Strategic Action
Planning Group on Aging

Participants: Christian Itin (Chair), Hayley Gleason, Coral Cosway, Sarah Elliott, John Zabawa, Chris Lee, Jim Riesberg, Steve Child (phone), Dave Norman (phone), Karin Stewart (phone), Mindy Gates, Jayla Sanchez-Warren, Tony Tapia, Gabriel Kaplan, Jean Nofles (phone), and Jarett Hughes

Not in Attendance: Steve Grund, Maureen McDonald, Jim Collins, Kathleen Hall, John Emerson, Karen Brown, and Josh Laipply

Public Participants: Grace Hanover (Older Adult Technology Services), Leigh Hull (Program of All-Inclusive Care for the Elderly), Ed Leary (University of Denver), Tex Elam (DRCOG Aging Advisory Committee), Rich Mauro (DRCOG) George Maxey (Adams County Aging Network), and Hope Carwile (Vivage)

Action Items:
- Jarett Hughes to continue state funding support efforts and connect with DRCOG about next steps
- SAPGA will pursue an amendment to the Long Bill if additional funding is not included in the original version of the budget package

Meeting Notes
Welcome, Roll Call, and Approval of Minutes
- Meeting called to order by Christian Itin at 12:09 pm
- February minutes approved
- March agenda approved

Update on Joint Budget Committee Meetings and Budget

Christian Itin, Rich Mauro, and Jarett Hughes have been meeting with Joint Budget Committee members to discuss an additional $95,000 of funding for SAPGA. If additional funding is not provided in the Long Bill, then SAPGA will pursue securing additional funding through the budget amendment process.

Update on 2019 Legislative Session

Jarett Hughes provided a brief overview of legislation related to 2016 and 2018 recommendations.

Highlights from Environmental Scan and Health and Wellness Committee Call

Members were asked to reflect on previous discussions that could inform the direction of meeting planning for the remainder of 2019.

Jayla Sanchez Warren suggests having a presentation on the Accountable Health Communities (ACH) model DRCOG is currently operating with funding support from the Centers for Medicare and Medicaid.

Chris Lee offered an overview of the CAPABLE, Community Aging in Place – Better Living for Elders. Developed by the Johns Hopkins School of Nursing and supported by the Visiting Nurse Association and Habitat for Humanity, clients identify self-care goals which support activities of daily living and improve independence. Twelve home visits occur over the span of 5 months and VNA has seen improved independence, decreased depressive symptoms, and fewer hospitalizations.

It was mentioned that focusing on assisted living residences should be a priority. Low reimbursement, availability of Medicaid assisted living beds, and the lack of ombudsman were all brought up for discussion. Tiered rates for assisted living may be worth exploring as well.

Other topics brought up for further discussion:
- Trauma informed care
- End-of-Life Care
- Community-based approach
- Coordinate with insurance providers
- Comprehensive training/support for formal caregivers
- Preventative, holistic person-centered care
- Medicare Advantage and home care options

Discussion of Previous Recommendations and Next Steps

Members broke out into small groups to discuss gaps and potential focus areas for future recommendations to the General Assembly and Governor's Office. Groups were given grids to records their thoughts and ideas. Compiled grids can be found here.

Groups were also asked to report back their highlights:

Phone Group: Major accomplishments – Senior Advisor on Aging and Aging Caucus; need to develop a workforce that is well-trained and prepared to navigate the complexities of working with older adults; support Accessory Dwelling Units and promote a variety of affordable housing options; support age-friendly planning.

Group One: Senior Advisor on Aging needs to be hired; can we find demographics related to types of caregivers and who needs care; support education of advance care planning; engage with Boulder Conversation Project; address the sustainability of new programs related to recommendations

Group Two: Support advance care planning; support palliative care and hospice care; support existing projects; expand behavioral health options; assistance and navigators for healthcare; connected and coordinated care that provides "lighter" services too; better support chronic disease prevention and management; efforts must be sustainable, scalable, and specific to geographic region

Group Three: Chronic disease prevention and management should be a top priority; need more community-based efforts – put resources where people go (e.g., library); best practices for organizing and coordinating locally; support advance care planning – could this be a AAA service; engage with cities and counties to see how best we can support local efforts; focus on engagement and isolation

Meeting Adjourned at 2:56 pm