

Lifelong Aspenite

Small Group Meeting Summary

This session was held on October 12, 2010, in the Sister Cities Room.

Policies are in **bold font**. Action Items are regular front. Public feedback is inserted directly under the relevant Policy or Action Item, and is in **large font, bold and italic**

I. General Policies & Action Items

I.1. Provide access to comprehensive health and social services.

Define “comprehensive”

Does this imply free health care? If so, who pays?

Health care should not be free

Should be partially subsidized for basics

I.1.a Conduct a Community Health Assessment for the Aspen Area every 5 years and analyze, prioritize and implement findings. (I – HHS, PH, LPHA, EH, AVH, Community Non-Profits)

Need to decide who is going to implement this*

I.1.b Identify specific gaps in our health and social service networks. (I– HHS, PH, LPHA, EH, AVH, Community Non-Profits)

Collaborate with community groups – non-profits essential to moving forward

I.1.c Establish and implement a long term strategic plan to fund creative and sustainable solutions to the gaps in service. (I - HHS, LPHA, PH, EH, City Manager, County Manager)

Research existing regional/valley services before launching new initiatives**

I.1.d Address the gaps in the health and social service networks, with a goal of providing accessibility and affordability. (LT- Aspen K-12, HHS, Private Sector, Community Organizations, KF)

Gaps and solutions need to have regional scope

Needs to be priority -- immediate -- not long-term

Who pays for new “gap programs”?

Should be a process to identify funding

New and existing services should be prioritized together*

I.1.e Create comprehensive, accessible and bilingual tools, such as a phone and web directory, that provide information about available health, safety, education and social services. (I – HHS,

LPHC, All Departments/Agencies)

I.1.f Continue collaboration and communication between the City and County Boards of Health.
(I - PH, EH, LPHA)

I.2. The impacts on public health and welfare from development, activities, events, and policy changes shall be mitigated.

What criteria to be used? Concerned that criteria could be too broad and subjectively applied

I.2.a Explore possible amendments to the City and County codes to include review criteria for self-reliance, health, and safety issues. *(I – P, HHS)*

Should be “implement right away”

I.2.b Explore the creation of a fee or other methods to mitigate impacts from development, activities/events, and policy changes. *(I – HHS, P, PH, SE)*

Should be “implement right away”

Development and events already pay through infrastructure improvements, taxes etc.

Concern about loading too much on development

Concern about identifying one “carrier” for funding responsibility

Need clear nexus between impact of development and responsibility to mitigate

I.2.c Add Health and Human Services to the regular internal review of land use applications. *(I – HHS, P, APCHA, PH, LE, Community Non-Profits, EH)*

This is a positive change – help mitigate impacts of development i.e. examining move of senior center

General Statement: “I’m concerned about our entire community being able to collaborate in a healthy way.”

II. Self-Reliance Policies & Action Items

II.1 Ensure that affordable, accessible high quality childcare is available.

Does this mean “welfare” or helping people become self-reliant?

II.1.a Establish an on-going program that encourages and supports parent engagement and leadership in childcare programs and schools. (LT – Aspen K-12, KF, PH, Community Non-Profits, HHS)

Need to add ‘community’ in the engagement

II.1.b Work with local, regional, state, and federal organizations to maintain and increase funding so that early childhood education remains affordable. (I – KF)

Remains affordable... “and high quality”****

Early childhood programs help develop self-sufficiency

II.1.c Improve the quality of childcare through a variety of tools, such as grants, coaching, pre-licensing support and Qualistar Rating. (I – KF)

II.2 Expand the opportunity for safe and healthy housing for those in need, including older adults, people with disabilities, and low-income populations.

Can’t continue to provide free stuff to everyone – not everyone can afford to live here, we don’t have to provide for all

Don’t agree with previous statement

Can’t afford to lose the whole working class

Wave of retiring baby boomers coming, are they staying in AH or somewhere else?

People who created this community want to live out their days here

We should take care of at-risk seniors here – not Denver, GJ etc.*

Need a targeted discussion on the issue of Aspen’s sense of social responsibility

II.2.a Establish a comprehensive network of in-home services to support seniors and people with disabilities. (I - HHS, SrS, Senior Council, Private Sector)

II.2.b Explore a range of options to ensure availability of all levels of care accommodations and services for older adults and the disabled so they can choose to remain members of the community for life. (LT- SrS, Senior Council, Private Sector)

Should be ‘establish’ not “explore”***

What is connection between retiring into AH units and senior housing options?

Who will pay for quality senior care?

Land needs to be provided at subsidized cost, like AH

II.2.c Explore the concept of transitional and permanent low-income housing for community members striving to become self-reliant. (LT - Private Sector, HHS, Community Non-Profits, APCHA, P)

Should be 'establish' not 'explore**' / immediate not long-term
Define 'member of community'**

II.3 Ensure that all community members have access to all public assistance programs for which they qualify.

What does this really mean? Expanding existing programs? New local programs? Lobby for state and fed programs? Things already done locally

II.3.a As the budget allows, maximize all state/federal allocations by increasing the income levels under which members of the community may access public assistance programs. (I – HHS, KF, APCHA)

How can a local community change state/federal standards?

II.3.b Lobby the state and federal government to change assistance guidelines and funding to reflect the self-sufficiency standard. (I – HHS, City Manager, County Manager)

II.3.c Explore public transportation options to enable community members to access public assistance programs throughout the Roaring Fork Valley. (I – RFTA, T, HHS)

II.4 Promote self-sufficiency and self-reliance through coordinated, comprehensive and sustainable programs.

All programs should have a regional basis, not just Aspen (similar comment on 1.1.c)

II.4.a Educate our community about the Self-Sufficiency Standard, the importance of earning a livable wage, and the resources available to promote self-sufficiency. (I – HHS, PH, Aspen K-12, KF)

II.4.b Provide access to career paths using local educational partners - Colorado Mountain College, Aspen School District and others – for community members to train and pursue educational interests leading to locally-based careers. (LT – CMC, Aspen K-12, HHS)

"I'm concerned about non-locals voting and negatively affecting our school system."

(Counter-argument): "If someone gets to vote, they are local and should be treated as such."

II.4.c Explore opportunities for our youth to return here as adults. (I – Private Sector, CMC, Community Non-Profits)

II.4.d Develop targeted education programs, such as reducing early parenthood, to maximize teens' ability to be self-sufficient as adults. (I– Community Non-Profits, HHS, Aspen K-12, CMC)

II.4.e Incentivize the creation of jobs and volunteer opportunities for seniors and people with

disabilities. (LT- City Manager, County Manager, HHS)

II.4.f Identify all local subsidies, such as RFTA, APCHA, Child Care assistance, food programs and health care, and educate our community about their monetary value. (LT – HHS, RFTA, APCHA, KF, PH, Community Non-Profits, Private Sector)

II.4.g Encourage programs that will foster cultural and language integration in businesses and schools. (LT- Community Organizations)

II.4.h Ensure that community is literate by providing opportunities for English and other language learning. (LT- Aspen K-12, CMC, Community Organizations)

II.4.i Promote enforcement of fair job and housing laws and ensure effective bilingual communication. (LT- Community Non-Profits, APCHA)

II.5 Encourage businesses to adopt family-friendly employment policies.

II.5.a Educate employers, increase public awareness and explore lobbying for legislation regarding the “best business practices” to enhance business productivity while supporting families. (I – HHS, KF, CMC, Private Sector)

Include ACRA in this

II.5.b The public sector should serve as a model for implementing this policy. (LT – HHS, KF, City Manager, County Manager)

II.6 Ensure everyone has local access to quality food.

Define “quality” – is it “fresh”? “locally grown?”

II.6.a Create incentives so Women Infants and Children (WIC) nutrition program vouchers are accepted for fresh produce at the Aspen Farmer’s Market. (I- PH, LPHA, City Manager, County Manager)

II.6.b Explore programs to implement the policy. (LT- P, EH, Private Sector, Community Non-Profits)

II.7 Promote organic and sustainable local and regional food production.

Growing your own food increases self-reliance

II.7.a Implement programs and policies to support co-operatives and local production of good, clean, and fairly priced food. (LT – City Manager, County Manager, LPHA, EH, Community Organizations)

II.7.b Amend City and County land use codes to eliminate regulatory barriers to small-scale personal agriculture, such as rooftop gardens, green roofs, cold frames, and green houses. (LT – P)

Removing obstacles important i.e. solar/clotheslines

Make Open Space available to grow food / greenhouses? fruit-bearing trees? Rabbits/chickens? Composting?*****

***Design review committee could help with code changes
Allow for on-site rain collection for personal water supply*****

II.7.c Explore the use of public lands for community gardens and permaculture activities. (I – P, P/OS, Community Organizations)

Should be “implement” not “explore”

II.7.d Coordinate efforts to educate the community about local food production, including programs that teach gardening. (LT – CMC, EH, Community Organizations)

Incentivize education opportunities on how to grow your own food, making healthy choices

III. Public Safety Policies & Action Items

III.1 Ensure a safe environment exists for all.

Improve safety of crossing Main Street**

Concerned about adequate emergency access to AVH in afternoon commute***

Is Marolt pedestrian bridge wide enough for emergency-only vehicles? **

III.1.a Strengthen coordination between public safety, schools and non-profits to support education and prevention programs. (Ex: Teen and Dating Violence Education courses at Aspen HS) (I – HHS, LE, Community Non-Profits, Aspen K-12)

This is very good

III.1.b Establish reliable funding and staffing levels to provide public safety operations to meet growing public needs and unfunded mandates. (LT - HHS, PH, LE)

III.1.c Promote conflict resolution skills amongst neighbors and homeowners' associations. (I - LE, Community Non-Profits)

III.1.d Explore expanding community policing and neighborhood watch programs. (LT - LE)

Support Neighborhood watch – cost effective

III.1.e Participate in local and regional training on emergency plan components and instill a strong incident command culture (LT - LE)

III.1.f Encourage the Public Safety Council to continue clarifying roles and responsibilities in order to be responsive to changes in homeland security and to protect the Aspen Area residents, workers and visitors. (LT - LE)

III.1.g Strengthen local and regional emergency response teams. (LT - LE, PH, HHS, AVH, Aspen K-12, CMC)

III.2 Ensure a safety net exists for all at risk Aspen Area residents, visitors and workers. Define “at-risk”

III.2.a Create programming to reduce the incidence of family violence and ensure the safety, permanency and well being of children in the Aspen area. (I – HHS, LE, PH, Aspen K-12, KF, Community Non-Profits)

III.2.b Streamline and coordinate the community response to incidents, such as family violence, financial exploitation of adults, and sexual assault, through enhanced collaboration among the appropriate agencies. (I – HHS, Response, DA’s office, Law Enforcement, Mental Health and Substance Abuse counselors, Probation, Case management programs, Community Non-profits)

III.2.c Develop a comprehensive inmate re-entry program. (LT – LE, HHS, Community Non-Profits)

III.2.d Explore the creation of year-round homeless shelters, half-way houses and programs that address mental health, substance abuse, physical health, job assistance and case management. (LT – Community Non-Profits, HHS)

We shouldn’t be in the business of providing homeless shelters

Addressing homelessness is every community’s responsibility

Should be “support” not “explore”

A community cares for its homeless, doesn’t sweep them down the road.

III.2.e Ensure dedicated funding and comprehensive resource development to provide coordinated, timely and quality services to at-risk Aspenites. (LT- HHS, City Manager, County Manager, LPHA, PH)

This statement is too general. What does this really mean?

III.3 Reduce juvenile and adult crime.

III.3.a. Support recreational, cultural, and educational choices for youth to keep kids safe and engaged in the community, including mentoring and after-school and recreation programming (I - HHS, Community Non-Profits, CR, Aspen K-12)

III.3.b. Create a Restorative Justice Program and/or other alternative sentencing for juveniles and adults that allow for people to learn from and make amends for their crimes (I - LE, Community Non-Profits)

I think we already have Restorative Justice. You should check before

plan is final. Maybe there is a need to expand it? Funding?

III.3.c. Develop and implement programs that provide prevention, intervention and treatment for juvenile sexual offenders. (LT - HHS, Community Non-Profits)

Is there enough activity here that demands a program? If it's minimal, can we explore regional collaboration?

IV. Health Policies & Action Items

IV.1 Ensure that a comprehensive health care system exists and that the community is aware of the system.

Awareness is important*****

Define comprehensive**

Great vision*

How does this relate to health care reform?

Research regional/valley services before launch new initiatives

IV.1.a Educate the community about the importance of environmental and lifestyle risk factors, and provide programs to help reduce those risks (I – EH, HHS, LPHA, PH)

I like this

Need emphasis on prevention**

Need regional efforts – identify who you need to work with

IV.1.b Strengthen partnerships and communication between health care agencies and providers to enhance community health programming, cohesive case management and electronic communication. (LT- PH, HHS, AVH, Private Sector Health Providers, KF, EH, LPHA)

IV.1.c Create a seamless system of services for families to support their children's positive development from birth through school-age. (LT - KF, PH, Aspen K-12)

IV.1.d Create an outreach program to link community members to health insurance. (I – HHS, Private Sector Health Providers)

Please include ACRA

IV.1.e Support future opportunities and programs that will maximize the local benefits of Health Care Reform. (LT - HHS, PH, AVH, Private Sector, Community Non-Profits)

IV.1.f Educate the community regarding the connection between improved child development and success in school and life. (I – KF, Aspen K-12, PH, HHS)

IV.2 Ensure that residents have access to primary care including prevention, palliative care, long-term care and health maintenance services, regardless of payer source.

I support this****

Address gap between affordability and access

Regional approach addresses what individual communities can't do on their own (similar comments thru-out)

Action items below not specific enough; how to implement?

IV.2.a Work with local and regional healthcare partners to develop, implement and align community health priorities through the Community Health Assessment. (I - PH, LPHA, EH, AVH, Community Non-Profits)

IV.2.b Determine and address the need for improved access to Medicare, Medicaid, CHP+ and indigent care providers in the Aspen Area. (I – PH, Community Non-Profits, HHS, AVH, private providers, SrS)

IV.2.c Collaborate with local, regional and state organizations to implement the policy. (LT – KF, PH, AVH, HHS)

IV.2.d Support community efforts to attract and engage health care providers to share in the provision of health services to residents over 65 (Medicare insured). (I – PH, HHS, SrS, AVH, Private Sector)

IV.2.e Explore the creation of a school-based health clinic and resource center in the Aspen School District (LT - Community Non-Profits, Aspen K-12 , HHS)

IV.2.f Address the causes of childhood and adult obesity through development of comprehensive programs and education about nutrition, physical activity and access to healthy food. (LT - PH, LPHA, Aspen K-12, Community Non-Profits, Private Sector)

IV.2.g Support partnerships to create year-round safety education and prevention programs, and secure funding. (LT - AVH, PH, EH, LE, Aspen K-12, RFTA, CMC)

IV.3 Ensure that residents of all ages have access to a comprehensive mental health and substance abuse system that addresses acute and chronic mental health needs.

I like this***

Access needs to be defined**

That dentists are in the valley? That they're affordable?

Need to connect people to the solution

Who determines what access is?

Need discussion about what level of care can realistically be provided here

Need detox center****

Should rely on regional solutions for specialty services

Want to be able to handle dementia patients locally

IV.3.a. Work with community non-profits and local mental health and health care providers, to create a comprehensive, integrated and sustainable mental health system. (*I – Community Non-Profits, HHS, Private Sector*)

IV.3.b Collaborate with local, regional and state organizations that work with children and families, to increase access to preventive care in all mental health areas for children. (*LT – KF, Community Non-Profits, HHS*)

IV.3.c. Ensure that accessible and affordable mental health screening and treatment is available. (*I – Community Non-Profits, SrS, HHS*)

IV.3.d. Work with public and private mental health practitioners to create an action plan that addresses senior issues, especially depression and anxiety. (*I – SrS, Community Non-Profits*)

IV.3.e Support the creation and implementation of a comprehensive suicide prevention program. (*I - Community Non-Profits, HHS*)

IV.3.f. Enhance substance abuse prevention education for children, adults and families. (*I - Community Non-Profits, Aspen K-12, HHS*)

IV.3.g. Establish sustainable detoxification services and programs for the Aspen Area. (*LT-Community Non-Profits, HHS*)

IV.4 Ensure that all residents have access to a comprehensive dental program.

I support this****

This is often overlooked

Aging population needs this

IV.4.a. Explore the creation of a local and/or regional low-income dental care program. (*I- PH, LPHA, HHS, Community Non-Profits*)

IV.4.b Provide community outreach, communication, and education on the importance of oral health and the availability of affordable dental services available in the Roaring Fork Valley. (*I – Community Non-Profits, PH, HHS*)

IV.4.c Ensure dentistry for all ages is accessible and affordable. (*LT - Private Sector*)

IV.5 Promote healthy family functioning.

This is vague

Define this

Overreaching

Not overreaching

This is challenging**

How is it paid for?

Topic is often controversial**

We have a lot to learn

Financial health and costs should be included in all action items

IV.5.a. Provide consistent, quality education about what behaviors reflect healthy family functioning and about the availability of resources that support healthy family development. (*LT - KF, PH, HHS, Aspen K-12*)

IV.5.b Create a network of “Family to Family” support programs to use local families to mentor residents who have relocated to the area, who may be isolated from extended family or who may lack the knowledge or skills related to healthy development and interactions. (*LT - HHS, PH, Community Non-profits*)

IV.5.c Support intergenerational and intercultural programming in all public facilities. (*LT - KF, SrS, HHS*)

IV.5.d Establish an “Active Retiree Database” that includes a list of retirees and their talents/skills, along with a list of volunteer and parttime/full-time “help wanted” opportunities to match people with activities/jobs (*LT - ACRA, Private sector, SrS*)