

# Area Plan 2020-2024

## Berks County Area Agency on Aging



Building Partnerships  
Strengthening Communities  
Enhancing Quality of Life

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## I. EXECUTIVE SUMMARY

As the size of the “over 60” population grows, so does the need for supports and services. It is projected that the “over 60” population in Berks County will increase by 11.3% over the next 4 years and 19.8% by 2035. The Berks County Area Agency on Aging in conjunction with its Advisory Council, the Berks County Commissioners, and state and federal legislators has developed a plan that comprehensively disseminates information and serves as an all-encompassing resource for the community. The plan draws upon demographic analysis and input received from surveys distributed to stakeholders, consumers, the general public, community leaders, and local officials. The survey was conducted from April to June 2020 and made available via the Agency website, stakeholder meetings, and mailings to contracted providers and the County’s eight senior centers.

Currently the Agency has seen a marked increase in the need for Protective Services to address the rights and best interests of Berks County’s most frail and at-risk population. The County’s large Hispanic population requires a high level of cultural sensitivity and knowledge when developing and promoting programs.

The purpose of this plan is to combine the priorities of The Pennsylvania Department of Aging, requirements of the Administration on Community Living, and the needs of older and disabled Berks County residents. The objectives and strategies were developed based upon the goals set forth by the Department of Aging’s Four-Year Plan. For purposes of this planning period all the Department of Aging-designated goals, local objectives, and strategies are inter-related and comprehensive.

The State’s goals are:

1. Strengthen aging network’s capacity, promote innovation and best practices, and build efficiencies to respond to the growing and diversifying aging population.
2. Establish and enhance efforts to support healthy living, active engagement and a sense of community for all older Pennsylvanians.
3. Emphasize a citizen-first culture that provides outreach, embraces diversity, and honors individual choice.
4. Advocate for the rights of older adults and ensure their safety and dignity by raising awareness of and responding effectively to incidences of abuse, injury, exploitation, violence and neglect.
5. Improve services for older adults and the ability to advocate for them by using evidence-informed planning, committing to data integrity and being accountable for results.

The BCAA operates on a \$9 million annual budget. These funds are primarily lottery dollars received from the Pennsylvania Department of Aging. Pennsylvania remains unique because the Lottery Fund addresses the service needs of older adults who do not qualify for Medical Assistance or other state entitlement programs. Home and Community Based Services supported by the Pennsylvania Lottery promote older adults living in the community, provide significant relief to consumers and their caregivers, and are often an economically responsible alternative to institutionalization.

The Pennsylvania Department of Human Service restructured funding for Level of Care Assessments. Funding was changed from an annual allocation to a fee for service payment structure based on the number of assessments conducted. In FY 18-19 Berks County contracted with Aging Well, a subsidiary of the Pennsylvania Association of Area Agencies on Aging, to complete Level of Care Assessments on individuals looking to access Medical Assistance home and community-based programs and services. This compelled us to revamp a new scheduling process to improve staff's productivity and meet the needs of the consumer's we serve.

The main goal of the Agency is to support individuals in the community and meet their needs with home and community-based services. This plan has fifteen (15) objectives and corresponding strategies that have been developed to increase the promotion of services and supports available to the elderly and their caregivers, while building on innovation and efficiencies that can be made to improve service delivery. There is a renewed focus on reaching underserved and diverse populations in the community to expand our outreach. It also addresses internal areas to improve the delivery of services through ongoing staff trainings and sets a commitment to ensure all consumers have a point of contact with the Berks County Area Agency on Aging to obtain resource education and assistance with linkage to services. In addition, it targets a continued commitment to partner with community agencies and use data to make evidence informed to decisions regarding the needs of the community.

## **II. INTRODUCTION**

The Berks County Area Agency on Aging (BCAAA), the Area Agency on Aging for Berks County, is mandated by the Pennsylvania Department of Aging (PDA) to produce a four-year Area Plan to help it attain the goals set forth in Pennsylvania Act 70 and the Older Americans Act. These goals are to develop greater capacities to provide comprehensive and coordinated services to serve older adults and persons with disabilities, and to use available resources more efficiently. The Plan will be effective October 1, 2020 through September 30, 2024.

The BCAA's Area Plan is a document that will educate and inform its stakeholders – consumers, the public, contracted vendors, community leaders, and local officials – about how it will respond to the challenges facing Berks County's older adults. BCAA has developed objectives and strategies that align with PDA's five recommended goals.

## **III. AGENCY OVERVIEW**

The BCAA was established as a department of Berks County government in 1974. As one of 52 Area Agencies on Aging within Pennsylvania, BCAA serves Berks County residents through a variety of services and programs. The Agency coordinates and maintains a comprehensive service system to meet the needs of all Berks County residents aged 60 and older.

The BCAA is governed by the Berks County Board of Commissioners. The Agency shares its Executive Director with the Berks County Mental Health and Developmental Disabilities program, who reports directly to the Board of Commissioners. Additionally, the Agency has a 15-seat Advisory Council. The Council is comprised of a multidisciplinary team of individuals. Administrative staff and the Advisory Council oversee the annual planning meeting and public hearing. The Agency also convenes an annual Legislative breakfast meeting in order to solicit input from and provide information to local state and regional legislators.

The BCAAA oversees programs required by the Older Americans Act. The current staffing structure includes 34 full-time and 2 part-time staff as noted in the Organizational Chart in Section X. The Agency provides some services directly and others through contracts. The direct consumer services provided include: Intake and Assessment, Public Outreach and Education, Ombudsman, and Protective Services.

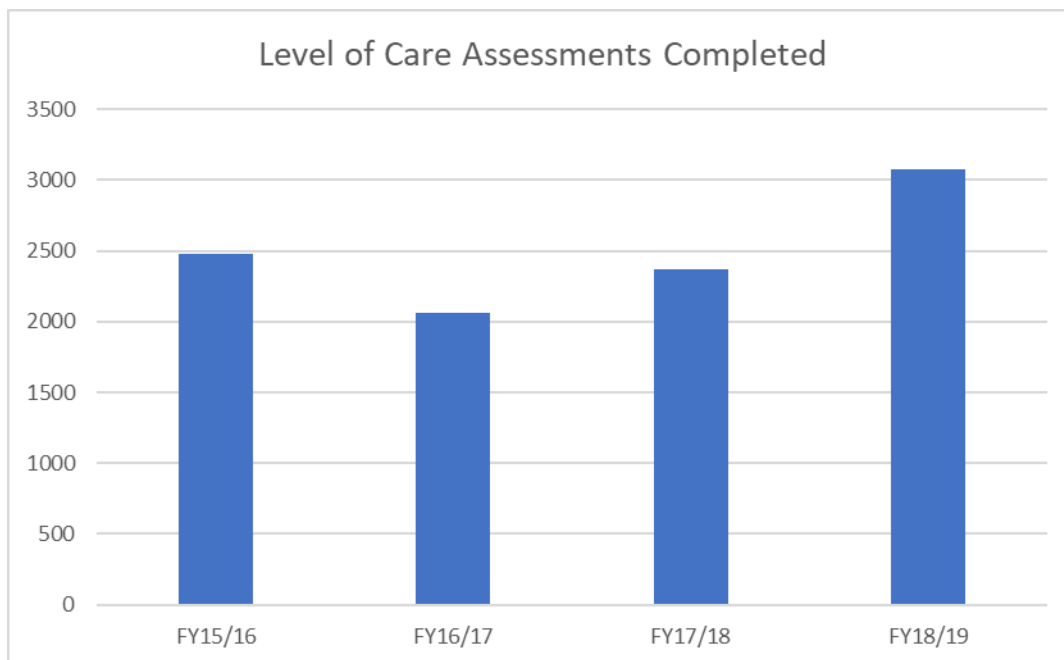
Contracted services include: Personal Care/Home Support, Adult Day Care, Personal Emergency Response Systems, Care Management, Caregivers Support Program, Personal Assistance Services, Senior Centers, Legal Services, Psychological Evaluations, APPRISE, Meals, Home Delivered Meal Coordination, Transportation, Interpretation, and Health and Wellness.

Service utilization continues to fluctuate annually. Notable increases have occurred in the provision of OPTIONS services while notable decreases have occurred in the provision of Congregate Meals, the Caregiver Support Program, and Personal Assistance Services. Tracking these service utilizations closely on a monthly basis allows the Agency to plan programming and monitor spending. In doing so it also allows us to plan for special projects and enhance program areas. An example of this is commercials that were developed in Fiscal Year 16/17 to promote aging programs including the Caregiver Support Program. The commercials ran on several stations via Comcast and Service Electric throughout the year. As funding and program promotion warrants the commercials are still used to enhance public knowledge of Aging services.

<b>Adult Day Care</b>				<b>Personal Emergency Response Systems</b>			
	<u>FY15/16</u>	<u>FY18/19</u>	<u>% Change</u>		<u>FY15/16</u>	<u>FY18/19</u>	<u>% Change</u>
FY Total Cost	\$27,722.40	\$39,349.80	42%	FY Total Cost	\$22,904.95	\$30,425.35	33%
Avg. # of Consumers	4	6	36%	Avg. # of Consumers	64	93	45%
Avg. Monthly Units	37	52	40%				
<b>Personal Care/ Home Support</b>				<b>Personal Assistant Services</b>			
	<u>FY15/16</u>	<u>FY18/19</u>	<u>% Change</u>		<u>FY15/16</u>	<u>FY18/19</u>	<u>% Change</u>
FY Total Cost	\$445,884.98	\$953,352.12	114%	FY Total Cost	\$116,317.60	\$23,263.60	-80%
Avg. # of Consumers	119	229	93%	Avg. # of Consumers	21	5	-77%
Avg. Monthly Units	2,028	4,238	109%	Avg. Monthly Units	638	139	-78%
<b>Congregate Meals</b>				<b>Home Delivered Meals</b>			
	<u>FY16/17</u>	<u>FY18/19</u>	<u>% Change</u>		<u>FY16/17</u>	<u>FY18/19</u>	<u>% Change</u>
Total Meals Served	126,099	106,443	-16%	Total Meals Served	171,649	173,454	1%
Avg. Daily Consumers	511	439	-14%	Avg. Daily Consumers	690	703	2%
<b>Caregiver Support Program</b>				<b>Grandparents Raising Grandchildren Program</b>			
	<u>FY17/18</u>	<u>FY18/19</u>	<u>% Change</u>		<u>FY17/18</u>	<u>FY18/19</u>	<u>% Change</u>
Avg. Monthly Cost	\$12,100.22	\$10,820.60	-11%	Avg. Monthly Cost	\$3,796.14	\$4,138.98	9%
Avg. Monthly Consumers	48	43	-10%	Avg. Monthly Consumers	14	17	21%

One of the essential functions of the Agency is the Assessment Unit. The assessment unit works with individuals, facilities and other entities to complete assessments and determine the needs of how to best serve individuals. Assessments are referred to as Functional Eligibility Determinations (FED) as of April 2019 and were previously referred to as a Level of Care Determination (LCD). The purpose of the FED is to determine program eligibility for individuals who are seeking services. Services can be in the home or fulfilled in a facility such as a skilled nursing facility. The unit works closely with community members, other agencies and other

applicable individuals to complete this process. In the 19/20 Fiscal Year 3,674 FED's were completed by the Berks County Area Agency on Aging.



Fifty-two older adults were screened and met eligibility requirements for the agency Cooling Program. The cooling program allows eligible individuals to receive an air conditioner for their home. Older adults must meet financial eligibility as well as have a qualifying health issue to participate in the program. This is a successful annual program of the agency that meets an underserved need of the community.

The agency also participates in the Farmer's Market Nutrition Program which is through the Pennsylvania Department of Agriculture. 12,792 farmer's market vouchers were distributed to qualifying low income seniors allowing each recipient to receive \$20.00 of fresh fruit and vegetables that are grown in Pennsylvania. This program also benefits Pennsylvania farmer's and is completed on an annual basis.

The agency continues to be cognizant of the evolving needs of the aging population within Berks county in both urban and rural environments. Underserved populations are also given consideration when the agency needs to marshal resources to the areas of highest need within the programmatic and fiscal constraints of the Pennsylvania Department of Aging and Office of Long-Term Living. The constraints do not take away from the goal of meeting the needs of Berks county's older adults. In FY18/19 the BCAA's two (2) Ombudsman completed 390 consultations or informational visits, 21 Residents Rights Trainings, and 236 unscheduled facility visits.

In October 2018, the need for services exceeded the limited block grant funding received which resulted in the establishment of a waitlist for OPTIONS services. The waitlist reached as high as 100 individuals but has continued to decrease since that time.

Since FY 13/14 the number of protective services investigations have more than doubled in Berks County from 440 to 930 in FY18/19. Due to this increase, the Protective Services Unit has grown from four (4) to seven (7) full-time case workers and an additional supervisory position. Guardianships have also increased by 28% since FY15/16. Billboards promoting Elder Abuse Awareness were located throughout Berks County. The Elder Abuse Task Force has remained very active since its inception and continues to offer a collaborative approach to combating elder abuse within Berks County. The Berks County Area Agency on Aging remains committed to educating agencies and individuals as well as meeting the needs of older adults at risk.

Performance based funding and additional accountabilities were introduced into senior center contracts in FY18/19. Minimum standards have been set for average daily attendance and programming offered. Each center is eligible to receive financial bonuses for hitting benchmarks for improved attendance and the number of congregate meals served. Decreases to these categories may also result in financial penalties. Additional funding has been made available for outreach programming, exercise classes, and other innovative services.

#### IV. SOCIODEMOGRAPHIC OVERVIEW

##### A. Population

**Aging Population Trend:** According to the U.S. Census Bureau, between 2010 and 2018 the population of Berks County grew by 2.1% - from 411,556 to 420,152. Additionally, for every 10 individuals lost under 25 years of age in Pennsylvania since 2010, the state gained 15 persons age 65 or older. Berks County has 82,789 residents over the age of 65 and the aging population continues to expand. The fastest growing cohorts are that of the age 65 to 69 and age 70 to 74 at 33.4 percent and 34.3 percent, respectively. Between 2015 and 2025 the states over 65 population is expected to grow by 30 percent.

Age group	Population (in thousands)		Percentage change
	2015	2025	
0 to 19	3,041	3,018	-0.8%
20 to 64	7,581	7,401	-2.4%
65 to 74	1,197	1,589	+32.8%
75 to 84	649	903	+39.1%
85+	334	365	+9.5%

**Minority and Foreign-Born:** According to the United States Census Bureau (2018), Berks County's racial makeup consists of 70.9% Caucasian, 21.9% Hispanic, and 7.2% African American residents. However, if we look directly to the seat of Berks County, Reading, PA a substantial racial demographic difference emerges. Setting it apart from the rest of the county, Reading, PA has an ethnic makeup of 23.2% Caucasian, 64.7% Hispanic, and 12.1% African American (United States Census Bureau, 2018). The population in every cohort of Pennsylvania's non-Hispanic, Asian, multiracial (two or more) population, and Hispanic or Latino Population has expanded. Most notably, the 65 and over cohort grew by over 80% in the non-Hispanic or Latino populations.

Of the 98.9% of residents over age 60 who consider themselves as wholly of one race, 93.6% consider themselves white, 2.6% consider themselves black or African American, 0.7% consider themselves Asian, and the remainder consider themselves American Indian or some other race. 5.8% of residents of any race over age 60 consider themselves of Hispanic or Latino origin. 90.6% of residents over age 60 consider themselves white alone, and not of any Hispanic or Latino origin.

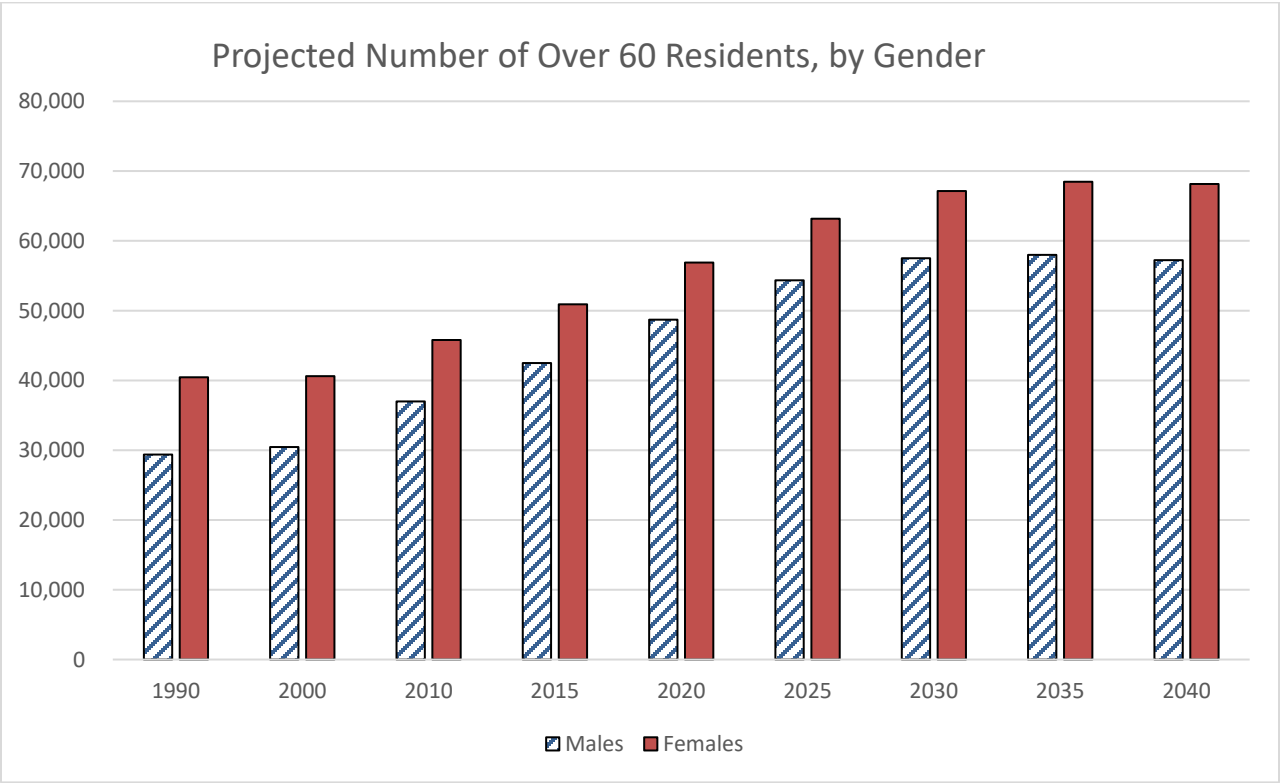
As of 2017 the percentage of residents in Berks County who are foreign born was 7.1%, with 3 percent who entered the United States in 2010 or later. However, the city of Reading has a much higher percentage of foreign-born residents than the national average of 13.7% at 18.9%.

89% of Berks County residents over the age of 60 only speak English. 11% speak a language other than English. Of those who speak a language other than English, nearly 6% speak English less than "very well". The Berks County Area Agency on Aging has made and will continue to make reasonable accommodations for those in need of language assistance. Translation services are utilized in all facets of day to day operations including an in-person translator available to assist on a daily basis.

**Gender Trends:** According to the U.S. Census Bureau, the percentage of males in Berks County aged 60 and older increased by 66% from 1990 to 2020. Over the same period, the percentage of females in Berks County aged 60 and older increased by 41%. Over the next four years, according to The Pennsylvania State Data Center, the percentage of males aged 60 and older living in Berks County is projected to increase by over 11.6%. Over the same period, the percentage of females in Berks County aged 60 and older is projected to increase by 11%.

The total number of women in Berks County aged 60 years and older is still higher than men. Currently over 56,000 women versus over 48,000 men live in Berks County, and by the year 2040, 68,100 females over the age of 60 are expected to reside in Berks County versus 57,200 men. However, as the projections above indicate, while the overall number of women living longer still outpaces the number of men, the percentage of men living longer is increasing and it appears that in Berks County men are slowly closing the historical longevity gap. The agency remains committed to professional growth and learning related to individuals who identify as transgender as well as individuals not comfortable discussing their gender.





**B. Social Characteristics**

**Area Poverty Rates:** In 2011, the U.S. Census Bureau ranked the poverty levels of American cities with populations of 65,000 or more. Reading, the seat of Berks County, was rated the poorest city in America. Reading’s poverty rate of 41.3% placed it ahead of cities such as Detroit, Michigan and Camden, New Jersey. As of 2017 the Poverty rate in Reading, PA decreased by 4.7% from 41.3% to 36.6%. 5,306 residents in Berks County over the age of 65 are living in poverty, with 2,022 of those residents residing in Reading, PA.

The median household income has grown in Berks County. Reading's median income in 2013 was \$26,777 and rose to \$30,087 in 2018. In Berks, median household income grew more than 11%, from \$55,170 in 2013 to \$61,522 in 2018. The number of households making less than \$50,000 in Berks County decreased. The number of households making \$50,000-\$74,999 fell by 4% in the county, but the number making \$75,000 or more rose significantly.

Unemployment rates in Berks County have declined between 2009 and 2019. In 2010 the county reached an unemployment rate of 9.3%; however, unemployment rates declined in 2019 to 4.6%. Many older adults opt to exit the workforce when reaching retirement age; however, living on a fixed income places older Americans into poverty. Therefore, an increasing number of older adults are maintaining employment after retirement age.

83% of county residents over the age of 60 are at or above 150% of the poverty level. 9% are between 100% and 149% of the poverty level. 8% are below 100% of the poverty level.

This information is relevant when the Berks County Area Agency on Aging considers financial eligibility for in office programs such as the cooling program. Likewise, the agency participates in other programs relative to low-income seniors such as the farmer’s market nutrition program and assisting older adults in locating relative resources such as PA rent rebate and SNAP.

**Education:** The number of adults 25 years and older with less than a high school education fell by 11% in Berks County and 9% in the city of Reading. 21% of Berks County residents over the age of 60 did not graduate from high school, while 44% have earned a high school degree or equivalent. 17% have taken some college coursework or earned an associate degree and 16% have earned a bachelor’s degree or higher.

Over 25 Education Attained	Count	Percentage
Less Than 9th Grade	15,014	5.33%
9th to 12th Grade	23,091	8.20%
High School Graduate	104,889	37.24%
Some College	46,660	16.57%
Associate’s Degree	23,040	8.18%
Bachelor’s Degree	44,882	15.93%
Graduate Degree	24,089	8.55%

**Migration:** Less than 1% of Berks County residents over the age of 60 moved to Pennsylvania from a different state or different country within the past year. Many rural residents of Berks County can trace their ancestry within the region over multiple generations. In fact, 80% of Berks County residents were born in Pennsylvania. With such long family histories, many residents also tend to stay within the county for the duration of their lives. The greatest level of flux is likely in the urban environment of Reading. However, more of this migration is being undertaken by younger generations. 7% of Berks County residents over the age of 60 were born outside the United States, while 11% of residents under the age of 60 were born outside the United States. It should be noted that multi-generational homes have increased, and many families elect to keep varying age groups living under the same roof. The agency expects to see this trend continue and is relative to the above data.

Nearly half of Berks County residents moved to the county prior to 1995, indicating that our county has a stable population. As of 2000, 26.4% of residents moved to Berks County before 1980, 56.23% moved between 1990 and 2000, and 39.97% moved in between 1995 and 2000. Most migration to Berks county occurs from surrounding counties as opposed to surrounding States, with the highest migration rate from Montgomery county.

**Physical and Functional Health:** The U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, compared Berks County to peer counties on a range of mortality, morbidity, health, and social factors.

Berks County rates in the most favorable quartile regarding Alzheimer’s disease, cancer, chronic lower respiratory disease, and diabetes deaths. This means that Berks County residents are less likely to succumb to these conditions than residents of similar counties. Berks County also rates higher than peer counties regarding whether seniors face cost barriers to health care, and whether their access to healthy food is limited in some way.

Berks County rates in the middle or moderate range in comparison to peer counties regarding whether residents are likely to die from chronic kidney disease and coronary heart disease, and how likely they are to endure adult obesity, older adult depression, and older adult preventable hospitalizations.

Berks County rates in the worst quartile regarding stroke deaths, older adult asthma, and access to primary care. According to the Pennsylvania State Data Center, Berks County has the highest mortality rate for cerebrovascular diseases in Pennsylvania.

## C. Environment

**Living Arrangements and Home Ownership:** 79% of county residents over the age of 60 who live in housing units own their homes, while 21% rent. Of those who live in their own homes, 64% live in a family household either as part of a married-couple family or as a single householder living with other family. In contrast, 28% of renters are part of a family household. Likewise, 36% of homeowners over the age of 60 are part of a non-family household (either living alone or with a non-family member), whereas 72% of renters live as part of a non-family household.

As individuals age, incomes stagnate, and homes deteriorate, home improvements and modifications become more of a burden. 26% of homeowners aged 65 and older live in homes that were built in 1939 or earlier. 2% of homeowners aged 65 and older live in homes that were built in 2005 or later.

**Isolation:** This is an ongoing issue with the older adult population. This is happening because seniors are living longer, families are not local and there is less of a community support provided by neighbors and friends. Senior Community Centers are often the initial point of contact for older adults and are viewed as the gateway into Aging services. The idea to support seniors, provide education and a sense of community can enhance the older adult’s ability to remain independent in the community. Berks County currently has eight (8) Senior Community Centers. They strive to provide outlets to the senior population for community engagement and involvement. The centers are sensitive to the local community needs and culture. Senior Community Center programming is a vital component to Aging services and remains at the forefront of planning. The agency also seeks to improve access to services as a way of combating isolation and ensuring the needs of older adults are met. At times, isolation could be avoided with the right information and assistance.

**Food Access:** Over \$1 million per year in BCAA funding supports congregate and home delivered meals services. These services play a significant role in enhancing food security for seniors in both rural areas and the city of Reading. Continuing to support these programs will be an ongoing critical function over the coming four years.

## V. LOCAL, POLITICAL, AND ECONOMIC CONDITIONS

The BCAA has two main priorities as a state-funded entity in Berks County. The first is to provide education and services to diverse consumers over the age of 60 and their caregivers. The second is to understand local needs, how they relate to changes in funding, and to advocate at the State and local levels for the senior population in Berks County. Each of the 2020-2024 area plan objectives touch these two priorities in some manner.

Objectives targeting underserved and diverse populations and promoting existing services have been the primary driving force of this plan. Given the growing elderly and impoverished populations in Berks County, it is vital to ensure that community education stakeholder engagement and advocacy is at the forefront of the Agency's short and long-term plans.

## VI. NEEDS ASSESSMENT PROCESS AND FINDINGS

**Needs Assessment Process** As part of the process to develop the Area Plan, a local needs assessment was undertaken seeking input from stakeholders, contracted vendors, consumers and residents of Berks County. Two surveys were created to assess the needs of the County. The 'consumer' survey specifically targeted older residents and current consumers of the BCAA. The 'provider' survey was created to receive stakeholder and vendor feedback.

The surveys focused on measuring how much the community already knew about the services that the BCAA and its contracted vendors provide, the level of concern on a multitude of aging topics, the best way to spread news about relevant topics, senior centers, and current needs.

The 'consumer' survey was provided to BCAA's three (3) senior center providers and made available via Survey Monkey on BCAA's website. The 'provider' survey was provided at the BCAA Annual Meeting, published on Survey Monkey and made available via BCAA's website. A link to the 'provider' survey was e-mailed to the BCAA's contracted vendors, Advisory Council and community partners. We also provided our vendors with a link to the 'consumer' survey and encouraged them to share it with their consumers.

An annual planning meeting attended by thirty-five (35) individuals was held on March 10, 2020 at the McGlenn Conference Center located at Alvernia University. The purpose of this meeting was to educate community stakeholders and contracted vendors about current services available to Berks County residents, and to seek their input regarding the needs of the elderly population in Berks County.

**Needs Assessment Outcomes** Due to the COVID-19 pandemic, limited data was able to be obtained from our consumers. 96% of the data obtained came from consumers that visit the Hispanic Center located in the city of Reading. The data obtained is skewed towards individuals that live in the city of Reading and of Hispanic origin. While the outcomes do not reflect data for the entire County, they do provide valuable information pertaining to goals related to providing services to and educating diverse populations of BCAA's services. A total of 413 'consumer' surveys and 20 'provider' surveys were completed.

We asked consumers and providers to tell us which services funded by Berks County Area Agency on Aging that they were familiar with in order to gauge which services need additional promotion. The following chart indicates that providers are familiar with most of the services that the BCAA provides. More concerning were the consumer results which indicated 65.5% of individuals surveyed were not familiar with any of the services listed. 55% of the consumers also stated that have never contacted the BCAA.

Services	Consumers	Providers
Adult Day Care	3.64%	70.00%
Application Assistance for Programs and Services	1.46%	60.00%
APPRISE- Health Insurance Counseling	0.24%	50.00%
Assessment of Care Needs	4.61%	70.00%
Caregiver Support Program	21.12%	65.00%
Community Resource Information	2.91%	50.00%
Congregate Meals- Meals Served in Senior Centers	3.40%	80.00%
Farmers Market Vouchers	22.57%	40.00%
Health and Wellness (Fitness & Education Classes)	1.21%	60.00%
Home Delivered Meals	25.24%	80.00%
Home Modifications	17.23%	55.00%
In-Home Services (Personal Care, Home Support)	2.91%	65.00%
Legal Assistance	0.24%	60.00%
Ombudsman Program	0.00%	50.00%
PA LINK to Aging and Disability Resource Center	0.00%	45.00%
Personal Emergency Response Systems	0.24%	45.00%
Protective Services	3.40%	90.00%
Senior Centers	26.21%	80.00%
Spanish Interpretation for Medical Appointments	2.18%	40.00%
Transportation Services	0.97%	70.00%
I am not familiar with any of these services	65.53%	10.00%

One of the barriers to services for minority populations that was identified was internet access. 81% of consumers surveyed indicated that they do not have access to the internet and 99% have not searched for Aging related services information on the internet.

We asked both consumers and providers to select the top three (3) issues that they believe are the greatest needs facing older adults in Berks County. Consumers and providers agreed that Access to Services was one of the most important issues. Consumers selected Application Assistance for Programs and Services and Food Security, while providers selected Health Insurance and Prescription Coverage and In-Home Services and Supports as the other most important issues. This feedback has helped to shape the plan and the areas the Agency needs to address moving forward.

As we strive to improve senior center services, we asked consumers to select three (3) factors that would increase the likelihood that you would attend a senior center or attend more frequently. Additional Entertainment, Additional Exercise Classes, and Convenient Transportation were the top factors selected.

We asked the following questions to check the pulse of the community:

	Yes		No	
I feel financially secure.	82.08%	339	17.92%	74
I feel isolated.	36.56%	151	63.44%	262
I have family and friends that assist me.	69.98%	289	30.02%	124
I feel that I am in good health.	59.56%	246	40.44%	167
I consistently have enough food in my home.	95.64%	395	4.36%	18
I am a caregiver for an individual over 60 years of age.	11.14%	46	88.86%	367
I am a primary caregiver for a grandchild.	3.87%	16	96.13%	397
I have a primary care physician.	99.52%	411	0.48%	2
I have seen a physician in the previous 12 months.	99.27%	410	0.73%	3
I feel safe in my home**	100.00%	413	0.00%	0

Overall, the consumers surveyed believe that they are financially secure, have friends and family to assist them, have enough food, and feel safe in their home. Almost 100% of consumers surveyed indicated that they have a primary care physician that they see regularly. 40% believe that they are not in good health which may correlate with the request for more exercise classes in senior centers.

56% of providers indicated that they have reported abuse to the BCAA and 100% of those that have not, stated that they know how to report abuse to the BCAA. 67% of the respondents stated that training is provided by their employer for abuse, injury, exploitation, violence and neglect of seniors.

100% of providers stated that they are able to serve diverse populations. Most responded that they have diverse and multilingual staff to accommodate these populations.

Building and strengthening community partnerships and providing training are themes throughout BCAA's goals, objectives and strategies. We asked providers if they would attend quarterly Aging Network Provider Meetings hosted by the BCAA. 94% of respondents stated they would attend with the top reasons being additional communication with the BCAA and learning about available resources for their consumers.

## VII. RESOURCE DEVELOPMENT AND COLLABORATIONS

There are key areas that we have been able to address community needs through collaborations. These collaborations have been diverse and provide a rich bank of resources to help address needs. One area that continues to be a vital provision of Aging services is elder abuse. There was a 9% increase in the number of reported elder abuse cases in Berks County from FY 17/18 to FY 18/19. Given this increase, a focus on community education regarding elder abuse has continued in Berks County. The Elder Abuse Task Force, a diverse multi-disciplinary team consisting of 28 members has developed a goal of community education with a focus on criminal justice. The task force offers great potential to support and educate critical first responders, such as the staff of EMS Providers and law enforcement.

An underserved population in Berks County is Reading's aging Hispanic community. The BCAA continues to collaborate with the Hispanic Center to provide medical interpretation services to elderly Hispanic seniors. Many non-English speaking seniors are intimidated or confused by medical terminology and jargon. Through the medical interpretation program, a bilingual Spanish-speaking translator accompanies seniors on medical appointments and explains diagnoses and treatments in the consumers' native language. The interpreters average 1,400 medical appointments per year.

BCAAA has worked to develop and expand additional partnerships in the community. A partnership with the Berks Community Action Program has provided home winterization services for consumers. Services have included replacement furnaces, roofs, water heaters, tubs, toilets, kitchen doors, ramps and stairs, weather stripping, electrical work, caulking, cleaning and servicing furnaces, and the installation of thermostats. Increased collaboration with the Greater Berks Food Bank has supplemented the delivery of food bank products to low-income seniors at Berks County high rises as part of their Mobile Direct Program.

The COVID-19 pandemic has forced the aging network to adapt, move resources, and expand collaboration with community partners to ensure service delivery continued with minimal interruption.

Essential Aging staff adapted to working remotely from home. At minimum, weekly administrative and staff teleconferences were held to ensure continual communication. The Protective Services Unit continued to receive and investigate allegations of abuse, neglect, exploitation and Assessors completed functional eligibility determination assessments remotely via phone for individuals in the community, nursing homes and personal care homes. Providers continue to provide Care management and Personal Care services to older adults while taking the proper precautions. Personal protective equipment, most notably masks, were purchased to be provided to consumers that did not have access.

"Grab and Go Meals" started at all eight (8) Berks County senior centers March 16, 2020. A Few of the centers saw an increase in the number of meals that they were serving under this program.

Weekend meal provision was initiated to all home delivered meal consumers and congregate meal consumers that wanted them. In partnership with the Hispanic Center, Home Delivered Meals were expanded to include all Reading Housing Authority buildings for older adults over 60 who chose to accept a hot meal they may not have normally been approved for home delivered meals. The provision of grab and go meals has expanded the array of services provided by the Agency. It has allowed us to ensure seniors have increased food security and nutrition. This meal provision service will likely continue after the pandemic as it has shown to be a community need and a resource gap in services, that we have closed. Partnerships with our senior center providers and the Greater Berks Food Bank allowed us to ensure seniors in need received additional shelf stable food. The community response was overwhelming at the time. It resulted in a waiting list of approximately 100 volunteers that wanted to assist with the home delivered meal program.

Other key areas that we have identified moving forward is diversity and staff development. We are targeting resources in our community to enhance our outreach to underserved populations. Many of the goals and strategies have a basis in reaching underserved individuals and creating a culturally competent work force. The plan's goals and strategies will require a multi-disciplinary approach. We have approached this plan as an opportunity to build new and fortify existing collaborations.

## VIII. GOALS, OBJECTIVES, AND STRATEGIES

**Goal 1:** Strengthen aging network's capacity, promote innovation and best practices, and build efficiencies to respond to the growing and diversifying aging population.

**Objective 1:** Strengthen relationships with County Human Services Agencies and Departments to improve services to better the lives of older adults.

### Strategies:

- Provide education to legislators through the BCAA's annual Legislative Breakfast and to the public through the Annual Planning Meeting.
- Conduct provider meetings to improve communication, develop and share information, and promote best practices.
- Work in partnership with the National Alliance on Mental Illness (NAMI) to better the lives of those affected by mental illness.
- Collaborate with organizations representing diverse communities and the City of Reading to disseminate information regarding BCAA's programs and services.
- Work together with the Mental Health and Developmental Disabilities (MH/DD) Program to identify opportunities for supportive services, a department which is also overseen by the BCAA Executive Director.

**Objective 2:** Build inclusive thinking regarding diverse and minority populations within the agency and community.

### Strategies:

- Work cooperatively with programming that is relevant to emerging underserved populations such as LGBTQ (lesbian, gay, bisexual, transgender, and questioning), homeless, and other identified groups within our service area.



- Partner with diverse media entities to advertise and share information relative to older adults in diverse communities.
- Develop a plan for the dissemination of information regarding Alzheimer’s awareness.

**Objective 3:** Innovate and update senior services.

**Strategies:**

- Promote innovations, change the focus, and update programming at senior centers to attract new consumers.
- Hold provider meetings to improve communication, develop and share information, and promote best practices.
- Solicit consumer and provider network input to understand trends occurring with the senior population.
- Continue to expand the promotion of Health Wellness programming.
- Increase visibility on the internet by promoting programs and services on our website and YouTube page.

**Goal 2:** Establish and enhance efforts to support healthy living, active engagement and a sense of community for all older Pennsylvanians.

**Objective 1:** Expand nutrition programs.

**Strategies:**

- Expand our relationship with the local food bank and other food vendors to access emergency food supply for individuals being served through Protective Services and other emergency situations.
- Establish mini markets with reduced prices at senior centers and subsidized housing through produce vendors from local farmers markets.
- Partner with the Reading Hospital Berks Farm Bucks Program.
- Develop relationship with local grocery stores to accept SNAP and ACCESS cards for payment of groceries for online ordering and delivery for seniors.
- Provide nutrition-related education classes through partnership with local colleges with nutritional programs for senior centers and subsidized housing older adults.
- Further develop plans and programming for senior nutritional needs during times of crisis or changing community needs.
- Expand ability to offer Grab-N-Go meals at senior centers.

**Objective 2:** Improve, expand and innovate outreach to the community.

**Strategies:**

- Increase community and stakeholder awareness of services and programs available to adults age 60 and older in Berks County.
- Update the focus of senior centers to promote an image that does not carry a stigma.
- Utilize advertising media outlets to promote programs and services.
- Continue participation with Aging Parent Fair and other resource fairs.
- Provide information annually to local hospitals, rehabilitation centers, home care agencies, and contracted vendors regarding program guidelines and eligibility updates.

- Participate in initiatives related to veterans.
- Expand programming and collaborate with the City of Reading and organizations that is relevant to emerging underserved populations such as LGBTQ, homeless, and other identified groups within the local service area.
- Build partnerships and awareness of aging services by serving on task forces, committees and advisory boards.

**Objective 3:** Build partnerships with senior community groups and educate them as to services that are available.

**Strategies:**

- Reach out to local senior groups and churches to expand community education and programming.
- Conduct Community Health Workers Training.
- Develop a scam awareness campaign targeting senior living communities in Berks County.
- Develop partnerships for the provision of Health and Wellness workshops.

**Objective 4:** Expand the Grandparents Raising Grandchildren Program.

**Strategies:**

- Partner with school districts in Berks County, including the Berks County Intermediate Unit to expand the Grandparents Raising Grandchildren Program.
- Increase community and stakeholder awareness of Grandparents Raising Grandchildren program.

**Goal 3:** Emphasize a citizen-first culture that provides outreach, embraces diversity, and honors individual choice.

**Objective 1:** Enhance staff and provider service delivery.

**Strategies:**

- Facilitate and maintain trainings directed at improving staff understanding and approaches related to emerging populations.
- Identify diversity-based trainings that allow for the expansion of skillsets of servicing previously identified underserved groups and individuals.
- Encourage providers to take part in customer service trainings that align with agency goals of emphasizing a citizen-first culture.

**Objective 2:** Increase accessibility to services and programs.

**Strategies:**

- Build awareness around inclusivity and specialized needs through the development and maintenance of diversity-based programming.
- Continue to identify and execute methods of providing interpretation related to medical appointments and other services to the Latino population.

- Enhance the reach of the Berks County Area Agency on Aging website through provisions of a version in Spanish.
- Collaborate with providers that specialize in minority and underserved populations to improve services and continue to reach out to populations who have previously identified barriers to service.
- Encourage the review and application of resources that provide education that acknowledge appropriate terms linked to varying groups and individuals who are considered underserved in order to make services inclusive and increase accessibility.

**Goal 4:** Advocate for the rights of older adults and ensure their safety and dignity by raising awareness of and responding effectively to incidences of abuse, injury, exploitation, violence and neglect.

**Objective 1:** Increase elder abuse awareness in the community.

**Strategies:**

- Educate consumers, providers, caregivers, police, legislators, and the community regarding elder abuse and its impacts on the community.
- Promote elder abuse awareness through community education and programming.
- Build partnerships through participation by serving on task forces, committees and advisory boards.
- Promote and use The Elder Abuse Task Force to collaborate efforts in educating and addressing elder abuse awareness.
- Schedule presentations at public and community events.

**Objective 2:** Enhance the program base to ensure programmatic standards are equipped to meet the needs of older adults.

**Strategies:**

- Identify potential guardianship providers and complete a Request for Proposal process to make this a contracted service.
- Maintain existing relationships with the Mental Health and Developmental Disabilities Program to ensure the consumer’s mental health needs are addressed.
- Further develop the relationship with law enforcement through educational forums and outreach.
- Identify programmatic needs in collaboration with the Pennsylvania Department of Aging to address current and future funding needs.
- Meet with local legislators annually to provide information on programmatic and funding needs.
- Continue to develop a social media presence and website to promote elder abuse awareness and education.
- Develop relationships with community providers in areas such as homelessness and substance abuse to strengthen the programmatic abilities for consumers.

**Objective 3:** Ensure compliance with regulatory statutes and State mandated benchmarks related to protective services.

**Strategies:**

- Re-develop programmatic monitoring standards, policies and procedures to ensure programmatic compliance.
- Develop an internal quality assurance standard.
- Use monitoring tools and reports developed by The Department of Aging to ensure compliance.
- Monitor the program regularly to address areas of consumer need.

**Goal 5:** Improve services for older adults and the ability to advocate for them by using evidence-informed planning, committing to data integrity and being accountable for results.

**Objective 1:** Provide staff and provider training about the importance of data reliability.

**Strategies:**

- Ensure staff and contracted providers are knowledgeable regarding data entry into data collection systems.
- Emphasize the importance of data reliability to staff and contracted providers that use data collection systems.
- Train staff and contracted providers how data should be collected and how it will be used to ensure consistent and accurate data collection and reduce data entry error.
- Increase staff and contracted provider's knowledge of how data collected will be used.
- Stress the importance of and educate staff of the semi-annual time study to ensure accuracy.
- Provide information to providers and staff about the importance of increased evidence informed planning and data.

**Objective 2:** Use data to make evidence-informed planning decisions regarding services and programs.

**Strategies:**

- Utilize Co-Pilot to track senior center statistics to determine the effectiveness of existing programs and improve attendance.
- Utilize SAMS to track OPTIONS services to determine trends for future budgets.
- Utilize key performance indicator dashboards to track OPTIONS and caregiver services, meals, and assessments to determine future trends and improve our knowledge base.
- Solicit consumer and contracted vendor input to assess community needs and identify gaps in service.

**Objective 3:** Ensure agency data accountability.

**Strategies:**

- Conduct interagency monitoring of services and staff to ensure data reliability.
- Form an internal quality assurance committee to review data reliability within the AAA.
- Share data with legislators, commissioners, the Aging Advisory Council and community.

- Continue to disseminate an Annual Report to provide to the community, providers and local stakeholders.
- Use the time study to determine if we have higher volumes of certain service areas.
- Complete state mandated variance reports to find trends and potential anomalies in data entry.
- Ongoing development of contracted vendor monitoring tools to ensure accuracy of services.

## IX. OUTCOMES AND PERFORMANCE MEASURES

**Goal 1:** Strengthen aging network’s capacity, promote innovation and best practices, and build efficiencies to respond to the growing and diversifying aging population.

Objective	Outcomes and Performance Measures
1. Strengthen relationships with County Human Services Agencies and Departments to improve services to better the lives of older adults.	<ul style="list-style-type: none"> <li>• Hold an annual Legislative Breakfast to update legislators on agency success and needs.</li> <li>• Hold an annual meeting to both inform and solicit feedback on agency improvement.</li> <li>• Hold quarterly provider meetings for better collaboration and best practices.</li> <li>• Increase number of partnerships to improve services to diverse consumer groups.</li> </ul>
2. Build inclusive thinking regarding diverse and minority populations within the agency and community.	<ul style="list-style-type: none"> <li>• Host and/or sponsor training annually regarding Alzheimer’s Disease.</li> <li>• Addition of Spanish subtitles to our Berks Community Television programming.</li> <li>• Host and/or sponsor annual training for employees and providers that provides education regarding diverse and minority populations.</li> </ul>
3. Innovate and update senior services.	<ul style="list-style-type: none"> <li>• Survey consumers annually to attract more attendance at senior centers.</li> <li>• Expand program information on our website and YouTube pages.</li> <li>• Update contracts to hold senior centers accountable to provide quality programming and maintain attendance standards.</li> <li>• Update senior center standards and procedures to include flexibility to ensure a continuity of services during a public health crisis.</li> </ul>

**Goal 2:** Establish and enhance efforts to support healthy living, active engagement and a sense of community for all older Pennsylvanians.

Objective	Outcomes and Performance Measures
1. Expand nutrition programs.	<ul style="list-style-type: none"> <li>• Develop strategies to address nutritional needs of home delivered and congregate meal recipients and older adults at risk during community emergency/crisis situations.</li> <li>• Number of partners working with AAA to provide nutrition education to at risk seniors.</li> <li>• Develop list of grocery stores that deliver to homebound seniors and make accessible on website and distribute to community partners.</li> <li>• Implement additional nutrition education programs appropriate for older adults.</li> </ul>
2. Improve, expand and innovate outreach to the community.	<ul style="list-style-type: none"> <li>• Number of speaking engagements and resource fairs attended.</li> <li>• Number of new outreach and advertising outlets utilized.</li> <li>• Number of new programs created and offered at Senior Centers targeting people of diverse populations.</li> <li>• Survey to identified underserved populations to determine appropriate programming and services.</li> <li>• Senior Center staff connections made with diverse organizations, such as veteran’s groups, LGBTQ Center, AARP and others.</li> </ul>
3. Build partnerships with senior community groups and educate them of services that are available.	<ul style="list-style-type: none"> <li>• Number of special interest group meetings and/or task forces attended.</li> <li>• Connect with PA Link Partners’ Network to educate about AAA services and engage in new activities for older adults.</li> <li>• Enhance programming with Senior Housing managerial staff and residents.</li> <li>• Conduct awareness event for inter-related organizations to establish relationships for better provision of services to seniors.</li> </ul>

<p>4. Expand the Grandparents Raising Grandchildren Program.</p>	<ul style="list-style-type: none"> <li>• Update the Grandparents Raising Grandchildren program informational brochure and AAA website.</li> <li>• Number of informative presentations and/or resource fairs.</li> <li>• Provide educational materials to Berks County school districts regarding the program.</li> </ul>
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**Goal 3:** Emphasize a citizen-first culture that provides outreach, embraces diversity, and honors individual choice.

<b>Objective</b>	<b>Outcomes and Performance Measures</b>
<p>1. Enhance staff and provider service delivery</p>	<ul style="list-style-type: none"> <li>• Host and/or sponsor a training that provides education regarding special interest groups.</li> <li>• Enhance requirements for staff to attend trainings that expand professional knowledge and applications regarding diverse populations.</li> <li>• Obtain literature or relative information sources to provide to staff.</li> </ul>
<p>2. Increase accessibility to services and programs.</p>	<ul style="list-style-type: none"> <li>• Meet with diverse interest groups to encourage continued understanding and access to services.</li> <li>• Meet with community partners to gain updated perspective on the needs of the populations they serve.</li> </ul>

**Goal 4:** Advocate for the rights of older adults and ensure their safety and dignity by raising awareness of and responding effectively to incidences of abuse, injury, exploitation, violence and neglect.

Objective	Outcomes and Performance Measures
<p>1. Increase elder abuse awareness in the community.</p>	<ul style="list-style-type: none"> <li>• Continue to devote Block Grant Funds annually toward community education by way of promoting the established elder abuse campaign.</li> <li>• Continue to coordinate and hold Elder Abuse Task Force meetings.</li> <li>• Engage current and new partnerships with community providers to expand participation in The Elder Abuse Task Force.</li> <li>• Enhance community awareness through educational forums, Berks Community Television programming, and utilization of social media.</li> </ul>
<p>2. Enhance the program base to ensure programmatic standards are equipped to meet the needs of older adults.</p>	<ul style="list-style-type: none"> <li>• Research and complete guardianship RFP process.</li> <li>• Participate in educational forums organized by law enforcement and first responders.</li> <li>• Utilize the Berks County Annual Legislative Forum to provide education relative to Elder Abuse and funding needs.</li> <li>• Maintain collaboration with the MH/DD Program regarding consumer mental health needs.</li> <li>• Continued partnership with the local Bar Association regarding the availability of Block Grant funded Legal Services.</li> </ul>
<p>3. Ensure compliance with regulatory statutes and State mandated benchmarks related to protective services.</p>	<ul style="list-style-type: none"> <li>• Develop and maintain a procedure manual for all staff to ensure programmatic compliance.</li> <li>• Develop internal strategies to monitor programmatic standards and policies to ensure compliance and applicability of department expectations.</li> <li>• Utilize weekly Department issued reports to adhere to program standards.</li> </ul>

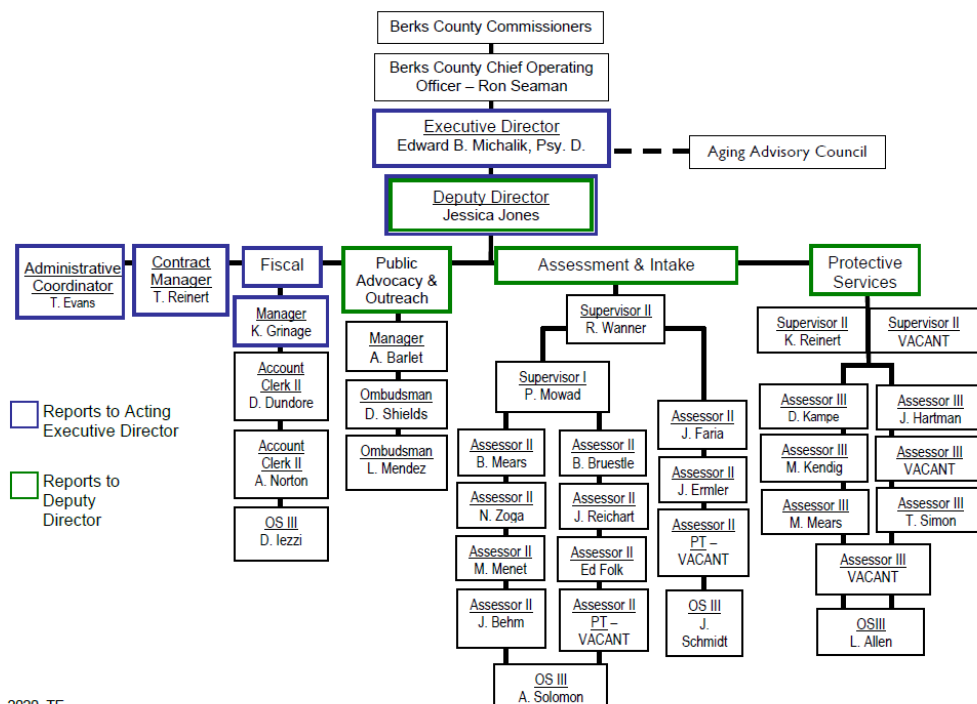


**Goal 5:** Improve services for older adults and the ability to advocate for them by using evidence-informed planning, committing to data integrity and being accountable for results.

Objective	Outcomes and Performance Measures
1. Provide staff and provider training about the importance of data reliability.	<ul style="list-style-type: none"> <li>• Number of trainings provided to staff.</li> <li>• Number of people that attend each training.</li> </ul>
2. Use data to make evidence-informed planning decisions regarding services and programs.	<ul style="list-style-type: none"> <li>• Ongoing monthly tracking of OPTIONS and senior center services trends.</li> <li>• Number of phone conferences and meetings with contracted providers to review data.</li> <li>• Maintain key performance indicator dashboards to review service trends.</li> </ul>
3. Ensure agency data accountability.	<ul style="list-style-type: none"> <li>• Create interagency quality assurance team in FY20/21.</li> <li>• Update and review tracking mechanisms annually for data collected within each unit of the AAA.</li> <li>• Continued transparency with stakeholders regarding data, program funding and allocations in the annual agency report.</li> <li>• Cross-training of staff via written procedures.</li> </ul>

**X. ORGANIZATIONAL CHART**

**BERKS COUNTY AREA AGENCY ON AGING**



2020 TE