

2024-2027 FOUR-YEAR AREA PLAN

■ ■ ■ ■ ■ *Program Module*



Alliance for Aging, Inc.
Planning and Service Area 11
September 2023



Table of Contents

Introduction to the Area Plan	1
Program and Contract Module Certification	3
AAA Board of Directors	4
AAA Advisory Council	6
Funds Administered and Bid Cycles	7
Resources	8
Executive Summary	9
Mission, Vision, and Goal Statements	12
Profile	13
Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis	37
Performance and Targeted Outreach	40
Unmet Needs and Service Opportunities	50
Emergency Preparedness	60
Goals and Objectives	64
Direct Service Waiver Request Form	74
Assurances & Attestations	75

Introduction to the Area Plan

The Area Plan describes in detail the specific services to be provided to the population of older adults residing in each Planning and Service Area (PSA). The plan is developed from an assessment of the needs of the PSA as determined by public input that involves public hearings, the solicited participation of those affected and their caregivers, and service providers. The plan also states the goals and objectives that the Area Agency on Aging (AAA) and its staff and volunteers plan to accomplish during the planning period. This four-year cycle is for the period of January 1, 2024, through December 31, 2027.

The Area Plan is divided into two parts, the Program Module and the Contract Module. The Program Module includes a profile of the PSA; a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis; an analysis of performance and unmet needs; the service plan including goals, objectives, and strategies; assurances; and other elements relating to the provision of services.

The Contract Module includes the elements of the plan relating to funding sources and allocations, as well as other administrative/contractual requirements, and otherwise substantiates the means through which planned activities will be accomplished.

Program and Contract Module Certification

AREA AGENCY ON AGING (AAA) INFORMATION:

Legal Name of Agency: Alliance for Aging, Inc.
Mailing Address: 760 NW 107th Avenue, Suite 214, Miami, FL 33172
Telephone: (305) 670-6500 FEDERAL ID NUMBER: 65-0101947

CERTIFICATION BY BOARD PRESIDENT, ADVISORY COUNCIL CHAIR, AAA DIRECTOR:

I hereby certify that the attached documents:

- Reflect input from a cross-section of service providers, consumers, and caregivers who are representative of all areas and culturally diverse populations of the Planning and Service Area (PSA).
- Incorporate the comments and recommendations of the Area Agency’s Advisory Council.
- Have been reviewed and approved by the Board of Directors of the Area Agency on Aging.

Additionally:

Signatures below indicate that both the Program Module and the Contract Module have been reviewed and approved by the respective governing bodies.

I further certify that the contents are true, accurate, and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance. I have reviewed and approved this 2024-2027 Area Plan.


Chair, Board of Directors

Name Lisa Chin
Date: Nov 2, 2023

Signature: 
Lisa Chin (Nov 2, 2023 18:23 EDT)

Advisory Council Chair

Name Ramona L. Frischman
Date: 11/2/23

Signature: 

Area Agency on Aging Executive Director

Name Max B. Rothman
Date: Nov 2, 2023

Signature: 
Max B. Rothman (Nov 2, 2023 18:27 EDT)

Signing this form verifies that the Board of Directors and the Advisory Council and AAA Executive Director understand that they are responsible for the development and implementation of the plan and for ensuring compliance with the Older Americans Act Section 306.

AAA Board of Directors

Membership Composition:

The policy-setting function of the Corporation shall be the responsibility of the Board of Directors (hereinafter referred to as the Board in these Bylaws), consisting of not less than thirteen (13) and no more than twenty-seven (27) members.

The Board shall be composed of residents of, and/or persons with their principal place of business/employment in, Miami-Dade and Monroe Counties and who support the purposes and objectives of this Corporation and who are representative of the area to the degree feasible.

Frequency of Meetings:

At least quarterly

Officer Selection Schedule:

Nominations are made in the Fall, or at any time throughout the year.

The Executive Committee reviews nominations and proposes the slate to the full Board.

A simple majority of the Board elects the slate of officers. Each member of the Board has one vote.

AAA Board Officers:

Title	Name	Term
Chair	Lisa Chin	01/23 - 12/23
Vice Chair	Peter J. López	1/23 – 12/23
Treasurer	Andrew Bellinson	1/23 – 12/23
Secretary	Oscar Llorente	1/23 – 12/23
Immediate Past Chair	Sheryl J. Manning, J.D.	1/23 – 12/23

AAA Board of Directors Membership:

Name	Occupation / Affiliation	County of Residence or Primary Work	Member Since	Current Term of Office
Andrew Belinson	Elder Law Attorney	Miami-Dade	01/22	01/22 – 12/24
Lisa Chin	Asst VP Operations West Kendall Baptist Hospital	Miami-Dade	02/20	01/22 – 12/24
Jeffrey A. Codallo	USAF Retired	Miami-Dade	01/17	01/23 - 12/24
Marke Dickinson	Chief Marketing Officer ChenMed	Miami-Dade	05/18	01/21 – 12/23
Ramona Frischman	Retired	Miami-Dade	01/22	01/23 - 12/23
Trudy Gaillard	Associate Professor College of Nursing and Health Sciences, FIU	Miami-Dade	01/20	01/22 - 12/24
Elena Z. George	Professional Guardian Guardianship of Miami-Dade and Monroe	Monroe	08/22	08/22 – 12/25
Marries Gómez	Director of Operations 24/7 Nursing Care	Miami-Dade	01/22	01/22 – 12/24
Heather Harris	Senior Medical Science Liaison, Cognivue, Inc.	Miami-Dade	01/22	01/22 – 12/24
Oscar Llorente	Director Network Development Mt. Sinai Medical Center	Miami-Dade	02/22	02/22 – 12/24
Peter J. López	CEO, Sainz Management Group	Miami-Dade	02/22	02/22 – 12/24
Sheryl J. Manning	Elder Law Attorney	Miami-Dade	01/16	01/23 – 12/23
Sate Rep. Juan Carlos Porras	State Representative	Miami-Dade	06/23	Legislative appointment
Lesly Quintanilla López	Project Director Keys Advocacy Center	Monroe	01/19	01/12 - 12/24
Candy Sicle	Consumer Sales and Retention, Avmed	Miami-Dade	03/23	03/23 – 12/25
Joy Siegel	Healthcare Consultant	Miami-Dade	01/21	01/21 – 12/23
Jayati Sinha, Ph.D.	Asst. Professor, FIU	Miami-Dade	02/18	01/21 – 12/23

AAA Advisory Council

Council Composition:

The Council shall be composed of persons whose interests are compatible with and coincide with the purposes and objectives of the Alliance. The actual membership of the Council shall be in accordance with, and not in conflict with, all applicable federal and state laws, guidelines and regulations. More than 50 percent must be older persons (60 years of age and over), including minority individuals who are participants, or who are eligible to participate, in a program under the Older Americans Act. Other members may include representatives of the following:

- a. Older persons
- b. Health care provider organizations, including providers of veterans' health care (if appropriate)
- c. Supportive service provider organizations
- d. Persons with leadership experience in the private and voluntary sectors
- e. Local elected officials
- f. The general public

The membership of the Council shall be representative of the population and demographics of the service area which include but are not limited to its ethnic, cultural, geographic, and economic characteristics. Monroe County shall be represented by not less than two representatives.

The Advisory Council shall consist of at least - fifteen (15), but no more than fifty-five (55) members.

Frequency of Meetings:

At least quarterly

Member Selection Schedule:

Any time throughout the year

Service Term(s):

3 years, eligible to be re-elected

AAA Advisory Council Members:

Name	Occupation / Affiliation	County of Residence or Primary Work	Member Since	Current Term of Office	60+ (yes/no)	Race	Ethnicity
Ed Cooke	Retired	Miami-Dade	03/23	03/23 – 03/26	Yes	White	Non-Hispanic
Larry Feldman, Ph.D.	Retired	Miami-Dade	05/24	05/24-05/27	Yes	White	Non-Hispanic
Ramona L. Frischman	Retired	Miami-Dade	03/08	03/23 – 03/26	Yes	White	Non-Hispanic
Cyndi Guerra	Aging services	Miami-Dade	01/11	01/23 – 12/26	No	White	Hispanic
Edeline B. Mondestin	Miami-Dade County Community Action	Miami-Dade	12/14	12/20 – 12/23	Yes	Black	Non-Hispanic Haitian
Gloria Orlandi-Kass	Alzheimer's Association	Miami-Dade	09/20	09/20 - 09/23	Yes	White	Hispanic
Edward C. Powell	Retired	Miami-Dade	09/23	09/23 - 09/23	Yes	White	Non-Hispanic
Raymond J. Reigadas	Retired	Monroe	11/16	11/20 - 11/23	Yes	White	Non-Hispanic
Lymari Rivera	Home Care Plus	Miami-Dade	01/22	01/22 – 01/25	No	White	Hispanic
Jennifer Rodriguez	Photo Booth Attendant	Miami-Dade	03/23	03/23 – 03/26	No	White	Non-Hispanic
Marlen Rodríguez	Physical 4 U Inc.	Miami-Dade	05/17	05/23 - 05/26	No	White	Hispanic
Jan Schneider	Retired	Miami-Dade	05/11	05/23 - 05/26	Yes	White	Non-Hispanic
Luviana Solis	Preferred Health	Miami-Dade	05/22	05/22 – 05/25	No	White	Hispanic
Carolyn Thomson	Epilepsy Alliance Florida	Monroe	09/22	09/22 – 09/25	Yes	White	Non-Hispanic
Marjorie York	Retired	Miami-Dade	02/11	02/23 - 02/26	Yes	White	Non-Hispanic

Funds Administered and Bid Cycles

The following funds are administered by Alliance for Aging, Inc. for PSA 11. The current and anticipated Bid Cycles are provided for those programs that are administered through competitively procured subcontracts.

Funds Administered			Current Bid Cycle		Anticipated Bid Cycle	
			Published	Current Year of Cycle	Ant. Pub.	Ant. Award
Older Americans Act (OAA)	III B	<input checked="" type="checkbox"/>	5/2018	4	6/2024	1/2025
	III C.I	<input checked="" type="checkbox"/>	5/2018	4	6/2024	1/2025
	III C.II	<input checked="" type="checkbox"/>	5/2018	4	6/2024	1/2025
	III D	<input checked="" type="checkbox"/>	5/2018	4	6/2024	1/2025
	III E	<input checked="" type="checkbox"/>	5/2018	4	6/2024	1/2025
	VII*	<input checked="" type="checkbox"/>		-		
	American Rescue Plan Act	<input checked="" type="checkbox"/>				
General Revenue	ADI	<input checked="" type="checkbox"/>	10/2020	2	10/2026	7/2027
	CCE	<input checked="" type="checkbox"/>	10/2022	5	3/2023	7/2023
	HCE	<input checked="" type="checkbox"/>	10/2022	5	3/2023	7/2023
Other	ADRC*	<input checked="" type="checkbox"/>				
	AoA Grants	<input type="checkbox"/>				
	FACE*	<input type="checkbox"/>				
	LSP*	<input checked="" type="checkbox"/>				
	NSIP*	<input checked="" type="checkbox"/>				
	RELIEF*	<input checked="" type="checkbox"/>				
	SHINE*	<input checked="" type="checkbox"/>				
	USDA*	<input type="checkbox"/>				

* This fund does not have an associated Bid Cycle.

Resources Used

[Advancing States](#)

[American Community Survey](#)

[AoA Special Tabulation Data 60+](#)

[Behavioral Risk Factor Surveillance System](#)

[Bureau of Economic and Business Research \(BEBR\)](#)

[Explore Census Data](#)

[Economic and Demographic Research \(EDR\)](#)

[FLHealthCHARTS](#)

[HCSF District 11 Health Profile](#)

[2020-chna-report-miami-dade-county-fl.ashx \(umiamihealth.org\)](#)

[Population Program – B.E.B.R. – Bureau of Economic and Business Research \(ufl.edu\)](#)

[PSA 11 2023 Community Health Needs Assessment \(HCSF\)](#)

[eCIRTS and Legacy CIRTS](#)

[National Aging Program Information System \(NAPIS\) / The Older Americans Performance System \(OAAPS\) reports](#)

[2022 Profile of Older Floridians](#)

[Elder Needs Index Maps](#)

[Targeting Data and Dashboard](#)

[Targeting Performance Maps](#)

Executive Summary

As the Area Agency on Aging for Miami-Dade and Monroe Counties, the Alliance for Aging is responsible for administering over \$60 million in federal, state, and local funding. Our primary role is to ensure accountability and oversight of 25 contracted providers delivering home- and community-based services for older adults. These dedicated contractors offer a range of essential services, including meals, homemaker assistance, personal care, transportation, adult day care, respite care, legal assistance, counseling, caregiver support, nutrition counseling, and more. To guarantee compliance with federal and state program regulations, the Alliance conducts annual monitoring of these agencies.

At the heart of our efforts, the Alliance operates the Aging and Disability Resource Center, which includes the Helpline. This valuable resource provides information and referral services to older adults, adults with disabilities, caregivers, and the general public. Our organization also manages other vital programs such as SHINE (Serving the Health Insurance Needs of Elders) and Healthy Aging initiatives. These programs focus on educating elders in chronic disease management, falls prevention, elder abuse prevention, financial exploitation awareness, and overall healthy aging practices.

To better understand the specific needs of this community, the Alliance conducted a comprehensive community health needs assessment (CHNA) in 2019 and again in 2023, with support from the Health Council of South Florida. The CHNA incorporated quantitative and qualitative data from four sources: Key Informant Interviews, Elder Focus Groups, Community Listening Sessions, and a survey administered in-person and online. The Focus Groups were conducted in South Little Havana, Doral, Liberty City and Tavernier (virtually). Several key themes emerged from the assessments:

- **Growing Elder Population in PSA 11:** The number of adults aged 60 and above, who are potentially eligible for OAA services, is projected to increase by more than 25% between 2020 and 2030, from 670,043 to 847,912 individuals. The fastest growth in the number of older adults will be observed in both Miami-Dade and Monroe Counties by 2025. Furthermore, due to improved longevity, the number of elders aged 85 and above will grow even faster, by 36.3% within the same period, from 70,927 in 2020 to 96,691 in 2030. Local health data suggests that this aging population may have a higher likelihood of experiencing dementia, disabilities, and the need for caregiving support or alternative transportation. Consequently, this growing elder population poses a significant challenge to the capacity of the local service system for decades to come.
- **Housing and Transportation Challenges:** Housing and transportation consistently emerged as major concerns and unmet needs across various groups and individuals interviewed. There is a pressing need for more resources and information regarding available housing options, transportation services, and how to access them effectively.

- **Poverty as a Primary Risk Factor:** In PSA 11, poverty is a significant risk factor for older adults, with one in five (20.5%) living below the Federal Poverty Line (FPL) and one in four (28.5%) below 125% of the FPL. In fact, PSA 11 has the highest population of economically disadvantaged elders in the state. Given the high cost of living in South Florida, poverty becomes a relative issue in PSA 11, where 25-30% of elders spend more than 50% of their monthly income on housing expenses. Poverty adversely affects the health, nutrition, and overall well-being of older adults, limiting their ability to afford essential care and services. Consequently, poverty serves as a driving factor for both increased need and frailty, resulting in a heightened demand for free or low-cost services.
- **Caregivers play a pivotal role** in enabling older adults to age in place, particularly those grappling with Alzheimer's, dementia, and chronic conditions. In PSA 11, there is a large unmet service need revolves around respite care. Family caregivers, particularly those who are employed, express a strong desire for affordable and ongoing respite care. However, the current funding structure only supports time-limited care, leaving a significant gap in meeting this crucial need.

Family caregivers require comprehensive support systems encompassing training, education, and guidance. Traditional models such as support groups and training/education sessions may not always resonate with caregivers, necessitating innovative approaches. It is imperative to explore alternative methods to provide the necessary training, education, and support that cater to the diverse preferences and circumstances of caregivers.

To address these challenges and cater to the high demand for services, additional funding is required. Specifically, funding should be allocated towards expanding high-demand services like home-based and facility respite care, as well as adult day care. These services may need to be bundled with other essential support systems such as transportation, meals, and caregiver support/education. By offering integrated solutions, we can ensure that caregivers receive the comprehensive assistance they need to sustain their caregiving roles effectively while maintaining their own well-being.

Recognizing the indispensable role of caregivers and understanding their specific needs is vital to promoting aging in place. By prioritizing the expansion of respite care options, providing tailored training and education programs, and securing additional funding for essential services, we can empower caregivers and enhance the overall quality of life for older adults in our community.

Underserved Populations

The Alliance will continue to target priority populations, including low-income elders; racial-ethnic minorities; and elders with the most social and economic need. Based on the 2023 CHNA, the Alliance has identified underserved populations and geographic

areas as follows:

Geographic Areas	Racial/Ethnic Groups	Special Subpopulations
<ul style="list-style-type: none">• Monroe County, especially rural• South Dade, especially rural• Maimi-Dade County's most distressed neighborhoods	<ul style="list-style-type: none">• African American• Haitians• Limited English Speakers	<ul style="list-style-type: none">• Caregivers• Elders with Alzheimer's• LGBTQ+ Elders• Elders/adults with a disability• Isolate/Homebound elders

PSA 11 faces the challenging combination of a high cost of living and a large low-income population, resulting in an overwhelming demand for free or subsidized services that surpasses available funding. Unmet need is pervasive throughout PSA 11. This includes more than 17,000 residents on the Statewide Medicaid Managed Care Long Term Care (SMMCLTC) waitlist and more than twice that number on CCE, HCE and ADI program waitlists. There are an estimated 157,000 elders living at or near poverty. Additionally, there are approximately 113,000 elders with mobility disabilities and over 228,000 elders with limited English proficiency.

Insufficient funding not only strains the capacity of the Aging and Disability Resource Center (ADRC), but also hampers the Alliance from expanding services, introducing new initiatives, and accommodating a greater number of elders overall. A comparison of call volumes to the Helpline reveals a staggering 67% increase, with the number of live calls answered rising from 47,397 in 2020 to 79,295 in 2022. This growth highlights the urgent need for resources to meet the escalating demands placed on the ADRC.

In order to address the needs of a growing elder population in PSA 11, funding must be increased to keep pace with the rising demand. To bridge the funding gap and adequately support the community, it is essential to prioritize allocating additional resources. By securing increased funding, the Alliance can effectively address the unmet needs of the population, enhance the capacity of the ADRC, and provide a wider range of essential services. This financial investment is crucial for maintaining quality care and ensuring the well-being of the growing elder population in PSA 11.

Urgent action is required to address the pervasive unmet needs, strengthen the ADRC, and expand services to accommodate the growing elder population. By increasing funding, we can work towards meeting the diverse and pressing needs of our community, providing the support and resources necessary to enhance the quality of life for older adults in PSA 11.

Mission, Vision, and Goal Statements

Mission:

To promote and advocate for the optimal quality of life for older adults and their families

Vision:

Miami-Dade and Monroe Counties are communities where the quality of life of elders is valued and their contributions to community life are recognized

Goal:

To provide information and access to quality services for older adults that help keep them at home and in their communities



Profile

Identification of Counties:

The Alliance for Aging, Inc. serves as the area agency on aging for Miami-Dade and Monroe Counties in the southernmost region of Florida. As the designated Planning and Service Area (PSA) 11 for the State of Florida's Department of Elder Affairs (DOEA), the Alliance assumes a paramount role in upholding the welfare of the older adult community within these counties.

Positioned at the very southern tip of the state, Miami-Dade and Monroe Counties boast an unparalleled geographical mosaic. A substantial portion of both counties is enveloped by the awe-inspiring Everglades, an expansive tropical wetland sprawling across 734 square miles. This ecologically diverse region serves not only as a natural marvel but also as the ancestral home of the Seminole and Miccosukee tribes, steeped in profound cultural heritage and tradition.

Miami-Dade County stands as a multifaceted epicenter characterized by its intricate interplay of cultural dynamism, economic vitality, and natural splendor. Housing the renowned metropolis of Miami, the county encompasses a diverse spectrum of neighborhoods, each imbued with a distinct character. Its expansive coastline, distinguished arts landscape, and heterogeneous communities collectively position Miami-Dade County as a sophisticated confluence of urban sophistication and subtropical charm.

Beyond the mainland, Monroe County encompasses a chain of enchanting islands renowned as the Florida Keys. These picturesque isles are famed for their vibrant aquatic life, mesmerizing coral reefs, and serene coastal allure. Among these gems, the illustrious "southernmost city" of Key West shines as a beloved tourist haven, characterized by its vibrant cultural scene, historical landmarks, and panoramic sunsets.

With its multifaceted topography, cultural legacy, and distinctive communities, Miami-Dade and Monroe Counties weave a tapestry of experiences for both residents and visitors. The Alliance for Aging, Inc. remains unwavering in its commitment to serve and uplift the elderly populace within this region, safeguarding their well-being and fostering a flourishing, all-encompassing environment for everyone.

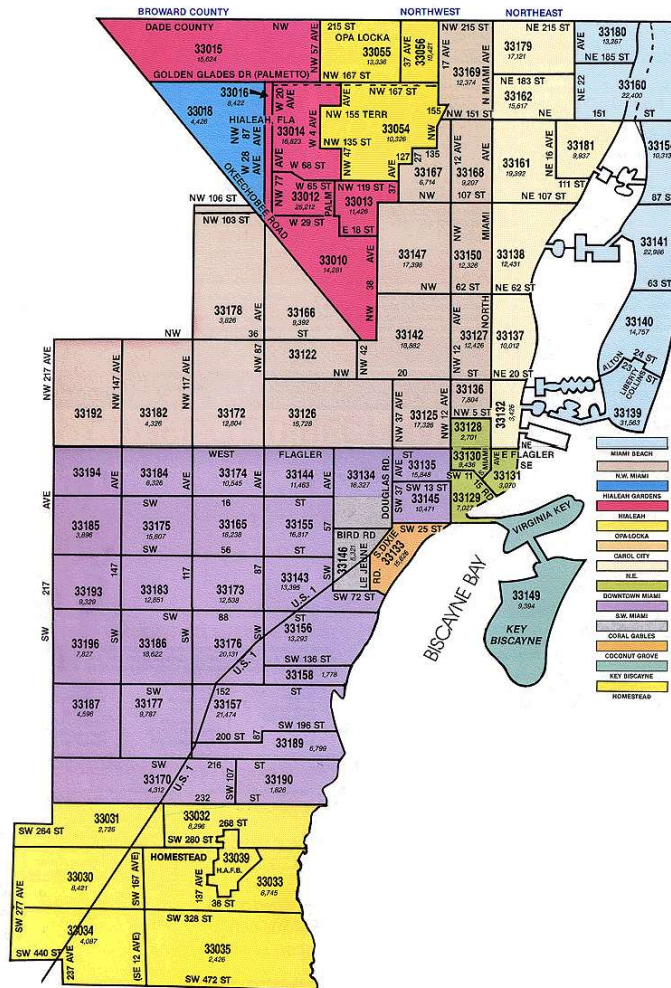
Identification of Major Communities:

Both Miami-Dade County and Monroe County offer unique characteristics, from the bustling urban centers to the serene natural landscapes, providing a diverse and captivating environment for their residents. Understanding the distinct features of each area is crucial for addressing the specific needs and fostering a sense of community within these diverse regions.

Miami-Dade County, with a population exceeding 2.7 million in 2020 is the most populous county in the State of Florida, with 12.4% of the State's population. It presents an intricate social fabric interwoven across 34 incorporated communities of diverse dimensions. Notably, approximately 43% of the county's inhabitants reside in unincorporated regions. With a population exceeding one million people, the unincorporated area of Miami-Dade, if declared a city, would form the largest city in Florida. The urban landscape is notably led by the City of Miami, harboring 16.3% of the populace, followed by the City of Hialeah at 8.25%, collectively constituting over a quarter of the total residents.

The county's demography manifests distinctive patterns. The northern and central sectors of the county teem with a dense population concentration, whereas the southern expanse hosts smaller enclaves. Within this dynamic context, notable geographical features include the tribal lands of the Miccosukee Indians and the awe-inspiring Everglades, which command significant portions of the southern and western territories.

A fascinating dimension of Miami-Dade County is the presence of distinct "neighborhoods" within the City of Miami, each unincorporated but defined by a unique cultural ethos. These neighborhoods, often named in honor of their historical racial and ethnic demographic compositions, reflect the rich diversity of the area. Examples



encompass Little Havana (Cuban), Little Haiti (Haitian), Liberty City, and Overtown (African American). However, certain time-honored ethnic neighborhoods like Coconut Grove are undergoing transformation due to gentrification. This shift poses challenges, notably concerning affordability, for the longstanding residents who have called these neighborhoods home.

Monroe County comprises five districts, as follows:

- District 1: East part of Key West, Stock Island, Key Haven
- District 2: Boca Chica through 7 Mile Bridge, including the north side of US 1 to 63rd Court in Marathon
- District 3: West part of Key West
- District 4: Marathon, not including District 2, through Plantation Key with a small west end of Tavernier
- District 5: Tavernier through Ocean Reef

In 2020, Monroe County's total population was 82,874. Roughly 46.6% of residents reside in unincorporated areas. Approximately one-third (33.9%) call the City of Key West their home. Geographically, residents can be found in the upper keys (north of Islamorada, including Key Largo), middle keys (including Marathon), or the lower keys (from Big Pine to Key West). A significant part of the county constitutes a sparsely inhabited region of the southwest mainland, which is part of the Everglades National Park.



Socio-Demographic and Economic Factors:

- Monroe County has a higher proportion of elders (33%) than both Miami-Dade (23%) and the state of Florida (28%).
- Miami-Dade is home to a significant proportion of the state's poor elders: one in five (22.9%) of the state's elders living below the Federal Poverty Line (FPL) and 39.7% of the state's minority elders living below FPL reside in Miami-Dade County.
- About 11.6% of the state's elders with 2+ disabilities live in Miami-Dade.
- Persons over the age of 60 account for 23% of the total Miami-Dade County population.

2022	State of Florida	Miami-Dade County	Monroe County
Total Population (all ages)	21,925,785	2,853,938	77,936
<i>% of State population (all ages)</i>	100%	13%	0.4%
Elders age 60+	6,100,379	652,665	25,925
<i>% of State population that is age 60+</i>	28%	11%	0.4%
<i>% of county population that is age 60+</i>		23%	33%
Elders age 60+ at FPL	501,430	114,695	2,610
<i>% of State elders at FPL</i>	8%	23%	1%
<i>% of PSA elders at FPL</i>		97%	3%
Minorities age 60+ at FPL	268,383	106,625	870
<i>% of State minority elders at FPL</i>	4%	40%	0.3%
<i>% of PSA elders</i>		99%	1%
Elders age 60+ with 2+ disabilities	831,370	96,465	2,250
<i>% of State elders</i>	14%	12%	0.04%
<i>% of PSA elders</i>		98%	2%

Source: DOEA, 2022 Profile of Older Floridians

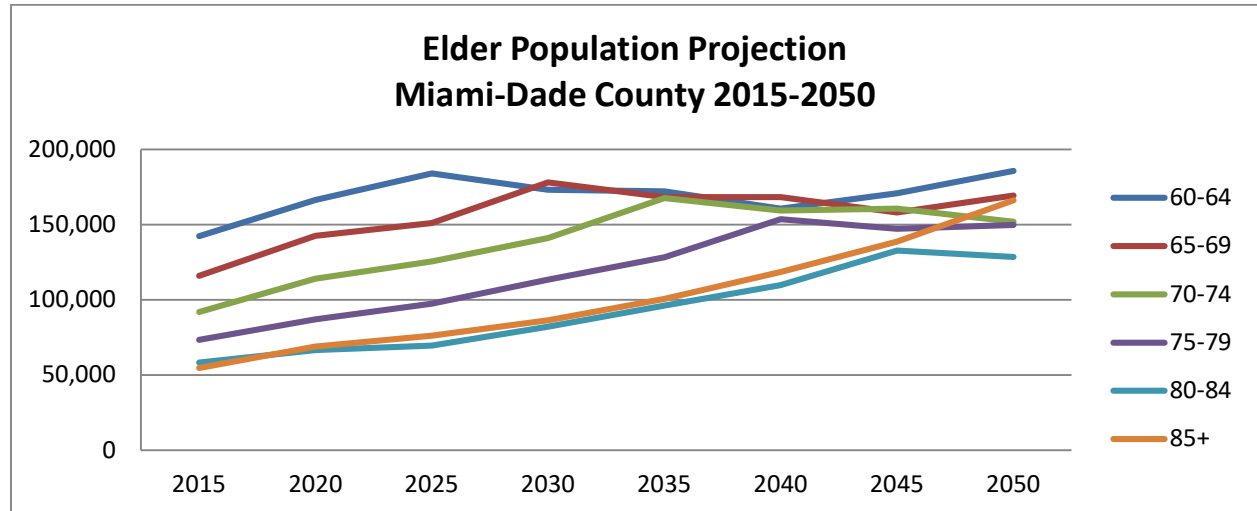
Elders Age 60+

The age of 60 is significant as it marks the point at which most individuals become eligible for the invaluable home- and community-based services offered under the Older Americans Act. The 60+ population served by the Alliance for Aging is growing. The older adult population in Miami-Dade will grow by over 320,000 by 2050. This shift underscores the imperative for strategic planning and resource allocation to effectively address the impending surge in demand for services and support within this dynamic and evolving landscape.

60+ Population, 2020-2050, Miami-Dade County							
	2021	2025	2030	2035	2040	2045	2050
Total 60+	629,531	703,395	774,285	832,881	869,919	908,003	951,375
% change		11.7%	10.1%	7.6%	4.4%	4.4%	4.8%

Source: Bureau of Economic and Business Research Population Projections

From 2025 to 2050, Miami-Dade County will experience a 35% increase in the number of people age 60+, compared to only 13% increase in the total “all ages” population. This is primarily due to the large number of people in the “Baby Boomer” generation (reaching this age). Growth in the elder population will continue more slowly after 2030. The largest increases in the elder population in Miami-Dade are expected to occur between 2020 and 2030, when the remainder of the Baby Boomer generation joins the age 60+ population.



Source: Bureau of Economic and Business Research Population Projections

Notably, while the *number* of elders in Miami-Dade will steadily increase over the next 20 years, we will also see only a slow (1-2% every five years) increase in the *proportion* of elders in the general population, slowly growing from 25% in 2025 to 30% in 2050. By 2050, nearly one in three residents will be age 60+.

As of the 2020 Census, 23% of the population of Miami-Dade County is over the age of 60, compared to 28% of Florida. Between 2021 and 2050, Miami-Dade County's 60+ population is expected to increase by 51%, while Florida's 60+ population will experience a 44% increase.

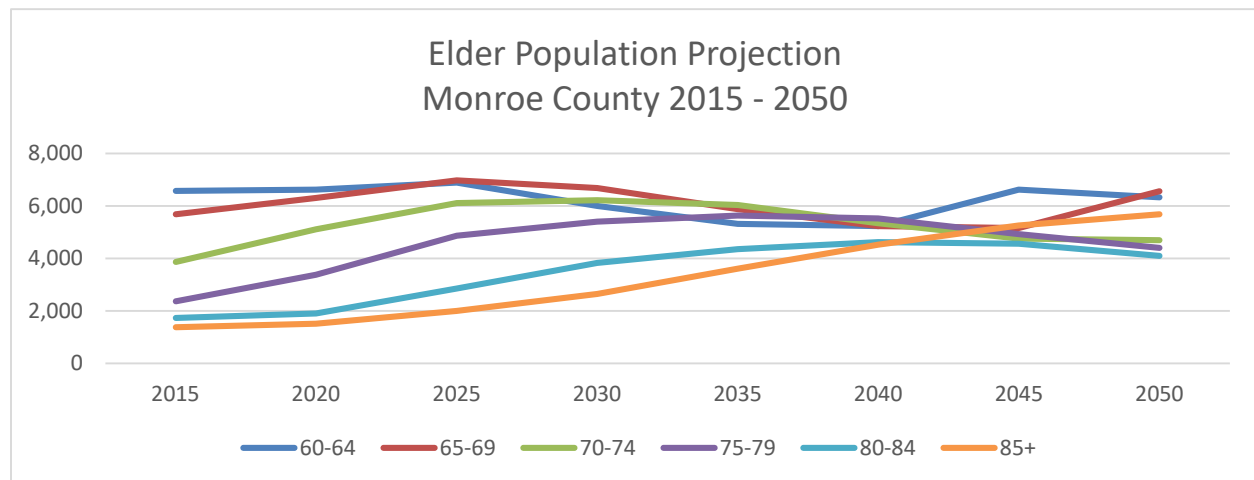
As of 2022, Florida had the highest percentage elder population in the nation, and Miami-Dade had the largest elder population in the state, at 13% of the state's 60+ population.

Monroe County will also experience growth in the age 60+ population, with an additional 4,000+ older adults by 2050. From 2020 to 2050, Monroe County will experience a 14% increase in the number of people age 60+, compared to a 4% increase in the total population. This, again, is primarily due to the large numbers of people in the "Baby Boomer" generation reaching this age.

60+ Population, 2010-2050, Monroe County									
	2010	2015	2020	2025	2030	2035	2040	2045	2050
Proportion of total population age 60+	25.6%	29.5%	33.0%	35.4%	36.3%	35.9%	35.1%	35.6%	37%

Source: Bureau of Economic and Business Research Population Projections

Projections anticipate a slowing of growth beginning in 2030, due in part to the smaller numbers of 60–69-year-old residents in that decade. After 2035, on the other hand, Monroe County may see a loss in the 60+ population, with lower numbers in all age groups except for those age 80+. Notably, while the *number* of elders in Monroe will steadily increase until 2030, then stabilize and decrease from 2030-2040, the *proportion* of elders in the general population is predicted to increase slowly until 2030.



Elders Age 85+

Many elders age 85+ may experience decreased mobility or physical abilities, health issues, and/or financial instability that put them at risk for institutionalization. This population is very likely to benefit from home- and community-based services, and it is growing quickly in our service area, with an additional 19,000+ by 2025.

85+ Population, 2020-2050, Miami-Dade County							
	2020	2025	2030	2035	2040	2045	2050
85+	68,787	76,082	86,407	100,555	118,437	138,551	166,239
% change		10.6%	13.6%	16.4%	17.8%	17.0%	19%

Prop. of 60+ pop. that is age 85+	10.7%	10.8%	11.2%	12.1%	13.6%	15.3%	17.5%
--	-------	-------	-------	-------	-------	-------	-------

The densest population of elders age 85+ in Miami-Dade County is in Miami-Beach, in the area known as South Beach. In north and central Miami-Dade, there are relatively dense concentrations of elders age 85+ in areas such as: Bay Harbour Islands; Hialeah, Aventura; Opa-Locka; and Little Haiti.

In central and south Miami-Dade, there are concentrations in East Little Havana, West Coconut Grove, Coral Gables, West Miami, Kendall, and Homestead. This representation may be a bit misleading, however, as it can also reflect concentrations of older adults in residential care facilities and those living in the community.

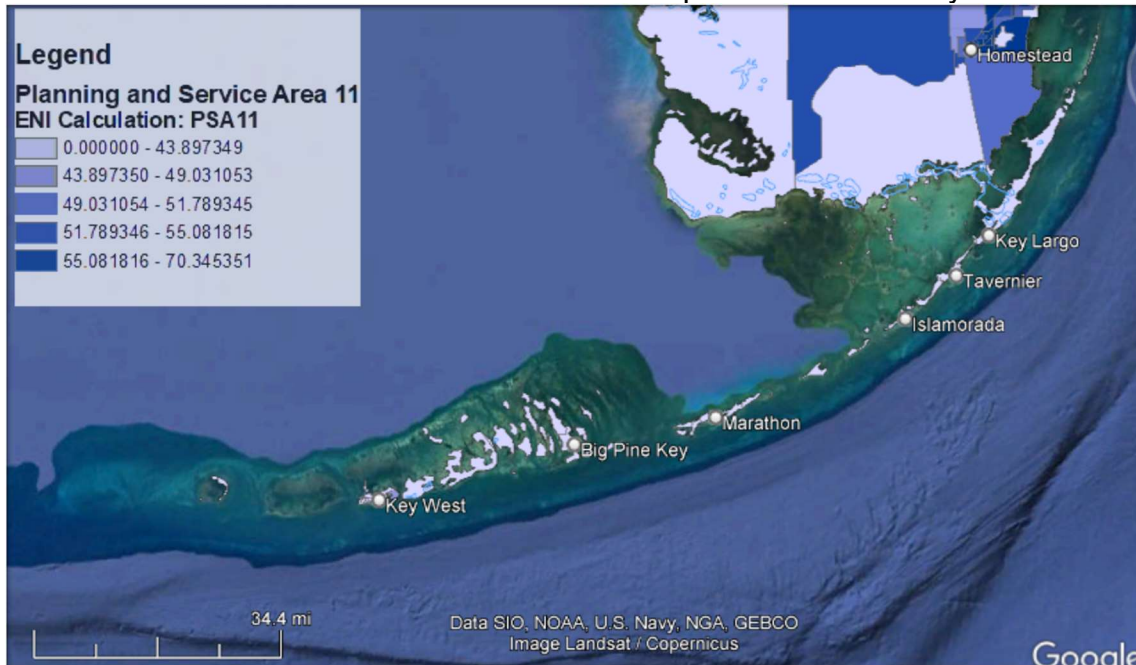
In Monroe County, small and not very dense concentrations of elders age 85+ can be found in Key Colony Beach, and Key West. The densest concentration can be found in the upper Keys

Elder Needs Index

To help providers better target elders in greater need for support and caregiving, the Department of Elder Affairs (DOEA) has developed a geographical “Elder Needs Index.” This index ranks geographical areas according to a composite measure that includes the following:

1. Percent of population age 60 and older who are age 85 and older
2. Percent of population age 60 and older who are members of minority groups
3. Percent of population age 60 and older with any disability
4. Percent of population age 60 and older living below 100 percent of poverty level

These distinctions are less visible in the ENI Map of Monroe County:



Source: DOEA Elder Needs Index

Diversity Within the Age 60+ Population

Racial/Ethnic Diversity

The two counties in PSA 11 are very different culturally and demographically. Miami-Dade is a sprawling metropolitan area with a large and increasingly diverse community, while Monroe County is a series of small island communities with transient seasonal populations and a steady stream of tourists. The demographic profile of elders in these two counties is summarized as follows:

2022, for those Age 60+	Miami-Dade		Monroe	
	#	%	#	%
Total 60+ population	652,665	100	25,925	100
Gender				
Female	374,874	57	12,168	47
Male	277,791	43	13,757	53
Race				
White	528,751	81	22,774	96
Black	112,037	17	883	3
Other	11,877	2	2,268	1
Ethnicity				
Hispanic	455,216	70	3,440	13
Non-Hispanic	197,449	30	22,485	87

Source: DOEA, 2022 Profile of Older Floridians

Miami-Dade County is known as a diverse community because of its large proportion of Hispanics (70%) and foreign-born (58.1%) residents. According to the 2021 American Community Survey, Miami-Dade's Hispanic population (all ages) predominantly identifies as Cuban (48.3.6%), with increasing numbers with ancestry in places such as Columbia (6.6%), Nicaragua (5.7%), Venezuela (3.8%), Honduras (3.2%), the Dominican Republic (2.8%), and Peru (2.6%) as well as Puerto Ricans (5.5%) from both the island and the mainland. Local demographers, who have access to more granular data, confirm that the large majority of the Hispanic elders age 60+ are still most likely to be born in Cuba or to be of Cuban descent.

Miami-Dade's Black population is also diverse, with 67% of those age 18+ native-born and 32.9% foreign-born, according to the 2021 American Community Survey. Among Blacks of all ages, more than one-third (35.3%) were of West Indian ancestry, and 23.6% of these were of Jamaican ancestry. Approximately 27% of Blacks of all ages were of Haitian descent in 2020.

The largest Haitian population (50.1%) in the US resides in Florida, with 71% concentrated in South Florida, including over 120,000 in Miami-Dade.

Haitians also live in smaller concentrations in Golden Glades, Ives Estates, and Florida City/Homestead. Census data indicate the Haitian population in Miami-Dade grew by 8.2% from 2010 to 2020, but most (50.6%) are younger, working-age adults. Only 11.9% are age 65+. The 2021 American Community Survey estimates there are over 120,000 people of Haitian descent of all ages in Miami-Dade County, including 16,753 people age 55-64; 9,293 people age 65-74; and 6,282 people age 75+.

Formerly known as Lemon City, the neighborhood known as Little Haiti is within the city of Miami. Like other neighborhoods in desirable downtown locations, Little Haiti faces increasing pressure from gentrification and development. This makes it extremely difficult for long-time, low-income residents to age in place or to find affordable housing.

Monroe County's racial and ethnic minority elders are fewer and more isolated. Although health and social service providers seem to have sufficient bilingual staff to serve in this area, there may be more demand for this in the future.

Serving a diverse community comes with many challenges, including a wide variety of cultural beliefs about issues such as aging, caregiving, and cognitive decline; different ways of understanding the system and accessing assistance; various preferences for what services to receive and how services are delivered; differing levels of trust toward staff, providers, or "the system;" diverse beliefs about gender roles and family dynamics; and various working definitions of dignity, privacy, and quality of life.

Limited English Proficiency (LEP)

Given the demographics of Miami-Dade County, it's unsurprising that almost a quarter of a million (227,975, or 35% of the elder population) older adults in Miami-Dade indicate

they have limited English skills. In Monroe County, 4% of the older adult population (1,010 elders) report that they have limited English proficiency.

While the majority of those with limited English speak Spanish, Haitian Creole is the third most common language in Miami-Dade and represents the highest percentage of Creole speakers in any county in the nation. Although the county includes Creole in many of its public documents, including most health and human services materials, there is still a shortage of providers who offer culturally and linguistically appropriate services for Creole speakers (including older adults).

Monroe County's less diverse population has a smaller proportion of limited English speakers that may leave these elders far more isolated—both linguistically and geographically—than their counterparts in Miami-Dade.

Undocumented Elders

There is a substantial number of older adults in PSA 11 who are undocumented. This includes not only Hispanics and Haitians, but others from around the world. These immigrants may be more likely to have limited English proficiency. Used to living “under the radar,” they may be more reluctant to ask for help for fear of exposure. Additionally, they may not receive any kind of social security or retirement income or be eligible for Medicaid or Medicare. While they may not appear in the census or in-service data, they are mothers, fathers, grandmothers, and grandfathers. They live alone or with family, interact with friends and neighbors, and contribute to the life of the community. Ineligible for many services and supports commonly needed by older adults, they are the invisible elders in need in our communities.

Elders with Disabilities

Whether lifelong or recently acquired, having a disability can make aging in place more of a challenge. While the majority of older adults in Miami-Dade (63%) and Monroe (71%) have no disabilities, this means more than one-third of elders in Miami-Dade (243,985) and more than one-quarter of elders in Monroe (7,620) have a physical, cognitive, self-care, or ambulatory disability that may affect their quality of life and service needs.

Elders in Miami-Dade are significantly more likely to have a cognitive disability than those in Monroe to (due in part to higher rates of Alzheimer's disease among Black and Hispanic populations), and nearly twice as likely to have a disability affecting their ability to live independently or provide self-care (for example, they are unable to cook or do chores or errands alone, or need help getting dressed, going to the doctor, or shopping).

Disability Status	Miami-Dade		Monroe	
	#	%	#	%
With No Disabilities	408,680	63%	18,305	71%
With One Disability	66,930	10%	2,495	10%
With Two or More Disabilities	96,465	15%	2,250	9%
Hearing	41,450	6%	1,905	7%
Vision	33,045	5%	705	3%
Cognitive	61,275	9%	1,020	4%
Ambulatory	110,225	17%	3,060	12%
Self-Care	50,205	8%	960	4%
Independent Living	78,760	12%	1,705	7%
Probable Alzheimer's Cases (65+)	65,069	14%	2,042	11%

Source: DOEA, 2022 Profile of Older Floridians

Marital Status

Miami-Dade and Monroe Counties experienced similar trends regarding marital status. In both counties, the majority of males and females report being married. Females also have a greater chance of being widowed than males in each county (29% in Miami-Dade and 23% in Monroe for females versus 9% and 8% respectively for males).

Marital Status 60+	Miami-Dade				Monroe			
	Male		Female		Male		Female	
	#	%	#	%	#	%	#	%
Never Married	25,760	10	33,440	10	1,055	9	535	5
Married	163,160	65	133,605	40	7,775	64	6,115	56
Widowed	22,745	9	95,650	29	960	8	2,500	23
Divorced	37,845	15	69,345	21	2,420	20	1,865	17

Source: DOEA, 2022 Profile of Older Floridians

LGBTQ+ Elders

LGBTQ+ elders in many communities may be isolated as stigma and negative perceptions from service providers or other community members may cause a reluctance to seek services. South Florida is known for a number of gay-friendly communities, including Key West in Monroe County and South Beach in Miami-Dade County.

While there are undoubtedly thousands of LGBTQ+ people growing older in PSA 11, many may have spent much of their lives unable to freely express their identity for fear of reprisals or discrimination. Many live alone and isolated because few in this generation had children, and many were ostracized by intolerant family members. These LGBTQ+ elders may be somewhat “hard to reach,” as they may not be connected to broader community resources.

According to Our Fund Foundation, over 30% of Florida’s LGBT population are elderly with special needs. Respondents to a 2020 South Florida LGBT Community Assessment by Our Fund indicated that the top four issues in this population were: 1) social isolation; 2) low income; 3) elder abuse (physical and financial); and 4) hiding sexual orientation from service providers. Recommendations identified in this study to address concerns for social isolation among LGBTQ+ elders include outreach and risk identification initiatives; gatekeeper models; re-assurance telephone calls, and remote programming.

Jewish Community Services of South Florida, a member of the Aging Network, worked with SAGE to open an affiliate in Miami-Dade that will improve the aging experience for local LGBT elders. Raising awareness and providing training for local health and human service staff is just the beginning, as they hope to work with others to build a more LGBT-friendly aging network.

Education

Elders in Monroe County are more likely to have obtained an advanced degree than those in Miami-Dade (51% versus 34%). Miami-Dade has a higher percentage of elders to have not graduated high school (50% versus 15%).

Educational Attainment	Miami-Dade		Monroe	
	#	% of elders 65+	#	% of elders 65+
Less than High School	152,238	50	2,920	15
High School Diploma	160,320	33	5,530	29
Some College, No Degree	70,400	15	4,955	26
Associate degree or Higher	162,275	34	9,685	51

Source: DOEA, 2022 Profile of Older Floridians

Veterans

An estimated 65,929 veterans reside in Miami Dade, and 7,904 in Monroe County.

Veterans	Miami-Dade		Monroe	
	#	% Elder Population	#	% Elder Population
Age 45-64	25,729	-	3,037	-
Age 65-84	17,686	28	2,413	32
Age 85+	3,399	5	510	7

Source: DOEA, 2022 Profile of Older Floridians

Rural Areas

The Department of Elder Affairs has identified rural populations as a priority because many older adults in rural areas have limited access to services, for many reasons, including: 1) providers may have a more limited number of locations in rural areas; 2) the cost of sending staff to outlying rural areas increases the overall cost of service delivery; and 3) rural elders may need more specialized outreach to identify individuals who are not yet aware that there are services available to them.

In north Miami-Dade County, there are a few areas in the west that are primarily industrial, with sparse populations in undeveloped areas. There are more non-urban areas in south Miami-Dade, located along the edge of the Everglades and in areas that are still primarily farm lands, including areas locally known as The Redlands, and areas west of Homestead and Florida City.

Monroe County is classified by the State as a rural county. However, DOEA's "rural designation" is limited to areas defined by the Florida Department of Economic Opportunity's Rural Economic Development Initiative (REDI) as areas that are both rural *and* economically distressed. By this definition, Monroe County is not a rural county. There are significant rural areas in the county, however.

Economic and Social Resources:

Elder Households

Elders are a large proportion of households in both Miami-Dade and Monroe Counties. According to the US Census, there were 1,095,553 households (owners and renters) in 2022 Miami-Dade, and one-third (293,285) of them were age 60+, while Monroe had a total of 54,562 households in 2022, and 45.9% (14,386) were age 60+.

Two of every five poor minority elders in Florida (40%) lives in Miami-Dade



Older adults often play a more valued role in the family, both formally and informally. Elder activities within the community must often be scheduled around the school schedule (home by 2 pm) to accommodate the fact elders are often responsible for picking up or meeting children at the school or bus stop in the afternoon. There are 56,950 elders in Miami-Dade living with grandchildren, including 7,280 who are responsible for those grandchildren. There are far fewer elders living with grandchildren in Monroe (2%). Although it seems a small proportion of the total 60+ population, Miami-Dade County has a higher proportion of older adults living with grandchildren (9.6%) than other nearby counties (Monroe, 2%; Broward 8%, Collier 3%) or PSAs (PSA 9, 4%).

Age 60+ grandparents	Miami-Dade		Monroe	
	#	%	#	%
Age 60+ not living with grandchildren	510,495	78	22,210	86
Age 60+ living with grandchildren <18	59,950	9	570	2
Responsible for grandchildren	7,280	1	160	0
Not responsible for grandchildren	49,670	8	410	2

Source: DOEA, 2022 Profile of Older Floridians

Whether they have legal custody or informal family agreements, many grandparents play a key role in raising their grandchildren, serving as primary providers and caregivers. The added responsibility of children in the household increases financial needs in areas such as food, school costs, transportation, and medical care, which can cause a financial burden for elders on fixed incomes, particularly those in poverty.

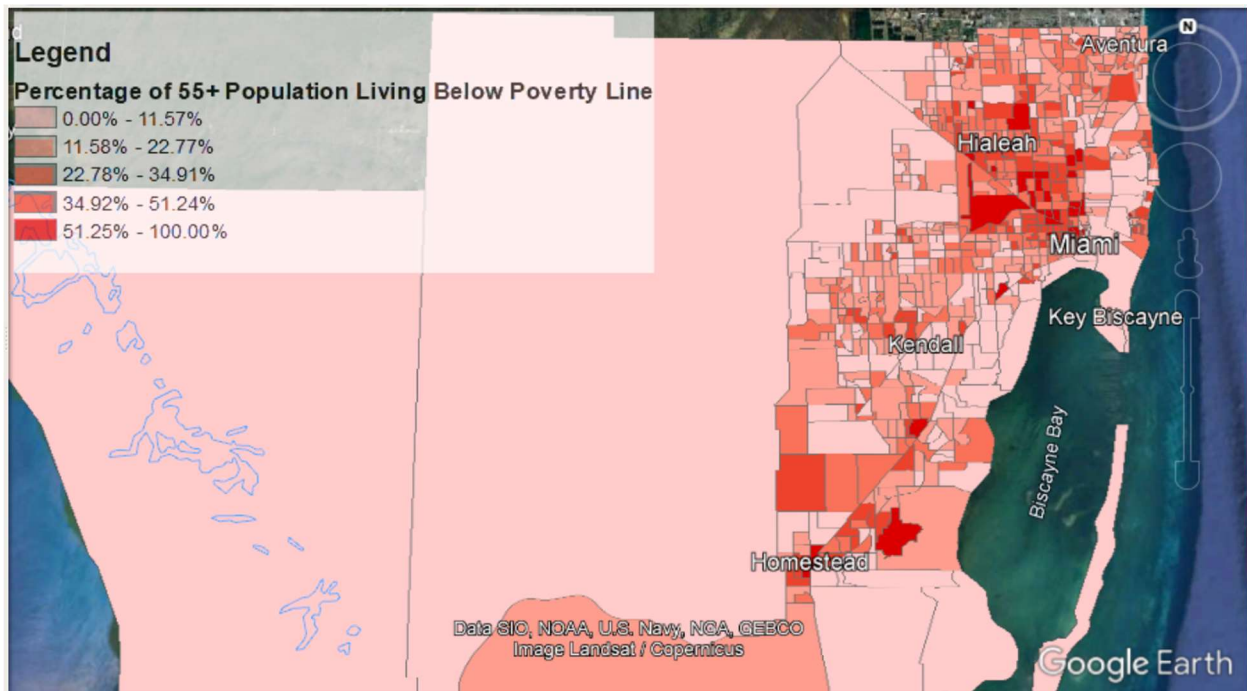
Federal Poverty Level (FPL)

A large proportion of elders in Miami-Dade live below the poverty line, and many elders in both counties may have insufficient incomes to cover basic expenses.

Poverty in the 60+ age group	Miami-Dade		Monroe		Florida
	#	%	#	%	%
Elders at FPL (\$13,590 individual/\$18,310 couple)	114,695	18	2,610	10	8
Minority Elders at FPL	106,625	17	870	3	4
Elders Below 125% of FPL (\$16,988 individual/\$22,888 couple)	154,370	24	3,260	13	14
Minority Elders below 125% FPL	142,930	23	1,030	4	6

Source: DOEA, 2022 Profile of Older Floridians

Miami-Dade has the largest proportion of poor elders of any county in the state: nearly one in five elders (18%) in Miami-Dade County live below the Federal Poverty Level (FPL), which is more than twice as high as the state proportion (8%). One in five minority elders (22%) in Miami-Dade live below 125% of FPL, which is *nearly four times* the proportion found at the state level (6%).



Poverty in Miami-Dade is not isolated in pockets of poor minority communities but is found throughout the county among our large minority-majority population. The map above shows high concentrations of elders age 55+ living below the Federal Poverty Line (FPL) all over the county, but particularly in the North, Cities of Miami and Hialeah, the deep South, and scattered pockets in central Miami-Dade.

In Monroe County, the Upper Keys have the highest concentrations of elders 55+ in poverty, though there are additional pockets of poverty in the Lower and Middle Keys.



Income

Since 2017, the age 65+ population of Miami-Dade has seen a:

- 2.2% decrease in those who receive Social Security Income
- 2% decrease in those receiving SNAP Benefits
- 2.3% increase in those who are employed in the workforce

The age 65+ population of Monroe County has experienced a similar trend:

- 1.3% decrease in those receiving cash public assistance income
- 0.6% decrease in those receiving SNAP Benefits
- 3.1% increase in those who are employed in the workforce

This data implies that a growing number of elders are remaining/returning to the workforce in order to meet their financial needs due insufficient income from Social Security and SNAP.

Mean Household Income, Age 65+	Miami-Dade	Monroe
	\$	\$
Household income	77,878	62,510
Social Security income	19,406	22,899
Supplemental Security Income	7,798	12,972
Cash public assistance income	1,740	6,266
Retirement income	31,538	39,619

Source: 2022 [American Community Survey](#)

The majority of elders age 65+ reporting earned income claim they still work because it's a financial necessity, which reflects the growing trend of elders staying in the workforce. According to the Bureau of Labor Statistics, 10.5 million elders age 65+ were employed in 2022 – about 18.6% of the age group.

Source: bls.gov [Employment status of the civilian noninstitutional population 2022](#)

Cost of Living

The cost of living in Miami-Dade and Monroe counties ranks among the highest in the nation, presenting a considerable financial challenge for elders. Miami-Dade County's overall cost of living is 19% above the national average, while Monroe County exceeds it by a significant margin, at 48% higher than the national average. These elevated costs encompass essential living expenses such as housing, healthcare, utilities, and other daily necessities, making financial planning and budgeting a critical consideration for elder residents in these regions.

Category	Cost of Living Index			
	Miami-Dade	Monroe	Florida	US
Overall	118.9	148.2	103.1	100
Grocery	107.7	112.8	102.8	100
Health	104	162.4	102.3	100
Housing	125.8	242.8	101.1	100
Utilities	96.2	98.8	101.3	100
Transportation	146.6	77.2	112.6	100
Miscellaneous	98.5	109.2	87.6	100

Source: [Cost of Living in Florida \(bestplaces.net\)](https://www.bestplaces.net/cost-of-living-in-florida)

This index is constructed such that the average US cost of living is normalized to 100.

In the [2022 Annual International Housing Affordability Survey](#), by Demographia International, Miami stood out as the sixth most unaffordable housing market in the United States and the thirteenth most unaffordable globally. This assessment underscores the acute housing affordability challenges faced by residents, especially elders, in the Miami-Dade and Monroe County areas.

For elders, owning a home, once seen as a source of financial security, does not guarantee stability, especially for the nearly one in five elders in Miami-Dade County living below the Federal Poverty Level (\$13,590 individual/\$18,310 couple). Additionally, almost one in four minority elders struggle to make ends meet, living below 125% of the Federal Poverty Level (\$16,988 individual/\$22,888 couple).

Monroe County's cost of living is notably higher than the national average, with a median house value of \$970,000—significantly surpassing the US average of \$338,100. The Monroe County Cost of Living Index stands at 148.2, a substantial deviation from the US average of 100.

Housing cost burdens are particularly pronounced among elder residents, both homeowners and renters, in these regions. In Miami-Dade, 14% of elder homeowners and 32% of elder renters allocate over 30% of their monthly income to housing. In Monroe County, where housing expenses are even higher, 9% of elder homeowners and 23% of elder renters face similar housing cost challenges.

This financial strain on elders, exacerbated by escalating housing costs, impacts their overall quality of life. The concept of poverty takes on a relative dimension, especially for elders surviving on fixed incomes. With a significant portion of their income dedicated to housing, elders are left with limited resources for other crucial needs like food, medication, and transportation.

Results from Community Conversations with elders in Miami-Dade and Monroe confirm that affordable housing is a primary concern, noting that even for those who own their own homes, the costs of upkeep, taxes, and insurance keep rising every year, making whatever housing they do have less affordable over time. Many elder homeowners have

even made the difficult financial decision to drop their homeowner's insurance, which places them at risk of great losses after a natural disaster. The lack of affordable housing alternatives further compounds the predicament, as downsizing or moving to more manageable accommodations remains financially unfeasible. Rising rents do not offer respite either, leaving elder homeowners in deteriorating properties with dwindling resources for maintenance and necessary improvements. As expressed by one elder homeowner, "we got old, and so did our houses." The collective experiences of elderly residents underscore the urgent need for comprehensive solutions to address the housing affordability crisis in Miami-Dade and Monroe counties.

Local Housing Costs

The average cost of owning or renting a home in PSA 11 is the highest in the state. In Miami-Dade, new homes come with the burden of higher tax rates, as some long-term owners qualify for a "senior citizen exemption" if they are:

- Age 65 and older
- Have a household Adjusted Gross Income less than \$28,482 (this income limit typically excludes social security benefits)
- Own a home with a market value of less than \$250,000
- Have lived in the home for at least 25 years

According to the 2020 Community Health Needs Assessment done by the University of Miami Health, almost one in five (18.7%) of respondents 65+ were always/usually/sometimes worried about paying rent/mortgage in the past year. Key informants from the 2023 Alliance CHNA identified cost of living (and housing costs, specifically) as the top challenge to aging in place in both counties.

In Monroe County, the homestead exemption is based solely on home value and is not specific to elders or dependent on long-term ownership or income. It can provide up to \$50,000 off the assessed value of a property used as a primary residence whose assessed value is over \$75,000, with a 3% per year increase cap. An additional \$25,000 off is available for homes whose assessed value is between \$50,000 and \$75,000 (mobile homes can be included if land is also owned). As seen by the statistics below, this may actually apply to very few homes in Monroe County.

Median Housing Values, 2023	Miami-Dade	Monroe	Florida
Non-rental housing properties	\$486,858	\$970,000	\$390,052

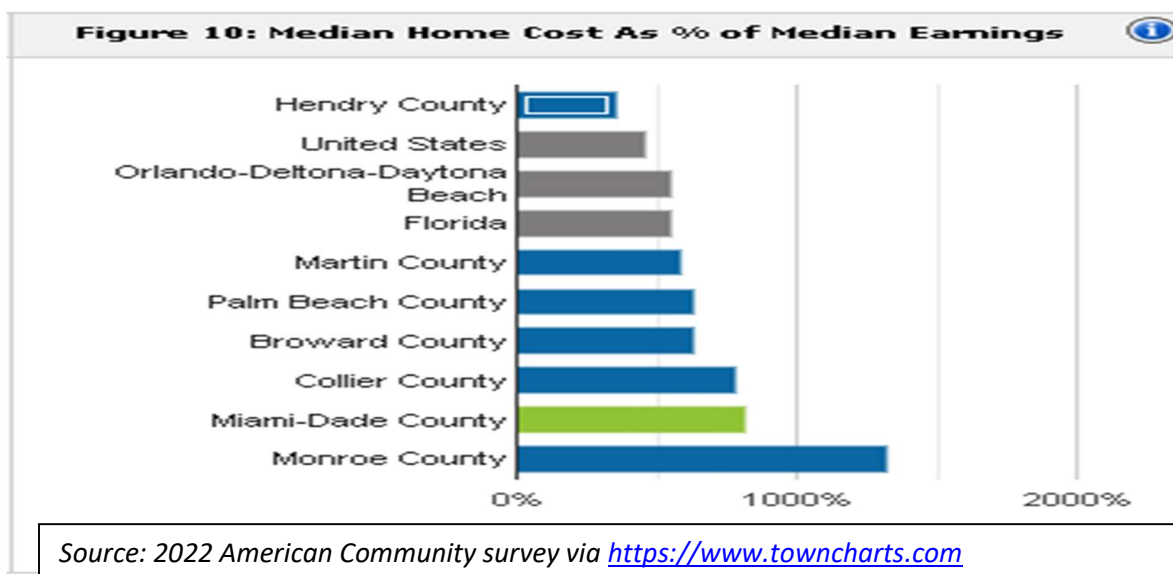
Source: Zillow Home Value Index [Florida Home Prices & Home Values | Zillow](#)

Median Gross Rent, 2023 (All Ages)	Miami-Dade	Monroe	Florida
	\$1,641	\$1,507	\$1,077

Source: University of Florida, [Shimberg Center for Housing Studies](#)

Monroe County has the highest median home costs in the state, with Miami-Dade ranked second. Monroe County has a Median Home Value as Percent of Median Earnings of 1317% - more than double of the U.S. median.

A major factor that contributes to the high cost of housing is damage due to hurricanes, but recently most pain points in PSA 11's real estate stem from out-of-state buyers who are paying above asking price. Community Forums conducted by the Alliance indicate that affordable housing is a major concern for elders in Monroe County.



Subsidized/Affordable Housing for Elders

In both Miami-Dade and Monroe Counties, the high cost of living is coupled with a lack of affordable housing for elders. A limited number of subsidized units are available based on income. The administration of public and Section 8 housing voucher programs is facilitated by the Key West and Monroe County Housing Authority. Within Monroe County, the Housing Authority manages three apartment communities, amounting to 638 units, specifically designed for families and senior/disabled individuals. Unfortunately, these units have a lengthy waiting list due to high demand. Additionally, the Authority oversees 50 affordable rental units and administers 166 Section 8 housing vouchers. Although Monroe County Housing Authority boasts a smaller-than-average share of public housing units (20%) compared to the state average, it compensates with a larger-than-average proportion of Section 8 vouchers (80%). Notably, 35% of the households benefiting from the voucher program are headed by individuals aged 62 and older, with 5% being headed by those 85 years and older.

The Housing Authority of the City of Key West manages 5 low-income communities, with the Henry V. Haskins Senior Citizen Plaza comprising 199 units specifically designated for elders aged 62 and above. The remaining 390 units, designed for families and seniors,

are scattered across the city. Additionally, the Authority oversees 10 affordable housing communities, offering a total of 430 units, and administers 254 Housing Choice Vouchers (Section 8) and 200 Housing Choice Vouchers. However, it's worth noting that the requirement for applications to be completed exclusively in English could be a potential obstacle for limited English speakers, despite a provided reference copy in Spanish. The waiting list for families, regardless of age, spans a lengthy period of 2-5 years. Remarkably, applications for these housing opportunities are received from various locations across the nation, reflecting the magnitude of demand.

Miami-Dade Public Housing and Community Development manages public housing for eligible low-income families, elders, and persons with disabilities. Rental assistance is offered by the Housing Assistance Network of Dade (HAND) program, a partnership with Miami-Dade County and local municipalities, to prevent homelessness for those who are currently homeless or at risk of becoming homeless. There are 16, 512 income-based apartments in Miami, where rent is based on how much the applicant earns. Affordable rentals are apartments that offer reduced rents to low-income households, and there are 711 of them available in Miami Dade County, some of them opening in 2023.

Homeless Elders

According to a report by Miami-Dade Homeless Trust, the number of homeless elders in Miami-Dade County has been increasing. In 2018, the organization helped 3,086 elders with housing, while last year, that number rose to 3,732. Nearly one in three homeless people in Miami-Dade are aged 55 and older.

Miami-Dade County contracts with agencies, through the Homeless Trust, to provide an array of services for homeless persons, including case management, meals, mental health services, dental and medical care, job training and placement assistance, legal services, life skills training, after-school programs, veterinary care for homeless pets, dorms for individuals and families, and ultimately, placement in permanent or transitional housing. There are a total of 800 beds for individuals and families funded by the Trust. Additional community resources are available at sites supported by faith communities, such as Camillus House and Camillus Health Concern.

Monroe County Homeless Services Continuum of Care is the lead agency for homeless services in the county, and contracts with a number of local organizations to provide essential and supportive services.

Description of Service System:

Residential Long-Term Care Infrastructure

	Miami-Dade	Monroe
Skilled Nursing Facilities (SNF aka “nursing homes”)		
Total SNF Beds	8,345	240
Community Beds	8,281	240
Sheltered Beds	64	0
Veterans Administration Beds	0	0
Other Beds	0	0
SNFS with Beds	58	2
Community Beds	54	2
Sheltered Beds	2	0
Veterans Administration Beds	0	0
Other Beds	0	0
SNFs with Community Beds	54	2
Community Bed Days	3,030,846	87,840
Community Patient Days	2,484,069	62,378
Medicaid Patient Days	1,767,420	47,785
Occupancy Rate	82%	71%
Percent Medicaid	71%	77%
Adult Family Care Homes*		
Homes	14	0
Beds	69	0
Assisted Living Facilities		
Total Facilities	852	3
Facilities with ECC (Extended Congregate Care) License	9	0
Facilities with LMH (Limited Mental Health) License	463	1
Facilities with LNS (Limited Nursing Services) License	27	0
Total Beds	10,118	88
OSS (Optional State Supplementation) Beds	6,862	30
Non-OSS Beds	3,256	58

Source: DOEA, 2022 Profile of Older Floridians

The maximum capacity of Miami-Dade’s skilled nursing facilities (8,416 beds) can accommodate represents 1.4% of Miami-Dade’s 60+ elder population. In Monroe, the maximum capacity of 240 represents 1.0% of elders age 65.

Miami-Dade has an abundance of assisted living facilities (833), skilled nursing facilities (54) and Adult Family Care Homes (1). In contrast, Monroe County only has two skilled nursing facilities: Bayshore Manor in Key West and Plantation Key Nursing Center in Tavernier.

According to the [Genworth Cost of Care Survey](#), the average cost of assisted living in Florida in 2021 is \$4,000 monthly, while costs in Miami-Dade are somewhat higher, with an average cost of \$4,385 per month. In contrast, the cost of nursing home care in Miami-Dade is higher than the state average with the cost of \$9,019 a month for a semi-private room, versus the state average of \$8,654. Miami-Dade's large population of low-income older adults, including those living in poverty or those receiving the mean annual social security benefit of \$19,538, do not have the private resources to pay for long-term care and depend heavily on the Statewide Medicaid Managed Long Term Care (SMMLTC) program. To be eligible for the LTC program one must be 65 or older, require a nursing home level of care, have a monthly income of \$1,084 or less for single applicants (\$1,460 for couples), and assets cannot exceed \$2,000 (single) or \$3,000 (married). However, large wait lists and delays in the enrollment process affect their ability to be placed in a timely manner, and the assisted living facilities serving these low-income clients must ensure clients are enrolled in SMMLTC before admitting, or risk not being reimbursed for care that has already been provided.

Role in Interagency Collaborative Efforts:

The Alliance works with a multitude of community organizations, agencies, and other private entities on issues of importance to older adults. A sample of these activities appears below.

Veterans Services

In partnership with the Veteran's Administration Hospital, the Alliance for Aging operates the Veteran Directed Home and Community Based Services Program (VD-HCBS), which allows veterans with service-connected disabilities live more independently in their communities and avoid costly nursing home placement by choosing services, then recruiting and hiring their own paid caregivers (including family and friends).

Adults with Disabilities

PSA 11's Aging & Disability Resource Center works closely with members of the Workgroup, which continues to provide oversight and direction in the activities of the ADRC and remains highly involved in the activities of the SMMCLTC. Membership in the Local Coalition Workgroup includes representatives from agencies serving individuals with disabilities as well as older adults, and the Annual Improvement Plan is a standing agenda item for all Local Coalition Workgroup meetings. Membership includes a broad array of government agencies, nonprofits, and provider organizations from both Miami-Dade and Monroe Counties who work together to improve access to home and community-based services for adults with disabilities.

Elders in Disasters

The Alliance for Aging is a partner in Volunteer Organizations Active in Disasters (VOAD), a local coalition of organizations convened by the Miami-Dade County Emergency Operations Center to assist in responding to the needs of community members before, during, and after a natural disaster. VOAD agencies, including the United Way, Salvation Army, Switchboard of Miami, and others, help coordinate responses to public requests and resources for assistance with county agencies, emergency management, and other public and private entities.

The Alliance is also a member of Monroe County COAD, which has a purpose similar to VOAD. Monroe County COAD enjoys a broad membership, including Salvation Army, Star of the Sea Foundation, Habitat for Humanity of the Upper Keys, Monroe Emergency Reserve Corp, Red Cross, and others

Age-Friendly Community

Working with the Age-Friendly Miami-Dade initiative has presented several opportunities for the Alliance and partners—such as AARP Florida, Florida Department of Health in Miami-Dade, the United Way of Miami-Dade, the Health Foundation of South Florida, Urban Health Partnerships, and Miami-Dade County—to collectively address issues of importance to older adults. Using the AARP/World Health Organization’s Age Friendly Community model, the initiative has drafted an action plan to assess and address the eight core areas of the model (as described in the section above) beginning with three priority topics: housing, transportation, and parks/outdoor spaces. Accomplishments to date include ensuring that local policies and planning efforts for transportation, parks, and outdoor spaces incorporate language addressing the needs and preferences of older adults; establishing a set of Age-Friendly Parks standards and parks with elder programming; and hosting Age-Friendly Summits and workshops for representatives from local municipalities to educate them on the model and encourage them to consider implementing age-friendly policies in their own communities. To date, 8 local municipalities have been designated as age-friendly. Future efforts will explore opportunities to address the lack of affordable, accessible housing for older adults and begin to address an Age-Friendly Public Health System.

Local Funding for Elder Services

The Alliance has also been a partner in an Older Adult Advocacy Task Force, convened by the United Way of Miami-Dade, to explore the possibility of establishing new sources of support for programs serving older adults in Miami-Dade to help to narrow the gap between available public funding and the needs of elders in Miami-Dade County.

Catalyst Communities

A few communities stand apart with a greater commitment to supporting services and initiatives for older adults, thus serving as a catalyst that encourages similar efforts throughout the community. For example, in addition to the County twelve municipalities have joined AARP's Network of [Age-Friendly Communities](#), including Coral Gables, Cutler Bay, Doral, Hialeah, Miami, Miami Beach, Miami Gardens, Miami Lakes, Miami Shores, Palmetto Bay, Pinecrest and West Kendall. They are also more likely to have funded initiatives that provide city-level services for older adults (e.g., free local trolleys, exercise and activity facilities, social events, meals).

Local funding for senior centers may become increasingly important. There are currently approximately 44 senior centers in Miami-Dade and 4 senior centers in Monroe (Key West, Big Pine, Marathon, Plantation Key). Additionally, some Medicare providers, such as Leon Medical Center, have established Healthy Living Centers co-located with their medical facilities. Like a senior center, these are places where an older adult can have a meal (free in their cafeteria), use the fitness center, take a yoga or dance class, watch a movie, or socialize with friends. Transportation is also provided, both for medical appointments and time spent at the center

Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

Strengths:

- Experienced ADRC leadership, providing information, eligibility, access, and referrals.
- Strong commitment to serve/internal culture.
- The Alliance works continuously to maximize the efficiency of our systems and tools.
- Expertise of Alliance Executive Team, well connected and well regarded in the Aging community.
- Committed Board of Directors and Advisory Council.
- Community partnerships (academic, hospitals, etc.)/presence in the community continues to grow.
- Strong reputation for serving older adults, and for professional/proactive oversight.
- Committed volunteers (e.g., SHINE, provider volunteers) and older worker programs (e.g., AARP)
- Aging Network able to serve the farthest reaches of both counties.
- Population Health unit offers evidence-based wellness and other unique quality of life programs.
- Sensitivity to our diverse community's needs, and efforts to fund culturally specific programs.
- Full-time public relations and communications position established.
- Expansion of virtual office options has increased productivity and the ability to continue operations during emergencies.
- Upgrade of telephonic system has improved reliability.

Weaknesses:

- Technology and automation deficiencies
 - Lack of integrated electronic record keeping (i.e., contract management) results in duplication of effort and limited use of analytics
 - No use of mobile technologies (smart phones/apps) to connect with clients and general population.
 - Inadequate website and social media presence
- Need to identify and deploy funding opportunities to expand programming.
- Legislators need continuing education to understand the extent of waitlist and demand for services.
- State Medicaid Managed Long Term Care Program (SMMLTCP) has exponentially increased the number of people served in our community.

Opportunities:

- There is high demand for the LTC/in-home services. Organizations and the aging population need more education on LTC (how it works, what is the process and requirements to apply) to partners and the aging population might decrease the demand.
- Local interest in collaborating with the Older Adult Advocacy Task Force to advocate for more support for services for older adults, and to develop partnerships with non-traditional organizations.
- The Alliance understands the elder community and its needs and, in partnership with DOEA leadership, has a unique status to inform and educate legislators and other decision-makers.
- State Health Improvement Plan includes Alzheimer's as its own issue, which potentially offers the opportunity for expanded service.
- There is greater awareness for the need to plan for future disasters, post Hurricane Ian.
- Opportunity to increase presence in Monroe County by increasing advertising (particularly print and radio) in Monroe County regarding future funding cycles.

Threats:

- Much of the local elder population is high risk, e.g., poor, minority, limited English proficiency, disabled.
- Inadequate funding for local needs - Community need and demand for services far exceeds funding, affects public perception of the Alliance. High and increasing demand for services. Cost of services continues to increase. Funding not based on needs or geography.
- Increasingly difficult to meet DOEA requirements with current staff and funding levels
- Need for enhanced technology and training from DOEA to improve systems (e.g., electronic files, eCIRTS, integrated systems)
- Lack of awareness among local elected officials, leaders and the general public about lack of funding affecting the older adults and disabled. Need to elevate governmental interest and public opinion about the needs of older adults, and to create a picture of the future demographic pressures the county will face.
- Competitive nature of local service system increases when funding is limited.
- Complex Aging Network with 25 providers. multiple stakeholders, and very diverse community in language, populations served, organizational structure and culture, management styles.
- Monroe County's geographic remoteness presents challenges.
- There are a very limited number of providers available to cover some areas of the county.
- Smaller, local Monroe County service providers do not respond to competitive procurements, therefore relatively few contracted agencies serve the county.
- While the Alliance has a strong reputation for serving older adults, we are less known in Monroe County.
- There have been challenges to identify organizations in Monroe County that are

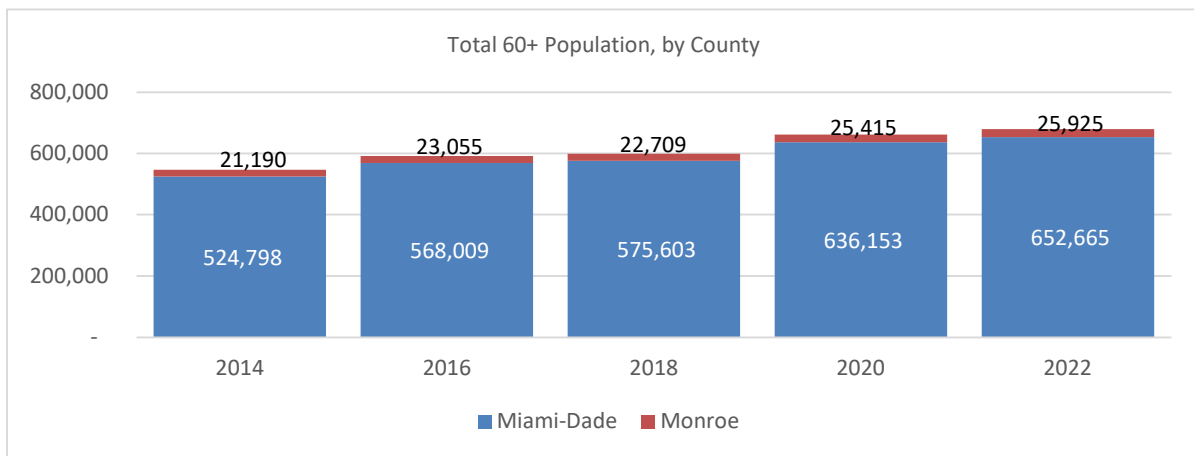
- able to accept funding and donations.
- Inadequate funding results in inadequate staffing (staffing levels and salaries) to address workload and demand.
 - The Alliance is less attractive to foundations and donors because of the lack of public understanding that the Alliance is not a government entity.
 - High cost of living in both counties
 - Approximately 62% of Miami-Dade residents participated in 2020 Census, potentially reducing Federal funding to Miami-Dade County. ([Census Shows South Florida Could Lose Power and Money – NBC 6 South Florida \(nbcmiami.com\)](#))
 - The pay rate for caregivers is generally not competitive with other sectors. This makes it difficult for providers to recruit and retain staff.

Performance Analysis and Targeted Outreach

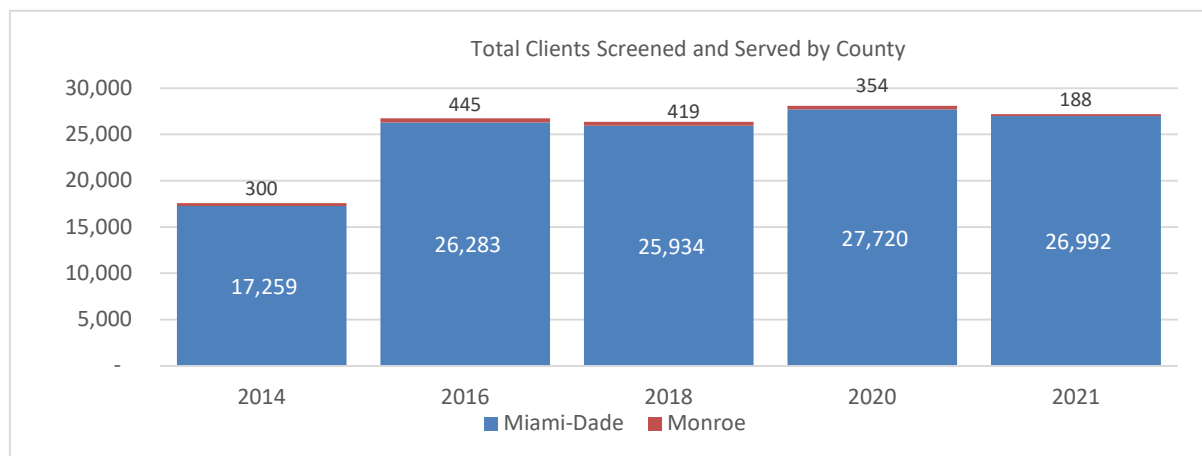
Performance Analysis:

Under Older Americans Act funding requirements, the Alliance is responsible for ensuring that people in the community are equitably served. This is measured by comparing the proportion of DOEA-established priority populations served with the proportion that they appear in the population (in other words, if 12% of elders have a characteristic, so should 12% of the Alliance’s served population). The Department of Elder Affairs then determines whether the Alliance’s performance meets or exceeds expectations by comparing these numbers.

Since 2014, the 60+ population in PSA 11 has increased by 24%.



During that same time, the total number of clients screened and served has increased by 56%.



The following data represents people who were screened and served in 2021, the most recent available data. “Screened” is defined as telephone-screened using a 701S assessment by the Alliance’s Aging & Disability Resource Center in 2021. This includes wait-list management, initial screenings for long-term care programs, and annual re-screening of individuals on the priority waitlist. “Served” is defined as having received home- and community-based services (state or federal, excluding OA3E caregiver services), or being placed on an OAA waitlist. These data do not include screenings conducted by Aging Network providers, referrals to community resources, or any services rendered to individuals on the Statewide Medicaid Managed Care Long-Term Care (SMMCLTC) waitlist.

Miami-Dade					
2021 Total Population 60+: 590,253	2021 Pop. for Indicator	Pop. of Indicat or as % of Total Pop.	# Screened and Served in Indicator	Perform ance (% of those served)	Performance Against Standard
Indicator					
85+	62,428	11%	9,626	36%	Meets or Exceeds
Below Poverty Level	135,466	23%	13,758	51%	Meets or Exceeds
Limited English Proficiency	170,299	29%	13,713	51%	Meets or Exceeds
Living Alone	92,809	16%	8,115	31%	Meets or Exceeds
Low Income Minority	57,414	10%	13,386	50%	Meets or Exceeds
Minority	330,330	56%	25,407	95%	Meets or Exceeds
Probable Alzheimer’s Cases	52,818	9%	4,898	19%	Meets or Exceeds
Rural	5,697	1%	4	1%	Meets or Exceeds

Total Unduplicated Number Screened and Served in 2021: 26,992

1 Standard plus 10%+ indicator + 10%

2 Super Exceeds = indicator x 2

Source: DOEA 2023 Targeting Report and

Given Miami-Dade’s elder demographic profile, it is not difficult to identify minority elders with limited English proficiency who are living in poverty. In fact, the Alliance exceeds almost all performance standards among these priority populations.

Monroe					
2021 Total Population 60+: 25,238	2021 Pop. for Indicator	Pop. of Indicator as % of Total Pop.	# Screened and Served in Indicator	Performance (% of those served)	Performance Against Standard
Indicator					
85+	1,705	7%	71	38%	Meets or Exceeds
Below Poverty Level	3,329	14%	52	28%	Meets or Exceeds
Limited English Proficiency	941	4%	30	16%	Meets or Exceeds
Living Alone	4,616	19%	62	33%	Meets or Exceeds
Low Income Minority	405	2%	26	14%	Meets or Exceeds
Minority	3,950	16%	71	38%	Meets or Exceeds
Probable Alzheimer's Cases	1,938	8%	33	18%	Meets or Exceeds
Rural	25,238	100%	183	98%	Does Not Meet

Total Unduplicated Number Screened and Served in 2021: 188

1 Standard plus 10%+ indicator + 10%

2 Super Exceeds = indicator x 2

Source: DOEA 2023 Targeting Report and Dashboard

Efforts by the Alliance (and Monroe County Social Services, which conducts outreach and provides assessment and services in the county) also exceeded expectations for elders in all categories but two. We will continue to collaborate with our existing service provider (MCSS), as well as with other Monroe community partners to identify opportunities for outreach and education (i.e., health fairs) to the rural older adult population in Monroe County.

Challenges, Obstacles, Solutions

The relationship between conducting community outreach and ensuring equitable access to services for priority populations such as underserved racial/ethnic groups, specific geographic areas, and low-income elders is intricate and often non-linear. The conventional industry standard for outreach activities, like health fairs and community events, does not always effectively identify elders in need, refer them to assessment, and facilitate the receipt of necessary services. Financial constraints pose a major hurdle, limiting providers from conducting more intensive or targeted case-finding activities, such as door-to-door outreach during evenings and weekends. Even if such efforts do identify elders in need, tracking and documenting the outcomes of outreach initiatives remain challenging.

Key Informant respondents of the Alliance's 2023 Needs Assessment agreed that isolation was the biggest challenge that increased during the pandemic. Navigating unique ways to provide services while still ensuring the safety of their clients was a top priority for many. It was also important for stakeholder organizations that hosted in-person programming to create ways to stay connected with their clients and for their clients to stay connected with each other. With an increase in isolation, a few stakeholders also mention the effects of the pandemic on the mental health of the older adult population. It

was noted that depression also increased for many older adults due to isolation and at times loss of a loved one.

Fortunately, the Alliance benefits from an extensive network of contracted providers within the Aging Network who regularly engage in community outreach. In Miami-Dade, the majority of the HCBS (Home and Community-Based Services) workforce is bilingual and bicultural, primarily comprising Hispanics, simplifying service provision for this demographic and aiding those with limited English proficiency. However, a significant challenge in Miami-Dade lies in ensuring that non-Spanish speakers, especially Haitian Creole-speaking elders, are effectively targeted for outreach and connected to vital services by a diverse range of community providers.

The Alliance strategically employs a blend of in-person and virtual outreach methods to maximize outreach and program delivery. Despite limitations on staff time due to workload in other areas of the ADRC, the Alliance optimizes outreach efforts by involving student interns and SHINE volunteers in numerous local community outreach events like health fairs. Full-time staff focuses on in-depth presentations at conferences and provider events, ensuring a balanced approach. Integrating a concise presentation about the ADRC and SHINE into various events enables wider community awareness and engagement.

Engaging members of the Aging Network in targeted outreach efforts presents challenges, primarily due to financial constraints and the lack of financial incentives for providers to conduct extensive outreach. Mandating specific outreach activities can be difficult, given the constraints of organization scopes and budgets. Consequently, most agencies allocate their limited education and outreach funds to reach larger groups at public events, training events with captive audiences, or engaging professionals who can serve as additional referral sources. The pervasive unmet need in PSA 11 further complicates efforts, making it challenging to persuade providers to invest time and limited resources in identifying more individuals who might end up on waiting lists for services.

Nevertheless, almost every key stakeholder respondent of the Alliance's 2023 Needs Assessment stressed the need for older adults to know where to go for resources and how to access them. There are a lot of programs, but there is also a lack of understanding for these resources. Many stakeholders express that their client population have difficulty receiving services due to disconnected resources and service processes.

Targeted Outreach Plan:

To reach populations that have been identified as underserved the Alliance implements targeted outreach and inclusive targeting activities. This strategy aims to increase awareness, engagement, and participation among these communities, fostering inclusivity and meeting their unique needs.

Older adults and caregivers in need of services who contact the Aging and Disability Resource Center (ADRC)—or a provider in the Aging Network—are asked to complete an assessment that will determine their social and economic needs, as well as establish their eligibility for services through a variety of funding sources with different criteria (e.g., need for OAA and fragility for state-funded programs) and priorities (e.g., low-income elders, racial/ethnic minorities, rural elders, caregivers, people with Alzheimer’s).

Social need is determined by looking at factors such as having a caregiver or living alone, and fragility is determined by factors such as disabilities, activities of daily living (ADLs), and instrumental activities of daily living (IADLs). Assessment results in a score that will determine the individual’s priority on the wait list for services. Due to a lack of funding to serve everyone with established need, only those with the most critical need—as determined by assessment—receive services in PSA 11.

The process of receiving home- and community-based services for older adults is data-based and assessment-driven to ensure that it is equitable. But only elders who know to ask can receive services. Outreach conducted to date has resulted in a demand for services that exceeds supply. After conducting an extensive needs assessment, the Alliance has prioritized outreach efforts to these underserved elders groups:

Geographic Areas	Racial/Ethnic Groups	Special Subpopulations
<ul style="list-style-type: none">• Monroe County, especially rural• South Dade, especially rural• Maimi-Dade County's most distressed neighborhoods	<ul style="list-style-type: none">• African American• Haitians• Limited English Speakers	<ul style="list-style-type: none">• Caregivers• Elders with Alzheimer's• LGBTQ+ Elders• Elders/adults with a disability• Isolated/Homebound elders

The Alliance’s outreach strategy includes partnering with providers in the Aging Network and other community-based organizations to maximize opportunities for outreach focusing on:

1. Priority populations as defined by the funding source
 - a. OAA: need, with priority to low income, minorities, limited English proficiency
 - b. HCE/CCE/ADI: most frail
2. Priority geographic locations where elders are underserved

3. Priority subpopulations: caregivers, elders with Alzheimer’s, LGBT elders, adults elders and adults with disabilities

As part of this strategy, the Alliance intends to participate in recurring events in the community where significant numbers of older adults and their caregivers are gathered. These annual events include:

Community Event (Miami-Dade)	Anticipated month (Est. # of attendees	Underserved area/pop.
Mount Sinai Medical Center's Annual Alzheimer's Public Educational Forum/Caregiving Conference	January	150	Yes
Annual Ministering to the Elderly Conference	May	120	
De Hostos Senior Center Annual Health Fair	May	150	
Culmer Community Health & Wellness Fair	May	100	Yes
Serving our Seniors Expo (Miami Lakes)	August	100	Yes
Haitian American Resource Fair	August	50	Yes
Volunteers of America/Sweetwater Towers Annual Health Fair	August	100	Yes
Sant La’s Silver Fair	October	40	Yes
South Florida Senior Lifestyle and Health Expo	October	100	
iHeart Miami Active Adults Health Expo	October	260	
DOH-Miami-Dade Community Partner Fair & Conference	October	1500	
Fearless Caregiver Conference	December	200	Yes

Through our Service Providers in Monroe County, we will participate in community events that target older adults, including:

Community Event (Monroe)		Est. # of attendees	Underserved area/pop.
AARP/Big Pine Key Senior Center	March	40	Yes
St. Bede’s Outreach Event	July	100	Yes

Outreach conducted in Monroe County is our primary strategy for rural outreach.

In 2022, Alliance staff and volunteers participated in a total of 40 face to face events and 58 virtual events including health fairs food distribution drive throughs, and educational workshops. The face-to-face events reached an estimated 4,746 people. The virtual events reached an estimated 777 people. Almost one quarter (22%) of the events attended were new events to Alliance staff.

In 2022, Alliance Service Providers participated in a total of 212 in-person events and 20 virtual events, including 13 food distribution events, and 22 health fairs and public events. These events reached nearly 14,000 people. Four events were held in Monroe County and 19 were held in underserved communities.

Examples of targeted outreach events have included:

- Strategies for a Brain Healthy Lifestyle virtual Community Forum (partners: Sheba Medical Center, UM, Cognivue)
- Alzheimer’s Faith Based Community Forum (partner: Alzheimer’s Association)
- Facebook Live Elder Resource Forum (partner: Sant La)
- Monroe County Food Drive (partner: Monroe County Social Services Community Support Services)
- Low-income Housing Fair (partner: Lincoln Ave. Capital Family Resource Day)
- Para Mayores Radio Show (partner: Latin Center on Aging)
- ADI Virtual Conference (partner: Center on Aging)
- EHEAP Outreach (partner: Haitian American Senior Center)
- EHEAP Outreach (partner: Singer Plaza Affordable Housing Community)
- Pastors Association Outreach (partner: Casa Sobre la Roca Church)

Priority Populations: Low-income Elders, Minorities, and People with Limited English Proficiency

Miami-Dade County is a diverse community, with 82.7% of its residents belonging to minority groups, and nearly 26% living below 125% of the Federal Poverty Line (FPL). Additionally, 42% of the population faces language barriers due to limited English proficiency. The Department of Elder Affairs (DOEA) Elder Index Maps provide valuable insights into the concentration of these underserved populations, but these challenges are pervasive throughout the county. To address this complexity, it is imperative to employ more precise geographic and subpopulation targeting strategies for outreach.

In Miami-Dade County, there is a pronounced gap in meeting the needs of Hispanic elders, particularly those living in poverty or struggling with language barriers. While they constitute a significant portion of the elder population, service utilization data shows that their representation in services exceeds their demographic proportion. Conversely, the Black elder population is underserved, highlighting the necessity for a targeted approach in reaching out to this community. Moreover, the difficulty in identifying Haitian elders in both the community and the Comprehensive Information and Referral Tracking System (CIRTS) service dataset raises concerns about their significant underrepresentation, underscoring the urgency of culturally and linguistically tailored outreach efforts.

Miami-Dade County’s Economic Advocacy Trust ([MDEAT](#)) identified several underserved communities that require combined efforts for economic improvement. These Targeted Urban Areas (TUAs) are MDEAT's focus for heightening the awareness of critical issues that impact the economic vitality of these communities:

- Carol City
- Florida City
- Gladeview
- Golden Glades
- Goulds
- Homestead
- Little Haiti
- Liberty City
- Leisure City
- Naranja
- North Miami
- Opa Locka
- Overtown
- Perrine
- Princeton
- Richmond Heights
- South Miami
- West [Coconut]Grove
- West Little River

These TUA's represent an opportunity for impactful outreach to individuals with unmet needs, and are included in the Alliance's priority target areas

The Alliance remains committed to prioritizing collaborative outreach activities. We strongly encourage Aging Network providers to join in these efforts, focusing on reaching low-income elders, racial/ethnic minorities, and individuals with limited English proficiency residing in Miami-Dade's "most distressed neighborhoods," characterized by low-income and majority-minority demographics.

In contrast, Monroe County's demographic landscape is predominantly White Non-Hispanic, with an 84% composition. Identifying racial and ethnic minorities grappling with poverty and limited English proficiency here necessitates an in-depth understanding of the local communities. Outreach to these populations relies heavily on the expertise and dedication of Monroe County Social Services' bilingual, bicultural staff.

To bolster the local infrastructure in Monroe County, the Alliance seeks to forge partnerships with local organizations, facilitating events tailored to specific populations, including caregivers, LGBT elders, and adults with disabilities, particularly those dealing with Alzheimer's. Many county residents prefer contacting County Social Services over the Aging and Disability Resource Center (ADRC), emphasizing the importance of maintaining close ties with the local community. Consequently, the Alliance will continue to engage Monroe County organizations and providers in task forces and committees, thereby expanding knowledge and access to the ADRC and county social services.

These outreach plans reflect our commitment to addressing the unique needs of priority elder populations in both Miami-Dade and Monroe Counties. By adopting targeted strategies, fostering collaboration, and embracing cultural competence, we aim to ensure that every elder in these communities receives the support and care they deserve.

Priority Populations: Elders in Rural Areas

Undoubtedly, elders residing in rural areas within both Monroe and Miami-Dade Counties face unique challenges that demand our attention. Performance data has illuminated the reality of underserved elder populations in these remote regions. The Alliance is committed to addressing this disparity by implementing targeted outreach activities while encouraging our providers to align their efforts to meet this challenge.

The Alliance acknowledges that rural elders in Monroe and isolated areas of Miami-Dade have limited access to essential services. To bridge this gap, we will place a high priority on outreach activities specifically tailored to rural communities. This commitment extends to both counties.

In Miami-Dade County, our outreach efforts will concentrate on census tracts within farming areas situated on the outskirts of the Everglades. Notably, we will pay close attention to areas like the Redlands and regions to the east and west of Homestead and Florida City. These agricultural communities often suffer from a lack of accessible services, and it is imperative that we reach out to elders residing in these locations.

Monroe County presents its own set of challenges. Rural areas in Monroe are typically sandwiched between more densely populated regions. For instance, anyone residing in the stretch between Marathon and Lower Matecumbe Key falls within a rural area. The Alliance recognizes the need for targeted outreach in these pockets of isolation. To address the specific needs of rural elders in Monroe County, the Alliance will collaborate closely with Monroe County Social Services to develop an Outreach Plan tailored to these unique rural areas. This plan will not only identify specific rural communities but also outline the strategies and resources required to ensure their needs are met effectively.

By prioritizing outreach in these underserved regions, focusing on rural census tracts, and collaborating with local partners, the Alliance aims to provide the support and services necessary for a better quality of life for our rural elder populations. Together, we can bridge the gap and ensure that no elder is left behind, regardless of their geographical location.

Priority Populations: Caregivers, Adults with Disabilities, and LGBTQ+ Elders

It is difficult to reliably quantify the number of caregivers, adults with disabilities, and LGBTQ+ Elders in the community. These groups are considered as underserved populations as their needs may often go unmet. As a population that often goes unrecognized by service providers, LGBTQ+ elders are underserved because it is difficult to ascertain their population size, needs, and preferences, and because of a lack of local services specific to their needs in Miami-Dade and Monroe.

The local service infrastructure for these populations, including funding for all services, is limited, so the most effective targeting strategies are to partner with organizations that have direct contact with these populations to build capacity for a “no wrong door” approach to information dissemination that directs people to the Aging & Disability Resource Center (ADRC) or provider agencies who can conduct the assessment to determine need and eligibility. We will continue our work with local groups to improve referrals from the ADRC, and our work to improve services available with community partners, such as the Agency for Persons with Disability, the Center for Independent Living, the Alzheimer’s Association, Easter Seals, and the service providers in the Aging Network.

HCE/CCE/ADI Targeting: Frailty

One of the conditions of state funding for home- and community-based services for older adults is that those who are “most frail” (as determined by an assessment) should be served first, along with those at most risk for institutional placement. Unfortunately, demand for home- and community-based services in Miami-Dade far exceeds the supply available through current funding sources, even among the “most frail.” The Alliance will continue to ensure that outreach activities, including from providers, targets populations that are the most frail.

Targeting by Age

Given that frailty becomes more likely with advanced age, it makes sense to include people of advanced age in outreach efforts. Although DOEA’s Elder Needs Index can identify census tracts with the largest concentrations of elder age 85+, it does not tell us how many of these elders are already in nursing homes or assisted living facilities, and so is of limited utility for targeting elders age 85+ in the community. What it can do is assist providers in identifying which communities in their service area have relatively dense concentrations of adults of advanced age. This includes affluent areas in Monroe County and Miami-Dade (e.g., the beaches), as well as many of the “most distressed neighborhoods”.

Targeting by Caregiver Need: Elders with Alzheimer’s

Given the long-term consequences of caring for a loved one with Alzheimer’s, as well as the estimated 20% of adults age 55+ in Miami-Dade (80,000) who may have Alzheimer’s, the Alliance will prioritize outreach activities, and will encourage providers to target their outreach activities, in areas where people with Alzheimer’s are most likely to live. The highest rates of Alzheimer’s nationally are found among Blacks (54.6 %) and Hispanics (44.8 %) age 85+.

Unmet Needs and Service Opportunities

Access to Services:

Many elders that attended Community Conversations held in both Miami-Dade and Monroe expressed ignorance of the existence of existing information resources, such as the Aging & Disability Resource Center (ADRC), Elder Helpline, 311, and individual provider information lines and called for increased outreach efforts. Providers echoed the sentiment, acknowledging that many clients are simply unaware of the resources available to them. Some communities, such as Miami Beach, have a staff member dedicated to elder programming who is well-known as a reliable source of local information. Making older adults aware of these resources is by necessity ongoing and includes increased outreach activities, health fairs, and other community events, as well as collaborative partnerships with other organizations serving elders. Even those aware of the resources available to them, whether in Miami-Dade or Monroe counties, do not feel it enough. A sentiment echoed across all Community Conversations indicated that limited access to housing, transportation (particularly in Monroe), supportive services, and, to a lesser extent, legal services is a prevailing problem in PSA-11. This is further evidenced by the rising number of calls to the Aging & Disability Resource Center, which presents a greater problem. Demand for the services have already exceeded capacity and outpaced available resources for the past several years. Additional outreach may make elders more aware of the services available to them but may ultimately do little in helping them actually access those services. Unless additional resources and improved processes are identified to support information, referral, and intake, the growing older adult population in PSA 11 will continue to stress available ADRC resources. Data provided in the Performance section of the Area Plan can also be used to estimate how many people in each priority category have *not* been screened, and therefore may have unmet need. This number may feasibly range from several hundred elders in Monroe County to tens of thousands in Miami-Dade.

Some important themes regarding access to services that were highlighted during the Alliance's 2023 Needs Assessment included:

Technology: Technology was a common barrier discussed by several stakeholders. Many older adults who are not as technologically savvy may find it difficult to navigate online systems and paperwork required for the delivery of services. This is supported by the 2023 Community Survey, where 11% and 20% of respondents indicated they were somewhat or not comfortable (respectively) with using the internet for communications, and another 3% indicated they did not have access to the internet.

Language: Language is a significant barrier. There may be a lack of cultural connection that contributes to elders' lack of ability to best communicate their needs.

Wait Periods: Lastly, one of the common themes for barriers was the waiting periods for services. Often when there are communities that are underserved, longer wait periods

happen due to a lack of understanding or visibility of a particular group. Stakeholders stress the need for collaboration among agencies to provide proper services in a timely fashion.

Potential Unmet Need: Access		2021 Population in Each Category	Number Served and Screened in Category	# Not Screened and Served
2021*				
Miami-Dade	85+	62,428	9,626	52,802
	Below Poverty Level	135,466	13,758	121,708
	Limited English Proficiency	170,299	13,713	156,586
	Living Alone	92,809	8,115	84,694
	Low Income Minority	57,414	13,386	44,028
	Minority	330,330	25,407	304,923
	Probable Alzheimer's Cases	52,818	4,898	47,920
	Rural	5,697	4	5,693
Monroe	85+	1,705	71	1,634
	Below Poverty Level	3,329	52	3,277
	Limited English Proficiency	941	30	911
	Living Alone	4,616	62	4,554
	Low Income Minority	405	26	379
	Minority	3,950	71	3,879
	Probable Alzheimer's Cases	1,938	33	1,905
	Rural	25,238	183	25,055

Data Source: 2023 Targeting Report

**2023 Targeting Report uses 2021 data*

It would literally be impossible to screen and assess every elder in the service area in these priority populations. For example, of 57,414 low-income minorities in Miami-Dade, only 23% were screened and assessed for need. In Monroe, less than 1% of low-income minority elders were screened and assessed.

Caregiver Support:

Respite care is the largest identifiable unmet need among local caregivers, and there has been high demand for caregiver services in PSA 11. This is supported by the results of the Alliance's 2023 Needs Assessment, in which a near-majority (47.6%) of survey respondents indicated that they did not have enough help with caregiving responsibilities, A large proportion (43.4%) indicated that they most needed help with household work, with 36.1% needing financial assistance and 34.9% needing emotional/mental support. Smaller but still substantial proportions of participants indicated a need for respite services (28.9%), a need for transportation (27.7%), and a need for information about resources (26.5%).

In 2022, a total of 5,475 older adults (5,433 in Miami-Dade and 42 in Monroe) received respite care via multiple funding streams (i.e., OAA, CCE, LSP).

Service	Miami-Dade	Monroe
Respite Care – Home	4,326	18
Respite Care – Facility	1,107	24

Source: eCIRTS

As of September 2023, there are a total of 43,027 people awaiting caregiver services in PSA 11; almost all of them live in Miami-Dade.

Caregiver Programs Waitlists	Miami-Dade	Monroe
OAAIIIE/OAIIIES	940	19
ADI	6,709	1
CCE	35,292	66

Source: Ecirts, Sept. 6, 2023

Addressing the substantial demand for caregiver support services presents a significant challenge, as caregivers often display limited interest in participating in caregiving training programs or seeking assistance. However, they express greater enthusiasm for acquiring caregiving skills and engaging with fellow caregivers to share experiences. Our current marketing strategies seem to miss the mark with the intended audience. Additionally, caregivers frequently discontinue services due to an inability to allocate time away from their loved ones, jobs, or family obligations. Exploring online training and support services emerges as a viable solution, allowing for flexibility and convenience.

Data from the National Hispanic Council on Aging underscores the pressing need for tailored assistance, with 45% of Hispanic caregivers facing high burden situations. The majority of these caregivers provide unpaid care for a friend or family member, often an elderly spouse. This relentless caregiving, coupled with the complexities of the healthcare system, exacts a toll on their emotional and financial well-being. Sadly, research indicates that despite their burdens, Hispanic caregivers underutilize available services due to numerous barriers, such as limited awareness, language obstacles, financial constraints, and cultural insensitivity. These cultural barriers extend beyond the Hispanic community, affecting those with limited English proficiency in Miami-Dade. Effective communication between non-Spanish speakers and professional caregivers becomes a challenge, hindering appropriate care provision.

Caregiver expectations regarding support services vary widely, highlighting the necessity for clear communication and aligning services with diverse caregiver needs. The ADRC plays a crucial role by providing essential information, referrals, emotional support, and

guidance to caregivers navigating a challenging service landscape.

Community Conversations Summary of Caregiver Issues

Participants were asked to share what would be the best way to support professional and family caregivers as they care for older adults and adults with disabilities. The themes that were identified varied according to geographical area where participants reside.

Among caregivers who were present during the focus group sessions, facilitators asked if there are any organizations or other family members that provide respite to assist with the care of an older adult. One participant shared the difficulty in finding a qualified provider to care for a family member; as a result, the family member, an older adult, had to return to their native land to be cared for by other family members. This theme was also reflected among other participants who voiced their concern finding qualified providers to care for older adult family members since the main motive for many providers, according to their views, is to receive compensation.

In response to a second question posed by facilitators regarding the type of support a caregiver would need, one participant discussed the need to have someone come into their house and assist with bathing or other domestic service needs; to be able “to leave the house for a moment”. In addition to receiving relief on the caring of an older adult, another participant mentioned the importance of skill building for the caregiver—not only to be able to care for their loved one adequately, but also for the caregiver to know when to seek support for themselves as their responsibilities become more challenging. One participant stated the following: “Sometimes the caregiver doesn’t realize the emotional impact being absorbed by the caregiver—selfcare is critical, physical and emotional”.

Housing, Transportation, Employment:

Affordable housing is the most critical unmet need for older adults in PSA 11, particularly but not exclusively among elders living in poverty. 25-30% of older adults spend more than 50% of their income on housing. This affects their ability to pay for basics like food and medication and limits their ability to pay out of pocket for much-needed home- and community-based services—even for elders who are not in poverty according to their income. The list of economically distressed communities in Miami-Dade (p. 49) represents areas in the county where this need is most critical, but all of Monroe County has a shortage of affordable housing for both elders and the workforce serving them.

Elder homelessness has continued to rise, primarily driven by increasing economic inequality exacerbated by the global pandemic, escalating housing costs, and shortages in affordable housing supply. Experiencing homelessness is an immensely arduous and distressing ordeal for individuals. It involves the profound loss of stability, whether brought about by eviction, financial hardships, or various other factors. This loss of stability and

access creates an overwhelming emotional burden, disrupting individuals' sense of security and belonging, especially for older people who live with disabilities, and older members of Black, Indigenous, and other communities of color, who face significant disparities.

Results from Community Conversations revealed that in Miami-Dade, the biggest unmet transportation need is a free or low cost, door-to-door, on-demand transportation service. Although elders have increased access to medical appointments thanks to private shuttles operated by clinics, practices, HMOs, and Medicare Advantage programs, there is a lack of free or subsidized transportation to other locations of need (e.g., pharmacy, grocery store) or quality of life activities. STS services are available, which many older adults find helpful, but potential long wait and ride times make the service infeasible to others, particularly fragile health populations. Travel training for older adults to give them the skills needed to navigate the transit system that is free with their Golden Passport may prove beneficial, as well as elder pedestrian safety education to keep them safe while walking.

According to discussions with elders in several communities in Miami-Dade, one remaining challenge is getting elders from their homes that may be in suburban communities far from the main arteries served by transit. Elders in dense urban communities have easier access to more routes, but those with limited mobility still feel they have to walk too far to stops, which may lack age-friendly features like shaded benches with arm rails. Several said drivers may need reminders about the needs of elders, like using the kneeling bus feature more often. With a more limited system dependent on one main route, public transportation in Monroe faces similar challenges: getting elders from their homes to the main artery where transit operates.

The Alliance's 2023 Needs Assessment revealed that due to the geographic layout of Monroe County, many older residents are unable to travel freely to other cities. This also includes traveling to Miami Dade County for services that are not offered in Monroe. When there is a need for certain medical services, many older adults must find transportation or are faced with poor health outcomes as a result.

Community Conversations Summary of Housing Issues

Affordability

The topic of housing for older adults and adults with disabilities generated valuable conversations in all geographical areas where the Community Forums were facilitated. A major theme that was observed is the unaffordability of housing in Miami-Dade and Monroe Counties.

Importance of Staying at Home for as Long as Possible

As part of the Housing section of these conversations, participants were also asked to share whether it was important for older adults to stay in their homes for as long as possible. Participants from most geographical areas pointed out that older adults value their independence and want to age in their own homes. It was observed that this valuable component transcended all cultural backgrounds of residents who attended these conversations, as they felt that it enhanced their quality of life, physically and mentally. As one participant stated: “Older adults would be able to see their families whenever they want, eat what they feel like eating by aging in place in their own surroundings.”

Even though all participants agreed that older adults prefer to “age in place” as opposed to being placed in a nursing home facility, many also felt that there are still barriers that would need to be addressed that would allow older adults and adults with disabilities to live in a safe and healthy environment. One of the barriers discussed extensively during these conversations is the limited access to affordable in-home services or support programs that would enhance the quality of life for older adults in their own homes. These would include transportation services, household maintenance, personal care, companionship, home modifications for older adults with disabilities - characterized by limited mobility - among others.

As noted earlier, in Monroe County, homelessness is a considerable issue especially among homeless veterans, who according to participants choose not to utilize all available services such as mental health treatment for fear of being stigmatized. Participants also shared that a case management component is needed due to the lack of “follow-through” often seen among the homeless population.

Considering the economic situation faced by many older adults in Miami-Dade and Monroe, many are more interested in employment than volunteerism. Local statistics and the experience of elder employment programs seem to indicate there are far more older adults who wish to work than there are places that want to hire them. The Alliance for Aging is fortunate to have an opportunity to collaborate on these issues with other community partners—including the United Way, AARP, Health Foundation of South Florida, Urban Health Partnerships, and Miami-Dade County—on an Age-Friendly Community initiative that seeks to address these issues through actions that have a collective impact on policy and systems that affect older adults.

Health Care:

While most elders age 65+ have Medicare (95.2% in Miami-Dade and 92.84% in Monroe), elders in poverty may not be able to afford co-payments, specialty visits, or pharmacy costs. One-third (33.2%) of all elders in Miami-Dade County may be eligible for Medicaid due to low income, compared to just 7.0% in Monroe County. Older adults in Monroe are more likely to have insurance, but less likely to have access to facilities, so they must seek services in Miami-Dade while transportation may be a problem.

Other than natural causes, the top causes of death for older adults include cancer, heart disease, stroke, chronic lower respiratory disease, diabetes, and Alzheimer's disease. Miami-Dade's minority elder population is disproportionately affected by high rates of chronic disease, e.g., diabetes, heart disease, COPD, arthritis, HIV, and viral chronic Hepatitis B & C that are above the state and national rate. Older adults in Miami-Dade have higher rates of depression and disability than state and national rates, and local estimates suggest up to 20% of people age 55+ may have Alzheimer's.

Monroe's elder population is generally healthier than Miami-Dade, having lower than the state and national rates on most conditions (e.g., heart disease, stroke, diabetes, depression) but high rates of viral chronic Hepatitis B & C, skin cancer, and binge drinking. Chronic liver disease/cirrhosis is one of the five top leading causes of death in elders age 55-74 in Monroe County.

These statistics suggest the need for evidence-based healthy aging programming that addresses managing chronic conditions (especially heart disease, diabetes) and self-care limitations; general nutrition, preventing falls; improving physical health (e.g., Tai Chi); and behavioral health. The high rate of depression in Medicare Fee-for-Service data for Miami-Dade suggests there is also an unmet need among elders experiencing depressive symptoms for mental health interventions, such as the Program to Encourage Active Rewarding Lives (PEARLS). Ancillary health care needs, such as hearing aids, eyeglasses, and dental care, are not covered by Medicare, so many elders in poverty go without or are dependent upon a few free or sliding-scale services. In Monroe, there is an extremely limited number of providers (particularly of free or low-cost services), so many older adults must go to Miami-Dade for these services or simply do without. There is clearly a need for additional resources to help older adults pay for visual, dental, and hearing services not covered by Medicare, particularly the 154,000+ living below 125% poverty in Miami-Dade and 3,260 more in Monroe.

Food Insecurity

Feeding America estimates that 9% of elders in the Miami-Dade area are food insecure. An even higher percentage, 15.1% of elder respondents (65+) to the 2020 Community Health Needs Assessment done by the University of Miami Health, stated they were worried about running out of food in the past year.

Because clients do not necessarily attend every day, providers must maintain a pool of eligible clients that slightly exceeds the number of meals in each site in order to avoid uneaten meals. A total of 20,004 clients were eligible to receive a congregate meal in 2022 in PSA 11. Federal funding in the form of Older Americans Act Title III C-2 supports home-delivered meals to a total of 32,090 eligible clients. Local Service Program funding increases the number of clients eligible for congregate meals in Miami-Dade by 2,874.

Supplemental Nutrition Assistance Program (SNAP)

Eligibility for SNAP (formerly known as Food Stamps) is based on gross and net income

limits, which are—for a household of one elder—a maximum gross annual income under 130% of poverty) and a maximum net annual income under 100% of poverty. Congress and the U.S. Department of Agriculture (USDA) temporarily modified SNAP eligibility and benefits in response to the COVID-19 pandemic. These temporary measures will be ending in 2023 due to recent legislation and the end of the federal public health emergency (PHE).

In 2022, for those Age 60+	Miami-Dade		Monroe	
	#	% elder population	#	% elder population
Number of SNAP Participants	243,091	38%	2,442	10%
Number Potentially Eligible*	154,370	24%	3,260	13%

Source: DOEA, 2021 Profile of Older Floridians

Estimates of eligible participants provided by the Department of Elder Affairs are based on the number of people age 60+ living below 125% of poverty. This clearly underestimates the number of people actually eligible and would, therefore, account for the illusion that there is no unmet need or there is SNAP “overutilization” in Miami-Dade. There *is* an unmet need, but it is difficult to estimate because it exists in the gray area between 125% and 130% of poverty, and gross versus net income requirements. Monroe County, on the other hand, clearly has unmet need among elders eligible for SNAP, and more than 800 people age 60+ might be enrolled via enhanced outreach from local social service agencies.

Home and Community-Based Services (HCBS)

High demand for free or low-cost home- and community-based services for older adults collides with limited funding to create an enormous unmet need in nearly every service area in PSA 11. The waitlist is full of people who aren’t prioritized as “frail enough” to receive services, yet they have been assessed to be in need of those services. Many elders in the community tell stories about people who only made a few dollars more than the income threshold, or people whose only asset—their home—keeps them from qualifying for assistance. As the months on the waitlist drag on, many elders—and their caregivers—may face deteriorating health, dwindling finances, and possibly even death. Meanwhile, growing numbers of elders in PSA 11 will continue to stress the administrative and service delivery capacities of the Alliance for Aging and the Aging Network in PSA 11.

The results of the Alliance’s 2023 CHNA survey indicated that the following services had a higher proportion of participants responding “no” or “not sure” when asked about their accessibility, indicating that such services may be less available in the community or that there is little community awareness of these services: legal services and assistance (53.6% responding either “no” or “not sure”), home care services (53.2%), mental or behavioral health care (44.6%), nutrition programs (45.1%), and disease self-management programs (43.0%).

Connection to Community

The COVID-19 pandemic has magnified the preexisting necessity for social interaction, particularly affecting older adults who are especially vulnerable due to mobility constraints, age-related health issues, and diminished social circles caused by the loss of spouses, friends, and social networks. Social isolation frequently culminates in loneliness, a significant factor in deteriorating health outcomes such as memory loss and dementia, according to mounting research.

The 2020 Community Health Needs Assessment conducted by the University of Miami Health highlighted that 20.1% of respondents aged 65 and above reported a decline in their mental health since the onset of the pandemic. Reinforcing this concern, the U.S. Surgeon General released an advisory in May 2023, urging the public to recognize loneliness and isolation as pressing public health issues. The advisory emphasized that a myriad of factors, encompassing our living spaces, neighborhoods, available transportation, workplaces, and digital environments, impact the levels of loneliness and isolation experienced.

Numerous elements addressed in this Area Plan bear an influence on the older population's ability to maintain social connections. This section delineates specific strategies to mitigate the impact. Although the urgency to address social isolation was intensified by COVID-19, it is evident that this issue necessitates sustained attention. The Alliance's 2023 Needs Assessment Community Survey disclosed that 13% of respondents acknowledged "feeling lonely" as a major concern, while 11% indicated "feeling depressed" as a significant issue. Additionally, 17% and 24% respectively reported these concerns as minor problems.

Insights from key informants in the Alliance's 2023 Needs Assessment unveiled that, despite the tightly-knit community of Monroe County residents, there is a notable absence of tailored social programs for older adults. A stakeholder drew attention to the lack of a locally sponsored senior center in the Upper Keys, leaving residents to organize their own gatherings and events. Consequently, a considerable number of older adults find themselves isolated without meaningful social connections.

Summary of Key Informant Interviews conducted in support of the Alliance's 2023 Needs Assessment

Gathering insights from key informants deeply involved with the welfare of older adults is imperative due to their integral roles in high-level decision-making processes. These individuals possess comprehensive knowledge of their respective communities and serve as influential advocates for necessary changes. Engaging with experts in the field of aging significantly enhanced our comprehension of the current needs of the older adult population and those responsible for their care.

A prevalent and vital theme arising from the key informant interviews centered around the concept of 'community.' In discussions concerning aging in place, the emphasis on granting older adults the autonomy and freedom to age within their homes and communities stood out in stakeholder responses. Nevertheless, concerns regarding housing costs, program accessibility, and safety were prominently cited as primary barriers hindering the realization of aging in place. Furthermore, a lack of awareness among older adults regarding available resources emerged as a recurring theme. Compounded by fragmented care coordination systems, older adults face prolonged wait times and potential care delays. An often-suggested solution was to establish a streamlined system that seamlessly connects services, ultimately averting these delays. Consensus among stakeholders highlighted isolation as a significant challenge for older adults during the pandemic. The shift away from traditional modes of client service delivery and the loss of regular community connections, be it through in-person meetings or communal meal sites, posed significant threats to the safety and well-being of older adults. Moreover, the necessity for older adults to adapt and become technologically proficient to maintain community connections shed light on prevailing stereotypes and biases in our society.

In the Alliance’s 2023 CHNA survey, in response to the question, “how would you rate your need for the following community resources?” respondents indicated the following as “very important:”:

	Percent
Activities for socializing	56.6%
Activities that are affordable to all residents	66.0%
Activities that involve both younger and older people	51.9%
A variety of cultural activities for diverse populations	57.4%
Conveniently located entertainment venues	59.1%
Continuing education classes or social clubs to pursue new interests, hobbies, or passions	61.7%

Emergency Preparedness

Community Conversations Summary of Disaster Preparedness Issues

A major difference observed between participants in our community conversations in both geographical areas is related to the emergency services that are available to residents during a natural disaster, such as a hurricane. Generally, most Miami-Dade County participants felt satisfied with the emergency services that are being offered by their local agencies, while several Monroe County participants stressed the need to improve the coordination of services specifically for the most vulnerable populations such as older adults. Participants shared that local agencies would need to improve upon emergency services currently in place as well as addressing the mental component that manifests as anxiety and stress during an emergency situation. It was noted by a participant that it is crucial to promote the “mental wellness” of older adults when faced with a natural disaster. According to this participant, this stress may lead older adults to “not want to believe that this thing is gonna [going to] happen.”

Respondents of the 2023 CNA survey indicated their preferred method of receiving emergency alerts as follows, 65.2% preferred to receive alerts from local TV stations, followed closely by receiving text messages (59.6%). Other preferred methods of receiving alerts included radio stations (35.4%), automated phone calls (32.8%), email (25.8%), social media (24.2%), and through smartphone apps (24.2%). The Alliance will incorporate this information in its emergency preparedness planning.

Coordination:

Given Florida’s vulnerability to natural disasters, specifically hurricanes, the Alliance for Aging’s Emergency Operations Coordinator ensures that providers in the Aging Network have a disaster plan and continuation of operations plan that addresses how services will be provided in the event of a natural disaster. Aging Network providers and staff in the Aging and Disability Resource Center (ADRC) assist local elders in registering for evacuation assistance and special needs shelters, as well as connecting them with the Emergency Evacuation and Assistance program that offers specialized transportation, safe shelter, medical monitoring, and wellness checks. The Alliance is also a member of Volunteer Organizations Active in Disasters (VOAD), a local coalition of organizations responding to the needs of community members before, during, and after a natural disaster. VOAD agencies, including the United Way, Salvation Army, Switchboard of Miami, Emergency Management, and others, help coordinate responses to public requests and resources for assistance with county agencies, emergency management, and other public and private entities. The Alliance is also a member of Monroe County COAD, which has a purpose similar to VOAD. The Alliance, members of the Aging Network, and other community partners will work together to identify elders in danger before disasters, and to meet the needs of elders during the recovery phase.

Contact:

In the event of a disaster, the Alliance has identified the following local Emergency Management contact person(s):

Miami-Dade County

Organization	Name	Contact
Florida Department of Health	Natasha Strokin MDCHPC Public Health Co-Chair Public Health Preparedness Program Manager	Natasha.Strokin@flhealth.gov O: 786-336-1332 C: 786-972-5488
City of Miami Fire Rescue	Robert Hevia, DNP, ARNP Assistant Fire Chief EMS Support Division	RobHevia@miamigov.com O: 305-416-5404 F: 305-400-534 C: 305-323-3745
M-D EOC	Curt Sommerhoff	OEMmanagement@miamidade.gov 305-468-5400
M-D Fire Rescue Office of Emergency Management	Alicia N. Horner, MPH Emergency Management Coordinator	ahorner@miamidade.gov O: (305) 468-5411
M-D CAHSD Elderly and Disability Services Division	Sonia Grice, Department Director	Sonia.Grice@miamidade.gov
OEM M-D Fire Rescue	Oscar Celerio Emergency Management Planner	Oscar.celerio@miamidade.gov
Miami-Dade Safety Hotline		305.375.2700
Miami Dade Disability Shelters	Vitia Fernandez	305-513-7700

Monroe County

Organization	Name	Contact
Florida Department of Health	Robert Eadie Administrator	Robert.Eadie@flhealth.gov O: 305-809-5610 C: 305-797-5561
Storm Ready Hotline		http://www.monroecountyem.com 800-955-5504
The Salvation Army	Loretta Geotis Social Services	loretta.geotis@uss.salvationarmy.org 305-294-6505 813-892-3342
FL Keys Red Cross		305-294-9526
Monroe County Sheriff Office Non-Emergency:		305-289-2371
Special Needs Evacuation Assistance	Matt Massoud, Sr. Planner/Mass Care/Special Needs	SpecialNeeds@MonroeCounty-FL.gov massoud-matt@monroecounty-fl.gov 305-289-6043 office 305-563-1187 cell
Monroe County Emergency Management Director /Secondary EOC	Shannon Weiner	Weinier-shannon@monroecounty-fl.gov">http://www.monroecountyem.com/782/Emergency-Management>Weinier-shannon@monroecounty-fl.gov 305-289-6012

AAA Emergency Coordinating Officer:

|

	WORK PHONE	E-MAIL ADDRESS
Martine Charles, ECO	305-671-6383	charlesm@allianceforaging.org
Lisa Mele, Alt ECO	305-671-6338	melel@allianceforaging.org

Continuity of Operations and Critical Services:

The following mission essential functions will be executed by the assigned organizational unit with pre-deployed resources.

Organizational Unit	Mission Essential Function
Fiscal Unit	Financial Support of lead agencies and local providers HCE Checks HR/Payroll
Helpline	Ensure the Helpline is staffed (or forwarded) to provide information to Elders and caregivers in the area Ensure that callers that are needing services are placed on the appropriate wait list for services
MIS	Continuation or reinitializing of computer systems to include ECIRTS, MIP Non-Profit Series Accounting System and I & R Database
Program Integrity & Accountability	Support of lead agencies and local providers as needed
ECO	Coordinate staff; Communication

Assessment and Resource Allocation:

In the case of a disaster, the Alliance will implement its COOP, and working with direct service providers and others in the community will serve as the firm foundation of an effective and stand-alone emergency management program. This will include local health departments, emergency management agencies, service providers. The Alliance will use a whole community approach, as defined by FEMA in all phases of emergency management to help reduce vulnerability and lessen the impact of disasters.

Goals, Objectives, and Strategies

Goal 1 Strengthen and streamline the aging network’s capacity, inspiring innovation, integrating best practices, and building efficiencies to respond to the growing and diversifying aging population.

Objective 1.1 Expand the availability, integration, and access to assistive technology for older adults.

Strategies	Progress
Promote access to assistive technology for older adults, and test technology options under the Technology Service, such as Uniper, CLARIS, ELLIQ, etc. Maintain at least 200 registered clients per year for Technology Services.	
Based on community response, expand successful technology options, to include at least 2 tech options.	
Develop 1 partnership annually with organizations (such as Cyber Seniors, Senor Planet) that teach technology to older adults	

Objective 1.2 Increase the Alliance’s functional capacity to serve older adults through strategic and meaningful partnerships and collaborations.

Strategies	Progress
Collaborate with at least 3 Age Friendly partners (e.g., United Way, AARP, Health Foundation of South Florida, Urban Health Partnerships, and others) to develop communities that support aging in place, by participating on local efforts to raise awareness about programs promoting active and independent living.	
Identify 1 intervention or project that can be done in collaboration with one or more community partners who have housing/homelessness expertise, such as Carrfour, Homeless Trust, Camillus House, etc..	
Expand the DCCI Miami Taskforce membership by 2 new members per year with organizations and providers who have dementia-related expertise.	

Objective 1.3 Explore new opportunities to reach previously underserved and emerging communities across all programs and services.

Strategies	Progress
Participate in at least 4 targeted outreach events per year focused on underserved and emerging communities of elders that have not been the focus of outreach and targeting activities in the past.	
Develop culturally sensitive outreach materials in multiple languages to effectively engage with identified communities.	
Forge partnerships with community organizations, faith-based institutions, and other non-traditional service organizations (such as fire and rescue and local businesses) to gain credibility and access to underserved communities.	

Objective 1.4 Help older adults achieve better quality of life by ensuring those who seek assistance are seamlessly connected to supportive programs and services.		
Strategies		Progress
	Ensure that the ADRC provides updated information and referrals to callers in English, Spanish, and Haitian Creole improving accessibility for a diverse range of individuals.	
	Enhance call center technology, performance reporting, and data analysis by implementing processes to reduce paper and increase electronic access to documents related to the assessment process.	
	<p>Meet or exceed standards for “screened and served” priority populations, including individuals with limited English proficiency; low-literacy, low-income, individuals residing in rural populations; persons with disabilities who receive Medicare but are under the age of 65; grandparents caring for grandchildren; individuals with disabilities; and dual eligible across any Special Needs Population. This will include:</p> <ul style="list-style-type: none"> • Partner with community organizations to conduct at least four (4) events per year targeting one or more of these high priority geographic areas, racial/ethnic groups, or special populations. • Encourage providers in the Aging Network to conduct outreach to these high priority populations. • Maintain a database of outreach activities that identifies events held that target specific geographic areas, racial/ethnic groups, or special subpopulations, as identified in the Targeted Outreach Plan. 	

Objective 1.5 Bring attention and support to caregivers, enabling them to thrive in this fundamental role.		
Strategies		Progress
	Develop specialized caregiver support services within the Aging and Disability Resource Center (ADRC) with a dedicated Caregiver Specialist. The Specialist will handle longer calls from caregivers with complex needs, provide community presentations on caregiver services, and engage in collaborative activities with other organizations to address the specific needs of caregivers in the service area. On an annual basis the Caregiver Specialist will handle an average of 900 calls from caregivers and will deliver 6 presentations.	
	Partner with other community organizations that serve caregivers (e.g., Alzheimer’s Association, Easter Seals, Memory Disorder Clinics) to better understand the needs of local caregivers, as well as their preferences for services and service delivery models.	
	Coordinate with the memory disorder clinics to participate in the required annual training for respite providers, ensuring that caregivers receive comprehensive and up-to-date support. Tailor services to address the unique challenges faced by caregivers, considering the specific needs of those caring for individuals with memory disorders.	
	RELIEF provider will conduct outreach activities in the community to bring awareness to caregivers about the RELIFE program in addition to providing an annual in-service to the ADRC staff about the program and the available services in an effort to maximize the use of the funding	

Goal 2 Ensure that Florida is the nation’s most dementia and age friendly state by increasing awareness and caregiver support, while enhancing collaboration across the aging network.

Objective 2.1 Directly support communities in becoming dementia friendly.

Strategies		Progress
Continue to cohost the Dementia Care and Cure Initiative (DCCI)/Miami Taskforce with six annual meetings. Provide active support to subcommittees, focusing on identifying and addressing the support needs of people living with dementia and their caregivers.		
Expand DCCI by 2 new taskforce members annually. Create or expand 1 new subcommittee annually		
Share relevant information disseminated by the Florida Department of Elder Affairs (DOEA) through various channels, such as newsletters, social media, etc., to increase awareness and understanding of dementia-friendly practices		

Objective 2.2 Increase acceptance across communities by raising concern and building awareness through a commitment to targeted action.

Strategies		Progress
Work with Age Friendly partners (e.g., United Way, AARP, Health Foundation of South Florida, Urban Health Partnerships, and others) to develop communities that support aging in place, by participating on local efforts to raise awareness about programs promoting active and independent living.		
Collaborate with other elder-serving organizations to advocate for increased resources for services for older adults, and educate the general population, and elected officials, about the growing need for services for older adults.		
Participate in 2 local initiatives/events annually to raise awareness about programs promoting active and independent living, tailoring initiatives to the unique needs of each community.		

Objective 2.3 Strengthen and enhance information sharing on dementia and aging issues to promote widespread support.

Strategies		Progress
Hold a minimum of 6 Dementia Care and Cure Initiative (DCCI) Miami Taskforce meetings annually to explore collaboration opportunities, identify best practices, and share information on dementia and aging issues.		
DCCI Miami Taskforce will create an educational PSA on dementia, to be shared electronically. Establish measurable metrics to track the reach and impact of the PSA, such as the number of views, shares, and engagement levels.		
Collaborate with key organizations, including the Alzheimer’s Association, Memory Disorder Clinics, and ADI case management agencies, to provide cross-training. Enhance caregiver awareness on dementia and available treatment services through shared resources and coordinated efforts.		

Objective 2.4 Increase access to supportive housing with services and increase supports for older adults at risk of experiencing residential insecurity.

Strategies		Progress
	Collaborate with at least one homeless organization, such as Camillus House, Carrfour, Homeless Trust to increase support for older adults experiencing residential insecurity. Develop specific initiatives that address the unique needs of this population.	
	Advocate for policies addressing shortages of supportive housing options in Public Service Area (PSA) 11. Encourage targeting of elders identified as facing residential insecurity through policy changes or incentives that promote the development of supportive housing.	

Goal 3 Enhance efforts to maintain and support healthy living, active engagement, and a sense of community for all older Floridians.

Objective 3.1 Advocate with housing service providers, affordable housing developers, homeless programs, and other stakeholders to establish affordable housing options for older adults.

Strategies		Progress
Work with Age Friendly partners (e.g., United Way, AARP, Health Foundation of South Florida, Urban Health Partnerships, and others) to develop communities that support aging in place.		
Participate in at least 1 local initiative such as the Greater Miami Chamber of Commerce’s Housing Solutions Task Force, focusing on raising awareness and increasing collaboration regarding the need for affordable and accessible housing for older adults.		
Collaborate with at least 2 key stakeholders, including housing service providers, affordable housing developers, and homeless programs, to advocate for policies and initiatives that promote the establishment of affordable housing options for older adults.		

Objective 3.2 Promote empowered aging, socialization opportunities, and wellness, including mental health, healthy nutrition, exercise, and prevention activities.

Strategies		Progress
Achieve at least 2000 participants annually in evidence-based programs that build self-confidence and reduce disease progression for older adults, particularly those with chronic conditions. Programs include: <ul style="list-style-type: none"> ○ Living Healthy/Tomando Control de su Salud ○ Diabetes Self-Management/Program de Manejo Personal de la Diabetes ○ A Matter of Balance/Un Asunto de Equilibrio ○ Home Meds ○ Enhance Fitness ○ Bingocize 		
Achieve at least 300 participants annually in programs that empower elders to control their own health through community-level interventions, such as: <ul style="list-style-type: none"> ○ Live, Learn, Grow ○ 11 Stages of Transition ○ Mind & Music 		
Successfully bid on at least two grants annually to help sustain continued funding through multiple sources for evidence-based wellness programs.		

Objective 3.3 Strengthen programs that promote uniting seniors and caregivers with community partners, enabling seniors to directly access service providers to meet their immediate needs.

Strategies		Progress
Maintain specialized caregiver support services within the Aging and Disability Resource Center (ADRC) with a dedicated Caregiver Specialist. The specialist		

<p>will handle longer calls from caregivers with complex needs, provide community presentations on caregiver services, and engage in collaborative activities with other organizations to address the needs of caregivers. The Caregiver Specialist will handle 900 calls from caregivers annually, and will deliver 6 presentations annually</p>	
<p>Partner with at least 2 community organizations that serve caregivers (e.g., Alzheimer’s Association, Easter Seals, Memory Disorder Clinics) to better understand the needs of local caregivers, as well as their preferences for services and service delivery models.</p>	
<p>Provide at least 5 referrals annually to Florida Alzheimer’s Center of Excellence (FACE) which focuses on enhancing the infrastructure available to support impacted seniors, families and caregivers.</p>	

Goal 4 Advocate for the safety and the physical and mental health of older adults by raising awareness and responding effectively to incidence of abuse, injury, exploitation, violence, and neglect.

Objective 4.1 Increase effectiveness in responding to elder abuse and protecting older adults through expanded outreach, enhanced training, innovative practices, and strategic collaborations.

Strategies		Progress
	Collaborate with community partners, including mental and behavioral health organizations such as the South Florida Behavioral Health Network, to better understand the extent of mental and behavioral health issues among older adults in our service area, and the array of services currently available for older adults and their caregivers	
	Collaborate with NAMI, local behavioral health organizations, and community partners in the Age-Friendly movement, to raise awareness about the need for more appropriate interventions for older adults.	
	Participate in at least 2 subcommittees of the Miami-Dade County Elder and Vulnerable Adult (EVA) Workgroup. This will promote increased public awareness, expanded opportunities to respond to elder abuse, and promote prevention initiatives.	

Objective 4.2 Increase capacity and expertise regarding the Department’s ability to lead in efforts to stop abuse, neglect, and exploitation (ANE) of older adults and vulnerable populations.

Strategies		Progress
	Support primary prevention activities focused on preventing elder abuse, neglect, and exploitation, including working with Adult Protective Services (APS) to address the critical needs of older adults in immediate danger.	
	Participate in at least 2 subcommittees of the Miami-Dade County Elder and Vulnerable Adult (EVA) Workgroup, to increase public awareness, and expand opportunities to both respond to instances of elder abuse and promote increased prevention.	
	Maintain at least 2 collaborative relationships with entities working to prevent elder abuse, neglect, and exploitation, such as Adult Protective Services and the Department of Children and Families.	
	Ensure that all APS High-Risk referrals are served within 72 hours and jointly staffing APS cases with case management agencies and DCF to ensure that client needs have been met.	

Objective 4.3 Equip older adults, their loved ones, advocates, and stakeholders with information needed to identify and prevent abuse, neglect and exploitation, and support them in their ability to exercise their full rights.

Strategies		Progress
	Provide public education of the special needs of elders and the risk factors for abuse in vulnerable adults. Educate providers, caregivers, family members,	

<p>and other community members on the signs of abuse and financial exploitation by delivering at least 12 workshops and presentations annually.</p> <ul style="list-style-type: none"> ○ Provide at least 8 trainings annually to professionals in community-based organizations by request. ○ Expand websites, newsletters, presentations, and/or other community outreach activities to include prevention of abuse, neglect, and exploitation. 	
<p>Participate on at least 2 subcommittees of the Elder and Vulnerable Adult Work Group, a cross-disciplinary group working to address some root causes of elder abuse. This work group includes representatives from law enforcement, public safety, the Mayor’s Office, the State Attorney’s Office, and Senator Rene Garcia’s office.</p>	

<p>Objective 4.4 Continue to improve older Floridian’s access to legal services which have a direct positive impact on their ability to stay independent in their homes and communities, and most importantly, exercise their legal rights.</p>		
<p>Strategies</p>		<p>Progress</p>
<p>Participate in ongoing joint planning between the aging network and legal assistance providers to identify target groups, establish priority legal issue areas, and develop outreach mechanisms to ensure limited legal assistance resources are allocated in such a way as to reach those seniors who are most vulnerable and have the most critical legal needs, including:</p> <ul style="list-style-type: none"> ○ Annually cross-train all staff from the legal services provider, the ADRC/Elder Helpline, and Aging Network providers on how to identify need and provide information on the legal services available to older adults. ○ Work with the Department of Elder Affairs and Legal Services of Greater Miami to report annual service data to the Florida Elder Law Program to demonstrate legal compliance with ACL/OAA reporting requirements and accountability to OAA targeting provisions and to statewide standards. 		

Goal 5 Increase Disaster Preparation and Resiliency

Objective 5.1 Strengthen emergency preparedness through comprehensive planning, partnerships, and education.

Strategies		Progress
Develop and maintain at least 2 agreements with local, state, and federal entities that provide disaster relief and recovery, including:	<ul style="list-style-type: none"> ○ Miami-Dade Voluntary Organizations Active in Disasters (VOAD), which coordinates disaster preparedness and response among local nonprofits (e.g., United Way, Salvation Army, Switchboard of Miami, and others). ○ Monroe County COAD which coordinates disaster preparedness and response among local nonprofits (e.g., Salvation Army, Red Cross, Habitat Lower Keys, and others). 	
Require all contracted providers to:	<ul style="list-style-type: none"> ○ Submit an annual Continuation of Operations/Disaster plan that details steps to be taken to ensure the continuation of services to clients before, during, and/or after a disaster. ○ Submit an emergency contact form that also indicates whether they will be able to serve additional clients in the event of an emergency or serve as distribution points for DOEA resources. ○ Identify and plan for consumer needs, encouraging advance registration for special needs shelters and evacuation assistance programs, and assisting with the dissemination of information on available resources during the recovery phase after a disaster. Post at least 1 social media reminder annually at the start of Hurricane Season. 	

Objective 5.2 Ensure communication and collaboration between the Department, emergency partners, and the Aging Network, before, during, and after severe weather, public health, and other emergency events.

Strategies		Progress
Develop and maintain at least 2 agreements with local, state, and federal entities that provide disaster relief and recovery, including:	<ul style="list-style-type: none"> ○ Miami-Dade Voluntary Organizations Active in Disasters (VOAD) ○ Monroe County COAD 	
Develop and maintain 2 agreements with local TV stations and radio stations that would be able to alert elders of an emergency..		

Objective 5.3 Explore and support efforts to make community disaster shelters more responsive to elder needs in general, with specific emphasis on providing appropriate emergency shelter to elders with dementia-related concerns.

Strategies		Progress
Meet annually with Miami-Dade and Monroe Counties' Emergency Management Offices to explore opportunities to identify opportunities to make disaster shelters more accessible to elders.		

Objective 5.4 Collaborate with state-wide and local emergency response authorities to increase levels of elder self-determination to evacuate once notices have been issued.

Strategies		Progress
Post at least 2 social media reminders annually, encouraging advance registration for special needs shelters and evacuation assistance programs, and assisting with the dissemination of information on available resources during the recovery phase after a disaster.		
Disseminate evacuation zone rosters to staff and partners, to ensure client locations are known for preparation and relief efforts.		

DIRECT SERVICE WAIVER REQUEST FORM

OAA Title: III B III C1 III C2 III D III E

Service: Intake

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

- I. Please select the basis for which the waiver is requested (more than one may be selected).
- (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
 - (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
 - (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

In 2012, the Alliance for Aging's Aging Resource Center (ARC), initially established in 2008, became the Aging and Disability Resource Center (ADRC). Since then, the Alliance for Aging has continuously and successfully provided intake services to older adults, adults with disabilities, and their family caregivers.

The ADRC also manages a number of waitlists for home- and community-based services. This includes the Statewide Managed Care Long Term Care program, which provides long-term services to adults with disabilities and older adults eligible for Medicaid. The intake process conducted by the ADRC using standardized intake instruments provides a risk score that enables a prioritized ranking of clients based on need.

Unlike some other service areas, PSA 11's Aging Network includes multiple lead agencies serving a single county (Miami-Dade). Having an impartial entity conducting intake and wait list management ensures impartiality in the referral process, and the Alliance's ability to coordinate with multiple service providers to determine where funding is available allows for greater consumer choice. Intake can be more economically delivered by the Alliance, with comparable quality and improved access, than if it were contracted to providers that lack the infrastructure of the Aging and Disability Resource Center (ADRC) and its close relationship to Program Integrity and Accountability.

The Alliance is requesting a continuation of a waiver to provide this service through OAA funding directly. Through the use of OAA funds, the Alliance was able to provide Intake service at a cost of \$276,148 in 2021 and \$262,985 in 2022 and is anticipating a cost of \$1,187,000 in 2023 to OAA funds. The Alliance's unit rate for intake under OAA is very competitive, at \$67.43 per unit, the same as the intake rate for state-funded programs such as CCE, HCE, and ADI.

III. Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s).

No public hearing was held as the services have been provided continuously for several years.

Assurances & Attestations

Section 306 Older Americans Act

The Alliance for Aging, Inc. assures that all provisions of 42 U.S.C. § 3026 and 42 U.S.C. § 3027, including but not limited to the specific provisions detailed below, are adhered by, including:

1. The AAA assures that an adequate proportion, as required under section 307(a)(2) of the OAA and ODA Policy 205.00, Priority Services, of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services: services associated with access to services (transportation, health services including behavioral and mental health services, outreach, information and assistance and case management services), in-home services, and legal assistance; and assurances that the AAA will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded. (§306(a)(2))

2. The AAA assures it will set specific objectives for providing services to older individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. (§306(a)(4)(A)(i))

3. The AAA assures that it will include in each agreement made with a provider of any service under this title, a requirement that such provider will:

- a. Specify how the provider intends to satisfy the service needs of low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider.
- b. To the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- c. Meet specific objectives established by the AAA, for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area. (§306(a)(4)(ii))

4. The AAA assures it will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:

- a. Older individuals residing in rural areas;
- b. Older individuals with greatest economic need (with particular attention to low-income minority older individuals and older individuals residing in rural areas);
- c. Older individuals with greatest social need (with particular attention to low-income minority older individuals and older individuals residing in rural areas);
- d. Older individuals with severe disabilities;
- e. Older individuals with limited English proficiency;
- f. Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- g. Older individuals at risk for institutional placement, specifically including survivors of the Holocaust.

5. The AAA further assures that it will inform the older individuals referred to above, and the caretakers of such individuals, of the availability of such assistance. (§306(a)(4)(B))

6. The AAA assures it will ensure that each activity undertaken, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. (§306(a)(4)(C))
7. The AAA assures it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and those at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities. (§306(a)(5))
8. The AAA assures that it will provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title. (§306(a)(10))
9. The AAA assures it will provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as older Native Americans) including:
 - a. Information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the AAA will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - b. An assurance that the AAA will, to the maximum extent practicable, coordinate the services provided under Title VI; and
 - c. An assurance that the AAA will make services under the area plan available to the same extent; as such services are available to older individuals within the planning and service area, who are older Native Americans. (§306(a)(11))
10. The AAA assures it will maintain the integrity and public purpose of services provided, and service providers, under 42 USCS §§ 3021 *et seq.* in all contractual and commercial relationships. (§306(a)(13)(A))
11. The AAA assures it will disclose to the Assistant Secretary and the State Agency:
 - a. The identity of each non-governmental entity with which such agency has a contract or commercial relationships relating to providing any service to older individuals; and
 - b. The nature of such contract or such relationship. (§306(a)(13)(B))
12. The AAA assures it will demonstrate that a loss or diminution on the quantity or quality of the services provided, or to be provided, under 42 USCS §§ 3021 *et seq.* by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. (§306(a)(13)(C))
13. The AAA assures it will demonstrate that the quantity and quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. (§306(a)(13)(D))
14. The AAA assures it will, on the request of the Assistant Secretary of State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals (§306(a)(13)(E))

15. The AAA assures that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the AAA to carry out a contract or commercial relationship that is not carried out to implement this title. (§306(a)(14))

16. The AAA assures that preference in receiving services under this title will not be given by the AAA to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. (§306(a)(14))

17. The AAA assures that funds received under this title will be used:

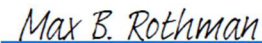
- a. To provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- b. In compliance with the assurances specified in paragraph (13) and the limitations specified in section 212. (§306(a)(15))

18. The AAA assures that data will be collected to determine that services are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019 and to determine the effectiveness of the programs, policies, and services provided by AAAs in assisting such individuals. (§306(a)(18))

19. The AAA assures that outreach efforts will be used to identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019. (§306(a)(19))

Area Agency on Aging President and CEO

Name: Max B. Rothman, JD, LL.M.

Signature: 
Max B. Rothman (Oct 20, 2023 16:59 EDT)

Date: Oct 20, 2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATIONS TITLE VI OF THE CIVIL RIGHTS ACT OF 1964


The Alliance for Aging, Inc. hereinafter called the "recipient," HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq*) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR§ 80) issued pursuant to the title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the recipient receives federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the recipient by the Department, this assurance shall obligate the recipient, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar service or benefits. If any personal property is so provided, this assurance shall obligate the recipient for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the recipient for the period during which the federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, property, discounts, or other federal financial assistance extended after the date hereof to the recipient by the Department, including installment payments after such date on account of the applications for federal financial assistance which were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the recipient.

Area Agency on Aging President and CEO

Name: Max B. Rothman, JD, LL.M.

Signature: 
Max B. Rothman (Oct 20, 2023 16:58 EDT)

Date: Oct 20, 2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES SECTION 504 OF THE REHABILITATION ACT OF 1973

The Alliance for Aging, Inc. hereinafter called the "recipient," HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. § 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to [45 C.F.R. § 84.5(a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health and Human Services after the date of the Assurance, including payments or other assistance made after such date on applications for federal financial assistance that were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means.

This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal financial assistance is extended to it by the Department of Health and Human Services or provided for in [45 C.F.R. § 84.5]. Pursuant to 45 C.F.R. § 84.7(a), if the recipient employs fifteen or more persons, the recipient designates the following person(s) to coordinate its efforts to comply with the regulation.

Name of Designee(s): Max B. Rothman, JD, LL.M.
Title: President & CEO
Recipient's Address: 760 NW 107th Avenue, Suite 214
Miami, FL 33172

Pursuant to 45 C.F.R. § 84.7(b), if the recipient employs fifteen persons or more, the recipient shall adopt grievance procedures that incorporate appropriate due process standards and that provide for the prompt and equitable resolution of complaints alleging any action prohibited by this part. Such procedures need not be established with respect to complaints from applicants for employment or from applicants for admission to postsecondary educational institutions.

IRS Employer I.D. Number: 65-0101947

AAA Board Chair

I certify that the above information is complete and correct to the best of my knowledge.

Name: Lisa Chin Signature: 

Date: Oct 20, 2023

AVAILABILITY OF DOCUMENTS

The Alliance for Aging, Inc. HEREBY GIVES FULL ASSURANCE that the following documents are current and maintained in the administrative office of the AAA and will be filed in such a manner as to ensure ready access for inspection by DOEA or its designee(s) at any time. The AAA further understands that these documents are subject to review during monitoring by DOEA.

- (1) Current board roster
- (2) Articles of Incorporation
- (3) AAA Corporate By-Laws
- (4) AAA Advisory Council By-Laws and membership composition
- (5) Corporate fee documentation
- (6) Insurance coverage verification
- (7) Bonding verification
- (8) AAA staffing plan
 - (a) Position descriptions
 - (b) Pay plan
 - (c) Organizational chart
 - (d) Executive director's resume and performance evaluation
- (9) AAA personnel policies manual
- (10) Financial procedures manual
- (11) Functional procedures manual
- (12) Interagency agreements
- (13) Affirmative Action Plan
- (14) Civil Rights Checklist
- (15) Conflict of interest policy
- (16) AAA Board of Directors and Advisory Council meeting minutes
- (17) Documentation of public forums conducted in the development of the area plan, including attendance records and feedback from providers, consumers, and caregivers
- (18) Consumer outreach plan
- (19) ADA policies
- (20) Documentation of match commitments for cash, voluntary contributions, and building space, as applicable
- (21) Detailed documentation of AAA administrative budget allocations and expenditures
- (22) Detailed documentation of AAA expenditures to support cost reimbursement contracts
- (23) Subcontractor Background Screening Affidavit of Compliance

Certification by Authorized Agency Official: I hereby certify that the documents identified above currently exist and are properly maintained in the administrative office of the Area Agency on Aging. Assurance is given that DOEA or its designee(s) will be given immediate access to these documents, upon request.

AAA Board Chair

Name: Lisa Chin Signature:  Lisa Chin (Oct 20, 2023 17:07 EDT)

Date: Oct 20, 2023 Title: Board Chair