

AREA AGENCY ON AGING**Goal One: Older adults in Arizona have access to quality care****Objective 1.1: Strengthen and enhance the dementia capability of the aging network to promote independence**

Action Step	Completion Date	Person Responsible	Outcome/Output
<p>AREA AGENCY ON AGING staff forms part of the Alzheimer's Association Regional Council Coalition and partners with the Graham County Health Department to enhance the Dementia Friendly communities. We participate in monthly meetings and support the Alzheimer's Association efforts to increase visibility and awareness of dementia. Given this, we hope to disseminate additional resources to Graham county to best be able to cope with dementia stigmatization.</p>	<p>Ongoing, however monitored on yearly basis for improvements.</p>	<p>AAA Director and Program Coordinators</p>	<p>Increase the amount of dementia friendly communities in our region.</p>
<p>Three AAA staff are certified by the Boston University CADER program to deliver care transitions effectively in SEAZ. With the integration of case managers from Santa Cruz County and Cochise, the certification will improve their knowledge and effectiveness of delivering services to all older adults, disabled individuals and caregivers who qualify not only for HCBS services but for all AAA available programs. This in order to best be able to refer our clients to pertinent resources that will attenuate any hardships.</p>	<p>All In-house case managers and intake specialist will complete after their 6 month probation period</p>	<p>AAA Case Managers</p>	<p>Formulate better connections with the healthcare system to increase visibility of AAA services 0-+</p>
<p>Trualta enables new caregivers to have resources at the tip of their fingertips and helps promote the programs we deliver. Working in tandem with casemanagers, we will aim to disseminate awareness pertaining to the existence of this resource to all relevant actors within our network. Namely by strengthening the bond between caregivers and case managers. This will be done through usage of our existing community forums and outreach appartuses.</p>	<p>Ongoing, however monitored on yearly basis for improvements.</p>	<p>AAA Director and Program Coordinators</p>	<p>Caregivers participation within trualta will become more prevalent and this will correlate to a more profound understanding of their work.</p>

Objective 1.2: Increase access to care coordination, healthcare, and other social services for all seniors

Action Step	Completion Date	Person Responsible	Outcome/Output
<p>We brought the Santa Cruz and Cochise County Case Management programs in-house. This helped us decrease the waitlist by educating our communities about the Older Americans Act requirements and eligibility matrix. The Ability to educate and oversee case managers in ALL AAA program services will enhance their performance and increase the number of individuals we can assist with all programs, not just for HCBS services. We are still working on the integration of these new case managers to optimize our efficiency in aforementioned efforts. The inclusion of Central Intake has allowed linkage between case-managed services and, in general, from congregate settings, local resources, programs, or other available services that individuals might need to learn about. SHIP-SMP continued to provide education to caregivers and retired or disabled individuals by using Medicare.gov and coordinating with Social Security, the VA, and the Department of Security if and when qualified. FCSP will facilitate a "Train the Trainer" model of education of current caregiver programs and Trualta for in-house staff.</p>	<p>Ongoing, however monitored on yearly basis for improvements.</p>	<p>AAA Director, Program Coordinators and In-house Case Managers, SHIP-SMP</p>	<p>By integrating these programs within our purview. Participation in all in-house programs such as the family caregivers support program, SHIP-SMP, and HPDP access will become more ubiquitous.</p>
<p>The Community Connections were established to increase awareness of AAA resources with community organizations and to bridge programs, services and resources within our region. It facilitates new partnerships that will help strengthen the aging network. In essence, Community Connections outreach aims to make communication within our region more fluid and strengthens caregiver awareness and self-identification to increase referrals from our partners.</p>			<p>Increase in number of referrals from healthcare networks, faith based organizations, local organizations, and local government. This step promotes increased awareness of the Older American's Act, which implicates additional possibilites for funding increases.</p>

<p>The SHIP-SMP and FCSP programs are increasing their volunteer base to help increase visibility and effectiveness throughout the region. Existing partnerships are engaged and new partnerships are formed with the Salvation Army, local libraries, community housing, health facilities etc to deliver assistance to family caregivers, low income and non-english speaking individuals with bilingual staff on board.</p>			<p>Strengthen commitments by becoming independent to facilitate counselling education within underprivileged, and marginalized communities.</p>
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Objective 1.3: Provide information and promote understanding of options, benefits, and available services through a variety of formats.

Action Step	Completion Date	Person Responsible	Outcome/Output
<p>SEAGO-AAA SHIP-SMP will enhance education and target pre-Medicare beneficiaries to inform individuals and facilities of Medicare timeframes and requirements that will help reduce penalties incurred by not applying within the appropriate timeframes. SHIP-SMP will continue to educate on Medicare frauds in healthcare field by collaborating with CM in healthcare network and AAA.</p>	<p>Ongoing, however monitored on yearly basis for improvements.</p>	<p>AAA SHIP-SMP, FCSP, LTCO, CMG</p>	<p>The overall decrease in penalization frequency for eligible recipients within our communities. Thus granting greater financial liberty to our senior populations. Build partnerships that will provide SHIP-SMP increase referrals to the AAA programs.</p>
<p>SEAGO-AAA Program Coordinators mutually collaborate on delivering information, education and resources throughout the region. The ability to do this in coordination helps each program meet its goals and objectives. The FCSP works together with the Case Management program to help bring caregivers on board with Trualta. The SHIP-SMP and LTCO work together to deliver the Elder Abuse Taskforce (SEAEAT) which brings partners to the table and address issues that arise in our region.</p>			<p>Cross Integration of distinct programs to diminish existing communication barriers. This will form heavily intertwined service networks that allow actors to intervene for better outcomes when necessary across programs within the agency.</p>

<p>The FCSP will continue to collaborate in the AZ Caregiver Coalition and the State Caregiver strategic planning coalition to provide feedback regarding our region. By integrating central intake, the AAA is able to identify client available resources to refer to appropriate AAA programs and enhance delivery of services.</p>		<p>It will create a better referral system for all programs within the agency. It will help educate our communities in Spanish and English on the eligibility matrix for services.</p>
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Goal Two: Increase Awareness and understanding of aging issues to help prepare Arizona for an aging population

Objective 2.1: Strengthen and enhance information sharing on aging issues to promote support

Action Step	Completion Date	Person Responsible	Outcome/Output
<p>The Central Intake unit screens and identifies gaps in service by referring clients to the appropriate programs and resources. Before central intake was established this process was more convoluted and less adhered to by relevant actors.</p>	<p>Ongoing, however monitored on yearly basis for improvements.</p>	<p>AAA Central Intake staff, coordinators, CM's, director</p>	<p>This results in increased use of the mobile app, FB page and our website. Also induces increased participation in volunteer opportunities to further expand our reach.</p>
<p>The AAA program Coordinators are more engaged in their communities and bring more volunteers who are qualified and dedicated to deliver our programs in their communities.</p>			<p>Further promotion of volunteer participation to advocate and disseminate aging issues to their communities.</p>
<p>Will expand public and consumer education to promote the visibility of Health Promotion and Disease Prevention, FCSP, LTC, SHIP-SMP, and HCBS services. This will be done through a myriad of intermodal mediums that facilitate participation and access to vital information.</p>			<p>Increased visibility of available program knowledge.</p>

<p>Will continue to collaborate with the Arizona Falls Prevention Coalition and distribute information within health networks to refer effected clients to a matter of balance, tai chi, and other programs.</p>			<p>Further educate our communities and promote the use of fall screenings that will help us determine best practices in reducing falls in SEAZ. As well as help clients not only recuperate from incidents but help implant the seed to prevent further falls.</p>
<p>Increase partnerships that include younger adults such as high school students and faith-based organization members through our organizations such as SEAHEC.</p>			<p>Promote education within younger adults to be cognizant of existing services to assist their fellow elderly family members.</p>

Objective 2.2: Promote the usage of positive person-centered pronouns of older adults and other ageism terminology

Action Step	Completion Date	Person Responsible	Outcome/Output
<p>Will participate in webinars, training, and available resources in AZ to be better informed of positive person-centered vernacular that accomodates and respects older individuals preferences on self identification.</p>	<p>Ongoing, however monitored on yearly basis for improvements.</p>	<p>AAA Staff, coordinators, CM's, director</p>	<p>Increase our usage of positive pronouns within our organizations that will promote a positive environment of inclusivity.</p>
<p>Will work closely with the Alzheimer's Association and the USAging to study best practices to be effective on delivering in a very multi-cultural region that compels usage of a preponderance of means in effecting change.</p>			<p>Education of existing sub contractors on different ways to engage within their communities to encourage senior participation.</p>

Objective 2.3: Address Senior Homelessness

Action Step	Completion Date	Person Responsible	Outcome/Output
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<p>AAA will work closely with SEAGO Community Development team and join efforts when feasible to help support advocacy for the housing program to address homelessness in SEAZ.</p>	<p>Ongoing, however monitored on yearly basis for improvements.</p>	<p>AAA Director, CMG Coordinator</p>	<p>Create new bonds that will help our agency promote ongoing efforts by sister agencies who are working to ameliorate housing discrepancies as they may relate to our seniors.</p>
<p>AAA will participate in coalitions that address homelessness. Previously, in Santa Cruz County the SEAGO-AAA was involved in a coalition that helped reduce senior homelessness and provided services when placed in housing. We wish to continue this endeavor and work on alternative options to address this issue.</p>		<p>AAA Director, CMG Coordinator</p>	<p>Fewer homeless seniors and increased knowledge of services that may help ease financial hardships that may push seniors into adverse housing situations.</p>

Goal Three: Older adults in Arizona can maintain individual wellbeing and safety to remain active, healthy and independent

Objective 3.1: Promote healthy lifestyles to reduce long-term illness and mortality from preventable and chronic diseases.

Action Step	Completion Date	Person Responsible	Outcome/Output
<p>Partner with local health departments to promote the AAA CDSMP and Falls Prevention program. To increase participation by 10% each year for each county.</p>	<p>Ongoing, however monitored on yearly basis for improvements.</p>	<p>AAA Coordinators, AAA Director</p>	<p>As health departments are required to deliver health promotion services, collaborating with them will help generate more units of services for more individuals.</p>
<p>Work closely with all nutrition sites to prepare in addressing mal-nutrition. Our program coordinators will orient them towards the proper avenues for accessing resources pertinent to promoting healthier lifestyles . Being part of NANASP we will help our nutrition centers cope with the changes post COVID.</p>	<p>Ongoing, however monitored on yearly basis for improvements.</p>	<p>AAA Coordinators, AAA Director</p>	<p>The AAA staff will increase their participation in webinars and help deliver the information to our nutrition sites for implementation, thus helping increase the number of clients who socially engage.</p>

AAA will find ways to develop closer ties with AHCCC's broad network in order to apprise them of the various programs the AAA delivers. Thus making individuals more amenable to receive programs which can be of use, but have previously been obscure due to a lack of an existing partnership for referrals.	Ongoing, however monitored on yearly basis for improvements.	AAA Coordinators, CMG, AAA Director	Disseminate knowledge of vital programs to a previously untargeted group of eligible participant and increase program participation by 10% across the board.
Will enhance and maintain HCBS which enable older adults to remain at home, decreasing long-term care institutionalization costs.	Ongoing, however monitored on yearly basis for improvements.	AAA Staff, coordinators, CM's, director	Induce individuals to seek means to remain in their houses/ communities and thus implicitly improve quality of life.
Will increase participation in coordination meetings and planning efforts. Thus increasing administrative presence in relevant dialogue pertaining to long term care centers and hospital settings. Promote outreach to Increase public awareness and recognition of family caregivers.	Ongoing, however monitored on yearly basis for improvements.	AAA Director, AAA coordinators	Increase in referrals from long term care centers and hospitals to help individuals recuperate from rectifiable incidents using existing services.

Objective 3.2: Support aging services and programs that promote independence and self-determinations of choices

Action Step	Completion Date	Person Responsible	Outcome/Output
Will continue to prioritize individuals with higher needs for Attendant Care and home delivered meals, based on the scoring method obtained from CMG.	Ongoing, however monitored on yearly basis for improvements.	AAA CMG Coordinator and CM's	Higher Need Individuals will receive expedited assistance for the aforementioned services to prolong their need for services that are detrimental to their independence and well being.

Encourage identified individuals through central intake to participate in congregate settings, in order to increase socialization and promote healthier lifestyles conducive to longevity that isolated services can not impart. FCSP and program coordinators will promote intentional engagement outreach to increase awareness of AAA and Caregiver support services at congregate sites.	Ongoing, however monitored on yearly basis for improvements.	AAA CMG Coordinator, central intake and CM's , Program Coordinators	Senior center participation will see an increase, and general advertisement of senior center proximity will be more diffuse.
Develop ways to enhance our reach within regional transportation services to share AAA resources to riders and to encourage them to participate in their available programs.	Ongoing, however monitored on yearly basis for improvements.	AAA staff, SEAGO TSP staff	Both physical and interactive methods of display of services within transportation services for individual awareness.
Will increase the number of caregivers receiving Trualta licenses by reaching out to providers of healthcare and long-term services and supports. Trualta provides caregivers with tools to be able to diminish the effects of caregiving trauma. FCSP is promoting the inclusion of family caregivers in all relevant care coordination and transitions as essential members and partners in the care recipient's care team.	Ongoing, however monitored on yearly basis for improvements.	AAA FCSP, HPDP, CMG	Be able to track caregivers who may be at the onset of experiencing trauma and provide them with adequate assistance and community to prepare them. Identify Caregivers as partners in Health care and long-term services and supports

Objective 3.3: Strengthen efforts to enhance a multi-disciplinary approach to prevent, detect, assess, intervene and investigate elder abuse, neglect and financial exploitation

Action Step	Completion Date	Person Responsible	Outcome/Output
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The collaboration between SHIP-SMP and LTCO enables AAA to bring essential partners to the table and share ideas, issues and solutions to address elder abuse in our region. While the AAA is part of TASA, the issues in our region are very different than in other parts of the state.	Ongoing, however monitored on yearly basis for improvements.	AAA SHIP-SMP, FCSP, LTCO, CMG	The Southeastern Arizona Elder Abuse Taskforce (SEAEAT) will help increase involvement in elder abuse prevention, multi-disciplinary teams offer training and education of community partners to respond to elder abuse, neglect, and exploitation.
AAA will search for possible legal assistance opportunities for the SEAZ region.	Ongoing, however monitored on yearly basis for improvements.	AAA Director	Establish at least one robust partnership apart from referrals to legal aid to better assist individuals undergoing any form of elder abuse or exploitation.

Objective 3.4: Foster inclusion and diversity of underserved and underrepresented populations in accessing NMHCBS

Action Step	Completion Date	Person Responsible	Outcome/Output
AAA staff has participated in the PCOA diversity and inclusion training and plan to participate in the Culturally and linguistically appropriate services (CLAS) provided by SEAHEC as a way to show respect and be responsive to the health beliefs, practices and needs of diverse patients	Will be completed by 2023 and monitored on a yearly basis for progress.	All AAA staff	Ensure both current and future staff members will have the tools to assist our community member's idiosyncratic cultural needs to encourage participation in our programs.

Objective 3.5: Respond to the ongoing effects of Covid-19 Pandemic

Action Step	Completion Date	Person Responsible	Outcome/Output
Collaborate with SEAHEC and their SOW to deliver Covid education in SEAZ. AAA plans to be more involved in assisting with existing NMHCBS clients through the CMG program.	Ongoing, however monitored on yearly basis for improvements.	All AAA staff	Increased information about disease prevention and mitigation efforts throughout the region.

AAA will work on implementing a robust Emergency Preparedness Plan that will include all subcontracted service providers.	Completed by 2024 with continuous opportunities for revision in the future, as new information surfaces.	AAA Director	Formulation of a comprehensive Emergency Preparedness Plan that extracts valuable information in regards to deficiencies and strengths this previous pandemic elucidated.
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Goal Four: Providers for older adults in Arizona can provide an integrated and well-trained informal, paraprofessional and professional workforce.

Objective 4.1: Strengthen, expand, and evaluate the Family Caregiver Support Program

Action Step	Completion Date	Person Responsible	Outcome/Output
In Collaboration with two existing partners who help deliver transportation services by use of volunteers, AAA will look for possible ways to enhance the service to include emergent needs which are non-existent to clients and or their unpaid caregivers.	Ongoing, however monitored on yearly basis for improvements.	AAA Director	Make funding available that will help clients and caregivers address their emergency needs.
With use of the Trualta platform, central intake and the transition of case management in two of most served counties, we can track utilization of caregivers services, units, and education provided.	Ongoing, however monitored on yearly basis for improvements.	AAA CMG, FCSP	Allows identification of gaps in service which can then be propelled to advocate for increased funding in deficient areas.

Objective 4.2: Develop a direct care workforce sufficient to meet the growing care needs in Arizona

Action Step	Completion Date	Person Responsible	Outcome/Output
In Collaboration with our existng services providers AAA is strategizing ways to expand the direct-care workforce, by increasing wages. In advocating as a member of the AZAging network, we will push to address this great issue not only in the state but at the federal level.	Ongoing, however monitored on yearly basis for improvements.	AAA Director, AAA staff	Retain valuable DCW's in a turbulent labor market and in return increase client case load as DCW's acclimate to the system.

Goal Five: Arizona has the necessary infrastructure to deliver needed supportive services

Objective 5.1: Develop programs and approaches to close the current gaps in aging services infrastructure and delivery system, especially to underserved areas.

Action Step	Completion Date	Person Responsible	Outcome/Output
As 50% of our in-house programs are added to DAAR's reporting system, we are able to gather more necessary data which is utilized to develop a framework for posterior targetting of needs. Furthermore, the AAA utilizes the AAA Analysis tool to track use of provider services and allows the Agency to better track and project for changes to our budget.	Ongoing, however monitored on yearly basis for improvements.	AAA Director, AAA staff	With increased reliance on data, we will be able to better assess shortcomings and target funding for vital programs which are not receiving funding comparable to the need.
The Volunteer manual was established to share on the AAA requirements for volunteer opportunities, the manual helps identify the strengths and weaknesses of those who apply and what area of our agency they would be better in.	Ongoing, however monitored on yearly basis for improvements.	AAA FCSP, HPDP, LTCO, SHIP-SMP	With training and certification, volunteers feel more valuable to the work they perform and their involvement in each programs increases with time. Thus providing better service.

Objective 5.2: Develop methodology for setting service rates that provide adequate network coverage

Action Step	Completion Date	Person Responsible	Outcome/Output
SEAGO-AAA region is too small to be able to set service rates. However, as a member of the AZAging network and in conjunction with all other regions in the state we are able to join forces and advocate for one another. We meet bi-monthly with AHCCC's and we stay informed of the changes that affect their population as these impact the AAA's tremendously.	Ongoing, however monitored on yearly basis for improvements.	AAA Director	Develop a system for awareness of inter region fluctuations in population which may alter service rate attractiveness relative to other regions which prepares us for shortcomings in addressing regional needs.

<p>In order for our five service providers to sustain our current and possible increase in caseloads it is imperative that we stay as close as possible to others throughout the state as we generally use the same service providers.</p>	<p>Ongoing, however monitored on yearly basis for improvements.</p>	<p>AAA Director, CMG Coordinator</p>	<p>By promoting a climate of interconnectedness we will better be able to cope with increased caseloads while precluding the deterioration of our existing services. Ultimately, collaboration is the only feasible avenue towards improvement and expansion.</p>
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