PCA
PHILADELPHIA CORPORATION FOR AGING
Enriching lives, preserving dignity.™

Area Plan
2020-2024

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Executive Summary

Philadelphia Corporation for Aging (PCA) is a non-profit organization serving older adults, individuals with disabilities, and caregivers in Philadelphia County. As an Area Agency on Aging (AAA), PCA is mandated by the federal Older Americans Act (OAA) to "facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers." PCA fulfills this mandate through four functions:

- Protection and advocacy
- Coordination of care throughout the long-term care continuum
- Community connection administration
- Responsible stewardship of public and private funds

PCA produced its Area Plan for the years 2020-2024 based on the five statewide goals set by the Pennsylvania Department of Aging (PDA). Throughout the planning process, PCA consulted with a wide range of stakeholders, including PCA staff, service recipients, aging professionals, and community stakeholders to ensure the Plan reflects strengths, needs, and concerns of older adults, those with disabilities, and caregivers in Philadelphia County. Through focus groups, community survey, and external survey data, the following priority themes were highlighted:

- Access to Services
- Diversity and Inclusivity
- Social Determinants of Health
- Safety of Older Adults
- Data-Driven Decision Making
- Innovation and Operational Efficiency and Effectiveness

Additionally, the following key factors, which impact the delivery of service, were also considered in shaping this Plan:

- Population Trends
- Local, Political, and Economic Conditions
- Resource Development

Population Trends: The proportion of older adults in Philadelphia is expected to remain the same for the next few years; however, the characteristics of this population are projected to continue to change over by two continuing trends: the increase in the poverty rate among older Philadelphians and the growth of minority and foreign-born older populations in the city. The percent of older Philadelphians in fair or poor health and those who have one or more ADL/IADL disabilities have not changed greatly but continue to experience socially-based

barriers to care. The most commonly cited barriers include social isolation, lack of food access, inadequate housing conditions, and lack of reliable transportation.

Local, Political, and Economic Conditions: The COVID-19 pandemic brought about unique challenges and altered the ways in which essential services are provided to older Philadelphians. Moreover, as many services and programming moved online, the pandemic also revealed the digital divide among older Philadelphians. PCA will continue to adapt and innovate to meet the needs of older adults amid the pandemic and beyond, while also advocating for digital equity. In addition, PCA will continue to assess and adjust its operations to maintain compliance with federal, state, and local regulatory changes to the administration and delivery of service.

Resource Development: The expansion of Medicare Advantage supplemental benefits and the advent of Medicaid Managed Care and Accountable Care Organizations in the Philadelphia region have created new opportunities for PCA to expand the reach of its services through collaborative partnerships. PCA is also working to provide services on a fee-for-service basis to Philadelphians who are not eligible for Lottery funded home and community-based services.

In response to the five statewide goals established by the PDA, the priority themes, and the key factors listed above, fourteen objectives were identified along with strategies for action.

1. **Agency Overview**
   a. **Organizational Structure**

   PCA is a non-profit organization established in 1973 to serve as the Area Agency on Aging for Philadelphia. Its mission is to improve the quality of life for older Philadelphians and people with disabilities and to assist them in achieving their maximum level of health, independence and productivity. PCA advocates for all older Philadelphians, while giving special consideration to assuring that services are provided to those with the greatest social, economic, and health needs. Founded on the principle that older persons have the ability and the right to plan and manage their own lives, PCA seeks ongoing input from older adults. PCA recognizes the dignity of all older people and respects their racial, religious, gender, sexual, and cultural differences. PCA's vision is to be a caring organization that values and supports people as they age. PCA stands for excellence, compassion, and dignity as realized through our responsive and nurturing culture.

   PCA carries out its mission through 4 major functions: protection and advocacy, care at home, community connection administration, and responsible stewardship of public and private funds. PCA receives funding from the Older Americans Act, Medical Assistance and the Pennsylvania Lottery, and receives oversight from the Pennsylvania Department of Aging. In addition, PCA receives funding from federal sources, private foundations and individual donors. Guided by its Board of Directors and an Advisory Council, PCA employs more than 500 people and contracts with over 150 community organizations and service providers to deliver a variety of services to more than 140,000 older Philadelphians and people with disabilities each year. These services include: Advocacy; Care at Home Services; Employment Assistance; Health and Wellness Programs; Home Repair; Information and Referral; Legal Assistance; Home-delivered Meals; Protective Services; Senior Community Centers; Congregate Meal Sites; and Transportation.

   By helping to create positive social and physical environments, PCA's programs and services help promote good health and quality of life for older adults and people with disabilities. The PCA Helpline is the primary gateway to aging services in Philadelphia. In fiscal year 2019 the Helpline saw 138,758 calls, an increase of more than 4,000 calls per year since 2015. Helpline staff provides connection, information, and answers to people across Philadelphia County by answering approximately 513 calls each day. Also in fiscal year 2019, 20,000

older adults were connected to Senior Centers where 540,000 congregate meals were served. This represents an increase of 2,000 participants and 37,000 meals since fiscal year 2016.

PCA staff also plays an important role in helping consumers connect to a multitude of services in the long-term service and support continuum of care. In fiscal year 2019, 25,061 initial and follow-up assessments were conducted to determine level of care. Additionally, in fiscal year 2019 PCA's Older Adult Protective Services staff was called upon to investigate 4,297 reports of need, an increase of 1,000 cases annually since 2015. In the coming years, PCA will continue to advocate for the needs of victims and work to increase awareness on risk factors for abuse, neglect, and exploitation.

b. **Demographics**

The older population (age 60+) in the City of Philadelphia has shown remarkable consistency in many socio-demographic and health related trends over the past five years, and we expect that many of these trends will continue. As of 2018[1], there were approximately 300,000 older persons living in Philadelphia, which accounts for about 19 percent of the city's total population.[2] Almost all of these older adults live in the community versus an institutional setting. Although the percentage of the city's residents over age 60 is likely to remain constant, there are two trends that we expect will continue to change the makeup of Philadelphia's older population over the next few years.
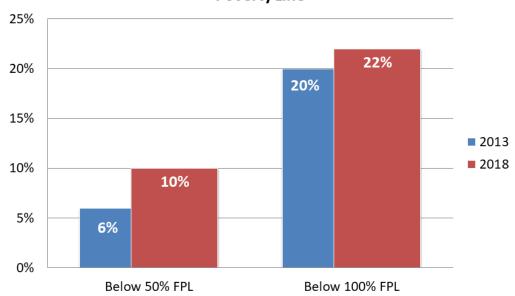
Poverty, Food Insecurity, and the Digital Divide

The first of these trends is an increase in the percentage of older adults living in poverty. 10 percent of Philadelphia's older population currently experiences deep poverty (incomes less than 50 percent of the Federal Poverty Level), representing a 4 percent increase over the last five years. The proportion of elders with incomes less than 100 percent of the Federal Poverty Level remains at 22 percent. The past five years have also seen a significant increase in the number of older adults who live in households receiving SNAP benefits, although whether this indicates greater poverty or better access to programs cannot be determined. However, the fact that more than 1 in 10 older persons in the city

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[1] 2018 is the most recent year for which data is available on these topics

[2] Public Use Micro Data Files of the American Community Survey (2013, 2018) © IPUMS USA, University of Minnesota, www.ipums.org. (IPUMS)

has cut a meal due to lack of money[3] is a key indicator of increased food insecurity and the continued effect of poverty on the lives of older Philadelphians.   In addition, it is important to note that while the proportion of older adults with internet access has steadily increased, the very poor and those with disabilities who may require assistive technology to participate online are less likely to have access than the general population.

Older Adults in Philadelphia Living Below the Federal Poverty Line

Data: Public Use Micro Data Files of the American Community Survey (2013, 2018) © IPUMS USA, University of Minnesota, www.ipums.org. Adults age 60 and older.
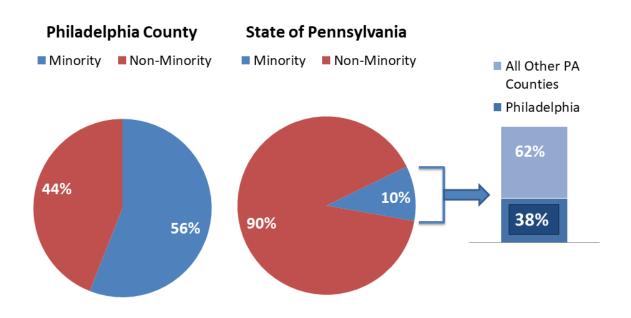
<u>Diversity</u>

The second trend that we expect to continue is an increase in the number and proportion of older adults who are foreign born, minority, or both. These individuals currently account for 62 percent, or almost two-thirds of all older adults in the city,[2] and include immigrants currently classified as "white," such as those from the central Asian republics of the former USSR, as well as others traditionally considered "non-white" or minority. Population estimates for the year 2021 show that while Philadelphia County will be home to 9 percent of the

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[3] Public Health Management Corporation's Household Health Surveys 2012 and 2018 © PHMC (PHMC)

state of Pennsylvania's older residents, it will house 38 percent of the state's minority elders.[4]

The character of the city's migrant population (which includes all migrants from outside the US mainland, regardless of citizenship status) has continued to change and grow, with the overall largest group hailing from Puerto Rico. Older Puerto Ricans have shown some of the poorest health outcomes of all minority groups in the city and the Latino population overall experiences significantly higher rates of poverty and disability than other residents. In addition, new groups of migrants, such as persons from India, are becoming a larger part of the older adult population in Philadelphia.

Minority Status: Philadelphia County vs. State of Pennsylvania

Philadelphia County
■ Minority ■ Non-Minority

State of Pennsylvania
■ Minority ■ Non-Minority

■ All Other PA Counties
■ Philadelphia

Philadelphia County: 44%, 56%

State of Pennsylvania: 90%, 10%

62%
38%

Data: Woods and Poole population estimates for the year 2021. Adults age 60 and older.

Community Engagement

While poverty and minority status continue to increase among older Philadelphians, home ownership has experienced a slight decline. However, a sense of belonging in one's neighborhood continues to be a hallmark of well-

[4] Woods & Poole 2019 Regional Projections and Database © 2019 Woods and Poole Economics Inc. (WP)

being among many older residents. Although two-thirds of the city's older adults report wanting to remain in their current homes for at least 10 more years, this may reflect older adults' desire to stay in their *communities* rather than an attachment to their *physical home/residence*.[3] It is often a lack of affordable and accessible housing alternatives in the older adult's neighborhood that accounts for their desire to stay in their current home.

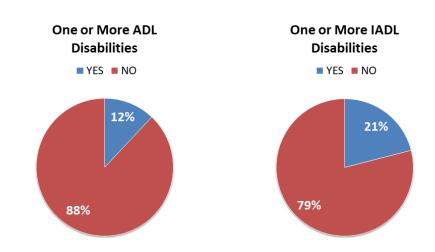| Connection to Community		
	2012	**2018**
"I feel I belong in my current neighborhood" *(agree or strongly agree)*	87%	91%
Participate in 1 or more neighborhood organizations *(yes)*	47%	51%
"Have neighbors ever worked together?" *(yes)*	67%	70%
"I would like to remain in my current home for at least 10 years" *(yes)*	64%	63%

Data: Public Health Mangement Corporation's Household Health Surveys 2012 and 2018 © PHMC. Adults age 60 and older.

Health

Just under one-third of all older adults in the city report that their health is fair or poor, with more than 25 percent reporting diabetes, almost 20 percent reporting asthma, and roughly 66 percent experiencing hypertension. Over 60 percent of Philadelphia's elders reported having at least one depressive symptom in the past week, and 17 percent reported having a diagnosed mental illness. Many of these older residents require treatment for multiple co-morbid conditions, and 2 out of every 10 have an IADL type disability.[2]

As Philadelphia's older population continues to experience complex health issues and socially-based barriers to care, it will be important to provide both consistent medical services and programming designed to ameliorate negative effects of the social determinants of health (SDOH).

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Disability: Activities of Daily Living & Independent Activities of Daily Living

One or More ADL Disabilities

■ YES ■ NO

12%

88%

One or More IADL Disabilities

■ YES ■ NO

21%

79%

Data: Public Use Micro Data Files of the American Community Survey (2013, 2018) © IPUMS USA, University of Minnesota, www.ipums.org. Adults age 60 & older.

c. **Local, Political, and Economic Conditions**
COVID-19
Early in 2020 PCA was faced with the unprecedented challenge to continue providing essential services to older Philadelphians while facing a global pandemic. To decrease the spread of COVID-19, the state issued stay-at-home orders leading to dramatic changes in procedures. Service coordination, assessment, and protective services were all required to suspend home visits and begin operating telephonically. Modifications were put into place for the safe continuation of home delivered meals and new grab-and-go meals in lieu of congregate meal sites. Other agency roles have adopted work from home practices and modified procedures to ensure continued operations. As restrictions are beginning to lift, the repercussions will be long lasting. PCA is preparing to have long-term changes in practices and procedures. Remote work practices, new safety measures, and increased utilization of technology will continue to be innovated and utilized throughout the next four years.

Digital Divide
Philadelphia has the second highest proportion of impoverished older adults and is the poorest overall of the 10 largest cities in the United States. Unfortunately, due to the high rates of poverty in Philadelphia, many older adults do not have access to the technology required to participate in online programming. As the move to provide services and programming has been expedited due to COVID-

19, many older adults have been excluded from these opportunities due to lack of access. PCA will continue to advocate for the expansion of reduced to no cost internet services for older adults.

<u>Upcoming Changes to Assessment and Enrollment</u>
In response to the state's pending request for proposal for any qualified provider to bid on assessment, enrollment, and counseling, PCA has begun preparations to be able to act in this capacity. Prior to 2012, PCA had administered these combined services and was able to provide a responsive and consumer-friendly method to conduct the work.

In order to avoid the perceived conflict of interest regarding the provision of other Medicaid funded services, PCA has decided to launch a new entity that will be in the position to contract with Pennsylvania Association of Area Agencies on Aging (P4A) as one of the AAAs completing the assessment, enrollment, and counseling function. This entity will be dedicated to assisting consumers with assessment, enrollment, and counseling.

d. Needs Assessment Process and Findings

PCA conducted a series of focus groups and a community survey to gather input from stakeholders on the development of strategies for the Area Plan. Seven focus group interviews were conducted with PCA department directors and staff to determine their current state and future needs. PCA intended to convene four focus groups with PCA Advisory Council members and other community stakeholders to determine strengths, gaps, challenges, and future needs of older adults, those with disabilities, caregivers, and service providers in racial/ethnic, LGBTQ+ and religious communities; however, due to the COVID-19 pandemic, only one focus group was convened with Latino Advisory Council members. In order to solicit as much input from a wide range of stakeholders as possible amid pandemic, PCA conducted an online community survey shared through newsletters, e-mail, and social media channels. In all, 91 stakeholders, who represented service recipients, caregivers, professionals, and community members, helped determine several areas for future attention. In addition, PCA utilized the Aging Workgroup of Commission on LGBTQ Affairs' survey results capturing needs of LGBTQ older adults. On July 16, 2020, PCA held a Public Hearing to continue to engage and connect stakeholders in the process of finalizing the proposed goals and objectives of the Area Plan.

The process highlighted 6 general themes for further attention: Access to Services; Diversity and Inclusion; Social Determinants of Health; Safety of Older

Adults; Data-Driven Culture; and Innovation and Operational Efficiency and Effectiveness.

Access to Services: 75 out of 91 community survey respondents completed the question about their experience with accessing aging services/program. Approximately 27 percent of the respondents said their experience with accessing aging services/programs was either "difficult" or "very difficult." The most commonly mentioned barriers to services/programs were:

- Lack of information about services
- Transportation
- Waiting time
- Lack of cultural diversity/inclusivity
- Limited English proficiency

Among racial/ethnic minority communities, difficulty navigating a complex aging system, negative stigma associated with aging, negative perceptions of aging services, immigration status, and discrimination were mentioned in addition to the list of the common barriers. According to a survey conducted by the Aging Workgroup of the Commission on LGBTQ Affairs, 81 percent of respondents (n=400+) reported that they have not utilized services from their Area Agency on Aging.[5] Continued exploration of new ways to outreach to underserved and underrepresented communities is essential.

Diversity and Inclusion: Among 73 community survey respondents who completed the question about the barriers to aging services/programs, 38 percent mentioned lack of cultural diversity and inclusivity as a barrier. While PCA has developed a strong track record for hiring diverse candidates and a reputation for inclusion, continued effort in preserving and maintaining PCA's diverse and inclusive workforce is needed to better serve constantly changing demographics of older Philadelphians and those with disabilities. In addition, continued effort to create inclusive PCA promotional materials is essential to improve outreach to older adults of different racial, ethnic, linguistic, and sexual orientation backgrounds.

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[5] "PA Commission on LGBT Affairs Submits Recommendations to the State Regarding LGBTQ Senior Care," *The Pitt Men's Study* (2020), https://pittmensstudy.com/2020/05/21/pa-commission-on-lgbt-affairs-submits-recommendations-to-the-state-regarding-lgbtq-senior-care/ (accessed 29 June 2020)

Social Determinants of Health: 63 out of 91 community survey respondents completed the question about the barriers to healthy aging. Of these respondents, 48 percent or more mentioned the following barriers to healthy aging:

- Economic insecurity (73%)
- Limited access to affordable/reliable transportation (57%)
- Lack of social opportunities (56%)
- Unsafe neighborhood (54%)
- Limited access to health services (51%)
- Low health literacy (49%)
- Food insecurity (49%)
- Lack of affordable housing (48%)

In addition, the Aging Workgroup of the Commission on LGBTQ Affairs' survey highlighted the need for increased effort to reduce and prevent social isolation and loneliness with a special attention to the most vulnerable population including LGBTQ, minority, and immigrant older adults.[6]

Safety of Older Adults: 57 out of 91 survey respondents completed the question about the safety issues faced by older Philadelphians. The three most common safety issues were:

- Financial exploitation (58%)
- Self-neglect (51%)
- Neglect by a caregiver (40%)

Other safety issues mentioned by the respondents included physical/ psychological/ sexual abuse, abandonment, and unsafe neighborhood. The most frequently mentioned barriers that keep older Philadelphians from seeking help were lack of information about services, fear of retaliation, shame in being a victim, and fear of losing their independence. Other barriers included self-blame, limited English proficiency, and denial of abuse. Among 60 community survey respondents, 33 percent said they are unfamiliar with Older Adult Protective Services, ombudsman, and senior legal services. Continued and increased awareness campaigns of risk factors for abuse, neglect, and

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[6] Aging Workgroup of the Pennsylvania Commission on LGBTQ Affairs, *Aging Workgroup of the Pennsylvania Commission on LGBTQ Affairs: Recommendations for the 2020-2024 State Plan on Aging.* n.p.

exploitation as well as resources are needed to ensure safety of older Philadelphians.

Data-Driven: Continued effort to foster a data-driven culture was a common theme in many of the focus group interviews. Many participants mentioned the importance of the continued utilization of data to ensure quality of service and to identify unmet needs of older Philadelphians. In addition, the need to collect sexual orientation and gender identity (SOGI) data to better understand service utilization among LGBTQ older adults was emphasized by the Aging Workgroup of the Commission on LGBTQ Affairs' survey respondents.[6]

Innovation and Operational Efficiency and Effectiveness: The continued effort to streamline internal and external referral processes through updating information and communication technology systems was emphasized in many of the focus groups. Efficient utilization of staff expertise by developing strategic measures for communication and practice was encouraged. In addition, the continued exploration of new ways of outreaching to underserved and underrepresented communities and strengthening programs was a theme emphasized in many of the focus groups.

e. **Resource Development**
PCA believes that in order to support the older adults of Philadelphia, new collaborations must be developed and innovative ideas need to be cultivated. Many complementary services such as behavioral health, housing services, health care and public health traditionally work parallel to aging services instead of in conjunction with area agencies on aging. PCA actively works to build bridges between industries to ensure all components of wellness and social determinants of health are addressed for older adults. New initiatives and partnerships are being created with:

Medicare Advantage Plans
The Bipartisan Budget Act of 2018 & CHRONIC Care Act have provided for the expansion of Medicare Advantage supplemental benefits including the flexibility to offer some types of home and community-based services. This change has created the opportunity for many PCA services to be eligible to be covered by Medicare Advantage Plans. PCA intends to pursue new partnerships with Medicare Advantage Plans to provide many home and community-based services.

Managed Care and Accountable Care Organizations

As Managed Care Organizations are now coordinating Community HealthChoices services and more Accountable Care Organizations are formed in the Philadelphia region, new opportunities for innovative partnerships have developed. PCA is actively developing relationships with these organizations to ensure services can reach the greatest number of older adults as possible.

Fee-For-Service

In addition to building partnerships to expand the reach of PCA service, PCA is also actively pursuing opportunities to bring services directly to consumers through fee-for-service models. This innovative approach will allow PCA to meet the housing repair and modification as well as nutrition and other needs of Philadelphians who are without other options for support.

2. Goals, Objectives, Strategies, and Performance Measures

Goal 1: Promote efficient and innovative best practices to ensure service access for Philadelphia's diverse aging population.	
Objectives and Strategies	**Performance Measures**
Objective 1: Explore new opportunities to reach previously underserved and emerging communities across all programs and services. Strategies: 1. Promote use of new tools and enhanced data collection practices to better identify underrepresented communities to enrich programs. 2. Continue engagement efforts with new and underrepresented groups.	1. Conduct 10 advisory meetings annually for African and Caribbean, Asian, Latino, and clergy/interfaith communities. 2. Reconvene LGBT Older Adult outreach committee and work to advocate for the presence of SOGI related data collection. 3. Assist PCA subsidized community programs in utilization of new technology to identify underrepresented communities. 4. Explore opportunities to create an interagency task force on aging and mental health with key leaders in aging and mental health agencies in Philadelphia.
Objective 2: Increase participation in PCA programs with particular attention to those which are underused or serving those with the greatest needs. Strategies: 1. Explore new partnership and funding opportunities to increase participation in programs. 2. Explore marketing and outreach opportunities to increase awareness of programs among communities with the greatest need.	1. Create an agency taskforce to build relationships with hospitals and health systems. 2. Continue relationship building with Philadelphia Department of Behavioral Health/Intellectual disAbility Services to enhance utilization of Dom Care. 3. Implement senior center marketing and outreach strategy to increase membership among new cohorts of older adults. 4. Identify 5 new funding opportunities to increase utilization of existing programs.

Objective 3: Continue to integrate agency operations and internal and external referral systems to maximize staff expertise and program utilization.
 	
Strategies:
 	
   1. Explore novel opportunities to enhance engagement and linkages between programs to enhance services.
 	
   2. Explore opportunities to streamline referral processes.
	1. Identify new processes to maximize referral opportunities.
	
	2. Identify new techniques to bridge internal programs.

Objective 4: Utilize platform as leader in the Philadelphia aging network to combat false perceptions and ageist beliefs and practices.
 	
Strategies:
 	
   1. Support senior center network to brand centers in a manner attractive to emerging older adults.
 	
   2. Provide education and awareness opportunities to promote positive aging and to reduce stigma associated with issues such as mental and sexual health among older adults.
	1. Create senior center marketing campaign.
	
	2. Create a national senior center best practices database for senior center planning decisions.
	
	3. Utilize diverse and positive images and language to describe aging in existing communication tools and social media.

Goal 2: Improve efforts to address social determinants of health, support healthy living, promote active engagement, and help build a sense of community among older Philadelphians.	
Objectives and Strategies	**Performance Measures**
Objective 1: Explore opportunities to expand PCA programming that addresses social determinants of health. Strategies: 1. Bridge PCA programs to cross promote opportunities to enhance older adult well-being. 2. Develop relationships with community partners to align services needed to fill social needs of older adults.	1. Increase the number of volunteers enrolled in PCA's Senior Companion Program by 2%. 2. To increase socialization and decrease isolation, Pilot a "Buddy System" program at select senior centers in order to help new members integrate more easily into the community. 3. Investigate the availability of new evidence-based health promotion programs to be administered by PCA in the community. 4. Initiate a pilot program that provides older adults with information and hands-on learning regarding safety in the home and minor home repairs to increase ability to remain in the home of choice.
Objective 2: Work with community partners to advocate on issues which may affect consumers' social determinants of health (SDOH). Strategies: 1. Continue existing partnerships, which brings together stakeholders in the aging, health care, social services, housing, and food provision sectors in an effort to reduce hunger and malnutrition among Philadelphia's older adult population. 2. Continue to advocate for improved senior housing options in Philadelphia, and raise awareness of	1. Convene community partners in addressing Philadelphia's older adult food insecurity. 2. Conduct awareness campaign regarding the state of housing options in Philadelphia. 3. Conduct at least 70 evidence-based health and wellness education sessions annually.

elder homelessness and housing insecurity. 3. Continue to offer sessions examining aspects of social determinants of health and health promotion practices at PCA's annual conference.	
Objective 3: Strengthen PCA programs that promote community engagement and peer support. Strategies: 1. Engage in targeted outreach to increase community engagement. 2. Increase intra-agency referrals. 3. Promote increased visibility of programs. 4. Leverage stakeholder groups convened by the agency's Community Relations Department to more effectively connect older adults from diverse communities to local senior centers.	1. Increase intra-agency referrals to Caregiver Support and Dom Care programs through outreach, training, and engagement initiatives. 2. Hold 2 senior center awareness events for PCA's community advisory committees. 3. Conduct awareness and recruitment campaign for the Senior Companion Program. 4. Seek funding opportunity for a caregiver peer support network.

Goal 3: Demonstrate continued efforts of inclusion and person-centered practices through services and programs as well as outreach and education.	
Objectives and Strategies	**Performance Measures**
Objective 1: Use data on regional demographic trends to enhance PCA's capacity to reach new and diverse older adult populations. Strategies: 1. Engage in research activities to improve agency understanding of demographic trends within Philadelphia's older adult population. 2. Increase diversity in PCA promotional materials to better reach consumers of different racial, ethnic, linguistic, gender identity, and sexual orientation backgrounds. 3. Promote diversity and inclusion through targeted staffing practices.	1. Evaluate recruitment and hiring practices to ensure staff that is representative of diverse groups within the older adult population served. 2. Conduct cultural sensitivity and implicit bias training. 3. Ensure PCA promotional materials, as a whole, accurately reflect the diversity of the service region.
Objective 2: Increase access to and use of PCA services by building or enhancing relationships with local community-based and health care organizations. Strategies: 1. Increase participation in local conferences, alliances, task forces, and other community-based efforts which have the potential to impact the health and well-being of older adult consumers. 2. Initiate/participate in strategic collaborations with health care systems.	1. Identify three new opportunities for PCA's involvement in community-based efforts. 2. Utilize collaborative partnerships with behavioral health organizations as they are being developed.

Goal 4: Enhance and advocate for continued support of efforts promoting the rights, safety and protection of older Philadelphians through increased education, prevention, and compassionate response.	
Objectives and Strategies	**Performance Measures**
Objective 1: Increase advocacy and awareness efforts at the state and national level for support of ombudsman, legal, and protective services. Strategies: 1. Continue to raise awareness regarding the needs for older adult protective services within Philadelphia. 2. Advocate for enhanced training opportunities for ombudsman, legal, and protective services. 3. Educate leaders and the public on the importance of social connections and efforts to decrease isolation among vulnerable populations. 4. Educate leaders and the public on risk factors for abuse, neglect, and exploitation.	1. Utilize existing communication channels to highlight older adult protective service needs in the region. 2. Identify new training opportunities for protective services, ombudsman, and legal services staff. 3. Launch education campaigns on older adult social connections and risk factors for abuse, neglect, and exploitation. 4. Improve/increase a smooth transition of OAPS cases to care management once risk to the older adult has been eliminated.
Objective 2: Increase resources allocated to Older Adult Protective Services (OAPS) to decrease caseloads and increase victim support utilization. Strategies: 1. Continue to seek additional funding sources for older adult protective services. 2. Increase referrals to the Victim Support Program from OAPS investigators.	1. Apply for renewal of Victim of Crime Act (VOCA) funding to support the Victim Support Program. 2. Identify one new funding opportunity to support OAPS.

Goal 5: Use data-driven, evidence-informed planning to improve business practices and the provision of services and programs.	
Objectives and Strategies	**Performance Measures**
Objective 1: Update technology to meet the evolving needs of business practices, services, and consumers. Strategies: 　1. Explore tools and systems to improve efficiency in business operations. 　2. Support programs and services in utilizing data-driven business decisions. 　3. Explore tools needed to improve data collection and evaluation. 　4. Identify methods to streamline processes and communication with all stakeholders.	1. Pilot implementation of at least one new business efficiency tool or program. 2. Conduct leadership training on utilization of data in making business decisions. 3. Identify data collection tools for piloting.
Objective 2: Enhance data collection and utilization methods to evaluate and improve operations, programs, and services. Strategies: 　1. Evaluate current data collection and develop enhanced collection and evaluation practices to assess and improve programs and services. 　2. Identify gaps in evaluation and opportunities for expanded quality measurements.	1. Develop a clearinghouse of all data collection and evaluation tools currently in use. 2. Create an internal task force to examine data collection and reporting issues.
Objective 3: Utilize data to develop methods of accountability for programs and providers to maximize benefits to consumers. Strategies: 　1. Implement strategies to ensure compliance and quality. 　2. Evaluate current programming to ensure appropriate standards are reliably reached. 　3. Assist contractors and providers in implementing procedures and utilizing tools to meet higher expectations.	1. Identify quality measures for 2 programs annually. 2. Develop systems to create, modify, or utilize existing evaluation tools for enhanced outcomes. 3. Identify needs of programmatic contractors to be able to meet expectations as outlined by PCA.

PCA Organizational Chart