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PENNSYLVANIA DEPARTMENT OF AGING

AREA PLAN PART B

Section 1. Signature Page/Standard Assurances Commonwealth of Pennsylvania Department of Aging

FY 2024-2028 Area Agency on Aging

Four-Year Area Plan on Aging

Signature Page
Area Agency on Aging Name and Address:

Allegheny County Department of Human Services Area Agency on Aging
2100 Wharton Street
Pittsburgh PA 15203-1942

I/we certify that I/we are authorized to submit this Plan on behalf of the designated Area Agency on Aging and agree to abide by regulations issued by the Pennsylvania Department of Aging, the U.S. Department of Health and Human Services, and the U.S. Department of Labor. I/we further certify that the general public has had the opportunity to review and comment on this Plan through the public hearing process and that written policies, procedures or agreements, as appropriate, have been developed in accordance with Part A, Section 307 of the Older Americans Act, and are on file for review and approval, as appropriate, by Department of Aging officials.

I/we assure that services and programs of the Area Agency on Aging will be managed and delivered in accordance with the Plan submitted herewith. Any substantial changes to the Plan will be submitted to the Department of Aging for prior approval.

I/we hereby expressly, as a condition precedent to the receipt of State and Federal funds, assure:

That in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; The Americans With Disabilities Act of 1990; The Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):

1) I/we do not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, or handicap:

   a) In providing services or employment, or in its relationship with other providers;

   b) In providing access to services and employment for handicapped individuals.

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2) I/we will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

I/we further hereby agree that all contracts for the provision of services addressed herein will require contractors to comply with these same provisions.

I/we certify that the advisory council of the Area Agency on Aging has participated in the development of this Plan and has reviewed the Plan as herewith submitted.

Signature(s) of Governing Authority
Official(s), e.g., Chairman of County
Commissioners or President, Board of Directors.

	Title	Date
DocuSigned by: [signature] C272B69D92D34DE...	Allegheny County Manager	4/15/2024
DocuSigned by: Rosalyn Guy-McCorkle 07062FA2F698484...	Allegheny County Solicitor	4/9/2024
DocuSigned by: Jennifer Dickquist EF1D1347D1DF462...	Assistant Allegheny County Solicitor	4/9/2024
DocuSigned by: [signature] FF61A73055E64DB...	Director, Allegheny County DHS	4/11/2024
DocuSigned by: [signature] E5C759E9F25D4E9...	Deputy Director DHS AAA Administrator	4/9/2024
(Signature of the Area Agency on Aging Director)	(Title)	(Date)

Name of Person to Contact Regarding the Contents of This Plan:

________________________ (Name) ________________________ (Area Code and Telephone)

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Part B. Section 2

DOCUMENTATION OF PARTICIPATION BY THE AREA AGENCY ON AGING ADVISORY COUNCIL

PSA NO. _________

NAME OF AAA: Allegheny County Department of Human Services Area Agency on Aging

PLAN PERIOD FROM: October 1, 2024 TO: September 30, 2028

In accordance with 6 PA Code, Section 35.23, a.(1) and (2) and the Older Americans Act of 1965, as amended, I certify that the Area Agency on Aging Advisory Council has had the opportunity to assist in the development of this Plan. I further certify that the Area Agency on Aging Advisory Council has participated in at least one Public Hearing held on this Plan.

The Area Agency on Aging Advisory Council (does / does not) not recommend approval of this Plan.

Laura Poskin

Signature of the Chief Officer of the Area Agency on Aging Advisory Council

Laura Poskin, Chair, Advisory Council

Typed Name and Title

4/15/24

Date

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Part B. Section 3

Listing of Plan Assurances and Required Activities

Older Americans Act, As Amended in 2016

ASSURANCES

The Older Americans Act of 1965, as amended, requires each Area Agency on Aging (AAA) to provide assurances that it will develop a Plan and carry out a program in accordance with the Plan. Each AAA must comply with the following provisions of the Act. Written policies, procedures, or agreements, as appropriate, must be on file in the AAA office and available for review and approval by Department of Aging officials.

Area Plans

- Assurances that an adequate proportion, as required under section 307(a)(2), 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 mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services
  - In-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction
  - Legal assistance

- 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

- Assurances that the AAA will:
  - Set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement
  - Include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
  - Include proposed methods to achieve the objectives

- Assurances that the AAA will include in each agreement made with a provider of any service under this title, a requirement that such provider will:
  - Specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider
  - 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

  - Meet specific objectives established by the AAA, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area

- Each AAA shall identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area, describe the methods used to satisfy the service needs of such minority older individuals, and provide information on the extent to which the AAA met the objectives described in clause (a)(4)(A)(i).

- Assurances that the AAA will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:
  - Older individuals residing in rural areas
  - Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas)
  - Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas)
  - Older individuals with severe disabilities
  - Older individuals with limited English proficiency;
  - Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals)
  - Older individuals at risk for institutional placement

- Assurance that the AAA will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

- Assurances that the AAA 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 individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities

- Assurances that the AAA, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

- Information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:
  - 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
  - Outreach, to increase access of those older Native Americans to programs and benefits provided under this title
  - Assurance that the AAA will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI
  - 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, to older Native Americans.

- Assurances that the AAA will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

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- Assurances that the AAA will disclose to the Assistant Secretary and the State agency the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and the nature of such contract or such relationship.
- Assurances that the AAA will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship.
- Assurances that the AAA will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship.
- Assurances that the area agency will, on the request of the Assistant Secretary or the 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.
- Assurances 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.
- Assurances that funds received under this title will be used to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212.

2024-2028 Local Area Plan

Allegheny County Department of Human Services

Area Agency on Aging

[*PSA #*]

Allegheny

October 1, 2024 through September 30, 2028

Dr. Shannah Tharp-Gilliam, Director, Department of Human Services, Aging Services;

Administrator, Allegheny County Area Agency on Aging

Sara Innamorato, County Executive

Jennifer Liptak, County Manager

Erin Dalton, Director, Department of Human Services

Laura Poskin, Chair, Area Agency on Aging Council

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Executive Summary

Introduction

The Allegheny County Department of Human Services Area Agency on Aging (DHS AAA) is part of a nationwide aging network led by the U.S. Administration on Community Living and the Pennsylvania Department on Aging (PDA). Annually, approximately 40,500 consumers receive DHS AAA services through either internally administered programs and contracts or County Agreements with more than 70 community-based service providers. Every four years, PDA requires each of the Commonwealth's 52 Area Agencies on Aging to submit an action plan for the following four years. This four-year plan considers the region's demographic trends, the changing needs of consumers, and DHS AAA's current services.

The Allegheny County Department of Human Services Area Agency on Aging (DHS AAA) values the voices of consumers and other stakeholders, particularly the most vulnerable members of its consumer population (e.g., minority, low-income, and other disenfranchised groups), and stakeholders. DHS AAA works to facilitate equitable self-determination in older adult decision-making. As such, the DHS AAA utilized the input of its community members to develop a plan informed by multiple sources of community-based input. Together, these sources formed a comprehensive needs assessment, including "Listening Sessions" conducted as part of the AAAs' statewide support of the Governor's Aging Our Way PA plan and DHS AAA-led stakeholder research (i.e., focus groups and an analysis of housing needs data). This document describes these sources and our synthesis of how they contributed to our 4-Year Plan's goals, objectives, and activities.

Community Outreach & Needs Assessment

DHS AAA conducted a three-pronged needs assessment strategy to understand of the needs and preferences of Allegheny County's older adult population and their caregivers. The process involved community listening sessions with older adults and other concerned parties throughout the County; focus groups with key DHS AAA stakeholders; and an in-depth housing analysis.

Key domains of interest emerged from this work (i.e., Affordable housing, Health Services & Community Support, and Transportation). The following statements highlight critical concerns:

- Access to affordable housing, transportation, and community and health services continues to be a challenge for older adults.
- Aging services and supports are often hard to find and navigate.
- There is a need to strengthen DHS AAA advocacy efforts.
- DHS AAA receives a high percentage of inquiries requesting support for housing information followed closely by home modification and home repair resources.
- Ageism is a common occurrence in many areas of older adults' daily lives.

Goals

DHS AAA developed 9 overarching goals for the 2024-2028 Four Year Plan, predicated on themes identified through our needs assessment and the guidance provided by PDA and the Association for Community Living:

- Goal 1: Address root causes of inadequate nutrition among older adults and implement a series of nutrition programming targeting a range of these root causes.
- Goal 2: Identify preventative strategies that mitigate any occurrence of abuse and neglect.
- Goal 3: Identify and implement culturally inclusive and preferred choices for nutrition services, social activities, health and wellness, and enrichment opportunities among older adults.
- Goal 4: Identify and implement effective strategies to engage older adults for all agency services.
- Goal 5: Develop and implement an effective sustainability model that attracts underserved older adults to the senior center network.
- Goal 6: Identify and implement a range of strategies to address safe, accessible, affordable housing options for older adults of diverse living situations and backgrounds.
- Goal 7: Identify and implement effective strategies to mitigate the impact of direct care workforce challenges.
- Goal 8: Identify and implement an array of flexible person- and family-centered programs, supports, goods, and services that meet the complex needs of caregivers and care recipients.
- Goal 9: Utilize data, research, and best practices to promote service and system optimization.

Over the next four years, the Allegheny County AAA will monitor our progress and track our efforts. Ongoing monitoring and feedback will ensure that the plan remains active, responsive to changing conditions and needs, and reflective of community priorities. Further, we will place special attention on our underserved communities to ensure that equity and access are hallmarks of our service, so that individuals of all backgrounds and abilities have an equal opportunity to age in the place of their choosing in our community.

As Allegheny County grows and ages, the percentage of residents identified as seniors is also growing and becoming more diverse. Recognizing the opportunity to better serve the needs of this growing population, and in the tradition of Allegheny County's strategic planning processes, the DHS AAA initiated the development of this Four-Year Plan. This plan is based on extensive community participation and input. continue to deliver a high volume and range of services to the older adult community while pursuing each of the goals to

Agency Overview

Mission Statement, Vision, and Values

Allegheny County DHS Area Agency on Aging (DHS AAA) Mission Statement:

"To assist Allegheny County residents who are 60 years of age and older to live safe, healthy and, when possible, independent lives."

Allegheny County Department of Human Services (DHS) Vision Statement:

"To create an accessible, culturally competent, integrated and comprehensive human services system that ensures individually tailored, seamless and holistic services to Allegheny County residents, in particular the county's vulnerable populations."

DHS Statement of Principles:

DHS is responsible for providing and administering publicly funded human services to Allegheny County residents. All services will be:

- High quality-reflecting best practices in case management, counseling, and treatment
- Readily accessible in natural, least restrictive, often community-based settings.
- Strengths-based - focused on the capabilities of individuals and families, not their deficits.
- Culturally competent - demonstrating respect for individuals, their goals, and preferences.
- Individually tailored and empowering - by building confidence and shared decision making as routes to independence rather than dependency.
- Holistic - serving the comprehensive needs of families as well as individuals through tangible aid and full continuum of services.

Description of the DHS AAA

In 2000, the DHS AAA (formerly the Allegheny County Department of Aging) joined four other County program offices and later three support offices to become part of an integrated Department of Human Services. In addition to the DHS AAA, the other program offices include the Office of Behavioral Health (OBH); Office of Children, Youth and Families (CYF); Office of Community Services (OCS); and Office of Developmental Supports (ODS). Supports offices include Office of Administration; Office of Analytics, Technology and Planning (ATP); and the Office of Equity and Engagement (OEE).

The list below, while not all-inclusive, shows the vast array of programs provided directly either by DHS AAA staff or through County Agreements with over 70 community-based service providers.

- Information & Assistance
- Aging Disability & Resource Center
- Senior Community Centers
- Home-Delivered & Congregate Meals
- Shared Ride Transportation
- Health Insurance Counseling
- Legal Counseling
- Assessments & Functional Eligibility Determinations
- Care Management
- In-Home Services
- Senior Companions
- Adult Foster Care (Domiciliary Care)
- Caregiver Support
- Advocacy for Long-Term Care Consumers (Ombudsman)
- Protective Services
- Legal Guardianship
- Community Care Transitions
- Healthy Steps for Older Adults
- SHARE Housing Program

The DHS AAA is a designation of the U.S. Administration on Community Living, Commonwealth of Pennsylvania's Department of Aging (PDA), and is one of the 52 agencies that provide services for older

adults 60 years of age and older in designated county or multi-county areas of Pennsylvania. As a program office of the Allegheny County Department of Human Services, the DHS AAA is responsible for providing leadership in the delivery of services to residents of Allegheny County who are 60 years of age and older.

Approximately 40,500 consumers receive DHS AAA services through either internally administered programs and contracts, or County Agreements with over 70 community-based service providers annually. (See Appendix D of this report for the organizational structure of the Allegheny County Department of Human Services and the DHS AAA, respectively.)

Elected to her first term (2024-2028), Allegheny County Executive Sara Innamorato and a 15-member County Council, elected by the district, constitute the executive and legislative arms of county government.

The Advisory Council to the DHS AAA works as an advocate for older adults of Allegheny County. The council advises the DHS AAA on the development and implementation of the four-year plan and the annual Aging Block Grant application which are presented for public comment at annual public hearings. The Council also raises issues concerning or impacting older adults and advises the DHS AAA on ways to increase the agency's effectiveness. There are currently 13 members serving on the Advisory Council.

The DHS AAA is developing a comprehensive framework to effectively coordinate emergency preparedness activities and create a long-term emergency preparedness plan. This will be achieved through collaboration with local and state emergency response agencies, relief organizations, local and state governments, and other disaster relief service delivery institutions. The plan’s goal is to ensure that the older adult population needs are adequately identified and met during emergencies through timely, efficient, and coordinated efforts.

To achieve an effective long-range emergency preparedness plan, the DHS AAA will conduct awareness campaigns to inform older adults and their caregivers about emergency preparedness measures. The DHS AAA emergency plan outlines a structured approach to enhance the preparedness and response capabilities of the AAA in collaboration with key partners. By prioritizing the needs of the older adult population and ensuring their inclusion in the planning and response activities, the established plan will mitigate the impact of emergencies on this population.

Demographics

Introduction

The University Center for Social & Urban Research (UCSUR) at the University of Pittsburgh's issued the 2022 State of Aging, Disability, & Family Caregiving in Allegheny County Report, that provides information regarding the current and projected characteristics of Allegheny County's aging and disabled residents to support future planning and decision making within the region. The Allegheny County Department of Human Services and the DHS AAA were both collaborators on this project, as were eight other organizations/agencies working in support of the aging and disabled populations. This report provides in depth information about the state of aging in Allegheny County. It is available at the following link: https://ucsur.pitt.edu/state_of_aging_2022.php.

Allegheny County: Population, Projections, and Trends

Following is a snapshot of Allegheny County's demographics as included in the FY 2022-2023 Annual Report (linked in Appendix E). The 2021 American Community Survey (ACS) five-year estimates inform the main demographic characteristics of Allegheny County unless otherwise noted.

Older Adults

Approximately 27% of the population in Allegheny County is over the age of 60; this compares to roughly 23% nationally. According to the Southwestern Pennsylvania Partnership for Aging, there will be a 40% increase in the number of people aged 65+ between the years 2015-2030 and a 75% increase in people aged 85+ between 2030-2045.

Gender

The older adult population (aged 60 and over) is 44% Male and 56% Female.

Race

The older adult population is approximately 87% White, 9% Black or African American, 2% Asian, and less than one percent American Indian, Alaskan Native, Native Hawaiian, and Other Pacific Islander. The older adult population is about 1% Hispanic or Latino origin, regardless of race.

Disability Status

Approximately 28% of older adult residents have a disability.

Educational Attainment

Of the older adult population, approximately 37% of residents have completed high school or earned their GED, and 31% have earned a Bachelor's degree or higher.

Income and Poverty

Approximately 11% of older adults were below the federal poverty level within the past year.

Housing

It is estimated that there are 545,763 total households in Allegheny County, 212,455 of which are older adult households (39%). Of these older adult households, it is estimated that there are 159,586 owner-occupied units, 79% of which are considered affordable, and 52,869 renter-occupied units, 51% of which are considered affordable.

Living Alone

Of the older adult households, about 49% are considered family households and 51% are nonfamily households. Within the nonfamily households, approximately 48% contain householders living alone. Within the nonfamily households, approximately 48% contain householders living alone (Beach, 2022; Southwestern Pennsylvania Partnership for Aging).

Demographic Characteristics of DHS AAA Consumers

The DHS AAA provided information, assistance, and a variety of care-managed services to approximately 46,000 consumers in FY 2022-23, 36,000 of which were 60 years of age and older. Of the estimated 27,650 older adults served with reported demographic information:

- 22% of consumers were 85 years and older
- 57% of consumers self-reported as female, 25% as male, and 18% as "Other" or were unknown
- 69% of the consumers self-reported as White, 20% were Black/African American, and 11% as "Other" or were unknown
- 51% of the consumers indicated that they lived alone
- 21% of the consumers were in poverty
- 2% of consumers indicated that they lived in a rural area
- 98% of consumers reported to speak English as their primary language
- 0.9% of consumers reported 26 other languages as their primary language, with Russian, Chinese, Italian, and Spanish identified as the most common primary languages
- 6% of consumers reported to be veteran dependents and 8% veterans
- 0.6% were not U.S Citizens

- 15% were reportedly disabled and 14% were considered frail
- 6% were homebound

Changes in Service Utilization and Demand

There is more detailed information about changes in service utilization and demand in the FY 22-23 DHS AAA Annual Report that is linked in Appendix E. Following is a summary of select services.

Older Adult Protective Services: In 2023, Allegheny County Older Adults Protective Services program received 7,261 reports of suspected abuse or neglect of adults (age 18–59) and of older adults, 60 years of age and older. This number has increased every year since 2020. Given the upward trend in the aging population projection and the improved awareness among County residents about the Protective Services program hotline and services, the number of reports of abuse is expected to increase in the coming years. It should also be noted that this number has increased even though a programmatic change in April 2023 resulted in the statewide Protective Services Helpline taking the majority of reports of abuse among those under 60. In 2020, 22% of reports were taken for individuals under 60, compared to just 6% in 2023.

Community Care Transitions Program: The Community Care Transitions Program (CCTP) aims to lower hospital readmission rates. CCTP uses an evidence-based model to coach patients to higher levels of activation and self-management over 30 days from the hospital discharge to home or short-term skilled facility. The intervention includes five (5) encounters: one (1) hospital visit, one (1) home visit, and three (3) follow-up calls. In addition, the program also provides health risk assessments for new consumers who are enrolled in the plan. CCTP has two contracted payers and serves five Allegheny Health Network (AHN) hospitals. The additional revenue generated for FY 22-23 was $614,156.00.

Caregiver Support Program: The Caregiver Support Program (CSP) is designed to support caregivers and families. It serves over 600 caregivers in Allegheny County each year, with program benefits including individual needs assessments conducted by trained care managers, respite care, monthly reimbursements for caregiving expenses, care management and resource counseling, access to support groups, caregiving-focused training, and access to legal and financial services. FY 22-23 highlights include providing CSP support to 592 caregivers and 513 care recipients and providing $1,239,213.59 worth of reimbursements to caregivers.

- As a supplement to CSP, the DHS AAA, in partnership with A Second Chance, Inc., launched a Grandfamilies stipend program from April to June 2023. The program's purpose was to assist eligible informal caregivers outside of the child welfare system with financial resources to care for their kin. 901 families received a one-time stipend of $1,000 to aid in addressing their families' immediate needs.

Older Persons Transportation: Older Persons Transportation (OPT) is provided through a contractual agreement with a transportation broker called ACCESS. To help older adults maintain their independence and to access essential health services, funding is provided for door-to-door transportation services to facilitate access to community facilities. In FY 2021-2022, the DHS AAA partnered with ACCESS to launch an individual grocery shopping pilot program. As expected, the pilot proved successful, and ACCESS now offers weekly grocery shopping trips to all eligible older adults. In addition, the DHS AAA worked with ACCESS to pilot free group trips from Senior Community Centers to cultural events one time per quarter. FY 22-23 had a $664,655 yearly allocation with 35,520 individual shopping trips taken by 1,687 unique riders.

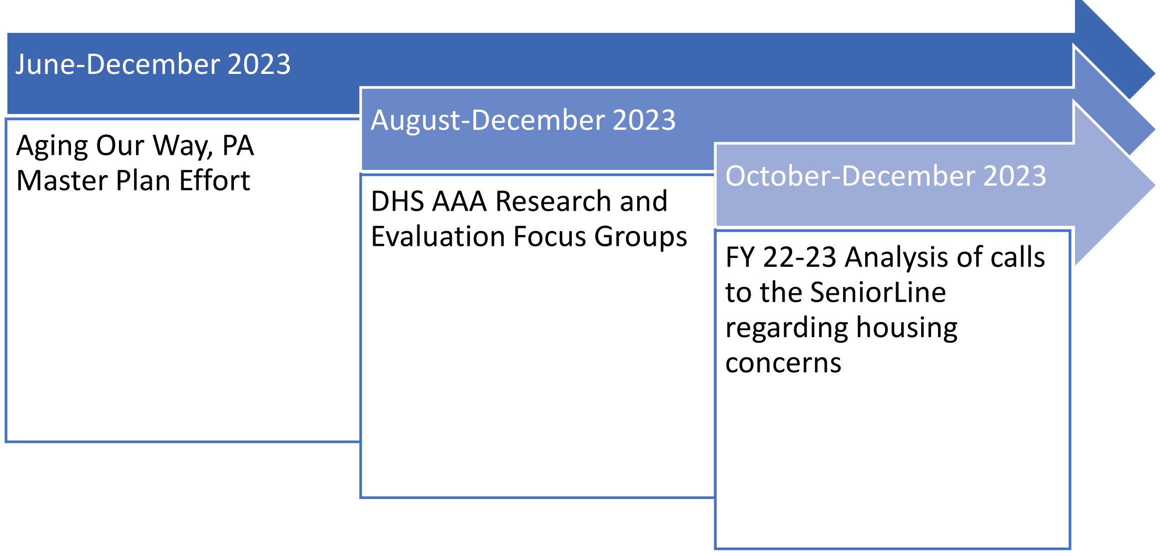
Senior Community Centers: Senior Community Centers (SCC) are places where older adults can fulfill their social, physical, emotional, and intellectual needs, providing programs and services that aim to help older persons enhance their dignity, support their independence, and encourage their involvement in and with the community. SCCs play an essential role in reducing social isolation in older adults, a widespread issue detrimental to the mental and physical well-being of individuals. In FY 22-23, 9,587 distinct participants visited the DHS AAA SCCs.

- Attendance and participation rates at Senior Community Centers continue to be challenging and lower than ideal. Many SCC providers expressed needing help finding and retaining staff. Volunteerism is also declining, adding further strain to the SCC population.
- Nutrition services are steadily increasing each quarter in terms of the number of meals served; however, the network remains at about 90% of pre-COVID numbers. In March 2022, we returned to providing hot congregate meals. A new Nutrition RFP was released that concentrates efforts on rebranding and redesigning the congregate meal program by offering better quality food and more options, which the DHS AAA believes will enhance the dining experience and attract more consumers to the Centers.
    -

Community Outreach & Needs Assessment

Staff have examined data from multiple sources to identify the needs of Allegheny County's older adult population. A priority for our community outreach and needs assessment was elevating the voices of the people we serve and key stakeholders; therefore, we relied on information gathered as part of listening sessions, focus groups, and direct calls to the SeniorLine as firsthand accounts of the needs of older adults in Allegheny County. Figure 1 shows the implementation schedule. This section describes in detail the outreach and information gathered.

Figure 1. Community Outreach & Needs Assessment Timeframe.



Aging Our Way Allegheny County Listening Sessions & Needs Assessment

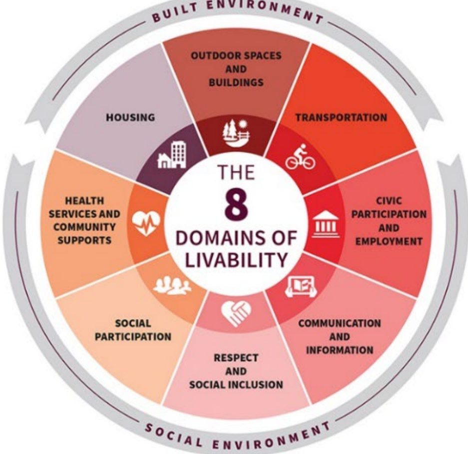
In June of 2023, the DHS AAA welcomed the Secretary of the PA Department of Aging, Jason Kavulich, to Allegheny County to kick off the community engagement portion of the statewide Master Plan for Aging, Aging Our Way PA. From August to October 2023, the DHS AAA sponsored 17 virtual and in-person Listening Sessions to gather input from individuals and groups engaged with or affected by older adult and disability-related services, programs, and infrastructures. DHS AAA organized these sessions with local partners who served as hosts and conducted outreach in their community to attract attendees. Following is a list of the partners with which we worked:

- Age Friendly Greater Pittsburgh
- Jewish Community Center
- Macedonia FACE
- Muslim Older Adults of Greater Pittsburgh – Islamic Center of Pittsburgh
- PERSAD Center
- Plum Senior Center
- Senior Companion Program
- Veterans Breakfast Club
- Vintage Senior center
- Virtual Senior Academy

Listening Sessions

Allegheny County's listening sessions adopted PDA's framework, which drew on the eight domains of Age Friendly communities created by the World Health Organization and adapted for the United States by AARP. The eight domains include (1) Health Services and Social Supports (2) Transportation (3) Housing (4) Communication and Information (5) Social Participation (6) Respect and Social Inclusion (7) Civic Participation and Employment, and (8) Outdoor Spaces and Buildings (See Figure 2).

Figure 2. Eight Domains of Livability, AARP.



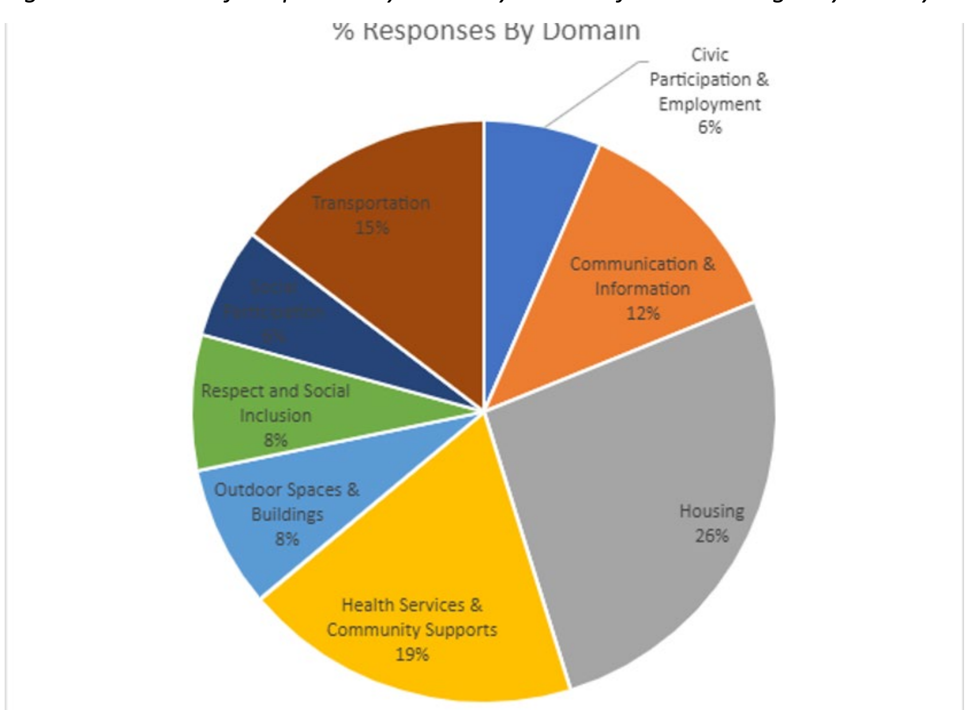
Each listening session was staffed by a trained presenter and a notetaker and guided by a structured protocol. A total of 260 participants attended the sessions in Allegheny County. In addition to the in-person sessions, DHS AAA telephonically collected responses to the protocol through the SeniorLine. DHS AAA compiled responses from in-person and telephonic sources and submitted them to PDA. Residents were also able to submit comments directly to PDA by email. PDA staff combined all of the statements collected from Allegheny County residents (e.g., those from DHS AAA and PDA). PDA returned them to DHS AAA, allowing DHS AAA to include all Allegheny County-specific data in our analytic process. Similarly, across the Commonwealth, AAAs sent their notes from the listening sessions to the PDA team to inform the 10-year Statewide plan, Aging Our Way, PA. (Refer to Appendix C for a copy of the listening session note-taking guide.)

The DHS AAA's staff also analyzed the information gathered from the Listening Sessions. Specifically, the notes were coded in Microsoft Word and then uploaded into Excel. DHS AAA then used cluster analysis to identify cross-cutting themes and secondary codes. The information was also sorted and re-analyzed so that findings could be synthesized according to geography and within the eight domains of age-friendly living.

Needs Assessment

PDA worked with academic and community partners, including the University of Pittsburgh, to issue a needs assessment to identify gaps or barriers in older adult and disability services, infrastructure, and programming. The needs assessment included a randomized, representative sample of older adults and older adults with disabilities to present a more objective understanding of perspectives and barriers related to older adult quality of life. PDA made the survey publicly available in digital and printed forms and distributed it to community partners and their networks.

Figure 3. Percent of Responses by Livability Domain from the Allegheny County.



DHS AAA used the abovementioned process to synthesize recommendations, goals, and objectives that form the foundation for our 4-year plan. Specifically, our team based much of our approach on the "top 3" domains of interest that surfaced from the DHS AAA's analyses (i.e., Housing, Health Services & Community Support, and Transportation; See Figures 2 & 3) and the Aging Our Way PA Plan and the associated sub-themes (i.e., increased access, affordability, and safety; support for navigating services; threats from discrimination; and a need for supportive policies). Ageism also surfaced as an important issue across the following domains: civic participation and employment, housing, respect and social inclusion, and transportation. Therefore, we have elevated "ageism" as a cross-cutting theme undergirding our work in the next 4 years. These findings are consistent with the statewide data analyzed by PDA.

Figure 4. Themes from Listening Sessions.

"Top 3" Domains, Sub-themes, and Cross Cutting Themes from the Listening Sessions		
Housing 1. Access 2. Affordability 3. Navigation 4. Safety	**Health Services & Community Support** 1. Navigation 2. Affordability 3. Discrimination	**Transportation** 1. Access 2. Safety 3. Affordability 4. Policy
Ageism		

Analytics, Technology and Planning (ATP) Stakeholder Research

DHS AAA's use of the listening sessions and Aging Our Way PA recommendations was complimented by a series of focus groups conducted by our internal analytics team. This process and its products are described below.

In August of 2023, the DHS AAA Office of Analytics, Technology and Planning (ATP) conducted a series of semi-structured focus groups with key DHS AAA stakeholders to identify current and emergent challenges, gaps, and needs within and across DHS AAA programs. Areas of particular pride as well as opportunities for agency- and program-related growth were also discussed over the course of each session. (See Appendix D for the focus group guide utilized across sessions.)
The team organized the focus group sessions by program or unit, with each program-/unit-specific session composed of a diverse array of individuals representing a broad range of program/unit roles. (See Figure 4 for participant counts by session.) Each session varied with respect to participant composition, however all involved some combination of DHS AAA program/unit staff and leadership, members of the DHS AAA senior leadership team, as well as contracted provider staff, when applicable. Session participation, though encouraged, was completely voluntary.

Figure 5. Focus Group Participants by Program.

Program	***Session Count***	***Participant Count***
Assessment	2	7
Caregiver Support Program	1	5
Domiciliary Care	1	5
Nutrition & Meal Services	1	10

Older Adult Protective Services	1	9
Ombudsman Program	1	7
OPTIONS	1	6
Senior Centers	1	5
Senior Companion Program	1	6
SeniorLine	1	6
SeniorLine *(Care Managers)*	1	7
Transportation	1	6
Total	**13**	**79***

*A subset of DHS AAA stakeholders participated in more than one focus group session. Thus, the total participant count detailed above reflects the sum of session participants across sessions, rather than the project's distinct participant count.

Focus groups lasted approximately 1.5 hours, with the vast majority audio-recorded to support data integrity (one of 13; 92%). Session notes and audio-recordings as well as supplemental program material (e.g., program manuals, scopes of service) comprised the data analyzed for the purpose of this project. The following themes emerged through repeated examinations of the data:

- Need to address service and support gaps
- Need to enhance service and support accessibility and availability
- Need to strengthen DHS AAA advocacy efforts

Need to Address Service and Support Gaps

When asked to share their perspectives regarding current gaps within the DHS AAA's service and support system, focus group participants identified the lack of specific behavioral health support offerings as problematic for older adults and their informal supports. More specifically, focus group participants reported the need for increased offerings in the areas of trauma, grief, and bereavement support; alcohol and substance use disorders; and other mental health conditions (e.g., depression). Several participants also emphasized the value associated with providing older adults and their informal supports with behavioral health system navigational support given system complexity, noting that current DHS AAA efforts in that area had brought considerable benefit to consumers in need (e.g., re-introduction/integration of the Behavioral Health and Aging Resource Coordinator role).

In addition to identifying the need for additional behavioral health services and supports, a small subset of focus group participants felt a need to support better those approaching - but not yet - 60 years of age. Across sessions, participants noted the tremendous physical, social, emotional, and financial

challenges often accompanying older adulthood, with a small subset of participants asserting that more actively supporting individuals in their transition to older adulthood could bring considerable benefit to individuals, families, and communities. Some participants shared personal experiences with individuals requesting support in their aging preparation process (e.g., requests for pre-retirement financial planning and insurance counseling, requests for home modifications to support efforts to "age in place") but noted that their ability to support all of the needs expressed was often limited. Several participants highlighted the vital work of the SeniorLine, usually referred to as the "front door" of the DHS AAA, and the DHS AAA senior centers in supporting individuals in their efforts to plan for later life.

Need to Enhance Service and Support Accessibility and Availability

In addition to noting the need to address specific service and support gaps, focus group participants also identified the need to enhance the accessibility and availability of existing DHS AAA services and supports. Challenges and potential responses to the issues identified are described in detail below.

Accessibility. Several focus group participants named transportation as one of the most significant barriers older adults and their supports face when attempting to access needed services and supports in their discussions surrounding the need to enhance service and support accessibility. Specific transportation challenges voiced by participants included but were not limited to limited bus routes, leaving some areas of the county nearly inaccessible; the lack of available drivers to meet transportation demand; and the adverse effects associated with the shared ride system (e.g., pick-up and drop-off delays, increased travel time).

When asked to share their thoughts regarding manners of promoting aging service and support access, in addition to emphasizing the need to critically examine and address County-wide transportation challenges and the need to identify innovative service and support delivery approaches (e.g., peer-to-peer support provision), several participants also noted the potential value associated with tailoring DHS AAA outreach approaches and materials to better align with the unique strengths and needs of hard to reach communities (e.g., refugee populations, populations with limited English proficiency). A small subset of focus group participants also spoke on the value of enlisting the support of system navigators with knowledge of - and experience working with - specific hard-to-reach sub-populations.

When asked to speak on the challenges associated with aging service and support provision, most participants identified the lack of staff - particularly direct care staff - as the primary driver of aging service and support provision issues. Participants shared that while staffing-related improvements had

been observed in specific program areas (e.g., SeniorLine), staff turnover and prolonged vacancies continued to be an issue facing a considerable number of DHS AAA programs, perhaps the most notably being OPTIONS, a program reliant on the knowledge and skills of the direct care workforce.

In their discussions surrounding current and anticipated workforce-related challenges, focus group participants emphasized the need for the DHS AAA to examine and enhance existing staff (and volunteer – though discussions surrounding volunteers were less frequent and more limited relative to staff-related discussions) recruitment and retention strategies. More specifically, participants asserted that more focused outreach strategies (e.g., participating in college recruitment fairs and engaging with community organizations focused on working with populations underrepresented within the DHS AAA workforce) could support meaningful growth within the DHS AAA workforce. A small subset of participants also noted the potential value associated with revisiting and, where appropriate, revising job postings to promote DHS AAA-related interest and to expand the pool of potential DHS AAA job candidates.

In addition to emphasizing the value of adopting the recruitment approaches detailed above, focus group participants also underlined the value of enhancing DHS AAA staff retention efforts. Participants described the following approaches to promoting retention as holding particular promise: expanding upon existing professional development offerings (e.g., supervisory skills training, cross-training opportunities); strengthening staff support materials (e.g., program manuals, data system user guides); more actively promoting community within and across DHS AAA programs (e.g., hosting additional staff recognition events, supporting all members of the DHS AAA team in their efforts to attend "DHS AAA All Staff" meetings); and determining optimal workloads across positions (and, in so doing, optimal staffing levels) and, where and when possible, reconciling discrepancies between current and optimal conditions.

Need to Strengthen DHS AAA Advocacy Efforts

Participants across many focus group sessions emphasized the need for the DHS AAA to strengthen and expand its role as an active advocate for older adults and those working in support of older adults, both formally and informally. Specific domains towards which participants felt DHS AAA advocacy efforts should be directed included transportation, housing, health, and human services, focusing on the long-term care system and the health and human service workforce. Although several participants noted that advocacy efforts on the part of the DHS AAA had long been underway - one example of which being the

critical work of the Ombudsmen - in general, participants asserted that more substantial and more focused work in the area was needed.

The needs identified through ATP's discussions with DHS AAA key stakeholders are complex and require focused attention, unwavering commitment, and a steady stream of resources on the part of the DHS AAA and the broader aging network. Work in this area is critical to our goal of promoting and protecting the health and well-being of our older adults and the many communities within which they are embedded. Therefore, DHS AAA is committed to addressing these needs.

Calls to the SeniorLine – Housing Analysis

Affordable, accessible housing provides intrinsic value and security necessary to age in place. To better understand the specific housing-related challenges of older adults, DHS AAA conducted an in-depth analysis of inquiries we received related to housing. This firsthand account approach gives the AC DHS DHS AAA real examples of the challenges facing our older adults, as told by older adults or their advocates.

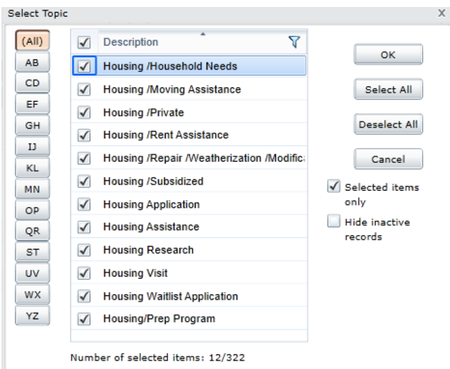
In Allegheny County, over 78% of householders aged 65-74 live in homes they own, with over 70% of older Allegheny County householders living in homes built before 1970 (Beach, 2022, p.35). The age of the housing stock occupied by older adults and the region's topography requires maintenance and modifications to improve older adults' quality of life and ability to age in place.

During the 2022-2023 fiscal year, 22,474 calls or in-person inquiries were "handled" by the DHS AAA SeniorLine or at Senior Centers in Allegheny County. All incoming calls, including the word "housing" were queried and extracted for analysis. Selected data criteria: calls that originated during the 2022/2023 fiscal year and were categorized/coded into at least one of the twelve "housing" topics options. Duplicate and no contact entries were removed from the data pool. Figure 5 is a visual representation of the procedure we used to analyze these calls.

Figure 6. SeniorLine Housing Analysis Procedure.

Data Analysis Methods

- SAMS data coded “All” under “Topic” or “Housing…” under “Topic Category” fields were selected and extracted for analysis.
- Duplicate and no contact entries were removed from the data pool.
- Each call was reviewed, and specific concerns from the call were identified and coded (see coding table).
- The coded data was quantified and analyzed.



Topic	Topic Category
Financial Assistance	Housing /Rent Assistance
Housing /Utilities	Housing Assistance
Housing /Utilities	Housing /Repair /Weatherization /Modification
Housing /Utilities	Housing /Private
Housing /Utilities	Housing /Moving Assistance
Housing /Utilities	Housing /Household Needs
Public Benefits	Housing /Subsidized

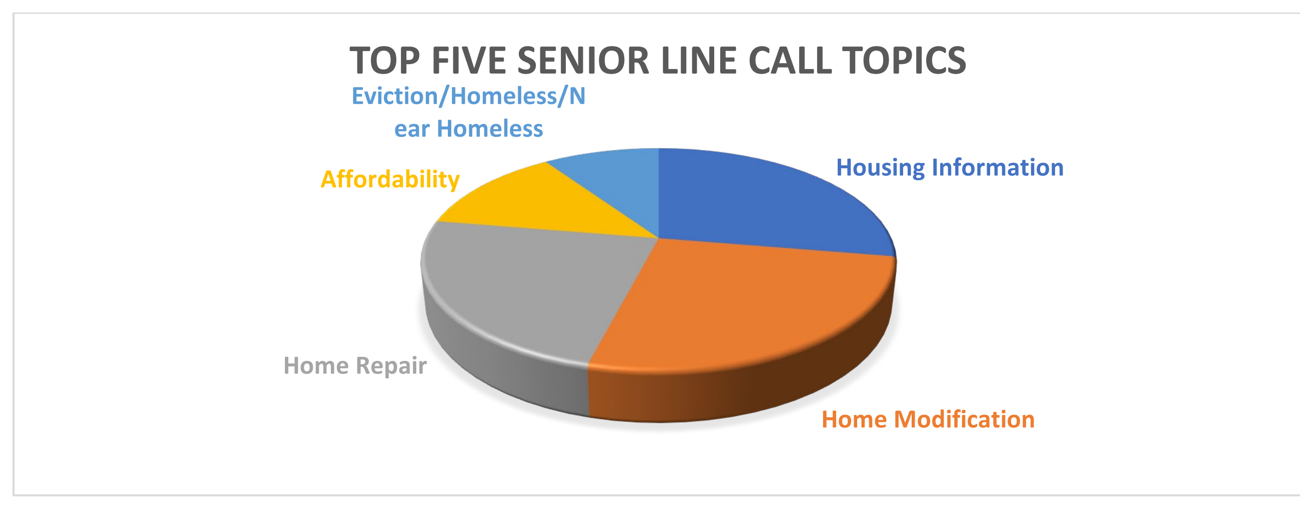
Existing SAMS categories do not allow for the level of specificity needed to identify and evaluate the critical issues within the data thus a more in-depth coding system was developed. The secondary coding process involved a critical review of call notes, with consumers’ specific concerns highlighted, creating the basis for the secondary coding system. This process yielded a comprehensive list of concerns, which were then categorized by housing need.

Figure 7. Secondary Codes for SeniorLine Housing Analysis.

Refined Housing Categories/Codes	Values
Housing Information	514
Home Modification	491
Home Repair	439
Affordability	239
Eviction/Homeless/Near Homeless	177
OPTIONS/CARE GIVER SUPPORT (in-home services)	158
Other/Miscellaneous	135
Financial Support (food/furnishings/utility)	129
Moving/Relocation Support	120
Environment/Weatherization	112
Safety/Security (inc. PS, Ombudsman & PERS)	93
Clutter/Hoarding/Infestation-Pest Control/Mold Abatement Support	75
Resources/Services and Supplies/Equiopment (Guides/Dementia support)	74
Landscaping/Lawn Care/Snow Removal	68
Emergency Housing (Fire, condemnation etc.)	68
Tenant/Landlord Dispute	66
Accessibility (Incl. parking)	48
Housing Facility (Assisted/Independent/Nursing/Dom Care)	43
Forms and Documents-Property Tax/Rent Rebate	36
Legal Issues	35
Transportation	31
Health related issues	20
Senior Companion-Isolation/Socialization	12
Education/Employment	8

Of the 22,474 inquiries “handled,” 3,016 were specifically regarding a housing issue as coded by SeniorLine Case Managers and Senior Center Intake and Assessment (14%).

Figure 8. Top Five SeniorLine Call Topics.



The team identified several priorities and emergent issues ranging from simple requests for housing guides to complex landlord/tenant disputes leading to eviction. Most of the concerns had to do with older adults' need to locate and obtain affordable, accessible housing, or their need to make their current housing affordable or accessible. As indicated in Figure 7 housing information inquiries were greatest, followed closely by both home modification and home repair information/resources.

Quality Management

Data Collection and Assessment

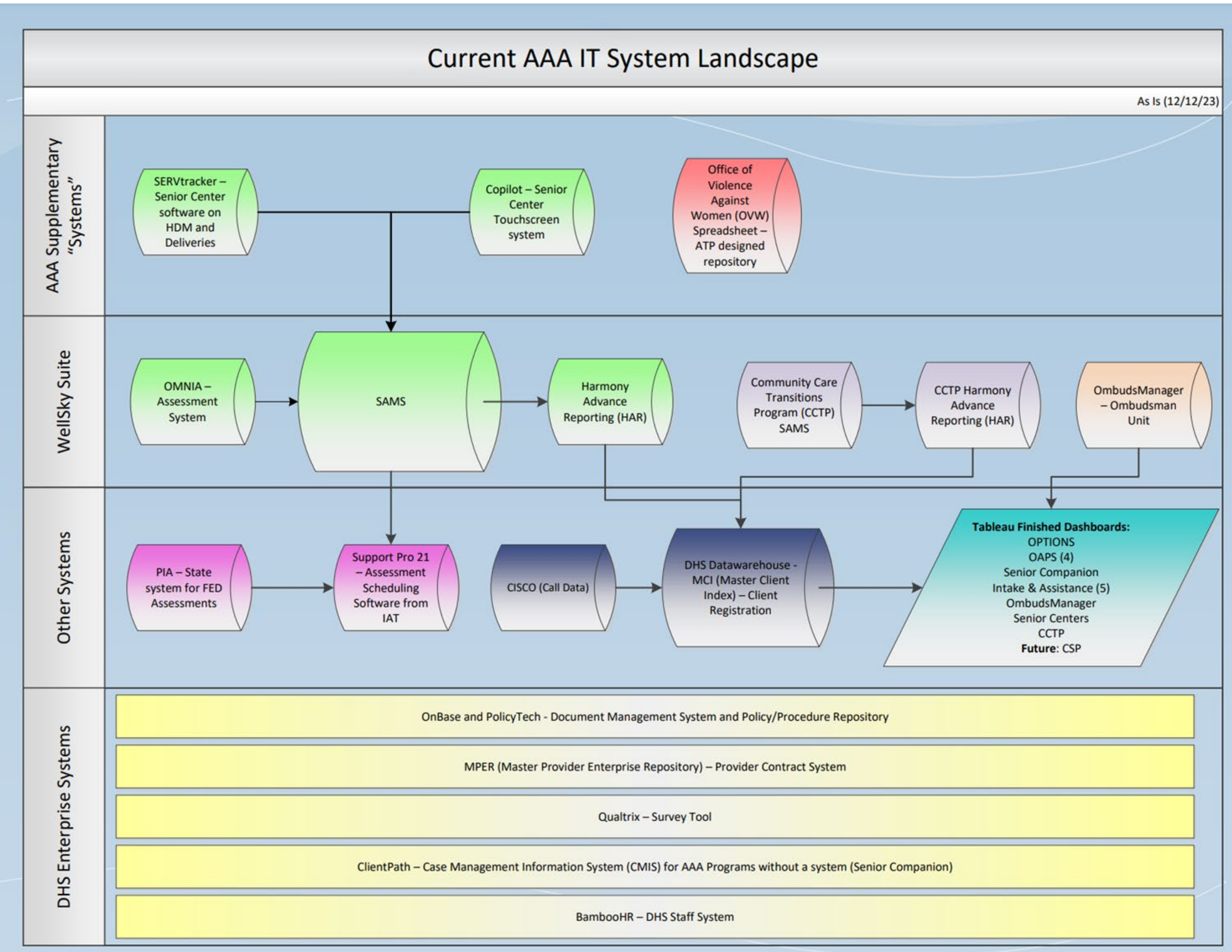
The DHS AAA uses multiple information technology (IT) systems and solutions to manage its ever-growing data and technology needs, with support from The Office of Analytics, Technology, and Planning (ATP). Figure 8 shows the main data systems currently utilized by the DHS AAA as well as the associated programs/services/tasks where data is being entered, tracked, or retrieved.

Figure 9. Data Systems Utilized by DHS AAA.

Systems	Programs/Services	Description
WellSky Aging & Disability/SAMS	OPTIONS, Senior Center, Protective Services, Caregiver Support Program, Senior Line/I&A, Personal Care Home, Dom Care, Guardianship, ASOP and all associated service information per program	The main information system used by the DHS AAA is the WellSky Aging & Disability system, formerly known as SAMS The majority of the DHS AAA's program and service information is entered into this system.
WellSky SAMS-CCTP	Community Care Transition Program	The DHS AAA also utilizes two other WellSky systems for their Community Care Transitions and Ombudsman programs.
WellSky OmbudsManager	Ombudsman	
Client Path	Senior Companion	The Senior Companion program uses Client Path, a DHS owned Salesforce platform-based system.
Efforts to Outcome (ETO)	Victim of Crimes Act and Pathways grant data	Two of the grant funded programs, Victims of Crime Act (VOCA) and Pathways, use a system called Efforts to Outcome (ETO). Originally a PCCD required system for VOCA that the AAA then configured to meet both Pathways and VOCA funded data requirements.
Pennsylvania Individualized Assessments (PIA)	Functional Eligibility Determination (FED) Assessments	Pennsylvania Individualized Assessments (PIA) is a statewide system where AAA Assessors enter Functional Eligibility Determination assessments.
CISCO	SeniorLine data directly from the phone lines. Call volume, etc.	CISCO collects the AAA's phone line data. Our Senior Line and Elder Abuse phone line is tracked and reported from this system (call volume, etc).

DHS Data Warehouse	124+ data streams from across Allegheny County including AAA. Used for cross system analysis, alerts and data visualizations	The DHS Data Warehouse is a consumer integrated data warehouse where over 124 data streams from across Allegheny County, including DHS AAA, all of DHS, and other extremely valuable community-based data sources send data to. The DHS AAA relies on the DHS Data Warehouse for a range of reasons, including but not limited to its Emergency Alert processes and its Tableau Data Visualizations.

Figure 10: DHS AAA Information Technology System Landscape.



DHS AAA supports older adults in their efforts to remain in their homes and communities through the provision of a range of services, from long-term care enrollments to as-needed services to support low—

to moderate-level consumer needs. Consumers requiring care equivalent to services provided by nursing facilities are referred to other programs that can accommodate their complex needs.
DHS AAA services with the most significant consumer enrollment follow a comprehensive care enrollment structure where consumers can receive services like fixed supplies, meal delivery, home support, personal care, and community resource referrals. These enrollments are voluntary to the consumer and are available to consumers determined to need support. At most, consumers can receive services several times a week. The other types of services the DHS AAA provides have an informal structure where consumers receive services as needed. For example, consumers can schedule meals and activities at Senior Centers. Consumers can also call the SeniorLine anytime and for as much information and assistance as they need.

Continuous Improvement

In partnership with ATP, the DHS AAA conducts quality management activities for different aging programs. These include:

- Management of the Work-In-Progress (WIP) board for Older Adult Protective Services (OAPS) providers to improve workflow by reducing bad multitasking, encouraging staff to focus on case movement, and identifying and addressing structure issues.
- Supporting OAPS' efforts to improve staff recruitment and retention. The analytics team conducted a staffing analysis and developed a staffing request recommending salary increases to match market trends. The DHS director and the State approved the request to add 26 investigators, four (4) supervisors, three (3) support staff, and one (1) care manager to the OAPS system.
- Collaboration between SeniorLine and the Protective Services (PS) helpline to better serve the public; the PS helpline now acts as the first line of backup support for PS Intake, which has reduced the number of inquiries the SeniorLine and Options Care Managers receive.
- TATP develops, creates, and manages program dashboards to support DHS AAA programs' efforts to monitor critical performance and outcome measures, in addition to supporting other quality initiatives such as:

3AT- The Allegheny Agency Assignment Tool (3AT) was designed to record all case assignments, track agency caseloads, and dynamically determine where an assignment should be directed based on agencies' caseloads and relative jurisdiction. Before the tool was created, provider agencies received their assignments based on zip code. However, because incoming cases are not evenly distributed across zip codes, case assignments were not always equal. The 3AT utilization allows for more flexibility in assigning cases by expanding each agency's jurisdiction so that zip codes overlap when case distribution becomes imbalanced.

Texting – In collaboration with the broader AC DHS, the DHS AAA uses CommunityConnect Labs to send and receive text messages to county residents. Over the past year, the DHS AAA has utilized this tool to receive feedback from SeniorLine callers, streamline Farmers Market Voucher distribution, and inform consumers of benefit changes for Medicaid/Medicare.

Ongoing Surveys – The DHS AAA utilizes Qualtrics, a leading survey management and consumer experience company, to capture consumer feedback on on-going AAA initiatives, including meal satisfaction with senior centers and feedback for the SeniorLine.

Hospital Readmissions – The DHS AAA receives quarterly readmission reports from our leading CCTP program funder to evaluate program success.

- The DHS AAA Partnered with ACCESS to launch an individual grocery shopping pilot program in FY 2021- 2022; the pilot proved successful, and ACCESS now offers weekly grocery shopping trips to eligible older adults.
- The DHS AAA is partnering with the University of Pittsburgh to offer the Community Aging in Place-Advancing Better Living for Elders (CAPABLE) Program; CAPABLE is a time-limited service delivered by an interprofessional team of an occupational therapist (OT), registered nurse (RN), and a handy worker (HW) that aims to improve health and participation in meaningful daily activities of older adults with disabilities and functional limitations.

Description of Gaps in Service and How They Are Being Addressed

The DHS AAA is actively engaged in a range of efforts aimed at addressing the service and support gaps detailed in its 2024-2028 Needs Assessment. These efforts - which are undergirded by the DHS AAA's commitment to promoting aging service and support access, equity and inclusion and are reflected in DHS AAA's 2024-2028 Four Year Plan Goals - are as follows:

- Promoting senior center vitality and sustainability in Allegheny County;
- Fostering social enrichment and engagement among Allegheny County older adults;
- Supporting the food and nutritional needs of the Allegheny County older adult population;
- Preventing elder abuse, neglect, and exploitation occurrence and recurrence within Allegheny County;
- Promoting housing safety, accessibility and affordability in Allegheny County;
- Supporting direct care workforce growth in Allegheny County; and
- Supporting the diverse needs of Allegheny County's family caregivers and their care recipients.

The following sub-sections detail both current and future DHS AAA strategy components.

Promoting Senior Center Vitality and Sustainability

DHS AAA senior centers are some of the most widely utilized sources of community-based, aging support in the region, providing diverse communities of older adults with a broad range of programs, services and supports - including but not limited to meal services, social and educational enrichment opportunities, health and wellness programs, and support accessing needed resources (e.g., assistance accessing housing-, transportation-, and food-related resources). Evidence suggests that there are considerable benefits tied to senior center participation, broadly, with those participating in senior center offerings generally experiencing better psychological well-being across a range of areas (e.g., lower levels of stress) related to non-senior center participants (Farone, Fitzpatrick & Tran, 2005). Given their high utilization as well as their important role in supporting the health and well-being of older adults, the DHS AAA has been actively working to promote senior center vitality and sustainability through the development and implementation of a senior center sustainability model. The model specifically aims to support the growth of the Allegheny County senior center participant population through focused outreach efforts. The DHS AAA plans to utilize the knowledge gleaned from a broad range of information gathering efforts to develop a comprehensive outreach strategy, with particular focus on promoting senior center participation on the part of the underserved and "young old". The DHS In an effort to promote additional senior vitality, the AAA also plans to support senior center

administrators in identifying more diverse funding sources and approaches. These strategies are reflected in the 2024-2028 DHS AAA Four Year Plan Goals, in the Senior Center Network's Three-Year Plan, and in plans tied to the Senior Centers Reimagined Management Partnerships Institute (iSCRIMP). In addition to this work, the DHS AAA has also put forth a concerted effort to support senior centers in their efforts to improve their offerings. Two examples of such work include supporting the addition of new nutrition provider, allowing for improvements in food quality, nutritional value, and meal variety and supporting the development and implementation of additional social and cultural offerings (e.g., cultural events, educational opportunities). The DHS AAA plans to continue providing this much-needed support (as evidenced within the Aging our Way Listening Session data and within ATP focus group data) in an effort to further support senior center - and consumer - wellness.

Fostering Social Enrichment and Engagement

In addition to the work being conducted to promote senior center wellness - a key context for supporting older adult enrichment and engagement - the DHS AAA is also working to develop and implement innovative approaches to promoting social connectedness and social well-being among those lacking access to social support, (e.g., non-senior center participants, homebound individuals, individuals lacking transportation access). Currently, the DHS AAA is leveraging its Needs Assessment learnings to support the development and implementation of a focused outreach and engagement plan, directing attention to all across the digital literacy spectrum, but paying particular attention to underrepresented and vulnerable populations. Technological innovations aimed at preventing, detecting, and mitigating social isolation currently at the DHS AAA include the DHS AAA's collaboration with Blooming Health and the provision of Robopets to vulnerable consumers.

Supporting Food and Nutritional Needs

A broad range of factors, including but not limited to food insecurity, inadequate food intake, and food choices resulting in dietary deficiencies have been shown to contribute to malnourishment among older adults, a condition known to contribute to increased mortality, progressive health decline, reduced physical and functional status, increased health care utilization and premature institutionalization (Evans, 2005). Based on the sociodemographic and health profiles of both the DHS AAA consumer population and the broader Allegheny County population, as well as data collected during the Aging Our Way sessions and ATP focus group efforts, there is reason to believe that malnourishment remains a significant issue across Allegheny County populations.

Although the meal services currently provided by the DHS AAA meet a broad range of consumer needs – lowering or eliminating malnourishment risk among many, certain food- and nutrition-related needs - including the need for meals tailored to the preferences and needs of distinct cultural communities and the need for meals tailored to the needs of those with health conditions requiring dietary modification (e.g., type II diabetes) - have been more challenging for the DHS AAA to address. Despite the challenges associated (e.g., developing strategic partnerships with key others, such as content experts and service providers), the DHS AAA recently launched its Better Together Project, a grant-funded project focused on providing older adults with diet-related health conditions (e.g., Type II Diabetes) with medically tailored meals. (It should also be noted here - given preceding sub-section content - that in addition to receiving medically tailored meals, Better Together participants also benefit from the provision of social and nutritional supports outside of the traditional meal services - e.g., participation in group cooking classes).

In addition to the Better Together Project, as noted above, the DHS AAA has supported - and will continue to support - a number of other food- and nutrition-related improvements. These improvements include but are not limited to the provision of higher quality home-delivered and congregate meals, the provision of additional meal choices, and the cultivation of strategic partnerships with food- and nutrition-focused community organizations, such as the Greater Pittsburgh Community Food Bank. The DHS AAA plans to build upon these efforts over the next four years, focusing particular attention to identifying and implementing effective approaches to enhancing food access and availability among the underserved.

Preventing Elder Abuse, Neglect and Exploitation

Evidence indicates that approximately 10% of community-dwelling older adults in the United States experience some form of elder abuse each year (Acierno et., 2010), a figure causing many - including the DHS AAA - considerable concern given the great many adverse health, social, and financial outcomes associated with elder abuse (e.g., increased morbidity and mortality, psychosocial distress, hospital and emergency department utilization, long-term care facility placement; Dong et al., 2009; Dong et al., 2013; Dong, 2015; Yunus, Hairi & Choo, 2017).

In response to this concern, the DHS AAA has developed and implemented two grant-funded, elder abuse-focused projects, VOCA and Pathways to Safety, as a compliment to its Older Adult Protective Services system. Although the projects differ in certain ways, both programs share common aims, namely the mitigation of elder abuse and its associated adverse effects as well as the prevention of

elder abuse recurrence. These programs hope to achieve their stated aims by enhancing elder abuse victims' ability to access and attain needed services and supports - such as housing assistance, assistance acquiring public benefits, assistance obtaining behavioral health support - administered over a longer period of time relative to service and support provision practices within OAPS.
(Also of note, in addition to the direct benefits experienced by program participants, data collected over the course of the VOCA and Pathways to Safety projects will be used to support the identification of additional elder abuse mitigation approaches, approaches the DHS would then strive to implement.)

Promoting Housing Safety, Accessibility and Affordability

As detailed in the 2024-2028 Needs Assessment, there is a felt need among DHS AAA stakeholders for safe, accessible, and affordable housing for older adults residing in Allegheny County. In response to this need, the DHS AAA has engaged in a range of housing-focused efforts and initiatives, including but not limited to: 1) the identification and potential development of emergency housing options for older adults within the Older Adult Protective Services system; 2) the PDA SHARE Shared Housing Program; and 3) DHS Nesterly.
The DHS AAA plans to continue leveraging its learnings from the Aging Our Way Community Listening Sessions, the ATP Stakeholder Focus Groups, its Housing Analysis, and other complimentary information gathering efforts to support the development and implementation of additional strategies of promoting housing availability, accessibility and affordability for older adults of diverse backgrounds and living situations in Allegheny County (e.g., implementation of housing navigation services and supports, DHS AAA housing-focused advocacy engagement). As is true of most DHS AAA initiatives, the development and maintenance of strategic partnerships with key others - within and outside the DHS AAA aging network - as well as DHS AAA engagement in active advocacy efforts will be critical to the success of its current and future housing-focused DHS AAA initiatives.

Supporting Direct Care Workforce Growth

The provision of personal care and other in-home services and supports by members of the direct care workforce is critical to supporting older adults' ability to age safely in their homes. Unfortunately, the DHS AAA, like many aging service systems across the nation, has been facing a significant shortage in direct care workers, resulting in a subset of DHS AAA OPTIONS consumers being waitlisted for personal care and other needed in-home services and supports.

In an effort to promote DCW population growth and direct care access/availability for older adults in Allegheny County (e.g., OPTIONS consumers, commonly referred to as the "Hard to Serve"), the DHS AAA has developed and implemented two distinct strategies: 1) Operation Boost; and 2) Aging Workforce Innovations (i.e., INclusion/INfusion Projects). To achieve their shared aim of promoting DCW population growth, Operation Boost and the Aging Workforce Innovations provide a range of incentives and supports to potential and active DCWs - including but not limited to the provision of financial incentives for potential/prospective and current DCW staff, the provision of service unit increases for providers, and focused training and professional development opportunities. Although this work and associated analyses will continue well into the future, preliminary evidence suggest that these efforts hold tremendous promise (e.g., during the first four months of Operation Boost, the OPTIONS waitlist decreased by more than 30%, from 441 to 302 consumers). As would be expected, the DHS AAA plans to continue to build upon its DCW-focused efforts well into the future, leveraging new and existing data as well as operational and analytic tools.

Supporting Family Caregivers and Care Recipients

In addition to engaging in active efforts to support the formal caregiving population (i.e., the DCW population), the DHS AAA is also working to develop and implement more flexible person- and family-centered programs, supports, goods and services in an effort to meet the diverse and dynamic needs of the informal caregiving and care recipient population in Allegheny County. One reflection of the DHS AAA's work in this area is the DHS AAA Grandfamilies Stipend Program and the Intergenerational Cross Systems Housing Protocol, a multi-tiered initiative providing caregiving, housing, and financial support to grandparents and other caregivers, 55 years of age and older, caring for children and dependents under 18 years of age.

The DHS AAA plans to continue building upon its informal caregiving-focused work, placing particular focus on enhancing its informal caregiver-directed outreach and engagement efforts and on improving existing - and implementing new - DHS AAA informal caregiving services and supports (e.g., navigational support). To support this work, the DHS AAA will continue developing and maintaining its strategic partnerships with key others, within and outside the aging network, and will maintain and honor its position as an advocate for caregivers and their care recipients.

Goals, Objectives, Strategies, and Outcome Measures

Goals, Objectives & Strategies

The DHS AAA identified nine primary goals for 2024-2028, each with accompanying strategies and objectives. The goals were developed in response to the Community Needs Assessment and to the priority areas provided by PDA and the Association for Community Living.

Goal 1: Address root causes of inadequate nutrition among older adults and implement a series of nutrition programming targeting a range of these root causes.

- Objective 1.1: Identify the root causes of inadequate nutrition targeting the top causes contributing to need among 75% of those sampled.
    - Conduct a needs assessment with older adults and nutrition program stakeholders such as healthcare professionals, nutritionists, and other relevant stakeholders.
    - Utilize surveys, interviews, and focus groups to gather insights on dietary habits, socioeconomic factors, health conditions, and accessibility challenges.
- Objective 1.2: Utilize data gathered on root causes of inadequate nutrition to develop nutrition programming targeting the top causes contributing to need among 75% of those sampled.
    - Develop a dashboard that determines the overall nutritional needs of the population served and track changes.
    - Collaborate with stakeholders to develop targeted interventions and educational materials.
    - Implement a multi-faceted approach incorporating workshops, cooking classes, and community outreach to address specific nutritional needs.
    - Regularly assess and adapt the nutrition programming based on ongoing data collection to ensure effectiveness and relevance.

Goal 2: Identify preventative strategies that mitigate any occurrence of abuse and neglect.

- Objective 2.1: Identify and implement best practices that reduce risk of abuse and neglect in Protective Services and identified “Preventive” programs such as Options Care Management, Caregiver Support Program, Ombudsman and Senior Companion.

- Identify existing evidence-based programs that address and mitigate risk factors of abuse/neglect.
- Protective Services to provide training to preventive programs to aid staff in identifying potential causes of abuse and neglect and best practices to reduce risk.

- Objective 2.2: Identify risk factors of abuse and neglect through SAMS/Wellsky data and collaboration with stakeholders.
  - Analyze SAMS/Wellsky demographic and allegation type data to identify most common data points seen in RON's that could be addressed by preventive services.
  - Collaborate with state and local partners to identify common risk factors of abuse and neglect.
- Objective 2.3: Program areas identified as "Preventive" will implement improvements/program increases to mitigate identified risk factors.
  - Preventative programs will implement improvements to program processes to address identified risk factors of abuse and neglect.
  - Agency will create awareness campaign to assist public in recognizing risk factors of abuse and neglect and how to refer older adults to preventive programs and Protective Services.
- Objective 2.4: Utilization of VOCA/Pathways interventions and services to reduce reoccurrence of abuse and neglect.
  - Review of case information in program data systems to identify reductions in referrals for older adults previously involved with Protective Services.
  - Implement collaboration with community partners to increase service provision to reduce abuse and neglect reoccurrence.

Goal 3: Identify and implement culturally inclusive and preferred choices for nutrition services, social activities, health & wellness, and enrichment opportunities among OAs.

- Objective 3.1: Identify and expand culturally inclusive and preferred menu choices for nutrition services.
  - Utilize surveys, interviews, and focus groups to gather insights on culturally inclusive dietary preferences.
  - Collaborate with local cultural organizations, leaders, and other stakeholders to gather insights.

    - Utilize nutritionists to incorporate cultural nuances in the menu.
    - Implement feedback mechanisms to continuously adapt and improve services.
    - Engage with the community for ongoing input and adjustments.
- Objective 3.2: Identify and expand culturally inclusive and preferred choices for social activities.
    - Utilize surveys, interviews, and focus groups to gather insights on culturally inclusive and preferred choices for social activities.
    - Collaborate with local cultural organizations, leaders, and other stakeholders to gather insights.
    - Develop diverse programming based on responses received from all stakeholders.
    - Create a rotating calendar of social activities to cater to various interests.
    - Implement feedback mechanisms to continuously adapt and improve services.
    - Engage with the community for ongoing input and adjustments.
- Objective 3.3: Identify culturally inclusive and preferred choices for health & wellness and enrichment opportunities.
    - Utilize surveys, interviews, and focus groups to gather insights on culturally inclusive and preferred choices for health & wellness and enrichment opportunities.
    - Collaborate with local cultural organizations, leaders, and other stakeholders to gather insights.
    - Develop diverse programming based on responses received from all stakeholders.
    - Create a rotating calendar of enrichment and health and wellness opportunities to cater to various interests.
    - Implement feedback mechanisms to continuously adapt and improve services.
    - Engage with the community for ongoing input and adjustments.
- Objective 3.4: Expand congregate meals to include a take-out option.
    - Advocate with PDA for inclusion and funding of the take-out option.
    - Assess the feasibility and interest within the Senior Center Network and congregate meal participants.
    - Collaborate with existing Senior Centers for partnership.
    - Develop a streamlined ordering and pickup system to ensure efficiency.
    - Implement clear communication channels to inform OAs about the takeout option.
    - Monitor and adjust the program based on OA feedback.

- Promote the expanded service through community outreach and marketing efforts.

Goal 4: Identify and implement effective strategies to engage older adults for all agency services.

- Objective 4.1: Identify at least three new ways to reach older adults who are not currently engaged with the older adult services network over the course of the four-year plan. Utilize surveys, interviews, and focus groups to gather insights on culturally inclusive dietary preferences.
  - Collaborate with Community Coordinated Response (CCR) Team Members to identify gaps in outreach.
  - Collaborate with OEE to identify and update best practices protocol for marketing Aging programs and services.
  - Collect information from older adults in Allegheny County about awareness of Aging services and needs for services.
- Objective 4.2: To develop and implement a culturally responsive outreach and engagement strategy over the course of the four-year plan.
  - Establish an Older Adult Services Collaborative bringing together agency stakeholders serving older adults.
  - Use communication tools (Blooming Health) and outlets to broadcast information about resources and services in the Aging Services Network.
  - Increase language access in the Aging Services Network.
  - Utilize OEE's expertise Immigrants and Internationals Initiative to reach older adults.
- Objective 4.3: Evaluate the impact of the outreach and engagement activities.
  - Analyze increases in awareness of AAA programs and services.
  - Partner with OEE to collect feedback on the outreach and engagement strategies.
- Objective 4.4: Develop and implement an outreach plan that advocates for trauma-informed, anti- racist, and anti-ageist practices within the community and across AAA departments to enhance services for older adults over the course of the four-year plan.
  - Partner with local organizations, including OEE, implementing evidence-based anti-ageist and anti-racist frameworks including trainings (Government Alliance for Race Equity).
  - Revise and create AAA policies that ensure trauma- informed, anti-racist, and anti-ageist practices to enhance AAA services.

- Organize community forums and outreach events to engage older adults and service providers in conversations about ageism, racism, older adult abuse, and improvements to AAA services.
- Engage in Trauma informed dialogue with older adults to better understand their dynamic needs, improve AAA services and to contribute to the revision of AAA policies.

Goal 5: Develop and implement an effective sustainability model that attracts underserved older adults to the senior center network.

- Objective 5.1: Identify underserved older adult populations.
  - Conduct demographic analysis to identify geographic areas with a higher concentration of underserved OAs.
  - Utilize appropriate modes to reach isolated OAs and those with limited mobility.
  - Conduct outreach in various languages.
  - Engage community partners to tap into their networks and gain insights into underserved OA populations.
- Objective 5.2: Identify reasons from underserved population about why they are not accessing the senior center network.
  - Host focus groups and outreach events focused on special populations (e.g., race, gender, special interests) to understand their needs, preferences, and barriers to accessing senior centers.
  - Develop and distribute surveys focused on special populations (e.g., race, gender, special interests) to understand their needs, preferences, and barriers to accessing senior centers.
  - Create a multi-modal feedback system where OAs can anonymously share their reasons for not accessing senior center services.
- Objective 5.3: Identify programming elements that are specifically designed to engage underserved older adults with the senior center network; ensuring increased participation by older adults and the long-term viability for the senior center network.
  - Utilize surveys, interviews or focus groups within underserved communities to understand preferences, interests and specific needs that will inform the development of tailored programming elements.

- Create/develop culturally sensitive and appealing programming in collaboration with community partners.
- Provide programming in multiple languages.

- Objective 5.4: Implement programming elements aimed at engaging and attracting underserved older adults to the senior center network.
  - Develop a variety of program offerings that cater to different interests and abilities.
  - Create a flexible schedule of events.
  - Establish peer support groups and build a supportive community.
  - Measure success of initiatives to ensure continuous improvement and increased engagement among the target demographic.
  - Regularly assess and adapt the programming based on ongoing data collection to ensure effectiveness and relevance.
- Objective 5.5: Strengthen Senior Center network's business principles.
  - Establish professional development program focusing on and sharing resources about collaboration and effective partnerships, planning for diversification of funding, effective fundraising, and how to identify additional funding opportunities from the state.
  - Collaborate with Senior Centers to create a marketing plan to increase OA participation and attract funders

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Goal 6: Identify and implement a range of strategies to address safe, accessible, affordable housing options for older adults of diverse living situations and backgrounds.

- Objective 6.1: Identify and implement up to two shared housing programs that will provide a diverse set of housing options for older adults and to help older adults remain in their homes by the end of year 1.
  - Promote identified home shared programs and recruit potential host.
  - Match hosts and consumer for home shared arrangements
  - Increase staff to conduct home safety assessments.
- Objective 6.2: Educate the community by designing and implementing four annual presentations to increase awareness and advocate for OA housing needs throughout the duration the four-year plan.

- Agency staff will leverage regional housing collaboratives (including the LHOT) to educate about the housing needs of older adults.
- Agency staff will provide “Housing Options for Older Adults” presentations to the public.
- Work with Neighborhood Legal Services, AAA Ombudsmen and other housing advocate programs to create housing advocacy presentations.
- Analyze calls to the SeniorLine on an annual basis to regularly evaluate the housing needs of older adults.

- Objective 6.3: Identify and implement emergency (target 20 units) and transitional (target 20 units) housing programs to support older adults.
    - Identify the opportunities for a notification system to make the AAA aware of when Older Adults are in danger of losing their housing.
    - Establishment of an older adult specific emergency housing facility
- Objective 6.4: Increase agency partnership and collaborations by 25% to increase shared resources within the Aging Services Network related to housing over the duration of the four-year plan.
    - Determine type and quantity of current housing related partnerships.
    - Establish new and strengthen current relationships with housing organizations.
    - Establish housing partnership agreement to increase accountability.
    - Develop new strategies with partners to improve housing outcomes for OA

Goal 7: Identify and implement effective strategies to mitigate the impact of direct care workforce challenges.

- Objective 7.1: Support incentives that attract direct care workers to the workforce.
    - All care management agencies (3) will thoroughly review their consumers on the waiting list to see if the Older Adult are still desiring Personal Care (PC) and Home Support (HS) services and remove consumers who are no longer seeking services anymore.
    - On an annual basis all care management agencies will review and update their waiting lists.
    - AAA will provide gift cards for PC-HS providers for hiring new workers, keeping existing employees and to incentivize retaining existing employees. Gift cards will also be used for providers who service consumers with a needs assessment score (NAS) of

25 or higher and continue to service them. Gift cards will be used for in home staff who service consumers who are located in geographically challenged areas in Allegheny County.

    - AAA will provide incentives to providers for PC-HS Providers to attract and retain employees.
    - Care management agencies are also provided additional funding to utilize licensed non-contract providers to service consumers who are at eminent risk of not receiving care.
    - Expand the provider network by attracting licensed, non-contract providers to serve consumers who are at eminent risk of not receiving care.
    - Increase the unit rates for the lowest 5 Personal Care/Home Support Providers to attract and retain employees. Increase unit rates for lowest 5 PC-HS Providers within PDA guidelines of 4.5% or less.
- Objective 7.2: Strengthen partnerships with at least two Community Providers to create a sustainable workforce.
    - Partner with local immigrant serving organizations to build the in-home workforce network.
    - Partner with local community organizations that assist young individuals with career paths and development.
- Objective 7.3: Identify successful non-contract providers and integrate them into our provider network.
    - Access the current non-contracted providers with care management agencies for effectiveness.
    - Partner with care management agencies to screen out non-contracted providers for integration into the network.
    - Integrate successful non-contracted providers into the network.
- Objective 7.4: Identify and implement culturally sensitive trainings to better prepare the workforce to serve diverse populations.
    - Partner with OEE to develop and provide targeted trainings for the direct care workforce.
    - Identify and share resources for the direct care workforce that will help them to serve diverse populations.

Goal 8: Identify and implement an array of flexible person- and family-centered programs, supports, goods and services that meet the complex needs of caregivers and care recipients.

- Objective 8.1: Identify ways to reach caregivers and older adults who are not currently accessing the older adult service network.
  - On a quarterly basis review and analyze new Referrals for the Caregiver Support Program.
  - Conduct surveys and focus groups to assess awareness of gaps with programmatic access.
  - Utilize technology to target underserved areas in Allegheny County with information about the caregiver support program.
- Objective 8.2: To develop and implement a culturally responsive outreach and engagement strategy over the course of the four-year plan.
  - Expand relationship with A Second Chance Inc. who are seeking referrals for Older Adults raising grandchildren.
  - Strategically recruit grandparents to the Powerful Tools for Caregivers training.
  - Collaborate with Children, Youth & Families (DHS) to establish new partnerships with other family serving organizations around caregiving to expand the range of resources for caregivers.
- Objective 8.3: Develop a framework that supports more innovative and flexible programs tailored to meet the specific needs of individuals, families and caregivers.
  - Create a menu of electronic resources for Caregiver Support.
  - Utilize the VEST provider strategically for caregivers to implement smart technology resources in the home.
  - Modify the CAPABLE Program for lower risk individuals to increase participation.
  - Explore and pilot best practices in delivery of services to OPTIONS consumers.

Goal 9: Utilize data, research, and best practices to promote service and system optimization.

- Objective 9.1: Analyze data to identify geographic areas and characteristics of older adult consumers that are underserved.
  - Analyze data to support initiatives about underserved older adult communities.
  - Develop a comprehensive community outreach plan and system for sustainable feedback gathering.

- Objective 9.2: To develop and implement a culturally responsive outreach and engagement strategy over the course of the four-year plan.
    - Conduct focus groups with AAA stakeholders
    - Conduct content and thematic analysis of focus group data and supplemental program material
    - Develop a research plan that reflects focus group findings.
    - Implement prioritized components of the plan.
- Objective 9.3: Evaluate the impact of the outreach and engagement activities.
    - Automate key reporting for agency-wide tasks by creating tools that incorporate all available programmatic data.
    - Optimize existing Tableau dashboards to monitor and track program performance (e.g., Better Together)
    - Develop information solutions or products to support new initiatives (e.g., ETO, MOM Tool, Blooming Health)

Outcome Measures

<table>
<tr><td colspan="3">Goal 1: Address root causes of inadequate nutrition among older adults and implement a series of nutrition programming targeting a range of these root causes.</td></tr>
<tr><td colspan="3">Objective 1.1: Identify the root causes of inadequate nutrition targeting the top causes contributing to need among 75% of those sampled</td></tr>
<tr><td>Strategies</td><td>Performance Measure</td><td>Target Date</td></tr>
<tr><td>Conduct a needs assessment with older adults and nutrition program stakeholders such as healthcare professionals, nutritionists, and other relevant stakeholders.</td><td>• Conduct Needs Assessment in year one and publish report by Year 4</td><td>Year 1/Year 4</td></tr>
<tr><td>Utilize surveys, interviews, and focus groups to gather insights on dietary habits, socioeconomic factors, health conditions, and accessibility challenges.</td><td>• Nutrition survey developed
• interviews/ focus groups conducted</td><td>Year 2</td></tr>
<tr><td colspan="3">Objective 1.2: Utilize data gathered on root causes of inadequate nutrition to develop nutrition programming targeting the top causes contributing to need among 75% of those sampled.</td></tr>
<tr><td>Strategies</td><td>Performance Measure</td><td>Target Date</td></tr>
<tr><td>Develop a dashboard that determines the overall nutritional needs of the population served and track changes.</td><td>• Report
• Dashboard</td><td>Year 3</td></tr>
<tr><td>Collaborate with stakeholders to develop targeted interventions and educational materials.</td><td>• Identification of at least one intervention
• create at least two new educational materials.</td><td>Year 2</td></tr>
<tr><td>Implement a multi-faceted approach incorporating workshops, cooking classes, and community outreach to address specific nutritional needs.</td><td>• 400 participants with measurable improvements in targeted nutritional outcomes
• Establish baseline satisfaction rate amongst participants
• # of participants able to sustain behavioral changes</td><td>Year 4</td></tr>
<tr><td>Regularly assess and adapt the nutrition programming based on ongoing data collection to ensure effectiveness and relevance.</td><td>• Response rate to surveys
• 10 interviews/ focus groups conducted annually</td><td>Years 1-4</td></tr>
</table>

Goal 2: Identify preventive strategies that mitigate any occurrence of abuse and neglect.		
Objective 2.1: Identify and implement best practices that reduce risk of abuse and neglect in Protective Services and identified "Preventive" programs such as Options Care Management, Caregiver Support Program, Ombudsman and Senior Companion.		
Strategies	Performance Measure	Target Date
Identify existing evidence-based programs that address and mitigate risk factors of abuse/neglect	• Identification of at least two new program initiatives that mitigate risk of abuse and neglect	Year 3
Protective Services to provide training to preventive programs to aid staff in identifying potential causes of abuse and neglect and best practices to reduce risk.	• 3 trainings completed	Year 3
Objective 2.2: Identify risk factors of abuse and neglect through SAMS/Wellsky data and collaboration with stakeholders.		
Strategies	Performance Measure	Target Date
Analyze SAMS/Wellsky demographic and allegation type data to identify most common data points seen in RON's that could be addressed by preventive services.	• Review of 100 completed ISA's pertaining to substantiated PS cases	Year 2
Collaborate with state and local partners to identify common risk factors of abuse and neglect.	• # of partnerships • # of risk factors identified	Year 2
Objective 2.3: Program areas identified as "Preventive" will implement improvements/program increases to mitigate identified risk factors.		
Strategies	Performance Measure	Target Date
Preventative programs will implement improvements to program processes to address identified risk factors of abuse and neglect.	• # of improvements made	Year 3
Agency will create awareness campaign to assist public in recognizing risk factors of abuse and neglect and how to refer older adults to preventive programs and Protective Services.	• Successful delivery of awareness campaign	Year 3
Objective 2.4: Utilization of VOCA/Pathways interventions and services to reduce reoccurrence of abuse and neglect.		
Strategies	Performance Measure	Target Date
Review of case information in program data systems to identify reductions in referrals for older adults previously involved with Protective Services.	• Reduced # of re-referrals	Year 1
Implement collaboration with community partners to increase service provision to reduce abuse and neglect reoccurrence.	• Increase in number of older adults provided service.	Year 2

Goal 3: Identify and implement culturally inclusive and preferred choices for nutrition services, social activities, health & wellness, and enrichment opportunities among OAs.		
Objective 3.1: Identify and expand culturally inclusive and preferred menu choices for nutrition services.		
Strategies	Performance Measure	Target Date
Utilize surveys, interviews, and focus groups to gather insights on culturally inclusive dietary preferences.	• Response rate to surveys • 10 interviews/focus groups conducted	Year 1
Collaborate with local cultural organizations, leaders, and other stakeholders to gather insights.	• # of organizations, leaders, and stakeholders engaged	Year 1
Utilize nutritionists to incorporate cultural nuances in the menu.	• 7 meals per menu cycle on HDM menu • 7 meals per menu cycle on HDM menu	Year 2
Implement feedback mechanisms to continuously adapt and improve services.	• Response rate to surveys, 10 interviews/ focus groups conducted annually	Year 2-4
Engage with the community for ongoing input and adjustments.	• Response rate to Blooming Health surveys • Comment cards collected at Senior Centers on quarterly basis	Year 1-4
Objective 3.2: Identify and expand culturally inclusive and preferred choices for social activities.		
Strategies	Performance Measure	Target Date
Utilize surveys, interviews, and focus groups to gather insights on culturally inclusive and preferred choices for social activities.	• Response rate to surveys • 10 interviews/focus groups conducted	Year 1
Collaborate with local cultural organizations, leaders, and other stakeholders to gather insights.	• 10% of organizations, leaders, and stakeholders engaged	Year 1
Develop diverse programming based on responses received from all stakeholders.	• 1 new event per quarter	Year 2
Create a rotating calendar of social activities to cater to various interests.	• Scheduled activities do not repeat more than 3 times/month unless it is part of a program	Year 2
Implement feedback mechanisms to continuously adapt and improve services.	• Response rate to surveys • Interviews/ focus groups conducted annually	Year 2-4
Engage with the community for ongoing input and adjustments.	• Response rate to Blooming Health surveys; • Comment cards at Senior Centers on quarterly basis	Year 1-4

Objective 3.3: Identify culturally inclusive and preferred choices for health & wellness and enrichment opportunities.		
Strategies	Performance Measure	Target Date
Utilize surveys, interviews, and focus groups to gather insights on culturally inclusive and preferred choices for health & wellness and enrichment opportunities.	• Response rate to surveys, 10 interviews/focus groups conducted	Year 1
Collaborate with local cultural organizations, leaders, and other stakeholders to gather insights.	• 10% of organizations, leaders, and stakeholders engaged	Year 1
Develop diverse programming based on responses received from all stakeholders.	• Offer 1 new activities each year based on performance based tier.	Year 2
Create a rotating calendar of enrichment and health and wellness opportunities to cater to various interests.	• Scheduled activities do not repeat more than 3 times/month unless it is part of a program	Year 2
Implement feedback mechanisms to continuously adapt and improve services.	• Response rate to surveys • 10 interviews/focus groups conducted annually	Year 2-4
Engage with the community for ongoing input and adjustments.	• Response rate to Blooming Health surveys; • Comment cards at Senior Centers on quarterly basis	Year 1-4
Objective 3.4: Expand congregate meals to include a take-out option.		
Strategies	Performance Measure	Target Date
Advocate with PDA for inclusion and funding of the take-out option.	• PDA approval of take-out option	Year 1
Assess the feasibility and interest within the Senior Center Network and congregate meal participants.	• Options offered to 100% of Senior Centers; at least 50% reported interest from participants per SC	Year 1
Collaborate with existing Senior Centers for partnership.	• 100% of SC with minimum required interest level have take-out supplies	Year 1
Develop a streamlined ordering and pickup system to ensure efficiency.	• Ordering and pickup plan shared with SCs	Year 2
Implement clear communication channels to inform OAs about the takeout option.	• 1 Blooming Health message sent/month, at least 1 Senior Center website, at least 1 poster advertisements	Year 2
Monitor and adjust the program based on OA feedback.	• Comment cards at Senior Centers on quarterly basis	Year 2-4
Promote the expanded service through community outreach and marketing efforts.	• Increase in new participants registering for congregate meals throughout Senior Centers Network	Year 2-4

Goal 4: Identify and implement effective strategies to engage older adults for all agency services.		
Objective 4.1: Identify at least three new ways to reach older adults who are not currently engaged with the older adult services network over the course of the four-year plan.		
Strategies	Performance Measure	Target Date
Collaborate with Community Coordinated Response (CCR) Team Members to identify gaps in outreach.	• CCR partner matrix with services, resources, locations, contact information, pop demographics, and people served.	Year 1
Collaborate with OEE to identify and update best practices protocol for marketing Aging programs and services.	• Best practices • Marketing strategies	Years 1-2
Collect information from older adults in Allegheny County about awareness of Aging services and needs for services.	• Survey, focus groups, interviews, presentation feedback • Communication data	Years 1-4
Objective 4.2: To develop and implement a culturally responsive outreach and engagement strategy over the course of the four-year plan.		
Strategies	Performance Measure	Target Date
Establish an Older Adult Services Collaborative bringing together agency stakeholders serving older adults.	• # of Partners • populations represented	Year 1
Use communication tools (Blooming Health) and outlets to broadcast information about resources and services in the Aging Services Network.	• SeniorLine calls/ messages • Blooming Health	Years 1-4
Increase language access in the Aging Services Network.	• Languages provided	Years 1-4
Utilize OEE's expertise Immigrants and Internationals Initiative to reach older adults.	• Participation in meetings	Years 1-4
Objective 4.3: Evaluate the impact of the outreach and engagement activities.		
Strategies	Performance Measure	Target Date
Analyze increases in awareness of AAA programs and services.	• SAMS, Qualtrics Surveys • Blooming Health	Years 3-4
Partner with OEE to collect feedback on the outreach and engagement strategies.	• Interviews • Qualitative information	Years 3-4
Objective 4.4: Develop and implement an outreach plan that advocates for trauma-informed, anti- racist, and anti-ageist practices within the community and across AAA departments to enhance services for older adults over the course of the four-year plan.		
Strategies	Performance Measure	Target Date
Partner with local organizations, including OEE, implementing evidence-based anti-ageist and anti-racist frameworks including trainings (Government Alliance for Race Equity).	• # of partnerships established • # of meetings held, joint community engagement events • Levels of participation	Years 1-4

	• # of trainings	
Revise and create AAA policies that ensure trauma-informed, anti-racist, and anti-ageist practices to enhance AAA services.	• # of policies updated that align with anti-ageist, anti-racist-trauma informed principles	Years 3-4
Organize community forums and outreach events to engage older adults and service providers in conversations about ageism, racism, older adult abuse, and improvements to AAA services.	• # of community events held • Levels of community engagement with events held • Feedback surveys from participants	Years 2-4
Engage in Trauma informed dialogue with older adults to better understand their dynamic needs, improve AAA services and to contribute to the revision of AAA policies.	• Feedback surveys • # of dialogue sessions held • # of participants • Demographic information of participants	Years 1-4

Goal 5: Develop and implement an effective sustainability model that attracts underserved older adults to the senior center network.		
Objective 5.1: Identify underserved older adult populations.		
Strategies	Performance Measure	Target Date
Conduct demographic analysis to identify geographic areas with a higher concentration of underserved OAs.	• Written report of analytic findings	Year 1
Utilize appropriate modes to reach isolated OAs and those with limited mobility.	• At least 5 different of communication modes used	Year 1
Conduct outreach in various languages.	• Translated outreach materials/event presentations in most common languages	Year 1
Engage community partners to tap into their networks and gain insights into underserved OA populations.	• # of community organizations • # of community leaders engaged	Year 1
Objective 5.2: Identify reasons from underserved population about why they are not accessing the senior center network.		
Strategies	Performance Measure	Target Date
Host focus groups and outreach events focused on special populations (e.g., race, gender, special interests) to understand their needs, preferences, and barriers to accessing senior centers.	• # of focus groups • 4 outreach events (one in each quadrant of the county)	Year 2
Develop and distribute surveys focused on special populations (e.g., race, gender, special interests) to understand their needs, preferences, and barriers to accessing senior centers.	• Response rate of survey responses	Year 2
Create a multi-modal feedback system where OAs can anonymously share their reasons for not accessing senior center services	• Blooming Health survey responses • Establish survey/comment phoneline	Year 2
Objective 5.3: Identify programming elements that are specifically designed to engage underserved older adults with the senior center network; ensuring increased participation by older adults and the long-term viability for the senior center network.		
Strategies	Performance Measure	Target Date
Utilize surveys, interviews or focus groups within underserved communities to understand preferences, interests and specific needs that will inform the development of tailored programming elements.	• Reports of findings from interviews, focus groups, and surveys	Year 3
Create/develop culturally sensitive and appealing programming in collaboration with community partners.	• 1 new program community partnership for Focal Point	Year 3
Provide programming in multiple languages.	• translated outreach materials/event presentations in most common languages	Year 3

Objective 5.4: Implement programming elements aimed at engaging and attracting underserved older adults to the senior center network.		
Strategies	Performance Measure	Target Date
Develop a variety of program offerings that cater to different interests and abilities.	• Offer 1 activity (not previously offered in past 2 years) based on performance-based tier	Year 4
Create a flexible schedule of events.	• Senior Center program calendars updated on monthly basis	Year 4
Establish peer support groups and build a supportive community.	• 2 new OA peer support groups in Senior Center Network	Year 4
Measure success of initiatives to ensure continuous improvement and increased engagement among the target demographic.	• Increase in overall Senior Center attendance 2% attendance increase maintained	Year 4
Regularly assess and adapt the programming based on ongoing data collection to ensure effectiveness and relevance.	• Survey response rate • Interviews/focus groups conducted at least once per quarter	Year 4
Objective 5.5: Strengthen Senior Center network's business principles		
Strategies	Performance Measure	Target Date
Establish professional development program focusing on and sharing resources about collaboration and effective partnerships, planning for diversification of funding, effective fundraising, and how to identify additional funding opportunities from the state	• Pre and post assessments • Monthly professional opportunities • Published final report	Year 1-3
Collaborate with Senior Centers to create a marketing plan to increase OA participation and attract funders	• 1-year marketing plan for each Senior Center	Year 1-3

Goal 6: Identify and implement a range of strategies to address safe, accessible, affordable housing options for older adults of diverse living situations and backgrounds.		
Objective 6.1: Identify and implement up to two shared housing programs that will provide a diverse set of housing options for older adults and to help older adults remain in their homes by the end of year 1.		
Strategies	Performance Measure	Target Date
Promote identified home shared programs and recruit potential host.	• # of outreach activities, • # of people reached, • increases in requests for information about home sharing	Years 1-4
Match hosts and consumer for home shared arrangements	• # of matches	Year 1-2
Increase staff to conduct home safety assessments	• # of staff	Years 1-4
Objective 6.2: Educate the community by designing and implementing four annual presentations to increase awareness and advocate for OA housing needs throughout the duration the four-year plan.		
Strategies	Performance Measure	Target Date
Agency staff will leverage regional housing collaboratives (including the LHOT) to educate about the housing needs of older adults.	• New partnerships • meetings attended • populations represented	Years 1-4
Agency staff will provide "Housing Options for Older Adults" presentations to the public.	• Number of presentations • populations reached • people reached	Years 1-4
Work with Neighborhood Legal Services, AAA Ombudsmen and other housing advocate programs to create housing advocacy presentations.	• Number of partnerships • number of presentations	Years 1-4
Analyze calls to the SeniorLine on an annual basis to regularly evaluate the housing needs of older adults.	• Report	Annually, Years 1-4
Objective 6.3: Identify and implement emergency (target 20 units) and transitional (target 20 units) housing programs to support older adults.		
Strategies	Performance Measure	Target Date
Identify the opportunities for a notification system to make the AAA aware of when Older Adults are in danger of losing their housing.	• Process developed	Year 4
Establishment of an older adult specific emergency housing facility	• # of older adults who utilize facility • # of older adults who transition from facility to safe, stable housing.	Year 4
Objective 6.4: Increase agency partnership and collaborations by 25% to increase shared resources within the Aging Services Network related to housing over the duration of the four-year plan.		
Strategies	Performance Measure	Target Date
Determine type and quantity of current housing related partnerships.	• Matrix of current housing related partnerships and demographics	Year 1

Establish new and strengthen current relationships with housing organizations.	• # of new relationships • Level of engagement with current partners	Years 1-4
Establish housing partnership agreement to increase accountability	• # of agreements established	Years 1-4
Develop new strategies with partners to improve housing outcomes for OA	• # of new housing strategies	Years 1-4

Goal 7: **Identify and implement effective strategies to mitigate the impact of direct care workforce challenges.**		
Objective 7.1: Support incentives that attract direct care workers to the workforce.		
Strategies	Performance Measure	Target Date
All care management agencies (3) will thoroughly review their consumers on the waiting list to see if the Older Adult are still desiring Personal Care (PC) and Home Support (HS) services and remove consumers who are no longer seeking services anymore. On an annual basis all care management agencies will review and update their waiting lists.	• Reduced waitlist	Year 1
AAA will provide gift cards for PC-HS providers for hiring new workers, keeping existing employees and to incentivize retaining existing employees. Gift cards will also be used for providers who service consumers with a needs assessment score (NAS) of 25 or higher and continue to service them. Gift cards will be used for in home staff who service consumers who are located in geographically challenged areas in Allegheny County. AAA will provide incentives to providers for PC-HS Providers to attract and retain employees.	• Increase # of consumers receiving services. • Increase in workforce. • On a monthly basis track and record # of new workers and consumers with NAS receiving services • Consumers receiving services in geographically challenging area	Year 1
Care management agencies are also provided additional funding to utilize licensed non-contract providers to service consumers who are at eminent risk of not receiving care. Expand the provider network by attracting licensed, non-contract providers to serve consumers who are at eminent risk of not receiving care.	• On a monthly basis track and record new consumers receiving PC and HS through Non-Contracted providers • # of licensed, non-contract providers • # of at-risk consumers served.	Year 1
Increase the unit rates for the lowest 5 Personal Care/Home Support Providers to attract and retain employees. Increase unit rates for lowest 5 PC-HS Providers within PDA guidelines of 4.5% or less	• Increase in the # of consumers reached • Increase in the # of workers employed	Year 4
Objective 7.2: Strengthen partnerships with at least two Community Providers to create a sustainable workforce		
Strategies	Performance Measure	Target Date
Partner with local immigrant serving organizations to build the in-home workforce network.	• # of partner contracts • Retention rate	July 2026
Partner with local community organizations that assist young individuals with career paths and development.	• # of partner contracts • Measure/track the longevity of employees working in agencies	July 2026
Objective 7.3: Identify successful non-contract providers and integrate them into our provider network.		

Strategies	Performance Measure	Target Date
Access the current non-contracted providers with care management agencies for effectiveness Partner with care management agencies to screen out non-contracted providers for integration into the network	• Focus groups • Meetings • Increase in contracted providers	July 2028
Integrate successful non-contracted providers into the network	• # of contracts • Increase in contracted providers	July 2028
Objective 7.4 Identify and implement culturally sensitive trainings to better prepare the workforce to serve diverse populations.		
Strategies	Performance Measure	Target Date
Partner with OEE to develop and provide targeted trainings for the direct care workforce.	• # of trainings • # of populations served • Revise and update trainings on assisting older adults my effectively.	July 2028
Identify and share resources for the direct care workforce that will help them to serve diverse populations.	• # of resources provided	July 2028

Goal 8: Identify and implement an array of flexible person- and family-centered programs, supports, goods and services that meet the complex needs of caregivers and care recipients. (adapted from Administration for Community Living sponsored, RAISE Act)*		
Objective 8.1: Identify ways to reach caregivers and older adults who are not currently accessing the older adult service network.		
Strategies	Performance Measure	Target Date
On a quarterly basis review and analyze new Referrals for the Caregiver Support Program.	• # of referrals	Years 1-4
Conduct surveys and focus groups to assess awareness of gaps with programmatic access.	• Survey reports • Focus groups	Year 2
Utilize technology to target underserved areas in Allegheny County with information about the caregiver support program.	• # of outreaches • # of referrals	Years 2-4
Objective 8.2: Implement innovative programs that support grandparents and relatives who are caregivers.		
Strategies	Performance Measure	Target Date
Expand relationship with A Second Chance Inc. who are seeking referrals for Older Adults raising grandchildren.	• # of referrals	Year 1
Strategically recruit grandparents to the Powerful Tools for Caregivers training.	• # of participants/recruits	Year 2
Collaborate with Children, Youth & Families (DHS) to establish new partnerships with other family serving organizations around caregiving to expand the range of resources for caregivers.	• # partnerships • # families served	Year 2-3
Objective 8.3: Develop a framework that supports more innovative and flexible programs tailored to meet the specific needs of individuals, families and caregivers.		
Strategies	Performance Measure	Target Date
Create a menu of electronic resources for Caregiver Support.	• # resources provided	[*Date*]
Utilize the VEST provider strategically for caregivers to implement smart technology resources in the home.	• # home modifications	
Modify the CAPABLE Program for lower risk individuals to increase participation.	• # people enrolled	Year 3-4
Explore and pilot best practices in delivery of services to OPTIONS consumers.	• # initiatives piloted	Year 4

Goal 9: Utilize data, research, and best practices to promote service and system optimization.		
Objective 9.1: Analyze data to identify geographic areas and characteristics of older adult consumers that are underserved		
Strategies:	Performance Measure	Target Date
Analyze data to support initiatives about underserved older adult communities.	• Maps • Dashboard • Reports • Surveys	Years 1-4
Develop a comprehensive community outreach plan and system for sustainable feedback gathering.	• Outreach Plan	Years 1-4
Objective 9.2: Develop and implement a research plan agenda focused on advancing Aging Services in Allegheny County		
Strategies	Performance Measure	Target Date
Conduct focus groups with AAA stakeholders	• 20 Focus Groups	Year 1
Conduct content and thematic analysis of focus group data and supplemental program material	• Report	Year 2
Develop a research plan that reflects focus group findings	• Plan	Years 2-3
Implement prioritized components of the plan	• 1 initiative	Year 4
Objective 9.3: Develop and manage data information solutions to support programmatic goals.		
Strategies	Performance Measure	Target Date
Automate key reporting for agency-wide tasks by creating tools that incorporate all available programmatic data.	• Dashboards	Years 2-3
Optimize existing Tableau dashboards to monitor and track program performance (e.g., Better Together)	• Dashboards	Years 1-4
Develop information solutions or products to support new initiatives (e.g., ETO, MOM Tool, Blooming Health)	• Software • Dashboards	Years 1-4

Appendix A: Assurances

[*Assurances attachment with signatures*]

Appendix B: References

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Appendix C: Master Plan Listening Session Guide

PA Department of Aging

Master Plan for Older Adults

Allegheny County Area Agency on Aging

Listening Session Notes

Listening Session Date	
Listening Session Location	
Local Partner	
# of Attendees	
Notes	
Notetaker Contact	

Social participation: Public events are activities that are open to the community for the purpose of entertainment or socializing. Social isolation and loneliness are major factors that affect health and well-being.
What do you think communities can do to make different activities more accessible to older people and people with disabilities?
What are the main barriers older people and people with disabilities face in participating in community events?
Other Comments

Civic Participation and Employment: Volunteering includes opportunities to engage in meaningful service in the community as a non-paid member of an organization
What kind of volunteering or work opportunities would you like to see or are missing in your community?
What do you think communities can do to make volunteering or work opportunities more accessible to older people and people with disabilities?
What are the main barriers older people and people with disabilities face in working or volunteering?
Other Comments

Communication and Information: Timely, clear information is important for many tasks, such as accessing community services or obtaining health care.
What sources do you go to for getting the information you need? What about during emergencies?
Is this information easy to access and easy to understand?
Other Comments

Outdoor Spaces and Buildings: Outdoor spaces include sidewalks, streets, state and local parks, and green spaces as well as buildings you may need to access for services or shopping.
Are you comfortable in public spaces, like a park or shopping area?
Is it enjoyable to walk in your neighborhood?
Other Comments

Housing: This refers to living spaces that are safe and affordable and provide essential services when properly maintained. As peoples' health changes, their needs for housing may also change. Some people may need to consider moving to a new home or a different community.
How difficult is it to find housing in your community that meets your needs?
What special challenges, if any, do older people or people with disabilities face in finding appropriate housing?
How difficult is it for someone to modify their housing to improve accessibility or safety?
Due to your health, do you think you might want to move to a different home or community at some point?
Other Comments

Transportation: Transportation includes the full range of ways people get around, from walking to personal vehicles to purchased private or public services.
How easy is it for you to get around your community? Can someone without a car get to places they need to go?
Do you feel safe walking, crossing at corners, or cycling on streets?
Other Comments

Health Services and Community Supports: Medical needs can be met with a wide variety of health services and supports. These include services from health care professionals as well as long-term care services that allow a person with chronic conditions to live well at home.
Are health and long-term care services available in your community?
Are caregiver support programs available for people with long term care needs?
Other Comments

Respect and Social Inclusion: This may mean access to an environment that encourages respect in treatment and interactions, intergenerational activities, and involvement by residents of all ages, abilities and incomes.
This may mean access to an environment that encourages respect in treatment and interactions, intergenerational activities, and involvement by residents of all ages, abilities and incomes.
Are there opportunities to interact with people who are different from you?
Other Comments

Appendix D: DHS AAA Research Agenda Focus Group Guide

DHS AAA Research Agenda Focus Group Guide

2023-2024

1. Over the last year, what efforts within <Program> are you most proud of?
2. What improvements could be made within <Program>? Where do you feel efficiency gains could be made?
3. What gaps currently exist within <Program>? What are the Program's key needs?
4. What do you feel are the most pressing challenges currently facing <Program>?
5. What <Program>-related challenges do you expect will emerge over the next five years?
6. What additional information would support decision-making within the <Program>? Where do you feel knowledge is lacking?
7. What do you feel are key opportunities for growth within <Program>?
8. Thinking broadly: Of the <Program>-related efforts and innovations that you are aware of, which do you feel are the most promising? Which would you like to see <Program> pursue?
9. Additional thoughts? Topics of particular interest or relevance to <Program>?

Appendix E: Organizational Charts

Appendix F: AAA 2023-2023 FY Annual Report

To access this file:
https://www.alleghenycounty.us/files/assets/county/v/2/services/dhs/documents/annual-plans-and-budgets/aaa/aaa-annual-report-fy-2022-2023.pdf.