

Age Strong Vermont

Draft Objectives and Strategies for Advisory Committee Feedback

6/19/2023

Introduction:

The following pages contain objectives and strategies discussed and drafted by 7 subcommittees of the Age Strong Vermont Advisory Committee with additional participation from experts in the field. **Thank you to all who contributed to this important body of work!**

A few things to note about the content below:

- The draft language below has been refined to a certain extent by the Steering Committee before being presented to the full Advisory Committee. For example, duplicate strategies were removed; tactics to accomplish a strategy were removed (to be part of an implementation plan); overarching themes were pulled to the top, etc. We are seeking to find a balance of objectives and strategies across all Principles.
- The feedback provided on 6/26 by the Advisory Committee is critical to helping the Steering Committee make further refinements. Keep these questions in mind as you review:
 - Do these objectives and strategies respond to what we heard from Vermonters?
 - Do these objectives and strategies seek to make concrete improvements for older Vermonters? Are they inclusive and equitable?
 - Are these objectives and strategies feasible and attainable?
 - As an Advisory Committee member, how would you rank these objectives and strategies under each Principle in terms of importance?
- This content will continue to be revised by the Steering Committee following feedback provided by the full Advisory Committee on 6/26.
- If you are not able to attend the meeting on 6/26 and have feedback to share, please email your feedback to Kerstin Hanson at kerstin.hanson@vermont.gov.

Recommendations for the overarching Age Strong VT Plan:

Overarching themes to be called out and described in the plan:

- Addressing social determinants of health / interconnectedness of topics (i.e. housing impacts health)
- Acknowledging ageism and addressing its impacts on health, social connection, economics, employment, etc.
- Changing the narrative that older Vermonters are an economic drain or deficit; reframe aging with an asset-based approach.
- This plan supports and advances Vermont as an Age-Friendly State.
- Emphasis on strategic, flexible transportation systems as critical to achieving the plan's objectives across topic areas.

- Policy changes, collective resources and funding will be needed to make real progress on the plan’s objectives.

Overarching Recommendations:

1. By July 1, 2025, the State will dedicate a position within the Governor’s Office to promote, execute and monitor the Age Strong VT Plan and cross-sector communication/collaboration.
 - a. The position sits on the Health in All Policies working group, bringing an ‘Age in All Policies’ lens.
 - b. Updates the Age Strong Plan.
 - c. Monitors progress and reports annually.
 - d. Supports/facilitates the advisory committee.
 - e. Creates/facilitates related coalitions, roles/responsibilities, and MOUs.
 - f. Ensures execution of the Age Strong VT annual communications campaign.
2. In 2024 establish a long-term Age Strong VT advisory committee to work with the Age Strong VT position to execute, monitor and evaluate the plan. The advisory committee will be co-chaired by two volunteers for two-year terms.
3. Beginning in 2024, execute an annual overarching communications and outreach plan, integrating the principles of inclusion, diversity, equity, and accessibility, that will include communications called out in the specific objectives/strategies below.

Optimal Health and Wellness

Objective 1: By 2033, increase non-leisure physical activity among older adults age 65 and older to meet or exceed the Healthy Vermonters goal.

Strategies:

1. By the end of 2024, develop a state comprehensive physical activity plan across the lifespan which also contributes to increasing social engagement.
2. By 2026, include in state agreements and contracts for providing services to older Vermonters a deliverable that grantees and vendors will promote and/or provide options for daily movement through at-home and community-based services.
3. By 2026, VDH and Vermont’s Area Agencies on Aging will add two evidence-based physical activity and strength training programs to their respective menus of evidence-based programming and conduct promotions via social media.

Sub-Strategies:

- A. Expand accessible and free community-based physical activity classes at senior centers, Adult Day Centers and other settings including hybrid classes that are recorded for use at any time and which seek to include health professionals.

- B. VDH, Blueprint for Health and SASH will include one or more age-friendly physical activity options through My Healthy VT (Tai Chi for Arthritis and Falls Prevention).
- C. The Vermont Association of Planning and Development Agencies will undertake community design projects that support increasing physical activity among older adults.
- D. Age Strong Vermont will help determine how to increase the total number of sidewalks statewide and improve sidewalk safety including during winter.
- E. Expand access to free/reduced gym memberships among low-income older Vermonters.
- F. Explore a policy effort to expand the state's childcare credit to support gym use.

Objective 2: By 2033, reduce household food insecurity and hunger to 5% (from 9% in 2020).

Strategies:

- 1. By 2024, the Vermont Sustainable Jobs Fund/Farm to Plate, currently grant-funded by VDH, will develop a Vermont Food Security Plan, a component of which elevates transportation needs related to food access.
- 2. By 2026, DCF/ESD will authorize the use of SNAP benefits for restaurant meals.
- 3. By 2027, reduce transportation-related barriers to accessing nutritious foods and meals through DVHA/VTRANS programs and increase delivery to congregate settings and employer engagement around food access.

Sub-Strategies:

- A. Increase access to food resources, fresh produce, oral health information and social engagement at congregate settings, Vermont Food Bank, Meals on Wheels, AAAs, and the CSA-sponsored elder program.
- B. Promote ongoing quality improvement in use of the *Hunger Vital Sign* screening tool by health care systems working with older adults.
- C. Implement coordinated malnutrition screening for adults and households through state and community programs (Blueprint for Health, SASH, Hunger Free Vermont, Bi-State Primary Care, AAAs and its Home Delivered Nutrition Program, and VPQHC among Medicare members).
- D. Vermont Department of Labor and Vermont Businesses for Social Responsibility will work to incentivize employers to provide meal options for employees prior, during and/or preceding work hours.
- E. Work with health care payers to explore current options (such as Home-Delivered Meals offered under the UVM Health Advantage Plan through MVP) for coverage of food access, nutrition supports and participation in future payment models that promote 'food as medicine' initiatives in Vermont.
- F. Support efforts to include coverage for dentures in the Vermont Medicaid adult dental benefit.

Objective 3: By 2033, reduce to 117 per 100,000 Vermont adults age 65 and older the fall-related death rate (from 156 per 100,000 in 2020).

Strategies:

1. By 2025, the state weatherization program, VDH and Efficiency Vermont will expand the home modifications program to include comprehensive falls risk assessment and prioritize home modifications that prevent falls.

Sub-Strategies:

- A. Engage primary care providers and Adult Day Programs including Adult Day Centers to conduct annual risk assessment and environmental scans or surveys.
- B. Utilize timely healthcare utilization data to inform on rates of fall episodes, medication reconciliation and Supervision Assessment.
- C. VDH and Vermont's AAAs will add two evidence-based physical activity and strength training programs to their respective menus of evidence-based programming and conduct promotions via social media.
- D. Implement the STEADI Initiative.

Objective 4: By 2033, decrease to 11% (from 13% in 2021) of adults age 70 and older who have 4 or more comorbidities.

Strategies:

1. By 2025, pursue state and other funding for chronic disease prevention and intervention.
2. By 2025, examine existing strategies to improve population health and reduce the prevalence of chronic diseases and consider whether additional interventions are needed to address disparities (geographic, racial/ethnic, age, socioeconomic).

Sub-Strategies:

- A. Create a workgroup to select state and community strategies recommended in the U.S. Surgeon General Report on Social Isolation which impacts Vermonters achieving optimal wellness.
- B. Support the Vermont Department of Health's statewide 3-4-50 Initiative to reduce the three risk behaviors (smoking, physical inactivity, poor nutrition) that cause the four chronic diseases (heart disease/stroke, cancer, diabetes, lung disease) that result in more than half of Vermont's deaths.
- C. Support efforts to include oral health benefits in Medicare.
- D. Engage local hospitals and clinics to hold free, accessible physical activity and wellness program offerings throughout the year with the goal for each town to have at least one/yr.
- E. In collaboration with Vermonters Taking Action Against Cancer, promote and increase cancer screening rates among all Vermonters that meet clinical guidelines.

- F. Address and reduce misuse of alcohol among Vermonters to improve health and reduce chronic diseases, including cognitive decline.

Objective 5: By 2033, decrease to 21 (from 26.4 in 2021) the rate of suicide deaths per 100,000 male Vermonters age 65 and older. (VDH)

Strategies:

1. By 2026, increase SHEDS Model (woodworking) to engage men in hands-on activities in more areas of the state.
2. By 2025, train Meals on Wheels volunteers and SASH Coordinators to identify and support recipients and clients who are at risk of suicide through the intervention ASIST and/or screenings using the CSSRS and referrals for mental health support.

Sub-Strategies:

- A. Increase assessment of What Matters for Aging and align care with the individual's and caregiver's preferences (including medication, mentation, mobility changes).
- B. Educate and provide intervention for firearm and poison control safety for older Vermonters and their families including safe storage, firearm safety training, and advance care planning that include firearms.
- C. To prevent physical and mental health problems, focus on measures to increase social interaction and connection, screen and provide education and resources for suicide prevention among older residents, Vermonters with disabilities, who have served in the military, BIPOC, LGBTQ+ and/or are socially isolated.
- D. Expand mental health supports in housing (through SASH wellness hours and other affordable housing programs) and other living situations (shelters, pods, group housing) and increase access to elder care clinician care.
- E. Continue to offer and expand telehealth services including in congregate settings for ensuring access to mental health services including for older Vermonters, those who live in rural areas, those who have a disability or lack transportation, and those who have depression.

Self-Determination/Safety and Protection

Objective 1: By 2026 the state will establish in statute the policies and interventions that are appropriate and allowable in cases of self-neglect with specific reference to the Self-neglect Working Group report.

Strategies:

1. DMH and DAIL will develop proposed statutory language relating to self-neglect, and will include stakeholders in that process beginning no later than January 2024. No later than

December 2024, DMH in consultation with DAIL will propose statutory language relating to self-neglect and will identify potential sponsors in the legislature.

Objective 2: By 2030 Survey and Certification data will be transparent and publicly available to ensure appropriate oversight, system performance improvements, and public access to data to make informed decisions.

Strategies:

1. By 2028, the Agency for Digital Services will work with Survey and Certification to establish a digital data system to compile all Survey and Certification survey results into a data interface that can allow for trend analysis across multiple reports for system improvement. By 2030 the same data will be available to the public in a readily accessible, plain language format, that allows older adults and family members to make informed decisions.

Objective 3: By 2030, the state in concert with community partners will create 5 beds of safe emergency housing for victims that can also deliver some level of medical or long term care services as needed.

Strategies:

1. No later than March 2025, DAIL and APS will explore existing models in other states and will make recommendations that address Vermont needs and systems for emergency housing for older victims of crime. The Department will identify funding streams and potential partners to pilot the program.
2. By 2028, the pilot program for emergency housing for older victims of crime will have established policies, protocols, goals, and adequate funding for 5 beds, and will build in the possibility for growth in the future. The program will report to DAIL and APS. The program will address immediate physical safety, as well as assisting with longer term needs such as future safe housing placement, trauma processing and mental health needs, system of care planning, etc.

Objective 4: By 2026, Vermont elder justice providers will be sufficiently coordinated and connected to allow for high quality referrals and system collaboration.

Strategies:

1. A non-state entity will facilitate an Elder Justice Coalition (EJC) to coordinate among EMS and law enforcement providers, state entities, and social support providers. The EJC will be convened no later than October 2024.
2. By 2026, EJC will recommend to the legislature strategies to mandate some allocation of Attorney General litigation awards to delivery of relevant elder justice information and services.
3. Office of Public Safety will convene an advisory team to assess and recommend best practices for no wrong door portals to ensure safety and access by 2025. By 2027,

safety portals will be universally established across entities and providers to improve elder access to justice services. Office of Public Safety Advisory team will review data reported by designated entities annually beginning in 2028 and will make recommendations for improvement to the system.

Financial Security

Objective 1: Increase the amount of discretionary income available to older Vermonters.

Strategies:

1. Increase the amount of Vermonters' social security income that is exempt from Vermont state income tax by X%.
2. Increase the number of eligible (older) Vermonters who file for the property tax credit by X%. (what is the baseline?).
 - a. Exempt SS income
 - b. Increase eligibility (income limit and/or property value eligibility)
 - c. Simplify the process
3. Implement a low-income poverty credit.
4. Increase the number of Vermonters who apply for Medicare Savings Programs by X%. (what is the baseline?)
5. Increase the number of Vermonters eligible for Medicare Savings Programs (raising income eligibility) by X%?
6. Increase financial literacy of Vermonters across age groups, including for older adults.
7. Increase the number of Vermonters who apply for renter credit by simplifying the process. (improve outreach and education) (baseline?)

Objective 2: Increase Vermont's 60+ workforce participation rate by X%. (What is the baseline?) (2027)

Strategies:

1. Develop labor demographic data for workers aged 18-75 (beyond current maximum age of 64).
2. Restore the Mature Worker Coordinator position at DAIL and/or embed an older worker coordinator at DOL to empower workers and employers.
3. Expand the DOL existing Job Link (or other resource) to serve as a resource for connecting employers with older workers.
4. Improve digital literacy of Vermonters 55+ by supporting existing programs available through Vermont Training for Associates, Department of Education and GetSetUp (AAAs).
5. Increase knowledge, information and incentives for state and private employers to recruit, hire and retain older workers.

Objective 3: Support programs and policy initiatives to enhance Vermonters' opportunities for and education about retirement.

Strategies:

1. Support Department of Treasury VTSaves retirement option for all employees and achieve eligibility for federal retirement program, ABLE federal savings account.
2. Support continuing review of the social security income tax exemption with automatic adjustments tied to market factors (such as the COLA).
3. Improve outreach and education for Vermonters across the age span, including for older Vermonters, on retirement planning, that reflects current economic reality (gig economy, entrepreneurship, reduced support from private sector employers with more onus on employees).

Housing, Transportation and Community Design

Housing Objective 1: Provide 5,000 new units of quality broadly affordable housing by 2030 within or adjacent to walkable centers that enable residents to age well in community.

Strategies:

1. Expand Accessory Dwelling Unit incentives specifically targeted toward 60+ population, including bridge loans.
2. Support the development of infill housing through zoning reforms, technical assistance to small-scale developers, and financial incentives.
 - a. Streamline Permits for Missing Middle Home Designs: Amend the statute to enable “by-right” permits for missing middle homes.
 - b. Increase Downtown and Village Center Tax Credit Base Funding: Provide \$5M in funding to improve homes in neighborhoods; expand eligibility to support energy efficiency investments (\$2M increase).
3. Increase financial support to municipalities to expand water/waste water infrastructure that is at or above the same level of ARPA funds that have been utilized to support this critical infrastructure to smart growth development.
4. Prioritize state agency investment in infrastructure for economic development in state-designated settlement areas.
5. Continue the affordable rental property tax exemption (Act 68) with no renewal requirement.
6. Make permanent the lifting of unit caps for Priority Housing Projects in Designated Downtowns, New Development Growth Areas, exempting these projects from Act 250 review.

Housing Objective 2: Increase age-specific housing available for 55+ by 3,750 homes by 2034.

Strategies:

1. Removing the cap on tax credit housing for 55+ being built each year in VT (currently at 30% cap, which equates to a max. of one property per year being built across the state).
2. Increase state credits toward age-specific housing in key priority populations where demand is outpacing supply.
3. Create affordable dementia-focused housing that meets universal design standards and incorporates the person-centered Best Friends™ approach to memory loss.

Housing Objective 3: Support older adults to “age in place,” which means choosing to remain at home or in a supportive living community as they grow older without having to move each time their needs increase.

Strategies:

1. Keep the long-term care system viable and expand to provide older adults the care they need in the location of their choice.
2. Embed 5 mental health clinicians within SASH® panels every year for the next 5 years around the State to support those with mental health concerns, including those who were formerly homeless in affordable housing communities, helping to keep them safely housed.
3. Ensure that Medicaid reimbursement rates will meet actual costs by 2025 and will have an annual inflation factor increase established.
4. Regulate that every long-term care community take a minimum of 15% of those who are on Medicaid (currently “kicked out” as assets are depleted) by 2030.
5. Increase the investment for home and community-based services to substantially reduce the number of Vermonters living in hospitals and nursing homes with no alternative.
6. Expand HomeShare programming by (1) providing a tax incentives to homeowners participating in state homeshare programs that have made qualified matches for a minimum of one year; (2) sustain state funding to support HomeShare VT for expansion.
7. Conduct an assessment and evaluation of the adult day centers closures.

Housing Objective 4: Increase the accessibility of VT homes by 15% to address the growing need for accessible, universally designed homes.

Strategies:

1. Require all new construction to adhere to universal design standards.
2. Expand home modification programs, such as the homeownership centers, HUD home mod program, and increasing VCIL funding for people living with a disability by 10% to ensure their home is accessible.

Housing Objective 5: Enhance information and expand transparency on the shortfalls and availability of Affordable Housing.

Strategies:

1. Coordinate and promote the VHFA Directory of Affordable rental Housing and DAIL's Assisted Living, Nursing Home and Residential Care database to ensure improved consumer access and coordination.
2. Support COVE's informational resource, the 'Aging in VT Resource Guide,' and increase dissemination of this resource.

Transportation Objective 1: Focus future transit service to encourage "Residential Growth Zones."

Strategies:

1. Ensure the State's Road Design Standards will be updated by the end of 2024, with emphasis on transit and mobility services to allow for age-friendly residency and access to services and amenities.
2. Micro Transit Pilots: 5 pilots, ongoing service in Montpelier. Assess this and other mobility services to enhance multi-modal options and use. On-demand services currently in place can be scaled to provide more trips for more purposes.
3. Increase funding to support municipal multimodal networks, which includes bike, walk and modal sharing programs.
4. Have VTrans assess the required funding for communities to offer additional mobility services.
5. Incorporate alternative transportation amenities including those serving individuals who cannot drive, in new developments that are subject to Act 250 jurisdiction.

Transportation Objective 2: Expand the Vermont Elders and Persons with a Disability (E&D) program by 20% funding with zero denials.

Strategies:

1. Allow for clients or the general public to view and reserve seats on existing demand response trips. Once the new scheduling and dispatch software is implemented (FY 2025) for the demand response programs across the state, VTrans will work to develop this feature, to be incorporated into the existing GO! Vermont Trip Planner.
2. Engage with Primary Care Physicians to ask questions to older Vermonters about transportation needs and provide contact info for GO!Vermont, VPTA membership.
3. Raise awareness about the E&D Program through targeted outreach:
 - a. Start Statewide Ambassador Programs that includes travel training so older Vermonters can become familiar with the Public Transit System before they cannot drive or driving becomes limited.
4. Create Personal Mobility Accounts

- a. Offer freedom accounts (capped \$ value) to allow transportation for person/social trips (reduce social isolation).
 - b. Expand a Network of Volunteers or low-cost transportation options for direct pay trips for Older Vermonters.
5. Create an ongoing Transportation Council (Mobility for All Vermonters that coordinates with all state agencies). Convert Public Transit Advisory Council to a “Mobility Council” and add DAIL, DVHA, DCF, and advocacy organizations to the membership to create viable and coordinated solutions to enhance statewide mobility for all Vermonters.
6. Build and sustain leadership, collaboration, and accountability – especially among a diverse group of stakeholders to include transportation professionals, policymakers, public health officials, police, and community members that manage Vision Zero Implementation. This body is responsible for collecting, analyzing, and using data to understand trends and potential disproportionate impacts of traffic deaths on certain populations.
7. Require all new development to ensure bus stop amenities are considered in review and permitting for construction of housing developments, commercial space and repaving of roads.

Transportation Objective 3: Adopt ‘Vision Zero’ state policy to eliminate traffic fatalities and severe injuries among all road users, and to ensure safe, healthy, equitable mobility for all.

Strategies:

1. Identify communities or populations that are disproportionately impacted by traffic deaths and serious injuries and prioritize roadway safety investments in these areas.
2. Prioritize safe speeds through safe street design, speed enforcement (or safety cameras), and allow communities to set safe speed limits including 25 MPH in congested areas and adjacent to public amenities.
3. Build and sustain leadership, collaboration, and accountability – especially among a diverse group of stakeholders to include transportation professionals, policymakers, public health officials, police, and community members that manage Vision Zero Implementation. This body is responsible for collecting, analyzing, and using data to understand trends and potential disproportionate impacts of traffic deaths on certain populations.
4. Establish a timeline to achieve zero traffic deaths and serious injuries, which brings urgency and accountability, and ensure transparency on progress and challenges.

Transportation Objective 4: Increase access to walkable, bikeable and transit friendly communities that facilitate independence and support aging in place.

Strategies:

1. Strengthen Vermont’s Complete Streets statute which was enacted by the General Assembly of the State of Vermont in 2011 to address the lack of reporting transparency

and ownership that have led to missed opportunities for implementing a strong, safe, accessible transportation system.

2. Incorporate a system-wide planning approach for all Complete Streets projects that allow for safe access to all users and provides for first and last mile connections.
3. Invest in building municipal capacity through Complete Streets trainings that will allow smaller communities' ability to implement Complete Streets at the local level.
4. Modify the state's project selection criteria for funding to encourage Complete Streets implementation. Criteria for determining the ranking of projects should include assigning weight for active transportation infrastructure; targeting underserved communities; alleviating disparities in health, safety, economic benefit, access destinations; and creating better multimodal network connectivity for all users.
5. Review community centers to be sure they have safe sidewalks with little to no transitions, and easy clear access to amenities.

Community Design Objective 1: Increase the availability of accessible, inclusive public spaces (indoor and outdoor) in towns by encouraging Smart Growth and infill development.

Strategies:

1. Remove the statutory sunset for Better Places and provide \$500k in base funding to sustain the program at DHCD.
2. Sustain funding for Better Connections program at DHCD.
3. Expand the Downtown Transportation Fund by updating the statute to support the planning, design, and construction of 'complete streets.'
4. Provide \$250K to municipalities for technical assistance and design expertise needed to engage, plan, and construct well-designed, welcoming, and accessible public places.
5. Require the Department of Housing and Community Development to create recommended standards for communities to apply to outdoor public spaces and parks to ensure they are fully accessible and inclusive to people of all ages, abilities and backgrounds.
6. Ensure key services and amenities are supported in towns, such as libraries, senior community centers, adult day programs, health care satellite offices, town hall and transfer stations.
7. Allocate \$150K to study the implementation of a land value tax to encourage development in designated areas, promote land use efficiency, and ensure equitable taxation in partnership with the Tax Department.

Social Connection and Engagement

Objective 1: Increase awareness and identification of social isolation and loneliness.

Strategies:

1. Conduct at least one targeted public awareness campaign per year.
2. Increase the screening of social isolation and loneliness in primary care practices.
3. Provide training and education about social isolation and loneliness to a broad range of organizations who interact with older Vermonters.

Objective 2: Support and strengthen Vermont’s network of viable senior centers, adult day centers and other local community institutions with quality and equitable programming for older Vermonters and address 5+ geographic gaps by 2030.

Strategies:

1. Invest in centers and local community institutions via local, state and federal funding opportunities and through expanded community partnerships.
2. Modernize and support local centers and local community institutions to address the needs and desires of a changing demographic of older Vermonters, with a focus on equity and inclusion of underserved communities.
3. Expand a diversity of programming at centers and local community institutions, such as creative aging with art, music, movement, intergenerational programs, lifelong learning, multicultural programs, virtual opportunities, etc.

Objective 3: Increase volunteerism of older Vermonters by 10% by 2035 (both number of volunteers and level of engagement).

Strategies:

1. Strengthen Vermont’s volunteer infrastructure to better recruit, support and retain older Vermonter volunteers.

Objective 4: Increase the number of intergenerational engagement opportunities – implement at least 5 new models by 2030.

Strategies:

1. Build out the ‘age-friendly university’ model across the higher education system.
2. Partner with the Agency of Education and local schools and colleges on workplace learning opportunities to engage more students in providing services, conducting research, and learning from older Vermonters.
3. Leverage community partnerships to expand intergenerational opportunities.
4. Research, promote and support innovative intergenerational models.

Family Caregiver Support

Objective 1: By 2029, reduce the percentage of Vermont caregivers providing care/assistance 40 hours or more in an average week to a friend/family member to 9%.

Strategies 1, 2, 4, 7, and 8

Objective 2: By 2028, increase the percentage of Vermont family caregivers who report knowing about respite options and how to access them to 80%.

Strategies 1, 2, 4, 7, and 8

Objective 3: By 2028, increase the percentage of Vermont family caregivers who report being knowledgeable about services and resources related to self-care, medical benefits, long term care and estate planning, and medical conditions of their care recipients to 80%.

Strategies 3, 5, and 6

Objective 4: By 2029, reduce the number of caregivers reporting a negative impact on their financial security due to caregiving to 10%.

Strategies 1, 4, 5, and 8

Strategies:

1. In 2024-2034, DAILE and community partners will work to increase financial supports for family caregivers, including respite funding, family leave options, tax credits, stipends, and grants.
2. In 2024-2028, DAILE and community partners will work together to increase awareness of and access to respite services for caregivers using public outreach campaigns, social media, Front Porch Forum, and agency communications and websites.
3. In 2024-2028, DAILE and community partners will work to expand and add family caregiver education programs that include information on self-care, medical benefits, long term care and estate planning, and medical conditions.
4. By 2027, State agencies will compile a statewide inventory of existing resources and programs for family caregivers. This inventory will be used to create a caregiver support locator function caregivers can use to quickly locate the services they need in their area.
5. By 2025, adopt standardized, evidence-based or evidence-informed family caregiver assessments and use the results to develop person-centered and family-centered care plans.
6. By 2026, establish and routinely convene a VT Caregiver Coalition to improve the system of HCBS and Health Care providers by encouraging the use of standardized data-collection tools, forms, definitions of terms, and best practices.
7. In 2024-2028, support the expansion of ADRD Extended Engagement/Respite activities within Adult Day and Senior/Community Centers.
8. By 2025, develop or adopt surveys with validated questions to disseminate to family caregivers to collect data on services and supports to identify successes and areas for improvement.

Coordinated and Efficient System of Services

Objective 1: By 2026, Vermont will create a standardized set of protocols, competencies and training for call centers that provide information, referral and assistance and a method for monitoring performance.

Objective 2: By 2026, no wrong door portals for reporting abuse, neglect, exploitation are established across support systems and include universally agreed on decision trees by 2026.

Objective 3: By 2028, Vermont will establish a uniform method of measuring consumer experience with Vermont’s system of information, referral, and assistance.

Objective 4: By 2028, publicly available information sources (AGO Help Guide, Aging in Vermont Resource Guide, AAA HelpLine, 2-1-1, and State websites) include criminal, civil, and social interventions specific to older adults that can help ensure safety.

Objective 5: By 2028, Vermont will increase the % of older people and family caregivers who are knowledgeable of critical programs and services to 75% from xx%. (SPA needs assessment).

Objective 6: By 2028, Vermont will require that all state contracts, grants and Medicaid provider agreements include language that requires minimum participation in staff training about the Vermont system of Information, Referral and Assistance.

Objective 7: Starting in 2028, the number of older adults utilizing AAA HelpLine and VT211 will increase annually by 3% or more. (30,757 people called AAA HelpLine in FFY 2022 – Source: self-reported from each AAA for SUA annual Snapshot document).

Recommended Strategies:

1. Recommend that the State contract with an independent entity to assess the current state of Vermont’s AAA and VT211 Information, Referral and Assistance call centers, and provide concrete recommendations on the adequacy of the information available to Vermonters.
2. Using the independent entity in #1, create or recommend an existing set of call center best practices (such as AIRS) using a “no-wrong-door” approach.
3. Recommend that the State contract with a professional entity to use data from the VAPAW process (survey, listening sessions, focus groups) to:
 - a. Develop a sustainable, creative plan for marketing/promoting Vermont’s Information, Referral and Assistance systems across the state, that complies with communication access and DEI standards. The promotion plan must involve the VDH community health education network and provider of services network.

- b. Create a sustainable online Vermont educational awareness training tool for Vermonters, entities, and providers to learn about the system of Information, Referral and Assistance.
 - c. Work with the State to designate qualified individuals or entities to deliver/maintain the promotion plan and training tool, and track outcomes.
4. Recommend that Vermont's procurement and contracting bulletin 3.5 and Vermont's Medicaid general provider agreement, be updated to require entities and providers who receive State funds to provide services related to older Vermonters, to dedicate at least one employee to participate annually in an online State-approved training about the Vermont system of Information, Referral and Assistance.
5. Recommend that the State and information providers work together to establish data on distribution and utilization of publicly available information sources (AGO Help Guide, Aging in Vermont Resource Guide, AAA HelpLine, VT211, State websites) regarding abuse, neglect, and exploitation of older adults.
6. Recommend that emergency service providers receive training about the safety network/supports available and how to make good referrals for assistance.
7. Recommend that the State establish or identify additional data sources for tracking outcomes, such as:
 - a. Z-Codes – ICD10 codes to identify screening and referrals for social determinants of health-related services.
 - b. Provider referrals – Develop a way for call centers to track where referrals came from over time.
 - c. New SPA Needs Assessment questions. (Data Source: 2020, 2024 and 2028 SPA Needs Assessments)
 - d. BRFSS questions.
8. Recommend that a Secretary on Aging or Advocate for Elder Justice position is established to work with the dedicated Age Strong VT position to:
 - a. integrate information across state and community systems to ensure consistent and accurate information.
 - b. advise the state legislature and administration to improve elder access to justice, safety, and supports.
 - c. review new and existing laws to ensure age equity across systems.
 - d. coordinate safety and support systems to improve outcomes for elder victims.