

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

**FOR THE FOUR-YEAR PERIOD
JULY 1, 2008 THROUGH JUNE 30, 2012**



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Area Plan Part A

I. Executive Summary

Introduction. The Area Agency on Aging (AAA), a program office of the Allegheny County Department of Human Services (DHS), serves some 41,000 older adults, 60 years of age and over, annually according to the provisions of a comprehensive, state-approved four-year plan. The AAA provides services through internally administered programs, and contracts and agreements with about 130 community-based providers. Programs range from those for largely independent older adults to those for frail, vulnerable populations.

Service Area and Population Trends. The AAA serves one of the largest concentrations of older adults in the country, with distinctive demographic trends that affect the AAA's approach to and delivery of services. The most salient of these are:

- **Population Loss.** A trend of overall population loss for over 50 years, including older adults, resulting in a higher proportion of older adults than in the state or nation.
- **Population Shifts.** The migration of older adults from the city into suburban areas with little or no corresponding shift or creation of service providers in many of the new areas.
- **Aging-in-Place.** The overall aging-in-place of older adults, with the oldest groups showing the largest—and only—recent (2000) census growth in absolute numbers; i.e., the 75-84 group, up 18.2 percent; the 85 and over group, up 36.1 percent.
- **Living Alone.** The high number of older adults, particularly women, who live alone, as reflected in rates of divorced, separated and single/never married older adults that exceed state and national averages.
- **Poverty.** An emerging pattern of older adult poverty, particularly among women and minorities, that becomes more prevalent with advancing age.
- **Housing.** A difficult housing market marked by the age of the housing stock, the difficulty of adapting and maintaining homes for safe habitation by older adults, and a shortage of easily accessible units for low-income individuals.

Major Issues to be Addressed. The AAA has identified three major issues to which its four-year plan must commit special attention and resources.

- The rising tide of poverty among older adults.
- The advancing age and changes in the needs of its service population.
- Older adults who live alone with insufficient supports.

AAA Values. As a DHS program office, the AAA espouses the values of the DHS Statement of Principles in its approach to service:

*“All services will be: **High Quality**—Reflecting the best practices in case management, counseling and treatment; **Readily Accessible**—In natural, least-restrictive settings, often community-based; **Strength-based**—Focusing 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.”*

In addition, the philosophical foundation of the AAA service mission is distinguished by two values:

- **Holistic Approach to Service.** A continuum of services to address the needs of consumers at all levels of need and through each phase of their lives.
- **Quality and Professionalism.** The continual improvement in the professional capabilities and development of AAA and provider staff as the basis for providing the highest levels of quality and responsiveness in services to consumers.

Goals and Objectives. The goals and objectives of the plan, with accompanying outcomes and evaluation measures, address five priority needs:

- > **Goal 1:** Enable older adults and families to make informed decisions and gain access to long-term living options.
- > **Goal 2:** Support the decisions of older adults to remain in the setting of their preference by continually improving the quality of home- and community-based services.
- > **Goal 3:** Ensure the rights of older adults, and prevent their abuse, neglect and exploitation.
- > **Goal 4:** Increase the effectiveness of services and resources to enable older adults to remain healthy and active.
- > **Goal 5:** Use contemporary technologies and resources to promote consumer independence.

II. Overview

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

The Allegheny County Department of Human Services/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.”

Organization. “Area Agency on Aging” is a designation of the federal Administration on Aging (AoA) and Commonwealth of Pennsylvania’s Department of Aging (PDA) to indicate one of 52 organizations that provide services for older adults (60 years of age and above) in designated county or multi-county areas of Pennsylvania. The AAAs are responsible for administering comprehensive, state-approved multi-year plans to meet the needs of their service populations. The Allegheny County AAA has fulfilled this role since its formal designation in 1973, and previously, as the Adult Services/Area Agency on Aging since the mid-1960s.

Governance. Newly re-elected, second-term (2007-2011) Allegheny County Executive Dan Onorato and a 15-member County Council, elected by district, constitute the executive and legislative arms of the county, respectively. The various departments of the county are organized to provide specific services, including DHS, of which the AAA is one of five program offices.

The AAA’s Advisory Council, a voluntary body of 14 local citizens provides ongoing input on the development and implementation of the four-year plan and annual plans, which are presented at annual public hearings, following local and state approval.

AAA operations are directed by the Administrator, who also holds the rank of a Deputy Director in DHS. AAA staff carry out agency policies and programmatic guidelines in administering contracts and assuring quality service delivery. Staff have professional training in their fields, including ongoing professional development opportunities, and are hired through the Pennsylvania State Civil Service Commission.

DHS Statement of Principles:

“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.

Strength-based—Focusing 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.”

Programs. The AAA provides services through contracts and agreements with about 130 community-based provider agencies and other services administered internally by the agency. During the 2006-07 fiscal year, the AAA served more than 41,000 consumers through the following AAA programs:

- Information & Referral
- Senior Community Centers
- Nutrition
- Shared-ride Transportation
- Health Insurance Counseling
- Legal Counseling
- Health Counseling & Prevention for Public Housing Consumers
- Assessments and Level of Care Determinations
- Care Management
- In-Home Services
- Senior Companions
- Adult Foster Care (Domiciliary Care)
- Caregiver Support
- Long-term Living Counseling
- Nursing Home Transition
- Advocacy for Long-term Care Consumers
- Protective Services
- Legal Guardianship

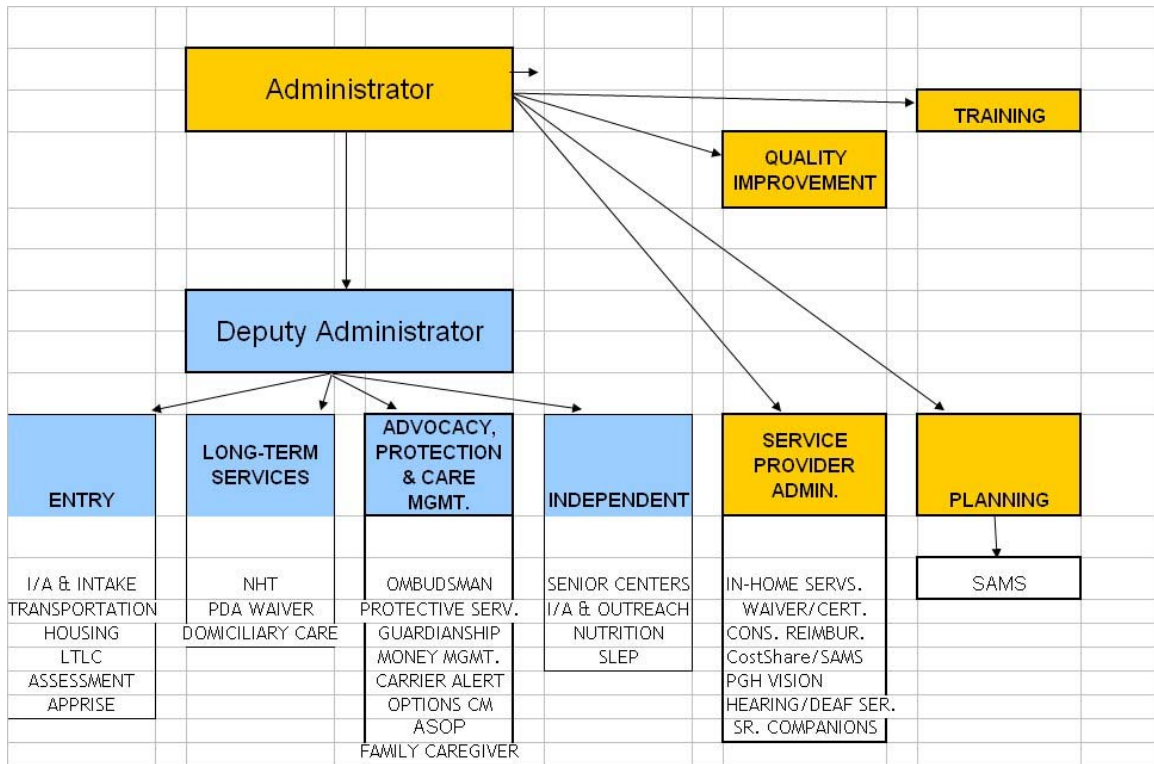
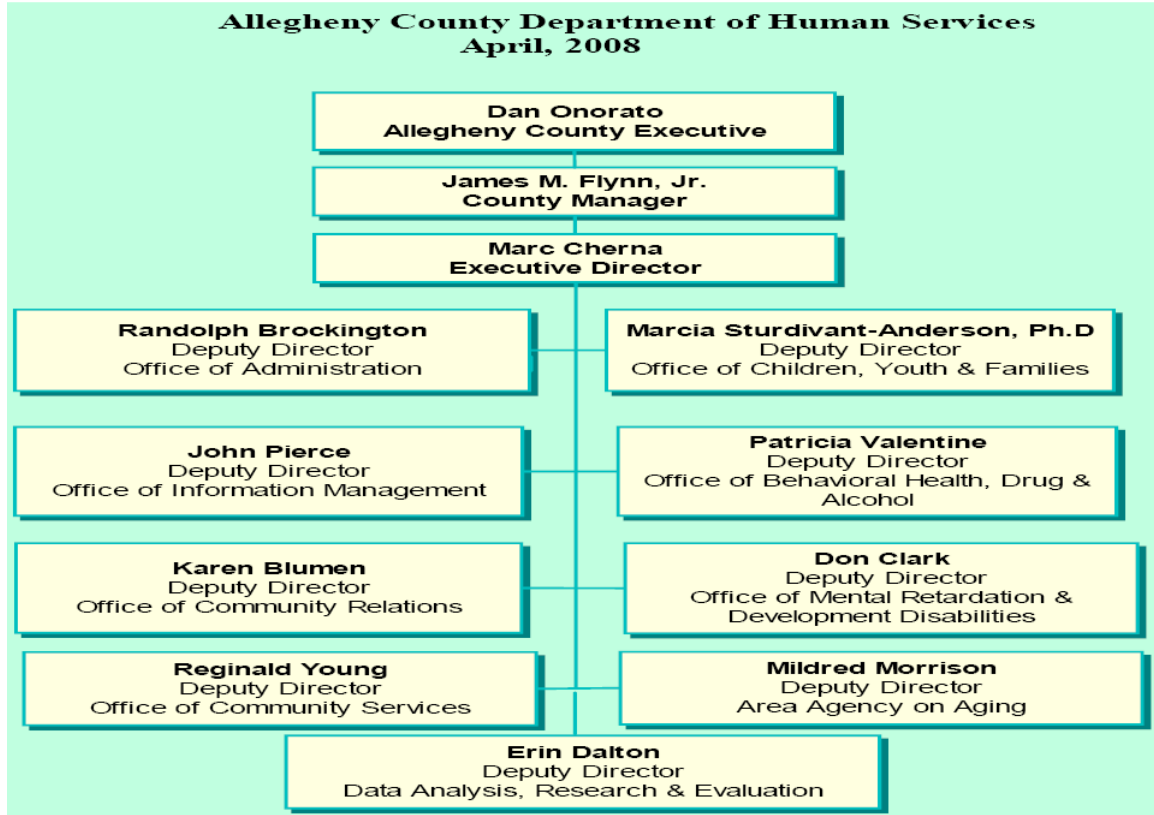
In addition to direct personal contact and services, the AAA also fields more than 100,000 phone calls and Internet contacts each year for information and assistance through its extensive Information & Referral resources at its main office and network of community providers.

DHS Collaborations. The AAA also has at its disposal additional opportunities for consultation and collaboration with other DHS divisions that expand and enrich AAA programmatic resources and capabilities. The AAA collaborates fully

with the Aging and Disability Resource Center (ADRC). The AAA also works regularly with the Offices of Behavioral Health (OBH), Community Relations (OCR), Children, Youth and Families (CYF), and Community Services (OCS). In the past year, for instance, the AAA shifted its Senior Employment program to OCS in order to enhance the placement and employment readiness aspects of the program. Through its relationship with DHS, the AAA also enjoys greater access to other community services for vulnerable populations such as the Low-income Home Energy Assistance Program, hunger and housing assistance, and drug and alcohol counseling and treatment, among others.

External Collaborations. In an effort to pursue greater strategic opportunities to leverage and improve the local system, the AAA will proactively seek out and engage in external collaborations that enhance consumer services and address barriers facing our older adult population. For instance, the AAA intends to work with the Quality of Life Technology Center, a joint project of the University of Pittsburgh and Carnegie Mellon University, and the Telerehabilitation Engineering Research Center at the University of Pittsburgh to advance development work leading to new applications of assistive and telecare devices for older adults. (See Goal 5B of the plan.) The AAA is also in contact with the University of Pittsburgh Medical Center to coordinate planning and consistency of care related to hospital care and discharges of long-term care consumers. We will advocate with local housing coalitions around the housing issues facing our older adults. Additionally, through a relationship with the University of Pittsburgh's School of Social Work and its Hartford Partnership for Aging Education, the AAA has increased the number of MSW student placements at the agency and opened a vital new channel for developing well-qualified professionals in the area of aging.

Organizational Structure. The organizational structures of DHS and AAA are depicted below.



Demographic Trends in the Older Adult Population

> **Population Loss.** Demographic change in Allegheny County over the past four years has followed several prevailing trends, some of which emerged almost fifty years ago. The pattern of population loss first emerged in the 1960 census with a decline in the City of Pittsburgh's population and has gained momentum over succeeding decades, particularly after the loss of heavy industry and corporate entities in the 1980s. Although the rate has slowed in recent years, this pattern continues to be the dominant demographic trend and is not projected to reverse itself for another 5-10 years. Population data is shown in Appendix 2A.

> **Older Adult Population.** Recent demographic change in the older adult population has been marked by two distinct trends. The overall loss of population in Allegheny County was spurred largely by the heavy out-migration of young and middle-aged adults in the 1980s. Consequently, the proportion of older adults in the overall population has grown steadily. The second pattern, which has gained momentum in recent years, is the aging in place of the older adult population. In the 2000 census for Allegheny County, only two age groups in the overall population grew: the 75-84 group grew by 18.2%, and the 85 and older group, by 36.1%. At the same time, the older members of the "Baby Boom" generation (born 1946-64) have begun to swell the lower end of the older adult population. Older adult population data is shown in Appendix 2B.

> **Older Adult Population Shifts.** In the middle years of the 20th century, the older adult population was heavily concentrated within the City of Pittsburgh. In the past 20 years, however, many older adults have migrated from the city to suburban communities, particularly to the east, southeast and southwest of the city. Census estimates for 2006 indicate that only 21.7% of the county's older adult population now lives in the City of Pittsburgh. The demographic maps in Appendix 2C clearly depict this trend. Yet many human services providers serving the older adult population have not moved or expanded their service range beyond the city. Moreover, new service providers have not emerged in many suburban areas with these concentrations, creating service availability issues for older adults in these areas.

> **Population with Disabilities.** A study conducted by the University Center for Social and Urban Research at the University of Pittsburgh, cited in Appendix 2H, included an analysis of the Allegheny County population with disabilities using the U.S. Census factors of sensory, physical, mental, self-care, going-outside-the-home, and employment disabilities. Appendix 2H shows data on disability incidence by gender and age group. For the elderly, physical and going-outside-the-home disabilities are the most common.

Distinctive Trends in the Older Adult Population. Three aspects of the older adult population in Allegheny County have special significance for aging services.

> **Living Alone.** First, 2000 census figures indicate that a higher proportion of older adults live alone (31.4%), compared to the state (29.3%) and nation (28.2%). The rate in the City of Pittsburgh (36.7%) is even higher. Not surprisingly, the proportion of older adults in the county who are single and never married (10.1%) is higher than the national (4.4%) average. A remarkable number of men (59.3%) and women (93.7%) 85 years of age and older live alone. The numbers may also be attributable, in part, to the out-migration of young and middle-age adults during the past 25-30 years. While many older adults living alone maintain regular community engagement, the AAA knows that others lead more isolated lives. The AAA has a special concern for these individuals, particularly those with few supports or little social contact. Data for older adults living alone is shown in Appendix 2E.

> **Poverty.** Second, the poverty rate has demonstrated a troubling upward trend among older adults. The 2000 census placed the poverty rate at 7.5 percent for older adults 65 and over. Census estimates in 2006 placed the rate at 9.0 percent for those 65 and over. At one time, many older adults in the area enjoyed generous pension and health insurance benefits from former corporate and industrial employers. With the loss of many of these entities, fewer older adults now coming of age have these resources in retirement. Moreover, with the rise in life expectancy, older adults are living longer and outpacing retirement savings. Poverty has tended to increase among older adults as they age, particularly among women and minorities. For instance, the 2000 census placed the poverty rate for those 75 and above at 10.5 percent. Similarly, census figures and estimates from 2000 through 2006, depicted in Appendix 2F, indicate that more females than males and more older adults 75 and over than those 65-74 live in poverty. In short, we are experiencing a real and disturbing shift in the poverty levels in our community.

> **Housing.** Third, about two-thirds (65.0%) of the housing stock in Allegheny County was built before 1960, but it is not merely the age that poses a problem for older adults. Because many homes were built during the post-war housing boom, they were designed for young, growing families and, in many cases, are difficult or impossible to adapt to the needs of older adults. Many homes in the area are much older, and need extensive maintenance and adaptation to house older adults safely and comfortably. Although the number of older adult communities has increased in recent years, a large proportion of older adults continue to live, often alone, in free-standing, single-family houses scattered throughout the county.

Moreover, because of the area's hilly terrain, the amount of land suitable for home construction is limited so that the prospects for construction of new, affordable housing for older adults are limited. At the present time, Allegheny County faces a shortage of readily accessible homes for those in the lower income ranges, which includes many older adults. All of these factors taken

together pose a particularly challenging environment for maintaining or relocating older adults in safe, affordable housing. Demographic maps, and tables depicting these trends and characteristics is contained in Appendix 2G.

Community Needs Assessment

Consumer Survey. For this plan, the AAA conducted a two-part survey of consumer needs in our service area. A consumer survey was designed with a distinctly consumer-centered approach. Its purpose was to elicit input from older adults on actual issues and conditions that they face in everyday life; only one question asked directly about AAA services. The underlying focus was to ascertain what was on the minds of older adults in terms of present and future concerns. The responses offer specific insights into what consumers are thinking and, in some cases, what they fear. For purposes of the aging services network, the results point to directions or areas of concern that the AAA and its providers should consider and address.

Provider Survey. The other part of the community needs assessment was a first-ever survey of providers, including senior centers, in-home services and adult day cares. The five open-ended questions were designed to identify, from the providers' perspectives, the greatest issues or challenges facing them in their everyday service to consumers. In many cases, provider concerns mirror those of consumers. In this sense, the two-part approach of the survey provides a broader, dual perspective of older adult consumers in this area.

Consumer Survey Results. The consumer survey elicited 822 responses, due largely to the expanded range of the sample and new distribution patterns. The survey was distributed to consumers and care givers of consumers throughout the AAA provider network of senior centers, adult day care centers and in-home service providers. For the first time, the survey was also posted on the DHS/AAA web site to solicit electronic submissions, about 15 percent of the total received. The survey was also distributed randomly at AAA gatherings and other venues.

The findings tended to confirm many already evident trends or features of the older adult population with which the AAA has been dealing for years. The survey also revealed a few surprises. While the survey was relatively small, respondents tended to reflect the overall consumer population. The most salient features of the findings included the following:

1> The average age of older adult consumers has advanced in recent years.

- Almost three-fourths of the respondents were over 70 years of age.
- The largest age cohort was the 70-74 group.
- The number of 85-over respondents was higher than the 60-64 group.

2> Three-fourths of the respondents do not have spouses and/or live alone.

- Less than one-third indicated that they were married, and just over a quarter said that they live with a spouse.
- The largest number of responses in the marital status and home and family categories were widowed and live alone, respectively.

3> Many respondents have a care giver or act as one for someone else.

- Over a third have a care giver who helps them to look after their health.
- Over a quarter of the respondents serve as care givers for someone.

4> Over two-fifths of the respondents have no nearby, accessible family supports.

5> The leading concerns of older adult respondents were all related to health or economics: (1) Maintaining Their Health in the Future; (2) Frauds and Scams; (3) Cost of Health Care; (4) Long-term Health Care; and (5) Present State of Their Health.

Provider Survey Results. The 20 returned provider surveys presented four recurring responses:

1> Increased consumer interest in and demand for health and wellness programs was the most frequent response.

2> The “divide” in interests between the “younger old” and the “older old”; i.e., the “younger old” favor new, more active pursuits, while the “older old” prefer more sedentary activities and are resistant to new programming.

3> The long-standing pattern of virtually flat funding in a climate of increased costs and growing demand for services.

4> The advancing age and frailty of consumers, including an increase in the number of consumers with special needs (e.g., mobility, mental health issues, disabilities).

Other common responses included increased administrative, regulatory and technological requirements; loss of consumer volunteers; and the impact on in-home services providers of various economic and logistical factors.

Major Issues and Challenges

The preceding demographics and community needs survey highlight several areas of concern to which the AAA will have to focus substantial attention in the next four years. However, three areas stand out because of their pervasiveness, interrelatedness and potentially serious impact on older adults and the community at large.

1. Older Adult Poverty. Our data show a disturbing rise in the rate of poverty among an older adult population that was relatively well-off 10-15 years ago. Particularly troubling is the correlation of higher poverty rates with advancing age at a time when the older adult population is growing rapidly in the upper age cohorts. Moreover, our data also indicate that older adult poverty rates for African-Americans and women, particularly African-American women, are disproportionately high. The increased prevalence of poverty touches older adults on many planes. It places limitations on where they can live, how they eat, what level of health care they can access, how securely they live and other considerations that affect their fundamental well-being. Poverty may have already emerged as the single most threatening force in the lives of current and future generations of older adults.

2. Advancing Age. All data from various service areas point incontrovertibly to the advancing age of our consumers. Respondents to our consumer survey were heavily concentrated in the 70 and over age ranges. As our consumers age, their vulnerability will tend to increase, and their needs will change. Whereas many older adults in their 60s may be more or less independent and be sustained with the types of supports available at a senior center or other community-based resource, those in their 70s and above are more likely to need more acute, time- and cost-intensive care management services. The increased demands of this population have already significantly shifted the volume and balance of consumer needs to the extent that the AAA will be challenged to provide services at the level and quality required.

3. Living Alone. Our data point to various factors that contributes to the high proportion of older adults living alone in Allegheny County, a rate that exceeds both the state and national averages. A higher number are widowed, divorced or separated, or single and never married than in the state and country. Our survey findings showed higher combined percentages of divorced/separated, widowed and single/never married than in any other category of the survey. In cases where an older adult living alone has family and community resources to sustain and engage them, the danger is reduced. However, in cases where the person is isolated and has no network of family or social contacts, the risk factor is greater. The problem is complicated by the fact that we simply do not know how many individuals are in the latter situation, who and where they are and what their specific needs may be. Older adult poverty and advancing age are, to some

extent, measurable. Isolation, on the other hand, is a relative unknown with potential implications that are serious but difficult to gauge.

The AAA's Vision and Role

The AAA in its Community. For over 30 years, the AAA has been grounded in a mission that revolves around a full range of community-based services, consumer choice and quality of life for older adults. From more independent consumers to the most vulnerable, the AAA has focused on the “big picture,” the responsibility it bears for ALL older adults whom it serves, no matter how great or small their needs.

As we move into a new four-year plan, the AAA is mindful of the ways in which the ground has shifted under its feet. We continue to serve a metropolitan county situated around a large city with many cultural, social and economic resources, including excellent services for older adults such as transportation. However, the city is less well-off than it was, and is surrounded by both older towns and newer suburban communities. While our service population has not grown in numbers, it is aging, less self-sufficient and changing in terms of its needs.

The four-year plan outlined herein takes into account both of the preceding conditions under which we live and work. The plan represents a continuation of the core mission to which the AAA remains committed. Yet, it also embodies a commitment to change, and a refreshing of our basic values and approaches so as to meet the demands of a changing service population and environment.

Although expressed within a structure of five broad goals, the foundation of the plan is best characterized by two overarching ideals or values:

- **Holistic Approach to Service.** The AAA exists to assist its consumers by supporting and sustaining their independence, comfort and well-being in every phase of their older adult lives through the fundamental “connectedness” of the services that we provide; thus, we envision our role as being more than a stop-gap service providing intervention at times of critical need—although we do that, as well. Rather, we accept the larger role and responsibility of being an informed partner to older adults, engaging their opinions, understanding and adjusting to their needs, and advising and guiding them through a phase of their lives that is part of the larger process or life’s journey, not an end.
- **Quality and Professionalism.** We are never satisfied with what we are and what we do, and never will be. While every element of the plan is based on the primary consideration of doing more and better for our consumers, it also involves a clear commitment to greater responsiveness to existing and emerging needs, increased capacity and capability, and enhanced professionalism. The increased emphasis on quality was the major defining

change in the AAA during the preceding plan and continues to be through this plan. The AAA has been and will continued to be powered by the need to re-think and renew itself, as an organization and individuals, to better serve the needs of our consumers with better programs and better prepared people.

What We Do. The plan represents an ambitious, wide-ranging proposal to address the needs of Allegheny County's older adults. As noted above, our endeavor is rooted in core values such as service quality, professionalism, consumer choice, strength-based and consumer-centered approaches to care, and focused attention to the poor, vulnerable and other special needs groups.

Our broader focus, as expressed in the plan, is centered on five areas:

- **Commitment to the Consumer.** Ultimately, all provisions of the plan revolve around the needs of our consumers. Many provisions address professional issues that will help AAA staff and providers respond more capably to consumer needs. However, the plan also takes seriously the need for aging services to become more visible, understandable and accessible for older adults. Elements such as the conversion of the Information and Referral system to an Information and Assistance model, the extension of Home Delivered Meals service, and the reorganization of the Senior Center system and the congregate meals system are all expressions of the AAA's core value of placing consumers and their interests at the center of our approach.
- **Commitment to Consumer Protection.** Several demographic trends, previously indicated above, emphasize the need to address the abuse, neglect and exploitation of older adults. The presence of such factors as the service population's advancing age and frailty; older adults living alone without adequate supports; the aging, isolated and often unsafe housing stock; the rising tide of poverty; and the rise of behavioral health issues are indicators of a large, vulnerable segment in the older adult population whose well-being must be a priority for aging services. The plan addresses this emerging trend with goals directed to fostering greater public awareness and unity of effort toward elder abuse, and developing an advocacy and conflict resolution proposal for long-term care consumers that may become a state-wide model.
- **Commitment to Care Management.** With the advancing age and frailty of our service population, the AAA has placed increasing emphasis on upgrading its full range of care management services. The elements that address care management issues constitute a large part of the plan and speak to the emphasis of this area in the AAA's vision. Efforts to upgrade this area take two forms: program enhancements and professional development. Well before this plan, the AAA launched a "culture change" initiative based on a set of quality standards designed to change the approach and mindset of care management professionals, one that places consumers and their best interests at the center of a new philosophy of care. The plan proposes several initiatives that expand

on the “culture change” approach, as well as outlining new refinements to the assessment process, long-term care, quality improvement and professional development. In line with our inclusive approach to services, the care management elements of the plan seek to improve the continuum of care management services, not just specific elements of it. It is clear that the years ahead will bring an increasing emphasis and demand for services in this area. The plan reflects our recognition of and response to this emergent trend.

- **Commitment to Community Based Services.** The community senior center is a vital resource for providing independent older adults with access to social and informational services, as well as other services outside the center. Key parts of the plan outline the AAA’s commitment to upgrading the senior center system, including the Senior Center Transformation Project, one of the largest and most far-reaching initiatives undertaken by the agency. Other elements of the plan propose enhancements to Home Delivered Meals, Information & Referral and improved technological capabilities. Combined with the senior center network’s participation in Quality Standards and Quality Improvement initiatives and the AAA’s commitment to fully fund the Home Delivered Meals program, the plan reflects the prominence of the senior center system in the spectrum of community-based services.
- **Commitment to Professionalism.** The AAA’s long-standing commitment to staff development pervades all elements of the plan. Emphasis is placed on the practical competencies, approaches to care and professional resources of its care management staff. Beyond the plan, the AAA has a strong commitment to employing and aiding the advancement of social workers in aging services. The AAA has increased the number of MSWs on staff through hiring, and by enabling and encouraging staff to pursue MSWs through tuition reimbursement benefits. The AAA also encourages professional development among provider staff. At the same time, the AAA has increased the number of MSW student placements and its recruitment sources through its relationship with the University of Pittsburgh’s School of Social Work and the Hartford Partnership for Aging Education.

The AAA Role in Long Term Care

The AAA’s Long Term Care Approach. At a time when the state and nation are still struggling to define and implement a sound long term care strategy, it is difficult for a single AAA to fashion its own vision from among competing concepts. Even with the present focus on Nursing Home Transition (NHT) and Long Term Living Counseling (LTLC), the AAA continues to take a balanced, comprehensive approach to the long-term care needs of its consumers. Assessment staff continue to evaluate consumers and determine appropriate levels of care in a consistently efficient and accurate manner. Care management consumers continue to be served through the OPTIONS program and PDA

Waiver, or referral to a LIFE program, based on their needs. The PDA Waiver is a prime example of a long-term care program that the AAA has “grown” in a relatively short time as a successful nursing home alternative and maintained at a consistent level of about 1,000 consumers being served. Consumers also benefit from AAA’s range of in-home services; the Domiciliary Care Program which provides home-based placements for consumers with appropriate needs; the AAA’s collaborative relationship with the DHS Aging and Disability Resource Center for consumers with disabilities; and advocacy for the concerns, issues and rights of consumers in nursing home, personal care homes and community-based long-term care settings through the AAA’s Ombudsman unit.

The AAA and NHT. The best, most succinct way to characterize the AAA’s role in long-term care may be to say that while NHT and LTLC are now a major focus, they are neither new nor the only aspects of the AAA’s overall long term care mission. Well before the current state-mandated emphasis on NHT and LTLC, the AAA participated with local community partners in a similar project for about 20 years. Thus, the basic concept and workings of NHT are familiar to the AAA.

The AAA and Current NHT/LTLC Initiatives. With the advent of NHT and LTLC, the AAA had to rethink and redirect its long-term care approach, retrain its staff, and produce immediate, ambitious results, all with little advanced warning and even less time to implement. The dual demands of providing intensive NHT and LTLC services required that all care managers in long-term care and care management be retrained to think and work differently than they had before. In effect, care managers were assigned a second responsibility. Moreover, the change in focus and operations also required a major public education effort to effect a dramatic change in the thinking of long-term care consumers, their caregivers, nursing facility administration and staff, and community-based long-term organizations for these efforts to be successful, both from short- and long-term perspectives.

NHT Results. The increased intensity of NHT and LTLC operations is indicated by transition statistics dating to FY 05-06, during which 51 consumers were transitioned. In FY 06-07, completed transitions jumped from 15 in the first quarter to 57 in the second quarter. Even with changes in the definitions of “transition,” the pace increased in the third and fourth quarters of FY 06-07, with a total of 187 transitions completed. By the third quarter, the AAA transitions total constituted 28 percent of all transitions state-wide. Even though AAA staff often faced difficult, time-consuming efforts to locate and set up appropriate housing for transitioned consumers, they continued achieve significant results. During this time of heightened NHT activity, it is also well to note that the AAA maintained a consistent level of about 1,000 consumers in the PDA Waiver program, despite changes in regulations and approval processes. Data on Allegheny County NHT results are shown in Appendix 2J.

What is Needed. Despite the pressures under which they worked and the changes in definitions and guidelines coming their way, the AAA has posted impressive NHT and LTLC results that speak to the dedication, flexibility and talent of its staff. Even in the face of changing procedures and regulations, AAA staff have proven that they can get the job done when they know what the job is. With the determinations about long-term care policy and operations largely out of its hands, the AAA has proven that it is fully capable of responding professionally to whatever new directives may come its way, while, at the same time, sustaining the other, more traditional services that constitute the foundation of its well-rounded long-term care services.

> Moving forward, what is needed more than anything by the AAA is a clearer, better thought out and better funded long-term care strategy and related policies from PDA, the Office of Long-term Living and the Pennsylvania Senior Care and Service Planning Commission. With more leadership and support at the state level, the AAA would be in better position to take on greater responsibility in long-term care.

Other Issues

In addition to the key issues addressed directly in the plan, other emergent issues on the local, state and federal levels have affected the AAA and are a source of legitimate concern that need to be documented in this plan:

- **Loss of Personal Care Homes (PCH).** The significant loss of personal care homes, following enactment of new state regulations, is a pressing concern for consumers with limited resources who need less intensive care. An AAA survey of PCH closures in the county indicated that, since 2002, a total of 70 PCHs, with 1,637 beds, have closed. During the same period, only 18 facilities with 436 beds opened, resulting in a net loss of 52 PCHs and 1,201 beds.
- **Temporary Placements.** Due to a decline in the number of facilities, it is becoming difficult to find temporary placements for consumers with “behavioral problems,” including smokers, even in public facilities. It is also more difficult to find temporary placements for consumers in emergency situations, such as Protective Service cases.
- **Acclimation of Recent Immigrants.** The AAA must continue to pursue and expand strategies for penetrating more recently settled immigrant communities in which older adults with needs may be isolated from services by language, cultural or other barriers. While the area has seen a relatively small growth in the number of older Hispanics, other groups, including Russians, Asians, Africans and Eastern Europeans, have grown in recent years.

III. The Plan

Key Considerations. The 2008-2012 Four-Year Plan for Allegheny County is based on the following two key considerations, or premises, without which many of the plans provisions will necessarily need to be altered or abandoned:

- That the AAA will be able to execute its plan without the sudden, unexpected onset of new state directives or mandates that require a wide-scale change in the AAA's operations and overall approach. While the AAA demonstrated the ability to redirect its efforts and produce results beyond expectations in the case of the NHT directive, the reoccurrence of these types of action can only have a disruptive impact on the AAA's ability to execute a carefully developed, well thought out long-term plan.
- That the AAA will be provided with the necessary funding to fully execute its plan. Although the AAA maintains virtually no waiting lists, the time is near when wait listing could be introduced in critical, high-demand service areas, such as in-home services, if the long-standing pattern of relatively flat funding persists. Current state budget proposals do not address this issue; they make it worse. Renewed commitment and leadership to fully fund the core community-based services at the heart of any effective, comprehensive aging services program is needed now.

Goals. We have identified below the top level goals that will drive our agency's efforts over the next four years. Within this framework we have established specific goals accompanied by their supporting strategies and action plans, outcomes and measures. All of our goals will be used in guiding our ongoing activities. We have articulated a selected number of these goals below and explained them in detail in Appendix 1.

- **Goal 1: Enable older adults and families to make informed decisions and gain access to long-term living options.**
 - 1A. Transition from an Information and Referral service to an Information and Assistance service with an emphasis on diverse culture effectiveness.
 - 1B. Provide seamless transition for consumers and appropriate use of services through increased program alignment including further coordination with the LIFE programs.
- **Goal 2: Support the decisions of older adults to remain in the setting of their preference by continually improving the quality of home- and community-based services.**

- 2A. Increase the use of strategies and protocols to address and reduce long-term care consumer risk.
- 2B. Expand applications of the strength-based principles of care across the network, including in-home services.
- **Goal 3: Ensure the rights of older adults, and prevent their abuse, neglect and exploitation.**
- 3A. Increase public awareness of elder abuse within communities, resulting in increased prevention and decreased incidences of abuse.
- 3B. Create a best-practices model of intervention and complaint resolution for consumers of in-home services.
- **Goal 4: Increase the effectiveness of services and resources to enable older adults to remain healthy and active.**
- 4A. Support the transformation of the senior community center system to fully address the needs of current and future independent older adults.
- 4B. Refresh the nutrition programs by redesigning the congregate meal program and ensuring the availability of home delivered meals.
- **Goal 5: Use contemporary technologies and resources to promote consumer independence.**
- 5A. Maximize the use of available technology and streamline systems to produce a more effective and efficient intake process for consumers.
- 5B. Implement assistive technology and telecare services in support of in-home services.