

Program Year (PY) 2015-2018

Strategic Area Plan for Programs on Aging

Template

PY 2015-2018 Strategic Area Plan

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Signature Page

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Area Agency on Aging (AAA) Name

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2. Linda Gillespie, (614) 645-3860
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I certify that I am authorized to submit this Strategic Area Plan on behalf of the designated grantee agency and that a public hearing (summary attached) was held to assist in the development of this Strategic Area Plan. The Advisory Council has reviewed and commented upon this plan and the Board has approved its submission.

AAA Director

Date

N/A

Board Chairperson

Date

Mission & Vision Statements

Mission Statement:

To develop a network of quality programs and services that informs and promotes individual choice, independence and dignity for older adults, their families and the community.

Vision Statement:

Central Ohio will have a wide range of programs offering choices in long term services and supports that promote a high quality of life.

Top Three Outstanding Goals from PY 2011-2014 Strategic Area Plan

*Briefly summarize the status of the top **three** outstanding Goals from your **PY 2011-2014** Strategic Area Plan, including the outcomes and impacts, and when each goal is expected to be completed. Also indicate how your AAA will measure goal success. (500 words or less per goal)*

Goal 1:

Explore the start-up of an Independent Transportation Network affiliation in Franklin County.

Cincinnati's ITN director conducted a presentation for the AAA Advisory Council in 2014 and was a speaker at the Elder Mobility forum held in Columbus in June 2014. Audience members from both presentations expressed interest in learning more. Lack of transportation options was identified as an ongoing issue in the recent needs assessment conducted in the PSA and, therefore, the AAA will incorporate more fully developed ITN objectives into its livable communities goal over the next 4 years. See Goal 5 for additional details.

Goal 2:

Individuals admitted to hospitals and nursing facilities will receive timely, accurate information and assistance in accessing community-based services.

This is an ongoing goal for the AAA with a variety of approaches used to meet it. We will continue to implement successful approaches utilized during the PY 2011-2014 Strategic Area Plan (Home Choice Transition Coordination, Community Living Specialist assessments and Care Transitions programs), and will incorporate new goals and objectives into the PY 2015-2018 Strategic Area Plan. See Goal 4 for additional details.

Goal 3:

Creative marketing strategies will provide multiple mechanisms for individuals to learn about programs and services.

Although many of the objectives outlined in the PY 2011-2014 Strategic Area Plan were achieved, this continues to remain an area of focus. The AAA remains committed to increasing its visibility within the community and ensuring that individuals and community organizations are aware of programs and services available to older adults and adults with disabilities. Components of this goal will be carried forward in the PY 2015-2018 Strategic Area Plan in goals 1, 2 and 4.

Environmental Scan

Describe the current environment faced by the region and how it will impact the AAA and aging network. The environment should be viewed from both internal and external perspectives. Please refer to the Glossary for further clarification. (800 words or less)

Demographics

Individuals Age 60 and over: According to the 2010 U.S. Census, the older adult population (age 60+) in PSA6 is 285,492. In the state, over one in three seniors has a disability.

Racial Breakdown: Within PSA6, the racial breakdown of all residents is:

Delaware County 89% white, 3% black, 4% Asian, 2% Hispanic, 1% two or more races

Fairfield County: 90% white, 5% black, 1% Asian, 1% Hispanic, 1% two or more races

Fayette County: 94% white, 2% black, less than 1% Asian, 1% Hispanic, 1% two or more races

Franklin County: 69% white, 21% black, 3% Asian, 4% Hispanic, 2% two or more races

Licking County: 93% white, 3% black, less than 1% Asian, 1% Hispanic, 1% two or more races

Madison County: 90% white, 6% black, less than 1% Asian, 1% Hispanic, 1% two or more races

Pickaway County: White 94.5%, black 3.4%, Asian .04%, Hispanic 1.1%, 2 or more races 1.2%

Union County: 92% white, 2% black, 2% Asian, 1% Hispanic, 1% two or more races

Rural/Urban - In Delaware County, 19% of residents of all ages live in a rural area. Figures for the other 7 counties: Fairfield 35% rural, Fayette 48% rural, Franklin 1% rural, Licking 34% rural, Madison 48% rural and Pickaway and Union each have 50% rural.

Limited English Speaking: In the PSA 6 region, 3,894 individuals who are age 60 and older have limited English proficiency. The percentage of foreign-born in Ohio has grown substantially. Columbus ranked 2nd in Ohio in the percentage of new foreign-born residents. Central Ohio has the second largest Somali community in the U.S. - approximately 45,000. Approximately 21% of consumers served in the PASSPORT Program in Central Ohio in 2014 were limited English speaking.

Overall: The population in Franklin and the six surrounding counties is expected to grow by more than 500,000 by 2050, according to a forecast by the Mid-Ohio Regional Planning Commission in July 2014. Consultants for insight2050, a forecast of demographic and housing trends, say the population across the region should shift toward residents 19 to 34 years old and 65 or older.

Economic Factors

Low Income: In Central Ohio, 22,000 individuals age 60 and above are living below the poverty level.

Unemployment: Among those over 60, approximately 4,000 people are in the labor force but are unemployed in PSA6. The remainder do not consider themselves in the labor force (Center for Community Solutions, www.communitysolutions.com). Over half of these unemployed at age 55 and older have been out of work for at least 6 months, resulting in increased risk of losing their homes and accumulating debt without time to recover (Ohio State Plan for Workforce Development PY 2012-2016).

Housing: There is a shortage of affordable, accessible low-income housing in the area. In counties in PSA6, the percentage of individuals who are “extremely low income” and who have HUD housing assistance ranges from 69% to 82%, thus a significant portion of people are not benefitting from subsidized housing. A recent fire in Marysville pointed this out dramatically; some individuals did not want to leave their town and could not find information on any affordable housing options in the area. Information Specialists and case managers receive requests frequently from people who need low-income housing.

Transportation: Franklin and Delaware counties have public bus systems. All counties have some type of publicly funded transportation that can be used by seniors. As always, there is a need for more transportation options for seniors. Seniors who have urgent medical appointments have difficulty due to the need to reserve a ride a week or so in advance.

Public/Private Resources: COAAA is able to link consumers and those calling for information to many public and private resources, including the John J. Gerlach Center for Senior Health for geriatric assessments, disease-specific organizations, community action agencies, Veterans Administration, and others. Unfortunately, churches are no longer able to provide the assistance they once did in areas such as rent and utilities. Contributions to [United Way of Central Ohio](#) have risen in recent years.

Impact on Caregiving: The economic pressures on family caregivers are varied, severe and compounded by the recent U.S. recession. Unpaid leave, reduction in work hours, early retirement, voluntary or involuntary job loss, loss of healthcare coverage, reduction in retirement benefits, and the need to financially support the care receiver are potential consequences for caregivers.

Political Factors

MyCare Ohio: A major political factor is the decision of the state and Federal governments to require that individuals who are dually eligible for Medicare and Medicaid be enrolled with a managed-care company. MyCare Ohio was implemented on July 1, 2014 in Delaware, Franklin, Madison, Pickaway and Union counties. Approximately one-half of the consumers who were enrolled on PASSPORT and the Assisted Living Waivers have now been transitioned to the MyCare Ohio Waiver.

Balancing Incentive Program: Additional federal funding has been made available to the state to expand home and community based services through a redesign of the “front door” for information, assessment, linkage to services and eligibility determination.

Senior Services Levies: Seven counties in Central Ohio have senior services levy programs, which expand services to individuals who are not eligible for Medicaid waiver programs. Fayette County is the only county in the PSA that does not have a levy program.

Social Factors

Healthcare Trends: More rural and community hospitals will close or join larger systems over the next five years. Doctors will become more like health-care coaches and more health care visits will be accessed over the Internet. Central Ohio has four strong hospital systems but cost is becoming a larger issue. The region's health-care organizations are working on solutions such as medical homes in primary care and moving more care to lower-cost outpatient settings. The use of urgent care centers and clinical nurse practitioners has increased. COAAA plans to undertake efforts to educate and collaborate with physicians. (*Columbus Business First*)

Columbus was ranked 4th worst city in the U.S. for bedbugs. Too many of the consumers served by PSA6 have to contend with bedbugs, a fact that may be detrimental to their health, causing high blood pressure or other problems, and to their mental health. COAAA is on the leading edge of bed bug preparedness/prevention through its close relationship with the Ohio State University and the Central Ohio Bed Bug Task Force.

Caregiver Trends: Unpaid caregivers continue to provide most of the long-term care in the U.S. There is evidence of a strong correlation between caregiver stress and increased illness and mortality for the family caregiver. Need for caregiver support continues to outpace funding. Three counties in Central Ohio subsidize the National Family Caregiver Support Program through local levy funds.

Caregivers are becoming increasingly frustrated with finding support from reliable, competent, and trustworthy providers.

Caregivers are increasingly faced with complex, multi-layered situations in trying to support the safety and independence of loved ones who are mentally impaired. There is a shortage of mental health, protective and legal services to address these situations.

Food Insecurity: The number of food insecure seniors continues to rise. In PSA6, the ratio of visits by seniors to food pantries compared to the total number of visits varied from 11% in Franklin County to 25% in Fayette County. Other percentages of seniors out of total visits were: Delaware County 23%, Fairfield County 15%, Licking County 18%, Madison County 12%, Pickaway County 19% and Union County 19%. A total of 164,073 units of service were given to seniors 60 and over by the Mid-Ohio Food Bank. (Statistics are from the Mid-Ohio Food bank.)

Health and Wellness: Chronic diseases, such as heart disease, stroke, diabetes and some cancers, are the leading causes of death and disability in Ohio. Much is preventable, and even small changes in Ohioans' health now can help prevent new cases of these conditions. COAAA is anticipating that the trend toward evidence-based education will continue in the country and the state. COAAA is continuing to offer the Healthy U evidence-based education at this time and will follow national trends toward more evidence-based education. COAAA also offers A Matter of Balance classes.

Mental health: The *Surgeon General's Report* disclosed that only about one-third of those with a diagnosable mental disorder in the country receive treatment in a one-year period. Depression and anxiety are frequently unreported and untreated in people age 65 and older. According to the Franklin County Health Map 2013, Franklin County residents experience a wide array of psychiatric disorders including depression, chronic mental health conditions, substance abuse and post-traumatic stress. Ohio, like other states, experienced major shortfalls in mental health funding for the FY2012-2013

budget. The budget shortfall was primarily caused by relatively small gains in tax revenue that did not offset the loss of federal ARRA funds from previous years.

PY 2015-2015 Strategic Area Plan

Census Information

Basic Demographics: 2010 Census²

County	60+	75+	85+	Rural 60+	Males	Females	Living Alone	Minority 60+	LEP ¹ 60+
Delaware	25,442	6,605	1,671	6,267	11,747	13,695	4,870	1,522	195
Fairfield	26,276	7,658	2,099	10,060	11,912	14,364	5,822	998	170
Fayette	6,110	1,937	559	2,816	2,767	3,343	1,531	217	0
Franklin	170,456	53,072	15,522	3,646	72,701	97,755	50,531	34,772	3,440
Licking	31,887	6,875	2,546	12,020	14,333	17,554	7,451	1,147	70
Madison	7,715	2,286	584	3,972	3,579	4,136	1,799	285	0
Pickaway	10,277	2,988	778	5,326	4,749	5,528	2,300	224	4
Union	7,329	2,105	537	4,397	3,297	4,032	1,577	211	15
Totals	285,492	83,526	24,276	48,504	125,085	160,407	75,881	39,376	3,894

Data for Columns B,C,D,F,G and I from <http://factfinder2.census.gov>

Data for Column H is from Surburbanstats.org/population/Ohio

¹ Limited English Proficiency

² See <https://www.census.gov/> or <http://www.ncbi.nlm.nih.gov/pubmed/12044961>

Targeting Underserved Populations

Please explain your response in detail and include supporting data and analysis as applicable.

1. Discuss the AAA's proposed method for carrying out preference to (1) older individuals with greatest economic need, (2) older individuals with greatest social need, and (3) low-income minority individuals.

The AAA's continued development of the ADRN will focus on building strong relationships with community organizations serving individuals with the greatest economic and social needs. The AAA will participate in community events in the inner city including providing speakers and agency displays at events sponsored by minority churches and community health fairs. The AAA will promote collaboration with other key agencies that work with these populations, including the Settlement Houses, City of Columbus Neighborhood Pride, Charitable Pharmacy, Public Health departments, homeless shelters, mental health providers, local hospitals and clinics, the Ohio Benefit Bank and our focal partners in all of our counties. We will strengthen our ability to provide and receive "warm hand offs" with community organizations to ensure that individuals are properly connected to the most appropriate agency to meet their needs. We will continue to work with the judicial system and the elder abuse coalition to strengthen guardianship and adult protective services in Ohio. We will continue to provide service coordination in ten low income senior buildings in our region. The presence of staff in these buildings helps us identify and link vulnerable people to services.

2. The 2006 reauthorization of the Older Americans Act (OAA) includes specific emphasis on serving older individuals residing in rural areas. Describe the AAA's plans to ensure compliance with this mandate.

The AAA will work with our advisory council members and focal point agencies in rural communities to stay up-to-date on local activities and provide staff representation at local programs. The AAA will further develop community education programs, including but not limited to evidence based programs, in its counties. The AAA will collaborate with Fayette Memorial Hospital to plan its annual advance planning seminar for the community. The AAA will ensure staff representation at county aging task force meetings and will work to facilitate the creation of aging networking meetings in Madison County, which does not currently have such a committee.

3. The 2006 reauthorization of the OAA emphasized the importance of reaching groups that have limited English proficiency (LEP). Describe the AAA's plans to improve access to services for those persons identified in this group.

The AAA is currently serving older adults with limited English proficiency through its Medicaid waiver and Older Americans Act programs. In 2014, approximately 21% of consumers receiving PASSPORT services have little or no English proficiency. One of our largest Title III providers serves a large number of limited English speaking older adults through its congregate meal and transportation programs, offering culturally sensitive meals and services. The AAA has Spanish speaking staff and continually seeks to hire staff that speaks other languages. In addition, we will avail ourselves of opportunities to

work with bilingual interns and volunteers whenever feasible. The AAA spends a significant amount of money each year on interpreter services (phone and in-person) in order to communicate as effectively as possible with those who do not speak or understand English. AAA staff will provide education about aging & disability programs and services to organizations offering interpreter services. Although the AAA has developed some program materials in languages other than English, this is an area that should be expanded. The AAA will also explore translation applications that may be available for use with the AAA website.

4. The 2006 reauthorization of the OAA emphasized the importance of reaching older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement. Describe the AAA's plans to ensure compliance with this mandate.

The AAA provides transition coordination services through the Home Choice program, dedicating 3+ FTEs to assisting older and disabled individuals in their return to the community. These individuals are some of the most vulnerable adults, often remaining in a nursing facility following an acute illness or injury because they have no home to return to and no support to assist them. At any one time, the AAA is working with 20-30 people in facilities to develop plans to return to the community. The AAA has been highlighted by the Ohio Department of Medicaid as a premier provider of these transitions services.

The AAA's Volunteer Guardian Program links volunteers, who are appointed guardian of the person, to vulnerable adults who reside predominantly in nursing facilities. Our volunteers are highly trained and screened, and currently provide services to over 100 people at any one time.

The AAA is now, as of July 1, 2014, providing case management services to individuals previously receiving services from the Transitions Carve Out Waiver through its contract with a MyCare Ohio managed care organization.

Further expansion of the ADRN and implementation of the Balancing Incentive Program will provide additional opportunities to reach those individuals with severe disabilities and at risk for institutionalization.

5. Identify and discuss other significant unserved and underserved populations and AAA plans to assist these groups.

The AAA has seen an increase in requests for assistance from older adults living in or at risk of living in homeless shelters. The AAA is also seeing an increase in the number of older adults dealing with drug and alcohol abuse and addiction. Through the continuing development of the ADRN, the AAA will develop closer relationships with organizations assisting these individuals and will promote cross training among direct service staff to broaden knowledge of available resources.

6. Discuss how the AAA will evaluate the effectiveness of any resources that will be used in meeting the needs of the above consumer groups.

The AAA will use consumer data, outcomes (from AAA and provider satisfaction surveys and program evaluations) data and referral data to determine the number of individuals in the target groups served directly by the AAA and by its providers and the effectiveness of programs.

SWOT Analysis (Strengths, Weaknesses, Opportunities & Threats)

Summarize your AAA's SWOT (500 words or less per category). Please refer to the Glossary for further clarification.

a. Strengths

- Strong partnerships within the community
- Positive reputation that attracts talented employees and community partners
- Staff with a wide range of clinical expertise
- High quality educational programs for staff, professionals and the community
- A work environment that supports and values each employee
- Agency culture that promotes high quality, individualized customer assistance
- Offer a wide array of programs and services
- Effective, multi-faceted approach to outreach

b. Weaknesses

- Recent inability to compete with salaries offered by the private sector
- Limited physical space for an expanding workforce
- Lack of flexible funding to respond to opportunities or needs that occur
- Recent and projected retirements of experienced agency staff
- Lack of resources to improve technology

c. Opportunities

- A new office building will allow expansion of staff, programs and services
- The changing Medicaid model provides opportunities for reaching new populations
- Partnerships with managed care organizations
- Technology provides a broad array of tools to reach, educate and assist older adults, individuals with disabilities and their caregivers
- There is widespread awareness of aging demographics, wellness & disease management and the need for long term services and supports

d. Threats

- Private sector move into public services
- Uncertainty about the future of our primary funding sources
- Limited financial resources for a growing aging population
- Growing resistance to increased taxes inhibits the growth of existing local levies and the passage of new local levy programs
- Continued effects of the economic recessions results in continuing food insecurity and housing instability among vulnerable individuals and their support systems

Service Needs & Gaps

Prioritize and describe in detail the top **five** service needs or gaps that exist in your region (500 words or less for each service need or gap). Please be sure to include in your response:

- A detailed explanation of how these service gaps were identified; and

The AAA conducted focus groups in each of 7 counties during April 2014. Participating in the focus groups were Advisory Council members and organizations that provide services to older adults and individuals with disabilities. In addition, the AAA in conjunction with the Franklin County Office on Aging (FCOA), contracted with a research firm to conduct a needs assessment in Franklin County and the other counties in the AAA region. This needs assessment consisted of phone surveys with individuals 55+ in each of the 8 counties, an intercept survey conducted at the annual Senior Living Festival, and focus groups with various stakeholder groups including law enforcement officials, AAA and FCOA staff who provide Information, Assistance and Case Management services, and older adults who had experienced recent hospitalizations. There were several common themes that emerged and those are summarized below.

- The AAA methods or criteria for determining priority of services funded with Title III dollars.

The AAA reviews needs assessment results for each individual county when reviewing proposals from potential providers and allocating funds for specific services. Unallocated funds are reserved to provide funds for new projects as opportunities for collaboration arise within the community.

1. **Service Need/Gap- Transportation for medical and non-medical appointments**

Even in communities that feel transportation availability is above average, focus group participants expressed a need for affordable services that are available upon short notice, evenings and weekends.

2. **Service Need/Gap- Affordable housing**

Waiting lists are often long for subsidized housing. Homelessness is an increasing problem among older adults.

3. **Service Need/Gap- Accessible mental health, drug and alcohol services**

There is a lack of in-home mental health services available for homebound older adults or those needing transportation to mental health agencies.

4. **Service Need/Gap- Home services**

Services such as yard work, snow shoveling, bed bug treatment, pet care and large appliance replacement are not readily available through traditional funding sources.

5. **Service Need/Gap- Primary care physicians that accept patients with Medicare and Medicaid**

Participants in 5 counties identified concerns with finding physicians that will accept patients with Medicare and Medicaid. In some counties, there seems to be an overall shortage of primary care physicians, while in other counties the issue seems to be physicians who will accept Medicare and Medicaid, including Medicaid managed care organizations.

AAA 6 - Central Ohio Area Agency on Aging – Revised 12/14

Strategic Goals for 2015-2018

The **first two goals** listed are provided by ODA. Goals shall include plans to develop a comprehensive and coordinated system of services that address OAA requirements. The **first two statewide goals** listed are provided by ODA and mandatory of each AAA. Your agency shall develop an additional **three goals** based on its priorities for this strategic plan period. For each goal, provide the **top two strategies** that address service needs in the region. Provide **two or three objectives** to support each strategy. The AAA shall list an outcome and the impact for each **strategy**. Also include the AAA's plan to measure overall success of each strategy. **Note:** Each agency has the flexibility to develop goals that meet needs specific to its region.

Goal 1: **Ohio's long-term care system will allow elders and their care givers access to a wide array of person-centered and well-coordinated services and supports.**

Strategy A

Provide information, assistance, referrals, support and education to older adults and their caregivers.

Objective 1

Provide education in multiple formats including seminars, presentations, written materials, support groups and innovative web materials such as caregiver blogs and YouTube educational videos. December 2016

Objective 2

Explore the development of an evidence based caregiver curriculum. December 2017

Outcome

Older adults and their caregivers will feel more informed about supports and services available to them.

Impact

Older adults and their caregivers will be more likely to seek assistance from the AAA and other community organizations when faced with the need for long term supports and services for themselves or their loved ones.

Measurement

Participants at presentations and support groups will be asked to complete pre- and post-tests that measure their knowledge of supports and services and likelihood of contacting the AAA for assistance in the future. (ongoing)

Strategy B

Promote interagency networking in each county within the PSA.

Objective 1

Explore the formation of an aging-specific committee of organizations serving Delaware and Madison County. December 2016

Objective 2

Ensure AAA staff presence at all aging network meetings in each county. December 2015

Objective 3

Encourage organizations participating in aging network meetings to routinely share information about aging programs, services and eligibility. December 2015

Outcome

Individuals will have access to up-to-date information about long term services and supports regardless of the aging organization with which they initiate contact.

Impact

Community organizations will seamlessly refer individuals to appropriate resources.

Measurement

Each county within the PSA will have an interagency committee that meets at least quarterly and whose participants share information and updates about their services and programs. (December 2016)

Strategy C

Explore opportunities to increase respite options for caregivers

Objective 1

Research various existing state and national models of volunteer and paid respite care. December 2015

Objective 2

Pilot one model of volunteer respite and promote expansion to other counties in the PSA. December 2017

Objective 3

Collaborate with disability organizations to increase access to respite services. December 2016

Outcome

Increased knowledge of and access to additional sources and types of respite care for caregivers of adults will be available in Central Ohio.

Impact

Participating caregivers will experience less stress and fewer health problems,

Measurement

Surveys of respite participants that assess perceived stress levels and health status at the beginning and end of the respite experience will be administered.

Strategy D

Explore the feasibility of developing an in-house mental health team to provide in-home mental health services to older adults.

Objective 1

Determine the requirements for acquiring Medicare and Medicaid provider numbers to enable the agency to submit claims for mental health services. December 2015

Objective 2

Identify counties in the PSA in which to pilot the team based on need and interest in the community.

July 2016

Outcome

Homebound individuals experiencing depression and other mental health issues will receive the mental health counseling in their own homes.

Impact

Individuals will experience a higher quality of life, as evidenced in the case record by a decrease in negative symptoms, an increase in positive coping and achievement of identified goals.

Measurement

Begin providing in-home mental health counseling services in 2 counties within the PSA.

PY 2015-2018 Strategic Area Plan

2015-2018 Strategic Goals & Objectives

Goal 2: *AAAs will prepare and build a responsive regional infrastructure for Ohio's aging population.*

Strategy A

Fully develop the Central Ohio Aging and Disability Resource Network (ADRN)

Objective 1

Increase the number of Memoranda of Understanding between the AAA and primary and collaborative partners such as 211s, the county departments of job and family services, mental health and developmental disabilities boards and veteran's services commissions. July 2015

Objective 2

Use multiple modes of communication with ADRN partners to relay information about available resources, eligibility for services, processes for interagency referrals and partner expectations. July 2015

Objective 3

Develop consumer satisfaction tools that measure the responsiveness of front door functions at the AAA. December 2016

Outcome

Individuals will be directed to the most appropriate aging and disability resource to meet their needs.

Impact

Individuals will receive information and long term services and supports quickly and efficiently.

Measurement

Consumer surveys will indicate that 90% of individuals surveyed were satisfied by their interaction with the AAA or its ADRN partners.

Strategy B

Implement the Balancing Incentive Program in Central Ohio.

Objective 1

Establish agreements with 5-6 organizations that will conduct Level 1 screens and support navigation activities. July 2015

Objective 2

Train AAA front door staff on new procedures required by BIP. July 2015

Objective 3

Implement the new IT system the State will be developing for Screening and Assessment activities. July 2015

Outcome

Individuals will receive information about and be evaluated for services consistently throughout Ohio.

Impact

Individuals will be connected to long term services and supports from any entity within the BIP network regardless of age, need or disability type.

Measurement

Number of organizations contracting with the AAA to be Single Entry Point agencies in time for the anticipated July 2015 implementation

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2015-2018 Strategic Goals & Objectives

Goal 3: *Encourage Central Ohioans to engage in health promotion and disease prevention programs.*

Strategy A

Ensure that Healthy U and Matter of Balance sessions are conducted in each county within the PSA at least annually.

Objective 1

Train coaches and leaders from Fairfield, Fayette and Pickaway counties. December 2015

Objective 2

Identify at least one venue in each county that will agree to host sessions multiple times during the year and enter into a Memorandum of Understanding with each venue. December 2015

Objective 3

Provide Title III D grant funds to individuals or organizations who agree to conduct evidence based programs and meet specified outcomes. December 2015

Outcome

Individuals with chronic diseases and fear of falling will have the opportunity to participate in educational programs in their local communities.

Impact

Prior research has shown that participants who complete evidenced-based workshops make better health choices.

Measurement

Each of the counties in the PSA will have trained leaders and coaches and will have a selection of venues in which programs will take place.

Strategy B

Promote evidence based educational programs to primary care medical practices.

Objective 1

Consult with the Health Care Collaborative of Greater Columbus to identify patient centered medical homes that have demonstrated commitment in using new approaches to educate, treat and communicate with their patients. July 2015

Objective 2

Provide education about evidence based health promotion and disease management programs to those identified medical practices. December 2018

Objective 3

Research and include Ohio-specific outcomes data in promotional materials used with physicians and other audiences. July 2015

Outcome

Physicians and other medical professionals will incorporate evidence based educational programs into their routine recommendations to patients who could benefit from such programs.

Impact

Individuals with chronic medical conditions will feel supported and encouraged by their physicians to take an active part in managing their conditions.

Measurement

One new medical practice per year will promote Healthy U or Matter of Balance to their patients through widespread mailings or electronic communications.

PY 2015-2018 Strategic Area Plan

2015-2018 Strategic Goals & Objectives

Goal 4: *Community based services will be linked to the acute care system.*

Strategy A

Pilot a program that places AAA resource experts onsite at medical establishments.

Objective 1

Explore potential funding opportunities that will allow AAA staff to be co-located at hospitals or physician offices. July 2016

Objective 2

Develop promotional materials that can be used to educate physicians and administrators of the benefits to their patients and their facilities of immediate patient access to community resource experts. December 2016

Objective 3

Enter into a contract with one hospital system or physician practice. December 2018

Outcome

Individuals will receive timely services and supports in their homes that promote ongoing health stability.

Impact

There will be fewer recurring hospitalizations among those individuals who have contact with AAA resource experts and are connected with the appropriate community resources while they are in the hospital or being seen at their physician's offices.

Measurement

Collection of individual and aggregate tracking data and review of trends.

Strategy B

Partner with hospitals and physician offices to educate professionals, individuals and families about aging issues and long term services and supports.

Objective 1

Offer Caregiver Toolbox presentations and promotional materials in hospitals and physician practices. December 2017

Objective 2

Offer ongoing education to medical professionals on aging/disability services. December 2017

Objective 3

Explore opportunities to link with hospitals and physician offices electronically for information and referrals. December 2016

Outcome

Individuals and their caregivers will have more direct access to the AAA and community-based programs and services.

Impact

Healthcare professionals will become more aware of the AAA's services and supports available to patients and their caregivers.

Measurement

Healthcare professionals will indicate an increased likelihood of referring individuals and their caregivers to the AAA, as evidenced by pre- and post-tests administered to those professionals who participate in educational sessions offered by the AAA. (ongoing)

PY 2015-2018 Strategic Area Plan

2015-2018 Strategic Goals & Objectives

Goal 5: *Promote the concept of Lifelong Communities and prepare communities in Central Ohio for the growth in the 60+ population*

Strategy A

Facilitate the development of the “Village” concept in Central Ohio

Objective 1

Disseminate information on the successful launch of the Village Connections organization in Columbus to encourage others to look at the model. December 2015

Objective 2

Provide assistance to at least three groups interested in developing the “Village” concept in Central Ohio. December 2016

Outcome

Neighborhoods will have long term supports in place that are person centered and designed by the members.

Impact

Aging adults who choose to will be able to remain in their homes and neighborhoods.

Measurement

Membership data and service menus will reflect that aging adults are taking advantage of a broad array of services and supports offered by the neighborhood.

Strategy B

Create more working relationships with law enforcement and emergency personnel who are often the individuals dealing with problems encountered by our aging population and have the ability to foster an age friendly community.

Objective 1

Develop and distribute materials for law enforcement organizations to use allowing their officers to offer help to families in crisis and wallet size cards for officers to carry to remember where to direct individuals to get assistance. December 2016

Objective 2

Continue to offer to help start Project Lifesaver programs with local law enforcement. December 2018

Objective 3

Hold a seminar directed at law enforcement and emergency organizations in conjunction with partner organizations that gives updated information on aging services and showcases regional examples of coordination. August 2016

Outcome

Improved coordination with law enforcement and their access to community aging resources.

Impact

Law enforcement and emergency personnel will have increased access to training, education and materials to assist them when responding to older adults and their caregivers who are experiencing social service issues.

Measurement

Educational materials will be distributed to at least 8 law enforcement jurisdictions in Franklin County and at least one jurisdiction in each outer county by December 2016. Surveys of those jurisdictions will be used to determine the likelihood of officials contacting the AAA and utilizing aging services resource materials provided by the AAA.

Strategy C

Explore and support alternative transportation methods to make our communities responsive to social needs as well as functional needs of older adults as growing numbers lose their ability to drive.

Objective 1

Participate in the City of Columbus Multimodal Transportation Planning effort that has as a goal a more livable community for older adults in the City. December 2015

Objective 2

Reach out to partners interested in supporting an Independent Transportation Network project in the community and offer to assist with grant writing and startup of an organization. June 2015

Objective 3

Conduct a review of successful transportation projects that meet the social needs as well as the functional needs of older adults and share that information with transportation partners. December 2016

Outcome

Individuals will have their social, recreational and medical needs met within their communities.

Impact

Older adults will have a variety of transportation options from which to choose as they recognize their driving limitations.

Measurement

Increase of transportation options will be visible in the community.

Strategy D

Educate public officials about the concept of Lifelong Communities and current efforts to establish these in Central Ohio.

Objective 1

Explore opportunities for coordination with the Mid-Ohio Regional Planning Commission's efforts to communicate to local officials the concept of expanded transportation, complete streets and smart growth. December 2015

Objective 2

Put a plan in place to identify the concept of lifelong communities to public officials, followed by updates on projects that can be considered part of the effort. July 2016

Outcome

Improved services directed to older adults.

Impact

Recognition by public officials of the importance of planning for the growth of the older adult population in each of our counties

Measurement

The AAA will administer a pre-test in 2015 and a post-test in July 2016 to public officials to determine their knowledge of and inclusion of the lifelong community concept in their community planning efforts.