

Supportive Community Committee

Outcomes	Objectives	Performance Measures	Targets	Strategic Initiatives	Commentary/Notes
<p>1. Older Adults have access to resources and needed services in the community the support their aging in place within the community</p>	<p>1a. The State should create a multi-agency leadership team to coordinate the efforts recommended in the reports of CLAG, CO Aging Framework, CDPHE Healthy Aging Plan, and the CO Alzheimers Disease Plan.</p> <p>1b. Link 'care gap' population programs (limited income but not eligible) with each other and identify additional resources needed</p> <p>1c. Create an Ombudsman program to help with any problem (community wide) with agencies, home health care, and facilities.</p>			<p>1a. Develop regional data bases repositories of resources and services and have the capacity to serve gap populations</p> <p>1a. Build on lessons from recent study groups and reports such as CLAG, CCPL, NWD and others.</p> <p>1a. The Colorado Dept's of DLOA, DHS, DHCFP, and DHCPE should provide to each Planning and Management Region (PMR) an inventory of resources and services or the Dept. in each PMR.</p> <p>1b. Every Planning and Management Region should have a link to an ADRC(NWD)</p> <p>1b. ADRC(NWD) should have the capacity to serve adults and older adults with information and referral, option counseling, case management, application assistance and cash and counseling services</p> <p>1b. ADRC(NWD) should have the capacity to link or provide access to resources and servicers.</p> <p>1b. ADRC (NWD) should have MOU with other agencies (e.g. RCCOs) on sharing resource and client information.</p> <p>1b. ADRC (NWD) should have policies on client information release and sharing and business associate relationship with DHCPE, DHS, DHCPE.</p> <p>1c. ADRC(NWD) should have an MOU with Ombudsman programs of CDHCPF and DHS and program policy on client advocacy (ability to investigate and represent)</p> <p>1c. ADRC(NWD) should have ability to follow-up on client status in the community</p>	<p>The AAA's, CCB's, CIL's, and SEP's provide services and resources to aging and adult populations. ADRC (NWD) are in a development phase to provide aging and adult population access to information and referral, option counseling, case mangement, application assistance and cash and counseling services and resources. ADRC(NWD) are attempting to collaborate with RCCOO'S and BHO's and others to identify (gap population)and target resources and services to them.</p>

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<p>2. Caregivers have access to resources that reduce their time and cost burden.</p>	<p>2a. Develop a comprehensive statewide system for respite care services</p> <p>2b. Make Caregivers aware of resources that are available to them</p>	<p>2. Utilize the BRFS Caregiver Module Questions statewide household survey to include questions on caregiver related items</p>	<p>2. Increase knowledge and resources available to caregivers: 5 years: 10% 10 years: 25% 15 years: 50%</p>	<p>2a. Implement the recommendations made by the Respite Care Task Force in their January 2016 report: <i>Statewide training, website with respite care locator, outreach and communications campaign, Conduct a study to demonstrate the Return on Investment of respite care services, which will build the case for future funding for respite care services</i></p> <p>2a. Make respite care services available to those who need them – funding required</p> <p>2a. Expand the utilization of Mental Health First aid</p> <p>2b. Develop a repository of resources and make them widely available to address specific needs of caregivers (e.g. resources like the Mental Health of America for Colorado’s PowerPoint for caregiver resources with links to online resources for caregivers, ALZ information, AAA’s Family Caregiver Support Program)</p> <p>2b. Develop and conduct education and outreach to caregivers at employers to assist in their wellness needs. (CDHS State Unit on Aging and Easter Seals are already starting this – they developed a lunch and learn program for employers) – funding would be needed to hire someone to do the trainings – could be done at town halls, community meetings, faith groups, etc. statewide</p> <p>2b. Identify target audience with the most need and link them to those that can provide services for caregivers</p> <p>2b. Connect/outreach to insurance companies/payers to focus on employee training programs about the importance of caregiver health and strategies to remain so</p>	<p>2a. The Respite Care Task Force recommendations were created in legislation in HB 16-1398. The bill calls for CDHS to contract with an entity to implement the recommendations of the task force including: developing a statewide website for respite services, developing a marketing and communications campaign, conducting a study for return on investment of respite, training for respite providers, etc. However, only 900,000 of the estimated \$2.2 million over 5 years needed was funded. One option would be for the SAPGA to support this existing initiative</p>

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<p>3. Community services for older adults are available throughout their life cycle.</p>	<p>3a. Develop an education and planning program for people as they age throughout their lifecycle</p> <p>3b. Develop innovative models to provide more services in rural and underserved communities</p>	<p>3a. Assessment (such as the one being completed by Dementia Friendly Denver) will be completed by 50% of appropriate individuals identified within the survey and results will be analyzed to determine education / program needs.</p> <p>3a. Education /planning program will be developed using results of Assessment. Programs will include information for different ages and different geographical areas to accurately portray the currently available resources.</p> <p>3a. 70% of professionals in the aging field will be able to converse appropriately with other professionals and the public regarding the available programs.</p> <p>3a. Use of the developed programs/plans will increase 5% per year from development, utilizing web based tracking.</p> <p>3b. Create opportunities for blended funding or special state funding to providers for shared services or overlap services to extend service areas to meet the need</p> <p>3b. 25% of federal funded senior programs adopt procedures of "No wrong door" as a state-wide best practice with funding made available across the state to simplify receipt of services and assist providers in indicated areas of the state</p>	<p>3a. Within 2 years</p> <p>3a. 5 years and ongoing as services / needs change</p> <p>3a. 10 years</p> <p>3a. Beginning at 5 years (or when information is available) and continuing through 15</p> <p>3b. 3-5 years and continued</p> <p>3b. 5 years and continued</p>	<p>3a. Starting at 18, we need a lifetime of education and planning</p> <p>3a. Separate programs to target: --40-55 range --Boomers turning --60-65 today --People currently 80</p> <p>3a. Services and resources as you need them</p> <p>3a. Look to Family Economic Security Community for connection</p> <p>3b. Develop specific transportation plans</p> <p>3b. Develop homecare models (connect with Workforce Committee) training family members so they can provide for them, etc.—provide oversight.</p>	

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<p>4. Older adults are free from abuse and neglect</p>	<p>4a. Ensure quality, effective Adult Protective Services are available and provided to all vulnerable older adults in Colorado</p> <p>4b. Establish a State Office for Guardianship</p> <p>4c. Expand training for law enforcement and district attorneys on abuse, neglect and exploitation of vulnerable adults as well as how to interact with this population effectively and prosecute these crimes</p> <p>4d. Raise awareness of elder abuse, neglect and exploitation, what people can do to prevent it and how they can report it when they suspect it.</p> <p>4e. Assess statewide need for community services and supports for older adults (particularly in rural communities)</p> <p>4f. Develop a program to address redetermination of Medicaid by providing <i>Long-term Care Liaisons</i></p>	<p>4a. Amount and percent of increase in State APS funding from FY 2015-16 to FY 2017-18</p> <p>4a. Number of counties that receive a State Quality Assurance Review in FY 2017-18</p> <p>4a. Number of counties with APS caseload ratios greater than 25:1 in FY 2017-18</p> <p>4b. A State office for Public Guardianship is created by statute and funding is provided to support it for older adults</p> <p>4c. Number and percent of law enforcement officers and district attorneys trained annually on abuse, neglect, exploitation of at-risk elders</p> <p>4c. Number of law enforcement agencies and district attorneys statewide that have specific units or personnel trained and focused to work on cases of elder abuse, neglect, exploitation</p> <p>4d. Number of reports and cases of abuse, neglect, exploitation against an at-risk elder received by the State APS program each year. 4d. X percent that required action?</p> <p>4e. Statewide needs assessment of needed community services and supports for older adults completed.</p> <p>4f. Decrease in the length of time for redeterminations for Medicaid for older adults in Colorado.</p> <p>4f. Number of older adults' redeterminations for Medicaid that are completed timely with no gap in service.</p>	<p>4b. State Office for Public Guardianship is establish within 3 years</p> <p>4e. Statewide needs assessment is completed within 3 years</p>	<p>4a. Support sufficient state funding amounts for the APS program by:</p> <ol style="list-style-type: none"> 1. Ensuring adequate funding levels for counties to obtain optimal caseload ratio of 25 to 1 for the APS programs (national best practice). 2. Supporting additional State APS positions for Quality Assurance so that the State APS program can adequately oversee county APS programs and provide them with feedback on areas for improvement 3. APS share best practices across the state <p>4b. Implement the recommendations made by the Office of Public Guardianship Advisory Committee in their report to the Chief Justice of the Colorado Supreme Court including:</p> <ol style="list-style-type: none"> 1. Recommended Action as stated in 2014 Advisory Committee report: "Through extensive discussion, review of surveys from various interest groups, and analysis of the existing models, the PGAC has determined what it believes are viable options for implementation of an office of public guardian in Colorado. Members of the PGAC are united in their determination that a definite need exists in Colorado for a public guardian. Due to the unavailability of definite numerical information or statistics, the PGAC strongly recommends the creation of a legislative study to further define and ascertain the cost for an Office of Public Guardian, as well as to determine where such an office would be housed." 2. Develop proposed legislation and fiscal impact for this initiative and seek statutory changes and funding to support the creation of this Office within the State. <p>4c. Establish a POST created a training program for law enforcement officers and district attorneys for dealing with cases involving at-risk elders.</p> <p>4d. Make online training and resources available for mandatory reporters and others interested in learning more about reporting suspected abuse, neglect, exploitation (Available currently by CDHS APS Program)</p> <p>4d. Implement recommendations by the SB 109 Task Force recommended</p>	<p>4a. CDHS oversees the State's APS program which is administered locally by County Human Services Departments. The APS program responsibilities have grown over the past several years due to increased public awareness and the establishment of mandatory reporting for elders in Colorado on July 1, 2014. The number of reports made to APS programs in the state is greater than anticipated, so county APS programs are not currently funded for and do not have the capacity to be as effective as they can be in operating this program. In addition, the State does not have the ability to perform necessary quality assurance of county APS cases to adequately oversee the program statewide.</p> <p>4b. As expressed in 2014 Advisory Committee report: "Colorado lacks sufficient systems to protect incapacitated adults who do not have appropriate family or friends available to act as guardian, or the financial resources to hire a professional fiduciary. Additionally, the State of Colorado does not have a public guardianship program that could address the needs of the vulnerable people."</p> <p>4c. When Mandatory reporting for at-risk elders age 70 and older became effective July 1, 2014, mandatory reporters were required by law to report suspected abuse, neglect, and exploitation to local law enforcement within 24 hours. Law enforcement's role is then to conduct the criminal investigation and determine whether the case should be sent to the District Attorney for possible prosecution of the alleged perpetrator. There was a significant increase in the number of reports made to law enforcement that many law enforcement agencies across the state were not prepared for. Law enforcement agencies and the APS system must be equipped to respond in such a way that ensures the client's safety and that crimes are investigated. Law enforcement officers must be adequately trained to investigate the reports and provide subsequent protective and judicial services. There is still a need for additional training and support for law enforcement agencies in this area.</p> <p>4d. According to the National Center on Elder Abuse, "every year an estimated 5 million older Americans are victims of elder abuse, neglect, or exploitation. And that's only part of the picture: Experts believe that for every case of elder abuse or neglect reported, as many as 23 cases go unreported." (http://www.ncea.aoa.gov/Get_Involved/Awareness/WEAAD/index.aspx)</p> <p>--It is estimated that older adults in the U.S. lose at least \$2.6 billion annually due to elder financial abuse and exploitation. (Met Life Study of Elder Financial Abuse; crimes of Occasion, Desperation and Predation Against America's Elders. 2013 – as reference in Voluntary Consensus Guidelines for State Adult Protective Services Systems created by U.S. Department of Health and Human Services, Administration for Community Living)</p> <p>--From July 1, 2014 to December 31, 2015 APS clients in Colorado lost over \$71 million to financial exploitation.</p> <p>--Currently there are efforts by the State APS program, county APS programs, and other organizations to raise awareness on how to prevent and report mistreatment of at-risk elders. However, many citizens of Colorado lack a basic knowledge of crimes of mistreatment and the systems in place to step in and help stop the crimes and prevent future mistreatment. As a result, expansion of these efforts and more</p>

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				<p>funding for the creation of State staff positions that would be dedicated to providing facilitated training on mandatory reporting across the state. CDHS received an appropriation for a portion of the amount requested for FY 16-17 and beyond to hire a contractor and pay the costs of travel to training sites and the costs associated with renting training facilities. Expansion of this program would allow for more outreach to be conducted.</p> <p>4d. Develop and fund an outreach effort in alignment with World Elder Abuse Awareness Day across the state to be held annually.</p> <p>4d. Implement recommendations made by the SB 109 Task Force recommended \$250,000 be allocated to develop a statewide public awareness campaign. The public awareness campaign would focus on improving awareness of reporting requirements among the hundreds of thousands of named reporters and among the public in general of the epidemic of mistreatment being experienced by at-risk elders and at-risk adults with IDD. The Task Force believes that this undertaking should include public service announcements, radio and TV spots, and development of marketing materials that are developed by a professional marketing firm.</p> <p>4e. Conduct a statewide assessment to identify the gaps in services available to ensure older adults are safe and protected. Then, develop a statewide plan for addressing the gaps.</p> <p>4f. Establish and fund liaisons to work with older adults on their Medicaid redetermination process.</p>	<p>outreach is needed.</p> <p>4e. Once an APS caseworker has completed an assessment and investigation for an at-risk elder, there are situations in which appropriate services are not available in the community, so the caseworker is unable to address the person's needs. Examples that have been identified include: mental health services, facilities for older adults with behavioral challenges, etc. In addition, vulnerable adults may be at risk for abuse, neglect or exploitation if the right services are not available to them at the right time. It is therefore important to understand the gaps in available services and seek to address them.</p> <p>4f. In some cases, the process for redetermination of Medicaid eligibility for older adults takes a long time so the older adult becomes ineligible for a period of time, causing problems with their access to needed services. The establishment of long term care liaisons for older adults going through this process would ensure fewer problems with their redetermination and reduce the gaps in services that result from lengthy processes.</p>