

ALASKA COMMISSION ON AGING
MAY 17-18, 2005
LAKE LUCILLE INN, WASILLA AK
[ADOPTED SEPTEMBER 27, 2005]

TUESDAY, MAY 17, 2005

CALL TO ORDER

Chair, Banarsi Lal, called the meeting to order at 9:05 a.m.

ROLL CALL

Members in attendance: Frank Appel, Sharon Howerton-Clark, Dan Karmun, Betty Keegan, Banarsi Lal, Ed Zastrow. Lisa Morley was present for Steve Ashman. A quorum was present.

Members not in attendance: Michael Black, Robert Head (excused due to illness), Ray Matiashowski,

ACoA Staff: Linda Gohl, Nancy Karacand, MaryAnn VandeCastle, Sherrie Stears

RECOGNITION OF GUESTS:

Jeff Jesse, AMHTA Executive Director; Delissa Culpepper, AMHTA Deputy Director; Bob Dyer, Long Term Care Ombudsman; Richard Tubbs, Alison Layman and Linda Reimer with the Palmer Senior Center

ADOPTION OF THE AGENDA: Pioneer Home report from Ed Zastrow, chairman, was added to the agenda. Agenda was accepted.

ADOPTION OF THE MINUTES FROM THE FEBRUARY 17-18 2005, MEETING

Motion: Ed Zastrow and Sharon Howerton-Clark motioned to adopt minutes of February 17-18, 2005 meeting (with the correct spelling of Mr. Zastrow's name).

ALASKA MENTAL HEALTH TRUST AUTHORITY REPORT: Jeff Jesse gave the history of the Mental Health Trust in Alaska. The AMHTA was originally set up for four (4) beneficiaries: ABADA, ACoA, AMHB and GCDSE. Other beneficiaries may be added, but none of the core beneficiaries may be deleted.

The Trustee's are looking for more concrete performance measures with regards to Trust funded projects. Data collection, planning and advocacy will be the focus of these performance measures. Boards and Commissions should work with Trust staff to develop criteria around three (3) main areas:

- Data Collection
 1. ACoA to obtain reports from DHSS on Medicaid, finance and specific programs
 2. Survey's and Studies
- Planning – Could re-instate weekly or monthly meetings between AMHTA and boards regarding system changes
- Advocacy
 1. Software to track POM and letters to Legislators
 2. Report to Trust letters to Legislators concerning specific bills
 3. ACoA participates in Trust Legislative teleconference

4. Coffee/tea meetings with local Legislators on specific issues during recess
5. Phone tree
6. Check out AARP methods

Action needed:

1. Advocacy Committee develop a plan and reporting method
2. Assign Memorandum of Agreement between AMHTA and ACoA to a committee
3. Data and planning assigned to the Planning Committee
4. ACoA Commissioner to attend Trust meeting (at the expense of the Trust) as an active participant; asking questions and offering solutions

MOA with ALASKA MENTAL HEALTH TRUST AUTHORITY: ACoA liaison from the Trust is Nancy Burke. Trust protocol is loose any attendee can speak, but board members will get a higher priority. There needs to be more than staff to staff communication. There could be a Commissioner attending Trust meetings. Generally the staff is better informed; but, at least one board member needs to get involved at this level. ACoA is the board with the least 'issues' with the Trust and is in a position to lead the way. We are planning a joint meeting of the legislative and advocacy committees September 10th to identify issues and 'circle the wagons'. Need to get with the other boards to decide what we want from the Trust and how we want to relate.

PIONEERS' HOME ADVISORY BOARD REPORT: Ed Zastrow, Chair; the average age is now 85+ in Alaska Pioneer Homes. Home care project has been very successful in keeping seniors in their own homes. Dynamics in levels of care upon entering the Pioneer Homes has changed: Level One (a little help with meds) was 37% 10 years ago, now it is 10%. Level Three (24 hr skilled nursing) was 26% 10 years ago, now it is 61% and 80% have ADRD. Pioneer Homes were not designed for this type of care. Currently there are 2800 Alaskans on a wait list; 150 of these 'want in now'. But, the homes cannot accept more of these higher levels of care individuals.

Staffing and staff 'burnout' are a major concerns. Shortage of available staff requires more overtime, which adversely affects the budget. State salaries are no longer competitive. Private sector pays better and offer better benefits. Also, younger nurses want to practice 'acute care' not 'custodial care'. Quality of care and safety are becoming issues, also.

Senior centers need to be involved as advocates. Advocate with legislators during the interim, when they have to face you and see first hand your concerns. Testifying at a LIO is the least effective way of communicating, by the time they take testimony a 'deal is already struck'.

Positives: Funding for 6 CNA's is back in the Senate budget; 2.5 million in capital improvements; Medicaid Waivers to Pioneer Homes is \$200,000 - 300,000; and the Palmer Facility (now VA) is receiving federal funds.

INTRODUCTION OF LONG TERM CARE OMBUDSMAN: Delissa Culpepper introduced Bob Dyer, the new Long Term Care Ombudsman. Expanding rural outreach and volunteer programs; establishing a relationship with Administration and develop cooperation with Division agencies are the goals of this office. A priority is developing internal office procedures.

Again, the problem of levels of care was discussed. More frequently individuals are entering at Level 2; Pioneer Homes are not physically equipped to handle these more disabled individuals;

I.e. wheelchairs and dementia. They will require remodeling. Also, staff will need to be trained in advanced physical therapy and mental health issues.

The focus of the Long Term Care Ombudsman's office will always be, "What is best for the individual resident."

DSDS REPORT: LISA MORLEY – SENIOR GRANTS PROGRAM COORDINATOR: The reorganization of Health and Social Services created Division of Senior and Disabilities Services and moved the ACoA grant program and personnel into this division. A further reorganization moved the function of grants administration to Financial Management Services. ACoA staff is involved in the proposal evaluation committee (PEC) process but not the actual management of grants. This falls to DSDS staff. The Commissioner, Joel Gilbertson, wanted to align ACoA with other boards and commissions with similar responsibilities i.e. advisory, advocacy, planning and program development.

This year there was a new process to consolidate grants and to provide a three (3) year grant cycle through FY08. This will enable staff to focus on program development and management.

Long term goals:

- Coordinate a regional Information, Assistance and Referral system
- Increase supports for in home services
- Implement a rate structure to coordinate with Medicaid Program for next grant cycle
- Sustaining mental health and substance abuse services for seniors through outreach, identification and referral using a model "gatekeeper program"
- Continue and expand caregiver training i.e. UAA continuous education, utilize DSDS staff
- Medicare Part D outreach and implementation is being coordinated by the Division of Public Assistance
- Continue to build infrastructure
- Finalize contract with Synergy, Inc. for continuing SAMS Database project for grantee reporting via the Internet
- Implement a quality assurance review

Program staff has worked closely with ACoA staff to develop AOA grant proposal for an Alzheimer's Demonstration Grant, due May 27th. We have been encouraging family caregivers to form a grassroots organization and apply for funds through the Trust's Beneficiary Group Initiative Project.

NANCY WEBB – RURAL LONG TERM CARE PROJECT COORDINATOR: Bethel City Council want to transfer the operation of the Senior Center to another organization. The Bethel Traditional Tribal Council may take it over. ONC is developing a package for certification and a platform for future assisted living homes

Port Graham is struggling with staffing and is still seeking models appropriate for this community. Lake Iliamna has asked Hope Community Services for technical assistance to start services and consider an assisted living home facility.

Nome Eskimo Community will continue with LTC planning efforts using the grant funds from the Denali Commission. A partnership with Kawerak, Bering Straits Housing Authority, Norton Sound and a consultant will develop a market study for the entire area. This survey will indicate

the kinds of long term care facilities needed. Then, the partners will decide which project or service they will provide.

Traveled to Unalakleet and handed out a community need analysis outline for their planning a 5 bed assisted living facility. Unalakleet would like to become a hub to smaller villages; however, seniors feel that if they can't stay in their village, they would prefer to go to Nome. The market study commissioned by the Nome Eskimo Community will include Unalakleet, Gamble, Stebbins, etc.

Gambell recently lost the building their senior center was housed in. There are problems with the elders not participating. Nutrition is problem with food coming in from Anchorage. Seniors are living alone with no plumbing.

Attended the Full Lives Conference and learned about the housing, developmental disabled and traumatic brain injury (TBI) needs. Providers are concerned that TBI population is not being served; possible integration of palliative care into long term care using the model in Dillingham.

Is finishing the continuum of care study with the Denali Commission and Kay Branch; will include developmental disabled.

PUBLIC COMMENT:

Pat Branson, AgeNet: Noted the good advocacy efforts of ACoA staff. At the annual meeting in Anchorage on June 10, 2005, they will be setting the legislative agenda for next year. The remodeling project on the Kodiak Senior Center is underway; with a new roof being added using Rasmussen and deferred maintenance funds.

Marianne Mills, Southeast Senior Services: with collaboration from Nancy Karacand, the federal grant application for Elder Mental Health has been submitted. Southcentral Counseling is now Anchorage Community Mental Health.

Elsie O'Brien, Mid-Valley Seniors – Houston: meeting the needs of seniors and the federal government can be at 'cross purposes'. "Providers" may be only one person, who does it all. i.e. cooking, cleaning reports and paperwork. Seniors won't fill our forms. They don't want their personal information used. Upper Susitna Seniors has been providing services for 20+ years without government funding.

Richard Tubbs, Executive Director, Palmer Senior Center: Society has extended longevity, but not funded the infrastructure for the elderly. Senior Centers have a dilemma: Limited resources (federal, state and private) vs. increased numbers of individuals needing services. More resources are needed to sustain elderly people remaining in their homes with dignity. The Mat-Su Borough has the fastest growing population of elderly. Projections in Alaska: 72,000 in 2014; 121,000 in 2024. It costs approximately \$8,000 per year to maintain a senior in their home vs. \$100,000 per year in a nursing home.

ACoA and providers need to form a coalition and speak with one voice on funding senior infrastructure needs. Educating the legislature to the importance of senior issues and possible repercussions is paramount. Also, seniors need to be advised of programs that they may be eligible for.

DEPARTMENT OF LABOR – JEFF KEMP, MASST PROGRAM: This program has served 318 people; 120 (38%) women and 198 (62%) men. 60 were placed in unsubsidized jobs. Of those served: 93 % or 296 were under the federal poverty level of \$ 11,000.00 per person; 30% or 95 were developmentally disabled. Many of these are veterans who receive public assistance.

Nominations for the 2005 Older Worker are due to Jeff by May 31, 2005. Noreene Jones, age 76, of Wasilla, was chosen last year. Nominee must be working 20+ hours a week, over 65 years of age, an Alaskan resident, and be willing to travel to Washington DC. Decision will be made by the Older Workers Recognition Committee (Betty, Dan and Sharon) by June 10, 2005. Visit <http://www.experienceworks.org/primetime/Primetime2004/winners.html> for last year's stories.

OTHER: Discussion of Trust request for members to attend/participate in all board meetings.
MOTION: By Frank and Ed that the Vice-Chair to be the ACoA member designated to attend Trust meetings. Motion passed unanimously.

ACoA staff and Commission members need to work with the Trust to develop criteria around the core issues of data collection, planning and advocacy. Review the Planner I position description to incorporate all criteria needed by the Trust. ACoA staff will work with DSDS to develop data collection criteria; and assignments will be made to appropriate ACoA committees; ACoA staff will call and poll members. In July or August a teleconference will be set up to discuss the Trust MOA before action is taken at the September Trust meeting. Frank suggested integrating these three (3) elements into ACoA annual goals.

AJOURNED: 4:15 p.m.

Dinner will be at the Houston Senior Center at 6:00 p.m.

WEDNESDAY, MAY 18 2005

CALL TO ORDER

Chair, Banarsi Lal, called the meeting to order at 9:04 a.m.

ROLL CALL

Members in attendance: Frank Appel, Michael Black, Sharon Howerton-Clark, Dan Karmun, Betty Keegan, Banarsi Lal, Ed Zastrow, and Lisa Morley for Steve Ashman.

Members not in attendance: Robert Head (excused due to illness) and Ray Matiashowski.

ACoA Staff: Linda Gohl, Nancy Karacand, MaryAnn VandeCastle, Sherrie Stears.

ACoA COMMITTEE REPORTS

Legislative Committee – Betty Keegan, Chair: The ACoA legislative plan was set in December 2004 and adjusted in February 2005. The Senior Care Bill was a priority. Ten (10) legislative teleconferences were held. ACoA Staff is to be commended for their efforts with the teleconferences and the format for tracking the bills.

HB 33 – Passed; HB 95 – Passed; HB 119 – Passed; HDR 20 - Passed; SB 60 –Passed; SB 67 – Passed; SJR 6 – Passed; HB 161 – Passed; SB 63 – Passed; HB 67 & SB 66 are in Conference Committee

More ACoA members and others need to participate. Outreach could be improved by involving Senior Center Managers to motivate their members to attend ACoA Legislative teleconferences; holding teleconferences at a different time; follow-up with the staff responsible for setting up the equipment; and go beyond the senior centers for participants i.e. caregivers and baby boomers. Nancy suggested a plan to mobilize seniors across the state. We can utilize the partnerships in policymaking Trust funded project under the Governor's Council.

Planning Committee – Frank Appel, Chair: Focus is the White House Conference on Aging (WHCOA). The Juneau Event report is available on the ACoA web page. There were 130 participants in Anchorage. It was a very diverse group; that was very engaged in the issues. The committee, with staff, will be compiling recommendations. Delegates selected, so far, to attend are: June Burkhart, of Willow (Governor Murkowski), Catherine Dalton, of Fairbanks (Senator Murkowski), Elmer Feltz, of Wasilla (Representative Young), Gloria McCutcheon, of Anchorage (Senator Stevens), Sally Smith, of Dillingham (National Congress of American Indians) and Ed Zastrow, of Ketchikan (Governor Murkowski). Lisa suggested, we use the surveys and WHCOA feedback to create a marketing plan to engage caregivers and baby boomers.

Real Choices Systems Change Grant: Need to request DSDS DHSS to submit a request to The Center for Medicaid and Medicare (CMS) for a 'no cost amendment' to extend the grant one (1) year. With no conflict to the original grant, the following is a list of possible priorities:

- Work with DSDS on analysis of PCA program
- An in-depth study
- Individuals set up their own services – Cash & Counseling
- Create a foundation for consumer directed services
- Information created about direct services
- Develop a partnership for consumer advocacy training

ACOA POLICY: Reviewed and discussed committee meeting policy change prepared by Frank; there is no conflict with By-Laws. (See attachment)

MOTION: To accept the policy change for committee meetings; motion passed unanimously.

ALLISON LAYMAN, MHC LIVING WELL CARE COORDINATION PROGRAM, PALMER SENIOR CENTER: A matching grant from the Mat-SU Borough helped fund this program at the Palmer Senior Center, which began in February 2005. It is an education and referral program for senior's mental health and substance abuse issues.

The 'Living Well' focus is on quality of life, emotional well being and healthy lifestyles. Defining 'normal' behaviors for seniors and exposing the myths i.e. all seniors are sad or depressed, it is all right for seniors to 'hole up', seniors have 'earned' the right to drink, and seniors can't change. The goal is to connect seniors with a service to provide assistance or intervention; then do the follow-up case counseling. The Living Well Program is also providing information to doctors and other health care providers on our services and advocating the screening of seniors for behavioral health needs.

Information and data from Substance Abuse Mental Health Service Administration (SAMHSA) on aging is available at the following website: http://www.samhsa.gov/Matrix/programs_aging.aspx

STAFF REPORTS:

MEDIA CAMPAIGN: The Alaska Mental Health Trust Authority media campaign is on schedule. Radio and newspaper ads are already happening; TV ads will start the end of May.

AOA ALZHEIMERS DEMO GRANT: DSDS is the grant applicant for \$ 300,000 per year for three (3) years. The target area is Bethel and Southwest Alaska. ACoA commissioners or staff could serve as members of a steering committee. ACoA could disseminate information on the project.

MOTION: Write letter of support for the DSDS AOA grant application and commitment that ACoA will participate on the project steering committee; motion passed unanimously.

COMPREHENSIVE INTEGRATED MENTAL HEALTH PLAN (CIMHP): Eleven (110 have been agreed on and strategies are being written. A contractor has been hired to for the final writing of the plan due the end of June.

PERSONAL CARE ATTENDANT (PCA): As this program is so successful, a cap of 32 hours per week has been set. A waiver can be asked for to increase the number of hours.

PUBLIC COMMENT

Elsie O'Bryan, Executive Director, Mid-Valley Senior Center; Karla Atwood, VISIONS Program Manager; Bert and Mary Curry, VISIONS participants, are advocating for their program. They are asking for ACoA's assistance to promote this program in other areas of the state. Staff offered to include information in the ACoA newsletter.

The VISIONS Program educates senior and adolescents on physical activity and nutrition. Youth from the alternative high school come to the senior center to exercise and work with members. Students sign a contract and mentor with a senior. Seniors have 'left behind' their walkers, been able to cut back their medications, lost weight and students are doing better in school as a result of this program.

No one on line, turned off at 2:15 p.m.

Melanie Peterson, Project Coordinator, AKHFC / AGING & DISABILITY RESOURCE CENTER (ADRC): The purpose of ADRC is to provide seniors (60+) and people with disabilities access to accurate information and services available to them within their community. Two (2) pilot projects, Southeast AK and Kenai Peninsula have been developed and three (3) Anchorage, Fairbanks and Kotzebue will be added. These centers will also provide comprehensive assessments of long term support needs and access to Division of Public Assistance and Medicaid eligibility determinations.

ADRC's will continue to do outreach and collaborate with service providers within their service areas. A prescreening tool has been developed and approved. This tool will be used by staff to determine support needs and appropriate referrals.

Kay Branch, Alaska Native Tribal Health Consortium (ANTHC). The health status and long term care report is being printed and distributed statewide. Many hospital days were incurred due to falls, with 7 days as the average stay. Elder suicide rate is lower. This report will serve as a baseline for future data.

When planning programs and services for elders it is important to remember, "Elders need to be near the river where they were raised." Programs need to be cultural sensitive. Regulations need to be flexible. Personal Care Attendant (PCA) program is still cheaper than nursing homes. Indian Health Services (IHS) has not funded long term care. Health care is still based on "acute illness".

A comprehensive geriatric assessment tool, including functional and cognitive assessment, for elders has been developed. Recommend that the tribes begin to use this tool. It would also monitor medications.

Alzheimer's, its effect on caregivers/families and its treatment has become a big issue. It is difficult to pull numbers for this disease, as the codes are mixed with other issues.

ACOA HOUSEKEEPING ACTIVITIES

REAUTHORIZATION OF OLDER AMERICANS ACT (OAA); ACoA staff will research further.

ACOA STATE PLAN: Current plan is valid through June 13, 2006. New elements are required by the U.S. Administration on Aging that have not been required before. Due to changes in the state grant cycle through FY08; the intra-state funding formula in the state plan cannot be changed.. Possibility exists to extend the current plan for 2 years and get back into the same cycle as the grants. This would alleviate disruption and confusion to grantees. Also, we would be able to use WHCOA survey data to provide outcomes and grantee information on new services and their results being compiled by DSDS. This issue will be addressed by the Planning Committee and decision by ACoA postponed at this time. The current State plan is available on the website at: www.alaskaaging.org

ACOA ELECTION:

NOMINATIONS FOR CHAIR: Frank Appel; Banarsi Lal

NOMINATIONS FOR VICE-CHAIR: Frank Appel; Betty Keegan

Betty declined the nomination.

MOTION: By Ed and Michael to close nominations; unanimous to accept the motion.

Banarsi withdrew his name for consideration.

MOTION: By Ed and Sharon to nominate Frank Appel as the new Chair; unanimous to accept the motion.

MOTION: To re-open nominations for Vice-Chair; unanimous to accept the motion.

NOMINATION: Betty Keegan nominated Sharon Howerton-Clark; Sharon accepted nomination.

MOTION: By Betty and Dan to elect Sharon Howerton-Clark as Vice-Chair; unanimous to accept the motion.

OTHER:

STATEWIDE SUICIDE PREVENTION COUNCIL (SSPC) ROUNDTABLE: Nancy Karacand attended this teleconference earlier today. SSPC want to reach out to senior programs and

collaborate with all the boards to improve programs and services. There are now seven (7) boards: ABADA, ACoA, AMHB, GCDSE, Faith-Based & Community Initiatives (FBCI), Stateside Suicide Prevention Council (SSPC), and Traumatic Brain Injury (TBI). The suggestion was made that the various boards and commissions could collaborate in the following areas:

- Rural Outreach with other beneficiary board members and staff to same area communities
- Committee work 1-2 members and staff participate on other beneficiary board committees
- Our board members to attend full sessions of the other board meetings
- Avoid competing for Trust funds by sharing project plan drafts with other boards

NEXT ACOA MEETING: September 27-29, 2005 in Kenai or Soldotna with site visits to all senior centers on the peninsula. These visits should last 60-90 minutes. The site visit agenda will be prepared by ACOA Staff.

TRAVEL: New State Travel Office (STO) will be making the travel arrangements as requested by ACoA Admin Asst., Sherrie Stears. Contact information:
Sherrie Stears - 907-465-3250 Fax: 907-465-1398 E-mail: Sherrie_Stears@health.state.ak.us
STO Emergency / before or after business hours: 1-866-762-8728 or
Linda's Cell phone 907-723-9349

RURAL OUTREACH ACTIVITIES FY06: Executive committee to discuss at next meeting.

THURSDAY, MAY 19, SCHEDULE: The Commission members will do a site visit and lunch at the Palmer Senior Center in the morning. Commissioners and ACoA staff will attend the White House Conference on Aging event in the afternoon.

ADJOURNED at 4:10 p.m.