>th</sup>-6<sup>th</sup> board meeting. Copies of ACoA’s presentations to the DHSS Big Picture meetings (July 17<sup>th</sup>-18<sup>th</sup>) and the Trust Planning Committee (August 8<sup>th</sup>-9<sup>th</sup>) are attached under Tab 2.

**ACoA FY13 Policy Recommendations:** ACoA will present four policy recommendations to the Trust that have been reviewed by ACoA’s Legislative Advocacy and Executive Committees. Descriptions of these recommendations are attached under Tab 2. ACoA’s FY13 policy recommendations include:

- Develop an Alaska State Plan for Persons with Alzheimer’s Disease and Related Dementias to address the needs and circumstances of the growing numbers of older Alaskans impacted by this disease and their caregivers in order to raise public awareness about ADRD as an emerging public health issue, identify services and support gaps that exist, and provide recommendations to state policymakers for needed improvements.
- Advocate for policies and procedures that would provide greater protection for persons with ADRD who wander.

- Promote efforts to improve safety and protection of vulnerable older Alaskans by supporting the budget request of the Office of the Long-Term Care Ombudsman.
- Support and advocate for policies that will stimulate the pace of appropriate housing development to match the growth of the senior population. This housing should address specific needs as related to the Continuum of Care for older Alaskans.

In addition to ACoA's policy recommendations, our presentation to the Trust at their September board meeting will include an update on ACoA members (Sandi Doyle as a new Commissioner as well as the change in ACoA officers); a recap of ACoA's FY14 budget recommendations; and a review of ACoA's FY12 legislative impact from last session (outcomes that were presented to ACoA Commissioners at our April meeting).

ACoA's budget and policy recommendations will serve as the platform for our legislative advocacy efforts for the upcoming session.

## **PLANNING**

### **Alaska State Plan for Persons with Alzheimer's Disease and Related Dementia (ADRD) Planning Efforts**

ADRD Community Forums: The ACoA hosted an ADRD Community Forum in Fairbanks on June 21<sup>st</sup> at the Fairbanks Pioneer Home which was well-attended by seniors, caregivers and local providers using the same structured format as we have used for the Juneau and Anchorage forums. Joan Adams, Fairbanks Alzheimer's Disease Resource Agency of Alaska, provided the educational overview of Alzheimer's disease and related dementia. Randi Chapman, public policy director for the National Alzheimer's Association in Washington DC, provided comments by teleconference about the National Alzheimer's Disease Plan and the importance for states to recognize Alzheimer's disease as an emerging epidemic for public health. Participants at the Fairbanks forum identified the need for additional respite for family caregivers, family caregiver training in dementia care; need for staff of assisted living homes to have greater access to training in dementia care and caring for ADRD persons with challenging behaviors; improved safety for persons with ADRD who wander; and the inclusion of income-eligible persons with ADRD as a primary diagnosis under the waiver. ACoA Commissioners Banarsi Lal and Sandi Doyle participated in the event. We thank ACoA Commissioner Paula Pawlowski for facilitating the discussion and Jim McCall for taking comprehensive notes.

ACoA will host an ADRD forum at the Homer Senior Center the afternoon of August 21<sup>st</sup> and at the Soldotna Senior Center in the morning of August 24<sup>th</sup>. Both forums have been advertised in local newspapers and the Senior Voice. (Copies of the forum questions and marketing flyers are attached under Tab 2.)

Funding Needs Assessment: The ACoA and the Division of Public Health successfully applied for a \$50,000 grant from the National Association of Chronic Disease Directors to include questions from the Perceived Cognitive Impairment Module in the upcoming Alaska Behavioral Risk Factor Surveillance System (BRFSS) beginning in January 2013. The BRFSS is an ongoing multi-state telephone survey conducted in Alaska by the Division of Public Health. The BRFSS questions will help us to collect first-hand information about the needs of Alaskans who may have Alzheimer's disease to determine the

extent of this disease in Alaska. ACoA will follow-up the BRFSS assessment with two additional surveys targeting persons with ADRD and their family caregivers.

ADRD Presentations: The National Association of Alzheimer's Disease, the University of Alaska, Alzheimer's Disease Resource Agency of Alaska and the ACoA are developing a webinar targeting health care professionals about the efforts in developing an Alaska State Plan for Persons with ADRD that will include an overview of ADRD, findings from ACoA's ADRD community forums, steps being taken to develop a state plan, and the importance of early diagnosis. The webinar is tentatively scheduled for November, Alzheimer's Disease Awareness month.

Presenters will make a similar presentation at the Alaska Public Health Summit in January 2013. These efforts are intended to promote greater public awareness about ADRD in our State.

Trust Presentations: The Commission made two presentations to the Trust (May 2012) and to the Trust Planning Committee (June 2012) that highlight the importance of recognizing ADRD as an emerging public health issue and provided an overview of ADRD, data describing Alaska's ADRD population and their caregivers, services provided for this population and their projected costs over the next decade including home- and community-based services, assisted living homes and nursing homes.

The ADRD population is a Trust beneficiary population. The Trust has agreed to help the state planning process by providing funding for meeting facilitation and the writing of the plan. Thank You, Trust!

ADRD Research Support Letter: Serendipity Adult Day and the University of Alaska are requesting funding from the Trust for research that examines the effectiveness of utilizing evidence-based healthy brain activities in adult day settings. This project was presented to the Commission by UAA and Serendipity at the ACoA April meeting in Anchorage. The Commission provided a letter of support to the Trust for this project. (Copy of the support letter is included under Tab 2.)

#### **ACoA Internal Affairs**

ACoA Committees: The Executive Committee (6-27-12 and 8-1-12) and the Legislative Advocacy Committee (6-18-12) met on the dates indicated. Copies of approved ACoA Committee meeting minutes are attached under Tab 1 following the ACoA April 25<sup>th</sup>-26<sup>th</sup> board meeting minutes.

At the last meeting, the Executive Committee reviewed and discussed ACoA's rural meeting agenda. The Committee also discussed the FY13 chair assignments for ACoA's committees and development of an Emergency Contact List for Commissioners that will be developed by Sherice Cole in working with ACoA Commissioners. Sherice will hold this list when we travel in the event of an emergency.

The Legislative Advocacy Committee discussed, prioritized and approved ACoA's FY14 budget recommendations for the Executive Committee (approved at their June meeting). They also met on August 13<sup>th</sup> to discuss and take action on ACoA's draft FY13 policy recommendations.

Financial Report: The ACoA financial report is attached under Tab 2.

## **Interagency Collaboration**

Division of Public Health: The division has initiated the planning process for *Healthy Alaskans 2020*, a planning document that will include baseline measures for health indicators as a focus for the Department to set targets and develop strategies to improve the quality of health for Alaskans. This effort includes two working committees – a Data Team and the Advisory Team – to develop and make decisions regarding health-related performance indicators. Jon Erickson, ACoA’s Planner II, serves on the Data Team. ACoA Commissioner Banarsi Lal will serve on the Advisory Team. The final document will be presented at the Alaska Public Health Summit in January. We are encouraging the division to include baseline indicators that measure the health status of Alaskans by age category in order to develop data for the older Alaskan population. In addition, the ACoA is encouraging the inclusion of baseline measures for the ADRD population and rate of senior falls.

Division of Senior and Disabilities Services (SDS): This summer, SDS submitted two funding applications to the U.S. Administration of Community Living (which houses the Administration on Aging). They include applications to (1) enhance Alaska’s Aging and Disabilities Resource Centers and (2) improve elder protection efforts through the pilot testing of innovative evidence-based strategies targeting older Alaskans dependent on caregivers. The ACoA supports these efforts and provided two letters of support for their applications (attached under Tab 2) and will work with SDS in the implementation of these projects pending funding availability.

Alaska Mental Health Trust Authority (“Trust”): The Trust and the Department of Health and Social Services (DHSS) have scheduled an interagency meeting for September 4<sup>th</sup> to meet with stakeholders to define directions for the future planning efforts of the Comprehensive Integrated Mental Health Plan (“Comp Plan”) that address the needs and circumstances of Trust beneficiaries. Jon Erickson and I will attend this meeting representing ACoA. The Comp Plan is required by statute and used by the Trust to guide their budget deliberations. The Trust is responsible for presenting an annual report to the Legislature and the Governor identifying the number of Trust beneficiaries, their needs for services, resources required for these services, and the effectiveness of services in meeting the goals of Alaska’s integrated mental health program.

Through the Trust’s Coordinated Communications Committee, the Trust and ACoA are working with the Trust’s marketing firm, Walsh-Sheppard, to produce a new TV commercial about long-term care and Alzheimer’s awareness involving *Brave Heart*, a Sitka-based nonprofit organization serving persons with ADRD and their family caregivers. The TV spot is planned to air in November (Alzheimer’s awareness month) and during legislative season. We thank the Trust for their support of this project!

Lastly, the Trust has issued a statement of intent to provide funding for our Planner I position in the amount of \$109,100 to cover the cost of salary, benefits and \$5,000 of travel. We appreciate the Trust’s ongoing support of our Planner I position.

Alaska Housing Finance Corporation (AHFC) Senior Housing Office: At ACoA’s April meeting, Jim McCall, AHFC’s Senior Housing Program Officer, alerted ACoA of proposed changes to AHFC’s Senior Housing Revolving Loan Fund (SHRLF) and the opportunity to provide public comment. Jim informed us that the proposed changes would help to streamline the SHRLF by removing “restrictive” language that would

allow the program to be compatible with AHFC's existing programs, such as the Senior Citizen Housing Development Fund, and would provide an additional funding source for the construction and renovation of much needed senior housing. The proposed regulations would also expand the list of eligible borrowers (to include individuals, nonprofits, and others) and acceptable property types (single-family, multi-family special needs and congregate housing). The Commission submitted written public comment to AHFC's board in May (attached under Tab 2) that was supportive of the draft regulations. We are not aware of follow-up at this time.

#### **Other Collaboration & Public Awareness Activities**

**Senior Fall Prevention:** ACoA will draft a proclamation asking the Governor to sign that designates the week of September 22<sup>nd</sup>-28<sup>th</sup> as "Senior Fall Prevention Week." Lesley Thompson serves on the inter-agency senior fall prevention coalition. This group meets regularly and is in the process of planning activities for Senior Falls Prevention Week. The Juneau and Anchorage senior centers are planning to host activities and events related to senior falls prevention. In Juneau, there will be a senior falls informational event that will feature the Alzheimer's Disease Resource Agency doing a talk about the increased risk of falls for seniors with dementia; Southeast Alaska Independent Living program will provide a specialist to talk about home modifications; the fire department is invited to discuss their plans for senior fall prevention; and a physical therapist has offered to do a workshop on use of walking aids. Anchorage also has plans for doing events around senior fall prevention including asking the Mayor for a Proclamation to raise awareness about senior falls. The draft Governor's Proclamation is attached under Tab 2.

**Employ Older Workers Week, September 24<sup>th</sup>-28<sup>th</sup>:** The Department of Labor's Mature Alaskans Seeking Skills Training program (MASST) submitted a draft proclamation to the Governor's office to celebrate "Employ Older Workers Week." As we do each year, the ACoA and the MASST program will recognize the efforts of MASST participants and their employers through a certificate of appreciation. The purpose of this awareness effort is to encourage employers to hire the older worker for their experience, work commitment, and job skills.

**ACoA Commissioners:** We extend our heartfelt thanks to ACoA Commissioners Sharon Howerton and Betty Keegan for their continuous dedication and hard work to improve the quality of life for all older Alaskans after serving eight years on the ACoA board. Both of these Commissioners leave big shoes to fill and will be sadly missed by ACoA Commissioners and staff.

Betty served on the Executive Committee, Legislative Advocacy Committee, By-Laws Committee and Nominations Committee during her tenure. She is recognized for her comprehensive knowledge of older Alaskan issues and insightful abilities to offer innovative solutions to complex problems.

Sharon served as an officer of the Commission for six of her eight years served. She served as ACoA's chair from 2009-2012 and as Vice Chair from 2006-2008. Sharon also served on all of the ACoA committees during her time on the Commission. Sharon is known for her "plain talk" and "political correctness," but mostly for her extreme passion and caring for older Alaskans. She provided sound and compassionate leadership during her tenure as chair and energized the work of the Commission in its advocacy and planning endeavors.

Thank You Betty and Sharon for a Job Well-Done!

**Executive Committee: Paula Pawlowski & Denise Daniello  
Attached.**

Paula stated that there are approved minutes from the April and June meeting in the meeting binder. The minutes reviewed the agenda for the April meeting and had conversations on our Budget Recommendations. At the June meeting they reviewed the recommendations from the Legislative Advocacy Committee and talked about the chairs for the committees and the assignments have been made and accepted.

**Alaska Commission on Aging**

**Executive Committee Meeting Minutes  
April 3, 2012**

**Members Present:** Sharon Howerton-Clark, Betty Keegan, Banarsi Lal, and staff D. Daniello. Paula Pawlowski was excused.

**I. Call to Order:** Meeting was called to order at 12:10 p.m. by teleconference.

**II. Review and approve agenda:** A motion to approve the agenda was made by Banarsi and seconded by Betty.

**III. Review of Minutes from 1-27-12:** A motion to approve the minutes was made by Banarsi and seconded by Betty.

**IV. Discuss and take action on the draft agenda for ACoA's April 25<sup>th</sup>-26<sup>th</sup>, 2012 agenda:** Denise reviewed the draft agenda with Committee members highlighting reports from Alaska Psychiatric Institute (to discuss their growing number of seniors with challenging behaviors being served), Anchorage Hospice program (to talk about the importance of a voluntary hospice program), Community Health Center Senior Access Program (to provide ACoA a report of this program's accomplishments as well as an overview of the May 1<sup>st</sup> and 2<sup>nd</sup> Joint Committee on Senior Access to Health Care.) The ACoA meeting will be held in the AARP offices at the Frontier Building in Anchorage.

Banarsi and Sharon noted an edit that needed correction on the agenda. Denise made the change. The corrected draft ACoA agenda was approved. Betty made the motion and Banarsi provided a second.

**V. Update on Planner II Recruitment:** ACoA has received a total of 8 applications for this position and have identified four finalists. We are in the process of doing reference checks and expect to have a decision soon.

**VI. Other Discussion:** Banarsi informed the Committee that he would not be able to attend the JCSAHC meeting of May 1<sup>st</sup> and 2<sup>nd</sup> because of a conflict with the Governor's Council meeting and the FNSB Senior Recognition Day on May 3<sup>rd</sup>.

**VII. Adjourn:** The meeting adjourned at 12:45 p.m.

**Alaska Commission on Aging  
APPROVED Executive Committee Meeting Minutes  
June 27, 2012**

**Members Present:** Sharon Howerton-Clark, Betty Keegan, Banarsi Lal, Paula Pawlowski, and staff D. Daniello.

**I. Call to Order:** Meeting was called to order at 1:07 p.m. by teleconference.

**II. Review and approve Executive Committee meeting agenda:** A motion to approve the agenda was made by Paula and seconded by Betty.

**III. Review of Executive Committee meeting minutes from 4-3-12:** A motion to approve the minutes was made by Paula and seconded by Betty.

**IV. Discuss and take action on ACoA's FY2014 budget recommendations as approved by ACoA's Legislative Advocacy Committee:** Denise reviewed ACoA's four budget recommendations that will be presented to the Department of Health and Social Services during Big Picture meetings and the Alaska Mental Health Trust Authority as approved and prioritized by ACoA's Legislative Advocacy Committee. They include:

**Priority #1 National Family Caregiver Support Program (NFCSP):** \$450,000 (\$250,000 GF/MH and \$200,000 GF). Increment proposed to build NFCSP grant-funded services administered by Senior and Disabilities Services targeting unpaid caregivers of (1) Alaskans age 60+ years with ADRD and debilitating health conditions at-risk for institutional home placement; (2) Grandparents and other elderly caregivers serving children; and (3) Legal assistance for unpaid caregivers serving seniors and children. NFCSP services include case

management, counseling, respite, caregiver training and education. Increment intended to enhance services and increase the number of new caregivers (n=211).

**Priority #2 Community Health Center Senior Access Program:** \$350,000 (\$200,000 GF/MH and \$150,000 GF). Increment proposed to enhance primary care, patient education and other services for seniors served by community health centers and to increase the number of participating community health centers in the Senior Access Program. This program is administered by the Division of Public Health.

**Priority #3 Health Promotion, Disease Prevention for Older Alaskans – Senior Fall Prevention Interventions:** \$300,000 (\$200,000 GF/MH, \$100,000 GF). This proposal targets an increment for the Health Promotion, Disease Prevention for Older Alaskans administered by Senior and Disabilities Services to provide grant funding to providers for evidence-based senior fall prevention activities to reduce the high rate of senior injury and deaths related to falls. Proposed activities include public awareness campaign, exercise programs, home hazard reduction program, senior medication management, health care screening of fall risks, hospital discharge programs that incorporate fall prevention strategies and other efforts.

**Priority #4 Alzheimer’s Disease and Related Dementia Education & Support Program:** \$230,000 GF/MH. This proposal recommends an increment to this senior grant-funded program to enhance education, training, outreach, consultation, counseling and support for persons with ADRD, their families and providers, and to increase the numbers served, targeting underserved individuals and communities. The Alzheimer’s Disease Resource Agency of Alaska has been the sole statewide service provider since the program’s inception.

**Priority #5 Complex Behavior Collaborative Consultation and Training:** Proposal supports the joint board recommendation to annualize \$650,000 GF/MH that was approved last legislative session as a one-time increment to provide intensive consultation services and training for providers and family caregivers of children and adults with complex behavior needs. This program is administered by the Division of Behavioral Health.

Betty moved to accept the budget recommendations forwarded from the Legislative Advocacy Committee in their rank order as presented. Paula seconded the motion. All approved.

**V. Other Discussion:** Banarsi discussed an email received from Senator Murkowski’s office asking for support to continue the *Convention on the Rights of Persons with Disabilities (CRPD), Treaty Number 112-7* with the purpose to improve access for Americans with disabilities who live, work, and travel abroad, including veterans. Banarsi stated that ACoA should support this treaty because older people have disabilities. The treaty has strong bipartisan support and does not request additional funding or change in Federal or state law.

Betty moved that ACoA support the CRPD Treaty. Banarsi seconded.

As ACoA's chair, Sharon emailed correspondence to Senator Murkowski supporting the CRPD treaty.

Banarsi recognized Sharon's good work on the Pioneer Home Advisory Board as ACoA's chair. He noted that she will be missed.

The Committee discussed the procedure for "passing the gavel" from Sharon to Paula as ACoA's new chair at the August meeting. All agreed that the process should be formal. Sharon will open the meeting as ACoA's chair followed by a formal passing the gavel to Paula to take action on the meeting agenda, minutes, and safety moment. Paula will then temporarily pass the gavel back to Sharon to introduce special guests from the U.S. Administration on Aging. The seating order for this meeting will be from left to right – Pat, Paula, Denise, and Sharon.

**VI. Adjournment:** Meeting adjourned at 1:50 p.m.

**Legislative Advocacy Committee Report: Pat Branson, Committee Chair and Denise Daniello Attached**

Pat said that Denise covered a lot in the Executive Committee Report and the Legislative Advocacy Committee meeting minutes are in the meeting binder.

**ACoA Legislative Advocacy Committee Meeting  
Approved Minutes, June 18, 2012**

Members present: Pat Branson, Chair, Sharon Howerton, Marie Darlin, Banarsi Lal, Betty Keegan and Eleanor Dementi. Pat, Paula, and Eleanor participated in most of the meeting but had to leave prior to the end of the meeting. Staff members: Denise Daniello, Jon Erickson and Lesley Thompson.

Meeting was called to order by Chair, Pat Branson at 1:34 p.m.

Agenda: Denise made one change to the agenda, she delete item number 5, as it is already part of item number 4. Sharon moved to approved the amended agenda, second by Marie, motion passed.

Denise explained the budget process. The first formal DHSS meeting is the "Big Picture" meeting on July 17<sup>th</sup> and 18<sup>th</sup> in Anchorage. After that meeting, the senior management team will make decisions on which requests will go to the Office of Management & Budget (OMB). Then it is up to the Governor to make the decision on what requests will go into the budget.

Denise will also present budget recommendations at the Alaska Mental HealthTrust Finance meeting in August and in September she will present the funding recommendations to all of the members of the

Alaska Mental HealthTrust. This funding will be either GF or GF/MH recommendations the Trust does not have any MTARR funding available this year for their statutory board partners. After the Trustees make a decision, they will send their information to OMB for possible inclusion into the Governor's 2014 budget. The Trust will make their funding decisions in September.

### **Stakeholder Input:**

Jon and Denise compiled the 14 Stakeholder input comments received. Below is a summary of the findings.

### **FY2014 Request for Stakeholder Input - Summary of Findings**

**Total completed surveys = 14**

#### **I. Regions Responding**

- Urban 3 (Municipality of Anchorage, City & Borough of Juneau, and City of Fairbanks)
- Rural 11 (all other places not urban)
  
- Southeast - 3
- Anchorage - 2
- Mat-Su – 5
- Bethel – 1
- Statewide agencies – 2

**Review of Needs Survey:** The primary themes among respondents of the survey were requests for more funding to support core services; education about ADRD and support for persons with ADRD and their caregivers; transportation; increasing senior population and rising costs; dental/eye/hearing care.

#### Rural Provider Themes

- Insufficient funding for basic services such as nutrition, transportation, adult day, and respite
- Need for assisted living and home health care
- Need for senior housing & accessibility improvements
- Prevention of elder abuse needs to be addressed
- A general feeling that rural needs and culture are not understood by State officials

#### Urban Provider Themes

- More funding for nutrition and core services – Funding is not sufficient to meet the needs
- Training for businesses and other professionals about needs of the senior population and how to communicate with seniors who are hearing impaired and may have some dementia.
- More education and support for services for persons with ADRD and their caregivers. More assisted living facilities for persons with ADRD and those with ADRD and challenging behaviors.

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Below is a list of generalized comments from respondents in response to the specific questions and the number of respondents who offered similar observations.

**2. Do you see a need for funding to preserve core services for older Alaskans in your community?**

- All 14 respondents agreed that there is a large need for more funding for core services.
- Specific services mentioned include:
  - *Nutrition, Transportation, National Family Caregiver, Adult Day, Behavioral Health Services, Fall Prevention, Senior In-Home, respite for family caregivers, care coordination* - 8
  - Support increased rates for Medicaid Wavier - 1
  - Help for family caregivers - 2
  - Promote intergenerational bonding - 1
- Primary health care services, dental, eye care - 1
- Increase funding for core services for rural communities – nutrition, adult day, transportation. Many villages don't have core services. Only hubs do. Food, fuel, housing and transportation are all more expensive in rural and remote areas. 5
- Increase funding for MatSu Borough - 1
- More funding for ADRD education, support services, public awareness - 3
- More funding for OLTCO to hire additional investigator - 1
- Increase PCA funding – 1
- More senior housing for low- and moderate-income seniors, assisted living for Juneau; funding for accessibility. 2

**3. Do you think funding is needed to fill an unmet need for older Alaskans and their caregivers in your community? Please describe the service gap and how to address the need.**

- Behavioral health services for seniors; unmet need for serving seniors with depression, alcohol addictions, and misuse of prescription medications; provide age-appropriate, patient-centered counseling in places designated by senior. 2
- Improve access to primary health care for seniors - 1
- More senior housing; funding for support services & operations; & modification to improve accessibility. 3
- Insufficient senior services in rural communities; need more rural senior centers to provide services and socialization; adult day; increase rate of pay for rural caregivers; agencies cut back number of days of service to serve more seniors in need -7
- ADRD education & support services, Family Caregiver Support: Not enough for persons with mild cognitive impairment and those newly diagnosed; training for primary care providers to recognize signs of ADRD so they can make referrals; improve services for persons with ADRD as a primary diagnosis who don't qualify for waiver; provide support for their family caregivers 6
- Need for more monitoring of assisted living industry in state. 1

- Physical therapy to help seniors recover from stroke and provide exercises to help those with diabetes 1
- Life Alert 1
- Transportation to get seniors to medical appointments, services, and to town. 2
- Hospice - 1
- More funding for Nutrition, Senior In-Home services – 2
- Funding for new innovative solutions to unmet needs - 1
- Strengthen elder protection in rural communities 1
- Do more for “gap population” – people who are over Medicaid threshold but below median income. This population at risk because they don’t qualify for state support and don’t have enough resources to pay privately for senior services 1
- Increase “memory assisted living” facilities that specialize in dementia care and for seniors with ADRD and challenging behaviors. 1
- Need formal chronic disease management program that is led by a physician. 1
- Lack of consistent assessment tools. State needs to employ the same tools statewide. 1
- No ADRC in MatSu Borough. 1
- Financial assistance for seniors to help with food & energy costs - 1
- No dental, hearing aids, and eye wear – not covered by Medicare & Medicaid. 1

#### **4. How could Alaska improve public policy to better serve seniors and their caregivers where they live?**

- Legislature should create a special committee to hold hearings dealing with elder issues and concerns. 1
- Work with tribes who want to offer services but lack the infrastructure. 1
- Improve water and sanitation for rural communities. Clean water maintains a health. 1
- Offer training for state workers in cultural awareness. State officials need to visit villages more and hear from elders and caregivers. Policymakers don’t understand how hard and expensive it is to live in the bush where lack of funding creates lack of resources & services. 3
- Open criteria to serve more seniors with state funding. 1
- Improve access to primary care for seniors with chronic health conditions. 1
- Continue to fund Medicaid waiver services and increase rates. 1
- Complete ADRD State Plan to complement State Plan for Senior Services. 1
- Implement a cost of living factor for Medicaid. Lots of village families just over Medicaid limit but are impoverished. \$300 for food stamps in village does not have same buying power as \$300 of food stamps in urban areas. 1
- Revisit State’s funding formula and direct more funding to the MatSu.1
- Revise State’s Medicaid waiver eligibility for ADRD and make ADRD qualify as a primary diagnosis. 2
- Complete the State’s LTC Plan to address high costs and needs of growing senior population. 1
- Providing funding to train professionals and businesses on how to work with and address growing senior population, seniors with ADRD and hearing impairments. Needs of seniors are different than what professionals and businesses are familiar with. 2

- Improve provider/state relationship. Need a central “go to” person regarding Medicaid regulations. 1
- Improve support for family caregivers. They are essential part of our care system. There is no mention of family caregivers on the SDS website. No cohesive system and support for AK’s family caregivers. 1
- Develop programs that meet the needs of rural communities. Bush does not need an ADRC. They know to go to the senior center for information about services.

## 5. Other comments about senior needs or ways to improve their quality of life?

- How do senior centers attract younger seniors (baby boomers)?
- State should create a public health education program to dispel myths of aging and promote education about ways to achieve healthy aging. / Promote more education about healthy aging and ways to prevent cognitive decline. 2
- Provide more funding for hearing aids, dental, & vision. 2
- Establish a watch group of trained community members to recognize signs of elder abuse and report to APS.
- Support training for geriatric healthcare workforce and provide scholarships to attract nurses and doctors and young people to the field.
- Improve home health care
- Concerned about seniors who don’t qualify for Medicaid and fall through the cracks.
- Focus on rural services and funding mechanisms. If it works in the village, it will work everywhere else.
- Need to establish more senior centers in villages; more adult day in villages.
- Significant lack of knowledge about senior needs in MatSu. MatSu Foundation surveying seniors about their needs and quality of life. Will share findings with ACoA, DHSS, and others.
- Build direct service workforce.
- Disseminate evidence-based programs to improve care for ADRD.
- Provide more funding for senior centers which help low-income seniors and improve their quality of life.
- State should do an analysis of service availability for each region and focus funding in areas where services are not available and in areas with high costs.
- Increase funding for ADRCs.

Denise felt there was good Stakeholder representation coming from both rural and urban areas and was pleased with the amount of input overall. Next year, we will look for additional ways to gather Stakeholder input. Suggestions to increase input were to change the survey timeline and possibly using the Senior Voice to collect survey data. Further, Age Net said that they will give us input within the next few days.

Pat stated that she is concerned about funding for rural areas and doesn’t want us to forget that there is additional need for money because of the high costs of providing services in those remote areas.

Denise feels that since we had success with the senior food program funding, a few years ago, we should wait at least another year before asking for additional funding.

Sharon commented that ACoA's advocacy efforts have become more successful over the last four or five years and we have earned the respect of the DHSS, the Trust and the Legislature. Thanks to everyone one who has worked on behalf of ACoA to make advocacy a priority.

Pat stated that legislative advocacy has become a new focus for the Commission since the change in ACoA's role under the Murkowski administration.

Banarsi reminded the group that the budget recommendations will go to the legislature after the elections. We really need to make sure that any funding we receive stays in the base allocation.

Denise noted that the budget recommendations approved last session are in the base allocation with the exception of the Complex Behavior Collaborative. The \$650,000 is a one-time increment. The advocacy this year is to get the funding in the base.

Lesley offered to email the group of Stakeholders thanking them for input and how important their input is. Members thought that was a good idea.

### **Budget Recommendations:**

Denise reviewed the budget recommendations, reminding the committee that everything is open to change by the Legislative Advocacy Committee. She explained that these requests were developed using public input from public comment, the ADRD and community forums, stakeholder input, and conversations with state agency staff. The following budget recommendations were considered by the Legislative Advocacy Committee.

#### **National Family Caregiver Grant**

##### **Program (NFCGP)**

Division of Senior and Disabilities Services: Senior Community-Based Grants Component

Funding Recommendation \$350,000 (\$250,000 GF/MH & \$100,000 GF)

Baseline Funding: \$1,026,575 comprised of \$764,933 federal/\$ 261,642 state GF

Priority #:

Proposal Summary: Request enhanced funding to build services provided by the NFCSP targeting unpaid caregivers of Alaskans age 60 years+ with debilitating health conditions and ADRD who are at risk for institutionalization; services for grandparents raising grandchildren; and for caregivers of seniors and persons with ADRD needing legal assistance. Specifically, NFCGP services include respite, case management, counseling; support for grandparents raising grandchildren; legal assistance; caregiver training and education. In FY 2011, NFCGP served 1,309 (unduplicated) unpaid caregivers, which is an

increase of 83 caregivers since FY2008 (1,226). Average grant amount per recipient increased 43% from \$542 (FY2008) to \$773 (FY2011).

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### **Health Promotion, Disease Prevention for Older Alaskans (HPDP)**

Division of Senior and Disabilities Services: Senior Community-Based Grants Component

Funding Recommendation: \$300,000 (\$200,000 GF/MH & \$100,000 GF)

Baseline Funding: \$123,682 comprised of \$105,130 federal/\$18,552 state GF

Priority #:

Proposal Summary: Falls is the number one cause of non-fatal hospitalized injuries for Alaskans age 65+, making falls a serious public health problem impacting older Alaskans. From 2005 to 2009, the DHSS reports 3,356 hospitalizations related to senior falls with hospital charges totaling \$96 million (excluding related nursing home care costs).

This project requests funding to target for senior fall prevention utilizing evidence-based interventions that have demonstrated positive results in reducing older adult falls that include improved public awareness; evidence-based exercise programs (*Matter of Balance, Tai Chi*); enhanced home hazard reduction programs (home safety assessment and accessibility modifications); and incorporate fall prevention intervention in hospital discharge programs.

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### **Senior Access Program (SAP)**

Division of Public Health, Health Planning & Systems Development Component

Funding Recommendation: \$300,000 (\$200,000 GF/MH & \$100,000 GF)

Baseline Funding: \$401,000 GF

Priority #:

Proposal Summary: Access to primary care continues to be a problem for many seniors insured by Medicare, especially those who live in Anchorage and the Railbelt region. The goal of the Senior Access program, established in FY2009, is to increase the delivery of primary care to seniors through community health centers. Currently, thirteen of the twenty-five community health centers receive funding through the SAP providing services for an estimated 4,000 senior patients in FY2011. Services include community education regarding Medicare services for seniors; provider education about the needs of seniors; partial salaries for health care providers treating Medicare patients; specific primary care services for seniors; transportation for medical appointments, group sessions to promote self-management of chronic diseases; and other services.

Funding is requested to increase the number of community health centers participating in this program and to enhance services provided by existing programs to include behavioral health services, foot clinics, and other locally-directed services for the CHC.

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### **Senior Outreach, Assessment & Referral Project (SOAR)**

Division of Behavioral Health, Community Behavioral Health Grants Component

Funding Recommendation: \$200,000 GF/MH

Baseline Funding: \$300,000 GF/MH

Priority #:

Proposal Summary: SOAR trains community “gatekeepers” (individuals who come in regular contact with seniors such as senior center staff, banking staff, postal service workers, and others) and connect with them in non-traditional settings to provide assessment and referral to treatment resources. Funded in FY2009, three grantees have participated in this program: Fairbanks Resource Agency, Southeast Senior Services, and the Aleutian Pribilof Island Association. Funding is requested to increase the number of participating agencies and to provide age-appropriate counseling to seniors experiencing behavioral health problems in addition to the gatekeeper training.

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### **Alzheimer’s Disease & Related Dementia Education & Support Program**

Division of Senior & Disabilities Services, Senior Community-Based Grants Component

Funding Recommendation: \$230,000 GF/MH

Baseline Funding: \$127,118 GF/MH

Priority #:

Proposal Summary: The ADRD Education & Support Program is a statewide grant program providing outreach, information and referral, education, consultation and support to individuals with ADRD, their family caregivers, professionals in the field, and the general public. SDS reports significant growth in all training and support service categories funded by this grant and an increasing demand for additional services related to the growing population of older Alaskans and persons impacted by Alzheimer’s disease and related dementia (ADRD). Funding for this program has remained flat since FY 2009 when the program received a 10% increase. Additional funding is requested to increase ADRD education, training and consultation services to rural and underserved areas; translate education materials to local languages; provide training in memory care to strengthen dementia care in assisted living facilities; and develop personalized family interventions to meet the unique family needs of caregivers and care receivers with ADRD.

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### **Complex Behavior Collaborative (CBC)**

Division of Behavioral Health

Funding Recommendation: \$650,000 base funding

Current Funding: \$650,000 approved as a One-Time Increment (OTI)

Proposal Summary: The CBC provides intensive consultation services and training for providers and family caregivers of persons (age 6 years+) with complex needs who are often aggressive, assaultive, difficult to support and at risk for institutionalization or out-of-state placement. Individuals may have a cognitive impairment (such as chronic mental illness, intellectual disability, ADRD, brain injury, or substance abuse) with complex behavior management needs and receives services through DHSS. Currently, 13 individuals (5 adults and 8 youth) are receiving services through the CBC of which 11 have developmental disabilities and two have mental illness. At this time, no individuals with ADRD are being served. Two prospective consultants have been identified with ADRD expertise and are in the process of being certified for the CBC pool Priority #:

### **Community Health Center Senior Access Program (CHC-SAP)**

**Division of Public Health, Section of Health planning & Systems Development**

**DHSS Priorities: Integrated Health & Wellness; Health Care Access & Delivery**

**Alaska Mental Health Trust Authority results Areas: Health, Safety**

**Funding Recommendation: \$350,000 (\$100,000 GF/MH and \$250,000 GF)**

**Problem Statement:** Access to primary care remains a significant problem for many Alaskan seniors (age 65+) who are insured by Medicare due to low reimbursement rates as well as for younger seniors (age 55-64) who have no health care insurance. Findings from the Alaska Commission on Aging statewide senior survey of senior needs in 2010 (3,222 respondents) and 2005 (1,451 responses) found that the most frequently stated concern for seniors is “access to primary health care.” This problem was most often reported by seniors living in Anchorage, where one in four seniors reported this barrier to primary care, followed by seniors living in Fairbanks/Interior, Southcentral and the Aleutians (16% of seniors responding from those regions). This problem was also reported by respondents to ACoA’s 2012 Request for Stakeholder Input.

Several demographic factors have steadily increased the demand for access to primary care for older Alaskans. First, there has been a significant increase in the senior population (persons age 60+) from 2000 to 2010. The senior population has increased 71% from 2000 to 2010 and numbers more than 90,000 Alaskans representing almost 13% of the state’s population. Second, the growth of the “oldest old”, persons age 85+, is growing almost as fast as the 60+ population and is projected to almost triple from 2010 to 2030. This population is most in need of health care having high rates of chronic diseases,

co-morbidities, and complex health conditions. Nearly 50% of this cohort is estimated to have Alzheimer's disease and related dementia.

Community health centers (CHCs) provide care for all people particularly for those who are underserved and accept Medicaid, Medicare, and the uninsured on a sliding fee discount scale. In Alaska, there are 25 CHC agencies which collectively operate 143 clinical sites. CHC clinics are operated by both tribal health and non-tribal health entities. Many report serving a growing number of older adult patients seeking primary health care, particularly in the larger population areas.

The Community Health Center Senior Access Program (CHC-SAP) was established in FY 2009 to increase access to primary healthcare services for older Alaskans by providing pass-through financial support to participating CHCs. CHCs not only provide healthcare to all who seek care, regardless of ability to pay, they also provide holistic care that includes primary care medical, dental and behavioral health services. Current CHC-SAP grantees offer serve large catchment areas including the Anchorage Neighborhood Health Center, Interior Community Health Center and Peninsula Community Services of Alaska, as well as smaller communities served by SEARHC (Kake, Craig-Klawock, Hoonah-Angoon, Prince of Wales and Haines), Bethel Family Clinic (Bethel region), and Illiuliuk (Unalaska).

The CHC-SAP delivers professional, comprehensive health care services that include health education and disease prevention, initial assessment of health problems, treatment of acute and chronic health problems, and overall management of an individual's or family's health care services. Primary care includes direct services in the areas of medical, dental, and behavioral health care. The CHC-SAP has built-in flexibility and encourages each participating clinic to develop its own service strategy based on the needs of its population, locality, agency size, budget and capacities recognizing that challenges in clinics serving large urban areas are very different from those in rural and remote communities. CHC-SAP service categories include community education, provider education about senior health care needs, partial salaries for providers who serve Medicare patients, foot clinics, group sessions for chronic disease management, and other direct services.

In FY 2012, the CHC-SAP program is estimated to serve 3,030 (unduplicated) seniors supporting 4,052 "person-service episodes," an increase of 10% senior patient load and 18% in person-service episodes with a funding base of 401,000. All funding is pass-through for direct services (with no administration or overhead fees) to participating CHCs via a formula that includes a modest-base amount (\$1,000 per CHC) and the remainder determined by the senior population residing in each corresponding local. Only twelve of the 25 CHCs participate in the CHC-SAP. Although eight service categories are tracked, three constitute the bulk of services provided, listed in rank order: (1) partial salaries for providers who serve Medicare patients; (2) specific primary care services for seniors; and (3) outreach services.

The CHC-SAP program has been flat-funded since FY2009 while demographic trends and service needs have increased, and those trends are expected to continue. Only twelve of the 25 CHCs participate in

the Senior Access Program because of financial considerations. Additional funding is needed to encourage greater participation among non-participating CHCs and promote growth of existing programs. Access to primary care is critical to reduce the cost of unnecessary emergency room visits and hospital readmissions. One of the few ways to avoid high hospitalization costs is to have a robust medical home as a stable part of the patient's system of health care which is possible through the CHC-SAP program.

**Proposed Funding Recommendation:** The Alaska Commission on Aging recommends an increment of \$350,000 to (1) increase the number of CHCs participating in the program by increasing the base-payment from \$1,000 to \$5,000 per agency; (2) assist established CHC-SAP agencies to pursue strategies that promote greater implementation of the Patient-Centered Medical Home model including the provision of primary care with behavioral healthcare and oral health services as well as supporting successful transitions from hospital/long-term care facilities to the patient's home settings; and (3) increase the provision of primary healthcare to older patients that includes providing services to more patients and to existing CHC-SAP elderly patients who are experiencing more complex conditions.

**Consequences of No Funding:**

- No growth in the number of Community Health Centers participating in the Senior Access Program.
- Limited opportunities to further implement the Patient Centered Medical Home model in community health centers.
- Fewer resources for CHCs to serve an increasing number of older patients requesting services and existing patients with more complex health care needs.

**Review of Requests:**

**1. National Family Caregiver Grant**

The National Family Caregiver grant program has many service components. In FY 2011, NFCGP served 1,309 (unduplicated) unpaid caregivers, which is an increase of 83 caregivers since FY2008 (1,226). Average grant amount per recipient increased 43% from \$542 (FY2008) to \$773 (FY2011). There is both Federal and State money funding for this program. This is the first time ACoA has requested funding for this program. Pat explained that Kodiak has exceeded twice the amount of their grant award. She considers this program a core service item.

Marie would like to tie the possible increase for people with ADRD.

Pat says that \$350,000 will not go a long way to help all of the program providers. Money would be distributed by region and costs in rural Alaska are especially high.

The Committee decided to first go through all of the budget recommendations and then come back to re-evaluate the amounts proposed for each program. Committee members voiced support for increasing the budget amount for this program.

## **2. Health Promotion, Disease Prevention for Older Alaskans (HPDP)**

This Title III program has both federal and state funding. Denise thinks that support for HPDP could be a possible way to get funding for the senior fall-prevention program.

Sharon talked about how great the independent living group supported her this past year.

## **3. Senior Access Program (SAP)**

This program was developed by ACoA in 2008 based on the findings from the 2005 senior survey and hearing about problems seniors were having in Anchorage accessing primary care. 100% of this funding goes directly to serve seniors with no administrative funding taken out of this allocation. At this point, 12 of the 25 community health clinics are participating. We would eventually like to see more clinics involved.

## **4. Alzheimer's Disease & Related Dementia Education & Support Program**

This program would increase statewide funding for Alzheimer's disease and related dementia education and support services. We would like to see more support for persons who are newly diagnosed with ADRD (perhaps a special support program just for them).

## **5. Complex Behavior Collaborative (CBC)**

This program is being funded for this fiscal year but it is struggling to find consultants to provide training and intensive intervention to meet the needs of the senior population with ADRD. CBC is a very important issue for Alaskan seniors and their providers.

## **6. Senior Outreach, Assessment & Referral Project (SOAR)**

ACoA developed this program in 2009 in partnership with the Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse. Staff has requested data about this program from the Division of Behavioral Health from its inception but has not received any data. Staff contacted grantees and requested information about their activities. In their reports, grantees noted of their need for more guidance from DBH in providing this program. The Legislative Advocacy Committee decided to table this recommendation for now until more information can be obtained from DBH.

After the review of the requests both Pat and Paula needed to leave the meeting so Sharon assumed the role of chair. Elenore who was having phone issues could not rejoin the meeting.

The group decided to rank the requests as follows:

1. National Family Caregiver Grant
2. Senior Access Program (SAP)
3. Health Promotion, Disease Prevention for Older Alaskans (HPDP)
4. Alzheimer's Disease & Related Dementia Education & Support Program
5. Complex Behavior Collaborative (CBC)

Senior Outreach, Assessment & Referral Project (SOAR) – would not be a recommendation unless ACoA can get additional information about the results of the program.

Marie made a motion that the prioritized budget requests would be in the following amounts, Banarsi made the second, motion passed.

1. National Family Caregiver Grant - \$450,000 (original amount was \$350,000)
2. Senior Access Program (SAP) - \$350,000
3. Health Promotion, Disease Prevention for Older Alaskans (HPDP) - \$300,000
4. Alzheimer's Disease & Related Dementia Education & Support Program - \$230,000
5. Complex Behavior Collaborative (CBC) - \$650,000

Senior Outreach, Assessment & Referral Project (SOAR) - \$0

The total amount of the request is \$1,980,000.

Denise will send this information to the rest of the committee for action. The recommendations from the Legislative Advocacy Committee will be forwarded to the Executive committee for consideration.

Meeting adjourned at 4:03 p.m.

Draft Minutes written by Lesley Thompson

### **Pioneer Home Advisory Board: Banarsi Lal**

Banarsi went over goals for the board and thanked Sharon for serving on the Pioneer Home Advisory Board. Banarsi said the board definitely benefited from Sharon's service and her drive.

Banarsi said he had mentioned the long wait list at the Pioneer Homes to the Governor the last time the Advisory Board met with the Governor. After their meeting, the Governor sent his Special Assistant Mike Lessman to talk with Banarsi and the Commission about addressing a plan on how to make more beds available and possibly expanding some of the existing Pioneer Homes within a 10 year period of time.

In the discussions of the expansion, the topic of public private partnership was mentioned.

Food services for contracting out is an issue for each pioneer home, the board doesn't get involved in these types of details. The Pioneer board is small and has a very small staff, so they can't really get involved with the contracting issue.

The board Meets monthly through teleconferences. They lost two longstanding Commissioners. The board had a new Commissioner appointed and they are very well connected politically.

### **Governor's Council on Disabilities and Special Education: Banarsi Lal**

Banarsi reported the Council met in May. Banarsi said It takes a long time to get to know everyone on the Council. The governor has made some new appointments. The next meeting is in October.

The Councils Legislative Committee met in June. The Council gives recommendations to the Trust.

Banarsi had asked Director Duane Mayes if he could give some input on the Council since he was not at the last meeting.

Duane said he doesn't serve on the Council but he stated that the Council brought forth some recommendations during the Department of Health & Social Services Big Picture meetings. They have three federal funding sources. The Council doesn't get any state funding. The Federal funding has been flat lined for a long time so they are looking at the state for some money to help offset the costs.

All of the boards are in support of the funding requests.

**Sharon and Marie went over the upcoming elections.**

Sharon said we need to go over our Budget and Policy Recommendations.

Marie said we are going to have to go over our new Representatives and Senators. Our main recommendation is to see who gets elected and see what their concerns are and why they ran.

We don't know what the ages are but we need to find out about the new legislature.

We just need to get our concerns together and let them know what they are. We need to let them know what is coming down the pike and that seniors are our business. They need to think about what the senior population brings to this state and all of the family support they provide.

Paula said when you run for office; there are a lot of surveys. At the same time the open forums where the candidates speak does a lot for them.

Pat said we need to focus on the local elections and the bottom line is the relationships being built.

**Mature Alaskans Seeking Skills Training Program**

**Rita Bowen, Program Coordinator**

Rita reported in the past year the Title 5 of the Older Americans act has been cut by 5%.

People that are in the training can be in the program for up to 4 years in their lifetime. The wage that the trainees are paid is \$7.75 an hour. Once the trainees have left the program they make an average of \$11.82 an hour. In the past year the program has been able to help 281 people. They have been able to provide 119,500 hours of community service in the past year.

51% of the trainees were able to be placed in jobs with benefits averaging about 33 hours per week.

Alaska has a highly educated population. There are only 11 trainees that don't have a High School Diploma.

87% of the trainees began below the poverty level, Alaska's poverty level is \$19,000 a year; the national poverty level is \$13,000. 87% of the trainees made less than \$13,000 per year. On average, seniors make about \$45,000 per year; a lot of people are not eligible for this program. Only 1% of the population qualifies for this training program.

33% of the trainees have 1 to 3 years of college, so they are trying to help the trainees with finishing their college degrees.

Have double digit seniors in every area.

They serve 25% veterans, 24% of Native Americans. They don't turn away people that have native funds.

Trying to help people not be homeless, they work with food banks and public assistance.

Iver said you mentioned some don't have High School Diplomas; does this have a bearing on these people?

Rita said education is important so one of the things they are pointing out to people is if you are over the age of 65, your college tuition is free and the MAAST Program pays for books.

Lisa Morely asked does the MAAST program pay for clothing.

Rita said they work with other organizations to provide those services.

Duane said the Senior and Disabilities Services offices has a 150 employees in the Anchorage Office, and out of the 150 employees they have atleast 30 workers that are part of that program and some end up taking permanent positions or they give letters of recommendation so they can move on to other permanent positions.

Denise said Alaskans are independent people and they want to continue to work. Volunteerism is so important and so is civic engagement.

Nita asked do you track the hours that the Commissioners give as volunteerism.

Rita said the Department of Labor said they are working in alignment with the Alaska State Plan for Senior Services and are working on getting it approved.

Anything that they publish it is posted on the Department of Labor's website.

### **Division of Senior & Disabilities Services**

Duane Mayes, Director & Lisa Morley, Senior Grants Manager Duane

Went over power point explaining the Grant Programs Senior and Disabilities Services over sees.  
Power Point attached.

#### **Discussion about the power point.**

Duane said he is very grateful for Lisa Morley the Grants Manager and thanked Lisa for her work.

Terri Duffin said with the Title 6 Programs that go to the Tribal Communities, not all but a majority of the 42 Title 6 Grants, also have a very small separate amount for family caregivers.

Eleanor said the National Caregiver Support Program is great since a lot of the grandparents money goes to their children and grandchildren.

Lisa said with the evaluation process, each one of the Semi-Annual Reports and quarterly reports that they receive from the Grant Providers, and they look at numbers. They are required to report data to DSDS and DSDS reports the data to the Feds in their annual state program report.

They do face to face on site visits for all of the programs once every grant cycle, they get to go see the centers and meet the seniors. They go around the state and see all of the programs.

Duane said in terms of site reviews for example Seldovia, or where we identify there might be a problem in a particular community where there are grant funds being sent to that community, it is their ability to provide technical assistance.

Duane said when he reviews the travel budget for site reviews, he doesn't lower the budget at all for this travel, it is very important to be able to provide technical assistance.

Comments about seniors being caregivers for their families, also referred to as grand families:

Betty said her and her husband have helped raise their daughters family of four.

Paula said in Anchorage they have identified 2000 grand families that are not known since a lot of the parents are incarcerated and don't want child protective services to get involved.

Betty said a lot of grandparents caring for their grandchildren are not reported.

Teri Duffin said that a big percentage of the grand families are native. 10% of the caregiver funds can be used for grand families

Teri said in Title 6 funds, some funds are for family caregivers and support in native communities.

**AARP Advocacy Report**

Pat Luby, Advocacy Director

“Words of Wisdom for Senior Advocates”

Pat reflected on his history. Pat said when he returned from serving in Vietnam Pat said he got his Master's Degree in Gerontology which was paid by the Administration on Aging.

He thinks the Commission hides its light under a bushel, he said the Commission has a tremendous amount of expertise who are with us at each commission meeting and in some cases we are bringing in folks from Seattle or San Francisco as well as all of the knowledge we have here as well as the local people that have expertise. Pat said we should have had Homer News here and interviewing some of the people and really featuring our meeting and that maybe we can do that in future meetings. But to also put a spot light on the local programs so that we can reinforce the fact that the programs are here.

Pat said one of the things we are going to see in the future and one of the cautions he would have for us is if the first for profit company that comes up to Alaska and says they want to build a nursing home in Alaska, this should be a red flag for all of us. We have very good Home and Community Based Services. Most of the other states don't. One of the things that we were fortunate for is that we were one of the last groups to catch on to Home and Community Based Services. We had a small aging population and we have been able to figure out how to serve people in their homes and in their communities without putting them in premature institutionalization. A lot of companies have figured out that we have a lot of aging people here in Alaska. Once they build an institution they will have those beds.

Pat said Rita Walker has been good at advocating to get people out of nursing homes and back in their homes and served by Home and Community Based Services. This is about keeping people as independent as possible. We have so many underpaid caregivers.

Pat said him and Marie Darlin have been good at putting a face on the issue; the legislature always have a lot of demographics and a lot of stats, but we also have to tell the story about that individual. If you watch gavel to gavel or if you are in the legislature, they don't talk about statistics they talk about a constituent that they know. And this is what this is all about, people. It's about the people having the services they need when they lose their independence.

We also talked about the caregiving issue and how we have so many underpaid caregivers. AARP has a program dedicated to caregivers.

Iver Malutin talked about the Veterans; we have to remember we have the highest percentage of Veterans then all of the states. There is going to be a lot of young Veterans, we are going to need a lot of Home and Community Based Services care. One of the many lessons we have learned with the aging services is to have services available to the Veterans no matter what their ages are.

Pat said we have a wonderful weatherization program through the Alaska Housing Finance Corporation. 10% of the housing in Alaska has been retro-fitted.

One of the things we need to look at are the public buildings such as senior centers and schools and community centers.

Pat said he does a lot of work with the Cancer Society and Anti-Tobacco Programs. Anything we can do to bring the use of tobacco to go down. Next year there will probably be an effort to have clean air.

Alaska is the only state that doesn't have a Nursing Coalition. As seen in the legislature, when nurses testify, the legislature listens.

The Health Care Commission would like to go to places to make sure people are talking about end of life issues. The Health Care Commission said the Commission on Aging and AARP can do a lot to promote this topic.

Representative Holmes had a bill on this end of life topic.

Electronic health records will be on line in the near future.

We have to make sure we are working through the bugs of the problem of training people and then they go and you have to train new replacement employees again.

Pat talked about Teachers and Police Officers using their pensions before their time. Many of them are going to outlive their pensions.

Many times it is women using their assets for an ill husband. We need to fix this.

In 1970, 80% of employees were on some type of defined retirement. 30% of employees are on a defined benefit right now and most of the other 70% are paying into Social Security. 29% of women that live to be 65 are going to live to 90 and 18% of men that make it to 65 are going to make it to 90.

Medicare is going to be up there and Social Security after the elections. We do have to have changes in both of those programs so all ages see that the programs work for all generations.

Pat said there are 12 different things to fix the Social Security System and there are 15 different things to fix Medicare system. There are 78 million baby boomers and we are all going to be signing up for Medicare and we are going to be putting a financial burden on the system.

### **Alaska Housing Finance Corporation, Senior Housing Office**

Jim McCall, Officer Housing Relations

The board opened up public comment.

Jim said he has covered the reports for the commission for the last 10 years.

This is the quieter time during the year and they are in between projects.

He thanked the commission for supporting the revised language of the revolving loan fund.

The board opened up a public hearing comment period on May 1<sup>st</sup> and May 3<sup>rd</sup>. After the comment period they took the Alaska Commission on Aging's and AARP's comments and in essence they streamlined the language of the revolving loan fund to make the program more compatible, user friendly etc. The program was created in 1993 the appropriation was given authority to sell bonds to actually develop senior housing, the fund has approximately \$26 Million. The unfortunate thing is that the program wasn't utilized. As time went on the program was anaquated. Other programs stepped in to fill the need. Eventually they said to use the program. Jim said the important thing is the program has opened up the door for single family usage. One of the things he has been trying to do is to

incorporate seniors that own their own property that need \$5,000 or \$10,000 to make repairs and to be able to pay back the loan, they can do so after the house is sold or after death. As a revolving loan fund it continues to grow. By making these changes those changes can take place, as before they didn't.

Jim said one of their partners is Anchorage Neighborhood Housing Services (Neighbor Works). The HUD 202 program for senior housing and the HUD 811 program for disabled individuals. Neighbor Works applied for those programs and were awarded funding. They are slowly seeing properties come onto the market. The 202 is referred to as Conley's square. It is 4.7 million dollars and will have 21 bedroom units; the grand opening is September 18<sup>th</sup>. The 811 is the Roosevelt that is already open, it has 10 one bedroom units and is roughly \$2.2 Million in federal dollars.

In Anchorage, the Revolving Loan Fund program for seniors and other low income individuals that need to make small repairs to their property was opened up the week prior, they had 240,000 for this program the income limits was \$45,000 for a family of 1. Neighbor Works had a total of 70 applications total; approximately a third to a half are senior citizens. Mayor Sullivan has discussed making this a loan program for next year. This would allow the money to be recaptured at a later date.

Jim thanked Pat for his letter of support for the revolving loan fund.

Jim went over the energy updates. The weatherization since 2008 the legislature has appropriated just shy of 300million dollars to that programs through April 30<sup>th</sup>, 2012 AHFC has expended about 55% of those funds roughly \$165 Million dollars, they have weatherized just over 7,500 properties. Roughly about 75% of the individual that utilizes this program are renters.

In regards to the energy rebate program; since the program started in 2008, the Alaska Housing Finance Corporation has received \$217.5 million dollars for the program and have expended about 63% of those funds. Have done 30,000 almost 100 initial ratings and have paid over 16,000 rebates, the average rebate being almost \$6,400. Have also done 73 five star new construction.

The corporation is going to try and work with Rural Communities to try and get them to take advantage of the weatherization Program. Alaskans have saved over \$22 million in heating costs since these programs began. If the money saved was put back into the communities it would create jobs.

## **Office of Long-Term Care Ombudsman's Report**

Diana Weber, Long-Term Care Ombudsman (Telephonically)

Diana said she is very grateful for ACoA's support for another position for the Long-Term Care Ombudsman's Office.

The cases have been very complicated and required some time.

Diana highlighted their Policy recommendations in their office's Annual Report.

One of the Recommendations is to reform the Alaska Power of Attorney Law since the role is being abused. Diana said she will write a paper to address the changes.

Diana stressed the importance for her staff to visit facilities.

Diana said she reports annually to the Administration on Aging.

### **AgeNet**

Marianne Mills, AgeNet Chair (by teleconference)

Marianne said AgeNet has been working with a Community Care Coalition which work to advocate for best care for clients especially in regard to the proposed changes to the Home and Community Based waiver regulations. They are working on their grant proposals.

AgeNet has a new board of directors.

Marianne said AgeNet wants to continue to be a partner with ACoA on three of the goals.

- 1) Advocate for an increment for Family Caregiver Support Grant Services.
- 2) Increment in Health Promotion, Disease Prevention Grant.
- 3) Increment in the Senior Nutrition Grant Program.

### **Commissioners closing comments:**

Paula said partner reports are in notebook.

Pat said she thinks it is important for each of the Commissioners to do their own outreach in their own areas. It is important to see the services in everyone's own area.

Sharon said it is really hard to say good bye, she will be around politically.

Iver said when Commissioners and staff get together after the meetings it is really important. Iver said thank you.

Paula went over meeting dates.

Nita suggested that we keep track of the Commissioners hours given as volunteer time.

Keren Kelly from the Homer Senior Center thanked the commission for all of the Commission's support.

Paula went over the meeting dates for the next meetings. Paula said she appreciates the reports that are given by the Commission's partners.

Meeting adjourned at 2:15 P.M.