

State Plan Advisory Committee Meeting
April 20, 2015
Finalizing Goals & Performance Measures
Alaska State Plan for Senior Services FY 2016-2019
Call-In Number: 1(888)601-5515, no code

Guiding Principles

1. **Keep Seniors Strong and Healthy.** Seniors are given information, education, and resources to assist them in making healthy choices (including good nutrition, physical activity, community involvement, healthy relationships and peer support) that will reduce their risk of chronic disease, mental illness, and substance abuse and increase their ability to lead healthy and productive lives.
2. **Promote Independence, Empowerment, and Choice.** Older Alaskans are recognized as a valuable resource as well as a powerful economic and political force affecting business and public policy direction. Wherever possible, we seek to strengthen the voice and participation of seniors on issues affecting them.
3. **Target Services to the Most Vulnerable Seniors.** Service providers focus on outreach to frail elders, low-income seniors, minority seniors, non-English-speakers, and those living in rural areas, ensuring that they are aware of and able to access services.
4. **Highlight Seniors' Community Contributions.** Above all, programs and services seek to acknowledge and support the abundant vital contributions of older Alaskans to their families, communities, and the state of Alaska. Seniors are one of Alaska's greatest assets; serving them increases their capacity to contribute to the well-being of all Alaskans.
5. **Offer a Full Continuum of Care and Housing.** Services are provided in each community or region to supply what seniors need at each stage of the continuum of care, from independent living through supportive home- and community-based services, to assisted living and nursing facility care.

Strategic Objectives and Performance Measures

Goal 1: Promote healthy aging and provide access to comprehensive and integrated health care.

Strategic Objectives:

- A. Services integrate behavioral and primary health care
 - Measure: Initiate and implement Senior Mental Health First Aid training focused on primary care providers, senior services providers, community members and caregivers as a strategy for integrating behavioral health and primary care services. Target 25 participants trained first year (FY2016), with 5% increase in participants per year.
 - Lead: Trust Training Cooperative
 - FY2014 Baseline: (Lisa Cauble)

- B. Health promotion and disease prevention activities are available statewide
 - Measure: Track the number of evidenced-based health promotion and disease prevention grants and number of seniors participating in those programs statewide.
 - Lead: Division of Senior and Disabilities Services, Division of Public Health
 - FY2014 Baseline: (Lisa Morley and Jo Fisher)

- C. Seniors have access to healthy food
 - Measure: Number of seniors receiving SNAP assistance program
 - Measure: Number of seniors receiving congregate meals (Title III)
 - Measure: Number of seniors receiving home delivered meals (Title III)
 - Measure: Number of elders receiving meals (Title VI)
 - Lead: DHSS Division of Public Assistance, Division of Seniors and Disabilities Services
 - FY2014 Baseline: (Lisa Morley), SNAP: 6,548 recipients (Senior Snapshot)

- D. End of life care services are available to seniors
 - Measure: Training of healthcare professionals in and public awareness of end of life preparedness.
 - Lead: UAA Office of Health Programs

- E. Increase the number of seniors with behavioral health needs who report improvement in key life domains (DHSS Objective 1.2.4)
 - Measure: Percent of behavioral health recipients who report improvements in quality of life (DHSS Performance Measure 1.2.4.1a)
 - Lead: Division of Behavioral Health
 - Measure: Number of seniors who receive services through senior outreach assessment referral (SOAR) program
 - Lead: administered by the Division of Behavioral Health.
 - FY2014 Baseline: (Shaun Wilhelm)

Goal 2: Assist seniors with financial planning, employment opportunities, and promote awareness of and access to economic benefits and support services.

Strategic Objectives:

- A. Seniors and caregivers understand financial and economic security/planning
 - Measure: Attendance at AARP financial security seminars.
 - Lead: AARP Alaska and Medicare Information Office
- B. There are training and opportunities for senior employment:
 - Measure: Increase the number of MASST program participants providing service to the elderly community
 - Measure: Increase total number of MASST program hours worked in service to the elderly community
 - Measure: Increase the number of MASST participants over age 75
 - Lead: MASST
- C. Support safety net programs that benefit seniors
 - Measure: Maintain or increase safety net programs for seniors.
 - Lead: Senior and Disabilities Services, Alaska Commission on Aging, AGENET, AARP

Goal 3: Protect vulnerable seniors from abuse, neglect, self-neglect, and exploitation.

Strategic Objectives:

- A. Promote primary prevention of elder abuse, neglect, and exploitation and reduce the rate of recidivism through education and awareness.
 - Measure: Expand existing education/outreach/awareness efforts through website, newsletter, presentations, etc. to include prevention of abuse neglect and exploitation.
 - Measure: APS recidivism rates decrease, % of seniors who make 2 or more reports of harm.
 - Lead: Adult Protective Services
 - Baseline FY2014: (APS/Brenda)
- B. Promote awareness and identify issues pertaining to elder justice by engaging seniors, legal services, OLTCO, APS, OPA, and aging network to develop a resource for seniors
 - Measure: Develop plan for creating resources to improve elder justice
 - Lead: OLTCO, APS, AgeNET, ACoA
- C. Improve access to quality legal assistance for seniors.
 - Measure: Number of seniors who receive legal assistance

- Lead: (Alaska Legal Services)
 - Baseline FY2014: 850 (Senior Snapshot)
- D. Participate in the Elder Justice Taskforce meetings to review Alaska’s guardianship and conservatorship systems to ensure they meet the needs of seniors.
- Measure: One Elder Justice Taskforce meeting per year
 - Lead: Alaska Mental Health Trust Authority, OLTCO
- E. Promote the OLTCO volunteer program that trains and certifies volunteer ombudsmen to assist with making regular visits to long term care facilities.
- Measure: Train and maintain a volunteer ombudsman base of 50 volunteers who will be able to make an additional 600 visits to facilities over the next 5 years.
 - Lead: OLTCO
 - Baseline FY2014: (OLTCO)

Goal 4: Ensure seniors have access to quality, affordable, accessible, safe, and appropriate senior housing across the continuum of care.

Strategic Objectives:

- A. Conduct a follow-up senior housing forum during the next state plan period to determine what has been accomplished since the last event and to determine current needs. Invite national housing providers to expand ideas and resources for senior housing in Alaska.
- Measure: Conduct at least one senior housing forums during the FY16-19 state plan.
 - Lead: AHFC Senior Housing Office, Trust and ACoA
 - Measure: Present successful models for aging in place and naturally occurring retirement communities at the Senior Housing Summit.
 - Lead: AHFC Senior Housing Office and ACoA
- B. Educate Alaskans about renovation loan options to make accessibility modifications to their homes now while they are employed or have equity to pay off these improvements before retirement.
- Measure: 4 events offered per year to various groups
 - Lead: AHFC
- C. Advocate for an increase in available, affordable, and accessible housing for seniors.
- Measure: Need measure
 - Lead: Need lead
- D. Maintain existing senior housing stock
- Measure: Number of AHFC senior housing units

- Lead: AHFC
 - Measure: Number of HUD 202 senior housing units
 - Lead: ACoA, Housing Authority
- E. Promote universal design for all housing units designed and/or built with public funds.
 - Measure: Need Measure
 - Lead: SILC, ACoA
- F. Collect and study data for use in developing aging in place and naturally occurring retirement community models. Identify and expand on successful aging in place models throughout Alaska.
 - Measure: DDA is recommending this new initiative should be reconsidered unless resources can be identified. It doesn't appear that there are existing resources for this.
 - Lead: ACoA

Goal 5: Promote opportunities for meaningful aging, intergenerational connectivity, and civic engagement.

Strategic Objectives:

- A. Promote awareness of the positive value of aging
 - Measure: Hold at minimum one public forum to educate policy makers and state leaders about the economic impact of the growing aging demographic
 - Lead: Alaska Commission on Aging, AARP, AgeNet, local Senior Advisory Commissions
- B. Promote awareness and educate seniors about the benefits and characteristics of healthy communities that encourage aging in place
 - Measure: Power of Aging/Older American's Month activities
 - Lead: ACoA
 - Measure: Develop toolbox that seniors can use for advocacy
 - Lead: ACoA
- C. Seniors have opportunities for meaningful civic engagement.
 - Measure: Increase participation in senior center and senior volunteer activities through RSVP, Foster Grandparent, Senior Companions, and related programs
 - Lead: SDS monthly reports from Senior Centers, MASST, DOL, ACoA, Serve Alaska
 - Measure: Conduct presentations and provide information to businesses and civic groups about the value of the older worker.
 - Lead: MASST, ACoA

Goal 6: Provide quality and affordable home- and community-based long-term support services that allow seniors the highest quality of life.

Strategic Objectives:

- A. Services are targeted to those seniors who are more vulnerable and at risk for nursing home placement.
 - Measure: Increase or maintain the percent of individuals receiving services within the target population (Needing assistance with two or more Activities of Daily Living and/or ADRD, frail using age 85+ as a proxy)
 - Lead: SDS
- B. Develop a direct service workforce to meet the in-home services needs of the increasing senior population, especially in rural Alaska.
 - Measure: Increase the number of Senior and Long-Term Care Service agencies accessing Alaskan Core Competencies training for their staff by 10% annually. TBD based on follow up with Job Corps and UAA
 - Lead: Trust Training Cooperative, Job Corps? (Heidi Frost)
- C. Rural senior services are more accessible and culturally appropriate
 - Measure: Increase capacity for sustainable senior service providers
 - Lead: SDS
 - Measure: Increase utilization of tele-health and other forms of technology for purposes of increasing access to quality services in rural areas
 - Lead: SDS
 - Measure: Increase coordination between Title III and Title VI programs to maximize resources and services available to target under-served populations and enhance partnerships.
 - Lead: UAA National Resource Center for American Indian, Alaska Native, and Native Hawaiian Elders
- D. Family and other informal caregivers have training and resources to provide quality care
 - Measure: Increase and maintain the number of individuals participating in National Family Caregiver Support Program
 - Lead: SDS, ACoA, AARP, Alzheimer's Resource Agency (training and supports for ADRD, respite care), SDS (Title III and State funds: National Family Caregiver Support Program)
 - Measure: Strengthen supports for family caregiver programs, measured by advocacy efforts, including a campaign that focuses on need of family caregivers and explore possible legislation
 - Lead: AARP, ACoA, SDS

- Measure: Increase training to caregivers about ADRD, resources available and approaches and strategies for providing care and reducing stress and fatigue. (Alzheimer’s Disease and Related Dementia (ADRD) Roadmap strategy 5.1.1.)
 - Lead: AARP, Alzheimer’s Resource Agency

- E. Streamline access to senior services by strengthening the ADRC and other senior centers network
 - Measure: Number of seniors using ADRCs
 - Lead: SDS
 - Measure: Number of seniors using senior centers for information and referral
 - Lead: SDS
 - Measure: Numbers of seniors served with Medicare counseling
 - Lead: SDS Medicare Information Office

- F. Create systems change to improve services for seniors with behavioral health and ADRD in the community.
 - Educate Alaskans about prevention, diagnosis, treatment, costs and appropriate care for people with ADRD through all possible media, in-person presentations, and policy advocacy (ADRD Roadmap Strategy 1.1.1)
 - Measure: Identify the opportunities to improve education for Alaskans affected by ADRD.
 - Lead: Alzheimer’s Resource of Alaska
 - Assess feasibility and design an implementation plan for a potential 1915(i) and 1915(k) HCBS State Medicaid Plan amendments to address the needs of people with dementia (ADRD Roadmap Strategy 2.1.1)
 - Measure: Feasibility design and implementation complete
 - Lead: Alaska Mental Health Trust Authority

- G. Develop and implement regulations for quality standards for assisted living homes and other residential settings so that caregivers’ skills are appropriate to the population they serve (ADRD Roadmap Strategy 3.2.1)
 - Measure: Complete review of draft Assisted Living Home regulations to ensure they correlate to the SDS levels of care and the draft 1915 (i) and/or 1915 (k) plans
 - Lead: Residential Licensing, Long Term Care Ombudsman, Trust
 - Measure: Complete the regulation approval process for the draft Assisted Living Home regulations.
 - Lead: Residential Licensing, Long Term Care Ombudsman, Trust

- G. Increase the number of older Alaskans who live safely in their communities (DHSS Core Service Objective 1.2.2)
 - Measure: Number of months Long Term Services and Supports recipients are able to remain in their home before institutional placement (DHSS Performance Measure 1.2.2.1a)

- Lead: SDS
- Measure: Average cost of Long Term Services and Supports per recipient (DHSS Performance Measure 1.2.2.1b)
 - Lead: SDS