

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



North Idaho College

Sage Stoddard, Director

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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):

Universal Programs

Goal: Invest in Healthy Aging

Objectives:

- *Access reliable and trustworthy information services and supports*
- *To stay active in the community*
- *To plan for our own independent living needs*

Targeted Programs

Goal: Preventing Institutionalization

Objectives:

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

Crisis Services

Goal: Preserving Rights and Safety

Objectives:

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

The Area Plan serves as a road map for the AAANI in its PSA. Data gathered through qualitative and quantitative **ana**lysis 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.

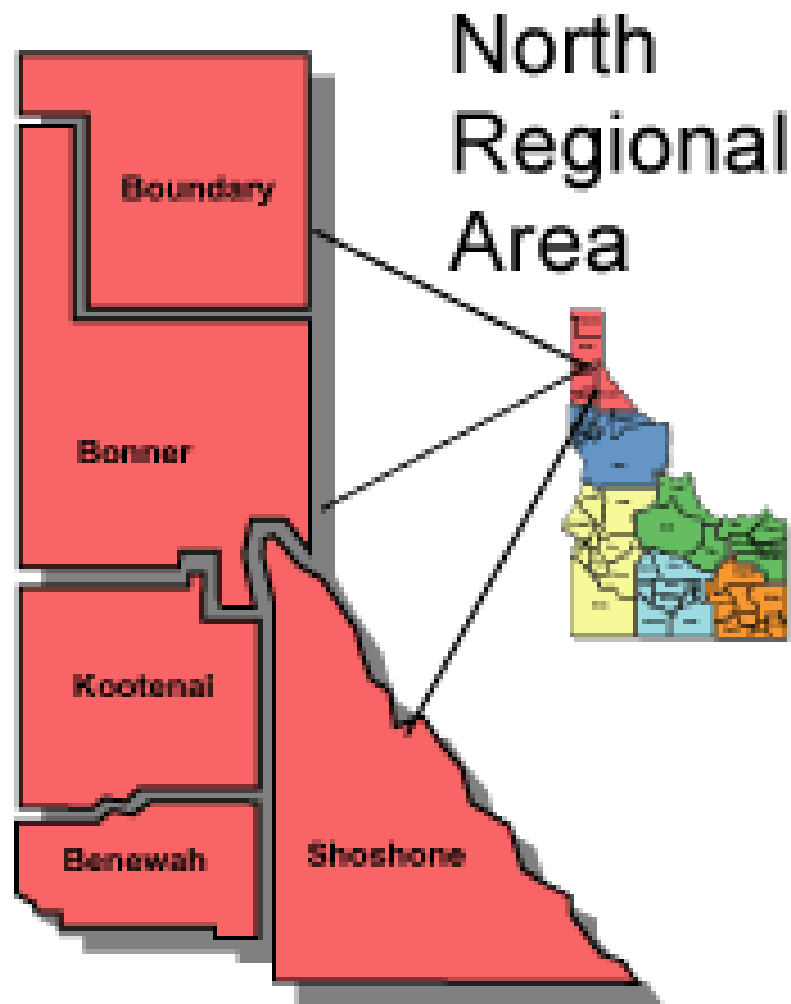
Overview – AAANI Planning & Service Area

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 47th in the U.S. for internet coverage, speed and availability. PSA 1 can, and does attest to Idaho's shortfall regarding internet access. AAANI 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 Area 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.

Attestation of Compliance Signature Page

The Area Plan on Aging is hereby submitted for Planning and Service Area 1 for the period Fiscal Year October 2022 through Fiscal Year September 2026. 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.

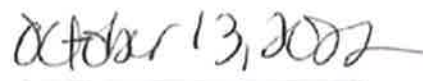
The AAA has systems and processes in place to ensure ongoing compliance throughout the plan timeframe.

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:



Sara Garcia
Interim Vice President/Controller
North Idaho College




Date

Representative from the Area Agency on Aging:



Sage Stoddard
Director
Area Agency on Aging of North Idaho

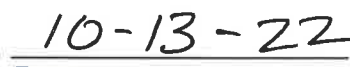


Date

Representative from the Advisory Council:



Carey Ann Spears
Advisory Council Chair
Advisory Council, Area Agency on Aging of North Idaho




Date

Appointed Commissioner:



Chris Magera
Commissioner, Area 1
Idaho Commission on Aging



Date

Section 1: Planning & Organization

1. Area Plan Submission Timeline of Dates & Activities

Stakeholders	Meeting Date	Meeting/ Activity Topic
Clark Fork Senior Center	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	Quarterly	Transportation
Homebound Vaccine meetings	March & April/ 2021	Stakeholder Meeting
Crisis Intervention Team	Quarterly	Crisis Services
Advisory Council	July 1, 2021	Meeting
Bonniers 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	

2. Stakeholders, Plans and Community Focal Points

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

Crisis Services Group		
Organization	Membership	Program
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

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

The Advisory Council membership is comprised of individuals from rural and urban communities throughout PSA 1 and representative of organizations which directly serve targeted vulnerable populations. The Advisory Council serves in an ongoing capacity, assisting in AAANI's administration of Older Americans Act programs and acts as a guiding entity through both the development and implementation of the Area Plan by:

- Representing rural and urban communities and targeted populations throughout PSA 1.
- Offering real-time information and a continuous feedback loop, keeping the AAANI informed of changes or challenges experienced in their respective organizations and/or communities.
- Providing information and ideas to coordinate the delivery of services or to help mitigate barriers to the same.
- Ensuring AAANI is effectively responding to the needs of targeted individuals.

The advisory council will be engaged at least semi-annually, serving as a guiding entity for AAANI throughout implementation of the Area Plan.

Community Focal Points:

The criteria 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)

AAANI designates these thirteen community focal points which meet established criteria and are located throughout the five northern counties which comprise Area 1:

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

These thirteen senior centers are linked to AAANI through contractual nutrition agreements, and are meal providers to at-risk, older individuals throughout Area, serving key points of connectivity to services, resources and information within those communities.

3. Outreach Plan

Through considerate and purposeful collaboration with its stakeholders, AAANIs vision for the development of its outreach plan is to ultimately reduce the risk of, or premature institutionalization of older individuals by:

- Expanding its reach to the most vulnerable and at risk.
- Improving universal and timely access to available resources and supports.
- Seeking innovation in service delivery whenever traditional supports cannot meet needs of our targeted populations.

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:

- a) Older individuals residing in the rural areas of North Idaho
- b) Older individuals with the greatest economic and social need
- c) Older low-income minority individuals
- d) Older individuals with severe disabilities
- e) Older individuals with limited English proficiency
- f) Older individuals with Alzheimer's disease and related disorders (and caretakers)
- g) Older individuals at risk for institutional placements
- h) Older Native Americans.

AAANI and its stakeholders are linked through services delivered to a shared customer base, and who also have a common, vested interest in the customers we all serve. In as much, these stakeholders serve as critical representation of the needs and challenges faced by our targeted and high-risk populations.

- The Area 1 Advisory Council - comprised of community leaders representing the needs of their respective focus and geographic location.
- 13 Senior Centers - serving older populations across any demographic and throughout urban and rural communities of our five northern counties.
- Disability Action Center - providing expertise in the needs and services of the disabled community touching all demographics.
- Panhandle Health – offering a critical and well-informed access point to the most vulnerable populations
- Kootenai Metro Planning/Transportation Organization also serving a cross-representation of older individuals.
- Habitat for Humanity and Idaho Housing Services – providing a well-informed representation for current housing issues.
- Idaho Legal Aid – serving as a point of critical service delivery to targeted populations as well as a partner in data gathering/analysis through access of their risk detector assessment tool.
- North Idaho Palliative Care Coalition – focusing on building a standardized approach to palliative care in five rural northern Idaho counties.
- North Idaho Care Coalition – working together to care for the medical needs of the region before, during, and after an emergency, and combines two healthcare coalitions in North and Central Idaho encompassing three tribes and all 10 northern Idaho counties.
- The Alzheimer's Association – collaborating to educate caretakers of older individuals those with Alzheimer's and expand the area's support network to the same
- North Idaho Memory Clinic – providing critical insight to the needs of older individuals with Alzheimer's and a key access point to AAANI service connectivity for this population.
- Crisis Intervention/Training Team – meetings with law enforcement, health providers and other community partners to identify community citizens who frequently encounter law enforcement or access hospital services in an effort to coordinate other interventions that could deter them from future law enforcement or hospitalizations.
- Area 1 Adult Protection Services – this unit is housed within the AAANI and collaborates on a daily basis with the I&A team, offering interventions to any and all targeted populations against abuse, neglect and exploitation.
- Area 1 Ombudsmen – this unit is housed within the AAANI, also collaborating daily with the I&A team as an advocacy unit for the rights of those residing in care/long-term/assisted living facilities
- The Area 1 Plan was also posted online at <https://www.aaani.org> and made universally available for public comment June 1 – 10, 2022.

The outreach activities scheduled are further detailed beginning on page 25.

AAANI not only values, but seeks opportunities for ongoing quality improvement. Findings and performance indicators will be reviewed semi-annually throughout the Plan period to gauge progress, and to identify any barriers, successes or needed adjustments. Findings will be reported as available with complete transparency through Director's Reports.

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 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, however, AAANI received reporting and data entry clarification from the State within this time period, resulting in a change in AAANI “New Contact” data entry methodology, thus **neither a decrease or increase** could be accurately identified between the 2 periods.
- **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 SFY20 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 traditional Homemaker Providers. The waitlist was a result of 2 key issues – 1) Contracted providers unable to find staff interested in working for home health companies, 2) Contracted providers accepting lower numbers of AAANI consumers as a result of a contracted payment rate that is significantly below market. 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 thus far in SFY21, with 6 more units pending.
- **Caregiver programs:** I&A caregiver calls to AAANI have decreased almost 50% from 1110 to 547 calls from SFY20 to SFY21. AAANI also attributes this decrease to a mid-period clarification and change to data entry and reporting and we are unable to accurately identify either increased or decreased volume in caregiver specific calls.

2. Review of Census and Projections:

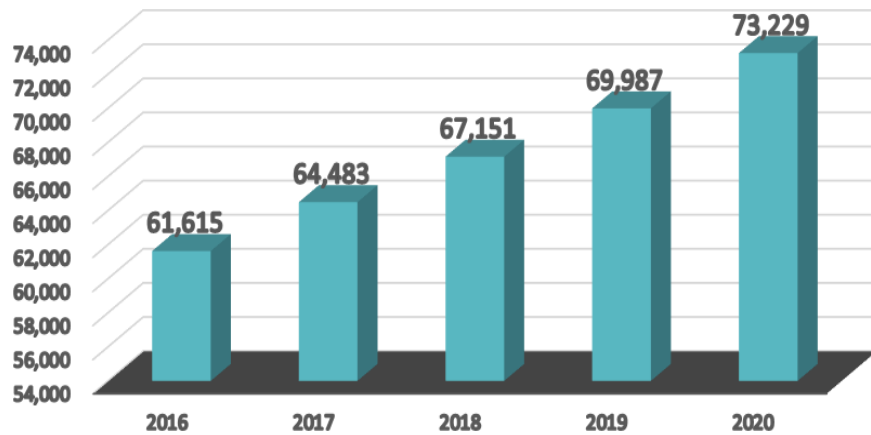
AAANI evaluated census projections (as summarized on page 17) from the Idaho Department of Labor (IDOL) to determine growing population trends in the region. The following is a summary of these projections.

- 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: [Labor Market Projections for Idaho](#)), 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.

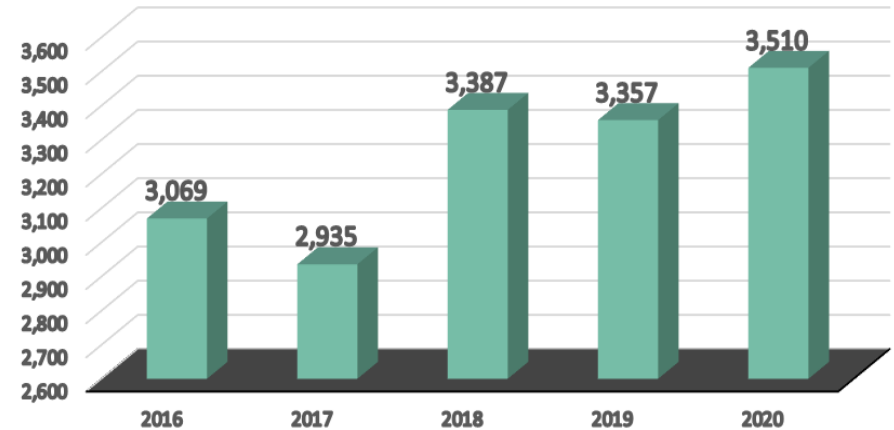
IDOL Census Projections

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

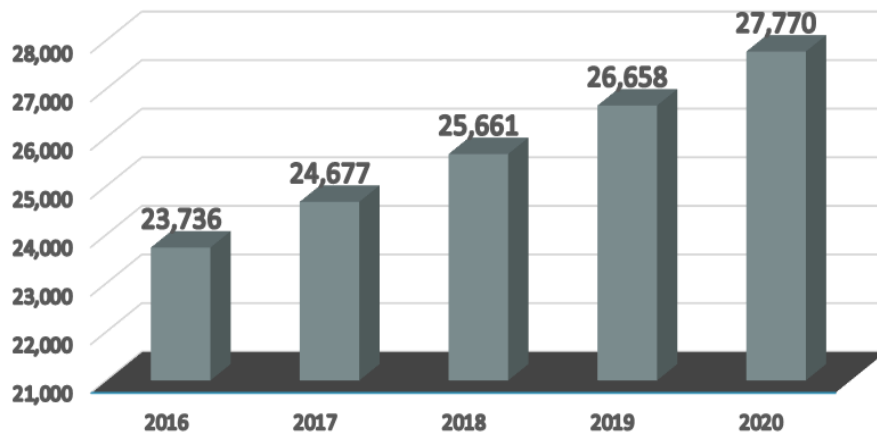
Total 60+ Population



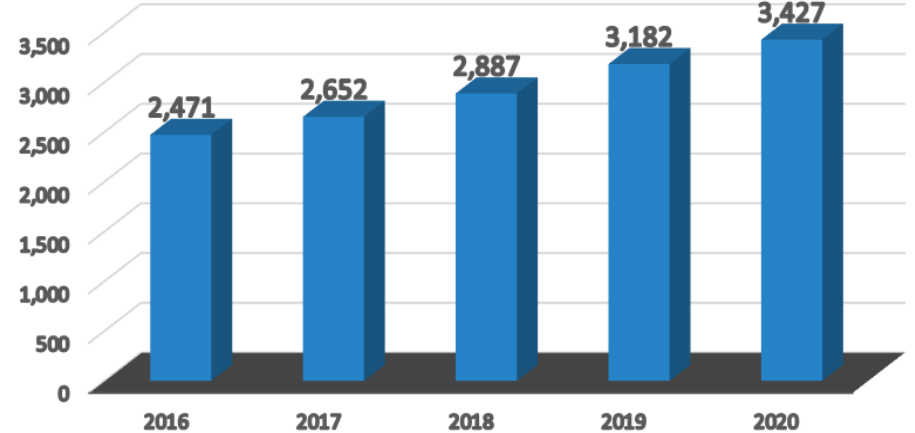
Number 65+ Living in Poverty



60+ Rural Counties



Total 60+ in Racial Minority



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:

- A Combined SWOT Analysis (shown on page 19) was conducted with the AAANI staff and Advisory Council. 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 (shown on page 20). 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.

COMBINED SWOT ANALYSIS

AAANI Staff & Advisory Council

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

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		
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				
During the closure we were able to declutter and paint	Vehicle maintenance				
	Getting volunteers				
	Lack of networking with large, local groups				
	Keeping cooks				
	Deciding when we could safely open back up for congregate meals				

SWOT Results:

- Universal Services Recommendations
 - Find innovative ways to provide outreach in the rural areas
 - Enhance partnerships and 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.

Education Plan for Mitigating Threats and Weaknesses:

The SWOT analyses utilized for this plan provide a solid platform from which AAANI can focus and enhance service delivery to our targeted populations. Many strategies outlined within this plan that stem from these analyses rely on external collaboration and partnerships. AAANI has a clear understanding that quality, long-term partnerships are essential to the betterment of not only AAANI service delivery, but ultimately the health of our communities. These partnerships must engage a broad-reach of representation from marginalized groups to ensure widespread input. AAANI places equal emphasis on the active engagement and education of our front-line staff who further represent these populations.

AAANI does not take a “top down” approach to planning and problem solving. With ears always to the ground, it holds true that each member of our team offers real-time insight and representation for their respective customers. It is through their on-going, daily customer interaction in which staff offer critical perspective as we shape our services, and through our external and internal sources of information, it is a key priority of AAANI to be well-positioned and fluid in response to ever-changing consumer needs.

It is with this approach that AAANI will continue to support, and embark upon a variety of internal educational/training and information sharing opportunities. AAANI will stay focused on frequent intra- and inter-departmental dialogue an input, encouraging innovation and supporting an environment of empowerment through the following strategies:

- Bi-weekly direct staff communication:
 - Bi-weekly “all staff” meeting (interdepartmental)
 - Bi-weekly I&A team meeting
- Implementation of an I &A task force to address priorities, challenges and efficiencies.
- Cross-departmental training and job-shadowing (field exposure).
- APS / I&A internal collaborative – focusing on enhancing inter-departmental communication and emphasis on consistency in reporting.
- Ongoing participation in AIRS educational series.
- ICOA’s Online Dementia Training available through the ICOA website.
- Family Caregiver training and resources available through the ICOA website.
- Contract manager debrief of quarterly outreach activities.
- Fully supported community engagement for all staff, include speaking opportunities, focus groups, resource and community fairs, etc.
- Frequently coordinated learning opportunities among community partners via invitations to speak for AAANI staff meetings.
- Supporting leadership development opportunities whenever feasible.

Section 3: Identified Opportunities

The strategies and activities (both internal and external) outlined in this Area Plan were supported by various methodologies and well-informed by area-wide, quality data sources, and by active engagement with key stakeholders throughout its development.

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 (shown on page 20), review operations and address any specific needs identified during the COVID-19 Pandemic.

The AAANI created a standard set of questions designed to extract widespread data and feedback relevant to high-risk and marginalized populations and to assess the internal capabilities, resources, and strengths of AAANI. These questions were uniformly posed to stakeholders throughout PSA 1 (as identified in pages 10-14) across community organizations, contracted providers, our Advisory Council and AAANI staff, all of which either represent high-risk populations, or have a vested interest in these commonly shared customers. The results of these inquiries were directly utilized in development of this four-year Area Plan.

SWOT analyses were conducted with the AAANI staff and AAANI Advisory Council and combined (shown on page 19)

SWOT analyses were conducted with the each of the 13 PSA 1 Senior Centers (shown on page 20)

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).

Public comment: The Area Plan was made universally available to, and was posted for for public comment on June 1 – 10th, 2022 at <https://www.aaani.org/media/>.

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 independence 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 Disease & Related Dementia (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
<p>A. Provide targeted outreach to health care providers in counties with the highest rate of individuals over the age of 75.</p> <p>Prioritized Gap: High risk for institutional placement; Lack of community knowledge on (ADRD)</p>	<p>Measurement Tool: GetCare; Outreach spreadsheet</p> <p>Target: All healthcare providers in PSA 1</p>	<p>Year 1: Pilot. Identify targeted audience, develop marketing plan and materials: Year 2 Implement & monitor Year 3 Implement & monitor Year 4: Implement & monitor.</p>
<p>B. Educate the community on regional aging services.</p> <p>Prioritized Gap: Increase knowledge of AAA1 services; Low number of presentations during Pandemic; Older individuals with the greatest economic & social need.</p>	<p>Measurement Tool: GetCare; Outreach spreadsheet</p> <p>Target: 10 or more health fair &/or presentations</p>	<p>Year 1: Pilot. Identify yearly community health fairs & public presentation opportunities. Year 2: 4 health fairs & 2 presentations Year 3: 5 health fairs & 3 presentations Year 4: 6 health fairs & 4 presentations</p>

2. Focus Area: Congregate Meals

Strategy	Measurement	Implementation Plan
<p>A. Improve overall quality of congregate meals.</p> <p>Prioritized Gap: Combat social isolation; community focal point</p>	<p>Measurement Tool: Survey on meal quality</p> <p>Target: 75% positive quality assurance</p>	<p>Year 1: Establish quality assurance baselines</p> <p>Year 2: Implement and evaluate survey</p> <p>Year 3: Identify and provide training for any improvement needed</p> <p>Year 4: Implement and evaluate survey</p>
<p>B. Coordinate an all-site promotional campaign for Senior Nutrition Month.</p> <p>Prioritized Gap: Combat social isolation; Community focal point</p>	<p>Measurement Tool: GetCare; Outreach Spreadsheet</p> <p>Target: All senior centers in PSA1</p>	<p>Year 1: Develop feasible activities and participation plan; implement</p> <p>Year 2: Implement activities & participation plan</p> <p>Year 3: Implement activities & participation plan</p> <p>Year 4: Implement activities & participation plan</p>

3. Focus Area: Health Promotions

Strategy	Measurement	Implementation Plan
<p>A. Expand Fit & Fall Classes, placing emphasis on relevance to aging in place.</p> <p>Prioritized Gap: Combat Social isolation; older individuals at risk for institutional placement</p>	<p>Measurement Tool: Panhandle Health data</p> <p>Target: Development of new delivery sites and increased participation in current classes.</p>	<p>Year 1: Pilot. Identify possible collaboratives and marketing activities</p> <p>Year 2: Annual analysis of participation/marketing needs.</p> <p>Year 3: Annual analysis of participation/marketing needs.</p> <p>Year 4: Annual analysis of participation/marketing needs.</p>
<p>B. Expand facilitation capacity for Mind-Over-Matter: Healthy Bowels, Healthy Bladder Class.</p> <p>Prioritized Gap: Individuals with incontinence; older individuals at risk for institutional placement</p>	<p>Measurement Tool: GetCare</p> <p>Target: AAANI staff obtains Master Trainer Certification & external program implementation.</p>	<p>Year 1: Complete Certification and identify/recruit partnerships.</p> <p>Year 2: Complete Certification and identify/recruit partnerships.</p> <p>Year 3: partner training and external program implementation</p> <p>Year 4: partner training and external program implementation</p>

4. Focus Area: MIPPA/SMP (Medicare Improvements for Patients & Providers Act / Senior Medicaid Patrol)

Strategy	Measurement	Implementation Plan
<p>A. Enhance partnerships with Native American groups to promote MIPPA program.</p> <p>Prioritized Gap: High risk for institutional placement; Older Native American population</p>	<p>Measurement Tool: MIPPA reporting form</p> <p>Target: Number of outreach activities reported annually to the grant.</p>	<p>Year 1: Coordinate with tribal leadership/elders to identify effective promotional mechanisms and conduct outreach.</p> <p>Year 2: 2 Native American MIPPA outreach events</p> <p>Year 3: 2 Native American MIPPA outreach events</p> <p>Year 4: 2 Native American MIPPA outreach events</p>
<p>B. Increase SMP/MIPPA connectivity to low-income and remote customers throughout PSA 1.</p> <p>Prioritized Gap: Low-income seniors; older individuals residing in the rural areas of North Idaho</p>	<p>Measurement Tool: GetCare / SMP MIPPA reports referral reports</p> <p>Target: Number of mailings and points of contact to identified demographic.</p>	<p>Year 1: Identify target areas & populations and conduct outreach activities as identified.</p> <p>Year 2: 2% increase in mailings/contacts</p> <p>Year 3: 2% increase in mailings/contacts</p> <p>Year 4: 2% increase in mailings/contacts</p>

5. Focus Area: Loneliness Reduction / Multigenerational Socialization

Strategy	Measurement	Implementation Plan
<p>A. Sustain friendly caller program</p> <p>Prioritized Gap: Combat Social isolation; Older individuals residing in the rural areas of North Idaho</p>	<p>Measurement Tool: GetCare; Friendly caller tracking spreadsheet.</p> <p>Target: Number of friendly caller activities conducted annually</p>	<p>Year 1: Identify possible volunteers for program sustainability.</p> <p>Year 2: Maintain active program</p> <p>Year 3: Maintain active program</p> <p>Year 4: Maintain active program</p>
<p>B. Create multi-generational program that can be easily replicated throughout PSA 1</p> <p>Prioritized Gap: Combat Social isolation</p>	<p>Measurement Tool: Area Plan quarterly reports</p> <p>Target: One project/activity completed annually.</p>	<p>Year 1: Identify scope of project, partnerships, and goals.</p> <p>Year 2: project implementation and review.</p> <p>Year 3: project implementation and review.</p> <p>Year 4: project implementation and review.</p>

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
<p>A. Increase Consumer Direct Respite in rural areas of PSA 1</p> <p>Prioritized Gap: High risk for institutional placement; Older individuals residing in the rural areas of North Idaho; Older individuals with Alzheimer's disease and related disorders (and caretakers); Older low-income minority individuals; Older individuals with the greatest economic and social need</p>	<p>Measurement Tool: GetCare; Internal spreadsheet</p> <p>Target: Number of respite caregivers living in rural areas.</p>	<p>Year 1: Add 3 customers per year as funding permits Year 2: Add 3 customers per year as funding permits Year 3: Add 3 customers per year as funding permits Year 4: Add 3 customers per year as funding permits</p>
<p>B. Increase Consumer Direct Respite in urban areas of PSA 1 for Alzheimer's/Dementia related care recipients, or for care recipients who cannot be left unattended.</p> <p>Prioritized Gap: High risk for institutional placement; Older individuals with Alzheimer's disease and related disorders (and caretakers); Older low-income minority individuals; Older individuals with the greatest economic and social need</p>	<p>Measurement Tool: GetCare; Internal spreadsheet</p> <p>Target: Number of respite caregivers in urban areas who meet the demographic.</p>	<p>Year 1: Add 3 customers per year as funding permits Year 2: Add 3 customers per year as funding permits Year 3: Add 3 customers per year as funding permits Year 4: Add 3 customers per year as funding permits</p>

2. Focus Area: Transportation

Strategy	Measurement	Implementation Plan
<p>A. Implement Consumer Directed Transportation Service as allowable.</p> <p>Prioritized Gap: Older individuals at high risk for institutional placement; Older individuals residing in the rural areas of North Idaho</p>	<p>Measurement Tool: GetCare; Internal spreadsheet; Quarterly report</p> <p>Target: Consumer Directed Transportation Pilot Program approved and launched.</p>	<p>Year 1: Collaborate with ICOA.</p> <p>Year 2: Implement program and review performance annually.</p> <p>Year 3: Implement program and review performance annually.</p> <p>Year 4: Implement program and review performance annually.</p>
<p>B. Promote Transportation Resources at Focal Points</p> <p>Prioritized Gap: High risk for institutional placement; Older individuals residing in the rural areas of North Idaho; Older low-income minority individuals</p>	<p>Measurement Tool: Outreach Plan</p> <p>Target: Number of outreach/promotional activities conducted.</p>	<p>Year 1: Identify additional provider resources/develop marketing materials & conduct activities</p> <p>Year 2: Identify additional provider resources/develop marketing materials & conduct activities</p> <p>Year 3: Identify additional provider resources/develop marketing materials & conduct activities</p> <p>Year 4: Identify additional provider resources/develop marketing materials & conduct activities</p>

3. Focus Area: Home Delivered Meals (HDM) / NSIP

Strategy	Measurement	Implementation Plan
<p>A. Identify HDM providers for those in rural areas outside of senior center delivery area.</p> <p>Prioritized Gap: Older individuals at high risk for institutional placement; Older individuals residing in the rural areas of North Idaho</p>	<p>Measurement Tool: Internal reports</p> <p>Target: Number of providers secured.</p>	<p>Year 1: Research viable providers, develop contract(s), offer services within available budget.</p> <p>Year 2: Research viable providers, develop contract(s), offer services within available budget.</p> <p>Year 3: Research viable providers, develop contract(s), offer services within available budget.</p> <p>Year 4: Research viable providers, develop contract(s), offer services within available budget.</p>
<p>B. Improve overall quality of Home Delivered Meals.</p> <p>Prioritized Gap: Older individuals at risk for institutional placements; Older individuals residing in the rural areas of North Idaho</p>	<p>Measurement Tool: Survey on meal quality</p> <p>Target: Consumer survey responses indicate 75% positive quality assurance.</p>	<p>Year 1: Establish quality assurance baselines</p> <p>Year 2: Implement and evaluate survey</p> <p>Year 3: Identify and provide training for any improvement needed</p> <p>Year 4: Implement and evaluate survey</p>

4. Focus Area: Commodity Supplemental Food Program

Strategy	Measurement	Implementation Plan
<p>A. Support coordination of "all staff" in-service trainings between Senior Centers and Idaho Food Banks</p> <p>Prioritized Gap: Older individuals at risk for institutional placements Older low-income minority individuals</p>	<p>Measurement Tool: Area Plan; Quality Plan</p> <p>Target: Number of in-service trainings delivered.</p>	<p>Year 1: Identify training needs and delivery plan with stakeholders.</p> <p>Year 2: Implement in-service trainings.</p> <p>Year 3: Implement in-service trainings.</p> <p>Year 4: Implement in-service trainings.</p>

5. Focus Area: Homemaker

Strategy	Measurement	Implementation Plan
<p>A. Incorporate consumer-direct services into menu of on-going AAANI homemaker services.</p> <p>Prioritized Gap: Older individuals at risk for institutional placements Older low-income minority individuals; Older individuals with the greatest economic and social need; Older individuals residing in the rural areas of North Idaho</p>	<p>Measurement Tool: GetCare; Internal Spreadsheet</p> <p>Target: Number of consumers receiving consumer direct homemaker services.</p>	<p>Year 1: : Incorporate ICOA standards and establish PSA 1 deliverables.</p> <p>Year 2: Implement program and review program performance annually.</p> <p>Year 3: Implement program and review program performance annually.</p> <p>Year 4: Implement program and review program performance annually.</p>
<p>B. Generate rural community awareness of consumer directed homemaker service option.</p> <p>Prioritized Gap: Older individuals at risk for institutional placements; Older low-income minority individuals; Older individuals with the greatest economic and social need; Older individuals residing in the rural areas of North Idaho</p>	<p>Measurement Tool: GetCare</p> <p>Target: Number of consumers in rural areas receiving consumer directed homemaker services.</p>	<p>Year 1: Identify promotional avenues and marketing strategies.</p> <p>Year 2: Conduct marketing activities, review performance and continuous improvement activities annually.</p> <p>Year 3: Conduct marketing activities, review performance and continuous improvement activities annually.</p> <p>Year 4: Conduct marketing activities, review performance and continuous improvement activities annually.</p>

6. Focus Area: Dementia Capability

Strategy	Measurement	Implementation Plan
<p>A. Hold Community Forum on Alzheimer's Disease and Related Dementias (ADRD).</p> <p>Prioritized Gap: Older individuals with Alzheimer's disease and related disorders (and caretakers); Older individuals at risk for institutional placements; Lack of community knowledge on (ADRD)</p>	<p>Measurement Tool: Quarterly Report; Area report update</p> <p>Target: Number of forums delivered.</p>	<p>Year 1: Identify & collaborate with community partners, develop delivery plan.</p> <p>Year 2: Conduct 2 forums.</p> <p>Year 3: Conduct 2 forums.</p> <p>Year 4: Conduct 2 forums.</p>
<p>B. Educate area partners on the ICOA Dementia trainings</p> <p>Prioritized Gap: Older individuals with Alzheimer's disease and related disorders (and caretakers); Older individuals at risk for institutional placements; Lack of community knowledge on (ADRD)</p>	<p>Measurement Tool: GetCare; Outreach report</p> <p>Target: Number of partners informed.</p>	<p>Year 1: Identify high-need partners and conduct outreach plan</p> <p>Year 2: Identify high-need partners and conduct outreach</p> <p>Year 3: Identify high-need partners and conduct outreach</p> <p>Year 4: Identify high-need partners and conduct outreach</p>

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

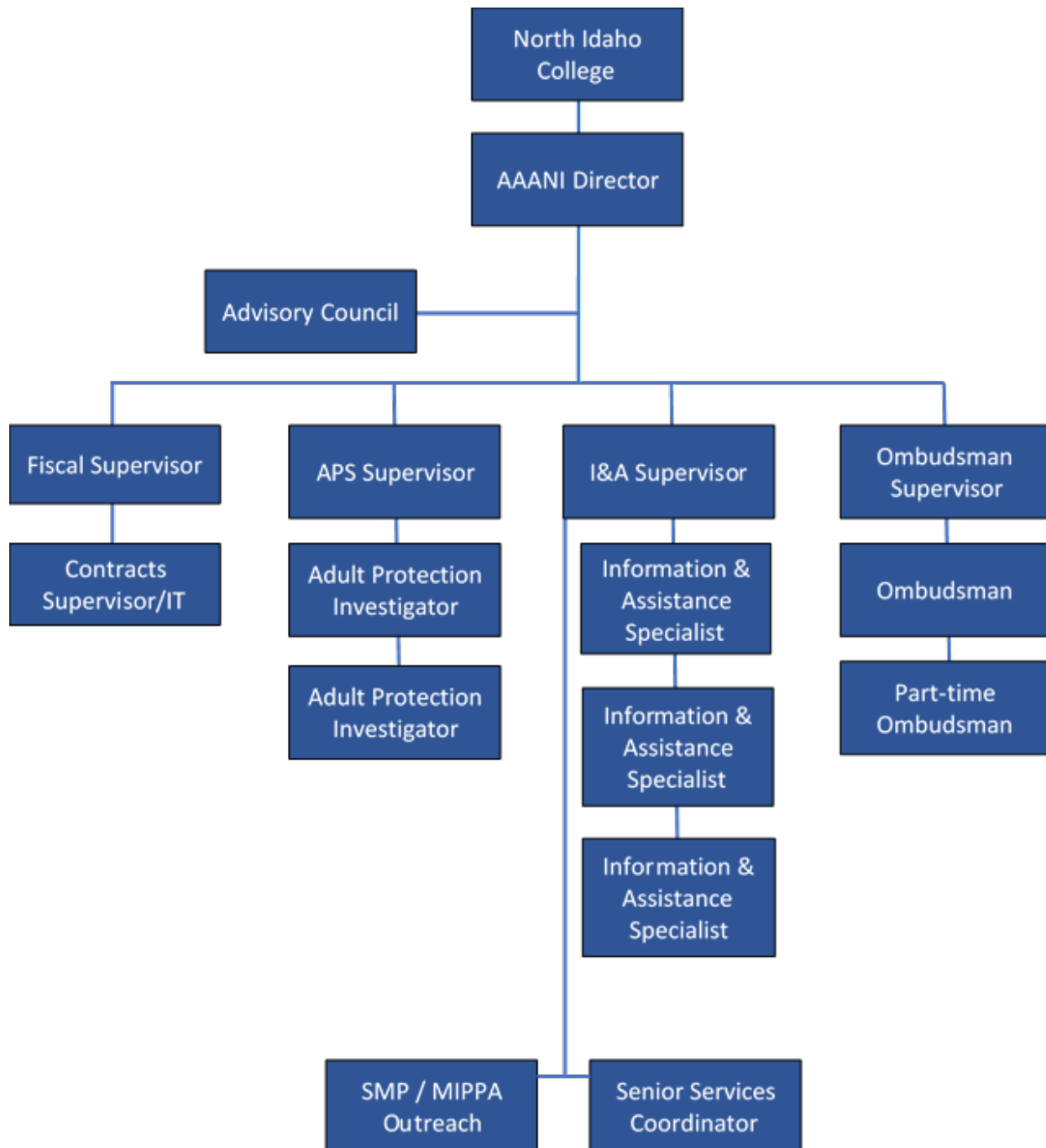
Strategy	Measurement	Implementation Plan
<p>A. Community Education on Adult Protection Services (APS) policies and function.</p> <p>Prioritized Gap: Community knowledge on Adult Protection Services; Low number of community presentations during pandemic; Increase in adult protection reports; Adult protection recidivism</p>	<p>Measurement Tool: GetCare</p> <p>Target: Number of presentations throughout PSA 1.</p>	<p>Year 1: Identify partner awareness gaps, customize presentations accordingly. Deliver 6 presentations</p> <p>Year 2: Deliver training sessions annually. Deliver 12 presentations</p> <p>Year 3: Deliver training sessions annually. Deliver 12 presentations</p> <p>Year 4: Deliver training sessions annually. Deliver 12 presentations</p>
<p>B. Promote legal risk detector tool on website and social media.</p> <p>Prioritized Gap: Older individuals at risk for institutional placements; Increase in adult protection reports; Adult protection recidivism</p>	<p>Measurement Tool: GetCare referral report</p> <p>Target: Number of legal risk detector tool referrals in PSA 1.</p>	<p>Year 1: Establish program baselines.</p> <p>Year 2: Annual review of performance measurements/identify continuous improvement activities</p> <p>Year 3: Annual review of performance measurements/identify continuous improvement activities</p> <p>Year 4: Annual review of performance measurements/identify continuous improvement activities</p>
<p>C. Expand the use of preventative programs (Focused Care Coordination & Intervention Aid).</p> <p>Prioritized Gap: Older individuals at risk for institutional placements; Increase in adult protection reports; Adult protection recidivism</p>	<p>Measurement Tool:</p> <p>Target:</p> <p>Number of individuals served on FCC & Intervention Aid.</p>	<p>Year 1: Establish program baselines.</p> <p>Year 2: Annual review of performance measurements/identify continuous improvement activities</p> <p>Year 3: Annual review of performance measurements/identify continuous improvement activities</p> <p>Year 4: Annual review of performance measurements/identify continuous improvement activities</p>

2. Focus Area: Ombudsman

Strategy	Measurement	Implementation Plan
<p>A. Recruitment of volunteer ombudsman</p> <p>Prioritized Gap: Lack of volunteers in multiple programs; Increase in senior population; Older individuals residing in the rural areas of North Idaho</p>	<p>Measurement Tool: GetCare</p> <p>Target: Number of volunteers secured.</p>	<p>Year 1: Establish recruitment strategy</p> <p>Year 2: implement recruitment activities and review of performance annually</p> <p>Year 3: implement recruitment activities and review of performance annually</p> <p>Year 4: implement recruitment activities and review of performance annually</p>
<p>B. Community Education on Ombudsman function.</p> <p>Prioritized Gap: Low number of community presentations during pandemic; Lack of volunteers in multiple programs; Increase in senior population.</p>	<p>Measurement Tool: GetCare</p> <p>Target: Number of presentations throughout PSA 1.</p>	<p>Year 1: Year 1: Identify agencies in need and various populations to target, customize educational materials.</p> <p>Year 2: Conduct educational presentations</p> <p>Year 3: Conduct educational presentations</p> <p>Year 4: Conduct educational presentations</p>

Section 5: Plan Execution

Area Agency on Aging of North Idaho Organizational Chart



Area Plan Implementation:

Initiative/Assignment	Responsibility
Information and Assistance Services and Aging & Disability Resource Center (ADRC)	
• Provide targeted outreach to health care providers in counties with the highest rate of individuals over the age of 75.	I&A Department
• Education to the community on regional aging services.	I&A Department
Congregate Meals	
• Improve overall quality of congregate meals.	Contracts Supervisor
• Coordinate an all-site promotional campaign for Senior Nutrition Month.	Contracts Supervisor
Health Promotions	
• Expand Fit & Fall classes, placing emphasis on its relevance to aging in place.	I&A Supervisor / AAANI Director
• Expand facilitation capacity for Mind-Over Matter: Healthy Bowels, Healthy Bladder Class.	I&A Supervisor / AAANI Director
MIPPA/SMP	
• Enhance partnership with Native American groups to promote MIPPA program.	SMP/MIPPA Outreach
• Increase to SMP/MIPPA connectivity to low-income and remote customers throughout PSA 1.	SMP/MIPPA Outreach
Loneliness Reduction / Multigenerational Socialization	
• Sustain friendly caller program.	I&A Supervisor
• Create multi-generational program that can be easily replicated throughout PSA 1.	Ombudsman Department
Family Caregivers / Respite/ Grandparents raising grandchildren	
• Increase Consumer Direct Respite in rural areas	Senior Services Coordinator
• Increase Consumer Direct Respite in urban areas for Alzheimer's/Dementia related care recipients, or for care recipients who cannot be left unattended.	Senior Services Coordinator
Transportation	
• Implement Consumer Directed Transportation Service as allowable.	Senior Services Coordinator
• Promote Transportation Resources at focal points.	Senior Services Coordinator / Contracts Supervisor
Home Delivered Meals / NSIP	
• Identify Home Delivered Meals providers for those in rural areas outside Senior Center delivery area.	I&A Supervisor
• Improve overall quality of Home Delivered Meals.	Contracts Supervisor
Commodity Supplemental Food Program	
• Support coordination of "all staff" in-service trainings between Senior Centers and Idaho Food Banks.	Contracts Supervisor

Initiative/Assignment	Responsibility
Homemaker	
<ul style="list-style-type: none"> Incorporate consumer-direct as an on-going service for homemaker services. 	Senior Services Coordinator / I&A Supervisor
<ul style="list-style-type: none"> Generate rural community awareness of consumer directed homemaker service option. 	Senior Services Coordinator / I&A Supervisor
Dementia Capability	
<ul style="list-style-type: none"> Hold Community Forum on Alzheimer's Disease and Related Dementias. 	AAANI Director / Senior Services Coordinator
<ul style="list-style-type: none"> Educate area partners on the ICOA Dementia trainings. 	All Staff
Elder Rights and Legal Assistance	
<ul style="list-style-type: none"> Community Education on APS policies and function. 	APS Staff / AAANI Director
<ul style="list-style-type: none"> Promote legal risk detector tool on website and social media. 	All staff
<ul style="list-style-type: none"> Expand the use of preventative programs (Focused Care Coordination & Intervention Aid). 	APS Staff/ AAANI Director
Ombudsman	
<ul style="list-style-type: none"> Recruitment of volunteer ombudsman. 	Ombudsman Staff
<ul style="list-style-type: none"> Community Education on Ombudsman function. 	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 gauge 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
Family Caregiver Supports	GetCare; internal reports	I&A Supervisor, Fiscal Supervisor, Contracts Supervisor, Senior Services Coordinator
Health Promotions	GetCare; Workshop Wizard; Internal Reports	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.

ATTACHMENT A: Emergency Contingency of Services Plan

DISASTER AND EMERGENCY PREPAREDNESS PLAN

AREA AGENCY ON AGING of North Idaho
October 1, 2022 – September 30, 2026

TO MEET THE NEEDS OF SENIORS IN THE EVENT OF NATURAL OR
MAN-MADE DISASTER OR OTHER WIDESPREAD EMERGENCY

National, State and Local Roles:

National Role: The Administration for Community living provides national guidance and funding to the State Units on Aging to be distributed to the Area Agencies on Aging. The Area Agency on Aging of North Idaho (AAANI) supports disaster planning efforts by participating in funding awards during emergencies and collaborates with the Idaho Commission on Aging (ICOA) to implement a local disaster plan strategy.

In addition, AAANI promotes emergency preparation resources to the public through email distribution and social media.

State: AAANI is responsible to respond to any coordination efforts initiated by ICOA during regional emergencies. The ICOA is a supporting agency in the Idaho Office of Emergency Plan and is responsible to coordinate senior services during statewide emergencies through the Area Agencies on Aging.

[Welcome to Office of Emergency Management \(idaho.gov\)](https://www.idaho.gov/office-of-emergency-management)

The responsibility to ensure services continue without interruption is listed in the AAANI and ICOA Contract.

Continuity of Services. The Contractor recognizes that the services provided under this Contract are vital to the ICOA and must be continued without interruption. The Contractor further recognizes that upon Contract expiration or termination, a successor, either the ICOA or another entity, may continue services within the PSA. Upon notification of termination the Contractor must provide a transition plan subject to the approval of the ICOA that minimizes any negative effects to the consumers and provide for an orderly and controlled transition to the ICOA. (ICOA Performance Based Agreement; Item 20)

Local: The AAANI is responsible for serving older residents of Program Service Area 1 (PSA 1). This region includes the five northern counties of Idaho: Benewah, Bonner, Boundary, Kootenai and Shoshone. North Idaho College (NIC) is the sponsor of AAANI. AAANI follows the guidelines set forth from NIC's disaster & emergency preparedness plan and NIC can delegate responsibilities as needed to respond to regional emergencies.

Senior center providers are required to describe emergency procedures to apply to be a nutrition provider, to ensure no loss of services occur during emergencies. In addition, service providers are required to provide at minimum 30-day notices before contract termination and 24 hours before or after changes in service delivery schedules.

Basic Components of an Area-Wide Disaster Plan:

1. Name and title AAANI person responsible for implementation of area's Disaster Plan:

NAME	TITLE/POSITION	Office Phone #	Email
Sage Stoddard	Director, Area Agency on Aging of North Idaho	(208) 667-3179	esstoddard@nic.edu

2. Names and titles of other AAANI staff:

NAME (AAANI STAFF)	TITLE/POSITION	Responsibilities
Sage Stoddard	Director, Area Agency on Aging of North Idaho	<ul style="list-style-type: none"> • Communication with IT • Public Service Announcements • Communication with Newspapers • Communication with ICOA • Communication with NIC
Gina Mazzella (208) 667-3179 gmmezzella@nic.edu	Fiscal Supervisor, Area Agency on Aging of North Idaho	<ul style="list-style-type: none"> • Serve as a referral source to direct people to emergency services • Provide information
Barbara Bisaro (208) 667-3179 bjbisaro@nic.edu	I&A Supervisor, Area Agency on Aging of North Idaho	<ul style="list-style-type: none"> • Communication with providers • Reporting & communication with homebound seniors • Communication with caregivers
Jan Young (208) 667-3179 jlyoung@nic.edu	Ombudsman Supervisor, Area Agency on Aging of North Idaho	<ul style="list-style-type: none"> • Communication with Ombudsman staff/volunteers • Communication with facilities • Communication with ICOA Ombudsman Program specialist
Buddy Winters (208) 667-3179 wrwinters@nic.edu	APS Supervisor, Area Agency on Aging of North Idaho	<ul style="list-style-type: none"> • Communication with AP team • Communication with law enforcement & bureau of facility licensing • Communication with vulnerable adults
Rhonda Nelson (208) 667-3179 ranelson@nic.edu	Contracts Supervisor, Area Agency on Aging of North Idaho	<ul style="list-style-type: none"> • Website notifications • Communication with IT

3. Alternate AAANI business location if primary office is inaccessible or uninhabitable:

Location Name and Address	Type of Arrangement	Unmet Needs
North Idaho College 1000 W Garden Ave Coeur d'Alene, ID 83814 (208) 769-3231	Warm Site; Operations; Sufficient number of Workstations; Access to Network Drive	
Remote work for front line staff	Warm Site; Telework; Sufficient number of Workstations; Access to Network Drive	Printing, Limited phones

4. Does the AAANI have personal and community disaster preparedness information available for clients, services providers and the general public?

Yes, this information can be found on our website, social media, and in our office. AAANI staff also provide personal and community disaster preparedness information over the phone, by email and by mail. The information provided to clients, service providers and the general public may come from a variety of sources including:

- The Federal Emergency Management Agency
- Centers for Disease Control and Prevention
- Red Cross
- www.ready.gov
- Idaho Office of Emergency Management
- <https://acl.gov/emergencypreparedness>

5. Local Emergency coordinators and Red Cross coordinators in EACH county or city with whom the AAANI coordinates emergency planning for the needs of older citizens, and will collaborate with during an emergency or disaster situation:

AGENCY NAME	COUNTY/ OTHER JURISDICTION	CONTACT NAME	General Contact
Panhandle Health District 8500 N Atlas Rd. Hayden, ID 83835	5 Northern Idaho Counties	Nick Mechikoff Program Mgr	(208) 415-5180 nmechikoff@phd1.idaho.gov
Greater Inland Northwest Red Cross	5 Northern Idaho Counties	Ryan Rodin Executive Dir	(509) 326-3330 Ryan.rodin@redcross.org
Kootenai Medical Center	5 Northern Idaho Counties	Jon Ness	(208) 625-4000

2 nd Harvest Food Bank	5 Northern Idaho Counties	Jason Clark	(509) 534-6678
Bonner County Sheriff	Bonner County	Daryl Wheeler, Sheriff	(208) 263-84147
Bonner County	Bonner County	Bob Howard, Director Emergency Mgt	(208) 265-8867
Benewah County Sheriff	Benewah County	Dave Resser, Sheriff	(208) 245-2555
Benewah County	Benewah County	Office of Emergency Mgt	(208) 245-4122
Shoshone County Sheriff	Shoshone County	Shariff Mike Gunderson	(208) 556-1114
Shoshone County	Shoshone County	Dan Martinsen, Emergency Services Mgr	(208) 556-1114
Kootenai County Sheriff	Kootenai County	Bob Norris, Sheriff	(208) 446-1300
Kootenai County	Kootenai County	Tiffany Westbrook, Director	(208) 446-1775
Boundary County Sheriff	Boundary County	David Kramer, Sheriff	(208) 267-3151
Boundary County	Boundary County	Andrew O'Neel	(208) 290-5316

6. Included clauses in contracts, grants and agreements with service providers describing and assuring their response during a disaster or emergency.

During request for proposals applications, providers are asked, "Describe in detail the Emergency Procedures in the event nutrition services are not operational". Responses are reviewed and taken into consideration before contract execution.

Senior center providers are required to describe emergency procedures to apply to be a nutrition provider, to ensure no loss of services occur during emergencies. In addition, service providers are required to provide at minimum, 30-day notices before contract termination and 24 hours before or after changes in service delivery schedules.

7. List service providers of major programs (transportation, nutrition, homemaker, etc.) with whom the AAANI will coordinate emergency services.

SENIOR CENTER NAME	COUNTY	PHONE
Bonnors Ferry Senior Center	Boundary County	(208) 267-5554
Clark Fork Senior Center	Bonner County	(208) 266-1653
Fernwood Senior Center	Benewah County	(208) 245-3392
Hayden Senior Center	Kootenai County	(208) 762-7052
Lake City Senior Center	Kootenai County	(208) 667-4628
Plummer Senior Center	Benewah County	(208) 686-1863
Post Falls Senior Center	Kootenai County	(208) 773-9582
Rathdrum Senior Center	Kootenai County	(208) 687-2028
St. Maries Senior Center	Benewah County	(208) 245-3032
Sandpoint Senior Center	Bonner County	(208) 263-6860
Silver Valley Senior Center	Shoshone County	(208) 752-1194
Spirit Lake Senior Center	Kootenai County	(208) 623-6125
Worley Senior Center	Kootenai County	(208) 686-1258
TRANSPORTATION PROVIDERS		
Name	Phone	
Coeur d’Alene Tribe, DBA Citylink	(208) 446-2255	
Hayden Senior Center	(208) 0762-7052	
Silver Express Public Transportation	(208) 665-5671	
Selkirk-Pend Oreille Transit Authority	(208) 263-3774	
Kootenai County Ring-a-Ride	(208) 446-1616	
HOMEMAKER and RESPITE PROVIDERS		
Name	Phone	
Aaging Better	Director - (208) 777-0308	
Access Care	Director - (208) 783-0100	
All Ways Caring	Director - (208) 490-8255	
Bennett House / Daybreak Center	Director - (208) -704-0219	
First Light Home Care	Director - (208) 758-8090	
Wellspring Meadows	Director - (208) 762-9001	
Comfort Keepers	Director - (208) 765-9511	

8. Does the AAANI have a process to identify homebound, frail, disabled, isolated and/or vulnerable clients who may need assistance in the event of a man-made or natural disaster:

Yes, this information is maintained on the statewide Management information system (MIS). All recipients of Home Delivered Meals, Homemaker, Chore, Respite and Case Management Services have addresses and/or directions to their home accessed through the statewide MIS database (GetCare). The database has client demographics and emergency contact information to determine the status of the individual that there may be a concern about.

9. Describe the AAANI's process for intake and recording of information about the disaster related needs of older people, providing access to needed services, and follow-up during and beyond the recovery period.

The capability and extent of assistance the AAANI's can provide, in case of a disaster or emergency, are limited. Primary to the mission is disaster relief and assistance. The first 24 hours of a disaster or emergency are key to accessing relief and assistance.

In case of a disaster or emergency the following information should be recorded on any known victims:

- Name
- Home address
- Telephone number, if working
- Known health conditions
- Next of kind and telephone number
- Nature of need
- Location of individual if not at home

This information should be relayed to Idaho Office of Emergency Management (IOEM) if rescue is required. The AAANI Director and ICOA should be made aware of all efforts accomplished by IOEM.

The AAANI will be prepared to pass on information to the ICOA about the approximate number of older persons that might be residing in a given area.

It is vitally important that any contracted nutrition providers who provide commodities or meals during a disaster or emergency, keep extensive and accurate records of what was provided to whom, when, and under what circumstances and at whose direction. These services are reimbursable by the federal government if properly authorized but require good records in order to make a claim.

AAANI must be able to indicate how many older persons might be residing in a given area. This information is to be provided to ICOA by AAANI involved immediately after a disaster. Region X is required to contact the ICOA to obtain and forward this information to the federal government.

10. Describe the AAANI's process for staff and service providers to record employee's time and expenses associated with disaster related activities (see example below: necessary to apply for reimbursement in the event of a presidential disaster declaration):

AAANI staff and service providers must maintain accurate records during an emergency event, including time worked, emergency purchases made, and personal miles driven for work purposes, as well as instructions and information that the individual engaged in. These documents will be required for monetary reimbursement and payroll. These records will be invaluable after the event to improve the AAANI emergency preparedness plan.

AAANI utilizes the example below for the documentation that is necessary to apply for reimbursement in the event of a presidential disaster declaration. Copies of this form will be available at the agency and an electronic copy will be available on the AAANI shared drive.

AAANI Employee Emergency/Disaster Record								
Authorized Person's Name:								
Date	Time Worked	Emergency Purchases Made	Purpose of Purchase	Costs of Emergency Purchase	Personnel Miles Driven	Store Purchase Made and Location	Instructions & Information	Instructions Came From

11. Describe activities the AAANI will undertake during the contract period to expand emergency preparedness of the Aging Network within the PSA (i.e. attend LEPC meetings, work with local emergency management officials to advocate for inclusion of older citizens' needs in emergency planning, establish CERT Training in senior centers, make 72-hour kits available for homebound clients, establish "call-down" lists and procedures to be used during emergencies, include emergency preparedness activities in contracts with providers, etc.)

AAANI staff will work with local emergency management officials, particularly the regional Idaho Healthcare Coalition and the Local Emergency Planning Committee's (LEPC) in our area, to advocate for inclusion of older citizens' needs in emergency planning. The AAANI will cultivate strategic partnerships with entities that have expertise in service to aging and/or adult populations with disabilities. These partnerships might include local chapters of the Voluntary Organizations Active in Disasters (VOAD), the regional Idaho Healthcare Coalition and Local Emergency Planning Committee's (LEPC). The AAANI service providers contracts or agreements will continue to include clauses that describe and assure their response during a disaster or emergency.

AREA AGENCY ON AGING OF NORTH IDAHO RESPONSIBILITIES IN THE EVENT OF AN EMERGENCY OR DISASTER

- Develop and maintain a Continuity of Operations Plan (COOP) to A) address how the agency will provide essential services to citizens during response and recovery, and B) return the agency to normal operations
- Agencies will notify the IOEM of any significant event, incident, emergency or disaster, impacting the ability of government to provide public services within the State of Idaho
- Provide resource and logistical support (i.e. personnel, equipment, materials, supplies, etc.) to the IDEOC as requested, within the scope, laws, and policies that govern their organizations
- The primary goal of our agency during an emergency is to maintain a continuity of service at a minimum level for older adult and family caregivers in our area. Highest consideration will be placed on senior nutrition and information and assistance which are an essential part of response and recovery. Efforts will be made to identify and map vulnerable populations.
- AAANI recognizes that the responsibility for coordinating emergency preparedness rests with the Idaho Office of Emergency Management (IOEM) through public health officials and local elected officials. As an Area Agency on Aging however, we are responsible to ensure the needs of older adults are considered and addressed in time of natural and man-made disasters. AAANI first priority after a disaster is to ensure that services to our consumers and contract agencies continue or are restored as soon as possible. AAANI staff will assess the status of provider staff and clients, facilities and needs as soon as possible after a disaster in an effort to provide them with needed assistance to continue operations. After addressing the needs of AAANI consumers and programs, AAANI staff may assist local emergency operations with specific emphasis on older adults and family caregivers.

EVACUATION / NON-EVACUATION

Evacuation

There are many types of natural and human-caused emergencies that can occur while we are at work. When an emergency arises, we will be notified through official channels.

Evacuation of facility in the event of:

- Flood
- Fire
- Chemical Spills (inside the building)
- Earthquake (nonhigh-rise building)
- Bomb (threat or explosion)
- Violence
- Bio-Terrorism

Evacuation Procedure:

- When time allows, shut your door, before you leave the building
- Exit the building in a calm manner through one of the main doors of the building (doors at the north or south side of the building)
- Staff must reassemble at the predetermined location (ie: northwest end of parking lot) to verify everyone is safely out of the building

No Evacuation of facility in the event of:

- Weather
- Chemical Spills (outside)
- Civil Disorder
- The Idaho Emergency Operations Plan indicates Area Agencies on Aging will assist during an emergency in the following ways:

Mass Care (Idaho Emergency Support Function)

- Inform local emergency officials and the ICOA of the needs of the elderly and homebound elderly
- Coordinate senior services with contracted providers
- Provide disaster related information /assistance to consumers
- Assist with coordination for the utilization of senior citizen centers for shelter, mass feeding, and rest centers

Pandemic Influenza

- Disseminate informational and action-required messages received by the, local public health officials, the ICOA, and/or Idaho Office of Emergency Management

- Provide assistance in coordinating with senior centers for mass vaccination operations (i.e., facilities, staffing) as listed under Mass Care.

Flooding

- Provide support as requested and coordinated by local public health officials, the ICOA, and/or Idaho Office of Emergency Management. The level of involvement will vary based on the disaster

Earthquake

- Provide support as requested and coordinated by local public health officials, the ICOA, and/or Idaho Office of Emergency Management. The level of involvement will vary based on the disaster

Severe Weather

- Provide support as requested and coordinated by local public health officials, the ICOA, and/or Idaho Office of Emergency Management. The level of involvement will vary based on the disaster

Nuclear/Radiological Incident

- Provide support as requested and coordinated by local public health officials, the ICOA, and/or Idaho Office of Emergency Management. The level of involvement will vary based on the disaster

Cybersecurity Incident

- Provide support as requested and coordinated by local public health officials, the ICOA, and/or Idaho Office of Emergency Management. The level of involvement will vary based on the disaster

Terrorism

- Provide support as requested and coordinated by local public health officials, the ICOA, and/or Idaho Office of Emergency Management. The level of involvement will vary based on the disaster

Should a disaster or state of emergency exist in our area, the following individuals will be responsible for actions indicated. The Director has been assigned as the Emergency Coordinator. In his/her absence, the Fiscal Supervisor has been assigned alternate.

AREA AGENCY ON AGING FISCAL OPERATIONS:

Payments during emergencies will continue to contracted providers for on-going operations and services. We will ensure funds are made available to contracted

providers to support their ability to serve vulnerable seniors during emergencies. AAANI must be able to receive funding and make payments to the providers. AAANI would work with North Idaho College under their emergency preparedness plan to ensure this happens.

RECORD KEEPING:

AAANI staff must maintain accurate records during an emergency event, including time worked, emergency purchases made, personal miles driven for work purposes, as well as noteworthy benchmark activities, instructions and information. These documents will be required for monetary reimbursement and payroll, and be invaluable after the event in order to improve emergency preparedness plans.