

Clearfield County Area Agency on Aging, Inc.

Four Year Plan

For Fiscal Years 2008-2012

Contact: Susan G. Kordish, CNS, LDN
Director of Planning and Program Operations
PO Box 550
Clearfield, PA 16830

www.ccaaa.net
skordish@ccaaa.net

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PART A

Section 1

EXECUTIVE SUMMARY

For the
CLEARFIELD COUNTY AREA AGENCY ON AGING, INC.
2008-2012 FOUR YEAR PLAN

INTRODUCTION

The main purpose of a four-year plan is to help an area agency on aging identify future tasks related to fulfilling the intent of the Older Americans Act. The ultimate goal is to develop a greater capacity to provide comprehensive and well-coordinated systems of service to help older people and to assist the agency in using its resources most efficiently.

This plan is long-range and is formed around specific needs identified at the outset of the planning process. It will be used throughout the next four years in the following ways:

- as a guide
- as a yardstick to measure accomplishments and progress toward meeting needs and solving problems
- as an informative plan to educate the public, other service providers and local officials of our intent
- as a document to keep the PA Department of Aging informed
- as a tool to coordinate local services

This plan will be reviewed by the Pennsylvania Department of Aging (PDA), incorporated into the state four-year plan and used by the United States Administration on Aging to gain an understanding of the problems, direction and achievements of area agencies on aging.

Overview of Needs Assessments

To build this plan, numerous aspects of service to elders were examined. Assessments were conducted and information was collected from:

- The 1990, 2000 census documents and the 2006 census projections
- An examination of the agency's service utilization data for the past 5 years
- Analysis of service demands, PDA discussion guides
- Satisfaction surveys of recipients of many services
- Information and Referral reports
- Staff surveys
- Provider Survey
- Mail-out and on-line surveys to consumers and general public
- A focus group comprised of Baby Boomers

As these analyses were conducted and results from them studied in depth, several issues emerged from which the agency developed goals and a plan of action for the next four years. Specific information about the goals, all the objectives and their action steps can be found in the Section 4, The Plan of Action.

The Plan of Action - (What we will do) is built upon five major goals, all to be carried out within the constraints of a static budget:

1. Develop strategies to **raise public awareness and market services** to the general public and the people whom we serve
2. Develop strategies to **respond to the increasing mandates to provide home and community-based services** to eligible residents of Clearfield County
3. Develop strategies to **respond to the changing dynamics of the Baby Boomer Generation** so that services and programs will better meet their needs
4. Compile annual budgets and generate **funding from a variety of sources** to ensure that service levels can be responsive to demand over the next four years
5. Continue to **examine, redefine, and expand the role of 'Senior Centers'** to better meet the needs of all 4 cohorts of consumers

How will that improve the system?

This plan of action will improve the system for the following reasons:

1. If people know more about the agency and the services it provides, they will know where to call, and they will seek services earlier.
2. Because of knowing about services and seeking them earlier, it is more likely that less intense, and therefore less expensive services will be needed, allowing funds to serve more people over time.
3. Baby Boomers do not see themselves as users of aging services, they describe their needs and interests as far different than AAA's are used to providing, and they expect that if they do need services, they will have to bear some individual responsibility for covering the cost. Providing the less expensive health promotion/disease prevention activities these people want will result in a wave of healthier, less physically needy consumers – ultimately requiring less service, less costly services, and services for shorter periods of time later in life.
4. Seeking additional predictable sources of income will protect the agency from crisis or failure that could be brought on from relying on one or two major sources of funds.
5. The 'senior center' is poised to be the vehicle through which people can be reached (a) at an earlier age, (b) with health promotion/disease prevention activities, (c) and with educational services that empower residents to make informed choices affecting their health, their finances, their support network, and their quality of life.

How will we measure the change?

These changes will be measured by

1. Collecting accurate information on the consumers as they enter the system
2. Comparing that with data on them as they continue in the system
3. Calculating change over time

We will look at such measures as total numbers, ranges, averages, percentage in change over time, change in utilization of services, change in average Activities of Daily Living Score, change in number of hospitalizations, cost of total services used, and so forth.

The Budget Implications of this plan are workable since the entire plan is built with full recognition of the limitations of funds. We deliberately have not talked about creating new services, but only about maintenance of effort, increased efficiency, increased productivity, increased quality and satisfaction, and increased focus on prevention.

We know that there will be certain changes that will impact on us significantly and we must be prepared to deal with those changes fiscally. Future budgets will have to be "bare bones" and will need to rely much more on new sources of revenues. The public whom we serve may have to become much more involved with us to ensure that services can continue.

The focus of the next four years will be to continue doing what we are doing, but to do it even better, to do it even more efficiently, to do it even more effectively, and to do it for even more people. This is not a "do nothing" plan. It is a challenge. In fact, it may be even more of a challenge than implementing many new services. Refining, streamlining, increasing quality, and honing our skills are intangible to many, but in our estimation, they are essential to strengthening the agency and ensuring its capability to serve well into the future.

Section 2

A LOOK AT THE CLEARFIELD COUNTY AREA AGENCY ON AGING, INC.

The Organizational Structure

The Clearfield County Area Agency on Aging, Inc. is a private, non-profit corporation with 501 (c) (3) status. The agency operates with a Board of Directors, composed of local residents, and an Executive Director. The Board meets monthly year-round. A list of the 2008 Board of Directors is attached as Appendix A. The corporation is under direct contract to the Pennsylvania Department of Aging to coordinate and deliver a comprehensive array of services for older people within the boundaries of the county.

The Executive Director is responsible for the combined performance of 46 full-time and 9 part-time staff stationed at various sites across the county. An Organizational Chart illustrating the division of labor is attached as Appendix B.

An 18 member Advisory Council provides input to the staff and governing board through their monthly meetings. In accordance with the requirements of the Federal Older Americans Act, the Council is comprised of at least 51% older persons from all geographic areas of the county. Consumers of service, retirees, representatives from the office of Mental Health – Mental Retardation, the Social Security Administration, a Borough Mayor, the County Assistance Office, an insurance professional, a retired physician, and a radio station executive are some of the types of backgrounds represented on this council. A list of the 2008 Advisory council members is attached as Appendix C.

Most of the services for which we are responsible are provided through contractual arrangements bid for and paid for on a cost per unit basis. The AAA maintains control over the delivery and quality of contracted services through regular staff monitoring and formal annual evaluation efforts in accordance with federal and state program requirements.

Assurance of Coordination - A great deal of effort is put into communicating and coordinating services with other public and private service providers such as hospitals, home health agencies, community action agencies, nursing homes, and human service agencies. Seven of the staff are members of the Health and Human Service Council of Clearfield County which meets bi-monthly to network and problem solve. Currently, and in the past, our staff has held leadership positions in that organization.

This agency is a founding member of the Health and Human Service Council of Clearfield County, a 501 (c) (3) organization that was formed as venue for human service organizations to network and cross train.

The agency is also a charter member of the Geriatric Interest Network of Clearfield County, which meets monthly to develop cooperative ventures that strengthen the continuum of care. Members include staff from personal care homes, hospitals, funeral homes, banks, nursing homes, the AAA, etc.

This agency is a charter member of the Women's Health Task Force, a grassroots, multi-agency effort to address unmet health needs of women. Other members include two hospitals, Cen-Clear Child Services, Red Cross, Dairy Council, Penn State Cooperative Extension, American Heart Association, Presbyterian Homes, Family Health Services and Family Planning. This

group successfully organizes and coordinates special projects related to women's health, and our representative ensures that the unique needs of older women's health are not ignored.

The Agency is a member of the Clearfield County Collaboration Board, a group supported by the county commissioners and charged with designing collaborative efforts to improve family service systems. Over 30 organizations attend the monthly meetings.

We have been members of both the DuBois and Clearfield Chambers of Commerce for many years and attend functions conducted by both organizations as a way for business and human services to get to know more about each other.

We actively market our Speaker's Bureau, which is comprised of the Executive Director, the Directors of Long Term Care, Community Services, Planning and Program Operations and two of our Program Operations Specialists. This group is prepared to speak upon request to service organizations, staff of other organizations, church groups, and the like about the agency as a whole, or on specific programs we operate. All speaking engagements are tracked by date, length of time, who spoke on what topic, and how many people were in the audience.

Staff often meet with other agency representatives to work on developing cooperative ways to solve problems. In addition, the agency constantly seeks non-traditional partners in the community with which to jointly address issues and develop programs. Care is taken not to duplicate other providers' services.

Recently the Clearfield County AAA and the Jefferson County AAA met to discuss ways in which the two organizations could support each other. In fact, one of the goals in this four-year plan specifically addresses the preliminary tasks the two AAAs have identified.

The CCAAA operates INFO-LINK, a comprehensive Information and Referral program for persons of all ages. Information on health and social service resources is made available free of charge to the general public. Until March of 2008, INFO-LINK was the first and only accredited I&R program in Pennsylvania.

In our 2004-2008 Four Year Plan, the overall Major Goal identified was, "To improve accessibility through public awareness and to meet the demand for aging services in Clearfield County." We have echoed a similar goal in this plan. We see the issue of marketing and public relations as an access issue for the people we seek to serve. We believe the more the general public is aware of our organization, our mission, and the services we provide, the easier it will be for older persons, persons with disabilities, and their families to access our services and the service system.

We believe these practices are our strength and guarantee our success as community planners and coordinators of services and information. We have no plans to change any of these methods.

Section 3

A LOOK AT CLEARFIELD COUNTY

THE NEEDS ASSESSMENT PROCESS

PART I - Demographic and Statistical Analysis

A. Analysis of Population Data - Data on the county from the **2000 census and the 2006 updates** enabled us to look at factors such as:

- General elderly population's geographic disbursement
- Age breakout among elderly
- Change (increase or decrease) in age groups from 1990 to 2000
- Poverty statistics
- Minority elders
- Persons living alone

B. Service Statistics - An examination of the agency's **records of service delivery** over the last several years enabled us to make a comparison between what we see in the demographics and what we see in our service delivery patterns.

Specifically, we analyzed:

- unduplicated persons served by service category
- number of units of service provided by category
- the geographic areas where services were delivered
- the changes in service utilization over time
- the changes in percent of clients served in economic need
- the breakout of our consumers by age over the last five years

C. Assessment of Those Traditionally Served - (both well and frail). To identify the needs of Persons aged 60 and over currently receiving AAA services, several surveys and assessments were conducted. We are always interested in hearing from consumers in the Waiver Program, from those receiving Home Delivered Meals, and from the Senior Center population. Methods used were as follows:

1. Satisfaction Surveys - **Seven surveys** were conducted from July of 2004 through November of 2007. Three home delivered meal recipient surveys, three surveys of participants in the Waiver Program, and one survey of the participants of the senior centers were conducted to determine satisfaction with the services and extract suggestions for improvements to services.

2. On-line Surveys – In preparation for writing this four-year plan, the agency placed a **survey on our web site** that asked respondents to indicate whether various issues concerned them a lot, somewhat, or not at all. The availability of the survey was publicly announced in local newspapers, our newsletter, and at senior centers. Twenty-nine responses were received and tallied.

3. Direct Mail Survey - A random sampling of one-tenth of consumers in our SAMS database who received services from us in the last fiscal year was drawn. Two-hundred-forty-nine people were mailed a **4-page questionnaire** with a self-addressed return envelope. Sixty-five responses were received, representing a 26% return.

4. Provider Survey – We e-mailed all of the providers of in-home services asking them for input on what they see as the most significant changes in the people they are serving, and what they believe are the biggest barriers to providing in-home services.

5. Input from AAA staff was through a written questionnaire. Three sets of questions were devised for staff based on the type of job they had.

a. Staff who work directly with consumers were asked to identify what gets in the way of older people remaining in their own homes, and how those barriers could be removed.

b. Staff whose jobs are supportive (secretarial, MIS, fiscal, etc.) were asked what gets in the way of their being able to perform their jobs, and what would help them overcome those barriers.

c. Directors and Supervisory staff were asked 8 questions built on the same questions the Department of Aging had asked in their Town Meeting this past winter

D. Assessment of those not traditionally served - (Independently-living people of all ages who do not use AAA services).

1. Baby Boomer Focus Group – We employed a unique approach this year by bringing together 10 couples who were in the Baby Boomer age cohort. We convened in a living room setting, showed them a power point presentation, and then asked them to brainstorm with us about various topics associated with entering the mature decades of their lives.

2. INFO-LINK Reports - The agency operates an extensive, fully automated I&R service for people of all ages using Beacon I&R. Data is collected and stored on who calls, how old they are, what they want to know, where they were referred, and whether their needs were met. Reports generated from the database have given us critical information on gaps in service among people of all ages in this county.

3. The Clearfield County Government Comprehensive Plan conducted throughout the year 2006 – Executive Director, John Kordish worked with the county planner and other stakeholders throughout the county as a year-long needs assessment was conducted. Their final report was one of the most comprehensive, well done and useful documents we have ever received. It was extremely helpful to us in the development of our own four-year plan.

4. Comprehensive County-wide Human Service Needs Assessment – Lead agency for this assessment was Central Pennsylvania Community Action, who contracted with the Collective Impact, a professional group with expertise in needs assessments. Clearfield AAA's Director of Planning and Program Operations attended all of the meetings and community focus groups and was instrumental in promulgating the extensive on-line survey that was part of the collection instruments. Their final report has not yet been produced, but the value of the preliminary reports and the experience gained from participating at the top level was extremely helpful for some aspects of our own four-year plan.

THE NEEDS ASSESSMENT PROCESS

PART II -Community and Systems Analysis

A. The adequacy of public and private resources was assessed by looking at the results of the satisfaction surveys, our active participation in both the County Government Needs Assessment and the County Human Services Needs Assessment, the Info-Link caller reports, and our own service data.

B. The adequacy of the current aging system's resources - was analyzed using the rates of utilization compared with the county population and whether there was a waiting list. At the time of the writing of this plan, the agency had no one waiting for any of our services or services funded under the PDA Waiver program. This can be interpreted to indicate that the agency is meeting demand for services, despite five years of static funding in the Aging Block Grant.

D. Minority representation – Only 126 people over the age of 65 living in Clearfield County over are minority. The presence of just one minority person at a community meeting was enough to assure minority representation was in proportion to the population of the PSA. One minority woman, who is also a physician, is very active on the AAA Advisory Council. She participated in our Cultural Inclusion Task Force and she was present at the public hearing.

E. Public Hearing - A Public Hearing was held on March 18, 2008 in conjunction with the Agency's Advisory Council meeting. Three weeks prior to the event, classified ads and a standard news release were published in both newspapers that serve this county. Fliers announcing the hearing were also sent to all senior centers. The information was published on our web site and 2 electronic media web sites.

Detail with regard to the needs assessment process, its results, the major emergent issues, and the agency's plan for addressing each issue were presented. Questions were solicited afterward.

Following the presentation, the Advisory Council was polled for acceptance. The plan was accepted unanimously. The following week, the same presentation was given to our Board of Directors who affirmed the Advisory Council's approval.

THE NEEDS ASSESSMENT PROCESS
PART III - Results

A. Population Data - From the 2000 census data and the 2006 county projections as well as our internal service studies from 1998 until the present, we were able to determine:

1. The elderly population continues to grow - especially among the very old (those over the age of 85). The population of Clearfield County as a whole decreased by 1.1% from 1990 to 2006, while the population of persons over the age of 60 showed an increase of 8%.

Most significantly in Clearfield County, the population 85 years and older grew by an incredible 89% from 1990 to 2006!

Percentage Changes in Population - 1990-2006

Older Clearfield County Population Comparison 1990 - 2006						
Age Group	1990	2000	% Change in 10 Years	2006	% Change in 6 years	% Change in 16 years
Total Population						-1.1%
60 and over	17119	18038	5.37%	18500	2.56%	8%
65+	12987	14094	8.52%	14324	1.6%	10.2%
75+	5347	6980	30.54%	7415	6.2%	38.6%
85+	1181	1736	47%	2233	28.6%	89%

(PDA Selected Demographic Characteristics: Census 2000-SF3)

2. More than half of the county’s elderly population lives in the city of DuBois, the Boroughs of Clearfield and Curwensville, and the townships immediately surrounding them. The remainder of the population is scattered over the other 48 townships in the county. These factors underscore how rural the county is (76% rural).
3. The population forms four distinct clusters with 2 other smaller clusters, which is useful for planning and service delivery purposes.

4. The percentage of minority elders remains very low at .6%, with the majority of them residing in DuBois city, Clearfield borough, and Lawrence Township. Only 126 people over the age of 60 are minority in this county. They are predominantly Black with a few Hispanic.
5. Of the elders over age 65 living in the county, **7.1% are in poverty** (100 percent poverty level). However, when we look at the percentage of elders who live at 150% of poverty, the number is an astounding 71.5%. Not surprisingly, the greatest number of elders in poverty live in Clearfield borough, Lawrence Township, DuBois city and Sandy Township.
6. Four thousand, two-hundred, eighty-seven (4287) people, or 30.4% of all people over 65 in Clearfield County, **live alone**.

A. Service Statistics

- Over the last 4 years, the agency has served 7581 unduplicated people across all service. In FY 06-07 alone, this AAA served **23.4% of the entire elderly population**, meaning nearly 1 out of every 4 elders in this county received some type of service from us
- Sixty-eight percent of all consumers served are female; 32 percent male.
- Center services are provided in 7 population clusters. In fiscal year 06-07, 2135 different people came to the centers. **That's 49% of all the elders** served by the agency
- 35 of the 126 elderly **minority** were served
- **About 30%** of all clients served **live alone**
- **60%** of all people served are **over the age of 75**
- The services utilized by greatest number of the unduplicated people we served were Center Services, followed by assessments, care management, and home delivered meals.

B. Issues raised among traditionally served elders: As each of the assessments was completed, certain needs were identified or issues were raised by the group being surveyed or studied. The following is a display of the needs or issues identified through each of the exercises:

1. **Satisfaction Surveys**

- a. **Home Delivered Meal Recipients** – Surveys were done in 2004, 2006, and 2007. More than 90% rate service good-to-excellent. Consumers say the food is hot, that it arrives on time and their driver is friendly. They feel they get enough to eat and that the meals help them stay healthy and remain at home.
- b. **Waiver Service Recipients** – In all three survey years, these consumers expressed a high level of satisfaction with the services they receive and the staff of the providers who give the care. They also report that their quality of life is much better with Waiver services than it was before they began receiving Waiver services.
- c. **Direct Mail Survey** – This survey was our longest and it also had the best response. We asked questions about their knowledge of the agency and

the services we provide; about what services they use and what services they would like to have; and we asked them to rate the quality of their lives. This group confirmed our observation from years before that people have a very limited knowledge of the services we provide. Thirty three percent did not know that the agency can help in situations of abuse, neglect and exploitation. Fifty –five out of 65 respondents did not know about INFO-LINK.

- d. **Provider Survey** – We surveyed the in-home providers and asked them to tell us what changes they observed in the provision of services. We saw great concern over the rising cost of gasoline as it impacts on providing service to many people in a sparsely-populated county. They also noted that consumers they are serving are increasingly disabled requiring a wider range of services. They said they are most challenged by maintaining an adequate and well-trained staff.
- e. **Input from AAA staff** –
Staff with direct contact with consumers identified the greatest barriers to consumers remaining at home as lack of knowledge about available services and how to get them; family (both over-involved as well as unwilling to help); money to maintain the home both outside and inside. **Staff who are directors and supervisors** rated (1) lack of knowledge of available resources and information knowing how to access such information, (2) limited funding, and (3) the need to change the way service is delivered in and through senior centers as issues we will need to address.

D. Issues raised by those not traditionally served

1. INFO - LINK Reports – since INFO-LINK serves people of all ages, input from the program is important. Requests for help for utilities, financial benefits, and information about other available services continue to top the list of needs among callers to this I&R program.

2. Baby Boomer Generation Focus Group – This key informant group was helpful in increasing our understanding of how the group views themselves, this agency and our services, and the future. Overwhelmingly, even when asked to imagine they were old, this group does NOT see themselves as consumers of aging services. Instead, they seem only to relate to aging services in terms of their own older relatives and neighbors. They do not expect that they will need or be eligible for aging services. They are quick to point out that the services provided through and at senior centers are far from things they are interested in or think of as important. The one thing they could relate to was their need for information, and they did urge the agency to take on the role of a “resource coach”, helping this group to link to services and information.

These revelations were startling to us as planners and definitely speak to the need for serious, non-traditional thinking and planning.

E. The adequacy of public and private resources

For a rural area, public and private resources are adequate in most respects. Each of the two largest population subdivisions boasts a **hospital**; one is a regional medical center. The county has **four nursing homes, 9 personal care homes, and 1 assisted living facility.**

There are a **large number of human service providers** whose services are available throughout the county. The agency has stored information on approximately 2,000 local, regional, state, and national resources in our INFO-LINK computerized database and can easily retrieve information for staff or callers. **Four Home Health agencies and 20 in-home personal care providers** serve this county for both Options and PDA Waiver services.

Limited fixed-route public transportation for medical and nutrition purposes is available in DuBois/Sandy, and Clearfield/Lawrence Twp., the two largest population clusters by far. **Demand-responsive transportation** is available in most subdivisions where a senior center exists. All other areas of the county have no public transportation and virtually no demand-responsive transportation under the Lottery-funded Shared-Ride Program.

The county is particularly wealthy when it comes to human resources in the form of **volunteers**. The agency sponsors the Volunteer Center of Clearfield County, the RSVP program, tax counseling for the elderly, APPRISE, and a multitude of other programs and services which are possible only through the involvement of volunteers. Their involvement helps bridge gaps that might otherwise have to be met through formal services. Over 250 individuals assisted the AAA in the delivery of services last year.

In addition, the county boasts a **Geriatric Interest Network, a Health and Human Service Council (a 501 (c) (3), a Women's Health Task Force, and the Clearfield County Collaboration Board**, which all meet regularly to work on coordination and collaboration to meet identified human needs as well as to maximize resources and avoid duplication of effort. The agency is an active participant on all of these cooperative efforts.

Locating **special funds** - new streams of money – **is always challenging**. The county is located in a part of the state that is outside the geographic areas funded by most large Pennsylvania foundations and therefore, rarely qualifies for support for special programs or grants. The county has 4 small foundations, which are extremely targeted in terms of purpose and scope, and very limited in terms of total annual distributions. Of the four county foundations, the AAA is an eligible recipient for only one of them.

Private Pay options become increasingly more realistic as a means of assuring more elders can be served despite limited funds.

Private businesses and local social organizations are **very supportive** of many of the programs offered by this agency. The Blizzard Box program is completely funded by four Rotary clubs, and individual donations. This program provides approximately ten-thousand additional meals to consumers over and above those provided through PDA funds. Donations of time and goods are frequent and help extend service.

Funding from traditional sources (federal and state) **is certain not to** increase in proportion to costs. Consequently it will become more important to develop additional funding sources.

F. The Aging Service System

One of the best indicators of how well an area agency on aging is meeting needs among the elderly is to **look at its waiting list** for service provision. For the last four years, there has been NO waiting list in Clearfield County for services. Much of the success for keeping up with demand can be credited to the Pennsylvania Department of Aging Waiver Program.

However, funding from PDA aging Block Grant has been level for the last five (5) years. We have been informed that for fiscal year 2008-09, not only will there be no increase in Aging Block Grant funds, but also, there will be no Cost of Living Adjustment. There is little likelihood that those funds will increase much, if at all in the four years covered by this plan. Lack of incoming funds coupled with growth of the target population is certain to create a challenge in meeting the demands for home and community based services.

Lack of knowledge on the part of the general public and the elderly population **about aging services** is not a result of lack of publicity or outreach by the agency or its many service providers. This agency in particular has extensive, intense, and ongoing publicity through a variety of media. However, it is often observed that people typically do not retain information about us and other service providers because they do not need our help. When the time comes that they need help, they are often at a loss as to where to start, hence, continued focus on the provision and dissemination of information and ease of access is logical.

Role of Senior Centers – Attendance for meals alone is declining, however, we are beginning to see an increase in the number of unduplicated people who come to our centers for services other than meals. Desires of seniors just entering the sixth decade of age are immensely different, therefore change in what is delivered through and at centers, and how the services are delivered is certain to undergo an extreme, rapid evolution.

CONCLUSIONS

The Key Issues that emerged as a result of our studies were:

- Static funding
- Raising public awareness and marketing services to the public
- Greater number and greater diversity among consumers.
- Technology is a necessity
- The role of Senior Centers

Based on the evidence collected, the agency concludes that the most overwhelming issue to be dealt with over the next four years is **stagnant and decreasing Aging Block Grant funding**, which will force the agency to look to alternative sources and methods for generating income. We will need to become skilled fundraisers and more entrepreneurial in our relationship with the private sector. Consumers, especially those with resources, will likely be asked or encouraged to assume greater individual economic responsibility to meet their needs as an adjunct to traditional aging services.

Public awareness of aging services, is limited and crisis motivated, therefore, raising public awareness and marketing services, while at the same time **meeting the demands for services**, will consume a great deal of our time and energy

A very important variable related to increased demand for services is the fact that **consumers will be greater in number and more diverse in their needs**. This will require the agency to adapt in many ways. Adults eligible for nursing home placement and those with disabilities will receive increasing focus. The old-old will grow disproportionately to the rest of the elderly population while Baby Boomers present themselves with very different needs than the elders from the Depression Era, World War II, and the Post War Era.

We will also take on a more **technical role** as we attempt to do more with less. Running the business, serving the consumers, and communicating among ourselves and with other entities,

will dictate that every staff person and the agency as a whole become computer-efficient. Information and referral, education, data collection, statistical analysis, reporting, and other such functions must be **automated**. The **SAMS** state wide database and the interconnectedness it brings will be the focal point of our record keeping. Office management, communication, consumer intake, etc. must be done electronically and must become second nature to staff. The **collection, storage, and dissemination of information** of every possible kind will become a critical component of this agency's service array. We want the public to regard us as information and education specialists

And finally, several maintenance of effort issues must be addressed. Those points relate to **ensuring that social and geographic isolation are reduced**, that **adequate in-home services** are provided at **high quality** and that **elders will always feel empowered to choose to remain in their own homes** at the highest level of functioning possible.

Strengths and Weaknesses of the Present System in Meeting Needs

The agency forges ahead on its strengths. We believe we are proactive, already visible in the community-at-large, we have a proven quality track record, we enjoy incredible volunteer support, we are ahead of many of our peers with respect to our level of computerization, and we have good physical plants from which to operate.

With respect to the strength of our staff, they are experienced - many having had exposure to various tasks at the state and national level. Our staff are leaders, team players, they have vision, they are committed, flexible, and long-tenured. They respect and treat their peers and subordinates with dignity.

Our weaknesses are few, we think, but form the basis for some of the direction this plan is going. Even though we are ahead of our peers with respect to computerization, we recognize that we must learn to use each type of software to its fullest. We must be innovative with respect to locating non-traditional sources of funds. We must explore and implement unique strategies for preventing a waiting list. Those tasks will not be easy, but they must be addressed as part of our plan for success these next four years.

Hiring Minority Staff

The agency is an Equal Opportunity Employer, and as such continually searches for qualified people of all races to fill job vacancies. We will continue this practice. But because the percentage of minorities in this county is such a miniscule percent of the population, it is rare that any minority applicants present themselves for our job openings. In addition, the area is rural, and remote, with a very poor job market overall, which makes it unappealing as a place to relocate. We have a very difficult time filling professional positions with any qualified staff. The Director of Human Resources is on constant alert to find new recruiting techniques that could be used to draw minorities into the organization. She will continue her vigilance in this area.

Monitoring Plan – Outcomes and Performance Measures

The goals, objectives and action steps described in the preceding section will be kept in a three ring binder in the Planning Unit at the agency. As action steps are completed, they will be checked off and dated. Objectives will be declared met when all action steps related to them

have been checked off. Obviously, these will be the indicators of success in trying to meet objectives.

Other indicators of success will be determined by comparing the expected results of an objective with service figures or other information. Actual results will be charted as well as comments or notes for improvement.

The entire Plan of Action will be reviewed quarterly by the Director of Planning and the Executive Director. Portions of the action plan will be reviewed at the monthly meeting of administrative and supervisory staff. By July of 2008, more specific and detailed plans for fiscal year 2011-12 will begin being formulated. This way, we will always be planning more than a year in advance. This planning and monitoring system has been used with great success in this agency over the last 30 years.

Barriers

Obvious barriers to the successful completion of this plan include **money, people and time**. It is well known that federal and state **funds are not likely to increase** much, if at all. Yet, AAAs will still be required and expected to provide the same, or more, services. Since we will not be able to rely as heavily upon traditional sources of funds, we will need to be aggressive about developing alternatives.

Another potential barrier is **people, both paid staff and volunteers**, as well as the community in general. Virtually all of the objectives we have planned require manpower and leadership. Care must be taken that paid staff are not overloaded with responsibilities but that they are trained to manage their time and work efficiently.

The **incorporation of volunteers** into our service delivery system has been, and will continue to be, critical. We will not be able to do what we have set out to do without massive involvement of volunteers from the community.

We face this barrier squarely, with knowledge that one of our strengths has been the ability to recruit quality volunteers and to manage them effectively. As sponsor of the county's Volunteer Center and the RSVP program, each having a full-time director based in our corporate office complex, we have a natural conduit to volunteers.

The national issue of **work force development** will continue to demand attention from us as we strive to ensure there will enough workers, trained appropriately, and paid a decent wage to perform the tasks that are prescribed for elderly consumers. Creative ways of adding to the work force will have to be explored and adopted.

Time is often a barrier. And with the knowledge that traditional funding is not likely to increase in proportion to our expenses, we cannot waste any time in locating alternative funding sources. Staff must also be efficient managers of their time in order to process more consumers and arrange services for them.

Public perception and awareness can also be a barrier to an agency's success, and is why we continue to set a goal for increasing awareness and educating the public. We cannot relax our public awareness activities for a minute. Awareness activities impact on demand for service, generation of local support, expansion of senior centers, coordination of efforts, advocacy for older adults - virtually every aspect related to running an Area Agency on Aging or delivering services.

Section 4 A PLAN OF ACTION

Goals and Objectives

1. Develop strategies to raise public awareness and market services to the general public and the people whom we serve.

Rationale - Older Pennsylvanians are rapidly increasing in number and diversity, with widely different needs, wants and preferences. The state and AAAs need to expand visibility for our mandated role as the focal point for information, services and opportunities. We must also tailor our messages to address this diversity. Marketing is an “access” issue; the more people are aware of our services earlier in their lives, the easier they will be able to reach us in times of need. An intense effort to increase awareness and educate the public must be mounted and carried out regularly throughout the next four years in all available media forms and at all agency locations.

Specific objectives relate to maximizing the use of all forms of media - print, electronic, radio and TV

2. Develop strategies to respond to the increasing mandates to provide home and community-based services to eligible residents of Clearfield County

Rationale - It is a known fact that two people can be served in a home setting for the same cost of serving one person in a nursing home. When given a choice, seniors prefer to stay at home and receive care there. The state Department of Aging and Area Agencies on Aging have already created more options for older persons and their families in response to this demand for increased in-home care. However, since the number and percentage of people over the age of 60 is increasing significantly in our county and since other younger populations such as those with physical disabilities and mental health and mental retardation issues are being targeted for service through a joint effort between the Departments of Aging and Public Welfare, our agency must determine how best to plan and allocate its resources to meet the great expansion of need anticipated in the coming years

Specific objectives relate to maintaining an adequate supply of providers, professional staff, and funding.

3. Develop strategies to respond to the changing dynamics of the Baby Boomer Generation so that services and programs will better meet their needs

Rationale - The cohort of Baby Boomers have officially entered the mature decades of their lives, and with their entrance to our consumer pool, every aspect of how we do business and how we deliver our services must be examined for compatibility with this changing demographic. Input provided by boomers will drive the evolution of many traditional models of service and the results will be distinctly different from anything we have done in the past.

This goal incorporates objectives targeting use of INFO-LINK, and developing linkages with providers of recreation, education, civic engagement, and preventive health

4. Compile annual budgets and generate funding from a variety of sources to ensure that service levels can be responsive to demand over the next four years.

Rationale - Because the agency has just completed its fifth year of receiving minimal increases in Aging Block Grant funds and is entering a sixth year with no increase in Aging Block Grant

funds or a Cost of Living Adjustment, it is clear that we must further diversify, hold costs, and seek funds from other predictable sources.

Specific objectives target holding internal and external costs, and seeking alternative sources of revenue

5. Continue to examine, redefine, and expand the role of ‘Senior Centers’ to better meet the needs of all 4 cohorts of consumers.

Rationale - The group of consumers we are mandated to serve is extremely heterogeneous, which results in extreme variation in their needs and interests. Interest in traditional Senior Center models is declining. People are not coming 5 days a week, are not interested in playing games, do not come for the hot, Title III meals like they did in the past, and appear to be coming for special programs, Information & access, clinics, and off-site programming (classes, trips, activities, events). The agency must quickly adapt to offer a blend of services that will draw the most elders to-and-through centers in some way.

The goal outlines multiple plans for increasing the use and participation rates in all senior centers

Section 5

BUDGET IMPLICATIONS

Historically, the budgeting process has as its goal an operating margin designed to provide flexibility. When actual expenditures are lower than budgeted, funds remain and can be reallocated to areas where expenses may have been more than planned. When expenditures threaten to exceed available resources, funds must be carefully managed in order to avoid a deficit.

For five consecutive year, funds from the Aging Block Grant have remained static, and there are no indications that increases should be expected in the future. Therefore, we will have to plan the budget as closely as possible - a bare bones budget, if you will - with little or no cushion available, in order to maintain service at the current level. The reemergence of waiting lists for Nursing Facility Ineligible services is inevitable and growth in service units will not occur.

Alternative resources will be needed in order to keep pace with the increased basic cost of doing business. Dramatically increased fuel costs, uncontrolled health insurance costs, and increased senior center facility operating expenses will threaten current services and staffing patterns.

Growth in the Waiver program will be compensated proportionately, but it is grossly unrealistic to believe that the revenues earned from serving 230 Waiver consumers per month can offset the increasing expenses of serving more than 2000 non-waiver in-home services consumers, senior center participants, and varied other community service clients. Likewise, while cost-sharing has been successfully implemented, the increased difference in cost-sharing revenues over a previously employed donation request system is not remotely significant enough to offset the rapidly increasing operational costs the agency is facing.

Because this 4-year plan includes no new services, we have not described needs and objectives to which new funding would be directed, the cost centers affected, or the amounts broken down by cost center. This plan focuses on raising public awareness and marketing our services, meeting the demands for home and community based services, using technology to its fullest and re-designing the role of senior centers.

Staff longevity will continue to provide challenges. Continuing increases in benefits costs and salary scales will force us to be more prudent in our personnel costs decisions and not increase staff beyond the Waiver program.

Outcomes Results

While our past successes have been notable, for the first time in our history we anticipate service reductions in Nursing Facility Ineligible and community services. Implementation of this plan should result in our ability to meet the demands for traditional block grant services, as well as grow with the Waiver program and keep pace with the demands for those services. Because of the Waiver program growth, we expect to serve more unduplicated persons in that program than in the past. Our efforts in Waiver within the plan should result in higher quality, more responsive home and community based services; greater visibility for the agency and what it has to offer. But at a time when it does not appear that additional funds will be coming from traditional Aging Block Grant and Lottery sources, we anticipate only selected growth in the Options service area.

Appendix A

CLEARFIELD COUNTY AREA AGENCY ON AGING, 2008 GOVERNING BOARD

William Shiner, **President**

Scott Meredith, **Vice President**

John Ryan, Esq., **Secretary**

Doug Rydberg, **Treasurer**

Peggy Amon

Paul Gerber

Marcia Belin

Mary Golemboski

Wilson Fisher

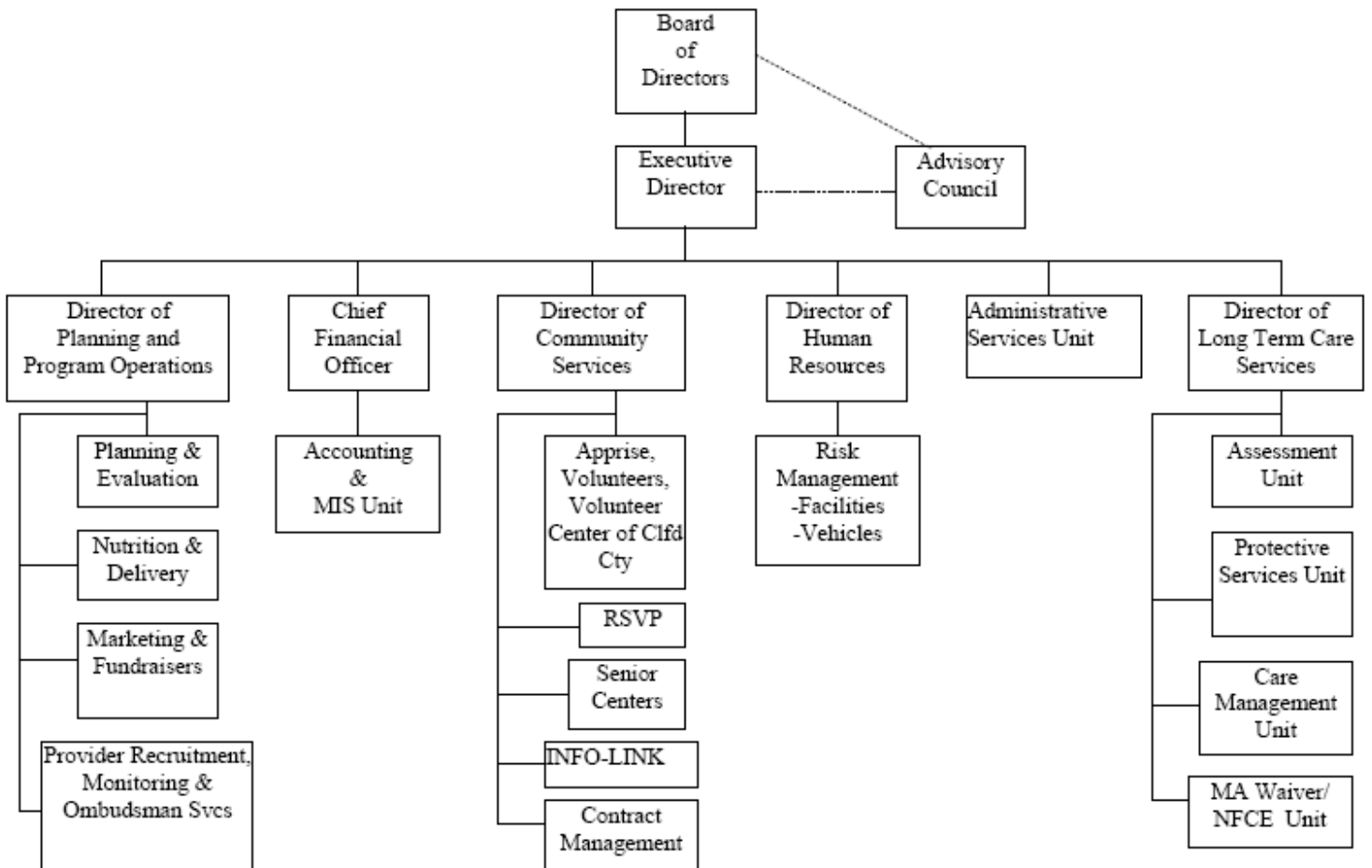
Mark McCracken

R. Denning Gearhart, Esq.

Lona Stine

APPENDIX B ORGANIZATIONAL CHART

Clearfield County AAA, Inc.



Appendix C

Clearfield County Area Agency on Aging, Inc.

2008 Advisory Council

Scott Mills, insurance sales/APPRISE volunteer, **President**

Bob E. Day, radio announcer, **Vice President**

Mrs Betsy Love, retired teacher, **Secretary**

Linda Syktich, Clfd/Jeff MH/MR

Eleanor Ludwig, retired County Commissioner

Margaret Maddalena, Mayor, Coalport

Pat Schuster, Social Security Administration,

Mary Ellen Bathurst, retired teacher

Nancy Yeager, retired business woman

Jane Elling, Mahaffey, free lance journalist

John S. Schuster, Clfd/Jeff Drug & Alcohol Commission

Elsie Roach, RN retired, Coalport

Dr. Fredesvinda Luna, Retired physician

Rose Smith, retired teacher

Cindy Lemmo, County Assistance Office

Al Timko, retired engineer

Marlene Horm, retired/ caregiver to adult MR grandson

PART B

Part B Section 5

Narrative Summary of the Proceedings of the AAA Area Plan Public Hearing.
March 18, 2008

Advisory Council President, Scott Mills, called the meeting to order at 2:05 PM in the Clearfield Center for Active Living, 103 North Front St, Clearfield, PA. Twenty-six people were present, including eleven from the AAA Advisory Council. Mr. Mills informed those present that the purpose of the meeting was to hear the plans that the agency has for the next four years. He described the order of the meeting and indicated after the full presentation had been made there would be time for questions or comments, but that those questions and comments had to pertain only to the content of the plan.

Mr. Mills then asked Sue Kordish, Director of Planning and Program Operations, to present the Plan. Using a Power Point presentation format, Mrs. Kordish described the planning process, noting how the demographics and utilization rates had been studied and how input from staff, council, consumers and the general public had been used to determine which issues were most pressing in our county. She noted the key issues were Raising Public Awareness and Marketing Services, Meeting the Demand for Home and Community Based Services, Responding to a Changing Demographic associated with the entrance of Baby Boomers, and Changing the Role of Senior Centers. She further pointed out that the four focus areas the PA Department of Aging had were incorporated into our own major goals.

She described what steps the agency had already taken and then presented the major goals and objectives for the next four years. The impact of the budget was also discussed as it related to meeting our goals.

Mrs. Kordish then reviewed the plans for service levels and budget for the coming fiscal year. Since there will not be an increase in funding, there was very little difference to be seen in terms of numbers of people served and units of service being delivered to them. The greatest task will be maintenance of effort.

Following the presentation of the annual plan, Mr. Mills asked if the audience had any questions. Mrs. Pat Schuster asked if the plan would contain greater detail when it is turned into the department. Kordish explained that the plan would be about 30 pages long plus its appendices, signature pages and statements of assurance.

Ms. Jane Lee Yare offered compliments to Kordish and the AAA staff on a thorough and well-written plan. There were no other questions and the Annual Plan was accepted as presented on a motion by Advisory Council member, Jane Elling and a second by council member, Marlene Horm.

The officers of the Advisory Council then signed the official documents of acceptance.

The president declared the meeting adjourned at 2:50 PM.