

**AGING SERVICES COLLABORATIVE
PLANNING WORKSHOP ON AGING IN PLACE
Work Plan Development Notes
2.10.09**

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ASC Work Group 2: AGING IN PLACE

Strategy 1 – Identify possible target populations for ASC

Strategy 2 – Inventory and share best practices

Strategy 3 – Develop a vision for Aging Friendly Community in SCC, provide the leadership for building it, and develop the infrastructure to support the vision

Strategy 4 – Inform and engage different identified segments of SCC in vision

Referral to Advocacy Group – Advocate for solutions that overcome fragmentation

INITIAL Detailed List of Aging in Place Strategy Accomplishments

Strategy 1: Create a full, **comprehensive** and **integrated** system to focus on aging in place

| Current Reality | 1st Yr Accomplishments | 3-5 Yr Success Indicators |
|--|--|---|
| <ul style="list-style-type: none"> - Fragmented - Segregated by sip code - Different realities for healthy vs. frail seniors - Services are non-existent or too expensive - Services are invisible - Not enough preventative services - This capacity of service system – small numbers are actually served - No system that works - Middle income seniors don't qualify for services | <ul style="list-style-type: none"> - Decide target audience for collaborative - Start to develop an informational and working structure to accomplish the tasks - Develop a targeted outreach plan to seniors and businesses - Send brochures to seniors over a certain age - Host an outreach event? | <ul style="list-style-type: none"> - 50% of seniors served - Businesses have volunteer opportunity programs - Senior Center will know the needs of the seniors who attend - Social services are offered at the senior centers - Increase in the number of senior volunteers - More seniors are engaged in service provision - Increased networking in businesses |

| | | |
|--|--|--|
| <ul style="list-style-type: none"> - People would pay if they can access valuable services - Growing need for cultural affordable services | | |
|--|--|--|

Strategy 2: Increase access and utilization of home and community based services for frail and underserved seniors

| Current Reality | 1st Yr Accomplishments | 3-5 Yr Success Indicators |
|---|---|---|
| <ul style="list-style-type: none"> - Currently serve 1/3 of senior households Boomers don't see themselves attending senior centers - Senior population is growing - Community centers focus more on youth - Co-location of senior and community centers - Exercise programs and fitness centers are packed with seniors - Lots of organizations with separate phone numbers and separate identities - Social service silos - Council on Aging has a universal intake tool - 10 year strategic plan is not comprehensive enough | <ul style="list-style-type: none"> - Define underserved - Develop an outreach plan - Develop a plan to identify frail and underserved seniors - Research other models for increasing access - Research numbers of seniors in different categories of need - Decide the target audience for the collaborative - Start to develop an informational working structure to accomplish the tasks | <ul style="list-style-type: none"> - Increase the number served to 50% or more - Having a universal intake and referral tool to help identify senior referral needs - Accurate numbers on segmentation of senior population - Accurate number of seniors who are underserved or not served at all – ex. Accurate assessment of unmet needs - Volunteers are utilized to expand capacity - Identify the frail and underserved seniors - Have an accurate database on seniors in need - Broader community is aware of senior needs and services - Have accurate data on target populations - Community and work force will know about all available services - There is a higher demand for services |

Strategy 3: Improve hospital to home transitions for older adults and their caregivers

| Current Reality | 1st Yr Accomplishments | 3-5 Yr Success Indicators |
|------------------------|---|----------------------------------|
| | <p>Not completed...shift in facilitation strategy</p> | |

What does Aging in Place mean to you?

1. Housing, having support services, and looking at the neighborhood support structures
2. Companion care
3. Modifications (construction) and universal design
4. Making it all accessible
5. Living with dignity
6. Keeping senior in their homes
7. Not needing to move from one’s home – supportive village vision
8. Having resources so that living at home is an option
9. Having services available to be able to live at home
10. Transportation access
11. Staying at home as long as possible, LTC integrated services – creating a “one stop shop”
12. Engaging family members to engage health professionals through the use of technology, meds management, and employer benefits to cover caregiving
13. Housing to home

REVISED Consensus List of Aging in Place Strategy Accomplishments

Strategy 1: IDENTIFY POSSIBLE TARGET POPULATIONS FOR ASC

| Current Reality | 1 st Yr Accomplishments | 3-5 Yr Success Indicators |
|-----------------|---|---------------------------|
| | 1.1 - Define “underserved” 1.2 - Research the number of seniors in different need categories 1.3 - Decide the target audience for the collaborative 1.4 - Decide the target audience(s) for the collaborative strategies | |

- 1.1 – Danielle Myers, Libby Tait, Maria Solis, John Sink, Tim Lynds, Dennis Bell
- 1.2 – Nancy Hikoyeda **, Doreen Morgan
- 1.4 – Tracy Simon Cook

Strategy 2: INVENTORY AND SHARE BEST PRACTICES

| Current Reality | 1 st Yr Accomplishments | 3-5 Yr Success Indicators |
|-----------------|---|---------------------------|
| | 2.1 - Research other models for increasing access 2.2 - Share resources with ASC members 2.3 - Send survey to seniors to identify the frail and underserved 2.3 - Identify local models – ex. VA Palo Alto’s healthcare system and home based primary care | |

Strategy 3: DEVELOP A VISION, PROVIDE THE LEADERSHIP, AND DEVELOP THE INFRASTRUCTURE TO SUPPORT IT

| Current Reality | 1 st Yr Accomplishments | 3-5 Yr Success Indicators |
|-----------------|--|---------------------------|
| | 3.1 - Start to develop an informational and working structure to accomplish the task | |

3.1 - Dennis Bell**, Don Moody **

Strategy 4: INFORM AND ENGAGE SEGMENTS OF SCC IN VISION

| Current Reality | 1 st Yr Accomplishments | 3-5 Yr Success Indicators |
|-----------------|---|---------------------------|
| | 4.1 - Develop a plan to identify frail, underserved seniors 4.2 - Develop an outreach plan for businesses, policy makers, professionals, seniors 4.3 - Have an outreach event 4.4 - Send brochures to seniors over a certain age 4.5 - Collaborative will be present at all health fairs or walks | |

Parking Lot Issues

1. Examine current resources and agency capacity

What are some other ideas associated with Aging in Place?

1. Seniors 50+ with incomes up to \$50K annually
2. Target population < \$20K annual income?
3. Reverse mortgage
4. Continued affordability of housing
5. Be more proactive (prevention) and less reactive
6. Pre-plan to avoid problems
7. Create interdisciplinary approach – ex. MSSP and Momentum for Mental Health coming together on one team for one client
8. Service system of care
9. Different levels of senior needs
10. Community of care