UTAH

COMMISSION ON AGING

Utah Aging & Disability Resource Connection

Inside this report:

Annual Report
2012-2013

UTAH COMMISSION ON AGING

Executive Summary

Anne Palmer Peterson, Ed.D.

The NEW Utah Commission on Aging

This was a year of reforming the Utah Commission on Aging, as 2013 marked the expiration of the terms of service of the majority of the Commission's members. We welcome our newly appointed Utah Senator, Brian Shiozawa, MD and from the Utah House of Representatives, Stewart Barlow, MD, both of whom bring clinical and health policy perspectives on aging services. We thank Senator Allen Christensen and Representative Jim Bird for their many years of service on the Commission. We will work to continue the engagement of those who have cycled off the Commission this year.

As the second Executive Director appointed to lead the Commission, and with our new Chair Becky Kapp, System Continuum of Care Director for Intermountain Healthcare, our primary task was to strategically seek out nominees with new ideas, and to re-energize those appointees whose terms of service continued. We are grateful to those who took up the charge to join us, including St. George Mayor Daniel McArthur; retiree William Knowles, a transportation champion; and O. Fahina Tavake-Pasi, representing the National Tongan American Society, as well as other ethnic minority groups.

The aging baby boom generation created a wide swath for the Commission to work for interagency cooperation. Making decisions for another adult, for instance, is challenging. Whether the decision-maker acts informally or as a court appointed guardian, people need guidance. Some told us they have a hard time finding it. We found that the Aging and Disability Resource Connections' No Wrong Door system of client service can be a model for deploying compassionate guidance to families needing a court appointed guardian for elderly or disabled family members. So, the Commission is assisting the Utah Judicial Council. We are likewise working to serve rural veterans.

To identify a long-term home for the electronic medical registry and information system containing Physician Orders for Life-Sustaining Treatment (POLST), we are bringing together stakeholders from public health, emergency services, the state Department of Health, and others, creating buy-in and a plan for transferring critical information. With Salt Lake County Aging Services, we had an opportunity to contribute ideas to Salt Lake City's Aging in Place Initiative and Downtown Master planning processes. This has included addressing the mismatch in housing and family size and housing stock, with many empty nesters unable to live safely at home.

It takes organizational persistence to address the large-scale social change that Utah---the sixth fastest aging state in the nation---is undergoing.

I would like to personally thank Governor Gary Herbert, Utah AARP Director Alan Ormsby, and the publication for state and local leaders, GOVERNING magazine, for creating a key forum on creating communities for all ages. They issued the challenge that caused us to generate data supporting awareness of the market for age-friendly communities, especially mixed size and mixed market value homes. More detail is contained in this report, and has also been shared in various means with city planners and housing developers across the entire state.

The Commission on Aging has been seasoned through the transitions we experienced in 2013. Like Utah's aging population, we are growing in our wisdom.

Anne Palmer Peterson

Anne Palmer Peterson, Ed.D.
Executive Director

STATUTORY PURPOSE

The Commission's statutory purpose is to:

a. increase public and government **understanding** of the current and future needs of the state's aging population and how those needs may be most effectively and efficiently met;

a. **study,** evaluate, and report on the projected impact that the state's increasing aging population will have on, and identify and recommend implementation of specific policies, procedures, and programs to **respond** to the needs and impact of the aging population relating to **government** services, **health** services, **social** services, the **economy,** and **society** in general;

a. **facilitate coordination** of the functions of public and private entities concerned with the **aging** population; and

d. **accomplish** the following duties:

 1. study, evaluate, and report on the status and **effectiveness** of policies, procedures, and programs that provide services to the aging population;
 2. study and **evaluate** the policies, procedures, and programs implemented by other states that address the needs of the aging population;
 3. **facilitate** and conduct the research and study of issues related to aging;
 4. provide a **forum** for public comment on issues related to aging;
 5. provide public **information** on the aging population and the services available to the aging population;
 6. facilitate the provision of **services** to the aging population from the public and private sectors; and
 7. **encourage** state and local governments to analyze, plan, and prepare for the impacts of the aging population on services and operations.

Utah Code § 63M-11-202

MEMBERS

| Representing	Name	Organization
Utah Senate	Senator Brian Shiozawa, MD	Utah Senate
Utah House of Representatives	Rep. Stewart Barlow, MD	Utah House of Representatives
Executive Director, Health	W. David Patton (proxy Teresa Garrett)	Utah Department of Health
Executive Director, Human Services	Ann Silverberg Williamson (proxy Nels Holmgren)	Utah Department of Human Services
Director, Governor's Office of Economic Development	Spencer Eccles (proxy Nate Talley)	Governor's Office of Economic Development
Executive Director, Workforce Services	Jon Pierpont	Utah Department of Workforce Services
Utah Association of Counties	Barry Burton	Davis County
Utah League of Cities and Towns	Mayor Daniel McArthur	City of St. George
Business Community	Mary Street	Commerce Real Estate
Higher Education	Mark Supiano	University of Utah
Area Agencies on Aging	Sarah Brenna	Salt Lake County Aging Services
Charitable Organizations	Frances Wilby	Neighbors Helping Neighbors
Health Care Providers	Becky Kapp	Intermountain Healthcare
Financial Institutions	Tracey Larsen	Bank of American Fork
Legal Profession	Troy Wilson, J.D.	Wilson Estate Elder Law
Public Safety	Michael Cupello	Peace Officers Training
Transportation	William (Bill) Knowles	Public Transportation
Ethnic Minorities	O. Fahina Tavake-Pasi	Utah Tongan Society
Long-Term Care for the Elderly	Gary Kelso	Mission Health Services; Utah Health Care Association
Advocacy Organizations	Alan Ormsby, J.D.	AARP
General Public	Elizabeth (Bette) Vierra	Public Citizen

Representative Stewart Barlow, MD
Utah House of Representatives

Sarah Brenna
Utah Area Agencies on Aging

Barry Burton
Utah Association of Counties

Not Pictured
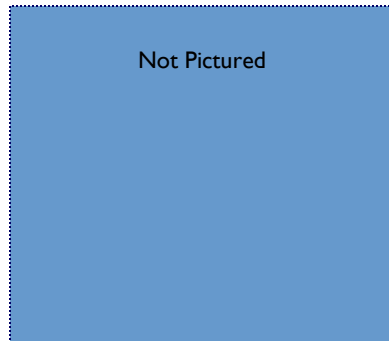
Michael Cupello
Public Safety Sector

Spencer Eccles
Executive Director of Economic Development
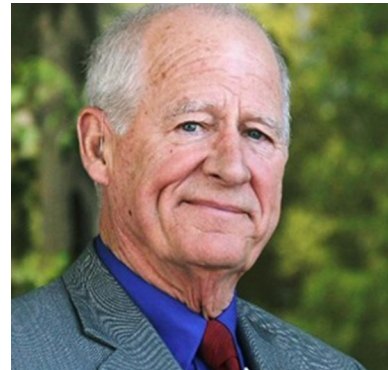
Teresa Garrett
Representing Utah Department of Health

Nels Holmgren
Representing Utah Dept. of Human Services

Becky Kapp, Chair
Representing Health Care Providers

Gary Kelso
Long-term Care for the Elderly

William (Bill) Knowles
Public Transportation

Tracey Larsen
Bank of American Fork

Alan Ormsby, J.D.
Advocacy Organizations - AARP

O. Fahina Tavake-Pasi
Ethnic Minorities

David Patton
Executive Director of Health

Jon Pierpont
Executive Director, Dept. of Workforce Services

Senator Brian Shiozawa, MD
Utah Senate

Mary Street
Business Community

Mark Supiano, MD
Higher Education in Utah

Nate Talley
Governor's Office of
Economic Development

Elizabeth (Bette) Vierra
General Public

Fran Wilby
Charitable Organizations

Ann Silverberg Williamson
Executive Director of Human Services

Troy Wilson, J.D.
Legal Profession

Commission Takes on ePOLST Administration

Like most states, Utah is developing a program to improve communications between patients with advanced illness, their families, and health providers – a means that allows frail patients to request or refuse certain measures such as CPR. Unlike most states, Utah's will be an electronic system, rapidly accessible by authorized emergency medical providers. The Utah Commission on Aging has accepted responsibility to help implement the electronic Physician Order for Life Sustaining Treatment, or ePOLST.

Utah's ePOLST will help to increase rapid access to POLST orders. These orders come from the preferences patients express to their primary physicians through end of life planning conversations.

Advance Directives vs. POLST

Advance Directives	POLST
For anyone 18 and older	For persons with serious illness and/or limited life expectancy at any age
Instructions for **FUTURE** treatment	Medical orders for **CURRENT** treatment
Does not guide Emergency Medical Personnel	Guides actions by Emergency Medical Personnel
Guides inpatient treatment decisions	Guides inpatient treatment decisions
	Only legal mechanism for a Utahn to have a Do Not Attempt Resuscitation-DNR order outside of a licensed health care facility

The Utah Department of Health's Information Technologists were the creators of Utah's pilot ePOLST system. The private, nonprofit organization HealthInsight provided initial guidance and oversight. Pilot funding came from the federal Beacon Community Cooperative Agreement Program. The aim was to show how health IT investments and meaningful use of electronic health records advance the vision of patient-centered care, while achieving better health and better care at lower cost.

As one of 17 Beacon Communities nationwide, coordinated efforts are assisting Utah's health care organizations to find ways to reduce costs and improve health care using innovative technology and best practices in treating patients nearing the end of their lives.

In October, 2013, the Commission on Aging received funding to guide the ePOLST system from pilot to functional status and toward stability. With the Department of Health, the Commission will help stakeholders weigh key factors in determining where to permanently house and how to fund the system. The Commission will also be involved in arranging training for healthcare professionals who will use this system to enter and access physician orders.

Sustainable funding for registry operations is vital to its long-term success, as Utah joins 43 other states in POLST program outreach. This engagement has enabled Commission members representing our public, senior advocacy organizations, nurses, and of course, the public, to contribute their expertise to a 12-month project.

Utah's Aging and Disability Resource Connection, administered by the Utah Commission on Aging, has been working to provide a No Wrong Door experience for older adults and people with disabilities, needing current or future long-term services and supports.
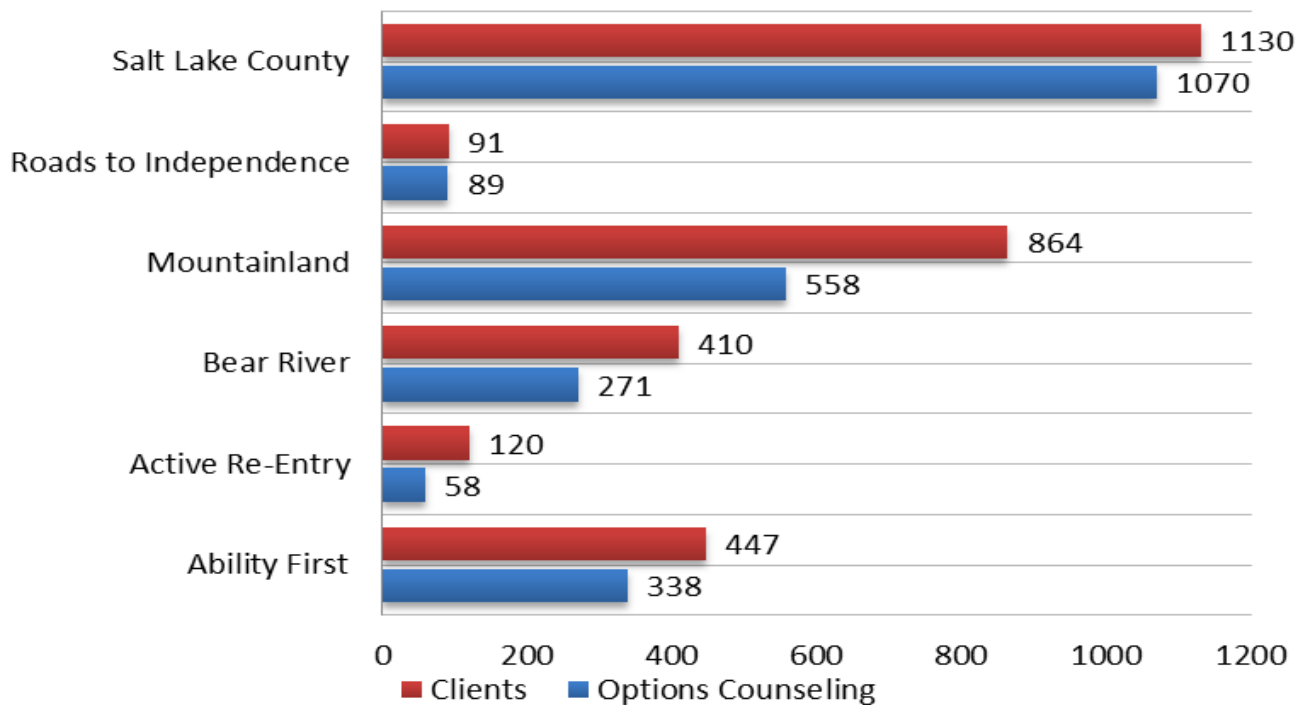
During the 2012/2013 funding year, the ADRC experienced growth and success including:

- Hiring an ADRC dedicated Medicaid Outreach Worker
- Expansion to Southern Utah – Five County AAA
- Endorsement by the SLC VAMC to participate in the VD-HCBS
- Funding from the VA ORH for a pilot project "Connecting Rural Veterans to Aging and Disability Resource Centers for Options Counseling"

All Utah ADRC Clients for Reporting Period October 1, 2012 – September 30, 2013

- Total clients served: 3,062
- Total clients over age 60: 2,297
- Total clients under age 60: 592
- Total clients with age unknown: 173
- Total clients provided Options Counseling: 2,427
  **Roads to Independence data from April 1, 2013 – September 30, 2013 only
  **Bear River AAA data from October 1, 2012 – April 30, 2013 only

ADRC Clients and Options Counseling

| Region	Clients	Options Counseling
Salt Lake County	1130	1070
Roads to Independence	91	89
Mountainland	864	558
Bear River	410	271
Active Re-Entry	120	58
Ability First	447	338

Strengthening the No Wrong Door System

Utah Department of Workforce Services has a unique on-line system, MyCase, which has provided quick and easy access for many, but not all individuals. ADRC sites often have clients who have a very difficult time navigating the on-line system, do not have a computer and/or do not have enough minutes on their phone plans to be placed on hold. In FY13 the Utah Commission on Aging committed $25,000 which allowed the ADRC to draw down a 50% Medicaid Match to support a dedicated Medicaid Outreach Worker. In March 2013, Josie Martinez set up her office at Salt Lake County Aging Services and her door was opened to all ADRC staff. With direct-line access, staff could immediately assist their clients with Medicaid applications, policy clarifications, waiver questions, and time saving troubleshooting. From the October 2013 survey of 54 ADRC staff rating the effectiveness of the Medicaid Outreach Worker: 80% said she increased their knowledge of Medicaid policy, and 70% said she saved them time and eased their frustration.

ADRC Statewide Expansion

Five County Association of Governments in St. George, with residents represented by their local governments in Beaver, Garfield, Iron, Kane, Washington Counties, became our 7th ADRC site. Director Carrie Schonlaw has been an active member of the ADRC Steering Committee and was ready to join the ADRC and expand current services to include Options Counseling for qualification to receive long-term services and supports through Medicaid.

In May 2013, the ADRC Program Manager provided a two-day training in St. George on ADRC basics, Person Centered Planning, Motivational Interviewing, and Options Counseling. This expansion will increase Utah's population to 95% residing in an area in which an ADRC serves. The Commission and ADRC Steering Committee are pleased to extend services to Southern Utah.

Utah State ADRC Map
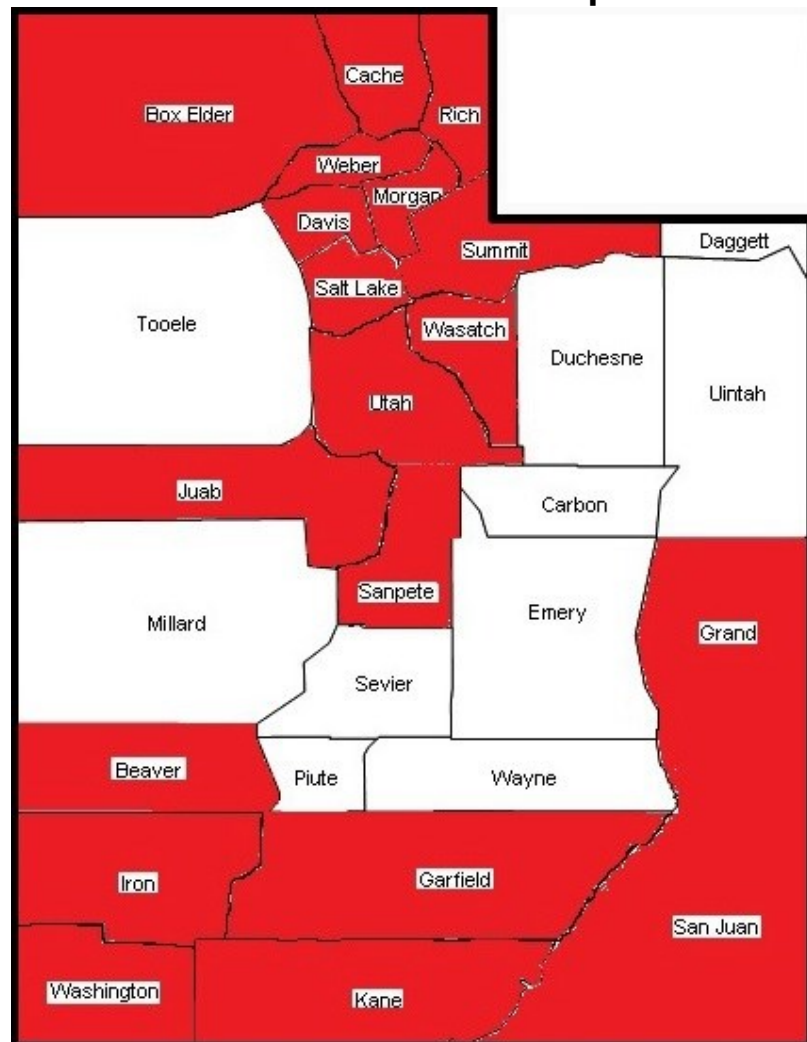
= Participating Counties
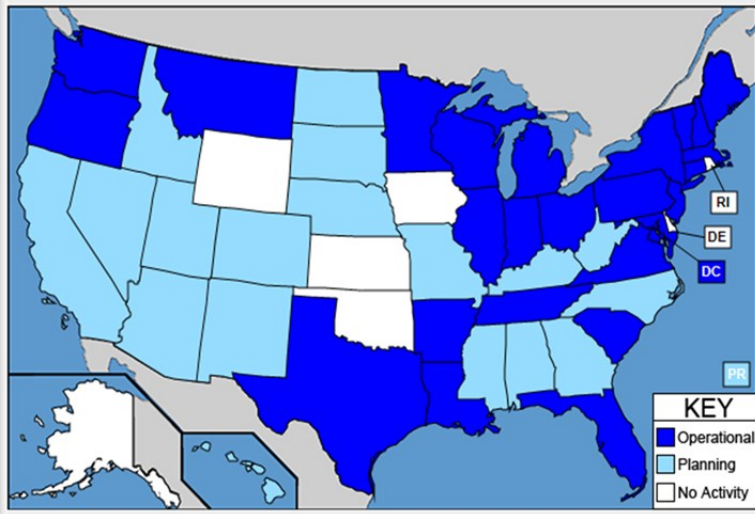
National Statistics

Operational States: **26 of 50**
Operational VAMCs: **43 of 154**
Operational AAAs/ADRCs: **101**

Total Veterans Served: **1435**
Total Served Under 60: **332**
Total OIF/OEF/OND Served: **215**

Veteran Directed Home and Community Based Services (VD-HCBS)

The Administration on Community Living and Veteran Health Administration partnership, through the VD-HCBS Program, has an ultimate goal of a nationwide home and community-based long term service and supports program. The VD-HCBS program provides Veterans the opportunity to self-direct their long-term supports and services to enable them to avoid institutionalization and continue living independently at home. Veterans enrolled in VD-HCBS have the opportunity to manage their own flexible budgets, decide for themselves what mix of services best meet their needs, and to hire and supervise their own workers. In Utah the ADRC provides facilitated assessment, care and service planning, arranges fiscal management services, and provides ongoing options counseling and support to Veterans.

Scott McBeth, Director of Mountainland's Area Agency on Aging / ADRC, has been working on the required readiness review for the VD-HCBS program for more than two years. In April 2013, Scott, Jennifer Morgan ADRC Program Manager, and Mark Supiano, Commission member representing Higher Education, met with the Salt Lake City (SLC) Veteran Affairs Medical Center (VAMC) staff to gauge interest in launching this program in Utah. In FY2014 the SLC VAMC will contract with Mountainland to work with referred Veterans.

ADRC receives funding from VA Office of Rural Health for a Pilot Project

In February 2013, the ADRC launched a pilot project with the Veterans Administration Office of Rural Health (VA ORH) to "**Connecting Rural Veterans to Aging and Disability Resource Centers for Options Counseling.**" This funded program has allowed for intensive Veteran Benefit training sessions with ADRC staff statewide. Bear River, Mountainland, and Salt Lake County Aging Services received funding and identified Options Counselors to work specifically with their Veteran clients.

Options Counseling Intervention

- VA Benefit Specialist provides in depth trainings to all options counselors at ADRC agencies in Utah.
- Training includes detailed information about benefits, eligibility, and enrollment/application procedures.
- Building a relationships between VA Benefits Specialist , VA staff and ADRC Options Counselors.
- Options Counselors use their expertise along with expanded knowledge of Veteran benefits to immediately help their local Veteran clients.

This innovative approach creates a model that could be disseminated to ADRC programs nationwide, improving access and information to Veterans who otherwise might not access their VA benefits.

Initial Impact

As of September 2013 there have been 6 trainings with a total of 77 training participants from ADRC sites and community partners.
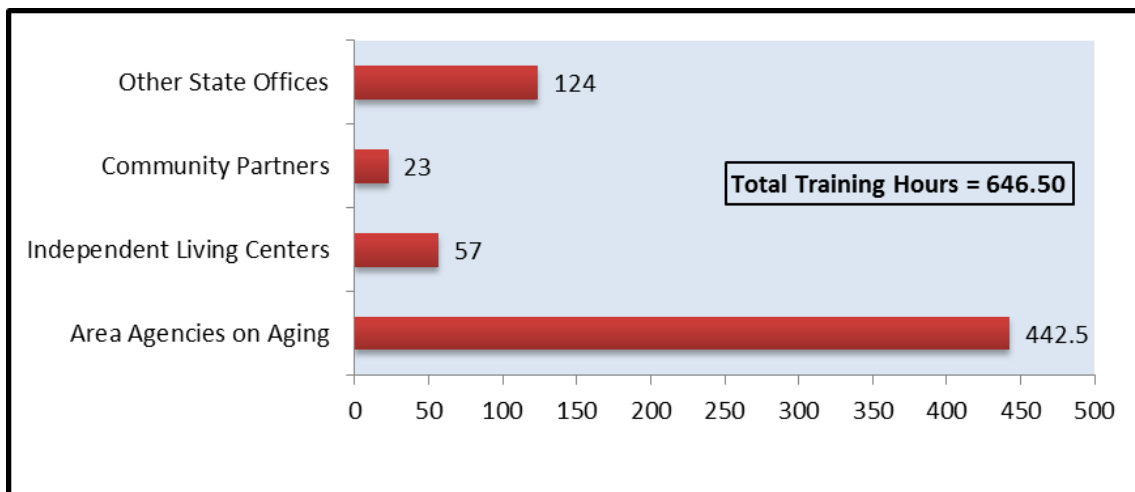
The ADRC staff has become better equipped in knowledge of Veteran Benefits and can offer expanded options to their veteran clients. "Have you served in the Military?" That simple question diverted a Veteran at the risk of becoming homeless, after his 90 day Medicare stay expired. A Salt Lake County options counselor asked him if he had served in the military. With her new VA resources, she discovered that the client qualified for Veteran benefits – including coverage for 100% of nursing home care. He was transitioned to a contracted VA nursing home.

Veteran Clients Served

After initial training sessions, ADRC sites began collecting unique data on their veteran clients. Agency protocols were changed and all clients are asked if they have served in the military. The first six month of data supports that veteran clients are receiving a full plate of options – Veteran, Public and Private Programs – supporting the No Wrong Door system.

Utah ADRC FY14 funding opportunities

The ADRC has received an additional year of funding from the Administration for Community Living (ACL) for FY14 to strengthen the NWD/ADRC system and continue our focus on sustainability. This will bring the ADRC into its fifth year.

Utah ADRC VA Pilot Project Summary

April 1, 2013 – September 30, 2013

ADRC Veteran Clients Served	224
Over Age 60	95%
World War II	48%
Korean Conflict	28%
Vietnam War	20%
Other or Multiple Wars	4%
Types of Referrals Made**	
VHA Healthcare	53%
Pension	44%
Aid & Attendance	42%
Burial Benefits	25%
Disability Compensation	19%
VA Nursing Home	15%
Public Programs	47%
Private Programs	13%

**Clients referred to multiple VA Programs

In addition, the program received additional funding for FY14 from the VA Office of Rural Health to sustain and expand the pilot project. Active Re-Entry Center for Independent Living (Moab) and Five County (St. George) will designate key options counselors to work with Veterans. Both sites have had staff participate in VA Benefits trainings.

ADRC Steering Committee Members, Staff, and Evaluation Contractors

Michelle Benson, Bear River Area Agency on Aging

Nancy Bentley, Active Re-Entry Center for Independent Living

Sarah Brenna, Salt Lake County Area Agency on Aging

Trecia Carpenter, Utah Department of Health

Les Carter, Division of Services for People with Disabilities

Joan Gallegos, HealthInsight

Rick Hendy, Division of Substance Abuse and Mental Health

Gary Kelso, Mission Health Services

Scott McBeth, Mountainland Area Agency on Aging

Liz Oliver, 2-1-1

Nate Palmer, Department of Workforce Services

Carrie Schonlaw, Five County Area Agency on Aging

Anne Smith, Representing older adults

Michael Styles, Division of Aging and Adult Services

Staff:

Jennifer Morgan, Director

Rhonda Hypio, Program Coordinator

Evaluation:

Judith Holt, Utah State University

Invited Guests:

Andy Curry, Roads to Independence

Daniel Musto, State Ombudsman

And many thanks to those who have served on the Steering Committee in the past;

Amy Bosworth, 2-1-1

Gina Cook, Utah State University

Deb Mair, Utah Independent Living Center

Andrew Riggle, Representative of Adults with Disabilities

Mark Smith, Access Utah Network

Governor Gary Herbert (center) leads charge in community planning for Seniors

Housing Adaptations for Utah's Aging Population

Assessing what Utah communities are doing to provide housing options for Utah's growing senior population was a challenge adopted by the Utah Commission on Aging in 2013. This grew out of a task fleshed out by Governor Gary Herbert, senior advocacy organizations, and the good government group, GOVERNING. The Commission's Senior Housing Workgroup gathered and is sharing information that could encourage municipal decision-making about the location and types of senior housing permitted.

This strategy provides another approach to solving the dilemma families and individuals face when elder Utahns cannot successfully "age in place"--- when staying in one's home would require an unsustainable reliance on caregivers. What Utah cities and towns are doing to meet the future housing needs of seniors emerged as a key issue at the GOVERNING/AARP Utah Forum: Creating Cities for All Ages.

We believe a carrot is better than a stick, and so invite community planners to help prepare for future needs for senior housing and facilities. We convened a Senior Housing Workgroup comprised of Commission members with planning professionals, developers, community representatives and importantly, graduate students from the University of Utah College of Architecture and Planning. The Workgroup researched how state codes pertain to local ordinances for housing for the elderly and residents with disabilities.

After convening a session at the Utah Municipal Clerks Institute, we began creating a style guide that we believe can educate consumers and build the case for making communities more senior-friendly. We want to share this as widely as possible across public, not-for-profit, and private sectors as **a call for coordination of seniors' health and housing**. Congress has described the avoidance of this issue as "A Quiet Crisis in America."

According to a 2005 AARP report, livable communities increase opportunities for community engagement and contribute to successful living. Affordable and accessible housing is a critical component of livability. Understanding the measures of livable communities and affordable, accessible housing contextualizes successful living for researchers, community planners and designers, caregivers, and health care professionals. So, the Commission has developed a housing style-guide as a tool that was absent from planners' toolboxes.

AARP Utah underwrote the cost of printing this guide. It identifies, defines, and organizes older adult housing options with size of the facility cross-referenced with levels of care using examples located in Utah and referencing Utah policies. In 2014 the Commission will apply to examples of facilities that have been built data gathered from **a livability index** that employs concrete, measurable neighborhood-scale indicators. Using the livability index with the housing brochure provides an approach to comprehensive site-and-setting evaluation of housing options. Applying the Utah-specific housing brochure to the livability index provides local examples for case study and analysis.

We hope state representatives will share with citizens the electronic version of the publication, *New Trends in Housing for Utah's Aging Population*.
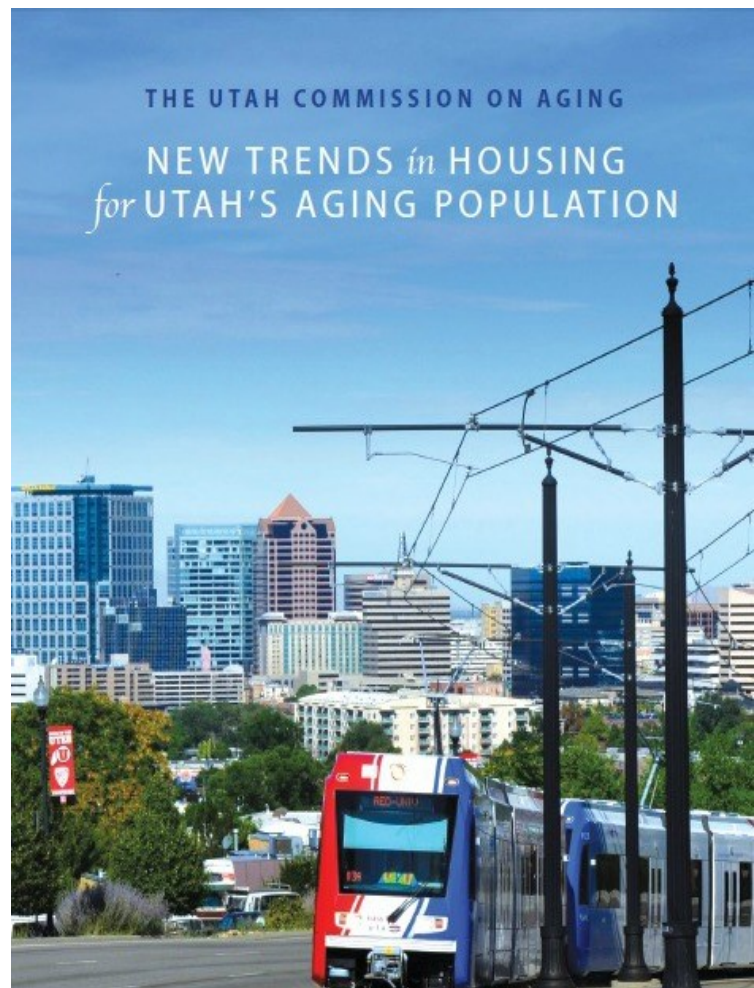
MANAGEMENT & LEADERSHIP

Executive Director - Utah Commission on Aging

Anne Palmer Peterson, EdD
Executive Director
Utah Commission on Aging
10 S. 2000 East Room 3525
Salt Lake City, Utah 84112
Office 801-587-3058
Ap.peterson@utah.edu
www.aging.utah.edu/utah_coa

Anne Palmer Peterson, Ed.D., serves as the Executive Director of the Utah Commission on Aging. She is the founding director of the Osher Lifelong Learning Institute, which provides education to citizens age 50 and older. She was appointed to the Utah Commission on Aging in 2005. Needs identified through her committee laid the groundwork for establishing the Utah Aging & Disability Resource Connection. Anne completed her Doctorate in Education in 2009 at the University of London Institute of Education, studying international dimensions of lifelong learning. Her masters degree is in Public Administration, and her bachelor degree is from the University of California, Berkeley.

Anne Palmer Peterson, Ed.D.

Program Coordinator - Utah Commission on Aging

Holly Abel, B.A.
Program Coordinator
Utah Commission on Aging
30 N. 1900 E., AB193 SOM
Salt Lake City, UT 84132
Office 801-213-4156
aging@utah.edu
www.aging.utah.edu/utah_coa

The Commission on Aging welcomed Holly Abel as Administrative Program Coordinator in 2013. Holly has over eight years administrative experience at the University of Utah. She has worked previously in the departments of Biomedical informatics and Pharmacotherapy. Holly holds a bachelor degree in Music with Vocal Performance emphasis from The University of Utah School of Music. She coordinates the administrative needs of the Commission.
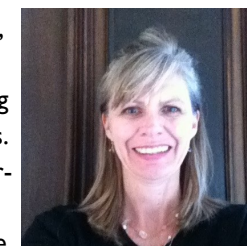
Holly Abel B.A.

Director - Utah Aging & Disability Resource Connection

Jennifer Morgan, B.S.
Director
Utah ADRC
10 S. 2000 E., Rm 3525
SLC, UT 84112
Office 801-585-6361
Cell 801-599-2016
Jen.morgan@utah.edu
www.utadrc.org

As Director for the Utah Aging and Disability Resource Connection, Jennifer Morgan works closely with the seven ADRC sites for data collection, data reporting protocols, and on-going options counseling training. She serves on multiple community partner steering councils. In this past grant year she implemented an Options Counselor Coordinator program, organized an ADRC dedicated Medicaid Outreach Worker, coordinated with ADRC Program Evaluators, evaluated the readiness assessment for Five County AAA, and collaborated on the ADRC VA Office of Rural Health proposal and pilot project.
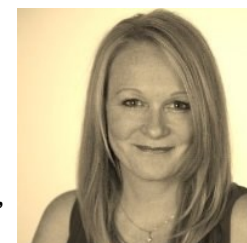
Jennifer Morgan, B.S.

Program Coordinator - Utah Aging & Disability Resource Connection

Rhonda Hypio, B.S.
Program Coordinator
Utah ADRC
10 S. 2000 E., Rm 3525
SLC, UT 84112
Office 801-587-9620
Rhonda.hypio@hsc.utah.edu
www.utadrc.org

Rhonda Hypio is the new Program Coordinator, working closely with the Director, assisting with all the daily functions at the ADRC program office. She has over 10 years of experience working with state and federal programs, constituent affairs, and the aging population. Rhonda holds a Bachelor of Science in Business Administration, with emphasis in Information Systems and Technologies from Weber State University.

Rhonda Hypio, B.S.