ALASKA COMMISSION ON AGING
September 22 & 23, 2020
Via Zoom
Draft Minutes

Tuesday, September 22, 2020

Good Morning & Welcome!
Call to order: Meeting called to order by Chair Gordon Glaser at 9:00 a.m.

Roll Call: ACoA Commissioners present:
ACoA Chair Gordon Glaser, ACoA Vice Chair Bob Sivertsen, Rosemary Hagevig, Paula Pawlowski, Cheryl La Follette, Mike Coons, Nona Safra and, Pam Samash and Sandra Moller. Absent John Lee.
ACoA Staff Present: Lesley Thompson and Michelle Rogers

ACTION: Motion to approve the draft meeting agenda was made by Rosemary Hagevig and seconded by Mike Coons. The motion was unanimously approved.

ACTION: Adoption of Minutes of May 11, 2020 was made by Rosemary Hagevig and seconded by Paula Pawlowski. The motion was unanimously approved.

Ethics Disclosures – Gordon reminded Commission members to sign and give the disclosures to Lesley.

"Safety Moment" and "Teleconference Etiquette:" Paula Pawlowski review both the safety moment and teleconference etiquette.

Chair Report – Gordon Glaser

Gordon talked about our relationship with SDS and a proposed teleconference in October regar. Talked about re-opening and vaccine. Thanked Paula for training supplies. We are also welcoming some new members aboard. Our relationship with the Pioneer Home. Rosemary and Bob both have a lot of background in the Pioneer home.

Vice Chair Report – Bob Sivertsen

Bob had to go to a different meeting.

Executive Director and Rural Outreach Coordinator Report
Lesley reported that it has been a very busy time for the commission. We have hired two staff members. One was the Rural outreach coordinator, Michelle Rogers. She started the end of August. She will talk in just a minute. We also hired a new MASST person through Rita Gray.

Two Governor proclamations were signed. One for Hiring Older Workers. He also signed one for fall prevention.

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We have been having a lot of Alaska Mental Health Trust meetings. We are still working on the data collection for the Comprehensive Mental Health Plan. We are finding out what data sources are out there that can be used in the Plan.

ACoA Committee & Representational Reports

- **Executive Committee: Gordon Glaser, Committee Chair**
- **Legislative Advocacy Committee: Bob Sivertsen, Committee Chair**
- **Governor's Council on Disabilities & Special Education: Nona Safra, ACoA**
- **Representative**
  Update on telehealth. It doesn't work very well with veterans when testing for PTSD. Have technology issues with rural and remote technology. They don't have enough bandwidth when it's being used too much. Many older Alaskans don't have access to technology in homes. When libraries were closed they didn't have access to computers. Need for further training to educate seniors. Use emails and how to navigate platforms like zoom. They don't have access to smartphones or know how to use them to their full capabilities. Additional usage when complex problems can add hundreds of dollars to bill. Billing system needs more flexibility. Medicaid will pay for the medical visit but not for GCI and additional usage. That would save money because people are not going to
- **Pioneer Home Advisory Board: Bob Pawlowski**
  COVID-19 has had an impact in Fairbanks with 3 deaths. There are 2 vacant board seats. There is an active wait list of 258 at end of August. Now down to 177. Seeing strong interest on the list.

  Rosemary: If there is an ad-hoc committee on veterans' affairs. What do we expect the committee to do on paper and what the hopeful outcomes might be.

  Discussion ensued about ad hoc committees and changing needs mean different committees. Also how long do they last. Bob noted they should last no longer than a year. Paula said they need to give public notice and a committee is not a committee until they follow the process – goals, outcomes, public notified.

Update on the ADRD Roadmap
Jordan Lewis

Alaska has had one ADRD plan since 2014. Nothing was revised since then. Updates will include focusing on strengths. Community driven initiatives. Drafting the plan now. Work started early this summer. Build on what's already working, as well. Draft should be finalized by early December. Who is driver and how does this connect with the Alaska Commission on Aging?

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Transitions: Recruiting for a New ACoA Executive Director
Gordon Glaser, Chair, Bob Sivertsen, Vice Chair

Gordon talked about how they appreciate Lesley stepping in again as interim executive director. Executive committee will be screening committee for the search for a new executive director. Mary Shields will serve on this committee. Last time they did national search which was not very successful. Didn't do a national search this time. Will have position in either Juneau or Anchorage. The commission will remain in Juneau but the ED will be based in either place. There were 11 people qualified.

Rosemary: Serious concerns about Anchorage option. So much of what is done is done in Juneau. Feel very strongly about it. Role with legislative process is at least 4 months out of the year. So much of what is done with state plan is done here in Juneau. If do end up hiring in Anchorage, if they do relocate to Juneau during legislative season, do we have the budget to do that?

Bob: Moving forward and good applicants

Gordon: if living in Anchorage they would have to go back and forth for Trust meetings. Larger question is that Juneau is where the action is.

Rosemary: There is a vast difference between traveling for meetings and the more intense ongoing work that happens at a moment's notice during the legislative process. There are a number of state employees who spend at least a week here. Do we have the money?

Lesley: We have nothing according to Hilary Porter. It would be a real hardship to have someone come down here for extended and smaller periods of time.

Mike: The legislature meets a maximum of 120 days. The rest of that year they're at home. We have a large amount of legislators in the Anchorage/Kenai/Matsu area. They have a road system capability to meet with legislators. That's one of the positives. At least an option.

Bob Sivertsen: The office is in Juneau and we have staff in Juneau. It's a conversation we'll have to have with the applicant. It would be hard to have director and office split. Even though the legislature isn't in session, we do a lot of work with social services who are in both places.

Rosemary: Is there money in the budget to establish and maintain an office in Anchorage.

Gordon: SDS is moving to a new office building but there is no guarantee.

Mike: This would come out of governor's administrative budget? Would we coordinate with them for more funding?

Gordon: No. We have our own funding. Juneau is the capitol but they have to be working with the rest of the state. If only people in Juneau can make it work, we have a problem. We'll need to change and be open to people throughout the state.

We should have a final candidate by October and will put the person to the committee.

Nona: The fact we got 11 people to apply speaks to opening it up to more than Juneau. Not everyone wants to move off road system and that was a stumbling block to getting more candidates.

Paula: Just to be clear, I will not be a part of the process. I know three candidates and promoted one to apply.

Moller: Zoom has really changed things when it comes to having remote offices. We're 95% teleworking. Have seen productivity increase. State would like to increase/continue teleworking.

Gordon: We in effect will select a recommendation for the governor but it must be approved by the governor.

Mike C.: Poll AMAC did is that 8000 people would like to get vaccine. That 9992 have concerns about the vaccine and will wait and 15,277 don't want the vaccine at all.

Facebook poll. Some reasoned responses. Some nasty responses. Most responses against the vaccine. People most impacted are 60+ with health complications. They are the priority but it should be interesting that the group is going to say no to the vaccine. Working with Dr. Zink on prioritizing the consensus and educating. It's going to take some work to convince people that it's safe and effective. Main concern is that it's happening so fast. We're used to FDA taking 5-7 years to approve things. Now it's being done rapidly and there are fears about the safety of it. Supportive of the science going on with it but it should be an interesting situation overall. Would like to see at least one commissioner on the working group. Would like to do something positive with our charge of 60+ people.

Gordon: The issue of vaccines is education and testing. Many people are skeptical with good reason. There are strong feelings about it and would encourage people to join the group.

Pamela replied that the most vulnerable to the vaccine are the most vulnerable to adverse effects. Speed of vaccine is concern. Doesn't think people should get the vaccine.

COVID-19 VIRUS Update
Dr. Zink talked about the amazing team at the state and the entire state of Alaska. During COVID-19 it highlighted the whole medical person. Promote health and well-being regardless of their underlying conditions.

How do we think about testing, surveillance, rural planning? There are a lot of planning aspects that go into responding. Where are we? Where are we going?

It really depends on individual Alaskan choices. This virus does not dictate us. It only lives if we spread it from one person to another. Italy and New York showed similar mortality to 1918 virus. It was mostly older men. The test is a very useful tool. It's challenging to diagnose it without it. We are the second most tested state in the nation. We have an average number of cases per 100,000. We are in top tier for % tested. 125 cases per 100,000. SD and the Midwest is really taking off. Testing is the reason why we have the lowest number of deaths and the lowest number of deaths per capita. Getting tested early and often is important. It's because of a tremendous amount of partnerships across the state keeping the count down in prevention.

Indoors rather than outdoors is good. People have COVID-19 fatigue. People need to get together for medical services. Winter is coming campaign. People will be inside more often. We need to winterize. Get flu shot. More people are getting flu shot. Pharmacies are running out of senior flu shot. Make plan for physical and mental health. Vitamin D levels are important. Less D is a risk factor. Modify weight and be physically active. Stay mentally engaged. Isolation is taking a toll on mental health. Long term care facilities are allowing safe visitation.

How do we drive our numbers down? Avoid Congregate settings, close contact, closed settings and we need good air ventilation.

Wear mask. Wash hands. Wash dishes.

Get ready for vaccine. There is a lot coming out in short period of time. People are asking great questions. How can we serve our community? Look out for our neighbors. We need to check on each other.

Pamela Samash: Can you consider getting the gyms and pools opened back up so we can get elderly people swimming again?

A problem she has with a situation in Kirkland- one senior with Covid-19 was dying and they allowed her daughter to visit. When she saw her daughter, she healed instantly. If masks are effective, whey can't relatives visit if essential workers can.

Dr. Zink: State has not closed any pools. Many pools are open. It's they are nervous about opening and unsure about opening. State trying to help them open safely. Pools are easy place to mitigate because of the chlorine. Chlorine kills virus.

There are guidelines with long term care facilities. Unfortunately, people have visited and not been respectful of the rules and spread the virus.

Visitation is important.

Mike: There is a two pronged attack on virus. The second one isn't talked about. Advent of therapeutics. Would you talk about therapeutics vs. fears of vaccine?

Zink: Healthcare echo: Mortality rate in ICU has plummeted. It used to be 10-15 days now it's 4. Effective treatments are Remdesevir, Dexamthazone, Convalescent plasma. Pronating makes a huge difference. Used to intubate right away. Now hold off on intubating and people do better. High nasal canula and pronation. Clotting is associated with the disease now so people are treated with anti-clotting medication. Patients are also being treated with antibodies made in lab. Instead of vaccine they're given antibodies. HIV+ people can take anti-virals early on. Treatment depends a lot on underlying risk factors.

Seeing science and technology progress is amazing. There is a lot of progress being made.

Rosemary: Found N95 masks at Lowe's in Alaska. Sitting on CBJ task force to set up independent PCR testing to assist in moving people back towards new normal. Use aggressive testing model to get kids back into school. Getting visitor industry back into place. Very hopeful for some of the outcomes. Hoping to get a test faster than the current 2.5 days.

Jim McCall: Would love to have you speak sometime at Mat Su council on aging. As a resident of the valley we see less mask wearing.

Zink: A lot of it has to do with luck. Part of it has to do with space. How are people spaced out in every day interactions? Used to go to Anchorage for interactions, movies and restaurants. There's less of those in the valley. People have been more outside on ATVs and bikes. Modeling and numbers work in homogeneous populations where everyone is close. It falls apart in places like Alaska. There's a lot of fluctuations and variations. The exception is Anchorage because they have more numbers and more people close together. Masks are a useful tool. Alaskans aren't magically protected from the virus. We need to keep the spread down.

Bob P wanted to know if there is a partnership with Indian health?

Zink: 50% of testing sites are within the Indian Health system. The state lab is doing a lot. The other big testing site is at ANMC. They ran our tests when our broke down. There have been steps that haven't gone smoothly. Being partnered with them is critically important.

People are used to quick responses. Prevention is as important as treatment. FEMA doesn't do prevention. IHS is helping figure out prevention.

Sandy Moller: CARES act – department of commerce- working on improving sanitation in smaller villages.

At risk population: When it first came out we had over 60 with previous conditions. Now it's a growing number of 20-30 population. Identifying what a high-risk person is for Covid-19?

Zink: 70-80% of us have underlying health conditions. UHC – Covid-19 is like a lightning strike. If there's UHC it's more likely to burn. A large exposure will cause something to burn that might not. Covid-19 affects all the organ systems.

Until we have widespread easy testing and a widespread vaccine, we'll have to be dealing with this.

Mike asked about Flu vaccine?

Dr. Zink: Over 65 go for the high dose. The older you get, the harder it is to build an immune response. The older we get the more we can overreact to something. Got to give the body and extra dose to jump it. Get it before the end of October.

Pam: Regarding the voluntary Covid-19 vaccine? People can still go to school and travel without it?

Zink: The governor is clear that he is not mandating the vaccine. Private industries can make their own decisions about what to mandate.

Nona: Brain injury due to Covid-19?

People having cognitive decline in processing. Even in those not hospitalized. Younger having strokes. Can cause encephalitis. 30% are having neuro. Younger it's effecting the heart.

People within underlying cognitive decline are at high risk.

Lunch

Department of Health and Social Services
Commissioner Adam Crum (invited or designee)
John Lee, Division of Senior and Disabilities Services

A Wall: Early on after the declaration of the disaster. Applied for the 1135 waiver. That was granted. Put together appendix k application. Regulatory control that would benefit Alaskans and providers.

Conversation about what flexibilities the dept wants to keep permanent. Our way of business, work, life has been heavily impacted. A great deal of health care can be given via telehealth. Do we want to retain

those things permanently? No decision made. Seen impact of telehealth. It would be a tremendous thing to keep those capabilities.

John Lee: SDS we have three big groups of money. Grant services. Waiver Services. Five waivers. 4 of them touch senior population. Renewed every 5 years. Upcoming next year.

IDD Waiver
ALI Waiver
APDD Waiver
CCMC Waiver
Individualized supports waiver.

Have several projects we're going to incorporate into renewal applications. Move CFC to waiver program. Provides enhanced level of support through the enhanced work and care coordination.

Streamlining NFLOC level of care determination to be more efficient. They have a choice to be institutionalized or waiver.

Streamline work for people with disabilities. Allow flexibility. Will be incorporated into waiver. No increase cost.

EVV is electronic visit verification. Protect vulnerable populations from fraud and abuse. It adds a lot of visibility to where and when the services are being performed. Issues are the short timeline. Only Ohio has certified system. Supposed to be in place by January 1st. TheraP has been contracted to do this. Trying to get an extension by a year. Covid-19 created huge challenge. A lot of these agencies have been impacted by loss of revenue stream due to loss of group services and other.

Bob Sivertsen: Can we spread out renewals?

Answer: Federal government sets timeline. It's easier for SDS to tackle the project all at once. It's more efficient and effective than staggering them. Wording and terminology very similar among waivers.

John: On Covid-19. Thank you for your advocacy and support during this period. I look forward to the conference with the senior providers.

Gordon: Appreciate you and your staff. Good partnership.

Mike: Lesson learned is – Senior centers are often a petri dish. His wife used to work at Palmer Senior Center and she was constantly sick. We need to take what we've learned and incorporate it in future to avoid passing on colds and flus.

John: Yes, we need to keep people attending congregate setting safe and it will be incorporated.

Lesley: Thank SDS for all the staff support for our commission.

Heather Carpenter: Healthcare policy advisor for Commissioner Crums office. Lesley does a really good job representing you and your commission.

Alaska Mental Health Trust Authority
Mike Abbott, CEO

Mike did an outstanding job with an Introduction to AMHTA

Housing and community based services – several millions of $ a year are dedicated to grants in this area. Fund the work of state agencies that are working in this field as well. Commission continues to express interest in HCBS program. Look to commission for guidance.

Once of most common requests we were is need for both high skilled and low skilled staff. It is a constant challenge finding both direct support and clinical support. Focusing on building up the DSP workforce.

Primary mechanism on making an impact is through grant 25 million in grants. All manner of different types of agencies.

Both agencies providing services, state agencies and state and local government and individuals. Can make funding decisions at virtually any time during the year.

We repurposed 1.5 milllion dollars as it relates to Covid-19. There were agencies and service providers around the state that were close to closing their operations. Some were already prepared with telehealth but in other cases the agencies had to start it themselves. We reallocated it and it's all been expended to 75 individual grants to agencies supporting beneficiaries. Every agency that was around 6 months ago is still around and providing the same or better services than before Covid-19.

Our annual budget includes $25 million in grants.

Pam Samash: Can these grants go to funding Nenana senior center construction done to help air supply system to open it back up. Improve mental health.

Answer: Potentially yes. It has to be related to trust beneficiaries. They provide services to Alzheimer's and dementia.

Lisa Morley via chat: CARESAct can also help with that.

Current budget: Obligation we have to make recommendation for how state spends money. The state has to explain in writing why they are not following our recommendations. We just finished budgeting process for next fiscal year. We are deploying $2 million more than in previous years. Not increasing admin budget. It will go out as grants to our partners.

In addition to being a funder, we also advocate, plan, educate. Educate around the stigma around older Alaskans and other trust beneficiaries experience around their conditions and limitations. These are not limitations that should affect our ability to participate in our communities and to live full well-rounded lives.

Discussion about funding, land sales and use.

Will start up the trustee recruiting and evaluation next week. Need someone from the commission.

Alaska Housing Finance Corporation
Jim McCall, Senior Housing Officer

Jim talked about funding, Covid-19, rural teacher housing.

Rural professional housing program. 2.25 million
Senior citizen housing development fund: 1.75 million is the same

Had 6700 Alaskans apply for COVID-19 rent/mortgage relief. Average monthly rent $1100 Mortgage $1400

Mike: What is the outlook for recovering that money? For example, landlords that are in arrears right now?

There are mortgage/eviction controls until December. It is going to be an uphill battle to pay back 6-9 months' worth of rent. Good news is that we went from 16% in May to 10% in August. How is this impacting their credit score?

Rural professional housing program: Had 30 applicants this past year, an increase in 8 over the past year. Provides housing for teachers, health professionals, and police officers.

This program also helped rebuild the teacher housing after the fire in Hooper Bay.

Public Housing and energy updates.

1349 individuals on wait list for senior and disabled housing. Number is down 6-6.5%.

Energy Weatherization program. Elders caring for grandchildren get bump up priority list. When all said and done, utility cost will lower by 50%.

Went over history of senior housing office. It was very forward thinking.

Lesley talked to Jim and They got into discussion about AHFC website and the lack of information about senior housing. She called Alaska Housing. Got in touch with Mark Romack and two weeks later, Senior Housing office was back on main page of Alaska Housing. So calls have increased. Thank you for reaching out and helping to fix it. Paula also sent emails about the situation.

Mike: There's a lot of senior housing coming out in the valley and people are noticing and appreciating it.

Break

Department of Labor
Duane Mayes, Director, Division of Vocational Rehabilitation and "Senior Employment Initiative"
Rita Gray, Mature Alaskans Seeking Skills Training (MASST) program

Senior Employment Initiative. DOL and DVR have 14% of DVR are working in office. 50% working at home. 70% is a mix. Offices closed to the public. Can serve people with disabilities online. We have been able to get our work done. During first 3 months the numbers dropped because people with disabilities were very afraid. WE went out of our way and created a safe environment. We're now back at normal numbers. We hope to maintain that.

With this program we have federal requirements. If we don't meet them we are subject to penalties. Working to make sure the bill that passes offers those flexibilities. The pandemic has impacted our ability to spend the money. Had meetings with Sen Sullivan and congressman young to press that we have the flexibilities. Will meet with Murkowski and her staff. This year is really unusual and we may have another year.

Rita will speak to Senior Employment Initiative. Talked with Lesley about ways to get the word out that we are open for business. One of our top priorities is to be available to our senior population who want to work. Did a video of the dog explaining the senior initiative and it's gotten a lot of hits.

Lesley is part of a task force that we've created for COVID-19 19 Employment task force. We're now only meeting once a month. Our failure will be lack of communication. Our success will be our ability to communicate with each other. We need to talk to each other about what programs we're doing and how we can support each other.

Rita: Wrote article for senior voice. Got the proclamation. We have posters made. Need help with host sites. No agencies willing to take MASST people because everyone is social distancing. 12 people in

Anchorage. 3 people in Matsu. Should be helping 124. Currently only 54. Need daily on-site supervision. So many people are suffering.

Wages dropping. In June $14 an hour. Now only $12. Need to help them get resumes and apply for work electronically. Article for senior voice is on page 4. Beg letter for host sites. DOL changed their database. They need to answer 5 new questions before their resume is visible. MASST passed all performance measures but this year we have been doing badly due to Covid-19. DVR is helping us get computers into senior's hands if they're a client of DVR. Only a few are open. Most of them are closed. Anchorage senior center is starting to open. Need help in Anchorage and Mat-Su.

Cheryl: I haven't seen video you made about the program. How do I get people to now how to get ahold of you.

Answer: 465-4872 is direct line to get ahold of me.

Cheryl: Can you do meeting via Zoom with clients?

Answer: We've been doing that.

Office of Long-Term Care Ombudsman
Stephanie Wheeler, Long-Term Care Ombudsman

Exists in all 50 states. Exists to serve those in skilled and long-term care homes. We recruited and have new Deputy long term care ombudsman. Came from Pioneer home. Covid-19 has really hit home on team. One of our team's parents died from Covid-19.

Have 70 active volunteers. Make virtual phone calls to residents. New volunteer training in December. We work remotely from home. Will do so until December 2020. Restricted from doing in person visits. Will return to in person visits in the near future – late October.

Receiving complaints regarding communication, appointments, visits. Monthly town hall forums are happening, via zoom as well. Ensuring residents know they should have access to good quality care, right to complain, participate in own planning, and care and confidentiality. Encourage residents to have plans to vote and assisting them with transportation to register, mail ballots, and how to make things happen.

Assisted them with receiving stimulus payments.

They're tired of being isolated and want family members to come visit with them. Helped them understand why there's no visits and when they will reopen.

They asked questions, what has changed, are staff wearing masks, are receiving meds and medical care, are they staying in contact with loved ones.

Feedback: Most responded positively about care. There were a handful of issues that resulted in formal complaints. Most concern was social isolation. Invited rep from Well Connected Program. Have activities and support groups that are also available to them in their own home.

National ombudsman research center doing trainings on person centered care during Covid-19, anxiety and grief during Covid-19, and others. Shared with family members and elders. It has been vital to them.

Have 70 volunteers across state of Alaska. Next one December 20. People who are Friendly, outgoing, good listener and a passion for helping seniors are needed.

Started safe re-entry plan. Should be open towards the end of October. Will be training on PPE and self-assessment before entering facilities. Regular access to testing. Also be communicating – made unannounced visits. When we restart, we'll be contacting and asking protocol for visitors and ombudsmen as well. Won't visit those who have had a positive case in the past month.

907-334-4480

Partner Advocacy Updates
Marianne Mills, AgeNet President

AgeNet is Alaska's Association of Senior Service Providers. Have members all over the state. Remain in own homes and traditional communities for as long as possible. Offer a whole array for services to keep older Alaskans living healthy lives in their own homes.

June: first virtual annual meeting. Met via zoom. Elected new board members.

Kevin Jardell is doing lobbying.

Meet every month now via Zoom. Now we can actually see faces and backgrounds. Elected new officers

Encouraging members to meeting with people running for election and start engaging them and think about services for older Alaskans.

Both the house and the senate are 1-2 seats away from switching to bipartisan coalitions. Very committed and diligent. Like coordinating with other groups.

Call 907-723-0226 for Marianne Mills.

Rosemary: As we get closer to Feb activities. Will Kevin be available to work with us as he has in the past?

Marianne: If we ask him to, he will.

Lesley: As we go into our legislative session, we have legislative teleconference. AgeNet people participate in these quite often.

Gordon: Encourage your senior centers to sign up to Agenet. It's beneficial.

3:40 p.m. Teresa Holt, AARP Alaska State Director

Safe voting initiatives. Hosted town hall with Lt. Governor and Gail Fenumiai.

AgeSmart. Have monthly fraud group. Phishing, email scams. We are hosting technology and caregiving webinar. Have volunteers that do exhibit tables. AARP has also done fun events. Lectures by university professors. Do national promotion of concerts in the regions. We have doubled our efforts to do community challenge grants that make changes for those over 50. One person did a community garden. Another put life jackets. Or pollution detectors. Art installations. Unalakleet and New Halen are getting picnic tables, and bbq pits that are near their senior housing. Gustavus is working on healthy eating and recreation center. Petersburg is building a park with a covered bench near their senior center with a little garden.

Have a meeting coming up if you have any ideas. No in person events until the new year. We will not be doing in person events for the legislature. Will be doing virtual lobbying in Feb.

Paula: Anchorage for Grandparents raising grandchildren. Intergenerational playground near senior center.

Teresa: Would love to work on that idea.

The Association of Mature American Citizens Update
Cheryl LaFollette and Mike Coons

Mike Coons taking off commissioner hat.

President of the MatSu chapter of AMAC. Cheryl president of Fairbanks. New chapter in South Anchorage. Having in person meetings. Had state legislative candidates speak about campaign. Turned out really well. Endorsing to vote no on ballot measures 1 & 2. Education on Covid-19 virus. Keeping an eye on dashboard and informing membership on what is going on.

ProBono legislation for doctors to treat people. Doctors paid back by federal government.

Pushing repeal of safe harbor act. Executive order. AMAC was represented for and invited to the signings of his executive orders.

Pam: survival rate at this time?

Mike thinks it's under 1% mortality rate.

Lesley: If anyone is interested in being part of AMAC it's free. AARP also has a reduced rate. Not plugging either one, just informing.

4:00 p.m. On a mission for Veteran's housing
Nona Safra

67,000 veteran population in Alaska. Most served during Gulf War. 12% of pop 25.7% have disability.

35% of veterans with tBI have moderate to severe hopelessness. Factor in homelessness. Need access to housing during treatment. What do they want for housing? Younger ones 30-50ish are less than positive about VA and Pioneer Home. Like living in barracks. Unmarried want a pod of tiny houses with larger common buildings. They want privacy, independence, and mobility. Want communal greenhouse.

Married wants small apartments with access to amenities. Fairbanks and Kenai peninsula are the main sites.

Operation Tiny House - helps veterans build homes.

49 tiny homes that provide veterans with homes and services. Would be willing to work with organization in Alaska.

Racine, Wisconsin. Tiny homes and community center. Encourages the vet to not hide in the home. Offer classes.

Hope resources and Raven's Roost in Anchorage.

Two builders in Big Lake specialize in it.

Cost can be under 60K. biker group called viper can lower the cost. Partner with trade unions and apprenticeships. Younger veterans would help more vulnerable.

VA has locations all over the state but only half of them are registered with VA h

Jim: Could have developer pursue the tax credit program. Any veteran from any walk of life.

A lot of operators and developers in lower 48 may not know that we have a very large population of seniors.

Build for the future. That's us because we'll be needing them.

4:10 p.m. **Public Comment**

None.

4:25 p.m. **ACoA Commissioner Comments on Local Issues Affecting Seniors**
What are you hearing from seniors in your community?
Last Comments

Mike: Vaccine is individual choice. He plans on taking the vaccine. It's not a one thing deal. Also working on therapeutics.

Pamela: Doesn't support Covid-19 vaccine at all.

Gordon clarified that we will follow all public health guidelines and recommendations.

Bob: Covid-19 virus. Isolation wearing population down. Congregate settings are reopening but the isolation is still wearing people down. There have been prgraoms to get services to seniors but the isolation is wearing people down.

Paula: Isolation is getting people down. Inability to hug and be with people is hard. Looking at reopening in phases and limited phases. Zoom has helped, especially as we move towards winter and people staying in because the weather. Love ordering the groceries online. It's a challenge to continue feeling isolated.

Nona: Haven't been able to travel like normally do. All trips have been cancelled. Haven't cancelled on trip which gives me hope. In the midst of moving. Living in Anchor Point has made it really difficult. Moving to Homer to have better access to medical services and food shopping.

Mike: Concerned about safety and security and what's happening in lower 48. Anarchists and BLM concerned it may come to Alaska. Fearful that riots will get worse before better. Are they even going to be safe going to election polls.

Bob P. Fewer people at the VA when he goes. It used to be a social opportunity now it's zoom meetings. Loss of sociality but don't have the ability for comraderie.

Cheryl P. Been really rough not being able to hug. Senior Center is distributing stuff out doors. *feed broke up* Have to wear masks in community room. *feed gone* Play cards with masks on.

Rosemary: "She who dies with most fabric wins" Four months ago never heard of Zoom now can't live without it. Life has changed a lot. Wish I had a dollar for every time I go back to car to get mask. My cohort of people are getting tired of living different lifestyle. Personally, have 8 negative Covid-19 tests. Juneau is trying to fix lack of assisted living options.

John Lee: As director of SDS, get a lot of concerns. They are thankful for the protections put in place. They are also having problems with isolation and not seeing loved ones. Non Covid-19 – access to services in rural locations. Still have waiting list on IDD waiver. Lack of affordable housing for seniors. A host of things have not changed.

Sandra: Gone.

Pam: 1/3 scared 1/3 on fence 1/3 business as usual during Covid-19. I will hug and hope I get coronavirus and get over it. You guys are amazing.

Jim. Don't have anything.

Kelda: Will talk tomorrow morning.

Lesley: Great meeting. Agree with what hearing about isolation. It's not the same through the screen. People are bracing for what's next. Some people might get another check from government. But what happens when the safety nets are gone.

Gordon: It's easy for many of us. But there are those who are hunkering down without much means and living on food that's dropped off. Seen increase in deaths and hospitalization due to lack of activity and health and lack of transportation to services. The present situation is not stable. You can live for awhile in a lifeboat but eventually you have to start rowing.

Riki: Suggest intergeneration park to contact headstart.

5:30 p.m. **Adjourn**

Wednesday, September 23, 2020

The training portion of the ACoA meeting will take place on Wednesday, September 23 and will be accessible by Zoom or teleconference. Public members are invited to participate, please call in using the toll-free number 1-800-315-6338, pass code 53250# or via Zoom.

Join Zoom Meeting
https://zoom.us/j/9910842668?pwd=R1FERThwYmZ2MkQrNjQzTTVYL2hOUT09

Meeting ID: 991 084 2668
Passcode: 907

ALASKA COMMISSION ON AGING
September 22 & 23, 2020
Via Zoom
Draft Minutes

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9:00 a.m. Call to order. Roll Call, Announcements & Introductions

9:05 a.m. Senior and Disabilities Services Grants
Lisa Morley

Aging services network includes the Administration on Community Living. Department of Health and Social Services, Division of Senior and Disabilities Services. Alaska Mental health Trust Authority, Long Term Care Ombudsman, Tribal Partners, Alaska Commission on Aging, Local Providers, Caregivers, and older Alaskans. The SDS programs for seniors include: Adult Protective Services, Personal Care Services for Medicaid recipients. The Alaskans Living Independently Waiver provides home and community based services for seniors who meet Nursing Home Level of Care (NFLOC) for those who qualify for Medicaid. Community First Choice provides HCBS for seniors who meet nursing home level of care, includes person case services. General relief: Emergency placement in assisted living homes for needy adults. If someone is in the hospital and is being discharged. If they have no income, they will be placed in an assisted living home. The ALH receives a pretty low rate - $70 per day for the placement. Grant services: Home and community based services for seniors via state and federal grants. Medicare information office.

Mike: What does the Medicare information office, I have only known to call Medicare at federal level. We're able to talk to them if I have a problem with Medicare billing Medicare anything?

Lisa: Yes. Definitely. They provide Medicare counseling. And I'll get to that slide. They also do training for Part D open enrollment. They do trainings. I think they're doing 4 trainings in the evening this week.

When you look at the continuum of care, the grant services are at the lower end because they're less costly. They're federal programs based on the federal model serving seniors to provide them with, for instance, a meal, a ride some social interaction. That will often help them to remain independent longer. And it has shown to be a cost savings to keep them from entering a nursing home earlier than they actually need to.
The grant services provide support to older Alaskans and their caregivers who may not qualify for other programs but still need support to remain in their homes and communities. Services are targeted to Older Alaskans who are at risk of nursing home placement. The must be 80 and over, live alone, have difficulty performing one or more independent activities of daily living (shopping, cooking, housework, laundry) or have dementia.

WE offer these grants through a competitive process and are administered statewide. Grant programs for seniors administered by SDS are: Adult Day Care, Aging and Disability Resource Centers, Alzheimer's Disease and Related Disorders Education and Support, Centers for Independent Living, Health Promotion

and Disease Prevention, Medicare Information Office, National Family Caregiver Support Program, Nutrition, Transportation and Support Services, Nursing Facility Transition, Senior In-Home, and Senior Residential Services – basically just providing support to rural assisted living homes.

The way to access these services is through the Aging and Disability Resource Centers (ADRC) ADRC are great resource if you ever have any questions about services in your area. There are currently 6 ADRCs servicing Alaska and they'll connect you with any service in your area.

Adult Day Care is a center based program that provides therapeutic activities in a safe environment for individuals with dementia or who are not safe at home by themselves. This is a congregate setting so many of these have been closed during COVID-19. They're trying to deliver care to these individuals in a different way.

ADRD Education, Training and Support: This grant goes to Alzheimer's Resource of Alaska and provides education and training to providers, individuals, and caregivers specific to ADRD.

Centers for Independent Living: This is a new program that has recently come to SDS. While new, this is new – it's been about four years actually – but it was managed before by the division of vocational rehabilitation. They do a lot for seniors also. The population they serve is anyone of any age who has a disability. If you need lending equipment, home modification or independent living services, this is who you contact. Independent living skills training, transition services, peer support, advocacy and information and referral.

Health Promotion Disease Prevention: Evidence based activities for seniors that reduce the risk of disease, disability, and injury. Many of the Senior Centers receive funds to do these programs such as exercise, fall prevention, Tai Chi, and they have been shown to reduce the risk of disease, disability, and injury.

For the National Family Caregiver Support Program, The care giver is the client, so the caregiver receives the support. This includes counseling, education, respite, support groups, information, and legal assistance to help the caregiver continue caring for their loved one at home.

Nursing Facility Transition, provides assistance moving from a nursing home to a lower level of care.

Nutrition, transportation and support services. These grants provide congregate and home delivered meals, transportation, volunteer services, homemaker, nutrition education, outreach, and legal assistance. Most of your senior centers rely on the NTS grants or the Title 6 grants for their operations.

Senior In-Home Services – These are a little bit more one on one for seniors who have a little bit of higher needs. Provides Chore services, case management, respite and supplemental services that will pay for a lifeline or other needs that a senior has that aren't covered by other programs. These are for low income seniors.

Senior Residential Services for Elders in rural communities (Tanana and Galena)

This is an overview of our Caregiver Connection Pilot Project. The Caregiver Connection provides people helping someone with dementia assistance in managing their stress and burden. The program includes two parts. The first is a proven caregiver stress reduction process called TCARE and funds to pay for services such as respite or adult day care. TCARE was developed by Rhonda Montgomery. TCARE includes a short questionnaire that identifies whether and how caregiving is impacting your stress. The results of that questionnaire determine if you are eligible for the program. If you are eligible, a trained specialist will work with you to develop a plan for reducing your stress.

A lot of this also includes coaching. It's not just taking an assessment and here are your services. There's a lot of coaching and a lot of follow-up. It's a really exciting program and it's been really great to work with Alzheimer's resource and the Municipality ADRC.

The program is a pilot being operated by the Alzheimer's Resource of Alaska in partnership with the State of Alaska Senior and Disability Services and the Municipality of Anchorage ADRC. The pilot is only offered in Anchorage, but if it proves successful, the goal is to expand it statewide.

The Medicare Information Office provides one on one counseling. Assists with enrollment and coordination of benefits including: Choosing a prescription drug plan, Part B and Medi-gap plan. Understanding Medicare premiums and co-insurance costs. They also provide counseling on different benefits such as Medicaid, Disability, and Social Security. Can assist with enrollment and coordination of benefits. They are very, very knowledgeable.

The total senior grant funding totals $16,195,518. Adult Day is $1,517,466. ADRC is $885,000. ADRD Ed and Training is $346,036. Centers for Independent Living is $1,256,044. Health Promotion is $163,302. Nursing Facility Transition is $60,000. The National Family Caregiver is $1,295,368. Nutrition, Transportation, and Support is $7,620,424. Senior In-Home is $2,651,868. Senior Residential Services is $400,000.

Stories from Grantees – Helps them live in their home and live independently, avoid or delay placing aged family members into nursing care facilities – which often means leaving the community in which they've spent their lives. Legal services really help them prevent loss of homes, financial abuse, and help clients obtain benefits essential to independence and well-being. We hear that services improve the health status of clients, through better nutrition, physical activity and creative cognitive engagement, through transportation that ensures access to needed services and decreases social isolation. Congregate meals provide important nutrition, social sharing, and even decrease in blood pressure and cholesterol. Home delivered meals not only provide food to those unable to leave their homes: the delivery drivers also provide important personal contact and an eye on the welfare of clients. During COVID-19 the senior centers have stopped providing congregate meals and have been doing pick-up or home delivered meals but the staff have been doing phone calls and check-ins on the clients to make

sure they're still safe and receiving adequate nutrition. We hear the many hours of service provided by senior volunteers benefit their communities and provide a sense of pride and continuing contribution. Senior volunteers include foster grandparents, senior companion and Retired Senior volunteers. Those are very important to the entire community because they serve not only seniors but also children.

Questions & Comments:

Gordon: Thank you for your presentation. Switching hats to our Anchorage Senior Activity Center - Our medicare office is uses a lot particularly for people turning 65 and helps them choose which Medicare part D to choose. We tie it in with our benefit enrollment center, so if they qualify for one they may qualify for another. I don't think we're the only center where they use the Medicare Information Office as part of something else.

Sandra: Good Morning and thank you. I am not sure if this is a question for Lisa or Lesley. It's on the Alzheimer's. I saw numbers as far as the increases we've had in dementia patients. It looks like we've gone from 3500 to 8000 from 2010 to 2019 which seems like a large amount. My first question is, is that normal and how does that compare as far as an increase in dementia patients. I also noticed with our population. Where does Alaska stand compared to other states? Maybe that 2015 report might answer that.

Lisa: Alaska does have the first or second fastest growing senior population per capita. The prevalence of Alzheimer's increases the older you get. Because our senior population in increasing this means the 85+ population increasing which increases ADRD population. It's a difficult thing to treat and take care of. ALH, besides the pioneer's home – we don't have a lot of assisted living or residential support to clients so It's really important to support caregivers. The burnout rate is so high.

Sandra: Thank you for the information. It seemed like a high number but if we're first or second then that makes sense. Do we have a list of senior centers in the state? I know we're getting some presentations but I'm a big picture person. It would be good to know how many communities across the state have senior centers and it was tied into what you said. They're not always prepared to work with dementia patients. It would be good to know.

Lisa: SDS has a list of grantee senior centers and Medicaid providers, not all senor centers are grantees. They could be title 6 grantees. It seems like it would be a good list to do regardless of their funding source.

Sandra : It seems like it would be very helpful to have as a resource. Part of it is, in our division we track community information. Being on the commission has really given me a lot of ideas on ways that maybe we can help spread the word and be available. It would be really nice to be looking at a community and seeing if we have a senior center and what kind of resources that might have. We have clinic and school information and that kind of thing. That was the reason I was asking.

Lisa: Who do you work for?

Sandra: I'm with the Department of Commerce, DCRA. We have a community database online. If you haven't, check that out. It's got a lot of good information. We're just trying to collect information on communities as well as present it. If there's a way we could help in that area it would be fantastic.

Any other questions from Commissioners

John Lee: Regarding the questions regarding the increase in ADRDs. As Lisa said that big population bubble of seniors who are turning 80+ years, so we're expecting to see an increase. I have asked Evergreen Economics that produces the Mason Report for the state to do an analysis of the population and see if they can come up with some predictors of what it will look like five years from now, 10 years from now so we can start planning. Once that is done, hopefully in time for session, I can share that with you and maybe at the subsequent meeting I can provide that information. That's something that we are concerned about and making sure that we're ready for that.

Gordon: I think maybe you're also a victim of your own success. As you get more programs out to the more isolated areas, not including the urban areas, that don't normally get services, you're going to identify more people, particularly if you can identify services for them. Some of the data I have seen shows that Alaska is unusual as it has a number of people who live independently despite significant cognitive decline, moreso than in other state I think that is a contributing factor for the more identification of ADRD as opposed to when you don't have the services and you're not identifying them.

Lesley: We have a senior center list that we're working on updating. We're finding out if they're open and if they're serving meals. When they come in for a meal or ride, the federal mandate is that you can't charge a specific amount but you can ask for a donation. Some senior centers have suggested donation for those under 60 and those over 60. Did you talk about Covid-19 funding and what it was used for? Can you give us an update.

Lisa: Alaska received two additional grants. One of them was under the Families First Act and the second under cares act. Because we received Title 3 funds issued under the Older Americans act, it's a formula grant that every state and territory receives. We received additional funding for COVID-19 through these appropriations. Through the first round of funding we increased our Transportation and meal delivery so they could expand service delivery because congregate sites closed. They were given money to provide home delivered or pick up meals. That was end of FY20. In FY21 included more additional funds for NTS providers to use to continue services and make sure seniors were safe. Wanted to maintain staff. All communities support job. Not only support seniors but also those who work at senior centers. If they had to modify jobs to do it differently then they were able to do that. SDS has about 3 million left from Cares Funding which is going out in RFP that will be released this week. Those funds are not just available to NTS but to all senior grantees throughout state. In order have to be an

existing grantee. We're not able to start up new contracts. Available for any special project. We really want partnerships. We want this money to be infused into communities and help people as much as we can. Create a more sustainable source of food. Greenhouses or planter boxes. So that it really involves seniors and community. The RFP will be going out this week. Only available through end of this fiscal year, then they will go away. Enhance senior centers if they need to purchase additional equipment to increase capacity. Do training for virtual connection for seniors or their staff? Lots of suggestions in the RFP for how to use these funds.

Gary to Chuck foster: What's happening in the valley in terms of funding?

Chuck: We're doing fairly well set. Unforecastable expenses will come primarily with reopening. We have been in smooth flow since July. Having programs operating smoothly. Got funding from Meals on Wheels America – that was CARES Act Funding. We also got funding from Alaska Foundation and the MatSu Community Foundation. And cares funding that went to PPE and cleaning. Also been fortunate with housing. We only have one tenant having difficulty making payments. Have incurred expensive cleaning bills. State grants are significant but there's no way we could cover all the COVID-19 related expenses with just those funds. We were also able to get funding from the NonProfit Relief fund.

Thank you to Lisa and Kristin Cox for moving swiftly in getting the funding out.

Lisa: Also additional cares act got additional funds for assistive technology.

10:00 a.m. ACoA Budget
Lesley Thompson

Hilary Porter put this together for us. Has Core Services and accomplishments. Should probably put this in board packets from now on. Most of budget is in salaries. Michelle's position is in SDS budget. The governor cut all the travel in half. Have some instate travel. Have $10, 500 for commissioners' travel. Also travel to get Michelle around for this fiscal year.

They've cut the budget for certain services but what they've done is allocate other divisions to cover the cost. Have 5K to upgrade the office furniture. Had left over money from the trust but OMB took it on June 1.

It's a pretty straightforward budget.

We didn't use all the funding last year because of the vacancy. SDS was able to use the money in a different way.

In December we'll have Hilary come and explain it much better.

John, can you add something?

John Lee: The budget it tight. It has impacted every department and division within the state. Need to learn to have virtual meetings instead of travel.

Lesley: Also, we're not charged for our rent space here, it's covered by SDS.

John: Expect telework agreements to go beyond the year. The SDS office is moving from downtown location to off Bragaw. It's a smaller space. Will look at Atwood building. They might be able to work out of there.

Rosemary: See in narrative that they identified the work that gets done on State plan. Will that be in this year's budget or budget next year:

Lesley: When doing the budget we thought to ask the trust to get money to help with contractor consultant for new state plan. They were going to put it through to general grant services fund. The trust will give us additional funding for long range plan.

Rosemary: Even though this is a federal requirement?

Lesley: They did last time, too.

There is a possibility where we will be combining offices. We may go with SDS or someone might come down here. Need to be flexible.

Gordon: This is the budget we have now. Legislature will be coming back. Governor may make changes. Keep that in mind. John, will we still have access to conference room in new building.

John: Definitely. It will be a better one.

Lesley: Grateful we have a state that supports seniors. Need to work on what our priorities are during this legislative session.

Gordon: New ED will be working from home for the rest of the year. Will need access to conference room.

Mike: Any ideas for how we're going to present and justify a future trips out to different senior centers. Bang for the buck aspect. Those trips have paid dividends beyond belief. I hope we're figuring out how we go to finance and show cost benefit of going on these annual trips. WE get invaluable information that we're able to expound on. We need to hone in on that.

Gordon: Mike maybe you can help us write that justification. Many here know the limitations of technology in these villages. Outreach worker will be useless if just in Anchorage and Juneau. We have

an educated SDS staffing in there. That's why they respect us. John and Tony need to be with us in these communities. Need to see people directly.

Paula: Do need to do things differently. As Michelle here, they have boots on ground. Need to build partnerships. Groups of two rather than groups of 10. Need to be fiscally responsible. There is a statutory requirement to go into these areas.

Mike: I totally agree with Paula. Maybe if we can look at a region and split and cover a wider portion of the region. We could probably even do that throughout course of year. Maybe we could go in May and a different one in August. Maybe three. It's a bigger bang for the buck. In those particular areas we can key in where we need John, or Jim, or Kelda. I would be more than willing to help out with justification to go into these areas.

Gary: We need to public health to deal with virus.

Paula: Part of our plan is public outreach statutorily. We need to do it.

10:15 a.m. Alaska Mental Health Trust Authority Report
Kelda Barstad, Program Officer

Good morning. Thank you for time on the agenda for a variety of topics that are of interest to both the trust and the commission on aging. My slides focus on our program area topics and as well as the FY 22/23 budget, and how we get our grant money out the door.

My name is Kelda Barstad. I am a program officer with the Alaska Mental Health Trust Authority. You heard from our CEO, Mike Abbot, yesterday about how our Trust is structured. He talked briefly about why we exist, how we earn our money, and how we invest our money. The purpose of all of that is to serve our beneficiaries. The Alaska Mental Health trust authority side of the house works on those program issues to improve the continuum of care. Mike went over the beneficiary categories yesterday.

Focus of our work is on our beneficiaries and that is what our trust does and who we serve and it's why we implement the programs that we do.

The trust is a multifaceted organization that focuses both on a macro level and helps to fund the micro level where we are working to influence policy, reduce stigma and collaborate with partners, local and state government to help improve programs for beneficiaries.

Focus areas:

Housing and home and community-based services (HHCB)

People have housing and a continuum of services and supports.
Mental Health and addiction intervention
Beneficiary employment and engagement
Disability justice

HHCB – prevent homelessness. It takes a considerable effort to help someone once a person becomes homeless. They often experience violence and serious health problems while living on the street. Housing first provides stability.

Also investing in early childhood efforts and workforce development because the ACEs one experiences in childhood can lead to homelessness.

Workforce Development is also important because we need an experienced and stable workforce to help our beneficiaries.

We would like to stablish a traumatic and acquired brain injury council. We are updating the ADRD roadmap.

We have grants for Assistive technology – saw huge demand out of Covid-19 for these technologies and build for zero.

Beneficiary employment and engagement. Being employed helps improve outcomes. Beneficiaries work with DVR and behavioral health. Our beneficiaries need to have meaningful and productive employment. Being unemployed has negative outcomes for the beneficiaries.

Disability justice – help prevent beneficiaries from becoming part of the criminal justice system. Those are helped to re-enter the community.

Dementia research has found a link in early childhood. There is often a trauma history or brain injury when young. We want to minimize suffering and help prevent them from becoming beneficiaries. Get services and supports in place to maximize well- being.

Workforce – Shore up direct service provider. Impacts developmental disabilities and ADRD. Seeing work force shortages. Getting good staff has been a problem for a while. How do we recruit and maintain this workforce?

Trust budget: 2022-23 budget approved. Will review to make sure they're still able to move forward with new programs.

Still have road ahead of us to ensure beneficiaries have access to services.

Helping SDS support technology and data analytics.

Questions?

Pam: Do you have programs to help caregivers of people with TABI? Talk with ADRC or DDRC to see what is available. Caregivers can qualify for respite and other programs. There are a lot of details.

Rosemary: Thank you. Under workforce development – challenges and changes with 3 university campuses. Used to be agreement with universities.

Kelda: No changes: Monitoring situation in future.

10:45 a.m. Shelly Zylstra

Thank you for inviting me to the meeting. Every time on these meetings, I learn so much. I respect how well you work together and get stuff done.

Grandparents raising grandchildren: Large number of parents incarcerated because of opioid and grandparents stepping up to raise them. There are really stellar examples of states doing well. Very high number of natives. Due to ICWA they are being placed back in villages with elders, which is good.

Covid-19 money has been spent on salaries that are higher for people who have to come to work and on new technology. Covid-19 has been a challenge from a variety of perspectives. Covid-19 expenditures have been very diverse. We had one tribe interested in buying small chest freezers for elders because they couldn't get out there with food every day. There was one request for robotic pets that was denied.

I have offered my boss and my colleagues to step back in. Alaska is not something that a lot of people have a good grasp on. It's a huge learning curve. I want Alaska to continue to be supported. I want a person to have feet on ground and gets it. Encourage all of you to communicate clearly. If I can do nudging, I can do that.

I will retire on the 2nd day of January. Please call me as a tour guide for Northwest Washington.

John lee: Shelly has been a great federal partner who has our needs at heart and advocates for us. Thank you.

11:15 a.m. Senior Centers and their Stories
Keren Kelly, Homer Senior Center

We have changed drastically. We decided we could choose whether this was a Hardship or Opportunity for our region. COVID-19 closed doors on March 13. Everything shut down. Most important was the assisted living losing visits from the family. The residents lost visits but the caregivers also lost the support. Adult day shut down. Nutrition lost revenue but we increased take-out meals by 10%.

Assisted living: We spent $56 K on PPE. Had 3 positive tests. Caused a lot of fear and anxiety. Had to issue five 30 day notices because we didn't have the staff to serve them. It was the first time ever we had no one apply for jobs.

Issued retention bonus for those who stayed during Covid-19. New hire bonus and employee referral bonus. Pay differential for Covid-19 differential really helped retain staff. However, it's not sustainable.

Focused on infection control three times per shift. Initiated telehealth visits which have been fabulous for residents. Had been wanting those for winter before this. It's been great and easier on residents. Redesigned hair solon. Includes diabetic foot specialist.

Created isolation wing for positive Covid-19. With regular testing, we needed a place to isolate them. We converted four apartments into two rooms. Made PPE easier to manage. All of curtains washable and everything is easy to wash down.

Adult day took the biggest hit. We remodeled ventilation system. Installed easy to sanitize floor. Removed all board games and books, stuffed animals and puzzles.

75" smartboard where they can go on virtual tours of museums and other places.

We bought five 27" touch screen computers they can use to listen to music, read books, watch movies, play card games, board games & puzzles. They can also do letter writing.

In the dining room we redesigned congregate meals. All tables are now 7 feet apart. We decided on restaurant style. Clients have to make reservations. They sign in with an electronic card. They have 3 options for lunch. We have extended hours into evening. If you can't come in for lunch, can come in during evening. We removed buffet tables and salad bar. We installed a new ventilation system. Tables have plexiglass dividers.

Biggest effects? Social isolation. Mental Health disparities. It has impacted their physical and mental health. Separation form the community. These are not just isolated to seniors but staff and others. It is a loss that we're all going through.

Wear your mask and stay six feet apart. The whole United States needs to realize the seniors do matter. Their children are also lost without them.

John: Thank you for your presentation. Caregivers are suffering from PTSD. We need to recognize and support caregivers. Their well-being impacts your ability to do your operation. Your solutions were innovative. Would love to see some of your designs.

Gordon: We appreciate having a live person. Glad to hear you are extending your hours into dinner. Many are struggling with how to open congregate meals. Well organized and well thought out.

Nona: I will be seeing more of you once I move to Homer. You're going in a really good direction.

Karen: Will do a once a week vegan meal for our vegans.

Nona: Right after Covid-19 hit, I met with her in person. Glad to see all the changes you made. Awesome job.

Karen: Those that stayed on and stuck it out have done a fabulous job.

Chuck foster from Wasilla Area Seniors

Many of the challenges she faced are common to senior centers. Here at Wasilla Area Seniors, we have a senior center in Wasilla and also in Houston. We are able to collaborate with Palmer and Talkeetna and that has been a real source of resiliency. We operate housing, NTS, and senior in-home services. We do not provide adult day as Palmer does that.

Were able to garner community support and continued housing and in home services for those seniors who wanted us. 1/3 to 40% didn't want to continue services. We were able to get PPE. The group activities continued outside or on zoom. A lot of participants didn't adapt. We haven't had them in exercise program since beginning of March. We're still trying to attract them to virtual. Our health club is still open but with reservations and increased cleaning and sanitizing. We don't enforce mask wearing for visitors but do for staff. We provide physical space for them. Once Strong Seniors moved indoors they immediately grew. It increases the cleaning bill because of the additional space needed. We have not reopened meals but are hoping to on October 5th. We are waiting for the seniors to tell us to come back inside. It will be served by staff. We are thinking about expanding to providing an evening meal but would like to continue the takeaway option. It's been very popular with seniors. We're looking to serve 110, 000 meals. The majority are home delivered. We're providing about 350 per day right now.

Gordon: Masks are optional?

Chuck: Yes, they'll wear a mask until they get to their spot but they'll take it off when they get to their station. It's by choice but it's not a requirement.

Noon AmeriCorps RFP Grants – Paula Pawlowski

My last paying job was running the Americorps program for the state. It is housed in CCED. What we didn't have was programs for seniors. Vista programs have the senior programs. I thought it important to know that we have senior programs.

Sandra? Serve Alaska handles the statewide Americorp program. It is run through Community and regional affairs. They are working on 5 year plan. 3 program staff. Katie Abbot is Executive Director.

Five programs that we have grant agreements with are:

Ruralcap
Sitka Seniors
Public defender
United way of Southeast Alaska
Student conservation association

RFP is open. It is closing on Friday. Commission is eligible to apply. One for program grant for run an Americorp program. Americorp planning grant for those thinking about starting a program.

Two senior corp groups - There is RSVP in Pribilof Islands and elder mentor foster grandparent run by Ruralcap.

If you want more information, I would be happy to help.

Paula: Overview of what some of the bush areas are doing with seniors?

Primary focus with city governments. Help them with everything from doing elections to doing resolutions. Influx of fishery disaster requests. Senior items – working with elders and trying to be safe with Covid-19. Administering Cares grant. Community funds assisting senior services.

Have used funds to reimburse elders to make masks. It got PPE needed but also engaged senior in the community. (Hooper Bay)

Tracked travel bans and strict quarantining. It's been a big effort.

Lesley: I was really involved with the VISTA program. I put link on group chat to RFP link. Big one was working with Salvation Army to do emergency preparedness. Really targeted seniors. The senior center really liked working with them. There is room for growth in this area. Should be something that maybe someone goes and talks around. Senior Centers could get Americorps volunteers. Vista does more the development piece.

Sandra: I am unsure about what a member costs.

Lesley: when do RFPs come out?

Sandra: It's a five year program. One here is a one year.

Paula: It's complex. Margie what can you add about how long a program lasts?

Margy Hughes: Not sure which senior programs there are currently as it's run out of Seattle . Americorp are 1 year grants with two year extensions. Recompete every 3 years. RFP is every year.

Comments:

Bob: Nothing to add. Good presentations

Nona: Appreciate all the presentations. Glad we got to do the meeting.

Paula: Hope it was helpful for everyone. Looking at budget because we are looking at cuts. Looking forward to December meeting.

Rosemary: Presentations were really informative. Thank you to Lesley and Michelle for putting it all together.

Pamela: Incredible presentations. Learned a lot. Heartbreaking to hear it that this is even happening. Hope it ends soon. Hope it goes back to normal. Kudos to Karen in Homer.

Cheryl: Thank everyone for presentation. Learned a lot and grateful to be part of group.

Sandra: Learned a lot. Curious. Like having actionable items. Are there to do lists? I would be happy to get assigned a task to help. Perhaps doing more research on Americorp?

Gordon: We have a bunch of self-starters. Keep in mind we will be having a teleconference in later October that will have action.

John Lee: Thank you to Lesley for putting it together. Kara and SDS team for helping set up call and technology. Enjoyed the presentations, especially senior centers:

Bob P.: Definitely appreciated

Jim: Two things: Yesterday's comments – working relationship with not only this group. And the commission on aging. Very unique relationships. Impressive that this has been going on for 30 years. Hopefully, it will go for another 30.

Listened to people talk about Covid-19 19 issue. My mother is in long term care in NC advanced dementia. Son # 1 lives an hour away knows nothing. Son 2 lives far away and knows a lot. Trying to explain to mother why you can't travel is very hard. Have to repeat the conversation every time we talk. Facility closed. Challenging. Had asymptomatic individual and it spread throughout the facility. They handled it well. Mother dodged it. Got case count down to one. Exploded again. She was not so lucky next time. We are very fortunate to have this team.

Lesley: Glad to have Michelle here. It's been a great start. Remind people to do conflict of interest.

Gordon: Thank you.

Kelda: Very much appreciate the partnership with ACoA, I am always open for further questions. Feel free to get in touch with me.

Margie: Thank you for allowing me to attend:

Gordon: Thank you to Cassandra Lynch.

Cassandra: The presentations were good and I enjoyed them.

Nona & Bob moved to adjourn.

12:30 p.m. Adjourn