

**2016-2020 FOUR-YEAR PLAN
OF THE
ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES
AREA AGENCY ON AGING**

**FOR THE PERIOD
October 1, 2016 through September 30, 2020**



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1. Executive Summary

Introduction :

The Allegheny County Area Agency on Aging (DHS AAA) is part of a nationwide aging network led by the U.S. Administration on Community Living (ACL) and the Pennsylvania Department on Aging (PDA). Annually, approximately 43,000 consumers receive DHS AAA services through either internally administered programs and contracts, or County Agreements with more than 86 community-based service providers. Every four years, the PDA requires each of the Commonwealth's fifty-two (52) Area Agencies on Aging to submit an action plan for the following four years. This Four-Year Plan takes into account the demographic trends of the region, the changing needs of the consumers, and the current services provided by the DHS AAA.

Allegheny County is not alone in facing the coming baby boomer age wave and there are transformational changes underway across the Commonwealth in aging services. Driving these changes are both desire and necessity. Seniors want to age in their own homes and communities. Policy makers recognize that there simply are not enough resources to sustain the current system as the baby boomer generation approaches retirement age. Consequently, the State is moving from a cultural mindset of institutional care for older adults to supporting participants at home with the necessary level of care to thrive and contribute to their communities.

Changing Demographics:

In putting forth this Four-Year Plan, the prevailing considerations are the demographic trends of the County, the changing needs of our 60 and over population and the services currently covered.

In addressing the changing needs of our consumers, the Plan recognizes the broad continuum of aging, describes the current informal and formal array of supports and services utilized by older adults, and lays out a plan for how the current system will continue to evolve to meet future consumer demands

Community Needs Assessment:

In order to develop the 2016-20 Plan, the DHS AAA utilized a strategic planning process to elicit input from stakeholders, consumers, caregivers, institutions, universities and other partners. The process was guided by a long-range recognition of how services have evolved, the state of service delivery today, and how consumer needs and the aging landscape are changing. DHS AAA worked with an external consultant to assist in organizing and facilitating five focus group sessions to discuss three key areas of DHS AAA services: Community-Based Service, Support for Family/Informal Caregivers, and Care Management. Facilitators led focus groups and discussion sessions to elicit feedback. Two additional discussion sessions were held with participants at a senior center and a senior apartment high-rise building. A listing of focus group participants is included in Appendix 5.1. A listing of Stakeholder Groups and Aging Partners is in Appendix 5.2

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From the focus group sessions, five key themes evolved:

1. **Challenges and opportunities in serving younger seniors (baby boomers)** - How boomers will live out their retirement years will look very different from the senior citizens of the past, thereby challenging the norm of caregiving, service delivery, messaging, and more, in the decades ahead.
2. **Quality of care**, addressing the current systems for level of care assessment, service delivery, service charges, compensation, and more, to ensure we are providing the highest quality of comprehensive care.
3. **Outreach**, identifying more varied, innovative and proactive means for disseminating information about programs and services to all consumers and stakeholders
4. **Workforce issues**, preparing for an emerging caregiver shortage. Supporting caregivers in multiple ways.
5. **Policy advocacy**, suggesting that DHS AAA take on a greater advocacy role concerning funding issues, housing, and developing a service model that helps seniors stay in their homes.

Based on these needs and themes, the DHS AAA developed two overarching goals for the 2016/20 Four-Year Plan:

1. Continue to raise the quality of DHS AAA services to serve the evolving needs and growing aging population of Allegheny County
2. Adapt a philosophy and practice of geriatric care management to reflect the contemporary perspectives of program participants and caregivers

Additionally, located in the PA DHS Office of Long Term Living's Southwest Region of Community Health Choices, DHS AAA will be at the center of the first wave of transition in July 2017. At this time, the Aging waiver will be incorporated into the state's design to award Managed Care Organizations responsibility for the delivery of integrated health care and Managed Long Term Services and Supports. We recognize this as a major transition, which will require a significant effort by DHS AAA, at least through 2018.

As we look forward to improvements in the next four years, we are committed to continuing to deliver a large volume and range of vital home and community based services to one of the largest concentrations of older adults in the nation. While we adopt service innovations to meet the emerging needs in our service population, we will also continue to provide senior center meals and programming, transportation for medical and health-related purposes, care management services for participants with varying levels of need, safeguards for vulnerable older

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adults through an effective Protective Services unit in the state and many other services that enable older adults to live independently to the extent that they are able and choose to do so.

2. Agency Overview

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 Area Agency on Aging (AAA) Mission Statement:

To assist Allegheny County residents who are 60 years of age and older live independent lives.

Organizational Structure:

The DHS Area Agency on Aging is a designation of the U.S. Administration on Community Living (ACL), 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 AAA is responsible for providing leadership in the delivery of services to senior residents of Allegheny County who are 60 years of age and older. Annually, approximately 43,000 consumers receive DHS AAA services through either internally administered programs and contracts, or County Agreements with over 86 community-based service providers. Appendices 5.3 and 5.4 of this report contain the organizational structures of the Allegheny County Department of Human Services (ACDHS) and the ACDHS Area Agency on Aging (DHS AAA), respectively.

Re-elected (2015-2019) to a second-term, Allegheny County Executive Rich Fitzgerald and a 15-member County Council, elected by district, constitute the executive and legislative arms of county government, respectively.

Advisory Council:

The Advisory Council to the 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.

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Administrator:

The Administrator, who also holds the rank of Deputy Director in the Department of Human Services, directs operations at the Area Agency on Agency. A staff of roughly 200 carry out agency policies and programmatic guidelines in administering contracts and assuring quality service delivery. They have professional training in their fields, including ongoing professional development opportunities. Most of the staff are Pennsylvania State Civil Service Commission hires.

DHS Statement of Principles:

The 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 settings, often community-based.
- 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.

Background:

In 2000, the DHS Area Agency on Aging (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 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 Intellectual Disability (OID). Support offices include, Office of Administrative and Information Management Services (AIMS), Office of Data Analysis, Research and Evaluation (DARE), and the Office of Community Relations (OCR).

The list below, while not all-inclusive, shows the vast array of programs provided directly either by the DHS AAA staff or through County Agreements with over 86 community-based service providers.

- Information and Assistance
- Senior Community Centers
- Nutrition

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- Shared Ride Transportation
- Health Insurance Counseling
- Legal Counseling
- Assessments and Level of Care Determinations
- Care Management
- In-Home Services
- Senior Companions
- Adult Foster Care (Domiciliary Care)
- Caregiver Support
- Nursing Home Transition
- Advocacy for Long-Term Care Consumers (Ombudsman)
- Protective Services
- Legal Guardianship
- Community Care Transitions
- Healthy Steps for older Adults
- Carrier Alert Program
- Money Management Program

2.1 Demographics

Introduction:

In 2014, the University of Pittsburgh's Center for Urban and Social Research (UCSUR), in collaboration with the Allegheny County AAA, the United Way of Allegheny County, and the Aging Institute of UPMC Senior Services completed a comprehensive analysis of aging in Allegheny County¹. The study integrated survey data collected from a representative sample of older county residents with secondary data from Federal, State and County agencies to characterize older persons on multiple dimensions, including demographic changes, population projections, income, work, retirement, neighborhoods, housing, health, senior service use, transportation, volunteering, happiness, life satisfaction, etc. The American Community Survey (ACS) released 2014 demographic characterizations for Allegheny County and the State related to senior residents 65 and over. Both surveys form the basis for the demographic trends in Allegheny County.

¹ <http://ucsur.pitt.edu/wp-content/uploads/2014/11/State-of-Aging-in-Allegheny-County.pdf>

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Table 1: Aging Population Projections & Trends

US	Age 60-64	Age 65-74	Age 75-84	Age 85+	Age 65+ Total	Total, all ages
2010	16,757,689	21,462,599	13,014,814	5,751,299	40,228,712	310,232,863
2020	21,008,851	32,312,186	15,895,265	6,597,019	54,804,470	341,386,665
2030	20,079,650	38,784,325	24,562,604	8,744,986	72,091,915	373,503,674
2040	20,512,884	36,895,223	30,145,467	14,197,701	81,238,391	405,655,295
2050	23,490,423	40,112,637	29,393,295	19,041,041	88,546,973	439,010,253
Allegheny	Age 60-64	Age 65-74	Age 75-84	Age 85+	Age 65+ Total	Total, all ages
2010	73,561	95,731	73,843	35,229	204,803	1,223,840
2020	92,528	140,431	67,829	35,506	243,766	1,260,552
2030	73,668	155,112	101,877	34,984	291,973	1,334,786
2040	76,157	128,196	113,458	53,635	295,289	1,406,700
2050	101,470	153,670	95,816	62,980	312,466	1,489,105

Source: U.S. Census & University Center for Social and Urban Research (UCSUR) REMI Model².

- The 2010 census reported 204,803 people 65 years or older in Allegheny County accounting for 16.8% of the population. This compares nationally with 13% of the 65 years or older age-cohort. The same census reported 35,229 people among the oldest old age cohort of 85 years and older in the County, accounting for 2.9% of the population, compared to 1.8% nationally in this age cohort.
- After an average annual decline of 1.1% between 2000 and 2010, the population 65 years and older in Allegheny County is expected to increase by about 1.89% annually over the period 2010-2030, and about 0.2% from 2030-2040. The projections include increase in 65 years and older cohort by 52% between 2010 and 2050 in the Allegheny County. This is less than half the projected growth rate of the older population nationally which is expected to increase by 108% over the same period.
- Between 2010 and 2030, the proportion of the 65 years or older population is expected to stabilize at just under 22% of the total population, and by 2040, both Allegheny County and the United States will stabilize with a comparable 21% of the population age 65 and over.

² The REMI model is a detailed regional econometric model purchased by UCSUR jointly with the Southwestern Pennsylvania Commission (SPC), the designated Metropolitan Planning Organization (MPO) for ten counties of Southwestern Pennsylvania. It has been used by UCSUR since 1991 to assist area researchers and policymakers in the development and evaluation of local policy initiatives through regional forecasts and policy impact simulations.

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Educational Attainment:

High school completion rates for Allegheny County residents compare favorably to the nation across all older age cohorts.

- Ninety-four percent (94%) of residents age 60-64 have a high school degree or equivalent, significantly higher than the 87% of the national population in that age range.
- Thirty-two percent (32%) of Allegheny County residents age 60-64 hold a bachelor's degree or higher compared to 29% for the nation as a whole. The proportion of the population with a bachelor's degree or higher declines with age for both the county and the nation.
- Thirteen percent (13%) of Allegheny County residents age 85 or over have a bachelor's degree or higher, compared with 15% for the nation.

Income and Poverty:

In 2012, older adults were less likely to be poor in Allegheny County than in the nation as a whole, with 7.8% of adults 65 and older in Allegheny County classified as living below the poverty level compared with 9.5% nationally. An examination of overall poverty rates by age groups, gender, and race for older adults in Allegheny County shows the following:

- Poverty rates among African Americans are significantly higher than among Caucasians.
- There is a substantial gender gap in poverty rates for those ages 75 and over.
- Both African American and Caucasian women are more likely to be poor and older African American women are among the highest poverty level.
- 9.3% of older Caucasian households have total annual incomes over \$100,000, in contrast to 4.8% of older African American households. Over 57% of older African American households have total annual incomes of less than \$25,000, in contrast to just under 37% of Caucasian households.

Housing:

The 2014 ACS survey indicate that there are 589,709 housing units in Allegheny County, compared to 589,201 housing units in 2010, a slight increase of 508 housing units. The survey of older adults asked questions about residential mobility over the last 10 years and plans to move over the next 5 years. 77.9% report having lived in their current residence for 10 years or more, 95.6% have lived in the county for 10 years or more, and 97% have lived in Southwestern PA for 10 years or more.

- Overall, 85.2% rated the region as an excellent, very good, or good place to retire (90% favorable ratings by age 65 and over and 78.9% favorable ratings by age 55 to 64.)

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- Availability of community amenities and retirement considerations play a significant part in decisions about where to move. Among those who intend to move in the next 5 years but
- stay in the region, the factors cited as important in choosing a community included housing costs (62.3%), crime and safety (55.7%) and proximity to family (54.1%). Amenities such as accessibility to health care (45.7%), accessibility to commercial establishments (40.4%), accessibility to other public services (39.0%), and accessibility to public transit (28.4%) were also cited as important considerations.
- As the health of older adults decline and the levels of disability increase with age, housing conditions may no longer be appropriate (e.g., multi-story dwellings, greater opportunities for falls). In many cases, home repairs and minor modifications can improve a home's livability at relatively low cost. However, the ability to modify the home may be tied to socioeconomic status. Significant proportion of the respondents reported having already made modifications to their home to accommodate the needs of older adults (31.2%), and 15.5% report plans to make modifications in the future.

Living Alone:

The Administration on Community Living (ACL) reported nationally, 30% of its survey respondents lived alone; females (33.4%) more than males (25.2%); African Americans (46.7%) more than non-African Americans (28.0%), and those with a high school or less education (34.6%) more than those with higher levels of education (25.1%). Respondents who were not working (36%); those who were renting (60.6%); and those need assistance with routine and personal care needs (41.7%) were more likely to live alone. For those aged 85 and over, 47% of them lived alone and projections show that 45% of them will live alone in 2020. Those who live alone in many instances have the least support and may be the most isolated. In Allegheny County, approximately 23% of seniors in the 60-64 age group, 31% in the 65- 84 age group, and 45% in the 85 and over age group live alone.

Transportation:

In Allegheny County, the predominant mode of transportation for seniors 60 and over is automobile. Most respondents had a valid driver's license (88.1%). Those less likely to drive are the most vulnerable groups, including those with disabilities or those who live alone. When surveyed about their main forms of transportation, driving themselves is by far their most frequent choice (80.4%) followed by rides from relatives, friends or neighbors (21.2%), public transit (19.6%), shared-ride transportation (e.g. ACCESS) (6.5%), and walking (6.3%). The older adults 85 years+ rely less on themselves for their own transportation, preferring to rely more on others.

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Caregiving:

Family members are an essential resource to older individuals. Without the care and support provided by relatives and friends, it would be difficult and often impossible for older adults to remain in the community. In Allegheny County, ACL survey respondents reported that 20.3% of respondents aged 55 and over provide either Personal Care³ or Routine Care⁴, and 7.9% of these individuals provide both types of care. The highest rates of caregiving are found among adult children aged 55-64 who are typically providing care to a parent. These individuals are also more likely to be in the workforce, balancing caregiving demands with workplace responsibilities. Women are more likely to help with Personal Care needs than men are. Caregivers report high levels of stress. Levels of stress were also higher among caregivers who are younger, female, and less educated.

The needs of caregivers differ by age. The number one need for younger caregivers aged 55-64 was finding help with balancing work and family responsibilities, while for older caregivers it was finding trustworthy paid help. Respondents expect to be caregivers in the future. Among those not currently providing care, nearly 50% of those aged 55-64 and over 35% of those aged 65-74 report that it is somewhat or very likely that they will provide care in the future.

In both the U.S. and Allegheny County, the need for caregivers will increase with the aging of the baby boomers, but the available number of caregivers will decline.

Caregiver Dependency Ratio of Population Age 45-64 to Population Age 80+							
Table 3	History			Forecast			
Allegheny County	1990	2000	2010	2020	2030	2040	2050
Age 45-64+	275,157	300,531	350,891	324,453	316,532	367,714	387,548
Age 80+	48,443	64,181	71,239	63,456	75,474	106,813	107,050
Ratio	5.7	4.7	4.9	5.1	4.2	3.4	3.6
PA Ratio	6.0		5.8		3.9		3.3
US Ratio	6.6		7.2		4.1		2.9

³ Personal Care needs such as eating, bathing, and dressing, toileting needed because of health or memory problems.

⁴Routine Care needs such as everyday household chores, managing money, taking medications, shopping, or transportation outside the house because of health or memory problems.

Source: UCSUR/Pittsburgh REMI Model

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Items of Note:

The UCSUR survey examined the use of senior services available in Allegheny County; provided by the AAA or others to respondents who were age 55 and older:

- Two-thirds of survey respondents had heard of AAA and/or the Senior Line call center. About 16.4% reported using senior services in the last 12 months; 6.8%, while not users of services themselves, arranged services for someone else. The service use increased with age.
- Overall, satisfaction with services among users and those who arranged service for another was quite high, with 73.2% reporting they were very satisfied and 22.8% reporting they were somewhat satisfied.
- The most commonly reported senior services used were visiting a senior center (50.4%), use of home health care services (44%), use of transportation services (36.4%), and use of personal care services (30.7%). 6.8% of survey respondents reported needing services that they were not receiving.
- The most commonly reported unmet need was for information or advice (44%). Persons, age 55 to 64, needed in-home health care and transportation aid most, while persons 65 and over needed homemaker services, and transportation needs the most. In general, persons with unmet needs 65 and over had a greater number of needs than those in the younger age group.
- There will be some significant variations in demographic trends in Allegheny County by race and gender in the coming decades. The number of Caucasian non-Hispanic men age 65 and over is projected to increase by 50% between 2010 and 2050, while the number of Caucasian women age 65 and over is projected to increase by 24%.

2.2 Local Political and Economic Conditions

The Allegheny County DHS AAA does not experience or foresee any unique issues related to local, political or economic issues.

2.3 Needs Assessment Data

The UCSUR report provided a comprehensive report that documents important shifts in the demographic profile of the population, characterizes the current status of the elderly in multiple life domains, and looks ahead to the future of aging in the County. The report not only examines those aged 65 and older, but also the next generation of older persons, the Baby Boomers. DHS AAA considers this report a major asset in understanding our population and assessing its needs. Additionally, AAA worked with an external consultant, to lead a planning process for the 2016-2020 Four-Year Plan. The planning team undertook a needs assessment and an analysis of

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the Strengths, Weaknesses, Opportunities and Threats (SWOT) to prioritize goals and develop strategies to address the emerging service needs within the next four years.

In the spring of 2016, the planning team convened a series of focus groups to discuss three key areas of AAA services; Community-Based Service, Support for Family/Informal Caregivers, and Care Management. In addition, discussions were held with service participants at a senior center and with residents of a high-rise building.

Five key themes emerged from the planning and discussion sessions.

- Challenges and Opportunities in Serving Younger Seniors (Baby Boomers)
- Quality of Care
- Outreach
- Workforce Issues
- Policy Advocacy

Rising to the top of critical identified needs were:

- Caregiver needs across all programs,
- Better access to information for participants

Challenges and Opportunities in Serving Younger Seniors (Baby Boomers)

Baby boomers, born between 1946 and 1964, desire to be active and to maintain their well-being throughout retirement. They are expected to revolutionize what it means to age in America. Medical advances will enable boomers to live longer than any generation that has come before them, so rather than retiring into the background of our society; more boomers will remain vibrant and active throughout their retirement years than was the case of previous generations.

An overwhelming majority of baby boomers are non-Hispanic, white, and alone. As this cohort reaches the oldest ages, their projected declines due to mortality will significantly lower the percentage of the population in the non-Hispanic, white, alone category. This pattern, coupled with increases in immigration and births to minority populations, is projected to produce an increasingly diverse population in the years to come.⁵

Today, the oldest baby boomers are already in their 60s. By 2030, about one in five Americans will be older than 65, and some experts believe that the aging of the population will place a strain on social welfare systems.

⁵ <https://www.census.gov/prod/2014pubs/p25-1141.pdf>

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Session attendants opined that baby boomers have a unique set of needs and desire for services. They believe that as veterans of the Vietnam War age into senior services, they may have more need for mental health services than veterans of previous wars have had. Service providers report that the boomers they serve have higher rates of drug and alcohol abuse and may have greater mental health needs overall. Providers also receive more requests for “life enrichment” activities like volunteering opportunities and continuing education from this age cohort.

Quality of Care:

Overall, DHS AAA consumer satisfaction is quite high. Surveys of users and those who arrange services for others show 73.2% reporting they were very satisfied, and another 22.8% reporting they were somewhat satisfied.⁶ However, the focus group participants identified specific services that they believe are not fully aligned to current needs. Those are:

- Non-facility respite services
- Caregiver compensation
- Homemaker services
- Geographic location of services, and
- Transportation options through shared ride programs

Additionally, many stakeholders raised the issue of a “middle” group that has unmet care needs. The “middle” group refers to those seniors 60 and over who have some financial resources making them ineligible for low-income programs but do not make enough for private pay services.

Outreach:

According to the UCSUR survey, and reiterated forcefully by focus group participants, the most commonly reported unmet need was for information about DHS AAA services or advice.⁷ Stakeholders suggested that DHS AAA tell its story via television, radio and print media, in addition to using new media options.

Additionally, stakeholders expressed a desire for DHS AAA to take on a greater role as a convener, gathering DHS AAA and non-AAA providers that serve seniors to help build informal peer support systems.

⁶ UCSUR Survey, p. 108

⁷ Ibid.

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Participants identified a need for DHS AAA to continue actively educating service providers and the public about normal vs. abnormal aging, especially surrounding mental health.

Workforce Issues:

Stakeholders articulated concern over the emerging caregiver crisis. With the baby boomer population entering older adult status, it is projected that there will be a shortage of caregivers looking ahead.⁸ They passionately expressed the need for increased support for caregivers. Specifically, caregivers need respite to prevent burnout, financial assistance or low-cost services, as many are depleting their own needed resources to care for their loved one. Stakeholders conveyed the great need for more geriatric specialists in general medicine and psychiatry.

Policy Advocacy:

Stakeholders requested that AAA take on more of an advocacy role than the agency has in the past, particularly in reference to the following issues:

Funding:

- Receive state funding even during budget crises like other emergency services.
- Receive lottery distributions without needing an approved state budget.

Housing:

- Advocacy for different housing types for seniors in different age cohorts and economic resources.
- Assist seniors to get on waiting lists for affordable housing at age 60 rather than 62. Seniors 62 and older are prioritized for affordable housing, but the wait lists are often more than 2-3 years long.
- In general, advocate for more affordable housing to help shorten wait lists.

Other:

- Advocate for a service model that helps homebound seniors stay in their homes. This would include more home modifications and could include offering increased homemaker
- services even when a participant does not need personal care. This could also include life enrichment services to help those seniors living alone.
- Advocate for funding for care coordination.

⁸ Id. at 102

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2.4 Resource Development:

DHS AAA strives creatively to identify and engage a wide variety of resources and is not aware of additional untapped or underutilized resources to be accessed.

2.5 National Planning Requirements:

The goals, objectives, and strategies as set forth in the Allegheny County AAA plan for 2016-2020 incorporate all national planning requirements and particularly specify plans for providing services to older individuals with greatest economic or social need, older individuals at risk for institutional placement, low-income minority individuals, older individuals with Limited English Proficiency⁹, and older individuals residing in rural areas¹⁰.

3. GOALS , OBJECTIVES, AND STRATEGIES

The Allegheny County Department of Human Services Area Agency on Aging (DHS AAA) identified two primary goals for 2016-2020. Both goals, through their accompanying strategies and objectives, incorporate the four goals established for the State Plan on Aging:

- Promote existing services
- Improve access to services
- Enhance quality of services
- Empower the workforce

DHS AAA's 2016-2020 Goals, Objectives and Strategies are:

Goal 1: Continue to raise the quality of DHS AAA services to serve the evolving needs and growing aging population of Allegheny County

Objective 1: Strengthen existing operations to more effectively and efficiently serve adults 60+.

Strategies:

- Use data to inform the processes, performance, direction, and decision-making of AAA;
- Continuously raise performance expectations, outcomes and satisfaction of services rendered to and for program participants;

⁹ A June 2016 sample revealed that .017% of the 20,540 clients receiving direct services from DHS AAA speak languages other than English, the largest groups being: 99 (.0048) speaking Russian, 70 (.0034) speaking Nepalese, and 60 (.0029) speaking Chinese.

¹⁰ DHS/AAA serves a largely urban and suburban industrialized county with only six small rural communities that have been so designated by the state.

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- Initiate and/or support changes in service delivery methods or design via a process of continuous quality improvement and performance-based contracting.

Objective 2: Increase focus on, and support and development of, natural supports and family caregivers.

Strategies:

- Incorporate recognition of caregiver needs through caregiver goals and action plans in overall care plans;
- Provide agency and network staff training on how to support caregivers;
- Partner with community-based organizations and other entities to bolster community-wide commitment to caregivers.

Goal 2: Refining a Proactive Geriatric Care Management Philosophy
--

Objective 1: Adapt a philosophy and practice of geriatric care management to reflect the contemporary perspectives of program participants and caregivers.

Strategies:

- Engage Stakeholders, Academia, and contracted partners to research, define, and develop a practice model;
- Explore use of predictive data as means to identify needs and target services and resources to address needs at points of greatest impact;
- Begin process of obtaining National Committee for Quality Assurance (NCQA) credentialing with primary focus on Care Management.

Objective 2: Develop a Proactive/Preventive Approach to enhance early and effective use of services.

Strategies:

- Employ traditional and new media avenues (including social media, audio, video, television, electronic capabilities, expanding hours etc.) to boost awareness of AAA services and resources;
- Create a concierge-like system that redefines the role of Information and Assistance (I&A) to better support consumers and caregivers in navigating long-term care and supportive services.

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4. PERFORMANCE MEASURES

Goal I: Continue to raise the quality of DHS AAA services to serve the evolving needs and growing aging population of Allegheny County.		
Objective 1: Strengthen existing operations to more effectively and efficiently serve adults 60+		
	Strategies	Performance Measures
	<ul style="list-style-type: none"> Use data to inform the processes, performance, direction, and decision-making of AAA. 	<ul style="list-style-type: none"> Introduce Performance based contracting to another major service line by 2019 (expand use beyond senior centers).
	<ul style="list-style-type: none"> Continuously raise performance expectations, outcomes and satisfaction of services rendered to and for program participants 	<ul style="list-style-type: none"> 10% of AAA network senior centers will be accredited by 2020
	<ul style="list-style-type: none"> Initiate and/or support changes in service delivery methods or design via a process of continuous quality improvement and performance-based contracting 	<ul style="list-style-type: none"> 100% of contracts reviewed by 2018 to ensure "scope of service" has been revised, upgraded and/or enhanced to support consumer choice and person centered care
Objective 2: Increase focus on and support and development of, natural supports and family caregivers		
	Strategies	Performance Measures
	<ul style="list-style-type: none"> Incorporate recognition of caregiver needs through caregiver goals and action plans in overall care plans 	<ul style="list-style-type: none"> 50% of care plans will incorporate plans for caregivers by 2020
	<ul style="list-style-type: none"> Provide agency and network staff training on how to support caregivers 	<ul style="list-style-type: none"> 75% of DHS AAA and network staff will complete training in caregiver support by 2020
	<ul style="list-style-type: none"> Partner with community-based organizations and other entities to bolster community-wide commitment to caregivers 	<ul style="list-style-type: none"> Deliver resource information to caregivers not directly served by DHS AAA, (ex. via libraries or United Way alliances)

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Goal II:

Refine a Proactive Geriatric Care Management Philosophy

Objective 1: Adapt a philosophy and practice of geriatric care management to reflect the contemporary perspectives of program participants and caregivers

	Strategies	Performance Measures
	<ul style="list-style-type: none"> Engage stakeholders, academia, and contracted partners to research, define, and develop a practice model 	<ul style="list-style-type: none"> By 2017 define a geriatric practice model and design an implementation strategy to be initiated by 2018
	<ul style="list-style-type: none"> Explore use of predictive data as means to identify needs and target services and resources to address needs at points of greatest impact 	<ul style="list-style-type: none"> In conjunction with AC/DHS-Data Analysis, Research and Evaluation (DARE), identify possible applications, and target one area for using predictive analytics by 2018 with the intent to move into practice by 2019
	<ul style="list-style-type: none"> Begin process of obtaining National Committee for Quality Assurance (NCQA) credentialing with primary focus on Care Management 	<ul style="list-style-type: none"> By 2020 DHS AAA will secure NCQA or similar care management credentialing

Objective 2: Develop a Proactive/Preventive Approach to enhance early and effective use of services

	Strategies	Performance Measures
	<ul style="list-style-type: none"> Employ traditional and new media avenues (including social media, audio, video, television, electronic capabilities, expanding hours etc.) to boost awareness of DHS AAA services and resources 	<ul style="list-style-type: none"> DHS AAA will install a Frequently Asked Questions (FAQ) page on the Department of Human Services AAA website by end of 2017 Social media referrals will have increased by 25% by end of 2020
	<ul style="list-style-type: none"> Create a concierge-like system that redefines the role of Information and Assistance (I&A) to better support consumers and caregivers in navigating long-term care and supportive services 	<ul style="list-style-type: none"> By 2018, design the system and identify the resources necessary to implement for piloting in FY 2019-2020

APPENDICES

APPENDIX 5.1
FOCUS GROUP PARTICIPANTS

FOCUS GROUP PARTICIPANTS

The DHS AAA held two focus groups meetings with **community-based service providers**. Represented were the following stakeholder-groups:

- Life Pittsburgh
- ACCESS
- PRN
- Eastern Area Adult Services
- Diversified Health Care
- Automated Security Alert
- Personal Touch Home Aides/Homecare
- Allegheny County Office of Behavioral Health
- Western Psychiatric Institute and Clinic
- Area Agency on Aging

The DHS AAA also held two focus groups meetings with **caregivers and caregiver-support service providers**. Represented were the following stakeholder-groups:

- Western Pennsylvania School for Blind Children
- PSA Healthcare
- AAA/Aging Waiver SC
- Lifespan
- Alzheimer's Association
- University of Pittsburgh School of Social Work
- Individual Caregivers
- Bayer Business and Technology Services
- Family Links
- Jewish Association on Aging/Anathan Club
- Parkinson's Foundation
- United Way
- Ursuline Support Services

DHS AAA also held one focus group meeting with **care managers and care management service providers**. Participants represented the following stakeholder-groups:

- Lifespan
- Family Links
- Peer Support and Advocacy Network
- Family Services of Western Pennsylvania
- Eastern Area Adult Services
- Community Human Services
- Lutheran Senior Services
- Area Agency on Aging/Aging Waiver
- Area Agency on Aging/Protective Services

DHS AAA also held one focus group meeting each with residents of one Senior Center and one high-rise:

- Lifespan/Knoxville Senior Center, and
- Homestead High-rise

APPENDIX 5.2
STAKEHOLDER GROUPS AND AGING PARTNERS

STAKEHOLDERS AND AGING PARTNERS

DHS AAA Collaborations: The AAA consults and collaborates with other DHS program offices and administrative units that expand and enrich AAA's programmatic resources and capabilities. The AAA collaborates fully with the Allegheny Link for Aging and Disability Resources.

Through its relationship with DHS, the AAA also enjoys greater access to other community services for vulnerable populations, including:

- The Low-Income Home Energy Assistance Program
- Hunger and Housing Assistance
- Drug and Alcohol Counseling and Treatment
- We also collaborate with DHS on the DHS Integrated Service Planning process, including attending planning meetings for challenging cases.

The AAA also heads a committee with representation from DHS units, as well as the Allegheny County Health Department and local office of the Department of Public Welfare, to monitor risks to residents of Personal Care Homes.

Collaborations and Other Relationships with Community Partners:

In an effort to pursue greater strategic opportunities, leverage additional resources and improve the local system, the AAA proactively seeks out and engages in external collaborations that enhance participant services and address barriers facing the older adult population. The AAA maintains collaborative relationships with the following community organizations:

Allegheny County Library Association: AAA is working with the Carnegie Libraries on a project related to FCSP, and have places literature on this subject in the libraries.

American Association for Retired Persons: Collaborate, with a contracted provider, in providing money management and financial counseling services for older adults.

Office of Behavioral Health (OBH): AAA collaborates with OBH through a Memorandum of Understanding (MOU).

Board of Directors, Professional Advisory Committees and Special Projects Service: A partial list of governing boards or advisory councils on which AAA staff serve include the following:

- Southwestern Pennsylvania Partnership for Aging,
- Bethany Hospice,
- LIFE programs,
- Pennsylvania Adult Day Services Association,
- Behavioral Health Coalition,
- Community Bridge Building,
- Pittsburgh MOVE Project,
- Peer Support for Older Adults,

- Department of Public Welfare Personal Care Residence Advisory Committee,
- Allegheny County Aging and Disability Resource Connection,
- Social Security Administration Economic Advisory Committee,
- Mental Health and Aging Collaborative,
- United Way,
- University of Pittsburgh School of Social Work Advisory Committee, and
- UPMC research and advisory councils.

Carrier Alert Program: Work with the U.S. Postal Service to provide a warning system for notifying the AAA of possible serious illness or incapacity of older adults living alone.

Community College of Allegheny County: Coordinate specialized training needs for senior community centers and Senior Companions.

District Attorney, Allegheny County: In addition to collaborating with DA Legal staff to prosecute elder abuse cases, we also provide funding for a Liaison who works directly with assistant district attorneys specializing in cases involving older crime victims.

Housing Authority, City of Pittsburgh (HACP): Provide service coordination, in conjunction with a contracted community provider, for older adults residing in HCP public housing communities (Senior Living Enhancement Program).

Jewish Healthcare Foundation: Participate in the End of Life Planning project and the Caregiver Champions program.

Local Housing Coalitions: Help to address housing issues affecting older adults with local housing assistance organizations such as Local Housing Options Team, Rebuilding Together Pittsburgh, Pennsylvania Housing Financing Agency and the Pittsburgh Project.

University of Pittsburgh: DHS AAA collaborates with the University of Pittsburgh for internships and training opportunities, in addition with working to develop a Geriatric Practice Model.

Non-contracted Providers/Community Partners: Conduct regular meetings to share information, discuss issues and build network cooperation and coordination in the delivery of services:

- **PERSAD:** Provide workshops and information for the aging provider network to strengthen access to services and understanding of the local lesbian-gay-bisexual-transsexual (LGBT) p aging service needs.
- **Quality of Life Technology Center:** A joint project of the University of Pittsburgh and Carnegie Mellon University, and the Tele-rehabilitation Engineering Research Center at the University of Pittsburgh that advances research and development work leading to new applications of assistive and telecare devices for older adults. Two AAA provider agencies have been certified in this area.

- **Southwestern Pennsylvania Partnership for Aging:** Are active members in the local coalition of aging service providers.
- **University of Pittsburgh School of Social Work:** Provide opportunities for Aging Education for MSW and BASW student placements at the agency. This and opens a vital new means for the development and entry of well-qualified professionals into the aging services field.
- **Other Universities:** Provide student internship opportunities for students from Duquesne University, Chatham University, Carlow University and other local colleges.
- **University of Pittsburgh Graduate School of Public Health (GSPH)—DHS AAA** collaborates in research and survey projects on aging-related issues with GSPH. A summer intern is currently working on a violence, trauma, and older adult project
- **UPMC (University of Pittsburgh Medical Center) Health Plan:** Collaborate on information sharing with consumers in their health plans to better integrate and coordinate care in the Aging Waiver; also serve as guest speakers on aging-related issues.

APPENDIX 5.3
ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES (DHS)
ORGANIZATIONAL CHART

ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES

2016

Rich Fitzgerald

Allegheny County Executive

William McKain

County Manager

Marc Cherna

Executive Director

Randolph Brockington

Executive Deputy Director

Office of Administration (IT, HR, Contracts,
Fiscal, Facilities)

Karen Blumen

Deputy Director

Office of Community Relations

Erin Dalton

Deputy Director

Data Analysis, Research & Evaluation

Patricia Valentine

Executive Deputy Director

Integrated Program Services

Walter Smith

Deputy Director

Office of Children, Youth & Families

Don Clark

Deputy Director

Offices of Intellectual Disability

Mildred Morrison

Deputy Director

Area Agency on Aging

Vacant

Deputy Director

Office of Community Services

Denise Macerelli

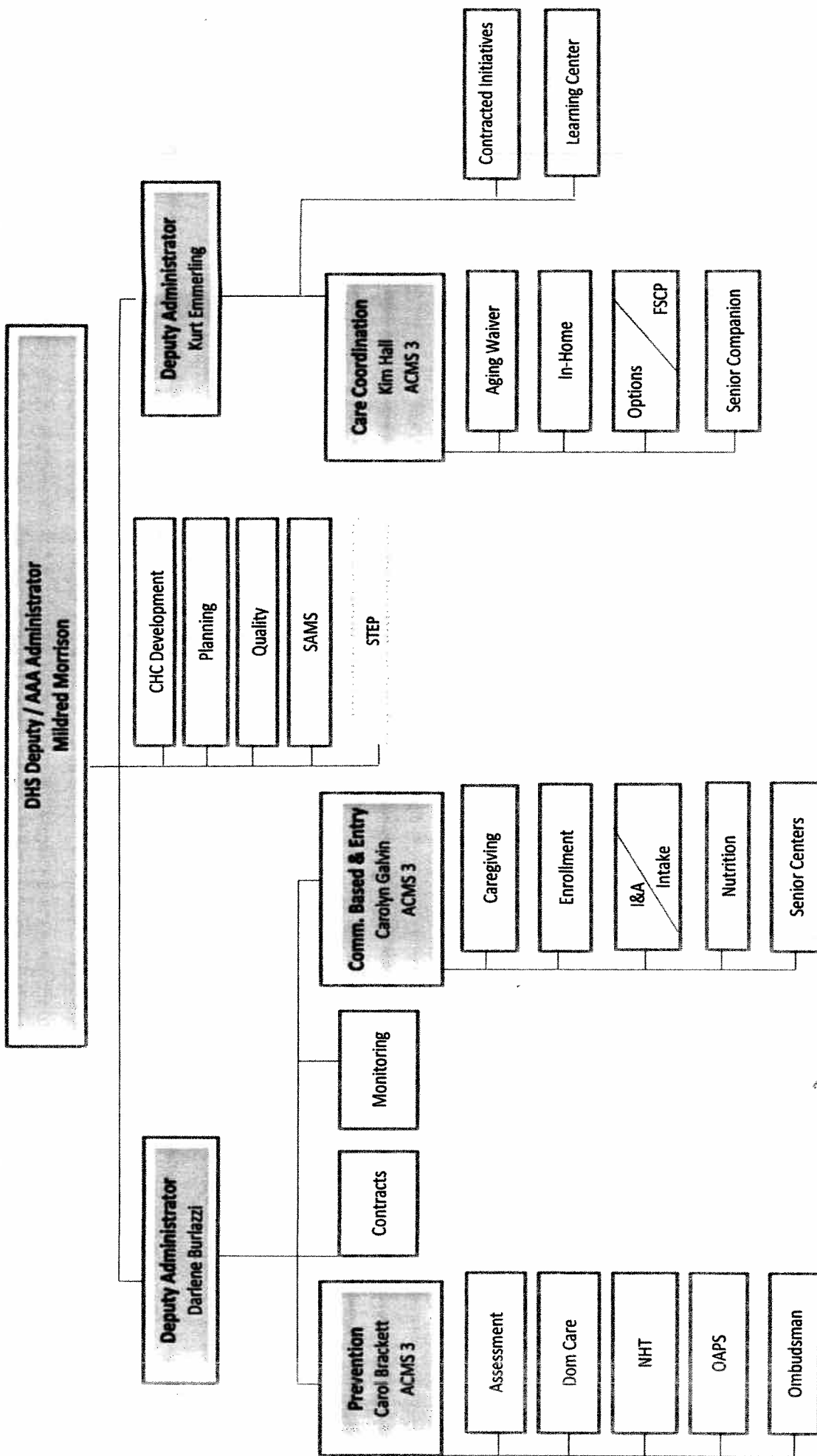
Deputy Director

Office of Behavioral Health

APPENDIX 5.4

AREA AGENCY ON AGING (AAA) ORGANIZATIONAL CHART

ALLEGHENY COUNTY DHS/AREA AGENCY ON AGING ORGANIZATIONAL CHART



AREA PLAN PART B

SIGNATURE PAGE

AREA PLAN PART B

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

FY 2016-20 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 (DHS AAA)
2100 Wharton Street, Second Floor
Pittsburgh, PA 15203

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.

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.

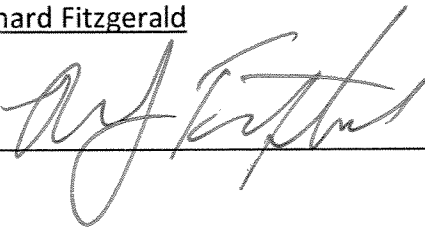
(Name)

(Title)

(Date)

Richard Fitzgerald

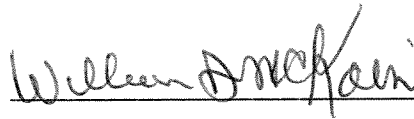
County Executive



4/28/16

William D. McKain, CPA

County Manager



6/27/16

Marc Cherna


Director, Department of Human Services



6/22/16

Mildred E. Morrison

Administrator, Area Agency on Aging



6/22/16

(Signature of the Area Agency on
Aging Director)

(Title)

(Date)

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

Sidney B. Kaikai, AICP
(Name)

Planner
(Title)

412-350-5264
(Area Code and Telephone)

Part B. Section 2

DOCUMENTATION OF PARTICIPATION BY THE AREA
AGENCY ON AGING ADVISORY COUNCIL

PSA NO. 06

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

PLAN PERIOD FROM OCTOBER 1, 2016 TO SEPTEMBER 30, 2020

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) ☒ recommend approval of this Plan.



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

Stephen M. Albert, Ph.D., Chair
Typed Name and Title

6/16/16

Date

ASSURANCES

Part B. Section 3

Listing of Plan Assurances and Required Activities

Older Americans Act, As Amended in 2006

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 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 Department of Aging 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 area agency on aging, 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 area agency on aging 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
- Assurances 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 will, in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with

mental health services provided by community health centers and by other public agencies and nonprofit private organizations.

- 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 area agency on aging 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 area agency on aging 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.
- 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 non-governmental contracts or such commercial relationships.
- 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 non-governmental contracts or commercial relationships.
- 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 funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the AAA to carry out a contract or commercial relationship that is not carried out to implement this title.
- 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.
- Information detailing how the AAA will coordinate activities and develop long-range emergency preparedness plans with local and State emergency.

ADVISORY COUNCIL PARTICIPATION / SUMMARY OF PUBLIC HEARING

Part B. Section 4

Narrative Summary of the Proceedings of the AAA Area Plan Public Hearing.

Attach a written narrative (no more than five pages) summarizing the proceedings of the AAA Area Plan Public Hearing.

ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES

AREA AGENCY ON AGING (DHS AAA)

PROCEEDINGS OF THE DEPARTMENT OF HUMAN SERVICES AREA AGENCY ON AGING

2016-2020 FOUR-YEAR PLAN

2016-2017 ANNUAL BUDGET

Monday, June 13, 2016 – 10:00 A.M.

Frick Conference Room
2100 Wharton Street
Pittsburgh, PA 15203

DHS AAA Advisory Council Members Present:

Steven M. Albert, Ph.D., Chair

Mary D. Delaney

Frank A. Petrich, Esq.

William Fong

Ward Garner

Francesca Chervenak, Esq.

Mary Ann Sander

Fengyan Tang., Ph.D.

Morton Coleman, Ph.D.

William DeSantis

DHS AAA Staff Present:

Mildred E. Morrison, Administrator

Darlene Burlazzi, Deputy Administrator

Sidney B. Kaikai, AICP, Planner

Public Hearing Proceedings:

The Public Hearing on the 2016-2020 Four-Year Plan and 2016-2017 Annual Budget was convened, as advertised on June 13, 2016 at 10:00 a.m.

Greetings and Welcome:

Stephen M. Albert, Ph.D., Chair of the Advisory Council convened the hearing by welcoming the attendees with a call to order, after which he led everyone in a moment of silence followed by recitation of the Pledge of Allegiance. After a quick summary of the purposes and responsibilities of the Advisory Council, he introduced members of the Council and DHS AAA administration who attended. Dr. Albert explained the format and procedures to be followed for the hearing and for those wishing to present testimony. He further noted that each year, the Council hosts a public Hearing on the DHS AAA's annual budget and that this year, this is being done in conjunction with a presentation of the 2016-2020 Four-Year Plan.

Introductory Remarks:

In his introductory remarks, Dr. Albert mentioned the import of the 2014 Urban Center for Social and Urban Research (UCSUR) report on population dynamics in Allegheny County, the State budget crises, and the new Managed Long-Term Services and Supports / Community HealthChoices (MLTSS/CHC).

Moving Forward:

In introducing the new 2016-2020 Four-Year Plan, Dr. Albert emphasized the planning process that assisted the community needs analyses, setting of goals, objectives, strategies, outcomes, and performance measures.

Four-Year Plan Presentation:

At the conclusion of his remarks, Dr. Albert introduced AAA Deputy Administrator Darlene Burlazzi for a presentation of the Four-Year Plan, which touched on the County's changing demographics, existing core programs and services, and evolving service trends during the next four years.

Public Testimony:

There were no pre-registered speakers.

Ms. Emily E. Anderson, LSW, FamilyLinks, Caregivers First Initiative (CFI), gave the following testimony:

She shared what she had learned, under a United Way funded program, from meetings with caregivers over a six-month period on issues about connecting caregivers to resources, psychoeducation, problem solving, and self-care. The thrust of her remarks was the caregiver crises in Allegheny County and the day-to-day problems they face, including long hours and complex tasks, health and mental health effects, losing work time, financial struggles, and feeling overwhelmed, lost and alone. She continued that the caregivers they see almost always tell them that they have difficulty finding reliable and affordable respite and transportation. A sample of the questions they deal with include help with in-home services, grooming a man's face at age 75 when they have

never done that before, understanding doctor's instructions, patience with a loved one who has dementia, etc.

She acknowledged that she was excited to see that supporting caregivers and partnering with community-based organizations is one of the objectives of the Four-Year Plan and she is looking forward to assisting the DHS AAA to making that objective a reality. She emphasized that more funding need to be allocated by the County to support programs such as CFI so they can continue to offer critical support and self-care training.

Adjournment:

At the conclusion of her testimony, Dr. Albert asked if anyone else wanted to offer comments on the Four-Year Plan. Administrator Morrison commented on the Annual Budget, with an explanation of how allocations were made to services and programs we provide. There being no additional responses to Dr. Albert's call for oral testimony, he reminded the attendees that written testimony would be accepted until June 20, 2016 by 4:00 p.m., by letter, email or fax. Both the 2016-2020 DHS AAA Draft Four-Year Plan and 2016-2017 Draft Annual Budget are available on the Allegheny County DHS website or can be obtained by contacting Sidney B. Kaikai, AICP, Planner, whose contact information is included in the Plan document. There being no further speakers, the meeting was adjourned at 10:50 a.m.

Recorded by:

Sidney B. Kaikai, AICP
Planner
Allegheny County Department of Human Services
Area Agency on Aging
2100 Wharton Street
Pittsburgh, PA 15203
4512-350-5264
sidney.kaikai@alleghenycounty.us

WRITTEN TESTIMONY ADDENDUM

On Monday, June 20, 2016, the DHS AAA received written testimony from Ms. Ann Truxell, Executive Director of Vintage, Inc. that addressed two areas of the Four-Year Plan, Evidence-Based Practices and Senior Center Accreditation. Ms. Truxell commented on Goal 1, Objective 1 – Performance Measure:

- The DHS-AAA should encourage the specific identification of evidence-based programs and practices
- Question re accreditation of 10% of senior centers was in reference to focal points or all centers within Allegheny County. She suggested the DHS-AAA consider adopting a 20% of focal points measure.