Meeting Summary

Strategic Action Planning Group on Aging
Monday, November 7, 2016
1290 Broadway, First Floor Independence Conference Room

Members present: Jim Riesberg, Ky Agnew, Rob Andresen-Tenace, Donna Baros, Wade Buchanan, Dale Elliott, Doug Farmer, Christian Itin, Mindy Kemp, Linda Mitchell, Ben Moultrie, Jean Nofles, Dave Norman, Tony Tapia, Sharron Williams
By phone: Claire Anderson, John Barry, Steve Child, Greg Coopman, Sallie Thoreson

I) Jim Riesberg opened the meeting with roll call, there were a quorum of members present.

II) The meeting agenda for November 7th was approved without changes.

III) The meeting minutes from October 24th were approved without changes.

IV) Public Comment:
   A) Rob Andresen-Tenace: This will be his last SAPGA meeting as he will be transitioning to a new position in Washington State. His last day at CDOT will be the day after Thanksgiving. CDOT's Executive Director will be appointing a new CDOT representative to the Planning Group.

V) Executive Committee update:
   Jim Riesberg provided comments that there have been personal issues affecting Executive Committee attendance and there have not been a quorum of Executive Committee members during the meetings. There are three weeks until the Action Plan is due so there is time to do more to the document and it should be as extensive as the Planning Group can make it and should be expanded as much as SAPGA feels comfortable as a group. The Executive Committee wants to put forward a document worthy of the investment made in it and also want something that is as complete as possible. The legislation creating SAPGA calls for updates in 2018 and 2020 provided the funding is there; the updates are not mandated. One decision to make today is if the Action Plan is complete enough or if the Planning Group would like to make a more expansive report.

   Wade Buchanan added that he strongly feels the need to move forward with as strong recommendations as the Planning Group can, as long as they reflect the work already completed and have consensus within the Planning Group. There is opportunity to give status reports and statements that talk about where the Planning Group is on a number of issues where there has not been enough consensus built amongst the full SAPGA. The hope is to find a place in the middle that will require a lot of work during this meeting.

   The Action Plan will be made available to General Assembly on November 29th at 10:30am during a meeting at the Capitol. The Executive Committee is seeking to get on legislative committee agendas in early January to present the Action Plan.

VI) Timeline:

Mike Saccone, Keystone, provided an update on the Action Plan timeline which had been revised after the October 24th Planning Group meeting. It was noted that recommendations that did not have consensus during this meeting would not be reconsidered on the 21st for inclusion in the Action Plan due to time constraints to complete the report by November 29th.

VII) Review of the draft Action Plan:
   A) Comments:
      1) Like the structure in general and how the key provisions of the bill are provided. In acknowledgement of the fact we aren't hitting everything in the bill, will there be some kind of way to show a mapping between provisions and what we are actually recommending?
      2) Would like to see better connection between goals and recommendations. Some recommendations are broad overall, but then there are some that relate directly to the goals. Struggle between the granular nature of some recommendations and less-so on others; this needs to be reconciled.
      3) The draft does not mention the Supportive Community committee on page four with the list of committees.
      4) The executive summary is extremely brief and is way too short. There are no specifics offered on examples of moving forward any of the items within the executive summary.
      5) There's a lot of work each the committees did on the left hand side of the Matrix – the outcomes and objectives – somewhere in the Action Plan we should include more information on what we mean for each goal by including those objectives to show we thought more deeply about the vision. Even if we don't have a recommendation in a specific area, this can show the direction we were headed and also honors the work that has been done and reflects the depth and complexity of these issues.
      6) Connection between recommendations and goals is very important. The executive summary should mention these are the first recommendations among many, this can be reiterated when we move into specific recommendations. Linking recommendations to specific goals helps make this clear.
      7) Would like to see a conclusion at the end of a report this long. In its current form it ends a bit abruptly.
      8) Recommendation 4 – What is the value of universal design, why is this important to a policy maker? Is there a financing impact and is there explicit data that will correlate keeping people in their homes is saving the state money?
   B) The Planning Group gave consensus approval on the draft of the Action Plan.

VIII) Discussion and approval of additional recommendations
   The following discussion was based on the [additional recommendations]() submitted by SAPGA members for the Planning Group to consider incorporating into the draft Action Plan.
   A) Ben Moultrie:
      1) Family Economic Security:
         (a) Continue to fully meet funding obligations to county, municipal and other public employee retirement plans (e.g., the Fire and Police Pension Association) to ensure that plans remain solvent over the long-term.

(i) Comments:
- This should not be a new recommendation but added into Recommendation 3 and include a sentence that local governments should also fully fund their commitments.

(ii) Action: There was no objection from the Planning Group to including in the Action Plan under Recommendation 3.

B) Christian Itin:
1) Workforce Development:
(a) Develop or task a single entity within state government — which could be an existing group or could be the entity recommended within SAPGA's recommendations — with oversight and coordination of "Workforce Development in Aging." This entity would be responsible for ensuring that data is collected and analyzed that allows the state to understand and monitor the workforce needs related to older adults. The entity will encourage the dissemination and utilization of the data to inform the ongoing efforts…
(i) Comments:
- Who takes this action and develops the tasks?
    ◊ Depends on the entity. This could fall under the high level body already proposed and include workforce development as a component of their responsibility.
- This could be sub-bullet to Recommendation 1 in the Action Plan.
- The data collection should include additional health care data referred to in #58 and 59
- Anything included on data collection in the Action Plan needs to be very specific and limited – specifically include workforce and health and wellness

(ii) Action: There was no objection from the Planning Group to including in the Action Plan under Recommendation 1.

C) Jean Nofles:
1) Supportive Community:
(a) Consider incorporating a tiny home livable community in community/municipal expansion plans.
(i) Comments:
- This might not fit into the Action Plan at this time.
- The Physical Community committee had this included in their third recommendation, encouraging a variety of innovative housing opportunities and reducing barriers to them. The committee didn't think it rose to the level that Universal Design did when putting forward their main recommendations.

(ii) Action: The group will come back to this as it appears again in later recommendations.

2) Health and Wellness:
(a) Work in collaboration with the Y and other organizations to grant access to existing wellness programs.
(b) Decouple physical fitness from the gym by instituting neighborhood/community walks (AARP started a neighborhood walking program)
(c) Begin urban hikes to historic places within walking distance of neighborhoods.
(i) Comments:
- B and C can be coupled together into one recommendation

- Is the State Legislator the right level to make this happen? Who are we recommending does these things?
- These could fit under new recommendation #57
- These could fit under Recommendation 4 in the Action Plan
  ◊ Might fit as a new Recommendation 5 in the Action Plan, but doesn't fit under 4 since it specifically calls on the General Assembly to take action.

(d) Action: Consensus from the group to make #57 a new recommendation with modifications. The new recommendation will not include specifics from Jean's recommendations, but will capture the themes from her recommendations.

D) Jim Riesberg:
1) Housing:
(a) Colorado should continue to expand all sources of state-level funding for affordable rental housing, including the Colorado State Low Income Housing Tax Credit, and funding through the Colorado Division of Housing. Consider a new funding stream for pilot projects that integrate affordable housing with affordable services and/or that create new housing models with a focus on wellness and mutual support.
   (i) Comments:
   - This recommendation would be specifically endorsing a tax credit that many folks around the table are not familiar with. Unsure if ready to say specific tax credit is the way to do it. Uncomfortable making this specific of a recommendation.
   - This was in the Physical Community committee recommendations and decided this should be in stage two.
   - There is already a state low income housing credit and this might be a typo in the report from the Highlands Group

(b) Encourage development of more Medicaid-certified assisted living by providing a higher provider reimbursement rate.
   (i) Comments:
   - Not sure there is evidence to support this recommendation or that there is a case we need more of this. This recommendation should be removed.
   - We could recommend the state takes on a discussion of tiered rates.
   (ii) Action: There is a lack of consensus on this issue and it does not seem the Planning Group is ready to make a recommendation.

(c) Modify Department of Health Care Policy and Financing rules to allow more new skilled facilities to be built to replace very dated, poor-quality properties, particularly in areas where those older facilities are not the only option for low-income people needing long-term care.
   (i) Comments:
   - Do not need to encourage more building and this has led to a decrease in accessing other states. Should leave out this recommendation.
   - There are a lot of assisted residents being built in Metro area and it is hard to keep up with them.
   (ii) Action: There is a lack of consensus on this issue and it does not seem the Planning Group is ready to make a recommendation.

(d) Facilitate partnerships between local governments, housing providers and care providers to examine rules and requirements attached to state and federal funding for housing, health care, and other senior services to identify barriers that prevent creative

partnerships. Coordinated systems can save resources through a centralized approach to assessment of client needs, health records, family and provider contact information, and service utilization.

  (i) Action: This recommendation should be incorporated into #57
- (e) Local governments should target local funds, loan programs, and local shares of federal and state funds to good-quality, affordable rental housing for seniors including both new construction and renovation/preservation of existing affordable properties. Offer waivers of fees and reasonable exemptions of zoning rules in fair trade-offs for affordability.

  (i) Action: This recommendation should be incorporated into #57
- (f) Local governments should modify zoning and planning rules to allow more forms of shared housing, accessory dwelling units, micro-units, mobile homes, and congregate/group homes that foster companionship, mutual support, resource sharing and affordability

  (i) Action: This recommendation should be incorporated into #57

2) County and Municipal Governments
- (a) Improved nutrition is one of the keys to decreasing the impact of chronic conditions, the biggest contributor to the high cost of health care. County and local governments should promote Farmer's Markets in their areas to improve nutrition options available to their residents.

  (i) Comments:
     - This is already being addressed and lot of communities are doing this.
     - Farmer's Markets are an example of how to address nutrition, but they only happen a few months a year and aren't the only solution to focus on.
     - Increasing SNAP funding to older adults would be a broader recommendation.
        ◊ HCPF has this on their radar

  (ii) Action: Lack of consensus to include in the Action Plan.
- (b) The 2015 United States of Aging Survey: Denver, reported the top concerns of those interviewed were being able to maintain their physical and mental health and not to lose their memory. County and local governments should promote and provide "Mental Health First Aid" training for all employees in law enforcement, first responders, and who have front-line communication with residents.

  (i) Action: Consensus to include in Action Plan.
- (c) One in three adults fall annually resulting in 2.5 million ER visits, 700,000 hospitalizations, and approximately $34 billion in health care costs, and falls are the number one cause of injury-related deaths in older adults. County and local governments should identify and promote fall prevention programs in their region. Many are conducted by recreation centers, senior centers, senior housing and senior day-centers, and the local Area Agency on Aging.

  (i) Comments:
     - Does this ask for local governments to be involved in what's already existing? There is a need for these programs that exceeds current capacity.

  (ii) Action: Consensus to include into Action Plan.
- (d) Many departments and programs work in isolation on specific projects without regular collaboration with other departments that may have an impact on the same programs or groups of people. County and local governments are encouraged to foster collaboration on all projects that will impact the quality of life for all segments of society, especially older adults.

         (i)   Action: This recommendation should be incorporated into #57

(e) Just as it is important for the state to have a single office or position to be accountable to and oversee the work on aging issues, it will be important for the county and local governments to consider creating the same model so they are aware of all the programs and organizations in their area so they can bring dedicated leaders together to solve problems and create programs that will be supported and will be successful and will utilize the skills, knowledge and talent of seniors at all levels of public service.

         (i)   Comments:

- Because of groups like the State Unit on Aging, CML and CCI, not sure if there is a need for something like a Czar level position to coordinate local governments.
- Training aspect should be incorporated into local plans on aging

        (ii) Action: There was not consensus to include in the Action Plan.

(f) Promote the use of the Manual on Uniform Traffic Control Devices by local government to support senior who drive.

         (i)   There was no discussion by the Planning Group on this recommendation.

3) Transportation/Mobility

(a) County and local governments should work with mobility experts in their areas to produce and promote educational materials and programs that provide information to local residents on what transportation options are available and how to access and use them.

         (i)   Comments:

- There is a lot of information out there and each area has its own type of service. All resources for seniors needs to be made available, not just transportation resources.
- This fits under data collection and collaboration – does it need to be totally separate?
- Falls under a local government section without adding a whole new recommendation.

        (ii) Action: Consensus not to make a new recommendation from this but include into a general local government recommendation.

(b) Utilize the CDOT State Coordinating Council to help seniors access tools and training to remain safe on the road.

         (i)   Comments:

- There are regional councils that deal more with local issues whereas the state coordinating council deals with issues at a higher level.
- Add this to Recommendation 4 as a third sub-bullet to include regional councils.

        (ii) Action: Consensus to add into Action Plan under Recommendation 4.

4) Caregiving:

(a) Numbers 31-38 come out of the CHI Research Report.

         (i)   Comments:

- Existing Recommendation 6 includes all of these with the exception of gerotechnology.
- Don't see how you can keep up with resource guide on gerotechnology; it is not a pragmatic way to do this.

        (ii) Action: Consensus not to include in Action Plan as Recommendation 6 already covers these issues.

5) Supportive Communities

       (a) Numbers 39-41 come from CHI Research Report.

          (i) Action: These have already been covered in previous discussion.

   6) Czar Section

       (a) Numbers 43 and 44 have already been covered in previous discussion.

       (b) 45 is an effort to identify outstanding resources for information that they can go to directly, where best practices are already identified, and not have to do a literature search before they can get started. Many of these organization have grant funding available and support pilot programs.

          (i) Action: This could be referenced appropriately in the Action Plan.

       (c) 46 is a reference to the SAPGA Technical Advisory Committee, required in the bill and created by this group. Coordination and collaboration is desperately required.

          (i) Comments:

- This could be valuable to Recommendations 1 and 2 in the Action Plan

E) Sharron Williams

   1) Health and Wellness:

       (a) All Coloradans will have access to lower cost prescription medications, prescriptions assistance programs, and referrals to pharmaceutical companies that offer "free" or medications assistance from their MD. A comprehensive data base shall be update and provided to Physicians, Case Managers, NP, and PAs.

          (i) Comments:

- The Colorado Commission on Affordable Health Care is working on this issue.
- Pharmaceuticals are a very complicated issue. There aren't databases that compile this because they quickly get outdated due to the fact that pharmaceuticals are constantly changed. The Cost Commission's recommendations on pharmaceuticals are working with federal partners because there is little to regulate at the state level.
- Should be placed in resources under patient-centered care
- This is an important issue, but not sure if this is something the Planning Group has had enough conversation about to include in the Action Plan. Could include a sentence in the Plan that rising prescription drug costs are a concern and an area for additional research.

          (ii) Action: Consensus to include the rising costs of prescription drugs in the Action Plan as an issue to address at a later time.

F) Rich Mauro

   1) Mobility:

       (a) Include in any statewide or local transportation funding proposals, funding for transportation services for older adults to be allocated using existing aging and mobility networks.

          (i) Comments:

- Caution against getting too specific with funding requirements because it can be very limiting.
- This seems to fit under Recommendation 4b in the Action Plan

   2) Built Environment:

       (a) Promote age friendly/accessible/affordable housing in connection with transit oriented developments.

          (i) Comments:

- This was covered by the Physical Community committee and is included in the recommendations.
(b) Preserve mobile home communities as viable options for affordable housing.
  (i) Comments:
    - This was covered in Physical Community committee and is included in the recommendations.
(c) Enable "stacked vouchers" – provide gap funding to make up the difference between the value of a housing voucher and the rent charged for a qualifying unit.
    - Comments:
    - What is the source of funding for vouchers?
    - Do we have data on what the gap is in funding across the state?
  (ii) Action: This concept is not ready for a recommendation.
(d) Local governments should include provisions in their ordinances and planning regulations specifically directed at senior housing needs. This could include allowing multiple unrelated people to live in the same residence under certain circumstances.
  (i) This was covered in Physical Community committee and is included in the recommendations.
3) Supportive Community:
  (a) Implement a "No Wrong Door" information and assistance/case management system utilizing the existing ADRC (Aging & Disability Resources for Colorado) system.
    (i) Comments:
      - There is an RFP out for something similar – would this be in contradiction or would it complement the process?
        ◊ This seems to support the process.
      - We're not ready at this point for a recommendation because of work that is already under way.
      - ADRC funding has started to go away and programs under this funding are struggling to stay alive.
      - This is part of the Governor's budget to support Medicaid assistance matching.
      - This seems to be the first time we've had this conversation and don't remember any information on this issue. Would be opposed to including this recommendation since we have not had any discussion on this topic.
      - It is premature to recommend at this time since NWD is in its genesis.
    (ii) Action: Consensus to not include in Action Plan at this time.
  (b) Create a dedicated funding source for community-based services that grows with unmet need.
    (i) Comments:
      - Not supportive of a recommendation to create a funding source that is unbounded and undefined.
      - This is covered in Recommendation 2 in the Action Plan and new recommendation #57
    (ii) Action: Consensus to not include in the Action Plan.
  (c) Expand and adequately fund HCPF's CCT (Community Choice Transitions) nursing home diversion program.
    (i) Comments:
      - The issue goes back to housing and the need for housing.
      - Now doesn't seem like the right time to include the CCT program

(ii) Action: Consensus to not include in the Action Plan at this time.

(d) Create and fund a hospital transitions program to improve patient success when they return home and reduce hospital readmissions.

(i) Comments:
- This is an idea that needs more discussion and has not had conversation in any of the committees.

(ii) Action: Consensus to not include in the Action Plan at this time.

4) County Government and Municipal Government:

(a) Colorado's counties and municipalities, in collaboration with the Colorado Department of Local Affairs, should develop and implement comprehensive individual and, where appropriate, regional plans for aging that prioritize services and expenditures, promote efficiencies, and identify public and private strategies to ensure adequate long-term funding. Best practices/models to follow could include DRCOG's Boomer Bond process and the various Aging Well initiatives implemented by a number of counties.

(i) Action: #57 has been covered by the group and received consensus to be included in the Action Plan as Recommendation 9.

G) Natalie Woods

1) Numbers 58 and 59 have already been discussed by the Planning Group and are incorporated into the recommendations.

IX) Other business:

A) The December 12th meeting of the Planning Group will include discussion on future plans for the Planning Group including engaging in fundraising and a meeting schedule moving forward.

X) Next meeting: Monday, November 21st

XI) The meeting adjourned at 12:25 p.m.