

# SENIOR SERVICES PLAN

## Area 1

**October 1, 2022 – September 30, 2026**

Area Plan Dates	In Alignment with Current ICOA State Plan	Informing the Next ICOA Planning Date
October 1, 2022 – September 30, 2026	October 1, 2020 – September 30, 2024	October 1, 2024 – September 30, 2028



# Table of Contents

- Table of Contents**..... 2
- Overview – AAANI Planning & Service Area** ..... 4
  - Map of PSA 1 Boundaries and Geographic Information** ..... 5
- Section 1: Planning & Organization**..... 6
  - Area Plan Submission Timeline** ..... 6
  - Stakeholder Plan/Table**..... 7
  - AAANI Area Plan Steering Committees** ..... Error! Bookmark not defined.
  - Community Focal Points**..... 8
- Section 2: Environmental Analysis** ..... 10
  - Anticipated Trends** ..... 10
- Section 3: Identified Opportunities** ..... 14
- Section 4: Goals & Strategies**..... 15
  - AAANI Vision**..... 15
  - AAANI Mission & Values** ..... 15
  - Gap Priorities** ..... 15
  - Universal Programs: Investing in Healthy Aging** ..... 16
  - Targeted Programs: Preventing Institutionalization** ..... 18
  - Crisis Programs: Preserving Rights and Safety** ..... 20
- Section 5: Plan Execution**..... 21
  - Area Agency on Aging of North Idaho Organizational Chart**..... 21
  - Area Plan Implementation** ..... 22
- Section 6: Continuous Quality** ..... 24
  - Data Integrity Plan** ..... 24
  - Quality Plan** ..... 24
- Attestation of Compliance Signature Page**..... 26
- ATTACHMENTS** ..... 28
  - Attachment A: Census Reports**..... 29
  - Attachment B: Combined SWOT Analysis**..... 30
  - Attachment C: Senior Centers SWOT Analysis** ..... 30
  - Attachment D: Emergency Contingency of Services Plan** ..... 30

# Executive Summary

Every four years, with annual updates thereafter, the Area Agency on Aging of North Idaho (AAANI) submits an Area Plan to the Idaho Commission on Aging (ICOA) for approval. An Area Plan is required to continue AAANI's receipt of federal and state funding allocations through ICOA.

This Area Plan establishes a "Single Access Point" for all Idaho consumers living in the five northern counties that comprise Program Service Area 1 (PSA 1): Benewah, Bonner, Boundary, Kootenai, and Shoshone counties - providing universal connectivity to resources and services that maximize independence and quality of life for older Idahoans age 60 and over, individuals with disabilities and vulnerable adults 18 years and older and their families. It also provides opportunities for individuals to access private and public, long-term care services and other resources.

In developing the Area Plan, the AAANI applied ICOA's statewide goals and objectives approved by the Administration for Community Living (ACL). The Area Plan serves as a road map for the AAANI in its PSA. Data gathered through qualitative and quantitative analysis of the PSA 1 and included herein, informed the development of AAANI's strategies, baselines, and measures throughout.

This Plan is supported by performance data, baselines and benchmarks to ensure services set forth by the Older Americans Act of 1965 are delivered efficiently and effectively with the best available quality. The Plan also identifies those partners who, through coordination and collaboration, will help us both reach our targets and identify any needed changes to help overcome service delivery barriers.

The AAANI created a standard set of questions utilized to identify and assess its internal capabilities, resources, and strengths that can be leveraged and encouraged to maximize its goals within its PSA. These questions were uniformly posed to community organizations, contracted providers, our Advisory Council and agency staff. The results of these inquiries were used in developing and shaping this four-year Area Plan.

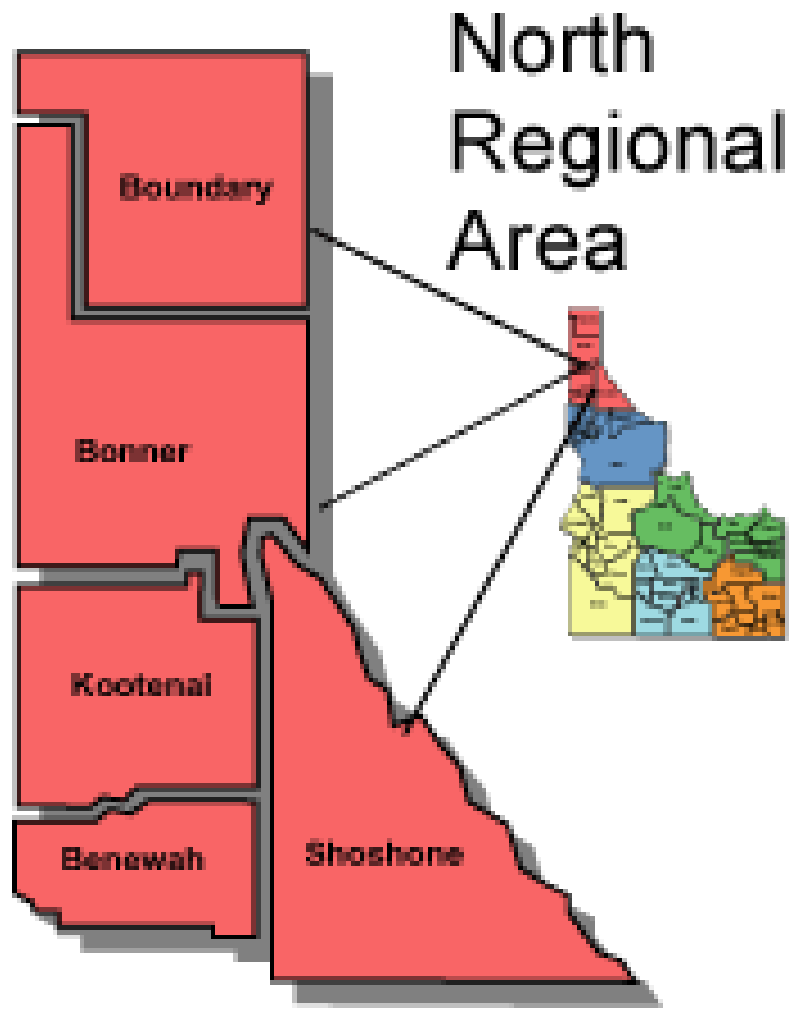
## Overview – AAANI Planning & Service Area

The AAANI is responsible for serving older residents of PSA 1. It operates as a part of North Idaho College and serves the geographic region commonly known as the Idaho Panhandle. This region includes five counties: Benewah, Bonner, Boundary, Kootenai and Shoshone. While the beauty of the North Idaho landscape beckons many to reside here, that same landscape causes some accessibility hurdles. Much of the landscape is rural, mountainous terrain that encapsulates many rivers and low and high-mountain lakes. Throughout its entirety, PSA 1 experiences significant annual snowfall for an average of 31.4 days and 60.5 inches per year, spanning from October through March, creating transportation and surface-clearing issues. Additionally, the State of Idaho ranks 47<sup>th</sup> in the U.S. for internet coverage, speed and availability. PSA 1 can, and does attest to Idaho's shortfall regarding internet access. PSA 1 is ever-mindful of these challenges in its approach to planning and service delivery, as we continue to search for new ways to improve accessibility.

North Idaho College, the sponsor of AAANI, contracts with ICOA, which is the agency of state government designated by the Governor as Idaho's State Unit on Aging. ICOA monitors the AAANI's compliance with all state and federal requirements pertaining to programs funded under the Older Americans Act of 1965. Under the guidance of ICOA, the AAANI plans and coordinates funds, monitors a regional program of services to address the present and future needs of older Idahoans residing within the PSA 1, and serves as a catalyst for improvement in the organization, coordination, and deliverance of aging services within the counties which make up the PSA 1.

The AAANI has the authority to develop and manage budgets and programs to meet the needs and specific conditions and circumstances of service recipients within its geographic jurisdiction. To accomplish this, the AAANI is required, through needs assessments, to periodically re-evaluate the clients' conditions, circumstances and needs as they evolve.

## Map of PSA 1 Boundaries



## Geographic Information

The area in PSA 1 covers 7,932 square miles in five northern-most counties in the state: Benewah, Bonner, Boundary, Kootenai, and Shoshone. AAANI is located in Coeur d'Alene, the area's largest city. The Area is also referred to as Idaho's Panhandle. North Idaho's clear lakes and old growth forests have long attracted tourists while providing its resident population with both recreation and a livelihood through the timber and mining industries.

# Section 1: Planning & Organization

## Area Plan Submission Timeline of Dates & Activities

Stakeholders	Meeting Date	Meeting/ Activity Topic
Clark Fork Senior Center	August 29; September 16, 2020	SWOT
Fernwood Senior Center	September 21, 2020	SWOT
St. Marie's Senior Center	September 21, 2020	SWOT
Sandpoint Senior Center	September 23, 2020	SWOT
Plummer Senior Center	September 28, 2020	SWOT
Rathdrum Senior Center	October 27, 2020	SWOT
Silver Valley Senior Center	October 28, 2020	SWOT
Worley Senior Center	October 29, 2020	SWOT
Fernwood Senior Center	September 21, 2020	SWOT
Spirit Lake Senior Center	November 2, 2020	SWOT
Hayden Senior Center	November 3, 2020	SWOT
Lake City Senior Center	November 30, 2020	SWOT
Disability Action Center Northwest	December 16, 2020	Staff Meeting
N Idaho Palliative Care Coalition	June 2, 2020	Health Care Coalition
N Idaho Health Care Coalition	November 15, 2020	Health Care Coalition
Kootenai County Public Transportation Regional Mobility Platform Discussion	December 3, 2020	Transit & shared mobility options
Post Falls Senior Center	January 11, 2021	SWOT
AAA1 Staff Meeting SWOT	January 12, 2021	Internal SWOT
Panhandle health Risk Asst	March 2, 2021	Risk Assessment
KMPO Board	March 11, 2021	Transportation
Homebound Vaccine meetings	March & April/ 2021	Stakeholder Meeting
KMPO Board	May 27, 2021	Transportation
Advisory Council	July 1, 2021	Meeting
Bonnars Ferry Senior Center	August 2, 2021	SWOT
N Idaho Health Care Coalition	March 18, 2021	Health Care Coalition
Advisory Council Meeting	March 23, 2022	Update & SWOT
Area Plan Public Comment	June 1-June 10, 2022	
Advisory Council Meeting	June 14, 2022	Approval
Area Plan Submission	June 15, 2022	

## Stakeholder Plan/Table and Steering Committees

Program	Name	Organization
<b>Universal Services Group</b>		
Meals (HDM & Congregate)	All Senior Center Directors	All AAANI Senior Centers
Information and Assistance & Health Promotions	Barbara Bisaro, Options Counselor; Supervisor	AAANI
Information and Assistance	Mark Leeper, Executive Director	Disability Action Center
Outreach and Education	Rhonda Nelson, Contracts/Fiscal Manager	AAANI
Senior Medicare Patrol	Joe Lykens, ID SMP and MIPPA Program Coordinator	AAANI
Dementia Capable	Michelle Larson, Community Outreach Manager	Alzheimer's Association
Planning and Coordination	Carrie Spears, AAANI Board Member	Advisory Council Chair
Health Promotions	Pam Pearson, Senior Services Coordinator	AAANI
<b>Targeted Services Group</b>		
Meals (HDM & Congregate)	All Senior Center Directors	All AAANI Senior Centers
Nutritional Supplemental Incentive Program	Rhonda Nelson, Contracts, Fiscal Manager	AAANI
Homemaker	Barbara Bisaro, I&A Supervisor	AAANI
Chore / Home Modification	Amy Billings	Habitat for Humanity
Senior Transportation	Kelly Lund	Kootenai Metropolitan Planning Organization
Family Caregiver Support Program	Barbara Bisaro, Options Counselor; I&A Supervisor	AAANI
Family Caregiver Support Program	Sarah Toevs, Professor, Department of Community and Environmental Health	Boise State University
Lifespan Respite Project	Pam Pearson, Lifespan Respite Coordinator	AAANI
Senior Community Service Employment Program	SCSEP	Goodwill Inc.
Medicare Improvement for Patients and Providers Act	Joe Lykens, SMP/MIPPA Outreach	AAANI
Commodity Supplement Food Program	Jaime Hanson, Director of Programs & Partnerships	Idaho Food Bank
Veteran's Outreach	Ken Scott, Disabled Veterans Outreach Program/Veterans Representative	Idaho Department of Labor

<b>Crisis Services Group</b>		
Meals (HDM & Congregate)	All Senior Center Directors	All AAANI Senior Centers
Ombudsman	Jan Young, LTC Ombudsman	AAANI
Ombudsman	Katie Gill, LTC Ombudsman	AAANI
Legal Assistance	Sherry Leavitt	Idaho Legal Aid
Adult Protective Services	Buddy Winters, APS Supervisor	AAANI
Adult Protective Services	Beth Garside, APS Investigator	AAANI & Board of Guardians
Adult Protective Services	Sherry Leavitt	Idaho Legal Aid
Advocacy and Rights	Mark Leeper, Executive Director	Disability Action Center
Veteran's Outreach	Ken Scott, Disabled Veterans Outreach Program/Veterans Representative	Idaho Department of Labor

<b>AAANI Advisory Council Members</b>		
<ul style="list-style-type: none"> <li>• Carey Spears, Chair</li> <li>• Amy Bartoo</li> <li>• Kay Kindig</li> <li>• Robert Myklebust</li> <li>• Chris Magera</li> <li>• Sherry Leavitt</li> </ul>	<ul style="list-style-type: none"> <li>• M. Colleen Allison</li> <li>• Jennifer Van Etten</li> <li>• Linda Beecher</li> <li>• Joanna Adams</li> <li>• Rosemary Niemier-Newmann</li> <li>• Sandpoint SC</li> </ul>	<ul style="list-style-type: none"> <li>• Barbara Kovacs</li> <li>• Susan Kiebert</li> <li>• Tanya Chestnut</li> <li>• Charles Williams</li> <li>• Gini Woorward</li> <li>• Kathy Davis</li> </ul>

### **Community Focal Points**

AAANI designates thirteen community focal points providing outreach which coincide with the 5 northern counties in which the senior centers reside. AAANI will identify resources to support the work of community focal points. Resource at minimum will include technical guidance, marketing materials, advertising on website and social media. The following are our community focal points:

- Bonners Ferry Senior Center
- Clark Fork Senior Center
- Fernwood Senior Center
- Hayden Senior Center
- Lake City Senior Center
- Plummer Senior Center
- Post Falls Senior Center
- Rathdrum Senior Center
- St Maries Senior Center
- Sandpoint Senior Center
- Silver Valley Senior Center
- Spirit Lake Senior Center
- Worley Senior Center

The standards for community focal points are as follows:

- Provide AAANI information at congregate meal sites
- Promote media campaigns (i.e. Senior Nutrition Month, or National Family Caregiver Month)



The AAANI and its stakeholders recognize the importance of targeting individuals who are the most vulnerable. During stakeholder meetings, it was discussed that special consideration should be given to the following individuals:

- Older individuals residing in the rural areas of North Idaho,
- Older individuals with the greatest economic and social need,
- Older low-income individuals,
- Older low-income minority individuals,
- Older individuals with limited English proficiency,
- Older individuals with severe disabilities,
- Older individuals with dementia and related disorders (and caretakers),
- Older individuals at risk for institutional placement,
- Older Native Americans.

Strategies were established to ensure AAANI prioritizes the populations most in need. These strategies will be examined on a yearly basis to fit the growing population of North Idaho. Outreach will be coordinated with the focal points of the 5 northern counties to include all Older populations and caregivers, and our Native American population.

Coordination will also occur with key partnerships in North Idaho with the goal of bolstering these partnerships.

# Section 2: Environmental Analysis

## Anticipated Trends

The Area 1 plan was developed utilizing input from several evaluation tools:

1. **System of Record Reports (GetCare System)**
2. **Census Projections**
3. **ICOA Needs Assessment Survey**
4. **Internal and External SWOT Analyses**

The COVID-19-19 Pandemic hit this area in the spring of 2019. It is difficult to determine the degree of impact this Pandemic had on the system data in PSA 1.

### 1. System of Record Reports:

An evaluation of system reports was conducted to analyze service utilization over the past couple years and to identify any gaps in service delivery. The COVID-19 Pandemic has had a significant impact on program numbers.

#### The following summarizes our system reports evaluation:

- **Information and Assistance:** 18% overall decrease in calls between SFY 20 to SFY 21.
- **Adult Protection:** AAANI APS reflected a significant decrease of APS investigated reports from SFY20 to SFY21 by 37%.
- **Ombudsman:** Three of the highest complaints local ombudsman receive are facility staffing shortages, failure to receive timely medication, and quality & preparation of food.
- **Case Management:** AAANI has not recorded any units of case management in the last 4 years. There is a growing need of seniors looking for service coordination.
- **Transportation:** The utilization of transportation has slowly decreased over the past year due to COVID-19 restrictions. In SFY20 transportation boardings were at 43,347 these numbers dropped to 38,937 boardings in SFY21. AAANI projects these numbers to increase as COVID-19 restrictions are removed.
- **Home Delivered Meals:** Home Delivered Meals has increased from 85,393 meals delivered in SFY19 to 99,355 meals in SFY21.
- **Congregate Meals:** Unlike Home Delivered Meals, the Congregate Meals decreased from 64,880 meals in SFY20 to 54,058 meals in SFY21
- **Homemaker:** Prior to our Consumer Directed Homemaker pilot, there were close to 100 consumers waiting for homemaker services from our tradition Homemaker Providers. The waitlist was a result of providers

unable to find staff interested in working for home health companies. We had 9568 units recorded in SFY20 and 9327 units recorded in SFY21.

- **Chore:** AAANI has recorded 16 units of chore in SFY20 and 5.5 units in SFY21.
- **Caregiver programs:** I&A caregiver calls to AAANI have decreased almost 50% from 1110 to 547 calls from SFY20 to SFY21.

## 2. Review of Census and Projections (Attachment A: IDOL Census Report):

AAANI evaluated census projections from the Idaho Department of Labor (IDOL) to determine growing population trends in the region. The following is a summary of these projections.

- Overall, there has been a 15% increase in seniors living in PSA 1. In, 2019 the total population of PSA 1 was at 245,941 with 69,987 over the age of 60 (29% of the population). In 2020 the population of PSA 1 grew 3% to 252,442 with the population of people over the age of 60 being 73,229. This does not take into account 2021 when Coeur d'Alene was reported by *Wall St 24/7* one of the top areas for growth in the country.
- According to IDOL's state forecast (located on IDOL website), Idaho's senior population, age 65 and older, will grow 33% in the next 7 years (from 289,502 in 2022 to 386,082 in 2029). PSA 1 is projected for a 32% growth during this time going from 51,474 to 68,131

## 3. ICOA Needs Assessment Survey:

AAANI used the 2020 needs assessment conducted by ICOA as a part of their environmental analysis. This assessment can be found on ICOA's website: [Idaho Commission on Aging](#) The ICOA needs assessment falls in line with much of the information gathered from the AAANI SWOT analysis. The results from the ICOA Needs Assessment for PSA 1 are as follows:

- **Homemaker and Chore:** 19% in PSA 1 reported a major problem with home maintenance and 13% with housework
- **Social Isolation:** 32% in PSA 1 have a minor problem feeling lonely or isolated while 8% think it is a major problem
- **Nutrition Services:** 25% in PSA 1 of survey respondents identified having issues with access to nutritious meals.
- **Respite Services:** 32% of the respondents in PSA 1 stated they may need formal respite services in the future. 38% stated they may need informal respite services in the future.
- **Finding information about services and supports:** 32% of respondents in PSA 1 had minor problems finding information about services and supports while 8% had a major problem.
- **Transportation Services:** 13% of respondents in PSA 1 use informal transportation services versus 9% using formal services.

#### 4. SWOT Analysis Process: (Attachments B & C)

- A Combined SWOT Analysis was conducted with the AAANI staff and Advisory Council (Attachment B). The focus of the SWOT analysis was Universal, Targeted and Crisis categories mimicking the States strategy.
- AAANI also facilitated a SWOT analysis with its 13 senior centers throughout the five northern counties of Idaho (Attachment C). The AAANI Director, Fiscal Supervisor, and Contracts Supervisor traveled to all 13 senior centers and met with their leadership and staff to obtain information about their current situation and future needs in 2020-2021.

#### SWOT Results:

- Universal Services Recommendations
  - Find innovative ways to provide outreach in the rural areas
  - Enhance partnerships & find ways to collaborate; i.e. faith-based organizations
  - Expand Preventative Health Programs, such as Fit & Fall which can also be used to provide outreach for information.
  - Explore Kinship opportunities
  - Look for ways to educate stakeholders on Alzheimer's, Dementia & Related Disease (ADRD)
  - Expand Tribal partnerships
- Targeted Services Stakeholder Recommendations
  - Explore Innovative ways to providing medical transportation
  - Recruitment of volunteers for multiple AAANI programs
  - Explore 'consumer directed' homemaker, chore, and transportation services
  - Explore home-sharing opportunities
- Crisis Services Stakeholder Recommendations
  - Strengthen partnerships between staff and organizations
  - Education of partners APS rules and regulations
  - Education to stakeholders on ADRD

The SWOT activities conducted by staff and stakeholders, identified upcoming challenges in the implementation of the Area Plan objectives:

#### **Challenge #1: Uncertainty of Impact on Workforce of Services & Providers:**

With the downswing of the COVID-19 Pandemic, the uncertainty of provider normalcy is unknown. PSA 1 has had significant growth in population the last 3 years causing a supply and demand effect on our service providers. Many of our providers are able to receive a private pay rate that is significantly higher than the AAANI reimbursement rate. Therefore, providers are wait-listing AAANI customers to provide room for private-pay customers. There have also been labor shortages for providers in PSA 1 which has put customers on waiting lists for both respite and homemaker services. AAANI will look at more consumer

directed services going forward to provide more immediate help for these customers.

**Challenge #2: Growing demographic and increase in demand for services:**

The growing population of seniors does put an increasing demand on services. The Intrastate Funding Formula does apply specific indicators to provide more funding to AAA regions experiencing growth within certain demographic senior populations. However, the overall funding growth rate is not proportional to population growth. AAANI recognizes that it will need to prioritize senior services to individuals that meet high risk for institutional placement

## Section 3: Identified Opportunities

AAANI took ICOA's statewide Needs Assessment of Older Adults ([Idaho Commission on Aging](#)) in Idaho and identified many opportunities to put some strategies in place to strengthen programs in PSA 1. Many of the highlights of this Needs Assessment are highlighted in Section 2 of this plan.

Management staff of AAANI visited with staff and management teams of all 13 PSA 1 senior centers during 2020-2021 to conduct a SWOT analysis (Attachment C), review operations and address any specific needs identified during the COVID-19 Pandemic.

System Reports: GetCare System data and reports for relative years were compared and reviewed. GetCare is the standard data collection system of record for AAANI.

Census report: A recent census report conducted by the Idaho Department of Labor Region 1 Economist was used to compare data (Attachment A).

SWOT analyses were conducted with the AAANI staff and AAANI Advisory Council and combined (Attachment B).

SWOT analyses were conducted with the each of the 13 PSA 1 Senior Centers (Attachment C)

Public comment: This plan went out for public comment on June 1<sup>st</sup> – June 10<sup>th</sup>.

## Section 4: Goals & Strategies

### AAANI Vision

AAANI is dedicated to protection, independence and dignity of individuals through advocacy and service to improve the quality of life for older Idahoans, and people with disabilities, so that they can live independent, meaningful and dignified lives within the communities of their choice.

### AAANI Mission & Values

AAANI's mission is to work in partnership with older adults, families, and the community to secure information and services that maximize independency and quality of life. We value the community support that helps seniors stay in their homes, caregivers who make a difference, volunteers who give so our community can be a better place to live, safety and autonomy, consumer choice, and partners that help us.

### Gap Priorities

AAANI utilized the following indicators to prioritize gaps. When prioritizing gaps, careful consideration was given to whether priorities align with AAANI & ICOA Vision, Mission, & Values and evaluated against AAANI's capacity to address the gap.

#### List of gaps uncovered in the environmental scan:

- Lack of volunteers in multiple programs
- Long waiting lists for respite & homemaker services
- Lack of community knowledge on Alzheimer's, Dementia & Related Diseases (ADRD)
- Loss of fundraising dollars at senior centers & AAANI during pandemic
- Community knowledge on Adult Protection Services (APS), Focused Care Coordination and APS system policies & procedures
- Low Adult Protection reporting in care facilities during pandemic
- Low participation rate on AAANI advisory council
- Low number of community presentations during pandemic

## Universal Programs: Investing in Healthy Aging

### Objectives:

- To access reliable and trustworthy information, services and supports
- To stay active in the community
- To plan for our own independent living need

### 1. Focus Area: Information and Assistance Services and Aging & Disability Resource Center (ADRC)

Strategy	Measurement	Implementation Plan
Provide targeted outreach to health care providers in counties with the highest rate of individuals over the age of 75.	Number of targeted outreach campaigns.	Year 1: Identify targeted audience, develop marketing plan and materials: Years 2-4: implement & monitor.
Education to the community on Regional Aging Services.	Number of occasions in which we participated in community/health/resource fairs or conducted public presentations.	Year 1 (and ongoing): Identify targeted audience, collaborate with community partners and coordinate event participation.

### 2. Focus Area: Congregate Meals

Strategy	Measurement	Implementation Plan
Improve overall quality of congregate meals.	Consumer survey responses indicate 75% positive quality assurance.	Annually: Analyze consumer survey results and identify/disseminate improvement interventions.
Coordinate an all-site promotional campaign for Senior Nutrition Month.	100% of senior centers in PSA 1 participate in Senior Nutrition Month Activity.	Annually: Develop feasible activities and participation plan.

### 3. Focus Area: Health Promotions

Strategy	Measurement	Implementation Plan
Expand Fit & Fall Classes, placing emphasis on relevance to aging in place.	Development of new delivery sites and increased participation in current classes.	Years 1-4: Identify possible collaboratives and marketing activities. Annual analysis of participation/marketing needs.
Expand facilitation capacity for Mind-Over Matter: Healthy Bowels, Healthy Bladder Class.	AAANI staff obtains Master Trainer Certification.	Years 1-2: Complete Certification and identify/recruit partnerships. Years 2-4: partner training and external program implementation.



#### 4. Focus Area: MIPPA/SMP

Strategy	Measurement	Implementation Plan
Enhance partnerships with Native American groups to promote MIPPA program.	Number of outreach activities reported annually to the grant.	Years 1-4: Coordinate with tribal leadership/elders to identify effective promotional mechanisms and conduct outreach.
Increase to SMP/MIPPA connectivity to low-income and remote customers throughout PSA 1.	Number of mailings and points of contact to identified demographic.	Years 1-4: Identify target areas & populations and conduct outreach activities as identified.

#### 5. Focus Area: Loneliness Reduction / Multigenerational Socialization

Strategy	Measurement	Implementation Plan
Sustain friendly caller program	Number of friendly caller activities conducted annually	Year 1: Identify possible volunteers for program sustainability. Years 2-4: maintain active program.
Create multi-generational program that can be easily replicated throughout PSA 1	One project/activity completed annually.	Year 1: Identify scope of project, partnerships, and goals. Years 2-4: project implementation and review.

# Targeted Programs: Preventing Institutionalization

## Objectives:

- To live as independently as possible
- To choose our own caregiver
- To provide caregiver training and resources

### 1. Focus Area: Family Caregivers / Respite/ Grandparents raising grandchildren

Strategy	Measurement	Implementation Plan
Increase Consumer Direct Respite in rural areas.	Number of respite caregivers living in rural areas.	Years 1-4: Annual review of performance and continuous improvement activities.
Increase Consumer Direct Respite in urban areas for Alzheimer’s/Dem related care recipients, or for care recipients who cannot be left unattended.	Number of respite caregivers in urban areas who meet the demographic.	Years 1-4: Annual review of performance and continuous improvement activities.

### 2. Focus Area: Transportation

Strategy	Measurement	Implementation Plan
Implement Consumer Directed Transportation Service as allowable.	Consumer Directed Transportation Pilot Program approved and launched.	Year 1: Collaborate with ICOA. Years 1-4: Implement program and review performance annually.
Promote Transportation Resources at Focal Points	Number of outreach/promotional activities conducted.	Years 1-4: Identify additional provider resources/develop marketing materials & conduct activities.

### 3. Focus Area: Home Delivered Meals / NSIP

Strategy	Measurement	Implementation Plan
Identify HDM providers for those in rural areas outside of senior center delivery area.	Number of providers secured.	Years 1-4: Research viable providers, develop contract(s), offer services within available budget.
Improve overall quality of Home Delivered Meals.	Consumer survey responses indicate 75% positive quality assurance.	Years 1-4: Analyze consumer survey results annually and identify/disseminate improvement interventions.

#### 4. Focus Area: Commodity Supplemental Food Program

Strategy	Measurement	Implementation Plan
Support coordination of “all staff” in-service trainings between Senior Centers and Idaho Food Banks	Number of in-service trainings delivered.	Year 1: Identify training needs and delivery plan with stakeholders. Years 2-4: Implement in-service trainings.

#### 5. Focus Area: Homemaker

Strategy	Measurement	Implementation Plan
Incorporate consumer-direct services into menu of on-going AAANI homemaker services.	Number of consumers receiving consumer direct homemaker services.	Year 1: Incorporate ICOA standards and establish PSA 1 deliverables. Years 1-4: Implement program and review program performance annually.
Generate rural community awareness of service option.	Number of consumers in rural areas receiving consumer directed homemaker services.	Year 1: Identify promotional avenues and marketing strategies. Years 1-4: conduct marketing activities, review performance and continuous improvement activities annually.

#### 6. Focus Area: Dementia Capability

Strategy	Measurement	Implementation Plan
Hold Community Forum on ADRD.	Number of forums delivered.	Year 1: Identify & collaborate with community partners, develop delivery plan. Years 2-4: Conduct forums.
Educate area partners on the ICOA Dementia trainings	Number of partners informed.	Years 1-4: Identify high-need partners and conduct outreach.

## Crisis Programs: Preserving Rights and Safety

### Objectives:

- To live without abuse, neglect, and exploitation
- To live with dignity
- To make our own choices

### 1. Focus Area: Elder Rights and Legal Assistance

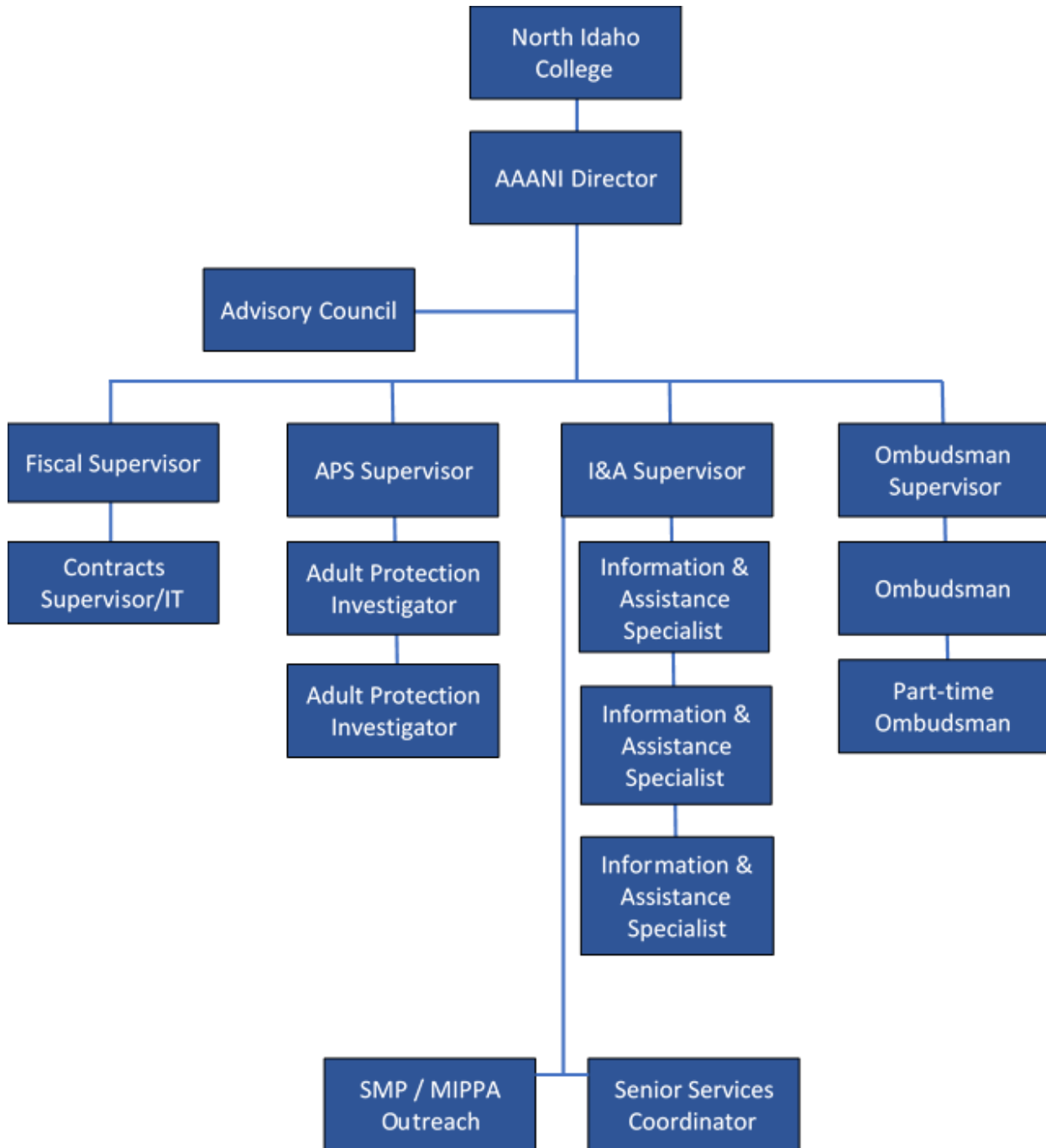
Strategy	Measurement	Implementation Plan
Community Education on APS policies and function.	Number of presentations throughout PSA 1.	Year 1: Identify partner awareness gaps, customize presentations accordingly. Years 1-4: Deliver training sessions annually.
Promote legal risk detector tool on website and social media.	Number of legal risk detector tool referrals in PSA 1.	Years 1-4: Continued education and staff awareness of use and referral to risk detector tool through routine staff meetings.
Expand the use of preventative programs (Focused Care Coordination & Intervention Aid).	Number of individuals served on FCC & Intervention Aid.	Year 1: Establish program baselines. Years 1-4: Annual review of performance measurements/identify continuous improvement activities.

### 2. Focus Area: Ombudsman

Strategy	Measurement	Implementation Plan
Recruitment of volunteers.	Number of volunteers secured.	Year 1: Establish recruitment strategy. Years 1-4 implement recruitment activities and review of performance annually.
Community Education on Ombudsman function.	Number of presentations delivered to targeted agencies & groups.	Year 1: Identify agencies in need and various populations to target, customize educational materials. Years 1-4: Conduct educational presentations.

# Section 5: Plan Execution

## Area Agency on Aging of North Idaho Organizational Chart



## Area Plan Implementation:

Initiative/Assignment	Responsibility
<b>Information and Assistance Services and Aging &amp; Disability Resource Center (ADRC)</b>	
<ul style="list-style-type: none"> <li>• Provide targeted outreach to health care providers in counties with the highest rate of individuals over the age of 75.</li> </ul>	I&A Department
<ul style="list-style-type: none"> <li>• Education to the community on regional aging services.</li> </ul>	I&A Department
<b>Congregate Meals</b>	
<ul style="list-style-type: none"> <li>• Improve overall quality of congregate meals.</li> </ul>	Contracts Supervisor
<ul style="list-style-type: none"> <li>• Coordinate an all-site promotional campaign for Senior Nutrition Month.</li> </ul>	Contracts Supervisor
<b>Health Promotions</b>	
<ul style="list-style-type: none"> <li>• Expand Fit &amp; Fall classes, placing emphasis on its relevance to aging in place.</li> </ul>	I&A Supervisor / AAANI Director
<ul style="list-style-type: none"> <li>• Expand facilitation capacity for Mind-Over Matter: Healthy Bowels, Healthy Bladder Class.</li> </ul>	I&A Supervisor / AAANI Director
<b>MIPPA/SMP</b>	
<ul style="list-style-type: none"> <li>• Enhance partnership with Native American groups to promote MIPPA program.</li> </ul>	SMP/MIPPA Outreach
<ul style="list-style-type: none"> <li>• Increase to SMP/MIPPA connectivity to low-income and remote customers throughout PSA 1.</li> </ul>	SMP/MIPPA Outreach
<b>Loneliness Reduction / Multigenerational Socialization</b>	
<ul style="list-style-type: none"> <li>• Sustain friendly caller program.</li> </ul>	I&A Supervisor
<ul style="list-style-type: none"> <li>• Create multi-generational program that can be easily replicated throughout PSA 1.</li> </ul>	Ombudsman Department
<b>Family Caregivers / Respite/ Grandparents raising grandchildren</b>	
<ul style="list-style-type: none"> <li>• Increase Consumer Direct Respite in rural areas</li> </ul>	Senior Services Coordinator
<ul style="list-style-type: none"> <li>• Increase Consumer Direct Respite in urban areas for Alzheimer’s/Dementia related care recipients, or for care recipients who cannot be left unattended.</li> </ul>	Senior Services Coordinator
<b>Transportation</b>	
<ul style="list-style-type: none"> <li>• Implement Consumer Directed Transportation Service as allowable.</li> </ul>	Senior Services Coordinator
<ul style="list-style-type: none"> <li>• Promote Transportation Resources at focal points.</li> </ul>	Senior Services Coordinator / Contracts Supervisor
<b>Home Delivered Meals / NSIP</b>	
<ul style="list-style-type: none"> <li>• Identify Home Delivered Meals providers for those in rural areas outside Senior Center delivery area.</li> </ul>	I&A Supervisor
<ul style="list-style-type: none"> <li>• Improve overall quality of Home Delivered Meals.</li> </ul>	Contracts Supervisor
<b>Commodity Supplemental Food Program</b>	
<ul style="list-style-type: none"> <li>• Support coordination of “all staff” in-service trainings between Senior Centers and Idaho Food Banks.</li> </ul>	Contracts Supervisor

Initiative	Responsibility
<b>Homemaker</b>	
<ul style="list-style-type: none"> <li>Incorporate consumer-direct as an on-going service for homemaker services.</li> </ul>	Senior Services Coordinator / I&A Supervisor
<ul style="list-style-type: none"> <li>Generate community awareness of consumer directed service option.</li> </ul>	Senior Services Coordinator / I&A Supervisor
<b>Dementia Capability</b>	
<ul style="list-style-type: none"> <li>Hold Community Forum on Alzheimer’s Disease and Related Dementias.</li> </ul>	AAANI Director / Senior Services Coordinator
<ul style="list-style-type: none"> <li>Educate area partners on the ICOA Dementia trainings.</li> </ul>	All Staff
<b>Elder Rights and Legal Assistance</b>	
<ul style="list-style-type: none"> <li>Community Education on APS policies and function.</li> </ul>	APS Staff / AAANI Director
<ul style="list-style-type: none"> <li>Promote legal risk detector tool on website and social media.</li> </ul>	All staff
<ul style="list-style-type: none"> <li>Expand the use of preventative programs (Focused Care Coordination &amp; Intervention Aid).</li> </ul>	APS Staff/ AAANI Director
<b>Ombudsman</b>	
<ul style="list-style-type: none"> <li>Recruitment of volunteers.</li> </ul>	Ombudsman Staff
<ul style="list-style-type: none"> <li>Community Education on Ombudsman function.</li> </ul>	Ombudsman Staff

## Section 6: Continuous Quality

### Data Integrity Plan:

AAANI has established a process to ensure data is reviewed periodically to ensure data is being entered properly. AAANI staff are well versed in methods to query and interpret reports. Reports are reviewed on a quarterly basis to gage progress and to ensure consistency of data entry. AAANI’s main data system of record is GetCare, and is supplemented by internal tracking methods.

Program	System	Responsibility
Information & Assistance	GetCare; internal reports	I&A Supervisor
Nutrition	GetCare; internal reports	Contracts Supervisor / Fiscal Supervisor
Health Promotions	GetCare; Workshop Wizard	I&A Supervisor
MIPPA/SMP	GetCare; MIPPA Report, Social Media Platforms	Program Manager
Loneliness Reduction	GetCare	I&A Supervisor
Transportation	GetCare	Contracts Supervisor
Commodity Supplemental Food Program	Social Media	Contracts Supervisor
Homemaker	GetCare; internal reports	I&A Supervisor
Adult Protection	GetCare; internal reports	Adult Protection Supervisor
Ombudsman	GetCare	Ombudsman Supervisor

### Quality Plan:

**Monitoring Progress:** AAANI will utilize the following indicators to track and monitor Area Plan performance. Progress will be determined by the measurements identified in the Area Implementation Plan section. Reports will include the following indicators across the various strategies as a method of tracking performance and identifying opportunities for improvement.

- Pending: Strategy not yet started, timeline to implement
- In Progress: Strategy started, report milestones and key dates
- Completed: Date of strategy completion, identified measurements
- Barriers to Implementation: Report barriers and/or recommendations for improvements.

**Leadership Meetings:** As part of our commitment to quality service and continuous improvement, AAANI will have monthly supervisor/leadership meetings in which progress across the various strategies will be reported including; progress & performance, barriers



experienced, best practices realized and proposed adjustments/improvements needed to accomplish objectives set forth by the Area Plan. Leadership staff will have performance measures included in their yearly plans and will have an annual, internal performance review tied to their plan.

**Reporting:** AAANI produces the following, periodic reports as a method to document and evaluate progress and performance across the Area Plan strategies.

- AAANI Advisory Council Reports: AAANI Director will provide council with an Area Plan semi-annual report. The council will have the opportunity to provide feedback and recommendations. The council will be utilized to approve annual updates and changes.
- ICOA Commissioners Report: Area Plan strategy progress and updates will be provided during ICOA commissioners meetings. An initial report will be provided to the regional commissioner for PSA 1 with the opportunity to provide feedback and recommendations for improvements.
- Area Plan Updates: An annual report as prescribed by ICOA will be submitted for review.

## Attestation of Compliance Signature Page

The Area Plan on Aging is hereby submitted for Planning and Service Area 1 for the period Fiscal Year 2021 through Fiscal Year 2024. We acknowledge and assume full authority to develop and administer the Area Plan in accordance with Older Americans Act, as amended during the period identified, and related State rules and regulations. In accepting this authority, we assume major responsibility to develop and administer this Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in our planning and service area

### **By our signatures we further attest:**

We have read and understand the AAA obligations and responsibilities required to meet the Sec. 306 of the OAA.

We have developed a plan to serve older individuals who have greatest economic need, individuals who have greatest social need, individuals at risk for institutional placement and respond to the requirements of Sec. 306 of the OAA.

The AAA will comply with OAA rules and regulations through:

- AAA submission and ICOA approval of this Plan and all attachments.
- AAA submission and ICOA approved budget.
- AAA submission of records required to verify compliance including contracts, forms, and other documents as requested by ICOA.
- Fidelity to ICOA published manuals, policies, official guidance and education.

The AAA has systems and processes in place to ensure ongoing compliance throughout the plan timeframe. The AAA will commit to data integrity and quality to ensure OAA service delivery is accurately tracked and monitored in fulfillment of this plan.

**Representative from Parent Organization:**

---

Type Name Here  
Type Title Here  
Type Organization Here

---

Date

**Representative from the Area Agency on Aging:**

---

Type Name Here  
Type Title Here  
Type Organization Here

---

Date

**Representative from the Advisory Council:**

---

Type Name Here  
Type Title Here  
Type Organization Here

---

Date

**Appointed Commissioner:**

---

Type Name Here  
Type Title Here  
Type Organization Here

---

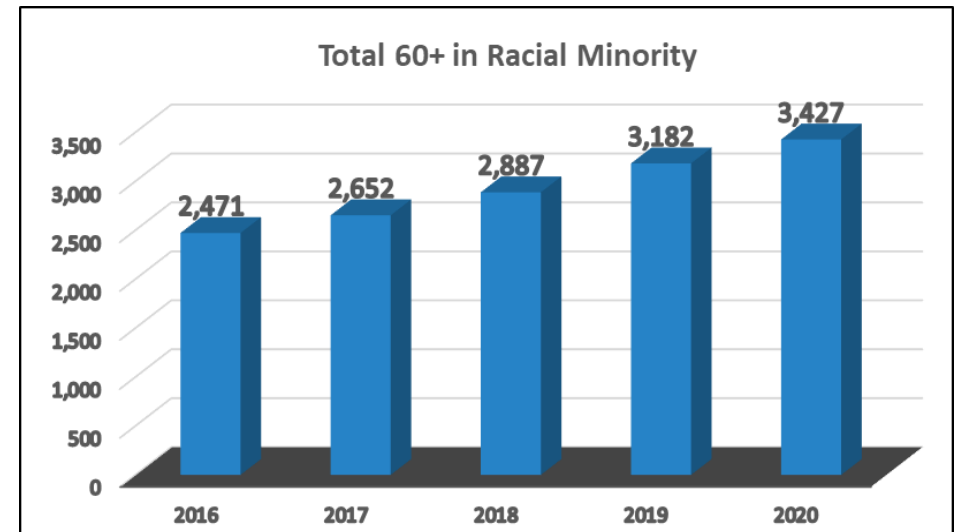
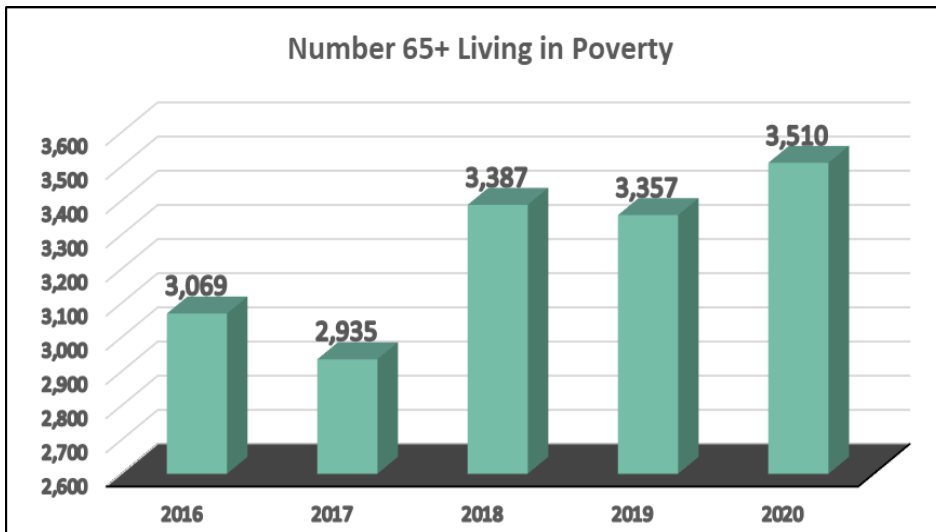
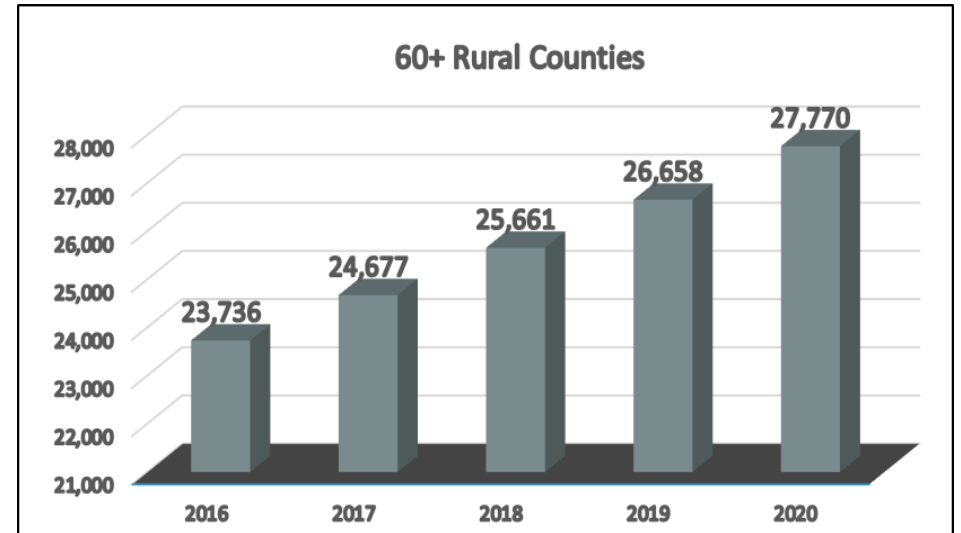
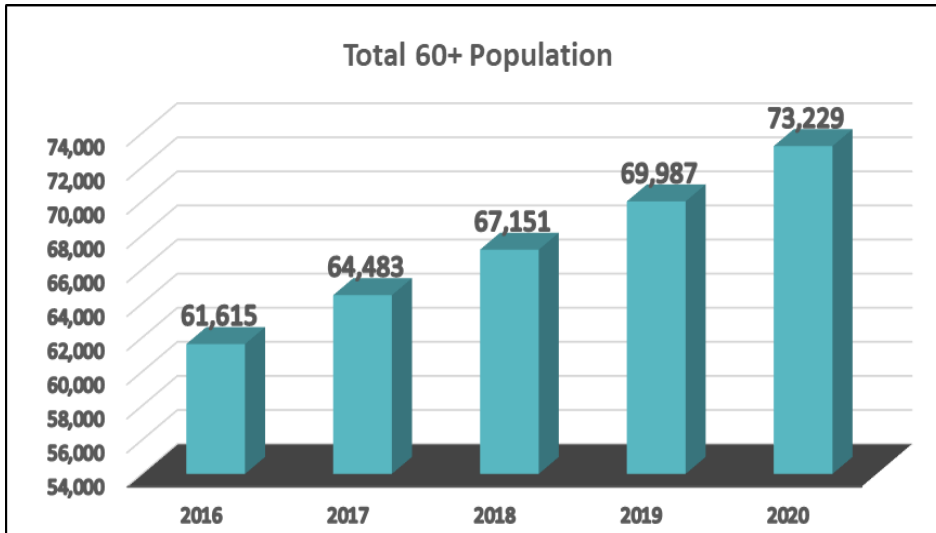
Date

# **ATTACHMENTS**

## **Senior Services Plan Area 1 Attachments A-D**

## Attachment A: Census Reports

Year	Total 60+ Population	Number 65+ Living in Poverty	60+ Rural Counties	Total 60+ Racial Minority
2016	61,615	3,069	23,736	2,471
2017	64,483	2,935	24,677	2,652
2018	67,151	3,387	25,661	2,887
2019	69,987	3,357	26,658	3,182
2020	73,229	3,510	27,770	3,427



## Attachment B: Combined SWOT Analysis

<b>COMBINED SWOT ANALYSIS</b> AAANI Staff & Advisory Council				
	<b>Internal Influences</b>		<b>External Influences</b>	
	<b>Strengths</b>	<b>Weaknesses</b>	<b>Opportunities</b>	<b>Threats</b>
Staff	<ul style="list-style-type: none"> <li>• Knowledgeable staff</li> <li>• Ingenuity of staff</li> <li>• Team collaboration</li> <li>• Majority are over 60</li> </ul>	<ul style="list-style-type: none"> <li>• Staff pay</li> </ul>	<ul style="list-style-type: none"> <li>• Newly engaged partnerships</li> <li>• Program development</li> <li>• Consumer directed services</li> <li>• Think outside the box philosophy</li> </ul>	<ul style="list-style-type: none"> <li>• Area population growth</li> <li>• COVID-19 Pandemic impacts</li> <li>• Limited funding</li> </ul>
Universal Stakeholders: Helping Seniors Stay Healthy	<ul style="list-style-type: none"> <li>• Senior Centers Partnership</li> <li>• Resource for information</li> <li>• AAANI Community partnerships</li> <li>• Devoted staff</li> <li>• Fit &amp; Fall</li> </ul>	<ul style="list-style-type: none"> <li>• Senior Center stigma</li> <li>• Senior Center staff turnover</li> <li>• Loss of fundraising during the pandemic</li> <li>• APS system (lack of community knowledge)</li> </ul>	<ul style="list-style-type: none"> <li>• Innovative ways to provide outreach</li> <li>• Enhance partnerships</li> <li>• Increase in population</li> <li>• Promote fundraising for specific programs</li> <li>• Expand Fit &amp; Fall programs (faith-based organizations)</li> <li>• Habitat for Humanity partnership</li> </ul>	<ul style="list-style-type: none"> <li>• Complacency</li> <li>• Poor communication with partners</li> <li>• Increase in population</li> </ul>
Targeted Stakeholders: Preventing Institutionalization	<ul style="list-style-type: none"> <li>• Innovative approaches to transportation and other programs</li> <li>• Implementing consumer direct services</li> </ul>	<ul style="list-style-type: none"> <li>• Low transportation provider reimbursement</li> <li>• Lack of caregiver program development</li> <li>• Lack of medical transportation providers</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate transportation programs</li> <li>• Leverage technology</li> <li>• Collaborate with other organizations to serve Hispanics</li> <li>• Consumer directed services</li> </ul>	<ul style="list-style-type: none"> <li>• Limited funding</li> <li>• Uncertainty of the COVID-19 Pandemic impacts</li> <li>• Volunteering is on the decline</li> <li>• Limited translated materials</li> </ul>
Crisis Stakeholders: Preserving Rights & Safety	<ul style="list-style-type: none"> <li>• Collaboration with other organizations</li> <li>• Devoted staff</li> <li>• Focused Care Coordination</li> <li>• Reporting systems</li> </ul>	<ul style="list-style-type: none"> <li>• Staff retention</li> <li>• Lack of information on Powers of Attorney</li> <li>• Interpretation of rules and regulations</li> </ul>	<ul style="list-style-type: none"> <li>• Additional funding</li> <li>• Partnerships</li> <li>• Marketing potential</li> <li>• New evaluation tools</li> </ul>	<ul style="list-style-type: none"> <li>• Growing population</li> <li>• Siloed systems</li> <li>• Lack of Guardianships</li> </ul>

## Attachment C: Senior Centers SWOT Analysis

Senior Center SWOT Analysis - 2020-2021					
What has gone well during the Pandemic for your agency	What has been the greatest challenge during the Pandemic	What are some gaps in services that were highlighted during the Pandemic	What can you do to be prepared for future Pandemics/emergencies?	How can AAANI better coordinate with you to assist with needs?	Other Suggestions
The to-go curbside meals are going well	Extra expenses such as the 'to-go' meal cartons or costs associated with cleaning	Finding to-go cartons	Utilize the newspaper or social media to advertise	Feel like coordination with AAANI is going well	Discussion on grant opportunities
Drive-through option is keeping seniors safe and fed	Keeping everyone safe	The need for grant writing	Grant writing	We need a new freezer & flooring	The Spirit Lake Police Dept is helping with friendly caller program
Thankfully we have a low rent payment	Cleaning everything	Stopping Bingo & realizing what a huge funding source it is	Being vigilant with signage	The cost of food cartons	One of our ministry programs is helping with grocery shopping for seniors
People have offered to volunteer	Volunteers getting sick	Maintaining 6-foot distancing requirements in congregate area is difficult	Stocking up on dry goods that won't go bad	Grant coordination	Curbside meals may be the only contact some of these seniors have all week
We have received more donations	Limiting the number of seniors allowed in the building		Putting a plan in place for meals if kitchen staff get sick		During the closure we were able to declutter and paint
Our outreach team has called everyone to ask about needs	Seniors being isolated				
The extra money from AAA has been very helpful	Finding fresh vegetables				
	Vehicle maintenance				
	Getting volunteers				
	Lack of networking with large, local groups				
	Keeping cooks				
	Deciding when we could safely open back up for congregate meals				

**Attachment D: Emergency Contingency of Services Plan**