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Missouri’s Master Plan on Aging



Recommendations from All Subcommittees

The recommendations provided here are combined from all 7 subcommittees supporting writing of the Missouri Master Plan on Aging. The subcommittees worked on these recommendations from February through December 2023. These recommendations will be presented to the Advisory Committee and circulated to the community via Town Hall meetings and other methods to gather feedback and further refine the recommendations.

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Daily Life & Employment Subcommittee

Daily Life & Employment Recommendations	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
<p>1. Reimagine volunteerism by working with non-profit organizations to: 1) convey the capacity and potential of older adults as volunteers; 2) discuss best practices in recruiting and supporting the engagement of older adults; 3) highlight the 'double advantage' of benefiting the older volunteers while boosting the capacity of the nonprofits; 4) encourage use of both a "buddy system" where older adults are paired together; and 5) offer intergenerational volunteer opportunities where different ages work together.</p> <p>Rationale - With this recommendation, we emphasize that we can maximize the potential of the older population as volunteers in their communities by working with organizations instead of focusing on individuals. The "buddy system" can be used to ensure older volunteers have contact with others to build friendships, have someone to check in on them, and contact in an emergency. This will address social isolation and loneliness and give them a sense of purpose.</p>	<ul style="list-style-type: none"> • A) Develop training for reimagining volunteerism for non-profits to help them thrive (best practice from other states). Potential training tour for non-profits. • B) Reimagine Volunteer Fairs as those holding them find that people come to the fairs to get freebies and enjoy the other things offered, but not a great way to get people to commit to the volunteer programs • C) Ensure that individuals are matched with appropriate volunteer positions that benefit the volunteer and the non-profit • D) Work with programs like Give 5 to pair older volunteers with agencies or projects that serve older adults • E) Work with A+ and other school programs (credit for PE) for students to volunteer to help older adults in the community. (i.e., mowing, shoveling snow, visiting seniors, helping with technology, etc.) 	<ul style="list-style-type: none"> • A), B) Department of Health and Senior Services • C) Local Agencies • D) Local Agencies • E), F) Department of Health and Senior Services, Department of Higher Education and Workforce Development, Chamber of Commerce 	<ul style="list-style-type: none"> • A) Could record and share—travel and staff time. • B) No additional costs; just doing things differently. • C) Staff time/outreach • D) Staff time/printing costs/website development 	<ul style="list-style-type: none"> • A) Not in place • B) In place, widely used, but needs updates or changes. • C) In place, but very sporadic use • D) Not in place • E) Not in place • F) Not in place



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	<ul style="list-style-type: none"> F) Work with programs like OASIS Institute to facilitate older adults in mentoring or tutoring roles with younger people 			
<p>2. Work with state and local governments to provide information to individuals preparing for retirement to become involved in civic or social activities to help transition into retirement more smoothly.</p>	<ul style="list-style-type: none"> Build a toolkit that can be widely shared to help individuals preparing for retirement ensure they consider their recreational needs in their retirement plans. Put together lists of organizations available to join, opportunities to get involved, etc. 	<ul style="list-style-type: none"> Department of Health and Senior Services Department of Higher Education and Workforce Development Missouri Recreation Association Chambers of Commerce 	NA	Not in place
<p>3. Implement cost-beneficial enhancements to <u>all</u> State-funded, non-Senior Community Service Employment Program (SCSEP) employment support programs to better support older workers and workers with disabilities. Significantly increase target audience awareness of these programs and make them easier to access.</p> <p>Rationale - The State currently has over 30 non-Senior Community Service Employment Program employment support programs serving various audiences, including older adults and adults with disabilities. Given this level of investment in employment support</p>	<ul style="list-style-type: none"> Establish multi-agency task force and timeframe for work, appoint leader Determine how/whether programs can be enhanced to support older adults and adults with disabilities Determine existing marketing/awareness efforts for each program and assess effectiveness Assess ease of use and applicability based on eligibility for each program and identify improvement opportunities Based on results of above steps, develop recommendations including cost benefit 	<ul style="list-style-type: none"> Department of Health and Senior Services Department of Social Services Department of Elementary and Secondary Education Department of Higher Education and Workforce Development Department of Mental Health 	<ul style="list-style-type: none"> Ongoing additional marketing and outreach expenses Ongoing operating costs to broaden and/or enhance existing programs Potential ongoing personnel increases to coordinate awareness 	<p>Some work in this space is conducted through the following – but need to conduct a fulsome assessment across all agencies</p> <ul style="list-style-type: none"> MO Interagency Transition Team



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<p>and an aging workforce, it makes sense to determine if these programs can be modified/improved to better support older workers and workers with disabilities. In addition, there is a sense among workgroup members that visibility of programs targeted at older adults and adults with disabilities is low and access to them could be made much simpler and more convenient. This is particularly true for individuals who do not use a computer or smartphone. (See supplemental document that summarizes existing State employment support programs)</p>			<p>campaigns with contract and non-profit partners</p> <p>1) Potential technology changes</p>	<ul style="list-style-type: none"> • Employment First Initiative • State as Model Employer
<p>4. Implement/modify tax credits to support employment for older workers and workers with disabilities of all ages: 1) establish new tax credits to incentivize donations to non-profit organizations that provide services to older workers and workers with disabilities (similar to the Youth Opportunity Tax Credit); 2) increase awareness of the Missouri Work Opportunity Tax Credit (WOTC), which provides incentives to employers to hire individuals in certain targeted groups; and 3) advocate for removing the age 65 cap on the federal Earned Income Tax Credit (EITC).</p> <p>Rationale – There are numerous non-profit employment support programs that could</p>	<ul style="list-style-type: none"> • Conduct feasibility study of implementing new tax credit including cost benefit and develop recommendations • Identify opportunities to enhance awareness of Work Opportunity Tax Credit among employers and develop recommendations • Determine impact on Missouri revenue if age cap on federal Earned Income Tax Credit is eliminated • Identify actions the State could take to support changes to the federal Earned Income Credit 	<ul style="list-style-type: none"> • Department of Revenue • Department of Higher Education Workforce Development • Department of Social Services • Leverage National Council of State Legislators and National Council of Governors to advocate for elimination of Earned 	<p>Yes – establishing a new tax credit will reduce Missouri income tax revenue; however, over time as new workers enter the workforce and pay taxes, this cost will decrease of be eliminated.</p> <p>Yes – the Missouri Working Families Tax Credit (the</p>	<p>Not in place</p>



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<p>expand their reach with additional funding. Establishing a tax credit for donations to these organizations would result in the establishment of a public-private partnership to increase funding without the need for direct appropriations.</p> <p>While the Work Opportunity Tax Credit does not specifically include older adults, it does include several groups that contain older adults and individuals with disabilities such as veterans, Supplemental Security Income and Supplemental Nutrition Assistance Program beneficiaries and the formerly incarcerated.</p> <p>The age cap for the federal Earned Income Tax Credit is arbitrary and eliminates an incentive to work for older adults 65+. It was suspended during the pandemic but was reinstated in 2023. Given the aging workforce, the policy rationale for establishing an age cap for this type of program is outdated.</p>		<p>Income Tax Credit age cap</p>	<p>state-level EITC) is 10% of the federal Earned Income Tax Credit. If more individuals are eligible for the federal EITC, then state tax revenue will be reduced IF Missouri also eliminates the age cap.</p>	
<p>5. Establish new and enhance existing non-Senior Community Service Employment Program partnership opportunities with non-profits that offer employment support programs (MERS/Goodwill, Oasis Institute, Salvation Army, Urban League of St. Louis and Kansas City, Catholic Charities of Kansas City/St. Joseph, Missouri Works Initiative, etc.)</p>	<ul style="list-style-type: none"> • Establish multi-agency task force and timeframe for work, appoint leader • Determine one-time and ongoing ways in which the State could partner with non-profits to improve visibility of programs • Develop recommendations including cost benefit 	<ul style="list-style-type: none"> • Department of Health and Senior Services • Department of Social Services • Department of Elementary and Secondary Education 	<p>Possible – if new or enhanced partnership opportunities cannot be handled by existing agency staff, then</p>	<p>Not in place</p>



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<p>and help these entities increase visibility of these programs.</p> <p>Rationale – There are many non-profit organizations in Missouri that provide non-Senior Community Service Employment Program employment support programs. The State could partner with these organizations to improve the visibility and accessibility of such programs as one way to help individuals that do not qualify for the Senior Community Service Employment Program.</p>		<ul style="list-style-type: none"> Department of Higher Education and Workforce Development Department of Mental Health Selected Non-profits 	<p>personnel cost increases would occur. In addition, there could be incremental expenses associated with marketing and awareness programs.</p>	
<p>6. Implement best practices to Missouri's age and disability-related discrimination laws.</p> <p>Rationale – As society evolves, it is important that laws are periodically assessed to determine opportunities to strengthen them to meet societal goals. Given the recent focus on eliminating barriers that exist for older workers, it seems timely to assess Missouri's age and disability-related discrimination laws against best practices.</p>	<ul style="list-style-type: none"> Conduct study to identify current best practices in age discrimination laws as well as state-by-state comparison of existing laws Assess cost benefit of implementing best practices Based on results of above steps, develop recommendations 	<p>Attorney General's Office or Agency General Counsels</p>	<p>Possible – while the assessment likely can be completed by existing legal staff, it may be beneficial to also hire an outside firm to assist with best practice identification and develop recommendations</p>	<p>Not in place</p>
<p>7. Work with employers to: 1) inform them of the value of hiring, developing and retaining older workers and workers with disabilities; 2) highlight the benefits of providing time off to</p>	<ul style="list-style-type: none"> Establish multi-agency task force and timeframe for work, appoint leader. Identify existing employer communications and opportunities 	<ul style="list-style-type: none"> Department of Health and Senior Services 	<p>No – assessment and additional communications efforts can likely</p>	<p>Not in place</p>



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<p>volunteer in the community; 3) educate them of the benefits of pursuing various workplace programs, such as AARP's Employer Pledge Program, which demonstrate commitment to older workers; and 4) encourage them to provide information on civic and volunteer engagement opportunities to individuals preparing for retirement.</p> <p>Rationale – There is a common perception that employers have a negative bias towards older workers and workers with disabilities and fail to understand the value of such employees. Common perceptions are: hard to train/retrain on technology or new procedures; low motivation; can't physically or mentally keep pace with job responsibilities; too expensive compared to younger workers due to desired income and higher health care expenses; and they are an employment discrimination risk. Conversely, credible research has shown that older workers and workers with disabilities: have a high work ethic; are reliable; are adaptable to changes in technology and processes; have a unique perspective; and can bring stability to work teams through their institutional or industry-specific knowledge and desire to serve as mentors.</p>	<p>(one-time and ongoing) to improve/sustain communication of key messages</p> <ul style="list-style-type: none"> Identify national best practices for building competency and capacity in implementing customized and flexible strategies for hiring older, lower-wage workers and workers with disabilities Identify national best practices for integrating older adults and workers with disabilities into workplace culture Based on above work, develop recommendations to pursue and including cost benefit Encourage employers to encourage their soon-to-retain employees to develop a plan for their retirement to help avoid the social isolation and loneliness (and associated health impacts) that can come from NOT having a plan. Provide materials to HR departments across the state to help workers preparing for retirement learn about volunteer opportunities in their communities and volunteering to stay active and connected to their communities. Provide information to HR departments on community engagement programs such as the 	<ul style="list-style-type: none"> Department of Social Services Department of Elementary and Secondary Education Department of Mental Health Department of Higher Education and Workforce Development Department of Labor Missouri State Employee Retirement System Chambers of Commerce 	<p>be carried out by existing staff and contract firms as well as by non-profit partners</p>	



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<p>There is also a perception that employers limit professional development opportunities offered to older individuals, individuals with disabilities and lower-wage workers because of perceived low return on investment. In reality, many of these workers do want the opportunity to learn new skills and are capable of effectively completing additional responsibilities. The State can take a lead role in communicating the positive business case of providing professional development to these workers, particularly given the shortage of skilled labor.</p> <p>Regarding workplace flexibility, employee burnout is increasing due to many factors, including caregiving responsibilities. As the workforce continues to age, there is a win-win situation in offering greater flexibility in employment (part-time employment, flexible hours, remote work, customization of job tasks, etc.).</p> <p>Finally, systematic and holistic workplace programs encourage employers to adopt policies and practices that attract and retain older workers. They can easily be incorporated into existing workplace culture and process assessment programs or implemented as a stand-alone initiative.</p>	<p>Community Engagement in a Box from United Way of the Ozarks</p>			



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<p>8. Review existing earned income and asset caps for all State-provided benefit programs to determine if changes would increase employment opportunities for older workers and workers with disabilities.</p> <p>Rationale – Income and asset caps create disincentives and barriers to work, even for individuals who otherwise would like (or need) to make additional income. It is important that income and asset caps are established at levels that optimize desired public policy outcomes. NOTE: this recommendation predominantly affects individuals less than 65 years of age and workers who are disabled.</p>	<ul style="list-style-type: none"> Identify State benefit programs that utilize income and/or asset caps Assess whether changes to the caps would result in lowering barriers to work for older adults and adults with disabilities; determine cost benefit Based on results of above steps, develop recommendations 	Department of Social Services	Yes – higher earned income and asset caps will increase program participation, thereby increasing ongoing operating expenses	Not in place
<p>9. Work with healthcare organizations to highlight the benefits of “prescribing” volunteerism to patients identified as being socially isolated or lonely.</p>	<ul style="list-style-type: none"> Develop a “prescription pad” that health professionals can use to “prescribe” volunteerism to patients. Older adults help older adults with appointments. Training programming to help doctors understand the need to recognize and provide referrals for individuals who are isolated or lonely. Is there a checkbox in EPIC (electronic health records) for this?? 	Department of Health and Senior Services, Missouri Hospital Association, Missouri Primary Care Association	Staff time, printing, outreach	Not in place
<p>10. Implement value-based purchasing/financial incentives to improve the quality of State-funded employment support programs.</p>	<ul style="list-style-type: none"> Identify State employment support programs that could implement value- 	<ul style="list-style-type: none"> Department of Health and Senior Services 	Yes – additional general revenue would need to be	Not in place



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<p>Rationale – Value-based purchasing is a broad set of payment strategies that link financial incentives to providers' performance on a set of defined measures with the goal of achieving better value by driving improvements in quality.</p>	<p>based purchasing or other financial incentives</p> <ul style="list-style-type: none">• Conduct study to determine feasibility/cost benefit of implementation• Based on results of above steps, develop recommendations	<ul style="list-style-type: none">• Department of Social Services• Department of Elementary and Secondary Education• Department of Higher Education and Workforce Development• Department of Mental Health	<p>allocated to match Federal fund's</p>	
<p>11. Encourage health plans/Medicare/Medicaid to cover recreational fitness and patient companion programs for older adults and adults with disabilities.</p> <p>Rationale – These steps will improve health, decrease medical expenses and promote communication with healthcare providers.</p>	<ul style="list-style-type: none">• Work with Mo HealthNet (Missouri Medicaid) and common insurers in Missouri to incentivize the health benefits of staying active and engaged in the community (similar to those that gave incentives for using pedometers and gym membership plans)• Work with Mo HealthNet to apply to Centers for Medicare & Medicaid Services (CMS) to allow Patient Companions as an allowable billing code. Encourage healthcare providers and local agencies to develop Patient Companion programs to assist older adults and adults with disabilities to and from appointments and to ensure that all information shared is accurate and understood by the patient	<p>Mo HealthNet, Other Insurers</p> <p>Mo HealthNet, Department of Health and Senior Services, Department of Social Services, Department of Mental Health, Local government, local agencies</p>	<p>Yes- potentially at first, but it could reduce costs overall over time.</p> <p>Yes, the determined price for this billing code is multiplied by potential users of the program.</p>	<p>Not in place</p> <p>In place but very sporadic use. (SeniorAge has a very active program.)</p>



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	<ul style="list-style-type: none"> Work with Medicare/Medicaid to include Social Determinants of Health in its decision-making regarding covered services 			
12. Systematically and consistently engage older adults, adults with disabilities, and caregivers to help identify issues, plan, and develop community solutions and go to where they are already; don't expect them to come to you.	<ul style="list-style-type: none"> All state, regional, local, and city governments and agencies serving older adults, adults with disabilities, and caregivers should plan to engage the populations by going to where they naturally congregate. 	All levels of government/agencies serving target populations	Staff time, travel	In place, but very sporadic use
13. Work with state and local governments and public universities to improve accessibility (universal design) to buildings and parks.	<ul style="list-style-type: none"> Work with MO State Parks policymakers at all levels to ensure that all parks have accessible parking, entry and access to desired areas for all Work with hotel industry regarding their true ability to provide accessible rooms. Work with local governments to increase the number of accessible restrooms and parking in all facilities 	<p>State Parks, County & City Government</p> <p>State and City Code entities, Chambers of Commerce, and State Parks. Parks and Recs Association</p>	<p>Yes- work may need to be done at state parks to make them accessible.</p> <p>Yes, if not already accessible, it must be in ADA compliance and assure individuals of all ages and abilities can access it.</p>	In place, but very sporadic use
14. Work with Missouri State Parks and the Missouri Parks Association to increase Seniors to the Parks programs within the state.	<ul style="list-style-type: none"> Work with MO State Parks to improve awareness of the program and to provide incentives to encourage participation. 	State Parks		



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<p>15. Work with community colleges and universities to: 1) increase access to classes for older adults; 2) improve age and disability inclusivity in degree and certificate programs, continuing education classes, and enrichment programs; 3) include courses on working with older adults and adults with disabilities as part of their Community Health Worker credentialing; and 4) develop intergenerational programs as part of their Geriatric Workforce Enhancement Programs (GWEPs).</p> <p>Rationale – This addresses both the recent U.S. Surgeon General advisories. Anecdotal evidence from other states shows intergenerational programs could reduce age bias held by people of all ages and lead to more students electing to go into the geriatric fields in both social and medical areas.</p>	<ul style="list-style-type: none"> • A) If already available, educate older adults about the available options. Ensure options are both for auditing classes and the ability to take the classes to help with career options • B) Encourage public universities and community colleges to increase free or reduced-fee classes for non-traditional older students • C) Encourage universities providing community health worker credentialing to seek out older adults to become credentialed by offering free or reduced classes • D) Encourage Geriatric Workforce Enhancement Programs to develop programming that can be replicated at all universities, which encourages college students to work with older adults and adults with disabilities, positively impacting socialization for older adults and college students and potentially increasing the workforce serving older adults • E) Include Reframing Aging and Reframing Disability as core competencies for all students in Missouri Universities and Colleges 	<ul style="list-style-type: none"> • A) Department of Higher Education and Workforce Development • B), C) Department of Higher Education and Workforce Development, Department of Health and Senior Services, Missouri Primary Care Association • D) Geriatric Workforce Enhancement Programs, Department of Health and Senior Services, Department of Higher Education and Workforce Development 	<ul style="list-style-type: none"> • A) Potentially if taking the spots of paying students. • C) Potentially if taking the spots of paying students. • C) Staff time, materials, printing 	<ul style="list-style-type: none"> • A) In place, but not widely known or shared, could be expanded greatly. • C) Not in place • D) Unknown • E) Not in place



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Family Caregivers Subcommittee

Family Caregivers Recommendations	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
<p>1. Identify and promote a comprehensive list of resources available to family caregivers of all ages/across the lifespan to both consumers and professionals. This should identify requirements that are written into federal, state and organizational policy.</p>	<p>1. **Identify Key Stakeholders:** Begin by identifying all state agencies, federal bodies, and other organizations that provide services for caregivers. This could include health departments, social services, non-profit and for-profit organizations, and caregiver support groups.</p> <p>2. **Catalogue Services:** Assign a team to research and catalogue all the services provided by these entities. This could involve visiting their websites, making phone calls, or even conducting in-person visits. The catalogue should include details such as the type of service, who it is aimed at, and how it is delivered. Consider identifying themes of programs versus exact programs to reduce resources for updating.</p> <p>3. **Analyze Regulations and Statutes:** Engage a legal expert or a team familiar with federal and state laws to analyze the regulations and statutes that govern these services. This should include both federal regulations and state statutes.</p> <p>4. **Identify Individual Policies:** Look into the individual policies of each organization. These may not be as rigid as laws and regulations, and there may be more flexibility in how services are provided.</p> <p>5. **Compare and Contrast:** Once all the information is gathered, compare and contrast the</p>	<p>DHSS</p>	<p>Minimal</p>	<p>List exists, but requirements /categories are not assigned.</p> <p>Laborious to keep lists up-to-date.</p>



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	<p>services, regulations, statutes, and policies. Look for overlaps, gaps, and areas where there may be flexibility in how services are provided.</p> <p>6. **Create a Comprehensive List:** Compile all this information into a comprehensive, easy-to-understand list or database. This should be organized in a way that allows users to easily find and compare services, regulations, statutes, and policies.</p> <p>7. **Review and Update Regularly:** Laws, regulations, and services can change, so it's important to review and update the list regularly. Assign someone the responsibility of keeping the list up-to-date.</p> <p>8. **Share the List:** Once the list is complete, share it with all relevant stakeholders. This could include caregiver support groups, health and social service departments, healthcare providers and other organizations that work with caregivers</p> <p>9. **Use the List for Advocacy:** Use the list to advocate for changes in laws, regulations, or policies that could improve services for caregivers. This could involve lobbying lawmakers, raising public awareness, or working with organizations to change their policies.</p>			
<p>2. Leverage existing infrastructure and emerging technology to promote and increase utilization of resources for family caregivers of all ages/across the lifespan by consumers (e.g.,</p>	<p>1. **Identify Key Stakeholders:** Assemble a team of experts including web developers, content creators, UX/UI designers, and caregiver advocates to work on the project.</p>	<p>Ownership in one place to prevent influence of bad actors/scams</p>	<p>Will require significant time and effort from web developers</p>	<p>Components already exist, but they are not all in one place in a</p>



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<p>211) and professionals (e.g, Community Information Exchange, EMR)</p>	<p>2. Research Existing Resources: Conduct comprehensive research to identify all available resources for caregivers. This could include government programs, non-profit organizations, support groups, educational materials, and financial aid options.</p> <p>3. Categorize Resources: Organize the resources into categories based on their nature and purpose. This could include categories like financial aid, emotional support, educational resources, respite care, etc.</p> <p>4. Design User-Friendly Interface: Work with UX/UI designers to create a user-friendly, intuitive, and accessible website design. The website should be easy to navigate, with clear categories and search functions.</p> <p>5. Create Engaging Content: Develop clear, concise, and engaging content for each resource. Each resource should have a brief description, details on how to access it, and any eligibility requirements.</p> <p>6. Develop a Search Function: Implement a robust search function that allows users to easily find resources based on their specific needs. This could include filters for location, type of resource, age of the care recipient, etc.</p> <p>7. Test the Website: Before launching, conduct thorough testing of the website to ensure all links are working, the search function is accurate, and the user experience is seamless.</p>			<p>user-friendly format.</p>



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	<p>8. Launch the Website: Once testing is complete, launch the website. Announce the launch through various channels such as social media, newsletters, and press releases to reach as many caregivers as possible.</p> <p>9. Collect User Feedback: After the launch, collect feedback from users to understand their experience and any potential areas for improvement. This could be done through surveys, feedback forms, or direct communication.</p> <p>10. Regular Updates and Maintenance: Assign a team to regularly update the website with new resources, and to ensure all information remains accurate and current. Regular maintenance of the website is also crucial to fix any bugs and improve user experience.</p> <p>11. Promote the Website: Continuously promote the website through various channels to reach more caregivers. This could include partnerships with other caregiver organizations, social media campaigns, and caregiver events.</p>			
<p>3. Evaluate and scale innovative community-based and volunteer programs (i.e., senior companion programs, phone-based programs, support groups)</p>	<ol style="list-style-type: none"> 1. Identify and convene stakeholders and experts. 2. Conduct review/environmental scan of available programs, to include program attributes, evidence-supporting the effectiveness & sustainability requirements. 			



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	<ol style="list-style-type: none"> 3. Identify, as needed, resources to conduct evaluation of promising programs. 4. Identify and secure resources to scale and sustain programs. 5. Consider incentives for volunteers such as tax credits for volunteering to serve older adults or family caregivers (e.g., meal delivery, senior companion) <p>Consider universal background screening process and warehouse for those seeking or offering private caregiving services.</p>			
<p>4. Provide professional care employers (e.g, Home Care, Adult Day, LTC) with assistance and incentives to develop and extended benefits for direct care workers to support respite and family caregiving needs. Consider innovative strategies such as thorough and paid training, providing transportation to client sites, full-time employment, expanding benefits, guaranteeing a minimum number of hours or advancing pay in emergency situations.</p> <ul style="list-style-type: none"> • Consider innovative policies to support employees in healthcare fields such as expanding the cap on income for those on social security/disability • Consider policies for “fast-tracking” immigrants with skills/desire to work in healthcare. 	<ol style="list-style-type: none"> 1. **Identify Key Stakeholders:** Begin by identifying the employers, direct care workers, and any relevant organizations or agencies that could be involved in the process. 2. **Conduct a Needs Assessment:** Survey direct care workers to understand their needs and challenges. This could include issues related to transportation, job security, or financial stability. Do they need transportation? Health insurance? More stable hours? 3. **Research Best Practices:** Look into successful models from other regions or industries that have implemented similar benefits. This could provide valuable insights and practical strategies. 4. **Develop a Proposal:** Based on the needs assessment and research, develop a proposal for the types of benefits that could be offered. This should include details on how these benefits could be implemented and the potential costs involved. 	Direct care business associations?	Could be costly to employers	<p>Some individual employers offer some additional benefits, but overall implementation is low and sporadic.</p> <p>Could result in increased access to respite and day services.</p>



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<p>5. How can we replicate this recommendation or expand it to volunteer-powered programs?</p>	<p>Training could be in a conference setting to allow the workers to connect with others working in their field.</p> <p>5. **Consider innovative models and policies:** Consider innovative policies to support employees in healthcare fields such as expanding the cap on income for those on social security/disability. Consider policies for “fast-tracking” immigrants with skills/desire to work in healthcare.</p> <p>6. **Engage Employers:** Present the proposal to employers and discuss the potential benefits for both the workers and the organization, such as increased worker satisfaction, reduced turnover, and improved service quality. Incentives from state?</p> <p>7. **Create a Plan:** Once employers are on board, work together to create a detailed plan for implementing the benefits. This should include timelines, responsibilities, and a budget.</p> <p>8. **Implement the Benefits:** Begin implementing the benefits according to the plan. This could involve arranging transportation services, adjusting work schedules to guarantee minimum hours, or setting up a system for advancing pay in emergency situations.</p> <p>9. **Monitor and Evaluate:** Once the benefits are in place, monitor their impact and gather feedback from direct care workers. This will help identify any issues or areas for improvement.</p>			



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Family Caregivers Recommendations	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<p>10. **Adjust and Improve:** Based on the feedback and evaluation, make any necessary adjustments to the benefits or their implementation. This could involve expanding transportation options, adjusting the minimum hours guarantee, or streamlining the process for advancing pay.</p> <p>11. **Promote the Benefits:** Ensure that all direct care workers are aware of the new benefits and understand how to access them. This could involve informational meetings, handouts, social media campaigns, etc.</p> <p>6. 12. **Continue Engagement:** Maintain ongoing communication with both employers and direct care workers to ensure the benefits continue to meet their needs and to address any new challenges that arise.</p>			
<p>6. Incentivize public and private employers to support family caregivers to remain in the workplace through innovative models to support family caregivers (tax credits, family leave/bereavement policies, flexibility etc.). Consider equity based on type of employment (required on-site such as healthcare or food service versus corporate, for example)</p>	<p>1. **Identify Key Stakeholders:** Start by identifying the employers, human resources departments, and employee representatives who would be involved in the process.</p> <p>2. **Research Best Practices:** Conduct research on companies that have implemented family-friendly leave policies that go beyond the required Family and Medical Leave Act (FMLA) provisions. Understand what works and what doesn't.</p> <p>3. **Develop a Proposal:** Based on research, develop a proposal for enhanced leave policies. This could include extended leave durations,</p>	<p>Department of Labor?</p>	<p>Could be quite costly for employers who are already struggling to maintain staffing levels (especially in the direct care field).</p>	<p>A few employers do go above and beyond requirements, but not many, and it is hard to find those that do.</p>



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Family Caregivers Recommendations	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<p>flexible working hours, or the option for remote work.</p> <p>4. Engage Employers: Present the proposal to employers, highlighting the benefits of such policies, such as increased employee loyalty, reduced turnover, and improved productivity. Possibly engage AAAs to network with community employers.</p> <p>5. Create a Detailed Plan: Once employers are on board, collaborate to create a detailed plan for implementing the enhanced leave policies. This should include timelines, responsibilities, and any necessary budget considerations.</p> <p>6. Implement the Policies: Begin implementing the enhanced leave policies according to the plan. This could involve updating company policies, informing employees, and training managers.</p> <p>7. Monitor and Evaluate: Once the policies are in place, monitor their impact and gather feedback from employees. This will help identify any issues or areas for improvement.</p> <p>8. Adjust and Improve: Based on the feedback and evaluation, make any necessary adjustments to the policies or their implementation. This could involve extending leave durations, offering more flexibility, or providing additional support for remote work.</p>			



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Family Caregivers Recommendations	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<p>9. Promote the Policies: Ensure that all employees are aware of the new leave policies and understand how to access them.</p> <p>10. Continue Engagement: Maintain ongoing communication with both employers and employees to ensure the policies continue to meet their needs and to address any new challenges that arise.</p> <p>11. Share Success Stories: Publicize success stories and positive outcomes from the enhanced leave policies to encourage other employers to adopt similar measures.</p>			
<p>7. Leverage and centralize available training and education for both professional care providers and family caregivers to improve care. Provide credentialing to direct care workers to support career development.</p> <ul style="list-style-type: none"> a. Credits/incentives for education and training related to professional caregiving roles/direct care b. Mirror credits already in place for physicians serving in rural areas, for example. (not limited to rural areas) 	<ol style="list-style-type: none"> 1. Identify Key Stakeholders: Begin by identifying the key stakeholders involved in the process. This could include direct care workers, employers, training institutions, and credentialing bodies. 2. Research Existing Training Programs: Conduct a thorough review of existing training for direct care workers and family caregivers. Identify gaps and areas for improvement. 3. Develop a Standardized Training Program: Based on research, develop a standardized training program that covers the essential skills and knowledge for direct care work. This should be comprehensive and applicable to a variety of care settings. 4. Identify and Centralize or Create Specialized Training Modules: In addition to the 	<p>Workforce Development? Professional Certifications? GWEPs?</p>	<p>Some costs associated. Who will fund?</p>	<p>Training and credentialing exist, but requirements vary and lack standardization.</p>



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Family Caregivers Recommendations	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<p>standardized training, adopt/create specialized modules for different areas of care, such as dementia care, palliative care, or disability support. This will allow carers to develop expertise in specific areas.</p> <p>5. **Establish a More Formalized Credentialing System:** Work with relevant bodies to establish a standard credentialing system for all direct care workers. This could involve a tiered certification process following the completion of the training program.</p> <p>6. **Consider Incentives:** Credits/incentives for education and training related to professional caregiving roles/direct care Mirror credits already in place for physicians serving in rural areas, for example. (not limited to rural areas)</p> <p>7. **Implement the Training and Credentialing Program:** Roll out the training and credentialing program, making it accessible to both new and existing direct care workers. This could involve in-person training sessions, online courses, or a combination of both.</p> <p>8. **Promote the Program:** Ensure that direct care workers and potential workers are aware of the training and credentialing program. Highlight the benefits of the program, such as improved skills, career advancement opportunities, and recognition as a professional.</p>			



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Recommendations from All Subcommittees

Family Caregivers Recommendations	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<p>9. Engage Employers: Encourage employers to recognize and value the credentials in their hiring and promotion practices. This could involve presentations, informational materials, or discussions with industry groups.</p> <p>10. Monitor and Evaluate: Once the program is in place, monitor its impact and gather feedback from participants. This will help identify any issues or areas for improvement.</p> <p>11. Adjust and Improve: Based on the feedback and evaluation, make any necessary adjustments to the training and credentialing program. This could involve updating the training content, improving the delivery method, or refining the credentialing process.</p> <p>12. Continue Engagement: Maintain ongoing communication with both direct care workers and employers to ensure the program continues to meet their needs and to address any new challenges that arise.</p>			
<p>8. Allow funding for support of kinship caregivers providing care outside the formal foster care system.</p>	<p>1. Identify Key Stakeholders: Start by identifying the key stakeholders involved in the process. This could include government agencies, non-profit organizations, kinship caregivers, and the children they care for.</p> <p>2. Research Existing Policies: Conduct a thorough review of existing policies and funding mechanisms related to kinship care and foster</p>	<p>Advocacy from outside state agencies, but policy change will require legislative and governor support.</p>	<p>Additional funding would be ideal, but current funding could be reallocated to cover much of the burden</p>	<p>Very limited funding and supports available for kinship caregivers outside of the formal</p>



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Family Caregivers Recommendations	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<p>care. Understand the current landscape and identify gaps where additional support is needed.</p> <p>3. Develop a Proposal: Based on your research, develop a proposal for funding support for kinship caregivers outside the formal foster care system. This should include details on how the funding would be used, the benefits it would provide, and any potential costs. Include suggestions such as childcare as respite, providing school supplies, networking for kinship caregivers, etc.</p> <p>4. Engage Decision Makers: Present the proposal to decision makers, such as government officials or agency leaders. Highlight the benefits of supporting kinship caregivers, such as improved outcomes for children and reduced strain on the formal foster care system.</p> <p>5. Advocate for Policy Change: If necessary, advocate for changes in policy to allow for the proposed funding. This could involve lobbying efforts, public awareness campaigns, or partnerships with other organizations.</p> <p>6. Secure Funding: Once the policy changes are approved, work to secure the necessary funding. This could involve applying for grants, fundraising efforts, or budget allocations from government agencies.</p> <p>7. Implement the Funding Program: Develop a plan for distributing the funding to kinship caregivers. This could involve direct payments,</p>			foster system.



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Family Caregivers Recommendations	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<p>reimbursements for expenses, or funding for support services.</p> <p>8. Monitor and Evaluate: Once the funding program is in place, monitor its impact and gather feedback from kinship caregivers. This will help identify any issues or areas for improvement.</p> <p>9. Adjust and Improve: Based on the feedback and evaluation, make any necessary adjustments to the funding program. This could involve increasing the amount of funding, expanding the types of expenses covered, or simplifying the application process.</p> <p>10. Promote the Program: Ensure that all eligible kinship caregivers are aware of the funding program and understand how to access it. This could involve informational meetings, handouts, or emails.</p> <p>11. Continue Engagement: Maintain ongoing communication with both kinship caregivers and decision makers to ensure the funding program continues to meet their needs and to address any new challenges that arise.</p>			
<p>9. Educate and incentivize consumers to complete advance directive documentation.</p>	<ul style="list-style-type: none"> Identify previous initiatives and outcomes to inform possible strategy. Identify possible incentives for completion (direct to consumer? Health quality metric?) Consider healthcare DPOA versus financial DPOA. 			



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Family Caregivers Recommendations	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<ul style="list-style-type: none"> Develop and conduct awareness campaign including information on what populations need it, notary requirements, validity across state lines, etc. 			

Housing & Aging in Place Subcommittee

Housing & Aging In Place Recommendations	Suggested Action Steps:	Suggested Owner	Cost Associated?	Current State
Generally: Cross-Departmental Task Force	As recommended in the above section, "Priority Focus", this Subcommittee strongly urges the Governor's Office to give priority focus to the creation and implementation of a cross-departmental task force to ensure this Subcommittee's recommendations are effectively executed. The success, growth, and continuity of all the below recommendations are contingent upon this Cross-Departmental Task Force being effectively implemented and given priority focus.	NA	NA	NA
1. Finance & Funding: This theme and subsequent recommendations were viewed as a prerequisite to the success of the following themes. If appropriate funding is	a) Increase funding to Department of Health & Senior Services' waiver programs and Older American Act	NA	NA	NA

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Recommendations from All Subcommittees

Housing & Aging In Place Recommendations	Suggested Action Steps:	Suggested Owner	Cost Associated?	Current State
<p>not given to the currently existing programs, and funding provided to create new programs, all other recommendations will not be as successful as they may have otherwise been.</p>	<p>Funding administered through the State's Area Agencies on Aging (AAA's) to incentivize more contractors to participate; Additionally, increase the limits on the Home Modifications, and add automatic incremental increases for cost of living/inflation.</p> <p>b) Increase amount of State and local funding available to support affordable housing services and development, particularly funding for home maintenance, modifications, and repairs.</p> <p>c) Allocate adequate funding for two purposes: Targeted analysis of statewide demographic data for purposes of effective and efficient resource allocation and to provide funding to the Missouri Housing Development Commission (MHDC) to expand universally designed apartments through the Low-Income Housing Tax Credit (LIHTC) based on data analysis findings.</p> <p>d) Redirect housing funds to incentivize developers to invest.</p> <p>e) Incentivize relevant state and local stakeholders to integrate Universal Design elements into all housing types.</p>			



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Recommendations from All Subcommittees

Housing & Aging In Place Recommendations	Suggested Action Steps:	Suggested Owner	Cost Associated?	Current State
	<ul style="list-style-type: none"> f) Missouri must comply with the Fair Housing Act, bringing federal funding back to Missouri. g) Determine if Hospitals, Home Health Agencies, Programs All-inclusive Care for the Elderly, Accountable Care Organizations, providers are willing to pay for home modifications to drive down readmissions and allow for faster discharges. 			
<p>2. Law, Legislation, & Legal: The following recommendations were the consolidation of the law, legislative, and legal changes which are urgently needed to affect positive change affecting housing & aging in place for Missourians.</p>	<ul style="list-style-type: none"> a) Expand the LIHTC Program to meet the growing need for affordable housing in Missouri. b) Address systemic housing and zoning issues that can increase the development of Universal designed housing including, but not limited to, adoption of standardized building codes, implementation of policies to establish standards and set percentage targets for new construction, encouragement of zoning changes that expand housing options, and requirement to offer upgrade packages for privately funded construction. c) Pass a law regarding pre-housing fees that do not require renters to apply repeatedly with property management companies, completing multiple 	NA	NA	NA



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Recommendations from All Subcommittees

Housing & Aging In Place Recommendations	Suggested Action Steps:	Suggested Owner	Cost Associated?	Current State
	<p>applications and paying costly, non-refundable application fees.</p> <p>d) The Missouri legislature should remove the current requirements in RSMO 140.980 to 140.1015, RSMO and allow for the development of land banks.</p> <p>e) Missouri must comply with the Fair Housing Act, bringing federal funding back to Missouri.</p> <p>f) Pass a housing reform bill enabling individuals to access housing vouchers more easily on every level, from city to state. ("Clean Slate" and eviction expungement would also have positive outcomes)</p> <p>g) Counsel through legal aid shall be provided for older adults, adults with disabilities, and low-income individuals when evicted. Eviction cannot occur until the action has been through the court system.</p> <p>h) Work on updating existing State programs and legislation as it pertains to existing property tax assistance programs.</p> <p>i) Develop a policy on eviction expungement for renters so that</p>			



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Recommendations from All Subcommittees

Housing & Aging In Place Recommendations	Suggested Action Steps:	Suggested Owner	Cost Associated?	Current State
	previous evictions don't remain on the record for an extended period.			
<p>3. Program Administration & Processes: The below recommendations were developed to strengthen already existing and to encourage the development of new programs and processes to affect positive change around housing & aging in place.</p>	<ul style="list-style-type: none"> a) Evaluate and replace LIHTC housing where it is being lost. Prioritize developments where properties are expiring. b) Prioritize access to assistive, health-related, and remote monitoring technologies and support their use through continued expansion of the state's broadband infrastructure. c) Create a Missouri Housing Ombudsman to oversee a statewide system for Missourians to access assistance regarding rental issues. d) Use state departments and other stakeholders to facilitate opportunities for small developers to partner with large not for profit developers in order to increase financial sustainability into the 15/30 year affordability period. e) Develop a way for individuals who leave nursing homes to document their actual income. Right now, this is not easy for those on SSI as their documentation from the SSA only shows the amount they are getting for spending money, 	NA	NA	NA



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Housing & Aging In Place Recommendations	Suggested Action Steps:	Suggested Owner	Cost Associated?	Current State
	<p>not the portion that is going to the nursing facility.</p> <p>f) Develop statewide minimum standards for rental properties with penalties for those out of compliance.</p> <p>g) Develop process to replicate Jewish family Services' maintenance programs and disseminate to counties. Rebuilding Together and St. Andrew's Senior Solutions in St. Louis also could provide examples of maintenance programs they manage. Might be good to highlight examples that use volunteers only, staff only, and two. - CAPABLE program research and develop process for ongoing maintenance and preventative programs Rachel to Contact St. Andrews.</p> <p>h) Streamline provider enrollment for contractors into State Medicaid Waiver programs.</p> <p>i) End evictions for victims of domestic violence in the home just because police are called to assist the victim.</p> <p>j) Allow subcontracting of construction through State Medicaid programs.</p> <p>k) Encourage regional networks of home repair providers to collaborate on services and share referrals.</p>			



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Recommendations from All Subcommittees

Housing & Aging In Place Recommendations	Suggested Action Steps:	Suggested Owner	Cost Associated?	Current State
<p>4. Public Education & Awareness: Once the aforementioned recommendations are acted upon, this Subcommittee believes it is important to educate the public and make them aware of the already existing, and newly created programs put into place affecting Missourians.</p>	<ul style="list-style-type: none"> a) Promote examples of existing programs and resources for home maintenance, modifications, and repairs in Missouri and other states to highlight different approaches that could be replicated or expanded in Missouri. b) Education of Aging Adults via public service announcements, television, and radio; Money Follows the Person (show me homes) processes and documents [Source for Illustrating Issue: Certified Aging in Place Specialist – Reframing Aging, Ensure the 211 and AAAs are aware of funding sources. c) Create list/flow chart of available funding (PACE, Veterans Affairs, Department of Health & Senior Services, Department Mental Health, etc. [Pull from state resources; National Community Health Partners best practices guidelines] Ensure the 211 and Area Agencies on Aging are aware of funding sources. d) Promote existing property tax assistance programs available at the State and Local levels. e) Education by the state for renters on renter's rights, how to get legal assistance for the defense of eviction, 	<p>NA</p>	<p>NA</p>	<p>NA</p>



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Recommendations from All Subcommittees

Housing & Aging In Place Recommendations	Suggested Action Steps:	Suggested Owner	Cost Associated?	Current State
	<p>ADA requirements of landlords, expectations of the renter, etc.</p> <p>f) Develop and adopt a definition of Universal Design to provide clarity of purpose, increase inclusion, and create a single definition used across governmental agencies.</p> <p>g) Support a statewide educational campaign that highlights for communities and developers: Affordable Housing Success, UD in new developments, accessory dwelling units.</p> <p>h) Engage in education and public awareness through establishment and maintenance of a Universal Design website, development of promotional materials, and initiation of outreach efforts.</p> <p>i) Education for landlords on ADA responsibilities, eviction laws, renter's rights, etc.</p> <p>j) Development of promotional materials, and initiation of outreach efforts.</p>			



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Recommendations from All Subcommittees

Long Term Supports & Services Subcommittee

Workgroup: In-Home Services

Long Term Supports & Services Recommendations: In-Home Services	Suggested Action Steps:	Suggested Owner:	Cost Associated?	Current State
<p>1. Conduct a feasibility study on innovative, evidence-based Home and Community-Based Services (HCBS) and based on that study, develop business plans (including funding mechanisms) for prototype projects, with timeframes for broad-based implementation.</p>	<p>The study should include all programs currently authorized or encouraged by the U.S. Center for Medicare & Medicaid Services (CMS), as well as recommendations from major health policy organizations such as AARP's Public Policy Institute (Five Promising LTSS Innovations}, the Robert Wood Johnson Foundation (RWJF), Johns Hopkins University, the American Hospital Association (AHA), and from other public and private sector entities – specifically:</p> <ul style="list-style-type: none"> • Programs of All-Inclusive Care for the Elderly (PACE), • Home and Community-Based Services (HCBS) including home health and private duty nursing, • Supportive Services in Housing for Older Adults (RWJF proposal), • ABLE and CAPABLE (Johns Hopkins proposals), • Accountable Care Organizations (ACO), and • Hospital in Home programs (AHA). 	<ul style="list-style-type: none"> • DHSS 	<ul style="list-style-type: none"> • Yes 	<ul style="list-style-type: none"> • Not Implemented



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Recommendations from All Subcommittees

Long Term Supports & Services Recommendations: In-Home Services	Suggested Action Steps:	Suggested Owner:	Cost Associated?	Current State
<p>2. To address chronic labor shortages at both the professional (physician) and staff (nurse, CNA) levels, study and then implement practical measures to encourage retention of physicians and other health professionals in the health care labor force.</p>	<ul style="list-style-type: none"> • Conduct formal study on reasons for “burnout” and early retirement at both the professional (physician) and staff (nurse, CNA) levels, then implement incentives to remain in practice. • Conduct formal study on business failures among in-home care service agencies and, if necessary, implement programs to ensure adequate access to providers. • Conduct Increase access to LTCSS-related training, and student enrollment in such training, through: <ul style="list-style-type: none"> ○ The MODESE Career and Technical Education (CTE) program, ○ Regional workforce development programs such as Greater St. Louis, Inc.’s STL 2030 Jobs Plan, ○ All vocational education and “job-ready” education programs in community colleges and local school districts. • Consider state and local business incentives (e.g.: real estate, utility, property tax abatements) commonly used to encourage large industries, for health care practice and Long-Term Care and Support Service providers. 	<ul style="list-style-type: none"> • Missouri Department of Health and Senior Services, the Missouri Department of Elementary and Secondary Education (MODESE), Missouri Department of Economic Development, other appropriate state agencies. 	<ul style="list-style-type: none"> • Yes 	<ul style="list-style-type: none"> • Not Implemented



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Long Term Supports & Services Recommendations: In-Home Services	Suggested Action Steps:	Suggested Owner:	Cost Associated?	Current State
<p>3. Systematic or procedural changes that impact HCBS processing.</p>	<ul style="list-style-type: none"> • Trainings or training modules to be available to HCBS providers specific to navigating Cyber Access/Web Tool. May be adjusted in the future to accommodate an updated system. • Look at prioritization of PCCP (Care plan) changes to ensure high priority changes can be completed even with low staffing. • Consider authorizing “Block” service time on Care Plans to allow flexibility on service delivery. Prevailing thought is this could be more “person centered.” 	<ul style="list-style-type: none"> • DHSS/HCBS provider agencies 	<ul style="list-style-type: none"> • Yes 	<ul style="list-style-type: none"> • Not Implemented
<p>4. Establish online managed platform for in-home service providers, stakeholders, and the public to improve referral, monitoring, education, marketing & public awareness.</p>	<ul style="list-style-type: none"> • Portal would allow providers, stakeholders, and the public submit comments and feedback in regards to In-Home services. This could include access to scheduled surveys, with updated questions to gauge the pulse of what is currently working and where improvements could be made. • Platform/Portal may connect various State departments for a “how to” navigate departments for departmental programs. • May translate into a “hub” for education, marketing, public awareness. Might be a beginning discussion point for “No wrong door.” 	<ul style="list-style-type: none"> • FSD, MMAC, MHD 	<ul style="list-style-type: none"> • Yes 	<ul style="list-style-type: none"> • Not Implemented



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Recommendations from All Subcommittees

Long Term Supports & Services Recommendations: In-Home Services	Suggested Action Steps:	Suggested Owner:	Cost Associated?	Current State
	<ul style="list-style-type: none"> Each department could designate a point of contact person(s) to update information and be a department liaison if needed. 			
5. Explore Assistive Technology for additional Waivers.	<ul style="list-style-type: none"> Review updates to existing Waivers such as ILW, ADW, SFCW to incorporate Assistive tech where feasible. Consider AT to fill in potential gaps related to staffing shortages and/or relieve informal supports. 	<ul style="list-style-type: none"> DHSS 	Yes	<ul style="list-style-type: none"> Various
6. Therapies (PT, OT, and speech): to align with person-centered care and patient choice, conduct and/or research the benefit of therapies (physical, occupational, speech) as a reimbursed service under the Medicaid Home Health benefit.	<ul style="list-style-type: none"> Currently, patients are either going without these beneficial and preventive services or must be placed in a nursing home to receive. For those just needing therapy to recover/maintain, being placed in a nursing home defies choice and the person-centered care concept 	<ul style="list-style-type: none"> NA 	<ul style="list-style-type: none"> Yes 	<ul style="list-style-type: none"> NA
7. HCBS Level of Care (LOC) Gaps/Concerns	<ul style="list-style-type: none"> Identify and monitor any observed gaps in the HCBS (LOC) with stakeholder engagement. 	<ul style="list-style-type: none"> DHSS, HCBS Providers, Stakeholders, 	<ul style="list-style-type: none"> NA 	NA



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Recommendations from All Subcommittees

Workgroup: Long Term Care – Institutional Setting

Long Term Supports & Services Recommendations: Long Term Care – Institutional Setting	Suggested Action Steps:	Suggested Owner:	Cost Associated?	Current State
1. Increased staffing of Certified Nursing Assistants (CNA), Licensed Practical Nurses (LPN), and Registered Nurses (RN).	<ul style="list-style-type: none"> • Competitive pay and benefits within long term care to compete with other areas of healthcare. • Missouri Veteran’s Commission needs to be competitive with the salaries of corporate owned facilities to recruit and retain healthcare employees as State of Missouri employees. • Plan to prepare Missouri for the proposed CMS’ Staffing Rule. • Virtual observation for testing those in Nurse Aide (NA) training to assist with lack of observation nurses available for testing. • Coordinate nursing homes in areas of the state to pool resources for possible Certified Nursing Assistant testing sites regardless of which nursing home the NA works. • Provide NA training materials in other languages besides English (including ASL). • Recruit nurses from other countries to work, on a limited basis. • Pursue resolution to pipeline issues for RNs. Work to funnel nurses to LTC across the state. 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Workforce is limited at all levels (RN, LPN, CNA, etc.) which limits individualized care and person centered care when using agency staff. • Substandard care with residents not getting showers, receiving cold food, and not being turned. • Residents’ health is more acute in SNF than 10-20 years ago. Part due to ALF’s keeping residents longer and others staying home longer. Resulting in residents requiring more care when admitted to SNFs. • Missouri Veterans Homes



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Long Term Supports & Services Recommendations: Long Term Care – Institutional Setting	Suggested Action Steps:	Suggested Owner:	Cost Associated?	Current State
	<ul style="list-style-type: none"> • Provided childcare and meals while attending CNA training since NA's would not have income during that time. • Consistent schedules for staff. • Schedule staff to work as consistent teams within the facility. • Provide nursing orientation as part of the onboarding process rather than starting day one on the floor working. • Increased awareness for NA's to understand their ability to change agencies mid training. • Paid pre-apprentice training similar to those seeking employment within the construction trade. • 			are limited in recruitment efforts, such as sign on bonuses.
2. Increased funding for long-term care providers, long-term care surveyors and long-term care ombudsman to meet the needs of Missouri long-term care residents.	<ul style="list-style-type: none"> • Increase the MO Healthnet reimbursement rate to meet the current cost of care post COVID. Current reimbursement rate based on FY2019 data and current data shows an increase of \$60 per day. • Increase funding for surveyors within the Section for Long-Term Care to increase the number of surveyors and increase salaries to maintain those currently employed. Increased regulations requires increased 	•	•	• Increase in complaint volume, including all areas such as IJ complaints and quality of care complaints. The increase in complaints affects DRL's work by limiting preventative work through annual surveys.



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Recommendations from All Subcommittees

Long Term Supports & Services Recommendations: Long Term Care – Institutional Setting	Suggested Action Steps:	Suggested Owner:	Cost Associated?	Current State
	<p>staff to manage. The number of complaints have increased.</p> <ul style="list-style-type: none"> • Ombudsman funding for additional ombudsman staff to meet the needs of residents. Approximately 25 ombudsman short of meeting the 1995 study indicating 1:2000 ombudsman to bed ratio. Volunteer recruitment and retention is a challenge. • Researching how other states are providing higher rates of MO Healthnet reimbursement, including value based reimbursement. • Research how other states are funding specialized services such as ventilator care. Funding would need to cover the cost of life safety code needs and specialized staffing. • Researching how other states fund coverage for assisted living/residential care for residents. • Increased outreach and awareness about long-term care insurance plans, supplemental policies and Medicare Advantage Plans. 			<ul style="list-style-type: none"> •Current Ombudsman staffing level does not allow for proper assistance with transfer-discharge issues and facility closures issues for residents. •Current funding levels does not allow for homes to hire and retain RN, LPN and Nurse Aides.
3. Increased Mental Health Services and Supports for long-term care residents and providers.	<ul style="list-style-type: none"> • Send for public comment. 	•	•	



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Recommendations from All Subcommittees

Workgroup: Navigating LTSS

Long Term Supports & Services Recommendations: Navigating LTSS	Suggested Action Steps:	Suggested Owner:	Cost Associated?	Current State
<p>1. Missouri should continue to develop a person-centered intake and referral system, utilizing braiding and blending of funds as appropriate, to assist Missourians in navigating the Long Term Services and Supports (LTSS) system.</p>	<ul style="list-style-type: none"> • Establish an ongoing statewide LTSS Navigation Council • Develop education and training to help more LTSS professionals recognize their role as system navigators • Develop an LTSS 101 for non-aging and disability professionals and the general public to understand the cadre of services available in LTSS and the best place to contact for further information and assistance (to include policy recommendations for each cabinet-level department to include LTSS 101 training as a part of orientation, annual training, etc. as needed to assure all state departments can get any Missourian to a designated access point) • Develop enhanced training for all information and referral staff across the aging and disability networks to ensure they can assist individuals in navigating the LTSS system to find the best services and supports for their unique needs 	<ul style="list-style-type: none"> • DHSS 	<ul style="list-style-type: none"> • Cost for paid System Navigators and Peer Support training and credentialing; cost for staff to develop trainings 	<ul style="list-style-type: none"> • In place, but very sporadic use



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Recommendations from All Subcommittees

Long Term Supports & Services Recommendations: Navigating LTSS	Suggested Action Steps:	Suggested Owner:	Cost Associated?	Current State
	<ul style="list-style-type: none"> • Revamp LTSS intake processes to utilize a standardized screening and assessment that utilizes a whole person-centered concept • Establish accessible “hubs” (physical and/or virtual) to engage with clients and their families to help them set up planning options that will assist individuals with accessing the services and supports that fit their unique needs • Review the peer support model used in the disability network and determine if similar credentialing can be developed for peer support for older adults. 			
<p>2. Missouri should invest in consumer-friendly technology that allows the sharing of health care, social services, and LTSS information to ensure that all Missourians are receiving person-centered care with minimal duplication of effort.</p>	<ul style="list-style-type: none"> • Develop training for healthcare professionals to ensure they are aware of the cadre of services available in the aging and disability network to ensure they can make appropriate patient referrals. • Develop training for individuals in the aging and disability networks to ensure they can make appropriate referrals to medical professionals. • Offer consumers the opportunity to learn how to access and utilize the technology that includes their 	<ul style="list-style-type: none"> • DHSS 	<ul style="list-style-type: none"> • Data infrastructure and bridges between systems 	<ul style="list-style-type: none"> • Not in place (nothing currently in place in MO)



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Recommendations from All Subcommittees

Long Term Supports & Services Recommendations: Navigating LTSS	Suggested Action Steps:	Suggested Owner:	Cost Associated?	Current State
	information to make informed choices about their care.			

Safety & Security Subcommittee

Overarching Themes:

DATA Collection & Accessibility

- The need for better, and more easily accessible data on elder abuse and exploitation
 - Develop central data collection process

Information Access

- Better disseminate information about safety and security to the public and professionals
- Update and expand MOSAFE website
- Power of Attorney Education
- Update and expand the data available via the Missouri Senior Report

Improved Training

- Increase training on issues surrounding elder abuse and exploitation
 - *Relevant & Engaging Training for Professionals*
 - Provide relevant and engaging training related to all aspects of financial security, scams and fraud, financial exploitation and abuse
 - *Mandated Reporter Training*

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Recommendations from All Subcommittees

- Improve education to mandated reporters about their responsibilities when ANE is suspected. Take actions to education mandated reporters and others who interact with older and disabled adults on abuse, and how to report,
 - *General Public*
 - The above listed initiatives should be accompanied by a general education and awareness campaign directed to all Missourians to educate about physical safety and abuse and reduce stigma around abuse and its reporting.

Improved Coordination of Resources

- Increase coordination among agencies responding to cases involving elder abuse and exploitation
 - Identify ways for DHSS special investigators to better collaborate with local jurisdictions
 - Develop a coordinated integrated response to ANE that is consistent wherever the abused person enters the “system” and is centered on the abused person.
 - Develop a common access mechanism to resource information available in their area, for those providing care to older and disabled adults, those supporting older and disabled adults and older and disabled adults
 - Improve interactions between aging Missourians/ adults with disabilities in Missouri and law enforcement/other first responders

Review & Strengthen Elder Abuse Criminal Statutes

- There was an additional recommendation, not listed above that I believe is also very important, and deserving of a category of its own, not to be overlooked because if the message that is currently sent re: severity of the crime impacts all other areas of response-
 - Strengthen classification of crimes where victims are older adults.

Workgroup: Education and Awareness

Safety & Security Recommendations: Education & Awareness	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
Topic Area: Financial Security (Scams/fraud, financial planning, and financial exploitation/abuse)				
1. Provide relevant and engaging training related to all aspects of financial security	<ul style="list-style-type: none"> • Create/modify and provide relevant and engaging training related to all aspects of financial security. Aspects of financial security 	<ul style="list-style-type: none"> • DHSS leading, with Missouri Council on Aging, 	<ul style="list-style-type: none"> • Salary and Fringe 	<ul style="list-style-type: none"> • In place but very

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Recommendations from All Subcommittees

Safety & Security Recommendations: Education & Awareness	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<p>shall include at least saving, budgeting, tax credits, benefits, estate planning, power of attorney, and investing.</p> <ul style="list-style-type: none"> ○ Savvy Saving Seniors: Financial education toolkit with training guide, presentation slides, and participant handbook to host a 90-minute training workshop. The workshop covers budgeting, the benefits of banking, and how to find and apply for benefits. ○ Tools for financial security in later life: Guides from CFPB that can be co-branded. Guides cover a variety of financial topics. ○ Create and disseminate training about the circuit breaker tax credit in Missouri. ○ Financial Planning for Older Adults: Webinar with Missouri-specific estate planning information for older adults. ○ Missouri Disability Benefits 101: Tool to determine how working and going to school impacts benefits. ○ Investor.gov – Older Investors: Written education with links 	<p>Ma4, DMH, vocational rehabilitation, and [?] providing guidance</p>	<ul style="list-style-type: none"> • Cost for creating education/training 	<p>sporadic use</p>
<p>2. Provide relevant and engaging training related to scams and fraud</p>	<ul style="list-style-type: none"> • Create/modify and provide relevant and engaging training related to scams and frauds. ○ Money SMART for Older Adults ○ Senior Medicare Patrol ○ The Federal Trade Commission has short videos about a variety of scams 	<ul style="list-style-type: none"> • DHSS leading, with Missouri Council on Aging, Ma4, DMH, vocational rehabilitation, 	<ul style="list-style-type: none"> • Salary and Fringe • Cost for creating education/training 	<ul style="list-style-type: none"> • In place but very sporadic use



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Recommendations from All Subcommittees

Safety & Security Recommendations: Education & Awareness	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<ul style="list-style-type: none"> • Create and provide relevant and engaging training related to AI scams <ul style="list-style-type: none"> ○ Family code word/password ○ Claim a bad connection and call them back ○ Be cautious if asked to send money through wire transfer or money transfer apps like Zelle or Venmo. ○ Do not send cryptocurrency or gift cards. ○ Know warning signs that a call is a scam 	and [?] providing guidance		
3. Provide relevant and engaging training related to financial exploitation and abuse	<ul style="list-style-type: none"> • Create/modify and provide relevant and engaging training to replace the MOSAFE Program to provide education to banks/financial institutions. <ul style="list-style-type: none"> ○ Financial institution will share information with Rona (may not have by the meeting) ○ AARP BankSafe Initiative: free interactive financial exploitation training for financial institutions ○ Addressing and Reporting Financial Exploitation of Senior and Vulnerable Adult Investors: Free virtual training for professionals in the securities industry. ○ Age-Friendly banking Toolkit for financial institutions • Create/modify and provide relevant and engaging training to replace the MOSAFE Program to provide education to the general public. <ul style="list-style-type: none"> ○ Money SMART for Older Adults 	<ul style="list-style-type: none"> • DHSS leading, with Missouri Council on Aging, Ma4, DMH, vocational rehabilitation, Attorney General's Office Consumer Protection, and Secretary of State Missouri Investor Protection Center, and [?] providing guidance 	<ul style="list-style-type: none"> • Salary and Fringe 	In place but very sporadic use



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Recommendations from All Subcommittees

Safety & Security Recommendations: Education & Awareness	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<ul style="list-style-type: none"> ○ Choosing a trusted contact – CSFP ○ Preventing financial exploitation for caregivers - CSFP ○ Healthy relationships/unhealthy relationships – May be addressed in other subcommittees 			
Topic Area: Physical Safety (Knowing what a safe environment looks like and how to safely/appropriately interact with law enforcement)				
<p>4. Improve interactions between aging Missourians/ adults with disabilities in Missouri and Law enforcement/other first responders</p>	<ul style="list-style-type: none"> ● Increase programs that bring additional professionals into the police force and other first responder groups to help with situations involving individuals with dementia, developmental disabilities, communication needs, and other access needs. ○ Consider requiring additional education regarding target populations as a requirement for credentialing ● Educate law enforcement and first responders about how to respond to individuals with dementia, developmental disabilities, communication needs, and other non-crisis-related concerns ○ Use CIT as a model ○ Use community mental health liaison and other professionals embedded in law enforcement/first responder organizations as a model ○ Dementia: Approaching Alzheimer's: First Responder Training ○ Dementia: Dementia Resources for First Responders and Family Care Partners 	<ul style="list-style-type: none"> ● DHSS leading, with Missouri Council on Aging, Ma4, DMH, vocational rehabilitation, Missouri Prosecution Office, Missouri Sheriff's Association, Missouri Police Chiefs Association, and [?] providing guidance 	<ul style="list-style-type: none"> ● Salary and Fringe 	<ul style="list-style-type: none"> ● In place but very sporadic use



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Recommendations from All Subcommittees

Safety & Security Recommendations: Education & Awareness	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<ul style="list-style-type: none"> ○ I/DD: Advancing Public Safety for Officers and Individuals with Intellectual and Developmental Disabilities (I/DD) ○ Disability: Pathways to Justice ● Educate law enforcement and first responders about how to report and prosecute cases related to abuse, neglect, and exploitation (overcoming biases against older adults and adults with disabilities) ○ EAGLE (the Elder Abuse Guide for Law Enforcement): This is a free online learning tool available for free through the Department of Justice. Training is POST certified. ○ COPS Training Portal: Includes a variety of resources related to adult abuse, neglect, and financial fraud. ● Educate the general public about the process of reporting and prosecuting abuse, neglect, exploitation, and other crimes. ○ Missouri Adult Abuse and Neglect Investigations System (MAANIS) UMKC is working on a more accessible, plain language version. ○ Create and disseminate training specific to Missouri's statute and regulations related to adult abuse, neglect, and financial exploitation. 			



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Recommendations from All Subcommittees

Safety & Security Recommendations: Education & Awareness	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<ul style="list-style-type: none"> Implement a multidisciplinary team approach when responding to complicated cases of abuse, neglect, and financial exploitation 			
<p>2. Provide relevant and engaging training and education related to physical safety for the general public</p>	<ul style="list-style-type: none"> Review current resources related to physical safety and create new resources to fill gaps. See attachment with current resources. <ul style="list-style-type: none"> Falls prevention Safe environment Public transportation/Driving Crime prevention 	<ul style="list-style-type: none"> DHSS leading, with Missouri Council on Aging, Ma4, DMH, vocational rehabilitation, and [?] providing guidance 	<ul style="list-style-type: none"> Salary and Fringe Cost for creating education/training 	<ul style="list-style-type: none"> In place but very sporadic use
Topic Area: Mandated Reporting (What needs to be reported, who is a mandated reporter, recognizing warning signs, information needed to make a report)				
<p>3. Improve education to mandated reporters about their responsibilities when ANE is suspected.</p>	<ul style="list-style-type: none"> Create/modify and provide education to decrease biases against older adults and adults with disabilities. <ul style="list-style-type: none"> Reframing Aging Reframing Disability Reframing Abuse, Neglect, and Exploitation Create/modify and provide education about what needs to be reported, who is a mandated reporter, and recognizing warning signs and information that is needed to make a report. Create a toolkit to share with all mandated reporters. Target professionals and informal caregivers/family members. Encouragement to report, even if the reporter is unaware of the action that was taken in response to the report. 			



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Recommendations from All Subcommittees

Safety & Security Recommendations: Education & Awareness	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<ul style="list-style-type: none"> ○ See the attached list with current mandated reporting resources. 			
Topic Area: Information Sharing				
<p>4. Better disseminate information about safety and security to the public and professionals</p>	<ul style="list-style-type: none"> • Create a website to house all information related to the safety and security of aging Missourians and adults with disabilities in Missouri • Create print, TV, and radio campaigns to better educate the public • Have print materials available at State Offices and other places in the community. Maybe use the Senior Resource Guide (produced by Legal Services of Eastern Missouri) as a guide for a safety and security resource. • Create a paid position to manage safety and security resources on the website and possibly provide training across the state. (This could be a shared position that manages resources and training related to all aspects of aging in Missouri). 	<ul style="list-style-type: none"> • DHSS leading, with Missouri Council on Aging, Ma4, DMH, vocational rehabilitation, and [?] providing guidance 	<ul style="list-style-type: none"> • Salary and Fringe • Printing and graphic design cost • Media campaign 	<ul style="list-style-type: none"> • Not in place

Workgroup: Financial Safety

Safety & Security Recommendations: Financial Safety	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
<p>1. Redesign and update the <u>MOSAFE</u> program and the <u>MOSAFE Resource Manual</u></p>	<ul style="list-style-type: none"> • Complete review and data gathering related to the MOSAFE Program and Resources. • Collaborate with financial institutions/Missouri Bankers 	<p>DHSS lead with Missouri Bankers Association and other financial</p>	<p>Yes- personnel cost to implement new project and updates.</p>	<p>In place, but not updated to meet</p>

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Recommendations from All Subcommittees

Safety & Security Recommendations: Financial Safety	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<p>Association/American Bankers Association, The Consumer Financial Protection Bureau, AARP, and the FDIC.</p>	<p>institution support agencies.</p>		<p>current needs and trends.</p>
<p>2. A) Expansion of <u>Missouri Senior Report</u> B) <u>Establish a clearinghouse/library of existing resources on elder abuse</u></p>	<ul style="list-style-type: none"> Review Missouri Senior Report for possible use as a template or expand partnerships to add additional data and resources to the report. Consider the location of the library /maintained in a logical place—Missouri Council on Aging or DHSS. Simplify information, keeping in mind consumer readability and relatability. Review UMKC's LifeCourse Framework to consider the services and supports available to older people and people with disabilities. 	<p>DHSS, University of Missouri-- Center for Health Policy, Ma4, other community organizations and stakeholders.</p>	<p>Yes-personnel cost to implement new project and updates.</p>	<p>Abundant resources and data, but not easily accessible</p>
<p>3. A) RADAR Card Expansion and/or Develop Screening Questions. B) Explore resources related to screening questions <u>American Bankers Association, American Bar Association, University of Iowa-Department of Family Medicine, University of Southern California-Center for Elder Justice</u>, create screening questions and tools for various stakeholders and provide training to use tools; including what steps to take if abuse or exploitation is suspected.</p>	<ul style="list-style-type: none"> The RADAR card provides resources and information to law enforcement who may interact with an older person or a person with disabilities. Develop/adapt for other stakeholders and those who are in contact with older people and/or people with disabilities. Develop plan to keep resources updated, provide training, and explore dissemination avenues to amplify the message and tool. 	<p>DHSS lead with input and collaboration with Ma4, health provider organizations, other community organizations and financial institutions.</p>	<p>Yes-personnel cost to implement new project and updates.</p>	<p>Some resources / tools, but not consistent or not provided with the proper training.</p>



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Recommendations from All Subcommittees

Safety & Security Recommendations: Financial Safety	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
4. Strengthen and update Elder Abuse statutes (Including, but not limited to Chapters <u>192</u> , <u>565</u> , <u>570</u> .)	<ul style="list-style-type: none"> Review appropriate statutes and work with experts to identify legislative sponsors, develop/draft and lobby for changes to policy. Hire appropriate legal expertise to do a comprehensive review of the statutes with recommendations to reform, simplify, and identify barriers—Example: prosecutors don't use the elder abuse laws because they are not clearly defined and are complicated. 	DHSS lead with other state agency input and collaboration, Bar committees (Probate and Trust Division; Elder Law Committee) draft language.	Yes- personnel cost to implement new project and updates.	In place, but not updated to meet current needs and trends.
<p>5. A) Strengthen and update Power of Attorney statutes (<u>Chapter 404</u>) and make Power of Attorney resources available and more robust in all areas of the state.</p> <p>B) Public education on POA—what is POA? Identify barriers and work with Missouri Bar to offer framing safeguards.</p> <p>C) Create public education to raise awareness and strengthen education before, to curb exploitation and abuse. No wrong door.</p>	<ul style="list-style-type: none"> Review POA statutes and work with experts to identify legislative sponsors, develop/write and lobby for changes to policy. Prosecutors don't understand probate code and POA statutes. Work with community organizations to provide information to consumers and caregivers, due to possible mistrust of state government. 	DHSS, DMH (and possibly other state agency input and collaboration), Missouri Bar, Missouri Protection and Advocacy Services, Missouri Association of Public Administrators, Silver Haired Legislature	Yes-- personnel cost to implement new project and updates.	In place, but not updated to meet current needs and trends.
6. Explore AI and Machine Learning and the possible use of data mining, etc. by financial institutions and other financial companies to combat fraud.	Explore possible AI task force to review current government structures and IT systems. Leverage relationships with the private sector to consult with government on needs and opportunities.	DHSS, MO Bankers Association and other agencies and stakeholders.	Yes-- personnel cost to implement new project and updates.	Unknown



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Recommendations from All Subcommittees

Workgroup: Public Safety

Safety & Security Recommendations: Public Safety	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
1. Develop central data collection process	<ul style="list-style-type: none"> Determine current Missouri data collection processes/methods (who is collecting what) Determine data points to be collected (what do we want/need to know) Work with IT on build-out of single system 	DHSS lead with input and collaboration from the Missouri Prosecutors Association and various Missouri Law Enforcement Agencies	Yes - staff and technology	In place, widely used, needs updates or changes (multiple systems, multiple agencies collecting)
2. Strengthen classification of crimes where victims are older adults.	<ul style="list-style-type: none"> Review current appropriate statutes Identify legislative sponsors Write and advocate for changes to policies 	DHSS lead with DMH (possible other state agencies), Missouri Bar Association, Missouri Prosecutors Association	Yes - staff	In place, widely used, needs updates or changes
3. Identify ways for DHSS special investigators to better collaborate with local jurisdictions.	<ul style="list-style-type: none"> Review other state's processes in order to explore expansion of authority 	DHSS lead	Yes – staff	

Workgroup: Survivor Advocacy

Safety & Security Recommendations: Survivor Advocacy	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
1. Take actions to education mandated reporters and others who interact with older and disabled adults on abuse, and how to report. This should be accompanied by a general education and awareness campaign directed to all Missourians	<ul style="list-style-type: none"> Identify campaigns from other states and organizations with goals of increasing awareness, reducing stigma, and encouraging reporting. 	APS, DMH, DRL to include community, long term care and other residential dwelling	Yes- Cost of Campaign, cost of increased staffing, cost of collating and managing data	Not in place Though Several entities have public

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Safety & Security Recommendations: Survivor Advocacy	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
to educate about abuse and reduce stigma around abuse and its reporting.	<ul style="list-style-type: none"> • Determine potential increase in caseloads after campaign implementation. • Identify what data will be collected and when it will be collected. 			awareness campaigns on their action plans
2. Develop a coordinated integrated response to ANE that is consistent wherever the abused person enters the “system” and is centered on the abused person.	<ul style="list-style-type: none"> • Identify the process the abused person would encounter when abuse is reported, for each of the potential entry points they could encounter. • Share the identified processes with all entities the abused person could encounter • Create common definitions and language. • Identify redundancies and opportunities to share information to facilitate the process for the abused person. • Identify what data will be collected and when it will be collected. 	APS, DMH, DRL etc.	Yes. Process review, modification, process reengineering, data collection and management	Not in place
3. Develop a common access mechanism to resource information available in their area, for those providing care to older and disabled adults, those supporting older and disabled adults and older and disabled adults.	<ul style="list-style-type: none"> • Survey resources by region • Identify the system to house the resources identified in the survey and where they will reside. • Actively manage the resources to ensure the information is accurate. • Market the availability of the resource hub to professionals and the public with information on how to access 	Community Based Organization	Yes, conducting the survey, creating the system including hardware and software cost, managing the system, etc.	In place but Needs updates and changes



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Recommendations from All Subcommittees

Transportation Subcommittee

Transportation Recommendations	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
1. Continue State Investment in Public Transit	<ul style="list-style-type: none"> • Currently it is \$11.7M (\$10M from General Revenue and \$1.7M from the State Transportation Fund) which equates to \$1.89 per capita and a 34% increase over 2022 • A future increase to \$19.M would put Missouri more in line with peer states like Nebraska • Continue investment in the Missouri Elderly and Handicapped Transportation Assistance Program (MEHTAP) to cover a portion of the transportation costs incurred by agencies providing mobility services to older adults and individuals with disabilities. Current funding level is \$5M annually. • State funding is used to match federal dollars (50% for Operating, 20% for Capital) so a good return on investment 		Yes	In Place – need to assure stays in place and increases each year
	2. <ul style="list-style-type: none"> ○ Promote online and phone-based mobility management resources for residents. Example: MO Rides. • Improve access to book ahead and on-demand transportation. ○ Promote current and explore options for subsidized on-demand services. 		Yes – needs state investment	In Place – but, sporadic and not comprehensive



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Recommendations from All Subcommittees

Transportation Recommendations	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<ul style="list-style-type: none"> ○ Support apps and call centers for riders to connect to transportation services regionally and/or across the state. ○ Engage a variety of partners for transportation services that can be booked ahead or as on-demand (e.g., public, paratransit, senior centers, towns, churches) ● Support more collaboration across providers. ○ Regional trainings for staff on coordinating and navigating transportation services. ○ Make it easier to share riders and ensure people can seamlessly use different options. ○ Need technological solutions that will help with coordination. ● Support funding for increasing capacity of transportation providers to be able to handle volume of calls. ○ Apps are helpful but can't be default. Call-in options are still needed. ○ It is not just a familiarity with tech challenge, often apps require payment back-ups that people do not have (e.g., credit cards). ○ Intake via phone provides valuable opportunity to connect callers to other resources. Need to make sure this continues for any new coordination of intake. 			
3. Expand/Improve Connectivity Between Modes of Transportation	<ul style="list-style-type: none"> ● Intercity services to connect to other modes of transportation. 		Yes	In Place

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Recommendations from All Subcommittees

Transportation Recommendations	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<ul style="list-style-type: none"> ○ Need to ensure services can get riders to services they need in other counties, even when their primary service area does not cover it. ○ More connection between different cities and towns throughout the state. Travel seamlessly from any city or town. ● Expand microtransit for first and last mile connected to public transit. ● More paratransit or other demand response services especially in service gap areas. Look at other states' paratransit models. ● Promote volunteer driver programs. Examples: Jewish Family Services KC Jet Express, New Growth Transit in West Central MO, ITN in St. Charles County. ● Continue State Investment in Intercity Passenger Rail: <ul style="list-style-type: none"> ○ Funded in SFY 2024 at \$14.5 million for service between St. Louis and Kansas City, with stops in Kirkwood, Washington, Hermann, Jefferson City, Sedalia, Warrensburg, Lee's Summit, and Independence. ○ State funding is used in addition to passenger fare revenue to cover operations, capital equipment, marketing, and station maintenance. 			<p>In Place for Intercity Passenger Rail – need to assure stays in place and increases each year</p>



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Recommendations from All Subcommittees

Transportation Recommendations	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<ul style="list-style-type: none"> ○ Annual increases are necessary due to increases in costs of labor, maintenance, capital equipment, etc. ○ Future increases will be necessary to expand Intercity Passenger Rail service to other areas of the state. As of December 2023, Federal funding has been awarded to Missouri to study expanding passenger rail to Hannibal and St. Joseph, as well as adding additional intermediate stops. 			
<p>4. Driver Shortages: Lack of Drivers/Operators hindering providers' ability to provide service</p>	<ul style="list-style-type: none"> ● Increase pay for drivers; address pay inequities. ● Support statewide operator apprentice/training program that helps address the operator shortage impacting service throughout the state. ● Explore opportunities to reduce costs of insurance for transportation programs, including programs utilizing volunteers. (Opportunities for insurance co-ops?) ● Advocate for increase to federal charitable mileage rate (currently at \$0.14/mile and has not been changed since 1998). <p>NOTE: the Volunteer Driver Tax Appreciation Act (S.3020 / H.R. 3032) was reintroduced in 2023 by Reps. Stauber (R-MN) and Craig (D-MN) and Sens. Klobuchar (D-MN), Budd (R-NC), and</p>		<p>Yes, which is why support of the State Investment in Public Transit and MoDOT's budget requests is critical</p>	<p>In Place for Transit – not for other recommendations</p>



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Recommendations from All Subcommittees

Transportation Recommendations	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	Smith (D-MN). The bill would increase the federal tax deduction mileage rate for some volunteer drivers. The increase would be from the current rate of 14 cents per mile to the IRS' business rate, currently set at 65.5 cents per mile."			
5. Improve Coordination Among State Agencies	<ul style="list-style-type: none"> Several agencies have a transportation program 		Minimal	Not in Place
6. Rider/Community Engagement	<ul style="list-style-type: none"> Serving on commissions. Regular feedback options. Expand engagement options that currently exist between MoDOT and MPOs/RPCs. 		Minimal	Not in Place
7. Statewide Active Transportation Plan	<ul style="list-style-type: none"> An active transportation plan provides recommendations for improving conditions for bicycling, walking, rolling, or other modes that are typically human-powered, non-motorized transportation, but may also include smaller electric-powered micromobility options such as e-scooters and e-bikes. 15 states have Statewide Active Transportation Master Plans, including Illinois and Tennessee. Recommend Missouri develop one to establish a unified vision for the identification and implementation of strategic active transportation priorities and policies across Missouri. Through research by the Colorado Department of Transportation, Missouri is the most 		Yes	Not in Place



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Recommendations from All Subcommittees

Transportation Recommendations	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<p>populous of the seven states without a statewide active transportation plan, and all of Missouri's neighboring states either have a statewide plan in place or in development. The number of '15 states with active transportation plans is incorrect.</p> <ul style="list-style-type: none"> ○ It might be valuable for the Kansas Active Transportation Plan to be specifically called out on the list of example states with active transportation plans. They've also been doing a good job of promoting small-scale, quick-build pilots which would probably be helpful for some of these folks in smaller communities as well. 			
8. Support Improvements to Built Environment	<ul style="list-style-type: none"> ● Assessments of environments. Train people on how to identify issues and report them for improvements to their local departments. ○ Sponsor trainings. ○ Resources: AARP guides, Communities for All Ages ● Need overall commitment to neighborhoods, public and commercial spaces, and transit that is accessible to all ability levels and modes of mobility. ○ Missouri could work on becoming an aging-friendly state. ● Through research by the Colorado Department of Transportation, Missouri is the most populous of the seven states without a 		Yes	Not in Place



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Recommendations from All Subcommittees

Transportation Recommendations	Suggested Action Steps	Suggested Owner	Cost Associated?	Current State
	<p>statewide active transportation plan, and all of Missouri's neighboring states either have a statewide plan in place or in development. The number of '15 states with active transportation plans is incorrect.</p> <ul style="list-style-type: none"> It might be valuable for the Kansas Active Transportation Plan to be specifically called out on the list of example states with active transportation plans. They've also been doing a good job of promoting small-scale, quick-build pilots which would probably be helpful for some of these folks in smaller communities as well. 			

Whole Person Health Subcommittee

Workgroup: Healthy Eating

Whole Person Health Recommendations: Healthy Eating
1. Prevention: Disseminate best practices to healthcare providers and the general public to prevent negative outcomes of health condition
2. Prevention: Increase early detection and screening for health condition
3. Prevention: Encourage older adults to engage in wellness activities highlighting good nutrition, social connection, cardiovascular health, sleep hygiene, stress management and lifelong learning
4. Prevention: Identifying risk factors to health conditions specific to older adults and adults with disabilities
5. Prevention: Increasing access to literacy and education to health condition
6. Prevention: Increased education about how medications can affect taste and dry mouth that can impact nutrition
7. Prevention: Improve physical ability to eat through improved oral healthcare
8. Access: Increase access to healthcare professionals for health condition
9. Access: Cross-train a workforce/professionals working with older adults and adults with disabilities to consider the whole person and can be referred to wrap-around services

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Recommendations from All Subcommittees

Whole Person Health Recommendations: Healthy Eating
10. Access: Ensure healthcare and the general public are aware of what benefits are already covered by insurance for the specific health condition
11. Access: Advocate for increased/expanded state-level health insurance for health conditions impacting older adults and adults with disabilities
12. Access: Ensure older adults and adults with disabilities have timely access to healthcare providers and community programs
13. Access: Increased access to broadband internet across the state for older adults to access telehealth and other resources
14. Access: Expand sustainable funding for an increased workforce and programs
15. Access: Increased access to transportation
16. Access: Access to resources across the state; no matter geography (ie rural, suburban, urban)
17. Access: Increased access to affordable, healthy foods
18. Access: Increased access to preventive oral healthcare
19. Access: Increased access to skill-building programs to cook/prepare healthy foods that taste good
20. Maintenance/Wellness: Ensuring consistent, affordable access to community-based programs that promotes positive behavior change for health maintenance and wellness
21. Maintenance/Wellness: Ensuring consistent community outreach, education and health literacy materials in a variety of locations
22. Maintenance/Wellness: Access to healthy meals that can be home-delivered or congregate (and if needed, medically tailored)
23. Equity: Increased culturally competent care and materials for health condition (ie food options, recipes, approaches to managing behavioral health conditions, etc)
24. Equity: Understand, recognize and address disparities between demographics associated with health condition
25. Equity: Ensure services, materials and programs are available in multiple languages and/or have translation services
26. Equity: Ensure minority/underrepresented communities have a voice in making decisions about access and programming from initial stages
27. Equity: Engage a diverse group of stakeholders to implement health policies that impact the community
28. Programs: Maximize current services that are available by eliminating siloes (ie geography, funders, service areas) through creating a statewide consumer and provider database (Community Information Exchange pilot may be a model)
29. Programs: Support and fund virtual models for telehealth and programs impacting health conditions- particularly impacting rural areas and patients who are homebound or non-ambulatory
30. Programs: Constantly implement effective programs in community settings for prevention, maintenance, wellness, and support
31. Programs: Improve education for Statewide Access to Nutrition Assistance Programs: SNAP, Commodity Supplemental Food Program, Double up Food Bucks/Senior Farmer's Markets, Food pantries/food banks, AAAs/Senior Centers, home-delivered meals
32. Programs: Make procedural changes to make SNAP more accessible to older adults and adults with disabilities (THERE ARE VERY SPECIFIC DETAILS IN THE PLAN)
33. Education: Increase awareness of existing programs and increase education: Nutrient density and hydration, cooking for one person, maintaining an eating schedule, community health worker training, simplified nutritional information that is easy to reach and understand on food packaging, new and health recipes

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Recommendations from All Subcommittees

Workgroup: Cognitive Health

Whole Person Health Recommendations: Cognitive Health
1. Prevention: Reduce stigma around signs and symptoms of health condition and seeking treatment
2. Prevention: Disseminate best practices to healthcare providers and the general public to prevent negative outcomes of health condition
3. Prevention: Increase early detection and screening for health condition
4. Prevention: Encourage older adults to engage in wellness activities highlighting good nutrition, social connection, cardiovascular health, sleep hygiene, stress management and lifelong learning
5. Prevention: Identifying risk factors to health conditions specific to older adults and adults with disabilities
6. Prevention: Increasing access to literacy and education to health condition
7. Access: Increase access to healthcare professionals for health condition
8. Access: Cross-train a workforce/professionals working with older adults and adults with disabilities to consider the whole person and can be referred to wrap-around services
9. Access: Ensure healthcare and the general public are aware of what benefits are already covered by insurance for the specific health condition
10. Access: Advocate for increased/expanded state-level health insurance for health conditions impacting older adults and adults with disabilities
11. Access: Ensure older adults and adults with disabilities have timely access to healthcare providers and community programs
12. Access: Increased access to programs that keep older adults mentally stimulated and connected socially
13. Access: Increased access to broadband internet across the state for older adults to access telehealth and other resources
14. Access: Expand sustainable funding for an increased workforce and programs
15. Access: Increased access to transportation
16. Access: Access to resources across the state; no matter geography (ie rural, suburban, urban)
17. Maintenance/Wellness: Ensuring consistent, affordable access to community-based programs that promotes positive behavior change for health maintenance and wellness
18. Maintenance/Wellness: Ensuring consistent community outreach, education and health literacy materials in a variety of locations
19. Equity: Increased culturally competent care and materials for health condition (ie food options, recipes, approaches to managing behavioral health conditions, etc)
20. Equity: Understand, recognize and address disparities between demographics associated with health condition
21. Equity: Ensure services, materials and programs are available in multiple languages and/or have translation services
22. Equity: Ensure minority/underrepresented communities have a voice in making decisions about access and programming from initial stages
23. Equity: Engage a diverse group of stakeholders to implement health policies that impact the community

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Recommendations from All Subcommittees

Whole Person Health Recommendations: Cognitive Health
24. Programs: Maximize current services that are available by eliminating siloes (ie geography, funders, service areas) through creating a statewide consumer and provider database (Community Information Exchange pilot may be a model)
25. Programs: Support and fund virtual models for telehealth and programs impacting health conditions- particularly impacting rural areas and patients who are homebound or non-ambulatory
26. Programs: Constantly implement effective programs in community settings for prevention, maintenance, wellness, and support
27. Programs: Implement advanced planning to promote person-centered care in the event of cognitive decline

Workgroup: Behavioral Health

Whole Person Health Recommendations: Behavioral Health
1. Prevention: Reduce stigma around signs and symptoms of health condition and seeking treatment
2. Prevention: Disseminate best practices to healthcare providers and the general public to prevent negative outcomes of health condition
3. Prevention: Increase early detection and screening for health condition
4. Prevention: Encourage older adults to engage in wellness activities highlighting good nutrition, social connection, cardiovascular health, sleep hygiene, stress management and lifelong learning
5. Prevention: Identifying risk factors to health conditions specific to older adults and adults with disabilities
6. Prevention: Increasing access to literacy and education to health condition
7. Prevention: Increased addiction and overdose education and prevention measures
8. Prevention: Increased sexually transmitted infection education and prevention measures
9. Prevention: Increased awareness of "988" and ensure inclusive images of older adults and adults with disabilities in marketing materials
10. Increased suicide awareness and prevention measures
11. Access: Increase access to healthcare professionals for health condition
12. Access: Cross-train a workforce/professionals working with older adults and adults with disabilities to consider the whole person and can be referred to wrap-around services
13. Access: Ensure healthcare and the general public are aware of what benefits are already covered by insurance for the specific health condition
14. Access: Advocate for increased/expanded state-level health insurance for health conditions impacting older adults and adults with disabilities
15. Access: Ensure older adults and adults with disabilities have timely access to healthcare providers and community programs
16. Access: Increased access to broadband internet across the state for older adults to access telehealth and other resources
17. Access: Expand sustainable funding for an increased workforce and programs
18. Access: Increased access to transportation

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Recommendations from All Subcommittees

Whole Person Health Recommendations: Behavioral Health
19. Access: Access to resources across the state; no matter geography (ie rural, suburban, urban)
20. Maintenance/Wellness: Ensuring consistent, affordable access to community-based programs that promotes positive behavior change for health maintenance and wellness
21. Maintenance/Wellness: Ensuring consistent community outreach, education and health literacy materials in a variety of locations
22. Maintenance/Wellness: Sequential Intercept Model employed (seeking and filling gaps in service)
23. Equity: Increased culturally competent care and materials for health condition (ie food options, recipes, approaches to managing behavioral health conditions, etc)
24. Equity: Understand, recognize and address disparities between demographics associated with health condition
25. Equity: Ensure services, materials and programs are available in multiple languages and/or have translation services
26. Equity: Ensure minority/underrepresented communities have a voice in making decisions about access and programming from initial stages
27. Equity: Engage a diverse group of stakeholders to implement health policies that impact the community
28. Programs: Maximize current services that are available by eliminating siloes (ie geography, funders, service areas) through creating a statewide consumer and provider database (Community Information Exchange pilot may be a model)
29. Programs: Support and fund virtual models for telehealth and programs impacting health conditions- particularly impacting rural areas and patients who are homebound or non-ambulatory
30. Programs: Constantly implement effective programs in community settings for prevention, maintenance, wellness, and support
31. Programs: Utilize the Opioid Settlement Funds for addiction treatment services