

**MINUTES**  
**Utah Commission on Aging**  
**December 8, 2009**  
**12:00 – 2:00 pm**

**Commission Member Attendees:**

Maureen Henry  
Norma Matheson  
Mark Supiano  
Kim Soper for Diana Kirk  
Shauna O’Neil  
Michael Deily for David Sundwall  
Sen. Allen Christensen  
Jill Duke for Rob Ence  
Nels Holmgren for Lisa-Michele Church  
Kent Alderman  
Gary Kelso  
Cherie Bruncker

**Representing:**

Executive Director  
Honorary Chair  
Higher Education  
Financial Institutions  
Area Agencies on Aging  
Department of Health  
Utah Senate  
Advocacy  
Department of Human Services  
Legal Profession  
Long-Term Care  
Health Care

The meeting was called to order by Norma Matheson.

**1. Welcome and Approval of Minutes**

The minutes from October 19 were approved.

**2. Guardianship Capstone Project**

The presentation by Holly Carter, RN, on the Guardianship Capstone Project, was cancelled, due to the weather.

**3. ADRC Update**

The Commission on Aging was awarded the cooperative agreement for the Aging & Disability Resource Center (ADRC). The Steering Committee has convened twice, and is working on the basic structural elements of what needs to be done. Louise will be the Program Coordinator, Maureen will be the Director, and there will be a yet-to-be hired half-time AA. The Steering Committee will be made up of the required entities as stated in the grant application. There will be four AAA directors, three CIL directors, one designee each from HealthInsight, Aging & Adult Services (Nels Holmgren), DOH Medicaid program (Tonya Hales), DSPD, 2-1-1 (Lorna Koci), Access Utah Network (Mark Smith), and two community partner designees, Andrew Riggle (representing the disability side) and Helen Rollins (representing the senior side).

The Steering Committee is working on defining long-term care for the purposes of how the ADRC will handle options counseling. Town meetings around the state will take place for the purpose of disseminating and collecting information and ideas from the communities. The AAAs and CILs will collaborate on setting up these meetings. These activities will consume most of the Commission activities.

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**4. Commission Priorities 2010**

Last June, the members talked about where the Commission was heading, as monies were running out. At that time, there was approximately \$50K remaining to carry on for one more year. There was discussion about which committees and projects should continue, and which should be disbanded. The committees are:

- Public Safety: this committee has met off and on with APS, the Sheriff's department and other law enforcement entities looking at how to improve the issues of elder abuse. Does the Commission need to move forward with this committee?
- Health Care: this committee was working on the regs for the Geriatric Loan Forgiveness component of the state's workforce loan program; these regs have been submitted; however, this program has not been funded. There is no other activity associated with this committee.
- Advance Health Care: there continues to be some activity, as well as a fair amount of interest; we are working with DOH to look at alternative sources to create a registry for directives and the POLST forms, as well as other potential funding sources to continue to promote education regarding the directives and the POLST. The POLST regs passed the Health facility Committee, and should go into effect January 1. Once passed, there will be a fair amount of education necessary.
- Mental Health: the committee has not met in a while because of a study that had to go through IRB; Maureen has been working with one of Gary's facilities to pilot a survey. Maureen does not want to let this drop, as a lot of work went into the creation of the survey.
- The Long-Term Care and Community-Based Care Committees are going to be rolled into the ADRC.

The Commission will continue by statute for three more years. The question is how it will balance with the ADRC Steering Committee. It was proposed that the Commission take on the guardianship issue in order to make it successful. It will be necessary to work with the various agencies in order to educate those involved. Members of the Commission will need to be responsible, as the Commission staff will no longer have the time. Can the Commission continue without staff support?

Maureen recommended that the Commission move to an ad-hoc approach with the committees. We should bring the committees together each one more time and have the committee decide if there is anything else that needs to be addressed, or whether to continue to work on on-going projects. As an agenda is set by each of the committees, the determination can be made as to whether to continue or disband. Objectives would need to be very specific and concrete for each committee. **Gary made a motion that each standing committees be asked to reconvene once to consider whether they would like to remain a standing committee or whether they would like to disband or become an ad-hoc committee, recognizing the limitations on staff support. The motion was seconded. The motion passed.**

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Maureen asked whether there are roles outside of the committee structure that members may want to take on. For example, Kent represents the Commission when he speaks on the guardianship issues. Cherie represents the Commission when she speaks at conferences regarding care management. Gary suggested that a new strategic plan to restructure the Commission may be the answer. It was recommended that between now and the next meeting, the members come prepared to address the roles of the committees and what roles individuals would be willing to take on. The parameters of the Commission need to be defined. It was suggested that we will hold a strategic planning session at the next meeting.

The ADRC is specifically focused on long-term care planning; to include home and community-based long-term care, as well as facility-based long-term care. It will also focus on options counseling and care transitions. The ADRC will not address elder abuse; it will most likely focus on the larger issue of financial planning. The ADRC will probably not focus on advance health care planning, nor will it focus on global issues in health care. The ADRC will not focus on guardianship issues. In conclusion, the majority of the issues that the Commission has covered in the past will not be included in the ADRC.

Mark suggested that the committees look for funding streams for specific activities and projects using the Commission as the clearing house. Michael suggested that members provide in-kind support; he agreed that any plan needs to involve fundraising. The Commission's budget has been \$180,000 per year.

The next meeting will be Tuesday, February 16, 2010 from 12:00-2:00 p.m. in Room 170 at the State Capitol. The members should come ready to discuss areas of concern. Maureen will gather the committee information before the next meeting. An e-mail will be sent under Norma's name with agenda items. The meeting adjourned at 1:22 p.m.