

# 2024-2027 FOUR-YEAR AREA PLAN

■ ■ ■ ■ ■ *Program Module*



**Area Agency on Aging of Pasco-Pinellas,  
Inc.**

**Planning and Service Area 5**

*September 2023*



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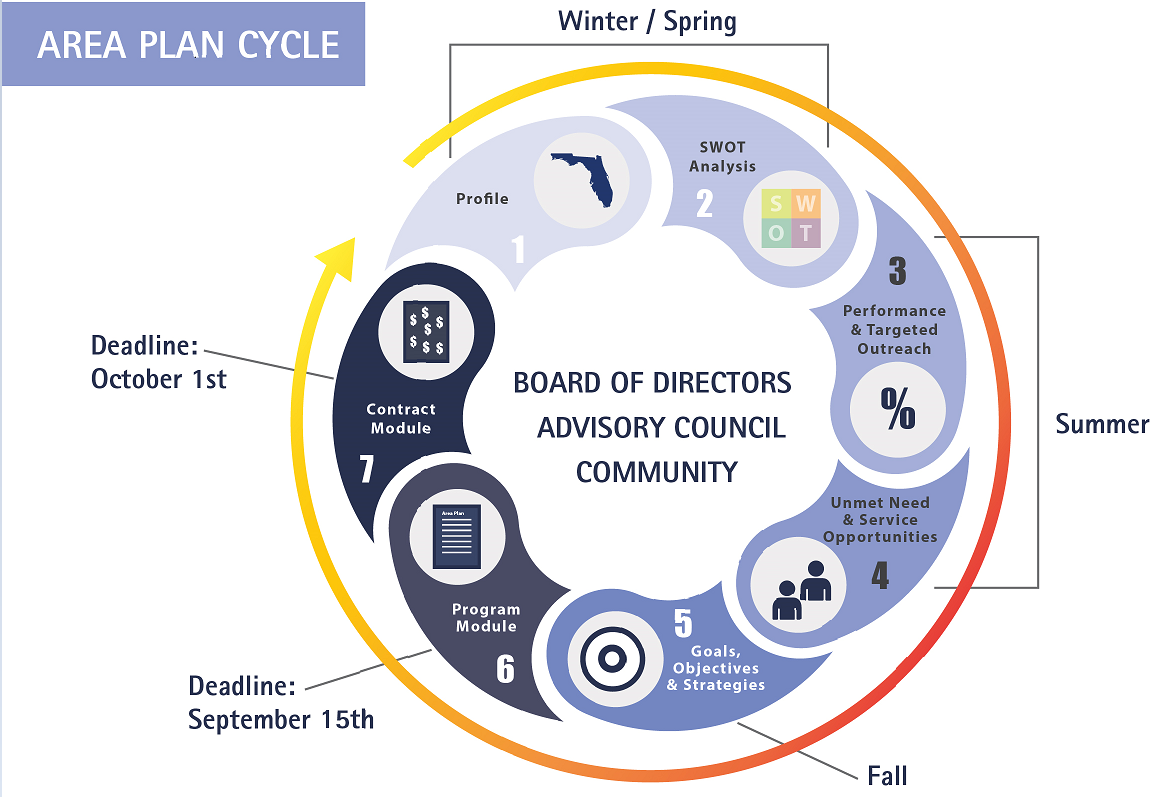
# Introduction to the Area Plan

The Area Plan describes in detail the specific services to be provided to the population of older adults residing in each Planning and Service Area (PSA). The plan is developed from an assessment of the needs of the PSA as determined by public input that involves public hearings, the solicited participation of those affected and their caregivers, and service providers. The plan also states the goals and objectives that the Area Agency on Aging (AAA) and its staff and volunteers plan to accomplish during the planning period. This four-year cycle is for the period of January 1, 2024, through December 31, 2027.

The Area Plan is divided into two parts, the Program Module and the Contract Module. The Program Module includes a profile of the PSA; a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis; an analysis of performance and unmet needs; the service plan including goals, objectives, and strategies; assurances; and other elements relating to the provision of services.

The Contract Module includes the elements of the plan relating to funding sources and allocations, as well as other administrative/contractual requirements, and otherwise substantiates the means through which planned activities will be accomplished.

In planning to produce the Area Plan, AAAs should consider the following Area Plan development cycle.



This recommended planning cycle features the development of the PSA Profile, followed by the completion of the comprehensive SWOT analysis during the winter and spring of the Area Plan submission year. The summer should feature the development of the Performance and Targeted Outreach and Unmet Need and Services opportunities components of the Area Plan. With the completion of these components, the AAA will be prepared to address the Goals, Objectives, and Strategies component of the Area Plan.

With the completion of each stage in development of the Area Plan, the AAA is required to submit the respective components to Department of Elder Affairs (DOEA) through their contract manager for review and feedback.

By the spring of each year, the Department of Elder Affairs will directly email Area Agencies on Aging executive directors. This email will include the Area Plan Program Module Template, Instructions, Area Plan Contract Module Template, and a table of due dates for submission of the Area Plan Cycle components.

# Program and Contract Module Certification

## Program and Contract Module Certification

### AREA AGENCY ON AGING (AAA) INFORMATION:

Legal Name of Agency: Area Agency on Aging of Pasco-Pinellas, Inc.

Mailing Address: 9549 Koger Boulevard, Ste.100., Gadsden Building, St. Petersburg, FL 33702

Telephone: (727) 570-9696 FEDERAL ID NUMBER: 31-1710636

### CERTIFICATION BY BOARD PRESIDENT, ADVISORY COUNCIL CHAIR, AAA DIRECTOR:

I hereby certify that the attached documents:

- Reflect input from a cross section of service providers, consumers, and caregivers who are representative of all areas and culturally diverse populations of the Planning and Service Area (PSA).
- Incorporate the comments and recommendations of the Area Agency's Advisory Council.
- Have been reviewed and approved by the Board of Directors of the Area Agency on Aging.

Additionally:

Signatures below indicate that both the Program Module and the Contract Module have been reviewed and approved by the respective governing bodies.

I further certify that the contents are true, accurate, and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance. I have reviewed and approved this 2024-2027 Area Plan.

President, Board of Directors

Name: Stuart Strikowsky

Date: 9/18/23

Signature: 

Advisory Council Chair

Name: Eric Gerard

Date: 09/11/2023

Signature: 

Area Agency on

Name: Ann Marie Winter

Date: 09.14.2023

Signature: 

Signing this form verifies that the Board of Directors and the Advisory Council and AAA Executive Director understand that they are responsible for the development and implementation of the plan and for ensuring compliance with the Older Americans Act Section 306.

# AAA Board of Directors

## Membership Composition:

The Area Agency on Aging of Pasco-Pinellas, Inc. has bylaws established which govern the overall requirements and processes used to select board members. The Board of Directors consists of persons who are required to be representatives from each of the following counties in PSA 5: Pasco County and Pinellas County. Directors must be a resident of, or principally employed in, either of the two counties during service on the Board.

The Board's membership is based on each county's proportion of the population age 60 or over in the Planning and Service Area, according to the following formula: 1. The total number of persons age 60 and over will be determined for the entire planning and service area; 2. Individual county population of persons 60 and over will be determined; 3. The individual county population of persons 60 and over divided by the total population of persons 60 and over for the planning and service area will yield the percent of board composition allocated per county; 4. The individual county percentage multiplied by the number of representatives on the board yields the individual county number of members allocated to the board. There is a maximum of fifteen director positions, with the directors being representative from each county in accordance with the above formula. The Board is divided into three groups to be elected for three-year terms on a rotating basis.

Persons who are interested in serving on the Board of Directors make their interest known via contact with either the Executive Director or any one of the Board members. Initially, staff of the AAAPP makes contact with the interested party and have them complete a membership application, regardless of whether there is a vacancy or not.

When a vacancy occurs on the Board, staff forward membership applications to the Membership and Nominating Committee, a subcommittee of the Board responsible for presenting the annual slate of directors and officers and making recommendations to fill director and officer vacancies. Prior to consideration of applications, staff do an analysis of the composition of the Board to determine where there might be "holes" in the representation of the demographics of the PSA. Also looked at are skills and background of the candidate for the board to determine if they fill a void. This information is provided to the subcommittee for their consideration. The Membership and Nominating Committee interviews candidates and presents them to the board for a vote at one of its regularly scheduled meetings.

## Frequency of Meetings:

The Board's bylaws require that Board Meetings are held at least nine times a year. Our normal schedule has regular board meetings every month, except July and December. The anticipated schedule of board meetings for the term of the Area Plan is as follows:

### **2024**

January 8, February 12, March 18, April 15, May 20, June 17, August 19, September 16, October 21, and November 18.

### **2025**

January 13, February 10, March 17, April 21, May 19, June 16, August 18, September 15, October 20, and November 17.

### **2026**

January 12, February 9, March 16, April 20, May 18, June 15, August 17, September 21, October 19, and November 16.

### **2027**

January 25, February 22, March 15, April 19, May 17, June 21, August 16, September 20, October 18, and November 15.

## Officer Selection Schedule:

In accordance with the agency bylaws, the AAAPP holds an Annual Meeting each year during the month of March, typically at the same time as the regular board meeting. The election of officers is held annually during the Annual Meeting.

The anticipated schedule for the Board's officer selection process during the term of the Area Plan is as follows:

March 18<sup>th</sup>, 2024, March 17<sup>th</sup>, 2025, March 16<sup>th</sup>, 2026, March 15<sup>th</sup>, 2027

### AAA Board Officers:

Title	Name	Term
Chair	Dr. Stuart Strikowsky	03/22-03/25
Vice Chair	Anne Corona	03/23-03/26
Treasurer	David Alvarez	03/22-03/25
Secretary	Dr. Audrey Baria	03/23-03/26
Immediate Past Chair	Charlie Robinson, Esq.	03/23-02/26
Other: (Title_____)		
Other: (Title_____)		

### AAA Board of Directors Membership:

Name	Occupation / Affiliation	County of Residence or Primary Work	Member Since	Current Term of Office
Stuart Strikowsky	Physician	Pinellas	03/19	03/22-03/25
Anne Corona	Registered Nurse (Psychiatric)	Pasco	06/18	06/23-03/26
David Alvarez	Auditor	Pinellas	03/21	03/22-03/25
Audrey Baria	Physician	Pinellas	03/19	03/23-03/26
Charles F. Robinson, Esq.	Elder Law/Special Needs Attorney	Pinellas	1991* (predates when AAAPP became nonprofit)	03/23-03/26
Virginia W. Rowell	Retired, City Social Services	Pinellas	01/07	03/22-03/25
Chris Comstock	Retired/Financial Advisor	Pinellas	04/09	03/23-03/26



George M. Jirotko	Judge	Pinellas	03/08	03/23-03/26
Barbara Sheen Todd	Retired, County Commissioner	Pinellas	03/15	03/21-03/24
Charlie Justice	County Commissioner	Pinellas	02/15	03/23-03/26
Julie Hale	Retired	Pasco	02/17	03/21-03/24
Lena Wilfalk	Retired College Administrator	Pinellas	03/21	03/21-03/24
Mai Vu, Esq	Attorney	Pinellas	09/21	03/21-03/24
Lisa Shippy-Gonzalez	Director of Finance/HR	Pasco	01/23	03/22-03/25
Paula O'Neil, PhD	Consultant	Pasco	01/23	03/22-03/25
Gary Bradford	County Commissioner	Pasco	02/23	03/23-03/26

# AAA Advisory Council

## Council Composition:

The composition of the AAAPP Advisory Council is addressed in the Council's bylaws. The Council, comprised of representatives from Pasco and Pinellas Counties, includes individuals and representatives of community organizations who help to enhance the leadership role of the area agency in developing community-based systems of services. As much as possible, membership selection is closely representative of both the demographics and geography of PSA 5. In order to be in compliance with federal, state and the Area Agency on Aging guidelines, the membership is made up of: (1) More than 50% older persons (aged 60 or older) and includes minority individuals; participants or persons eligible to participate in Older Americans Act programs or other programs administered by the Area Agency on Aging; (2) One or more local elected officials; (3) Representatives of older persons; (4) General public; (5) Providers of veterans' health care; (6) Caregivers; (7) Service providers that have no financial relationship with the AAAPP; and (8) Representatives of the business community.

Prospective members may be nominated by members of the advisory council, the AAAPP, or the general public. As vacancies occur, AAAPP staff analyze the composition of the current membership with regards to the compliance guidelines, in order to address gaps that may be addressed by targeted recruitment. Members of the Advisory Council are recommended by the Advisory Council's Nominating Committee with input from other council members and Area Agency on Aging staff. Upon review and approval by the Nominating Committee, proposed members are then elected by the Advisory Council at a regularly scheduled meeting.

## Frequency of Meetings:

Per the Advisory Council bylaws, meetings of the Advisory Council are held every other month or at least six times a year. The anticipated Schedule of Advisory Council meetings for the term of the Area Plan is as follows:

### **2024**

January 8, March 11, May 13, July 15, September 9, and November 11.

### **2025**

January 13, March 10, May 12, July 14, September 8, and November 10.

### **2026**

January 12, March 9, May 11, July 13, September 14, and November 9.

### **2027**

January 11, March 8, May 10, July 12, September 13, and November 8.

## Member Selection Schedule:

In accordance with the Advisory Council bylaws, terms of membership are limited to a two-year period; however, members in good standing may serve more than one term consecutively, with no limits, subject to Area Agency on Aging approval. Members whose terms are up for renewal are voted on in November of each year with the term beginning January 1<sup>st</sup>.

The anticipated schedule for the Council's officer selection process during the term of the Area Plan is as follows:

January 1<sup>st</sup> for the years 2024, 2025, 2026, 2027

## Service Term(s):

Members whose terms are up for renewal are voted on in November of each year with the term beginning January 1<sup>st</sup>. Terms of membership are limited to a two-year period; however, members in good standing may serve more than one term consecutively, with no limits.

## AAA Advisory Council Members:

Name	Occupation / Affiliation	County of Residence or Primary Work	Member Since	Current Term of Office	60+ (yes/no)	Race	Ethnicity
Eric Gerard, Chair	Commissioner, City of Largo	Pinellas	03/21	01/22-12/23	Yes	White	Non-Hispanic
Valerie Anderson-Stalworth, Vice Chair	Retired Business Owner	Pasco	01/22	01/22-12/23	Yes	Black	Non-Hispanic
Miriam Benitez-Nixon,	Retired-SHINE Counselor	Pinellas	01/14	01/22-12/23	Yes	White	Hispanic
Michael Estigo	Retired City Employee	Pinellas	04/16	01/22-12/23	Yes	White	Non-Hispanic
Nancy Giles	Social Enterprise, persons with disabilities	Pinellas	06/08	01/22-12/23	Yes	White	Non-Hispanic
Thomas Barnhorn	Councilman, City of Seminole	Pinellas	03/15	01/22-12/23	Yes	White	Non-Hispanic
Betty Beeler	Retired Medical Professional	Pinellas	01/12	01/22-12/23	Yes	Black	Non-Hispanic
Barbara Epstein	Elder Law Attorney	Pasco	07/11	01/22-12/23	Yes	White	Non-Hispanic
Jodi Vosburgh	V.A. Social Worker	Pinellas	01/17	01/22-12/23	No	White	Non-Hispanic
Lenny Waugh	Retired Military	Pinellas	09/12	01/22-12/23	Yes	White	Non-Hispanic
Sally Marvin	Community Service Center Supervisor	Pinellas	01/23	01/23-12/23	Yes	White	Non-Hispanic

## Funds Administered and Bid Cycles

The following funds are administered by Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP) for PSA 5. The current and anticipated Bid Cycles are provided for those programs that are administered through competitively procured subcontracts.

Funds Administered			Current Bid Cycle		Anticipated Bid Cycle	
			Published	Current Year of Cycle	Ant. Pub.	Ant. Award
Older Americans Act (OAA)	III B	<input checked="" type="checkbox"/>	05/2020	1	05/2026	01/2027
	III C.I	<input checked="" type="checkbox"/>	05/2020	1	05/2026	01/2027
	III C.II	<input checked="" type="checkbox"/>	05/2020	1	05/2026	01/2027
	III D	<input checked="" type="checkbox"/>	05/2020	1	05/2026	01/2027
	III E	<input checked="" type="checkbox"/>	05/2020	1	05/2026	01/2027
	VII*	<input checked="" type="checkbox"/>	-			
General Revenue	ADI	<input checked="" type="checkbox"/>	02/2023	1	02/2028	01/2029
	CCE	<input checked="" type="checkbox"/>	02/2023	1	02/2028	01/2029
	HCE	<input checked="" type="checkbox"/>	02/2023	1	02/2028	01/2029
Other	ADRC*	<input checked="" type="checkbox"/>				
	AoA Grants	<input type="checkbox"/>				
	FACE*	<input type="checkbox"/>				
	LSP*	<input checked="" type="checkbox"/>				
	NSIP*	<input checked="" type="checkbox"/>				
	RELIEF*	<input type="checkbox"/>				
	SHINE*	<input checked="" type="checkbox"/>				
	USDA*	<input type="checkbox"/>				

\* This fund does not have an associated Bid Cycle.

# Resources Used

[Advancing States](#)

[American Community Survey](#)

[AoA Special Tabulation Data 60+](#)

[Behavioral Risk Factor Surveillance System](#)

[Bureau of Economic and Business Research \(BEBR\)](#)

[Explore Census Data](#)

[Economic and Demographic Research \(EDR\)](#)

[FLHealthCHARTS](#)

[2020 US Census](#)

[Community Assessment Survey of Older Adults \(COSOA\)](#)

[eCIRTS and Legacy CIRTS](#)

[National Aging Program Information System \(NAPIS\) / The Older Americans Performance System \(OAAPS\) reports](#)

[Florida County Profiles](#)

[Elder Needs Index Maps](#)

[Targeting Data and Dashboard](#)

[Targeting Performance Maps](#)

[AAAPP Internal Reports](#)

[US Bureau of Labor Statistics](#)

[Florida Housing Data Clearinghouse](#)

[The United States Department of Justice](#)

[Florida Department of Children and Families – Adult Protective Services – CY2023 APS Scorecard](#)

[Florida Commission for the Transportation Disadvantaged 2022 Annual Performance Report Data](#)

# 2024-2027 Four-Year Area Plan Program Module

## Executive Summary

The Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP) will celebrate 50 years of serving older adults, adults with disabilities and caregivers in Pinellas and Pasco Counties in 2024. The AAAPP, a designated Aging and Disability Resource Center (ADRC), was incorporated and received its 501(c) (3) status in 2000. It is one of eleven Area Agencies on Aging statewide and one of over 600 nationwide established by Federal Law to implement social service programs for elders at the local level. Prior to becoming a nonprofit entity, the AAAPP was under the umbrella of the Tampa Bay Regional Planning Council (TBRPC) from 1974 to 2000. AAAPP serves Pasco and Pinellas counties, known as Planning and Service Area 5 (PSA 5).

As a result of federal and state legislation, all area agencies on aging throughout Florida are designated as an Aging and Disability Resource Center (ADRC). This designation expanded the role of all area agencies on aging from serving elders to also serving adults with disabilities. As an ADRC, we provide Information & Referral/Assistance to elders, caregivers, and adults with disabilities to increase access to community services.

Our service delivery system provides services directly to seniors and through our partners. Services include case management, home and personal care, meals, transportation, adult day care, legal assistance, chore, caregiver support, emergency alert response, health and wellness evidenced based courses, emergency energy crisis assistance, information and assistance, referral mental health counseling, pet support, and virtual programming to relieve social isolation. Additionally, the AAAPP continues its long history of cultivating and refining a comprehensive aging service network to help older persons lead healthy and independent lives in the community.

Hundreds of baby boomers retire to Florida every day. The AAAPP is challenged to continue addressing the generations that retired 20 to 40 years earlier as well as those newly arrived seniors. Statistically, the needs of older more frail and vulnerable seniors are greater, particularly as it relates to long term care, and home and community-based services, yet planning for the newly retired and soon-to-be retired deserves attention so that their aging is more successful in terms of income, healthstatus, awareness of available Medicare benefits and options, and services and resources in their communities. The increase in the number of seniors moving to Florida does impact wait lists and the need to effectively plan for the inevitable services that a portion of these seniors will need as they age in place.

The Area Agency on Aging's role is to:

- Plan, develop, fund, and provide a comprehensive and coordinated service delivery system to meet the needs of older people within the Planning and Service Area (PSA).
- Enter into contracts and vendor agreements with local service providers to furnish services at the

community level.

- Serve as an advocate and focal point for older adults within the community by monitoring, evaluating, and commenting on all policies, programs, and community actions that will affect older adults.
- Monitor and evaluate the effectiveness and efficiency of service providers; provide opportunities for community input on agency policies, procedures, and funding allocations; and coordinate with other service agencies to facilitate service delivery and access to older adults.
- Leverage our role as the key stakeholder in the aging space to influence policy and funding to support home and community-based services.

The demographics of PSA 5 are distinctive for both the high concentration of persons aged 60 and older as well as persons aged 85 and over. PSA 5 has over 1,544,532 residents, with 514,789 residents aged 60 or older. While the State of Florida ranks first nationally in the percent of elder residents, PSA 5 exceeds the state percentage of elder residents. The 2022 DOEA Florida and PSA Profile indicate 27.0% of Floridians are age 60 and older, compared to 33.3% of Pasco and Pinellas residents. In Pasco and Pinellas counties there are currently 54,096 individuals aged 85 or older, representing 3.5% of the total population.

During the four-year period of the Area Plan, the five goals established by the Florida Department of Elder Affairs will guide the strategies and activities of the Area Agency on Aging of Pasco & Pinellas. The five goals are listed below.

**Goal 1:** Strengthen and streamline the aging network’s capacity, inspiring innovation, integrating best practices, and building efficiencies to respond to the growing and diversifying aging population.

**Goal 2:** Ensure that Florida is the nation’s most dementia and age friendly state by increasing awareness and caregiver support, while enhancing collaboration across the aging network.

**Goal 3:** Enhance efforts to maintain and support healthy living, active engagement, and a sense of community for all older Floridians.

**Goal 4:** Advocate for the safety and the physical and mental health of older adults by raising awareness and responding effectively to incidence of abuse, injury, exploitation, violence, and neglect.

**Goal 5:** Increase Disaster Preparation and Resiliency.

PSA 5 utilized the S.M.A.R.T. framework to develop clear and attainable strategies in the 2024 – 2027 Area Plan. The acronym stands for Specific, Measurable, Attainable, Relevant, and Time-bound. The resulting “SMART” strategies provide an actionable blueprint for us to follow as we achieve the Department of Elder Affairs important Area Plan goals and objectives.

Our primary responsibility continues to be the coordination, planning and funding of home and community-based services in Pinellas and Pasco counties in partnership with the Florida Department of Elder Affairs. Through our comprehensive and coordinated service delivery system, we demonstrate our strident commitment to our most vulnerable seniors and adults with disabilities to meet their needs and enable them to remain in their homes.



Through the support of our Board of Directors, Advisory Council, dedicated staff and volunteers, funders, and donors, the AAAPP has identified and addressed significant needs through key initiatives:

- Expanded the evidenced based program infrastructure to offer more relevant classes with more committed partners throughout Pasco and Pinellas counties. The courses enable older adults and caregivers to experience evidenced based education regarding healthy living and caregiving for those providing care to seniors living with dementia.
- Initiated mental health counseling services which provides emotional support, information, and guidance through a variety of modalities for older adults who are having mental, emotional, or social adjustment issues that have arisen during one's life course. The service may be provided in person and virtually.
- Enhanced strategic outreach to communities of color, LGBTQ older adults, Latino Americans, and Asian Americans to better ensure that vulnerable older adults can age in good health and with broad community support.
- Implemented Covid 19 outreach with access and assistance to testing and vaccines. Launched an expanded vaccine program in 2023 to provide 5 vaccines which are Covid, Influenza, Shingles, Pneumonia and RSV through a USAging grant and funded by the Administration for Community Living.
- Partnered with 10 provider agencies and 65 vendors to provide home and community based services through a comprehensive and coordinated service delivery system.
- Expanded the Senior Community Health Program which provides assistance when there is no other community resource to address short term needs as assessed using the Thrive Index. Assistance may include medical equipment not available through insurance, pest control services, appliances, home delivered meals, technology to prevent social isolation, as well as services to prevent eviction and/or secure new housing.

## Mission and Vision Statements

The Mission Statement defines the purpose and primary objectives of the AAA. The Vision Statement describes what the AAA intends to accomplish or achieve in the future.

### Mission:

A trusted resource to advocate, educate and empower seniors, adults with disabilities and caregivers which promotes independence, in partnership with the community.

### Vision:

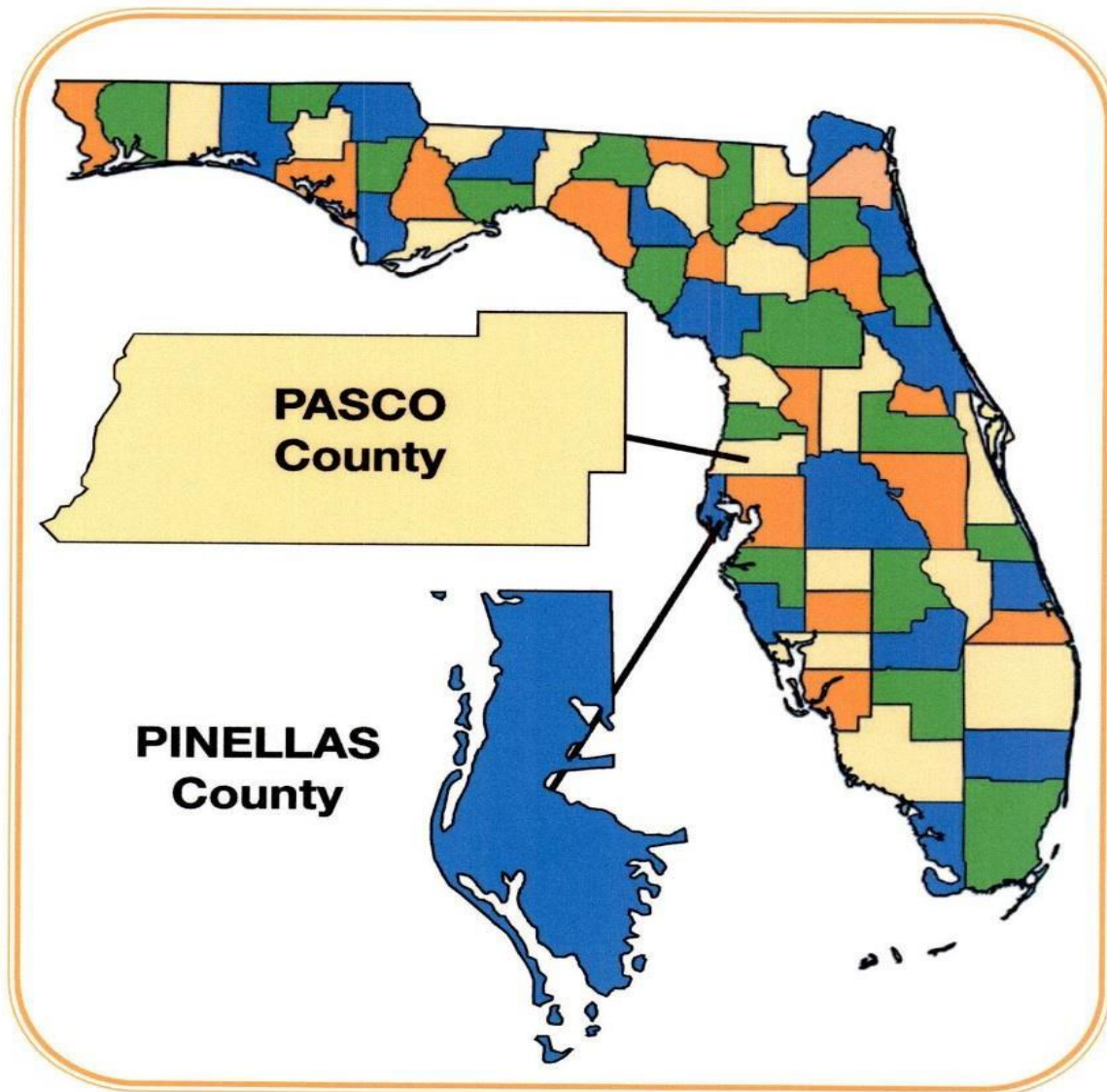
Our community will provide seniors, adults with disabilities and caregivers with the resources and services needed to maintain independence, promote healthy aging and live an optimal quality of life.

## Profile

This section provides an overview of the social, economic, and demographic characteristics of the PSA. The focus of this overview includes consideration of those geographic areas and population groups within the PSA of older individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. Maps and graphics can be added to enhance your narrative descriptions. **Responses for each section should be limited to two pages of narrative.**

### Identification of Counties:

Planning and Service Area 5 is composed of Pasco and Pinellas counties that are located on the west central coast of Florida.



### **PSA 5 (Pasco + Pinellas Counties)**

Two distinct counties make up Planning and Service Area (PSA) 5, Pasco County and Pinellas County. The combined population of all ages within this region is 1,544,532 individuals. Of that, individuals aged 60+ equals 514,789 or approximately 33% of the total population.

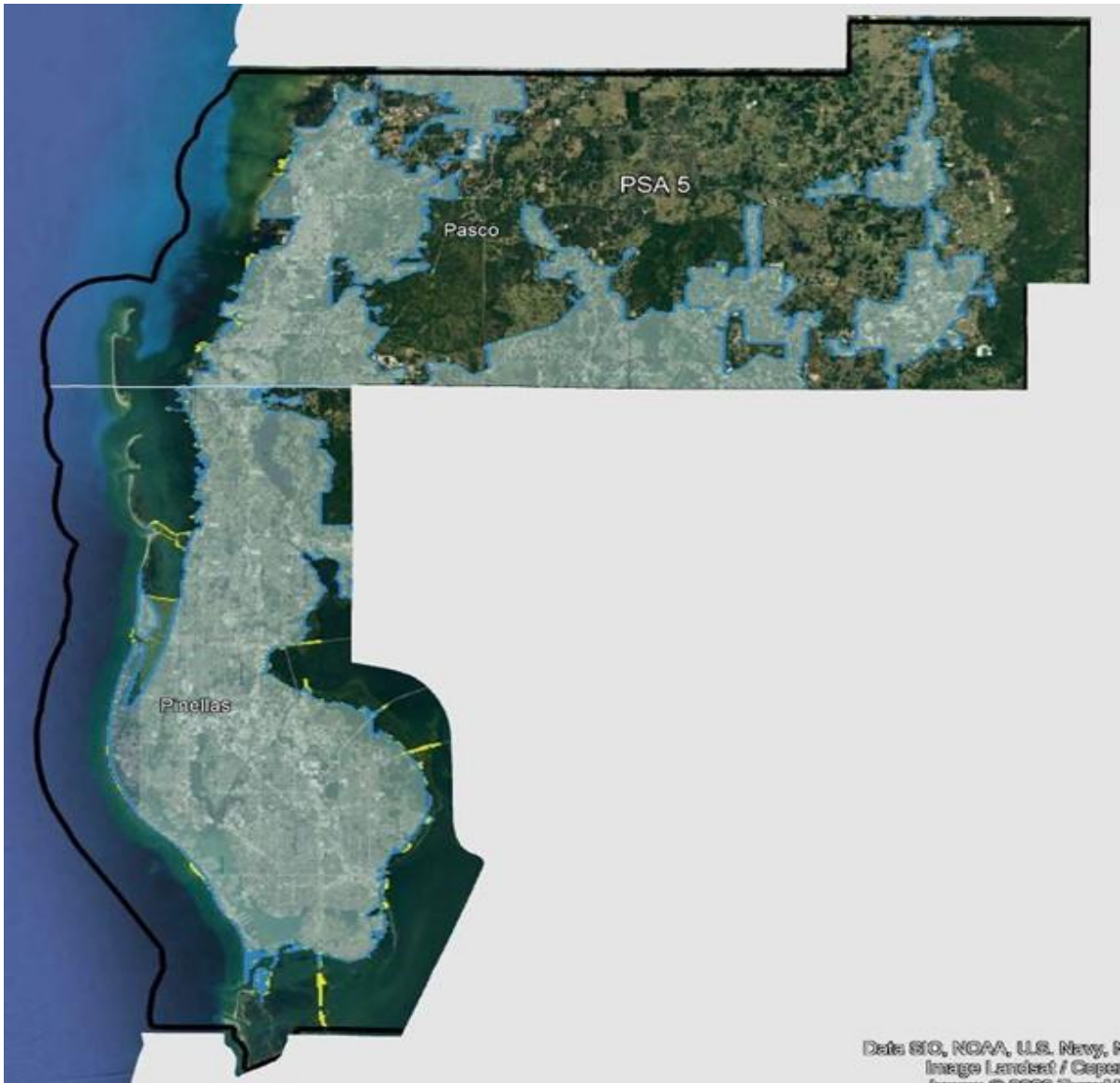
**Source: DOEA CY2022 County Profiles**

### **Pasco County**



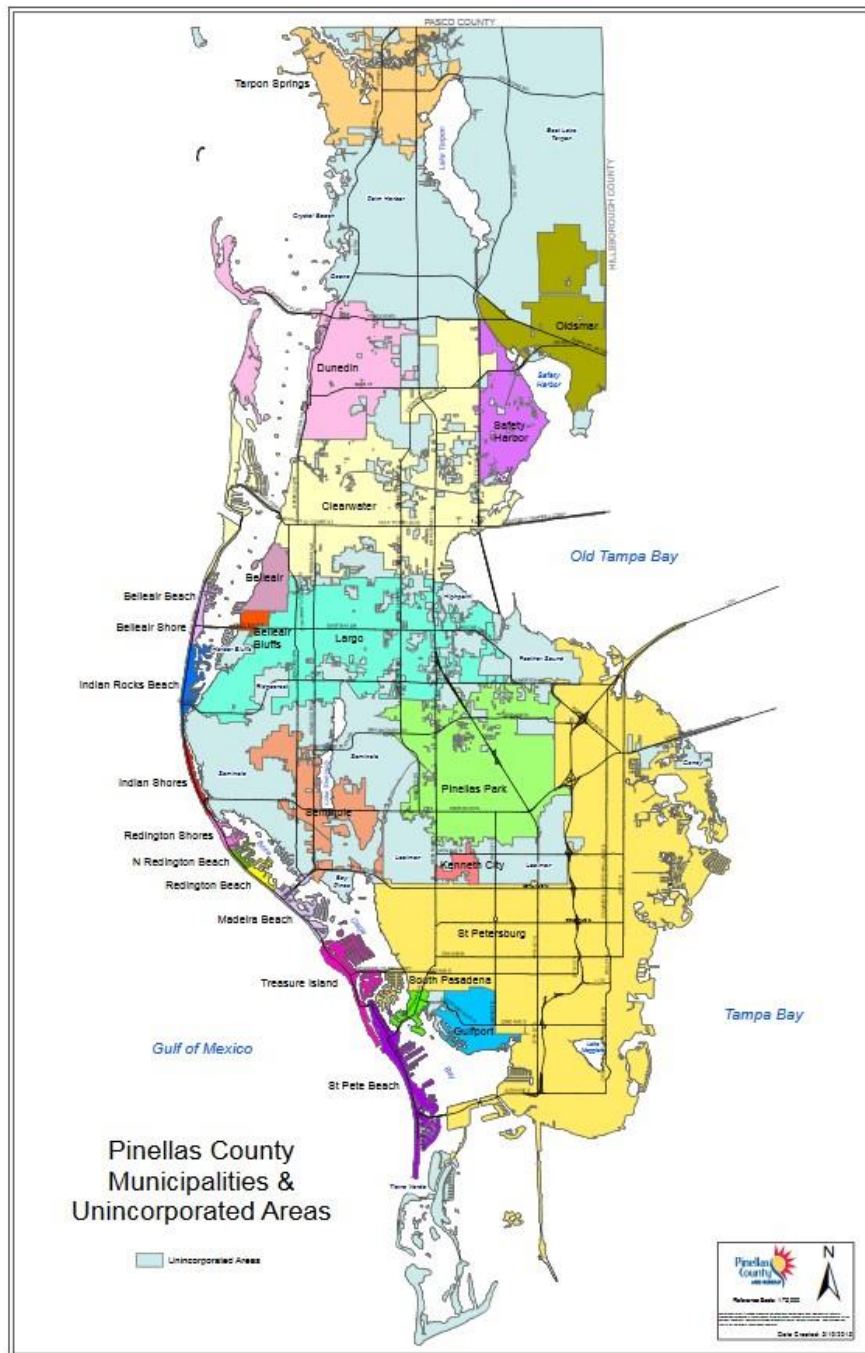
Bordered by the Gulf of Mexico on the Western shore, and land stretching eastward varying from urban to semi urban, Pasco County has a total population equaling 555,739 individuals and of that, persons over the age of sixty equals 170,768 or 31%. The aged 85+ population accounts for 3% of the total population, and 10.3% of the aged 60+ population. While the entire county has no rural designation there are pockets of non-urban areas primarily in the central and eastern portion. See the Non-Urban map below.

**Source: DOEA 2022 County Profiles**



Source: DOEA Elder Needs Index 2022 – Non-Urban County Depiction (Non-Gray Highlighting)

## Pinellas County



A peninsula bordered by the Gulf of Mexico on the Western shore, Pasco County to the North, and Tampa Bay on the Eastern Shore, Pinellas County has a total population of 988,793 individuals of all ages. Pinellas County has the larger population of those age 60+ in the PSA. There are 344,021 persons age 60+ who reside in Pinellas County, comprising 35% of the total county population. The aged 85+ population accounts for 4% of the total population and 10.7% of the 60+ population. There are no rural designations for Pinellas County.

**Source: DOEA 2022 Florida County Profiles**

## Identification of Major Communities:

The 2020 US Census provides the following details regarding Pasco County's Census Designated Places (CDPs). The table below details those Census Designated Places by age for those aged 60+:

Pasco County Census Designated Places (CDPs)	2020 Total Population	2020 Age 60+ Population	% of 60+ to Total Population	Location within County
Wesley Chapel (CDP)	77,319	10,725	13.8%	C
Land O'Lakes (CDP)	38,674	9,107	23.5%	C
Holiday (CDP)	21,435	5,802	27%	SW
Jasmine Estates (CDP)	23,334	4,832	20%	NW
New Port Richey (City)	16,348	6,216	38%	W
Elfers (CDP)	13,373	3,233	24.1%	SW
Zephyrhills (City)	16,845	6,910	41%	C
Hudson (CDP)	11,230	5,871	52.2%	W
Shady Hills (CDP)	12,359	3,227	26.1%	NC
Trinity (CDP)	18,191	5,453	29.9%	SW
Dade City (City)	15,525	3,785	24.3%	E
Port Richey (City)	3,027	920	30.3%	W
Lacoochie (CCD)	1,562	73	4.6%	NE
San Antonio (City)	1,235	240	19.4%	C
Trilby (CDP)	341	42	12.3%	NE

**Source: 2020 US Census Bureau, Census Designated Places (CDP), Pasco County**

Given the graph above and based on 2020 US Census data, the highest concentrations of persons age 60+ in proportion to the city or CDP total population and exceeding the county's average aged 60+ (31%) are found in the following locations: Hudson (52.2%), Zephyrhills (41%), New Port Richey (38%)

The 2020 US Census provides the following details regarding Pinellas County’s municipalities. The table below details those municipalities by age for those aged 60+:

<b>Pinellas County Census Designated Places (CDPs)</b>	<b>2020 Total Population</b>	<b>2020 Age 60+ Population</b>	<b>% of 60+ to Total Population</b>	<b>Location within County</b>
St. Petersburg (City)	258,214	70,213	27.1%	S
Clearwater (City)	116,667	36,956	31.6%	C
Largo (City)	82,333	26,389	32%	C
Pinellas Park (City)	53,130	15,482	29.1%	C
Dunedin (City)	36,110	16,213	44.8%	NW
Tarpon Springs (City)	25,138	9,422	37.4%	NW
Seminole (City)	19,224	7,813	40.6%	CW
Safety Harbor (City)	17,093	4,768	27.8%	CE
Oldsmar (City)	14,800	3,245	21.9%	NE
Gulfport (City)	11,830	5,614	47.4%	SW
St. Pete Beach (City)	8,963	4,839	53.9%	SW
Treasure Island (City)	6,620	3,398	51.3%	SW
Belleair	4,266	1,913	44.8%	W
Belleair Beach	1,522	678	44.5%	W
Belleair Bluffs	2,436	1,223	50.2%	W
Belleair Shore	85	36	42.3%	W
Indian Rocks Beach	3,740	1,633	43.6%	W
Indian Shores	1,133	583	51.4%	W
Kenneth City	5,046	2,024	40.1%	C
Madeira Beach	3,947	1,977	50%	W
North Redington Beach	1,148	674	58.7%	W
Redington Beach	1,243	654	52.6%	W
Redington Shores	2,043	1,076	52.6%	W
South Pasadena	5,319	3,436	64.5%	W

**Source: 2020 US Census Bureau, Census Designated Places (CDP), Pinellas County**



Given the graph above and based on 2020 US Census data, the highest concentrations of persons aged 60+ in proportion to the municipality's total population and exceeding the county's average aged 60+ (35%) is 18 of the 24 municipalities. For perspective, 6 of the 24 municipalities with the age group 60+ lower than the county's average are the municipalities with the highest overall population.

## Socio-Demographic and Economic Factors:

PSA5 is rich in human diversity specifically in race, ethnicity, age, income, and social and recreational resources. This reflection bodes the same for each county although differences are certain.

Much like the State of Florida as a whole, PSA5 serves as a destination for tourism. According to [www.visitstpeteclearwater.com](http://www.visitstpeteclearwater.com), Pinellas County hosted 14.9 million visitors in CY2021. This equated to an injection of \$4 Billion in the local economy. Pasco County labels themselves as Florida's sports coast, marketing Pasco County as a destination for indoor and outdoor recreation for all ages. Both Pinellas and Pasco Counties boast access to the beaches as a popular destination although Pinellas County's beaches attract a larger percentage of tourism. Both counties sit adjacent to Hillsborough County and while this county is not in our Planning and Service Area, Hillsborough offers an abundance of recreational and social resources complementing Pinellas and Pasco, geographically.

While our area offers so much for tourists and residents alike, barriers do exist generally centered around income.

Income is the largest barrier to a higher quality of life for PSA5 seniors. Income is affected by inflation, costs of housing, and inadequate planning for retirement. The consistent growth of our counties equals a higher need for resources, which will be explained in the following section.

### **Employment and Unemployment**

Many seniors are faced with potentially needing to stay in the work force to supplement fixed incomes. In Pinellas County, data from the American Community Survey posits that 9.8% of the aged 60+ population or 31,824 seniors are unemployed. Conversely, 92.2% of the entire aged 60+ population are gainfully employed with the highest percentage working in the aged 60-64 and 65-74 population. Further, the American Community Survey posits that Pasco County has a 14.9% rate of unemployment in the aged 60+ population and a 72.7% employment rate sharing the same characteristic of Pinellas County whereas the highest number of working seniors are

aged between 60-74. Seniors working into advanced ages suggests the need to supplement fixed incomes, or simply and positively, remain in a workforce to achieve satisfaction.

### **Housing Conditions and Availability of Affordable Housing**

As older adults age, finances can be a factor in their ability to keep up with the costs of housing upkeep as well as the affordability of the housing they currently reside in.

Home ownership can be a challenge for older adults. In many cases, older adults experience what's considered asset rich yet cash poor, meaning while they might own their own home outright, all their income goes to goods and services and leaves very little for emergencies, prescriptions, utilities, or recreation. Those who do not own their own home outright experience an extra burden for rent or mortgage in addition to those who are asset rich and cash poor. These are factors leading to access of long-term care goods and services.

Based on the 2020 Census, that in Pasco County and out of 184,813 occupied housing units, 145,614 are owner occupied or 78.7% while 39,199 or 21.2% are renter occupied. Further, there are 32,837 units that are rented with the highest amount of rent being paid equaling, between \$500 - \$1,999. Further the chart below indicates that 48,169 or 33% of Owner-Occupied Households housing costs equaling 30% and over compared to their household income.

SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME (SMOCAPI)	
Housing units with a mortgage (excluding units where SMOCAPI cannot be computed)	88,923
Less than 20.0 percent	23,853
20.0 to 24.9 percent	13,558
25.0 to 29.9 percent	11,673
30.0 to 34.9 percent	8,644
35.0 percent or more	31,195
Not computed	830
Housing unit without a mortgage (excluding units where SMOCAPI cannot be computed)	54,929
Less than 10.0 percent	18,983
10.0 to 14.9 percent	12,353
15.0 to 19.9 percent	7,284
20.0 to 24.9 percent	4,842
25.0 to 29.9 percent	3,137
30.0 to 34.9 percent	2,316
35.0 percent or more	6,014
Not computed	932

***2020 Census – Pasco County Household Costs – Owner Occupied Units – With or Without a Mortgage***

Pinellas County reflects slight differences than Pasco County. Based on the 2020 Census, in Pinellas County and out of 405,649 occupied housing units, 285,487 or 70.3% are owner occupied while 120,162 or 29.6% are rent occupied. Further, there are 106,204 units that are rented with the highest amount of rent being paid equaling, between \$500 - \$1,999. Further the chart below indicates that 107,927 or 37.8% of owner occupied households housing costs equaling 30% and over compared to their household income.

SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME (SMOCAPI)	
Housing units with a mortgage (excluding units where SMOCAPI cannot be computed)	172,659
Less than 20.0 percent	43,119
20.0 to 24.9 percent	24,878
25.0 to 29.9 percent	21,248
30.0 to 34.9 percent	18,178
35.0 percent or more	65,236
Not computed	1,406
Housing unit without a mortgage (excluding units where SMOCAPI cannot be computed)	109,644
Less than 10.0 percent	30,660
10.0 to 14.9 percent	21,424
15.0 to 19.9 percent	15,670
20.0 to 24.9 percent	10,483
25.0 to 29.9 percent	6,894
30.0 to 34.9 percent	5,532
35.0 percent or more	18,981
Not computed	1,778

**2020 Census – Pinellas County Household Costs – Owner Occupied Units – With or Without a Mortgage**

Outside of owner-occupied households, the Florida Housing Data Clearinghouse posits, that in Pasco County, households renting homes have experienced marked increases from 2017 through 2023. The table below depicts actual costs for rent in Pasco County, per bedroom number, covering the years 2017 to 2023, YTD.

County	Number of Bedrooms	Year	January	February	March	April	May	June	July	August	September	October	November	December
Pasco County	1br	2017	\$776.00	\$779.00	\$777.00	\$766.00	\$749.00	\$744.00	\$749.00	\$775.00	\$838.00	\$866.00	\$856.00	\$815.00
Pasco County	1br	2018	\$791.00	\$802.00	\$809.00	\$816.00	\$824.00	\$817.00	\$819.00	\$816.00	\$813.00	\$821.00	\$816.00	\$828.00
Pasco County	1br	2019	\$824.00	\$825.00	\$823.00	\$821.00	\$824.00	\$825.00	\$828.00	\$843.00	\$848.00	\$854.00	\$843.00	\$831.00
Pasco County	1br	2020	\$832.00	\$834.00	\$837.00	\$826.00	\$818.00	\$823.00	\$834.00	\$843.00	\$847.00	\$851.00	\$863.00	\$871.00
Pasco County	1br	2021	\$878.00	\$879.00	\$886.00	\$904.00	\$937.00	\$997.00	\$1,065.00	\$1,135.00	\$1,192.00	\$1,208.00	\$1,196.00	\$1,147.00
Pasco County	1br	2022	\$1,118.00	\$1,106.00	\$1,123.00	\$1,140.00	\$1,148.00	\$1,154.00	\$1,158.00	\$1,167.00	\$1,166.00	\$1,154.00	\$1,127.00	\$1,105.00
Pasco County	1br	2023	\$1,096.00	\$1,100.00	\$1,106.00	\$1,116.00	\$1,126.00	\$1,128.00	-	-	-	-	-	-
Pasco County	2br	2017	\$987.00	\$991.00	\$989.00	\$974.00	\$953.00	\$947.00	\$953.00	\$986.00	\$1,067.00	\$1,102.00	\$1,088.00	\$1,037.00
Pasco County	2br	2018	\$1,007.00	\$1,021.00	\$1,029.00	\$1,038.00	\$1,048.00	\$1,040.00	\$1,042.00	\$1,038.00	\$1,034.00	\$1,044.00	\$1,038.00	\$1,054.00
Pasco County	2br	2019	\$1,048.00	\$1,049.00	\$1,047.00	\$1,045.00	\$1,048.00	\$1,049.00	\$1,053.00	\$1,072.00	\$1,079.00	\$1,087.00	\$1,072.00	\$1,057.00
Pasco County	2br	2020	\$1,058.00	\$1,061.00	\$1,065.00	\$1,051.00	\$1,041.00	\$1,047.00	\$1,061.00	\$1,073.00	\$1,077.00	\$1,083.00	\$1,098.00	\$1,108.00
Pasco County	2br	2021	\$1,117.00	\$1,119.00	\$1,127.00	\$1,150.00	\$1,192.00	\$1,268.00	\$1,354.00	\$1,444.00	\$1,516.00	\$1,537.00	\$1,522.00	\$1,460.00
Pasco County	2br	2022	\$1,422.00	\$1,407.00	\$1,428.00	\$1,450.00	\$1,460.00	\$1,469.00	\$1,473.00	\$1,485.00	\$1,483.00	\$1,469.00	\$1,433.00	\$1,406.00
Pasco County	2br	2023	\$1,394.00	\$1,399.00	\$1,408.00	\$1,420.00	\$1,432.00	\$1,435.00	-	-	-	-	-	-
Pasco County	overall	2017	\$1,057.00	\$1,062.00	\$1,060.00	\$1,044.00	\$1,021.00	\$1,015.00	\$1,021.00	\$1,057.00	\$1,143.00	\$1,181.00	\$1,166.00	\$1,111.00
Pasco County	overall	2018	\$1,079.00	\$1,094.00	\$1,103.00	\$1,112.00	\$1,123.00	\$1,114.00	\$1,117.00	\$1,112.00	\$1,108.00	\$1,119.00	\$1,112.00	\$1,129.00
Pasco County	overall	2019	\$1,123.00	\$1,125.00	\$1,122.00	\$1,120.00	\$1,123.00	\$1,124.00	\$1,129.00	\$1,149.00	\$1,156.00	\$1,165.00	\$1,149.00	\$1,133.00
Pasco County	overall	2020	\$1,134.00	\$1,137.00	\$1,141.00	\$1,126.00	\$1,116.00	\$1,122.00	\$1,137.00	\$1,150.00	\$1,155.00	\$1,160.00	\$1,177.00	\$1,188.00
Pasco County	overall	2021	\$1,197.00	\$1,199.00	\$1,208.00	\$1,233.00	\$1,277.00	\$1,359.00	\$1,451.00	\$1,547.00	\$1,625.00	\$1,647.00	\$1,631.00	\$1,564.00
Pasco County	overall	2022	\$1,524.00	\$1,508.00	\$1,531.00	\$1,554.00	\$1,565.00	\$1,574.00	\$1,579.00	\$1,591.00	\$1,590.00	\$1,574.00	\$1,536.00	\$1,507.00
Pasco County	overall	2023	\$1,494.00	\$1,500.00	\$1,508.00	\$1,522.00	\$1,534.00	\$1,538.00	-	-	-	-	-	-

**Florida Housing Data Clearinghouse – Monthly Rent Costs Per Rental Unit & Bedroom – Pasco County – 2017 - 2023**

Outside of owner-occupied households, the Florida Housing Data Clearinghouse posits that in Pinellas County, households renting homes have experienced marked increases from 2017 through 2023, YTD. The table below depicts actual costs for rent in Pinellas County, per bedroom number, covering the years 2017 to 2023, YTD.

County	Number of Bedrooms	Year	January	February	March	April	May	June	July	August	September	October	November	December
Pinellas County	1br	2017	\$865.00	\$873.00	\$875.00	\$875.00	\$877.00	\$880.00	\$888.00	\$894.00	\$899.00	\$899.00	\$899.00	\$901.00
Pinellas County	1br	2018	\$899.00	\$897.00	\$893.00	\$898.00	\$907.00	\$914.00	\$923.00	\$922.00	\$918.00	\$915.00	\$915.00	\$923.00
Pinellas County	1br	2019	\$922.00	\$925.00	\$929.00	\$936.00	\$943.00	\$947.00	\$951.00	\$951.00	\$955.00	\$958.00	\$962.00	\$961.00
Pinellas County	1br	2020	\$959.00	\$959.00	\$962.00	\$956.00	\$951.00	\$947.00	\$957.00	\$963.00	\$975.00	\$984.00	\$997.00	\$1,002.00
Pinellas County	1br	2021	\$1,016.00	\$1,021.00	\$1,036.00	\$1,052.00	\$1,091.00	\$1,143.00	\$1,198.00	\$1,252.00	\$1,291.00	\$1,305.00	\$1,303.00	\$1,296.00
Pinellas County	1br	2022	\$1,303.00	\$1,316.00	\$1,328.00	\$1,339.00	\$1,350.00	\$1,359.00	\$1,364.00	\$1,354.00	\$1,347.00	\$1,333.00	\$1,322.00	\$1,305.00
Pinellas County	1br	2023	\$1,304.00	\$1,314.00	\$1,328.00	\$1,330.00	\$1,333.00	\$1,335.00	-	-	-	-	-	-
Pinellas County	2br	2017	\$1,100.00	\$1,111.00	\$1,113.00	\$1,113.00	\$1,116.00	\$1,120.00	\$1,129.00	\$1,137.00	\$1,143.00	\$1,143.00	\$1,143.00	\$1,146.00
Pinellas County	2br	2018	\$1,144.00	\$1,141.00	\$1,136.00	\$1,143.00	\$1,154.00	\$1,163.00	\$1,174.00	\$1,174.00	\$1,168.00	\$1,164.00	\$1,164.00	\$1,174.00
Pinellas County	2br	2019	\$1,173.00	\$1,177.00	\$1,182.00	\$1,191.00	\$1,200.00	\$1,205.00	\$1,210.00	\$1,209.00	\$1,215.00	\$1,218.00	\$1,224.00	\$1,222.00
Pinellas County	2br	2020	\$1,221.00	\$1,220.00	\$1,224.00	\$1,216.00	\$1,211.00	\$1,205.00	\$1,218.00	\$1,225.00	\$1,240.00	\$1,251.00	\$1,268.00	\$1,275.00
Pinellas County	2br	2021	\$1,293.00	\$1,299.00	\$1,318.00	\$1,339.00	\$1,388.00	\$1,454.00	\$1,525.00	\$1,592.00	\$1,643.00	\$1,660.00	\$1,658.00	\$1,649.00
Pinellas County	2br	2022	\$1,658.00	\$1,674.00	\$1,690.00	\$1,704.00	\$1,718.00	\$1,729.00	\$1,735.00	\$1,723.00	\$1,714.00	\$1,695.00	\$1,682.00	\$1,660.00
Pinellas County	2br	2023	\$1,660.00	\$1,672.00	\$1,689.00	\$1,692.00	\$1,696.00	\$1,699.00	-	-	-	-	-	-
Pinellas County	overall	2017	\$1,060.00	\$1,071.00	\$1,072.00	\$1,073.00	\$1,075.00	\$1,079.00	\$1,088.00	\$1,096.00	\$1,102.00	\$1,102.00	\$1,102.00	\$1,105.00
Pinellas County	overall	2018	\$1,102.00	\$1,100.00	\$1,095.00	\$1,101.00	\$1,112.00	\$1,121.00	\$1,131.00	\$1,131.00	\$1,126.00	\$1,121.00	\$1,122.00	\$1,131.00
Pinellas County	overall	2019	\$1,130.00	\$1,134.00	\$1,139.00	\$1,148.00	\$1,156.00	\$1,161.00	\$1,166.00	\$1,165.00	\$1,170.00	\$1,174.00	\$1,180.00	\$1,178.00
Pinellas County	overall	2020	\$1,176.00	\$1,176.00	\$1,180.00	\$1,172.00	\$1,166.00	\$1,161.00	\$1,173.00	\$1,180.00	\$1,195.00	\$1,206.00	\$1,222.00	\$1,229.00
Pinellas County	overall	2021	\$1,246.00	\$1,252.00	\$1,270.00	\$1,290.00	\$1,337.00	\$1,401.00	\$1,469.00	\$1,535.00	\$1,583.00	\$1,600.00	\$1,598.00	\$1,589.00
Pinellas County	overall	2022	\$1,598.00	\$1,613.00	\$1,628.00	\$1,642.00	\$1,656.00	\$1,666.00	\$1,672.00	\$1,660.00	\$1,652.00	\$1,634.00	\$1,620.00	\$1,600.00
Pinellas County	overall	2023	\$1,599.00	\$1,611.00	\$1,628.00	\$1,631.00	\$1,634.00	\$1,637.00	-	-	-	-	-	-

**Florida Housing Data Clearinghouse – Monthly Rent Costs Per Rental Unit & Bedroom – Pinellas County – 2017 - 2023**

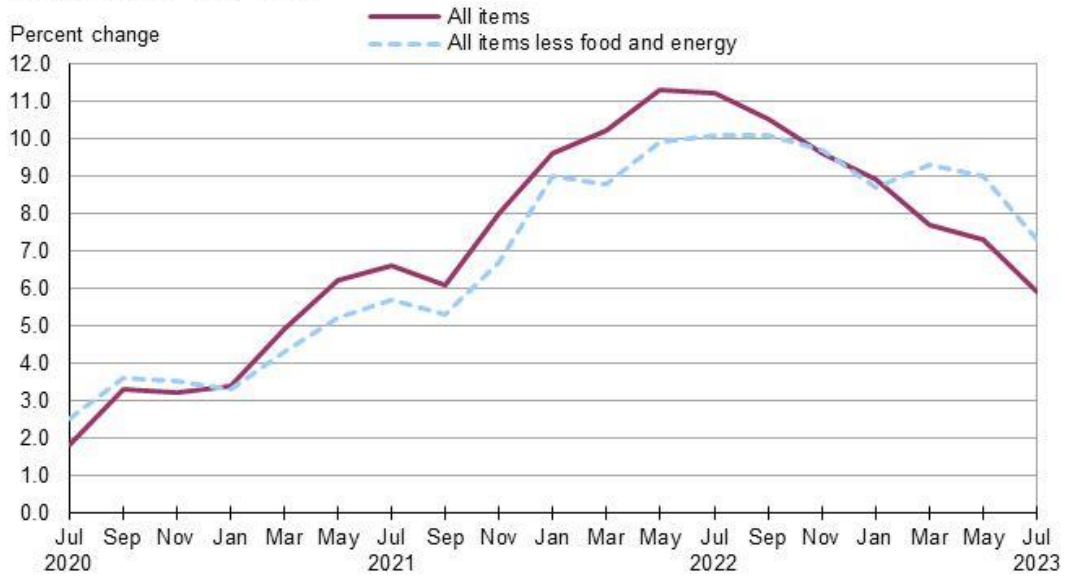
**Inflation**

The costs of goods and services have risen sharply over many years. This causes consumer choice to be altered with a concentration on priority needs. It also reflects a diminished quality of life when only items of sustenance are obtained versus purchases to enhance recreational and socialization opportunities.

The US Bureau of Labor Statistics highlights inflation rates for Tampa-St. Petersburg-Clearwater from July 2020 through July 2023. The data takes into consideration Pasco County as well.

All items less food and energy increased 7.3 percent of the last year. See the illustration representing this in the below graph.

**Chart 1. Over-the-year percent change in CPI-U, Tampa-St. Petersburg-Clearwater, FL, July 2020–July 2023**



Source: U.S. Bureau of Labor Statistics

The food index advanced 5.3 percent for the 12 months ending in July, led by an 11.0 percent increase in the food away from home index. See the table below to illustrate this increase in food inflation.

**Table 1. Consumer Price Index for All Urban Consumers (CPI-U): Indexes and percent changes for selected periods, Tampa-St. Petersburg-Clearwater, FL (1987=100 unless otherwise noted)**

Item and Group	Indexes			Percent change from-		
	May 2023	Jun. 2023	Jul. 2023	Jul. 2022	May 2023	Jun. 2023
Expenditure category						
All Items	293.269	-	292.974	5.9	-0.1	-
Food and beverages	291.445	-	292.546	5.4	0.4	-
Food	292.935	-	294.769	5.3	0.6	-
Food at home	300.254	303.355	301.672	1.3	0.5	-0.6
Cereals and bakery products	334.713	321.749	325.011	3.7	-2.9	1.0
Meats, poultry, fish, and eggs	312.282	312.929	312.106	-2.8	-0.1	-0.3
Dairy and related products	276.999	285.963	281.772	6.3	1.7	-1.5
Fruits and vegetables	392.689	388.804	395.698	0.2	0.8	1.8
Nonalcoholic beverages and beverage materials	215.002	224.627	211.700	1.5	-1.5	-5.8
Other food at home	233.383	241.252	240.400	2.5	3.0	-0.4
Food away from home	283.112	-	285.463	11.0	0.8	-

If we look at the seriousness of the income and housing crisis in PSA5 compounded by rising inflation and compare it to our growing population of seniors, it purports a higher need for relief to achieve a higher quality of life. Additionally, it demonstrates a higher need for federal or state funded services to supplement diminishing incomes generally used to purchase home and community-based services in the free market.

The below sub-sections will take a deeper dive into what Planning and Service Area 5’s older adult population composite is exploring Race, Ethnicity, Income, and advanced age. It serves to point out the diversity in the seniors we serve highlighting the need to serve those most vulnerable, accomplished by Targeting and Prioritization.

**Elders with Low-Incomes**

The percentage of age 60+ population in PSA 5 with income below poverty level (9%) is slightly higher than the state average (8%). There is a slightly higher rate of poverty in Pinellas County with (8%) residents age 60+ having income at or below the federal poverty level compared with (9%) of Pasco age 60+ residents.

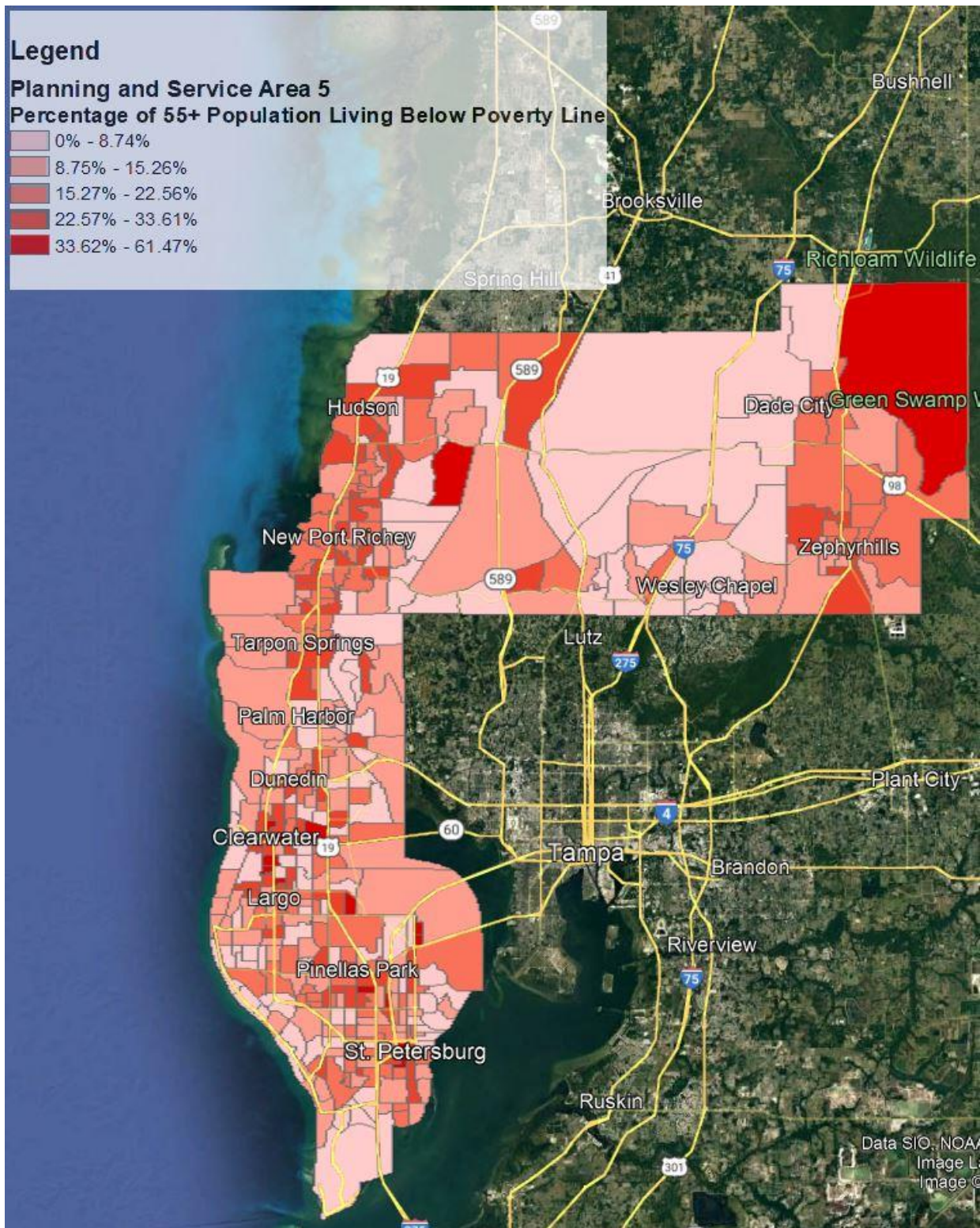
Because the Federal Poverty Level threshold sets a minimal standard, it is useful to also report the number of seniors living on the verge of poverty. Those with incomes at or below 125% of the federal poverty level are low-income or near poverty level. PSA5 has many low-income/near poverty seniors equaling 69,400. Pasco has 22,915 (13%) low-income/near poverty older individuals and Pinellas has 46,485 (14%) older individuals. The rate of low-income/near poverty seniors in PSA5, 13%, is lower than the statewide average of 14.%.

The table below depicts Pasco, Pinellas, PSA5, and the State of Florida seniors Below Poverty Level and Near Poverty Level.

<b>PSA 5 Income Below Poverty Level (BPL) <u>and</u> Near Poverty Level (NPL) (125% BPL)</b>					
<b>Region</b>	<b>60+ Population</b>	<b>BPL</b>	<b>Percent BPL</b>	<b>NPL</b>	<b>Percent NPL</b>
Pasco	170,768	16,880	10%	22,915	13%
Pinellas	344,021	28,025	8%	46,485	14%
PSA 5 total	514,789	44,905	9%	69,400	13%
Statewide totals	6,100,379	501,430	8%	840,135	14%

**Source: Source: DOEA 2022 Florida (County, PSA and State) Profiles**

The Map below depicts seniors in poverty throughout Planning and Service Area 5 based on prevalence.



Source: DOEA Elder Needs Index 2022, Aged 55+ with incomes at or below 125% Federal Poverty Level



**Low-Income Minority Elders**

Minority elders are much more likely to have incomes below the poverty level or within 125% of poverty level than the total elder populations. This is true in both counties of PSA5, as well as at the statewide level. While 9% of seniors in PSA5 have incomes below the poverty level, this percentage equates to 1.6% for minority elders. Likewise, 13% of PSA 5 seniors have income at 125% of the poverty level, while 4.9% of minority seniors are low-income with income within 125% of poverty level. Higher rates of poverty are seen among Pasco minority elders as compared with Pinellas. However, the rate of poverty is lower in both counties compared with the statewide average.

The table below depicts Low-Income Minority Elders in Pasco, Pinellas, PSA5, and Statewide.

Low Income Minority Elders							
Region	*Total 60+ Minorities	BPL 60+ Minority	60+ Minority BPL Compared to Total Minority Pop %	Compared to Total 60+ Pop %	(125% BPL) 60+ Minority	(125% BPL) Minority Compared to Total Minority Pop %	Compared to Total 60+ Pop %
Pasco	21,720	2,410	11%	1.4%	10,140	46.6%	5.9%
Pinellas	43,892	6,314	14.3%	1.8%	15,370	35%	4.4%
PSA 5 total	65,612	8,724	13.2%	1.6%	25,510	38.8%	4.9%
Statewide totals	1,855,926	268,383	14.4%	4.3%	807,697	43.5%	13.2%

Source: *DOEA 2022 Florida (County, PSA and State) Profiles*

**Socially Isolated Elders**

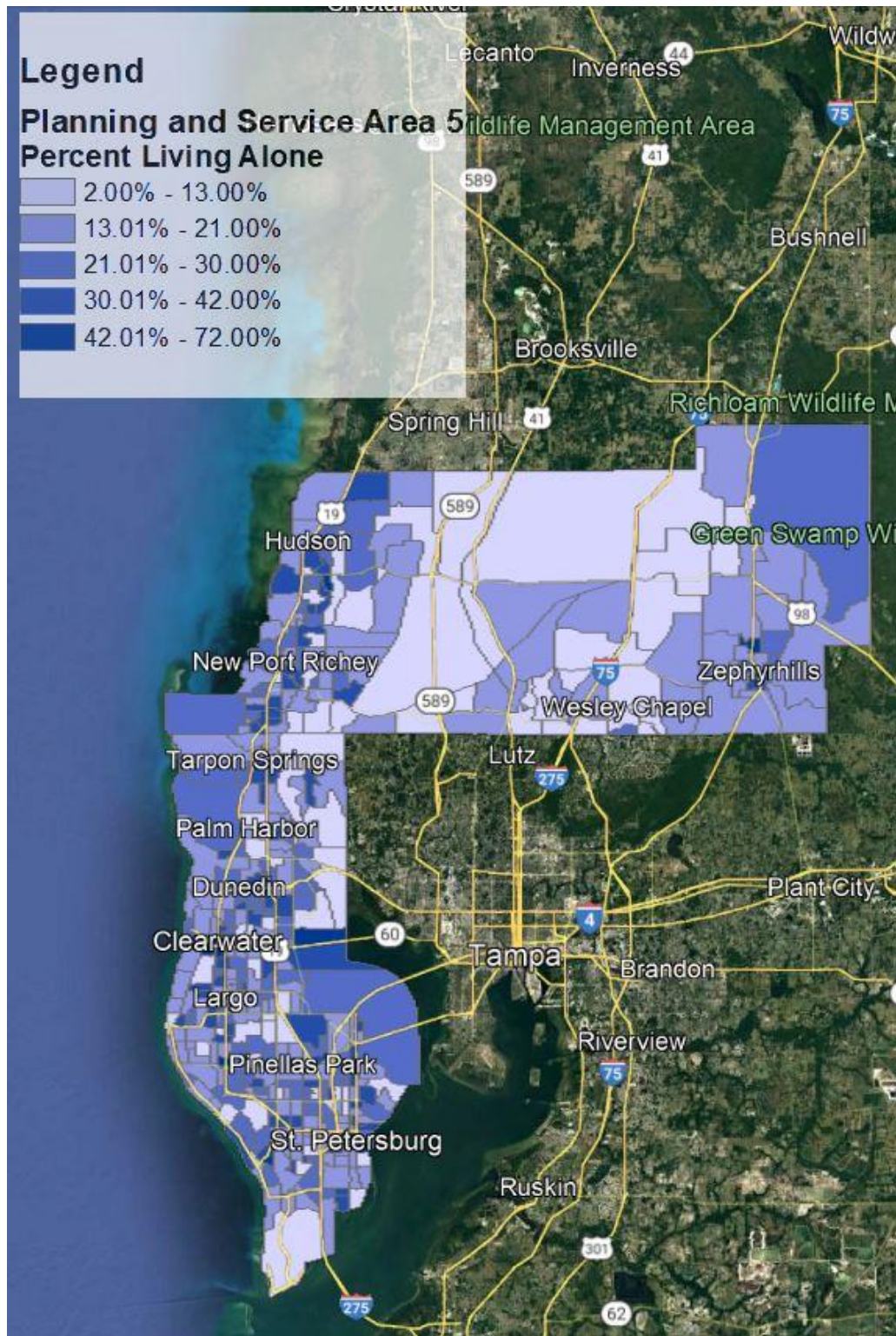
Although neither county in PSA5 is designated as a rural area, many PSA5 elders are socially isolated because they live alone or lack access to adequate transportation allowing them to remain independent. PSA5 elders are more likely than other Florida elders to be living alone, with 25.6% living alone compared to the Florida average of 21.7%. In Pinellas County, 27.2% of those age 60 and older live alone, compared to Pasco at 22.4%. In addition to the negative impact of social isolation this often points to the lack of an informal support system and greater reliance on social services.

The table below depicts seniors aged 60+ living alone in Pasco, Pinellas, PSA5, and Statewide

<b>Age 60+ Population Living Alone</b>			
<b>Area</b>	<b>60+ Population</b>	<b>60+ Living Alone</b>	<b>Percent Living Alone to 60+ Population</b>
<b>Pasco</b>	170,768	38,400	22.4%
<b>Pinellas</b>	344,021	93,795	27.2%
<b>PSA 5 total</b>	514,789	132,195	25.6%
<b>Statewide totals</b>	6,100,379	1,328,435	21.7%

*Source: Source: DOEA 2022 Florida (County, PSA and State) Profiles*

The Map below depicts seniors in Living Alone throughout Planning and Service Area 5 based on prevalence.



Source: DOEA Elder Needs Index 2022 – Living Alone

**Seniors Aged 85 and Older**

Seniors aged 85 and older experience social isolation at a higher rate than seniors aged 85 and younger due to frailty. Of the total PSA5 population, 3.5% or 54,096 persons are age 85 or older. In Pasco County the age 85+ population accounts for 3.1% of the population and in Pinellas County 3.7%. The concentration of elders age 85+ in both counties exceeds the statewide average by .5%. With advanced age there are increased risks of impairment and loss of independence. The 85+ population requires particular attention in the planning and coordination of services.

The table below depicts the aged 85+ population in Pasco, Pinellas, PSA5, and Statewide.

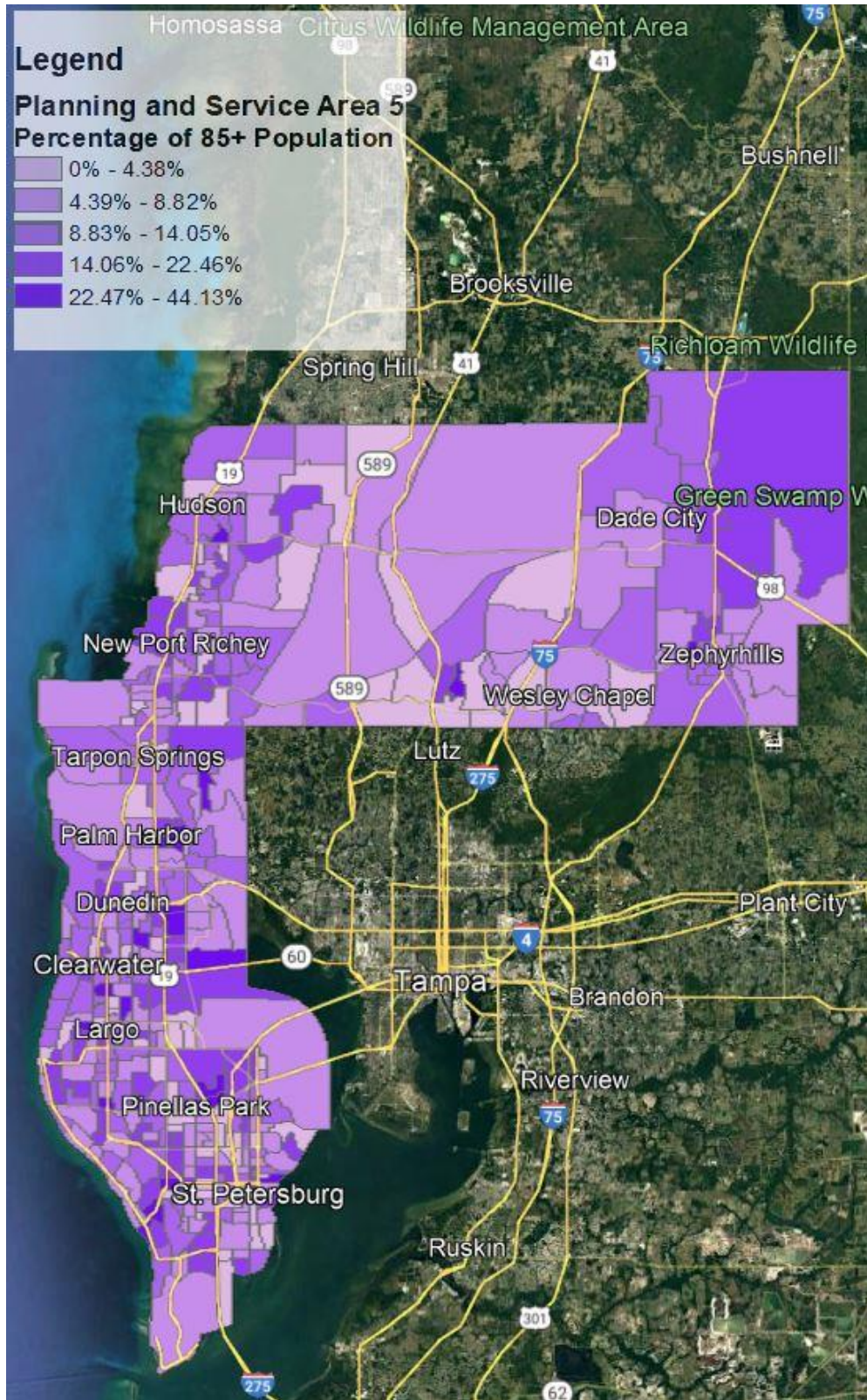
<b>Age 85+ Population</b>					
<b>County</b>	<b>Age 85+</b>	<b>Total Population</b>	<b>Percent of Total Population Age 85+</b>	<b>60+ Population</b>	<b>Percent of Elders Aged 85+ to 60+ Population</b>
<b>Pasco</b>	17,264	555,739	3.1%	170,768	10.1%
<b>Pinellas</b>	36,832	988,793	3.7%	344,021	10.7%
<b>PSA 5 total</b>	54,096	1,544,532	3.5%	514,789	10.5%
<b>Statewide totals</b>	610,475	21,925,785	2.7%	6,100,379	10%

*Source: DOEA 2022 Florida (County, PSA and State) Profiles*

<b>Growth of PSA 5 Age 85+ Population - 2010 to 2018</b>			
<b>Region</b>	<b>Age 85+ 2010</b>	<b>Age 85+ 2022</b>	<b>Percent Change</b>
<b>Pasco</b>	12,553	17,264	27.2%
<b>Pinellas</b>	31,835	36,832	13.5%
<b>PSA 5 total</b>	44,388	54,096	17.9%
<b>Statewide totals</b>	434,125	610,475	28.8%

*Source: U.S. Census 2010 & 2022 DOEA Florida, PSA, County Profiles*

The map below depicts seniors, aged 85 and older throughout Planning and Service Area 5.



Source: DOEA Elder Needs Index 2022 – Aged 85 and Older

## Minority and Culturally Diverse Elders

PSA5 has 65,612 minority and culturally diverse elders ages 55+ and representing 13% of the PSA's senior population. This is an increase from the 2010 total of 38,481 by 41.3% yet the minority population within Pasco and Pinellas Counties continues to remain much lower than the statewide average of 30%. Proportionately, both counties have an equal population percentage identifying as minorities. Higher concentrations of Pinellas minority elders are primarily found in St. Petersburg, Clearwater, and Gulfport. There are also pockets of minority elders in Largo and Tarpon Springs.

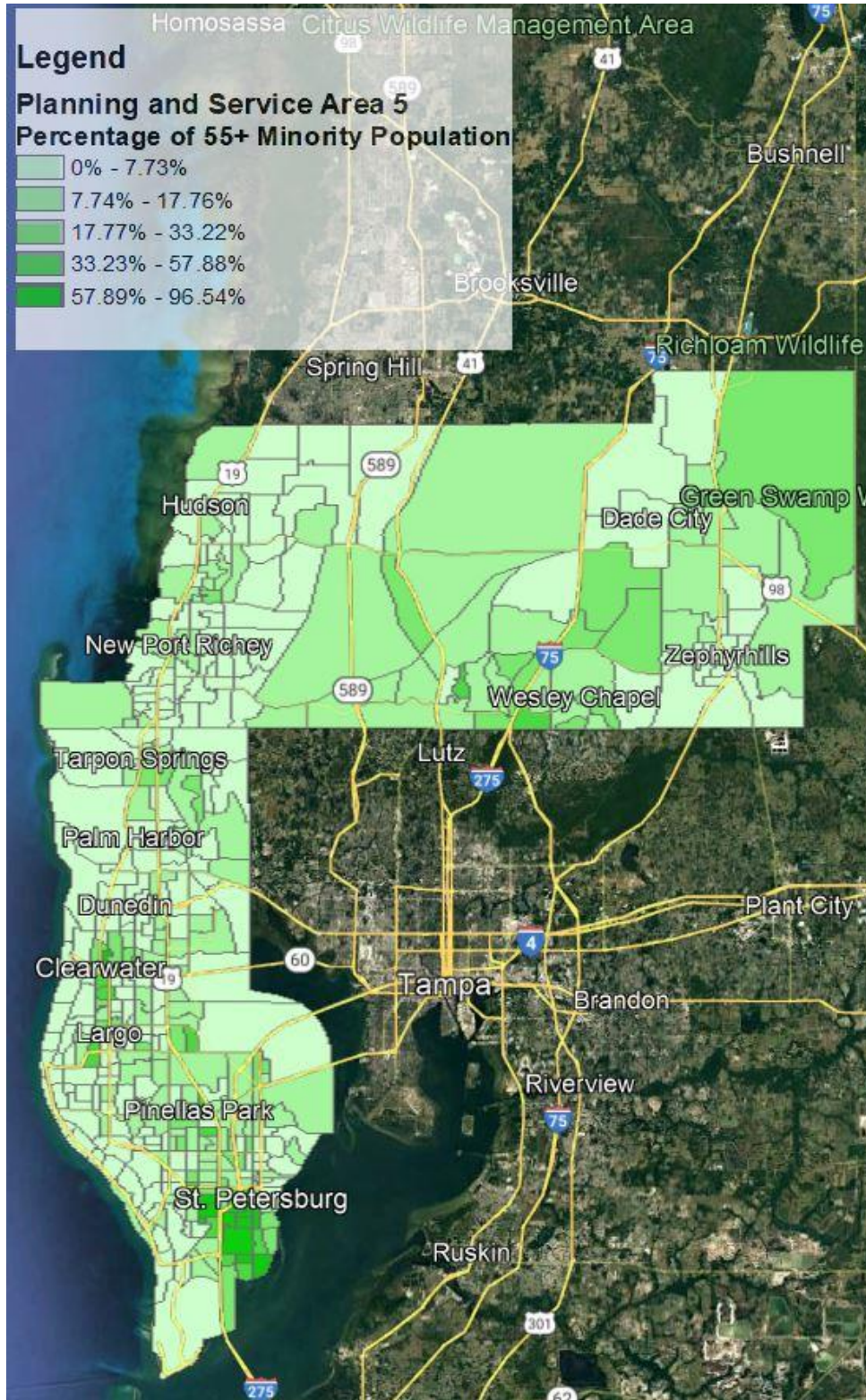
Pasco County's minority population represents 13% of its 60+ population. In Pasco County the non-white, elderly population is predominately found in East Pasco, particularly in Dade City, Trilby, Lacochee, Wesley Chapel, and Zephyrhills.

Individuals who identify as Black represent the largest 55+ minority group in PSA5 (27,383 or 41.7% of the total minority population), with the largest concentration in Pinellas County. The Hispanic population is growing in PSA5 with an increase from 14,847 Hispanic elders in 2010 to 26,202 in 2022. It is the largest age 60+ ethnic group representing 5% of the older minority population. In Pasco County, there are also higher numbers of self-identifying Hispanic elders (11,485) than Black elders (6,079).

The table below illustrates Race within the aged 55+ population throughout PSA5.

PSA5 Race Within 55+ Population					
Region	White	Black	Other Minorities	Total Minorities	Minority % of Total 60+
Pasco	160,533	6,079	4,156	21,720	13%
Pinellas	314,846	21,304	7,871	43,892	13%
PSA5 total	475,379	27,383	12,027	65,612	13%
Statewide totals	5,269,968	685,585	144,796	1,855,926	30%

The map below illustrates individuals aged 55 and older who identify as a minority throughout Planning and Service Area 5.



**Total Minorities = 55+ Population –Source: DOEA 2022 Elder Needs Index (ENI)**

The table below illustrates Ethnicity within the aged 60+ population throughout Pasco, Pinellas, PSA5, and Statewide.

PSA 5 Ethnicity Within 60+ Population							
Region	60+ Population	Hispanic	% Hispanic	Hispanic Identifying as White (HIW)	Hispanic Identifying as Non-White (HINW)	Non-Hispanic	% Non-Hispanic
Pasco	170,768	11,485	7%	10,613	872	159,283	93%
Pinellas	344,021	14,717	4%	13,267	1,450	329,304	96%
PSA5 total	514,789	26,202	5%	23,880	2,322	488,587	95%
Statewide totals	6,100,379	1,025,515	17%	955,686	69,829	5,074,864	83%

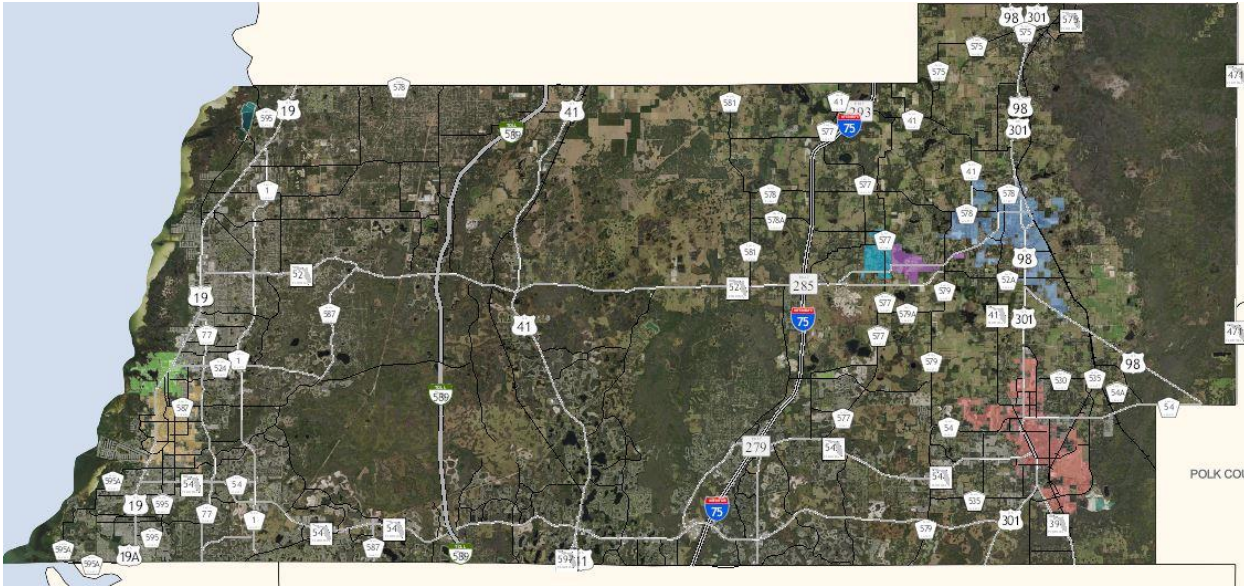
**Total Minorities = 60+ Population – White (Race) + Total Hispanic White (Ethnicity),  
60+Source: Source: DOEA 2022 Florida (County, PSA and State) Profiles**

### Urban and Rural Areas

There are no counties within the PSA officially designated as rural. However, 2000 census data as well as the 2017-2020 DOEA State Plan on Aging, including estimates from the American Community Survey 2013-2017 suggest that there are small rural sections (1%) of the PSA and specifically in Pasco County. Further, 2017 rural population estimates within the DOEA 2017-2020 State Plan on Aging indicate Pinellas County has 0% areas of rurality and with (0) individuals residing within that 0%.

Yet small, Pasco County has the only rural population in PSA5. The 2017-2020 DOEA State Plan on Aging suggests using American Community Survey 2013-2017 estimates that there are 1,800 or (1.2%) elders residing in rural areas of the county. Based on Pasco County Government Geographical Information System (GIS) maps covering the entire county, there are very few sections designated as rural. There are many areas designated as semi-urban. Trilby, Lacoochee, and Trilacoochee (the Tri-Community) are considered rural areas of the county and are represented by the zip code 33523. A map of this area with streets is below:





Further, DOEA’s Elder Needs mapping capabilities allow us to illustrate what census data from 2020 purports for PSA5 as related to urban vs non-urban areas of each county. Below is that depiction with gray highlighted areas illustrating urban and non-gray areas indicating areas considered non-urban.

**Economic and Social Resources:**

Much like Planning and Service Area 5’s richness in socio-demographic diversity, the same can be said about the richness in Economic and Social resources.

Since 1974, the AAAPP has prided itself on developing and maintaining partnerships to leverage our state and federal funded home and community based service resources. These strategic partnerships align with our mission to keep seniors in the least restrictive environments for as long as possible. Because our federal and state funding is inadequate and the need for waitlists is necessary, the leveraging of other local resources is more than appropriate.

**PSA5’s Senior Helpline and Linkages to Economic and Social Resources**

Our Senior Helpline maintains resources for senior and caregiver callers. In fact, we field approximately 26,000 calls per year. Generally, callers inquire about crisis needs for help at home or in the community although, we do field calls from residents looking for social resources to promote recreation and socialization. The below table represents the types of calls and quantified from 1/1/23 through 6/30/23.

PSA 5- ADRC Helpline - Needs 1/1/2023 – 6/30/2023		
Referred Services	Number of Calls	Description
Health Care	10,508	Clinics, dental care, hearing aids, health insurance/Medicare, hospitals, medical equipment/supplies, nursing/therapy, nursing homes, prescription assistance, vision care. Includes SHINE Medicare Counseling, Medicaid assistance, and Intake/Screening for all funded programs (GR, OAA, and Medicaid).
Individual, Family and Community Support	2,252	Home and community-based services... adult day care, bill paying, case management, homemaker/housekeeper, personal care, and respite care.
Housing	1,507	ALFs, independent living, foreclosure prevention, home repair, homeless shelters, moving/placement help, public/subsidized housing, ramps.
Legal, Consumer and Public Safety Services	812	Adult Protective Services, bankruptcy, credit counseling, consumer complaints, law enforcement, legal services, Ombudsman, victim advocate.
Food/Meals	569	Food pantries, grocery delivery, holiday meals, and soup kitchens.
Income Support/Assistance	301	Food assistance/SNAP, Low Income Subsidy –Low Income Subsidy, Medicaid, rent/mortgage assistance.
Transportation	550	Escort transportation, medical transportation, public transportation.
Utility Assistance	412	EHEAP/utility assistance
Information Services	379	Response to questions about the AAA/ADRC, case staffing, speaker requests, database inquiries and complaint review/resolution. Also includes referral to Helpline in another area for screening/access to funded programs.
Other Government/Economic Services	96	Government information lines, immigration services, professional associations, Social Security/SSI/SSD, tax services, Veterans Administration.
Mental Health/Addictions	107	Counseling, support groups, substance abuse.
Clothing/Personal/Household Needs	42	Grooming supplies, material goods, thrift store.
Volunteers/Donations	67	Donation of time or goods.
Employment	42	Job related training, search, or placement.
Arts, Culture and Recreation	10	Leisure activities and classes, museums, senior/recreation centers.
Disaster Services	8	Disaster preparation and recovery.
Education	8	GED, literacy, schools/college classes.

Refer data - AIRS Problems Needs Report 01/01/23 – 06/30/23

## **Strategic Partnerships**

Both Pinellas and Pasco Counties and the municipalities which lie within the counties are progressive thinkers. Both assess the needs of residents and work with agencies such as the AAAPP to collaborate on solutions to resolve issues in the community. These issues might resemble hunger needs among the elderly, increases of those with Alzheimer’s Disease or a Related Disorder or chronic diseases, mobility issues, poverty and poverty amongst minorities, and housing related issues. One example of a mutual partnership was our work with Pinellas County government to secure healthy and cost-effective meals to relieve our waitlist and offer diversity in the types of meals a senior is offered. This was one product of our Older Adult Food Insecurity Initiative the AAAPP convened in partnership with multiple organizations serving seniors. In the past and surely for the future, county governments align with the AAAPP because we are subject matter experts to work towards broad solutions which impact our senior population.

In addition to local governments, the AAAPP takes advantage of grant opportunities from Federal, State, or Health Care systems. If the need exists, the AAAPP locates available funding and resources to meet the need. One example of a strategic health system partner is the Florida Blue foundation. The AAAPP approached Florida Blue in 2019 to discuss the potential for seed money to train under the Savvy Caregiver curriculum and provide Savvy Caregiver courses in PSA5 due to no existing resource for caregivers caring for individuals with ADRD except for support groups. This pilot project helped launch a valuable evidence-based service offered to this day.

Our strategic partnerships with Non-Profits, For-Profits, and federal, state, and local governments are endless. It is better described in the below section “Description of Service System”.

On a positive note, both Pasco and Pinellas counties contain recreational and socialization attractions for individuals of all ages. Adequate transportation and the ability to afford these attractions is paramount though. Attractions include yet limited for purposes of this document are robust arts and entertainment, dining and food establishments, access to environmental and natural resources, professional sports and individual recreational sports opportunities, continuing education through universities or community colleges, involvement with volunteer opportunities, and much diversity in faith-based institutions. While Pasco and Pinellas differ in the volume of their populations, resources can be obtained in either county barring access to adequate transportation and/or affordability.

## Description of Service System:

Below is a description of the service system in place to meet the needs of elders, including programs and funds administered by the Area Agency, services provided by the Area Agency, and collaborations with the public and private sectors and government entities that enhance the quality of life for elders in PSA5.

### The Area Agency on Aging – An Aging and Disability Resource Center

The Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP), a designated Aging and Disability Resource Center (ADRC), was incorporated and received its 501(c) (3) in 2000. As a result of state legislation all area agencies on aging throughout Florida are designated Aging and Disability Resource Centers (ADRCs).

The ADRC is designed to provide access, information and referral, screening, triage, eligibility determination, option/choice counseling, fiscal control, and quality assurance. The ADRC strives to increase the visibility and accessibility of services to seniors and caregivers and to provide information and referral to adults aged 18 and over and adults with disabilities. Implementation of the ADRC brought about changes including:

- Creation of a community-based work group to provide feedback and strengthen ties to the community, Implementation of a single-entry point for case managed programs and screening at the ADRC for OAA funded services through a “no wrong door concept,”
- Provision of wait list management by the ADRC.

As an ADRC, the AAAPP continues its history of developing and refining a comprehensive aging network to help older adults lead healthy and independent lives in the community.

Functions of the Area Agency on Aging are to:

- Plan, develop, fund, and provide a comprehensive and coordinated service delivery system to meet the needs of the older persons within the Planning and Service Area.
- Enter into contracts and vendor agreements with local service providers to furnish services at the community level.
- Serve as an advocate and focal point for the elderly within the community by monitoring, evaluating, and commenting on all policies, programs and community actions that will affect the elderly.
- Monitor and evaluate the effectiveness and efficiency of service providers; provide opportunities for community input on agency policies, procedures, and funding allocations; and coordinate with other service agencies to facilitate service delivery and access to the elderly.

- Leverage our role as the key stakeholder in the aging space to influence policy and funding to support home and community-based services.

The Area Agency on Aging's website ([www.agingcarefl.org](http://www.agingcarefl.org)) provides information on the Area Agency on Aging and the aging network and contains resources and educational materials for caregivers, seniors and professionals.

### The Area Agency on Aging – Providing Services

The AAAPP receives funding from the Department of Elder Affairs and several state and federal agencies in order to directly provide services that facilitate ease of access for consumers and to increase awareness of service opportunities or to meet specific needs. These programs provide valuable services that aid in the expansion of the long-term care system in PSA 5. Programs include:

#### **a. Information and Referral/Assistance**

The AAAPP provides Information and Referral/Assistance (I&R/A) as an Older Americans Act Title III B funded service. Individuals can contact the Helpline by telephone using a local number or a toll-free number, or by email via the AAAPP's website. The Helpline staff members have one-to-one contact with those seeking help and use an electronic database to provide information about community resources including private for-profit, non-profit, and government funded resources. Staff can also provide advocacy or can actively link the caller to a resource if needed. The federally funded Helpline serves as an entry point for all state and federally funded programs for seniors available through the AAAPP, including the SHINE (Serving Health Insurance Needs of Elders) and Senior Victim Advocate programs. The Helpline also links callers to services of the Department of Children and Families Economic Self Sufficiency (DCF ESS) staff and the DOEA CARES Unit staff. This single entry is designed to improve access to community resources including both publicly funded and private long-term care services.

#### **b. Intake and Medicaid Functions**

People contacting the Helpline may be linked to Intake screening services at the AAAPP ADRC for access to state, federal and Medicaid funded programs. Staff members administer standardized, computerized 701S screening instruments by telephone to gather information about an applicant for funded programs and to prioritize their need for services. The ADRC screens individuals for state funded programs, including the Community Care for the Elderly, Alzheimer's Disease Initiative, and Home Care for the Elderly programs. Staff administer a standardized, computerized 701S screening instrument by telephone to gather information about an applicant and to prioritize their need for services. Intake manages the waiting list for these state funded programs and is responsible for contacting those waiting for services to review any changes in their situation that would impact their prioritization for service. Seniors and their caregivers are also screened and added to the waiting lists for federal Older Americans Act programs, as needed.

The ADRC is also the entry point for the Statewide Medicaid Managed Care Long-Term Care Program (SMMCLTCP). The ADRC's role is to provide long-term care education, screening/re-screening of interested individuals, eligibility assistance for clients enrolling in the program and for clients who lost SMMCLTCP because their Medicaid eligibility was not renewed. The ADRC also documents grievance and complaints from consumers related to this program.

**c. Serving Health Insurance Needs of Elders (SHINE) & Senior Medicare Patrol (SMP)**

SHINE is a statewide volunteer-based program that educates people about Medicare. This program is funded by the Administration for Community Living (ACL) and Centers for Medicare and Medicaid Services (CMS) in all fifty states. SHINE empowers individuals to make informed decisions about their Medicare and other health insurance related issues. Volunteers undergo intensive training to provide individual and group counseling, education, and assistance. Areas of expertise include Medicare, Medicaid, long-term care insurance, prescription assistance including the Medicare Prescription Drug Program, Medigap, and Medicare Advantage Plans.

Services are provided at various outreach sites, via telephone and over the Internet. Volunteers focus on beneficiary rights, options, enrollments, and consumer protections. The program assists Medicare beneficiaries of all ages, including those establishing Medicare eligibility based on disability and those based on attainment of age 65. SHINE counselors are also available to provide community education on a variety of Medicare related topics. These free services are provided locally by the Area Agency on Aging and administered by the DOEA with funding from ACL & CMS.

SHINE Counselors also identify, educate, and assist persons who are potentially eligible for the Low-Income Subsidy (LIS) and other subsidies, such as the Medicare Savings Program (MSP). These programs provide financial assistance to those who meet the income and asset eligibility requirements. The AAAPP assists Medicare beneficiaries of all ages to complete these applications.

The Senior Medicare Patrol Program (SMP) is funded by a grant award from HHS and ACL. Through the SHINE/SMP program, trained volunteers provide local outreach, education, and assistance to Medicare beneficiaries to protect them from the economic and health-related consequences associated with Medicare fraud, errors, and abuse. SMP is a trusted and expert source of information about Medicare fraud, errors, and abuse. Part of the SMP mission is to report health care fraud, errors, and abuse. When errors are suspected, SMPs guide beneficiaries in the process of correcting them; when fraud or abuse is suspected, SMPs refer complaints to the proper authority. However, SMPs do not investigate suspected fraud and abuse, that is the role of CMS, the OIG, and law enforcement.

**d. Title VII Elder Abuse Prevention**

Elder Abuse Prevention, funded by the DOEA, includes public education and outreach to help identify and prevent elder abuse, neglect and exploitation. The Elder Abuse Coordinator collaborates with adult protective services, local law enforcement, and other local programs to identify and assist vulnerable older individuals.

**e. National Family Caregiver Support Program (NFCSP)**

Funded by the Older Americans Act, the Title III E National Family Caregiver Support Program (NFCSP) offers a diverse array of support services for family caregivers of individuals over the age of 60 and for grandparents or other individuals ages 55 and over who are relative caregivers of children ages 18 and under or children over the age of 18 with a disability.

This program targets individuals with the greatest social and economic need, with particular attention to low-income minority individuals, individuals residing in rural areas, and limited English-speaking persons, and gives priority to caregivers who are experiencing high levels of stress or are in crisis.

The AAAPP provides screening and assessment for family caregivers of an individual over the age of 60 in both Pasco and Pinellas counties. The clients must have two areas of impairment in activities of daily living (ADL) or be diagnosed with Alzheimer’s Disease or a Dementia related Disorder (ADRD) to be eligible for respite and supplemental services. Staff members screen to identify the needs of the caregiver and the impairment of the senior and arrange for services, including:

- Respite services that allow caregivers to take a needed break from the caregiver role.
- Counseling services for caregivers and/or elder individuals to provide guidance and support.
- Supplemental services that provide chore services for those who need heavy cleaning or yard work, and reimbursement of expenses for medical supplies and services for seniors who are impaired.

The National Family Caregiver Support Program also provides guidance and support to assist grandparents or an older individual who is a relative caregiver providing care to a minor child. The AAA currently contracts for the provision of Legal Assistance supportive services to grandparents and/or relative caregivers within the PSA.

**f. Veterans Directed Home and Community Based Services Program**

In 2009, the AAAPP signed a Veterans Directed Home and Community Based Services Program Provider Agreement with Bay Pines Veterans Administration Health Care System. This partnership allows the AAAPP to serve disabled veterans of all ages, thus expanding clients served by the AAAPP. Using an approach called, Participant Direction, veterans of any age who are

determined to be at risk of institutional placement by the Veterans Administration, are empowered to decide for themselves what mix of goods and services will best meet their needs, hiring and supervising their own workers, including family and friends, and purchasing items or services that will promote independence.

**g. Volunteer Programs**

The AAAPP relies heavily on volunteers and student interns to respond to the needs of elder residents. Although volunteers cannot meet all the future demands of Pasco and Pinellas elders, they significantly enhance and supplement the services and operations of the agency. Beginning with our Board of Directors and Advisory Council, volunteers contribute a tremendous number of hours of service.

SHINE, Senior Medicare Patrol (SMP), MIPPA, the Senior Victim Advocate Program, and the Safety Cell Phone Project are programs that offer volunteer opportunities and continue to recruit dedicated individuals interested in serving the needs of our elder residents. Strategies and Action Steps for the above programs are included in our Goals and Objectives.

**h. Senior Community Health Program**

In 2020, with DOEA CARES Act No Wrong Door funding, PSA5 created U.Connected, a virtual senior center, using the uniper platform. The u.connected Program seeks to provide connections to wellness programming and social opportunities to support mental health and to promote quality of living. The AAAPP has partnered with Uniper Care to provide a virtual senior center experience for clients who are being impacted by feelings of loneliness and isolation. Clients can attend interactive live events and groups, watch video content and video chat with friends and family through the use of a connection to their TV and a remote. Live activities include exercise classes and other wellness programming, travel shows, trivia and name that tune games, emotional support dogs, and peer led groups in a variety of topics. PSA5 also created new content by partnering with the YMCA of the Suncoast to provide exercise classes, partnering with a local chef who creates cooking videos specifically geared to caregivers and seniors and with a local theatre group that produces and puts on plays specifically for seniors. The AAAPP plans to continue this program in 2024 with ARP funding.

**i. Mental Health Counseling**

In CY2022, the AAAPP began providing Mental Health Counseling directly to seniors upon approval of a Direct Service Waiver under Older Americans Act, Title IIIB. Our Mental Health counseling program provides emotional support, information, and guidance through a variety of modalities for older adults who are having mental, emotional or social adjustment issues that have arisen during one's life course.



## **J. Evidenced Based Health Promotion and Disease Prevention Courses**

One quarter into CY2023, the AAAPP began providing Older Americans Act, Title IIID Evidenced Based services. Primarily, the Evidenced Based services offered are:

- A Matter of Balance
- Savvy Caregiver
- Chronic Disease Self-Management
- Chronic Pain Self-Management
- Diabetes Self-Management

A Matter of Balance assists seniors to prevent or mitigate falls in the community or at home by using a psycho educational curriculum and very light exercise.

Savvy Caregiver programs are designed to provide the most relevant dementia knowledge, skills, and mastery to support family members as they provide care for their relative or friend living with dementia. Savvy Caregiver programs have been proven to decrease family caregiver distress, burden, and depression, while increasing caregivers' sense of competence and confidence in their care role.

Chronic Disease, Chronic Pain, and Diabetes Delf-Management fall under the Stanford University Self-Management Resource Center (SMRC). These three programs help seniors, and their caregivers manage their symptoms, improve quality of life, and reduce healthcare costs.

### **Programs Administered by the Area Agency on Aging**

The AAAPP administers a wide variety of assistance programs funded by both the federal government and the State of Florida. A descriptive overview by program name is provided in this section for each of the AAAPP's major programs. The Area Agency contracts with provider agencies to obtain supportive, in- home and nutrition services for frail older individuals. Services are targeted to those in the greatest social or economic need with particular emphasis on the culturally and racially diversified minority elderly with low incomes and older individuals residing in rural areas. Emphasis is also placed upon serving elders with limited English-speaking proficiency and older individuals at risk of institutional placement.

#### **a. Older Americans Act (OAA)**

The Older Americans Act (OAA) is generally considered to be the most significant federal recognition of the distinct needs, capabilities, and privileges which are inherent in a specific group e.g., those ages 60 and over. The activities mandated and funded under this Act carry no income eligibility requirement unlike numerous other federal assistance programs, e.g., Supplemental

Nutrition Assistance Program (SNAP, formerly food stamps) and Section 8 Housing. The Older Americans Act (OAA) is viewed as a direct outgrowth of the 1960 White House Conference on Aging.

The overall purposes of the Act were to establish an "aging network," provide for the funding of local service programs, establish training, and research projects, and stimulate the development of innovative and/or improved services for the elderly. Congress has continued to appropriate funds and update the law with periodic amendments under this Act for the provision of social and nutritional services, staff training, research/ demonstration projects, and the operation of the Administration on Aging.

The Older Americans Act (OAA) created the infrastructure that serves as the foundation for the current aging services network. Despite a very broad mission, the Act is constrained by limited resources. However, the law was not intended to meet all service needs of older persons, but to act as leverage for other state and federal sources. For example, in Florida the Department of Elder Affairs has assigned responsibilities to AAAs to serve as the access point for SMMCLTP and state general revenue funded programs. Florida's AAAs utilize OAA for significant administration of a variety of activities. Just as importantly, the system created by the Act serves to influence programs that reach a far larger proportion of the older population.

The major components of the OAA permit funds to be utilized as follows:

Title IIIB:	Supportive Services and Senior Centers
Title IIIC1:	Congregate Nutrition Services
Title IIIC2:	Home-Delivered Nutrition Services
Title IIID:	Disease Prevention and Health Promotion Services
Title IIIE:	National Family Caregiver Support Program
Title VII:	Vulnerable Elder Rights Protection Activities

Additionally, the Older Americans Act Amendments require an "adequate proportion" of the Title IIIB funds, excluding amounts for administration, be spent for the following categories of services with at least some funds spent in each of the following three categories:

- Access Services - These are transportation, outreach, information, and assistance.
- In-Home Services - Include homemakers and home-health aides, visiting and telephone reassurance, chore maintenance, in-home respite care and adult day care, minor home modification, personal care services and other in-home services as defined by the State and Area Agencies in their respective Plans.
- Legal Assistance

This requirement may be waived by the state agency for any category of service for which the Area Agency on Aging demonstrates that the services provided by other resources meet the needs of older persons in the Planning and Service Area.

The following Older Americans Act funded services are provided in Pasco and Pinellas counties. Services categorized as “registered” by the Administration on Aging appear in bold:

**Title IIIB:**

Adult Day Care

Chore Counseling

Emergency Alert Response

Homemaker

Information and Assistance

Intake

Legal Assistance

Transportation

**Title IIIC1 and IIIC2:**

Congregate Dining

Home Delivered Meals

Nutrition Counseling

Nutrition Education

Outreach

**Title IIID:**

Disease Prevention and Health Promotion Services

**Title IIIE (NFCSP):**

Caregiver Support for Caregivers of Older Persons

Caregiver Support for Relative Caregivers of Children

## **b. Community Care for the Elderly (CCE)**

In 1973, the Florida Legislature demonstrated its commitment to meet the special needs of Florida's aging citizens by passing the Community Care for the Elderly (CCE) Act. This Act was amended in 1976, authorizing the funding and implementation of demonstration projects to determine acceptable and cost-effective ways of keeping elderly persons in their own homes to prevent, postpone, or reduce inappropriate or unnecessary institutional placements. In 1980, the Legislature amended the CCE Act and expanded CCE from a demonstration project to a statewide program for functionally impaired older people. The bill provided for the development of at least one community care service system in each Planning and Service Area.

CCE provides home and community-based services organized in a continuum of care to assist functionally impaired elders ages 60+ at risk of nursing home placement to live in the least restrictive environment suitable to their needs.

"Functionally impaired," according to the CCE, refers to persons having physical or mental limitations that restrict individual ability to perform the normal activities of daily living and that impede individual capacity to live independently without the provision of CCE services.

CCE funds are administered through the DOEA. Area Agencies on Aging are responsible for administering funds at the local level. Since 1980, the Area Agency on Aging has assumed responsibility for administering CCE funds for PSA 5.

The Area Agency subcontracts with CCE lead agencies and vendors to provide case management and a full complement of services to consumers in their respective counties of the Planning and Service Area (PSA). The network includes one lead agency in Pasco County, one lead agency in Pinellas County, and multiple vendors.

In addition to Intake, Case Management and Case Aide services, the following services are offered in the CCE program. The array of available services include: Adult day care, adult day health care, caregiver training and support, chore, companionship, counseling, emergency alert response, enhanced chore, escort, facility based respite, health support, home delivered meals, home health aide, homemaker, housing improvement, legal assistance, material aid, medication management, occupational therapy, personal care, pest control, physical therapy, respite care, risk reduction – financial, shopping assistance, skilled nursing, specialized medical equipment services and supplies, speech therapy and transportation. Based upon the Uniform Client Assessment a care plan is developed specifying the services to be provided.

## **c. Alzheimer's Disease Initiative (ADI)**

The Alzheimer's Disease Initiative (ADI) program provides community-based services organized in a continuum of care to assist persons age 18+ with Alzheimer's disease and related memory disorders. The Florida Legislature created the Alzheimer's Disease Initiative in 1985 to provide services and training to meet the special needs of individuals and families affected by Alzheimer's disease and related memory disorders.

ADI has six major components, each of which is devoted to meeting the service, research, and training needs of Floridians stricken by Alzheimer's disease or a related disorder. These components are:

- An Alzheimer's Disease Advisory Committee
- Memory Disorder Clinics
- Model Day Care programs
- Respite Care Programs to provide family caregivers a break from direct, full-time care
- A brain bank
- The Alzheimer's Disease Research Trust Fund

ADI funds are administered through the Department of Elder Affairs and by Area Agencies on Aging at the local level. Since 1985, the Area Agency on Aging has assumed responsibility for administering ADI funds for PSA 5.

Services of the ADI program focuses on providing respite care for caregivers of persons suffering from Alzheimer's disease or a related disorder, offering them some relief from the constant demands of caregiving. ADI services help eligible consumers to remain in their homes or the home of a caregiver rather than relocating to an institution or nursing home because of unmet personal care needs.

**d. Home Care for the Elderly (HCE)**

Home Care for the Elderly (HCE) seeks to prevent premature or inappropriate institutionalization by helping caregivers of frail, low-income seniors. HCE provides a financial subsidy to caregivers of persons age 60+ who are eligible for nursing home care through Medicaid, but who are receiving care in a family-type living arrangement in the community. HCE is managed by the lead agencies and subsidy payments are made through the Area Agency on Aging.

There are two types of HCE subsidies. Basic subsidy is a set monthly payment made to the caregiver to assist with the cost of housing, food, clothing and medical or dental services and incidentals not covered by Medicaid, Medicare, or any other insurance. The subsidy amount is generally \$160 per month. Special subsidy is a flexible payment that reimburses caregivers for purchases of special supplies, equipment, or services needed to maintain the health and well-being of the elderly person. This supplement is not received by every HCE client and varies in amount per month.

**e. Statewide Medicaid Managed Care Long-Term Care Program (SMMCLTCP)**

In 2011, the Legislature made a change to Medicaid in Florida and created a statewide program that includes both Managed Medical Assistance (MMA) and Long-term Care (LTC). The Agency for

Health Care Administration (AHCA) administers Medicaid in Florida, and the Department of Elder Affairs (DOEA) works with AHCA to administer the Statewide Medicaid Managed Care Long-term Care Program (SMMCLTCP). This LTC program was implemented in 2013-2014 and serves seniors and adults with a disability. Individuals in need of community based long-term care access the program through screening at the ADRC. Once DOEA determines that funding is available for an individual, the Department of Children and Families (DCF) determines financial eligibility and the DOEA Comprehensive Assessment Review and Evaluation Services (CARES) Unit determines medical eligibility. For clients actively enrolled in the program, SMMCLTCP uses Managed Care Organizations to provide a continuum of long-term care services, including in-home, assisted living, and nursing home care.

**f. Emergency Home Energy Assistance for the Elderly Program (EHEAP)**

Emergency Home Energy Assistance Program (EHEAP) is a Statewide Program funded by federal dollars designed to assist low-income households with at least one member 60 years of age or older in the household experiencing a heating or cooling emergency. Applicants are eligible for one Summer/Cooling crisis benefit during the period from April 1<sup>st</sup> to September 30<sup>th</sup> and one Winter/Heating crisis benefit, from October 1<sup>st</sup> to March 31<sup>st</sup> each year. The program allows for payments to utility companies, the purchase of blankets, portable heaters and fans, repairs of existing heating or cooling equipment, and the payment of reconnection fees.

**g. Local Services Program (LSP)**

LSP consists of Florida general revenue funds for various community-based services. The areas receiving services are designated by legislative proviso or specific appropriations. See Contract Module, Section C.VI.A. for the list of Older American Act (OAA) Contract Agencies and Other Contract Agencies.

**Seniors Served in CY2022**

The table below indicates the number of elders receiving registered services funded by Older Americans Act (OAA), Local Services Program (LSP), Community Care for the Elderly (CCE), Alzheimer’s disease Initiative (ADI), and Home Care for the Elderly (HCE). All these services are non-income based. Clients are listed by county and demographic characteristics.

<b>Number of Clients Receiving Registered Services in CY2022</b>	
PSA5	
Total	<b>14,824</b>

**Source: DOEA E-CIRTS Report – Count of Clients Served by Program – 1/1/22 – 12/31/22**

The table below reflects households assisted in the Emergency Home Energy Assistance for the Elderly Program (EHEAP) an income-based program.

<b>Number of Clients Receiving EHEAP 4/1/22 to 3/31/23</b>		
	Pinellas County	Pasco County
Total	<b>297</b>	<b>716</b>

**Source: DOEA CIRT Report of Active EHEAP Clients - 4/1/22 to 3/31/23**

Non-registered Older Americans Act services include Legal service, Counseling, Emergency Alert Response, Nutrition Education, Outreach and Information and Assistance. These services do not require data into CIRT. The number of clients served, and demographic information is captured through provider reports. All other OAA services are considered registered, and data is collected within the CIRT system. The table below details the number of clients who received an unregistered and/or a registered service and their demographic characteristics.

<b>Number of Clients Receiving Registered &amp; Non-Registered Services from 1/1/22 to 12/31/22</b>			
	Pinellas County	Pasco County	PSA5
Low-Income Minority	949	144	1093
Greatest Economic Need	2,939	634	3,573
Minority	919	313	1,232
Greatest Social Need	2,247	1,799	4,046
Limited English Proficiency	884	226	1,110
Rural	0	313	313
At Risk of Nursing Home Placement	1,159	805	1,964

**Source: CY2022 Older Americans Act & Local Service Programs (LSP) Provider Reports for Registered & Unregistered Services**

The public non-profit services in both counties are utilized to the fullest extent possible and most have waiting lists throughout the year. Therefore, it is necessary to also facilitate access to private sector services. An analysis of the wait list for funded services is provided in the Unmet Needs Section.

See Contract Module, “Section C.IV – Contract Providers” for a list of Older American Act (OAA) Contract Agencies, Lead Agencies and Other Contract Agencies.

## Role in Interagency Collaborative Efforts:

The Area Agency on Aging plays a significant role in coordinating and participating in interagency collaborative efforts to tap into available resources and coordinate programs and with the goal of developing services to fill existing gaps. In conjunction with local governments, community-based organizations, foundations, provider agencies, the private sector and special interest groups, an aging network has been developed which serves and advocates for local elderly residents.

In Pinellas County, there is a vast array of non-profit and for-profit service providers attempting to meet the needs of the elderly. The number of service provider organizations is more limited in Pasco County. The PSA5 Helpline maintains data for over 300 agencies yet has access to the statewide network of aging service providers through the utilization of the statewide AAA maintained REFER database. These organizations in PSA5 or maintained statewide by other AAAs provide a diverse array of services and benefits to adults, aged 18+ with or without disabilities, their families and caregivers. Organizations include government entities, non-profit organizations, and private sector businesses. Information about each community-based organization is part of the Helpline database.

Two coalitions have been established in Planning and Service Area (PSA5) that have facilitated the expansion and accessibility to resources. The Pinellas County Better Living for Seniors Consortium (BLS), initiated by the Area Agency on Aging in 1988, is a coalition of 275 members representing various public and private organizations that provide elder services in Pinellas County. Area Agency on Aging staff members participate on committees, and through this organization expand relationships with the private sector members of the BLS Board. The Consortium is instrumental in securing additional resources to assist the AAA in meeting the needs of seniors. The Pasco County Coalition is a coalition of 100 members representing public and private sector organizations. The coalition was organized in 1989 and is known as the Pasco Aging Network (PAN). Through PAN and BLS, the aging networks in Pinellas and Pasco counties are offered the opportunity to:

- Expand the base of support and the quantity of resources available for aging network services;
- Create greater community awareness about who constitutes the elderly population in Pinellas and Pasco, the service system and the activities of the aging network;
- Promote the exchange of information between organizations and providers together with the sharing of resources and networking opportunities;
- Provide training opportunities for consortium members and the public; and
- Demonstrate the shared public/private responsibility to serve those who request service.



Since the ADRC has broadened its scope to serve individuals with all types of disabilities, it has made changes to better serve them. It has increased the disability related resources in the statewide Information and Referral resource database. It has also been sensitive to the change in callers and has dropped the term “Senior” from the name of its Helpline to reflect the broader range of people served.

In addition to mental health providers, the AAAPP coordinates with other community agencies that develop or provide services for individuals with disabilities. Examples include the two Alzheimer’s associations serving the PSA, The Disability Achievement Center, Lighthouse of Pinellas, Deaf and Hearing Connection for Tampa Bay, the ARC of Tampa Bay, PARC and the Agency for Persons with Disabilities (APD).

In an effort to ensure that clients have access to other funded programs, the ADRC has a reciprocal relationship with the Department of Children and Families (DCF) so that all applicants under the age of 60 for SMMCLTCP who are interested are linked directly to DCF for screening for Community Care for Disabled Adults and Home Care for Disabled Adults, and DCF links their applicants directly to the ADRC for screening for SMMCLTCP.

Staff members assume an active role in community organizations at the local level. Staff members participate in the Transportation Disadvantaged Local Coordinating Boards in each county as well as the Tri-County Transportation Disadvantaged Board covering Pinellas, Pasco, and Hillsborough Counties. AAAPP staff persons chair meetings of the St. Petersburg Commission on Aging and participates in the Dunedin Committee on Aging meetings.

Through the AAAPP’s emergency management function, AAAPP staff collaborate with a variety of organizations sponsored by the local Emergency Management departments as well as organizations that coordinate with these departments. AAAPP staff have a role in Pinellas County Emergency Management’s Response Operations Coordination Group (ROC), Vulnerable Populations Committee, and Emergency Coordinators group, Emergency Support Function (ESF) 8 (Health and Medical) as well as the Hurricanes and Healthcare Planning Conference Committee serving Tampa Bay. Also, in Pinellas County, AAAPP staff has an active commitment with the short & long-term recovery organization, entitled “Recover Pinellas” as well as the Tampa Bay Long Term Recovery Group, “Recover Tampa Bay Initiative”, which covers Pinellas, Pasco, and Hillsborough. In Pasco County, AAAPP staff have an active role within the ESF 6, 8 and 14 infrastructures. Additionally, AAAPP staff has a role in Pasco County Health Department’s “Cities Readiness Initiative,” and the Pasco County Community Development Department’s “Post Disaster Redevelopment Planning,” a role we also play in Pinellas County. In both counties, AAAPP staff play an active role in emergency management or DOH sponsored emergency exercises as it relates to preparation, mitigation or recovery of vulnerable populations. A demonstration of our close partnership with DOH Pinellas is our long-standing agreement for alternate space use in the event the AAAPP’s facility is rendered uninhabitable, post event.

AAAPP Staff members managing direct service programs (SHINE, SMP, MIPPA) also participate in interagency collaborative efforts. The Elder Abuse Coordinator participate in the Pasco and Pinellas Fatality Review Teams, the Pinellas and Pasco Domestic Violence Task Forces, the Pasco

Sexual Assault Victims Examination Program, and the Adult Protective Service Team. They work closely with the Office of the State Attorney for the Sixth Judicial Circuit and the Elder Abuse Coordinator collaborates with Pinellas County Justice and Consumer Services.

The SHINE (Serving Health Insurance Needs of Elders) & Senior Medicare Patrol (SMP) Program has established formal and informal partnerships with approximately 40-50 community organizations to effectively reach and encourage Medicare beneficiaries to utilize the health counseling services, education detection and prevention of Medicare abuse, fraud, or error, and also to recruit new SHINE/SMP volunteers. SHINE/SMP collaborates with community organizations organizing health fairs and presentations, in addition to an array of media contacts.

AAA staff members work with local governments and municipalities to promote the state's "Livable Florida" initiative when included in DOEA's planning process. Additionally, the AAAPP promotes and participates in the AARP's Age Friendly Community Initiative along with municipalities and counties wishing to be designated as such.

Another initiative developed by the DOEA, entitled, Dementia Care and Cure Initiative (DCCI), factors into Florida's "Livable Florida" approach. This initiative is implemented locally by each PSA where the AAA and the local memory disorder clinic take a lead role in organizing the action steps. Since actions steps are centered around the education of ADRD to communities within the PSA, the level and volume of traditional and non-traditional partnerships is massive.

On a regional level, the AAAPP serves as a member of the Southeastern Association of Area Agencies on Aging (SE4A). This membership provides access to regional resources and promotes the sharing of the results of activities.

On the state level, the AAA Executive Director is a member of the Florida Association of Area Agencies on Aging (F4A) and currently serves as secretary. The AAAPP is also a member of FLAIRS (Florida Alliance of Information and Referral Systems). Statewide collaboration is achieved through the participation of AAAPP staff in meetings of these organizations.

On the national level, the AAA is a member of the National Association of Area Agencies on Aging (N4A). Consequently, it has access to national resources on outreach activities affecting the elderly and is able to mutually share the results of its activities with other national AAAs.

As an ADRC, the AAA communicates information related to the need for planning in advance for long-term care. This includes the full range of available public and private long-term care programs, options, service providers, and resources. This is accomplished through the Helpline, the AAAPP website, publications and speaking opportunities. As an ADRC and a focal point for information about seniors, the AAAPP is frequently invited to speak in a variety of settings to seniors and professionals to increase community knowledge. Staff members are also part of the Better Living for Seniors (BLS) Speakers Bureau. The agency publications, including the Annual Report and the Summary Plan Document are distributed to professionals and agencies serving seniors in Pasco and Pinellas. These documents are available on the AAAPP website. The AAAPP produces a monthly thirty-minute television show, "Aging on the Suncoast." This program

reaches thousands of elders through approximately 90 monthly broadcasts on Pinellas and Pasco's government access channels. Additionally, this show is broadcasted in closed captioning for those with hearing impairments.

The Area Agency on Aging also maintains written coordination agreements with major organizations serving seniors in the area. Generally, these providers are not under contract with the Area Agency on Aging. The Interagency Agreements are updated and maintained at the AAAPP.

# Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

## SWOT Development Process Description:

### **Area Agency on Aging of Pasco-Pinellas, Inc. SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis**

#### **Purpose**

The Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP) conducted a professionally led Strategic Planning initiative in 2022. This provided the AAAPP the opportunity to conduct a SWOT Analysis. The goal of this analysis was to identify internal and external Strengths, Weaknesses, Opportunities and Threats. The SWOT analysis was utilized when designing Strategic Plan Goals and Objectives for the period 2022 – 2025.

#### **Process**

In order to complete this Strategic Planning initiative a Steering Committee was developed and consisted of: Strategic Planning professional, three executive members of the AAAPP Board of Directors, and one advisory council member as well as the AAAPP Executive Director.

Six meetings were held. Three of which were planning meetings amongst the steering committee and the additional meetings were working meetings, including AAAPP Board of Directors, AAAPP Advisory Council, AAAPP Staff.

For SWOT purposes, an exercise was conducted face to face with all AAAPP staff. Additionally, and to seek input from the PSA5 aging network, a survey monkey was designed and disseminated where important provider feedback was obtained and utilized.

In order for this SWOT analysis to be meaningful, participants who volunteered reflected diversity in ethnicity, county representation, age, background/work experience, familiarity with the AAAPP and its programs and network as well as the AAAPP role with which they were affiliated.

## **Desired Outcome**

The outcome for this Strategic Planning activity, inclusive of the SWOT, was two-fold:

1. To truly explore the SWOTs of our agency in order to achieve organizational resiliency, broader depth in how we conduct business, and effective service delivery to those populations we serve.
2. To create a roadmap, complete with tasks and associated champions, to accomplish the Goals and Objectives within a certain timeframe.

The responses to this SWOT Analysis have been reasonably and thoughtfully built into our (4) year Goals and Objectives as well as other applicable sections of our final Area Plan.

## **Strengths:**

See Preformatted Analysis on the Following Pages

## **Weaknesses:**

See Preformatted Analysis on the Following Pages

## **Opportunities:**

See Preformatted Analysis on the Following Pages

## **Threats:**

See Preformatted Analysis on the Following Pages

AAAPP Strategic Plan: September 2022 ~ September 2025

**SWOT SUMMARY COMPILATION: ★Board Mtg, ●Survey, ♡Advisory & ➤Staff**

**EXTERNAL Opportunities and Threats: True even if AAAPP did NOT exist!**

<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>★ More seniors = increased political power</li> <li>★ Increased population = more manpower, more tax income, &amp; political support for senior services</li> <li>★ Increased # of potential volunteers</li> <li>★ Increased interest in Affordable Housing</li> <li>★ Caregiver support</li> <li>★ Technology for aging advances</li> <li>★ Increased use of social media to build awareness – recruit younger, elder welfare checks, etc.</li> <li>★ Access to health care – cost &amp; transportation</li>   <li>● Funding from state &amp; grants</li> <li>● Increased community (includes businesses &amp; govt) support for keeping people out of nursing homes</li> <li>● Potential Partners</li> <li>● Technological advances that support seniors - social, safety, communications</li>   <li>♡ Network building: Be a leading organization for other aging network groups in our 2-county area/Network building</li> <li>♡ Development including fundraising and seeking funding from local governments – CDBG, grants</li> <li>♡ Broaden our employee base: Think outside the box for hiring/retention/Retirees and 2nd jobs/Hire staff in Pasco County to do Helpline/ Consult with staff on what they want / it's not all about \$/what can we do to keep you around?</li> <li>♡ Using existing and developing technology: AI or call trees/ Chat Lines / call center technology</li> <li>♡ Media: social media/ Print &amp; TV Media</li>   <li>➤ Expanding partnerships to address service needs: training, home share, transportation, etc.</li> <li>➤ Increase fundraising efforts to address rent crisis and other threats. Less restrictions if got more donations.</li> <li>➤ Volunteers – increased # moving to FL</li> <li>➤ Worker Shortage</li> </ul>	<ul style="list-style-type: none"> <li>★ Increase in # of elderly &amp; need for services</li> <li>★ Inflation &amp; increase in cost of living</li> <li>★ Housing costs/affordable housing &amp; insurance</li> <li>★ Competition for charitable \$</li> <li>★ Technology – cost to procure, lack of training, increased scams, increased spread of disinformation</li> <li>★ Decrease in funding for seniors</li> <li>★ Employee recruitment, retention, wage expectations</li> <li>★ Covid</li> <li>★ Mental Health/Isolation</li> <li>★ Lack of mobility/availability of transportation</li> <li>★ Natural Disasters</li>   <li>● Funding - lack of public funding, less govt funding, diversification,</li> <li>● Decreased spending power - inflation, etc.</li> <li>● Worker shortages</li> <li>● pandemic/isolation</li> <li>● political divide that threatened cooperative services for seniors</li>   <li>♡ Staffing shortage Issues: Workforce issues – hiring/retention</li> <li>♡ Nursing home - staffing shortages– sanitary issues / see that more in Pasco than Pinellas</li> <li>♡ Lack of staffing, covid and conditions in nursing homes is forcing children to take parents out of nursing homes and have them in their own and causing caregiver burnout, insufficient services available</li> <li>♡ Inflation for seniors on limited incomes affects housing, daily living</li> <li>♡ Increased demand for services due to Medicaid recertification issues, calls to Helpline will increase.</li>   <li>➤ Demands of population growth on community infrastructure.</li> <li>➤ Worker/caregiver shortage.</li> <li>➤ Lasting impacts of pandemic: Funding, need for technology &amp; training, mental health issues</li> </ul>

**AAAPP Strategic Plan: September 2022 ~ September 2025**

**AAAPP's INTERNAL "Strengths and Weaknesses"**

<b><u>Strengths</u></b>	<b><u>Weaknesses</u></b>
<ul style="list-style-type: none"> <li>★ Caring &amp; Competent Staff</li> <li>★ Leadership</li> <li>★ New/Increased funding</li> <li>★ Insider Partner awareness</li> <li>★ Efficient delivery of services</li>   <li>• Leadership ~ Board &amp; Staff</li> <li>• Effective &amp; needed programs</li> <li>• Community partnerships</li> <li>• Current Funding</li> <li>• Agency reputation/Community Standing</li>   <li>• Strong professional leadership and staff</li> <li>• Expertise to provide information to partner agencies</li> <li>• Leadership is aware of the Helpline issue/Transparency and honesty of staff about issues</li>   <li>➤ Great Staff</li> <li>➤ Mission oriented and commitment to excellence</li> <li>➤ Strong community presence</li> </ul>	<ul style="list-style-type: none"> <li>★ Wait list</li> <li>★ Funding – restrictions, deadlines, changing needs</li> <li>★ Staffing – training time, space</li> <li>★ External Awareness – Potential Partners &amp; Clients</li>   <li>• Wait List - turnaround time &amp; increased demand for services</li> <li>• Funding - lack of diversification &amp; public funding, cutback in govt funding</li> <li>• Staffing needs</li> <li>• Lack of volunteer support</li> <li>• Lack of community awareness</li>   <li>• Staffing issues at AAAPP and with providers / Helpline is understaffed and not able to call back all callers. Burnout</li> <li>• Lack of Diversified Funding Base</li> <li>• Growing Waitlist for Services</li>   <li>➤ Sustainability and limitations of funding</li> <li>➤ Lack of Awareness;</li> <li>➤ Staff Retention and Shortages</li> </ul>

## Performance Analysis and Targeted Outreach

This section demonstrates the effectiveness of the AAA's efforts at the county level in reaching a comparable proportion of the specified sub-populations of seniors based on the prior year's performance and details the strategic outreach plan that the AAA will employ to increase service delivery to the targeted populations in the coming planning period. This section also focuses on the AAA's planned outreach to sub-populations in which its performance was below standard in the previous year. This section includes the AAA's plans on how their outreach efforts will reach the targeted sub-populations, information on targeted audiences, goals to reach certain numbers of older individuals and caregivers, and specific details on activities and events, including when and where they will take place for the initial year of the four-year Area Plan cycle. Specific details of outreach efforts for subsequent years will be included in annual updates to the area plan. Maps and charts can be added to enhance your narrative descriptions. **Responses should be limited to 10-15 pages.**

### Performance Analysis:

It is important to consistently evaluate the AAAPP's and the aging network's ability to Outreach, Publicly Educate and Target residents in PSA5 as well as compare our Outreach and Targeting efforts to those we actively serve or at least have waiting for enrollment in any of our administered services.

In order to do so, we employ the following mechanisms:

1. Design Requests for Proposals to mandatorily include plans and action steps for Outreach, Targeting, and Prioritization.
2. Review service provider applications for consistency to the most current county level demographics with special emphasis on Older Americans Act (OAA)
3. , as amended in 2016, targeted populations.
4. Successful applicants as providers of unique services are evaluated periodically to gauge the effectiveness of their original proposals. This generally occurs on a quarterly basis and through the quarterly report process in which each and every OAA/LSP provider submit a comprehensive report for review. Additionally, providers are monitored annually, that targeted proposals have been met, exceeded, or depending on the time frame of the monitoring visit, that their plans are moving towards a successful track.



5. Additionally, OAA Title IIIB, IIIC1 & IIIC2, IIID and IIIE providers are required to submit annual reports on Outreach, Public Education and Targeting activities, which are evaluated in comparison to their approved application. The individual details are included in the AAAPP Annual Outreach and Public Education Report, finalized in the beginning of the Calendar Year yet pertinent to activities in the previous calendar year. Mandatory OAA Annual Provider Outreach and Public Education Reports are used to compile information to accompany the AAAPP Outreach and Public Report. Both the AAAPP and OAA Provider Reports consist of a narrative section covering Outreach Procedures and Methodology, an analysis covering outcomes and performance effectiveness, an evaluation via summary of meeting OAA mandated targeting categories, identification of barriers meeting OAA mandated targeted populations and any recommendations or needs from the AAAPP to assist the OAA Provider. Further, this report captures the previous Fiscal Year statistics broken down by targeted populations and compares those to the previous year.
  
6. OAA Title IIIC providers have an additional requirement to submit an Outreach report semi- annually. This report documents efforts at the county level including the Outreach activity, the total persons contacted, the breakdown by OAA targeted population and the services discussed with those individuals. Again, these reports are compared to Nutrition provider proposals for effectiveness and meeting of proposed goals.

These mechanisms together with the AAAPP's organizational Outreach and Targeting plans and action steps culminates into a PSA wide response to the need for Outreach, Public Education and Targeting and service delivery. The AAAPP's Targeted Outreach Plans will be documented in the next section, "Targeted Outreach Plan".

### 2024-2027 Outreach, Targeting and Service Delivery Strategies

As detailed in the AAAPP's 2024-2027 Area Plan and any annual updates, the AAAPP and the aging services network have employed plans for engaging communities and specific OAA targeted populations for outreach purposes. A summary and an evaluation of this Area Plan cycle is below:

Sub-contracted OAA providers in large, accounted for the largest part of Outreach and Targeting activities during the 2020-2023 cycle. OAA Title IIIC providers are specifically funded to provide Outreach service whereas for Title IIIB, IIID and IIIE providers are not specifically funded to provide outreach, yet outreach and public education is inherent to their program's success.

Each OAA provider proposes how many individuals they will engage with via outreach and by specific targeted categories. This is critiqued and eventually approved by the AAAPP prior to executing a contract. By the end of calendar year 2022, each of our sub-contracted providers either met or exceeded proposals for outreach except for the category, “Alzheimer’s Disease”. They excelled at this by:

- a) Canvassing areas of the PSA they serve with information regarding their unique services with particular attention to areas holding pockets of underserved individuals, by which we place special emphasis with outreach efforts,
- b) Providing information about their services in common languages conducive to the communities they serve,
- c) Attending conferences, seminars, festivals, health fairs, events, etc., and providing information on their unique services, and
- d) Because OAA Title IIIC providers are specifically funded for outreach services unlike other OAA providers, these two sub-contracted IIIC providers performed all of the above for their nutrition services yet assisted OAA IIIB, IIID, and IIIE outreach their unique services as well as the AAAPP Helpline.
- e) OAA IIIB/LSP, IIIE providers as well as the AAAPP Director of Outreach all contributed greatly to conducting outreach in their individual programs and services provided directly through the ADRC.

Below is a CY2022 table detailing proposed IIIC Outreach Proposals compared to Actuals denoting success within all category’s PSA wide:

<b>Categories</b>	<b>Proposed</b>	<b>Actual Served</b>
Greatest Economic Need	766	908
Greatest Social Need	1020	1268
Low-Income Minority	236	459
Severe Disabilities	860	601

Limited English Proficiency	230	86
Alzheimer's Disease	125	20
Rural	140	280
Institutional Placement Risk	300	291

**AAAPP Outreach and Public Education Report for CY2022**

Additionally, the CY2022 table below represents proposals and clients served following outreach and OAA mandated targeted population prioritization for all OAA services including IIIB, IIIC, IIID and IIIE. Again, proposals for the entire PSA have been met or exceeded.

Categories	Proposed	Actual Served
Total Clients	11320	13331
Greatest Economic Need	2085	3573
Greatest Social Need	2495	4046
Minority	1160	1232
Low-Income Minority	685	1093
Limited English Proficiency	980	1110
Institutional Placement Risk	1242	1964
Rural	249	313

**AAAPP Outreach and Public Education Report for CY2022**

Throughout the 2020-2023 Area Plan Cycle, the AAAPP engaged with for outreach purposes and/or publicly educated the PSA in the following ways to supplement the work performed on behalf of the OAA Provider Network. The AAAPP earmarked specific funding for outreach purposes and is a large component of our mission to serve residents in PSA5.

The AAAPP outreaches PSA5 in the following ways:

- a) Affiliation on local, regional, statewide, and national alliances, collaborations, commissions, coalitions, networks, workgroups, etc.,
- b) While the AAAPP has two staff members with a specific dedication to outreach, many of our staff will attend conferences, seminars, festivals, health fairs, events, Better Living for Seniors and Pasco Aging Network meetings and events, etc., to provide information on the OAA and GR unique services as well as services we provide such as, SHINE, SMP, MIPPA, Victim Advocacy, Title III E and the Helpline,
- c) The AAAPP produces a television show with monthly topics relevant to services, which is aired the entire month in each county and run multiple times daily, and
- d) The AAAPP manages social media specific to the agency, which serves as a 21<sup>st</sup> century mechanism to outreach individuals within the PSA or those concerned about those individuals but who live afar.
- e) The AAAPP employs a Director of Outreach to accomplish goals pertaining to Outreach and Targeting. This individual works closely with AAAPP staff, the provider network, and the community at large to promote aging services and the AAAPP.

The AAAPP's efforts along with its OAA providers, helped the network as a whole outreach the entire PSA and specifically communities with underserved individuals by which we place special emphasis as mandated under the Older Americans Act.

### **Successes, Obstacles, and Best Practices**

Overall, the AAAPP and the aging network were successful with Outreach and Targeting in CY2022. PSA5 was slightly unsuccessful in meeting Outreach proposals for calendar year 2022 regarding these groups of individuals who have "Severe Disabilities", and "Alzheimer's Disease" primarily due to the remaining COVID-19 Pandemic. As Florida's population changes and specifically at the county level, the AAAPP and the aging network must prepare for changing demographics and increased efforts covering specific targeted populations. Although successful, the way we have engaged in outreach and/or provided public education previously will need to

mold with the shifting population. The AAAPP is a community-oriented agency with ties to local groups and affiliations. This method of collaboration has been effective in helping the public or organizations understand our mission and system. This effort of local level collaboration will continue. Lastly, the AAAPP’s and aging network’s participation in events, health fairs, conferences, and seminars will also continue due to the fact we can conduct outreach and/or publicly educate many consumers within single events.

### **Analysis of 2021 Targeting Performance**

The DOEA has supplied AAA’s statewide with data covering county level demographics of targeted populations, aged 60+; the number of individuals, aged 60+ who were screened and served and a comparison of performance of service delivery to the prevalence of those targeted populations within the Planning and Service Area. This additional and useful data will be analyzed below to support that Outreach, Targeting and service delivery has been successful or needs improvement.

Year	PSA	County	Indicator	60+ Total Population	Population for Indicator	Population of Indicator as Percent of Total Population	Number Served and Screened	Number Served and Screened in Category/Indicator	Performance	Meets or Exceeds Standard?	Super Exceeds	Standard Plus 10%	Number of Served and Screened Required to Meet Standard
2021	5	Pasco	85+	159,132	13,772	9%	4,098	1,322	33%	Meets or Exceeds	SUPER Exceeds	Standard Plus 10%	369
2021	5	Pasco	Limited English Proficiency	159,132	3,987	3%	4,098	580	15%	Meets or Exceeds	SUPER Exceeds	Standard Plus 10%	123
2021	5	Pasco	Living Alone	159,132	31,296	20%	4,098	1,129	28%	Meets or Exceeds	-	-	820
2021	5	Pasco	Low Income Minority	159,132	1,795	2%	4,098	142	4%	Meets or Exceeds	SUPER Exceeds	-	82
2021	5	Pasco	Low Income Minority	159,132	16,834	11%	4,098	668	17%	Meets or Exceeds	-	-	451
2021	5	Pasco	Minority	159,132	16,965	11%	4,098	695	17%	Meets or Exceeds	-	-	451
2021	5	Pasco	Probable Alzheimer's Cases	159,132	4,572	3%	4,098	658	16%	Meets or Exceeds	SUPER Exceeds	Standard Plus 10%	123
2021	5	Pasco	Rural	159,132	1,188	1%	4,098	0	0%	Meets or Exceeds	-	-	41
2021	5	Pinellas	85+	314,542	32,943	11%	7,139	2,263	32%	Meets or Exceeds	SUPER Exceeds	Standard Plus 10%	785
2021	5	Pinellas	Limited English Proficiency	314,542	7,846	3%	7,139	993	14%	Meets or Exceeds	SUPER Exceeds	Standard Plus 10%	214
2021	5	Pinellas	Living Alone	314,542	72,593	24%	7,139	2,131	30%	Meets or Exceeds	-	-	1,713
2021	5	Pinellas	Low Income Minority	314,542	4,180	2%	7,139	399	6%	Meets or Exceeds	SUPER Exceeds	-	143
2021	5	Pinellas	Low Income Minority	314,542	33,633	11%	7,139	1,223	18%	Meets or Exceeds	-	-	785
2021	5	Pinellas	Minority	314,542	39,093	13%	7,139	1615	23%	Meets or Exceeds	-	Standard Plus 10%	928
2021	5	Pinellas	Probable Alzheimer's Cases	314,542	10,937	4%	7,139	1175	17%	Meets or Exceeds	SUPER Exceeds	Standard Plus 10%	288
2021	5	Pinellas	Rural	314,542	1,284	1%	7,139	0	0%	Meets or Exceeds	-	-	71
2021	5	PSA 5	85+	473,674	46,715	10%	11,238	3,585	32%	Meets or Exceeds	SUPER Exceeds	Standard Plus 10%	1,124
2021	5	PSA 5	Limited English Proficiency	473,674	11,833	3%	11,238	1,574	15%	Meets or Exceeds	SUPER Exceeds	Standard Plus 10%	337
2021	5	PSA 5	Living Alone	473,674	103,889	22%	11,238	3,260	30%	Meets or Exceeds	-	-	2,472
2021	5	PSA 5	Low Income Minority	473,674	5,975	2%	11,238	541	5%	Meets or Exceeds	SUPER Exceeds	-	225
2021	5	PSA 5	Low Income Minority	473,674	50,467	11%	11,238	1,891	17%	Meets or Exceeds	-	-	1,236
2021	5	PSA 5	Minority	473,674	56,058	12%	11,238	2,310	21%	Meets or Exceeds	-	-	1,349
2021	5	PSA 5	Probable Alzheimer's Cases	473,674	15,509	4%	4,098	1,858	46%	Meets or Exceeds	SUPER Exceeds	Standard Plus 10%	164
2021	5	PSA 5	Rural	473,674	2,471	1%	11,237	0	0%	Meets or Exceeds	-	-	112

### ***PSA5 & County Level Targeting Performance for CY2021 – DOEA Targeting Dashboard***

### **DOEA County Level Dashboard Performance for CY2021**

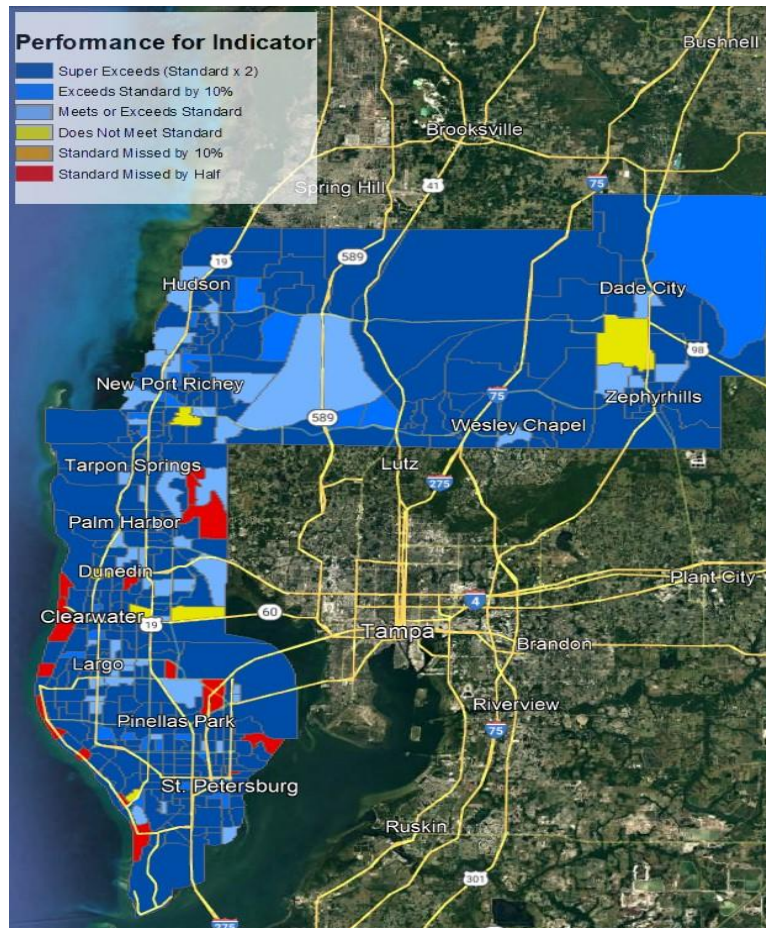
PSA5 is pleased to report that we have successfully met or exceeded all targeting requirements as defined by DOEA and as an entire PSA. We attribute our overall success to developing and implementing a robust Outreach Plan that included developing new and nurturing existing partnerships with communities of color in areas that we were not able to penetrate previously. Staff from the AAAPP and our partner network worked exceptionally hard despite the limitations of the Covid19 pandemic.

The AAAPP and the aging network will continue to accomplish this excellence throughout the 2024 - 2027 Area Plan cycle and as detailed within the “Targeted Outreach Plan”.

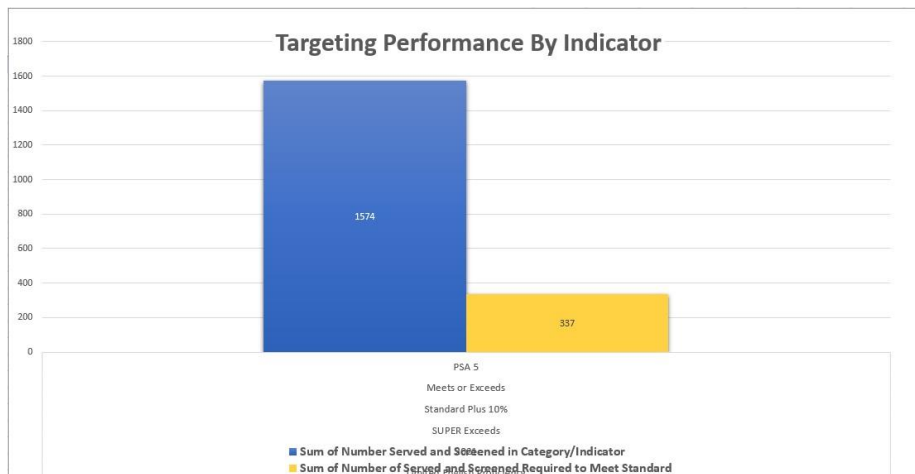
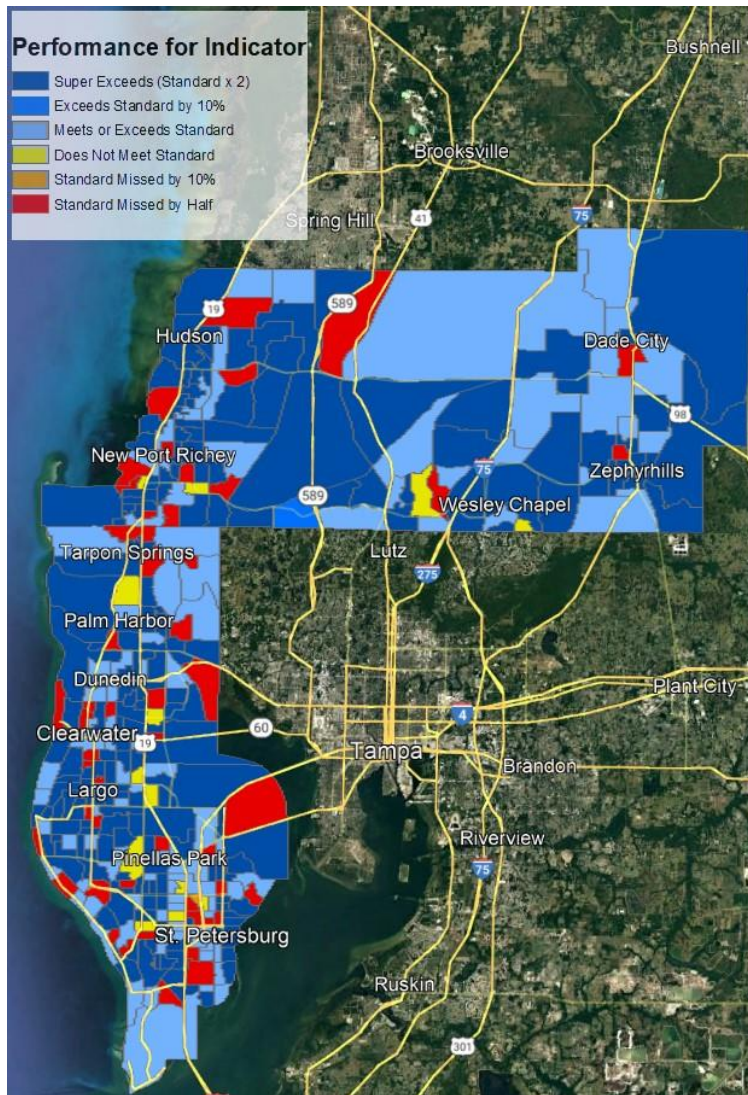
To illustrate through mapping made available from the DOEA, CY2021 CIRTS data reflects areas where the PSA5 service system is targeting and serving individuals meeting criterion established by the DOEA. These maps reflect data based upon CY2021 and ultimately does not reflect current service delivery to targeted populations, however, these illustrations are helpful in examining areas with low coverage and a need for Outreach.

### CY2021 PSA5 Targeting & Serving by Category and Analysis

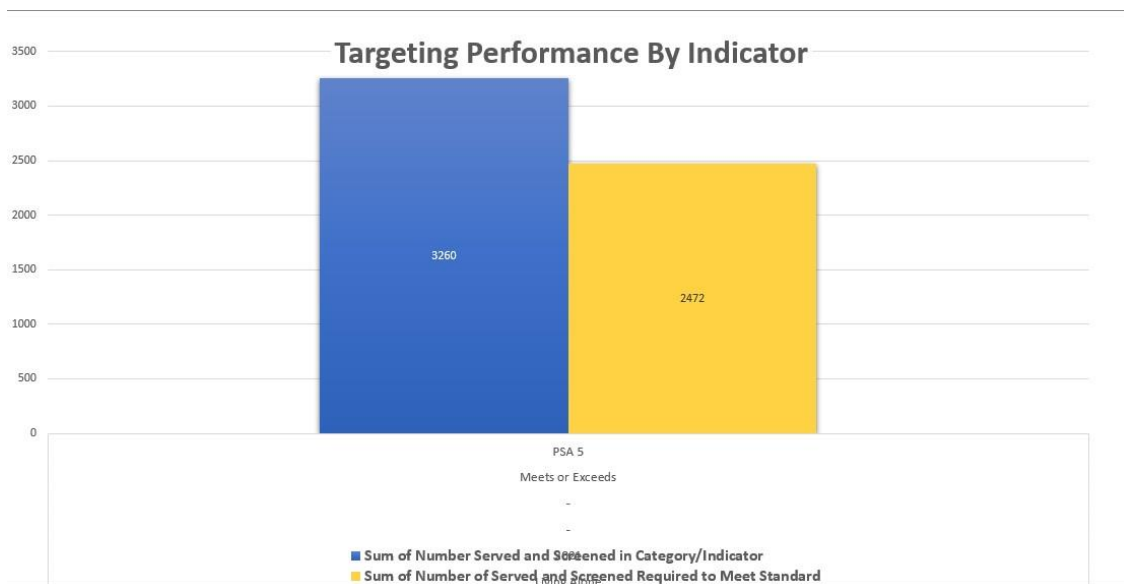
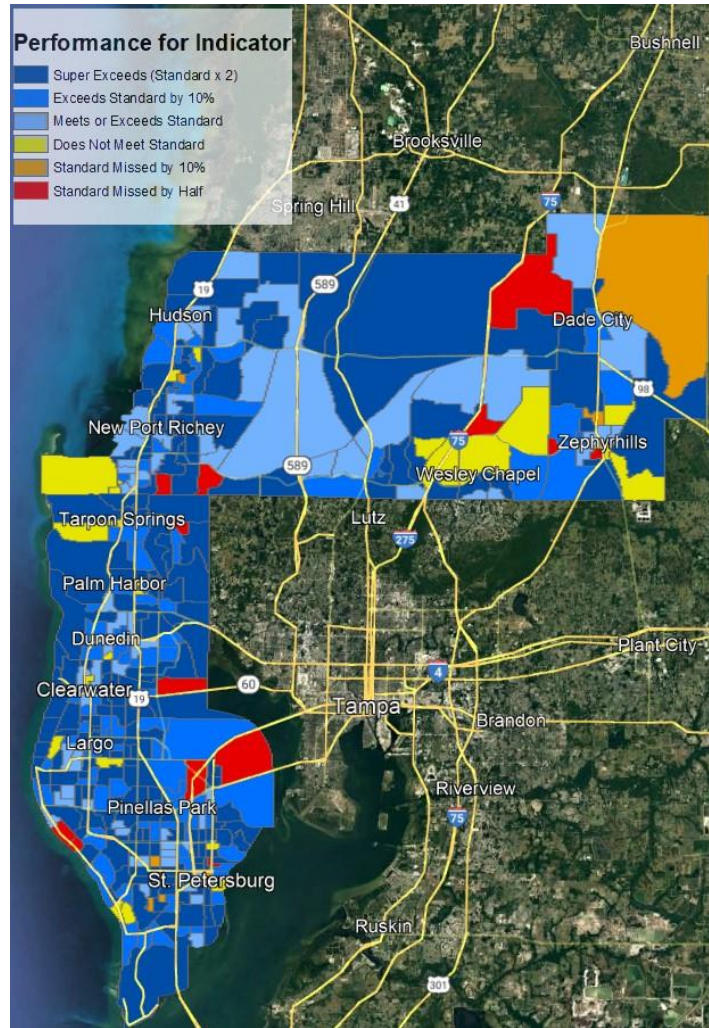
#### Below Poverty Level (BPL)



## Limited English Proficiency (LEP)

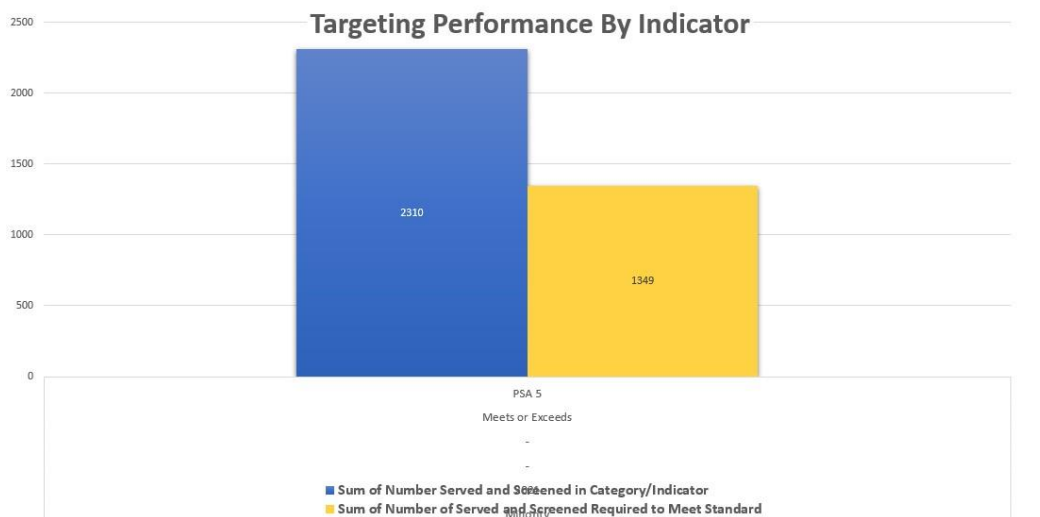
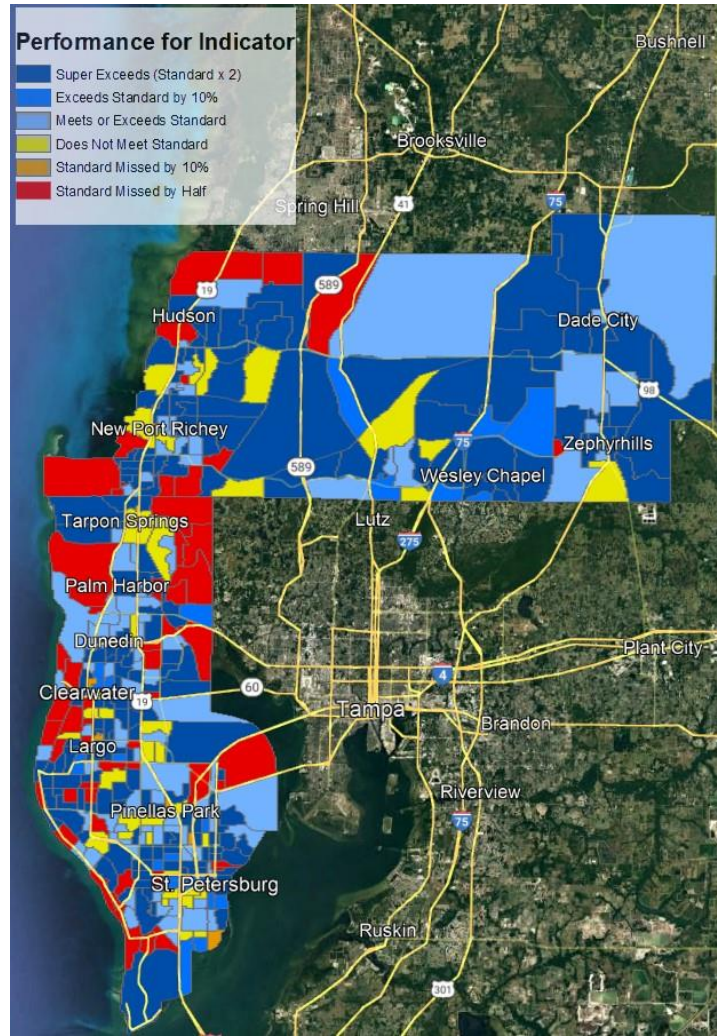


# Living Alone

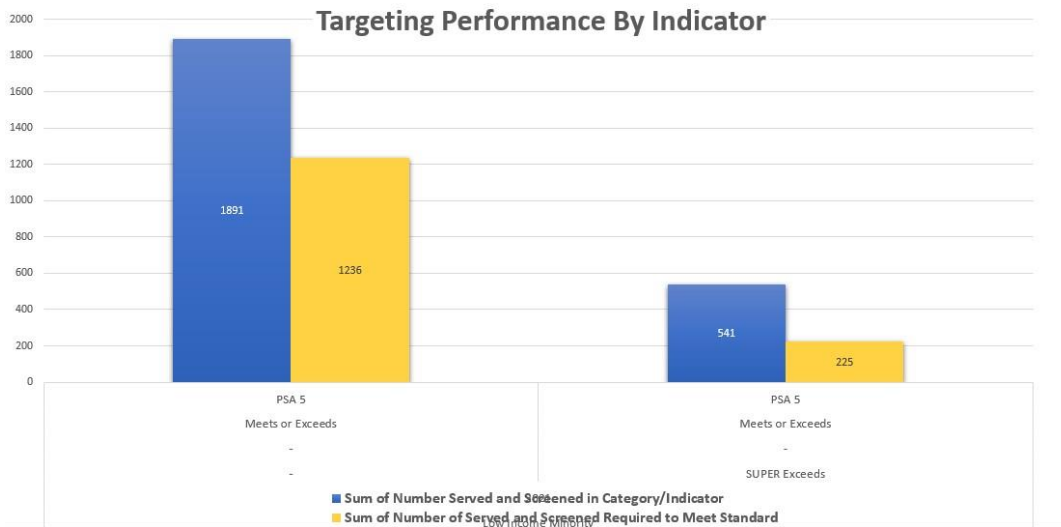
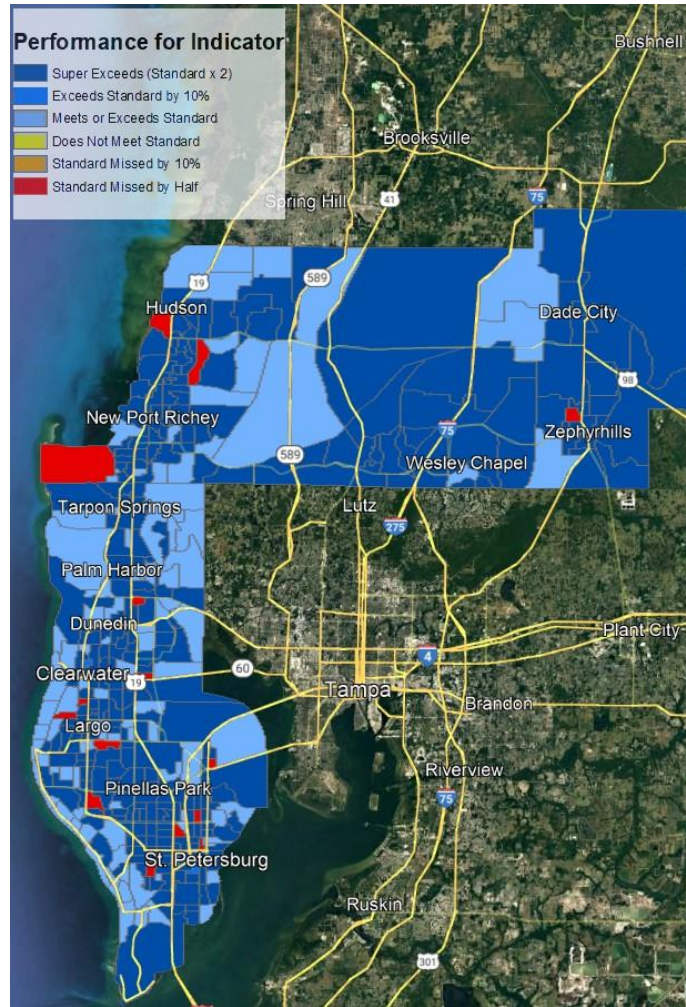




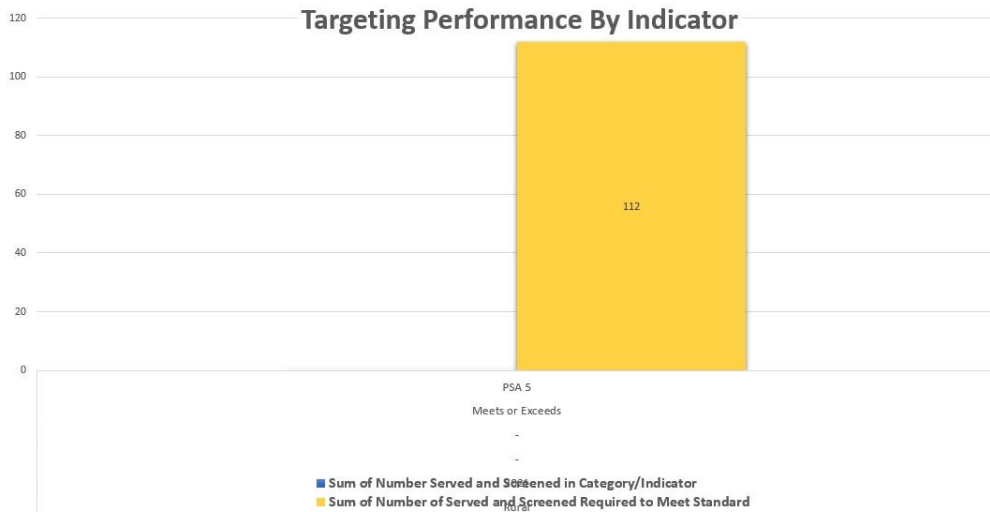
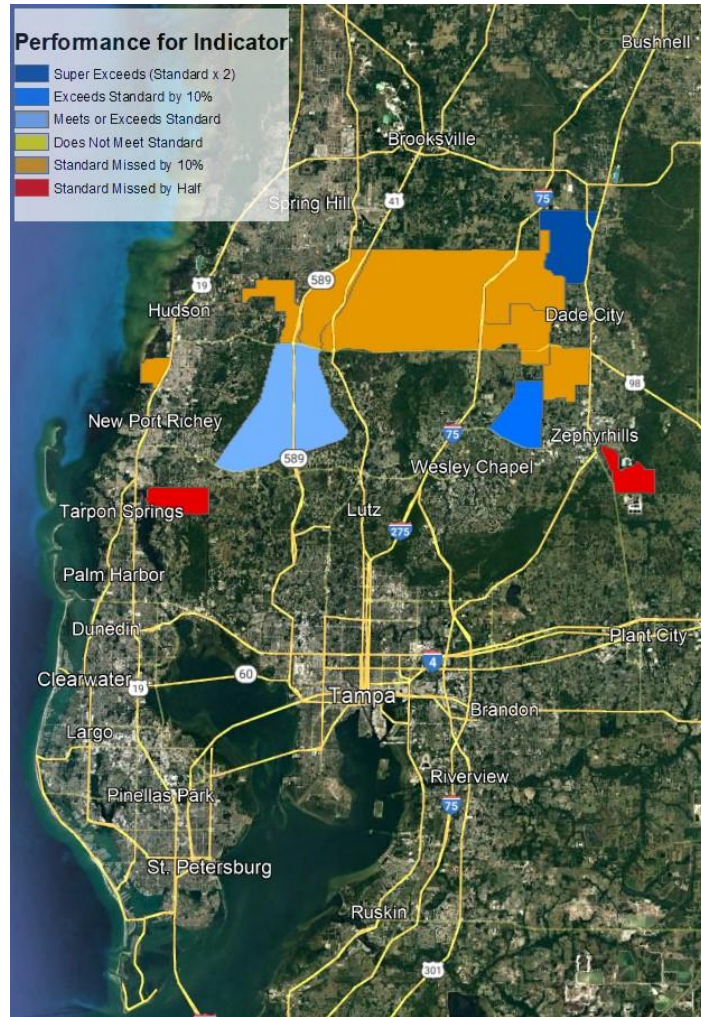
**Minority**



## Low Income Minority (LIM)



**Rural**



Based on CY2021 DOEA mapping data utilizing only registered service client demographic information, PSA5 has notably met or super exceeded all Targeting requirements. Because PSA5 performed well in CY2021 regarding targeting at risk seniors, the work continues throughout the 2024-2027 Area Plan cycle as we still uncover new challenges and new opportunities.

### **2024-2027 Targeting Projections**

During the 2024-2027 Area Plan Cycle, the AAAPP and all the PSA5 aging network will collaboratively continue to conduct outreach and publicly educate the Planning and Service Area's older adult residents. Specific Outreach and Public Education strategies will be employed consistent with previous years yet scalable and flexible enough to effectively have impact with outreach efforts for a changing landscape. These strategies will be explained in detail within the next section, Targeted Outreach Plan.

The following (4) pages illustrate Targeting projections, by Year and County within the (4) year plan:

**2024**

County	2022 Total 60+ Population Count	OAA/DOEA Targeting Categories Indicator	2022 Indicator Population Count	2022 % to Total 60+ Population	2024 Total # Projected to Serve	2024 % to 2022 Indicator Total
Pasco	170,768	Greatest Economic Need*	22,915	13%	916	4%
Pasco	170,768	Low-Income Minority**	10,140	6%	405	4%
Pasco	170,768	Minority	21,720	13%	434	2%
Pasco	170,768	Limited English Proficiency	4,010	2%	120	3%
Pasco	170,768	Rural	1,080	.6%	183	17%
Pasco	170,768	Greatest Social Need***	38,400	23%	1,536	4%
Pasco	170,768	At Risk of Institutional Placement****	23,220	14%	696	3%
Pinellas	344,021	Greatest Economic Need*	46,485	14%	2,324	5%
Pinellas	344,021	Low-Income Minority**	15,370	4%	768	5%
Pinellas	344,021	Minority	43,892	13%	1,316	3%
Pinellas	344,021	Limited English Proficiency	7,900	2%	948	12%
Pinellas	344,021	Rural	0	0%	0	0%
Pinellas	344,021	Greatest Social Need***	93,795	28%	1,875	2%
Pinellas	344,021	At Risk of Institutional Placement****	44,925	13%	1,347	3%

\*Below 100% of Federal Poverty Level

\*\* Minorities Below 100% of Poverty Level

\*\*\* Measured by the consumer's living situation, specifically, Living Alone

\*\*\*\* Individuals unable to perform at least (2) Activities of Daily Living without substantial assistance

## 2025

County	2017 Total 60+ Population Count	OAA/DOEA Targeting Categories Indicator	2017 Indicator Population Count	2017 % to Total 60+ Population	2021 Total # Projected to Serve	2021 % to 2017 Indicator Total
Pasco	170,768	Greatest Economic Need*	22,915	13%	1031	4.5%
Pasco	170,768	Low-Income Minority**	10,140	6%	456	4.5%
Pasco	170,768	Minority	21,720	13%	543	2.5%
Pasco	170,768	Limited English Proficiency	4,010	2%	140	3.5%
Pasco	170,768	Rural	1,080	.6%	189	17.5%
Pasco	170,768	Greatest Social Need***	38,400	23%	1,728	4.5%
Pasco	170,768	At Risk of Institutional Placement* ***	23,220	14%	812	3.5%
Pinellas	344,021	Greatest Economic Need*	46,485	14%	2,556	5.5%
Pinellas	344,021	Low-Income Minority**	15,370	4%	845	5.5%
Pinellas	344,021	Minority	43,892	13%	1,536	3.5%
Pinellas	344,021	Limited English Proficiency	7,900	2%	987	12.5%
Pinellas	344,021	Rural	0	0%	0	0%
Pinellas	344,021	Greatest Social Need***	93,795	28%	3,282	3.5%
Pinellas	344,021	At Risk of Institutional Placement* ***	44,925	13%	1,572	3.5%

\*Below 100% of Federal Poverty Level

\*\* Minorities Below 100% of Poverty Level

\*\*\* Measured by the consumer's living situation, specifically, Living Alone

\*\*\*\* Individuals unable to perform at least (2) Activities of Daily Living without substantial assistance

**2026**

County	2017 Total 60+ Population Count	OAA/DOEA Targeting Categories Indicator	2017 Indicator Population Count	2017 % to Total 60+ Population	2022 Total # Projected to Serve	2022 % to 2017 Indicator Total
Pasco	170,768	Greatest Economic Need*	22,915	13%	1,145	5%
Pasco	170,768	Low-Income Minority**	10,140	6%	507	5%
Pasco	170,768	Minority	21,720	13%	651	3%
Pasco	170,768	Limited English Proficiency	4,010	2%	160	4%
Pasco	170,768	Rural	1,080	.6%	194	18%
Pasco	170,768	Greatest Social Need***	38,400	23%	1,920	5%
Pasco	170,768	At Risk of Institutional Placement* ***	23,220	14%	928	4%
Pinellas	344,021	Greatest Economic Need*	46,485	14%	2,789	6%
Pinellas	344,021	Low-Income Minority**	15,370	4%	922	6%
Pinellas	344,021	Minority	43,892	13%	1,755	4%
Pinellas	344,021	Limited English Proficiency	7,900	2%	1,027	13%
Pinellas	344,021	Rural	0	0%	0	0%
Pinellas	344,021	Greatest Social Need***	93,795	28%	2,813	3%
Pinellas	344,021	At Risk of Institutional Placement* ***	44,925	13%	1,797	4%

\*Below 100% of Federal Poverty Level

\*\* Minorities Below 100% of Poverty Level

\*\*\* Measured by the consumer's living situation, specifically, Living Alone

\*\*\*\* Individuals unable to perform at least (2) Activities of Daily Living without substantial assistance

2027

County	2017 Total 60+ Population Count	OAA/DOEA Targeting Categories Indicator	2017 Indicator Population Count	2017 % to Total 60+ Population	2023 Total # Projected to Serve	2023 % to 2017 Indicator Total
Pasco	170,768	Greatest Economic Need*	22,915	13%	1,260	5.5%
Pasco	170,768	Low-Income Minority**	10,140	6%	557	5.5%
Pasco	170,768	Minority	21,720	13%	760	3.5%
Pasco	170,768	Limited English Proficiency	4,010	2%	180	4.5%
Pasco	170,768	Rural	1,080	.6%	199	18.5%
Pasco	170,768	Greatest Social Need***	38,400	23%	2,112	5.5%
Pasco	170,768	At Risk of Institutional Placement* ***	23,220	14%	1044	4.5%
Pinellas	344,021	Greatest Economic Need*	46,485	14%	3,021	6.5%
Pinellas	344,021	Low-Income Minority**	15,370	4%	999	6.5%
Pinellas	344,021	Minority	43,892	13%	1,975	4.5%
Pinellas	344,021	Limited English Proficiency	7,900	2%	1,066	13.5%
Pinellas	344,021	Rural	0	0%	0	0%
Pinellas	344,021	Greatest Social Need***	93,795	28%	3,282	3.5%
Pinellas	344,021	At Risk of Institutional Placement* ***	44,925	13%	2,021	4.5%

\*Below 100% of Federal Poverty Level

\*\* Minorities Below 100% of Poverty Level

\*\*\* Measured by the consumer's living situation, specifically, Living Alone

\*\*\*\* Individuals unable to perform at least (2) Activities of Daily Living without substantial assistance



## Targeted Outreach Plan:

In developing the Targeted Outreach Plan, and pursuant to the Older Americans Act reauthorization of 2020 (OAA), this plan details at the county and PSA levels:

- The AAA's proposed methods for providing preference to older individuals with greatest economic need, older individuals with greatest social need, and low-income minority older individuals;
- Specific approaches to serve older individuals residing in rural areas;
- Specific approaches to improve access to services for groups that have limited English proficiency (LEP);
- Specific approaches to reach older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement;
- Specific approaches to reach older individuals with Alzheimer's disease and other related dementias;
- Specific approaches to reach older individuals at risk for institutional placement, specifically including survivors of the Holocaust;
- Specific approaches to reach caregivers;
- Specific approaches to identify and assist other significant unserved and underserved populations; and
- Methods the AAA will use to evaluate the effectiveness of any resources that will be used to meet the needs of the above consumer groups.

In order for the Area Agency on Aging to ensure all targeted populations are addressed as required by the Older Americans Act, each Request for Proposal requires prospective bidders to provide detailed information and proposals for providing services to individuals age 60+ who meet the Greatest Economic Need, which we describe as below poverty level (BPL), age 60+ minority individuals, individuals age 60+ residing in rural areas, low-income minority individuals 60+, which is described as 125% of the Federal Poverty level, individuals age 60+ who are Limited English Speaking, individuals who meet the Greatest Social Need and are aged 60+ and living alone, and those who are aged 60+ and at risk of institutional placement. These plans must be specific and measurable.

Outreach and Public Education, conducted through a broad range of activities, is a key component of the targeting plans. Each OAA provider will provide a plan for providing Outreach and/or Public Education activities to older individuals residing in rural areas, older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with severe disabilities; older individuals with limited English proficiency; and older individuals with Alzheimer's disease and related disorders and individuals

at risk for institutional placement. More specifically, funded OAA Title III C Nutrition providers will report to the AAA quarterly on their statistical success of providing outreach activities to these groups and semi-annually, including information on the dates and locations of Outreach activities, type of activities, and needs identified, number in attendance, and any referrals or information given to individuals.

The Area Agency on Aging of Pasco-Pinellas will monitor outreach efforts of providers through analysis of Quarterly Reports, Semi-Annual Reports, and annual on-site monitoring of all Older Americans Act providers. Lastly, an annual AAAPP and PSA5 specific Outreach and Public Education Report is prepared during the beginning of the Calendar Year in reference to the prior year. Data from the previous year is analyzed and used to evaluate performance and activities within the new fiscal year and technical assistance is offered where appropriate.

Within the time frame of this Area Plan and in addition to the provider network efforts, the AAAPP will conduct outreach and education activities as an agency and sometimes in conjunction with our sub- contracted organizations. Specifically, the AAAPP will continue to conduct outreach and education activities in areas that hold pockets of senior individuals meeting OAA defined categories. Further, Outreach has the possibility of being conducted during the different senior sponsored events that take place throughout our region. Many events where the focus is senior needs, such as healthcare, legal forums, transportation, food security, disaster preparedness, etc. are sponsored by other agencies but include the AAAPP as a key participant to ensure appropriate linkages. While we may not be privy to the dates these events will take place 1-4 years in advance, we are always a willing participant. Lastly, the AAAPP has taken the initiative to Outreach and publicly educate municipalities/local governments in the past and will continue this effort during the 2020-2023 Area Plan Cycle. Educating key city and county officials about our services and offering an understanding about their constituents effectively places the right people with the knowledge they need to serve their community better.

The following pages illustrate a very thoughtful process in engaging outreach efforts to older residents of Pasco and Pinellas Counties with the intent to inform them of the services we offer as well as to fulfill targeting requirements set forth within the OAA. The Director of Outreach leads this process and while other staff may perform outreach responsibilities, the consolidation thereof falls under the Director. Given the global pandemic COVID-19 still effecting our PSA, normal face to face outreach events will need to pivot towards virtual means to the maximum extent allowable. This mechanism promotes the safety of the AAAPP and aging network staff as well as senior beneficiaries whereas sensible guidance is to socially distance. Based on this, our Outreach plan is ambitious yet will need to be evaluated as the year progresses and as the pandemic evolves or devolves.

**Area Agency on Aging of Pasco - Pinellas**  
**Outreach Targeting Plan**  
**Updated - August 2023**

**Defining our Target Populations**

In accordance with the Older Americans Act, the Area Agency on Aging of Pasco-Pinellas is putting forth a plan to implement targeted outreach to increase awareness of available community resources and ultimately better serve our community's seniors, individuals with disabilities and caregivers. To do so, several client categories will be focused on throughout this Plan:

- Individuals with the Greatest Economic Need
- Minority Individuals
- Individuals with Disabilities
- Individuals with Limited English Proficiency
- Rural Individuals
- Individuals living with Alzheimer's Disease and Related Disorders
- Older Adults Living Alone
- Caregivers
- Older LGBTQ Adults

Based on these categories and the tools at the Area Agency's disposal, the most comprehensive means of targeting these populations is via the DOEA-developed Elder Needs Index.

**Defining our Target Areas**

**Elder Needs Index**

To effectively target AAAPP outreach, the DOEA-developed and provides a useful tool, Elder Needs Index (ENI). At a census tract level, ENI provides a relative "ranking" of need across four major domains:

- a. Minority Populations/Communities of Color
- b. Individuals with Limited English Proficiency/Non-English-Speaking Populations
- c. Individuals Living with Alzheimer's Disease and Related Disorders, and their Care Partners
- d. Individuals with Disabilities, and their Caregiving Partners

Thus, the Elder Needs Index, while imperfect, provides a solid grounding for beginning to target our outreach efforts. Based on the ENI we have identified nine segments of each county which

shows the highest concentration of need. These “zones” will become the basis for our targeting efforts.

#### Elder Needs Index Target Zones - PASCO

#1: Communities West of 589, North of 52, and South of County Line Road

- **Municipalities/Areas: Hudson**

#2: Communities North of Anclote Blvd., West of 589, South of 52

- **Municipalities/Areas: Port Richey, New Port Richey, Holiday, Trinity, and Odessa**

#3: Communities East of 589, North of County Line Road, South of Squirrel Prairie Road West of I75

- **Municipalities/Areas: Land O Lakes**

#4: Communities South of Lacooshee Clay Sink Road, East of I75, North of County Line Road, and West of 471

- **Municipalities/Areas: Dade City, Zephyrhills, and Wesley Chapel**

#### Elder Needs Index Target Zones - PINELLAS

#5: Communities West of US 19, South of Pinellas/Pasco Border, and North of Court Street

- **Municipalities/Areas: Tarpon Springs, Palm Harbor, Dunedin, Clearwater (North of SR 60)**

#6: Communities East of US 19, South of Pinellas/Pasco Border, West of Hillsborough/Pinellas Border, North of SR 60

- **Municipalities/Areas: East Lake, Oldsmar, and Safety Harbor**

#7: Communities South of SR 60, West of US 19, and North of 38<sup>th</sup> Avenue

- **Municipalities/Areas: Largo, Seminole, Clearwater (South of SR 60)**

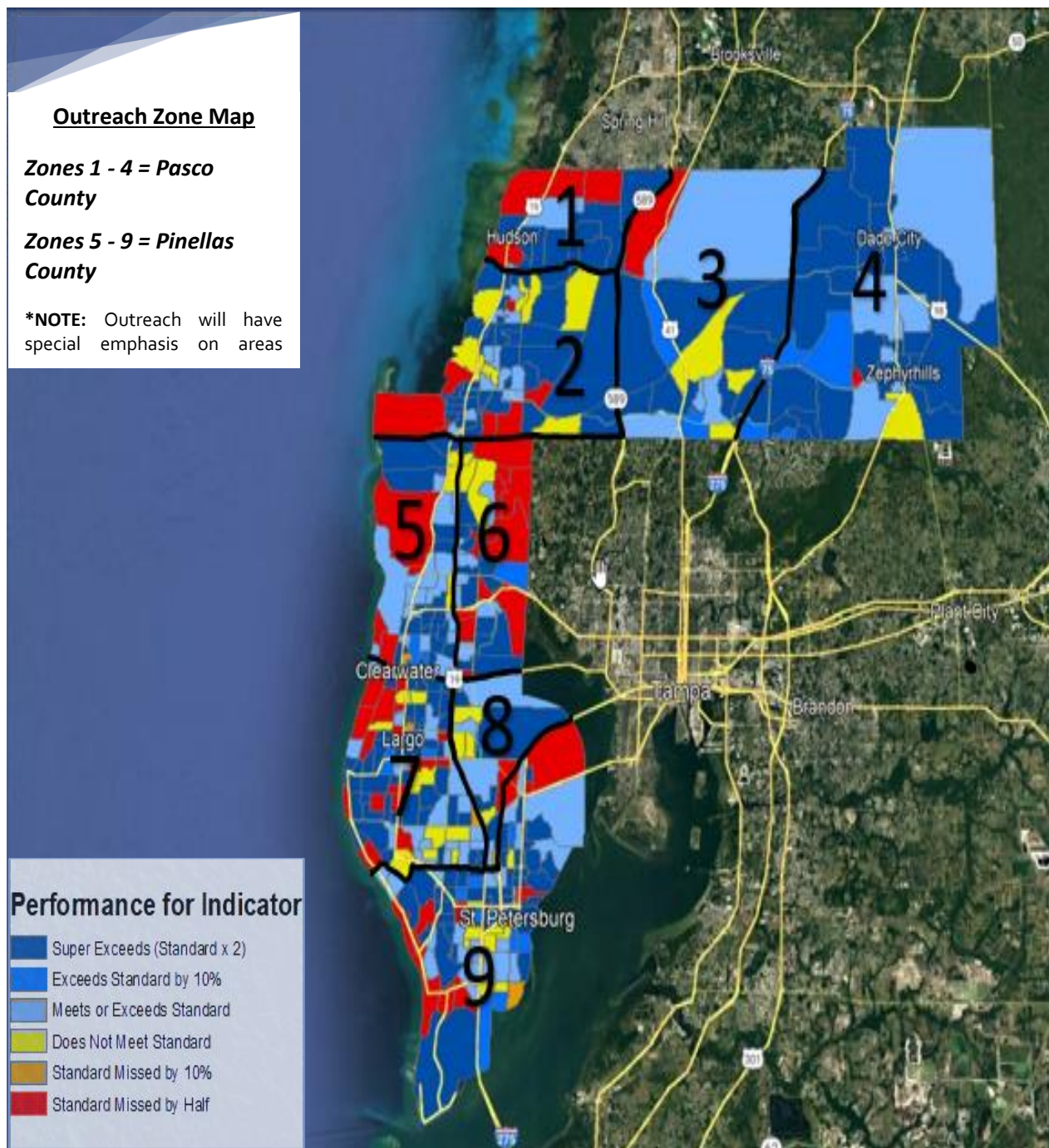
#8: Communities North of 38<sup>th</sup> Avenue, East of US 19, South of SR 60

- **Municipalities/Areas: Pinellas Park, Lealman, and Kenneth City**

#9: Communities South of 39<sup>th</sup> Avenue and East of 275

- **Municipalities/Areas: St. Petersburg**

The illustrations provided on the next page provide a starting point to capture the greatest needs as they stand now. Pasco/Pinellas areas have been divided into 9 separate zones and our main focus will be to engage in communities that are highlighted in red according to the Performance for Indicator legend. To provide ongoing tracking, we have implemented both a [Google Earth Pro map](#) and an Outreach Log spreadsheet to track ongoing data of outreach efforts in our underserved areas.



**Note:** Zones are not numbered in terms of rank or priority relative to the other zones within the Pasco/Pinellas County, simply numbered for ease of identification.

## Defining our Target Strategies

- **Strategy 1:** Continue to work with partner agencies in the target map and work towards providing outreach wherever applicable. This includes:
  - Title VII Presentations, Trainings, and Collaboration
  - SHINE Presentations, Health Fairs & Counseling Meetings
  - Better Living for Seniors & Pasco Aging Network Community Convenings/Events
  - AAAPP Partner/Provider sites (That are not solely OAA funded)
  
- **Strategy 2:** *DOEA Elder Needs Index high-needs zones*, as identified above
  
- **Strategy 3:** Seek out/strengthen partnerships with ***organizations currently serving one or more targeted populations***. For 2022/2023, the target populations include:
  - **Individuals with the Greatest Economic Need:** Pinellas Opportunity Council, Metropolitan Ministries (Pasco), Good Samaritan Health Clinic, St. Petersburg Free Clinic
  - **Minority Individuals:** NAACP of St. Petersburg, African American Religious Communities, Hispanic Outreach Center, Lealman Asian Neighborhood Family Center
  - **Individuals with Disabilities:** Disability Achievement Center, Lighthouse of Pinellas for Blind and Visually Impaired, NAMI of Pinellas, Family Center on Deafness
  - **Individuals with Limited English Proficiency:** Hispanic Outreach Center, Lealman, and Asian Neighborhood Family Center
  - **Rural Individuals:** Pasco municipalities with significant rural populations (Trilby, Lacoche); within these communities, working with churches and other communityconvening points
  - **Individuals Living with Alzheimer’s Disease and Related Disorders:** Alzheimer’s Association, Alzheimer’s Family Organization, Dementia Care & Cure Initiative, Savvy Caregiver Program
  - **Older Adults Living Alone:** Partner with local grocery stores for outreach purposes
  - **Caregivers:** Caregiver Support Groups at Community Centers, through employers, and through a variety of local organizations (Alzheimer’s Association, Empath Health, Alzheimer’s Family Organization)
  - **Individuals Experiencing or At-Risk of Homelessness/Houselessness:** Habitat for Humanity, Low Income Older Adult Housing Complexes (Pinellas & Pasco Housing Authorities, AHEPA 489 Apartments, Green Castle of Bayonet Point, etc.), PEMHS, Local Realtor and Building Coalitions
  - **LGBTQ Older Adults and Caregivers/Care Partners**

It is important to note that the organizations listed are meant to be illustrative and are not an exhaustive list of the connection points and partnerships meant to be developed and nurtured through this plan.

**Note: For AAAPP purposes, any event that falls under strategy 2 or strategy 3 is a targeted outreach event.**

## Defining our Audiences and Goals

The Area Agency on Aging of Pasco Pinellas looks at all public-facing activities as targeting one or more of our three major audiences: OAA-targeted consumers, providers & businesses, and the general public.

Within our targeted Outreach Plan, our goals are focused on reaching our first audience, OAA-targeted consumers. The primary goal of reaching the targeted older adults, individuals with disabilities, and their families is to be aware of and easily access existing services and resources that will help assist with maintaining dignity, independence, and quality of life as they age.

### Annual Goals of AAAPP Targeted Outreach

To strive for this overarching goal, AAAPP sets shorter-term annual goals to make concrete progress throughout the year. For the period January 1, 2023, through December 31, 2023, these goals include:

2. **Defining our highest priority target populations:** While we will offer outreach opportunities to any individual or organization interested throughout Pinellas/Pasco, AAAPP sees the opportunity to focus in more strategically on four populations that we feel we could provide better support to, in a more systematic way. These four populations include:
  - a. Minority Populations/Communities of Color
  - b. Individuals with Limited English Proficiency/Non-English-Speaking Populations
  - c. Individuals Living with Alzheimer’s Disease and Related Disorders, and their Care Partners
  - d. Individuals with Disabilities, and their Caregiving Partners
3. **Building concrete strategies to reach our target populations:** Having defined these priority populations, we will define concrete strategies to build out AAAPP’s outreach capacity to these groups, including:
  - a. Targeting organizations and events to reach these groups. This will include an analysis to see where AAAPP’s current partnerships reach these populations, and where gaps exist. All organizations listed in the “Defining Target Strategies” section highlight potential partners for these efforts. This list will be expanded as our work and partners grow.
  - b. Implementing organizational changes internally and externally to better serve these groups beyond connecting with them in outreach settings - for example:
    - i. **To better serve minority populations/communities of color:**  
Partnering with the ACTS2 program through our Dementia Care & Cure Initiative, making a concerted effort to reach out to places of worship
    - ii. **To better serve individuals with Limited English Proficiency/Non-English-Speaking:**  
Complete professional translation of all outreach materials into Spanish
  - iii. **Individuals living with Alzheimer’s Disease and Related Disorders, and their care partners:**  
Expanding our Dementia Care & Cure Initiative Task Force (DCCI), including a focus on lived experience
  - iv. **Individuals with disabilities, and their care partners:**  
Complete an accessibility site and document review by professional accessibility consultant
4. **Implement these strategies to enhance reach to targeted communities:**  
Continuously assessing progress.

## Tentative 2024 Sample Events

For illustrative purposes, a calendar is provided below of a sampling of 2024 outreach events. Please note this is not an exhaustive list, and oftentimes event schedules change. But this provides an idea of the types of events AAAPP has a presence at.

Event	Date	Location	Anticipated # of Participants
AAAPP Resource Table	June 2024	St Pete Pride Event - St. Petersburg	10000+
AAAPP Resource Table	March 2024	Country in the Park - Pinellas Park	5000+
AAAPP Presentation	March 2024	Gulfcoast Senior Center	15
AAAPP Presentation	June 2024	Hudson Library, Pasco County	10
AAAPP Resource Table	March 2024	Kumquat Festival – Downtown Dade City	1,000+
AAAPP Resource Table	Various Dates 2024	SEGrocers Partnership – Various location throughout Pasco - Pinellas	100

## Outreach Processes and Procedures

In June 2022, all agency wide outreach is under the direction of the new Director of Outreach, or other programmatic team members depending on the event, audience, topic, and staff availability.

### Defining Agency-wide Outreach Opportunities:

- The Director of Outreach will be notified about all requests for presentations, whether ongoing relationships or new connections within single programs. The Director of Outreach will either let the Program Manager keep the relationship as a program-level connection or ask to be included to provide an AAAPP 101 presentation at the event.
  - o AAAPP 101 presentations are eligible to be held in conjunction with SHINE events or stand alone at community resources the Director of Outreach puts together separately.
  - o The Director of Outreach will utilize the target zone “map” as well as the defined outreach strategies to determine if the outreach opportunity is appropriate for an Agency-wide presentation.
- Agency-wide outreach must be done *in-person*, face to face count for DOEA reimbursement, except in certain circumstances, including required-social distancing due to COVID-19. In these circumstances, virtual outreach is allowable over Zoom video call.
- All Agency-wide outreach must collect signatures via a sign in sheet, or email addresses/IP addresses (Zoom chats, e-mails, pictures of virtual events may be substituted) in the event of virtual outreach.

### Contextual Information to be tracked for each Outreach Event:

In tracking our Outreach activities, the Agency will capture the following, to assist in year-end review and analysis of successes, challenges, and lessons learned in conducting Agency-wide outreach:



- Type of Event, Host Organization, Location & Coverage Area
- Target Audience as described above
  - o Type of Caregiver, where applicable
  - o How Effort Will Reach the Targeted Sub-Population
- Attendance Goals & Actuals
- AAAPP Facilitator/Presenter & whether or not multiple AAAPP programs were involved.
- Topics Covered

**Reporting for Outreach events:**

- To be counted as an Agency outreach event, the facilitator must fill out both the Outreach Form as well as a sign in sheet. Both must be signed and scanned onto the U Drive. Folder listed below.
  - o Note: (This is the policy for in person events. Other tracking materials such as zoom chats, emails, pictures of virtual events may be substituted)
  - o U:\Outreach - ADRC, Programs & OAA Providers\Outreach Records\AAAPP ADRC AgencyWide Outreach\AAAPP Outreach to Community
- At the end of each month, before the 10<sup>th</sup> of the following month, the Director of Outreach will provide the Outreach Coordinator with all event information to be entered into CIRTS.
- For non-DOEA reimbursable outreach events (i.e., Presentations to partners/providers/businesses rather than community members, etc.), it will be standard protocol to still capture the Outreach Form and Sign in Sheet (or equivalent stating # and names of individuals attending session, wherever possible) for future reporting purposes.
  - o U:\Outreach - ADRC, Programs & OAA Providers\Outreach Records\AAAPP ADRC AgencyWide Outreach\AAAPP Outreach to Community

**Maps as Targeting Tools**

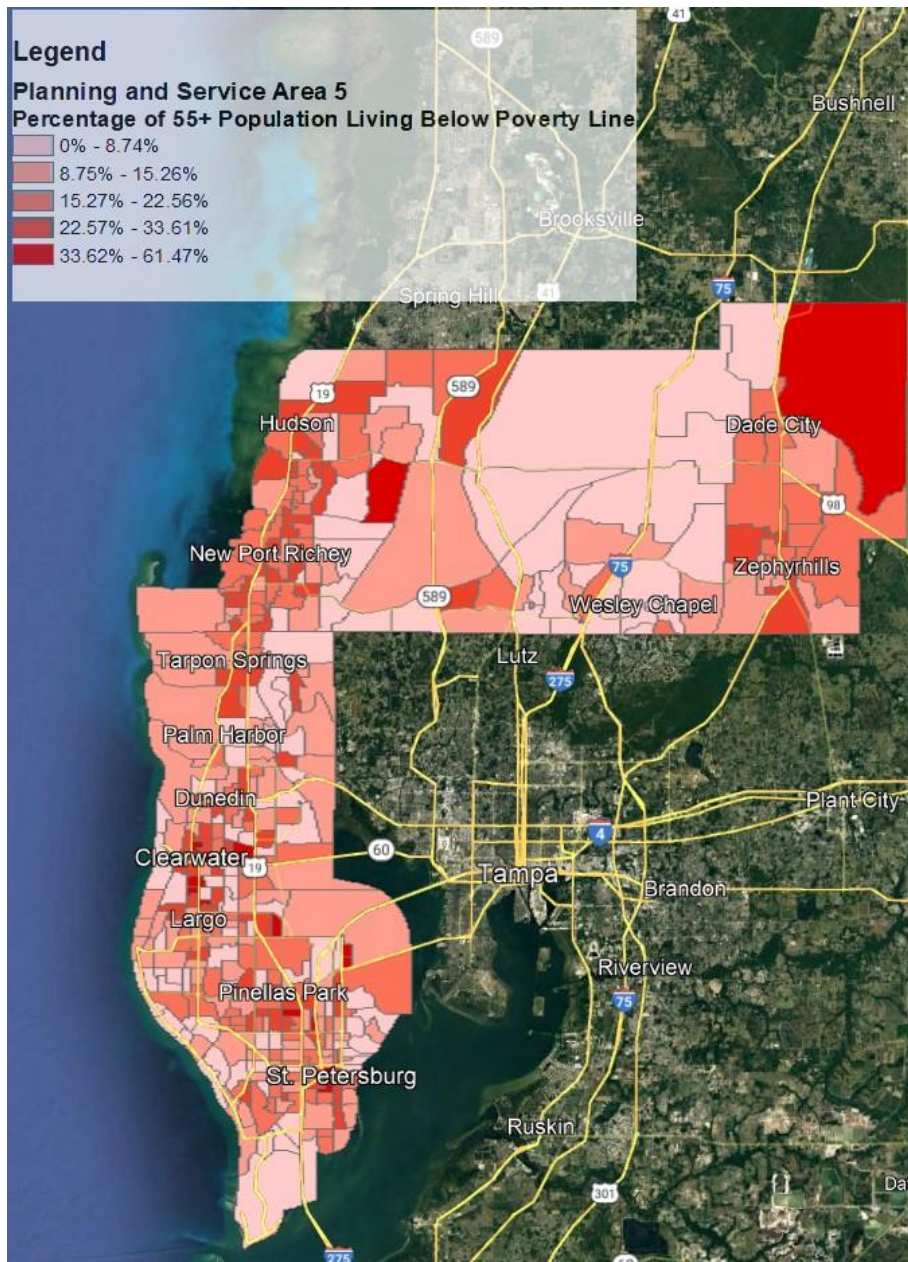
The Department of Elder Affairs provides maps for AAAs to use statewide and specific to Planning and Service Areas (PSAs). The maps utilized in the sections below detail incidence of priority targeted groups of seniors and illustrate how our PSA has served these populations in CY2020 compared to the incidence within the PSA. This helps to understand where we have saturated areas and served individuals living within those areas. Futuristically, it helps our PSA understand remaining areas with populations not served yet so outreach efforts can be targeted strategically. Below and by targeted group, we'll provide information regarding outreach efforts.

**Greatest Economic Need**

Individuals with Greatest Economic Need include those with incomes at or below the Federal Poverty Level, with specific attention to minority populations that reside in either Pasco or Pinellas Counties. To cover both counties equally, the AAAPP sub-contracts with two distinct organizations who provide OAA Title IIIC Nutrition Services. Each of these providers conduct Outreach in their respective counties and concentrate on the Older

Americans Act mandated Outreach categories. Plans within their approved applications detail areas that hold pockets of seniors that are BPL or Low-Income with specific attention to low-income minority individuals and proposals regarding how many consumers with the Greatest Economic Need they will outreach. The AAAPP monitors their initiatives quarterly, semi-annually, and annually. The AAAPP also serves as a technical assistance point of contact if the nutrition provider needs assistance understanding those areas within both counties that hold pockets of lower incomes and minorities and specificity on where to find them. We find these providers understand their county's geography and demographics well and assistance by the AAAPP is limited. Their exceeding of goals for many years is a testament to their success on finding and serving these consumers with Outreach Services.

The AAAPP has a presence in the areas containing pockets of those with the Greatest Economic Need. Many of our network partners conduct Outreach and Public Education in these areas of both counties and offer information on how to access aging services.



The above map illustrates the prevalence within both counties regarding where those who are aged 60+ and meeting 125% of the Federal Poverty Level. Different shades of colors represent census tracts holding certain levels of incidence. A micro view of these census tracts allows us to concentrate efforts of outreach in tracts holding the highest concentration of individuals who are near poverty or impoverished.

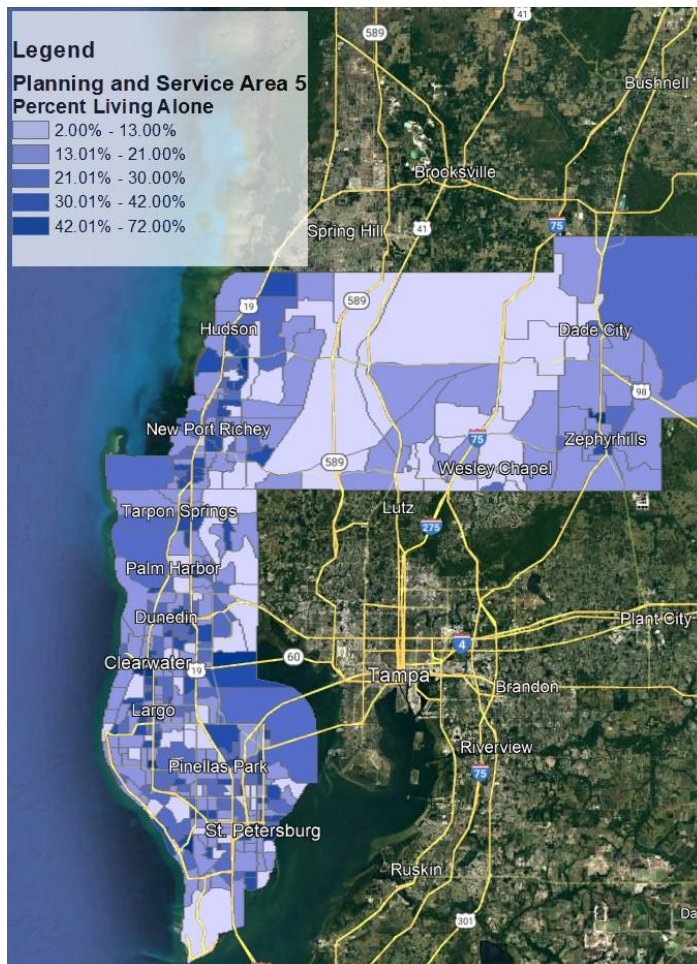
**Greatest Social Need**

Individuals with the Greatest Social Need take into consideration the resident’s living situation with emphasis on those living alone. These individuals have historically and will have a future preponderance to isolation thus causing limited access to goods and

services, so outreach efforts concentrate on reaching these individuals within whatever geographic areas they reside in. The goals are to inform those seniors of services they might not have known existed and how to access them.

Again, to cover both counties equally, the AAAPP subcontracts with two distinct organizations who provide OAA Title IIIC Nutrition Services. Each of these providers conduct Outreach in their respective counties and concentrate on the Older Americans Act (OAA) mandated Outreach categories. Plans within their approved applications detail areas that hold pockets of seniors that have the greatest social need and proposals regarding how many consumers they will outreach. The AAAPP monitors their initiatives quarterly, semi-annually, and annually. The AAAPP also serves as a technical assistance point of contact if the nutrition provider needs assistance understanding those areas within both counties that hold pockets of individuals living alone.

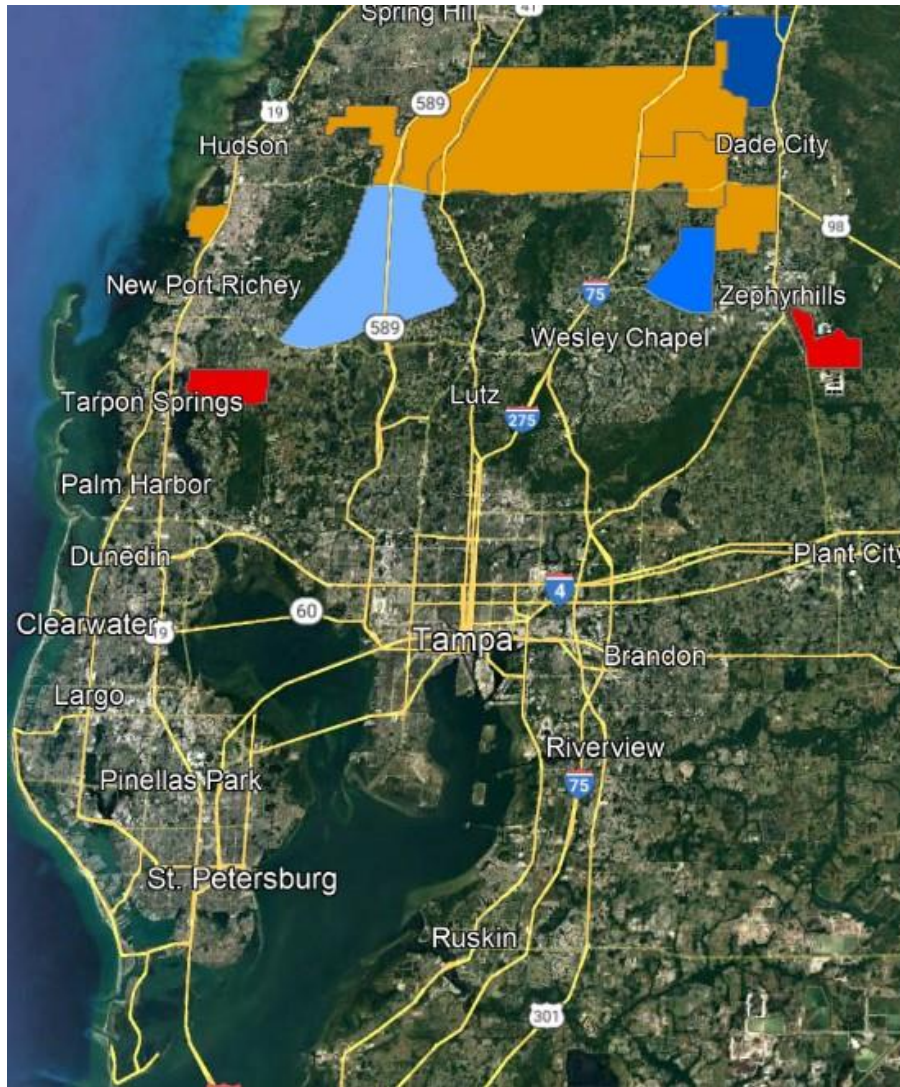
Both Pasco and Pinellas Counties contain individuals who are living alone at a high percentage. Approximately 35% of men and 65% of women, aged 60+, in both counties, live alone. Concentration on these individuals is integral to assisting their understanding on how to access aging services when needed.



The above map illustrates the prevalence within both counties regarding where those who are aged 65+ and reside alone. Different shades of colors represent census tracts holding certain levels of incidence. A micro view of these census tracts allows us to concentrate efforts of outreach in tracts holding the highest concentration of individuals living alone.

### **Rural**

Pasco County holds only a small percentage of individuals that live rurally; therefore, concentration is devoted to those zip codes or census tracts within that county to outreach those consumers. Pinellas contains no pockets of rurality whatsoever. The subcontracted Nutrition provider in Pasco County outreaches communities within zip codes and/or census tracts that contain rural residents and the AAAPP, participates in events regarding public education to offer consumers information on aging services and access.

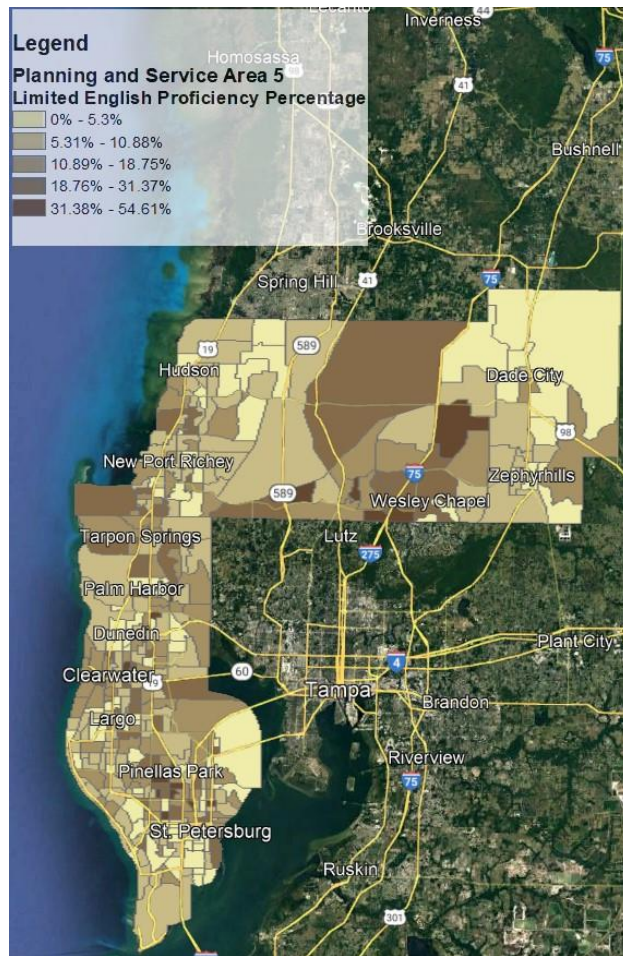


The above map is helpful in distinguishing urban areas versus census data indicating non-urban areas. Urban areas are highlighted in gray with blue outlines allowing the AAAPP and our provider network to concentrate efforts in non-highlighted areas. While this map does not indicate which areas in Pasco are considered “Semi-Urban” other maps in addition to the above can help us micro focus on those areas that are considered to identify the very low incidence of rurality. We work closely with the Pasco County Planning Department to uncover these areas and with the community-based organizations that serve these isolated pockets of rurality.

### **Limited English Proficiency**

Both Pasco and Pinellas Counties have individuals or families who have limited English proficiency; therefore, outreach workers utilize outreach materials in languages understandable by those with English as a second language. Some providers who conduct

outreach have staff who are bilingual, and this helps to break down whatever language barrier exists. The AAAPP does have some information in multiple languages and this type of information is brought with us during a Public Education event whereas we can communicate about aging services and access. The AAAPP as well as both OAA Nutrition Providers also collaborate with organizations that serve individuals with Limited English Proficiency and that helps both the organizations and most importantly, the resident.



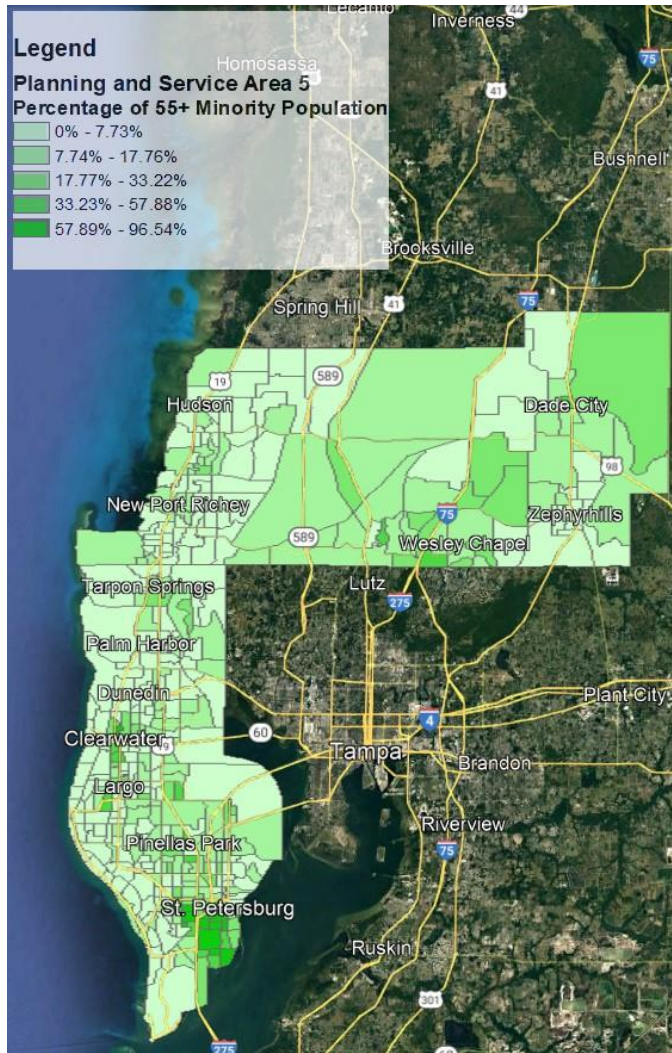
The above map illustrates the prevalence within both counties regarding where those who are aged 65+ and with Limited English Proficiency reside. Different shades of colors represent census tracts holding certain levels of incidence. A micro view of these census tracts allows us to concentrate efforts of outreach in tracts holding the highest concentration of individuals with Limited English Proficiency.

### **Minorities**

Both Pasco and Pinellas Counties contain individuals who identify as minorities. Concentration within census tracts containing large numbers of minorities is key for the AAAPP and/or our subcontracted Nutrition Providers to attract individuals who meet this

OAA category. A double emphasis is placed within these minority targeted areas to concentrate on low-income minority seniors.

The AAAPP also has a presence in the areas containing pockets of those with the Greatest Economic and Social Need as well as areas that hold pockets of rurality, limited English proficiency and minorities. Many of our programs conduct Outreach and Public Education in these areas of both counties and offer information on how to access aging services. We fully recognize the need to Outreach or Publicly Educate these communities.



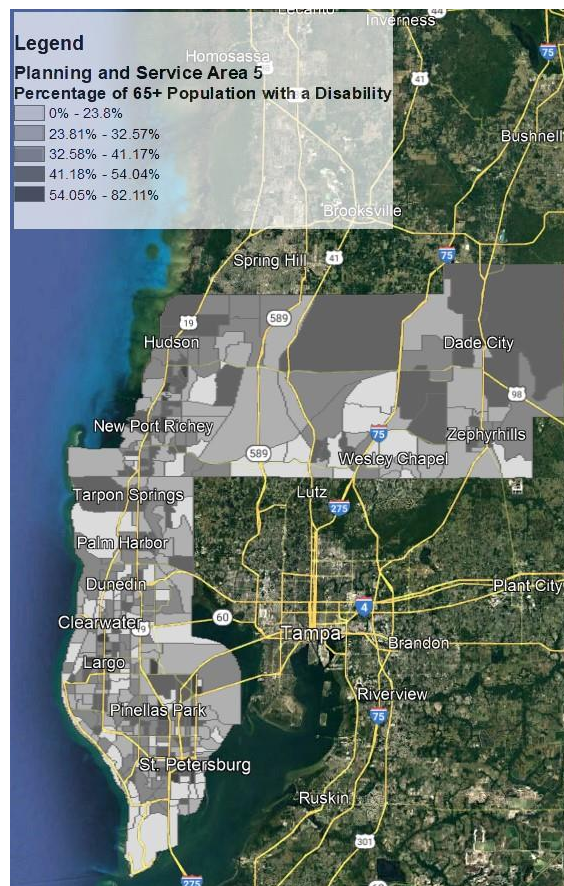
The above map illustrates the prevalence within both counties regarding those who are aged 60+ and self-identifying as a minority. Different shades of colors represent census tracts holding certain levels of incidence. A micro view of these census tracts allows us to concentrate efforts of outreach in tracts holding the highest concentration of individuals who are minorities.



## At Risk for Institutional Placement

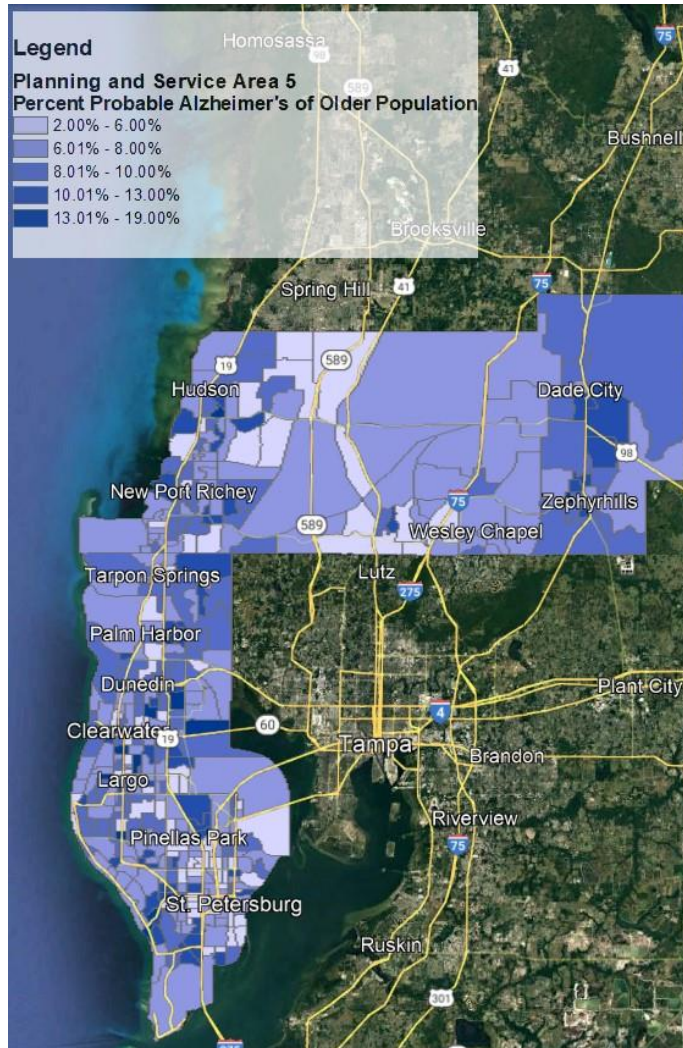
Individuals at risk for institutional placement include those persons with limitations that cause deficits in two or more activities of daily living (ADLs). Both Pasco and Pinellas Counties contain individuals with (2) or more disabilities and those who have probable Alzheimer's disease or a related disorder. All of these disability populations have individuals who experience limitations with ADLs. The aforementioned nutrition providers concentrate on these populations with Outreach. Efforts are concentrated utilizing partnerships with disability related organizations primarily set up to serve these individuals and the joint effort becomes a leveraging point regarding access to services. There are those in the community that may not have had contact with said organizations and those individuals are specifically the type of individuals we would pay specific attention to given they have had no support thus far.

Further, as an Aging and Disability Resource Center (ADRC), the AAAPP has partnerships with the same disability related organizations to further target consumers with information on access to our services.



The above map illustrates the prevalence within both counties of those who are aged 65+ and identified as living with a disability. Different shades of colors represent census tracts

holding certain levels of incidence. A micro view of these census tracts allows us to concentrate efforts of outreach in tracts holding the highest concentration of individuals who are disabled.



The above map illustrates the prevalence within both counties of those who are aged 65+ and identified as living with probable Alzheimer's Disease. Different shades of colors represent census tracts holding certain levels of incidence. A micro view of these census tracts allows us to concentrate efforts of outreach in tracts holding the highest concentration of individuals who are also at risk of institutionalization. Lastly, the Dementia Care and Cure (DCCI) initiative is a great foundation for public education of partners and the community at large.

## **Significant Unserved and Underserved Populations**

### **Caregivers of Seniors & Relative Caregivers of Children**

While not fully fitting into OAA mandates, caregivers of many diverse family dynamics are also outreached due to the vulnerability of this population. Caregivers are most often the lynchpin holding these families together and able to remain at home. Outreach and public education to individuals that meet the traditional OAA requirements will attract caregivers of seniors as well as relative caregivers of children. The provider network in PSA5 as well as the AAAPP outreach and publicly educate communities that have caregivers and work with partner agencies that serve this same population.

The AAAPP recognizes that caregivers fall into many categories such as caring for individuals with Alzheimer's Disease or other related dementia disorders and Grandparents or relative caregivers raising children under the age of 18 or aged 18 and over with severe disabilities. The AAAPP also recognizes that caregivers also experience the same Greatest Economic and Social Need as elders living alone in the community. Understanding this, Outreach and Public Education efforts take into consideration the entire family dynamic and services being explained are not only for the client, but these services are a benefit to the caregiver, to help keep the family resilient.

The AAAPP's many collaborations with partners in the community help to outreach to caregivers. In fact, caregivers are a focal point of many conference themes. The AAAPP plays a role in those conferences as a trusted source of information, referral, and service delivery.

Additionally, agencies providing Title III EG services to Grandparents will be required to identify Outreach, Education and Targeting efforts to grandparents or older individuals who are relative caregivers as specified by the Older Americans Act:

The term "grandparent or older individual who is a relative caregiver" means a grandparent or step-grandparent of a child\*\*, or a relative of a child by blood, marriage, or adoption who is age 55 or older and—

- (A) lives with the child;
- (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child;
- and
- (C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.

\*\* The term "child" means an individual who is not more than 18 years of age or who is an individual with a disability.

Further, providers of Title III E Caregiver services will provide outreach and public education to caregivers of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; Grandparents or older individuals who are relative caregivers who provide care for children with severe disabilities; Caregivers who are older individuals with greatest social need; Caregivers who are older individuals with greatest economic need (with particular attention to low-income older individuals); and Caregivers who are older individuals who provide care to individuals with severe disabilities, including children with severe disabilities.

Lastly, as an Aging and Disability Resource Center (ADRC), the AAAPP's partnerships have expanded greatly to traditional organizations serving families where an individual has a severe disability or to the caregiver who cares for a child, adult or younger, with a disability. These partnerships have a reciprocal importance and together can leverage services to serve the entire family dynamic.

### Transportation Disadvantaged

The AAAPP has staff representatives actively participating on the Transportation Disadvantaged Local Coordinating Boards (TDLCB) within both Pasco and Pinellas Counties. This opportunity offers us a chance to present the needs of the transportation disadvantaged and act as an advocate for the aforementioned. This opportunity also places us in an advantageous position to publicly educate those other TDLCB member organizations on the transportation services we offer.

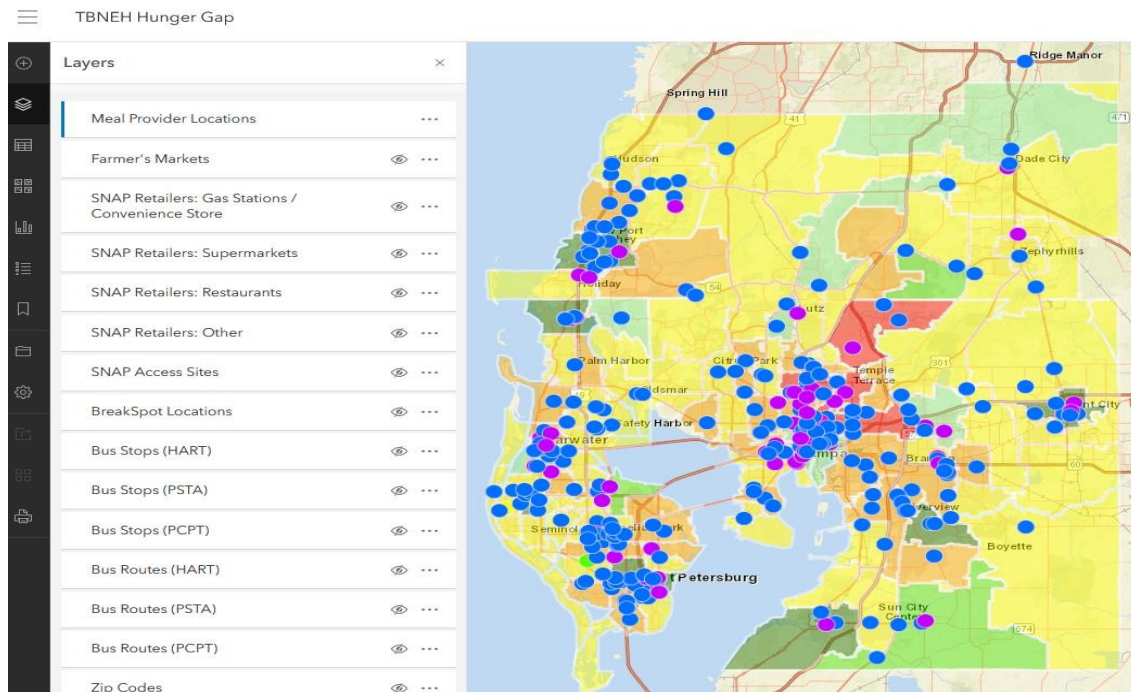
### Food Insecure/Supplemental Nutrition Assistance Program (SNAP) Potentially Eligible

Some older adults living in Pasco or Pinellas Counties utilize SNAP benefits to cover costs of food items, however, there are many individuals and families who are eligible yet are not taking advantage of this program. The AAAPP is a partner agency with the Department of Children and Families (DCF) and works together with DCF to identify consumers who would benefit from either organization's services. Additionally, the AAAPP has many focal points, which serve as an access point to AAAPP services but also for services, such as SNAP, to meet the consumer's needs holistically. Further, the AAAPP participates in a collaborative venture called the Tampa Bay Network to End Hunger (TBNEH) with other like-minded organizations with the intent to mitigate food insecurity. While the group at large concentrates across all demographics, the AAAPP brings to the table subject matter expertise regarding older adults. Lastly, the ADRC acts as a single door to accessing services like SNAP. Any outreach and/or public education with the intent to educate the community on the ADRC will have an end product of person(s) being screened for any services, such as SNAP, that can help the family with food insecurity.

In collaboration with the “Tampa Bay Network to End Hunger”, utilizing their “Hunger Map” found at:

<https://www.arcgis.com/home/item.html?id=5d00cc308cb940ae826074c66a5b5561>

helps us determine food deserts. The Map can be filtered in many ways to highlight certain queries and used for targeting those areas (zip codes) with information on our Helpline, the forefront of information related to mitigating senior food insecurity. An example is found below:



## LGBTQ+

The AAAPP recognizes that LGBTQ+ populations cover all age groups. Older LGBT individuals experience hardships different than younger generations. In 2013, the AAAPP instituted an LGBTQ+ Elder Initiative composed of representatives of the LGBT community and representatives of the aging network. The mission statement of the Initiative is: "The Lesbian, Gay, Bisexual and Transgender (LGBTQ+) Elder Initiative builds bridges between the Elder Services market and the LGBTQ+ elder community in order to advocate, inform and educate on behalf of LGBT elders." The AAAPP will continue this effort to publicly educate LGBTQ+ consumers on aging services and how to access them. The AAAPP is also an annual vendor participant in the St. Petersburg PRIDE Festival/Parade. This event draws hundreds or thousands to our Planning and Service area and we outreach those attending with information on senior related services.

## Medicare Recipients

The SHINE (Serving Health Insurance Needs of Elders) Program reaches out to the community to encourage Medicare beneficiaries to utilize the health counseling services. This education and advocacy program recruits appropriate community members to become SHINE volunteers. This volunteer corps, averaging 55 volunteers, provides a variety of services to the project. This diverse group provides counseling in Spanish and Hindi along with English. A translator line allows all other language groups to be served. During calendar year 2022 SHINE volunteers completed approximately 4,800 client contacts. The SHINE Program will continue its previous Outreach and Public Education efforts to attract more consumers and publicize the program given the benefits it has for Medicare consumers or those new to Medicare.

Currently, we utilize face to face interactions, co-locations at sites where seniors congregate and media in the form of print, television, and radio.

The Medicare Improvements for Patients and Providers Act (MIPPA) is an important piece of legislation which serves to enhance an individual's access to benefits that can reduce their living costs and save monies towards health plans of adequate coverage. This program runs parallel with the SHINE program and any outreach or publication for SHINE also includes outreach and public education for the MIPPA Program. Both SHINE and MIPPA have a target audience reflecting individuals in the general population and those with low-incomes and disabilities. Outreach and Public Education will always target those areas where the prevalence of low-incomes and disabilities has a higher incidence than other areas.

The Senior Medicare Patrol (SMP), making up the final prong of a three-prong approach at serving Medicare beneficiaries is extremely at serving residents holistically. When outreach to Medicare beneficiaries, information is shared on SHINE, MIPPA, and SMP as an umbrella. Interested consumers are directed to contact the Helpline and while they are talking to Helpline staff, other factors of their long-term planning are discovered.

## Seniors with Civil Legal Needs

The AAAPP is also familiar with legal issues facing the elderly. AAAPP staff routinely coordinates an annual Legal Join Planning Meeting with Legal Providers to document a collaborative process for determining targeted groups for legal services, identify priority issues, and implement an action plan for reaching targeted groups with priority legal issues.

The AAAPP participates in the annual Florida Elder Justice Conference which features a range of training on the intersecting consumer, health and housing issues that impact low-income seniors and their social determinants of health.

The AAAPP also participates in the Florida Elder Law Program. The program is intended to capture important information that illustrates the range and type of legal assistance being provided by legal providers to older persons in social or economic need. The data collected will be used to drive ongoing policy and funding decisions related to the provision of legal services to older persons in Florida.

The AAAPP provides Lead Agencies and OAA Providers with guidance and encourages the use of online resource – Florida Elder Law Risk Detector, a free web-based tool that service providers can utilize to screen older adults for potential legal risk and provide a referral to an appropriate legal aid organization.

### **Methods to Evaluate Effectiveness**

As illustrated in the Performance Analysis section, the Outreach work that our Provider Network conducts as well as AAAPP efforts are evaluated for effectiveness.

In order to do so, we employ the following mechanisms:

1. Design Requests for Proposals to mandatorily include plans and action steps for Outreach, Targeting, and Prioritization.
2. Review service provider applications for consistency to the most current county level demographics with special emphasis on OAA, as amended in 2016, targeted populations.
3. Successful applicants as providers of unique services are evaluated periodically to gauge the effectiveness of their original proposals. This generally occurs on a quarterly basis and through the quarterly report process in which each every OAA/LSP provider submits a comprehensive report for review. Additionally, providers are monitored annually, that targeted proposals have been met, exceeded, or depending on the time frame of the monitoring visit, that their plans are moving towards a successful track.
4. Additionally, OAA Title IIIB, IIIC1 & IIIC2, IIID and IIIE providers are required to submit annual reports on Outreach, Public Education and Targeting activities, which are evaluated in comparison to their approved application. The individual details are included in the AAAPP Annual Outreach and Public Education Report, finalized at the beginning of the Calendar Year yet pertinent to activities in the previous calendar year. Mandatory OAA Annual Provider Outreach and Public Education Reports are used to compile information to accompany the AAAPP Outreach and Public Report. Both the AAAPP and OAA Provider Reports consist of a narrative section covering Outreach Procedures and Methodology, an analysis covering outcomes and performance effectiveness, an evaluation via summary of meeting OAA mandated targeting categories, identification of barriers meeting

OAA mandated targeted populations and any recommendations or needs from the AAAPP to help the OAA Provider. Further, this report captures the previous Fiscal Year statistics broken down by targeted populations and compares those to the previous year.

5. OAA Title III C providers have an additional requirement to submit an Outreach report semi-annually. This report documents efforts at the county level including the Outreach activity, the total persons contacted, the breakdown by OAA targeted population and the services discussed with those individuals. Again, these reports are compared to Nutrition provider proposals for effectiveness and meeting of proposed goals.

These mechanisms together with the AAAPP's organizational Outreach and Targeting plans and action steps culminate into a PSA wide response to the need for Outreach, Public Education and Targeting and service delivery.

### **Use of ADRC Services for Central Point of Contact**

As a designated ADRC, the agency promotes the role of the Helpline to provide information and referral/assistance to adults aged 18 and over who have a disability, and for all individuals aged 60 and older. The Area Agency on Aging's Helpline provides information and assistance services in Pasco and Pinellas counties. The AAAPP serves as a central access point for information about services to seniors and for adults with disabilities. The AAAPP is part of the statewide collaboration to manage and enhance the REFER Information and Referral database. The Helpline provided information and assistance/referrals 24,615 times via telephone as indicated by our ADRC Helpline Needs Report covering 1/1/21 – 12/31/21. This report allows us to review whatever basis is appropriate, calls coming in, the types of calls, and the patterns or trends associated with those calls.

Outreach of the ADRC is constant. AAAPP staff when outreaching or publicly educating, explain what the ADRC does and the services it provides. Sub-contracted nutrition providers who are funded for Outreach services are also speaking to the ADRC as well as other Older Americans Act services. Because the ADRC is the single door to access any type of service we administer, we cover the ADRC and its function every time we provide outreach and public education. The Helpline number is 1-800-963-5337.

### **DOEA Mapping & Dashboard Review**

Utilizing the DOEA Mapping tools is essential for our PSA and its service providers to accomplish Outreach and Targeting Goals. While the most current mapping data we have at our disposal covers CY2020 clients served, it is still a useful tool in uncovering areas of



our PSA we can blanket with Outreach to target and serve residents aged 60+ and meeting targeting criterion. Maps highlighting where seniors are currently served and compared to maps that highlight pockets of OAA Outreach and Targeting requirements assist with identifying gaps. Those gaps are identified and shared among the AAAPP and provider network for technical assistance purposes.

# Unmet Needs and Service Opportunities

This section defines the significant unmet needs for services and how the AAA will address gaps in service. **Responses for each section should be limited to 2-3 pages.**

The Area Agency on Aging of Pasco-Pinellas (AAAPP) is constantly learning about the needs of seniors, caregivers, and those with disabilities. Understanding the community is essential to fulfilling our mission. Our work throughout the community and along with the multitude of partners with common goals, assists us to understand the ever-changing unmet needs and associated gap filling resources necessary to promote independence. In addition to our community presence, the AAAPP utilizes the most current science from respected journals, public reporting from official agencies/organizations and needs assessments from counterparts with like goals and missions.

In 2019, the AAAPP launched an effort, the Community Assessment of Older Adults (CASOA) and evidenced based survey to understand the needs of seniors throughout Pasco and Pinellas counties. This effort was completed in early September and additionally supported by the Pinellas County Foundation, both Pasco and Pinellas Counties as well as (4) large municipalities. Those municipalities within Pasco County: Dade City and New Port Richey and those municipalities within Pinellas County: Clearwater and St. Petersburg.

In March 2019, 10,000 randomly selected individuals aged 60 and older, were mailed a survey. Identify community strengths and weaknesses, 2. Articulate the specific needs of older adults in the community, and 3. Develop estimates and projections of resident needs in the future. Out of the 10,000 surveys mailed out, 2,119 were completed and returned with a response rate equaling 22%. Additionally, three (3) focus groups were conducted in Pasco County, providing seniors the opportunity to identify and discuss their needs in a community setting.

The final reports were based around the nine AARP age friendly community dimensions:

- Overall Community
- Health and Wellness
- Housing
- Outdoor Spaces and Buildings
- Transportation and Streets
- Social Participation, Inclusion and Education
- Volunteer and Civic Opportunities

- Job Opportunities
- Community Information

Because the data collected from this survey is still relevant in 2023, the data from the responses along with other reports and statistics will be used throughout this section to highlight needs of those seniors residing within our Planning and Service Area (PSA).

### Access to Services:

Access to services is critical for seniors living as family unit, with assistance from a caregiver, or living alone. In any of these populations, independence is navigated using the tools or resources the community, family or individual possess and how they may access those tools or resources. Importantly, obtaining these tools or resources in a timely manner is critical for some individuals to remain independent and reside in their own homes and avoid any premature institutionalization. Below is an examination of needs experienced in PSA5.

### Abuse Neglect and Exploitation

The United States Department of Justice – The Elder Justice Initiative, reports that one in ten seniors over the age of 65 is abused each year. Further, the majority of victims are women and the abuse occur in the community versus occurring in a healthcare setting such as skilled nursing homes or assisted living facilities. To complicate matters further, estimates suggest that only 1 out of every 23 cases is reported, suggesting gross underreporting. Senior victims of abuse are far more likely to be institutionalized or hospitalized due to the abuse and in comparison, to those who have not been abused.

**Source: *The United States Department of Justice – The Elder Justice Initiative – Research & Data Resources 2023***

In the State of Florida, reports of Abuse, Neglect and Exploitation (ANE) of seniors or those with disabilities, go directly to the Florida Department of Children and Families (DCF) Abuse Registry. Reports of this nature made to either the 1-800-96-ABUSE (22873) number and/or online using the URL: <https://reportabuse.dcf.state.fl.us/> are taken daily and cases are distributed to the local DCF Adult Protective Services office where a case worker is assigned to investigate the report. It should be noted that everyone residing in the State of Florida is deemed a Mandatory Reported based upon Florida Statute. Reports obtained from the Florida Department of Children and Families website, illustrating the 1<sup>st</sup> half of calendar year 2023 and highlight statistics on abuse cases reported on.

Month	PSA5 APS Reports Received	Statewide APS Reports Received
January	241	3,308
February	226	2,839
March	247	3,217
April	224	2,915
May	253	3,330
June	266	3,451
July	300	3,443
<b>Total</b>	<b>1,751</b>	<b>22,503</b>

**Source: Florida Department of Children and Families – Adult Protective Services – CY2023 APS Scorecard**

This six month data set suggests that approximately 1,751 adults with either a disability or elderly individuals have had an abuse case reported monthly within PSA5. While this number is high and humanely unacceptable, the statistics should be higher if every case of abuse was reported. The state of Florida received 22,503 APS reports within this six month period. Given these figures, PSA5 accounts for approximately 8% of the statewide APS reports.

The reality of this negative situation is that cases of abuse, neglect and exploitation are underreported and that sets the foundation for the AAAPP to utilize internal agency programs in collaboration with other organizations to publicly educate the communities within Pasco and Pinellas Counties on how and why to report on ANE.

In PSA5, the CASOA Survey addressed issues surrounding “Being a Victim of crime” and/or Being a Victim of a Fraud or Scam” for older residents within PSA5. The results vary below:

Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem	Minor problem	Moderate problem	Major problem	Total
Being a victim of crime	90%	6%	2%	2%	100%
Being a victim of fraud or a scam	75%	15%	6%	3%	100%

The AAAPP has a contract, funded under the OAA, Title VII, which provides for education on Abuse, Neglect and Exploitation (ANE) throughout PSA5. Education to the public and/or organizationally is parallel in philosophy to DCF outreach and education yet performed in conjunction with or separately. This education is powerful and meaningful and highlights the red flags and how to report. Goals for our ANE Contract can be found in the Goals and Objectives section of this Area Plan.

## Information about services

Information on what services are available to seniors in Pasco and Pinellas Counties is critical for those who contacted the Helpline. Information shared with these individuals will always include how to access those services.

With the changing landscape of new seniors moving to the State of Florida and specifically our PSA, we know that Outreach and Public Education is critical to share information on our services and how to access them. Targeted Outreach and Public Education efforts are detailed specifically within that section of this Area Plan.

In terms of unmet needs, the number of callers and the types of requests for information and assistance from our Helpline are detailed on the next page:

PSA 5- ADRC Helpline - Needs 1/1/2023 – 6/30/2023		
Referred Services	Number of Calls	Description
Health Care	10,508	Clinics, dental care, hearing aids, health insurance/Medicare, hospitals, medical equipment/supplies, nursing/therapy, nursing homes, prescription assistance, vision care. Includes SHINE Medicare Counseling, Medicaid assistance, and Intake/Screening for all funded programs (GR, OAA, and Medicaid).
Individual, Family and Community Support	2,252	Home and community-based services... adult day care, bill paying, case management, homemaker/housekeeper, personal care, and respite care.
Housing	1,507	ALFs, independent living, foreclosure prevention, home repair, homeless shelters, moving/placement help, public/subsidized housing, ramps.
Legal, Consumer and Public Safety Services	812	Adult Protective Services, bankruptcy, credit counseling, consumer complaints, law enforcement, legal services, Ombudsman, victim advocate.
Food/Meals	569	Food pantries, grocery delivery, holiday meals, and soup kitchens.
Income Support/Assistance	301	Food assistance/SNAP, Low Income Subsidy –Low Income Subsidy, Medicaid, rent/mortgage assistance.
Transportation	550	Escort transportation, medical transportation, public transportation.
Utility Assistance	412	EHEAP/utility assistance
Information Services	379	Response to questions about the AAA/ADRC, case staffing, speaker requests, database inquiries and complaint review/resolution. Also includes referral to Helpline in another area for screening/access to funded programs.
Other Government/Economic Services	96	Government information lines, immigration services, professional associations, Social Security/SSI/SSD, tax services, Veterans Administration.
Mental Health/Addictions	107	Counseling, support groups, substance abuse.
Clothing/Personal/Household Needs	42	Grooming supplies, material goods, thrift store.
Volunteers/Donations	67	Donation of time or goods.
Employment	42	Job related training, search, or placement.
Arts, Culture and Recreation	10	Leisure activities and classes, museums, senior/recreation centers.
Disaster Services	8	Disaster preparation and recovery.
Education	8	GED, literacy, schools/college classes.

Refer data - AIRS Problems Needs Report 01/01/23 – 06/30/23

This data changes periodically and we are able to track those service information changes through the use of the REFER database. Information extrapolated from this report assists in our Outreach and Public Education efforts, thus using the types of calls we receive, enable us to work with organizations that handle these services on better promotion or access.

Locally, the CASOA Survey addressed the level of being informed about Services and Activities for older residents within PSA5. The results vary below:

In general, how informed or uninformed do you feel about services and activities available to adults age 60 and older in your community?	Percent of respondents
Very informed	12%
Somewhat informed	49%
Somewhat uninformed	24%
Very uninformed	15%
Total	100%

While information requests regarding healthcare was our #1 requested call, CASOA also determined that access to healthcare and cost of dental and vision services was a large unmet need in our community

### Counties or communities with limited access to transportation

Utilizing the caller information reported within the REFER database, we can see that Transportation assistance requests are the 7<sup>th</sup> highest caller request for information. In fact, between January 01, 2023, and June 30, 2023, the ADRC received 550 calls for information or assistance related to Transportation within PSA5.

For those services that are not delivered in the home, transportation is essential to participate in programs and services. Pasco County has a one-number transportation system that offers assistance in accessing goods and services. Weekday bus service is available in West Pasco and East Pasco. Connections between Pinellas, Pasco, and Hillsborough transit buses are also available. Although senior fares are relatively affordable and seniors are the predominant users, the service is not accessible due to a lack of routes where seniors live. Thus, the demand for transportation has not diminished. Pasco County provides door-to-door transportation service for the following: group dining sites, medical offices and facilities, grocery and shopping centers, adult day service centers, and other life sustaining destinations. However, a gap continues to exist in the provision of transportation from one side of the county to the other for service provision yet is being worked on through various transportation improvement plans.

Pinellas County has multiple transportation options in addition to fee-based services, Neighborly Care Network (NCN) provides free access to group dining sites, medical offices and facilities, grocery shopping centers, adult day service centers, and other life sustaining destinations. Though NCN's services are very similar to the destinations Pasco County offers,

free transportation services are largely based on group trips and/or cater to communities with large numbers of seniors and door to door service is minimal but growing.

Lastly, the Pinellas Suncoast Transportation Authority (PSTA) offers transportation service throughout the entire county. PSTA is largely funded by ad valorem taxes. The PSTA offers wheelchair transportation through a sub-contracted provider for access to medical appointments through a program called DART.

In both Pinellas and Pasco County, the Transportation Disadvantaged Program (TD) is administered through the Community Transportation Coordinator, PSTA in Pinellas County and PCPT in Pasco County. The TD Program is funded by the state to provide low-cost transportation for those who qualify as "transportation disadvantaged." Transportation services are provided for the following purposes: medical, employment, grocery, banking, and education related to employment. Further, other transportation funding sources in both counties allow for transportation to elders using similar eligibility requirements. While there may be multiple funding streams providing access to paratransit and fixed route transportation, these funds have not received increases in years. Therefore, the demand for transportation increases while the resources needed to meet demand remain static.

In comparison and for planning purposes, Pasco County has far more disadvantages than Pinellas County as it pertains to numbers of transportation service providers, transportation access to services, and funding for new initiatives in transportation and the social service realm. While Pinellas County is more densely populated and there are more transportation providers serving seniors, like Pasco County, it is challenged by lack of adequate transportation and decreases in social services due to the declines in the budgets of counties, cities and non-profit organizations.

Both Pinellas and Pasco County have moved to a cost-efficient practice of determining eligibility for those seniors without financial and physical limitations to utilize fixed route services in lieu of door to door paratransit services. This fixed route service can be paid for by utilizing senior reduced rates or if economically eligible, TD funding through use of a bus pass.

Locally, the CASOA Survey sought to understand the rating of travel or mobility for older residents within PSA5. The results vary below:

Please rate each of the following characteristics as they relate to adults aged 60 or over in your community:	Excellent	Good	Fair	Poor	Total
Ease of travel by public transportation in your community	8%	25%	30%	37%	100%
Ease of travel by car in your community	20%	43%	27%	10%	100%
Ease of walking in your community	22%	41%	23%	14%	100%
Ease of getting to the places you usually have to visit	19%	47%	26%	8%	100%



Additionally, the CASOA addressed perceptions regarding transportation as a problem for older residents within PSA5. The results vary below:

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem	Minor problem	Moderate problem	Major problem	Total
Having safe and affordable transportation available	72%	13%	9%	5%	100%
No longer being able to drive	82%	6%	4%	8%	100%

### Counties or communities with limited access to significant supportive services

The AAAPP subcontracts with aging service providers within both Pasco and Pinellas Counties and with the intent to promote equal coverage throughout both counties. Requests for Proposals must demonstrate how the provider is able to serve consumers residing in any area of the county of service. Most Home and Community Based services are provided within the client’s home with the exception of Adult Day Care, Evidenced Based Programs, Congregate Meals, and Senior Center activities. For those supportive services the client must have some means of transportation to and from.

For Congregate Meals, funded under the OAA, transportation is a necessary part of the service and the nutrition provider in Pasco County utilizes transportation from the para-transit mode of Public Transportation to pick up clients from home, deliver them safely to the meal site and transport the client back home. This is a successful arrangement for both PCSS and PCPT because clients are receiving transportation and meals appropriately, however, waitlists for congregate meals are often predicated on the ability to receive transportation from PCPT and because PCPT must be budget sensitive, funding is not always readily available. This creates a gap in access to congregate meals, largely associated with a lack of transportation. The Adult Day Care (ADC) provider, operated by CARES, Inc. also has the same arrangement, therefore, their ability to enroll clients waiting on ADC services is reliant on the same transportation access. The evidenced based health and wellness programs are largely provided in public places that allow access by an independent driver, however, if a consumer wishes to attend an evidenced based program and that individual has mobility issues which prevents independent driving, then they must rely on public transportation (Fixed Route) because door to door para transit is not an option given limitations due to government prioritized destinations of sustenance. In summary, any lack of access to supportive services in Pasco County is due to limited transportation options.

Pinellas County is like Pasco County in that the same services mentioned previously must have reliable and consistent transportation for access reasons. Pinellas is different in one way because the provider of Adult Day Care and Congregate Meals is also the provider of OAA funded Transportation thereby creating a more streamlined arrangement for mutual service

opportunities utilizing transportation. Access to evidenced-based health and wellness programs in Pinellas County would experience the same access limitations as experienced in Pasco County.

Senior Centers have limitations in both counties due to transportation and will be explained later in this section.

Access to any supportive service is critical for seniors to remain independent. Information about supportive services is the 2<sup>nd</sup> highest call type the ADRC Helpline received, with 2,252 calls taken between January 01, 2023 and June 30, 2023. Because of this, we can guarantee information/assistance or referral to the providers who provide these supportive services, but we cannot guarantee access to those services due to transportation limitations.

In addition to the number of requests for information on support services through our Helpline, the CASOA Survey sought to understand the rating of availability of supportive services for older residents within PSA5. The results vary below:

Please rate each of the following characteristics as they relate to adults age 60 or over in your community:	Excellent	Good	Fair	Poor	Total
Availability of long-term care options	13%	36%	34%	17%	100%
Availability of daytime care options for adults age 60 and older	10%	31%	36%	23%	100%
Availability of information about resources for adults age 60 and older	13%	33%	35%	20%	100%

### Counties or communities with limited availability of and/or access to legal assistance

Elder Floridians and specifically seniors in PSA5 are faced with a myriad of civil legal issues on a daily basis. Issues dealt with mirror the issues the Older Floridian Legal Assistance Program (OFLAP) attempts to serve with its priority issues areas, such as, Housing and Utilities, Nutrition, Income, Healthcare, and Long-Term Care.

The most current REFER report covering January 01, 2023 - June 30, 2023, highlights Legal Assistance as the #4 caller request. The helpline, within that timeframe fielded 812 calls with matters related to civil legal aspects.

Understanding how to access and receive civil legal assistance quickly is a critical step in resolving the issue(s) at hand as well as mitigating any undue negative psychological and financial experience. We find that that most consumers that call our Helpline inquiring about legal assistance are experiencing a perceived and/or realistic crisis. Sometimes, the challenge they face is receiving expeditious service when they may have been unaware of the timeframes necessary to resolve the issue and that can cause more anxiety. Information through public education is critical for those needing assistance to know where to turn when they are faced with a dilemma.

Locally, the CASOA addressed perceptions regarding legal issues as a problem for older residents within PSA5. The results vary below:

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem	Minor problem	Moderate problem	Major problem	Total
Dealing with legal issues	72%	15%	8%	5%	100%

Outreach efforts by the AAAPP and its civil legal subcontracted partners blankets both Pinellas and Pasco Counties. Additionally, the AAAPP convenes OFLAP meetings with said subcontracted providers to 1. Prioritize civil legal unmet needs, and 2. Strategize outreach and public education opportunities to increase acumen on where seniors can turn for help. Lastly, the Helpline has a dedicated and trained workforce that understands how to extrapolate legal issues and makes referrals accordingly.

### Counties or communities with limited access to social service agencies

Geographical proximity of service sites, funding, and transportation to access services play a large role in the availability of needed social services for seniors in both counties. Pinellas County is densely populated with no areas of rural population within the county. Access to services and/or the agencies providing them are challenges in Pasco County, more so than Pinellas County. Pasco County is segmented into three areas of both population and service delivery. West Pasco has the majority of the county's goods and services. East Pasco has some "satellite" offices and resources, but to a lesser degree than the west side. And Central Pasco, although a rapidly growing section of the county, has very few resources and service delivery sites. In East and Central Pasco, Dade City, Land O'Lakes, and Zephyrhills are population centers, with surrounding rural areas.

There are fewer service providers in Pasco County as compared to Pinellas County. Pasco County Senior Services (PCSS), the Pasco County lead case management agency, is the primary source of elder supportive social services. The Pasco County Department of Human Services and agencies, such as the United Way and the Lighthouse for the Blind, also offer services to elders on site and in their communities. The Pasco Aging Network, the Pasco coalition of organizations serving elders, has over 100 member organizations. It serves an important function of shared information, advocacy, and coordination of services for Pasco's elders.

Pinellas County has one lead case management agency, Gulf Coast Jewish Family and Community Services, Inc. In addition to this lead agency, the AAAPP contracts with a wide array of social service providers in Pinellas County, far outweighing the percentage of service providers offered in Pasco County. The Better Living Senior Coalition in Pinellas County has

approximately 350 member organizations and serves a similar role as the Pasco Aging Network. Consistent to both counties, limited access to some supportive services equates to the lack of transportation destination priorities furthering limitations accessing social service agencies.

## **Analysis of service implications of identified unmet needs**

### **Abuse, Neglect and Exploitation**

If any AAAPP staff and specifically any ADRC/Helpline worker receives a call and the caller indicates possible ANE, the staff is mandated to make that ANE referral through the aforementioned resource. This is the same for any of our subcontracted aging network providers. The AAAPP has a contract, funded under the Older Americans Act, Title VII, which provides for education on Abuse, Neglect and Exploitation (ANE) throughout PSA5. Education to the public and/or organizationally is parallel in philosophy to DCF outreach and education yet performed in conjunction with or separately. This education is powerful and meaningful and highlights the red flags and how to report. Goals for our ANE Contract can be found in the Goals and Objectives section of this Area Plan.

Collaboration is key to making sure information on accessing ANE type services is known within the community. The AAAPP works closely with the local Department of Children and Families personnel, Pinellas County Consumer Protection, local law enforcement agencies, the local State Attorney's Offices, and an abundance of organizations and municipalities who hold crime forums and events where the theme is centered on service access.

Programs the AAAPP would utilize to promote access to Consumer Protection and ANE necessary services are:

- a. Older Americans Act (OAA) Title IIIB - Legal Services
- b. Older Americans Act (OAA) Title VII - Elder Abuse Prevention
- c. Older Americans Act (OAA) + (LSP) – Information and Assistance Services

### **Information about Services**

Two trusted sources of information are utilized by callers in our PSA, (1) 211 Tampa Bay, and (2) the ADRC/Helpline. While 211 Tampa Bay concentrates on the myriad of services available across all ages and demographics, the ADRC Helpline specifically concentrates efforts on resources available to those aged 60 and older and those with disabilities. It should be said, that the ADRC helpline and the AAAPP as an organization have a tremendously positive working relationship with 211 and cross-training is conducted periodically to make each other aware of any duplication of efforts and any new successful means of providing quality Information and Assistance.

As an ADRC we constantly promote the 1-800-96-ELDER (35337) number. Callers contacting this number will be directed to the local ADRC where they can receive information on a variety of resources and services as well as access to intake where eligibility is screened for general revenue or federally funded services we administer through a network of providers.

Outreach is fundamental to relaying resource information to large groups of individuals. This Area Plan’s Outreach and Targeting section speaks volumes regarding our and our aging networks efforts.

**Counties or communities with limited access to transportation**

The AAAPP has representation on both the Transportation Disadvantaged Local Coordinating Boards(TDLCB) within Pasco and Pinellas Counties. On these boards we advocate for senior and disability related transportation issues as well as utilize resources from the Metropolitan Planning Organizations who convene these TDCLBs.

Florida’s Transportation Disadvantaged (TD) Network is an important resource for persons who because of disability, age or income are unable to transport themselves. The Florida Commission on Transportation Disadvantaged 2021 Annual Performance Report, published in January 2023, provided the following information: In Pasco County during FY21-22, 15,290 or 14% of the 109,279 total TD trips in Pasco were provided through DOEA administered funds. In Pinellas County 35,502 or 8% of the 445,628 total TD trips in Pinellas County were DOEA funded. The four major sources of funding are through the Commission for the Transportation Disadvantaged (CTD), Local Government, the Agency for Health Care Administration (Medicaid funding), Florida Department of Transportation (FDOT) and the Agency for Persons with Disabilities. The charts below provide details on the types of trips provided through the Transportation Disadvantaged system.

<b>2021-2022 Pasco County Passenger Trips by Trip Purpose</b>		
<b>Type of Trip</b>	<b>Number of Trips</b>	<b>% to Total Trips</b>
Medical	30,696	28%
Employment	3,813	3.4%
Edu/Train/Day Care	40,077	36.6%
Nutritional	11,846	10.8%
Life-Sustaining/Other	22,847	20.9%
<b>Total Trips</b>	<b>109,279</b>	<b>100%</b>

**Source: FL Commission for the Transportation Disadvantaged 2022 Annual Performance Report Data**

<b>2021-2022 Pinellas County Passenger Trips by Trip Purpose</b>		
<b>Type of Trip</b>	<b>Number of Trips</b>	<b>% to Total Trips</b>
Medical	138,270	31%
Employment	39,549	8.8%
Edu/Train/Day Care	90,812	20.3%
Nutritional	28,109	6.3%
Life-Sustaining/Other	148,888	33.4%
<b>Total Trips</b>	<b>445,628</b>	<b>100%</b>

**Source: FL Commission for the Transportation Disadvantaged 2022 Annual Performance Report Data**

With that, certainly the CTD, Local Government, APD, and AHCA funding may provide necessary trips for those seniors within PSA5, however, more work is necessary on two fronts:

- Offering information on those transportation resources, and
- Advocacy for additional funding or additional innovative transportation options

The AAAPP will continue to utilize the below programs to promote information and access to Transportation resources:

- a. Older Americans Act (OAA) Title IIIB – Transportation Services
- b. Local Service Program (LSP – Transportation Services
- c. Community Care for the Elderly (CCE) – Transportation Services
- d. Older Americans Act (OAA) + (LSP) – Information and Assistance Services

**Counties or communities with limited access to significant supportive services**

Access to supportive services is imperative and the Request for Proposals each applicant submits for approval must demonstrate how accessible each service is. Transportation must be county-wide, Congregate Meal sites and Adult Day Cares must be geographically and equally dispersed countywide, and all services must be accessible to those diverse populations that reside within each county.

Additionally, listed below are verified Community Focal Points that serve as Senior Centers within Pinellas and Pasco Counties. These focal points serve as a place where seniors can receive vital information on supportive service resources available.

**Pasco County**

1. CARES Claude Pepper Senior Center
2. CARES Crescent Enrichment Center
3. CARES Elfers Senior Center
4. CARES Rao Musunuru, M.D. Enrichment Center
5. Dade City Senior Center
6. Galen Wilson Senior Center
7. Land O'Lakes Senior Center
8. Shady Hills Senior Center
9. Southgate Senior Center
10. Zephyrhills Senior Center

**Pinellas County**

1. Clearwater Aging Well Center
2. Enoch Davis Center
3. Gulfport Multi-Purpose Senior Center
4. Hale Senior Activity Center
5. Largo Community Center
6. Palm Harbor Community Activity Center/ The Centre
7. Pinellas Park Senior Recreation Center
8. Ridgecrest Community Center
9. Sunshine Multi-Purpose Senior Center
10. Tarpon Springs Community Center

Additionally, congregate meal sites and adult day cares serve not only as an aging service center, but each brings to the table education on available resources in the community. Listed below are PSA5's Congregate Meal Sites and Adult Day Care centers:



**Service Sites (ADC & Congregate Dining)- PSAs**

**PASCO**

**Galen Wilson Dining Site**  
 8600 Galen Wilson Boulevard  
 Port Richey, FL 34668  
 (727) 834-3317  
 Operating Days: Monday through Friday  
 Meal Service Time: 11:30AM  
 Contact: Tina Hausler

**Southgate Apartments**  
 5352 Charlotte Avenue  
 New Port Richey, FL 34652  
 (727) 834-3279  
 Operating Days: Monday through Friday  
 Meal Service Time: 11:30AM  
 Contact: Jody Notaro

**Land O' Lakes Senior Service Center**  
 6801 Wisteria Loop  
 Land O' Lakes, FL 34638  
 (813) 929-1200  
 Operating Days: Monday through Friday  
 Meal Service Time: 11:30AM  
 Contact: Karen Blackburn

**Shady Hills United Methodist Church**  
 15925 Greenglen Lane  
 Shady Hills, FL 34610  
 (727) 856-0879  
 Operating Days: Monday through Friday  
 Meal Service Time: 11:30AM  
 Contact: Jennifer Payne

**Community Services Nutrition Building**  
 13853 15th Street  
 Dade City, FL 33525  
 (352) 521-5151  
 Operating Days: Monday through Friday  
 Meal Service Time: 12:00PM  
 Contact: Carolyn Johnson

**Zephyrhills Senior Center at St. Elizabeth's**  
 5855 16th Street  
 Zephyrhills, FL 33642  
 (813) 782-1202  
 Operating Days: Monday through Friday  
 Meal Service Time: 12:00PM  
 Contact: Dennis Farmer

**CARES Claude Pepper Senior Center (ADC)**  
 6640 Van Buren Street  
 New Port Richey, FL 34653  
 (727) 844-3077  
 Operating Days: Monday through Friday  
 Contact: Trina Briner

**CARES Crescent Center (ADC)**  
 13906 5th Street  
 Dade City, FL 33525  
 (352) 518-9300  
 Operating Days: Monday through Friday  
 Contact: Melinda Norman

**PINELLAS**

**Enoch Davis Center**  
 1111 18th Avenue South  
 St. Petersburg, FL 33705  
 (727) 823-4442  
 Operating Days: Monday through Friday  
 Meal Service Time: 12:00PM  
 Contact: Cheryl Holliday

**Gulfport Multipurpose Center**  
 5501 27th Avenue South  
 Gulfport, FL 33707  
 (727) 344-2111  
 Operating Days: Monday through Friday  
 Meal Service Time: 11:45AM  
 Contact: Debra Swetay

**Pleasant Valley Baptist Church**  
 1700 Klosterman Road  
 Palm Harbor, FL 34683  
 (727) 216-6467  
 Operating Days: Monday through Friday  
 Meal Service Time: 12:00PM  
 Contact: Ronda Carter

**Ridgecrest Community Center**  
 2253 119th Street North  
 Largo, FL 33778  
 (727) 584-4846  
 Operating Days: Monday through Friday  
 Meal Service Time: 12:00PM  
 Contact: Desiree Beighley

**Sunshine Center**  
 330 5th Street North  
 St. Petersburg, FL 33701  
 (727) 893-7136  
 Operating Days: Monday through Friday  
 Meal Service Time: 11:45AM  
 Contact: Robert Jenkins

**Crystal Lakes Manor**  
 4100 62nd Avenue North  
 Pinellas Park, FL 33781  
 (727) 420-0762  
 Operating Days: Monday through Friday  
 Meal Service Time: 12:00PM  
 Contact: Richard Knutson

**North Greenwood Recreation and Aquatic Complex**  
 900 North Martin Luther King Jr. Ave  
 Clearwater, FL 33755  
 (727) 462-6276  
 Operating Days: Monday through Friday  
 Meal Service Time: 12:00PM  
 Contact: Al Garcia

**Evergreen Adult Day Center**  
 13945 Evergreen Avenue  
 Clearwater, FL 33762  
 (727) 456-0222  
 Operating Days: Monday through Friday  
 Meal Service Time: 12:00PM  
 Contact: Maribeth Braden

**Largo Adult Day Center**  
 11095 131st Street  
 Largo, FL 33774  
 (727) 593-1253  
 Operating Days: Monday through Friday  
 Meal Service Time: 11:45AM  
 Contact: Mary Anne Brown

**Palm Lake Village**  
 1515 County Rd 1  
 Dunedin, FL 3698  
 (727) 733-8880  
 Operating Days: Monday through Friday  
 Contact: Judith Willette

**Sunny Harbor Adult Day Care Services**  
 1015 Omaha Circle  
 Palm Harbor, FL 34683  
 (727) 415-7748  
 Operating Days: Monday through Friday  
 Contact: Vicki McLane

**Menorah Manor - Irv Weissman Adult Day Center**  
 255 59th Street N  
 St. Petersburg, FL 33710  
 (727) 302-3900  
 Operating Days: Monday through Friday  
 Contact: Jennifer Molaskey

**Sea Breeze Adult Day Center**  
 618 94th Ave N  
 St. Petersburg, FL 33702  
 (727) 623-9092  
 Operating Days: Monday through Friday  
 Contact: Natalie Lemke



Except for Senior Centers and Focal Points, these supportive sites are primarily OAA funded service sites. Lead Agencies, primarily funded by General Revenue funds and providing supportive services programs within the consumer's home that include Home Care for the Elderly, Community Care for the Elderly and the Alzheimer's Disease Initiative can be found equally within both Pasco and Pinellas County. Lastly, a plethora of other supportive service agencies make services available throughout the counties and in the home. They were not mapped due to the fact they are headquarters and a launching point to mobilize into the community.

### **Counties or communities with limited availability of and/or access to legal assistance**

Pasco County has a civil legal organization, Bay Area Legal Services, Inc., who covers the entire county with two offices, one on the west side and the other on the east side. Bay Area Legal, Inc. is also the Legal Services Corporation (LSC) with their main headquarters in Hillsborough County but serving Pasco and Pinellas Counties as well. Being the designated LSC, offers organizations flexibility in the civil legal matters they take on yet are not allowed to take on others. For those cases they may not take on, they work closely with other civil legal organizations or private attorneys to cover their limitations. Bay Area Legal Services also administers a "Statewide Senior Legal Hotline". Callers may call 1-800- 342-8011 and receive legal advice yet also may be referred to the nearest civil legal provider for representation or a face-to-face interaction. Bay Area Legal Services works with private attorneys as well to meet a growing demand for civil legal matters.

For those with incomes that could afford attorneys, Pasco County contains numerous resources.

Pinellas County also has resources for those facing civil legal issues. Gulf Coast Legal Services, Inc. is the primary organization that handles civil cases for those seniors meeting criterion. Like Bay Area Legal Services, this group receives funding from a myriad of sources, including the AAAPP. Utilizing existing yet shrinking funding, they serve seniors who are facing civil legal issues daily. Additionally, they work closely with Bay Area Legal Services to cover cases that may not be allowed under LSC rules.

Additionally, referrals are also taken through a legal organization called the Community Law Program, located in St. Petersburg, Florida. This organization utilizes Pro Bono attorneys to work cases for those who cannot afford representation. Lastly, Pinellas County has an abundance of fee-based attorneys for those who can afford it.

As stated previously, Legal Service assistance is the #4 most requested service call the ADRC Helpline receives. Callers will receive a referral to either of our two subcontracted legal service providers where they can be triaged appropriately. Further, AAAPP staff have been trained to some degree on how to extrapolate a legal issue when the consumer may not necessarily know that there is one present. When this occurs, the caller is referred to the legal

service provider for assistance, if warranted. This type of training has occurred throughout the aging service network given our adoption of principles within the Older Floridians Legal Assistance Program (OFLAP).

The AAAPP will continue to utilize the below programs to promote information and access to Transportation resources:

- a. Older Americans Act (OAA) Title IIIB + IIIEG – Legal Services
- b. Local Service Program (LSP – Legal Services
- c. Older Americans Act (OAA) + (LSP) – Information and Assistance Services
- d. Older Floridian Legal Assistance Program (OFLAP)

### **Counties or communities with limited access to social service agencies**

The ADRC Helpline has a diverse and robust listing of social service agencies that assist people of all ages. Because our focus as an Aging and Disability Resource Center has grown so have our resources, we can offer callers with information about social issues that social service agencies specific to their needs.

Because the AAAPP is a community focused organization with many partners serving the needs of humans, we stay in constant contact with them to understand the social services they administer and any barriers to accessing them. Working together, the AAAPP sometimes leverages resources to promote better accessibility to serve our populations holistically.

### Caregiver:

Caregivers are those individuals who provide unpaid assistance to a spouse, relative, or a friend who is ill, disabled, or unable to perform activities of daily living. Caregivers provide valuable services to enable their loved ones to age in the comfort of their own home and community. It is important to not only assess the needs of the clients who enter our system but to also assess the needs of the caregiver given they are usually responsible for the majority of care that enables the family unit to live independently. It is important to note that caregivers come from all age groups and have relationships to the ones that are being cared for. Caregivers can be spouses, sons or daughters, friends, or other relatives, and grandparents or other relative caregivers raising children. Lastly, caregivers come from diverse ethnicities, and all bring to the table a multitude of differing visions on how loved ones should and will be cared for. It is important for the AAAPP to understand all the nuances that pertain to caregiving.

### **Caregiver unmet needs**

Between January 01, 2023 and June 30, 2023, the ADRC Helpline received 2,252 calls inquiring about “Individual, Family and Community Support”. Additionally, the ADRC Helpline received

812 calls pertaining to “Legal, Consumer and Public Safety” services. Within both numbers lies a need for respite services and civil legal assistance. Further, the ADRC Helpline received 10,508 calls regarding assistance with “Healthcare”. Certainly, a caregiver could be inquiring about assistance with the aforementioned topics of need for their loved one and/or themselves. The additional multitude of calls the ADRC Helpline fields and by REFER topic all have some basis for not only client assistance but also needs of the caregiver.

Using data collected from the Community Assessment Survey of Older Adults (CASOA) within PSA5, we can ascertain certain needs of caregivers within our community. Below are graphics highlighting care responsibilities, perceptions of responsibilities and responses to issues:

During a typical week, how many hours do you spend providing care for one or more individuals with whom you have a significant personal relationship (such as spouse, other relative, partner, friend, neighbor or child), whether or not they live with you?	1 Never (no hours)	2 1 to 3 hours	3 4 to 5 hours	4 6 to 10 hours	5 11 to 19 hours	6 20 or more hours	Average number of hours of those who provide care*
One or more individuals age 60 or older	18%	24%	13%	10%	9%	26%	13
One or more individuals age 18 to 59	64%	14%	6%	5%	3%	8%	11
One or more individuals under age 18	69%	10%	5%	4%	3%	9%	13

Based on the above, we can glean that Respite Services would benefit the caregiver greatly. We can also posit that of those responding to this survey, many of them fall into the “Sandwich Generation”, meaning those who care for children as well as an older adult. We can also purport that many of those respondents aged 60 and older may be caring for an adult child or a child under 18 years of age.

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem	Minor problem	Moderate problem	Major problem	Total
Feeling physically burdened by providing care for another person	74%	14%	7%	5%	100%
Feeling emotionally burdened by providing care for another person	73%	14%	8%	5%	100%
Feeling financially burdened by providing care for another person	78%	11%	6%	4%	100%

While most (73%-78%) surveyed responded that they are not burdened physically, emotionally, or financially with caregiving, it’s not clear if these caregivers are at the beginning stages of providing care whereas the longer the care is being provided proportionately the rate of burnout is experienced.

During a typical week, how many hours, if any, do you spend doing the following?	Never (no hours)	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 or more hours	Total
Participating in a club (including book, dance, game and other social)	63%	22%	7%	5%	3%	100%
Participating in a civic group (including Elks, Kiwanis, Masons, etc.)	88%	8%	3%	1%	1%	100%
Communicating/visiting with friends and/or family	9%	34%	23%	17%	17%	100%
Participating in religious or spiritual activities with others	51%	32%	9%	4%	3%	100%
Participating in a recreation program or group activity	55%	26%	10%	5%	4%	100%
Providing help to friends or relatives	25%	44%	15%	7%	10%	100%
Volunteering your time to some group/activity in your community	67%	20%	6%	4%	3%	100%

Despite the multiple federally and state funded programs that can provide support there continue to be caregivers who remain on waiting lists for services due to insufficient funding. Without assistance these caregivers are at increased risk of being in crisis and the care recipient is at increased risk of avoidable placement.

Based upon history, the largest demonstrated need caregivers express or that is extrapolated through assessment is the need for respite services. Respite services are critical to allow the caregiver the opportunity to take care of their own needs such as socialization, employment, etc. Respite services come in a couple of modalities, (1) respite can be offered in the home, and (2) respite can be offered at an outside facility.

### **Number of elder caregivers, including number of grandparents raising children**

As previously stated, caregivers come from all ages, relationships, and ethnicities. A unique population of caregivers that the aging network strives to accommodate needs for are those Grandparents or relative caregivers raising grandchildren or other relative children, aged 17 and younger or 18 and older with a disability. This population experiences a world of different caregiver issues outside of the caregiver issues experienced when taking care of an adult loved one. Grandparents or relative caregivers of children experience a balance of taking care of themselves, and some are advanced in age, while taking care of the specific needs that children face, which may include disabilities.

The number of grandparents raising grandchildren in PSA5 and the lack of supportive services available to assist them is a concern. The DOEA 2017 State and PSA Profiles indicate the prevalence of this unique population in PSA5 and throughout the State. See the below table for comparison and contrast.

Grandparents Responsible for Grandchildren				
County/State	Age 60+ Pop	Grandparents Living with Grandchildren	Responsible for Grandchildren	% Responsible for Grandchildren
Pasco	170,768	7,140	1,680	1%
Pinellas	344,021	9,195	2,955	1%
PSA5 Total	514,789	16,335	4,635	1%
State Total	6,100,379	293,175	69,790	1%

Source: 2022 DOEA Florida PSA & State Profiles

The data above suggests that 1% of the aged 60+ population within PSA5 has a responsibility to raise their grandchildren in our community. This mirrors the State of Florida data.

Additionally, using the CASOA, questions were addressed regarding the amount surveyed who care for a child 18 years of age and younger as well as the amount of time dedicated to the care these relative caregivers provide.

Are you a grandparent raising a grandchild?	Percent of respondents
Yes	4%
No	96%
Total	100%

During a typical week, how many hours do you spend providing care for one or more individuals with whom you have a significant relationship (such as spouse, other relative, partner, friend, neighbor or child), whether or not they live with you?	Never (no hours)	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 to 20 hours	20 or more hours	Total
One or more individuals under age 18	86%	4%	2%	2%	2%	4%	100%

Approximately 84 relative caregivers responded that they provide 20+ hours per week caring for a child.

### Condition of elder caregivers

Anecdotally as well as based upon a history of providing services to caregivers, we understand that caregivers experience what is termed as “Burn Out”. Burn out means that the caregiver experiences an overload of stress due to the day to day caring for an individual that negatively affects the caregiver emotionally financially and physically as well as all three crisis definitions. The length of time that this caregiver can provide care to the individual will perpetuate the burn out rate and that varies from caregiver to caregiver. Service intervention is critical to mitigate burn out and by offering supportive and supplemental services to what is being provided by the caregiver.

The CASOA addressed Caregiver conditions by looking at three factors, (1) physicality, (2) Emotionally and (3) Financially. Below are results from the respondents.

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem		Minor problem		Moderate problem		Major problem		Don't know		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Feeling physically burdened by providing care for another person	65%	1,371	12%	253	6%	135	4%	91	12%	258	100%	2,108
Feeling emotionally burdened by providing care for another person	64%	1,363	12%	262	7%	141	4%	93	12%	256	100%	2,116
Feeling financially burdened by providing care for another person	69%	1,451	10%	209	5%	115	4%	83	12%	258	100%	2,115

Based on the data, caregivers of others aged 60+ said that they have experienced no problems with physical, emotional, or financial burdens. Anywhere from 21% and below reported either minor to major problems including many that reported, they did not know. It's hard to pinpoint how long those who reported no problems have been caring for another. Science leads us to conclude that the longer the amount of caregiving, the more burdens are experienced.

While the below graph is helpful in determining hours per week of providing care, it does not illustrate how many months or years an individual has been providing care. Again, longevity of providing care without any resources to ease the responsibilities equates to a higher rate of burnout.

During a typical week, how many hours do you spend providing care for one or more individuals with whom you have a significant relationship (such as spouse, other relative, partner, friend, Neighbor or child), whether or not they live with you?	Never (no hours)		1 to 3 hours		4 to 5 hours		6 to 10 hours		11 to 20 hours		20 or more hours		Don't know		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
One or more individuals age 60 or older	61%	1,243	11%	226	6%	124	4%	91	4%	83	12%	239	2%	45	100%	2,052
One or more individuals age 18 to 59	81%	1,570	6%	117	2%	46	2%	43	1%	22	4%	68	3%	67	100%	1,934

One or more individuals under age 18	83%	1,599	4%	77	2%	40	2%	36	1%	28	4%	70	4%	67	100%	1,917
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## Analysis of service implications of identified caregiver unmet needs

### Caregiver unmet needs

Assisting caregivers is an important function of the AAAPP. The ADRC Helpline identifies contacts that include a caregiver and offers them options including private pay as well as government funded services. They are directed to community resources such as support groups and to caregiver training. If they opt for government funded services, they are provided with information on a continuum of services that can meet their need, and they are screened for services. Seniors with caregivers may be served in any of the OAA programs and in General Revenue funded case managed programs, including Community Care for the Elderly (CCE), Home Care for the Elderly (HCE) and the Alzheimer’s Disease Initiative (ADI). Priority for programs that require a 701 type assessment is based on Priority Score which includes factors that increase the score for caregivers in crisis, whether the crisis is physical, emotional, or financial.

There are specific programs that address the needs of caregivers. The Alzheimer’s Disease Initiative serves caregivers of adults aged 18 and over who have a diagnosis of dementia. This program has also served adults with a developmental disability who have been diagnosed with dementia. The HCE program provides support, including a financial subsidy for caregivers of seniors who meet financial eligibility criteria. The Older Americans Act National Family Caregiver Support Program (Title III E) also provides support for caregivers of seniors, including respite care, counseling, and consumable medical supplies.

Additionally, the AAAPP as a direct service provider, provides “Savvy Caregiver”, an evidenced based program offering a psycho-educational approach to caregivers of those living with Alzheimer’s Disease or a Related Disorder (ARD). These courses train caregivers on all aspects of caring for an individual with ARD over a six-week period. While this is not considered a support group, participants are encouraged to socialize with their course peers outside of class for supportive purposes. Last, participants are given support group information and encouraged to utilize these resources from any one of our aging network partners.

### Number of elder caregivers, including number of grandparents raising children

To try and meet the need of grandparents raising grandchildren or relative caregivers, the AAAPP contracts with two legal service providers in PSA5 that serves these individuals with civil legal assistance. These services are offered throughout Pasco and Pinellas Counties and eligible to caregivers aged 55+. The providers funded through the Older Americans Act (OAA)

Title III EG are required to outreach targeted communities to offer information about their services and especially attract and serve those meeting the high-risk categories referenced in the Act. Once an individual relative caregiver is served by the sub-contractor, they receive information on an array of other resources including, but not limited to, Support Groups, information on Temporary and Needy Families (TANF) through the Department of Children and Families (DCF), OAA Home and Community Based Services, ADRC Helpline, etc.

Review of the DOEA 2022 County Profiles indicates a sizable proportion of grandparents caring for grandchildren reside in both Pasco and Pinellas counties. Because the Title III EG program has offices in both counties and available offices for legal services, access to these services is easily attained. Because of our long business history with these providers, they are well versed in how to utilize the ADRC Helpline to assist the client obtain other valuable resources preserving the unique dynamic of their household.

Additionally, the AAAPP is a partner with the Children's Home Network that serves Hillsborough, Pasco and Pinellas Counties and other parts of the State of Florida. This social service agency has a unique program department titled, "Kinship Services Network (KSN)", and strives to meet the needs of Grandparents and/or relative caregivers raising children with supportive services, inclusive of arrangements with our (2) Legal providers. The director of this program sits on our ADRC workgroup and offers valuable information regarding this unique population. Cross training occurs so the KSN Program understands how to access services designed for caring for older adults or those with disabilities and reciprocally, so the AAAPP understands how to access programs for children, specifically those being raised by a grandparent or relative caregiver.

Last, the AAAPP produces a television show in partnership with both Pinellas and Pasco County Communications Departments. We host and produce a show covering Grandparents/Relative Caregivers biannually to showcase issues and resources to educate the greater public.

### **Condition of elder caregivers**

Like all clients being served in a registered service, an assessment takes place initially and a reassessment occurs annually. During both the initial and the reassessment, the caregiver's ability to provide care as well as the extenuating factors that affect this outcome is assessed. Based upon the results of the assessment, services in place can be evaluated for frequency and appropriateness. Many times, the caregiver, even with services in place may not be able to continue to provide care and that notion will trigger an assessment being conducted on the caregiver as a potential client.

Individuals waiting on services are screened initially and reassessed annually. Any significant changes in the caregiver's ability to continue to provide care are noted and any diminished



capacity to provide care may alter the priority score. An elevated priority score places that individual or family in a better position to be enrolled in services to their demonstrated need, however, funding limitations may interfere with an expeditious enrollment.

## Communities:

It is commonly understood that seniors want to remain independent and live in their homes as long as possible. Communities need support to make this possible. The concept of “aging in place” relies on the ability to sustain the highest quality of life in the community with the most minimal support services and increasing support through the aging process. Support of accessible community resources (transportation, safe affordable housing, senior centers, and availability of volunteer and employment opportunities) are key to this process and often prevent or delay the need for funded services or institutionalization.

## Transportation

Much of what is being said here has been covered in the previous section outlining any unmet needs or gaps in transportation services within both our counties.

Utilizing the caller information reported within the REFER database, we can see that Transportation assistance requests are the 7<sup>th</sup> highest caller request for information. In fact, between January 01, 2023 and June 30, 2023, the ADRC received 550 calls for information or assistance related to Transportation with PSA5.

For those services that are not delivered in the home, transportation is essential to participate in programs and services. Pasco County has a one-number transportation system that offers assistance to access social services. Weekday bus service is available in West Pasco and East Pasco. Connections with Pinellas and Hillsborough transit buses are also available. Although senior fares are affordable and seniors are the predominant users, the service is not accessible from many senior communities due to location. Thus, the demand for transportation has not diminished. Pasco County provides door-to-door transportation service for the following: group dining sites, medical offices and facilities, grocery and shopping centers, adult day service centers, and other life sustaining destinations. However, a gap continues to exist in the provision of transportation from one side of the county to the other for service provision.

Pinellas County has multiple transportation options with different eligibility factors. Neighborly Care Network (NCN) provides free access to group dining sites, medical offices and facilities, grocery shopping centers, adult day service centers, and other life sustaining destinations. Though NCN’s services are very similar to the destinations Pasco County offers, free transportation services are largely based on group trips and/or cater to communities with large numbers of seniors while door to door service is minimal.

Lastly, the Pinellas Suncoast Transportation Authority (PSTA) offers comprehensive transportation service throughout the entire county. PSTA is largely funded by ad valorem taxes. The PSTA offers wheelchair transportation through a sub-contracted provider for access to medical appointments through a program called DART.

In both Pinellas and Pasco County, the Transportation Disadvantaged Program (TD) is administered through the Community Transportation Coordinator, PSTA in Pinellas County and PCPT in Pasco County. The TD Program is funded by the state to provide low-cost transportation for those who qualify as "transportation disadvantaged." Transportation services are provided for the following purposes: medical, employment, grocery, banking, and education related to employment. Further, other transportation funding sources in both counties allow for transportation to elders using similar eligibility requirements. While there may be multiple funding streams providing access to paratransit and fixed route transportation, these funds have not received increases in years. Therefore, the demand for transportation increases while the resources needed to meet demand remain static.

In comparison and for planning purposes, Pasco County has far more disadvantages than Pinellas County as it pertains to numbers of service providers, transportation access to services, and funding for new initiatives in transportation and the social service realm. While Pinellas County is more densely populated and there are more providers serving seniors, like Pasco County, it is challenged by lack of adequate transportation and decreases in social services due to the declines in the budgets of counties, cities and non-profit organizations.

Both Pinellas and Pasco County have moved to a cost-efficient practice of determining eligibility for those seniors without financial and physical limitations to utilize fixed route services in lieu of door to door paratransit services. This fixed route service can be paid for by utilizing senior reduced rates or if economically eligible, TD funding through use of a bus pass. With state and federal funding remaining static and/or reduced compounded with the National Center on Senior Transportation (NCST) reporting that 600,000 U.S. citizens 70 and older stop driving each year, States and Localities must figure out cost efficient and appropriate means for meeting senior transportation needs. The NCST further reports that the age gap between the end of driving and death is six years for men and ten years for women. Estimates posit that 50% of non-driving seniors stay at home on any given day due to a lack of mobility options.

The CASOA looked at community resources broken down by nine AARP Community dimensions. One of which is "Transportation and Mobility". The graphics below shed light on some common threads.

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem	Minor problem	Moderate problem	Major problem	Total
Having safe and affordable transportation available	72%	13%	9%	5%	100%
No longer being able to drive	82%	6%	4%	8%	100%

Surprisingly, when asked if over the last 12 months if transportation-oriented questions were an issue for them, respondents reported heavily that it was either minor or not a problem at all.

Please rate each of the following characteristics as they relate to adults aged 60 or over in your community:	Excellent		Good		Fair		Poor		Don't know		Total	
Ease of travel by public transportation in your community	6%	131	19%	398	22%	468	28%	587	25%	525	100%	2,109
Ease of travel by car in your community	19%	405	43%	898	27%	562	10%	213	2%	32	100%	2,110
Ease of walking in your community	21%	454	40%	846	22%	477	13%	283	3%	65	100%	2,125
Ease of getting to the places you usually have to visit	19%	395	46%	985	26%	548	8%	169	1%	25	100%	2,122

As illustrated, Transportation and mobility go hand and hand. If an older adult lacks the ability to access resources on foot or by their personal mode of transportation, that individual must rely on friends, family, or public transportation support. Those that responded to this question, overwhelmingly reported that Public Transportation was fair to poor, and it can be assumed that they rely on Public Transit for their primary mode of transportation. Interestingly, 25% of those surveyed stated they did not know. That could mean they have not gotten to a point yet where they rely on Public Transportation.

## Limited access to senior centers

Senior Centers are a center piece to life enriching and recreational activities promoting socialization, de-isolation, and stimulation. Within PSA5, a robust number of senior centers exist and either fall under the purview of the municipality or privately run by organizations with a social aspect. While these senior centers exist, those with mobility issues find transportation resources to those centers is limited. While most public transportation (Fixed Route) travels along arteries where senior centers are located, persons with mobility limitations may not be able to utilize this modality. Government funded transportation via paratransit is another option, yet funding is generally restricted to those destinations where life sustenance is a priority such as shopping, medical appointments, nutrition services, adult day care, etc. Rarely, do these government subsidized trips allow for recreational activities such as senior centers. Because transportation access to senior centers is limited, individuals looking for stimulation through human-to-human contact and/or activity based, find this mode of recreation hard to utilize.

The CASOA reviewed older adult perceptions regarding senior centers and/or activities surrounding the senior center concept.

Please rate each of the following characteristics as they relate to adults aged 60 or over in your community:	Excellent		Good		Fair		Poor		Don't know		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Opportunities to enroll in skill-building or personal enrichment classes	14%	304	31%	640	18%	380	8%	163	29%	610	100%	2,096
Recreation opportunities including games, arts, and library services, etc.)	31%	662	40%	856	16%	335	5%	114	8%	182	100%	2,149
Fitness opportunities (including exercise classes and paths or trails, etc.)	35%	749	40%	849	14%	301	5%	97	7%	146	100%	2,142
Opportunities to attend social events or activities	28%	585	37%	794	18%	374	6%	123	12%	245	100%	2,121

CASOA further asked how much older adults utilize senior centers or recreation centers in the community.

In the last 12 month, about how many times, if ever, have you participated in or done each of the following?	2 times a week or more		2-4 times a month		Once a Month or less		Not at all		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count
Used a senior center in your community	5%	102	4%	90	8%	163	83%	1,768	100%	2,123
Used a recreation center in your community	10%	213	8%	173	14%	291	68%	1,440	100%	2,117

Unfortunately, a large percentage of older adults polled reported they utilize these resources rarely. That low utilization response may indicate limited transportation or a personal preference as to where that individual obtains their recreation.

In comparison, Pasco County has an identical number of senior centers as Pinellas County ten and many within Pasco County are coordinated under a not-for-profit organization, CARES, Inc while the rest are managed under Pasco County Government. Those in Pinellas County are moreover operated by the municipality they reside in. Calls to the ADRC Helpline between January 01, 2023 and June 30, 2023 were relatively low with just 10 calls inquiring about recreational centers or places where arts and culture could be found. This suggests that Senior Centers place a high amount of focus on advertising and/or are a staple part of the community and known by those who reside there.

### Housing and safety needs

The places where seniors reside, and the safety of their environment dictates current and future emotional, physical, and economic security. Environments or neighborhoods that were once safe and nurturing may be affected by depressed housing markets which precipitates changes, generally negatively to individuals or communities. These areas where seniors live and interact should be taken into consideration when evaluating adequate and appropriate housing for the individual ages.

Between January 01, 2023 and June 30, 2023, the ADRC Helpline received 1,507 calls inquiring about housing needs. This six-month data period represents a sharp increase in calls experienced over the last several years and acknowledges that housing is continually getting worse.

CASOA looked at Housing and Safety needs and the following is helpful in our planning.

How many years have you lived in your community?	Percent	Number
Less than 1 year	3%	N=73
1-5 years	22%	N=479
6-10 years	13%	N=283
11-20 years	19%	N=417
More than 20 years	42%	N=906
Total	100%	N=2158

Many of those polled have been living within the community for 1 to over 20 years. The majority indicates a higher percentage of older individuals living within the community for over 20 years. Which best describes the building you live in?	Percent	Number
Single family home	62%	N=1328
Townhouse, condominium, duplex or apartment	26%	N=568
Mobile home	10%	N=223
Assisted living residence	0%	N=9
Nursing home	0%	N=0
Other	1%	N=18
Total	100%	N=2146

As illustrated above, most respondents indicated they live within a single-family home.

Please rate each of the following characteristics as they relate to adults age 60 or over in your community:	Excellent		Good		Fair		Poor		Don't know		Total	
	%	N	%	N	%	N	%	N	%	N	%	N
Availability of affordable quality housing	6%	133	26%	547	30%	644	20%	430	18%	378	100%	2,133
Variety of housing options	10%	217	30%	642	27%	575	16%	342	16%	337	100%	2,114

The above graph depicts responses centered around types of housing and its availability. Most respondents indicated Good to Poor yet many indicated they do not know. It's possible some of those polled were not in a situation where researching alternate living was an issue.

Further, the graph below illustrates whether the individual responding rents, lives in own home with a mortgage payment or lives in home without a mortgage payment. All of these, factor into the potential ability to have modifications or improvements conducted.

Do you currently rent or own your home?	Percent	Number
Rent	18%	N=375
Own (with a mortgage payment)	28%	N=600
Own (free and clear; no mortgage)	54%	N=1156
Total	100%	N=2131

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem		Minor problem		Moderate problem		Major problem		Don't know		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Having housing to suit your needs	79%	1,684	9%	194	7%	150	4%	83	1%	26	100%	2,137
Doing heavy or intense housework	41%	881	28%	604	16%	341	14%	291	1%	14	100%	2,132
Maintaining your home	61%	1,292	23%	494	11%	232	4%	95	1%	16	100%	2,128
Maintaining your yard	57%	1,183	21%	434	11%	230	6%	132	5%	98	100%	2,076

When asked if housing related topics were an issue within the last 12 months, many respondents said that they were not.

In order for older adults to remain in their own home, many choose to modify their homes to allow ease of independence. CASOA addressed any participation in Home Modifications and/or Improvements.

Have you made, or do you plan to make, the following modifications or improvements to your home?	Yes		No		Total	
	%	Count	%	Count	%	Count
Installed accessibility features in your home (e.g., ramp, chairlift, wider doorways, handrails, etc.)	18%	384	82%	1,733	100%	2,117
Installed accessibility features in your bathroom (e.g., grab bars, handrails, a higher toilet, etc.)	40%	856	60%	1,260	100%	2,116
Installed adequate lighting that is easy to reach	34%	721	66%	1,377	100%	2,098
Installed accessibility features in your bathroom (e.g., grab bars, handrails, a higher toilet, etc.)	40%	856	60%	1,260	100%	2,116

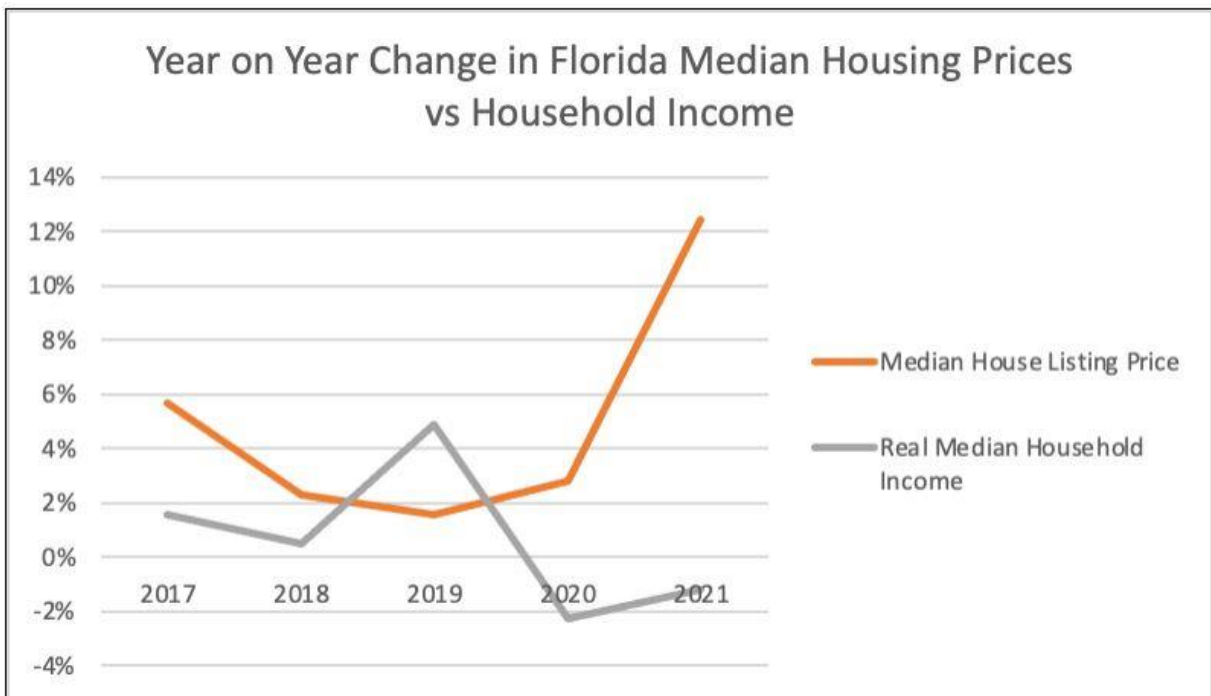
Based upon the responses, more older adults did not make home modifications and/or improvements than those who indicated they did.

Community and home safety remain a large factor dictating quality of life. Safety can be subjective and is based on a multitude of factors such as the neighborhood one resides in, age of the home, and the individual. CASOA evaluated safety as a characteristic and a perceived issue. The results are below.

Overall feeling of safety in your community	Percent	Number
Excellent	25%	N=526
Good	56%	N=1189
Fair	15%	N=317
Poor	4%	N=91
Don't know	1%	N=15
Total	100%	N=2138

Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem		Minor problem		Moderate problem		Major problem		Don't know		Total	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Being a victim of crime	89%	1,911	6%	121	2%	49	2%	43	1%	20	100%	2,144
Being a victim of fraud or a scam	74%	1,589	15%	316	6%	128	3%	72	2%	36	100%	2,142

The Florida Policy Project published a report in 2023 covering “Housing Affordability”. This report spoke to the ongoing housing crisis and especially the fact housing costs rise unparallel to household income. The graph below represents an illustration to the above.



Florida Policy – “Housing Affordability” Report – CY2023

While this graph points out the dilemma for the State of Florida, PSA5 is experiencing the same crisis.



## Employment training or related assistance

Between January 01, 2023 and June 30, 2023, the ADRC Helpline received 42 calls from citizens looking for assistance with employment or job-related placement and training. These types of calls ranked 14<sup>th</sup> in the number of calls received and pertaining to topics most citizens were interested in.

Those who wish to continue to work or wish to acquire employment in later life most often are those with low incomes. Because Pasco and Pinellas Counties have a proportionally high percentage of seniors that are Below Poverty Level, Low Income and Minority, it is projected that seniors within PSA5 will demonstrate a need of employment or job training to supplement income.

CASOA addressed Employment status and the results below show 73% are fully retired yet 26% indicate working full time, working part time or looking for employment.

What is your employment status?	Percent	Number
Fully retired	73%	N=1524
Working full time for pay	15%	N=313
Working part time for pay	9%	N=194
Unemployed, looking for paid work	2%	N=51
Total	100%	N=2082

In Pasco and Pinellas County and at the end of Calendar Year 2022, those who are living Below the Federal Poverty Level, Low-Income, and minority is illustrated below:

County	Below Poverty Level (BPL)	Low-Income	Minority	BPL and Minority	Low-Income Minorities
Pasco	16,880	21,720	15,491	2,410	10,140
Pinellas	28,025	46,485	43,892	6,314	15,370
<b>PSA5 Total</b>	<b>44,905</b>	<b>69,400</b>	<b>65,612</b>	<b>8,724</b>	<b>25,510</b>

*Source: 2022 DOEA Florida PSA & State Profiles*

Because the number of individuals that are Below Poverty Level is 9% and those with low-Incomes are 13.4% of the total 60+ population in PSA5, the AAAPP must be cognizant that a great portion of those individuals will wish to continue to work for income supplementation. Further, minorities that are living below the poverty threshold and those minorities with low-incomes range from 1.6% - 4.9%. This smaller group may also demonstrate the same need for a continuation of employment of some kind.

The CASOA addressed characteristics in the community as it relates to employment. Results are below and indicate more respondents thought employment opportunities were Good to Poor and with 35% reporting they did not know.

Please rate each of the following characteristics as they relate to adults age 60 or over in your community:	Excellent		Good		Fair		Poor		Don't know		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Employment opportunities	7%	146	21%	434	24%	508	13%	278	35%	736	100%	2,103

CASOA also questioned if looking for employment in retirement was an issue. Very consistent to the low number of calls our Helpline receives, the responses indicated that finding employment as an issue in retirement was not problematic yet 35% of respondents denote, they did not know.

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem		Minor problem		Moderate problem		Major problem		Don't know		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Finding work in retirement	45%	932	7%	140	6%	132	7%	139	35%	708	100%	2,051

### Housing conditions and availability of affordable housing

As older adults age, finances can be a factor in their ability to keep up with the costs of housing upkeep as well as the affordability of the housing they currently reside in.

Home Ownership can be a challenge for older adults. In many cases, older adults experience what's considered asset rich yet cash poor, meaning while they might own their own home outright, all their income goes to goods and services and leaves very little for emergencies, prescriptions, utilities, or recreation. Those who do not own their own home outright experience an extra burden for rent or mortgage in addition to those who are asset rich and cash poor. These are factors leading to access of long-term care goods and services.

Based on the 2020 Census, that in Pasco County and out of 184,813 occupied housing units, 145,614 are owner occupied or 78.7% while 39,199 or 21.2% are renter occupied. Further,

there are 32,837 units that are rented with the highest amount of rent being paid equaling, between \$500 - \$1,999. Further the chart below indicates that 48,169 or 33% of Owner-Occupied Households housing costs equaling 30% and over compared to their household income.

SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME (SMOCAPI)	
Housing units with a mortgage (excluding units where SMOCAPI cannot be computed)	88,923
Less than 20.0 percent	23,853
20.0 to 24.9 percent	13,558
25.0 to 29.9 percent	11,673
30.0 to 34.9 percent	8,644
35.0 percent or more	31,195
Not computed	830
Housing unit without a mortgage (excluding units where SMOCAPI cannot be computed)	54,929
Less than 10.0 percent	18,983
10.0 to 14.9 percent	12,353
15.0 to 19.9 percent	7,284
20.0 to 24.9 percent	4,842
25.0 to 29.9 percent	3,137
30.0 to 34.9 percent	2,316
35.0 percent or more	6,014
Not computed	932

**2020 Census – Pasco County Household Costs – Owner Occupied Units – With or Without a Mortgage**

Pinellas County reflects slight differences than Pasco County. Based on the 2020 Census, in Pinellas County and out of 405,649 occupied housing units, 285,487 or 70.3% are owner occupied while 120,162 or 29.6% are rent occupied. Further, there are 106,204 units that are rented with the highest amount of rent being paid equaling, between \$500 - \$1,999. Further the chart below indicates that 107,927 or 37.8% of Owner-Occupied Households housing costs equaling 30% and over compared to their household income.

SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME (SMOCAPI)	
Housing units with a mortgage (excluding units where SMOCAPI cannot be computed)	172,659
Less than 20.0 percent	43,119
20.0 to 24.9 percent	24,878
25.0 to 29.9 percent	21,248
30.0 to 34.9 percent	18,178
35.0 percent or more	65,236
Not computed	1,406
Housing unit without a mortgage (excluding units where SMOCAPI cannot be computed)	109,644
Less than 10.0 percent	30,660
10.0 to 14.9 percent	21,424
15.0 to 19.9 percent	15,670
20.0 to 24.9 percent	10,483
25.0 to 29.9 percent	6,894
30.0 to 34.9 percent	5,532
35.0 percent or more	18,981
Not computed	1,778

**2020 Census – Pinellas County Household Costs – Owner Occupied Units – With or Without a Mortgage**

Outside of owner-occupied households, the Florida Housing Data Clearinghouse posits that in Pasco County, households renting homes have experienced marked increases from 2017 through 2023. The table below depicts actual costs for rent in Pasco County, per bedroom number, covering the years 2017 to 2023.

County	Number of Bedrooms	Year	January	February	March	April	May	June	July	August	September	October	November	December
Pasco County	1br	2017	\$776.00	\$779.00	\$777.00	\$766.00	\$749.00	\$744.00	\$749.00	\$775.00	\$838.00	\$866.00	\$856.00	\$815.00
Pasco County	1br	2018	\$791.00	\$802.00	\$809.00	\$816.00	\$824.00	\$817.00	\$819.00	\$816.00	\$813.00	\$821.00	\$816.00	\$828.00
Pasco County	1br	2019	\$824.00	\$825.00	\$823.00	\$821.00	\$824.00	\$825.00	\$828.00	\$843.00	\$848.00	\$854.00	\$843.00	\$831.00
Pasco County	1br	2020	\$832.00	\$834.00	\$837.00	\$826.00	\$818.00	\$823.00	\$834.00	\$843.00	\$847.00	\$851.00	\$863.00	\$871.00
Pasco County	1br	2021	\$878.00	\$879.00	\$886.00	\$904.00	\$937.00	\$997.00	\$1,065.00	\$1,135.00	\$1,192.00	\$1,208.00	\$1,196.00	\$1,147.00
Pasco County	1br	2022	\$1,118.00	\$1,106.00	\$1,123.00	\$1,140.00	\$1,148.00	\$1,154.00	\$1,158.00	\$1,167.00	\$1,166.00	\$1,154.00	\$1,127.00	\$1,105.00
Pasco County	1br	2023	\$1,096.00	\$1,100.00	\$1,106.00	\$1,116.00	\$1,126.00	\$1,128.00	-	-	-	-	-	-
Pasco County	2br	2017	\$987.00	\$991.00	\$989.00	\$974.00	\$953.00	\$947.00	\$953.00	\$986.00	\$1,067.00	\$1,102.00	\$1,088.00	\$1,037.00
Pasco County	2br	2018	\$1,007.00	\$1,021.00	\$1,029.00	\$1,038.00	\$1,048.00	\$1,040.00	\$1,042.00	\$1,038.00	\$1,034.00	\$1,044.00	\$1,038.00	\$1,054.00
Pasco County	2br	2019	\$1,048.00	\$1,049.00	\$1,047.00	\$1,045.00	\$1,048.00	\$1,049.00	\$1,053.00	\$1,072.00	\$1,079.00	\$1,087.00	\$1,072.00	\$1,057.00
Pasco County	2br	2020	\$1,058.00	\$1,061.00	\$1,065.00	\$1,051.00	\$1,041.00	\$1,047.00	\$1,061.00	\$1,073.00	\$1,077.00	\$1,083.00	\$1,098.00	\$1,108.00
Pasco County	2br	2021	\$1,117.00	\$1,119.00	\$1,127.00	\$1,150.00	\$1,192.00	\$1,268.00	\$1,354.00	\$1,444.00	\$1,516.00	\$1,537.00	\$1,522.00	\$1,460.00
Pasco County	2br	2022	\$1,422.00	\$1,407.00	\$1,428.00	\$1,450.00	\$1,460.00	\$1,469.00	\$1,473.00	\$1,485.00	\$1,483.00	\$1,469.00	\$1,433.00	\$1,406.00
Pasco County	2br	2023	\$1,394.00	\$1,399.00	\$1,408.00	\$1,420.00	\$1,432.00	\$1,435.00	-	-	-	-	-	-
Pasco County	overall	2017	\$1,057.00	\$1,062.00	\$1,060.00	\$1,044.00	\$1,021.00	\$1,015.00	\$1,021.00	\$1,057.00	\$1,143.00	\$1,181.00	\$1,166.00	\$1,111.00
Pasco County	overall	2018	\$1,079.00	\$1,094.00	\$1,103.00	\$1,112.00	\$1,123.00	\$1,114.00	\$1,117.00	\$1,112.00	\$1,108.00	\$1,119.00	\$1,112.00	\$1,129.00
Pasco County	overall	2019	\$1,123.00	\$1,125.00	\$1,122.00	\$1,120.00	\$1,123.00	\$1,124.00	\$1,129.00	\$1,149.00	\$1,156.00	\$1,165.00	\$1,149.00	\$1,133.00
Pasco County	overall	2020	\$1,134.00	\$1,137.00	\$1,141.00	\$1,126.00	\$1,116.00	\$1,122.00	\$1,137.00	\$1,150.00	\$1,155.00	\$1,160.00	\$1,177.00	\$1,188.00
Pasco County	overall	2021	\$1,197.00	\$1,199.00	\$1,208.00	\$1,233.00	\$1,277.00	\$1,359.00	\$1,451.00	\$1,547.00	\$1,625.00	\$1,647.00	\$1,631.00	\$1,564.00
Pasco County	overall	2022	\$1,524.00	\$1,508.00	\$1,531.00	\$1,554.00	\$1,565.00	\$1,574.00	\$1,579.00	\$1,591.00	\$1,590.00	\$1,574.00	\$1,536.00	\$1,507.00
Pasco County	overall	2023	\$1,494.00	\$1,500.00	\$1,508.00	\$1,522.00	\$1,534.00	\$1,538.00	-	-	-	-	-	-

**Florida Housing Data Clearinghouse – Monthly Rent Costs Per Rental Unit & Bedroom – Pasco County – 2017 - 2023**

Outside of owner-occupied households, the Florida Housing Data Clearinghouse posits that in Pinellas County, households renting homes have experienced marked increases from 2017 through 2023, YTD. The table below depicts actual costs for rent in Pinellas County, per bedroom number, covering the years 2017 to 2023.

County	Number of Bedrooms	Year	January	February	March	April	May	June	July	August	September	October	November	December
Pinellas County	1br	2017	\$865.00	\$873.00	\$875.00	\$875.00	\$877.00	\$880.00	\$888.00	\$894.00	\$899.00	\$899.00	\$899.00	\$901.00
Pinellas County	1br	2018	\$899.00	\$897.00	\$893.00	\$898.00	\$907.00	\$914.00	\$923.00	\$922.00	\$918.00	\$915.00	\$915.00	\$923.00
Pinellas County	1br	2019	\$922.00	\$925.00	\$929.00	\$936.00	\$943.00	\$947.00	\$951.00	\$951.00	\$955.00	\$958.00	\$962.00	\$961.00
Pinellas County	1br	2020	\$959.00	\$959.00	\$962.00	\$956.00	\$951.00	\$947.00	\$957.00	\$963.00	\$975.00	\$984.00	\$997.00	\$1,002.00
Pinellas County	1br	2021	\$1,016.00	\$1,021.00	\$1,036.00	\$1,052.00	\$1,091.00	\$1,143.00	\$1,198.00	\$1,252.00	\$1,291.00	\$1,305.00	\$1,303.00	\$1,296.00
Pinellas County	1br	2022	\$1,303.00	\$1,316.00	\$1,328.00	\$1,339.00	\$1,350.00	\$1,359.00	\$1,364.00	\$1,354.00	\$1,347.00	\$1,333.00	\$1,322.00	\$1,305.00
Pinellas County	1br	2023	\$1,304.00	\$1,314.00	\$1,328.00	\$1,330.00	\$1,333.00	\$1,335.00	-	-	-	-	-	-
Pinellas County	2br	2017	\$1,100.00	\$1,111.00	\$1,113.00	\$1,113.00	\$1,116.00	\$1,120.00	\$1,129.00	\$1,137.00	\$1,143.00	\$1,143.00	\$1,143.00	\$1,146.00
Pinellas County	2br	2018	\$1,144.00	\$1,141.00	\$1,136.00	\$1,143.00	\$1,154.00	\$1,163.00	\$1,174.00	\$1,174.00	\$1,168.00	\$1,164.00	\$1,164.00	\$1,174.00
Pinellas County	2br	2019	\$1,173.00	\$1,177.00	\$1,182.00	\$1,191.00	\$1,200.00	\$1,205.00	\$1,210.00	\$1,209.00	\$1,215.00	\$1,218.00	\$1,224.00	\$1,222.00
Pinellas County	2br	2020	\$1,221.00	\$1,220.00	\$1,224.00	\$1,216.00	\$1,211.00	\$1,205.00	\$1,218.00	\$1,225.00	\$1,240.00	\$1,251.00	\$1,268.00	\$1,275.00
Pinellas County	2br	2021	\$1,293.00	\$1,299.00	\$1,318.00	\$1,339.00	\$1,388.00	\$1,454.00	\$1,525.00	\$1,592.00	\$1,643.00	\$1,660.00	\$1,658.00	\$1,649.00
Pinellas County	2br	2022	\$1,658.00	\$1,674.00	\$1,690.00	\$1,704.00	\$1,718.00	\$1,729.00	\$1,735.00	\$1,723.00	\$1,714.00	\$1,695.00	\$1,682.00	\$1,660.00
Pinellas County	2br	2023	\$1,660.00	\$1,672.00	\$1,689.00	\$1,692.00	\$1,696.00	\$1,699.00	-	-	-	-	-	-
Pinellas County	overall	2017	\$1,060.00	\$1,071.00	\$1,072.00	\$1,073.00	\$1,075.00	\$1,079.00	\$1,088.00	\$1,096.00	\$1,102.00	\$1,102.00	\$1,102.00	\$1,105.00
Pinellas County	overall	2018	\$1,102.00	\$1,100.00	\$1,095.00	\$1,101.00	\$1,112.00	\$1,121.00	\$1,131.00	\$1,131.00	\$1,126.00	\$1,121.00	\$1,122.00	\$1,131.00
Pinellas County	overall	2019	\$1,130.00	\$1,134.00	\$1,139.00	\$1,148.00	\$1,156.00	\$1,161.00	\$1,166.00	\$1,165.00	\$1,170.00	\$1,174.00	\$1,180.00	\$1,178.00
Pinellas County	overall	2020	\$1,176.00	\$1,176.00	\$1,180.00	\$1,172.00	\$1,166.00	\$1,161.00	\$1,173.00	\$1,180.00	\$1,195.00	\$1,206.00	\$1,222.00	\$1,229.00
Pinellas County	overall	2021	\$1,246.00	\$1,252.00	\$1,270.00	\$1,290.00	\$1,337.00	\$1,401.00	\$1,469.00	\$1,535.00	\$1,583.00	\$1,600.00	\$1,598.00	\$1,589.00
Pinellas County	overall	2022	\$1,598.00	\$1,613.00	\$1,628.00	\$1,642.00	\$1,656.00	\$1,666.00	\$1,672.00	\$1,660.00	\$1,652.00	\$1,634.00	\$1,620.00	\$1,600.00
Pinellas County	overall	2023	\$1,599.00	\$1,611.00	\$1,628.00	\$1,631.00	\$1,634.00	\$1,637.00	-	-	-	-	-	-

**Florida Housing Data Clearinghouse – Monthly Rent Costs Per Rental Unit & Bedroom – Pinellas County – 2017 - 2023**

CASOA addressed Housing conditions as it relates to if any home modifications and/or home improvements were performed. Conditions exist when the home is in disrepair or needs modifications promoting long-term independence. See results below.

Have you made, or do you plan to make, the following modifications or improvements to your home?	Yes	No	Total
Installed accessibility features in yourhome (e.g., ramp, chairlift, wider doorways, handrails, etc.)	18%	384	82% 1,733 100% 2,117
Installed accessibility features in your bathroom (e.g., grab bars, handrails, ahigher toilet, etc.)	40%	856	60% 1,260 100% 2,116
Installed adequate lighting that is easyto reach	34%	721	66% 1,377 100% 2,098
Installed accessibility features in your bathroom (e.g., grab bars, handrails, ahigher toilet, etc.)	40%	856	60% 1,260 100% 2,116

Additionally, CASOA received responses based on affordability and/or the pursuit thereof. See resultsbelow.

Please rate each of the following characteristics as they relate to adults age 60 or over in your community:	Excellent		Good		Fair		Poor		Don't know		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Availability of affordable quality housing	6%	133	26%	547	30%	644	20%	430	18%	378	100%	2,133
Variety of housing options	10%	217	30%	642	27%	575	16%	342	16%	337	100%	2,114

## Analysis of service implications of identified unmet community needs

### Transportation

The AAAPP has representation on both the Transportation Disadvantaged Local Coordinating Boards (TDLCB) within Pasco and Pinellas Counties. On these boards we advocate for senior and disability related transportation issues as well as utilize resources from the Metropolitan Planning Organizations who convene these TDCLBs.

Florida’s Transportation Disadvantaged (TD) Network is an important resource for persons who because of disability, age or income are unable to transport themselves. The Florida Commission on Transportation Disadvantaged 2021 Annual Performance Report, published in January 2023, provided the following information: In Pasco County during FY21-22, 15,290 or 14% of the 109,279 total TD trips in Pasco were provided through DOEA administered funds. In Pinellas County 35,502 or 8% of the 445,628 total TD trips in Pinellas County were DOEA funded. The four major sources of funding are through the Commission for the Transportation Disadvantaged (CTD), Local Government, the Agency for Health Care Administration (Medicaid funding), Florida Department of Transportation (FDOT) and the Agency for Persons with Disabilities. The charts below provide details on the types of trips provided through the Transportation Disadvantaged system.

2021-2022 Pasco County Passenger Trips by Trip Purpose		
Type of Trip	Number of Trips	% to Total Trips
Medical	30,696	28%
Employment	3,813	3.4%
Edu/Train/Day Care	40,077	36.6%
Nutritional	11,846	10.8%
Life-Sustaining/Other	22,847	20.9%
<b>Total Trips</b>	<b>109,279</b>	<b>100%</b>

**Source: FL Commission for the Transportation Disadvantaged 2022 Annual Performance Report Data**

<b>2021-2022 Pinellas County Passenger Trips by Trip Purpose</b>		
<b>Type of Trip</b>	<b>Number of Trips</b>	<b>% to Total Trips</b>
Medical	138,270	31%
Employment	39,549	8.8%
Edu/Train/Day Care	90,812	20.3%
Nutritional	28,109	6.3%
Life-Sustaining/Other	148,888	33.4%
<b>Total Trips</b>	<b>445,628</b>	<b>100%</b>

**Source: FL Commission for the Transportation Disadvantaged 2022 Annual Performance Report Data**

With that, certainly the CTD, Local Government, APD and AHCA funding may provide necessary trips for those seniors within PSA5, however, more work is necessary on two fronts:

- Offering information on those transportation resources, and
- Advocacy for additional funding or additional innovative transportation options

The AAAPP will continue to utilize the below programs to promote information and access to Transportation resources:

- Older Americans Act (OAA) Title IIIB – Transportation Services
- Local Service Program (LSP – Transportation Services
- Community Care for the Elderly (CCE) – Transportation Services
- Older Americans Act (OAA) + (LSP) – Information and Assistance Services

### **Limited access to senior centers**

The AAAPP recognizes the significant importance senior centers play in an independent senior’s life. The AAAPP and the sub-contracted service providers utilize these centers to conduct outreach and public education. Senior centers are almost always identified as a focal point where an individual can receive information about a myriad of topics all within one building.

Barring transportation, senior centers are accessible geographically throughout Pasco and Pinellas Counties and there are multiple sites. The AAAPP’s website identifies senior centers for the public’s utilization. See below listing of senior centers within Pasco and Pinellas Counties.

### **Pasco County**

1. CARES Claude Pepper Senior Center
2. CARES Crescent Enrichment Center
3. CARES Elfers Senior Center
4. CARES Rao Musunuru, M.D. Enrichment Center
5. Dade City Senior Center
6. Galen Wilson Senior Center
7. Land O'Lakes Senior Center
8. Shady Hills Senior Center
9. Southgate Senior Center
10. Zephyrhills Senior Center

### **Pinellas County**

1. Clearwater Aging Well Center
2. Enoch Davis Center
3. Gulfport Multi-Purpose Senior Center
4. Hale Senior Activity Center
5. Largo Community Center
6. Palm Harbor Community Activity Center/ The Centre
7. Pinellas Park Senior Recreation Center
8. Ridgecrest Community Center
9. Sunshine Multi-Purpose Senior Center
10. Tarpon Springs Community Center

If calls to the Helpline were to inquire about recreational activities, the caller, whether a senior or an individual with a disability, would be directed to any of these places for participation in activities with a similar cohort that would be beneficial for all who attend.

Additionally, often our congregate meal sites are co-located at senior centers. This gives the diner additional access to senior activities not provided by the congregate meal provider. Access is limited though given diners generally are transported to congregate dining sites and that transportation is according to a tight schedule.

### **Housing and safety needs**

To encourage safe and elder friendly communities, the AAAPP supports the efforts of the State of Florida's "Livable Florida" Initiative. Livable Florida in partnership with AARP is a statewide initiative that assists Florida cities, towns, and counties to plan and implement improvements that benefit their residents, both youth and elder. Additionally, the AARP and World Health Organization (WHO) philosophical, "Age Friendly Network of Communities" is an initiative in partnership with the State of Florida "Livable Florida". Merging the two initiative's goals is in the process and the AAAPP will partner and support as appropriate. Cities and counties within PSA5 have already leaped into the work associated with this common initiative. Pinellas County and St. Petersburg are fully vested while other communities such as St. Pete Beach, Gulfport, New Port Richey, Clearwater, Dunedin, and Dade City are all currently investigating the initiative.

The AAAPP additionally has numerous resources through our Helpline. One resource is



Habitat for Humanity who recently only served Pinellas County yet now serves the additional jurisdiction of West Pasco. This organization not only creates a new living environment for people of all ages who qualify but currently has programs specifically for seniors who qualify where simple home modifications can be performed to create a safer environment promoting aging in place.

### **Employment training or related assistance**

The AAAPP will continue to offer resources offering assistance to those wishing to continue work and or receive job related training/assistance. To assist seniors seeking job training and/or information regarding employment opportunities, the AAAPP website posts information and has links to the following programs: Senior Community Service Employment Program (SCSEP), Silver Edition and Employ Florida Marketplace. The ADRC Helpline also has access to these same resources and can help a caller navigate a system they may not be familiar with.

### **Housing conditions and availability of affordable housing**

Between January 01, 2023 and June 30, 2023, the ADRC Helpline received 1,507 calls pertaining to Housing assistance. This REFER topic covers calls needing assistance with Assisted Living Facilities, Independent Living, Foreclosure Prevention, Home Repair, Move/Placement help, Public/Subsidized housing, and home modifications. Callers are connected to private and public resources where they can acquire more information regarding the housing issue they face. Additionally, ADRC Helpline staff are trained to extrapolate more information from their pinpoint systemic issues related to housing. If that occurs, callers are connected to appropriate resources to assist with the root problem. Lastly, callers inquiring about immediate housing needs may be triaged for service delivery through the intake process.

Consumers may be eligible for funded programs where housing improvements or industrial cleaning of the home and yard are available. The Older Americans Act Titles IIIB and IIIE can cover Chore services where the consumer can get help with yard or in the home industrial cleaning in lieu of any codes violations. Waitlists hinder expeditious service delivery though and sometimes clients are referred to private pay resources if they can afford it. Lastly, consumers in the Community Care for the Elderly, Home Care for the Elderly, and SMMCLTCP programs may receive chore and/or housing improvement/environmental modification services as part of their Care Plan.

Additionally, Housing is one of the major domains covered under the “Livable Florida” and/or “Age Friendly Community Initiative”. The AAAPP will continue to support this interest by working closely with cities or counties to advocate for the availability of affordable housing and/or housing modifications or improvements to assist longevity in that living situation. Our Goals and Objectives highlights our intent to work with cities and counties for planning

purposes as well as advocacy when agenda items are present during council or commission meetings.

### **Disaster preparedness**

Residents of either Pasco or Pinellas Counties are particularly vulnerable to a man-made disaster but based upon percentages, a natural disaster such as a hurricane is our PSA's immediate threat. Due to Pinellas County being a peninsula and Pasco County bordered on the West by the Gulf of Mexico, storm surge poses an issue in the event a hurricane approaches from the west or moves northward up our coastline. Storm surge compounded by a densely populated area and further compounded with limited thoroughfares to exit our counties, makes disaster preparedness critical and especially for the seniors who reside here with mobility limitations.

The AAAPP has a Comprehensive Emergency Management Plan (CEMP), Continuity of Operations Plan (COOP) and plans for Pandemic Influenza. For the AAAPP to remain on the learning curve regarding successes and failures regarding disaster preparedness, the AAAPP must have comprehensive coordination efforts with the local emergency management offices and other disaster management stakeholders. The AAAPP is also included within the emergency management community where an all-hazards approach to disaster preparedness is practiced. The AAAPP is a partner organization with many disaster related groups such as, Emergency Support Function (ESF) 6 (Mass Care) and 8 (Healthcare), Recover Pinellas, the Pinellas, Hillsborough, and Pasco COAD/VOAD (PHPCOAD), Hurricanes and Healthcare Conference Committee, Special Needs related Committees, and many more. Partner organizations sitting with the AAAPP other than the local EM agencies include, the Florida Department of Health, Veterans Affairs, Mental Health/Behavioral Health organizations, Hospitals, civic agencies, faith-based organizations, school boards, transportation providers, law enforcement agencies, etc. A community response to planning equates to cross training as well as a cross population approach to preparation, mitigation, response, and recovery, the four tenants to Emergency Management.

The AAAPP utilizes its knowledge of Emergency Management and our community relationships to help seniors in the community, our aging network providers and staff who directly care for senior individuals in the community prepare for natural and man-made disasters. As stated before, the AAAPP has a CEMP, COOP and Pandemic Influenza Plan to meet contract compliance but more importantly to remain as resilient as possible under a new normal condition and if we have been affected by a disaster.

CASOA addressed older adult's disaster readiness with the below questions and responses. Information gleaned from these responses will help the AAAPP advocate to Emergency Management to better assist meeting the needs of seniors.

Please indicate if you have done each of the following to prepare for a disaster:	Yes		No		Total	
Made an emergency preparedness kit with 3 days' worth of food, water, medicines and supplies	51%	1,087	49%	1,050	100%	2,137
Discussed an emergency plan with household members that includes instructions on where to go and what to do in the event of a disaster	60%	1,280	40%	843	100%	2,123
Researched which types of emergencies are most likely in your community (e.g., fire, flood, hurricane, etc.)	69%	1,450	31%	657	100%	2,106
Chosen an out-of-town contact (e.g., family member, friend, etc.) to be your advocate if a disaster should occur	60%	1,274	40%	834	100%	2,108

Which methods of communication would you prefer local officials use to alert you in case of an impending disaster?	Strongly prefer		Somewhat prefer		Not at all prefer		Total	
Television	77%	1,560	17%	333	6%	123	100%	2,016
Radio	40%	725	29%	514	31%	562	100%	1,801
Text	63%	1,188	17%	328	20%	370	100%	1,886
Automated phone call	65%	1,290	22%	432	13%	265	100%	1,988
Social media	32%	584	22%	405	45%	819	100%	1,808

## Volunteerism

Volunteers contribute greatly to PSA5, and many seniors remain engaged within this community. Between January 01, 2023 and June 30, 2023, the ADRC Helpline received 67 calls where callers were looking for an organization or program to offer their talents. It is hard to account for the numbers of volunteers contributing to other organizations within Pasco and Pinellas Counties or the hours they put in daily, but we track that for the aging network and for the use of volunteers within our agency.

The AAAPP works closely with organizations whose mission is to train and appropriately place volunteers in suitable settings where the individual's talents are maximized. One such group is Seniors in Service organization. This organization trains willing seniors across the Tampa Bay area for placement into volunteer opportunities.

The AAAPP’s monthly television show, “Aging on the Suncoast”, covers “Senior Volunteerism” and will continue to promote and educate the public on volunteer opportunities within both Pasco and Pinellas Counties.

The AAAPP utilizes volunteers as well. In addition to our Board of Directors and Advisory Council, our Serving Healthcare Needs of the Elderly Program (SHINE) maintains approximately (50) volunteers who assist individuals with navigation through the complexities of Medicare and or assist with plan choice, unbiased and for free. These dedicated volunteers are comprehensively trained and put all their professional talents to work on behalf of callers distressed about healthcare coverage.

Additionally, our Evidenced Based Programs department trains volunteers to implement certain courses in the community. Volunteer backgrounds provide a tremendous asset to these programs given they have experienced much of what is being taught.

Because the AAAPP tracks volunteer usage for the entire PSA5 Aging Services Network, including our organization, the below is a testament to the usage of these highly valuable individuals throughout PSA5.

Volunteer Reporting Log CY2022 (Annualized)	Undup Direct Vols	Undup Indirect Vols	Episodic Vols	Direct Vol Hours	Indirect Vol Hours	Episodic Vol Hours	Clients Served by Vols	# Vols 60+	# Vols -60
Totals	1045	173	10	98433.15	11029.63	266	12505	952	276

**AAAPP Volunteer utilization Review for CY2022**

Organizations in which this data comes from consist of the AAAPP, sub-contracted aging service providers and most senior centers within PSA5.

The CASOA surveyed Pasco and Pinellas older adult residents regarding Volunteerism. Results below highlight that a high percentage of older adults living in PSA5 feel volunteer opportunities exist and further feel these opportunities are excellent to good.

Please rate each of the following characteristics as they relate to adults age 60 or over in your community:	Excellent		Good		Fair		Poor		Don't know		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Opportunities to volunteer	28%	607	38%	816	11%	225	3%	65	20%	424	100%	2,137

## Health Care:

### Preventative health

In recent years there has been increased emphasis on wellness and preventative health services. For those covered by private health insurance and Medicare, benefits for screening and prevention services have increased as part of the Affordable Health Care Act.

CASOA looked at items related to preventative health and wellness. The results below help us understand the perceptions and activities one has surrounding this topic.

Please rate each of the following characteristics as they relate to adults aged 60 or over in your community:	Excellent		Good		Fair		Poor		Don't know		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Fitness opportunities (including exercise classes and paths or trails, etc.)	35%	749	40%	849	14%	301	5%	97	7%	146	100%	2,142

Please circle the number that comes closest to your opinion for each of the following questions.	Excellent		Good		Fair		Poor		Don't know		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
How do you rate your overall physical health?	21%	444	54%	1,169	20%	438	5%	103	0%	1	100%	2,156

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem		Minor problem		Moderate problem		Major problem		Don't know		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count

Your physical health	43%	908	32%	666	20%	412	5%	111	0%	7	100%	2,103
Performing regular activities, including walking, eating and preparing meals	68%	1,467	17%	357	11%	237	4%	79	0%	3	100%	2,143
Having enough food to eat	86%	1,847	8%	164	4%	86	2%	40	0%	3	100%	2,140
Falling or injuring yourself in your home	74%	1,561	15%	326	6%	124	3%	63	2%	46	100%	2,120
Finding affordable health insurance	69%	1,475	12%	264	8%	177	9%	202	1%	20	100%	2,138
Getting the health care you need	75%	1,608	13%	275	7%	159	4%	80	0%	8	100%	2,131
Affording the medications you need	70%	1,491	15%	324	8%	171	6%	126	1%	20	100%	2,131
Figuring out which medications to take and when	88%	1,877	7%	145	2%	46	1%	32	1%	26	100%	2,125

How often, if at all, do you do each of the following, considering all of the times you could?	Never		Rarely		Sometimes		Usually		Always		Total	
Eat at least 5 portions of fruits and vegetables a day	11%	244	18%	394	34%	731	28%	600	9%	184	100%	2,154
Participate in moderate or vigorous physical activity	12%	254	19%	410	27%	581	27%	574	15%	329	100%	2,147

Further, between January 01, 2023 and June 30, 2023, the ADRC Helpline fielded 10,508 calls inquiring about healthcare resources. Information on health care resources is our current #1 request for assistance and the #1 issue based on those who responded to the CASOA survey.

## Medical care needs

As seniors reside in their respective communities, assistance with medical care is essential to remain in the community and in lieu of any pre-mature institutionalization. Certainly, if the individual is unsafe residing in the community and needs more skilled care or hospitalization, then that would be an appropriate choice given whatever acuity level the individual exhibits.

The Department of Elder Affairs illustrates medically underserved individuals within PSA5. Their details are below and used to describe gaps.

PSA5 Medically Underserved – Aged 65+			
County/State	65+ Population	65+ Medically Underserved	% to 65+ Population
Pasco	130,320	14,025	8%
Pinellas	259,604	118,395	34%
PSA5	389,924	132,420	26%
State Total	4,561,633	1,489,504	24%

*Source: 2022 DOEA Florida State & PSA Profiles*

The DOEA’s data suggests that 26% of the total 65+ population in Pasco County is medically underserved. In contrast, Pinellas County reflects the highest percentage with 34% of the 65+ population who are medically underserved. Pasco County far exceeds resources to medically needy individuals in comparison to Pinellas County. The State average sits just below PSA5’s average percentage of need.

To further describe medical care needs, the CASOA looked at medical care. Details below highlight characteristics of available medical related services.

Please rate each of the following characteristics as they relate to adults aged 60 or over in your community:	Excellent		Good		Fair		Poor		Don't know		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Availability of affordable quality physical health care	14%	297	36%	755	24%	498	12%	252	15%	315	100%	2,117
Availability of affordable quality mental health care	7%	141	20%	419	18%	369	17%	359	38%	804	100%	2,091
Availability of preventive health services (e.g., health screenings, flushots, educational workshops)	19%	406	41%	873	22%	462	6%	129	12%	248	100%	2,116

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem		Minor problem		Moderate problem		Major problem		Don't know		Total	
Finding affordable health insurance	69%	1,475	12%	264	8%	177	9%	202	1%	20	100%	2,138
Getting the healthcare, you need	75%	1,608	13%	275	7%	159	4%	80	0%	8	100%	2,131

Based on the two tables above, older adults surveyed generally feel characteristics related to medical care are Excellent to Fair while a good percentage of participants responded, they did know. When surveyed, if medical care needs were a “problem”, a wide majority reported that it was not and/or a minor problem.

### Ancillary health care needs (hearing aids & eyeglasses)

For elders to function at their highest level and to maintain the quality of life and health they desire, it is also important to facilitate access to dental, vision, and mental health care and affordable medications.

This need for the above ancillary health needs is also observed in the frequency of calls to the AAAPP Senior Helpline requesting these services. During the one-year period January 01, 2023 through June 30, 2023, 10,508 callers requested information on “healthcare”, some of which included requested information regarding Ancillary health care needs. This Refer category includes Ancillary health care information about clinics, dental care, eye care, flu shots, geriatric medicine and low-income health care, vision and hearing care, medical equipment, and supplies.

Further, CASOA addressed questions during the 2019 survey related to the aforementioned. See graph below for details.

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem		Minor problem		Moderate problem		Major problem		Don't know		Total	
Finding affordable health insurance	69%	1,475	12%	264	8%	177	9%	202	1%	20	100%	2,138
Getting the health care you need	75%	1,608	13%	275	7%	159	4%	80	0%	8	100%	2,131
Affording the medications you need	70%	1,491	15%	324	8%	171	6%	126	1%	20	100%	2,131



Figuring out which medications to take and when	88%	1,877	7%	145	2%	46	1%	32	1%	26	100%	2,125
Getting the oral health care you need	70%	1,491	13%	288	7%	160	8%	177	1%	16	100%	2,131
Getting the vision care you need	78%	1,665	12%	260	6%	119	4%	75	1%	11	100%	2,130

Given the responses above, some of the older adults surveyed felt there were minor to major problems with affordable health insurance, getting health care, affording, and understanding medication management as well as help with oral and vision care. A very small percentage indicated they did know with a good assumption that most everyone surveyed is affected by healthcare in some sort of way.

### Availability of medical/health care, including mental health counseling

Both Pasco and Pinellas Counties contain resources for medical/health care and Mental Health/Behavioral Health Counseling. Pasco County, however, has less of these resources than Pinellas County.

Access to any of these available resources is limited due to transportation, like the limited access to community resources, such as senior centers, social service agencies, etc. Medical/healthcare and counseling services fall into destinations of life sustenance based upon eligibility criterion for government funded transportation trips, therefore, the limitations to these types of resources are far less than those limitations to those destinations where the trip is considered “recreation”.

As stated previously, calls to the ADRC Helpline between January 01, 2023 and June 30, 2023 reflected 10,508 individuals inquiring about Medical and Healthcare needs. An additional 107 calls were fielded during the same time frame but regarding “Mental Health/Addictions”.

The AAAPP does not control any waitlists regarding access into external Health and Medical services but does evaluate our internal waitlist for OAA Title IIIB Mental Health Counseling. As of April 2023, PSA5 had 29 individuals waiting on either of the counseling modalities.

During the CASOA survey process, older adults shared their feelings regarding availability of medical/health care and mental health services. See below for responses.

Please rate each of the following characteristics as they relate to adults aged 60 or over in your community:	Excellent		Good		Fair		Poor		Don't know		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Availability of affordable quality physical health care	14%	297	36%	755	24%	498	12%	252	15%	315	100%	2,117
Availability of affordable quality mental health services	7%	141	20%	419	18%	369	17%	359	38%	804	100%	2,091

mental health care													
Availability of preventive health services (e.g., health screenings, flu shots, educational workshops)	19%	406	41%	873	22%	462	6%	129	12%	248	100%	2,116	

Fewer surveyed adults responded that availability of healthcare services was excellent versus the majority that indicated it ranged from good to poor.

When asked about “quality of life”, most individuals thought their quality of life related to physical health, mental/emotional health and overall quality life was excellent to fair with some exceptions that perceived it to be poor. See results below.

Please circle the number that comes closest to your opinion for each of the following questions.	Excellent		Good		Fair		Poor		Don't know		Total	
How do you rate your overall physical health?	21%	444	54%	1,169	20%	438	5%	103	0%	1	100%	2,156
How do you rate your overall mental health/emotional well-being?	38%	811	51%	1,083	9%	195	2%	51	0%	3	100%	2,144
How do you rate your overall quality of life?	30%	648	54%	1,161	13%	280	2%	53	0%	8	100%	2,150

The following CASOA responses demonstrate older adults’ attitudes over the last 12 months regarding physical health, mental/emotional health.

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem		Minor problem		Moderate problem		Major problem		Don't know		Total	
Feeling bored	58%	1,232	25%	525	10%	219	5%	112	1%	26	100%	2,114
Feeling physically burdened by providing care for another person	65%	1,371	12%	253	6%	135	4%	91	12%	258	100%	2,108

Feeling emotionally burdened by providing care for another person	64%	1,363	12%	262	7%	141	4%	93	12%	256	100%	2,116
Feeling financially burdened by providing care for another person	69%	1,451	10%	209	5%	115	4%	83	12%	258	100%	2,115
Dealing with legal issues	67%	1,418	14%	302	8%	165	4%	90	6%	130	100%	2,105
Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	60%	1,266	21%	451	9%	188	5%	108	5%	97	100%	2,110
Feeling lonely or isolated	69%	1,440	16%	341	8%	161	4%	86	2%	46	100%	2,074
Dealing with the loss of a close family member or friend	61%	1,284	15%	323	11%	228	7%	154	6%	120	100%	2,109
Being physically or emotionally abused	87%	1,833	5%	102	1%	24	1%	16	6%	123	100%	2,098

## Analysis of service implications of identified unmet healthcare needs

### Preventative health

Education and programs related to health screening and disease prevention are offered through many hospitals, health care providers, senior centers and focal points throughout the two counties. The AAAPP supports these initiatives through staff and volunteer participation in these events and through collaboration with the SHINE program, Evidenced Based programs, and various AAAPP staff. The AAAPP support is emphasized for programs offered to targeted populations, including medically underserved areas, and areas with high numbers of minority individuals or those with low income.

The AAAPP recognizes the importance of evidenced based disease prevention and health promotion services for seniors throughout PSA5. The AAAPP provides these services under the Older Americans Act, Title IIID. The following Evidenced Based (EB) services are provided: “Chronic Disease Self-Management (CDSMP)”, “Chronic Pain Self-Management Program (CPSMP)”, Diabetes Self-Management Program (DSMP)”, “Matter of Balance (MOB)”, and “Savvy Caregiver”. All programs meet the highest tier and ensure program fidelity is followed.

In combination or solely individual, these classes promote healthy behaviors that enable seniors to live independently. During CY2023 and within Pasco and Pinellas Counties, the AAAPP projects to complete (40) courses throughout the PSA. All courses are conducted in settings where seniors have equal access and geographically placed in areas of the counties where targeted individuals will benefit. Targeting individuals with a higher prevalence of unhealthy behaviors or who suffer chronic diseases at a higher rate than others is important

to mitigate negative health effects.

Minorities and those with low-income are disproportionately afflicted with more health issues than those of other ethnicities or races with higher incomes. Additionally, attracting individuals who live rurally is required due to limited access to services like these.

Just as importantly, as the provider of evidenced based disease prevention and health promotion services are monitoring the rate of completers who participate in these classes. Completers are those who complete a certain percentage of classes based on the fidelity of the program. The goal is to increase the number of those completing the classes so the participant can receive the maximum benefit.

Last, the AAAPP subcontracts with the YMCA of the Suncoast to provide seniors aged 60+ the Evidence Based service, “Enhanced Fitness”. This course promotes under watchful eye, light to moderate exercise to maximize one’s health and prevent unnecessary hospitalizations.

### **Medical care needs**

Medical care resources exist in both counties, however, proportionately lower in Pasco County versus Pinellas County. Health care providers and facilities are well distributed geographically in Pinellas County. Pasco County, however, has geographic areas without a full range of providers and facilities. As the Pasco County population grows in these areas, the health care system is also expanding.

The ADRC Helpline received 10,508 calls between January 01, 2023 and June 30, 2023 pertaining to healthcare assistance. Callers are given information regarding resources available to them and meeting the level of care they want or need.

For those with insurance related needs or issues and that have experienced barriers to medical care, the AAAPP administers the SHINE Program and is a key provider of assistance and information on prescription assistance and health care access. The SHINE volunteers provide free, un-biased information about Medicare options to assist Medicare beneficiaries in their selection of prescription coverage most suited to their needs. SHINE also assists in the completion of applications for the Low-Income Subsidy program through the Social Security Administration. For eligible persons, this program assists with the cost of the Medicare Part D premium, as well as prescription costs such as co-pays. SHINE volunteers also provide information about prescription assistance programs and local organizations providing prescription assistance. These same SHINE volunteers also provide assistance under the Senior Medicare Patrol program (SMP). SMP assists consumers with detecting and preventing Medicare fraud, error, and abuse.

### **Ancillary health care needs (hearing aids & eyeglasses)**

The ADRC Helpline is the first point of contact regarding questions concerning ancillary health care needs. Helpline staff have resources at their fingertips regarding resources in the community that are ever changing. Low-Cost dental resources have been historically limited yet new resources avail themselves periodically even if for a short time frame.

Several community agencies provide limited dental care, including the University of Florida College of Dentistry, the Johnnie Ruth Clark Health Center, and the Pinellas County Department of Human Services in Pinellas County and the Premier Community Healthcare Group in Pasco County.

DOEA's SHINE program, administered locally by the AAAPP, is a key provider of assistance and information on prescription assistance and health care access. The SHINE volunteers provide free, un-biased information about Medicare options to assist Medicare beneficiaries in their selection of prescription coverage most suited to their needs. SHINE also assists with providing information about prescription assistance programs and local organizations providing prescription assistance.

### **Availability of medical/health care, including mental health counseling**

The 2022 DOEA State and PSA Profiles give us an excellent understanding of medical and healthcare availability in PSA5. The data table below offers a look at what is available per type of health facility:

<b>Availability of Medical/Healthcare Facilities</b>					
<b>County/State</b>	<b>Hospitals</b>	<b>Home Health Agencies</b>	<b>Medical Doctors</b>	<b>Skilled Nursing Facilities</b>	<b>Assisted Living Facilities</b>
Pasco	10	39	1,071	19	49
Pinellas	16	109	2,975	71	171
PSA5	26	148	4,046	90	220
State Total	320	2,316	56,896	716	3,150

**Source: 2022 DOEA Florida State & PSA Profiles**

The above table offers a perspective of what health type facilities are available in Pasco, Pinellas, PSA5, and Statewide. Other points of interest are noted below.

Hospice care is available throughout the PSA, with both in-home and facility-based care. The three providers of hospice care are Suncoast Hospice, Hernando-Pasco Hospice and Gulfside Regional Hospice. Seasons Hospice serves both Pasco and Pinellas residents.

It should be noted that Pasco and Pinellas residents also have access to hospitals and health care in the Tampa Bay region. Both Pinellas and Hillsborough counties have hospitals and health care facilities operated by the Veterans Administration. The Region also benefits from educational institutions offering medical and allied health education such as the University of South Florida Medical School in Tampa, the University of Florida School of Pharmacy satellite campus in Pinellas County, and the St. Petersburg College programs for nurses and physician assistants as well as Pasco-Hernando State College and St. Leo University.

Because lack of financial resources is a significant barrier to receiving needed health care, it is important to review the resources available to those with financial need. The Community Health Centers of Pinellas, a not-for-profit health care organization, provides affordable primary health care services to Pinellas County residents through six centers geographically distributed throughout the County. Primary Care and Pharmacy services are available at all locations. Three locations, St. Petersburg's Johnnie Ruth Clark Center, Clearwater, and Pinellas Park offer the services of a registered dietitian and the Johnnie Ruth Clark Center also provides dental care. Additional Centers are in Largo, Tarpon Springs and a newly opened center at Bayfront in downtown St. Petersburg. All the centers are in areas with high minority and/or low-income populations. The Johnnie Ruth Clarke Health Center is a key provider of health services for African American Seniors. It is in the heart of the St. Petersburg Mid-Town area, adjacent to the Front Porch Florida Community, facilitating access for low-income seniors in South St. Petersburg. Additionally, the St. Petersburg Free Clinic and the Clearwater Free Clinic both play a role in health care to persons with low incomes.

The Willa Carson Health Resource Center provides similar services, including preventative services and wellness and education programs for uninsured and low-income persons. This center is in the North Greenwood community near to downtown Clearwater. Additionally, the Pinellas County Health Department has six centers located in Tarpon Springs, Clearwater, Largo, Pinellas Park, and St. Petersburg.

The Pasco County Public Health Unit and free clinics are the major health care providers for low-income Pasco County residents. The free clinics serving the indigent population include the Premier Community Health Care Group, CARES Senior Health Clinic and Good Samaritan Free Clinic. The Pasco County Health Department provides family health clinical services at sites in five Pasco communities, including Hudson, New Port Richey, Dade City, Land O'Lakes, and Zephyrhills.

The CARES, Inc. Senior Health Clinic was established in West Pasco to provide health promotion, screening activities and limited health care to elders in the county. The health clinic has support from the retired professional medical community. The location of the clinic at the CARES Claude Pepper Senior Center in New Port Richey makes it easily accessible to West Pasco seniors. The CARES Senior Health Clinic predominately serves those 55 and older who have no insurance and are not receiving Medicaid or Medicare.

The AAAPP works in the community to develop quality health care resources and to increase awareness of the needs of elders served by the health care system. Examples include staff participation in the St. Anthony Hospital Health Care Community Affairs Committee and the Tampa Bay Health Care Collaborative. Representatives of the Veterans Administration, and respected members of the medical community serve on the AAAPP Board of Directors and/or Advisory Council. The Better Living for Seniors Coalition and Pasco Aging Network provide opportunities for collaboration and professional development among health care providers and other members of the aging network. Additionally, the AAAPP offers internship opportunities to university students in the fields of pharmacy and social work to foster an understanding of the needs of elders. Information about health care resources is maintained in the Senior Helpline database and provided to those seeking information.

Given the need for mental health services, the AAAPP administers OAA, Title IIIB Mental Health Counseling services in both counties. This service is provided in office locations, as well as in client homes to facilitate access. Counseling is also a funded service through the CommunityCare for the Elderly program.

The AAAPP's Senior Helpline maintains information on community resources for Mental Health/Behavioral Health, substance abuse treatment and support groups and provides this information to callers seeking these resources.

Further, the AAAPP participates in the Pinellas County Department of Health's "Community Health Assessment Team" as purported in each county based on the State of Florida's Department of Health's approach to the "State Health Improvement Plan". Our participation sheds light on senior issues surrounding access to healthcare and mental healthcare by breaking down social determinants of health.

Last, the AAAPP offers the "Senior Community Health Program". This program provides help when there is no other community resource to address short term needs as assessed using the Thrive Index. Assistance can include medical equipment not available through insurance, pest control services, appliances, home delivered meals, technology to prevent social isolation, as well as services to prevent eviction and/or secure new housing.

## **Nutrition**

As older adults age, healthy nutrition practices are essential to good health and longevity such as obtaining the appropriate amount of nutrients, special diets, and physical activity to ensure appropriate weight. The OAA understood this back in 1965 and legislated the Act at that time to primarily conquer food insecurity in older adults. Home Delivered Meals and Congregate Meals were the primary services that received Federal Funding from this Act and the AAAPP is proud to say that our current nutrition provider in Pinellas County was one of the first Home Delivered Meal providers in the nation.

The CASOA addressed nutrition in terms of availability and issues reported. Results follow below.

Please rate each of the following characteristics as they relate to adults aged 60 or over in your community:	Excellent		Good		Fair		Poor		Don't know		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Availability of affordable quality food	21%	444	43%	894	23%	472	8%	172	5%	113	100%	2,095

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem		Minor problem		Moderate problem		Major problem		Total		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Performing regular activities, including walking, eating and preparing meals	68%	1,467	17%	357	11%	237	4%	79	0%	3	100%	2,143
Having enough food to eat	86%	1,847	8%	164	4%	86	2%	40	0%	3	100%	2,140
Maintaining a healthy diet	61%	1,293	25%	528	10%	214	4%	84	0%	3	100%	2,124

How often, if at all, do you do each of the following, considering all of the times you could?	Never		Rarely		Sometimes		Usually		Always		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Eat at least 5 portions of fruits and vegetables a day	11%	244	18%	394	34%	731	28%	600	9%	184	100%	2,154

Based on the above tables above, there is a clear relation to older adults' availability of food, issues surrounding nutrition and dietary intake. While 64% of individuals surveyed think availability of affordable quality food is excellent to good, there are many that believe availability is fair to poor. In regard to eating five portions of fruits and vegetables daily, 63% report in a range of Never to Sometimes.

The AAAPP participates with a collaboration of service providers within Hillsborough, Pinellas and Pasco Counties called the Tampa Bay Network to End Hunger. This group investigates food insecurity throughout Tampa Bay and seeks out remedies to end hunger across a variety of populations including seniors.



Additionally, the AAAPP subcontracts with two Nutrition Providers covering PSA5. Pasco County Elderly Nutrition serves Pasco County and Neighborly Care Network serves Pinellas County. Both Nutrition providers administer the following nutrition services:

- Home Delivered Meals – Delivered Meals (Hot or Cold) to the clients home due to the individual being homebound.
- Congregate Meals – Meals served in a congregate setting promoting healthy nutrition and de-isolation where individuals of the same cohort may interact.
- Nutrition Counseling – One on one intervention conducted by a qualified dietitian where the consumer may learn healthy nutrition dependent on the lifestyle or health conditions one must live with.
- Nutrition Education – Group setting nutrition education covering a variety of topics developed by a licensed dietitian.

Each provider of nutrition services has been in existence for many years and demonstrates full compliance with the many regulations safeguarding senior nutrition service practices.

OAA funding is not the only source for nutrition services. Case Managed clients who demonstrate a need for better nutrition can receive meals at home and as authorized by their case manager and General Revenue funds.

For those not within the aging service system yet contact the ADRC Helpline looking for supplemental nutrition, a couple of things may occur. That caller might be connected to the Nutrition provider in whatever county they reside, or an intake assessment might be completed to place them on a waitlist for nutrition services. Other callers might be directed to food pantries or food banks where they can supplement their food supply with additional healthy foods. And lastly, those callers may be directed to an ACCESS Point where they can apply for the Supplemental Nutrition Assistance Program (SNAP), previously called Food Stamps. Any one of these actions may take place and/or all the above. 569 calls were made to the ADRC Helpline between January 01, 2023 and June 30, 2023 inquiring about Food/Meals.

### **Self-Care limitations**

Limitations in a person's ability to perform activities of daily living (ADL) or instrumental activities of daily living (IADL) contribute to a person's need for assistance, whether through informal support such as family or through service provision. ADLs commonly refer to the tasks of bathing, dressing, eating, using the bathroom, transferring, and walking. IADLs refer to the ability to perform the following tasks: heavy chores, light housekeeping, using the phone, managing money, preparing meals, shopping, taking medication and using transportation. Disabling conditions contribute to limitations in an elder's ability to care for

themselves. In PSA 5, approximately 13% of those ages 60 and older have two or more disabilities. This percentage is 1% lower than the statewide average.

Aged 60+ With Two or More Disabilities			
County/State	Age 60+ Population	60+ Pop With (2) or More disabilities	% of 60+ Pop With (2) or More Disabilities
Pasco	170,768	23,220	14%
Pinellas	344,021	44,925	13%
PSA5 Total	514,789	68,145	13%
Statewide Total	6,100,379	831,370	14%

Source: 2022 DOEA Florida State & PSA Profiles

CASOA addressed self-care in multiple ways. The table below indicates responses to various questions centered around an individual’s perceptions of what is available in the community.

Please rate each of the following characteristics as they relate to adults aged 60 or over in your community:	Excellent		Good		Fair		Poor		Don't know		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Availability of long-term care options	8%	177	24%	514	23%	482	11%	240	33%	711	100%	2,124
Availability of daytime care options for adults aged 60 and older	5%	116	17%	365	20%	420	13%	270	45%	952	100%	2,122
Availability of information about resources for adults aged 60 and older	9%	190	23%	479	24%	510	14%	286	31%	644	100%	2,109

To understand how to provide self-care, an individual must understand what is available in the community to address their own needs. Based on the above, very few thought the availability of long-term care options, daytime care options and overall information on resources for seniors was excellent. Most reported that they thought the availability of these three as ranging from Good to Poor and many simply did not know. It’s plausible to think the AAAPP has a lot more work to do in educating the community on what we and our network offer.

Additionally, CASOA sought to understand what those surveyed considered to be a problem regarding self-care topics. Details are below.

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem		Minor problem		Moderate problem		Major problem		Don't know		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Your physical health	43%	908	32%	666	20%	412	5%	111	0%	7	100%	2,103
Performing regular activities, including walking, eating and preparing meals	68%	1,467	17%	357	11%	237	4%	79	0%	3	100%	2,143
Having enough food to eat	86%	1,847	8%	164	4%	86	2%	40	0%	3	100%	2,140
Doing heavy or intense housework	41%	881	28%	604	16%	341	14%	291	1%	14	100%	2,132
Feeling depressed	65%	1,376	21%	439	9%	191	4%	81	2%	33	100%	2,122
Experiencing confusion or forgetfulness	70%	1,479	21%	456	6%	122	2%	44	1%	22	100%	2,122
Figuring out which medications to take and when	88%	1,877	7%	145	2%	46	1%	32	1%	26	100%	2,125
Getting the oral health care you need	70%	1,491	13%	288	7%	160	8%	177	1%	16	100%	2,131
Getting the vision care you need	78%	1,665	12%	260	6%	119	4%	75	1%	11	100%	2,130
Staying physically fit	47%	1,015	31%	670	15%	318	6%	132	0%	2	100%	2,137
Maintaining a healthy diet	61%	1,293	25%	528	10%	214	4%	84	0%	3	100%	2,124
Feeling physically burdened by providing care for another person	65%	1,371	12%	253	6%	135	4%	91	12%	258	100%	2,108
Feeling emotionally burdened by providing care for another person	64%	1,363	12%	262	7%	141	4%	93	12%	256	100%	2,116
Feeling financially burdened by providing care for another person	69%	1,451	10%	209	5%	115	4%	83	12%	258	100%	2,115
Dealing with legal issues	67%	1,418	14%	302	8%	165	4%	90	6%	130	100%	2,105
Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	60%	1,266	21%	451	9%	188	5%	108	5%	97	100%	2,110
Not knowing what services are available to adults aged 60 and older in your community	33%	693	22%	455	15%	325	14%	293	16%	347	100%	2,114
Feeling lonely or isolated	69%	1,440	16%	341	8%	161	4%	86	2%	46	100%	2,074
Dealing with the loss of a close family member or friend	61%	1,284	15%	323	11%	228	7%	154	6%	120	100%	2,109

Between January 01, 2023 and June 30, 2023, the ADRC Helpline received 2,252 calls inquiring about “Individual, Family and Community Support”. Services that fall under this REFER category include but are not limited to Adult Day Care, Case Management, Homemaker, personal care, and respite care. All those services generally are put in place due to severe to

moderate limitations with ADLs and IADLs.

## **F. Health promotion**

In combination or solely individual, Evidenced-Based courses promote healthy behaviors that enable seniors to live independently. The AAAPP is projected to have offered 40 unique EB courses by the end of the year. All classes are conducted in settings where seniors have equal access and geographical placed in areas of the counties where targeted individuals will benefit. Targeting individuals with a higher prevalence to unhealthy behaviors or who suffer chronic diseases at a higher rate than others is important to mitigate negative health effects. Minorities and those with low incomes disproportionately are afflicted with the aforementioned more than those who are other ethnicities or races and those with higher incomes. Additionally, attracting individuals who live rurally is required due to limited access to services like these.

Additionally, the YMCA provides evidenced-based health and wellness classes throughout Pasco and Pinellas counties. Their primary intersect with seniors are their falls prevention classes. The AAAPP partners with the YMCA to assist with the process of targeting at risk individuals and selecting locations where high incidences of seniors reside. The AAAPP subcontracts with the YMCA of the Suncoast to provide Enhanced Fitness, a Tier One approved evidence-based health and wellness service to seniors throughout PSA 5.

Another avenue the AAAPP pursues regarding health promotion is access and the understanding of credible health care coverage. Like the other ten PSAs, the AAAPP administers the Serving the Health Insurance Needs of the Elderly (SHINE) Program. As mentioned previously, these highly trained and skilled volunteers provide unbiased and free counseling regarding Medicare, navigation through Medicare, assistance with Medicare Advantage Plans, assistance with grievances or disputes, counseling for individuals new to Medicare and assistance with dual plans such as Medicaid and Medicare. Importantly, these volunteer counselors place the right tools in the consumer's hands to make an independent decision regarding their health care. Again, these volunteers served over 4,500 individuals in PSA5 between January 01, 2022 and December 31, 2022.

## Home and Community-Based Services (HCBS):

### **Number of people 60+ with ADL limitations not receiving services**

The AAAPP recognizes that once a 701 Type of comprehensive assessment is conducted on any consumer needing intake, the assessment will denote the vulnerabilities a senior has in the realm of Activities of Daily Living (ADL). Activities of Daily Living (ADLs) include one's

ability to perform the following tasks, Bathing, Dressing, Eating, Using the Bathroom, Transferring, and Walking/Mobility. All of the aforementioned jeopardize a senior's ability to remain at home for as long as possible and especially if no caregiver is available to assist with these ADLs. Denoted deficits in ADLs are a major factor in generating a priority score. A priority score is used in any of our federally funded and state funded program waitlists.

Given the State of Florida is in the process of transitioning to a new statewide data management system, the report producing the numbers of individuals with deficits in their ADLS is still a work in progress.

### **Number of people 60+ with IADL limitations not receiving services**

The AAAPP recognizes that once a 701 Type of comprehensive assessment is conducted on any consumer needing intake, the assessment will denote the vulnerabilities a senior has in the realm of Instrumental Activities of Daily Living (IADL). Instrumental Activities of Daily Living (IADLs) include one's ability to perform the following tasks, Heavy Chores, Light Housekeeping, Using the Telephone, Managing Money, Preparing Meals, Shopping, Managing Medications, and Using Transportation. All of the aforementioned jeopardize a senior's ability to remain at home for as long as possible and especially if no caregiver is available to assist with these IADLs. Denoted deficits in IADLs are a major factor in generating a priority score. A priority score is used in any of our federally funded and state funded program waitlists.

Given the State of Florida is in the process of transitioning to a new statewide data management system, the report producing the numbers of individuals with deficits in their IADLS is still a work in progress.

### **Number of people 60+ with mobility limitations not receiving services**

The AAAPP recognizes that once a 701 Type of comprehensive assessment is conducted on any consumer needing intake, the assessment will denote the vulnerabilities a senior has in the realm of Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). Activities of Daily Living (ADLs) include Transferring, and Walking/Mobility. Instrumental Activities of Daily Living (IADLs) include Using Transportation. Any deficits in Transferring, Walking/Mobility, and Using Transportation signify a serious degree of difficulty in "Mobility". An inability to appropriately mobilize leads to seniors becoming homebound for a multitude of reasons. Denoted deficits in these ADLs and IADLs are a major factor in generating a priority score. A priority score is used in any of our federally funded and state funded program waitlists.

Given the State of Florida is in the process of transitioning to a new statewide data management system, the report producing the numbers of individuals with deficits in their IADLS is still a work in progress.

## Number of people 60+ who qualify for food stamps (SNAP) but are not receiving them

Individuals or households that meet income eligibility criterion qualify for the Supplemental Nutrition Assistance Program (SNAP). This Federal Program falling under the purview of the U.S. Department of Agriculture yet administered through the Department of Children and Families in the State of Florida, assists individuals and/or households with food assistance in the form of a debit card to supplement the individual or the family's budget.

Many seniors or older adult families in PSA5 currently receive SNAP Assistance, yet many are eligible and do not take advantage of the program. The 2022 DOEA Florida County Profiles, purports that the following information below regarding individuals in each county that participate in the SNAP Program, appear to be eligible for SNAP Benefits but are not enrolled in the program and the overall participation rate.

PSA5 SNAP Participation			
County	SNAP Participation	SNAP Potentially Eligible	Participation to Potentially Eligible %
Pasco	16,465	22,915	71.8%
Pinellas	29,531	46,485	63.5%
<b>PSA5 Total</b>	<b>45,996</b>	<b>69,400</b>	<b>66.2%</b>

*Source: 2022 DOEA Florida PSA Profiles*

Based upon this data, there are potentially 22,915 older adults in Pasco County and 46,485 older adults in Pinellas County that are eligible for SNAP Benefits yet do not receive any. This could be due to the lack of information about the program or an independent choice made by the consumer not to elect to apply for benefits based upon an ongoing stigma regarding these benefits and especially with the use of the previous terminology, "Food Stamps".

The ADRC Helpline receives calls from residents inquiring about SNAP Benefits and/or during the call, the Helpline staff extrapolates from the conversation or screening that the consumer would benefit from SNAP Benefits. Between January 01, 2023 through June 30, 2023, calls to the PSA5 Helpline regarding the need for food assistance were 569 and was the 5<sup>th</sup> highest type of call the Helpline received under the "Food/Meals" category.

The AAAPP partners with organizations with a like mind to help those who are potentially eligible receive those benefits. Efforts with Feeding Tampa Bay, the Department of Children and Families, the Older Adult Food Insecurity Group, Tampa Bay Network to End Hunger and internally, SHINE and our Helpline, work towards educating seniors of the benefits of SNAP as well as help with the application process.

## People on the waitlist not yet receiving services

The entire State of Florida utilizes an information collection database called ECirts. This system is used to collect data on assessments, those who are waiting for service and those who are receiving some kind of service(s), and the billing that coincides with service delivery. Providers in PSA5 maintain their own waitlist and release clients based on priority and targeting factors. The AAAPP monitors waitlist management for each subcontracted agency.

Registered Services where priority ranking is appropriate are the Alzheimer's disease Initiative (ADI), Community Care for the Elderly (CCE), Home Care for the Elderly (HCE), Medicaid Manage Long Term Care Program (LTCC), Older Americans Act (OAA) Titles IIIB, IIIC1, IIIC2, and IIIE.

The AAAPP as well as the sub-contracted aging service provider network review the waitlists monthly. This is essential to maintain a policy where those with the greatest need are served appropriately and by priority score. The Older Americans Act programs have another element of prioritization and that includes those who meet the mandated targeting requirements.

Three times annually, the AAAPP presents information from all waitlists to the Board of Directors for review and any questions. This is usually accompanied by a vignette spelling out the reality for those who may be waiting on any of our lists. This helps to put a real face to those who are in dire circumstances.

On the following pages are two tables taking into consideration the date span June 2022 through April 2023. This view helps us look at any increases, decreases or plateaus in the number of consumers waiting for services. Certainly, there are justifications for any increases, decreases or plateaus, yet these are one example of how we review those waiting.

Table 1. Older Americans Act Registered and Non-Registered Services

Older Americans Act					
		Jun-22	Sep-22	Feb-23	Apr-23
<b>Adult Day Care</b>					
	Pasco	59	87	109	56
	Pinellas	32	69	139	142
	<b>TOTAL</b>	<b>91</b>	<b>156</b>	<b>248</b>	<b>198</b>
<b>Counseling</b>					
	Pasco	7	10	8	15
	Pinellas	5	17	20	14
	<b>TOTAL</b>	<b>12</b>	<b>27</b>	<b>28</b>	<b>29</b>
<b>CHORE</b>					
	Pasco	335	395	554	628
	Pinellas	621	635	807	977
	<b>TOTAL</b>	<b>956</b>	<b>1030</b>	<b>1361</b>	<b>1605</b>
<b>Emergency Alert Response</b>					
	Pasco/Pinellas	1008	1002	988	1038
<b>Homemaker</b>					
	Pasco	830	908	1061	1128
	Pinellas	1476	1461	1768	1891
	<b>TOTAL</b>	<b>2306</b>	<b>2369</b>	<b>2829</b>	<b>3019</b>
<b>Legal</b>					
	Pasco	0	0	0	0
	Pinellas	0	0	0	0
	<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>IIIE Caregiver Program</b>					
	Pasco	0	0	0	315
	Pinellas	0	0	0	381
	<b>TOTAL</b>	<b>549**</b>	<b>554**</b>	<b>648**</b>	<b>696</b>
**Unable to obtain county specific information due to eCIRTS implementation issues					
<b>Nutrition</b>					
	Pasco	369	502	587	634
	Pinellas	894	1027	1142	1261
	<b>TOTAL</b>	<b>1263</b>	<b>1529</b>	<b>1729</b>	<b>1895</b>
<b>Transportation</b>					
	Pasco	0	0	0	0
	Pinellas	0	4	0	0
	<b>TOTAL</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>
* Additional TD money allowed for denied trips in Pasco					
<b>TOTAL</b>		<b>5636</b>	<b>6117</b>	<b>7183</b>	<b>8480</b>

OAA Programs are administered on a Calendar Year basis. This fact attributes to some of the fluctuations in numbers for those waiting for service enrollment. Also, an individual may be receiving a service in one OAA program and waiting on another thus highlighting some programs may be able to meet some specific needs but not all.



Examining the periods June 2022 through April 2023, we can conclude that there are an abundance of individuals waiting on OAA services. As the calendar year usually progresses, so does the number of individuals waiting. Some individual OAA services such as transportation in Pasco have no waitlist. This service records the times they must deny a trip for an individual. Reasons for trip denials vary yet usually revolve around trips exceeding the number of trips allotted for a month or scheduling conflicts. Often with transportation though, other funding streams can provide that necessary trip because other funding closely resembles eligibility requirements under the OAA. Legal services generally have no waiting list because of the nature of the service. Consumers are seen, screened, and served as they come through the referral process. Some individual OAA services have historically had higher than other waiting lists. Homemaker, Chore and Home Delivered Meals are three examples. These programs have historically allowed for individuals to remain at home thus lowering attrition of the enrollments unlike other programs with a higher attrition rate.

In summary, clients are appropriately waiting on services demonstrated by need. Some clients wait for multiple program openings due to multiple needs. As funding allows, these programs review their waitlists and enroll clients with a budget sensitivity.

**Table 2. General Revenue & SMMCLTCP**

<b>General Revenue and SMMC LTCP</b>					
		Jun-22	Sep-22	Feb-23	Apr-23
<b>Community Care for the Elderly</b>					
	Pasco	1058	1085	1309	1383
	Pinellas	1559	1582	1972	2089
	<b>TOTAL</b>	<b>2617</b>	<b>2667</b>	<b>3281</b>	<b>3468</b>
<b>Home Care for the Elderly</b>					
	Pasco	100	108	159	179
	Pinellas	54	68	148	177
	<b>TOTAL</b>	<b>154</b>	<b>176</b>	<b>307</b>	<b>352</b>
<b>Alzheimer's Disease Initiative</b>					
	Pasco	84	75	64	106
	Pinellas	41	51	79	115
	<b>TOTAL</b>	<b>125</b>	<b>126</b>	<b>143</b>	<b>221</b>
<b>SMMC LTCP (Statewide Medicaid Managed Care Long Term Care Program)</b>					
	Pasco/Pinellas	2692	2717	2734	2759
	<b>TOTAL</b>	<b>5588</b>	<b>5686</b>	<b>6465</b>	<b>6800</b>

General Revenue (GR) programs and the SMMCLTCP program operate on a state fiscal year, July 01 through June 30. These programs differ from the OAA Programs due to the manner clients are released to be enrolled, yet all programs are subject to budget availability. OAA program budgets and enrollments are controlled by the sub-contracted providers, yet budgets are also reviewed monthly by AAAPP staff. General Revenue enrollments are managed by the AAAPP, and clients are released based upon priority score and budget availability. Slightly different but with the same budget cognizance, the SMMCLTCP Program has releases for screening and enrollment determined by the Department of Elder Affairs (DOEA). Looking at the waitlist for the GR and SMMCLTCP Programs, between June 2022 and April 2023, the number of persons waiting has increased and will continue to increase unless the budget provide sufficient funding to promotes releases for enrollment. While the DOEA controls releases from the state level, the AAAPP will screen and/or enroll them as expeditiously as possible.

### **Existing clients needing additional resources**

Waitlists contain large numbers of individuals waiting on OAA, GR or SMMCLTCP services. Additionally, calls the ADRC Helpline receives quickly and comprehensively route consumers to the appropriate services with Information and Assistance or Intake purposes to screen individuals for various waitlists. The AAAPP has a comprehensive service system yet inadequate funding will not allow each consumer to receive all the services they may need; therefore, we enroll clients based upon sensitivity to budgets and priority of needs.

Some clients are receiving services yet need others to meet their needs holistically. Serving a population who experience significant changes in health, family dynamics and environment more than any other age group, the AAAPP must be sensitive to this shifting landscape. When additional needs are present, the AAAPP and/or the service provider will document those needs and work on filling the gap(s). Additional needs may be income based, caregiver needs, environmental modifications, legal assistance, health and medical, etc.

### **Analysis of service implications of identified HCBS unmet needs**

#### **Number of people 60+ with ADL limitations not receiving services**

Following an assessment that extrapolates deficits in Activities of Daily Living (ADLs), a priority score is generated using ADLs as one of many factors. The priority score helps to denote waitlist placement on any of our Federally or State funded home and community based programs. Often, seniors will need to wait for funding to be taken off the waitlist and offered services. Additionally, seniors who have been assessed wait on multiple waiting lists with good reason to believe that any of the services one is waiting for, might become available quicker than others.

Our Senior Helpline plays a critical role in this process. Not only will this department assess a senior and place them on an appropriate waitlist, but they also can offer that senior or caregiver family additional resources that might be offered through the private pay market that can supplement the care they need until a particular waitlist allows for that senior to receive services. While this might not be an option for those who are low-income, it does serve as a buffer while the senior waits on service availability.

Additionally, some Evidenced Based services are offered in the community for free and have little to no waitlists. If a particular evidenced based service is offered that is tailored to assist with whatever ADL deficit one is experiencing, this is an opportunity to serve that senior while they wait on other service availability. A good example may be taking an evidenced based course concentrating on light to moderate exercise or falls prevention/mitigation.

Last, OAA funded transportation generally has no waitlist for service although transportation to life sustaining destinations. Transportation options generally include trips through paratransit service where one can mobilize independently or by use of a wheelchair. Stretcher types of transportation can also be made available. These types of transportation opportunities can be taken advantage of through OAA funding, or other funding used to transport seniors or individuals with disabilities.

### **Number of people 60+ with IADL limitations not receiving services**

Following an assessment that extrapolates deficits in Instrumental Activities of Daily Living (IADLs), a priority score is generated using IADLs as one of many factors. The priority score helps to denote waitlist placement on any of our Federally or State funded home and community based programs. Often, seniors will need to wait for funding to be taken off the waitlist and offered services. Additionally, seniors who have been assessed wait on multiple waiting lists with good reason to believe that any of the services one is waiting for might become available quicker than others.

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include trips through paratransit service where one can mobilize independently or by use of a wheelchair. Stretcher types of transportation can also be made available. These types of transportation opportunities can be taken advantage of through OAA funding, or other funding used to transport seniors or individuals with disabilities.

### **Number of people 60+ with mobility limitations not receiving services**

Following an assessment that extrapolates deficits in Activities of Daily Living (ADLs) and/or Instrumental Activities of Daily Living (IADLs), a priority score is generated using ADLs and IADLs as one or two of many factors. The priority score helps to denote waitlist placement on any of our Federally or State funded home and community based programs. Often, seniors will need to wait for funding to be taken off the waitlist and offered services. Additionally, seniors who have been assessed wait on multiple waiting lists with good reason to believe that any of the services one is waiting for might become available quicker than others.

Our Senior Helpline plays a critical role in this process. Not only will this department assess a senior and place them on an appropriate waitlist, but they also can offer that senior or caregiver family additional resources that might be offered through the private pay market that can supplement the care they need until a particular waitlist allows for that senior to receive services. While this might not be an option for those who are low-income, it does serve as a buffer while the senior waits on service availability.

Additionally, some Evidenced Based services are offered in the community for free and have little to no waitlists. If a particular evidenced based service is offered that is tailored to assist with whatever ADL deficit one is experiencing, this is an opportunity to serve that senior while they wait on other service availability. A good example may be taking an evidenced based course concentrating on light to moderate exercise or falls prevention/mitigation.

Last, Older Americans Act (OAA) funded transportation generally has no waitlist for service although transportation to life sustaining destinations. Transportation options generally include trips through paratransit service where one can mobilize independently or by use of a wheelchair. Stretcher types of transportation can also be made available. These types of transportation opportunities can be taken advantage of through OAA funding, or other funding used to transport seniors or individuals with disabilities.

### **Number of people 60+ who qualify for food stamps (SNAP) but are not receiving them**

Previously reported, the PSA5 ADRC Helpline received 569 calls related to Income Food/Meals, whereas callers were given information on how to apply for SNAP benefits.

Callers are directly routed to the Department of Children and Families website or 1-800 number. Most consumers are directed to any of the (22) DCF ACCESS Sites in Pasco County or

any of the (39) DCF ACCESS Sites in Pinellas County. At these sites, consumers may apply for SNAP Benefits via a computer within the site and/or receive hands on assistance. These sites also serve the general population and/or the current population, meaning individuals that are already within the DCF system of programs.

The AAAPP partners with organizations with a like mind to help those who are potentially eligible receive those benefits. Efforts with Feeding Tampa Bay, the Department of Children and Families, the Older Adult Food Insecurity Group, Tampa Bay Network to End Hunger and internally, SHINE and our Helpline, work towards educating seniors of the benefits of SNAP as well as helping with the application process.

### **People on the waitlist not yet receiving services**

The AAAPP will continue to monitor waitlists and budgets closely to promote the availability of services to persons demonstrating the greatest need as well as being sensitive to budgetary restrictions. OAA Providers will continue to enroll individuals in their standalone services based upon need, attrition, OAA prioritization and budgets. Most clients waiting for OAA services are receiving another type of service through OAA funding. While the OAA providers manage their budgets, the AAAPP will always provide oversight monthly and work together with the providing technical assistance.

The waitlists for GR and SMMCLTCP Services are managed in a comprehensive manner. Releases for GR will be administered through the AAAPP and clients will be enrolled based upon priority score and available funding. The AAAPP has fully functional lead agencies ready and willing to take on new consumers when the AAAPP directs them to do so. SMMCLTCP consumer waitlist will be handled in the same manner as previously and until any other directives inform us to act differently. The DOEA notifies the AAAPP which consumers will be released and the AAAPP acts swiftly with the screening process.

Programs and funding available to serve consumers based upon available funding include:

- a. Older Americans Act (OAA) Title IIIB, IIIC1 & IIIC2, IIID, IIIE & IIIEG,
- b. Local Service Program (LSP) – Like OAA Services
- c. Community Care for the Elderly (CCE)
- d. Home Care for the Elderly (HCE)
- e. Alzheimer’s Disease Initiative (ADI)
- f. SMMCLTCP
- g. Any other services the AAAPP administers, I.E. SHINE, EHEAP, Information and Assistance, private resources, Etc.

### **Existing clients needing additional resources**

The AAAPP has a couple of mechanisms in evaluating additional resources for existing clients. Existing clients who have experienced significant changes are reassessed and the priority score based upon the 701 type of assessment is updated to reflect current limitations or deficiencies. When priority scores increase, this affects their waitlist status for other programs. Priority scores are affected by many factors on the 701-type assessment. A significant change also may signify the need for a different type of service to meet their needs more comprehensively. An example of this might include an individual receiving a standalone OAA service such as Homemaker but when the client becomes frailer a re-assessment might indicate the need for more comprehensive services such as Case Management.

Many clients already receiving services demonstrate a need for other services the AAAPP administers. If no availability of services is evident, the ADRC Helpline always has access to Information/Assistance/Referral for like services that are private and that may include a fee. Many in the community with incomes that can afford these types of services benefit from this access when waiting lists may hinder quick enrollment in government funded services the AAAPP administers.

### **County level analysis for unmet needs/gaps in service**

The “Profile” section of this Area Plan covers in detail the differences in geography and demographics of individuals residing in either Pasco or Pinellas Counties. The “Targeted Outreach” section of this Area Plan details how this agency, and its network of service providers will fulfill obligations to outreach, target, and publicly educate the residents of both counties, consistent with OAA requirements. This current section, “Unmet Needs/Gaps and Service Opportunities” describes limitations in both counties where necessary access to Community resources, Health Care Resources, and Home and Community Based resources exist. It is our desire as an Area Agency on Aging and an Aging and Disability Resource Center to fill those gaps as much as possible by offering the most qualitative information through our major point of contact, the ADRC Helpline and to assist in filling in those gaps by concentrating efforts where older adult populations have been historically untouched by aging and disability type services. Both counties have areas of work that need to be concentrated on and that process will be ongoing.

Pasco County, with approximately 31% of the county aged 60 and older and expected to grow quickly, has far less resources than Pinellas County. The AAAPP and its service provider network blanket this county with information on available resources and utilize the ADRC Helpline number for a one-stop number to acquire information and access regarding a bounty of other resources callers may wish to inquire about. Many times, given Pasco County’s border with Hillsborough or Pinellas County, residents may receive information about like resources in adjacent counties. This opens the door for additional resources that

the older resident may not have considered. Pertaining to HCBS services, the AAAPP has and will continue to concentrate efforts on Outreach and Public Education efforts to help individuals or families understand that there are some gap filling resources available. Funding for these programs is limited though and a comprehensive system of prioritization must take place to serve those with the greatest need.

Pinellas County has slightly more individuals aged 60+ than Pasco County with approximately 35% of the county's population aged 60+. The geography and cultural makeup are entirely different than Pasco County and with Pinellas County being more densely populated, that leads to major difference in the resource structure and availability of said resources. Again, the AAAPP and its service provider network blanket this county with information on available resources and utilize the ADRC Helpline number for a one-stop number to acquire information regarding a bounty of other resources callers may wish to inquire about. Like Pasco County, Pinellas County residents have access to resources in adjacent counties and many times they will utilize those resources. This is a leveraging factor that counterbalances the limitations either of our two counties have with existing resources available in other counties. Transportation to those resources is limited and especially for those with mobility issues, therefore, advocating for transportation resources is paramount to promoting easier and appropriate access to meet the needs of individuals.

# Emergency Preparedness

This section includes information detailing how the AAA will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery in accordance with OAA, §306(a)(17).

## Coordination:

Describe how the AAA coordinates emergency and disaster response plans and activities with local emergency management authorities, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response.

The AAAPP receives information on any potential disaster event via any of the two local emergency management agencies within the PSA, the Department of Elder Affairs, and via news media throughout the Tampa Bay region. Upon receiving an official warning of an imminent event, the AAAPP convenes meetings with Aging network sub-contracted agencies to discuss preparation activities and any unmet needs. Parallel to these meetings, AAAPP emergency coordinators meet with both local Emergency Management (EM) offices to understand coordination and any unmet needs. These EM meetings contain county departments and strategic partners to the emergency management agencies. These meetings occur throughout the course of the pending threat and re-resume in the response period.

During the response period, the AAAPP meets again with aging network's sub-contracted agencies to determine any unmet needs and ability to continue services. This local information is shared with DOEA during the statewide calls that commence in summary form. Given the AAAPP and service provider network is not in the "Response" space, the local network does speak to recovery efforts on multiple levels. Recovery could take place with the assistance of the network of aging service providers, the Department of Health, local Emergency Management agencies, DOEA, and any existing Long Term Recovery Organizations (LTROs).

## Contact:

Identify each of the local Emergency Management contact person(s) within the PSA that the AAA will coordinate with in the event of a disaster.

### **Pasco County Division of Emergency Management**

**Andrew Fossa** – Emergency Management Director

Cell: (727) 359-3278

**Laura Wilcoxon** – Assistant Director

Cell: (904) 673-8313



### **Office**

(727) 847-8137 (New Port Richey)

Fax: (727) 847-8004

**Resident Information Center:** (727) 847-2411

<http://www.pascoemergencymanagement.com/>

### **Pinellas County Department of Emergency Management**

**Cathie Perkins** – Director

Cell: (727) 200-6997

**Joe Borries** – Response & Recovery Manager

Cell: 727-647-7033

Stephanie Hendrix – Planning & Preparedness Manager

Cell: 727-647-0937

### **Office**

Phone: (727) 464-5550

Fax: (727) 464-4024

**County Information Center:** (727) 464-4333

<http://www.pinellascounty.org/emergency/default.htm>

<https://pinellas.gov/emergency-information>

### **AAA Emergency Coordinating Officer:**

Identify the Emergency Coordinating Officer and Alternate Emergency Coordinating Officer designated for the AAA.

Emergency Coordinating Officer – Jason Martino, Director of Planning

Emergency Coordinating Officer 1<sup>st</sup> Alternate – Ann Marie Winter, Executive Director

Emergency Coordinating Officer 2<sup>nd</sup> Alternate – Kerry Marsalek, Chief Operating Officer

### **Continuity of Operations and Critical Services:**

List critical services the AAA will continue to provide after a disaster or emergency event and briefly describe how these services will be delivered.

Generally, PSA5 looks to continue normal operations of any service it typically provides. There is a heightened sense to continue meal delivery whether shelf stable or through the normal vendors. In the event any of our myriad of services are negatively impacted, the AAAPP works with the normal provider to assist that organization standing up. This sometimes necessitates communication to any of the two emergency management offices for purposes of asset requests, I.E generators, water, MREs, etc.

Additionally, each sub-contracted service provider has indicated in the AAAPP's CEMP and COOP, alternate sites where that organization could work from. This applies for the AAAPP too.

Last, during the recovery stage, the AAAPP works closely with the two local emergency management agencies as well as the Long-Term Recovery Organizations (LTROs) to understand and tackle unmet needs.

### Assessment and Resource Allocation:

Describe how the AAA will identify particularly vulnerable populations and ensure follow-up with these vulnerable populations after a disaster event.

The AAAPP meets with service providers, emergency management agencies, DOEA pre-event and post-event. During these meetings, unmet needs regarding each agency and seniors within the PSA are discussed. Actions pertinent to those unmet needs take place in a planned fashion and promote consistent communication so no duplication of efforts are experienced. Unmet needs are tracked as discovery and for resolution purposes. It should be noted that unmet needs are not easily resolved and may remain well after the event.

# Goals, Objectives, and Strategies

**Goal 1** Strengthen and streamline the aging network’s capacity, inspiring innovation, integrating best practices, and building efficiencies to respond to the growing and diversifying aging population.

**Objective 1.1** Expand the availability, integration, and access to assistive technology for older adults.

**Explanation** The primary intent of this objective is to increase elder Floridians ability to independently perform daily activities through a promotion of access to assistive technology for older adults.

Strategies	Progress
<p>With DOEA’s approval, AAAPP will continue to provide evidenced based mental health counseling services in Pasco and Pinellas counties directly and will ensure the provision of services in the home, community and through a telehealth modality. Utilizing secure and encrypted telehealth applications such as Whatsapp and Uniper technology, clients are connected with and educated on these modalities to access mental health support without leaving their home. At least 50 clients in the 2024 contract year will receive mental health counseling with a licensed professional via telehealth services.</p>	
<p>With DOEA’s approval, AAAPP will continue short term case management and technology services under our Senior Community Health program, which receives referrals from medical partners in Pasco and Pinellas counties. Short term case management identifies short term needs and provides service coordination for clients to access services such as technology (TECH). TECH services, including u.connected and robotic pets promote socialization and independence of older adults in their homes. At least 150 clients will receive TECH services in calendar year 2024.</p>	
<p>The AAAPP will continue to add assistive technology resources to the Refer database in 2024 as they become available. All resources will be updated in Refer annually.</p>	
<p>Using the progress of F4A’s exploration and research into available technologies for senior service implementation, the AAAPP will execute a vendor agreement with a viable company</p>	

by 12/31/24 to offer seniors in PSA5 a 21 <sup>st</sup> Century technological resource to assist with caregiving.	
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<p><b>Objective 1.2</b> Increase the AAA’s functional capacity to serve older adults through strategic and meaningful partnerships and collaborations.</p>	
<p><b>Explanation</b> The primary intent of this objective is to encourage the development of partnerships between AAAs and local actors in the elder services sector which will directly lead to increases in the services that AAAs are able to provide older adults residing in their areas.</p>	
<p><b>Strategies</b></p>	<p><b>Progress</b></p>
<p>The AAAPP will continue to co-lead the Dementia Care and Cure Initiative Task Force along with the Madonna Ptak Center for Alzheimer's and Memory Loss for the Pasco and Pinellas County communities. Along with a multitude of partners in the aging network, education will be provided to various sectors of the community about the aging network and available resources. Educational events are currently targeted towards dining establishments and community events to disseminate information outside of the familiar community sectors.</p>	
<p>The AAAPP will continue to collaborate with the Madonna Ptak Center for Alzheimer's and Memory Loss to strengthen the bidirectional referral process.</p>	
<p>The Department of Program Accountability collaborates with the Madonna Ptak Center for Alzheimer's and Memory Loss to provide annual training to AAAPP, lead agencies, Older Americans Act Providers, EHEAP Providers, and to all General Revenue vendors. This training occurs yearly and includes an overview of resources for older adults.</p>	
<p>The AAAPP will pursue partnerships in the PSA through Better Living for Seniors (BLS) and Pasco Aging Network (PAN) to expand marketing; address gaps in services; identify new technologies and trends; and expand resources.</p>	
<p>Engage in new partnership and collaboration with the Pinellas County Coordinated Access Model to assist in allowing for standardization and increased transparency in how consumers, families, caregivers, and professionals can access the right services among the entire social support system.</p>	
<p>As part of the AAAPP strategic plan, stakeholders in the community that are working towards the prevention of older adults experiencing homelessness and who are already increasing the availability of affordable and safe housing for older adults will be identified. Throughout 2024,</p>	

utilizing best practices from across Florida and the country, the AAAPP will work with stakeholders to identify, develop, and advocate for policies that support housing issues for older adults in PSA 5.	
PSA 5 will continue to host a quarterly meeting via conference call with staff from the AAAPP, DCF, and lead agencies to share best practices, discuss cases, and develop efficiencies among the APS referrals to the Aging Network process.	
PSA 5 will continue to host a quarterly meeting via Microsoft Teams with DCF, PSA 6, PSA 8 and the CARES Unit to enhance our regional relationships, share best practices and develop efficiencies.	
The Local ADRC Coalition Workgroup will continue to enhance community partnerships through 2 meetings per year. AAAPP will continue to host these meetings to maintain and promote awareness of the community and long-term care resources for older adults and persons aged 18 and older with a disability. The workgroup will share information and focus on continual improvement in access to services.	
The Invitation to Negotiate (ITN) issued by the Agency for Health Care Administration (AHCA) in 2023 will result in the selection of approved Managed Care Organizations (MCOs) to serve seniors in PSA5. When the approved MCOs are selected and announced for 2024, the AAAPP will explore collaborations with at least 2 MCOs to expand service opportunities within the rules promulgated by DOEA and/or AHCA.	

<b>Objective 1.3</b> Explore new opportunities to reach previously underserved and emerging communities across all programs and services.	
<b>Explanation</b> The primary intent of this objective is for the AAA to detail how it plans to reach populations, across all programs and services, that have been previously identified as underserved or are emerging communities of elders towards whom outreach and targeting activities may not have been previously directed.	
<b>Strategies</b>	<b>Progress</b>
AAAPP Staff to attend Kinship Care meetings quarterly to promote community partnerships among agencies working with grandparents or relatives raising grandchildren.	
As part of the AAAPP strategic plan, partnerships with community stakeholders focusing on senior housing will be established with the goal of preventing homelessness in seniors and advocating for affordable housing. In addition, AAAPP staff will gather data by the end of 2023	

to appropriately target those most impacted by the housing crisis in Pasco and Pinellas counties in 2024.	
The AAAPP will require Older Americans Act providers to provide outreach to older individuals with greatest economic need, individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas), older individuals at risk for institutional placement, and older individuals with limited English proficiency. Older Americans Act nutrition providers will also be required to provide outreach to older individuals with severe disabilities, Alzheimer’s disease and related disorders. Older Americans Act legal providers will also be required to provide outreach to the identified legal priority issue areas which include, income, health, long term care, nutrition, housing, utilities, defense of Guardianship/Protective Services, abuse, neglect, and exploitation, and age discrimination. All Older Americans Act Providers submit their outreach plans on an annual basis. Outreach plans are reviewed by the AAAPP with Providers on a quarterly basis and during annual programmatic monitoring.	
The AAAPP Director of Outreach is responsible for the development, maintenance and evaluation of the AAAPP Outreach and Targeting Plan described in this Area Plan’s Targeted Outreach Plan section. This section describes actions to implement as well as goals covering CY2024-2027.	

**Objective 1.4** Help older adults achieve better quality of life by ensuring those who seek assistance are seamlessly connected to supportive programs and services.

**Explanation** The primary intent of this objective is to address ways the AAA links elders to information and services and provides referrals to resources.

Strategies	Progress
The AAAPP Helpline will continue to serve as the entry point for the Aging and Disability Resource Center by providing access to long term care services for seniors, caregivers, and adults with disabilities. The Helpline will serve clients 8 am to 5 pm Monday through Friday providing information and referral to clients to the most appropriate entity to address their need. Resources provided will include those funded through DOEA (CCE, ADI, HCE, OAA, SMMCLTCP, SHINE) as well as non-profit organizations and private for-profit businesses in	

the community. For calls outside the 8 am to 5 pm hours, the Helpline’s voice mail will continue to provide callers with the 9-1-1 number for police, fire and medical emergencies and with the 2-1-1 number for after-hours assistance with other human service needs.	
The Helpline will link individuals by scheduling a 701S Screening for funded programs to determine priority ranking for services. The Helpline also connects callers with staff providing other Medicaid functions, including long-term care education, grievance/complaint, and assistance with lost Medicaid.	

<b>Objective 1.5</b> Bring attention and support to caregivers, enabling them to thrive in this fundamental role.	
<b>Explanation</b> The primary intent of this objective is to strengthen caregiver services to meet individual needs.	
<b>Strategies</b>	<b>Progress</b>
With DOEA’s approval, AAAPP will continue to provide mental health counseling services in Pasco and Pinellas counties directly and will ensure the provision of services in the home, community and through a telehealth modality. Clients served include those who identify as primary caregivers who seek counseling services to reduce their risk of or alleviate current symptoms of burnout.	
The AAAPP will contract with Lead Agencies to provide support to caregivers of elders through the Home Care for the Elderly and Alzheimer’s Disease Initiative Programs.	
The AAAPP will contract with Lead Agencies for Community Care for the Elderly to provide services to clients and their caregivers if applicable. Services allowable under Community Care for the Elderly include respite, home delivered meals, companionship, home repair, adult day care, and emergency alert response.	
The AAAPP will ensure case managers complete the on-line assessment training, prior to conducting any assessment interviews. This training will provide the necessary tools to adequately assess the needs of caregivers and address the needs in the care plan.	
Once available in eCIRTS, data will be generated by providers and lead agencies indicating barriers to achieving the “caregiver ability” outcome measure. AAAPP staff and providers will review this information regularly to identify trends within the PSA that may be addressed to assist caregivers in continuing to provide care.	
AAAPP will conduct annual outcome measure training with all contracted providers, which includes discussion on resources and recognizing caregiver needs.	

<p>The AAAPP will ensure all providers are addressing the needs of caregivers as reviewed during review of client files and assessments on an annual and quarterly basis for clients enrolled in all General Revenue Programs, including the Alzheimers Disease Initiative Program.</p>	
<p>The AAAPP will provide semi-annual case manager training for lead agency case managers on how to assess caregiver needs, resources for caregivers, and how to prepare individualized care plans addressing the needs of not only the client, but also the caregiver.</p>	
<p>The AAAPP will continue to contract with Lead Agency providers to administer the Alzheimer’s Disease Initiative program. 300 clients who have a primary caregiver will be served in this program in the 2024 calendar year. The AAAPP will maintain service vendor agreements with a variety of licensed home health agencies and adult day care vendors to promote respite options for primary caregivers to reduce the risk of caregiver burnout.</p>	
<p>The AAAPP will continue to contract with Lead Agency providers to administer the Community Care for the Elderly program. 100 clients who have a primary caregiver will be served in this program in the 2024 calendar year. The AAAPP will maintain service vendor agreements with a variety of licensed home health agencies and adult day care vendors to promote respite options for primary caregivers to reduce the risk of caregiver burnout.</p>	
<p>The AAAPP will continue to contract with Lead Agency providers to administer the Home Care for the Elderly program. 150 clients who have a primary caregiver will be served in this program in the 2024 calendar year. Case Managers will arrange for caregivers to receive a monthly basic subsidy service to offset some of the expenses for providing support and maintenance of care recipients.</p>	
<p>The AAAPP will require Older Americans Act providers to provide outreach to older individuals with greatest economic need, individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas), older individuals at risk for institutional placement, and older individuals with limited English proficiency. Older Americans Act nutrition providers will also be required to provide outreach to older individuals with severe disabilities, Alzheimer’s disease and related disorders. Older Americans Act legal providers will also be required to provide outreach to the identified legal priority issue areas which include, income, health, long term care, nutrition, housing, utilities, defense of Guardianship/Protective Services, abuse, neglect, and exploitation, and age discrimination. These outreach activities will involve a wide array of the community and will make the availability of Older American Act services known to primary caregivers. All Older Americans Act Providers submit their outreach plans on an annual basis. Outreach plans are reviewed by the AAAPP with Providers on a quarterly basis and during annual programmatic monitoring.</p>	



<p>The AAAPP Helpline will continue providing information on caregiver resources. This includes providing information on non-profit and for-profit resources in addition to government funded programs. Resources may include adult day care, nutrition services, transportation options, PACE, respite services, caregiver support groups, kinship care and screening for funded programs that provide a range of in-home services. ADRC staff will add new resource information in Refer as new caregiver options become available and ensure existing resources are updated annually.</p>	
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**Goal 2** Ensure that Florida is the nation’s most dementia and age friendly state by increasing awareness and caregiver support, while enhancing collaboration across the aging network.

**Objective 2.1** Directly support communities in becoming dementia friendly.

**Explanation** The primary intent of this objective is for the AAA to engage in activities which help to increase their community’s support of people living with dementia and their caregivers. The ultimate aim is for people living with dementia to remain in their community, while engaging and thriving, in day to day living.

Strategies	Progress
<p>The AAAPP will continue to co-lead the Dementia Care and Cure Initiative Task Force along with the Madonna Ptak Center for Alzheimer's and Memory Loss for the Pasco and Pinellas County communities. Along with a multitude of partners in the aging network, education will be provided to all sectors of the community to provide awareness of what memory disorders are, how someone living with a memory disorder may act (or not act), and how members of the community to interact safely and intentionally with those living with a memory disorder and their caregivers. Educational events are currently targeted towards dining establishments to promote an engaging and livable community.</p>	
<p>In collaboration with the Morean Arts Center, those living with a memory disorder and their care partners may access a free program called Memory Mornings. On Sundays and Wednesdays, participants will receive a 30-minute private tour of the museum before opening hours, followed by a 30-minute guided art activity inspired by the art displayed at the museum.</p>	

<p>The AAAPP will provide semi-annual case manager training for lead agency case managers who are providing case management services to clients enrolled in the Alzheimer’s Disease Initiative. This training will include information on appropriate care planning to reflect the client’s and caregiver’s goals and choices. The care plan will be inclusive of the client’s choices to address their needs and will promote self-sufficiency, allowing the client to remain in the least restrictive environment while maintaining their highest level of well-being.</p>	
<p>The Local ADRC Workgroup meetings, held twice a year, will include discussion of the Dementia Care and Cure Initiative to promote awareness and participation to increase community support of people living with dementia and their caregivers.</p>	
<p>Based on DOEA approval for the AAAPP to continue to provide OAA Title IIID Savvy Caregiver, the AAAPP will serve 60 caregivers, caring for an individual with Alzheimer’s Disease or a related disorder, per year.</p>	

<p><b>Objective 2.2</b> Increase acceptance across communities by raising concern and building awareness through a commitment to targeted action.</p>	
<p><b>Explanation</b> The primary intent of this objective is to encourage the AAA to expand education and training opportunities across the spectrum of aging related issues.</p>	
<p><b>Strategies</b></p>	<p><b>Progress</b></p>
<p>The AAAPP will continue to co-lead the Dementia Care and Cure Initiative Task Force along with the Madonna Ptak Center for Alzheimer's and Memory Loss for the Pasco and Pinellas County communities. Along with a multitude of partners in the aging network, education will be provided to all sectors of the community to provide awareness of what memory disorders are, how someone living with a memory disorder may act (or not act), and how members of the community to interact safely and intentionally with those living with a memory disorder and their caregivers. Educational events are currently targeted towards dining establishments to promote an engaging and livable community.</p>	
<p>The Department of Program Accountability will collaborate with the Madonna Ptak Center for Alzheimer's and Memory Loss to provide annual training to AAAPP, lead agencies, Older Americans Act Providers, EHEAP Providers, and to all General Revenue direct service vendors. This training occurs yearly and includes an overview of resources for older adults.</p>	

The AAAPP will provide semi-annual case manager training for lead agency case managers on how to assess caregiver needs, resources for caregivers, and how to prepare individualized care plans addressing the needs of not only the client, but also the caregiver.	
Provided that the State of Florida continues to provide funding for this initiative, the AAAPP will continue to contract with the Alzheimer’s Association Brain Bus to provide education and resources to community members throughout the state. PSA 5 providers will be made aware of Brain Bus activity in Pasco and Pinellas counties as events are announced by the Alzheimer’s Association.	
The AAAPP SHINE Program will increase Education and Training opportunities from levels achieved in CY2023.	

<b>Objective 2.3</b> Strengthen and enhance information sharing on dementia and aging issues to promote widespread support.	
<b>Explanation</b> The primary intent of this objective is for the AAA to foster increased collaboration with external organizations and stakeholders in order to identify best practices and effective methodologies.	
<b>Strategies</b>	<b>Progress</b>
The AAAPP will continue to co-lead the Dementia Care and Cure Initiative Task Force along with the Madonna Ptak Center for Alzheimer's and Memory Loss for the Pasco and Pinellas County communities. Along with a multitude of partners in the aging network, monthly meetings will continue to occur where three areas of work at reviewed that promote widespread support: education/training, awareness/outreach, and engagement.	
AAAPP will meet with Lead Agencies monthly to discuss unmet needs and share best practices in meeting the needs of both clients and caregivers experiencing a memory disorder.	
AAAPP will conduct annual outcome measure training with all contracted providers. This training addresses eCIRTS related issues and workflow information for increased efficiency, information on community resources, and review of the legislatively required outcome measures. Previous years’ outcome measures are reviewed along with how providers can continue to meet clients’ needs to improve measures.	
Utilizing our partnership with both Pinellas and Pasco County Communications departments, the AAAPP will host and produce one “Aging on the Suncoast” television episode, airing throughout PSA5, covering Alzheimer’s Disease or a Related Disorder (ADRD), the issues surrounding ADRD, as well as the resources that are available.	

**Objective 2.4** Increase access to supportive housing with services and increase supports for older adults at risk of experiencing residential insecurity.

**Explanation** The primary intent of this objective is the exploration of policies to specifically address shortages of supportive housing options in the AAA's area and encouraging targeting of elders that have been identified as facing residential insecurity.

**Strategies**

**Progress**

As part of the AAAPP strategic plan, stakeholders in the community that are working towards the prevention of older adults experiencing homelessness and who are already increasing the availability of affordable and safe housing for older adults will be identified. Throughout 2024, utilizing best practices from across Florida and the country, the AAAPP will work with stakeholders to identify, develop, and advocate for policies that support housing issues for older adults in PSA 5.

Data will be captured monthly by ADRC staff to identify the number of callers identifying as "homeless" along with number of "housing related calls". This information will be tracked to identify trends. The data will be shared with the Services Workgroup to facilitate discussion with stakeholders.

The AAAPP will identify one new funding source in 2024 to assist its efforts to advocate for additional safe and affordable housing for limited income seniors in our PSA.

The AAAPP will raise this issue at a minimum of 2 municipal meetings in our PSA each year and seek to present data and the need for additional safe and affordable housing for seniors.

**Goal 3** Enhance efforts to maintain and support healthy living, active engagement, and a sense of community for all older Floridians.

**Objective 3.1** Advocate with housing service providers, affordable housing developers, homeless programs, and other stakeholders to establish affordable housing options for older adults.

**Explanation** The primary intent of this objective is to increase collaboration with other area organizations and stakeholders on the specific subject of elder housing and other associated residential issues.

Strategies	Progress
As part of the AAAPP strategic plan, stakeholders in the community that are working towards the prevention of older adults experiencing homelessness and who are already increasing the availability of affordable and safe housing for older adults will be identified. Throughout 2024, utilizing best practices from across Florida and the country, the AAAPP will work with stakeholders to identify, develop, and advocate for policies that support housing issues for older adults in PSA 5.	
Increase new partnerships with local housing authorities in Pasco and Pinellas County by at least 2 per year. These partnerships will support collaboration on how housing needs may be met through potential financial assistance with down payments or referrals to outside resources the Helpline is aware of.	

**Objective 3.2** Promote empowered aging, socialization opportunities, and wellness, including mental health, healthy nutrition, exercise, and prevention activities.

**Explanation** The primary intent of this objective is to promote greater integration opportunities for elders in the AAA’s service area in an effort to promote increased health, wellness, mental well-being, and satisfaction. Empowered aging is defined as making sure that older persons have the opportunity to learn, discuss, decide, and act on decisions that directly impact their care, concerns, and quality of life.

Strategies	Progress
With DOEA’s approval, AAAPP will continue to provide mental health counseling services in Pasco and Pinellas counties directly and will ensure the provision of services in the home, community, and through a telehealth modality. At least 50 clients will receive mental health services with a licensed counselor in the calendar year 2024.	
The AAAPP will provide semi-annual case manager training for lead agency case managers. This training will include information on appropriate care planning to reflect the client’s goals and choices. The care plan will be inclusive of the client’s choices to address their needs and will promote self-sufficiency, allowing the client to remain in the least restrictive environment while maintaining their highest level of well-being.	
The AAAPP will continue to contract for the provision of home delivered meals, congregate meals, nutrition education, and nutrition counseling in Pasco and Pinellas counties under the Older Americans Act. In addition to promoting better health among elders through improved nutrition, these services’ focus will be to reduce isolation of aging, educate on options and methods for improving on nutritional status and physical activity choices, and offer the	

opportunity to live with dignity. At least 3,500 unique clients will be provided with a nutrition service in PSA 5 in the 2024 calendar year.	
With DOEA approval, Technology services will continue at the AAAPP, including the use of Uniper software for the u.connected program. At least 150 clients in 2024 will receive access to the “virtual senior center” that includes socialization, wellness, and mental health programming.	
With DOEA approval, Pet Support services will continue. During 2024, 125 clients will receive Pet Support services. Pet Support services allow clients to adequately care for their pets, promoting overall wellness and improved mental health.	
Based on DOEA approval for the AAAPP to continue to provide OAA Title IIID Evidenced Based services directly, the AAAPP will provide the following Health and Wellness services: Savvy Caregiver – 8 Courses in CY2024 A Matter of Balance – 8 Courses in CY2024 Chronic Disease Self-Management – 4 Courses in CY2024 Chronic Pain Self-Management – 3 Courses in CY2024 Diabetes Self-Management – 4 Courses in CY2024  The AAAPP will continue to sub-contract with the YMCA of the Suncoast for provision of the evidenced based service, “Enhanced Fitness” equaling 12 courses in CY2024. The SHINE Program will increase targeting and outreach to vulnerable groups of eligible individuals to receive unbiased counseling covering Medicare health insurance coverage and health care navigation, education on prevention of healthcare fraud and abuse under the Senior Medicare Patrol Program, and access to the Low-Income Subsidy (LIS) and Medicare Savings Plan (MSP) programs under MIPPA to assist low-income seniors.	

<b>Objective 3.3</b> Strengthen programs that promote uniting seniors and caregivers with community partners, enabling seniors to directly access service providers to meet their immediate needs.	
<b>Explanation</b> The primary intent of this objective is to promote seamless access to available services.	
<b>Strategies</b>	<b>Progress</b>
The AAAPP Helpline will continue as the entry point for the ADRC and the first step in receiving information, referrals to resources, and access to waitlists including the Statewide Medicaid Managed Long Term Care Program. Helpline staff link callers to screening and other	

<p>Medicaid functions including Long Term Care Education, grievance/complaint, and assistance with lost Medicaid. Helpline staff schedule screenings through Timetap while they have the client on the phone to streamline access to government funded programs. The Helpline may also provide information to Active Statewide Medicaid Managed Long Term Care clients on how to reach their managed care organization. Incoming calls will be tracked monthly to capture call volume and needs.</p>	
<p>ADRC Medicaid staff will continue to assist clients when they are released for funding into the Statewide Medicaid Managed Long Term Care program. Medicaid staff will work with clients and health care providers to obtain a properly completed 3008 form and assist with the eligibility determination process as outlined in the ADRC contract and EMS Release Procedures. Each case will be tracked through the eligibility process by utilizing the eCIRTS MW Timeline and the ADRC's internal Sharepoint tracking tool. Progress on the EMS release will be reported to the DOEA ADRC Contract Manager monthly.</p>	
<p>AAAPP will continue to coordinate quarterly calls with DCF, CARES Unit, PSA 6 and PSA 8 to facilitate communication and collaboration on assisting clients efficiently through the Medicaid Eligibility Process.</p>	
<p>ADRC Director will include information on Semi-Annual Local ADRC Workgroup calls regarding the EMS Release process and number of releases. The CARES Unit and DCF will continue to participate in these workgroup meetings to provide feedback to the ADRC. In addition, feedback will be requested from the Local ADRC Workgroup regarding the AAAPP's Annual Improvement Plan.</p>	
<p>AAAPP staff will continue regular participation in eCIRTS weekly meetings to discuss issues and raise awareness of potential challenges as Phase II rolls out. Phase II includes the migration of Refer resources and contact data to eCIRTS which is essential to accessing services.</p>	
<p>PSA 5 will continue to lead the Statewide ADRC Workgroup through June 2024. Communication and collaboration with all ADRC's will facilitate best practices and consistency statewide.</p>	
<p>The AAAPP Director of Outreach is responsible for the development, maintenance and evaluation of the AAAPP Outreach and Targeting Plan described in this Area Plan's Targeted Outreach Plan section. This section describes actions to implement as well as goals covering CY2024-2027. Outreach to all communities including those that have been historically vulnerable will promote streamlined access to available resources either directly to the aging network sub-contracted partner or via the Aging and Disability Center Helpline.</p>	

**Goal 4** Advocate for the safety and the physical and mental health of older adults by raising awareness and responding effectively to incidence of abuse, injury, exploitation, violence, and neglect.

**Objective 4.1** Increase effectiveness in responding to elder abuse and protecting older adults through expanded outreach, enhanced training, innovative practices, and strategic collaborations.

**Explanation** The primary intent of this objective is for the AAA to use existing mechanisms to increase public awareness, expand learning opportunities, and work with community stakeholders to both respond to instances of elder abuse and promote increased prevention.

**Strategies**

**Progress**

The AAAPP will provide semi-annual case manager training for lead agency case managers. This training will include information on recognizing elder abuse, neglect, and exploitation and how to report suspected abuse, neglect, and exploitation to the Abuse hotline.

AAAPP will conduct annual outcome measure training with all contracted providers. This training includes information on recognizing elder abuse, neglect, and exploitation and how to report suspected abuse, neglect, and exploitation to the Abuse hotline.

PSA 5 will continue to host a quarterly meeting via conference call with staff from the AAAPP, DCF, and lead agencies to share best practices, discuss cases, and develop efficiencies among the APS referrals to the Aging Network process.

Lead Agencies will ensure High Risk referrals from Adult Protective Services (APS) will receive crisis-resolving services within 72 hours of the referral being made. The AAAPP will monitor this measure on a monthly basis utilizing eCIRTS data and during vendor invoice processing.

The AAAPP will offer the DOEA approved F4A abuse, neglect, and exploitation training to all contracted providers at least once a quarter. Providers must demonstrate all staff and any subcontractors have received training on elder abuse, neglect, and exploitation at least once a year. The AAAPP will monitor the completion of this training during annual programmatic monitoring.

The ADRC will continue to receive APS to ALF referrals from DCF when DCF determines placement in an assisted living facility is needed for an individual not currently enrolled in the Statewide Medicaid Managed Long Term Care Program. ADRC staff will work with the client to navigate the Medicaid eligibility process. These cases will be tracked in the eCIRTS MW Timeline.



ADRC Intake staff will continue to receive Intermediate and Low Risk APS referrals from DCF through the ARTT system. The ADRC will ensure these referrals are screened and placed on all appropriate waitlists. ARTT will be updated regarding status on all referrals received.	
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**Objective 4.2** Increase capacity and expertise regarding the Department’s ability to lead in efforts to stop abuse, neglect, and exploitation (ANE) of older adults and vulnerable populations.

**Explanation** The primary intent of this objective is to expand and improve the efficacy of efforts supporting ANE interventions.

Strategies	Progress
Quarterly, AAAPP staff will conduct a minimum of six education outreach events to educate the public about the special needs of elders about the risk factors for abuse in vulnerable adults. The AAAPP will continue to conduct outreach in a virtual format when necessary.	
Quarterly, the AAAPP staff will provide a minimum of two training sessions each quarter for professionals or paraprofessionals working with older adults using DOEA approved curriculums.	

**Objective 4.3** Equip older adults, their loved ones, advocates, and stakeholders with information needed to identify and prevent abuse, neglect and exploitation, and support them in their ability to exercise their full rights.

**Explanation** The primary intent of this objective is for the AAA to expand existing education/outreach/awareness efforts such as websites, newsletters, presentations, and/or other community outreach activities to include prevention of abuse, neglect, and exploitation.

Strategies	Progress
Quarterly, AAAPP staff will conduct a minimum of six education outreach events to educate the public about the special needs of elders about the risk factors for abuse in vulnerable adults. The AAAPP will continue to conduct outreach in a virtual format when necessary.	

Quarterly, the AAAPP staff will provide a minimum of two training sessions each quarter for professionals or paraprofessionals working with older adults using DOEA approved curriculums.	
The AAAPP website, I.E., will provide one section regarding information to the public on the identification and reporting of abuse and community resources for assistance. The section will be reviewed and updated twice annually as needed.	
The AAAPP Facebook social media platform will provide 3 postings annually regarding information to identify and prevent abuse, neglect and exploitation, and community resources in a socially responsible and accessible approach.	
The AAAPP will support existing relationships (e.g., District Adult Protective Services (APS), local law enforcement, State Attorney, SHINE and Long-Term Care Ombudsman Program, Pinellas and Pasco County Consumer Protection Agencies) and cultivate new relationships with related stakeholders (e.g., Financial Institutions, etc.) to strengthen elder abuse prevention.	
The AAAPP will distribute Department approved elder abuse prevention and crime prevention materials at two health fairs, festivals, exhibits, and other forums annually.	
The AAAPP will prepare and/or distribute one Public Service Announcement or other media contact per quarter to raise awareness of elder abuse.	
The AAAPP will support and/or cultivate two innovative approaches to raise awareness among older adults, their loved ones, advocates, and stakeholders of abuse, neglect and exploitation, and support them in their ability to exercise their full rights annually.	
The AAAPP staff will promote World Elder Abuse Day activities in June annually.	
The AAAPP staff will participate in two crime forums, joining with other service providers, to educate elders about consumer protection and to identify victims of crimes and/ or elder abuse.	

<b>Objective 4.4</b> Continue to improve older Floridian’s access to legal services which have a direct positive impact on their ability to stay independent in their homes and communities, and most importantly, exercise their legal rights.
<b>Explanation</b> The primary intent of this objective is to enable the AAA to detail efforts to make legal services more accessible to seniors, particularly those seniors in greatest economic or social need, as well as to improve the breadth and quality of legal services available.

Strategies	Progress
<p>The AAAPP will provide information to the public on legal resources including OAA legal service providers, one of whom serves as the statewide Senior Legal Helpline. Information in the form of fliers or brochures will be distributed during events where AAAPP staff will be attending for reasons of Outreach.</p>	
<p>Legal services will be maintained in the Helpline database, which AAAPP staff access to make appropriate referrals.</p>	
<p>Raise awareness through outreach, training, community events, and partnership with Legal and Case Management providers to refer individuals to the statewide website <a href="http://www.FloridaElderLaw.org">www.FloridaElderLaw.org</a> for housing important legal information, legal related resources for seniors, including the Florida Senior Legal Helpline and the Florida Elder Law Risk Detector. All providers will receive information on these resources during annual Outcome Measure training conducted by the AAAPP.</p>	
<p>The AAAPP will require Older Americans Act legal services providers to provide outreach to older individuals with greatest economic need, individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas), older individuals at risk for institutional placement, and older individuals with limited English proficiency. Older Americans Act legal providers will also be required to provide outreach to the identified legal priority issue areas which include, income, health, long term care, nutrition, housing, utilities, defense of Guardianship/Protective Services, abuse, neglect, and exploitation, and age discrimination. These outreach activities will involve a wide array of the community and will make the availability of Older American Act services known to primary caregivers. All Older Americans Act Providers submit their outreach plans on an annual basis. Outreach plans are reviewed by the AAAPP with Providers on a quarterly basis and during annual programmatic monitoring.</p>	
<p>The AAAPP will hold an annual Legal Joint Planning meeting including OAA Title IIIB legal providers and the aging network in order to identify senior legal priority issues and strategize effective legal service delivery.</p>	
<p>The OAA Title IIIB legal service providers will remain a part of the ADRC workgroup that facilitates communication and coordination within the PSA network. The ADRC workgroup meets twice each year.</p>	

As part of the AAAPP Strategic Plan, the AAAPP will invite the OAA Title IIIB legal service providers to participate in at least one stakeholder meeting regarding housing related issues.	
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<b>Goal 5</b> Increase Disaster Preparation and Resiliency
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<b>Objective 5.1</b> Strengthen emergency preparedness through comprehensive planning, partnerships, and education.
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<b>Explanation</b> The primary intent of this objective is to highlight the critical importance of the emergency preparedness plan prepared by the AAA.
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Strategies	Progress
The AAAPP develops and consistently evaluates our Comprehensive Emergency Management Plan (CEMP), the Continuity of Operations Plan (COOP) and the Pandemic Plan. These planning documents not only take into consideration AAAPP circumstances but additionally illustrate the planning of our sub-contracted aging network partners as a holistic means for preparation and recovery activities in conjunction with DOEA, FEMA, and both Pinellas and Pasco Emergency Management offices.	

<b>Objective 5.2</b> Ensure communication and collaboration between the Department, emergency partners, and the Aging Network, before, during, and after severe weather, public health, and other emergency events.
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<b>Explanation</b> The primary intent of this objective is to focus attention on the importance of interagency communication and collaboration in disaster preparedness and response activities.
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Strategies	Progress
The AAAPP develops and consistently evaluates our Comprehensive Emergency Management Plan (CEMP), the Continuity of Operations Plan (COOP) and the Pandemic Plan. These planning documents not only take into consideration AAAPP circumstances but additionally illustrate the planning of our sub-contracted aging network partners as a holistic means for preparation and recovery activities in conjunction with DOEA, FEMA, and both Pinellas and Pasco Emergency Management offices.	
The AAAPP Emergency Coordinating Officer meets regularly with both Pinellas and Pasco Emergency Management offices as well as the Pinellas County Long Term Recovery groups.	

The AAAPP meets annually with the PSA5 Aging Network provider emergency coordinators for purposes of understanding disaster coordination and expectations.	
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**Objective 5.3** Explore and support efforts to make community disaster shelters more responsive to elder needs in general, with specific emphasis on providing appropriate emergency shelter to elders with dementia related concerns.

**Explanation** The primary intent of this objective is to explore ways in which the AAA can support and extend emergency shelter options available to older adults residing within the PSA.

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<b>Strategies</b>	<b>Progress</b>
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The AAAPP advocates for senior needs when applicable during joint Emergency Management coordination meetings. Additionally, the AAAPP has a working relationship with both Department of Health entities in PSA5 where Special Needs Sheltering is a topic of importance regarding accommodation and registration.	
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**Objective 5.4** Collaborate with state-wide and local emergency response authorities to increase levels of elder self-determination to evacuate once notices have been issued.

**Explanation** The primary intent of this objective is to initiate or bolster AAA efforts towards increasing levels of voluntary elder evacuation during severe weather or other emergency events.

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<b>Strategies</b>	<b>Progress</b>
The AAAPP and the PSA5 Aging Network provide education to seniors regarding tools to staying safe during severe weather and/or other emergency events. This includes distribution of county sponsored All Hazards Guides as well as access to the digital DOEA Disaster Resource Guide for Older Adults. All three publications stress making preparedness plans that include sheltering options and what disaster kits to include for evacuation purposes.	

## DIRECT SERVICE WAIVER REQUEST FORM

*Insert completed forms for each direct service waiver request. It is not necessary to submit waiver requests for outreach, information and assistance, and referral, as the state has a statewide waiver for these services.*

OAA Title:     IIIB             IIIC1             IIIC2             IIID             IIIE

Service: **Intake**

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

- Intake is an imperative function of the Aging and Disability Resource Center (ADRC).
- The definition of Intake within the 2023 DOEA Programs and Services Handbook, specifically Appendix A, pages 119-120, indicates the AAA as a qualified provider of this service.

## DIRECT SERVICE WAIVER REQUEST FORM

*Insert completed forms for each direct service waiver request. It is not necessary to submit waiver requests for outreach, information and assistance, and referral, as the state has a statewide waiver for these services.*

OAA Title:     IIIB             IIIC1             IIIC2             IIID             IIIE

Service: **Counseling (Mental Health/Screening)**

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

- During the OAA RFP process in CY2020, there were no bids received for the provision of Mental Health Counseling in Pinellas and Pasco Counties.
- Following the RFP process, the Area Agency on Aging of Pasco-Pinellas, Inc (AAAPP) issued an RFQ with no responses received from any Mental Health Provider in the area including current OAA Mental Health Provider Gulf Coast JFCS.
- After careful consideration and due to no availability of interested Mental Health Providers, the AAAPP sought a Direct Service Waiver for provision of Mental Health Counseling and was approved by DOEA.

- The AAAPP has provided Mental Health Counseling since the DSW Approval successfully and with a high amount of client satisfaction.
- The AAAPP maintains appropriate staffing required to provide Mental Health Counseling and is compliant with Florida State Statutes, Chapter 490 and/or 491.
- The AAAPP currently holds a Liability Insurance Policy for Mental Health Counseling effective 01/01/22.
- The AAAPP has current partnerships for space throughout both counties to offer counseling services at multiple locations throughout the PSA.
- Mental Health Counseling services can be advertised easily through AAAPP outreach efforts in the community as well as effectively offering the services to clients waiting on services and meeting criterion.
- The definition of “Mental Health Counseling” within the 2023 DOE A Programs and Services Handbook, Appendix A, pages 48-50, indicates that AAAPP is a qualified Provider.



## DIRECT SERVICE WAIVER REQUEST FORM

*Insert completed forms for each direct service waiver request. It is not necessary to submit waiver requests for outreach, information and assistance, and referral, as the state has a statewide waiver for these services.*

OAA Title:     IIIB             IIIC1             IIIC2             IIID             IIIE

Service: **Pet Support**

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

- AAAPP currently has a Pet Support Program under the Senior Community Health program which receives referrals through healthcare providers and facilitates linkage between healthcare and veterinary service delivery systems.
- Animal companionship has been shown to be an important way to prevent loneliness and feelings of social isolation.
- Providing assistance in the normal necessities of pet ownership is not covered by other program funding and is an unmet need requested by callers to the Helpline and program enrolled clients.

- Veterinary services are provided through non-profit animal clinics by licensed staff. Clinic will verify self-reported, low-income status (recipient of government assistance such as Medicaid, SSI / SSD, Food Stamps) and age over 60.
- During the Pandemic and with an approved Direct Service Waiver from DOEA, infrastructure, partnerships, and processes already in place at the AAAPP ensured use of funds complies with age, income verification, and documented need.
- The definition of “Pet Support” within the 2023 DOEA Programs and Services Handbook, Appendix A, pages 155-156, and it is deemed the AAAPP is a qualified Provider.

## DIRECT SERVICE WAIVER REQUEST FORM

*Insert completed forms for each direct service waiver request. It is not necessary to submit waiver requests for outreach, information and assistance, and referral, as the state has a statewide waiver for these services.*

OAA Title:     IIIB             IIIC1             IIIC2             IIID             IIIE

Service: **Short-Term Case Management**

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

- AAAPP currently has a Senior Community Health Program which receives referrals through healthcare providers and Coordinator provides linkage between health care and social service delivery systems.
- Short Term case management will allow the Senior Community Health program to meet the needs of referrals from medical partners and build upon the infrastructure AAAPP already has in place.
- AAAPP's Senior Community Health program continues to assist clients with social determinants of health, which have proven effective in assisting clients to remain independent in their homes.

- AAAPP has built strong partnerships with hospitals, health care systems and health care clinics in Pasco and Pinellas counties to ensure social determinants of health are addressed.
- Short Term case management would allow the AAAPP to hire 1 FTE to accept referrals from the medical partners, complete the AAAPP Thrive assessment and follow the client for 1 year to measure impact of program interventions.
- Through the Thrive assessment, needed services would be coordinated and arranged by the ST Case Manager for up to 90 days through various non-DOEA and DOEA funded services.
- The services provided are based on needs identified in the Thrive assessment. The services are intended to be short term or one time only and should resolve a crisis or bridge a gap until a longer-term solution is in place. Services are not intended to be provided that are going to be needed ongoing if there is not a projected solution or other funding source to transition to.
- In addition to completion of the Thrive assessment, the ST Case Manager will also complete a 701S assessment to identify, evaluate, and address client needs for government funded programs, allowing the client to receive screenings through 1 person, rather than scheduling with a different Intake Specialist for the 701S screening.
- The Short-Term Case Manager will monitor services to ensure receipt of service and that they are having a positive impact on the situation that necessitated the service.
- The Short-Term Case Management will not be provided to clients who are active under General Revenue, Long Term Managed Care Plan, or Medicare Advantage Plan to avoid duplication of services.
- Short-Term case managers will meet the service description requirements regarding holding a bachelor's degree in social work, psychology, sociology, nursing, gerontology, or related field. Year-for-year related job experience or any combination of education and related experience may be substituted for a bachelor's degree, meeting background screening requirements in accordance with Chapter 400.512, Florida Statutes, and Chapter 59A-8.004(10) and (11), Florida Administrative Code.

## DIRECT SERVICE WAIVER REQUEST FORM

*Insert completed forms for each direct service waiver request. It is not necessary to submit waiver requests for outreach, information and assistance, and referral, as the state has a statewide waiver for these services.*

OAA Title:     IIIB             IIIC1             IIIC2             IIID             IIIE

Service: **A Matter of Balance**

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

- The AAAPP's sub-contracted OAA IIID provider's response to an imposed Corrective Action Plan was to cease IIID Health & Wellness services as of March 31, 2022. The CAP was imposed due to the provider's inability to expend their current OAA allocation and previous OAA carry forward monies.
- Prior to our provider's contract termination, the AAAPP hired a Health & Wellness Coordinator to oversee IIID oversight, expand the capacity of the Savvy Caregiver evidenced based program, implement the American Rescue Plan (ARP) funded "PEARLS" evidenced based program and secure credentialing and build capacity for the A Matter of Balance Program.
- The AAAPP applied for a Direct Service Waiver and was approved by DOEA with services commencing January 01, 2023.

- The AAAPP Health & Wellness Coordinator does have a background in falls prevention evidenced based programs and is a certified A Matter of Balance Master Trainer.
- The AAAPP Director of Planning does have a background in falls prevention evidenced based programs such as A Matter of Balance and has conducted oversight and offered technical assistance to our previous sub-contracted provider for over 10 years.
- The Chief Operating Officer does have a background in falls prevention evidence-based programs such as A Matter of Balance and is a certified A Matter of Balance Master Trainer.
- The AAAPP has strong partnerships with organizations qualified to offer A Matter of Balance courses as a venue and consistent with fidelity regarding this EB program.
- The AAAPP currently has appropriate service capacity gained by recruiting and retaining several A Matter of Balance coaches for service provision.
- The AAAPP has already been in contact with our previous sub-contractor's course venue partnerships to promote continuation of evidenced based services.
- The AAAPP has and will continue to comply with all DOEA Program and Service standards consistent with the 2023 DOEA Programs and Service Handbook, specifically Appendix A, pages 57-58 as a qualified provider.
- The AAAPP is working closely with MaineHealth's Partnership for Healthy Aging (PFHA) to maintain current licensure and credentialing.
- The AAAPP will maintain program fidelity to the original program design by Boston University Roybal Center.

## DIRECT SERVICE WAIVER REQUEST FORM

*Insert completed forms for each direct service waiver request. It is not necessary to submit waiver requests for outreach, information and assistance, and referral, as the state has a statewide waiver for these services.*

OAA Title:     III B             III C1             III C2             III D             III E

Service: **Chronic Disease Self-Management Program**

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

- The AAAPP's sub-contracted OAA IIID provider's response to an imposed Corrective Action Plan was to cease IIID Health & Wellness services as of March 31, 2022. The CAP was imposed due to the provider's inability to expend their current OAA allocation and previous OAA carry forward monies.
- Prior to our provider's contract term, the AAAPP hired a Health & Wellness Coordinator to oversee IIID oversight, expand the capacity of the Savvy Caregiver evidenced based program, implement the American Rescue Plan (ARP) funded "PEARLS" evidenced based program and secure credentialing and build capacity for the Chronic Disease Self-Management Program.
- The AAAPP applied for a Direct Service Waiver and was approved by DOEA with services commencing January 01, 2023.

- The AAAPP Health & Wellness Coordinator did have a background in Disease Management evidenced based programs such as Chronic Disease Self-Management during her previous employment with the past sub-contracted IIID provider and is now a certified Master Trainer under the SMRC Programs.
- The AAAPP employs a Chief Operating Officer who is also a Master Trainer under the SMRC programs.
- The AAAPP has strong partnerships with organizations qualified to offer Chronic Disease Self-Management courses as a venue and consistent with fidelity regarding this EB program.
- The AAAPP currently has appropriate service capacity gained by recruiting and retaining several Chronic Disease Self-Management Leaders for service provision.
- The AAAPP has already been in contact with our previous sub-contractor's course venue partnerships to promote continuation of evidenced based services.
- The AAAPP has and will continue to comply with all DOEA Program and Service standards consistent with the 2023 DOEA Programs and Service Handbook, specifically Appendix A, pages 71-72 as a qualified provider.
- The AAAPP will work closely with Stanford University/SMRC to maintain licensure and credentialing.
- The AAAPP will maintain program fidelity to the original program design by Stanford University/SMRC.
- Upon implementation, the AAAPP or a qualified vendor will utilize the NCOA force online database.



## DIRECT SERVICE WAIVER REQUEST FORM

*Insert completed forms for each direct service waiver request. It is not necessary to submit waiver requests for outreach, information and assistance, and referral, as the state has a statewide waiver for these services.*

OAA Title:     IIIB             IIIC1             IIIC2             IIID             IIIE

Service: **Chronic Pain Self-Management Program**

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

- The AAAPP's sub-contracted OAA IIID provider's response to an imposed Corrective Action Plan was to cease IIID Health & Wellness services as of March 31, 2022. The CAP was imposed due to the provider's inability to expend their current OAA allocation and previous OAA carry forward monies.
- Prior to our provider's contract term, the AAAPP hired a Health & Wellness Coordinator to oversee IIID oversight, expand the capacity of the Savvy Caregiver evidenced based program, implement the American Rescue Plan (ARP) funded "PEARLS" evidenced based program and secure credentialing and build capacity for the Chronic Pain Self-Management Program.
- The AAAPP applied for a Direct Service Waiver and was approved by DOEA with services commencing January 01, 2023.

- The AAAPP Health & Wellness Coordinator did have a background in Disease Management evidenced based programs such as Chronic Pain Self-Management during her previous employment with the past sub-contracted IIID provider and is now a certified Master Trainer under the SMRC Programs.
- The AAAPP employs a Chief Operating Officer who is also a Master Trainer under the SMRC programs.
- The AAAPP has strong partnerships with organizations qualified to offer Chronic Pain Self-Management courses as a venue and consistent with fidelity regarding this EB program.
- The AAAPP currently has appropriate service capacity gained by recruiting and retaining several Chronic Pain Self-Management Leaders for service provision.
- The AAAPP has already been in contact with our previous sub-contractor's course venue partnerships to promote continuation of evidenced based services.
- The AAAPP has and will continue to comply with all DOEA Program and Service standards consistent with the 2023 DOEA Programs and Service Handbook, specifically Appendix A, as a qualified provider.
- The AAAPP will work closely with Stanford University/SMRC to maintain licensure and credentialing.
- The AAAPP will maintain program fidelity to the original program design by Stanford University/SMRC.
- Upon implementation, the AAAPP or a qualified vendor will utilize the NCOA force online database.

## DIRECT SERVICE WAIVER REQUEST FORM

*Insert completed forms for each direct service waiver request. It is not necessary to submit waiver requests for outreach, information and assistance, and referral, as the state has a statewide waiver for these services.*

OAA Title:     IIIB             IIIC1             IIIC2             IIID             IIIE

Service: **Diabetes Self-Management Program**

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

- The AAAPP's sub-contracted OAA IIID provider's response to an imposed Corrective Action Plan was to cease IIID Health & Wellness services as of March 31, 2022. The CAP was imposed due to the provider's inability to expend their current OAA allocation and previous OAA carry forward monies.
- Prior to our provider's contract term, the AAAPP hired a Health & Wellness Coordinator to oversee IIID oversight, expand the capacity of the Savvy Caregiver evidenced based program, implement the American Rescue Plan (ARP) funded "PEARLS" evidenced based program and secure credentialing and build capacity for the Diabetes Self-Management Program.
- The AAAPP applied for a Direct Service Waiver and was approved by DOEA with services commencing January 01, 2023.

- The AAAPP Health & Wellness Coordinator did have a background in Disease Management evidenced based programs such as Diabetes Self-Management during her previous employment with the past sub-contracted IID provider and is now a certified Master Trainer under the SMRC Programs.
- The AAAPP employs a Chief Operating Officer who is also a Master Trainer under the SMRC programs.
- The AAAPP has strong partnerships with organizations qualified to offer Diabetes Self-Management courses as a venue and consistent with fidelity regarding this EB program.
- The AAAPP currently has appropriate service capacity gained by recruiting and retaining several Diabetes Self-Management Leaders for service provision.
- The AAAPP has already been in contact with our previous sub-contractor's course venue partnerships to promote continuation of evidenced based services.
- The AAAPP has and will continue to comply with all DOEA Program and Service standards consistent with the 2023 DOEA Programs and Service Handbook, specifically Appendix A, pages 75-76 as a qualified provider.
- The AAAPP will work closely with Stanford University/SMRC to maintain licensure and credentialing.
- The AAAPP will maintain program fidelity to the original program design by Stanford University/SMRC.
- Upon implementation, the AAAPP or a qualified vendor will utilize the NCOA force online database.

## DIRECT SERVICE WAIVER REQUEST FORM

*Insert completed forms for each direct service waiver request. It is not necessary to submit waiver requests for outreach, information and assistance, and referral, as the state has a statewide waiver for these services.*

OAA Title:     IIIB             IIIC1             IIIC2             IIID             IIIE

Service: **Savvy Caregiver**

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

- The Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP) has been trained to provide the evidenced based service, "Savvy Caregiver", since 2018, whereas no other entity in PSA5 provides this service.
- In September 2020, the AAAPP recertified previously trained individuals as well as added more capacity by training additional individuals for delivery of "Savvy Caregiver".
- The AAAPP was part of a statewide initiative under DOEA and Emory University leadership during the Pandemic for all interested AAAs to be trained in the Savvy Caregiver curriculum. This training expanded AAAPP capacity to provide services even further.

- All evidenced based services available to seniors in Pasco and Pinellas counties are pertinent to Falls Prevention, Health Promotion and Management of Chronic Diseases yet lack Evidenced Based Psycho-Educational support for caregivers to those living with Alzheimer’s Disease and Related Disorders (ADRD).
- The AAAPP has established partnerships for class space and instruction throughout both counties within the PSA and is working on building more capacity.
- Classes can be advertised easily through outreach efforts to the community as well as effectively offered to caregivers waiting on services and meeting criterion.
- The definition of “Savvy Caregiver” while not within the 2023 DOEA Programs and Services Handbook, Appendix A., erroneously, was included as an approved service during the Pandemic and indicates the AAAPP is a qualified provider. Further, correspondence from DOEA indicates while not in the 2023 Handbook, this service is an approved service going forward.
- Savvy Caregiver may provide an integral service to the Dementia Care and Cure Initiative (DCCI) which the AAAPP participates in a co-leadership role. Additionally, “Savvy Caregiver” may serve useful for cities and working caregivers under multiple domains of DOEA/AARP Age Friendly Communities, I.E. “Employment”.
- We have found that the local Memory Disorder Clinic and the Alzheimer’s Association serving consumers in our PSA, reciprocate referrals to serve the caregiver holistically with support groups and Savvy Caregiver’s psycho-educational curriculum.

## DIRECT SERVICE WAIVER REQUEST FORM

*Insert completed forms for each direct service waiver request. It is not necessary to submit waiver requests for outreach, information and assistance, and referral, as the state has a statewide waiver for these services.*

OAA Title:     IIIB             IIIC1             IIIC2             IIID             IIIE

Service: **Screening and Assessment (SCAS)**

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

- The Area Agency on Aging has had approval from the DoEA to provide Screening and Assessment since 2001.
- The AAAPP has a 7% Administrative Rate which ensures a lower unit rate than service providers in Pasco or Pinellas Counties for a like service. In addition, the AAAPP only draws down based on actual expenditures each month which ensures the AAAPP is solely covering expenditures and not realizing a profit on the service of Screening and Assessment.
- The AAAPP jurisdiction covers (2) counties and can very efficiently address the caregivers with the greatest needs in both counties since case assignments are flexible and are not confined to one county or the other as it would be with a lead agency case assignment.

- The AAAPP can decrease fragmentation by providing Screening and Assessment as part of the Aging and Disability Resource Center (ADRC), working in a close and coordinated manner with Helpline and Intake services.
- Referral and Assistance is an optimal accompaniment to SCAS by offering caregivers an array of vendors to provide services. The AAAPP holds agreements with over 50 vendors to provide services within both counties and within the IIIE Program.
- Since the AAAPP is neither a service provider nor a case management agency, it remains an objective entity regarding the provision of Screening and Assessment to clients without bias or influence toward particular services or agencies.
- The definition of Screening and Assessment within the 2023 DOEA Programs and Services Handbook, specifically Appendix A, pages 168-170, indicates the AAA as a qualified provider of this service.
- Since the AAAPP began providing this service, levels of satisfaction with services have consistently remained high as indicated through data extrapolated through voluntary surveyed clientele.



## DIRECT SERVICE WAIVER REQUEST FORM

*Insert completed forms for each direct service waiver request. It is not necessary to submit waiver requests for outreach, information and assistance, and referral, as the state has a statewide waiver for these services.*

OAA Title:     IIIB             IIIC1             IIIC2             IIID             IIIE

Service: **Technology**

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

- The definition of Intake within the 2023 DOEA Programs and Services Handbook, specifically Appendix A, pages 182-184, indicates the AAA as a qualified provider of this service.
- During the pandemic, the AAAPP implemented a technological resource for seniors experiencing isolation. The Uniper platform offered homebound seniors a mechanism to communicate with other homebound seniors as well as be interactive with any of the multitude of recreational programs the platform offered. This platform increased quality of life for isolated seniors.
- PSA5 represents just 1/11<sup>th</sup> of F4A's initiative to explore and implement fully vetted technological resources for seniors. Each AAA fully understands each PSA's needs are similar yet differ based on perceived or documented need. It is

PSA5's intent to further meet unmet needs during a post pandemic environment and with non-traditional technological resources.

- Utilizing American Rescue Plan (ARP) funding, each PSA has the opportunity to set the curve by offering innovative technological services that will assist in allowing those participating seniors to remain at home for as long as possible. The AAAPP intends on extending the opportunity American Rescue Plan funding allowed with Older Americans Act funding once the ARP funding expires.

III. Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s).

The AAAPP held a Public Hearing in 2023. The provision of services under OAA Titles IIIB, IIID and IIIE were specifically addressed and with no adverse comments made verbally nor by receipt of written comments.

In compliance with the Area Plan Instructions, below is specific information regarding the 2023 Public Hearing, including:

1. A Summary of the 2023 Public Hearing,
2. The 2023 Public Hearing Official Agenda,
3. Documentation of Public Notices and/or Advertisement of the 2023 Public Hearing,
4. Sign-In sheets from the 2023 Public Hearing including specifically required information on attendees,
5. 2023 Public Hearing Meeting Minutes,
6. A Summary of Comments recorded verbally, and submitted written comments received by the established due date.

**SUMMARY OF PUBLIC HEARING FOR 2023**

**PLANNING AND SERVICE AREA 5 PUBLIC HEARING  
Monday, August 07, 2023 – 12:00PM to 2:00PM  
Dunedin Public Library – Community Meeting Room  
223 Douglas Avenue, Dunedin, FL 34698**

The AAAPP provided a Public Hearing on August 7<sup>th</sup>, 2023 at the Dunedin Public Library. The location was suitable for ease of travel between both Pasco and Pinellas Counties as well as situated on a large public transit route. This Hearing was publicly noticed in the Florida Administrative Register (FAR) July 24, 2023. This Hearing was also publicly noticed on the AAAPP website, the entry way to our office lobby as well as advertised using Memos to interested parties and partners. Interested parties are AAAPP Board of Directors, AAAPP Advisory Council, PSA5 Service Providers, AAAPP Vendors, PSA5 Community Based Organizations, and PSA5 Legislators. Lastly, the AAAPP utilized social media to also advertise the hearing. Attendance records show that 13 persons were in attendance, however 3 staff that were present did not sign the attendance log.

<b>Attendance at Public Hearing</b>	
AAAPP BOD	2
AAAPP Staff	5
AAAPP Advisory Council	3
AAAPP Service Providers	4
General Public/Citizens	0
Other Community Agency Representatives	2
Media	0
<b>TOTAL</b>	<b>16</b>

## August 7<sup>th</sup>, 2023 Public Hearing Agenda



9549 Koger Blvd, Suite 100, St. Petersburg, FL 33702 • 727-570-9696 • [www.aaapp.org](http://www.aaapp.org)

**Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP)  
Public Hearing  
2024-2027 Area Plan  
Monday, August 07, 2023 - 1:00PM – 3:00PM**

**Dunedin Public Library - Community Meeting Room  
223 Douglas Avenue  
Dunedin, FL 34698**

<b>1:00PM</b>	<b>Welcomes</b>	Jason Martino, Director of Planning Ann Marie Winter, Executive Director Commissioner Eric Gerard, Chair AAAPP Advisory Council
<b>1:15PM</b>	<b>Planning Process</b>	Jason Martino, Director of Planning
<b>1:40PM</b>	<b>Public Comments</b>	Ann Marie Winter, Executive Director

Public comments on any senior needs and/or Older Americans Act (OAA) services to be provided directly by the AAAPP

**OAA Title IIIB**

- OAA Title IIIB – Mental Health Counseling
- OAA Title IIIB – Pet Support
- OAA Title IIIB – Intake
- OAA Title IIIB – Short-Term Case Management
- OAA Title IIIB - Technology

**OAA Title IIID**

- OAA Title IIID – Savvy Caregiver
- OAA Title IIID – A Matter of Balance
- OAA Title IIID – Chronic Disease Self-Management Program
- OAA Title IIID – Chronic Pain Self-Management Program
- OAA Title IIID – Diabetes Self-Management Program
- OAA Title IIID - Technology

**OAA Title IIIE**

- OAA Title IIIE – Screening and Assessment
- OAA Title IIIE – Technology

**3:00PM Adjournment**




## Documentation of Public Notices/Advertisement

### Interested Parties Memo



9549 Koger Blvd, Suite 100, St. Petersburg, FL 33702 • 727-570-9696 • [www.aaapp.org](http://www.aaapp.org)

**TO:** Interested Parties  
AAAPP Board and Advisory Council Members  
PSA5 Project Directors  
Aging Service Professionals

**FROM:** Ann Marie Winter, Executive Director   
Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP)

**SUBJECT:** Public Hearing for the 2024-2027 Area Plan Cycle

**DATE:** July 24, 2023

You are invited! The Area Agency on Aging of Pasco-Pinellas (AAAPP) will hold a Public Hearing on Monday, August 7<sup>th</sup>, 2023. We encourage you to participate in our planning process by attending our, in person Public Hearing.

#### **PLANNING AND SERVICE AREA 5 PUBLIC HEARING**

**Monday, August 7<sup>th</sup>, 2023 from 1:00 PM to 3:00 PM**  
**Dunedin Public Library – Community Room**  
**223 Douglas Avenue**  
**Dunedin, FL 34698**

The AAAPP proposes to provide the following Older Americans Act (OAA) services directly in Pasco and Pinellas counties throughout Calendar Years 2024 - 2027:

**OAA Title IIIB**

- Mental Health Counseling, Pet Support, Intake, Short-Term Case Management, and Technology

**OAA Title IIID**

- Savvy Caregiver, A Matter of Balance, Chronic Disease Self-Management, Chronic Pain Self-Management, Diabetes Self-Management, and Technology

**OAA Title IIIE**

- Screening and Assessment and Technology

For additional information, please contact Jason Martino, Director of Planning, at (727) 570-9696, ext. 272. Thank you for your interest and support.



## Florida Administrative Register (FAR)

### Notice of Meeting/Workshop Hearing

#### OTHER AGENCIES AND ORGANIZATIONS

##### Pasco-Pinellas Area Agency on Aging

The AREA AGENCY ON AGING OF PASCO PINELLAS INC announces a public meeting to which all persons are invited.

DATE AND TIME: Monday, August 07, 2023, 1:00 p.m. - 3:00 p.m.

PLACE: Dunedin Public Library, 223 Douglas Avenue, Dunedin, FL 34698

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP) for Planning and Service Area 5, will hold a public hearing respective to the 2024-2027 Area Plan cycle, for the direct provision of home and community-based services to elderly residents of Pasco and Pinellas counties:

##### PLANNING AND SERVICE AREA 5 PUBLIC HEARING

The AAAPP proposes to provide the following services directly in Pasco and Pinellas counties:

Older Americans Act (OAA) Title IIIB – “Mental Health Counseling”, “Pet Support, “Intake”, “Short-Term Case Management”, and “Technology”

Older Americans Act (OAA) Title IIID – “Savvy Caregiver”, “A Matter of Balance”, “Chronic Disease Self-Management”, “Chronic Pain Self-Management”, “Diabetes Self-Management”, and “Technology”

Older Americans Act (OAA) Title IIIE – “Screening and Assessment” and “Technology”

A copy of the agenda may be obtained by contacting: Jason Martino, Director of Planning at (727)570-9696, ext. 272.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Jason Martino, Director of Planning at (727)570-9696, ext. 272. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Jason Martino, Director of Planning at (727)570-9696, ext. 272.

# AAAPP Website Advertisement



The Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP) develops an Area Plan covering our two-county planning and service area (PSA) every 4 years. Within that four-year period, the AAAPP updates this initial plan to be current or highlight emerging needs and resources. Additionally, the AAAPP holds a public hearing to convey the need for direct service delivery and seeking any public comment.

Below is the memo illustrating our public hearing being held at:

Dunedin Public Library  
223 Douglas Avenue  
Dunedin, FL 34698

Monday August 7, 2023  
1:00 p.m. to 3:00 p.m.

Interested Party Memo  
[Download File](#)







## **MEETING MINUTES**

**AREA AGENCY ON AGING OF PASCO-PINELLAS, INC.  
2023 PUBLIC HEARING MINUTES  
Pasco and Pinellas County  
August 07, 2023 - 1:00 PM  
Dunedin Public Library, Dunedin, Florida 34698**

### **WELCOMES - Jason Martino, Director of Planning, Ann Marie Winter, Executive Director, Commissioner Eric Gerard, Advisory Council Chair**

Mr. Jason Martino, AAAPP Director of Planning welcomed the audience and provided housekeeping and the overall intent of the Public Hearing. Ms. Ann Marie Winter, Executive Director, followed and thanked everyone for attending. Ms. Winter further summarized the structure of the Federal, State and Local Aging Network and included information regarding the Older Americans Act (OAA) and how that legislation purports the need for Area Plans, the review thereof and how those effects our Planning and Service Area (PSA). Commissioner Eric Gerard, Chair, AAAPP Advisory Council followed Ms. Winter and gave an overview of the AAAPP Advisory Council and their function throughout the year. Mr. Gerard also provided the audience with information on how the Advisory Council plays a role within the Public Hearing process. Mr. Gerard then introduced Jason Martino, Director of Planning with the Area Agency on Aging of Pasco/Pinellas who would speak on the next agenda item.

### **Planning Process - Jason Martino, Director of Planning**

Ms. Martino illustrated the need for a Public Hearing during the Area Plan process and that Direct Service delivery through the Direct Service Waiver application process in CY2023 is a critical aspect. Mr. Martino described Older Americans Act Titles and commenced to read Service Definitions referenced in the 2023 DOEA Programs and Service Handbook. Mr. Martino re-introduced Ms. Winter to introduce the next agenda item.

### **PUBLIC COMMENTS - Ann Marie Winter, Executive Director**

Following the previous presentations, Ms. Winter spoke to the AAAPP's intent to potentially deliver direct services in CY2024. Ms. Winter invited the attendees to provide any questions or comments on the Services the AAAPP intends to provide and/or on

any unmet needs' seniors are facing. Ms. Winter reminded the attendees that they could submit questions or comments in writing by August 21, 2023.

Verbal questions commenced from the attendees, and they are below in the next section.

### **ADJOURNMENT**

The public hearing adjourned at 2:15PM.

## **SUMMARY OF COMMENTS RECEIVED (WRITTEN/VERBAL)**

**Audience Question:** As a provider in Pasco County, how would we be eligible to take on additional services?

**AAAPP Response:** The AAAPP initiates procurements for service every 6 years. For vendors like yourself, we reach out directly to vendors for the provision of services based on the Vendor Agreement and established unit rate.

**Audience Question:** Could it be possible to provide Education/Advocate to senior residences regarding the needs of seniors with pets specifically for Support Animals?

**AAAPP Response:** We appreciate that note of an advocacy concern. The Pet Support service definition must be followed specifically as written. With that, the OFLAP initiative is certainly an avenue to pursue advocacy for seniors and pets in residential communities. We'd suggest raising that during the next joint meeting.

-

**Audience Question:** In relation to the Savvy Caregiver program, are referrals made to organizations such as the Alzheimer's Association?

**AAAPP Response:** Referrals are made from both entities. We receive referrals from the Alzheimer's Association for potential clients wishing to take the Savvy Caregiver course. Additionally, we refer clients completing the course to other resources such as the Alzheimer's Association, Senior Helpline, and the Memory Disorder Clinic

**Audience Question:** How often is the Savvy Caregiver course offered?

**AAAPP Response:** We offer the course as much as we possibly can. Currently, there is no waitlist, and our course offering is based on instructor and venue availability.

## **Written Comments Submitted to AAAPP**

No written comments received.

# Assurances & Attestations

## Section 306 Older Americans Act

### Assurances & Attestations

#### Section 306 Older Americans Act

The Area Agency on Aging of Pasco-Pinellas (AAAPP) assures that all provisions of 42 U.S.C. § 3026 and 42 U.S.C. § 3027, including but not limited to the specific provisions detailed below, are adhered by, including:

1. The AAAPP assures that an adequate proportion, as required under section 307(a)(2) of the OAA and ODA Policy 205.00, Priority Services, of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services: services associated with access to services (transportation, health services including behavioral and mental health services, outreach, information and assistance and case management services), in-home services, and legal assistance; and assurances that the AAA will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded. (§306(a)(2))
2. The AAAPP assures it will set specific objectives for providing services to older individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. (§306(a)(4)(A)(i))
3. The AAAPP assures that it will include in each agreement made with a provider of any service under this title, a requirement that such provider will:
  - a. Specify how the provider intends to satisfy the service needs of low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider.
  - b. To the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
  - c. Meet specific objectives established by the AAA, for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area. (§306(a)(4)(ii))
4. The AAAPP assures it will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:
  - a. Older individuals residing in rural areas;
  - b. Older individuals with greatest economic need (with particular attention to low-income minority older individuals and older individuals residing in rural areas);

- c. Older individuals with greatest social need (with particular attention to low-income minority older individuals and older individuals residing in rural areas);
  - d. Older individuals with severe disabilities;
  - e. Older individuals with limited English proficiency;
  - f. Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
  - g. Older individuals at risk for institutional placement, specifically including survivors of the Holocaust.
5. The AAAPP further assures that it will inform the older individuals referred to above, and the caretakers of such individuals, of the availability of such assistance. (§306(a)(4)(B))
6. The AAAPP assures it will ensure that each activity undertaken, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. (§306(a)(4)(C))
7. The AAAPP assures it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and those at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities. (§306(a)(5))
8. The AAAPP assures that it will provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title. (§306(a)(10))
9. The AAAPP assures it will provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as older Native Americans) including:
- a. Information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the AAA will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
  - b. An assurance that the AAA will, to the maximum extent practicable, coordinate the services provided under Title VI; and
  - c. An assurance that the AAA will make services under the area plan available to the same extent; as such services are available to older individuals within the planning and service area, who are older Native Americans. (§306(a)(11))
10. The AAAPP assures it will maintain the integrity and public purpose of services provided, and service providers, under 42 USCS §§ 3021 *et seq.* in all contractual and commercial relationships. (§306(a)(13)(A))

11. The AAAPP assures it will disclose to the Assistant Secretary and the State Agency:
  - a. The identity of each non-governmental entity with which such agency has a contract or commercial relationships relating to providing any service to older individuals; and
  - b. The nature of such contract or such relationship. (§306(a)(13)(B))
  
12. The AAAPP assures it will demonstrate that a loss or diminution on the quantity or quality of the services provided, or to be provided, under 42 USCS §§ 3021 *et seq.* by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. (§306(a)(13)(C))
  
13. The AAAPP assures it will demonstrate that the quantity and quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. (§306(a)(13)(D))
  
14. The AAAPP assures it will, on the request of the Assistant Secretary of State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals (§306(a)(13)(E))
  
15. The AAAPP assures that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the AAA to carry out a contract or commercial relationship that is not carried out to implement this title. (§306(a)(14))
  
16. The AAAPP assures that preference in receiving services under this title will not be given by the AAA to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. (§306(a)(14))
  
17. The AAAPP assures that funds received under this title will be used:
  - a. To provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
  - b. In compliance with the assurances specified in paragraph (13) and the limitations specified in section 212. (§306(a)(15))
  
18. The AAAPP assures that data will be collected to determine that services are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019 and to determine the effectiveness of the programs, policies, and services provided by AAAs in assisting such individuals. (§306(a)(18))



19. The AAAPP assures that outreach efforts will be used to identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019. (§306(a)(19))

**Area Agency on Aging Director**

Name: Ann Marie Winter

Signature: 

Date: 09.14.2023

# DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATIONS TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

## DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATIONS TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

The Area Agency on Aging of Pasco-Pinellas (AAAPP), hereinafter called the "recipient,"

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq*) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR§ 80) issued pursuant to the title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the recipient receives federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the recipient by the Department, this assurance shall obligate the recipient, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar service or benefits. If any personal property is so provided, this assurance shall obligate the recipient for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the recipient for the period during which the federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, property, discounts, or other federal financial assistance extended after the date hereof to the recipient by the Department, including installment payments after such date on account of the applications for federal financial assistance which were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the recipient.

**Area Agency on Aging Director**

Name: Ann Marie Winter Signature: 

Date: 09.14.2023

# DEPARTMENT OF HEALTH AND HUMAN SERVICES SECTION 504 OF THE REHABILITATION ACT OF 1973

## DEPARTMENT OF HEALTH AND HUMAN SERVICES SECTION 504 OF THE REHABILITATION ACT OF 1973

The Area Agency on Aging of Pasco-Pinellas (AAAPP), hereinafter called the "recipient,"

HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. § 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to [45 C.F.R. § 84.5(a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health and Human Services after the date of the Assurance, including payments or other assistance made after such date on applications for federal financial assistance that were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means.

This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal financial assistance is extended to it by the Department of Health and Human Services or provided for in [45 C.F.R. § 84.5]. Pursuant to 45 C.F.R. § 84.7(a), if the recipient employs fifteen or more persons, the recipient designates the following person(s) to coordinate its efforts to comply with the regulation.

Name of Designee(s): Ann Marie Winter  
Title: Executive Director  
Recipient's Address: 9549 Koger Boulevard., Ste 100., Gadsden Building  
St. Petersburg, FL 33702

Pursuant to 45 C.F.R. § 84.7(b), if the recipient employs fifteen persons or more, the recipient shall adopt grievance procedures that incorporate appropriate due process standards and that provide for the prompt and equitable resolution of complaints alleging any action prohibited by this part. Such procedures need not be established with respect to complaints from applicants for employment or from applicants for admission to postsecondary educational institutions.

IRS Employer I.D. Number: 31-1710636

AAA Board President (or other authorized official)

I certify that the above information is complete and correct to the best of my knowledge.

Name: Ann Marie Winter Signature: 

Date: 09.14.2023

## AVAILABILITY OF DOCUMENTS

### AVAILABILITY OF DOCUMENTS

The Area Agency on Aging of Pasco-Pinellas (AAAPP) HEREBY GIVES FULL ASSURANCE that the following documents are current and maintained in the administrative office of the AAA and will be filed in such a manner as to ensure ready access for inspection by DOEA or its designee(s) at any time.

The AAAPP further understands that these documents are subject to review during monitoring by DOEA.

- (1) Current board roster
- (2) Articles of Incorporation
- (3) AAA Corporate By-Laws
- (4) AAA Advisory Council By-Laws and membership composition
- (5) Corporate fee documentation
- (6) Insurance coverage verification
- (7) Bonding verification
- (8) AAA staffing plan
  - (a) Position descriptions
  - (b) Pay plan
  - (c) Organizational chart
  - (d) Executive director's resume and performance evaluation
- (9) AAA personnel policies manual
- (10) Financial procedures manual
- (11) Functional procedures manual
- (12) Interagency agreements
- (13) Affirmative Action Plan
- (14) Civil Rights Checklist
- (15) Conflict of interest policy
- (16) AAA Board of Directors and Advisory Council meeting minutes
- (17) Documentation of public forums conducted in the development of the area plan, including attendance records and feedback from providers, consumers, and caregivers
- (18) Consumer outreach plan
- (19) ADA policies

- (20) Documentation of match commitments for cash, voluntary contributions, and building space, as applicable
- (21) Detailed documentation of AAA administrative budget allocations and expenditures
- (22) Detailed documentation of AAA expenditures to support cost reimbursement contracts
- (23) Subcontractor Background Screening Affidavit of Compliance

Certification by Authorized Agency Official:

I hereby certify that the documents identified above currently exist and are properly maintained in the administrative office of the Area Agency on Aging. Assurance is given that DOEA or its designee(s) will be given immediate access to these documents, upon request.

AAA Board President (or other authorized official)

Name: Ann Marie Winter

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

09.14.2023

Title: Executive Director