

**ALASKA COMMISSION ON AGING
ANNUAL RURAL OUTREACH MEETING
SEPTEMBER 27-28, 2006
THE LANDING HOTEL
KETCHIKAN, ALASKA**

APPROVED

Wednesday, September 27, 2006.

CALL TO ORDER

Chair Frank Appel called the meeting to order at 2:00 p.m.

ROLL CALL

Members in attendance: Frank Appel, Patricia Branson, Sharon Howerton-Clark, Lillian Boen Kasnick, Betty Keegan, Banarsi Lal, Iver Malutin, Rod Moline, Paula Pawlowski, Ed Zastrow. A quorum was present. Member not in attendance: Michael Black. DHSS representative in attendance: Bill Hogan. ACoA staff in attendance: Denise Daniello, MaryAnn VandeCastle, April Thomas. Special guests in attendance: Dr. Chaz Kawabori (AOA Region X) and Judy Kawabori.

INTERLUDE

The meeting was briefly interrupted by two 1940s-era Creek Street red light district ladies who burst into the room and addressed a friendly monologue to the commissioners.

ADOPTION OF THE AGENDA: A couple of minor changes to the agenda were proposed (the order of committee reports, etc.) Motion: to approve the agenda as amended; motion passed unanimously.

ADOPTION OF MINUTES FROM JUNE 29-30, 2006 MEETING: There were no changes to the June 29-30 minutes. Motion: to approve the June minutes as written; motion passed.

SITE VISIT REPORTS: Commissioners, staff, and guests visited senior service programs in Sitka, Ketchikan, Craig and Klawock on September 26-27. Denise stated that staff will type up any site visit notes that commissioners want to share and distribute them at the December meeting.

Sitka. Pat Branson reported on the sites visited by the Sitka group. At Center for Community, they spoke to Connie Sipe and staff. This is their third year in a deficit

situation, and they need a new roof. The new PCA regulations have made it hard to recoup their costs. They do mostly consumer-directed PCA now.

The Sitka Tribal Council links elders to community services. They have experienced a 75% funding cut since 1992-93.

The group ate lunch at the Sitka Senior Center, and spoke with the seniors there. They were pleased with the services offered there. They had entertainment by the "Trauma Center Blues."

The Faith in Action program provides volunteer hospice, respite, and caregiver support. It is a model for hospice care in smaller communities. Eight nurses volunteer their services.

At the hospital's home health program, they discovered that medication management is a problem. The new Medicare regulations have created problems.

The group received a tour of the Sitka Pioneers' Home. And they also visited the local Independent Living Center office, which is part of the Aging & Disabilities Resource Centers project.

Iver added that he was impressed with how the people and agencies in Sitka work together to provide the best end-of-life care. And he noted that he was pleased to see the residents of the Pioneers' Home so happy.

Prince of Wales Island. Betty noted that Prince of Wales is the largest island in the U.S., and very diverse. The population of Klawock is 65 to 70 percent Native, while Craig is 65 to 70 percent white. There is no assisted living of any kind on the island, no long-term care facilities, and no hospitals. State Troopers are not available after 8 p.m. There is one doctor, at the Craig Clinic. The island has a great need for all services, especially medical care.

They ate lunch at the Klawock Senior Center. About 30 people were having lunch there, in a tiny room, with an inadequate kitchen. They are expanding the size of the senior center. The senior center offered no programs. People eat and leave. Staff said they had "no luck" with educational programs. They made three home visits to seniors receiving chore services under the Medicaid waiver program. There are big problems keeping qualified, caring personal care attendants. They spoke to three tenants of Tlingit-Haida housing projects, all of whom complained of not being able to get simple repairs and fixes done. They live in small units, and there was the sense that people were "just getting by."

IFA is making travel to Prince of Wales Island easier. But flying in and out is still not easy. There is often no way to evacuate people with medical emergencies due to weather. Isolation on the island is as bad as anywhere else in the state.

Ed described the Craig Clinic, owned by the City of Craig, as “an inadequate piece of junk. It had sawdust on the floor of the emergency room. Syringes were lying around. The door to the drug storage room was wide open, with the drug cabinet open. The rooms are stuffed with boxes and junk. A hole in the floor was covered with cardboard to prevent the entry of mice. Due to a steep incline, a person in a wheelchair would not be able to get into the clinic. The one physician sees 30 to 40 people a day. This is NOT GOOD!”

Ed went on to explain that the main concern of people visiting the clinic is infections of various kinds, especially respiratory problems. A nurse stated that many of the infections originate with the cruise ships that visit Ketchikan – Norwalk viruses, etc.

The site visit group was told by staff that Prince of Wales has a severe drug problem, with meth labs, and pervasive violence (killings, stabbings, etc.). There has been massive deterioration on Prince of Wales Island since the closure of the pulp mills and the demise of the lumber industry. Drugs and domestic violence were mentioned everywhere. One sawmill with 60 workers is still operating.

The mental health clinic is in old trailers, with water running down the inside of the windows. Betty noted that the only positive was the dedication of the employees.

SEARHC has a beautiful facility in Klawock but it's open only a short period of time each week. It is, however, on call for emergencies. Their clients now are 50% Native and 50% white.

Hydaburg has a clinic. However, they were told that no white people are welcome in the town of Hydaburg after 5 p.m. There are no home- and community-based services available.

Ketchikan. Frank reported on the site visits by the Ketchikan group. They visited Community Connections, the Ketchikan Senior Center, Alaska Legal Services, Rendezvous adult day program, Seaview Terrace independent senior housing, the Ketchikan Pioneers' Home, SAIL (Southeast Alaska Independent Living), and the White Cliff School, and heard a presentation from the local chapter of AARP.

At Community Connections, they met with an administrator of the OARS program, which provides respite care, PCA, and other an administrator of the OARS

program, which provides respite care, PCA, and other services to seniors. The program serves Ketchikan and Prince of Wales Island. They currently have 57 senior clients, and have served 80 within the past year. There are problems keeping the program staffed; they lose a significant number of workers to summer tourism jobs that pay more. And getting timely assessments for clients is a real barrier. The State person in charge of the assessments appears to be overwhelmed. There is a significant wait list for waiver services – meals, transportation, etc.

The Ketchikan Senior Center is small, located in an old building, with limited services. Staff are hoping for voter approval of the White Cliff Center initiative. With the increased space, they would be in a position to offer more activities. The senior transportation program has supplied 2,500 rides during the past year. The senior center has had staff retention problems, and the current director is relatively new.

Alaska Legal Services has a grant to provide legal services to seniors. Most of what they do is help with the preparation of wills, and offer classes. There is a paralegal on-site in Ketchikan, and an attorney in Juneau provides advice and occasionally travels to Ketchikan.

The Rendezvous Adult Day program is partially funded by a thrift store in the building. An 8-unit assisted living facility upstairs is being converted to low-income independent senior housing. There is currently one assisted living client who needs to be relocated.

The SAIL (Southeast Alaska Independent Living) program seemed to be struggling with staffing and other issues.

The local AARP chapter is very active in educating, training, and advocating for seniors. They are working hard on a new senior housing project for Ketchikan.

Sharon added her comments about the Ketchikan sites. Community Connections was a worthwhile agency. The Ketchikan agencies all work together in collaboration. They aim to keep the elders at home as long as possible, so that they enter a facility at a higher level of care. Waiting for waivers is part of the problem locally; people have to go a long time without receiving services.

At the Ketchikan Senior Center, the manager had to cook lunch the day of the visit, as the cook had called in sick. They are hoping for a green light on the White Cliff Center project. They own the building the senior center is in, but the facility is totally inadequate. And there is little parking available in the area.

Alaska Legal Services, SAIL, and the senior center all had new directors and/or staff.

Seaview Terrace independent senior housing opened in 1976. A major remodel was just completed. The residents there seem happy, despite a few items needing attention.

Commission members attended an elders dinner at the Pioneers' Home. These dinners are held monthly to honor the elders. The Ketchikan group ate lunch at the Ketchikan Pioneers' Home. The residents there are happy campers.

Rendezvous needs to do more outreach, to get more people in the community into the program. Their plan to convert the top floor into independent senior housing may not be possible given the current configuration of the space.

Frank noted that the Pioneers' Home has some maintenance problems, such as a roof leaking into the food preparation area. Otherwise, it is well-managed, clean, nicely decorated, with caring staff and a homelike atmosphere.

Paula noted that the Ketchikan group saw the gamut of services from high to low. The need for recruitment and retention of dedicated workers struck her. All agencies said that tourism was taking their good workers away. There are problems with background checks, and both crystal meth and alcohol abuse are common issues. A work ethic is absent with some workers. There is a need to look at how to better value these jobs with increased salary and prestige.

Love, Inc., a faith-based group, is trying to fill in the gaps. Communication needs to be better among the service providers regarding who does what, who can provide what. The Pioneers' Home with its mix of elders and pre-schoolers was very nice.

Ed noted that a Ketchikan senior services booklet is published by the local AARP chapter every two years, listing contact persons and phone numbers for all services. The cost is \$2 a copy. No grant money is used – the ongoing project is self-supporting. Lillian said that she would like to get something like that started in Sitka. Pat said they have a similar booklet for Kodiak, which the senior center prints on its copier.

ALASKA MENTAL HEALTH TRUST AUTHORITY REPORT

The report was given by Jeff Jessee, Trust CEO, and Nancy Burke, Trust program officer who is the Trust's liaison with the ACoA. Nancy said she'd enjoyed

participating in the site visits. She is a social worker by training, and spent 15 years working in the field of disabilities services. She is glad to see that the Commission on Aging is now looking at advocacy as one of its main activities. Jeff said he had come to Alaska in 1980 as a VISTA volunteer, and had spent 15 years working for the Disability Law Center, and 11 years with the Trust. It's a pleasure to work with the ACoA, he noted. We now have an initiative to try to fill the gaps in senior services. The Trust was pleased to see the initiatives the ACoA presented at the Trust's September meeting. The Trust originally had four focus areas: affordable housing, disability justice, trust beneficiary initiatives, and Bring the Kids Home. The ACoA had requested the addition of a Long-Term Care focus area, but the trustees suggested including this within the Housing focus area.

The plan is to incubate long-term care and supported housing capacity development. These strategies will assist those with ADRD. There is \$125,000 which can be used in FY 2007 or in following years to develop these ideas. Assisted living home training and targeted capacity development are objectives. Right now assisted living homes need more training to handle specialized medical needs, including mental health needs. There is \$100,000 for FY 2008 to begin a training model for assisted living homes. This money goes to the Division of Behavioral Health – they are taking the lead on the training. We can start with some of the FY 2007 money, but probably most will be spent in FY 2008. This money can be used to develop a long-term care strategic plan. The long-term care steering committee can be revived, but with the ACoA working on its state plan, the staff capacity of both the ACoA and the Trust this year may be an issue. They will request that the Department and the Division make this a joint activity. Sen. Green's Medicaid study is due out in February.

Denise noted that we recognize the importance of a long-term care strategic plan. We need to review recent studies, trends, and earlier long-term care reports. The demographics are there – we are now at the beginning of an elder population boom. We need to think about this now. The ACoA can't do it alone. We need leadership from the Department and the Division of Senior & Disabilities Services. This can be supported by our work on the state plan and vice versa. It might be OK to start now.

Bill Hogan said the Department supports the notion of a long-term care strategic plan. They have lots of studies but nothing strategic. Rod Moline added that such a plan is a good idea. He has copies of 16 studies that have been done since 1994. They just collect dust. He had hoped there would be a "silver bullet" to direct future activities in one of the studies. He thinks the ADRC position, when hired, could chair this effort. (They have the Human Resources approval for the position, but that did not include the ADRC duties.) The person would get direction from

Nancy Burke as well as the direct services staff of DSDS and the Division of Behavioral Health. Rod referenced the book “The Abilene Paradox,” on the subject of group mentality-decisions, or “groupthink.” He would like to see a long-term care committee formed. *[Staff Note: “The Abilene Paradox,” a 1996 book by Jerry B. Harvey, is available on Amazon.com; the book is described as follows: “See how group dynamics can keep individuals from stating their true beliefs for fear of isolation and separation, and how that often leads to mismanaged agreement. You’ll learn to recognize the warning signs of risky group dynamics and improve decision-making processes throughout your organization.”]*

Nancy remarked that the Rural Long-Term Care Development position (also referred to as the ADRC position, as it will be handling those duties as well) is very promising when filled.

Jeff mentioned the need to develop transition plan issues and recommendations for the new governor. We should sort them into 30-, 60-, and 90-day issues and send them to Delisa, who is compiling them.

Chaz noted that the governor signs off on our state plan, which talks about home- and community-based long-term care. This is what the bulk of the OAA money coming into Alaska goes toward, to keep seniors from being institutionalized. We should put our intentions into our state plan, which continues through administrations.

Jeff went on to describe the Trust’s Housing Trust project, calling it one of the most important issues the Trust has ever undertaken. Most housing programs just subsidize otherwise-unaffordable housing. We need to stop subsidizing individuals and instead develop a stock of affordable housing. Most housing funds go to people at 70% or more of the area median income. But most Trust beneficiaries have incomes below that level. With the Housing Trust, the land remains within the Housing Trust. As for the funding, state General Funds are not an attractive option. However, AHFC revenues have been taken by the State as a dividend and dumped into the General Fund. Now that the State has no deficit, this money could be used to fund the Housing Trust. AHRC revenue is around \$17 million per year. The current governor supports the creation of a housing trust. Denny DeWitt has placed this on the governor’s 90-day list of things to take care of before he leaves office. So a new governor would have to openly reject it.

Denise pointed out some information in the meeting binder from the Trust’s advocacy summit, listing ideas on how to support the Housing Trust initiative.

[Due to a telephone malfunction, the rural sites scheduled for presentations – Hydaburg, Petersburg, Metlakatla, Kake, and Wrangell – were unable to call in with their reports. Staff will try to obtain written reports from these agencies and circulate them to Commission members.]

CHAIR’S REPORT

Frank reported that Anchorage is going ahead with plans to become an Area Agency on Aging (AAA). The funding implications are unclear, but he will talk with Chaz about this and report back to the Commission. Frank also reported that he had attended the Trust’s Advocacy Summit on Sept. 7th. And he has had several meetings with Denise since she began her new position as Executive Director.

VICE CHAIR’S REPORT

Sharon reported that she has been attending the monthly Senior Advocacy Coalition teleconferences. She attended the September meeting of the Trust, at which the boards made their budget request presentations and allocations were made. The Commission introduced the Keep the Elders Home initiative at that time. It is supported by the Trust. The day after the Advocacy Summit, she and Denise remained in Anchorage for a number of appointments. They met with Diana Weber at the Division of Behavioral Health regarding the Oxford House and Bridge programs (both supported by the Trust under the housing focus group). Oxford House is for recovering alcoholics and drug abusers. The Bridge is supported housing located in Anchorage (funded 100% by the Trust) to help people get on Section 8 housing vouchers – a “bridge” to the vouchers. This program is NOT for people who can never live on their own. It’s been operating for one year now.

EXECUTIVE DIRECTOR’S REPORT

Denise introduced April Thomas, ACoA Administrative Assistant, and Jeannette Lacey, our UAA MSW practicum student. Jeannette’s first project is the Alaska Aging Advocacy Network. She’s creating an advocacy toolkit on senior issues – questions to ask candidates, etc. She sent out a survey to the Network last week, and plans to send out the advocacy toolkit next week. This will be in time to gear up for the elections.

Denise referred the Commission to her written report. She thanked everyone for their help as she settled into her new job, especially Linda Gohl, the previous executive director, who provided excellent training.

The ACoA submitted nine projects to the Trust for funding (most of which were not funded). Denise summarized these projects, which were also described in a PowerPoint in the meeting packet. She emphasized the Keep the Elders Home

initiative, a major initiative to obtain more money for home- and community-based services for seniors. Such services would include meals, chore service, transportation, respite care, adult day, and other needed assistance.

Betty raised the question of whether the term “elders” referred to all seniors or just Alaska Native elders. Denise responded that the initiative includes all older adults. The term “elders” was chosen because some older adults do not like to be called “senior citizens.” The services are for all, especially those who do not meet the low-income guidelines necessary for Medicaid services. Paula agreed with Betty that the term “elders” is usually used exclusively to refer to Alaska Natives. Denise said we’ll consider changing the title. She handed out a position paper on the initiative. Denise said the ACoA will draft resolutions for various groups’ support – AgeNet, ANTHC, etc.

The Planner I position, funded by the Trust, has been vacant since July. Five applicants will be interviewed. We hope to have someone on the job before the end of October.

The ISER report, based on a contract between the ACoA and the Institute for Social and Economic Research, was to be an update on the economic status of Alaska seniors. The final version of the report was delivered on March 31, 2006, but we have not released it yet. We hope to contract with Linda Gohl to add some additional material, do some light editing, and reorganize the materials. This will be done within 60 days of a signed contract. Pat asked why this was necessary. Bill Hogan responded that the report contained some inaccuracies. Linda had tried to resolve the problems when she was ACoA’s executive director, but ISER did not make all the corrections requested. After lots of discussion among ISER, the Department of Health & Social Services and the Governor’s Office, it was resolved that the report belongs to the State now, and will be fixed before it is released.

Ed asked about the Senior Care program. Denise said it will be discussed by the Legislative Advocacy committee – the program is currently scheduled to sunset on June 30, 2007. Frank recommended that Ed add this to the Legislative Advocacy agenda. Bill Hogan said that the Department has every intention of supporting the program’s extension.

Betty raised the issue of a strange letter purportedly from a Senior Care office in Wasilla which was received by one of her tenants in Wrangell Senior Housing. It did not look like an official state document, and had no case number on it. She was concerned that it might be an attempt at identity theft. Bill and Rod got copies from Betty and said they would check on it.

KETCHIKAN OFFICIALS

Ketchikan mayor Bob Weinstein and Dave Landis, vice mayor of the Ketchikan Gateway Borough appeared to address the Commission on Aging. Seniors play a critical role in Ketchikan, said Bob. Non-profit agencies are a key element in providing services; they do this better and at less cost than the City itself could. Unfortunately state revenue sharing has declined from \$2 million in the 1980s to nothing today. This puts a lot of pressure on the city budget. The city recently helped fund a study of senior housing needs, which said that Ketchikan needs 10 to 15 units of independent housing.

Dave echoed that the Borough also has many seniors, and that they are highly valued, vocal and active. Both Ketchikan and Saxman have active IRAs working on behalf of Native elders. There are increasing pressures on senior activities. The State is putting the squeeze on lots of us, with the demise of the Longevity Bonus, the end of revenue sharing, and the senior property tax exemption (which raises the concern that municipalities need the lost revenue, but also they need seniors in their communities, both economically and socially). The non-profits need to be adequately funded, and that funding level needs to be maintained. They do the work better than the municipalities or the State could. He feels the non-profits use local funds very responsibly.

Sharon asked about area-wide transportation. Dave responded that it is needed. The Borough funds an inadequate level of transportation. There is an active group at SAIL and others trying to resolve these problems, looking at funding alternatives, perhaps including some unique sources. Local agencies are looking at how to meet this need. Denise asked if there was a coordinated transportation effort in Ketchikan. The mayors were unsure, but Pat Branson answered in the affirmative.

Pat asked about the total amount of money given to the local non-profits. Bob said the City gives \$750,000, half of that to the Visitors' Bureau. He was unsure of the total amount for agencies serving seniors, but guessed it was \$50,000 to \$60,000. Dave said the Borough used to give \$1,000,000 to the non-profits in the past, but now \$300,000, including some to the Visitors' Bureau.

Ed remarked that he hopes seniors won't have to battle to keep their property tax exemption. The average property tax in Ketchikan is \$2,400 per household. Frank stated that the Anchorage mayor is not interested in doing away with the senior property tax exemption.

ADMINISTRATIVE REPORT

Denise referred Commission members to a handout on the ACoA's FY 2007 operating budget projections. Frank said that he would not ask for budget approval at this time since we have not yet gotten OMB's approval, and don't know the final total. He asked that the Executive Committee be allowed to handle budget approval after the details become available.

HOUSING TRUST RESOLUTION

Pat Branson moved to approve a resolution in support of the Alaska Housing Trust. The motion was approved unanimously.

OTHER

Frank reminded new Commission members to volunteer for at least one committee. Paula chose the By-Laws Committee and the Legislative Advocacy Committee. Lillian chose the Planning Committee and the Legislative Advocacy Committee.

The meeting was adjourned till the next morning.

Thursday, September 28, 2006.

CALL TO ORDER

Frank Appel, Chair, called the meeting to order at 9:00 a.m.

Roll call was taken, and all members were present except for Pat Branson, who had to leave for another engagement.

NEW MEMBER WELCOME

Frank announced that we would skip the new member orientation for now. The new members did receive orientation materials.

COMMITTEE REPORTS

Planning Committee. Banarsi Lal, chair of the Planning Committee, and MaryAnn VandeCastle, Planning Committee staff, reported on the recent activities of the Planning Committee. The Committee has been meeting with representatives of a number of other agencies as the State Plan Advisory Committee in recent months. The group has worked on an intra-state funding formula for distribution of funds under the new state plan, and has made a number of changes from the current state plan. The committee has also decided on other parameters of the plan, such as the use of the nine Dept. of Health & Social Services regions. Drafting of the plan narrative is taking awhile to come together,

but will be picking up speed. A new GANTT chart showing the timeline of plan development was distributed to Commission members.

Geriatric Education Committee. Banarsi Lal and Denise Daniello reported on this activity. The committee did not meet in this quarter. The Alaska Geriatric Education Center (AKGEC) had its HRSA grant funds eliminated in December of 2005. The UAF GEC is now closed. It may reopen in the future, based on funding availability. The UAS GEC in Sitka is still open. They recently hosted an annual Care of the Elderly conference. They are sponsoring a Gatekeeper Project, in which community members such as police, electric company, banks, apartment managers and so on look for early signs of confusion, depression, behavior problems, people not paying their bills, etc., and alert professionals. The mental health needs of the elderly are not being identified as quickly as their other needs. Denise will send out copies of a PowerPoint presentation on this. The Trust has a new committee on workforce development concerns.

Governor's Council on Disabilities & Special Education. Banarsi Lal reported that the Governor's Council is working on its legislative plan in committee. Transportation, the Housing Trust, and Bring the Kids Home are big priorities. Another effort is registering people with disabilities to vote. And they want to educate policy-makers about the Governor's Council's goals and activities. They want to make sure that Medicaid meets people's needs. Last year the Governor's Council provided very specific client waiting list data by legislative district. This had a major impact! They brought the list when they visited legislators.

Pioneers' Home Advisory Board. Ed Zastrow, chair of this board, reported that the board meets yearly to inspect the Pioneers' Homes. They met by teleconference during the legislative season, which was very successful. They asked for 22 new positions. Board members testified before the legislature, and the ACoA helped. The new positions were needed due to the higher level of care now needed by Pioneers' Home residents. There are six Pioneers' Homes in the state. The one in Kotzebue was never accepted – it was built on permafrost. There are 603 beds total, but in 2006 this was downgraded to 511 beds to better reflect the number of people who can be cared for at current staffing levels.

There are three levels of care – level 1 entails minimal care (meals, medications, etc.); level 2 clients are mobile, but need help with bathing, etc.; level 3 are those with advanced levels of dementia. Costs go up accordingly. The Sitka home and others need room for level 3 but are not physically configured for it, plus it would be hard to do with current staffing. Sitka has an 85% occupancy rate with 75 beds. Delays are due to the time it takes to reach the next person on the wait list. Fairbanks has 96 beds, with a 90% occupancy rate. There are no level 3 beds

available in any of the homes – people needing that level of care have to wait for someone to pass on. Palmer has 87% occupancy. The new veterans home is filling up quickly. The Anchorage home has 95% occupancy. In the past it has had some bad publicity, but it's quieted down in the last few years. Ketchikan has 48 beds, with the level 3's spilling over onto the second floor now. Juneau has 48 beds with 90% occupancy. They have a large wait list. There are active and inactive wait lists. The people on the active list need placement NOW. There are 236 on the active list statewide, including 83 each for Anchorage and Fairbanks. Ketchikan has 10 to 12 people on its active wait list. It's hard to explain to the community why it takes so long to get into the Pioneers' Homes. The inactive wait list statewide has 5,025 people on it. The only requirement to get on this list is that the person must be age 65 or older.

All of the homes have veterans. 60 percent of residents are on some form of payment assistance. No one is ever booted out for lack of money. For those who receive Social Security payments, the money goes directly to the home, with \$100 a month allotted for personal effects; residents keep their PFDs. Some residents have no income, not even Social Security. The legislature has said they want to know an "actual cost of care."

Ten RNs graduated in Ketchikan this year. All ten went to work at Ketchikan General Hospital, which has better wages and benefits. There is also some competition at the CNA/LPN level. Nurses did get a two-range pay increase, about a 15% increase in salary.

The Pioneers' Home Foundation can receive donations and do what they want with the money outside State regulations. People can also leave money via bequest to their local Pioneers' Home Council.

Will more Pioneers' Homes be built? In Ed's view, the chances of getting that by the legislature would be slim. We need to get all the homes 100% filled first. Some homes can't renovate in order to expand level 3 care. Betty stated that there will never be 100% occupancy, because the staff needs time to grieve when a resident dies, and administrators know this. It's important not to become so fixated on figures that we ignore the human element.

Legislative Advocacy Committee. One goal of the committee is to increase participation in the ACoA's legislative teleconferences. Participation was up last session but still low, especially during the latter part of the session. Some have said we may not have given participants enough direction and should give actual assignments – that legislators need to hear from us more. Others suggested that on major bills of interest we have each side give a short report. We'll follow up on

the comments and suggestions we received, and we'll evaluate our process as the session proceeds to see how we're doing. We also need to be aware that if an item does not appear in the governor's budget, it's difficult to ask a legislator to add it.

Betty added that Ed does a great job as chair of the teleconferences. Some of the ladies in Wrangell are already asking when the teleconferences start again. Banarsi commented that we had much better participation from senior centers when the ACoA had the money to give out the grants. So perhaps DSDS could help by encouraging grantees to participate.

Executive Committee. Frank stated that this committee established goals for FY 2007, and has been meeting with Denise as she begins her tenure as executive director.

LONG-TERM CARE OMBUDSMAN'S REPORT

Bob Dreyer explained that the Older Americans Act requires each state and territory to have a long-term care ombudsman. His office responds to complaints regarding long-term care facilities and advocates for elders on other issues and policies as well.

A lot of families are bringing mom or dad up to Alaska after the other parent dies. With better medical care here now, many seniors and boomers do not want to leave the state. Alaska has more assisted living beds than nursing home beds; some states have the reverse. We have a lack of skilled nursing facilities in the rural areas – few facilities for Native elders in or near their home communities. They may have to go elsewhere, where it's costly for family members to visit them. They are also coming into a completely different culture, with different foods, etc. It's very distressing for them. The World War II generation has been through a lot. Often they hesitate to complain about anything – they may fear retaliation or don't want to get the staff in trouble. This dynamic will change as the baby boomers age. A volunteer ombudsman program is now in place. Volunteers visit residents of long-term care facilities. They go where the elders are. They provide the office with more eyes in the rural areas especially.

Most of the complaints received by the long-term care ombudsman's office (LTCO) relate to dignity and respect, food, medication management, and hygiene. For several years, food issues have topped the list. There is a gap in independent housing for seniors who don't meet low income guidelines but who are not wealthy. The Commission is asked to keep this issue in mind.

The LTCO would like the ACoA's support for its request for more funding, which will mostly allow for more travel. They are supposed to visit every nursing home and assisted living home every quarter. They are currently only able to visit these facilities every six months. There has been a shortfall of (federal) Title III funds to their office since FY 2003. They are working with the Department of Health & Social Services to resolve this matter. And their General Fund funding has not increased in five years. Bill Hogan noted that he and Rod and the DSDS administrative staff are working on the funding issue; it's not resolved yet. Rod stated that the State has actually been matching more than the required amount for the LTCO. They are challenging the 25% of the LTCO budget that goes to overhead – money that goes to administrative costs eats away at the money available for services. They will all meet on this and firm up the numbers. They can't ask for more money without exact numbers. Bill affirmed that the \$50,000 increment is still in the FY 2008 budget.

Iver noted that Bob helped a lot in Kodiak. He'd like Bob to talk to the Alaska Federation of Natives so that more elders could be helped.

AGENET REPORT

Jodi Irvine gave a brief summary of AgeNet's activities, including upcoming legislative advocacy priorities. She also noted that AgeNet supports ACoA's "Keep the Elders Home" initiative.

REPORT ON AMHTA ADVOCACY SUMMIT

The ACOA's PowerPoint presentation of the FY 2008/2009 funding requests presented at the September meeting of the Alaska Mental Health Trust Authority is contained in the meeting packet and won't be reviewed now. The meeting took place immediately before the Advocacy Summit.

Ed reported on the Advocacy Summit. When participants were asked to form break-out groups based on the issue they defined as highest priority, the long-term care group was the largest. The issue needs advocacy work. This year we have a new initiative to increase State funding for home- and community-based services. The ACoA is also wise to support the creation of the Housing Trust. The Trust will also focus advocacy efforts on Traumatic Brain Injury, Bring the Kids Home, Medicaid and the Medicaid waivers, and transportation. The summit highlighted many excellent ideas for grass roots advocacy. We can't stress enough that everyone must talk to their legislators and educate them on our issues.

DEPT. OF HEALTH & SOCIAL SERVICES REPORT

Bill Hogan, the Department's Deputy Commissioner of Operations, gave the report. He supervises programs ranging from the Pioneers' Homes to Public Assistance, Public Health, Juvenile Justice, etc. And also the four boards and commissions, the Faith-Based Community Initiatives, and other agencies. The current mood is one of uncertainty, especially among the Department's senior managers. All the commissioners and deputy commissioners must submit their resignations on the day after Thanksgiving. Maybe the division directors as well. The incoming governor will then decide whether to retain them. Nevertheless, they still have to put together an FY 2008 budget, and a management plan for FY 2007. Each division has been asked for its FY 2008 funding priorities. There are nearly 100 potential increments for the FY 2008 budget within the Department. They are trying now to prioritize these. The largest ones are for Medicaid - \$50 million just to keep up with the growth in the program (from new people becoming eligible). Then, we had a two-year "stay" in the reduction of our FMAP, but it ends October 1, 2007. So the State will need to pick up a larger share of Medicaid during FY 2008 – 50%, unless the higher FMAP is extended again. These two things together total a \$95 million budget increase. Plus there are rate increases for Medicaid providers of five to eight percent. That's another \$45 million. The addition of adult dental care to Medicaid will cost \$7.5 to \$8 million. The SCHIP program needs \$4 to \$5 million to cover a shortfall (this is known as Denali Kidcare). So altogether Medicaid will need over \$150 million more in FY 2008. So they're trying to prioritize: which are the sustained and critical services? They're unsure whether any of this will make it past the governor and OMB. The governor's budget is due December 15th. The new governor can then accept, modify, or throw out that budget and create a new one to reflect a new set of priorities.

Groups like the ACoA can continue to advocate for their interests. It's never too late to add things to the budget. Lots got put into the capital budget at the very end of last session, including some "operating items"! The Department received 50 capital projects, including 10 that are Pioneers' Home related, for a total cost of \$115 million. Two division directors are resigning – Dwayne Peoples of Health Care Services (the division that processes Medicaid claims), and Dick Mondsager of Public Health, who is going to work at Providence. Both will be gone by the end of October. It will be difficult to maintain momentum and a sense of progress with this much uncertainty. There could possibly be a clean sweep of all division directors.

Bill also said he wants to affirm the need for workforce development – entry level through nurses and those with higher degrees. We need to "grow our own."

The Comprehensive Integrated Mental Health Plan has been completed. It's a dynamic, useable document which will be continually updated with outcome data and other information.

Cliff Consulting is working with DHSS on its grant process. They met with grantees. The Department will implement five of their recommendations, the "low-hanging fruit." This includes streamlining the reporting (for example, no quarterly reports required) for small grants (those under \$100,000), which comprise 65% of the Department's grants. The Department will also publish a timeline giving a couple months' notice of RFP issue dates, application due dates, expected dates of grant award announcements, etc. Banarsi suggested that multi-year grants would be a good idea. Bill said they had looked at that, but that Mike Hawker believes there should be more competition for grants rather than less. He thinks we don't hold providers accountable enough.

Ed asked Bill how successful the Senior Care program is. Bill stated that the Department intends to go forward with the program unless convinced otherwise. Only 120 people now are taking advantage of the program. Are they not signing up because it's viewed as a "welfare program"? Something is fundamentally not working. ACoA could help define what needs to be tweaked. Originally there was \$3 to \$4 million dollars budgeted for the program. Ed commented that there is a middle-income "gap" – people don't qualify for any help but also cannot afford to pay for services. *[Staff note: While there are only about 120 people on the Senior Care prescription drug benefit program, which is available to Alaskan seniors earning up to 175% of the poverty level, over 7,000 seniors are receiving the Senior Care cash benefit of \$120 per month.]*

DIVISION OF SENIOR & DISABILITIES SERVICES REPORT

Rod Moline reported that the Division is still overwhelmed by PCA demands. Another class action lawsuit has been filed. An earlier lawsuit related to the CAT assessment. The issue is demonstrating material improvement. If the person is assessed on a good day, they could be thrown out of the program. The new lawsuit concerns the PCAT, the PCA assessment tool which focuses on ADLs (activities of daily living). There are 1,791 people on PCA, at a cost of \$6,150,122. People receive an average of 654 hours of care per year per person. To benefit from the program, people need the "**Five A's**" - **assessment, availability** of care (a problem in areas like Prince of Wales Island where there may be no people to serve you), **allocation** of resources (ACoA could help DSDS decide how best to allocate the resources they've got). Increasing eligibility criteria for a service in order to cut costs is an artificial way to do cost containment. Also needed are **accountability** and **advocacy**.

The ACoA should select someone to serve on a new committee beginning in October to re-evaluate allocations, looking at limits to services. People currently may be forced into a higher level, more costly service for lack of a lower cost service. It's going to be a lean, mean group – a working committee. Attorneys will run it. And there will be provider representation. The attorneys will ensure they stay aware of which solutions are permissible and which are not. "I'm tired of being sued." DSDS will cover travel and expenses for committee participants. They will need total buy-in before they make any more changes. That includes providers and other stakeholders. The group will be limited to 10 people, and will meet quarterly, and homework will be assigned. There will be an education curve with regard to various state plans and other materials.

There's a limit on provider capacity. They don't have the staff, for example, to take in those coming off the DD wait list – so there's a six to eight month lag. The Quality Assurance Unit is committed to visiting 100 providers per year. They are closing down another assisted living home today. Those taking only private pay clients are unregulated, and can put people in garages!

Iver noted that the picture he gets is "lack of communication." He's amazed at what the ACoA doesn't know. We must outreach to people. For example, why didn't we know about what's going on in Craig and Klawock?

Frank affirmed that the ACoA does want to participate in this DSDS committee. We did get a sense of this mis-allocation of funding when we did our site visits. He volunteered to be on the committee. Betty, Sharon, and Lillian also expressed interest. *[Staff note: Commission members later agreed that Frank would be the ACoA representative to this committee.]*

Nancy Burke asked Rod if he favors strategic thinking with respect to long-term care. Rod responded that he does. One hand does not know what the other is doing at present. But it has to be a legally defensible methodology. We need to start with one voice. Nancy encouraged the ACoA to participate in this effort. She noted that it could be the first step toward a long-term care strategic plan. Rod remarked that according to AARP, the boomers are headed to the beach and don't see the tsunami headed their way. Another consideration is that caregivers are aging as well. Many of them will soon be retiring.

The Commission adjourned for lunch, and resumed again at 1:00 p.m.

U.S. ADMINISTRATION ON AGING REPORT

Dr. Chaz Kawabori, administrator of the Region X AOA office in Seattle, was present to give this report. Dr. Kawabori noted that the Sitka site visits, in which he participated, were enlightening. It's nice to visit a small community to see how

AOA services are delivered there. It was also nice not to hear the kind of griping and complaining he hears in Seattle. Keep up the good work!

Dr. Kawabori said he won't take a position on the Anchorage AAA effort. This situation doesn't exist anywhere in the U.S. (where there would be a statewide agency on aging but also one area agency on aging), but it's legal.

Josefina Carbonell, Assistant Secretary for Aging, came up with the idea of the CHOICES program after the National Association of State Units on Aging (NASUA) and the National Association of Area Agencies on Aging (N4A) all said that elders need to be able to make decisions for themselves. There will be a leadership summit in Washington, DC in December. They want state aging directors and five to ten staff to attend from each state, but the feds can't pay. There will be a lot of breakout sessions. This new approach will help de-institutionalize seniors from nursing homes. It's a way to modernize the Older Americans Act – to create more efficient services and more cost-effective programs. CHOICES will be consumer-directed. The consumer can determine how Medicaid dollars will be used. This is also described as “Money follows the person.” The AOA is also working closely with CMS on the “My Health, My Medicare” initiative, which emphasizes preventive care. We'll be hearing more about this and will be involved. (But it will demand less staff time than Medicare Part D.)

The total budget for Older Americans Act programs is \$1.3 billion. Medicare has a \$300 billion budget. Medicare and Medicaid together spend \$600 billion. So it seems one is better off to get sick. There is not that much money available to care for seniors. We are only serving 15% of those eligible (everyone age 60 or older). Because of the low funding level, they must emphasize serving low income, non-English-speaking, minority people – mostly the neediest groups. However, OAA programs are for all older Americans. Dr. Kawabori recounted an apocryphal story from some years ago, in which a wealthy older lady, the wife of a prominent politician, began coming to an Anchorage senior center for lunch, and they kicked her out. She was coming not for a low-cost lunch but to meet other older people for friendship.

Dr. Kawabori handed out information about the Deficit Reduction Act. This goes into effect for federal fiscal year 2007, which begins October 1, 2006. It also emphasizes the “money follows the person” objective. It aims to provide better health services, with a more community-based, non-institutional emphasis. The feds will pay a higher share of the cost if states will de-institutionalize people from nursing homes. The money saved will “follow the person.” Right now the plan is based on relocating the person, rather than preventing the nursing home

placement. The ADRC is supposed to be involved in this process. The ACoA writes the state plan – it is in the driver’s seat and can incorporate these priorities. DSDS should follow ACoA’s lead.

Back to the Anchorage AAA: There are 675 AAA’s in the U.S. They are one way of creating “planning and service areas” (PSAs). Alaska has been a single-PSA state. (The whole state is one planning and service area.) Normally an Area Agency on Aging (AAA) is a city, county, or multi-county region. The Municipality of Anchorage wants to become an AAA. If they succeed, Alaska would be the only state that is a single-PSA state with one Area Agency on Aging. Each state receives .5% of its OAA allotment or \$500,000, whichever is greater, for administration. In Alaska’s case, it gets \$500,000 for administration. That stays with the State. Because of our intra-state funding formula, which to some extent favors rural, remote areas of the state, Anchorage has 40% of the seniors but receives just 30% of the OAA money. They would still get that amount of money, and could take a maximum of 10% of that to use for administration. That could mean some Anchorage service providers receive less money.

Local government has the right of first refusal to be the AAA. Anchorage has been working on this proposal for nine months. The AOA involved Linda Gohl (former ACoA executive director) and the State before consulting with Anchorage. AOA’s involvement is limited to showing Anchorage what the law and policies say. They have recommended talking to the local service providers first to see if they support the concept. They’d potentially get less money and would have another administrative layer over them. Also, a 10% share is hardly enough to pay AAA staff – they usually have to have a staff of 25 to 30 people. They have a lot of activities they are required to do. So if Anchorage wants an AAA, they’ll have to add to OAA funds to make it worthwhile. They’d be eligible to apply for other state and federal funds, which may be easier as an AAA. They can become eligible to apply for various grants – many entities favor giving money to an AAA rather than directly to a provider. Some AAA’s can become huge conglomerates.

Chaz stated, “It’s up to you.” ACoA would have to change its state plan, and notify the AOA. Anchorage would develop a plan for its area, which then is submitted to the ACoA. One AAA in Washington and one AAA in Oregon are currently undergoing “de-designation” as AAAs. There’s a big court case going on. The State would have no control over AAA personnel, but could de-designate the whole AAA if it found that necessary. However, once they become an AAA, they become a power base of their own.

In the early 1970s, Juneau wanted to be a demonstration of the areawide model in Region X. But Portland got it together the best. They knew what they wanted to

do. Region IX didn't get a demonstration project at all – they didn't have a good enough proposal. So there were nine prototype projects for the first two years. Then others were added as they wanted.

Banarsi asked whether the ACoA has the authority to say no to an AAA. Dr. Kawabori replied that whoever is responsible for the state plan is responsible for deciding. The state plan is a contract between the state and the federal government. If the ACoA agrees to the AAA, we have to amend our state plan. At that point, the AOA gets involved and either agrees or disagrees.

Rod noted this his committee will look at this as well. It needs to be looked at by a broader group than the ACoA. It would represent a big shift in how services are delivered. Frank clarified that we won't address it now in the state plan. It may take some time before Anchorage is ready to proceed.

Bob Dreyer asked whether the CHOICE program will include moves from nursing homes to assisted living homes. Dr. Kawabori replied that it will not cover moves from one institution to another. Bob observed that assisted living is much cheaper. Rod added that nursing home costs vary. Pioneer Home costs are lower, and assisted living homes average costs of \$118 a day, well below nursing home costs. Dr. Kawabori said that if we save money, the State gets it, and the money follows the person.

ALASKA HOUSING FINANCE CORPORATION REPORT

Jim McCall of AHFC's senior housing office presented this report. He observed that it's nice that Denise has a senior housing background. Applications are open through October 31st for developers of senior housing. There is \$27 million available. The programs are very competitive. A portion of the funding is for pre-development. They had 11 pre-development applications (\$20,000 each for market studies, etc.). They awarded 6 for senior housing, 2 for special needs, and 3 for teacher housing. The VMP or Veterans Mortgage Program is available for all ages but especially older veterans. This is now open to a wider group of applicants. Since its inception, 10,000 people have benefited from the lower interest rates on mortgages that this program offers. It's assisted with \$1.5 billion in homes so far, \$13 million just since July 1st. This is a great change for veterans. 64% of seniors (men) are veterans.

Jim reported that he had accompanied the Ketchikan group on its site visit to the Seaview Terrace senior housing facility. He said that senior housing in Cordova is being renovated to bring it up to code.

AHFC has been sponsoring the monthly Senior Advocacy Coalition meeting since July. They have loaned \$1.43 million to Robert and Julia Henry for purchase of a hotel in Anchorage which will provide lodging to folks recovering from drug and alcohol addiction. Also \$1.7 million went to the Cook Inlet Housing Authority to develop 38 units in Mountain View for low-income families in Anchorage. This will help to increase affordable housing.

AHFC is working with the Denali Commission and Information Insights to assess the housing needs of seniors and people with disabilities. They're looking at what's now available and doing a projection of what will be needed over the next 20 years.

Jim addressed the ADRC program, which is run on a grant obtained by AHFC and the Statewide Independent Living Centers (SILC). \$500,000 has been spent so far. The grant will sunset on June 30, 2007. At that point the project will pass to the State. It needs to be included in the state plan. 2,600 people have been served to date, with 700 of them age 65 and over. It's been a slow process, but they're getting there. They hired Elly Sanchez as the project coordinator. The SILC did not receive an \$85,000 supplemental grant they recently applied for. Project staff will be at the CHOICES conference in D.C.

AHFC is considering changes to its definition of seniors in order to match the federal definition, which can include people as young as age 55. Differing age limitations can create conflict among developers and fund sources. Some projects are already open to ages 55 and over. But the average age in most projects is well above that.

Iver asked, "Who will be hurting if we lower the age to 55?" We need to gather more information. Jim responded that any change would go before public hearings. This kind of change could open up more housing, but could also make it more competitive for people to become residents.

DEPARTMENT OF TRANSPORTATION TRANSIT DIVISION REPORT.

Nancy Webb's report was cut short due to time considerations and the large number of people wishing to make public comments.

PUBLIC COMMENT

Leo Baldwin, a Ketchikan resident, noted that AARP has 26 million members. Age is not the determining factor of need – it's really more "the mileage." This area is very benevolent to seniors, with the property tax exemption, sales tax exemption, lower hunting license fee, etc. But the cost of living is enormous. The cruise ships have driven up the price of real estate. It's so high that seniors can't

afford to buy. He is just back in the community after a 30-year absence. He raised a family here. There has been a big change in the type of lifestyle, with the logging and fishing industries now in jeopardy. People in the villages are not getting the type of subsistence they need. What happened to this governor? Leo said he objects to the loss of the Longevity Bonus, despite windfall profits on oil.

Iver commented that he shares Leo's concerns and appreciated his comments. He noted that Kodiak had a good salmon catch this summer and he'll send some to Ketchikan. Lillian told Leo, "Your comments mean a great deal." Frank noted, "Your voice is important to your local legislators."

Leo summed up by saying, "Where's all that wealth going? To the pockets of industry. Seniors need to be lobbied for."

Joanne Flora was next to testify. She has been in Ketchikan 27 years and is an AARP member. She spoke about factors to consider in developing independent senior housing. It's more than just finding a place to put the housing. She'd like to make sure that the following are not missing from any independent senior housing project: (1) dedicated transportation (cab contract, van, or bus); people over time become less independent and then become isolated, and don't go out to visit the doctor or get groceries. They often don't want to call relatives. (2) a clubhouse or central common area. People need the opportunity to socialize. This is a place for exercise equipment, videos, a small kitchen, a place to hold parties and social events as well as meetings, health checks, kids' activities, etc. Socialization needs to come to the seniors. (3) pavement – not gravel. Gravel turns into mudholes and uneven surfaces. Pave the streets and sidewalks. (4) get health providers to come out to do onsite stuff – blood pressure checks, foot care, hairdresser, occupational therapy, physical therapy, etc. You can get these at reduced rates or from volunteers, or they can be direct billed. (5) raised box gardening – where people can stand. Add a potting shed and a small greenhouse where people can start seedlings. Residents can put together baskets as a fund-raiser. (6) Sponsor community events. Celebrate birthdays, seasonal events, hold card games, etc. Have these things onsite. Many stop going to social events out in the community. (7) Allow pets. Have an area for walking them, with a toileting area nearby. (8) Security – key access or something. Don't put senior housing in an isolated area. Outlying areas are not as safe as they used to be.

In summary, incorporate mobility, accessibility, community, and safety into all senior housing projects.

Iver thanked Joanne for taking the time to make her presentation. He agreed that we need activities for the elders when they have nothing else to do. It's important to have gatherings, but people need to be able to get to them.

Nancy Webb commented that there are some new federal regulations that will impact senior programs. DOT administers grants for senior transportation. In order to get further funding, communities will now need to have an adopted coordination plan in place. There are only a few in Alaska. It's hard to coordinate transportation in very remote areas. Areas over 1,000 people will need to do their own plan or piggyback on other plans. There will be a two-part grant application process. Applicants must be pre-qualified by the end of the year. The feds want to see a needs assessment, identification of gaps in services, and strategies to address those gaps. Help us get the word out! DOT regional planners will provide technical assistance. Coordinated transportation is one of ACoA's state plan goals.

Nancy also announced the Coordinated Transportation Conference coming up October 23-25 in Anchorage. Senior centers could apply for scholarships to attend.

Gretchen Klein from Alaska Community Services spoke next. She noted that this is a statewide organization with 350 seniors who volunteer. There are 15 senior volunteers in Ketchikan. Many people need transportation to get to the senior center. In Saxman, many seniors are homebound. They don't have transportation to get to activities. And they also need activities worth going to. Gretchen suggested we invest more in those who made our state what it is today.

Audrey Glaser, a resident of SeaView Terrace, addressed the Commission. She stated that she will be 94 years old next February. She said she has two people helping her with chore and personal care attendant services. She is allotted 21.5 hours a week of PCA, but doesn't need it all. The person isn't allowed to walk her to the store. Whoever is doing this planning needs a reality check! One person could do both the chore and PCA. The current system is not helpful. The goal should be to make seniors feel more comfortable. She also noted that she was one of the residents who was moved out during the SeaView remodel and then moved back in. During the process, she was overcharged in her rent. She wanted to know who could help her with that situation.

Bertha Hansen said she is with the National Senior Service Corps, which is under AmeriCorps. She works with many seniors. She knows their needs. The Pioneers' Home is tremendous. The senior center is working on getting more room. They take seniors to visit their friends at Rendezvous. We need to fight for funding to keep these places going. We need them.

Henry Keene expressed the view that the Longevity Bonus was sunsetting anyway at the time it was cut. Anyone who'd be getting it now is over 75. It was not based on need. What we need is support for the programs here now. Like the senior center – it badly needs an improved facility and location.

Sharon Monrean testified that her husband suffers from vascular dementia. This has changed their lives. He can't work. She cares for him. There are few programs to help people like them – boomers, age 57 and 59. They will only be able to get help when they reach the bottom.

Dee Dalhaug runs The Manor assisted living home in Ketchikan. Her issue is with the Medicaid waiver assessors. She has met only one of the two who come to Ketchikan. They make odd visits, often with only one hour's notice. Recently they came and assessed only one of the two people who needed an assessment. One may lose his coverage. She is told there are 26 assessors in Alaska, so it seems Ketchikan should see more of them. She has gone for months with no money coming in. She has 11 clients, but is providing a service to the community. She can't refuse care just because she's not being paid. These people are not organized, and not communicating with care coordinators. They only call when they arrive in Ketchikan. Someone needs to be regulating these people. They have no written plan on how often to come into any given area.

Iver added that he has heard of the same problem all over Alaska.

ADJOURN

The meeting was adjourned at 3:30 p.m. The next Alaska Commission on Aging meeting is scheduled for November 29th and 30th in Anchorage.