Georgia Department of Human Services
Division of Aging Services

GEORGIA

STATE PLAN ON AGING

2020 - 2023

Gov. Brian P. Kemp

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Area Agencies on Aging
1-866-552-4464

Heart of Georgia Region Toll Free: 888.367.9913 Counties served: Appling, Bleckley, Candler, Dodge, Emanuel, Evans, Jeff Davis , Johnson, Laurens, Montgomery, Tattnall, Telfair, Toombs, Treutlen, Wayne, Wheeler, Wilcox	**Southern Georgia Region** Toll Free: 888.732.4464 Counties served: Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tift, Turner, Ware
Central Savannah River Region Toll Free: 888.922.4464 Counties served: Burke, Columbia, Glascock, Hancock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Washington, Wilkes	**River Valley Region** Toll Free: 800.615.4379 Counties served: Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Webster
Southwest Georgia Region Toll Free: 800.282.6612 Counties served: Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth	**Northeast Georgia Region** Toll Free: 800.474.7540 Counties served: Barrow, Clarke, Elbert, Greene, Jackson, Jasper, Madison, Morgan, Newton, Oconee, Oglethorpe, Walton
Three Rivers Region Toll Free: 866.854.5652 Counties served: Butts, Carroll, Coweta, Heard, Lamar, Meriwether, Pike, Spalding, Troup, Upson	**Coastal Region** Phone: 800.580.6860 Counties served: Bryan, Bulloch, Camden, Chatham, Effingham, Glynn, Liberty, Long, McIntosh
Georgia Mountains Region Toll Free: 800.845.5465 Counties served: Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, White	**Northwest Georgia Region** Phone: 706.295.6485 Counties served: Bartow, Catoosa, Chattooga, Dade, Fannin, Floyd, Gilmer, Gordon, Haralson, Murray, Paulding, Pickens, Polk, Walker, Whitfield
Middle Georgia Region Toll Free: 888.548.1456 Counties served: Baldwin, Bibb, Crawford, Houston, Jones, Monroe, Peach, Pulaski, Putnam, Twiggs, Wilkinson	**Atlanta Region** Phone: 404.463.3333 Counties served: Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Rockdale

Statewide Independent Living Council of Georgia Inc.
315 West Ponce de Leon Ave., Suite 660
Decatur, GA 30030

770-270-6860

Centers for Independent Living

Access 2 Independence Phone: 706-405-2393 Serves the following counties in West Central Georgia: Chattahoochee, Harris, Marion, Muskogee, Quitman, Stewart, Talbot, Taylor and Webster	**Northwest Georgia Center for Independent Living** Phone: 706-314-0008 Serves the following counties in Northwest Georgia: Bartow, Catoosa, Chattooga, Dade, Fannin, Floyd, Gilmer, Gordon, Haralson, Murray, Paulding, Pickens, Polk, Walker, and Whitfield
BAIN (Bainbridge Advocacy Individual Network) Phone: 229-246-0150 Serves the following counties in Southwest Georgia: Atkinson, Baker, Berrien, Brooks, Calhoun, Clay, Clinch, Colquitt, Cook, Decatur, Dougherty, Early, Echols, Grady, Lanier, Lee, Lowndes, Miller, Mitchell, Randolph, Seminole, Terrell, Tift, Thomas, and Worth	**LIFE (Living Independence for Everyone)** Phone: 912-920-2414 Serves the following counties in Southeast Georgia: Bryan, Bulloch, Camden, Chatham, Effingham, Evans, Glynn, Liberty, McIntosh, Tattnall and Toombs
Disability Connections Phone: 478-741-1425 Serves the following counties in Central Georgia: Baldwin, Bibb, Crawford, Houston, Jasper, Jones, Monroe, Peach, Pulaski, Putnam, Twiggs and Wilkinson	**Multiple Choices** Phone: 706-850-4025 Serves the following counties in Northeast Georgia: Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, Walton
Disability Resource Center Phone: 706-778-5355 Serves the following counties in North Georgia: Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, and White	**Walton Options for Independent Living** Phone: 706-724-6262 Serves the following counties in East Georgia: Burke, Columbia, Emanuel, Jefferson, Jenkins, Johnson, Lincoln, Richmond, Screven, and Washington
disABILITY Link Phone: 404-687-8890 Serves the following counties in Metro Atlanta: Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Newton, and Rockdale	

Mission, Vision, Values

MISSION

The Georgia Department of Human Services (DHS) Division of Aging Services (DAS) supports the larger goals of DHS by assisting older individuals, at-risk adults, persons with disabilities, their families and caregivers to achieve safe, healthy, independent and self-reliant lives.

VISION

Living Longer, Living Safely, Living Well.

VALUES

A Strong Customer Focus
We are driven by customer – not organizational – need. We consider customer's input and preferences in all decision-making.

Accountability and Results
We are good stewards of the trust and resources placed with us. We base our decisions on data analysis and strive for quality improvement.

Teamwork
We do business through teamwork and collaboration. We practice shared decision-making and everyone's contribution is valued.

Open Communication
Our communication is open and responsive. We listen to our customers and partners and provide them accurate, timely information.

A Proactive Approach
We envision the future needs of our customers and the changing service network. We lead and advocate with innovation.

Dignity and Respect
We respect the rights and self-worth of all people.

Our Workforce
Our workforce, including volunteers, is our best asset. We maintain a learning environment with opportunities to increase professional growth, share knowledge and stimulate creative thinking.

Trust
Compassion and integrity drive what we do and who we are.

Diversity
We value a diverse workforce; it broadens our perspective and enables us to better serve our customers.

Empowerment
We support the right of our customers and workforce to make choices and assume responsibility for their decisions.

Signed Verification of Intent

The State Plan on Aging covers the period of Federa l Fiscal Years 2020 through 2023, It includes all assurances and plans to be conducted by the Georgia Department of Human Services Division of Aging Serv ices (OHS-DAS) un der the State Unit on Aging and the provisions of the Older Americans Act (OAA) (as amended). The state agency named above has been autho rized to develop and administer the State Plan on Aging in accordance with all requirements of the OM, including the developme nt of com prehensive and coordinated systems for the delivery of supportive services, such as m ultipu rpose senior centers and nutrit ion services. DAS, under the guidance of DHS, serves as the State of Georgia's effec tive and visible advocate for older individuals, at- risk adults, and persons with disabiltiies. DAS also serves as an effective and visible advocate for the families and caregivers of those served.

The Stat e Plan on Aging developed in acco rdance with all Federal statutory and regulatory requirements and approved by the Governor is hereby submitted.

The Sta te Plan's approval by the Governor constitutes authorization to pro ceed with activities under the State Plan upon approval by the Assistant Secretary on Aging.

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Abby Cox, Director
Georgia Department of Human Services
Divl on of Aging Services

Date

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Robyn A. Critt enden , Commiss ioner
Georg1aDepartmen t of Human Services

Date

I hereby appr $2B pl n on Aging and submit it to the Assistant Secretary for Aging.

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Brian P. Kemp, Governor
State of Georgia

Date

Executive Summary

The Georgia Department of Human Services (DHS) Division of Aging Services' (DAS) mission is to support the larger goals of DHS by assisting older individuals, at-risk adults, persons with disabilities, their families and caregivers to achieve safe, healthy, independent and self-reliant lives. In order to accomplish this mission, DAS works collaboratively with others within Georgia's Aging Services Network (Area Agencies on Aging (AAA), providers, older adults, advocates, Centers for Independent Living (CILs)) and with key organizations serving individuals with disabilities. Moreover, DAS is committed to continually improving its person-centered, statewide comprehensive and coordinated system of programs and services. The programs and services are available to all eligible individuals. They provide seamless access to long-term supports and services needed for consumers to remain at home and in the community, safely, for as long as they desire.

The Georgia State Plan on Aging reflects the focus areas outlined by the United States Department of Health and Human Services Administration for Community Living (ACL). The focus areas include Older Americans Act (OAA) Core Programs, ACL Discretionary Grants, Participant-Directed/Person-Centered Planning, and Elder Justice. The plan also provides leadership and guidance in rebalancing the long-term care system and development of a comprehensive and coordinated infrastructure for home and community-based services. DAS will provide the leadership for accomplishing the goals in collaboration with the aging services network and other federal and state agency partners. Specific objectives and strategies to achieve the goals along with metrics to measure performance in reaching the goals are specifically outlined in the Goals and Objectives section of this plan.

The Georgia DAS goals for Federal Fiscal Years 2020 through 2023 are:

GOAL 1: Provide long-term services and supports that enable older Georgians, their families, caregivers and persons with disabilities to fully engage and participate in their communities for as long as possible.

GOAL 2: Ensure older Georgians, persons with disabilities, caregivers and families have access to information about resources and services that is accurate and reliable.

GOAL 3: Strengthen the aging network to enable partners to become viable and sustainable; and develop a robust network of aging service partners.

GOAL 4: Prevent abuse, neglect and exploitation while protecting the rights of older Georgians and persons with disabilities.

GOAL 5: Utilize continuous quality improvement principles to ensure the State Unit on Aging operates efficiently and effectively.

The goals set forth in this State Plan will continue to advance the service delivery system and allow for a higher quality of service and potentially increase the number of available services for Georgia's continually growing older adult population, disability population and their families and caregivers. DAS will continue to deploy innovative methodologies to efficiently and effectively expand capacity, foster collaborations, and drive cost efficiencies to deliver a comprehensive system of programs and services to assist Georgians in living longer, living safely and living well.

Introduction and Context

The Georgia DHS-DAS, as the State Unit on Aging (SUA), provides leadership to administer a statewide system of comprehensive and coordinated array of services for older adults and their families and caregivers. In order to receive federal Older American Act funding, each state must designate within that state a sole state agency to administer such programs (42 U.S.C. § 3025(a)). Georgia has designated the Department of Human Services as the designated state agency for federal aging programs in state law at O.C.G.A. § 49-6-2; and also statutorily established within DHS the Division of Aging Services for such roles and responsibilities for aging programs and services established under policy or law. DAS administers federal and state funding to AAAs, manages contract requirements with AAAs and their governing bodies, and provides the policy framework for programmatic direction and operations, standards, and guidelines for service delivery systems, quality assurance and training. DAS continuously seeks to improve the effectiveness and efficiency of the services provided to older adults, people with disabilities and their families.

DHS-DAS assures that preference will be given to the provision of services to older individuals with the greatest economic or social need, with particular attention to low-income minority individuals, individuals at risk for nursing home placement, older individuals living alone and older individuals living in rural areas. The Aging and Disability Resource Connection (ADRC) provides a “no wrong door” single entry point for adults who are aging and/or have a disability to access long-term care support services. The ADRC provides information, assistance, counseling, and referrals to community resources.

The State Plan serves as a roadmap to guide Georgia’s 12 AAAs, designated under Section 305 of the OAA, in developing area plans. The AAAs will formulate their area plans using a uniform format developed by the SUA in collaboration with the AAAs. The goal is to align area plans with this State Plan.

CORE PROGRAMS AND SERVICES

DAS serves as the lead agency on providing programs and services to the aging population. As the SUA, DAS administers the OAA programs and services through funding from the ACL. SUAs administering funds under Titles III and VII of the OAA of 1965, as amended, are required to develop and submit to the Assistant Secretary on Aging a State Plan for approval under Section 307 of the OAA. DAS has adopted a four-year State Plan on Aging for the period extending from October 1, 2019 through September 30, 2023. In accordance with the act, DAS targets persons aged 60 and older, with the greatest economic or social need, particularly low-income and minority persons, older individuals with limited English proficiency, and older persons residing in rural areas.

Major Programs and Initiatives

Aging & Disability Resource Connection	Provides information and assistance for accessing long-term services and supports.
Adult Protective Services	Investigates reports of abuse, neglect and exploitation.
Assistive Technology	Helps clients identify tools and aids that assist them with activities of daily living.
Elderly Legal Assistance Program	Provides legal counseling and assistance to seniors.
Forensic Special Initiatives Unit	Provides training and technical assistance to law enforcement officers in investigating crimes committed against seniors.
GeorgiaCares	Provides one-on-one counseling on Medicare to seniors and their families.
Options Counseling	Provides enhanced counseling on planning for long-term care and supports and services for seniors in the community and in nursing homes.
Money Follows the Person	Assists seniors in moving out of long-term care facilities and back into their communities. (Federally funded program)
Nursing Home Transitions	Assists seniors in moving out of long-term care facilities and back into their communities. (State-funded program)
NonMedicaid Home and Community-Based Programs	Provides long-term supports and services as specified by the Older Americans Act.
Caregiver Services Program	Provides supports and services to caregivers as specified by the Older Americans Act.
Senior Employment Program	Federally funded program that provides job training and employment for seniors.
Alzheimer's & Other Dementias	This includes a group of initiatives that focus on bridging the gap of information and access to services for persons with Alzheimer's and Related Dementias.
Georgia Memory Net	Assists clients and physicians in diagnosing Alzheimer's and other dementias through the Georgia Memory Assessment Clinics and connecting them with long-term supports and services.
Georgia Senior Hunger Initiative	Addresses the key recommendations and focus areas in Georgia's State Plan to Address Senior Hunger.
Public Guardianship Office	DAS serves as Guardian of last resort for older adults and adults with disabilities for whom no other guardian is available.

OTHER STATE PLANS

In addition to managing the State Plan on Aging, DAS is responsible for managing several other strategic plans.

These plans were developed with a variety of community stakeholders and are dependent on a collaborative effort to achieve the goals outlined in each plan. DAS plays a major role in coordinating and facilitating those activities. The stakeholders and partners meet on a regular basis to strategize and evaluate their progress. Links to these plans are available on the Division of Aging Services website: https://aging.georgia.gov/.

Georgia Alzheimer's & Related Dementias State Plan Collaborative
Provides a blueprint to address the growing challenge of dementia in Georgia.
Read more: https://dhs.georgia.gov/sites/dhs.georgia.gov/files/GARD-PLAN.pdf

Georgia State Plan to Address Senior Hunger
Educates community partners and stakeholders on senior hunger and facilitate the building of community collaborations.
Read more: https://aging.georgia.gov/sites/aging.georgia.gov/files/State%20Plan%20Senior%20Hunger%20Body%20Only.pdf

Title V State Plan - Senior Community Service Employment Program
Serves low-income persons who are 55 and older and have poor employment prospects. Eligible individuals are placed in part-time community service positions with a goal of transitioning to unsubsidized employment.
Read more: https://aging.georgia.gov/sites/aging.georgia.gov/files/SCSEP%20State%20plan%202016%20Final%20%28002%29.pdf

ACL AND OTHER DISCRETIONARY GRANTS

DAS seeks ACL discretionary grants and other grants to implement new programs, strengthen the aging network in Georgia and better serve Georgia's elderly and disabled populations.

This is a list of current initiatives funded by Discretionary Grants:

Criminal Justice Coordinating Council Grant	Supports vulnerable adult as they work to transition from an environment of abuse, neglect or exploitation at the hands of their caregivers into a safe, stable and supportive setting through the extension of transitional housing for up to 30 additional days and the delivery of case management services.
BankSafe Grant	Educates frontline bank employees on how to identify red flags for financial exploitation.
No Wrong Door Business Case Development Grant	Demonstrates the return on investment for ADRC interventions.
State Health Insurance Program	Provides free, unbiased and factual information and assistance to beneficiaries and their caregivers about Medicare, Medicaid and related health insurance issues including long-term care insurance and prescription drug assistance programs.
Medicare Improvement for Patients and Providers	Provides valuable support at the state and community levels for organizations involved in reaching and providing assistance to people who may be eligible for the Low-Income Subsidy program (LIS), Medicare Savings Program (MSP) and the Medicare Part D Prescription Drug Program.
The National Center on Advancing Person-Centered Practices and Systems	Provides technical assistance to DAS and network partners to develop a common operational definition of person-centered service delivery and data points to measure progress.

State Unit on Aging Operations Overview

DAS has developed a comprehensive delivery system of services to older adults, individuals with disabilities, and their families. This delivery system encompasses AAAs and contracted service providers. Key customers, partners, collaborators and stakeholders have the same key requirements and expectations of DAS.

Key Customer Groups	Key Requirements / Expectations
· Older adults · People with disabilities · Families · Caregivers · Advocates · Pre-retired adults · Persons in Long-Term Care Facilities · Persons Under Guardianship	· Accurate information and Reliable services · Consistency of delivery and choice · Knowledgeable providers · Affordable service options · Available/accessible service options · Able to live independently in the community · Trustworthy service providers · Safety assurances · Respectful treatment

Bi-annually, DAS reaffirms the key customers, partner and stakeholder groups and market requirements, and then adjusts its plans as needed.

DAS partners and providers play a key role in the organization's success and innovation. The products and services which they provide directly impact the quality of services to consumers. The important relationship with providers and partners is fostered through effective communication and clear performance requirements. DAS communicates regularly with its partners and providers.

DAS' most important partners are AAAs, CILs and the Provider Network. All three entities work in concert to achieve our common goal: the delivery of high-quality services to customers. DAS believes that a successful partnership requires a clear understanding of the roles of and benefits to all parties. As such, DAS has specific requirements and expectations of AAAs and then the AAAs have specific requirements and expectations of providers.

DAS allocates federal and state funds to the Planning and Service Areas (PSA) using an ACL-approved Intrastate Funding Formula for most of its contracted services. The weighted funding formula takes into consideration the following eight factors: persons 60 years of age and older, persons 75 years of age or older, low-income minority population age 65 and older, low-income 65 and older population, estimated rural population 60 years of age and older, limited English speaking population 65 years of age and older, disabled adults 65 years of age and older, and living alone 65 years of age and older.

The OAA requires that AAAs provide local matching funds for some programs. DAS assures that all funds are spent in accordance with applicable state and federal requirements and with sound fiscal management practices. In the last quarter of the fiscal year, if there is the possibility of lapsing dollars which would otherwise benefit key customers, DAS may choose to move funds from one AAA to another through a contract amendment. DAS monitors AAA contracts and provides technical assistance, including a Uniform Cost Methodology (to assist in accurately identifying actual costs for specific services) for providers. Prior to contracting with an AAA, DAS reviews its Area Plan, including its budget. If DAS identifies gaps or problems in an Area Plan, staff work with the AAA to resolve these prior to DAS approval of the Area Plan and execution of the contract.

DAS monitors AAAs annually via compliance and supplier monitoring visits and customer satisfaction surveys. DAS works in the field with AAA staff and providers, observing operations, reviewing progress on expenditures, monitoring for potential lapse of dollars and providing technical assistance to improve the quality of services.

DAS provides AAAs with allocation amendments throughout the year as various funding is received (e.g., federal fund disbursements, grant awards). DAS and AAAs amend contracts as needed to reflect changing needs and expenditures in the PSA.

AAAs contract with providers using a competitive procurement process, selecting providers to provide direct services to key customers. Providers play critical roles in processes which are important to running the business and maintaining or achieving a sustainable competitive advantage. They directly provide services to consumers, including meals and other nutrition services, in-home services, legal services, employment assistance and ombudsman services.

COST SHARE

The OAA permits states to implement cost sharing. DAS established the fee-for-service system to be used specifically to leverage state community-based services funding to generate additional resources through client fees. AAAs use a fee scale provided by DAS to determine the amount of cost share based on a declaration of income by the individual served for both state funded and OAA funded services. Each AAA develops implementation plans for cost share which ensure that low income older persons will not be adversely affected, with particular attention to low income minority individuals. The cost share scale is revised annually based on revised Federal Poverty Guidelines.

Services subject to cost sharing for state funded or OAA funded services include, but are not limited to:

- Adult Day Care/Health Services
- Chore Services
- Emergency Response Services
- Homemaker Services
- Home Modifications and Repairs
- Personal Support Services
- Respite Care Services
- Transportation Services
- Senior Center Activities
- Recreation Services
- Wellness Program Services

Voluntary contributions are allowed from service recipients, their caregivers or their representatives. AAAs are encouraged to inform service recipients of the actual cost of service to allow informed consideration about the amount of voluntary contributions. The AAAs consult with service providers and older individuals in the planning and service area to develop methods for collecting, safeguarding and accounting for voluntary contributions. The AAAs ensure that each service provider will provide each recipient with an opportunity to voluntarily contribute to the cost of service.

QUALITY MANAGEMENT

DAS uses the Baldrige Criteria for Performance Excellence to systematically improve quality throughout the organization. An annual self-assessment and quarterly reviews of performance metrics allow DAS to ensure that key outcomes for both customers and the Aging Network are achieved and sustained. The Baldrige Criteria encompasses an overview of the organization's leadership, strategy, customers, measurement analysis and knowledge management, workforce, operations, and results.

DAS uses comparative data to examine organizational performance and improvement opportunities. DAS' quality assurance activities include quarterly review of performance measures of operational and service effectiveness and efficiency, quarterly and annual compliance reviews of contractors, annual customer and workforce satisfaction surveys.

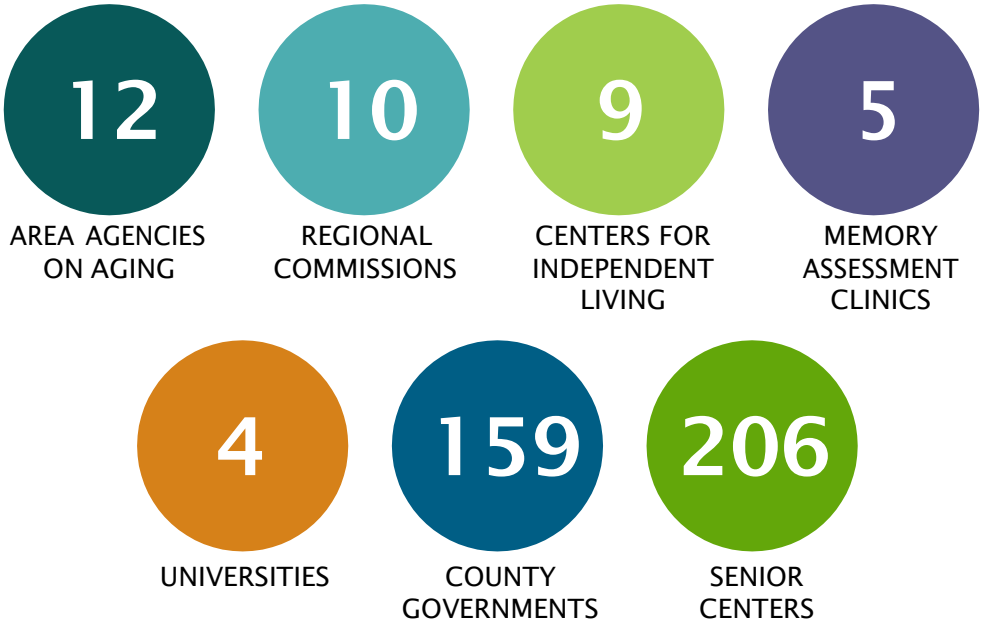
DAS has implemented the DAS Data System (DDS) as the statewide information management system for documentation of client and provider data. The DDS compiles all service delivery and financial data for all DAS programs. The DDS has enhanced the aging network's ability to collect meaningful data and to demonstrate the need for additional resources to meet the growing demand for long-term services and supports statewide.

LONG-TERM CARE OMBUDSMAN PROGRAM

The Office of the State Long-Term Care Ombudsman (LTCO) operates as a separate office within the Georgia DHS. The program is authorized by the OAA and Georgia Law. The LTCO program provides advocacy and informal resolution of concerns of residents in long-term care facilities. The LTCO program services are provided through direct contracting with six non-profit agencies, including two AAAs. Those agencies provide Ombudsman Representatives who visit quarterly at all of the nursing homes, personal care homes and assisted living communities across the state.

GEORGIA'S AGING NETWORK

The DAS collaborates with a variety of community partners and agencies to deliver services throughout the state. These partners include 12 AAAs, CILs, home and community-based service providers and other state agencies.



In Georgia, DAS has designated 12 Planning and Service Areas (PSAs). All community-based services for older adults are coordinated through the designated AAAs for each specific PSA. Ten of the AAAs are housed within Regional Commissions (RCs), which are the units of special purpose local government. The remaining two AAAs are freestanding, private non-profit organizations, both of which have 501(c)3 status with the Internal Revenue Service.

The AAAs are responsible for:

- Assuring the availability of an adequate supply of high-quality services using contractual arrangements with service providers, and for monitoring their performance;
- Local planning, program development and coordination, advocacy and monitoring;
- Developing the Area Plan on Aging and area plan administration, and resource development;
- Working with local business and community leaders, the private sector and locally elected officials to develop a comprehensive and coordinated service delivery system; and
- Establishing and coordinating the activities of an advisory council, which will provide input on development and implementation of the area plan; assist in conducting public hearings; and review and comment on all community policies, programs and actions affecting older persons in the area.

GEORGIA COUNCIL ON AGING

In 1977, the Georgia General Assembly created the Georgia Council on Aging (GCOA). The Governor, the Lieutenant Governor, the Speaker of the House and the Commissioner of the Department of Human Services appoint Council members. The Council has 20 members, including 10 consumers at least 60 years of age and ten service providers. Members represent all older Georgians and ensure that minorities, low-income, rural, urban, public and private organizations are included.

The GCOA's primary mission is to:

- Advocate with and on behalf of aging Georgians and their families to improve their quality of life;
- Educate, advise, inform and make recommendations concerning programs for the elderly in Georgia; and
- Serve in an advisory capacity on aging issues to the Governor, General Assembly, DHS and all other state agencies.

Coalition of Advocates for Georgia's Elderly (CO-AGE) is led by the GCOA. The coalition is meant to be:

- A forum to identify and address concerns of older Georgians;
- A vehicle for bringing broad-based input on aging issues from across the state;
- A diverse group of organizations, individuals, consumers and providers interested in "aging specific" and intergenerational issues; and
- A unifying force communicating the importance of providing supportive communities and adequate services and programs for older Georgians.

GEORGIA ALZHEIMER'S & RELATED DEMENTIAS STATE PLAN

In SFY 2018, the Georgia Alzheimer's and Related Dementias (GARD) State Plan entered its fourth year of implementation. The plan builds upon previous work done by DHS-DAS in developing dementia-capable systems. It is designed to ensure that people living with dementia, their families, and caregivers have ready access to reliable information, support, and services that are delivered as effectively and efficiently as possible. In SFY 2018, the GARD Advisory Council was re-established in law (OCGA § 49-6-92). The GARD Advisory Council and collaborating organizations continue to make advancements in the plan's priority areas. Recommendations fall into the following areas:

- Healthcare, Research and Data Collection
- Workforce Development
- Service Delivery
- Public Safety
- Outreach and Partnerships
- Policy

GEORGIA MEMORY NET (FORMERLY GEORGIA ALZHEIMER'S PROJECT)

State funding began in State Fiscal Year 2018 for the Georgia Alzheimer's Project (GAP). The overall goals of this project are:

1. Early diagnosis and care for people living with dementia, including providing education and referrals to community resources.
2. Training of healthcare practitioners.
3. Establishment of five Memory Assessment Clinics (MACs). Those locations are Augusta, Atlanta, Columbus, Albany and Macon.

The program has been renamed Georgia Memory Net. SFY18 was the first year of implementation for the program. During its first year, the five MACs were established and training for healthcare providers and other professionals was conducted around the state. In SFY18, over 500 providers were informed about the project, a workflow was established and MACs began seeing patients.

Georgia Memory Net has engaged partners across the state to educate MAC clinicians and staff as well as provide community support services to patients. This includes the Rosalynn Carter Institute for Caregiving, the Alzheimer's Association Georgia Chapter, and the Area Agencies on Aging.

DEMENTIA FRIENDS

Dementia Friends is a global movement developed by the Alzheimer's Society in the United Kingdom and is now underway in the United States. The goal is to help everyone in a community understand five key messages about dementia, how it affects people, and how we each can make a difference in the lives of people living with the disease. People with dementia need to be understood and supported in their communities. Dementia Friends in-person sessions are available in states that have an organization that has acquired licensure through Dementia Friendly America to run a statewide Dementia Friends program.

What is a Dementia Friend?

A Dementia Friend participates in a one-hour Dementia Friends Information Session offered by a Dementia Friends Champion or pair of Champions. A Dementia Friend learns five key messages about dementia and learns what it's like to live with dementia. Then the Dementia Friend turns their understanding into a practical action that can help someone with dementia living in their community.

How is Georgia engaged in Dementia Friends?

The DHS-DAS has been convening a Dementia Friendly Georgia strategy group since January 2018. This was kick-started by the Dementia Summit in the fall of 2017. This strategy group is made up of stakeholders from academia, healthcare, local governments, community organizations and people with experience of dementia. The group is working together to collaborate on ways to make Georgia a more welcoming, safe and accessible place for people living with dementia. This strategy group determined that the Dementia Friends program was an appropriate and exciting step for Georgia. DHS-DAS applied for the state sublicense and was approved in early 2019.

CONFLICT-FREE SERVICE DELIVERY NETWORK

In recent years, DAS has redesigned its HCBS case management program to focus on assessment and service planning for consumers with high risk of institutionalization or who have complex needs that jeopardize their ability to live independently. DAS is currently convening a workgroup with representatives from the AAAs to re-imagine Georgia's Access to Services system in light of shrinking resources and a growing population of older adults, persons with disabilities and caregivers. Each AAA has identified the degree to which it operates a conflict-free service delivery system and the firewalls each has in place to mitigate conflict when funding is inadequate to implement a fully conflict-free system.

During the next State Plan cycle, DAS will continue work to create a more conflict-free system. This will include convening additional work groups, exploring pilot projects with AAAs and identifying opportunities to maximize the role of the ADRC while segregating the functions of screening, eligibility determination, and assessment / service planning. DAS will utilize research from the National Senior Citizens Law Center and best practices from other states (including Arizona, Minnesota, Ohio, Vermont, Washington, and Wisconsin).

PERSON-CENTERED PLANNING

Person-Centered Planning (PCP) is a process that develops an individual support plan driven by the goals, strengths and preferences of the person. The goal of PCP is to identify needs of the consumer from the consumer's perspective. It affirms that each person is the expert in his/her own life and facilitates informed choice of public/private pay options. This approach to service delivery acknowledges that a person's goals, preferences and even strengths/challenges change over time and that the system of care should support those changes.

While they understand and promote this important philosophy of service delivery, many states and organizations struggle with the systemic changes necessary for full implementation of this approach. During this state plan cycle, DAS will work with local,

state and national agencies to develop a common definition of person-centered service delivery that spans multiple service agencies systems (including aging, developmental disabilities, and behavioral health) and criteria to regularly evaluate our movement toward promoting person-centered support to individuals across the lifespan. The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) awarded DAS a technical assistance grant to support development of an operational definition of person-centered service delivery that can be tracked over time. To continue to promote a more person-centered practice, DAS will seek to expand funding and use of consumer-directed services; and to move from a service-centric waiting list for services (in which waiting lists are maintained by service) to a person-centered waiting list (in which waiting lists are maintained by consumers impairment and need).

TRANSPORTATION / ACCESS

Experts, including the National Association of States United for Aging and Disability (NASUAD), the American Public Transit Association, and the National Association of Area Agencies on Aging, often cite transportation as one of the most pressing issues facing older adults. DHS contracted with the Georgia Health Policy Center at Georgia State University to inform DHS about these issues in Georgia. In its report presented in November 2018, the Center notes that:

- Older adults will outlive their driving ability by 11 years for women and six years for men
- Based on estimates of the 2016 population, more than 263,000 Georgians aged 70 and older had ceased driving
- An estimated 200,000 Georgians aged 70 and older may have unmet transportation needs

Because lack of transportation has significant impacts on quality of life for older adults, including increased depression, increased social isolation and decreased access to goods and services, DHS is placing high importance in this issue over the next four years. However, DAS believes that the issue is broader than transportation; therefore, DAS will focus our efforts using the broader context of improving access to services for older adults. These strategies will include improving use of scarce resources and implementing creative approaches to both getting seniors to services they need and desire and getting services to the seniors.

BEHAVIORAL HEALTH

According to the National Institute of Mental Health, nearly one in five U.S. adults lives with a mental illness, and 4.2% of adults live with a serious mental illness. The prevalence of mental illness in persons age 50 and older is 14.5% and the prevalence of serious mental illness in that age group is 2.7%. The Centers for Disease Control and Prevention estimates that 20% of people age 55 years and older experience some type of mental health concern. The most common conditions include anxiety and mood disorders such as depression and bipolar disorder. Older men have the highest suicide rate of any age group.

Depression is the most prevalent behavioral health condition affecting older adults and can result in declines in physical health, socialization, and the ability to live and function independently in the community. Behavioral health issues also negatively impact the ability to manage chronic medical conditions.

The DHS works with numerous agencies and coalitions to improve access to behavioral health services for older adults, persons with disabilities and caregivers. These include: Department of Behavioral Health and Disabilities (DBHDD), Georgia Coalition on Older Adults and Behavioral Health, Georgia Behavioral Health Planning and Advisory Council, Rosalynn Carter Institute for Caregiving (RCI), Fuqua Center for Late-Life Depression at Emory University, and the Carter Center Mental Health Program. These collaborations have worked in recent years to expand behavioral health services across Georgia, including:

- Improvement of local coordination and collaboration among behavioral health services, AAAs, Adult Protective Services (APS) and the Public Guardianship Office (PGO)
- Improvement of service delivery for older adults who have a severe or persistent mental illness who develop cognitive impairments
- Improvement of access to the continuum of care related to older adults who have behavioral health diagnoses

These coalitions work with the understanding that social determinants of health impact the screening, diagnosis and treatment of behavioral health issues in older adults. The Coalition's goals moving forward include increasing screening capacity and competence within the Aging network (training on screening tools, Mental Health First Aid, suicide prevention) and enhancing coordination and access among local aging and behavioral health services providers.

OPIOID EPIDEMIC

Research suggests that substance use is an emerging public health issue among older adults. Illicit drug use among adults aged 50 or older is projected to increase from 2.2 percent to 3.1 percent between 2001 and 2020. According to the Substance Abuse and Mental Health Services Administration, more than 1 million individuals aged 65 or older ("older adults") had a Substance Use Disorder (SUD) in 2014, including 978,000 older adults with an alcohol use disorder and 161,000 with an illicit drug use disorder. The number of older Americans with SUD is expected to rise from 2.8 million in 2002–2006 to 5.7 million by 2020. The emergence of SUD as a public health concern among older adults reflects, in part, the relatively higher drug use rates of the baby boom generation compared with previous generations.

In 2016, there were 918 opioid-related overdose deaths in Georgia—a rate of 8.8 deaths per 100,000 persons—compared to the national rate of 13.3 per 100,000 persons. Data from the 2002 and 2014 National Survey on Drug Use and Health showed that non-medical opioid prescription drug use during the past 12 months doubled among those aged 65 and over in that 12-year period. Nationally, one-third of Medicare Part D beneficiaries or 14.4 million people had at least one opioid prescription in 2016. Substances, including opioids, have a stronger impact on older adults because bodily processes slow as people age. Older adults also tend to be using multiple medications, which can interact with prescribed and illicit drugs causing serious side effects.

DHS-DAS will continue its commitment to the screening and referral of persons who may have a substance abuse disorder, and to working with community partners to remediate the risks associated with these disorders.

ORAL HEALTH

Georgia's DHS-DAS strives to help people with the best service delivery for their needs. As research continues to discover links between oral health and overall health, DAS is on the path of expanding assessments to include questions about oral health, giving DAS the information needed to understand the communities' oral health issues which in turn helps match people with assistive technology (dentures, modified eating utensils, etc.), modified meals and possible funding for dentist visits. Through this initiative, DAS aims to combat senior hunger and malnutrition by helping people at the source of the issue: their oral health.

ASSISTIVE TECHNOLOGY PROGRAM

The Assistive Technology (AT) program was initiated in SFYs 2015 and 2016 with five of the 12 AAAs receiving funding for assistive technology demonstration labs. Two additional AAAs established partnerships with the Center for Independent Living (CIL) in their areas during SFYs 2017 and 2018 to house AT labs. The purpose of the AT labs is to showcase commonly used AT Devices to assist older adults in living and working independently in the community of their choice. Additional funding was provided to all twelve AAAs in SFY 2019 to expand AT services in Georgia.

PREVENTION OF ELDER ABUSE, NEGLECT AND EXPLOITATION

Under Title VII of the Older Americans Act (42 U.S.C. § 3058i), the SUA is to be a leader in programs for the prevention of elder abuse, neglect, and exploitation. One of the major requirements is education and outreach to the public, to older individuals, to medical and service providers, and to other involved stakeholders about elder abuse detection, reporting, and prosecution. To this end, the Forensic Special Initiatives Unit (FSIU) within DHS-DAS conducts trainings called "At-Risk Adult Crime Tactics (ACT)" for first-responders, law enforcement, medical professionals, prosecutors, court personnel, Adult Protective Services staff and others around the state. Since its creation in 2011, the ACT training has been conducted 91 times to over 3000 persons representing professionals working in 150 out of 159 counties in the state. To further protect abused seniors and disabled adults in Georgia, DHS-DAS has undertaken an initiative to have all seasoned Adult Protective Services staff receive official certification through National Adult Protective Services Association (NAPSA). The employee must work in adult protective services for two years and complete required courses and tests in order to receive certification. DHS-DAS' goal is that 70% of active Adult Protective Services staff certified by the end of 2019.

The Georgia General Assembly changed in the law in 2018 allowing the creation of Adult Abuse, Neglect and Exploitation Multidisciplinary Teams (MDT). In MDTs local District Attorneys will bring together prosecutors, law enforcement, Adult Protective Services, other involved state agencies, and local partners to work on elder abuse issued within that judicial circuit. To date, four Georgia Judicial circuits have formed such partnerships and DHS-DAS is helping promote this concept to more areas of the state.

GEORGIA SENIOR HUNGER INITIATIVE

The key goal of this initiative is to raise awareness and seek solutions in addressing senior hunger in Georgia. During SFY 2017, DAS fulfilled a key goal of the 2016-2019 Georgia State Plan on Aging to host a Senior Hunger Summit to identify the hunger issues in Georgia. The first Senior Hunger Summit held September 27-29, 2016, brought together elected officials, representatives of for-profit and non-profit agencies, state agencies, college and university officials and students, older adults, caregivers, and advocates. The summit served as the breeding ground for Georgia's first State Plan to Address Senior Hunger. After the 2016 Summit, 12 regional listening sessions were held in the planning and service areas of the state aging network that formed the basis of the recommendations for the state plan that was unveiled at the second Senior Hunger Summit and published in December 2017. The five areas that were selected in addressing senior hunger in Georgia are Today's Seniors, Health Impact of Senior Hunger, Food Access, Food Waste and Reclamation, and Meeting the Community's Needs. The recommendations are summarized as establishing a senior hunger position, develop 12 regional coalitions, establish policy review council, coordinate data collection and analysis, develop and offer education and training, continue and expand the What a Waste Program in partnership with the National Foundation to End Senior Hunger (NFESH), and provide entrepreneurial mini-grants. During the SFY 2018, the What A Waste program was rolled out in 27 additional sites. During SFY 2019, the state hired its first Senior Hunger Nutrition Coordinator to oversee the implementation of the new state plan the 12 senior hunger regional coalitions were established.

Needs Assessment

DAS began the planning process for the Federal Fiscal Year 2020-2023 state plan by implementing a process for gathering public input. While public input is required by the ACL, the agency allows states to determine the approach and processes for collecting input. DAS contracted with the Georgia Health Policy Center (GHPC) to provide design and facilitation support.

GHPC reviewed available information regarding the state's past public input processes, as well as approaches taken by other states through a review of state plans. Ultimately, Georgia decided to host a Community Conversation session in each of the state's 12 PSAs and collect feedback through an online survey. A summary of the information collected is presented in this report. Refer to Attachment C (Stakeholder Input for Georgia's State Plan on Aging and Disability Services Federal Fiscal Year 2020 – 2023) for the complete report.

COMMUNITY CONVERSATIONS

The 12 Community Conversations were designed to be interactive, draw on participants' experience and wisdom, share information and collect input regarding issues and opportunities. Each session was similar in structure and lasted approximately two hours.

Session participants:

- Session participation ranged from 33 to 114 individuals, with more than 700 participants across all sessions. The participants included service providers (39%), consumers (28%), advocates (20%), unpaid caregivers (6%), paid caregiving staff (2%), and individuals who identified as 'other' (5.2%).
- Forty-seven percent of participants were service recipients and nearly six out of 10 were age 60 and older. Almost one-quarter of attendees (22%) stated that they considered themselves to have a disability.
- Participants were majority female (84%), heterosexual or straight (82%), and highly educated (59% held an associate, technical, bachelor's, or graduate degree).
- While 23% of participants did not provide their incomes, more than half of the participants (54%) reported an annual income of $50,000 or less. A small number of individuals were veterans (8%), while nearly one-third indicated that they live alone. Attendees represented 94 of Georgia's 159 counties (59%).

Key issue areas:

- Participants were presented with 10 key issue areas and asked using anonymous, instant polling to identify the top five areas they felt should be priorities. In each session, all of the issue areas were selected by some participants as important.
- The top three issue areas were selected as the foci of small group conversations. In the case of a tie, groups made a choice of the areas they discussed. There were four issues that were selected most, with nine sessions focusing on these areas — transportation; aging in place; physical, emotional and behavioral health; and access to information and assistance. Complete results of the key issue areas chosen statewide are presented in the table below.

Issue Area	Percentage of respondents who selected this issue area as one of their top 5 (n=610)	Number of respondents selecting this issue as one of their top 5
Aging in place	71.0%	433
Transportation	69.3%	423
Physical, behavioral and emotional health	64.3%	392
Access to information and services	63.0%	384
Services and supports	53.8%	328
Safety, security and protection	48.9%	298
Wellness promotion	44.3%	270
Caregiver support	41.1%	251
Socialization, recreation and leisure	31.5%	192
Cultural competency	12.8%	78

- The small groups were asked three questions regarding the issue areas, and a note taker captured each discussion. The questions were: “What is working well?” What is not working well?” and “What ideas or suggestions do you have?”
- Feedback forms were used to capture thoughts from participants, regardless of the topic. The form asked “What feedback, question or idea do you want to be sure we hear today?”
- The data collected through the table notes and feedback forms were transcribed, analyzed, organized into themes and summarized. While there were some differences in the identification of key issue areas by region, there was significant similarity in the responses to the questions asked for each issue area. Common themes included awareness, access, affordability and quality.

Session outcomes:

- The majority of participants (87%) reported greater understanding of DAS' role within the state, and nine out of 10 stated they had greater awareness of the issues and opportunities regarding serving older adults and persons with disabilities in the state.
- When asked if participants were able to share their feedback and ideas during the session, 85% answered "yes" and 15% answered "somewhat." Ninety-five percent of participants felt that the feedback collected during the session would assist the state in developing the state plan.

ONLINE SURVEY

The online survey was designed to collect similar information to the Community Conversations, but with additional detail and reaching more stakeholders. The survey included 21 questions and was a mix of open- and closed-ended questions. Outreach to raise awareness of the survey was conducted through emails to session participants, the DAS website and social media sites.

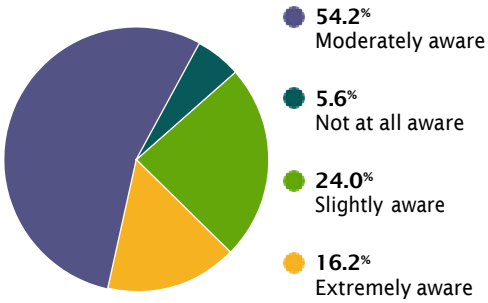
Survey respondents:

- In total, 188 individuals completed the survey. Respondents included service providers (42%), advocates (22%), unpaid caregivers (14%), consumers (14%) and individuals who identified as 'other' (8%).
- Fifteen percent of respondents indicated that they are service recipients, with senior centers identified as the most common service utilized. Respondents' age ranged from 25 to 94, with an average age of 58 years. Nearly one-quarter of respondents (24%) reported having a disability.
- More than three-quarters of respondents (77%) were female, 84% were heterosexual or straight and 71% were white. Respondents were highly educated, with 81% holding an associate, technical, bachelor's or graduate degree.
- Nearly half of respondents reported an income of $50,000 or less, but 17% preferred to not answer the question. Few respondents indicated that they were veterans (8%) and 22% lived alone. Survey respondents represented 35 of Georgia's 159 counties (22%).

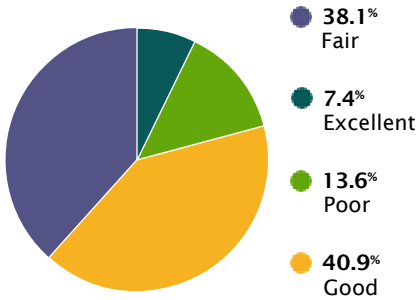
Awareness and knowledge:

- The majority of survey respondents indicated that they were somewhat or very knowledgeable regarding services available and where to go for information about services and benefits.
- Respondents indicated that there was room for improvement regarding the state's awareness of the needs of older adults and persons with disabilities and current initiatives intended to address the needs, as shown in the chart below.

At this time, how would you rate the state's awareness of the needs of older adults and persons with disabilities? [n=179]



At this time, how would you rate the state's current initiatives to address the needs of older adults and persons with disabilities? [n=176]



Key issue areas:

- Survey respondents were provided with the list of 10 issue areas and asked to identify their top choices. Transportation was the issue chosen the most often, followed by aging in place. The responses by issue area are included in the table below.

Issue Area	Percentage of respondents who selected this issue area as one of their top 5 (n=610)	Number of respondents selecting this issue as one of their top 5
Transportation	59.5%	100
Aging in place	48.2%	81
Access to information and services	39.9%	67
Physical, behavioral and emotional health	39.3%	66
Services and supports	38.1%	64
Safety, security, and protection	20.2%	34
Caregiver support	17.3%	29
Wellness promotion	13.7%	23
Cultural competency	11.9%	20
Socialization, recreation and leisure	11.9%	20

- Survey respondents were asked to answer three questions regarding their chosen issue areas: "What is working well?" What is not working well?" and "What ideas or suggestions do you have?"
- Given the small sample size, the survey data were combined with the responses from the table notes and feedback forms for analysis. Significant detail regarding the themes raised are presented in the "Key Issue Areas" section of the report.

Community support:

- Survey respondents were asked two questions regarding one's ability to age in place in the community: "As you age, what do you think would be most helpful in supporting you to remain in your home or community?" and "As you age, what is your greatest concern as you think about staying independent and in your home or community?"
- Respondents' most common responses were housing and in-home services, which were often noted in the context of broader community connections, both physical and social. Other common responses described transportation, awareness of and access to information, and health care. One respondent wrote that they would like "training on what to do before hand to ensure the path to independence. That way when I get there, I'll already know what to do and where to go and can run through some stuff while my mind can still process it accurately."
- Similar to the feedback regarding the support needed, the two main concerns about the ability to age in place were related to housing and transportation. Affordability was an underlying theme across several categories of responses. Survey respondents raised concerns about "being able to afford assistance at home, having support in home, [and] being able to afford long-term care if needed." There were also concerns about "not being able to afford living independently."
- Concerns about transportation were often presented in the context of broader concerns about health, wellness, and independent living. As one respondent stated, "being unable to drive would be my greatest concern about staying independent in my home. I would become isolated, which would affect my health, both physical and mental."

CONCLUSION

Overall, the data collected through the stakeholder input process will provide substantial information regarding Georgians' priorities with regard to aging and disability, facilitators of and barriers to accessing services and supports and suggestions for improving outcomes. Collectively, these data present a picture of aging issues across the state and has been used to meaningfully inform the planning process.

In response to the overwhelming need for transportation, DAS contracted with the GHPC to respond to a request from the Georgia General Assembly to assess the current unmet transportation need for older adults across the state by DHS' planning and service region. In addition, the report provides context regarding the infrastructure and delivery of transportation services, considers the future through the presentation of population projection data, and highlights promising practices that can be explored as opportunities to meet older adults' unmet transportation needs. Refer to Attachment H for a link to the complete report "At A Crossroads: Exploring Transportation for Older Georgian in a Rapidly Changing Landscape."

State and Area Plan Alignment

Section 305. (a)(1)(A) of the Older Americans Act, as amended through P.L. 114-144, enacted April 19, 2016, requires that the State Agency shall be primarily responsible for the planning, policy development, administration, coordination, priority setting and evaluation of all State activities related to the objectives of the Act.

Section 307. (a)(1) of the Act requires that the state plan mandate that each designated area agency develop an area plan for submission to and approval by the State Agency, and that the state plan be based on such area plans.

In compliance with both sections, DHS-DAS has established a four-year planning cycle such that area plans are developed in the first year and amended as required in the succeeding three years. State plan development is accomplished in the fourth year of the schedule and uses area plan information and performance data as the basis against which compliance with standard assurances, evaluation of regional capacity, effectiveness of service delivery and the degree to which target populations are served are measured. The state plan establishes statewide goals and objectives for the next area plan cycle to which area agencies must align new area plans developed in the new planning cycle. Area agencies are provided the option to include area specific targets appropriate to serve regional needs absent conflicts with statewide direction.

Goals, Objectives and Measures

In compliance with the OAA requirements, DAS has developed clear, measurable goals and objectives that meet the ACL's focus areas. The goals embrace person-centered and consumer-directed approaches to improve service delivery, strengthen the aging network and increase safety for older Georgians and people with disabilities.

GOAL 1: Provide long-term services and supports that enable older Georgians, their families, caregivers and persons with disabilities to fully engage and participate in their communities for as long as possible.

GOAL 2: Ensure older Georgians, persons with disabilities, caregivers and families have access to information about resources and services that is accurate and reliable.

GOAL 3: Strengthen the aging network to enable partners to become viable and sustainable; and develop a robust network of aging service partners.

GOAL 4: Prevent abuse, neglect and exploitation while protecting the rights of older Georgians and persons with disabilities.

GOAL 5: Utilize continuous quality improvement principles to ensure the SUA operates efficiently and effectively.

Program Key:

ADRD
Alzheimer's Disease & Related Dementias

ADRC
Aging & Disability Resource Connection

ADMIN
DAS Administration

PI
Program Integrity

APS
Adult Protective Services

FSIU
Forensic Special Initiatives Unit

GAC
GeorgiaCares

ELAP
Elder Legal Assistance Program

LTCO
Long-Term Care Ombudsman

PGO
Public Guardianship Office

HCBS
Home and Community Based Services

MFP
Money Follows the Person

NHT
Nursing Home Transitions

Note: Baselines are from SFY 2018 unless otherwise specified. If no baseline exists, it will be established in SFY 2019 unless otherwise specified.

GOAL 1

Provide long-term services and supports that enable older Georgians, their families, caregivers and persons with disabilities to fully engage and participate in their communities for as long as possible.

	Objective	Measure	Program
1.1	Increase number of participants completing 365 days in all transition programs.	Increase the number of completed transitions by 1% annually. Baseline = 471	MFP
1.2	Decrease number participants who are re-institutionalized in the Nursing Home Transition Program each year.	Decrease the number of re-institutionalizations by 1% annually. Baseline = 73	NHT
1.3	Expand the number of AAAs providing Community Options Counseling to 100% by 2022.	Increase the number of AAAs participating in the program to 12 by 2022. Baseline = 6 AAAs	ADRC
1.4	Reduce hunger and nutrition risks for meal recipients.	Decrease hunger and nutrition risk by 10% from the client baseline after a meal is received by 2023.	HCBS
1.5	Serve target populations in need of HCBS.	By 2024, ensure that a minimum of 75% of clients receiving HCBS meet at least one target criteria.	HCBS
1.6	Increase the number of aging network staff who have received Mental Health First Aid Training.	Increase the number of aging network staff who have received Mental Health First Aid Training by 10% over the baseline annually.	HCBS
1.7	Increase number of Quality of Life and Health-related trips.	Increase number of Quality of Life and Health-related trips by 40% by 2024.	HCBS

Strategies:

1. Provide refresher trainings to the aging network on OAA and targeting underserved populations to increase services to the most at-risk and underserved older adults in Georgia.
2. Identify strategic partners who can collaborate with expanding services to underserved populations.
3. Identify partners to assist in mobile service delivery (adult day care, health clinics, food item delivery).
4. Increase access to services using mobile service delivery model.
5. Identify partners to assist in tele-health opportunities to increase access to services.
6. Explore opportunities to implement volunteer driver programs, voucher programs, etc.
7. Explore opportunities for virtual access to evidence-based programs for caregivers.

GOAL 2

Ensure older Georgians, persons with disabilities, caregivers and families have access to information about resources and services that is accurate and reliable.

	Objective	Measure	Program
2.1	Increase the number of first-time contacts to ADRC.	Increase the number of first-time contacts to ADRC by 5% annually. Baseline = 65,746 new contacts	ADRC
2.2	Increase the number of GeorgiaCares client contacts.	Number of client contacts. Baseline = 14,272 contacts	GAC
2.3	Increase the number of GeorgiaCares outreach and education events.	Increase the number of GeorgiaCares client contacts by 3% statewide annually.	GAC
2.4	Increase outreach and marketing activities, to targeted populations, via local news outlets.	Increase the number of new local TV stations that air DAS advertising by adding at least 1 new station annually.	ADMIN
2.5	Increase awareness and education between ADRC and Community Service Boards one meeting per PSA per SFY.	Increase the number of events attended by ADRC staff by 1% annually.	ADRC
2.6	Increase cross referrals by ADRC staff to Evidence Based Programs.	By 2024, increase ADRC referrals to evidence-based programs by 25%.	HCBS
2.7	Increase marketing to the Hispanic and Korean populations.	Provide at least one marketing campaign to each population per year of the plan.	ADMIN
2.8	Increase long-term care resident knowledge of other long-term care options.	LTCO will distribute Options Counseling brochures to all long-term care facilities by 2024.	LTCO
2.9	Maximize inbound marketing by driving more potential customers to DAS YouTube site.	Increase the number of hits on the YouTube site. Baseline in FY19 and then increase by 10% by 2023.	PI

Strategies:

1. Provide written instructions to the providers for ADRC and GeorgiaCares including the definition of first-time callers, where to enter data and reviewing data in monthly reports.
2. Identify ongoing technical assistance issues.
3. Develop and implement annual outreach and marketing plan for ADRC and GeorgiaCares for statewide coverage.
4. Implement ADRC outreach tracking for quarterly reports.
5. Provide annual training to ADRC and CIL staff on evidence-based programs and how to enter data.
6. Use demographic data to identify centers of underserved populations and work with community experts to target culturally appropriate outreach to those underserved populations.

GOAL 3

Strengthen the aging network to enable partners to become viable and sustainable; and develop a robust network of aging service partners.

	Objective	Measure	Program
3.1	Increase the number of active GeorgiaCares volunteers.	Increase the number of active GeorgiaCares volunteers by 3% statewide annually. Baseline= 76	GAC
3.2	Strengthen the aging network by establishing healthcare partnerships. (Primary Care Providers, Medicare Advantage Plans, hospitals, Memory Assessment Clinics, etc.)	By 2024, at least 5 additional healthcare entities, that pay for services, will establish a referral mechanism to community-based programs including evidence-based programs.	HCBS
3.3	Expand and diversify revenue streams of the AAAs.	By 2024, shift the percent of revenue distribution towards third party payers by 2%- pts. (Includes private pay). Baseline= 1 AAA	HCBS
3.4	Increase private pay, cost share, and voluntary contributions.	Increase private pay, cost share, and voluntary contributions by 20%, by 2024.	HCBS
3.5	Expand dementia friendly efforts in Georgia.	All 12 AAA will become Dementia Friends Champions by 2024.	ADRD
3.6	Increase referrals Memory Assessment Clinics to ADRC.	Increase referrals Memory Assessment Clinics to ADRC by 10% per year. Baseline = 25 patients.	ADRD
3.7	Implement one recommendation per GARD workgroup during the SUA State Plan cycle. (Min. 6 recommendations)	One GARD recommendation will be implemented by 2023.	ADRD
3.8	Implement a new training curriculum for the aging network.	Provide 1 new training per year.	ADMIN
3.9	Maintain a resilient, disaster ready Aging network.	Implement an Emergency Preparedness Summit with the AAAs by 2023.	PI

Strategies:

1. Provide staff trainings for cross-program referrals.
2. Identify technical assistance needs related to expanding private pay service options within Aging network.
3. Identify technical assistance needs related to ensuring statewide consistency in quality, pricing and capacity for service providers.
4. Provide technical assistance for service providers and AAAs related to expanding private pay service options and ensuring statewide consistency in quality, pricing and capacity.
5. Establish baseline of revenue distribution (federal, state, local, etc.) for each AAA.
6. Identify service areas (service types and geographic locations) with zero or a low number of service providers.

GOAL 4

Prevent abuse, neglect and exploitation while protecting the rights of older Georgians and persons with disabilities.

	Objective	Measure	Program
4.1	Promote the use of lesser restrictive or alternative to Guardianship through community training.	Conduct 5 trainings annually, with ally-stakeholders on Guardianship and alternatives to Guardianship.	PGO
4.2	Increase technical assistance provide for DBHDD and APS.	Staff at a minimum 20 cases with DBHDD and APS a year to determine if an alternative to Guardianship is appropriate or other persons are involved who could serve as Guardian.	PGO
4.3	Promote increase autonomy and independence for persons under Guardianship through filing or assisting with filing petitions for restoration, successor or limited guardianship.	Submit or provide assistance with filing at least 10 petitions annually for restoration, successor or limited guardianship.	PGO
4.4	Target the substantive core legal priority areas that Older Georgians will have access to, for an adequate supply of quality publicly funded legal services to address their eligibility for and receipt of benefits, housing, health insurance, health care, advance planning and protection from consumer fraud and abuse.	The number of cases successfully handled as listed in the objective will increase by 3% over the 2018 baseline during each successive fiscal year. Baseline = 2983 cases.	ELAP
4.5	To have a collaborative team provided by DFCS in discussing what is the best possible solution for Minors aging out of Foster Care annually.	Reduce the number of minors aging out of foster care from becoming APS clients within their first year of aging out by 1% annually.	APS
4.6	Reduce /maintain recidivism level	Reduce /maintain recidivism (less self-neglect) to/at 5% annually.	APS
4.7	Expand the number of ACT Specialists statewide.	Increase the number of ACT Specialists by 10% annually. Baseline = 2639	FSIU
4.8	Expand ANE training for professionals outside of the aging network.	By 2020, develop basic 1-2 hr. ANE courses for identified professionals outside of the aging network (healthcare, Medical Examiners, coroners, financial, etc.)	FSIU
4.9	Expand ANE training for professionals outside of the aging network.	Increase number of attendees for the new ANE courses by 10% annually once deployed in 2020.	FSIU
4.10	Expand ANE Mandated Reporting online training.	Increase number of attendees for Mandated Reporting online training by 10% annually.	FSIU
4.11	Develop professional competencies of the Public Guardianship Office staff through trainings, meetings and conference opportunities.	PGO staff will participate in a minimum of one monthly in-service training annually.	PGO

4.12	Increase staff NAPSA Certifications.	70% Field and Management Staff will be NAPSA certified by 2024.	APS
4.13	Have a collaborative approach with other agencies to discussing the best solution in preventing A/N/E.	Maintain 100% staff participation in areas that have official MDT's annually.	APS
4.14	Increase LTCOP collaboration with local agencies to discuss and take action related to A/N/E.	By 2024, increase the number of LTCOP agencies participating in local MDTs.	LTCO

Strategies:

1. PGO - Provide in-service training to hospitals, new probate court judges on guardianship and alternatives to explore.
2. PGO - Provide assistance to DBHDD and APS on cases to explore all other resources or alternatives before concluding a guardianship is the best option.
3. PGO - Train PGO staff on the requirements and process for terminating or modifying a guardianship. Identify cases through case reviews to identify individuals for restoration or a modified guardianship.
4. APS - Provide assistance to DFCS and other Community Partners by way of case review/consultation when requested, for youth transitioning from DFCS protective custody.
5. APS - Provide training and investigative consultation to APS field staff who encounter repeat reports on challenging clients who present with similar risks.
6. APS - Ensure staff complete the online modules that are available to them in a timely manner.
7. APS - Identify APS Representatives to attend official MDT meetings that exist and have regular reporting to Division Management.
8. FSIU - Provide monthly ACT classes as determined by map showing counties without Certified ACT Specialists and by requests.
9. FSIU - Identify geriatric healthcare providers to collaborate on curriculum by vetting materials.
10. FSIU - Provide healthcare training as a stand-alone course for professionals wanting more knowledge of ANE and as a supplement to existing Sexual Assault Forensic Examiners.
11. FSIU - Continue to market on-line mandated reporter training.

GOAL 5

Utilize continuous quality improvement principles to ensure the State Unit on Aging operates efficiently and effectively.

	Objective	Measure	Program
5.1	Monitor the integrity of the data captured by ADRC Staff.	Achieve and maintain a 90% accuracy rate on data collection for key demographic data elements annually. Baseline = 51%	ADRC
5.2	Improve case record documentation by APS staff.	Achieve and maintain a 90% accuracy rate of documenting key data elements in APS case records annually.	APS
5.3	Provide Baldridge training to all DAS staff.	Ensure 80% of staff receives Baldridge overview training by 2024.	ADMIN
5.4	Eliminate Nulls from the NAPIS reports.	Decrease number of nulls to less than 5% annually.	ADMIN
5.5	Identify areas for training to improve complaint investigation and resolution by local LTCO agencies.	By 2024, Office of the State Long-Term care Ombudsman will complete monthly desk reviews of local LTCO complaint data, with particular attention to new OAAPS reporting requirements, and utilize that data to provide quarterly webex trainings and in-person conference training sessions to local LTCOs to improve performance.	LTCO

Strategies:

1. The DAS Monitoring Continuous Improvement Team is working to redesign program monitoring processes to ensure compliance with federal and state requirements.
2. Implement new monitoring timelines for AAAs and other network providers.
3. DAS will provide Baldridge Criteria Training to all staff within the first year of this plan.
4. DAS will conduct an organizational assessment using the Baldridge criteria to identify opportunities for improving organizational efficiency and efficacy.
5. Develop a system/process for managing data integrity within the DAS Data System.
6. Increase the accuracy of the data in the NAPIS report by reviewing the data mapping in the DDS.
7. Improve measurement of DAS internal processes. (i.e. ODIS revisions)
8. Develop a robust report library.
9. Statewide access to Tableau data and reports.
10. Provide statewide training on Tableau for AAAs.
11. Develop an online data resource for the public to access info about the aging and disabled populations.
12. Identify opportunities for improvement from NCIAD results to drive service delivery improvements.

ATTACHMENTS

State Plan Guidance
Attachment A

STATE PLAN ASSURANCES AND REQUIRED ACTM TIES
Older Americans Act, As Amended in 2016

By signing this document, the authorized official commits the State Agency on Ag;ng to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.

ASSURANCES

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title--

(2)The State agency shall- (A) except as provided in subsection (b)(S), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in com1ection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or inclivid uals us.ing multipw J)OSe senior centers provided under such plan;

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with pa1i icular attention to low-income older individuals, including low-incomeminority older individuals, older individuals with lhnited English proficiency, and older individuals residing in rural areas), and includeproposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(ii) provide an assurance that the State agency will unde1i ake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older indiv iduals;

(c) An area agency on aging designated under subsection (a) shall be--...

(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other a.rn mgements, a program in accordance with the plan within the planning and service area. In designating an area agency·on aging within the planning and service area or within any unit of general purpose local govet'nment designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and serv ice area will have the capacity to carry out the area plan.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES. OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306(a), AREA PLANS

(a) Each area agency on aging... Each such plan shall--
(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for prut B *to* the planning and setvice area will be expended for the delivery of each of the following categories of services-
(A) services associated with access to services (tra11sp01iation, health services (including mental and behavioral health services), outreach, information and assistance (which may include info1111ation and assistance to consumers on availability of services under patt B and how to receive benefits under and paiticipate in pubUcly supported programs for which the consumer may be eligible) and case management services);
(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance; and assurances that the area agency on aging will repott annually to the State agency in detail the amount of ftmds expended for each such category during the fiscal year most recently concluded;

(4)(A)(i)(l) provide assurances that the area agency on aging will-

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, olde1' individuals with limited English proficiency, and older individuals resiclin.g in rural ru·eas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurai1ces that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will-
(1) specify how the provider intends to satisfy the sel'vice needs oflow-income minority individuals, older individuals with limited English proficiency, and older individuals residing in nu·al areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with Hmited English proficiency, and older individuals residing in rural ru·eas in accordance with their need for such services; and
(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared --
(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority o}des individuals ; and

(lll) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will-

(j) identify individuals eligible for assistance under this Act, with special emphasis on--

(1) older individuals residing in rural areas;

(II) older individuals with greatest economic need(with particular attention to low-jncome minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with palticular attention to low-income minority individuals and older individuals residing in rural areas);

(JV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(Vl) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VTI) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) tlu·ough (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, incJuding planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services fat older individuals with disabilities, with particular attention to individuals with severe disabilities, and jndividuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(9) provide assut'ances thatthe area agency on aging, in carrying out the State Long-Term Care Ombudsman program imder section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

(11) provide inform.ation and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), incJuding-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under thjs title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assmance that the area agency on aging will make services under the area plan available, to the same extent as such.services are available to older individuals within the planning and service area, to older Native Americans;

(13) provide assw-ances that the area agency on aging will-

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency--
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be pi-ovided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with th.is Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or comme1-cial rehitionship that is not canied out to implement this title;

(15) provide assurances that funds received under this title will be used--

(A) to provide benefits and services to older individuals, givin,g priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(a) ... Each such plan shall comply with all of the following requirements:...
(3) The plan shall--
(B) with respect to services for older individuals residing in rural areas-
(i) provide assw-ances that the State agency will spend for each fiscal year, not less than the an10unt expended for such services for fiscal year 2000...

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures wi U be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contTact.

(B) The plan shall provjde assurances tbat--
(i) no individual (appointed or otherwise) involvedin the designation of the State agency or an area agency on aging, or in tbe designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited tmder this Act;
(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Tenn Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and trus title, and wiIl expend for such purpose an amount that is not less than an amount ex.pended by the State agency with funds received under this title for fiscal year 2000; and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan,shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shaH provide that witluespectto legal assistance --
(A) the plan contains assurances that area agencies on aging will
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated 1u1der the Legal Services Corporation Act (other than restrictions and regulations gove1ning eligibHity for legal assistance under such Act and governing membership oflocal governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attemptto involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(B') the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging mak,es a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income , health care, long-term care, nutrition, housing, utrnties, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals --
(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent wHh relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent abuse of older individuals;
(ii) receipt of reports of abuse of older individu ls;
(iii) active participation of older individuals participating in programs tmder this Act through outreach, conferences, and refe.nal of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the patties to be referred; and
(iv) refenal of complaints to law enforcement or pubhc protective service agencies where appropriate;.,.

(13) The plan shall provide assmances that eacb State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.. ,

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of l imited English-speaking ability, thenthe State will require tlie area agency on aging for each such planning and service area-
(A) to utilize in the delivery of ouh·each services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a pi-edominant number of such older individuals who are of limited English-speaking ability; and
(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a fu11-time basis , whose responsibilities will include--
Ci) taking such action as may be apprnpriate to assure that counseling assistance is made available to such older individuals who are oflimited English-speal<lng ability in order to assist such older individuals in participafo1g in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account. effectively linguistic and cultmal differences.

(16) The plan shall provide assurances that the State agency wiU require outreach efforts that will-
(A) identify individuals eligible for assistance under thls Act, with special emphasis on-
(i) older individuals residing in rural areas;
(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
(iii) older indivi.duals with greatest social need (with patticula:r attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals refe1Ted to in clauses (j) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with-particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe

disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabiJities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuaJs who--
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are atrisk ofprolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to .minority providers of services.

(21) The plan shall--
(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided tmder this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(23) The plan shall provide assurances that demonstrable eff01ts willbe made -
(A) to coordinate services provided under this Act with other State services that benefit old.er jndividuals; and
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-Tisk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has *in* effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not canied out to implement this title.

(27) The plan shall provide assmances that area agencies on aging will provide, to the extent feasible, for the fmnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts Teceived by the State under this paragraph will be used to hire aoy individual to fill a job opening created by the action of the State in laying off or te1minating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONALSTATE PLAN REQUIREMENTS (as numbered in statute)

(a) ELIGTBILITY.-lu order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives fimding under this subtitle, will establish programs in accorda11ce with tbe requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, *to* obtain the views of older individuals, area agencies on aging, recipients of grants under title Vl, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in seeming and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under th.is subtitle for a chapter in addition to, and wj}J not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vuhlerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements refe1Ted to in clauses (i) through (iv) of section 712(a)(5)(C) on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the preventicm of elder abuse, neglect, and exploitation under chapter 3-.

(A) in carrying out such programs tbe State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active partic ipation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the iJ1dividuals to be referred consent; and

(iv) refe1Tal of comp la ints to]aw enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced patiicipation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all info1matio11 gathered in the course of receiving repmts and making refe1Tals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or ce1tification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order...

State Plan Guidance
Attachment A (Continued)

REQUIRED ACTIVITIES

Sec. 305 ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title-. . .

(2)theState agency shall-

(G)(i) set specjfic objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded w1der this tjtle to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will unde1take specific progta.111 development, advocacy, and outreach efforts focused on the needs oflow-income minority older individuals; and

(iii) provjde a description of the eff01ts described in clause (ii) that will be unde1taken by the State agency; ...

Sec. 306 - AREA PLANS

(a) ... Each such plan shall-(6)provide that the area agency on aging will-

(F) in coordination with the State agency and with the State agency responsible for menta l and behavioral health services, increase public awareness of mental health di.sorders, remove baniers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by conm1mlity health centers and by other public agencies and nonprofit p1ivate organizatioru;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;

Sec. 307(a) STATE PLANS

(1) The plan sha.11-

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLAN.SAND/OR THAT STATE PLANS DEVELOP AS A COAdPILATION OF AREA PLANS.

(2) The plan shall provide that the State agency will --

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assfatance, and transportation services), nutTition services, and multipuqJose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (includin g volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; ...

(4) The plan shall provide that the State agency will conduct petiodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VU, including evaJuations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English profidency, and older individuals residing in rural areas).

Note: "PERJODJC" (DEFINED IN 45CFRPART 1321.3) MEANS, AT A Jvf!N!MUM, ONCE EACH FISCAL YEAR.

(5) The plan shall provide that the State agency will:
(A) afford an opporhmity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
(B) issue guidelines applicable to grievance procedures required by section 306(a)(1O); and
(C) afford an opportunity for a public hearing, upon request, by an area agency on agin,g, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The plan shall provide that the State agency will make such reports, in such £01m, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretaty may impose to insure the conectness of such rep01ts.

(8)(A) The plan shalJ provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--
(i) provision of such setvices by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
(iii) such services can be provided more economically, and with comparable quality, by suqh State agency or area agency on aging.

(12) The plan shall provide, whenever the State desfres to provide for a fiscal year for sesvices for the prevention of abuse of o.lder individual s-
(B) the State will not permit involuntary ot coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving repoits and making refe1rnls shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such inf01mation may be released to a law enforcement or public protective service agency.

(22) lf case management services are offered lo provide access to suppo1tive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

_____ _____

Abby G. Cox
Georgia Depaitment of Human Services
Division of Aging Services

Date

State Plan Guidance
Attachment B

INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)
Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest sociaJ need (with particular attention to low-income older individuals, ind ucting low-income minority older individual s, older individuals with limited English proficiency, and older individuals residing in rmal areas) and inc.lude proposed methods of caiTying out the preference in the State plan;

Response: DAS utilizes its Intrastate Funding Formula (IFF) to ensure preference in providing services to older individuals with greatest economic need and older individuals with greatest social need. In the IFF, emphasis is placed on low-income older individuals, includin g low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. Refer to DAS' IFF in "Attachment D."

Section 306(a)(17)
Describe the mechanism(..,) for assuring that each Area Plan will include info1mation detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Response: Within the Area Plan standard assurances, each AAA must state how it will coordinate its emergency preparedness activities. All AAAs have an individual assigned with primary responsibility for emergency management planning and require that person to develop a long-range emergency preparedness plan. Theyare also typically r equired to workwith local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery. Refer to DAS' Emergency Planning and Management policyin "AttachmentF."

Section307(a)(2)

The plan shall provide that the State agency will--...
(C) specijj1 a minimum proportion of the funds received by each area agency on aging in the State to catTy out part B that will be expended (in the absence of a waiver 1.mder sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). *(Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

Response: Title IIIB includes funding to meet the minimum required maintenance of effort for the Long Term Care Ombudsman, and above that Jev e l , any amount deemed necessary by the State Unit Director to carry out an effective statewide ombudsman progran1. Georgia exceeds the required LTCO maintenance of effort. Georgia required that a minimum of 5% of Title IIIB funds be expended by

region for Elder Legal Assistance and requires no minimum expenditure for other services, allowing each Area Agency to tailor programmine to the needs of the PSA.

Section 307(a)(3)

The plan shall--

(B) with respect to services for older individuals residing in rural areas--

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

Response: For each fiscal year of this State Plan, DAS will not expend less than the amount expended for services for older individua1s residing in rural areas than expended in fiscal year 2000.

(ii) *identify, for each.fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*

Response: During the beginning of each state fisca1 year, DAS issues a budge t allocation. At this time, DAS does not project allocations. However, with each allocation, older individuals residing in rural partsof each service area receive funding. A key attribute of DAS' IFF is the allocation of funds for individuals 60 and older residing in rural areas. There is fifteen percent weighted variable for individuals who are 60 and older residing in rural areas.

(iii) *describe the methods used to meet the needs.for such services in the fiscal year preceding the first year to which such plan applies.*

Respon se: DAS utilizes several tools to help determine the location of the older individuals residing in rural areas in Georgia. Some include mapping, census data and analysis through DAS' data management system. AAAs then target these individuals and utilize a person-centered approach to service delivery designed to support older adults and individuals with disabilities to live longer, safely and well.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rnral areas are taken into consideration and shall *describe how those needs have been met and describe how fimds have been allocated to meet those needs.*

Response: DAS' IFF provides a greater weighted variable (15%) for individuals who are age 60 and older and reside in rural areas, in addition to a lesser 10% weighted variable for individuals who are 60 and older. Sixty and older rural for the previous fiscal year numbered 532,215,while population ages 60 and older (non-rural) was1,863, 154, based on ACS five-year 2017 estimates. Georgians ages 60 and older both in rmal and non-rural areas are having their needs met by providing them access to community resources and/or assisting them in identifying and securing resources or services in order to enhance wellness and remain in the community for as1ong and as safely as possible. See "Attachment D."

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year prnceding the fiscal year for which such plan is prepared-

(A) *identffy the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency;* and

(B) *describe the methods used to satisf} the service needs* of the low-income minority oJder individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited Eng1ish proficiency.

Response: DAS' !FF breaks this into twoseparate variables, with differing weights. Total statewide 65+ low income minority population considered for the preceding fiscal year was 57,471, and the variable has the assigned weight of 10%. Older individuals withlimited English proficiency numbered 29,353, and the variable has a weight of 4%, based on ACS five-year 2017 estimates. In an effort to meet the needs oflow-income minority older individuals, and individuals with limited English proficiency, DAS and the Area Agencies shall provide them access to community resources and/or assist them in identifying and securing resources or services in order to enhance wellness and remain in the community for as long and as safely as possible.

Section 307(a)(21}

The planshall --

(B) provide an assW'ance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, fociuding programs and benefits provided under this title, if applicable, *and specify the ways in which the State agency intends to implement the activities.*

Response: Two-tenths of one percent (0.21%) of Georgian's aging population are reported as American Indian or Alaska Native, numbering an estimated 2,611 individuals. DAS will purse numerous activities to assure older Georgians who are American Indian or Alaska Native willhave access to TitleIII funded services. DAS will provide them access to community resources and/or assist them in identifying and securing resources or services in order to enhance wellness and remain in the community for as long and as safely as possible. Additionally, they will also have the opportunity to review the DAS StatePlan and other documents made available for publiccomment.

Section 307(a)(28)

(A) The plan shall include, at the electi on of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during tbe 10-yea:r period following the fiscal year for which the plan is submitted.

(B) Such assessment may include--

Ci) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be im proved, incJuding coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the Stale is expected to affect the need for supportive

Respo nse: In order to prepare for any anticipated change in the numbeT of older individuals during the 10-year period following state plan submission, the Division of Aging Services employs Census estimates for the IFF factors used in Georgia to annual allocation issuances for the Area Agencies on Aging. This accounts for current demographic shifts and helps ensure funding will be appropriately applied lo the areas impacted by those demographic changes. Additionally DAS has establish a six percent *(6%)* funding base for Pa1ts B, Cl, C2, and E of the Older Americans Act, not to exceed $200.000 annually. The base will ensure a minimum amow1t of funding for each area agency on aging. Through annual strategic plat1t1ir1g and coordinated program evaluation DAS assesses policy and resource allocations Telated to improving service delivery to the older and vulnerable adult population.

Sec.tio n 307(a)(29)
The plan shall include information detailing how the State will coordinate activities, and deveJop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Response: Refer to DAS' Emergency Planning and Management in Attachment "F."

Section 307(a)(30)
The plan shall include information describing the involvement of the head of the State agency jn the development, rnvision, and implementation of emergency preparedness plans, including the State Pub]ic Health Emergency Preparedness and Response Plan.

Response: DAS' Division Director is responsible for reviewing and approving aU Emergency Pre paredn ess policy and procedures. He or his designee are also responsible for implementing said policies and procedures.

Section 705(a) ELIGIBILITY --

In order to be eligjble to receive an allotment under this subtitle, a State shall *include in the Stale plan submitted under section 307--*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (I) through (6).
(Note: Paragraphs (1) of through (6) o,fthis section are listed below)

in order to be eligible to receive an allor,nent under this subtitle, a State shall include ;n the State plan submitted under section 307--
(1) an assurance that the State, in carrying out any chapter of this subtitle.for which the State receives fimding under this subtitle, will establish ptograms in accordance with the requirements of the chapter and thischapter;

Response: DAS, in carrying out any chapter of this subtitle ((Section 705(a)(7)) for which it receives funding under this subtitle, willestablish programs in accordance with the requirements of the chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VL and other interested persons and entities regarding programs carried out under this subtitle;

Response: DAS will hold public hearings, and use other means, to obtain the views of older individua ls, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle ((Section 705(a)(7));

(3) an assurance that the State, in consultation ·with area agencies on aging, will identify and prioritize state'rvide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

Respon se: DAS, in consu lt ation with AAA, willidentify and prioritize statewide activities aimed at ensuring that older individuals haveaccess to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this sublitle for a chapter in addition lo, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

Response: DAS will not supplant, any funds that are expended under any Federal or State law

(5) an assurance that the State will place no restrictions, other than the requh•ements referred to in clauses (i) through (iv) of section 7l 2(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

Resp on se : DAS will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-
(i) public education to ident1/j; and prevent elder ahuse;
(ii) receipt of reports of elder abuse,·
(iii) active particip qtion of older tndividuals pm·ticipating in programs under this Act through outreach. conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

Respon se: With respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3, DASwill conduct a program of services consjstent with relevant Statelaw and coordinated with existing State adult protective service activitiesfor:

- public education to identify and prevent elder abuse;
- receipt of reports of elder abuse;
- active participation of older individuals participating in programs under this Act through outreach, conference-s, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
- referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced partidpation in the program. of services described in subparagraph (A) by alleged victims, abusers, or their households; and

Response: DAS will not permit involuntary or coerced participation in adult protective services activities by alleged victims, abusers, or their households.

(C) all i11form ation gathered in the course o.f receiving reports and maldng teferrals shall remain co11fidential except--

(i) if all parties to such complaint consent in writing to the release of such information.;

(ii) if the release of such i11formation is to a law enforcement agency, public protective service agency, licensing or cert{fication agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

Response: All information gathered in the course of receiving reports of abuse, neglect and exploitation, and making referrals shall remain confidential except:

- if all parties to such complaint consent in writing to the release of such information;
- if the release of such information is to a law enforcement agency, public protective;
- service agency, licensing or ce1tification agency, ombudsman program, or protection or advocacy system; or
- upon court order.

Attachment C - Public Hearing Data

GEORGIA
HEALTH POLICY CENTER



Stakeholder Input for the Georgia State Plan on Aging and Disability Services Federal Fiscal Year 2020-2023

Presented to the Georgia Department of Human Services,
Division of Aqinq Services

Georgia Health Policy Center

Georgia State | Andrew Young School

ACKNOWLEDGEMENTS

This repor1was written by Kristi Fuller, Alice Prendergast , and James Dills. We would like to thank the Georgia Division of Aging Services for the opportunity to assist in the process of collecting feedback from Georgians regarding the issues and opportunities facing older adults and individuals with disabilities. We would like to also extend our appreciation to the staff from the 12 area agencies on aging who provided their time and expertise in hosting the Community , Conversation sessions. Finally, we are most grateful to those who attended a session; completed the survey; and gave of their time, thoughts, and ideas.

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EXECUTIVE SUMMARY

State units on aging are funded by the Administration for Community Livings Administration on Aging (ACL's AoA) and, to be eligible for funding, states are required to develop and administer multiyear state plans. Georgia's state unit on aging, the Division of Aging Services (DAS), began the planning process for the federal fiscal year 2020-2023 state plan by planning and implementing a process for gatheri ng public input. While public input is required by the ACL, the agency allows states to determine the approach and processes for collecting input. DAS contracted with the Georgia Health Policy Center (GHPC) to provide design and facilitation support.

GHPC reviewed available information regarding the state's past public input processes, as well as approaches taken by other states through a review of state plans. Ultimately, Georgia decided to host a Community Conversat ion session in each of the state's 12 planning and service areas and collect feedback through an online survey. A summary of the information collected is presented in this report.

Comm unit y Con versat ions

The 12 Commun it y Conversations were designed to be int eractive, draw on participants' experience and wisdom, share information, and collect input regarding issues and opportunit ies. Each session was similar in structure and lasted approxim ately two hours.

Session Participants

- Session participation ranged from 33 to 114 individuals, with more than 700 participants across all sessions. The part icipant s included service providers (39%), consumers (28%), advocates (20%), unpaid caregivers (6%), paid caregiving staff (2%,) and individuals who identified as 'ot her' (5.2%).
- Forty-seven percent of participants were service recipients and nearly six out of 10 were age 60 and older. Almost one-quarter of attendees (22%) stated that they considered themselves to have a disabilit y.
- Participants were majority female (84%)i heterosexual or straight (82%), and high ly educated (59% held an associate, technical, bachelor's, or graduate degree).
- While 23% of participants did not provide their incomes, more than half of the participants (54%) reported an annual income of $50,000 or less.A sm all number of individuals were veterans (8%), while nearly one-third indicated that they live alone. Attendees represented 94 of Georgia's 159 counties (59%).

Key Issue Areas

- Participants were presented with 10 key issue areas and asked using anonymous, instant polling to identify the top five areas they felt should be priorit ies. In each session, all of the issue areas were selected by some participants as important.
- The top three issue areas were selected as the foci of sm all group conversations. In the case of a tie, groups made a choice of the areas they discussed. There were four issues

that were selected most, with nine sessions focusing on these areas - t ransport ation; aging in place; physical, emotional, and behavioral health; and access to information and assistance. Complete results of the key issue areas chosen statewide are presented in the table below.

	Perc 11tC:1f res)'mndc11is tl1at selected this issue .area s 011e of thefr top ·t1vc. (n= 610)	Number of rcspomJent s selecting thi s issue ns one of their lop live
Aging in place	71.0%	**433**
Transportation	69.3%	**423**
Physical, behavioral, and emotional health	**64.3%**	**392**
Access to information and services	63.0%	**384**
Services and supports	53.8%	**328**
Safety, security, and protection	**48.9%**	**298**
Wellness promotion	44.3%	**270**
Caregiver support	**41.1%**	251
Socialization, recreation, and leisure	31.5%	192
Cultural competency	**12.8%**	78

- The small groups were asked three questions regarding the issue areas, and a note taker captured each discussion. The questions were: "What is working well?" What is not working well?" and "What ideas or suggestions do you have?"
- Feedback forms were used to capture thoughts from participants, regardless of the topic. The form asked "What feedback, question, or idea do you want to be sure we hear today?"
- The data collected through the table notes and feedback forms were transcribed, analyzed, organized into themes, and summarized. While there were some differences in the identification of key issue areas by region, there was significant similarity in the responses to the questions asked for each issue area. Common themes included awareness, access, affo rdabilit y, and quality.

Session Outcomes

- The majority of participants (87%) repo rt ed greater understanding of DAS' role within the state, and nine out of 10 stated they had greater awareness of the issues and opportunities regarding serving older adults and persons with disabilities in the state.
- When asked if participants were able to share their feedback and ideas during the session, 85% answered "yes" and 15% answered " somewhat." Ninety-five percent of participants felt that the feedback collected during the session would assist the state in developing the

state plan.

Online Survey

The online survey was designed to collect similar information to the Community Conversations, but with additional detail and reaching more stakeholders. The survey included 21 questions and was a mix of open- and closed-ended questions. Outreach to raise awareness of the survey was conducted through emails to session participants, the DAS website homepage, and social media sites

Survey Respondents

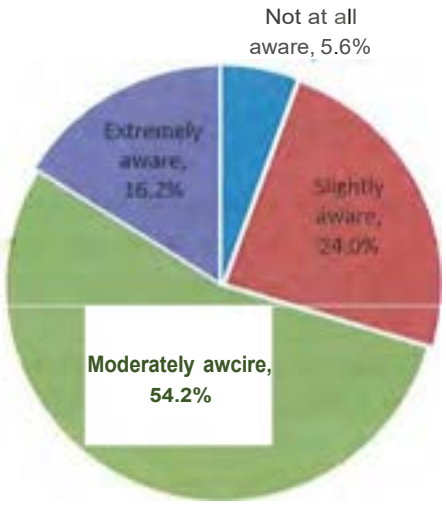
- In total, 188 individualscompleted the survey . Respondents included service providers (42%), advocates {22%), unpaid caregiv ers (14%), consumers (14%), and individuals who identified as 'other' (8%).
- Fifteen percent of respondents indicated that they are service recipients, with senior centers identified as the most common service utilized. Respondents' age ranged from 25 tQ 94, with an average age of 58 years. Nearly one-quarter of respondents (24%) reported having a disability.
- More than three-quarters of respondents (77%) were female, 84% were heterosexual or straight, and 71% were white. Respondents were highly educated, with 81% holding an associate, technical, bachelor's, or graduate degree.
- Nearly half of respondents reported an income of $50,000 or less, but 17% preferred to not answer the question. Few respondents indicated that they were veterans (8%) and 22% lived alone. Survey respondents represented 35 of Georgia's 159 counties (22%).

Awareness and Knowledge

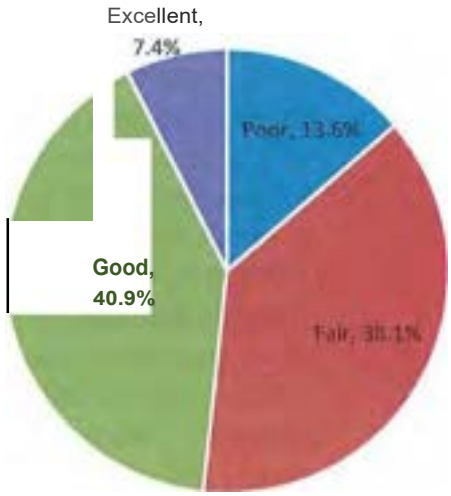
- The majority of survey respondents indicated that they were somewhat or very knowledgeable regarding services available and where to go for information about services and benefits.

- Respondents indicated that there was room for improvement regarding the state's awareness of the needs of older adults and persons with disabilities and current initiatives intended to address the needs, as shown in the chart below.

At this time, how would you rate the state's awareness of the needs of older adults and persons with disabilities?
(n = 179)



At this time, how would you rate the state's current initiatives to address the needs of older adults and persons with disabilities?
(n=176)



Key Issue Areas

- Survey respondents were provided with the list of 10 issue areas and asked to identify their top choices. Transportation was the issue chosen the most often, followed by aging in place. The responses by issue area are included in the table below.

Issue Area	Percent of responses to this question that included this issue area (n = 168)	Number of respondents selecting this issue as one of their top three
Transportation	59.5%	100
Aging in place	48.2%	81
Access to information and services	39.9%	67
Physical, behavioral, and emotional health	39.3%	66
Services and supports	38.1%	64
Safety, security, and protection	20.2%	34
Caregiver support	17.3%	29
Wellness promotion	13.7%	23
Cultural competency	11.9%	20
Socialization, recreation, and leisure	11.9%	20

- Survey respondents were asked to answer three questions regarding their chosen issue areas: "What is working well?" What is not working well?" and "What ideas or suggestions do you have?"
- Given the small sample size, the survey data were combined with the responses from the table notes and feedback forms for analysis. Significant detail regarding the themes raised are presented in the "Key Issue Areas" section of the report.

Community Support

- Survey respondents were asked two questions regarding one's ability to age in place in the community: "As you age, what do you think would be most helpful in supporting you to remain in your home or community?" and "As you age, what is your greatest concern as you think about staying independent and in your home or community?"
- Respondents' most common responses were housing and in-home services, which were often noted in the context of broader community connections, both physical and social. Other common responses described transportation, awareness of and access to information, and health care. One respondent wrote that they would like "training on what to do before hand to ensure the path to independence That way when I get there, I'll already know what to do and where to go and can run through some stuff while my mind can still process it accurately."
- Similar to the feedback regarding the support needed, the two main concerns about the ability to age in place were related to housing and transportation. Affordability was an underlying theme across several categories of responses. Survey respondents raised concerns

about "being able to afford assistance at home, having support in home, [and] being able to afford long-term care if needed." There were also concerns about "not being able to afford living independently."

- Concerns about transportation were often presented in the context of broader concerns about health, wellness, and independent living. As one respondent stated, "being unable to drive would be my greatest concern about staying independent in my home. I would become isolated, which would affect my health, both physical and mental."

Conclusion

Overall, the data collected through the stakeholder input process will provide substantial information regarding Georgians' priorrties with regard to aging and disabilit y, fadlitators of and barriers to accessing services and supports, and suggestions for improving outcomes. Collectively, these data present a picture of aging issues across the state and can be used to meaningfully inform the planning process.

INTRODUCTION

The Administration for Community Living's Administration on Aging (ACL's AoA) requires state units on aging to develop and administer multiyear state plans that advocate for and provide assistance to older adults and their families, as well as persons with disabilities[1]. To be eligible to receive program funding, the AoA mandates that state units on aging provide opportunities for input from older individuals, area agencies on aging (AAA), recipients of grants under Title VI, and other interested persons and entities regarding the funded programs as part of the planning process[2]. To accomplish the public input component for the federal fiscal year 2020-2023 state plan, Georgia's state unit on aging, the Division of Aging Services (DAS), partnered with the Georgia Health Policy Center (GHPC) to facilitate a Community Conversation series held in each of the 12 state planning and service areas (PSAs) and to collect data through an online survey.

This report details the processes used to solicit stakeholder input and presents a summary of the information collected statewide. A summary of the data collected from each of the 12 sessions was shared with the local AAA to support the development of the regional plans.

To build upon previous planning work within the state, the authors reviewed the past two state plans. In addition, the authors conducted a review of other states' plans to identify best practices and methods used to gather, analyze, and integrate stakeholder input. The other states' plans' presentation of stakeholder input were also reviewed to assess how the data were organized and formatted within the plan document.

To gather input from stakeholders across the state, the authors, in collaboration with DAS, convened community conversations in each of the 12 PSAs from April to August 2018. Attendees included older adults, persons with disabilities, caregivers, advocates, service providers, AAA staff, and others interested in contributing to the planning process. In conjunction with the in-person sessions, the authors utilized an online survey to collect stakeholder feedback, which was posted publicly on DAS's home page. The authors encouraged attendees of the Community Conversations, as well as those who could not attend the sessions, to complete the online survey.

Report Organization

This report is organized into five sections. A brief synopsis of the report sections follows.

---

[1] Administration for Community Living. (2017). State Units on Aging. Retrieved from https://acl.gov/programs/aging-and-disability-networks/state-units-aging

[2] Administration on Aging. (2015). Program Instruction, AoA-PI-14-01. Retrieved from https://acl.gov/sites/default/files/about-acl/2017/05/FY2015_AoA-PI-14-01.pdf

Introduction

This provides an overview of the project purpose, roles, and approaches utilized to gather stakeholder input for the state plan on aging.

Community Conversations

Twelve community conversation sessions were held in each of the state's planning and service areas. This section summarizes the fo rm at, who participated, and data collected through the sessions.

Online Summary

In support of reaching as many stakeholders as possible, the state also sought input through an online survey. The methodology, who responded, and survey responses are presented in this section of the report.

I<ey Issue Areas

The sessions and survey were organized, in part, to gather information regarding 10 key issue areas, as well as those that arose from stakeholder input. The data collected regarding each issue area are presented.

Conclusion

The authors summ arize the main points.

COMMUNITY CONVERSATIONS

Overview

GHPC, DAS, and the AAA in the PSA collaborated to host Community Conversations in each of the DAS PSAs across the state. The location of each session was determined by DAS and local AAA staff, and both entities worked together to promote community attendance. The sessions were also advertised online through DAS's website, through social media pages, and in some local news outlets. The sessions aimed to attract diverse groups of stakeholders with a range of perspectives and experiences within the service delivery system. See Appendix A to view the flyer shared online and in print with the full list of sessions.

The goal of each session was to not only collect stakeholder data, but to also inform attendees of the aging network's responsibilities and work within the state. More specifically, the desired outcomes for the sessions included educating stakeholders about DAS's role within the state and the requirement to develop a state plan that aligns with state and federal requirements; providing multiple opportunities for participants to share their experience and feedback, prioritize issues, and suggest strategies to be considered to guide DAS's development of the state plan; and for increasing attendees' awareness of the issues and opportunities related to serving older adults and individuals with disabilities in the state. Data were collected throughout the sessions using instant polling, table notes, and individual feedback forms, which will be described In more detail later in the report.

Session Format

The structure of each session was uniform and began with an overview of the session's purpose and desired outcomes. Participants were also presented with feedback forms, which they were encouraged to use throughout the session to document questions or feedback which could be addressed by DAS or AAA staff during the session, and also integrated into the plan. An example feedback form is available in Appendix C. DAS staff then presented key statewide and PSA-specific data regarding long-term services and supports, highlighted current initiatives and projects, and reiterated the role of community participants in guiding the state's planning process.

The group then participated in the identification of the key priority issue areas. Participants were asked to consider and prioritize their top five issue areas related to aging services: access to information and assistance; transportation; caregiver support; cultural competency; socialization, recreation, and leisure; aging in place; physical, emotional, and behavioral health; safety, security, and protection; wellness promotion; and services and supports.

Participants utilized instant polling technology to identify their key issue areas. GHPC staff identified the top three priority issue areas for the participants based on the polling results. Participants were then asked to think about what works well, what does not work well, and ideas or recommendations they had for each priority issue area. Participants then shared their

perspectives with others seated at their table, while one individual at each table recorded the items discussed. The table note template is available in Appendix B.

Once participants had shared their perceptions of the existing strengths, current gaps, and specific suggestions for each area, each table had an opportunity to share takeaways from their discussion with the group. Once the report out was completed, representatives from DAS and the AAA addressed participants' questions and feedback regarding statewide programs and initiatives, as well as local resources. Next, participants answered evaluation questions regarding the session and the state plan. Lastly, participants were asked to complete a brief demographic form to help understand the characteristics of the participants. The demographic form questions are available in Appendix D.

Key Issue Areas

The table below presents the key issue area polling results by region from the Community Conversation sessions. In total, the authors' derived that approximately 610 individuals across the state participated in the polling question regarding the key issue areas. The group conversations were focused on the top three issue areas, with an exception in the case of a tie. Where a tie occurred, the groups discussed the two issue areas with the most votes and each group then made a choice regarding the third topic for discussion. The feedback collected regarding the key issue areas is presented later in the report.

Region										
Atlanta Region (n = 57)	42	47	30	35	27	20	21	23	20	18
Central Savannah River Area (n = 47)	38	38	25	29	25	23	18	15	18	4
Coastal Georgia (n = 52)	35	36	37	43	31	28	19	15	14	2
Heart of Georgia (n = 24)	23	13	19	14	11	14	12	7	3	3
Legacy Link (n = 51}	44	36	28	24	29	23	23	19	16	13
Middle Georgia (n = 29}	21	21	17	19	13	15	12	13	11	2
Northeast Georgia (n=llO)	68	78	68	69	59	41	66	SO	46	7
Northwest Georgia (n = 38)	29	24	26	25	22	27	9	24	4	2
River Valley (n = 37)	18	21	30	21	24	18	17	18	12	8
Southern Georgia (n = 36}	21	25	23	26	19	23	15	17	8	5
Southwest Georgia (n = 56)	40	34	39	40	27	31	27	19	18	6
Three Rivers (n = 72)	54	50	SO	39	41	35	31	31	22	8
Total Respondents Selecting Issue Area	433	423	392	384	328	298	270	251	192	78
% Respondents Selecting Issue Area (n = 610}	71%	69%	64%	63%	54%	49%	44%	41%	31%	13%

Session Participants

At the end of each session, participants were asked to complete a brief demographic questionnaire to provide information to DAS regarding who provided input into the planning process. Given that the form was handed out at the end of the session some participants who needed to leave early were not able to complete the form. In total, 658 demographic forms were collected from stakeholders participating in the 12 sessions. The number of participants who provided their demographic information by session is presented in the following table.

PSA Region	Percent	Frequency
Atlanta Region	11%	72
Central Savannah River Area	9%	57
Coastal Georgia	8%	52
Heart of Georgia	5%	33
Legacy Link	6%	42
Middle Georgia	5%	33
Northeast Georgia	17%	114
Northwest Georgia	6%	38
River Valley	6%	39
Southern Georgia	6%	37
Southwest Georgia	9%	58
Three Rivers	13%	83
Total		658

Demographic form questions and results are presented below.

1. What is your primary role in respectto aging and adult services?(n = 638)

Some 'Other' responses to this question were recodedwith the description provided clearly matched one of the existing categories. The most common role was 'Service provider.'

Response	Percent	Frequency
Consumer (older adult/person with disability)	27.7%	177
Service provider	38.7%	247
Advocate	20.2%	129
Caregiver/paid professional	1.7%	11
Caregiver/family who is unpaid	6.4%	41
Other*	5.2%	33

• Included "volunteer," "University/Education," "Concerned citizen," and "Public Planner"

2. Do you currently use any of the following services?(n = 653)

- **Senior center**
- **Adult day center**
- **Caregiver support**
- **In-home support**

- **Meals {at senior center or delivered)**
- **Transpor tation services**

Response	Percent	Frequency
Yes	47.3%	309
No	49.3%	322
Prefer not to answer	3.4%	22
No Response	0.0%	5

3. What is your current age? {n = 620)

	Age (in years)
Mean	59.81
Minimum	23
Maximum	93
No Response	38

Session Participants by Age Group

Age Group	Percent	Frequency
Under60	42.9%	266
60-74	39.7%	246
75-84	12.7%	79
85+	4.7%	29

4. What is your gender? {n = 658)

Response	Percent	Frequency
Male	14.1%	93
Fem ale	83.6%	550
Other	0.3%	2
Pref er not to answer	1.9%	13

5. Do you consider yourself to be: {n = **658)**

Response	Percent	Frequency
Heterosexual or straight	81.8%	538
Gay or lesbian	2.3%	15
Bisexual	0.3%	2

Prefer not to answer	15.7%	103

6. Which race/ethnic categories describe you (check all that apply): (n = 658)

Response	Percent	Frequency
Caucasian or White	45.6%	306
African American or Black	42.8%	287
Asian or Pacific Islander	0.8%	5
American Indian or Alaska Native	1.3%	9
Hispanic or Latino	2.4%	16
Other	2.8%	19
Prefer not to answer	4.3%	29

7. What is the highest level of education you have completed? (n = 658)

Response	Percent	Frequency
Less than high school	5.6%	37
High school or equivalent (GED)	18 .5%	122
Some college (no degree)	12.9%	85
Associate or technical degree	12.6%	83
Bachelor's degree	23.9%	157
Graduate degree (master's, Ph.D., M.D., etc.)	22.8%	150
Prefer not to answer	3.6%	24

8. What is your current annual income? (n = 658)

Response	Percent	Frequency
$25,000 or less	26.3%	173
$25,001 - $50,000	27.7%	182
$50,001- $75,000	13.2%	87
$75,001 - $100,000	6.5%	43
More than $100,000	3.0%	20
Prefer not to answer	23.3%	153

9. Are you a veteran? (n = 658)

Response	Percent	Frequency
Yes	7.6%	50
No	87.1%	573
Prefer not to answer	5.3%	35

10. Do you live alone? (n = 658)

Response	Percent	Frequency
Yes	30.7%	202
No	63.2%	416
Prefer not to answer	6.1%	40

11. Do you currently consider yourself to have a disability? (n = 658)

Response	Percent	Frequency
Yes	21.7%	143
No	72.5%	477
Prefer not to answer	5.8%	38

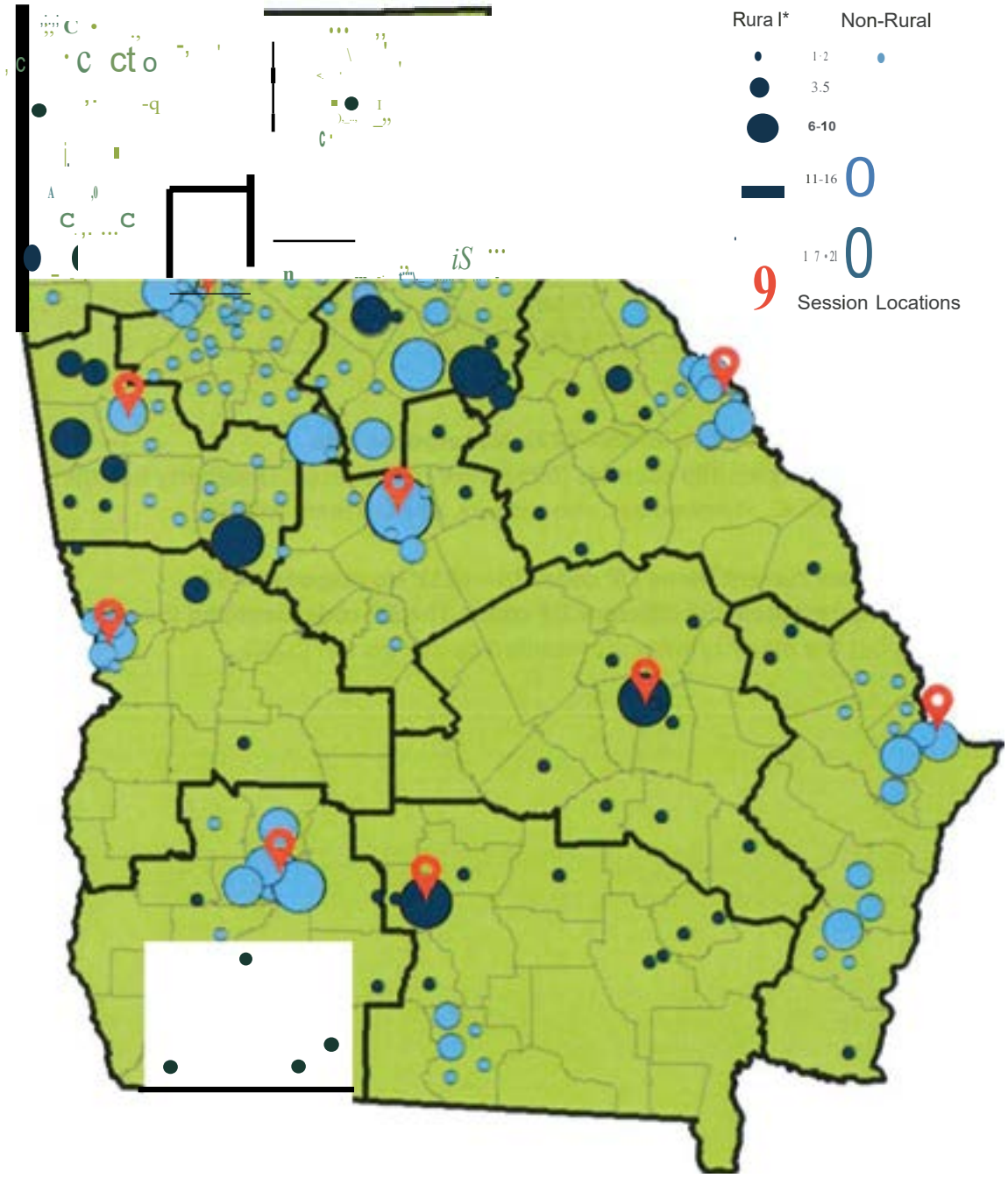
12. What county do you live in? (n = 622); No response= 36

Ninety-four of Georgia's 159 counties (59%) were represented. Dougherty had the most participation with 41, followed by Cobb with 39,and Chatham with 27.

13. What is your current home ZIP code? (n = 621); No response= 37

Individuals represented 235 different ZIP codes. The ZIP code identified the most included 22 residents, but the majority were represented by one person (51%).

The map below presents the session locations and a geographic representation of the participants by ZIP code.



*As Defined by Federal Office of Rural Health Policy

Feedback Forms and Table Notes

The data collected from the feedback forms and table notes are reported in the Key Issue Areas section of this report. The document templates are available in Appendices Band C.

Evaluation Polling Results

At the end of the session the participants were asked to use the instant polling technology to provide anonymous responses to four polling questions. The participants generally indicated that the meeting outcomes were achieved and that the information gathered through the sessions would help guide the DAS in developing the state plan. The questions and results are presented next.

1. I **have a greater understanding of the Division of Aging Services role within the state: (n = 622)**

Response	Percent	Frequency
Yes	87%	543
No	13%	79

2. I have greater awareness of the issues and opportunities regarding serving older adults and persons with disabilities in the state: (n = 598)

Response	Percent	Frequency
Yes	91%	542
No	9%	56

3. I was able to share my feedback and ideas today: (n = 594)

Response	Percent	Frequency
Yes	84%	501
Somewhat	15%	87
No	1%	6

4. The feedback shared today will assist the Division of Aging Services in developing the state plan: (n = **588)**

Response	Percent	Frequency
True	95%	560
False	5%	28

ONLINE SURVEY

Overview

An online survey was utilized to gather information from a diverse group of individuals regarding the DAS state plan and to seek input into the process. The survey questions were design ed by GHPC staff in partnership with the DAS.

The survey was intended to reach individuals who could not attend a Community Conversation session, as well as seek additional input from session attendees or through their net works. Ultimately, the hope was to increase the number of individuals providing input into the state plan, raising the likelihood of collecting data regarding opportunities and challenges to saturation. Participants were able to complete the survey between April and August 2018. The survey questions can be found in Appendix E.

M e th od o logy

The survey platform used was Qualtrics. The platform was also used for survey distribut ion through email addresses provided by session participants to invite them to respond to the survey or share the survey with others. In addition, the survey was posted on the home page of the DAS website, shared via social media sites, distributed to community organizations to share with their networks, and included in a column published in *Saport aReport* .

Responses were included in the analysis as long as the first three questions included valid responses, otherwise the response was dropped from the analysis. Descriptive data from the closed-ended survey questions and a presentation of themes for some of the open-ended questions are shared in the section that follows. A qualitative analysis of the open-ended questions regarding the specifics of the issue areas selected as priorities is presented in the Key Issue Area section.

Survey Responses

The total sample size is 188, with roughly two-thirds (124 of 188) fully completing the questionnaire. Eighty respondents (42.6%) reported attending one of the Community Conversations, while 108 (57.4%) did not.

Roles

Respondents were asked to indicate their primary role. Some 'Other' responses to this question were recoded when the description provided clearly matched one of the existing categories. The most common role was 'service provider.[1]

.1. What is your prima°l' ro le iu res pect tu aging and adultservices? (n = 188)

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Advocate	21.8%	41
Caregiver/family who is unpaid	14.4%	27
Consumer (older adult/person with disability)	13.8%	26
Service provider	42.0%	79
Other	8.0%	15

Caregiver Support

For those who identified as a caregiver, the following question was presented, "What could the state do to better support you in your role as a caregiver?[11] Generally, survey respondents indicated an ongoing need for more supportive services for caregivers and better access to information about those services. Some specific suggestions included:

- "More funding for the New Options Now and Comprehensive Supports waivers- the waiting list for these is thousands of people long. This funding enables individuals with disabilities to be active, productive members of society."
- "Provide more awareness starting at the middle school level to transition specialist s and counselors. Parents and caregivers could be better prepared to maximize the benefits offered and help to provide a better quality of life by simply planning ahead and creating a better 'road map' for their loved one(s). Being more proactive with these valuable resources would also allow for better balance in the home and minimize 'burnout' that we often experience when trying to equip our loved ones with the tools they need to be successful. Also at the school level, there should be financial assist ance for academic support. After school tutorial is not as effective for a couple of r easons: too many other students there and may not get as much one-on-one; environment needs to be more relaxed and conducive to optimal learning/less distractions; they'll be more likely to ask the questions they need to without fear of ridicule from their peers."
- "Provide resources for soclal interaction and volunteer opportunities for older adults with disabilities."
- "I suppose the primary need would be to [fund] more services on the local level. There are so many different agencies...that there's no way to know which would be better suited. The state could take a larger role in monitoring and 'scoring' those agencies."

The table below summarizes the most common responses provided by survey respondents to the question "What could the state do to better support you in your role as a caregiver?"

8. What could the state do to better support you in your role as a caregiver? (n = 15)	
Response	Explanation
More supportive services	The general indication was for more support for people in the caregiver role, both for aging adults and persons with disabilities.
Access to information and assistance	Several respondents noted a desire for more access to information, specifically about what supportive services are available and how to understand specific benefits like Medicaid and Medicare.

Financial strain	Other respondents noted that the financial burden on caregivers is destabilizing for their households.
Increased in-home support	Several indicated that more supportive services could be available in the home, especially around promoting physical wellness (e.g., in-home physical therapy).
Workforce turnover	At least one respondent saw some issues with high turnover among state caseworkers.

Use of Services

Of the 119 responses to the question "Do you currently use any of the following services?"

- 26.9% (n = 32) indicated using at least one of the listed services
- 73.1% (n = 87) indicated that they do not use any of the listed services
- 2.5% (n = 3) preferred not to answer the question
- 'Senior Center' was selected by 21 respondents {17.6%) and was the most frequent response

Service	Percent of all respondents who indicated using or not using these services (n = 119)	Number of respondents selecting this service as one they use
Senior center	18.1%	21
Caregiver support	4.3%	5
In-home support	4.3%	5
Meals (congregate or delivered)	4.3%	5
Transportation services	2.6%	3
Adult day center	1.7%	2

Awareness and Knowledge

Across the four questions assessing general awareness and knowledge about aging issues and services in the state, respondents generally conveyed moderate levels of knowledge.

4. At this time how would you rate your awareness of services for older adults and persons with disabilities available in the state? (n = 186)

Response	Percent	Frequency
Know nothing	11.8%	22
Know something	51.1%	95
Know a lot	37.1%	69

5. At this time how would you rate your knowledge of where to go or who to call if you need information about services and benefits? (n = 185)

Notatallknowledgeable	11.4%	21
Somewhat knowledgeable	47.0%	87
Very knowledgeable	41.6%	77

How would you rate the state's awareness of the needs of older adults and persons with disabilities? (if ;= 179)

Not at all aware	5.6%	10
Slightly aware	24.0%	43
Moderately aware	54.2%	97
Extremely aware	16.2%	29

How would you rate the current initiatives to address the needs of older adults and persons with disabilities? (n = 176)

Poor	13.6%	24
Fair	38.1%	67
Good	40.9%	72
Excellent	7.4%	13

Priority Issue Areas

Almost 90% (n = 168) of respondents provided information on their top three priority areas. Over half of those responding (59.5%) included transpiration in their top three.

Issue Area	Percent of respons to this question that includ d this issue area (n = 168)	Number of respondents selecting this issue as one of their top 3
Transportation	59.5%	100
Aging in place	48.2%	81
Access to information and services	39.9%	67
Physical, behavioral, and emotional health	39.3%	66
Services and supports	38.1%	64
Safety, security, and protection	20.2%	34
Caregiver support	17.3%	29
Wellness promotion	13.7%	23
Cultural competency	11.9%	20
Leisure, recreation, and social	11.9%	20

Support for Remaining in Home or Community

Housing and in-home services were seen as the most common supports for aging in place, which were often noted in the context of broader community connections both physical and social. As one respondent stated, "Keeping me in the area in which I have been living would [allow] me to maintain my personal connections and familiarity with what is available."

"Transportation for medical visits [and] quality of life trips" was also a common support identified by respondents. Knowledge about where and how to access the information needed to support decision-making around remaining in the home or community appears to also be a common need, with one respondent stating they would like "training on what to do before hand to ensure the path to independence That way when I get there, I'll already know what to do and where to go and can run through some stuff while my mind can still process it accurately."

The table below summarizes the most common responses provided by survey respondents to the question "As you age, what do you think would be most helpful in supporting you to remain in your home or community?" Ninety-seven respondents provided feedback on this question. They did not differ significantly from those who did not provide respon ses in terms of reported roles and demographics.

t1. As you age, what do you think would he most helpful in supporting you to remain in your home or c0 mmunity? (n =98)

Housing and in-home services	The most common responses considered how respondents could receive some form of affordable in-home care that would allow them to remain in their home. Housing affordability and accessibility modifications were also noted in numerous responses. In terms of remaining in the community, many people noted the interconnectedness of housing and transportation issues.
Transportation	A large proportion of responses mentioned the availability of different modes of transportation and transit for both medical and quality-of-life trips. Several also indicated a desire for programs to support seniors in knowing about transportation options and how to access them.
Awareness of and access to information	Many responses identified the need to raise awareness of what opportunities are available and how to access them when they are needed as particularly helpful. Several made a point that they would like to have an actual person to serve as an information source, as opposed to a website or other stand-alone source. Some suggested a "planning guide" or a training on how to plan for the future would be useful.
Health care	Maintaining or enhancing access to health care services and benefits was identified in several responses. Some also focused on management of care. Several also noted specific needs in terms of affordability. A few emphasized quality and choice in terms of their physical and mental health providers.
Wellness promotion	Some responses considered promotion of healthy behaviors, mostly nutrition or eating well, with a few noting exercise or physical activity. Some specifically noted meal services as a key support.
Supportive networks	A few responses were about having people to check in on them and networks of support. As with other responses, affordability and quality of services were common themes.
Financial security	A few respondents explicitly noted income stability and support for financial planning as helpful supports.
Socialization	A small number of responses focused on maintaining social networks, engaging in the community and avoiding isolation.

Concerns about Remaining in Home or Community

In line with other feedback, the two main concerns about the ability to age in place were related to housing and transportation. Affordability was an underlying theme across several categories of responses. Survey respondents raised concerns about "being able to afford assistance at home, having support in home, [and] being able to afford long-term care if needed." There were also concerns about "not being able to afford living independently./}

Concerns about transportation were often presented in the context of broader concerns about health, wellness, and independent living. As one respondent stated, "being unable to drive would be my greatest concern about staying independent in my home. I would become isolated, which would affect my health both physical and mental."

Next to housing and transportation, other concerns centered on instability of service availability and how financial resources impact that condition at both the household and community level. One respondent summarized this concern: (/Loss of income and familial support will render me dependent on community resources and social support which is rapidly being dismantled and will likely not exist in its present form when I arrive at this stage."

The table below summarizes the most common responses provided by survey respondents to the question "As you age, what is your greatest concern as you think about staying independent and in your home or communit y?" One hundred two respondents provided feedback on this question. They did not differ significantly from those who did not provide responses in terms of reported roles and demographics.

12. As you age, what is your greatest concern as you think about staying independent and in your home or community? (n = 105)	
Response	**Explanation**
Housing and in-home services	The most common concern was about the availability of and ability to afford housing and in-home health care or other services thatsupport independent livin_g.
Transportation	The next most common concern was remaining mobile and connected to the community, both physically and socially. The availability, accessibility, and affordability of transportation is seen as a linchpin for remaining independent.
Services and supports	Another common concern was affordability, availability, and quality of services and supports. These considered both services in the community and in the home.
Income and resources	Several respondents had concerns about personal income and how it will impact their ability to live independently and receive services or benefits. There were also broader concerns about how benefits like Social Security and Medicare will be resourced in the future.
Socialization	Some respondents expressed concern about becoming isolated and/or lonely as they age.
Safety	A few respondents noted concern about their physical safety as thy age.
Access to information	A few also expr essed concern about their ability to access information about aging services and supports that may be available.
Becoming a burden	Also present across mu ltiple responses is concern about being a burden for or inconveniencing other family members or the broader community.

Additional Comments

The most common theme emerging from responses to an open-ended request for addit ional comments in the survey was r esources. Generally, respondents felt "there need to be more resources available to those with limited incomes," as well as to programs for the aging and

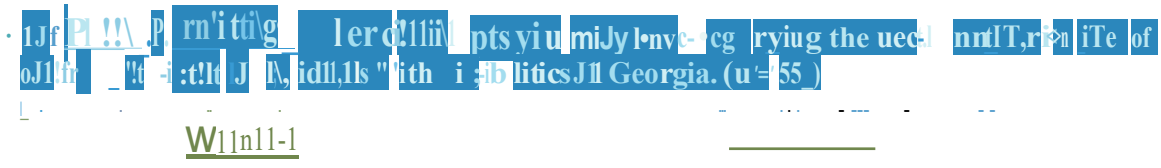
disabled more broadly. Housing and transportation were represent ed, often in a single comment such as "[I] would like to see a legislative study group formed on topics of transportation and housing."

Comments about the need for "more community awareness" of issues related to aging and disabilities were also common. In addition to considering community awareness, there were also comments specific to how target populations access information, focusing on "finding ways to streamline information and services in order to reduce confusion for the elderly and individuals with disabilities. [1]

Several comments brought together numerous themes seen across survey responses and Community Conversation feedback, such as "We don't realize how much an older adult's or individual with disabilities in Georgia world shrinks without access to transportation. Also, if these individuals don't have family that can take off from work because they can't afford it, this isolates the person even more and makes it more difficult for them to attend medical appointments or any other activity that helps their quality of life."

Another respondent took a detailed look at the healt h care experience of older adults: "Doctors and nurses and other professionals in most medical offices do not seem to know how to effectively communicate with older adults: offices use small print (or worse, hand the patient an electronic device!!) and very high-level writing forms (far above fifth grade access), have little concern about the effect of having to wait a long time to see the doctor after walking a long ways into the building - just the whole medical experience is disconcerting, uncomfortable, exhausting, and confusing. I think many older adult s get home with little understanding of what just happened and little sense of having been heard about their own concerns. Doctors are so time pressured that older adult s (who may have delayed cognitive processing - they aren't stupid or demented, just a bit slower to think about things) cannot get their thoughts out to the doctor in the allotted time."

The table below summarizes the most common responses provided by survey respond ent s to the prompt "Please provide any other comments you may have regarding the needs and priorities of older adults and individuals with disabilities in Georgia." Fifty-four respondents provided comments. They did not differ significantly from those who did not provide responsesin terms of reported roles and demographics.

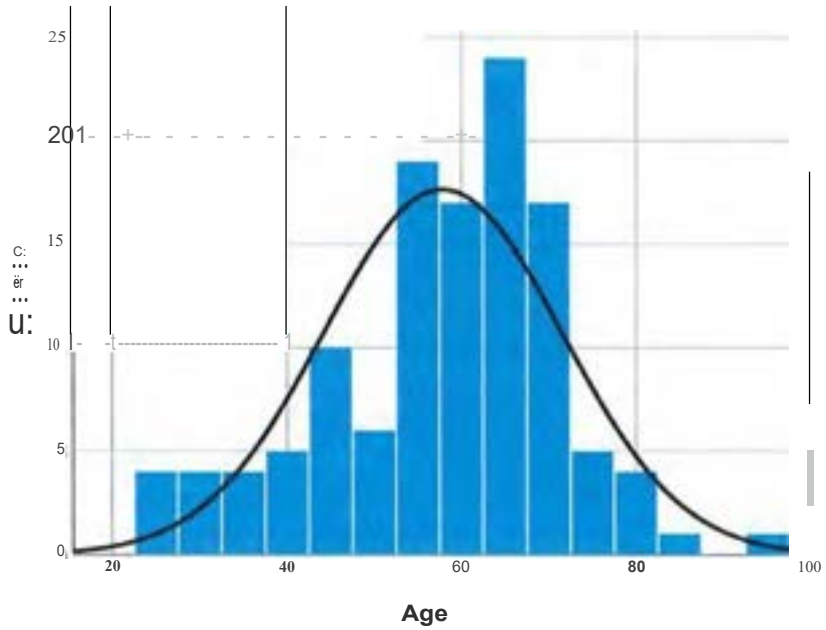


Income and resources	The most common sentiment expressed in these comments pertained to lack of personal Income to afford services and supports. There were also numerous comments about the general need for more resources to support aging services
Aging in place	Numerous comments concerned aging in place, with many focused oh the nexus between affordability, housing, and transportation as critical issues.
Awareness and access to information	Several comments considered the need for increased awareness of aging and disability issues in the community. This included both awareness of how to access information about services and how to promote general awareness of issues.
Physical and mental health	Some comments raised concern about continued availability of medical and mental health services, as well as the quality of those services.
Transportation	Some comments reiterated issues around transportation availability and affordability as critical for aging independently, as well as for persons with disabilities.
Socialization	Several comments concerned the need for social programs and activities to support aging populations and to help avoid isolation.
Poor service quality	A few comments portrayed strong negative impressions about the quality and availability of services in the state and about the agencies providing them.

Respondent Demographics

Age

The average age of the 121 respondents whom shared this information was 57.9 years. Ages ranged from 25 to 94, and slightly skewed toward older adults, as illustrated in the figure below.



Gender

Over three quarters {77%) of responden ts providing information on gender were female.

17. What is your gender? (n = 124)		
Response	Percent	Frequency
Female	76.6%	95
Male	21.8%	27
Other	0.8%	1
Prefer not to answer	0.8%	1

Sexual Orientation

Over 10% of respondents reporting sexual preference (11.3%) considered themselves gay, lesbian, or bisexual.

18. Do you consider yourself to be: (n = 124)		
Response	Percent	Frequency
Bisexual	3.2%	4
Gay or lesbian	8.1%	10
Heterosexual or straight	83.9%	104
Prefer not to answer	4.8%	6

Race and Ethnicity

The vast majority of respondents (88%) providing information on race and ethnicity were Caucasian/White (71%) or African American/Black (17%). For simplicity of presentation, all

responses indicating 'Asian or Pacifi c Islander,' 'American Indian or Alaska Native,' 'Hispanic or Latino,' 'Other,' or more than one choice are included in the 'Other or 2+' category in the table below.

19. Race/Ethnicity Simplified: (n=124)		
Response	Percent	Frequency
African American or Black	16.9%	21
Caucasian or White	71.0%	88
Other or 2+	7.3%	9
Prefer not to answer	4.8%	6

Education

Of the 123 respondents providing information on their highest level of educational at t ainm ent, 42% (n = 52) reported having graduat e degrees. None reported having less than a high school degree or equivalent. (Note: One respondent indicated 'Prefe r not to answer,' which was classifi ed as missing data for this t able.)

20. Education Level: (n=123)		
Response	Percent	Frequency
High school or equivalent (GED)	**2.4%**	3
Some college (no degree)	16.3%	20
Associate or technical degree	**14.6%**	18
Bachelor's degree	**24.4%**	30
Graduate degree (master's, Ph.D., M.D., etc.)	42.3%	**52**

Income

Just over a third (36%) of respondents answering this question reported annual incomes between $25k and $501<. Th e second most fr equent response was 'Pref er not to answer' (18%), the highest proport ion for any question on the survey.

21. What is your current annual income? (n=124)		
Response	Percent	Frequency
$25,000 or less	12.9%	16
$25,001 - $50,000	35.5%	44
$50,001 - $75,000	16.1%	20
$75,001 - $100,000	13.7%	17
More than $100,000	4.0%	5
Prefer not to answer	17.7%	22

Veteran Status

Of the 124 responses to t he question about veteran status, 10 (8%) repor t ed being a veteran.

Living Alone

Of the 124 responses to the question about living alone, 27 (22%) reported that they lived alon e.

Disability

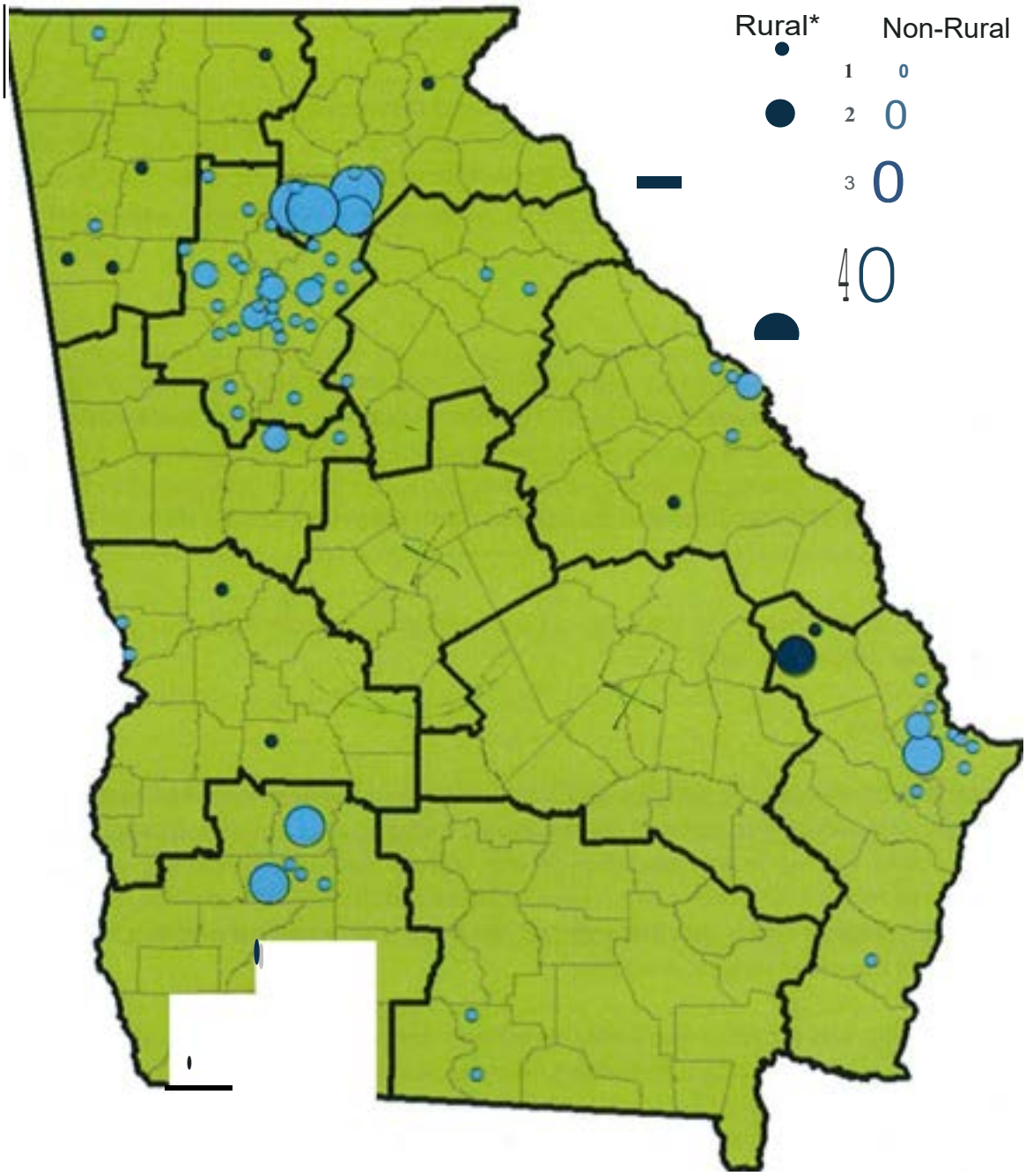
Of the 124 responses to the question about disabilit y, 30 (24%) reported that they considered themselves to have a disability.

Geographic Representation

Thirty-five of Georgia's 159 counties (22%) were represented among the 112 responses to a question about the county where they lived. DeKalb had the most with13, followed by Chatham with 12[1] and Forsyth and Hall with 10 each.

On the question about which ZIP code respondents lived in, 112 responses were received from 84 different ZIP codes, none of which had more than 4.

The map below presents a geographic representation of the survey respondents by ZIP code.



•As Defined by Federal Office of Rural Health Policy

KEY ISSUE AREAS

Overview

GHPC worked together with DAS to review the most commonly reported challenges and opportunities over recent input processes, as well as through a review of other states' assessment practices. Through this process, the team determined 10 key issue areas and the sub-issues that would be grouped together to describe each issue area.

The key issue areas were included in the Community Conversations, as well as in the online survey. Stakeholders were asked to identify their top issue areas and then to provide additional information regarding each issue. The questions that were used to probe for additional information included, " What is working well?" " What is not working well?" and "What ideasor suggestions would you like to share? [11]

Methodology

The data from the feedback forms and table notes were transcribed and coded using the qualitative analysis software, NVivo 12. The authors completed a thematic analysis of the table notes, feedback forms, and open-ended survey questions to identify the context and explanation of the responses shared with regard to each issue area. The authors developed a common code book used for all of the qualitative data collected with data-driven codes through an iterative process.

The analysis of the themes for each key issue area follows, in order from the most frequently chosen issue area to the least.

Transportation

Transportation was used to describe one's ability to get to needed or desired destinat ions. Generally, stakeholders considered driving, public transportation options, transportation services and programs, and active transportation modes, such as walking and bicycling, as a part of this issue. It was recognized that transportation is connected to many of the other issue areas, as one respondent stated, "This is a pivotal concern. Solve the t ransportat ion problem and you will have access to all the other services available."

Transportation was the most frequently identified priority by survey respondents and session participants, selected by 523 stakeholders. Sixty percent of survey respondents chose transportation as a top priority, compared with 69% of session participants . Transportation was selected as one of the top priority areas and discussed by sm all groups in nine out of the 12 sessions.

Working Well

The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is working well with transportation?"

Public transit	Existing public transit services were highlighted such as the Dial-a-Ride demand response services and paratransit. The majority ofthe references to the affordability of transportation related to the reduced or low-cost of public transportation that is often available to older adults and individuals with disabilities.
Transportation programs	Volunteer programs that provide escorted ride services, voucher programs, and financial support for ride-sharing or cab trips were described by some individuals as working well. Some of the services referenced had ended due to the loss of grant funding. In addition, medical insurance plans that provide transportation for medical appointments were highlighted as a good benefit for eligible beneficiaries. Church-based transportation programs were another resource described that meets some transportation needs.
Medicaid non-emergency medical transportation	A few individuals identified the transportation services or reimbursement for transportation costs for travel to medical appointments for individuals who have a low income as an important resource for meeting transportation needs.
DHS Coordinated Transportation	Several individuals discussed how much they value the transportation provided through OHS Coordinated Transportation, particularly in reference to the trips provided to and from the senior centers. Further, the services provided to the senior centers were described as timely and dependable by some riders.
Accessibility	Communities with access to sidewalks were highlighted by a few individuals as enabling active transportation modes such as walking. In addition, buses that accommodate people with disabilities through wheelchair access or other design features for people with physical disabilities were provided as examples transportation working well to support access to desired destinations.
Access to information	A few respondents indicated that information available through online platforms, phone applications, or intermediary organizations facilitated awareness of transportation options or the scheduling of a ride. Examples included AAA, public transit providers, nonprofit organizations (e.g., Common Courtesy)i and senior centert
Safe driving	A couple of people highlighted programs that assess driver capacity and assist individuals to drive longer with adapt ive devices. Further, a few people also mentioned the availability of good roads and highways.

It should be noted that another common response to the question of what is working well with regard to transportation was "nothing" or "not much." Quite a few survey respondents and table discussions had difficulty finding positive items to report.

For the individuals that noted current services are good, som e coupled that statement with a request such as, "What we have is working well, just need more especially for evening hours for attending church or social events or grocery shopping."

Not Working Well

Thetable below summari zes the most common responses provided by survey respondents and session participants to the question "What is not working well with transportation?"

Response	Explanation
Dearth of options	The most common response to this question was to state that services are not available. In many cases stakeholders indicated that rural areas have particularly low access to transportation services. Where services are available, they are often limited by characteristics such as geography, target population, and destination (e.g., medical appointment or senior center). The limited operating schedule was also noted as a barrier (e.g., insufficiency of evening and weekend hours). In addition, access to destinations such as the grocery store, pharmacy, church, and social activities were highlighted as particularly underserved.
Accessibility	Several individuals indicated that a shortage of sidewalks, benches, bus stops, and shelters made it difficult to walk to access public transportation or a destination. Busses that do not provide wheelchair access or have very narrow aisles were listed as barriersby stakeholders. Currently, it is also difficult to find transportation through existing programs or services to meet the specific needs such as wheelchair or stretcher transport. Sarne respondents said that many senior communities have beenbuilt in isolated locations which require transportation to access goods and services.
Dependability and reliability	Respondents described challenges with regard to long wait times, missed pick-ups, and inflexible schedules (e.g., wait time at the doctor causes the appointment to run late, but the transportation pickup time cannot be changed), In addition, some riders find themselves on a bus for a long period of time due to the route, which can also be a challenge. Some individuals stated that existing vans and buses are old and need to be replaced, but funding is not available to do so.
Scheduling	Many of the transportation services require advance scheduling, sometimes as many as three days in advance, which was difficult for riders. Some individuals report calling to schedule a ride and find long periods of time when no one is available to answer. In addition, the transportation pickup and drop-off windows can be long, causing individuals to wait for extended periods of time, miss a scheduled event, or forgo medications or meals.
Affordability	The cost of transportation was described *as* expensive by several respondents and many Cit e a need for increased options that are reduced cost, particularly for those who have a low income.
Transportation service access	An inability to utilize available transportation services due to lack of nearby access to bus routes, physical limitations, ridership limitations, capacity to provide escorts, and a lack of door-to-door or door-through-door services were frequently cited concerns.
Access to information and assistance	Individuals described a lack of awareness and a high level of complexity to navigate available transportation options, including how to access or apply for services and how to use services or programs. Paratransit application processes were described as particularly difficult to navigate and it was stated that the program criteria were often difficult to meet. Groups that were highlighted as parti cularly lacking information were individuals with limited English proficiency and those with limited technology access or competency (e.g., int ernet, smartphones) .

Response	Explanation
Transportation drivers and providers	A number of individuals cited challenges related to a shortage of available transportation providers and drivers, causing fewer options to be available for riders. In addition, stakeholders reported safety concerns related to utilizing a particular mode (e.g., public transit or ride-sharing) and felt that additional training for drivers is needed across provider and program type (e.g., for-profit company, public transit, and ride-sharing companies).
Liability concerns	A few individuals pointed out concerns regarding liability for drivers who provide transportation to assist someone like a neighbor or in a more formal volunteer capacity. Certain programs also restrict individuals from providing transportation to clients due to the associated risks, according to respondents.

A desire for additional transportation options was described by respondents in this way, "We don't all need just rides to the doctors; we need the ability to get out for fun too!" and "Nothing is available outside of Georgia[1]s largest cities."

Individuals describe finding barriers to utilizing transportation options available. An example of this challenge is described this way by a stakeholder, "From Cedartown most specialists are out of county and to have any type of medical testing it requires outside the county transportation which is $100 on the SoutheastTrans van."

Transportation difficulties for older adults and people with disabilities were highlighted in a variety of ways by respondents.

"City para-transport options are complicated and not easily accessible."

"Need more affordable transportation to areas not on a regular bus route. Many seniors are isolated in suburban homes and families are all at work or school. Some seniors may need escorts to appointments. Many in our senior's generation are not trusting of Uber and Lyft. They hear bad things on the news and it scares them."

"Many seniors cannot afford public t ransport ation. Many seniors cannot access public transportation because it is not within walking distance from their home. Many seniors end up driving when they shouldn't in rural areas or become lost walking. Rural areas see a lot of problems with isolation due to a gap in transportation availability for low income seniors."

Ideas and Suggestions

The table below summarizes the most common responses provided by survey respondents and session participants regarding ideas and suggestions for addressing transportation.

Response	Explanation
Raise awareness	Additional marketing, outreach, and educational opportunities are needed to raise awareness of the existing services and programs, potential access through insurance coverage (i.e., Medicare Advantage or Medicaid),

Response	Explanation
	eligibility requirements, and how to use the services. A directory was recommended.
Improved accessibility	Increasing the safety and 'age-friendliness'of communities through sidewalks, covered waiting areas, benches, and clearly labeled stops and routes were suggested to promote greater use of public transit. Further, some stated that crossing guards or other safety practices may be beneficial at certain times or locations.
Expand and coordinate existing services	Stakeholders suggested providing more services, longer hours, and greater coverage to better meet the transportation need. Further, individuals suggested greater collaboration and coordination among systemsand within regions could support increased access to services and, ultimately, destinations that have not been prioritized.
Increase transportation options	Volunteer programs, voucher programs, and shuttle routes, were specifically identified as opportunities to provide options that are tailored to the needs of older adults or people with disabliities. Public-pr ivat e partnerships that draw on the expertise of the nonprofit community was also recommended.
Increase funding	Some stakeholders felt that there should be additional funding to provide services through grants and state funding (e.g., taxes).
Safe driving and parking	Driving assessments to ensure current drivers are able to continue driving safely was described by a handful of individuals. Greater access to parking and longer parking meter times were suggested for greater access of city or downtown services and amenities.

Respondents highlighted their interest ih an improved transportation system such as, "I would like to create a private-public partnership to develop a voucher program allowing people to use their existing networks to take some... of the burden off of the system while we continue to work to put an aff ordable and accessible system in place." One respondent suggested, " Bett er training requirements for drivers and fingerprint check" as a way to improve the safety and security of riders.

An example of a suggest ion for greater convenience for drivers was provided by one respondent, "More handicapped parking downtown andthere are 30-minute parking meters and by the time youget where you're going it is time to go and feed the meter again. Handicap parking should be more flexible.

Aging in Place

Aging in place was the term used to capture the issues related to housing and the abilit y to have what is needed to remain in a community setting as one ages. The focus of the area was generally on the availability of desired housing type or characteristics, housing aff ordab ilit y, and mechanisms that areneeded to support individuals. In some cases in div idu als discussed one's ability to age in place as the antidote to facility-based care or nursing home placement.

Aging in place was selected as a priority area by 514 stakeholder s through participation in either the survey or a sessio n. Ultimately, 71%of session participants and 48% of survey respondents chose aging in place as a top priority. Aging in place was selected as one of the top priority areas and discussedby small groups in nine out of the 12 sessions.

Working Well

Thetable below summ arizes the most common responses provided by survey respondents and session participants to the question "What is working well with aging in place?1'

Response	Explanation
Assistive technology and durable medical equipment	The availability of assistive technology and devicesthrough the assistive technology labs in the AAAs and Georgia Tech's Tools for Life program were highlighted by numerous individuals. In addition, having individuals trained and knowledgeable to support assessment and support in choosing an item was also described as a potential resource, such as staff from the Centers for Independent Living. Partnerships between organizations to support this effort was suggested as a facilitator of the awareness and use of the available resources. Potential partners included Friends of Disabled Adults and Children and senior centers.
Services and supports provided at home	Several individuals mentioned the availability of home and community-based services, such as meals on wheels, housekeeping, personal care, and transportation as helpful in supporting individuals to live in their homes longer and at a reduced cost to facility-based care.
Affordable housing	Where housing exists for individuals with low incomes, it was mentioned as an essential component of ensuring aging in place. Stakeholders specifically mentioned voucher programs like Section 8 and affordable and subsidized units. Some respondents stated that there was a lot of affordable housing in their communities.A particular population that was identified included families raising grandchildren and that some affordable housing is designed specifically for that group.
Age-restricted communit ies	Several individuals mentioned the availability of age-restricted or active adult communities as an option for housihg that is accessible with services available on-site. Additional benefits included that the maintenance is handled by the community, a general feeling of safety, and the community members checking on one another.
Home modification	Supports that help individuals modify their homes were identified. Examples include ramps, grab bars, and lifts.
Home repair	A few stakeholders described resources available to help with home repairs such as Habitat for Humanity and church service programs.
Informal support	Having the ability to live with family members was described by a small number of individuals as a way to age with support in the community, particularly for those without resources to pay for care.
Tax breaks	Some counties and municipalities provide tax breaks to older adults, which is a financial benefit to those who own their home.

Not Working Well

The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is not working well with aging in place?1'

Response	Explanation
Housing affordability	Many individuals described barriers that related to the high cost of housing, lack of affordable housing, and the shortage of programs to assist with the cost of housing. In some communities where housing values are rising, stakeholders identified that some residents are displaced due to tax increases or the sale of current rental housing. Where affordable housing programs or units exist, individuals reported long waiting lists of two years or more . Some felt that the lack of affordable housing options increased the likelihood that individuals with disabilities are homeless, residing in nursing homes, or are in prison. Respondents stated that the age-restricted communities are typically very expensive and not an option for individuals without significant income or resources.
Home maintenance and repair	Stakeholders indicated that the expense of upkeep, repairs, and updates that are typically required for homeowners can become difficult to manage on one's own and expensive to hire someone. Examples include roof repair, electrical, plumbing, and yard maintenance There are currently very few programs that provide this type of support or assistance,
Home modifications	Few programs provide assistance with modifications, such as bathroom updates, ramps, and door widening. Some also stated that it can be difficult to get permission from a landlord or to get the permits required.
Assistive technology and devices	Additional outreach to build awareness, funding to pay for items, and training for how to use equipment and devices to support activities was identified as a challenge by respondents.
Accessible housing	The current housing stock does not include enough options that meet Americans with Disabilities Act (ADA) standards, including a shortage of ground floor and handicap accessible options, according to respondents.
Informal support	Individuals identified a lack of informal support, family lacking training or knowledge, and shortage of support for caregivers who are meeting much of the need for care. In some cases, the availability of informal support reduces the likelihood that an individual can access certain services ot benefits (e.g., Supplemental Nutrition Assistance Program).
Housing for grandfamilles	Several individuals reported a shortage of affordable housing that allows grandchildren to live with the older adult. Many of the housing units targeted to older adults does not permit children to live in the building.
Housing quality	Respondents described some of the existing housing as poor quality or substandard living conditions, which raised concerns related to health, safety, and welfare. Issues include need for pest control and weatherization, as examples. Some individuals also identified existing personal care homes as lacking oversight for quality .

Response	Explanation
Cost of utilities	Some individuals pointed to the large expense of utilities as a barrier to aging in place, with few resources to assist them.
Pet friendly housing	A few individuals stated that current public housing units often do not permit pets and felt this was a barrier to housing for some individuals.

General comments included in this area were focused on the import ance of housing. One person wrote, "Housing is a MAJOR concern. People living in deplorable sit uat ions with no other options. Not enough funds to help a person stay in their own homes. Example, maintenance being done on homes like roof repair, flooring issues, doors and hallways being wider ramps for getting in and out of homes."

Another concern was the need for info rmal support in order to make aging in place possible. "[T]oo many seniors have to rely on informal arrangements. Seniors cannot pay family members to serve as caregiver, though family members are seniors first choice or only available person," was shared by a stakeholder. Sim il arly, it can be overwhelming for families to provide the support needed, as described by this respondent, "Families [and caregivers are] overwhelm ed with providingcare in the home (allowing their loved one to age in place) but cannot afford in home care and may not qualify for assistance."

Finally, the concern of nursing home placement was expressed by several individuals. Aging in place was considered the goal and thus there was a desire to continue to stay in the home even if services or supports were not meeting the individual's needs. An example of this concept was described this way, "Those who get servi cesin the home may not be honest about decline in health status because they fear being placed in the nursing home."

Ideas and Suggest ions

The table below summ arizes the most common responses provided by survey respondents and session partic ipant s regarding ideas and sugges ti ons for addr essing aging in place.

Response	Explanation
Planning and zoning	Community design and housing developments can better take into account the needs of the population. Addressing ADA compliance through local zoning and buildingcodes was provided as a recommendation by several individuals. Housing built to support aging in place would reduce costs to retrofit the home later.
Increaseaff ordable housing units and vouchers	Many individuals stated that building additional affordable housing should be supported and funded. Converting mote ls or hotels into affordable housing was one person's recommendation as a lower cost option to increasing the number of units available due to the possible cost savings for construction.

Response	Explanation
Increase service options	Due to the challenges related to home maintenance, some respondents suggested covering additional services such as lawn care in order to support aging in place.
Diversify housing options	Increased diversity of housing options were desired including intergenerational housing opportunities where younger and older people can live together and learn from one another. Another person suggested that intergenerational housing with a *day* care on-site would be a good opportunity for both populations to experience mutual benefits.
Additional age-restricted developments	Offering more age-restricted communities were suggested by some respondents. Ideas included affordable options, safety assurances, and self-contained communities (e.g., Sun City developments}.
Crisis housing	A few respondents suggested that housing could be provided to stabilize situations for older adults and people with disabilities in order to meet the specific needs of the population that may not be accommodated in a shelter or other short-term housing options.
Raise awareness	Raising awareness of the services and devices available to support aging in place. Those suggested most frequently included assistive technology and devices, in-home services, and caregiver support were suggested.
Replicate existing best practlces	Consider approaches and models used in other states as a way to learn and improve aging in place in Georgia.
Increase volunteer support	Request additional help from community organizations, faith-based organizations, and neighbor associations or groups to meet needs such as minor home modifications, home repair, and home maintenance.
Home sharing	Support home-sharingprograms that match individuals who have housing with someone who needs housing while taking appropriate precautions for safety such as background checks.
Tax incentives	Provide tax breaks for the cost of retrofitting homes and to builders or developers for the construction of affordable housing.

The respondents highlighted the opportunity to improve the community and housing zoning and development to ensure improved accessibility for older adults and persons with disabilities. "Make sure you are talking with the planners and zoning officials at all levels to ensure that seniors are considered when creating plans, writing zoning/buildingcodes, and designing streets that accommodate senior needs and potential effects of decisions on them."

"Building code changes: All future dwellings should be handicap accessible."

Many stakeholders recommended increasing the available supports for home modifications and the availability of affordable housing. One person stated, "Making the home modification funding more robust could keep seniors and [persons with disabilities] in their homes at great savings to the taxpayer. Also need more subsidized housing in Georgia's larger cities, since this is where services can be found; separating housing from services virtually guarantees failure due to transportation issues[1.1].

Physicat Emotion al, and Behavioral Health

Physical, emotional, and behavioral health was used to encompass a range of issues, including access to and the affordability of care, care quality, and community awareness and support for specific conditions affecting older adults and their families, such as Alzheim er' s disease and related dementias. Mental health and substance use emerged as important issues for both stakeholders who attended the sessions and responded to the survey, as did the affo rd abilit y of care and prescription costs.

Physical, emotional, and behavioral Health was identified as a priority by 458stakeholders. Thirty-nine percent of survey respondents chose physical, emot ional, and behavioral health as a top priority, compared to 64% of session participants. Physical, em ot ional, and behavioral health was selected as one of the top priority areas and discussed by small groups in nine out of the 12 sessions.

Working Well

Thetable below summarizes the most common responses provided by survey respondent s and session participants to the question "What is working well with physical, emotional, and behavioral health?[11]

Response	Explanation
Access	Many respondents indicated that home-deliveredservices are available and increase access to care, including pharmacy deliveries, home health care, and physician house calls. Several respondents also mentioned that the increased availability of services via the internet, including patient portals, options to order medications online, and telemedicine have increased access to care. Respondents indicated that provider visits to senior centers for wellness checks and other services increase access to care. Respondents said care is most accessible in urban areas and areas with academic institutions.
Alzheimer's services and supports	A number of respondents highlighted the increased public awareness of Alzheimer's and related dementias has Improved screening uptake, referrals, and access to resources. Several respondents noted that the availability of services for Alzheimer's and related dementias, such as those available at memory care units and memory assessment clinics, has increased across the state and enabled more people to access care. Several respondents also mentioned screening and brain health and wellness initiatives have positively impacted individuals across the state, particularly those available through Memory Assessment Centers and senior enrichment programs. A number of respondents also indicated that support, education, and respite services are working well to support families and caregivers.
Affordability	With respect to affordability, most respondents cited that pre script ion assistance is available, including through resources such as goodpill.org and Good Rx. Several respondents also indicated Medicare supports access to needed services,including durable medical equipment.

Response	Explanation
Mental health	Several respondents indicated that materials about mental health and substance uses disorders are readily available, and that efforts to reduce stigma and increase awareness have been effec;tive. Respondents noted that substance use treatment is accessible and federal reimbursement for mental health services has increased access to treatment. Respondents mentioned New Horizons as working well to combat substance use disorders and that domestic violence and homeless shelters help meet c:ommunity needs.
Quality	Regarding service quality, respondents indicated that high-quality medical care, including specialty care, is available in some parts of the state. Respondents mentioned that care coordination is effective and reduces hospital readmissions. Respondents specifically mentioned that hospitals, home health agencies, hospice, Georgia Cares, and the Department of Veterans Affairs offer high-quality physical and behavioral health services.
Patient support and advocacy	Associations for specific diagnoses, and those available through AARP, were highltghted as working well to support and advocate for patients , Respondents also indicated that increased community engagement, as well as the growing availability of support groups and peer support are helping patients,. caregivers, and families across the state.

Many respondents' comments regarding what is working well centered on increased community awareness and support for conditions like Alzheim er's disease and mental illness. One respondent stated, "These subjects are being talked about more - which is great! There is plenty of information available onlin e, on television, in print, and on radio." Others noted the availa bilit y of supports in the community, for instance, "Alzheimer's Outreach Center offers day care; respite care for providers; support group; free training." Seve r al respondents also felt that preventive services are working well. For example, one respondent said, "The senior enrichment program at Polk Medical is an awesome mental wellness program for people over 65 and is paid for by Medicare. This program has benefited many of our residents. This program should be replicated in every county."

In addition to community awareness and support, a number of respondents indicated that health navigator services,par ticularl y Georgia Cares, are working well. One respondent shared, the "Georgia Cares program provides excellent information and counseling to help individua ls navigate confusing situations."

Not Working Well

The table below summarizes the most common responses provided by survey respondents and session participants to the question " What is not working well with physical, emotional, and behavioral health?"

Response	Explanation
Access	With regard to access, many respondents expressed that rural areas lack resources, including local hospitals, specialists, and mental health care providers. Respondents also indicated that prescriptions are difficult to access due to inadequate transportation and long wait times at pharmacies.

Response	Explanation
Alzheimer's services and supports	A lack of facilities and resources for patients with Alzheimer's and related dementias, as well as caregivers and families of these individuals, was cited frequently as not working well across the state. Respondents noted that adult day care services and respite services are lacking, and that many long-term care facilities will not accept individuals with dementia diagnoses. Additionally, respondents stated that patient advocacy and training and informational resources for caregivers and families are inadequate at present.
Affordability	Most responses related to affordability were related to prescription and copay costs. Many respondents indicated that Medicare does not cover many needed services, with several specifically call ing out dental services, and that many adults cannot quality for or are on a waitlist for Supplemental Security Income (SSI), Social Security Disability Income (SSDI), and Medicaid. Several respondents shared that older adults are forced to sell medications or forego treatment to pay for living expenses.
Mental health	Mental health care, including substance use treatment, was cited frequently as not working well. Respondents discussed limited access to mental health services, includ ing the closing of facilities and lack of local providers, unaffordability of treatment, and inadequate insurance coverage, specifically the lack of a mental health waiver. Many respondents also stated that the paucity of mental health care services and supports contributed to homelessness across the state. Several respondents also noted that law enforcement is not properly trained with regard to mental health issues among older adults.
Quality	Respondents expressed concerns with respect to inadequate screening and late diagnose,smissed diagnoses and referrals, and a lack of training among health care providers regarding older adult health, especially for Alzheimer's and related dementias and mental health conditions. Respondents also discussed poor communication and care coordination between providers as contributing to poor outcomes among older adults. Additionally, respondents felt concerned that physicians often overprescribe medication to older adults and fail to monitor and follow up with older adult patients.
Patient support and advocacy	Regarding patient support and advocacy, a few respondents indicated that providers need to be more proactive with older adult patients, as they often do not seek out information or self-advocat e. Respondents also felt that assistance with medication management and support is lacking, and that providers need to make more of an effort to engage families and caregiversin patients' care.

A number of respondents cit ed t reatment for mental health conditions, in clud in g substance use disorders, as inaccessible and inadequately addressed. As described by r espondent s, "Mental health is largely ignored" and "drugs are taking over in the area."

Respondents also repeatedly discussed the lack of access to and affordability of high-quality care, and the severit y of the unmet need experienced by some older adults. One respondent stated, "I do believe that there are caringpeople in this field, but people are getting desperate." Another said, "Not sure we are gett ing good focus on the quality of care that we need and deserve to support our continued growth and development. We are not in a holding pattern for death, but are often treated as if we cannot continue to develop."

A number of other respondents shared that obtaining Medicare and disability is a challenge that makes care unaffordable. One respondent stated, "Raising the Medicare age for younger baby boomers is a big problem. People with disabilities have to push themselves to work full time for longer than is good for their long-term health in order to hang on until they can get Medicare. It is so hard to get SSDI for illnesses like fibromyalgia and chronic fatigue."

Ideas and Suggestions

The table below summarizes the most common responses provided by survey respondents and session participants regarding ideas and suggestions for addressing physical, emotional, and behavioral health.

Respon[redacted]	Explanation
Increase access through telemedicine	Focusing on telemedicine was suggested as a method to increase acces,s particularly for specialty care and those in rural areas in the state.
Fund traveling physicians and encourage volunteering	Respondents suggested funding traveling physicians and promoting volunteering among providers could help address underserved communities .
Promote community awareness of Alzheimer's and mental health	A number of respondents suggested that promoting community awareness of Alzheimer's and related dementias, mental health, and substance use disorders could reduce stigma and increase linkages to care. One respondent specifically mentioned the development of dementia friendly communities as a promising strategy.
Connect wit h medical providers to link resources	A few respondents suggested that the aging network could increase efforts to connect with medical and other community providers to increase awareness of resources and referrals.
Substance use resources for older adults	Substance use informational resources and treatment designed specifically for older adults was suggested. Several respondents noted the need for this will grow as substance use disorders increase among aging baby boomers.
Increase outreach efforts	Respondents expressed concern over older adults who are isolated and disconnected from resources, and suggested that increased outreach via phone or in-person contact could bridge gaps in service access.
Increase support for caregivers	Increasing the availability of support groups, information , and training for caregivers was suggested a number of times. Respondents also suggested that financial support , such as stipends, are needed and could greatly help caregivers.

Many of the ideas and suggestions focused on increasing community awareness and outreach to develop robust referral networks and identify hard-to-reach populations, such as older adults living in isolated environments.

Several respondents indicated that different frameworks and models of care could be explored to address current issues in this area. One respondent suggested, "Examine other models of care than the traditional ones. The Eden Alternative and the Green House Project offer very good

examples." Another respondent suggested "the dementia friendly communities movement has real possibilities."

Access to Information and Assistance

Access to information and assistance included topics such as benefits information, access to resources, ease of finding help, and credibility. Stakeholders broadly discussed knowing how and where to access information, community and provider awareness of resources, and accessibility of available information as factors that impact to this issue. Respondents acknowledged the importance of access to information and assistance and, while many shared that access has increased tremendously through the availability of internet-based information, others were concerned that, "People still don't know who we are" and "People do not understand the full spectrum programs offered at AAA."

Access to information and assistance was among the most frequently identified priorities by session participants and survey respondents and was identified by 451stakeholders. Forty percent of survey respondents chose access to information and assistance as a top priority, compared with 63% of session participants. Access to information and assistance was selected as one of the top priority areas and discussed by small groups in nine out of the 12 sessions.

Working Well

The table below summarizes the most common responsesprovided by survey respondents and session participants to the question "What is working well with access to information and assistance?"

Response	Explanation
Services and supports	Participants identified a variety of resources for obtaining information about services and supports, including those within and outside of the state's aging services network. A number of participants highlighted senior centersand ADRCs as easily accessible and holistic informational resources. Several participants mentioned AARP as a particularly helpful resource for information about services and supports generally, as well as for specific conditions. Participants also noted that media, including newspapers and radio, as well as faith-based organizations widely disseminate important information about services and supports.
Community outreach	Participants noted that outreach efforts, including PSAs and marketing campaigns help to increase community awareness and reach individuals who are not connected to senior centers with information. Participants also indicated that staff/volunteers going to various locations (e.g., churches, grocery stores, doctors' offices) to distribute flyers or verbally engage community members, as well as calling or mailing out information are effective means of informing community members.
Educational events	Many respondents indicated that health and resource fairs are helpful for locating information about services and supports in the community. A number of respondents also highlighted educational events, such as seminars or presentations, particularly those held at senior centers, are useful, especially as they allow for question and answer sessions.

Response	Explanation
Benefits Information	A number of respondents cited Georgia Cares and senior centers as helpful and reliable sourcesof information about benefits. Several participants noted that enrollment assistance available at senior centers is a particularly important resour ce.
Accessibility	A number of participants indicated that having print resources available, especially in larger font sizes and braille, help those with limited internet access or proficiency obtain information. Several participants expressed that having computer labs available in senior centers and AAAs facilitates access to electronic information, as staff are available for assistance.
Senior centers and Aging and Disability Resource Connections (ADRCs)	A number of participants specifically referenced senior centers and ADRCs as facilitators of access to information and assistance. Specifically, participants felt that having a centralized access point aids navigation of the complex system of care. Participants also expressed that staff in those locations help to explain information, navigate electronic resources, and enroll in benefits or apply for assistance, as well as assist individuals with hearing and/or visual impairments. Participants also referenced senior centers in particular as resources, as they often host presentations (e.g., legal assistance seminars). A number of participants also indicated that senior centers and AAAs are trusted by the community, provide reliable information, and that *staff* are capable and compassionate.
Caregiving	A few respondents indicated that ADRCs and community resource fairs are useful sources of info rmation about caregi ving.Several also noted that AARP serves as a helpful informational resource with regard to caregiving information.
Interagency coordination	Several respondents indicated that increased interagency communication has enabled professionals outside of the aging network to serve as informational and referral resources. Respondents specifically noted physicians and community agencies are good resources.

A number of respondents felt that aging network staff provide high quality information and assistance. For instance, respondents stated, "The ADRCs are excellent sources of info rm at ion about local resources. The counselors strive to meet the needs of every caller" and that "Caring, knowledgeable st aff who provide information and assist ance."
Respondents also frequently identified AARP as an important resource, noting, "AARP [is} working well to present/share information." Several also stated that AARP is a helpful source of info rm at ion for specific diagnoses.

Senior centers were also highlighted as providing critical informational resources, with respondents sharing, "Senior centers are great at provide access to information, programs, and services" and "Local senior center provide timely information when needed." A number of individu als also specified that informational sessions and classes provided by senior centers are working well to enhance access t o needed information for older adults across the state.

Not working well

Thetable below summarizes the most common responses provided by survey respondents and session participants to the question "What is not working well with access to information and assistance?"

Response	Explanation
Services and supports	Many respondents indicated that older adults are unaware of the services available, do not know where to go or who to contact, or do not know what to ask for with regard to information about services and supports. Several respondents also noted that, as services and supports available through AAA have a waiting list, older adults need to be informed about other resources available in the community.
Accessibility	A number of respondents indicated that barriers to accessing information and assistance exist for those who cannot read or access the internet. Several respondents also noted that in-person and one-on-one assistance is difficult to access, and that accessing phone-based information, particularly automated information, presents challenges for older adults.
Culturally competent information	A few respondents identified language as a barrier to access to informational resources and assistance. Information concerning LBGT-specifitc issues and lesbian, gay, bisexual, and transgender- (LGBT) friendly resources was also mentioned as being difficult to access.
Community outreach and educational events	Many respondents highlighted a lack of community awareness about issues facing older adults, as well as services and supports available, acts as a barrier . Respondents specifically mentioned that information about resources is often not available outside of senior centers, and that there is not enough publicity through television, radio, or mail-based advertising.
Benefits info rmat ion	Some respondents felt that older adults are not able to access timely or reliable benefits information. One respondent stated that Georgia Cares is difficult to reach during peak hours.
Credibility and quality	Several respondents indicated that older adults are wary of providing information over the phone or online, which creates a barrier to accessing tailored informational resources. A few respondents also stated that informational resources are often not current.
Interagency coordination	Several respondents mentioned a need for improved sharing of information between agencies and providers, especially medical providers. A few respondents stated that medical providers are unaware of resources and unable to provide needed referrals. A respondent also identified agency policies related to privacy and confidentiality as inhibiting information sharing.
Disparities in access	Several respondents indicated that specific groups of individuals lack access to information and assistance. Most of these references were to rural areas, which respondents noted are neglected with respect to advertising. A few respondents stated that some counties have more resources than others or place more emphasis on aging resources than others, which creates disparities. A few respondents also mentioned other groups, such as African Americans and those who have newly relocated to an area as being particularly affected.

A number of respondents expressed concern with the paucity of print information available given some older adult s' barriers to accessing electronic information. For instance, respondents stated,

"Too much is only on internet and some seniors can't access it;" "[Older adults are] reluctant to use technology to access info;" andthat "som e people don't have access to smart phones." Respondents also frequently spoke to a lack of community awareness and resources. One respondent stated, "If you don't go to a center, you don't know anything," while another said there is a need for "making the general community aware of resources."

Enrollment in and understanding benefits information also arose frequently in discussions about what is not working well with regard to access to information and assistance . Respondents shared that "people don't know about benefits... do not know how eligibility process works" and that there is a "lack of understanding of benefits, and how to access, who to contact."

Ideas and Suggestions

The table below summarizes the most common responses provided by survey respondents and session participants regarding ideas and suggestions for addressing access to information and assistance.

Reference	Explanation
Resource guide	Many respondents suggested that a resource guide or directory would be helpful for accessing information and assistance Respondents specifically indicated that loca,l state, and federal resources; LGBT-friendly providers; and credible services could be provided in a single, centralized resource. One respondent also mentioned that a brief, quick-reference guide would be helpful.
Increase and enhance partnerships	A number of respondents suggested the aging network create new partnerships or enhance existing partnerships to Increase access. Respondents named public libraries and public law libraries; medical, retail, and faith-based organizations; public safety and law enforcement personnel; public health entities; military organizations; academic institutio ns; and YMCAs as potential partners. Several respondents also suggested that efforts should be made to enhance communication and coordination between county senior centers.
Statewide campaign	Several respondents noted that a statewide campaign that disseminated consistent information could help increase access across the state, particularly in areas with insufficient local resources to fund awareness campaigns.
Increase use and dissemination of print resources	A number of respondents suggested increasing the distribution of print materials, especially in public places, to reach those who are unable to access electronic information.
Increase availability of verbal and in-person information delivery	Respondents indicated that increasing focus on the availability of personalized resources shared verbally, particularly in person, would help reach individuals with limited literacy or technology access and proficiency; enhance consumers' comprehension of information; and overcome consumers' mistrust for sharing of information over the phone or internet.
Public meetings	Several respondents indicated that regular community meetings and educational events could help to increaseawareness and understanding of

Reference	Explanation
	information about benefits, services and supports, and other important topics for both aging consumers and the community at large.
Canvassing/outreach	Many respondents suggested that canvassing and outreach campaigns could help to educate the community about aging issues and resources. Parti cularly, respondents felt younger people should be targeted through these efforts, and that more should be done to educate people before they need services. Respondents also indicated that outreach through announcements and the dissemination of flyers at faith-based organizations, private providers' offices, academic institutions, and on public transit could increase community awareness.

Respondents had a number of suggestions to improve access to information and assistance, and many were related to targeted out reachand tailored informational resources. Sever al suggested fait h-based and other communit y organizations as locations to distribute information. "In the African American community one good way to share information is through the churches. Also forming a relationship with the [YMCA], various age groups are in and out of there all the time--including seniors," Others suggested "Place advertisement in places such as senior center and other places where seniors go such as Social Security Office to have brochures" and "Leaflets in grocery stores or pharmacies; use Columbu s State Studio; use dial-a-ride to advertise; flyers at banks; partnership with enrichment services.'

A number of respondents also suggested a resource directory or manual could be helpful to provide reliable information for older adult s. For instan ce, a respondent stated, "Need directory of those skills that won't rip off seniors when called." Others shar ed that widespread dissemination of these informational resources could increase access, as described by one respondent, "Need [a] resour ce manual for all agencies, counties, providers."

Sever al respondents also suggested that state-disseminated information could be helpful. For instance, a respondent stated, "A statewide marketing campaign with standardized materials and toolkits may help communities better understand the importance of the ADRC on a state and local level. The strength of a consistent, high-quality campaign could enhance local marketing efforts. Respondents also felt that co-locating resources and services cou ld improve access. A respondent suggest ed, "It would be awesome if the senior centers could mimic the Athens Community Council on Aging. I think having Medicare, Action, United States Department of Agriculture, transportation, and home-delivery meals plus other ser vice related items under one room benefits all people. One stop shopping for help,"

Services and Supports

Services and supports included the provision of care or items either in-home or in a facilit y. The groups generally focused on the avallabllfty, cost, qualit y, eligibilit y, and awareness of the services and supports. The organizations involved in sharing information and providing access, the provider

network, andthe direct care workforce were also considered. Given the focus of the stakeholders, there was a considerable focus on care provided at home versus facilities.

Services and supports was selec t ed as a pr iorit y area by 392 stakeholders through participation in eit her the survey or a session. Fifty-four percent of session part icipant s and 38% of survey respondents chose aging in place as a top prior ity. Services and suppor t s was select ed as one of the top pri orit y areas and discussed by small groups in two out of the 12 sessions.

Work ing Well

The table below summarizes the most common responses provided by survey respondents and session part icipant s to the question "What is working well with services and supports?"

[redacted]	Explanation
Services and supports provided at home	Similar to some of the responses that were provided in discussions regar ding aging in place, the availability of home- and community-based services and programs were described by many stakeholders. Specific examples included meals on wheels, Medicaid waiver programs, home health care, homemaker, and personal care. In addition, the private services that are available meet the needs of those who can afford to pay for the care needed.
Senior centers	Several respondents highlighted the availability of the senior centers, as well as the information and programs provided, as valuable. Individuals noted the importance of programs such as congregate meals, transportation, health services and activit ies, educational events, and socialization opportunities that occur through senior centers.
Community organizations	Several individuals reported that community organizations were available and good at providing information, resources, and connecting individuals to services. Examples included the Alzheimer's Association, Family Connections, Georgia Cares, the AAAs, and county-based organizations.
Out -of -home services	The availability of adult day health programsand assisted living facilities were both described by stakeholders as working well.
Transition programs and services	Programs that support transitions from facility-based care to the community such as Nursing Home Transition and Money Follows the Person were listed by stakeholders.
Case managers	A few individuals noted the importance of case managers who connect individuals to needed informat ion and services.
Service prov iders	An existing network of service providers meeting the needs, as well as an effort to add new providers, were identified by stakeholders. Some individuals specifically stated that providers are trusted, caring, and that employees undergo background checks.
Awareness of home- and community-based o_p_tions	A small number of individuals stated that having awareness that aging in place is possible and that more services are available now than in the past was positive.

A few survey respondents indicated that they felt that !'nothing" or "not much" was working well with services and supports. For ot hers, there was a general sentiment t hat the services that are

avail able do work well andthat organizations and providers are in large part caring and doing their best to serve individuals. One respondent reported, "What works well is the fact that service is available. However, sometimes it takes a while to get an assigned worker especially in outlying areas like Effingham County. The agency that picked up our case had difficulties getting workers to come out to this area. The in-home skilled nursing care was excellent once it got st art ed." Another respondent stated, "Service providers are creative and willing to help," while one stakeholder commented, "They are awesome at providing information and services of all kinds."

Senior centers were described as an important service that wasworking well for many individuals. A stakeholder stated, "Playing games, laughing, being together forces you to use your brain, keep you young and won't drive yourself crazy. Great interaction with others at the senior center."

Not Working Well

The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is not working well with services and supports?"

Response	Explanation
Waiting lists	The current demand for available services was described as greater than the funding is able to supply and participants commented on the result of that dynamic leads to individuals with current needs being placed on a waiting list.
Affordability	The cost of services was described by several individuals as a barrier . In particular, those individuals with a moderate income were described as having too much income for certain services or benefits while they lacked the resources to private pay for care. The costshare required for some individuals for Medicaid waiver programs, particularly for single adults, was identified as an example. In addition, the cost of care for those who need around -the- clock services was described as a challenge.
Unavailable programs and services	Stakeholders reported that needed services were not available in their communities. Examples included day treatment, respite, support groups, help finding housing, legal support, and Centers for Independent Living. Rural communities were mentioned as particularly lacking desired services.
Awareness	Individuals identified a lack of information and awareness regarding the available services and supports.
Eligibility requirements	Some respondents highlighted the eligibility requirements that apply to certain programs as not working well and that additional flexibility would be helpful. Examples included Medicaid SSI and senior centers.
Quality of care	Some individuals reported concerns related to home health care companies that are fraudulent, a lack of oversight of care provided in residential settings, and training needs for direct care workers. A group of specific concern was individuals with dementia.
Provider availability and dependability	Stakeholders identified that some providers or their staff are not available, reliable, or dependable to provide the care that is expected, which can result in frustration and challenges. Some individuals cited staff shortages and turnover as a contributor to this challenge. This issue was described for both in-homeand facility-based services.

Response	Explanation
Program restrictions	A few individuals cited programmatic restrictions as limiting access or choice. One example provided was not allowing family caregivers to be paid to provide the care and another described a participant who was denied care to the presence of a visitor who was not a long-term caregiver. In some cases it was stated that individuals receiving services needed more hours or assistance than they were permitted to receive.
Uninsurance	A lack of insurance coverage was described by a few individuals as causing a barrier to access for needed services.

A large number of respondents suggested increasing the support available to meet the demand and offering more help to those who need it. For example, one survey respondent wrot e, "The funding is not sufficient to take care of those that need services. [Skil led nursing facilities] continue to get additional funding each year, but the funding for home- and community-based services is a fight every year."

Many respondents also provided information regarding the challenges related to the direct care workforce. A group conversation during one session included the note, "Attention needs to focus on lack of adequate paid workers to provide caregiving services - aides, persona l care attendants, certified nursing assistants, etc. How can we increase the number of competent workers?" In addition, a survey respondent wrote, "The continuity of the workers. The workers for some reason don't remain very long with the agency. Patients with dementia don't adjust very well to those type of changes."

Ideas and Suggestions

The table below summarizes the most common responses provided by survey respondents and session participants regarding ideas and suggestions for address ing services and support s.

Response	Explanation
Increase service availability	Several respondents suggested making more services available to meet the existing demand. Increased funding was noted as necessary to make more services available for those who cannot afford to private pay.
Direct care workforce sufficiency and quality	There were recommendations related to both improving the number and the quality of the direct care workforce by a number of respondents. Suggestions were focused on raising awareness regarding the availability of the career, providing additiona l training opportunities, and increasing the pay.
Raise awareness	Several individuals felt that information regarding the services available and where to go for help was lacking. Ideas included greater communication through modes such as radio, television, and social network platforms would be helpful.
Addres quality concerns	Recommendations by respondents that focused on improved quality included an increase in service monitoring , exploration and consideration of models for institutional care that are more innovative than existing models and increasing training requirements for staff ,

Response	Explanation
Improve the ease of access	Stakeholders commented on the challenge of applying for services or programs and suggested that the application process could be easier and smoother for individuals and their families.
Utilize technology to meet existing need	A small number of stakeholders referenced the opportunities available to providers related to low-cost and available technology. One person suggested using phone calls to check in on individuals, and others included considering devices and technological innovations to fill needs.
Improve collaboration efforts	A few respondents identified additional opportunities for increased collaboration of organizations to address current challenges. One individual stated that of particular need was reducing the divide that exists between publicly and privately funded services.
Increase program flexibility	Providing for additional flexibility within programs was recommended by stakeholders. Examples included allowing family members or friends to be paid to provide care instead of an agency and providing peer support.
Increase volunteer engagement	Providing additional opportunities to engage volunteers was suggested as one way to meet existing needs in a low-cost way.

Safety, Security, and Protection

Safety, security, and protection was used to describe issues related to abuse, neglect, and exploitation; fraud and scams; and community safety. Stakeholders generally felt unsafe home and senior community environments, financial exploitation, communication with law enforcement and public safety personnel, and Adult Protective Services are relevant to this issue. Safet y, security, and protection was identified as a critical, widespread issue, with respondents sharing sentiments such as, "scams on the elderly are the hardest of the battles outside of health issues.

A substantial proportion of stakeholders identified safety, securit y, and protection as a priority, with 338 stakeholders selecting it as a top priority issue. Twenty percent of survey respondents chose safety, security, and protection as a top priority, compared with 49% of session part icipant s. Safety, security, and protection was selected as one of the top priority areas and discussed by small groups in three out of the 12 sessions.

Working Well

The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is working well with safety, security, and protection?"

Response	Explanation
Abuse, neglect, and exploitation	Elder abuse task forces were mentioned frequently regarding successful efforts to increase awareness of and address abuse, neglect, and exploitation throughout the state. Respondents also noted that the reporting process is streamlined.

Response	Explanation
Law enforcement involvement	Law enforcement involvement and training on how to recognize and address abuse, neglect, and exploitation was referenced as working well in several areas of the state. Respondents specifically mentioned At-Risk Adult Crime Tactics (ACT) training, "Are you OK" program and certification programs for law enforcement officers as effective. Respondents also indicated that law enforcement in many areas is engaged and wants to be proactive in addressing issues related to address abuse, neglect, exploitation, and fraud or scams.
Adult Protective Services (APS)	Most responses related to what is working well referenced .Adult Protective Services staff as having good access to information and support, *as* well as communicating effectively.
Fraud and scams	Several respondents mentioned that informational sessions provided by legal groups on how to recognize fraud and scams and access legal help are working well. Respondents also mentioned that the aging network, particularly Georgia Cares, and law enforcement provide timely information to the community about scams.

Respondents indicated that, in some areas, coordination with law enforcement is working well, through statements such as, "Good response when requesting a wellness check by law enforcement" and "Great law enforcement- "Are you OK?" program and responses." Respondents also shared "When scams are happening , law enforcement and other agencies do a great job of informing community and educating."

Several respondents also shared that elder abuse task forces are working to address th is issue across the state and are "getting the word out."

A number of respondents also shared that, "Adult Protective Services case managers and supervisors work hard to serve clients" and that the "Ref err al system is in place and is working well... Adult Protective Services inve stigat ions are in place to respond quickly."

Georgia Cares was also mentioned as working well, and that "volunteerskeep consumers up to date wrth scams in senior centers."

Not Working Well

The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is not working well with safety, security, and protection?"

Response	Explanation
Abuse, neglect, and exploitation	Responses concerning what is not working well largely focused on unsafe home environments for older adults living alone, at senior villages, and some living with family members. A number of respondents indicated that older ad4lts are frequently exploited by family members and that many do not know how to report or do not report due to fear of nursing home placement. Respondents also noted that neglect in nursing homes is a problem, and that dementia patients, both those living in facilities and in the community, are particularly at risk.

Response	Explanation
Law enforcement involvement	Several respondents mentioned that law enforcement is not adequately trained on APS proto cols,uncommunicative, and does not respond quickly to calls regarding abuse, neglect, and exploitation of older adults.
Adult Protective Services	The majority of responses related to what is not working were related to the need for additional staff. Respondents felt that APS is understaffed and experiences high turnover rates, which results in slower response times to referrals. Several respondents also mentioned a need for improved consumer awareness and that many people do not know the services exist or who to call.
Fraud and scams	Several respondents attributed a rise in fraud and scams to the opioid epidemic and substance use issues currently affecting many communities. Respondents also noted a growth in illegitimate home health agencies and cybersecurity threats as issues related to safety, security, and protection of older adults across the state.

Some respondents expressed concern about lack of awareness among consumers, law enforcement personnel, and the community at large of safety threats and reporting. Respondents shared, "People who need it most don't have access to protection or don't know who to call." and "The pr ocessof hav ing to cont act local law is not working...often times they are confused about why we are calling them."

Sever al respondents indicated APS staffing is inadequate, with statements such as "Lack of sufficient staffing for APS given the great number of referrals" and "Need additional funding to add staff to help with response time to referrals."

Spec ifi c populations also arose as particularly vulnerable. Respondents stated, "Drug abuse by family members creating unsafe home environment for patient s" and " No protection for dementia patients."

Ideas and Suggestions

The table below summarizes the most common responses provided by survey respondents and session participants regarding ideas and suggestions for addressing safety, security, and protection.

Response	Explanation
Increased community awareness	Respondents suggested increased distribution of flyers and posters, community informat io nal sessions and outreach, and advertisements could raise public awareness and knowledge of where to report scams and abuse.
Neighborhood watches, faith-basedinvolvement	Several respondents suggested the creation of neighborhood watches and involvement of local faith-based organizations could contribute to addressing threats to safety, security, and protection.
Increaselegal protections for seniors against fraud and abuse	Stronger legal protections, such as increased penalties for abuse, were suggested as a method to help to protect older adults.

Response	Explanation
Increase state inspection of nursing homes and employee background checks	A number of respondents felt that nursing home abuse and neglect could be better addressed by increased inspection of nursing homes and employee background checks by the state.
Increased training for mandated reporters, providers	Several respondents indicated that many mandated reporters do not fully understand their reporting duties, know who to report to, and are not held accountable for failing to report, and thatthis could be addressed through increased training opportunities.

Respondents shared several suggestions to address this issue, including increasing the training and enforcement abilities of law enforcement. A respondent stated, "Expand compliance/regulatory and law enforcement programs such as the Certified Adult Crime Tactics Specialist programs. Give these agencies more authority to charge these abusers." In a similar vein, some respondents suggested increased training for mandated reporters. One respondent stated, "There should be annual mandatory elder abuse awareness training for all mandated reporters. And then hold them accountable if there is abuse and they did not report it."

Other respondents felt increasing protections for reporters could help to increase reporting, with suggestions such as, "The main issue that can realistically be addressed is protecting "whistle blowers" and make them aware of options (anonymous is probably already implemented) or penalties to those who punish them for reporting."

Wellness Promotion

Wellness Promotion was used to describe issues related to exercise programs, chronic disease management classes, food and nutrition, and/or fall prevention.

Stakeholders who provided input on wellness promotion generally focused on nutrition and physical activity opportunities and indicated that they were working well. A few noted fall prevention and behavioral health programs as promising topic areas for inclusion in the wellness portfolio. The most common concerns were cost and accessibility, with several responses noting these as barriers to engaging in wellness opportunities. Most appeared to consider wellness promotion in the context of senior center activities, with only a few explicitly noting opportunities elsewhere (e.g., in church or at a gym).

A moderate proportion of stakeholders identified wellness as a priority, with 293 stakeholders selecting it as a top priority issue. Fourteen percent of survey respondents chose wellness promotion as a top priority, compared with 44% of session participants. Wellness promotion was selected as one of the top priority areas and discussed by small groups in one out of the 12 sessions.

<u>Working Well</u>

The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is working well with wellness promotion?"

Response	Explanation
Physical activity	The most common responses considered exercise programs such as tai chi, yoga, dance classes, Zumba, chair exercises, and other activities intended to promote movement.
Nutrition	Similarly, healthy eating and nutrition programs were noted in much of the feedback on what is working well. Opportunities for obtaining healthy food options, like farmers' markets, were also noted,
Fall prevention	Some responses identified efforts to raise awareness of and prevent falls as a good addition to healthy eating and physical activity programs.
Behavioral health	A few stakeholders noted trainings around Alzheimer'sdisease and other behavioral health concerns as particularly useful.
Senior center programs	A few responses simply noted that wellness programs at senior centers were working well without specification about content. They also noted that the variety of options was working well.

Stakeholders frequently noted opportunities for education and training around wellness promotion as working well. Theseincluded both opportunities for aging adults as well as caregivers or other support staff. Physical activity and healthy eating were the most common topics mentioned. There was also a sense that "there aregood evidence-based programs becoming more available" in these and other topic areas.

Wellness promotion around fall prevention and behavioral health were also noted several times, illustrated by comments such as "Fall prevention awareness efforts are a great idea and are working well" and "Alzheimer 's...lunch and learn sessions [are] help[ful]."

Not Working Well

The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is not working well with wellness promotion?"

Response	Explanation
Affordability and Access	These responses noted that the cost of participating in wellness programs can be prohibitive for the aging population. There were also comments about a lack of transportation options to access available programs. At least one comment noted scheduling as a particular issue that prevented access.
Need More with focus on Behavioral Health	A few responses specifically singled out a need to continue to raise awareness of issues around behavioral wellness topics such as substance use/misuse and Alzheimer's disease.
Lack of Demand	At least one stakeholder felt that there was simply no demand for the types of programs being offered.
Quality	At least one comment indicated perceptions of poor quality around nutrition programming.

There were only a handful of specific comm ent s about what is not working well specific to wellness pro mot ion. The most common dealt with challenges in the availability and access of programs, particularly around cost, as Illustrated by comments such as "a lot of these programs are expensive for those who lack the insurance to help pay for them" and "Gym memberships for people who aren't 65+ are too expensive."

Some responses focused on a lack of programs dealing with behavioral health issues. One stated they "w ould like more info on dementia and Alzheimer's [and to] raise awareness.[11] Another felt there are "no[t] enough drug and Alcoholics Anonymous programs."

Some believed " older adult s do not want to participate in those program s," referringto wellness promotion generally. Another noted concern about the content of nutrition programs, saying "The nut rition information that is given out is derived from big pharma and food manu facturers. Allowing Genetically modified organismfoods and foods that were doused with Round-Up in our food supply with little restriction is going to harm many, many people."

Ideas or Suggestions

A few specific ideas and suggestions were offered under the topic of wellness promotion. The most common was to provide low or no cost programs. All seven pertinent ideas from stakeholders are listed here:

- "Provide more free or affordab le classes to educate seniors to help keep them healthier and active."
- "Partner with churches. Have exercise vids avail for free- can exercise for free when want"
- "Free educational classes for disease process and management."
- "Free exercise class and having access to classes for people who aren't in aging programs"
- "The grain-free, ketogenic diet can place autoimmune diseases in remission, which is why I am still able to work. More medical professionals shou ld know about it."
- "MoreAA programs"
- "We are implementing a soft ware solution that combines EVV with many tools, including predictive analysis to help us track outcomes. We would be willing to set Community Care Services program, Independent Care Waiver program, and Service Options Using Resources in a Community Enviro nment case studies to give a benefit analysis."

Caregiver Support

Caregiver support was used to describe issues re lat ed to t raining, peer support, support ive services, and resources specific to caregivers.

Stakeholders who provided comments on caregiver support generally believed the supports available were working well, but they also felt there needed to be much more attention and resources dedicated to this topic area. Caregiving for Alzheim er 's was commonly noted as a particular area of need. Peer support and tr aining for caregivers were also commonly noted areas

where there could be improvement.

A moderate proportion of stakeholders identified caregiver support as a priority with 280 stakeholders selecting it as a top priority issue. Seventeen percent of survey respondents chose caregiver support as a top priority, compared with 41% of session participants. Caregiver support was not selected as a top priority area for discussion at any of the 12 sessions.

Working Well

The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is working well with caregiver support?"

Response	Explanation
Specific support programs or providers	The most common response was to identify a specific program or provider type that was working well. Support for Alzheimer 's caregivers appeared most frequently within these responses.
Trainingand education	A few responses made specific note of training opportunities that were working well.
What is available is good, but there needs to be more	Several responses gave general praise for what supports were available, but clearly indicated there needed to be more of them.

The specific programs and provider types stakeholders identified as working well are listed below. One respondent noted that these organizations "are stepping up to the plate to fill in thegaps for caregiver support."

- The Rosalyn Carter Institute
- Parkinson 's Foundation
- ALS Foundation
- Alzheimer's Association
- Legacy Link
- Community-led support groups and day care centers
- Alzheimer's, adult day health, memory care facilities
- Alzheimer's respite care programs
- Alzheimer's Outreach Center

A few responses noted education and training for caregivers as something working well. For example, "Nursing facility helps provide support for families unable to understand Alzheimer's dementia program."

A common response was to state something was working well but also included statements of unmet need, such as "Waiver programs help caregivers...but more respite and training programs are needed" and "Other than therapists, there isn't much available."

Not Working Well

The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is not working well with caregiver support?"

Response	Explanation
Need more support	The most common feedback was that there needs to be more support for caregivers. Support for Alzheimer's caregivers was mentioned by name multiple times, but the general theme of responses here is that there is not enough support available for caregivers.
Lack of training opportunities	Several stakeholders noted a need for more training and educational support of caregivers, especially around mental/ behavioral health issues.
Affordability and funding	A few responses specifically noted the high cost of some supports for caregivers and the need to better fund existing programs and do so consistently.
Inability to participate in other work	A couple of responses also noted challenges in trying to participate in the genera[workforce while also being a caregiver

Generally, thoughts about what is not working well for caregiver support centered on the theme of needing more support. "Caregivers need more avenues to connect with each ot her" and "Not a lot of family support/ family burnout" are illustrative comments. Others noted a need for "more caregiver support [and] more emotion al support." Some specifically identified needs around Alzheimer's: "caregiver support for people suffering from Alzheim er's; Better way to access info about Alzheim er's; pat ient advocacy."

Several stakeholders noted a "lack of educational support for family and caregivers." Some specific needs identified were "more frequent ACT tr aining" and "Trainings on mental health services." Others noted "not enough caregiver education or support" and "education of disease or mental health is limited."

A few stakeholders noted that "more funding Is needed to serve more clients [and] caregivers" and the costs are "too expensive" to make needed supports affordable. One respondent made this stat ement: "Desperately need more funding for adult day care, respit e, et c. for caregivers . Those who were using home and community-basedservices cost share serv icesin adult day care were left hanging when those funds were pulled without notice. Caregiver s need more trusted resources to help them care for their lovedones consistently, and at an affordable price."

A couple of responses also noted challenges in trying to participate in the general workforce while also being a caregiver, offering the following statements in respect to what is not working well: "Culture of industry to not work with employees who are caregivers" and " workplace policies on flex schedules."

Ideas and Suggestions

The table below summarizes the most common responses provided by survey respondents and session participants regarding ideas and suggestions for supporting caregivers.

Response	Explanation
Addressing strain on caregivers	The most common ideas and suggestions pertained to addressing how to support caregivers who are stretched thin and support their own health in addition to those for whom they provide care.
Funding for caregiver support	Several comments considered increasing funding for caregiver programs or funding to pay family caregivers. One response specifically noted a need for funding lesbian, gay, bisexual, transgender, and queer (LGBTQ) caregivers.
Training for caregivers	A few stakeholders offered thoughts on the need for caregiver training resources.

The most common ideas and suggestions pertained to the issue that "the strain of taking care of [a] love one decreases/affects mental health[11] and "many caregivers do not have respite time to attend support groups to help meet their own emotional needs." Some offered potential solutions, such as "with technology available today, it seems that phone conference calls would be an opportunity to engage in a support group and converse with others?" Other comments also sought better ways for caregivers to connect with each other: "We need to publish a list of caregiver groups in all local newspapers/publications at least monthly- date/ location/ time/ contact- name+ tel number."

Several ideas about funding were also provided. One stakeholder thought there should be " funding to pay family caregivers," while another noted a need for "additional funding at the local levels for caregiver help." At least one stakeholder "would liketo see more attention and resources applied to LGBTQ caregivers and their unique needs" and suggested putting "funding and resources into LGBTQ organizations currently working with this demographic."

A few stakeholders also considered thoughts on the need for caregiver training resources. "Caregivers need more resources and training and direction when discharged from the hospital or rehab" is an illustrative comment.

Socialization, Recreation, and Leisure

Socialization, recreation, and leisure encompassed topics such as opportunities for volunteering, civic engagement, and social and community connectedness. Many participants acknowledged the importance of this issue in preventing isolation and enhancing quality of life among older adults.

Socialization, recreation, and leisure was identified as a priority by 212 stakeholders. Thirty-one percent of session participants identified socialization, recreation, and leisure as a top priority, compared with 12% of survey respondents. This issue area was not selected as a top priority for discussion at any of the 12 sessions.

Working Well

The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is working well with socialization, recreation, and leisure?"

Response	Explanation
Social events	Social events such as dances, particularly those held at senior centers, were highlighted as positive opportunities for social interaction for older adults. Several respondents also noted that group trips and games are accessible and contribute to well-being and socialization.
Programs and classes	Respondents indicated that programs and classes, specifically those offered at senior centers and other community centers, such as public libraries, are working well to help older adults build skills around technology and aging in place.

A number of respondents cited senior center events and activities as working well in this area. For instance, a respondent stated, "Our most popular programs for the seniors are the holiday and evening senior dances, game nights and fish fry's and the social dance class, throughout the county for our senior population." It was also noted that senior centers provide opportunities for "Interaction, trips, [and] games."

Outside of senior centers, respondents identified, "Assisted living programs, professionals such as social workers," "libraries," and "Generation One, Silver Sneakers, Senior Citizens Inc." as providers of socialization and wellness support in the community.

Not Working Well

The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is not working well with socialization, recreation, and leisure?"

Response	Explanation
Need for increased community outreach and awareness	Several respondents expressed concern over individuals who are living in isolated environments and not connected with senior centers and other community resources. Most of these respondents indicated that increased community outreach is needed to ensure these individuals access opportunities for social and community connectedness.
Activities for healthier, active older adults	Several respondents noted that many programs are geared toward adults with significant impairments, while those in relatively good health lack opportunities for socialization, recreation, and leisure activities.
Access by community type	A few respondents indicated that individuals residing in rural and suburban areas lack access to opportunities for socialization, recreation, and leisure.

It should be noted that access to opportunities to socialization, recreation, and leisure was frequently tied to transportation, and that respondents felt those without transportation lacked opportunities to engage in community events and activities. Respondents emphasized that this is especially problematic in rural areas. For instance, respondents said, "Rural areas see a lot of problems with isolation due to a gap in transportation availability for low income seniors" and "Many seniors are isolated in suburban homes and families are all at work or school."

One respondent highlighted the challenges experienced by the oldest older adults, and stated, "I think isolation starts to happen in one's 80s and I can't provide an answer as to why ... but it gets more difficult to get to programs as we age."
Regarding the availability of activities for relatively active, healthy older adults, respondents shared, "We need data bases and resources to find social and leisure opportunities for adults. Most opportunities are through waivers which require full time. We need part time and occasional daytime social and leisure resources. Such a recreation center, organized group outings etc."

Ideas and Suggestions

Several respondents shared ideas and suggestions for addressing socia lization, recreation, and leisure. Most of these focused on creating new opportunities in the community through partnerships with academic and other organizations. For example, participants suggested building "partnerships with colleges/universities] to provide classes" and "volunt eer opportunities, e.g., hospitals/nursing homes."

Cu lt ur al Competency

Cultural competency encompassed organizational and workforce competence related to different languages, religions, Races, ethnicities, and sexual orientation. Overall, respondents recognized cultural competency with regard to the LGBT community as needin g attention and improvement.

Cultural competency was selected as a top priority issue by 98 stakeholders. Cultural competency was chosen as a top priority by 12% of survey respondents compared to 13% of session participants. Cultural competency was not selected as a top priority area for discussion at any of the 12 sessions.

Working Well

In response to the question "What is working well with cultural competency?" most respondent s focused on areas in which they felt thestate could improve and suggestions for improvement. Responses related to what is working well in this area included, "The race and ethnicity competency" and "There is also considerable work being done with outreach to Christian-based faith communities." With regard to language services, a respondent remarked, "There is plenty of information about interpretation services provided at no cost."

Not Working Well

The table below summarizes the most common responses provided by survey respondents and session participants to the question "What is not working well with cultural competency?"

Response	Explanation
LGBT-inclusive service planning	Respondents expressed concern with LGBT inclusion in service planning at both the state and local level,and indicated that planningand advisory groups do not actively work to engage the LGBT community. Respondents also felt that data on

Response	Explanation
	LGBT individuals is not routinely collected, which contributes to exclusion of these individuals in planning activities.
LGBT friendly services and supports	A number of respondents indicated that housing, services, and information are not inclusive of LGBT older adults, and that many of these individuals may not feel safe or welcome. Several respondents noted that training of service providers, particularly direct care workers, is currently lacking across the state.
Language	A few respondents stated that barriers related to language currently exist for non-English speakers and individuals with limited English proficiency.

Overall, respondents indicated that "There is some training taking place but not nearly enough" particularly with regard to LGBT older adults. One respondent shared:

" There are no assurances that service providers contracted by AAAs or DAS are provided cultural humility training related to LGBT issues,or race/ethnicity either. The Older American Act calls for services to be targeted to older individuals with greatest social need, but there are no contractual assurances that these providers, especially the direct care workers, are trained in how to have positive social encounters with diverse consumers. This includes senior centers which are meant to be available to all seniors, yet many LGBT seniors do not feel welcome.

The DAS espouses a philosophy of person-centeredness that assumes a heteronormative perspective void of diversity and inclusion.

The DAS is not collecting data on sexual orient ation or gender identity to better understand how service provision and int ended outcomes vary by these factors.

Empower Line does not include any information about LGBT-friendly services or programs.

ADRC Councils are not reaching out to LGBT groups across the state to be a part of their Council or planning process.

Trainer s don't necessarfly share the same racial and sexual orientation. That representation is necessary. The LGBTQ, minority, and disabled communities are not monolithic."

Another stated, "I am concerned about LGBT-inclusive housing and services: caregiver services, senior centers that are friendly for LGBT people. "

Ideas and Suggestions

The table below summari zes the most common responsesprovided by sur vey respondents and session participants regarding ideas and suggestions for addressing cult ural competency.

1fespolis- ,	"!, Bxplanatioll:

LGBT-Focused Planning	Participants suggested that LGBT issues should be a priority topic during service planning, and that the unique challenges experienced by this population require distinct focus.
Cultural Competency Training for All Providers	Several respondents suggested increasing and mandating cultural competency training for all providers, including medical providers, administrative staff, and other care providers who work with older adults.

Respondents shared a number of suggestions with regard to increasing cultural competency. Several respondents suggested increased training, such as "Train staff or hire staff that focus on eliminating the barriers of different cultures" and " Making education and cultural competency courses mandatory for all caregivers from CNAs to nurses, Physicians, office staff, hospitals, day care programs, nursing homes, etc."

Others focused on planning strategies, such as suggestions to [11][assure] that the new State Plan on Aging will serve the LGBTQ population as an underserved population or as a population to target for the outreach of services and programs" and "LGBTQ elders have unique issues - I think we need listening sessions just for this demographic because our needs traverse each of the priority areas and these session s- while good and necessary do not lend to voicing our issues in the way we need to be heard."

Additional Issue Areas

Several topics emerged in the analysis from both the Community Conversations and survey data that did not fit into any of the aforementioned issue areas, but were repeatedly referenced by stakeholder participants. These topics are described in detail below.

Kinship Care

Kinship care and services and supports for "grandfamilies" were highlighted as issues in several sessions, and also noted by survey respondents. Participants expressed concern over a range of challenges experienced by older adults caring for minor children, from inadequate informational resources to a lack of services and supports. Housing availability was acknowledged as a problem by several participants, as respondents noted "grandparents have to move because children are not allowed" and "public housing- can't have grandchildren." Others indicated this population needs additional assistance to avoid spending down resources to care for nonbiological, dependent children. One participant shared, "Grandfamilies (older relatives raising nonbiological children) are a growingsegment of our population - rising in part due to the opioid crisis. However, services for seniors and services for biological parent headed families don't meet their needs. They are somewhere in between. They need specific supports that, for the most part, are nonexistent in Georgia."

Employment

Employment was also a topic of importance for a number of stakeholder participants. The majority of responses regarding employment discussed a paucity of employment opportunities for older adults who desire to work, "even part time." Several respondents specified a need among particular subpopulations, including "disabled and displaced workers/' veterans, and the homeless. One respondent suggested, " Part nerships with private businesses to employ older people" could help address this issue.

Homelessn ess

Homelessness was discussed mostly in relation to aging in place and physical, emotional, and behavioral health - specifi cally substance use and mental health, Seve ral respondents noted that hospital and other institutional closures, as well as a lack of local behavioral health treatment centers, has contributed to an increase in homelessness.One respondent said the "lack of institut ions for mental patients...has led most of them to homelessness (the health facilities were closed) - only one rehab that provides meds...Large amounts of mentally ill homeless people."

Other respondents expressed concern over homeless individual s not being able to access services. One stated, "[there is a] lack of affordable housing; So if homeless, not able to service." Another respondent lhdicated, "Shelters cannot handle aging disability (homeless and domestic violence)." Many respondents who discussed th is issue felt that homelessness is a growing issue, and, as such, warrants attention and resources.

CONCLUSION

The Community Conversation series and online survey afforded valuable opportunities for insights int o issues affecting older adults across the state. Although the majority of session attendees and survey respondents identified as service providers, the process incorporated the experiences and ideas of a significant number of older adults, as individua ls aged 60 years old and older comprised the largest proportion of participants, Thus, data were collected from individuals with varied perspe ctives and roles within the aging network. Additionally, the results of the evaluat ion polling conducted at the end of each session suggest that the series largely fulfilled its goal of increasing awareness of DAS's role and responsibilities, and that stakeholders felt that they contributed meaningfully to the developm ent of the state plan.

Across both session participants and survey respondents, transportation; aging in place; physical , emot ional, and behavioral healt h; access to information and assistance; and services and supports arose as priority areas warranting focus in the upcoming state plan. The majority of discussions and responses centered on issues of affordability and availability with regard to housing, transportation, in-home care and assistance, and health care. Both session participants and survey respondents expressed concern over spending down resources and emphasized that increased support , including financial support, is needed to support aging Georgians and their families, especially those living in communities with fewer resources, such as rur al areas. Stakeholders also highlighted that information and assistance about each of the aforementioned areas is often lacking or diffi cult to access, and improvements in this area alone could have significant, positive impacts.

In addition to describing challenges and concerns, stakeholders spoke highly of the aging net work, specifically with regard to senior centers, services and supports for Alzheim er's and related dementias, and access to and support for assistive technology. A number of stakeholders felt these components of the aging network are working well and should be sustained or grown, if possib le.

Overall, the stakeholder input process provided substantial data regarding Georgians[1] priorities with regard to agingand disability, facilitators of and barriers to accessing services and supports, and suggestions for improving outcomes. Collectively, t hese data present a picture of aging issues across the state and can be used to meaningfull y info rm the planning process.

APPENDIX A: COMMUNITY CONVERSATIONS FLYER

Are you an older adult, an individual with a disability, a caregiver, a pre-retiree, a veteran or a service provider? The Division of Aging Services wants to hear your input andlearn from your experiences as we design a strategic plan to address our com m unities' needs. We are hosting 12 sessions around the state to gather your input on thepriorities and strategies in your community.

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GEORGIA STATE PLAN ON AGING PUBLIC HEARINGS SCHEDULE

AAA	Date	m!	Location
Legacy Link	4/26/2018	10:00	Legacy Llhk MeeUng Room 4080 Mundy MillRd. Oakwood, GA 30566
Three Rivers	5/1/2018	10:00	Coweta Fairgrounds 275 Pine Rd, Newnan. GA 30263
Northwest	5/9/2018	10:00	Thornton Center at North Floyd Park 1 02 North Floyd Rd. Rome, GA 30165
Heart of GA	6/19/2018	10:00	Toombs Community Center 107 Old Airport Road, Vidalia, GA 30474
MIddleGA	6/20/2018	2:00	Jones CountY Senior Center 126 Senior Center Way, Gray. GA 31032
River Valley	7/17/2018	10:00	River Valley Regional Commi ssion 710 Front Ave A, Columbus. GA 3190
Southwest GA	7/18/2018	1:00	Kay H. Hind Senior Life Enrichment Center 335 W. Sodely Ave. Albany, GA 31701
Atlanta Regional Commission	7/24/2018	1:00	Cobb County Chamber of Commerce Community Building 240 Interstate North Pkwy, Atlanta. GA 30339
Coa stal	8/1/2018	10:00	Coastal Georgia Center 305 Fahhl St. Savannah, GA 31401
Southern	8/2/2018	10:00	Leroy Rogers Senior Center 315 West 2nd St. Tifton, GA 31794
Northeast	8/9/2018	10:00	Clarke County DFCS Office TrainingRoom A 284 NorthAve., Athens, GA 30601
Central Savannah River Area	8/22/2018	10:00	KROC Center 1833 Broad St. Augusta, GA 30904

APPENDIX B: TABLE NOTE TEMPLATE

Table Facilitator Notes

Instructions: Write in each of the 3 priority issue areas chosen by the group. As your table discusses each area, write down the highs ("What is working well?") and lows ("What is not working well?") for each area. In the "Notes" section, write down any ideas or other specific information your group discusses for each of the priority areas

Priority Issue Area 1:		
What is working well?	What is not working Well?	Notes
Priority Issue Area 2:		
What is working well?	What is not working Well?	Notes
Priority Issue Area 3:		
What is working well?	What is not working Well?	Notes

APPENDIX C: FEEDBACK FORM TEMPLATE

What feedback, question, or idea do you want to be sure we hear today:

If you would like someone to follow-up with you please provide your name and phone number:

Name: Phone Number:

APPENDIX D: DEMOGRAPHIC SURVEY

Demographic Survey; This information will help us know who is providing input to the planning process.

1. What is your *primary role* in respect to aging and adult services?

a Consumer (older adult/ person with a disability)
o Service provider
o Advocate
o Caregiver/ paid professional
o Caregiver/family who is unpaid
o Other: _ _ _ _ _ _ _ _ _ _ _ _ _ _

2. Do you currently use any of the following services?

O Yes O No O Prefer not to answer

- Senior Center
- Adult Day Center
- Caregiver Support
- In-home support
- Meals (at senior center or delivered)
- Transportation services

3. What is your current age? _ _ _ _ _ _

4. What is your gender?

0 Female O Male O Other O Prefer not to answer

5. Do you consider yourself to be:

0 Heterosexual or straight 0 Bisexual
0 Gay or lesbian 0 Prefer not to answer

6. Which race/ ethnic categories describe you (check all that apply):

0 Caucasian or White O African American or Black
0 Hispanic or Latino 0 Asian or Pacific Islander
0 American Indian or Alaska Native 0 Other
0 Prefer not to answer

7. What is the highest level of education you have completed?

0 Less than High School
0 High School or equivalent (GED)
0 Some College (no degree)
0 Associate or Technical degree
0 Bachelor's degree
0 Graduate degree (Masters, PhD, MD, etc.)
0 Prefer not to answer

8. What is your current annual income?

O $25,000 or less O $25,001 - $50,000
0 $50,001 - $75,000 0 $75,001 - $100,000
0 More than $100,000 0 Prefer not to answer

9. Are you a veteran?

0 Yes O No 0 Prefer not to answer

10. Do you live alone?

0 Yes O No O Prefer not to answer

11. Do you currently consider yourself to have a disability?

O Yes O No O Prefer not to answer

12. What county do you live in? _ _ _ _ _ _ _ _ _ _ _

13. What is your current home ZIP code? _ _ _ _ _ _ _

APPENDIX E: ONLINE SURVEY QUESTIONS

DAS Stakeholder Input 2018 Survey

The purpose of this survey is to gather information from a diverse group of individuals regarding the Georgia Division of Aging Services' state plan and seek input into the planning process. This survey should take you approximately 5-10 minutes to complete. Please answer each question to the best of your ability.

If you have any questions or would like additional information about the project, please contact Kristi Fuller at 404-413-0292 or kwfuller@gsu.edu.

The survey will be closed on August 31, 2018. Please ensure you submit your responses prior to this date.

Q1 Did you attend one of the Living Long, Safely, and Well in Georgia: A community Conversation sessions?

- <..) Yes (1)
- () No (2)

Q2 What is your primary role in respect to aging and adult services?

- 0 Consumer (older adult / person with disability) (1)
- U Service provider (2)
- ( ) Advocate (3)
- 0 Caregiver/paid professional (4)
- 0 Caregiver/ family who is unpaid (5)
- C) Other (6) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Skip To: Q4 If What is your primary role in respect to aging and adult services?= Caregiver/paid professional

Skip To: Q4 If What is your primary roleJn respect to aging and adult services?= Service provider

Q3 Do you currently use c111y of t he fo llowlng services? (Check all that apply)

Senior Center (1)

Adult Day Cent er (2)

Car egiver Support (3)

In -hom e support (4)

Meals (at senior center or delivered) (5)

Transport ation services (6)

Do not use any of these services (7)

Prefer not to answer (8)

Q4 At this time how would you rate your awareness of services for older adu lts and persons with disabil it ies available in the state?

I know a lot about available services (1)

I know something about available services (2)

I know nothing about available services (3)

QS At this time how would you rate your knowledge of wher e to go or who to call if you need information about services and benefit s:

Very knowledgeable (1)

Somewhat knowledgeable (2)

Not at all knowledgeable (3)

Q6 At this time, how would you rate the state's awareness of the needs of older adults and persons with disabilities:

(J Extremely aware (1)

0 Moderately aware (2)

(J Slightly aware (3)

() Not at all aware (4)

Q7 At this time, how would you rate the state's current initiatives to address the needs of older adults and persons with disabilities:

0 Excellent (1)

() Good (2)

0 Fair (3)

C) Poor (4)

Display This Question : If What is your primary role in respect to aging and adult services?= Caregiver/family who is unpaid

Q8 What could the state do to better support you in your role as a caregiver?

_____

_____

_____

_____

Q9 Please review and choose priority areas you think the state should focus on over the next four years. Select three (3) areas.

Access to Information & Assistance (Benefits information, Access to resources, Ease of finding help, Credibility) (1)

Transportation (Public transportation, Assessing driving ability, Dependability, Affordability) (2)

Caregiver support (Training, Peer support, Supportive services, Resources) (3)

Cultural Competency (Organizational and workforce competence related to different Languages, Religions, Races, Ethnicities, and sexual orientation {LGBT)) (4)

Socialization, Recreation, & Leisure (Volunteer opportunities, Civic engagement, Social and community connectedness) (5)

Services and Supports (In-home and Facility) (Availability, Appropriateness, Direct care workforce, Quality, Affordability) (6)

Aging in place (Housing affordability and accessibility, Adaptations, Assistive devices and technology) (7)

Physical, Behavioral, & Emotional Health (Health care, Alzheimer's disease and related dementias, Substance use, Mental health, Medicare, Medicaid, Prescription assistance) (8)

Safety, Security, & Protection (Abuse, Neglect, Exploitation, Fraud/scams, Community safety) (9)

Wellness Promotion (Exercise programs, Chronic disease management classes, Food & nutrition, Fall prevention) (10)

Q10 Please provide additional information regarding the priorit y areas you selected.

Display This Question: If Please review and choose priority areas you think the state should focus on over the next four ye... = Access to Information & Assistance {Benefits information, Access to resources, Ease of finding help, Credibility)

Q10a Access to Information & Assistance (Benef it s info rm at ion, Access to resources, Ease of finding help, Credibility)

- What is working well? (1) _
- What is not working well? (2) _
- What ideas or other specifics would you like to share about this area? (3)

_____

DisplayThis Question: If Please review and choose priority areas you think the state should focus on over the next four ye... = Transportation (Public transportation, Assessing driving ability, Dependability, Affordability)

QlOb Transport ation (Public transportation, Assessing driving ability, Dependability, Aff ordabi lit y)

- What is working well? (1) _
- What is not working well? (2) _
- What ideas or other specifics wou ld you like to share about this area? (3)

_____

Display This Question: If Please review and choose priority areas you think the state should ocu on over the next four ye... = Caregiver support (Training, Peer support, Supportive services, Resources)

QlOc Caregiver support (Training, Peer support, Supportive services, Resources)

- What is working well? (1) _
- What is not working well? (2) _
- What ideasor other specifics would you like to share about this area? (3)

_____

Display This Question: ff Please review and choose priority areas you think the state should focus on over the next four ye... = Cultural Competency {Organizational and workforce competence related to different Languages, Religions, Rq_ces, Ethnicities, and sexual orientation {LGBT))

QI0d Cultural Competency {Organizational and workforce competence related to different Languages, Religions, Races, Ethnicities, and sexual orient ation {LGBT))

) What is working well? (1) _

,-> What is not working well? {2) _ _ _ _ _ _ _ _ _ _ _ _ ______ _ _ _ _ _ _ _ _ _

( ) What ideas or other specifics would you like to share about this area? (3)

____

Displgy This Question: If Please review and choose prfority areas you think the state should focus '0 r, over the n xti our ye...,::: Socialization Recreation, & leisure (Volunteer opportunities, Civic engagement, Social and community connectedness)

QI0e Socialization, Recreation, & Leisure (Volunteer opportunities, Civic engagement, Social and community connectedness)

1) What is working well? (1) _ _ _ _ _ _ _ _ _ _ _ _ _ ______ _ _ _ _ _ _ _ _

) What is not working well? (2) _ _ -'----

1) What ideas or other specifics would you like to share about this area? (3)

____

Qi This Questicin If Please review and choose priority areas you think the state should focu (f| ver the n xtfour ye;...= Services and Supports (In-home and Facility) (Aval/ability, Appropriateness, Direct care workforce, Qua/ity, _ff rdability)

QIOf Services and Supports {In-home and Facility) (Availability, Appropriateness, Direct care workforce, Quality, Affordability)

<) What is working well? (1) _

J What is not working well? {2) ______ _ _

t) What ideas or other specifics would you like to share about this area? (3)

____

Display This Question: If s on over the next four ye... = Aging in place (Housing affordability and accessibility, Adaptations, Assistive devices and technology)

QIOg Aging in place (Housing affo rdabilit y and accessibility, Adaptations, Assistive devices and technology}

- What is working well? (1) _
- What is not working well? (2} _
- What ideas or other specifi cs would you like to share about this area? (3}

Display This Question: If Please review and choose priority areas you think the state should focus on over the next four ye... = Physical, Behavioral, & Emotional Health (Health care, Alzheimer's disease and related dementias, Substance use, Mental health, Medicare, Medicaid, Prescription assistance)

QIOh Physical, Behavioral, & Emot ional Health (Healt h care, Alzheime r ' s diseaseand related dementias, Substance use, Mental health, Medicare, M ed icaid, Prescript ion assistance)

- What is working well? (1) _
- What is not working well? (2) _
- What ideas or other specifics would you like to share about this area? (3)

Display This Question: If Please review and choose priority areas you think the state should focus on over the next four ye... = Safety, Security, & Protection (Abuse, Neglect, Exploitation, Fraud/scams, Community safety)

QIOi Safety, Securit y, & Protection (Abuse, Neglect, Exploitation, Fraud/scams, Community safety)

- What is working well? (1) _
- What is not working well? (2) _
- What ideas or other specifics wou ld you like to share about this area? (3)

Display This Question: If Please review and choose priority areas you think the state should focus on over the next four ye.. = Wellness Promotion (Exercise programs, Chronic disease management classes, Food & nutrition, Fall prevention)

QlOj Wellness Promotion (Exercise programs, Chronic disease management classes, Food & nut rit ion, Fall prevention)

l What is working well? (1) _

') What is not working well? (2) _

I What ideas or other specifics would you like to share about this area? (3)

_____

Qll As you age, what is your greatest concern as you think about staying independent and in your home or community?

_____

_____

_____

_____

_____

Q12 As you age, what do you think would be most helpful in supporting you to remain in your home or community?

_____

_____

_____

_____

_____

Q13 Please provide any other comments you may have regarding the needs and priorities of older adults and individuals with disabilities in Georgia:

_____

_____ _____

_____

_____

_____

Please answer the following questions to help us know who is providing input into the planning process.

Q14 What is your current age?

_____

Q15 What is your gender?

- Male (1)
- Female (2)
- Other (3)
- Prefer not to answer (4)

Q16 Do you consider yourself to be:

- Heterosexual or straight (1)
- Gay or lesbian (2)
- Bisexual (3)
- Prefer not to answer (4}

Q17 Which race/ethnic categories describe you (check all that apply):

- Caucasian or White (1)
- African American or Black (2)
- Asian or Pacific Islander (3)
- American Indian or Alaska Native (4)
- Hispanic or Latino (5)
- Other (6)
- Prefer not to answer (7)

Q18 What is the highest level of education you have completed?

- Less than High School (1)
- High School or equivalent (GED) (2)
- Some College (no degree) (3)
- Associate or Technical degree (4)
- Bachelor's degree (5)

{) Graduate degree (Masters, PhD, MD, etc.) (6)

I) Prefer not to answer (7)

Q19 What is your current annual income?

r J $25 ,000 or le ss (1)

(.) $25,001- $50,000 (2)

(> $50,001- $75,000 (3)

( ) $75,001 - $100,000 **(4)**

() More than $100,000 (5)

( ) Prefer not to answer (6)

Q20 Are you a veteran?

(i Yes (1)

I) No (2)

< > Prefer not to answer (3)

021 Do you live alone?

' > Yes (1)

1) **No (2)**

(J Prefer not to answer (3)

Q22 Do you currently consider yourself to have a disability?

(Yes (1)

('I No (2)

{ ' Prefer not to answer (3)

Q23 What county do you live in?

T Appling (1) ... Worth (159)

Q24 What is your current home ZIP code?

_____

Attachment D - Intrastate Funding Formula

The Older Americans Act requires the SUA, in consultation with MA, to develop a formula for allocation of funds within the State that takes into account the geographic distribution of older individuals within the State and the distribution among PSAs of low-income minority older individuals with the greatest economic and social need.

The Intrastate Funding Formula (IFF) is used by State Units on Aging to distribute funds to AM for Titles III and VII of the Older Americans Act. The Older Americans Act, as amended, requires in Title III Section 305(a)(2)(C), 42 U.S.C. that the SUA:

> "States shall,
>
> (C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account--
>
> (i) the geographical distribution of older individuals in the State; and
>
> (ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals."

DAS revises the Intrastate Funding Formula decennially (every ten years) based upon demographics and population changes from the most current Census data. The last revisionto the DAS IFF was on 2014. Yearly, estimates released by the Census Bureau for factors in the DAS formula are applied to subsequent allocations to account for any funding impact to AAAs related to population changes.

DAS utilizes the following factors to distribute OM funds by Planning and Service Area (PSA). The current formula provides a specific weight for each of the following populations: persons age 60 years of age and older, persons age 75 years of age or older, low-income minority population age 65 and older, low-income 65 and older population, estimated rural population 60 years of age and older, limited English speaking population 65 years of age and older, disabled adults 65 years of age and older, and living alone 65 years of age and older.

Definitions for each population are indicated below:

60+ popul tion

The number of persons in the age group 60 and above.

75+ population

Number of persons in the age group 75 and above.

Low-income minority 65+ population

The numbers of persons in the age group 65 and above who are minorities (non-white) and are below the poverty level, as established by the Offi.ce of Management and Budget in Directive 14 as the standard to be used by federal agencies for statistical purposes. This factor represents "special attention to low income minority older individuals" as required by the OAA.

Low-income 65+ population

Numbers of persons in the age group 65 and above who are at or below the poverty level as established by the Office of Management and Budget in Directive 14 as the standard to be used by federal agencies for statistical purposes. This factor represents economic need as defined by the OAA.

Estimated rural 60+ population

An estimate of the numbers of persons in the age group 60 and above who reside in a rural area as defined by the Census Bureau. This factor represents the social need factor of "geographic isolation[11] as defined by the OAA.

Limited English speaking 65+ population

Numbers of persons in the age group 65 and above who speak a language other than English and speak English "not well" or "not at all." This factor represents the social-need factor of language barriers as defined by the OAA.

Disabled 65+ population

Numbers of persons in the age group 65 and above who have a "mobility or self-care limitation" as defined by the Census Bureau. This factor represents the social need-factor of "physical and mental disability" as defined by the OAA.

Living Alone 65+

Number of persons in the age group 65 and above who live alone

Factors and Weights:

Population 60+	**10%**
Population 75+	**30%**
Low Income Minority 65+	**10%**
Low Income 65+	**13%**
Rural 60+	**15%**
Disabled 65+	**10%**
Limited English Speaking 65+	**4%**
Living Alone 65+	**8%**

The above factors have been incorporated into a mathematical formula for administration as reflected below. In addition to these factors and weights, the Division of Aging Services incorporates a 6 percent funding base for parts 8, C1, C2, and E of Title 111 of the OA A. not to exceed $200,000 annually.

Intrastate Funding Formula

Y=((.10(X)(%60))+((.30(X)(%75))+((.10(X)(%LIM))+((.13(X)(%LI))
+
((.15(X)(%RUR))+((.10(X)(%DIS))+((.04(X)(%LES))+((.08(X)(%L
A))

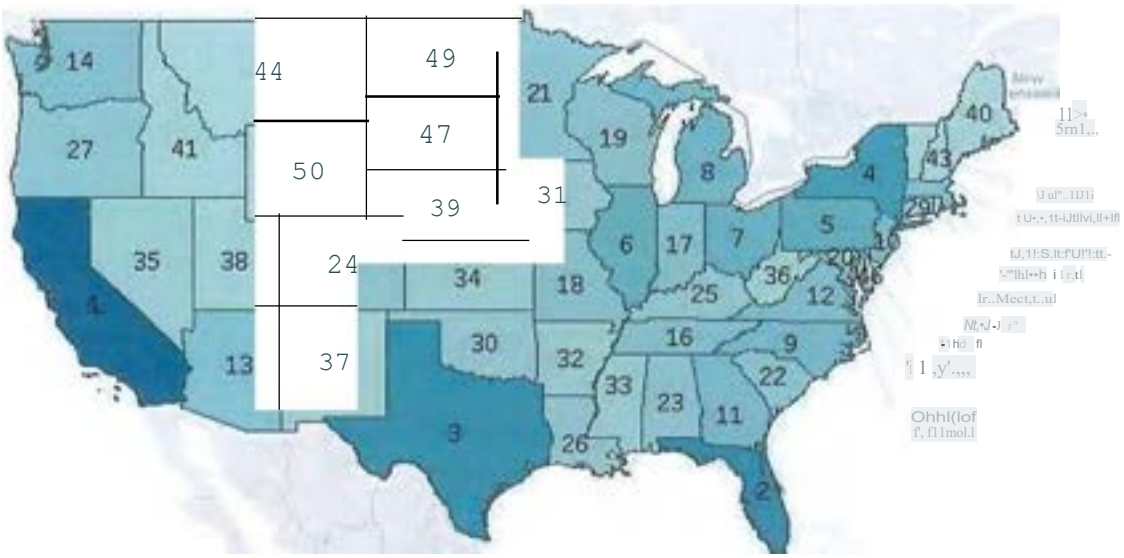
Factors :

y	The service allocation for a Planning and Service Area (PSA)
(X)	The total services allocation amount for the state.
%60	The PSA percentage of the State total population ages 60 and above.
%75	The PSA percentage of the State total population ages 75 and above
%LIM	The PSA percentage of the State total population ages 65 and above who are low income and are minorities
% LI	The PSA percentage of the State total population age 65 and above who are low income
% RUR	The PSA percentage of the State total population age 60 and above who live in rural areas
%DIS	The PSA percentage of the State total population who are age 65 and above and are disabled
%LES	The PSA percentage of the State total population age 65 and above and have limited English speaking ability
%LA	The PSA percentage of the State total population who are 65 and above and living alone

Attachment E - Demographics

Georg ia's Place in the United St ates

60+ Population by State Rank



Mexlc6

GA Total Population State Rank
#8 10,201,635

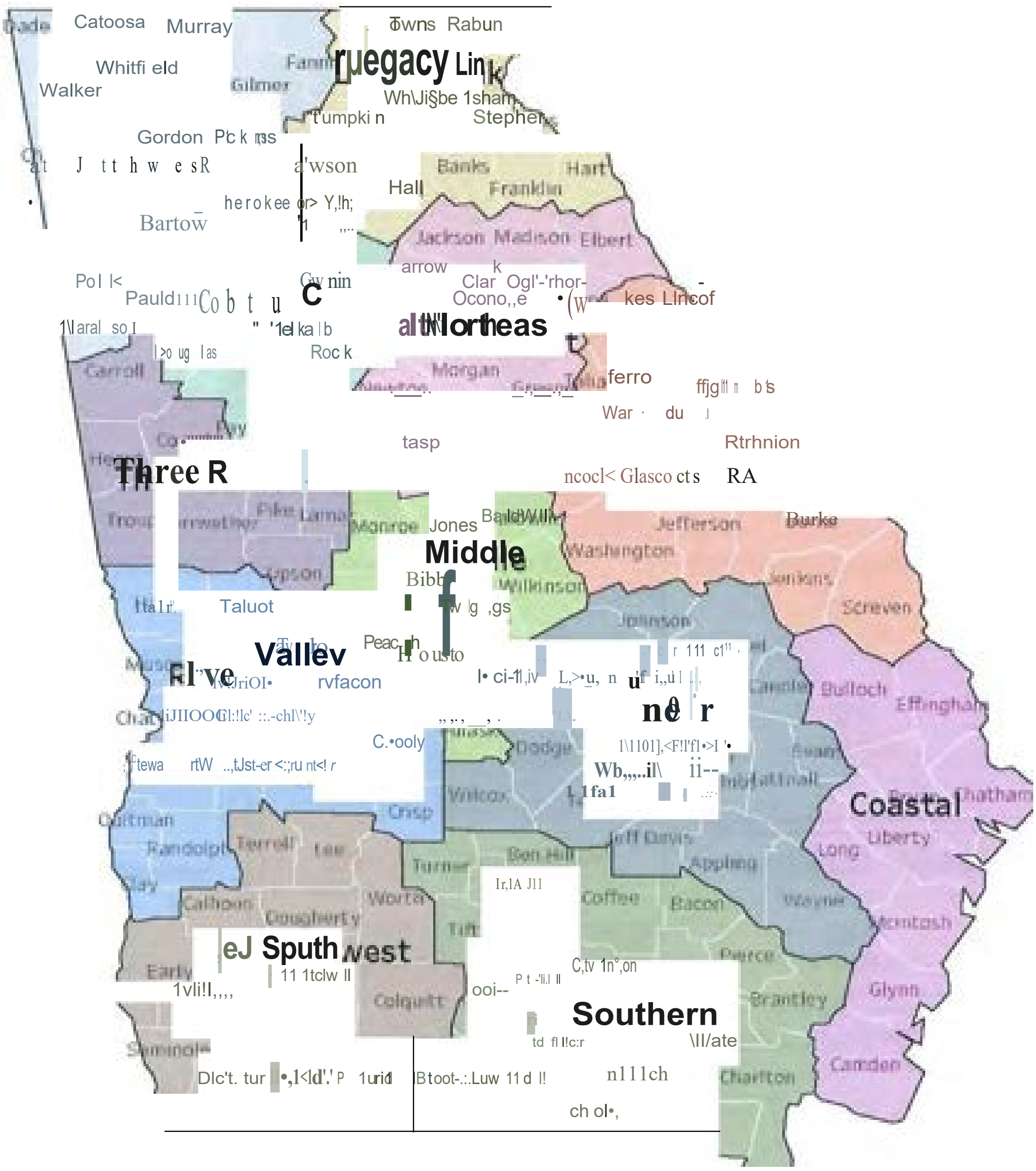
GA 60+ State Rank
#11 1,863,154

GA 75+ State Rank
#11 498,033

GA 60+ Race Rank	
American Indian and AlaskaNative	#26 3,726
Asian	#14 50,305
BlackorAfrican American	#3 449 ,0 20
Someotherrace	#16 11,179
TWo or More Races	#16 14,905
White	#12 1,334,018

GA 65+ Disabilit y Rank	
Ambulatory Difficulty	#10 308,570
CognitiveDifficulty	#10 125,397
Hearing Difficulty	#10 182 ,501
Independent Living Difficulty	#10 195,179
Self.CareDifficulty	#10 108,450
Vision Difficulty	#10 96,722

Georgia Area Agencies on Aging



	60 and Older '16 of Region' s Total Pop	75 and 01der %ot60+Pop	Minority in Poverty, 65+ %of6S+Pop	Pover,ty 65+ %of6S+Pop	Perso ns with a Dis ability, 65+ %of6S Pop	Rura l, 60+ %of 60+Pop	lives Alone , 65+ %of65 ?op	Limit ed Eng lish, 65+ %of 6.5+ ?op
ARC	702,189 15.8%	171,036 24.4%	22,106 4.7%	40,858 8.7%	151,795 32.2%	25,832 3.7%	115,577 24.5%	20,493 4.4%
Coastal	125,025 18.4%	34,139 27.3%	,3 681 4.2%	7,850 8.9%	32,866 37.1%	31,458 25.2%	23,634 26.7%	825 0.9%
CSRA	97,875 20.2%	26,672 27.3%	4,721 7.0%	7,514 11.1%	25,903 38.3%	32,400 33.1%	17,900 26.5%	924 1.4%
Heart	65,077 21.7%	19,370 29.8%	2,420 5.2%	6,431 13.7%	18,195 38.7%	**41,841** 64.3%	12,446 26.5%	163 0.3%
legacy link	144,138 21.4%	40,910 28.4%	859 0.8%	9,111 8.6%	36,412 34A%	70,488 **48.9%**	22,840 21.6%	2,427 2.3%
Middle	101,489 20.5%	29,038 28.6%	4,895 6.8%	8,341 11.6%	27,774 38.6%	36,411 35.9%	18,182 25.3%	558 0.8%
Northeast	115,483 19.1%	3,1 003 26.8%	2,460 3.0%	7,359 9.0%	29,823 36.5%	51,764 44.8%	19,009 23.3%	1,011 1.2%
Northwest	180,392 20.5%	50,844 28.2%	1,635 1..3%	13,063 10.0%	50,199 38.6%	84,862 4 7.0%	31,498 24.2%	1,389 1.1%
River Valley	74,736 20.0%	21,881 29.3%	4,412 8 .3%	7,052 13.2%	21,982 41.3%	30,249 4 0. 5%	15,324 28.8%	354 0. 7%
Sout hern	80,286 19.5%	23,267 29.0%	3,346 5.8%	9,109 15.8%	24,989 43. %	42,189 52.5%	15,599 27.1%	274 0.5%
Southwest	75,942 21.7%	22,242 29.3%	4,042 7.5%	,7 338 13.6%	21,313 39.6%	35,975 4 7.4%	1,4 983 27.8%	306 0.6%
ThreeRivers	100,522 19.9%	27,631 27.5%	2,894 4.0%	7,325 10.1%	27,605 38.2%	48,746 48.:>c..•.	18,025 24.9%	629 0.9%
Grand Total	**,1 86,3 154** 18 .3%	**49,8 033** 26 .7%	**5 7,4 71** **4.4%**	**13,1 351** 10.1%	**468,8 56** 36.1%	**53,2 21 5** 28.6%	**32 5,01 7** 25.0%	**2,9 353** 2.3%

The SUA and the aging network work diligently to serve the most at-risk individuals in the OM target population. This figure below shows how many people were served through Home and Community-Based Services in SFY18.

People and Units Served During !=Y18

Service	People Served	Units Served
Congregate Meals	16,246	1,491,94?
Home Delivered Meals	13,372	2,49 7,845
Case Management	8,315	88,751
Homemaker	2,859	160,32i'
Respite	1,448	199,980
Personal Care	1,11 5	77,88
Nutrition Education	953	5,558
Adult Day	299	160, 72
Material Aid	240	96,74
All Other Services	2,036	288,113

Though the network is meeting some of the needs of the community, there are still many individuals waiting for services. As of March 1, 2019, over 8,000 individuals are waiting for a variety of Home and Community-Based Services.

Attachment F - Emergency Planning and Management Plan

SECTION 3017 - Emergency Plamung and Management

POLICY STATEMENT:	Area Agencies onAging (AAA) are responsible for identifying themselves to and consulting with local (county and regional) emergency management agencies; public utilities; law enforcement authorities; ot11er comrnunity service providers; state, county and municipal governments; and any other entities or organizations which have an interest or role in eeting the needs of the elderly in planning for, during and after natural, civil defense or other man-made disasters.
REQUIREMENTS:	AA-As are expected to • Designate a staff person to have primary responsibility for emergency management planning and coordination; • Participate in state, regional, county and/or municipal planning activities with other human service agencies and entities and organizations charged with the responsibility of meeting the needs of disaster victims; • Assist in identifying "at t isk" elderly in the planning and setvice area, including but not limited to cunent consumers of contracted services; • Require by contract provision that service providers develop plans for emergency management that fit the scope of their individual operations; • Assme by annual review that service providers' policies, procedures and capabilities are adequate to meet the needs of the elderly in their areas prior to, during and after emergencies; • Provide periodic trainjng to providers regarding emergency management resomces and activHies; • Upon request, provide information to the Division of Aging Services (DAS) regarding the impact of emergencies on t11e elderly population in the planning and service area; • Provide authorized se1vices to the elderly victims of disasters;

RE QUJREME NT S, con t:	• Collect data necessary to su bmit reimbursement requests for services provided during the emergencies, which may be covered by other sources of :funding avai lable outside the aging program contract for disaster assistance; • Participate in initial meetings of FEMA and GEMA on" site teams to assist in establishing recovery operations when appropriate.
SCOPE OF E MERGE NCY PLANS and ACTIVITIES **Preparation**	AAA plans will address four categories of activity: preparation, immediate response and stabilization, recovery and evaluation. AAA emergency plans will address at a minimum: • the types of natural disasters prevalent in the planning and service area (those that reasonablycan be anticipated); • the AAA's capabilities and]imitations in addressing such incidents; • ongoing maintenance and updating of resource databases; • AAA emergency policies and procedures, including: o staff duties and responsibilities, including specific chain of command and altemates, if agency leadership is unavailable; o ale1t procedures for working and non- worldng hours; o procedures for providing for alternate commurrications channels and equipment; o locations of operations centers and altemates when primary offices are affected; o assuring availability of office supplies for alternate locations, staff identjti.cat ion badges , and the like. o roles of vruious relief organizationsoperating in and primarily responsible for relief authority in the area; o strategies for maintaining contact with staff, local organizations, and the Division if essential public services, such as communications and transpor1ation, are limited 01· unavailable;

SCOPE OF EMERGENCY PLANS and ACTIVITIES, cont.

Preparation, cont.

- o cunent disaster response systems and the Area Agency's linkages to, for examJJle, cow1ty law enforcement and public safety agencies, emergency management agencies;
- o community education to alet1 first responders/other entities to special needs of the elderly and the Area Agency resources;
- o identification and mapping, if feasib le, of hea v y concentrations of elderly, including those residing in institutions, and households in which seniors reside alone, including apartments, and mobile homes;
- o demographic profiles of elderly in the area for targeting of specialized recovery assistance.

Response

The initial reaction to ensure safety, hygiene/sanitation, and security, either in advance of an impending emergency or immediately following, wilJ include:

- initiation of planned communications strategies and determination of impact of disaster on staff;
- assignment of duties;
- contact with key providers;
- initiation of disaster-specific record-keeping, including but not limited to records of :
  - o staff time, including ove1time;
  - o supp lies used;
  - o docwnentation of contacts with seniors;
  - o type and amount of services ptovided;
  - o personal expenses;
  - o specific telephone logs.

SCOPE OF EMERGENCY PLANS and ACTIVITIES, cont.

Response, cont.

- preliminary assessment of scope of impact, including, but not limited to:
    - geographic scope and numbers of affected elderly/other target populations and their sh01t and long term needs;
    - kinds of services needed, including impact on transp01iatiou resources;
    - identification of service gaps
    - provision of infmmation to DAS.
- employment, training and deployment of field and outreach workers.
- follow-up contacts with all seniors/others initially assisted to determine additional needs which have developed, appropriateness of additional available resources, and need to advocate for additional resources.

Recovery

Recovery involves sustained care over a longer period of time, for the purpose of assisting people in re-establishing as normal a life as possible. Recovery includes:

- shifting from emergency response to providing answers to more complex, long-range and long te1m problems, facluding arranging for psychological/mental health services for disaster victims;
- providing access to increased resources that have become available;
- participation in long range planning and coordination with other agencies;
- maintaining contact and providing services, including meeting non-immediate needs identified during the response phase.

SCOPE OF EMERGENCY PLANS and ACTM TIES, cont. **Evaluation**	Evaluation involves analysis of the effectiveness of an emergency plan once deployed and provision of input and feedback to staff: volw1teers and other community organization, following response and recovety phases, Evaluation results will drive improvements in emergency planning.
EMERGENCY MANAGEMENT SERVICES	AAAs and their subcontract service providers are authorized to provide the following services to manage the emergency needs of the elderly: • expansion of infonnation and assistance services on a 24-hour basis, includingescort assistance; • special outreach activities to encourage elderly disaster victims to apply for benefits at federal emergency disaster assista nce centers (DACs) as soon as they are established; • special transportationfor elderly disaster victims to DACs, doctors, clim es, shopping and such essential travel in the event that vehicles are not readi ly available. Since FEMA funds may be available to fllhd this service, the Area Agency will consult with the on-site federal coordinating officer prior to expending Older Americans Act or state funds on this service; • assistance by case managers acting as disaster assistance advocates to older persons in the DACs in the benefits application process, including follow up to assme older victjms receive approved grants and services and are protected from unscrupulous contractors for housing and other repairs; • handyman and chore services, including clean-up, in the event that FEMA cannot provide these services in sufficient volume through volunteer efforts; • licensed appraiser services to assist elderly disaster victims 111 ar rivin g at real ist ic estimates of losses incurred;

EMERGENCY MANAGEMENT SERVICES, cont.	• legal ser vices, only when scope of tbe primary elderly legal assistance program must be expanded to address insurance and disaster grant assistance settlements; • assistance to move elderly disaster victims from temporary housing back to their own places of residence; • other Older Americans Act services, including meals, when assessments indicate that disaster related needs are unresolved by federal, state, or voluntary disaster assistance programs.
REIMBURSEMENT PROCEDURES FOR EMERGENCY SERVICES	Reimbursement for the services specified above are authorized by the Older Americans Act, §310, as amended. AAAs shall forward requests for reimbursement to DAS within 30 business days of the date that disaster recovery operations are completed. AAAs will prepare the reimbursement requests as follows: • Sort the expenses for which reimbursement is requested into categories by service, as listed in the preceding section. • Provide a narrative for each category, which documents the number of units provided and the number of elderly served. Tius will be the cover page for each set of reimbursement documentation materials. • Enclose the billing documentation, such as paid bills and invoices, with the nanative for each category of service provided. • Attach a description of the c&,use and scope of the disaster. • Attach the certificate of non-duplicationof services provided by the FEMA office, if it is available. DAS will review all reimbursement requests, seek any additional information or clarification needed, and forward to the Administration on Community Living for

Attachment G - Abbreviations

AM	Area Agencies on Aging
ACL	Administration for Community Living
ACT	Adult Crime Tactics
ADRC	Aging and Disability Resource Connection
ADRD	Alzheimer's Disease and Related Dementias
AIMS	Aging Information Management System
ANE	Abuse/Neglect/Exploitation
APS	Adult Protective Services
CCSP	Community Care Services Program
CILS	Centers for Independent Living
CLP	Community Living Program
CMS	Centers for Medicare and Medicaid Services
CO-AGE	Coalition of Advocates for Georgia's Elderly
CQI	Continuous Quality Improvement
DAS	Georgia Division of Aging Services
OCH	Department of Community Health
DD	Developmental Disabilities
DFCS/DFACS	Georgia Department of Family and Children Services
OHS	Department of Human Services
DO	DAS Director's Office
DON-R	Determination of Need - Revised
DPH	Georgia Department of Public Health
ELAP	Elderly Legal Assistance Program
FSIU	Forensic Special Investigations Unit
G4A	Georgia Association of Area Agencies on Aging
GCOA	Georgia Council on Aging
HCBS	Home and Community Based Services
HOM	Home Delivered Meals
HFR	Georgia Healthcare Facility Regulation
IFF	Intra-State Funding Formula
LIS	Low-Income Subsidy
LTCO	Long Term Care Ombudsman
LTCOP	Long Term Care Ombudsman Program
MAPs	Measurement and Analysis Plan (performance indicators)
MOS	Minimum Data Set
MFP	Money Follows the Person
MIPPA	Medicare Improvements for Patients and Providers Act
MSP	Medicare Savings Program
NAPIS	National Aging Program Information System
NCI-AD	National Core Indicators - Aging and Disabilities
NH	Nursing Home
NHT	Nursing Home Transitions
OAA	Older Americans Act
PGO	Public Guardianship Office

PSA	Planning and Service Area; Personal Support Aide
QOL	Quality of Life
RC	Regional Commission
RD	Regional Director
PSS	Personal Support Services
SCSEP	Senior Community Service Employment Program
SMP	Senior Medicare Patrol (See SHIP)
SNAP	Supplemental Nutrition Assistance Program
SFY	State Fiscal Year (July 1 through June 30)
SLTCO	State Long Term Care Ombudsman
SUA	State Unit on Aging

Attachment H - Document Links

Georgia Alzheimer's State Plan - https://dhs.georgia.gov/sites/dhs.georgia.gov/files/GARD-PLAN.pdf

Georgia State Plan to Address Hunger - https://aging.georgia.gov/sites/aging.georgia.gov/files/State%20Plan%20Senior%20Hunger%20Body%20Only.pdf

Senior Community Service Employment Program State Plan 2016 - 2019 - https://aging.georgia.gov/sites/aging.georgia.gov/files/SCSEP%20State%20plan%_202016%20Final.pdf

Transportation Study - Full report - https://aging.georgia.gov/sites/aging.georgia.gov/files/At%20a%20Crossroads%20Transportation_%20Report%2011_.2018.pdf

Transportation Study - Appendix - https://aging.georgia.gov/sites/aging.georgia.gov/files/At%20a%20Crossroads%20Transportation%20Appendix%2011.2018.pdf