

2024-2027

# FOUR-YEAR AREA PLAN

■ ■ ■ ■ ■ *Program Module*



**Area Agency on Aging for SWFL**

**Planning and Service Area 8**

*September 1, 2023*



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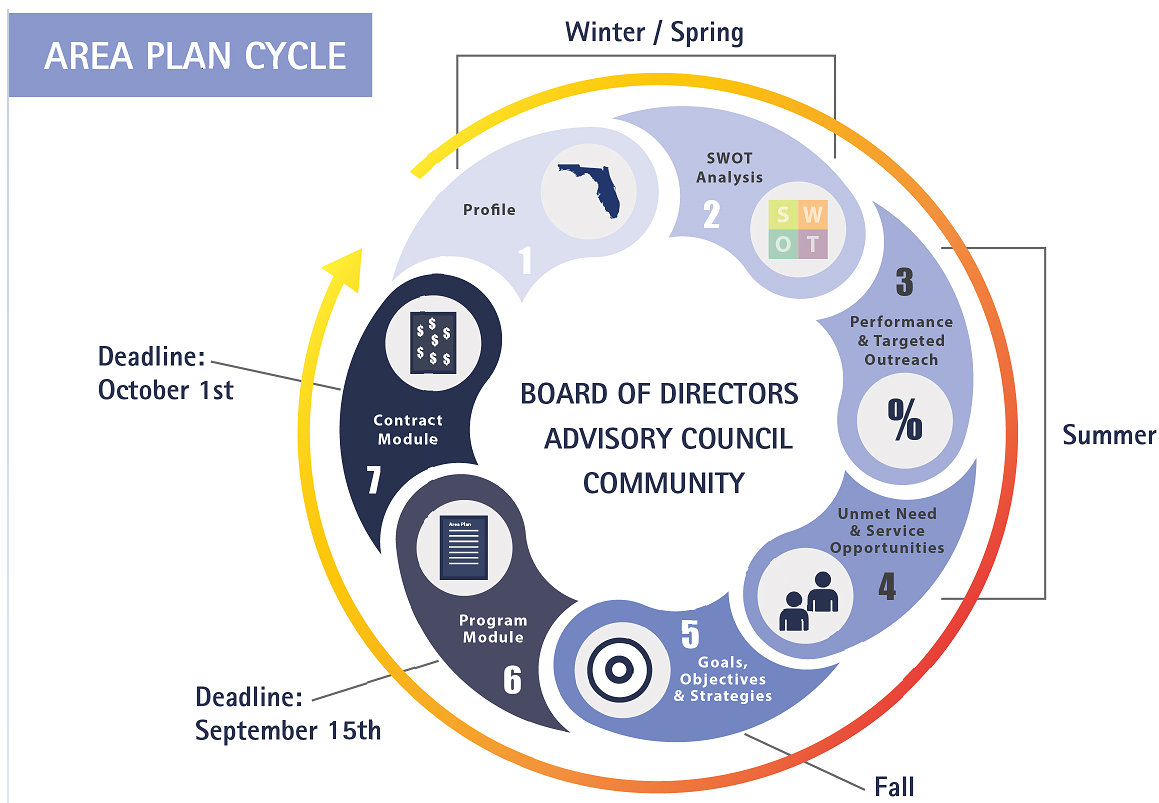
## Introduction to the Area Plan

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

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

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

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



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

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

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



# Program and Contract Module Certification

## AREA AGENCY ON AGING (AAA) INFORMATION:

Legal Name of Agency: Area Agency on Aging for Southwest Florida, Inc.

Mailing Address: 2830 Winkler Ave, Suite 112, Fort Myers, FL 33916

Telephone: (239) 652 - 6900 FEDERAL ID NUMBER: 59-1854441

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

I hereby certify that the attached documents:

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

Additionally:

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

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

President, Board of Directors

Name: Wendy M Hayes Signature: Wendy M Hayes  
Date: 8/24/23

Advisory Council Chair

Name: Mary Bartoshuk Signature: Mary Bartoshuk  
Date: 08/24/23

President and CEO of Area Agency on Aging for Southwest Florida, Inc.

Name: Maricela Morado Signature: Maricela Morado  
Date: 08.24.23

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

# AAA Board of Directors

## Membership Composition:

The Board of Directors must consist of no fewer than 5 and no more than 18 members. All members must claim permanent residence in the State of Florida and reside within PSA 8. Board membership should, to the greatest degree possible, be representative of the age, gender, race, and ethnic populations of PSA 8. In no event should any specific county be represented by more than 5 members, and each county should be represented by at least one member of age 60 or older. At least three members should be of ethnic or racial minority. The group should contain, when possible, representatives of the following professions: banking, accounting, local government, healthcare, legal, social services, education, faith-based services. The Board of Directors is currently under representative of DeSoto and Glades counties.

## Frequency of Meetings:

The Board of Directors is required to meet at least quarterly and is currently scheduled for six total meetings in 2023. The schedule of meetings is as follows:

Thursday, February 23, 2023

Thursday, April 27, 2023

Thursday, June 22, 2023

Thursday, August 24, 2023

Thursday, October 26, 2023

Thursday, December 7, 2023

## Officer Selection Schedule:

Officers are elected at the annual meeting for a two-year term and may be re-elected for consecutive terms.

### AAA Board Officers:

Title	Name	Term
<b>Chair</b>	Wendy Hayes	12/21 -12/23
<b>Vice Chair</b>	Beth Prather	12/21 – 12/24
<b>Treasurer</b>	Dave Boerkoel	12/19 – 12/24
<b>Immediate Past Chair</b>	Ronald Lucchino, Ph.D.	12/13 – 8/16
<b>Other: (Title_____)</b>		
<b>Other: (Title_____)</b>		

### AAA Board of Directors Membership:

Name	Occupation / Affiliation	County of Residence or Primary Work	Member Since	Current Term of Office
<b>Wendy Hayes</b>	Owner & Care Manager / SWFL Geriatric Care Mgmt, LLC	Lee	02/12	12/21 – 12/23
<b>Beth Prather</b>	Elder Law Attorney / Green Schoenfeld & Kyle LLP	Lee	02/15	12/21 – 12/24
<b>Dave Boerkoel</b>	President & Owner / Solaris Rehab	Collier	02/15	12/19 – 12/24
<b>Pam Keller</b>	Elder Law Attorney / Keller Law Office	Charlotte	08/16	12/21 – 12/24
<b>Dan Katz</b>	Retired Healthcare Executive	Collier	02/21	02/21 – 12/24
<b>Christina Stewart</b>	Practice Director / Lee Health Systems	Lee	08/22	8/22 – 12/25

<b>Garrett Anderson</b>	Manager of Patient Experience / NCH Health	Lee	10/21	10/21 – 12/24
<b>Dr. Lesley Clack</b>	Department Chair & Assoc. Professor / Florida Gulf Coast University	Lee	10/22	10/22 – 12/25
<b>Meriam “Jackie” Walker</b>	Receptionist / United Way	Hendry	08/21	08/21 – 12/24
<b>Susan Berger</b>	Policy Coordinator / Sarasota County HHS	Sarasota	02/21	12/21 – 12/24
<b>Derek Rooney, P.A.</b>	P.A. & BOD Legal Counsel / Gray & Robinson	Lee & Collier		



# AAA Advisory Council

## Council Composition:

The Advisory Council bylaws ensure that members of the Area Agency on Aging for Southwest Florida's Advisory Council represent all seven counties within the PSA. More than 51% of the membership must be 60 years of age or older. The Council shall include individuals and representatives of community organizations who will enhance the leadership role of the AAASWFL in developing a system of community-based services. Membership shall include clients (including minority individuals) or people who are eligible to participate in Older Americans Act programs, representatives of older persons, representatives of health care provider organizations, including providers of veterans' health care, representatives of supportive service provider organizations, individuals with leadership experience in the private and voluntary sectors, local public elected officials, and the general public. Advisory Council members are appointed by the Board of Directors of the AAASWFL, upon recommendation by the Council. Non-voting or ex-officio members may be chosen to provide technical expertise or broad program insight. Members are elected to serve a term of three years.

## Frequency of Meetings:

The Advisory Council is scheduled for a total of 6 annual meetings. The schedule for 2023 is as follows:

Friday, January 20, 2023

Friday, March 17, 2023

Friday, May 19, 2023

Friday, July 21, 2023

Friday, September 22, 2023

Friday, November 17, 2023

## Member Selection Schedule:

Member selection will be comprised of representatives from Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota counties, for three-year terms. The Council shall

include individuals and representatives of community organizations who will enhance the leadership role of the AAA in developing a system of community-based services.

### Service Term(s):

Elected officers consist of a Chairperson and a Vice Chairperson. Officers serve a two-year term and may not serve more than two terms consecutively in the same office, unless approved by a supermajority of the Council. Members shall be elected to serve a term of three years. All regular terms shall begin January 1st. Members are eligible to be re-elected without term limits.

### AAA Advisory Council Members:

Name	Occupation / Affiliation	County of Residence or Primary Work	Member Since	Current Term of Office	60+ (yes/no)	Race	Ethnicity
<b>Mary Bartoshuk</b>	Retired Admin. Assistant	Hendry	01/10	12/19 – 12/22	yes	W	O
<b>AJ Attavar</b>	NPS, Inc	Collier	09/21	09/21 – 12/24	no	W	O
<b>Amy Schenk</b>	Community Engagement Lead / NPRC	Lee	11/20	11/20 – 12/23	yes	W	O
<b>Debbie Fulton</b>	Consult & Family Liaison / Alzheimer's Support	Lee	01/17	12/20 – 12/23	yes	W	O
<b>Diane Spears</b>	R.N. / Lee Health	Lee	07/22	07/22 – 12/25	yes	B	O
<b>Frances Way</b>	Retired Nurse	Glades	06/13	12/19 – 12/22	yes	W	O
<b>Gail McKee</b>	Program Mgr./ Alzheimer's Association	Charlotte	07/22	07/22 – 12/25	no	W	O
<b>Hallie Devlin</b>	Retired / State of Michigan SSA	Collier	07/16	12/19 – 12/22	yes	W	O
<b>Kim Hustad</b>	Mgr. / Lee County Human & Veteran Svc.	Lee	05/14	12/19 – 12/22	yes	W	O
<b>Robbie Leblanc (alternate)</b>	Mgr. / Lee County Human & Veteran Svc.	Lee	05/14	12/19 – 12/22	no	W	H

<b>Laura Bayona</b>	Senior Business Spc. / FPL	Collier	11/22	11/22 – 12/25	no	W	H
<b>Lauri Benson</b>	Social Svs. Dir. / DeSoto County BOCC	Charlotte	07/18	12/19 – 12/22	no	W	O
<b>Cathee Durrance (alternate)</b>	Social Svs. Dir. / DeSoto County BOCC	DeSoto	11/22	11/22 – 12/25	no	W	O
<b>Mackelvie Jno-Charles</b>	Dir. Supply Chain / Atofil, LLC	Lee	06/21	08/21 – 12/24	no	B	O
<b>Marissa Stress-Peterson</b>	Dir. of Programs / Harry Chapin Foodbank	Lee	11/22	11/22 – 11/25	no	W	O
<b>Rob Fulton</b>	Retired / Pilot, Disabled Army Veteran	Lee	07/17	12/20 – 12/23	yes	W	O
<b>Tabitha Larrauri</b>	API Investigator Supervisor / Department of Children and Families	Charlotte	06/16	12/19 – 12/22	no	W	O
<b>Donna Torres (alternate)</b>	API Investigator Supervisor / Department of Children and Families	Lee	09/21	09/21 – 12/24	no	W	O
<b>Virginia Stacy</b>	Retired Nurse	Lee	05/16	12/19 – 12/22	yes	W	O

## Funds Administered and Bid Cycles

The following funds are administered by AAASWFL for PSA 8. 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"/>	08/19	4	08/25	01/26
	III C.I	<input checked="" type="checkbox"/>	08/19	4	08/25	01/26
	III C.II	<input checked="" type="checkbox"/>	08/19	4	08/25	01/26
	III D	<input checked="" type="checkbox"/>	08/19	4	08/25	01/26
	III E	<input checked="" type="checkbox"/>	08/19	4	08/25	01/26
	VII*	<input checked="" type="checkbox"/>	-			
General Revenue	ADI	<input checked="" type="checkbox"/>	01/18	6	01/24	07/24
	CCE	<input checked="" type="checkbox"/>	01/18	6	01/24	07/24
	HCE	<input checked="" type="checkbox"/>	01/18	6	01/24	07/24
Other	ADRC*	<input checked="" type="checkbox"/>				
	AoA Grants	<input type="checkbox"/>				
	EHEAP*	<input checked="" type="checkbox"/>				
	LSP*	<input checked="" type="checkbox"/>				
	NSIP*	<input checked="" type="checkbox"/>				
	RELIEF*	<input checked="" type="checkbox"/>				
	SHINE*	<input checked="" type="checkbox"/>				
	USDA*	<input type="checkbox"/>				

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

## Resources Used

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

[Explore Census Data](#)

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

[FLHealthCHARTS](#)

[eCIRTS and Legacy CIRTS](#)

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

[Florida County Profiles](#)

[Elder Needs Index Maps](#)

[Targeting Data and Dashboard](#)

[Targeting Performance Maps](#)

Bruns, D., 2017, AARP: Florida Ranks Fourth from Bottom in Nation For Serving Family Caregivers, Frail elders and Disabled.

Elka Torpey, "Projected job growth in occupations with large shares of older workers," Career Outlook, U.S. Bureau of Labor Statistics, May 2019.

Toossi, M., & Torpey, E. (2017). Older Workers: Labor Force Trends and Career Options. Bureau of Labor Statistics.



# 2024-2027 Four-Year Area Plan Program Module

## Executive Summary

This section describes the role of The Area Agency on Aging for Southwest Florida (AAASWFL) as a AAA and includes major highlights, key initiatives, and how the significant needs of the PSA will be addressed.

The AAASWFL, a designated Aging and Disability Resource Center (ADRC), was formed in 1978 as a public not-for-profit entity operating under the auspices of the Older Americans Act of 1965 and celebrates its forty-fifth anniversary in 2023. The AAASWFL is one of eleven AAA's in Florida and is situated in planning and service area 8 to include the following counties: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota. The organization is overseen by a Board of Directors and receives guidance and recommendations from an Advisory Council.

The organization administers federal and state funding for home- and community-based care services, assesses people in need of those services, and provides fiscal and programmatic oversight of that funding through a comprehensive monitoring process. Direct services provided by the AAASWFL include information and referrals for adults aged 60+ and adults with disabilities through a toll-free Elder Helpline, health and wellness programs, SHINE Medicare Counseling, and Elder Abuse Prevention Education. In addition to this, the Agency maintains the Assessed Priority Consumer List (APCL) for the seven-county area and administers the Veteran-Directed Home and Community Based Services (VD-HCBS) program, which is funded and overseen by the Veteran's Administration.

The AAASWFL serves seniors aged 60+, adults with disabilities between the ages of 18 and 59, veterans, caregivers, and anyone seeking information and community resources for older adults and adults with disabilities. The Agency plays a crucial role in prioritizing, administering, and providing home- and community-based aging services for older adults which have expanded to encompass more of the needs of adults with disabilities in the service area. Thousands of older adults, people with disabilities, and caregivers rely on the Area Agency on Aging's Helpline for accurate, unbiased information and referrals to services available in PSA 8.

Data reveals that the most requested services in order are related to long-term care; home health and medical needs; homemaking services; housing, rentals, shelters, assisted living; Medicare assistance; meals, pantries, supplements, SNAP; transportation; and legal assistance. Feedback from clients receiving existing services consistently includes requests for more respite, homemaking, and personal care hours.

The AAASWFL analyzes needs PSA-wide by tracking information and statistics in both

of its databases, through the execution of PSA-wide needs assessments, the completion of client satisfaction surveys, and regular feedback received from the Agency Advisory Council. Helpline data tracked in the REFER database demonstrates a gradual increase in the number of callers seeking assistance over the course of several years and that number is expected to increase due to steady population growth in Southwest Florida. In addition, the makeup of the population is changing, proving the need for more cross collaboration with other nonprofit and governmental agencies in the PSA. Southwest Florida is experiencing significant population growth and older adults and adults with disabilities are living longer, creating a more diverse population with differing needs.

Recognizing the increased need for support services in Southwest Florida, the AAASWFL is committed to increasing service capacity through fundraising efforts to benefit the Agnes Laitinen Crisis Fund. Too often, clients in need are unable to receive much needed assistance due to a lack of available funds or to falling outside of eligibility criteria. The AAASWFL anticipates these service gaps increasing as the retirement population in Southwest Florida grows, necessitating a source alternative to state and federal awards. Increased fundraising will allow the AAASWFL to provide specialized one-time assistance to clients in need.

The AAASWFL plans to execute more focused effort in identifying older adults and adults with disabilities requiring disaster recovery assistance by onboarding a part-time Outreach Coordinator. The Outreach Coordinator will increase outreach efforts to rural areas and locate eligible individuals in need of disaster recovery services.

The AAASWFL is committed to increasing services awareness throughout PSA 8 in an effort to reach and engage more older adults and adults with disabilities in direct and sub-contracted services. The agency will endeavor to strengthen existing and form new partnerships with interagency groups to streamline referrals to direct services and understand how clients can better be holistically served.

# Mission and Vision Statements

## Mission:

The Area Agency on Aging for Southwest Florida's mission is to connect older adults and adults with disabilities to resources and assistance for living safely with independence and dignity. The mission of the AAASWFL in 1978 was to improve the quality of social and health services; develop, plan, and administer service programs beneficial to seniors; and to raise the funds necessary to provide services. That mission has been modified to better represent the evolving functions of the AAASWFL and the growing needs within the PSA, but the core purpose of the Agency remains the same. The AASWFL continues to play a crucial role in prioritizing, administering, overseeing, and providing home- and community-based aging services for older adults that have expanded to fulfill more of the needs of adults with disabilities in the service area.

## Vision

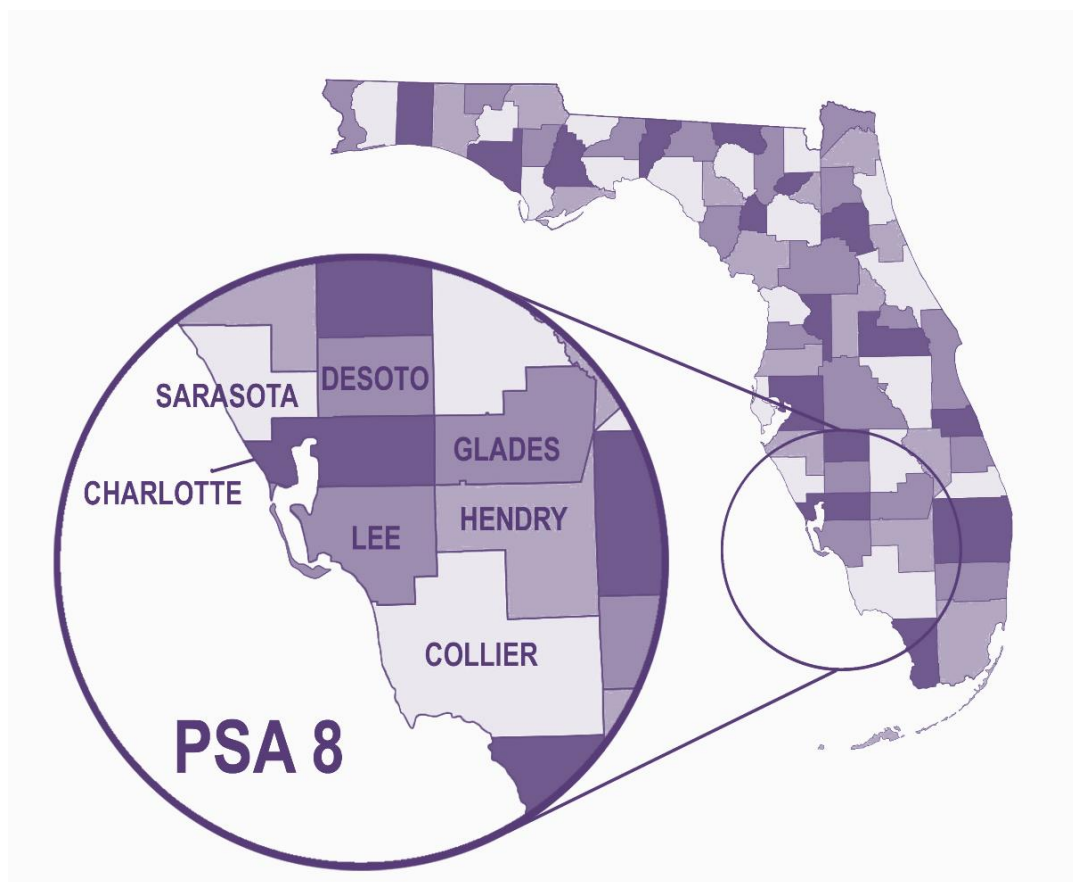
To serve and connect the seniors and disabled adults of Southwest Florida by providing resources, access to programs and supportive services to enhance their well-being.

## Profile

This section provides an overview of the social, economic, and demographic characteristics of the PSA. The focus of this overview includes consideration of those geographic areas and population groups within the PSA of older individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

### Identification of Counties:

Planning and Service Area 8 consists of seven counties: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota. All seven counties are governed by five-member elected commissions. Three counties have a rural designation, while four are classified as urban. The graphic below depicts the counties and their locations in reference to the rest of Florida.



The three counties in PSA 8 that have a rural designation are DeSoto, Glades, and Hendry. While Charlotte, Collier, Lee, and Sarasota Counties are classified as urban, they

do have rural areas, some of which are geographically widespread. The map below depicts rural (outlined in orange) and urban (shaded in gray and outlined in blue) areas in PSA 8:



## Identification of Major Communities:

### ***Charlotte County:***

In Charlotte County, the City of Punta Gorda is the County Seat and the only incorporated municipality. Punta Gorda is a predominantly waterfront city with direct access to both the Peace River and Charlotte Harbor. Placida is an unincorporated community and sits adjacent to Punta Gorda. Port Charlotte is the largest unincorporated Census Designated Place (CDP) in the County and houses the County's governmental offices. Other CDP's include Charlotte Park, Charlotte Harbor, Cleveland, Grove City, Manasota Key, Solana, Harbour Heights, a small deed restricted community (adjacent and to the east of Port Charlotte); Rotunda West; and Englewood. Uniquely, Manasota Key and Englewood are CDP's that are part of both Charlotte and Sarasota Counties.

### ***Collier County:***

In Collier County, East Naples, an unincorporated community, serves as the County Seat. Ave Maria, a newly developed community centered around Ave Maria University, is also an unincorporated community. Collier County contains three cities: Naples, which has the largest population of all the communities in the county, Marco Island, a large barrier

island, and Everglades City, a small community almost directly east of Miami and just south of Marco Island. CDPs in the county include Golden Gate, Immokalee, and Lely/Naples Manor. Golden Gate is populous and is located east of Naples. Immokalee is one of the most rural communities in Collier County. Much of inland Collier County is very rural and sparsely populated, consisting mostly of farms, swampland, and small communities. Also, in Collier County is the small, unincorporated community of Copeland with a population of under 1,000.

### ***DeSoto County:***

Arcadia is the only city in DeSoto County and is the county seat. Lake Suzy is an unincorporated community with a small population close to Port Charlotte in Charlotte County. The small unincorporated communities of Fort Ogden and Nocatee are south of Arcadia. Communities in DeSoto County are designated rural.

### ***Glades County:***

Moore Haven is the only city in Glades County and is also the county seat. Buckhead Ridge is the only CDP in the County. Unincorporated areas include Lakeport, Ortona, Muse, and Palmdale. Moore Haven and Buckhead Ridge partially border Lake Okeechobee. Also, in Glades County is the Brighton Seminole Indian Reservation. All the communities in Glades County are rural and very sparsely populated.

### ***Hendry County:***

Hendry County has two incorporated cities: LaBelle, which is the County Seat, and Clewiston, which partially borders Lake Okeechobee. CDP's include Fort Denaud, which is located just outside of LaBelle, and Harlem, which is located south of Clewiston. Unincorporated communities include Felda and Montura. Also, in Hendry County is the Big Cypress Seminole Indian Reservation. Hendry County communities are primarily rural.

### ***Lee County:***

The city of Fort Myers is the Lee County seat. Other cities are Cape Coral, the largest in area and the most populous; Bonita Springs, a largely coastal and heavily populated city; and Sanibel, which is an island city. The County has one village, Estero, and one town, Fort Myers Beach. Estero and Fort Myers Beach are North of Bonita Springs and South of Cape Coral and Fort Myers. CDP's in Lee County include Alva, a semi-rural community located near the Caloosahatchee River; Bokeelia, St. James City, Matlacha,



and Pine Island Center, all located on Pine Island, which is the largest island in Florida; Charleston Park, a small community primarily populated by descendants of slaves; Gateway, a fast-growing inland community; Lehigh Acres, the second most populated community in the county; North Fort Myers, which is the largest unincorporated community; and Captiva, an island connected to Sanibel by bridge. Boca Grande, an island community north of Captiva, is not connected to the rest of the county by land, but instead is connected by bridge to Charlotte County.

### ***Sarasota County:***

The city of Sarasota is the County seat. Other cities include North Port, which is the largest city, and Venice. Longboat Key is a barrier island town divided between Manatee and Sarasota Counties. Siesta Key is also a barrier island and is a CDP. Other CDPs are Fruitville, Laurel, Nokomis, and Osprey. Englewood is a CDP split between Charlotte and Sarasota Counties. Inland Sarasota County, near Lake Myakka, has several unnamed rural communities, particularly near the Manasota County line.

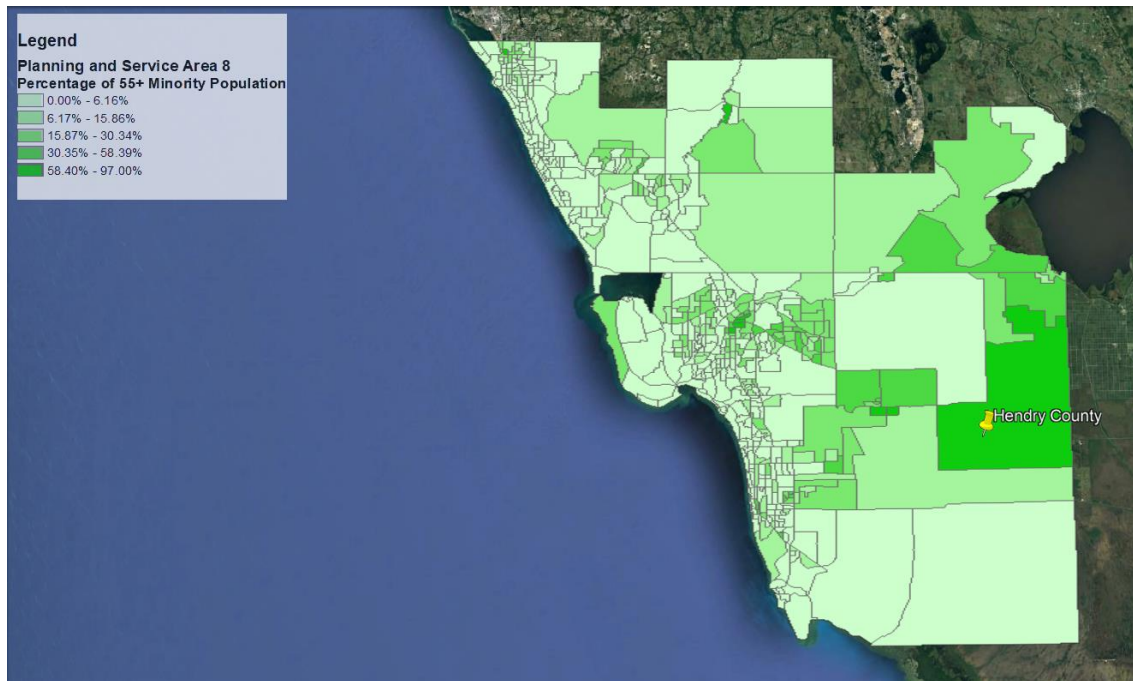
## **Socio-Demographic and Economic Factors:**

A day in the life of a senior in Southwest Florida is highly dependent upon physical and mental health conditions, family and community support systems in place, infrastructure, and accessibility to daily living needs and social activities. Two of the Seven counties in PSA 8 have received the age-friendly designation: Sarasota and Collier. All counties in the PSA experience some type of seasonality. Fall through spring brings many dual resident seniors to Southwest Florida, whether they arrive for warm winter weather, coastal activities, or fishing seasons around Lake Okeechobee. With this comes congested roads, a greater need for services, and busy public spaces.

It should be noted that Glades County does not have a grocery store. While all counties experience some level of food insecurity in pocketed areas, food insecurity in Glades County is widespread, increasing the need among seniors and adults with disabilities for nutrition services.

### **Population by Age, Race, and Ethnicity**

According to the PSA 8 County Profile provided by the DOEA, 12% of older adults living in PSA 8 identify with a minority group. Minority populations of 55+ individuals reside throughout the seven counties of PSA 8 with the largest concentration of minority older adults residing in Hendry County, as shown below.



Southwest Florida has experienced steady population growth, which has major impacts on service needs in the PSA. Important to note are the population trends for seniors who are aged 85 and older. Individuals who are 85+ may have more significant health concerns and typically engage in less physical activity. Because of this, needs are greater and home and community-based support systems are essential. Sarasota and Charlotte Counties have the highest percentage of the population that is 85+, at 6% of the total population.

County	60+	85+
Charlotte	92,701	10,632
Collier	145,968	17,110
DeSoto	9,823	798
Glades	4,526	374
Hendry	8,395	783
Lee	261,556	22,927
Sarasota	198,442	25,492

County	% of Total Pop. 65+	% of Total Pop. 85+
Charlotte	48%	6%
Collier	37%	4%
DeSoto	26%	2%
Glades	32%	3%
Hendry	20%	2%
Lee	34%	3%
Sarasota	44%	6%

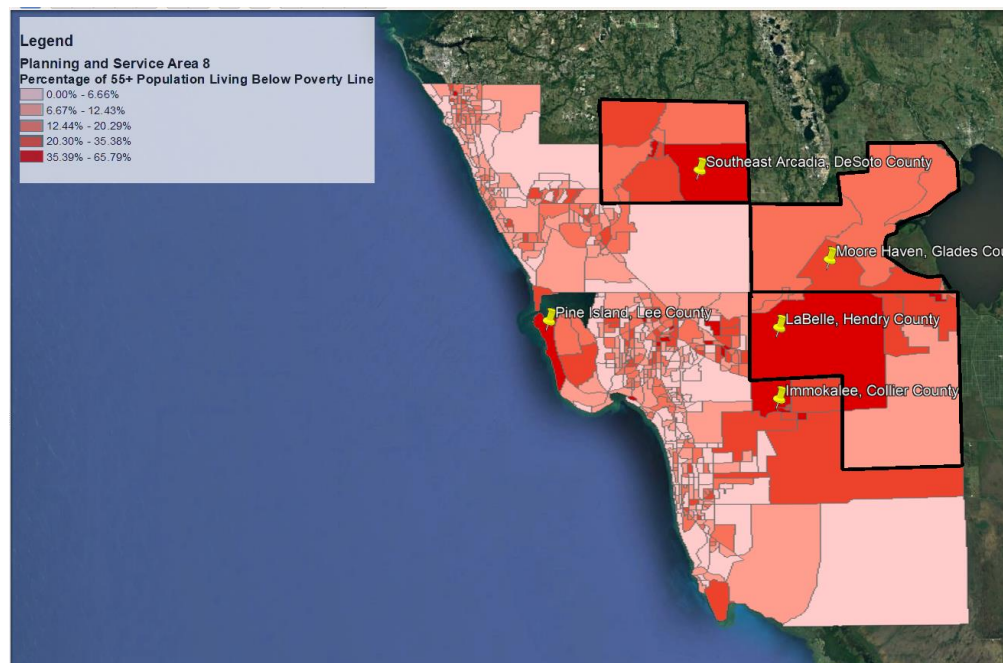
Data demonstrates that, with growth, comes a more diverse population. Cultural diversity within service provision becomes more essential as well. For example, food preference in nutrition programs may be based heavily on an individual's culture or ethnicity and

potential clients with limited English proficiency may require bilingual staff. Below is a breakdown of the population by race and ethnicity in each county in PSA 8.

County	White	Black	Other Minorities	Hispanic	Non-Hispanic	Total Minority
Charlotte	87,712	3,955	1,034	3,140	89,561	8,129
Collier	139,066	5,275	1,627	14,134	131,834	21,036
DeSoto	8,867	847	109	925	8,898	1,881
Glades	4,143	252	131	356	4,170	739
Hendry	7,162	1,018	215	2,679	5,716	3,912
Lee	246,289	11,924	3,343	21,751	239,805	37,018
Sarasota	191,496	5,029	1,917	6,622	191,820	13,568

### Poverty:

According to the DOEA 2022 Profile of Older Floridians in PSA 8, 8% of older adults residing within the service area are living at poverty level and 11% are living below 125% of Poverty Level. Individuals 55+ living below Federal Poverty Level are dispersed throughout PSA 8 with the heaviest concentrations residing in the PSA's rural counties. As depicted in the map below, DeSoto and Hendry Counties both have high percentages of 55+ individuals living below the Federal Poverty Level, and both Lee and Collier Counties (in Pine Island and Immokalee, respectively) have small pockets of a high percentage of 55+ individuals living below Federal Poverty Level.

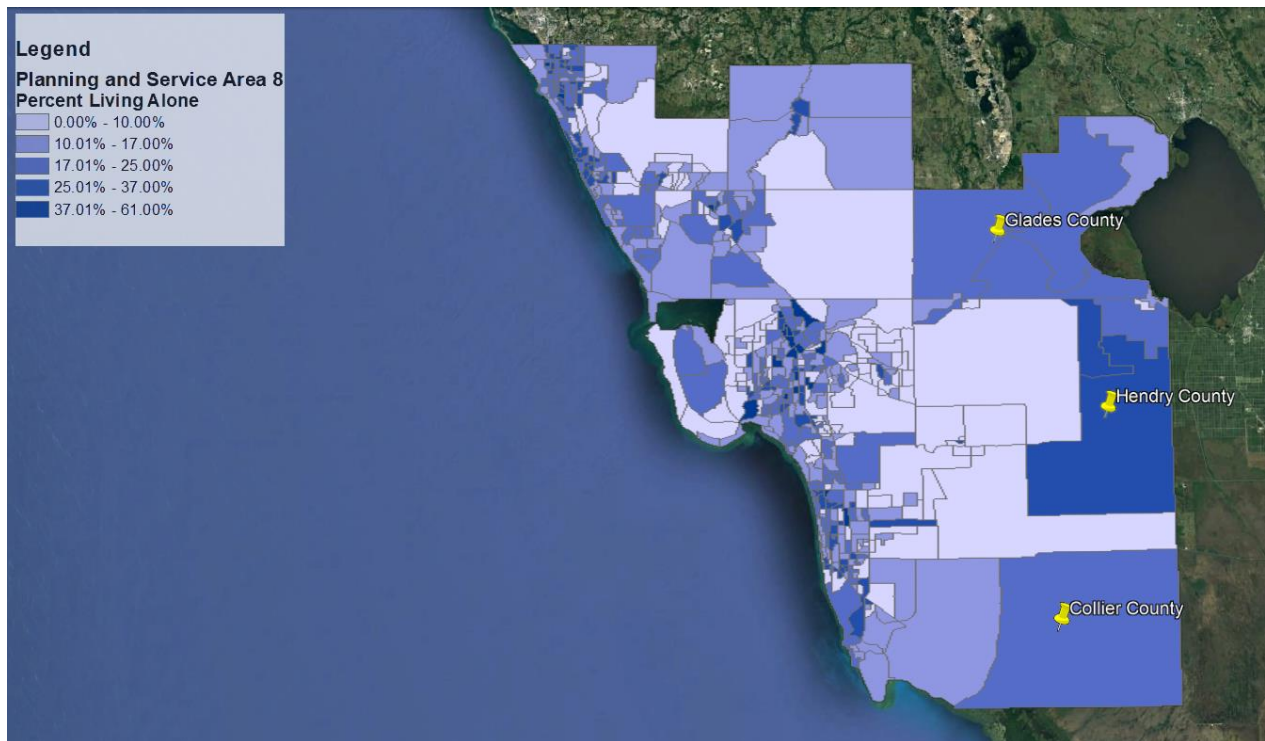


The majority of seniors in PSA 8 live on fixed incomes. High medical expenses or sudden crisis may slip a senior into poverty quickly. Notably, rural counties have higher percentages of older adult populations living in poverty. More populated counties have higher numbers overall, with percentages at about half of those in rural counties. The chart below shows the number of people aged 60 and older who are below poverty level or 125% below poverty level, as well as the number of seniors in each county who are minorities and below poverty level or minorities who are 125% below poverty level. Also shown are the percentage of the 60 and over population in each category.

<b>County</b>	<b>At Poverty</b>	<b>Below 125% Poverty</b>	<b>Minority At Poverty</b>	<b>Minority 125% Below Poverty</b>
<b>Charlotte</b>	8,175 (9%)	10,065 (11%)	990 (1%)	1,640 (2%)
<b>Collier</b>	9,660 (7%)	13,215 (9%)	2,810 (2%)	3,930 (3%)
<b>DeSoto</b>	955 (10%)	2,285 (23%)	318 (3%)	592 (6%)
<b>Glades</b>	495 (11%)	920 (20%)	140 (3%)	325 (7%)
<b>Hendry</b>	975 (12%)	1,880 (22%)	854 (10%)	1,104 (13%)
<b>Lee</b>	24,400 (9%)	29,700 (11%)	4,720 (2%)	7,110 (3%)
<b>Sarasota</b>	15,100 (8%)	18,235 (9%)	545 (0%)	2,124 (1%)

## **Socially Isolated:**

The map below depicts areas of 55+ individuals living alone. As shown, both Glades and Hendry Counties have high percentages of older adults living alone and both Counties are designated rural, further limiting access to resources and opportunities for socialization for older adult residents.

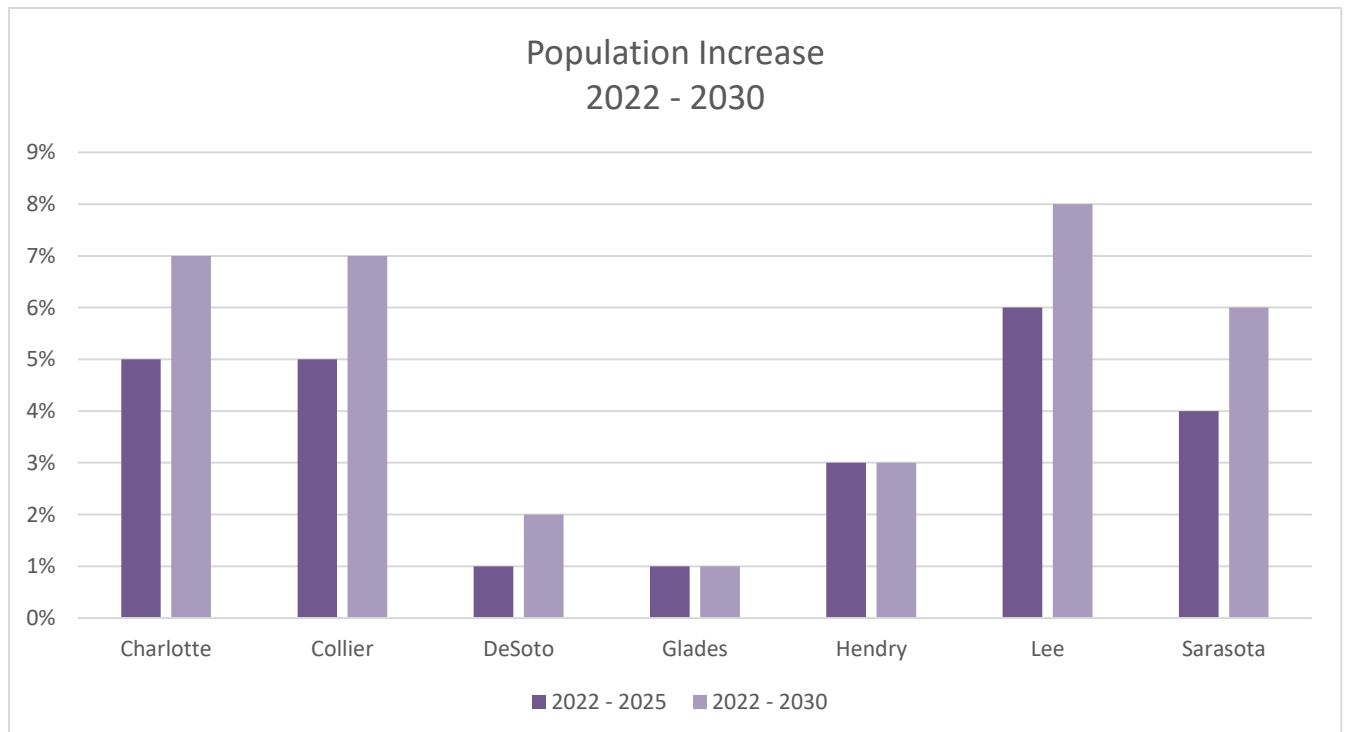


A senior's living situation and supports in place as well as the rurality of their community all play a substantial role in the day-to-day activities in which they can partake. Rural residents of PSA 8 have reduced access to services and interaction due to a lack of transportation and recreational opportunities. This also means that there is often limited support in place when major life activities are interrupted by physical and mental health conditions. Rurality, no natural support, and inaccessibility are all elements that contribute to social isolation. The chart below shows the number of older adults, by gender, living alone in the PSA.

County	60+ Females		60+Males	
Charlotte	11,255	12%	8,545	9%
Collier	17, 870	12%	11,365	8%
DeSoto	1,235	13%	945	10%
Glades	410	9%	825	18%
Hendry	635	8%	800	10%
Lee	31,760	12%	22,990	9%
Sarasota	8,540	4%	4,730	2%

## Economic and Social Resources:

The Bureau of Economic and Business Research Population Studies Program demonstrates projected population growth in Southwest Florida through 2030, with Lee County experiencing the most significant amount of growth and DeSoto, Glades, and Hendry Counties experiencing the least amount of growth. The chart below shows the increase in population from 2022 through 2030: (Source: Bureau of Economic and Business Research, 2022 County Population Estimates and Projections).





All seven counties in PSA 8 experience seasonality. From fall through spring, dual residents or “snowbirds” arrive in Southwest Florida. This generates an abundance of need for various resources in the PSA and creates crowded public places and roads. Rural counties have less access to physical resources simply because there are fewer social services, job opportunities, and recreational spaces located in those areas. Rural counties are generally labeled as resource poor. In urban areas, economic and social resources have a greater presence, but are often difficult to access for older adults and adults with disabilities.

Lee, Collier, Sarasota, and Charlotte Counties are fairly coastal and residents in these counties have beach access. All Counties are rich with parks and outdoor activities; however, many of these opportunities are inaccessible due to a lack of transportation.

Other than the AAASWFL’s Elder Helpline, all counties have access to United Way 211 for specific social and economic resource needs.

### **Employment:**

People are working later in life for several reasons. They are healthier and have a longer life expectancy than previous generations. They are better educated, which increases their likelihood of staying in the labor force.

According to the U.S. Bureau of Labor Statistics (BLS), the labor force participation rate is expected to increase rapidly for adults age 65+ through 2024, whereas the participation rates for most other age groups are not projected to change much. This increase is fueled by the aging baby-boom generation, individuals born between 1946 and 1964. By 2024, baby-boomers will have reached ages 60 to 78, and some of them are expected to continue working even after they qualify for Social Security retirement benefits. (Toossi & Torpey, 2017)

### **Nutrition:**

The Supplemental Nutrition Assistance Program (SNAP) provides low-income seniors in PSA 8 with nutritious food purchases. Individuals and/or authorized representatives who have contacted the Elder Helpline with this specific request and who meet program eligibility are referred to partner agencies in their county. Nutrition providers contracted with the AAASWFL may also provide clients with nutritious meals at no cost. Clients, caregivers, and other concerned members of the community may contact the Elder Helpline for information and referrals for either home-delivered or congregate meals.

## **Housing Assistance:**

Housing assistance is limited PSA-wide. Most properties are at capacity with long waiting lists. Properties that are not at capacity become occupied expeditiously. Individuals contacting the Elder Helpline are referred to resources in or around their specific communities. If clients have physical needs, as well as income issues, a referral is made for screening and assessment for the HCBS Medicaid program, which assists with the cost of care at an Assisted Living Facility (ALF). Options, such as Catholic Charities, rent sharing, and room rentals are also offered to requestors on an individual basis. Assisted housing availability varies by county. Glades County in particular only has two assisted housing properties in the entire county. Florida has a high homeless population overall; however, the numbers of homeless elders are higher in Lee and Sarasota Counties.

## **Utility Assistance:**

Eligible seniors in need of assistance during an energy crisis may benefit from Low Income Home Energy Assistance (LIHEAP) or EHEAP Programs. Individuals seeking EHEAP assistance are referred to the designated Lead Agency in their county. Lead Agencies assist with the eligibility and application processes. Individuals may also be referred to a LIHEAP provider in their community should this be an option that aligns with their specific situation.

## **Socialization:**

There are 14 focal points established under the Older Americans Act and 13 senior centers in PSA 8. Five senior centers are in Lee County, three are based in Collier County, three are in Sarasota County, and Hendry County has one. Both Charlotte and DeSoto Counties have one focal point but no senior center, and Glades County has no focal point and no senior center. Focal points and senior centers are crucial points of access for information and resources, as well as provide an avenue for education and socialization. The lack of focal points and senior centers in rural counties is representative of the lack of most services in rural counties. In these counties, seniors are not afforded the same access opportunities.

## **Congregate Dining Sites:**

Congregate meal services are available in all seven counties. Dining sites offer nutritious meals, socialization, and a variety of activities. Many sites also assist with other benefit applications, such as SNAP. Some activities occurring at meal sites in PSA 8 include: sewing classes, chair exercises, table games, educational presentations from community members, mini health fairs, and cooking classes.

Social and recreational activities that take place at meal sites change routinely and

emphasize person centered services and client choice. Guests may walk into any site during meal hours.

## Description of Service System:

The AAASWFL serves as an access point and a means of fiscal, administrative, and programmatic oversight for state and federally funded home and community-based services in Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota Counties. The Agency assists adults aged 60+ and adults with disabilities in two ways:

1. Services directly provided by the AAASWFL
2. Management and oversight of state and federal funding for home and community-based services that are not directly provided by the AAASWFL

The following operations are completed by the AAASWFL and are not contracted to outside agencies:

## Information and Referrals

The AAASWFL operates an Elder Helpline, which is the starting point for any person seeking aging, disability, or caregiver resources in the seven-county service area. Helpline specialists provide unbiased information and referrals using a computerized statewide resource directory that includes government funded, nonprofit, or private-pay options. Information and resources are in accordance with the standards set forth by the Older Americans Act, Department of Elder Affairs, and Alliance of Information and Referral (AIRS) for Professional Information and Referral and Quality Indicators.

## Intake and Screening

The AAASWFL maintains the Assessed Priority Consumer List (APCL) in PSA 8, which is a waiting list for state and federally funded programs. Individuals residing in a community setting may contact the AAASWFL to apply for long-term care services, DOEAF funded programs, and related publicly funded programs. Benefits Eligibility Specialists complete assessments using a 701S screening tool for placement onto the APCL.

The 701S prioritizes people based on need. Individuals at the highest level of need are released for services as funding becomes available. After the initial assessment is completed, clients are screened on an annual basis and may call with significant changes to their health status or their living situation. ADRC staff also provide education on programs that include home- and community-based services.

The following charts depict the number of individuals screened and assessed for services

in PSA 8 and the current number of people on the APCL by county and program.

<b>Number of Individuals Screened &amp; Assessed Annually</b>			
<b>Year:</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b>Total Number of Screenings:</b>	4614	4592	4101
<b>Initial:</b>	2916	2710	2848
<b>Annual:</b>	1105	935	924
<b>Change:</b>	593	947	296

<b>Number of Individuals on APCL by County and Program</b>							
	<b>Charlotte</b>	<b>Collier</b>	<b>DeSoto</b>	<b>Glades</b>	<b>Hendry</b>	<b>Lee</b>	<b>Sarasota</b>
<b>ADI</b>	31	127	3	0	13	387	110
<b>CCE</b>	209	400	22	2	44	1,146	424
<b>HCE</b>	62	135	5	0	16	492	136
<b>MLTC</b>	250	307	51	24	97	855	458
<b>O3C1</b>	42	37	6	1	7	136	62
<b>O3C2</b>	107	177	7	2	14	560	165
<b>OA3B</b>	231	445	37	2	44	1,273	514
<b>OA3E</b>	106	240	11	0	22	750	266
<b>OA3ES</b>	82	189	11	0	21	600	209

### **Medicaid Long-Term Care Waitlist and Eligibility Assistance**

Medicaid staff assist clients with the eligibility process for Home and Community Based Services through the Statewide Medicaid Managed Long Term Care waiver. Clients who have been released from the waitlist for this Program are provided with step-by-step assistance during the application and financial eligibility processes, eliminating confusion and easing the minds of older adults, adults with disabilities and their caregivers. Once a client has been approved as eligible for service, the ADRC educates the individual on how to contact the Agency for Healthcare Administration (AHCA) to enroll with a provider in their area.

## **Health & Wellness Programs**

Title IIID of the Older American Act provides funding for health and wellness classes. These classes are provided directly by the AAASWFL through certified volunteers. Health & Wellness classes are intended to offer socialization, physical activity, and education. Some of the current classes offered by the AAASWFL include: A Matter of Balance, Arthritis Foundation Exercise Program, Tai Chi for Arthritis, and Powerful Tools for Caregivers.

## **Elder Abuse Prevention Programs**

Title VII of the Older Americans Act funds Elder Abuse Prevention programs which are provided directly by the AAASWFL. Programming includes prevention and awareness training for professionals, public service announcements, and educational outreach events. Raising awareness of the risk of elder abuse also aids in the cultivation of collaborations and partnerships with agencies who serve the aging population in PSA 8.

## **Serving the Health Insurance Needs of Elders (SHINE)**

This federally funded program is offered to Medicare beneficiaries, their families, and their caregivers. AAASWFL staff and specially trained volunteers help clients understand their current Medicare benefits, determine which plans best suit their needs, and assist with appeals and other Medicare issues. The program is offered at no cost.

The SHINE program also includes educational presentations and open enrollment events. These services are designed to provide free information to the public in a group setting.

## **Veteran-Directed Home and Community Based Services Program**

The AAASWFL also administers the Veteran Directed Home and Community Based Services Program (VD-HCBS). The Agency receives referrals from the Veterans Administration of clients determined by the VA to be at risk of institutional placement and designates one staff member to serve as a consultant for veterans of all ages. Through this program Veterans manage a flexible spending budget for personal care services and are given more access, choice, and control over their long-term care services. Notably, the Veteran's Administration predicts significant VD-HCBS program growth in Sarasota County.

## Adult Protective Services

In addition to the services mentioned above, the AAASWFL works with the Department of Children and Families to ensure the needs of vulnerable adults are addressed through the Adult Protective Services referral process. The Agency ensures that emergency crisis resolving services are in place within 72 hours for the most vulnerable adults.

## Programs by Funding Source

In PSA 8, federal Older Americans Act funding and several state funded programs are distributed to four Lead Agencies and other subcontracted providers in the planning and service area. The AAASWFL provides oversight of the funding through a comprehensive monitoring process.

- **Older Americans Act (OAA):** This is a federally funded program that provides supportive services, including meals under Titles 3C1 and 3C2, and caregiver and grandparent support services under Titles 3E, 3EG, and 3ES. Title 3B provides in-home services.
- **Community Care for the Elderly (CCE):** This state funded program consists of community-based services organized in a continuum of care to help functionally impaired elders live in the least restrictive, yet most cost-effective environment suitable to their needs.
- **Alzheimer's Disease Initiative (ADI):** The ADI program is funded by the state and is comprised of a continuum of services to meet the changing needs of individuals with, and families affected by, Alzheimer's disease and similar memory disorders.
- **Home Care for the Elderly (HCE):** This state funded program assists with the care of people aged 60+ in a family-type living arrangement within private homes as an alternative to institutional or nursing home care. A basic subsidy may also be provided for support and maintenance of the elderly, including some medical costs. A special subsidy may also be provided for services and/or supplies.
- **Respite for Elders living in Everyday Families (RELIEF):** The RELIEF program is state funded and assists with respite care services for caregivers of frail elders and individuals with Alzheimer's Disease and related dementia. The focus of this program is respite during evening and weekend hours, when it is most difficult to find assistance.
- **Emergency Home Energy Assistance for the Elderly Program (EHEAP):** Assists low-income households, with at least one elder aged 60 or older, when the household is experiencing a home energy emergency.



The chart below depicts the Active Clients by Funding Source as of May 2023:

	ADI	CCE	HCE	O3C1	O3C2	OA3B	OA3E	OA3EG	OA3ES	RELIEF
Charlotte	23	74	20	96	148	75	17	9	14	0
Collier	31	39	15	248	98	24	11	3	10	0
DeSoto	2	13	5	35	49	10	2	11	0	0
Glades	4	11	5	17	33	19	2	0	0	0
Hendry	12	30	16	37	76	77	9	0	5	0
Lee	59	95	49	197	183	47	12	4	14	3
Sarasota	49	101	25	228	183	47	22	4	19	0
<b>PSA 8</b>	<b>180</b>	<b>363</b>	<b>135</b>	<b>858</b>	<b>770</b>	<b>299</b>	<b>75</b>	<b>31</b>	<b>62</b>	<b>3</b>

## Lead Agencies

Lead Agencies and Special Programs in PSA 8 administer federal- and state-funded services either directly or through sub-contracted vendors. Below are direct-services coordinated through Lead Agencies and Special Programs.

- **Case Management and Case Aide:** Lead Agencies provide case management for clients receiving home- and community-based services through general revenue programs and some Older Americans Act programs. Case managers implement a person-centered care plan, assisting each client with decisions that help them remain safely and independently in their homes.

Case Managers provide guidance through the aging network, linking clients to informal support systems, while ensuring the most appropriate state and federally funded programs are in place for each individual through an in-home assessment process. Case Aides supplement the work of case managers, providing additional assistance to clients including, but not limited to determining client satisfaction, assisting clients and/or caregivers with applications for non-DOEA funded services, monthly client contacts, and overall documentation management in case files and the statewide database.

- **In-home services:** Four Lead Agencies in PSA 8 either directly provide or subcontract with agencies that offer in-home services under each available funding source. Services take place in a client's home and service providers are in direct contact with the client and their daily environment. Some in-home services include home-based respite, caregiver relief, personal care, and companionship.
- **Nutrition Services:** Nutrition services are provided by three of the four Lead Agencies in PSA 8 and take place in all seven counties. There are twenty-three

congregate meal sites in PSA 8, seventeen of which are open and providing older adults and adults with disabilities in the greatest economic and social need with nutritious meals. All sites offer lunch and social activities. Some sites also offer breakfast. Following COVID and Hurricane Ian related closures, six sites struggle to reopen due to staffing shortages and awaited facility repair.

Home delivered meal services provide homebound older adults with the greatest economic and social needs and who are at nutritional risk with meals in their own homes. Both congregate and home delivered meal services may be accompanied by nutrition education and counseling, to include one-on-one nutrition advice for clients at nutritional risk due to poor health, chronic illness, or poor nutrition habits.

## **Legal Assistance**

Legal advice and representation may be provided to older adults in the greatest economic or social need and the AAASWFL is required to have a legal provider under Older Americans Act funding. Specific targeted groups include lower-income older individuals, lower income minority, older individuals, older adults with limited English proficiency, and those residing in rural areas. Legal assistance may be offered in a variety of areas.

## **Role in Interagency Collaborative Efforts:**

In addition to providing information and referrals, screening and prioritization for state and federally funded programs, and fiscal and programmatic oversight, the AAASWFL plays an integral role in the collaborative efforts of private, public, and non-profit sectors that serve older adults and adults with disabilities in the PSA. The AAASWFL participates in interagency collaboration through the helpline processes by engaging directly with service providers involved in the daily lives of older adults and adults with disabilities, and by working with partners in the community who oversee major community functions directly impacting older adults and adults with disabilities.

Through the Elder Helpline, the AAASWFL partners with local United Way 211 organizations to serve individuals who may need multiple resources to serve a particular need. Annually, a representative of the United Way attends a staff meeting at the Agency to provide a service overview. AAASWFL has expanded the partnership to assist with fundraising efforts. The Elder Helpline also provides referrals to the P.A.C.E. program, which is administered by Hope Healthcare.

The AAASWFL collaborates with Lead Agencies in the PSA in various capacities other than through contracted services. Lead Agencies have been an integral part of service delivery and idea sharing in the PSA, and AAASWFL partners with agencies throughout the PSA to offer Health & Wellness classes throughout the year.

The SHINE program partners with schools by participating in back-to-school events, primarily to reach grandparents who are reentering parenting. The AAASWFL also assists with major collaborative efforts to spearhead specific initiatives in the PSA. The outreach team at the AAASWFL delivers presentations, offers guidance, and shares general knowledge with the community as it is requested.

County	Partner Organization	Area of Focus
All	Department of Children and Families	<p>The AAASWFL and Lead Agencies have a memorandum of understanding with DCF in order to address the needs of the most vulnerable adults and victims of abuse, neglect, exploitation. Crisis resolving services are implemented within 72 hours.</p> <p>In addition, PSA 8 has developed a strong training relationship with DCF. The AAASWFL has developed measures and tools to ensure that all PI's are trained to understand how crisis resolving services are defined and to know the difference between low, intermediate, and high-risk APS cases. This collaboration includes more direct communication between Lead Agencies and DCF staff, a standardized "cheat sheet," and DCF presence at pertinent AAASWFL staff training. Lead Agency or AAASWFL staff may also attend pertinent DCF staff meetings.</p>
All	SHIP Injury, Safety, Violence	AAASWFL attends monthly State Health Improvement meetings to provide advocacy for target populations in PSA 8, as well as to support education and strategic networking on the state's health goals and plans.
All	AARP	The AAASWFL partners with the AARP to help provide safe driving courses, with the most recent course offering in Spring 2023.
All	DOEA Dementia Care and Cure Initiative	The AAASWFL is an active participant in the DCCI initiative and has taken feedback from the group to needs assessments to help find ways to create more dementia friendly communities in the PSA.
All	EOC's	The AAASWFL works with EOC's in every county within PSA 8. The goal is to ensure the Agency's presence for older adults during times of disaster. The AAASWFL also provides education and guidance on the aging population as requested.
Charlotte, Collier, DeSoto, Lee, & Sarasota	Florida Power and Light	FPL is an EHEAP partner and provides Advisory Council membership and feedback to help address the needs of low-income older adults.

Charlotte	OCEAN Our Charlotte Elder Affairs Network	The AAASWFL participates in monthly networking meetings to discuss elder care issues and community needs.
Charlotte	Family Services	The Charlotte County Family Services building serves as a SHINE Counseling site. AAASWFL participates in monthly committees (Operations; Communications; Aging, Disabled Adults, and Veterans Ad Hoc) to share service information and encourage referrals from service providers in the county.
Charlotte, Collier, Hendry, Glades, & Sarasota Counties	Transportation Disadvantaged	AAASWFL serves on the board of each respective County meeting to advocate for older adult and adults with disabilities ridership.
Charlotte, Collier, Lee, Hendry, & Glades	United Way	Partnership with the Charlotte County United Way allows for the overlapping needs of callers to their 211 to be addressed by the Elder Helpline and Client Services staff at the AAASWFL.
Hendry, Glades, DeSoto, Collier & Lee	Unmet Needs Long Term Recovery	AAASWFL participates in monthly meetings for disaster recovery and preparedness, advocacy, and strategic planning.
Collier	Baker Senior Center	The Naples Senior center serves as a SHINE counseling site and is an ADI facility respite program provider.
Collier	Immokalee Interagency Council	The AAASWFL is an active participant in the Council, which meets on a routine basis to share ideas and build partnerships in rural Collier County.
Collier, Lee, & Sarasota	DCCI Dementia Care & Cure Initiative	The AAASWFL is part of the DCCI initiative in these counties in which it is based in the PSA.

DeSoto	DeSoto Interagency Networking	The AAASWFL is an active participant in the group, which meets on a routine basis to share ideas on needs in DeSoto County.
Lee	Human Services Information Network	Participation in professional meetings and networking group, providing presentations to the community, and working to help fill in the service gaps in the community.
Lee	The Dubin Center	Collaborative efforts to provide education and training on resources offered by the center and the AAASWFL to assist individuals with Alzheimer's Disease and their families to the greatest extent.
Lee	Lee County Aging Coalition	This group is led by the Department of Health and the AAASWFL provided guidance e AAASWFL provided guidance Coalition of professional groups and agencies dedicated to improving the lives of seniors in Lee County.
Sarasota	Sarasota County Aging Network (SCAN)	Coalition of community organizations dedicated to improving the lives of seniors in Sarasota County. The AAASWFL is a regular attendee in meetings and active participates in SCAN activities.
Sarasota	Sarasota Aging Stakeholders	AAASWFL participates in monthly meetings to learn about available programs and services in Sarasota County and to advocate for referrals to the Elder Helpline.

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

## SWOT Development Process Description:

To develop a SWOT analysis, the AAASWFL Senior Leadership team, using a variety of resources and information, met at length to assess Strengths, Weaknesses, Opportunities, and Threats. The internal SWOT analysis was then presented to members of the Board of Directors and Advisory Council to share comments and further input for analysis development.

## Strengths:

### **Geography:**

- Southwest Florida is home to a growing retirement community with an increasing client base.

### **Awareness:**

- Outreach efforts and opportunities is growing in all Counties Post-COVID quarantining, and the AAASWFL Outreach Team is strengthening efforts to outreach to all counties equally (rural and non-rural).

### **Partnerships:**

- AAASWFL has worked to build supportive partnerships with contracted Lead Providers and has cultivated strong agency / organizational partnerships in non-rural counties.

### **Agency / Internal Operations:**

- With new leadership, to include newly appointed President & CEO, efforts to support staff in connecting with and understanding the organizational mission have increased. There is also a growing diversity among staff members, with a greater representation of multilingual staff in the call center and in direct-service positions.

### **Services / Funding:**

- The Veteran Directed Care Program is growing and has gained an additional referral source in the James Haley Veterans' Hospital. AAASWFL is also in possession of a large conference room space which is planned to be offered as rental space for service opportunities in the area.

**Technology:**

- AAASWFL is working to improve workflow processes using new technologies (SmartSheet / Microsoft 365 / DocuSign) which all benefit the organization by increasing workflow efficiency.

**Weaknesses:****Geography:**

- In the rural counties, it is difficult to procure trusted contractors for home repair / disaster recovery / home improvement.

**Awareness:**

- Despite being a designated Aging and Disability Resource Center, most of the Agency's marketing skews toward the older adult population – rather than reaching to the population of adults with disabilities. Currently, AAASWFL contracts with a third-party PR Firm for marketing / publicity – and outsourcing media / marketing means that the agency is not able to capitalize on turnaround time or local partnerships to build media awareness, lending to the current problem of not being well-known locally.

**Partnerships:**

- Lack of partnerships overall in rural counties – not enough time spent within the communities.

**Agency / Internal Operations:**

- Minority populations and rural residents are underrepresented on the Board of Directors. Low rates of staff retention in the recent past (high rates of staff turnover) have interfered with service delivery and contract compliance.

**Services / Funding:**

- Low client representation on rural counties waitlist – especially in DeSoto and Glades Counties. AAASWFL does not currently have a staff member whose focus is fundraising efforts. Health & Wellness service delivery is not maximized as there is low volunteer involvement in H&W classes.

## Opportunities:

### **Geography:**

- SWFL is home to much local wealth and potential donors to grow funding and services.

### **Awareness:**

- AAASWFL has recently been awarded new funding which can support a part-time Outreach Coordinator to focus outreach efforts on rural counties and identifying victims of Hurricane Ian throughout PSA 8. The agency hopes to leverage this position into an opportunity to focus more time and attention on fundraising efforts. Also, in September 2023, AAASWFL will host a Community Resource Fair (the first annual event) to welcome partners and public into the building and increase service awareness among all local aging service providers.

### **Partnerships:**

- AAASWFL plans to develop and leverage partnerships with large healthcare entities – to maximize service awareness and referral sources and to explore additional funding opportunities. Currently, leadership is cultivating emerging partnerships with emergency operation centers. AAASWFL is also working to develop relationships with the local University and vocational schools to supplement specialized training for older adults.

### **Agency / Internal Operations:**

- AAASWFL is focusing on Board of Director and Advisory Council development to increase participant and activities within these crucial advisory groups.

### **Services / Funding:**

- AAASWFL plans to focus efforts on identifying future fundraising and grant opportunities to increase service delivery and to identify funding specific to rural-residing clients. A new fundraising committee has been conceived from the Board of Directors to create an annual campaign toward supplementing crisis funding for unmet needs in PSA 8.

### **Targeting Data**

- AAASWFL plans to leverage GIS maps to direct outreach efforts.

### **Disaster Recovery**

- AAASWFL plans to increase emergency training for staff, so that all staff understand their designated emergency role during natural disasters / health crises.



## Threats:

### **Geography:**

- The coastal location of Southwest Florida places us in the path of many storms and hurricanes. The seasonality of the area can also impact service provision as some direct-service clients may only require services part of the year.

### **Awareness:**

- An overall lack of technological literacy among advanced-age clients presents a disadvantage to marketing efforts on social or digital media.

### **Partnerships:**

- The recent migration to eCIRTS has created strain on AAASWFL's relationship with Lead Providers as it requires heavy workload without the added benefit of operating properly or aiding in verifying data integrity – overall, the strain of eCIRTS has contributed to increased stress, loss of staff, and loss of funding due to lack of reliable reports.

### **Agency / Internal Operations:**

- Until recently, AAASWFL has suffered from high staff turnover, which has negatively impacted staff morale and quality service delivery.

### **Services / Funding:**

- Growing retirement community / aging population can create a strain on service delivery if additional funding sources are not identified, and some services (LIHEAP / EHEAP) are approaching end-of-term funding to threaten the stability of needed services. A lack of affordable housing and reliable / affordable transportation threatens service provision and delivery.

## Performance Analysis and Targeted Outreach

This section demonstrates the effectiveness of efforts at the county level in reaching a comparable proportion of the specified sub-populations of seniors based on the prior year's performance and details the strategic outreach plan that the AAASWFL will employ to increase service delivery to the targeted populations in the coming planning period.

### Performance Analysis:

The Florida Department of Elder Affairs shares annual data to measure PSA performance according to a scale of targeting factors. Targeting factors for adults needing assistance is determined based upon county demographics in annual County Profiles from the Department of Elder Affairs (DOEA), as well as available data from the U.S. Census Bureau<sup>1</sup>. Using this data, AAASWFL determines the proportion of the total population age 60 and over that fall into the following indicators:

1. Below 100% of poverty level
2. Minorities below 100% of poverty level
3. Minorities
4. Limited English Proficiency
5. Living Alone
6. Probable Alzheimer's Cases
7. Rurality

Percentages provided for the target groups in each county are then applied to the actual number of clients screened and served for that county, when such data is available. This gives the Agency a baseline for goals that are congruent with the population of the county. For example, if the county profile indicates 2% of that county's population of 60+ individuals live below the poverty level, AAASWFL sets a goal number equivalent to 2% of the number of active clients for the "below poverty level" indicator.

The Probable Alzheimer's Cases factor is determined using the same calculation used by DOEA:  $(65-74 \text{ population} \times .0336) + (75-84 \text{ population} \times .1767) + (85\text{-over population} \times .4441)$  Population data for this calculation is retrieved from the DOEA county profile.

Rural county designation is determined using the Rural Designation section of the County Profiles. Three of the seven counties in PSA 8 are rural: DeSoto, Hendry, and Glades, however each of the seven counties have rural areas. Currently, the only available data to determine client rurality is Zip Code data, which is not specific enough to evaluate whether AAASWFL has met rural goals for targeting.

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<sup>1</sup> County profiles only indicate whether or not a county has rural designation. Thus, AAASWFL uses Census bureau data of the total population in a county to estimate the proportion of rural elders.

### **Determination of Achievement:**

According to the Targeting Report and Dashboard shared by DOEA, PSA 8's goal for clients served and screened in 2021 was 15% of the total target populations categorized by the following indicators: 85+, Probable Alzheimer's Cases, Limited English Proficiency, Living Alone, Minority, Minority in Poverty, Below Poverty Level, and Rural.

Actual client enrollment numbers are obtained through the use of CIRTS reports, including Civil Rights and Demographics of Clients Served or Enrolled.

### **Review of Targeting Indicators:**

PSA-wide, AAASWFL met or exceeded the goal for clients served and screened according to the following indicators: 85+, Probable Alzheimer's Cases, Limited English Proficiency, Living Alone, Minority, and Below Poverty Level. The two indicators where performance, according to the Targeting Report and Dashboard, does not meet standard are Minority in Poverty and Rural.

The following information is a review of achieved targeting indicators by County.

- Charlotte County met or exceeded 7 of 7 targeting indicators. County does not have rural designation.
- Collier County met or exceeded 7 of 7 targeting indicators. County does not have rural designation.
- DeSoto County met or exceeded 7 of 8 targeting indicators. According to the Targeting and Report Dashboard shared by DOEA, the rural indicator for clients served and screened was not met. DeSoto County has a rural designation, assigning rurality to all residents. In 2021 PSA 8 served and screened 226 DeSoto County residents, which exceeds the standard of 34 DeSoto clients served and screened set by the Department.
- Glades County met or exceeded 8 of 8 targeting indicators. The county is a rurally designated area.
- Hendry County met or exceeded 8 of 8 targeting indicators. The county is a rurally designated area.
- Lee County met or exceeded 7 of 7 targeting indicators. The county is not a rurally designated area.
- Sarasota County met or exceeded 7 of 7 targeting indicators. The county is not a rurally designated area.

2021 Targeting Report - PSA 8						
Total 60+ population	721,411					
Total ACTV	10,714					
Total APCL	6,751					
TOTAL ACTV/APCL	17,465					
Targeting Factors	ACTV	%	APCL	%	County Data	%
Below Poverty Level	3588	33%	2746	41%	57753	9%
Limited English Proficiency	2786	26%	2982	44%	22989	4%
Living Alone	7096	66%	3126	46%	149249	21%
Low Income Minority	2081	19%	-	-	13325	2%
Minority	3865	36%	2814	42%	86798	13%
Probable Alzheimer's	1811	17%	1214	18%	65429	10%
County Goals						
Total ACTV Clients	Below Poverty Level	Below Poverty Goal	Low Income Minority	Low Income Minority Goal	Minority	Minority Goal
10,714	3588	964	2081	214	3865	1393
	Limited English	LEP Goal	Living Alone	Alone Goal	Prob. Alz.	Prob. Alz. Goal
	2786	429	7096	2250	1811	1071
Client Goal (ACTV/APCL)		Source: DOEA Targeting Report and Dashboard, CIRT Reports; Civil Rights & Demographics of Clients Served or Enrolled				
14,428		Prob. Alz. Formula: (65-74 population x .0336) + (75-84 population x .1767) + (85-over population x .4441)				

## 2021 Targeting Report - Charlotte

Total 60+ population	89,063							
Total ACTV	561							
Total APCL	838							
TOTAL ACTV/APCL	1,399							
Targeting Factors	ACTV	%	APCL	%	County Data	%		
Below Poverty Level	187	33%	302	36%	7,153	9%		
Limited English Proficiency	116	21%	295	35%	1,607	2%		
Living Alone	341	61%	411	49%	16,079	19%		
Low Income Minority	152	27%	-	-	496	1%		
Minority	183	33%	225	27%	6,354	8%		
Probable Alzheimer's	85	15%	152	10%	2957	4%		
Rural*	*County does not have rural designation					0%		
County Goals								
Total ACTV Clients	Below Poverty Level	Below Poverty Goal	Low Income Minority	Low Income Minority Goal	Minority	Minority Goal		
561	187	50	152	6	183	45		
	Limited English	LEP Goal	Living Alone	Alone Goal	Prob. Alz.	Prob. Alz. Goal	Rural	Rural Goal
	116	11	341	107	85	22	n/a	0
Source: DOE Targeting Report and Dashboard, CIRT Reports; Civil Rights & Demographics of Clients Served or Enrolled								
Client Goal (ACTV/APCL)		Prob. Alz. Formula: (65-74 population x .0336) + (75-84 population x .1767) + (85-over population x .4441)						
1,781								

2021 Targeting Report - Collier								
Total 60+ population	140,615							
Total ACTV	623							
Total APCL	991							
TOTAL ACTV/APCL	1,614							
Targeting Factors	ACTV	%	APCL	%	County Data	%		
Below Poverty Level	292	47%	410	41%	10412	8%		
Limited English Proficiency	281	45%	505	51%	7530	6%		
Living Alone	266	43%	419	42%	26163	19%		
Low Income Minority	317	51%	-	-	1038	1%		
Minority	508	82%	579	58%	14545	11%		
Probable Alzheimer's	104	16%	193	19%	5209	4%		
Rural*	*County does not have rural designation				10276	8%		
County Goals								
Total ACTV Clients	Below Poverty Level	Below Poverty Goal	Low Income Minority	Low Income Minority Goal	Minority	Minority Goal		
623	292	50	317	6	508	69		
	Limited English	LEP Goal	Living Alone	Alone Goal	Prob. Alz.	Prob. Alz. Goal	Rural	Rural Goal
	281	37	266	118	104	25	n/a	50
Source: DOE Targeting Report and Dashboard, CIRT Reports; Civil Rights & Demographics of Clients Served or Enrolled								
Client Goal (ACTV/APCL)			Prob. Alz. Formula: (65-74 population x .0336) + (75-84 population x .1767) + (85-over population x .4441)					
2812								

## 2021 Targeting Report - DeSoto

Total 60+ population	9,424							
Total ACTV	192							
Total APCL	151							
TOTAL ACTV/APCL	343							
Targeting Factors	ACTV	%	APCL	%	County Data	%		
Below Poverty Level	59	31%	63	42%	1684	18%		
Limited English Proficiency	36	19%	42	28%	457	5%		
Living Alone	115	60%	88	58%	1630	18%		
Low Income Minority	50	26%	-	-	201	3%		
Minority	51	27%	27	18%	1123	12%		
Probable Alzheimer's	25	13%	17	11%	291	4%		
Rural	192	100%	151	100%	4392	47%		
County Goals								
Total ACTV Clients	Below Poverty Level	Below Poverty Goal	Low Income Minority	Low Income Minority Goal	Minority	Minority Goal		
192	59	35	50	6	51	23		
	Limited English	LEP Goal	Living Alone	Alone Goal	Prob. Alz.	Prob. Alz. Goal	Rural	Rural Goal
	36	10	115	35	25	8	192	90
Source: DOE Targeting Report and Dashboard, CIRT Reports; Civil Rights & Demographics of Clients Served or Enrolled								
Client Goal (ACTV/APCL)			Prob. Alz. Formula: (65-74 population x .0336) + (75-84 population x .1767) + (85-over population x .4441)					
94								

2021 Targeting Report - Glades								
Total 60+ population	4,140							
Total ACTV	86							
Total APCL	51							
TOTAL ACTV/APCL	137							
Targeting Factors	ACTV	%	APCL	%	County Data	%		
Below Poverty Level	39	45%	30	59%	607	15%		
Limited English Proficiency	11	13%	15	29%	134	4%		
Living Alone	49	57%	26	51%	652	16%		
Low Income Minority	46	53%	-	-	85	3%		
Minority	57	66%	25	49%	579	14%		
Probable Alzheimer's	11	12%	7	13%	95	3%		
Rural	86	100%	51	100%	3568	87%		
County Goals								
Total ACTV Clients	Below Poverty Level	Below Poverty Goal	Low Income Minority	Low Income Minority Goal	Minority	Minority Goal		
86	39	13	46	3	82	12		
	Limited English	LEP Goal	Living Alone	Alone Goal	Prob. Alz.	Prob. Alz. Goal	Rural	Rural Goal
		3	49	14	11	3	86	75
Source: DOE Targeting Report and Dashboard, CIRT Reports; Civil Rights & Demographics of Clients Served or Enrolled								
Client Goal (ACTV/APCL)			Prob. Alz. Formula: (65-74 population x .0336) + (75-84 population x .1767) + (85-over population x .4441)					
41								



2021 Targeting Report - Hendry								
Total 60+ population	8,395							
Total ACTV	212							
Total APCL	186							
TOTAL ACTV/APCL	398							
Targeting Factors	ACTV	%	APCL	%	County Data	%		
Below Poverty Level	137	65%	117	63%	1350	17%		
Limited English Proficiency	61	29%	87	47%	1251	15%		
Living Alone	107	50%	85	46%	1095	14%		
Low Income Minority	152	72%	-	-	369	5%		
Minority	91	43%	143	77%	1923	23%		
Probable Alzheimer's	27	12%	23	12%	179	3%		
Rural	212	100%	186	100%	2779	34%		
County Goals								
Total ACTV Clients	Below Poverty Level	Below Poverty Goal	Low Income Minority	Low Income Minority Goal	Minority	Minority Goal		
212	137	36	152	11	91	49		
	Limited English	LEP Goal	Living Alone	Alone Goal	Prob. Alz.	Prob. Alz. Goal	Rural	Rural Goal
	61	32	107	30	27	6	212	72
Source: DOEA Targeting Report and Dashboard, CIRTS Reports; Civil Rights & Demographics of Clients Served or Enrolled								
Client Goal (ACTV/APCL)			Prob. Alz. Formula: (65-74 population x .0336) + (75-84 population x .1767) + (85-over population x .4441)					
84								

2021 Targeting Report - Lee								
Total 60+ population	269,269							
Total ACTV	945							
Total APCL	3,113							
TOTAL ACTV/APCL	4,058							
Targeting Factors	ACTV	%	APCL	%	County Data	%		
Below Poverty Level	396	42%	1328	43%	25959	10%		
Limited English Proficiency	391	41%	1497	48%	9108	4%		
Living Alone	430	46%	1299	42%	45597	17%		
Low Income Minority	388	41%	-	-	2791	2%		
Minority	488	52%	1461	47%	28951	11%		
Probable Alzheimer's	159	17%	533	17%	8084	4%		
Rural*	*County does not have rural designation				16942	7%		
County Goals								
Total ACTV Clients	Below Poverty Level	Below Poverty Goal	Low Income Minority	Low Income Minority Goal	Minority	Minority Goal		
945	396	95	388	19	488	104		
	Limited English	LEP Goal	Living Alone	Alone Goal	Prob. Alz.	Prob. Alz. Goal	Rural	Rural Goal
	391	38	430	161	159	38	n/a	66
Source: DOEA Targeting Report and Dashboard, CIRT Reports; Civil Rights & Demographics of Clients Served or Enrolled								
Client Goal (ACTV/APCL)			Prob. Alz. Formula: (65-74 population x .0336) + (75-84 population x .1767) + (85-over population x .4441)					
5,385								

## 2021 Targeting Report - Sarasota

Total 60+ population	191,765							
Total ACTV	866							
Total APCL	1,435							
TOTAL ACTV/APCL	2,301							
Targeting Factors	ACTV	%	APCL	%	County Data	%		
Below Poverty Level	163	19%	504	35%	12994	7%		
Limited English Proficiency	166	19%	551	38%	2903	2%		
Living Alone	477	55%	801	56%	37322	20%		
Low Income Minority	89	10%	-	-	793	1%		
Minority	185	21%	327	23%	11710	7%		
Probable Alzheimer's	166	19%	208	14%	7570	4%		
Rural*	*County does not have rural designation				6677	4%		
County Goals								
Total ACTV Clients	Below Poverty Level	Below Poverty Goal	Low Income Minority	Low Income Minority Goal	Minority	Minority Goal		
866	163	0	89	9	185	61		
	Limited English	LEP Goal	Living Alone	Alone Goal	Prob. Alz.	Prob. Alz. Goal	Rural	Rural Goal
	166	17	477	173	166	35	n/a	35
Source: DOEA Targeting Report and Dashboard, CIRT Reports; Civil Rights & Demographics of Clients Served or Enrolled								
Client Goal (ACTV/APCL)		Prob. Alz. Formula: (65-74 population x .0336) + (75-84 population x .1767) + (85-over population x .4441)						
3,835								

## **Plan for Improvement:**

Goal numbers and targeting methodologies are discussed annually at a provider meeting in a group setting. Lead Agencies are required to provide the AAASWFL with a targeting plan for analysis annually. This plan is a guideline for the outreach activities of each Lead Agency. Partnering with the Lead Agencies in our seven-county area is a major focus. GIS mapping tools have helped the Agency to identify the most significant areas for targeted outreach.

The AAASWFL examines client goals by county to ensure that they are consistent with funding levels in each county. Direct Outreach is performed by the AAASWFL through focused efforts to provide informational presentations and represent services at area resource events. AAASWFL employs a variety of communication methods to raise awareness of available services in the PSA. These methods include speaking engagements; an Agency e-newsletter; media outreach; including radio and newspapers in each county; social media; updates to our website; and representation in each rural county's Chamber of Commerce.

## **Targeted Outreach Plan:**

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

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

The AAASWFL continues to use the following methods for providing preference to older individuals with greatest economic need, older individuals with greatest social need, and low-income minority older individuals:

- The AAASWFL attends outreach events at locations including senior centers, health fairs, dining sites, expos, mobile food pantries, and other community service events. This provides visibility for our Agency in rural and low-income areas, among those who are minorities or who have Limited English Proficiency, and those who are frail or at risk of institutional placement.
- To understand where the pockets of these targeted individuals reside, the AAASWFL utilizes mapping tools with data provided by DOEA and incorporates other publicly sourced data.

Specific approaches to serve older individuals residing in rural areas include the following:

- Counseling sessions and presentations in rural areas to provide services to the rural population.
- AAASWFL utilizes traditional media to publicize services available to older individuals residing in rural areas. While newspapers, television, and radio stations in our region reach some residents in rural areas, several local news outlets serve primarily rural areas. When geographically appropriate, news releases are sent to these primarily rural-based news outlets:
  - a. Caloosa Belle & Lake Okeechobee News (LaBelle/Hendry County)
  - b. Cape Coral Breeze (Lee County)
  - c. Charlotte Sun (DeSoto, Charlotte Counties)
  - d. Punta Gorda Sun (Charlotte County)
  - e. Clewiston News (Clewiston/Hendry County)
  - f. Everglades Mullet Rapper (Everglades City/Collier County)
  - g. Florida Weekly (Charlotte, Collier, Lee Counties)
  - h. Fort Myers Beach Observer (Lee County)
  - i. Hendry-Glades Sunday News (Hendry, Glades Counties)
  - j. Highlands News-Sun (DeSoto, Charlotte Counties)
  - k. Immokalee Bulletin (Immokalee/Collier County)
  - l. Island Sun (Lee County)
  - m. Lehigh Acres Citizen (Lee, Hendry Counties)
  - n. River Weekly News (Lee County)
  - o. Lifestyles After 50 (Lee, Collier, Charlotte, Sarasota Counties)
  - p. Naples Daily News (Collier County)
  - q. Marco Island Sun Times (Collier County)
  - r. Sarasota Herald-Tribune (Sarasota County)
  - s. Sarasota Observer (Sarasota County)
  - t. Siesta Key Observer (Charlotte County)

- u. South Florida Reporter (Collier County)
- v. Southwest Florida Online (Hendry, Glades Counties)
- w. The Arcadian (Arcadia/DeSoto County)
- x. The News-Press (Lee, Charlotte, Collier Counties)
- y. Venice Gondolier (Charlotte, Sarasota Counties)
- z. Venice & Sarasota Magazine (Sarasota County)
- aa. WFLN Radio (DeSoto County)
- bb. WINK-TV Television News Desk

Specific approaches to improve access to services for groups that have limited English proficiency (LEP) include:

- AAASWFL Agency brochures and rack cards are translated into Spanish and Haitian Creole, the two most-frequently used languages in PSA 8 (outside of English).
- The AAASWFL website includes a feature to translate content into 12 languages: Spanish, German, French, Haitian Creole, Italian, Filipino, Polish, Portuguese, Chinese, Russian, Vietnamese, and Hungarian. These languages were selected based on an evaluation of the most-requested language translation services by PSA 8 Elder Helpline callers.
- As of June 2023, the AAASWFL employs 18 bi- or multi-lingual employees and the languages represented are: English, Spanish, Creole, and Cantonese. Whenever necessary the Agency makes use of translation services to combat a language barrier to service accessibility. The AAASWFL recognizes the value of multi-lingual communication in outreach, face-to-face interaction, and call support and ensures that whenever possible individuals are matched with an intake specialist who speaks their native language.
- News releases are sent to Spanish-language media outlets in PSA8:
  - a. D'Latinos (magazine)
  - b. WINK-TV Television News Desk (WINK Noticias) WFLN Radio (DeSoto County)
  - c. WLZE (local Media Vista affiliate)

Specific approaches to reach older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement include:

- AAASWFL presents service information to hospital case managers and social workers when time permits to explain the services available to frail elders and older adults with disabilities. Topics include the Elder Helpline, federal- and state-funded

home- and community-based services, and Statewide Medicaid Managed Care/Long-Term Care programs, as well as the Agency's available programs.

- Additionally, AAASWFL as an organization is a member of numerous committees/groups that specialize in service provision to target populations.

Specific approaches to identify and assist other significant unserved and underserved populations:

- Based on data provided by the Elder Helpline, the AAASWFL can create outreach – mailing/email/phone – lists to include individuals from targeted populations. For example, callers who require translation service during their call likely have low English proficiency, callers who contact the Helpline for EHEAP services are likely low-income individuals, etc.
- The AAASWFL plans to use funds awarded through Volunteer America to appoint a part-time Outreach Specialist tasked with identifying unreached individuals in need of services.

The AAASWFL will employ methods to evaluate the effectiveness of any resources used to meet the needs of the above consumer groups. To determine effectiveness of outreach efforts, the Agency continues to monitor the following:

- The number of calls to the Elder Helpline from people who meet specific geographic or demographic target groups.
- Number of signups for workshops, counseling and direct services by people who meet target demographic/geographic parameters.
- Number of assessments performed on individuals who meet geographic/demographic target groups.

## Unmet Needs and Service Opportunities

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

The AAASWFL uses a variety of methods to track unmet needs in the PSA. Included are ReferNET data, GIS mapping tools, public meetings, comprehensive community surveys for both providers and individuals living in the PSA, and detailed complaint and client satisfaction survey tracking. In addition to this, the AAASWFL obtains feedback from the Agency's Advisory Council and Board of Directors. Using these methods, the AAASWFL is able to identify unmet needs and opportunities for services.

### Access to Services:

Accessibility to services in PSA 8 varies by the specific type of service, the county or community in which a consumer dwells, and what types of support systems are in the home. According to a needs assessment survey conducted PSA-wide, respondents were asked why older adults, adults with disabilities, and their caregivers do not receive the services that they need. The top three reasons listed are as follows:

- Consumers do not know who to ask for help.
- Services are not affordable.
- Wait lists are too long.

Rural counties and rural areas of urban-designated counties are often resource poor and a lack of providers willing to travel presents significant challenges. Some services are non-existent, which eliminates access altogether. Geography also creates a barrier to access. In Lee County, some regions have a significant amount of sprawl. In Lee, Charlotte, and Collier Counties, there are small rural pockets with extremely limited access to certain types of services, including in-home care, such as homemaking and much needed respite for caregivers. DeSoto, Glades, and Hendry Counties are 100% rural, with Glades County having a small, but very widespread population. In addition to this, limited sidewalks, curb cuts, and even paved roads in some areas create obstacles to some types of accessibility. In more populated counties, services exist; however, the need is very high, waitlists are very long, and providers lack the staffing and funding capacities to fulfill those needs. All these factors contribute to the limitations of service provision.



An overview of unmet needs pertaining to service access and an analysis of the implications of those unmet needs is listed below:

- **Abuse, neglect, and exploitation:**

The National Center on Elder Abuse mentions one finding that 10% of elders will experience some form of elder abuse, but that abuse is often underreported and under researched. In addition to this, the most vulnerable people, such as those with dementia, mental illness, or significant functional or cognitive impairments are most at risk for abuse, neglect, or exploitation. Most of these individuals are dependent on home- and community-based support systems to function as independently as possible. According to the Florida Department of Children and Families, the most common reasons for abuse reports in the state leading to the implementation of crisis resolving services are self-neglect, inadequate supervision, and exploitation. This statewide data supports the national trend.

In PSA 8, self-neglect accounts for most High-Risk APS referrals. Additionally, the number of individuals who lack capacity and have no family or guardian or those with intellectual/developmental disabilities referred to the abuse hotline is increasing. This demonstrates a significant gap, especially in the more densely populated counties in the PSA. Data captured by the AAASWFL also supports the national trend.

To help address these needs and identify gaps in the community, the AAASWFL will reestablish a reciprocal training relationship with the Department of Children and Families. The AAASWFL will use developed tools to equip DCF staff with knowledge regarding home- and community-based services and to understand the difference between low, intermediate, and high-risk APS cases. In the past, this process has consisted of more direct communication between Lead Agencies and DCF staff and a standardized “cheat sheet” routinely shared with DCF staff in the planning and service area. In addition, DCF has been an active participant in AAASWFL staff training and Lead Agency or AAASWFL staff may also attend pertinent DCF staff meetings.

While open communication and reciprocal training have assisted with the APS high-risk referral process and has helped decrease the number of inappropriate referrals, persistent issues continue to exist PSA-wide and are unable to be addressed by DCF or the AAASWFL alone. For example, in many areas, individuals require 24-hour care and placement, but facilities and services are not available in certain geographical areas.

- **Information about services:**

The most recent AAASWFL needs assessment demonstrated that many people in need of assistance do not know who to ask for help, which creates an issue when attempting to access information.

The AAASWFL provides information and referrals through the Elder Helpline, where calls are received Monday through Friday from 8:00 a.m. – 5:00 p.m. Helpline staff log all calls in to the ReferNET database and that data is tracked on a regular basis. Recent data demonstrates that more than half of the calls received are from individuals requesting information about long-term care options. The top three reasons for calls other than long-term care options include information about home health/medical needs, homemaking services, and housing. More than half of the calls received come from the two most populated counties in the PSA: Lee and Sarasota.

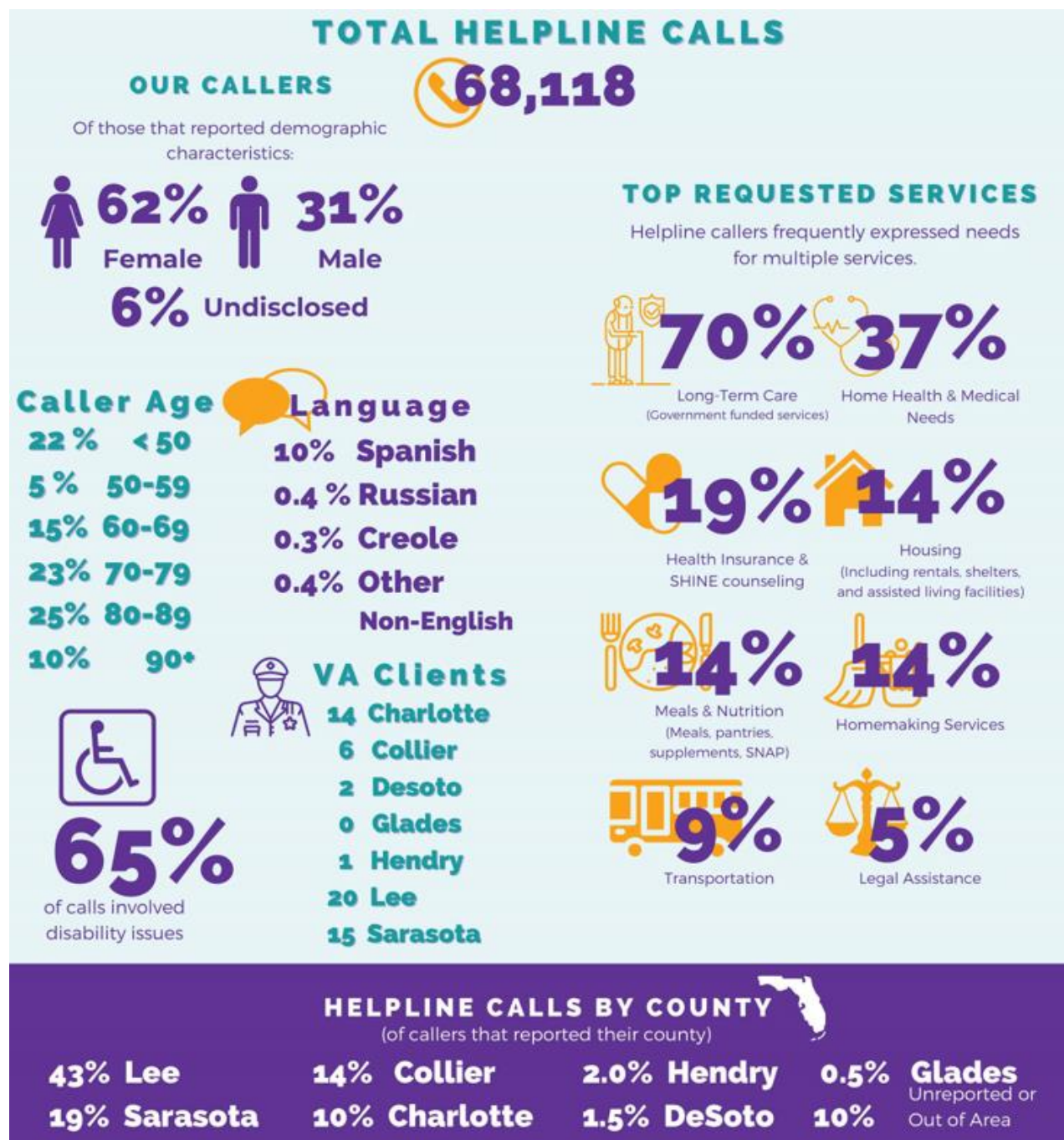
To address this issue, the AAASWFL has targeted outreach through GIS maps which are now layered and broken down to county levels. The AAASWFL also continues to expand the presence of the Agency newsletter and social media sites. Aligned with this are targeted messages to specific communities that are disseminated to the public through various news outlets in PSA 8. To measure the effectiveness of outreach efforts, the AAASWFL analyzes targeting data compared to active client and APCL numbers and the amount of the advertising value equivalency (A.V.E).

Below is an overview of Targeted Outreach completed by AAASWFL staff in 2021:

<b>2021 AAASWFL Outreach</b>				
Audience	AAA Presentations	Health Fairs	Medicare Presentations	Class/Program Specific Events
3140	19	23	69	22

<b>Number of Events by County</b>						
Charlotte	Collier	DeSoto	Glades	Hendry	Lee	Sarasota
9	13	15	3	23	46	18

The infographic below depicts 2021 Helpline data to include the total number of calls, top requested services, and percentage of total calls per county:



### HELPLINE CALLS BY COUNTY

(of callers that reported their county)

<b>43%</b> Lee	<b>14%</b> Collier	<b>2.0%</b> Hendry	<b>0.5%</b> Glades
<b>19%</b> Sarasota	<b>10%</b> Charlotte	<b>1.5%</b> DeSoto	Unreported or Out of Area

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

Though this service area does not account for an extremely high number of calls to the helpline, access to transportation continues to be an issue PSA wide. The AAASWFL unmet needs survey results demonstrated that most seniors either drive themselves or have a family member that provides transportation. However, often times, health issues or visual impairments prevent a senior from driving and sometimes his/her license is revoked because of a physical or visual impairment.

Rural counties in the PSA have minimal to no public transportation available. Counties that do have public or other means of transportation have limited options that often include Home Health agencies which are not financially feasible for many clients. This issue is compounded by rural counties that have limited access to healthcare services due to a lack of licensed physicians. Often, seniors in Glades County need transportation outside of the county to see a specialist, or even a primary care physician. In addition to creating substantial obstacles to medical care, insufficient transportation steals the independence from seniors and eliminates the value found in a meaningful day.

Since this concern cannot be addressed by the AAASWFL alone, efforts to assist with much needed transportation should include both advocacy and partnerships.

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

After long-term care, home health assistance is the top Helpline requested service. All three of the Counties with rural designations in PSA 8 have a difficult time locating agencies to staff sub-contracted in-home services. Additionally, the subcontracted services provided by the AAASWFL's lead agency in Glades County are the only senior services available in that area. Utility assistance prevails throughout PSA 8, with particular need in rural counties. There is a significant need for nutritional assistance in all counties, with particular need represented in Hendry and Glades Counties, the latter of which is a food desert.

All Lead Agencies within the PSA struggle with vendor staffing issues and inflation. Complaint log tracking analyses demonstrate issues with support already in place. PSA-wide, complaints trended around vendor employee turnover, the desire for more hours, and scheduling issues due to a limited number of providers in specific areas. With long Assessed Priority Consumer Lists, specifically in Lee and Sarasota Counties, and limited funding for community- and home-based services, it is difficult to reconcile requests or complaints for additional service hours.

Complaint analyses indicate that the majority of service dissatisfaction reports are the result of systemic concerns trending statewide. In-home service providers experience high rates of turnover and the number of vendors available in specific geographic areas is often limited. Furthermore, funding is not consistently available to meet growing needs. Despite this, the AAASWFL ensures that every reported service dissatisfaction is addressed to the best of the ability of the AAASWFL and/or the specific service provider.

The Client Services Director and Supervisor ensure staff are routinely trained on the active client complaint, grievance, and incident process and requirements. Once a complaint is received by the Elder Helpline, the issue is immediately sent to the Programs Department to address with the case managers and supervisors assigned. Follow up and resolution are documented on the AAASWFL internal log and details are reflected in case narratives, which are routinely monitored. Contracted providers are appropriately trained by the AAASWFL on complaint procedures and appropriate documentation protocol to ensure satisfactory resolution for clients.

Lead Agencies in PSA 8 continue to seek new vendors to fill gaps where specific geographic areas are difficult to staff. However, systemic concerns, such as low wages for direct service providers, serve as a persistent challenge across the state.

## Caregiver:

According to AARP's 2020 Long-Term Services and Supports State Scorecard, Florida ranks in the bottom quartile for policies to support family caregivers. Data captured by the AAASWFL via CIRTS, ReferNET, and needs assessments demonstrates a significant need for caregivers to receive respite. Caregiver burnout is a prominent trending issue PSA-wide and throughout Florida. Caregivers frequently need assistance with everyday activities, including personal care tasks, household chores, and help paying bills. In addition to this, emotional support and training are common requests. Most caregivers in the PSA are taking care of a parent, spouse, or partner. Others care for a partner, child, grandchild, or other relative.

The ability of an individual caregiver to continue providing care is monitored quarterly in PSA 8 and screening and assessment processes produce caregiver data, including the age and condition of the caregiver. Elder caregivers in particular report significant physical difficulties and extremely high levels of emotional stress during annual screenings and assessments. With the appropriate supports in place, elder caregivers are able to address their own physical and mental health needs.

The data below shows the number of caregivers raising grandchildren in PSA 8, according to 2022 DOEA County Profiles. Also included are the number of probable Alzheimer's cases and the number of people aged 60 and older with disabilities. These two populations represent members of the community who currently have caregivers or have a high potential to need caregiver services in the near future.

Grandparent Caregivers	
County	2022
Charlotte	790
Collier	800
DeSoto	120
Glades	75
Hendry	200
Lee	2490
Sarasota	1200

Probable Alzheimer's Cases	
County	2022
Charlotte	9996
Collier	16145
DeSoto	909
Glades	439
Hendry	770
Lee	25123
Sarasota	22951

2022 Disability Status		
County	People with One Disability	People with Two or More Disabilities
Charlotte	13930	12760
Collier	17390	14395
DeSoto	1505	1620
Glades	635	975
Hendry	1065	1405
Lee	34800	31430
Sarasota	25765	21030

The implications of caregiver stress include mental health risks, increases in elder abuse, and low productivity at work and in the home. According to the AARP and NAC, 36% of family caregivers characterize their situation as highly stressful, according to the “Caregiving in the U.S. report (AARP & NAC, 2020, Caregiving in the U.S.) from AARP and the National Alliance for Caregiving (NAC). In the five years since AARP and NAC last conducted a national survey, the proportion of caregivers describing health as excellent or very good dropped from 48% to 41%. Caregivers experience declining health, 20% report physical strain, and 35% experience high emotional stress. (AARP & NAC, 2015, Caregiving in the U.S.)

In addition to a heavy workload and emotional demands, causes of Caregiver Burnout can also include:

- Conflicting demands, lack of control, lack of privacy, role confusion, unreasonable demands, and unrealistic expectations. (Sources: [Cleveland Clinic](#), [John Hopkins Medicine](#))
- The Alzheimer’s Association cites the following negative health indicators a caregiver may experience due to high levels of stress: Anger or frustration, anxiety, denial, depression, exhaustion, health problems, inability to concentrate, irritability, sleeplessness, and social withdrawal.

To address caregiver needs and caregiver burnout in particular, the AAASWFL ensures that outreach planning includes the identification and targeting of caregivers in the most need. Currently, the AAASWFL offers Powerful Tools for Caregivers and Savvy Caregiver in the service area, to supplement existing caregiver support programs. Both programs are offered virtually to better accommodate a caregiver’s demanding and limited schedule as well as to afford opportunity to caregivers residing in hard-to-reach communities. The AAASWFL is also committed to increasing funding through private fundraising/donations and by identifying grant opportunities to fund more caregiver support services.

## Communities:

An overview of unmet needs pertaining to community services and an analysis of the implications of those unmet needs is listed below:

- **Transportation:**

As noted previously, access to transportation continues to be a barrier PSA- wide. Most seniors in the PSA report that they either drive or have a family member drive



them to medical appointments or social activities; however, once this is no longer possible, seniors lose their means of transportation. Public transportation is minimal to non-existent, dependent upon county. This can lead to social isolation and unmet medical and mental health needs, exacerbating considerable issues already needing to be addressed in all seven counties. Rides that are available for seniors may consist of many hours for one trip due to the necessity of multiple transfers, which is not conducive to an age or disability friendly environment.

- **Limited access to senior centers:**

Senior Centers in the PSA can provide access to daily and essential activities, such as congregate meals, socialization, support groups, educational sessions. The centers provide a central location with multifaceted functions that improve an individual's quality of life. The most recent unmet needs assessment in PSA 8 demonstrated significant issues with community accessibility. Many reported limited access to basic life needs, such as doctor's appointments and grocery stores. Included was limited access to a senior center. While most people reported that there was a senior center in their community and that a center is one of the most crucial ways for them to receive information, transportation poses a significant threat to access.

- **Housing and safety needs:**

Home environments are assessed annually by Lead Agencies. This affords Case Managers the opportunity to provide supportive in-home services, as needed. A trending unmet need PSA-wide is services to manage hoarding. Many APS High-Risk cases are referred to the AAASWFL due to unsafe living conditions caused by hoarding; however, in-home services are not sufficient to mitigate this problem. According to the National Alliance on Mental Illness, hoarding is a disorder requiring treatment. Therefore, in-home services, such as homemaking and chore, are not sufficient to meet the needs of individuals who hoard. The practice of hoarding causes unsafe living conditions in the home of an older adult and continues to cyclically be an unmet safety need (Source: NAMI, 2019).

- **Employment training or related assistance:**

Employment training or related assistance is not a highly requested need in PSA 8. However, many seniors live below the poverty level or subsist on limited, fixed income and do work part or full-time to help make ends meet. The AAASWFL has committed to the following objectives to assist in this area:

- Advertise AAASWFL employment opportunities in areas in which seniors indicate they receive their information.
- Build AARP relationship and involve the AARP in the recruitment of employees and volunteers.



- **Housing conditions and availability of affordable housing:**

Lack of affordable housing has been a growing concern in PSA 8 and statewide. The AAASWFL's most recent needs assessment noted that when asked about affordability of housing, individuals most answered that housing was not so affordable or not affordable at all. Zero percent of respondents in Lee, DeSoto, Collier, and Charlotte Counties stated that housing was very or extremely affordable. Without affordable housing, seniors cannot remain in their own homes. The result of this is high costs both for local communities and for Florida and a growing population of unhoused seniors. The AAASWFL has committed to the following objectives to assist in this area:

- Explore partnerships with local government entities and neighborhoods to assist with advocacy efforts.
- Serve as representatives on county-wide housing committees where accessibility and safety in communities is being addressed.

- **Disaster Preparedness:**

Florida is prone to many hurricanes and tropical storms, and much of PSA 8 is coastal with Glades and Hendry Counties bordering Lake Okeechobee. As such, much of the PSA, including inland areas, is susceptible to flooding. This compounded with the number of adults and seniors with disabilities creates a significant need for assistance with special needs registration. Additionally, nutritional needs are substantial after a storm. Hurricane Irma presented the PSA with the issue of overcrowded special needs shelters that were unable to accommodate all registrants, and most recently Hurricane Ian demonstrated the hesitancy or refusal of many residents to evacuate their homes, even when mandated.

The AAASWFL has committed to the following objectives regarding disaster preparedness:

- Working with local Emergency Operating Centers to ensure efficient disaster preparedness efforts that include up to date, accurate information. Completing annual reviews of provider activities and communications with EOC's.
- Maintaining and updating disaster preparedness plans and procedures pertaining to active clients and elders in the communities within PSA 8. Aligned with this is the assurance that call down lists verified annually.
- Ensuring that providers have updated emergency contact list for key AAASWFL staff and updating that list quarterly and more often during hurricane season.
- Providing overviews and training to ensure providers are trained on specific disaster preparedness requirements at least once per year, preferably before each hurricane season.

- Collaborating with providers to develop and maintain a comprehensive list of special needs shelters in the PSA.
- Ensuring the Helpline continues to provide information about special needs shelters to potential consumers.

- **Volunteerism:**

Volunteering benefits both the community and the volunteer. For seniors, volunteering can help combat social isolation and provide purpose. Service opportunities through the AAASWFL involving volunteers from the senior population include respite through the RELIEF program, assistance at congregate meal sites, assistance with Medicare through the SHINE program, and Health and Wellness classes. Volunteers could be used more in the PSA, not only to help with social isolation, but also to help fill in service gaps and lower overhead costs. One obstacle to volunteer opportunities is senior poverty. Many seniors are forced to re-enter the workforce due to financial obligations.

## Health Care:

According to the [Agency for Healthcare Research and Quality](#), frail elders and their families benefit from coordinated, person-centered medical care. While some counties have specific types of health care and others do not, every county in the PSA lacks a comprehensive, cohesive system of physical and mental health care. Most entities function separately with minimal communication from one facility to the next. The three rural counties in the PSA are lacking in hospitals overall. Hendry and DeSoto Counties have one hospital, while Glades County does not have a hospital. In all other counties in the PSA, there are at least three hospitals. The only county with a skilled nursing unit and bed is Lee. Hendry County does not have a home health agency.

The Health Planning Council of Southwest Florida completes health assessments for all seven counties in the PSA. Hospital needs assessments are also completed by county at least once every other year. Though the types of shortages vary by county and community. The data provided by the assessments shows health care shortages PSA-wide.

An overview of unmet needs pertaining to service health care and an analysis of the implications of those unmet needs is listed below:

- **Preventative Health and Health Promotion:**

Preventative services for seniors are essential to delay or avoid the development of disease, addiction, and mental health issues. Preventative services also raise awareness and mitigate potential instances of elder abuse. The implementation of preventative services allows for older adults to age well and safely and reduces overall healthcare and social services costs. A common barrier to the implementation of these services is a lack of targeted messaging to communicate service availability and prevention techniques. Analyses of assessments completed in both rural and urban counties demonstrated a lack of knowledge about existing prevention services.

- **Medical care needs:**

In PSA 8, Glades and DeSoto Counties have a high percentage of medically underserved seniors. In Lee, Charlotte, and Collier Counties, close to one quarter of the 65+ populations are medically underserved in some way. The table below illustrates the percentage of medically underserved adults age 65+ by county in PSA 8 according to the 2022 DOEA county profiles:

County	Medically Underserved Aged 65+	Percent of 65+ Population
Charlotte	6,118	7%
Collier	9,409	6%
DeSoto	1,129	11%
Glades	4,153	92%
Hendry	5,482	65%
Lee	20,060	8%
Sarasota	29,337	15%

- **Ancillary health care needs (hearing aids and eyeglasses):**

Seeing and hearing are important components to quality of life; however, these two components are often neglected as people age. Commonly, the Elder Helpline receives requests for assistance with hearing aids. Individuals have also reported during public meetings that cost is a barrier to accessing hearing aids. Hearing impairment intervention and support is necessary to promote good communication. Too often, hearing impairments go unaddressed which contributes to social isolation.

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

According to data provided by the 2018 health profiles created by the Health Planning Council of Southwest Florida and local hospital needs assessments, the counties in PSA 8 have the following shortage:

County	Below Poverty Guideline
<i>Charlotte</i>	<ul style="list-style-type: none"> <li>• Primary care physicians for lower income populations</li> <li>• Dental care for lower income populations</li> </ul>
<i>Collier</i>	<ul style="list-style-type: none"> <li>• Primary care physicians in Immokalee and areas of Golden Gate</li> <li>• Dental care for the migrant farmworker population</li> </ul>
<i>DeSoto</i>	<ul style="list-style-type: none"> <li>• Primary care physicians for the migrant farmworker population</li> <li>• Dental care for the migrant farmworker population</li> <li>• Mental health care shortage for the entire county</li> <li>• No specialty beds available and the County is below the Florida average for the number of licensed physicians and dentists</li> </ul>
<i>Glades</i>	<ul style="list-style-type: none"> <li>• Primary care physicians for the entire county</li> <li>• Dental health care shortages for low-income populations. There are zero licensed dentists in Glades County.</li> <li>• Mental health care for the Glades/Hendry Catchment service area</li> <li>• There are no hospitals, which means that there are no hospital beds.</li> <li>• The County is below average in Florida for number of licensed physicians overall.</li> </ul>
<i>Hendry</i>	<ul style="list-style-type: none"> <li>• Primary care physicians for the entire county</li> <li>• Dental health care shortage for the entire county</li> <li>• Mental health care shortage for the entire county</li> <li>• Below average in Florida for the number of licensed physicians and dentists</li> <li>• There are no specialty beds.</li> </ul>
<i>Lee</i>	<ul style="list-style-type: none"> <li>• Primary care physician shortage for low-income populations in Bonita Springs, Fort Myers, Cape Coral, North Fort Myers, and Lehigh Acres</li> <li>• Dental health care shortage for the entire county</li> <li>• Mental health care shortage for the entire county</li> </ul>
<i>Sarasota</i>	<ul style="list-style-type: none"> <li>• Primary health care shortage for low-income populations in Venice, North Port, and South Venice</li> <li>• Dental health care shortage for low-income populations in North Port, South Venice, and Sarasota</li> </ul>

- **Nutrition:**

Nutrition services are among the most highly requested in the PSA and the AAASWFL administers funding for home delivered and congregate meal programs in all seven counties. Nutrition services are essential not only for health and well-being, but often, for de-isolation as well.

Notably, PSA-wide, not all seniors who are eligible for SNAP or food stamp benefits participate in the program, with the highest percentage in Hendry County and the lowest in Glades. All other Counties demonstrate participation rates at approximately half of their eligible populations. Data from the 2022 DOEA County Profiles demonstrate the participating percentage rate of the total number of seniors age 60+ who are potentially eligible for benefits:

County	Potentially Eligible Seniors	Participation Rate
Charlotte	10,065	41%
Collier	13,215	47%
DeSoto	2,285	49%
Glades	920	34%
Hendry	1,880	99%
Lee	29,700	68%
Sarasota	18,235	45%

Many seniors in the PSA do not have access to a grocery store due to location and/or lack of transportation, with Glades County having no existing grocery store.

Providers in PSA 8 often partner with organizations within their respective communities to help address food insecurity and nutritional needs. Partnerships may include assistance with the SNAP application process at congregate meal sites, various non-DOEA funded food bag programs, and mobile food bank presences at provider administrative offices and congregate nutrition sites.

- **Self-care limitations:**

Most seniors can remain safely in their own homes with appropriate services to support self-care limitations. When available, the AAASWFL uses outcome measure reports to monitor ADL's and IADL's; however, it is not uncommon to see no improvement in score due to declining health, even with support in place. Limitations include, but are not limited to the following activities of daily living (ADL's) and Instrumental Activities of Daily Living (IADL's):

<b>ADL's</b>	<b>IADL's</b>
<i>Bathing</i>	<i>Heavy chores</i>
<i>Dressing</i>	<i>Light housekeeping</i>
<i>Eating</i>	<i>Using the phone</i>
<i>Using the restroom</i>	<i>Meal preparation</i>
<i>Transferring</i>	<i>Shopping</i>
<i>Walking/Mobility</i>	<i>Using transportation</i>

In-home services, such as homemaking and personal care services are often implemented to assist seniors with ADL's and IADL's; however, many seniors are still waiting for services. The information below represents data captured by the AAASWFL during the outcome measure cycle for 2018 – 2019 state General Revenue program year, as well as the most recent data compiled for 2019 – 2020. The ADL and IADL outcome measures in PSA 8 currently surpass legislative outcome measure goals.

<b>2021 Outcome Measures – ADLs &amp; IADLs</b>		
	<b>PSA 8 Performance</b>	<b>Legislative Standard</b>
<b>ADL</b>	74.63%	65%
<b>IADL</b>	81.46%	62.3%

## Home and Community-Based Services (HCBS):

According to the CIRT Report “APCL Clients with No Services” there were 2,497 older adults and adults with disabilities in PSA 8 awaiting state or federally funded assistance in 2021. This number decreased from the total number of clients awaiting services in 2020 and 2019 respectively. The chart below shows people waiting for home- and community-based services, including long-term care options, in-home and congregate meal services, caregiver support, and in-home services, such as personal care, homemaking and chore. The amount of people awaiting services in Lee County accounts for roughly half of the total number of waitlisted clients in PSA 8.

<b>County</b>	<b>Number of Consumers on the APCL (2019)</b>	<b>Number of Consumers on the APCL (2020)</b>	<b>Number of Consumers on the APCL (2021)</b>
<b>Charlotte</b>	429	384	301
<b>Collier</b>	455	417	362
<b>DeSoto</b>	86	71	25
<b>Glades</b>	15	11	4
<b>Hendry</b>	107	45	31
<b>Lee</b>	1,648	1,548	1,299
<b>Sarasota</b>	790	680	485

Home and community-based services are cost saving for Florida. These services are also key to maintaining independence as older adults and adults with disabilities age in their homes. Long waiting lists and the lack of community support provided by these types of services result in increased costs endangering our most vulnerable adults. Additionally, a lack of home- and community-based services extinguishes the potential for improvement of physical and mental health conditions in frail elders.

#### **Current and future actions pursued to address identified needs:**

While the AAASWFL realizes that it is not possible to address every need, the AAASWFL has identified six key action categories that either currently or prospectively assist with unmet needs. Those categories, the areas they address, and current and potential actions are outlined below:

- 1. Advocacy** – All areas of unmet needs can benefit from more targeted advocacy efforts. Education is provided on in-home services and accessibility to those services as requested by communities and providers throughout PSA 8. The AAASWFL makes use of advocacy opportunities as a member of aging and disability networks within each county. Additionally, the AAASWFL is committed to producing educational opportunities on topics of interest to aging adults, including legal protections and advance planning and dementia-related caregiving.

Access to services is partly dependent on the decisions made by local, state, and federal government entities. Caregivers lacking support, communities with no means of public transportation, shelters unprepared for high special needs populations, and lacking medical infrastructure and supports, are also areas in which advocacy activities could play a role in helping to find solutions. For example, more efficient means of transportation, long waiting lists in densely populated counties, and limited numbers of providers due to funding are all advocacy points. Likewise, the solution to the trending issue of seniors and adults with disabilities lacking capacity and unable to remain safely in their homes, but

having nowhere else to go, relies heavily on the decisions made by our layers of government.

The AAASWFL plans to explore more advocacy opportunities in the PSA. This includes focused messaging addressing more specific needs. Other possibilities include one-on-one meetings with lawmakers, a stronger presence at city council meetings, and broader outreach that includes advocacy education to the public.

2. **Awareness, Education, and Outreach** – One of the key takeaways of the analysis of unmet needs is that a large amount of people do not know where to go for assistance. Additionally, many people are unaware of available health promotion and prevention programs. The AAASWFL currently raises awareness and completes many outreach activities. In the past year, AAASWFL has attended community events across the PSA, increasing Agency presence in all seven counties and educating potential consumers about available programs and services in their communities.

The AAASWFL is committed to strengthening digital promotion of services and programs while continuing to provide education and raise awareness via traditional means (one-on-one communication, health fairs, etc.). Diversified modes of communication is an important strategy as the Agency strives to reach residents with limited technology literacy or no access to bandwidth. Overall, the AAASWFL has committed to improved use of the Agency website, online newsletter, and social media as well as strengthening newspaper and media presence overall, to include Spanish-language outlets.

3. **Evaluation of existing funding allocations** – The AAASWFL recognizes that the waiting list in Lee County is almost half of the PSA's entire prioritization list. There are also clients with high levels of need, some by the hundreds in different counties. The AAASWFL will consider re-evaluating allocation methods to ensure that those individuals in the greatest need receive services in the most efficient manner. A review of the allocations by county, along with the unmet needs in each area will give the AAASWFL a better understanding of how best to prioritize need by area and how funding should flow to each county. For example, one area may have high nutritional needs, which may require more OAA funding. Another may have more of a need for ADI funding.
4. **Sustain Agency unmet needs funds** –Currently the AAASWFL has two separate funds to assist with unmet needs. One fund, awarded by the Volunteer Florida Foundation, is established to assist with remaining impact and damages left by Hurricane Ian. The second fund has been sustained at the AAASWFL for several years and is named the Agnes Laitinen Fund. This resource helps with various



unmet needs that come through the Elder Helpline. Funds are used to support the objectives of the Older Americans Act in maintaining dignity and welfare and can be distributed to individuals aged 60 years of age and older and adults with disabilities between the ages of 18 and 60. Funds are reserved for crisis situations in which all other resources have been exhausted. Agnes Laitinen fund assistance helps older adults, adults with disabilities, and their caregivers with unmet medical, housing, and nutritional needs to support individuals in remaining safely at home.

5. **Explore additional grant opportunities and partnerships** –The AAASWFL will continue to pursue funding opportunities additional to DOEA funding sources. In addition, the Agency will continue to seek partnerships in each county to help fill community service gaps. Needs are multifaceted and individualistic. Partnerships allow for collaborative efforts in each community that can help meet needs that too often do not have a single source, one size fits all solution.
6. **The provision of additional direct services** – As the AAASWFL recognizes needs in specific areas, additional services and/or assistance are provided whenever possible. The Agency already provides several health and wellness classes in the community, as well as abuse prevention education. One of the most common requests received from caregivers is respite, with a desire for training and support to accompany. Screening and assessment tools and data compiled by the Agency make it clear that many caregivers experience emotional distress and caregiver burnout. This can negatively impact older adults or adults with disabilities, their caregivers and families, and the community. To support this need, the AAASWFL continues to offer Powerful Tools for Caregivers and Savvy Caregiver to supplement existing resources. These programs assist caregivers with stress management, communication skills, and self-care, all of which are essential for the most vulnerable adults and their caregivers in the PSA.

## Emergency Preparedness

This section includes information detailing how the AAA will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery in accordance with OAA, §306(a)(17).

### Coordination:

The AAASWFL/ADRC updates the Comprehensive Emergency Management Plan (CEMP) and the Continuity of Operations Plan (COOP) on a yearly basis with the guidance of DOEA Program and Services Handbook Chapter 13, Emergency Management & Preparedness.

The AAASWFL/ADRC acts as liaison between Local Service Providers and the Department of Elder Affairs when a disaster impacts the service area and its elder citizens. Local governments bear the initial responsibility for disaster response and relief. Minor emergencies are handled primarily at the local level. When extraordinary measures are needed to support local efforts on a multi-county, statewide, or major emergency level, the Governor declares a state of emergency.

The AAASWFL/ADRC supports county, state, and federal efforts in the event of a major or catastrophic disaster or emergency. As a lead agency in the aging network, the AAA/ADRC responds to the needs of Local Service Providers and elder clients when impacted by a disaster or emergency.

AAASWFL maintains a database of resources for the disabled and elders used in the daily operation of the Elder Helpline. The database is reviewed prior to hurricane season and any updates and changes are made at that time. The database is continually updated during the response, relief, and recovery periods, as information and resources will fluctuate as groups and/or organizations arise to meet community needs. Organizations are listed by name and by service. A hard copy of the resources from the database is made by the Director of Client Services prior to hurricane season and provided to key staff members. The Elder Helpline staff can connect to the database remotely via the internet.

If AAASWFL is not short staffed or impacted directly, staff members who are available will be prepared to take on alternate assignments during disaster recovery. These assignments may include staffing the Elder Helpline, performing physical recovery efforts at the office, assisting 211 or other community relief agencies, or staffing DRCs, shelters, or other facilities.

The AAASWFL ECO also attends the annual Governor's Hurricane Conference and/or other disaster planning and recovery meetings. Additionally, the ECO and CFO have both

completed FEMA Emergency Management Institute Training programs ICS-100 (Introduction to Incident Command System) and ICS-700 (National Incident Management System: An Introduction).

## Contact:

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### Sarasota County

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### DeSoto County

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### Hendry County

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### Collier County

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### Glades County

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### AAA Emergency Coordinating Officer:

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Richard Cocchieri, Alternate Emergency Coordinating Officer  
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239-652-6922

### Continuity of Operations and Critical Services:

The AAA/ADRC and its Local Service Provider personnel will make every effort to ensure the services to their clients will not be interrupted. Depending upon the emergency, if services are interrupted, efforts will be made to restore services as soon as possible.

Long-Term Recovery efforts include assisting with community redevelopment and restoring the economic viability of the disaster area(s) through collective efforts of governmental and non-governmental organizations. These efforts include:

- AAASWFL will update our database with the latest resources and continue with normal services.
- Assisting elders, and the agencies serving them, in reestablishing themselves.
- Continuing advocacy for elders affected by the disaster who may be having difficulty obtaining the assistance they require.

## Assessment and Resource Allocation:

During emergency response and recovery phases, the AAASWFL works closely with Lead Agencies who conduct call-downs to clients. Any unmet needs will be addressed, if possible, by the AAASWFL using emergency-designated funds or, as a last resort, Unmet Needs Crisis Funds.

The AAASWFL ECO and assigned staff will attend Long-Term Recovery groups within all 7 counties to make every effort to identify vulnerable populations and provide them with information, resources, and referral for services.

## Goals, Objectives, and Strategies

<b>Goal 1</b> Strengthen and streamline the aging network's capacity, inspiring innovation, integrating best practices, and building efficiencies to respond to the growing and diversifying aging population.		
<b>Objective 1.1</b> Expand the availability, integration, and access to assistive technology for older adults.		
<b>Explanation</b> The primary intent of this objective is to increase elder Floridians ability to independently perform daily activities through a promotion of access to assistive technology for older adults.		
		<b>Progress</b>
<b>Strategies</b>	<ul style="list-style-type: none"> <li>- AAASWFL will verify and update Refer Database resources annually.</li> <li>- AAASWFL will participate in networking groups with local universities (FGCU) toward the aim of supporting programs to increase technology literacy of older adults.</li> </ul>	

<b>Objective 1.2</b> Increase the AAA's functional capacity to serve older adults through strategic and meaningful partnerships and collaborations.		
<b>Explanation</b> The primary intent of this objective is to encourage the development of partnerships between AAAs and local actors in the elder services sector which will directly lead to increases in the services that AAAs are able to provide older adults residing in their areas.		
<b>Strategies</b>	<ul style="list-style-type: none"> <li>- AAASWFL will seek an MOU with a home improvement supplier to service older adults, particularly those residing in rural areas, through crisis funding.</li> <li>- AAASWFL will attend rotary club meetings on a quarterly basis to strengthen partnerships with business owners and service providers in rural counties. Progress</li> </ul>	

<b>Objective 1.3</b> Explore new opportunities to reach previously underserved and emerging communities across all programs and services.		
<b>Explanation</b> The primary intent of this objective is for the AAA to detail how it plans to reach populations, across all programs and services, that have been previously identified as underserved or are emerging communities of elders towards whom outreach and targeting activities may not have been previously directed.		
		<b>Progress</b>
<b>Strategies</b>	<ul style="list-style-type: none"> <li>- AAASWFL will host biannual Town Hall Meetings to learn about needed services in each county and to promote referrals to the Elder Helpline for needs assessments.</li> <li>- AAASWFL will work to increase organizational funding and service opportunities by identifying and applying for at least one new grant opportunity every two years.</li> <li>- AAASWFL will hire a part-time Outreach Coordinator to identify clients in need of support directly related to Hurricane Ian impact, paying particular attention to previously underserved communities and residents of rural areas.</li> </ul>	

<b>Objective 1.4</b> Help older adults achieve better quality of life by ensuring those who seek assistance are seamlessly connected to supportive programs and services.		
<b>Explanation</b> The primary intent of this objective is to address ways the AAA links elders to information and services and provides referrals to resources.		
		<b>Progress</b>
<b>Strategies</b>	<ul style="list-style-type: none"> <li>- AAASWFL will provide quarterly training to Helpline staff to ensure efficient and appropriate use of Refer database and to increase understanding of available resources.</li> <li>- AAASWFL will implement a quarterly “Provider Spotlight” to increase awareness of direct services provided.</li> <li>- AAASWFL will increase awareness of available services through procurement of marketing in a partner newsletter, striving for a minimum of one mention annually in each of the four urban counties and one mention annually among the three rural counties.</li> </ul>	


<b>Objective 1.5</b> Bring attention and support to caregivers, enabling them to thrive in this fundamental role.		
<b>Explanation</b> The primary intent of this objective is to strengthen caregiver services to meet individual needs.		
		<b>Progress</b>
<b>Strategies</b>	<ul style="list-style-type: none"> <li>- Recruit and train 4 new Health &amp; Wellness Volunteers annually to facilitate either Powerful Tools for Caregivers or Savvy Caregiver programs.</li> <li>- In partnership with the Dubin Center, AAASWFL Health &amp; Wellness Coordinator will obtain certification to deliver Savvy Caregiver in Spanish.</li> <li>- Apply for one new grant opportunity every two years to expand Caregiver Support.</li> </ul>	

<b>Goal 2</b> Ensure that Florida is the nation's most dementia and age friendly state by increasing awareness and caregiver support, while enhancing collaboration across the aging network.		
<b>Objective 2.1</b> Directly support communities in becoming dementia friendly.		
<b>Explanation</b> The primary intent of this objective is for the AAA to engage in activities which help to increase their community's support of people living with dementia and their caregivers. The ultimate aim is for people living with dementia to remain in their community, while engaging and thriving, in day to day living.		
		<b>Progress</b>
<b>Strategies</b>	<ul style="list-style-type: none"> <li>- AAASWFL will increase involvement in county DCCI groups. Currently, AAASWFL participates in monthly meetings for Collier County and chairs the monthly meetings for Lee County. AAASWFL will endeavor to join one group working within DCCI capacity this year in one of the three rural counties.</li> <li>- AAASWFL will establish a partnership with Sarasota Memorial Hospital to support work in Memory Disorder Clinic.</li> </ul>	



	<ul style="list-style-type: none"> <li>- AAASWFL will remain active in county CHIP meetings - currently attending Collier, DeSoto, Hendry, and Glades – and will work to form one new connection with CHIP group in a County not currently attended.</li> <li>- AAASWFL will continue to sit on the board of Transportation Disadvantaged in all counties and advocate for older adult ridership.</li> </ul>	

**Objective 2.2** Increase acceptance across communities by raising concern and building awareness through a commitment to targeted action.

**Explanation** The primary intent of this objective is to encourage the AAA to expand education and training opportunities across the spectrum of aging related issues.

		Progress
<b>Strategies</b>	<ul style="list-style-type: none"> <li>- AAASWFL will partner twice annually with a DCCI organization to produce dementia-related education / training.</li> <li>- AAASWFL will endeavor to sit on annual panels hosted by the Dubin Center and McGregor Baptist Church to support education on aging related issues.</li> <li>- Through quarterly Client Services trainings, AAASWFL will increase helpline and assessor staff understanding of aging related issues to support more complete and efficient use of resources available to clients.</li> </ul>	

**Objective 2.3** Strengthen and enhance information sharing on dementia and aging issues to promote widespread support.

**Explanation** The primary intent of this objective is for the AAA to foster increased collaboration with external organizations and stakeholders in order to identify best practices and effective methodologies.

		Progress
<b>Strategies</b>	<ul style="list-style-type: none"> <li>- AAASWFL will commit to a quarterly Awareness Campaign on social media to raise public awareness of aging related issues.</li> </ul>	

	<ul style="list-style-type: none"> <li>- AAASWFL is pursuing the creation of a promo video in partnership with Christian Television Network (CTN) to share on the Agency website and with local media.</li> <li>- AAASWFL will remain active in aging network groups – at least one per county year-round.</li> </ul>	

**Objective 2.4** Increase access to supportive housing with services and increase supports for older adults at risk of experiencing residential insecurity.

**Explanation** The primary intent of this objective is the exploration of policies to specifically address shortages of supportive housing options in the AAA's area and encouraging targeting of elders that have been identified as facing residential insecurity.

		Progress
<b>Strategies</b>	<ul style="list-style-type: none"> <li>- AAASWFL will strengthen relationships with rehousing organizations in at least three of seven counties to streamline referral sources for housing insecurity.</li> <li>- AAASWFL will continue to fundraise and build capacity for the Agnes Laitinen Crisis Fund to increase ability to support clients, who do not otherwise qualify for assistance, through housing crises.</li> <li>- The Client Services Department will annually verify active resources in Refer network and will endeavor annually to add two new referral sources per county specific to supportive / affordable housing.</li> </ul>	

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

**Objective 3.1** Advocate with housing service providers, affordable housing developers, homeless programs, and other stakeholders to establish affordable housing options for older adults.

**Explanation** The primary intent of this objective is to increase collaboration with other area organizations and stakeholders on the specific subject of elder housing and other associated residential issues.

		Progress
Strategies	<ul style="list-style-type: none"> <li>- AAASWFL will continue to attend Long Term Recovery Groups in Collier, Lee, Hendry, and Glades Counties to advocate for older adults and adults with disabilities relating to housing insecurity and residential issues.</li> <li>- AAASWFL attends weekly Gulf Coast Partnership meetings in Charlotte County to create a wealth of resources focusing efforts toward supportive services for unhoused individuals.</li> <li>- The AAASWFL CCEO currently serves as Board Chair of the Community Action Agency / Neighborhood District Committee in Lee County, which meets quarterly to discuss Housing for Urban Development (HUD) action plans.</li> </ul>	

**Objective 3.2** Promote empowered aging, socialization opportunities, and wellness, including mental health, healthy nutrition, exercise, and prevention activities.

**Explanation** The primary intent of this objective is to promote greater integration opportunities for elders in the AAA's service area in an effort to promote increased health, wellness, mental well-being, and satisfaction. Empowered aging is defined as making sure that older persons have the opportunity to learn, discuss, decide, and act on decisions that directly impact their care, concerns, and quality of life.

		Progress
Strategies	<ul style="list-style-type: none"> <li>- AAASWFL will expand Health &amp; Wellness programming to annually incorporate at least one new host site for workshop delivery and participant recruitment in Lee, Charlotte, and Sarasota Counties and one new host site in either Collier, DeSoto, Glades, and Hendry Counties.</li> <li>- AAASWFL will host an annual Resource Fair, open to the public, incorporating service providers throughout PSA 8 to share information and resources.</li> </ul>	

<b>Objective 3.3</b> Strengthen programs that promote uniting seniors and caregivers with community partners, enabling seniors to directly access service providers to meet their immediate needs.		
<b>Explanation</b> The primary intent of this objective is to promote seamless access to available services.		
		<b>Progress</b>
<b>Strategies</b>	<ul style="list-style-type: none"> <li>- AAASWFL will facilitate a quarterly “Partner Spotlight” on social media to increase information sharing and strengthen visibility for aging and disability service providers.</li> <li>- Through the “Did You Know” social media campaign, AAASWFL will direct general public to the agency website to streamline access to direct service provision.</li> <li>- AAASWFL’s annual Resource Fair will foster connections between target service populations and area service providers.</li> </ul>	

<b>Goal 4</b> Advocate for the safety and the physical and mental health of older adults by raising awareness and responding effectively to incidence of abuse, injury, exploitation, violence, and neglect.		
<b>Objective 4.1</b> Increase effectiveness in responding to elder abuse and protecting older adults through expanded outreach, enhanced training, innovative practices, and strategic collaborations.		
<b>Explanation</b> The primary intent of this objective is for the AAA to use existing mechanisms to increase public awareness, expand learning opportunities, and work with community stakeholders to both respond to instances of elder abuse and promote increased prevention.		
		<b>Progress</b>
<b>Strategies</b>	<ul style="list-style-type: none"> <li>- AAASWFL will work to establish partnerships within the sheriff’s department of each county within the PSA, toward the goal of supplementing community education on the topic of elder abuse prevention.</li> <li>- AAASWFL will inquire about collaboration with Collier County Sheriff’s office Senior Victims Advocacy Unit to educate first responders on indicators of elder abuse.</li> </ul>	

	<ul style="list-style-type: none"> <li>- AAASWFL will reestablish partnership with Adult Protective Services to provide in-service development for API's and Client Service staff.</li> <li>- AAASWFL will promote education and use of scent kids in supporting caregivers of an older adult at risk of wandering.</li> </ul>	

**Objective 4.2** Increase capacity and expertise regarding the Department's ability to lead in efforts to stop abuse, neglect, and exploitation (ANE) of older adults and vulnerable populations.

**Explanation** The primary intent of this objective is to expand and improve the efficacy of efforts supporting ANE interventions.

		Progress
<b>Strategies</b>	<ul style="list-style-type: none"> <li>- AAASWFL will develop a specialized referral form to share with intervening agencies, other than APS, who identify clients at risk of abuse, neglect, and exploitation.</li> <li>- AAASWFL will reestablish partnerships with county Emergency Services and Sheriff's Departments to increase referrals for at-risk clients in need of services.</li> <li>- By Fall 2024, Client Services will request silver alert report from law enforcement to focus outreach efforts and target caregiver support.</li> </ul>	

**Objective 4.3** Equip older adults, their loved ones, advocates, and stakeholders with information needed to identify and prevent abuse, neglect and exploitation, and support them in their ability to exercise their full rights.

**Explanation** The primary intent of this objective is for the AAA to expand existing education/outreach/awareness efforts such as websites, newsletters, presentations, and/or other community outreach activities to include prevention of abuse, neglect, and exploitation.

		Progress

Strategies	<ul style="list-style-type: none"> <li>- AAASWFL will provide an annual education event, additional to WEAAD programming, to invite partnering service providers to present information on identifying and preventing abuse, neglect, and exploitation of older adults.</li> <li>- AAASWFL will increase media coverage to share one quarterly written news release to promote elder abuse prevention education PSA-wide.</li> <li>- AAASWFL will obtain use of Agency Youtube channel to capitalize on an alternate avenue for information sharing.</li> </ul>	

**Objective 4.4** Continue to improve older Floridian's access to legal services which have a direct positive impact on their ability to stay independent in their homes and communities, and most importantly, exercise their legal rights.

**Explanation** The primary intent of this objective is to enable the AAA to detail efforts to make legal services more accessible to seniors, particularly those seniors in greatest economic or social need, as well as to improve the breadth and quality of legal services available.

	Progress
Strategies	<ul style="list-style-type: none"> <li>- Increased legal provider funding due to American Rescue Plan Act will result in doubling of legal services in PSA 8.</li> <li>- AAASWFL will host an annual education event to invite an Elder Law Attorney to provide a public in-service training.</li> <li>- AAASWFL will increase information sharing about available legal services in quarterly social media campaigns.</li> </ul>

## Goal 5 Increase Disaster Preparation and Resiliency

**Objective 5.1** Strengthen emergency preparedness through comprehensive planning, partnerships, and education.

**Explanation** The primary intent of this objective is to highlight the critical importance of the emergency preparedness plan prepared by the AAA.

		Progress
Strategies	<ul style="list-style-type: none"> <li>- AAASWFL will join Emergency Operating Centers in all seven counties.</li> <li>- AAASWFL will facilitate annual all-staff training on emergency procedures, additional to the required annual training in the agency's payroll network.</li> <li>- Client Services will develop a script for Information &amp; Referral Specialists to use throughout hurricane season to ensure that callers are aware of available shelters and criteria for special population shelters for use during weather and health emergencies.</li> <li>- Executive Leadership will attend the Governor's Hurricane Conference to network and share information regarding disaster preparedness and recovery resources.</li> </ul>	

**Objective 5.2** Ensure communication and collaboration between the Department, emergency partners, and the Aging Network, before, during, and after severe weather, public health, and other emergency events.

**Explanation** The primary intent of this objective is to focus attention on the importance of interagency communication and collaboration in disaster preparedness and response activities.

		Progress
Strategies	<ul style="list-style-type: none"> <li>- AAASWFL will join Emergency Operating Centers in all seven counties.</li> <li>- AAASWFL will partner with Adaptive Services at Florida Gulf Coast University to provide education about special population shelters for adults with disabilities.</li> <li>- Client Services will train Intake staff to share information about disaster preparedness throughout hurricane season.</li> </ul>	

**Objective 5.3** Explore and support efforts to make community disaster shelters more responsive to elder needs in general, with specific emphasis on providing appropriate emergency shelter to elders with dementia related concerns.

**Explanation** The primary intent of this objective is to explore ways in which the AAA can support and extend emergency shelter options available to older adults residing within the PSA.

		Progress
Strategies	<ul style="list-style-type: none"> <li>- AAASWFL will continue participating in monthly Long Term Recovery groups and meetings with Emergency Operating Centers to advocate for shelter needs specific to older adults and adults with disabilities.</li> <li>- Client Services will contact waitlisted clients to ensure awareness of availability and location of emergency shelters.</li> <li>- AAASWFL will update emergency preparedness procedures in COOP/CEMP annually.</li> </ul>	

**Objective 5.4** Collaborate with state-wide and local emergency response authorities to increase levels of elder self-determination to evacuate once notices have been issued.

**Explanation** The primary intent of this objective is to initiate or bolster AAA efforts towards increasing levels of voluntary elder evacuation during severe weather or other emergency events.

		Progress
Strategies	<ul style="list-style-type: none"> <li>- Client Services will provide information to waitlisted clients about measures to take for disaster preparedness, to include the role and function of shelters during weather emergencies.</li> <li>- AAASWFL will work with Emergency Operating Centers to understand how evacuation notices are communicated to better inform internal strategies for encouraging voluntary elder evacuation.</li> </ul>	



## 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: Arthritis Foundation Exercise Program

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i)** provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

The Area Agency on Aging for Southwest Florida (PSA 8) is requesting approval to directly provide the *Arthritis Foundation Exercise Program* as an OAA Title III-D evidence-based intervention. The continuation of provision of this service by AAASWFL is necessary to assure an adequate supply of such services in Southwest Florida.

In the United States, one in four adults is affected by doctor-diagnosed arthritis, and the likelihood of developing arthritis becomes more prevalent with age. Arthritis can have substantial impacts on an individual's physical functionality, with about 43.5% of adults with this diagnosis experiencing limitation on their usual activities. With age and limited physical activity, individuals become more at risk for developing associated conditions such as cardiovascular disease, diabetes, and obesity. Regular physical activity can be an important way to reduce pain, improve function,

and manage symptoms (CDC, 2021).

The *Arthritis Foundation Exercise Program* has been demonstrated to:

- Improve functional ability
- Improve muscle strength, coordination, and mobility
- Reduce fatigue, pain, stiffness (CDC, 2023)

Currently, AAASWFL employs two staff members and utilizes five volunteers certified to lead the *Arthritis Foundation Exercise Program*. AAASWFL offered this program eleven times in 2022 and engaged 140 participants in Charlotte, DeSoto, and Lee Counties.

The communities in PSA 8 offer some opportunities for arthritis-friendly exercise, however evidence-based workshops are uncommon. The local resources search tool on the Arthritis Foundation website does not indicate any Arthritis Foundation Exercise Program classes in PSA 8. Additional research indicates that, while drop-in classes are occasionally available in the PSA, they are typically offered for a fee or to members of fitness centers or community associations. By providing this program at no cost to our region's population, AAASWFL will ensure a more adequate supply of free programs for arthritis-friendly exercise in PSA 8.

#### References:

[Centers for Disease Control and Prevention, Arthritis, National Statistics](#)

[Centers for Disease Control and Prevention, Arthritis Foundation Exercise Program \(AFEP\)](#)

III. Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s).

Documents enclosed.

## 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: Arthritis Foundation Tai Chi (Tai Chi for Arthritis/Tai Chi for Arthritis for Falls Prevention)

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i)** provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

The Area Agency on Aging for Southwest Florida (PSA 8) is requesting approval to directly provide *Tai Chi for Arthritis* as an OAA Title III-D evidence-based intervention. The continuation of provision of this service by AAASWFL is necessary to assure an adequate supply of such services in Southwest Florida.

As part of this Direct Service Waiver request, AAASWFL plans to offer *Tai Chi for Arthritis for Falls Prevention*, which is recognized by both the Centers for Disease Control and its designer, the Tai Chi for Health Institute, as being the same program as *Tai Chi for Arthritis*. The sole difference between the two programs is a greater emphasis on preventing falls (Tai Chi for Health Institute, 2018), which is a vital part of the program for older adults.

In the United States, one in four adults is affected by doctor-diagnosed arthritis, and the likelihood of developing arthritis becomes more prevalent with age. Arthritis can have substantial impacts on an individual's physical functionality, with about 43.5% of adults with this diagnosis experiencing limitation on their usual activities. With age and limited physical activity, individuals become more at risk for developing associated conditions such as cardiovascular disease, diabetes, and obesity. Regular physical activity can be an important way to reduce pain, improve function, and manage symptoms (CDC, 2021).

In addition to susceptibility to arthritis, older adults are also particularly susceptible to falling, with over one in four Americans age 65+ falling each year. Falls are the leading cause of fatal and nonfatal injuries for older Americans, and they threaten an older adult's safety and independence (NCOA, 2023). Prevention of falls is far better than management, with one prevention strategy being movement interventions to improve strength, balance, and endurance (National Library of Medicine, 2020).

On a physical level, Tai Chi improves strength, flexibility, aerobic conditioning and balance. It has been proven to improve cardiovascular fitness, lower blood pressure, prevent falls and help people who have arthritis (Tai Chi for Health Institute, 2018).

Currently, AAASWFL employs two staff members and utilizes two volunteers certified to lead the *Tai Chi for Arthritis for Fall Prevention* program. AAASWFL offered this program three times in 2022 and engaged 50 participants in Lee County.

#### References:

[Centers for Disease Control and Prevention, Arthritis, National Statistics](#)

[National Council on Aging, Get the Facts on Falls Prevention](#)

[Tai Chi for Health Institute, What is Tai Chi & what are the health benefits?  
\(complete guide\)](#)

[National Library of Medicine, Falls in Older Adults are Serious](#)

III. Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s).

Documents enclosed.

## 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: A Matter of Balance

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i)** provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

The Area Agency on Aging for Southwest Florida (PSA 8) is requesting approval to directly provide *A Matter of Balance* as an OAA Title III-D evidence-based intervention. The continuation of provision of this service by AAASWFL is necessary to assure an adequate supply of such services in Southwest Florida.

Falls are the leading cause of both fatal and nonfatal injuries among seniors age 65 and over (Bergen, Stevens, & Burns, 2016). One out of four older adults fall each year, and while not all falls result in an injury, about 37% of those who fall reported an injury that required medical treatment or restricted their activity for at least one day. Reportedly 1,028,468 older Floridians experienced a fall event in 2020 (CDC, 2020).

*A Matter of Balance* emphasizes practical coping strategies to reduce the fear and risk of falling. These strategies include:

- Promoting a view of falls and fear of falling as controllable
- Setting realistic goals for increasing activity
- Changing the environment to reduce fall risk factors
- Promoting exercise to increase strength and balance (NCOA, n.d.)

Data from the Florida Department of Health indicates that unintentional falls are the leading cause of fatal and non-fatal injuries among Florida residents ages 65 years and older, with 3,805 fatally injured in 2021 resulting from a fall. In addition to deaths and injuries, as well as the costs associated with them, falls can have many negative consequences for older adults, including fear of falling again, forced relocation from the home, loss of independence, stress in the family. By reducing their chance of a fall, older adults can stay independent and have an increased quality of life (Florida Department of Health, 2023).

AAASWFL has participated in the Florida Department of Health's SHIP Priority 4 (Injury, Safety and Violence) Priority Area Workgroup for Falls Prevention. Currently, AAASWFL employs two staff members and utilizes five volunteers certified to lead *A Matter of Balance*.

#### References:

[Falls and Fall Injuries Among Adults Aged ≥65 Years — United States, 2014 | MMWR \(cdc.gov\)](https://www.cdc.gov/mmwr/mmwr4212a1.htm)

[Evidence-Based Program: A Matter of Balance \(ncoa.org\)](https://ncoa.org/programs/evidence-based-program-a-matter-of-balance/)

[Older Adult Falls Prevention | Florida Department of Health \(floridahealth.gov\)](https://www.floridahealth.gov/older-adults/older-adult-falls-prevention/)

III. Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s).

Documents enclosed.

## DIRECT SERVICE WAIVER REQUEST FORM

*Insert completed forms for each direct service waiver request. It is not necessary to submit waiver requests for outreach, information and assistance, and referral, as the state has a statewide waiver for these services.*

OAA Title:    III B    III C1    III C2    **III D**    III E

Service: Chronic Disease Self-Management Program

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

The Area Agency on Aging for Southwest Florida (PSA 8) is requesting approval to directly provide the *Chronic Disease Self-Management Program* as an OAA Title III-D evidence-based intervention. The continuation of provision of this service by AAASWFL is necessary to assure an adequate supply of such services in Southwest Florida.

Older adults are disproportionately affected by chronic conditions, with 95% having at least one chronic condition and nearly 80% have two or more. Common conditions like diabetes, arthritis, hypertension, lung disease, and obesity can make life difficult to manage for older adults, often forcing them to sacrifice their independence. Learning how to manage symptoms of chronic conditions can improve quality of life and reduce health care costs. Addressing chronic diseases requires new strategies to delay health deterioration, improve function, and address the problems that people confront daily (NCOA, 2023).

The Chronic Disease Self-Management Program (CDSMP) helps adults with chronic diseases to learn how to manage and improve their health. The course focuses on problems common to individuals living with chronic disease. The CDSMP helps people to:

- Develop skills and coping strategies to manage health symptoms
- Employ action planning, interactive learning, behavior modeling, problem-solving, decision making, and social support for change

Some health benefits of the CDSMP include:

- Improved self-reported health
- Improved health status
- Improved health-related quality of life
- Improved communication with healthcare team (NCOA, 2023)

Currently AAASWFL employs two staff members and utilizes four volunteers certified to lead the Chronic Disease Self-Management Program. AAASWFL offered this program three times in 2022 and engaged 37 participants in DeSoto and Sarasota Counties.

#### References

[National Council on Aging, Get the Facts on Chronic Disease Self-Management](#)

III. Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s).

Documents enclosed.



## 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: Powerful Tools for Caregivers

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i)** provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

The Area Agency on Aging for Southwest Florida (PSA 8) is requesting approval to directly provide *Powerful Tools for Caregivers* as an OAA Title III-D evidence-based intervention. The continuation of provision of this service by AAASWFL is necessary to assure an adequate supply of such services in Southwest Florida.

Caregiving is an important public health issue that affects the quality of life for millions of individuals. Informal or unpaid caregivers are the backbone of long-term care provided in people's homes. Caregivers are at increased health risk as they may neglect their own personal health needs. The call of caregiving is an increasingly common experience in middle and older adults that cuts across demographic groups, and the need for caregivers is expected to grow as the population of older adults continues to increase. Through strategic action, public health professionals can promote the health and well-being of both caregiver and their care recipients (CDC, 2019)

In Florida, nearly 2.7 million residents are part-time or full-time caregivers for aging parents, spouses and other loved ones. However, the state currently ranks 46<sup>th</sup> in terms of providing support for family caregivers (Bruns, 2017). As an evidence-based intervention, *Powerful Tools for Caregivers* can provide this needed support for family caregivers.

*Powerful Tools for Caregivers* is designed to improve:

- Self-care behaviors
- Management of emotions
- Self-efficacy
- Use of community resources

*Powerful Tools for Caregivers* provides strategies to handle unique caregiver challenges. Self-care tools allow participants to:

- Reduce personal stress
- Change negative self-talk
- Communicate their needs to family members and healthcare or service providers
- Communicate more effectively in challenging situations
- Recognize the messages in their emotions
- Deal with difficult feelings
- Make tough caregiving decisions

Currently, AAASWFL utilizes two volunteers that are certified to lead *Powerful Tools for Caregivers*.

Caregiver support groups are not uncommon in PSA 8, however evidence-based caregiver support workshops are less common. By providing this program at no cost to our region's caregivers, AAASWFL will ensure a more adequate supply of free caregiver support services in PSA 8.

#### References:

[AARP: Florida Ranks Fourth From Bottom in Nation for Serving Family Caregivers, Frail Elders and Disabled](#)

[Centers for Disease Control and Prevention: Caregiving for Family and Friends - A Public Health Issue](#)

III. Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s).

Documents enclosed.

## 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: Savvy Caregiver

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i)** provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

The Area Agency on Aging for Southwest Florida (PSA 8) is requesting approval to directly provide *Savvy Caregiver* as an OAA Title III-D evidence-based intervention. The continuation of provision of this service by AAASWFL is necessary to assure an adequate supply of such services in Southwest Florida.

Caregiving is an important public health issue that affects the quality of life for millions of individuals. Informal or unpaid caregivers are the backbone of long-term care provided in people's homes. Caregivers are at increased health risk as they may neglect their own personal health needs. The call of caregiving is an increasingly common experience in middle and older adults that cuts across demographic groups, and the need for caregivers is expected to grow as the population of older adults continues to increase. Through strategic action, public health professionals can promote the health and well-being of both caregiver and their care recipients (CDC, 2019)

Providing care for an individual with Alzheimer's or related dementia disorder can present unique challenges. Dementia is a progressive biological brain disorder that makes it increasingly difficult for afflicted individuals to think clearly, communicate with others, and take care of themselves. In addition, dementia can cause mood swings and even change a person's personality and behavior (FCA, 2023). The challenges unique to caring for an individual with dementia necessitate a training program specific to this role.

*Savvy Caregiver* is designed to provide the most relevant dementia knowledge, skills, and mastery to support family members as they provide care for their relative or friend living with dementia. *Savvy Caregiver* has been proven to:

- Decrease family caregiver distress, burden, and depression
- Increase caregivers' sense of competence and confidence in their role
- Equip caregivers with strategies to enhance their own self-care (Savvy Systems, 2023)

Caregiver support groups are not uncommon in PSA 8, however evidence-based caregiver support workshops are less common. By providing this program at no cost to our region's caregivers, AAASWFL will ensure a more adequate supply of free caregiver support services in PSA 8.

#### References

[Centers for Disease Control and Prevention: Caregiving for Family and Friends - A Public Health Issue](#)

[Family Caregiver Alliance, Caregiver's Guide to Understanding Dementia Behaviors](#)

[Savvy Systems, Savvy Caregiver Programs](#)

III. Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s).

Documents enclosed.

## 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: Tai Ji Quan: Moving for Better Balance (Tai Chi: Moving for Better Balance)

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i)** provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

The Area Agency on Aging for Southwest Florida (PSA 8) is requesting approval to directly provide *Tai Ji Quan: Moving for Better Balance* as an OAA Title III-D evidence-based intervention. The continuation of provision of this service by AAASWFL is necessary to assure an adequate supply of such services in Southwest Florida.

Falls are the leading cause of both fatal and nonfatal injuries among seniors age 65 and over (Bergen, Stevens, & Burns, 2016). One out of four older adults fall each year, and while not all falls result in an injury, about 37% of those who fall reported an injury that required medical treatment or restricted their activity for at least one day. Reportedly 1,028,468 older Floridians experienced a fall event in 2020 (CDC, 2020).

*Tai Ji Quan: Moving for Better Balance* has been proven effective in controlled trials for improving balance deficits and fall risks among older adults. Improvements among workshop completers include:

- Improved strength in lower limbs
- Improved sensory integration
- Improved stability
- Improved global cognitive function (Li, 2018).

Additionally, *Tai Ji Quan: Moving for Better Balance* has reduced the incidence of falls in community-dwelling older adults by 55% to 58% (Li, 2018).

Class evaluations from past AAASWFL *Tai Ji Quan: Moving for Better Balance* workshops indicate that 87.5 % of completers felt much more confident about their balance after completing the class (the remaining 12.5% felt “somewhat” more confident). 83.3% of 2018 class completers rated the class as “excellent”, with the remaining 16.7% rating the class as “good.”

AAASWFL is the only organization offering *Tai Ji Quan: Moving for Better Balance* in PSA 8. A similar program, *YMCA Moving for Better Balance*, is offered within the area, typically at a daily fee or as a members-only program. AAASWFL requests a direct service waiver to continue offering this program to ensure an adequate supply of free falls prevention interventions for older adults in Southwest Florida.

#### References

[Falls and Fall Injuries Among Adults Aged ≥65 Years — United States, 2014 | MMWR \(cdc.gov\)](#)

[Tai Ji Quan: Moving For Better Balance, Program Information, Fuzhong Li](#)

III. Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s).

Documents enclosed.

## 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: Walk With Ease - Group (And self-directed program if/when applicable)

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i)** provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

The Area Agency on Aging for Southwest Florida (PSA 8) is requesting approval to directly provide *Walk With Ease* as an OAA Title III-D evidence-based intervention. The continuation of provision of this service by AAASWFL is necessary to assure an adequate supply of such services in Southwest Florida.

In the United States, one in four adults is affected by doctor-diagnosed arthritis, and the likelihood of developing arthritis becomes more prevalent with age. Arthritis can have substantial impacts on an individual's physical functionality, with about 43.5% of adults with this diagnosis experiencing limitation on their usual activities. With age and limited physical activity, individuals become more at risk for developing associated conditions such as cardiovascular disease, diabetes, and obesity. Regular physical activity can be an important way to reduce pain, improve function, and manage symptoms (CDC, 2021).



*Walk with Ease* has been demonstrated to:

- Reduce the pain and discomfort of arthritis
- Increase balance, strength and walking pace
- Build confidence in participants' ability to be physically active
- Improve overall health

The Walk with Ease Programs is a community-based physical activity and self-management education program. The program is multi-component with health education, stretching and strengthening exercises, and motivational strategies (Arthritis Foundation, 2023).

References:

[Centers for Disease Control and Prevention, Arthritis, National Statistics](#)

[Arthritis Foundation, Walk with Ease: About the Program](#)

III. Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s).

Documents enclosed.

## 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**   III EG

Service: Assurance

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii)** such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

The Area Agency on Aging for Southwest Florida (PSA 8) is requesting approval to directly provide *Assurance* as an OAA service. The provision of this service by AAASWFL is directly related to the administrative functions of the Aging and Disability Resource Center (ADRC).

In times of weather or health emergencies, it is essential for the AAASWFL to administer direct service assurance to ensure the safety and wellbeing of individuals on the Assessed Priority Consumer List (APCL). Assurance includes communication with clients by telephone or in person to determine safety and to provide psychological reassurance, or to implement special or emergency assistance. In the aftermath of extreme weather, it is vital to establish contact with waitlisted clients who may have been directly impacted and in need of assistance, especially those older adults or adults with disabilities who are homebound and/or living alone. Similarly, direct service assurance in times of health emergencies

allows the AAASWFL to check-in with individuals on the APCL who are socially isolated due to health concerns. Telephone assurance affords the opportunity to assess whether individuals' needs have changed and to provide assistance to combat loneliness and isolation.

III. Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s).

Documents enclosed.

## 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**    **VII**

Service: Education/Training

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii)** such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

The Area Agency on Aging for Southwest Florida (PSA 8) is requesting approval to directly provide *Education/Training* as an OAA Title III-B, III-E, and VII service. The continuation of provision of this service by AAASWFL is necessary to fulfilling the administrative functions of the Aging and Disability Resource Center (ADRC).

It is an essential function of the ADRC to provide information about available services and resources. As such, the AAASWFL is committed to 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; and to promote personal enrichment and preparedness.

The continuation of provision of this service by the AAASWFL ensures that eligible consumers – older adults, adults with disabilities, caregivers – in PSA 8 are apprised of service opportunities and available interventions to support them in

living with independence and dignity.

III. Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s).

Documents enclosed.

## 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: Intake

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii)** such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

The Area Agency on Aging for Southwest Florida (PSA 8) is requesting approval to directly provide *Intake* as an OAA Title III-B and III-D service. The continuation of provision of this service by AAASWFL is necessary to the administrative functions of the Aging and Disability Resource Center (ADRC).

As calls for assistance are made to AAASWFL, it is necessary to administer standard intake and screening instruments to gather information about an applicant for services. Intake is also necessary in follow-up of clients waiting for services to review any changes in their situations and to ensure appropriate prioritization for services. In procuring approval to directly provide intake services, the AAASWFL can ensure that clients are assessed consistently and uniformly, which is important to assure accuracy in assigned prioritization rankings.

The continuation of provision of this service allows the AAASWFL to monitor service

needs and gaps to better identify alternate funding opportunities and areas for increased advocacy. Executing direct service intake supports streamlined communication from the ADRC to subcontracted Lead Providers when releasing consumers for active services, which achieves greater efficiency and economy of funds.

III. Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s).

Documents enclosed.

## 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: Technology

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii)** such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

The Area Agency on Aging for Southwest Florida (PSA 8) is requesting approval to directly provide *Technology* as an OAA Title III-B, III-D, and III-E service. The provision of this service by AAASWFL relates directly to the administrative functions of the Aging and Disability Resource Center (ADRC).

As communication becomes increasingly digital and aging consumers continue to increase technology literacy, it is necessary for the ADRC to connect clients to activities that promote maintaining and gaining independence, access to socialization, and/or access to health and wellness activities. Procuring a waiver to provide direct technology service allows the AAASWFL to outfit eligible consumers with the equipment needed to communicate and connect more easily with peers, family members, and service providers.

Loneliness and social isolation in older adults are serious public health risks



affecting a significant number of people in the United States and putting them at risk for dementia and other serious medical conditions. A report from the National Academies of Sciences, Engineering, and Medicine (NASEM) sites that nearly one-fourth of adults aged 65 and older are considered socially isolated. Recent studies found that social isolation was associated with about a 50% increased risk of dementia and that loneliness was associated with higher rates of depression, anxiety, and suicide. High-quality social relationships can help people to live longer, healthier lives (CDC, 2021). The ability to provide technology direct services supports AAASWFL's mission in helping to prevent social isolation and to enhance consumers' quality of life. This service also affords the opportunity to reach individuals who may be isolated from support and resources due to rurality or lack of transportation, both of which are consistent barriers to service provision.

### References

[Centers for Disease Control and Prevention: Loneliness and Social Isolation Linked to Serious Health Conditions](#)

III. Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s).

Documents enclosed.

## TDIRECT 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**    **III EG**

Service: Transportation

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- (ii)** such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

The Area Agency on Aging for Southwest Florida (PSA 8) is requesting approval to directly provide *Transportation* as an OAA Title III-B, III-E, and III-EG service. The provision of this service by AAASWFL is directly related to the administrative functions of the Aging and Disability Resource Center (ADRC).

According to data from the REFER system, Transportation is one of the top requested services of the Elder Helpline in PSA 8, with individuals in PSA 8 in need of transportation to medical appointments, community services, shopping, social activities, and other life sustaining activities. In an effort to better connect older adults and adults with disabilities with essential services and resources to support their continued independence, AAASWFL is requesting the ability to provide direct service transportation for discretionary cases where it is necessary to support the health and wellbeing of the individual.

III. Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s).

Documents enclosed.

# Public Meeting

August 16, 2023 – 10:00 a.m.  
2830 Winkler Avenue, #112 | Fort Myers, FL 33916

## To Discuss:

### AAASWFL's Intent to Request a Direct Service Waiver

Area Agency on Aging for Southwest Florida (AAASWL) is conducting a public hearing for its application for a Direct Service Waiver from the State of Florida Department of Elder Affairs.

AAASWFL will request a Direct Service Waiver to provide the following services under the Older Americans Act:



- Education/Training
- Evidence-based Health & Wellness Promotions
- Intake
- Technology
- Telephone Assurance
- Transportation

2830 Winkler Avenue, Suite 112, Fort Myers, FL 33916 | Helpline: 866-413-5337 | [www.aaaaswfl.org](http://www.aaaaswfl.org)  
Charlotte | Collier | DeSoto | Glades | Hendry | Lee | Sarasota



**Area  
Agency  
on Aging**  
FOR SOUTHWEST FLORIDA

Helpline: 1-866-413-5337  
2830 Winkler Ave, Suite 112 Fort Myers, FL 33916  
Office: 239-652-6900 | Fax: 239-652-6910 | www.AAASWFL.org  
Charlotte | Collier | Desoto | Glades | Hendry | Lee | Sarasota

August 16, 2023  
10:00am

**Public Meeting:**  
**Intent to Request Direct Service Waiver, Older Americans Act**

Name	Email
1. Andrew Tolliver	<del>Andrew Tolliver</del> A.Tolliver@effm.us
2. Molly Thompson	Molly.Thompson@DBS.FLDOE.ORG
3. Madeline Wilk	madeline.wilk@aaaswfl.org
4. Maricela Morado	maricela.morado@aaaswfl.org
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# Assurances & Attestations

## Section 306 Older Americans Act

AREA AGENCY ON AGING FOR SOUTHWEST FLORIDA, INC. assures that all provisions of 42 U.S.C. § 3026 and 42 U.S.C. § 3027, including but not limited to the specific provisions detailed below, are adhered by, including:

1. The 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, health services including behavioral and mental health services, outreach, information and assistance and case management services), in-home services, and legal assistance; and assurances that the AAA will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded. (§306(a)(2))
2. The AAA assures it will set specific objectives for providing services to older individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. (§306(a)(4)(A)(i))
3. The AAA assures that it will include in each agreement made with a provider of any service under this title, a requirement that such provider will:
  - a. Specify how the provider intends to satisfy the service needs of low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider.
  - b. To the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
  - c. Meet specific objectives established by the AAA, for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area. (§306(a)(4)(ii))
4. The 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 proficiency;
- f. Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- g. Older individuals at risk for institutional placement, specifically including survivors of the Holocaust.

5. The AAA further assures that it will inform the older individuals referred to above, and the caretakers of such individuals, of the availability of such assistance. (§306(a)(4)(B))

6. The AAA assures it will ensure that each activity undertaken, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. (§306(a)(4)(C))

7. The 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 and those at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities. (§306(a)(5))

8. The AAA assures that it will provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title. (§306(a)(10))

9. The 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, who are older Native Americans. (§306(a)(11))

10. The AAA assures it will maintain the integrity and public purpose of services provided, and service providers, under 42 USCS §§ 3021 *et seq.* in all contractual and commercial relationships. (§306(a)(13)(A))

11. The 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))

12. 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 42 USCS §§ 3021 *et seq.* by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. (§306(a)(13)(C))

13. The 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))

14. 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))

15. 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))

16. 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)(14))

17. The AAA assures that funds received under this title will be used:
- a. To provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
  - b. In compliance with the assurances specified in paragraph (13) and the limitations specified in section 212. (§306(a)(15))

18. The AAA assures that data will be collected to determine that services are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019 and to determine the effectiveness of the programs, policies, and services provided by AAAs in assisting such individuals. (§306(a)(18))



19. The AAA assures that outreach efforts will be used to identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019. (§306(a)(19))

**Area Agency on Aging Director**

Name: Maricela Morado

Signature: Maricela Morado

Date: 08.25.23

## DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATIONS TITLE VI OF THE CIVIL RIGHTS ACT OF 1964


AREA AGENCY ON AGING FOR SOUTHWEST, INC. hereinafter called the "recipient,"

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq*) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR§ 80) issued pursuant to the title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the recipient receives federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the recipient by the Department, this assurance shall obligate the recipient, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar service or benefits. If any personal property is so provided, this assurance shall obligate the recipient for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the recipient for the period during which the federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, property, discounts, or other federal financial assistance extended after the date hereof to the recipient by the Department, including installment payments after such date on account of the applications for federal financial assistance which were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the recipient.

**Area Agency on Aging Director**

Name: Maricela Morado Signature: 

Date: 08.24.23

## DEPARTMENT OF HEALTH AND HUMAN SERVICES SECTION 504 OF THE REHABILITATION ACT OF 1973

AREA AGENCY ON AGING FOR SOUTHWEST FLORIDA, 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. § 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to [45 C.F.R. § 84.5(a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health and Human Services after the date of the Assurance, including payments or other assistance made after such date on applications for federal financial assistance that were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means.

This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal financial assistance is extended to it by the Department of Health and Human Services or provided for in [45 C.F.R. § 84.5]. Pursuant to 45 C.F.R. § 84.7(a), if the recipient employs fifteen or more persons, the recipient designates the following person(s) to coordinate its efforts to comply with the regulation.

Name of Designee(s): Maricela Morado

Title: President & CEO

Recipient's Address: 2830 Winkler Ave, Suite 112

Fort Myers, FL 33916

Pursuant to 45 C.F.R. § 84.7(b), if the recipient employs fifteen persons or more, the recipient shall adopt grievance procedures that incorporate appropriate due process standards and that provide for the prompt and equitable resolution of complaints alleging any action prohibited by this part. Such procedures need not be established with respect to complaints from applicants for employment or from applicants for admission to postsecondary educational institutions.

IRS Employer I.D. Number: 59-1854441

AAA Board President (or other authorized official)

I certify that the above information is complete and correct to the best of my knowledge.

Name: Wendy M Hayes Signature: Wendy M Hayes

Date: 8/24/23

## AVAILABILITY OF DOCUMENTS

AREA AGENCY ON AGING FOR SOUTHWEST FLORIDA, 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 DOE A or its designee(s) at any time.

The AAA further understands that these documents are subject to review during monitoring by DOE A.

- (1) Current board roster
- (2) Articles of Incorporation
- (3) AAA Corporate By-Laws
- (4) AAA Advisory Council By-Laws and membership composition
- (5) Corporate fee documentation
- (6) Insurance coverage verification
- (7) Bonding verification
- (8) AAA staffing plan
  - (a) Position descriptions
  - (b) Pay plan
  - (c) Organizational chart
  - (d) Executive director's resume and performance evaluation
- (9) AAA personnel policies manual
- (10) Financial procedures manual
- (11) Functional procedures manual
- (12) Interagency agreements
- (13) Affirmative Action Plan
- (14) Civil Rights Checklist
- (15) Conflict of interest policy
- (16) AAA Board of Directors and Advisory Council meeting minutes
- (17) Documentation of public forums conducted in the development of the area plan, including attendance records and feedback from providers, consumers, and caregivers
- (18) Consumer outreach plan
- (19) ADA policies

- (20) Documentation of match commitments for cash, voluntary contributions, and building space, as applicable
- (21) Detailed documentation of AAA administrative budget allocations and expenditures
- (22) Detailed documentation of AAA expenditures to support cost reimbursement contracts
- (23) Subcontractor Background Screening Affidavit of Compliance

Certification by Authorized Agency Official:

I hereby certify that the documents identified above currently exist and are properly maintained in the administrative office of the Area Agency on Aging. Assurance is given that DOEA or its designee(s) will be given immediate access to these documents, upon request.

AAA Board President (or other authorized official)

Name: Wendy M Hayes Signature: Wendy M Hayes  
Date: 8/24/23 Title: BOB Chair