The Southwestern Connecticut Agency on Aging, Inc.

Area Plan October 1, 2021- September 30, 2024

Access to information & supportive services

Guide through person-centered care management services for elders, persons with disabilities & people who love them

Enhance resources and education for aging network partners

SWCAA staff deliver meals while Meals on Wheels drivers quarantine due to COVID -19 in November 2020

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VERIFICATION OF INTENT

The proposed Area Plan is hereby submitted for the Southwestern Region Planning and Service Area for the period of October 1, 2021 through September 30, 2024.

The Area Plan includes all assurances to be followed by the Southwestern Connecticut Agency on Aging, Inc. under the provision of Title III of the Older Americans Act of 1965, as amended. The Area Agency, as identified above, will assume full authority to develop and administer the Area Plan in accordance with the requirements of the Act and related Federal and State regulation and policy. In accepting this authority, the Area Agency assumes responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older adults in the planning and service area.

The proposed Area Plan has been developed in accordance with all rules and regulations specified under the Older Americans Act and is hereby submitted to the State Unit on Aging for approval.

6/28/2021
Date

Signature and Title of Area Agency Director

The governing body of the Area Agency has reviewed and approved the proposed Area Plan.

June 17, 2021
Date

Chairperson, Board of Directors

June 28, 2021
Date

Chairperson, Advisory Council

Acronyms

AAA - Area Agency on Ageing

ACL - Administration of Community Living

ADRC - Aging and Disability Resource Center

CILs - Centers for Independent Living

CARES - Coronavirus Response and Relief Supplemental Appropriations Act of 2021

CAWC - CT Age Well Collaborative

CCM - Chronic Care Management

CHW – Community Health Worker

CMS – Center for Medicare & Medicaid Services

DSMT - Diabetes Self-Management Training

EBHP - Evidence-based Health Programs

FFCRA - Families First Coronavirus Response Act

FQHC – Federally Qualified Health Center

HBAI - Health, Behavior, Assessment, and Intervention

HCBS - Home & Community Based Services

NCOA - National Council on Aging

NFCSP – National Family Caregiver Support Program

OAA - Older Americans Act

SUA - State Unit on Aging

SWCAA – Southwestern Connecticut Agency on Aging

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Executive Summary

The Southwestern Connecticut Agency on Aging (SWCAA) is an Area Agency on Aging serving older adults and persons with disabilities. SWCAA's Agency vision is to, 1) enhance access to ageing & disability supports & services; 2) guide individuals through person-centered care management; and 3) build the capacity of ageing and disability provider network.

Over the past three years, SWCAA effectively met the challenges of a growing elder population, efforts to rebalance systems away from institutional bias and the unprecedented needs associated with the pandemic. The region stands stronger today then before the pandemic with greater collaboration, cooperation and hyper focus on the target populations identified in the Older Americans Act.

The Federal Fiscal Year 2022-2024 Area Plan began with a rigorous assessment of need. Utilizing data from thousands of calls to SWCAA's 800#, we analyzed the most pressing regional needs. Literature reviews and resources such as Administration on Community Living, and National Council on Ageing provide a global perspective while work with state partners, Aging and Disability Services offered statewide perspective.

The goals identified align with the Aging and Disability Services. The strategies and measures align with our regional Area Agencies on Ageing partners. Together we present a clear vision of the opportunities that will lead to, 1) a better client experience when accessing services and supports; 2) a healthier older adult disability population; and 3) reductions in elder abuse, neglect fraud and exploitation. The strength of SWCAA's dedicated Board of Directors and the guidance from our Advisory Council help the Agency monitor activities and outcomes that

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improve the quality of life for older adults, persons with disabilities and the people who care for and love them.

Context: Overview of the AAA

Mission statement

Since 1974, the mission of the Southwestern Connecticut Agency on Aging, Inc. is to provide leadership and resources to meet the needs of the rapidly growing population of older adults and to maintain and improve the quality of life and independence of older persons. In recent years, SWCAA has broadened its organizational mission to include any person wishing to forego nursing facility or hospital-based institutional care. In 2009, we added "Independent Living" to our tagline to solidify our commitment to any person, of any age, with any disability, seeking to maximize his or her independence. We work in collaboration with disability resources to hone our skills and increase support to persons with disabilities. Caregivers and grandparents raising grandchildren are targeted populations within our mission.

The Area Plan has three visionary goals aligned with the Connecticut Aging and Disability Services Department.

1. Empower older individuals to reside in the community setting of their choice.
2. Provide older adults with prevention and wellness opportunities.
3. Protect elder rights and well- being and prevent elder abuse, fraud, neglect, and exploitation.

The Area Plan and mission integrate a vision to build a network of support that allows older adults and persons with disabilities to achieve maximum independence, dignity, and quality of life. Health access, protection against harm and discrimination, and access to supportive services provide the foundation for our work. The Area Plan represents a roadmap to support

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the staff and community stakeholders as we weave a strong network of supports and services to maximize the opportunities for older residents, persons with disabilities and the people who love them.

SWCAA Core Values

1. Promote maximum independence and dignity for older adults and persons with disabilities
2. Develop person-centered plans of care that respect the preferences and goals of persons served
3. Improve the client experience when accessing services and supports
4. Build aging network capacity through education, financial resources, and an inclusive spirit of collaboration
5. Uphold maximum transparency and respect when communicating with employees, contractors, funders, leadership, and other stakeholders
6. Evaluate the success of programs based on outcome and the ability to improve the client experience
7. Incorporate efficiency in all aspects of service delivery
8. Encourage, honor, and respect the differences in individuals, communities, cultures, and providers

The Agency's organizational culture is based on honesty, transparency, and respect. The Core Values set a common standard for all Agency interactions. The desire to exceed expectations is at the root of all contractual and client engagements. Clients are supported through navigation of complex services. Capacity building is demonstrated through the process of monitoring, informing, and supporting Title III grantees and subcontractors. In partnership with our grantees, we create a true safety net for vulnerable seniors. SWCAA's interdepartmental

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communication and “no wrong door” approach provides seamless transition and access to all programs including Medicaid waivers. SWCAA actively researches best-practices and innovative solutions to meet the challenges of aging by participating in quality training and learning experiences; reviewing the work of other Agencies on Aging across the state and nation; and working collaboratively with universities, hospitals, Administration of Community Living, Center for Medicare & Medicaid Services and the Department of Aging and Disability Services.

Accomplishments and Challenges

The past three years, SWCAA achieved meaningful accomplishments despite challenges associated with the COVID-19 pandemic. The Agency was able to bring the community together with unprecedented success. Face-to-face activities and the struggle to support alternate forms of communication led to greater degrees of innovation, community-building, and collaboration. Transitioning the organization to a viable work-from-home workforce while supporting the overwhelming need for food, information and personal protective equipment was a tremendous feat.

Our **Planning** activities include, transportation coalitions; participation in the National Council on Aging’s, *Health, Behavior, Assessment, and Intervention* (HBAI) learning collaborative; and community conversations, a weekly brainstorming and support session for aging network providers throughout the pandemic. Convening “Community Conversations” from the start of the pandemic brought the Aging Network together to navigate pandemic challenges and expedite resources to the areas of greatest need. The allocation of Coronavirus Response and Relief Supplemental Appropriations Act of 2021(CARES) and Families First Coronavirus Response Act (FFCRA) was incredibly helpful in our plans to meet the challenges posed by the Coronavirus Pandemic.

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Advocacy efforts took center stage with threats to Connecticut's Medicare Savings Program. Proposed changes to the income guidelines would have been devastating for thousands of older adults and persons with disabilities. SWCAA coordinated regional meetings with legislators, telephone and mail campaigns and brought a bus full of older constituents to the Legislative Office Building to express concerns at a public hearing. The success of the advocacy eventually resulted in the dismissal of the proposal. Another form of advocacy was demonstrated by SWCAA's assistance to form a "complete count committee" to focus on the importance of including the elder and disability communities in the count. SWCAA has been at the forefront of Provider rate equity since 2012. The home and community-based service (HCBS) network must receive equitable reimbursement if it is to provide high-quality services to older adults and persons with disabilities. Reimbursement advocacy is centered on preventing a two-tiered system of home care whereby Medicaid clients have limited or lower-quality options for home care providers due to insufficient reimbursement rates. SWCAA's director is the designated staff working with the National Association of Agencies on Aging to advocate for sustainability in programs such as SHIP and nutrition.

As a **Funding Entity,** SWCAA formalized meetings with the Board's allocation committee to investigate and adopt new evaluation forms for grant and site visit reviews. The new evaluation tools have identified areas of technical assistance needed to help grantees develop their programs. SWCAA's strong connection to the Advisory Council and the aging network help guide allocation and target dollars to the most pressing gaps and needs. When a critical program, *Grandparents Raising Grandchildren*, ended due to funding concerns of the host agency, our grants manager was quickly able to identify and recruit another nonprofit to lead the project and support the grandparent caregivers.

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Needs and Targets

Needs assessment

The needs assessment is a three-year, accumulative analysis of white papers, research, surveys, focus groups and census data related to older adults from national, statewide, and more specifically, Fairfield County resources. The Agency's needs assessment looks at global themes and challenges affecting older adults through publications by the American Society on Aging, the Journal on Aging and Health, the Centers for Disease Control and Prevention and the American Geriatric Society. Statewide review of the *Balancing the System: Working Toward Real Choice for Long-Term Services and Supports in Connecticut* provides real-time data on efforts to offer community-based choice. Reports from the Medicaid Advisory Council provide gap analysis on issues ranging from transportation to capitated payment models for long term care. Locally, SWCAA hosts monthly Advisory Council meetings. Gaps and challenges are documented by representatives from each community. Surveys for the nutrition program help guide innovations and caterer evaluation. Local senior center, hospital needs assessment and United Way surveys were used to identify gaps. SWCAA's transportation coalition completed an extensive survey of transportation needs in the southwest region in 2018. The pandemic had a diminishing effect on our ability to host senior focus groups in 2020 and 2021; however, we utilized data from all calls coming to our CHOICES 800 number to identify the priority needs as determined by requests for assistance. Utilizing the caller's requests provides a more statistically significant sample and inclusive data set than any focus group or survey could have provided. The needs assessment tool is the product of annual analysis of the needs described by callers to the 800#. This analysis was completed and reviewed during the May 12, 2021 Advisory Council meeting. The Council affirmed the analysis based on the experiences of each municipality.

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Current and Projected Needs

Fairfield County's older population is expanding, while its younger residents are becoming more racially and ethnically diverse. Within the region, six of Connecticut's wealthiest towns (Westport, Wilton, Weston, New Canaan, Darien, and Greenwich) sit juxtaposed to Connecticut's poorest city, Bridgeport. The Bridgeport-Stamford-Norwalk metro area ranks first of the 100 largest U.S. metro areas in income inequality. (Holmes & Berube, 2016) "The county population living in an extreme-income neighborhood (very rich or very poor) has steadily increased, at the expense of "middle-income" neighborhoods." "Income segregation results in unequal access to community resources." (Abraham & Buchanan, 2016). According to the *Tuft's Healthy Aging Report,* Fairfield County has a more diverse population with the highest number of immigrants and non-English speakers in the State.

The needs assessment from Area Plan 2018 – 2021 cites the most pressing needs as, 1) economic security; 2) access to supports and services; and 3) access to healthcare. Statewide assessments from this period identify the need for transportation, availability/affordability of senior assisted housing, social support systems, engagement in medical decision-making, repair/maintenance of homes, and burden of chronic diseases. (Connecticut State Innovation Model State Health Profile, 2016) Globally, the World Health Organization found "the most important basic needs identified by older people, beyond health care and long-term care, are personal and financial security, and adequate housing." (World Report on Ageing and Health, 2015) State and global data support the region's analysis.

Similar priorities emerged from the needs' assessment for FFY SWCAA's 2022 – 2024.

(a) Economic Security

Over 15 million (or roughly 1 in 3) older adults aged 65+ are economically insecure, with incomes below 200% of the Federal Poverty Level. (Kaiser Family Foundation, 2018)

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Older women are more likely to live in poverty than men because of wage discrimination and having to take time out of the workforce for caregiving. (Justice in Aging, 2020) Over half of Black and Hispanic seniors aged 65+ have incomes below 200% of the federal poverty level (https://www.ncoa.org/article/get-the-facts-on-economic-security-for-seniors).

By many metrics, Fairfield County is wealthy; however, this wealth is highly concentrated. In 2017, median household income in the six wealthiest towns was more than double that of the county overall and more than four times that of Bridgeport, the lowest in the region. Nearly one-third of Fairfield County adults reported in 2018 that they are just getting by or finding it difficult to manage financially. People are also living longer with chronic illnesses and various forms of dementia, increasing their need for costly Long-Term Care services. Assistance locating and applying for benefits that may help reduce expense is much needed. Financial assistance generated the highest number of SWCAA I&A calls with 17,993 calls over the past three years.

(b) Community-Based Long-Term Services and Supports for Older Adults and for Caregivers

Community-based services and supports help older adults accomplish everyday tasks, provide respite for caregivers, allow older adults to remain independent in the community, and prevent expensive hospital and nursing costs. There were 5,376 calls for information or assistance procuring long term care supports and services including respite for caregivers.

According to Morningstar (https://www.morningstar.com/articles/957487/must-know-statistics-about-long-term-care-2019-edition):

- 52% percent of people turning age 65 will need some type of long-term care services in their lifetimes.

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- 8% percent of people ages 65-74 will need long-term care services, 2018.

- 17% percent of people ages 75-84 will need long-term care services, 2018.

(c) Health and Wellness Services including Nutrition

The World Health Organization "defines *Healthy Ageing* as the process of developing and maintaining the functional ability that enables well-being in older age." (World Report on Ageing and Health, 2015) The *Tuft's Healthy Aging Data* reports Fairfield County has a higher than State average prevalence of Alzheimer's and related dementia with high rates of hospital recidivism. These are potential areas of improvement for Fairfield County.

The data on Fairfield County's neighborhood life expectancy and premature mortality reveal large disparities in health and well-being within the region. For example, diabetes hospitalizations statewide are 639 per 10,000 residents as compared to Fairfield County's 498 per 10,000 with Bridgeport nearly doubling the state average at 1,145 per 10,000 residents. A similar statistic is reported for the incidence of hospitalizations related to heart disease. (https://www.ctdatahaven.org/sites/ctdatahaven/files/DataHaven_FairfieldCounty_Community_Wellbeing_Index_2019.pdf)

Falls are the most common cause of non-fatal injury in the U.S. and within Fairfield County. According to the CDC, one in four adults ages 65 and up will fall each year, and 20 percent of falls will induce a serious injury such as a hip fracture or traumatic brain injury, which can be debilitating and sometimes life-threatening.

Depression may be rooted within many different social, medical, and environmental factors, including substance use, traumatic experiences, and social isolation. In the 2018 DataHaven Community Wellbeing Survey, 8 percent of Fairfield County adults reported feeling down,

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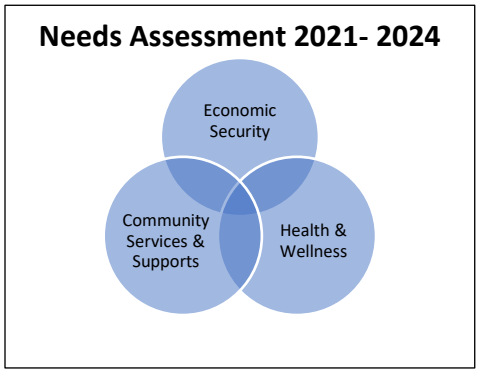
depressed, or hopeless more than half of the days during the past two weeks, and 12 percent reported being anxious most or all of the time—rates that were similar to the statewide average.

Nutrition is an important determinant of health in elderly patients. Over the past decade, the importance of nutritional status has been increasingly recognized in a variety of morbid conditions including cancer, heart disease, and dementia in persons over the age of 65 (Basran and Hogan 2002; Tessier 2002; Keller et al 2003; Takashashi et al 2003; Coombs et al 2004; Van Wymelbeke et al 2004). In Fairfield County cities almost one in five residents lives in poverty. In Fairfield County, Children, the working poor, and the elderly are particularly at risk for not having enough to eat.

Although the needs assessment tool offers a methodology to prioritize needs, it is important to consider the inter-relatedness of needs. Ageing brings a myriad of challenges, all inter-related and connected. For example, improved nutrition leads to better health and possible reduction in the need for LTC supports and services. Additional income, such as waiving the monthly Medicare premium can offer better access to prescriptions and thereby improve overall health.



Projected Change

One rarely finds an article or research report about older adults that does not include information about the recent and projected increases in the older adult population. "Over 10,000 baby boomers are turning 65 every day" is an often-quoted statement. (Final Report, 2015) In addition to the large numbers of people turning 65, today's elders are living longer than ever before—the average life expectancy continues to rise steadily along with the number

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of people age 100 or older. (Xu, 2016). People age 65 and older represented 16% of the population in the year 2018 but are expected to grow to be 21.6% of the population by 2040.

Data from the 2020 census is limited. Over the next decade, older adults (ages 65 and over) are projected to be the only group in Fairfield County to increase significantly in size. From 2014 to 2025, the older adult population will grow by 37 percent or 3.7% annually. The population 60+ is expected to increase by 11.1% over the three-year Area Plan.

Given the projected increase, service delivery will be challenged to keep up with demand. SWCAA will attempt to improve the efficiency of grant-funded projects by offering streamlined administrative and data collection so the award targets services rather than the administration. Advocacy for sustainable funding through the Older Americans Act is crucial. Allocations Committee members will fund applicants based on the greatest need aligned with the priority cohorts described in the Older Americans Act. Evidence-based assessment shall be introduced in the nutrition assessment to ensure that those most in need get essential supports and services.

Provider Information

The pandemic has increased the vulnerabilities of some of the region's Providers. Flexibility and innovation were key to meeting the needs of older adults throughout the pandemic. All Providers tried to adapt to a new work environment and provide socially distanced, accessible supports. For some, re-thinking the business model led to better ways of reaching older adults. For others, the challenge of technology, loss of funding and lack of administrative support overwhelmed the provider and the client.

SWCAA identified the provider struggles early on. We responded with a series of community conversations designed to encourage creative thinking and problem solving. Our region's

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senior centers continue to meet to discuss plans to reopen safely as the community vaccination rates increase. We pivoted several services from on-site support to telephonic support and worked with Providers to ensure proper MIS documentation. All Provider interactions were positive with new Providers offering services to accommodate accelerated needs. The region is challenged when trying to accommodate in-home needs in locations distanced from public transportation routes Respite services are limited due to low reimbursement and workforce shortages[1]. SWCAA works on a statewide taskforce to develop equitable Provider rate methodology and encourage Provider recruitment.

Target setting

SWCAA's target setting process is designed to fairly and consistently allocate funds to the population cohorts prioritized in the Older Americans Act. Prioritized populations include, low income, minority, at-risk of institutionalization, Alzheimer's or related disorders, non-English speaking, rural and severely disabled populations. Census data and the AGid Special Census Tab are used to inform staff and allocations committee members of the percentage of priority groups living in each town. Allocations are made based on a project's ability to serve individuals at a rate that is at least equal to the percentage of the prioritized cohort. In order to prioritize the distribution of the funds that may be available each year, the members of the allocations committees (Board and Advisory members representing all of SWCAA's 14 towns) make funding decisions based on criteria including, priority clients to be served; community need for service to be provided; demonstrated quality of program; cost effectiveness; administrative competence; and past performance.

Strategies for targeting

The SWCAA Title III allocations process requires applicants to project the number of clients to be served who will be at or below 100% of the poverty level and/or minority. In addition, applicants

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must describe an outreach plan designed to reach older adults who are: at or below 100% of the poverty level, minority, at 101%-150% of the poverty level, with limited English proficiency, with severe disabilities, at risk of institutionalization, and with Alzheimer's or related disorders. Funding is allocated based on an evaluation process which includes consideration of the percentage of

1. https://apnews.com/article/ct-state-wire-business-coronavirus-pandemic-health-82bb60ab9df6522c458a0c22973727d5; https://www.nbcconnecticut.com/news/local/home-care-faces-twin-crisis-employment-and-medicaid-reimbursement/2518993/; https://www.forbes.com/sites/howardgleckman/2021/07/06/confronting-the-growing-shortage-of-care-workers-for-older-adults/?sh=34e242a264a6 ; https://heller.brandeis.edu/iere/pdfs/jobs/sw-ct-labor-mkt-hpog.pdf

socially and poor older adults and applicants are advised that the percentage be at least in proportion to their representation in the community served.

Staff of SWCAA's nutrition education waiver and Bridgeport outreach waiver work in the community identifying older individuals who have economic or social needs or are low-income minority and assisting them in accessing available community services. SWCAA is the trusted leader relative to all aging issues in the planning and service area of southwestern Connecticut. This translates into proactive execution, under the leadership and direction of the Board and Advisory Council, of a wide range of resources related to older adults, such as health insurance, long-term care, housing, and in-home care. These systems are designed to assist, maintain, and improve the quality of life and independence of older persons regardless of their level of functioning, income, language preference, ethnic background, sexual identification, or religious affiliation. SWCAA Information Specialists work diligently to break down barriers to services through community presentations, one-to-one counseling events, health and wellness fairs, hosting community forums (Senior Centers/Municipal Agent) and content at media outlet events (Facebook, electronic publications, radio, TV, billboards).

Individuals age 60 and older at risk for institutional placement:

All Title III grantees are required to have a system in place to advise participants of additional services that may be available to them and to assist them in accessing such services. When

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client responses to required demographic questions (as presented on the Form 5 intake) or interactions between grantee staff and participants indicate that a participant may be at risk in the community, the grantee staff can provide assistance or help the participant make contact with a social worker who can provide additional access to services. Some grant projects provide direct services to individuals at risk for institutional placement who are unable to pay full cost for those services. Some grant projects include outreach workers or social workers who can assist these participants; others may make referrals to the SWCAA Programs/Community Supports staff. Staff of SWCAA's nutrition education waiver and Bridgeport outreach waiver are in the community identifying community older individuals who are at risk for institutional placement and assisting them in accessing available community services.

SWCAA continues to develop and maintain effective partnerships with organizations and providers who have dementia expertise and person-centered philosophy. The CHOICES 800 line along with direct staff extensions provide streamlined access for both caregivers and clients, thus reducing the number of discouraging steps a caregiver may otherwise have to go through to obtain information.

SWCAA provides relevant referrals from agency to agency to ensure that information or assistance is received in a timely manner, as well as accepting reciprocal referrals regardless of how or where contact is made in the community (No Wrong Door).

Individuals with limited English proficiency:

The majority of SWCAA's Title III grantees employ staff who are bilingual and many of them also provide materials in languages other than English. At least one grantee each in Bridgeport, Norwalk, and Stamford focuses most of their grant services on non-English speaking older adults.

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SWCAA's Bridgeport outreach worker is bilingual and works almost exclusively with minority and low-income older adults in Bridgeport.

SWCAA's Information Specialists provide callers who have limited English proficiency the option of using the translation service Language Line. Within the Community Services Department there are staff members who are proficient in Spanish and assist individuals who prefer to communicate in Spanish. The SWCAA website also has a language feature which will translate all webpages into more than one hundred languages.

Individuals with Alzheimer's disease, related disorders, as well as, older individuals living with severe disabilities:

Referrals may be made to one of the Medicaid waiver programs or to the Statewide Alzheimer's Respite Program or the National Family Caregiver Program at SWCAA. These programs provide case management services that help the family caregiver, the at-risk older adult, or an older individual with Alzheimer's disease by immediately offering respite in the form of in-home care or adult day care and/or supplemental services while informing the caregivers of other available supports.

Adult Day programs that are State Alzheimer's Aide grant recipients are able to provide services to Individuals with a diagnosis of Alzheimer's and related dementias, as defined by the National Institute on Aging as irreversible and deteriorating dementias that may include but are not limited to: Frontotemporal disorders, Lewy Body Dementia, Vascular Dementia/Vascular Cognitive Impairment, or Mixed Dementias. Participants must have had a comprehensive medical evaluation that has ruled out unrelated conditions such as depression, TBI, alcoholism, and drug interactions.

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Efforts to reach individuals with disabilities who receive Medicare but are under the age of 65 are made through partnerships, collaborations, or presentations with Behavioral Health agencies; NAMI, Access Independence, Kennedy Center, and LifeBridge. SWCAA Information Specialists provide relevant referrals from agency to agency to ensure that information or assistance is received in a timely manner, as well as accepting reciprocal referrals regardless of how or where contact is made in the community (No Wrong Door).

Serving the target population: (AGid Special Census Data)

	Total 60+ residents	Poverty	Low Income	Minority	At-Risk	Disability	Alzheimer's	Non-English
Bridgeport Town	23,625	3,284	8,978	18,876	1,748	2,174	1,677	11,340
Darien	3,635	124	262	327	269	334	258	400
Easton	1,935	43	45	91	143	178	137	166
Fairfield Town	13,535	704	1,665	1,651	1,002	1,245	961	1,678
Greenwich Town	14,225	854	1,977	2,504	1,053	1,309	1,010	3,300
Monroe Town	4,120	132	589	428	305	379	293	408
New Canaan Town	4,310	138	530	384	319	397	306	612
Norwalk Town	17,095	1,812	4,069	8,411	1,265	1,573	1,214	2,325
Stamford Town	25,070	2,482	6,242	12,710	1,855	2,306	1,780	3,410
Stratford Town	13,605	1,182	2,884	3,673	1,007	1,252	966	1,932
Trumbull Town	9,025	244	957	1,498	668	830	641	1,282
Weston Town	2,055	95	195	284	152	189	146	251
Westport Town	6,415	257	481	667	475	590	455	885
Wilton	4,120	103	334	478	305	379	293	531

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SWCAA uses a variety of strategies for serving individuals age 60 and older in each of the target groups within the SWCAA region through Title III funded programs and services. Beginning with the grant proposal, applicants are asked to describe how they will reach out to prospective clients serving various populations.

Please see the target population question below as documented in the Grant Application for all applicants.

PLAN TO OUTREACH TO TARGET POPULATIONS -- Title III grantees are required to implement a plan to reach out to prospective clients in the populations listed below. Complete all non-shaded areas in the chart in describing your plans.

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Clients 60 years of age or older and:	How will you make prospective clients aware of your project and maintain contact with current clients in each listed population group? How will you track and measure results?
At or below 100% of poverty level (“poor”)	
Minority	
101% - 150% of poverty level (“near poor”)	
With limited English proficiency	
With severe disabilities	
At-risk of institutionalization	
With Alzheimer’s or related disorders	

Another strategy used by SWCAA is the standardized evaluation completed during the review of grant applications. Members of the SWCAA Board of Directors and Advisory Council serve on allocation subcommittees where each application is reviewed and scored using the Application Evaluation. Reviewers convene and discuss the applications to ensure the proposed project is serving a representative sample and have an outreach plan in place. Please see the target population and outreach questions below as documented in the Application Evaluation scored by Allocations Committee members.

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Targets III.10	Is the percentage of poverty level participants equal to or greater than the percentage in the community?
Targets III.10	Is the percentage of minority level participants equal to or greater than the percentage in the community?

Outreach III.8	Rate the overall outreach plan (consider target population, methods, and outcomes)

The mid-year site visit provides an opportunity to review the progress of the grant and discuss potential issues that may prevent a Grantee from reaching their target clients. Site visit evaluators are provided with a summary of the project and the number of clients served and units provided to date prior to the meeting. Committee members prepare questions beforehand which allow for meaningful dialogue with the grant staff members.

Finally, the year-end survey completed by Grantees includes questions pertaining to the clients served. In addition to the data entered in Grantee Gateway and the statewide management information system provides further insight to the numbers. SWCAA meets with grantees to review and explain the success and challenges of reaching their targets.

Collecting data:

SWCAA developed and implemented a HIPPA compliant data portal, Grantee Gateway, which provides an electronic system for managing all Title III grants and data. Through this password protected system, Grantees and SWCAA staff can track units of service, clients, award dollars

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and much more in real time. Grantees are also able to submit invoices for services provided and track all payments.

Another feature of Grantee Gateway provides Grantees with the ability to submit Form 5 Intakes through the data portal. This was a major improvement from mailing and scanning paper intakes which created several challenges in the past including a gap in time from mailing to receiving forms, difficulty reading handwriting, and incomplete data. The new system is cost effective, improves accuracy, and maintains the integrity of data.

SWCAA learned just how valuable this improvement was during the COVID 19 pandemic when many organizations closed and did not have access to paper files or the means to scan and submit documents. Technology made it possible for Grantees to continue submitting Form 5 Intakes in real time and submit invoices for reimbursement no matter where they were working.

SWCAA is currently undergoing a system upgrade that will allow Grantee Gateway data to upload through an interface into the WellSky system. Following the WellSky report specifications, SWCAA is now able to upload units of services for all Title III B, C and D services. This eliminates the need for manual entry which can lead to error and allows staff to shift their focus to providing more assistance to the providers.

The Grants Department staff manage the data entry workflow and have a system in place to ensure timely data entry. Grantees are made aware of the timeline and receive helpful reminders and tips for managing their data throughout the year. When Form 5s are submitted with missing information such as the date of birth, the Grantee is asked to submit the information and the status of the Form 5 remains “unqualified” until the data is complete.

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Determining if targets were met

Mid-year site visits with all Grantees provide an opportunity to evaluate the progress of the project and if issues exist, a means to problem-solve before the year end. The Grantee end of year review conducted by SWCAA staff is also helpful to determine if the targets were met.

In addition to the application and site visit evaluations described above, the allocations committee evaluates the area served by each grant project to ensure SWCAA is allocating funds in an equitable way that reaches each target population and each sub region within the catchment area.

Area Plan Development Process

The Area Plan development process begins assessing needs on the first day of the previous Area Plan. SWCAA begins gathering data about the needs of older adults from resources including, NCOA and ACL resource centers; the Journal of Aging and Health; CDC; National Institute on Health; American Society on Aging and the American Geriatric Society. State resources include information from the Medicaid Advisory Council; Long-Term Care Planning Committee; UCONN Center for Healthy Aging and the Office of Health Strategy. Locally, SWCAA reviews quarterly call center needs; local senior center surveys; United Way surveys and needs assessment; nutrition surveys from the Elderly Nutrition Providers; and regional hospital community health needs assessment. SWCAA attends workshops with Datahaven to review the community wellbeing survey which offers data on a myriad of factors indicating the health of various population cohorts. Input was solicited from older adults via the call line and community meetings, from providers as part of a facilitated needs assessment at Provider Council meetings and from community leaders on the Agency's Board and Advisory Council. SWCAA reviews the vision of the Administration of Community Living and the Aging and Disability Services Area Plan. This year, the regional AAA is required to adopt the goals from Connecticut's Aging and Disability Services. With the goals identified, SWCAA looked at the OAA contract, CT Statewide Alzheimer's Respite Program, CHOICES, MIPPA, and SMP to look at how we can effectively meet the goals through innovative

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and efficient transition of funds to programs to client outcomes. The strategies listed below identify the specifics of how SWCAA will address the needs of older individuals prioritized in the OAA. Measures include dedicated outreach; program development in rural and underserved communities; Spanish language proficiency; collaboration with LiveWell and the Alzheimer's Association; meeting contract deliverables that serve older adults at-risk of institutional placement; integrating OAA and Medicaid services when possible; and improving access for all caregivers and older adults.

Goals, Objectives, Strategies and Measures

Goal 1: Empower Older Adults to Reside in the Community Setting of Their Choice

		Completion
Objective 1	Provide timely, accurate and concise information that clearly describes options for community-based care.	
Strategy	Develop Aging & Disability Answers, a public/private partnership statewide hub for LTSS information. The program shall enhance and complement CHOICES and OAA programs while improving client experience. The program shall enhance and complement CT's LTSS infrastructure including but limited to 211-Infoline, MyPlaceCT, and the CHOICES and OAA programs to improve client experience.	9/30/22
Strategy	Identify funds to maintain Aging & Disability Answers, a public/private partnership statewide hub for LTSS information. The program shall enhance and complement CHOICES and OAA programs while improving client experience.	9/30/23 & ongoing
Measure	Implement Aging & Disability Answers in partnership with all AAAs- • assess and improve AAA efficiencies and partner development. • launch website and begin navigation services.	FY 2021/22 FY 2023/24
		Completion
Objective 2	Partner with regional Area Agencies on Aging to deliver and improve the customer/caregiver experience when seeking supports.	
Strategy	Work with program staff from the SUA and regional AAAs to identify and facilitate high-quality, uniform training.	
Measure	Develop uniform training protocols and assessment tool for all AAAs.	FY 2022/23

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Measure	AIRS certification of at least one Information Specialist in each Agency	ongoing
Measure	Facilitate opportunities for at least one annual workshop for statewide AAA Information and Assistance staff to discuss best practices	ongoing
Objective 3	Help older adults navigate DSS programs and information including Medicaid	
Strategy	Annual training on Medicaid waivers and pertinent eligibility information	
Strategy	Adopt common core competencies of Person-Centered Planning curriculums used in CT	
Measure	Increased communication with Access Agency/CHC department for waiver-related services	ongoing
Measure	Completion of training for Common Core Competencies	Once adopted by SUA
Objective 4	Utilize National Family Caregiver Support Program (NFCSP) funding to support older adults waiting for eligibility in Medicaid home and community-based services.	
Strategy	Educate Medicaid intake staff of the services available through NFCSP	
Strategy	Effectively enroll older adults in NFCSP and CSRCP	
Strategy	Utilize NFCSP and CSRCP services as a stopgap to avoid premature institutional placement	
Measure	Increase in number of individuals transitioning from NFCSP and CSRCP to Medicaid waiver services	ongoing
Objective 5	Provide strategic outreach to OAA priority cohorts	
Strategy	Recruit and retain at least one Spanish-speaking Information Specialist	
Strategy	Utilize telephonic language service to support communication	
Measure	Employee records indicate bi-lingual staff	ongoing
Measure	Language Line invoice indicates consistent utilization	ongoing
Strategy	Monitor Provider strategies to ensure outreach to target population	
Strategy	Evaluate Provider and waiver program success in reaching target groups	
Measure	All applications include a review of outreach to target strategies	ongoing
Measure	Waiver programs include targets and service delivery to, 1) rural; 2) low-income; 3) minority; 4) at-risk of institutionalization; 5) persons with Alzheimer's disease or related dementia; 6) persons with severe disabilities.	ongoing
Strategy	Target OAA funds to the region's poorest cities, Bridgeport, Norwalk, and Stamford	
Strategy	Recruit CHOICES volunteers in the region's poorest cities, Bridgeport, Norwalk, and Stamford	

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Measure	Analyze service delivery in concert with all AAAs to identify low utilization/high minority communities.	FY 2023
Measure	At least one CHOICES counselor will support Bridgeport, Norwalk, and Stamford.	ongoing
Measure	Meet or exceed all MIPPA contract targets as determined by the State Unit on Aging (SUA).	ongoing
Strategy	Enhance the communication with the regional Alzheimer's Association coordinator.	
Measure	Co-present at regional caregiver events at least once per year,	ongoing
Measure	Attend, support and if possible, present at the annual Alzheimer's conference to raise awareness of the National Family Caregiver Support Program and the CT Statewide Alzheimer's Respite Support Program. - ongoing	ongoing
Strategy	Increase support of the disability community for all ages by enhancing referrals to assisted technology, employment opportunities and supports.	
Measure	Participate in the No-Wrong Door meetings coordinated by the SUA lead.	ongoing
Measure	Confirm partnership on the statewide Aging and Disability Answers with the Centers for Independent Living.	FY 2022
Measure	Participate in a minimum of one UCONN Center for Developmental Disabilities trainings.	ongoing
Objective 6	Support the needs of caregivers to reduce stress and encourage strong caregiver satisfaction.	
Strategy	Support caregivers with information, assistance, and respite services.	
Measure	Meet all deliverables for National Family Caregiver Support programs targeting information, counseling, and supplemental services.	ongoing

Goal 2: Provide Older Adults with Prevention and Wellness Opportunities

Objective 1	Broaden access to and awareness of Chronic Disease Self-Management Programs to promote wholistic health and wellness.	
Strategy	AAA-CT representative will participate on CT Healthy Living Collective Advisory Council.	
Measure	Update CHLC website with chronic disease program options.	Bi-annual course date submissions
Measure	Attendance at meetings convened between CHLC and Aging Network partners to discuss opportunities to scale up Chronic Disease Self-Management Education Programs.	ongoing
Strategy	Offer alternative formats of CDSME workshops.	
Measure	Offer telephonic and video-conferencing options to older adults interested in participating in CDSME who cannot attend on-site programs.	ongoing
Strategy	Expand menu of CDSME's available to consumers.	

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Measure	IIID Waivers reviewed annually to include additional CDSME's as availability and interest supports.	ongoing
Measure	Proactively engage community partner to offer Tai Ji Quan: Moving for Better Balance	9/2023
Objective 2	Develop multi-faceted approaches addressing food insecurity and malnutrition.	
Strategy	Support the integration of evidence-based nutrition programs into Elderly Nutrition Program.	
Measure	RDs shall initiate evidence-based principles to combine research evidence, clinical expertise, and the client's values and circumstances to provide client-centered education and counseling in the nutrition programs as evidenced in the nutrition education plans. Education and counseling are tracked through the WellSky program.	ongoing
Strategy	RFP 2022 will include options for local communities to support meal innovations and enhance standard café offerings. Meetings with senior center and municipal personnel will offer options for town/city payment to support enhanced meal programs. Restaurant sites will be explored.	
Measure	At least three nutrition sites will offer meal enhancements or menus tailored to the client preferences.	ongoing
Strategy	Conduct benefits outreach to connect individuals with greatest economic and social need to public income support programs such as Supplemental Nutrition Assistance Program "SNAP"	
Measure	Host at least one benefit screening in low income senior center	ongoing
Strategy	Seek and fund transportation supports designed to help frail elders access healthcare and needed supportive services.	
Measure	Fund a minimum of two transportation programs in the Southwestern region with one targeting an area without strong public transportation.	ongoing
Objective 3	Support populations at greatest risk of adverse health outcomes due to social determinants of health.	
Strategy	Enhance culturally sensitive training and service coordination for individuals with Alzheimer's disease and related dementias through partnerships with the Alzheimer's Association and LiveWell.	
Measure	100% CSRCP and NFCSP staff have received Dementia Friends training.	ongoing
Strategy	Promote vaccine acceptance and reduce barriers to vaccination.	
Measure	Utilize ACL funding to create and distribute educational information related to vaccination and provide funds for transportation and barrier mitigation.	FY 2022, 2023
Strategy	Reduce the financial burden placed on family caregivers by coordinating and providing services such as, but not limited to, respite care for those caring for older adults, individuals with disabilities, or persons living with dementia.	

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Measure	Maximize number of clients served based on available funds and allocation to individual care plans. Report on total clients served annually.	ongoing
Strategy	Maintenance of effort to support best practices in ameliorating social isolation and loneliness.	
Measure	Fund programs that reflect emphasis on engagement and connection for physical and emotional well-being.	ongoing
Measure	Utilize communication technology in support of isolated older adults.	ongoing
Strategy	Formalize inclusion of LGBT-related issues into agency practice and funding priorities.	
Measure	Participate in at least one training regarding open and affirming language and behavior.	3/31/22
Objective 4	Enhance business acumen and contract capacity	
Strategy	Participate in the development of partnerships to address the social determinants of older adults through cooperative contracts, grants, or research opportunities.	
Measure	AAA-CT secure alternative funding to support health-related ventures.	2024

Goal 3: Protect Elder Rights and well-being and Prevent Elder Abuse, Fraud, Neglect, and Exploitation

Objective 1	Enhance protection of vulnerable older adults through Older Americans Act Programs.	
Strategy	Ensure all Older Americans Act funds are distributed targeting OAA priority cohorts that represent regionally identified priorities.	
Measure	Annual SAMS data confirms funds allocated meet OAA priority targets.	ongoing
Objective 2	Provide strategic outreach on well-being, elder abuse, fraud, neglect, and exploitation outreach to OAA target populations.	
Strategy	Plan or deploy one public education event (SMP) covering AAA services in designated rural communities within each AAA region.	
Measure	At least twenty individuals participate in a public education event in conjunction with the Easton rural senior center at least once in the Area Plan period.	ongoing
Strategy	Plan or deploy one public education event (SMP) covering AAA services in a minority community using a bilingual SMP volunteer.	
Measure	Host an SMP program in Bridgeport, Stamford, or Norwalk's multi-ethnic senior center each year with a minimum of ten participants.	annually

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Strategy	Maintain effective complaint procedures with effective mitigation strategies (PSE reports) for individuals at-risk of institutionalization.	
Measure	Number of PSE reports/referrals consistent with complaints.	ongoing
Strategy	Recruit SMP volunteers with an emphasis on bilingual volunteers in the regions most disadvantaged cities Norwalk, Stamford, and Bridgeport.	
Measure	At least one SMP counselor will support Norwalk, Stamford, and Bridgeport to outreach to minority populations.	ongoing
Strategy	Work with the Center for Elder Abuse Prevention at Jewish Senior Services and Coalition for Abuse Prevention of the Elderly (CAPE) to raise awareness.	
Measure	Annual event to raise awareness and promote supports for the prevention of fraud, abuse, and neglect.	ongoing
Strategy	Reduce caregiver burn out that could lead to abuse and/or neglect	
Measure	Co-present caregiver workshops with the Alzheimer's Association that address caregiver burn-out and offer stress reduction options including respite to prevent abuse and neglect of individuals with Alzheimer's and related dementia.	annually
Strategy	Advocate for the human rights of individuals with disabilities	
Measure	Participate in the Cross Disability Alliance Council	ongoing
Objective 3	Address systemic ageism that contributes to the discrimination against older adults and the devaluation of CT's older adults that can foster abuse, neglect, and exploitation.	
Strategy	Promote and adopt the work of Reframing Aging including dispelling widespread, negative assumptions about aging.	
Measure	AAA-CT staff designees will participate in Reframing as part of its community lecture series.	ongoing
Strategy	Promote and support work of the CT Age Well Collaborative (CAWC).	
Measure	AAA-CT designee participates on CAWC Steering Committee and promotes of the CAWC Grant. Integrates findings and best practices into future Area Plan activities.	ongoing
Strategy	Create, support, and promote regional and state-wide activities with the Elder Justice Coalition to address elder abuse, fraud, neglect, and exploitation.	
Measure	Annual TEARS Conference attended by AAA-CT staff and volunteers.	ongoing

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