



2023 Area Plan Program Module Update

TEMPLATE AND INSTRUCTION

AREA AGENCY ON AGING OF PASCO-PINELLAS, INC.

PSA: 5

For the Period January 1, 2020 - December 31, 2023

Submitted: September 2022

Introduction to the Area Plan	i
Program and Contract Module Certification	iii
AAA Board of Directors	iv
AAA Advisory Council	ix
Funds Administered and Bid Cycles	xiv
Resources Used	xv
Executive Summary.....	1
Mission and Vision Statements.....	7
Profile	8
Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis	54
Performance and Targeted Outreach.....	58
Unmet Needs and Service Opportunities	99
Goals and Objectives	163
Appendix 1: Direct Service Waiver Requests	232
Appendix 2: Assurances.....	233
Appendix 3: Program Module Review Checklist.....	240
Appendix 4: Performance and Planning Data	250
Program Module Comments and Recommendations:	251
Appendix 5: Instructions.....	253

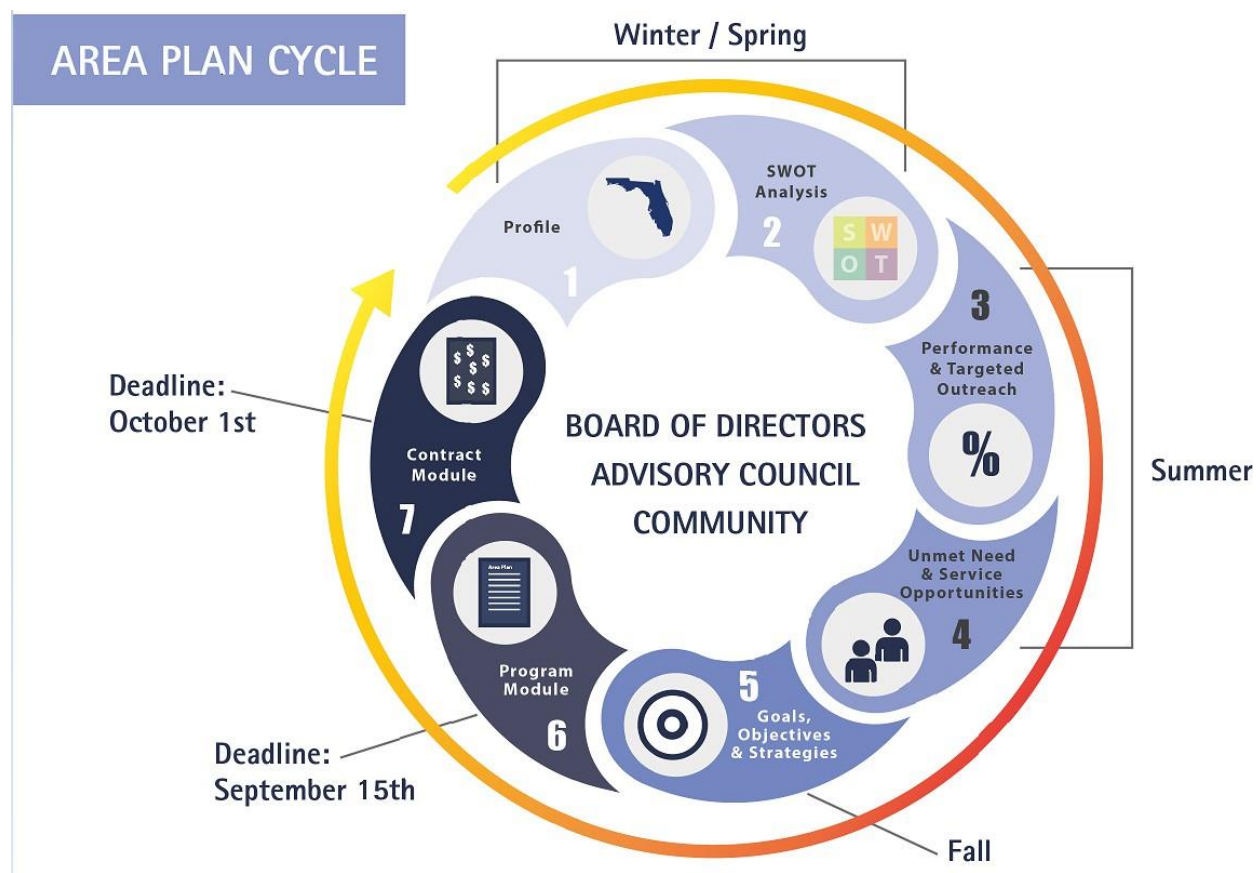
[Introduction to the Area Plan](#)

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; a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis; an analysis of performance and unmet needs; the service plan including goals, objectives, and strategies; assurances; and other elements relating to the provision of services.

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

In planning for the production of the Area Plan, AAAs should consider the following Area Plan development cycle.



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

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

In the spring of 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

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 2020-2023 Area Plan.

President, Board of Directors

Name: Charles F. Robinson, Esq.

Date: Oct 4, 2022

Signature: 
Charles F Robinson (Oct 4, 2022 11:10 EDT)

Advisory Council Chair

Name: Miriam Benitez-Nixon


Date: Sep 12, 2022

Signature: 
Miriam Benitez-Nixon (Sep 12, 2022 15:11 EDT)

Area Agency on Aging Executive Director

Name: Ann Marie Winter

Date: 09/09/2022

Signature: 

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

AAA Board of Directors

Membership Composition:

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

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

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

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

Frequency of Meetings:

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

2021

January 11, February 8, March 15, April 19, May 17, June 21, August 16, September 20, October 18 and November 15.

2022

January 10, February 14, March 21, April 18, May 16, June 20, August 15, September 19, October 17 and November 21.

2023

January 9, February 13, March 20, April 17, May 15, June 12, August 21, September 18, October 16 and November 20.

Officer Selection Schedule:

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

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

2021

March 15

2022

March 21

2023

March 16

AAAPP Board Officers:

Title	Name	Term
Chair	Charlie Robinson	03/20-03/23
Vice Chair	Stuart Strikowsky	03/22-03/25
Treasurer	David Alvarez	03/22-03/25
Secretary	Anne Corona	03/20-03/23
Immediate Past Chair	----	
Other: (Title_____)		
Other: (Title_____)		

AAAPP Board of Directors Membership:

Name	Occupation / Affiliation	Home Address (include county)	Phone Number	Member Since	Current Term of Office
Charles F. Robinson, Esq.	Elder Law/Special Needs Attorney	████████████████████ ██████████ ████████████████████ ██████████	██████████	1991* (predates when AAAPP became nonprofit)	03/20-03/23
Stuart Strikowsky	Physician	██████████████████ ██████████████████ ██████████	██████████	03/19	03/22-03/25

Virginia W. Rowell	Retired, City Social Services	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]	01/07	03/22-03/25
Harriet K. Crozier	Semi-Retired, Funeral Home Industry	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]	03/10	03/21-03/24
Chris Comstock	Retired/Financial Advisor	[REDACTED] [REDACTED] [REDACTED]	[REDACTED]	04/09	03/20-03/23
Sallie Parks	Retired, County Commissioner	[REDACTED] [REDACTED] [REDACTED]	[REDACTED]	1994* (predates when AAAPP became nonprofit)	03/22-03/25
George M. Jirotko	Judge	[REDACTED] [REDACTED] [REDACTED]	[REDACTED]	03/08	03/20-03/23
Barbara Sheen Todd	Retired, County Commissioner	[REDACTED] [REDACTED] [REDACTED]	[REDACTED]	03/15	03/21-03/24
Charlie Justice	County Commissioner	[REDACTED] [REDACTED] [REDACTED]	[REDACTED]	02/15	03/20-03/23
Julie Hale	Retired	[REDACTED] [REDACTED] [REDACTED]	[REDACTED]	02/17	03/21-03/24

Anne Corona	Registered Nurse (Psychiatric)	[REDACTED]	[REDACTED]	06/18	06/20-03/23
		[REDACTED]			
		[REDACTED]			
		[REDACTED]			
Audrey Baria	Physician	[REDACTED]	[REDACTED]	03/19	03/20-03/23
		[REDACTED]			
		[REDACTED]			
Christina Fitzpatrick	County Commissioner	[REDACTED]	[REDACTED]	03/21	03/20-03/23
		[REDACTED]			
		[REDACTED]			
		[REDACTED]			
Lena Wilfalk	Retired College Administrator	[REDACTED]	[REDACTED]	03/21	03/21-03/24
		[REDACTED]			
		[REDACTED]			
David Alvarez	Auditor	[REDACTED]	[REDACTED]	03/21	03/22-03/25
		[REDACTED]			
Mai Vu	Attorney	[REDACTED]	[REDACTED]	09/21	03/21-03/24
		[REDACTED]			

AAAPP 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 term of the Area Plan is as follows:

2021

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

2022

January 10, March 14, May 9, July 11, September 12 and November 14.

2023

January 9, March 13, May 8, July 10, September 11 and November 13.

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.

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

2021

January 1

2022

January 1

2023

January 1

Service Term(s):

Members whose terms are up for renewal are voted on in November of each year with the term beginning January 1st. 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.

AAAPP Advisory Council Members:

Name	Occupation / Affiliation	Home Address (include county)	Phone Number	Member Since	Current Term of Office	Age	Race	Eth.
Miriam Benitez-Nixon, Chair	Retired-SHINE Counselor	[REDACTED]	[REDACTED]	01/14	01/22-12/23	67	White	Hispanic
Kerry Marsalek, Vice Chair	Director, Clearwater Office on Aging	[REDACTED]	[REDACTED]	04/07	01/22-12/23	47	White	Non-Hispanic
Beth Aker	Executive Director, MOW – East Pasco	[REDACTED]	[REDACTED]	05/17	01/21-12/22	55	White	Non-Hispanic
Michael Estigo	Retired City Employee	[REDACTED]	[REDACTED]	04/16	01/21-12/22	72	White	Non-Hispanic
Nancy Giles	Social Enterprise, persons with disabilities	[REDACTED]	[REDACTED]	06/08	01/22-12/23	74	White	Non-Hispanic
Thomas Barnhorn	Councilman, City of Seminole	[REDACTED]	[REDACTED]	03/15	01/21-12/22	65	White	Non-Hispanic
Betty Beeler	Retired Medical Professional	[REDACTED]	[REDACTED]	01/12	01/22-12/23	68	Black	Non-Hispanic
Barbara Epstein	Elder Law Attorney	[REDACTED]	[REDACTED]	07/11	01/22-12/23	63	White	Non-Hispanic
Lenny Waugh	Retired Military	[REDACTED]	[REDACTED]	09/12	01/21-12/22	85	White	Non-Hispanic

Jodi Vosburgh	V.A. Social Worker	[REDACTED]	[REDACTED]	01/17	01/22-12/23	45	White	Non-Hispanic
Mary Haddon Doyle	Retired-Sales & Marketing Executive	[REDACTED]	[REDACTED]	05/18	01/22-12/23	68	White	Non-Hispanic
Stephanie Doran	Retired AS Nuclear Medicine Technology	[REDACTED]	[REDACTED]	02/19	01/21-12/22	72	White	Non-Hispanic
Carole Ware	Recreation Supervisor	[REDACTED]	[REDACTED]	03/20	01/22-12/23	56	White	Non-Hispanic
Eric Gerard	Commissioner, City of Largo	[REDACTED]	[REDACTED]	03/21	01/21-12/22	68	White	Non-Hispanic
John Prendergast	Retired SHINE Volunteer	[REDACTED]	[REDACTED]	03/21	01/21-12/22	70	White	Non-Hispanic
Valerie Anderson-Stalworth	Retired Business Owner	[REDACTED]	[REDACTED]	01/22	01/22-12/23	61	Black	Non-Hispanic
Kimberly Shaw	Clinical Social Worker	[REDACTED]	[REDACTED]	01/22	01/22-12/23	55	White	Non-Hispanic

Funds Administered and Bid Cycles

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

Funds Administered			Current Bid Cycle		Anticipated Bid Cycle	
			Published	Current Year of Cycle	Ant. Pub.	Ant. Award
Older Americans Act (OAA)	III B	<input checked="" type="checkbox"/>	05/2020	1	05/2026	01/2027
	III C.I	<input checked="" type="checkbox"/>	05/2020	1	05/2026	01/2027
	III C.II	<input checked="" type="checkbox"/>	05/2020	1	05/2026	01/2027
	III D	<input checked="" type="checkbox"/>	05/2020	1	05/2026	01/2027
	III E	<input checked="" type="checkbox"/>	05/2020	1	05/2026	01/2027
		<input type="checkbox"/>				
		<input type="checkbox"/>				
	VII*	<input checked="" type="checkbox"/>				
General Revenue	ADI	<input checked="" type="checkbox"/>	02/2017	4	02/2023	07/01/2023
	CCE	<input checked="" type="checkbox"/>	02/2017	4	02/2023	07/01/2023
	HCE	<input checked="" type="checkbox"/>	02/2017	4	02/2023	07/01/2023
Other	ADRC*	<input checked="" type="checkbox"/>				
	AoA Grants	<input type="checkbox"/>				
	EHEAP*	<input checked="" type="checkbox"/>				
	American Rescue Plan*	<input checked="" type="checkbox"/>				
	LSP*	<input checked="" type="checkbox"/>				
	NSIP*	<input checked="" type="checkbox"/>				
	RELIEF*	<input type="checkbox"/>				
	SHINE*	<input checked="" type="checkbox"/>				
	USDA*	<input checked="" type="checkbox"/>				

* This funding does not have an associated Bid Cycle.

Resources Used

- | | |
|--|---|
| <input checked="" type="checkbox"/> American Community Survey | <input checked="" type="checkbox"/> American FactFinder |
| <input checked="" type="checkbox"/> AoA Special Tabulation Data 60+ | <input type="checkbox"/> BRFSS Survey Data |
| <input checked="" type="checkbox"/> Bureau of Economic and Business Research (BEBR) | <input checked="" type="checkbox"/> CIRT |
| <input checked="" type="checkbox"/> Economic and Demographic Research (EDR) | <input type="checkbox"/> DOH Florida Charts |
| <input type="checkbox"/> DOEA Client Satisfaction Survey | <input checked="" type="checkbox"/> DOEA County Profiles, WOW Index |
| <input checked="" type="checkbox"/> DOEA Elder Needs Index Maps | <input checked="" type="checkbox"/> NAPIS |
| <input checked="" type="checkbox"/> Targeting Data and Dashboard | <input checked="" type="checkbox"/> Targeting Performance Maps |
| <input type="checkbox"/> National Association of States United for Aging and Disability (NASUAD) | |
| <input type="checkbox"/> Assessing the Needs of Elder Floridians 2016 | |
| <input checked="" type="checkbox"/> Other (_____) | <input type="checkbox"/> Other (_____) |

- AAAPP – “Volunteer Utilization Review” – CY2020
- AAAPP – “2019 OAA Provider Report for Registered & Unregistered Services”
- AAAPP – “Outreach and Public Education Report” – CY2021
- DOEA State Plan on Aging – 2017-2020
- Florida Commission on Access to Civil Justice Interim Report – October 01, 2015
- Florida Commission on Access to Civil Justice Final Report – June 30, 2016
- Florida Commission for the Transportation Disadvantaged 2021 Annual Performance Report
- Florida Data Clearinghouse – Projection by age for 2015-2040
- Florida Department of Children and Families – Adult Protective Services – 2021 APS Score Card
- Realty Trac – County Stats and Trends as of August 2020
- Statewide REFER Database Report – “Call Volume per Request Type” – 2020-2021
- The United States Department of Justice – The Elder Justice Initiative – Researcher Resources 2019
- Tampa Bay Network to End Hunger – Arc GIS Mapping 2021
- Area Agency on Aging of Pasco-Pinellas, Inc - Community Assessment Survey of Older Adults (CASOA) – September 2019

2023 Area Plan Program Module Update

Executive Summary

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

The Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP) celebrated 48 years of serving older adults, adults with disabilities and caregivers in Pinellas and Pasco Counties in 2022. The AAAPP, a designated Aging and Disability Resource Center (ADRC), was incorporated and received its 501(c) (3) status in 2000. It is one of eleven Area Agencies on Aging statewide and one of over 600 nationwide established by Federal Law to implement social service programs for elders at the local level. Prior to becoming a nonprofit entity, the AAAPP was under the umbrella of the Tampa Bay Regional Planning Council (TBRPC) from 1974 to 2000. AAAPP serves Pasco and Pinellas counties, known as PSA 5.

As a result of federal and state legislation, all area agencies on aging throughout Florida are designated as an Aging and Disability Resource Center (ADRC). This designation provided all area agencies on aging to expand from just serving elders to also serving adults with disabilities.

As an ADRC, we provide Information & Referral/Assistance to elders, caregivers and adults with disabilities to increase access to community services. Additionally, the AAAPP continues its long history of developing and refining a comprehensive aging service network to help older persons lead healthy and independent lives in the community.

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

In addition to the growing number of seniors moving to our area, the covid pandemic was catastrophic in its effect on the seniors we serve. The largest single group to have succumbed to covid was and still is those 65 years of age and older. The challenges have been unprecedented. The AAAPP immediately leaned into the problem that covid created in terms of seniors isolating and being in quarantine by implementing enhanced and new programming to address the basic and essential needs of seniors. Funding provided by the CARES Act helped the agency innovate and begin to address some new areas that were not previously possible, namely using technology to address the impact of social isolation but also to serve as a platform for service delivery. COVA funding created a hub for AAAPP to provide seniors and caregivers with information and access to covid testing, vaccines and protective gear to stay health and safe. American Rescue Plan Act funds (ARPA) allow seniors to be taken off waitlists, assess more seniors for seniors and provide services that were not possible before this funding was distributed to our AAAPP.

So, while the covid pandemic was horrible, it also provided the AAAPP with the opportunity to innovate, expand and create new partnerships and establish the infrastructure needed to assess, plan and provide services to seniors, caregivers and adults with disabilities in PSA 5.

With the onset of the pandemic, the AAAPP shifted to a remote hybrid environment that we intend to continue to incorporate our current work culture for those staff who continue to prove that they can work productively from home and the office.

Outreach about the AAAPP increased and with that, high call volume, increased by 22% over 2021 with more seniors assessed and put on waiting lists for services. We have not seen a slowdown in our call volume and do not expect too anytime soon. We expect call volume to continue to increase in 2023 at a similar pace.

The pandemic also destabilized the economy which impacted our labor force, causing labor force shortages, wage pressures and longer recruitment timelines. Turnover at the AAAPP increased by 24% causing the leadership team to review all aspects of recruiting, orientation and keeping long tenured staff motivated to stay at the AAAPP.

Agencystaff serve on a few boards and committees in our communities. This participation and collaboration with other professionals have generated the growth of our outreach efforts, the LGBT Elder Initiative, collaboration with the AARP Age Friendly Communities, Dementia Care and Cure Initiative (DCCI), Caregiver opportunities, a BLS Subcommittee on Mental Health, Emergency Management support, and SHINE and SMP opportunities, to mention just a few examples (also contained in the Goals and Objectives section). Despite virtually no funding to support these, opportunities have been seized and provided opportunities 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.
- Leverage our role as the key stakeholder in the aging space to influence policy and funding to support home and community-based services.

PSA 5 is remarkable for both the high concentration of persons aged 60 and persons aged 85 and over. PSA 5 has over 1,500,000 residents, with 499,794 residents aged 60 or older. While the State of Florida ranks first nationally in the percent of elder residents, PSA 5 exceeds the state percentage of elder

residents. The 2021 DOEA Florida and PSA Profile indicate 27% of Floridians are age 60 and older, compared to 33% of Pasco and Pinellas residents. In Pasco and Pinellas counties there are currently 53,300 individuals aged 85 or older, representing 3% of the total population. This mirrors the statewide average.

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.

Lessons Learned in Response to Covid-19

A. Did you identify any best practices within your PSA?

1. PSA 5 quickly mobilized to a 100% remote workforce to provide the safest possible work environment for our team. We created an internal taskforce that included the Leadership Team, our IT staff and representatives from each of our departments to provide input on the technical and emotional needs of staff to work successfully remotely. We had sufficient basic IT resources because of earlier hurricane preparedness initiatives we had undertaken so that all staff had the IT equipment they initially needed to work remotely. Evidence of our success included limited downtime and no decrease in staff productivity ensuring continuity of operations and quality services to seniors and the organizations we provide funding to. Daily meetings with staff on zoom and later TEAMS were implemented at once to ensure that staff had the support, they needed to handle the abrupt change of working remotely, the emotional stress of the pandemic and the enormous needs of seniors who had begun quarantining. We have regularly looked at current covid conditions to tweak our remote hybrid schedule to ensure staff safety is always our priority.
2. PSA 5 implemented weekly calls with our providers to identify and address unmet needs as quickly as possible. This ensured that our providers had the support they needed to continue providing services, pivoting as needed based on the daily changing landscape of business closures, supply chain issues and seniors refusing in home and community services. These weekly meetings served as an excellent way to share information, learn

about issues and the intangible but invaluable benefit of knowing that we were all there for each other and that we were going to get through this. This helped us to provide credible information to DOEA, our local health department and other interested parties who used this info to craft policy and implement service changes.

3. PSA 5 created reports to track daily calls to the Helpline, track the issues seniors and families were calling us about, as well as all our DOEA contractual metrics to measure staff productivity while working remotely. This report was later made weekly and continues to do this day.
4. PSA 5 created a Remote Work Guide and a Return to Office Guide that was recognized by N4A as best practices and shared nationally.
5. We pivoted to provide Virtual Outreach events on Facebook with increasing numbers of participants with topics related specifically on how to reach us, what kinds of service we provide and where to find credible information about covid, testing and later vaccines. In November of 2020, we started doing outreach drive through events where AAAPP staff, in partnership with other community organizations set up outreach tables in parking lots around Pinellas and Pasco Counties, providing drive through information on our services to potential new clients who met our targeting requirements.

B. What challenges did you face and how did you address them?

1. While staff had basic IT resources, it became quickly apparent that upgrades were needed as the pandemic dragged on past the first few months. Our challenge was the supply chain issue that the entire world faced. We ordered new laptops with bigger screens (for the multiple databases ADRC staff and Finance work in) and associated equipment but had to wait, in some cases, months for the equipment to arrive. Our IT team worked diligently to provide support and keep the equipment functional until new equipment arrived.
2. The emotional toll of the pandemic on everyone including the Board of Directors and the Advisory Council was palpable and changed as the pandemic wore on. PSA 5 implemented regular short all staff meetings to provide staff with opportunities to share how they were feeling, for Leadership to share updates and for everyone to feel like we were all in this together and together we would get through it. PSA 5 brought in licensed clinicians to talk to staff and provide tips of triggers and coping strategies to deal with the emotional toll of the pandemic.

C. What New Ideas or Processes helped your PSA successfully and efficiently provide services to older adults and their caregivers?

1. PSA 5 created the Dining Out at Home program as part of the state's restaurant initiative through Family First and CARES Act dollars. Dining Out at Home provided local restaurants and catering companies in our PSA to prepare nutritious restaurant quality meals to homebound seniors and those self-isolating due to the pandemic. Ten restaurants in

Pinellas County and 5 in Pasco contracted with the AAAPP to provide these meals. PSA 5 created a MOU template that was adopted by other PSAs to use for their restaurant contracts. Dining Out at Home started up quickly but effectively and continues today, though not with DOE A funding. The ED and DOE A staff presented on the state's restaurant initiative and PSA 5's Dining Out at Home program was featured as a sustainable model for other states to consider implementing. Dining Out at Home provided 667,000 meals in 2020.

2. PSA 5 created U.Connected, a virtual senior center using the Uniper platform. It became clear quickly that seniors were lonely and isolated because of the pandemic, and this was affecting their physical and mental health. Their inability to be in public and engage with others in person was extremely hard on them. Through DOE A No Wrong Door funding, U.Connected's primary goal is to provide seniors with the opportunity to see live and curate content specifically tailored to their needs, and have the support of other seniors participating in the program from around the state and the country and to engage in activities that are geared towards their physical and mental wellbeing. PSA 5 also created new content by partnering with the YMCA of the Suncoast to provide exercise classes, with a local chef who creates cooking videos specifically geared to caregivers and seniors and with a local theater group that produces and puts on plays specifically for seniors.

D. What did you learn about your PSA (AAA, providers, community partners, clients, etc) while responding to the pandemic?

1. PSA 5 learned how incredibly resilient we are as a team and an aging network but also how much we were all affected by this pandemic either through personal tragedy or our collective grief about the overall situation.
2. We learned how adaptable we are to pivot as needed whenever it was/is needed whether that was working remotely, conducting virtual board and advisory council meetings, or helping each other through an exceedingly difficult time.
3. We learned that seniors trust us and that we can outreach effectively to them using technology.
4. We also found new sources of funding from non-traditional sources that were interested in serving seniors.
5. We learned that our partnerships with our local Emergency Management departments and county departments of health were robust and strong and that nurturing those relationships over the years was extremely helpful in ensuring we had a seat at the table when local covid policy decisions were being considered.
6. We learned that DOE A and its staff are amazing and that they provided us with so much support, technical assistance and great ideas to help us do our jobs better during this challenging time.

E. What would you do the same?

1. Our Dining out at Home program, U. Connected, and virtual outreach are areas that we would continue and do similarly, if not the same. Continuing our remote/hybrid work schedule is also something we would do the same and continue indefinitely.

F. What would you do differently?

1. If given the opportunity to do anything differently, PSA 5 would have provided more opportunities for staff to access emotional health training. We did provide 3 but in hindsight, more would have been beneficial. While PSA 5 had many zoom meetings with staff, more emphasis on non-work activities may have been beneficial to provide staff with more opportunities to 'be together' virtually. It was difficult to maintain our incredible work culture while working from home.

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:

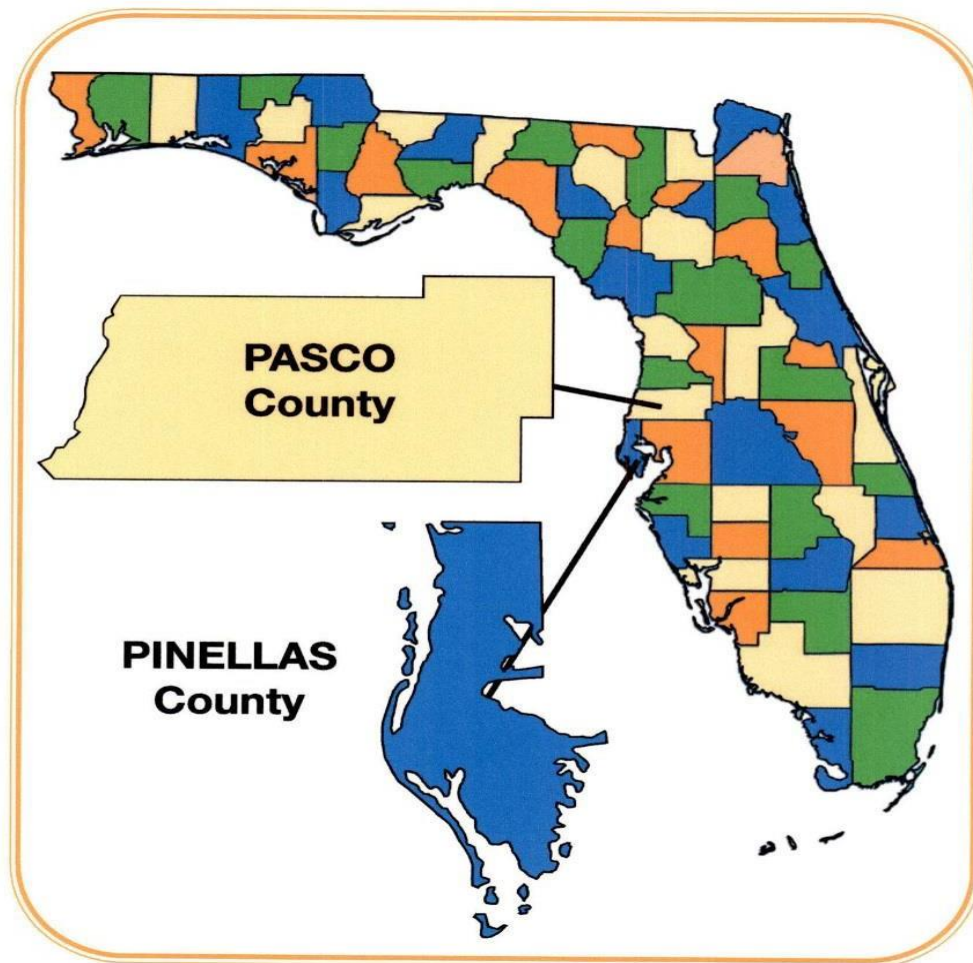
Our community will provide seniors, adults with disabilities and caregivers with the resources and services needed to maintain independence, promote healthy aging and live an optimal quality of life.

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 1,485,609 individuals. Of that, individuals aged 60+ equals 470,557 or approximately 32% of the total population. Notably, individuals aged 85+ equals 51,523 and/or 3% of the total population.

Of the 470,557 individuals aged 60+, 45% or 213,435 identify as male and 55% or 257,122 identify as female. Additionally, individuals who are living alone equals 116,440 or approximately 25% of those aged 60+.

Income levels of the 470,557 individuals aged 60+ reflect that 42,215 or 9% are living at 100% of the Federal Poverty Level. 62,874 individuals or 13% are living below 125% of the Federal Poverty Level.

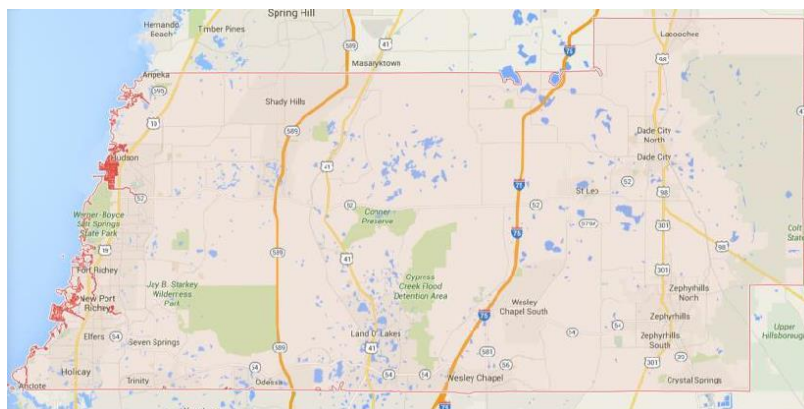
Both counties are comprised of multiple races. Those aged 60+ who identify as White make up 93% or 436,345 individuals. Those who identify as Black represent 23,738 or 5% of those aged 60+. Further, those who identify themselves as other minorities equal 10,474 or 2% as compared to the total population of those aged 60+.

Both counties are also comprised by ethnic diversity. 20,121 or 4% of the total aged 60+ population identifies as Hispanic, while Non-Hispanic makes up 95% or 448,464. Of importance, those reporting Limited English Proficiency equals 11,625 or 2% of the total aged 60+ population.

As compared to statewide demographics, PSA5's aged 60+ population makes up 8.5% of the entire state's aged 60+ population. Further, those aged 85+ living in both Pasco and Pinellas Counties make up 9.1% of the state's entire aged 85+ population.

Source: DOEA 2018 County Profiles

Pasco County



Bordered by the Gulf of Mexico on the Western shore, and land stretching eastward varying from urban to semi urban with pockets of rurality. Pasco County has a total population equaling 515,077 individuals and of that persons over the age of sixty equals 152,963 or 30%. The age 85+ population accounts for 3% of the total population, and 10.3% of the aged 60+ population and 3% of the total 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% are living at the Federal Poverty Level. Low income (income below 125% of poverty level) aged 60+ individuals represent 14% of the aged 60+ population. Of the aforementioned 14%, low income minority individuals make up 2%

Broken down by race, 95% of the aged 60+ population identifies as White while 3% or 4,751 identify as Black or other minorities. Ethnically, those who identify as Hispanic make up 6% or 9,286 individuals aged 60+.

Of interest is the makeup of individuals aged 60+, living alone. Similar to the entire PSA, Females are living alone at a higher rate than males with 21,080 females or 13.7% of the total 60+ population. Males represent 11,815 or 7.7% of those aged 60+ and living alone. Combined, 32,895 individuals or 21.5% of the total aged 60+ population are living alone.

Source: DOEA 2018 County Profiles

Pinellas County



A peninsula bordered by the Gulf of Mexico on the Western shore, Pasco County to the North, and Tampa Bay on the Eastern Shore, Pinellas County has a total population of 970,532 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 317,594 persons age 60+ who reside in Pinellas County, comprising 33% of the total county population. The aged 85+ population accounts for 4% of the total population and 11.2% of the 60+ population.

Of the total 60+ population residing in Pinellas County, 9% are living at the Federal Poverty Level. Low income (income below 125% of poverty level) aged 60+ individuals represent 13% of the aged 60+ population.

The minority elderly population equaling 46,010 represents 14% of the county's age 60+ population. Of that 46,010, low income minority residents over age 60 equal 8,579 or 3% of the total 60+ population residing in Pinellas County. By ethnicity, individuals who are aged 60+ and identify as Hispanic make up 12,807 or 4% 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 55,505 females or approximately 17% of the total 60+ population. Males represent 28,040 or 8.8% of those aged 60+ and living alone. Combined, 83,545 individuals or 26.3% of the total aged 60+ population are living alone.

Source: DOEA 2018 Florida County Profiles

Identification of Communities:

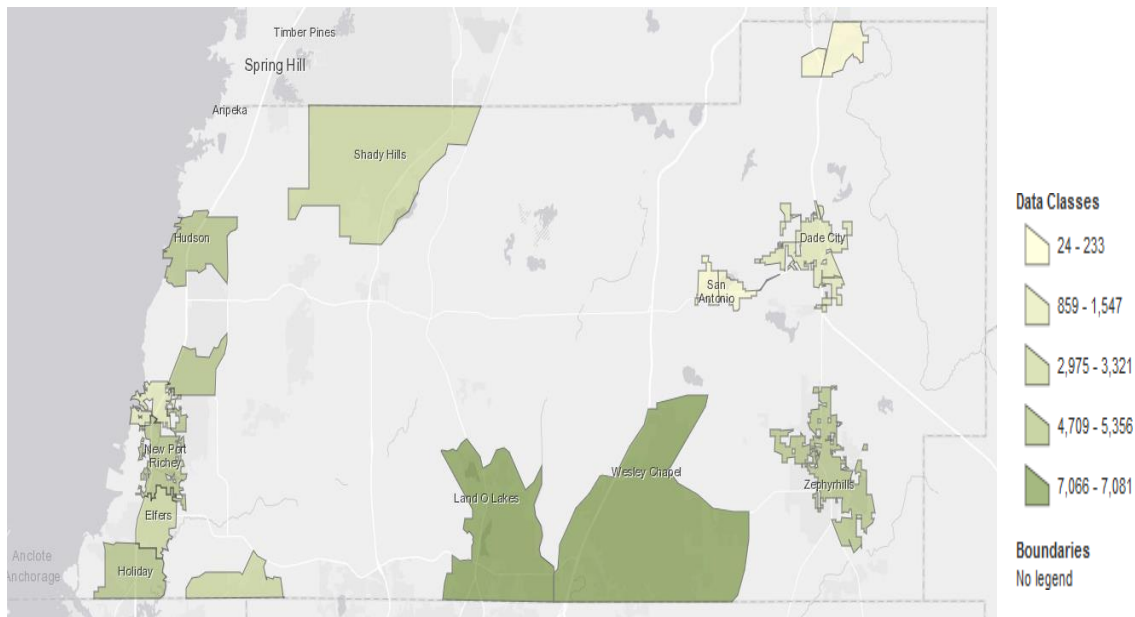
The 2010 Census and American Community Survey 5-Year Estimates for 2013-2017 provides the following details regarding Pasco County population of all ages and those estimated at age 62+ within Census Designated Places (CDPs). According to the 2010 Census, Pasco County spans 746 square miles with a 2010 population of 464,697. Cities and Designated Places (CDPs) are listed below and in order by 2010 size of population:

City and/or Census Designated Places (CDPs)	2010 Total Pop	2017 Estimated Total Pop	2017 Age 62+ Estimated Pop	% of 62+ to Total 2017 Pop	Location within County
Wesley Chapel (CDP)	39,309	53,414	7,081	13.3%	C
Land O'Lakes (CDP)	31,996	35,995	7,066	19.6%	C
Holiday (CDP)	22,403	20,745	5,356	25.8%	SW
Jasmine Estates (CDP)	18,989	20,465	4,955	24.2%	NW
New Port Richey (City)	14,911	15,674	4,709	30%	W
Elfers (CDP)	13,986	13,291	3,259	24.5%	SW
Zephyrhills (City)	13,288	14,608	5,275	36.1%	C
Hudson (CDP)	12,158	12,477	5,061	40.6%	W
Shady Hills (CDP)	11,523	11,850	2,975	25.1%	NC
Trinity (CDP)	10,907	10,529	3,321	20.2%	SW
Dade City (City)	6,437	6,841	1,547	22.6%	E
Port Richey (City)	2,671	2,741	859	31.3%	W
Lacoochie (CCD)	1,714	1,759	173	9.8%	NE
Saint Leo (Town)	1,340	1,177	24	2%	C
San Antonio (City)	1,138	1,153	233	20.2%	C
Trilby (CDP)	419	384	93	24.2%	NE

Source: 2013-2017 American Community Survey 5-Year Estimates, Census Designated Places (CDP), Pasco County Age 62+

Given the graph above and based on 2017 ACS data, the highest concentrations of persons age 62 and over in proportion to the city or CDP total population are found in the following locations:

- Hudson (40.6%)
- Zephyrhills (36.1%)
- Port Richey (31.3%)
- Holiday (25.8%)
- Shady Hills (25.1%)
- Elfers (24.5)



Thematic Map of Estimate; Sex and Age – 62 Years and Over – Pasco County – ACS 2013-2017

Of the 498,136 total Pasco residents identified in the 2017 American Community Survey Estimates:

- 131,242 or 26.3% are age 62 or older
- 69,864 14% identify as Hispanic
- 26,932 or 5.4% identify as Black or African American
- 9.7% have income below the Near the Federal Poverty Level (125%)
- 63,134 or 12.8% have no health insurance coverage
- 15,299 or 3.7 are unemployed

Overall, Pasco County does not have large populations of any minority group. The 2013-2017 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 5.6% total county average:

- Dade City (26%)
- Holiday (5.6%)
- Land O’ Lakes (7.1%)

The following cities have higher concentrations of Hispanic persons proportionate to the total city/CDP population and the county average of 14%:

- Dade City 1,584 or (23.2%)
- Land O’Lakes 6,576 or (18.3%)
- Lacoochee 658 or (37.4%)
- Trilby 76 or (19.8%)

Many Pasco communities have higher rates of poverty than the county average (13.6% of residents with incomes at or below the Federal Poverty Level):

- Dade City (26.4%)
- Lacoochie (44.4%)
- Port Richey (18.5%)
- Zephyrhills (20.4%)
- Shady Hills (22.7%)
- Holiday (20.1%)
- Hudson (17.1%)
- Elfers (18%)

The lowest rates of poverty are reported in Land O’ Lakes (6.4%), Wesley Chapel (6.7) and Trinity CDP (7.3%).

Source: 2013-2017 American Community Survey as of 9/2/19

The 2010 Census and the 2013-2017 American Community Survey provides the following details of Pinellas County’s 925,030 residents of all ages based on 2010.

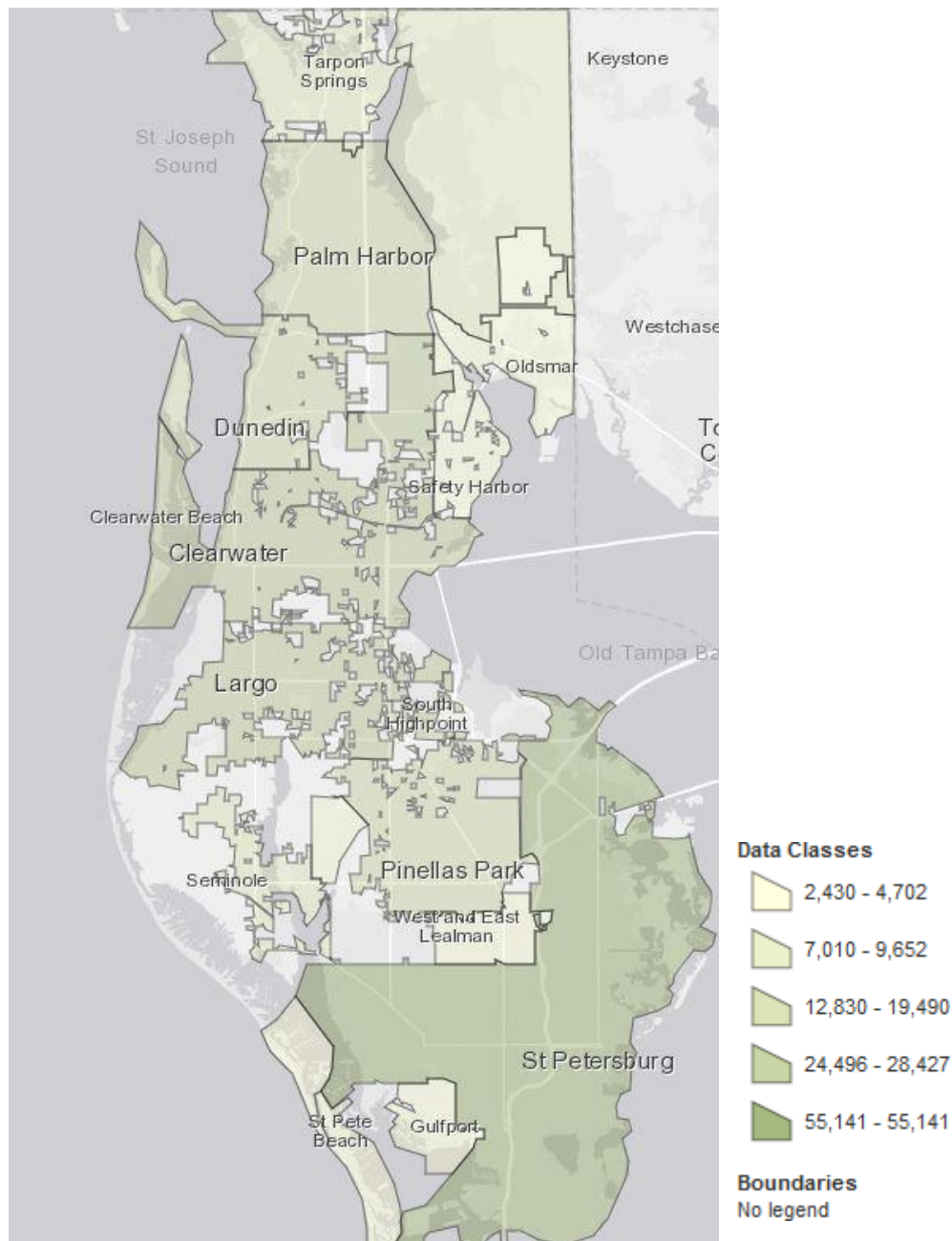
Cities and Census Designated Places are listed below in order on population size and based on 2010 population totals as well as the 2010-2017 American Community Survey Estimates:

City and/or Census Designated Places (CDPs)	2010 Total Pop	2017 Estimated Total Pop	2017 Age 62+ Estimated Pop	% of 62+ to Total 2017 Pop	Location within County
St. Petersburg	244,769	256,031	55,141	21.5%	S
Clearwater	107,685	112,794	28,427	25.2%	C
Largo	77,648	82,433	24,496	29.7%	C
Palm Harbor (CDP)	57,439	61,553	19,490	31.7%	N

Pinellas Park	49,079	51,788	13,089	25.3%	C
Dunedin	35,321	36,099	12,830	35.5%	NW
East Lake (CDP)	30,962	32,248	9,652	29.9%	NE
Tarpon Springs (CDP)	23,484	24,686	8,145	33%	NW
Lealman (CDP)	19,879	20,755	4,665	22.5%	C
Seminole	17,233	18,206	7,010	38.5%	CW
Safety Harbor	16,884	17,484	4,702	26.9%	CE
Oldsmar	13,591	14,211	2,430	17.1%	NE
Gulfport	12,029	12,222	4,298	35.2%	SW
Bardmoor (CDP)	9,732	9,494	2,628	27.7%	CW
St. Pete Beach	9,346	9,529	4,026	42.2%	SW
Treasure Island	6,705	6,844	2,747	40.1%	SW

2013-2017 American Community Survey 5-Year Estimates, Census Designated Places (CDP), Pinellas County Age 62+ as of 9/2/19

Overall there has been small growth in the Pinellas County population. The 2017 ACS data reflects growth in almost all of the Census Designated Places or Cities throughout Pinellas County.



Thematic Map of Estimate; Sex and Age – 62 Years and Over – Pinellas County – ACS 2013-2017

Of the 949,842 CY2017 Pinellas residents identified in the 2013-2017 American Community Survey Estimate:

- 27.9% are age 62 or older
- 86,921 or 9.2% identify as Hispanic
- 97,162 or 10.2% identify as Black or African American
- 171,235 or 18.3% have income Near the Federal Poverty level (125%)
- 51,768 or 6.4% are unemployed
- 118,384 or 12.6% have no health insurance coverage

Additionally, very high concentrations of persons age 62 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 27.9%:

- St. Pete Beach (42.2%)
- Treasure Island (40.1%)
- Seminole (38.5%)
- Dunedin (35.5%)
- Gulfport (35.2%)
- Tarpon Springs (33%)
- Palm Harbor (31.7%)
- East Lake (29.9%)
- Largo (29.7%)

Higher concentrations of Black residents proportionate to total city/CDP population and exceeding the 10.2% Pinellas county average, are found in the following locations:

- St. Petersburg 58,494 or (22.8%)
- Clearwater 11,922 or (10.6%)

The following cities have higher concentrations of Hispanic persons than the county average of 9.2%:

- St. Petersburg 19,555 or (7.6%)
- Clearwater 19,135 or (17%)
- Largo 9,500 or (11.5%)

A number of Pinellas communities have higher rates of poverty than the county average (13.7% of residents with incomes at or below the Federal Poverty Level):

- Lealman (CDP) (28.2%)
- Clearwater (15.9%)
- St. Petersburg (15.9%)
- Gulfport (14.6%)
- Tarpon Springs (14.5%)

The lowest rates of poverty are reported in the Palm Harbor CDP (8.1%), Seminole (9.4%), Safety Harbor (6.1%), and East Lake CDP (6%).

Source: 2010 Census Quick Facts and 2013-2017 American Community Survey as of 9/2/19

POPULATION CHANGES 2010 TO 2018

A comparison of population changes from 2010 to 2018 based upon the 2010 Census Reports, the 2013-2018 American Community Survey Estimate and the 2018 DOEA State, PSA and County Profile for those years shows the age 60+ population has grown 16.7% in Pasco County and 18.2% growth in Pinellas County. During the same eight-year period there was 20.2% growth in the age 60+ population statewide.

Greater growth was experienced for the ages 85+ population from 2010 to 2018. PSA5 saw 13.8% growth in the numbers of persons age 85 and older, with Pasco having the greater growth at 20.5% followed by Pinellas at 10.9%. While close, Pasco's growth falls slightly behind the statewide growth of 22.7%.

Growth of PSA 5 Age 60+ Population - 2010 to 2018			
Region	Age 60+ 2010	Age 60+ 2018	Percent Change
Pasco	127,403	152,963	16.7%
Pinellas	259,784	317,594	18.2%
PSA 5 total	387,187	470,557	17.7%
Statewide totals	4,394,852	5,512,586	20.2%

Source: U.S. Census 2010, 2018 American Community Survey Estimates, 2018 DOEA Florida, PSA, County Profiles

Growth of PSA 5 Age 85+ Population - 2010 to 2018			
Region	Age 85+ 2010	Age 85+ 2018	Percent Change
Pasco	12,553	15,779	20.5%
Pinellas	31,835	35,744	10.9%
PSA 5 total	44,388	51,523	13.8%
Statewide totals	434,125	562,037	22.7%

Source: U.S. Census 2010, 2018 American Community Survey Estimates, 2018 DOEA Florida, PSA, County Profiles

Several factors contribute to the slowed growth in PSA 5 as compared with the remainder of the state. Pinellas County has continued to have limited property for residential expansion; the housing boom in early 2000 and in more recent years, saw a decline 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.

While the numbers of Pasco and Pinellas county residents age 60 and older and age 85 and older increases between 2011 and 2018, there have been varied changes in the diversity of PSA 5 elders. Between 2011 and 2018, PSA 5 saw an increase of 42.3% in the number of minority elders. The most significant increase is seen in Pasco County with the number of minority elders increasing by 47.1%. In addition to Pasco County, Pinellas County statistics illustrate an increase from 2011 through 2018 of 40.2%.

Growth of PSA 5 Age 60+ Minority Population - 2011 to 2018			
Region	Age 60+ Minority 2011	Age 60+ Minority 2018	Percent Change
Pasco	10,985	20,769	47.1%
Pinellas	27,496	46,010	40.2%
PSA 5 total	38,481	66,779	42.3%

Source: DOEA 2011 Florida County Profiles and 2018 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 2018, the number of PSA 5 elders with income below the Federal Poverty Level increased by 16%, with the greatest increase in Pasco County at 20.5%.

Growth of PSA 5 Age 60+ Low Income Population - 2011 to 2018			
Region	Age 60+ Low Income 2011	Age 60+ Low Income 2018	Percent Change
Pasco	11,009	13,855	20.5%
Pinellas	24,413	28,360	13.9%
PSA 5 total	35,422	42,215	16%

Source: DOEA 2011 Florida County Profiles and 2018 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 57.1% in the number of Pasco and Pinellas residents age 60 and over from 2010 to 2040. While the Pinellas age 60 to 64 population is expected to decline 12.9% by 2040, significant increases are expected in the 70-74 age group (growth of 55%) and age 75+ age group (growth of 107.1%). Pasco County is expected to have the larger population increase for those age 60 and older, with a 72.5% increase projected by 2040. Again, the largest increases are projected for the 70-74 age group (growth of 71.7%) and age 75+ age group (126.8%). For the period 2010 to 2040 the 60 to 64 age group is expected to decrease by 12.9% in Pinellas County and increase by 19.1% in Pasco County. During this same period the age 75+ population is expected to increase significantly in both counties, 126.8% in Pasco County and 107.1% 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 - 2010 to 2040			
Age	2010	2040	Percent Change
60-64	96,821	94,286	-2.6%
65-69	150,468	101,546	-32.5%
70-74	65,233	104,952	60.8%
75+	144,178	307,607	113.3%
Total 60+	387,157	608,391	57.1%

Source: Florida Housing Data Clearinghouse, Projection by Age for 2010-2040

Projected Population Change in Pasco County - 2010 to 2040			
Age	2010	2040	Percent Change
60-64	31,149	37,128	19.1%
65-69	27,931	40,391	44.6%
70-74	22,933	39,378	71.7%
75+	45,373	102,940	126.8%
Total 60+	127,386	219,837	72.5%

Source: Florida Housing Data Clearinghouse, Projection by Age for 2010-2040

Projected Population Change in Pinellas County – 2010 to 2040			
Age	2010	2040	Percent Change
60-64	65,672	57,158	-12.9%
65-69	52,994	61,155	15.3%
70-74	42,300	65,574	55%
75+	98,805	204,667	107.1%
Total 60+	259,771	388,554	49.5%

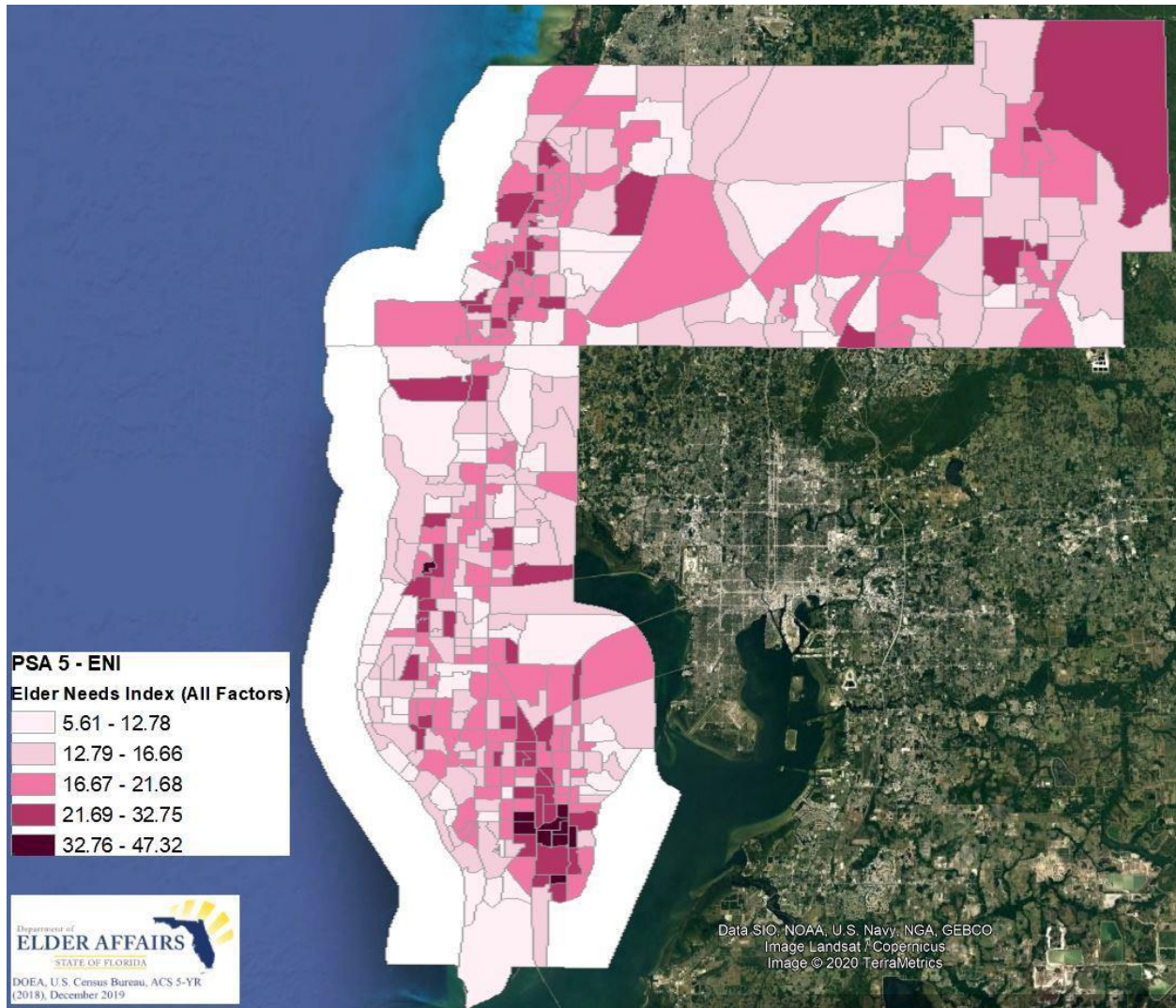
Source: Florida Housing Data Clearinghouse, Projection by Age for 2010-2040

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 on the following page 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

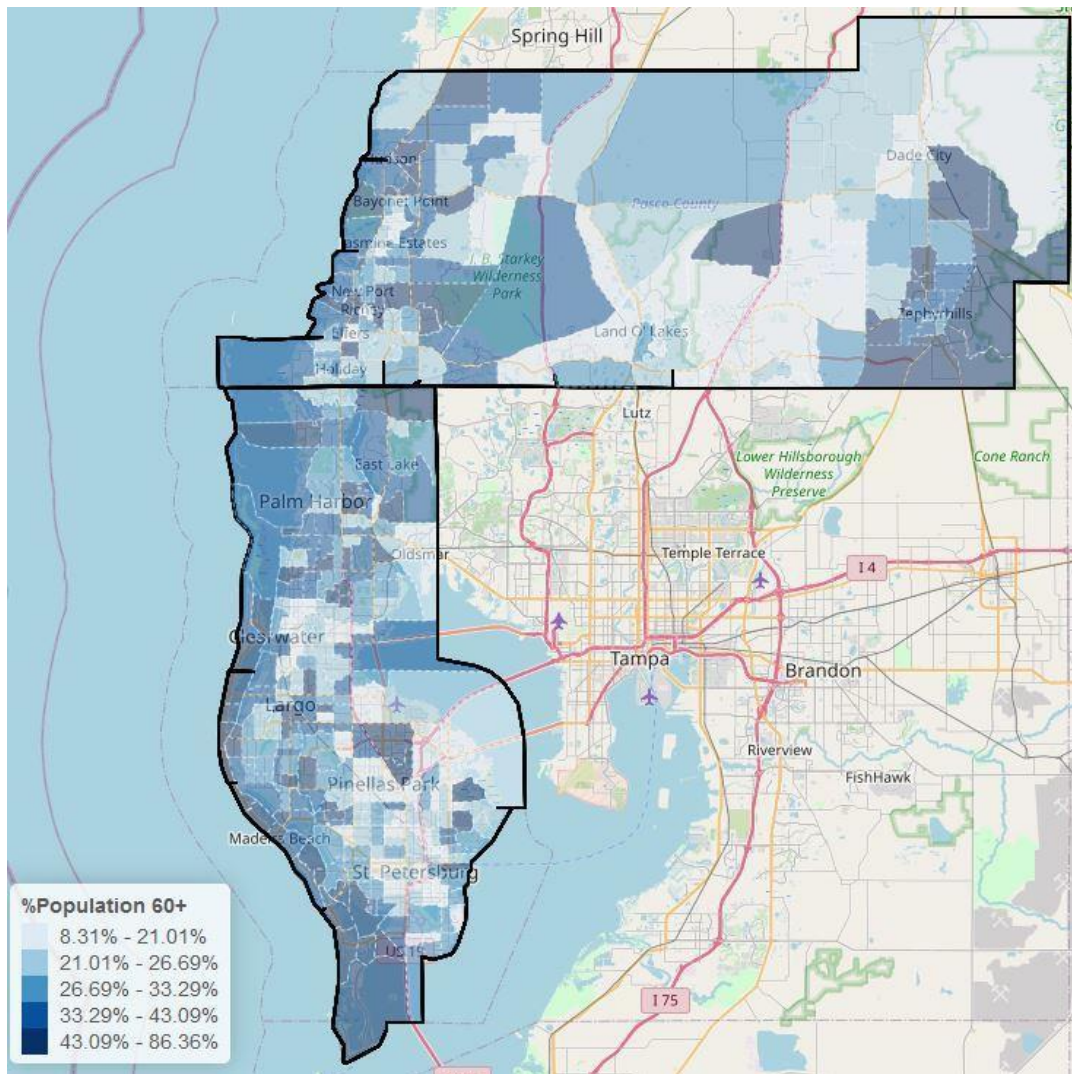


Source: DOEA Elder Needs Index 2019, Seniors Meeting All 4 Elder Needs Index Factors

Additional factors that will be described later include:

1. Those aged 65+ with Alzheimer's Disease or a Related Disorders (ADRD)
2. Those aged 65+ with Limited English Proficiency
3. PSA5 Non-Urban Areas
4. Those Living Alone

1. Elders Age 60 and Older



Pinellas County Aged 60+ Population based upon DOEA 2019 Final Profile

As detailed below, among the eleven Florida Planning and Service Areas, PSA 5 ranks **third** in the percentage of population age 60 years and over.

60+ Population in Florida - 2018

Area	Counties	Total Population	60+ Population	% of PSA Population
PSA 1	Escambia, Okaloosa, Santa Rosa, Walton	759,255	178,880	24%
PSA 2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington	758,004	168,834	22%
PSA 3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union	1,745,960	591,915	34%
PSA 4	Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia	2,152,610	536,925	25%
PSA 5	Pasco, Pinellas	1,485,609	470,557	32%
PSA 6	Hardee, Hillsborough, Highland, Manatee, Polk	2,589,539	627,032	24%
PSA 7	Brevard, Orange, Osceola, Seminole	2,749,216	576,420	21%
PSA 8	Charlotte, Collier, Desoto, Glades, Hendry, Lee Sarasota	1,764,787	647,777	37%
PSA 9	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie	2,084,350	647,667	31%
PSA 10	Broward	1,897,976	437,838	23%
PSA 11	Dade, Monroe	2,853,262	628,741	22%
FLORIDA		20,840,568	5,512,586	26%

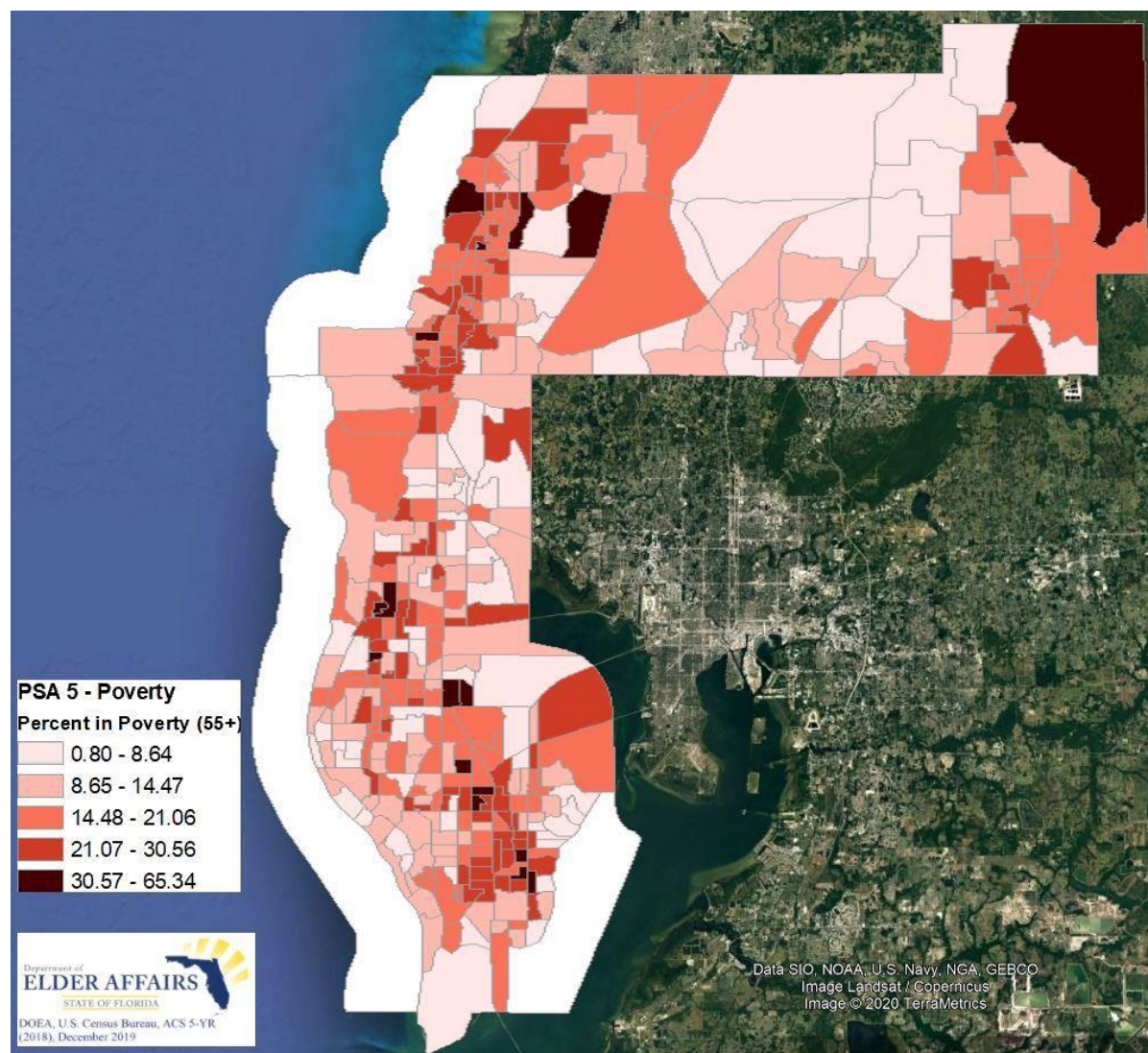
Source: DOEA 2018 PSA and County Profiles

2. Elders with Low Incomes

The percentage of age 60+ population in PSA 5 with income below poverty level (8.9%) is slightly lower than the state average (9.9%). There is a slightly higher rate of poverty in Pinellas County with 28,360 (8.9%) residents age 60+ having income at or below the federal poverty level compared with 13,855 (9%)

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 13,855, or 9% of Pasco elders in 2018. In Pinellas County, the number of elders in poverty increased slightly in number yet decreased by percentage from 27,496 or 9.2% in 2011 to 28,360 or 8.9% of Pinellas elders in 2018.

Because the Federal Poverty Level threshold sets a minimal standard, it is useful to also report the number of seniors living on the verge of poverty. Those with incomes at or below 125% of the federal poverty level are considered to be low-income or near poverty level. PSA5 has a large number of low-income/near poverty seniors equaling 62,874. Pasco has 21,595 (14.1%) low-income/near poverty older individuals and Pinellas has 41,279 (12.9%) older individuals. The rate of low-income/near poverty seniors in PSA5, 13.3%, is lower than the statewide average of 14.3%.



Source: DOEA Elder Needs Index 2019, Aged 55+ with incomes at or below 125% Federal Poverty Level

PSA 5 Income Below Poverty Level and Near Poverty Level (125% BPL)					
Region	60+ Population	BPL	Percent BPL	NPL	Percent NPL
Pasco	152,963	13,855	9%	21,595	14.1%
Pinellas	317,594	28,360	8.9%	41,279	12.9%
PSA 5 total	470,557	42,215	8.9%	62,874	13.3%
Statewide totals	5,512,586	546,721	9.9%	791,825	14.3%

Source: Source: DOEA 2018 Florida (County, PSA and State) Profiles

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.

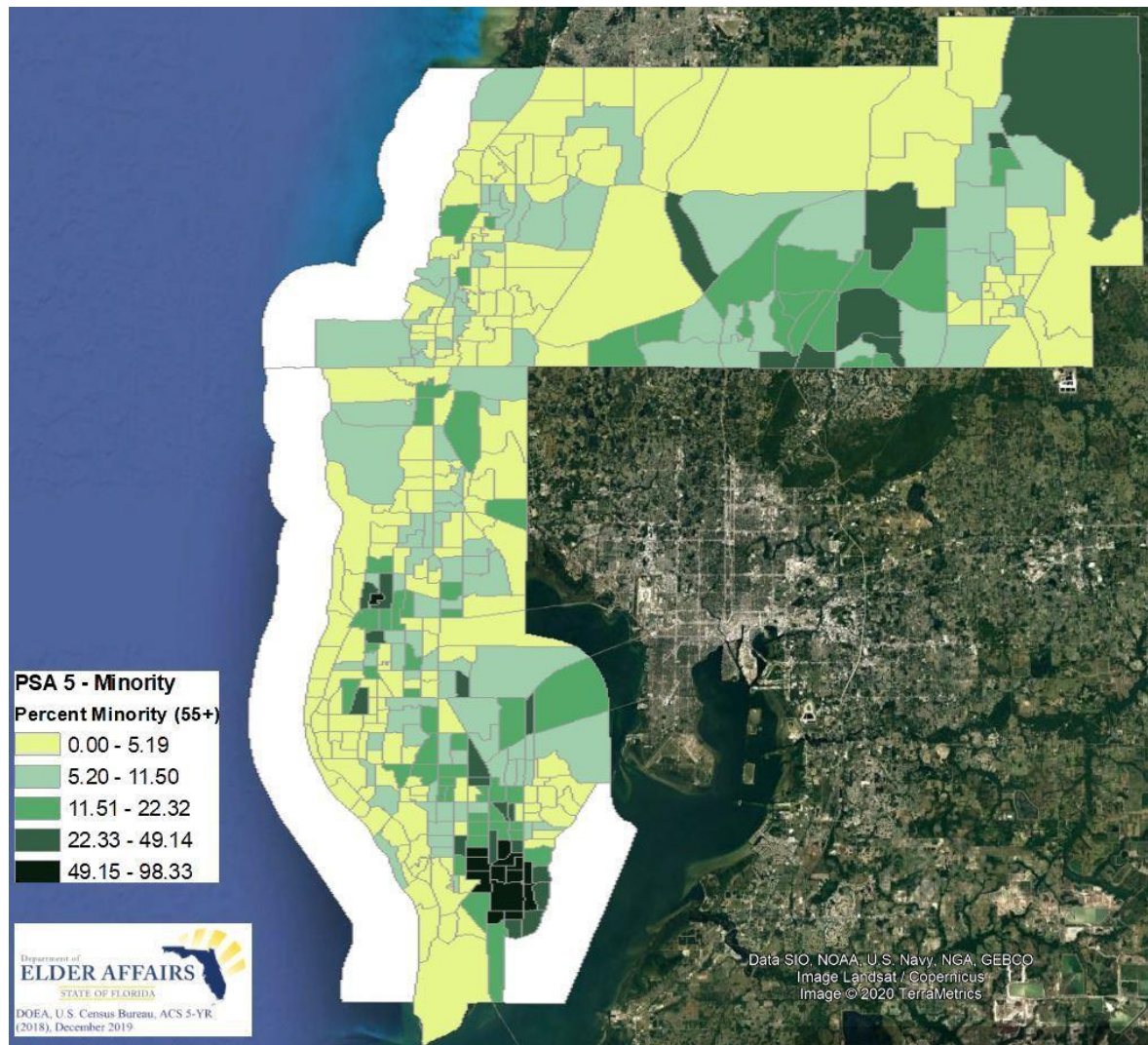
In Pinellas County higher rates of poverty are found in St. Petersburg, Clearwater, Lealman, Largo, Tarpon Springs, Gulfport and Pinellas Park.

3. Minority and Culturally Diverse Elders

PSA 5 has 66,779 minority and culturally diverse elders ages 55+ and representing 14% of the PSA's senior population. This is an increase from the 2011 total of 38,481 by 42.3% yet the minority population within Pasco and Pinellas Counties continues to remain much lower than the statewide average of 31%. Proportionately, both counties have an equal population percentage identifying as minorities. Higher concentrations of Pinellas minority elders are primarily found in St. Petersburg, Clearwater and Gulfport. There are also pockets of minority elders in Largo and Tarpon Springs.

Pasco County's minority population represents 14% 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 (23,738 or 35.5 % of the total minority population), with the largest concentration in Pinellas County. The Hispanic population is growing in PSA5 with an increase from 14,847 Hispanic elders in 2011 to 22,093 in 2018. It is the largest age 60+ ethnic group representing 5% of the older minority population. In Pasco County, there are also higher numbers of self-identifying Hispanic elders (9,286) than Black elders (4,751).



*** Total Minorities = 55+ Population – White (Race) + Total Hispanic White (Ethnicity), 55+
Source: Source: DOEA 2019 Florida (County, PSA and State) Profiles**

PSA5 Race Within 55+ Population					
Region	White	Black	Other Minorities	Total Minorities*	Minority % of Total 60+
Pasco	144,846	4,751	3,366	20,769	14%
Pinellas	291,499	18,967	7,108	46,010	14%
PSA 5 total	436,345	23,738	10,474	66,779	14%
Statewide totals	4,798,088	589,669	124,829	1,711,427	31%

PSA 5 Ethnicity Within 60+ Population							
Region	60+ Population	Hispanic	% Hispanic	Hispanic Identifying as White (HIW)	Hispanic Identifying as Non-White (HINW)	Non-Hispanic	% Non-Hispanic
Pasco	152,963	9,286	6%	8,582	704	143,677	94%
Pinellas	317,594	12,807	4%	11,539	1,268	304,787	96%
PSA 5 total	470,557	22,093	5%	20,121	1,972	448,464	95%
Statewide totals	5,512,586	872,100	16%	813,849	58,251	4,640,486	84%

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

Source: Source: DOEA 2018 Florida (County, PSA and State) Profiles

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% of seniors in PSA5 have incomes below the poverty level, this percentage equates to 2% for minority elders. Likewise, 17.9% of PSA 5 seniors have income at 125% of the poverty level, while 3% 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 slightly lower in both counties compared with the statewide average.

Low Income Minority Elders							
Region	*Total 60+ Minorities	BPL 60+ Minority	60+ Minority BPL Compared to Total Minority Pop %	Compared to Total 60+ Pop %	(125% BPL) 60+ Minority	(125% BPL) Minority Compared to Total Minority Pop %	Compared to Total 60+ Pop %
Pasco	20,769	2,135	10.2%	1%	3,425	16.4%	2%
Pinellas	46,010	6,100	13.2%	2%	8,579	18.6%	3%
PSA 5 total	66,779	8,235	12.3%	2%	12,004	17.9%	3%
Statewide totals	1,711,427	253,581	14.8%	5%	356,495	20.8%	6%

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

Source: DOEA 2018 Florida (County, PSA and State) Profiles

5. Age 85+ Population

Of the total PSA 5 population, 3% or 51,523 persons are age 85 or older. In Pasco County the age 85+ population accounts for 3% of the population and in Pinellas County 4%. The concentration of elders age 85+ in both counties exceeds the statewide average of by .8%. 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.

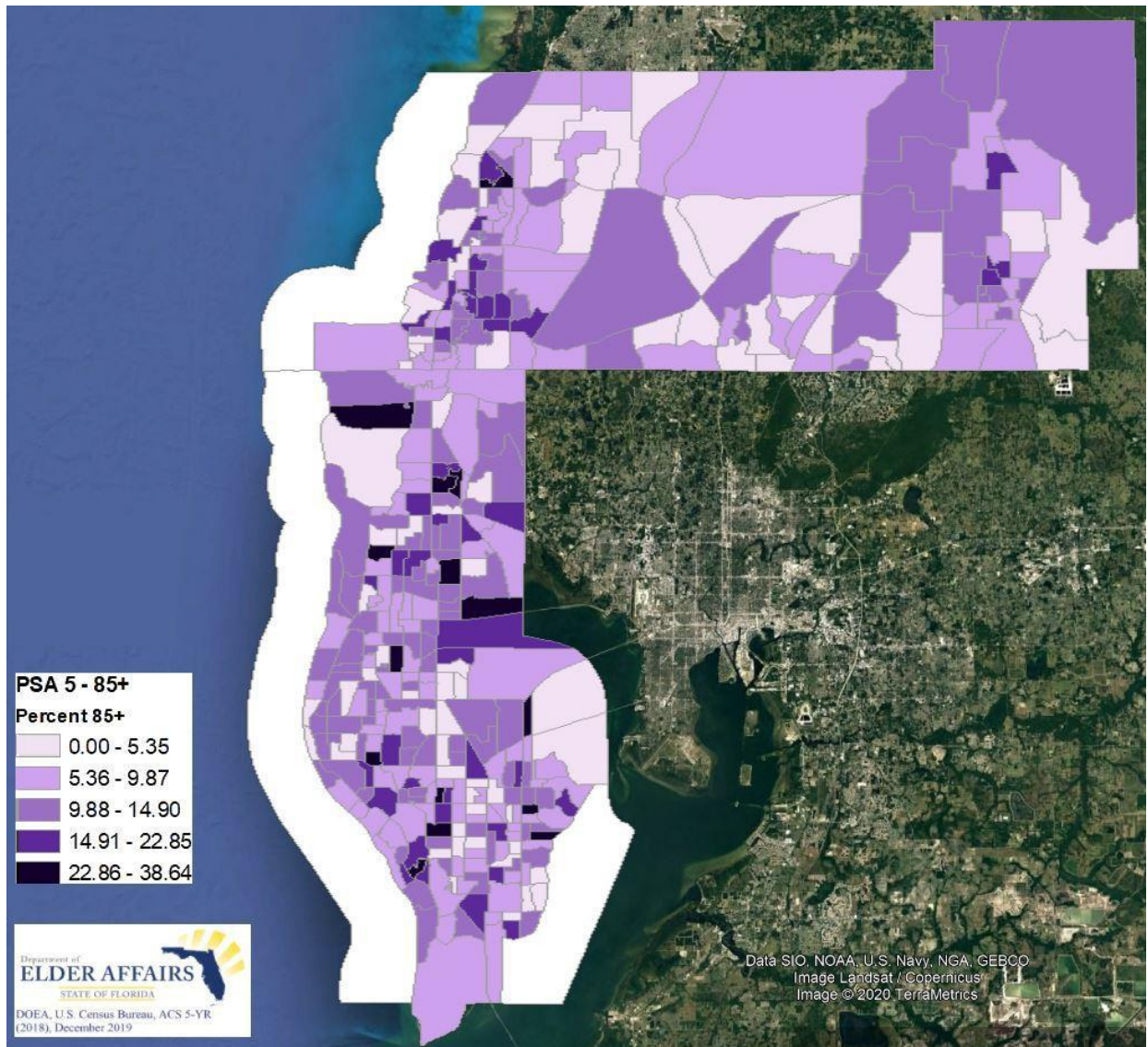
Age 85+ Population					
County	Age 85+	Total Population	Percent of Total Population Age 85+	60+ Population	Percent of Elders Age 85+ to 60+ Population
Pasco	15,779	515,077	3%	152,963	10.3%
Pinellas	35,744	970,532	4%	317,594	11.2%
PSA 5 total	51,523	1,485,609	3%	470,557	10.9%
Statewide totals	562,037	20,840,568	3%	5,512,586	10.1%

Source: DOEA 2018 Florida (County, PSA and State) Profiles

As detailed below, PSA 5 has the **third** 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 – 2018 – By PSA				
Area	County	Total Population	85+ Population	% of PSA Population
PSA 1	Escambia, Okaloosa, Santa Rosa, Walton	759,255	15,052	2%
PSA 2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington	758,004	13,933	2%
PSA 3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union	1,745,960	55,171	3%
PSA 4	Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia	2,152,610	49,081	2%
PSA 5	Pasco, Pinellas	1,485,609	51,523	3%
PSA 6	Hardee, Hillsborough, Highland, Manatee, Polk	2,589,539	57,849	2%
PSA 7	Brevard, Orange, Osceola, Seminole	2,749,216	52,658	2%
PSA 8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota	1,764,787	69,562	4%
PSA 9	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie	2,084,350	84,795	4%
PSA 10	Broward	1,897,976	46,911	2%
PSA 11	Dade, Monroe	2,853,262	65,502	2%
TOTAL		20,840,568	562,037	3%

Source: DOEA 2018 Florida PSA Profiles



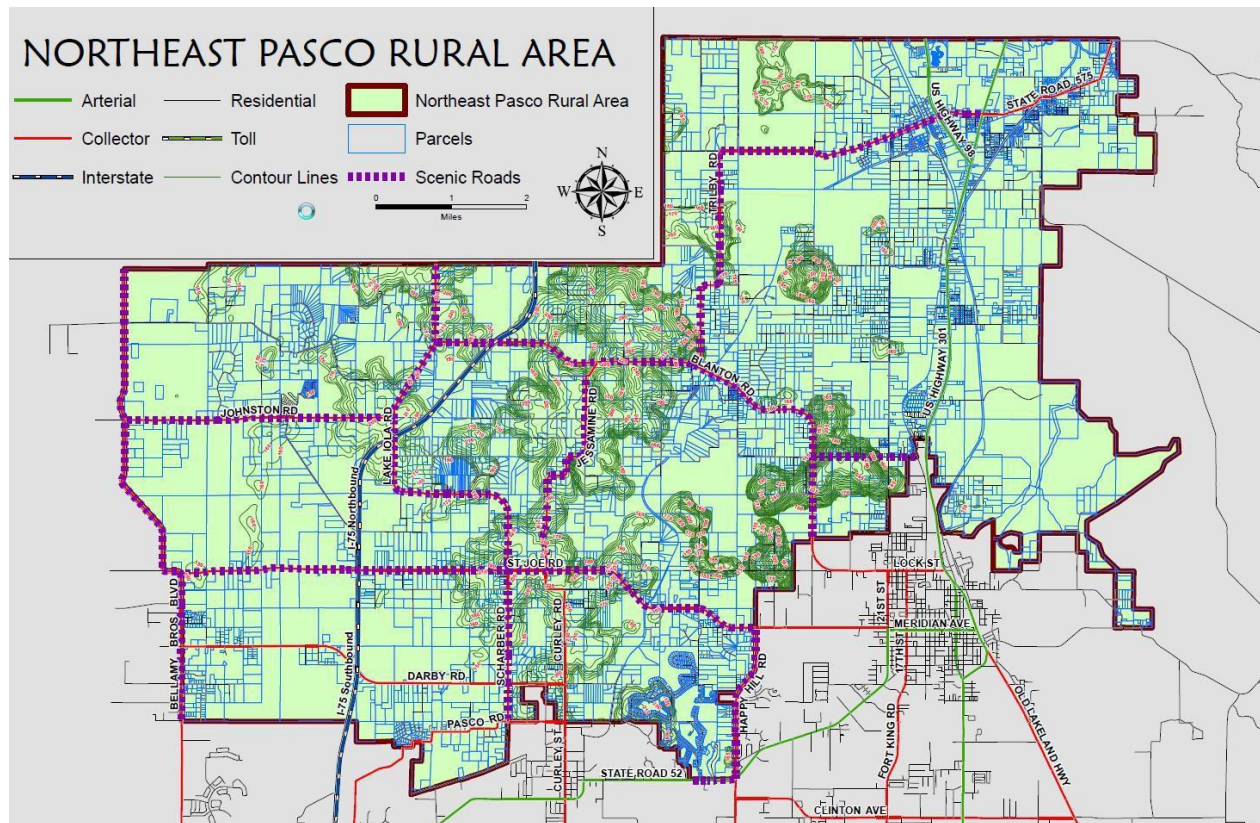
Source: DOEA Elder Needs Index 2019 – 85 and Older

6. Urban/Rural Areas

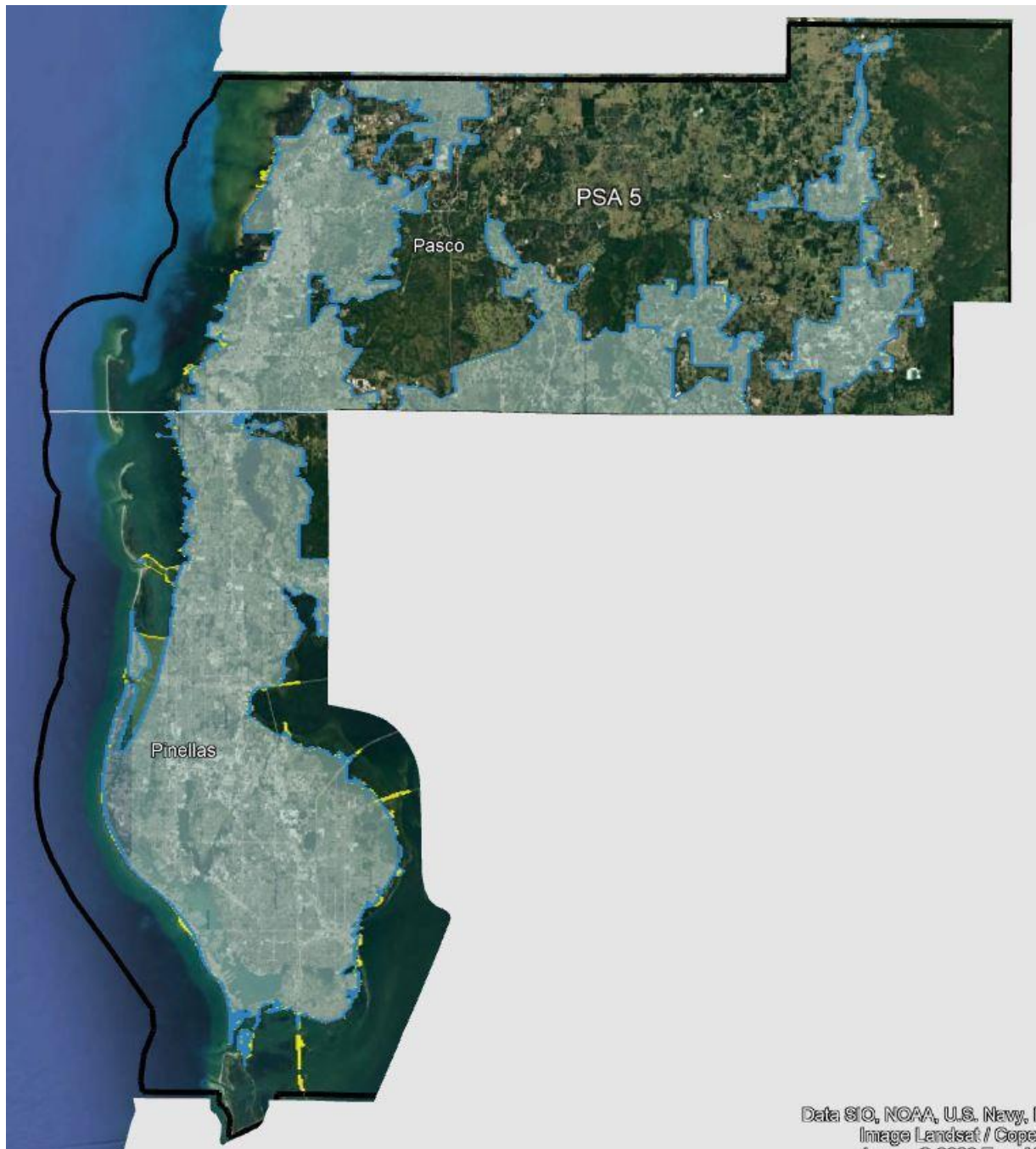
There are no counties within the PSA officially designated as rural. However, 2000 census data as well as the 2017-2020 DOEA State Plan on Aging, including estimates from the American Community Survey 2013-2017 suggest that there are small rural sections (1%) of the PSA and specifically in Pasco County.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

Yet small, Pasco County has the only rural population in PSA5. The 2017-2020 DOEA State Plan on Aging suggests using American Community Survey 2013-2017 estimates that there are 1,800 or (1.2%) elders residing in rural areas of the county. Based on Pasco County Government 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, Lacoochee, and Trilacoochee (the Tri-

Community) are considered rural areas of the county and are represented by the zip code 33523. A map of this area with streets is below:



Further, DOEA’s Elder Needs mapping capabilities allow us to illustrate what census data from 2010 purports for PSA5 as related to urban vs non-urban areas of each county. Below is that depiction with gray highlighted areas illustrating urban and non-gray areas indicating areas considered non-urban.



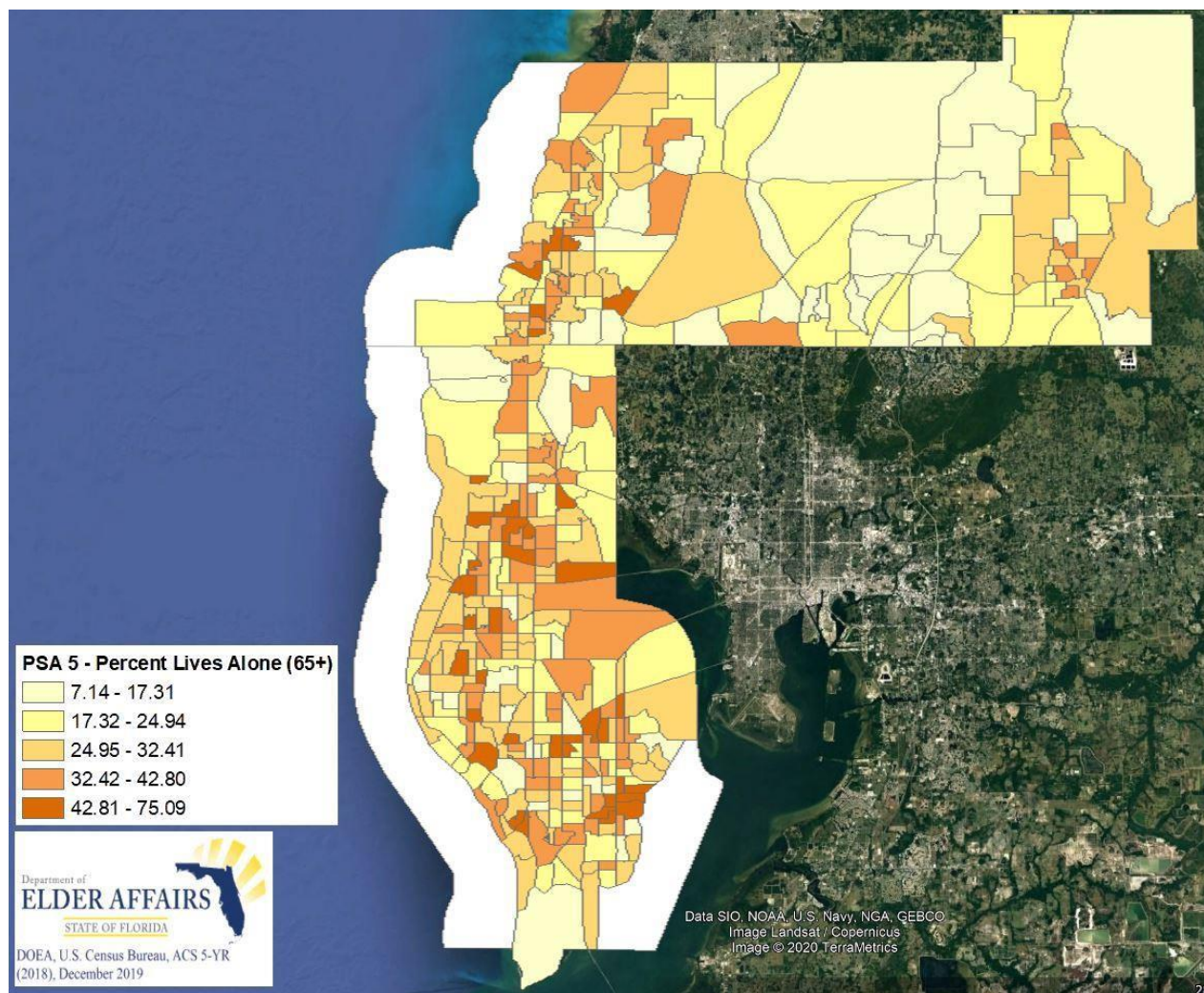
Source: DOEA Elder Needs Index 2019 – Non-Urban County Depiction (Non-Gray Highlighting)

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 or lack access to adequate transportation allowing them to remain independent. PSA5 elders are more likely than other Florida elders to be living alone, with 24.7% living alone compared to the Florida average of 20.7%. In Pinellas County, 26.3% of those age 60 and older live alone, compared to Pasco at 21.5%. 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.

Age 60+ Population Living Alone			
Area	60+ Population	60+ Living Alone	Percent Living Alone to 60+ Population
Pasco	152,963	32,895	21.5%
Pinellas	317,594	83,545	26.3%
PSA 5 total	470,557	116,440	24.7%
Statewide totals	5,512,586	1,141,814	20.7%

Source: Source: DOEA 2018 Florida (County, PSA and State) Profiles

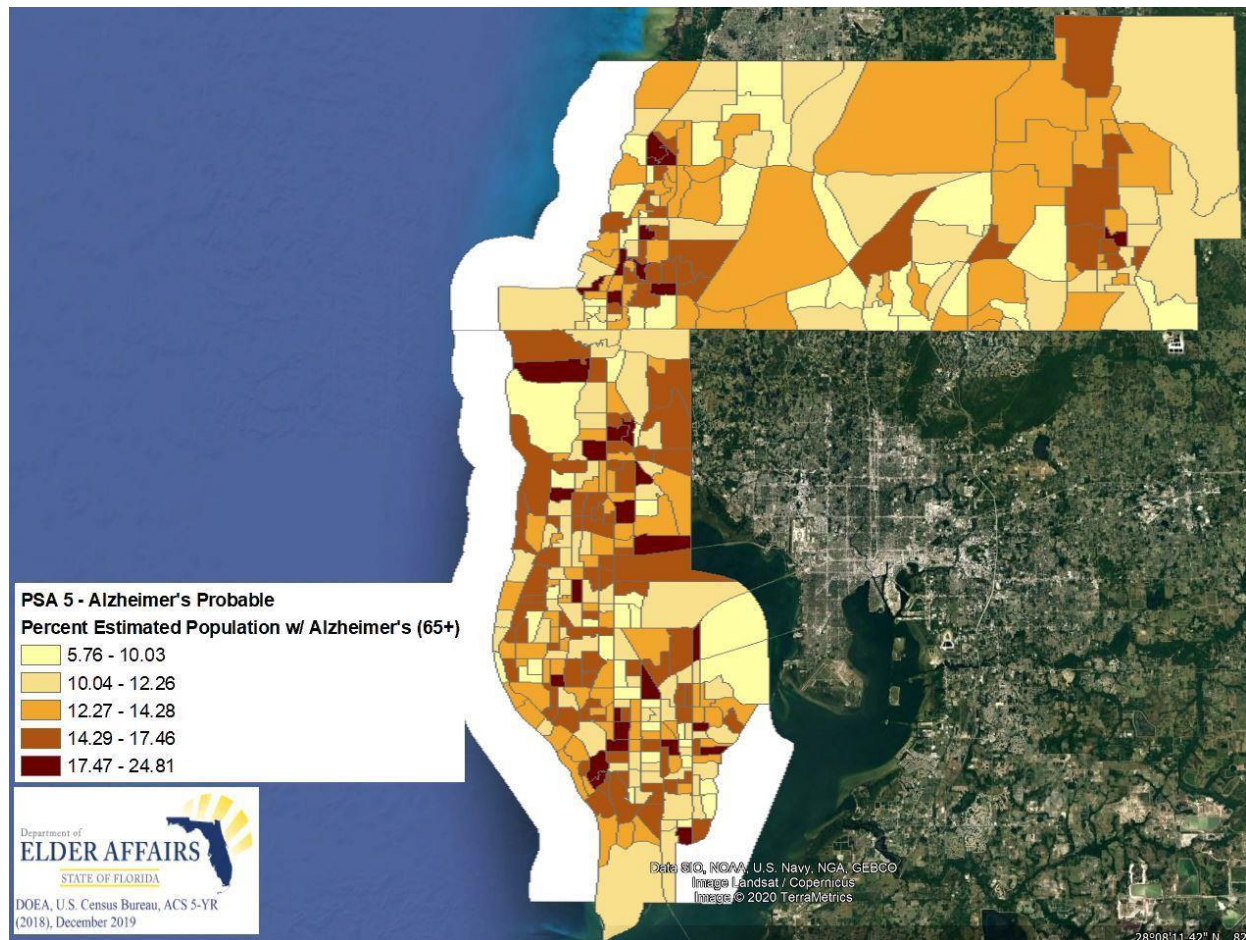


Source: DOEA Elder Needs Index 2019 – Living Alone

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 and/or adult day care for those seniors living with dementia and related disorders.

Below is a map detailing the estimates of incidences pertaining to individuals aged 65+ with Alzheimer's disease or Related Disorders (ADRD) within PSA5.



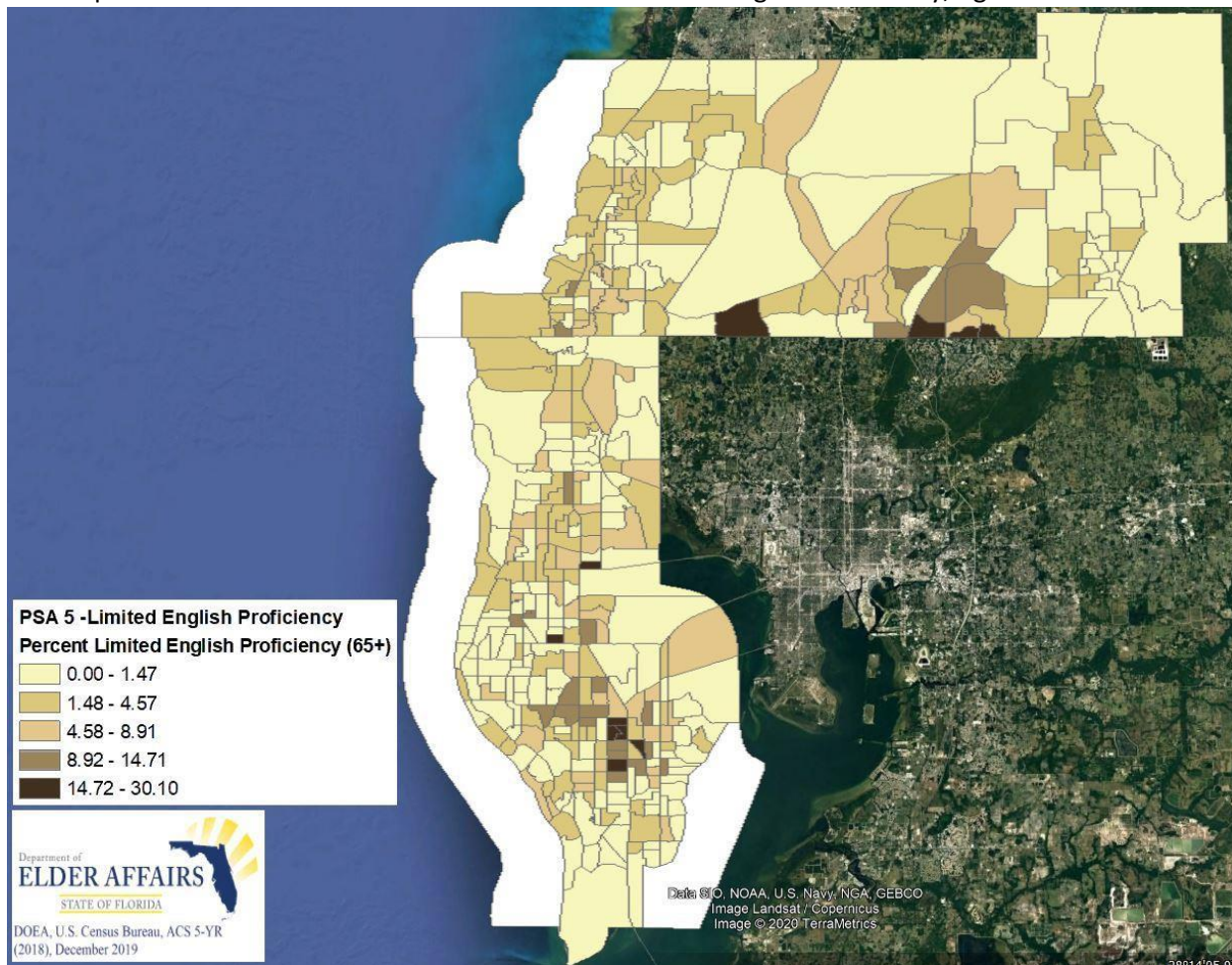
Source: DOEA Elder Needs Index 2019 – Probable Alzheimer's Disease, aged 65+

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 2018 DOEA County and PSA Profiles indicate the estimated number of individuals aged 65+ within PSA5 who have Limited English Proficiency. In both counties, the data suggests that 11,625 individuals, 65+ have Limited English Proficiency. This number represents 2% of the entire PSA5 aged 60+ population. In Pasco County, the prevalence is slightly higher to the PSA percentage with 4,120 individuals or 3% of the entire 60+ population in Pasco. Pinellas County differs slightly in number with 7,505 individuals yet identical to the PSA making up 2% of the total Pinellas County, aged 60+ population.

The map below details incidences of individuals with Limited English Proficiency, Aged 65+:



Source: DOEA Elder Needs Index 2017 – Limited English Proficiency, aged 65+

Economic and Social Resources:

1. Income and Employment

Using data from the 2013-2017 American Community Survey as well as the 2018 DOEA 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. 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 116,440 individuals living alone. This represents 24.7% of the aged 60+ population. Broken down, Pasco County has 32,895 individuals or 21.5% of the 60+ Pasco County population living alone and Pinellas County has 83,545 individuals or approximately 26.3% 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 earned 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 21,080 women living alone versus men equaling 11,815. Pinellas has 55,505 women living alone versus men equaling 28,040. The total in PSA5 equals 76,585 women living alone versus men equaling 39,855.

The 2013-2017 American Community Survey estimates that 10,054 households in Pasco County with at least one or more persons aged 65+ live at less than 100% of the Federal Poverty Level. The 2013 - 2017 ACS additionally illustrates that out of 67,501 households containing a person 65 and older, 26.1% of those households earn a median income of \$43,087. Further, 62,708 households containing an individual 65 and older collect social security income with a mean value of \$21,007 annually. Last, 3,510 of the same type households supplement income with Supplemental Security Income (SSI) equaling a mean value of 10,372 annually.

The 2013-2017 American Community Survey estimates that 20,545 households in Pinellas County with at least one or more persons aged 65+ live at less than 100% of the Federal Poverty Level. The 2010-2017 ACS additionally illustrates that out of 141,090 households containing a person 65 and older, 30.3% of those households earn a median income of \$48,522. Further, 127,827 households containing an individual 65 and older collect social security income with a mean value of \$20,254 annually. Last, 6,066 of the same type households supplement income with Supplemental Security Income (SSI) equaling a mean value of \$9,542 annually.

To complement the aforementioned statistics, the 2018 DOEA County and PSA Profile illustrates those participating with the Supplemental Nutrition Assistance Program (SNAP), those eligible, and the 2018 participation percentage. See next page.

Region	SNAP Participants (60+)	Potentially Eligible SNAP Participants	Potentially Eligible % to the 60+ Pop	Percentage of Participation
Pasco	15,484	21,595	14.1%	72%
Pinellas	28,185	41,279	12.9%	68%
PSA5	43,669	62,874	13.3%	69%

Source: Source: DOEA 2018 Florida (County, PSA and State) Profiles

Employment and unemployment are factors for income generation in both counties. The 2013-2017 American Community Survey estimates that in Pasco County that 27,176 individuals aged 60 and older were in the labor force. Amazingly, 2,032 of those 60+ were individuals 75 years or older. Conversely, 25,354 individuals aged 60 and older were considered unemployed. These statistics show that there are almost as many individuals aged 60+ than are employed vs unemployed in Pasco County.

In Pinellas County, the numbers reflect differences. The 2013-2017 American Community Survey estimates that in Pinellas County that 71,846 individuals aged 60 and older were in the labor force. Similar to Pasco, 5,815 of those 60+ were individuals 75 years or older. Conversely, 69,680 individuals aged 60 and older were considered unemployed. These statistics show that there are almost as many individuals aged 60+ than are employed vs unemployed in Pasco County.

Combining the numbers for a PSA5 view, 99,022 of those aged 60 and older were employed either on a part-time or full-time basis. Those that were 75 years or older equal 7,847 and those 60 and older who were considered unemployed, equal 95,034 individuals.

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.

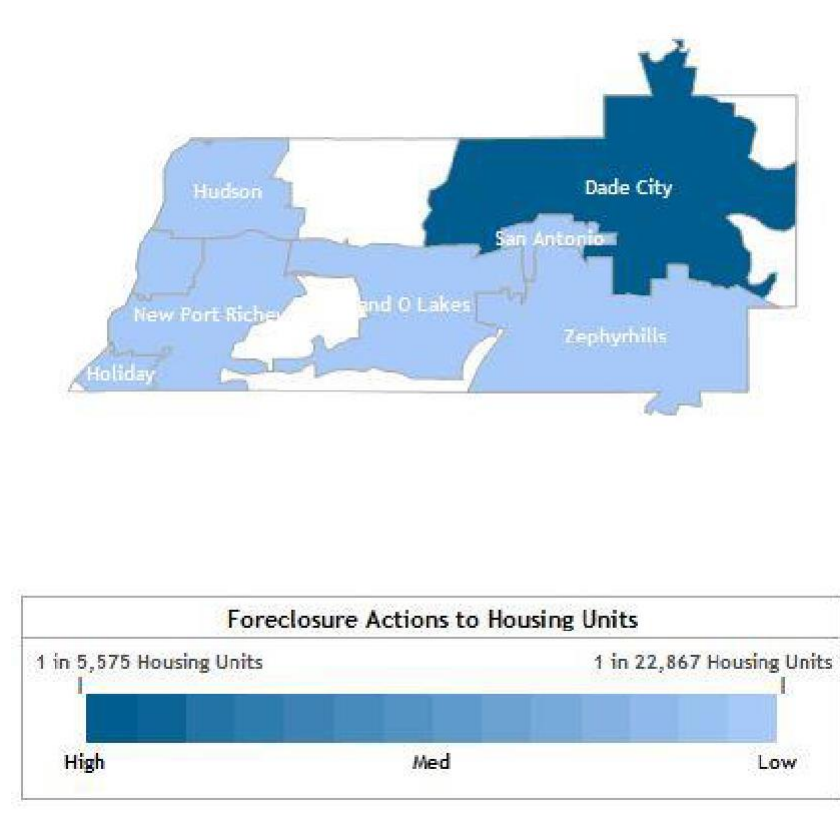
Based on the 2013-2017 American Community Survey Estimate, for Pasco County and out of 195,818 households, 140,793 or 71.9% households are lived in and owned, by the owner who are aged 65+. Over 65 years of age renters make up 28.1% or 55,024 with a median rent equaling \$971 per month.

Pinellas County reflects slight differences then Pasco County. In Pinellas County and out of 406,871 households, 265,686 or 65.3% households are lived in and owned, by the owner who are aged 65+. Over 65 years of age renters make up 34.7% or 141,184 with a median rent equaling \$1,007 per month.

Regarding mortgage and non-mortgage related households, the Florida Housing Data Clearinghouse using 2016 estimates suggests, that in Pasco County, 45,430 households containing a householder aged 65+, owning a home, have cost burdens above 30% of their Adjusted Monthly Income. Numbers are less for renters, 3,360, although apparent. Further and an increase compared to Pasco, the Florida Housing Data Clearinghouse using 2016 estimates suggests, that in Pinellas County, 76,500 households containing a

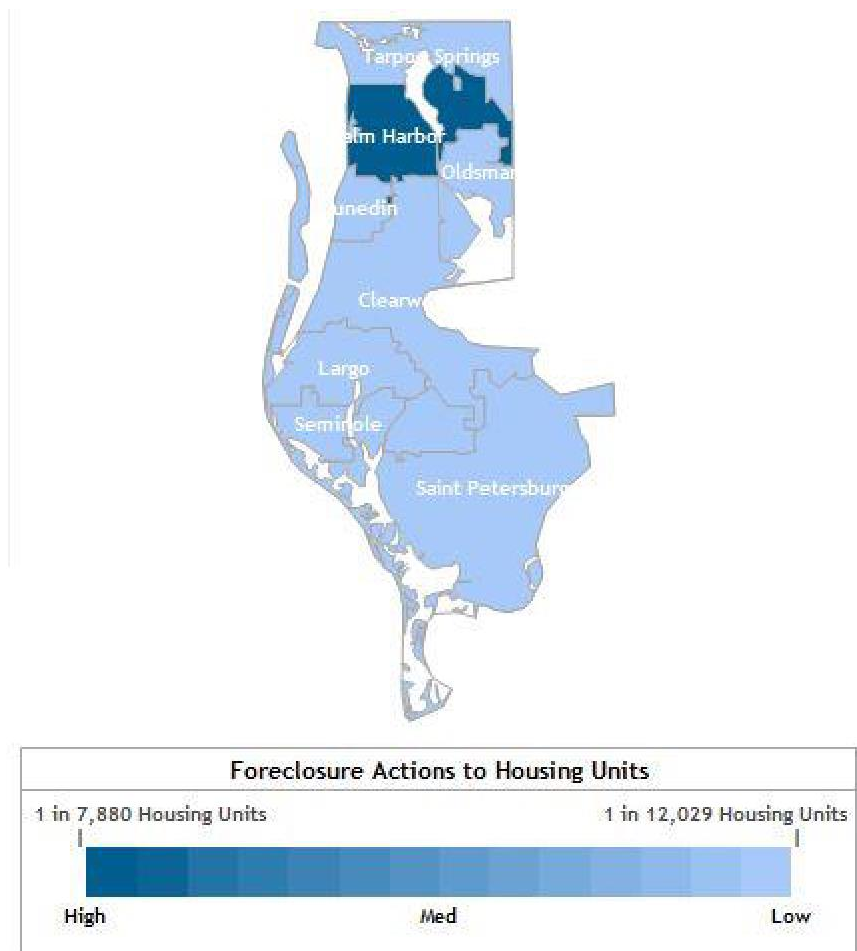
householder aged 65+, owning a home, have cost burdens above 30% of their Adjusted Monthly Income. Numbers are also less for renters, equaling 7,824.

The last decade has seen significant shifts in the housing market, from the high values in early 2000 to depressed values in late 2010 as well as a resurgence of home prices since 2013. 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 August 2020, *RealtyTrac* reported that 1 in every 11,642 homes located in Pasco County received a foreclosure filing. Within Pasco, Wesley Chapel, Spring Hill, Port Richey and Dade City have the highest number of filings.



RealtyTrac Foreclosure Trends – August 2020

Pinellas County, like Pasco, has acquired a fair number of foreclosure filings. It has been reported that 1 in every 10,646 homes in Pinellas has received a foreclosure filing. *RealtyTrac* reports Palm Harbor and St. Petersburg have the highest number of filings.



RealtyTrac Foreclosure Trends – August 2020

3. Education

The 2013-2017 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, out of 111,287 aged 65+ senior residents have obtained a High School diploma or higher or a Bachelor's degree or higher. 94,160 or 84.6% have obtained a high school diploma or higher and 19,962 or 17.9% earned a bachelor's degree or higher. Numbers differ comparing Females and Males aged 65 and older and that matters due to inequities associated with gender from past years associated with earning income to retirement, where earned income could be used for retirement savings. Out of 94,160 aged 65+ individuals who earned a High School Diploma in Pasco, 43,486 were male while 50,674 were female. Last, for those 19,962, aged 65+ individuals who earned a college degree, 11,520 were male while 8,712 were female. Traditionally, the United States saw females who earned a high school diploma or a

bachelor's degree be "Housewives" or "stay at home moms". This lack of earning capacity plays a long-term effect on retirement savings.

In Pinellas County, out of 222,248 aged 65+ senior residents have obtained a High School diploma or higher or a Bachelor's degree or higher. 197,094 men or 88.7% have obtained a high school diploma or higher and 62,094 women or 27.9% earned a bachelor's degree or higher. Similar to Pasco, numbers in Pinellas County differ comparing Females and Males aged 65 and older. Out of 197,094 aged 65+ individuals who earned a High School Diploma in Pinellas, 87,827 were male while 109,267 were female. Last, for those 62,094, aged 65+ individuals who earned a college degree, 34,813 were male while 27,281 were female.

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 all area agencies on aging throughout Florida are designated Aging and Disability Resource Centers (ADRCs).

The ADRC is designed to provide access, information and referral, screening, triage, eligibility determination, option/choice counseling, fiscal control and quality assurance. The ADRC strives to increase the visibility and accessibility of services to seniors and caregivers and to provide information and referral to adults 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.
- Leverage our role as the key stakeholder in the aging space to influence policy and funding to support home and community-based services.

The Area Agency on Aging's website (www.agingcarefl.org) 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 IIIB 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) & Senior Medicare Patrol (SMP)

SHINE is a statewide volunteer-based program that educates people about Medicare. This program is funded by the Administration for Community Living (ACL) and Centers for Medicare and Medicaid Services (CMS) in all fifty states. SHINE empowers individuals to make informed decisions about their Medicare and other health insurance related issues. Volunteers undergo intensive training 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.

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

d. 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 Alzheimer's Disease or a Dementia related Disorder (ADRD) to be eligible for respite and supplemental services. Staff members screen to identify the needs of the caregiver and the impairment of the senior and arrange for services, including:

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

The National Family Caregiver Support Program also provides guidance and support to assist grandparents or an older individual who is a relative caregiver providing care to a minor child. The AAA currently contracts for the provision of Legal Assistance supportive services to 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. Using an approach called, Participant Direction, veterans of any age who are determined to be at risk of institutional placement by the Veterans Administration, are empowered to decide for themselves what mix of goods and services will best meet their needs, hiring and supervising their own workers, including family and friends, and purchasing items or services that will promote independence.

g. Volunteer Programs

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

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

h. Senior Community Health Program

In 2020, with DOEA CARES Act No Wrong Door funding, PSA 5 created U.Connected, a virtual senior center, using the uniper platform. The u.connected Program seeks to provide connections to wellness programming and social opportunities to support mental health and to promote quality of living. The AAAPP has partnered with Uniper Care to provide a virtual senior center experience for clients who are being impacted by feelings of loneliness and isolation. Clients can attend interactive live events and groups, watch video content and video chat with friends and family through use of a connection to their TV and a remote. Live activities include exercise classes and other wellness programming, travel shows, trivia and name that tune games, emotional support dogs, and peer led groups in a variety of topics. PSA 5 also created new content by partnering with the YMCA of the Suncoast to provide exercise classes, partnering with a local chef who creates cooking videos specifically geared to caregivers and seniors and with a local theatre group that produces and puts on plays specifically for seniors. The AAAPP plans to continue this program in 2022 with ARP funding.

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

Transportation

Title IIIC1 and IIIC2:

Congregate Dining

Home Delivered Meals

Nutrition Counseling

Nutrition Education

Outreach

Title IIID:

Disease Prevention and Health Promotion Services

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

d. Home Care for the Elderly (HCE)

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

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

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

In 2011 the Legislature made a change to Medicaid in Florida and created a statewide program that includes both Managed Medical Assistance (MMA) and Long-term Care (LTC). The Agency for Health Care Administration (AHCA) administers Medicaid in Florida and the Department of Elder Affairs (DOEA) works with AHCA to administer the Statewide Medicaid Managed Care Long-term Care Program (SMMCLTCP). This LTC program was implemented in 2013-2014 and serves seniors and adults with a disability. Individuals in need of community based long-term care access the program through screening at the ADRC. Once DOEA determines that funding is available for an individual, the Department of Children and Families (DCF) determines financial eligibility and the 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 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.

See Contract Module, Section C.VI.A. for the list of Older American Act (OAA) Contract Agencies and Other Contract Agencies.

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.

Number of Clients Receiving Registered Services – as of 9/12/21		
	Pinellas County	Pasco County
Total	<i>CIRTS Would Not Produce #</i>	4,425

Source: DOEA CIRTS Report Current Active Clients by Program or Provider – as of 9/12/21

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

Number of Clients Receiving EHEAP 4/1/20 to 3/31/21		
	Pinellas County	Pasco County
Total	426	174

Source: DOEA CIRT Report of Active EHEAP Clients - 4/1/20 to 3/31/21

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

Number of Clients Receiving Registered & Non-Registered Services 1/1/20 to 12/31/20			
	Pinellas County	Pasco County	PSA5
Low-Income Minority	1,069	1,085	2,154
Greatest Economic Need	3,519	2,393	5,912
Minority	2,668	565	3,233
Greatest Social Need	3,519	2,393	5,912
Limited English Proficiency	1,819	408	2,227
Rural	0	451	451
At Risk of Nursing Home Placement	1,001	873	1,874

Source: CY2020 Older Americans Act & Local Service Programs (LSP) Provider Reports for Registered & Unregistered Services

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

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

Role in Interagency Collaborative Efforts:

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

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

Two coalitions have been established in Planning and Service Area (PSA) 5 that have facilitated the expansion and accessibility to resources. The Pinellas County Better Living for Seniors Consortium (BLS), initiated by the Area Agency on Aging in 1988, is a coalition of 275 members representing various public and private organizations that provide elder services in Pinellas County. Area Agency on Aging staff members participate on committees, and through this organization expand relationships with the private sector members of the BLS Board. The Consortium is instrumental in securing additional resources to assist the AAA in meeting the needs of seniors. The Pasco County Coalition is a coalition of 100 members representing public and private sector organizations. The coalition was organized in 1989 and is known as the Pasco Aging Network (PAN). Through PAN and BLS, the aging networks in Pinellas and Pasco counties are offered the opportunity to:

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

Since the ADRC has broadened its scope to serve individuals with all types of disabilities, it has made changes 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 Tampa Bay, PARC and the Agency for Persons with Disabilities (APD).

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

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

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

AAAPP Staff members managing direct service programs (SHINE, SMP, MIPPA & 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) & Senior Medicare Patrol (SMP) Program has established formal and informal partnerships with approximately 40-50 community organizations to effectively reach and encourage Medicare beneficiaries to utilize the health counseling services, educate on detection and prevention of Medicare abuse, fraud or error, and also to recruit new SHINE/SMP volunteers. SHINE/SMP collaborates with community organizations organizing health fairs and presentations, in addition to an array of media contacts.

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

wishing to be designated as such. In 2019, these two initiatives have joined forces as an alliance to create communities where individuals of all ages can live independently.

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

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

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

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

As an ADRC, the AAA communicates information related to the need for planning in advance for long-term care. This includes the full range of available public and private long-term care programs, options, service providers, and resources. This is accomplished through the Helpline, the AAAPP website, publications and speaking opportunities. As an ADRC and a focal point for information about seniors, the AAAPP is frequently invited to speak in a variety of settings to seniors and professionals to increase community knowledge. Staff members are also part of the Better Living for Seniors 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.

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

SWOT Development Process Description:

Area Agency on Aging of Pasco-Pinellas, Inc.

SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis

Purpose

The Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP) conducted a professionally led Strategic Planning initiative in late 2018. This provided the AAAPP the opportunity to conduct a SWOT Analysis. The goal of this analysis was to identify internal and external Strengths, Weaknesses, Opportunities and Threats. The SWOT analysis was utilized when designing Strategic Plan Goals and Objectives for the period 2018 – 2021.

Process

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

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

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

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

Desired Outcome

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

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

The responses to this SWOT Analysis have been reasonably and carefully built into our (3) year Goals and Objectives as well as other applicable sections of our final Area Plan.

Strengths:

See Preformatted Analysis on the Following Pages

Weaknesses:

See Preformatted Analysis on the Following Pages

Opportunities:

See Preformatted Analysis on the Following Pages

Threats:

See Preformatted Analysis on the Following Pages

What “OPPORTUNITIES AND THREATS” exist in our EXTERNAL ENVIRONMENT?

Things that influence our organizations success or failure - these things would be true even if your institution did not exist! Think of trends that could affect: clients/stakeholders (services must meet their needs); allies/competitors (for funding, attention, customers); as wells as social, cultural, political, economic, & technological forces.

EXTERNAL ENVIRONMENT: Opportunities (3)

LEADERSHIP

- 16 - Outreach/Awareness: technology, social media, media
- 12 - Opportunities to Partner: with other agencies, funders, business & government
- 10 – Funding: new/additional sources, diversification, less reliance on government

STAFF

- 1. Diversify Funding to include grants, development and fundraising
- 2. Identify & Address Unmet Needs
- 3. Establish greater presence in the community in both Pasco and Pinellas Counties

PARTNERS

- 3 Funding for: emergency services, home repair & maintenance, transportation to medical care
- 3 Target Population: Increase in elderly with differentiation of needs between age groups as well as ethnicity, income levels, etc. Provides opportunities for new businesses, those that can meet diverse needs will have competitive advantage
- 2 Communications: better communications beyond 211 regarding senior services, use of technology
- 2 Collaboration for: referrals/better coordination of services, training

EXTERNAL ENVIRONMENT: Threats (3)

LEADERSHIP

- 22 – Funding: decreased GOVT funding, competition for funding, lack of diversification in funding sources
- 8 – Growth in population needing services / inability to meet those needs
- 6 – Lack of awareness/visibility

STAFF

- 1. Funding Decreases/Limitations
- 2. Political and Economic Considerations
- 3. For profit organizations entering the Aging space to do the same work. e.g., Managed Care

PARTNERS

- 4 Funding: Lack of, cuts, restrictions, limited resources
- 3 Awareness/Communications: Limited ability to reach those who need services most, lack of knowledge re available resources, limited access to new/expanded technology
- 2 Transportation: lack of transportation to access services
- Rapid changes in health & human services mean organizations have to be nimble enough to change to meet need with limited resources
- Backlash against immigrant and LGBTQ populations
- Caregivers: Increasing need for caregivers, caregivers more at risk, increased need for support services for caregivers.
- Lack of legal services

AAAPP'S INTERNAL "Strengths and Weaknesses?"

Things about our organization that influence our ability to achieve our mission and goals. Think about leadership/governance, funding, marketing and Public Relations, program capacity, infrastructure, etc.

AGENCY: Strengths (3)

LEADERSHIP

- 12 – Volunteer Leadership: board and advisory
- 18 – Staff
- 10 – Programs and services provided
- 5 – Reputation and relationships

STAFF

1. Knowledgeable & Dedicated Staff, Volunteers (including Board and Advisory Council members)
2. Reputation for Excellence & Quality
3. Extensive Partnerships

PARTNERS

- 3 Staff: experience, high functioning
- 2 Funding
- 2 Awareness: helping public learn about/access available services and helping clients make informed decisions
- 2 Community: knowledge of community and expertise in identifying most pressing needs.
- Diversity of programs and legal resources
- Opportunities to train other agencies on services
- Engaged governance

AGENCY: Weaknesses (3)

LEADERSHIP

- 14 – Inability to meet need for services: waitlist for services, staff restrictions
- 13 – Funding: inadequate funding, lack of diversification of funding
- 6 – Lack of Awareness

STAFF

1. SILOs – compartmentalization of departments
2. Staff Burnout / Compassion Fatigue
3. Website/Branding

PARTNERS

- 5 Funding: funding not adequate to cover expense of providing services, not enough funds to meet demand for services, increased wait list due to lack of funding, belief that restricted funding will result in restricting cost when it actually hurts program quality, shifting legislation shifts funding for established programs
- Reluctance to allow providers to run their own agency as they see fit even though audits of services are usually deficiency free.
- Communications to provider agencies regarding pertinent program information/changes, etc.
- Complex structure for delivery of services from client perspective

Performance and Targeted Outreach

This section demonstrates the effectiveness of the AAA's efforts at the county level in reaching a comparable proportion of the specified sub-populations of seniors based on the prior year's performance and details the strategic plan that the AAA will employ conducting outreach to the targeted populations in the coming planning period. This section identifies specific location details for planned outreach to sub-populations in which performance was below standard in the previous year, including when and where activities and events will take place, information on target audiences, goals for number of older individuals and caregivers reached, and plans for how these outreach efforts will reach the targeted sub-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 2016, targeted populations.
3. Successful applicants as providers of unique services are evaluated periodically to gauge the effectiveness of their original proposals. This generally occurs on a quarterly basis and through the quarterly report process in which each every OAA/LSP provider 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 Fiscal Year 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, the total persons contacted, the breakdown by OAA targeted population and the services discussed with those individuals. Again, these reports are compared to Nutrition provider proposals for effectiveness and meeting of proposed goals.

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

2020-2023 Outreach, Targeting and Service Delivery Strategies

As detailed in the AAAPP's 2020-2023 Area Plan and any annual updates, the AAAPP and the aging services network have employed plans for engaging communities and specific OAA targeted populations for outreach purposes. A summary and an evaluation of this Area Plan cycle is below:

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

Each OAA provider proposes how many individuals they will engage with via outreach and by specific targeted categories. This is critiqued and eventually approved by the AAAPP prior to executing a contract. By the end of calendar year 2021, each of our sub-contracted providers either met or exceeded proposals for outreach with the exception of the category, "Alzheimer's Disease". They excelled at this by:

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

Below is a CY2021 table detailing proposed IIIC Outreach Proposals compared to Actuals denoting success within all category's PSA wide:

Categories	Proposed	Actual Served
Greatest Economic Need	1395	2677
Greatest Social Need	2028	3295
Low-Income Minority	570	592
Severe Disabilities	1325	925
Limited English Proficiency	238	162
Alzheimer's Disease	365	290
Rural	140	230
Institutional Placement Risk	610	597

AAAPP Outreach and Public Education Report for CY2021

Additionally, the CY2021 table below represents proposals and clients served following outreach and OAA mandated targeted population prioritization for all OAA services including IIIB, IIIC, IIID and IIIE. Again, proposals for the entire PSA have been met or exceeded.

Categories	Proposed	Actual Served
Total Clients	11320	12675
Greatest Economic Need	2939	6164
Greatest Social Need	3678	6653
Minority	1498	3860
Low-Income Minority	1233	1988
Limited English Proficiency	1255	2717
Institutional Placement Risk	1367	2225
Rural	345	616

AAAPP Outreach and Public Education Report for 2021

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

The AAAPP outreaches PSA5 in the following ways:

- a) Affiliation on local, regional, statewide and national alliances, collaborations, commissions, coalitions, networks, workgroups, etc.,
- b) While the AAAPP has two staff members with a specific dedication to outreach, many of our staff will attend conferences, seminars, festivals, health fairs, events, Better Living for Seniors and Pasco Aging Network meetings and events, etc., to provide information on the OAA and GR unique services as well as services we provide such as, SHINE, SMP, MIPPA, Victim Advocacy, Title IIIE 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 employs a Director of Outreach to accomplish goals pertaining to Outreach and Targeting. This individual works closely with AAAPP staff, the provider network and the community at large to promote aging services and the AAAPP.

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

Successes, Obstacles, and Best Practices

Overall, the AAAPP and the aging network was successful with Outreach and Targeting in CY2021. PSA5 was slightly unsuccessful in meeting Outreach proposals for calendar year 2021 and regarding these groups of individuals who have "Severe Disabilities", "Limited English Proficiency", "Alzheimer's Disease" and "At Risk for Institutional Placement" primarily due to the evolving COVID-19 Pandemic. As Florida's population changes and specifically at the county level, the AAAPP and the aging network must prepare for changing demographics and increased efforts covering specific targeted populations. Although successful, the manner in which we have engaged in outreach 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 conduct outreach and/or publicly educate a large number of consumers within single events.

Analysis of 2020 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.

PSA5 & County Level Targeting Performance for CY2020

Targeting: PSA 5

Year	PSA	County	Indicator	60+ Total Population	Population for Indicator	Population of Indicator as Percent of Total Population	Number Served and Screened	Number Served and Screened in Category/Indicator	Performance	Meets or Exceeds Standard?	Super Exceeds	Standard Plus 10%	Number of Served and Screened Required to Meet Standard
2020	5	Pasco	85+	157,243	14,854	10%	4,297	1,286	30%	Meets or Exceeds	SUPER Exceeds	Standard Plus 10%	430
2020	5	Pinellas	85+	317,905	36,688	12%	6,811	2,198	33%	Meets or Exceeds	SUPER Exceeds	Standard Plus 10%	817
2020	5	Pasco	Below Poverty Level	157,243	16,328	11%	4,297	1,320	31%	Meets or Exceeds	SUPER Exceeds	Standard Plus 10%	473
2020	5	Pinellas	Below Poverty Level	317,905	33,695	11%	6,811	2,467	37%	Meets or Exceeds	SUPER Exceeds	Standard Plus 10%	749
2020	5	Pasco	Living Alone	157,243	37,710	24%	4,297	1,582	37%	Meets or Exceeds	-	Standard Plus 10%	1,031
2020	5	Pinellas	Living Alone	317,905	93,153	30%	6,811	3,219	48%	Meets or Exceeds	-	Standard Plus 10%	2,043
2020	5	Pasco	Minority	157,243	18,673	12%	4,297	692	17%	Meets or Exceeds	-	-	516
2020	5	Pinellas	Minority	317,905	46,040	15%	6,811	1,561	23%	Meets or Exceeds	-	-	1,022
2020	5	Pasco	Limited English Proficiency	157,243	3,987	3%	4,297	270	7%	Meets or Exceeds	SUPER Exceeds	-	129
2020	5	Pinellas	Limited English Proficiency	317,905	7,846	3%	6,811	444	7%	Meets or Exceeds	SUPER Exceeds	-	204
2020	5	Pasco	Rural	157,243	12,907	9%	4,297	192	5%	Does Not Meet	-	-	387
2020	5	Pinellas	Rural	317,905	786	1%	6,811	6	1%	Meets or Exceeds	-	-	68
2020	5	Pasco	Low Income Minority	157,243	3,446	3%	4,297	355	9%	Meets or Exceeds	SUPER Exceeds	-	129
2020	5	Pinellas	Low Income Minority	317,905	8,536	3%	6,811	822	13%	Meets or Exceeds	SUPER Exceeds	Standard Plus 10%	204
2020	5	Pasco	Alzheimer's	157,243	13,475	9%	4,297	691	17%	Meets or Exceeds	-	-	387
2020	5	Pinellas	Alzheimer's	317,905	28,946	9%	6,811	1,117	17%	Meets or Exceeds	-	-	613
2020	5	PSA 5	85+	475,148	51,542	11%	11,107	3,484	32%	Meets or Exceeds	SUPER Exceeds	Standard Plus 10%	1,222
2020	5	PSA 5	Below Poverty Level	475,148	50,023	11%	11,107	3,787	35%	Meets or Exceeds	SUPER Exceeds	Standard Plus 10%	1,222
2020	5	PSA 5	Living Alone	475,148	130,863	28%	11,107	4,801	44%	Meets or Exceeds	-	Standard Plus 10%	3,110
2020	5	PSA 5	Minority	475,148	64,713	14%	11,107	2,253	21%	Meets or Exceeds	-	-	1,555
2020	5	PSA 5	Rural	475,148	13,694	3%	11,107	198	2%	Meets or Exceeds	-	-	333
2020	5	PSA 5	Low Income Minority	475,148	11,982	3%	11,107	1,177	11%	Meets or Exceeds	SUPER Exceeds	-	333
2020	5	PSA 5	Alzheimer's	475,148	41,821	9%	11,107	1,808	17%	Meets or Exceeds	-	-	1,000
2020	5	PSA 5	Limited English Proficiency	475,148	11,833	3%	11,107	714	7%	Meets or Exceeds	SUPER Exceeds	-	333

DOEA CY2020 Targeting Dashboard capturing the most current data

*Below 100% of Poverty Level

^Minorities below 125% of poverty level

¹Super exceeds (indicator times two)

²Super exceeds (indicator plus 10 percent)

DOEA County Level Dashboard Performance for CY2020

PSA5 is pleased to report that we have successfully met or exceeded all targeting requirements as defined by DOEA and as an entire PSA. In regard to Pasco and seniors living rurally, we did not meet the ratio for those served compared to incidence in the county. Additionally, we do acknowledge that the statistics we use only weigh those served under registered services and can not account for unregistered services with no requirement for database input. With that, we very well could have met rural in Pasco if we accounted for those seniors served.

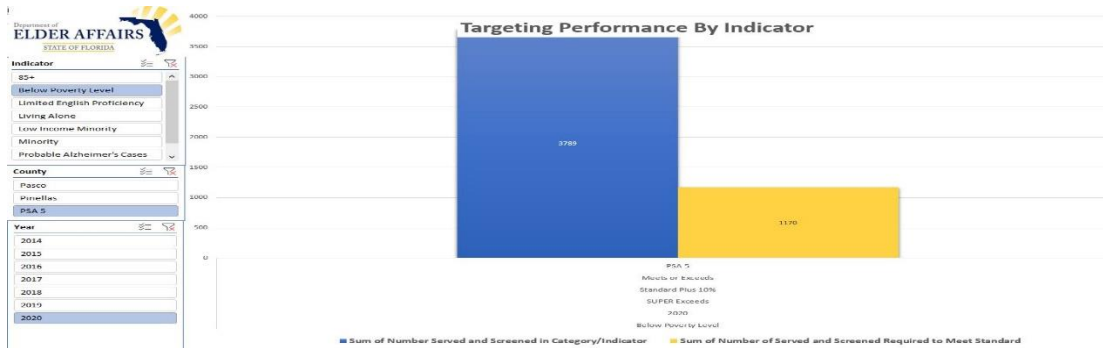
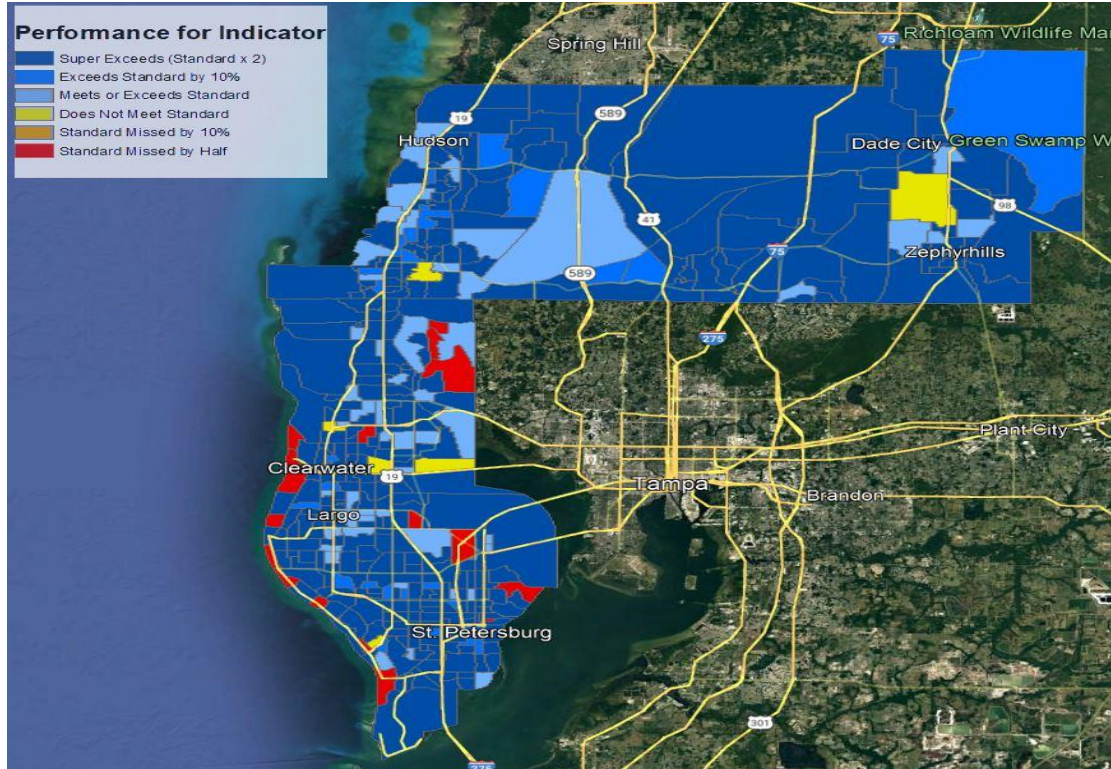
We attribute our overall success to developing and implementing a robust Outreach Plan that included developing new and nurturing existing partnerships with communities of color in areas that we were not able to penetrate previously. Staff from the AAAPP and our partner network worked exceptionally hard despite the limitations of the covid pandemic.

The AAAPP and the aging network will continue to accomplish this excellence throughout the 2020-2023 Area Plan cycle and as detailed within the "Targeted Outreach Plan".

To illustrate through mapping made available from the Department of Elder Affairs (DOEA), CY2020 CIRT's 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 CY2021 and ultimately does not reflect current service delivery to targeted populations, however, these illustrations are helpful in examining areas with low coverage and a need for Outreach.

CY2020 PSA5 Targeting & Serving by Category and Analysis

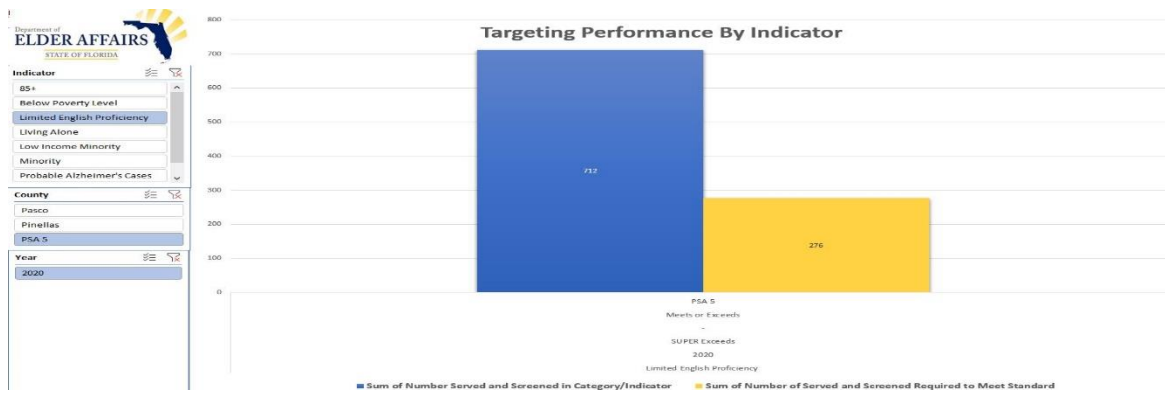
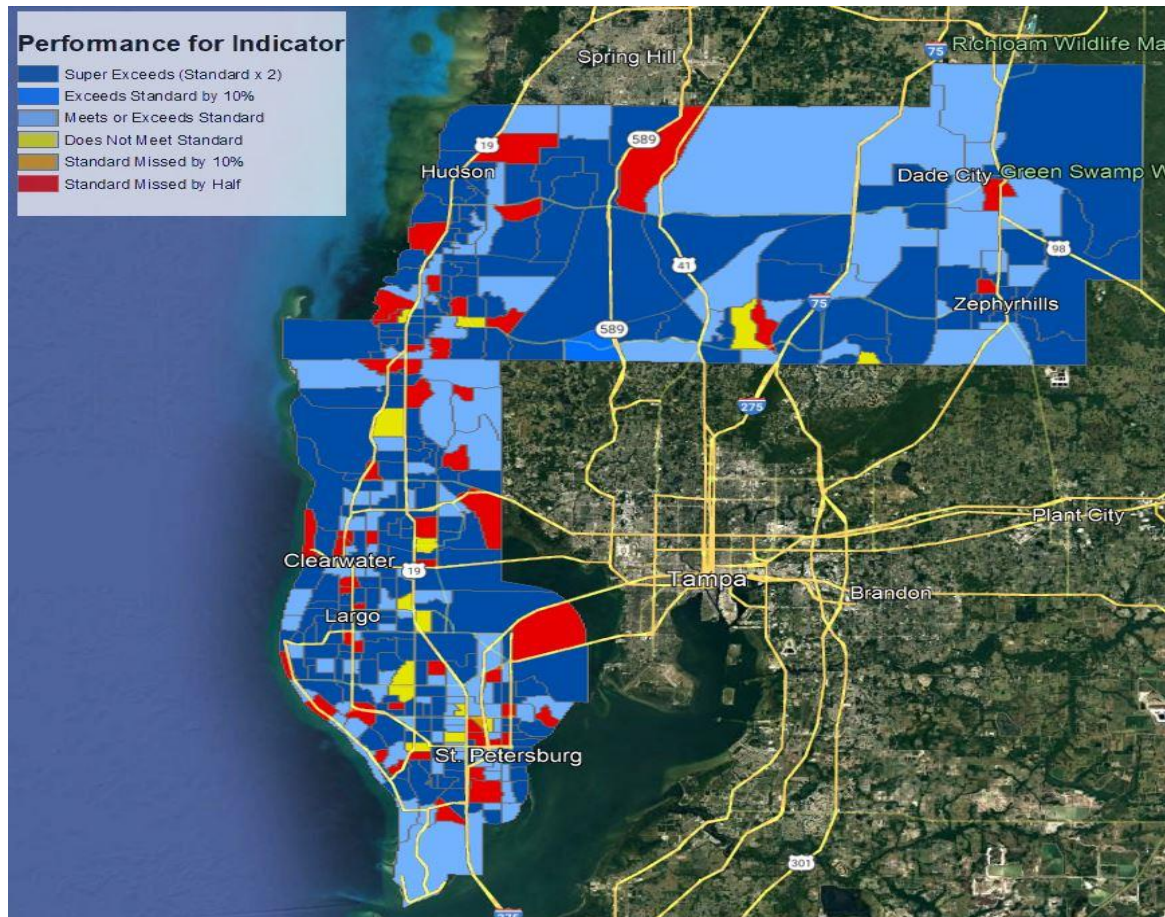
Below Poverty Level



PSA5

Super Exceeds

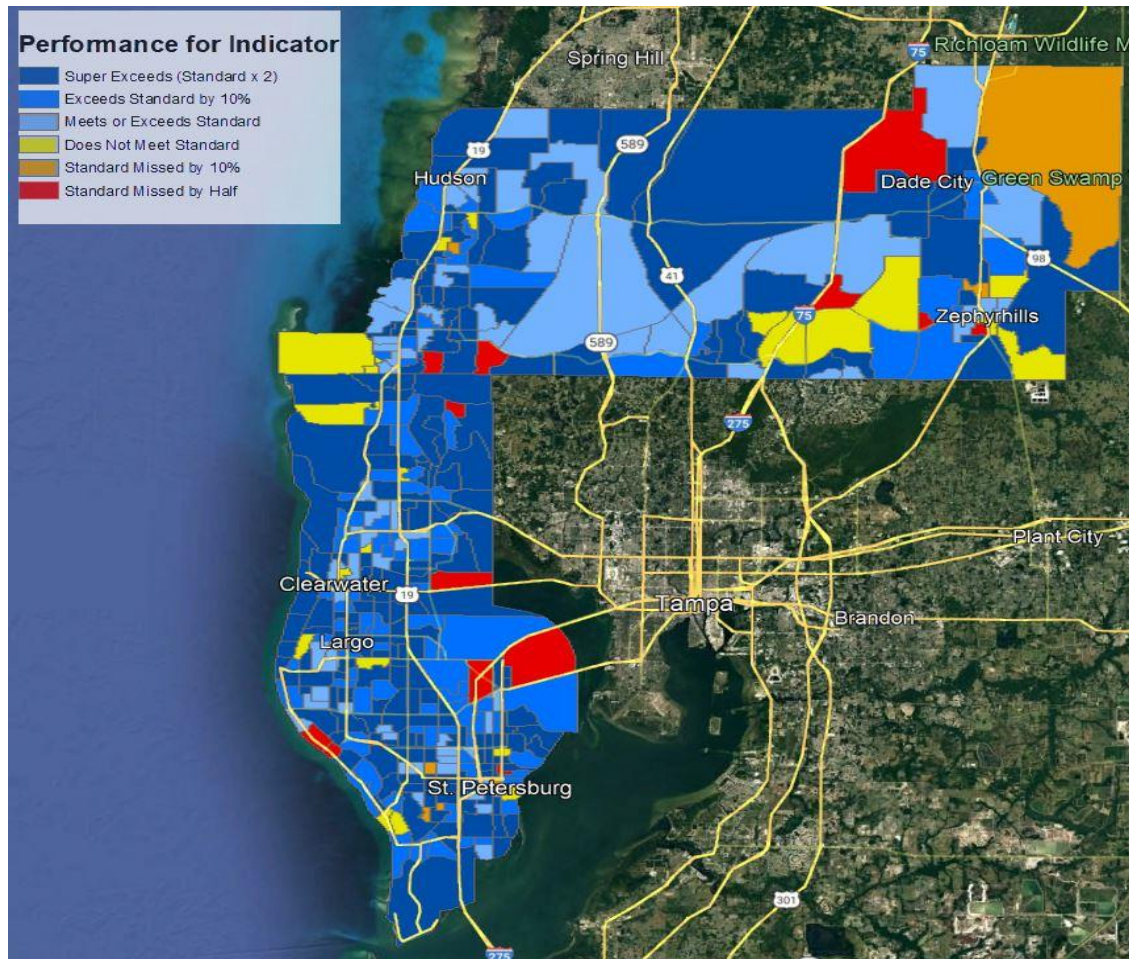
Limited English Proficiency



PSA5

Super Exceeds

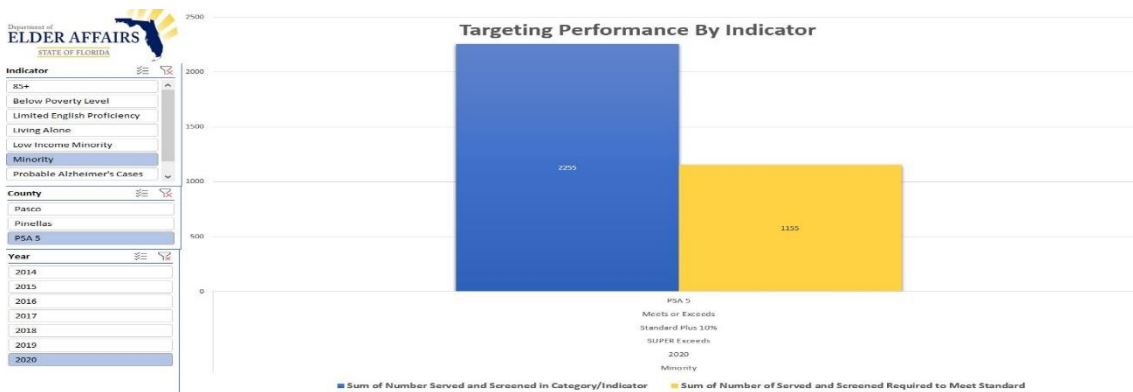
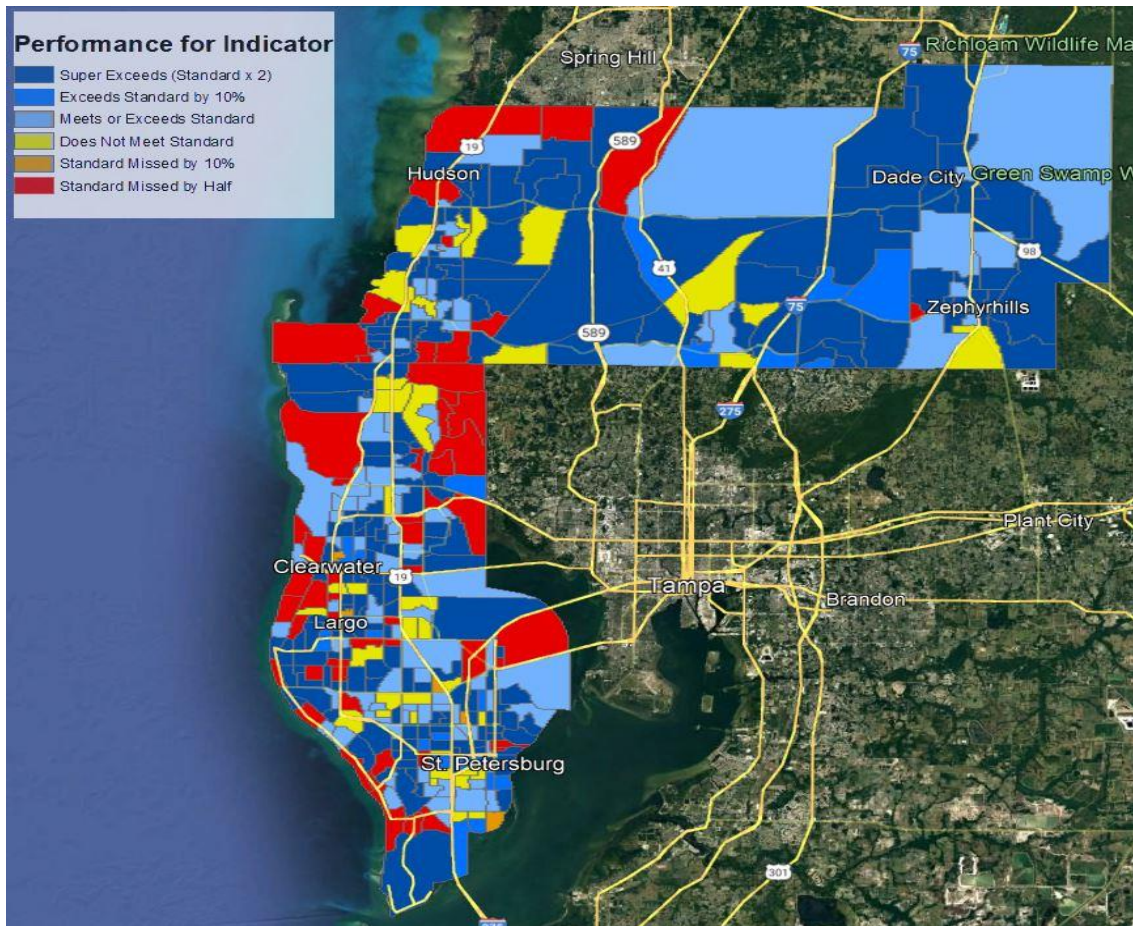
Living Alone



County

Meets or Exceeds, Standard Plus 10%

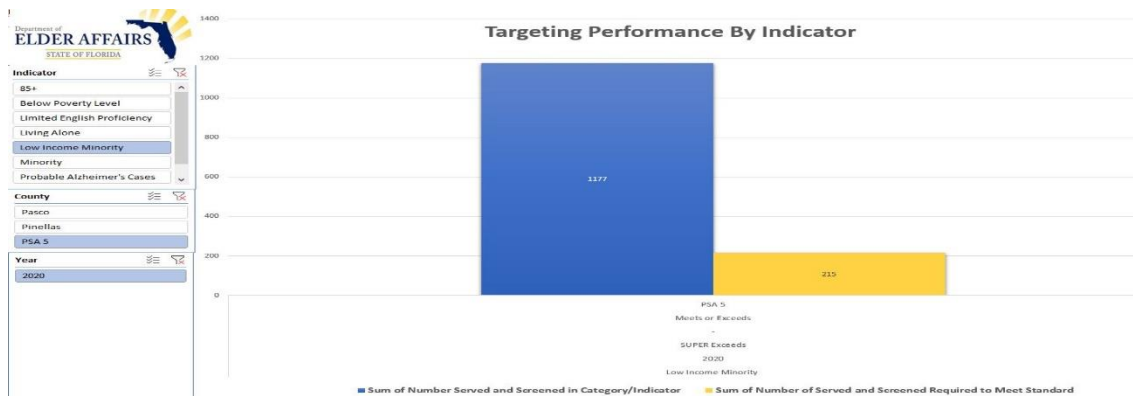
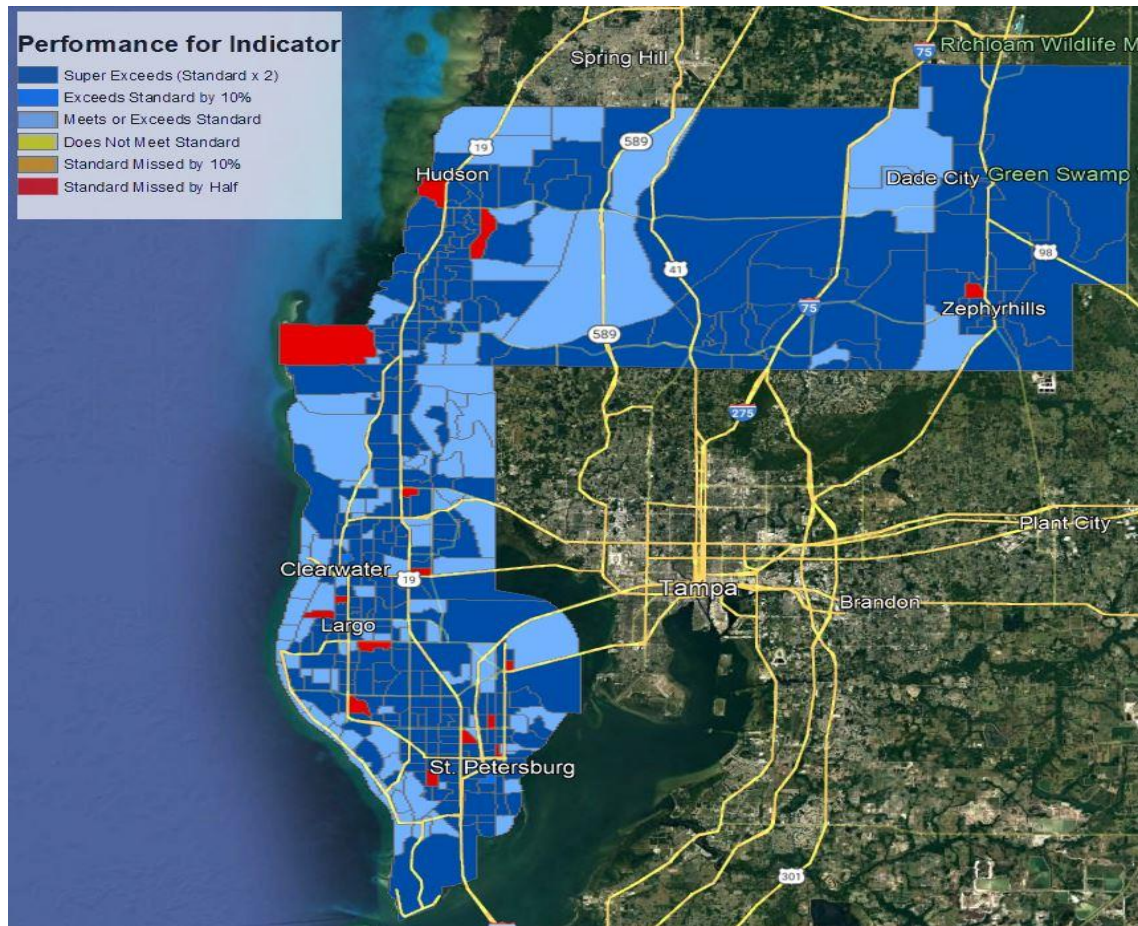
Minority



County

Super Exceeds

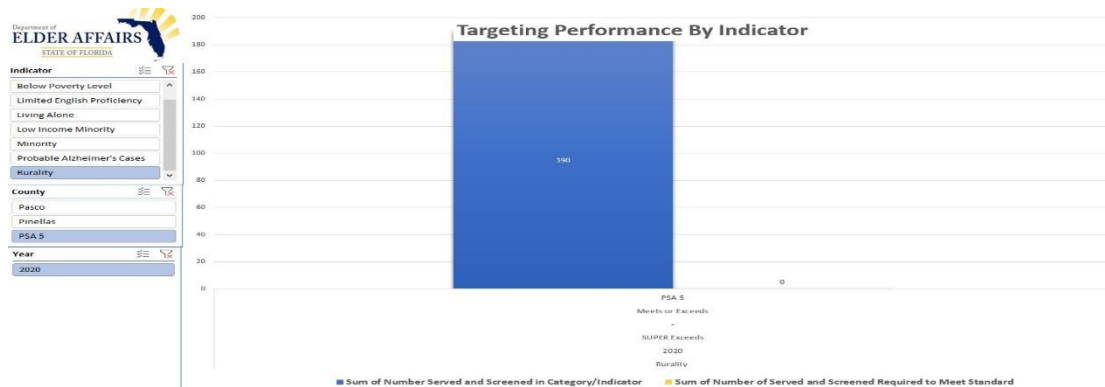
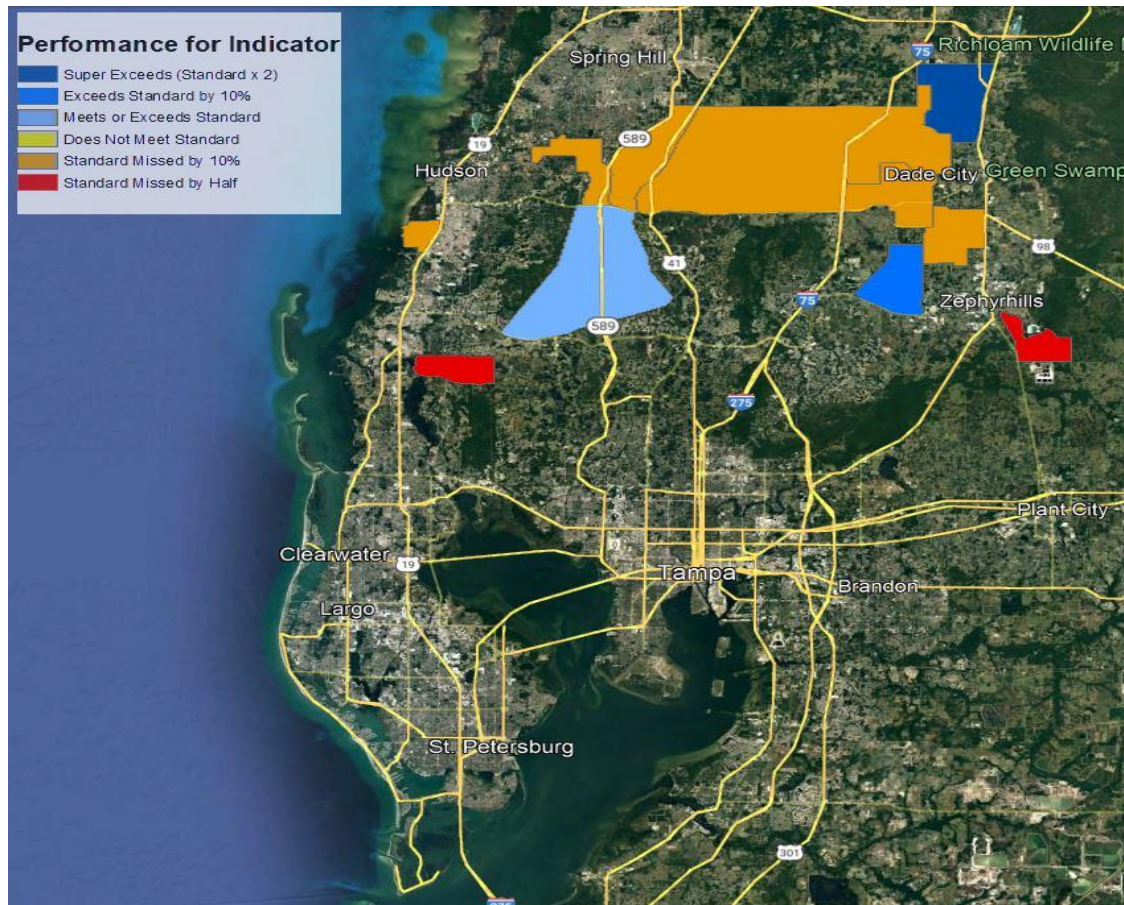
Low-Income Minority



County

Super Exceeds

Rural



County

Super Exceeds

Based on CY2020 DOEA mapping data utilizing only registered service client demographic information, PSA5 has notably super exceeded all Targeting requirements based on incidence within the county or PSA except for the still notable Meeting or Exceeding targeting to those living alone. Because PSA5 performed well in CY2020 regarding targeting at risk seniors, the work continues throughout the 2020-2023 Area Plan cycle as we still uncover new challenges pertinent to the global pandemic, COVID-19.

2020-2023 Targeting Projections

During the 2020-2023 Area Plan Cycle, the AAAPP and all of the PSA5 aging network will collaboratively continue to conduct outreach and publicly educate the planning and service area's older adult residents. Specific Outreach and Public Education strategies will be employed consistent with previous years yet scalable and flexible enough to effectively have impact with outreach efforts for a changing landscape. These strategies will be explained in detail within the next section, Targeted Outreach Plan.

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

2020

County	2017 Total 60+ Population Count	OAA/DOEA Targeting Categories Indicator	2017 Indicator Population Count	2017 % to Total 60+ Population	2020 Total # Projected to Serve	2020 % to 2017 Indicator Total
Pasco	148,996	Greatest Economic Need*	14,303	9.5%	900	6%
Pasco	148,996	Low-Income Minority**	2,160	1.4%	200	9%
Pasco	148,996	Minority	15,491	10.3%	400	2.5%
Pasco	148,996	Limited English Proficiency	4,208	2.8%	175	4%
Pasco	148,996	Rural	1,800	1.2%	300	17%
Pasco	148,996	Greatest Social Need***	35,797	24%	1,550	4%
Pasco	148,996	At Risk of Institutional Placement****	9,459	6.3%	400	4%
Pinellas	309,604	Greatest Economic Need*	31,477	10.1%	2,500	8%
Pinellas	309,604	Low-Income Minority**	6,677	2.1%	800	12%
Pinellas	309,604	Minority	35,476	11.4%	1,500	4%
Pinellas	309,604	Limited English Proficiency	8,679	2.8%	1,000	12%
Pinellas	309,604	Rural	0	0%	0	0%
Pinellas	309,604	Greatest Social Need***	94,675	30.5%	2,700	3%
Pinellas	309,604	At Risk of Institutional Placement****	19,987	6.4%	1,000	5%

*Below 100% of Federal Poverty Level

** Minorities Below 100% of Poverty Level

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

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

2021

County	2017 Total 60+ Population Count	OAA/DOEA Targeting Categories Indicator	2017 Indicator Population Count	2017 % to Total 60+ Population	2021 Total # Projected to Serve	2021 % to 2017 Indicator Total
Pasco	148,996	Greatest Economic Need*	14,303	9.5%	929	6.5%
Pasco	148,996	Low-Income Minority**	2,160	1.4%	216	10%
Pasco	148,996	Minority	15,491	10.3%	464	3%
Pasco	148,996	Limited English Proficiency	4,208	2.8%	189	4.5%
Pasco	148,996	Rural	1,800	1.2%	324	18%
Pasco	148,996	Greatest Social Need***	35,797	24%	1,610	4.5%
Pasco	148,996	At Risk of Institutional Placement* ****	9,459	6.3%	425	4.5%
Pinellas	309,604	Greatest Economic Need*	31,477	10.1%	2,581	8.2%
Pinellas	309,604	Low-Income Minority**	6,677	2.1%	834	12.5%
Pinellas	309,604	Minority	35,476	11.4%	1,596	4.5%
Pinellas	309,604	Limited English Proficiency	8,679	2.8%	1,084	12.5%
Pinellas	309,604	Rural	0	0%	0	0%
Pinellas	309,604	Greatest Social Need***	94,675	30.5%	2,934	3.1%
Pinellas	309,604	At Risk of Institutional Placement* ****	19,987	6.4%	1,099	5.5%

*Below 100% of Federal Poverty Level

** Minorities Below 100% of Poverty Level

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

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

2022

County	2017 Total 60+ Population Count	OAA/DOEA Targeting Categories Indicator	2017 Indicator Population Count	2017 % to Total 60+ Population	2022 Total # Projected to Serve	2022 % to 2017 Indicator Total
Pasco	148,996	Greatest Economic Need*	14,303	9.5%	1,001	7%
Pasco	148,996	Low-Income Minority**	2,160	1.4%	237	11%
Pasco	148,996	Minority	15,491	10.3%	542	3.5%
Pasco	148,996	Limited English Proficiency	4,208	2.8%	210	5%
Pasco	148,996	Rural	1,800	1.2%	342	19%
Pasco	148,996	Greatest Social Need***	35,797	24%	1,789	5%
Pasco	148,996	At Risk of Institutional Placement* ****	9,459	6.3%	472	5%
Pinellas	309,604	Greatest Economic Need*	31,477	10.1%	2,644	8.4%
Pinellas	309,604	Low-Income Minority**	6,677	2.1%	868	13%
Pinellas	309,604	Minority	35,476	11.4%	1,773	5%
Pinellas	309,604	Limited English Proficiency	8,679	2.8%	1,128	13%
Pinellas	309,604	Rural	0	0%	0	0%
Pinellas	309,604	Greatest Social Need***	94,675	30.5%	3,029	3.2%
Pinellas	309,604	At Risk of Institutional Placement* ****	19,987	6.4%	1,199	6%

*Below 100% of Federal Poverty Level

** Minorities Below 100% of Poverty Level

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

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

2023

County	2017 Total 60+ Population Count	OAA/DOEA Targeting Categories Indicator	2017 Indicator Population Count	2017 % to Total 60+ Population	2023 Total # Projected to Serve	2023 % to 2017 Indicator Total
Pasco	148,996	Greatest Economic Need*	14,303	9.5%	844	5.8%
Pasco	148,996	Low-Income Minority**	2,160	1.4%	195	9%
Pasco	148,996	Minority	15,491	10.3%	292	1.8%
Pasco	148,996	Limited English Proficiency	4,208	2.8%	229	5.4%
Pasco	148,996	Rural	1,800	1.2%	338	19%
Pasco	148,996	Greatest Social Need***	35,797	24%	712	1.9%
Pasco	148,996	At Risk of Institutional Placement* ***	9,459	6.3%	350	3.7%
Pinellas	309,604	Greatest Economic Need*	31,477	10.1%	2,698	8.5%
Pinellas	309,604	Low-Income Minority**	6,677	2.1%	916	13.7%
Pinellas	309,604	Minority	35,476	11.4%	1,555	4.3%
Pinellas	309,604	Limited English Proficiency	8,679	2.8%	1,552	17.8%
Pinellas	309,604	Rural	0	0%	0	0%
Pinellas	309,604	Greatest Social Need***	94,675	30.5%	1,936	2%
Pinellas	309,604	At Risk of Institutional Placement* ***	19,987	6.4%	1,371	6.8%

*Below 100% of Federal Poverty Level

** Minorities Below 100% of Poverty Level

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

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

Targeted Outreach Plan:

In developing the Targeted Outreach Plan, and pursuant to the Older Americans Act reauthorization of 2016 (OAA), this plan details at the county and PSA levels:

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

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

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

Within the time frame of this Area Plan and in addition to the provider network efforts, the AAAPP will conduct outreach and education activities as an agency and sometimes in conjunction with our sub-contracted organizations. Specifically, the AAAPP will continue to conduct outreach and education activities in areas that hold pockets of senior individuals meeting 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 1-4 years in advance, we are always a willing participant. Lastly, the AAAPP has taken the initiative to Outreach and publicly educate municipalities/local governments in the past and will continue this effort during the 2020-2023 Area Plan Cycle. Educating key city and county officials about our services and offering an understanding about their constituents effectively places the right people with the knowledge they need to serve their community better.

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

Defining our Target Populations

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

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

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

Defining our Target Areas

Elder Needs Index

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

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

Thus, the Elder Needs Index, while imperfect, provides a solid grounding for beginning to target our outreach efforts. Based on the ENI we have identified nine segments of each county which shows the highest concentration of need. These "zones" will become the basis for our targeting efforts.

Elder Needs Index Target Zones - PASCO

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

- **Municipalities/Areas: Hudson**

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

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

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

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

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

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

Elder Needs Index Target Zones - PINELLAS

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

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

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

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

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

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

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

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

#9: Communities South of 39th Avenue and East of 275

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

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

Outreach Zone Map

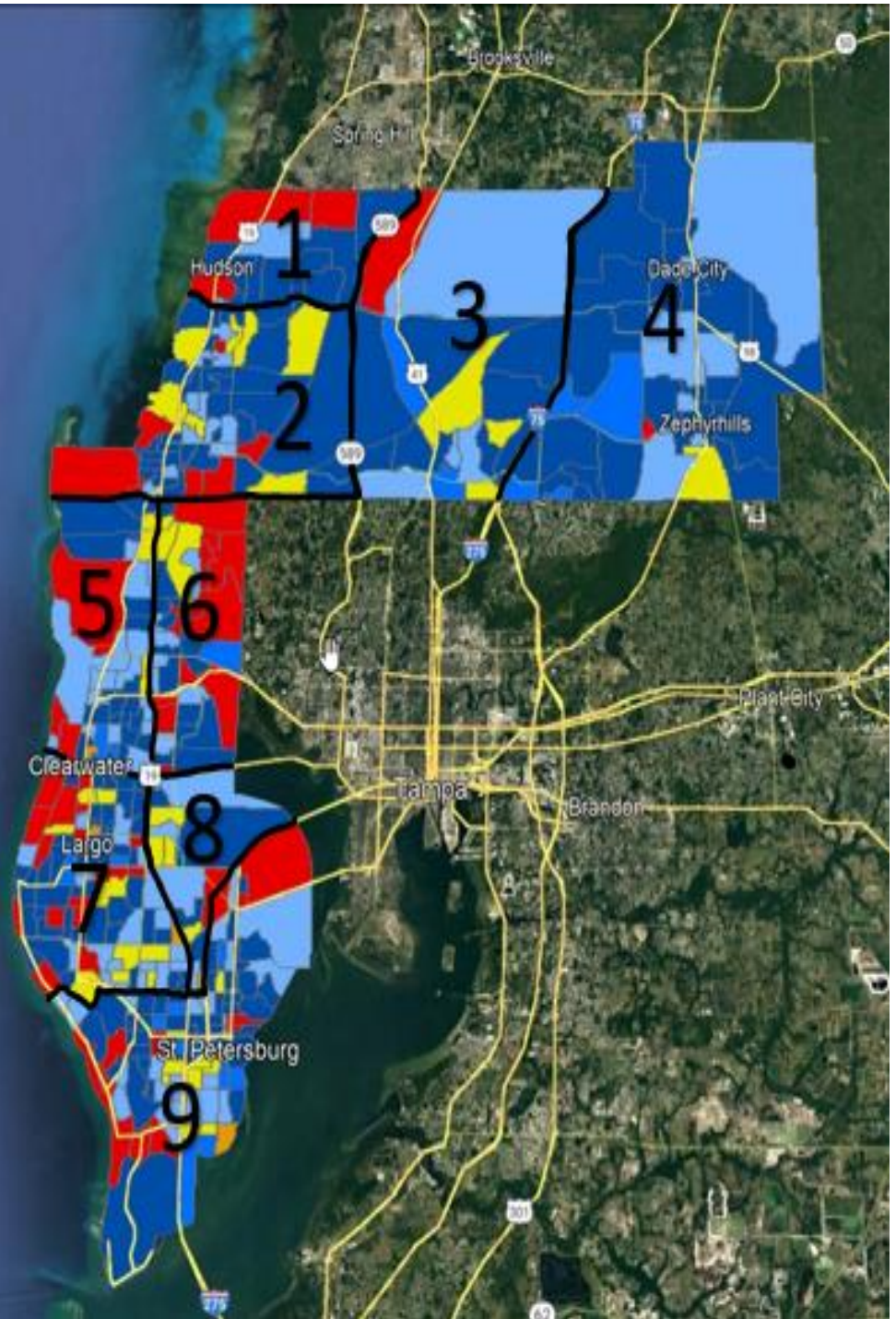
Zones 1 - 4 = Pasco County

Zones 5 - 9 = Pinellas County

***NOTE:** Outreach will have special emphasis on areas within the zones highlighted in red to ensure AAAPP services are shared to communities that are underserved.

Performance for Indicator

- Super Exceeds (Standard x 2)
- Exceeds Standard by 10%
- Meets or Exceeds Standard
- Does Not Meet Standard
- Standard Missed by 10%
- Standard Missed by Half



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

Defining our Target Strategies

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

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

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

Defining our Audiences and Goals

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

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

Annual Goals of AAAPP Targeted Outreach

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

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

Tentative 2023 Sample Events

For illustrative purposes, a calendar is provided below of a sampling of 2023 outreach events. Please note this is not an exhaustive list, and oftentimes event schedules change. But this provides an idea of the types of events AAAPP has a presence at.

Event	Date	Location	Anticipated # of Participants
AAAPP Resource Table	June 4, 2023	St Pete Pride Event - St. Petersburg	10000+
AAAPP Resource Table	March 11, 2023	Country in the Park - Pinellas Park	5000+
AAAPP Presentation	March 2023	Gulfcoast Senior Center	15
AAAPP Presentation	June 2023	Hudson Library, Pasco County	10
AAAPP Resource Table	March 25, 2023	Kumquat Festival – Downtown Dade City	1,000+
AAAPP Resource Table	Various Dates 2023	SEGrocers Partnership – Various location throughout Pasco - Pinellas	100

Outreach Processes and Procedures

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

Defining Agency-wide Outreach Opportunities:

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

- All Agency-wide outreach must collect signatures via a sign in sheet, or email addresses/IP addresses (Zoom chats, e-mails, pictures of virtual events may be substituted) in the event of virtual outreach.

Contextual Information to be tracked for each Outreach Event:

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

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

Reporting for Outreach events:

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

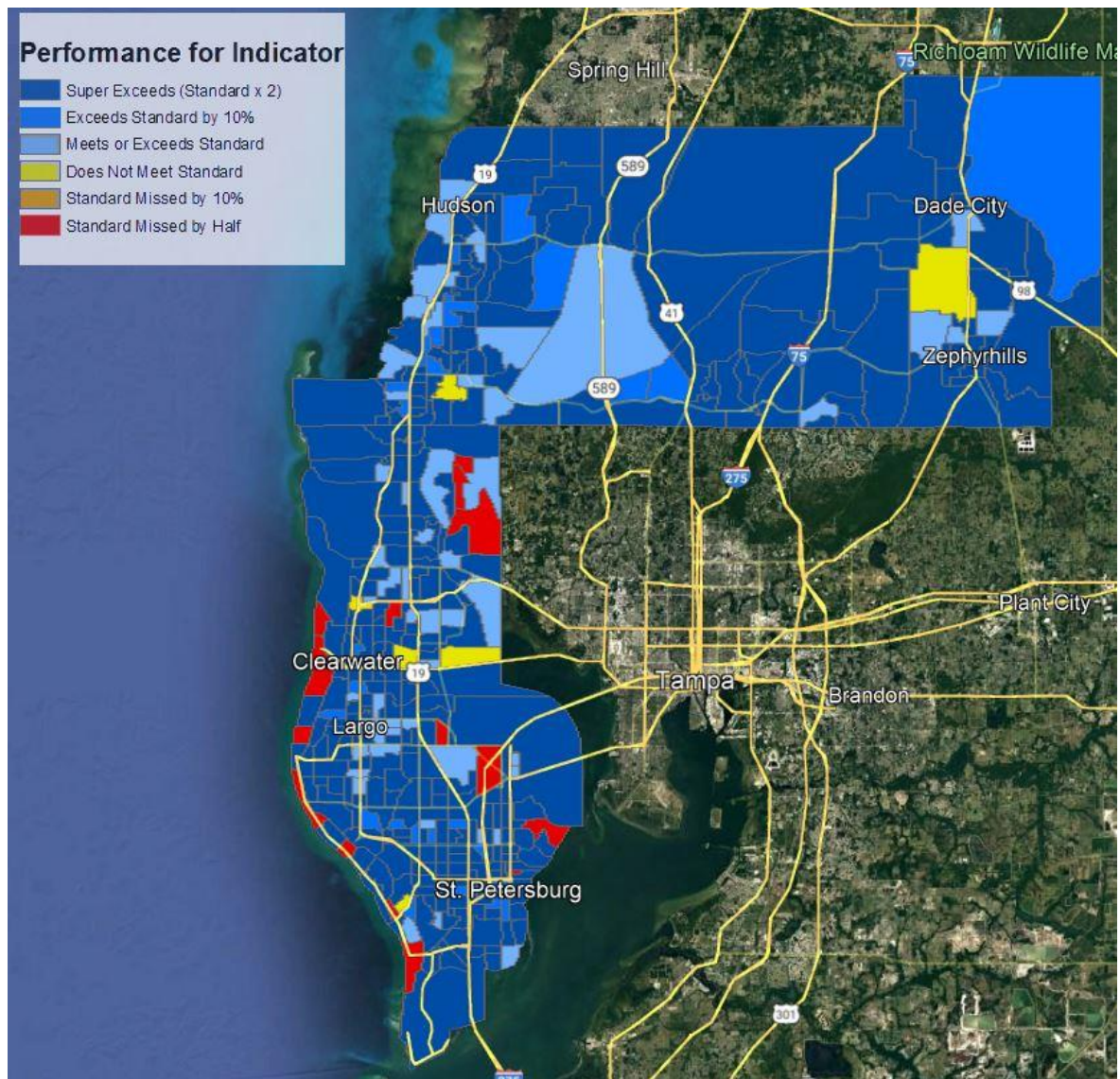
Maps as Targeting Tools

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

Greatest Economic Need

Individuals with Greatest Economic Need include those with incomes at or below the Federal Poverty Level, with specific attention to minority populations that reside in either Pasco or Pinellas Counties. To cover both counties equally, the AAAPP sub-contracts with two distinct organizations who provide OAA Title IIIC Nutrition Services. Each of these providers conduct Outreach in their respective counties and concentrate on the Older Americans Act mandated Outreach categories. Plans within their approved applications detail areas that hold pockets of seniors that are BPL or Low-Income with specific attention to low-income minority individuals and proposals regarding how many consumers with the Greatest Economic Need they will outreach. The AAAPP monitors their initiatives quarterly, semi-annually and annually. The AAAPP also serves as a technical assistance point of contact if the nutrition provider needs assistance understanding those areas within both counties that hold pockets of lower incomes and minorities and specificity on where to find them. We find these providers understand their county's geography and demographics well and assistance by the AAAPP is limited. Their exceeding of goals for many years is a testament to their success on finding and serving these consumers with Outreach Services.

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



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

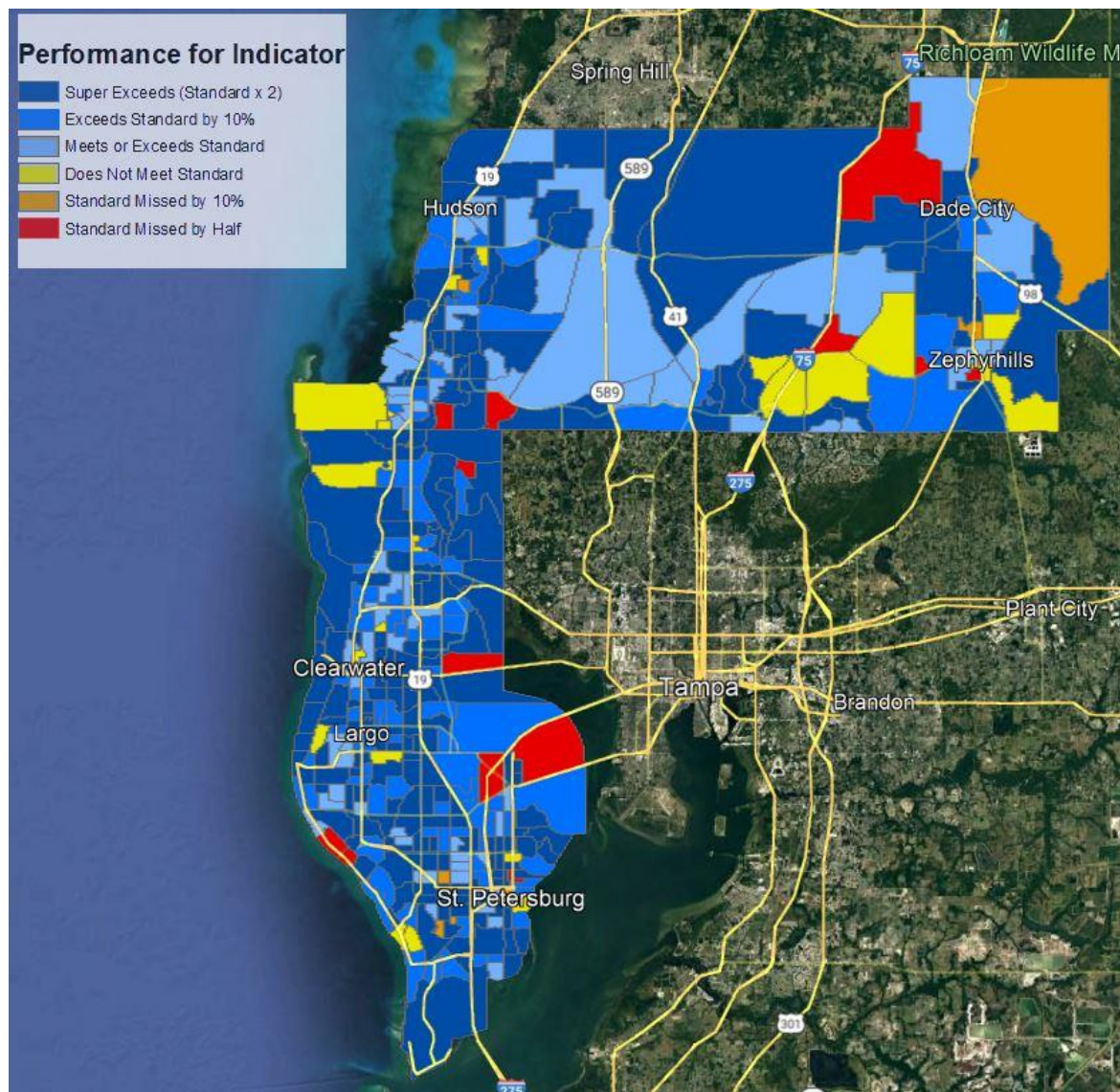
Greatest Social Need

Individuals with the Greatest Social Need 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
PSA 5 2020 - 2023 Area Plan Date: 2023 Update - September 2022 83 | Page

their approved applications detail areas that hold pockets of seniors that have the greatest social need and proposals regarding how many consumers they will outreach. The AAAPP monitors their initiatives quarterly, semi-annually and annually. The AAAPP also serves as a technical assistance point of contact if the nutrition provider needs assistance understanding those areas within both counties that hold pockets of individuals living alone.

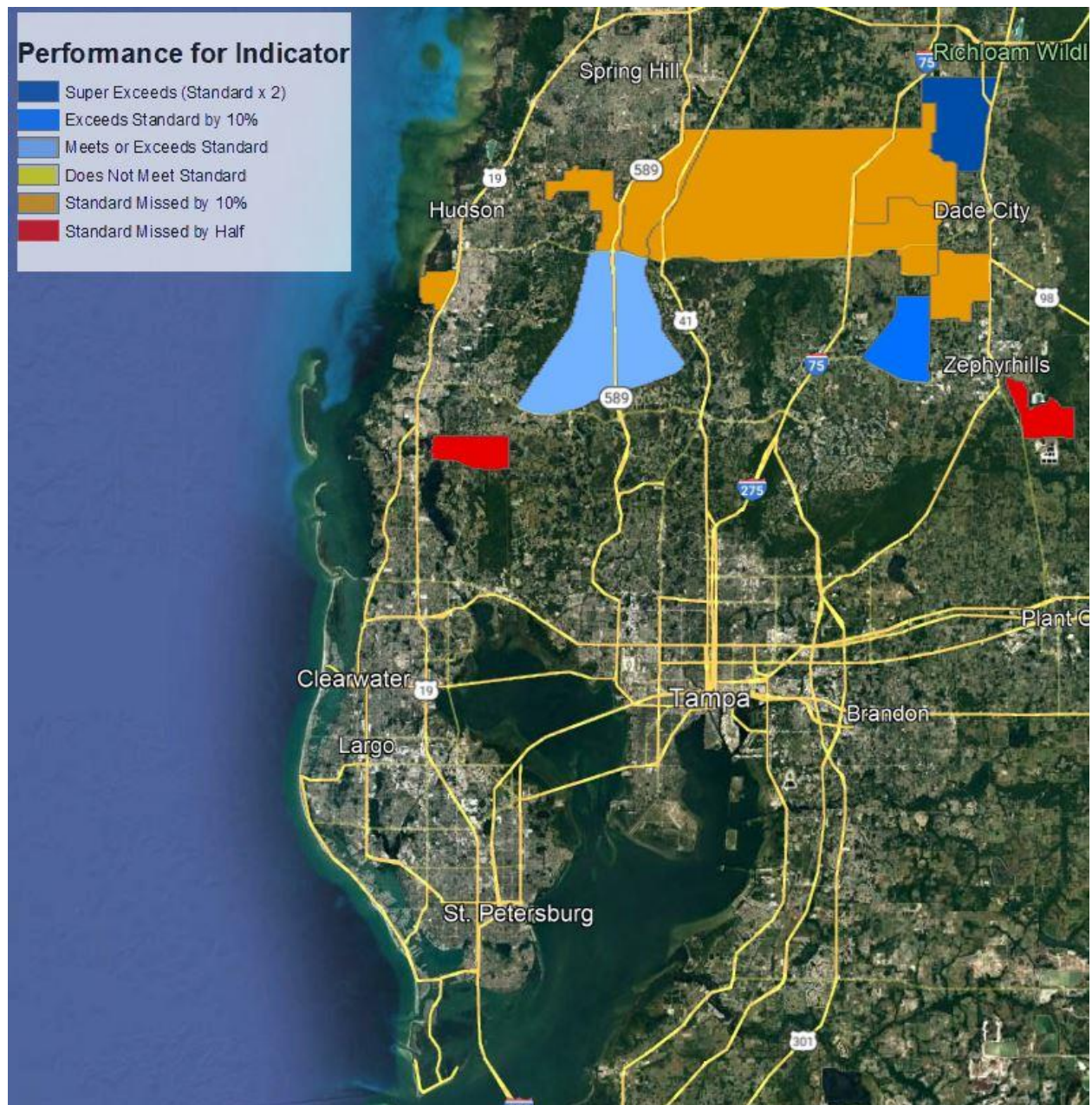
Both Pasco and Pinellas Counties contain individuals who are living alone at a high percentage. Approximately 35% of men and 65% of women, aged 60+, in both counties, live alone. Concentration on these individuals is integral to assist their understanding on how to access aging services when needed.



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

Rural

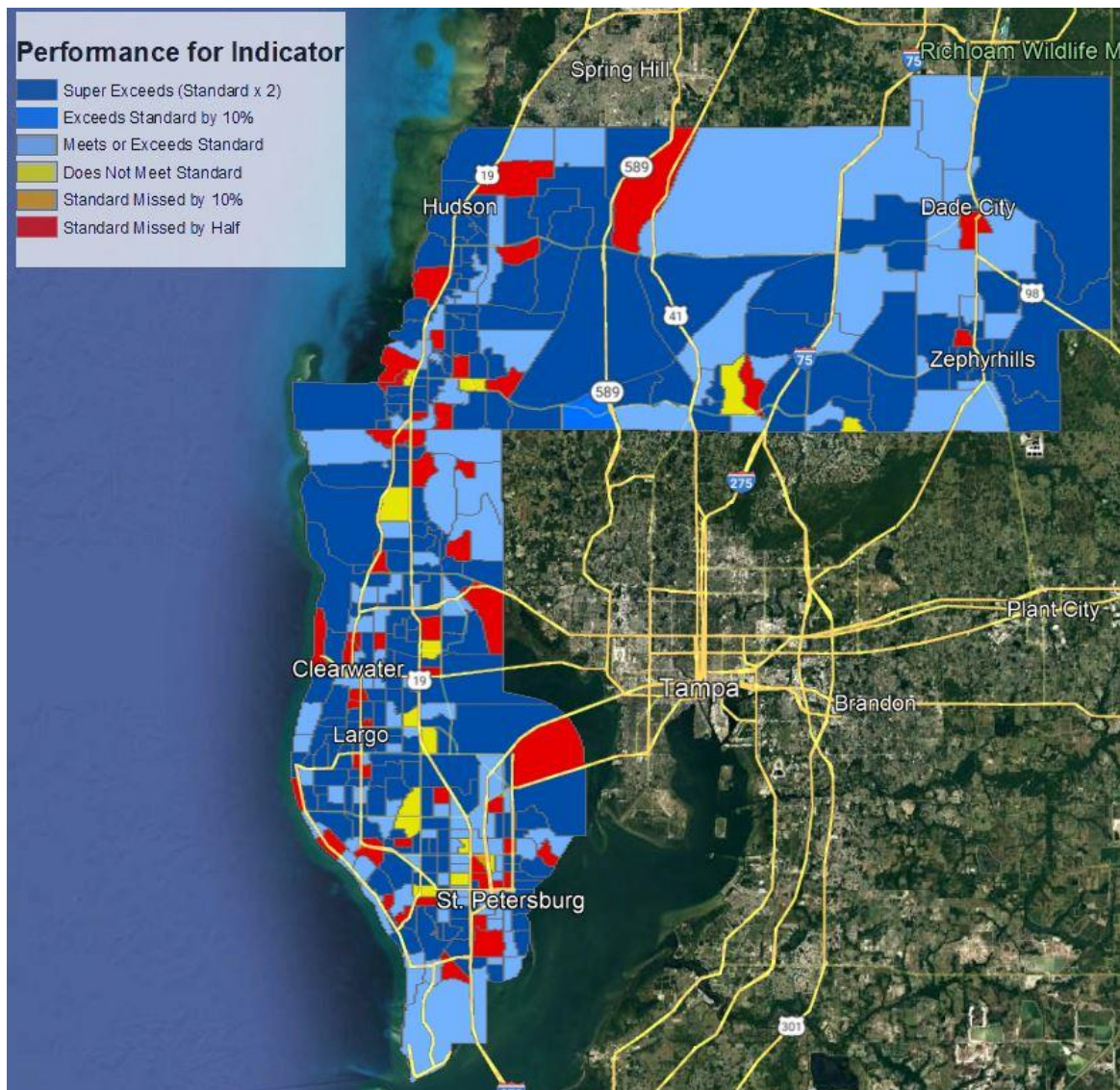
Pasco County holds only a small percentage of individuals that live rurally, therefore concentration is devoted to those zip codes or census tracts within that county to outreach those consumers. Pinellas contains no pockets of rurality whatsoever. The sub-contracted Nutrition provider in Pasco County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



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

Limited English Proficiency

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



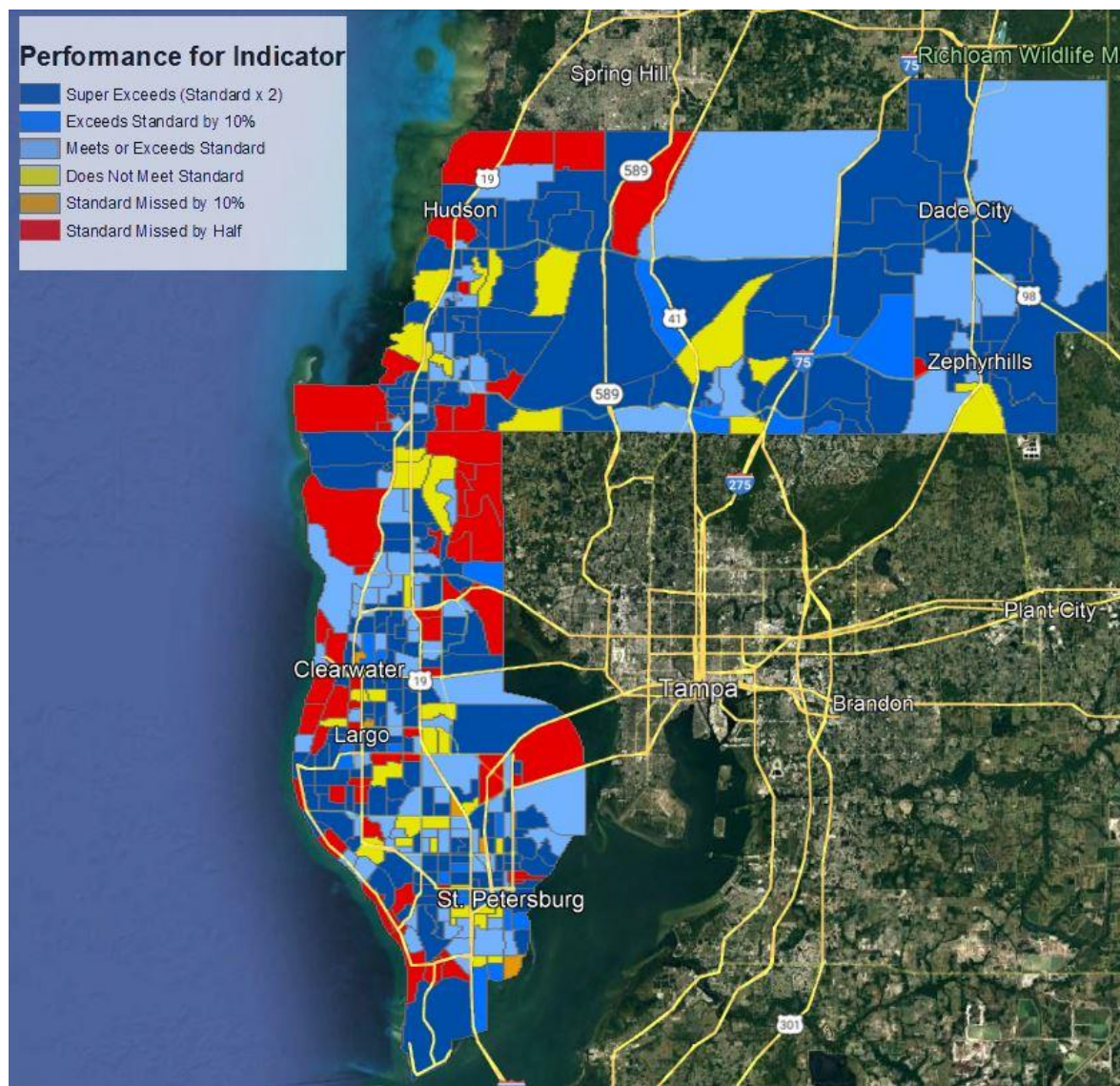
The above map illustrates the prevalence within both counties regarding where those who are aged 65+ and with Limited English Proficiency reside. Different shades of colors represent census tracts holding

certain levels of incidence. A micro view of these census tracts allows us to concentrate efforts of outreach in tracts holding the highest concentration of individuals with Limited English Proficiency.

Minorities

Both Pasco and Pinellas Counties contain individuals who identify as minorities. Concentration within census tracts containing large numbers of minorities is key for the AAAPP and/or our 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 a presence in the areas containing pockets of those with the Greatest Economic and Social Need as well as areas that hold pockets of rurality, limited English proficiency and minorities. Many of our programs conduct Outreach and Public Education in these areas of both counties and offer information on how to access aging services. We fully recognize the need to Outreach or Publicly Educate these communities.



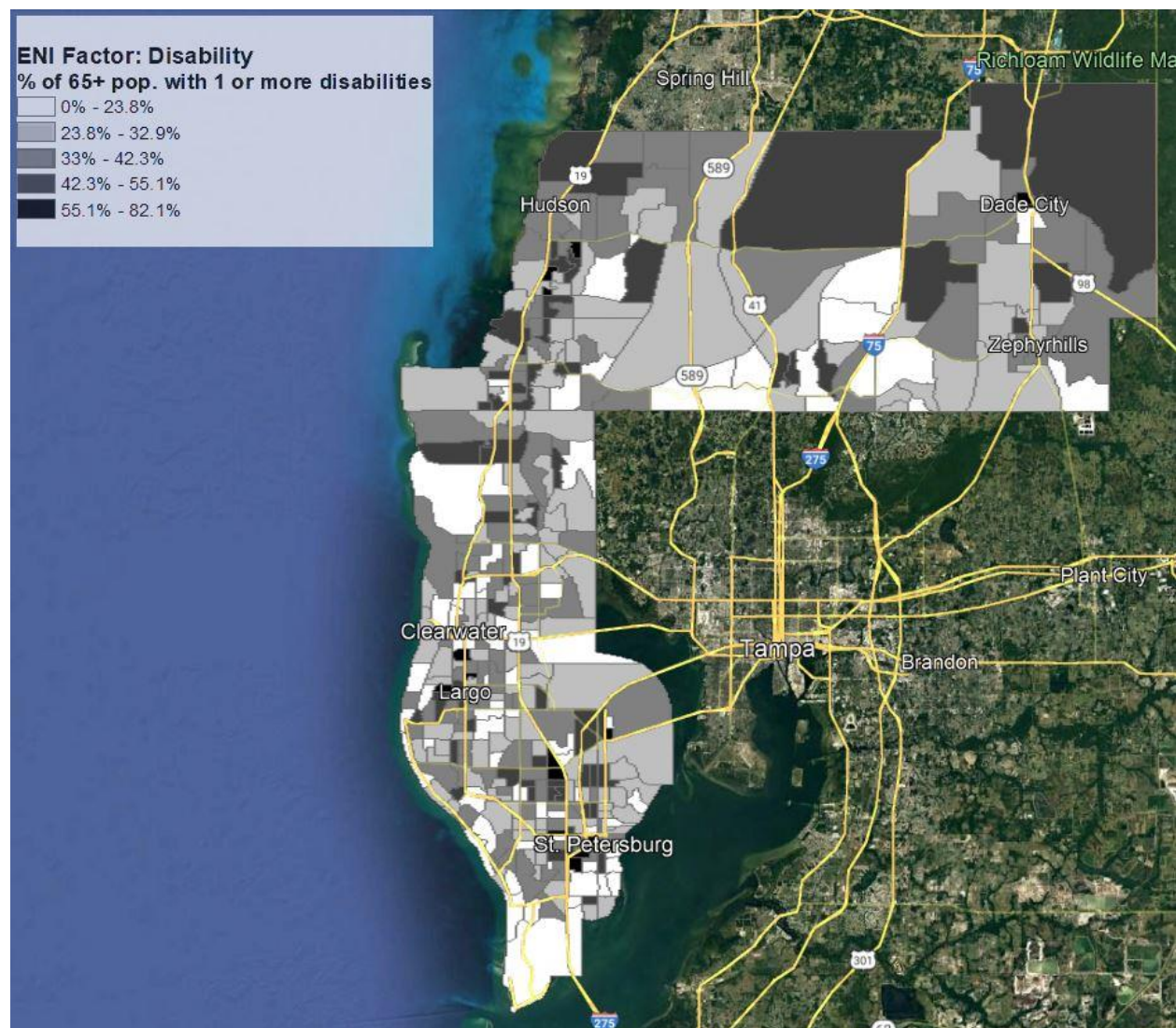
The above map illustrates the prevalence within both counties regarding where those who are aged 60+ and self-identifying as a minority. Different shades of colors represent census tracts holding certain levels of incidence. A micro view of these census tracts allows us to concentrate efforts of outreach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

At Risk for Institutional Placement

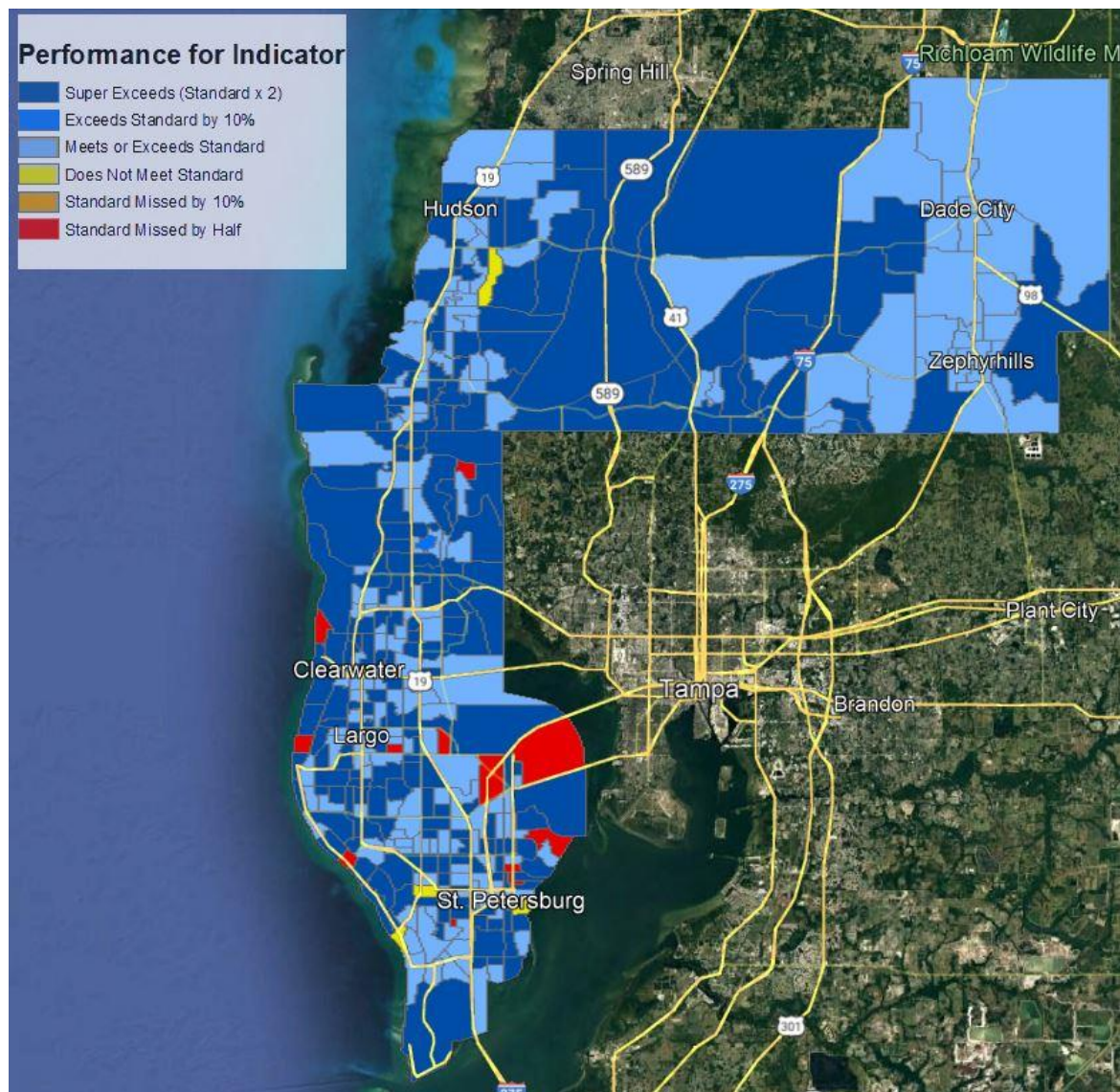
Individuals at risk for institutional placement include those persons with limitations that cause deficits in (2) or more activities of daily living (ADLs). Both Pasco and Pinellas Counties contain individuals with (2) or more disabilities and those who have probable Alzheimer's disease or a related 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.



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



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

Significant Unserved and Underserved Populations

Caregivers of Seniors & Relative Caregivers of Children

While not fully fitting into 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. Outreach and public education to individuals that meet the traditional OAA requirements will attract caregivers of seniors as well as relative caregivers of children. The provider network in PSA5 as well as the AAAPP outreach and publicly educate communities that have caregivers and work with partner agencies that serve this same population.

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

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

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

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

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

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

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

are older individuals with greatest economic need (with particular attention to low-income older individuals); and Caregivers who are older individuals who provide care to individuals with severe disabilities, including children with severe disabilities.

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

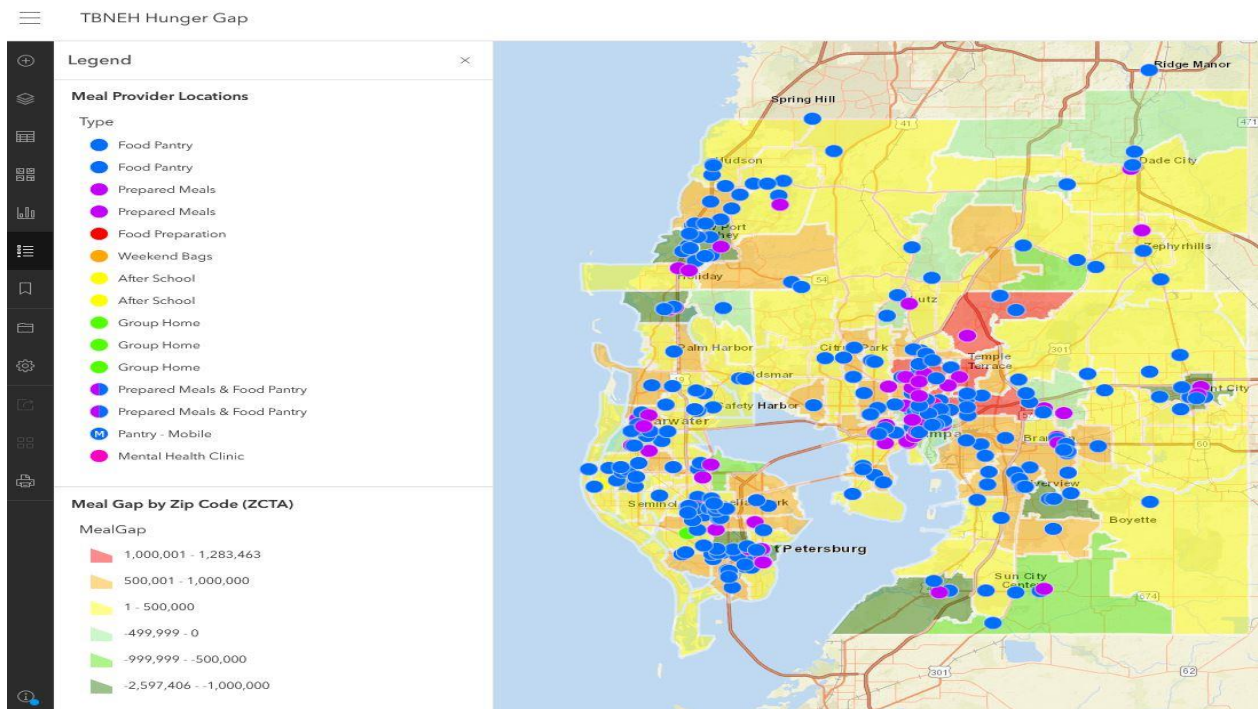
Transportation Disadvantaged

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 present the needs of the transportation disadvantaged and act as an advocate for the aforementioned. This opportunity also places us in an advantageous position to publicly educate those other TDLCB member organizations on the transportation services we offer.

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

Some older adults living in Pasco or Pinellas Counties utilize SNAP benefits to cover costs of food items, however, there are many individuals and families who are eligible yet are not taking advantage of this program. The AAAPP is a partner agency with the Department of Children and Families (DCF) and work 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 called the Tampa Bay Network to End Hunger (TBNEH) 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 person(s) being screened for any services, such as SNAP, that can help the family with food insecurity.

In collaboration with the "Tampa Bay Network to End Hunger", utilizing their "Hunger Map" found at <https://www.arcgis.com/home/item.html?id=5d00cc308cb940ae826074c66a5b5561> helps us determine food deserts. The Map can be filtered in many ways to highlight certain queries and used for targeting those areas (zip codes) with information on our Helpline, the forefront of information related to mitigating senior food insecurity. An example is found below:



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. The AAAPP is also an annual vendor participant in the St. Petersburg PRIDE Festival/Parade. This event draws hundreds or thousands to our Planning and Service area and we outreach those attending with information on senior related services.

Medicare Recipients

The SHINE (Serving Health Insurance Needs of Elders) Program reaches out to the community to encourage Medicare beneficiaries to utilize the health counseling services. This education and advocacy program recruit appropriate community members to become SHINE volunteers. This volunteer corps, averaging 55 volunteers, provides a variety of services to the project. This diverse group provides counseling in Spanish and Hindi along with English. A translator line allows all other language groups to be served. During calendar year 2021 SHINE volunteers completed approximately 5,000 client contacts. The SHINE Program will continue its previous Outreach and Public Education efforts to attract more consumers and publicize the program given the benefits it has for Medicare consumers or those new to Medicare.

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

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

The Senior Medicare Patrol (SMP), making up the final prong of a (3) Prong approach at serving Medicare beneficiaries is extremely at serving residents holistically. When outreach to Medicare beneficiaries, information is shared on SHINE, MIPPA and SMP as an umbrella. Interested consumers are directed to contact the Helpline and while they are talking to Helpline staff, other factors of their long-term planning are discovered.

Victims of Abuse or Crime

During 2020-2021, the Senior Victim Advocate Program collaborated with the Pinellas Coalition to End Domestic Violence, Adult Protective Services, the Domestic Violence Fatality Review Team in Pinellas County, Pasco DV/SV Task Force, and Community Action Stops Abuse. During the October 1, 2020 to September 30, 2021 VOCA Contract Year, 2 Crime Forums were held.

During 2020-2021, the Elder Abuse Prevention Program conducted eight training sessions provided to 138 professionals who work directly with seniors including those at risk. Our public events for 2021 included active participation in 12 aging expos and safety crime forums reaching over 2,339 persons. Staff and volunteers attended public events at medical offices, churches, civic associations, senior centers, financial institutions, 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 further explored.

Seniors with Civil Legal Needs

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

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

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

related to the provision of legal services to older persons in Florida.

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

Methods to Evaluate Effectiveness

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

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

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

with those individuals. Again, these reports are compared to Nutrition provider proposals for effectiveness and meeting of proposed goals.

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

Use of ADRC Services for Central Point of Contact

As a designated ADRC, the agency promotes the role of the Helpline to provide information and referral/assistance to adults aged 18 and over who have a disability, and for all person's 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 24,615 times via telephone as indicated by our ADRC Helpline Needs Report covering 1/1/21 – 12/31/21. This report allows us to review and whatever basis is appropriate, calls coming in, the types of calls, and the patterns or trends associated with those calls.

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

DOEA Mapping & Dashboard Review

Utilizing the 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 CY2020 clients served, it is still a useful tool in uncovering areas of our PSA we can blanket with Outreach to target and serve residents, aged 60+ and meeting targeting criterion. Maps highlighting where seniors are currently served and compared to maps that highlight pockets of OAA Outreach and Targeting requirements assist with identifying gaps. Those gaps are identified and shared among the AAAPP and provider network for technical assistance purposes.

Outreach the 30th Anniversary Celebration of the Department of Elder Affairs Serving PSA5 Seniors

The AAAPP is proud to acknowledge and celebrate in partnership with the DOEA, 30 years of serving seniors throughout the State of Florida. We used social media as our main ally in spreading the word amongst all our partners and contacts with several being shared to other pages, therefore expanding the footprint of who was informed about this auspicious occasion.

In addition, PSA5 celebrated this hallmark occasion by hosting a two-day visit by DOEA's Secretary Michelle Branham and her Leadership Team. This visit included a stop at Pasco County's Mike Fasano Special Needs Shelter where the focus was sheltering the most vulnerable, a think tank conversation including DOEA, AAAPP Leadership and PSA5 Providers. Last, the Secretary and her team visited the

PSA 5 2020 - 2023 Area Plan Date: 2023 Update - September 2022 97 | Page

Sunshine Center, a heavily utilized Senior Center in St. Petersburg, Florida. During this time, DOEA and the AAAPP spoke in a panel format about senior abuse, neglect and exploitation among other topics. While there, Secretary Branham was able to witness one of PSA5's Evidenced Based classes in situ. This Savvy Caregiver class serves caregivers of those living with Alzheimer's Disease and/or a Related Disorder with psychoeducational information to provide tools in their toolkit for caregiving longevity.

Area Agency on Aging of Pasco-Pinellas, Inc – 30 Year Prospective Outlook

The AAAPP implements short-term planning and long-term planning through a variety of mechanisms. Short Term Planning usually occurs as a SWOT analysis and includes AAAPP Board of Directors, Advisory Council and AAAPP staff. Additionally, the AAAPP develops a Strategic Plan using the SWOT Analysis as a starting point. Short-Term and Long-Term Planning ideas come to life during this process and take all parties expertise into account. Goals are set and worked on with accomplishments generally announced during the 3-year implementation period.

The AAAPP also assessed the needs of the community through use of the Community Assessment Survey of Older Adults (CASOA). Together in partnership with our two counties and multiple municipalities within our PSA, responses uncovered true unmet needs of older adults. While the survey was completed in 2019, several of the issues resonate today even after 2 years of the global covid 19 pandemic.

If the AAAPP had the ability to resolve issues affecting seniors and caregiver today within the next 30 years, it could look something like the below:

- Housing Stability for all Older Adults – Housing would be affordable, environmentally safe and adapted appropriately so the older adult(s) could remain in their homes as long as possible.
- Adequate Transportation and Mobility – Older Adults unable to transport themselves would have access to appropriate transportation options or be provided with safe and accessible mobility solutions throughout their communities.
- Access to Community Information – All older adults would have ease of access to information enabling independence at home and/or enriching their lives with opportunities to advance health and wellness, arts, culture and entertainment.
- Non-Age-related Disease Prevention/Eradication – Older adults would not suffer from debilitating diseases such as Alzheimer's Disease, Parkinson's Disease, or other related dementia disorders.
- Caregiving Crisis Averted – Caregivers of family members old or young would have adequate supports allowing them to remain independent and safe at home.
- Diversity, Equity and Inclusiveness (DEI) Freedom – Older adults would not be victim to issues stemming from discrimination based on their culture or economic position.
- Technology fully implemented in the home to support the needs of caregivers and seniors while still protecting the privacy of the individuals served.

While these goals are ambitious, Florida has always led the way across the nation to develop and implement innovative ideas in practical ways. Fortunately, smart and dedicated individuals and groups are making momentum for change. This includes the AAAPP working with traditional and nontraditional partners with the guidance and support of DOEA.

Unmet Needs and Service Opportunities

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

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

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

In March of 2019, 10,000 randomly selected individuals aged 60 and older, were mailed a survey to 1. Identify community strengths and weaknesses, 2. Articulate the specific needs of older adults in the community, and 3. Develop estimates and projections of resident need in the future. Out of the 10,000 surveys mailed out, 2,119 were completed and returned with a response rate equaling 22%. Additionally, three (3) focus groups were conducted in Pasco County, providing seniors the opportunity to identify and discuss their needs in a community setting.

The final reports were based around the (9) AARP age friendly community dimensions:

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

Data from the responses along with other reports and statistics will be used throughout this section to highlight needs of those seniors residing within our Planning and Service Area (PSA).

Access to Services:

Access to services is critical for seniors living as family unit, with assistance from a caregiver, or living alone. In any of these populations, independence is 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 reside in their own homes and avoid any premature institutionalization. Below is an examination of needs experienced in PSA5.

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 occur in the community versus occurring in a healthcare setting such as skilled nursing homes or assisted living facilities. To complicate matters further, estimates suggest that only 1 out of every 23 cases is reported suggesting gross underreporting. Senior victims of abuse are far more likely to be institutionalized or hospitalized due to the abuse and in comparison, to those who have not been abused.

Source: The United States Department of Justice – The Elder Justice Initiative – Research & Data Resources 2019

Based on national data purported from the “**National Adult Mistreatment Reporting System (NAMRS)**”, the following graphics illustrate the issue:

Table 1-1 Number of Investigations and Alleged Victims

Investigations	Reporting States	Reporting States %	# Investigation (closed or completed)	Alleged Victims
Single alleged victim per investigation	19	73.1%	93,296	93,296
Multiple alleged victim(s) per investigation	7	26.9%	49,850	50,326
Total	26	100.0%	143,146	143,622

Table 1-3 Victims by Age Group

Age Group	Reporting States	Count	% of Victims
Age 60-69	25	6,808	26.2%
Age 70-74	25	4,421	17.0%
Age 75-84	25	8,671	33.4%
Age 85+	25	6,090	23.4%
Total	25	25,990	100%

Table 1-4 Victims by Race

Race	Reporting States	Count	% of Victims
White	22	17,204	66.2%
Black or African American	18	3,097	11.9%
Other Race	15	603	2.3%
American Indian or Alaska Native	19	534	2.1%
Asian	17	192	0.7%
Native Hawaiian or Other Pacific Islander	11	48	0.2%
Unknown	23	4,436	17.1%
Total	25	26,114	--

Table 1-6 Victims by Gender

Gender Identity	Reporting States	Count	% of Victims
Female	25	16,707	64.3%
Male	25	9,046	34.8%
Unknown	16	232	0.9%
Transgender	2	5	0.02%
Total	25	25,990	100%

Table 1-7 Maltreatment Types Among Victims

Maltreatment Types	Reporting States	Count	% of Victims
Neglect	25	8,120	31.2%
Financial Exploitation	19	6,767	26.0%
Emotional Abuse	20	4,793	18.4%
Physical Abuse	25	4,245	16.3%
Other Type	9	2,845	10.9%
Exploitation (non-specific)	11	2,982	11.5%
Other Exploitation	7	765	2.9%
Sexual Abuse	17	203	0.8%
Abandonment	8	455	1.8%
Suspicious Death	0	0	0.0%
Unknown	0	0	0.0%
Total	25	31,175	--

Table 2-1 Perpetrators by Age Group

Age Group	Reporting States	Perpetrator Count	% of Perpetrators
Age 17 or younger	6	905	3.5%
Age 18-29	16	1,183	4.6%
Age 30-39	16	1,710	6.6%
Age 40-49	17	2,184	8.4%
Age 50-59	17	2,306	8.9%
Age 60-69	15	2,536	9.8%
Age 70-74	15	1,083	4.2%
Age 75-84	15	1,813	7.0%
Age 85+	11	936	3.6%
Unknown	18	11,267	43.5%
Total	23	25,923	100%

Table 2-2 Perpetrators by Gender Type

Gender Identity	Reporting States	Count	% of Victims
Female	23	11,881	45.8%
Male	22	10,293	39.7%
Transgender	2	2	0.01%
Unknown	20	3,747	14.5%
Total	23	25,923	100%

Table 2-3 Perpetrators Relationship to Victims

Relationship Type	Reporting States	# Perpetrators Submitted	Perpetrators w/Relationship Type	% of Perpetrators
Perpetrators with Kinship Relationship	22	25,138	14,593	58.1%
Perpetrators with Association to Victim	7	8,418	5,705	67.8%
Perpetrators with Legal Remedy Recommendations	3	2,591	577	22.3%

In the State of Florida, reports of Abuse, Neglect and Exploitation (ANE) of seniors or those with disabilities, go directly to the Florida Department of Children and Families 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 (February 2021 through May 2021), highlight statistics on abuse cases reported on.

State of Florida Abuse Rate Monthly & Average

Measure	Feb	Mar	Apr	May	CY2021 Average YTD
Persons with Disabilities per 1,000	.08	.07	.09	.07	.08
Elderly Persons per 1,000	.07	.08	.08	.08	.08

Source: Florida Department of Children and Families – Adult Protective Services – CY2021 APS Scorecard

This (6) month data set suggests that approximately 440 adults with either a disability or elderly individuals have had an abuse case reported 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.

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

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

B. Information about services

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

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

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

PSA 5- ADRC Helpline - Needs 7/1/20-6/30/21		
Referred Services	Referred Services	Referred Services
Health Care	Health Care	Health Care
Individual, Family and Community Support	Individual, Family and Community Support	Individual, Family and Community Support
Housing	Housing	Housing
Legal, Consumer and Public Safety Services	Legal, Consumer and Public Safety Services	Legal, Consumer and Public Safety Services
Food/Meals	Food/Meals	Food/Meals
Transportation	Transportation	Transportation
Income Support/Assistance	Income Support/Assistance	Income Support/Assistance
Utility Assistance	Utility Assistance	Utility Assistance
Information Services	Information Services	Information Services
Other Government/Economic Services	Other Government/Economic Services	Other Government/Economic Services
Mental Health/Addictions	Mental Health/Addictions	Mental Health/Addictions
Volunteers/Donations	Volunteers/Donations	Volunteers/Donations
Clothing/Personal/Household Needs	Clothing/Personal/Household Needs	Clothing/Personal/Household Needs
Employment	Employment	Employment
Arts, Culture and Recreation	Arts, Culture and Recreation	Arts, Culture and Recreation
Disaster Services	Disaster Services	Disaster Services
Education	Education	Education

Refer data - AIRS Problems Needs Report 07/01/20 – 06/30/21

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

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

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

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

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 6th highest caller request for information. In fact, between July 01, 2020 and June 30, 2021, the ADRC received 852 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 due to a lack of routes where seniors live. Thus, the demand for transportation has not diminished. Pasco County provides door-to-door transportation service for the following: group dining sites, medical offices and facilities, grocery and shopping centers, adult day service centers, and other life sustaining destinations. However, a gap continues to exist in the provision of transportation from one side of the county to the other for service provision yet is being worked on through various transportation improvement plans.

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

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

In both Pinellas and Pasco County, the Transportation Disadvantaged Program (TD) is administered through the Community Transportation Coordinator, PSTA in Pinellas County and PCPT in Pasco County. The TD Program is funded by the state to provide low-cost transportation for those who qualify as "transportation disadvantaged." Transportation services are provided for the following purposes: medical, employment, grocery, banking, and education related to employment. Further, other transportation funding sources in both counties allow for transportation to elders using similar eligibility requirements. While there may be multiple funding streams providing access to para-transit 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 US Department of Transportation, Bureau of Transportation Statistics reporting that 25.5 million Americans age 5 and older have self-reported travel-limiting disabilities. 13.4 million are age 18 to 64 and 11.2 million are age 65 and older. The NCST further reports that 3.6 million Americans with travel-limiting disabilities do not leave their homes because they are disabled or housebound.

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

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

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

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

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 para-transit mode of Public Transportation to pick up clients from home, deliver them safely to the meal site and transport the client back home. This is a successful arrangement for both PCSS and PCPT because clients are receiving transportation and meals appropriately, however, waitlists for congregate meals are often predicated on the ability to receive transportation from PCPT and because PCPT 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 health and wellness programs are largely provided in public places that allow access by an independent driver, however, if a consumer wishes to attend an evidenced based program and that individual has mobility issues which prevents independent driving, then they must rely on public transportation (Fixed Route) because door to door para transit is not an option given limitations due to government prioritized destinations of sustenance. In summary, any lack of access to supportive services in Pasco County is due to limited transportation options.

Pinellas County is 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 streamlined arrangement for mutual service opportunities utilizing transportation. Access to evidenced based health and wellness programs in Pinellas County would experience the same access limitations as experienced in Pasco County.

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

Access to any supportive service is critical for seniors to remain independent. Information about supportive services is the 2nd highest call type the ADRC Helpline received, with 3,958 calls taken between July 01, 2019 and June 30, 2020. Because of this, we can guarantee information/assistance or referral to the providers who provide these supportive services but we cannot guarantee access to those services due to transportation limitations.

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

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

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, 2020 - June 30, 2021 highlights Legal Assistance as the #4 caller request. The helpline, within that timeframe fielded 1,331 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 published a report on June 30th, 2016 examining the Commissions work and recommendations to the Supreme Court. Recommendations 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.

Source: Florida Commission on Access to Civil Justice Final Report – June 30, 2016

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. Sometimes, the challenge they face is receiving expeditious service when they may have been unaware of the timeframes necessary to resolve the issue and that can cause more anxiety. Information through public education is critical for those needing assistance to know where to turn when they are faced with a dilemma.

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

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

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 over 100 member organizations. It serves an important function of shared information, advocacy and coordination of services for Pasco's elders.

Pinellas County has one lead case management agency, Gulf Coast Jewish Family and Community Services, Inc. In addition to this lead agency, the AAAPP contracts with a wide array of social service providers in Pinellas County, far outweighing the percentage of service providers offered in Pasco County. The Better Living Senior Coalition in Pinellas County has approximately 350 member organizations and serves a similar role as the Pasco Aging Network.

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 three (3) staff within the AAAPP to provide essential advocacy services to those victims of ANE and/or crime within our two (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 and AAAPP staff regarding staff training on ANE.

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 Protection, local law enforcement agencies, the local State Attorney's Offices, and an abundance of organizations and municipalities who hold crime forums and events where the theme is centered on service access.

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

- a. Older Americans Act (OAA) Title IIIB - Legal Services
- b. Older Americans Act (OAA) Title VII - Elder Abuse Prevention
- c. 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 make 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 (35337) 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 2021 Annual Performance Report, published in January 2021, provided the following information: In Pasco County during FY19-20, 12,692 or 9.8% of the 128,901 total TD trips in Pasco were provided through DOEA administered funds. In Pinellas County 35,502 or 11.3% of the 3,131,343 total TD trips in Pinellas County were DOEA funded. The (4) major sources of funding are through the Commission for the Transportation Disadvantaged (CTD), Local Government, the Agency for Health Care Administration (Medicaid funding), Florida Department of Transportation (FDOT) and the Agency for Persons with Disabilities. The charts below provide details on the types of trips provided through the Transportation Disadvantaged system.

2019-2020 Pasco County Passenger Trips by Trip Purpose		
Type of Trip	Number of Trips	% to Total Trips
Medical	38,561	29.9%
Employment	15,776	12.2%
Edu/Train/Day Care	41,184	31.9%
Nutritional	12,396	9.6%
Life-Sustaining/Other	20,984	16.2%
Total Trips	128,901	100%

Source: FL Commission for the Transportation Disadvantaged 2021 Annual Performance Report Data

2019-2020 Pinellas County Passenger Trips by Trip Purpose		
Type of Trip	Number of Trips	% to Total Trips
Medical	1,223,806	39%
Employment	1,040,262	33.2%
Edu/Train/Day Care	146,848	4.6%
Nutritional	457,065	14.6%
Life-Sustaining/Other	262,362	8.3%
Total Trips	3,130,343	100%

Source: FL Commission for the Transportation Disadvantaged 2021 Annual Performance Report Data

With that, certainly the CTD, Local Government, APD and AHCA funding may provide necessary trips for those seniors within PSA5, however, more work is necessary on (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 IIIB – Transportation Services
- Local Service Program (LSP – Transportation Services
- Community Care for the Elderly (CCE) – Transportation Services
- Older Americans Act (OAA) + (LSP) – Information and Assistance Services

Counties or communities with limited access to significant supportive services

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

Listed below are Community Focal Points that serve as Senior Centers within Pinellas and Pasco Counties:

Pasco County

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

Pinellas County

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

Listed Below are Congregate Meal Sites and Adult Day Care Centers throughout PSA5:



Service Sites (ADC & Congregate Dining)- PSA5

PASCO

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

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

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

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

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

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

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

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

PINELLAS

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

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

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

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

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

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

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

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

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

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

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

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

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

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
- d. Older Floridian Legal Assistance Program (OFLAP)

Counties or communities with limited access to social service agencies

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

Because the AAAPP is a community focused organization with many partners serving the needs of humans, we stay in constant contact with them to understand the social services they administer and any barriers to accessing them. Working together, the AAAPP sometimes leverages resources to promote better accessibility 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, 2020 and June 30, 2021, the ADRC Helpline received 3,958 calls inquiring about “Individual, Family and Community Support”. Additionally, the ADRC Helpline received 1,331 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 16,255 calls regarding assistance with “Healthcare”. Certainly, a caregiver could be inquiring about assistance with the aforementioned topics of need for their loved one and/or themselves. The additional multitude of calls the ADRC Helpline fields and by REFER topic all have some basis for not only client assistance but also needs of the caregiver.

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

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

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

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

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

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

Participating in a recreation program or group activity	55%	26%	10%	5%	4%	100%
Providing help to friends or relatives	25%	44%	15%	7%	10%	100%
Volunteering your time to some group/activity in your community	67%	20%	6%	4%	3%	100%

A report from CIRT was run on September 10, 2019 titled, "Active or APCL Clients with Caregiver Information". When reviewing the "APCL" or waitlisted individuals report, this data indicates that 1,149 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 1,149 is duplicated because often the consumers is waiting on multiple funded services such as, CCE, HCE, ADI, LTCC, OA3B, OA3E, etc. These 1,149 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 1,149 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.

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

As 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 2017 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.

Grandparents Responsible for Grandchildren				
County/State	Age 60+ Pop	Grandparents Living with Grandchildren	Responsible for Grandchildren	% Responsible for Grandchildren
Pasco	148,996	5,550	1,850	1.2%
Pinellas	309,604	10,020	2,985	.9%
PSA5 Total	458,600	15,570	4,835	1%
State Total	5,334,036	284,915	72,451	1.3%

Source: 2018 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 is slightly lower than the percentage throughout the State of Florida.

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

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

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

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

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.

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

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

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

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

During a typical week, how many hours do you spend providing care for one or more individuals with whom you have a significant relationship (such as spouse, other relative, partner, friend, neighbor or child), whether or not they live with you?	Never (no hours)		1 to 3 hours		4 to 5 hours		6 to 10 hours		11 to 20 hours		20 or more hours		Don't know		Total	
One or more individuals age 60 or older	61%	1,243	11%	226	6%	124	4%	91	4%	83	12%	239	2%	45	100%	2,052
One or more individuals age 18 to 59	81%	1,570	6%	117	2%	46	2%	43	1%	22	4%	68	3%	67	100%	1,934
One or more individuals under age 18	83%	1,599	4%	77	2%	40	2%	36	1%	28	4%	70	4%	67	100%	1,917

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 a 701-type assessment is 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 III-E) also provides support for caregivers of seniors, including respite care, counseling, and consumable medical supplies.

As of September 10, 2019, a CIRT report was run that indicated that 2,751 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 (15,757) *{Includes MLTC enrolled individuals}* and as of the same date, the population being served with a caregiver account for 17.4%.

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 III-E 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 2018 County Profiles indicates a sizable proportion of grandparents caring for grandchildren reside in both Pasco and Pinellas counties. Because the Title IIIIEG 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 that serves Hillsborough, Pasco and Pinellas Counties as well as parts of PSA7. 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, and 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.

Utilizing the caller information reported within the REFER database, we can see that Transportation assistance requests are the 7th highest caller request for information. In fact, between July 01, 2020 and June 30, 2021, the ADRC received 852 calls for information or assistance related to Transportation with PSA5.

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

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

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

In both Pinellas and Pasco County, the Transportation Disadvantaged Program (TD) is administered through the Community Transportation Coordinator, PSTA in Pinellas County and PCPT in Pasco County. The TD Program is funded by the state to provide low-cost transportation for those who qualify as "transportation disadvantaged." Transportation services are provided for the following purposes: medical, employment, grocery, banking, and education related to employment. Further, other transportation funding sources in both counties allow for transportation to elders using similar eligibility requirements. While there may be multiple funding streams providing access to para-transit 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.

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

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

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

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

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

A. 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 either fall under the purview of the municipality or privately run by organizations with a social aspect. While these senior centers exist, those with mobility issues find transportation resources to those centers is limited. While most public transportation (Fixed Route) 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 CASOA reviewed older adult perceptions regarding senior centers and/or activities surrounding the senior center concept.

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

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

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

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

In comparison, Pasco County has an identical number of senior centers (10) as Pinellas County (10) and many within Pasco County are coordinated under a not-for-profit organization, CARES, Inc while the rest are managed under Pasco County Government. Those in Pinellas County are moreover operated by the municipality they reside in. Calls to the ADRC Helpline between July 01, 2019 and June 30, 2020 were relatively low with just 20 calls inquiring about recreational centers or places where arts and culture could be found.

B. Housing and safety needs

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

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

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

Many of those polled have been living within the community for 1 to over 20 years. The majority indicates a higher percentage of older individuals living within the community for over 20 years.

Which best describes the building you live in?	Percent	Number
Single family home	62%	N=1328
Townhouse, condominium, duplex or apartment	26%	N=568
Mobile home	10%	N=223
Assisted living residence	0%	N=9
Nursing home	0%	N=0
Other	1%	N=18
Total	100%	N=2146

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

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

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

Further, the graph below illustrates whether or not the individual responding rents, lives in own home with a mortgage payment or lives in home without a mortgage payment. All of these, factor into the potential ability to have modifications or improvements conducted.

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

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

Maintaining your yard	57%	1,183	21%	434	11%	230	6%	132	5%	98	100%	2,076
-----------------------	-----	-------	-----	-----	-----	-----	----	-----	----	----	------	-------

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

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

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

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

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

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

Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem		Minor problem		Moderate problem		Major problem		Don't know		Total	
Being a victim of crime	89%	1,911	6%	121	2%	49	2%	43	1%	20	100%	2,144

Being a victim of fraud or a scam	74%	1,589	15%	316	6%	128	3%	72	2%	36	100%	2,142
-----------------------------------	-----	-------	-----	-----	----	-----	----	----	----	----	------	-------

A. Employment training or related assistance

Between July 01, 2020 and June 30, 2021, the ADRC Helpline received 59 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: 2016-2019 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.

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

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

In Pasco and Pinellas County and at the end of Calendar Year 2017, those who are living Below the Federal Poverty Level, Low-Income, and minority is illustrated below:

County	Below Poverty Level (BPL)	Low-Income	Minority	BPL and Minority	Low-Income Minorities
Pasco	14,303	22,934	15,491	2,160	3,366
Pinellas	31,477	46,312	35,476	6,677	9,142
PSA5 Total	45,780	69,246	50,967	8,837	12,508

Source: 2017 DOEA Florida PSA & State Profiles

Because the number of individuals that are Below Poverty Level is 10% and those with low-Incomes are 15.1% 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% - 2.7%. This smaller group may also demonstrate the same need for a continuation of employment of some kind.

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

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

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

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

A. 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 2013-2017 American Community Survey Estimate, that in Pasco County and out of 265,268 owner occupied units, 142,698 households or 53.7% have a mortgage while 122,930 do not. Further, there are 135,350 units that are rented with the highest amount of rent being paid equaling, between \$500 - \$1,999. Additionally, there are 185,951 homes built from 2009 back to earlier than 1939. This number factors greatly into the amount and frequency for necessary repairs.

Pinellas County reflects slight differences than Pasco County. Based on the 2013-2017 American Community Survey Estimate, that in Pinellas County and out of 140,827 owner occupied units, 77,220 households or 54.8% have a mortgage while 63,607 do not. Further, there are 52,018 units that are rented with the highest amount of rent being paid equaling, between \$500 - \$1,999. Additionally, there are 374,405 homes built from 1999 back to earlier than 1939. This number factors greatly into the amount and frequency for necessary repairs.

To compound the previous notion on mortgage and non-mortgage related households, the Florida Housing Data Clearinghouse suggest in 2016, that in Pasco County, 45,430 households, aged 65+ who own their homes have cost burdens above 30% of their Adjusted Monthly Income. Aged 65+ renters in Pasco who have cost burdens over 30% AMI equal 3,694.

Data for Pinellas County suggest similarities. In Pinellas County, 76,500 households, aged 65+ who own their homes have cost burdens above 30% of their Adjusted Monthly Income. Aged 65+ renters in Pinellas who have cost burdens over 30% AMI equal 7,824.

The last decade has seen significant shifts in the housing market, from the high values in early 2000 to depressed values in late 2010 and a resurgence in home prices since 2013. 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 July 2019, *RealtyTrac* reported that 1 in every 1562 homes located in Pasco County received a foreclosure filing. Within Pasco, Wesley Chapel, New Port Richey, Holiday, Port Richey 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 1415 homes in Pinellas has received a foreclosure filing. *RealtyTrac* reports Belleair Beach, Crystal Beach, Pinellas Park, Dunedin and Largo 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 IIIB and IIIE funds are allocated for chore services in both counties. However, this service provides only basic home and yard maintenance. As of September 2019, there were 78 Pasco elders and 509 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.

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

See results below.

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

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

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

C. 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 2018 Annual Performance Report, published in January 2019, provided the following information: In Pasco County during FY17-18, 11,977 or 6% of the 197,606 total TD trips in Pasco were provided through DOEA administered funds. In Pinellas County 35,373 or .7% of the 4,597,551 total TD trips in Pinellas County were DOEA funded. The (4) major sources of funding are through the Commission for the Transportation Disadvantaged (CTD), Local Government, the Agency for Health Care Administration (Medicaid funding), Florida Department of Transportation (FDOT) and the Agency for Persons with Disabilities. The charts below provide details on the types of trips provided through the Transportation Disadvantaged system.

2017-2018 Pasco County Passenger Trips by Trip Purpose		
Type of Trip	Number of Trips	% to Total Trips
Medical	79,799	40.3%
Employment	21,419	10.8%
Edu/Train/Day Care	18,400	9.3%
Nutritional	17,775	8.9%
Life-Sustaining/Other	60,213	30.4%
Total Trips	197,606	100%

Source: FL Commission for the Transportation Disadvantaged 2018 Annual Performance Report Data

2017-2018 Pinellas County Passenger Trips by Trip Purpose		
Type of Trip	Number of Trips	% to Total Trips
Medical	1,853,717	40.3%
Employment	1,976,278	42.9%
Edu/Train/Day Care	21,324	.46%
Nutritional	730,551	15.8%
Life-Sustaining/Other	15,681	.34%
Total Trips	4,597,551	100%

Source: FL Commission for the Transportation Disadvantaged 2018 Annual Performance Report Data

With that, certainly the CTD, Local Government, APD and AHCA funding may provide necessary trips for those seniors within PSA5, however, more work is necessary on (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 IIIB – Transportation Services
- Local Service Program (LSP – Transportation Services
- Community Care for the Elderly (CCE) – Transportation Services
- Older Americans Act (OAA) + (LSP) – Information and Assistance Services

Limited access to senior centers

The AAAPP recognizes the significant importance senior centers play in an independent senior's life. The AAAPP and the sub-contracted service providers utilize these centers 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 2020 Summary Plan document identifies senior centers for the public's utilization. See below listing of senior centers within Pasco and Pinellas Counties.

Pasco County

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

Pinellas County

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

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

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

The AAAPP additionally has numerous resources through our Helpline. One resource is Habitat for Humanity who recently only served Pinellas County yet now serves the additional jurisdiction of West Pasco. This organization not only creates a new living environment for people of all ages who qualify

but currently has programs specifically for seniors who qualify where simple home modifications can be performed in order to create a safer environment promoting aging in place.

Employment training or related assistance

The AARP states within their published 2015 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 affect 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 also contributes to why older adults continue to work outside the home.

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.

Those who wish to continue to work or wish to get a job in later life most often are those with low incomes. The State of Florida Senior Community Service Employment Program State Plan: 2016-2019 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 to supplement their income.

Housing conditions and availability of affordable housing

Between July 01, 2020 and June 30, 2021, the ADRC Helpline received 2,137 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 pin point systemic issues related to housing. If that occurs, callers are connected to appropriate resources to assist with the root problem. Lastly, callers inquiring about immediate housing needs may be triaged for service delivery through the intake process.

Consumers may be eligible for funded programs where housing improvements or industrial cleaning of the home and yard are available. The Older Americans Act Titles IIIB and IIIE can cover Chore services where the consumer can get help with yard or in the home industrial cleaning in lieu of any codes violations. Waitlists hinder expeditious service delivery though and sometimes clients are

referred to private pay resources if they can afford it. Lastly, consumers in the Community Care for the Elderly, Home Care for the Elderly, and SMMCLTCP programs may receive chore and/or housing improvement/environmental modification services as part of their Care Plan.

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

D. 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 included within the emergency management community where an all hazards approach to disaster preparedness is practiced. The AAAPP is a partner organization with many disaster related groups such as, Emergency Support Function (ESF) 6 (Mass Care) and 8 (Healthcare), Recover Pinellas, the Pinellas, Hillsborough, and Pasco COAD/VOAD (PHPCOAD), Hurricanes and Healthcare Conference Committee, Special Needs related Committees, and many more. Partner organizations sitting with the AAAPP other than the local EM agencies include, the Florida Department of Health, Veterans Affairs, Mental Health/Behavioral Health organizations, Hospitals, civic agencies, faith-based organizations, school boards, transportation providers, law enforcement agencies, etc. A community response to planning equates to cross training as well as a cross population approach to preparation, mitigation, response, and recovery, the four tenants to Emergency Management.

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

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

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

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

E. Volunteerism

Volunteers contribute greatly to PSA5 and many seniors remain engaged within this community. Between July 01, 2020 and June 30, 2021, the ADRC Helpline received 102 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 whose 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. RSVP in Pasco County is coordinated through

Seniors in Service organization. The AAAPP's monthly television show, "Aging on the Suncoast", covers "Senior Volunteerism" and will continue to in order to promote and educate the public on volunteer opportunities within both Pasco and Pinellas Counties.

The AAAPP utilizes volunteers as well. In addition to our Board of Directors and Advisory Council, our Serving Healthcare Needs of the Elderly Program (SHINE) maintains approximately (60) volunteers who assist individuals with navigation through the complexities of Medicare and or assist with plan choice, unbiased and for free. Between January 01, 2020 and December 31, 2020, the volunteers from our SHINE Program served 5,037 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.

Volunteer Reporting Log CY2020 (Annualized)	Undup Direct Vols	Undup Indirect Vols	Episodic Vols	Direct Vol Hours	Indirect Vol Hours	Episodic Vol Hours	Clients Served by Vols	# Vols 60+	# Vols -60
Totals	1132	85	9	52996.32	8258	173.5	15352	2651	347

AAAPP Volunteer utilization Review for CY2020

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

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

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

Health Care:

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.

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

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

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

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem		Minor problem		Moderate problem		Major problem		Don't know		Total	
Your physical health	43%	908	32%	666	20%	412	5%	111	0%	7	100%	2,103
Performing regular activities, including walking, eating and preparing meals	68%	1,467	17%	357	11%	237	4%	79	0%	3	100%	2,143
Having enough food to eat	86%	1,847	8%	164	4%	86	2%	40	0%	3	100%	2,140
Falling or injuring yourself in your home	74%	1,561	15%	326	6%	124	3%	63	2%	46	100%	2,120
Finding affordable health insurance	69%	1,475	12%	264	8%	177	9%	202	1%	20	100%	2,138

Getting the health care you need	75%	1,608	13%	275	7%	159	4%	80	0%	8	100%	2,131
Affording the medications you need	70%	1,491	15%	324	8%	171	6%	126	1%	20	100%	2,131
Figuring out which medications to take and when	88%	1,877	7%	145	2%	46	1%	32	1%	26	100%	2,125

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

Further, between July 01, 2020 and June 30, 2021, the ADRC Helpline fielded 16,255 calls inquiring about healthcare resources. Information on health care resources is our current #1 request for assistance and the #1 issue based on those who responded to the CASOA survey.

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 pre-mature 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.

PSA5 Medically Underserved – Aged 65+			
County/State	65+ Population	65+ Medically Underserved	% to 65+ Population
Pasco	117,440	14,025	11.9%
Pinellas	239,572	97,764	40.8%
PSA5	357,012	111,789	31.3%
State Total	4,134,536	1,287,535	31.1%

Source: 2018 DOEA Florida State & PSA Profiles

The DOEA's data suggests that 11.9% of the total 65+ population in Pasco County is medically underserved. In contrast, Pinellas County reflects 40.8% 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 equal to PSA5's average percentage of need.

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

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

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

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

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.

This need for the above ancillary health needs is also observed in the frequency of calls to the AAAPP Senior Helpline requesting these services. During the one-year period July 01, 2020 through June 30, 2021, 16,255 callers requested information on “healthcare”, some of which included requested information regarding Ancillary health care needs. This Refer category includes Ancillary health care information about clinics, dental care, eye care, flu shots, geriatric medicine and low-income health care, vision and hearing care, medical equipment and supplies.

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

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem		Minor problem		Moderate problem		Major problem		Don't know		Total	
Finding affordable health insurance	69%	1,475	12%	264	8%	177	9%	202	1%	20	100%	2,138
Getting the health care you need	75%	1,608	13%	275	7%	159	4%	80	0%	8	100%	2,131
Affording the medications you need	70%	1,491	15%	324	8%	171	6%	126	1%	20	100%	2,131
Figuring out which medications to take and when	88%	1,877	7%	145	2%	46	1%	32	1%	26	100%	2,125
Getting the oral health care you need	70%	1,491	13%	288	7%	160	8%	177	1%	16	100%	2,131
Getting the vision care you need	78%	1,665	12%	260	6%	119	4%	75	1%	11	100%	2,130

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

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, 2020 and June 30, 2021 reflected 16,255 individuals inquiring about Medical and Healthcare needs. An additional, 136 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 IIIB. As of September 2019, PSA5 had 64 individuals waiting on either of the counseling modalities.

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

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

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

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

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

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

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem		Minor problem		Moderate problem		Major problem		Don't know		Total	
Feeling bored	58%	1,232	25%	525	10%	219	5%	112	1%	26	100%	2,114

Feeling physically burdened by providing care for another person	65%	1,371	12%	253	6%	135	4%	91	12%	258	100%	2,108
Feeling emotionally burdened by providing care for another person	64%	1,363	12%	262	7%	141	4%	93	12%	256	100%	2,116
Feeling financially burdened by providing care for another person	69%	1,451	10%	209	5%	115	4%	83	12%	258	100%	2,115
Dealing with legal issues	67%	1,418	14%	302	8%	165	4%	90	6%	130	100%	2,105
Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	60%	1,266	21%	451	9%	188	5%	108	5%	97	100%	2,110
Feeling lonely or isolated	69%	1,440	16%	341	8%	161	4%	86	2%	46	100%	2,074
Dealing with the loss of a close family member or friend	61%	1,284	15%	323	11%	228	7%	154	6%	120	100%	2,109
Being physically or emotionally abused	87%	1,833	5%	102	1%	24	1%	16	6%	123	100%	2,098

A. 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. The following services are provided: “Chronic Disease Self-Management (CDSMP)”, “Chronic Pain Self-Management Program (CPSMP)”, Diabetes Self-Management Program (DSMP)”, “Tai Chi/Tai Ji Quan” and “Matter of Balance (MOB)”. All programs ensure program fidelity is followed.

In combination or solely individual, these classes promote healthy behaviors that enable seniors to live independently. During CY2019 and within Pasco and Pinellas Counties, CARES, Inc. held (60) classes in Pasco County and (37) 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 with a higher prevalence of unhealthy behaviors or who suffer chronic diseases at a higher rate than others is important to mitigate negative health effects.

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

Just as importantly, PSA5 and our provider of evidenced based disease prevention and health promotion services are monitoring the rate of completers who participate in these classes. Completers are those who complete a certain percentage of classes based on the fidelity of the program. Historically, completer percentages have been relatively low for a multitude of reasons so the AAAPP is working with our provider, CARES, Inc. to increase the number of those completing the classes so the participant can receive the maximum benefit.

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 16,255 calls between July 01, 2020 and June 30, 2021 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 have experienced barriers to medical care, the AAAPP administers the SHINE Program and is a key provider of assistance and information on prescription assistance and health care access. The SHINE volunteers provide free, un-biased information about Medicare 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. These same SHINE volunteers also provide assistance under the Senior Medicare Patrol program (SMP). SMP assists consumers with detecting and preventing Medicare fraud, error and abuse.

Ancillary health care needs (hearing aids & eyeglasses)

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

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

DOEA's SHINE program, administered locally by the AAAPP, is a key provider of assistance and information on prescription assistance and health care access. The SHINE volunteers provide free, unbiased 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 2018 DOEA State and PSA Profiles give us an excellent understanding of medical and health care availability in PSA5. DOEA's data below suggests:

There are 26 hospitals with 5,313 hospital beds in the two-county area. The ratio of hospital beds per age 60+ population (1 bed per 86 persons age 60+) in PSA5 exceeds that statewide (1 bed per 79 persons age 60+).

While there are 131 home health agencies in PSA 5, overall the PSA has a lower ratio of home health agencies compared to the 60+ population 458,600 or 1 agency per every 3,500 individuals than the statewide average of one home health agency per every 2,791 persons age 60+. While this ratio is higher it really equates to a lower amount of availability per person. Pinellas County has one home health agency (total 96) per 3,225 persons 60+, while Pasco County has one home health agency (total 35) per 4,257 persons 60+.

In addition to Home Health Agencies and Hospital bed availability, the ratio of licensed medical doctors (3,772) per age 60+ population is lower in PSA 5 (1 per 121 persons age 60+) than in the remainder of the state (1 per 101 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. Seasons hospice serves both Pasco and Pinellas residents.

It should be noted that Pasco and Pinellas residents also have access to hospitals and health care in the Tampa Bay region. Both Pinellas and Hillsborough counties have hospitals and health care facilities operated by the Veterans Administration. The Region also benefits from educational institutions offering medical and allied health education such as the University of South Florida Medical School in Tampa, the University of Florida School of Pharmacy satellite campus in Pinellas

County, and the St. Petersburg College programs for nurses and physician assistants as well as Pasco-Hernando State College and St. Leo University.

Because lack of financial resources is a significant barrier to receiving needed health care, it is important to review the resources available to those with financial need. The Community Health Centers of Pinellas, a not-for-profit health care organization, provides affordable primary health care services to Pinellas County residents through six centers geographically distributed throughout the County. Primary Care and Pharmacy services are available at all locations. Three locations, St. Petersburg's Johnnie Ruth Clark Center, Clearwater and Pinellas Park offer the services of a registered dietitian and the Johnnie Ruth Clark Center also provides dental care. Additional Centers are 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. Additionally, the St. Petersburg Free Clinic and the Clearwater Free clinic both play a role in health care to persons with low-incomes.

The Willa Carson Health Resource Center provides similar services, including preventative services and wellness and education programs for uninsured and low-income persons. This center is 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.

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

fields of pharmacy and social work to foster an understanding of the needs of elders. Information about health care resources is maintained in the Senior Helpline database and provided to those seeking information.

Given the need for mental health services, the AAAPP allocates Older Americans Act Title IIIB funding for 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, the State Area Agency on Aging network, including PSA5 is investigating “Telehealth” as a meaningful modality to reach seniors that live rurally, homebound and/or lack adequate transportation to reach counseling appointments. The AAAPP has requested and been approved for Direct Service Waiver to provide OA3B Counseling services in Pinellas and Pasco Counties as of January 1, 2022. See our Direct Service Waiver request for specifics.

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.

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

E. 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.

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

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

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

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

Based on the above graphs above, there is a clear relation to older adults' availability of food, issues surrounding nutrition and dietary intake. While 64% of individuals surveyed think availability of affordable quality food is excellent to good, there are many that believe availability is fair to poor. In regards to eating 5 portions of fruits and vegetables daily, 63% report in a range of Never to Sometimes.

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

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

Each provider of nutrition services has been in existence for many years and demonstrates full compliance with the many regulations safeguarding senior nutrition service practices. At the end of CY2020 both nutrition providers served a combined amount of 666,994 meals to 10,036 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 and General Revenue funds.

For those not within the aging service system yet contact the ADRC Helpline looking for supplemental nutrition, a couple of things may occur. That caller might be connected to the Nutrition provider in whatever county they reside or an intake assessment might be completed to place them on a waitlist for nutrition services. Other callers might be directed to food pantries or food banks where they can supplement their food supply with additional healthy foods. And lastly, those callers may be directed to an ACCESS Point where they can apply for the Supplemental Nutrition Assistance Program (SNAP), previously called Food Stamps. Any one of these actions may take place and/or all the above. 933 calls were made to the ADRC Helpline between July 01, 2020 and June 30, 2021 inquiring about Food/Meals.

F. Self-Care limitations

Limitations in a person's ability to perform activities of daily living (ADL) or instrumental activities of daily living (IADL) contribute to a person's need for assistance, whether through informal support such as family or through service provision. ADLs commonly refer to the tasks of bathing, dressing, eating, using the bathroom, transferring and walking. IADLS refer to the ability to perform the following tasks: heavy chores, light housekeeping, using the phone, managing money, preparing meals, shopping, taking medication and using transportation.

Disabling conditions contribute to limitations in an elder's ability to care for themselves. In PSA 5, approximately 13% of those ages 60 and older have two or more disabilities. This parallels the statewide average of 14%

Age 60+ With Two or More Disabilities			
County/State	Age 60+ Population	60+ Pop With (2) or More disabilities	% of 60+ Pop With (2) or More Disabilities
Pasco	152,963	22,440	14.6%
Pinellas	317,594	41,910	13.1%
PSA5 Total	470,557	64,350	13.6%
Statewide Total	5,512,586	777,675	14.1%

Source: 2018 DOEA Florida State & PSA Profiles

CASOA addressed self-care in multiple ways. The graph below indicates responses to various questions centered around an individual's perceptions of what is available in the community.

Please rate each of the following characteristics as they relate to adults age 60 or over in your community:	Excellent		Good		Fair		Poor		Don't know		Total	
Availability of long-term care options	8%	177	24%	514	23%	482	11%	240	33%	711	100%	2,124
Availability of daytime care options for adults age 60 and older	5%	116	17%	365	20%	420	13%	270	45%	952	100%	2,122
Availability of information about resources for adults age 60 and older	9%	190	23%	479	24%	510	14%	286	31%	644	100%	2,109

In order to understand how to provide self-care, an individual must understand what is available in the community to address their own needs. Based on the above, very few thought the availability of long-term care options, day time care options and overall information on resources for seniors was excellent. Most reported that they thought the availability of these three as ranging from Good to Poor and many simply did not know. It's plausible to think the AAAPP has a lot more work to do in educating the community on what we and our network offer.

Additionally, CASOA sought to understand what those surveyed considered to be a problem regarding self-care topics. Details are below.

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem		Minor problem		Moderate problem		Major problem		Don't know		Total	
Your physical health	43%	908	32%	666	20%	412	5%	111	0%	7	100%	2,103
Performing regular activities, including walking, eating and preparing meals	68%	1,467	17%	357	11%	237	4%	79	0%	3	100%	2,143

Having enough food to eat	86%	1,847	8%	164	4%	86	2%	40	0%	3	100%	2,140
Doing heavy or intense housework	41%	881	28%	604	16%	341	14%	291	1%	14	100%	2,132
Feeling depressed	65%	1,376	21%	439	9%	191	4%	81	2%	33	100%	2,122
Experiencing confusion or forgetfulness	70%	1,479	21%	456	6%	122	2%	44	1%	22	100%	2,122
Figuring out which medications to take and when	88%	1,877	7%	145	2%	46	1%	32	1%	26	100%	2,125
Getting the oral health care you need	70%	1,491	13%	288	7%	160	8%	177	1%	16	100%	2,131
Getting the vision care you need	78%	1,665	12%	260	6%	119	4%	75	1%	11	100%	2,130
Staying physically fit	47%	1,015	31%	670	15%	318	6%	132	0%	2	100%	2,137
Maintaining a healthy diet	61%	1,293	25%	528	10%	214	4%	84	0%	3	100%	2,124
Feeling physically burdened by providing care for another person	65%	1,371	12%	253	6%	135	4%	91	12%	258	100%	2,108
Feeling emotionally burdened by providing care for another person	64%	1,363	12%	262	7%	141	4%	93	12%	256	100%	2,116
Feeling financially burdened by providing care for another person	69%	1,451	10%	209	5%	115	4%	83	12%	258	100%	2,115
Dealing with legal issues	67%	1,418	14%	302	8%	165	4%	90	6%	130	100%	2,105
Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	60%	1,266	21%	451	9%	188	5%	108	5%	97	100%	2,110
Not knowing what services are available to adults age 60 and older in your community	33%	693	22%	455	15%	325	14%	293	16%	347	100%	2,114
Feeling lonely or isolated	69%	1,440	16%	341	8%	161	4%	86	2%	46	100%	2,074
Dealing with the loss of a close family member or friend	61%	1,284	15%	323	11%	228	7%	154	6%	120	100%	2,109

Between July 01, 2019 and June 30, 2020, the ADRC Helpline received 3,958 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.

G. Health promotion

In combination or solely individual, these classes promote healthy behaviors that enable seniors to live independently. During CY2018 and within Pasco and Pinellas Counties, CARES, Inc. held (42) classes in Pasco County and (44) 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 a higher prevalence to unhealthy behaviors or who suffer

chronic diseases at a higher rate than others is important to mitigate negative health effects. Minorities and those with low-incomes disproportionately are afflicted with the aforementioned more than those who are other ethnicities or races and those with higher incomes. Additionally, attracting individuals who live rurally is required due to limited access to services like these.

Just as importantly, PSA5 and our provider of evidenced based disease prevention and health promotion services are monitoring the number of completers who participate in these classes. Completers are those who complete a certain percentage of classes based on the fidelity of the program. Historically, completer percentages have been relatively low for a multitude of reasons so the AAAPP is working with our provider, CARES, Inc. to increase the amount of those completing the classes so the participant can receive the maximum benefit.

Additionally, the YMCA provides evidenced based health and wellness classes throughout Pasco and Pinellas counties. Their primary intersect with seniors are there falls prevention classes. The AAAPP partners with the YMCA in order to assist with the process of targeting at risk individuals and selecting locations where high incidences of seniors reside. In 2022, the YMCA of the Suncoast will provide Enhanced Fitness, a Tier One approved evidence-based health and wellness service to seniors throughout PSA 5.

Another avenue the AAAPP pursues regarding health promotion is access and the understanding of credible health care coverage. Like the other 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 15,352 individuals in PSA5 between January 01, 2020 and December 31, 2020.

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 2017 DOEA Florida County Profiles, purports that the following information below regarding individuals in each county that participate in the SNAP Program, appear to be eligible for SNAP Benefits but are not enrolled in the program and the overall participation rate.

PSA5 SNAP Participation			
County	SNAP Participation	SNAP Potentially Eligible	Participation Compared to Potentially Eligible %
Pasco	11,376	22,934	49.6%
Pinellas	21,978	46,312	47.5%
PSA5 Total	33,354	65,246	48.2%

Source: 2017 DOEA Florida PSA Profiles

Based upon this data, there are potentially 22,934 older adults in Pasco County and 46,312 older adults in Pinellas County that that are eligible for SNAP Benefits yet do not receive any. This could be due to the 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, 2020 through June 30, 2021, calls to the PSA5 Helpline regarding the need for food assistance was 933 and was the 5th highest type of call the Helpline received under the "Income Support/Assistance" category.

The AAAPP partners with organizations with a like mind to help those who are potentially eligible, receive those benefits. Efforts with Feeding Tampa Bay, the Department of Children and Families, the Older Adult Food Insecurity Group, Tampa Bay Network to End Hunger and internally, SHINE and our Helpline, work towards educating seniors of the benefits of SNAP as well as help with the application process.

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 11,237 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 11,237 has been established and the duplicated amount is reflected below.

Priority Ranking	
Priority Ranking	Consumers Waiting
5	939
4	1,156
3	3,765
2	3,812
1	1,549

Source: Priority Ranking for APCL Clients – 9/21/21

Registered Services where priority ranking is appropriate are: the Alzheimer’s disease Initiative (ADI), Community Care for the Elderly (CCE), Home Care for the Elderly (HCE), Medicaid Manage Long Term Care Program (LTCC), Older Americans Act (OAA) Titles IIIB, IIIC1, IIIC2, and IIIE.

The CIRTS report titled “APCL (Assessed Priority Consumer List) Clients with No Services,” as of 9/21/21 indicated there are a total of 570 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 5% 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,” 3,769 unduplicated clients or about 33% of those waiting without services need additional service. These numbers include clients who are on the waitlist for multiple programs. 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.

On the following pages are two tables taking into consideration the date span May 2020 through June 2021 and tracked tri-annually. This view helps us take a look at any increases, decreases or plateau in the number 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					
		Nov 2019	May 2020	Aug 2020	Jan 2021
Adult Day Care					
	Pasco	63	46	20	19
	Pinellas	51	57	64	40
	TOTAL	114	103	84	59
Counseling					
	Pasco	21	19	16	22
	Pinellas	44	43	43	53
	TOTAL	65	62	59	75
Chore					
	Pasco	93	152	162	297
	Pinellas	535	638	657	771
	TOTAL	628	790	819	1068
Emergency Alert Response					
	Pasco/Pinellas	786	857	835	1067
Homemaker					
	Pasco	924	929	938	828
	Pinellas	1604	1542	1556	1555

	TOTAL	2528	2471	2494	2383
Legal					
	Pasco	0	0	0	0
	Pinellas	0	0	0	0
	TOTAL	0	0	0	0
IIIEG Grandparent Program					
	Pasco	0	0	0	0
	Pinellas	0	0	0	0
	TOTAL	0	0	0	0
Nutrition					
	Pasco	482	477	300	563
	Pinellas	955	1018	500	259
	TOTAL	1437	1495	800	822
IIIE Caregiver Program					
	Pasco	279	254	259	176
	Pinellas	382	366	321	362
	TOTAL	661	620	580	538
Transportation					
	Pasco	0	0	0	0
	Pinellas	0	0	0	0
	TOTAL	0	0	0	0
*Additional TD money allowed for 0 denied trips in Pasco.					
	TOTAL	6219	6398	5671	6012

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 May 2020 through June 2021, we can conclude that there are an abundance of individuals waiting on OAA services. As the calendar year usually progresses, so does the number of individuals waiting. Some individual OAA services such as transportation in Pasco have no waitlist. This service records the times they must deny a trip for an individual. Reasons for trip denials vary yet usually revolve around trips exceeding the number of trips allotted for a month or scheduling conflicts. Often with transportation though, other funding streams can provide that necessary trip because other funding closely resembles eligibility requirements under the OAA. Legal services generally have no waiting list because of the nature of the service. Consumers are seen, screened, and served as they come through the referral process. Some individual OAA services have historically had higher than other waiting lists. Homemaker, Chore and Home Delivered Meals are three examples. These programs have historically allowed for individuals to remain at home thus lowering attrition of the enrollments unlike other programs with a higher attrition rate.

In summary, clients are appropriately waiting on services demonstrated by need. Some clients wait for multiple program openings due to multiple needs. As funding allows, these programs review their waitlists and enroll clients with a budget sensitivity.

Table 2. General Revenue & SMMCLTCP

		Nov 2019	May 2020	Aug 2020	Jan 2021
Community Care for the Elderly					
	Pasco	1139	1115	1095	1085
	Pinellas	1764	1725	1666	1658
	TOTAL	2903	2840	2761	2743
Home Care for the Elderly					
	Pasco	59	79	85	107
	Pinellas	89	67	24	73
	TOTAL	148	146	109	180
Alzheimer's Disease Initiative					
	Pasco	121	116	76	83
	Pinellas	192	162	105	58
	TOTAL	313	278	181	141
SMMC LTCP (Statewide Medicaid Managed Care Long Term Care Program)					
	Pasco/Pinellas	3392	3432	3332	3195
	TOTAL	6756	6696	6383	6259

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 May 2020 and June 2021, it is clear that the amount of persons waiting has decreased and will continue to decrease as 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 845 calls related to Income Support/Assistance, whereas callers were given information on how to apply for SNAP benefits.

Callers are directly routed to the Department of Children and Families website or 1-800 number. Most consumers are directed to any of the (22) DCF ACCESS Sites in Pasco County or any of the (39) DCF ACCESS Sites in Pinellas County. At these sites, 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.

The AAAPP partners with organizations with a like mind to help those who are potentially eligible, receive those benefits. Efforts with Feeding Tampa Bay, the Department of Children and Families, the Older Adult Food Insecurity Group, Tampa Bay Network to End Hunger and internally, SHINE and our Helpline, work towards educating seniors of the benefits of SNAP as well as helping with the application process.

People on the waitlist not yet receiving services

The AAAPP will continue to monitor waitlists and budgets closely 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 and work together with the providing technical assistance.

The waiting lists for GR and SMMCLTCP Services are managed in a comprehensive manner. Releases for GR will be administered through the AAAPP and clients will be enrolled based upon priority score and available funding. The AAAPP has fully functional lead agencies ready and willing to take on new consumers when the AAAPP directs them to. SMMCLTCP consumer waitlist will be handled in the same manner as previously and until any other directives inform us to act differently. The DOEA notifies the AAAPP which consumers will be released and the AAAPP acts swiftly with the screening process.

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

- a. Older Americans Act (OAA) Title IIIB, IIIC1 & IIIC2, IIID, IIIE & IIIEG,
- b. Local Service Program (LSP) – Like OAA Services
- c. Community Care for the Elderly (CCE)
- d. Home Care for the Elderly (HCE)
- e. Alzheimer’s Disease Initiative (ADI)
- f. SMMCLTCP
- g. Any other services the AAAPP administers, I.E. SHINE, EHEAP, VOCA, Information and Assistance private resources, Etc.

The AAAPP has also taken an innovative approach to reducing the waitlist for specifically, Home Delivered Meals. Working closely with Pinellas Government, the AAAPP receives funding to supply

Home Delivered Meals to waitlisted seniors in Pinellas County. Using a certified food vendor, this path ensures vulnerable seniors receive something to eat while remaining on the waitlist for the OAA Title IIIIC Nutrition Program. This could not happen without the support of the Pinellas County Board of Commissioners.

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 increase, this effects their waitlist status for other programs. Priority scores are affected by many factors on the 701-type assessment. A significant change also may signify the need for a different type of service to meet their needs more comprehensively. An example of this might include an individual receiving a standalone OAA service such as Homemaker but when the client becomes frailer a re-assessment might indicate the need for more comprehensive services such as Case Management.

Many clients already receiving services demonstrate a need for other services the AAAPP administers. If no availability of services is evident, the ADRC Helpline always has access to Information/Assistance/Referral for like services that are private and that may include a fee. Many in the community with incomes that can afford these types of services benefit from this access when waiting lists may hinder quick enrollment in government funded services the AAAPP administers.

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 30% of the county aged 60 and older and expected to grow quickly, has far less resources than Pinellas County. The AAAPP and its service provider network blanket this county with information on available resources and utilize the ADRC Helpline number for a one-stop number to acquire information and access regarding a bounty of other resources callers may wish to inquire about. Many times, given Pasco County’s border with Hillsborough or Pinellas County, residents may receive information about like resources in adjacent counties. This opens the door for

additional resources that the older resident may not have considered. Pertaining to HCBS services, the AAAPP has and will continue to concentrate efforts on Outreach and Public Education efforts to help individuals or families understand that there are some gap filling resources available. Funding for these programs is limited though and a comprehensive system of prioritization must take place to serve those with the greatest need.

Pinellas County has slightly more individuals aged 60+ than Pasco County with approximately 32% of the county's population aged 60+. The geography and cultural makeup are entirely different than Pasco County and with Pinellas County being more densely populated, that leads to major difference in the resource structure and availability of said resources. Again, the AAAPP and its service provider network blanket this county with information on available resources and utilize the ADRC Helpline number for a one-stop number to acquire information regarding a bounty of other resources callers may wish to inquire about. 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, 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 Helpline 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 the 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. Mutare transcription software was purchased and implemented in May 2020 to streamline voice mail transcription and free up staff time from manually transcribing messages. This software allows voice mails to automatically be transcribed and automatically transferred into an Excel Spreadsheet that is maintained in Microsoft Teams where the Helpline Manager reviews messages throughout the day for any urgent needs which will be handled immediately. All Helpline team members can retrieve messages and work from the same spreadsheet which updates in real time.
- The Helpline will continue to utilize standardized fax sheets submitted by social workers and hospitals to request that the Helpline contact a client. The form requires client signature to confirm that they are aware of the referral. In addition, through our Timetap scheduling software, social workers can schedule an appointment to speak with our staff regarding referrals rather than waiting for an I&R Specialist to call them back. This allows staff to focus on voice mail callbacks and live calls.
- In addition, the Helpline will continue to publish a Helpline 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 Director of Outreach and other staff will take steps to increase the amount of outreach to targeted populations and to adults with disabilities utilizing our “Outreach Plan” coinciding with the most current DOEA Elder Index data sets.
- Increased knowledge of the ADRC and the Helpline can be achieved through community partnerships. This is one focus and benefit of the Local Coalition Workgroup in PSA 5. Outreach will include efforts to promote the Diapers for Dignity Program: An Adult Incontinence Supply Bank started by the Area Agency on Aging in CY2018.
- Falling under the Dementia Care and Cure Initiative (DCCI), the AAAPP, the Madonna Ptak Center for Alzheimer’s and Memory Loss Disorder Clinic and a multitude of partners will provide information on Alzheimer’s Disease and related Dementia Disorders (ADRD) resources throughout Pasco and Pinellas Counties.

- The Helpline provides Memory Disorder Clinic contact information to caregivers and clients who express information on support groups, information on Alzheimer's Disease and memory disorders, and those interested in participating in testing and studies.
- The AAAPP will further collaborate with the local Memory Disorder Clinic to strengthen the bidirectional referral process.
- The Department of Program Accountability collaborates with the Madonna Ptak Center for Alzheimer's and Memory Loss to provide annual training to AAAPP, lead agency and interested vendor staff.

Integration of ADRC services with the local DOEA CARES Unit and the local Department of Children and Families Economic Self-Sufficiency (ESS) Unit

- The AAAPP will continue valuable partnerships with both the DOEA 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.
- 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 with 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 SMMCLTCP.
- PSA 5 will continue to host a quarterly meeting in person or via Microsoft Teams with DCF, PSA 6, PSA 8, and the CARES Unit Regional Director to enhance our regional relationships, share best practices and develop efficiencies.

OUTCOMES:

OUTPUTS:

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/SMP 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/SMP educational presentations to increase knowledge of health insurance for Long Term Care planning and detection and prevention of Medicare fraud, abuse and error.

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 until eCIRTS is fully implemented in phase II.

- 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 ADRC 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 DOE A 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 to ensure the monthly client tracking report is submitted as accurately as possible until eCIRTS Phase II is complete. PSA 5 will use the Refer and eCIRTS databases to document and report on work done for the SMMCLTCP statewide as directed by F4A and DOE A. Refer will continue to be utilized by AAAPP until eCIRTS is fully operational and all ADRC functions can be completed in the new system.

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. Waysto 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/SMP volunteers from diverse backgrounds, multi-lingual and provide on-going education and mentoring for counselors.

Retain committed SHINE/SMP volunteers.

Conduct on-site, virtual, or telephonic training periodically for all SHINE/SMP 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 face to face, virtually or telephonically throughout the community to increase knowledge of health insurance and access to the SHINE/SMP 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:

With DOE's continued approval, AAAPP will continue to provide mental health counseling services in Pasco and Pinellas counties directly and will ensure the provision of services in the home, community and through a telehealth modality.

Counseling services will be offered through at least two senior centers throughout Pinellas County to increase public awareness and offer counseling services at convenient locations.

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

Serve on the Better for Living Mental Health Subcommittee to ensure Pinellas aging network for profit and non-profit providers are aware of the mental health counseling services the AAAPP provides.

Formalize 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 Local ADRC Workgroup, Board of Director, and Advisory Council meetings.

Educate SHINE/SMP 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 aged 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 aged 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.
- Outreach efforts will begin in CY2023 to attract eligible seniors to our evidenced based “Pearls” program.

OUTCOMES:**OUTPUTS:**

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 to nurture existing partnerships in order to engage adults with disabilities and 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 and efforts to address rurality, hunger, Alzheimer's Disease and related dementia.

Educate partners, Board of Directors, Advisory Council and other community stakeholders about the information and referral services provided by the AAAPP and encourage dissemination of that information throughout the community.

Providers will develop and implement targeting plans with an emphasis on identification of underserved populations and those individuals targeted by the Older Americans Act 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/SMP 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, individuals with low literacy, limited English proficiency, populations subject to isolation, and persons dually eligible for Medicare and Medicaid.

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

- Utilizing an Outreach Plan coinciding with the most current DOE Elder Needs Index data set, 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 seniors.
- ADRC staff can serve clients with limited English proficiency by utilizing 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.
- Under ARP Funding, additional Helpline staff will be hired to assist with the increased call volume.

Utilizing the Community Assessment Survey of Older Adults (CASOA), the AAAPP will use zip code data to strengthen targeted outreach for areas expressing unmet needs exist.

Continue to implement training and practices that promotes inclusivity, diversity and equity among staff, the Board of Directors, and the Advisory Council.

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 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. Helpline staff schedule initial screenings through Timetap, while they have the clients on the phone. This has streamlined our referral process, and improved client satisfaction by eliminating the need for referrals to be made to a central intake box where Intake and Medicaid staff had to make an additional contact to schedule a screening. Helpline staff can also schedule appointments in Timetap for LTC education. Grievance/Complaint inquiries are sent to the Medicaid staff for follow up.
- Clients requesting a re-screen based on significant change also enter via the Helpline. These screenings are also scheduled by the Helpline through Timetap.
- 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

- 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. Once the Helpline schedules the next available screening in Timetap, the screener can see the appointment in their calendar.
- All ADRC staff have reference materials available to ensure 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 within 395 days of their last screening per DOEA's performance measure. Clients due for annual re-screen are assigned to staff utilizing Microsoft Teams. Managers can monitor the progress of each worker's re-screen completion status through Microsoft Teams.
- Clients under the age of 60 are screened and re-screened by Medicaid staff.
- Upon completion of every 701S, a post screening letter is mailed to each client.

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 a tracking tool within Microsoft Teams that allows staff and managers to monitor progress on all 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 are 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 to track all cases and perform regular workload analysis.

Quality Assurance will continue to be provided according to F4A procedures

- Continue to monitor Helpline calls for QA purposes utilizing the “Whisper In” functionality in our phone system. Review Refer reports of Helpline staff to ensure data accuracy.
- Monitor screening and Medicaid calls from a remote location utilizing the “Whisper In” functionality in our phone system.
- Review 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.
- 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 PSA 5 to outreach and serve Grandparents raising grandchildren or other relative caregivers of children.

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

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

The AAAPP requires each OAA provider to 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 highest 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 Notices of Instruction (NOI).

The AAAPP will run the eCIRTS 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 ensure the Emergency Home Energy Assistance for the Elderly Program (EHEAP) is implemented 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 ensure 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 Medicaid Benefits Counselor Coordinator, in writing in the eCIRTS 701S screening and requires evaluation and permission from DOEA.

Expand Senior Community Health program to increase partnerships between AAAPP and medical providers, to positively impact the physical health of older adults at risk of nursing home placement through complex care social service coordination. This will include continuation of u.connected under the Senior Community Health program, which uses technology to reach clients to minimize social isolation, educate them about available resources in the community and encourage participation in evidence based health and wellness programs. In addition, under ARP funding, a ST Case Manager will assist with screening of short term needs and service coordination and Pet Support will assist clients with their pet needs.

In order to enhance outreach efforts and provide special emphasis to certain populations that the AAAPP conducts, the AAAPP has a Director of Outreach who oversees a majority of these activities and utilizes an Outreach Plan coinciding with the most current DOEA Elder Needs Index data sets.

Utilizing the Community Assessment Survey of Older Adults (CASOA), the AAAPP will use zip code data to strengthen targeted outreach for areas expressing unmet needs.

OUTCOMES:

- Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours
- 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 elders assessed with high or moderate risk environments who improved their environment score

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 customers who are at imminent risk of nursing home placement who are served with community-based services*
- *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 Hearing(s) 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 appropriate, to address service gaps and reflect new resources.

The AAAPP 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.

Following clients exhausting all resources, Helpline will continue to make referrals to the Senior Community Health program for potential assistance through the AAAPP's unmet needs fund.

The AAAPP will utilize volunteers and student interns from 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.

Even though Outcome Measures are not currently available through eCIRTS, AAAPP will continue to train providers on outcome measures and resources to assist clients in remaining in their homes and explore the possibility of virtual training and implement as circumstances allow.

Train case managers in the development of care planning in order to meet consumer needs, explore the possibility of virtual training and implement as circumstances allow.

Monitor case managed files to ensure informal service options are utilized, when possible, to meet client needs.

Encourage case managers and other provider staff to continue to refer clients to the Elder Helpline for any unmet needs

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

Monitor active client files on a quarterly basis to ensure non-DOEA funded resources are utilized whenever possible. Ensure that assessment needs are addressed on the care plan during this process.

AAAPP will manage CCE, HCE, and ADI vendor agreements in both Pasco and Pinellas County to ensure services 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 ADI Program Manager and AAAPP staff will explore nurturing partnerships with non-traditional service providers to raise awareness and create additional programming beneficial for adults diagnosed with Alzheimer's Disease and Dementia related disorders, and their 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 conducted a Planning and Service (PSA) wide Community Needs Survey, the Community Assessment Survey of Older Adults (CASOA). The AAAPP will use the data results from the survey to identify what unmet needs remain and any emerging trends.

The AAAPP will expand the Senior Community Health Program to continue building partnerships with healthcare

entities/foundations in order to diversify our ability to serve seniors at risk under certain social determinants of health. ARP Funding will assist with this expansion to include ST Case Management, Pet Support, and Technology services.

The AAAPP will continue to provide mental health counseling to eligible OAA clients in the community, client's home or through a telehealth modality where appropriate.

Utilizing the completed CASOA, the AAAPP will use zip code data to strengthen targeted outreach for areas expressing unmet needs exist.

The AAAPP will continue to solicit new contracted vendors to expand transportation, adult day care, and in-home service opportunities to the greatest extent possible.

OUTCOMES:

- Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours
- 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 elders assessed with high or moderate risk environments who improved their environment score

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 customers who are at imminent risk of nursing home placement who are served with community-based services*
- *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 appropriately.

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 client and caregiver needs are being addressed. AAAPP will monitor client files during monitoring visits to determine if appropriate services have been coordinated.

Monthly phone calls/home visits will be conducted to determine if client needs are being addressed and to assess client satisfaction if home visits are possible. In the event that home visits are not possible, AAAPP Program staff will conduct client satisfaction activities by means other than face-to-face

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.

The AAAPP will revisit monitoring processes at least annually to streamline and ensure that new guidance, technical assistance, and notices of instruction are included.

Continue to monitor contracted provider strategic locations of meal and adult day care sites, as well as future site updates to ensure disability inclusivity. Continue to monitor sites for disability accessibility.

Track and monitor APS high-risk services daily, as referrals are received. Analyze APS tracking log at least monthly to ensure services are appropriate.

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
(Jan. 2023 – Dec. 2023)**

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.
 - Collaborate with community partners to focus on equity, diversity, and inclusion.
 - Collaborate with Disability Achievement Center and other members of the ADRC Workgroup to identify ways to outreach to adults with a disability and show the overlap between aging and 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. Staff will work with OAA service providers and Lead Agencies to improve screening referral process.
 - 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

- With available eCIRTS reports and other internal tracking tools, staff will share data on the 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:
 - Continue to monitor Helpline calls for QA purposes. Review Refer reports of Helpline staff to ensure data accuracy.
 - Helpline callers will be provided with the option to provide feedback following each call. The links are sent via text and/or email, using new software, to callers following the scheduling of their screening appointment and after the completion of their screening.
 - Monitor screening and Medicaid calls from a remote location using a “Whisper In” function of the telephone system.
 - Review 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.
 - 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:

- Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours
- 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 elders assessed with high or moderate risk environments who improved their environment score

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 customers who are at imminent risk of nursing home placement who are served with community-based services*
- *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 Memory Disorder Clinic annually to ADI vendors, case managers and AAAPP staff.

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

The ADI Program Manager and AAAPP staff will explore nurturing partnerships with non-traditional service providers to raise awareness and create additional programming beneficial for adults diagnosed with Alzheimer's Disease and Dementia related disorders, and their caregivers.

The ADI Program Manager will assist with maintenance of agency website and social media as it relates to Dementia related content and programming.

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.

Falling under the Dementia Care and Cure Initiative (DCCI), the AAAPP, the local Madonna Ptak Center for Alzheimer's and Memory Loss and a multitude of partners will share information on Alzheimer's Disease and related Dementia Disorders (ADRD) resources throughout Pasco and Pinellas Counties.

Monitor the Alzheimer's Association's Brain Bus to ensure quality services are provided and outreach is conducted with communities most in need.

Promote the Alzheimer's Association Brain Bus in PSA 5 to ensure providers and partners are aware of upcoming event locations.

Using a virtual platform, the AAAPP provides seniors with information about its services as well as live and curated programming to mitigate social isolation and loneliness.

Continue to provide the evidenced based "Savvy Caregiver" program in order to serve caregivers caring for those with Alzheimer's Disease or a related disorder.

OUTCOMES:

- Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours
- 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 elders assessed with high or moderate risk environments who improved their environment score

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 customers who are at imminent risk of nursing home placement who are served with community-based services*
- *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.

Once available in eCIRTS, data will be generated by providers and lead agencies indicating barriers to achieving the "caregiver ability" outcome measure. AAAPP staff and providers will review this information regularly to identify trends within the PSA that may be addressed to assist caregivers in continuing to provide care.

AAAPP will conduct annual outcome measure training, which includes discussion on improving caregiver support.

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

The ADI Program Manager and AAAPP staff will explore nurturing partnerships with non-traditional service providers to raise awareness and create additional programming beneficial for adults diagnosed with Alzheimer's Disease and Dementia related disorders, and their caregivers.

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 continue offering the Savvy Caregiver Evidenced-Based program to communities in Pasco and Pinellas counties.

OUTCOMES: DOEA Internal Performance Measures:

- *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%)*

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 AAAPP as the direct service provider of OAA Title IID funded services in PSA 5 will offer the evidenced based programs: Chronic Disease Self-Management Program, Diabetes Self-Management Program, Chronic Pain Self-Management Program and A Matter of Balance in both Pasco and Pinellas counties to empower persons with chronic diseases to control their own health as well as falls prevention.

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 participate with Better Living for Seniors (BLS), Pasco Aging Network (PAN) and the Pinellas County 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.

The AAAPP will continue to offer the Savvy Caregiver Evidenced-Based program to caregivers in Pasco and Pinellas counties.

The AAAPP will continue to monitor and promote increased completion rates for all Evidenced Based services administered by the sub-contracted OAA IIID Provider.

If approved by the DOE, the AAAPP will build acumen in Mental Health related Evidenced Based services and implement throughout the PSA directly.

AAAPP will continue partnership with the YMCA of the Suncoast for delivery of the Evidenced Based Service, Enhanced Fitness.

The AAAPP will also implement the evidenced based "Pearls" program in CY2023.

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.

AAAPP will continue partnership with the YMCA of the Suncoast for delivery of the Evidenced Based Service, Enhanced Fitness.

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 Falls Prevention by collaborating with the Pinellas Falls Prevention Coalition.

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 utilize OAA Title IIID Disease Prevention and Health Promotion funding to directly provide Evidence-Based Health Promotion instruction that encourages healthy lifestyles, such as Chronic Disease Self-Management; Chronic Pain Self-Management; Diabetes Self-Management; and Matter of Balance.

AAAPP will continue its partnership with the YMCA of the Suncoast for delivery of the Evidenced Based Service, Enhanced Fitness.

The AAAPP will improve access to health care through the SHINE program, including outreach and education.

The AAAPP will produce one TV show on the topic of Health Promotion and Disease Prevention within the (4) year plan cycle.

The AAAPP will continue participation in the Pinellas County Department of Health Community Health Assessment Team(CHAT)

ARP Technology service through the Uniper platform will continue to provide participants access to a video library of health and wellness videos to support participants' physical, cognitive, social, emotional and spiritual wellbeing.

OUTCOMES:

OUTPUTS:

OBJECTIVE 3.4: 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. Strategy examples can include the plan for the AAA to work with the Department to ensure that individuals who have been identified at-risk due to emotional or psychological distress receive the appropriate referral, and/or how the AAA tracks and confirms that an appropriate action is taken on behalf of each client in distress and the status update that is provided to the contract manager at the Department on a quarterly basis.

STRATEGIES/ACTION STEPS:

With DOEAs continued approval, the AAAPP will continue to provide OAA/LSP funded mental health counseling services directly in both counties and will ensure the provision of services in home, within the community or through a telehealth modality where appropriate.

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.

The AAAPP will implement “Telehealth” as a modality to provide needed Mental Health and Behavioral Health Services

The AAAPP will participate in local community conversations and collaborations pertaining to mental health to assure that older adults are considered when community initiatives are executed in Pasco and Pinellas Counties.

The AAAPP will reallocate funding toward mental health, as necessary, particularly in light of continued COVID-19 challenges.

The AAAPP will continue to build acumen in Mental Health related to the Evidenced Based “Pearls” program and implement throughout the PSA directly.

OUTCOMES:

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.

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

The AAAPP will raise awareness of available legal and other resources through community outreach, education, and training. Outreach will include participating in senior and caregiver community events in areas of greatest social and economic needs. The AAAPP will participate and educate at professional community events.

The AAAPP will partner with Legal, OAA and Case Management providers to encourage referrals of individuals to the statewide website www.FloridaElderLaw.org for housing important legal information, legal related resources for seniors, including the Florida Senior Legal Helpline and the Florida Elder Law Risk Detector.

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 participate in statewide efforts to develop and utilize a uniform statewide reporting system for legal services and in coordination with the Florida Elder Law Program (FELP).

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 III EG 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, statewide website www.FloridaElderLaw.org, The Elder Law Risk Detector, private legal resources, and the Senior Legal Helpline. These resources are also available in the online database through the AAAPP website.

The AAAPP will promote and encourage contracted legal provider's virtual sessions during the COVID-19 crisis, increasing legal advice and access for older adults who may be isolated.

Explore the possibility of incorporating training on active client guardianship issues into the annual Case Management training.

Include Elder Law Risk Detector and www.FloridaElderLaw.org training in the annual Case Management training and annual ANE training.

Raise awareness of the Elder Law Risk Detector and www.FloridaElderLaw.org for housing related legal information and resources for seniors through partnerships with aging network providers, outreach and community events.

The AAAPP will participate in the Florida Elder Justice conference annually.

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 Elder Law Risk Detector and www.FloridaElderLaw.org will be incorporated in the annual ANE training.

The AAAPP will hold an annual Legal Joint Planning meeting including IIIB 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 IIIB 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, the Elder Law Risk Detector and www.FloridaElderLaw.org can be distributed.

The AAAPP will continue to include legal providers in pertinent AAAPP provider meetings, including the ADRC workgroup.

The AAAPP will explore the possibility of including Legal Service providers in annual Case Manager training.

The AAAPP will Include Elder Law Risk Detector and www.FloridaElderLaw.org training in the annual Case Management training and annual ANE training.

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 AAAPP 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.

The AAAPP will participate in statewide efforts to develop and utilize a uniform statewide reporting system for legal services and in coordination with the Florida Elder Law Program (FELP).

The AAAPP will continue to collect quarterly data from Legal Service Providers for evaluation and monitoring purposes. A data analysis will be completed and compared to provider targeting goals at least annually. Gaps will be addressed during the collaborative joint planning process.

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 its Outreach Director to collaborate 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.

<https://www.agingcarefl.org/preventing-abuse-and-fraud.html> 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 Outreach Director 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 AAAPP will coordinate and promote World Elder Abuse Awareness Day activities.

The AAAPP 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:

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 conduct crime forums to educate seniors regarding consumer protection.

The Outreach Director 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 AAAPP will track the number of APS referrals.

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:

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:

AAAPP 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 AAAPP provides technical assistance and training to programs that provide or have the potential to provide services for victims of elder abuse, neglect, and exploitation.

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

OUTCOMES:

OUTPUTS:

GOAL 5: Participate in community efforts to ensure your PSA is addressing the state’s mission to create livable communities by promoting this work through the eight domains of livability framework. Support the work DOEA is doing in collaboration with AARP and the World Health Organization’s (WHO) Age-Friendly Cities and Communities Program.

OBJECTIVE 5.1: ▲ Community Support and Health System: Coordinate with community partners for increased access to affordable, person-centered health care and social services to promote active and independent living.

EXPLANATION: The primary intent of this objective is to establish a working relationship with the local county health departments to promote planning and development of the age-friendly public health system.

STRATEGIES/ACTION STEPS:

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.

- Developing partnerships with DOH at the county level to identify community needs/concerns through joint community surveys.
- Collaboratively working with the county health department on the Community Health Improvement Plan (CHIP) to develop effective strategies to improve health outcomes and reduce costs.
- Promoting the availability of existing public health programs within the community that conveys a collaborative approach to support healthy aging.
- Increasing awareness of an age-friendly public health system by building a rapport between the public health and the aging sectors.
- Providing opportunities to participate in fun, unique programs that support being healthy, including offering free exercise programs in a local park, exploring sponsorship opportunities through private insurance companies, and more.
- Promoting awareness of the Dementia Care and Cure Initiative (DCCI) task force in our PSA.
- Promoting awareness of the Memory Disorder Clinic (MDC) in our PSA and the services it offers.
- Promoting the Alzheimer’s Association’s Brain Bus as a mobile outreach mechanism.

- Explore the Age Friendly Public Health Learning and Action Network for any appropriate implementation within PSA5.

OUTCOMES:

OUTPUTS:

OBJECTIVE 5.2: ▲ Housing: Promote safe, accessible, and affordable housing that supports aging in place.

EXPLANATION: The primary intent of this objective is to work together with community partners to ensure a wide range of housing options are available for residents, and the community has access to home modification programs.

Support the AARP/WHO “Age Friendly Communities Initiative as well as any DOEA commensurate initiatives and workwith municipalities or counties wishing to pursue the aforementioned.

- Developing partnerships with city housing departments to explore opportunities for affordable housing.
- Developing partnerships with the DCF Homeless coalition lead agency.
- Facilitating access to home modification programs.
- Promoting availability of resources that enhance personal independence.
- Bridging relationships between city, local builders, and developers on the importance of universal design in new construction.

Participate on the Emergency Food and Shelter Program Board of United Way.

The AAAPP sits on the Pinellas Housing Navigator Coalition facilitated by the United Way of the Suncoast to address senior housing insecurity.

Distribute safety cell phones to seniors in both counties to facilitate access to 911.

Maintain our relationship with the Pinellas County Homeless Leadership Network for purposes of senior homelessness.

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, St. Petersburg 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 in the meetings of the Dunedin Committee on Aging and the St. Petersburg Commission on Aging.

Serve on various Emergency Coordination coalitions, boards, workgroups to promote All Hazards Disaster Preparedness and Recovery benefiting residents within all communities.

Helpline will update Refer database with current housing options and resources and refer clients in need of housing to these available options. Helpline staff will continue to provide resources such as [FloridaHousingSearch.org](https://www.floridahousingsearch.org/).

The AAAPP Senior Community Health program will assist Helpline callers and referrals from medical partners with security deposits, and other potential barriers to obtaining housing.

AAAPP will continue to make referrals to the Disability Achievement Center for home modification requests.

The AAAPP will continue its participation in the Pinellas County Falls Prevention Coalition regarding the need for appropriate home modifications.

OUTCOMES:

OUTPUTS:

OBJECTIVE 5.3: ▲ **Transportation:** Increase awareness of and promote safe and reliable transportation options to increase mobility and community participation.

EXPLANATION: The primary intent of this objective is to make sure your community offers alternative transportation options that allows members to still have access to health care, shopping, social engagement programs, civic participation, employment, and services.

STRATEGIES/ACTION STEPS:

Support the AARP/WHO “Age Friendly Communities Initiative as well as any DOEA commensurate initiatives and workwith municipalities or counties wishing to pursue the aforementioned.

- Partnering with local transportation coordinator through the Commission for the Transportation Disadvantaged.
- Exploring partnership with Lyft, a mobile app transportation operator, to ensure consumers have access to affordable andreliable transportation options.
- Promoting the work and resources of Safe Mobility for Life Program.
- Partnering with local agencies to ensure the community offers accessible, affordable, and reliable public transportation options.
- Partnering with DOT on safe, complete streets and intersections.
- Working with community transportation partners to develop ambassador leaders in the community to educate on the use of public transit system.
- Working with local governments to address availability of benches and shelters at bus stops.
- Creating partnerships to work together to implement neighborhood/community volunteer transportation programs.
- Promoting use of alternative transportation options: walk, bike, public transit, ride share.

AAAPP Helpline will update Refer with available transportation options and provide resources to callers in need of transportation.

AAAPP Helpline and Intake staff will refer callers in need of transportation to funded providers in Pasco and Pinellas counties to arrange service.

AAAPP will continue to participate in the Local Transportation Disadvantage Coordinating Boards in Pasco and Pinellas counties.

The AAAPP will continue to explore opportunities to recruit new transportation vendors with the capability to support healthcare needs.

OUTCOMES:

OUTPUTS:

OBJECTIVE 5.4: ▲ Communication and Information: Increase access to information through various methods including print, tv, social media and digital media.

EXPLANATION: The primary intent of this objective is to ensure multiple means of communication are being used within a PSA to link people to information, services, and resources. These efforts need to take into consideration persons with disabilities.

STRATEGIES/ACTION STEPS:

- 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.
- Developing assessment tools to determine how your community receives information and opportunities for improvement, with particular attention older individuals with greatest economic need, social need, low-income minorities, individuals residing in rural/underserved populations, and/or with limited English proficiency. Developing strategies through community partnerships to ensure effective communication reaches residents of all ages.
- Partnering with local senior centers, universities, and private partners to offer technology classes.
- Include user-friendly links to allow easier access to AAAPP social media accounts.
- Include social media advertisement on printed publications.
- Continue promotion of two publications 1. DOEA Elder Update and 2. Livable Communities Newsletter

OUTCOMES:

OUTPUTS:

OBJECTIVE 5.5: ▲ Respect and Social Inclusion: Promote, engage, and celebrate the valuable contributions of all adults in the community.

EXPLANATION: The primary intent of this objective is to promote intergenerational programs through the PSA.

STRATEGIES/ACTION STEPS:

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.

- Developing strategies to ensure older adults are valued, respected, and involved in decision making in their communities.
- Developing intergenerational programs that bring together youth and older adults.
- Partnering with local schools to provide opportunities to learn about aging and respect. DCCI task forces can develop dementia sensitivity trainings for schools/universities/vocational schools.
- Implementing grand-friend programs: where older adults are paired with school children to improve their skills and offer mentoring.
- Promoting a culture that values diversity, fairness, dignity, and equal opportunity for all.
- Partnering with local neighborhood associations to develop check-in programs.
- 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.
- Explore higher learning institutions participating in the “Age-Friendly University (AFU)”

OUTCOMES:

OUTPUTS:

OBJECTIVE 5.6: ▲ Civic Participation and Employment: Increase awareness of opportunities to contribute in the workplace and volunteer to make a difference in the community.

EXPLANATION: The primary intent of this objective is to promote the Senior Community Service Employment Program (SCSEP), community service, and volunteer opportunities.

STRATEGIES/ACTION STEPS: This is new to me.

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.

- Encouraging older adults to stay engaged in the workforce.
- Partnering with the local SCSEP to provide community service training opportunities that could lead to sustainable employment.
- Promoting the local SCSEP and the importance of hiring elders.
- Building bridges across age and culture.
- Implementing programs with universities and senior centers to offer flexible education opportunities and intergenerational projects.
- Promoting the Create the Good volunteer program with AARP.
- Working with local agencies to promote volunteer and social engagement opportunities for older adults.
- Promoting volunteer opportunities through DOEA programs: SHINE, ombudsman, guardianship, home delivered meals.
- Developing recognition programs to show the value of your volunteers during the month of April.

OUTCOMES:

OUTPUTS:

OBJECTIVE 5.7: ▲ Social Participation: Increase awareness of and promote easy access to social and cultural activities for increased quality of life.

EXPLANATION: The primary intent of this objective is to work collaboratively with the local senior centers and other organizations to prevent social isolation and increase engagement through evidence-based programs.

STRATEGIES/ACTION STEPS:

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.

- Promoting education and awareness to erase the stigma of ageism.
- Developing working relationships with faith-based organizations to work together to facilitate programs to promote engagement in the community.
- Collaborating with the local senior centers to make sure a variety of activities are offered to appeal to a diverse population and ensure there is communication to promote the availability of programs.
- Developing partnerships with community-based organizations, such as senior centers, community centers, faith-based organizations, and YMCAs to address loneliness and social isolation by establishing opportunities to increase social interactions and development of new friendships.
- Offering language assistance to individuals with limited English proficiency.

- Increasing awareness and access to programs and support across diverse populations within the aging and disability communities, regardless of a person's literacy level, ethnicity, race, gender, religion, sexual orientation, gender identity, or socioeconomic status.
- Continuation of the u.connected program which provides connection to wellness programming and social opportunities to support mental health and promote quality of living.

OUTCOMES:

OUTPUTS:

OBJECTIVE 5.8: ▲ Outdoor Spaces and Buildings: Work with community partners to ensure accessible, inviting, and safe outdoor spaces and buildings that encourage active participation and recreation.

EXPLANATION: The primary intent of this objective is to work collaboratively with local partners to ensure safe, accessible outdoor spaces.

STRATEGIES/ACTION STEPS:

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.

- Working collaboratively with local parks and recreation department to ensure community parks for all ages.
- Advocating for safe, walkable sidewalks and entrances to buildings are safe, accessible, and clearly visible for all.
- Developing working relationships with neighborhood associations.
- Continue to educate appropriate organizations about available AARP "Community Challenge Grants".

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:

The AAAPP holds regular Leadership Meetings on a monthly basis to discuss important topics affecting the agency, provider network or communities within PSA5

The AAAPP holds All Staff Meetings when appropriate to discuss agency operations.

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 motions to approve and file for audit.

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

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

The AAAPP will complete quarterly client file review to ensure data integrity and compliance with all programmatic requirements. File reviews will include a random sampling of newly and previously enrolled clients.

Once available in eCIRTS, providers will continue to be required to submit monthly outcome measure reports, which are reviewed by AAAPP staff.

Where available, eCIRTS 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 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 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, Home Care for the Elderly and Alzheimer's Disease Initiative. Due to COVID-19, the AAAPP is continuing with virtual training options.

Case Management providers and the Helpline will identify volunteer services and other community 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.

Where available, the AAAPP will run eCIRTS reports from the eCIRTS Report Menu monthly to ensure services are not duplicated and there are no eCIRTS 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 PSA5.

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.

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 state and federal funds expended for consumer services

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, the availability of special needs shelters in times of disaster and educating clients on the importance of pre-registering for special needs shelters. Examples of actions may include the dissemination of evacuation zone rosters and maps to staff and partners, to ensure client locations are known for preparation and relief efforts.

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/Pandemic Annex as well as contracted Provider CEMPs/COOPs/Pandemic Annex.

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 Enterprise Client Information and Registration Tracking System (eCIRTS) data

EXPLANATION: The intent of this objective is to ensure that data is entered accurately in eCIRTS and that data is updated in a timely manner as to reflect changes. Examples of quality assurance actions may also include the AAA working to ensure that addresses for active clients were entered by staff and partners into eCIRTS accurately and in the most effective format or to make corrections if a client location cannot be identified, to ensure that individuals' home addresses have the highest likelihood of being properly located and mapped by the Department to identify their assigned evacuation zone.

STRATEGIES/ACTION STEPS:

The AAA, along with WellSky and DOEA, will train management and direct service providers on understanding eCIRTS. Training will follow a reference checklist to ensure consistent coverage. Ancillary materials may include a current workflow for new enrollments, annual reviews, billing and service entering as well as termination.

The AAA will continue to communicate and work collectively with DOEA and WellSky to address eCIRTS reporting issues which impact AAA operations.

The AAA will conduct an eCIRTS User Group meeting when possible and necessary. The AAA will promote communication between providers to raise awareness of changes in client situations, to enhance timeliness of changes in data.

Where available, the AAAPP will use eCIRTS data to train and motivate providers to ensure best practices.

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

Where available, the AAAPP will utilize eCIRTS data to meet regular state reporting requirements as well as to promote future AAA initiatives.

Where available, the AAAPP will use eCIRTS to enhance disaster recovery initiatives such as being able to contact clients and caregivers in the event eCIRTS is unavailable. eCIRTS users will be trained to enter addresses for active clients in the most effective format and to make corrections if a client location cannot be identified to ensure that individuals' home addresses have the highest likelihood of being properly located and mapped by the Department to identify their assigned evacuation zone.

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

Where available, the AAAPP will run eCIRTS 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 eCIRTS Procedure lists all eCIRTS reports that are utilized. Since Phase I eCIRTS implementation, report availability has been problematic. Some reports such as "Assessment Due Report" are still not available making it difficult for AAA and providers to comply with contractual requirements.

The AAAPP will monitor data integrity by reviewing newly and previously enrolled client files at least quarterly.

Where available, AAAPP Program staff will monitor eCIRTS reports at least monthly and track eCIRTS exceptions. eCIRTS data will be monitored in real time and incorporated into annual monitoring reports.

Intake runs eCIRTS reports each month to identify clients who are APCL for case managed programs who are due for re-screening. This 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. Due to the Assessment Due Report not being available in eCIRTS since December 2021, the ADRC has tracked annual rescreenings through alternate reports and internal tracking tools which are not as comprehensive as the legacy CIRTS Assessment Due Report. AAA will continue to follow up with DOEA regarding obtaining a comprehensive Assessment Due Report to ensure all rescreenings are captured.

The AAAPP will review internal programmatic eCIRTS procedures at least annually to ensure that it is effective, up-to-date, and communicated to providers promptly.

OUTCOMES:

OUTPUTS:

OBJECTIVE 6.5: Promote volunteerism by and for seniors when possible

EXPLANATION: The intent of this objective is to detail how incorporating volunteers might extend the AAA's capacity to 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.

The AAAPP will continue to recruit and retain volunteers as instructors for our direct service provision of evidenced based services within PSA5.

OUTCOMES:

DOEA Internal Performance Measures:

- Develop strategies for the recruitment and retention of volunteers

OUTPUTS:

Goal 7: Co-establish and participate in at least one Dementia Care and Cure Initiative (DCCI) Task Force in your Planning and Service Area (PSA).

OBJECTIVE Alzheimer's and related dementias (ADRD) in your area to create a DCCI Task Force.

EXPLANATION: The primary intent of this objective is to form a Task Force to increase awareness of dementia and services and support for those living with Alzheimer's Disease and related dementias, along with their families and care partners, through public and private partnerships. The Task Force shall accomplish this through strategic planning and implementation of outreach and educational programs, partnerships with community leaders, and action-oriented plans.

STRATEGIES/ACTION STEPS:

Continue recruiting for and maintaining members that reside and work in Pasco and Pinellas counties, to a Task Force to increase awareness of ADRD and of services and supports for those living affected by the disease and with their families and care partners.

With the assistance from the AAAPP, the Task Force members plan and implement outreach and educational programs, targeting multiple areas of the local community, including law enforcement and other first responders. The Task Force works to forge partnerships with community leaders and implement action-oriented steps for community members to be aware of resources available to assist those affected by ADRD.

OUTCOMES:

OUTPUTS:

OBJECTIVE 7.2: ▲ Collaborate with Task Force members to designate community entities as Dementia-Caring.

EXPLANATION: The primary intent of this objective is to provide free dementia sensitivity trainings to government and public service agencies, community entities, caregivers, and families, first responders, health care professionals, businesses, and community organizations with dementia sensitivity trainings that will allow recipients to receive the designation of being Dementia-Caring.

STRATEGIES/ACTION STEPS:

Collaborate with the Task Force to provide free dementia sensitivity trainings to government and public service agencies, community entities, caregivers, and families, first responders, health care professionals, businesses, and community organizations.

Explore the possibility of connecting contracted providers with the implementation of dementia sensitivity trainings for Case Managers and other staff, thereby incorporating DCCI initiatives into the overall provision of services.

Explore the possibility of incorporating dementia specific training into routine and annual case manager and provider trainings

OUTCOMES:

OUTPUTS:

OBJECTIVE 7.3: ▲ Promote DCCI education and outreach activities throughout your PSA.

EXPLANATION: The primary intent of this objective is to spread awareness and sensitivity about Alzheimer's disease and related dementias throughout your PSA to encourage safe and inclusive communities for all who seek to continue to be engaged throughout their lifetime, and by linking those living with dementia, their families, and care partners to local resources.

STRATEGIES/ACTION STEPS:

Spread awareness and sensitivity about ADRD through dementia-sensitivity training. Forging partnerships with community leaders to spread awareness of resources for those affected by the disease. Encouraging safe and inclusive communities for all who seek to continue to be engaged throughout their lifetime by creating and promoting events for ADRD and their care partners throughout the community.

Encourage safe and inclusive communities for all who seek to continue to be engaged throughout their lifetime. Link those living with Alzheimer's disease and related dementias, their families and care partners to local resources.

OUTCOMES:

OUTPUTS:

OBJECTIVE 7.4: ▲ Identify areas of need within the ADRD community throughout your PSA.

EXPLANATION: The primary intent of this objective is to advocate for those living with Alzheimer's disease and related dementias and recognize ways the Task Force can get involved in the community.

STRATEGIES/ACTION STEPS:

Advocate for those living with dementia and recognize ways the Task Force can get involved in the community.

Monitor active client files for trends among people with Alzheimer's/dementia and communicate the trends to the DCCI Task Force, as necessary.

Explore access to care related to early-stage warning signs, prevention, and access to care by partnering with local DOH and Health Systems.

Address challenges within the communities and explore opportunities that better support those living with Alzheimer's disease and related dementias.

The ADI Program Manager and AAAPP staff will explore nurturing partnerships with non-traditional service providers to raise awareness and create additional programming beneficial for adults diagnosed with Alzheimer's Disease and Dementia related disorders, and their caregivers.

The ADI Program Manager will assist with maintenance of agency website and social media as it relates to Dementia related content and programming.

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

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

AAAPP will contract with the Lead Agency in Pinellas County to provide support group for caregivers of elders at least weekly a convenient location throughout the county.

Place specific monitoring emphasis on clients receiving services under the Alzheimer's Disease Initiative (ADI) Program.

Utilize APS high-risk case data specific to individuals with ADRD who are referred to the AAAPP to identify gaps within PSA 5.

OUTCOMES:
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:
 - 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 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:
 - 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))

Section 306 Older Americans Act

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))

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: 

Date: 09.09.2022.

DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATIONS TITLE VI OF THE
CIVIL RIGHTS ACT OF 1964

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: 

Date: 09.09.2022

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. 84.7(a)], has designated the following person(s) to coordinate its efforts to comply with the regulation.

Name of Designee(s): Ann Marie Winter

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: 

Date: 09.09.2022.

AVAILABILITY OF DOCUMENTS

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: 09.09.2022

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).

PROGRAM MODULE REVIEW CHECKLIST	YES	NO	N/A
Table of Contents			
The location of each section of the program module is accurately reflected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program and Contract Module Certification			
The form is properly completed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The form is signed and dated by Board President (or Designee).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The form is signed and dated by Advisory Council Chair.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The form is signed and dated by Executive Director.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AAA Board of Directors			
Composition details process for member selection and reflects the counties represented in the Area Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency details the anticipated meeting schedule for the board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selection process and dates are provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service term reflects the term for the board as well as the term of each individual board member	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AAA Board of Directors Tables			
Officer table details name and terms for board officers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member table details name, title, address, phone, term, age, race, and ethnicity for Board members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAM MODULE REVIEW CHECKLIST	YES	NO	N/A
AAA Advisory Council			
Composition details process for member selection and reflects the counties represented in the Area Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency details the anticipated meeting schedule for the Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selection process and dates are provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AAA Advisory Council Table			
Member table details name, title, address, phone, term, age, race, and ethnicity for board members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funds Administered			
The form is properly completed including bid cycle information.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources Used			
The form reflects the use of a variety of planning resources.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Executive Summary			
This section describes major highlights.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mission and Vision Statement			
This section includes the mission and vision of the agency.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Profile			
Identification of Counties			
This section identifies the counties within the PSA. Include at least one map to display the PSA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This section identifies the major communities within the PSA. Include at least one map to display the PSA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socio-Demographic and Economic Factors			

PROGRAM MODULE REVIEW CHECKLIST	YES	NO	N/A
This section includes a description of the social and economic climate in the PSA, including how this affects elders.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highlight the following characteristics:			
1. Elders with low incomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Socially isolated elders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Minority and culturally diverse elders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Elders in urban and rural areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis includes the use of maps and charts to illustrate data provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic and Social Resources			
This section describes the economic and social resources available to elders in the PSA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of Service System			
This section describes the current services that are in place to meet the needs of elders. Includes private and public funding sources.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role in Interagency Collaborative Efforts			
This section describes collaborative efforts, partnerships, and special initiatives by the PSA and/or DOEA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWOT Analysis			
SWOT Analysis			
Process Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strengths	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weaknesses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threats	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAM MODULE REVIEW CHECKLIST	YES	NO	N/A
Performance and Targeted Outreach			
Performance Analysis - Based on the identified service needs of targeted areas and population groups as determined through needs assessment and other data, project the number and percentage of individuals to be served in each county during each year of the three-year plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Targeted Outreach Plan - The purpose of the targeting report is to show how effective the targeting efforts were of services provided to the specific population groups.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older individuals residing in rural areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older individuals with greatest economic need	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older individuals with greatest social need	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older individuals with severe disabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older individuals with limited English-speaking ability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older individuals with Alzheimer's disease and related disorders and the caretakers of these individuals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older individuals at risk for institutional placement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregivers:			
Caregivers of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparents or older individuals who are relative caregivers who provide care for children with severe disabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregivers who are older individuals with greatest social need	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregivers who are older individuals with greatest economic need	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAM MODULE REVIEW CHECKLIST	YES	NO	N/A
Caregivers who are older individuals who provide care to individuals with severe disabilities, including children with severe disabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Unmet Needs and Service Opportunities</u>			
<i>Access to Services</i>			
Abuse, Neglect, and Exploitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counties or communities with limited access to transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counties or communities with limited access to significant supportive services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counties or communities with limited availability of and/or access to legal assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counties or communities with limited access to social services agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis of service implications of identified unmet access needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Caregiver</i>			
Caregiver unmet needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of elder caregivers, including number of grandparents raising grandchildren	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of elder caregivers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis of service implications of identified caregiver unmet needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Communities</i>			
Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited access to senior centers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing and safety needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAM MODULE REVIEW CHECKLIST	YES	NO	N/A
Employment and employment training or related assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing conditions and availability of affordable housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis of service implications of identified unmet community needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disaster Preparedness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteerism	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Health Care</i>			
Preventative health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical care needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ancillary health care needs (hearing aids and eyeglasses)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of medical/health care, including mental health counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis of service implications of identified unmet health care needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Care limitations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health promotion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Home and Community-Based Services (HCBS)</i>			
Number of People 60+ with ADL limitations not receiving services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of people 60+ with IADL limitations not receiving services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of people 60+ with mobility limitations not receiving services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of people 60+ who qualify for food stamps but are not receiving them	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on waitlist not yet receiving any services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existing clients needing additional services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis of service implications of identified HCBS unmet needs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAM MODULE REVIEW CHECKLIST	YES	NO	N/A
County level analysis for unmet needs/gaps in service. Use charts and graphics with narrative if desired.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 1.2. ▲ Encourage individuals, including people under 60, to plan for future long-term care needs by providing access to information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 1.3. Ensure that complete and accurate information about resources is available and accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 1.4. Ensure that elders have access to free, unbiased, and comprehensive health insurance counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 1.5. Increase public awareness of existing mental and physical health and long-term care options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 1.6. Identify and serve target populations in need of information and referral services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 1.7. Provide streamlined access to Medicaid Managed Care and address grievance issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 2.2. Ensure that efforts are in place to fulfill unmet needs and serve as many clients as possible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 2.3. Provide high quality services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAM MODULE REVIEW CHECKLIST	YES	NO	N/A
Objective 2.4. Provide services, education, and referrals to meet specific needs of individuals with dementia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 2.5. Improve caregiver supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 3.2. Promote good nutrition and physical activity to maintain healthy lifestyles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 3.3. Promote the adoption of healthy behaviors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 3.4. Advocate for prevention and early intervention of mental health and substance abuse services for elders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 4.2. ▲ Facilitate the integration of Older Americans Act elder rights programs into Aging Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 4.3. ▲ Improve the identification and utilization of measurable consumer outcomes for elder rights programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 4.4. Promote primary prevention of elder abuse, neglect, and exploitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 4.5. Reduce the rate of abuse, neglect, and exploitation recidivism through education, outreach, and the provision of services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 4.6. Increase the awareness of health care fraud and other elder rights issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Goal 5: Participate in community efforts to ensure your PSA is addressing the state's mission to create livable communities by promoting this work through the eight domains of livability framework. Support the work DOEA is doing in collaboration with AARP and the World Health Organization's (WHO) Age-Friendly Cities and Communities Program.			
Objective 5.1. ▲ Coordinate with community partners for increased access to affordable, person-centered health care, and social services to promote active and independent living.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 5.2. ▲ Promote safe, accessible, and affordable housing that supports aging in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 5.3. ▲ Increase awareness of and promote safe and reliable transportation options to increase mobility and community participation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 5.4. ▲ Increase access to information through various methods including print, tv, and digital media.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 5.5. ▲ Promote, engage, and celebrate the valuable contributions of all adults in the community.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 5.6. ▲ Increase awareness of opportunities to contribute in the workplace and volunteer to make a difference in the community.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 5.7. ▲ Increase awareness of and promote easy access to social and cultural activities for increased quality of life.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 5.8. ▲ Work with community partners to ensure accessible, inviting, and safe outdoor spaces and buildings that encourage active participation and recreation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal 6: Maintain effective and responsive management			
Objective 6.1. Promote and incorporate management practices that encourage greater efficiency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 6.2. Ensure that federal and state funds are used to effectively and efficiently serve elders' needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 6.3. Ensure that providers continue to strengthen the disaster preparedness plans to address specific needs of elders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 6.4. Accurately maintain the Client Information and Registration Tracking System (CIRTS) data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Objective 6.5. Promote volunteerism by and for seniors whenever possible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal 7: Co-establish and participate in at least one Dementia Care and Cure Initiative (DCCI) Task Force in your Planning and Service Area (PSA).			
Objective 7.1. ▲ Coordinate with the Memory Disorder Clinic (MDC) and local community leaders in Alzheimer's disease and related dementias (ADRD) in your area to create a DCCI Task Force.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 7.2. ▲ Collaborate with Task Force members to designate community entities as Dementia-Caring.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 7.3. ▲ Promote DCCI education and outreach activities throughout the PSA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 7.4. ▲ Identify areas of need within the ADRD community throughout the PSA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 4: Performance and Planning Data

The Excel file provided with your Area Plan package includes a sheet detailing the performance in the previous year against the county-level demographics associated with the following indicators in data and dashboard formats:

- Below Poverty Level (Below 100% of Federal Poverty Level),
- Limited English,
- Living Alone,
- Low Income Minority (below 125% of Federal Poverty Level),
- Minority,
- Probable Alzheimer's Cases,
- Rural, and
- Low-Income Rural (currently only mapped and not included in the data and dashboard).

This spread sheet allows the AAA to compare 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 to ensure performance in the upcoming period meets expectations. To assist with planning, the dashboard provides the approximate count of clients needed in each demographic group to reach the same proportion as the county population. The dashboard also provides estimates of clients needed to exceed each demographic group's county proportion.

Program Module Comments and Recommendations:
(to be completed by DOEA staff)

Section	Reviewed
Table of Contents	<input type="checkbox"/>
Comments:	
Program and Contract Module Certification	<input type="checkbox"/>
Comments:	
AAA Board of Directors	<input type="checkbox"/>
Comments:	
AAA Advisory Council	<input type="checkbox"/>
Comments:	
Funds Administered and Bid Cycles	<input type="checkbox"/>
Comments:	
Resources Used	<input type="checkbox"/>
Comments:	
Executive Summary	<input type="checkbox"/>
Comments:	
Mission and Vision Statements	<input type="checkbox"/>
Comments:	
Profile	<input type="checkbox"/>
Comments:	
SWOT Analysis	<input type="checkbox"/>
Comments:	

Program Module Comments and Recommendations:
(to be completed by DOEA staff)

Section	Reviewed
Performance and Targeted Outreach	<input type="checkbox"/>
Comments:	
Unmet Needs and Service Opportunities	<input type="checkbox"/>
Comments:	
Goals and Objectives	<input type="checkbox"/>
Comments:	
Direct Service Waiver Requests	<input type="checkbox"/>
Comments:	
Assurances	<input type="checkbox"/>
Comments:	
Program Module Checklist	<input type="checkbox"/>
Comments:	

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, PSA number, and submission month on the report cover.
- Enter your Planning and Service Area (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 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.

[\(Return to template\)](#)

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 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:

- 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.

[\(Return to template\)](#)

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 officers' 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 the name (officers 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 their original appointment date to the board (mm/yy)), and current term for each AAA Board member.

[\(Return to template\)](#)

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 Members table, enter the name, occupation/affiliation, home address (including county), phone number, “Member Since” date (for continuing members, this date reflects their 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.

[\(Return to template\)](#)

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 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 are provided as 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 aged 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 website.
- 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 policymaking, revenues, and appropriations.
- Florida Charts – Florida Department of Health 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.
- Targeting Data and Dashboard – Present the performance data for the previous year(s) in each of the targeting factors. Dashboard shows trends across counties, regions, and years.
- Targeting Performance Maps – Maps created using the proportion of clients in each targeting group, against the percentage available in the general 60+ population. Uses American Community Survey data as well as CIRTIS data.

[\(Return to template\)](#)

Executive Summary

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 role as an AAA. The suggested limit for the narrative response to this section is three pages.

[\(Return to template\)](#)

Mission and Vision Statements

This section includes the Mission and Vision of the AAA.

[\(Return to template\)](#)

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 and one map to identify rural areas of the PSA.

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 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 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 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 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.

[\(Return to template\)](#)

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

Describe your AAA's SWOT development process and outcomes for each of the SWOT quadrants. The following resource may be helpful to you in conducting the SWOT analysis for your organization: [Community Tool Box](#)

The SWOT analysis (alternatively SWOT matrix) should be used as a structured planning method used to evaluate the strengths, weaknesses, opportunities, and threats that are presenting themselves to the organization. In conducting your analysis, emphasis should be placed on the recruitment and active participation of your Governing Board and Advisory Council members as well as assessing how prepared your AAA is to respond to the anticipated change in the number of older individuals during the 10-year period following your Area Plan submission.

- Strengths: characteristics of the organization that give it an advantage over others.
- Weaknesses: characteristics that place the organization at a disadvantage relative to others.
- Opportunities: elements that the organization could exploit to its advantage.
- Threats: elements in the environment that present a challenge for the organization.



The SWOT analysis should support the organization of information, provide insight into barriers that may be present while engaging in social change processes, and identify strengths available that can be activated to counteract these barriers. Identification of SWOTs is important because they can inform the planning steps necessary to achieve goals and objectives. In addition, this analysis can be used to do the following:

- Explore new solutions to problems,
- Identify barriers that will limit the ability to achieve goals/objectives,
- Decide on the direction that will be most effective,
- Reveal possibilities and limitations for change, and
- Revise plans to best navigate systems, communities, and organizations.

[\(Return to template\)](#)

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 population for the indicator falls below the percent of total population for the indicator.
- The county level comparative performance data is provided in the companion Excel file provided with this template.

[\(Return to template\)](#)

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, including when and where activities and events will take place, information on target audiences, goals for number of older individuals and caregivers reached, and plans for how these outreach efforts will reach the targeted sub-populations. In developing the outreach section, the AAA must collaborate with each county to summarize the types of community events/activities, dates and locations, and numbers 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, 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:

- 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 ability;
- Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction;
- Older individuals at risk for institutional placement; and
- Caregivers
 - Caregivers of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction;
 - Grandparents² 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.

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:

- 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 to acquire knowledge, experience, or skills; to increase awareness in such areas as crime or accident prevention; to promote personal enrichment; and 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

² 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.

[\(Return to template\)](#)

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.

[\(Return to template\)](#)

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 and 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 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.

GOAL	
Objective	Essential Elements
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). ↑	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> 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). Specific action steps to improve streamlined access based on 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 ↑	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> Increasing public awareness of the costs of long-term care (LTC), the likelihood of the need for LTC services, and the LTC options available. Increasing public awareness of the limitations of Medicare as a singular long-term care solution.
Objective 1.3. Ensure that complete and accurate information about resources is available and accessible ↑	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> Ensuring that information in ReferNET is kept accurate and current, reflecting both the inclusion of new services and service providers; as well as the removal of inappropriate references. Maintaining participation in F4A workgroups; as well as implementing and complying with data collection and reporting standards established through F4A and DOEA collaboration.

GOAL	
Objective	Essential Elements
Objective 1.4. Ensure that elders have access to free, unbiased, and comprehensive health insurance counseling ↑	Strategies must include but not be limited to: <ul style="list-style-type: none"> • Establishing additional counseling sites. • 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: <ul style="list-style-type: none"> • 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.
Objective 1.6. Identify and serve target populations in need of information and referral services ↑	Strategies must include but not be limited to: <ul style="list-style-type: none"> • Efforts to reach individuals with limited English proficiency; low-literacy, low-income, individuals residing in rural populations; persons with disabilities who receive Medicare but are under the age of 65; grandparents caring for grandchildren; individuals with disabilities; and dual eligibles across any Special Needs Population. • Establishing new partnerships and efforts to address, at a minimum, rurality; hunger; and Alzheimer's disease and related dementias.

GOAL	
Objective	Essential Elements
<p>Objective 1.7. Provide streamlined access to Medicaid Managed Care and address grievance issues</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Programmatic, fiscal, and operational management of all ADRC Medicaid related functions. • Providing Statewide Medicaid Managed Care Long-term Care (SMMC LTC) eligibility assistance. • Enhancing overall customer service through the performance and oversight of the following Medicaid compensable activities: <ul style="list-style-type: none"> ○ Medicaid Outreach and LTC Program Education; ○ Medicaid Eligibility Screening and Waitlist Placement; ○ Enrollment Management System; ○ Grievances and Complaints; and ○ Quality Assurance. • Analysis of current capacity to employ these strategies, including details concerning process and performance improvement efforts.

GOAL	
Objective	Essential Elements
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	
<p>Objective 2.1. Identify and serve target populations in need of home and community-based services</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> Identifying and serving individuals who are in need of HCBS with limited English proficiency; low-literacy, low-income individuals in rural populations; disabled persons who receive Medicare but are under the age of 65; grandparents caring for grandchildren; people with developmental disabilities; and dual eligibles across any Special Needs Population. Identifying and using best practices in the prioritization and services for clients according the to the Department's prioritization criteria. Developing and leveraging new partnerships, processes, and technologies in order to reach rural clients with services to address hunger, memory disorders, and caregiver supports.
<p>Objective 2.2. Ensure that efforts are in place to fulfill unmet needs and serve as many clients as possible</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> Identifying unmet needs and/or gaps through strategic partnerships and collaborations with other entities which have expertise in meeting the identified needs and/or gaps. Developing specialized support services for aging caregivers.

GOAL	
Objective	Essential Elements
<p>Objective 2.3. Provide high quality services</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Establishing procedures to assure client satisfaction and the delivery of quality services, including handling complaints from persons whose services have been denied, terminated, or reduced. • 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 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; actions steps to implement and evaluate the performance goals; and, quality assurance efforts specific to ADRC functions.
<p>Objective 2.4. Provide services, education, and referrals to meet specific needs of individuals with dementia</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • 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.

GOAL	
Objective	Essential Elements
<p>Objective 2.5. Improve caregiver supports</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Providing education, training, and options to help caregivers make better decisions and deal with current and prepare for possible future needs. • Home-delivered meals, older adult companionship, socialization, transportation, homemaking, home maintenance and repair, in-home care training, and daily calls to check on an isolated older adult. • Volunteer companions (retired seniors helping seniors) and older caregivers providing care for spouse, grandchildren, or other relatives.

<p>Goal 3: Empower older seniors and their caregivers to live active, healthy lives to improve their mental and physical health status</p>	
<p>Objective 3.1. ▲ Continue to increase the use of Evidence-Based (EB) programs at the community level</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Management and coordination of programs that empower seniors to control their own health through community level interventions. • Sustaining continued funding. • Programs the build self-confidence and reduce disease progression for people with chronic conditions (e.g. advocacy for sustaining EB health promotion, including falls prevention and medication management).

GOAL	
Objective	Essential Elements
<p>Objective 3.2. Promote good nutrition and physical activity to maintain healthy lifestyles</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Engaging stakeholders and community partners in coordinated comprehensive nutrition and physical activity programs and community programs that help build social supports. • Increasing the use of congregate meal sites. • Developing social support for programs that promote active lifestyles and use of public facilities (e.g., walking or bike trails, classes at gyms or senior centers, athletic fields, etc.).
<p>Objective 3.3. Promote the adoption of healthy behaviors</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Conducting community-wide campaigns that combine highly visible messages to the public, community events, and support groups that encourage seniors to become or remain active. • Recruiting older adults to participate in the promotion of healthy behaviors through advertising and marketing to community partners. • Promoting the adoption of a healthy lifestyle by reducing smoking, alcohol, and/or drug consumption, and by encouraging sleep and stress management, socialization, and engaging in enjoyable pursuits, etc.

GOAL	
Objective	Essential Elements
<p>Objective 3.4. Advocate for prevention and early intervention of mental health and substance abuse services for elders ↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Public awareness activities to increase the understanding of mental and substance-use disorders. • Improving or developing partnerships with mental health and recovery advocates in the community. • Encouraging group-based activities composed of older adults, like those at a senior center. • Consideration of physical health issues such as nutrition, sleep habits, medication, and pain management. • Working with the Department to ensure that individuals who have been identified at-risk due to emotional or psychological distress receive the appropriate referral, and/or how the AAA tracks and confirms that an appropriate action is taken on behalf of each client in distress and the status update that is provided to the contract manager at the Department on a quarterly basis.

GOAL	
Objective	Essential Elements
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 ↑	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • 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.
Objective 4.2. ▲ Facilitate the integration of Older Americans Act elder rights programs into aging services ↑	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • 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. • 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.
Objective 4.3. ▲ Improve the identification and utilization of measurable consumer outcomes for elder rights programs ↑	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • 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.
Objective 4.4. Promote primary prevention of elder abuse, neglect, and exploitation ↑	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Public education of the special needs of elders and the risk factors for abuse in vulnerable adults. • Primary prevention activities focused on preventing elder abuse, neglect, and exploitation.

GOAL	
Objective	Essential Elements
<p>Objective 4.5. Reduce the rate of abuse, neglect, and exploitation recidivism through education, outreach, and the provision of services</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • 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. • Establishing and maintaining collaborative relationships with other entities that endeavor to prevent elder abuse, neglect, and exploitation.
<p>Objective 4.6. Increase the awareness of health care fraud and other elder rights issues</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Use of websites, social media, newspapers, and direct mail.

GOAL	
Objective	Essential Elements
Goal 5: Participate in community efforts to ensure your PSA is addressing the state's mission to create livable communities by promoting this work through the eight domains of livability framework. Support the work DOEA is doing in collaboration with AARP and the World Health Organization's (WHO) Age-Friendly Cities and Communities Program.	
<p>Objective 5.1. ▲ Community Support and Health System: Coordinate with community partners for increased access to affordable, person-centered health care and social services to promote active and independent living.</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Developing partnerships with DOH at the county level to identify community needs/concerns through joint community surveys. • Collaboratively working with the county health department on the Community Health Improvement Plan (CHIP) to develop effective strategies to improve health outcomes and reduce costs. • Promoting the availability of existing public health programs within the community that conveys a collaborative approach to support healthy aging. • Increasing awareness of an age-friendly public health system by building a rapport between the public health and the aging sectors. • Providing opportunities to participate in fun, unique programs that support being healthy, examples include offering free exercise programs in a local park and exploring sponsorship opportunities through private insurance companies. • Promoting awareness of the Dementia Care and Cure Initiative (DCCI) task force in your PSA. • Promoting awareness of the Memory Disorder Clinic (MDC) in your PSA and the services it offers.
<p>Objective 5.2. ▲ Housing: Promote safe, accessible, and affordable housing that supports aging in place.</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Developing partnerships with city housing departments to explore opportunities for affordable housing. • Developing partnerships with the DCF Homeless coalition lead agency. • Facilitating access to home modification programs. • Promoting availability of resources that enhance personal independence. • Bridging relationships between city, local builders, and developers on the importance of universal design in new construction.

GOAL	
Objective	Essential Elements
<p>Objective 5.3. ▲ Transportation: Increase awareness of and promote safe and reliable transportation options to increase mobility and community participation.</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Partnering with local transportation coordinator through the Commission for the Transportation Disadvantaged. • Promoting the work and resources of Safe Mobility for Life Program. • Partnering with local agencies to ensure the community offers accessible, affordable, and reliable public transportation options. • Partnering with DOT on safe, complete streets and intersections. • Working with community transportation partners to develop ambassador leaders in the community to educate on the use of public transit system. • Working with local governments to address availability of benches and shelters at bus stops. • Creating partnerships to work together to implement neighborhood/community volunteer transportation programs. • Promoting use of alternative transportation options: walk, bike, public transit, ride share.
<p>Objective 5.4. ▲ Communication and Information: Increase access to information through various methods including print, tv, and digital media.</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Developing assessment tools to determine how your community receives information and possible opportunities for improvement, with particular attention in rural areas and underserved populations. • Developing strategies through community partnerships to ensure effective communication reaches residents of all ages. • Partnering with local senior centers, universities, and private partners to offer technology classes.

GOAL	
Objective	Essential Elements
<p>Objective 5.5. ▲ Respect and Social Inclusion: Promote, engage, and celebrate the valuable contributions of all adults in the community.</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Developing strategies to ensure older adults are valued, respected, and involved in decision making in their communities. • Developing intergenerational programs that bring together youth and older adults. • Partnering with local schools to provide opportunities to learn about aging and respect. DCCI task forces can develop dementia sensitivity trainings for schools/universities/vocational schools. • Implementing grand-friend programs: where older adults are paired with school children to improve their skills and offer mentoring. • Promoting a culture that values diversity, fairness, dignity, and equal opportunity for all. • Partnering with local neighborhood associations to develop check-in programs. • 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.
<p>Objective 5.6. ▲ Civic Participation and Employment: Increase awareness of opportunities to contribute in the workplace and volunteer to make a difference in the community.</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Encouraging older adults to stay engaged in the workforce. • Partnering with the local SCSEP to provide community service training opportunities that could lead to sustainable employment. • Promoting the local SCSEP and the importance of hiring elders. • Building bridges across age and culture. • Implementing programs with universities and senior centers to offer flexible education opportunities and intergenerational projects. • Promoting the Create the Good volunteer program with AARP. • Working with local agencies to promote volunteer and social engagement opportunities for older adults. • Promoting volunteer opportunities through DOEA programs: SHINE, ombudsman, guardianship, home delivered meals. • Developing recognition programs to show the value of your volunteers during the month of April.

GOAL	
Objective	Essential Elements
<p>Objective 5.7. ▲ Social Participation: Increase awareness of and promote easy access to social and cultural activities for increased quality of life.</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Promoting education and awareness to erase the stigma of ageism. • Developing working relationship with faith-based organizations to work together to facilitate programs to promote engagement in the community. • Collaborating with the local senior centers to make sure a variety of activities are offered to appeal to a diverse population and ensure there is communication to promote the availability of programs. • Developing partnerships with community-based organizations, such as senior centers, community centers, faith-based organizations, and YMCAs to address loneliness and social isolation by establishing opportunities to increase social interactions and development of new friendships. • Offering language assistance to individuals with limited English proficiency. • Increasing awareness and access to programs and support across diverse populations within the aging and disability communities, regardless of a person's literacy level, ethnicity, race, gender, religion, sexual orientation, gender identity, or socioeconomic status.
<p>Objective 5.8. ▲ Outdoor Spaces and Buildings: Work with community partners to ensure accessible, inviting, and safe outdoor spaces and buildings that encourage active participation and recreation.</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Working collaboratively with local parks and recreation department to ensure community parks for all ages. • Advocating for safe, walkable sidewalks and entrances to building are safe, accessible, clearly visible for all. • Developing working relationships with neighborhood associations.

GOAL	
Objective	Essential Elements
Goal 6: Maintain effective and responsive management	
<p>Objective 6.1. Promote and incorporate management practices that encourage greater efficiency</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • 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. • 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 life of this plan).
<p>Objective 6.2. Ensure federal and state funds are used to effectively and efficiently serve elders' needs</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • 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.

GOAL	
Objective	Essential Elements
<p>Objective 6.3. Ensure that providers continue to strengthen the disaster preparedness plans to address specific needs of elders</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Developing and maintaining formal agreements with local, state, and federal entities that provide disaster relief and recovery. • Identifying and planning for consumer needs and the availability of special needs shelters in times of disaster. • Including in plans to disseminate evacuation zone rosters and maps to staff and partners, to ensure client locations are known for preparation and relief efforts.
<p>Objective 6.4. Accurately maintain the Client Information and Registration Tracking System (CIRTS) data</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Actively comparing CIRTS data to information in client files to verify the accuracy of CIRTS data. • Providing training and ongoing technical assistance to ensure that employees understand how appropriately use CIRTS. • Ensuring that addresses for active clients were entered by staff and partners into CIRTS accurately and in the most effective format or to make corrections if a client location cannot be identified, to ensure that individuals' home addresses have the highest likelihood of being properly located and mapped by the Department to identify their assigned evacuation zone.
<p>Objective 6.5. Promote volunteerism by and for seniors whenever possible</p> <p>↑</p>	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • 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.

GOAL	
Objective	Essential Elements
Goal 7: Co-establish and participate in at least one Dementia Care and Cure Initiative (DCCI) Task Force in your PSA.	
Objective 7.1. ▲ Coordinate with the Memory Disorder Clinic (MDC) and local community leaders in Alzheimer's disease and related dementias (ADRD) in your area to create a DCCI Task Force. ↑	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Forming a Task Force to increase awareness of dementia and of services and support for those living with dementia, along with their families and care partners. • Assisting the Task Force with planning and implementing outreach and educational programs, partnerships with community leaders, and action-oriented plans.
Objective 7.2. ▲ Collaborate with Task Force members to designate community entities as Dementia-Caring. ↑	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Collaborating with the Task Force to provide free dementia sensitivity trainings to government and public service agencies, community entities, caregivers and families, first responders, health care professionals, businesses, and community organizations. • Supporting dementia sensitivity trainings that will allow recipients to receive the designation of being Dementia-Caring.
Objective 7.3. ▲ Promote DCCI education and outreach activities throughout your PSA. ↑	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Spreading awareness and sensitivity about dementia. • Encouraging safe and inclusive communities for all who seek to continue to be engaged throughout their lifetime. • Linking those living with dementia, their families and care partners to local resources.
Objective 7.4. ▲ Identify areas of need within the ADRD community throughout your PSA. ↑	<p>Strategies must include but not be limited to:</p> <ul style="list-style-type: none"> • Advocating for those living with dementia and recognizing ways the Task Force can get involved in the community.

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.

- 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*
- Percent of new service recipients whose ADL assessment score has been maintained or improved
- Percent of new service recipients whose 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 family and family-assisted caregivers who self-report they are very likely to provide care*
- *Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor)*
- Percent of elders with high or moderate risk environments who improved their environment score
- Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours

Output Measures:

- *Number of people served with registered long-term care services*
- *Number of congregate meals provided*

DOEA Internal Performance Measures:

- Percent of co-pay goal achieved
- Percent of increase in providers participating in the Adult Care Food Program
- 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
- 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) Information on the sources 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 because 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 CIRT 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.

[\(Return to form\)](#)

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 the individual elements have been addressed or if the element is not applicable.

[\(Return to checklist\)](#)