2024-2027
FOUR-YEAR AREA PLAN
Program Module

Area Agency on Aging for SWFL
Planning and Service Area 8
September XX, 2026

Department of ELDER AFFAIRS STATE OF FLORIDA

4040 Esplanade Way, Tallahassee, FL 32399 | Phone: (850) 414-2000 | ELDERAFFAIRS.ORG

Table of Contents

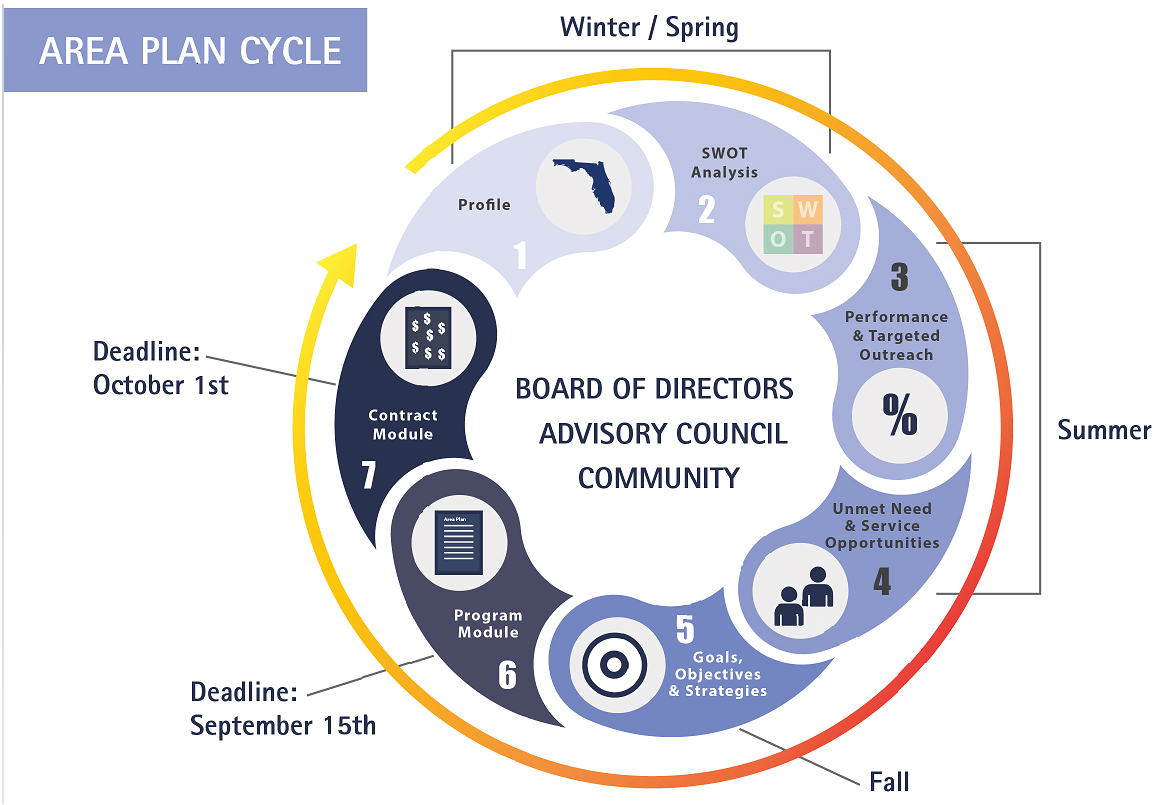
Introduction to the Area Plan

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.

Chair, Board of Directors

Name: Dr. Rob Sillevis Signature: _____

Date: _____

Chair, Advisory Council

Name: Mary Bartoshuk Signature: _____

Date: _____

President & CEO, Area Agency for SWFL

Name: Maricela Morado Signature: _____

Date: _____

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 2026. The schedule of meetings is as follows:

Thursday, February 26, 2026

Thursday, April 30, 2026

Thursday, June 25, 2026

Thursday, August 27, 2026

Thursday, October 29, 2026

Thursday, December 17, 2026

Officer Selection Schedule:

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

Recruitment:

Ongoing effort is made to recruit members from any counties which are not currently represented by a sitting Board member. AAASWFL shares targeted materials to advertise the opportunity as well as leverages existing partnerships to seek appropriate referrals to the Board of Directors. AAASWFL has attempted to connect with the CEO of the DeSoto County Chamber of Commerce and Rotary Club to fill the vacant seat representing DeSoto County. The distance that must be traveled to attend meetings in-person creates a perpetual barrier to robust recruitment from all counties and especially those outlying areas in the PSA.

AAA Board Officers:

Title	Name	Term
Chair	Dr. Rob Sillevis	12/25 – 12/27
Vice Chair	Susan Berger	12/25 – 12/27
Treasurer	Garrett Anderson	12/25 – 12/27
Secretary	Jaha Cummings	12/25 – 12/27
Member at Large	Dana McQuaide Begley	12/25 – 12/27
Immediate Past Chair	Dr. Lesley Clack	12/23 – 12/25

AAA Board of Directors Membership:

Name	Occupation / Affiliation	County of Residence or Primary Work	Member Since	Current Term of Office
AJ Attavar	Healthcare Executive, NPS Inc.	Collier	02/26	02/26 – 12/28
Dana McQuaide Begley, MHA, FACHE	Vice President, Wellness & Recovery, Lee Health	Lee	12/24	12/24 – 12/27
Garrett Anderson	Manager of Patient Experience / NCH Health	Collier	10/21	12/23 – 12/25
Denise McNulty, Dr.	RN, NP – Healthcare/Non-profit organizations	Collier	08/23	08/23 – 12/26
Jaha Cummings	Disaster Recovery Coordinator SWFL Regional Planning Council	Charlotte	06/23	06/23 – 12/26

Kara Helvey	RN, Risk Manager, Hendry Regional Medical Center	Hendry	10/24	10/24 – 12/27
Marsha Webb-Medlin	Retired Healthcare Executive (RN)	Charlotte	02/26	02/26 – 12/28
Meriam "Jackie" Walker	Receptionist / United Way	Glades	08/21	08/25 – 12/27
Dr. Rob Sillevis	Physical Therapist, Associate Professor and Chair, Department of Rehabilitation Sciences, FGCU	Lee, Collier, Hendry, Glades, and Charlotte	10/24	10/24 – 12/27
Susan Berger	Policy Coordinator / Sarasota County HHS	Sarasota	02/21	12/21 – 12/24
Derek Rooney, P.A.	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 2026 is as follows:

Friday, January 16, 2026

Friday, March 20, 2026

Friday, May 15, 2026

Friday, July 17, 2026

Friday, September 18, 2026

Friday, November 20, 2026

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.

Recruitment:

Ongoing effort is made to recruit members from any counties which are not currently represented by a sitting Council member. In November 2024 a representative of Glades County was voted to the Advisory Council, leaving Sarasota County as the single area in PSA 8 with no Advisory Council representative. AAASWFL shares targeted materials to advertise the opportunity as well as leverages existing partnerships to seek appropriate referrals to the Council. The distance that must be traveled to attend meetings in-person creates a perpetual barrier to robust recruitment from all counties and especially those outlying areas in the PSA.

Advisory Council membership experienced some turnover in 2025, resulting in the following updated membership roster. Currently 61% of members are age 60+.

AAA Advisory Council Members:

Name	Occupation / Affiliation	County of Residence or Primary Work	Member Since	Current Term of Office	60+ (yes/no)	Race	Ethnicity
Debbie Fulton	Consult & Family Liaison / Alzheimer's Support	Collier	01/17	01/24 – 01/27	yes	W	O
Gail McKee	Membership Consultant, ArchWell Health	Charlotte	07/26	07/26 – 07/29	yes	W	O
Hallie Devlin	Retired / State of Michigan SSA	Collier	07/16	01/24 – 01/27	yes	W	O
Jessica Smith	Homeless Prevention Supervisor, Lee County HVS	Lee	06/25	06/25 – 06/28	no	W	O
Laura Bayona	Senior Business Spc. / FPL	Collier	11/22	01/26 – 01/29	no	W	H
Lauri Benson	Social Svs. Dir. / DeSoto County BOCC	DeSoto	07/18	03/24 – 03/27	no	W	O
Victoria Hayes (alternate)	Social Svs. Dir. / DeSoto County BOCC	DeSoto	02/24	03/24 – 03/27	no	W	O
Mackelvie Jno-Charles (vice-chair)	CEO / Castle Comfort Homecare	Lee	06/21	03/24 – 03/27	yes	B	O

Marissa Stress-Peterson	Dir. of Programs / Harry Chapin Foodbank	Lee	11/22	11/25 – 11/28	no	W	O
Mary Bartoshuk (chair)	Retired Admin. Assistant	Hendry	01/10	01/24 – 01/27	yes	W	O
Rob Fulton	Retired / Pilot, Disabled Army Veteran	Lee	07/17	01/24 – 01/27	yes	W	O
Tabitha Larrauri	API Investigator Supervisor / Department of Children and Families	Charlotte	06/16	01/24 – 01/27	no	W	O
Donna Torres (alternate)	API Investigator Supervisor / Department of Children and Families	Lee	09/21	01/24 – 01/27	no	W	O
Tim Stanley	Glades County Commissioner	Glades	11/24	09/24 – 09/27	yes	W	O
Virginia Stacy	Retired Nurse	Lee	05/16	01/24 – 01/27	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	☒	06/25	1	04/31	01/32
	III C.I	☒	06/25	1	04/31	01/32
	III C.II	☒	06/25	1	04/31	01/32
	III D	☒	-			
	III E	☒	06/25	1	04/31	01/32
	VII*	☒	-			
General Revenue	ADI	☒	01/24	3	01/30	07/30
	CCE	☒	01/24	3	01/30	07/30
	HCE	☒	01/24	3	01/30	07/30
Other	ADRC*	☒	-			
	AoA Grants	☐				
	EHEAP*	☒				
	LSP*	☒				
	NSIP*	☒				
	RELIEF*	☒				
	SHINE*	☒				
	USDA*	☐				

* 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.

Rural Areas of Opportunity

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.

Spotlight on Success Stories

OA3B Supportive Services

A Charlotte County client would be unable to remain in her home without the supportive services provided by the OA3B program. Homemaking services support the client in maintaining a healthy environment, accessing groceries, and attending medical appointments. The client receives monthly supplies, necessary for hygiene, which she otherwise cannot afford. Recently, the client was provided with a mobility scooter which has breathed new life into her, allowing her to venture outside of her residence.

(2025)
Lev is a 93-year-old widower living in a one-bedroom apartment in Naples. He receives Personal Care, Homemaker, Specialized Medical Supplies and Equipment, and Emergency Alert Monitoring. Due to his functional impairments, Lev needs assistance with personal care needs, like bathing and dressing. The weekly assistance from his aide also means that Lev feels less isolated and increased safety. The cost of Lev's Older Americans Act services are roughly $2,000 less per month than what it would cost the state Medicaid program to maintain Lev's care in a nursing home facility. These services enable Lev to remain independent, safe, and supported in his own home.

OA3B Legal Assistance

OA3B funded Legal Assistance provided defense of 68-year-old woman threatened with the loss of her home. The home was titled to her deceased brother, who had promised the client that she could inhabit the home for her lifetime. With the brother's passing, the home was left in trust to the client's niece who requested that the client vacate the premises so that the home could be sold. The client is defending on the grounds of enforceability of her brother's promise, which she has relied upon in taking on financial ownership of property taxes and home repairs for the past 20 years.

(2025)
A 64-year-old man and his wife faced foreclosure on their home due to their inability to pay the mortgage. Department of Elder Affairs funded Legal Assistance intervened to stop the foreclosure, allowing the client to sell his property and to relocate with funds from the sale to begin anew in a less costly location.

OA3C Nutrition

HM, a 62-year-old single woman living with her 93-year-old father
is a 62-year-old, white, single female that lives with her 93-year-old father at EKOS Cadenza in Naples, lives with complex health issues and is unable to work. She became

the sole caretaker of her father after her mother died. HM shared gratitude for the congregate nutrition available onsite, as the household's SNAP benefits had experienced drastic reductions in the past year. She also appreciates the social opportunity provided and believes this has helped with her father's depression, giving them a reason to leave the apartment each day. The program has exposed HM to new vegetables and appropriate serving sizes, which she attributes in part to some of her recent weight loss.

(2025)
Ron receives home-delivered meals in Charlotte County. He has the beginnings of Alzheimer's Disease and is nonverbal most of the time, experiencing great difficulty in communicating what he wants. Ron's Caregiver has shared appreciation for the home-delivered meals program, explaining that Ron can choose what he wants to eat. His Caregiver pulls two meals out of the freezer, and Ron points to the one he wants – providing him with control over his life and affording his Caregiver one less worry.

OA3D Health Promotions

AAASWFL hosted the Chronic Disease Self-Management Program (CDSMP) at the Senior Friendship Center-Sarasota, and one participant regularly attended classes, often reporting feeling tired, weak, and unwell.

As the program continued, the participant shared that they had a "lightbulb moment." Through the education and discussions facilitated during the CDSMP classes, the participant realized the importance of speaking with a healthcare provider about ongoing health concerns and medications.

After scheduling an appointment with a primary healthcare provider, it was discovered that several prescribed medications were negatively interacting with one another. The healthcare team is now working together to adjust the medications and ensure safer treatment moving forward.

The participant shared that, without attending the CDSMP workshop, it may have never occurred to start that important conversation with a healthcare provider. The participant expressed gratitude for the program and relief in finally understanding what may have been contributing to the ongoing health issues.

This experience highlights the importance of Health and Wellness programs within the communities we serve. Programs like CDSMP do more than provide education. They empower community members to better understand their health, ask important questions, build confidence in managing chronic conditions, and take an active role in improving their quality of life.

(2025)
AAASWFL formed a new partnership with the Collier Senior Center – Golden Gate to deliver OA3D Health Promotion Programs. The inaugural class of Arthritis Foundation

Exercise Program (AFEP) quickly became one of the largest AFEP classes, with 20 dedicated participants attending exercise classes, delivered in Spanish, twice weekly.

One participant has gone above and beyond, naturally stepping into a leadership role and becoming the unofficial “AFEP helper” each class. She recently shared how much purpose this role has brought to her life. Helping others improve their health has given her a renewed sense of fulfillment, and she feels proud to contribute to the well-being of her friends and community.

With OAA funded support, she is now actively working toward her AFEP certification and is on track to lead future classes at this location. Thanks to her dedication, the Collier Senior Center – Golden Gate will continue to benefit from ongoing AFEP programming, now led by a member of the Senior Center, a wonderful example of how 3D Workshops not only support physical health, but also empower individuals to lead, inspire, and make a lasting impact in their communities.

OA3E Caregiver Support Services

The OA3EG program supported a single grandmother and her granddaughter with access to crucial care and social enrichment programs. A Charlotte County grandmother, the lone caregiver for her minor granddaughter, was supported with after school care enrollment for her daughter, providing access to an extracurricular dance program which would have otherwise been inaccessible to the family.

(2025)
Diane is a 71-year-old widow living in rural Glades County. Her primary caregiver is her adult daughter who works full time for the local school district. Diane was gainfully employed until age 70 in the social service field in Glades until a series of strokes in late 2024 left her with many functional impairments. She is no longer able to work or perform any Instrumental Activities of Daily Living and is living with great limits to her Activities of Daily Living. Diane was a Rank 5 risk of Nursing Home placement when released for supportive services under the OAA program. She receives Respite Care; Home-Delivered Meals; Emergency Alert Monitoring; and Specialized Medical Equipment, Services and Supplies.

Glades County has no Hospitals, Nursing Homes, Assisted Living Facilities, or Adult Day Programs. There are also no grocery stores or primary doctors within the county. Diane's ability to remain at home and in the community that she served until age 70 is wholly dependent on the Department of Elder Affairs funded services that she and her caregiver receive.

OA7 Elder Abuse Awareness & Prevention

AAASWFL provided an Abuse, Neglect, and Exploitation (ANE) of Older Adults

Professional Training at the Naples Shelter for Abused Women & Children. The training was offered in a hybrid and virtual format, allowing employees and volunteers from both the Naples shelter and the Immokalee shelter location to participate together from different communities across Southwest Florida.

The virtual format played an important role in expanding access to this valuable education. Participants were able to join remotely, which allowed more employees and volunteers from multiple locations to attend without the challenges of travel, scheduling conflicts, or distance barriers. This allowed AAASWFL to reach more community members across the region and provide consistent education to individuals working directly with vulnerable populations.

(2025)
Earlier in 2025, AAASWFL's Edler Abuse Prevention Coordinator received an anonymous letter written by a group of individuals who wished to remain unidentified. The letter provided detailed concerns regarding the potential neglect and abuse of an elderly individual residing in a local rehabilitation facility.

Thanks to established partnerships, AAASWFL was able to promptly connect with the Office of the Ombudsman, the Agency for Health Care Administration (AHCA), and Adult Protective Services (APS). An investigation was launched to ensure the safety and well-being of the individual in question.

What makes this story especially meaningful is how it all began. Later, at an Outreach event in Charlotte County, one of the individuals who had helped write the anonymous letter approached the Elder Abuse Prevention Coordinator to share their appreciation. They explained that they had attended an AAASWFL Presentation of Abuse, Neglect, and Exploitation of Older Adults and had learned to identify the signs of elder abuse.

This story is a powerful example of how education and outreach can truly make a difference. Through Title VII Elder Abuse Prevention efforts, AAASWFL continues to empower individuals with the knowledge and tools they need to advocate for vulnerable older adults in their communities.

ADI Alzheimer's Disease Initiative

A client with late-stage Alzheimer's disease lives with his spouse as sole caregiver, with no other family support in the area. The client's spouse manages her own complex health issues which make it challenging to meet all of her husband's care needs. The caregiver was in a state of crisis when the client was enrolled in ADI and was considering facility placement for her husband. Through funded case management and respite care, the client has remained safely at home with his wife.

(2025)
Zenaida, a 96-year-old widow is cared for by her daughter and son-in-law in a private

residence and is living with dementia. Zenaida has complex health problems, cognitive challenges, and physical limitations with ambulation. Due to these combined circumstances, Zenaida requires constant supervision and assistance. Zenaida's daughter, who is her primary Caregiver, lives with health problems which require her to receive medical care weekly and as needed. Zenaida's daughter assists with all of her activities of daily living and instrumental activities of daily living but needs relief to attend to her own health and to also provide care to her ill spouse. Caregiving can be emotionally and physically draining and can too quickly become burdensome, especially for a Caregiver with demanding health needs of their own. The respite services available through the ADI program provide relief to Zenaida's Caregiver, affording crucial supports to prevent Caregiver burnout and to ensure that Zenaida continues to be supported and cared for well at home with her family.

CCE Community Care for the Elderly

A DeSoto County client was released to the CCE program having undergone two ER visits and one hospital admission within the last year. To support the client's goal of remaining independent in her home for as long as possible, she receives personal care assistance and homemaking assistance weekly. At six-month review, the client had no new health issues to report and no additional visits to the ER or hospital, maintaining that she would not be able to manage at home on her own without the assistance provided by the CCE program.

(2025)
Robert cares for his bedridden wife Debra in Glades County and had experienced increasing difficulty to continue meeting all of her needs as he too aged, and due to a fixed income, private care assistance was not an option for the household. When Debra was released for CCE services in June 2025, she was a level 5 risk of nursing home placement. Through the CCE program, Debra receives case management and respite care to assist with her high care needs. The respite care provided also ensures that her husband Robert is supported as he ages, with relief from his caregiving duties, and that the couple can age together in their home.

HCE Home Care for the Elderly

An 86-year-old Latino male resides with his daughter as primary caregiver in Collier County. The client has no source of income, and the HCE program is crucial for reducing expenses, supporting personal hygiene, and supplying nutritional drinks.

(2025)
L.E. is a 95-year-old woman living in Charlotte County, cared for by her disabled adult son, and the household is supported monthly with the HCE Basic Subsidy. The monthly subsidy is essential to support the monthly costs of caregiving and of maintaining the household, ensuring that L.E. can age at home among her family. L.E.'s case manager recalls their initial visit to her home where many photographs of young children and

families were on display. L.E. explained that in the past, she housed displaced children who had been abused by their parents and that the family pictures were of the same children who have kept in touch and sent pictures of their own families. L.E.'s case manager reflects that it is crucial to recognize how funded programs impact our clients, but it is equally important to acknowledge how clients impact the agencies who serve them. It is immensely rewarding to help deserving clients who have previously given their all to help others in need, and it is now our time to help them.

RELIEF Respite for Elders Living in Everyday Families

A family experiencing significant strain was supported by the RELIEF program. When the client was enrolled in RELIEF, the client's daughter had been providing full-time care for her mother and was unable to maintain steady employment as a result. The family is now connected to respite care and a more comprehensive scope of care through additional program and resource offerings.

(2025)
For over a decade, Valerie has dedicated herself as a volunteer of the Respite for Elders Living in Everyday Families (RELIEF) program. Valerie has served more than fifteen families with respite care and shares that the program gives her days some much-needed routine. "It gives me structure because now I have a schedule that I have to get up for. When you don't have a schedule or purpose, it's easy to fall into inertia. But now, I get up every day. In the beginning, it was difficult, but now I find profound joy in this routine." Valerie shares that feedback from the families she assists motivates her to continue volunteering with the program, "One daughter thanked me, tears in her eyes, because I simply cooked a meal for her and her family on Mother's Day after she had a long exhausting workday. She simply didn't have the energy to cook. It's the simplest acts of service that often mean the most."

SHINE Serving Health Insurance Needs of Elders

Not every client being screened for financial assistance is going to meet the federal or state eligibility requirements. But by using their problem-solving skills, SHINE counselors work towards finding other options.

A client who was struggling to pay his bills, including his Part B premium, was screened for the Medicare Savings Program which would help reduce his Part B costs. But he was over the income limits; something SHINE counselors see all too often. And with only Parts A and B and one month left of his initial enrollment period to select a plan, he was worried.

When he considered dropping his Part B, our SHINE counselor, Rose, suggested that may not be in his best interest and began to ask him questions about his health. As it turns out, he has diabetes, which means there are potential savings. Next, Rose reviewed the option of a Special Needs Plan, specific to chronic conditions (C-SNP), with him. This option would not only save him money on co-pays but also give him a few extra

benefits. He signed up for a C-SNP and is saving on Medicare costs allowing him to pay other expenses.

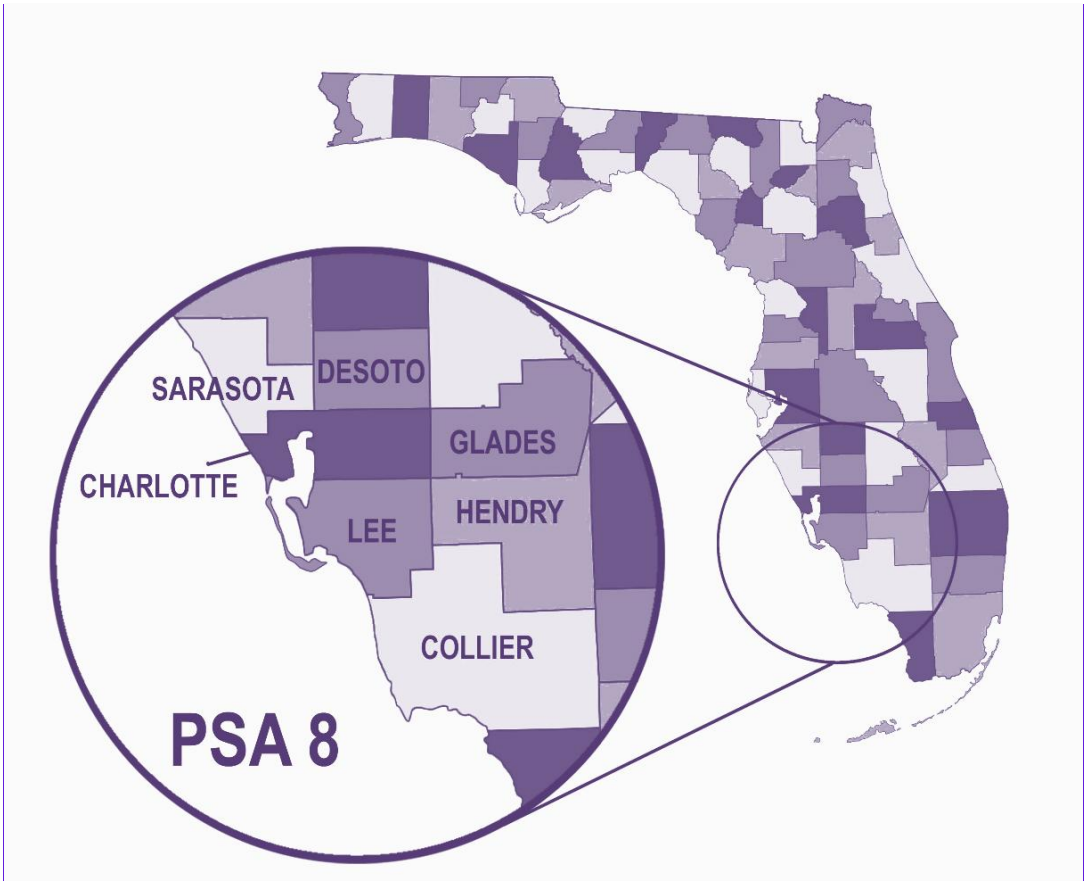
(2025)
SHINE assisted a client who planned an imminent move to MA as she had lost permanent, stable housing in Florida. The client was directed to the correlating Area Agency on Aging in MA as well as provided the necessary resources needed for selecting new insurance coverage and applying for Medicaid related programs once she relocated. The SHINE counselor went above her SHINE duties to help the client locate housing and provide resources for other critical needs to mitigate the client's present crisis.

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:

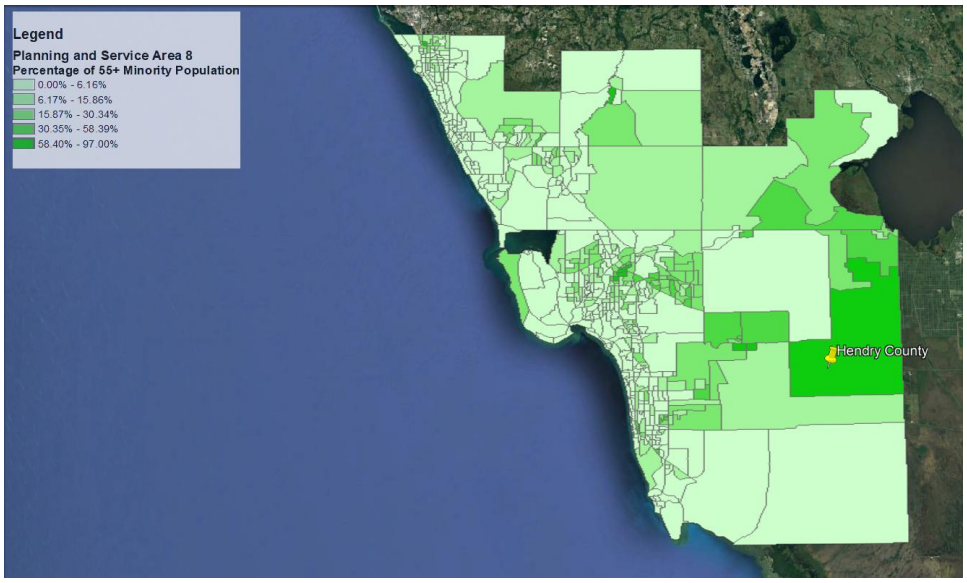
A day in the life of a senior in Southwest Florida is highly dependent upon physical and mental health conditions, family and community support systems in place, infrastructure, and accessibility to daily living needs and social activities. Two of the Seven counties in PSA 8 have received the age-friendly 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 and is classified as a food desert. Residents of Glades County have the option of either traveling thirty minutes minimum to the nearest county for groceries or sustaining on pantry items from a local grocery store or Dollar General (WINK, 2023). 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 and access to mobile pantries, and underscoring the importance of ongoing access to the home-delivered and congregate nutrition options currently available in Glades County and funded by the Older Americans Act.

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%

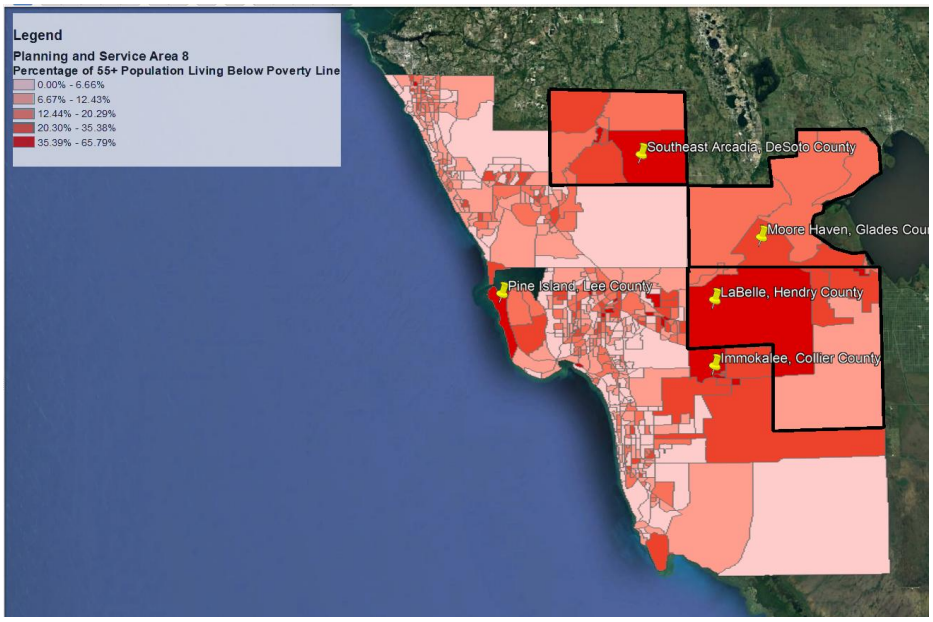
Data demonstrates that, with growth, comes a more diverse population. Cultural diversity within service provision becomes more essential as well. For example, food preference in nutrition programs may be based heavily on an individual's culture or ethnicity and

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.

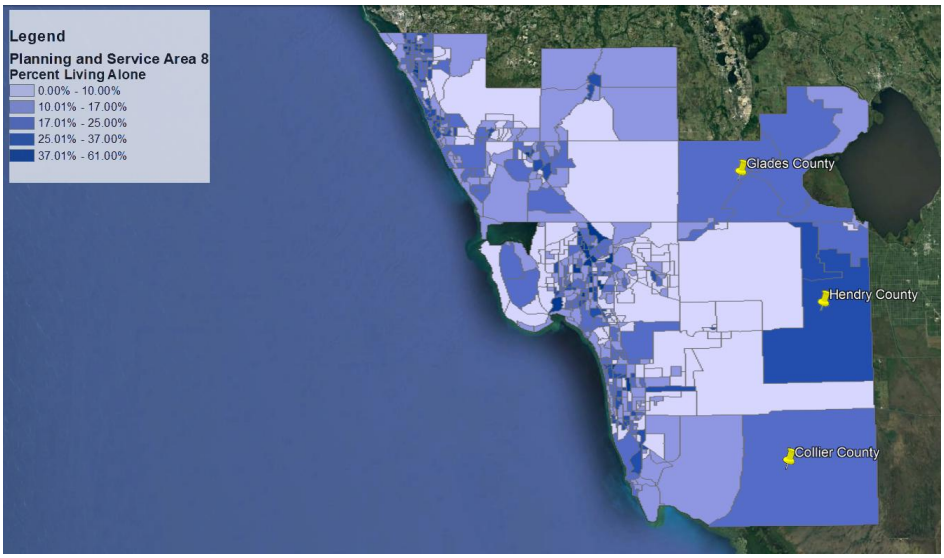


The majority of seniors in PSA 8 live on fixed incomes. High medical expenses or sudden crisis may slip a senior into poverty quickly. Notably, rural counties have higher percentages of older adult populations living in poverty. More populated counties have higher numbers overall, with percentages at 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.

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

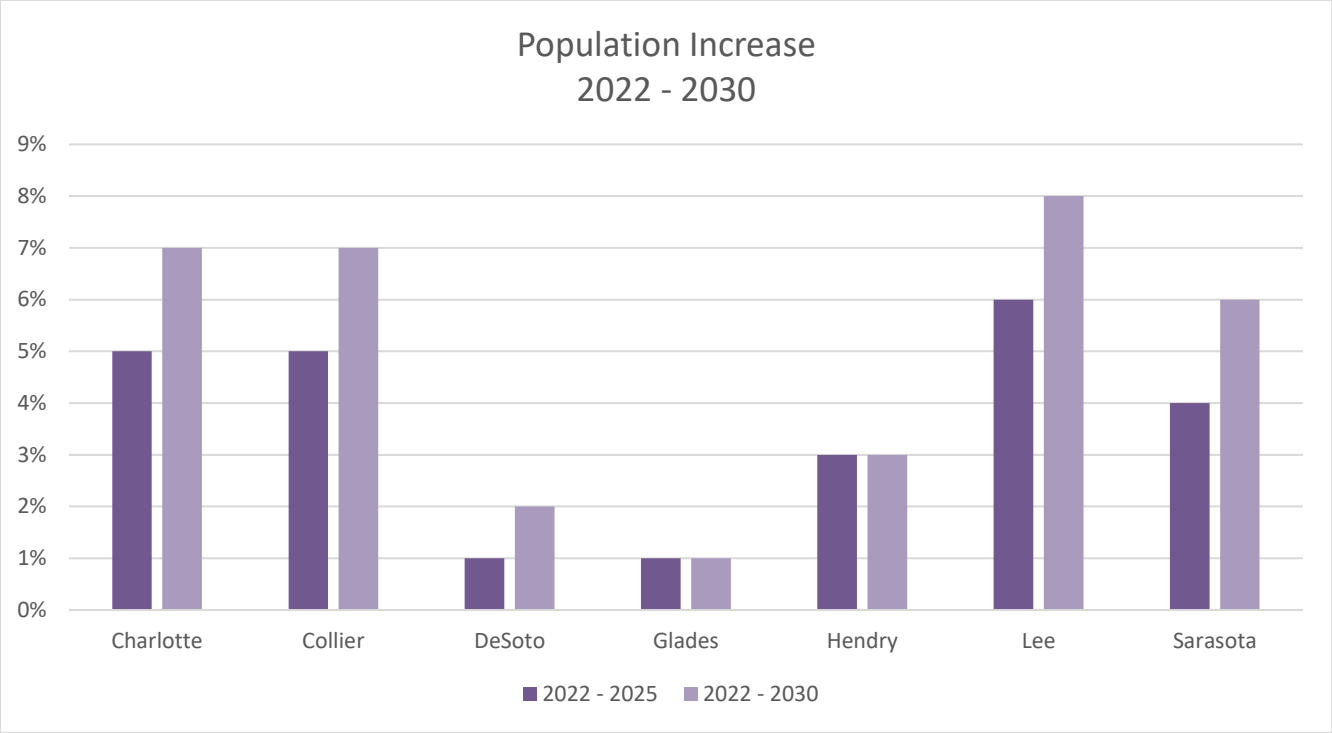


A senior's living situation and supports in place as well as the rurality of their community all play a substantial role in the day-to-day activities in which they can partake. Rural residents of PSA 8 have reduced access to services and interaction due to a lack of transportation and recreational opportunities. 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 15 known facilities across PSA 8 providing localized access to older adults needing information and assistance and some also provide opportunities for socialization and recreation. Three senior centers are in Lee County, two are based in Collier County, two are in Sarasota County, and DeSoto and Hendry Counties both have one. There is one focal point in Charlotte County and one in Glades County but no senior center in either of these areas. 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 infrastructure in rural counties creates an access barrier for seniors residing in these areas. Though there is at least one access point per county in PSA 8, older adults experience varied barriers to access, such as limited options for transportation to access points in rural areas.
.

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 Inform USA 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, DOEA 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, rank 1-5, on the APCL by county and program.

Number of Individuals Screened & Assessed Annually				
Year:	2022	2023	2024	2025
Total Number of Screenings:	**4101**	**5355**	**5302**	**5337**
Initial:	2848	4019	3730	4139
Annual:	924	807	821	573
Change:	296	529	663	625

*eCIRTS Report: Total Screenings Completed for Date Range

Number of Individuals on APCL by County and Program 2025							
	Charlotte	Collier	DeSoto	Glades	Hendry	Lee	Sarasota
ADI	80	120	2	4	23	342	78
CCE	259	453	14	22	95	1332	403
HCE	121	182	5	5	42	576	158
MLTC	205	309	46	21	77	909	389
O3C2	140	309	16	11	44	788	191
OA3B	349	550	18	26	101	1605	504
OA3E	175	251	8	9	53	738	221
OA3ES	117	158	7	7	34	499	118

*eCIRTS Report: Priority Rank for APCL Clients *as of 05/01/2025 (may contain duplicate counts)

Number of Individuals on APCL by County and Program 2026							
	Charlotte	Collier	DeSoto	Glades	Hendry	Lee	Sarasota
ADI	48	190	1	2	37	567	153
CCE	216	471	6	15	110	1454	454
HCE	104	238	1	7	57	851	188
MLTC	237	301	40	16	91	1009	403
O3C2	162	349	16	11	65	960	286
OA3B	333	588	6	22	136	1834	588
OA3E	160	379	15	12	87	1189	395

*eCIRTS Report: Priority Rank for APCL Clients *as of 06/30/2026 (may contain duplicate counts)

Statewide Medicaid Long-Term Care Pre-Enrollment 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 pre-enrollment 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 2025:

	ADI	CCE	HCE	O3C1	O3C2	OA3B	OA3E	OA3EG	OA3ES	RELIEF
Charlotte	29	55	21	116	90	38	6	2	7	-
Collier	17	36	10	269	51	12	5	0	5	-
DeSoto	1	17	2	48	38	5	0	11	0	-
Glades	1	10	3	21	25	6	121	0	92	-
Hendry	8	19	8	55	59	46	612	0	179	-
Lee	54	89	53	361	129	26	16	2	517	3
Sarasota	55	87	30	323	110	34	1	5	5	-
PSA 8	**165**	**313**	**127**	**1,193**	**502**	**167**	**31**	**20**	**45**	**3**

*eCIRTS Report: Current Enrollment Counts

The chart below depicts the Active Clients by Funding Source as of June 2026:

	ADI	CCE	HCE	O3C1	O3C2	OA3B	OA3E	OA3EG	OA3ES	RELIEF
Charlotte	57	74	29	165	116	29	3	2	3	-
Collier	16	34	19	289	38	9	10	0	8	-
DeSoto	2	16	1	43	26	7	0	1	0	-
Glades	2	7	3	19	16	6	1	0	2	-
Hendry	6	26	12	75	48	40	5	0	5	-
Lee	52	87	22	419	158	31	10	2	4	4
Sarasota	54	81	20	450	115	27	0	7	3	-
PSA 8	**189**	**325**	**106**	**1,460**	**517**	**149**	**29**	**12**	**25**	**4**

*eCIRTS Report: Current Enrollment Counts

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 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 coordinated by three Providers in PSA 8 and take place in all seven counties. There are twenty-one congregate meal sites in PSA 8, which provide 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.

  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.

  During the COVID-19 Public Health Emergency meal programs were required to adapt services to ensure that older adults continued to receive nutritional support while observing state and federal recommendations to avoid group activities and socialization. The innovation practiced during the COVID-19 Public Health Emergency and numerous requests from aging service providers, led the Administration on Community Living to proclaim new regulations to Older Americans Act nutrition services that will allow for service flexibility in the congregate setting and flexibility in defining client eligibility between Titles IIIC-1 and IIIC-2. AAASWFL intends to take advantage of new flexibility to allow for pick-up, carry-out, drive-through, and shelf-stable meals as they complement existing congregate services provided. AAASWFL recognizes the opportunity to reach a previously unreached group of older adults – those who are unable to attend congregate dining for reasons attributed to employment, caregiving, or some other responsibility which would not afford the time to attend a scheduled congregate meal. A carry-out option will also enable clients facing severe food insecurity to supplement their meal access with a congregate meal consumed at the dining site and a carry-out meal consumed at home. For clients enrolled in IIIC-2, AAASWFL plans to encourage socialization by permitting home-delivered meals clients to receive meals in a congregate setting as they are able.

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.

AAASWFL's Outreach Team 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	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. 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.
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 pre-enrollment list – 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[1]. 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 population x .0336) + (75-84 population x .1767) + (85-over population x .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.

1 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.

According to the Targeting Report and Dashboard shared by DOEA, PSA 8's goal for clients served and screened in 2023 is as follows:

85+	10%
Probable Alzheimer's Cases	10%
Below Poverty Level	9%
Limited English Proficiency	3%
Living Alone	23%
Minority	13%
Low Income Minority	2%
Rural	3%

Review of Targeting Indicators:

PSA-wide, AAASWFL met or exceeded the goal for clients served and screened in 2021 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.

*ACTV = Active – Total Number of Active Clients
*APCL = Assessed Prioritized Consumer List – Total Number of Clients Waiting for Services

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)
14,428

Source: DOEA Targeting Report and Dashboard, CIRTS Reports; Civil Rights & Demographics of Clients Served or Enrolled
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: DOEA Targeting Report and Dashboard, CIRTS Reports; Civil Rights & Demographics of Clients Served or Enrolled

Prob. Alz. Formula: (65-74 population x .0336) + (75-84 population x .1767) + (85-over population x .4441)

Client Goal (ACTV/APCL)
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: DOEA Targeting Report and Dashboard, CIRTS Reports; Civil Rights & Demographics of Clients Served or Enrolled

Prob. Alz. Formula: (65-74 population x .0336) + (75-84 population x .1767) + (85-over population x .4441)

Client Goal (ACTV/APCL)
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: DOEA Targeting Report and Dashboard, CIRTS Reports; Civil Rights & Demographics of Clients Served or Enrolled

Prob. Alz. Formula: (65-74 population x .0336) + (75-84 population x .1767) + (85-over population x .4441)

Client Goal (ACTV/APCL)
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: DOEA Targeting Report and Dashboard, CIRTS Reports; Civil Rights & Demographics of Clients Served or Enrolled

Prob. Alz. Formula: (65-74 population x .0336) + (75-84 population x .1767) + (85-over population x .4441)

Client Goal (ACTV/APCL)
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

Prob. Alz. Formula: (65-74 population x .0336) + (75-84 population x .1767) + (85-over population x .4441)

Client Goal (ACTV/APCL)
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, CIRTS Reports; Civil Rights & Demographics of Clients Served or Enrolled

Prob. Alz. Formula: (65-74 population x .0336) + (75-84 population x .1767) + (85-over population x .4441)

Client Goal (ACTV/APCL)
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, CIRTS Reports; Civil Rights & Demographics of Clients Served or Enrolled

Prob. Alz. Formula: (65-74 population x .0336) + (75-84 population x .1767) + (85-over population x .4441)

Client Goal (ACTV/APCL)
3,835

PSA-wide, AAASWFL met or exceeded the goal for clients served and screened in 2022 according to all indicators: 85+, Probable Alzheimer's Cases, Below Poverty Level, Limited English Proficiency, Living Alone, Minority, Low Income Minority, 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 2022 PSA 8 served and screened 208 DeSoto County residents, which exceeds the standard of 25 DeSoto clients served and screened set by the Department.
- Glades 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. Glades County has a rural designation,

assigning rurality to all residents, so arguably all 92 Glades County residents served and screened apply toward the rural qualification of the DOEA Targeting and Report Dashboard; although, the dashboard only credits PSA 8 with 83 rural residents served and screened in this county.

- Hendry County super 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. Hendry County has a rural designation, assigning rurality to all residents, so arguably all 239 Hendry County residents served and screened apply toward the rural qualification of the DOEA Targeting and Report Dashboard; although, the dashboard only credits PSA 8 with 108 rural residents served and screened in this county.

- 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.

2022 Targeting Report – PSA 8				Total 60+ Population: 748,557			
Indicator	Pop. for Indicator	Pop. of Indicator as % of Total	# Served and Screened	# Served and Screened in Indicator	Performance	Measurement	# Required to Meet Standard
85+	76,399	11%	6,724	2,303	35%	SUPER Exceeds	740
Probable Alzheimer's Cases	69,503	10%	6,724	1,167	18%	Meets or Exceeds	672
Below Poverty Level	64,433	9%	6,724	2,718	41%	SUPER Exceeds	605
Limited English Proficiency	22,237	3%	6,724	2,672	40%	SUPER Exceeds	202
Living Alone	165,912	23%	6,724	2,548	38%	Meets or Exceeds	1,547
Minority	81,620	11%	6,724	2,364	36%	SUPER Exceeds	740
Low Income Minority	7,408	1%	6,724	1,549	24%	SUPER Exceeds	67
Rural	20,096	3%	6,724	197	3%	Does Not Meet	202

2022 Targeting Report – Charlotte County				Total 60+ Population: 94,644			
Indicator	Pop. for Indicator	Pop. of Indicator as % of Total	# Served and Screened	# Served and Screened in Indicator	Performance	Measurement	# Required to Meet Standard
85+	8,929	10%	908	319	36%	SUPER Exceeds	91
Probable Alzheimer's Cases	8,534	10%	908	156	18%	Meets or Exceeds	91
Below Poverty Level	7,960	9%	908	299	33%	SUPER Exceeds	82
Limited English Proficiency	1,169	2%	908	263	29%	SUPER Exceeds	18
Living Alone	20,519	22%	908	413	46%	SUPER Exceeds	200
Minority	7,388	8%	908	211	24%	SUPER Exceeds	73
Low Income Minority	621	1%	908	113	13%	SUPER Exceeds	9
Rural	2,427	3%	908	0	0%	-	27

2022 Targeting Report – Collier County				Total 60+ Population: 151,758			
Indicator	Pop. for Indicator	Pop. of Indicator as % of Total	# Served and Screened	# Served and Screened in Indicator	Performance	Measurement	# Required to Meet Standard
85+	15,992	11%	1,065	360	34%	SUPER Exceeds	91
Probable Alzheimer's Cases	14,705	10%	1,065	188	18%	Meets or Exceeds	91
Below Poverty Level	11,061	8%	1,065	541	51%	SUPER Exceeds	82
Limited English Proficiency	6,909	5%	1,065	532	50%	SUPER Exceeds	18
Living Alone	32,738	22%	1,065	378	36%	Meets or Exceeds	200
Minority	19,227	13%	1,065	537	51%	SUPER Exceeds	73
Low Income Minority	1,401	1%	1,065	408	39%	SUPER Exceeds	9
Rural	0	0%	1,065	0	0%	-	27

2022 Targeting Report – DeSoto County				Total 60+ Population: 9,816			
Indicator	Pop. for Indicator	Pop. of Indicator as % of Total	# Served and Screened	# Served and Screened in Indicator	Performance	Measurement	# Required to Meet Standard
85+	839	9%	208	44	22%	SUPER Exceeds	91
Probable Alzheimer's Cases	832	9%	208	28	14%	Meets or Exceeds	91
Below Poverty Level	1,812	19%	208	76	37%	Meets or Exceeds	82
Limited English Proficiency	399	5%	208	43	21%	SUPER Exceeds	18
Living Alone	2,124	22%	208	102	50%	SUPER Exceeds	200
Minority	1,373	14%	208	54	26%	Meets or Exceeds	73
Low Income Minority	253	3%	208	23	12%	SUPER Exceeds	9
Rural	1,091	12%	208	0	0%	*Does Not Meet	27

*As DeSoto County is designated as Rural, all DeSoto County residents served and screened should apply to the total number of served and screened in indicator

2022 Targeting Report – Glades County				Total 60+ Population: 3,961			
Indicator	Pop. for Indicator	Pop. of Indicator as % of Total	# Served and Screened	# Served and Screened in Indicator	Performance	Measurement	# Required to Meet Standard
85+	348	9%	92	18	20%	Meets or Exceeds	8
Probable Alzheimer's Cases	374	10%	92	13	15%	Meets or Exceeds	9
Below Poverty Level	631	16%	92	45	49%	Meets or Exceeds	15
Limited English Proficiency	161	5%	92	7	8%	Meets or Exceeds	5
Living Alone	743	19%	92	53	58%	Meets or Exceeds	17
Minority	756	20%	92	50	55%	Meets or Exceeds	18
Low Income Minority	120	4%	92	23	25%	Meets or Exceeds	4
Rural	3,961	100%	92	83	91%	*Does Not Meet	92

*As Glades County is designated as Rural, all Glades County residents served and screened should apply to the total number of served and screened in indicator

2022 Targeting Report – Hendry County				Total 60+ Population: 7,281			
Indicator	Pop. for Indicator	Pop. of Indicator as % of Total	# Served and Screened	# Served and Screened in Indicator	Performance	Measurement	# Required to Meet Standard
85+	537	8%	239	67	29%	Meets or Exceeds	19
Probable Alzheimer's Cases	568	8%	239	37	16%	Meets or Exceeds	19
Below Poverty Level	1,328	19%	239	137	58%	Meets or Exceeds	45
Limited English Proficiency	1,196	17%	239	94	40%	Meets or Exceeds	41
Living Alone	1,348	19%	239	98	42%	Meets or Exceeds	45
Minority	2,296	32%	239	153	65%	Meets or Exceeds	76
Low Income Minority	419	6%	239	102	43%	Meets or Exceeds	14
Rural	4,161	58%	239	108	46%	*Does Not Meet	139

*As Hendry County is designated as Rural, all Hendry County residents served and screened should apply to the total number of served and screened in indicator

2022 Targeting Report – Lee County				Total 60+ Population: 280,784			
Indicator	Pop. for Indicator	Pop. of Indicator as % of Total	# Served and Screened	# Served and Screened in Indicator	Performance	Measurement	# Required to Meet Standard
85+	26,451	10%	2,766	899	33%	Meets or Exceeds	277
Probable Alzheimer's Cases	24,950	9%	2,766	466	17%	Meets or Exceeds	249
Below Poverty Level	28,021	10%	2,766	1,214	44%	Meets or Exceeds	277
Limited English Proficiency	10,229	4%	2,766	1,329	49%	Meets or Exceeds	111
Living Alone	60,971	22%	2,766	910	33%	Meets or Exceeds	609
Minority	36,274	13%	2,766	1,129	41%	Meets or Exceeds	360
Low Income Minority	3,620	2%	2,766	766	28%	Meets or Exceeds	55
Rural	8,457	4%	2,766	6	1%	-	111

2022 Targeting Report – Sarasota County				Total 60+ Population: 200,313			
Indicator	Pop. for Indicator	Pop. of Indicator as % of Total	# Served and Screened	# Served and Screened in Indicator	Performance	Measurement	# Required to Meet Standard
85+	23,303	12%	1,441	594	42%	Meets or Exceeds	19
Probable Alzheimer's Cases	19,542	10%	1,441	279	20%	Meets or Exceeds	19
Below Poverty Level	13,620	7%	1,441	403	28%	Meets or Exceeds	45
Limited English Proficiency	2,174	2%	1,441	402	28%	Meets or Exceeds	41
Living Alone	47,468	24%	1,441	590	41%	Meets or Exceeds	45
Minority	14,307	8%	1,441	229	16%	Meets or Exceeds	76
Low Income Minority	973	1%	1,441	113	8%	Meets or Exceeds	14
Rural	0	0%	1,441	0	0%	-	139

PSA-wide, AAASWFL met or exceeded the goal for clients served and screened in 2023 according to the following indicators: 85+, Probable Alzheimer's Cases, Limited English Proficiency, Living Alone, Minority, Below Poverty Level, and Minority in Poverty. The single indicator where performance, according to the Targeting Report and Dashboard, does not meet standard is 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 2023 PSA 8 served and screened 200 DeSoto County residents, which exceeds the standard of 24 DeSoto clients served and screened set by the Department.
- Glades 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. Glades County has a rural designation, assigning rurality to all residents. In 2023 PSA 8 served and screened 98 Glades County residents.
- Hendry County super 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. Hendry County has a rural designation, assigning rurality to all residents. In 2023 PSA 8 served and screened 290 Hendry County residents, which exceeds the standard of 168 Hendry clients served and screened set by the Department.
- 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.

2023 Targeting Report – PSA 8 7,902 Served & Screened Total 60+ Population: 772,483						
Indicator	Pop. for Indicator	Pop. of Indicator as % of Total	# Served and Screened in Indicator	Performance	Measurement	# Required to Meet Standard
85+	76,478	10%	2,324	30%	SUPER Exceeds	790
Below Poverty Level	67,837	9%	3,110	40%	SUPER Exceeds	711
Limited English Proficiency	22,241	3%	3,325	43%	SUPER Exceeds	237
Living Alone	170,519	23%	3,027	39%	Meets or Exceeds	1,817
Low Income Minority	8,951	2%	2,154	28%	SUPER Exceeds	158
Minority	97,030	13%	3,076	39%	SUPER Exceeds	1,027
Probable Alzheimer's Cases	71,159	10%	1,271	17%	Meets or Exceeds	790
Rural	20,648	3%	0	0%	Does Not Meet	237

2023 Targeting Report – Charlotte County 913 Served & Screened Total 60+ Population: 97,435						
Indicator	Pop. for Indicator	Pop. of Indicator as % of Total	# Served and Screened in Indicator	Performance	Measurement	# Required to Meet Standard
85+	8,605	9%	281	31%	SUPER Exceeds	82
Below Poverty Level	8,178	9%	266	30%	SUPER Exceeds	82
Limited English Proficiency	1,069	2%	279	31%	SUPER Exceeds	18
Living Alone	20,739	22%	426	47%	SUPER Exceeds	201
Low Income Minority	712	1%	127	14%	SUPER Exceeds	9
Minority	8,484	9%	243	27%	SUPER Exceeds	82
Probable Alzheimer's Cases	8,652	9%	147	17%	Meets or Exceeds	82
Rural	2,498	3%	0	0%	-	27

2023 Targeting Report – Collier County 1,286 Served & Screened Total 60+ Population: 158,165						
Indicator	**Pop. for Indicator**	**Pop. of Indicator as % of Total**	**# Served and Screened in Indicator**	**Performance**	**Measurement**	**# Required to Meet Standard**
85+	16,675	11%	391	31%	SUPER Exceeds	141
Below Poverty Level	12,366	8%	650	51%	SUPER Exceeds	103
Limited English Proficiency	6,738	5%	702	55%	SUPER Exceeds	64
Living Alone	33,923	22%	478	38%	Meets or Exceeds	283
Low Income Minority	1,796	2%	553	44%	SUPER Exceeds	26
Minority	22,968	15%	729	57%	SUPER Exceeds	193
Probable Alzheimer's Cases	15,348	10%	213	17%	Meets or Exceeds	129
Rural	0	0%	0	0%	-	0

2023 Targeting Report – DeSoto County 200 Served & Screened Total 60+ Population: 10,286						
Indicator	**Pop. for Indicator**	**Pop. of Indicator as % of Total**	**# Served and Screened in Indicator**	**Performance**	**Measurement**	**# Required to Meet Standard**
85+	936	10%	34	17%	Meets or Exceeds	20
Below Poverty Level	1,870	19%	67	34%	Meets or Exceeds	38
Limited English Proficiency	305	3%	42	21%	SUPER Exceeds	6
Living Alone	2,123	21%	97	49%	SUPER Exceeds	42
Low Income Minority	313	4%	25	13%	SUPER Exceeds	8
Minority	1,724	17%	56	28%	Meets or Exceeds	34
Probable Alzheimer's Cases	902	9%	24	12%	Meets or Exceeds	18
Rural	1,143	12%	0	0%	*Does Not Meet	24

2023 Targeting Report – Glades County 98 Served & Screened Total 60+ Population: 3,950						
Indicator	**Pop. for Indicator**	**Pop. of Indicator as % of Total**	**# Served and Screened in Indicator**	**Performance**	**Measurement**	**# Required to Meet Standard**
85+	303	8%	18	19%	SUPER Exceeds	8
Below Poverty Level	644	17%	40	41%	SUPER Exceeds	17
Limited English Proficiency	167	5%	12	13%	SUPER Exceeds	5
Living Alone	749	19%	57	59%	SUPER Exceeds	19
Low Income Minority	130	4%	17	18%	SUPER Exceeds	4
Minority	800	21%	41	42%	SUPER Exceeds	21
Probable Alzheimer's Cases	364	10%	13	14%	Meets or Exceeds	10
Rural	3,950	100%	-	-	*Does Not Meet	-

2023 Targeting Report – Hendry County 290 Served & Screened Total 60+ Population: 7,625						
Indicator	**Pop. for Indicator**	**Pop. of Indicator as % of Total**	**# Served and Screened in Indicator**	**Performance**	**Measurement**	**# Required to Meet Standard**
85+	499	7%	76	27%	SUPER Exceeds	20
Below Poverty Level	1,412	19%	161	56%	SUPER Exceeds	55
Limited English Proficiency	1,145	16%	118	41%	SUPER Exceeds	46
Living Alone	1,742	23%	98	34%	Meets or Exceeds	67
Low Income Minority	521	7%	137	48%	SUPER Exceeds	20
Minority	2,813	37%	200	69%	Meets or Exceeds	107
Probable Alzheimer's Cases	570	8%	43	15%	Meets or Exceeds	23
Rural	4,357	58%	-	-	*Does Not Meet	168

2023 Targeting Report – Lee County 3,261 Served & Screened Total 60+ Population: 288,842						
Indicator	**Pop. for Indicator**	**Pop. of Indicator as % of Total**	**# Served and Screened**	**Performance**	**Measurement**	**# Required to Meet Standard**
85+	26,335	10%	3,261	28%	SUPER Exceeds	326
Below Poverty Level	28,419	10%	3,261	45%	SUPER Exceeds	326
Limited English Proficiency	10,373	4%	3,261	51%	SUPER Exceeds	130
Living Alone	62,264	22%	3,261	33%	Meets or Exceeds	717
Low Income Minority	4,226	2%	3,261	35%	SUPER Exceeds	65
Minority	42,951	15%	3,261	47%	SUPER Exceeds	489
Probable Alzheimer's Cases	25,508	9%	3,261	16%	Meets or Exceeds	293
Rural	8,700	4%	3,261	0%	-	130

2023 Targeting Report – Sarasota County 1,819 Served & Screened Total 60+ Population: 206,180						
Indicator	**Pop. for Indicator**	**Pop. of Indicator as % of Total**	**# Served and Screened in Indicator**	**Performance**	**Measurement**	**# Required to Meet Standard**
85+	23,125	12%	603	34%	SUPER Exceeds	218
Below Poverty Level	14,948	8%	455	26%	SUPER Exceeds	146
Limited English Proficiency	2,444	2%	523	29%	SUPER Exceeds	36
Living Alone	48,979	24%	786	44%	Meets or Exceeds	437
Low Income Minority	1,253	1%	158	9%	SUPER Exceeds	18
Minority	17,290	9%	270	15%	Meets or Exceeds	164
Probable Alzheimer's Cases	19,815	10%	313	18%	Meets or Exceeds	182
Rural	0	0%	0	0%	-	0

PSA-wide, AAASWFL met or exceeded the goal for clients served and screened in 2024 according to the following indicators: 85+, Probable Alzheimer's Cases, Limited English Proficiency, Living Alone, Minority, Below Poverty Level, and Minority in Poverty. The single indicator where performance, according to the Targeting Report and Dashboard, does not meet standard is Rural. It is noted that according to Florida Commerce, DeSoto, Glades, and Hendry Counties are all identified as Rural Areas of Opportunity (RAO); however, DOEA's accounting of AAASWFL's performance per the rural target does not attribute any service and screening activities provided to residents of DeSoto, Glades, and Hendry Counties as qualifiable activities toward the rural target (Rural Areas of Opportunity).

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 2024 PSA 8 served and screened 211 DeSoto County residents.
- Glades 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. Glades County has a rural designation, assigning rurality to all residents. In 2024 PSA 8 served and screened 103 Glades County residents.
- Hendry County super 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. Hendry County has a rural designation, assigning rurality to all residents. In 2023 PSA 8 served and screened 341 Hendry County residents.
- 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.

2024 Targeting Report – PSA 8 8,256 Served & Screened Total 60+ Population: 796,344						
Indicator	Pop. for Indicator	Pop. of Indicator as % of Total	# Served and Screened in Indicator	Performance	Measurement	# Required to Meet Standard
85+	77,213	10%	2,331	29%	**Meets or Exceeds**	826
Below Poverty Level	72,903	10%	3,785	46%	**Meets or Exceeds**	826
Limited English Proficiency	22,750	3%	3,319	41%	**Meets or Exceeds**	248
Living Alone	175,474	23%	3,006	37%	**Meets or Exceeds**	1,899
Low Income Minority	11,006	2%	2,549	31%	**Meets or Exceeds**	165
Minority	114,125	15%	3,613	44%	**Meets or Exceeds**	1,238
Probable Alzheimer's Cases	73,281	10%	1,309	16%	**Meets or Exceeds**	826
Rural	25,724	4%	0	0%	**Does Not Meet**	330

2024 Targeting Report – CHARLOTTE 908 Served & Screened Total 60+ Population: 100,280						
Indicator	Pop. for Indicator	Pop. of Indicator as % of Total	# Served and Screened in Indicator	Performance	Measurement	# Required to Meet Standard
85+	8,249	9%	268	30%	**SUPER Exceeds**	82
Below Poverty Level	8,573	9%	280	31%	**SUPER Exceeds**	82
Limited English Proficiency	1,049	2%	232	26%	**SUPER Exceeds**	18
Living Alone	21,300	22%	360	40%	**Meets or Exceeds**	200
Low Income Minority	821	1%	113	13%	**SUPER Exceeds**	9
Minority	9,599	10%	239	27%	**SUPER Exceeds**	91
Probable Alzheimer's Cases	8,829	9%	145	16%	**Meets or Exceeds**	82
Rural	2,180	3%	0	0%	-	27

2024 Targeting Report – COLLIER 1,313 Served & Screened Total 60+ Population: 164,085						
Indicator	Pop. for Indicator	Pop. of Indicator as % of Total	# Served and Screened in Indicator	Performance	Measurement	# Required to Meet Standard
85+	17,396	11%	376	29%	**SUPER Exceeds**	144
Below Poverty Level	13,007	8%	738	57%	**SUPER Exceeds**	105
Limited English Proficiency	6,425	4%	722	55%	**SUPER Exceeds**	53
Living Alone	35,473	22%	475	37%	**Meets or Exceeds**	289
Low Income Minority	2,237	2%	616	47%	**SUPER Exceeds**	26
Minority	28,220	18%	834	64%	**SUPER Exceeds**	236
Probable Alzheimer's Cases	15,976	10%	212	17%	**Meets or Exceeds**	131
Rural	1,519	1%	0	0%	-	13

2024 Targeting Report – DESOTO 211 Served & Screened Total 60+ Population: 10,632						
Indicator	Pop. for Indicator	Pop. of Indicator as % of Total	# Served and Screened in Indicator	Performance	Measurement	# Required to Meet Standard
85+	899	9%	41	20%	**SUPER Exceeds**	19
Below Poverty Level	2,052	20%	68	33%	**Meets or Exceeds**	42
Limited English Proficiency	171	2%	34	17%	**SUPER Exceeds**	4
Living Alone	2,132	21%	95	46%	**SUPER Exceeds**	44
Low Income Minority	451	5%	21	10%	**SUPER Exceeds**	11
Minority	2,340	23%	52	25%	**Meets or Exceeds**	49
Probable Alzheimer's Cases	913	9%	28	14%	**Meets or Exceeds**	19
Rural	8,269	78%	0	0%	**Does Not Meet**	165

2024 Targeting Report – GLADES 103 Served & Screened Total 60+ Population: 4,046						
Indicator	Pop. for Indicator	Pop. of Indicator as % of Total	# Served and Screened in Indicator	Performance	Measurement	# Required to Meet Standard
85+	310	8%	26	26%	**SUPER Exceeds**	8
Below Poverty Level	515	13%	41	40%	**SUPER Exceeds**	13
Limited English Proficiency	125	4%	16	16%	**SUPER Exceeds**	4
Living Alone	716	18%	50	49%	**SUPER Exceeds**	19
Low Income Minority	116	3%	16	16%	**SUPER Exceeds**	3
Minority	913	23%	42	41%	**Meets or Exceeds**	24
Probable Alzheimer's Cases	358	9%	15	15%	**Meets or Exceeds**	9
Rural	3,035	76%	0	0%	**Does Not Meet**	78

2024 Targeting Report – HENDRY 341 Served & Screened Total 60+ Population: 8,040						
Indicator	Pop. for Indicator	Pop. of Indicator as % of Total	# Served and Screened in Indicator	Performance	Measurement	# Required to Meet Standard
85+	388	5%	87	26%	**SUPER Exceeds**	17
Below Poverty Level	1,660	21%	191	57%	**SUPER Exceeds**	72
Limited English Proficiency	1,282	16%	130	39%	**SUPER Exceeds**	55
Living Alone	1,606	20%	129	38%	**Meets or Exceeds**	68
Low Income Minority	704	9%	150	44%	**SUPER Exceeds**	31
Minority	3,409	43%	238	70%	**Meets or Exceeds**	147
Probable Alzheimer's Cases	561	7%	50	15%	**SUPER Exceeds**	24
Rural	8,040	100%	0	0%	**Does Not Meet**	341

2024 Targeting Report – LEE 3,599 Served & Screened Total 60+ Population: 297,589						
Indicator	Pop. for Indicator	Pop. of Indicator as % of Total	# Served and Screened in Indicator	Performance	Measurement	# Required to Meet Standard
85+	26,631	9%	937	27%	**SUPER Exceeds**	324
Below Poverty Level	30,576	11%	1,897	53%	**SUPER Exceeds**	396
Limited English Proficiency	11,037	4%	1,721	48%	**SUPER Exceeds**	144
Living Alone	63,787	22%	1,167	33%	**Meets or Exceeds**	792
Low Income Minority	5,163	2%	1,464	41%	**SUPER Exceeds**	72
Minority	50,246	17%	1,930	54%	**SUPER Exceeds**	612
Probable Alzheimer's Cases	26,293	9%	550	16%	**Meets or Exceeds**	324
Rural	2,681	1%	0	0%	-	36

2024 Targeting Report – SARASOTA 1,770 Served & Screened Total 60+ Population: 211,672						
Indicator	Pop. for Indicator	Pop. of Indicator as % of Total	# Served and Screened in Indicator	Performance	Measurement	# Required to Meet Standard
85+	23,340	12%	593	34%	**SUPER Exceeds**	212
Below Poverty Level	16,520	8%	565	32%	**SUPER Exceeds**	142
Limited English Proficiency	2,661	2%	459	26%	**SUPER Exceeds**	35
Living Alone	50,460	24%	727	42%	**Meets or Exceeds**	425
Low Income Minority	1,514	1%	166	10%	**SUPER Exceeds**	18
Minority	19,398	10%	273	16%	**Meets or Exceeds**	177
Probable Alzheimer's Cases	20,351	10%	307	18%	**Meets or Exceeds**	177
Rural	0	0%	0	0%	-	0

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. The AAASWFL plans to incorporate eCIRTS report data to target outreach by county and availability of programs for enrollment. Historically, there have been many clients awaiting services in PSA 8's more urban counties – Lee, Sarasota, Collier, and Charlotte, while there is increased program availability in DeSoto, Hendry, and Glades. Analysis of current enrollments and the assessed prioritized consumer list for all counties illustrates a need to target outreach to caregivers and to community-based organizations supporting caregivers.

AAASWFL has created targeted messaging to inform DeSoto County residents of the availability of state General Revenue Programs. Of the seven counties in PSA 8, DeSoto County consistently enrolls all clients waiting for Alzheimer's Disease Initiative services, with the capacity to enroll more. AAASWFL's established partnership with the DeSoto County Social Services office affords an opportunity to ensure that eligible families receive information about service availability. AAASWFL has also newly begun to work with All Faith's Food Bank in DeSoto County to perform outreach during food distribution.

Assessment of year-end Helpline data shows little movement in the number of calls from DeSoto and Glades Counties as a percentage of the whole number of calls made to the Helpline from 2022 to 2023. Historically, outreach opportunities have been limited in these Counties, and so AAASWFL is increasing volunteer recruitment efforts in the SHINE and OAA IIID programs to create more opportunity for direct client outreach.

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. AAASWFL has also increased participation in county-wide Hurricane Preparedness expos to increase knowledge of available services post-disaster. Specifically, AAASWFL has partnered with Collier County Human Services and Emergency Management Services to plan an annual Disaster Preparedness Summit with emergency preparedness presentations delivered to senior communities county-wide.

- 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 SHINE staff have partnered with All Faiths Food Bank in DeSoto County to outreach as part of their resource center.

- Producing events within rural communities to share information about available programs and services. In 2024, AAASWFL partnered with Senior Friendship Centers in Arcadia and the Public Library in Everglades City to provide twenty older adults with new tablets and facilitated sessions on informed internet browsing and navigating to websites offering socio-economic supports.

Increase volunteer recruitment for SHINE and Health & Wellness promotions through targeted marketing.

- AAASWFL has deployed messaging designed to recruit volunteer area coordinators for expansion of H&W programs. This initiative began from a hope that positioning a local expert of evidence-based program offerings would increase visibility of H&W classes, help to establish more program sites, and increase participant recruitment – especially in areas more outlying from AAASWFL's central office.

- 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 2026, the AAASWFL employs 12 bi-lingual employees between the Helpline and screening department, and the languages represented are: English and Spanish. 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.

- The AAASWFL has hired a bilingual Health & Wellness Coordinator who has facilitated Title IIID programs in Spanish, including Arthritis Foundation Exercise Program and Tai Chi for Arthritis, allowing AAASWFL to expand health promotion programming to a previously unreached demographic. In 2025, AAASWFL's Health & Wellness Coordinator completed an Arthritis Foundation Exercise Program class in Spanish at the Collier Senior Center – Golden Gate, a membership comprised almost completely of Spanish-speaking older adults.

- 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 afíliate)

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 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.

- AAASWFL has partnered with the Center for Independent Living (CIL) Gulf Coast to host monthly BINGO games in AAASWFL's Fort Myers office in an effort to reach the populations served by both organizations. During games, participants are encouraged to try assistive technology provided by (CIL) to better enhance their experience.

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.

- Through a Volunteer Florida award, the AAASWFL appointed a part-time Outreach Coordinator tasked with identifying unreached individuals in need of services, specifically related to recovery from Hurricane Ian. AAASWFL has secured additional funding from the Lee County Unmet Needs Longterm Recovery Group to continue assisting older adults and adults with disabilities in Lee County with ongoing recovery from Hurricane Ian.

- In July 2024, AAASWFL onboarded a Caregiver Support Coach who has focused efforts over the last year on establishing Savvy Caregiver training throughout PSA 8 and on implementing TCARE (Tailored Caregiver Assessment and Referral), which is a new program for AAASWFL.

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.

The AAASWFL increased the total number of outreach interactions by 104% from 2022 to 2023. The spike in interactions and exhibits in 2023 can be attributed to the onboarding of additional outreach positions, allowing for increased presence at community health and resource fairs throughout PSA 8. As of mid-year 2024, AAASWFL has recorded 2,485 outreach interactions, on-track to meet or exceed the total number of interactions recorded in 2023.

The AAASWFL increased the number of outreach events conducted from 2022 to 2023 in all counties except for Hendry County. In 2024, AAASWFL endeavors to increase the number of outreach events conducted by 5% per county with a 3% increase in recorded interactions.

The AAASWFL exceeded the goal of increasing Outreach interactions in 2024 with 4,794 interactions recorded. The goal to increase events conducted by 5% per county was met or exceeded in all counties except for Collier and Hendry. Despite increased presence at events in PSA 8's rural counties – DeSoto, Glades, Hendry – AAASWFL acknowledges that knowledge of available programs and services remains underrepresented in these areas. As part of AAASWFL's strategic plan for May 2025 to December 2026, the agency established a priority goal to increase knowledge and accessibility of services in PSA 8, with a focus on rural communities. Some strategies to achieve this goal include an assessment of communication (modes and messaging) to rural communities and partnering directly with rural medical providers to address lack of or misinformation.

AAASWFL 2025 OUTREACH

AAASWFL Outreach 2022 - 2025					
	Audience	AAA Presentations	Event Exhibits	Medicare Presentations	H&W Classes
2022	2168	21	22	56	19
2023	4441	34	70	48	30
2024	4794	36	65	52	49
2025	4383	43	68	48	61

	Number of Events by County						
	Charlotte	Collier	DeSoto	Glades	Hendry	Lee	Sarasota
2022	9	5	5	0	28	36	16
2023	13	24	8	2	10	69	24

2024	20	14	13	3	10	74	33
2025	35	23	10	3	9	105	27

Outreach interactions decreased slightly from 2024 to 2025 although the number of AAASWFL programs and services presentations, event exhibits, and Health promotions classes increased. Throughout the year, AAASWFL noted less attendance overall at outreach events, illustrating a need for strategic assessment of outreach efforts and more varied promotional methods.

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 eCIRTS 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, pre-enrollment lists 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 AAASFWL 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.

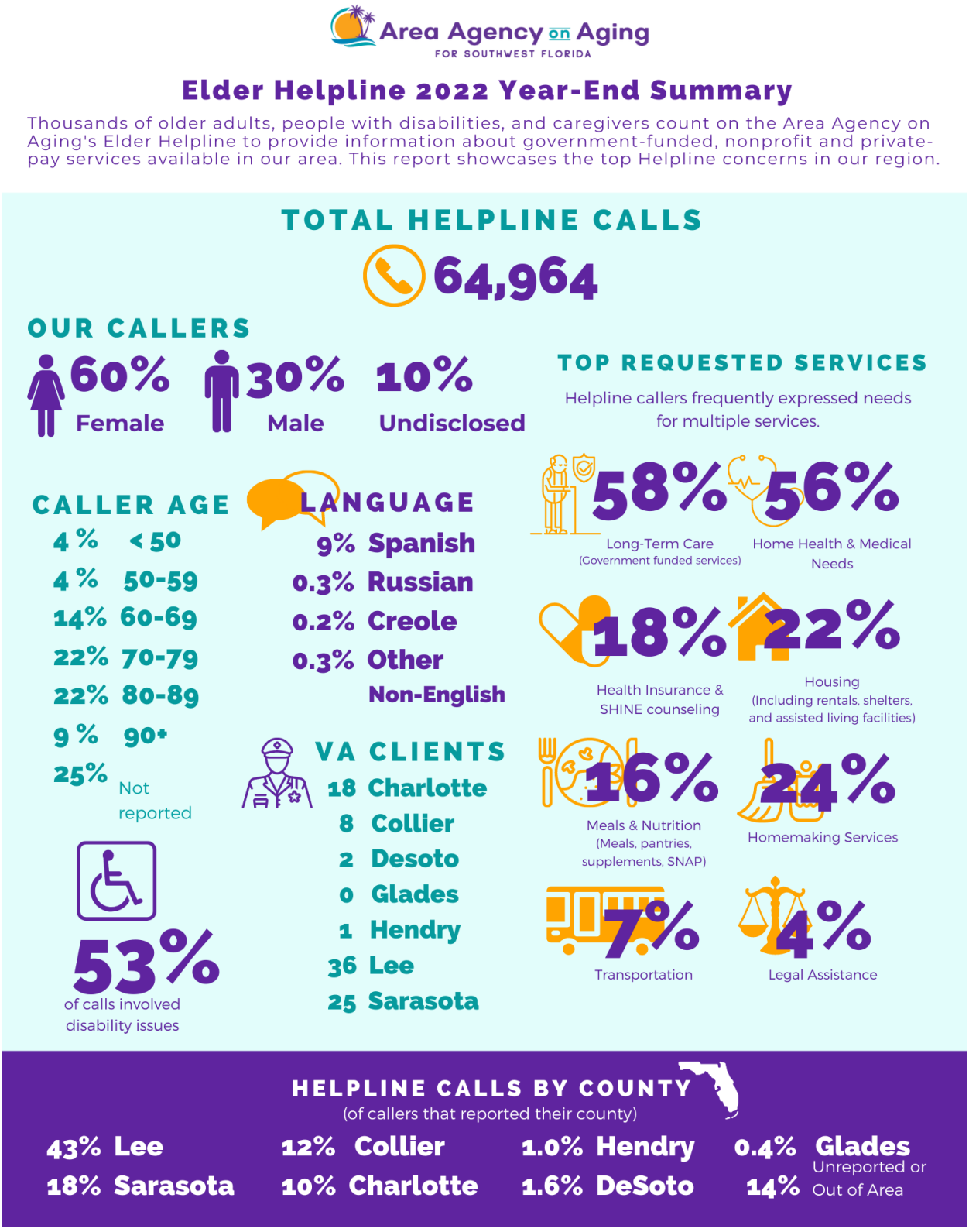
- **Information about services:**

  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. To combat this, AAASWFL works with stakeholders to increase awareness and visibility of available programs and services. Specifically, AAASWFL provides in-service trainings to agencies whose staff directly support aging adults in PSA 8, in the hopes of establishing common vernacular for accessing the supports available through DOEA-funded programs.

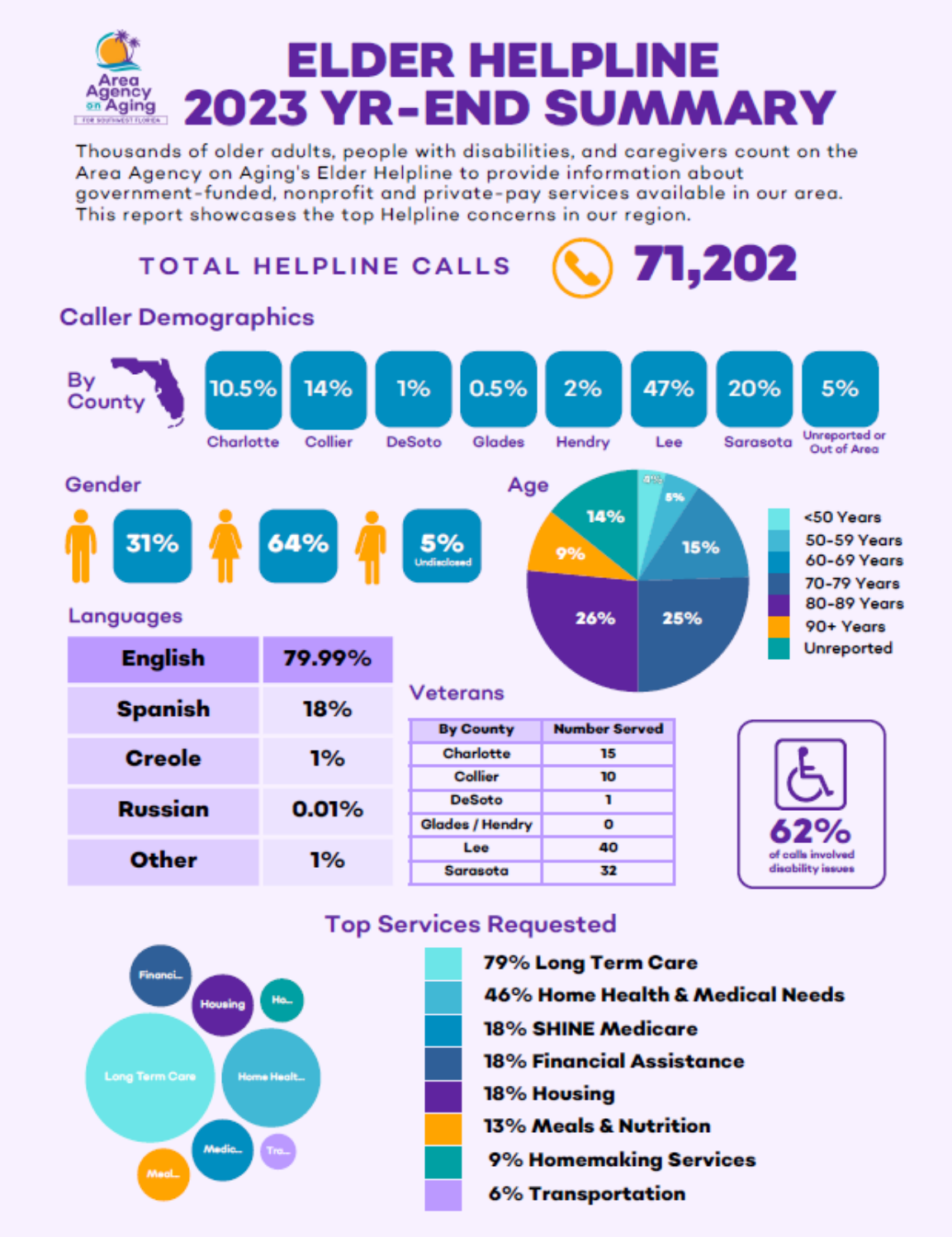
  The AAASWFL provides information and referrals through the Elder Helpline, where calls are received Monday through Friday from 8:00 a.m. – 5:00 p.m. Helpline staff log all calls in to the eCIRTS database and that data is tracked on a regular basis. Recent data demonstrates that more than half of the 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).

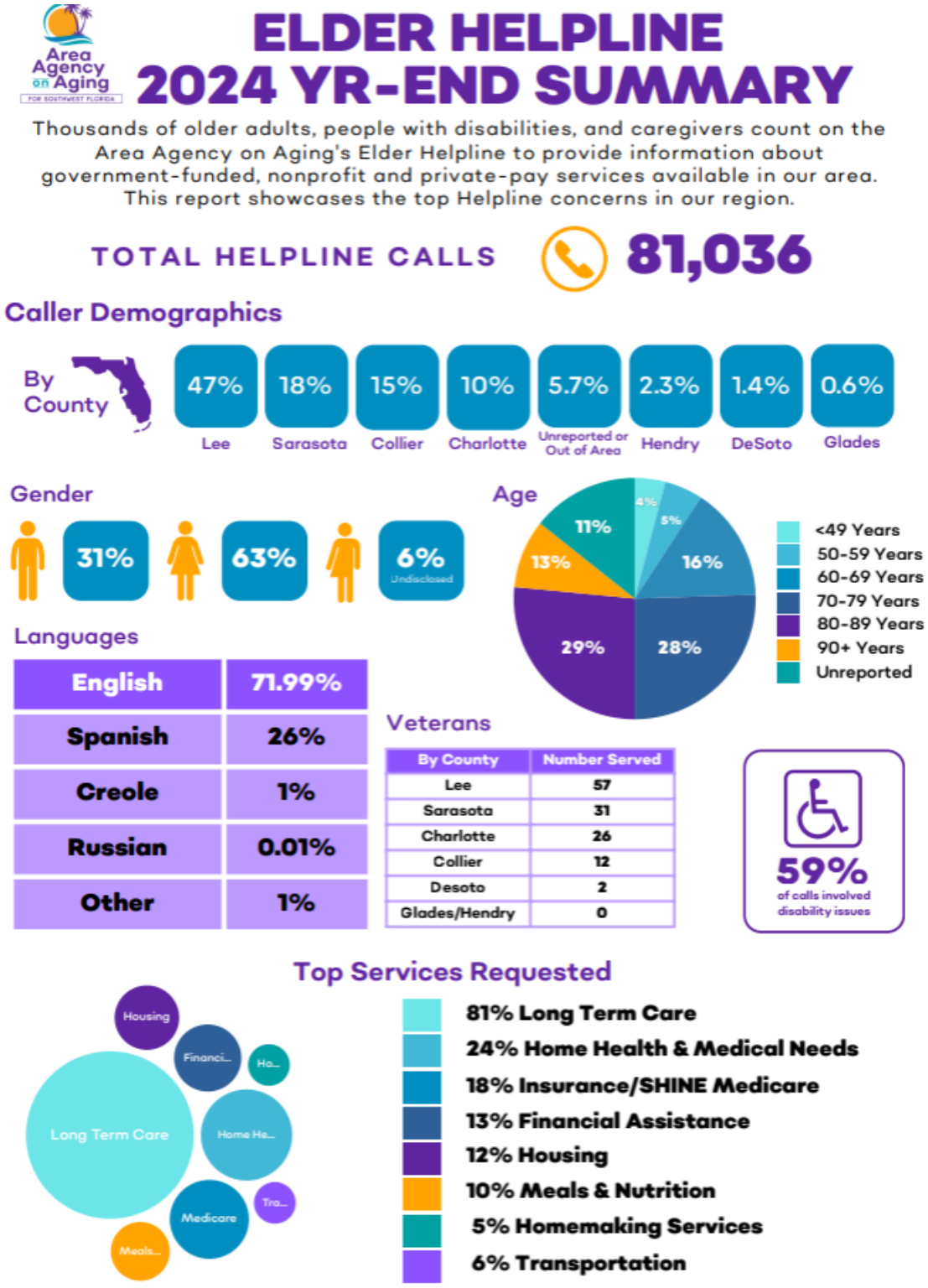
The infographic below depicts 2022 Helpline data to include the total number of calls, top requested services, and percentage of total calls per county:



The infographic below depicts 2023 Helpline data to include the total number of calls, top requested services, and percentage of total calls per county:



The infographic below depicts 2024 Helpline data to include the total number of calls, top requested services, and percentage of total calls per county:



Below is an overview of Targeted Outreach completed by AAASWFL staff in 2024:

2024 AAASWFL Outreach				
Audience	AAA Presentations	Event Exhibits	Medicare Presentations	Class/Program Specific Events
4710	37	65	19	49

Number of Events by County						
Charlotte	Collier	DeSoto	Glades	Hendry	Lee	Sarasota
20	14	12	3	10	72	32

Below is an overview of Targeted Outreach completed by AAASWFL staff in 2025:

2025 AAASWFL Outreach				
Audience	AAA Presentations	Event Exhibits	Medicare Presentations	Class/Program Specific Events
4383	43	68	21	68

Number of Events by County						
Charlotte	Collier	DeSoto	Glades	Hendry	Lee	Sarasota
35	23	10	3	9	105	27

- **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 AAAASWFL 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 eCIRTS 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.

AAASWFL has expanded Caregiver Support and Outreach to include services via the TCARE (Tailored Caregiver Assessment and Referral) program. Foundational to this program is risk assessment for caregiver burnout, stress, depression, identity discrepancy, and intention to place the care receiver in an institutional care setting. With data collected via assessment, a TCARE Specialist presents a plan of care tailored to each Caregiver's needs. Caregivers are supported ongoing through routine assessments, referrals to essential programs and services, and care plans.

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.
  - Refer older adults seeking employment to the Senior Community Service Employment Program (SCSEP).
  - Assess the feasibility of hosting SCSEP employees, a work-based job training program for older Americans.

- **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.
- Attend the Florida Supporting Housing Summit in September 2024.
- Establish a senior home sharing program with the Home Coalition at the Collaboratory.
- Pursue funding to launch HomeShare pilot program.

- **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
Charlotte	• Primary care physicians for lower income populations • Dental care for lower income populations
Collier	• Primary care physicians in Immokalee and areas of Golden Gate • Dental care for the migrant farmworker population

DeSoto	• Primary care physicians for the migrant farmworker population • Dental care for the migrant farmworker population • Mental health care shortage for the entire county • No specialty beds available and the County is below the Florida average for the number of licensed physicians and dentists
Glades	• Primary care physicians for the entire county • Dental health care shortages for low-income populations. There are zero licensed dentists in Glades County. • Mental health care for the Glades/Hendry Catchment service area • There are no hospitals, which means that there are no hospital beds. • The County is below average in Florida for number of licensed physicians overall.
Hendry	• Primary care physicians for the entire county • Dental health care shortage for the entire county • Mental health care shortage for the entire county • Below average in Florida for the number of licensed physicians and dentists • There are no specialty beds.
Lee	• Primary care physician shortage for low-income populations in Bonita Springs, Fort Myers, Cape Coral, North Fort Myers, and Lehigh Acres • Dental health care shortage for the entire county • Mental health care shortage for the entire county
Sarasota	• Primary health care shortage for low-income populations in Venice, North Port, and South Venice • Dental health care shortage for low-income populations in North Port, South Venice, and Sarasota

- **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 (ADL's):

ADL's	IADL's
Bathing	*Heavy chores*
Dressing	*Light housekeeping*
Eating	*Using the phone*
Using the restroom	*Meal preparation*

Transferring	*Shopping*
Walking/Mobility	*Using transportation*

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.

2021 Outcome Measures – ADLs & IADLs		
	PSA 8 Performance	Legislative Standard
ADL	74.63%	65%
IADL	81.46%	62.3%

Home and Community-Based Services (HCBS):

According to the CIRTS 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 clients on the pre-enrollment list in PSA 8.

County	Number of Consumers on the APCL (2019)	Number of Consumers on the APCL (2020)	Number of Consumers on the APCL (2021)
Charlotte	429	384	301
Collier	455	417	362
DeSoto	86	71	25
Glades	15	11	4
Hendry	107	45	31
Lee	1648	1548	1299
Sarasota	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 AASWFL 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 makes up nearly one-third 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. It has also been identified that PSA 8 would benefit from more targeted outreach to caregivers and so AAASWFL plans to onboard a Caregiver Support Coach before the end of 2024 to assist with identifying caregivers at risk of crisis as well as to administer the Tailored Caregiver Assessment and Referral program. 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:

Lee County

John Schultz - Chief, Emergency Management	jschultz@leegov.com	239-533-0622
Celeste Fournier – Deputy Chief, Emergency Management Preparedness	cfournier@leegov.com	239-533-0694
Britton Holdaway - Manager, Emergency Mgmt.	bholdaway@leegov.com	239-533-0617

Charlotte County

Patrick Fuller, Emergency Mgmt. Director	Emergency.Management@charlottecountyfl.gov 26571 Airport Road Punta Gorda, FL 33982	941-833-4000
Ellen Pinder, Emergency Mgmt. Coord.	Emergency.Management@charlottecountyfl.gov	941-833-4000

Sarasota County

Sandra Tapfumaneyi Chief, Emergency Management	6050 Porter Way, Sarasota, Florida 34232	941-861-5000

DeSoto County

Richard Christoff Director, Emergency Management	r.christoff@desotobocc.com 2200 NE Roan St., Arcadia, Florida 34266	863-993-4831

Hendry County

Robert Pastula Director, Emergency Management	robert.pastula@hendryfla.net 4425 West State Road 80, LaBelle, Florida 33975	863-674-5403

Collier County

Dan Summers Director, Emergency Services	DanSummers@colliergov.net 8075 Lely Cultural Parkway | Naples | Florida | 34113	(239) 252-3600

Glades County

Marisa Shivers Director, Emergency Mgmt.	eoc@myglades.com 1097 Health Park Dr, Moore Haven, Florida 33972	863-946-0566

AAA Emergency Coordinating Officer:

Valerine Oliver, Emergency Coordinating Officer
Valerine.Oliver@aaaswfl.org
239-652-6907

Maricela Morado, Alternate Emergency Coordinating Officer
Maricela.morado@aaaswfl.org
239-652-6925

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

Goal 1 Strengthen and streamline the aging network's capacity, inspiring innovation, integrating best practices, and building efficiencies to respond to the growing and diversifying aging population.	
Objective 1.1 Expand the availability, integration, and access to assistive technology for older adults.	
Explanation The primary intent of this objective is to increase elder Floridians ability to independently perform daily activities through a promotion of access to assistive technology for older adults.	
Strategies	Progress
- AAASWFL will verify and update ~~Refer~~ eCIRTS Database resources annually.	By updating database resources annually, AAASWFL ensures that clients receiving access to or assistance with assistive technology are provided the most current and applicable information. AAASWFL refers to agencies providing education of and access to assistive technology as appropriate. Resources are verified at least once annually, and AAASWFL maintains a list of approximately ten agencies in urban counties and six in rural areas which assist clients with vision/hearing/mobility impairment. One referral source serving all seven counties in PSA 8 is the Florida Alliance for Assistive Services and Technology who operate a short-term equipment loan program, education, and training. AAASWFL continues to verify and update database resources, using a combination of REFER, eCIRTS, and internal sources until resources are fully integrated to eCIRTS with all staff trained. AAASWFL began subleasing office space to the Center for Independent Living Gulf Coast on 04.01.2026. With CIL collocated, AAASWFL can initiate a soft transfer for

	client's seeking assistive technology. CIL also provides an assistive technology lending library for clients to test adaptive technologies to identify the device of most use to meet their needs.
- AAASWFL will participate in networking groups with local universities (FGCU) toward the aim of supporting programs to increase technology literacy of older adults.	AAASWFL's CEO currently sits on the Board of Directors of the Shady Rest Institute on Positive Aging, an effort housed within FGCU's Marieb College of Health & Human Services to connect the college's faculty and students with community organizations to support older adults in SWFL. AAASWFL's CEO continues to serve on the Shady Rest Institute on Positive Aging (SRIPA) Board at FGCU. This partnership has expanded to focus on workforce development, defined as "supporting the educational and professional development of individuals with a focus on working alongside older adults and their families." A key initiative includes "ROCK of Ages," an interdisciplinary honors course launching Spring 2025 that pairs students with older adults to share stories on camera, building bridges between generations and creating transformative experiences aimed at fostering social change. This collaboration promotes intergenerational understanding while educating students about the needs and perspectives of the aging community. Additionally, work is underway to establish FGCU as an age-friendly campus, aiming to create more opportunities for assistive technology integration and development to support elder independence in Southwest Florida. These efforts represent the first phase of a longer-term strategy to bridge the divide of intergenerational gaps. AAASWFL's President and CEO continues to serve on the Shady Rest Institute on Positive Aging (SRIPA)

	Board at Florida Gulf Coast University (FGCU), a regional institute established to connect university faculty, students, and staff with community organizations through education, service, research, and advocacy, in alignment with FGCU's strategic goal of elevating partnerships for regional impact. Over the past year, AAASWFL's engagement has broadened beyond workforce development to span the Institute's four pillars of workforce development, community engagement, policy and advocacy, and translational research. During this period, the CEO also served on the advisory search committee that helped select the Institute's founding Executive Director, contributing the perspective of the regional aging network to that process. Workforce development remains a central area of collaboration, defined as supporting the educational and professional development of individuals who work alongside older adults and their families. AAASWFL has supported this pipeline through guest instruction in FGCU coursework, including the university's Introduction to Social Work course, which introduces emerging practitioners to the field of aging services. These efforts promote intergenerational understanding while educating students about the needs and perspectives of the aging community. Looking ahead, AAASWFL and FGCU are exploring opportunities to advance age-friendly recognition across Southwest Florida as a shared regional priority. There is also mutual interest in potentially reviving a regional aging conference, with the scope and focus to be shaped in collaboration with the Institute's incoming leadership. These efforts reflect the early phase of what is envisioned as a longer-term, mission-aligned collaboration to bridge intergenerational gaps and

	strengthen Southwest Florida's capacity to support healthy aging.
- AAASWFL will strengthen the partnership with Center for Independent Living Gulf Coast.	Currently, AAASWFL is co-hosting monthly BINGO games with CIL Gulf Coast at our location in Fort Myers. This collaboration affords an outreach opportunity as well as provides a venue for clients to try assistive technology first-hand which is available through the CIL. With the strengthened partnership, AAASWFL's Helpline team is aware of the services provided by CILs and refers clients appropriately when a client's need can be addressed by the CIL, especially those seeking one-on-one guidance to navigate assistive devices or to set up electronic aids (ex. Ring doorbells, tech personal assistant, etc.). Center for Independent Living Gulf Coast is now collocated with AAASWFL as a sublessor of the Fort Myers office location. Collocation has increased opportunities for collaboration, facilitated in-service training, and streamlined client referrals for services provided through either agency.

Objective 1.2 Increase the AAA's functional capacity to serve older adults through strategic and meaningful partnerships and collaborations.	
Explanation 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.	
Strategies	Progress
	AAASWFL met with the CEO of Senior Proof (home improvement/modification vendor serving all PSA 8

- AAASWFL will seek an MOU with a home improvement vendor to service older adults, particularly those residing in rural areas, through crisis funding.	counties) on 05.23.24, to discuss partnership opportunities. A subsequent meeting is tentatively scheduled for August/September with the aim of securing an MOU with Senior Proof to provide services to applicants funded through AAASWFL's crisis assistance. AAASWFL continues to work with SeniorProof as they are able to provide home improvement services to any county within PSA 8. SeniorProof presented to the Lead Agencies in PSA 8 (who hold home improvement vendor contracts) and provided in-service home safety training to case managers. AAASWFL has not pursued a formal MOU, in adherence to procurement policy AAASWFL will seek a minimum of three quotes from separate vendors for any home improvement project provided by the crisis assistance fund.
- AAASWFL will attend rotary club meetings on a quarterly basis to strengthen partnerships with business owners and service providers in rural counties.	Progress toward this goal is ongoing with AAASWFL continuing efforts to connect with rurally-located rotary clubs.

Objective 1.3 Explore new opportunities to reach previously underserved and emerging communities across all programs and services.	
Explanation 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.	
Strategies	Progress
- ~~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~~.	AAASWFL has proposed funding, with the use of unrestricted funds, for the purchase of a police service dog for the DeSoto County Sheriff's Office (DCSO) in an effort to increase training and information sharing

- AAASWFL will leverage available funds to form strategic partnerships in rural counties.	between agencies and to increase service access to DeSoto County residents. AAASWFL has committed the use of unrestricted funds for access to advanced care planning technology for patients of Hendry Regional Medical Center (HRMC) in an effort to increase service access to residents of Hendry and Glades Counties. Progress toward this goal is ongoing with AAASWFL strengthening relationships with Hendry Regional Medical Center and endeavoring to work more directly with medical Providers serving DeSoto and Glades Counties. As part of AAASWFL's newly adopted strategic plan, there is a goal to increase knowledge and accessibility of services in PSA 8 with an emphasis on rural communities. Actions to achieve this goal will include an assessment of whether programs and services are being communicated effectively via targeted outreach materials to rurally residing and limited English proficient seniors, via focus groups held at congregate dining sites throughout PSA 8. AAASWFL has also committed to increasing information sharing with medical providers in PSA 8's rural counties with a goal to establish at least annual in-service trainings with medical social workers, discharge teams, and primary care providers in Hendry, Glades, and DeSoto Counties. AAASWFL has expanded partnerships in Hendry and Glades Counties with a subcontractor relationship established with Hendry County Board of County Commissioners to facilitate case management under the OA3B program. AAASWFL has also strengthened partnership with United Way of Lee, Hendry, and Glades to receive program funding to support activities

	and field trips for the participants of the congregate dining sites in LaBelle, Clewiston, and Moore Haven.
- AAASWFL will work to increase organizational funding and service opportunities by identifying and applying for at least one new grant opportunity every two years.	In 2024, AAASWFL was awarded a small grant by the Community Foundation to fund a technology initiative in PSA 8. 30 Amazon Fire Tablets were distributed to older adults in Fort Myers, Arcadia, and Everglades City in an effort to increase tech literacy and opportunities for social engagement. 2-3 instructional sessions were provided to each group in navigating the tablet functionally and safely, with time devoted to researching local and state assistance resources. At the end of 2024, AAASWFL was awarded a Public Service Micro Grant as a sub-grantee of Lee County's Community Development Block Grant. With this funding, AAASWFL continues providing assistance to Lee County clients in ongoing recovery from Hurricane Ian. The grant funds a part-time Crisis Assistance Coordinator who assists with resource/program navigation and assistance applications. AAASWFL pursued and was awarded funding by the National Council on Aging in November 2025 to provide social connections programming to older adults in PSA 08. To date, AAASWFL has facilitated two pilot Linking Lives workshops to increase social connectivity among older adults as well as facilitated four Mental Health First Aid for adults certification trainings. Additionally, AAASWFL was awarded program funding through the United Way of Lee, Hendry, and Glades in March 2026 to support group activities and sponsor field trips for participants of the congregate dining sites in LaBelle, Clewiston, and Moore Haven.

- 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.	Part-time Outreach Coordinator hired in October 2023; position funded by Volunteer Florida award. AAASWFL's Part-time Outreach Coordinator was funded until the expiration of Volunteer Florida funds at the end of August 2024. AAASWFL has since brought this staff person back in a new role – Crisis Assistance Coordinator – to continue Hurricane Ian recovery work, funded under Lee County's Community Development Block Grant. AAASWFL's Hurricane Ian recovery funding expired at the end of April 2026. Up until that date, the Crisis Assistance Coordinator supported older adults in ongoing recovery from Hurricane Ian, providing resource referral and navigation and application assistance.

Objective 1.4 Help older adults achieve better quality of life by ensuring those who seek assistance are seamlessly connected to supportive programs and services.	
Explanation The primary intent of this objective is to address ways the AAA links elders to information and services and provides referrals to resources.	
Strategies	Progress
- AAASWFL will provide quarterly training to Helpline staff to ensure efficient and appropriate use of ~~Refer~~ eCIRTS database and to increase understanding of available resources.	Progress is ongoing. Quarterly training provided by AAASWFL's Client Services Director and Supervisor provides support to Helpline staff in understanding how to appropriately navigate and direct incoming calls. When expressing a need for in-home supportive services, Information and Referral Specialists are trained to ask the caller if they are looking for private

	pay resources or if they would like to be assessed for eligibility for state/federal programs. To support training efforts, incoming Helpline calls are routinely monitored – two calls per Specialist monthly. Aspects of each monitored call are documented via an excel spreadsheet to identify areas of need for additional training or support. AAASWFL continues to provide quarterly training to Helpline staff to improve intake services and increase understanding of the available resources to which callers can connect. The next scheduled quarterly training will focus on active interviewing to ascertain a more definitive picture of the issues that callers are facing. Throughout 2024 AAASWFL completed in-service training for staff to increase understanding of the programs available to support older adults (Health & Wellness, Veteran Directed Care, SHINE / MIPPA / SMP, Case Managed Care Coordination) and to encourage referrals from intake and assessment to the additional supportive services available. 2025-26 training efforts have focused on enhancing client services by reinforcing procedures for Long-Term Care (LTC) calls, caregiver support, eCIRTS Information & Referral workflows, accurate documentation, and appropriate SHINE referrals.
- AAASWFL will implement a quarterly “Provider Spotlight” to increase awareness of direct services provided.	AAASWFL plans to run the first Provider Spotlight on social media before the end of July 2025, to spotlight newly contracted legal providers in PSA 8 – Gulfcoast Legal Services and Legal Aid Services of Collier County.

	Progress is ongoing and on-track to achieve this goal. (Social Media_Provider Spotlights Q3-2024_Q2-2025.pdf) Progress is onging and on-track to achieve this goal. (Provider Spotlights Q3-2025_Q2-2026.pdf)
- 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.	AAASWFL was mentioned in the May newsletter of the Lee County Unmet Needs Long Term Recovery Group: Lee UNLTRG May 2024 Newsletter.pdf. Mention in a rurally-located partner organization's newsletter is still in progress. AAASWFL was mentioned in the September 2024 newsletter of Sarasota County's Alderman Oaks: Alderman Oaks Sep 2024 Newsletter.pdf, and in the February 2025 newsletter of the Lee County Unmet Needs Long Term Recovery Group: Lee UNLTRG Feb 2025 Newsletter.pdf. AAASWFL is currently seeking a spotlight in the DeSoto Digest. Information about AAASWFL's programs and services was included in the DeSoto Digest newsletter in August 2025 (Partner Newsletter_DeSoto Digest_08.18.25.pdf).

Objective 1.5	Bring attention and support to caregivers, enabling them to thrive in this fundamental role.
Explanation	The primary intent of this objective is to strengthen caregiver services to meet individual needs.
Strategies	Progress

- Recruit and train 4 new Health & Wellness Volunteers annually to facilitate either Powerful Tools for Caregivers or Savvy Caregiver programs.	AAASWFL's Health & Wellness Specialist certified to deliver the Savvy Caregiver program on 04.09.24 (L Kohler Savvy Certificate Exp 4.8.27.pdf). AAASWFL is working with media vendor EvClay to produce targeted materials to recruit volunteers and promote opportunities to certify in Powerful Tools for Caregivers and Savvy Caregiver. AAASWFL is also interviewing candidates for a vacant Caregiver Support Coach, who will specifically support caregiver education and training initiatives. AAASWFL onboarded a new Health & Wellness volunteer in Charlotte County who completed Powerful Tools for Caregivers in April 2025 and hired a Caregiver Support Coach in July 2024. AAASWFL is actively collaborating with media vendor EvClay to develop targeted outreach materials to recruit volunteers and promote certification opportunities in both *Powerful Tools for Caregivers* and *Savvy Caregiver*. These efforts are being supported through advertising in AAASWFL's newsletter and across its social media platforms to maximize visibility and engagement. AAASWFL onboarded a Powerful Tools for Caregivers volunteer in Feb. 2025 and another in Feb. 2026. AAASWFL's Caregiver Support Coach certified in Powerful Tools for Caregivers to assist with the expansion of services throughout PSA 08. Ongoing volunteer recruitment efforts continue through the distribution of flyers and social media posts to promote available volunteer opportunities across our programs.

- Work with Respite for Elders Living in Everyday Families (RELIEF) program Provider to strengthen the program, recruiting at minimum two new volunteers and two additional clients by the end of contract year 2024-25.	AAASWFL has issued corrective action to the Lee County RELIEF provider to develop plans to increase volunteer and client recruitment. The RELIEF provider has created a new job description for RELIEF volunteers and will advertise on employment sites. As of April 2025, the RELIEF provider in PSA 8 had enrolled 3 new volunteers and 4 new clients during the 2024-25 contract year. The PSA 08 RELIEF Provider continues to manage volunteer and client levels so that all service opportunities are utilized to support caregivers in Lee County.
- In partnership with the Dubin Center, AAASWFL Health & Wellness Coordinator will obtain certification to deliver Savvy Caregiver in Spanish.	AAASWFL's Health & Wellness Coordinator is scheduled to obtain Savvy Caregiver certification before the end of August with an anticipated client workshop start-date at the end of September 2024. AAASWFL will target first Immokalee and LaBelle for classes, as these areas both have a high concentration of Spanish-speaking residents and are two of our rurally-designated areas. AAASWFL's bilingual Health & Wellness Coordinator certified in Savvy Caregiver in September 2024. (Savvy Caregiver Certification_C Lappost.pdf). The required minimum participation could not be reached with the Dubin Center, though communication is ongoing to reschedule as needed. AAASWFL is currently working with the Collier Senior Center, which has a large Spanish-speaking membership, to expand H&W programming to include Savvy Caregiver.

	Progress toward this goal is ongoing with AAASWFL seeking a partner site to host a Spanish language Savvy Caregiver.
- Apply for one new grant opportunity every two years to expand Caregiver Support.	AAASWFL has begun working with a consultant at Soukup Strategic Solutions to identify and apply for new grant opportunities. Progress is ongoing with AAASWFL striving to complete a grant application specific to Caregiver Support before the end of calendar year 2025. Progress is ongoing, while AAASWFL has pursued a number of grant opportunities and been awarded funding to provide social connections and activity programming. Grant awards have not, to date, focused on supports specific to caregivers.

Goal 2 Ensure that Florida is the nation's most dementia and age friendly state by increasing awareness and caregiver support, while enhancing collaboration across the aging network.	
Objective 2.1 Directly support communities in becoming dementia friendly.	
Explanation The primary intent of this objective is for the AAA to engage in activities which help to increase their community's support of people living with dementia and their caregivers. The ultimate aim is for people living with dementia to remain in their community, while engaging and thriving, in day to day living.	
Strategies	Progress
- 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	AAASWFL is pursuing involvement in the Sarasota DCCI group through connection with a current Board member. Currently there is no DCCI-specific group organized in any of PSA 8's rural counties – DeSoto, Glades, Hendry. AAASWFL works in concert with the

will endeavor to join one group working within DCCI capacity this year in one of the three rural counties.	Lee DCCI group to produce and advertise trainings, which provide an option to attend virtually and so can be attended by professionals throughout PSA 8. (2024 ADI Training Flyer.pdf) AAASWFL's Director of Client Services is the current Co-Chair of the Lee County DCCI group and has joined the DCCI Rural Task Force, attending monthly meetings to support DCCI development in PSA 8's rural counties. AAASWFL continues involvement in monthly Collier County DCCI meetings and continues to pursue involvement in the Sarasota DCCI group. AAASWFL continues engagement in Lee and Collier County DCCI groups and is now involved with the Sarasota County DCCI, with AAASWFL's CEO attending their meetings in person or virtually as scheduling permits.
- AAASWFL will establish a partnership with Sarasota Memorial Hospital to support work in Memory Disorder Clinic.	Effort toward this goal is ongoing. Goal is ongoing, AAASWFL is working alongside Danielle Valery, Program Manager, Memory Disorder Clinic & First Physicians Post-Acute Services, Sarasota Memorial Hospital on the Sarasota DCCI. AAASWFL is actively engaged with Sarasota DCCI, with the CEO attending meetings virtually or in person as scheduling permits.
- 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.	AAASWFL is on track for completion of this goal with active CHIP meeting attendance in the counties already listed as well as in Lee and Charlotte Counties.

- AAASWFL will continue to sit on the board of Transportation Disadvantaged in all counties and advocate for older adult ridership.	AAASWFL holds active membership of Transportation Disadvantaged Boards in all PSA 8 counties. AAASWFL continues active membership on Transportation Disadvantaged Boards in all PSA 8 counties.

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.	
Strategies	Progress
- AAASWFL will partner twice annually with a DCCI organization to produce dementia-related education / training.	AAASWFL participated in the planning and production of Collier County's 2024 Dementia Care and Cure Conference. (2024 Collier DCCI Conference.pdf) AAASWFL participated in the planning and production of Collier County's second Annual Dementia Care and Cure Conference (2025 Collier DCCI Conference.pdf) as well as the advertisement and participant recruitment for Lee Health's Spring 2025 ADI training (ADI Training Flyer May 2025.pdf). AAASWFL participated in a panel discussion at a Caregiver Forum hosted by the Senior Friendship Center in Sarasota in February 2026. Additionally, AAASWFL exhibited at the Collier County DCCI Resource Fair in April 2026.
	AAASWFL participated in the 2024 Alzheimer's, Dementia, and the Gospel Conference. (2024

- AAASWFL will endeavor to sit on annual panels hosted by the Dubin Center and McGregor Baptist Church to support education on aging related issues.	Alzheimer's, Dementia, and The Gospel Community Seminar.pdf) AAASWFL continues to participate annually in the Lee County Alzheimer's, Dementia, and the Gospel Conference. (2025 Alzheimer's, Dementia, and The Gospel Community Seminar.pdf) AAASWFL participated in the Alzheimer's, Dementia, and the Gospel Conference on 02.21.2026.
- 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.	Progress is ongoing with AAASWFL's Client Services Director and Supervisor providing quarterly training to Helpline and assessment staff. Additional assistance and support is given toward understanding aging related issues and available resources. AAASWFL's Client Services Director and Supervisor continue to provide quarterly trainings to Helpline, assessment, and enrollment management staff. Thirteen total trainings were provided in 2024 to increase staff efficacy in topics such as: 701S Procedures and Caregiver in Crisis. AAASWFL staff received in-service training from the DOEA FACE program in May 2025 and from the Hope PACE program in April 2025. The AAASWFL Client Services Director and Supervisor continue to provide quarterly training for Helpline, Assessment, and EMS to strengthen knowledge, consistency, and service delivery. Recent trainings covered ADRC policies and procedures, including 701S workflow procedures, Caregiver in Crisis protocols, and the Priority Waitlist (pre-enrollment) process, and staff also attended an in-service training by HOPE PACE in April 2026.

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.	
Strategies	Progress
- AAASWFL will commit to a quarterly Awareness Campaign on social media to raise public awareness of aging related issues.	Progress ongoing. (QTR 1 FB_Slam the Scam.pdf & QTR 2 FB_OA Month.pdf) Progress is ongoing and on-track to meet this goal. (Social Media_Awareness Campaigns Q3-2024_Q2-2025-1.pdf) Progress is ongoing and on-track to meet this goal. (Aging-Related Issues Q3-2025_Q2-2026.pdf)
- 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.	AAASWFL produced a promo video through media vendor EvClay. (https://www.youtube.com/watch?v=xBbuNN4s91s) This goal was achieved in 2024.
- AAASWFL will remain active in aging network groups – at least one per county year-round.	AAASWFL maintains active participation in aging network groups in all PSA 8 counties. AAASWFL continues active participation in aging network groups in all PSA 8 counties.

Objective 2.4 Increase access to supportive housing with services and increase supports for older adults at risk of experiencing residential insecurity.
Explanation The primary intent of this objective is the exploration of policies to specifically address shortages of supportive housing options in the AAA's area and encouraging targeting of elders that have been identified as facing residential insecurity.

Strategies	Progress
- AAASWFL will strengthen relationships with rehousing organizations in at least three of seven counties to streamline referral sources for housing insecurity.	Progress is ongoing. AAASWFL's CEO currently serves as Board Chair for the Community Action Agency/Neighborhood District Committee for Lee County, poising AAASWFL to work more directly with Lee County rehousing organizations. Additionally, AAASWFL executive leadership attended an F4A meeting with the Florida Supportive Housing Coalition on 06.20.24 to better understand the network of organizations responding to the homeless crisis and establish connections to become more involved in data collection and sharing. In an effort to assist seniors who are struggling to pay their mortgage and remain housed and seniors who are seeking an affordable room for rent, AAASWFL is working with the Home Coalition at Collaboratory to develop a program to thoughtfully pair older adults in home sharing – investing in the benefits of increased financial security and safety and decreased social isolation. This project is in the beginning stages of planning. The Home Coalition at Collaboratory serves Lee, Collier, Hendry, Glades, and Charlotte (5 of 7 counties in PSA 8). Ongoing, AAASWFL's CEO serves as the Board Chair for the Community Action Agency/Neighborhood District Committee for Lee County, poising AAASWFL to work more directly with Lee County rehousing organizations. AAASWFL has increased efforts to identify funding opportunities for the HomeShare program, an initiative to pair older adult homeowners seeking a renter and older adult renters seeking affordable housing. Through this initiative, AAASWFL has

	strengthened partnerships with Continuum of Care agencies in Lee and Collier Counties.
- 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.	Progress toward this goal is ongoing with AAASWFL's development of a Fundraising Committee comprised of AAA staff members, Board members, and Advisory Council members. AAASWFL's Fundraising Committee meets bimonthly and is currently planning the first annual fundraising event to occur in early 2026. Progress toward this goal is ongoing with AAASWFL's Fundraising Committee hosting an inaugural fundraising event on 02.27.2026 – Waves of Compassion – to recognize exceptional volunteerism in aging services.
- The Client Services Department will annually verify active resources in ~~Refer~~ eCIRTS network and will endeavor annually to add two new referral sources per county specific to supportive / affordable housing.	Progress is ongoing. AAASWFL's Director of Client Services is currently undergoing collection of total number of resources that have been added to the resource database to analyze goal performance. Progress toward this goal is ongoing with AAASWFL working to grow knowledge of available housing resources in PSA 8. Monthly, the number of available affordable senior housing units is provided to Helpline staff by the US Department of Agriculture. 2025 training for Helpline staff will include information on housing issues, and AAASWFL remains engaged in Continuums of Care throughout PSA 8. AAASWFL receives a monthly list of available affordable housing units from the USDA which is

	shared with all Information & Referral Specialists. Until the resource database is fully integrated and operational in eCIRTS, AAASWFL maintains resources in a combination of REFER, eCIRTS, and internal sources.

Goal 3 Enhance efforts to maintain and support healthy living, active engagement, and a sense of community for all older Floridians.	
Objective 3.1 Advocate with housing service providers, affordable housing developers, homeless programs, and other stakeholders to establish affordable housing options for older adults.	
Explanation The primary intent of this objective is to increase collaboration with other area organizations and stakeholders on the specific subject of elder housing and other associated residential issues.	
Strategies	Progress
- 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.	AAASWFL maintains attendance at Long Term Recovery Groups in Collier, Lee, Charlotte, and Sarasota. To date, AAASWFL is not aware of LTRG meetings specific to DeSoto, Glades, or Hendry counties.
- AAASWFL attends weekly Gulf Coast Partnership meetings in Charlotte County to create a wealth of resources focusing efforts toward supportive services for unhoused individuals.	AAASWFL maintained active participation in Gulf Coast Partnership meetings while weekly meeting frequency was needed to support Hurricane Ian recovery efforts. Meetings have since moved to monthly frequency, and AAASWFL continues to participate. Through 2025, AAASWFL actively participated in Gulf Coast Partnership monthly meetings to support

	Hurricane Ian recovery efforts. Those meetings have since ended. AAASWFL is currently attending the United Way South Sarasota County COAD, which meets quarterly and offers disaster response trainings.
- The AAASWFL CEO 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.	AAASWFL maintains active membership on the board for the Community Action Agency / Neighborhood District Committee in Lee County. The AAASWFL actively works with the Home Coalition at the Collaboratory (serving Lee, Collier, Hendry, Glades and Charlotte) to develop a home-sharing program for older adults, as well as maintains active membership on Lee County's board for the Community Action Agency/Neighborhood District Committee. AAASWFL has recently joined the Warrior Homes of Collier group to provide information about DOEA-funded programs and services as well as to advocate for the needs of older adult Veterans. AAASWFL has maintained awareness of regional housing efforts through its connection to the Community Infrastructure Coalition, formerly the Home Coalition at the Collaboratory, serving Lee, Collier, Hendry, Glades, and Charlotte counties. While the SWFL Senior HomeShare Project has been temporarily paused to allow for program restructuring, AAASWFL continues to monitor developments in affordable housing solutions for older adults and remains open to re-engagement as the coalition's work evolves. AAASWFL's President and CEO has served as Board Chair of the Lee County Community Action Agency, supporting governance and community advocacy for the agency's neighborhood

	district work across Lee County and continues to serve another term on the board. AAASWFL also participates in Continuum of Care (CoC) meetings across Lee, Collier, and Sarasota counties as capacity allows, serving as the regional aging voice in local housing and homelessness discussions and helping to ensure that the needs of older adults are represented in coordinated community response efforts. Additionally, AAASWFL has participated in the Warrior Homes of Collier group, providing information about DOEA-funded programs and services and advocating for the needs of older adult Veterans across the region.

Objective 3.2 Promote empowered aging, socialization opportunities, and wellness, including mental health, healthy nutrition, exercise, and prevention activities.	
Explanation The primary intent of this objective is to promote greater integration opportunities for elders in the AAA's service area in an effort to promote increased health, wellness, mental well-being, and satisfaction. Empowered aging is defined as making sure that older persons have the opportunity to learn, discuss, decide, and act on decisions that directly impact their care, concerns, and quality of life.	
Strategies	Progress
- AAASWFL will expand Health & 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.	Progress toward this goal is ongoing with programs completed at new sites in Lee County (Unity Church of Fort Myers), Charlotte County (South Port Square), and Sarasota County (DeSoto Palms Assisted Living). AAASWFL endeavors to establish a new program site this year in either Collier, DeSoto, Glades, or Hendry County. Progress toward this goal is ongoing with programs completed in 2024 at new sites in Lee County (Hope Cape Community Room), Charlotte County

	(Englewood Chamber of Commerce), and Sarasota County (Sarasota Memorial Hospital, Elsie Quirk Library, United Way Sarasota). Arthritis Foundation Exercise Program was completed in May 2025 in Collier County at the Bonita Shores Club. Progress toward this goal is ongoing with programs completed at new sites in: Baker Senior Center – Collier County Venice Senior Friendship Center – Sarasota County Lehigh Acres Senior Center – Lee County Valencia Bonita – Lee County HSS at NCH – Collier County Rebecca Neal Owens Center – Charlotte County Labelle SGF Seniors – Hendry County Clewiston SGF Seniors – Hendry County Moore Haven SGF Seniors – Glades County WellWay – Lee County Ann & Chuck Dever Regional Park – Charlotte County Veranda's Senior Friendship Center – Charlotte County
- AAASWFL will host an annual Resource Fair, open to the public, incorporating service providers throughout PSA 8 to share information and resources.	AAASWFL hosted our first Community Resource Fair on 09.15.23 (2023 AAASWFL Resource Fair Flyer.pdf), with an upcoming event scheduled 09.13.24. AAASWFL hosted the second annual Community Resource Fair on 09.13.24: 2024 AAASWFL Resource Fair Flyer.pdf.

	AAASWFL's 3rd Annual Resource Fair was held on 09.12.2025: AAASWFL 3rd Community Resource Fair.pdf.

Objective 3.3 Strengthen programs that promote uniting seniors and caregivers with community partners, enabling seniors to directly access service providers to meet their immediate needs.	
Explanation The primary intent of this objective is to promote seamless access to available services.	
Strategies	Progress
- AAASWFL will facilitate a quarterly "Partner Spotlight" on social media to increase information sharing and strengthen visibility for aging and disability service providers.	Progress ongoing (QTR 1 FB_Partner Spotlight FSC.pdf & QTR 2 FB_Partner Spotlight MSC.pdf) Progress is ongoing and on-track to achieve this goal. (Social Media_Partner Spotlights Q3-2024_Q2-2025.pdf) Progress is ongoing and on-track to achieve this goal. (Partner Spotlights Q3-2025_Q2-2026.pdf)
- Through the "Did You Know" social media campaign, AAASWFL will direct general public to the agency website to streamline access to direct service provision.	Progress toward this goal is ongoing. AAASWFL's last "Did You Know" post was made in 2023 with plans to revamp this campaign before the end of the year. Progress toward this goal is ongoing. AAASWFL continues to share information with the public about the available programs and services for older adults and adults with disabilities and is committed to framing this information in the future via the "Did You know" campaign.
	AAASWFL hosted our first Community Resource Fair on 09.15.23 (2023 AAASWFL Resource Fair

- AAASWFL's annual Resource Fair will foster connections between target service populations and area service providers.	Flyer.pdf), with an upcoming event scheduled 09.13.24. AAASWFL hosted the second annual Community Resource Fair on 09.13.24: 2024 AAASWFL Resource Fair Flyer.pdf. The event marked considerable growth in public attendance from approximately 40 attendees in 2023 to 101 in 2024. AAASWFL's 3rd Annual Resource Fair again expanded reach and partnerships with screening services, social services, and health care services available at the event to community members.

Goal 4 Advocate for the safety and the physical and mental health of older adults by raising awareness and responding effectively to incidence of abuse, injury, exploitation, violence, and neglect.	
Objective 4.1 Increase effectiveness in responding to elder abuse and protecting older adults through expanded outreach, enhanced training, innovative practices, and strategic collaborations.	
Explanation The primary intent of this objective is for the AAA to use existing mechanisms to increase public awareness, expand learning opportunities, and work with community stakeholders to both respond to instances of elder abuse and promote increased prevention.	
Strategies	Progress
- 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.	Progress toward this goal is ongoing with AAASWFL onboarding a representative of the Lee County Sheriff's Office to the Board of Directors and endeavoring to work with the DeSoto County Sherrif's Office to obtain a K-9. AAASWFL maintains an ongoing partnership with the Lee County Sherriff's Office to support the education

	and orientation of newly recruited Cadets. The goal to connect and partner with the sheriff's departments in PSA 8's remaining counties is ongoing. Progress toward this goal is ongoing with a well-established partnership in Lee County where AAASWFL is invited to present information at routine crisis intervention training for new cadets. AAASWFL's continues to pursue strengthened partnerships with area law enforcement in the remaining PSA 08 counties. AAASWFL continued to prioritize staff development and community outreach by expanding access to mental health education and support. In 2025, the organization hosted two Mental Health First Aid trainings for staff to enhance their ability to recognize and respond to mental health challenges among older adults, caregivers, and the community. To further increase accessibility and strengthen outreach efforts, AAASWFL also offered a Spanish-language Mental Health First Aid training in January 2026, helping ensure these valuable resources reached a broader audience.
- AAASWFL will inquire about collaboration with Collier County Sheriff's office Senior Victims Advocacy Unit to educate first responders on indicators of elder abuse.	Progress toward this goal is ongoing. AAASWFL's Elder Abuse Prevention Coordinator will contact the Senior Victims Advocacy Unit at the Collier County Sheriff's Office to collaborate on staff training. Progress toward this goal is ongoing with AAASWFL endeavoring to schedule co-produced education with the Collier County Sheriff's Office.

	AAASWFL partners with the Collier County Sheriff's Office Senior Victims Advocacy Unit to support efforts focused on educating first responders on the indicators of elder abuse, neglect, and exploitation. This collaboration remains in progress, with continued coordination taking place to identify opportunities for training and education that will strengthen awareness, response, and referral efforts for older adults who may be at risk.
- AAASWFL will reestablish partnership with Adult Protective Services to provide in-service development for API's and Client Service staff.	Progress toward this goal is ongoing with a representative of AAASWFL scheduled to attend the monthly Adult Protective Investigator staff meeting for APIs covering DeSoto and Sarasota Counties. The Operations Program Administrator for Charlotte, Collier, Hendry, Glades, and Lee Counties currently sits on AAASWFL's Advisory Council, affording an avenue for this collaboration. Progress toward this goal is ongoing. With frequent turnover of APIs in the sector serving Sarasota and DeSoto Counties, monthly staff meetings were postponed and AAASWFL has yet to serve as a guest presenter to the staff. AAASWFL recently updated MOUs with APS for all counties in PSA 8 and is attempting to organize multi-disciplinary meetings in Lee County for service agencies (Veterans services, Nutrition services, Aging services, Disaster Case Management, etc.) to case-conference difficult Adult Protective Service cases. AAASWFL achieved this goal with in-service presentations facilitated for the APIs serving Manatee, Sarasota, and DeSoto Counties on 09.16.2025 and for

	the APIs serving Charlotte, Collier, Glades, Hendry, and Lee on 03.19.2026. Both events have resulted in increased communication between agencies.
- AAASWFL will promote education and use of scent kids in supporting caregivers of an older adult at risk of wandering.	Progress toward this goal is ongoing with AAASWFL's efforts to partner with the DeSoto County Sheriff's Office on the purchase of a scent-trained K-9. AAASWFL is working with the United Way ReUnite program to educate caregivers of people with dementia about the benefit in maintaining a scent kit if ever a care recipient is missing. A representative from ReUnite is invited to attend the end of a Savvy Caregiver session to provide information about the ReUnite initiative.

Objective 4.2 Increase capacity and expertise regarding the Department's ability to lead in efforts to stop abuse, neglect, and exploitation (ANE) of older adults and vulnerable populations.	
Explanation The primary intent of this objective is to expand and improve the efficacy of efforts supporting ANE interventions.	
Strategies	Progress
- 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.	AAASWFL issued a specialized referral form to the Lee County Sheriff's Office on 05.14.24. (AAASWFL Referral Form- LCSO.pdf) Progress toward this goal is ongoing. AAASWFL shares a general referral form with partners in PSA 8 who work directly with clients needing info/referral and assessment but has not yet had cause to specialize the referral form for any one partner.

- AAASWFL will reestablish partnerships with county Emergency Services and Sheriff's Departments to increase referrals for at-risk clients in need of services.	AAASWFL presented at the Lee County Sheriff's Office new cadet training to provide information about how to refer at-risk clients (Partnership_LCSO.pdf). Additionally, AAASWFL added a representative of the Lee County Sheriff's Office as a new Board Member in October 2023. AAASWFL is also endeavoring to partner with the DeSoto County Sherrif's Office by acquiring a scent-trained K-9. AAASWFL continues to grow partnerships with stakeholders intervening with at-risk populations. AAASWFL participated in 2025 Crisis Intervention Team Training with NAMI (National Alliance on Mental Illness), informing a group of social service workers across law enforcement and public service agencies (Lee, Charlotte, Hendry) of the resources and programs available to at-risk older adults.
- By Fall 2024, Client Services will request silver alert report from law enforcement to focus outreach efforts and target caregiver support.	Progress is ongoing. AAASWFL's Director of Client Services is scheduled to meet with the Lee Health Memory Disorder Clinic on 07.17.24, and will request data sharing of the silver alert report. The Lee Health Memory Disorder Clinic receives silver alerts for Lee County and submits a referral when appropriate to AAASWFL for additional assistance. AAASWFL will continue ongoing effort to increase this information sharing in the remaining PSA 8 Counties.

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

Explanation The primary intent of this objective is for the AAA to expand existing education/outreach/awareness efforts such as websites, newsletters, presentations, and/or other community outreach activities to include prevention of abuse, neglect, and exploitation.	
Strategies	**Progress**
- AAASWFL will provide an annual education event, additional to World Elder Abuse Awareness Day programming, to invite partnering service providers to present information on identifying and preventing abuse, neglect, and exploitation of older adults.	Progress toward this goal is ongoing with AAASWFL's Elder Abuse Prevention Coordinator working with Everglades City in Collier County to produce an event to raise awareness of elder abuse and share prevention strategies. One vendor is confirmed for the event so far to take place sometime between late October and early November 2024. AAASWFL Elder Abuse Prevention Coordinator is working with the Fort Myers Police Department (Lee County) to produce a scam prevention event in August 2025. AAASWFL continues outreach and education relative to strategies to identify and report the abuse, neglect, and exploitation of older adults. Targeted information is shared in support of Senior Medicare Patrol efforts, and AAASWFL strengthened its partnership with Seniors vs. Crimes as a host site for their local volunteers during a period of time spanning from 2025 to 2026. AAASWFL has now onboarded a part-time Senior Medicare Patrol Outreach & Intake Specialist to increase focused efforts to educate Medicare beneficiaries about abuse, waste, and fraud and to support victims of these crimes in pursuing remedies.
- AAASWFL will increase media coverage to share one quarterly written news release to promote elder abuse prevention education PSA-wide.	Progress toward this goal is ongoing. AAASWFL will draft a written news release to share in Quarter 3.

	AAASWFL is on track to achieve this goal with quarterly Public Service Announcements related to older adult abuse, neglect, and exploitation shared via the agency's newsletter/social media. This goal remains on track, with quarterly Public Service Announcements continuing to be shared through the agency's newsletter and social media platforms. These announcements focus on raising awareness of abuse, neglect, and exploitation affecting older adults, while providing education and outreach to help promote prevention, recognition, and reporting.
- AAASWFL will obtain use of Agency Youtube channel to capitalize on an alternate avenue for information sharing.	AAASWFL has regained access to the established YouTube channel and last uploaded content in December 2023. This goal was achieved.
- AAASWFL will onboard a Senior Medicare Patrol (SMP) Specialist to assist with outreach for SHINE, MIPPA, and SMP programs as well as to provide specialized assistance to victims of suspected and confirmed Medicare fraud.	AAASWFL onboarded an SMP Specialist in June 2024. AAASWFL's SMP Specialist position is vacant as of June 2025. This position has been vacant from late November 2024, and funding concerns raised in early 2025 necessitated a hiring pause. AAASWFL endeavors to onboard a new SMP Specialist before Fall 2025. AAASWFL has now onboarded a part-time Senior Medicare Patrol Outreach & Intake Specialist to increase focused efforts to educate Medicare

	beneficiaries about abuse, waste, and fraud and to provide specialized support to victims of these crimes.

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.	
Strategies	Progress
- Increased legal provider funding due to American Rescue Plan Act will result in doubling of legal services in PSA 8.	AAASWFL experienced a setback in this goal as the active contract with our 2023 Legal Provider was terminated, necessitating an emergency RFP for OAA Legal Assistance services in PSA 8. Two new Legal Providers were contracted in March with services beginning in March 2024. AAASWFL continues to work with 2 contracted Legal Providers to maximize use of available legal assistance funding in PSA 8. AAASWFL has expanded direct contracting relationships to include three Legal Service Providers. With services contracted directly rather than through a combination of direct and indirect contracting, available funds are maximized to expand availability of OAA-funded legal services throughout PSA 08.
- AAASWFL will host an annual education event to invite an Elder Law Attorney to provide a public in-service training.	AAASWFL partnered with Zacharia Brown Law Firm to provide information about "resources to protect your health and wealth" on 05.22.24. (2024 Ask The Experts.pdf)

	AAASWFL hosted Zacharia Brown Law Firm in Feb 2025 to provide information about planning for the future: Wills, Trusts, & Longterm Care_Feb 2025.pdf. AAASWFL partnered with Legal Aid Services of Collier County to provide information about available programs and services to attendees of the Collier Senior Center in Naples on 09.25.2025.
- AAASWFL will increase information sharing about available legal services in quarterly social media campaigns.	AAASWFL plans to run the first Provider Spotlight on social media before the end of July 2025, to spotlight newly contracted legal providers in PSA 8 – Gulfcoast Legal Services and Legal Aid Services of Collier County. Progress is ongoing and on-track to achieve this goal. (Social Media_Provider Spotlights Q3-2024_Q2-2025.pdf) Progress toward this goal is ongoing. (Legal Services Q3-2025_Q2-2026.pdf)

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.	
Strategies	Progress
- AAASWFL will join Emergency Operating Centers in all seven counties.	Progress is ongoing. AAASWFL's Emergency Coordinating Officer is a member of Lee and Collier

	ECO's, and AAASWFL is scheduled to meet with the Sarasota Community Organizations Active in a Disaster (COAD) on 07.23.24. AAASWFL is currently active in Lee, Collier, Charlotte, and Sarasota Counties and endeavors to initiate involvement in DeSoto, Hendry, and Glades Counties.
- AAASWFL will facilitate annual all-staff training on emergency procedures, additional to the required annual training in the agency's payroll network.	AAASWFL's Emergency Coordinating Officer provided training on disaster preparedness on 05.08.24 at an all-staff meeting (05.08.24 Agenda.pdf). Annual Disaster Preparedness Training was provided to all staff on 05.28.25 with plans to provide Active Shooter Training to all staff before the end of the year. Annual Disaster Preparedness Training was provided to all staff on 05.27.2026.
- Client Services will develop a script for Information & 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.	Progress is ongoing. Information & Referral Specialists began sharing information about shelters as of 05.01.24. Progress is ongoing. Information & Referral Specialists began sharing information about shelters as of 06.02.25. AAASWFL developed an Information & Referral script in 2025 to deploy hurricane preparedness information each year beginning on June 1st. Additionally, Information & Referral Specialists offer callers a DOEA-authored pamphlet detailing emergency preparedness tips and another pamphlet designed for clients who are deaf or hard of hearing, with

	information relative to special needs shelters and emergency management contacts specific to each county.
~~- Executive Leadership will attend the Governor's Hurricane Conference to network and share information regarding disaster preparedness and recovery resources.~~ - AAASWFL will actively involve with the Unmet Needs Long-term Recovery Groups (UNLTRG) as they initiate post-disaster in any counties located in PSA 8.	AAASWFL has been actively involved in the UNLTRG's in Lee, Charlotte, Collier, and Sarasota Counties post-Hurricane Ian, attending funding table and case coordination monthly meetings for all counties, as well as serving on the board of the Lee County UNLTRG. AAASWFL has remained active in Unmet Needs Long-term Recovery Groups (UNLTRG). The Lee County UNLTRG awarded AAASWFL a CDBG-DR micro-grant at the end of 2024 to support a Crisis Assistance Coordinator, serving older adults & adults with disabilities in ongoing recovery from Hurricane Ian. AAASWFL also actively participated in UNLTRG meetings in Sarasota County post Hurricanes Helene and Milton. AAASWFL continued efforts to support Lee County older adults in ongoing recovery from Hurricane Ian through April 30, 2026, via a CDGB-DR micro-grant issued by the Lee Unmet Needs Long-Term Recovery Group. AAASWFL maintains active contacts with recovery groups in all counties.

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.

Strategies	Progress
- AAASWFL will join Emergency Operating Centers in all seven counties.	Progress is ongoing. AAASWFL's Emergency Coordinating Officer is a member of Lee and Collier ECO's, and AAASWFL is scheduled to meet with the Sarasota Community Organizations Active in a Disaster (COAD) on 07.23.24. AAASWFL has joined COAD groups in Lee, Collier, Charlotte, and Sarasota Counties.
- AAASWFL will partner with Adaptive Services at Florida Gulf Coast University (FGCU) to provide education about special population shelters for adults with disabilities.	Progress is ongoing. AAASWFL is strengthening its partnership with FGCU through involvement on the Board of Directors for the Shady Rest Institute on Positive Aging, a research department within FGCU. Progress is ongoing. AAASWFL will contact the Adaptive Services team at FGCU to explore opportunities for community education. Progress is ongoing with AAASWFL's established partnership with the Shady Rest Institute on Positive Aging at Florida Gulf Coast University. AAASWFL will continue identifying opportunities to enhance partnership opportunities and engage university students/volunteers for intergenerational education opportunities.
- Client Services will train Intake staff to share information about disaster preparedness throughout hurricane season.	AAASWFL's Information & Referral Specialists have been sharing information to promote disaster preparedness since 05.01.24.

	AAASWFL's Information & Referral Specialists have been sharing information to promote disaster preparedness since 06.02.25. AAASWFL's Information & Referral Specialists began sharing information to promote disaster preparedness as of 06.01.2026.

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.	
Strategies	Progress
- 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.	Progress is ongoing. AAASWFL has been actively involved in the UNLTRG's in Lee, Charlotte, Collier, and Sarasota Counties post-Hurricane Ian, attending funding table and case coordination monthly meetings for all counties, as well as serving on the board of the Lee County UNLTRG. Additionally, AAASWFL's CEO is a member of the Lee and Collier Emergency Operating Centers (EOC). AAASWFL maintains active participation on the board of the Lee County UNLTRG and has established contacts with the EOC's and COAD's in Charlotte, Collier, and Sarasota Counties.
- Client Services will contact clients on the pre-enrollment list to ensure awareness of the availability and location of emergency shelters.	Progress is outstanding. AAASWFL has yet been unable to dedicate time toward this goal with

	numerous vacancies in the Client Services Department. AAASWFL initiated emergency preparedness calls to waitlisted clients from late summer to early fall 2024 (a period when storms typically increase in frequency and intensity). As of 06.02.25 all callers to the Helpline receive information about emergency shelters. All callers to AAASWFL's Helpline are provided information to promote disaster preparedness as of 06.01.2026.
- AAASWFL will update emergency preparedness procedures in COOP/CEMP annually.	AAASWFL's Emergency Coordinating Officer updated COOP/CEMP plans and submitted to DOEA on 05.02.24. AAASWFL's Emergency Coordinating Officer updated COOP/CEMP plans and submitted to DOEA on 05.01.25. AAASWFL's Emergency Coordinating Officer updated COOP/CEMP plans and submitted to DOEA on 05.01.26.

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.	
Strategies	Progress
- Client Services will provide information to clients on the pre-enrollment list about measures to take for disaster preparedness,	

including the role and function of shelters during weather emergencies.	Progress is outstanding. AAASWFL has yet been unable to dedicate time toward this goal with numerous vacancies in the Client Services Department. AAASWFL initiated emergency preparedness calls to waitlisted clients from late summer to early fall 2024 (a period when storms typically increase in frequency and intensity). As of 06.02.25 all callers to the Helpline receive information about emergency shelters, and AAASWFL is currently training a Quality Control Intake Specialist to further address this objective. AAASWFL continues to strengthen emergency preparedness efforts for older adults and caregivers. As of June 1, 2026, all callers to the Helpline receive information on emergency preparedness, including available shelters and disaster-related resources. In addition, AAASWFL is working to implement an artificial intelligence (AI) text messaging feature that will allow clients to submit Elder Helpline (EHL) and hurricane preparedness questions via text and receive automated responses with timely information and resources.
- AAASWFL will work with Emergency Operating Centers to understand how evacuation notices are communicated to better inform internal strategies for encouraging voluntary elder evacuation.	Progress is ongoing. AAASWFL's Emergency Coordinating Officer is a member of Lee and Collier ECO's, and AAASWFL is scheduled to meet with the Sarasota Community Organizations Active in a Disaster (COAD) on 07.23.24. AAASWFL is currently active in Lee, Collier, Charlotte, and Sarasota Counties and endeavors to engage in DeSoto, Glades, and Hendry Counties.

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, Arhtritis 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 Medice, 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)

Evidence-Based Program: A Matter of Balance (ncoa.org)

Older Adult Falls Prevention | Florida Department of Health (floridahealth.gov)

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 IIIEG

Service: Caregiver Support Groups

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 Tailored Caregiver Assessment and Referral (TCARE) as an OAA evidence-based intervention to support older adult caregivers and informal caregivers of older adults under Titles IIID and IIIE. The provision of this service by AAASWFL is necessary to assure an adequate supply of such services in Southwest Florida.

According to the Centers for Disease Control and Prevention, one in four Florida adults identifies as a caregiver, with 22% of caregivers aged 65 and above. To scale this data for PSA 8, it is argued that Southwest Florida is home to nearly 400,000 informal or familial caregivers with the 60+ population making up 38% of the total population in the planning and service area, evidencing the need for additional programs and services to support caregivers.

With limited state and federal funding available, it is widely known that informal or unpaid caregivers are the cornerstone of long-term care provided in people's homes. The Centers for Disease Control and Prevention notes that, "while some aspects of caregiving may be rewarding, caregivers can also be at increased risk for negative health consequences." This increased risk is largely attributed to the burnout that informal caregivers may experience in the face of mounting responsibility in their work lives, home lives, and care arena.

As Southwest Florida is home to an ever-increasing population of older adults and those who care for them, it is AAASWFL's desire to obtain a direct service waiver to provide Caregiver Support to ensure an adequate supply of no-cost support is available to caregivers in PSA 8.

References:

CDC - For Caregivers, Family, and Friends

CDC - Florida: Caregiving

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 IIIEG

Service: Caregiver Training/Support

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

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

(i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;

(ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or

(iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

The Area Agency on Aging for Southwest Florida (PSA 8) is requesting approval to directly provide Tailored Caregiver Assessment and Referral (TCARE) as an OAA evidence-based intervention to support older adult caregivers and informal caregivers of older adults under Titles IIID and IIIE. The provision of this service by AAASWFL is necessary to assure an adequate supply of such services in Southwest Florida.

According to the Centers for Disease Control and Prevention, one in four Florida adults identifies as a caregiver, with 22% of caregivers aged 65 and above. To scale this data for PSA 8, it is argued that Southwest Florida is home to nearly 400,000 informal or familial caregivers with the 60+ population making up 38% of the total population in the planning and service area, evidencing the need for additional programs and services to support caregivers.

With limited state and federal funding available, it is widely known that informal or unpaid caregivers are the cornerstone of long-term care provided in people's homes. To better support a caregiver's ability and knowledge to provide quality care and to reduce the risk of abuse, neglect, and exploitation perpetrated, it is essential that informal caregivers be provided with sufficient and effective training. Unpaid caregivers often take responsibility for the nutritional, mental, and physical well being for whom they care and are often provided no formal training. Improving a caregiver's confidence and self-efficacy through training affords better quality of care for vulnerable individuals as well as reduces the risk of caregiver burnout or crisis.

As Southwest Florida is home to an ever-increasing population of older adults and those who care for them, it is AAASWFL's desire to obtain a direct service waiver to provide Caregiver Training/Support to ensure an adequate supply of no-cost training is available to caregivers in PSA 8.

References:

CDC - For Caregivers, Family, and Friends

CDC - Florida: Caregiving

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 46th 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 inflicted 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 trails 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-swelling 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 IIIEG

Service: Tailored Caregiver Assessment and Referral (TCARE)

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 Tailored Caregiver Assessment and Referral (TCARE) as an OAA evidence-based intervention to support older adult caregivers and informal caregivers of older adults under Titles IIID and IIIE. The provision of this service by AAASWFL is necessary to assure an adequate supply of such services in Southwest Florida.

According to the Centers for Disease Control and Prevention, one in four Florida adults identifies as a caregiver, with 22% of caregivers aged 65 and above. To scale this data for PSA 8, it is argued that Southwest Florida is home to nearly 400,000 informal or familial caregivers with the 60+ population making up 38% of the total population in the planning and service area, evidencing the need for additional programs and services to support caregivers who statewide provide an estimated 1.6 billion hours of unpaid care each year (Florida Blue, 05.24).

The TCARE service model uses screening, assessment, and action planning to offer ongoing support to older adult caregivers, caregivers of older adults or adults (18+) diagnosed with Alzheimer's or a related dementia disorder, and non-parent older adult caregivers of children. Based on screening and assessment, caregivers are categorized according to three need-based tiers and, in addition to coaching and assurance provided by a TCARE Specialist, may access an annual stipend to assist with the purchase of supplies, education/training, and mental health supports.

AAASWFL is not aware of any other entity offering TCARE, a program which can provide pivotal assistance to the growing number of caregivers in Southwest Florida. AAASWFL requests a direct service waiver to offer this program to ensure an adequate supply of free caregiver support interventions in Southwest Florida.

References:

CDC - Florida: Caregiving

Florida Blue: Why Caregivers Need Our Support More Than Ever

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 clients on the pre-enrollment list 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 AGENDA

Area Agency on Aging for Southwest Florida
Intent to Request Direct Service Waiver: Older Americans Act
August 16, 2023 – 10:00 a.m.

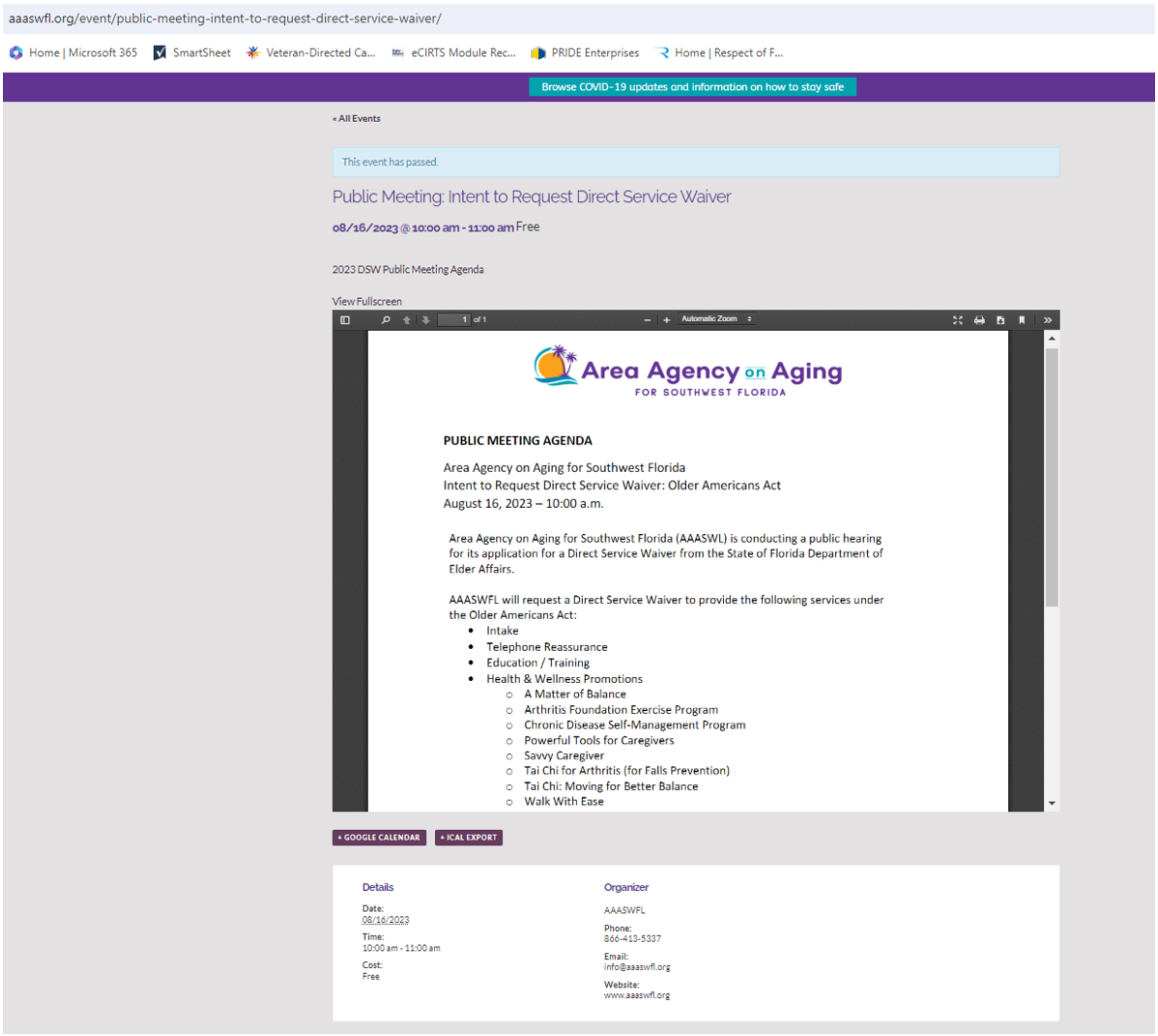
Area Agency on Aging for Southwest Florida (AAASWL) is conducting a public hearing for its application for a Direct Service Waiver from the State of Florida Department of Elder Affairs.

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

- Intake
- Telephone Reassurance
- Education / Training
- Health & Wellness Promotions
    - A Matter of Balance
    - Arthritis Foundation Exercise Program
    - Chronic Disease Self-Management Program
    - Powerful Tools for Caregivers
    - Savvy Caregiver
    - Tai Chi for Arthritis (for Falls Prevention)
    - Tai Chi: Moving for Better Balance
    - Walk With Ease

Time (approx.)	Topic
10:00	Call To Order
10:05	Introductions
10:10	Overview of AAASWFL and Funding Requirements
10:15	Older Adult/Caregiver Needs in SW Florida *(Fall Prevention, Arthritis, Caregiver Support)*
10:20	Proposed Older Americans Act Services
10:25	Public Comment
11:00	Adjourn

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


aaaswfl.org/event/public-meeting-intent-to-request-direct-service-waiver/
Home | Microsoft 365
SmartSheet
Veteran-Directed Ca...
eCIRTS Module Rec...
PRIDE Enterprises
Home | Respect of F...
Browse COVID-19 updates and information on how to stay safe
« All Events
This event has passed.
Public Meeting: Intent to Request Direct Service Waiver
08/16/2023 @ 10:00 am - 11:00 am Free
2023 DSW Public Meeting Agenda
View Fullscreen
Area Agency on Aging
FOR SOUTHWEST FLORIDA
PUBLIC MEETING AGENDA
Area Agency on Aging for Southwest Florida
Intent to Request Direct Service Waiver: Older Americans Act
August 16, 2023 – 10:00 a.m.
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:
Intake
Telephone Reassurance
Education / Training
Health & Wellness Promotions
A Matter of Balance
Arthritis Foundation Exercise Program
Chronic Disease Self-Management Program
Powerful Tools for Caregivers
Savvy Caregiver
Tai Chi for Arthritis (for Falls Prevention)
Tai Chi: Moving for Better Balance
Walk With Ease
+ GOOGLE CALENDAR
+ ICAL EXPORT
Details
Date:
08/16/2023
Time:
10:00 am - 11:00 am
Cost:
Free
Organizer
AAASWFL
Phone:
866-413-5337
Email:
info@aaaswfl.org
Website:
www.aaaswfl.org

Area Agency on Aging
FOR SOUTHWEST FLORIDA

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
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	A.Tolliver@aff.m.us
2. Molly Thompson	Molly.Thompson@DBS.FLDOE.ORG
3. Madeline Wilk	madeline.wilk@aaaswfl.org
4. Maricela Morado	maricela.morado@aaaswfl.org
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Notice of Meeting/Workshop Hearing

OTHER AGENCIES AND ORGANIZATIONS
Area Agency on Aging for Southwest Florida

The Area Agency on Aging for Southwest Florida announces a public meeting to which all persons are invited.
DATE AND TIME: August 26, 2024, 9:00 a.m.
PLACE: 2830 Winkler Avenue, Suite 112, Fort Myers, FL 33916 or online via Microsoft Teams. Contact Victoria Walker for the online link at ea@aaaswlf.org.
GENERAL SUBJECT MATTER TO BE CONSIDERED: Items related to AAASWFL's annual public meeting to propose direct services we will provide to the community under the Older Americans Act.
A copy of the agenda may be obtained by contacting: Sarah Gualco at Sarah.Gualco@aaaswfl.org or 239-652-6900.
Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Sarah Gualco at Sarah.Gualco@aaaswfl.org or 239-652-6900. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).
For more information, you may contact: Sarah Gualco at Sarah.Gualco@aaaswfl.org or 239-652-6900.

Area Agency on Aging
FOR SOUTHWEST FLORIDA

PUBLIC MEETING

Join the Area Agency on Aging for SWFL for our annual public meeting to propose direct services we will provide to the community under the Older Americans Act.

August 26, 2024 **9:00 a.m.**

Services:

- Education/Training
- Intake
- Technology
- Assurance
- Transportation
- Tailored Caregiver Assessment & Referral
- A Matter of Balance
- Chronic Disease Self-Management Program
- Powerful Tools for Caregivers
- Savvy Caregiver
- Caregiver Training/Support Group
- Arthritis Foundation Exercise Program
- Arthritis Foundation Tai Chi
- Walk With Ease
- Tai Ji Quan: Moving for Better Balance

Attend the Meeting in Person or Online

Microsoft Teams
Meeting ID: 254 219 933 312
Passcode: wtDDvd

Area Agency on Aging for SWFL - Main Conference Room
2830 Winkler Avenue, Suite 112, Fort Myers, FL 33916

Public Meeting – OAA Direct Services, 08.26.24, 9:00am

Printed Name	Signature	Email
YEPRM DERVAHANIAN	Yepram DerVahanian	YEPRAM@ME.COM
Mary Wernentin	Teams	
David Blebar	Teams	
Lisa Weinman	Teams	

Area Agency on Aging
FOR SOUTHWEST FLORIDA

PUBLIC MEETING

Join the Area Agency on Aging for SWFL online for our annual public meeting to propose direct services we will provide to the community under the Older Americans Act.

June 18, 2025 **10:00 a.m.**

Microsoft Teams
Meeting ID: 299 926 149 862 1
Passcode: Hu9Mh7KK

aaaswfl.org | Helpline: 866-413-5337

1. Summary

Meeting title	Public Forum - OAA Direct Services
Attended participants	4
Start time	6/18/25, 9:57:39 AM
End time	6/18/25, 10:15:37 AM
Meeting duration	17m 58s
Average attendance time	11m 30s

2. Participants

Name	First Join	Last Leave	In-Meeting Duration	Email
Sarah Gualco	6/18/25, 9:58:31 AM	6/18/25, 10:15:37 AM	17m 6s	Sarah.Gualco@aaaswfl.org
Jena Johnson	6/18/25, 10:00:09 AM	6/18/25, 10:15:37 AM	15m 27s	Jena.Johnson@ParkRoyalHospital.com
Justin Jaffry (Guest)	6/18/25, 10:01:53 AM	6/18/25, 10:02:02 AM	8s	jjaffry@informativ.com
Justin Jaffry (Unverified)	6/18/25, 10:02:15 AM	6/18/25, 10:15:37 AM	13m 21s	

3. In-Meeting Activities

Name	Join Time	Leave Time	Duration	Email
Sarah Gualco	6/18/25, 9:58:31 AM	6/18/25, 10:15:37 AM	17m 6s	Sarah.Gualco@aaaswfl.org
Jena Johnson	6/18/25, 10:00:09 AM	6/18/25, 10:15:37 AM	15m 27s	Jena.Johnson@ParkRoyalHospital.com
Justin Jaffry (Guest)	6/18/25, 10:01:53 AM	6/18/25, 10:02:02 AM	8s	jjaffry@informativ.com
Justin Jaffry (Unverified)	6/18/25, 10:02:15 AM	6/18/25, 10:15:37 AM	13m 21s	

PUBLIC MEETING

Area Agency on Aging
FOR SOUTHWEST FLORIDA

Join the Area Agency on Aging for SWFL online for our annual public meeting to propose direct services we will provide to the community under the Older Americans Act.

Monday August 10

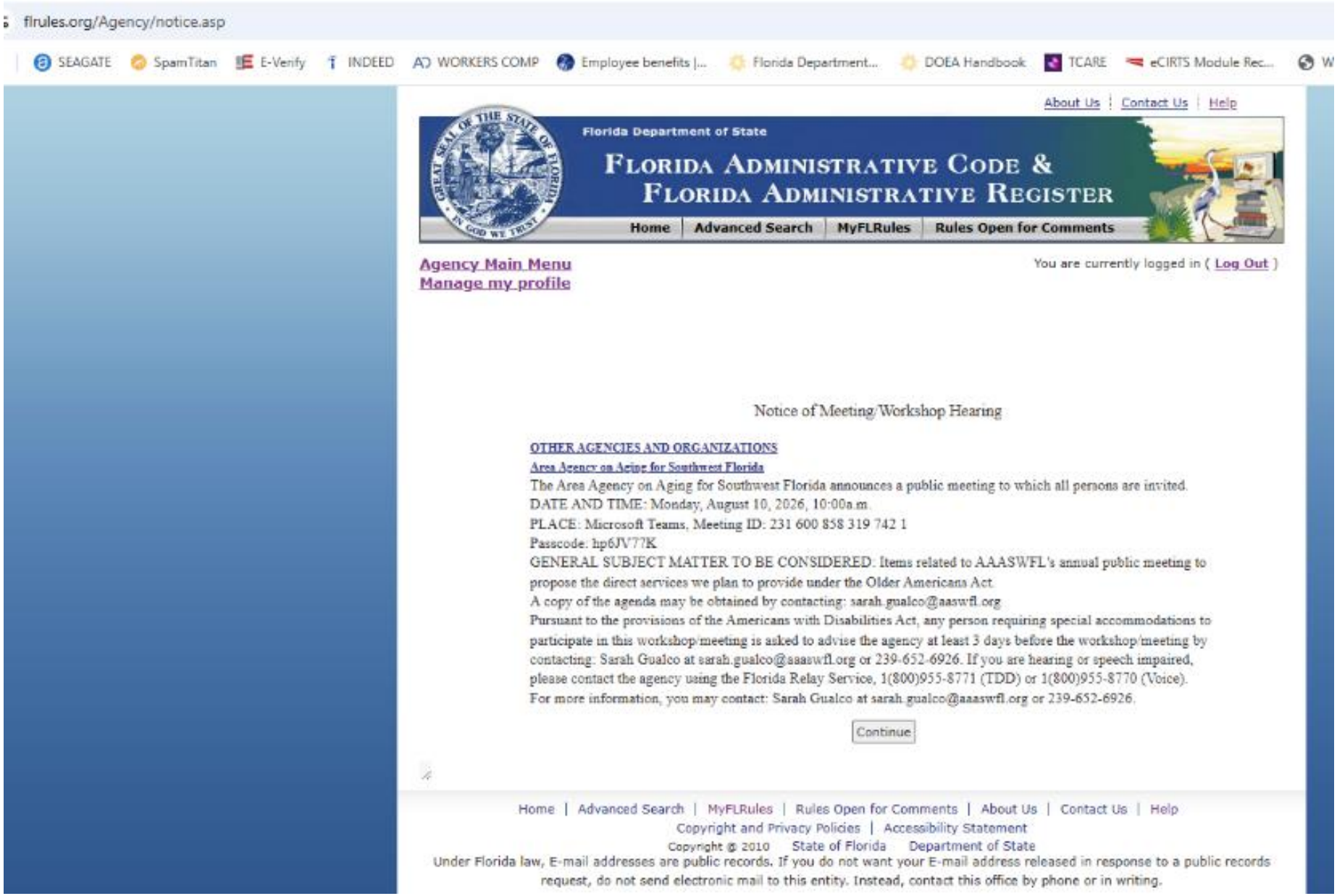
10:00 a.m.

Microsoft Teams

Meeting ID: 231 600 858 319 742 1

Passcode: hp6JV77K

aaaswfl.org | Helpline: 866-413-5337


flrules.org/Agency/notice.asp
SEAGATE
SpamTitan
E-Verify
INDEED
WORKERS COMP
Employee benefits |...
Florida Department...
DOEA Handbook
TCARE
eCIRTS Module Rec...
About Us | Contact Us | Help
Florida Department of State
FLORIDA ADMINISTRATIVE CODE & FLORIDA ADMINISTRATIVE REGISTER
Home
Advanced Search
MyFLRules
Rules Open for Comments
Agency Main Menu
Manage my profile
You are currently logged in (Log Out)
Notice of Meeting/Workshop Hearing
OTHER AGENCIES AND ORGANIZATIONS
Area Agency on Aging for Southwest Florida
The Area Agency on Aging for Southwest Florida announces a public meeting to which all persons are invited.
DATE AND TIME: Monday, August 10, 2026, 10:00a.m.
PLACE: Microsoft Teams, Meeting ID: 231 600 858 319 742 1
Passcode: hp6JV77K
GENERAL SUBJECT MATTER TO BE CONSIDERED: Items related to AAASWFL's annual public meeting to propose the direct services we plan to provide under the Older Americans Act.
A copy of the agenda may be obtained by contacting: sarah.gualco@aaswfl.org
Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Sarah Gualco at sarah.gualco@aaaswfl.org or 239-652-6926. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).
For more information, you may contact: Sarah Gualco at sarah.gualco@aaaswfl.org or 239-652-6926.
Continue
Home | Advanced Search | MyFLRules | Rules Open for Comments | About Us | Contact Us | Help
Copyright and Privacy Policies | Accessibility Statement
Copyright © 2010 State of Florida Department of State
Under Florida law, E-mail addresses are public records. If you do not want your E-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

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: 08.26.24

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: Maricela Morado

Date: 08.26.24

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 DOEA or its designee(s) at any time.

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

(1) Current board roster

(2) Articles of Incorporation

(3) AAA Corporate By-Laws

(4) AAA Advisory Council By-Laws and membership composition

(5) Corporate fee documentation

(6) Insurance coverage verification

(7) Bonding verification

(8) AAA staffing plan

- (a) Position descriptions
- (b) Pay plan
- (c) Organizational chart
- (d) Executive director's resume and performance evaluation

(9) AAA personnel policies manual

(10) Financial procedures manual

(11) Functional procedures manual

(12) Interagency agreements

(13) Affirmative Action Plan

(14) Civil Rights Checklist

(15) Conflict of interest policy

(16) 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: BOD Chair