2019 Area Plan Program Module Update
TEMPLATE AND INSTRUCTIONS
AREA AGENCY ON AGING OF PASCO-PINELLAS, INC.
PSA: 5
For the Period January 1, 2019 - December 31, 2019
Submitted October, 2018
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<th>Page</th>
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</thead>
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</tbody>
</table>
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 a given 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.

The Area Plan is divided into two parts: the Program Module and the Contract Module. The Program Module includes a profile of the PSA; 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 for the production of the Area Plan, AAAs should consider the following Area Plan development cycle.
This recommended planning cycle features an update of the PSA Profile, Performance and Targeted Outreach, and Unmet Need and Service opportunities components of the Area Plan. With the update of these components, the AAA will be prepared to address the Goals, Objectives, and Strategies component of the Area Plan and comment on the AAA’s strategic accomplishments. An updated SWOT is not necessary for submission of an Area Plan Annual this Update.

With the completion of each stage in the development of the 2019 Area Plan Update, the AAA has the option of submitting the respective components to Department of Elder Affairs (DOEA) through their contract manager for review and feedback.

Each year, the Department of Elder Affairs will publish a Notice of Instruction (NOI). This NOI will include the Area Plan Program Module Template, Area Plan Contract Module Template, indicator comparative performance file, and a table of due dates for submission of the Area Plan Cycle components.

Instructions
Before beginning Area Plan Program Module development activities, it is important that you complete a thorough review of the instructions for completion found in Appendix 5.
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 2017-2019 Area Plan.

President, Board of Directors
Name: Christopher Comstock  Signature:  
Date: 10-15-2018

Advisory Council Chair
Name: Michael Estigo  Signature:  
Date: 10-15-2018

Area Agency on Aging Executive Director
Name: Ann Marie Winter  Signature:  
Date: 10-15-2018

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 Older Americans Act Section 306.
**AAA Board of Directors**

**Membership Composition:**

The Board of Directors, consisting of a maximum of 19 members, shall consist of persons who shall be representatives from each of the following counties: Pasco County and Pinellas County. A director representative of a county shall be a resident of, or principally employed in, that county during service on the Board. The Board's membership will be 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.

**Frequency of Meetings:**

The Board of Directors shall hold its meetings at the Agency's principal office or at such other places, within PSA 5, as the Board may from time to time determine; the Board of Directors shall meet at least nine (9) times per year. The anticipated schedule of board meetings for 2019 is as follows:

**2019**

January 14; February 11; March 18; April 15; May 20; June 17; August 19; September 16; October 21; and November 18

**Officer Selection Schedule:**

The officers of the Board shall be a President, Vice-President, Secretary and Treasurer. All officers shall be elected by majority vote of all Board members present at any meeting at which a quorum is present and shall hold office until the earlier of (a) the next annual meeting of the Board of Directors at which time an election of officers is held, (b) his/her death, resignation, or removal, or (c) the election of his/her successor. No person shall hold more than one office of the agency at the same time. Annual Meeting is usually held at the March Board of Directors meeting. Officers shall be elected for a one year term and may be re-elected for a second consecutive term after which time they are ineligible to serve in such elected position for a minimum of one year.
### AAA Board Officers:

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>C. Christopher Comstock</td>
<td>03/17-03/20</td>
</tr>
<tr>
<td>Vice President</td>
<td>Camille Hernandez</td>
<td>03/16-03/19</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Linda Lee</td>
<td>03/18-03/21</td>
</tr>
<tr>
<td>Secretary</td>
<td>Harriet Crozier</td>
<td>03/18-03/21</td>
</tr>
<tr>
<td>Immediate Past President</td>
<td>Virginia Rowell</td>
<td>03/16-03/19</td>
</tr>
</tbody>
</table>

### AAA Board of Directors Membership:

<table>
<thead>
<tr>
<th>Name</th>
<th>Occupation / Affiliation</th>
<th>Home Address (include county)</th>
<th>Phone Number</th>
<th>Member Since</th>
<th>Current Term of Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camille S. Hernandez</td>
<td>Mayor, Dade City</td>
<td>37848 Bougainvillea Ave. Dade City, FL 33525 PASCO</td>
<td>352-567-2113</td>
<td>06/06</td>
<td>03/16-03/19</td>
</tr>
<tr>
<td>Linda Y. Lee</td>
<td>Retired, Administrator</td>
<td>3103 Bentwood Lane Safety Harbor, FL 34695 PINELLAS</td>
<td>727-797-3259</td>
<td>11/11</td>
<td>03/18-03/21</td>
</tr>
<tr>
<td>Harriet K. Crozier</td>
<td>Semi-Retired, Funeral Home Industry</td>
<td>58 West Overbrook Street Largo, FL 33770 PINELLAS</td>
<td>727-581-8945</td>
<td>03/10</td>
<td>03/18-03/21</td>
</tr>
<tr>
<td>Virginia W. Rowell</td>
<td>Retired, City Social Services</td>
<td>626 14th Ave. NE St. Petersburg, FL 33701 PINELLAS</td>
<td>727-896-8740</td>
<td>01/07</td>
<td>03/16-03/19</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Address</td>
<td>Phone</td>
<td>Date of Appointment</td>
<td>Notes</td>
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<td>--------------------------------</td>
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</tr>
<tr>
<td>Charles F. Robinson, Esquire</td>
<td>Elder Law/Special Needs Attorney</td>
<td>901 Chestnut Street, Ste C Clearwater, FL 33756 PINELLAS</td>
<td>727-443-7898</td>
<td>1991* (predates when AAAPP became nonprofit)</td>
<td>03/17-03/20</td>
</tr>
<tr>
<td>Sallie Parks</td>
<td>Retired, County Commissioner</td>
<td>1328 Michigan Ave. Palm Harbor, FL 34683 PINELLAS</td>
<td>727-742-5555</td>
<td>1994* (predates when AAAPP became nonprofit)</td>
<td>03/16-03/19</td>
</tr>
<tr>
<td>Martha Lenderman</td>
<td>Consultant, Mental Health</td>
<td>2286 Wilshire Drive Dunedin, FL 34698-9681 PINELLAS</td>
<td>727-726-7269</td>
<td>1998* (predates when AAAPP became nonprofit)</td>
<td>03/16-03/19</td>
</tr>
<tr>
<td>George M. Jirotka</td>
<td>Judge</td>
<td>315 Court Street Clearwater, FL 33756 PINELLAS</td>
<td>727-464-3636</td>
<td>03/08</td>
<td>03/17-03/20</td>
</tr>
<tr>
<td>Anne Corona (Replace Jan Rauer)</td>
<td>Registered Nurse (Psychiatric)</td>
<td>7615 Tanglewood Dr New Port Richey, FL 34654 PASCO</td>
<td>727-514-1120</td>
<td>06/18</td>
<td>06/18-03/20</td>
</tr>
<tr>
<td>Julie Peluso</td>
<td>Fire Commissioner</td>
<td>3340 McMath Drive Palm Harbor, FL 34684 PINELLAS</td>
<td>727-804-1668</td>
<td>08/12</td>
<td>03/16-03/19</td>
</tr>
<tr>
<td>Barbara Sheen Todd</td>
<td>Retired, County Commissioner</td>
<td>8462 35th Avenue North St. Petersburg, FL 33710 PINELLAS</td>
<td>727-347-5175</td>
<td>03/15</td>
<td>03/18-03/21</td>
</tr>
<tr>
<td>Elithia V. Stanfield</td>
<td>Retired, Lobbyist</td>
<td>3769 105th Avenue North Clearwater, FL 33762 PINELLAS</td>
<td>727-572-8811</td>
<td>03/15</td>
<td>03/85-03/21</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Address</td>
<td>Phone</td>
<td>Start Date</td>
<td>End Date</td>
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</tr>
<tr>
<td>Charlie Justice</td>
<td>County Commissioner</td>
<td>315 Court St. Clearwater, FL 33756 PINELLAS</td>
<td>727-464-3363</td>
<td>02/15</td>
<td>03/17-03/20</td>
</tr>
<tr>
<td>Mike Wells Jr.</td>
<td>County Commissioner</td>
<td>8731 Citizens Drive, Suite 100 New Port Richey, FL 34654 PASCO</td>
<td>727-847-8109</td>
<td>02/15</td>
<td>03/17-03/20</td>
</tr>
<tr>
<td>Robert Hatfield</td>
<td>Congressional Aide</td>
<td>13405 10th Street Dade City, FL 33525 PASCO</td>
<td>202-304-8680</td>
<td>09/15</td>
<td>03/18-03/21</td>
</tr>
<tr>
<td>Julie Hale</td>
<td>Retired</td>
<td>37812 Southview Avenue Dade City, FL 33525 PASCO</td>
<td>352-437-5085</td>
<td>02/17</td>
<td>03/18-03/21</td>
</tr>
<tr>
<td>Paul W. McClintock</td>
<td>Retired, Law Enforcement</td>
<td>457 Ontario Drive New Port Richey, FL 34652 PASCO</td>
<td>727-967-6000</td>
<td>08/17</td>
<td>03/16-03/19</td>
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</tbody>
</table>
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 appointed by the Chairman of the Advisory Council.

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 2019 is as follows:

2019

January 14; March 11; May 13; July 8; September 9; November 11

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 1st.
### AAA Advisory Council Members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Occupation/ Affiliation</th>
<th>Home Address (Include County)</th>
<th>Phone Number</th>
<th>Member Since</th>
<th>Current Term of Office</th>
<th>Age</th>
<th>Race</th>
<th>Eth.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Estigo, Chair</td>
<td>Retired City Employee</td>
<td>11753 108th Ave N Largo, FL 33778 PINELLAS</td>
<td>727-398-6601</td>
<td>04/16</td>
<td>01/17-12/18</td>
<td>71</td>
<td>White</td>
<td>Non-Hispanic</td>
</tr>
<tr>
<td>Nancy Giles, Vice-Chair</td>
<td>Social Enterprise, persons with disabilities</td>
<td>9888 Lake Seminole Dr. E Largo, FL 33773 PINELLAS</td>
<td>727-391-4325</td>
<td>06/08</td>
<td>01/18-12/19</td>
<td>73</td>
<td>White</td>
<td>Non-Hispanic</td>
</tr>
<tr>
<td>Samantha Fenger</td>
<td>City Commissioner</td>
<td>City of Largo</td>
<td>727-686-7688</td>
<td>03/15</td>
<td>01/17-12/18</td>
<td>39</td>
<td>White</td>
<td>Non-Hispanic</td>
</tr>
<tr>
<td>Suzanne Castonguay</td>
<td>HUD Service Coordinator</td>
<td>430 Bay St NE</td>
<td>727-823-4857</td>
<td>05/09</td>
<td>01/18-12/19</td>
<td>71</td>
<td>White</td>
<td>Non-Hispanic</td>
</tr>
<tr>
<td>Miriam Benitez-Nixon</td>
<td>Retired-SHINE Counselor</td>
<td>2700 Bayshore Blvd. #556 Dunedin, FL 34698 PINELLAS</td>
<td>727-466-1492</td>
<td>01/14</td>
<td>01/18-12/19</td>
<td>66</td>
<td>White</td>
<td>Hispanic</td>
</tr>
<tr>
<td>Betty Beeler</td>
<td>Retired Medical Professional</td>
<td>875 13th Ave South St Petersburg, FL 33701 PINELLAS</td>
<td>727-895-3993</td>
<td>01/12</td>
<td>01/18-12/19</td>
<td>67</td>
<td>Black</td>
<td>Non-Hispanic</td>
</tr>
<tr>
<td>Barbara Epstein</td>
<td>Elder Law Attorney</td>
<td>5347 Main St. #201 St Petersburg, FL 33701 PINELLAS</td>
<td>727-515-7802</td>
<td>07/11</td>
<td>01/18-12/19</td>
<td>62</td>
<td>White</td>
<td>Non-Hispanic</td>
</tr>
<tr>
<td>Name</td>
<td>Title/Position</td>
<td>Address</td>
<td>Phone Number</td>
<td>Date of Birth</td>
<td>Date of Appointment</td>
<td>Age</td>
<td>Race</td>
<td>Ethnicity</td>
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</tr>
<tr>
<td>Rebecca Yackel</td>
<td>Nurse-Admin., VA State Nursing Homes</td>
<td>4557 Ontario Drive, New Port Richey, FL</td>
<td>727-505-0900</td>
<td>03/13</td>
<td>01/18-12/19</td>
<td>66</td>
<td>White</td>
<td>Non-Hispanic</td>
</tr>
<tr>
<td>Michael Estigo, Chair</td>
<td>Retired City Employee</td>
<td>11753 108th Ave N, Largo, FL 33778</td>
<td>727-398-6601</td>
<td>04/16</td>
<td>01/17-12/18</td>
<td>71</td>
<td>White</td>
<td>Non-Hispanic</td>
</tr>
<tr>
<td>Nancy Giles, Vice-Chair</td>
<td>Social Enterprise, persons with disabilities</td>
<td>9888 Lake Seminole Dr. E, Largo, FL 33773</td>
<td>727-391-4325</td>
<td>06/08</td>
<td>01/18-12/19</td>
<td>73</td>
<td>White</td>
<td>Non-Hispanic</td>
</tr>
<tr>
<td>Kerry Marsalek</td>
<td>Director, Clearwater Office on Aging</td>
<td>1501 N Belcher Rd., Clearwater, FL 33765</td>
<td>727-793-2339 x 244</td>
<td>04/07</td>
<td>01/18-12/19</td>
<td>46</td>
<td>White</td>
<td>Non-Hispanic</td>
</tr>
<tr>
<td>Valerie Anderson</td>
<td>Non-Profit Administrator</td>
<td>25730 Frith Street, Land O Lakes, FL 34639</td>
<td>352-567-0848</td>
<td>07/18</td>
<td>01/17-12/18</td>
<td>58</td>
<td>Black</td>
<td>Non-Hispanic</td>
</tr>
<tr>
<td>Lenny Waugh</td>
<td>Retired Military</td>
<td>6964 Grande Vista Way S, South Pasadena, FL 33707</td>
<td>727-344-2212</td>
<td>09/12</td>
<td>01/17-12/18</td>
<td>84</td>
<td>White</td>
<td>Non-Hispanic</td>
</tr>
<tr>
<td>Lena Wilfalk</td>
<td>Retired, College administrator</td>
<td>2961 35th Ave S</td>
<td>727-866-6489</td>
<td>02/17</td>
<td>01/17-12/18</td>
<td>69</td>
<td>Black</td>
<td>Non-Hispanic</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Address</td>
<td>City, State, Zip</td>
<td>Phone</td>
<td>Start Date</td>
<td>End Date</td>
<td>Age</td>
<td>Race/Ethnicity</td>
</tr>
<tr>
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</tr>
<tr>
<td>Jodi Vosburgh</td>
<td>V.A. Social Worker</td>
<td>9834 110th Lane N</td>
<td>Seminole, FL 33772</td>
<td>727-215-7401</td>
<td>01/17</td>
<td>01/18-12/19</td>
<td>44</td>
<td>White/NH</td>
</tr>
<tr>
<td>Beth Aker</td>
<td>Executive Director</td>
<td>36929 Sunshine Rd.</td>
<td>Zephyrhills, FL 33541</td>
<td>937-489-1677</td>
<td>05/17</td>
<td>01/17-12/18</td>
<td>54</td>
<td>White/NH</td>
</tr>
<tr>
<td>Mary Haddon Doyle (Replace Sharon Lena)</td>
<td>Retired-Sales &amp; Marketing Executive</td>
<td>514 Westborough Lane</td>
<td>Safety Harbor, FL 34695</td>
<td>727-515-9857</td>
<td>05/18</td>
<td>01-17-12/18</td>
<td>67</td>
<td>White/NH</td>
</tr>
<tr>
<td>Lori Felber</td>
<td>Director Atria Senior Living</td>
<td>4645 Coachmen Rd</td>
<td>New Port Richey, FL 34655</td>
<td>727-278-7557</td>
<td>11/17</td>
<td>01/18-12/19</td>
<td>61</td>
<td>White/NH</td>
</tr>
<tr>
<td>Kathleen M. Winters (Replace Anne Corona)</td>
<td>Human Services/Health Education</td>
<td>12161 Laramore Street</td>
<td>Spring Hill, FL 34608</td>
<td>413-686-1090</td>
<td>07/18</td>
<td>01/17-12/18</td>
<td>59</td>
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</tr>
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The following funds are administered by Area Agency on Aging of Pasco-Pinellas, Inc. for PSA 5. The current and anticipated Bid Cycles are provided for those programs that are administered through competitively procured subcontracts.

<table>
<thead>
<tr>
<th>Funds Administered</th>
<th>Current Bid Cycle</th>
<th>Anticipated Bid Cycle</th>
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<tr>
<td></td>
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<tr>
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<td>MIPPA*</td>
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</tr>
</tbody>
</table>

* This fund does not have an associated Bid Cycle.
Resources Used

☒ American Community Survey  ☒ American FactFinder
☒ AoA Special Tabulation Data 60+  ☐ BRFSS Survey Data
☒ Bureau of Economic and Business Research  ☒ CIRTS
☒ DOEA Client Satisfaction Survey  ☒ DOEA County Profiles
☒ DOEA Elder Needs Index Maps  ☐ Economic and Demographic Research (BEBR)
☐ Florida Charts  ☒ NAPIS
☐ National Association of States United for Aging and Disability (NASUAD)
☐ WOW Index  ☒ Assessing the Needs of Elder Floridians 2016
☒ Targeting Dashboard (ShareFile resources)
☒ Other  (See Below)  ☐ Other  (__________________)

- AAAPP – “2017 OAA Provider Report for Registered & Unregistered Services”
- AARP Survey – “Staying Ahead of the Curve” - 2013
- Administration for Community Living – Strategic Plan 2013-2018
- DOEA State Plan on Aging – 2013-2016
- DOEA State Plan on Aging – 2017-2020
- Florida Commission on Access to Civil Justice Interim Report – October 01, 2015
- Florida Commission for the Transportation Disadvantaged 2017 Annual Performance Report
- Florida Data Clearinghouse – Projection by age for 2015-2040
- Florida Department of Children and Families – Adult Protective Services – 2016-2017 Quick Facts
- Realty Trac – County Stats and Trends as of 2016
- Statewide REFER Database Report – “Call Volume per Request Type” – 2017-2018
- The United States Department of Justice – The Elder Justice Initiative – Researcher Resources 2016
2019 Area Plan Program Module Update

Executive Summary

This section describes the role of Area Agency on Aging of Pasco-Pinellas, Inc. as an AAA and includes major highlights, key initiatives, and how the significant and particular needs of the PSA5 will be addressed.

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) designation during 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 non-profit agency, the Tampa Bay Regional Planning Council (TBRPC) served as the designated Area Agency for Pasco and Pinellas counties from 1974 to 2000.

As a result of federal and state legislation, the AAAPP became one of the first three Florida area agencies designated as an Aging and Disability Resource Center (ADRC) in 2005. That designation initiated the agency’s expansion from just serving elders to also serving to some extent adults with disabilities.

Currently, the AAAPP is one of eleven Area Agencies on Aging serving as ADRCs in Florida. We provide Information & Referral/Assistance to elders, caregivers and adults with disabilities to increase access to community services. Additionally, the AAAPP continues its long history of developing and refining a comprehensive aging service network to help older persons lead health and independent lives in the community.

As the agency enters an era of hundreds of baby boomers retiring every day, the AAAPP is challenged to continue to address the generations that retired 20 to 40 years earlier. Statistically, their needs are greater for services, particularly in the long term care arena. Yet planning for the newly-retired and soon-to-be retired should have some attention, so that their aging is more successful in terms of income, health status, Medicare fluency, and awareness of services and resources in their communities.

Mandated policies and procedures are pushing the agency to becoming more and more similar to each of the other 10 AAAs in the state. While not altogether negative, it dismisses the unique characteristics and flexibility each AAA offers to its elder residents in the geographical planning and service area. Flat-line funding and loss of grant programs has limited the agency’s ability to keep up with the demands in Pasco-Pinellas with waiting lists growing larger each day. Nevertheless, new agency initiatives have sprung out of partnerships and allowed the agency to flex the muscles needed to keep a forward momentum. Agency staff serve on a number of board and committees in our communities. This participation and collaboration with other professionals has generated the growth of the LGBT Elder Initiative, collaboration with the AARP Age Friendly Communities, Caregiver opportunities, a Mental Health BLS Subcommittee, Emergency Management support, and New-to-Medicare SHINE opportunities, to mention just a few examples (also contained in the Goals and Objectives section).
Despite virtually no funding to feed these, opportunities have been seized and provided fodder for growth.

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 (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 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.

The area served by the Area Agency on Aging, Pasco and Pinellas counties (PSA 5), is remarkable for both the high concentration of persons age 60 and persons age 85 and over. PSA 5 has over 1,450,000 residents, with 445,385 residents age 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 2016 DOEA Florida and PSA Profile indicate 25.6% of Floridians are age 60 and older, compared to 30.7% of Pasco and Pinellas residents. In Pasco and Pinellas counties there are currently 50,208 individuals age 85 or older, representing 3.5% of the total population. This also exceeds the statewide average of 2.6%.

During the three-year period of the Area Plan, the six goals established by the Florida Department of Elder Affairs will serve as a focus and guide for the strategies and activities of the Area Agency on Aging. These six goals are listed below.

**Goal 1:** Information and Access – Enable older people, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health and long-term and end-of-life care.

**Goal 2:** Provide medical and home and community based services to enable individuals to maintain a high quality of life for as long as possible, including supports for family caregivers.

**Goal 3:** Health and Wellness – Empower older people and their caregivers to live active, healthy lives to improve their mental, behavioral, and physical health status.

**Goal 4:** Ensure that the legal rights of older people are protected and prevent their abuse, neglect and exploitation.
Goal 5: Promote planning and collaboration at the community level that recognizes the benefits and needs of its aging population.

Goal 6: Maintain effective and responsive management.
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 low-income older individuals, including low-income minority elders, as well as elders with limited English proficiency and those residing in rural areas.

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 1,450,437 individuals. Of that, individuals aged 60+ equals 445,385 or approximately 30% of the total population. Notably, individuals aged 85+ equals 50,208 and/or 3.5% of the total population.

Of the 445,385 individuals aged 60+, 45.4% or 202,051 identify as male and 54.6% or 243,334 identify as female. Additionally, individuals who are living alone equals 128,346 or approximately 28.8% of those aged 60+.

Income levels of the 445,385 individuals aged 60+ reflect that 42,993 or 9.7% are living at 100% of the Federal Poverty Level. 65,967 individuals or 14.8% are living below 125% of the Federal Poverty Level.

Both counties are comprised of multiple races. To illustrate this notion, those aged 60+ who identify as White make up 93.3% or 415,627 individuals. Those who identify as Black represent 20,622 or 4.6% of those aged 60+. Further, those who identify themselves as other minorities equal 9,128 or 2% as compared to the total population of those aged 60+.

Both counties are also comprised by ethnic diversity. 19,013 or 4.3% of the total aged 60+ population identifies as Hispanic, while Non-Hispanic makes up 95.7% or 426,372. Of importance, those reporting Limited English Proficiency equals 11,861 or 2.6% of the total aged 60+ population.

As compared to statewide demographics, PSA5’s aged 60+ population makes up 8.6% of the entire state’s aged 60+ population. Further, those aged 85+ living in both Pasco and Pinellas Counties make up 9.5% of the state’s entire aged 85+ population.

Source: DOEA 2016 County Profiles
Bordered by the Gulf of Mexico on the Western shore, and land stretching eastward varying from urban to semi urban with pockets of rural, Pasco County, according to the United States Census Bureau, is ranked 85th compared to the top 100 fastest growing counties in the U.S between 2014 - 2015. Pasco County has a total population equaling 495,868 individuals and of that persons over the age of sixty equals 144,352 or 29.1%. The age 85+ population accounts for 3% of the total population, and 10.4% of the aged 60+ population. While the entire county has no rural designation there are pockets of rurality primarily in the central and eastern portion.

Of the total 60+ population residing in Pasco County, 9.2% are living at the Federal Poverty Level. Low income (income below 125% of poverty level) aged 60+ individuals represent 15.2% of the aged 60+ population. Of the aforementioned 15.2%, low income minority individuals make up 1.8%

Broken down by race, 95.7% of the aged 60+ population identifies as White while 4.6% or 6,659 are Black or other minorities. Ethnically, those who identify as Hispanic make up 5.6% or 8,040 individuals aged 60+.

Of interest is the makeup of individuals aged 60+, living alone. Similar to the PSA, Females are living alone at a higher rate than males with 23,528 females or 16.2% of the total 60+ population. Males represent 11,527 or 7.9% of those aged 60+ and living alone. Combined, 35,055 individuals or 24.2% of the total aged 60+ population are living alone.

Source: DOEA 2016 County Profiles
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 954,569 individuals of all ages. Although Pinellas is smaller in geographic size (280 square miles) compared to Pasco County, it has a larger population regarding all ages and aged 60+. Proportionately, Pinellas is similar to Pasco County by number and percentage regarding aged 60+ compared to the total population.
Pinellas County has the larger population of those age 60+ in the PSA. There are 301,032 persons age 60+ who reside in Pinellas County, comprising 31.5% of the total county population. The aged 85+ population accounts for 3.7% of the total population and 11.6% of the 60+ population.

Of those ages 60 and older in Pinellas County, 14.6% or 44,037 aged 60+ individuals are low income (income below 125% of the poverty guideline) and 9.9% have incomes below the poverty level.

The minority elderly population equaling 33,372 represents 11.1% of the county’s age 60+ population. Of that 33,372, low income minority residents over age 60 equal 8,416 or 2.8% of the total 60+ population residing in Pinellas County. By ethnicity individuals who are aged 60+ and identify as Hispanic make up 10,973 or 3.6% of the total 60+ population.

Of interest is the makeup of individuals aged 60+, living alone. Similar to the PSA, Females are living alone at a higher rate than males with 60,909 females or 20.2% of the total 60+ population. Males represent 32,382 or 10.7% of those aged 60+ and living alone. Combined, 93,291 individuals or 30.9% of the total aged 60+ population are living alone.

*Source: DOEA 2016 Florida County Profiles*

**Identification of Communities:**

The 2010 Census and American Community Survey 5-Year Estimates for 2010-2014 provide the following details of the Pasco County population of all ages and those estimated at age 60+. According to the 2010 Census, Pasco County spans 746 square miles with a 2010 population of 464,697. Cities and Designated Places (CDPs) are listed below and in order by size of population:

<table>
<thead>
<tr>
<th>City and/or Census Designated Places (CDPs)</th>
<th>2010 Total Pop</th>
<th>2014 Estimated Total Pop</th>
<th>2014 Age 60+ Estimated Pop</th>
<th>% of 60+ to Total 2014 Pop</th>
<th>Location within County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land O’Lakes (CDP)</td>
<td>31,996</td>
<td>33,112</td>
<td>6,370</td>
<td>19.2%</td>
<td>C</td>
</tr>
<tr>
<td>Holiday (CDP)</td>
<td>22,403</td>
<td>21,049</td>
<td>5,794</td>
<td>27.5%</td>
<td>SW</td>
</tr>
<tr>
<td>Jasmine Estates (CDP)</td>
<td>18,989</td>
<td>18,470</td>
<td>4,563</td>
<td>24.7%</td>
<td>NW</td>
</tr>
<tr>
<td>New Port Richey (City)</td>
<td>14,911</td>
<td>15,063</td>
<td>4,803</td>
<td>31.8%</td>
<td>W</td>
</tr>
<tr>
<td>Elfers (CDP)</td>
<td>13,986</td>
<td>14,301</td>
<td>3,464</td>
<td>24.2%</td>
<td>SW</td>
</tr>
<tr>
<td>Zephyrhills (City)</td>
<td>13,288</td>
<td>14,041</td>
<td>5,089</td>
<td>36.2%</td>
<td>C</td>
</tr>
<tr>
<td>Hudson (CDP)</td>
<td>12,158</td>
<td>11,730</td>
<td>5,375</td>
<td>45.8%</td>
<td>W</td>
</tr>
<tr>
<td>Shady Hills (CDP)</td>
<td>11,523</td>
<td>10,687</td>
<td>3,108</td>
<td>29%</td>
<td>NC</td>
</tr>
<tr>
<td>Location</td>
<td>Population 2010</td>
<td>Population 2014</td>
<td>Gained</td>
<td>Increase %</td>
<td>Area</td>
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<tr>
<td>Trinity (CDP)</td>
<td>10,907</td>
<td>10,550</td>
<td>3,126</td>
<td>29.6%</td>
<td>SW</td>
</tr>
<tr>
<td>Dade City (City)</td>
<td>6,437</td>
<td>6,548</td>
<td>1,720</td>
<td>26.2%</td>
<td>E</td>
</tr>
<tr>
<td>Port Richey (City)</td>
<td>2,671</td>
<td>2,685</td>
<td>1,065</td>
<td>39.6%</td>
<td>W</td>
</tr>
<tr>
<td>Lacoochie (CCD)</td>
<td>1,714</td>
<td>1,446</td>
<td>300</td>
<td>20.7%</td>
<td>NE</td>
</tr>
<tr>
<td>Saint Leo (Town)</td>
<td>1,340</td>
<td>1,272</td>
<td>132</td>
<td>10.3%</td>
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<tr>
<td>San Antonio (City)</td>
<td>1,138</td>
<td>1,062</td>
<td>209</td>
<td>19.6%</td>
<td>C</td>
</tr>
<tr>
<td>Trilby (CDP)</td>
<td>419</td>
<td>449</td>
<td>96</td>
<td>21.3%</td>
<td>NE</td>
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</tbody>
</table>

Source: 2010-2014 American Community Survey 5-Year Estimates, Pasco County Age 60+ by Census Tract

The 2010-2014 American Community Survey estimated data reflects the population growth in central and east Pasco and in pockets of western Pasco County that are reported within Census Tracts.

Of the 472,745 total Pasco residents identified in the 2010-2014 American Community Survey Estimates:

- 133,403 or 21% are age 60 or older
- 59,716 12.6% identify as Hispanic
- 22,473 or 4.8% identify as Black or African American
- 14.3% have income below the Near the Federal Poverty Level (125%)
- 73,961 or 15.8% have no health insurance coverage
- 20,716 or 4.3 are unemployed

High concentrations of persons age 60 and over in proportion to the city or CDP total population are found in the following locations:

- Hudson (45.8%)
- Port Richey (39.6%)
- Zephyrhills (36.2%)
- New Port Richey (31.8%)
- Trinity (29.6%)
- Shady Hills (29%)

Overall, Pasco County does not have large populations of any minority group. The 2010-2014 American Community Survey identifies pockets of minority residents in three cities: Dade City, Holiday and Land O’Lakes. The smaller communities of Trilby and Lacoochee in East Pasco are also known to have areas with minority residents. Three locations have higher concentrations of Black residents, proportionate to the total city/CDP population than the 4.8% total county average:

- Dade City (23.1%)
- Holiday (5.3%)
- Land O’ Lakes (6.1%)

The following cities have higher concentrations of Hispanic persons proportionate to the total city/CDP population and the county average of 12.6%:

- Dade City 1,366 or (20.8%)
- Land O’Lakes 6,278 or (18.9%)
- Lacoochee 379 or (26.2%)
- Trilby 65 or (14.4%)

Many Pasco communities have higher rates of poverty than the county average (14.3% of residents with incomes Near the Federal Poverty Level or 125%):

- Dade City (18.8%)
- Lacoochie (19.1%)
- Port Richey (18%)
- Zephyrhills (14.7%)
- Shady Hills - 15.7%
- Holiday – 15%
- Hudson – 14.9%
- Elfers – 13.8%

The lowest rates of poverty are reported in Land O’ Lakes (5.1%) and Trinity CDP (2.3%). Land O’ Lakes also has the lowest concentration of residents age 65 and older (11.4%).

Source: 2010-2014 American Community Survey as of 4/28/16
The 2010 Census and the 2010-2014 American Community Survey provides the following details of Pinellas County’s 925,030 residents of all ages.

Cities and Census Designated Places are listed below in order on population size and based on 2010 population totals as well as the 2010-2014 American Community Survey Estimates:

<table>
<thead>
<tr>
<th>City and/or Census Designated Places (CDPs)</th>
<th>2010 Total Pop</th>
<th>2014 Estimated Total Pop</th>
<th>2014 Age 60+ Estimated Pop</th>
<th>% of 60+ to Total 2014 Pop</th>
<th>Location within County</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Petersburg</td>
<td>244,769</td>
<td>248,429</td>
<td>56,701</td>
<td>22.8%</td>
<td>S</td>
</tr>
<tr>
<td>Clearwater</td>
<td>107,685</td>
<td>109,210</td>
<td>30,848</td>
<td>28.2%</td>
<td>C</td>
</tr>
<tr>
<td>Largo</td>
<td>77,648</td>
<td>78,391</td>
<td>24,673</td>
<td>31.4%</td>
<td>C</td>
</tr>
<tr>
<td>Palm Harbor (CDP)</td>
<td>57,439</td>
<td>59,007</td>
<td>19,731</td>
<td>33.4%</td>
<td>N</td>
</tr>
<tr>
<td>Pinellas Park</td>
<td>49,079</td>
<td>49,874</td>
<td>13,174</td>
<td>26.4%</td>
<td>C</td>
</tr>
<tr>
<td>Dunedin</td>
<td>35,321</td>
<td>35,538</td>
<td>12,791</td>
<td>35.9%</td>
<td>NW</td>
</tr>
<tr>
<td>East Lake (CDP)</td>
<td>30,962</td>
<td>32,335</td>
<td>9,769</td>
<td>30.2%</td>
<td>NE</td>
</tr>
<tr>
<td>Tarpon Springs</td>
<td>23,484</td>
<td>23,789</td>
<td>8,648</td>
<td>36.3%</td>
<td>NW</td>
</tr>
<tr>
<td>Lealman (CDP)</td>
<td>19,879</td>
<td>20,740</td>
<td>5,569</td>
<td>26.8%</td>
<td>C</td>
</tr>
<tr>
<td>Seminole</td>
<td>17,233</td>
<td>17,477</td>
<td>7,127</td>
<td>40.7%</td>
<td>CW</td>
</tr>
<tr>
<td>Safety Harbor</td>
<td>16,884</td>
<td>17,017</td>
<td>4,929</td>
<td>28.9%</td>
<td>CE</td>
</tr>
<tr>
<td>Oldsmar</td>
<td>13,591</td>
<td>13,730</td>
<td>2,568</td>
<td>18.7%</td>
<td>NE</td>
</tr>
<tr>
<td>Gulfport</td>
<td>12,029</td>
<td>12,102</td>
<td>4,108</td>
<td>33.9%</td>
<td>SW</td>
</tr>
<tr>
<td>Bardmoor (CDP)</td>
<td>9,732</td>
<td>9,635</td>
<td>2,539</td>
<td>26.3%</td>
<td>CW</td>
</tr>
<tr>
<td>St. Pete Beach</td>
<td>9,346</td>
<td>9,408</td>
<td>3,815</td>
<td>40.5</td>
<td>SW</td>
</tr>
<tr>
<td>Treasure Island</td>
<td>6,705</td>
<td>1,475</td>
<td>515</td>
<td>34.9%</td>
<td>SW</td>
</tr>
</tbody>
</table>
Although overall there has been little growth in the Pinellas County population, the 2010 Census data reflects some growth in North Pinellas and the Census Designated Places of East Lake and Palm Harbor.

Of the 925,030 Pinellas residents identified in the 2010-2014 American Community Survey Estimate:

- 29.3% are age 60 or older
- 78,298 or 8.4% identify as Hispanic
- 95,649 or 10.3% identify as Black or African American
- 171,593 or 18.5% have income Near the Federal Poverty level (125%)
- 44,460 or 5.7% are unemployed
- 151,243 or 16.5% have no health insurance coverage

Additionally, very high concentrations of persons age 60 and over, in proportion to the city/CDP total population, are found in the following Pinellas County locations and where the average exceeds Pinellas County’s average of 29.3%:

- St. Pete Beach 3,815 or (40.5%)
- Seminole 7,127 or (40.7%)
- Treasure Island 515 or (34.9%)
Higher concentrations of Black residents proportionate to total city/CDP population and exceeding the 10.3% Pinellas county average, are found in the following locations:

- St. Petersburg 59,479 or (23.9%)
- Clearwater 11,543 or (10.6%)
- Gulfport 1,293 or (10.7%)

The following cities have higher concentrations of Hispanic persons than the county average of 8.3%:

- St. Petersburg 17,158 or (6.9%)
- Clearwater 14,379 or (13.1%)
- Largo 9,881 or (12.6%)

A number of Pinellas communities have higher rates of poverty than the county average (18.8% of residents with incomes Near the Federal Poverty Level or 125%):

- Lealman (CDP) (33.1%)
- Clearwater (21%)
- St. Petersburg (21.7%)
- Tarpon Springs (20%)
- Gulfport (24.1%)

The lowest rates of poverty are reported in the Palm Harbor CDP (6.5%), Seminole (6.7%), Safety Harbor (6.9%), and East Lake CDP (7.2%).

Source: 2010 Census Quick Facts and 2010-2014 American Community Survey as of 4/28/16

**POPULATION CHANGES 2010 TO 2016**

A comparison of population change from 2010 to 2016 based upon the 2010 Census Reports, the 2014 American Community Survey Estimate and the 2016 DOEA State, PSA and County Profile for those years shows the age 60+ population has grown 11.7% in Pasco County and 13.7% growth in Pinellas County. During the same six year period there was 13% growth in the age 60+ population statewide.
Greater growth was experienced for the ages 85+ population from 2010 to 2016. PSA5 saw 11.5% growth in the numbers of persons age 85 and older, with Pasco having the greater growth at 16.5% and Pinellas at 9.4%. This local growth falls shortly behind the statewide growth of 18.1%.

<table>
<thead>
<tr>
<th>Region</th>
<th>Age 60+ 2010</th>
<th>Age 60+ 2016</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco</td>
<td>127,403</td>
<td>144,352</td>
<td>11.7%</td>
</tr>
<tr>
<td>Pinellas</td>
<td>259,784</td>
<td>301,032</td>
<td>13.7%</td>
</tr>
<tr>
<td>PSA 5 total</td>
<td>387,187</td>
<td>445,385</td>
<td>13%</td>
</tr>
<tr>
<td>Statewide totals</td>
<td>4,394,852</td>
<td>5,157,191</td>
<td>14.7%</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Region</th>
<th>Age 85+ 2010</th>
<th>Age 85+ 2016</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco</td>
<td>12,553</td>
<td>15,035</td>
<td>16.5%</td>
</tr>
<tr>
<td>Pinellas</td>
<td>31,835</td>
<td>35,173</td>
<td>9.4%</td>
</tr>
<tr>
<td>PSA 5 total</td>
<td>44,388</td>
<td>50,208</td>
<td>11.5%</td>
</tr>
<tr>
<td>Statewide totals</td>
<td>434,125</td>
<td>530,111</td>
<td>18.1%</td>
</tr>
</tbody>
</table>


Several factors contribute to the slowed growth in PSA 5 as compared with the remainder of the state. Pinellas County has continues to have limited property for residential expansion; the housing boom in early 2000 saw a decline or elimination of affordable housing to be replaced by commercial growth and/or higher end housing marketed to younger residents; and costs associated with housing such as homeowners’ insurance and property taxes have increased significantly in the last ten years. This posit holds true as of October of 2018.

While the numbers of Pasco and Pinellas county residents age 60 and older and age 85 and older purporting increases between 2011 and 2016, there have been varied changes in the diversity of PSA 5 elders. Between 2011 and 2016, PSA 5 saw an increase of 18.3% in the number of minority elders. The most significant increase is seen in Pasco County with the number of minority elders increasing by 19.8%. In addition to Pasco County, Pinellas County statistics illustrate an increase from 2011 through 2016 of 17.6%.
Growth of PSA 5 Age 60+ Minority Population - 2011 to 2016

<table>
<thead>
<tr>
<th>Region</th>
<th>Age 60+ Minority 2011</th>
<th>Age 60+ Minority 2016</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco</td>
<td>10,985</td>
<td>13,700</td>
<td>19.8%</td>
</tr>
<tr>
<td>Pinellas</td>
<td>27,496</td>
<td>33,372</td>
<td>17.6%</td>
</tr>
<tr>
<td>PSA 5 total</td>
<td>38,481</td>
<td>47,073</td>
<td>18.3%</td>
</tr>
</tbody>
</table>

Source: DOEA 2011 Florida County Profiles and 2016 DOEA Florida, PSA, County Profiles

Of particular concern is the growth in the number of elders with income below the Federal Poverty Level. From 2011 to 2016, the number of PSA 5 elders with income below the Federal Poverty Level increased by 17.6%, with the greatest increase in Pinellas County at 17.9%.

Growth of PSA 5 Age 60+ Low Income Population - 2011 to 2016

<table>
<thead>
<tr>
<th>Region</th>
<th>Age 60+ Low Income 2011</th>
<th>Age 60+ Low Income 2016</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco</td>
<td>11,009</td>
<td>13,222</td>
<td>16.7%</td>
</tr>
<tr>
<td>Pinellas</td>
<td>24,413</td>
<td>29,771</td>
<td>17.9%</td>
</tr>
<tr>
<td>PSA 5 total</td>
<td>35,422</td>
<td>42,993</td>
<td>17.6%</td>
</tr>
</tbody>
</table>

Source: DOEA 2011 Florida County Profiles and 2016 DOEA Florida, PSA, County Profiles

POPULATION PROJECTIONS

For planning purposes, it is important to examine the projected population growth in PSA 5. The Florida Housing Data Clearinghouse projects an increase of 36.9% in the number of Pasco and Pinellas residents age 60 and over from 2015 to 2040. While the Pinellas age 60 to 64 population is expected to decline 25.5% and the aged 65 to 69 population declining 7.9% by 2040, significant increases are expected in the 70-74 age group (growth of 47.3%) and age 75+ age group (growth of 66.7%). Pasco County is expected to have the larger population increase for those age 60 and older, with a 96.2% increase projected by 2040. Again the largest increases are projected for the 70-74 age group (growth of 25.3%) and age 75+ age group (45.9%). For the period 2015 to 2040 the 60 to 64 age group is expected to decrease by 25.5% in Pinellas County and increase by 24.6% in Pasco County. During this same period the age 75+ population is expected to increase significantly in both counties, 52.4% in Pasco County and 45.9% in Pinellas County. With the increasing size of the age 75 and older population, we must anticipate the needs of these future seniors, as we develop plans to address the growing demands for long-term care services.
Projected Population Change in PSA 5 - 2015 to 2040

<table>
<thead>
<tr>
<th>Age</th>
<th>2015</th>
<th>2040</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>102,469</td>
<td>98,540</td>
<td>-3.9%</td>
</tr>
<tr>
<td>65-69</td>
<td>97,474</td>
<td>107,278</td>
<td>9.1%</td>
</tr>
<tr>
<td>70-74</td>
<td>74,317</td>
<td>111,857</td>
<td>33.5%</td>
</tr>
<tr>
<td>75+</td>
<td>154,365</td>
<td>298,092</td>
<td>48.2%</td>
</tr>
<tr>
<td>Total 60+</td>
<td>388,245</td>
<td>615,767</td>
<td>36.9%</td>
</tr>
</tbody>
</table>

Source: Florida Housing Data Clearinghouse, Projection by Age for 2015-2040

Projected Population Change in Pasco County - 2015 to 2040

<table>
<thead>
<tr>
<th>Age</th>
<th>2015</th>
<th>2040</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>31,878</td>
<td>42,313</td>
<td>24.6%</td>
</tr>
<tr>
<td>65-69</td>
<td>32,102</td>
<td>46,733</td>
<td>31.3%</td>
</tr>
<tr>
<td>70-74</td>
<td>25,201</td>
<td>46,080</td>
<td>45.3%</td>
</tr>
<tr>
<td>75+</td>
<td>48,824</td>
<td>102,685</td>
<td>52.4%</td>
</tr>
<tr>
<td>Total 60+</td>
<td>138,005</td>
<td>237,811</td>
<td>41.9%</td>
</tr>
</tbody>
</table>

Source: Florida Housing Data Clearinghouse, Projection by Age for 2015-2040

Projected Population Change in Pinellas County - 2015 to 2040

<table>
<thead>
<tr>
<th>Age</th>
<th>2015</th>
<th>2040</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>70,591</td>
<td>56,227</td>
<td>-25.5%</td>
</tr>
<tr>
<td>65-69</td>
<td>65,372</td>
<td>60,545</td>
<td>-7.9%</td>
</tr>
<tr>
<td>70-74</td>
<td>49,116</td>
<td>65,777</td>
<td>25.3%</td>
</tr>
<tr>
<td>75+</td>
<td>105,541</td>
<td>195,407</td>
<td>45.9%</td>
</tr>
<tr>
<td>Total 60+</td>
<td>290,620</td>
<td>377,956</td>
<td>23.1%</td>
</tr>
</tbody>
</table>

Source: Florida Housing Data Clearinghouse, Projection by Age for 2015-2040 as of 4/28/16

While this data is of interest for planning purposes, it should be noted that it is based on projections and subject to change.
Socio-Demographic and Economic Factors:

Based upon the most current DOEA Elder Needs Index, the map below illustrates the distribution of households with individuals meeting qualifiers for (4) Socio-Demographic and Economic Factors within PSA5. Those qualifiers are:

1. Aged 85+
2. Aged 55+ and Minority
3. Aged 55+ and with incomes at or below 125% of the Federal Poverty Level
4. Aged 65+ with a disability

Source: DOEA Elder Needs Index 2016, Seniors Meeting All 4 Elder Needs Index Factors

Additional factors that will be described later include:

1. An Estimate for those aged 65+ with Alzheimer’s Disease or a Related Disorders (ADRD)
2. Those aged 65+ with Limited English Proficiency
1. **Elders Age 60 and Older**

*Pinellas County Aged 60+ Population based upon DOEA 2016 Final Profile*
As detailed below, among the eleven Florida Planning and Service Areas, PSA 5 ranks **fourth** in the percentage of population age 60 years and over.

### 60+ Population in Florida - 2016

<table>
<thead>
<tr>
<th>Area</th>
<th>Counties</th>
<th>Total Population</th>
<th>60+ Population</th>
<th>% of PSA Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSA 1</td>
<td>Escambia, Okaloosa, Santa Rosa, Walton</td>
<td>732,863</td>
<td>164,980</td>
<td>22.5%</td>
</tr>
<tr>
<td>PSA 3</td>
<td>Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union</td>
<td>1,694,604</td>
<td>559,497</td>
<td>33.0%</td>
</tr>
<tr>
<td>PSA 4</td>
<td>Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia</td>
<td>2,074,537</td>
<td>496,367</td>
<td>23.9%</td>
</tr>
<tr>
<td>PSA 5</td>
<td>Pasco, Pinellas</td>
<td><strong>1,450,437</strong></td>
<td><strong>445,385</strong></td>
<td><strong>30.7%</strong></td>
</tr>
<tr>
<td>PSA 6</td>
<td>Hardee, Hillsborough, Highland, Manatee, Polk</td>
<td>2,486,545</td>
<td>585,095</td>
<td>23.5%</td>
</tr>
<tr>
<td>PSA 7</td>
<td>Brevard, Orange, Osceola, Seminole</td>
<td>2,621,292</td>
<td>527,154</td>
<td>20.1%</td>
</tr>
<tr>
<td>PSA 8</td>
<td>Charlotte, Collier, Desoto, Glades, Hendry, Lee Sarasota</td>
<td>1,687,287</td>
<td>608,309</td>
<td>36.1%</td>
</tr>
<tr>
<td>PSA 9</td>
<td>Indian River, Martin, Okeechobee, Palm Beach, St. Lucie</td>
<td>2,022,653</td>
<td>612,227</td>
<td>30.3%</td>
</tr>
<tr>
<td>PSA 10</td>
<td>Broward</td>
<td>1,854,513</td>
<td>408,511</td>
<td>22%</td>
</tr>
<tr>
<td>PSA 11</td>
<td>Dade, Monroe</td>
<td>2,776,841</td>
<td>591,153</td>
<td>21.3%</td>
</tr>
<tr>
<td><strong>FLORIDA</strong></td>
<td></td>
<td><strong>20,148,654</strong></td>
<td><strong>5,157,191</strong></td>
<td><strong>25.6%</strong></td>
</tr>
</tbody>
</table>

*Source: DOE 2016 PSA Profiles as of 10/10/18*
2. **Elders with Low Incomes**

The percentage of age 60+ population in PSA 5 with income below poverty level (9.7%) is slightly lower than the state average (10.8%). There is a slightly higher rate of poverty in Pinellas County with 29,771 (9.9%) residents age 60+ having income below the poverty level compared with 13,222 (9.2%) of Pasco age 60+ residents. The numbers and percentage of elders in poverty has increased since 2011 in one county, rising from 10,985 or 8.6% of Pasco elders in 2011 to 13,222, or 9.2% of Pasco elders in 2016. In Pinellas County, the number of elders in poverty increased slightly in number and percentage from 27,496 or 9.2% in 2011 to 29,771 or 9.9% of Pinellas elders in 2016.

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 less than 125% of the poverty level are considered to be low-income or near poverty level. PSA5 has a large number of low-income seniors. Pasco has 21,930 (15.2%) low-income older individuals and Pinellas has 44,037 (14.6%) older individuals. The rate of low-income seniors in PSA5, 14.8%, is lower than the statewide average of 15.9%.

*Source: DOE A Elder Needs Index 2016, Aged 55+ with incomes at or below 125% Federal Poverty Level*
High concentrations of low income (125% of the Federal Poverty Level) elders in Pasco County are found in Dade City, Zephyrhills, New Port Richey, Shady Hills, Holiday, Hudson and Elfers.

In Pinellas County higher rates of poverty are found in St. Petersburg, Clearwater, Lealman, Largo, Tarpon Springs, Gulfport and Pinellas Park.

3. Minority and Culturally Diverse Elders

PSA 5 has 47,073 minority and culturally diverse elders ages 60 and representing 10.6% of the PSA’s senior population. This is an increase from the 2011 total of 38,481 by 18.2% yet the minority population within Pasco and Pinellas Counties continues to remain much lower than the statewide average of 26.6%. The greater population of minority elders is in Pinellas County representing 11.1% of the county’s elder population. 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 9.5% of its 60+ population. In Pasco County the non-white elderly population is predominately found in East Pasco, particularly in Dade City, Trilby, Lacoochee, and Zephyrhills.

Individuals who identify as Black represent the largest 60+ minority group in PSA5 (20,622 or 4.6% of the 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 2011 to 19,013 in 2016. It is the largest age 60+ minority group representing 40.3% of the older minority population. In Pasco County, there are also higher numbers of self-identifying Hispanic elders (8,040) than Black elders (3,860).

* Total Minorities = 60+ Population – White (Race) + Total Hispanic White (Ethnicity), 60+

Source: DOEA 2016 Florida (County, PSA and State) Profiles as of 10/10/18
### PSA 5 Ethnicity Within 60+ Population

<table>
<thead>
<tr>
<th>Region</th>
<th>60+ Population</th>
<th>Hispanic</th>
<th>% Hispanic</th>
<th>Hispanic Identifying As White (HIW)</th>
<th>Hispanic Identifying as Non-White (HINW)</th>
<th>Non-Hispanic</th>
<th>% Non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco</td>
<td>144,352</td>
<td>8,040</td>
<td>5.6%</td>
<td>7,428</td>
<td>612</td>
<td>136,312</td>
<td>94.4%</td>
</tr>
<tr>
<td>Pinellas</td>
<td>301,032</td>
<td>10,973</td>
<td>3.6%</td>
<td>9,887</td>
<td>1,086</td>
<td>290,059</td>
<td>96.4%</td>
</tr>
<tr>
<td>PSA 5 total</td>
<td>445,385</td>
<td>19,013</td>
<td>4.3%</td>
<td>17,315</td>
<td>1,698</td>
<td>426,372</td>
<td>95.7%</td>
</tr>
<tr>
<td>Statewide totals</td>
<td>5,157,191</td>
<td>780,649</td>
<td>15.1%</td>
<td>729,589</td>
<td>51,060</td>
<td>4,376,542</td>
<td>84.9%</td>
</tr>
</tbody>
</table>

### PSA5 Race Within 60+ Population

<table>
<thead>
<tr>
<th>Region</th>
<th>White</th>
<th>Black</th>
<th>Other Minorities</th>
<th>Total Minorities*</th>
<th>Minority % of Total 60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco</td>
<td>138,080</td>
<td>3,860</td>
<td>2,799</td>
<td>13,700</td>
<td>9.5%</td>
</tr>
<tr>
<td>Pinellas</td>
<td>277,547</td>
<td>16762</td>
<td>6,329</td>
<td>33,372</td>
<td>11.1%</td>
</tr>
<tr>
<td>PSA 5 total</td>
<td>415,627</td>
<td>20,622</td>
<td>9,128</td>
<td>47,073</td>
<td>10.6%</td>
</tr>
<tr>
<td>Statewide totals</td>
<td>4,515,891</td>
<td>526,871</td>
<td>111,519</td>
<td>1,370,889</td>
<td>26.6%</td>
</tr>
</tbody>
</table>

*Total Minorities = 60+ Population – White (Race) + Total Hispanic White (Ethnicity), 60+*

*Source: Source: DOEA 2016 Florida (County, PSA and State) Profiles as of 10/10/18*
Minorities are defined on the State and Federal level by taking the total population of “White” under the Race category and subtracting it from the total 60+ population. That number is then added to the number of “Total White Hispanic” under the ethnicity category. The sum is then divided into the total 60+ population to equal the percentage. Based upon the data from the tables above and derived from the DOEA 2016 Profile, and using the aforementioned calculation, we can conclude that minorities in Pasco County equal 13,700 or 9.5% of the aged 60+ total population while in Pinellas County, ethnic minority individuals equal 33,372 or 11.1% of the total aged 60+ population. As it pertains to the entire PSA, individuals identifying themselves as minority equals 47,073 or 10.6% within both Pasco and Pinellas Counties.
4. **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 9.7% of seniors in PSA5 have incomes below the poverty level, this percentage equates to 1.8% for minority elders. Likewise, 14.8% of PSA 5 seniors have income at 125% of the poverty level, while 2.5% of minority seniors are low-income with income within 125% of poverty level. Higher rates of poverty are seen among Pinellas’ minority elders as compared with Pasco. However, the rate of poverty is lower in both counties compared with the statewide average.

<table>
<thead>
<tr>
<th>Region</th>
<th>*Total 60+ Minorities</th>
<th>BPL 60+ Minority</th>
<th>60+ Minority BPL Compared to Total Minority Pop %</th>
<th>Compared to Total 60+ Pop %</th>
<th>(125% BPL) 60+ Minority Compared to Total Minority Pop %</th>
<th>Compared to Total 60+ Pop %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco</td>
<td>13,700</td>
<td>1,725</td>
<td>12.5%</td>
<td>1.2%</td>
<td>2,669</td>
<td>19.5%</td>
</tr>
<tr>
<td>Pinellas</td>
<td>33,372</td>
<td>6,235</td>
<td>18.7%</td>
<td>2.1%</td>
<td>8,416</td>
<td>25.2%</td>
</tr>
<tr>
<td>PSA 5 total</td>
<td>47,073</td>
<td>7,960</td>
<td>16.9%</td>
<td>1.8%</td>
<td>11,085</td>
<td>23.5%</td>
</tr>
<tr>
<td>Statewide totals</td>
<td>1,370,889</td>
<td>266,467</td>
<td>19.4%</td>
<td>5.1%</td>
<td>371,380</td>
<td>27%</td>
</tr>
</tbody>
</table>

* *Total Minorities = 60+ Population – White (Race) + Total Hispanic White (Ethnicity), 60+

**Source:** DOE 2016 Florida (County, PSA and State) Profiles as of 10/10/18
Source: DOEA Elder Needs Index 2016, Aged 55+ Low-Income (125%BPL) Minority Individuals
5. **Age 85+ Population**

Of the total PSA 5 population, 3.5% or 50,208 persons are age 85 or older. In Pasco County the age 85+ population accounts for 3% of the population and in Pinellas County 3.7%. The concentration of elders age 85+ in both counties exceeds the statewide average of 3.5%. With advanced age there are increased risks of impairment and loss of independence. The 85+ population demands particular attention in the planning and coordination of services.

![Map of Florida with PSA 5 population areas](map.png)

*Source: DOEAA Elder Needs Index 2016*

<table>
<thead>
<tr>
<th>County</th>
<th>Age 85+</th>
<th>Total Population</th>
<th>Percent of Total Population</th>
<th>60+ Population</th>
<th>Percent of Elders Age 85+ to 60+ Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco</td>
<td>15,035</td>
<td>495,868</td>
<td>3%</td>
<td>144,352</td>
<td>10.4%</td>
</tr>
<tr>
<td>Pinellas</td>
<td>35,173</td>
<td>954,569</td>
<td>3.7%</td>
<td>301,032</td>
<td>11.6%</td>
</tr>
<tr>
<td>PSA 5 total</td>
<td>50,208</td>
<td>1,450,437</td>
<td>3.5%</td>
<td>445,385</td>
<td>11.2%</td>
</tr>
<tr>
<td>Statewide totals</td>
<td>530,111</td>
<td>20,148,654</td>
<td>2.6%</td>
<td>5,157,191</td>
<td>10.2%</td>
</tr>
</tbody>
</table>

*Source: DOE 2016 Florida (County, PSA and State) Profiles as of 10/10/18*
As detailed below, PSA 5 has the **second** highest percentage of population age 85 years and over as compared with the other ten Planning and Service Areas in Florida.

### 85 + Population in Florida – 2016 – By PSA

<table>
<thead>
<tr>
<th>Area</th>
<th>County</th>
<th>Total Population</th>
<th>85+ Population</th>
<th>% of PSA Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSA 1</td>
<td>Escambia, Okaloosa, Santa Rosa, Walton</td>
<td>732,863</td>
<td>13,656</td>
<td>1.8%</td>
</tr>
<tr>
<td>PSA 2</td>
<td>Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington</td>
<td>747,082</td>
<td>13,079</td>
<td>1.7%</td>
</tr>
<tr>
<td>PSA 3</td>
<td>Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union</td>
<td>1,694,604</td>
<td>51,121</td>
<td>3%</td>
</tr>
<tr>
<td>PSA 4</td>
<td>Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia</td>
<td>2,074,537</td>
<td>46,040</td>
<td>2.2%</td>
</tr>
<tr>
<td><strong>PSA 5</strong></td>
<td><strong>Pasco, Pinellas</strong></td>
<td><strong>1,450,437</strong></td>
<td><strong>50,208</strong></td>
<td><strong>3.5%</strong></td>
</tr>
<tr>
<td>PSA 6</td>
<td>Hardee, Hillsborough, Highland, Manatee, Polk</td>
<td>2,486,545</td>
<td>54,618</td>
<td>2.2%</td>
</tr>
<tr>
<td>PSA 7</td>
<td>Brevard, Orange, Osceola, Seminole</td>
<td>2,621,292</td>
<td>48,344</td>
<td>1.8%</td>
</tr>
<tr>
<td>PSA 8</td>
<td>Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota</td>
<td>1,687,287</td>
<td>62,625</td>
<td>3.7%</td>
</tr>
<tr>
<td>PSA 9</td>
<td>Indian River, Martin, Okeechobee, Palm Beach, St. Lucie</td>
<td>2,022,653</td>
<td>81,841</td>
<td>3.1%</td>
</tr>
<tr>
<td>PSA 10</td>
<td>Broward</td>
<td>1,854,513</td>
<td>45,745</td>
<td>2.5%</td>
</tr>
<tr>
<td>PSA 11</td>
<td>Dade, Monroe</td>
<td>2,776,841</td>
<td>60,834</td>
<td>2.5%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>20,148,654</strong></td>
<td><strong>530,111</strong></td>
<td><strong>2.6%</strong></td>
</tr>
</tbody>
</table>

*Source: DOEA 2016 Florida PSA Profiles as of 10/10/18*
6. **Urban/Rural Areas**

There are no counties within the PSA officially designated as rural. However, 2000 census data as well as the 2013-2016 DOEA State Plan on Aging, including estimates for 2011 suggest that there are small rural sections (8%) of the PSA and specifically in Pasco County. Further, 2011 rural population estimates within the DOEA 2013-2016 State Plan on Aging indicate Pinellas County has 0% areas of rurality and with (253) residing within that 0%.

Yet small, Pasco County has the only rural population in PSA5. The 2013-2016 DOEA State Plan on Aging suggests using 2011 estimates that there are 11,514 or (8%) elders residing in rural areas of the county.

Based on Pasco County Government maps covering land development, the Northeast section of the county is designated as rural while all other parts of the county represent semi-urban or urban land designations. Trilby, Lacoochie, and Trilacoochie (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.

It should be noted that since 2000 and 2010, both Pasco and Pinellas counties have experienced population growth in areas previously identified as having rural populations. It is highly likely and based upon 2011 estimates in October of 2018, the percentage of rural population age 60 and older has declined in each of the zip codes areas identified above.
7. **Socially Isolated Elders**

Although neither county in PSA5 is designated as a rural area, many PSA 5 elders are socially isolated because they live alone. PSA5 elders are more likely than other Florida elders to be living alone, with 28.8% living alone compared to the Florida average of 23.4%. In Pinellas County, 30.9% of those age 60 and older live alone, compared to Pasco at 24.3%. 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.

<table>
<thead>
<tr>
<th>Age 60+ Population Living Alone</th>
</tr>
</thead>
<tbody>
<tr>
<td>60+ Population</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Pasco</td>
</tr>
<tr>
<td>Pinellas</td>
</tr>
<tr>
<td>PSA 5 total</td>
</tr>
<tr>
<td>Statewide totals</td>
</tr>
</tbody>
</table>

*Source: Source: DOEA 2016 Florida (County, PSA and State) Profiles as of 10/10/18*

8. **Aged 65+ with Alzheimer’s disease or a Related Disorders (ADRD)**

There is a prevalence of incidences within PSA5 where individuals with Alzheimer’s disease or Related Disorders exist. This disease, takes a toll on the family dynamic as well as the healthcare system. Home and Community Based services surely will play a role in preventing pre-mature institutionalization, however, home and community based services are not rehabilitative in nature and act as a construct to assist with independence, in order to remain in the home for as long as possible. While these diseases have no cure, PSA prioritizes some services to alleviate the stresses experienced by caregivers with home and community based services in the form of respite or like services.

Below is a map detailing the estimates of incidences pertaining to individuals aged 65+ with Alzheimer’s disease or Related Disorders (ADRD) within PSA5.
9. Aged 65+ Individuals with Limited English Proficiency

The Older Americans Act emphasizes attention be made to targeting and serving individuals aged 60+ with limited English Proficiency. Limited English Proficiency is defined as the inability to read, write or understand the English language. This language barrier excludes individuals from accessing goods and services and especially increases isolation.

The 2016 DOEA County and PSA Profiles indicate the estimated amount of individuals aged 60+ within PSA5 who have Limited English Proficiency. In both counties, the data suggests that 11,861 individuals, 60+ have Limited English Proficiency. This number represents 2.6% of the entire PSA5 aged 60+ population. In Pasco County, the prevalence is slightly lower than the PSA percentage with 3,684 individuals or 2.6% of the entire 60+ population in Pasco. Pinellas County differs slightly with 8,177 individuals making up 2.7% of the total Pinellas County, aged 60+ population.
The map below details incidences of individuals with Limited English Proficiency, Aged 65+:

Source: DOE A Elder Needs Index 2016

Economic and Social Resources:

1. Income and Employment

Using data from the 2010-2014 American Community Survey as well as the 2016 DOE PSA and County Profiles, we can extrapolate information relative to Income and Employment.

As previously mentioned, seniors living alone will have a greater need for a support system do to their living status. Households are reliant on income and those with dual incomes have the best opportunity to access goods and services. In PSA5, there are a total of 128,346 individuals living alone. This represents 28.8% of the aged 60+ population. Broken down, Pasco County has 35,055 individuals or approximately 24.3% of the 60+ Pasco County population living alone and Pinellas County has 93,291 individuals or approximately 31% of the 60+ population in Pinellas County Living alone. To compound these statistics, there are far more females living alone than men and historically, females made less income than men.
This notion will undoubtedly impact individual long-term care planning and access to goods and services. By the numbers, Pasco has 23,528 woman living alone versus men equaling 11,527. Pinellas has 60,909 woman living alone versus men equaling 32,382. The total in PSA5 equals 84,437 woman living alone versus men equaling 43,909.

The 2010-2014 American Community Survey estimates that 6,591 households in Pasco County with at least one or more persons aged 65+ live on an income between$10,000 and $14,999. In Pinellas County, that income threshold points to 11,306 households.

To compliment the aforementioned statistics, the 2016 DOEA County and PSA Profile illustrates those participating with the Supplemental Nutrition Assistance Program (SNAP), those eligible, and the 2016 participation percentage. See below.

<table>
<thead>
<tr>
<th>Region</th>
<th>SNAP Participants (60+)</th>
<th>Potentially Eligible SNAP Participants</th>
<th>Potentially Eligible % to the 60+ Pop</th>
<th>Percentage of Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco</td>
<td>10,897</td>
<td>21,930</td>
<td>15.2%</td>
<td>49.7%</td>
</tr>
<tr>
<td>Pinellas</td>
<td>21,720</td>
<td>44,037</td>
<td>14.6%</td>
<td>49.3%</td>
</tr>
<tr>
<td>PSA5</td>
<td>32,617</td>
<td>65,967</td>
<td>14.8%</td>
<td>49.4%</td>
</tr>
</tbody>
</table>

Source: DOEA 2016 Florida (County, PSA and State) Profiles as of 10/10/18

Employment and unemployment are factors for income generation in both counties. The 2010-2014 American Community Survey estimate that in Pasco County individuals aged 65+ make up 20.3% individuals in the labor force out of individuals 385,788 individuals aged 16 and older. Conversely, the unemployment rate is estimated to be 20.7% for the same age group. This purports that there are just as many individuals aged 65+ than are employed. In Pinellas County, the numbers reflect differences. In Pinellas County, individuals aged 65+ make up 29.5% individuals in the labor force out of individuals 783,669 individuals aged 16 and older. The unemployment rate for this same age group equals 15.3%.

2. Home Ownership

Home Ownership can be a challenge for older adults. In many cases, older adults are what’s considered asset rich yet cash poor, meaning while they might own their own home outright, all of 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 2010-2014 American Community Survey Estimate, that in Pasco County and out of 139,015 households with a mortgage, 24,901 or 17.9% are individuals aged 60+. Further, out of the 60,497 households without a mortgage, that 43,399 or 71.3% aged 60+, do not have the additional burden of a
mortgage. You could extrapolate that the remaining individuals, using aged 60+ statistics would either be renting, residing with family or living in a long-term care facility.

Pinellas County reflects slight differences then Pasco County. In Pinellas County and out of 263,545 households with a mortgage, 52,313 or 19.8% are individuals aged 60+. Further, out of the 113,208 households without a mortgage, that 84,231 or 74.4% aged 60+, do not have the additional burden of a mortgage. You could again extrapolate that the remaining individuals, using aged 60+ statistics would either be renting, residing with family or living in a long-term care facility.

To compound the previous notion on mortgage and non-mortgage related households, the Florida Housing Data Clearinghouse suggest in 2014, that in Pasco County, 13,446 households have cost burdens above 30% of their Adjusted Monthly Income. Pinellas County households equal 27,534 and experience the same issue.

The last decade has seen significant shifts in the housing market, from the high values in early 2000 to depressed values in late 2010. The housing market in the region has not yet stabilized. As a result, PSA 5 has experienced a foreclosure rate on par with the national average. As of March 2016, RealtyTrac reported that 1 in every 520 homes located in Pasco County received a foreclosure filing. Within Pasco, Wesley Chapel, Land O’ Lakes, Holiday, Spring Hill and Dade City have the highest number of filings. Pinellas County, like Pasco, has acquired a fair number of foreclosure filings. It has been reported that 1 in every 710 homes in Pinellas has received a foreclosure filing. RealtyTrac reports Bellair Beach, Crystal Beach, Pinellas Park, Largo and Safety Harbor have the highest number of filings.

3. Education

The 2010-2014 American Community Survey estimates data indicating the education attainment of individuals in both Pasco and Pinellas Counties. Educational attainment is directly tied to varied income earning and individual access to goods and services are predicated on household income.

In Pasco County, 81.8% out of 102,237 aged 65+ residents have obtained a High School diploma or higher. 15.8% have obtained a Bachelor’s Degree or higher. In Pinellas County, 86% out of 204,054 aged 65+ residents have obtained a High School diploma or higher. 25.2% have obtained a Bachelor’s Degree or higher.

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 PSA 5.

1. 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, the AAAPP became one of three federally designated ADRCs in 2005 and is currently serving as one of Florida’s eleven 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 age 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, and

As an ADRC, the AAAPP continues its history of developing and refining a comprehensive aging network to help older persons 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.

The Area Agency on Aging’s website (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.

2. 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 a computerized 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 Department of Elder Affairs (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 in order 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 in order 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)

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 in order 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 Florida Department of Elder Affairs 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.

d. Senior Victim Advocate Program and Title VII Elder Abuse Prevention

The Senior Victim Advocate Program serves elderly victims of crime in both Pasco and Pinellas counties through a Victims of Crime Act (VOCA) grant from the Florida Attorney General’s Office. This program provides specialized services to seniors who may be victims of crimes, including domestic violence, elder abuse, burglary, assault or battery, or victims of financial exploitation, fraud, or economic crime.

The program assists victims regain the quality of life, security, and independence they experienced prior to the crime. Services to achieve that goal include: crisis and supportive counseling, court room orientation, transportation related to the case, emergency legal advocacy, and assistance with completion of impact statements, restitution requests, victim compensation applications, and complaint forms.

The Victim Advocates work in conjunction with law enforcement, the judicial system, the Department of Children and Families, consumer protection departments, and other state regulatory bodies, domestic violence programs, senior services, and private sector programs in order to meet the needs of senior victims of crime.

Elder Abuse Prevention, funded by the Department of Elder Affairs, 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.

The Senior Safety Phone Project operates within this program. Cell phones that are no longer used are collected and distributed to seniors at sites throughout Pinellas and Pasco counties to call 911.

e. National Family Caregiver Support Program (NFCSP)
Funded by the Older Americans Act, the Title III-E National Family Caregiver Support Program 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 dementia 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 grandparent 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.

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 P.VI. Goals and Objectives.

3. 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 is generally considered to be the most significant federal recognition of the distinct needs, capabilities, and privileges which are inherent in a specific group i.e. 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 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 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
Recreation (Pinellas)
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

(The registered services of personal care, escort and case management are provided through the state funded Community Care for the Elderly program.)

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.

Community Care for the Elderly 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 Community Care Act, 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 Department of Elder Affairs. 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 focus 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 $106 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 Department of Elder Affairs (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)

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 1st to September 30th and one Winter/Heating crisis benefit, from October 1st to March 31st 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.


**CURRENT CONSUMERS**

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

<table>
<thead>
<tr>
<th>Number of Clients Receiving Registered Services – as of 10/10/18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Pinellas County</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

*Source: DOEA CIRTS Report Enrollment Active Consumer Count by Program – as of 10/10/18*

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

<table>
<thead>
<tr>
<th>Number of Clients Receiving EHEAP 4/1/17 to 3/31/18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Pinellas County</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

*Source: DOEA CIRTS Report of Active EHEAP Clients - 4/1/17 to 3/31/18*
Non-registered Older Americans Act services include Legal service, Counseling, Emergency Alert Response, Nutrition Education, Outreach and Information and Assistance. These services are required to input data into CIRTS. The number of clients served and demographic information is captured through provider reports. The table below details the number of clients who received an unregistered service and their demographic characteristics.

<table>
<thead>
<tr>
<th>Number of Clients Receiving Registered &amp; Non-Registered Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/17 to 12/31/17</td>
</tr>
<tr>
<td>Pinellas County</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>Low-Income Minority</td>
</tr>
<tr>
<td>Elders Below Poverty Level (100% of Poverty Level)</td>
</tr>
<tr>
<td>Minority Elders</td>
</tr>
</tbody>
</table>

Source: 2017 Older Americans Act Provider Reports for 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.


Role in Interagency Collaborative Efforts:

The Area Agency plays a significant role in coordinating and participating in interagency collaborative efforts to tap available resources and coordinate programs and strives to develop services to fill existing gaps. In conjunction with local governments, 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 the Planning and Service Area 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 250 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 aging network. 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.

The Area Agency’s selection as an Aging and Disability Resource Center in 2005 had much to do with long-standing commitments and coordination with mental health entities in the community. The Area Agency’s selection as an Aging and Disability resource Center in 2005 had much to do with long-standing commitments and coordination with mental health entities in the community. Since the ADRC has broadened its scope to serve individuals with all types of disabilities, it has made changes in order 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 AAA 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 Tampabay, PARC and the Agency for Persons with Disabilities (APD).

In an effort to insure 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 attend 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 Tampabay. Lastly and within Pinellas County, AAAPP staff has an active commitment with the short & long term recovery organization, entitled “Recover Pinellas”. In Pasco County, AAAPP staff have an active role within the ESF 6, 8 and 14 infrastructure. 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 & VOCA) also participate in interagency collaborative efforts. The Senior Victim Advocate and/or 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. Additionally, a staff member upon request, attends meetings of the Long Term Care Ombudsman Councils (LTCOC) in PSA 5.

The SHINE (Serving Health Insurance Needs of Elders) 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 and also to recruit new SHINE volunteers. SHINE 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 Communities for a Lifetime Initiative (CFAL) 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.

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 the agency is 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 share the results of its activities with other AAA's.

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 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 or deaf.

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.
Performance and Targeted Outreach

This section demonstrates the effectiveness of the AAA’s efforts at the county level in reaching the specified populations and details the strategic plan that the AAA will employ in conducting outreach to the targeted populations.

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, as amended in 2006, 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 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.
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 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 FY statistics broken down by targeted populations and compares those to the previous year.
5. 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, 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”.

2017-2019 Outreach, Targeting and Service Delivery Strategies

As detailed in the AAAPP’s 2017-2019 Area Plan and any annual updates, the AAAPP and the aging services network have employed plans for outreaching communities and for specific OAA targeted populations. 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 2017-2019 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 programs success.

Each OAA provider proposes how many individuals they will 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 2017, each of our sub-contracted providers either met or exceeded proposals for outreach. 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 targeted individuals,

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.
Below is a CY2017 table detailing proposed IIIC Outreach Proposals compared to Actuals denoting success and non-success within all categories PSA wide:

<table>
<thead>
<tr>
<th>Categories</th>
<th>Proposed</th>
<th>Actual Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greatest Economic Need</td>
<td>1,590</td>
<td>2,150</td>
</tr>
<tr>
<td>Greatest Social Need</td>
<td>1,713</td>
<td>2,095</td>
</tr>
<tr>
<td>Low-Income Minority</td>
<td>1,210</td>
<td>1,474</td>
</tr>
<tr>
<td>Severe Disabilities</td>
<td>1,840</td>
<td>1,504</td>
</tr>
<tr>
<td>Limited English Proficiency</td>
<td>230</td>
<td>245</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>325</td>
<td>353</td>
</tr>
<tr>
<td>Rural</td>
<td>160</td>
<td>233</td>
</tr>
<tr>
<td>Institutional Placement Risk</td>
<td>550</td>
<td>540</td>
</tr>
</tbody>
</table>

**AAAPP Outreach and Public Education Report for CY2017**

Additionally, the CY2017 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.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Proposed</th>
<th>Actual Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Clients</td>
<td>12,179</td>
<td>14,846</td>
</tr>
<tr>
<td>Greatest Economic Need</td>
<td>2,326</td>
<td>3,298</td>
</tr>
<tr>
<td>Greatest Social Need</td>
<td>2,865</td>
<td>4,712</td>
</tr>
<tr>
<td>Minority</td>
<td>1,222</td>
<td>1,815</td>
</tr>
<tr>
<td>Low-Income Minority</td>
<td>863</td>
<td>1,229</td>
</tr>
<tr>
<td>Limited English Proficiency</td>
<td>757</td>
<td>1,150</td>
</tr>
<tr>
<td>Institutional Placement Risk</td>
<td>907</td>
<td>1,834</td>
</tr>
<tr>
<td>Rural</td>
<td>232</td>
<td>516</td>
</tr>
</tbody>
</table>

**AAAPP Outreach and Public Education Report for 2017**

Throughout the 2017-2019 Area Plan Cycle, the AAAPP outreached and/or publicly educated the PSA in the following ways to supplement the work performed on behalf of the OAA Provider Network. While the AAAPP has no specific funding earmarked for outreach purposes; outreach is an inherent 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 no staff with a specific dedication to outreach, many of our staff will attend conferences, seminars, festivals, health fairs, events, etc., to provide information on the OAA and GR unique services as well as services we provide such as, SHINE, MIPPA, Victim Advocacy 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 21st century mechanism to outreach individuals within the PSA or those concerned about those aforementioned individuals but who live afar.

e) The AAAPP employed 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 through the connection to the AAAPP.

The AAAPP’s efforts and taking into consideration the efforts of the OAA providers, helped the network as a whole outreach the entire PSA and specifically communities holding targeted individuals as mandated under the Older Americans Act.

Successes, Obstacles, and Best Practices

Overall, the AAAPP and the aging network was successful and unsuccessful in meeting Outreach proposals for calendar year 2017 and specific concentration to those groups of individuals who have “Severe Disabilities”, “Limited English Proficiency”, “Alzheimer’s Disease” and “At Risk for Institutional Placement” will need to be better identified and outreach in coming years. 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 manner in which we have outreached and/or provide 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 having 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 outreach and/or publicly educate a large number of consumers within single events.

Some obstacles exist when conducting outreach. With static or decreased funding, the AAAPP and the aging network outreach communities with no promise of immediate services. Consumers are made aware of services and an intake will commence, however, some consumers are forced to wait for service enrollment and based upon prioritization taking into consideration OAA targeting priorities. While this can be frustrating for the AAAPP and more importantly the consumer, it is seen as positive that the individual or family dynamic is within the system of coordination where the preliminary steps have been completed.

An additional obstacle exists for the AAAPP and the aging network within PSA5 that pertains to the work involved for outreach purposes. Due to the fact no dedicated funded is allocated for a specific outreach role, the aging network as well as the AAAPP staff make outreach and public education happen by any means necessary. This is taxing and takes away from responsibilities normally aligned to that staff person’s job description.
Analysis of 2016 Targeting Performance

The Department of Elder Affairs (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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Region</th>
<th>County</th>
<th>Indicators</th>
<th>IFI - Total Population</th>
<th>Population for Indicator</th>
<th>Population of Indicators Percent of Total Population</th>
<th>Number Served and Screened</th>
<th>Number Served and Screened in Category of Indicators</th>
<th>Performance</th>
<th>Meets or Exceeds Standard?</th>
<th>Super Exceeds</th>
<th>Indicate Plus 10%</th>
<th>Number of Served and Screened Compared to Meets or Exceeds</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>IF</td>
<td>60+ Below Poverty Level*</td>
<td>3,355</td>
<td>5,022</td>
<td>66%</td>
<td>3,355</td>
<td>50%</td>
<td>25%</td>
<td>Meets or Exceeds</td>
<td>SUPER Exceeds</td>
<td>Indicator Plus 10%</td>
<td>105</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>IF</td>
<td>Poverty</td>
<td>3,355</td>
<td>5,022</td>
<td>66%</td>
<td>3,355</td>
<td>50%</td>
<td>25%</td>
<td>Meets or Exceeds</td>
<td>SUPER Exceeds</td>
<td>Indicator Plus 10%</td>
<td>105</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>IF</td>
<td>PS A-1</td>
<td>4,107</td>
<td>5,022</td>
<td>82%</td>
<td>4,107</td>
<td>91%</td>
<td>77%</td>
<td>Meets or Exceeds</td>
<td>SUPER Exceeds</td>
<td>Indicator Plus 10%</td>
<td>164</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>IF</td>
<td>PO</td>
<td>4,107</td>
<td>5,022</td>
<td>82%</td>
<td>4,107</td>
<td>91%</td>
<td>77%</td>
<td>Meets or Exceeds</td>
<td>SUPER Exceeds</td>
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<td>164</td>
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<tr>
<td>2018</td>
<td>IF</td>
<td>PS A-2</td>
<td>4,107</td>
<td>5,022</td>
<td>82%</td>
<td>4,107</td>
<td>91%</td>
<td>77%</td>
<td>Meets or Exceeds</td>
<td>SUPER Exceeds</td>
<td>Indicator Plus 10%</td>
<td>164</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>IF</td>
<td>Living Alone</td>
<td>4,107</td>
<td>5,022</td>
<td>82%</td>
<td>4,107</td>
<td>91%</td>
<td>77%</td>
<td>Meets or Exceeds</td>
<td>SUPER Exceeds</td>
<td>Indicator Plus 10%</td>
<td>164</td>
<td></td>
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<tr>
<td>2018</td>
<td>IF</td>
<td>PO</td>
<td>4,107</td>
<td>5,022</td>
<td>82%</td>
<td>4,107</td>
<td>91%</td>
<td>77%</td>
<td>Meets or Exceeds</td>
<td>SUPER Exceeds</td>
<td>Indicator Plus 10%</td>
<td>164</td>
<td></td>
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<tr>
<td>2018</td>
<td>IF</td>
<td>PS A-1</td>
<td>4,107</td>
<td>5,022</td>
<td>82%</td>
<td>4,107</td>
<td>91%</td>
<td>77%</td>
<td>Meets or Exceeds</td>
<td>SUPER Exceeds</td>
<td>Indicator Plus 10%</td>
<td>164</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>IF</td>
<td>PO</td>
<td>4,107</td>
<td>5,022</td>
<td>82%</td>
<td>4,107</td>
<td>91%</td>
<td>77%</td>
<td>Meets or Exceeds</td>
<td>SUPER Exceeds</td>
<td>Indicator Plus 10%</td>
<td>164</td>
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<tr>
<td>2018</td>
<td>IF</td>
<td>PS A-2</td>
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<td>5,022</td>
<td>82%</td>
<td>4,107</td>
<td>91%</td>
<td>77%</td>
<td>Meets or Exceeds</td>
<td>SUPER Exceeds</td>
<td>Indicator Plus 10%</td>
<td>164</td>
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<tr>
<td>2018</td>
<td>IF</td>
<td>Living Alone</td>
<td>4,107</td>
<td>5,022</td>
<td>82%</td>
<td>4,107</td>
<td>91%</td>
<td>77%</td>
<td>Meets or Exceeds</td>
<td>SUPER Exceeds</td>
<td>Indicator Plus 10%</td>
<td>164</td>
<td></td>
</tr>
</tbody>
</table>

*Below 100% of Poverty Level

^Minorities below 125% of poverty level

1Super exceeds (indicator times two)

2Super exceeds (indicator plus 10 percent)
As noted in the tables above, PSA 5 and the individual counties have screened and served individuals at a higher rate than the prevalence of the population determined by indicator with the exception of “Rural” in Pasco County. Due to the DOEA data purported results from 2016, we feel the rural designation within Pasco County is diminishing and more viewed upon as “Semi-Urban”. This appears to be supported by the 2016 DOEA Profile of Older Floridians, specifically covering Pasco County. There are still pockets of minor rurality and we will endeavor to identify those geographic areas. The AAAPP and the aging network will continue to accomplish this excellence throughout the 2017-2019 Area Plan cycle and as detailed within the “Targeted Outreach Plan”.

To illustrate through mapping made available from the Department of Elder Affairs (DOEA), CY2016 CIRTS data reflects areas whereas the PSA5 service system is targeting and serving individuals meeting criterion established by the DOEA. These maps reflect data based upon CY2016 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.

**PSA5 Targeting & Service Delivery (Macro View)**

**Below Poverty Level**
Limited English Proficiency
Living Alone
Minority
Rural
Targeting & Service Delivery Micro View

Below Poverty Level

The map depicts all clients served in 2016 across all “Registered” Programs. White bubbles indicate each client while the Green bubble indicate those who self-identified incomes $990 or less, monthly.
Limited English Proficiency

The map depicts all clients served in 2016 across all “Registered” Programs. White bubbles indicate each client while the Pink bubble indicate those who self-identified having Limited English Proficiency.
The map depicts all clients served in 2016 across all “Registered” Programs. White bubbles indicate each client while the Orange bubbles indicate those who self-identified as Living Alone.
The map depicts all clients served in 2016 across all “Registered” Programs. White bubbles indicate each client while the Purple bubbles indicate those who self-identified as a minority and having income less than $990, monthly.
Race and Ethnicity

The map depicts all clients served in 2016 across all “Registered” Programs. White bubbles indicate each client while the Red bubbles indicate those who self-identified as a minority under “Race & Ethnicity”.

© 2018 SDO
Imagery Provided by Maxar Technologies
Data Source: NYGIS, U.S. Census, VOSI, SDO-DESCO
The map depicts all clients served in 2016 across all “Registered” Programs. White bubbles indicate each client while the Blue bubbles indicate those who self-identified as living rurally.

2017-2019 Targeting Projections

During the 2017-2019 Area Plan Cycle, the AAAPP and all of the PSA5 aging network will collaboratively continue to 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 outreach a changing landscape. These strategies will be explained in detail within the next section, Targeted Outreach Plan.
The following (3) pages illustrate Targeting projections, by Year and County within the (3) year plan:

### 2017

<table>
<thead>
<tr>
<th>County</th>
<th>2014 Total 60+ Population Count</th>
<th>OAA/DOEA Targeting Categories Indicator</th>
<th>2014 Indicator Population Count</th>
<th>2014 % to Total 60+ Population</th>
<th>2017 Total # Projected to Serve</th>
<th>2017 % to 2014 Indicator Total</th>
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</thead>
<tbody>
<tr>
<td>Pasco</td>
<td>132,385</td>
<td>Greatest Economic Need*</td>
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<td>Pinellas</td>
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*Below 100% of Federal Poverty Level
** Minorities Below 125% 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
<table>
<thead>
<tr>
<th>County</th>
<th>2014 Total 60+ Population Count</th>
<th>OAA/DOEA Targeting Categories Indicator</th>
<th>2014 Indicator Population Count</th>
<th>2014 % to Total 60+ Population</th>
<th>2018 Total # Projected to Serve</th>
<th>2018 % to 2014 Indicator Total</th>
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<td>Pinellas</td>
<td>281,346</td>
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<td>18,832</td>
<td>6%</td>
<td>565</td>
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*Below 100% of Federal Poverty Level
** Minorities Below 125% 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
<table>
<thead>
<tr>
<th>County</th>
<th>2014 Total 60+ Population Count</th>
<th>OAA/DOEA Targeting Categories Indicator</th>
<th>2014 Indicator Population Count</th>
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<th>2019 Total # Projected to Serve</th>
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<td>4%</td>
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*Below 100% of Federal Poverty Level
** Minorities Below 125% 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 Act of 2016, 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 related disorders and the caretakers of these individuals;
- 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.

This plan should also detail the methods and approaches to identify, reach, and assist the caregivers of the following:

- Older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction;
- Older individuals with greatest social need; and
- Older individuals with greatest economic need.
As well as the following:

- Caregivers who are older individuals who provide care to individuals with severe disabilities, including children with severe disabilities; and
- Grandparents or older individuals who are relative caregivers who provide care for children with severe disabilities.

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; older individuals with Alzheimer’s disease and related disorders and individuals at risk for institutional placement. More specifically, funded OAA Title IIC 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 PSA 5 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.

Within the time frame of this Area Plan, 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 Older Americans Act 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 1-3 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 may continue this effort during the 2017-2019 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.

**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 the provider understands 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 programs conduct Outreach and Public Education in these areas of the both counties and offer information on how to access aging services.

**Greatest Social Need**

Individuals with the Greatest Social Need takes 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 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 (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 30% of individuals aged 60+, in both counties, live alone. Concentration on these individuals is integral to assist their understanding on how to access aging services when needed.

Rural

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

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 bi-lingual 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 aforementioned organizations and most importantly, the resident.

Minorities

Both Pasco and Pinellas Counties contain individuals who identify as minorities. Concentration within zip codes containing large numbers of minorities is key for the AAAPP and/or our sub-contracted Nutrition Providers to attracting 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 some 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 the both counties and offer information on how to access aging services. We fully recognize the need to Outreach or Publicly Educate these communities.

At Risk for Institutional Placement

Individuals at risk for institutional placement include those persons with limitations thus causing deficits in (2) 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.

Caregivers

While not fully fitting into Older Americans Act 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. It can be posited that a product of outreach and public education to individuals that meet the traditional OAA mandates, the act also is inclusive of the caregivers that often are taking care of these individuals. The provider network in PSA5 as well as the AAAPP outreach and publicly educate communities that contain caregivers and also 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 disorders and Grandparents or relative caregivers raising children under the age of 18 or 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. Services being explained are not only for the client yet these services are a benefit to the caregiver, in order to keep the family resilient.

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

Additionally, agencies providing Title IIIEG 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 IIIIE 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. The partnerships have a reciprocal importance and together can leverage services to serve the entire family dynamic.

**Expanded Older Populations**

1. **Transportation Disadvantaged**

   The AAAPP has staff representatives actively participate on the Transportation Disadvantaged Local Coordinating Boards (TDLCB) within both Pasco and Pinellas Counties. This opportunity offers us a chance to vocalize 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 services we offer with specific attention to transportation.

2. **Supplemental Nutrition Assistance Program (SNAP)**

   Many older adults residing in either 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 taking advantage of this program. The AAAPP is a partner agency with the Department of Children and Families (DCF) and work to 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, in order to meet the consumer’s needs holistically. Further, the AAAPP participates in a collaborative venture with other like mind 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 that person(s) being screened for any services, such as SNAP, that can help the family with food insecurity.
3. LGBT

The AAAPP recognizes that Lesbian, Gay, Bi-Sexual, and Transgender (LGBT) populations cover all age groups. In particular, older LGBT individuals experience hardships different than younger generations. In 2013, the AAAPP instituted an LGBT 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 (LGBT) Elder Initiative builds bridges between the Elder Services market and the LGBT elder community in order to advocate, inform and educate on behalf of LGBT elders." The AAAPP will continue this effort in order to publicly educate LGBT consumers on aging services and how to access them.

4. SHINE

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 60 volunteers, provides a variety of services to the project. This diverse group provides counseling in Spanish and Chinese along with English. A translator line allows all other language groups to be served. During April 2015 – March 2016 Fiscal Year, SHINE volunteers completed over 22,624 client contacts. Of these contacts, nearly 39 percent were completed in assistance to clients with low incomes for savings on their Medicare costs. 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.

5. MIPPA

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.

6. VOCA/Elder Abuse

During 2016-2017, the Senior Victim Advocate Program collaborated with the Victim Assistance Advisory Committee, Adult Protective Services, the Domestic Violence Fatality Review Team in Pinellas County, and Community Action Stops Abuse. During the October 1, 2017 to September...
30, 2018 VOCA Contract Year, 17 Crime Forums were held, two of which was held in the rural communities of Shady Hills and Elfers.

During the first six months of 2018, the Elder Abuse Prevention Program conducted five trainings provided to 92 professionals who work directly with seniors including those at risk. Our public events for the first six months of 2018 included active participation in 21 aging expos, and safety crime forums reaching over 874 persons. Staff and volunteers attended public events at hospitals, churches, civic associations, senior centers, libraries, and senior housing communities to distribute, discuss and present information on abuse, neglect and exploitation so attendees who are potentially at risk can be identified and referred for services. These outreach and public education resources will continue to be utilized and any new opportunities that arise will be evaluated for further exploration.

7. Legal

Legal needs of seniors are extremely important and the AAAPP sub-contracts with two legal entities covering both Pasco and Pinellas Counties. Both providers of service publicly educate the community to inform individuals of the scope of their civil legal services. In addition to generalized civil legal issues seniors may face, both of the aforementioned entities are also contracted to serve grandparents or relative caregivers of children 17 and younger or children aged 18 and older with a disability. Both legal service organizations link with agencies that serve children and the elderly to promote a holistic approach to civil legal issues. Because of such, outreach and public education is conducted in order to educate other organizations on the myriad of services they or the AAAPP can provide in order to serve the family unit.

The AAAPP is also familiar with legal issues facing the elderly. AAAPP staff routinely participate in the many legal forums that take place quarterly in Pinellas County. This forum is designed to review laws, issues and services that affect seniors and those with disabilities.

The AAAPP also participates in the Older Floridian Legal Assistance Program whereas goals and objectives spell out who the AAAPP will utilize legal service providers to educate aging network providers on the realities of seniors facing legal issues and how to understand and make good referrals to the legal service experts.

8. ADRC

As a designated ADRC, the agency promotes the role of the Helpline to provide information and referral/assistance to adults age 18 and over who have a disability, and for all persons age 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 20,516 times via telephone and in
response to e-mail inquiries from our website during 2017. The Helpline number is 1-800-963-5337.

Outreach of the ADRC is a constant. AAAPP staff when outreaching or publicly educating expound about the ADRC almost always. 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.

9. Mapping

Utilizing the Department of Elder Affairs 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 CY2016 clients served, it is still a useful tool in uncovering areas of our PSA we can blanket with Outreach in order to target and serve residents, aged 60+ and meeting targeting criterion.
Unmet Needs and Service Opportunities

This section defines the significant unmet needs for services and how the AAA will address gaps in service.

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 negotiated by the tools or resources a family or individual possess and how they may access those tools or resources. Importantly, obtaining these tools or resources timely is critical for some individuals to remain independent and residing in their own homes and in lieu of any premature institutionalization. Below is an examination of unmet needs experienced in PSA5 and any service opportunities helpful to mitigate a lack of resiliency to remain independent.

A. Abuse Neglect and Exploitation

The United States Department of Justice – The Elder Justice Initiative, reports that one in ten seniors over the age of 60 is abused each year. Further, the majority of victims are women and the abuse occurs 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 alluding to a gross underreporting issue. 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.


In the State of Florida, reports of Abuse, Neglect and Exploitation (ANE) regarding seniors or those with disabilities, go directly to the Florida Department of Children and Families 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 3rd and 4th quarter of the state fiscal year (January 2017 through June 2017), highlight statistics on abuse cases reported on.
### State of Florida Abuse Rate Monthly & Average

<table>
<thead>
<tr>
<th>Measure</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>FY 16-17 3rd + 4th QR Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons with Disabilities per 1,000</td>
<td>.10</td>
<td>.11</td>
<td>.10</td>
<td>.12</td>
<td>.11</td>
<td>.11</td>
<td>.11</td>
</tr>
<tr>
<td>Elderly Persons per 1,000</td>
<td>.11</td>
<td>.12</td>
<td>.12</td>
<td>.10</td>
<td>.11</td>
<td>.11</td>
<td>.11</td>
</tr>
</tbody>
</table>

**Source:** Florida Department of Children and Families – Adult Protective Services – Quick Facts

This (6) month data set suggests that approximately 144 adults with either a disability or elderly individuals have had an abuse case reported on monthly within the State of Florida. While this number is high and humanely unacceptable, the statistics should be higher if every case of abuse was reported.

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.

### B. Information about services

Information on what services are available to seniors in Pasco and Pinellas Counties is critical for those individuals inquiring. 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 amount callers and the types of requests for information on assistance from our Helpline is detailed below:
<table>
<thead>
<tr>
<th>Referred Services</th>
<th>Number of Calls</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care</td>
<td>11,169</td>
<td>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).</td>
</tr>
<tr>
<td>Individual, Family and Community Support</td>
<td>5,811</td>
<td>Home and community based services. adult day care, bill paying, case management, homemaker/housekeeper, personal care, and respite care.</td>
</tr>
<tr>
<td>Housing</td>
<td>1,892</td>
<td>ALFs, independent living, foreclosure prevention, home repair, homeless shelters, moving/placement help, public/subsidized housing, ramps.</td>
</tr>
<tr>
<td>Legal, Consumer and Public Safety Services</td>
<td>1,227</td>
<td>Adult Protective Services, bankruptcy, credit counseling, consumer complaints, law enforcement, legal services, Ombudsman, victim advocate.</td>
</tr>
<tr>
<td>Transportation</td>
<td>1,163</td>
<td>Escort transportation, medical transportation, public transportation.</td>
</tr>
<tr>
<td>Income Support/Assistance</td>
<td>1,017</td>
<td>Food assistance/SNAP, Low Income Subsidy –Low Income Subsidy, Medicaid, rent/mortgage assistance.</td>
</tr>
<tr>
<td>Other Government/Economic Services</td>
<td>865</td>
<td>Government information lines, immigration services, professional associations, Social Security/SSI/SSD, tax services, Veterans Administration.</td>
</tr>
<tr>
<td>Food/Meals</td>
<td>820</td>
<td>Food pantries, grocery delivery, holiday meals, and soup kitchens.</td>
</tr>
<tr>
<td>Utility Assistance</td>
<td>583</td>
<td>EHEAP/utility assistance</td>
</tr>
<tr>
<td>Information Services</td>
<td>366</td>
<td>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.</td>
</tr>
<tr>
<td>Mental Health/Addictions</td>
<td>200</td>
<td>Counseling, support groups, substance abuse.</td>
</tr>
<tr>
<td>Disaster Services</td>
<td>136</td>
<td>Disaster preparation and recovery.</td>
</tr>
<tr>
<td>Clothing/Personal/Household Needs</td>
<td>115</td>
<td>Grooming supplies, material goods, thrift store.</td>
</tr>
<tr>
<td>Employment</td>
<td>96</td>
<td>Job related training, search, or placement.</td>
</tr>
<tr>
<td>Volunteers/Donations</td>
<td>51</td>
<td>Donation of time or goods.</td>
</tr>
<tr>
<td>Arts, Culture and Recreation</td>
<td>18</td>
<td>Leisure activities and classes, museums, senior/recreation centers.</td>
</tr>
<tr>
<td>Education</td>
<td>7</td>
<td>GED, literacy, schools/college classes.</td>
</tr>
</tbody>
</table>

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.

C. 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 5th highest caller request for information. In fact, between July 01, 2017 and June 30, 2018, the ADRC received 1,163 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 in accessing goods and 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 yet is being worked on through various transportation improvement plans.

Pinellas County has multiple transportation options with different eligibility factors. In 2007, Neighborly Care Network (NCN), in collaboration with the cities of Clearwater and Dunedin, launched a fee-based transportation program serving parts of Pinellas and limited locations in the two surrounding counties. This type of transportation option is now being funded with Federal “New Freedom” funds but has a large match responsibility and shrinking budget. While this is an additional option for seniors, it is not appropriate for those that are low income. This program is now county wide and offers options for those who have registered to obtain trips within all of Pinellas County and across the borders to Pasco and Hillsborough.

In addition to the fee-based program, 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.

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 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. 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 (6) years for men and (10) 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.

D. Counties or communities with limited access to significant supportive services

The AAAPP sub-contracts with aging service providers within both Pasco and Pinellas Counties and with the intent on equal coverage throughout all of 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 Older Americans Act (OAA), transportation is a necessary part of the service and the nutrition provider in Pasco County utilizes transportation from the paratransit 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 PCEN 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 has to 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 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 similar to 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 productive arrangement for mutual service opportunities utilizing transportation. Access to evidenced based 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 2nd highest call type the ADRC Helpline received, with 5,811 calls taken between July 01, 2017 and June 30, 2018. 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.

E. 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 July 01, 2017 - June 30, 2018 highlights Legal Assistance as the #4 caller request. The helpline, within that timeframe fielded 1,227 calls with matters related to civil legal aspects.

In 2014, an administrative order established the “Florida Commission on Access to Civil Justice”. One of the seven charges they were assigned is to “Identify and examine barriers that impede access to civil justice for disadvantaged, low-income and moderate income families”. An interim report was produced in October of 2015. This report categorized what it termed, “Justice Gaps” and stated the following, “vulnerable populations require access to the civil legal justice system to address unique needs, but are traditionally underserved. They are likely to have more complex legal problems”. The
report further described Floridians who are caught in civil legal issues and point out that specifically, “18% of Floridians are aged 65 or older, and 350,000 elder Floridians will suffer emotional or physical mistreatment or some form of neglect”. While this is just a small sample of the civil legal issues older Floridians face, it does help illustrate issues at the forefront of those who work in civil legal justice.

*Source: Florida Commission on Access to Civil Justice Interim Report – October 01, 2015*

This Commission recently published a report on June 30th, 2016 examining the Commissions work and recommendations to the Supreme Court. Recommendations purported within this report suggest the need for civil legal justice providers to participate in or hold forums that discuss the issues that the disadvantaged are faced with as well as discussion based on the continuum of services other than just the legal issue the individuals is facing. These discussions should include other civic minded organizations, which the AAAPP will surely collaborate in.


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 and looking for legal assistance are experiencing a perceived and/or realistic crisis given the brevity of the issues that are facing. 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.

F. Counties or communities with limited access to social service agencies

Geographical proximity of service sites, funding, and transportation in order 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. CARES, Inc., 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 133 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 diversity in 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.

Similar to limited access to some supportive services, the lack of transportation adds to the limitations accessing social service agencies.

G. 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 exactly the same for any of our sub-contracted aging network providers. Additionally, the AAAPP is fortunate to be the beneficiary of a Victims of Crime Advocacy (VOCA) grant that allows (2) staff within the AAAPP to provide essential advocacy services to those victims of ANE within our (2) counties. Also, these victim advocates outreach and publicly educate both counties with information on signs to look for as well as the appropriate mechanism for reporting. Lastly, both victim advocates work with our sub-contracted provider agencies regarding staff training on ANE as well as AAAPP staff.

Collaboration is key to making sure information on accessing ANE type services is known within the community. The AAAPP VOCA Program works closely with the local Department of Children and Families personnel, Pinellas County Consumer Justice Office, 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. Victims of Crime Act (VOCA) - Senior Victim Advocacy
   d. Older Americans Act (OAA) + (LSP) – Information and Assistance Services

Information about Services

Two trusted sources of information are utilized 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 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 have each other aware of any duplication of efforts and any new successful means of providing quality Information and Assistance.

As an ADRC we promote the 1-800-96-ELDER (33537) number constantly. 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.

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 2017 Annual Performance Report provided the following information: In Pasco County during FY16-17, 9,450 or 11.8% of the 80,334 total TD trips were provided through DOEA administered funds, in PSA5. In Pinellas County 70,884 or 88.2% of the 80,334 TD trips were DOEA funded. The (4) major sources of funding are through the Commission for the Transportation Disadvantaged (CTD), the Agency for Health Care Administration (Medicaid funding), the Agency for Persons with Disabilities and the Department of Elder Affairs. The charts below provide details on the types of trips provided through the Transportation Disadvantaged system.

### 2016-2017 Pasco County Passenger Trips by Trip Purpose

<table>
<thead>
<tr>
<th>Type of Trip</th>
<th>Number of Trips</th>
<th>% to Total Trips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>63,342</td>
<td>34.5%</td>
</tr>
<tr>
<td>Employment</td>
<td>24,322</td>
<td>13.2%</td>
</tr>
<tr>
<td>Edu/Train/Day Care</td>
<td>15,815</td>
<td>8.6%</td>
</tr>
<tr>
<td>Nutritional</td>
<td>19,206</td>
<td>10.5%</td>
</tr>
<tr>
<td>Life-Sustaining/Other</td>
<td>61,067</td>
<td>33.2%</td>
</tr>
<tr>
<td><strong>Total Trips</strong></td>
<td><strong>183,752</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

*Source: FL Commission for the Transportation Disadvantaged 2017 Annual Performance Report Data*

### 2016-2017 Pinellas County Passenger Trips by Trip Purpose

<table>
<thead>
<tr>
<th>Type of Trip</th>
<th>Number of Trips</th>
<th>% to Total Trips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>1,839,002</td>
<td>43.3%</td>
</tr>
<tr>
<td>Employment</td>
<td>1,535,648</td>
<td>36.1%</td>
</tr>
<tr>
<td>Edu/Train/Day Care</td>
<td>23,415</td>
<td>.55%</td>
</tr>
<tr>
<td>Nutritional</td>
<td>752,665</td>
<td>17.7%</td>
</tr>
<tr>
<td>Life-Sustaining/Other</td>
<td>98,604</td>
<td>2.3%</td>
</tr>
<tr>
<td><strong>Total Trips</strong></td>
<td><strong>4,249,334</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

*Source: FL Commission for the Transportation Disadvantaged 2017 Annual Performance Report Data*
With that, certainly the CTD, APD, AHCA, and DOEA funding may provide necessary trips for those seniors within PSA5, however, more work is necessary on (2) fronts:

- Offering information on those transportation resources, and
- Advocacy for additional funding or outside of the box transportation options

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

- Older Americans Act (OAA) Title IIB – 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

**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 services 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.

Below are service sites and the correlating maps outlining geographically placed supportive services within Pasco and Pinellas Counties. These supportive sites include: Senior Centers, Dining Sites, Adult Day Cares and Focal Points.
<table>
<thead>
<tr>
<th>KEY #</th>
<th>NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>ZIP</th>
<th>SITE TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Bethlehem Center</td>
<td>10895 Hamlin Blvd.</td>
<td>Largo</td>
<td>33774</td>
<td>SC</td>
</tr>
<tr>
<td>13</td>
<td>Clearwater Aging Well Center</td>
<td>1501 North Belcher Road</td>
<td>Clearwater</td>
<td>33765</td>
<td>FP</td>
</tr>
<tr>
<td>14</td>
<td>Crystal Lakes Manor</td>
<td>4100 62nd Avenue North</td>
<td>Pinellas Park</td>
<td>33781</td>
<td>D</td>
</tr>
<tr>
<td>15</td>
<td>Dr. William Hale Senior Activity Center</td>
<td>200 Douglas Ave</td>
<td>Dunedin</td>
<td>34698</td>
<td>FP</td>
</tr>
<tr>
<td>16</td>
<td>Enoch Davis Center</td>
<td>1111 18th Ave. S</td>
<td>St. Petersburg</td>
<td>33705</td>
<td>D/FP</td>
</tr>
<tr>
<td>17</td>
<td>Evergreen Day Center</td>
<td>13445 Evergreen Avenue</td>
<td>Clearwater</td>
<td>33762</td>
<td>ADC/D</td>
</tr>
<tr>
<td>18</td>
<td>Gulfport Multipurpose Center</td>
<td>9301 27th Ave. S.</td>
<td>Gulfport</td>
<td>33777</td>
<td>D/FP</td>
</tr>
<tr>
<td>19</td>
<td>Largo Adult Day Care Center</td>
<td>11095 131st St.</td>
<td>Largo</td>
<td>33774</td>
<td>ADC/D</td>
</tr>
<tr>
<td>20</td>
<td>Largo Community Center</td>
<td>400 Alternate Keene Rd</td>
<td>Largo</td>
<td>33771</td>
<td>FP</td>
</tr>
<tr>
<td>21</td>
<td>Neighborly Senior Caf’ at Palm Harbor</td>
<td>1015 Omaha Circle</td>
<td>Palm Harbor</td>
<td>33783</td>
<td>D</td>
</tr>
<tr>
<td>22</td>
<td>Oldsmar Senior Center</td>
<td>127 State St. West</td>
<td>Oldsmar</td>
<td>34677</td>
<td>SC</td>
</tr>
<tr>
<td>23</td>
<td>Palm Harbor Community Activity Center</td>
<td>1500 16th St.</td>
<td>Palm Harbor</td>
<td>33783</td>
<td>FP</td>
</tr>
<tr>
<td>24</td>
<td>Pinellas Park Senior Center</td>
<td>7625 59th St. N.</td>
<td>Pinellas Park</td>
<td>33781</td>
<td>FP</td>
</tr>
<tr>
<td>25</td>
<td>Ridgecrest Community Center</td>
<td>2253 119th Street North</td>
<td>Largo</td>
<td>33778</td>
<td>D/FP</td>
</tr>
<tr>
<td>26</td>
<td>Sunshine Center</td>
<td>330 5th St. N.</td>
<td>St. Petersburg</td>
<td>33701</td>
<td>D/FP</td>
</tr>
<tr>
<td>27</td>
<td>Tarpon Springs Community Center</td>
<td>400 S. Walton Ave.</td>
<td>Tarpon Springs</td>
<td>33789</td>
<td>FP</td>
</tr>
<tr>
<td>28</td>
<td>Area Agency on Aging of Pasco-Pinellas St.</td>
<td>9649 Koger Boulevard, Bldg.</td>
<td>St. Petersburg</td>
<td>33702</td>
<td>Office</td>
</tr>
</tbody>
</table>
With the exception of Senior Centers and Focal Points, these supportive sites are primarily Older Americans Act (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 that organization flexibility in the civil legal matters they take on yet 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 in order 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 disadvantaged and for seniors. Similar to 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 type of call the ADRC Helpline receives. Callers will receive a referral to either of our two sub-contracted 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. 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 principals 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

**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 has our resources we can offer callers who inquire about social issues that social service agencies provide assistance with.

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 in order 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 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 of the nuances that pertain to caregiving.

**A. Caregiver unmet needs**

Between July 01, 2017 and June 30, 2018, the ADRC Helpline received 5,811 calls inquiring about “Individual, Family and Community Support”. Additionally, the ADRC Helpline received 1,227 calls pertaining to “Legal, Consumer and Public Safety” services. Within both of these numbers, lies a need for respite services and civil legal assistance. Further, the ADRC Helpline received 11,169 calls regarding assistance with “Healthcare”. Surely, a caregiver could be inquiring about assistance with the aforementioned 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.
In PSA 5: Assessing the Need of Elder Floridians, 2012 and Revised in May 2013, DOEA provides the following information and analysis of caregivers in PSA 5 based upon the survey of 100 PSA 5 residents age 60+: “In PSA 5, 15% of respondents currently provide direct or indirect care to others (including care provided over the phone)...” “The majority of elders (76%) care for another elder. Elders in PSA 5 who provide care to another person do so frequently.” The DOEA survey reports that 13% provide care at least once a day up to all day long and 28% do so once a week or more.

The report provides the additional information:

Less than one-half of caregivers (46%) in PSA 5 receive help with their caregiving responsibilities; while 12% reported needing help with such responsibilities. The types of needed help identified by respondents are consistent with the current research on caregiver needs; these include information about resources, transportation, help with household chores, and respite.

Of those who have sought help with their caregiving responsibilities, a majority have turned to either friends or neighbors (40%) or family members (20%), while others have sought help from religious organizations (20%), and state agencies (20%).

The largest impediment to those who did not receive help with caregiving was that the care recipient would not allow someone new to provide help (25%). Other reasons cited include inability to afford the expense, the caregiver does not want strangers in their house, the caregiver does not like asking for help, services are not available, and the caregiver does not believe they would be satisfied with the available help (13% each). ... In the PSA, 12% of caregiving elders are interested in receiving caregiver training.

A report from the CIRTS was run on October 12, 2018 titled, “Active or APCL Clients with Caregiver Information”. When reviewing the “APCL” or waitlisted individuals report, this data indicates that 942 duplicated individuals are waiting for any of our funded services. These individuals have been identified to have a caregiver present based upon the current 701 type assessment. The number 942 is duplicated because often the consumers is waiting on multiple funded services such as, CCE, HCE, ADI, LTCC, OA3B, OA3E, etc. These 942 consumers waiting on services in comparison to the total amount for persons waiting for any funded services indicates that approximately 1% of our total duplicated waitlist amount are comprised of individuals with identified caregivers. This makes sense given the large population of person’s aged 60+ that live alone in our community, another extremely vulnerable group. Also, the 942 persons with caregivers waiting on services only represents the individuals and families that we know of and who have been formally assessed. There may be individuals with caregivers waiting for unregistered services and where a formal 701 type assessment is not completed nor required. More families in the community are caring for each other and the Targeted Outreach Section will denote ways we and the aging network will concentrate on this population.

Despite the multiple programs that can provide support there continue to be caregivers who remain on waiting lists for services due to lack of funding. There are also caregivers whose needs are unmet due to factors pointed out in the DOEA needs assessment, including those whose care recipient will
not allow someone new to provide help. Without assistance these caregivers are at increased risk of being in crisis and the care recipient is at increased risk of an avoidable placement. For that reason, annual rescreens are important and caregivers are told to call for re-screening should their situation change significantly.

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. A survey conducted in June of 2014, titled, “Florida Voters age 50+ and the 2014 Election” revealed that 73% or 584 survey participants wished for “at home care” versus care taking place outside of the home. This survey polled 800 Floridians aged 50 and older.

B. Number of elder caregivers, including number of grandparents raising children

A stated before, 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 PSA 5 and the lack of supportive services available to assist them is a concern. The DOEA 2016 State and PSA Profiles indicates the prevalence of this unique population in PSA5 and throughout the State. See the below table for comparison and contrast.

<table>
<thead>
<tr>
<th>County/State</th>
<th>Age 60+ Pop</th>
<th>Grandparents Living with Grandchildren</th>
<th>Responsible for Grandchildren</th>
<th>% Responsible for Grandchildren</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco</td>
<td>144,352</td>
<td>5,611</td>
<td>1,813</td>
<td>1.2%</td>
</tr>
<tr>
<td>Pinellas</td>
<td>301,032</td>
<td>9,571</td>
<td>3,000</td>
<td>.9%</td>
</tr>
<tr>
<td>PSA5 Total</td>
<td>445,385</td>
<td>15,182</td>
<td>4,814</td>
<td>1.1%</td>
</tr>
<tr>
<td>State Total</td>
<td>5,157,191</td>
<td>275,001</td>
<td>72,757</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Source: 2016 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 closely resembles the percentage throughout the State of Florida.
C. 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 effects the caregiver emotionally financially and physically as well as all three crisis definitions. The length of time that this caregiver is able to 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.

A specific PSA level report was developed to analyze assessment data for current active clients with caregivers and those waitlisted (APCL) clients with caregivers to determine the variety of conditions effecting both populations. This report extrapolated information based upon a 701 Type Assessments conducted on Active clients and a 701 Type Assessments conducted on APCL clients.

Regarding Active clients being served and assessed using a 701 Type Assessment, the following questions were analyzed.

1. “Do you currently have anyone to assist you with providing care?”
2. “How long have you been providing care for this client?”
3. How much mental or emotional strain is it on you to provide care for the client?”
4. “Considering other aspects of your life, please note the level of difficulty in your:”
   a. Relationship with client
   b. Relationship with family
   c. Relationship with friends
   d. Physical Health
   e. Finances
   f. Functional Abilities
   g. Employment
   h. Time for yourself to do the things you enjoy
5. “How confident are you that you will have the ability to continue to provide care?” and,
6. The Assessor’s input if the caregiver is in either Financial, Emotional, or Physical Crisis:

Based upon the internal data report developed to ascertain these answers the below is a summary of the responses.

Out of a total of 662 responses from Active clients with a caregiver and receiving some service intervention, 120 or 18% have indicated yes that they have someone else to assist them with providing care. Those who answered, No reflected 72% or 542. Those that answered No are at risk of burnout without any intervention in place or any assistance from others.

299 individuals were questioned on the 701B Comprehensive Assessment about how long they have been providing care. 261 caregivers or 87% responded with more than 2 years. Again, without service intervention and with the length of time one cares for another, the burn out rate grows.
662 individuals were questioned on any of the 701 Type Assessments about how mental or emotional strain they deal with regarding providing care. 232 caregivers or 35% indicated “A Lot of Strain” and 325 caregivers or 49% indicated, “Some Strain”. The remainder or 105 caregivers responded with, “No Strain”.

Looking at the caregivers perception of aspects of their life, it’s seems logical that out of 645 responses to the “Employment” question, 175 caregivers or 27% indicated, A Lot of Difficulty”. This seems consistent with the individual’s desire or need to work and create and income.

Lastly, the Assessor indicated 371 times 56% of 662 responses that the caregiver was in any of the three crisis categories.

Taking a look at clients and caregivers who were assessed with any type of 701 assessment and that are APCL or waiting for some service, the following responses, similar to Active clients were analyzed.

Responses indicated over half or (52%) of the 823 caregivers felt emotional or mental strain. When looking at the caregiver’s aspect of health, 42% reported moderate to a lot of difficulty. Further, just shy of half or (49%) of the assessed caregivers were denoted as being in crisis by the assessor. The difference in analyzing these two groups of clients is that the active clients are receiving some kind of service intervention and the waitlisted clients may or may not be. In reality, if a resident with a caregiver is not receiving any service intervention and care has been provided for a long time, the chance of that caregiver burning out increases with time.

D. 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 the caregiver training information that is part of the AAAPP website. 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 Older Americans Act programs and in 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 an 701 type assessment are based on Priority Score which includes a factor that increases 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 age 18 and over who have a diagnosis of dementia. This program has also served adults with a developmental disability who have been diagnosed with a dementia. The Home Care for the Elderly (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 IIIE) also provides support for caregivers of seniors, including respite care, counseling, and consumable medical supplies.

As of October 12, 2018 a CIRTS report was run that indicated that 2,522 individuals are being served with any of our registered service funded programs and that have a caregiver in the household. Compared to the total population that are currently active in a registered program (14,171) \{Includes MLTC enrolled individuals\} and as of the same date, the population being served with a caregiver accounts for 17.7%.

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

In order to try and meet the need of grandparents raising grandchildren or relative caregivers, the AAAPP contracts with two legal service providers in PSA 5 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 IIIEG 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), Older Americans Act Home and Community Based Services, ADRC Helpline, etc.

Review of the DOEA 2016 County Profiles indicates a sizable proportion of grandparents caring for grandchildren reside in both Pasco and Pinellas counties. Because the Title IIIEG 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 on how to utilize the ADRC Helpline in order 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 of Tampa that serves Hillsborough, Pasco and Pinellas Counties. This social services 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.
**Condition of elder caregivers**

Similar to all clients being served in a registered service, an assessment takes place initially and a re-assessment occurs annually. During both the initial and the re-assessment, 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 re-assessed 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. Certainly, 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 living 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.

**A. 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. We’ll reiterate what was stated previously.

Utilizing the caller information reported within the REFER database, we can see that Transportation assistance requests are the 5th highest caller request for information. In fact, between July 01, 2017 and June 30, 2018, the ADRC received 1,163 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. In 2007, Neighborly Care Network (NCN), in collaboration with the cities of Clearwater and Dunedin, launched a fee-based transportation program serving parts of Pinellas and limited locations in the two surrounding counties. This type of transportation option is now being funded with Federal “New Freedom” funds but has a large match responsibility and shrinking budget. While this is an additional option for seniors, it is not appropriate for those that are low income. This program is now county wide and offers options for those who have registered to obtain trips within all of Pinellas County and across the borders to Pasco and Hillsborough.

In addition to the fee-based program, 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.

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 (6) years for men and (10) 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.

B. Limited access to senior centers

Senior Centers are a center piece to life enriching activities promoting de-isolation and stimulation. Within PSA5, senior centers exist and are either fall under the purview of the municipality or are 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) travel along arteries where senior centers are located, persons with mobility limitations may not be able to utilize this modality. Government funded transportation via para-transit 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 DOEA conducted a survey in January of 2012 that was revised in May of 2013 that looked at access to senior centers within PSA5. This survey purports that out of the 100 respondents asked if they visited a senior center with any regularity that only 7% stated they did. Those that did were minority individuals at a higher percentage (16%) than individuals with low incomes (9%) and especially rural elders at (6%). The major reason why those respondents reported they did not attend a senior center with any regularity was due to the fact they stay busy with other activities (17%) and another (15%) reported they were not aware of the services they offered.

In comparison, Pasco County has fewer senior centers (5) than Pinellas County (11) and all within Pasco County are coordinated under a not-for-profit organization, CARES, Inc. Calls to the ADRC Helpline between July 01, 2016 and June 30, 2017 were relatively low with just 18 calls inquiring about recreational centers or places where arts and culture could be found.

C. 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 effected 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 as the individual ages.
Based upon the Assessing the Needs of Elder Floridians Report covering PSA5 in 2012 and revised in 2013, we can learn a lot about the characteristics of those 100 survey participants.

When asked if the individual “feels safe when in the community”, 10% reported that they do not. Further, when asked “if the community they lived in has high crime or is a bad neighborhood”, 12% of respondents signified, “yes”. Some of the reasons that were reported that seniors feel unsafe in their neighborhoods is: 9% stated there were loose animals, 30% were afraid of crime, 17% suspected drug activity and 4% stated that there were an abundance of vacant or abandoned dwellings.

PSA5 has a substantial proportion of seniors with low-incomes (14.4%) and/or below the poverty line (9.3%). A majority of these seniors live in areas of depression as do minority individuals. This correlates to the DOEA survey whereas, participants who were minorities (23%) and those with low-incomes (14%) expressed greater concern regarding security. Additionally, seniors living alone (27.7%) may face uncertainty due to security and finances.

D. Employment training or related assistance

Between July 01, 2017 and June 30, 2018, the ADRC Helpline received 96 calls from citizens looking for assistance with employment or job related placement & training. These types of calls ranked 14th in the amount 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. The State of Florida Senior Community Service Employment Program State Plan: 2012-2015 purports that, “It is projected that the localities and populations with the greatest need for the Program (SCSEP) will be those with a higher concentration of low-income seniors”. 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 in order to supplement income.

An AARP survey “Staying Ahead of the Curve 2013” suggests, that older workers moreover continue to work due to the fact they, “need the money”. 82% of workers aged 45-74 surveyed responded in that way.

In Pasco and Pinellas County and at the end of Calendar Year 2016, those who are living Below the Federal Poverty Level, Low-Income, and minority is illustrated below:

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<th>County</th>
<th>Below Poverty Level (BPL)</th>
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*Source: 2016 DOEA Florida PSA & State Profiles*
Because the number of individuals that are Below Poverty Level is 9.6% and those with low-Incomes are 14.8% 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 1.9% - 2.5%. This smaller group may also demonstrate the same need for a continuation of employment of some kind.

The AARP published a report in 2015 titled, “A Business Case for Workers Age 50+: A Look at the Value of Experience”. Within this report the AARP dissected the needs of older adults and purported the value to the older adult and the employment organization by hiring or retaining older adult workers. Interestingly, this report projects that due to the Baby Boomers reaching an age of retirement in large numbers yet still wishing to remain in the workforce or wishing to return to employment, that these adults may approach the numbers of younger workers currently in the workforce. The AARP attributes this to the fact individuals are retiring later in life and living longer.

These two reports purport both the continued need to assist older adults secure employment and/or retain current employment. This especially applies to those with low-incomes, minority, and possibly those living rurally and with limited English proficiency within our PSA.

E. 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 of 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 2010-2014 American Community Survey Estimate, that in Pasco County and out of 139,015 households with a mortgage, 24,901 or 17.9% are individuals aged 60+. Further, out of the 60,497 households without a mortgage, that 43,399 or 71.3% aged 60+, do not have the additional burden of a mortgage. You could extrapolate that the remaining individuals, using aged 60+ statistics would either be renting, residing with family or living in a long-term care facility.

Pinellas County reflects slight differences then Pasco County. In Pinellas County and out of 263,545 households with a mortgage, 52,313 or 19.8% are individuals aged 60+. Further, out of the 113,208 households without a mortgage, that 84,231 or 74.4% aged 60+, do not have the additional burden of a mortgage. You could again extrapolate that the remaining individuals, using aged 60+ statistics would either be renting, residing with family or living in a long-term care facility.
To compound the previous notion on mortgage and non-mortgage related households, the Florida Housing Data Clearinghouse suggest in 2014, that in Pasco County, 13,446 households have cost burdens above 30% of their Adjusted Monthly Income. Pinellas County households equal 27,534 and experience the same issue.

The last decade has seen significant shifts in the housing market, from the high values in early 2000 to depressed values in late 2010. The housing market in the region has not yet stabilized. As a result, PSA 5 has experienced a foreclosure rate on par with the national average. As of March 2016, RealtyTrac reported that 1 in every 520 homes located in Pasco County received a foreclosure filing. Within Pasco, Wesley Chapel, Land O’ Lakes, Holiday, Spring Hill and Dade City have the highest number of filings. Pinellas County, like Pasco, has acquired a fair number of foreclosure filings. It has been reported that 1 in every 710 homes in Pinellas has received a foreclosure filing. RealtyTrac reports Bellair Beach, Crystal Beach, Pinellas Park, Largo and Safety Harbor have the highest number of filings.

Because limited income and physical limitations may inhibit the upkeep of current housing, individuals need supportive services to assist with home and yard maintenance. Older Americans Act Title III-B and III-E funds are allocated for chore services in both counties. However, this service provides only basic home and yard maintenance. As of October 2018, there were 132 Pasco elders and 570 Pinellas elders on the wait list (Assessed Priority Consumer List) for this service. Consumers in the Community Care for the Elderly, Home Care for the Elderly, and the SMMCLTCP programs may receive chore and/or housing improvement/environmental modification services as part of their Care Plan.

F. 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 2017 Annual Performance Report provided the following information: In Pasco County during FY16-17, 9,450 or 11.8% of the 80,334 total TD trips were provided through DOE administered funds, in PSA5. In Pinellas County 70,884 or 88.2% of the 80,334 TD trips were DOE funded. The (4) major sources of funding are through the Commission for the Transportation Disadvantaged (CTD), the Agency for Health Care Administration (Medicaid funding), the Agency for Persons with Disabilities and the Department of Elder Affairs. The charts below provide details on the types of trips provided through the Transportation Disadvantaged system.
<table>
<thead>
<tr>
<th>Type of Trip</th>
<th>Number of Trips</th>
<th>% to Total Trips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>63,342</td>
<td>34.5%</td>
</tr>
<tr>
<td>Employment</td>
<td>24,322</td>
<td>13.2%</td>
</tr>
<tr>
<td>Edu/Train/Day Care</td>
<td>15,815</td>
<td>8.6%</td>
</tr>
<tr>
<td>Nutritional</td>
<td>19,206</td>
<td>10.5%</td>
</tr>
<tr>
<td>Life-Sustaining/Other</td>
<td>61,067</td>
<td>33.2%</td>
</tr>
<tr>
<td><strong>Total Trips</strong></td>
<td><strong>183,752</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

*Source: FL Commission for the Transportation Disadvantaged 2017 Annual Performance Report Data*

<table>
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<th>Number of Trips</th>
<th>% to Total Trips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>1,839,002</td>
<td>43.3%</td>
</tr>
<tr>
<td>Employment</td>
<td>1,535,648</td>
<td>36.1%</td>
</tr>
<tr>
<td>Edu/Train/Day Care</td>
<td>23,415</td>
<td>.55%</td>
</tr>
<tr>
<td>Nutritional</td>
<td>752,665</td>
<td>17.7%</td>
</tr>
<tr>
<td>Life-Sustaining/Other</td>
<td>98,604</td>
<td>2.3%</td>
</tr>
<tr>
<td><strong>Total Trips</strong></td>
<td><strong>4,249,334</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

*Source: FL Commission for the Transportation Disadvantaged 2017 Annual Performance Report Data*

With that, certainly the CTD, APD, AHCA, and DOEA funding may provide necessary trips for those seniors within PSA5, however, more work is necessary on (2) fronts:

- Offering information on those transportation resources, and
- Advocacy for additional funding or outside of the box 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

**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 as a means 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 2017 Summary Plan document identifies senior
centers for the public’s utilization. See below listing of senior centers within Pasco and Pinellas Counties.

<table>
<thead>
<tr>
<th>#</th>
<th>PSA5 Senior Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pasco County</td>
</tr>
<tr>
<td>1</td>
<td>CARES Claude Pepper Senior Center 6640 Van Buren Street New Port Richey, FL 34653 Phone: (727) 844-3077</td>
</tr>
<tr>
<td>2</td>
<td>CARES Crescent Enrichment Center 13906 Fifth Street Dade City, FL 33525 Phone: (352) 518-9300</td>
</tr>
<tr>
<td>3</td>
<td>CARES Elfers Senior Center 4136 Barker Drive Elfers, FL 34652 Phone: (727) 847-1290</td>
</tr>
<tr>
<td>4</td>
<td>CARES Rao Musunuru, M.D. Enrichment Center 12417 Clock Tower Parkway Hudson, FL 34667 Phone: (727) 863-6868</td>
</tr>
<tr>
<td>5</td>
<td>CARES Zephyrhills Senior/Community Center 38130 Pretty Pond Road Zephyrhills, FL 33540 Phone: (813) 788-0471</td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>
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 times 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**

The AAAPP’s Senior Victim Advocate Program, in collaboration with law enforcement and consumer protection agencies, conducts crime forums in both counties to educate seniors on crime prevention strategies.

In order to encourage safe and elder friendly communities, the AAAPP supports the efforts of DOEA’s Communities for a Lifetime (CFAL). CFAL is a statewide initiative that assists Florida cities, towns and counties to plan and implement improvements that benefit their residents, both youth and elder. The City of New Port Richey in Pasco County actively participates in this initiative as do the following cities in Pinellas County: Clearwater, Dunedin, Gulfport, Oldsmar, Safety Harbor, St. Petersburg and Tarpon Springs.

Additionally, the city of St. Petersburg recently applied for the AARP and World Health Organization (WHO) philosophical, “Age Friendly Network of Communities” and is currently designated. Through this initiative the city of St. Petersburg in collaboration with multiple partners including the St. Petersburg Commission on Aging will survey residents on their feelings toward a multitude of factors, including neighborhood safety. The goal is to help create a community where safety is a priority. The AAAPP will participate in this venture as we have representation on the St. Petersburg Commission on Aging and partner with the AARP. Dunedin and Pinellas County are also Age Friendly Communities. Other communities in PSA5 may wish to take on this initiative and the AAAPP would certainly participate in the planning process, if invited.

**Employment training or related assistance**

The AARP states within their published report that older workers bring value to business because, engagement levels are highest in oldest age segments versus younger age segments, that engagement positively correlates to positive business results, there is stability and lower turnover, and productivity can increase with age. These are all statements that positively effect businesses, however, there are individual and personal benefits for that should be noted. Feeling useful and
feeling that an individual is making a useful contribution to society are just two of the ideas posited regarding why older adults wish to also continue to work.

For those aforementioned reasons, 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 July 01, 2017 and June 30, 2018, the ADRC Helpline received 1,892 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 could acquire more information regarding the particular housing issue they face. Additionally, ADRC Helpline staff are trained to extrapolate more information from their conversations where as they may be able to pin point systemic issues thus causing other issues with 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.

### G. 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. In order 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 submerged 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 (4) tenants to Emergency Management.

The AAAPP utilizes its knowledge of Emergency Management and our relationships to assist in preparation for seniors in the community as well as the preparation of our aging network providers and staff who directly care for senior individuals in the community. As stated before, the AAAPP has a CEMP, COOP and Pandemic Influenza Plan in order to meet contract compliance but more importantly to remain as resilient as possible under a new normal condition and in the event we have been effected by a disaster.

H. Volunteerism

Volunteers contribute greatly to PSA5 and many seniors remain engaged within this community. Between July 01, 2017 and June 30, 2018, the ADRC Helpline received 51 calls whereas 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 that’s mission is to train and appropriately place volunteers in suitable settings where the individual’s talents are maximized. One such group is the Pinellas Opportunity Council, Inc. (POC) and their Retired Senior Volunteer Program (RSVP). While POC has a main headquarters in St. Petersburg, FL and most of its programs serve Pinellas County residents, the RSVP Program covers only Pinellas County. The AAAPP’s monthly television show, “Aging on the Suncoast”, covered “Senior Volunteerism” and POC reported that the Pinellas program has 1,100 active volunteers serving at 110 not-for-profit agencies and in 2015, these volunteers gave over 220,000 hours of service. Those hours of service equated to approximately, $4.3 million in in-kind labor donations.

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 (60) volunteers who unselfishly assist individuals with navigation through the complexities of Medicare and or assist with plan choice, unbiased and for free. Between January 01, 2017 and December 31, 2017, the volunteers from our SHINE Program served 8,061 individuals in PSA5 with SHINE
assistance. These dedicated volunteers are comprehensively trained and put all of their professional talents to work on behalf of callers distressed about healthcare coverage.

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.

<table>
<thead>
<tr>
<th>Volunteer Reporting Log CY2016 (Annualized)</th>
<th>Undup Direct Vols</th>
<th>Undup Indirect Vols</th>
<th>Episodic Vols</th>
<th>Direct Vol Hours</th>
<th>Indirect Vol Hours</th>
<th>Episodic Vol Hours</th>
<th>Clients Served by Vols</th>
<th># Vols 60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals</td>
<td>1467</td>
<td>375</td>
<td>79</td>
<td>87751.25</td>
<td>35369</td>
<td>10444.5</td>
<td>17436</td>
<td>739</td>
</tr>
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**AAAPP Volunteer Utilization Review for CY2017**

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

I. Employment

Between July 01, 2017 and June 30, 2018, the ADRC Helpline received 96 calls from citizens looking for assistance with employment or job related placement & training. These types of calls ranked 9th in the amount 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. The State of Florida Senior Community Service Employment Program State Plan: 2012-2015 purports that, “It is projected that the localities and populations with the greatest need for the Program (SCSEP) will be those with a higher concentration of low-income seniors”. 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 in order to supplement income.

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Source: 2016 DOEA Florida PSA & State Profiles
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Health Care:

Access to adequate and appropriate healthcare as well ancillary services and Mental/Behavioral Health resources is a concern among seniors residing in PSA5. The AAAPP shares this concern and understands gaps exist inhibiting seniors with appropriate access.
A. 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. In the Florida Department of Elder Affairs’ report, PSA Area 5: Assessing the Needs of Elder Floridians, the Department notes that: “Ensuring access to health care, disease prevention information, and activities for fitness and wellness are important factors in maintaining the vitality and independence of the elder population.” Additionally the report indicates that in PSA 5, “Over one-third of elders (37%) are interested in training or classes to keep themselves healthy . . .,” but “. . . most elders surveyed (88%) have not attended an event offering free health information.”

Further, between July 01, 2017 and June 30, 2018, the ADRC Helpline fielded 11,169 calls inquiring about healthcare resources. Information on health care resources is our current #1 request for assistance.

B. 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 premature institutionalization. Certainly, if the individual is unsafe residing in the community and needs more skilled care or hospitalization, than 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 data is below and used to describe gaps.

<table>
<thead>
<tr>
<th>County/State</th>
<th>65+ Population</th>
<th>65+ Medically Underserved</th>
<th>% to 65+ Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco</td>
<td>111,006</td>
<td>31,433</td>
<td>28.3%</td>
</tr>
<tr>
<td>Pinellas</td>
<td>226,843</td>
<td>20,980</td>
<td>9.2%</td>
</tr>
<tr>
<td>PSA5</td>
<td>337,849</td>
<td>52,413</td>
<td>15.5%</td>
</tr>
<tr>
<td>State Total</td>
<td>3,866,316</td>
<td>923,751</td>
<td>23.8%</td>
</tr>
</tbody>
</table>

Source: 2016 DOEA Florida State & PSA Profiles

The DOEA’s data suggests that 28.3% of the total 65+ population in Pasco County is medically underserved. In contrast, Pinellas County reflects 9.2% 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 Pasco County’s % of need.

To further describe medical care needs, the Assessment conducted by DOEA in 2012 and revised in 2013 purports responses when evaluating barriers to medical care. 20% of participants responded that their “insurance does not cover all they need” and 25% of participants responded that a barrier
exists due to, “Lack of Money”. Another 10% responded that there existed a barrier due to the fact, “No provider will take my insurance”.

C. Ancillary health care needs (hearing aids & eyeglasses)

In order 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.

In their survey of PSA 5 elders, DOEA reported unmet needs in these areas. “Elders reported a high frequency of delaying dental care (29%), eye care (21%) and mental health treatment (16%) . . . .” The report also indicates over 10% of PSA 5 elders reported a delay in filling their prescriptions, and 53% of those surveyed were unaware of prescription assistance programs. Survey results showed that the majority of respondents reported a financial impediment to receiving needed care, with 26% reporting they could not afford prescriptions, dental and vision care and an additional 30% indicating their insurance coverage was insufficient. PSA 5: Assessing the Needs of Elder Floridians, DOEA 2012 and revised in May 2013.

This need is also observed in the frequency of calls to the AAAPP Senior Helpline requesting these services. During the one year period July 01, 2017 through June 30, 2018, 11,169 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.

D. 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, similar to 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 July 01, 2017 and June 30, 2018 reflected 11,169 individuals inquiring about Medical and Healthcare needs. An additional, 200 calls were fielded during the same time frame but regarding “Mental Health/Addictions”.

The AAAPP does not control any waitlists regarding access into Health and Medical services, but does evaluate the waitlist for Gerontological and/or Mental Health Counseling because those are
two of our Counseling services offered through the Older Americans Act, Title III-B. As of August 2018, PSA5 had 34 individuals waiting on either of the counseling modalities.

**E. 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 collaboration with the SHINE, Victim Advocate and ADRC Helpline staff at the AAAPP. 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 sub-contracts with an organization, CARES, Inc. who provides these services under the Older Americans Act, Title IIID. Services this agency provides and within all required program fidelity are: “Chronic Disease Self-Management (CDSMP)”, “Chronic Pain Self-Management Program (CPSMP)”, Diabetes Self-Management Program (DSMP)”, “Tai Chi – Movement for Better Balance”, “Matter of Balance (MOB)”, “Healthy Eating Everyday (HEED)”, and “Active Living Every Day (ALED)”.

In combination or solely individual, these classes promote healthy behaviors that enable seniors to live independently. During CY2016 and within Pasco and Pinellas Counties, CARES, Inc. held (43) classes in Pasco County and (36) classes in Pinellas County. 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 higher 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 not minorities and those with higher incomes.

**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 11,169 calls between July 01, 2017 and June 30, 2018 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 issues and that 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 Part D 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.

**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 Part D 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.

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

The 2016 DOEA State and PSA Profiles gives us an excellent understanding of medical and health care availability in PSA5. DOEA’s data below suggests:

There are 26 hospitals with 5,271 hospital beds in the two county area. The ratio of hospital beds per age 60+ population (1 bed per 78 persons age 60+) in PSA5 exceeds that statewide (1 bed per 73 persons age 60+).

While there are 134 home health agencies in PSA 5, overall the PSA has a lower number of home health agencies per population age 60+ than the statewide average of one home health agency per every 3,323 persons age 60+. Pinellas County has one home health agency (total 103) per 2,922 persons 60+, while Pasco County has one home health agency (total 31) per 4,656 persons 60+.
Contrary to Home Health Agencies and Hospital bed availability, the number of licensed medical doctors (3,625) per age 60+ population is higher in PSA 5 (1 per 123 persons age 60+) than in the remainder of the state (1 per 102 persons age 60+).

Interestingly, 12% of Florida’s skilled nursing home beds are located in Pasco and Pinellas counties, compared to the fact PSA5’s total 60+ population makes up 8.6% of the total age 60+ population within the State of Florida. This may be responsive to several factors noted in PSA 5: higher rates of age 85+ population, higher rates of probable Alzheimer’s disease and higher rates of living alone (no in-home family support). These same factors challenge the aging network to provide in-home services to maintain those at risk of institutionalization in their homes.

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.

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.

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 located in Largo, Tarpon Springs and a newly opened center at Bayfront in downtown St. Petersburg. All of the centers are located 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 located 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.

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 located 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. During 2012, the Administration on Aging limited the use of Older Americans Act Title IIID funding from general health promotion and disease prevention services to require all Title IIID programs to be evidence based. CARES, Inc. has responded by increasing the number of highest tier evidence based disease prevention and education programs provided in Pasco and Pinellas counties.

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, Pasco County Health Department and Suncoast Hospice 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 allocates Older Americans Act Title IIIB funding for both Gerontological and 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 Community Care for the Elderly program. Gulf Coast Jewish Family and Community Services provides counseling services in both counties, and also serves as the Pinellas County lead agency. Further, clients receiving services through the National Family Caregiver Support Program (NFCSP), funded through the Older Americans Act, Title IIIE may receive counseling services. Many times, the burdens of caregiving can be supplemented with coping mechanism further allowing that caregiver to continue to provide care.

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.
F. 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 Older Americans Act 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 during that time.

Access to food sources is critical to the individual health and well-being. A study conducted by the University of Central Florida, titled, “The Experience of Food Insecurity: An AARP/UCF Survey of Adult Floridians” where 894 persons were surveyed. Of those 894 individuals, 184 participants were 65 and older. This survey posits that of the 184 participants, 9.2% stated they were food insecure. Of those aged 50+ equaling 400 participants, 12% surveyed stated they were food insecure. Food insecurity means that there is limited access to food sources based upon socio-economic reasons.

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 and more formally, the AAAPP sub-contracts with (2) 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) the client’s 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. At the end of CY2017 both nutrition providers served a combined amount of 133,560 meals to 2,783 recipients.

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.
For those not within 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 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. 820 calls were made to the ADRC Helpline between July 01, 2017 and June 30, 2018 inquiring about Food/Meals.

G. 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 16% of those ages 60 and older have two or more disabilities. This parallels the statewide average of 16%.

<table>
<thead>
<tr>
<th>County/State</th>
<th>Age 60+ Population</th>
<th>60+ Pop With (2) or More disabilities</th>
<th>% of 60+ Pop With (2) or More Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco</td>
<td>144,352</td>
<td>23,133</td>
<td>16%</td>
</tr>
<tr>
<td>Pinellas</td>
<td>301,032</td>
<td>47,316</td>
<td>15.7%</td>
</tr>
<tr>
<td>PSA5 Total</td>
<td>445,385</td>
<td>70,450</td>
<td>15.8%</td>
</tr>
<tr>
<td>Statewide Total</td>
<td>5,157,191</td>
<td>823,793</td>
<td>16%</td>
</tr>
</tbody>
</table>

Source: 2016 DOEA Florida State & PSA Profiles

Additionally, The DOEAS survey of 100 elders in PSA 5 as reported in PSA 5: Assessing the Needs of Elder Floridians (DOEA, 2012, Revised May 2013) provided information regarding the need for self-care assistance:

In PSA 5, 15.8% of elders reported needing some level of assistance with one or more ADL and of these, most required a moderate level of assistance. Specifically, 7% of respondents reported moderate need for assistance or supervision with both eating and walking, while 3% needed a greater level of assistance with bathing. Regarding IADLS, the report stated: “In PSA 5, 49% of elders reported needing at least a moderate level of assistance with an instrumental activity of daily living.”
Between July 01, 2017 and June 30, 2018, the ADRC Helpline received 5,811 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 aforementioned services generally are put in place due to severe to moderate limitations with ADLs and IADLs.

H. Health promotion

The AAAPP recognizes the importance of evidenced based disease prevention and health promotion services for seniors throughout PSA5. The AAAPP sub-contracts with an organization, CARES, Inc. who provides these services under the Older Americans Act, Title III D. Services this agency provides and within all required program fidelity are: “Chronic Disease Self-Management (CDSMP)”, “Chronic Pain Self-Management Program (CPSMP)”, Diabetes Self-Management Program (DSMP)”, “Tai Chi – Movement for Better Balance”, “Matter of Balance (MOB)”, “Healthy Eating Everyday (HEED)”, and “Active Living Every Day (ALED)”.

In combination or solely individual, these classes promote healthy behaviors that enable seniors to live independently. Within Pasco and Pinellas Counties and during CY2016, CARES, Inc. held (43) classes in Pasco County and (36) classes in Pinellas County. All classes are conducted in settings where seniors have equal access and geographically placed in areas of the counties where targeted individuals will benefit. Targeting individuals that exhibit 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 not minorities and those with higher incomes.

Another avenue the AAAPP pursues regarding health promotion is access and the understanding of credible health care coverage. Like the other 10 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 8,061 individuals in PSA5 between January 01, 2017 and December 31, 2017.
Home and Community-Based Services (HCBS):

A. Number of people 60+ with ADL limitations not receiving services (Optional)

B. Number of people 60+ with IADL limitations not receiving services (Optional)

C. Number of people 60+ with mobility limitations not receiving services (Optional)

D. 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 2016 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.

<table>
<thead>
<tr>
<th>County</th>
<th>SNAP Participation</th>
<th>SNAP Potentially Eligible</th>
<th>Participation Compared to Potentially Eligible %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco</td>
<td>10,897</td>
<td>21,930</td>
<td>49.6%</td>
</tr>
<tr>
<td>Pinellas</td>
<td>21,720</td>
<td>44,037</td>
<td>49.3%</td>
</tr>
<tr>
<td>PSA5 Total</td>
<td>32,617</td>
<td>65,967</td>
<td>49.4%</td>
</tr>
</tbody>
</table>

Source: 2016 DOEA Florida PSA Profiles

Based upon this data, there are potentially 21,930 consumers in Pasco County and 44,037 consumers in Pinellas County that that are eligible for SNAP Benefits yet do not receive any. This could be due to the a 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 July 01, 2017 through June 30, 2018, calls to the PSA5 Helpline regarding the need for food assistance was 820 and was the 8th highest type of call the Helpline received under the “Income Support/Assistance” category.

Further, In PSA 5: Assessing the Needs of Elder Floridians January 2012 and Revised in May 2013, the results of DOEA’s survey of 100 PSA 5 residents age 60+, 5% of PSA 5 respondents indicated having a food debit card (SNAP). When asked the reasons for not having a food debit card, 69% stated no need, 12% indicated they were determined not eligible, 10% gave other reasons, 5% stated “I don’t like asking for help,” 2% stated “I won’t get enough assistance to be worth the effort,” and 1% indicated “I don’t want to provide personal information” or “Don’t know.” This was consistent with the statewide responses. Of the PSA 5 respondents, 16% indicated they would like more information about the card, compared with 22% statewide. Statewide, minority respondents (44%) and low-income respondents (31%) indicated a greater interest in information about SNAP.

E. People on the waitlist not yet receiving services

The Florida Department of Elder Affairs data base of client assessments and service (Client Information and Registration Tracking System – CIRTS) is a resource for information on the numbers of persons who have requested service, but are not receiving service to meet their needs. Persons are included in the CIRTS data base if they have requested a service and been assessed or if they are receiving a service. The CIRTS report titled, “APCL (Assessed Priority Consumer List)” indicates that 10,910 consumers are waiting for some type of registered service. This number represents a duplicate amount given clients are waitlisted for multiple programs at the same time until they can be enrolled in any of them. Because consumers waiting for registered services are prioritized, it is important to examine the priority score which is associated with the greatest need.

In PSA 5, priority for all 11,450 has been established and the duplicated amount is reflected below.

<table>
<thead>
<tr>
<th>Priority Ranking</th>
<th>Consumers Waiting</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>344</td>
</tr>
<tr>
<td>4</td>
<td>760</td>
</tr>
<tr>
<td>3</td>
<td>3,449</td>
</tr>
<tr>
<td>2</td>
<td>4,934</td>
</tr>
<tr>
<td>1</td>
<td>1,957</td>
</tr>
</tbody>
</table>

*Source: Priority Ranking for APCL Clients – 10/12/18*

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 III B, III C1, III C2, and III E.

The CIRTS report titled “APCL (Assessed Priority Consumer List) Clients with No Services,” as of 10/12/18 indicated there are a total of 3,666 unduplicated clients who are currently on the wait list.
and not receiving any service. This is a better example of the true number of individuals waiting for service without any service in their life. It represents approximately 1/3 of the duplicated consumers waiting on any service mentioned just earlier.

There are a substantial number of existing clients who need additional services. Based upon the CIRTS report titled “APCL Clients with Services,” 1078 unduplicated clients or about 1/3 of those waiting without services need additional service. To address service gaps when there is limited funding, the ADRC does provide private pay options as well as community resources.

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.

On a tri-annual basis, 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.

Below are two tables taking into consideration the date span August 2017 through August 2018 and tracked tri-annually. This view helps us take a look at any increases, decreases or plateau in the amount of consumers waiting on services. Certainly, there are justifications for any increases, decreases or plateau, yet these are one example of how we review those waiting.
Table 1. Older Americans Act Registered and Non Registered Services

Older Americans Act Programs are administered on a Calendar Year basis. This fact attributes to some of 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 August 2017 through August 2018, we can conclude that there are an abundance of individuals waiting on OAA services. As the calendar year usually progresses, so does the amount of individuals waiting. Some individual OAA services such as transportation 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 amount 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 has 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**

<table>
<thead>
<tr>
<th>Community Care for the Elderly</th>
<th>Aug 2017</th>
<th>Nov 2017</th>
<th>April 2018</th>
<th>Aug 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>912</td>
<td>891</td>
<td>1022</td>
<td>1105</td>
</tr>
<tr>
<td>Average</td>
<td>1549</td>
<td>1579</td>
<td>1543</td>
<td>1582</td>
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<tr>
<td>TOTAL</td>
<td>2564</td>
<td>2470</td>
<td>2545</td>
<td>2655</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Care for the Elderly</th>
<th>Aug 2017</th>
<th>Nov 2017</th>
<th>April 2018</th>
<th>Aug 2018</th>
</tr>
</thead>
<tbody>
<tr>
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<td>3109</td>
<td>3152</td>
<td>3229</td>
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General Revenue (GR) programs and the SMMCLTCP program operate on a state fiscal year, July 01 through June 30. These programs differ from the Older Americans Act 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 August 2017 and August 2018, it is clear that the amount of persons waiting has grown and will continue to grow until budget availability 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.
F. 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 and every 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.

G. Analysis of service implications of identified HCBS unmet needs

Number of people 60+ with ADL limitations not receiving services (Optional)

Number of people 60+ with IADL limitations not receiving services (Optional)

Number of people 60+ with mobility limitations not receiving services (Optional)

Number of people 60+ who qualify for food stamps (SNAP) but are not receiving them

Previously reported, the PSA5 ADRC Helpline received 1,017 calls related to Income Support/Assistance, whereas callers were given information on how to apply for SNAP benefits.

Callers are directly either directly to the Department of Children and Families website or 1-800 number or most consumers are directed to any of the (27) DCF ACCESS Sites in Pasco County or any of the (45) DCF ACCESS Sites in Pinellas County. At these sites, consumer 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.

Lastly and as described in the Targeted Outreach Section, the AAAPP works closely with DCF and other food insecurity related organizations to help streamline the process for SNAP Eligibility as well informing the public of benefits available. Outreach is a key component in order to have the community understand these benefits as well as access to said benefits. One large group covering
Pasco, Pinellas and Hillsborough Counties the AAAPP is a participating member of is, the Tampa Bay Network to End Hunger (TBNEH). This group of like-minded organizations serves to identify areas of each county that hold pockets of food insecurity as well as work to fill those gaps with accessible nutrition sources and information on SNAP Benefits. This group serves all individuals yet prioritizes children and older adults.

**People on the waitlist not yet receiving services**

The AAAPP will continue to monitor waitlists and budgets closely in order 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 for service through OAA funding. While the OAA providers manage their budgets, the AAAPP will always provide oversight on a monthly basis in an act of working together with the provider for technical assistance.

The waiting lists for GR or SMMCLTCP Services will still manage in the comprehensive manner they are today. 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. 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 on which consumers who are waiting to be released and the AAAPP acts swiftly with the screening process.

Programs and funding available to serve consumers based upon available funding include:

- Older Americans Act (OAA) Title IIIB, IIIC1 & IIIC2, IID, IIE & IIEG,
- Local Service Program (LSP) – Like OAA Services
- Community Care for the Elderly (CCE)
- Home Care for the Elderly (HCE)
- Alzheimer’s Disease Initiative (ADI)
- SMMCLTCP
- Any other services the AAAPP administers, I.E. SHINE, EHEAP, VOCA, 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 re-assessed and the priority score based upon the 701 type of assessment is updated to reflect current limitations or deficiencies. When priority scores elevate, this effects their waitlist status for other programs the individual has been waiting for. Priority scores are effected 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 a 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.

H. 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 Older Americans Act 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 also 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 29% 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+ then Pasco County with approximately 32% of the county’s population aged 60+. The geography and cultural makeup is entirely different then 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. Similar to 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 counter balances 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 in order to meet the needs of individuals.
**Goals and Objectives**

The Department has aligned the Area Plan goals and objectives with those of the Administration on Aging, which are indicated by this symbol: ▲. Additional goals and objectives particular to each AAA may be added.

**GOAL 1:** Empower seniors, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health and long-term care

**OBJECTIVE 1.1:** ▲ Provide streamlined access to health and long-term care options through the Aging and Disability Resource Centers (ADRCs)

**EXPLANATION:** The primary intent of this objective is to address ways you link people to information and services.

**STRATEGIES/ACTION STEPS:**

The AAAPP will continue to serve as an Aging and Disability Resource Center (ADRC), providing access to the long term care arena of services for seniors, caregivers, and adults with disabilities.

The Helpline I&R/A will continue to serve as the entry point for the ADRC.

- The ADRC Helpline’s Information and Referral/Assistance Specialists will continue to serve clients from 8 AM to 5 PM five days a week, providing information and referral of clients to the most appropriate entity to address their need. Resources provided will include those funded through DOEA (CCE, ADI, HCE, OAA, SMMCLTCP, SHINE, VOCA, PACE) as well as non-profit organizations and private-for-profit businesses in the community. For calls outside the 8 AM - 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 and 2-1-1 communicate and work as partners to serve the community.
- Resource data is available online via the agency website at any time.
- The Helpline will link individuals with 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.
• The Help line will continue to use an automatic call distribution (ACD) system to receive and respond to calls. Callers may choose to speak with staff in Spanish or English. Callers are allowed to leave a voice message at any time to avoid holding. Due to call volume, many callers are served by return outbound calls in response to voice mails. Management will continue to review the phone system data that is available and will work to address any performance measures that DOEA includes in contract. The AAAPP will make every effort to increase efficiency while still maintaining high quality customer service. Historically, the customer satisfaction surveys show high levels of satisfaction with I&R/A service provided.
• The Help line will continue to utilize standardized fax sheets submitted by social workers and hospitals to request that the Help line contact a client. The form requires client signature to confirm that they are aware of the referral.
• In addition, the Help line will continue to publish a Help line email address on the agency website and to receive inquiries from both consumers and professionals seeking guidance, information, and access to programs.

Outreach
• Individuals with the greatest need may not be aware of community resources. To address this need, the AAAPP will take steps to increase the amount of outreach to targeted populations and to adults with a disability.
• Increased knowledge of the ADRC and the Help line can be achieved through community partnerships. This is one focus and benefit of the Local Coalition Workgroup in PSA 5. (See Goal 2.3)
• Outreach will include efforts to promote the Diapers for Dignity Program: An Adult Incontinence Supply Bank started by the Area Agency on Aging in 2018.

Integration of ADRC services with the local DOE A CARES Unit and the local Department of Children and Families Economic Self-Sufficiency (ESS) Unit
• The AAAPP will continue valuable partnerships with both the DOE A CARES Unit and DCF and will continue to be virtually co-located.
• The AAAPP will continue communication with the CARES Unit via email and telephone to address eligibility issues and questions.
• Both the CARES Unit and the AAAPP will continue to use common email boxes to streamline and enhance communication.
• AAAPP Directors and supervisors will continue to communicate with DCF management and ADRC staff will continue to communicate with DCF workers regarding individual clients.
• DCF will continue to use the AAAPP’s Intake email box for referrals of clients under age 60 and APS staff will use it to communicate Under 60 clients who are on the CCDA/HCDA waitlist and also need to be added to the SMMC LTCP waitlist. DCF APS also uses the email box for APS Intermediate and Low Risk referrals and for APS to ALF High Risk cases for SMMC-LTCP.
• PSA 5 will continue to host a quarterly meeting with DCF, PSA 6, PSA 8, and the CARES Unit Regional Director to enhance our regional relationships, share best practices and develop efficiencies.
OBJECTIVE 1.2: ▲ Encourage individuals, including people under 60, to plan for future long-term care needs by providing access to information

EXPLANATION: The primary intent of this objective is to get the message to people who are not yet 60 that planning for long-term care (LTC) is needed.

STRATEGIES/ACTION STEPS:
Helpline and ADRC staff educate individuals about available LTC options, and can provide information on eligibility and elder law resources for LTC and Medicaid planning.

Offer training to SHINE volunteers on long-term care options (when available from DOEA) and provide approved tools for counseling on long term options with clients, caregivers and others. Conduct SHINE educational presentations to increase knowledge of health insurance for Long Term Care planning.

OUTCOMES:

OUTPUTS:
OBJECTIVE 1.3: Ensure that complete and accurate information about resources is available and accessible

EXPLANATION: The intention of this objective is to keep ReferNET current and to continue to enhance how people can connect to the information.

STRATEGIES/ACTION STEPS:
The AAAPP will continue to use ReferNet from RTM which is the statewide I&A/R database.

- The database will make resources accessible to Helplines statewide and to the public online via the 11 AAA websites.
- The AAAPP will participate in regular F4A Refer Workgroup conference calls along with the other 11 AAAs to manage the statewide database.
- The AAAPP will maintain resources in the Refer statewide online database. PSA 5 will update local resources in the statewide database at least once a year and will also annually update state and national resources assigned to PSA 5 in cooperation with the other ten Area Agencies in Florida.
- The AAAPP will use the Refer database to record Helpline data and create reports for DOEA including the number of callers by race/ethnicity/gender, the units of information and referral, data on SHINE calls, the number of calls by subject area of the request, and the unmet needs in PSA 5.
- The database will include resources for those seeking long-term care.
- The ADRC staff will use the Refer database to record client related contacts and to collect data on Intake/Screening and the contracted Medicaid functions for SMMCLTCP. PSA 5 will use the Refer database to document and report on work done for the SMMCLTCP statewide as directed by F4A and DOEA.

OUTCOMES:

OUTPUTS:
**OBJECTIVE 1.4**: Ensure that elders have access to free, unbiased, and comprehensive health insurance counseling

**EXPLANATION**: The primary intent of this objective is to show how the AAA is supporting the SHINE Program. Ways to show the support might be through establishing additional counseling sites.

**STRATEGIES/ACTION STEPS:**

- Provide consumers with accurate and current information on Medicare and Medicaid programs.
- Recruit SHINE volunteers and provide on-going education and mentoring for counselors. Work to retain quality SHINE volunteers including those who are bi-lingual.

- Conduct on-site training periodically for all SHINE and veteran counselors to assure provision of quality counseling.

- Utilize a broad array of communication systems including websites, e-mail, mail, press releases, media stories, television and radio to offer counseling services, educate the community and recruit volunteers.

- Conduct educational programs and outreach in the community to increase knowledge of health insurance and access to the SHINE program, particularly in underserved, low-income, minority and rural areas.

- Strive to increase outreach/counseling sites, and partners, with a goal to reach clients who are low-income, rural, minority, dually eligible for Medicare and Medicaid or underserved.

**OUTCOMES:**

**OUTPUTS:**
**OBJECTIVE 1.5**: Increase public awareness of existing mental and physical health and long-term care options

**EXPLANATION**: The primary intent of this objective is to help people become aware that they might benefit from mental and physical health services and that the services are available in the community.

**STRATEGIES/ACTION STEPS:**

The AAAPP will contract for mental health and gerontological counseling services in Pasco and Pinellas counties and will encourage the provision of services in the home and community.

Inform the public of available long-term services through the AAAPP website, as well as the agency’s social media channels.

Cultivate additional relationships with hospitals, first responders, and higher learning institutions to increase public awareness of existing long-term care options and possibly gain resources from these entities.

Continue education and outreach in the community through health fairs, public training and other community forums.

Increase awareness of long-term care options during ADRC Workgroup, Board of Director and Advisory Council meetings.

Educate SHINE volunteers to facilitate appropriate referrals to the Helpline to assure appropriate information about mental health community services is offered.

As an ADRC, the AAA will continue to maintain and promote awareness of the community and long-term care resources for older adults and persons age 18 and older with a disability.

- ADRC staff meets with community partners (such as DCF and APS), with the Local Coalition Workgroup, and with professionals at networking meetings and will share that the ADRC can provide information on resources for adults age 18 and over with a disability.
- The AAAPP website and the Helpline flier that is distributed at all community outreach events promotes the Helpline as a trusted source of information on community resources for mental and physical health services and LTC options.
- Mental and physical health resources in the Refer database are available through I&R/A staff and in the online database on the AAAPP website.
- AAAPP social media efforts include promoting awareness of long-term care options.
- Increased outreach efforts to targeted groups and adults with a disability will focus on promoting awareness of community and LTC resources.
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**OBJECTIVE 1.6 :** Identify and serve target populations in need of information and referral services

**EXPLANATION:** The primary intent of this objective is for the AAA to detail how it plans to reach populations in need of information and referral (I&R) services that might require more challenging outreach efforts.

**STRATEGIES/ACTION STEPS:**

The AAAPP will participate in outreach events for targeted populations, including but not limited to limited English proficiency; low-literacy, low-income, individuals residing in rural populations; persons with disabilities under age 65; grandparents caring for grandchildren; and dual eligible; to provide information and referral and/or encourage contact with the Helpline for information and referral.

The AAAPP will continue existing partnerships in order to outreach individuals with disabilities and in order to promote effective access to long-term care options planning.

Build capacity to facilitate increased outreach efforts, dependent on funding, to populations needing resources/information including new partnerships to address rurality, hunger, and Alzheimer’s Disease and related dementias.

Educate partners, Board of Directors, Advisory Council and other community stakeholders on the AAAPP in order for information to be disseminated throughout the community regarding information and referral services.

Providers will develop and implement targeting plans with an emphasis on identification of underserved populations with a focus on those individuals targeted by the Older Americans Act in order for underserved populations to access information and referral services.

During annual programmatic monitoring visits, AAAPP staff will review the functions of the ADRC including I&R services to ensure those individuals being targeted by the Older Americans Act providers are aware of the availability of I&R services.
SHINE will develop partnerships and outreach sites in areas and with organizations to improve access for hard to reach populations, including low-income and disabled persons, or those with low-literacy or limited English proficiency and persons dually eligible for Medicare and Medicaid.

The AAAPP will continue to promote I&R services to target populations.

- The AAAPP will participate in community events for targeted populations, including adults with a disability, to encourage contact with the Helpline for information and referral.
- An effort will be made to target increased outreach to hard-to-identify consumers, including low-income.
- ADRC staff can serve clients with limited English proficiency in Spanish or can use a translator to assist in hundreds of languages.
- The AAAPP television show provides information and education and is accessible to adults and caregivers who are limited in their ability to leave home. This population is unable to attend community events and may be isolated, making outreach difficult.
- The AAAPP website and social media will be used to reach consumers who use computers and mobile devices but may not be familiar with the ADRC and the Helpline.
- The Helpline database includes community resources for food and meals. The Helpline provides information on where to get assistance with nutrition, including where to get help with SNAP applications.
- The Helpline will seek additional resources to include in the database as a way to expand potential sources of assistance to callers of all ages.

OUTCOMES:

OUTPUTS:
**OBJECTIVE 1.7**: Provide streamlined access to Medicaid Managed Care and address grievance issues

**EXPLANATION**: The primary intent of this objective is for the AAA to provide details on the ADRC’s provision of Statewide Medicaid Managed Care Long-term Program information, waitlist, eligibility, and grievance resolution services.

**STRATEGIES/ACTION STEPS:**

**Helpline**
- The Helpline is the entry point for the ADRC and so is the first step for accessing SMMCLTCP.
- Helpline staff link callers to screening and other Medicaid functions, including LTC education, grievance/complaint, and assistance with lost Medicaid. By putting requests in a central intake email box with a description of the needed service, Intake and Medicaid staff can see the workload, pull cases based on the type of assistance needed, and prioritize cases so that requests are taken in order. Managers can also see the workload in the central box and can see the current work in progress in each staff person’s email folder.
- Clients requesting a re-screen based on significant change also enter via the Helpline and these requests also go to the central intake box marked as a re-screening request and whether the client is under 60.
- The Helpline provides information on the PACE program.
- Helpline staff may also provide information to active SMMCLTCP clients on how to reach their managed care organization (MCO)

**Intake/Screening**
- Clients are contacted and may be scheduled for screening. All clients interested in government funded programs will be screened using a 701S screening tool and will be enrolled on the waiting list for all appropriate programs, including SMMCLTCP.
- All ADRC staff have reference materials available to insure that they are following DOEA 701S screening training instructions.
- Clients are provided eligibility information for SMMCLTCP and information on PACE. Those who need additional information on SMMCLTCP or Medicaid eligibility are connected to Medicaid staff who provide long-term education.
- Clients who remain on the wait list are re-screened annually with the goal of re-screening with 395 days of their last screening per DOEA performance measure. Clients due for annual re-screen are assigned to staff via an ACCESS database. Managers can monitor the progress of each worker’s re-screen completion status using this database.
- Clients under the age of 60 are screened and re-screened by Medicaid staff.
Long-term Care Education and Grievance/Complaint

- Medicaid staff may provide LTC education as part of a screening or as a stand-alone function. The content of LTC education varies but can include eligibility information, an overview of the SMMCLTCP program, or a discussion of SMMCLTCP for clients in an ALF.
- Medicaid staff assist active SMMCLTCP clients who have a complaint, including providing information on submitting complaints to AHCA and filing a DCF Fair Hearing.

Medicaid Release and Eligibility Assistance

- Medicaid staff work with clients and health care providers to obtain a completed 3008 form on high priority clients before an EMS release per DOEA instructions.
- When DOEA provides an EMS release, PSA 5 follows the DOEA EMS Release instructions.
- Clients are triaged so that the appropriate DOEA letter is mailed.
- Released clients are assigned to Medicaid staff via an Access Database. Managers can review the database to monitor progress on cases.
- The client is contacted and steps in the eligibility process are conducted within the time standards in DOEA instructions and performance measures.
- Staff have access to DCF Florida and FLMMIS systems which is a critical component in helping clients understand and comply with the DCF financial eligibility process.
- Managers and staff communicate closely with DOEA CARES Unit, DCF ESS, and DOEA Medicaid contract manager as needed to resolve client specific issues.
- Managers run reports and maintain a master tracking log for work analysis.

Quality Assurance will continue to be provided according to F4A procedures

- Continue to record all Helpline calls and monitor live Helpline calls for QA purposes. Review Refer reports of Helpline staff to insure data accuracy.
- Monitor screening and Medicaid calls from a remote location using the “whisper” function of the telephone system.
- Review 701S screening calls and Long-term Education calls using the F4A QA tool to insure staff follow DOEA 701S training protocols and provide accurate LTC Education.
- Review a sample of SMMCLTCP cases for compliance using the F4A file review form and following F4A policy.
- Provide QA review for each Intake and Medicaid staff person based on the F4A QA policy. Provide feedback to staff on their performance in an effort to recognize best practices and identify skills that can be improved. Any deficiencies will be addressed, including working with staff through training and mentoring to improve performance.
- Provide a quarterly QA report to DOEA per ADRC contract.

**OUTCOMES:**

**OUTPUTS:**
GOAL 2: Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers

OBJECTIVE 2.1: Identify and serve target populations in need of home and community-based services (HCBS)

EXPLANATION: The primary intent of this objective is twofold: 1) to address how the AAA will identify the target populations in the PSA, and 2) to address how the AAA will provide services to the targeted populations who may be in hard-to-reach areas.

STRATEGIES/ACTION STEPS:

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) 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 and individuals at risk for institutional placement.

Sub-contract with legal organizations in PSA5 to outreach and serve Grandparents raising grandchildren or other relative caregivers of children.

Utilize partnerships with the Children’s Home via the ADRC Workgroup to educate on program availability through the ADRC for grandparents raising grandchildren or other relative caregivers of children.

Staff to attend Kinship Care meetings regularly to promote community partnerships among agencies working with grandparents or relatives raising grandchildren.

The AAAPP requires each OAA provider detail annually in the service provider application a specific, measurable plan to provide outreach and completion of the outreach plan. Success in meeting stated objectives regarding targeting and outreach, is reviewed quarterly and at the annual monitoring.

Individuals will be served based on priority criteria identified by the Department of Elder Affairs and/or the objectives of the Older Americans Act (OAA) in order to address the needs of the frailest and comply with the OAA.
OAA Providers will develop and implement priority policies that place emphasis on service to elders in the greatest social or economic need and individuals at risk of institutional placement. Emphasis will also be placed on service to low-income minority individuals, older individuals with limited English proficiency and older individuals residing in rural areas.

The AAAPP will ensure through monitoring of the Older Americans Act providers, that targeting and prioritization of wait list consumers includes a primary emphasis on serving those at high risk.

The AAAPP will ensure case managers complete the on-line consumer assessment instrument training and the AAAPP will train case managers to prepare individualized care plans addressing all needs of not only clients, but also caregivers.

The AAAPP will sample newly enrolled service recipients to ensure that services were initiated to address needs.

The AAAPP will analyze care plan costs by program to ensure most cost effective service delivery to avoid nursing home placement.

Information will be provided to case managers on assistive devices and community resources to encourage consumers to be more self-sufficient.

Train providers on memory disorders, outcome measures and resources to assist clients and caregivers in remaining in their homes.

The AAAPP will track CCE Clients who appear SMMC LTCP eligible to ensure clients are appropriately transitioned to SMMC LTCP as funding allows and per DOEA Notice of Instructions (NOI).

The AAAPP will run the CIRTS report titled “New Active Enrollees by Assessment Rank” at least every other month to assure consumers with the highest priority are served first and to ensure assessment consistency.

The AAAPP will contract for the provision of the Emergency Home Energy Assistance for the Elderly Program (EHEAP) to assist eligible seniors in crisis situations regarding the heating and cooling sources for their homes.

The AAAPP will contract for the provision of home delivered and congregate meals and nutrition education and counseling to address hunger.

The AAAPP will ensure all providers are addressing the needs of caregivers based on annual review of assessments and files.
The AAAPP will prioritize referral for service utilizing the 701S and maintaining the waitlist for CCE, HCE, ADI and SMMC LTCP, to ensure that those most in need receive services as soon as possible.

Intake and Medicaid staff follow DOEA 701S training to improve consistency in asking and scoring the questions on the screening tool. All ADRC staff have access to reference materials as a quick guide to insure that use of the tool and prioritization is consistent.

Clients who are facing imminent nursing home placement may be marked “Imminent Risk” and, as a Rank 7, they are a high priority for service. However, this requires review and permission from the ADRC Director or Lead Medicaid Waiver Specialist, in writing in the CIRTS 701S screening and requires evaluation and permission from DOEA.

Continue participation on the AARP sponsored Caregiver Coalition

In order to enhance the current Outreach and Targeting activities the AAAPP conducts, the AAAPP has employed a Director of Outreach who will oversee a majority of these activities. Access to mapping software will enable GIS to assist with this process

**OUTCOMES:** Note: The AAAs will not be monitored on the measures listed in italics, though the AAA must still include strategies to address them in this section.

- Percent of most frail elders who remain at home or in the community instead of going into a nursing home
- Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups
- Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved
- Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved
- Percent of customers who are at imminent risk of nursing home placement who are served with community-based services
- Percent of elders assessed with high or moderate risk environments who improved their environment score
- Percent of new service recipients with high-risk nutrition scores whose nutritional status improved

**DOEA Internal Performance Measures:**

- Percent of high-risk consumers (Adult Protective Services (APS), Imminent Risk, and/or priority levels 4 and 5) out of all referrals who are served

**OUTPUTS:**
**OBJECTIVE 2.2**: Ensure efforts are in place to fulfill unmet needs and serve as many clients as possible

**EXPLANATION**: The primary intent of this objective is to address how the AAA oversees the service delivery system in the PSA.

**STRATEGIES/ACTION STEPS:**

The AAAPP will hold Public Hearings in the PSA coinciding with the multi-year Area Plan process to invite input regarding community needs.

The AAAPP will update the Area Plan as needed, to address service gaps and reflect new resources.

The AAA will work with community organizations to efficiently use existing resources and respond to unmet needs in the community creatively.

Helpline staff will continue to add resources to the Refer database to address the needs of seniors, caregivers, and adults with disabilities.

The AAAPP will utilize volunteers and student interns from statewide universities to expand our programs and planning capacity.

The AAAPP will analyze care plan costs by program to ensure most cost effective service delivery to avoid nursing home placement.

Provide information to case managers on assistive devices and community resources to encourage consumers to be more self-sufficient.

Train providers on outcome measures and resources to assist clients in remaining in their homes.

Train case managers in the development of care planning in order to meet consumer needs.

Monitor case managers to ensure informal service options are utilized when possible to meet client needs.

Provide training to case managers to utilize non-DOEA funded services.

Monitor 1% of newly enrolled client files to ensure Non-DOEA funded resources have been utilized as possible.

AAAPP will monitor consumer files to ensure needs identified in the assessment are addressed on the care plan and/or appropriate referrals.

AAAPP will manage CCE, ADI, HCE Vendor Agreements in both Pasco and Pinellas county to ensure services being delivered are authorized and appropriate.
AAAPP will meet with Lead Agencies regularly to discuss monthly CCE, HCE, and ADI expenditures and projected costs.

Collaborate with partners, board members, advisory council members and providers regarding available community resources to assist clients and aging caregivers.

The AAAPP will pursue partnerships in the PSA through Better Living for Seniors (BLS) and Pasco Aging Network (PAN) as a means to expand marketing; address gaps in services; identify new technologies and trends; and expand resources.

The AAAPP and our partners are actively seeking a mechanism to conduct a Planning and Service (PSA) wide Community Needs Survey. Upon completion, the AAAPP will have updated data on what unmet needs remain and any emerging trends.

The AAAPP intends to partner with healthcare entities/foundations in order to diversify our ability to serve seniors at risk under certain social determinants of health

**OUTCOMES:** Note: The AAAs will not be monitored on the measures listed in italics, though the AAA must still include strategies to address them in this section.

- Percent of most frail elders who remain at home or in the community instead of going into a nursing home
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- Percent of customers who are at imminent risk of nursing home placement who are served with community based services
- Percent of elders assessed with high or moderate risk environments who improved their environment score
- Percent of new service recipients with high-risk nutrition scores whose nutritional status improved

**OUTPUTS:**

- Number of people served with registered long-term care services
**OBJECTIVE 2.3**: Provide high quality services

**EXPLANATION**: The primary intent of this objective is for the AAA to detail quality assurance efforts in the PSA.

**STRATEGIES/ACTION STEPS:**

**Program Management Strategies/Action Steps:**

The AAAPP will ensure those conducting assessments have completed the on-line assessment training to ensure client needs are identified.

The AAAPP will ensure case managers complete the on-line consumer assessment instrument training and the AAAPP will train case managers to prepare individualized care plans.

Ensure consistency in assessment completion to avoid large discrepancies in scoring.

The AAAPP will sample newly enrolled service recipients to ensure that services were initiated to address needs.

AAAPP will monitor a sample of consumer files at least quarterly to ensure that caregiver needs are being addressed.

AAAPP will monitor client files during monitoring visits to determine if appropriate services have been coordinated.

Monthly home visits will be conducted to determine if client needs are being addressed and to assess client satisfaction.

AAAPP will monitor providers’ client satisfaction surveys annually.

AAAPP will conduct client satisfaction surveys annually for a selected sample.

AAAPP staff will monitor complaints and grievances received by each provider.

The AAAPP will provide follow-up on problems identified to ensure complaints are addressed and services are improved as appropriate.
The AAAPP will monitor the CCE, HCE and ADI vendors in Pinellas and Pasco counties annually to ensure services being delivered are documented, authorized, and follow all appropriate guidelines.

Local Coalition Work Group (LCWG)

The AAAPP will maintain and utilize a Local Coalition Work Group (LCWG), known in Planning and Service Area (PSA) 5 as the ADRC Work Group.

The ADRC Workgroup will advise in the planning and evaluation of the ADRC and assist in the development of the Annual Program Improvement Plan (see below)

- The Workgroup shall consist of representatives from agencies and organizations serving elders, persons with disabilities and caregivers; Alzheimer’s Association; housing authorities; Serving Health Insurance Needs of Elders (SHINE volunteers; local government, and selected community-based organizations, including social services organizations, advocacy groups and any other such individuals or groups as determined by DOEA. Local staff of both DCF and the DOEA CARES Unit are members of the ADRC Workgroup. A detailed list of current ADRC Workgroup Members is included, following the last Goals and Objective.
- The ADRC Workgroup will continue to meet twice a year, spring and fall/winter.
- The ADRC Workgroup will address the Annual Program Improvement Plan outlined below. Minutes of the Workgroup will document participation in development and implementation of the APIP.

DCF/DOEA CARES Unit Partnership

- Local staff of both DCF and the DOEA CARES Unit are members of the ADRC Workgroup.
- Local staff of both DCF ESS/APS and the DOEA CARES Unit work closely and communicate frequently with ADRC staff. This benefits clients and facilitates the eligibility assistance provided to clients by the ADRC.
- PSA 5, 6, and 8 meet regularly with DCF ESS staff and staff from three DOEA CARES Units to foster communication and partnership.

PSA 5 Aging and Disability Resource Center (ADRC)
Annual Program Improvement Plan
The Annual Program Improvement Plan (APIP) is developed with input from the local ADRC Workgroup. The Workgroup provides feedback on staff proposals and generates additional ideas and strategies for the APIP. During the year, ADRC Workgroup members will be asked to review progress and suggest strategies to improve performance.

Outreach

- Promote targeted outreach to increase awareness of the Helpline, Medicaid long-term care, and other funded programs.
  - Build capacity to provide outreach staff to reach diverse and targeted populations, including adults with a disability.
  - Partner with Disability Achievement Center to identify ways to outreach to adults with a disability.
  - Provide outreach materials to OAA service providers (such as home delivered meals and adult day care) to distribute to existing clients/caregivers. OAA services are targeted to those in greatest social and economic need. These clients may need additional services themselves or may know others in their community in need of assistance.
  - Have SHINE counselors distribute outreach materials at SHINE events.
  - Utilize the agency’s social media and other media options as a way to increase community outreach

Performance Measures

- Staff will share data on achievement of six Statewide Medicaid Managed Care Long-Term Care Program (SMMCLTCP) performance measures as provided by DOEA each quarter. Staff will discuss strategies used to monitor and improve performance. Staff will use ADRC Workgroup feedback to improve the process.
- Staff will share data on additional ADRC performance measures included in the final ADRC contract. Analysis and discussion with the ADRC Workgroup will include barriers to achievement and efforts to identify specific steps to address barriers and improve performance.

Quality Assurance (QA)

- Continue Customer Satisfaction Surveys of Helpline/Screening, OAA, and Lead Agencies and provide summary reports to the ADRC Workgroup.
- Continue the QA process and provide the ADRC Workgroup with a summary review of QA achievement. The QA process includes:
  - Recording all Helpline calls and monitoring live Helpline calls for QA purposes. Reviewing Refer reports of Helpline staff to insure data accuracy.
  - Monitoring screening and Medicaid calls from a remote location using the “whisper” function of the telephone system.
  - Reviewing 701S screening calls and Long-term Education calls using the F4A QA tool to ensure staff follow DOEA 701S training protocols and provide accurate LTC Education.
- Reviewing a sample of SMMCLTCP cases for compliance using the F4A file review form and following F4A policy.
- Providing QA review for each Intake and Medicaid staff person based on the F4A QA policy. Providing feedback to staff on their performance in an effort to recognize best practices and identify skills that can be improved. Addressing any deficiencies, including working with staff through training and mentoring to improve performance.
- Providing a quarterly QA report to DOEA per ADRC contract.

**OUTCOMES:** Note: The AAAs will not be monitored on the measures listed in italics, though the AAA must still include strategies to address them in this section.

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- Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved
- Percent of customers who are at imminent risk of nursing home placement who are served with community-based services
- Percent of elders assessed with high or moderate risk environments who improved their environment score
- Percent of new service recipients with high-risk nutrition scores whose nutritional status improved.

**OUTPUTS:**
**OBJECTIVE 2.4**: Provide services, education, and referrals to meet specific needs of individuals with dementia

**EXPLANATION**: This objective focuses on individuals with dementia to ensure that the specific needs of these individuals are not overshadowed by serving populations without dementia.

**STRATEGIES/ACTION STEPS:**

Monitor ADI client files, at least annually, to ensure service needs are being met as assessed, including caregiver needs.

Arrange and coordinate training by the USF Memory Disorder Clinic annually to ADI vendors, case managers and AAAPP staff.

Coordinate and partner with the Alzheimer’s Association – Florida Gulf Coast Chapter and the Alzheimer’s Family Organization in recognition of their dementia related expertise.

The AAAPP will analyze care plan costs for ADI to ensure most cost effective service delivery in order to serve more clients and prevent nursing home placement.

The Helpline I&R/A provides access to government funded, non-profit, and for-profit community resources that serve adults with ADRD and their caregivers. Resources may include screening for ADI and other funded programs, PACE, memory disorder clinics, local and national organizations dedicated to Alzheimer’s and related dementias, respite services, and caregiver support groups. Information on resources is also available through the online database on the AAAPP website. DOEA’s Lifespan Respite Grant may provide additional respite resources in the future.

Title IIIE National Family Caregiver Support program will continue to provide respite and other support services to caregivers of clients with ADRD. Dementia is one of the prioritization factors for clients awaiting services in this program.

The AAAPP will produce one “Aging on the Suncoast” television program to educate viewers in Pasco and Pinellas Counties regarding dementia and available community supports. Aging on the Suncoast is a 30 minute TV program on a topic of interest to seniors. It is produced monthly by the AAAPP. The show is broadcast an average of 60 times per month on the Pinellas and Pasco Government Access Channels reaching a diverse audience.

Educate SHINE volunteers about aging issues including dementia and Alzheimer’s Disease. Encourage SHINE clients who are caregivers to connect with the Helpline and to review the AAAPP website for caregiving resources and services.
OUTCOMES: Note: The AAAs will not be monitored on the measures listed in italics, though the AAA must still include strategies to address them in this section.

- Percent of most frail elders who remain at home or in the community instead of going into a nursing home
- Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups
- Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved
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- Percent of customers who are at imminent risk of nursing home placement who are served with community based services
- Percent of elders assessed with high or moderate risk environments who improved their environment score
- Percent of new service recipients with high-risk nutrition scores whose nutritional status improved

OUTPUTS:
OBJECTIVE 2.5: Improve caregiver supports

EXPLANATION: The primary intent of this objective is to strengthen caregiver services to meet individual needs as much as possible. For example, existing caregiver support groups may not sufficiently address the differing challenges of spouse caregivers compared to adult child caregivers.

STRATEGIES/ACTION STEPS:

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 which provides the necessary tools to adequately assess the needs of caregivers and address the needs in the care plan.

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, which includes discussion of improving caregiver supports.

New caregiver resources, community forums, and caregiver training will be shared with the providers to share with clients and caregivers they are working with.

AAA will continue to provide support and information on resources for caregivers through the Helpline. This includes providing information on non-profit and for-profit resources in addition to government funded programs. Information on resources state-wide is available in the online database. 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.
The AAAPP will continue to fund a wide array of services to address the needs of caregivers through the Title III E National Family Caregiver Support Program such as respite, adult day care, counseling, chore, and medical supplies.

The AAAPP will participate, if applicable, during outreach events, conferences, forums or coalitions targeted to caregivers.

The AAAPP will provide a pilot educational series, via Facebook Live in order to address common issues Caregivers face, including but not limited to strategies for caring for individuals with ADRD. This educational series, conducted once per quarter, will be available to those who are receiving services, on multiple waitlists and the general public.

<table>
<thead>
<tr>
<th>OUTCOMES:</th>
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<tbody>
<tr>
<td><strong>DOEA Internal Performance Measures:</strong></td>
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<tr>
<td>• Percent of customers who are at imminent risk of nursing home placement who are served with community-based services (Standard: 90%)</td>
</tr>
<tr>
<td>• After service intervention, the percentage of caregivers who self-report being very confident about their ability to continue to provide care (Standard: 86%)</td>
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| OUTPUTS: |
**GOAL 3**: Empower seniors and their caregivers to live active, healthy lives to improve their mental and physical health status

**OBJECTIVE 3.1**: ▲ Continue to increase the use of Evidence-Based (EB) programs at the community level

**EXPLANATION**: The primary intent of this objective is for the AAA to detail how evidenced-based programs will be incorporated into the PSA.

**STRATEGIES/ACTION STEPS:**

The provider of OAA Title IIID funded services in PSA 5 will offer the Chronic Disease Self-Management evidence based program in both Pasco and Pinellas counties to empower persons with chronic diseases to control their own health.

The provider of OAA Title IIID funded services in PSA 5 will offer Matter of Balance and Tai Chi evidenced based programs in both counties to address fall prevention.

In addition to the two evidence based programs detailed above, the PSA 5 OAA IIID provider will be required to offer four additional evidence based programs meeting ACL/AOA’s highest tier criteria in Pasco and Pinellas counties.

To the extent feasible, the AAAPP will continue to participate in a statewide network in order to coordinate Evidenced Based Services under the umbrella of the Florida Health Network (FHN). This network will partner with MCOs/ACOs to assist managed care clientele reduce hospital recidivism for falls.

The AAAPP will produce one “Aging on the Suncoast” television program for broadcast in both counties to promote an evidence-based health promotion program sometime during the (3) year cycle. The show will be broadcast for one month, airing an average of 60 times on Pinellas and Pasco Government Access Channels and reaching a diverse audience.

The AAAPP will continue to research and investigate opportunities to build capacity and provide Evidenced Based Services directly.

The AAAPP will continue to participate with Better Living for Seniors (BLS) and the Pinellas County Emergency Medical Services (EMS) sponsored Falls Prevention Coalition Meetings in order to strategize fall mitigation practices and promote the use of Evidenced Based Programs either available through the AAAPP or within the community.
| OUTCOMES: |
| OUTPUTS: |

**OBJECTIVE 3.2** : Promote good nutrition and physical activity to maintain healthy lifestyles

**EXPLANATION:** The primary intent of this objective is to focus specifically on nutrition and physical activity, since they are two key components to maintaining health. Many elders are not aware of the long-term implications of a less-than-adequate diet and how it may exacerbate chronic health conditions. Likewise, they may be unaware of the positive effect physical activity might have on their overall health and/or chronic conditions.

**STRATEGIES/ACTION STEPS:**

- The AAAPP will contract for the provision of home delivered and congregate meals and nutrition education and counseling in Pasco and Pinellas counties.

- The AAAPP will contract for the provision of adult day care services in Pasco and Pinellas counties to promote activity and nutrition during attendance.

- The Helpline will continue to help callers who need nutrition assistance. The Helpline database includes community resources for food and meals, including OAA funded home delivered meals, congregate meals, and private meals providers. The Helpline will also provide information on where to get assistance with SNAP applications. This information is available by calling the Helpline or online via the AAAPP website.

- The AAAPP will designate community Focal Points, many of which provide nutrition and physical activity opportunities, and make this information available to the public.

- The AAAPP will communicate health information, including but not limited to, nutrition and physical activity information, received from the DOEA, DOH, or any other organization with information supported by empirical data to Project Directors, ADRC Workgroup Members, Focal Point Contacts and Senior Center Directors.
Encourage the provider of the Title IIID Health Promotion and Disease Prevention Program to provide education about the connection between good nutrition and physical activity and to offer programs that address nutrition and physical activity.

The AAAPP will continue to sponsor and coordinate the local “Older Adult Food Insecurity” workgroup in order to promote acknowledgement of Food Insecurity in Older Adults and be a force in the reduction of hunger.

OUTCOMES:

OUTPUTS:

**OBJECTIVE 3.3 : Promote the adoption of healthy behaviors**

**EXPLANATION:** The primary intent of this objective is to focus on lifestyle choices beyond nutrition and physical activity as in objective 3.2. Lifestyle choices include such activities as smoking, alcohol, and/or drug consumption, average nightly hours of sleep, amount of stress, amount of socialization, engaging in enjoyable pursuits, etc.

**STRATEGIES/ACTION STEPS:**

The AAAPP will increase awareness of Fall Prevention by coordinating and collaborating with the BLS Fall Prevention Coalition/Committee.

The AAAPP will promote healthy behaviors and a focus on lifestyle choices that produce positive aging by including information on the agency’s website, as well as incorporating messages directed at the public, community events, and support groups via use of the AAAPP’s social media efforts.

The AAAPP will use OAA Title IIID Disease Prevention and Health Promotion funding to subcontract for the provision of Evidence-Based Health Promotion instruction that encourages healthy lifestyles, such as Chronic Disease Self-Management; Tai Chi - Moving for Better Balance; Healthy Eating Every Day; Chronic Pain Self-Management; Diabetes Self-Management; Active Living Every Day; and Matter of Balance.

The AAA will improve access to health care through the SHINE program, including outreach and education.
The AAA will produce one TV show on the topic of Health Promotion and Disease Prevention within the (3) year plan cycle.

OUTCOMES:

OBJECTIVE 3.4: Promote social connectivity, community service, and lifelong learning to maintain positive mental health

EXPLANATION: The primary intent of this objective is to address the benefits to the individual and the community when elders are active and engaged in the community.

STRATEGIES/ACTION STEPS:

Promote volunteer opportunities including SHINE, the Victim Advocate Program and the Safety Cell Phone project as a route to stay engaged in our community.

The AAAPP will coordinate activities and educational opportunities that are mutually beneficial to elders and youth, as funding and staff resources permit. High school and college age students are recruited to intern and volunteer in AAAPP programs and working with elders.

The AAAPP will provide funding to providers for the provision of congregate meal sites/service to enhance social connectivity and engagement.

Helpline database and AAAPP website will include listings of senior centers and may provide other resources that add to quality of life, including volunteer and educational opportunities.

Promote awareness of the importance of elders through Older Americans Month Activities, including requests for local communities to submit Older Americans Month proclamations.

The AAA will produce the monthly television program, “Aging on the Suncoast” on aging topics for broadcast throughout the Planning and Service Area. This is an effective vehicle to reach elders in the community, including those who are homebound.
Educate volunteers and the community about the benefits of volunteering. Benefits of volunteering and volunteer opportunities are provided on the AAAPP website.

Press releases to recruit volunteers and highlight the benefits of volunteering are distributed to media outlets throughout the year.

The AAAPP will provide a pilot educational series, via Facebook Live in order to address common issues Caregivers face, including but not limited to strategies for positive mental health. This educational series, conducted once per quarter, will be available to those who are receiving services, on multiple waitlists and the general public.

OUTCOMES:

OUTPUTS:
**OBJECTIVE 3.5**: Advocate for prevention and early intervention of mental health and substance abuse services for elders

**EXPLANATION:** The primary intent of this objective is to enable the AAA to focus on advocacy specific to the need for mental health and substance abuse services.

**STRATEGIES/ACTION STEPS:**

- Contract for OAA/LSP funded mental health and gerontological counseling services in both counties. Encourage the provision of services in home or within the community.

- Develop and/or maintain representatives of the mental health community and recovery advocates to the extent feasible on the AAAPP’s various boards/committees, i.e., ADRC Workgroup, AAAPP Advisory Council, AAAPP Board of Directors, Better Living for Seniors, and Pasco Aging Network.

- Coordinate and communicate with National Alliance on Mental Illness (NAMI) in Pinellas County to stay abreast of mental health issues and resources.

- Create and/or maintain pertinent mental health information related to increasing understanding of mental and substance-use disorders on our website and/or social media channels, as feasible.

- Increase attention on mental health issues via participation with the BLS Mental Health Subcommittee.

**OUTCOMES:**

**OUTPUTS:**
GOAL 4: Ensure the legal rights of seniors are protected and prevent their abuse, neglect, and exploitation

OBJECTIVE 4.1: Collaborate and coordinate within the community and aging network to increase accessible legal services

EXPLANATION: The primary intent of this objective is to enable the AAA to detail efforts to make legal services more accessible to seniors in greatest economic or social need, as well as to improve the quality of legal services.

STRATEGIES/ACTION STEPS:

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.

Legal services will be maintained in the Helpline database, which AAAPP staff access to make appropriate referrals.

The AAAPP will distribute to providers, partners, and seniors, the Older Floridians Handbook and other brochures, when made available.

The OAA Title III B legal service providers are part of the ADRC work group that facilitates communication and coordination within the PSA network.

AAAPP staff will attend and participate in local legal forums dedicated to elder issues as well as issues facing individuals with developmental/intellectual disabilities and/or their caregivers.

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.

The AAAPP funds the legal service providers to offer legal services to grandparents and relative caregivers under the OAA Title IIIEG program.
The Helpline will continue to assist callers who need legal help. Legal services will be maintained in the Helpline database, which Helpline staff access to make appropriate referrals. The database includes OAA funded legal resources, private legal resources, and the Senior Legal Helpline. These resources are also available in the online database through the AAAPP website.

**OUTCOMES:**

**OUTPUTS:**

**OBJECTIVE 4.2**: ▲ Facilitate the integration of Older Americans Act elder rights programs into Aging Services

**EXPLANATION:** The primary intent of this objective is to make legal services a more visible and mainstream part of the aging network package of services.

**STRATEGIES/ACTION STEPS:**

The AAAPP Elder Abuse Coordinator offers professional education to the staff of OAA funded Service Providers, Lead Agencies and professionals serving seniors in the community to raise awareness of elder rights.

The AAAPP Victim Advocate(s) will collaborate with the providers of OAA funded Legal Services to serve victims of crime age 60 and older.

The AAAPP will hold an annual Legal Joint Planning meeting including IIB legal providers and the aging network at large in order to identify senior legal priority issues and strategize effective legal service delivery.

AAAPP staff will collaborate with the OAA Title IIB legal providers to increase outreach and cross training in the Aging Network and in the community, including increased social media attention and attendance at meetings where information on legal services can be distributed.

**OUTCOMES:**

**OUTPUTS:**
**OBJECTIVE 4.3** : ▲Improve the identification and utilization of measurable consumer outcomes for elder rights programs

**EXPLANATION:** The primary intent of this objective is to enable the AAA to document efforts to ensure targeting of elder rights programs in the PSA and to demonstrate the value and impact of those services.

**STRATEGIES/ACTION STEPS:**

The Pasco OAA Legal Service Provider has identified the prioritization of need for service in accord with Legal Service Corporation guidelines.

The Pinellas County OAA Legal Service Provider establishes priority for service in accord with the Older Americans Act.

AAAPP participates in the Older Floridians Legal Assistance Program (OFLAP).

The AAAPP will participate in statewide efforts to develop and utilize a uniform statewide reporting system for legal services and in coordination with the Older Floridians Legal Assistance Program (OFLAP).

**OUTCOMES:**

**OUTPUTS:**
OBJECTIVE 4.4: Promote primary prevention of elder abuse, neglect, and exploitation

EXPLANATION: The primary intent of this objective is for the AAA to expand existing education/outreach/awareness efforts such as websites, newsletters, presentations, etc., to include prevention of abuse, neglect, and exploitation.

STRATEGIES/ACTION STEPS:

The AAAPP will designate an Elder Abuse Coordinator responsible for collaboration with community organizations in Pasco and Pinellas to augment abuse prevention activities.

Quarterly, AAAPP staff will conduct a minimum of six education outreach events to educate the public about the special needs of elders and about the risk factors for abuse in vulnerable adults.

The AAAPP Website page, “Older Abuse”, provides information to the public on the identification and reporting of abuse and community resources for assistance.

The AAAPP will support existing relationships and build new relationships (e.g. District Adult Protective Services (APS), local law enforcement, State’s Attorney, SHINE and Long-Term Care Ombudsman Program) to strengthen elder abuse prevention.

The Victim Advocate(s) will participate in the local Domestic Violence Task Force(s).

The Elder Abuse Coordinator will provide a minimum of two training sessions each quarter for professionals or paraprofessionals working with older adults using DOEA approved curriculums.

The AAAPP will conduct crime forums, joining with other service providers, to educate elders about consumer protection and to identify victims of crimes and/or elder abuse.

The Elder Abuse Coordinator will coordinate and promote World Elder Abuse Awareness Day activities.

The Elder Abuse Coordinator will collaborate with members of law enforcement, Adult Protective Services, Domestic Violence Task Forces and Victim’s Rights Coalitions which improve coordination for public education and training of professionals and the response to victims of abuse.
The AAAPP will distribute Department approved elder abuse prevention and crime prevention materials at exhibits, festivals, health fairs and other forums.

The AAAPP will prepare and/or distribute one Public Service Announcement or other media contact per quarter to raise awareness of elder abuse.

**OUTCOMES:**

**OUTPUTS:**

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**OBJECTIVE 4.5:** Reduce the rate of abuse, neglect, and exploitation (ANE) recidivism through education, outreach, and the provision of services

**EXPLANATION:** The intent of this objective is to expand existing efforts supporting ANE interventions.

**STRATEGIES/ACTION STEPS:**

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 providers to ensure High Risk APS referrals are served within 72 hours as identified in the Memorandum of Understanding and APS Operations Manual.

The ADRC will prioritize individuals waiting for service according to DOEA directives: Giving priority to High Risk APS referrals first, then referrals identified as Imminent Risk. Home Care for Disabled Adults (HCDA) and Community Care for Disabled Adults (CCDA) “Aging Out” clients are the next priority level. Individuals with priority ranking scores of 5 will then be released prior to individuals with lower ranking scores.

Lead agencies have entered into Memorandums of Understanding with the AAAPP and Department of Children and Families (DCF) as required by Notice of Instruction #092205-1ISWCBS and #121907-1-I-SWCBS and will acknowledge receipt of all APS referrals in ARTT the same day the packet is received. The crisis resolving service(s) will be initiated within 72 hours of receipt of the referral packet.
Coordination meetings will be held quarterly with representatives from the AAAPP, Lead Agencies and DCF to ensure each party is following the guidelines established in the Memorandum of Understanding and discuss any issues each party may be experiencing to better serve High Risk APS referrals.

The AAAPP, in consultation with DCF and Lead Agencies, will adhere to the Memorandum of Understanding for responding to High Risk APS referrals.

The AAA will ensure lead agencies will be available to respond to High Risk APS referrals 24 hours, 7 days/week, including weekends and holidays, through the review of provider policies and coordination meetings. All other referrals from APS will be received by the ADRC.

The AAA will review exception reports on a monthly basis to ensure services were provided to High Risk APS referrals within 72 hours.

The AAAPP will operate a Victim of Crime Act Program to address the needs of Senior Victims and facilitate the criminal justice process, as well as, secure resources for the victim and caregivers to restore the quality of life prior to the victimization.

The AAAPP Senior Victim Advocate will conduct crime forums to educate seniors regarding consumer protection.

The Victim Advocate(s) will maintain current certification of completion of the Victim Services Practitioner Designation by the Office of the Attorney General.

The Elder Abuse Coordinator will participate in statewide training conference calls when offered by the Department.

The AAA will participate in local partnerships and coalitions to address the needs of victims of elder abuse.

The Senior Victim Advocate will coordinate with Adult Protective Services (APS), local law enforcement, the State Attorney’s Office, and the Office of the Attorney General to provide criminal justice support to senior victims.

The AAAPP will track the number of APS referrals.

The AAAPP will track the number of victims served by the AAAPP Senior Victim Advocate Program, including the types of crimes and types of services delivered by the AAAPP Victim Advocate(s).
**OUTCOMES:** DOEA Internal Performance Measures: Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours

**OUTPUTS:**

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**OBJECTIVE 4.6:** Increase the awareness of health care fraud and other elder rights issues

**EXPLANATION:** The intent of this objective is for the AAA to use existing mechanisms to increase public awareness.

**STRATEGIES/ACTION STEPS:**

The AAAPP Senior Victim Advocate will conduct crime forums to educate seniors regarding consumer protection.

Annually, the AAAPP will produce one “Aging on the Suncoast” television program on at least one of the following topics: Prevention of Healthcare Fraud and promotion of the statewide Senior Medicare Patrol Project (SMP); Consumer Protection for Seniors; or Elder Abuse, Exploitation, & Neglect (ANE), for viewers in Pasco and Pinellas counties.

The AAAPP Website provides information on the detection and reporting of Elder Abuse.

The Elder Abuse Coordinator provides technical assistance and training to programs that provide or have the potential to provide services for victims of elder abuse, neglect, and exploitation and for family members of victims.

Utilize the AAAPP’s website and social media channels to increase awareness of health care fraud and other elder rights issues.

The AAAPP will conduct all activities related to the statewide Senior Medicare Patrol Project (SMP) within the PSA. Activities conducted will align with the SHINE program taking on a comprehensive and holistic approach to service callers to the ADRC Helpline

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**OUTCOMES:**

**OUTPUTS:**
**GOAL 5**: Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population.

<table>
<thead>
<tr>
<th>OBJECTIVE 5.1</th>
<th>Foster opportunities for elders to be an active part of the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPLANATION:</td>
<td>The intent of this objective is to collaborate with communities to identify opportunities for elders that benefit them and their community.</td>
</tr>
</tbody>
</table>

**STRATEGIES/ACTION STEPS:**

The AAAPP will work with local universities to inform them of AAAPP programs and offer internship opportunities to students in a variety of disciplines to foster an understanding of the special needs of elders and how each discipline can address these needs.

In addition to the volunteer recognition stated elsewhere in the Program Module, the AAAPP will provide additional support and recognition for volunteer and intergenerational projects, as funding and staff resources permit.

The ADRC Helpline will continue to provide information on opportunities for seniors to be involved in the community. Statewide resources in the database may include volunteer and educational opportunities, and can link interested parties to training/employment opportunities, including SCSEP programs. The statewide database is available online.

Recruit volunteers to serve in the SHINE, SMP, Victim Advocate and Safety Cell Phone programs; as well as to serve on the Board of Directors and Advisory Council in PSA 5.

Hold an annual SHINE volunteer recognition event and provide press releases to educate our community about the contributions SHINE volunteers provide.

**OUTCOMES:**

**OUTPUTS:**
**OBJECTIVE 5.2**: Promote safe and affordable communities for elders that will benefit people of all ages

**EXPLANATION**: The intent of this objective is to encourage communities to incorporate elements of universal design into new construction and renovations of streets, sidewalks, and other common areas that will support an elder's ability to age in place.

- Participate on the Emergency Food and Shelter Program Board of United Way.
- Distribute safety cell phones to seniors in both counties to facilitate access to 911.
- The AAAPP will increase knowledge of aging experience among university students through field placement of student interns at the AAAPP, maintaining partnerships with the University of South Florida, St. Leo College and Florida State University.
- Maintain active involvement with Better Living for Seniors (BLS) and Pasco Aging Network (PAN) in support of private sector resources serving PSA 5 seniors.
- Participate at the meetings of the Dunedin Committee on Aging and the St Petersburg Commission on Aging.
- Serve on various Emergency Coordination coalitions, boards, work-groups to promote All Hazards Disaster Preparedness and Recovery benefitting residents within all communities.
- Support the AARP/WHO “Age Friendly Communities Initiative as well as any DoEA commensurate initiatives and work with municipalities or counties wishing to pursue the aforementioned.

**OUTCOMES:**

**OUTPUTS:**
**OBJECTIVE 5.3**: Promote cultural competency and awareness of a diverse population

**EXPLANATION**: The intent of this objective is for the AAA to recognize and address the unique benefits, needs, and challenges of its diverse and aging population.

**STRATEGIES/ACTION STEPS:**

The AAAPP and providers will perform outreach to ensure underserved populations receive the appropriate information regarding opportunities and services available to them.

To increase access, ADRC staff are able to assist clients in Spanish and to assist using a translator for other languages.

ADRC staff have access to sensitivity training materials in order to improve communication with and service to clients, including those with a disability, clients who have mental health issues, and clients who are LGBTQ. Orientation for new staff who did not participate in the training includes a review the materials with their supervisor.

A goal of the ADRC, if funding permits, is to provide staff with cultural diversity sensitivity training and have materials developed that can be used in an ongoing fashion for orientation of Helpline, Medicaid, and Intake staff.

The LGBT Elder Initiative of BLS/AAAPP will regularly meet, as a means to develop and/or maintain ongoing relationships with groups and/or individuals who identify with the LGBT (Lesbian, Gay, Bisexual and Transgender) community and who can act as resources to BLS/AAAPP in order to gain awareness, sensitivity and education on competent long-term care and service options within the 2017-2019 Area Plan Cycle.

Educate for-profit and non-profit service providers about the special needs of aging individuals who identify with the LGBT community within the 2017-2019 Area Plan Cycle.

Continue a working relationship with the Hispanic Leadership within Pinellas County geared towards education to Hispanic or Latino residents about aging topics and services.

**OUTCOMES:**

**OUTPUTS:**
GOAL 6: Maintain effective and responsive management

OBJECTIVE 6.1: Promote and incorporate management practices that encourage greater efficiency

EXPLANATION: Best practice strategies may include internal monitoring, quality assurance, and performance-based standards and outcomes.

STRATEGIES/ACTION STEPS:

AAAPP will conduct client satisfaction surveys annually.

Results of surveys will be shared with the service providers to promote improvement.

Annually provide the Advisory Council with details regarding the AAAPP’s monitoring process, monitoring schedule and encourage participation in the monitoring process.

Provide the Board of Directors with all fiscal and program monitoring reports for review, questions and motion to approve and file for audit.

The AAAPP will create and revise monitoring tools based on contractual requirements.

The AAAPP will monitor providers at least annually to ensure contractual compliance.

The AAAPP will complete quarterly 1% file review to ensure data integrity and compliance with all programmatic requirements.

Providers are required to submit monthly outcome measure reports, which are reviewed by AAAPP staff.

CIRTS reports are run monthly for the PSA and follow up completed with all providers as appropriate.

The AAAPP will monitor APS high risk cases monthly to ensure compliance.
Customer Satisfaction Surveys will be conducted to evaluate the Information and Assistance/Referral (I&A/R) and Screening service provision and to get feedback on the client’s experience with the resources provided. Management reviews surveys and addresses any concerns. Surveys are done according to DOEA contract and the results are included in a report to the Local Coalition Workgroup.

Quality Assurance for Medicaid functions for SMMCLTCP is extensive. PSA 5 follows F4A policy and strives to achieve all requirements in the DOEA ADRC contract and DOEA mandated performance measures. Quality Assurance reports are sent to DOEA quarterly and QA achievement is shared with the Board of Directors and the Local Coalition Workgroup. (See APIP in 2.3 for details)

OUTCOMES:

OUTPUTS:

**OBJECTIVE 6.2**: Effectively manage state and federal funds to ensure consumers’ needs are met and funds are appropriately spent

**EXPLANATION**: The intent of this objective is for all state and federal funds to be appropriately spent, as well as to identify alternate resources for funding. In addition, the intent is for the funds to be spent on those populations for which the funds were intended.

**STRATEGIES/ACTION STEPS:**

The AAAPP will track Lead Agency receipts of consumer co-payment collections monthly.

The AAAPP will provide technical assistance to agencies that are not collecting adequate co-pays to meet their goal.

The AAAPP will receive regular reports from lead agencies detailing co-payments that are waived for clients receiving services.

The AAAPP will track CCE clients who appear SMMC LTCP eligible to ensure clients are appropriately transitioned to SMMC LTCP as funding allows and per DOEA Notice of Instruction.
A Surplus/Deficit report and variance explanation will be provided to the AAAPP Board of Directors on a monthly basis.

The AAAPP will provide training on completion of the client care plan emphasizing the need to access alternative sources for assistance besides Community Care for the Elderly.

Case Management providers and the Helpline will identify volunteer services and resources to be utilized prior to using DOEA funded services.

The AAAPP will enforce DOEA policy requiring one case manager per client in order to avoid duplication of efforts.

The AAAPP will run CIRTS reports in the Monitoring section of the CIRTS Report Menu monthly to ensure services are not duplicated and there are no CIRTS irregularities.

The AAAPP will provide oversight of all program expenditures to ensure funds are being utilized appropriately.

The AAAPP will contract with Lead Agencies for the coordination of services provided through CCE, ADI, and HCE.

The AAA will contract with Services Providers for the provision of OAA funded services.

The AAA will monitor on a monthly basis, expenditure levels for each provider and program.

The AAA will conduct monthly conference calls with Lead Agencies to discuss expenditures and especially if a transfer of funds is warranted.

The AAA will provide technical assistance to providers who appear to be under or over-spending.

The AAA will reallocate funds as necessary to ensure that all DOEA funds are expended in PSA 5.

The AAA will negotiate competitive rates with service vendors to ensure service dollars are used efficiently in both Pasco and Pinellas counties.
Vendor bills for CCE, HCE, and ADI services, in both Pasco and Pinellas counties, will be reviewed monthly to detect extraordinary or unusual service trends.
The AAA will conduct public hearings as part of the multi-year Area Plan process to obtain input from consumers, caregivers, service providers and the general public regarding community needs and the allocations of funds for service.

ADRC Intake and Medicaid staff will follow DOEA instructions for assuring that all active CCE clients who are Medicaid probables are waiting and correctly prioritized for SMMCLTCP.

**OUTCOMES:** Note: The AAAs will not be monitored on the measures listed in italics, though the AAA must still include strategies to address them in this section.

- *Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups*
- *Average time in the Community Care for the Elderly program for Medicaid Waiver probable customers*

**DOEA Internal Performance Measures:**

- Percent of co-pay goal achieved
- Percent of increase in providers participating in the Adult Care Food Program
- Percent of state and federal funds expended for consumer services (Standard: 100%)

**OUTPUTS:**
**OBJECTIVE 6.3**: Ensure that providers continue to strengthen the disaster preparedness plans to address specific needs of elders

**EXPLANATION**: Strategies may include the development of formal agreements with local, state, and federal entities that provide disaster relief and recovery. Consideration should also be given to the planning and identification of consumer needs and the availability of special needs shelters in times of disaster.

**STRATEGIES/ACTION STEPS:**

The Helpline will continue to work with DOEA and the other ten AAAs to provide information and referral coverage for areas impacted by a disaster. PSA 5 will function according to DOEA instructions and the F4A MOU related to disaster response.

Participate and support the disaster preparedness and recovery groups, meetings and efforts within the PSA and Tampa bay Region.

Maintain AAAPP CEMP/COOP as well as contracted Provider CEMPs/COOPs.

Meet at least annually with PSA5 service providers to assess readiness for hurricane season and All Hazards Planning.

The AAAPP Emergency Coordinating Officer meets with the Pasco County Emergency Management office and the Pinellas County Emergency Management office as appropriate.

The AAAPP participates in additional specialized groups (i.e. Special Needs, Department of Health) ESF8 and local (i.e. City of St. Petersburg) and regional committees (i.e. Tampa Bay Regional Planning Council) with meetings varying - bi-monthly, quarterly and semi-annually.

After a disaster the AAAPP will contact providers and the emergency management network to approximate the number of elderly persons affected by the disaster/emergency and communicate unmet needs information to DOEA appropriate personnel.

**OUTCOMES:**

**OUTPUTS:**
**OBJECTIVE 6.4:** Accurately maintain the Client Information and Registration Tracking System (CIRTS) data

**EXPLANATION:** The intent of this objective is to ensure that data is entered accurately in CIRTS and that data is updated in a timely manner as to reflect changes.

**STRATEGIES/ACTION STEPS:**

The AAA will train management and direct service providers on understanding CIRTS. Training will follow a reference checklist to ensure consistent coverage. Ancillary materials may include a current CIRTS ownership hierarchy and current list of CIRTS enrollment status codes.

The AAA will conduct a CIRTS User Group Meeting on an annual basis. The AAA will promote communication between providers to raise awareness of changes in client situations, to enhance timeliness of changes in data.

The AAAPP will use CIRTS data to train and motivate providers to ensure best practices.

The AAAPP will communicate all changes regarding CIRTS upon notification from DOEA, and provide training to staff and providers as needed.

The AAAPP will utilize CIRTS data to meet regular state reporting requirements as well as to promote future AAA initiatives.

The AAAPP will use CIRTS to enhance disaster recovery initiatives such as being able to contact clients and caregivers in the event CIRTS is unavailable.

The AAAPP will provide technical assistance regarding CIRTS reports and data integrity.

The AAAPP will run CIRTS reports monthly and work with all providers to correct exceptions. The reports included in the DOEA Interpretive Guidelines will be run monthly. These include: “Client Service, Not Enrolled”; “Active Client Not Served”; and “Assessment Due Report.” The AAAPP CIRTS Procedure lists all CIRTS reports that are utilized.

The AAAPP will monitor data integrity by reviewing 1% of newly enrolled client files.

The AAAPP will monitor a percentage of client files during the provider’s annual visit to ensure data integrity by use of CIRTS exception reports.
Intake runs CIRTS reports each month to identify clients who are APCL for case managed programs who are due for re-screening. The report is reviewed and re-screening is done according to DOEA requirements.
Intake encourages clients/caregivers to call anytime their situation changes to request an updated 701S so that they are waiting with the most accurate score possible.

### OUTCOMES:

### OUTPUTS:

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**OBJECTIVE 6.5:** Promote volunteerism by and for seniors when possible

**EXPLANATION:** The intent of this objective is twofold: 1) detail how incorporating volunteers might extend the AAA’s capacity to provide services and 2) promote the benefit of elder volunteers to other entities who also provide services.

**STRATEGIES/ACTION STEPS:**

- Work with local high schools and universities to provide appropriate volunteer and internship opportunities.

- Track the number of volunteers in programs administered by the AAA and contract service providers. Track the number of consumers served by volunteers.

- Submit Annual reports to DOEA on the AAA and contract service provider use of trained volunteers to provide direct services and indirect service to older individuals. This report details the activity level and value of the PSA5 volunteer network, which is the outcome of recruitment, recognition and retention efforts.

- Annually the AAAPP will develop and implement a SHINE/SMP volunteer recruitment plan and recognize SHINE/SMP volunteers.

**OUTCOMES:** DOEA Internal Performance Measures:

- Develop strategies for the recruitment and retention of volunteers

**OUTPUTS:**
Appendix 1: Direct Service Waiver Requests

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:  <Enter Service Description>

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.
   <Enter Text Here>

III. Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s).
   <Enter Text Here>
Appendix 2: Assurances

Section 306 Older Americans Act

The Area Agency on Aging of Pasco-Pinellas, Inc. assures the following:

1. The AAA 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, outreach, information and assistance, and case management services), in-home services, and legal assistance. (§306(a)(2))

2. The AAA assures it will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority older individuals 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. Each AAA shall provide assurances that the AAA will include in each agreement made with a provider of any service under this title, a requirement that such provider will do the following:
   a. Specify how the provider intends to satisfy the service needs of low-income minority older individuals and older individuals residing in rural areas in the area served by the provider.
   b. To the maximum extent possible, provide services to low-income minority older individuals and older individuals residing in rural areas in accordance with their need for such services; and
   c. Meet specific objectives established by the AAA, providing services to low-income minority older individuals and older individuals residing in rural areas within the planning and service area. (§306(a)(4)(ii))

4. The AAA assures it will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on the following:
   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-speaking ability; and
f. Older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals).  
   (§306(a)(4)(B))

5. The AAA assures it will ensure that each activity undertaken by the agency, 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))

6. The AAA 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, with agencies that develop or provide services for individuals with disabilities.  
   (§306 (a)(5))

7. The AAA 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., whom are older Native Americans.  
   (§306(a)(11))

8. The AAA assures it will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.  
   (§306(a)(13)(A))

9. The AAA 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))

10. The AAA assures it will demonstrate that a loss or diminution on the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.  
   (§306(a)(13)(C))

11. The AAA 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))

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12. The AAA 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))

13. The AAA 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))

14. The AAA 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)(15))

Area Agency on Aging Director
Name: Ann Marie Winter Signature: [Signature]
Date: 10/15/2018
The Area Agency on Aging of Pasco-Pinellas, Inc., hereinafter called the “recipient,” HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 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: [Signature]
Date: 10-15-2018
DEPARTMENT OF HEALTH AND HUMAN SERVICES SECTION 504 OF THE
REHABILITATION ACT OF 1973

The Area Agency on Aging of Pasco-Pinellas, Inc., 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. Part 84), and all guidelines and interpretations issued pursuant
thereto.

Pursuant to 84.5(a) of the regulation [45 C.F.R. 84(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 84.5(b) of the regulation [45 C.F.R. 84.5(b)]. The recipient: a. (□)
employs fewer than fifteen persons; b. (☑) employs fifteen or more persons, and
pursuant to 84.7(a) of the regulation [45 C.F.R. 847(a)], has designated the following
person(s) to coordinate its efforts to comply with the regulation.

Name of Designee(s): Wendy Arroyo

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

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: [Signature]

Date: 10/15/2018
AVAILABILITY OF DOCUMENTS

The Area Agency on Aging of Pasco-Pinellas, Inc. 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 AAA 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. Documentation of public forums conducted in the development of the area plan, including attendance records and feedback from providers, consumers, and caregivers
17. Consumer outreach plan
18. ADA policies
(19) Documentation of match commitments for cash, voluntary contributions, and building space, as applicable

(20) Detailed documentation of AAA administrative budget allocations and expenditures

(21) Detailed documentation of AAA expenditures to support cost reimbursement contracts

(22) 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: 10/15/2018
Appendix 3: Program Module Review Checklist

Please complete the form provided by indicating whether each item is included in the Area Plan (Yes/No/Not Applicable).

<table>
<thead>
<tr>
<th>PROGRAM MODULE REVIEW CHECKLIST</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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<tbody>
<tr>
<td><strong>Table of Contents</strong></td>
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<tr>
<td>The location of each section of the program module is accurately reflected</td>
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<tr>
<td><strong>Program and Contract Module Certification</strong></td>
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<td>The form is properly completed</td>
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<td>The form is signed and dated by Board President (or Designee)</td>
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<td>The form is signed and dated by Advisory Council Chair</td>
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<td>The form is signed and dated by Executive Director</td>
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<td><strong>AAA Board of Directors</strong></td>
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<td>Composition details process for member selection and reflects the counties represented in the Area Plan.</td>
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<td>Selection process and dates are provided</td>
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<td>Service term reflects the term for the board as well as the term of each individual board member</td>
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<td><strong>AAA Board of Directors Tables</strong></td>
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<tr>
<td>Officer table details name and terms for board officers</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Member table details name, title, address, phone, and term</td>
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<td><strong>AAA Advisory Council</strong></td>
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<tr>
<td>Composition details process for member selection and reflects the counties represented in the Area Plan</td>
<td>☒</td>
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<td>N/A</td>
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<tr>
<td>Frequency details the anticipated meeting schedule for the Advisory Council</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>Selection process and dates are provided</td>
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<tr>
<td>AAA Advisory Council Table</td>
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<tr>
<td>Member table details name, title, address, phone, term, age, race, and ethnicity for board members</td>
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<td>The form is properly completed including bid cycle information</td>
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<td>Resources Used</td>
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<td>The form reflects the use of a variety of planning resources</td>
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<td>Executive Summary</td>
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<tr>
<td>This section describes major highlights</td>
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<tr>
<td>Mission and Vision Statements</td>
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<td></td>
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<tr>
<td>This section includes the mission and vision of the agency</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Profile</td>
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<tr>
<td>Identification of Counties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This section identifies the counties within the PSA. Include at least one map to display the PSA and one map to identify rural areas of the PSA</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>This section identifies the major communities within the PSA. Include at least one map to display the PSA</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Socio-Demographic and Economic Factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This section includes a description of the population (characteristics including the number of low-income minority elders, elders residing in rural areas, and increases in the 85+ age group) and how the social and economic climate in the PSA affects elders</td>
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<td>PROGRAM MODULE REVIEW CHECKLIST</td>
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<td>---------------------------------</td>
<td>-----</td>
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</tr>
<tr>
<td>Indicate the location and concentration of the following characteristics within the PSA:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Elders with low incomes</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Socially isolated elders</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Minority and culturally diverse elders</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Elders in urban and rural areas</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Analysis includes the use of maps and charts to illustrate data provided</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>Economic and Social Resources</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>This section describes the economic and social resources available to elders in the PSA</td>
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<td>☐</td>
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<tr>
<td>Description of Service System</td>
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<td></td>
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</tr>
<tr>
<td>This section describes the current services that are in place to meet the needs of elders including the number of registered services provided and the number of clients served in each county (includes private and public funding sources)</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>Role in Interagency Collaborative Efforts</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>This section describes collaborative efforts, partnerships, and special initiatives by the PSA and/or DOEA</td>
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</table>
## Performance and Targeted Outreach

### Performance Analysis
The purpose of the performance analysis is to describe how effective the various strategies employed by the AAA were in reaching the targeted population groups during the previous year.

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Goal 1</th>
<th>Goal 2</th>
<th>Goal 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older individuals residing in rural areas</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>Older individuals with greatest economic need</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Older individuals with greatest social need</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Older low-income minority individuals</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Older individuals with severe disabilities</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Older individuals with limited English proficiency</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Older individuals with Alzheimer’s disease and related disorders</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Older individuals at risk for institutional placement</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other significant unserved and underserved populations</td>
<td>☒</td>
<td>☐</td>
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</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Consumer Group</th>
<th>Goal 1</th>
<th>Goal 2</th>
<th>Goal 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregivers of older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Grandparents or older individuals who are relative caregivers who provide care for children with severe disabilities</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Caregivers who are older individuals with greatest social need</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Caregivers who are older individuals with greatest economic need</td>
<td>☒</td>
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<td>☐</td>
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</tbody>
</table>
Caregivers who are older individuals who provide care to individuals with severe disabilities, including children with severe disabilities

| Caregivers who are older individuals who provide care to individuals with severe disabilities | ☒ | ☐ | ☐ |

## Unmet Needs and Service Opportunities

### Access to Services

<table>
<thead>
<tr>
<th>Access to Services</th>
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<th>☐</th>
<th>☐</th>
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</thead>
<tbody>
<tr>
<td>Abuse, neglect, and exploitation</td>
<td>☒</td>
<td>☐</td>
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<tr>
<td>Information about services</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Counties or communities with limited access to transportation</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Counties or communities with limited access to significant supportive services</td>
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<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Counties or communities with limited availability of and/or access to legal assistance</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Counties or communities with limited access to social services agencies</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Analysis of service implications of identified unmet access needs</td>
<td>☒</td>
<td>☐</td>
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</table>

### Caregiver

<table>
<thead>
<tr>
<th>Caregiver</th>
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</thead>
<tbody>
<tr>
<td>Caregiver unmet needs</td>
<td>☒</td>
<td>☐</td>
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</tr>
<tr>
<td>Number of elder caregivers, including number of grandparents raising grandchildren</td>
<td>☒</td>
<td>☐</td>
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<tr>
<td>Condition of elder caregivers</td>
<td>☒</td>
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<tr>
<td>Analysis of service implications of identified caregiver unmet needs</td>
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### Communities

<table>
<thead>
<tr>
<th>Communities</th>
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</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Limited access to senior centers</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Housing and safety needs</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Service Area</td>
<td>Yes</td>
<td>No</td>
<td>Opt.</td>
</tr>
<tr>
<td>--------------</td>
<td>-----</td>
<td>----</td>
<td>------</td>
</tr>
<tr>
<td>Employment training or related assistance</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Housing conditions and availability of affordable housing</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Analysis of service implications of identified unmet community needs</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Disaster preparedness</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Volunteerism</td>
<td>☒</td>
<td>☐</td>
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<tr>
<td>Employment</td>
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**Health Care**

<table>
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<th>Service Area</th>
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<tr>
<td>Preventative health</td>
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<tr>
<td>Medical care needs</td>
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<tr>
<td>Ancillary health care needs (hearing aids and eyeglasses)</td>
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<tr>
<td>Availability of medical/health care, including mental health counseling</td>
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<tr>
<td>Analysis of service implications of identified unmet health care needs</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Nutrition</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Self-care limitations</td>
<td>☒</td>
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<tr>
<td>Health promotion</td>
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**Home and Community-Based Services (HCBS)**

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<tbody>
<tr>
<td>Number of People 60+ with ADL limitations not receiving services (optional)</td>
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<td>☐</td>
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<tr>
<td>Number of people 60+ with IADL limitations not receiving services (optional)</td>
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<td>☐</td>
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<tr>
<td>Number of people 60+ with mobility limitations not receiving services (optional)</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Number of people 60+ who qualify for Supplemental Nutrition Assistance Program (SNAP) but are not receiving assistance</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>People on waitlist not yet receiving any services</td>
<td>☒</td>
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</tbody>
</table>
Goals and Objectives

**Goal 1:** Empower seniors, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health and long-term care

**Objective 1.1.** Provide streamlined access to health and long-term care options through Aging and Disability Resource Centers

**Objective 1.2.** Encourage individuals, including people under 60, to plan for future long-term care needs by providing access to information

**Objective 1.3.** Ensure that complete and accurate information about resources is available and accessible

**Objective 1.4.** Ensure that elders have access to free, unbiased, and comprehensive health insurance counseling

**Objective 1.5.** Increase public awareness of existing mental and physical health and long-term care options

**Objective 1.6.** Identify and serve target populations in need of information and referral services

**Objective 1.7.** Provide streamlined access to Medicaid Managed Care and address grievance issues

**Goal 2:** Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers

**Objective 2.1** Identify and serve target populations in need of home and community-based services

**Objective 2.2** Ensure that efforts are in place to fulfill unmet needs and serve as many clients as possible
| **Objective 2.3.** Provide high-quality services | ☒ ☐ ☐ |
| **Objective 2.4.** Provide services, education, and referrals to meet the specific needs of individuals with dementia | ☒ ☐ ☐ |
| **Objective 2.5.** Improve caregiver supports | ☒ ☐ ☐ |

**Goal 3:** Empower seniors and their caregivers to live active, healthy lives to improve their mental and physical health status

| **Objective 3.1.** ▲ Continue to increase the use of evidence-based (EB) programs at the community level | ☒ ☐ ☐ |
| **Objective 3.2.** Promote good nutrition and physical activity to maintain healthy lifestyles | ☒ ☐ ☐ |
| **Objective 3.3.** Promote the adoption of healthy behaviors | ☒ ☐ ☐ |
| **Objective 3.4.** Promote social connectivity, community service, and lifelong learning to maintain positive mental health | ☒ ☐ ☐ |
| **Objective 3.5.** Advocate for prevention and early intervention of mental health and substance abuse services for elders | ☒ ☐ ☐ |

**Goal 4:** Ensure the legal rights of seniors are protected and prevent their abuse, neglect, and exploitation

| **Objective 4.1.** Collaborate and coordinate within the community and aging network to increase accessible legal services | ☒ ☐ ☐ |
| **Objective 4.2.** ▲ Facilitate the integration of Older Americans Act elder rights programs into Aging Services | ☒ ☐ ☐ |
| **Objective 4.3.** ▲ Improve the identification and utilization of measurable consumer outcomes for elder rights programs | ☒ ☐ ☐ |
| **Objective 4.4.** Promote primary prevention of elder abuse, neglect, and exploitation | ☒ ☐ ☐ |
| **Objective 4.5.** Reduce the rate of abuse, neglect, and exploitation recidivism through education, outreach, and the provision of services | ☒ ☐ ☐ |
| **Objective 4.6.** Increase the awareness of health care fraud and other elder rights issues | ☒ ☐ ☐ |

**Goal 5:** Promote planning and collaboration at the community level that recognizes the benefits and needs of its aging population
| Objective 5.1. Foster opportunities for elders to be an active part of the community | ☒ | ☐ | ☐ |
| Objective 5.2. Promote safe and affordable communities for elders that will benefit people of all ages | ☒ | ☐ | ☐ |
| Objective 5.3. Promote cultural competency and awareness of a diverse population | ☒ | ☐ | ☐ |

**Goal 6: Maintain effective and responsive management**

| Objective 6.1. Promote and incorporate management practices that encourage greater efficiency | ☒ | ☐ | ☐ |
| Objective 6.2. Ensure that federal and state funds are used to effectively and efficiently serve elders’ needs | ☒ | ☐ | ☐ |
| Objective 6.3. Ensure that providers continue to strengthen the disaster preparedness plans to address specific needs of elders | ☒ | ☐ | ☐ |
| Objective 6.4. Accurately maintain the Client Information and Registration Tracking System (CIRTS) data | ☒ | ☐ | ☐ |
| Objective 6.5. Promote volunteerism by and for seniors whenever possible | ☒ | ☐ | ☐ |
Appendix 4: Performance and Planning Data

The Excel file provided with your Area Plan package includes a sheet detailing the county-level demographics associated with the following indicators:

- Below Poverty Level (Below 100% of Federal Poverty Level),
- Limited English Proficiency,
- Living Alone,
- Low-Income Minority (below 125% of Federal Poverty Level),
- Minority,
- Probable Alzheimer's Cases, and
- Rural.

This spreadsheet compares the county-level population percent for the indicators to the percent of the indicators for the screened and served population. Provided at the county level, this comparison should serve to highlight the areas that need to be addressed with strategic planning activities during the period of this Area Plan.
## Program Module Comments and Recommendations
(to be completed by DOEA staff)

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</tr>
</thead>
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<td>AAA Advisory Council</td>
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<td>Executive Summary</td>
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<td><strong>Comments:</strong></td>
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<td>Mission and Vision Statements</td>
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<td>Profile</td>
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<td>Performance and Targeted Outreach</td>
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<td>----------------------------------------------</td>
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<tr>
<td><strong>Comments:</strong></td>
<td></td>
</tr>
<tr>
<td>Goals and Objectives</td>
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<tr>
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<td>Direct Service Waiver Requests</td>
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<td><strong>Comments:</strong></td>
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</tr>
</tbody>
</table>
Appendix 5: Instructions

This file was designed as a template that, when completed, will become your final three-year Area Plan. Since formatting is already a part of the document, document features such as page numbering will automatically update as you work. Please limit editing to the specified areas as making other edits may compromise the template design and functionality.

- You may paste text from other sources into this template. However, to ensure the greatest success with inserting content from other sources, please remember to use the “Paste Special” function and paste as “Unformatted Text” into your Area Plan.

Steps for Creating Your Area Plan File

Before you begin editing the template, read all of the template instructions.

- It is recommended that you make and re-name a copy of this electronic file before you begin editing to ensure the original set of instructions and forms remain available.
- Any template instructions included throughout the body of the document can be removed when finalizing your plan or left in as additional clarification for the reader.
- Enter your organization name, Planning and Service Area (PSA) number, and submission month on the report cover.
- Enter your PSA number and submission month and year in the footer of the document.
- To enter information into the requisite narrative fields, first select the <Enter Text Here> placeholder, and then begin typing.

Table of Contents

Each page must be sequentially numbered (this should occur automatically) and the location of each section must be listed in the Table of Contents (instructions below). Once you have completed editing the file, you will need to update the Table of Contents.

- This can be accomplished by right-clicking on the Table of Contents and selecting the Update Field then Update Entire Table function.
Program Module and Contract Module Certification

The Certification Page is to be completed as indicated and signed by the Board President or other authorized official, the Advisory Council Chair, and the Area Agency on Aging (AAA) Executive Director. Signing the form verifies that the Board of Directors, the Advisory Council, and AAA understand that they are responsible for the development and implementation of the plan to ensure compliance with the Older Americans Act Section 306.

In addition, their signature verifies that the Program and Contract modules do the following:

- Reflect input from a cross-section of service providers, consumers, and caregivers who are representative of all areas and culturally diverse populations of the PSA;
- Incorporate the comments and recommendations of the AAA’s Advisory Council; and
- Have been reviewed and approved by the respective governing bodies.

AAA Board of Directors

In the Membership Composition section, enter the organizational requirements and processes by which members are selected. In particular, this section should clearly describe the efforts undertaken to ensure that the board’s membership selection process results in membership that is closely representative of the demographics of the PSA. All counties in the PSA should be represented to the extent possible.

In the Frequency of Meetings section, enter the anticipated schedule of board meetings for the term of the area plan.

In the Officer Selection Schedule section, enter the anticipated schedule for the board’s officer selection process for the term of the area plan.

In the AAA Board Officers table, enter the respective officer’s name and term (beginning and ending date in the format [mm/yy]) for each position as appropriate.

In the AAA Board of Directors Membership table, enter each name (officer’s information first in the order of the AAA board officers table), occupation/affiliation, home address (including county), phone number, “Member Since” date (for continuing members, this date reflects the original appointment date to the board [mm/yy]), and current term for each AAA Board member.
AAA Advisory Council Members

In the Council Composition section, enter the organizational requirements and processes by which members are selected. In particular, this section should clearly describe the efforts undertaken to ensure that the council’s membership meets the requirements of the OAA including a selection process that results in membership that is closely representative of the demographics of the PSA. All counties in the PSA should be represented to the extent possible.

In the Frequency of Meetings section, enter the anticipated schedule of council meetings for the term of the Area Plan.

In the Member Selection Schedule section, enter the anticipated schedule for the council’s member selection process for the term of the Area Plan.

In the AAA Advisory Council Member tables, enter the name, occupation/affiliation, home address (including county), phone number, “Member Since” date (for continuing members, this date reflects the original appointment date to the Board [mm/yy]), current term of office (beginning and ending date in the format mm/yy), age, race, and ethnicity for each AAA Advisory Council member.

Funds Administered and Bid Cycles

This section has been updated to include the current and anticipated bid cycles for those programs that the AAA administers through competitively procured subcontracts. In completing this section, please select from the options provided all funding sources administered by the organization. To select a source, “click” the checkbox following the source description.

When entering the elements for the Current Bid Cycle, insert the solicitation publication date (mm/yy) under the Published column header. Insert the procurement cycle date (mm/yy) under the Current Year of Cycle column header.

When entering the elements for the Anticipated Bid Cycle, insert the anticipated publication date for the Request for Proposal (RFP) (mm/yy) under the Ant. Publish column header. Insert the anticipated RFP award date (mm/yy) under the Ant. Award column header.
In the event that the PSA is currently engaged in a bid cycle for one or more administered funds, please indicate the anticipated award date under the Awarded column header field for the respective fund.

Resources Used

To complete this section, please check all resources referenced in order to develop the Targeted Outreach Plan. To select a resource, “click” the checkbox preceding the resource description. If available, the resources provide a link to the resource itself. Click on the resource to access.

- American Community Survey – U.S. Census Bureau annual survey of households collecting demographic information as well as survey responses on a variety of topics.
- American FactFinder – This source provides access to data about the United States, Puerto Rico, and the Island Areas. The data in American FactFinder come from several censuses and surveys.
- Administration on Aging (AoA) Special Tabulation Data 60+ – A special package available through AoA using the Census Bureau estimates of the U.S. and state populations for age 60 and over.
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data – A survey of the general population commissioned by the Florida Department of Health with financial and technical assistance from the Centers for Disease Control and Prevention (CDC) that collects information on a wide array of health and lifestyle topics.
- Bureau of Economic and Business Research (BEBR) – Produces Florida’s official state and local population estimates and projections. These estimates and projections are used for distributing state revenue-sharing dollars to cities and counties in Florida and for budgeting, planning, and policy analysis by state and local government agencies, businesses, researchers, the media, and members of the public.
- Client Information Registration and Tracking System (CIRTS) – Managed by the Department, CIRTS provides users with the ability to generate reports that identify numbers and circumstances of individuals seeking services and clients currently served in a planning and service area.
- DOEA Client Satisfaction Surveys – Surveys of caregiver and client participants in Department-administered programs such as CCE, ADI, etc., located on the Department’s website.
- DOEA County Profiles – Population statistics for each of Florida’s 67 counties, the state’s 11 Planning and Service Areas (PSAs) or the state.
• DOEA Elder Index Maps – Maps created using the American Community Survey data, which allow users to locate census tracts with concentrations of seniors in poverty, with disabilities, in race/ethnic minorities, and over the age of 85.
• Office of Economic and Demographic Research (EDR) – EDR is a research arm of the Legislature principally responsible for forecasting economic and social trends that affect policy making, revenues, and appropriations.
• Florida Charts – Florida Department of Health’s one-stop-site for public health statistics and community health data.
• National Aging Program Information System (NAPIS) – NAPIS is the annual reporting from states of counts, characteristics, expenditures, and service utilization of seniors and caregivers that is submitted to the National Association of States United for Aging and Disabilities (NASUAD) to meet reporting requirements of the Title III and VII State Program Report Data Elements, dictated by the Administration for Community Living, of the U.S. Department of Health and Human Services.
• National Association of States United for Aging and Disability (NASUAD) – NASUAD represents the nation’s 56 state and territorial agencies on aging and disabilities and supports visionary state leadership, the advancement of state systems innovation, and the articulation of national policies that support home and community-based services for older adults and individuals with disabilities.
• Wider Opportunities for Women Elder Economic Security Standard™ Index (WOW Index) – The WOW Index measures how much income retired older adults require to live in the community and meet their basic needs.
• Assessing the Needs of Elder Floridians 2016 – In 2016, the Florida Department of Elder Affairs conducted a statewide survey to measure elder Floridians’ needs. Questions were asked of 2,000 elders regarding their self-care limitations, nutrition, health care, and other matters that significantly affect seniors. Descriptive results have been compiled in the 2016 Report and include special state-level tabulations for “hard-to-measure” populations of minority, low-income, and rural elders.
• Targeting Dashboard (ShareFile resources) – Resources provided by the Department’s Office of Strategic Initiatives provide in the AAA’s ShareFile repository that details the AAA’s performance across tracked measures.

(Return to template)
This section describes the major highlights of the Area Plan, such as how the agency is addressing significant needs, key initiatives, and the organization’s purpose as an AAA. The suggested limit for the narrative response to this section is three pages.

Mission and Vision Statements

This section includes the Mission and Vision of the AAA.

Profile

This section should feature an overview of the social, economic, and demographic characteristics of the PSA as well as the conditions of older persons in the PSA.

Identification of Counties
Identify the counties within the PSA. Use at least one map to visually display the PSA in relation to the entire state and one map to identify rural areas of the PSA.

Identification of Major Communities
Identify major communities within the PSA. Use at least one map to visually display the PSA in relation to the entire state.

Socio-Demographic and Economic Factors
Describe the socio-demographic and economic factors of the population in the PSA. Include a discussion of the conditions and circumstances of older persons in the PSA by describing what life is like for them. Consider the overall quality of life of individuals, such as the addition or existence of recreational programs and other elements that enhance the quality of life.

Describe the population characteristics including the number of low-income minority elders, elders residing in rural areas, and increases in the 85+ age group. Also, indicate the location and concentration of the following characteristics within the PSA:

- Elders with low income,
- Socially isolated elders,
- Minority and culturally diverse elders, and
- Urban and rural areas.

Use maps and charts to illustrate the data provided.

Economic and Social Resources
Describe the economic and social resources available in the PSA. Include any partnerships, additional funding, in-kind resources, and resource development undertaken by the AAA that enhance the services and quality of life for people age
60 and older. Also, describe the economic and social resources of the PSA as a whole to provide a context in which the services are being provided. For example, the PSA or areas within the PSA have attractions such as theme parks, a university, a vibrant arts community, or other significant amenities. Also, include factors such as tourism and seasonal shifts in population. If the economic and social resources vary significantly across counties of the PSA, the differences should be included in the narrative.

**Description of Service System**
Describe the services that are in place to meet the needs of elders and individuals with disabilities, including AAA-funded services and other public and private sector services. This section should also include the number of people being served, the category of the population including individuals with severe and persistent mental illness, physical or developmental disabilities, and Alzheimer’s disease as well as the types of services and their frequency. Discuss how the supportive services funded by the Older Americans Act address the needs and conditions of elders in the PSA. This should be an overall snapshot of the PSA, including the number of registered services provided and the number of clients served in each county.

**Role in Interagency Collaborative Efforts**
Describe the AAA’s role in advocacy for older individuals when coordinating and/or participating in interagency collaborative efforts, such as coordination with community mental health providers or disability organizations. Include a discussion regarding any special initiatives by the Department or the AAA that show evidence of particular effectiveness and that result in program efficiencies, improved services, quality of life improvements, etc. Discuss intergenerational partnership activities and volunteer initiatives including programs administered by the Corporation for National and Community Service, and other use of trained volunteers in providing services to older individuals and those with disabilities.
Performance Analysis

The purpose of the performance analysis is to describe how effective the various strategies employed by the AAA were in reaching the specific population groups during the previous year.

- The narrative for this section should include a brief description of the strategies, particular successes, obstacles encountered, and any best practices identified over the course of the previous year.
- This narrative should include analysis across all indicators at the county and PSA levels, paying particular attention to those indicators where the PSA percent of the population for the indicator falls below the percent of the total population for the indicator.
- The county-level comparative performance data is provided in the companion Excel file provided with this template.

Targeted Outreach Plan

The purpose of this three-year plan is to document the AAA’s and providers’ planned outreach activities to address the identified service needs of targeted populations. This summary should consist of the AAA’s planned outreach activities at the county and PSA levels. In developing the outreach section, the AAA must collaborate with each county to summarize the types of community events/activities, dates, locations, and number of anticipated participants.

- The plan is not limited to only those indicators where the county’s percent of population for the indicator falls below the percent of total population for the indicator; this narrative should describe strategies to address the unique and particular needs of the PSA at the county and community levels (e.g., transportation for individuals in rural and/or isolated areas, and access to SNAP and other food assistance for low-income individuals).

The targeting plan will discuss the AAA’s methods for ensuring the provision of outreach and education to populations most in need of services and for directing services to the following:

- Older individuals residing in rural areas;
- Older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
• Older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
• Older individuals with severe disabilities;
• Older individuals with limited English proficiency;
• Older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction;
• Older individuals at risk for institutional placement; and
• Caregivers
  o Caregivers of older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction;
  o Grandparents\(^1\) or older individuals who are relative caregivers who provide care for children with severe disabilities;
  o Caregivers who are older individuals with greatest social need;
  o Caregivers who are older individuals with greatest economic need (with particular attention to low-income older individuals); and
  o Caregivers who are older individuals who provide care to individuals with severe disabilities, including children with severe disabilities.

Outreach is an access service and is a required service or function in Title III B and Title III C. Outreach is defined as a face-to-face, one-to-one intervention with clients initiated by the AAA for the purpose of identifying potential clients or caregivers and encouraging their use of existing and available resources.

Not to be confused with Outreach, Education/Training is defined as follows:

• Speaking to groups or distributing materials to individuals at public gatherings about services and opportunities available to them within their communities;
• Providing formal or informal opportunities for individuals or groups:
  a. To acquire knowledge, experience, or skills;
  b. To increase awareness in such areas as crime or accident prevention;
  c. To promote personal enrichment; or
  d. To increase or gain skills in a specific craft, trade, job, or occupation
• Training individuals or groups in guardianship proceedings of older individuals if other adequate representation is unavailable can also be done; and

\(^1\) 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, such as 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.
- Training conducted by memory disorder clinics funded under the Alzheimer’s Disease Initiative designed to increase understanding of the disease and facilitate management of persons with Alzheimer’s disease by their caregivers and health professionals.

A Targeted Outreach Plan update is submitted annually when the Area Plan is updated. The summary update consists of the AAA’s and providers’ progress in addressing the identified service needs of targeted populations, i.e., barriers or obstacles to reaching targeted individuals in identified ZIP codes, as well as the achievement of targeting goals. The outreach section of the targeting plan summary update includes discussion of the AAA’s participation in community events and status of oversight of the providers’ activities. Oversight includes the AAA’s monitoring and tracking of providers’ outreach efforts.

The AAA will require providers to submit status reports at least semi-annually in a uniform format for the PSA, that include the type of community events or activities; dates and locations of the events; numbers of participants; identified services needed; and information or referrals provided.

Unmet Needs and Service Opportunities

This section defines the significant unmet needs of elders and/or gaps in service to elders at the county and PSA levels across a variety of indicators.

Your response should include an analysis of the various topics included in the categories outlined below.* Your analysis should include the actions that have been pursued thus far to address identified needs; the outcomes of those actions; and what actions will be taken to address new, emerging, or continuing needs. For new or emergent needs, describe the expected outcome(s) of all planned actions, including the following:

- Access to Services,
- Caregiver,
- Communities,
- Health Care, and
- Home and Community-Based Services (HCBS).

* The Program Module Review Checklist provided in Appendix 3 provides a detail of the topics that must be covered in each category.
Goals and Objectives

Six goals and their objectives have been listed in a table format. Additional goals and objectives particular to your AAA may be added. Objectives that are aligned with the Administration on Aging’s (AoA) goals are indicated with a ▲ symbol.

Navigation

- “Clicking” the Objective hyperlink in the template will navigate you to the corresponding essential element guidance in the Essential Elements table.
- From the Essential Elements table, you can “click” the up arrow (↑) under the Objective to return the corresponding Objective in the template.

Goals, Objectives, Strategies/Action Steps, and Performance Measures

- The Goals, Objectives, Strategies/Action Steps, and Performance Measures are included in table format in the template. A table is included for every Objective with the Goal and Objective already filled in. If the objective has associated performance measures, they are listed in the outcomes/outputs sections at the bottom of the form.

Explanations

- The explanations are intended to be used as guidance and to assist AAAs in the creation of strategies/action steps.

Strategies/Action Steps

- Strategies or action steps detailing how the AAA will address the needs findings must be measurable and clearly state what the AAA plans to do to achieve the objective and outcomes. Words such as “work with” do not provide specific strategies and are to be avoided. Complete Strategies/Action Steps sections for each table.
- Each objective’s strategy must at a minimum cover the topics specified in the Essential Elements table.

Outcomes/Outputs

- Department performance-based program budgeting and Department-specified performance measures are included with relevant objectives.
  i. Note: The Department must report on all outcomes statewide, including those in italics. Outcome reports are available to the AAAs that choose to monitor their performance, which is encouraged.

(Return to template)
Essential Elements

The following table provides a detail of the Essential Elements that should be included in the development of your responses to each Goal at the Objective level.

<table>
<thead>
<tr>
<th>GOAL</th>
<th>Objective</th>
<th>Essential Elements</th>
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</table>
| **Goal 1:** Empower seniors, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health and long-term care | **Objective 1.1.** Provide streamlined access to health and long-term care options through the Aging and Disability Resource Centers (ADRCs). | **Strategies must include but not be limited to the following:**  
- Improving the ability of the ADRC to connect people to information and services through the ADRC (e.g., building new relationships and/or partnerships and the effective use of technology); and  
- Specific action steps to improve streamlined access based on the implementation of call center technology standards, performance reports, and data analysis. |
| | **Objective 1.2.** Encourage individuals, including people under 60, to plan for future long-term care needs by providing access to information | **Strategies must include but not be limited to the following:**  
- Increasing public awareness of the costs of long-term care (LTC), the likelihood of the need for LTC services, and the LTC options available; and  
- Increasing public awareness of the limitations of Medicare as a singular long-term care solution. |
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<th>GOAL</th>
<th>Objective</th>
<th>Essential Elements</th>
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|      | **Objective 1.3.** Ensure that complete and accurate information about resources is available and accessible | Strategies must include but not be limited to the following:  
- Ensuring that information in ReferNET is kept accurate and current, reflecting both the inclusion of new services and service providers and the removal of inappropriate references; and  
- Maintaining participation in F4A workgroups as well as implementing and complying with data collection and reporting standards established through F4A and DOEA collaboration. |
|      | **Objective 1.4.** Ensure that elders have access to free, unbiased, and comprehensive health insurance counseling | Strategies must include but not be limited to the following:  
- Establishing additional counseling sites; and  
- Expanding the SHINE Program and access to more consumers (e.g., increasing the number of SHINE service sites). |
|      | **Objective 1.5.** Increase public awareness of existing mental and physical health and long-term care options | Strategies must include but not be limited to the following:  
- Informing the public of available long-term care services through a variety of new and traditional media such as websites, social media, publications, or direct mail. |
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<th>GOAL</th>
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<td><strong>Objective</strong></td>
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<tr>
<td>Objective 1.6. Identify and serve target populations in need of information and referral services</td>
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<td>Objective 1.7. Provide streamlined access to Medicaid Managed Care and address grievance issues</td>
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**GOAL**

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<th>Objective</th>
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<tr>
<td><strong>Goal 2:</strong> Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers</td>
<td>Strategies must include but not be limited to the following:</td>
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<td>• Identifying and serving individuals who are in need of HCBS:</td>
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<td></td>
<td>o Limited English proficiency;</td>
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<td>o Low-literacy, low-income individuals in rural populations;</td>
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<td>o Disabled persons who receive Medicare but are under the age of 65;</td>
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<td>o Grandparents caring for grandchildren;</td>
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<td>o People with developmental disabilities; and</td>
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<td></td>
<td>o People who are dual-eligible across any Special Needs Population.</td>
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<td>• Identifying and using best practices in the prioritization and services for clients according to the Department’s prioritization criteria; and</td>
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<td></td>
<td>• Developing and leveraging new partnerships, processes, and technologies in order to reach rural clients with services to address hunger, memory disorders, and caregiver supports.</td>
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<tr>
<td><strong>Objective 2.1.</strong> Identify and serve target populations in need of home and community-based services</td>
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<tr>
<td><strong>Objective 2.2.</strong> Ensure that efforts are in place to fulfill unmet needs and serve as many clients as possible</td>
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<td>GOAL</td>
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|       | **Objective 2.3.** Provide high-quality services | **Strategies must include but not be limited to the following:**  
  - Establishing procedures to assure client satisfaction and the delivery of quality services;  
  - Utilizing the Local Coalition Work Group (LCWG) to advise in the planning and evaluation of the ADRC and to assist in the development of an ADRC Annual Program Improvement Plan. This strategy must provide a detailed list of current LCWG members and describe the current integration of ADRC services with services provided by the staff of the Department’s local CARES unit(s) and local Department of Children and Families Economic Self-Sufficiency unit(s).  
  - Submission of the Annual Program Improvement Plan (APIP). The APIP plan must detail the role of the ADRC’s Local Coalition Work Group (LCWG) in the development and evaluation of the APIP; address specific ADRC performance improvement goals and actions steps to implement and evaluate the performance goals; and provide quality assurance efforts specific to ADRC functions. |

|       | **Objective 2.4.** Provide services, education, and referrals to meet specific needs of individuals with dementia | **Strategies must include but not be limited to the following:**  
  - Implementing caregiver programs that adopt or expand state and federal volunteer respite program models and innovative projects that address caregiver needs and reduce their stress;  
  - Developing and maintaining effective partnerships with organizations and providers who have dementia expertise, training Information and Referral Specialists and other staff to recognize possible cognitive impairment, and person-centered services planning;  
  - Providing services for rural aging caregivers of individuals with dementia. |
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<th>GOAL</th>
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<tr>
<td><strong>Objective</strong></td>
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<tr>
<td>Objective 2.5. Improve caregiver supports</td>
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<tr>
<td>Goal 3: Empower older seniors and their caregivers to live active, healthy lives to improve their mental and physical health status</td>
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<tr>
<td>Objective 3.1. Continue to increase the use of evidence-based (EB) programs at the community level</td>
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## Objective 3.5

Advocate for prevention and early intervention of mental health and substance abuse services for elders

<table>
<thead>
<tr>
<th>Strategies must include but not be limited to the following:</th>
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<tbody>
<tr>
<td>• Public awareness activities to increase the understanding of mental and substance-use disorders;</td>
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<td>• Improving or developing partnerships with mental health and recovery advocates in the community;</td>
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<tr>
<td>• Encouraging group-based activities composed of older adults, like those at a senior center; and</td>
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<tr>
<td>• Consideration of physical health issues such as nutrition, sleep habits, medication, and pain management.</td>
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<td>Objective</td>
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<tr>
<td><strong>Goal 4:</strong> Ensure the legal rights of seniors are protected and prevent their abuse, neglect, and exploitation</td>
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<tr>
<td><strong>Objective 4.1.</strong> Collaborate and coordinate within the community and aging network to increase accessible legal services</td>
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<tr>
<td>Strategies must include but not be limited to the following:</td>
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<tr>
<td>• Ongoing joint planning between the aging network and legal assistance providers to identify target groups, establish priority legal issue areas, and develop outreach mechanisms to ensure limited legal assistance resources are allocated in such a way as to reach those seniors who are most vulnerable and have the most critical legal needs.</td>
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<tr>
<td><strong>Objective 4.2.</strong> Facilitate the integration of Older Americans Act elder rights programs into aging services</td>
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<tr>
<td>Strategies must include but not be limited to the following:</td>
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<td>• Providing in-person and/or online cross training and the use of available technology and media outlets to inform older adults, the public, and professionals; and</td>
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<td>• Promoting an understanding of individual rights; developing personal empowerment to exercise choices; and providing information regarding the benefits of services and opportunities authorized by law among vulnerable and at-risk seniors.</td>
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<td><strong>Objective 4.3.</strong> Improve the identification and utilization of measurable consumer outcomes for elder rights programs</td>
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<td>Strategies must include but not be limited to the following:</td>
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<td>• Participating in statewide efforts to develop a uniform statewide reporting system for legal services; establishing mechanisms for utilizing data available to improve awareness of the importance of legal assistance; increasing access to legal assistance; and addressing the quality of legal assistance provided.</td>
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| **Objective 4.4.** Promote primary prevention of elder abuse, neglect, and exploitation | **Strategies must include but not be limited to the following:**  
- Public education of the special needs of elders and the risk factors for abuse in vulnerable adults; and  
- Primary prevention activities focused on preventing elder abuse, neglect, and exploitation. |
| **Objective 4.5.** Reduce the rate of abuse, neglect, and exploitation recidivism through education, outreach, and the provision of services | **Strategies must include but not be limited to the following:**  
- Reducing the rate of recidivism through education and outreach for caregivers and clients to help them with coping skills and services to alleviate caregiver stress and possible family strife; and  
- Establishing and maintaining collaborative relationships with other entities that endeavor to prevent elder abuse, neglect, and exploitation. |
| **Objective 4.6.** Increase the awareness of health care fraud and other elder rights issues | **Strategies must include but not be limited to:**  
- Use of websites, social media, newspapers, and direct mail. |

**Goal 5:** Promote planning and collaboration at the community level that recognizes the benefits and needs of its aging population

| **Objective 5.1.** Foster opportunities for elders to be an active part of the community | **Strategies must include but not be limited to the following:**  
- Promoting volunteer services by and for older persons including the use of intergenerational activities that allow elders to “give back” while educating younger generations about the value elders bring. |
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| **Objective 5.2.** Promote safe and affordable communities for elders that will benefit people of all ages | Strategies must include but not be limited to the following:  
- Developing and maintaining comprehensive health and support service systems; providing input regarding land use and transportation planning; the expansion of educational, employment, cultural, and recreational resources; and the promotion of active, caring, and inclusive communities that respect autonomy, informed decision-making, and empowerment of older adults. |
| **Objective 5.3.** Promote cultural competency and awareness of a diverse population | Strategies must include but not be limited to the following:  
- Facilitating opportunities for cross-cultural interactions among clients, caregivers, and program staff; promoting a diverse governance and workforce that are representative of the population being served; offering language assistance to individuals with limited English proficiency; and increasing awareness and access to programs and supports across literacy, ethnicity, race, gender, religion, sexual orientation, gender identity, and socioeconomic status; and  
- Increasing accessibility to services, expanding program delivery, and enhancing retention, as well as maximizing the health and well-being outcomes of diverse populations within the aging and disability communities. |
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| **Goal 6:** Maintain effective and responsive management | **Objective 6.1.** Promote and incorporate management practices that encourage greater efficiency | **Strategies must include but not be limited to the following:**  
- The development and monitoring of standards, criteria, or specific procedures to be used by the service providers in evaluating the quality of services provided;  
- Management analysis of performance and performance gaps based on internal monitoring, quality assurance, and performance-based standards and outcomes;  
- Management analysis of improvement objectives based on internal monitoring, quality assurance, and performance-based standards and outcomes;  
- Active participation of the Advisory Council and Board of Directors in the analysis of improvement objectives as identified by the AAA through internal monitoring, and performance-based standards and outcomes quality assurance activities;  
- Incorporating call centers standards and data analysis for internal monitoring and quality assurance; and  
- Complying with F4A data collection and analysis requirements and quality assurance activities that are commensurate with F4A policies and procedures (current and as updated over the life of this plan). |
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|      | **Objective 6.2.** Ensure federal and state funds are used to effectively and efficiently serve elders’ needs | **Strategies must include but not be limited to the following:**  
- Effectively reporting budgetary surplus/deficit projections;  
- Analyzing management policies to reduce and eliminate unspent contracted program funds;  
- Enhancing communication and collaboration with providers to ensure the appropriate and documented transfer of funds among providers; and  
- Identifying alternative funding sources. |
|      | **Objective 6.3.** Ensure that providers continue to strengthen the disaster preparedness plans to address specific needs of elders | **Strategies must include but not be limited to the following:**  
- Developing and maintaining formal agreements with local, state, and federal entities that provide disaster relief and recovery; and  
- Identifying and planning for consumer needs and the availability of special needs shelters in times of disaster. |
|      | **Objective 6.4.** Accurately maintain the Client Information and Registration Tracking System (CIRTS) data | **Strategies must include but not be limited to the following:**  
- Actively comparing CIRTS data to information in client files to verify the accuracy and timely entry of CIRTS data; and  
- Providing training and ongoing technical assistance to ensure that employees understand how to appropriately use CIRTS. |
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<td><strong>Objective 6.5.</strong> Promote volunteerism by and for seniors whenever possible</td>
<td>Strategies must include but not be limited to the following:</td>
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<td>• Identifying, evaluating, and implementing “best practices” that enhance the recruitment and use of trained volunteers in providing direct services to older individuals and individuals with disabilities;</td>
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<td>• Incorporating volunteers to extend the AAA’s capacity to provide services; and</td>
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<td>• Promoting the benefit of elder volunteers to other entities who also provide services.</td>
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Performance Measures Listing

This section includes a listing of the performance measures required by the Department. This serves as a quick reference to the measures and standards.

- **Note:** The AAAs will not be monitored on the measures listed in italics, but the AAA must still include strategies to address the measures within the goals and objectives framework.

**Outcome Measures:**

- **Percent of most frail elders who remain at home or in the community instead of going into a nursing home (Standard: 97%)**
- **Percent of new service recipients whose ADL assessment score has been maintained or improved (Standard: 65%)**
- **Percent of new service recipients whose IADL assessment score has been maintained or improved (Standard: 62.3%)**
- **Percent of elders assessed with high or moderate risk environments who improved their environment score (Standard: 79.3%)**
- **Percent of new service recipients with high-risk nutrition scores whose nutritional status improved**
- **Percent of customers who are at imminent risk of nursing home placement who are served with community-based services (Standard: 90%)**
- **After service intervention, the percentage of caregivers who self-report being very confident about their ability to continue to provide care (Standard: 86%)**
- **Percent of elders with high or moderate risk environments who improved their environment score (Standard: 79.3%)**
- **Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours (Standard: 97%)**
- **Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups**
- **Average time in the Community Care for the Elderly program for Medicaid Waiver probable customers**

**Output Measures:**

- **Number of people served with registered long-term care services**
- **Number of congregate meals provided (Standard: 5,105,950)**

**DOEA Internal Performance Measures:**

- **Percent of co-pay goal achieved**
- **Percent of high-risk consumers (APS, Imminent Risk, and/or priority levels 4 and 5) out of all referrals who are served**
- **Percent of state and federal funds expended for consumer services (Standard: 100%)**
- **Develop strategies for the recruitment and retention of volunteers**
Appendix 1: Direct Service Waiver Requests

Direct Service Waiver (DSW): A direct service waiver allows the Area Agency on Aging to provide a service directly to clients without having to subcontract the services. A DSW request must be completed for each direct service proposed.

Section I:
The Area Agency on Aging (AAA) must select the basis for which the waiver is being requested. In accordance with Section 307(a)(8) of the Older Americans Act, "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 conditions listed below:"

i. Provision of such services by the State agency or the AAA is necessary to assure an adequate supply of such services;
ii. Such services are directly related to such State agency’s or AAA’s administrative functions; or
iii. Such services can be provided more economically, and with comparable quality, by such State agency or AAA and/or the AAA’s efforts to secure services through a competitive solicitation process such as a Request for Proposal (RFP), Request for Information (RFI), or Invitation to Bid (ITB).

Section II:
The detailed justification should include the following elements, if applicable:

- If (i) is checked in Section 1, demonstrate that there is an inadequate supply. For example, the current provider is not able to serve all counties, all types of clients, provide needed services, etc.
- If (ii) is checked in Section 1, show how the service is considered part of the administrative activity and the rationale for categorizing it as such.
  - Note: There are no administrative costs in III D.
- If (iii) is checked in Section 1, include such factors as a cost analysis or needs assessment and/or the Area Agency’s efforts to secure services through a competitive solicitation process such as an RFP, RFI, or ITB.

Note: Applying for a Direct Service Waiver does not mean that the AAA has to cover the entire Planning and Service Area as long as there are providers to cover those areas. The AAA can apply for a Direct Service Waiver even though there is another provider delivering the same service as long as there is justification for having the service being delivered by another organization.
Section III:
As part of its Area Plan development, the AAA must include in its public hearing(s) a discussion of each service that the AAA proposes to provide directly. The hearing notice must list each service for which a waiver will be requested and a copy of the notice must be included in the Area Plan documentation.

The purpose of the public hearing is to ensure that the community is informed of the services the AAA is proposing to provide directly and is offered the opportunity to comment on the AAA’s intention to provide these services directly.

To adequately document the public hearing, the following information must be submitted with the Direct Service Waiver Request Form:

a) A copy of the public hearing notice;
b) Identification of when and where the public hearing was held;
c) Specific information regarding the venues used to advertise the public hearing;
d) A description of the number and types of participants (number of private citizens, number of service provider representatives, number of public officials, etc.); and
e) A summary of the public comments specific to the services proposed for direct service provision.

Note: An actual participant list must be kept in the administrative files and be available for review by the Department upon request.

A completed Direct Service Waiver Request Form must be included in the Area Plan program module for each service the AAA plans to provide directly with Older Americans Act services funds except for outreach, information and assistance, and referral. 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.

Since the Direct Service Waiver Request Form is to be included with the Area Plan submission, approval of the Area Plan indicates approval of the waiver request.

The AAA must include in CIRTS contract budget information about each service the AAA plans to provide directly.

(Return to form)
Appendix 2: Assurances

As part of the Area Plan development and submission process, Appendix 2 details the specific assurances required of the OAA related to the receipt and provision of services with this federal funding stream.

- Please complete all required fields and required signatures for each assurance form.

(Appendix 3: Program Module Review Checklist

This checklist is provided as a tool with which your AAA can review its Area Plan to ensure that all required aspects of the Area Plan have been addressed prior to submission.

- In completing this checklist, please select from the three options provided (Yes, No, N/A) to indicate whether or not each the individual elements as detailed in the instructions has been addressed or if the element is not applicable.

(Return to checklist)