Supportive Community Committee

Outcomes	Objectives	Preformance Measures	Targets	Strategic Initiatives	Commentary/Notes
1. Availability of and access to resources supports aging in place.	**1a.** Evaluate the feasibility of the State becoming the primary access point for older adult services statewide **1b.** Develop a statewide comprehensive outreach program for older adults to lead them to services in order to age in place				1A. Build on the lessons learned from No Wrong Door pilot and take it Statewide --Standardize a statewide database repository that has regional resources to access information --Include services for veterans 1B.Need to audit of the resources already available or being developed and build on them --Create a Senior "Blue book" --Conduct public forums to discuss information, services and technologies for older adults --Create an Ambassadors program (would be statewide and include rural communities) --Utilize PSAs and Pamphlets --Measurements could be taken on annual provider surveys (utilize current required surveys to ask specific questions) regarding awareness of outreach strategies
2. Caregivers have access to resources that reduce their time and cost burden.	**2a**.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 Alz. Disease Plan.				2A. The State should coordinate activities, target resources, share database information. --Manpower training and state cost-sharing with local areas and startup funds (here are elements of a network to help address these outcomes: AAA,SEP,ADRC,CIL, CCBs.)
3. Older adults have access to needed services within their community.	**3a.** Link "care gap" population programs (limited fixed incomes but are not eligible) with each other and identify additional resources need **3b.** Establish online resources including a database that can be shared with different agencies (CIVHC?) so clients do not have to retell the story **3c**. Develop an ombudsman program to help with any problems (community-wide that could help with all agencies, homecare, and facilities)				3a Home Connections program in Grand Junction, Pikes Peak has a voucher program and A Little Help (Village-to-Village Program) in Denver help with this population) 3a. Establish a model (toolkit) for those communities that do not have these programs (Colorado Health Foundation may be interested in this) 3b.·Need to make sure we have a navigator/ambassador (e.g. Village to Village) to ensure access and then follow up with services (or Boomers leading change through health care) 3c. Utilize existing AAA Resources
4. Community services for older adults are available throughout their life cycle.	4a.Develop an education and planning program for people as they age throughout their lifecycle 4b. Develop innovative models to provide more services in rural and underserved communities				4a.Starting at 18, we need a lifetime of education and planning 4a. Separate programs to target: --40-55 range --Boomers turning --60-65 today --People currently 80 4a. Services and resources as you need them 4a.Look to Family Economic Security Community for connection 4b. Develop specific transportation plans 4b. Develop homecare models (connect with Workforce Committee) training family members so they can provide for them, etc.—provide oversight.
5. Older adults are free from abuse and neglect.	5A. Increase in funding for Adult Protective Services to ensure quality, effective work in the community 5B. Establish a State Office for Guardianship 5C. Expand training for Law enforcement to work with human service agencies on abuse and neglect 5D. Raise awareness of elder abuse and what people can do to prevent it, or report it when they suspect it. 5E. Provide funding for expanding role of the Long Term Care Guardianship Program (including assisted living) 5F. Conduct a needs assessment for older adults on what community supports are needed (particularly in rural communities) 5G. Develop a program to address redetermination of Medicaid by providing Long-term Care Liaisons				5a. Provide funding for County Caseload ratio of 25 to 1 (best practices) 5a. Expand training opportunities that APS already provide (Support the 2 FTE recommended by SB 109) State and Counties to work together. Can track the trainings 5b. Develop a process recruiting and training guardians

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