

**Alaska Commission on Aging
Planning Committee Report
Alaska State FY09 Implementation Activities**

Agency Abbreviations:

ABADA = Advisory Board on Alcoholism and Drug Abuse / Alaska Mental Health Board

PH=Pioneer Homes (State of Alaska)

ABIN = Alaska Brain Injury Network

RF = Rasmuson Foundation

ACOA = Alaska Commission on Aging

SDS = Senior and Disabilities Services

ADRAA = Alzheimer's Disease Resource Agency of Alaska

AHFC = Alaska Housing Finance Corporation

Alaska Mental Health Trust Authority

AN = AgeNet

ANTHC = Alaska Native Tribal Health Consortium

AARP = AARP Alaska

BH=Behavioral Health (State of Alaska)

DOL = Alaska Dept. of Labor & Workforce Development (MASST Program)

DPH = Alaska Division of Public Health

GCDSE = Governor's Council on Disabilities and Special Education

GEC = UAA Geriatric Education Center (Center for Human Development)

HCSPC = Governor's Health Care Strategies Planning Council

LTCO = Office of the Long-Term Care Ombudsman

MHP = Medicaid and Health Policy (Dept. of Health & Social Services)

Goal 1: ALASKA SENIORS STAY HEALTHY, ACTIVE AND INVOLVED IN THEIR COMMUNITIES.

Objective A. Agency & Community Partnerships Strategies

1.A.1 Create partnerships to develop statewide health promotion and disease prevention programs.

ACoA - The Healthy Body, Healthy Brain Campaign, a joint public educational effort with the Division of Public Health and the Trust, continued this year to educate seniors and baby boomers about ways to enhance their brain health and reduce the risk of Alzheimer's disease and related dementia (ADRD) by making lifestyle changes with respect to nutrition, physical exercise, mental stimulation and social engagement. Activities included continuing with the developing a page on ACoA's website devoted to publishing information from latest research findings and Campaign activities.

Used the Healthy Body, Healthy Brain Campaign advertising posters at theaters throughout Alaska as a further way to get the HB/HB message to the public.

SDS - Title III –D grants awarded for health promotion and disease prevention activities throughout the state. Partners include SDS, Senior Centers, senior providers, and UAA.

1.A.2 Increase senior access to statewide health screening services to identify chronic disease.

DPH - Participation in Alaska Healthy Aging Partnership. Oral Health screenings for seniors. Develop Oral Health Needs Assessment report.

1.A.3 Develop a comprehensive senior fall prevention program.

1.A.4 Promote wellness programs to prevent chronic disease or minimize impact.

ACoA - Activities to promote the Healthy Body, Healthy Brain Campaign (HB/HB) are underway as described under 1.A.1 to promote brain health and reduce the risk of ADRD (July 2007 to present).

DPH - Identified resource "Exercise & Physical Activity: Your Everyday Guide" from the National Institute on Aging.
<http://www.nia.nih.gov/HealthInformation/Publications/ExerciseGuide/>

SDS - Title III-D grantees encouraged to use D funds to implement evidence based Chronic Disease Self Management programs.

1.A.5 Promote development of multi-generational programs to encourage well-being for seniors and youth.

SDS – Encourages multi-generational programs through Foster Grandparent and coordination between senior meals and school lunch programs.

LTCO - Promote development of multi-generational programs to encourage well-being for seniors and youth. The LTCO office continuously stresses to direct caregivers to take the time to understand and learn from elders.

DOL - GED working well with the Mature Alaskans Seeking Skills Training. Recovery funds for summer youth workers trained with elders this summer to learn traditional methods in Kenai, Shishmaref, Nome and the surrounding 16 villages - Bering Straits work with elders and youth helping youth learn traditional methods and they also worked on reindeer project; Glenallen worked with elders and youth to build fish wheels.

1.A.6 Support creation of "elder-ready communities."

DPH - Developed PSAs with SEARHC funding which aired on local radio station to encourage more walking and biking

Objective B. Education and Public Awareness Strategies

1.B.1 Implement health promotion and disease prevention programs.

ACoA - HB/HB activities as described (July 2007 to present)

DPH - Promoted Presidents Challenge to AARP, Alaska #1 in the country. Visit <http://presidentschallenge.org/>

SDS – Programs implemented through Title III-D grantees.

1.B.2 Support and expand Healthy Body, Healthy Brain activities.

ACoA - Previously described (July 2007 to present)

ADRAA - Partnered with ACoA in the implementation of the Healthy Body Healthy Brain campaign. In FY 09, conducted 25 presentations and reached 334 people.

1.B.3 Promote money management, financial & estate planning classes for seniors.

SDS – Programs being developed through ADRC's.

1.B.4 Encourage senior participation in chronic disease prevention programs.

ACoA - ACoA is developing a HB/HB section on our website devoted to HB/HB information. We are encouraging senior centers and community health centers to provide HB/HB information to seniors and baby boomers (July 2007 to present) Started working with the National Fall coalitions and helped recruit state agencies to develop a state-wide fall prevention coalition.

DPH - Developed PSAs with SEARHC funding which aired on local radio station to encourage more walking and biking

1.B.5 Support health literacy programs for seniors and caregivers to enhance professional health care access.

DPH - Participated in planning committee for Care of Elderly Conference

1.B.8. Encourage seniors to take advantage of Medicare prevention services.

Objective C. Advocacy Activities

1.C.1 Advocate for enhanced financial benefits and safety nets for seniors.

1.C.3. Support a re-evaluation of state and national health care policies to enhance access to care.

ACoA - Participants discussed SB61, the Universal Health Care bill, during ACoA's legislative teleconferences (March 2009).

LTCO - Support a re-evaluation of state and national health care policies to enhance access to care. Met with state representative Buch (D) to express need for in-state long term care for elders in need of ventilator care. Coordinated with St. Elias hospital to get costs of care, capacity for long term care for residents. Proposal would be to have state have certain number of beds on retainer for care of elders.

1.C.4. Advocate for additional funding to increase nutrition education & counseling.

DPH – State funded request for obesity program in FY09.

1.C.6. Advocate for increased resources to expand transportation services for senior volunteer programs.

LTCO - Advocate for increased resources to expand transportation services for senior volunteer programs.

1.C.7. Advocate for more resources to support volunteer programs serving seniors.

DOL - MASST promotes and provides goal-oriented, lifelong learning experiences by offering individualized services for personal, educational and career growth. Foster Grandparent/Elder Mentor, Senior Companion, and Retired and Senior Volunteer Program - continue to talk about them and to help others understand what they do and where they can go for services.

1.C.8. Encourage LTC insurance providers to enhance their coverage and covered services in AK.

Goal 2: OLDER ALASKANS HAVE ACCESS TO HEALTH & SOCIAL SUPPORTS ALONG THE CONTINUUM OF CARE.

Objective A. Community & Agency Partnership Strategies

2.A.1 Support ADRC's utilization in conjunction with senior center information and referral providers.

ACoA, along with agency partners, advocated successfully for funding to support the Aging and Disability Resource Centers now transferred to SDS.

SDS - ADRC's implementing partnerships between senior centers and other I&R providers through ADRC Network MOA's.

DOL - Continue to work with the SILC on developing processes for identifying and promoting additional services and programs to enhance service and program availability for Alaskan seniors

Continue to advocate for information and referral enhancements consistent with ADRC goals and objectives

Continue to coordinate with AHFC to promote awareness of the ADRC information and referral services related to senior and disability housing programs and options.

2.A.2 Develop a joint Medicaid/Older Americans Act screening, referral & intake process to be used by ADRC.

SDS – In progress.

2.A.3 Expand Home- and Community-Based Services (HCBS) to meet needs of high risk seniors not eligible for the Medicaid Waiver (including those with ADRD among others)

ACoA, along with agency partners, successfully advocated for \$1 million increment to support senior HCBS grant-funded services which help seniors with ADRD as a primary diagnosis who are not eligible for the Medicaid waiver (July 2007 through April 2008).

ACoA continues to advocate for development of a Medicaid Waiver for persons with ADRD with the Department of Health and Social Services (ongoing).

ADRAA - Partnered with AgeNet, ACoA and others and continued advocacy for increased funding for senior home and community-based grants. Six hundred and nine thousand dollars (\$609,000) was added to Senior HCB grants statewide. Support ACoA's recommendation - ADRD grant program - and provide advocacy for this project.

2.A.4. Develop a coordinated quality improvement plan for HCBS senior programs.

SDS – In progress.

2.A.5. Encourage senior centers to become nationally accredited as a way to provide higher quality service.

SDS – Accredited sites receive additional points on their grant applications.

2.A.6. Coordinate with the Trust, Boards, Behavioral Health & others to enhance senior behavioral health programs.

ACoA participates in the ongoing development of the Comprehensive Mental Health Plan along with agency partners. The Comp Plan provides guidance for resource allocation of state funds to improve services for Trust beneficiaries. (Ongoing)

LTCO - Became member of Senior Behavioral Health Coalition to address senior substance abuse and mental health issues of seniors and develop a pilot program to provide access to needed services by seniors. Also became part of sub-committee of this coalition to develop training program for professionals such as doctors/nurses, direct care givers, hospital planners, etc and others who deal directly with elders with substance abuse/mental health issues.

2.A.7. Support community gatekeeper programs to identify seniors in need of services.

ACoA, with the Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse and Behavioral Health, developed and advocated for SOAR (described above) to

address this strategy. Funding for the SOAR project was included in the legislative budget. ACoA and Behavioral Health are developing the project design for the upcoming RFP and plans for project sustainability (July 2007 to present).

2.A.8. Promote efforts to coordinate local transportation.

SDS - Coordinated transportation encouraged by all Title III transportation providers.

2.A.10 Provide recommendations to the Health Care Strategies Planning Council regarding long-term care planning.

SDS – In progress.

2.A.11 Develop a “gap analysis” for health care, LTC and senior services and work to fill the gaps.

LTCO - Used every opportunity available to expose need for more state licensed Mental Health assisted living homes in state so elders with these issues are cared for by trained caregivers and not mixed in assisted living home only licensed for "seniors" but not for "seniors with mental health issues."

2.A.12 Work with AK DOT to promote coordinated transportation systems in communities with Title III grants.

SDS – Coordinated transportation is encouraged by all Title III transportation providers.

2.A.13 Strengthen relationships between ADRC’s and senior providers.

SDS - MOA’s between ADRC’s and senior providers required for grant applications. Objective B. Education & Public Awareness Strategies.

DOL - Work Incentives Planning and Assistance (WIPA) projects in Alaska work with SSA beneficiaries with disabilities on job placement, benefits planning, and career development.

By working with a WIPA, SSA beneficiaries will be better equipped to make informed choices about work. Each WIPA is staffed with Community Work Incentive Coordinators (CWICs) to:

- provide work incentives planning and assistance;
- help beneficiaries and their families determine eligibility for Federal or State work incentives programs;
- refer beneficiaries with disabilities to appropriate Employment Networks or State VR agencies based on individual needs and impairment types;
- provide general information about potential employer-based or federally subsidized health benefits coverage available to beneficiaries once they enter the workforce; and
- inform beneficiaries with disabilities of further protection and advocacy services available to them.

WIPAs are authorized to serve all SSA beneficiaries with disabilities, including transition-to-work aged youth, providing benefits planning and assistance services on request and as resources permit.

2.B.1 Continue to support & develop the ADRCs.

ACoA participates in the monthly ADRC grantee meetings and serves on the advisory council to transition management of the ADRCs from AHFC and the State Independent Living Center (SILC) to SDS. ACoA also served on the proposal evaluation committee to award a new ADRC grantee, which is a partnership of a senior center and independent living center. ACoA, with agency partners, advocated successfully for funding to support the ADRCs (July 2007 to present).

SDS - Increased state funding for ADRC's, applied for and was awarded funds for the RCSC/ADRC grant. ADRC's will be instrumental in developing a person-centered Hospital Discharged planning tool, continued expansion and integration of ADRC's into the HCBS and LTC system.

DOL - State of Alaska, Division of Senior and Disability Services, administers the ADRC grant in partnership with the 3 regional sites. Through this partnership it is the goal of the ADRCs to provide a "no-wrong door" entry to long term support services for seniors and people with disabilities statewide by collaborating and partnering with other programs and providers in the communities. The Resource Centers offer information and referral services, eligibility screening, assistance in gaining access to long term support services for private pay consumers, and access to the Division of Public Assistance (DPA) for Medicaid financial eligibility determination.

Ongoing education of who and where to go and the types of services available for a referral to seniors requiring these types of services.

The Alaska ADRCs continue to coordinate and collaborate within their communities and statewide to build a strong network of providers, agencies, consumers, caregivers to create the "no-wrong door" approach so consumers can access long term support services through multiple entry points. The long term goal of the ADRCs is to work with Division of Senior & Disability Services and Division of Public Assistance (Medicaid) to centralize eligibility screening, comprehensive assessment, programmatic eligibility, financial eligibility determination, and access to LT support services for private-pay consumers. The Department of Labor continues to support the development of ADRC statewide.

2.B.2 Support educational efforts to help seniors plan and pay for Long Term Care services.

DOL -Community living, caregiver support, individual choice, self-determination, access to home and community based care, and expansion of care options are discussions that are leading to maximizing the sustainability of the care continuum discussion that are ongoing.

Ensure that training is available for those wanting to enter this field.

Funding for direct service providers are available - WIA, STEP, and MASST.

2.B.3 Develop outreach campaigns for family caregivers.

SDS - Title III-E funds available to provide outreach to Family Caregivers.

ADRAA - In FY 09, coordinated 1085 units of outreach utilizing media, events, awareness presentations, etc. Continued to use website as a vehicle to distribute information. Reached 1,937 people through 242 training events. In FY 09 website had an average of 120 visitors per day.

DOL - Would be willing to assist with an outreach plan.

2.B.4 Streamline access for consumers to Long Term Care (LTC) services through expansion of Aging and Disability Resource Center (ADRC).

SDS - Increase funding for existing sites and in FY2010 additional funding for new sites.

DOL - The long term goal is that citizens have easy access to a range of publicly funded home and community based resources which help to maintain their independence in the community and that builds trust and credibility with state and local level service providers. Many of the MASST participants have a spouse at home that may need additional services while the other spouse is working.

Ensured that MASST case workers understand the person-centered, self-directed long term care system. This system effectively assist consumers with identifying and accessing a range of home and community based resources that maintain individual independence. This collaboration has strengthen the working relationships with local host sites and with senior centers.

The case workers have others to collaborate with to ensure that the participant is receiving services that are required to be successful in the workplace.

Objective C. Advocacy Strategies

2.C.1. Participate in LTC strategic planning efforts.

ACoA is participating in three LTC planning activities being conducted by (1) DHSS (to complete a 3 to 5-year planning document focused on those traditionally served by the long-term care system and those with emerging needs such as seniors with behavioral health needs and aging inmates of the correctional system); (2) Fairbanks North Star Borough (to examine the long-term care system in Fairbanks, identify unmet needs, and provide recommendations to enhance services over the next five years); (3) and Public-Private partnership of the Rasmuson Foundation, Alaska State Nursing Home Association, ACoA, Trust, AARP, and DHSS to develop a long range 20 year statewide plan for senior services (January 2008 to present).

SDS – In progress

2.C.2 Advocate for higher physician Medicare reimbursement rates.

2.C.3. Advocate for uninsured and underinsured to reduce health disparities.

2.C.4. Gather and maintain data on the number of seniors in need of services and identify barriers that prevent access.

ACoA gathers information on the number of seniors in need of various services which is used to support budget recommendations to the Department, the Trust, and to the Legislature, in addition to being reported in the DHSS Comprehensive Integrated Mental Health Plan (July 2007 to present).

2.C.5. Advocate for stable funding for senior HCBS.

ACoA - The FACES initiative, included in the legislative budget and supported by the Trust, the Department, AARP, and AgeNet will provide a \$1 million increment in operating funds to support senior grant-funded home- and community-based services.

ADRAA - Continued to work w/ partners and advocated for HCB funding. Developed ADRAA's legislative platform and delivered to all legislators. Participated in AgeNet fly-in. Coordinated meetings w/ 17 legislators at their home offices prior to legislative session. Submitted letters to the editor through the 4 largest newspapers. FY 10 - \$609,000 increase in HCB funding

2.C.7 Support addition of ADRD and TBI waiver.

ACoA continues to advocate for development of this waiver in our budget recommendations to the Department and to the Trust to serve those with ADRD and TBI as a primary diagnosis who are not currently served by existing waivers. The Pacific Health Policy Group Report, supported by funds from SB 61 in 2007, recommends development of an ADRD waiver to enhance federal funds for the Pioneer Home system (July 2007 to present). The Department will examine the feasibility of an ADRD waiver as part of the long-term care study to be undertaken this year.

LTCO - Emphasize need to include ADRD and TBI waiver programs at every opportunity given.

ADRAA - Continued to provide information regarding the needs of persons w/ ADRD who are excluded from the Medicaid waiver.

2.C.8 Conduct consumer surveys regarding public perception of senior services and encourage public input.

SDS – In progress through the Quality Assurance Program Review process.

2.C.10 Support efforts to create sufficient workforce for LTC facilities, assisted living homes, and HCBS.

ACoA - The FACES increment will provide additional operating funds to senior providers so that they can offer their staff better pay and improve staff retention and recruitment to improve services for seniors (July 2007-April 2008).

ACoA collected data from senior providers around the state regarding their salaries and benefits which was submitted to the Trust Workforce Development Committee (September-October 2007).

ACoA and the Governor's Council on Developmental Disabilities and Special Education advocated for the Senior Crisis Response project to provide training for long-term providers who care for elders and disabled persons with mental health illness and other

behavioral health needs. This project was not funded by the Legislature. (July 2007 – April 2008).

LTCO - No action taken in this area. Though working on Assisted living improvement committee to improve quality of care of elders.

2.C.11 Support incentives designed to attract and keep medical providers in Alaska.

ACoA - Advocacy efforts to improve Medicare reimbursement rates for physicians and medical providers are ongoing.

2.C.12 Support application of resident-centered models in LTC facilities.

ACoA's will advocate for person-centered care through our participation in long-term care planning efforts currently underway.

ANTHC - Support for resident-centered care models--we have a contractor doing a LTCO - Emphasize importance of resident-centered care at every opportunity, especially when providing training to new assisted living home providers.

2.C.13 Create a "fast track" system of qualifying for Medicaid services & payment to providers.

SDS – In progress

2.C.15 Seek systems change options for funding LTC which are affordable and accessible for all seniors.

LTCO - Floated idea of "Elder Trust" account with monies earned off of oil when over \$60 per barrel to enhance availability of LTC across state with Rep. Buch and Sen. Dyson.

2.C.17 Support adequate provider reimbursement for services by Medicare, Medicaid, and insurance.

ACoA advocated for increase in Medicaid waiver rates for senior providers during the FY08 legislative session.

2.C.18 Support facility upgrades and additional staff for the Pioneer Homes as needed.

ACoA - Commission members advocated to legislators in support of capital items in the budget for Pioneer Homes. The FY09 Capital Budget contained over \$5 million for the Pioneer Home deferred maintenance and equipment (January – April 2008).

2.C.20 Support review of Medicaid reimbursement rates and advocate for appropriate rates.

ACoA participated in meetings with Meyers and Stauffer, a firm hired by the Department to review rates for all HCBS providers. We also advocated for increased rates during the FY08 legislative session (January – April 2008).

SDS – In progress. Currently in the Office of Rate Review.

Goal 3: FAMILIES ARE SUPPORTED IN THEIR EFFORTS TO CARE FOR LOVED ONES AT HOME AND IN THE COMMUNITY.

Objective A. Agency and Community Partnerships Strategies

3.A.1 Support family caregivers through caregiver support, senior in-home services, and adult day care.

ACoA - The FACES increment offers additional operating funds to provider agencies for the services noted above which support the caregiver's efforts (July 2007 – April 2008).

SDS - On-going through all SDS services.

ADRAA - Sought increased funding diversity and provided a variety of caregiver support services and in-home services. Further customized some offerings to add flexibility to services. Continued to emphasize staff training as a key to quality services. 95% of caregivers receiving respite services from ADRAA stated respite positively impacted their ability to care for their family member in the home. 95% of their caregivers receiving respite services from ADRAA stated respite positively impacted their ability to care for their family member in the home. 74% of caregivers stated they would have placed their loved one earlier if they had not received respite. ADRAA Respite services delayed placement of the elder an average of 17 months. Delivered 23% more hours of in-home services compared to FY08. The Savvy Caregiver Program graduated 119 caregivers.

3.A.2. Coordinate with ADRCs to increase information and access to services for family caregivers.

ACoA - The ACoA website has a link to the Network of Care website that provides information about services statewide for seniors and others in need of long-term care services (January 2008 to present).

SDS - All SDS Family Caregiver grantees have MOA's with the ADRC's.

3.A.4. Identify needs of working caregivers & increase their support services so that they can work & caregiver.

ADRAA - The most significant gap is lack of respite services for working caregivers unable to pay the full cost of care. ADRAA advocates for changes to the Medicaid waiver regulations and to the SIH grants to allow services to be provided for caregivers to work. www.alzaska.org

3.B.1. Increase caregiver awareness about ADRD & provide educational opportunities for them.

ADRAA - Provided a variety of caregiver awareness and education activities. In FY 09, statewide - 119 public awareness events; 242 training/education activities with 1937 participants; 119 caregivers completed the Savvy Caregiver program; 396 people attended ABC's of caregiving. Continued to maintain a website with information on ADRD and services available - In FY 09 the website had an average of 120 visits per day.

Caregivers have more information, a better understanding of dementia related issues and greater skills to help them care for a family member.

SDS - On-going through SDS Family Caregiver program and ADRC education and support grants.

3.B.3. Increase awareness of caregiver support programs.

SDS - On-going through increased outreach and awareness activities.

ADRAA - Increasing individual, families and public awareness of caregiver supports is integral part of many of ADRAA's services. We accomplish this through I&R, consultations, outreach, presentations, etc. ADRAA's units of I&R increased 83% over the previous year. Caregivers are better informed of support services available and increase their utilization. As a result, people w/ ADRD remain living in their home and community longer.

Objective C Advocacy Strategies

3.C.1. Support the creation of federal tax credit and other incentive programs for family caregivers.

3.C.2 Support increased funding for expansion of caregiver programs statewide

ACoA - The FACES increment adds funding for services that support caregivers including adult day, care coordination, and respite.

LTCO - Floated idea of "Elder Trust" account with monies earned off of oil when over \$60 per barrel to enhance availability of LTC across state with Rep. Buch and Sen. Dyson.

ADRAA - Partnered w/ ACoA and SDS in preparing a proposal to AoA to bring a new evidence-based project to Alaska as well as new funding. Advocated for funding increase for senior in-home service grants.

Goal 4: A RANGE OF ADEQUATE, ACCESSIBLE, SECURE AND AFFORDABLE HOUSING OPTIONS IS AVAILABLE TO SENIORS.

Objective A. Agency & Community Partnership Strategies

4.A.2. Support incentives to develop more assisted living and nursing care facilities, especially in rural Alaska.

No activities to report at this time.

SDS - Rural Long Term Care Coordinator (RLTCC) position in SDS provides assistance throughout the state for anyone or community wishing to develop assisted living or HCB LTS supports and services.

LTCO - Floated idea of "Elder Trust" account with monies earned off of oil when over \$60 per barrel to enhance availability of LTC across state with Rep. Buch and Sen. Dyson.

4.A.3. Support private sector efforts to develop more resident-centered supported housing for seniors.

Through the efforts of the Senior Housing Office, various advocacy groups have either contacted the office, or made referrals directly, for those individuals seeking housing needs or solutions, including accessibility or energy assistance.

4.A.4. Support partnerships & incentives to expand the continuum of senior housing options statewide.

ACoA supported and advocated for the Housing Trust through meetings with legislators, support letters, and other efforts. The Housing Trust aims to provide housing and supportive services targeting homeless persons of which 17% are age 55 years and older. ACoA also participated in the Trust- and AHFC-sponsored Housing Summit in December 2007 (August 2007 to present).

SDS - SDS participates in a variety of housing workgroups throughout the state that focus on senior housing issues.

4.A.6. Work with state agencies & providers for residential solutions for chronically mentally ill seniors.

ACoA and the Governor's Council on Developmental Disabilities and Special Education advocated for the Senior Crisis Response project to provide training for long-term providers who care for elders and disabled persons with mental health illness and other behavioral health needs. ACoA conducted a survey of assisted living home providers across the state regarding their service of mentally ill seniors and their desire for further training to serve this population (July 2007 – April 2008).

ACoA participates in the Trust's Housing focus area as requested.

LTCO - Used every opportunity available to expose need for more state licensed Mental Health assisted living homes in state so elders with these issues are cared for by trained caregivers and not mixed in assisted living home only licensed for "seniors" but not for "seniors with mental health issues."

Objective B: Education and Public Awareness Strategies

4.B.1 Include access to information about senior housing options in all state-funded information and assistance programs.

4.B.4 Expand information about funding sources for pre-development and development of senior housing.

SDS- Information about funding provided through RLTC and ADRC's.

Objective C: Advocacy Strategies

4.C.1 Advocate for adequate management oversight to protect seniors in independent and assisted living facilities.

ACoA will work with SDS, the Long-Term Care Ombudsman's Office (LTCO), and the Division of Assisted Living Licensing to review the state's regulations addressing the protection of vulnerable adults for purposes of strengthening regulations and making recommendations for statute modifications during the FY 09 legislative session. SDS is the lead agency for this effort (April 2008 to present)

Goal 5: Alaska supports a stable workforce for seniors and senior health services as well as a range of attractive employment opportunities for seniors.

Objective A: Agency & Community Partnerships

5.A.1 Continue public & private partnerships to increase direct service workforce.

ACoA continues to participate in the Trust Workforce Development Committee. ACoA supports the work of the UA Geriatric Education Center by submitting support letters for the University's grant applications. The UA GEC provides training for direct service workers and health care professionals in senior services.

SDS - On-going SDS participation in the Trust Workforce Development focus area.

DOL - To assist direct service workers in reaching their career goals, and recognizing their full potential. This may require assisting the worker to overcome barriers in his/her personal life. Services involve group instruction, individual counseling, and job placement assistance.

Allied Health Department AVTEC

Certified Nurse Assistant - Anchorage Area Training

Certified Nurse Assistant Reciprocity Course - Anchorage Area Training

Licensed Practical Nurse - Anchorage Area Training

5.A.3 Increase collaboration with the MASST program to increase senior employment opportunities.

DOL - Advertising to ensure employer and other seniors are aware of the services provided to increase senior employment opportunities and to learn to access these services to apply for employment. 48.7 of the participants entered regular employment. After one year, 74.5% of these participants remained on the job.

5.A.4 Continue to support seniors in or re-entering workforce with employment assistant services.

DOL - Ensure that seniors understand the many programs offered by the Department of Labor and its mandated partners. Using job postings on the Internet, or the employer 800 phone number, email, or office visits, employers and job seekers find each other quickly. Core services include job order listing, job search assistance, career exploration, labor market information, and resume preparation. Under Workforce Investment Act (WIA), the one-stop system becomes the principal access point to other employment and training services. At the same time, WIA supports the unique and universal nature of the public labor exchange where there are no eligibility requirements, obligations or assessed fees.

5.A.5 Strengthen awareness of and opportunities for business sector partnerships which benefit senior workers.

DOL - The Fidelity Bonding Program is administered by the Alaska Department of Labor and Workforce Development, Employment Security Division. It is designed to eliminate bonding as a barrier to employment, and alleviate employer concerns about hiring at-risk job applicants.

Who is considered "at-risk"?

- Ex-offenders, including anyone with a record of arrest, conviction or imprisonment, and anyone who has ever been on probation or parole
- Ex-addicts (persons with a history of alcohol or drug abuse)
- Persons having a poor credit record or who have declared bankruptcy
- Economically disadvantaged persons who lack a work history
- Individuals who were dishonorably discharged from the military
- Others who experience a barrier to gaining employment due to their personal background.

How Bonds can help

- Employers receive the bonds free-of-charge as an incentive to hire hard-to-place job applicants.
- The bond insurance reimburses the employer for any loss due to employee theft of money or property.

5.A.6 Encourage comprehensive and coordinated systems to enhance access for seniors seeking work.

DOL - Updated materials and outreach to participants re: job fairs, employment training and opportunities.

Customer Service Focus

Customer Choice

Performance Driven

Universal Access

Integration with others employment programs to ensure that the participant is enrolled in the right training required for today's jobs.

5.A.7 Develop networking opportunities for older workers to find employment.

DOL - Each of the 23 Alaska Job Center Network and five subrecipient sites offer job club activities to their participants. The results are Cross-agency management team that allows ease of service delivery for multi-agencies service delivery that is customer-focused and very accessible to job seekers and employers.

5.A.8 Enhance focus on training for older workers with more employment outcomes.

DOL – Most participants needed computer skills and software classes to update their skills. The results were the SOA MASST program was funded to assist 252 participant receive direct on the job training. 115 were hired by employers as a result of on the job training and skill building.

5.B.1 Develop and maintain a website with DOL Workforce Development to post resources and jobs for seniors.

DOL - Many new Alaska DOL websites that post resources and jobs. Employer Resource Guide:<http://jobs.alaska.gov/handbook/AERM.pdf>. This employer resource guide is updated yearly.

5.B.2 Promote the value of the older worker and dispel misconceptions about older worker capabilities.

ACoA - The Mature Alaskans Seeking Skills Training Program (MASST), under the Department of Labor, and ACoA jointly obtained the Governor's Executive Proclamation of "Employ Older Alaskan Workers Week," September 23-29, 2007, which recognizes the importance and value of the older worker (August – September 2007)

DOL - Implementation of training for in-home services. This is accomplished by facilitating placement of in-home workers with families who are caring for someone with a long term disease or related disorders or frail elderly persons and providing information, support and referrals to families as needed. This has help to ensure that those that want to remain in their homes can.

5.B.3 Highlight employers of older workers who recognize their value and contributions.

ACoA - MASST and ACoA sent a joint letter and certificate of appreciation to MASST employers to recognize their support of employment of older Alaskans (September 2007).

SDS - SDS encourages on-going utilization of the MASST program by Title III grantees.

LTCO - Emphasize what elder abuse is and how to report it at every assisted living training given, at other community forums, and at specific training sessions in nursing homes.

DOL - Assist seniors in enrolling in the Mature Alaskans Seeking Skills Training. This program helps job seekers improved their skills, obtain training and find a job. The goal of the program is for participants to gain the skills they need to find and sustain employments in the workforce. The Workforce Investment Act does the same thing and many seniors are unaware of the DOL services. Continue working with senior centers to ensure opportunities to employment. Update as needed: Network of Care website that provides a comprehensive Service Directory of the approximately 300 service providers in Alaska, putting people in touch with the right services at the right time. The Network of Care also provides easy-to-search libraries and vital information about specific disorders, pending legislation and advocacy, as well as daily news articles from around the world concerning aging and disabilities.

Objective C: Advocacy Strategies

5.C.1 Advocate for adequate grant funding and Medicaid reimbursement to maintain provider workforce.

ACoA's FACES initiative supports this strategy through an increase of operating funds to provider agencies (July 2007-April 2008).

5.C.2 Support efforts to eliminate age discrimination practices by employers.

DOL - The Age Discrimination in Employment Act (ADEA) prohibits any employer from refusing to hire, discharge, or otherwise discriminate against any individual because of age. The act covers compensation, terms, conditions and other privileges of employment including health care benefits. This act specifically prohibits age-based discrimination against employees who are at least 40 years of age. The purpose of the act is to promote the employment of older persons and to prohibit any arbitrary age discrimination in employment.

The Age Discrimination Act of 1975 prohibits discrimination based on age in programs or activities that receive federal financial assistance. This statute is enforced primarily by the Office for Civil Rights in the Department of Education and does not cover employment discrimination. The 1975 act includes many exemptions. For example, it exempts age-based statutes enacted by elected bodies such as the minimum age to enroll in school. Because of the number of exceptions written into the statute, it has had limited impact.

U.S. Equal Employment Opportunity Commission said the number of newly filed age-bias claims rose by 29 percent, the fastest of any job category.

5.C.3 Advocate for incentives to support health care and provider workforce (student loan forgiveness in the health care services)

ACoA submitted a letter of support for federal legislation introduced this year (March 2008).

Goal 6: OLDER ALASKANS ARE SAFE FROM CATASTROPHIC EVENTS & PROTECTED FROM PERSONAL EXPLOITATION, NEGLECT, AND ABUSE.

6.A.1 Collaborate with agencies to develop & implement disaster preparedness protecting seniors.

PH - Develop and implement a disaster preparedness plan to protect seniors. The Pioneer Homes have developed a Continuity of Operations and Emergency Response Plan and implemented it in each home. The plan addresses fire, flooding, earthquakes, volcanoes, plague, etc.

SDS - All programs receiving funds through SDS must develop and coordinate with their local community disaster preparedness plan to protect seniors and vulnerable adults.

DOL - This is consistent with Alaska's Constitutional policy of maximum self-government.

When individuals and families cannot respond effectively, the local chief executive, as designated by local emergency plans, will take charge of local actions to protect lives, property, and resources, and prevent terrorist attacks.

If local capabilities are exceeded, the local chief executive may ask for assistance from their borough. If the community is not located within an organized borough, then the local chief executive may ask for State assistance and/or a Gubernatorial Disaster Declaration.

Most of the conversations centered around the H1N1 flu.

While people 65 and older are not included in the groups recommended to get the earliest doses of vaccine, they can get the 2009 H1N1 influenza vaccine as soon as the high risk groups have had the opportunity to be vaccinated. Some communities and providers will offer the 2009 H1N1 vaccine to people 65 and over sooner than others, depending on how quickly they meet the needs of the initial prioritized populations. While the early doses of 2009 H1N1 vaccine are being given to those in high risk groups, CDC's priority for people 65 and older is to have them get their seasonal flu vaccine first, and to seek medical advice quickly if they develop flu-like symptoms this season. This will determine whether they need medical evaluation and possible treatment with antiviral medications.

6.A.2 Work with APS and legal community to expand legal services for older persons.

SDS - No progress at this time.

Objective A: Agency & Community Partnerships

6.A.3 Support activities of the Office of Elder Fraud & Abuse within the Office of Public Advocacy.

SDS - Adult Protective Services coordinates with OEFA and OPA to provide public awareness and education about exploitation and abuse of seniors and vulnerable adults.

LTCO - Worked closely with Elder Fraud on financial exploitation cases involving elders.
Objective B: Education & Public Awareness Strategies

6.B.1 Support educational & public awareness activities to protect seniors from abuse & exploitation.

SDS - Adult Protective Services coordinates with OEFA and OPA to provide public awareness and education about exploitation and abuse of seniors and vulnerable adults.

6.B.3 Support efforts to raise awareness on types of elder abuse and how to report it.

SDS - On- going outreach and public awareness by APS staff. SDS has published and Mandatory Reporter CD and has distributed throughout the state.

LTCO - Emphasize what elder abuse is and how to report it at every assisted living training given, at other community forums, and at specific training sessions in nursing homes.

6.B.4 Increase awareness of legal services available to seniors- conservatorships, POAs, end of life issues.

SDS - On-going outreach and public awareness by APS staff.

LTCO - Emphasize legal services available on a case by case basis during investigation of complaints and during public forums.

6.B.5 Support improved services to safeguard senior rights and resources (guardianships, conservatorships, protection from identity theft)

ACoA submitted support letters for HB 65 that offers additional provisions for prevention of identity theft and consumer fraud including the restriction of the sale and distribution of Social Security numbers; and SB 101 to create several consumer safeguards that are consistent with other states to protect the rights of vulnerable persons and prevent abuse in guardianship proceedings across state lines (February 2008).

SDS - On-going

LTCO - No action taken as Guardianships and POAs actually take away seniors' rights.

6.B.6 Encourage seniors & families to learn about & engage in local emergency preparedness efforts.

SDS - On-going through local public education campaigns.

6.C.1 Advocate for sufficient APS and LTC Ombudsman's staff to ensure senior safety.

LTCO - Advocated for additional funding of more positions based on increased workload and high trend in senior growth.

6.C.4 Advocate for policies that address ageism & other prejudices among health care professionals.

6.C.5 Advocate for more resources to support community emergency preparedness efforts for seniors.

PH - The Pioneer Homes support obtaining more resources to support community emergency preparedness efforts for seniors.

The Pioneer Homes have developed a Continuity of Operations and Emergency Response Plan and implemented it in each home.